# You deserve **AZ Blue.**

# 2027

## Individual and Family Affordable Care Act Health Plans

**Open Enrollment November 1 – January 15**

BlueCross BlueShield Arizona

An Independent Licensee of the Blue Cross Blue Shield Association

# Committed to helping Arizonans stay healthy **for more than 85 years.**

## Helpful Resources When Shopping

Shop and compare plans: **azblue.com**/plans
Review coverage for prescription drugs: **azblue.com**/pharmacy

**Find a doctor:**
ACA Health Choice Network: **azblue.com**/ACAHealthChoice
Focus Network + Prosano®: **azblue.com**/Focus-Prosano
Neighborhood Network: **azblue.com**/Neighborhood

If you have questions or need help selecting a plan, call us at **1-855-329-2583.**

We're available Monday through Friday, 8 a.m. to 5 p.m. Arizona time. You can also call your broker with any questions.

During Open Enrollment (November 1 to January 15), we're available Monday through Friday, 8 a.m. to 6 p.m. Arizona time.

## Our Affordable Care Act (ACA) plans include:

**$0-$15 generic drugs –** Including diabetes, heart conditions, and mental health.

**$0 preventive care services –** Includes screenings, wellness checks, flu shots, other immunizations, and more.

**Telehealth –** Get medical care from a board-certified doctor 24/7 using your smartphone or other device; English- and Spanish-speaking doctors. Psychiatry and counseling services also available.

**Emergency and Urgent Care –** Available outside of Arizona using BlueCare traditional providers.

Blue365 Because health is a big deal

**Discounts on health services and equipment –** Enjoy our fitness discount program and savings on a wide range of brand-name products and services, including vision services, wearable fitness devices, and more.

**Let's connect:**
Follow us for health tips and updates on AZ Blue news.

Facebook.com/BCBSAZ
X.com/BCBSAZ
YouTube.com/BCBSArizona
Instagram.com/BCBSAZ
TikTok.com/@BCBSAZ

# **2027 plans** available to fit every health need

## Prosano Health® Plans
in Maricopa and Pima Counties

### Prosano Protect
Low monthly premium for basic care needs. Ideal for someone who is healthy and wants financial protection against unexpected serious illness or injury.

### Prosano Clarity
Offers predictability with copays for most services. Ideal for individuals who visit the doctor often, have few prescriptions, and are looking for fixed cost access to care.

### Prosano Connected Care
Offers copays for specialists and preferred brand drugs. With care coordination from Prosano Health, this is ideal for those with chronic conditions.

### Prosano Priority
Gold plan ideal for someone who visits the doctor often and wants lower costs when receiving care.

## CMS Standardized Plans

### PCP Guided Care
This plan offers fixed copays for many services which makes it ideal for someone wanting easy pricing and predictability. Available in all counties except La Paz, Yavapai, and Yuma.

### Easy Choice
This plan offers fixed copays for many services which makes it ideal for someone wanting easy pricing and predictability. Available in La Paz, Yavapai, and Yuma counties.

## Rural County Plans

### Everyday Copay
Offers copays for most services, including inpatient, outpatient surgery, and emergency room visits. Ideal for frequent doctor visits and predictable costs.

### Core Value
Basic coverage for limited care needs, including 2 free primary care visits and low-cost generic drugs. Ideal for unexpected medical needs.

# Plans & Networks by County

| County | Plans | Network |
|---|---|---|
| **Maricopa and Pima** | **Prosano Protect** (Bronze)<br>**Prosano Clarity** (Silver, Bronze)<br>**Prosano Connected Care** (Silver)<br>**Prosano Priority** (Gold) | **Focus + Prosano** |
| | **PCP Guided Care** (Gold, Silver, Bronze)<br>*CMS Standardized Plan* | **ACA Health Choice** |
| **Apache, Coconino, Gila, Graham, Mohave, Navajo, Pinal, Cochise, Graham, Greenlee, Santa Cruz** | **Core Value** (Silver, Bronze)<br>**Everyday Copay** (Gold, Silver)<br>**PCP Guided Care** (Gold, Silver, Bronze)<br>*CMS Standardized Plan* | **ACA Health Choice** |
| **Yavapai, Yuma, La Paz** | **Core Value** (Silver, Bronze)<br>**Everyday Copay** (Gold, Silver)<br>**Easy Choice** (Gold, Silver, Bronze)<br>*CMS Standardized Plan* | **Neighborhood** |

# Plans & Networks by County

## Focus Network + Prosano

- Providers in Maricopa and Pima counties
- Only offered on Prosano Health plans and provides exclusive access to Prosano Health Care Centers
- Available to residents of Maricopa and Pima counties
- Includes Banner Health, HonorHealth, Tucson Medical Center, Carondelet Health Network, and more

