



Individual & Family

MEMBER GUIDE

Steps to using your health plan



**BlueCross
BlueShield**
Arizona

An Independent Licensee of the Blue Cross Blue Shield Association

QUICK CONTACTS

CUSTOMER SERVICE:

Call the number on the back of your Blue Cross® Blue Shield® of Arizona (AZ Blue) member ID card. We're available to help you Monday through Friday from 8 a.m. to 4:30 p.m. Arizona time. You can also email **MemberHelp@azblue.com**.

For 24/7 help, visit azblue.com/FAQ for quick answers to your questions.

SPECIAL SERVICES:

Para servicio en español 602-864-4884 o llame a nuestro 1-800-232-2345, ext. 4884
24-Hour Nurse On Call 1-866-422-2729
Online Account Technical Support. 602-864-4844 or 1-800-650-5656
Fraud & Abuse Hotline 602-864-4875 or 1-800-232-2345, ext. 4875

TO MAIL INFORMATION ABOUT CLAIMS:

Blue Cross Blue Shield of Arizona
P.O. Box 52033
Phoenix, AZ 85072-2033

TO MAKE A PAYMENT:

Affordable Care Act (ACA)
Blue Cross Blue Shield of Arizona
P.O. Box 52047
Phoenix, AZ 85072-2047


Grandmothered, Grandfathered, and Dental
Blue Cross Blue Shield of Arizona
P.O. Box 52563
Phoenix, AZ 85072-2563

You can also make a payment at azblue.com/MyBlue or by calling 1-844-729-2583

LET'S CONNECT

Follow us for health tips and updates on AZ Blue news.

 Facebook.com/BCBSAZ

 Instagram.com/BCBSAZ

 Twitter.com/BCBSAZ

 TikTok.com/@BCBSAZ

 YouTube.com/BCBSArizona

For a full list of contact information, visit azblue.com/contact.



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STEP 1 Review your member ID card



You will receive your member ID card in the mail. Place the card in your wallet or keep it in a safe place, because you'll need it to receive any healthcare services. Your card shows you details about your health plan and who to call if you need help. Keep your card with you at all times and do not let others use it. You can also view a digital version of your member ID card by logging in to your online MyBlue member account.

If you lose your card, you're still covered. You can order a new card to be mailed to you through your online member account or by calling Customer Service.

YOU WILL NEED YOUR AZ BLUE ID CARD WHEN YOU:

- Visit a doctor or other healthcare professional
- Pick up a medication that your doctor has ordered for you
- Visit an urgent care center, hospital, or emergency room
- Call Customer Service
- Sign up for your personalized **MyBlue** member account at azblue.com/MyBlue

Sample member ID card

 An Equal Opportunity Employer of the Blue Cross Blue Shield Association	AdvanceHealth
JOHN DOE FLH999999999	MARCOPAFCCUS Network Group Number: INDU65 Plan Year: 2024
Dependent(s) Name JANE DOE SALLY DOE BOBBY SMITH	In-Network Cost Share Deductible Individual: \$9000 Deductible Family: \$18000 OOP MAX Individual: \$9000 OOP MAX Family: \$18000 Pediatric Member-Dental: YES
Copay Rx Tier 1a/1b: \$0/20 Rx BIN #: 603017	
HMO	AZDOI 

Plan Name – Your plan name appears in the upper right.

Member ID – *This is your account number.* Mention this number when calling Customer Service.

Network – This shows the network for your plan.

Deductible – The cost you pay before coinsurance starts. Some costs you pay don't count toward your deductible.

Out-of-Pocket Maximum (OOP Max) – The most you have to pay for covered services in a contracted plan year.

