

2025

Benefits & Enrollment Guide



HMO

Medicare Advantage Plans
Maricopa, Pinal, & Pima Counties

[Blue Best Life Classic \(HMO\) \(H0302-006\)](#)

[Blue Best Life Plus \(HMO\) \(H0302-001\)](#)

[Blue Best Life Classic \(HMO\) \(H0302-008\)](#)

This booklet includes a Summary of Benefits



An Independent Licensee of the Blue Cross Blue Shield Association

Living Your **Best Life** Starts with Good Health



We're here to make sure your healthcare needs are met. Please review this guide so you can get the most from your Blue Cross® Blue Shield® of Arizona (AZ Blue) Medicare Advantage plan. You'll find information to help you get care and learn about the health and wellness extras available to you.

These healthy benefits will help you live your best life:

Blue Best Life Classic

Maricopa/Pinal/Pima

- \$0 monthly premium
- \$2,800 Maximum out of pocket
- \$5 copay for specialist visit
- No referral needed to see specialists
- Wide choice of providers and hospitals, including Banner Health
- \$2,000 comprehensive dental coverage
- \$200 yearly single-purchase allowance for frames or contact lenses
- \$699-\$999 copay (per ear per hearing aid), plus free rechargeable upgrade
- \$0 fitness centers benefits
- Quarterly Over-the-counter (OTC) allowance
- Lower maximum out-of-pocket limits

Blue Best Life Plus

Maricopa/Pinal

- Low monthly premium
- \$2,500 Maximum out of pocket
- No referral needed to see specialists
- Wide choice of providers and hospitals, including Banner Health
- \$3,000 comprehensive dental coverage
- \$200 yearly single-purchase allowance for frames or contact lenses
- \$699-\$999 copay (per ear per hearing aid), plus free rechargeable upgrade
- \$0 fitness centers benefits
- Quarterly Over-the-counter (OTC) allowance
- Lower maximum out-of-pocket limits

Let us help you find the plan that works for you! Blue Cross® Blue Shield® of Arizona (AZ Blue)

1-888-274-0327 (TTY: **711**) [azblue.com/medicare](https://www.azblue.com/medicare)

Review the Summary of Benefits for all the Medicare Advantage plans available in Maricopa, Pinal, and Pima counties. The plan does not require a referral from a primary care provider (PCP) to see a network specialist. Keep in mind, some providers may require a recommendation or treatment plans from your PCP to see you.



Medicare Plans That Work for You

You've earned your Medicare benefits. At AZ Blue, you'll find Medicare plans that work hard to help you be your healthiest.

Benefits for Your Best Health

Wherever you are on your health journey, AZ Blue has you covered. From wellness rewards to support for chronic conditions, your plan empowers you to take charge of your health and embrace your best life.

Easy Access to Quality Care

You deserve to get the care you need—when you need it. AZ Blue offers a choice of plans, over 15,000 providers, and more than 50 network hospitals for easy access to quality care.

Caring for Your Happiness

Built on AZ Blue's 85-plus-year legacy of excellent service, our local Member Services team consistently delivers personalized service and a health insurance experience members feel good about.

9 out of 10 members are highly satisfied with our plans and the access to doctors and hospitals of their choice.*

LET US HELP YOU FIND THE PLAN THAT WORKS FOR YOU!

*2023 Medicare Advantage Member Relationship Survey administered by Sparks Research.

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Plan Highlights

Plan Benefit	Blue Best Life Classic (HMO) (H0302-006) (H0302-008)	Blue Best Life Plus (HMO) (H0302-001)
Service Area (County)	Maricopa/Pinal/Pima	Maricopa/Pinal
Monthly Premium	\$0	\$28
Part B Premium Rebate	\$6 (Pima county only)	Not Included
Maximum Out-of-Pocket Limit	\$2,800	\$2,500
Primary Care Provider (PCP)	\$0 copay	\$0 copay
Specialist	\$5 copay (no referral needed)	\$25 copay (no referral needed)
Routine Eye Exam ¹	\$0 copay	\$0 copay
Eyewear ¹	\$200 annual single-purchase allowance	\$200 annual single-purchase allowance
Annual Physical Exam	\$0 copay	\$0 copay
Inpatient Hospital	\$125 (days 1-5)	\$225 (days 1-6)
Routine Labs	\$0 copay	\$0 copay
X-rays	\$0 copay	\$10 copay
Physical Therapy Services	\$10 copay	\$10 copay
Meals	14 meals post discharge	14 meals post discharge
Over-the-Counter (OTC) Products	\$75 quarterly allowance	\$50 quarterly allowance
Ambulance Services – Ground Transportation	\$175 copay	\$275 copay
Emergency Care	\$90 copay	\$125 copay
Urgent Care Services	\$25 copay	\$25 copay
Worldwide Emergency Care and Transportation/ Urgent Care Coverage	\$120 copay \$30,000 combined lifetime maximum	\$100 copay \$60,000 combined lifetime maximum
Gym Membership: SilverSneakers ^{®2}	Included	Included
Routine Hearing Exam + Hearing Aid ¹	\$0 copay + hearing aid copay (\$699-\$999 per ear, per year) Rechargeable hearing aid upgrade included.	\$0 copay + hearing aid copay (\$699-\$999 per ear, per year) Rechargeable hearing aid upgrade included.
Dental - Preventive/Comprehensive (Non-Medicare covered)	\$10 office visit copay Select Preventive Services: 2x/year Comprehensive Services: 50% coinsurance \$2,000 benefit maximum	\$10 office visit copay Select Preventive Services: 2x/year Comprehensive Services: 50% coinsurance \$3,000 benefit maximum
Acupuncture (Medicare Covered)	\$10	\$30
Chiropractic (Medicare Covered)	\$10	\$20
Acupuncture, Chiropractic, and Therapeutic Massage ¹ (Non-Medicare Covered)	\$15 (30 combined visits)	\$15 (30 combined visits)

Plan Benefit	Blue Best Life Classic (HMO) (H0302-006) (H0302-008)	Blue Best Life Plus (HMO) (H0302-001)
	Maricopa/Pinal/Pima	Maricopa/Pinal
Prescription Drug Plan		
Prescription Deductible	No deductible	
Retail Cost Sharing	One-month supply	
Tier 1: Preferred Generic	\$0 copay	\$0 copay
Tier 2: Generic	\$9 copay	\$9 copay
Tier 3: Preferred Brand	\$47 copay	\$47 copay
Tier 4: Non-Preferred Drug	\$100 copay	\$100 copay
Tier 5: Specialty	33% coinsurance	33% coinsurance
Tier 6: Select Care Drugs	\$0 copay	\$0 copay
Retail and Mail-Order Cost Sharing	Extended-day supply	
Tier 1: Preferred Generic	\$0 copay (100-day supply)	\$0 copay (100-day supply)
Tier 2: Generic	\$9 copay (100-day supply)	\$9 copay (100-day supply)
Tier 3: Preferred Brand	\$141 copay (90-day supply)	\$141 copay (90-day supply)
Tier 4: Non-Preferred Drug	\$300 copay (90-day supply)	\$300 copay (90-day supply)
Tier 5: Specialty	Not available	Not available
Tier 6: Select Care Drugs	\$0 copay	\$0 copay

Blue Cross® Blue Shield® of Arizona (AZ Blue) is contracted with Medicare to offer HMO Medicare Advantage plans. Enrollment in AZ Blue plans depends on contract renewal.

This is only a summary of benefits. Please refer to the Evidence of Coverage for a full description of benefits.

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

¹Through network provider and preferred brand.

²Tivity Health, Inc. is an independent and separate company contracted with AZ Blue to provide health and wellness services to AZ Blue members. The SilverSneakers program is not an insurance policy and does not provide insurance coverage. SilverSneakers is a registered trademark of Tivity Health, Inc. ©2023 Tivity Health, Inc. All rights reserved.

Blue Cross®, Blue Shield®, and the Cross and Shield Symbols are registered service marks of the Blue Cross Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

Blue Cross® Blue Shield® of Arizona
1-888-274-0367, TTY: 711
azblue.com/medicare

We're here for you:

8 a.m. to 8 p.m., October 1 to March 31: [Daily](#)
April 1 to September 30: [Monday through Friday](#)

FIND A HOSPITAL IN YOUR NETWORK

You'll always save money when using hospitals that are in your network. Use the chart below or the **Find a Doctor** tool at [azblue.com/FindMedicareDoc](https://www.azblue.com/FindMedicareDoc). Remember, in an emergency you'll never be charged out-of-network costs when using an out-of-network hospital.