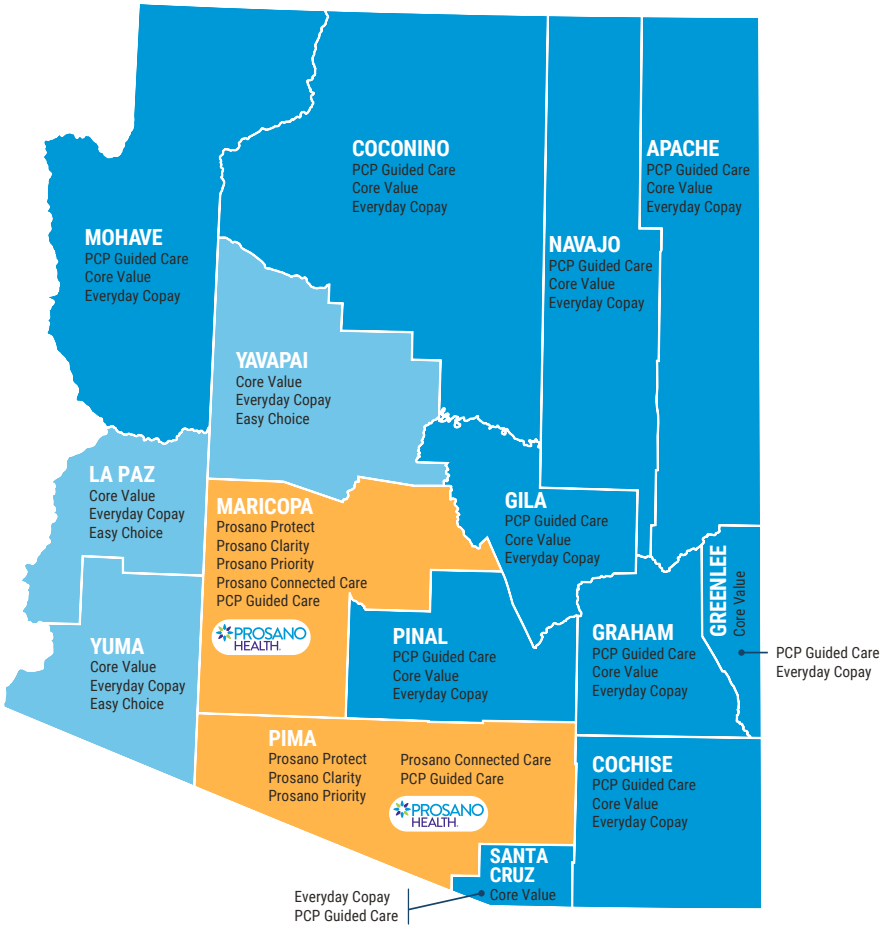
## ACA Health Choice Network

- Providers throughout Arizona
- Includes Abrazo Health, Banner Health, Carondelet Health Network, HonorHealth, Tucson Medical Center, Kingman Regional Medical Center, Flagstaff Medical Center, Valleywise Hospital, and more
- Available to residents in Apache, Cochise, Coconino, Gila, Graham, Greenlee, Maricopa, Mohave, Navajo, Pima, Pinal, and Santa Cruz counties

## Neighborhood Network

- Providers throughout Arizona
- Includes Dignity Health, Banner Health, and more
- Available to residents in La Paz, Yavapai, and Yuma counties

Only care from network providers are covered, except for emergencies and special situations preapproved by AZ Blue.



# Prosano Health® Care Centers

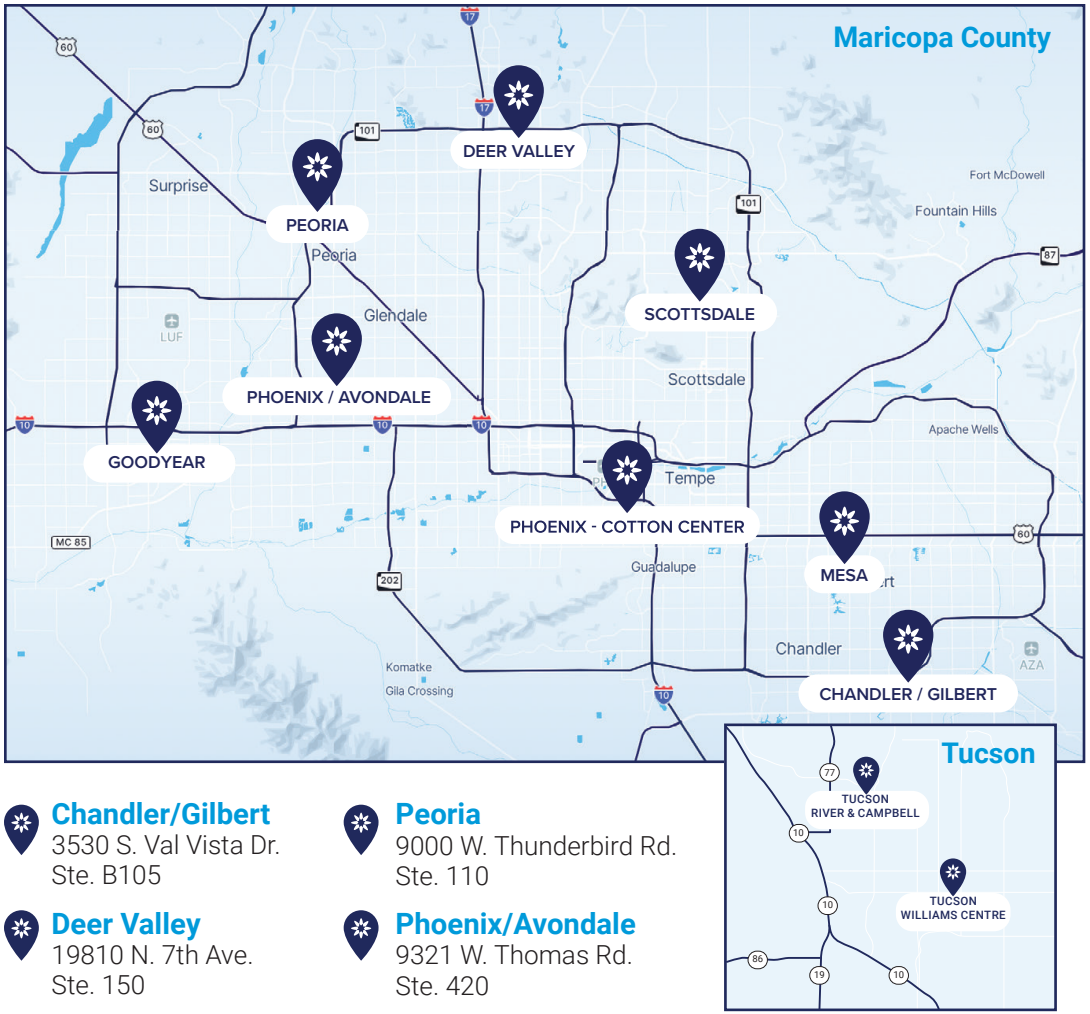
Prosano Health plans include exclusive access to primary, sick, and behavioral health care at Prosano Health Care Centers, paired with our Focus Network + Prosano for everything else. Members get full access to a medical team that goes beyond what you expect and delivers what you deserve.

**And it's all included with your premium*:**

- Care from Prosano Health providers included with your premium
- Doctors who take the time to get to know you
- Online scheduling
- In-person and virtual visits
- Longer visits when you need more time
- Chronic condition support
- Short-term counseling
- On-site basic primary care labs
- On-site pharmacy for commonly prescribed medications*
- After-hours support calls
- Direct connection to in-network specialists

**No copays. No hidden fees.**

Learn more at **azblue.com**/ACAProsano




**Chandler/Gilbert**
3530 S. Val Vista Dr.
Ste. B105

**Deer Valley**
19810 N. 7th Ave.
Ste. 150

**Goodyear**
1360 N. Bullard Ave.
Ste. 102

**Mesa**
1910 S. Stapley Dr.
Ste. 101

**Peoria**
9000 W. Thunderbird Rd.
Ste. 110

**Phoenix/Avondale**
9321 W. Thomas Rd.
Ste. 420

**Phoenix - Cotton Center**
4039 E. Raymond St.

**Scottsdale**
7373 N. Scottsdale Rd.
Ste. A178

**Tucson: River & Campbell**
1790 E. River Rd.
Ste. 200

**Tucson: Williams Centre**
5210 E. Williams Cir.
Ste. 120

*Prescription copayments apply as specified in your benefit plan.

