

BlueSelect HMO Plus Benefit Summary



An Independent Licensee of the Blue Cross and Blue Shield Association

EXCEPT FOR EMERGENCY SITUATIONS, NETWORK PROVIDERS MUST BE USED FOR SERVICES TO BE COVERED.

COST SHARE	
Calendar-Year Out-of-Pocket Maximum	\$2,500 per member.
How we calculate coinsurance and accumulations toward the out-of-pocket maximum	BCBSAZ calculates member coinsurance payments and accruals toward the out-of-pocket maximum based on the BCBSAZ allowed amount. We do not use a provider's billed charges. Many cost share payments do not count toward the out-of-pocket maximum. The only cost share payments that count toward the maximum are coinsurance for physical, speech, and occupational therapy, as well as certain other charges listed in the benefit book. A member must continue to pay all other cost share amounts even after meeting the maximum.

BENEFIT																
Physician Office Services Primary Care Physicians (PCP) include Family Practice, General Practice, Internal Medicine and Pediatrics. All other physicians are specialists.	<p style="text-align: center;"><u>Copay</u></p> <p>PCP: \$25 Specialist: \$40</p> <p>Copay applies per member, per provider, per day for most covered services provided in a physician's office. BCBSAZ does not require a PCP referral to see a specialist.</p>															
Preventive Services	BCBSAZ pays 100% of allowed amount for covered preventive services. Copays waived. Preventive services are those services performed for screening purposes when the member does not have active signs or symptoms of a condition, and does not include diagnostic tests performed because the member has a condition or an active symptom of a condition. The combination of the diagnosis and procedure codes submitted by the provider determines whether a service is preventive.															
Urgent Care	In Arizona: \$60 copay per member, per provider, per day at facilities specifically contracted for urgent care. Out-of-state: Call (800) 810-BLUE (2583) for help in finding the closest BlueCard network provider. Services obtained through a BlueCard provider are subject to the applicable cost share, depending on where services are provided. Precertification may be required for some services.															
Laboratory Services	In a physician's office, BCBSAZ pays 100% ; physician office visit copay waived, if the only services a member receives during the visit are laboratory services. For all other laboratory services, BCBSAZ pays 100% for covered services.															
Other Professional Services	BCBSAZ pays 100% for covered services. Other professional services include diagnostic, surgical and anesthesia services rendered outside the physician's office.															
Outpatient Facility Services other than Radiology	\$100 copay for outpatient surgery per member, per day. BCBSAZ pays 100% for all other covered outpatient services.															
Radiology Facility Services	In a physician's office , applicable office visit copay applies. \$100 copay per procedure type, per member, per provider, per day for CT, MRI, MRA and PET scans. Copays are waived for high tech radiology services performed while the member is inpatient at an acute hospital or while receiving treatment in the emergency room. For all other radiology services, BCBSAZ pays 100% for covered services.															
Inpatient – Hospital	\$250 copay per member, per day, for a maximum of three copays, per admission.															
Emergency	\$150 copay per member, per facility, per day. Emergency room copay is waived if member is admitted to the hospital.															
Ambulance	BCBSAZ pays 100% for covered services.															
Prescription Medications at Retail and Mail Order Pharmacy	<table border="1"> <thead> <tr> <th>Copay Levels</th> <th>Retail Pharmacy</th> <th>Mail Order</th> </tr> </thead> <tbody> <tr> <td>Level One</td> <td>\$ 15</td> <td>\$ 30</td> </tr> <tr> <td>Level Two</td> <td>\$ 35</td> <td>\$ 70</td> </tr> <tr> <td>Level Three</td> <td>\$ 65</td> <td>\$130</td> </tr> <tr> <td>Level Four</td> <td>\$120</td> <td>\$240</td> </tr> </tbody> </table>	Copay Levels	Retail Pharmacy	Mail Order	Level One	\$ 15	\$ 30	Level Two	\$ 35	\$ 70	Level Three	\$ 65	\$130	Level Four	\$120	\$240
Copay Levels	Retail Pharmacy	Mail Order														
Level One	\$ 15	\$ 30														
Level Two	\$ 35	\$ 70														
Level Three	\$ 65	\$130														
Level Four	\$120	\$240														
Maternity	<p>Physician: Office visits copay applies only to first prenatal visit.</p> <p>Hospital</p> <p>Inpatient: \$250 copay per member, per day, for a maximum of three copays, per admission.</p> <p>Outpatient: \$100 copay per procedure type, per member, per provider, per day for CT, MRI, MRA and PET scans.</p> <p>\$100 copay for outpatient surgery per member, per day. BCBSAZ pays 100% for all other covered outpatient hospital services.</p>															
Chiropractic	\$40 office visit copay per member, per provider, per day for most covered services provided in a chiropractor's office. Benefits are available for 12 medically necessary chiropractic visits to a chiropractic physician per member, per calendar year for treatment of neck and back pain. Services by a chiropractor must be provided and authorized exclusively by the chiropractic services administrator.															

