2027 Employer Health Plan Product Guide

Plan choices effective January 1, 2027

EMPLOYERS WITH 2-50 EMPLOYEES

BlueCross BlueShield Arizona

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VALUE OF BLUE

Introducing the AZ Blue 2027 Product Portfolio! We know you have many choices when it comes to healthcare. But with AZ Blue, you will have a truly dedicated, locally based partner with a deep understanding of what Arizonans need to achieve better health.

With a wide range of benefit designs (including an exciting new HSA plan), network options, and care delivery choices, you are sure to find the right solution to meet your organization's goals and budget. You will also get an unparalleled level of service. From strategic planning to implementation to day-to-day operations, you will have the support you need, when you need it.

Browse through our plans and products. No matter what you choose, rest assured we have you and your employees covered.

2027 PLAN CHOICES THAT INSPIRE HEALTH

Prosano Health®

Members enrolled in a Prosano Health plan have exclusive access to an elevated experience with a dedicated primary care provider team, including solution-focused therapy and chronic condition management. Members can also connect with a benefit liaison who will help them understand benefits, costs, and network options, as well as a clinically trained care guide to help schedule appointments with specialists and diagnostic providers. You have the option of pairing this plan with an HRA, FSA, and/or DCFSA spending account.

Balanced Funding solution

Balanced Funding is a self-funded solution for employers with five or more enrolled employees. With Balanced Funding, employers can enjoy financial predictability and control over monthly healthcare costs.[1]

Here's how it works: Employers pay a fixed monthly amount that includes the cost of administrative services, stop-loss insurance, and all claims coverage.[2] It also includes detailed claims and experience reports to help you manage expenses. If claims are lower than expected, you will also have the opportunity to earn money back.

Low copays for Tier 1 generic drugs

All BlueSignature℠ Prosano℠ PPO and EverydayHealth PPO/HMO plans feature $3 copays for 30-day supplies of Tier 1a generic prescriptions, including select insulin. Prescription drugs in Tier 1b have low copays that range from $15 to $35 for a 30-day supply, depending upon the plan.

For more information on AZ Blue's Tier 1a Drug List, visit **azblue.com**/pharmacy-management/Tier1a-Drug-List.

All plans offer coverage for most common healthcare needs, such as:

- Doctor visits
- Prescriptions
- Urgent care and ER visits
- Surgeries
- Virtual visits with Telehealth from AZ Blue*
- Behavioral health needs
- Pediatric dental care from in-network providers
- Preventive care at $0 out-of-pocket cost from in-network providers
- Routine pediatric vision care

Benefits of consumer-directed health plan accounts (CDHP):

By pairing an HSA with a high-deductible PPO plan, you can give employees the flexibility to choose how their healthcare dollars are spent and enjoy potential tax savings.

Easy
Hassle-free account setup, management, and eligibility data sharing available

Streamlined
One bill captures monthly premiums and CDHP administration fees

Convenient
Dedicated employer customer service for employers integrating any of the following types of spending accounts:

- HSAs
- HRAs
- FSAs
- DCFSAs
- LPFSAs

[1]Medical criteria are used to establish rates for Balanced Funding arrangements. Not all businesses will qualify. [2]With Balanced Funding, composite rates are fixed. Monthly payments may still change based on a business' employee census, as employees or dependents are added or removed. *Virtual visits do not provide emergency care. In an identified or probable emergency, the virtual visit provider will direct the patient to seek emergency care. This is only a brief summary of the benefit plans, designed to help you compare features of different plans. All plans are subject to the exclusions and limitations listed on page 24 of this summary. More detailed information about benefits, cost share, exclusions, and limitations is in the benefit plan booklets and plan Summary of Benefits and Coverage (SBC), which are available on request. If the terms of this summary differ from the terms of the benefit plan booklets, the terms of the booklets control and apply.

PLAN CHOICES EFFECTIVE JANUARY 1, 2027

Prosano Health Plans

BlueSignature℠ Prosano℠ PPO

- Gives exclusive access to Prosano Health Care Centers for affordable, convenient, and personalized care
- In-person and virtual services at Prosano Health Care Centers are included in the premium
- Most in-network services performed outside of Prosano Health Care Centers are subject to deductible and coinsurance
- In-network PCP and specialist services outside of Prosano offered at $75 and $100 copays
- Available networks: Statewide/National PPO + Prosano, AllianceConnect PPO + Prosano

AZ Blue HSA Prosano℠ Saver

- Gives exclusive access to Prosano Health Care Centers for affordable, convenient, and personalized care
- Tax advantages as a qualified high-deductible PPO plan that is paired with a health savings account (HSA)
- Gives employees control over their healthcare decisions
- Virtual visits with a Prosano Health provider are included in the premium
- Available networks: AllianceConnect PPO + Prosano

Plan Options

PPO Plans

EverydayHealth and Portfolio

- A wide selection of primary care providers (PCPs) and specialists
- No requirement to have an assigned PCP or get referrals before seeing a specialist
- Access to healthcare out of state with the BlueCard® network when traveling or vacationing
- Out-of-network care covered, but at a higher cost

HMO Plans

EverydayHealth

- A wide selection of PCPs and specialists
- No requirement to have an assigned PCP or get referrals before seeing a specialist
- Out-of-network services not covered except in emergencies, select ancillary services performed by out-of-network providers at an in-network facility, and rare situations when preauthorized by AZ Blue

Networks & Provider Affiliations for PPO and HMO Plans

Statewide/National PPO—Affiliations statewide

Statewide/National PPO + Prosano*—Affiliations statewide and Prosano Health Care Centers

Statewide HMO—Affiliations statewide

AllianceConnect PPO or HMO (Maricopa, Pima, and Pinal counties)—Banner Health, HonorHealth, Tucson Medical Center, and Northwest Medical Center

AllianceConnect PPO + Prosano* (Maricopa, Pima, and Pinal counties)—Banner Health, HonorHealth, Prosano Health Care Centers, Tucson Medical Center, and Northwest Medical Center

*All in-network Prosano Health doctors and Prosano Health Care Centers are located in Maricopa and Pima counties. Please ask AZ Blue or your broker to learn more.

PLAN CHOICES EFFECTIVE JANUARY 1, 2027

Balanced Funding

A self-funding option, Balanced Funding is available for businesses with five or more enrolled employees. Balanced Funding provides employers with financial predictability and control over monthly healthcare costs.[1] With Balanced Funding, employers pay a fixed monthly amount that includes the cost of administrative services, stop-loss insurance, and all claims coverage.[2] These payments remain the same for the plan year and will not fluctuate based on claims experience. Balanced Funding may be a great option for employers whose employees are engaged in their healthcare and use their plan in a cost-efficient and effective manner.