# Top 10 Reasons to Choose a Prosano Health Plan by AZ Blue

1. **Care is included in your premium –** in-person and virtual visits with Prosano Health providers are **$0.**
2. You can get primary care, sick care, short-term counseling, help for chronic conditions, labs, and more **all under one roof.**
3. **You have access to a broader network** when you need care outside of Prosano Health. We'll even help you schedule appointments with in-network specialists and providers.
4. Get **same- or next-day care** when you need it fast.*
5. **Your whole family** can receive care at Prosano Health, including sick care for all ages and preventive care for children ages 5+.
6. A **Care Guide** will help coordinate when you need care outside the Care Centers—you won't have to guess if providers are in- or out-of-network.
7. A **Benefit Liaison** can help you understand benefits, out-of-pocket costs, and network options.
8. **If you need to talk to someone,** you can get short-term counseling to help you through difficult times.
9. **You'll get doctors** who take the time to get to know you, for care that feels more personal, and longer appointments when you need more time.
10. **You can get basic primary care labs** done conveniently on-site at all of our Care Centers.

*Availability may vary by location and provider. Blue Cross, Blue Shield, and the Cross and Shield Symbols are registered service marks of the Blue Cross Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans. Prosano Health is a registered service mark of Prosano Health Solutions, Inc.

# Pharmacy Coverage

Our HMO plans cover all major pharmacies except Target and CVS.

## Prescription Drug Tiers

| Rx Tier | Description |
|---|---|
| **Tier 1** | Generic prescription drugs from $0-$15 |
| **Tier 2** | Preferred brand prescription drugs at a higher cost than generic prescription drugs |
| **Tier 3** | Non-preferred brand drugs at a higher cost than preferred brand prescription drugs |
| **Specialty Drugs** | Typically, high-cost prescription drugs used to treat complex, chronic conditions |

Visit **azblue.com**/**pharmacy** to review prescription drug coverage.

## Easily manage your medications with Blue

- Look up prescriptions to see if they are covered
- Compare prescription costs at pharmacies to get the lowest cost
- Order prescriptions online and have them delivered to you at no extra cost
- Track your medications

# Detailed Plan Information: 2027 Prosano Health Plan Options

| | Prosano Protect HMO | Prosano Clarity HMO | | Prosano Connected Care HMO | Prosano Priority HMO |
|---|---|---|---|---|---|
| | BRONZE | SILVER | BRONZE | SILVER | GOLD |
| **Deductible** | $11,000 | $0 | $0 | $7,000 | $1,500 |
| **Coinsurance (Plan/Member)** | 100%/0% | 60%/40% | 50%/50% | 60%/40% | 70%/30% |
| **Out-of-Pocket Maximum** | $11,000 | $9,000 | $12,000 | $9,000 | $8,000 |
| **Assigned Primary Care Provider (PCP) Required** | No | No | No | No | No |
| **Specialist Referral Required** | No | No | No | No | No |
| **PCP Visit** | No charge after deductible<br>**$0 at Prosano Health Care Centers** | $50<br>**$0 at Prosano Health Care Centers** | $60<br>**$0 at Prosano Health Care Centers** | 40% after deductible<br>**$0 at Prosano Health Care Centers** | $30<br>**$0 at Prosano Health Care Centers** |
| **Specialist Visit** | No charge after deductible | $100 | $120 | $80 | $60 |
| **Telehealth through Prosano** | $0 | $0 | $0 | $0 | $0 |
| **Telehealth from AZ Blue*** | No charge after deductible | $50 | $60 | $40 | $30 |
| **Urgent Care Visit** | No charge after deductible | $100 | $120 | $80 | $60 |
| **Emergency Room Visit** | No charge after deductible | $2,200 per member per facility per day | $2,500 per member per facility per day | $2,000 per member per facility per day | $1,200 per member per facility per day |
| **Lab Tests** | No charge after deductible<br>****$0 at Prosano Health for labs** | 40% coinsurance<br>****$0 at Prosano Health for labs** | 50% coinsurance<br>****$0 at Prosano Health for labs** | 40% after deductible<br>****$0 at Prosano Health for labs** | 30% after deductible<br>****$0 at Prosano Health for labs** |
| **Inpatient Care** | No charge after deductible | $3,000 per day up to 3 days | $4,000 per day up to 3 days | 40% after deductible | 30% after deductible |
| **Outpatient Care** | No charge after deductible | Facility fee $1,500 per service; physician and surgeon fees are $300 per visit per provider | Facility fee $2,000 per service; physician and surgeon fees are $500 per visit per provider | 40% after deductible | 30% after deductible |
| **Drug Deductible** | N/A | $5,500 | $6,500 | N/A | N/A |
| **Tier 1a (Preferred Generics)** | $15 | $5 | $5 | $3 | $3 |
| **Tier 1b (Non-Preferred Generics)** | $25 | $15 | $25 | $10 | $10 |
| **Tier 2 (Preferred Brand Drugs)** | No charge after deductible | 40% after prescription drug deductible | 50% after prescription drug deductible | $70 | $70 after deductible |
| **Tier 3 (Non-Preferred Brand Drugs)** | No charge after deductible | 40% after prescription drug deductible | 50% after prescription drug deductible | 40% after deductible | 30% after deductible |
| **Specialty Drugs** | No charge after deductible | 40% after prescription drug deductible | 50% after prescription drug deductible | 40% after deductible | 30% after deductible |

*The online medical doctor visit service should not be used in health emergencies. If you have a health emergency or need immediate help for an illness, accident, or injury, seek emergency care or call 911.
**Lab draws performed at a Prosano Health Care Center and ordered by a Prosano Health provider are at no additional cost to members. Imaging not included at Prosano Health.
Note: All plans are subject to limitations, exceptions, and cost-share requirements. See page 18 for specific benefit limitations and exclusions.

