Individual HMO Everyday Copay
ZCS Plan Attachment
On Marketplace

Your Cost-Sharing Information

azblue.com/member



An Independent Licensee of the Blue Cross Blue Shield Association

YOUR PLAN NETWORK

See your ID card for the name of the plan network that applies to your benefit plan. You'll find the complete directory of providers in your plan's network at azblue.com. If you do not have Internet access, would like to request a paper copy of the directory, or have questions about whether or not a certain provider is in the network, please call Blue Cross® Blue Shield® of Arizona (AZ Blue) Customer Service at the number on your ID card. It's important to make sure your provider is in your plan network before you receive services.

MEMBER COST SHARING AND OTHER PAYMENTS

Member cost share is waived for services covered under this plan.

COST-SHARE TABLE

Benefit	Your Cost Share
Ambulance Services	**$0**
Behavioral Health Services Inpatient facility and professional services	**$0**
Behavioral Health Services Outpatient facility and professional services	**$0**
Behavioral Therapy Services for the Treatment of Autism Spectrum Disorder	**$0**
Cataract Surgery and Keratoconus	**$0**
Chiropractic Services	**$0**
Chronic Disease Education and Training	**$0**
Clinical Trials	**$0**
Dental Services—Medical	**$0**
Durable Medical Equipment, Medical Supplies, and Prosthetic Appliances and Orthotics	**$0**
Emergency Services	**$0**
Eosinophilic Gastrointestinal Disorder	**$0**
Family Planning—Contraceptives and Sterilization	**$0** for professional charges for implantation and/or removal (including follow-up care) of FDA-approved female implanted contraceptive (birth control) devices when the purpose of the procedure is contraception, as documented by your provider on the claim **$0** for professional and facility charges for FDA-approved sterilization procedures when the purpose of the procedure is contraception, as documented by your provider on the claim **$0** for female oral contraceptives, patches, rings, and contraceptive injections **$0** for FDA-approved over-the-counter emergency contraception that is prescribed by a doctor or other healthcare provider **$0** for diaphragms, cervical caps, cervical shields, condoms, sponges, and spermicides **$0** for FDA-approved male sterilization procedures
Hearing Aids and Services	**$0**
Home Health Services	**$0**

Benefit	Your Cost Share
Hospice Services	**$0**
Inpatient and Outpatient Detoxification Services	**$0**
Inpatient Hospital	**$0**
Inpatient Rehabilitation—Extended Active Rehabilitation and Skilled Nursing Facility Services	**$0**
Long-Term Acute Care—Inpatient	**$0**
Maternity	**$0**
Medical Foods for Inherited Metabolic Disorders	**$0**
Neuropsychological and Cognitive Testing	**$0**
Outpatient Services	**$0**
Pharmacy and Medications Benefits (next two rows)	
Pharmacy Benefit	**Retail, Mail Order, and Specialty Medications: $0** You may obtain up to a 90-day supply of covered maintenance medications at a network retail pharmacy (keep in mind that not all medications are available for more than a 30- or 60-day supply).
Medications for the Treatment of Cancer	**$0** For certain cancer treatment medications, as determined by AZ Blue, you will receive a **15-day supply** the first time you receive it. You will be able to refill the medication every 15 days for each refill during your first three months using the medication. If you have side effects from the medication during the three-month period, your prescribing doctor may change your medication. If you tolerate the medication, you will be able to refill the cancer treatment medication for up to 30 days after your first three months of treatment.
Physical Therapy, Occupational Therapy, Speech Therapy, Cardiac, and Pulmonary Services	**$0**
Physician Services	**$0**
Post-Mastectomy Services	**$0**
Preventive Services	**$0**
Reconstructive Surgery and Services	**$0**
Services to Diagnose Infertility	**$0**
Telehealth Services—Network Providers	**$0**
Telehealth Services—Telehealth from AZ Blue Telehealth services are video consultations you have with a provider using Telehealth from AZ Blue, available through the TSA.	**$0**

Benefit	Your Cost Share
Transplant Travel and Lodging	**$0** Maximum reimbursement of **$10,000 per member, per transplant**
Transplants—Organ, Tissue, and Bone Marrow and Stem Cell Procedures If both a donor and a transplant recipient are covered by an AZ Blue plan or a plan administered by AZ Blue, the transplant recipient pays the cost share related to the transplant.	**$0**
Travel Reimbursement—Outside Service Area	**$0**
Urgent Care	**$0**
Pediatric Dental Type I Services	**$0**
Pediatric Dental Type II Services	**$0**
Pediatric Dental Type III Services	**$0**
Pediatric Dental Type IV Services	**$0**
Pediatric Vision Exams (Routine)	**$0**
Pediatric Contact Lens Fit and Follow Up	**$0**
Pediatric Eyewear (Eyeglasses or Contact Lenses)	**$0**
Pediatric Low Vision Evaluation and Follow Up	**$0**
Pediatric Low Vision Hardware	**$0**