Advantages of Balanced Funding:

- **Easier budgeting.** Your business may qualify for a lower fixed monthly cost than what you are currently paying.
- **All-inclusive.** Your monthly payment covers administrative services, stop-loss insurance, and claims liability.
- **Potential refunds.** You have the ability to earn dollars back if claims are lower than expected.
- **Predictable costs.** If the amount of your claims is more than what you have paid, you do not owe more.
- **Enhanced transparency.** Monthly reports let you easily understand your healthcare claims costs throughout the year.

Balanced Funding protects you both ways:

EXAMPLE #1	
Annual Claims Funding:	**$50,000**
Actual Claims (Includes 3 Mos Runout):	**$44,000**
Reserve (10% of Paid Claims):	**$4,400**
Total Claims (Including Reserve)	**$48,400**

Congratulations! Your business will receive $1,600 back![3]

EXAMPLE #2	
Annual Claims Funding:	**$50,000**
Actual Claims (Includes 3 Mos Runout):	**$55,000**
Reserve (10% of Paid Claims):	**$5,500**
Total Claims (Including Reserve)	**$60,500**

Don't worry! Even if you exceed your projected claims allowance for the year, you won't owe any additional dollars.

What happens in the event of an unusually large claim? With AZ Blue, stop-loss coverage components—both specific (claims for each individual) and aggregate (total claims for all individuals)—are included. This ensures there is a limit on what you will pay.

Predictable, affordable, and transparent

Ask your broker or AZ Blue representative how Balanced Funding can work for you.

[1]Medical criteria are used to establish rates for balanced-funding arrangements. Not all businesses will qualify.
[2]With Balanced Funding, composite rates are fixed; however, monthly payments may still change based on your employee census, as employees or dependents are added or removed.
[3]Surplus is paid after plan renewal as long as the business retains an AZ Blue balanced-funding plan or a major medical plan.

BlueCross BlueShield Arizona

An Independent Licensee of the Blue Cross Blue Shield Association

Introducing coverage **with care built in.**

Prosano Health plans by AZ Blue

AZ Blue does more than pay for care—we help deliver it. That is why we created Prosano Health plans by AZ Blue. They connect you to a new kind of healthcare experience, where coverage and care work as a team so they work better for you.

Exclusive access to our Prosano Health Care Centers

Personalized care from Prosano Health providers

10 convenient locations plus a large provider network

Getting personalized care has never been easier

Your Prosano Health plan by AZ Blue gives you exclusive access to our Care Centers for primary and sick care, short-term counseling, chronic condition support, and more, all under one roof.

- **Doctors who get to know you**
- **Online scheduling**
- **In-person and virtual visits**
- **Same- or next-day care when you need it fast[1]**
- **Longer visits when you want more time**
- **Chronic condition support**
- **Short-term counseling**
- **On-site labs[2]**
- **On-site Rx at some locations[3]**
- **After-hours triage calls**

azblue.com/prosanoplans

1. Availability may vary by location and provider. 2. Basic primary care laboratory testing panels. 3. Prescription copayments apply as specified in your benefit plan. May not be available at all locations.

Prosano Health Services*

Preventive and Wellness

Your advanced primary care team looks to identify health issues early on and will work with you to develop the right treatment plan. For patients 5 & up.

- **Routine wellness exams**
- **Health screenings and sports physicals**
- **Well woman exams**
- **Immunizations**

Sick Care for All Ages

When you do not feel well, you can count on the team at Prosano Health to see you and help you feel better.

- **Cough, cold, and flu**
- **Stomach pain**
- **Rashes and infections**
- **Muscle and joint pain**

Behavioral Health

Need to talk to someone? We can provide short-term counseling to help you through difficult times.

- **Grief/bereavement**
- **Emotional wellness strategies**
- **Mild to moderate anxiety and depression**
- **Medication management in partnership with your primary care physician**

Chronic Health Conditions

High-quality chronic condition management is one of the core strengths of our care team.

- **Diabetes**
- **Asthma**
- **High blood pressure**
- **High cholesterol**
- **Lifestyle medicine and weight management**

*Most services are available across the state virtually.

Care Center Locations

Prosano Health Care Centers are conveniently located across Maricopa and Pima counties.

Chandler/Gilbert
3530 S. Val Vista Dr.
Ste. B105
Gilbert, AZ 85297

Deer Valley
19810 N. 7th Ave.
Ste. 150
Phoenix, AZ 85027

Goodyear
1360 N. Bullard Ave.
Ste. 102
Goodyear, AZ 85395

Mesa
1910 S. Stapley Dr.
Ste. 101
Mesa, AZ 85204

Peoria
9000 W. Thunderbird Rd.
Ste. 110
Peoria, AZ 85381

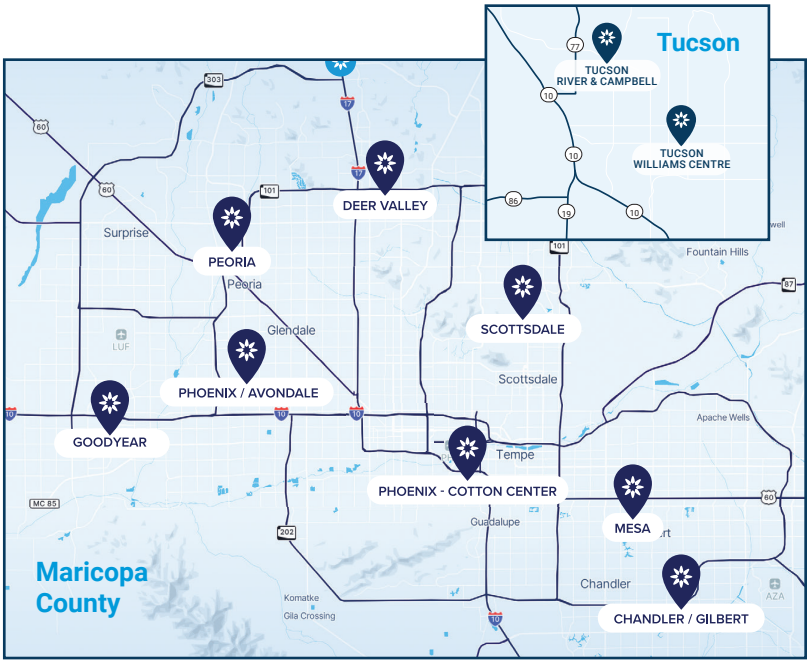
Phoenix/Avondale
9321 W. Thomas Rd.
Ste. 420
Phoenix, AZ 85037

