PPO Plan
BluePreferred Saver

BlueCross BlueShield of Arizona

An Independent Licensee of the Blue Cross and Blue Shield Association

Provider Alternatives — Out-of-pocket costs will differ depending on type of provider selected

PREFERRED PROVIDERS

These providers have agreed to accept the BCBSAZ allowed amount for covered services and will file claims to BCBSAZ for you. Out-of-pocket costs (e.g., deductibles, coinsurance and copays) are lower when Preferred providers are used.

Preferred providers are also available outside Arizona through the BlueCard® program. To locate BlueCard PPO providers, call (800) 810-BLUE or check the BlueCard Doctor & Hospital Finder at bcbs.com.

NONPREFERRED PROVIDERS

You pay a separate – and higher – deductible and coinsurance when you use nonPreferred providers. In addition, preventive care benefits are not covered at nonPreferred providers (except mammography services). There are two types of nonPreferred providers.

Participating providers — Arizona health care providers who are not contracted for BCBSAZ's BluePreferred plans, but are part of the BCBSAZ Participating provider network. Although you will pay a higher out-of-network deductible and coinsurance, these providers have agreed to accept the BCBSAZ allowed amount for covered services and will file claims to BCBSAZ for you. Participating providers are also available outside Arizona through the BlueCard program, and some Participating hospitals are available outside the U.S. To locate BlueCard providers, call (800) 810-BLUE or check the BlueCard Doctor & Hospital Finder at bcbs.com.

Noncontracted providers — Providers who have no contract with BCBSAZ. In addition to deductible and any applicable coinsurance, noncontracted providers may charge you the difference between their billed charges and the BCBSAZ allowed amount. The obligation to pay the difference between the provider's billed charges and the BCBSAZ allowed amount continues even after your out-of-pocket maximum is met. You will have more out-of-pocket expense and noncontracted providers are not obligated to file claims for you.

- Contracted 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.
- BCBSAZ has negotiated various reimbursement methods with contracted providers. These providers have agreed to accept the BCBSAZ allowed amount for covered services provided to BCBSAZ members. This means that after payment of deductible, coinsurance or copay amounts, these providers will not bill you for the difference between the provider's billed charges and the BCBSAZ allowed amount for covered services. However, when there is another source of payment, such as a liability insurer or government payer, providers may be entitled to collect from the other source or from proceeds received from the other source any difference between the provider's billed charges and the BCBSAZ allowed amount.
- Reimbursement, to both members and providers, is based on the BCBSAZ allowed amount. For Arizona providers, the BCBSAZ allowed amount is generally calculated using the lesser of billed charges or the applicable BCBSAZ fee schedule, including any contractual arrangement. For out-of-state providers, the BCBSAZ allowed amount is generally calculated using the prevailing fee from the Blue Cross and/or Blue Shield plan in the state where services are received. For emergency or accident services only: When the provider is a noncontracted provider (either in Arizona or out-of-state), the BCBSAZ allowed amount is based on billed charges. **All noncontracted providers may bill you up to their full billed charges.**

Below is an example of how out-of-pocket coinsurance expenses can differ depending on the provider chosen. This example is for services that do not have a copay and assumes the deductible has been met. The example also assumes your coinsurance is 20 percent of the BCBSAZ allowed amount at Preferred providers and 40 percent of the BCBSAZ allowed amount at nonPreferred providers.

Financial Responsibility Example

			Preferred Providers	**NonPreferred Providers**	
Billed Charges	BCBSAZ Allowed Amount	Financial Responsibility	PPO Contracted Providers	Contracted Participating Providers	Noncontracted Providers
$1,000	$400	BCBSAZ pays:	$320	$240	$240
		You pay:	**$80** coinsurance amount	**$160** coinsurance amount	**$160** coinsurance **+600** balance bill **$760**

The above figures are for demonstration only. Your savings may vary, depending on your benefit plan and the providers from whom you receive services.

Billed charges: what the provider bills BCBSAZ.
BCBSAZ allowed amount: the amount contracted providers agree to accept as the basis of payment.
You pay: what you must pay after BCBSAZ has paid its share of the BCBSAZ allowed amount.
Balance bill: noncontracted providers may bill you the difference between billed charges and the BCBSAZ allowed amount.

BluePreferred Saver | PPO PLAN Benefit Summary

BluePreferred Saver is a qualified high-deductible plan for use with a health savings account (HSA). All services are subject to your deductible, except preventive care. You must satisfy certain criteria to be eligible to open and/or contribute to an HSA. Check with your tax or legal advisor regarding whether you satisfy these criteria.

