

Portability Rider to Modify Blue Cross® Blue Shield® of Arizona Individual PPO Base Benefit Book

The following changes apply only when you are enrolled in individual portability coverage. This rider does not apply to medically underwritten individual contracts. All other provisions of your benefit plan remain unchanged. This rider modifies your individual PPO Base Benefit Book. The section headings in this rider correspond to the section headings in your Base Benefit Book.

WHAT'S NOT COVERED

The Waivered conditions exclusion does not apply to you. It is removed from your Base Benefit Book.

ELIGIBILITY FOR BENEFITS

1. Under the **Eligibility requirements for dependents** subsection, the **Adding a spouse** and **Adding a child**, subsections are removed and replaced with the following:

Adding a spouse or child

An otherwise eligible dependent who independently meets the requirements for individual portability coverage (meaning they would be able to convert their group coverage to an individual plan) may be added to this benefit plan. A dependent who does not independently meet the eligibility criteria may not be added to this benefit plan, except for a newborn child or a child adopted or placed for adoption. The eligibility requirements for individual portability coverage are described in the application for individual portability coverage, which you can get by calling us at the number listed on your ID card.

To add a spouse, or an eligible dependent child who is not either a newborn child, an adopted child, or a child placed for adoption, call BCBSAZ and request an individual portability application. The contract holder must complete the application.

A child is automatically eligible for coverage for the first 31 days beginning on the date of birth, adoption, or placement for adoption (qualifying date) if the parent or guardian covered under this plan remains eligible for coverage during that period and the child is otherwise an eligible dependent under this plan. A newborn and/or adopted child is not automatically eligible for this coverage as described above if the only member(s) covered under this plan is a child.

The contract holder must notify BCBSAZ in writing of the birth, adoption, or placement for adoption, so that BCBSAZ can add the child to the policy. If the contract holder does not notify BCBSAZ in writing, BCBSAZ will be unaware of the birth, adoption, or placement for adoption and will be unable to add the child to the policy.

If BCBSAZ receives written notice within 45 days after the birth, adoption, or placement for adoption, BCBSAZ will automatically add the child to the policy for the 31-day period. BCBSAZ will continue coverage for the child after the 31-day period, and you will be responsible for any additional premium, unless you notify BCBSAZ in writing to remove the child from the plan. The additional premium is prorated from the qualifying date. Even if no additional premium is required (for example, you already have family coverage), you must notify BCBSAZ in writing if you wish to remove the child from the plan.

If BCBSAZ does not receive written notice within 45 days after the birth, adoption, or placement for adoption, the child will still be eligible for coverage for the first 31 days following birth, adoption, or placement for adoption. However, the child will have to complete an application for this product. The child may have a gap in coverage between the end of the initial 31-day period and issuance of an effective date in accordance with that application process. You will be responsible for any additional applicable premium.

APPENDIX B: OTHER HEALTH PLAN DETAILS

1. The **Broker commissions** section is removed, as it does not apply.
2. The **Court orders for health insurance coverage of dependent children** section is removed and replaced with the following:

Coverage may be available to a contract holder's child to meet any court or administrative order issued by a court of competent jurisdiction to provide health benefits coverage to a child of the contract holder if the child independently meets eligibility requirements for individual portability coverage. The order must clearly specify the name of the contract holder, the name and birth date of each child covered by the order, and the time period to which the order applies. The court's order applies to the contract holder. It does not bind BCBSAZ, or mean that BCBSAZ has to accept the child for coverage.

To get coverage for the child, the contract holder must submit an application. If BCBSAZ accepts the child for coverage, the child will not be effective until the date assigned by BCBSAZ. The contract holder is required to pay any additional required premium. If the effective date coincides with a retroactive court order date, we will prorate the premium from the first day of the time period specified in the order.

3. The **Increasing your deductible or changing your BCBSAZ plan** section is removed and replaced with the following:

Changing your BCBSAZ plan

To find out what your options are for changing your BCBSAZ plan, visit [MyBlue](#) or call the Customer Service number on the back of your ID card.