Phoenix – Cotton Center
4039 E. Raymond St.
Phoenix, AZ 85040

Scottsdale
7373 N. Scottsdale Rd.
Ste. A178
Scottsdale, AZ 85253

Tucson: River & Campbell
1790 E. River Rd.
Ste. 200
Tucson, AZ 85718

Tucson: Williams Centre
5210 E. Williams Cir.
Ste. 120
Tucson, AZ 85711



BlueCross BlueShield Arizona

An Independent Licensee of the Blue Cross Blue Shield Association

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BlueSignature Prosano PPO

PROSANO HEALTH
For Members of Blue Cross® Blue Shield® of Arizona

	BlueSignature Prosano PPO Platinum $500	BlueSignature Prosano PPO Gold $1,000	BlueSignature Prosano PPO Gold $2,250	BlueSignature Prosano PPO Silver $5,000	BlueSignature Prosano PPO Silver $6,500
Overall Deductible	$500/member and $1,000/family **Deductible waived for services at Prosano Health**	$1,000/member and $2,000/family **Deductible waived for services at Prosano Health**	$2,250/member and $4,500/family **Deductible waived for services at Prosano Health**	$5,000/member and $10,000/family **Deductible waived for services at Prosano Health**	$6,500/member and $13,000/family **Deductible waived for services at Prosano Health**
Provider Networks Available	Statewide/National PPO + Prosano AllianceConnect PPO + Prosano	Statewide/National PPO + Prosano AllianceConnect PPO + Prosano	Statewide/National PPO + Prosano AllianceConnect PPO + Prosano	Statewide/National PPO + Prosano AllianceConnect PPO + Prosano	Statewide/National PPO + Prosano AllianceConnect PPO + Prosano
Coinsurance (Member)	10%	20%	20%	20%	30%
Out-of-Pocket Maximum	$4,000/member and $8,000/family	$6,500/member and $13,000/family	$5,900/member and $11,800/family	$8,500/member and $17,000/family	$9,000/member and $18,000/family
Referral Required to Visit Specialist?	No	No	No	No	No
Primary Care (PCP) Visit	**Prosano Health: No charge, deductible does not apply** Non-Prosano PCP: $75	**Prosano Health: No charge, deductible does not apply** Non-Prosano PCP: $75	**Prosano Health: No charge, deductible does not apply** Non-Prosano PCP: $75	**Prosano Health: No charge, deductible does not apply** Non-Prosano PCP: $75	**Prosano Health: No charge, deductible does not apply** Non-Prosano PCP: $75
Specialist Visit	$100	$100	$100	$100	$100
Urgent Care Visit	10% after deductible	20% after deductible	20% after deductible	20% after deductible	30% after deductible
Emergency Room Visit (In and Out of Network)	10% after deductible	20% after deductible	20% after deductible	20% after deductible	30% after deductible
Emergency Transportation/ Ambulance (In and Out of Network)	10% coinsurance, deductible waived	20% coinsurance, deductible waived	20% coinsurance, deductible waived	20% coinsurance, deductible waived	30% coinsurance, deductible waived
Inpatient Physician and Surgical Services	10% after deductible	20% after deductible	20% after deductible	20% after deductible	30% after deductible
Rx Deductible (Tiers 2 & 3):	n/a	n/a	n/a	n/a	n/a
Rx Tier 1a	$3 copay	$3 copay	$3 copay	$3 copay	$3 copay
Rx Tier 1b	$15 copay	$15 copay	$15 copay	$35 copay	$25 copay
Rx Tier 2	$60 copay	$60 copay	$55 copay	$90 copay	$80 copay
Rx Tier 3	$130 copay	$130 copay	$110 copay	$180 copay	$160 copay
Specialty Drug	50% coinsurance, deductible waived	50% coinsurance, deductible waived	50% coinsurance, deductible waived	50% coinsurance, deductible waived	50% coinsurance, deductible waived
Preventive Care/ Immunizations/ Screenings	No charge	No charge	No charge	No charge	No charge
Pediatric Dental	No charge	No charge	No charge	No charge	No charge
Telehealth					
Medical Visit	**Prosano Health** and Telehealth from AZ Blue: No charge	**Prosano Health** and Telehealth from AZ Blue: No charge	**Prosano Health** and Telehealth from AZ Blue: No charge	**Prosano Health** and Telehealth from AZ Blue: No charge	**Prosano Health** and Telehealth from AZ Blue: No charge
Counseling Visit	**Prosano Health: No charge** Telehealth from AZ Blue: $20	**Prosano Health: No charge** Telehealth from AZ Blue: $20	**Prosano Health: No charge** Telehealth from AZ Blue: $20	**Prosano Health: No charge** Telehealth from AZ Blue: $20	**Prosano Health: No charge** Telehealth from AZ Blue: $20
Psychiatric Visit	Telehealth from AZ Blue: $45	Telehealth from AZ Blue: $45	Telehealth from AZ Blue: $45	Telehealth from AZ Blue: $45	Telehealth from AZ Blue: $45

In-person and virtual services at Prosano Health are provided at no cost. Cost-share amounts are for covered services by providers in the plan's network. Services by out-of-network providers are typically subject to higher cost-share amounts. Only formulary drugs are covered unless a formulary exception is approved. Members in plans with a copay drug benefit who pick a brand-name medication when a generic is available will pay the difference in cost plus the copay and any applicable deductible. All plans are subject to the exclusions and limitations on page 24.