	PREFERRED PROVIDER (PPO) IN-NETWORK	**NONPREFERRED PROVIDER (NonPPO) OUT-OF-NETWORK**
Deductible (Calendar-year) Preferred deductibles are accumulated separately from nonPreferred deductibles. Deductible must be met for all covered services unless otherwise stated.	**$1,500** self-only*, **$3,000** family* *Unless otherwise stated, the self-only deductible must be met on single policies and the family deductible must be met on family policies before BCBSAZ will pay for covered services. **$2,600** per person, **$5,150** family **$5,000** per person, **$10,000** family	**$2,000** self-only*, **$3,500** family* *Unless otherwise stated, the self-only deductible must be met on single policies and the family deductible must be met on family policies before BCBSAZ will pay for covered services. **$3,100** per person, **$5,650** family **$5,500** per person, **$10,500** family
Coinsurance [1, 2]	BCBSAZ pays **100%**, you pay **0%** of the BCBSAZ allowed amount for most covered services after meeting deductible, unless a different coinsurance percentage is indicated. On the $1,500 and $2,600 deductible options, some services (outpatient mental health, inpatient rehabilitation and skilled nursing) are covered at 50% coinsurance and continue to accumulate toward the out-of-pocket maximum, even after the deductible is met.	BCBSAZ pays **50%**, you pay **50%** (50%/50%) of the BCBSAZ allowed amount for most covered services, after meeting deductible, unless a different coinsurance percentage is indicated.
Out-of-Pocket Maximum [2] (Calendar-year) The Preferred out-of-pocket maximum is accumulated separately from the nonPreferred out-of-pocket maximum.	Per person **$5,000** Family **$10,000**	Per person **$10,000** Family **$20,000** You are still responsible for a noncontracted provider's billed charges even after the out-of-pocket maximum is met.
Physician Services – Office Visits	BCBSAZ pays **100%** after meeting deductible.	**50%/50%** after meeting deductible.
Preventive Care, Mammography, Routine Physical Exams	BCBSAZ pays **100%.**	Not covered except for routine mammograms. Routine mammography: **50%/50%.**
	The deductible does not apply to covered preventive care services.	
Laboratory Services	BCBSAZ pays **100%** after meeting deductible.	**50%/50%** after meeting deductible.
Other Professional Services	BCBSAZ pays **100%** after meeting deductible.	**50%/50%** after meeting deductible.
	Covered services include diagnostic, surgical and anesthesia services rendered outside the physician's office.	
Prescription Medications at Retail and Mail Order Pharmacy [3] Payment for mail order must be made with a debit or credit card and is only available through the Preferred mail order provider.	30-day retail and 90-day mail order supply BCBSAZ pays **100%** after meeting deductible.	**50%/50%** after meeting deductible. You are also responsible for the difference between a noncontracted pharmacy's price and BCBSAZ's allowed amount. Mail order is not covered through a noncontracted provider.
Inpatient Hospital [4]	BCBSAZ pays **100%** after meeting deductible.	**50%/50%** after meeting deductible.
Outpatient Services (Facility charges)	BCBSAZ pays **100%** after meeting deductible.	**50%/50%** after meeting deductible.
Urgent Care	BCBSAZ pays **100%** after meeting deductible.	**50%/50%** after meeting deductible.
Emergency or Accident	**$150** access fee (per person, per provider, per day), then BCBSAZ pays **100%**, after meeting deductible; emergency room access fee is waived if you are admitted to the hospital.	
Maternity – Complications of Pregnancy Only	BCBSAZ pays **100%** after meeting deductible.	**50%/50%** after meeting deductible.