BENEFIT	COST SHARE
Physical, Occupational & Speech Therapy	Physical/Occupational Therapy: BCBSAZ pays 100% for first 80 modalities or therapeutic services per member, per calendar year. Speech Therapy: BCBSAZ pays 100% for first 20 visits per member, per calendar year. After the first 80 modalities or 20 visits, BCBSAZ pays 50% , member pays 50% of the allowed amount up to the out-of-pocket maximum. After the out-of-pocket maximum is met, BCBSAZ pays 100% for covered services for the remainder of the calendar year. Group physical and occupational therapy is not covered.
Routine Vision Exams	\$25 copay for one routine vision exam per member, per calendar year. Cost share is waived for routine vision exams for members under age 5.
Behavioral/Mental Health Behavioral health services must be provided and authorized exclusively by the behavioral services administrator (BSA).	Inpatient: \$250 copay per member, per day, for a maximum of three copays, per admission. Outpatient: Unlimited psychotherapy and counseling; \$15 copay per member, per office visit. BCBSAZ pays 100% for covered outpatient services delivered outside the office.
Inpatient Extended Active Rehabilitation	\$250 copay per member, per day for a maximum of three copays per admission. Coverage is limited to 60 days per member, per calendar year.
Skilled Nursing Facility	\$250 copay per member, per day for a maximum of three copays per admission. Coverage is limited to 90 days per member, per calendar year.
Home Health and Infusion Limited to three two-hour visits per member per day.	BCBSAZ pays 100% for covered services.
Specialty Self-Injectable Medications Through Specialty Pharmacy For certain specified self-injectable prescription biologic medications. Specialty self-injectable medications are not covered under the home health or retail and mail order pharmacy benefit.	Level A: \$50 copay Level B: \$100 copay Level C: \$150 copay Level D: \$200 copay Please refer to azblue.com for a listing of specialty self-injectable medications and contracted specialty pharmacies or call BCBSAZ.
Bariatric Surgery (Inpatient and Outpatient)	\$1,000 copay per member, per surgery, plus inpatient hospital or outpatient surgery copay, depending on where surgery is performed.

IMPORTANT INFORMATION

Allowed Amount: All claims are processed using the BCBSAZ “Allowed Amount.” BCBSAZ reimbursement, member cost share payments, and accumulations toward the out of pocket maximum are calculated on the BCBSAZ Allowed Amount. The allowed amount is the total amount of reimbursement allocated to a covered service and includes both the BCBSAZ payment and the member cost share payment. The allowed amount is based on BCBSAZ or other fee schedules. It is not tied to and does not necessarily reflect a provider’s regular billed charges.

