

You deserve
AZ Blue.



2026

Individual and Family
Affordable Care Act Health Plans



An Independent Licensee of the Blue Cross Blue Shield Association

For more than 85 years, Blue Cross® Blue Shield® of Arizona (AZ Blue) has been committed to helping Arizonans get healthier faster, and stay healthier longer. Premium increases for 2026 are going to reflect a record-breaking increase in the cost of healthcare. This will make choosing your 2026 plan more important than ever. Staying covered will protect you from catastrophic medical costs if the worst happens. AZ Blue offers six plans with a range of premiums and deductibles, so you can find the coverage that best meets your needs.

Helpful Resources When Shopping

Shop and compare plans: [azblue.com/plans](https://www.azblue.com/plans)
Review coverage for prescription drugs: [azblue.com/pharmacy](https://www.azblue.com/pharmacy)

Find a doctor:

ACA Health Choice Network: [azblue.com/ACAHealthChoice](https://www.azblue.com/ACAHealthChoice)

Focus Network: [azblue.com/Focus](https://www.azblue.com/Focus)

Focus + Prosano Network: [azblue.com/Focus-Prosano](https://www.azblue.com/Focus-Prosano)

Neighborhood Network: [azblue.com/Neighborhood](https://www.azblue.com/Neighborhood)

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

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

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

Our Affordable Care Act (ACA) plans include:



\$0-\$3 generic drugs*—Including diabetes, heart conditions, and mental health.



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



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



Discounts on health services and equipment—

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

*Benefit listed is not included on all plans.

Let's connect:

Follow us for health tips and updates on AZ Blue news.



Facebook.com/BCBSAZ



Instagram.com/BCBSAZ



X.com/BCBSAZ



TikTok.com/@BCBSAZ



YouTube.com/BCBSArizona

Healthcare is personal, so we make it easy to find the right plan for you.



AdvanceHealth HMO For Peace-of-Mind Coverage

For those in good health who don't see a doctor that often and want predictable low-cost care and prescriptions. This plan gives you peace of mind that you have coverage when you need it, even when the unexpected happens. Includes online doctor visits and a low monthly premium.



EverydayHealth HMO Predictable Out-of-Pocket Costs for Every Budget

For people, especially for those with a family, seeking predictable out-of-pocket costs. You visit the doctor often and take only generic prescription drugs. Get easy access, balancing monthly premium with fixed copays and doctor/Rx costs. Several deductibles to choose from.

NEW



EverydayHealth ProsanoSM HMO Coverage with Care Built In

This plan includes the same medical benefits as the EverydayHealth plan but with exclusive access to Prosano Health[®] Care Centers at \$0 for primary care, preventive care, sick care, labs, and more.



Portfolio HSA HMO For the Health Planner

For those who are health planners, building a nest egg, or are looking for more control over their health savings. Can be paired with a health savings account (HSA) to plan for healthcare costs. A great plan if you rarely get sick but want to be prepared with financial protection. This plan is also a good fit if you have ongoing health conditions and want to manage health expenses using an HSA. Out-of-state coverage for urgent and emergency care only.



StandardHealth HMO Fixed Costs for Frequent Doctor Visits and Prescription Drugs

For those who visit the doctor often, may take prescription drugs, and see specialists frequently for a chronic condition. Several deductibles to choose from and provider network options. Out-of-state coverage for urgent and emergency care only.



ACA StandardHealth with Health Choice HMO StandardHealth Plan Paired with Our ACA Health Choice Network

Includes the same medical benefits as the StandardHealth plan but with access to our ACA Health Choice Network and an extensive care management team to help coordinate care when you need it. Designated PCP assigned and specialist referrals required for this plan.