BluePreferred Saver | PPO PLAN Benefit Summary

	PREFERRED PROVIDER (PPO) IN-NETWORK	NONPREFERRED PROVIDER (NonPPO) OUT-OF-NETWORK
Physical, Occupational and Speech Therapy	BCBSAZ pays **100%** after meeting deductible.	**50%/50%** after meeting deductible.
Chiropractic Services	BCBSAZ pays **100%** after meeting deductible.	**50%/50%** after meeting deductible.
Ambulance Services	BCBSAZ pays **100%** after meeting deductible.	
Behavioral and Mental Health Services [4] Both Preferred and nonPreferred admissions count toward the 2-admission, 30-day limit.	**Outpatient: 50%/50%** after meeting deductible, with a maximum of **20** psychological sessions per person, per calendar-year. **Inpatient:** Two admissions per person, per calendar-year, up to a combined total of **30 days.** **Preferred facility:** BCBSAZ pays **100%** after meeting deductible. | **NonPreferred facility: 50%/50%** after meeting deductible. **Preferred and NonPreferred inpatient professional services: 50%/50%** after meeting deductible. **$25,000 per person benefit maximum** for all services while the contract is in force.	
Inpatient Rehabilitation Services [4] Both Preferred and nonPreferred admissions count toward the 120-day calendar-year limit.	BCBSAZ pays **100%** after meeting deductible, up to **60** days. After 60 days, **50%/50%** up to an additional **60** days.	**50%/50%** after meeting deductible. Limited to **120** days per person, per calendar year.
Home Health Services and Home Infusion - Medication Administration Therapy [5]	BCBSAZ pays **100%** after meeting deductible. Certain injectable medications are also available through the specialty injectable medication benefit.	**50%/50%** after meeting deductible.
Skilled Nursing Facility [4] Both Preferred and nonPreferred admissions count toward the 180-day calendar-year limit.	BCBSAZ pays **100%** after meeting deductible, up to **90** days. After 90 days, **50%/50%** up to an additional **90** days.	**50%/50%** after meeting deductible. Limited to **180** days per person, per calendar year.
Specialty Self-Injectable Medications through Specialty Pharmacy [4] For certain specified self-injectable prescription biologic medications. Specialty injectable medications are not covered under the retail or mail order medication benefit. *(Also see Home Health.)*	Contracted Specialty Pharmacy (30-day supply) BCBSAZ pays **100%** after meeting deductible. Please refer to azblue.com for a listing of specialty self-injectable medications and contracted specialty pharmacies or call BCBSAZ.	**Not covered** (see Home Health).
Contract Maximum	**$3,000,000** maximum benefit per person while the contract is in force. All payments by BCBSAZ (for both Preferred and nonPreferred providers) apply toward the contract maximum.	

1 Coinsurance is a percentage you must pay for covered services after you have met the calendar-year deductible. You will pay a higher coinsurance percentage when using a nonPreferred provider. Coinsurance is based on the BCBSAZ allowed amount.

2 In addition to any applicable deductible and coinsurance, noncontracted providers may charge you for the difference between their billed charges and the BCBSAZ allowed amount. This obligation to pay the difference between the provider's billed charges and the BCBSAZ allowed amount continues even after the member's out-of-pocket maximum is met. Coinsurance, access fees and deductibles count toward the out-of-pocket maximum.

3 Precertification is required for certain medications covered under the retail and mail order pharmacy benefit. 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. Otherwise covered eligible medications will not be covered if precertification is not obtained when required.

4 Precertification is required. If precertification is not obtained, services will be subject to an additional $300 deductible or denial of benefits.

5 Precertification is required for certain medications provided through the Home Health and Home Infusion - Medication Administration Therapy benefit. A list of medications requiring precertification is available on the BCBSAZ Web site at azblue.com or by calling BCBSAZ at (602) 864-4320 or (800) 232-2345, ext. 4320. Otherwise covered eligible medications will not be covered if precertification is not obtained when required.

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 contract booklet and is available prior to enrollment upon request. **Pre-existing condition waiting periods apply to BluePreferred Saver plans.**

