# Rider to Modify Blue Cross® Blue Shield® of Arizona Individual HMO Base Benefit Book

This rider modifies your 2022 individual Base Benefit Book effective on or after January 1, 2022. The section headings in this rider correspond to the section headings in your Base Benefit Book.

## I. Appendix A: Terms to Know

**A.** The chart in the "Allowed amount" definition is replaced with:

Type of Provider	Type of Claim	How We Determine the Allowed Amount
Providers contracted with BCBSAZ as plan network providers	Emergency and non- emergency	We compare the provider's billed charges to the applicable fee schedule, and generally use the lower of the two amounts. Then, we adjust the amount as needed to meet the contractual arrangements we have made with the provider, as well as to comply with certain operational guidelines.
Providers contracted with a third party (vendor)	Emergency and non- emergency	We compare the provider's billed charges to the vendor's fee schedule, and generally use the lower of the two amounts. Then, we adjust the amount as needed to meet our contractual arrangements with the vendor.
Providers contracted with another Blue Cross or Blue Shield plan ("host Blue")	Emergency and non- emergency	We compare the provider's billed charges to the price the host Blue plan has negotiated with the provider. The allowed amount will be the lower of the two amounts.
Noncontracted providers, excluding air ambulance, in and outside Arizona, including providers contracted with BCBSAZ as PPO or HMO providers but who are not in your plan's network	Emergency	The Qualifying Payment Amount, as defined by federal law, is the allowed amount.
Noncontracted ground ambulance in and outside Arizona	Emergency	The billed charges from the provider are the allowed amount.
Noncontracted air ambulance in and outside Arizona	Emergency and non- emergency	We compare the provider's billed charges to the applicable BCBSAZ fee schedule (with adjustments for certain operational guidelines). The allowed amount will be the lower of the two amounts.  The member's cost share will be based on the lesser of the provider's billed charges or the Qualifying Payment Amount, as defined by federal law.
Noncontracted providers in a network facility in and outside Arizona, including providers contracted with BCBSAZ as PPO or HMO providers but who are not in your plan's network	Non- emergency and non- ancillary	The Qualifying Payment Amount, as defined by federal law, is the allowed amount. If you sign a consent for a noncontracted provider to perform services at a network facility, you are responsible for the difference between the Qualifying Payment Amount and the provider's billed charges.

B. The "Disabled dependent or child" term is replaced with "Disabled dependent child."

## II. Appendix B: Other Health Plan Details

**A.** Under the **No Surprises Act** section, add the following after the last bullet:

If you feel that you have incorrectly received a balance bill, you can contact the following agency to dispute the bill.

Consumer Affairs Division Arizona Department of Insurance and Financial Institutions 100 North 15th Avenue, Suite 261 Phoenix, Arizona 85007-2624

Phone: (602) 364-2499

Email: <u>insurance.consumers@difi.az.gov</u> Website: <u>https://difi.az.gov/complaint</u>

Pam Kehaly, President and CEO Blue Cross Blue Shield of Arizona

### **Nondiscrimination Statement**

BCBSAZ complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. BCBSAZ provides appropriate free aids and services, such as qualified interpreters and written information in other formats, to enable people with disabilities to communicate effectively with us. BCBSAZ also provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, call 602-864-4884 for Spanish and 877- 475-4799 for all other languages and other aids and services.

## **Multi-language Interpreter Services**

Spanish: Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Blue Cross Blue Shield of Arizona, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 602-864-4884.

Navajo: Díí kwe'é atah nílínigíí Blue Cross Blue Shield of Arizona haada yit'éego bína'ídíłkidgo éí doodago Háida bíjá anilyeedígíí t'áadoo le'é yína'ídíłkidgo beehaz'áanii hólo díí t'áá hazaadk'ehjí háká a'doowołgo bee haz'ą doo bąąh ílínígóó. Ata' halne'ígíí kojl' bich'j' hodíilnih 877-475-4799.

Chinese: 如果您,或是您正在協助的對象,有關於插入項目的名稱 Blue Cross Blue Shield of Arizona 方面的問題,您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員,請撥電話 在此插入數字 877-475-4799。

Vietnamese: Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Blue Cross Blue Shield of Arizona quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 877-475-4799.

#### Arabic:

إن كان لديك أو لدى شخص تساعده أسئلة بخصوص Blue Cross Blue Shield of Arizona، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون اية تكلفة اللتحدث مع مترجم اتصل ب. 4799-475-877

Tagalog: Kung ikaw, o ang iyong tinutulangan, ay may mga katanungan tungkol sa Blue Cross Blue Shield of Arizona, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa 877-475-4799.

Korean: 만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Blue Cross Blue Shield of Arizona 에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 877-475-4799 로 전화하십시오.

French: Si vous, ou quelqu'un que vous êtes en train d'aider, a des questions à propos de Blue Cross Blue Shield of Arizona, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 877-475-4799.

German: Falls Sie oder jemand, dem Sie helfen, Fragen zum Blue Cross Blue Shield of Arizona haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 877-475-4799 an.

Russian: Если у вас или лица, которому вы помогаете, имеются вопросы по поводу Blue Cross Blue Shield of Arizona, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону 877-475-4799.

Japanese: ご本人様、またはお客様の身の回りの方でも、Blue Cross Blue Shield of Arizona についてご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかりません。通訳とお話される場合、877-475-4799までお電話ください。

#### Farsi:

اگر شما، یا کسی که شما به او کمک میکنید ، سوال در مورد Blue Cross Blue Shield of Arizona ، داشته باشید حق این را دارید که کمک و اطلاعات به زبان خود را به طور رایگان دریافت نمایید .[ 479-475-877 تماس حاصل نمایید.

#### Assyrian:

ς, ζωλος, <sub>τη</sub> μέχους φουρέοσου πλος, ζωλδοσος πουάς που Επίσου Αυτώνου Βίνα Cross Blue Shield of Arizona πλοτώνου στο το κατώνος στε το κατώνος το κατώ

Serbo-Croatian: Ukoliko Vi ili neko kome Vi pomažete ima pitanje o Blue Cross Blue Shield of Arizona, imate pravo da besplatno dobijete pomoć i informacije na Vašem jeziku. Da biste razgovarali sa prevodiocem, nazovite 877-475-4799.

Thai: หากคณ หรอคนทคณกาลงชวยเหลอมคาถามเกยวกบ Blue Cross Blue Shield of Arizona คณมสทธทจะไดรบความชวยเหลอและขอมลในภาษา ของคณไดโดยไมมคาใชจาย พดคยกบลาม โทร 877-475-4799

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