

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



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