# Detailed Plan Information: 2027 Plan Options

| | Everyday Copay HMO | | Core Value HMO | | Easy Choice HMO | | | PCP Guided Care HMO | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | GOLD | SILVER | SILVER | BRONZE | GOLD | SILVER | BRONZE | GOLD | SILVER | BRONZE |
| **Deductible** | $1,500 | $2,000 | $4,000 | $7,500 | $2,500 | $6,400 | $7,500 | $2,500 | $6,400 | $7,500 |
| **Coinsurance (Plan/Member)** | 80%/20% | 70%/30% | 70%/30% | 60%/40% | 75%25% | 60%/40% | 50%/50% | 75%25% | 60%/40% | 50%/50% |
| **Out-of-Pocket Maximum** | $6,000 | $10,000 | $9,000 | $12,000 | $8,600 | $10,300 | $12,000 | $8,600 | $10,300 | $12,000 |
| **Assigned Primary Care Provider (PCP) Required** | No | No | No | No | No | No | No | No | No | No |
| **Specialist Referral Required** | No | No | No | No | No | No | No | Yes | Yes | Yes |
| **PCP Visit** | $20 | $30 | No charge first 2 visits then 30% after deductible | No charge first 2 visits then 40% after deductible | $30 | $40 | $50 | $30 | $40 | $50 |
| **Specialist Visit** | $40 | $60 | 30% after deductible | 40% after deductible | $60 | $80 | $100 | $60 | $80 | $100 |
| **Telehealth from AZ Blue*** | $10 | $10 | 30% after deductible | 40% after deductible | $30 | $40 | $50 | $30 | $40 | $50 |
| **Urgent Care Visit** | $100 | $75 | 30% after deductible | 40% after deductible | $45 | $60 | $75 | $45 | $60 | $75 |
| **Emergency Room Visit** | $1,500 per member per facility per day | $1,750 per member per facility per day | 30% after deductible | $2,500 per member per facility per day | 25% after deductible | 40% after deductible | 50% after deductible | 25% after deductible | 40% after deductible | 50% after deductible |
| **Lab Tests & Imaging** | 20% after deductible | 30% after deductible | 30% after deductible | 40% after deductible | 25% after deductible | 40% after deductible | 50% after deductible | 25% after deductible | 40% after deductible | 50% after deductible |
| **Inpatient Care** | $2,000 per day up to 3 days | $3,000 per day up to 3 days | 30% after deductible | 40% after deductible | 25% after deductible | 40% after deductible | 50% after deductible | 25% after deductible | 40% after deductible | 50% after deductible |
| **Outpatient Care** | Facility fee $500 per service; physician and surgeon fees are $500 per visit per provider | Facility fee $750 per service; physician and surgeon fees are $750 per visit per provider | 30% after deductible | 40% after deductible | 25% after deductible | 40% after deductible | 50% after deductible | 25% after deductible | 40% after deductible | 50% after deductible |
| **Drug Deductible (Tiers 2 and 3)** | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| **Tier 1a (Preferred Generics)** | $5 | $10 | $5 | $10 | $15 | $20 | $25 | $15 | $20 | $25 |
| **Tier 1b (Non-Preferred Generics)** | $10 | $20 | $10 | $20 | $15 | $20 | $25 | $15 | $20 | $25 |
| **Tier 2 (Preferred Brand Drugs)** | $20 | $50 | 30% after deductible | 40% after deductible | $30 | $40 | $50 after deductible | $30 | $40 | $50 after deductible |
| **Tier 3 (Non-Preferred Brand Drugs)** | 20% after deductible | 30% after deductible | 30% after deductible | 40% after deductible | $60 | $80 after deductible | $100 after deductible | $60 | $80 after deductible | $100 after deductible |
| **Specialty Drugs** | 20% after deductible | 30% after deductible | 30% after deductible | 40% after deductible | $250 | $350 after deductible | $500 after deductible | $250 | $350 after deductible | $500 after deductible |

*The online medical doctor visit service should not be used in health emergencies. If you have a health emergency or need immediate help for an illness, accident, or injury, seek emergency care or call 911.
Note: All plans are subject to limitations, exceptions, and cost-share requirements. See page 18 for specific benefit limitations and exclusions.

# Detailed Plan Information:

## 2027 Cost-Share Reduction (CSR) Plan Options

| | SILVER 73AV PLAN 4 | SILVER 87AV PLAN 5 | SILVER 94AV PLAN 6 |
|---|---|---|---|
| **Eligibility Category** | Plans available to members with household incomes between 200% and 250% of the federal poverty level. | Plans available to members with household incomes between 150% and 200% of the federal poverty level. | Plans available to members with household incomes between 100% and 150% of the federal poverty level. |

| | Everyday Copay HMO CSR | | | PCP Guided Care HMO CSR | | |
|---|---|---|---|---|---|---|
| | SILVER 4 | SILVER 5 | SILVER 6 | SILVER 4 | SILVER 5 | SILVER 6 |
| **Deductible** | $1,500 | $500 | $0 | $2,900 | $800 | $0 |
| **Coinsurance (Plan/Member)** | 80%/20% | 90%/10% | 90%/10% | 60%/40% | 70%/30% | 75%/25% |
| **Out-of-Pocket Maximum** | $9,600 | $3,000 | $3,000 | $9,000 | $3,600 | $3,500 |
| **Assigned Primary Care Provider (PCP) Required** | No | No | No | No | No | No |
| **Specialist Referral Required** | No | No | No | Yes | Yes | Yes |
| **PCP Visit** | $25 | $10 | $10 | $40 | $20 | $0 |
| **Specialist Visit** | $50 | $20 | $20 | $80 | $40 | $10 |
| **Telehealth from AZ Blue*** | $10 | $10 | $0 | $40 | $20 | $0 |
| **Urgent Care Visit** | $50 | $25 | $20 | $60 | $30 | $5 |
| **Emergency Room Visit** | $1,500 per member per facility per day | $500 per member per facility per day | $250 per member per facility per day | 40% after deductible | 30% after deductible | 25% coinsurance |
| **Lab Tests & Imaging** | 20% after deductible | 10% after deductible | 10% coinsurance | 40% after deductible | 30% after deductible | 25% coinsurance |
| **Inpatient Care** | $3,000 per day up to 3 days | $1,000 per day up to 3 days | $1,000 per day up to 3 days | 40% after deductible | 30% after deductible | 25% coinsurance |
| **Outpatient Care** | Facility fee $500 per service; physician and surgeon fees are $500 per visit per provider | Facility fee $150 per service; physician and surgeon fees are $150 per visit per provider | Facility fee $15 per service; physician and surgeon fees are $150 per visit per provider | 40% after deductible | 30% after deductible | 25% coinsurance |
| **Drug Deductible (Tiers 2 and 3)** | N/A | N/A | N/A | N/A | N/A | N/A |
| **Tier 1a (Preferred Generics)** | $5 | $5 | $0 | $20 | $10 | $0 |
| **Tier 1b (Non-Preferred Generics)** | $10 | $10 | $5 | $20 | $10 | $0 |
| **Tier 2 (Preferred Brand Drugs)** | $20 | $20 | $15 | $40 | $20 | $15 |
| **Tier 3 (Non-Preferred Brand Drugs)** | 20% after deductible | 10% after deductible | 10% coinsurance | $80 after deductible | $60 after deductible | $50 |
| **Specialty Drugs** | 20% after deductible | 10% after deductible | 10% coinsurance | $350 after deductible | $250 after deductible | $150 |