	Blue Best Life Plus (HMO)	Blue Best Life Classic (HMO)	Blue Best Life Classic (HMO)
	MARICOPA/PINAL		PIMA
Contract Number	H0302-001	H0302-006	H0302-008
Member Prefix	M2K	M2K	M2K
Network Prefix	MDH	MDH	MDH
PCP Affiliations	Arizona Priority Care Banner Health Network VillageMD One Medical Seniors (Iora) OptumCare Arizona	Arizona Priority Care Banner Health Network VillageMD One Medical Seniors (Iora) OptumCare Arizona	VillageMD
Number of PCPs	2,897	2,897	712
Hospital System	HonorHealth Banner Health Tenet Health Dignity	HonorHealth Banner Health Tenet Health Dignity	Tucson Medical Center Community Health Systems (CHS) Tenet Health Banner Health
Banner Health Hospitals	Banner Baywood Medical Center Banner Boswell Medical Center Banner Del E Webb Medical Center Banner Desert Medical Center Banner Estrella Medical Center Banner Gateway Medical Center Banner Heart Hospital Banner Thunderbird Medical Center Banner Ocotillo Medical Center Banner University Medical Center Phoenix Campus Banner Ironwood Medical Center (Pinal) Banner Goldfield Medical Center (Pinal) Banner Casa Grande Medical Center (Pinal)	Banner Baywood Medical Center Banner Boswell Medical Center Banner Del E Webb Medical Center Banner Desert Medical Center Banner Estrella Medical Center Banner Gateway Medical Center Banner Heart Hospital Banner Thunderbird Medical Center Banner Ocotillo Medical Center Banner University Medical Center Phoenix Campus Banner Ironwood Medical Center (Pinal) Banner Goldfield Medical Center (Pinal) Banner Casa Grande Medical Center (Pinal)	Banner University Medical Center Tucson Banner University Medical Center South
Dignity Health Hospitals	Arizona General Hospital Laveen Arizona Spine & Joint Hospital Chandler Regional Medical Center Dignity Health Arizona General Hospital Mesa Mercy Gilbert Medical Center Dignity Health UC Queen Creek OASIS Hospital St. Joseph's Hospital and Medical Center St. Joseph's Westgate Medical Center	Arizona General Hospital Laveen Arizona Spine & Joint Hospital Chandler Regional Medical Center Dignity Health Arizona General Hospital Mesa Mercy Gilbert Medical Center Dignity Health UC Queen Creek OASIS Hospital St. Joseph's Hospital and Medical Center St. Joseph's Westgate Medical Center	Arizona Spine & Joint Hospital Chandler Regional Medical Center Dignity Health Arizona General Hospital Mesa Mercy Gilbert Medical Center Dignity Health UC Queen Creek OASIS Hospital St. Joseph's Hospital and Medical Center St. Joseph's Westgate Medical Center
HonorHealth Hospitals	HonorHealth Deer Valley Medical Center HonorHealth Greenbaum HonorHealth John C. Lincoln Medical Center HonorHealth Piper Surgery Center HonorHealth Scottsdale Inpatient Acute Rehab HonorHealth Scottsdale Osborn Medical Center HonorHealth Scottsdale Shea Medical Center HonorHealth Scottsdale Thompson Peak Medical Center	HonorHealth Deer Valley Medical Center HonorHealth Greenbaum HonorHealth John C. Lincoln Medical Center HonorHealth Piper Surgery Center HonorHealth Scottsdale Inpatient Acute Rehab HonorHealth Scottsdale Osborn Medical Center HonorHealth Scottsdale Shea Medical Center HonorHealth Scottsdale Thompson Peak Medical Center	HonorHealth Deer Valley Medical Center HonorHealth Greenbaum HonorHealth John C. Lincoln Medical Center HonorHealth Piper Surgery Center HonorHealth Scottsdale Inpatient Acute Rehab HonorHealth Scottsdale Osborn Medical Center HonorHealth Scottsdale Shea Medical Center HonorHealth Scottsdale Thompson Peak Medical Center
Tenet Health Hospitals	Abrazo Arrowhead Campus Abrazo Central Campus Abrazo Scottsdale Campus Abrazo West Campus Arizona Orthopedic and Surgical Specialty Hospital	Abrazo Arrowhead Campus Abrazo Central Campus Abrazo Scottsdale Campus Abrazo West Campus Arizona Orthopedic and Surgical Specialty Hospital	Carondelet St. Joseph's Hospital Carondelet St. Mary's Hospital Bridges Geropsychiatric Program at St. Mary's Hospital Carondelet Holy Cross Hospital (Santa Cruz)
Tucson Medical Center			Tucson Medical Center
Community Health Systems (CHS)			Northwest Medical Center Oro Valley Hospital

More Care for Less

AZ Blue's trusted partners are ready to give you the care you need.

As an AZ Blue member, you have an entire network of caregivers and health solutions at your service.



24/7 Nurse On Call

Getting answers to your health questions is easy with Nurse On Call. For no additional cost, you can talk to a registered nurse any time you need—days, nights, weekends, and holidays—from wherever you are. Caring nurses can talk to you about your symptoms and help you decide if you should take care of your issues at home or seek care from your primary care provider, urgent care center, or emergency room (ER).

Contact a Nurse On Call 24/7 at 1-888-905-1172, TTY: 711.



Fitness Programs

SilverSneakers® is more than a fitness program. It's an opportunity to improve your health, gain confidence, and connect with your community. With SilverSneakers, you're free to move in the ways that work for you. With access to up to 22,000 fitness locations nationwide including Anytime Fitness, EōS Fitness, Mountainside Fitness, LA Fitness, Esporta Fitness, Life Time, YMCA, and Planet Fitness.¹

Go to [SilverSneakers.com/StartHere](https://www.silversneakers.com/StartHere) to get started. For questions, call us at 1-888-423-4632, TTY: 711.



Vision Services

Routine vision services include a non-medical eye examination to check vision, screen for eye disease, and/or update eyeglass or contact lens prescriptions with a preferred provider. You'll have access to nearly 22,000 preferred vision care providers in Arizona.

- \$0 copay for non-Medicare covered vision exams with a preferred Davis Vision provider
- \$200 eyewear allowance for a single purchase of frames or contact lenses annually through a preferred provider

To find a preferred provider, visit [davisvision.com](https://www.davisvision.com) or call Member Services at 480-937-0409 (in Arizona) or at 1-800-446-8331, TTY: 711 to learn more.

TruHearing™ Hearing Services

Get a comprehensive hearing care solution with high-quality hearing aids and local, professional care at a fraction of the cost through TruHearing®. TruHearing acts as a concierge service that guides you through the full process, from scheduling the exam, to selecting the product, and obtaining the hearing aids.

- Non-Medicare covered hearing exams at **\$0** copay
- Two TruHearing-branded hearing aids per ear per year at \$699-\$999 copay per aid

To schedule your routine hearing examination and to find out more about hearing aid options, contact TruHearing directly at 1-855-210-6996, TTY: 711 from 8 a.m. to 8 p.m., Monday through Friday.



Over-the-Counter (OTC) Products & Healthy Rewards Program

An OTC allowance will be added each quarter to your benefits card; funds do not roll over. You can use your OTC allowance to purchase eligible health-related products from the catalog, or at participating retail stores, such as Walgreens, CVS, Fry's, Safeway and Albertsons. Note: You cannot use your rewards dollars to purchase alcohol, tobacco, firearms or gift cards.

- Classic (Maricopa/Pinal/Pima) – **\$75** quarterly allowance
- Plus (Maricopa/Pinal) – **\$50** quarterly allowance

Call the activation number listed on your card or Member Outreach at 602-313-7135, TTY: 711 from 8 a.m. to 4:30 p.m., Monday through Friday to activate your card and get started.

Earn Healthy Rewards

Earn reward dollars when you take care of you health with regular health exams and screenings. To complete your self-attestation for each, and more information, visit [azblue.com/health-ed](https://www.azblue.com/health-ed).



Chiropractic, Acupuncture, and Therapeutic Massage

Stay active and live comfortably, with benefits that include alternative treatments for chronic pain. If you want alternatives to prescription medications or surgery, chiropractic, acupuncture, and therapeutic massage are covered through American Specialty Health.

\$15 copay for up to 30 combined visits

Find a provider near you by calling American Specialty Health at 1-800-678-9133, TTY: 711.



Meals

Plan may provide **14** meals per qualifying discharge from an authorized stay at an inpatient hospital, skilled nursing facility, or rehabilitation facility when arranged by Plan staff.

Home delivery includes a single delivery of **14** refrigerated fresh meals by a designated vendor. Good for two weeks.



Preventive and Comprehensive Dental Services

Your AZ Blue plan offers preventive and comprehensive (restorative) benefits and an Arizona statewide AZ Blue BlueDentalSM Prime network to help you manage your oral healthcare for less. Review your Summary of Benefits and Evidence of Coverage (EOC) for more details.

Blue Best Life Classic (HMO) Maricopa/Pinal/Pima	Blue Best Life Plus (HMO) Maricopa/Pinal
\$10 office visit copay for all preventive and comprehensive visits	\$10 office visit copay for all preventive and comprehensive visits
Coverage at 100% after office visit copay for preventive services (2 every year): <ul style="list-style-type: none"> - oral exams - prophylaxis (cleaning) - dental X-rays - one fluoride treatment 	Coverage at 100% after office visit copay for preventive services (2 every year): <ul style="list-style-type: none"> - oral exams - prophylaxis (cleaning) - dental X-rays - one fluoride treatment
Coverage at 50% coinsurance for restorative services including endodontics, periodontics, prosthodontics	Coverage at 50% coinsurance for restorative services including endodontics, periodontics, prosthodontics
Implants – not covered	Coverage at 50% coinsurance for implants (7-year replacement limit)
\$2,000 annual maximum coverage amount Some benefit limits may apply.	\$3,000 annual maximum coverage amount Some benefit limits may apply.

Network providers are subject to change.

For the most current information, please visit us at azblue.com/FindMedicareDoc.

Getting Started

Here's what you can expect after you enroll.

Check your mail for these important communications:



Verification Letter

You'll receive a letter that provides information about the plan you enrolled in, and lets you know who to call with questions.



Confirmation of Enrollment Letter and New Quick Start Guide

Once Medicare has approved your enrollment, you will receive a confirmation letter and a new Quick Start Guide. Use your confirmation letter as proof of insurance and prescription drug coverage until you receive your member ID card.



Member ID Card

Your new member ID card will be sent in a separate mailing within 10 calendar days after your enrollment is confirmed, or by the last day of the month prior to your effective date, whichever is later. **If you have changed from one AZ Blue Medicare Advantage plan to another, you will have a new ID number with a different three-letter prefix in front of it. Share your information with providers and pharmacies to ensure coverage.**



Dental ID Card

If your plan includes the BlueDental Prime plan, your new ID card will be sent in a separate mailing.

Important steps to take once you're enrolled



Schedule Your Annual Physical Exam

The annual physical exam with your primary care provider (PCP) is a great opportunity to review your medical history and make sure you are up to date on vaccinations and preventive screenings.



Choose or Verify Your In-Network Primary Care Provider

You should have already selected a PCP when you enrolled in the Medicare Advantage plan. If you need information about your provider, or need to change your provider, visit the online Provider Directory at azblue.com/FindMedicareDoc or call Member Services at the phone numbers below.



Register for Your Online Member Account

View claim status, locate providers, print a digital ID card, and much more!
Register at azblue.com/memberaccount



Questions? Call Us.

In Arizona: **480-937-0409** | Toll-free: **1-800-446-8331, TTY: 711**. We're here to help you from 8 a.m. to 8 p.m., daily from October 1 to March 31, and Monday through Friday from April 1 to September 30.

2025 Summary of Benefits



Blue Best Life Classic (HMO) – Maricopa & Pinal Counties

Blue Best Life Plus (HMO) – Maricopa & Pinal Counties

Blue Best Life Classic (HMO) – Pima County



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2025 Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a licensed Medicare consultant at **1-888-274-0367**, **TTY: 711**.

Understanding the Benefits

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

Understanding Important Rules

- In addition to your monthly plan premium (if applicable), you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- Benefits, premiums, and/or copayments/coinsurance may change on January 1, 2026.
- Except in emergency or urgent situations, we do not cover services by out-of-network providers (providers who are not listed in the provider directory).