4. The **Premium determination** section is removed and replaced with the following:

For a contract holder of age 19 or older and their spouse of age 19 or older:

- BCBSAZ applies an additional premium to rates for smokers.
- Premiums vary for each deductible level within a product.
- Premiums vary based on the age and gender of the contract holder and/or spouse, and the contract holder's county of residence.
- The premium may change when the contract holder changes his or her county of residence, or changes deductible levels or products.
- When a member on a child-only contract turns age 19, the member's premium is automatically adjusted to an adult rate on the next billing date following the member's 19th birthday. All other premium changes due to a change in the member's age class will be effective on the member's annual renewal date. Information on premiums including age classes are available upon request from BCBSAZ.

For children covered as dependents:

- BCBSAZ applies an additional premium to rates for smokers.
- Premiums vary for each deductible level within a product.
- Premiums vary based on the contract holder's county of residence.
- Premiums do not vary based on the age of a child covered as a dependent.
- The premium may change when the contract holder changes his or her county of residence, changes the deductible level of their plan, or changes to a different BCBSAZ plan.

For a contract holder age 18, a spouse under age 19, children under age 19 covered as dependents, and a child only under age 19:

- BCBSAZ applies an additional premium to rates for smokers.

- Premiums vary for each deductible level within a product.
- Premiums vary depending on the contract holder's county of residence.
- Premiums will change and will vary by age when the contract holder or spouse reaches age 19.
- Premiums for children under age 19 who are covered as dependents do not vary by age.
- Premiums for children under age 19 who are covered under a child-only policy do vary by age.
- When a child covered by a child-only policy reaches age 19, the child is automatically considered an adult contract holder and the section above regarding premiums for contract holders age 19 and older applies. Child-only policies are available only under limited circumstances. See the Child-Only Coverage section in your Base Benefit Book.
- The premium may change when the contract holder changes his or her county of residence or changes deductible levels or products.



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

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

English: Free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-877-475-4799.

Spanish: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 602-864-4884.

Navajo: Diné bee yánititi'gogo, saad bee aná'awo' bee áka'anída'awo'ít'áá jik'eh ná hóló. Bee ahít hane'go bee nida'anishí t'áá ákodaat'éhígíí dóó bee áka'anída'wo'í áko bee baa hane'í bee hadadilyaa bich'í' ahoot'í'ígíí éí t'áá jik'eh hóló. Kohjji' 1-877-475-4799.

Chinese Simplified: 如果您说[中文]，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 1-877-475-4799。

Chinese Traditional: 如果您說[中文]，我們可以為您提供免費語言協助服務。也可以免費提供適當的輔助工具與服務，以無障礙格式提供資訊。請致電 1-877-475-4799。

Tagalog: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyonang tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-877-475-4799.

French: Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-877-475-4799.

Vietnamese: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-877-475-4799.

German: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistentendienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-877-475-4799.

Korean: 한국어를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-877-475-4799.

Russian: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-877-475-4799.

Arabic

تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتسقيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 1-877-475-4799.

Hindi: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएं भी निःशुल्क उपलब्ध हैं। 1-877-475-4799 ।

Farsi (Persian)

همچنین کمک‌ها و خدمات پشتیبانی مناسب برای ارائه اطلاعات در قالب‌های قابل صحبت می‌کنید، خدمات پشتیبانی زبانی رایگان در دسترس شما قرار دارد. فارسی اگر توجه: 1-877-475-4799 با شماره دسترس، به‌طور رایگان موجود می‌باشند.

Thai: หมายเหตุ: หากคุณใช้ภาษาไทย เรามีบริการความช่วยเหลือด้านภาษาฟรี นอกจากนี้ ยังมีเครื่องมือและบริการช่วยเหลือเพื่อให้ข้อมูลในรูปแบบที่เข้าถึงได้โดยไม่เสียค่าใช้จ่าย โปรดโทรติดต่อ 1-877-475-4799 หรือปรึกษาผู้ให้บริการของคุณ”

Japanese: 日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル(誰もが利用できるよう配慮された)な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。1-877-475-4799。

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