Network Providers: Except for emergencies and in limited circumstances where BCBSAZ has pre-authorized use of an out-of-network provider, members must use network providers or services will not be covered. Network providers are independent contractors exercising independent medical judgment and are not employees, agents or representatives of BCBSAZ. BCBSAZ has no control over any diagnosis, treatment or service rendered by any provider. Network providers are: (1) eligible providers who have an HMO contract with BCBSAZ; and (2) eligible providers located out-of-state and licensed in the United States who are contracted with an out-of-state Blue Cross and/or Blue Shield Plan (“Host Blue”) for emergency, urgent care and authorized follow-up care. Members who travel outside Arizona can access network providers through the BlueCard® program. Network providers will file member’s claims with BCBSAZ or the Host Blue plan. Network providers cannot charge more than the allowed amount for covered services.

Precertification: Some services and medications require precertification. Except for emergencies, urgent care, and maternity admissions, precertification is always required for inpatient admissions (acute care, behavioral health, long term acute care, extended active rehabilitation, and skilled nursing facilities) and specialty injectable medications. Precertification may be required for other covered services and medications. The member is responsible for making sure his or her physician obtains precertification approval if it is required. If precertification is not obtained, the member’s benefits may be denied or the member may be subject to a precertification charge. Information on precertification requirements, including a list of medications that require precertification, and the process for obtaining precertification is available on the BCBSAZ Web site at azblue.com or by calling BCBSAZ at (602) 864-4273 or (800) 232-2345, ext. 4273.

Medications and Prescriptions

- When the price BCBSAZ pays an in-network pharmacy for a medication is less than the member's cost-share, some pharmacies will charge the member the BCBSAZ price. However, most pharmacies will charge the member the retail price (if also less than the cost-share), rather than the BCBSAZ price. The member will not be required to pay more than the applicable cost-share for covered medications at an in-network pharmacy.
- BCBSAZ applies limitations to certain prescription medications obtained through the retail and mail order pharmacy benefit. A list of these medications and limitations is available online at azblue.com or by calling BCBSAZ. These limitations include, but are not limited to, quantity, age, gender and refill limitations. BCBSAZ prescription medication limitations are subject to change at any time without prior notice.

IMPORTANT WARNING

THIS IS ONLY A BRIEF SUMMARY OF THIS BENEFIT PLAN. MORE DETAILED INFORMATION REGARDING BENEFITS, LIMITATIONS AND EXCLUSIONS IS IN THE BENEFIT PLAN BOOKLET AND IS AVAILABLE PRIOR TO ENROLLMENT, ON REQUEST. IF THE TERMS OF THIS SUMMARY DIFFER FROM THE TERMS OF THE BENEFIT PLAN BOOKLET, THE TERMS OF THE BOOKLET CONTROL AND APPLY.