Summary of Benefits

January 1, 2025 – December 31, 2025

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

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

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

Things to know about AZ Blue



Hours of Operation

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



AZ Blue Phone Numbers and Website

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



Who can join?

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

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



Which doctors, hospitals, and pharmacies can I use?

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

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

- You can see our plan's Provider/Pharmacy Directory at our website: **azblue.com/medicare**.
- Or, call us and we will send you a copy of the Provider/Pharmacy Directory.



What do we cover?

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

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

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

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



How will I determine my drug costs?

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

If you want to know more about the coverage and costs of Original Medicare, look in your current *Medicare & You 2025* handbook. View it online at [medicare.gov](https://www.medicare.gov) or get a copy by calling **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, 7 days a week. TTY users should call **1-877-486-2048**.

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

Summary of Benefits January 1, 2025 – December 31, 2025

Premiums and Benefits	Blue Best Life Classic (HMO) H0302-006 H0302-008	Blue Best Life Plus (HMO) H0302-001
	Maricopa, Pima, and Pinal Counties	Maricopa and Pinal Counties
Monthly plan premium You must keep paying your Medicare Part B premium.	\$0 per month	\$28 per month
Part B premium rebate	\$6 (Pima county only)	Not Covered
Deductible (medical)	\$0	\$0
Maximum Out-of-Pocket Responsibility For services you receive from in-network providers. If you reach the limit on out-of-pocket costs, you keep getting Medicare Part A and Part B-covered hospital and medical services and we will pay the full cost for the rest of the year. Please note: You must pay your monthly premiums and cost sharing for your Part D prescription drugs. Part D drugs are not counted toward the Maximum Out-of-Pocket amount.	\$2,800 annually	\$2,500 annually
Inpatient Hospital Coverage May require prior authorization. Limits may apply.	\$125 copay per day for days 1-5	\$225 copay per day for days 1-6
Outpatient Hospital Coverage Outpatient Hospital Facility for Surgery or Other Procedures (e.g., endoscopy and cardiac catheterization) May require prior authorization.	\$165 copay per visit \$85 copay per visit for outpatient observation services	\$200 copay per visit \$225 copay per visit for outpatient observation services

Premiums and Benefits	Blue Best Life Classic (HMO) H0302-006 H0302-008	Blue Best Life Plus (HMO) H0302-001
	Maricopa, Pima, and Pinal Counties	Maricopa and Pinal Counties
Ambulatory Surgery Center (ASC) For surgeries or other procedures such as endoscopy, cardiac catheterization, etc. May require prior authorization.	\$50 copay	\$150 copay
Doctor Visits May require prior authorization.	Primary Care Provider (PCP) visit: \$0 copay Specialist visit: \$5 copay (no referral needed)	Primary Care Provider (PCP) visit: \$0 copay Specialist visit: \$25 copay (no referral needed)

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

Premiums and Benefits	Blue Best Life Classic (HMO) H0302-006 H0302-008	Blue Best Life Plus (HMO) H0302-001
	Maricopa, Pima, and Pinal Counties	Maricopa and Pinal Counties
<p>Preventive Care</p> <p>Our plan covers many preventive services, including:</p> <ul style="list-style-type: none"> • Abdominal aortic aneurysm screening • Alcohol misuse counseling • Bone mass measurement • Breast cancer screening (mammogram) • Cardiovascular disease (behavioral therapy) • Cardiovascular screenings • Cervical and vaginal cancer screening • Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy) • Depression screening • Diabetes screenings • HIV screening • Medical nutrition therapy services • Obesity screening and counseling • Prostate cancer screenings (PSA) • Sexually transmitted infections screening and counseling • Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease) • Vaccines, including flu shots, hepatitis B shots, pneumococcal shots, and COVID-19 vaccines • “Welcome to Medicare” preventive visit (one-time) • Annual Wellness Visit <p>Any additional preventive services approved by Medicare during the contract year will be covered.</p>	<p>You pay nothing</p>	<p>You pay nothing</p>
<p>Emergency Care (Within the United States and its territories)</p> <p>Please note: If you are admitted to the hospital within one (1) day with the same condition, you do not have to pay your share of the cost for emergency care.</p>	<p>\$90 copay</p>	<p>\$125 copay</p>

Premiums and Benefits	Blue Best Life Classic (HMO) H0302-006 H0302-008	Blue Best Life Plus (HMO) H0302-001
	Maricopa, Pima, and Pinal Counties	Maricopa and Pinal Counties
Emergency Care (Worldwide)	<p>Emergency Room: \$120 copay</p> <p>Emergency Transportation: \$120 copay \$30,000 combined lifetime limit for worldwide emergency and urgent care.</p> <p>Transportation is from incident to nearest medical center, travel from country back to US. is not covered.</p>	<p>Emergency Room: \$100 copay</p> <p>Emergency Transportation: \$100 copay \$60,000 combined lifetime limit for worldwide emergency and urgent care.</p> <p>Transportation is from incident to nearest medical center, travel from country back to US. is not covered.</p>
<p>Urgent Care (Within the United States and its territories)</p> <p>Please note: If you are outside the plan’s service area and cannot get care from a network provider, the plan will cover urgent-care services provided in an urgent-care facility.</p>	\$25 copay	\$25 copay
Urgent Care (Worldwide)	\$120 copay (\$30,000 combined limit)	\$100 copay (\$60,000 combined limit)

<p>Premiums and Benefits</p>	<p>Blue Best Life Classic (HMO) H0302-006 H0302-008</p> <p>Maricopa, Pima, and Pinal Counties</p>	<p>Blue Best Life Plus (HMO) H0302-001</p> <p>Maricopa and Pinal Counties</p>
<p>Diagnostic Services, Labs, and Imaging Refer to Outpatient Diagnostic Tests, Therapeutic Services, and Supplies for additional services and coverage details. Costs may vary based on place of service. May require prior authorization.</p>	<p>Diagnostic tests and procedures: \$0 to \$30 copay depending on the service</p> <p>Lab services: \$0 copay, depending on the service</p> <p>X-ray with or without contrast (e.g., chest, aortogram, IVP, BE): \$0 copay</p>	<p>Diagnostic tests and procedures: \$0 to \$75 copay or 20% coinsurance, depending on the service</p> <p>Lab services: \$0 copay, depending on the service</p> <p>X-ray with or without contrast (e.g., chest, aortogram, IVP, BE): \$10 copay</p>
<p>Outpatient Diagnostic Tests, Therapeutic Services, and Supplies May require a referral from your PCP. May require prior authorization.</p>	<p>Pain Management Assessment (evaluation and management only): \$5 copay</p> <p>Pain Management Treatment (e.g., epidurals, pain blockers, and injections): \$75 copay per treatment</p> <p>Radiation Therapy: \$0 PCP Office. \$50 copay all other settings.</p> <p>Electrocardiogram (EKG): \$0 copay</p>	<p>Pain Management Assessment (evaluation and management only): \$25 copay</p> <p>Pain Management Treatment (e.g., epidurals, pain blockers, and injections): \$75 copay per treatment</p> <p>Radiation Therapy: 20% coinsurance</p> <p>Electrocardiogram (EKG): 0% coinsurance</p>

Premiums and Benefits	Blue Best Life Classic (HMO) H0302-006 H0302-008 Maricopa, Pima, and Pinal Counties	Blue Best Life Plus (HMO) H0302-001 Maricopa and Pinal Counties
<p>Hearing Services (Medicare Covered)</p> <p>Hearing exam by network PCP or specialist to diagnose and treat hearing and balance issues. May require prior authorization.</p>	<p>\$0 copay</p>	<p>\$25 copay</p>
<p>Hearing Services (Non-Medicare Covered)</p> <p>Services are covered through TruHearing® providers. Includes hearing aid fitting and evaluation. Limited to TruHearing’s Advanced (\$699) and Premium (\$999) hearing aids.</p>	<p>Hearing exam: \$0 copay Up to two TruHearing-branded hearing aids every year (one per ear per year). Includes free rechargeable hearing aid upgrade.</p>	<p>Hearing exam: \$0 copay Up to two TruHearing-branded hearing aids every year (one per ear per year). Includes free rechargeable hearing aid upgrade.</p>
<p>Dental Services (Medicare Covered)</p> <p>Dental services that are an integral part either of a covered procedure (e.g., reconstruction of the jaw following accidental injury) or for extractions done in preparation for radiation treatment for neoplastic disease involving the jaw.</p> <p>Oral examinations, but not treatment, preceding kidney transplantation or heart valve replacement under certain circumstances.</p>	<p>\$10 copay</p>	<p>20% coinsurance</p>

Premiums and Benefits	Blue Best Life Classic (HMO) H0302-006 H0302-008	Blue Best Life Plus (HMO) H0302-001
	Maricopa, Pima, and Pinal Counties	Maricopa and Pinal Counties
<p>Dental Services (Non-Medicare Covered)</p>	<p>\$10 office visit copay</p> <p>\$2,000 benefit maximum per calendar year for all services.</p> <p>Preventive: \$10 copay</p> <ul style="list-style-type: none"> • two oral exams per year • two cleanings per year • two bitewing X-rays per year <p>Basic: 50% coinsurance</p> <ul style="list-style-type: none"> • fillings • emergency treatment of dental pain • simple extractions <p>Major: 50% coinsurance</p> <ul style="list-style-type: none"> • Bridges, dentures • Crowns, inlays/onlays • 7-year replacement limit 	<p>\$10 office visit copay</p> <p>\$3,000 benefit maximum per calendar year for all services.</p> <p>Preventive: \$10 copay</p> <ul style="list-style-type: none"> • two oral exams per year • two cleanings per year • two bitewing X-rays per year <p>Basic: 50% coinsurance</p> <ul style="list-style-type: none"> • fillings • emergency treatment of dental pain • simple extractions <p>Major: 50% coinsurance</p> <ul style="list-style-type: none"> • Bridges, dentures • Crowns, inlays/onlays • Implants • 7-year replacement limit