AZ Blue HSA Prosano Saver PPO

PROSANO HEALTH
For Members of Blue Cross® Blue Shield® of Arizona

	AZ Blue HSA Prosano Saver PPO Gold 1750[1]	AZ Blue HSA Prosano Saver PPO Silver 3500	AZ Blue HSA Prosano Saver PPO Silver 4000	AZ Blue HSA Prosano Saver PPO Silver 4750	AZ Blue HSA Prosano Saver PPO Bronze 6250	AZ Blue HSA Prosano Saver PPO Bronze 8500
Overall Deductible	In-network: $1,750/member and $3,500/family	In-network: $3,500/member and $7,000/family	In-network: $4,000/member and $8,000/family	In-network: $4,750/member and $9,500/family	In-network: $6,250/member and $12,500/family	In-network: $8,500/member and $17,000/family
Provider Networks Available	AllianceConnect PPO + Prosano	AllianceConnect PPO + Prosano	AllianceConnect PPO + Prosano	AllianceConnect PPO + Prosano	AllianceConnect PPO + Prosano	AllianceConnect PPO + Prosano
Coinsurance (Member)	20%	30%	20%	10%	30%	0%
Out-of-Pocket Maximum	In-network: $6,250/member and $12,500/family	In-network: $7,100/member and $14,200/family	In-network: $7,500/member and $15,000/family	In-network: $7,900/member and $15,800/family	In-network: $8,200/member and $16,400/family	In-network: $8,500/member and $17,000/family
Referral Required to Visit Specialist?	No	No	No	No	No	No
Primary Care (PCP) Visit	**Prosano Health: No charge after deductible** Non-Prosano: 20% after deductible	**Prosano Health: No charge after deductible** Non-Prosano: 30% after deductible	**Prosano Health: No charge after deductible** Non-Prosano: 20% after deductible	**Prosano Health: No charge after deductible** Non-Prosano: 10% after deductible	**Prosano Health: No charge after deductible** Non-Prosano: 30% after deductible	**Prosano Health** and Non-Prosano: No charge after deductible
Specialist Visit	20% after deductible	30% after deductible	20% after deductible	10% after deductible	30% after deductible	No charge after deductible
Urgent Care Visit	20% after deductible	30% after deductible	20% after deductible	10% after deductible	30% after deductible	No charge after deductible
Emergency Room Visit (In and Out of Network)	20% after deductible	30% after deductible	20% after deductible	10% after deductible	30% after deductible	No charge after deductible
Emergency Transportation/ Ambulance (In and Out of Network)	20% after deductible	30% after deductible	20% after deductible	10% after deductible	30% after deductible	No charge after deductible
Inpatient Physician and Surgical Services	20% after deductible	30% after deductible	20% after deductible	10% after deductible	30% after deductible	No charge after deductible
Rx Deductible (Tiers 2 & 3):	n/a	n/a	n/a	n/a	n/a	n/a
Rx Tier 1a	20% after deductible	30% after deductible	20% after deductible	10% after deductible	30% after deductible	No charge after deductible
Rx Tier 1b	20% after deductible	30% after deductible	20% after deductible	10% after deductible	30% after deductible	No charge after deductible
Rx Tier 2	20% after deductible	30% after deductible	20% after deductible	10% after deductible	30% after deductible	No charge after deductible
Rx Tier 3	20% after deductible	30% after deductible	20% after deductible	10% after deductible	30% after deductible	No charge after deductible
Specialty Drug	20% after deductible	30% after deductible	20% after deductible	10% after deductible	30% after deductible	No charge after deductible
Preventive Care/ Immunizations/ Screenings	No charge	No charge	No charge	No charge	No charge	No charge
Pediatric Dental	No charge after deductible	No charge after deductible	No charge after deductible	No charge after deductible	No charge after deductible	No charge after deductible
Telehealth						
Medical Visit	**Prosano Health** and Telehealth from AZ Blue: No charge	**Prosano Health** and Telehealth from AZ Blue: No charge	**Prosano Health** and Telehealth from AZ Blue: No charge	**Prosano Health** and Telehealth from AZ Blue: No charge	**Prosano Health** and Telehealth from AZ Blue: No charge	**Prosano Health** and Telehealth from AZ Blue: No charge
Counseling Visit	**Prosano Health: No charge** Telehealth from AZ Blue: 20% after deductible	**Prosano Health: No charge** Telehealth from AZ Blue: 30% after deductible	**Prosano Health: No charge** Telehealth from AZ Blue: 20% after deductible	**Prosano Health: No charge** Telehealth from AZ Blue: 10% after deductible	**Prosano Health: No charge** Telehealth from AZ Blue: 30% after deductible	**Prosano Health: No charge** Telehealth from AZ Blue: No charge after deductible
Psychiatric Visit	20% after deductible	30% after deductible	20% after deductible	10% after deductible	30% after deductible	No charge after deductible

[1]The member deductible applies only to an individual or self-only plan purchase. A member with any covered dependent(s) must meet the family deductible. The family deductible must be met by one or more of the covered members before coinsurance applies.
Cost-share amounts are for covered services from providers in the plan's network. Services from out-of-network providers are typically subject to higher cost-share amounts. All plans are subject to the exclusions and limitations on page 24.

EverydayHealth PPO

	EverydayHealth PPO Platinum 500	EverydayHealth PPO Platinum 750	EverydayHealth PPO Platinum 1000	EverydayHealth PPO Platinum 1500	EverydayHealth PPO Gold 1000	EverydayHealth PPO Gold 1500	EverydayHealth PPO Gold 2000
Overall Deductible	In-network: $500/member and $1,000/family	In-network: $750/member and $1,500/family	In-network: $1,000/member and $2,000/family	In-network: $1,500/member and $3,000/family	In-network: $1,000/member and $2,000/family	In-network: $1,500/member and $3,000/family	In-network: $2,000/member and $4,000/family
Provider Networks Available	Statewide/National PPO AllianceConnect PPO	Statewide/National PPO AllianceConnect PPO	Statewide/National PPO AllianceConnect PPO	Statewide/National PPO AllianceConnect PPO	Statewide/National PPO AllianceConnect PPO	Statewide/National PPO AllianceConnect PPO	Statewide/National PPO AllianceConnect PPO
Coinsurance (Member)	10%	20%	20%	20%	20%	10%	20%
Out-of-Pocket Maximum	In-network: $3,500/member and $7,000/family	In-network: $3,500/member and $7,000/family	In-network: $4,000/member and $8,000/family	In-network: $5,000/member and $10,000/family	In-network: $7,500/member and $15,000/family	In-network: $7,000/member and $14,000/family	In-network: $7,250/member and $14,500/family
Referral Required to Visit Specialist?	No	No	No	No	No	No	No
Primary Care (PCP) Visit	$20	$20	$20	$25	$30	$30	$30
Specialist Visit	$35	$35	$35	$35	$65	$75	$70
Diagnostic Test	10% after deductible	$20	20% after deductible	20% after deductible	20% after deductible	10% after deductible	$30
Imaging (CT/PET scans, MRIs)	10% after deductible	$300	20% after deductible	20% after deductible	20% after deductible	10% after deductible	$400
Urgent Care	$60	$60	$60	$60	$65	$75	$70
Emergency Room Visit (In and Out of Network)	10% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	10% after deductible	20% after deductible
Emergency Transportation/ Ambulance (In and Out of Network)	10% coinsurance, deductible waived	20% coinsurance, deductible waived	20% coinsurance, deductible waived	20% coinsurance, deductible waived	20% coinsurance, deductible waived	10% coinsurance, deductible waived	20% coinsurance, deductible waived
Inpatient Physician and Surgical Services	10% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	10% after deductible	20% after deductible
Rx Deductible (Tiers 2 & 3)	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Rx Tier 1a	$3	$3	$3	$3	$3	$3	$3
Rx Tier 1b	$15	$15	$15	$25	$15	$20	$20
Rx Tier 2	$35	$35	$35	$45	$60	$75	$75
Rx Tier 3	$110	$110	$110	$120	$130	$135	$135
Specialty Drug	50% coinsurance, deductible waived	50% coinsurance, deductible waived	50% coinsurance, deductible waived	50% coinsurance, deductible waived	50% coinsurance, deductible waived	50% coinsurance, deductible waived	50% coinsurance, deductible waived
Preventive Care/ Immunizations/ Screenings	No charge	No charge	No charge	No charge	No charge	No charge	No charge
Pediatric Dental	No charge	No charge	No charge	No charge	No charge	No charge	No charge
Telehealth							
Medical Visit	No charge	No charge	No charge	No charge	No charge	No charge	No charge
Counseling Visit	$20	$20	$20	$20	$20	$20	$20
Psychiatric Visit	$35	$35	$35	$35	$45	$45	$45

Cost-share amounts are for covered services from providers in the plan's network. Services from out-of-network providers are typically subject to higher cost-share amounts. Only formulary drugs are covered unless a formulary exception is approved. Members in plans with a copay drug benefit who pick a brand-name medication when a generic is available will pay the difference in cost plus the copay and any applicable deductible. All plans are subject to the exclusions and limitations listed on page 24.

