



Individual Portability Coverage

Coverage for Eligible Individuals
Terminating from Group Health Coverage



An Independent Licensee of the Blue Cross and Blue Shield Association

azblue.com

Individual Portability Coverage

Individual Portability Coverage is offered by Blue Cross Blue Shield of Arizona (BCBSAZ) to certain eligible individuals who are terminating or losing their group health coverage. If you meet the criteria, you are eligible for coverage without medical underwriting or pre-existing condition waiting periods. This individual coverage will have different benefits and rates than your prior group coverage.

To qualify for Individual Portability Coverage, specific criteria must be met

This brochure includes information that will help determine if you or your dependents qualify for this coverage. In addition, this brochure contains information on the types of coverages offered, rates and instructions on how to apply for coverage.

How to determine eligibility

Listed below are the criteria you must meet to qualify for Individual Portability Coverage. *Every person* who applies for Individual Portability Coverage must meet *ALL* of the following criteria:

- Your most recent health insurance coverage was a group health plan provided through an employer with two or more employees. This includes continuation coverage under the group plan.
- You must have had at least 18 months of prior health insurance coverage. This includes *any combination* of the following: group health coverage (insured or self-insured), individual health coverage, Medicare, Medicaid, a federal or state public health plan, including but not limited to, AHCCCS and public health plans provided by a foreign government, TRICARE, a health benefits risk pool, the Peace Corps, Bonafide Association, Indian Health Services, a high-risk insurance pool or Federal Employee Health Benefits Plan or the State Children's Health Insurance program (SCHIP).

Your coverage may have been through multiple health plans, employers or insurance carriers over the 18-month period. The only exception for *not* having 18 months of prior coverage is in the case of a newborn, newly adopted child or child placed for adoption.

- In the last 18 months, you did not have a break in coverage that lasted more than 63 days. Insurance waiting periods required by your employer are not counted toward the 63-day break in coverage.
- You are not eligible for other group health insurance, Medicare, Medicaid or AHCCCS.
- You are not covered under any other health insurance.
- If your employer offered continuation coverage under the group plan (COBRA), or your state offered continuation coverage (mini-COBRA), you must have accepted this coverage and exhausted it. If you are a federal employee, you must have accepted TCC (temporary continuation coverage) and exhausted it. The only exception allowed is if the employer or state discontinued coverage for any reason other than your misrepresentation and fraud.

You are not required to exhaust COBRA coverage if you move from the service area of an HMO or similar type of plan and there are no other COBRA benefits available.

- You must be a resident of Arizona.

Dependents may be enrolled separately, without a parent or spouse.

Plan Offerings and Rates

For eligible individuals, BCBSAZ offers two Preferred Provider Organization (PPO) options: a \$250 deductible BlueOptimum plan and a \$2,000 deductible BlueValue plan. Please refer to the rates and benefit summary in this brochure for more information on each option.

How to Enroll in Individual Portability Coverage

If you believe you may be eligible, you may apply for coverage by filling out the Individual Portability Coverage Application. Return the application to BCBSAZ at the address indicated on the application.

To ensure no interruption in coverage, your application for portability coverage must be received before your group or COBRA coverage ends. For you to remain eligible for Individual Portability Coverage, your application for portability coverage must be received no more than 63 days after your group or COBRA coverage ends.

Once eligibility is verified, the effective date of coverage will be the day after your group or COBRA coverage terminates, as long as your application is received before that date.

If your application is received after your group coverage terminates, you have not purchased any other type of coverage (e.g., a short term individual plan), and eligibility has been verified, your effective date of coverage will be whatever date you specify on your application that is after the application date, but not longer than 63 days since your last coverage.

Also, if you would like your premiums deducted automatically from your checking or savings account, complete the Sure Pay Authorization form available online at azblue.com or by calling BCBSAZ and send it with your application.