Premiums and Benefits	Blue Best Life Classic (HMO) H0302-006 H0302-008	Blue Best Life Plus (HMO) H0302-001
	Maricopa, Pima, and Pinal Counties	Maricopa and Pinal Counties
Vision Care (Medicare Covered)	Exam to diagnose and treat diseases and conditions of the eye: \$10 copay Yearly glaucoma and diabetic retinopathy screening: \$0 copay Eyeglasses or contact lenses after each cataract surgery (not to be combined.) \$0 copay	Exam to diagnose and treat diseases and conditions of the eye: \$25 copay Yearly glaucoma and diabetic retinopathy screening: \$0 copay Eyeglasses or contact lenses after each cataract surgery (not to be combined.) 20% coinsurance
Vision Care (Non-Medicare Covered) Routine vision services including non-medical eye examination through Davis Vision® providers without any medical conditions or symptoms for the purpose of checking vision and/or updating eyeglasses or contact lens prescriptions.	\$0 copay Eyewear coverage: \$200 single-purchase annual allowance for Frames or Contact Lenses through Davis Vision providers	\$0 copay Eyewear coverage: \$200 single-purchase annual allowance for Frames or Contact Lenses through Davis Vision providers
Mental Health Services	Inpatient psychiatric hospital visit: \$125 copay per day for days 1-5 Outpatient individual or group therapy visit: \$15 copay	Inpatient psychiatric hospital visit: \$225 copay per day for days 1-6 Outpatient individual or group therapy visit: \$25 copay

Premiums and Benefits	Blue Best Life Classic (HMO) H0302-006 H0302-008	Blue Best Life Plus (HMO) H0302-001
	Maricopa, Pima, and Pinal Counties	Maricopa and Pinal Counties
<p>Skilled Nursing Facility (SNF) Plan covers up to 100 days per benefit period in an SNF. May require prior authorization.</p>	<p>\$0 copay per day for days 1-20 \$195 copay per day for days 21-40 \$0 copay per day for days 41-100</p>	<p>\$0 copay per day for days 1-20 \$203 copay per day for days 21-40 \$0 copay per day for days 41-100</p>
<p>Physical Therapy Physical therapy services are provided in various outpatient settings. One copay per date of service, per type of therapy. May require a referral from your PCP.</p>	<p>\$10 copay</p>	<p>\$10 copay</p>
<p>Ambulance Prior authorization is required for non-emergency transportation by ambulance.</p>	<p>Ground Ambulance: \$175 copay per one-way transport</p> <p>Emergency Air and Water Ambulance Transport: 20% coinsurance per one-way transport</p>	<p>Ground Ambulance: \$275 copay per one-way transport</p> <p>Emergency Air and Water Ambulance Transport: 20% coinsurance per one-way transport</p>
<p>Transportation</p>	<p>Not Covered</p>	<p>Not Covered</p>

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

Premiums and Benefits	Blue Best Life Classic (HMO) H0302-006 H0302-008	Blue Best Life Plus (HMO) H0302-001
	Maricopa, Pima, and Pinal Counties	Maricopa and Pinal Counties
<p>Acupuncture Services (Medicare Covered) Treatment for chronic low back pain. Must use American Specialty Health® (ASH) participating providers. May require prior authorization.</p>	\$10 copay	\$30 copay
<p>Acupuncture Services (Non-Medicare Covered) Plan covers routine care between chiropractic, acupuncture, and therapeutic massage per year.</p>	\$15 copay for 30 combined visits	\$15 copay for 30 combined visits
<p>Annual Physical Examination One exam per year. Typically includes tests such as a check of vital signs, measurement of height, weight, and blood pressure; and an inspection of the body.</p>	\$0 copay	\$0 copay
<p>Chiropractic Services (Medicare Covered) Manipulation of the spine to correct a subluxation (when one or more of the bones in your spine move out of position). May require prior authorization.</p>	\$10 copay	\$20 copay
<p>Chiropractic Services (Non-Medicare Covered) Plan covers routine care between chiropractic, acupuncture, and therapeutic massage per year.</p>	\$15 copay for 30 combined visits	\$15 copay for 30 combined visits

Premiums and Benefits	Blue Best Life Classic (HMO) H0302-006 H0302-008	Blue Best Life Plus (HMO) H0302-001
	Maricopa, Pima, and Pinal Counties	Maricopa and Pinal Counties
<p>Foot Care (Podiatry services) (Medicare-covered)</p> <p>Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions. Routine foot care (non-Medicare covered) is not covered.</p>	\$5 copay	\$25 copay
<p>Meals</p> <p>Plan may provide 14 meals per qualifying discharge from an authorized stay at an inpatient hospital, skilled nursing facility, or rehabilitation facility when arranged by Plan staff.</p> <p>Meal types include general wellness, lower sodium, heart friendly, diabetic friendly, renal friendly, gluten-free, vegetarian, cancer support, pureed, Halal and Kosher.</p>	Home delivery includes a single delivery of 14 refrigerated fresh meals by a designated vendor. Good for two weeks.	Home delivery includes a single delivery of 14 refrigerated fresh meals by a designated vendor. Good for two weeks.

Premiums and Benefits	Blue Best Life Classic (HMO) H0302-006 H0302-008	Blue Best Life Plus (HMO) H0302-001
	Maricopa, Pima, and Pinal Counties	Maricopa and Pinal Counties
<p>Medical Equipment / Supplies</p> <ul style="list-style-type: none"> • Durable Medical Equipment <ul style="list-style-type: none"> - wheelchairs, crutches, hospital bed, insulin pump, IV infusion pump, oxygen equipment, nebulizer, walker, therapeutic shoes or inserts • Prosthetic devices <ul style="list-style-type: none"> - braces, artificial limbs • Diabetes supplies <p>Separate office visit copay may apply if other services are rendered at the time of the visit.</p> <p>May require prior authorization.</p>	<p>Medically necessary durable medical equipment covered by Original Medicare: 20% coinsurance</p> <p>Prosthetic devices 20% coinsurance</p> <p>Medicare Covered diabetes monitoring supplies: \$0 copay for preferred brands 20% coinsurance for non-preferred brands</p> <p>Diabetes supplies and services are limited to Medicare preferred monitoring devices and supplies. Refer to your Evidence of Coverage for further details.</p>	<p>Medically necessary durable medical equipment covered by Original Medicare: 20% coinsurance</p> <p>Prosthetic devices 20% coinsurance</p> <p>Medicare Covered diabetes monitoring supplies: 0% coinsurance for preferred brands 20% coinsurance for non-preferred brands</p> <p>Diabetes supplies and services are limited to Medicare preferred monitoring devices and supplies. Refer to your Evidence of Coverage for further details.</p>

Premiums and Benefits	Blue Best Life Classic (HMO) H0302-006 H0302-008	Blue Best Life Plus (HMO) H0302-001
	Maricopa, Pima, and Pinal Counties	Maricopa and Pinal Counties
<p>Over-the-Counter (OTC) Products Quarterly flexible benefits allowance on a prepaid card to help you cover out of pocket expenses on health-related products. Quarterly balances do not roll over.</p> <p>Benefit dollars can be spent at participating retail locations. Visit azblue.com/medicare or call Member Outreach at 602-313-7135, TTY: 711, Monday - Friday, 8 am - 4:30 pm for locations and additional information.</p>	<p>\$75 quarterly allowance</p>	<p>\$50 quarterly allowance</p>
<p>Rehabilitation Services Outpatient occupational therapy and speech language therapy rehabilitation services are provided in various outpatient settings.</p> <p>Cardiac rehabilitation includes exercise, education, and counseling for members who meet certain conditions with a doctor’s order. The plan also covers intensive cardiac and pulmonary rehabilitation programs that are typically more rigorous or more intense than cardiac rehabilitation programs.</p> <p>No referral needed.</p> <p>May require prior authorization.</p>	<p>Copay per service type:</p> <p>Cardiac rehabilitation: \$0 copay</p> <p>Pulmonary rehabilitation: \$5 copay</p> <p>Intensive Cardiac: \$0 copay</p> <p>Occupational Therapy: \$10 copay</p> <p>Speech Language Therapy: \$10 copay</p>	<p>Copay per service type:</p> <p>Cardiac rehabilitation: \$20 copay</p> <p>Pulmonary rehabilitation: \$20 copay</p> <p>Intensive Cardiac: \$20 copay</p> <p>Occupational Therapy: \$10 copay</p> <p>Speech Language Therapy: \$10 copay</p>

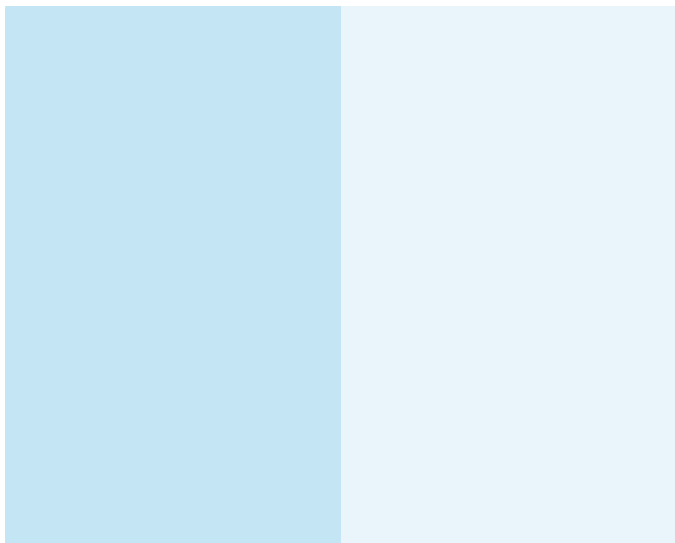
Premiums and Benefits	Blue Best Life Classic (HMO) H0302-006 H0302-008	Blue Best Life Plus (HMO) H0302-001
	Maricopa, Pima, and Pinal Counties	Maricopa and Pinal Counties
<p>Fitness Programs</p> <p>SilverSneakers® is more than a fitness program. It’s an opportunity to improve your health, gain confidence and connect with your community, at no additional cost with many Medicare plans. Whether you play tennis, swim laps, lift weights, visit the gym or take live classes from home, SilverSneakers has you covered. Movement and exercise are essential to your health, and SilverSneakers supports you in any way you decide to move:</p> <p>In participating fitness locations</p> <ul style="list-style-type: none"> • Thousands of participating locations¹ with various amenities • Ability to enroll at multiple locations at any time • SilverSneakers classes² designed for all levels and taught by instructors trained in senior fitness <p>In your community</p> <ul style="list-style-type: none"> • Group activities and classes² offered outside the gym • SilverSneakers Community Fitness classes, walking groups and workshop at parks, community centers and more • Events including shared meals, holiday celebrations and class socials <p>At home or on the go</p> <ul style="list-style-type: none"> • SilverSneakers LIVE virtual classes and workshops throughout the week • SilverSneakers On-Demand fitness classes available 24/7 • SilverSneakers GO mobile app with adjustable workout plans and more <p>Get started in 3 easy steps</p> <ol style="list-style-type: none"> 1. Go to SilverSneakers.com/StartHere to create an online account. 2. Log in to view your member ID number and take that to a participating location. 	<p>You pay nothing*</p>	<p>You pay nothing*</p>

3. Start a healthy routine with the support you need!
You can also enjoy virtual workouts online through your new account.

