

2027

Summary of Benefits



HMO

Medicare Advantage Plans

Maricopa & Pinal Counties

Blue Best Life Plus (HMO) (H0302-001)

Blue Best Life Classic (HMO) (H0302-006)

Blue Best Life Select (HMO) (H0302-010)

Pima County

Blue Best Life Classic (HMO) (H0302-008)

Blue Best Life Select (HMO) (H0302-011)



An Independent Licensee of the Blue Cross Blue Shield Association

2027 Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a licensed Medicare consultant at **1-888-274-0367, TTY: 711**, 8 a.m. to 8 p.m., Monday through Friday from April 1 to September 30; and seven days a week from October 1 to March 31.

Understanding the Benefits

- ☐ The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit **azblue.com/medicare** or call **480-937-0409** (in Arizona) or toll-free at **1-800-446-8331, TTY: 711** to view a copy of the EOC.
- ☐ Review the provider directory (or ask your provider) to make sure the providers you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- ☐ Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- ☐ Review the formulary to make sure your drugs are covered.

Understanding Important Rules

- ☐ In addition to your monthly plan premium (if applicable), you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- ☐ Benefits, premiums, and/or copayments/coinsurance may change on January 1, 2027.
- ☐ Except in emergency or urgent situations, we do not cover services by out-of-network providers (providers who are not listed in the provider directory).

Summary of Benefits

January 1, 2027 – December 31, 2027

This is a summary of health and drug services covered by Blue Cross[®] Blue Shield[®] of Arizona (AZ Blue).

AZ Blue is an HMO plan with a Medicare contract. Enrollment in AZ Blue depends on contract renewal.

The benefit information provided in this booklet is a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, call us and ask for the "Evidence of Coverage", or you can see it on our website at azblue.com/medicare.

Things to know about AZ Blue



Hours of Operation

- From October 1 to March 31, you can call us seven days a week from 8 a.m. to 8 p.m.
- From April 1 to September 30, you can call us Monday through Friday from 8 a.m. to 8 p.m.



AZ Blue Phone Numbers and Website

- If you are a member of this plan, call **480-937-0409** (in Arizona) or toll-free at **1-800-446-8331**, TTY: **711**.
- If you are not a member of this plan, call toll-free at **1-888-274-0367**, TTY: **711**.
- Our website: azblue.com/medicare.



Who can join?

To join AZ Blue, you must have both Medicare Part A and Medicare Part B and live in our service area.

- **Blue Best Life Classic (HMO) H0302-006** is available in Maricopa and Pinal Counties
- **Blue Best Life Plus (HMO) H0302-001** is available in Maricopa and Pinal Counties
- **Blue Best Life Select (HMO) H0302-010** is available in Maricopa and Pinal Counties
- **Blue Best Life Classic (HMO) H0302-008** is available in Pima County
- **Blue Best Life Select (HMO) H0302-011** is available in Pima County



Which doctors, hospitals, and pharmacies can I use?

Your **AZ Blue Medicare plan** is a Health Maintenance Organization (HMO) plan. Members enrolled in HMO plans must receive their healthcare from doctors, hospitals, and other providers within the AZ Blue network. If you use providers or facilities that are not in our network, the plan may not pay for these services.

AZ Blue also has an extensive network of pharmacies to fill your prescriptions for covered Part D drugs. You must generally use these network pharmacies.

- You can search for network Providers with our online tool:
azblue.com/findadoctor
- You can see our plan's Provider/Pharmacy Directory on our website:
azblue.com/medicare
- Or, call us and we will send you a copy of the Provider/Pharmacy Directory.



What do we cover?

Like all Medicare health plans, we cover everything that Original Medicare covers – and more.

- **Our plan members get *all* of the benefits covered by Original Medicare. For some of these benefits, you may pay more in our plan than you would in Original Medicare. For others, you may pay less.**
- **Our plan members also *get more than what is covered by Original Medicare. Some of the extra benefits are outlined in this booklet.***

We cover Part D drugs. In addition, we cover Part B drugs, such as chemotherapy and some drugs administered by your provider.

- You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website: **[azblue.com/medicare](https://www.azblue.com/medicare)**
- Or, call us and we will send you a copy of the formulary.



How will I determine my drug costs?

Our plan groups each medication into one of six “tiers.” You will need to use your formulary to locate what tier your drug is on to determine how much it will cost you. The amount you pay depends on the drug’s tier and what stage of the benefit you have reached. Later in this document we discuss the benefit stages that occur: Yearly Deductible (if applicable), Initial Coverage, and Catastrophic Coverage.

If you want to know more about the coverage and costs of Original Medicare, look in your current *Medicare & You 2027* handbook. View it online at **[medicare.gov](https://www.medicare.gov)** or get a copy by calling **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, 7 days a week. TTY users should call **1-877-486-2048**.

Existing members with questions may call Member Services at **480-937-0409** (in Arizona) or toll-free at **1-800-446-8331, TTY: 711**. Hours are 8 a.m. to 8 p.m., Monday through Friday from April 1 to September 30; and seven days a week from October 1 to March 31.