Plans & Networks by County

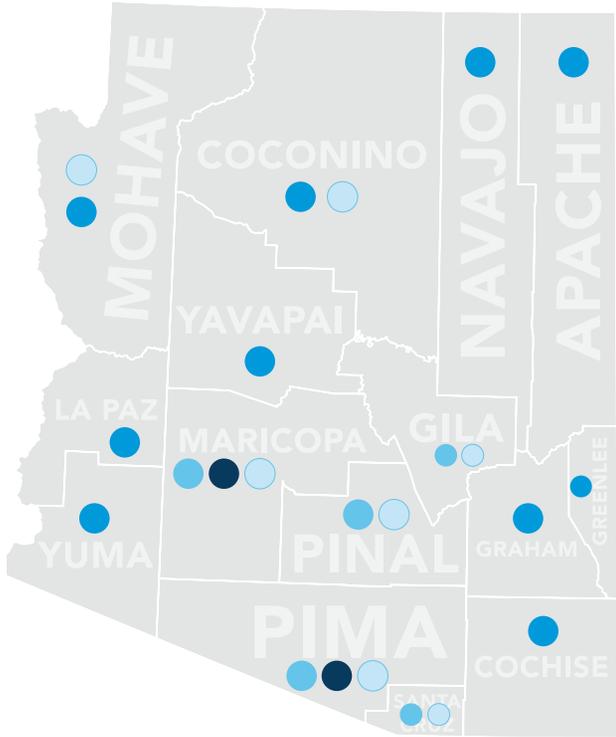
We offer ACA health plans in distinct networks in all 15 Arizona counties.

Network	Plans
<p>NEW</p> <p>Focus (Gila, Pinal, and Santa Cruz counties)</p>	<ul style="list-style-type: none"> • AdvanceHealth HMO (Gold, Silver, Bronze) • EverydayHealth HMO (Gold, Silver) • Portfolio HSA HMO (Bronze) • StandardHealth HMO (Gold, Silver, Bronze)
<p>NEW</p> <p>Focus (Maricopa and Pima counties)</p>	<ul style="list-style-type: none"> • AdvanceHealth HMO (Gold, Silver, Bronze) • Portfolio HSA HMO (Bronze) • StandardHealth HMO (Gold, Silver, Bronze)
<p>NEW</p> <p>Focus + Prosano (Maricopa and Pima counties only)</p>	<ul style="list-style-type: none"> • EverydayHealth Prosano HMO (Gold, Silver)
<p>Neighborhood (Apache, Cochise, Coconino, Graham, Greenlee, La Paz, Mohave, Navajo, Yavapai, and Yuma counties)</p>	<ul style="list-style-type: none"> • AdvanceHealth HMO (Gold, Silver, Bronze) • EverydayHealth HMO (Gold, Silver) • Portfolio HSA HMO (Bronze) • StandardHealth HMO (Gold, Silver, Bronze)
<p>ACA Health Choice (Coconino, Gila, Maricopa, Mohave, Pima, Pinal, and Santa Cruz counties)</p>	<ul style="list-style-type: none"> • ACA StandardHealth with Health Choice HMO (Silver)



Plans & Networks by County

Focus Network
<ul style="list-style-type: none"> • Over 14,800 providers in Maricopa County* • Includes Banner Health, HonorHealth, Tucson Medical Center, Carondelet Health Network, and more • Available to residents in Gila, Pinal, Santa Cruz, Maricopa, and Pima counties
Focus + Prosano Network
<ul style="list-style-type: none"> • Same network as Focus plus exclusive access to Prosano Health Care Centers • Available to residents of Maricopa and Pima counties
Neighborhood Network
<ul style="list-style-type: none"> • Over 37,300 providers throughout the state and some in Maricopa County* • Includes Dignity Health and Banner Health facilities and physicians • Available to Arizona residents in Apache, Cochise, Coconino, Graham, Greenlee, La Paz, Mohave, Navajo, Yavapai, and Yuma counties
ACA Health Choice Network
<ul style="list-style-type: none"> • Over 16,500 providers throughout Arizona* • Includes Abrazo Health**, Banner Health, Carondelet Health Network**, HonorHealth, Tucson Medical Center, and more • Available to residents in Maricopa, Pima, Pinal, Coconino, Gila, Mohave, and Santa Cruz counties