Questions? Visit [SilverSneakers.com](https://www.silversneakers.com) or call 1-888-423-4632 (TTY: 711) Monday through Friday, 8 a.m. to 8 p.m. ET.

¹ Participating locations (“PL”) not owned or operated by Tivity Health, Inc. or its affiliates. Use of PL facilities and amenities limited to terms and conditions of PL basic membership. Facilities and amenities vary by PL.

² Membership includes SilverSneakers instructor- led group fitness classes. Some locations offer Members additional classes. Classes vary by location.



Prescription Drug Benefits

Beginning in 2025, there are **three drug payment stages**: the Yearly Deductible Stage, the Initial Coverage Stage, and the Catastrophic Coverage Stage. The Coverage Gap Stage and the Coverage Gap Discount Program will no longer exist in the Part D benefit.

The Coverage Gap Discount Program will also be replaced by the Manufacturer Discount Program. Under the Manufacturer Discount Program, drug manufacturers pay a portion of the plan’s full cost for covered Part D brand name drugs and biologics during the Initial Coverage Stage and the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program do not count toward out-of-pocket costs.

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

Yearly Deductible	Initial Coverage Level	Catastrophic Coverage
<p>Some plans may include a yearly deductible</p> <p>There is no deductible</p>	<p>All plans: \$2,000</p> <p>The Initial Coverage Level is the member out-of-pocket cost.</p> <p>Once the member’s out-of-pocket costs reaches \$2,000, the member will then enter the Catastrophic Coverage Stage.</p>	<p>Once the member’s True Out-of-Pocket (TrOOP) costs reach \$2,000, the Catastrophic Coverage Stage begins.</p> <p>The member will pay nothing for the remainder of the year.</p> <p>You pay:</p> <p>Generic: \$0 copay</p> <p>Brand Name: \$0 copay</p>

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

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

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

TrOOP costs are the out-of-pocket costs (copay, coinsurance, and deductibles) paid by the member or certain others on the member's behalf during Stages 1 and 2. These costs count toward the member's Medicare drug plan annual out-of-pocket threshold of \$2,000. The TrOOP does not include premiums paid by member or the plan.

Also beginning in 2025, the **Medicare Prescription Payment Program** is a new payment option in the prescription drug law that works with your current drug coverage to help you manage your out-of-pocket Medicare Part D drug costs by spreading them across the calendar year (January-December). Anyone with a Medicare drug plan or Medicare health plan with drug coverage (like a Medicare Advantage Plan with drug coverage) can use this payment option. All health plans offer this payment option and participation is voluntary. If you select this payment option, each month you'll continue to pay your plan premium (if you have one), and you'll get a bill from your health or drug plan to pay for your prescription drugs (instead of paying the pharmacy). There's no cost to participate in the Medicare Prescription Payment Plan.

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

What You Pay as a Member of This Plan

Blue Best Life Classic (HMO)

(H0302-006)

(H0302-008)

\$0 Monthly Premium

Stage 1	Stage 2		Stage 3
<p>Yearly Deductible Stage</p> <p>Because we have no deductible, this payment stage does not apply to you.</p>	<p>Initial Coverage Stage</p> <p>Up to \$2,000 spent towards covered drugs – based on the total out-of-pocket costs</p>		<p>Catastrophic Coverage Stage</p> <p>This stage begins when your total out-of-pocket drug costs reach \$2,000</p>
	<p>30-Day Supply</p>	<p>Extended-Day Supply (Retail or Mail Order)</p>	
<p>Tier 1: Preferred Generic</p>	<p>\$0</p>	<p>\$0 (100-day supply)</p>	<p>Generic \$0</p>
<p>Tier 2: Generic</p>	<p>\$9</p>	<p>\$9 (100-day supply)</p>	
<p>Tier 3: Preferred Brand</p>	<p>\$47</p>	<p>\$141</p>	<p>Brand Name \$0</p>
<p>Tier 4: Non-Preferred Drug</p>	<p>\$100</p>	<p>\$300</p>	
<p>Tier 5: Specialty</p>	<p>33%</p>	<p>Not Offered</p>	
<p>Tier 6: Select Care Drugs</p>	<p>\$0</p>	<p>\$0</p>	

What You Pay as a Member of This Plan

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

\$28 Monthly Premium

Stage 1	Stage 2		Stage 3
<p>Yearly Deductible Stage</p> <p>Because we have no deductible, this payment stage does not apply to you.</p>	<p>Initial Coverage Stage</p> <p>Up to \$2,000 spent towards covered drugs – based on the total out-of-pocket costs</p>		<p>Catastrophic Coverage Stage</p> <p>This stage begins when your total out-of-pocket drug costs reach \$2,000</p>
	<p>30-Day Supply</p>	<p>Extended-Day Supply (Retail or Mail Order)</p>	
<p>Tier 1: Preferred Generic</p>	<p>\$0</p>	<p>\$0 (100-day supply)</p>	<p>Generic \$0</p>
<p>Tier 2: Generic</p>	<p>\$9</p>	<p>\$9 (100-day supply)</p>	
<p>Tier 3: Preferred Brand</p>	<p>\$47</p>	<p>\$141</p>	<p>Brand Name \$0</p>
<p>Tier 4: Non-Preferred Drug</p>	<p>\$100</p>	<p>\$300</p>	
<p>Tier 5: Specialty</p>	<p>33%</p>	<p>Not Offered</p>	
<p>Tier 6: Select Care Drugs</p>	<p>\$0</p>	<p>\$0</p>	

OptumRx is an independent company providing pharmacy mail order services.

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

Blue Cross[®], Blue Shield[®], and the Cross and Shield Symbols are registered service marks of the Blue Cross Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

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

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

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

SilverSneakers and the SilverSneakers shoe logotype are registered trademarks of Tivity Health, Inc. © 2024 Tivity Health, Inc. All rights reserved. Tivity Health, Inc. is an independent and separate company contracted with Blue Cross Blue Shield of Arizona (AZ Blue) to provide health and wellness services to AZ Blue members. The SilverSneakers program is not an insurance policy and does not provide insurance coverage.

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

Enrollment Request Form



An Independent Licensee of the Blue Cross Blue Shield Association

Who can use this form?

People with Medicare who want to join a Medicare Advantage Plan

To join a plan, you must:

- Be a United States citizen or be lawfully present in the U.S.
- Live in the plan's service area

Important: To join a Medicare Advantage Plan, you must also have both:

- Medicare Part A (Hospital Insurance)
- Medicare Part B (Medical Insurance)

When do I use this form?

You can join a plan:

- Between October 15–December 7 each year (for coverage starting January 1)
- Within 3 months of first getting Medicare
- In certain situations where you're allowed to join or switch plans

Visit **Medicare.gov** to learn more about when you can sign up for a plan.

What do I need to complete this form?

- Your Medicare Number (the number on your red, white, and blue Medicare card)
- Your permanent address and phone number

Note: You must complete all items in Section 1. The items in Section 2 are optional — you can't be denied coverage because you don't fill them out.

Reminders:

- If you want to join a plan during fall open enrollment (October 15–December 7), the plan must get your completed form by December 7.
- Your plan will send you a bill for the plan's premium. You can choose to sign up to have your premium payments deducted from your bank account or your monthly Social Security (or Railroad Retirement Board) benefit.

What happens next?

Send your completed and signed form to:

Blue Cross Blue Shield of Arizona
P.O. Box 29234
Phoenix, AZ 85038

Once they process your request to join, they'll contact you.

How do I get help with this form?

Call Blue Cross® Blue Shield® of Arizona (AZ Blue) at **1-888-274-0367**. TTY users can call **711**.

Or, call Medicare at **1-800-MEDICARE (1-800-633-4227)**. TTY users can call **1-877-486-2048**.

En español: Llame a Blue Cross® Blue Shield® of Arizona (AZ Blue) al **1-888-274-0367, TTY: 711** o a Medicare gratis al 1-800-633-4227 y oprima el 2 para asistencia en español y un representante estará disponible para asistirle.

Individuals experiencing homelessness

- If you want to join a plan but have no permanent residence, a Post Office Box, an address of a shelter or clinic, or the address where you receive mail (e.g., social security checks) may be considered your permanent residence address.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1378. The time required to complete this information is estimated to average 20 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

IMPORTANT

Do not send this form or any items with your personal information (such as claims, payments, medical records, etc.) to the PRA Reports Clearance Office. Any items we get that aren't about how to improve this form or its collection burden (outlined in OMB 0938-1378) will be destroyed. It will not be kept, reviewed, or forwarded to the plan. See "What happens next?" on this page to send your completed form to the plan.

Medicare Advantage (HMO)

Service area: Maricopa County, Pinal County, and Pima County Individual Enrollment Instructions



An Independent Licensee of the Blue Cross Blue Shield Association

Please complete the application using a black ballpoint pen.
All sections must be filled out and submitted for enrollment.

Medicare Advantage (HMO)
Service area: Maricopa County, Pinal County, and Pima County Individual Enrollment Form

To enroll, please provide all the information requested below.
REQUIRED: Please mark an "X" in the box next to the plan you wish to enroll in:

<p>Maricopa County and Pinal County</p> <p><input type="checkbox"/> Blue Best Life Classic (HMO) \$0 monthly premium (H0302-006)</p> <p><input type="checkbox"/> Blue Best Life Plus (HMO) \$28 monthly premium (H0302-001)</p>	<p>Pima County</p> <p><input type="checkbox"/> Blue Best Life Classic (HMO) \$0 monthly premium (H0302-008)</p>
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BlueCross BlueShield Arizona
An Independent Licensee of the Blue Cross Blue Shield Association

Please Provide Your Medicare Insurance Information

Please take out your red, white and blue Medicare I.D. card to complete this section.

- Fill out this information as it appears on your Medicare card.
- OR
- Attach a copy of your Medicare card or your letter from Social Security or the Railroad Retirement Board.

You must have Medicare Part A and Part B to join a Medicare Advantage plan.