*The online medical doctor visit service should not be used in health emergencies. If you have a health emergency or need immediate help for an illness, accident, or injury, seek emergency care or call 911.
Note: All plans are subject to limitations, exceptions, and cost-share requirements. See page 18 for specific benefit limitations and exclusions.

# Detailed Plan Information:

## 2027 Cost-Share Reduction (CSR) Plan Options

| | SILVER 73AV PLAN 4 | SILVER 87AV PLAN 5 | SILVER 94AV PLAN 6 |
|---|---|---|---|
| **Eligibility Category** | Plans available to members with household incomes between 200% and 250% of the federal poverty level. | Plans available to members with household incomes between 150% and 200% of the federal poverty level. | Plans available to members with household incomes between 100% and 150% of the federal poverty level. |

| | Core Value HMO CSR | | | Easy Choice HMO CSR | | |
|---|---|---|---|---|---|---|
| | SILVER 4 | SILVER 5 | SILVER 6 | SILVER 4 | SILVER 5 | SILVER 6 |
| **Deductible** | $3,500 | $750 | $300 | $2,900 | $800 | $0 |
| **Coinsurance (Plan/Member)** | 70%/30% | 80%/20% | 90%/10% | 60%/40% | 70%/30% | 75%/25% |
| **Out-of-Pocket Maximum** | $8,000 | $3,500 | $2,000 | $9,000 | $3,600 | $3,500 |
| **Assigned Primary Care Provider (PCP) Required** | No | No | No | No | No | No |
| **Specialist Referral Required** | No | No | No | No | No | No |
| **PCP Visit** | No charge first 2 visits then 30% after deductible | No charge first 2 visits then 20% after deductible | $0 for first 2 visits, then 10% after deductible | $40 | $20 | $0 |
| **Specialist Visit** | 30% after deductible | 20% after deductible | 10% after deductible | $80 | $40 | $10 |
| **Telehealth from AZ Blue*** | 30% after deductible | 20% after deductible | 10% after deductible | $40 | $20 | $0 |
| **Urgent Care Visit** | 30% after deductible | 20% after deductible | 10% after deductible | $60 | $30 | $5 |
| **Emergency Room Visit** | 30% after deductible | 20% after deductible | 10% after deductible | 40% after deductible | 30% after deductible | 25% coinsurance |
| **Lab Tests** | 30% after deductible | 20% after deductible | 10% after deductible | 40% after deductible | 30% after deductible | 25% coinsurance |
| **Inpatient Care** | 30% after deductible | 20% after deductible | 10% after deductible | 40% after deductible | 30% after deductible | 25% coinsurance |
| **Outpatient Care** | 30% after deductible | 20% after deductible | 10% after deductible | 40% after deductible | 30% after deductible | 25% coinsurance |
| **Drug Deductible (Tiers 2 and 3)** | N/A | N/A | N/A | N/A | N/A | N/A |
| **Tier 1a (Generic Drugs)** | $0 | $0 | $0 | $20 | $10 | $0 |
| **Tier 1b (Generic Drugs)** | $5 | $5 | $5 | $20 | $10 | $0 |
| **Tier 2 (Preferred Brand Drugs)** | 30% after deductible | 20% after deductible | 10% after deductible | $40 | $20 | $15 |
| **Tier 3 (Non-Preferred Brand Drugs)** | 30% after deductible | 20% after deductible | 10% after deductible | $80 after deductible | $60 after deductible | $50 |
| **Specialty Drugs** | 30% after deductible | 20% after deductible | 10% after deductible | $350 after deductible | $250 after deductible | $150 |

*The online medical doctor visit service should not be used in health emergencies. If you have a health emergency or need immediate help for an illness, accident, or injury, seek emergency care or call 911.
Note: All plans are subject to limitations, exceptions, and cost-share requirements. See page 18 for specific benefit limitations and exclusions.

# Detailed Plan Information:

## 2027 Cost-Share Reduction (CSR) Plan Options

| | SILVER 73AV PLAN 4 | SILVER 87AV PLAN 5 | SILVER 94AV PLAN 6 |
|---|---|---|---|
| **Eligibility Category** | Plans available to members with household incomes between 200% and 250% of the federal poverty level. | Plans available to members with household incomes between 150% and 200% of the federal poverty level. | Plans available to members with household incomes between 100% and 150% of the federal poverty level. |