EverydayHealth PPO continued

	EverydayHealth PPO Gold 2500	EverydayHealth PPO Gold 3500	EverydayHealth PPO Silver 2500	EverydayHealth PPO Silver 3000	EverydayHealth PPO Silver 4000
Overall Deductible	In-network: $2,500/member and $5,000/family	In-network: $3,500/member and $7,000/family	In-network: $2,500/member and $5,000/family	In-network: $3,000/member and $6,000/family	In-network: $4,000/member and $8,000/family
Provider Networks Available	Statewide/National PPO AllianceConnect PPO	Statewide/National PPO AllianceConnect PPO	Statewide/National PPO AllianceConnect PPO	Statewide/National PPO AllianceConnect PPO	Statewide/National PPO AllianceConnect PPO
Coinsurance (Member)	20%	20%	50%	20%	50%
Out-of-Pocket Maximum	In-network: $7,250/member and $14,500/family	In-network: $7,500/member and $15,000/family	In-network: $7,900/member and $15,800/family	In-network: $8,650/member and $17,300/family	In-network: $9,000/member and $18,000/family
Referral Required to Visit Specialist?	No	No	No	No	No
Primary Care (PCP) Visit	$20	$25	$50	$45	$35
Specialist Visit	$50	$65	$90	$95	$95
Diagnostic Test	20% after deductible	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Imaging (CT/PET scans, MRIs)	20% after deductible	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Urgent Care	$60	$65	$90	$95	$95
Emergency Room Visit (In and Out of Network)	20% after deductible	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Emergency Transportation/ Ambulance (In and Out of Network)	20% coinsurance, deductible waived	20% coinsurance, deductible waived	50% coinsurance, deductible waived	20% coinsurance, deductible waived	50% coinsurance, deductible waived
Inpatient Physician and Surgical Services	20% after deductible	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Rx Deductible (Tiers 2 & 3)	n/a	n/a	$400/member	$450/member	n/a
Rx Tier 1a	$3	$3	$3	$3	$3
Rx Tier 1b	$15	$20	$35	$35	$35
Rx Tier 2	$55	$70	$100	$90	$90
Rx Tier 3	$110	$130	$200	$180	$180
Specialty Drug	50% coinsurance, deductible waived	50% coinsurance, deductible waived	50% coinsurance, deductible waived	50% coinsurance, deductible waived	50% coinsurance, deductible waived
Preventive Care/Immunizations/ Screenings	No charge	No charge	No charge	No charge	No charge
Pediatric Dental	No charge	No charge	No charge	No charge	No charge
Telehealth					
Medical Visit	No charge	No charge	No charge	No charge	No charge
Counseling Visit	$20	$20	$20	$20	$20
Psychiatric Visit	$45	$45	$45	$45	$45

Cost-share amounts are for covered services from providers in the plan's network. Services from out-of-network providers are typically subject to higher cost-share amounts. Only formulary drugs are covered unless a formulary exception is approved. Members in plans with a copay drug benefit who pick a brand-name medication when a generic is available will pay the difference in cost plus the copay and any applicable deductible. All plans are subject to the exclusions and limitations listed on page 24.

EverydayHealth PPO continued

	EverydayHealth PPO Silver 5000	EverydayHealth PPO Silver 6000	EverydayHealth PPO Silver 7500	EverydayHealth PPO Bronze 8000	EverydayHealth PPO Bronze 10500
Overall Deductible	In-network: $5,000/ member and $10,000/ family	In-network: $6,000/ member and $12,000/ family	In-network: $7,500/ member and $15,000/ family	In-network: $8,000/ member and $16,000/ family	In-network: $10,500/ member and $21,000/ family
Provider Networks Available	Statewide/National PPO AllianceConnect PPO	Statewide/National PPO AllianceConnect PPO	Statewide/National PPO AllianceConnect PPO	Statewide/National PPO AllianceConnect PPO	Statewide/National PPO AllianceConnect PPO
Coinsurance (Member)	20%	20%	30%	30%	0%
Out-of-Pocket Maximum	In-network: $8,500/member and $17,000/family	In-network: $9,250/member and $18,500/family	In-network: $10,000/member and $20,000/family	In-network: $9,950/member and $19,900/family	In-network: $10,500/member and $21,000/family
Referral Required to Visit Specialist?	No	No	No	No	No
Primary Care (PCP) Visit	$40	$25	$35	$55	$35
Specialist Visit	$90	$95	$100	$125	$100
Diagnostic Test	20% after deductible	20% after deductible	30% after deductible	30% after deductible	No charge after deductible
Imaging (CT/PET scans, MRIs)	$500	20% after deductible	$600	30% after deductible	No charge after deductible
Urgent Care	$90	$95	$100	$125	$100
Emergency Room Visit (In and Out of Network)	20% after deductible	20% after deductible	30% after deductible	30% after deductible	No charge after deductible
Emergency Transportation/ Ambulance (In and Out of Network)	20% coinsurance, deductible waived	20% coinsurance, deductible waived	30% coinsurance, deductible waived	30% coinsurance, deductible waived	No charge after deductible
Inpatient Physician and Surgical Services	20% after deductible	20% after deductible	30% after deductible	30% after deductible	No charge after deductible
Rx Deductible (Tiers 2 & 3)	$550/member	n/a	$550/member	$750/member	n/a
Rx Tier 1a	$3	$3	$3	$3	$3
Rx Tier 1b	$35	$35	$35	$35	$35
Rx Tier 2	$90	$100	$100	$115	No charge after deductible
Rx Tier 3	$180	$200	$200	$205	No charge after deductible
Specialty Drug	50% coinsurance, deductible waived	50% coinsurance, deductible waived	50% coinsurance, deductible waived	50% coinsurance, deductible waived	No charge after deductible
Preventive Care/ Immunizations/Screenings	No charge	No charge	No charge	No charge	No charge
Pediatric Dental	No charge	No charge	No charge	No charge	No charge
Telehealth					
Medical Visit	No charge	No charge	No charge	No charge	No charge
Counseling Visit	$20	$20	$20	$20	$20
Psychiatric Visit	$45	$45	$45	$45	$45

Cost-share amounts are for covered services from providers in the plan's network. Services by out-of-network providers are typically subject to higher cost-share amounts. Only formulary drugs are covered unless a formulary exception is approved. Members in plans with a copay drug benefit who pick a brand-name medication when a generic is available will pay the difference in cost plus the copay and any applicable deductible. All plans are subject to the exclusions and limitations listed on page 24.