Name: Jane L. Smith
(as it appears on your Medicare card)

Medicare Number X X X X- X X X- X X X X

Is Entitled To Effective Date (MM/DD/YYYY)

HOSPITAL (Part A) 01 / 01 / 2000

MEDICAL (Part B) 01 / 01 / 2000

LAST Name: <u>Smith</u>		FIRST Name: <u>Jane</u>		Middle Initial: <u>L.</u>	Mr. <input type="checkbox"/> Mrs. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Birth Date: <u>06 / 03 / 1933</u>		Sex: <input type="checkbox"/> M <input checked="" type="checkbox"/> F	Phone Number: <u>(602) 000-0000</u>		
Permanent Residence Street Address (P.O. Box is not allowed): <u>1234 West Street</u>				Apt. #: <u>203</u>	
City: <u>Phoenix</u>		State: <u>Arizona</u>		ZIP Code: <u>85000</u>	
County: <u>Maricopa</u>		Email Address: <u>jane.smith@yahoo.com</u>			
Mailing Address (only if different from your Permanent Residence Address): <u>P.O. Box 56789</u>				Apt. #: _____	
City: <u>Phoenix</u>		State: <u>Arizona</u>		ZIP Code: <u>85000</u>	
Alternate Contact: <u>Robert Smith</u>		Phone Number: <u>(602) 000-0000</u>		Relationship to you: <u>Brother</u>	

Please choose the name of a Primary Care Provider (PCP): _____
(FIRST Name) (LAST Name)

Is this your current Primary Care Provider? Yes No
Please note: if you do not provide the name of a PCP, one will be assigned for you by the plan.

Have you recently moved into the service area for the plan you selected above? Yes No
If yes, Date of Move ____/____/____

- STEPS:**
- A. Select the plan you wish to enroll in.**
 - B. Provide your Medicare Insurance Information as it appears on your red, white and blue Medicare I.D. card.**
 - C. Provide all personal information.**
 - D. The person to contact if we are unable to contact you.**
 - E. Provide the name of your Primary Care Provider (PCP). Without this information, your PCP will be automatically assigned for you by the plan.**

YOUR CHECK LIST

Please read the instructions and statements carefully. Please use this check list to make sure you've completed all required information.

- A. WHICH PLAN ARE YOU ENROLLING IN?** – Mark an “X” in the box next to the AZ Blue Medicare plan you wish to enroll in.
- B. MEDICARE NUMBER** – Please print your Medicare Number exactly as it is written on your Medicare Health Insurance Card or your letter from Social Security or the Railroad Retirement Board.
- C. PERSONAL INFORMATION** –
- **Name** – print your name exactly as it appears on your Medicare Health Insurance Card, even if there is an error. Errors need to be corrected with your local Social Security Administration Office. We will be notified of your corrected name by the Centers for Medicare and Medicaid Services (CMS).
 - **Permanent Street Address**- should be your current residence, where you presently live (P.O. Box Address is NOT allowed). You must live within the AZ Blue service area to join this plan.
 - **Mailing Address** (*if different from your Permanent Residence*) – an address where you receive your mail.
- D. ALTERNATE CONTACT** – Provide the name of a friend or relative, who does not reside with you, as an alternate contact should we be unable to reach you.
- E. PRIMARY CARE PROVIDER** – Please print the First and Last Name of your Primary Care Provider (PCP). If you do not complete this information, your PCP will be automatically assigned for you by the plan.

IMPORTANT INFORMATION – Read each statement carefully. If there is anything you do not understand, please contact AZ Blue at the phone number below, during the hours of operations listed below.

SIGNATURE – By signing your enrollment form, you agree to follow the plan rules and have an understanding of your member responsibilities. If you have any questions, please call us. **Sign your name as it is listed on your Medicare Health Insurance Card, and date the form.** Keep the Enrollment Receipt of the enrollment form for your records. In most cases, we will acknowledge the receipt of your application in writing before the effective date. If someone is assisting you in completing this form, please contact AZ Blue at the telephone numbers listed below for further instructions. If you have a representative that is completing this form on your behalf, your representative must be a Durable General Power of Attorney (DPOA) or court-ordered Legal Guardian to sign this form. Please provide a copy of the paperwork that shows that your representative is your DPOA or Legal Guardian. Lack of proof will not delay the processing of the application.

Mail the Individual Enrollment Form to:

Blue Cross Blue Shield of Arizona
P.O. Box 29234, Phoenix, AZ 85038

Contact us at:

1-888-274-0367, TTY: 711

We are available October 1 – March 31, seven days a week, 8 a.m. to 8 p.m.
(April 1 – September 30, Monday through Friday, 8 a.m. to 8 p.m.)

Or, visit our website at **azblue.com/medicare**

SCOPE OF SALES APPOINTMENT CONFIRMATION FORM

The Centers for Medicare & Medicaid Services (CMS) requires agents to document the scope of a marketing appointment prior to any one-on-one sales meeting to ensure understanding of what will be discussed between the agent and the Medicare beneficiary (or their authorized representative). All information provided on this form is confidential and should be completed by each person with Medicare or his/her authorized representative.

Please INITIAL below beside the type of product(s) you want the agent to discuss.

Medicare Advantage Plans (Part C) and Cost Plans

Medicare Health Maintenance Organization (HMO) — A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. In most HMOs, you can only get your care from doctors or hospitals in the plan's network (except in emergencies).

Medigap Plans (Medicare Supplement Plans)

Medigap — A Medigap policy is health insurance sold by private insurance companies to fill gaps in Original Medicare. Medigap policies can help you pay your share (coinsurance, copayments, or deductibles) of the cost of Medicare-covered services.

Dental/Vision/Hearing Products

Plans offering additional benefits for consumers who are looking to cover needs for dental, vision, or hearing. These plans are not affiliated or connected to Medicare.

By signing this form, you agree to a meeting with a sales agent to discuss the types of products you initialed above. Please note, the person who will discuss the products is either employed or contracted by a Medicare plan. They do not work directly for the Federal government. This individual may also be paid based on your enrollment in a plan.

Signing this form does NOT obligate you to enroll in a plan, affect your current enrollment, or enroll you in a Medicare plan.

Beneficiary or Authorized Representative Signature and Signature Date:

Signature

Date

If you are the authorized representative, please sign above and print below:

Representative's Name: _____

Your Relationship to the Beneficiary: _____

TO BE COMPLETED BY PLAN AGENT:	
Agent Name:	Agent Phone:
Beneficiary Name:	Beneficiary Phone (Optional):
Beneficiary Address (Optional):	
Initial Method of Contact: <input type="checkbox"/> Telephone <input type="checkbox"/> Walk-In <input type="checkbox"/> U.S. Mail <input type="checkbox"/> Email <input type="checkbox"/> Event <input type="checkbox"/> Other: _____	
Agent's Signature:	
Plan(s) the agent represented during this meeting:	
Date Appointment Completed:	
[Plan Use Only:] Agent, if the form was signed by the beneficiary at time of appointment, provide explanation why SOA was not documented prior to meeting:	

Scope of Appointment documentation is subject to CMS record retention requirements

Blue Cross Blue Shield of Arizona (AZ Blue) is contracted with Medicare to offer HMO and Medicare Advantage plans. Enrollment in AZ Blue plans depends on contract renewal.

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. We provide free aids and services to people with disabilities to communicate effectively with us, such as qualified interpreters and written information in other formats such as large print and accessible electronic formats. We also provide free language services to people whose primary language is not English, such as qualified interpreters and written information in other languages. If you need these services call **1-800-446-8331, TTY: 711.**

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-800-446-8331, TTY: 711.**

Navajo: Díí baa akó nínízin: Díí saad bee yánílti' go Diné Bizaad, saad bee áká' ánída' áwo' dęę, t'áá jiik'eh, éí ná hóló, kojí hódíílnih **1-800-446-8331, TTY: 711.**

Medicare Advantage (HMO)

Service area: Maricopa County, Pinal County, and Pima County Individual Enrollment Form



An Independent Licensee of the Blue Cross Blue Shield Association

To enroll, please provide all the information requested below.

REQUIRED: Please mark an "X" in the box next to the plan you wish to enroll in:

Maricopa County and Pinal County

- Blue Best Life Classic (HMO)
\$0 monthly premium (H0302-006)
- Blue Best Life Plus (HMO)
\$28 monthly premium (H0302-001)

Pima County

- Blue Best Life Classic (HMO)
\$0 monthly premium (H0302-008)

Please Provide Your Medicare Insurance Information

Please take out your red, white and blue Medicare I.D. card to complete this section.

- Fill out this information as it appears on your Medicare card.
- OR
- Attach a copy of your Medicare card or your letter from Social Security or the Railroad Retirement Board.

Name: _____
(as it appears on your Medicare card)

Medicare Number _____-_____-_____

Is Entitled To _____ Effective Date (MM/DD/YY)

HOSPITAL (Part A) _____/_____/_____

MEDICAL (Part B) _____/_____/_____

You must have Medicare Part A and Part B to join a Medicare Advantage plan.

LAST Name:		FIRST Name:		Middle Initial:	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.
Birth Date: M M / D D / Y Y		Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Home Phone Number: ()		Cell Phone Number: ()
Permanent Residence Street Address (P.O. Box is not allowed):					Apt. #:
City:	State:	ZIP Code:	County:		
Email Address:					
Mailing Address (only if different from your Permanent Residence Address): (PO Box Allowed)					Apt. #:
City:		State:	ZIP Code:		
Alternate Contact:		Cell Phone Number: ()		Relationship to you:	

By providing your email address, you are agreeing to receive email notifications from us, and by providing your cell phone number, you are agree to receive text message notifications from us, as applicable. We will always give you the opportunity to opt-out of future communications.

Please choose the name of a Primary Care Provider (PCP): _____
(FIRST Name) (LAST Name)

Is this your current Primary Care Provider? Yes No

Please note: if you do not provide the name of a PCP, one will be assigned for you by the plan.

Have you recently moved into the service area for the plan you selected above? Yes No

If yes, Date of Move _____/_____/_____ 43

Enrollee Name: _____ Plan Effective Date: _____

PLEASE READ AND ANSWER THESE IMPORTANT QUESTIONS

1. Some individuals may have other drug coverage, including other private insurance, TRICARE, Federal employee health benefits coverage, VA benefits, or State pharmaceutical assistance programs.