Summary of Benefits January 1, 2027 – December 31, 2027

Premiums and Benefits	Blue Best Life Classic (HMO) H0302-006 H0302-008	Blue Best Life Plus (HMO) H0302-001	Blue Best Life Select (HMO) H0302-010 H0302-011
	Maricopa and Pinal Counties Pima County	Maricopa and Pinal Counties	Maricopa and Pinal Counties Pima County
Monthly plan premium You must keep paying your Medicare Part B premium.	\$0 per month	\$49 per month	\$0 per month
Part B premium rebate	Not Covered	Not Covered	Not Covered
Deductible (medical)	\$0	\$0	\$0
Maximum Out-of-Pocket Responsibility For services you receive from in-network providers. If you reach the limit on out-of-pocket costs, you keep getting Medicare Part A and Part B-covered hospital and medical services and we will pay the full cost for the rest of the year. Please note: You must pay your monthly premiums and cost sharing for your Part D prescription drugs. Part D drugs are not counted toward the Maximum Out-of-Pocket amount.	\$3,550 annually	\$3,000 annually	\$4,450 annually
Inpatient Hospital Coverage Limits may apply. May require prior authorization.	\$280 copayment per day for day 1 \$180 copayment per day for days 2-5	\$230 copayment per day for days 1-5	\$375 copayment per day for days 1-6
Outpatient Hospital Coverage Outpatient Hospital Facility for Surgery or Other Procedures (e.g., endoscopy and cardiac catheterization) May require prior authorization.	\$250 copayment per visit \$200 copayment per visit for outpatient observation services	\$200 copayment per visit \$195 copayment per visit for outpatient observation services	\$325 copayment per visit \$200 copayment per visit for outpatient observation services

Premiums and Benefits	Blue Best Life Classic (HMO) H0302-006 H0302-008	Blue Best Life Plus (HMO) H0302-001	Blue Best Life Select (HMO) H0302-010 H0302-011
	Maricopa and Pinal Counties Pima County	Maricopa and Pinal Counties	Maricopa and Pinal Counties Pima County
Ambulatory Surgery Center (ASC) For surgeries or other procedures such as endoscopy, cardiac catheterization, etc. May require prior authorization.	\$50 copayment per visit for auditory and endocrine system surgical services \$230 copayment per visit for all other services	\$100 copayment per visit for auditory and endocrine system surgical services \$170 copayment per visit for all other services	\$300 copayment
Doctor Visits May require prior authorization.	Primary Care Provider (PCP) visit: \$0 copayment Specialist visit: \$0 copayment per visit at virtual or tele-visit \$35 copayment per visit at office setting (no referral needed)	Primary Care Provider (PCP) visit: \$0 copayment Specialist visit: \$0 copayment per visit at virtual or tele-visit \$15 copayment per visit at office setting (no referral needed)	Primary Care Provider (PCP) visit: \$0 copayment Specialist visit: \$35 copayment (no referral needed)

The plan does not require a referral from a PCP to see a network specialist. Keep in mind, some providers may require a recommendation or treatment plans from your doctor to see you.

Premiums and Benefits	Blue Best Life Classic (HMO) H0302-006 H0302-008	Blue Best Life Plus (HMO) H0302-001	Blue Best Life Select (HMO) H0302-010 H0302-011
	Maricopa and Pinal Counties Pima County	Maricopa and Pinal Counties	Maricopa and Pinal Counties Pima County
Preventive Care Our plan covers many preventive services, including: • Abdominal aortic aneurysm screening • Alcohol misuse counseling • Bone mass measurement • Breast cancer screening (mammogram) • Cardiovascular disease (behavioral therapy) • Cardiovascular screenings • Cervical and vaginal cancer screening • Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy) • Depression screening • Diabetes screenings • HIV screening • Medical nutrition therapy services • Obesity screening and counseling • Prostate cancer screenings (PSA) • Sexually transmitted infections screening and counseling • Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease) • Vaccines, including flu shots, hepatitis B shots, pneumococcal shots, and COVID-19 vaccines • “Welcome to Medicare” preventive visit (one-time) • Annual Wellness Visit Any additional preventive services approved by Medicare during the contract year will be covered.	You pay nothing	You pay nothing	You pay nothing

Premiums and Benefits	Blue Best Life Classic (HMO) H0302-006 H0302-008	Blue Best Life Plus (HMO) H0302-001	Blue Best Life Select (HMO) H0302-010 H0302-011
	Maricopa and Pinal Counties Pima County	Maricopa and Pinal Counties	Maricopa and Pinal Counties Pima County
Emergency Care (Within the United States and its territories) Please note: If you are admitted to the hospital within one (1) day with the same condition, you do not have to pay your share of the cost for emergency care.	\$135 copayment	\$135 copayment	\$150 copayment
Emergency Care (Worldwide)	Emergency Room: \$120 copayment Emergency Transportation: \$120 copayment \$30,000 combined lifetime limit for worldwide emergency and urgent care. Transportation is from incident to nearest medical center, travel from country back to U.S. is not covered.	Emergency Room: \$100 copayment Emergency Transportation: \$100 copayment \$60,000 combined lifetime limit for worldwide emergency and urgent care. Transportation is from incident to nearest medical center, travel from country back to U.S. is not covered.	Emergency Room: \$150 copayment Emergency Transportation: \$150 copayment \$30,000 combined lifetime limit for worldwide emergency and urgent care. Transportation is from incident to nearest medical center, travel from country back to U.S. is not covered.
Urgent Care (Within the United States and its territories) Please note: If you are outside the plan's service area and cannot get care from a network provider, the plan will cover urgent-care services provided in an urgent-care facility.	\$0 copayment per visit at virtual or tele-visit \$65 copayment per visit at Urgent Care Site	\$0 copayment per visit at virtual or tele-visit \$65 copayment per visit at Urgent Care Site	\$50 copayment
Urgent Care (Worldwide)	\$120 copayment (\$30,000 combined limit)	\$100 copayment (\$60,000 combined limit)	\$150 copayment (\$30,000 combined limit)