EverydayHealth HMO

	EverydayHealth HMO Gold 1500	EverydayHealth HMO Silver 3000	EverydayHealth HMO Silver 4000	EverydayHealth HMO Silver 5000	EverydayHealth HMO Silver 6500	EverydayHealth HMO Bronze 8000	EverydayHealth HMO Bronze 10500
Overall Deductible	In-network: $1,500/member and $3,000/ family	In-network: $3,000/member and $6,000/ family	In-network: $4,000/member and $8,000/ family	In-network: $5,000/member and $10,000/ family	In-network: $6,500/member and $13,000/ family	In-network: $8,000/member and $16,000/ family	In-network: $10,500/member and $21,000/ family
Provider Networks Available	Statewide HMO AllianceConnect HMO	Statewide HMO AllianceConnect HMO	Statewide HMO AllianceConnect HMO	Statewide HMO AllianceConnect HMO	Statewide HMO AllianceConnect HMO	Statewide HMO AllianceConnect HMO	Statewide HMO AllianceConnect HMO
Coinsurance (Member)	20%	20%	50%	20%	20%	30%	0%
Out-of-Pocket Maximum	In-network: $7,000/member and $14,000/ family	In-network: $9,000/member and $18,000/ family	In-network: $8,500/member and $17,000/ family	In-network: $9,600/member and $19,200/ family	In-network: $9,200/member and $18,400/ family	In-network: $9,950/member and $19,900/ family	In-network: $10,500/member and $21,000/ family
Referral Required to Visit Specialist?	No	No	No	No	No	No	No
Primary Care (PCP) Visit	$35	$35	$40	$40	$40	$55	$35
Specialist Visit	$75	$95	$85	$90	$100	$125	$100
Urgent Care	$75	$95	$85	$90	$100	$125	$100
Emergency Room Visit (In and Out of Network)	20% after deductible	20% after deductible	50% after deductible	20% after deductible	20% after deductible	30% after deductible	No charge after deductible
Emergency Transportation/ Ambulance (In and Out of Network)	20% coinsurance, deductible waived	20% coinsurance, deductible waived	50% coinsurance, deductible waived	20% coinsurance, deductible waived	20% coinsurance, deductible waived	30% coinsurance, deductible waived	No charge after deductible
Inpatient Physician and Surgical Services	20% after deductible	20% after deductible	50% after deductible	20% after deductible	20% after deductible	30% after deductible	No charge after deductible
Rx Deductible (Tiers 2 & 3)	n/a	$450/member	$450/member	n/a	$500/member	$750/member	n/a
Rx Tier 1a	$3	$3	$3	$3	$3	$3	$3
Rx Tier 1b	$25	$35	$35	$35	$35	$35	$35
Rx Tier 2	$70	$90	$90	$90	$90	$115	No charge after deductible
Rx Tier 3	$140	$180	$180	$180	$180	$205	No charge after deductible
Specialty Drug	50% coinsurance, deductible waived	50% coinsurance, deductible waived	50% coinsurance, deductible waived	50% coinsurance, deductible waived	50% coinsurance, deductible waived	50% coinsurance, deductible waived	No charge after deductible
Preventive Care/ Immunizations/Screenings	No charge	No charge	No charge	No charge	No charge	No charge	No charge
Pediatric Dental	No charge	No charge	No charge	No charge	No charge	No charge	No charge
Telehealth							
Medical Visit	No charge	No charge	No charge	No charge	No charge	No charge	No charge
Counseling Visit	$20	$20	$20	$20	$20	$20	$20
Psychiatric Visit	$45	$45	$45	$45	$45	$45	$45

Cost-share amounts are for covered services by providers in the plan's network. Services by healthcare professionals outside the network are generally not covered except for emergencies, select ancillary services performed by out-of-network providers at an in-network facility, and other special circumstances when use is preapproved. Only formulary drugs are covered unless a formulary exception is approved. Members in plans with a copay drug benefit who pick a brand-name medication when a generic is available will pay the difference in cost plus the copay and any applicable deductible. All plans are subject to the exclusions and limitations on page 24.

Portfolio PPO – HSA-Qualified

	Portfolio PPO Gold 1750[1]	Portfolio PPO Silver 3500	Portfolio PPO Silver 4000	Portfolio PPO Silver 4750	Portfolio PPO Bronze 6250	Portfolio PPO Bronze 8500
Overall Deductible	In-network: $1,750/member and $3,500/family	In-network: $3,500/member and $7,000/family	In-network: $4,000/member and $8,000/family	In-network: $4,750/member and $9,500/family	In-network: $6,250/member and $12,500/family	In-network: $8,500/member and $17,000/family
Provider Networks Available	Statewide/National PPO	Statewide/National PPO	Statewide/National PPO	Statewide/National PPO	Statewide/National PPO	Statewide/National PPO
Coinsurance (Member)	20%	30%	20%	10%	30%	0%
Out-of-Pocket Maximum	In-network: $6,250/member and $12,500/family	In-network: $7,100/member and $14,200/family	In-network: $7,500/member and $15,000/family	In-network: $7,900/member and $15,800/family	In-network: $8,200/member and $16,400/family	In-network: $8,500/member and $17,000/family
Referral Required to Visit Specialist?	No	No	No	No	No	No
Primary Care (PCP) Visit	20% after deductible	30% after deductible	20% after deductible	10% after deductible	30% after deductible	No charge after deductible
Specialist Visit	20% after deductible	30% after deductible	20% after deductible	10% after deductible	30% after deductible	No charge after deductible
Urgent Care	20% after deductible	30% after deductible	20% after deductible	10% after deductible	30% after deductible	No charge after deductible
Emergency Room Visit (In and Out of Network)	20% after deductible	30% after deductible	20% after deductible	10% after deductible	30% after deductible	No charge after deductible
Emergency Transportation/ Ambulance (In and Out of Network)	20% after deductible	30% after deductible	20% after deductible	10% after deductible	30% after deductible	No charge after deductible
Inpatient Physician and Surgical Services	20% after deductible	30% after deductible	20% after deductible	10% after deductible	30% after deductible	No charge after deductible
Rx Deductible (Tiers 2 & 3)	n/a	n/a	n/a	n/a	n/a	n/a
Rx Tier 1	20% after deductible	30% after deductible	20% after deductible	10% after deductible	30% after deductible	No charge after deductible
Rx Tier 2	20% after deductible	30% after deductible	20% after deductible	10% after deductible	30% after deductible	No charge after deductible
Rx Tier 3	20% after deductible	30% after deductible	20% after deductible	10% after deductible	30% after deductible	No charge after deductible
Specialty Drug	20% after deductible	30% after deductible	20% after deductible	10% after deductible	30% after deductible	No charge after deductible
Preventive Care/ Immunizations/Screenings	No charge	No charge	No charge	No charge	No charge	No charge
Pediatric Dental	No charge after deductible	No charge after deductible	No charge after deductible	No charge after deductible	No charge after deductible	No charge after deductible
Telehealth						
Medical Visit	No charge	No charge	No charge	No charge	No charge	No charge
Counseling Visit	20% after deductible	30% after deductible	20% after deductible	10% after deductible	30% after deductible	No charge after deductible
Psychiatric Visit	20% after deductible	30% after deductible	20% after deductible	10% after deductible	30% after deductible	No charge after deductible

Cost-share amounts are for covered services from providers in the plan's network. Services from out-of-network providers are typically subject to higher cost-share amounts. Only formulary drugs are covered unless a formulary exception is approved. All plans are subject to the exclusions and limitations on page 24. [1]The member deductible applies only to an individual or self-only plan purchase. A member with any covered dependent(s) must meet the family deductible. The family deductible must be met by one or more of the covered members before coinsurance applies.