- Focus Network
- Focus + Prosano Network
- Neighborhood Network
- ACA Health Choice Network

Only care from network providers are covered, except for emergencies and special situations preapproved by AZ Blue.
 *Source: AZ Blue internal data 2025
 **In negotiation for 2026

Prosano Health[®] Care Centers

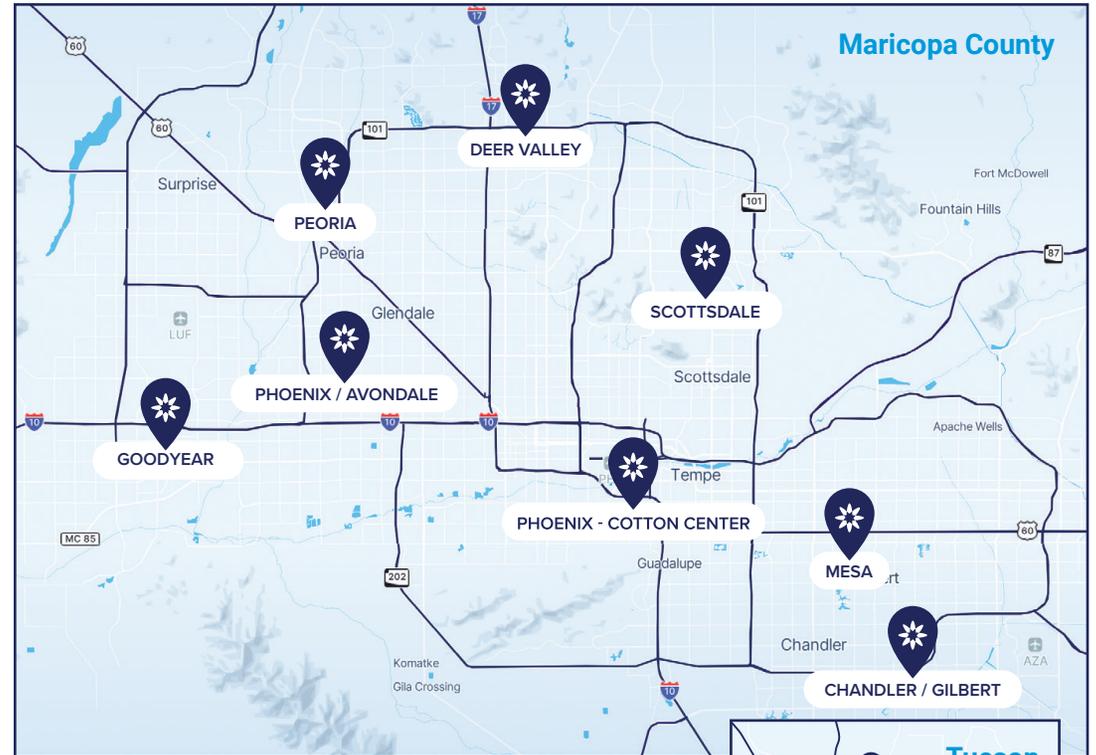
The EverydayHealth ProsanoSM plan includes exclusive access to primary, sick, and behavioral health care at Prosano Health Care Centers, paired with our Focus + Prosano Network for everything else. Members get full access to a medical team that goes beyond what you expect and delivers what you deserve.

And it's all included with your premium*:

- Care from Prosano Health providers included with your premium
- Doctors who take the time to get to know you
- Online scheduling
- In-person and virtual visits
- Same- or next-day care when you need it fast
- Longer visits when you need more time
- Fewer ER visits, less need for specialists, fewer hospital stays
- Chronic condition support
- Short-term counseling
- On-site labs
- On-site Rx at some locations
- After-hours triage calls
- Direct connection to in-network specialists

No copays. No hidden fees.