Important Information about Individual Portability Coverage

- If you are eligible for Individual Portability Coverage, please be aware that your eligibility will end if you purchase any other type of health coverage, such as short-term individual coverage or individual coverage, to fill a gap between the end of group coverage and the start of Individual Portability Coverage.

The last coverage held before enrolling in the portability plan must be group coverage.

- Generally, all individual insurers are required to offer Individual Portability Coverage.
- BCBSAZ will request a certificate of creditable coverage to determine eligibility for a portability plan. If you do not have a certificate of coverage from your previous insurer, we will verify your previous coverage based upon the information supplied on the Individual Portability Coverage Application.

If you want to consider a medically underwritten plan...

You may want to review the BCBSAZ Individual Health Plans brochure and consider applying for one of the BCBSAZ plans with rates that require medical underwriting. To apply for one of these plans, you need to fill out the Individual Application, including an Evidence of Insurability form that asks for medical history information from each person requesting coverage. BCBSAZ will review your medical history to determine if you meet our medical underwriting guidelines and are approved for the requested coverage. If approved, you could receive coverage with considerably lower monthly premiums than the Portability plan rates.

If you are eligible for Individual Portability Coverage, you may enroll in either the BlueOptimum or BlueValue portability option while we process your application for underwritten coverage at the lower rates. Because the underwriting process may take more than 63 days, eligible individuals should purchase Individual Portability Coverage while going through underwriting. If approved, your underwritten policy and adjusted rate will be effective on the date you specify on the application following the date of underwriting approval.

If you are considering applying for an underwritten plan with lower rates, one important point to consider is that our underwritten policies may have a waiting period for pre-existing conditions or normal maternity services. If your last coverage was with BCBSAZ and you have not had a lapse in coverage, you will receive credit for any pre-existing condition waiting period met under your previous policy. Please review the policies regarding pre-existing conditions of the individual health plans brochure before applying for an underwritten policy.

Questions?

If you have any questions about Individual Portability Coverage, please call BCBSAZ.

Phoenix area:
(602) 864-4899

Outside Phoenix (toll-free):
(877) 864-4899

Monthly Premiums

STATEWIDE (except Pima County)

AGE RANGE	BlueOptimum PPO \$250 Deductible		BlueValue PPO \$2,000 Deductible	
	Male	Female	Male	Female
<2	\$1,792	\$1,792	\$ 844	\$ 844
2-6	665	665	313	313
7-10	558	558	263	263
11-14	581	581	274	274
15-17	689	871	325	410
18-24	727	988	342	465
25-29	768	1,054	362	497
30-34	880	1,210	415	570
35-39	1,027	1,286	484	606
40-44	1,307	1,535	616	723
45-49	1,729	1,930	814	909
50-54	2,241	2,199	1,056	1,036
55-59	2,826	2,590	1,331	1,220
60-64	3,428	3,155	1,615	1,486
1 dependent child	\$ 741		\$ 349	
2 dependent children	1,467		691	
3+ dependent children	2,185		1,029	

PIMA COUNTY

AGE RANGE	BlueOptimum PPO \$250 Deductible		BlueValue PPO \$2,000 Deductible	
	Male	Female	Male	Female
<2	\$1,612	\$1,612	\$ 760	\$ 760
2-6	599	599	282	282
7-10	502	502	236	236
11-14	523	523	246	246
15-17	620	784	292	369
18-24	654	889	308	419
25-29	691	949	326	447
30-34	792	1,089	373	513
35-39	924	1,157	435	545
40-44	1,176	1,382	554	651
45-49	1,556	1,737	733	818
50-54	2,017	1,979	950	933
55-59	2,543	2,331	1,198	1,098
60-64	3,085	2,839	1,454	1,338
1 dependent child	\$ 667		\$ 314	
2 dependent children	1,320		622	
3+ dependent children	1,967		927	

PPO family coverage: Unmarried dependent children enrolled with a parent can be covered at the dependent child rate up to age 30.

