

Indemnity Plan

BlueClassic Saver

Provider Alternatives

PARTICIPATING PROVIDERS

Participating providers have signed a “Participating Agreement” to accept the BCBSAZ allowed amount as payment in full and will file claims for you.

Participating providers are also available outside Arizona through the BlueCard® program. 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 their full billed charges. After insurance reimbursement based on the BCBSAZ allowed amount, you are responsible to pay the difference between the provider’s billed charges and the BCBSAZ allowed amount (“the balance bill”). The obligation to pay this difference continues even after you reach the out-of-pocket maximum. 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. Contracted 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 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, contracted 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 and not on billed charges or a customary fee. 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 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.

Financial Responsibility Example

Billed Charges	BCBSAZ Allowed Amount	Financial Responsibility	BCBSAZ Participating Contracted Providers	Noncontracted Providers
\$1,000	\$400	BCBSAZ pays:	\$320	\$320
		You pay:	\$ 80 coinsurance amount	\$ 80 coinsurance +600 balance bill \$680

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.

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Deductible (Calendar-year) Deductible must be met for all covered services. After Deductible is Met:	<u>Per person</u> \$5,000	<u>Family</u> \$10,000
	BCBSAZ pays 100% , you pay 0% of the BCBSAZ allowed amount. You are still responsible for any balance bill from a noncontracted provider.	
Out-of-Pocket Coinsurance Maximum (Calendar-year)	<u>Per person</u> \$5,000	<u>Family</u> \$10,000
	The out-of-pocket maximum is a maximum liability and is based on the BCBSAZ allowed amount rather than a provider's billed charges. Amounts paid for noncovered services and noncontracted providers' balance bills, do not count toward satisfaction of the maximum. Even after reaching the maximum, you remain responsible for noncontracted providers' balance bills (the difference between a noncontracted provider's billed charges and the BCBSAZ allowed amount).	
Physician Services - Office Visits	BCBSAZ pays 100% after meeting deductible.	
Preventive Care, Mammography, Routine Physical Exams	BCBSAZ pays 100% after meeting deductible.	
Laboratory Services	BCBSAZ pays 100% after meeting deductible.	
Other Professional Services	BCBSAZ pays 100% after meeting deductible. Covered services include diagnostic, surgical and anesthesia services rendered outside the physician's office.	
Retail and Mail Order Pharmacy¹ BCBSAZ places limits, including but not limited to, quantity, age and gender, for certain prescription medications as indicated in the prescription medication guide, available online at azblue.com or by calling BCBSAZ.	BCBSAZ pays 100% after meeting deductible. Payment for mail order must be made with a debit or credit card and is only available through the contracted mail order provider. Mail order is not covered through a noncontracted provider.	
Inpatient Hospital²	BCBSAZ pays 100% after meeting deductible.	
Outpatient Services (Facility charges)	BCBSAZ pays 100% after meeting deductible.	
Urgent Care	BCBSAZ pays 100% after meeting deductible.	
Emergency	\$150 access fee per visit, 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.	
Physical, Occupational and Speech Therapy	BCBSAZ pays 100% after meeting deductible.	
Chiropractic Services	BCBSAZ pays 100% after meeting deductible.	
Vision Exams (Routine) and Eyewear Discounts	Contracted provider: One routine eye exam per person per calendar year; discounts on eyewear. BCBSAZ pays 100% after meeting deductible. Noncontracted provider: Reimbursement up to \$25 for one routine eye exam per person per calendar year. No eyewear discounts.	
Ambulance Services	BCBSAZ pays 100% after meeting deductible.	
Behavioral and Mental Health Services²	Outpatient: BCBSAZ pays 100% after meeting deductible with a maximum of 20 psychological sessions per person, per calendar year. Inpatient: BCBSAZ pays 100% after meeting deductible. Two admissions per calendar year, up to a combined total of 30 days . \$25,000 per person benefit maximum for all services while the contract is in force.	

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Home Health Services and Home Infusion - Medication Administration Therapy²	BCBSAZ pays 100% after meeting deductible. Certain injectable medications are also available through the specialty self-injectable medication benefit.
Skilled Nursing Facility²	BCBSAZ pays 100% after meeting deductible. Limited to 180 days per person per calendar year.
Inpatient Rehabilitation Services²	BCBSAZ pays 100% after meeting deductible. Limited to 120 days per person per calendar year.
Specialty Self-Injectable Medications through Specialty Pharmacy¹ For certain specified self-injectable prescription biologic medications. Specialty injectable medications are not covered under the retail or mail order medication benefit. <i>(Also see Home Health.)</i>	Contracted <u>Specialty Pharmacy</u> Noncontracted pharmacies are not covered. 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.
Contract Maximum	\$5,000,000 maximum benefit per person while the contract is in force. All payments by BCBSAZ (for both Participating and noncontracted providers) apply toward the contract maximum.

1 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.

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

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 BlueClassic Saver.**

- 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 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 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 modification 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 and orthodontic services and supplies
- Dietary and 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 and 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 unless 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
- 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 a 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, testing, diagnosis, treatment (surgical or nonsurgical), medication and devices for sexual dysfunction, regardless of the cause of the condition, including trauma
- Smoking cessation programs, medications, aids and devices
- Strength training, cardiovascular endurance training, fitness/strengthening programs and other services primarily designed to improve or increase fitness
- Telephonic and electronic consultations
- Therapy services except as stated in the contract
- Training and education except as stated in the contract
- Transplants (organ, tissue, bone marrow/peripheral stem cell rescue procedures) not approved by BCBSAZ; high-dose chemotherapy, radiation and other related services administered in conjunction with a noncovered transplant
- Transport services and travel expenses except as stated in the contract
- Transsexual treatment and surgery and 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 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 brochure 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 brochure differ from those stated in the contract booklet, the terms of the contract booklet apply. There is no guarantee of continued benefits outlined in this brochure 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.