Learn more at azblue.com/ACAProsano



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

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

Goodyear
1360 N. Bullard Ave.
Ste. 102

Mesa
1910 S. Stapley Dr.
Ste. 101

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

Phoenix - Cotton Center
4039 E. Raymond St.

Peoria
9000 W. Thunderbird Rd.
Ste. 110

Scottsdale
7373 N. Scottsdale Rd.
Ste. A178



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

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

Pharmacy Coverage

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

Prescription Drug Tiers

Rx Tier	Description
Tier 1	Generic prescription drugs at the lowest cost
Tier 2	Preferred brand prescription drugs at a higher cost than generic prescription drugs
Tier 3	Non-preferred brand drugs at a higher cost than preferred brand prescription drugs
Speciality Drugs	Typically, high-cost prescription drugs used to treat complex, chronic conditions



Easily manage your medications with Blue

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

Detailed Plan Information: 2026 Plan Options

	EverydayHealth HMO		EverydayHealth Prosano		AdvanceHealth HMO		
	GOLD	SILVER	GOLD	SILVER	GOLD	SILVER	BRONZE
Deductible	\$1,475	\$7,500	\$1,475	\$7,500	\$4,800	\$7,200	\$10,150
Coinsurance (Plan/Member)	70%/30%	60%/40%	70%/30%	60%/40%	100%/0%	100%/0%	100%/0%
Out-of-Pocket Maximum	\$8,000	\$9,200	\$8,000	\$9,200	\$4,800	\$7,200	\$10,150
Assigned Primary Care Provider (PCP) Required	No	No	No	No	No	No	No
Specialist Referral Required	No	No	No	No	No	No	No
PCP Visit	\$0 for the first visit, then \$15	\$0 for the first visit, then \$20	\$0 for the first visit, then \$15 \$0 at Prosano Health Care Centers	\$0 for the first visit, then \$15 \$0 at Prosano Health Care Centers	\$0 for first 4 visits, then deductible	\$0 for first 4 visits, then deductible	\$0 for first 4 visits, then deductible
Specialist Visit	\$50	\$75	\$50	\$75	Deductible	Deductible	Deductible
Online Medical Doctor Visit*	\$10	\$10	\$10 \$0 at Prosano Health Care Centers	\$10 \$0 at Prosano Health Care Centers	\$10	\$10	\$10
Online Counseling or Psychiatry Visit*	\$10	\$10	\$10	\$10	Deductible	Deductible	Deductible
Urgent Care Visit	\$60	\$60	\$60 \$0 at Prosano Health for same-day visits	\$60 \$0 at Prosano Health for same-day visits	Deductible	Deductible	Deductible
Emergency Room Visit	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance	Deductible	Deductible	Deductible
Lab Tests & Imaging	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance ***\$0 at Prosano Health for labs	Deductible/Coinsurance ***\$0 at Prosano Health for labs	Deductible	Deductible	Deductible
Inpatient Care	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance	Deductible	Deductible	Deductible
Outpatient Facility – Non ASC**	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance	Deductible	Deductible	Deductible
Outpatient Facility – ASC**	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance	Deductible	Deductible	Deductible
Outpatient Care	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance	Deductible	Deductible	Deductible
Drug Deductible (Tiers 2 and 3)	\$400	\$600	\$400	\$600	N/A	N/A	N/A
Tier 1a (Generic Drugs)	\$3	\$3	\$3	\$3	\$0	\$0	\$0
Tier 1b (Generic Drugs)	\$15	\$15	\$15	\$15	\$5	\$5	\$20
Tier 2 (Preferred Brand Drugs)	\$70 after prescription drug deductible	\$75 after prescription drug deductible	\$70 after prescription drug deductible	\$75 after prescription drug deductible	Deductible	Deductible	Deductible
Tier 3 (Non-Preferred Brand Drugs)	50% after prescription drug deductible	50% after prescription drug deductible	50% after prescription drug deductible	50% after prescription drug deductible	Deductible	Deductible	Deductible
Specialty Drugs	50% coinsurance (deductible waived)	50% coinsurance (deductible waived)	50% coinsurance (deductible waived)	50% coinsurance (deductible waived)	Deductible	Deductible	Deductible