Child-only coverage: Children can be covered without a parent through 18 years. Each child will receive a separate rate based upon his/her age, sex and residence.

Note: Rates on this premium summary are not guaranteed and are subject to change.

Individual Portability Coverage – PPO

Provider Information – Out-of-pocket costs will differ depending on which type of provider is selected.

In-Network Providers In-network providers have a contract with BCBSAZ. Members pay lower out-of-pocket costs when they receive covered services from in-network providers. In-network providers will file members' claims with BCBSAZ. In-network providers are independent contractors exercising independent medical judgment and are not employees, agents or representatives of BCBSAZ. In-network providers are also available outside Arizona through the BlueCard® program. To locate BlueCard PPO providers, call (800) 810-BLUE or check the BlueCard Doctor and Hospital Finder at bcbs.com.

Out-Of-Network Providers Out-of-network providers have no contract with BCBSAZ. Members pay higher out-of-network costs when they receive covered services from out-of-network providers. Out-of-network providers are not obligated to file members' claims.

BCBSAZ has no control over any diagnosis, treatment or service rendered by any provider.

Allowed Amount The allowed amount is the amount of reimbursement allocated to a covered service. For most claims, BCBSAZ bases the allowed amount on the lesser of a provider's billed charges or the applicable BCBSAZ fee schedule, including any contractual arrangements BCBSAZ has negotiated with an in-network provider. For claims from out-of-state providers, BCBSAZ generally bases the allowed amount on the lesser of the provider's billed charges or the contractual price negotiated by the Blue plan in the state where services were rendered. For emergency services provided by an out-of-network provider, either in Arizona or out-of-state, BCBSAZ bases the allowed amount on billed charges. The allowed amount includes any BCBSAZ payment plus any member cost-sharing.

For in-network providers, BCBSAZ reimburses the provider the allowed amount, minus any portion allocated to member cost-share. For out-of-network providers, BCBSAZ reimburses the member the allowed amount, minus any portion allocated to member cost-share.

The allowed amount is the figure that BCBSAZ uses to calculate any deductible or coinsurance and to accumulate toward any out-of-pocket coinsurance maximum. The allowed amount does not include access fees, precertification charges and any balance bills from out-of-network providers.

Balance Bills The balance bill refers to the amount members may be charged for the difference between an out-of-network provider's billed charges and the allowed amount ("balance bill"). Balance bills can be substantial.

In-network providers have agreed to accept the allowed amount for covered services. They will not charge members for the balance bill. They will collect only the member's cost-share portion, such as deductible, coinsurance or copay amounts. However, when there is another source of payment, such as a liability insurer or government payer, in-network providers may be entitled to collect their balance bill from the other source or from proceeds received from the other source.

Out-of-network providers have no obligation to accept the allowed amount as payment in full. **All out-of-network providers may bill you up to their full billed charges.** Members are responsible for paying up to an out-of-network provider's billed charges for covered services, even though BCBSAZ will reimburse members' claims based on the allowed amount, less any deduction for the member's cost share portion. Depending on what billing arrangements members make with an out-of-network provider, the provider may charge members for full billed charges at the time of service or seek to balance bill members for the difference between billed charges and the amount of BCBSAZ reimbursement. The balance bill may be substantial. Any amounts paid for balance bills do not count toward deductible, coinsurance or the out-of-pocket coinsurance maximum.