Premiums and Benefits	Blue Best Life Classic (HMO) H0302-006 H0302-008	Blue Best Life Plus (HMO) H0302-001	Blue Best Life Select (HMO) H0302-010 H0302-011
	Maricopa and Pinal Counties Pima County	Maricopa and Pinal Counties	Maricopa and Pinal Counties Pima County
Diagnostic Services, Labs, and Imaging Refer to Outpatient Diagnostic Tests, Therapeutic Services, and Supplies for additional services and coverage details. Costs may vary based on place of service. May require prior authorization.	Diagnostic tests and procedures: \$150 copayment Lab services: \$0 copayment X-ray with or without contrast (e.g., chest, aortogram, IVP, BE): \$0 copayment per visit at a free-standing radiological facility \$120 copayment per visit at an outpatient hospital Outpatient CT, MRI, MRA, SPECT: \$275 copayment	Diagnostic tests and procedures: \$0 to \$75 copayment or 0% to 20% coinsurance , depending on the service Lab services: \$0 copayment X-ray with or without contrast (e.g., chest, aortogram, IVP, BE): \$10 copayment Outpatient CT, MRI, MRA, SPECT: \$150 copayment	Diagnostic tests and procedures: \$100 copayment Lab services: \$0 copayment X-ray with or without contrast (e.g., chest, aortogram, IVP, BE): \$25 copayment per visit at a free-standing radiological facility \$120 copayment per visit at all other settings Outpatient CT, MRI, MRA, SPECT: \$250 copayment

Premiums and Benefits	Blue Best Life Classic (HMO) H0302-006 H0302-008	Blue Best Life Plus (HMO) H0302-001	Blue Best Life Select (HMO) H0302-010 H0302-011
	Maricopa and Pinal Counties Pima County	Maricopa and Pinal Counties	Maricopa and Pinal Counties Pima County
Outpatient Diagnostic Tests, Therapeutic Services, and Supplies May require a referral from your PCP. May require prior authorization.	Pain Management Assessment (evaluation and management only): \$0 copayment per visit at PCP \$35 copayment per visit at Specialist Pain Management Treatment (e.g., epidurals, pain blockers, and injections): \$75 copayment per treatment Radiation Therapy: \$0 copayment at PCP office \$25 copayment per visit at free-standing radiological facility \$85 copayment per visit at an outpatient hospital Electrocardiogram (EKG): \$25 copayment	Pain Management Assessment (evaluation and management only): \$25 copayment Pain Management Treatment (e.g., epidurals, pain blockers, and injections): \$75 copayment per treatment Radiation Therapy: 20% coinsurance Electrocardiogram (EKG): 0% coinsurance	Pain Management Assessment (evaluation and management only): \$35 copayment Pain Management Treatment (e.g., epidurals, pain blockers, and injections): \$75 copayment per treatment Radiation Therapy: \$25 copayment per visit at free-standing radiological facility \$85 copayment per visit at all other settings Electrocardiogram (EKG): \$35 copayment
Hearing Services (Medicare Covered) Hearing exam by network PCP or specialist to diagnose and treat hearing and balance issues. May require prior authorization.	\$0 copayment	\$15 copayment	\$20 copayment

Premiums and Benefits	Blue Best Life Classic (HMO) H0302-006 H0302-008	Blue Best Life Plus (HMO) H0302-001	Blue Best Life Select (HMO) H0302-010 H0302-011
	Maricopa and Pinal Counties Pima County	Maricopa and Pinal Counties	Maricopa and Pinal Counties Pima County
Hearing Services (Non-Medicare Covered) Services are covered through TruHearing® providers. Includes hearing aid fitting and evaluation. Limited to two (2) TruHearing aids per year (one per ear per year): • Standard (\$499) (available on Select & Plus plans only), • Advanced (\$699) • Premium (\$999) Includes free rechargeable hearing aid upgrade.	Hearing exam: \$0 copayment	Hearing exam: \$0 copayment	Hearing exam: \$0 copayment
Dental Services (Medicare Covered) Dental services that are an integral part either of a covered procedure (e.g., reconstruction of the jaw following accidental injury) or for extractions done in preparation for radiation treatment for neoplastic disease involving the jaw. Oral examinations, but not treatment, preceding kidney transplantation or heart valve replacement under certain circumstances.	\$10 copayment	20% coinsurance	\$10 copayment