Will you have other Medicare Prescription Drug Coverage? Yes No

If "yes," please list your other coverage and your identification (ID) number(s) for this coverage:

Name of other coverage: _____

ID # for this coverage: _____ Group # for this coverage: _____

Plan Start Date for this coverage: ____ / ____ / ____

M M / D D / Y Y

Plan End Date for this coverage: ____ / ____ / ____

M M / D D / Y Y

2. Are you enrolled in your State Medicaid (AHCCCS) program? Yes No

If yes, please provide your Medicaid number: _____

3. Are you a resident in a long-term care facility, such as a nursing home? Yes No

If "yes," please provide the following information:

Name of Institution: _____

Phone Number of Institution: _____

Address (number and street): _____

Enrollee Name: _____ Plan Effective Date: _____

Typically, you may enroll in a Medicare Advantage plan only during the annual enrollment period from October 15 through December 7 of each year. There are exceptions that may allow you to enroll in a Medicare Advantage plan outside of this period.

Please read the following statements carefully and check the box if the statement applies to you. By checking any of the following boxes you are certifying that, to the best of your knowledge, you are eligible for an Enrollment Period. If we later determine that this information is incorrect, you may be disenrolled.

- I am new to Medicare.
- I am enrolled in a Medicare Advantage plan and want to make a change during the Medicare Advantage Open Enrollment Period (MA OEP).
- I recently moved outside of the service area for my current plan or I recently moved and this plan is a new option for me. I moved on (insert date) _____.
- I recently was released from incarceration. I was released on (insert date) _____.
- I recently returned to the United States after living permanently outside of the U.S. I returned to the U.S. on (insert date) _____.
- I recently obtained lawful presence status in the United States. I got this status on (insert date) _____.
- I recently had a change in my Medicaid (newly got Medicaid, had a change in level of Medicaid assistance, or lost Medicaid) on (insert date) _____.
- I recently had a change in my Extra Help paying for Medicare prescription drug coverage (newly got Extra Help, had a change in the level of Extra Help, or lost Extra Help) on (insert date) _____.
- I have both Medicare and Medicaid (or my state helps pay for my Medicare premiums) or I get Extra Help paying for my Medicare prescription drug coverage, but I haven't had a change.
- I am moving into, live in, or recently moved out of a Long-Term Care Facility (for example, a nursing home or long term care facility). I moved/will move into/out of the facility on (insert date) _____.
- I recently left a PACE program on (insert date) _____.
- I recently involuntarily lost my creditable prescription drug coverage (coverage as good as Medicare's). I lost my drug coverage on (insert date) _____.

Enrollee Name: _____ Plan Effective Date: _____

- I am leaving employer or union coverage on (insert date) _____.
- I belong to a pharmacy assistance program provided by my state.
- My plan is ending its contract with Medicare, or Medicare is ending its contract with my plan.
- I was enrolled in a plan by Medicare (or my state) and I want to choose a different plan. My enrollment in that plan started on (insert date) _____.
- I was enrolled in a Special Needs Plan (SNP) but I have lost the special needs qualification required to be in that plan. I was disenrolled from the SNP on (insert date) _____.
- I was affected by a Government Entity-Declared Disaster or Other Emergency (as declared by the Federal Emergency Management Agency (FEMA)). One of the other statements here applied to me, but I was unable to make my enrollment because of the natural disaster.

If none of these statements applies to you or you're not sure, please contact AZ Blue toll-free at **1-888-274-0367**, TTY: **711** to see if you are eligible to enroll. We are open October 1 – March 31, seven days a week, 8 a.m. to 8 p.m., April 1 – September 30, Monday through Friday, 8 a.m. to 8 p.m. Or, visit **azblue.com/medicare**.

Enrollee Name: _____ Plan Effective Date: _____

Do you currently have a Medicare Supplement plan? Yes No

I understand I am signing up with a Medicare Advantage Plan with a Part D pharmacy plan. I understand I cannot combine a Medicare Supplement or Medigap plan with a Medicare Advantage plan.

All fields in this section are optional

Answering these questions is your choice. You can't be denied coverage because you don't fill them out.

Are you Hispanic, Latino/a, or Spanish origin? Select all that apply.

No, not of Hispanic, Latino/a, or Spanish origin Yes, Mexican, Mexican American, Chicano/a
 Yes, Puerto Rican Yes, Cuban
 Yes, another Hispanic, Latino/a, or Spanish origin **I choose not to answer.**

What's your race? Select all that apply.

American Indian or Alaska Native Asian Indian Black or African American
 Chinese Filipino Guamanian or Chamorro
 Japanese Korean Native Hawaiian
 Other Asian Other Pacific Islander Samoan
 Vietnamese White **I choose not to answer.**

What is your gender? Select one.

Woman I use a different term: _____
 Man **I choose not to answer.**
 Non-binary

Which of the following best represents how you think of yourself? Select one.

Lesbian or gay I use a different term: _____
 Straight, that is, not gay or lesbian I don't know.
 Bisexual **I choose not to answer.**

Do you work? Yes No Does your spouse work? Yes No

I want to get the following materials via email. Select one or more.

Evidence of Coverage Formulary Provider Directory

E-mail address: _____

Select one if you want us to send you information in a language other than English.

Spanish

Select one if you want us to send you information in an accessible format.

Braille Large print Audio CD

Please contact AZ Blue at **1-800-446-8331, TTY: 711**, if you need information in an accessible format other than what's listed above. Our office hours are 8 a.m. to 8 p.m., daily from October 1 – March 31, and Monday through Friday from April 1 – September 30. TTY users can call **TTY: 711**

Enrollee Name: _____ Plan Effective Date: _____

PAYING YOUR PLAN PREMIUM AND/ OR LATE ENROLLMENT PENALTY

You can pay your monthly plan premium including any late enrollment penalty that you currently have or may owe, by Electronic Funds Transfer, credit card or by mail. **You can also choose to pay your premium and/or late enrollment penalty by automatic deduction from your Social Security or Railroad Retirement Board (RRB) benefit check each month.**

If you are assessed a Part D-Income Related Monthly Adjustment Amount (Part D-IRMAA), you will be notified by the Social Security Administration. You will be responsible for paying this extra amount in addition to your plan premium. You will either have the amount withheld from your Social Security benefit check or be billed directly by Medicare or RRB. **DO NOT pay AZ Blue the Part D-IRMAA.**

People with limited incomes may qualify for *Extra Help* to pay for their prescription drug costs. If eligible, Medicare could pay for 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and co-insurance. Additionally, those who qualify will not be subject to the coverage gap or a late enrollment penalty. Many people are eligible for these savings and don't even know it. For more information about this *Extra Help*, contact your local Social Security office, or call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778. You can also apply for *Extra Help* online at www.ssa.gov/medicare/part-d-extra-help.

If you qualify for *Extra Help* with your Medicare prescription drug coverage costs, Medicare will pay all or part of your plan premium. If Medicare pays only a portion of this premium, we will bill you for the amount that Medicare doesn't cover.

PRIVACY ACT STATEMENT

The Centers for Medicare & Medicaid Services (CMS) collects information from Medicare plans to track beneficiary enrollment in Medicare Advantage (MA) Plans, improve care, and for the payment of Medicare benefits. Sections 1851 of the Social Security Act and 42 CFR §§ 422.50 and 422.60 authorize the collection of this information. CMS may use, disclose and exchange enrollment data from Medicare beneficiaries as specified in the System of Records Notice (SORN) "Medicare Advantage Prescription Drug (MARx)", System No. 09-70-0588. Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.

**Please select premium/late enrollment penalty payment option below
(if you don't select a payment option, you will get a bill each month):**

- Electronic Funds Transfer (EFT) from your bank account each month. Please enclose a VOIDED check or provide the following:

Bank name: _____ Account type: Checking Savings

Bank routing number: _____ Bank account number: _____

- Get a monthly bill (You can pay your monthly bill with a check or call us to pay with a credit card)
- Automatic deduction from your monthly Social Security or Railroad Retirement Board (RRB) benefit check. I get monthly benefits from: Social Security RRB

(The Social Security/RRB deduction may take two or more months to begin after Social Security or RRB approves the deduction. In most cases, if Social Security or RRB accepts your request for automatic deduction, we will send you an invoice until the deductions from Social Security or RRB are approved, which can take two to three months. If Social Security or RRB does not approve your request for automatic deduction, we will continue to send you an invoice for your monthly premiums.)



PLEASE READ THIS IMPORTANT INFORMATION & SIGN BELOW

If you currently have health coverage from an employer or union, joining AZ Blue could affect your employer or union health benefits. You could lose your employer or union health coverage if you join AZ Blue. Read the communications your employer or union sends you. If you have questions, visit their website, or contact the office listed in their communications. If there isn't any information on whom to contact, your benefits administrator or the office that answers questions about your coverage can help.

By completing this enrollment application, I agree to the following:

1. AZ Blue is a Medicare Advantage plan and has a contract with the Federal government. I must keep both Hospital (Part A) and Medical (Part B) to stay in an AZ Blue plan. I can be enrolled in only one Medicare Advantage plan at a time, and I understand that my enrollment in this plan will automatically end my enrollment in another Medicare Advantage plan (exceptions apply for MA PFFS, MA MSA plans) or prescription drug plan. It is my responsibility to inform you of any prescription drug coverage that I have or may get in the future. Enrollment in this plan is generally for the entire year. Once I enroll, I may leave this plan or make changes only at certain times of the year when an enrollment period is available (**Example: October 15 – December 7 of every year**), or under certain special circumstances.
2. AZ Blue serves a specific service area. If I move out of the area that AZ Blue serves, I need to notify the plan so I can disenroll and find a new plan in my new area. Once I am a member of AZ Blue, I have the right to appeal plan decisions about payment or services if I disagree. I will read the Evidence of Coverage document from AZ Blue when I get it to know which rules I must follow to get coverage with this Medicare Advantage plan. I understand that people with Medicare aren't usually covered under Medicare while out of the country except for limited coverage near the U.S. border.
3. I understand that if I am getting assistance from a sales agent, broker, or other individual employed by or contracted with AZ Blue, he/she may be paid based on my enrollment in AZ Blue.
 - I must keep both Hospital (Part A) and Medical (Part B) to stay in AZ Blue.
 - By joining this Medicare Advantage, I acknowledge that AZ Blue will share my information with Medicare, who may use it to track my enrollment, to make payments, and for other purposes allowed by Federal law that authorize the collection of this information (see Privacy Act Statement below). Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.
 - I understand that when my AZ Blue coverage begins, I must get all of my medical and prescription drug benefits from AZ Blue. Benefits and services provided by AZ Blue and contained in my AZ Blue "Evidence of Coverage" document (also known as a member contract or subscriber agreement) will be covered. Neither Medicare nor AZ Blue will pay for benefits or services that are not covered.
 - The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.
 - I understand that my signature (or the signature of the person legally authorized to act on my behalf) on this application means that I have read and understand the contents of this application. If signed by an authorized representative (as described above), this signature certifies that:
 - 1) This person is authorized under State law to complete this enrollment, and
 - 2) Documentation of this authority is available upon request by Medicare