PEDIATRIC DENTAL

Dental benefits for children who are under age 19 and covered by one of the plans described in this brochure for businesses with 2-50 employees.[1]

Type I Covered Services – Diagnostic and Preventive	
Oral exams	Two per year[2] 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)[3]	
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 and cleanings count toward this limit.
Prosthodontics – Bridges and Dentures	Five-year replacement limit
General Anesthesia	Limited coverage per AZ Blue dental coverage guidelines[4]
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[4]
Type IV Covered Services – Orthodontia Cosmetic orthodontia not covered	
Orthodontics (dentally necessary)	Limited coverage per AZ Blue dental coverage guidelines[4]

In-network services available through the BluePreferred® Dental network. A listing of providers in the BluePreferred Dental network can be found at azblue.com. [1]These plans are offered to employers considered small for purposes of the Affordable Care Act (ACA). [2]All per-year benefits mean per calendar year. [3]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 to the LEAT only. 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 the deductible or out-of-pocket maximum. [4]AZ Blue dental coverage guidelines are available upon request. Not all dentally necessary services are covered benefits.

THE MEMBER EXPERIENCE

The AZ Blue Customer Service team is dedicated to providing members with solutions quickly and accurately.

Our concierge model of customer care delivers a one-and-done solution, which means customer service representatives handle benefit-related calls and inquiries about claims.

Claims and Customer Service

- Provide help navigating the healthcare system
- Serve all members, regardless of resident state
- Are local, with Arizona-based call centers
- Offer direct access to qualified Spanish-speaking staff
- Provide assistance in over 140 languages (via translated services)
- Have experienced staff with an average tenure of 5.6 years[1]

- **Customer care first call resolution:** 73.6%
- **Customer care average speed to answer:** 31 seconds
- Our standard service hours are 8 a.m. to 5 p.m. (Arizona time)

[1] AZ Blue internal data, 2025

MEMBER ENGAGEMENT TOOLS AND RESOURCES

We have the tools and resources available for members to make educated decisions on their healthcare choices. Members can access all of the following by logging in to the member portal at **azblue.com**/member. Members can access their online AZ Blue member account through a mobile device, desktop, or tablet.

Find a Doctor:
Easily find a provider, hospital, or lab in a plan's network with this online tool.

Spending Accounts:
Integrates with the member portal for easy administration of funds.

Claims & Spending:
Check claims status and deductible details all in one place.

Telehealth from AZ Blue:
Virtual visits with providers–anytime, anywhere–can be made using the Telehealth from AZ Blue service.

Pharmacy Tools:
Allows for quick searches of medications, verifications of special authorization requirements, and checks for quantity limits through the formulary drug search. Medication home delivery requests can be submitted and tracked by signing in to the AZ Blue portal account at **azblue.com**/member and clicking on **Pharmacy.**

Discount Program:
Discounts are available through Blue365® on national brands for fitness gear, wearables, gym memberships, healthy eating options, and more.

Care Cost Estimator:
More than 1,600 procedures, including common surgeries and diagnostic services, are accessible for cost estimating and comparison.

TELEHEALTH FROM AZ BLUE

Telehealth from AZ Blue

Members can connect to board-certified doctors and healthcare professionals by live video for urgent medical care, counseling, and psychiatry sessions. The Telehealth from AZ Blue service is available any day, any time—from a computer, tablet, or mobile device.

MEDICAL

Board-certified doctors and healthcare professionals provide immediate care for a range of common illnesses, aches, and pains, and can prescribe medication.

COUNSELING

Licensed psychologists or counselors are available to treat issues—such as mental health and substance use—that can affect emotional, psychological, and social well-being. By appointment only.

PSYCHIATRY

Board-certified psychiatrists are available for assessments, evaluation, and treatment, and can prescribe medication. By appointment only.

Log in to your member portal at **azblue.com**/member, click **Find Care,** and select **Telehealth.**

Nurse On Call

Members can connect with a nurse 24/7 to get answers to questions about symptoms they are experiencing, minor illnesses and injuries, medical tests, or preventive care, as well as suggestions for next steps based on their situation.[1]

Call 911 in an emergency.
[1]AZ Blue members should always consult with their healthcare provider about medical care or treatment. Recommendations, advice, services, or online resources are not a substitute for the advice, opinion, or recommendation of a healthcare provider.

HEALTH AND WELLNESS

AZ Blue has partnered with Sharecare® to bring employers a truly differentiated digital health and wellness experience. Available at no additional cost, Sharecare helps our members manage all their health in one place–no matter where they are on their journey. Members can access their accounts at **azblue.sharecare.com,** by downloading the Sharecare app, or through the member portal by logging in to **azblue.com**/member, clicking on **Health and Wellness,** and selecting **Sharecare.**

RealAge® Test

How old are you–really? Sharecare's RealAge Test is a scientifically based assessment that shows the true age of the body you're living in based on your behaviors and existing conditions.

Personalized Timeline

Once the RealAge Test is completed, members will receive personalized and relevant wellness tips, actionable recommendations to improve their RealAge, videos, and more.

Guided Programs

Members have access to short, guided programs to help boost their mental strength, follow along with quick workouts, improve sleep, and much more.

Unwinding

Unwinding is an evidence-based, digital program based on mindfulness helping members reduce stress, build resilience, and improve mental well-being. Unwinding offers on-demand, in-the-moment tools to ease stress throughout the day. This is a program for anyone dealing with mild to moderate stress who wants simple but effective tools to manage their stress.

Sharecare is an independent company contracted to provide this online program and/or services for AZ Blue. Information provided by Sharecare is not a substitute for the advice or recommendations of a healthcare provider. RealAge and Sharecare are registered trademarks of Sharecare, Inc.

CARE MANAGEMENT

AZ Blue's programs support the patient/provider relationship and enhance the overall healthcare experience for our members. When we help members better manage their health, they can more effectively manage their daily activities, be more productive at work, and reduce healthcare costs.

Members can take advantage of the following programs:

Care Management

Members with new and ongoing conditions including the following, but not limited to, mental health, substance use disorders, high-risk maternity, cancer, and chronic conditions such as diabetes, asthma, chronic obstructive pulmonary disease, coronary artery disease, congestive heart failure, and chronic kidney disease, etc. Care Managers work with members, taking a holistic and person-centered approach to care coordination. They can also find health resources and provide guidance for managing their condition.