*The online medical doctor visit service should not be used in health emergencies. If you have a health emergency or need immediate help for an illness, accident, or injury, seek emergency care or call 911. **Ambulatory surgery center
Note: All plans are subject to limitations, exceptions, and cost-share requirements. See page 16 for specific benefit limitations and exclusions. ***Lab draws performed at a Prosano Health Care Center and ordered by a Prosano Health provider are at no additional cost to members. Imaging not included at Prosano Health.

Detailed Plan Information: 2026 Plan Options

	Portfolio HSA HMO	StandardHealth HMO			ACA StandardHealth with Health Choice HMO
		GOLD	SILVER	BRONZE	SILVER
Deductible	\$7,100	\$2,000	\$6,000	\$7,500	\$6,000
Coinsurance (Plan/Member)	100%/0%	75%/25%	60%/40%	50%/50%	60%/40%
Out-of-Pocket Maximum	\$7,100	\$8,200	\$8,900	\$10,000	\$8,900
Assigned Primary Care Provider (PCP) Required	No	No	No	No	Yes
Specialist Referral Required	No	No	No	No	Yes
PCP Visit	Deductible	\$30	\$40	\$50	\$40
Specialist Visit	Deductible	\$60	\$80	\$100	\$80
Online Medical Doctor Visit*	Deductible	\$30	\$40	\$50	\$40
Online Counseling or Psychiatry Visit*	Deductible	\$30	\$40	\$50	\$40
Urgent Care Visit	Deductible	\$45	\$60	\$75	\$60
Emergency Room Visit	Deductible	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance
Lab Tests & Imaging	Deductible	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance
Inpatient Care	Deductible	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance
Outpatient Facility – Non ASC**	Deductible	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance
Outpatient Facility – ASC**	Deductible	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance
Outpatient Care	Deductible	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance
Drug Deductible (Tiers 2 and 3)	N/A	N/A	N/A	N/A	N/A
Tier 1 (Generic Drugs)	Deductible	\$15	\$20	\$25	\$20
Tier 2 (Preferred Brand Drugs)	Deductible	\$30	\$40	\$50 after deductible	\$40
Tier 3 (Non-Preferred Brand Drugs)	Deductible	\$60	\$80 after deductible	\$100 after deductible	\$80 after deductible
Specialty Drugs	Deductible	\$250	\$350 after deductible	\$500 after deductible	\$350 after deductible

*The online medical doctor visit service should not be used in health emergencies. If you have a health emergency or need immediate help for an illness, accident, or injury, seek emergency care or call 911. **Ambulatory surgery center
 Note: All plans are subject to limitations, exceptions, and cost-share requirements. See page 16 for specific benefit limitations and exclusions.

Detailed Plan Information:

2026 Cost-Share Reduction (CSR) Plan Options

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

	EverydayHealth HMO CSR			AdvanceHealth HMO CSR		
	SILVER 4	SILVER 5	SILVER 6	SILVER 4	SILVER 5	SILVER 6
Deductible	\$5,500	\$900	\$250	\$5,900	\$2,150	\$800
Coinsurance (Plan/Member)	60%/40%	60%/40%	80%/20%	100%/0%	100%/0%	100%/0%
Out-of-Pocket Maximum	\$7,400	\$2,500	\$1,200	\$5,900	\$2,150	\$800
Assigned Primary Care Provider (PCP) Required	No	No	No	No	No	No
Specialist Referral Required	No	No	No	No	No	No
PCP Visit	\$0 for the first visit, then \$20	\$0 for the first visit, then \$15	\$0 for the first visit, then \$5	\$0 for first 4 visits, then deductible	\$0 for first 4 visits, then deductible	\$0 for first 4 visits, then deductible
Specialist Visit	\$75	\$50	\$10	Deductible	Deductible	Deductible
Online Medical Doctor Visit*	\$5	\$5	\$5	\$5	\$5	\$5
Online Counseling or Psychiatry Visit*	\$5	\$5	\$5	Deductible	Deductible	Deductible
Urgent Care Visit	\$60	\$40	\$20	Deductible	Deductible	Deductible
Emergency Room Visit	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance	Deductible	Deductible	Deductible
Lab Tests & Imaging	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance	Deductible	Deductible	Deductible
Inpatient Care	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance	Deductible	Deductible	Deductible
Outpatient Facility – Non ASC**	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance	Deductible	Deductible	Deductible
Outpatient Facility – ASC**	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance	Deductible	Deductible	Deductible
Outpatient Care	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance	Deductible	Deductible	Deductible
Drug Deductible (Tiers 2 and 3)	\$600	\$300	\$50	N/A	N/A	N/A
Tier 1a (Generic Drugs)	\$3	\$3	\$0	\$0	\$0	\$0
Tier 1b (Generic Drugs)	\$15	\$15	\$5	\$5	\$5	\$5
Tier 2 (Preferred Brand Drugs)	\$75 after prescription drug deductible	\$70 after prescription drug deductible	\$10 after prescription drug deductible	Deductible	Deductible	Deductible
Tier 3 (Non-Preferred Brand Drugs)	50% after prescription drug deductible	50% after prescription drug deductible	50% after prescription drug deductible	Deductible	Deductible	Deductible
Specialty Drugs	50% coinsurance (deductible waived)	50% coinsurance (deductible waived)	50% coinsurance (deductible waived)	Deductible	Deductible	Deductible

*The online medical doctor visit service should not be used in health emergencies. If you have a health emergency or need immediate help for an illness, accident, or injury, seek emergency care or call 911. **Ambulatory surgery center
 Note: All plans are subject to limitations, exceptions, and cost-share requirements. See page 16 for specific benefit limitations and exclusions.

Detailed Plan Information:

2026 Cost-Share Reduction (CSR) Plan Options

	SILVER 73AV PLAN 4			SILVER 87AV PLAN 5			SILVER 94AV PLAN 6		
Eligibility Category	Plans available to members with household incomes between 200% and 250% of the federal poverty level.			Plans available to members with household incomes between 150% and 200% of the federal poverty level.			Plans available to members with household incomes between 100% and 150% of the federal poverty level.		
	StandardHealth HMO CSR			ACA StandardHealth with Health Choice HMO CSR			EverydayHealth Prosano HMO CSR		
	SILVER 4	SILVER 5	SILVER 6	SILVER 4	SILVER 5	SILVER 6	SILVER 4	SILVER 5	SILVER 6
Deductible	\$3,000	\$700	\$0	\$3,000	\$700	\$0	\$5,500	\$900	\$250
Coinsurance (Plan/Member)	60%/40%	70%/30%	75%/25%	60%/40%	70%/30%	75%/25%	60%/40%	60%/40%	80%/20%
Out-of-Pocket Maximum	\$7,400	\$3,300	\$2,200	\$7,400	\$3,300	\$2,200	\$7,400	\$2,500	\$1,200
Assigned Primary Care Provider (PCP) Required	No	No	No	Yes	Yes	Yes	No	No	No
Specialist Referral Required	No	No	No	Yes	Yes	Yes	No	No	No
PCP Visit	\$40	\$20	\$0	\$40	\$20	\$0	\$0 for the first visit, then \$20 \$0 at Prosano Health Care Centers	\$0 for the first visit, then \$15 \$0 at Prosano Health Care Centers	\$0 for the first visit, then \$5 \$0 at Prosano Health Care Centers
Specialist Visit	\$80	\$40	\$10	\$80	\$40	\$10	\$75	\$50	\$10
Online Medical Doctor Visit*	\$40	\$20	\$0	\$40	\$20	\$0	\$5 \$0 at Prosano Health Care Centers	\$5 \$0 at Prosano Health Care Centers	\$5 \$0 at Prosano Health Care Centers
Online Counseling or Psychiatry Visit*	\$40	\$20	\$0	\$40	\$20	\$0	\$5	\$5	\$5
Urgent Care Visit	\$60	\$30	\$5	\$60	\$30	\$5	\$60	\$40	\$20
Emergency Room Visit	Deductible/Coinsurance	Deductible/Coinsurance	Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance	Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance
Lab Tests & Imaging	Deductible/Coinsurance	Deductible/Coinsurance	Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance	Coinsurance	Deductible/Coinsurance ***\$0 at Prosano Health for labs	Deductible/Coinsurance ***\$0 at Prosano Health for labs	Deductible/Coinsurance ***\$0 at Prosano Health for labs
Inpatient Care	Deductible/Coinsurance	Deductible/Coinsurance	Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance	Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance
Outpatient Facility – Non ASC**	Deductible/Coinsurance	Deductible/Coinsurance	Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance	Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance
Outpatient Facility – ASC**	Deductible/Coinsurance	Deductible/Coinsurance	Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance	Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance
Outpatient Care	Deductible/Coinsurance	Deductible/Coinsurance	Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance	Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance
Drug Deductible (Tiers 2 and 3)	N/A	N/A	N/A	N/A	N/A	N/A	\$600	\$300	\$50
Tier 1a (Generic Drugs)	\$20	\$10	\$0	\$20	\$10	\$0	\$3	\$3	\$0
Tier 1b (Generic Drugs)	\$20	\$10	\$0	\$20	\$10	\$0	\$15	\$15	\$5
Tier 2 (Preferred Brand Drugs)	\$40	\$20	\$15	\$40	\$20	\$15	\$75 after prescription drug deductible	\$70 after prescription drug deductible	\$10 after prescription drug deductible
Tier 3 (Non-Preferred Brand Drugs)	\$80 after deductible	\$60 after deductible	\$50	\$80 after deductible	\$60 after deductible	\$50	50% after prescription drug deductible	50% after prescription drug deductible	50% after prescription drug deductible
Specialty Drugs	\$350 after deductible	\$250 after deductible	\$150	\$350 after deductible	\$250 after deductible	\$150	50% coinsurance (deductible waived)	50% coinsurance (deductible waived)	50% coinsurance (deductible waived)

*The online medical doctor visit service should not be used in health emergencies. If you have a health emergency or need immediate help for an illness, accident, or injury, seek emergency care or call 911. **Ambulatory surgery center
 Note: All plans are subject to limitations, exceptions, and cost-share requirements. See page 16 for specific benefit limitations and exclusions. ***Lab draws performed at a Prosano Health Care Center and ordered by a Prosano Health provider are at no additional cost to members. Imaging not included at Prosano Health.

Tips for Choosing the Right Health Plan

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



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

Subsidies are given to individuals and families based on their household income and family size. In 2026, the federal government is reducing or in some cases eliminating subsidies. All AZ Blue Individual ACA plans qualify for subsidies.

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

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

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



TIP #2: Assess Your Healthcare Needs

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

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



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

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

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

How you and AZ Blue split costs

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



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

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

Rule of Thumb for Premiums and Deductibles



HIGH
deductible,
higher out-of-pocket costs

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



LOWER
deductible,
lower out-of-pocket costs

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

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



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

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

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

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



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



TIP #6: Find Out When You Can Enroll

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

1. During Open Enrollment (OE)

November 1 to January 15. This is the period each year when you can enroll in a health plan or change to a different plan.