PLEASE READ THIS IMPORTANT INFORMATION & SIGN BELOW

Signature: X _____ **Today's Date:** _____

If you are the authorized representative, you must sign above and provide the following information:

Name: _____ Address: _____

Phone Number: (____) _____ Relationship to Enrollee: _____

Office Use Only:					
Member ID #:	_____	Plan Effective Date:	_____	ICEP/IEP:	_____
		AEP:	_____	OEP:	_____
SEP:	____ / SEP Reason:	_____	Not Eligible:	____	Enrollment Rep:
					Completed Date: _____

For Use by Agent/Broker:

Certified Agent Name (Print): _____ Agent/Broker #: _____

Broker of Record*: _____ Requested Effective Date: _____

Agent/Broker Signature: _____

Date Received: _____ Phone Number: _____

**Enter the Name of the Entity contracted with AZ Blue*

Enrollee Name: _____



An Independent Licensee of the Blue Cross Blue Shield Association

2025 Enrollment Receipt

Please use this as your temporary proof of coverage until Medicare has confirmed your enrollment, and you receive your member ID card. **This receipt is not a guarantee of enrollment.**

This copy is for your records only. Please do not resubmit enrollment.

Fill out this plan recap with your Licensed Sales Representative (if applicable). It will take you through some plan details to help you better understand your new plan.

Here are some details about your new plan:

Enrollee Name:			
Application Date:	My plan coverage begins (effective date):		
<p>My new plan name is:</p> <table border="0"> <tr> <td style="vertical-align: top;"> <p>Maricopa County and Pinal County</p> <p><input type="checkbox"/> Blue Best Life Classic (HMO) \$0 monthly premium (H0302-006)</p> <p><input type="checkbox"/> Blue Best Life Plus (HMO) \$28 monthly premium (H0302-001)</p> </td> <td style="vertical-align: top;"> <p>Pima County</p> <p><input type="checkbox"/> Blue Best Life Classic (HMO) \$0 monthly premium (H0302-008)</p> </td> </tr> </table>		<p>Maricopa County and Pinal County</p> <p><input type="checkbox"/> Blue Best Life Classic (HMO) \$0 monthly premium (H0302-006)</p> <p><input type="checkbox"/> Blue Best Life Plus (HMO) \$28 monthly premium (H0302-001)</p>	<p>Pima County</p> <p><input type="checkbox"/> Blue Best Life Classic (HMO) \$0 monthly premium (H0302-008)</p>
<p>Maricopa County and Pinal County</p> <p><input type="checkbox"/> Blue Best Life Classic (HMO) \$0 monthly premium (H0302-006)</p> <p><input type="checkbox"/> Blue Best Life Plus (HMO) \$28 monthly premium (H0302-001)</p>	<p>Pima County</p> <p><input type="checkbox"/> Blue Best Life Classic (HMO) \$0 monthly premium (H0302-008)</p>		
<p>My plan type is:</p> <p><input type="checkbox"/> HMO</p>	RxBIN: 610011 RxCPCN: CTRXMEDD RxGRP: BAZMAPD		
<p>Premium Information:</p> <p>My plan has a: \$ _____ monthly premium. I understand I must remain enrolled in Medicare Part A and Part B and must continue to pay my Medicare Part B premium, unless the state or another third party pays it for me.</p> <p>If I owe a Late Enrollment Penalty (LEP), it is not included in my premium and I will need to add it to my premium each month.</p>			
<p>I must live in the plan's service area. If I move out of the plan's service area for more than 6 months in a row, I will need to choose a new plan.</p>			
<p>I can cancel my enrollment in this plan before my coverage starts by calling Member Services at 480-937-0409 (in Arizona) or toll-free at 1-800-446-8331 (TTY users should call 711). We are open October 1 – March 31, seven days a week, 8 a.m. to 8 p.m.; April 1 – September 30, Monday through Friday, 8 a.m. to 8 p.m. Once my coverage starts, I may have to wait until the Annual Enrollment Period (Oct 15 – Dec 7) to make a plan change, unless I qualify for a Special Election Period.</p>			
<p>Call your Licensed Sales Representative if you have any questions:</p>			
Licensed Sales Representative Name and ID Number	Licensed Sales Representative Phone No.		

Multi-Language Insert

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-800-446-8331. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-800-446-8331. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-800-446-8331。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-800-446-8331。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-800-446-8331. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-800-446-8331. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-800-446-8331 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-800-446-8331. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-800-446-8331 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-800-446-8331. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-800-446-8331. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-800-446-8331 पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-800-446-8331. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-800-446-8331. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-800-446-8331. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-800-446-8331. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-800-446-8331 にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

Navajo: T'áa hait'éego da ats'íís baa'áhayá doodago azee' aanídaa'níí nihinaaltsoos bee hadadít'éhígíí bąqah na'ídikid nee hólóqogo da nihi éí ata' halne'í bee áka'anída'awo'í t'áa jíik'eh nihee hóló. Ata' halne'í ta' yíníkeedg kohjii' 1-800-446-8331 nihich'j' hodílnih. T'áa háida Bilagáana Bizaad yee yátti'ígíí ta' níká'iilyeed dooleet'. Díí t'áa jíik'eh bee níká'iilyeed dooleet'.

IMPORTANT INFORMATION:

2025 Medicare Star Ratings

Official U.S.
Government
Medicare
Information



Blue Cross Blue Shield of Arizona (AZ Blue) - H0302

For 2025, Blue Cross Blue Shield of Arizona (AZ Blue) - H0302 received the following Star Ratings from Medicare:

Overall Star Rating: ★★★★★☆
Health Services Rating: ★★★★★☆
Drug Services Rating: ★★★★★☆

Every year, Medicare evaluates plans based on a 5-star rating system.

Why Star Ratings Are Important

Medicare rates plans on their health and drug services.

This lets you easily compare plans based on quality and performance.

Star Ratings are based on factors that include:

- Feedback from members about the plan's service and care
- The number of members who left or stayed with the plan
- The number of complaints Medicare got about the plan
- Data from doctors and hospitals that work with the plan

More stars mean a better plan – for example, members may get better care and better, faster customer service.

The number of stars show how well a plan performs.

- ★★★★★ EXCELLENT
- ★★★★☆ ABOVE AVERAGE
- ★★★☆☆ AVERAGE
- ★★☆☆☆ BELOW AVERAGE
- ★☆☆☆☆ POOR

Get More Information on Star Ratings Online

Compare Star Ratings for this and other plans online at [Medicare.gov/plan-compare](https://www.medicare.gov/plan-compare).

Questions about this plan?

Contact Blue Cross Blue Shield of Arizona (AZ Blue) 7 days a week from 8:00 a.m. to 8:00 p.m. Mountain time at 800-422-0761 (toll-free) or 711 (TTY), from October 1 to March 31. Our hours of operation from April 1 to September 30 are Monday through Friday from 8:00 a.m. to 8:00 p.m. Mountain time. Current members please call 800-446- 8331 (toll-free) or 711 (TTY).

INFORMACION IMPORTANTE:

Calificación 2025 de Medicare con Estrellas

Blue Cross Blue Shield of Arizona (AZ Blue) - H0302

Información
oficial de
Medicare del
gobierno de los
Estados Unidos



En el 2025, Blue Cross Blue Shield of Arizona (AZ Blue) - H0302 recibió las siguientes calificaciones de Medicare con estrellas:

Calificación general por estrellas: ★★★★★☆
Calificación de los Servicios de Salud: ★★★★★☆
Calificación de los Servicios de Medicamentos: ★★★★★☆

Cada año, Medicare evalúa los planes basándose en un Sistema de Calificación por 5 estrellas.

Por qué la Calificación por Estrellas es importante

Medicare califica los planes en base a sus servicios de salud y medicamentos.

Esto le permite comparar fácilmente los planes en base a su calidad y desempeño.

La Calificación por Estrellas se basa en factores que incluyen:

- Opiniones y comentarios de miembros sobre el cuidado y el servicio que proporciona el plan
- El número de miembros que cancelaron o continuaron con el plan
- La cantidad de quejas que recibió Medicare sobre el plan
- Información proporcionada por médicos y hospitales que trabajan con el plan

Más estrellas significan un mejor plan – por ejemplo, los miembros pueden obtener un mejor cuidado y un mejor y más rápido servicio al cliente.

Obtenga más información sobre la Calificación por Estrellas en línea

Compare la Calificación por Estrellas de este y otros planes en línea en es.medicare.gov/plan-compare.

¿Preguntas sobre este plan?

Comuníquese con Blue Cross Blue Shield of Arizona (AZ Blue) 7 días a la semana de 8:00 a.m. a 8:00 p.m. hora de la Montaña a 800-422-0761 (número gratuito) o al 711 (TTY) del 1 de octubre al 31 de marzo. Nuestro horario de atención de 1 de abril al 30 de septiembre es lunes a viernes de 8:00 a.m. a 8:00 p.m. hora de la Montaña. Miembros actuales favor de llamar 800-446-8331 (número gratuito) o al 711 (TTY).

El número de estrellas indica qué tan bien funciona el plan.

★★★★★ EXCELENTE
 ★★★★★☆ SUPERIOR AL PROMEDIO
 ★★★☆☆ PROMEDIO
 ★★☆☆☆ DEBAJO DEL PROMEDIO
 ★☆☆☆☆ DEFICIENTE

Not a member yet?

Contact our Licensed Medicare Consultants:

1-888-274-0367, TTY: 711

Or contact your broker

Existing Members call:

480-937-0409 (in Arizona)

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

October 1 to March 31:
Seven days a week, 8 a.m. to 8 p.m.

April 1 to September 30:
Monday through Friday, 8 a.m. to 8 p.m.

[azblue.com/medicare](https://www.azblue.com/medicare)



An Independent Licensee of the Blue Cross Blue Shield Association