Premiums and Benefits	Blue Best Life Classic (HMO) H0302-006 H0302-008	Blue Best Life Plus (HMO) H0302-001	Blue Best Life Select (HMO) H0302-010 H0302-011
	Maricopa and Pinal Counties Pima County	Maricopa and Pinal Counties	Maricopa and Pinal Counties Pima County
Dental Services (Non-Medicare Covered)	\$10 office visit copayment \$2,000 benefit maximum per calendar year for all services. Preventive: \$10 copayment • two oral exams per year • two cleanings per year • two bitewing X-rays per year Basic: 50% coinsurance • fillings • emergency treatment of dental pain • simple extractions Major: 50% coinsurance • Bridges, dentures • Crowns, inlays/onlays • 7-year replacement limit	\$10 office visit copayment \$3,000 benefit maximum per calendar year for all services. Preventive: \$10 copayment • two oral exams per year • two cleanings per year • two bitewing X-rays per year Basic: 50% coinsurance • fillings • emergency treatment of dental pain • simple extractions Major: 50% coinsurance • Bridges, dentures • Crowns, inlays/onlays • Implants • 7-year replacement limit	\$10 office visit copayment \$1,000 benefit maximum per calendar year for all services. Preventive: \$10 copayment • two oral exams per year • two cleanings per year • two bitewing X-rays per year Basic: 50% coinsurance • fillings • emergency treatment of dental pain • simple extractions Major: 50% coinsurance • Bridges, dentures • Crowns, inlays/onlays • 7-year replacement limit

Premiums and Benefits	Blue Best Life Classic (HMO) H0302-006 H0302-008	Blue Best Life Plus (HMO) H0302-001	Blue Best Life Select (HMO) H0302-010 H0302-011
	Maricopa and Pinal Counties Pima County	Maricopa and Pinal Counties	Maricopa and Pinal Counties Pima County
Vision Care (Medicare Covered)	Exam to diagnose and treat diseases and conditions of the eye: \$0 - \$10 copayment Yearly glaucoma and diabetic retinopathy screening: \$0 copayment Eyeglasses or contact lenses after each cataract surgery (not to be combined.): \$0 copayment	Exam to diagnose and treat diseases and conditions of the eye: \$0 - \$15 copayment Yearly glaucoma and diabetic retinopathy screening: \$0 copayment Eyeglasses or contact lenses after each cataract surgery (not to be combined.): 20% coinsurance	Exam to diagnose and treat diseases and conditions of the eye: \$0 - \$20 copayment Yearly glaucoma and diabetic retinopathy screening: \$0 copayment Eyeglasses or contact lenses after each cataract surgery (not to be combined.): 20% coinsurance
Vision Care (Non-Medicare Covered) Routine vision services including non-medical eye examination through Davis Vision® providers without any medical conditions or symptoms for the purpose of checking vision and/or updating eyeglasses or contact lens prescriptions.	\$0 copayment Eyewear coverage: \$200 single-purchase annual allowance for Frames or Contact Lenses through Davis Vision providers	\$0 copayment Eyewear coverage: \$200 single-purchase annual allowance for Frames or Contact Lenses through Davis Vision providers	\$0 copayment Eyewear coverage: \$200 single-purchase annual allowance for Frames or Contact Lenses through Davis Vision providers

Premiums and Benefits	Blue Best Life Classic (HMO) H0302-006 H0302-008	Blue Best Life Plus (HMO) H0302-001	Blue Best Life Select (HMO) H0302-010 H0302-011
	Maricopa and Pinal Counties Pima County	Maricopa and Pinal Counties	Maricopa and Pinal Counties Pima County
Mental Health Services	Inpatient psychiatric hospital visit: \$280 copayment per day for day 1 \$180 copayment per day for days 2-5 Outpatient individual or group therapy visit: \$0 copayment per visit if performed at virtual or tele-visit \$35 copayment per visit if performed at office setting	Inpatient psychiatric hospital visit: \$230 copayment per day for days 1-5 Outpatient individual or group therapy visit: \$30 copayment	Inpatient psychiatric hospital visit: \$375 copayment per day for days 1-6 Outpatient individual or group therapy visit: \$35 copayment
Skilled Nursing Facility (SNF) Plan covers up to 100 days per benefit period in an SNF. May require prior authorization.	\$0 copayment per day for days 1-20 \$208 copayment per day for days 21-100	\$0 copayment per day for days 1-20 \$203 copayment per day for days 21-100	\$0 copayment per day for days 1-20 \$218 copayment per day for days 21-100
Physical Therapy Physical therapy services are provided in various outpatient settings. One copay per date of service, per type of therapy. May require a referral from your PCP.	\$0 copayment per visit at home \$40 copayment per visit at all other settings	\$20 copayment	\$35 copayment

Premiums and Benefits	Blue Best Life Classic (HMO) H0302-006 H0302-008	Blue Best Life Plus (HMO) H0302-001	Blue Best Life Select (HMO) H0302-010 H0302-011
	Maricopa and Pinal Counties Pima County	Maricopa and Pinal Counties	Maricopa and Pinal Counties Pima County
Ambulance Prior authorization is required for non-emergency transportation by ambulance.	Ground Ambulance: \$175 copayment per one-way transport Emergency Air and Water Ambulance Transport: 20% coinsurance per one-way transport	Ground Ambulance: \$250 copayment per one-way transport Emergency Air and Water Ambulance Transport: 20% coinsurance per one-way transport	Ground Ambulance: \$250 copayment per one-way transport Emergency Air and Water Ambulance Transport: 20% coinsurance per one-way transport
Transportation	Not Covered	Not Covered	Not Covered