- Abortions except as stated in the contract
- Activity therapy
- Acupuncture
- Alternative medicine, non-traditional or alternative medical therapies, including but not limited to naturopathic and homeopathic medicine, diet therapies, nutritional or lifestyle therapies, aromatherapy
- Biofeedback and/or hypnotherapy
- Cognitive and vocational therapy
- Complications of body piercing/tattooing
- Complications of noncovered benefits
- Cosmetic or aesthetic surgery and services, except for breast reconstruction following a medically necessary mastectomy in accordance with state and/or federal law
- Costs paid by other organizations - costs/services customarily paid for by an employer, the government, biotechnical, pharmaceutical or medical device industry sources or other individuals or organizations including, but not limited to worksite or ergonomic evaluations
- Counseling or behavioral medication services except as stated in the contract.
- Court-ordered services – testing, treatment or therapy except as stated in the contract
- Custodial care, except for limited hospice benefits
- Dental/orthodontic services or supplies
- Dietary/nutritional supplements – all dietary, caloric and nutritional supplements, including, for example, specialized formulas for infants, children or adults or other special foods or diets, even if prescribed by a physician or other eligible provider except as stated in the contract
- Environmental medicine
- Fees other than for medically appropriate in-person, direct patient treatment, tests, services, medications, supplies or equipment
- Fertility or infertility treatment, medications or procedures
- Foot care
- Genetic/chromosome testing and screening
- Government services – services available under a governmental health program
- Growth hormone(s) – except as determined medically necessary by BCBSAZ to treat diagnostically proven growth hormone deficiency. Growth hormone(s) to treat Idiopathic Short Stature (ISS) is expressly excluded
- Hearing services or devices, except as stated in the contract
- Investigational treatments, procedures, equipment, medications, devices or supplies, as determined by BCBSAZ and only as required by Arizona law
- Lodging and meals, except as stated in the contract
- Manipulation of the spine under anesthesia
- Massage therapy except as stated in the contract
- Medications dispensed in a physician's/provider's office – prescription medications and over-the-counter medications, including pharmaceutical manufacturer's samples, dispensed to the patient in a physician's/provider's office by any mode of administration
- Medications for off-label, unlabeled or orphan medications (orphan medications are used for diagnosis, treatment or prevention of a rare disease or condition) unless otherwise specified by BCBSAZ medical or prescription medication coverage guidelines. This does not include medications used for the treatment of cancer.
- Nonmedically necessary services as determined by BCBSAZ. BCBSAZ may not be able to determine medical necessity until after services are rendered
- Normal maternity services
- Over-the-counter medications – any medication, device, equipment or supply (except for certain diabetic supplies and inhaler spacers, as described in the pharmacy benefit) that is lawfully obtainable without a prescription
- Personal comfort items
- Routine vision services
- Screening tests, except as stated in the contract
- Services from family member(s) – services that are provided by an eligible provider who is a member of your immediate family
- Services for which you have no legal obligation to pay
- Services without a prescription, when a prescription is required
- Services of ineligible providers
- Services not requiring licensed professional
- Services or supplies delivered prior to the coverage effective date or after coverage termination date
- Services or supplies related to or associated with a noncovered service or supply
- Sexual dysfunction – evaluation and/or testing, diagnosis, treatment (surgical or nonsurgical), or medication or devices for sexual dysfunction, regardless of the cause of the condition, including trauma
- Smoking cessation programs, medications, aids or devices
- Strength training, cardiovascular endurance training, fitness/strengthening programs and/or other services primarily designed to improve or increase fitness
- Telephonic or electronic consultations
- Therapy services except as stated in the contract
- Training and education, except for certain diabetes and asthma training or training related to BCBSAZ-established disease management program(s)
- Transplants (organ, tissue, bone marrow/peripheral stem cell rescue procedures) not approved by BCBSAZ; nor high-dose chemotherapy, radiation administered or other related services administered in conjunction with a noncovered transplant
- Transport services or travel expenses, except as stated in the contract
- Transsexual treatment or surgery, and/or any related services
- Treatment for behavioral or mental health conditions at non-acute facilities (e.g., residential, skilled nursing)
- Vision therapy, radial keratotomy, all types of refractive keratoplasties, eyeglasses and contact lenses and the vision examination for prescribing and fitting of the same
- Vitamins – except for certain vitamins, as determined by BCBSAZ, when a prescription is written by a physician
- Waivered conditions
- Weight loss/gain therapy or treatment except as stated in the contract
- When a provider is also the covered person, services rendered by that provider for him/herself are excluded from coverage
- Workers' Compensation – services for an illness or injury covered by Workers' Compensation or similar benefits, unless you are exempt from such coverage or have made a statutory opt-out election
- **AN 11-MONTH WAITING PERIOD FOR PRE-EXISTING CONDITIONS APPLIES.** A pre-existing condition is defined as a condition, regardless of the cause of the condition, for which medical advice, diagnosis, care or treatment was recommended or received during the 12 months before your effective date. Services for pre-existing conditions are not covered until 11 consecutive months after the contract effective date.

Important Note

This is only a brief summary of benefits and exclusions. Please refer to the specific provisions found within the contract booklet for detailed information about benefits, limitations and exclusions. If the benefits listed in this summary differ from those stated in the contract booklet, the terms of the contract booklet apply. There is no guarantee of continued benefits outlined in summary or the contract booklet. The contract may be amended, and benefits may be added, deleted or changed by BCBSAZ upon 31 days' notice to the contract holder.