| | Prosano Clarity HMO CSR | | | Prosano Connected Care HMO CSR | | |
|---|---|---|---|---|---|---|
| | SILVER 4 | SILVER 5 | SILVER 6 | SILVER 4 | SILVER 5 | SILVER 6 |
| **Deductible** | $0 | $0 | $0 | $5,000 | $1,300 | $400 |
| **Coinsurance (Plan/Member)** | 60%/40% | 70%/30% | 80%/20% | 60%/40% | 70%/30% | 80%/20% |
| **Out-of-Pocket Maximum** | $7,500 | $3,000 | $1,500 | $7,000 | $2,600 | $1,500 |
| **Assigned Primary Care Provider (PCP) Required** | No | No | No | No | No | No |
| **Specialist Referral Required** | No | No | No | No | No | No |
| **PCP Visit** | $50<br>**$0 at Prosano Health Care Centers** | $30<br>**$0 at Prosano Health Care Centers** | $20<br>**$0 at Prosano Health Care Centers** | 40% after deductible<br>**$0 at Prosano Health Care Centers** | 30% after deductible<br>**$0 at Prosano Health Care Centers** | 20% after deductible<br>**$0 at Prosano Health Care Centers** |
| **Specialist Visit** | $100 | $60 | $40 | $80 | $80 | $30 |
| **Telehealth from AZ Blue*** | $50<br>**$0 at Prosano Health Care Centers** | $30<br>**$0 at Prosano Health Care Centers** | $20<br>**$0 at Prosano Health Care Centers** | $40<br>**$0 at Prosano Health Care Centers** | $20<br>**$0 at Prosano Health Care Centers** | $15<br>**$0 at Prosano Health Care Centers** |
| **Urgent Care Visit** | $100 | $60 | $40 | $80 | $40 | $30 |
| **Emergency Room Visit** | $2,000 per member per facility per day | $600 per member per facility per day | $400 per member per facility per day | $1,800 per member per facility per day | $600 per member per facility per day | $300 per member per facility per day |
| **Lab Tests** | 40% coinsurance<br>****$0 at Prosano Health for labs** | 30% coinsurance<br>****$0 at Prosano Health for labs** | 20% coinsurance<br>****$0 at Prosano Health for labs** | 40% after deductible<br>****$0 at Prosano Health for labs** | 30% after deductible<br>****$0 at Prosano Health for labs** | 20% after deductible<br>****$0 at Prosano Health for labs** |
| **Inpatient Care** | $2,500 per day up to 3 days | $1,000 per day up to 3 days | $500 per day up to 3 days | 40% after deductible | 30% after deductible | 20% after deductible |
| **Outpatient Care** | Facility fee $1,500 per service; physician and surgeon fees are $300 per visit per provider | Facility fee $500 per service; physician and surgeon fees are $300 per visit per provider | Facility fee $350 per service; physician and surgeon fees are $200 per visit per provider | 40% after deductible | 30% after deductible | 20% after deductible |
| **Drug Deductible** | $5,100 | $1,200 | $400 | N/A | N/A | N/A |
| **Tier 1a (Generic Drugs)** | $5 | $5 | $0 | $3 | $0 | $0 |
| **Tier 1b (Generic Drugs)** | $15 | $10 | $10 | $10 | $5 | $5 |
| **Tier 2 (Preferred Brand Drugs)** | 40% after prescription drug deductible | 30% after prescription drug deductible | 20% after prescription drug deductible | $70 | $30 | $25 |
| **Tier 3 (Non-Preferred Brand Drugs)** | 40% after prescription drug deductible | 30% after prescription drug deductible | 20% after prescription drug deductible | 40% after deductible | 40% after deductible | 20% after deductible |
| **Specialty Drugs** | 40% after prescription drug deductible | 30% after prescription drug deductible | 20% after prescription drug deductible | 40% after deductible | 40% after deductible | 20% after deductible |

*The online medical doctor visit service should not be used in health emergencies. If you have a health emergency or need immediate help for an illness, accident, or injury, seek emergency care or call 911.
**Lab draws performed at a Prosano Health Care Center and ordered by a Prosano Health provider are at no additional cost to members. Imaging not included at Prosano Health.
Note: All plans are subject to limitations, exceptions, and cost-share requirements. See page 18 for specific benefit limitations and exclusions.

# Tips for Choosing the Right Health Plan

When selecting a plan, consider both your budget and the healthcare needs of you and your family.

## TIP #1: Check If You Qualify for Financial Help from the Government

Subsidies are given to individuals and families based on their household income and family size. All AZ Blue Individual ACA plans qualify for subsidies.

There are two types of subsidies that can lower your overall cost of health insurance:

1. **Premium tax credit—**helps pay for all or part of your monthly premium depending on your household income.
2. **Cost-share reduction—**a discount on your deductibles, copayments, and coinsurance; available on Silver plans only for those who are eligible.

You can apply for subsidies at **azblue.com**/plans as part of our online price quoting and application tool. If you have questions or need help with your application, call us at **1-855-329-2583.**

## TIP #2: Assess Your Healthcare Needs

It's important to think about your current and expected healthcare needs. Here are key questions to guide your decision:

1. **How often do you visit a doctor?** If you only go for routine checkups or occasional illnesses, you may not need extensive coverage.
2. **Who do you need to cover?** Whether you're getting a plan just for yourself or including family members, make sure the plan meets everyone's health needs.
3. **Do you take prescription medications regularly?** If so, check that your medications are covered and find out how much they'll cost.
4. **Do you expect any major healthcare needs?** If you're planning for surgery, pregnancy, or ongoing treatments, consider choosing a plan with a lower deductible and an out-of-pocket maximum that fits your budget.

## TIP #3: Understanding Metal Levels and Choosing the Right One for You

Health plans are listed in categories called Metal Levels. AZ Blue offers Bronze, Silver, and Gold levels of coverage. The different levels are determined by the amount the health plan pays toward medical costs, on average.

**Why is this important?** When looking for a plan, you want to look at the premium, but also your overall annual out-of-pocket cost. To find out which metal level and plan is the most affordable for your annual out-of-pocket costs, visit **azblue.com**/plans.

### How you and AZ Blue split costs

| Plan Category | Blue Pays | You Pay |
|---|---|---|
| Bronze | 60% | 40% |
| Silver | 70% | 30% |
| Gold | 80% | 20% |

## TIP #4: Determine the Cost of the Plan for Your Healthcare Needs

Once you have an idea of your healthcare needs, it's time to think about your budget. You'll want to look at the different out-of-pocket costs you will have with each health plan.

**Rule of Thumb for Premiums and Deductibles**

**HIGH**
**deductible, higher out-of-pocket costs**

A higher-deductible plan is a good fit for you and your family if you are healthy and rarely need healthcare. You are willing to pay a higher out-of-pocket cost when you need care in exchange for a lower monthly premium.

**LOWER**
**deductible, lower out-of-pocket costs**

A lower-deductible plan is a good fit for you if you have an ongoing health condition. You are willing to pay a higher monthly premium for lower out-of-pocket costs for things like regular doctor visits and prescription drugs.

Choosing the right health plan isn't just about affordability; it's about finding coverage that fits your lifestyle and supports your overall well-being.

## TIP #5: Verify If Your Doctors Are in the Plan's Network

Before you pick a plan, you'll want to check to see if your doctors are included in the plan's network. A plan network is a set of doctors who agree to offer care to members of that plan. These doctors are called in-network providers.

When checking a plan's network, keep these questions in mind:

- Are your doctors in the plan's network?
- If your primary care provider or specialist is not in the plan's network, would you be willing to see a different doctor?
- Would you consider using online doctor visits for illnesses and injuries that aren't serious?