Individual Portability Coverage PPO PLANS Benefit Summary

These plans are available for issuance effective October 1, 2008

	IN-NETWORK PROVIDER	OUT-OF-NETWORK PROVIDER*																		
<p>Deductible (Calendar-year) Copays and access fees are not applied toward the deductible. In-network deductibles are accumulated separately from out-of-network deductibles. Deductibles must be met for all covered services unless otherwise stated.</p>	<table> <thead> <tr> <th></th> <th><u>Per member</u></th> <th><u>Family</u></th> </tr> </thead> <tbody> <tr> <td>Blue Optimum:</td> <td>\$ 250</td> <td>\$ 500</td> </tr> <tr> <td>BlueValue:</td> <td>\$2,000</td> <td>\$6,000</td> </tr> </tbody> </table>		<u>Per member</u>	<u>Family</u>	Blue Optimum:	\$ 250	\$ 500	BlueValue:	\$2,000	\$6,000	<table> <thead> <tr> <th></th> <th><u>Per member</u></th> <th><u>Family</u></th> </tr> </thead> <tbody> <tr> <td>BlueOptimum:</td> <td>\$ 750</td> <td>\$1,500</td> </tr> <tr> <td>BlueValue:</td> <td>\$2,500</td> <td>\$7,500</td> </tr> </tbody> </table>		<u>Per member</u>	<u>Family</u>	BlueOptimum:	\$ 750	\$1,500	BlueValue:	\$2,500	\$7,500
	<u>Per member</u>	<u>Family</u>																		
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<p>Coinsurance This is a percentage you must pay for covered services after meeting the calendar-year deductible. You will pay a higher coinsurance percentage when using an out-of-network provider. Coinsurance is based on the allowed amount and not on a provider's billed charges.</p>	<p>BlueOptimum: BCBSAZ pays 80%, you pay 20% (80%/20%) of the allowed amount for most covered services, after meeting deductible, unless a different coinsurance percentage is indicated.</p> <p>BlueValue: BCBSAZ pays 70%, you pay 30% (70%/30%) of the allowed amount for most covered services, after meeting deductible, unless a different coinsurance percentage is indicated.</p>	<p>BlueOptimum: BCBSAZ pays 60%, you pay 40% (60%/40%) of the allowed amount for most covered services, after meeting deductible, unless a different coinsurance percentage is indicated.</p> <p>BlueValue: BCBSAZ pays 50%, you pay 50% (50%/50%) of the allowed amount for most covered services, after meeting deductible, unless a different coinsurance percentage is indicated.</p>																		
<p>Out-of-Pocket Coinsurance Maximum (Calendar-year) The in-network out-of-pocket coinsurance maximum is accumulated separately from the out-of-network out-of-pocket coinsurance maximum.</p>	<p>BlueOptimum: \$2,500 per member BlueValue: \$3,000 per member</p>	<p>BlueOptimum: \$5,000 per member BlueValue: \$6,000 per member</p>																		
<p>Physician Services – Office Visits Primary care physicians (PCP) include internal medicine, family practice, general practice and pediatrics. All other physicians are specialists.</p> <p>Deductible and coinsurance apply to services rendered by radiologists or pathologists.</p>	<p>BlueOptimum PCP: \$25 copay Specialist: \$50 copay Office visit copay, per member, per provider, per day for most covered services performed in a physician's office. 80%/20% after meeting deductible for other covered services.</p> <p>BlueValue PCP: \$25 copay applies to PCP office visits up to the \$160 annual copay dollar limit¹ per member for services received in a PCP's office. After the PCP \$160 annual copay dollar limit per member has been reached, deductible and 70%/30% coinsurance apply to covered services received in a PCP's office for the remainder of the calendar year. Specialist: 70%/30% after meeting deductible. Deductible and coinsurance also apply to physical, occupational and speech therapy.</p>	<p>BlueOptimum: 60%/40% after meeting deductible.</p> <p>BlueValue: 50%/50% after meeting deductible.</p>																		
<p>Urgent Care</p>	<p>BlueOptimum and BlueValue: \$60 copay per member, per provider, per day at facilities specifically contracted for urgent care.</p>	<p>BlueOptimum: 60%/40% after meeting deductible. BlueValue: 50%/50% after meeting deductible.</p>																		