Premiums and Benefits	Blue Best Life Classic (HMO) H0302-006 H0302-008	Blue Best Life Plus (HMO) H0302-001	Blue Best Life Select (HMO) H0302-010 H0302-011
	Maricopa and Pinal Counties Pima County	Maricopa and Pinal Counties	Maricopa and Pinal Counties Pima County
Medicare Part B Drugs A separate office copay may apply if other services are rendered at the time of the visit. In some cases, the plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, the plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, the plan will then cover Drug B. This requirement is called “step therapy.” Certain drugs require prior authorization.	20% coinsurance for Medicare Part B prescription drugs, including chemotherapy drugs, except for Part B-covered insulin. (See below for more information about insulin coverage). You may pay less than 20% coinsurance for a Medicare Part B prescription drug if the drug appears on Medicare’s rebatable drug list, which is posted on the Web. The list of drugs and the coinsurance you must pay may change from one quarter to the next. The amount you pay for a one-month supply of Medicare Part B-covered insulin will never be more than \$35.	20% coinsurance for Medicare Part B prescription drugs, including chemotherapy drugs, except for Part B-covered insulin. (See below for more information about insulin coverage). You may pay less than 20% coinsurance for a Medicare Part B prescription drug if the drug appears on Medicare’s rebatable drug list, which is posted on the Web. The list of drugs and the coinsurance you must pay may change from one quarter to the next. The amount you pay for a one-month supply of Medicare Part B-covered insulin will never be more than \$35.	20% coinsurance for Medicare Part B prescription drugs, including chemotherapy drugs, except for Part B-covered insulin. (See below for more information about insulin coverage). You may pay less than 20% coinsurance for a Medicare Part B prescription drug if the drug appears on Medicare’s rebatable drug list, which is posted on the Web. The list of drugs and the coinsurance you must pay may change from one quarter to the next. The amount you pay for a one-month supply of Medicare Part B-covered insulin will never be more than \$35.
Acupuncture Services (Medicare Covered) Treatment for chronic low back pain. Must use American Specialty Health® (ASH) participating providers. May require prior authorization.	\$5 copayment	\$5 copayment	\$20 copayment

Premiums and Benefits	Blue Best Life Classic (HMO) H0302-006 H0302-008	Blue Best Life Plus (HMO) H0302-001	Blue Best Life Select (HMO) H0302-010 H0302-011
	Maricopa and Pinal Counties Pima County	Maricopa and Pinal Counties	Maricopa and Pinal Counties Pima County
Acupuncture Services (Non-Medicare Covered) Plan covers routine care between chiropractic, acupuncture, and therapeutic massage per year.	\$5 copayment for 30 combined visits	\$15 copayment for 30 combined visits	\$15 copayment for 30 combined visits
Annual Physical Examination One exam per year. Typically includes tests such as a check of vital signs, measurement of height, weight, and blood pressure; and an inspection of the body.	\$0 copayment	\$0 copayment	\$0 copayment
Chiropractic Services (Medicare Covered) Manipulation of the spine to correct a subluxation (when one or more of the bones in your spine move out of position). May require prior authorization.	\$5 copayment	\$20 copayment	\$20 copayment
Chiropractic Services (Non-Medicare Covered) Plan covers routine care between chiropractic, acupuncture, and therapeutic massage per year.	\$5 copayment for 30 combined visits	\$15 copayment for 30 combined visits	\$15 copayment for 30 combined visits
Foot Care (Podiatry services) (Medicare-covered) Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions. Routine foot care (non-Medicare covered) is not covered.	\$0 copayment per visit at PCP \$40 copayment per visit at Specialist	\$0 copayment per visit at PCP \$20 copayment per visit at Specialist	\$35 copayment

Premiums and Benefits	Blue Best Life Classic (HMO) H0302-006 H0302-008	Blue Best Life Plus (HMO) H0302-001	Blue Best Life Select (HMO) H0302-010 H0302-011
	Maricopa and Pinal Counties Pima County	Maricopa and Pinal Counties	Maricopa and Pinal Counties Pima County
Medical Equipment / Supplies • Durable Medical Equipment - wheelchairs, crutches, hospital bed, insulin pump, IV infusion pump, oxygen equipment, nebulizer, walker, therapeutic shoes or inserts • Prosthetic devices - braces, artificial limbs • Diabetes supplies Separate office visit copay may apply if other services are rendered at the time of the visit. May require prior authorization.	Medically necessary durable medical equipment covered by Original Medicare: 20% coinsurance Prosthetic devices: 20% coinsurance Medicare Covered diabetes monitoring supplies: \$0 copayment for preferred brands 20% coinsurance for non-preferred brands Diabetes supplies and services are limited to Medicare preferred monitoring devices and supplies. Refer to your Evidence of Coverage for further details.	Medically necessary durable medical equipment covered by Original Medicare: 20% coinsurance Prosthetic devices: 20% coinsurance Medicare Covered diabetes monitoring supplies: 0% coinsurance for preferred brands 20% coinsurance for non-preferred brands Diabetes supplies and services are limited to Medicare preferred monitoring devices and supplies. Refer to your Evidence of Coverage for further details.	Medically necessary durable medical equipment covered by Original Medicare: 20% coinsurance Prosthetic devices: 20% coinsurance Medicare Covered diabetes monitoring supplies: \$0 copayment for preferred brands 20% coinsurance for non-preferred brands Diabetes supplies and services are limited to Medicare preferred monitoring devices and supplies. Refer to your Evidence of Coverage for further details.
Over-the-Counter (OTC) Products Quarterly flexible benefits allowance on a prepaid card to help you cover out of pocket expenses on health-related products. Quarterly balances do not roll over. Benefit dollars can be spent at participating retail locations. Visit azblue.com/medicare or call the Member Advocate Team at 602-313-7135, TTY: 711, Monday - Friday, 8 a.m. - 4:30 p.m. for locations and additional information.	Over-the-Counter products are not covered	\$25 quarterly allowance for Maricopa and Pinal counties	Over-the-Counter products are not covered