If you need help finding out which doctors are in a particular plan network, you can use the "Find a Doctor" tool at **azblue.com**/findadoctor. Or you can call us at **1-855-329-2583.**

## TIP #6: Find Out When You Can Enroll

You've found your health plan. Here's when you can enroll:

1. **During Open Enrollment (OE)**
   November 1 to January 15. This is the period each year when you can enroll in a health plan or change to a different plan.

2. **Special Enrollment Period**
   If you need health insurance outside of the dates of Open Enrollment, you will need to have a Qualifying Life Event. In most cases, your special enrollment period will be the 60 days following certain life events. In some cases, you may even be able to apply 60 days before the qualifying life event.

### Qualifying Life Events include:

- Losing your job
- Moving to a new state
- Having a baby
- Getting married
- Aging off your parent's plan
- Newly eligible for financial help

Go to **azblue.com**/plans to shop and enroll.

# Important Information

## Allowed Amount

All claims are processed using the AZ Blue *allowed amount*. AZ Blue reimbursement, member cost-share payments, and accumulations toward deductibles and out-of-pocket limits are calculated using the AZ Blue allowed amount. The allowed amount is the total amount of reimbursement allocated to a covered service, and includes both the AZ Blue payment and the member cost-share payment. It does not include any balance bill. The allowed amount is based on AZ Blue or other fee schedules. It is not tied to and does not necessarily reflect a provider's regular billed charges.

## Balance Bill

This is the difference between the amount a doctor in your network charges for covered healthcare and the allowed amount.

## Emergency Services

For emergency services, you will pay your network cost share, even if services are received from healthcare providers outside your network.

## Medications and Prescriptions

AZ Blue applies limitations to certain prescription medications obtained through the pharmacy benefit. A list of these medications and limitations is available online at **azblue.com** or by calling AZ Blue. These limitations include, but are not limited to, quantity, age, gender, dosage, and frequency of refills. Prescription drugs are only covered if they are on the drug *formulary* (a list of drugs that AZ Blue and/or the pharmacy benefit manager has designated as covered under the pharmacy benefit) unless a formulary exception is approved. AZ Blue prescription medication limitations are subject to change at any time without prior notice.

## Prior Authorization

Some services and medications require preapproval, also known as *prior authorization*. Except for emergencies, urgent care, and maternity admissions, prior authorization is always required for inpatient admissions (acute care, behavioral health, long-term acute care, extended active rehabilitation, and skilled nursing facilities), home health services, and most specialty medications. Prior authorization may be required for other covered services and medications. Information on prior authorization requirements, including a list of medications that require prior authorization, and the process for obtaining prior authorization are available on the AZ Blue website at **azblue.com.**

## Providers, Claims, and Out-of-Pocket Costs

All healthcare professionals in your network, also known as network providers, are independent contractors exercising independent medical judgment, and are not employees, agents, or representatives of AZ Blue. AZ Blue has no control over any diagnosis, treatment, or service rendered by any provider. Network providers will file members' claims and generally cannot charge more than the allowed amount for covered services. Services from healthcare professionals outside your network are not covered on HMO plans except for emergencies and in limited circumstances when preapproved by AZ Blue.

## Qualified Health Plan

AZ Blue is a qualified health plan issuer in the Health Insurance Marketplace. All AZ Blue Individual and Family plans are qualified health plans available through the Health Insurance Marketplace. Note: Deferred Action for Childhood Arrivals (DACA) recipients are eligible to enroll for coverage.

## Specialist Services

A referral from an in-network PCP is required for non-emergency and non-urgent specialist services. The requirement to obtain a referral from an in-network PCP does not apply to services from providers who specialize in obstetrics or gynecology, chiropractic services, outpatient mental health services, pediatric dental and vision services, urgent care, and services provided by walk-in clinics.

If you do not obtain a referral from an in-network PCP for services that require a referral, the services will not be covered under your benefit plan and you will be responsible for paying the provider's billed charges for those services. PCP referrals only apply to the PCP Guided Care plans.

# Exclusions and Limitations

## Examples of services and supplies not covered

The following is a *partial* list of conditions and services that are excluded or limited. Expenses for services that exceed the benefit limits are not covered. Detailed information about benefits, exclusions, and limitations is in the benefit plan booklets and is available upon request.

- Abortions
- Acupuncture
- Adult routine vision
- Alternative medicine
- Care that is not medically necessary
- Chiropractic services exceeding 20 visits per calendar year. Only applies to HMO plans.
- Cosmetic surgery, services, and supplies
- Custodial care
- Dental care, except as stated in plan, and adult orthodontic services
- Durable medical equipment (DME) rental/repair charges that exceed DME allowed amount
- Experimental and investigational treatments
- Eyewear, except as stated in plan
- Fertility and infertility medication and treatment
- Flat feet treatment and services
- Genetic and chromosomal testing
- Habilitation outpatient services exceeding 60 visits per calendar year
- Home healthcare and infusion therapy exceeding 42 visits (of up to four hours each) per calendar year
- Inpatient extended active rehabilitation (EAR) and skilled nursing facility (SNF) treatment exceeding 90 combined days per calendar year
- Long-term care, except long-term acute care
- Massage therapy other than allowed under evidence-based criteria
- Non-emergency care when traveling outside the U.S.
- Orthodontic services (pediatric) that are not dentally necessary
- Pediatric dental checkups exceeding two checkups and cleanings per calendar year
- Pediatric glasses or contact lenses exceeding one pair of glasses or contact lenses per calendar year
- Pediatric routine vision exam exceeding one visit per calendar year
- Private-duty nursing except when medically necessary or when skilled nursing is not available
- Rehabilitation outpatient services exceeding 60 visits per calendar year
- Respite care
- Routine foot care
- Services from providers outside the network, except in emergencies and other limited situations when use is preapproved
- Sexual dysfunction treatment and services
- Weight-loss programs

***IMPORTANT***

THIS IS ONLY A BRIEF SUMMARY OF THE BENEFIT PLANS AND IS DESIGNED TO HELP YOU COMPARE FEATURES OF DIFFERENT PLANS. MORE DETAILED INFORMATION ABOUT BENEFITS, COST SHARE, EXCLUSIONS, AND LIMITATIONS IS IN THE BENEFIT PLAN BOOKLETS AND PLAN SUMMARY OF BENEFITS AND COVERAGE (SBCs). BENEFIT PLAN BOOKLETS AND SBCs ARE AVAILABLE UPON REQUEST AND ON AZBLUE.COM/2027INDBOOKS. IF THE TERMS OF THIS SUMMARY DIFFER FROM THE TERMS OF THE BENEFIT PLAN BOOKLETS, THE TERMS OF THE BOOKLETS CONTROL AND APPLY.