Individual Portability Coverage PPO PLANS Benefit Summary

	IN-NETWORK PROVIDER	OUT-OF-NETWORK PROVIDER*															
<p>Preventive Services</p> <ul style="list-style-type: none"> • Certain Screening Services • Immunizations • Routine Physicals • Mammography <p>Deductible and coinsurance apply to services rendered by radiologists or pathologists.</p>	<p>BlueOptimum: \$25 or \$50 copay per member, per provider, per day for covered services provided in a physician's office, depending on whether services are received from a PCP or specialist. 80%/20% for covered services provided outside the physician's office.</p> <p>BlueValue: PCP office visit copay or 70%/30% depending on whether services are received from a PCP or specialist and whether the member has reached the PCP \$160 annual copay dollar limit¹.</p> <p style="text-align: center;">The deductible does not apply to covered preventive care services.</p> <p>Preventive services are those services performed for screening purposes when the member does not have active signs or symptoms of a condition. Preventive services do not include diagnostic tests performed because the member has a condition or an active symptom of a condition. This is determined by the diagnosis submitted by your provider.</p>	<p>BlueOptimum: 60%/40% deductible waived for mammography; all other preventive services not covered.</p> <p>BlueValue: 50%/50% deductible waived for mammography; all other preventive services not covered.</p>															
<p>Laboratory Services</p> <p>Deductible and coinsurance apply to services rendered by pathologists.</p>	<p>BlueOptimum: In a physician's office, BCBSAZ pays 100%, office visit copay waived, if the only services you receive during your visit are laboratory services. At contracted, freestanding, independent clinical labs, BCBSAZ pays 100% for covered services, deductible and coinsurance waived. At all other facilities, 80%/20%, after meeting deductible.</p> <p>BlueValue: In a physician's office, PCP office visit copay is waived if the only services you receive during your visit are laboratory services. At contracted, freestanding, independent clinical labs, BCBSAZ pays 100% for covered services, deductible and coinsurance waived. At all other facilities and at a PCP's office once the annual copay dollar limit¹ is reached, 70%/30% after meeting deductible.</p>	<p>BlueOptimum: 60%/40% after meeting deductible.</p> <p>BlueValue: 50%/50% after meeting deductible.</p>															
<p>Other Professional Services</p>	<p>BlueOptimum: 80%/20% after meeting deductible. BlueValue: 70%/30% after meeting deductible.</p> <p>Other professional services include diagnostic, surgical and anesthesia services rendered outside the physician's office.</p>	<p>BlueOptimum: 60%/40% after meeting deductible. BlueValue: 50%/50% after meeting deductible.</p>															
<p>Prescription Medications at Retail and Mail Order Pharmacy²</p> <p>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 the BCBSAZ Prescription Benefits Unit. These limitations include, but are not limited to, quantity, age and gender limitations. BCBSAZ prescription medication limitations are subject to change at any time without prior notice.</p>	<p>BlueOptimum: There is a \$250 prescription deductible per member, per calendar year for Level 2, 3, and 4 prescription medications. BlueValue: There is a \$500 prescription deductible per member, per calendar year for Level 2, 3, and 4 prescription medications.</p> <p>The deductible does not apply to Level 1 medications. Amounts applied to the prescription deductible do not count toward any other plan deductible.</p> <p>BlueOptimum and BlueValue:</p> <table border="0"> <thead> <tr> <th></th> <th><u>Retail pharmacy copay</u></th> <th><u>Mail order copay</u></th> </tr> </thead> <tbody> <tr> <td>Level 1:</td> <td>\$ 15</td> <td>\$ 15</td> </tr> <tr> <td>Level 2:</td> <td>\$ 30</td> <td>\$ 70</td> </tr> <tr> <td>Level 3:</td> <td>\$ 65</td> <td>\$195</td> </tr> <tr> <td>Level 4:</td> <td>\$ 120</td> <td>\$360</td> </tr> </tbody> </table> <p>If a contracted pharmacy's regular price for a prescription medication is less than your copay, some pharmacies may charge you the lower price. You will never have to pay more than your copay at a contracted pharmacy. When you fill a prescription at a noncontracted retail pharmacy, in addition to the applicable prescription medication copay, you are also responsible for the balance bill.</p> <p>Mail order is only available through the in-network mail order provider. Mail order is not covered through a noncontracted provider.</p>		<u>Retail pharmacy copay</u>	<u>Mail order copay</u>	Level 1:	\$ 15	\$ 15	Level 2:	\$ 30	\$ 70	Level 3:	\$ 65	\$195	Level 4:	\$ 120	\$360	
	<u>Retail pharmacy copay</u>	<u>Mail order copay</u>															
Level 1:	\$ 15	\$ 15															
Level 2:	\$ 30	\$ 70															
Level 3:	\$ 65	\$195															
Level 4:	\$ 120	\$360															