Exclusions and Limitations

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

- Abortions, except as stated in the benefit plan
- Activity therapy
- Acupuncture
- Alternative medicine, non-traditional and alternative medical therapies; interventions; services and procedures not commonly accepted as part of allopathic or osteopathic curriculum and practices; naturopathic and homeopathic medicine; diet therapies; aromatherapy
- For groups with 50 or less eligible employees: Autism spectrum disorders (ASD) – services related to treatment of ASD
- Benefit-specific exclusions and limitations listed in the benefit book under particular benefits
- Biofeedback and hypnotherapy, except as stated in the benefit plan
- Body art, piercing, tattooing and any related complications
- Certain types of inpatient and outpatient facility charges by: group homes, wilderness programs, boarding schools, halfway houses, assisted living centers or shelters. Inpatient and outpatient facility charges for residential treatment facilities except for certain, very limited situations based upon BCBSAZ medical necessity criteria.
- Charges associated with the preparation, copying or production of health records
- Cognitive and vocational therapy
- Complications of noncovered benefits
- Computer speech training and therapy programs and devices
- Cosmetic services and any related complications – surgery and any related complications, procedures, treatment, office visits, consultations and other services for cosmetic purposes. This exclusion does not apply to breast reconstruction following a medically necessary mastectomy.
- Counseling and behavioral modification services, except as stated in the benefit plan
- Court-ordered services, except as stated in the benefit plan
- Custodial care
- Dental, except as stated in the benefit plan
- Dietary and nutritional supplements, except as stated in the benefit plan
- Expenses for services that exceed benefit limitations
- Experimental or investigational services
- Fees other than for medically appropriate in-person, direct member services, except as stated in the benefit plan
- Fertility and infertility services, including reproductive and genetic services
- Flat feet
- Foot care, except as stated in the benefit plan
- Free services
- Genetic and chromosomal testing and screening
- Government services provided at no charge to the member through a governmental program or facility
- Growth hormone except as specified in the BCBSAZ Medical Coverage Guidelines, and growth hormone to treat Idiopathic Short Stature (ISS)
- Hearing services and devices, except as stated in the benefit plan
- Lifestyle education and management services, except as stated in the benefit plan
- Lodging and meals, except as stated in the benefit plan
- Maintenance Services – services rendered after a member has met functional goals; services rendered when no objectively measurable improvement is reasonably anticipated, services to prevent regression to a lower level of function, services to prevent future injury and services to improve or maintain posture
- Manipulations of the spine under anesthesia
- Massage therapy, except in limited circumstances as described in the BCBSAZ Medical Coverage Guidelines
- Medical equipment, supplies and medications sold on or through unregulated distribution channels as determined by BCBSAZ
- Medical marijuana and any costs or fees associated with obtaining medical marijuana
- Medications dispensed in certain settings – prescription medications given to the member by any person or entity that is not a licensed pharmacy, home health agency, specialty pharmacy or hospital emergency room
- Medications which are:
 - Not FDA approved
 - Not required by the FDA to be obtained with a prescription
 - Not used in accordance with the BCBSAZ Medical Coverage Guidelines
 - Used to treat a condition not covered by BCBSAZ
 - Off-label, unlabeled and orphan medications, except as stated in the benefit plan
- Neurofeedback
- Non-medically necessary services, as determined by BCBSAZ. BCBSAZ may not be able to determine medical necessity until after services are rendered
- Over-the-counter items, except as stated in the benefit plan
- Personal comfort items
- Reversal of sterilization
- Screening tests, except as stated in the benefit plan
- Services for Idiopathic Environmental Intolerance
- Services for sexual dysfunction, regardless of the cause and all medications for the treatment of sexual dysfunction
- Services for weight loss and gain, except as stated in the benefit plan
- Services from a family member – services that are provided by an eligible provider who is part of the member's immediate family as defined in the benefit plan. When a provider is also the covered person, services rendered by that provider for him/herself are excluded from coverage.
- Services from ineligible providers
- Services from noncontracted providers, except for emergencies
- Services paid for by other organizations
- Services provided after the member's coverage termination date, except as stated in the benefit plan
- Services provided by a proficient substitute for a professional caregiver
- Services provided prior to effective date
- Services related to or associated with noncovered services
- Services without a prescription, when a prescription is required
- Smoking cessation programs, medications, aids and devices except as stated in the benefit plan
- Spinal decompression or vertebral axial decompression therapy
- Strength training, except as stated in the benefit plan
- Telephonic and electronic consultations, except as stated in the benefit plan
- Therapy services, except as stated in the benefit plan
- Training and education, except as stated in the benefit plan
- Transplants and related services not precertified by BCBSAZ
- Transportation services and travel expenses, except as stated in the benefit plan
- Transsexual treatment, surgery, medications and related services
- Vision therapy; all types of refractive keratoplasties; any other procedures, treatments and devices for refractive correction; eyeglasses and contact lenses; vision examinations for fitting of eyeglasses and contact lenses, except as stated in the benefit plan
- Vitamins, except as stated in the benefit plan
- Workers' Compensation – illnesses or injuries covered by Workers' Compensation, unless the member is exempt from such coverage or has made a statutory opt-out election



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