Hospital to Home

When members are transitioning home from a hospital stay, we help ensure they receive the care, medications, and equipment they need to reduce the risk of hospital readmissions. We assess the member's needs and assist with follow-up doctor and therapy appointments, medical equipment, and connections to community services. Support may include setting up medical equipment, accessing doctor-ordered care, transportation, and food to make the transition home easier.

WE'RE HERE TO HELP

Our team is here to help you find the right health plans for your employees' needs. Reach us at any of the following locations, or visit **azblue.com** for more details on our products and services.

PHOENIX	TUCSON	FLAGSTAFF
1-800-232-2345	**1-800-621-5563**	**1-800-601-1946**
FAX 602-864-5800	FAX 1-866-772-2020	FAX 602-864-5800

HELPFUL TERMS AND DEFINITIONS

Allowed Amount

The amount AZ Blue has agreed to pay for a covered service. The allowed amount includes both the AZ Blue payment and the member's cost share. Example: A doctor may normally charge $100 for a particular service. But he has an agreement with the plan to accept only $80 as reimbursement for that service. $80 is the "allowed amount." The allowed amount includes any amount paid by the plan, plus any amount the member pays as a cost share, including copays and deductibles.

Balance Bill

This is the difference between the AZ Blue allowed amount and a non-contracted provider's billed charge. Non-contracted providers have no obligation to accept the allowed amount, with the exception of emergency and ancillary services provided in an in-network facility. Any amounts paid for balance bills do not count toward any deductible, coinsurance, or out-of-pocket limit.

Business Size Definitions

2-50: These plans are offered to employers considered small for purposes of the Affordable Care Act (ACA)—the average number of total employees on business days during the previous calendar year was 50 or fewer. These plans are also available to an employer considered large for purposes of the ACA, but considered small for purposes of Arizona law (on a typical business day, 50 or fewer employees are eligible for health benefit plan coverage).

Emergency Services

For emergency services, members will pay their in-network cost share, even if services are received from out-of-network providers. Also, out-of-network providers can not balance bill for the difference between the allowed amount and the billed charge.

Out-of-Pocket Costs

These are expenses for medical care that are not reimbursed by insurance. Out-of-pocket costs include deductibles, coinsurance, and copayments for covered services, plus all costs for services that are not covered. Not all out-of-pocket expenses are applied to the plan's maximum out-of-pocket benefit.

Prior Authorization

Some services and medications require prior authorization (sometimes referred to as precertification). 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.

Prescriptions and Medications

AZ Blue applies limitations to certain prescription medications obtained through the pharmacy benefit. A complete formulary list of covered medications and limitations is available online at **azblue.com** or by calling AZ Blue. These limitations include, but are not limited to, prior authorization, quantity, age, gender, dosage, and frequency of refill limitations. Plans are also subject to:

- A closed formulary. This means that only medications included on the formulary listing are covered. Any medications not found on that list would require a formulary exception to be made or is simply not a benefit of the plan (please refer to the benefit book for a list of excluded categories).
- A step therapy program that requires members to take preferred products, including but not limited to the generic version of certain medications before AZ Blue will consider coverage of the brand-name version of that medication.
- A preferred generics program. This means that when a member or provider selects a brand-name product when a generic product is available, the member will be responsible for their copay and any applicable deductible plus the cost difference between the brand-name and generic product. Exceptions are only made when the member is approved for the brand-name medication through the step therapy program or if AZ Blue prefers the brand-name product over the generic product. No additional exceptions to this cost-sharing amount will be made.
- $3 Tier 1a generic prescription drugs. $3 copays on 30-day supplies of common everyday prescriptions, including select insulin. Prescription drugs in Tier 1b have low copays that range from $15 to $35 for a 30-day supply, depending upon your plan.

AZ Blue prescription medication limitations are subject to change at any time without prior notice.

PLAN EXCLUSIONS AND LIMITATIONS

PPO Excluded Services & Other Covered Services

Services our plans generally do NOT cover. (Check the policy or plan document for more information and a list of any other excluded services.)

- Acupuncture
- Adult routine vision exam
- Alternative medicine
- Care that is not medically necessary
- Cosmetic surgery, cosmetic services, and supplies
- Custodial care
- Dental care and orthodontic services (adult), except as stated in plan
- Durable medical equipment (DME) rental/repair charges that exceed DME purchase price
- Experimental and investigational treatments, except as stated in plan
- Eyewear, except as stated in plan
- Fertility and infertility medication and treatment
- Flat feet treatment and services
- Genetic and chromosomal testing, except as stated in plan
- Home health care and infusion therapy exceeding 42 visits (of up to 4 hours)/calendar year
- Long-term care, except long-term acute care
- Massage therapy other than allowed under evidence-based criteria
- Orthodontic services (pediatric) that are not dentally necessary
- Out-of-network Mail Order and out-of-network Specialty
- Private-duty nursing, except when medically necessary or when skilled nursing is not available
- Respite care
- Routine foot care
- Sexual dysfunction treatment and services
- Weight-loss programs

Other covered services. (Limitations may apply to these services. This is not a complete list. Please see our plan document.)

- Bariatric surgery
- Chiropractic care
- Hearing aids, up to one per ear per calendar year
- Non-emergency care when traveling outside the U.S.

HMO Excluded Services & Other Covered Services

Services our plans generally do NOT cover. (Check the policy or plan document for more information and a list of any other excluded services.)

- Acupuncture
- Adult routine vision exam
- Alternative medicine
- Care that is not medically necessary
- Cosmetic surgery, cosmetic services, and supplies
- Custodial care
- Dental care and orthodontic services (adult), except as stated in plan
- Durable medical equipment (DME) rental/repair charges that exceed DME purchase price
- Experimental and investigational treatments, except as stated in plan
- Eyewear, except as stated in plan
- Fertility and infertility medication and treatment
- Flat feet treatment and services
- Genetic and chromosomal testing, except as stated in plan
- Home health care and infusion therapy exceeding 42 visits (of up to 4 hours)/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
- Private-duty nursing, except when medically necessary or when skilled nursing is not available
- Respite care
- Routine foot care
- Services from providers outside the network, except in emergencies and other limited situations when use is preauthorized
- Sexual dysfunction treatment and services
- Weight-loss programs

Other covered services. (Limitations may apply to these services. This is not a complete list. Please see our plan document.)

- Bariatric surgery
- Chiropractic care
- Hearing aids, up to one per ear per calendar year

PEDIATRIC DENTAL EXCLUSIONS AND LIMITATIONS

Examples of services not covered

This is only a partial list of services that are limited or not covered by the health plans featured in this guide. 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
- Biopsies
- Bleaching of any kind
- 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 services
- 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
- 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 resulting from 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

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