	IN-NETWORK PROVIDER	OUT-OF-NETWORK PROVIDER*
Inpatient Hospital³	BlueOptimum: 80%/20% after meeting deductible. BlueValue: 70%/30% after meeting deductible.	BlueOptimum: 60%/40% after meeting deductible. BlueValue: 50%/50% after meeting deductible.
Outpatient Services	BlueOptimum: 80%/20% after meeting deductible. BlueValue: 70%/30% after meeting deductible.	BlueOptimum: 60%/40% after meeting deductible. BlueValue: 50%/50% after meeting deductible.
Emergency	BlueOptimum: \$150 access fee per member, per provider, per day, then BCBSAZ pays 80%, you pay 20% after meeting deductible; emergency room access fee is waived if you are admitted to the hospital. BlueValue: \$150 access fee per member, per provider, per day, then BCBSAZ pays 70%, you pay 30% after meeting deductible; emergency room access fee is waived if you are admitted to the hospital.	
Maternity – Complications of Pregnancy Only	BlueOptimum: 80%/20% after meeting deductible. BlueValue: 70%/30% after meeting deductible.	BlueOptimum: 60%/40% after meeting deductible. BlueValue: 50%/50% after meeting deductible.
Physical, Occupational and Speech Therapy	BlueOptimum: 80%/20% after meeting deductible. BlueValue: 70%/30% after meeting deductible.	BlueOptimum: 60%/40% after meeting deductible. BlueValue: 50%/50% after meeting deductible.
Chiropractic	BlueOptimum: \$50 copay per member, per provider, per day for most covered services performed in a chiropractor's office. 80%/20% after meeting deductible for other covered services such as physical therapy. BlueValue: 70%/30% after meeting deductible.	BlueOptimum: 60%/40% after meeting deductible. BlueValue: 50%/50% after meeting deductible.
Vision Exams (Routine)	BlueOptimum and BlueValue: \$25 copay for one routine eye exam per member, per calendar year.	BlueOptimum and BlueValue: Reimbursement up to \$25 for one routine eye exam per member per calendar year.
Ambulance Services	BlueOptimum: 80%/20%, deductible waived. BlueValue: 70%/30%, deductible waived.	
Behavioral and Mental Health Services³ Cost sharing for behavioral/mental health does not apply to any out-of-pocket coinsurance maximum. Both in-network and out-of-network admissions count toward the 2-admission, 30-day limit.	BlueOptimum and BlueValue Outpatient: You may choose in-network or out-of-network providers or the behavioral services administrator ⁴ (BSA). BSA: \$15 copay per visit for psychotherapy and counseling. In-network and out-of-network providers: BCBSAZ pays 50%, you pay 50% after meeting deductible, with a maximum of 20 psychological sessions per member, per calendar year. Inpatient: Two admissions per member, per calendar year, up to a combined total of 30 days. BlueOptimum facility: 80%/20% after meeting deductible. BlueOptimum facility: 50%/50% after meeting deductible. BlueValue facility: 70%/30% after meeting deductible. BlueValue facility: 50%/50% after meeting deductible. Inpatient professional services: 50%/50% after meeting deductible. \$25,000 per member plan maximum for all services (except from BSA) while the contract is in force.	
Inpatient Rehabilitation Services³ Both in-network and out-of-network admissions count toward the 120-day per member calendar-year limit.	BlueOptimum: 80%/20% after meeting deductible, for up to 60 days. BlueValue: 70%/30% after meeting deductible, for up to 60 days. BlueOptimum and BlueValue: After 60 days, BCBSAZ pays 50%, you pay 50% up to an additional 60 days which will not count toward any out-of-pocket coinsurance maximum. Coverage is limited to 120 days per member, per calendar year.	BlueOptimum: 60%/40% after meeting deductible, for up to 60 days. BlueValue: 50%/50% after meeting deductible, for up to 60 days. BlueOptimum and BlueValue: After 60 days, BCBSAZ pays 50%, you pay 50% up to an additional 60 days which will not count toward any out-of-pocket coinsurance maximum.
Home Health²	BlueOptimum: 80%/20% after meeting deductible. BlueValue: 70%/30% after meeting deductible. Certain injectable medications are also available through the specialty self-injectable medication benefit.	60%/40% after meeting deductible. 50%/50% after meeting deductible.