# Pediatric Dental

All AZ Blue 2027 qualified health plans include dental coverage for children under the age of 19.
Pediatric dental benefits described below are covered with healthcare professionals in your network only.

| Type I Covered Services – Diagnostic and Preventive | |
|---|---|
| **Oral exams** | Two per year* in any combination of periodic, limited, or comprehensive exams |
| **Prophylaxis – Cleanings** | Two per year |
| **X-rays** | Any combination of X-rays billed on the same date of treatment cannot exceed the allowed amount for a full-mouth X-ray benefit |
| **Bitewing X-rays** | Two sets per year |
| **Periapical X-rays** | Covered |
| **Full-mouth X-rays** | One set per five-year period |
| **Panoramic X-rays** | One set per five-year period. Panoramic X-rays accompanied by bitewing X-rays are considered a set of full-mouth X-rays and are subject to the full-mouth X-ray limit. |
| **Topical Fluoride** | Two treatments per year |
| **Sealants** | Permanent molars with no decay or restoration only. One application per three-year period. |
| **Space Maintainers** | Temporary appliances to replace prematurely lost teeth until permanent teeth erupt |
| **Type II and III Covered Services – Restorative** All claims subject to processing based on the least expensive available treatment (LEAT)** | |
| **Restorative Fillings** | Amalgam and composite resin fillings covered |
| **Simple and Surgical Extractions** | Covered |
| **Periodontics – Non-surgical** | Periodontal scaling and root planing limited to one per quadrant per two-year period. Periodontal maintenance procedures limited to four per year; prophylaxis/cleanings count toward this limit. |
| **Prosthodontics – Bridges and Dentures** | Five-year replacement limit |
| **General Anesthesia** | Limited coverage per AZ Blue dental coverage guidelines*** |
| **Endodontics – Root Canal** | Covered |
| **Crowns/Inlays/Onlays** | Five-year replacement limit |
| **Periodontics – Surgical** | One procedure per three-year period |
| **Implants** | Limited coverage per AZ Blue dental coverage guidelines*** |
| **Type IV Covered Services – Orthodontia** Cosmetic orthodontia not covered | |
| **Orthodontics (dentally necessary)** | Limited coverage per AZ Blue dental coverage guidelines*** |

Dental benefits are available through dental providers participating in the BlueDental℠ network. A listing of providers in the BlueDental network can be found at **azblue.com.**

*All "per year" benefits mean per calendar year. **Only the allowed amount, as based on least expensive available treatment (LEAT), if applicable (and not billed charges), counts to satisfy the deductible. There may be several methods for treating a specific dental condition. All claims for restorative services such as fillings and crowns are subject to analysis for the LEAT. Benefits for restorative procedures will be limited only to the LEAT. For these procedures, AZ Blue will only pay benefits up to the LEAT fee. Members may elect to receive a service that is more costly than the LEAT, but the member will be responsible for cost share based on the LEAT, and will also pay the difference between the fee for the LEAT and the more costly treatment ("LEAT balance bill"). Any payment made for this LEAT balance bill will not count toward deductible or out-of-pocket maximum. ***AZ Blue dental coverage guidelines are available upon request. Not all dentally necessary services are covered benefits.

# Pediatric Dental Exclusions and Limitations

## Examples of services and supplies not covered

The following is a *partial* list of services that are excluded or limited. Expenses for services that exceed the benefit limit are not covered. Detailed information about benefits, exclusions, and limitations is in the benefit plan booklet or rider and is available prior to enrollment upon request.

- Alternative dentistry
- Athletic mouth guards
- Behavior management of any kind
- Biopsies
- Bleaching of any kind
- Complications of noncovered services
- CT scans (e.g., cone beam) and tomographic surveys
- Correction of congenital malformations except as required by Arizona state law for newborns, adopted children, and children placed for adoption
- Cosmetic services and any related complications
- Dental services and supplies not provided by a dentist, except as stated in plan
- Duplicate, provisional, and temporary devices, appliances, and services
- Experimental or investigational services
- Fixed pediatric partial dentures
- Genetic tests for susceptibility to oral diseases
- Inpatient or outpatient facility charges
- Laboratory and pathology services
- Locally administered antibiotics
- Major restorative and prosthodontic services performed on other than a permanent tooth
- Maxillofacial prosthetics and any related services
- Medications dispensed in a dentist's office, except as stated in plan
- Non-dentally necessary services—services that are not dentally necessary as determined by AZ Blue. AZ Blue may not be able to determine dental necessity until after services are rendered.
- Occlusal guards for the treatment of temporomandibular joint syndrome or sleep apnea
- Oral hygiene instruction, plaque control programs, and dietary instructions
- Over-the-counter items
- Removal of appliances, fixed space maintainers, or posts
- Repair of damaged orthodontic appliances
- Replacement of lost or missing appliances
- Sealants for teeth other than permanent molars
- Services provided by a dentist outside your network, except for emergencies or special circumstances when use is preapproved
- Services resulting from your failure to comply with professionally prescribed treatment
- Telephonic and electronic consultations, except as required by law
- Therapy or treatment of the temporomandibular joint, orthognathic surgery, or ridge augmentation
- Tooth transplantation

# 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 hólǫ díí t'áá hazaadk'ehjí háká a'doowołgo bee haz'ą doo bąąh ílínígóó. Ata' halne'ígíí kojį' bich'į' hodíílnih 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。

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.

Blue Cross Blue Shield of Arizona (AZ Blue) complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. AZ Blue provides appropriate free aids and services, such as qualified interpreters and written information in other formats, to people with disabilities to communicate effectively with us. AZ Blue 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 or 1-877-475-4799 for all other languages and other aids and services.

# Notes

# Notes

# Ready to enroll?

**When you've found your perfect plan, or want more information, go to azblue.com/plans, or call us at 1-855-329-2583.**

We're available Monday through Friday, 8 a.m. to 5 p.m. Arizona time. You can also call your broker with any questions. During Open Enrollment (November 1 to January 15), we're available Monday through Friday, 8 a.m. to 6 p.m. Arizona time.

BlueCross BlueShield Arizona

An Independent Licensee of the Blue Cross Blue Shield Association

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