Premiums and Benefits	Blue Best Life Classic (HMO) H0302-006 H0302-008	Blue Best Life Plus (HMO) H0302-001	Blue Best Life Select (HMO) H0302-010 H0302-011
	Maricopa and Pinal Counties Pima County	Maricopa and Pinal Counties	Maricopa and Pinal Counties Pima County
Rehabilitation Services Outpatient occupational therapy and speech language therapy rehabilitation services are provided in various outpatient settings. Cardiac rehabilitation includes exercise, education, and counseling for members who meet certain conditions with a doctor's order. The plan also covers intensive cardiac and pulmonary rehabilitation programs that are typically more rigorous or more intense than cardiac rehabilitation programs. No referral needed. May require prior authorization.	Copay per service type: Cardiac rehabilitation: \$0 copayment per visit at home \$25 copayment per visit at all settings Pulmonary rehabilitation: \$0 copayment per visit at home \$30 copayment per visit at all settings Intensive Cardiac: \$0 copayment Occupational Therapy: \$0 copayment per visit at home \$40 copayment per visit at all other settings Speech Language Therapy: \$0 copayment per visit at home \$40 copayment per visit at all other settings	Copay per service type: Cardiac rehabilitation: \$20 copayment Pulmonary rehabilitation: \$20 copayment Intensive Cardiac: \$20 copayment Occupational Therapy: \$20 copayment Speech Language Therapy: \$20 copayment	Copay per service type: Cardiac rehabilitation: \$35 copayment Pulmonary rehabilitation: \$35 copayment Intensive Cardiac: \$35 copayment Occupational Therapy: \$35 copayment Speech Language Therapy: \$35 copayment

Premiums and Benefits	Blue Best Life Classic (HMO) H0302-006 H0302-008	Blue Best Life Plus (HMO) H0302-001	Blue Best Life Select (HMO) H0302-010 H0302-011
	Maricopa and Pinal Counties Pima County	Maricopa and Pinal Counties	Maricopa and Pinal Counties Pima County
Fitness Programs SilverSneakers® is more than a fitness program. It's an opportunity to improve your health, gain confidence and connect with your community, at no additional cost with many Medicare plans. Whether you play tennis, swim laps, lift weights, visit the gym or take live classes from home, SilverSneakers has you covered. Movement and exercise are essential to your health, and SilverSneakers supports you in any way you decide to move: In participating fitness locations • Thousands of participating locations¹ with various amenities • Ability to enroll at multiple locations at any time • SilverSneakers classes² designed for all levels and taught by instructors trained in senior fitness In your community • Group activities and classes² offered outside the gym • SilverSneakers Community Fitness classes, walking groups and workshop at parks, community centers and more • Events including shared meals, holiday celebrations and class socials At home or on the go • SilverSneakers LIVE virtual classes and workshops throughout the week • SilverSneakers On-Demand fitness classes available 24/7 • SilverSneakers GO mobile app with adjustable workout plans and more Get started in 3 easy steps 1. Go to SilverSneakers.com/StartHere to create an online account. 2. Log in to view your member ID	You pay nothing*	You pay nothing*	You pay nothing*

Premiums and Benefits	Blue Best Life Classic (HMO) H0302-006 H0302-008	Blue Best Life Plus (HMO) H0302-001	Blue Best Life Select (HMO) H0302-010 H0302-011
	Maricopa and Pinal Counties Pima County	Maricopa and Pinal Counties	Maricopa and Pinal Counties Pima County
number and take that to a participating location. 3. Start a healthy routine with the support you need! You can also enjoy virtual workouts online through your new account. Questions? Visit SilverSneakers.com or call 1-888-423-4632 (TTY: 711) Monday through Friday, 8 a.m. to 8 p.m. ET. ¹ Participating locations (“PL”) not owned or operated by Tivity Health, Inc. or its affiliates. Use of PL facilities and amenities limited to terms and conditions of PL basic membership. Facilities and amenities vary by PL. ² Membership includes SilverSneakers instructor-led group fitness classes. Some locations offer Members additional classes. Classes vary by location.			

Prescription Drug Benefits

There are **three drug payment stages**: the Yearly Deductible Stage, the Initial Coverage Stage, and the Catastrophic Coverage Stage.

In 2025, a new payment plan option was created to help Medicare beneficiaries manage their out-of-pocket Part D drug costs, called the Medicare Prescription Payment Plan. It is available to anyone with a Medicare drug plan or Medicare health plan with drug coverage. Participation in the program is voluntary. This payment option might help you manage your expenses, but it doesn't save you money or lower your drug costs. Under the Manufacturer Discount Program, drug manufacturers pay a portion of the plan's full cost for covered Part D brand name drugs and biologics during the Initial Coverage Stage and the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program do not count toward out-of-pocket costs.