Individual Portability Coverage PPO PLANS Benefit Summary

	IN-NETWORK PROVIDER	OUT-OF-NETWORK PROVIDER*
Skilled Nursing Facility³ Both in-network and out-of-network admissions count toward the 180-day per member calendar-year limit.	BlueOptimum: 80%/20% after meeting deductible, for up to 90 days. BlueValue: 70%/30% after meeting deductible, for up to 90 days. BlueOptimum and BlueValue: After 90 days, BCBSAZ pays 50% , you pay 50% up to an additional 90 days which will not count toward any out-of-pocket coinsurance maximum.	BlueOptimum: 60%/40% after meeting deductible, for up to 90 days. BlueValue: 50%/50% after meeting deductible, for up to 90 days. BlueOptimum and BlueValue: After 90 days, BCBSAZ pays 50% , you pay 50% up to an additional 90 days which will not count toward any out-of-pocket coinsurance maximum.
Coverage is limited to 180 days per member, per calendar year.		
Specialty Self-Injectable Medications through Specialty Pharmacy² For certain specified self-injectable prescription biologic medications. Specialty self-injectable medications are not covered under the retail and mail order medication benefit.	BlueOptimum and BlueValue Contracted Specialty Pharmacy Level A: \$30 copay Level B: \$60 copay Level C: \$90 copay Level D: \$120 copay Please refer to azblue.com for a listing of specialty self-injectable medications and contracted specialty pharmacies or call BCBSAZ. Injectable medications are also available from home health providers subject to deductible and coinsurance. See Home Health.	BlueOptimum and BlueValue Not covered (see Home Health).
Bariatric Surgery³	\$1,000 access fee per member, per surgery in addition to applicable deductible and coinsurance.	
Benefit Plan Maximum	\$5,000,000 maximum benefit per member while the benefit plan is in force. All payments by BCBSAZ (for both in-network and out-of-network providers) apply toward the benefit plan maximum.	

- ¹ For **BlueValue** only: Services you receive from an in-network primary care physician (PCP) are subject to an annual copay dollar limit. After you have received PCP services and paid copays totaling the copay dollar limit, PCP services are subject to deductible and coinsurance. If you reach your annual PCP copay dollar limit in the middle of a claim, your in-network deductible and coinsurance will apply at the point you reach the limit, resulting in cost-share with a partial copay, as well as deductible and coinsurance. BCBSAZ applies claims toward the limit in the order that claims are received, which may be different from the date order in which you receive services.
- ² Precertification is required for certain medications including all specialty self-injectable medications. Lists 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. Otherwise covered eligible medications will not be covered if precertification is not obtained when required.
- ³ Precertification is required. If precertification is not obtained, services will not be covered or you will be subject to a precertification charge.
- ⁴ Services are available only in Arizona.
- * Out-of-network providers may charge members their full billed charges. After insurance reimbursement based on the allowed amount, less any deduction for the member's cost share portion, members are responsible to pay the balance bill. The obligation to pay the balance bill continues even after the member's out-of-pocket coinsurance maximum is met.

