

2026 Summary of Plan Options



Available Prosano Health® Plan Options

	BlueSignature SM Prosano SM PPO 2000	BlueSignature SM Prosano SM Alliance PPO 7000	AZ Blue HSA Prosano SM Saver HDHP 1700	AZ Blue HSA Prosano SM Saver HDHP 3400	AZ Blue HSA Prosano SM Saver HDHP 5000
Network	Statewide/National PPO + Prosano	Alliance + Prosano (Narrow Network)	Statewide/National PPO + Prosano	Statewide/National PPO + Prosano	Statewide/National PPO + Prosano
Prosano Health	All care from and labs ordered by a Prosano Health provider are included in your premium. Your deductible is waived for in-person or virtual services at Prosano Health® (excluding drugs and equipment).		Some of your care at Prosano Health® is included in your premium while some types of care may have a cost that applies to you.		
Annual Deductible	In-network: \$2,000/individual, \$4,000/family Out-of-network: \$4,000/individual, \$8,000/family	In-network: \$7,000/individual, \$14,000/family Out-of-network: \$14,000/individual, \$28,000/family	In-network: \$1,700/individual, \$3,400/family Out-of-network: \$3,400/individual, \$6,800/family	In-network: \$3,400/individual, \$6,800/family Out-of-network: \$5,000/individual, \$10,000/family	In-network: \$5,000/individual, \$10,000/family Out-of-network: \$10,000/individual, \$20,000/family
Out-of-Pocket Max	In-network: \$6,000/individual, \$12,000/family Out-of-network: \$10,000/individual, \$20,000/family	In-network: \$8,500/individual, \$17,000/family Out-of-network: \$17,000/individual, \$34,000/family	In-network: \$6,000/individual, \$12,000/family Out-of-network: \$10,000/individual, \$20,000/family	In-network: \$6,000/individual, \$12,000/family Out-of-network: \$10,000/individual, \$20,000/family	In-network: \$6,750/individual, \$13,500/family Out-of-network: \$13,500/individual, \$27,000/family
Office visit	Prosano Health: No charge* PPO providers: \$40* Out-of-network: 75% coinsurance & balance bill	Prosano Health: No charge* PPO providers: \$75* Out-of-network: 75% coinsurance & balance bill	In-network: 30% coinsurance Out-of-network: 75% coinsurance & balance bill	In-network: 30% coinsurance Out-of-network: 75% coinsurance & balance bill	In-network: 30% coinsurance Out-of-network: 75% coinsurance & balance bill
Diagnostic Labs and Imaging	Diagnostic test In-network: Office visit copay* or 30% coinsurance \$25 copay per outpatient lab/pathology center visit* \$75 copay per outpatient radiology center visit* Imaging 30% coinsurance Both Out-of-network: 75% coinsurance & balance bill may apply	Diagnostic test In-network: Office visit copay* or 30% coinsurance \$25 copay per outpatient lab/pathology center visit* \$75 copay per outpatient radiology center visit* Imaging 30% coinsurance Both Out-of-network: 75% coinsurance & balance bill may apply	In-network: 30% coinsurance Out-of-network: 75% coinsurance & balance bill may apply	In-network: 30% coinsurance Out-of-network: 75% coinsurance & balance bill may apply	In-network: 30% coinsurance Out-of-network: 75% coinsurance & balance bill may apply
In-Patient Care	In-network: 30% coinsurance Out-of-network: 75% coinsurance & balance bill	In-network: 30% coinsurance Out-of-network: 75% coinsurance & balance bill	In-network: 30% coinsurance Out-of-network: 75% coinsurance & balance bill	In-network: 30% coinsurance Out-of-network: 75% coinsurance & balance bill	In-network: 30% coinsurance Out-of-network: 75% coinsurance & balance bill
Emergency Care	\$250 access fee/member/facility/day, then 30% coinsurance.*	\$250 access fee/member/facility/day, then 30% coinsurance.*	30% coinsurance	30% coinsurance	30% coinsurance
Telehealth	No charge for medical telehealth consultations through Telehealth from AZ Blue and Prosano Health.	No charge for medical telehealth consultations through Telehealth from AZ Blue and Prosano Health.	No charge for medical telehealth consultations through Telehealth from AZ Blue and Prosano Health.	No charge for medical telehealth consultations through Telehealth from AZ Blue and Prosano Health.	No charge for medical telehealth consultations through Telehealth from AZ Blue and Prosano Health.
Urgent Care	In-network: \$75 copay* Out-of-network: 75% coinsurance & balance bill	In-network: \$100 copay* Out-of-network: 75% coinsurance & balance bill	In-network: 30% coinsurance Out-of-network: 75% coinsurance & balance bill	In-network: 30% coinsurance Out-of-network: 75% coinsurance & balance bill	In-network: 30% coinsurance Out-of-network: 75% coinsurance & balance bill
Prescription Drugs	\$100 individual/\$200 family deductible Tier 1 Retail: \$10 copay/prescription Mail order: \$30 copay/prescription Tier 2 Retail: 20% coinsurance (max \$80)/prescription Mail order: 20% coinsurance (max \$200)/prescription Tier 3 Retail: 20% coinsurance (max \$200)/prescription Mail order: 20% coinsurance (max \$500)/prescription	\$100 individual/\$200 family deductible Tier 1 Retail: \$10 copay/prescription Mail order: \$30 copay/prescription Tier 2 Retail: 20% coinsurance (max \$80)/prescription Mail order: 20% coinsurance (max \$200)/prescription Tier 3 Retail: 20% coinsurance (max \$200)/prescription Mail order: 20% coinsurance (max \$500)/prescription	Tier 1 Retail: \$10 copay/prescription Mail order: \$30 copay/prescription Tier 2 Retail: 20% coinsurance (max \$80)/prescription Mail order: 20% coinsurance (max \$200)/prescription Tier 3 Retail: 20% coinsurance (max \$200)/prescription Mail order: 20% coinsurance (max \$500)/prescription	Tier 1 Retail: \$10 copay/prescription Mail order: \$30 copay/prescription Tier 2 Retail: 20% coinsurance (max \$80)/prescription Mail order: 20% coinsurance (max \$200)/prescription Tier 3 Retail: 20% coinsurance (max \$200)/prescription Mail order: 20% coinsurance (max \$500)/prescription	Tier 1 Retail: \$10 copay/prescription Mail order: \$30 copay/prescription Tier 2 Retail: 20% coinsurance (max \$80)/prescription Mail order: 20% coinsurance (max \$200)/prescription Tier 3 Retail: 20% coinsurance (max \$200)/prescription Mail order: 20% coinsurance (max \$500)/prescription
Specialty Drugs	50% coinsurance up to a maximum of \$200/prescription	50% coinsurance up to a maximum of \$200/prescription	50% coinsurance up to a maximum of \$200/prescription	50% coinsurance up to a maximum of \$200/prescription	50% coinsurance up to a maximum of \$200/prescription

*Deductible Does Not Apply. For more information about limitations, exceptions, and conditions see the plan or policy document at www.azblue.com/member. Blue Cross, Blue Shield, and the Cross and Shield Symbols are registered service marks and BlueSignature is a service mark of the Blue Cross Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans. Prosano Health is a registered service mark of Prosano Health Solutions, Inc.