For more information about the different stages and how those work for you, call **1-844-883-8523** (TTY: **711**). Hours are 24 hours a day, seven days a week.

For Blue Best Life Plus (HMO) H0302-001, Blue Best Life Classic (HMO) H0302-006 & H0302-008

Yearly Deductible	Initial Coverage Level	Catastrophic Coverage
Some plans may include a yearly deductible There is no deductible for drugs on tiers 1, 2, & 6. There is a \$500 deductible for drugs on tiers 3, 4 & 5.	All plans: \$2,400 The Initial Coverage Level is the member out-of-pocket cost . Once the member's out-of-pocket costs reach \$2,400 , the member will then enter the Catastrophic Coverage Stage.	Once the member's True Out-of-Pocket (TrOOP) costs reach \$2,400 , the Catastrophic Coverage Stage begins. The member will pay nothing for the remainder of the year. You pay: Generic: \$0 copayment Brand Name: \$0 copayment

For Blue Best Life Select (HMO) H0302-010 & H0302-011

Yearly Deductible	Initial Coverage Level	Catastrophic Coverage
Some plans may include a yearly deductible There is no deductible for drugs on tiers 1, 2, & 6. There is a \$490 deductible for drugs on tiers 3, 4 & 5.	All plans: \$2,400 The Initial Coverage Level is the member out-of-pocket cost. Once the member's out-of-pocket costs reach \$2,400, the member will then enter the Catastrophic Coverage Stage.	Once the member's True Out-of-Pocket (TrOOP) costs reach \$2,400, the Catastrophic Coverage Stage begins. The member will pay nothing for the remainder of the year. You pay: Generic: \$0 copayment Brand Name: \$0 copayment

If a prescribed drug is not included on the current list of Covered Drugs (Formulary) or "Drug List," the process for requesting a drug exception is discussed in Chapter 9, Section 6.2 of the Evidence of Coverage (EOC):

If a drug is not covered in the way you would like it to be covered, you can ask us to make an 'exception.' An exception is a type of coverage decision. Similar to other types of coverage decisions, if we turn down your request for an exception, you can appeal our decision. When you ask for an exception, your doctor or other prescriber will need to explain the medical reasons why you need the exception approved. We will then consider your request.

If we agree to make an exception and cover a drug that is not on the Drug List, you will need to pay the cost-sharing amount that applies to drugs in Tier 4. You cannot ask for an exception to the copayment or coinsurance amount we require you to pay for the drug.

TrOOP costs are the out-of-pocket costs (copay, coinsurance, and deductibles) paid by the member or certain others on the member's behalf during Stages 1 and 2. These costs count toward the member's Medicare drug plan annual out-of-pocket threshold of \$2,400. The TrOOP does not include premiums paid by member or the plan.

For more information you may call **1-844-883-8523**, TTY: **711**, 24 hours a day, 7 days a week. Or visit **optumrx.com** to enroll.

What You Pay as a Member of This Plan

Blue Best Life Classic (HMO)

(H0302-006)

(H0302-008)

\$0 Monthly Premium

Stage 1	Stage 2		Stage 3
Yearly Deductible Stage There is no deductible for drugs on tiers 1, 2, & 6. There is a \$500 deductible for drugs on tiers 3, 4 & 5.	Initial Coverage Stage Up to \$2,400 spent towards covered drugs – based on the total out-of-pocket costs		Catastrophic Coverage Stage This stage begins when your total out-of-pocket drug costs reach \$2,400
	30-Day Supply (Retail or Mail Order)	90 to 100-Day Supply (Retail or Mail Order)	
Tier 1: Preferred Generic	\$0 copayment	\$0 copayment (100-day supply)	Generic \$0 copayment
Tier 2: Generic	\$9 copayment	\$9 copayment (100-day supply)	
Tier 3: Preferred Brand	20% coinsurance You pay \$35 per month supply of each covered insulin product on this tier.	20% coinsurance You pay \$105 (90-day supply) for each covered insulin product on this tier.	Brand Name \$0 copayment
Tier 4: Non-Preferred Drug	28% coinsurance You pay \$35 per month supply of each covered insulin product on this tier.	28% coinsurance You pay \$105 (90-day supply) for each covered insulin product on this tier.	
Tier 5: Specialty	28% coinsurance You pay \$35 per month supply of each covered insulin product on this tier.	Not Offered	
Tier 6: Select Care Drugs	\$0 copayment	\$0 copayment	

What You Pay as a Member of This Plan

Blue Best Life Plus (HMO)
(H0302-001)

\$49 Monthly Premium

Stage 1	Stage 2		Stage 3
Yearly Deductible Stage There is no deductible for drugs on tiers 1, 2, & 6. There is a \$500 deductible for drugs on tiers 3, 4 & 5.	Initial Coverage Stage Up to \$2,400 spent towards covered drugs – based on the total out-of-pocket costs		Catastrophic Coverage Stage This stage begins when your total out-of-pocket drug costs reach \$2,400
	30-Day Supply (Retail or Mail Order)	90 to 100-Day Supply (Retail or Mail Order)	
Tier 1: Preferred Generic	\$0 copayment	\$0 copayment (100-day supply)	Generic \$0 copayment
Tier 2: Generic	\$9 copayment	\$9 copayment (100-day supply)	
Tier 3: Preferred Brand	20% coinsurance You pay \$35 per month supply of each covered insulin product on this tier.	20% coinsurance You pay \$105 (90-day supply) for each covered insulin product on this tier.	Brand Name \$0 copayment
Tier 4: Non-Preferred Drug	28% coinsurance You pay \$35 per month supply of each covered insulin product on this tier.	28% coinsurance You pay \$105 (90-day supply) for each covered insulin product on this tier.	
Tier 5: Specialty	28% coinsurance You pay \$35 per month supply of each covered insulin product on this tier.	Not Offered	
Tier 6: Select Care Drugs	\$0 copayment	\$0 copayment	