Explanatory Notes:

- BCBSAZ Medical Coverage Guidelines are BCBSAZ medical, dental and administrative criteria that are developed from review of published, peer-reviewed medical and dental literature and other relevant information and used to help BCBSAZ determine whether a service, procedure, medical device or medication is eligible for benefits under a member's benefit plan. For services to be eligible for coverage under this benefit plan, the services must, in addition to other specified requirements, be considered medically necessary by BCBSAZ based on the BCBSAZ Medical Coverage Guidelines that are available upon request. Where benefits are provided by a third-party administrator, the third-party administrator may determine medical necessity based on its own criteria, which is also available upon request.
- Precertification is the process BCBSAZ uses to determine eligibility for certain benefits. The member is responsible for making sure his or her physician obtains precertification approval. If precertification is not obtained, the member's benefits may be denied, or the member may be subject to a precertification charge. The member's provider must call for precertification at (602) 864-4320 or (800) 232-2345, ext. 4320. Please refer to the precertification requirements in the benefit plan booklet, which will be sent to the member upon enrollment or upon request prior to enrollment.
- This is only a brief summary of benefits and exclusions. Please refer to the specific provisions found within the benefit plan booklet for detailed information about benefits, limitations and exclusions. If the benefits listed in this summary differ from those stated in the benefit plan booklet, the terms of the benefit plan booklet apply. There is no guarantee of continued benefits outlined in this summary or the benefit plan booklet. The benefit plan may be amended, and benefits may be added, deleted or changed by BCBSAZ upon 31 days' notice to the policy holder.

Exclusions and Limitations – Examples of Services and Supplies Not Covered

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 plan booklet 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; nutritional and lifestyle therapies; aromatherapy
- Autism spectrum disorders (ASD) – services related to treatment of ASD
- Benefit-specific exclusions and limitations listed in the benefit plan booklet under particular benefits
- Biofeedback and hypnotherapy, except as stated in the benefit plan
- Body art, piercing and tattooing and any related complications
- 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
- 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 BCBSAZ Medical Coverage Guidelines, and growth hormone to treat Idiopathic Short Stature (ISS)
- Hearing services and devices, 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
- Manipulation of the spine under anesthesia
- Massage therapy, except in limited circumstances as described in the BCBSAZ Medical Coverage Guidelines
- Maternity, except as stated in the benefit plan
- Medications dispensed in a provider's office – prescription medications and over-the-counter medications, including pharmaceutical manufacturer's samples, dispensed to the member in a provider's office
- Medications which are:
 - Not FDA approved
 - Not required by the FDA to be obtained with a prescription
 - Not used in accordance with 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 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 immediately family. When a provider is also the covered person, services rendered by that provider for him/her are excluded from coverage.
- Services from ineligible providers
- Services paid for by other organizations
- Services provided prior to effective date
- 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 related to or associated with noncovered services
- Services without a prescription when a prescription is required
- Services for sexual dysfunction, regardless of the cause, and all medications for the treatment of sexual dysfunction
- Smoking cessation programs, medications, aids and devices
- 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
- Treatment for behavioral and mental health conditions in a non-acute facility such as residential or skilled nursing facilities
- Vision therapy; all types of refractive keratoplastics; 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

For more information, call Blue Cross Blue Shield of Arizona

Phoenix area: (602) 864-4899

Toll-Free outside Phoenix area: (877) 864-4899

Or, visit our Web site at: azblue.com



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