2. Special Enrollment Period

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

Qualifying Life Events include:



Losing your job



Moving to a new state



Having a baby



Getting married



Aging off your parent's plan



Newly eligible for financial help

Important Information

Allowed Amount

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

Balance Bill

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

Emergency Services

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

Medications and Prescriptions

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

Primary Care Provider (ACA StandardHealth with Health Choice HMO plans)

Your health plan provides a designated primary care provider (PCP) as your main doctor and central point of care. If your doctor isn't available, you can see another doctor at your PCP's practice or get a referral from your doctor to see another PCP at a different practice. If you see a doctor or go to a clinic or hospital that is not in your plan's network, you will be responsible for paying the full amount of your bill. You can change your PCP up to six times a year. To switch your PCP, call the number on the back of your member ID card. Referrals and designated PCP only apply to ACA StandardHealth with Health Choice HMO plans.

Prior Authorization

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

Providers, Claims, and Out-of-Pocket Costs

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

Qualified Health Plan

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

Specialist Services (ACA StandardHealth with Health Choice HMO plans)

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

If you do not obtain a referral from your designated PCP for services that require a referral, the services will not be covered under your benefit plan and you will be responsible for paying the provider's billed charges for those services. Referrals and designated PCP only apply to ACA StandardHealth with Health Choice HMO plans.

IMPORTANT

THIS IS ONLY A BRIEF SUMMARY OF THE BENEFIT PLANS AND IS DESIGNED TO HELP YOU COMPARE FEATURES OF DIFFERENT PLANS. MORE DETAILED INFORMATION ABOUT BENEFITS, COST SHARE, EXCLUSIONS, AND LIMITATIONS IS IN THE BENEFIT PLAN BOOKLETS AND PLAN SUMMARY OF BENEFITS AND COVERAGE (SBCs). BENEFIT PLAN BOOKLETS AND SBCs ARE AVAILABLE UPON REQUEST AND ON AZBLUE.COM/2026INDBOOKS. IF THE TERMS OF THIS SUMMARY DIFFER FROM THE TERMS OF THE BENEFIT PLAN BOOKLETS, THE TERMS OF THE BOOKLETS CONTROL AND APPLY.

Exclusions and Limitations

Examples of services and supplies not covered

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

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



Pediatric Dental

All AZ Blue 2026 qualified health plans include dental coverage for children under the age of 19. Pediatric dental benefits described below are covered with healthcare professionals in your network only.

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

Dental benefits are available through dental providers participating in the BlueDentalSM network. A listing of providers in the BlueDental network can be found at [azblue.com](https://www.azblue.com).

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

Pediatric Dental Exclusions and Limitations

Examples of services and supplies not covered

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

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

Multi-language Interpreter Services

Spanish: Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Blue Cross Blue Shield of Arizona, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 602-864-4884.

Navajo: Díí kwe'é atah nílnígíí Blue Cross Blue Shield of Arizona haada yit'éeego bina'ídiłkidgo éí doodago Háida bíjá anilyeedígíí t'áadoo le'é yína'ídiłkidgo beehaz'áanii hółq díí t'áá hazaadk'ehjí háká a'doowołgo bee haz'ą doo baqah ílínígóó. Ata' halne'ígíí kojí' bich'í' hodíilnih 877-475-4799.

Chinese: 如果您，或是您正在協助的對象，有關於插入項目的名稱 Blue Cross Blue Shield of Arizona 方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話 在此插入數字 877-475-4799。

Tagalog: Kung ikaw, o ang iyong tinutulangan, ay may mga katanungan tungkol sa Blue Cross Blue Shield of Arizona, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa 877-475-4799.

Blue Cross Blue Shield of Arizona (AZ Blue) complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. AZ Blue provides appropriate free aids and services, such as qualified interpreters and written information in other formats, to people with disabilities to communicate effectively with us. AZ Blue also provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, call 602-864-4884 for Spanish or 1-877-475-4799 for all other languages and other aids and services.

Ready to enroll?

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

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

To see the full version of our 2026 ACA plan information
go to azblue.com/ACAresources



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