What You Pay as a Member of This Plan

Blue Best Life Select (HMO)

(H0302-010)

(H0302-011)

\$0 Monthly Premium

Stage 1	Stage 2		Stage 3
Yearly Deductible Stage There is no deductible for drugs on tiers 1, 2, & 6. There is a \$490 deductible for drugs on tiers 3, 4 & 5.	Initial Coverage Stage Up to \$2,400 spent towards covered drugs – based on the total out-of-pocket costs		Catastrophic Coverage Stage This stage begins when your total out-of-pocket drug costs reach \$2,400
	30-Day Supply (Retail or Mail Order)	90 to 100-Day Supply (Retail or Mail Order)	
Tier 1: Preferred Generic	\$0 copayment	\$0 copayment (100-day supply)	Generic \$0 copayment
Tier 2: Generic	\$9 copayment	\$9 copayment (100-day supply)	
Tier 3: Preferred Brand	20% coinsurance You pay \$35 per month supply of each covered insulin product on this tier.	20% coinsurance You pay \$105 (90-day supply) for each covered insulin product on this tier.	Brand Name \$0 copayment
Tier 4: Non-Preferred Drug	26% coinsurance You pay \$35 per month supply of each covered insulin product on this tier.	26% coinsurance You pay \$105 (90-day supply) for each covered insulin product on this tier.	
Tier 5: Specialty	26% coinsurance You pay \$35 per month supply of each covered insulin product on this tier.	Not Offered	
Tier 6: Select Care Drugs	\$0 copayment	\$0 copayment	

OptumRx is an independent company providing pharmacy mail order services.

AZ Blue is contracted with Medicare to offer HMO Medicare Advantage plans. Enrollment in AZ Blue plans depends on contract renewal.

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.

TruHearing is an independent and separate company contracted with AZ Blue to provide hearing aid services to AZ Blue members. The TruHearing program is not an insurance policy and does not provide insurance coverage.

Davis Vision is a separate, independent company, contracted with AZ Blue to provide vision services to AZ Blue members. The Davis Vision program is not an insurance policy and does not provide insurance coverage.

Routine eye and hearing exam and hearing aid benefits available through participating providers.

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ASH is an independent and separate company contracted with AZ Blue to provide health and wellness services to AZ Blue members.

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 1-800-446-8331 (TTY: 711).

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 1-800-446-8331 (TTY: 711).

Navajo: Diné bee y1ni[ti'gogo, saad bee an1'awo' bee 1ka'an7da'awo'7t'11 jiik'eh n1 h0l=. Bee ahi[hane'go bee nida'anish7 t'11 1kodaat'4h7g77 d00 bee 1ka'an7da'wo'7 1ko bee baa hane'7 bee hadadilyaa bich'8' ahoot'i'7g77 47 t'11 jiik'eh h0l=. Kohj8' 1-800-446-8331 (TTY: 711).

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 1-800-446-8331 (TTY: 711)。

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 1-800-446-8331 (TTY: 711).

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 1-800-446-8331 (TTY: 711).

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 1-800-446-8331 (Người khuyết tật: 711).

German: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzen zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-800-446-8331 (TTY: 711).

Korean: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-800-446-8331 (TTY: 711).

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 1-800-446-8331 (TTY: 711).

Arabic:

تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 1-800-446-8331 (TTY: 711).

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। 1-800-446-8331 (TTY: 711)।

Farsi (Persian):

همچنین کمک‌ها و خدمات پشتیبانی مناسب برای ارائه اگر [وارد کردن زبان] صحبت می‌کنید، خدمات پشتیبانی زبانی رایگان در دسترس شما قرار دارد. توجه: 1-800-446-8331 (تله‌نایب: 711) با شماره اطلاعات در قالب‌های قابل دسترس، به‌طور رایگان موجود می‌باشند.

Thai: หากคุณใช้ภาษาไทย เรามีบริการความช่วยเหลือด้านภาษาฟรี นอกจากนี้ ยังมีเครื่องมือและบริการช่วยเหลือเพื่อให้ข้อมูลในรูปแบบที่เข้าถึงได้โดยไม่เสียค่าใช้จ่าย โปรดโทรติดต่อ 1-800-446-8331 (TTY: 711).

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。1-800-446-8331 (TTY: 711)。

Not a member yet?

Contact our Licensed Medicare Consultants:

1-888-274-0367, TTY: 711

Or contact your broker

Existing Members call:

480-937-0409 (in Arizona)

or toll-free at **1-800-446-8331, TTY: 711**

October 1 to March 31:

Seven days a week, 8 a.m. to 8 p.m.

April 1 to September 30:

Monday through Friday, 8 a.m. to 8 p.m.

azblue.com/medicare



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