STEP 2

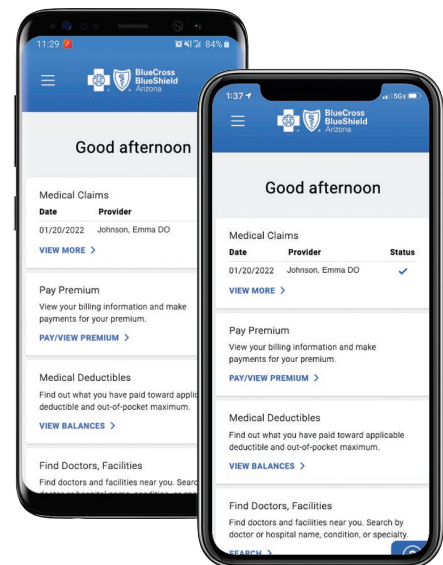
Sign up for your MyBlue account

Manage Your Health Plan Online

As an AZ Blue member, you have access to MyBlue, an online member account that allows your health plan to work for you. The convenience of MyBlue takes the hassle out of managing your plan and gives you access 24/7 where you'll be able to:

- View your member ID card
- Check on the status of your claims
- See where you are in meeting your deductible and yearly out-of-pocket maximum
- Find doctors, hospitals, or other healthcare providers in your plan's network
- Get an idea of the healthcare costs for common conditions by using the cost estimator tool
- Pay your monthly premium bill

MyBlue Member Account



SIGNING UP FOR MYBLUE IS QUICK AND EASY.

- 1 Register your MyBlue account at azblue.com/MyBlue
- 2 Enter your member ID (letters and numbers) and date of birth
- 3 Remember to enter your email address
- 4 Choose your communication delivery preferences
- 5 Enter login information, accept terms, and submit



STEP 3 Know how your plan works

HMO PLAN

Freedom choosing your doctors

With your plan, you can go to any doctor or specialist in your plan's network without a referral. You don't need to select a primary care provider (PCP), but we do recommend that you establish a relationship with a PCP.

Use network providers

Don't pay more than you should. Check that all of your healthcare providers and facilities are in your plan's network before you go.

Services by healthcare professionals outside the network are generally not covered except for emergencies, select ancillary services performed by out-of-network providers at an in-network facility, and other special circumstances when use is preapproved.*

PPO PLAN

The freedom to choose your doctor

With your preferred provider organization (PPO) plan, you can go to any doctor or specialist – whether in your plan's network or out of network in Arizona – without a referral.

Keep in mind, you will enjoy full coverage and lower costs by staying within your network. If you choose out-of-network providers, imaging facilities, or other healthcare professionals in Arizona and they charge more than AZ Blue's allowed amount, you will have to pay the difference. In some cases, out-of-network providers may ask you to assign benefits to the provider, which would allow AZ Blue to send the payment to them directly.

You don't need to select a primary care provider (PCP), but we do recommend that you establish a relationship with a PCP.

NOTE: Register your member account, MyBlue, at azblue.com/MyBlue to read your Summary of Benefits and Coverage (SBC), which details coverage specific to your health plan and network.

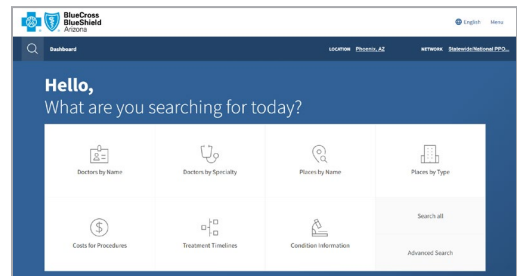
*Urgent care is available for visits to BlueCard® Traditional providers outside of Arizona.

STEP 4 Find healthcare providers in your plan's network

The **Find a Doctor** tool will help you easily discover all of the doctors, healthcare professionals, hospitals, and facilities that are in-network for your plan.

HOW TO START YOUR SEARCH

- 1 Sign up or log in to your member account at azblue.com/MyBlue.
- 2 Click **Find a doctor, facility, or estimate costs** at the top of the page and select **Doctors by name or specialty, hospitals, and clinics** from the drop-down menu.
- 3 Enter or confirm your **Location** at the top right-hand corner of the page. Search results will be listed in order of closest to farthest from that location.
- 4 Select one of the search options or you can **Search all** using a keyword.



It's always good to find out if providers are in your plan's network before you see them. If you have an HMO plan, providers who are not in your plan's network will not be covered by your plan. That means you'll be responsible for paying the bill in full. If you have a PPO plan, you may have to pay extra out-of-pocket costs if a provider is not in your network.

When talking with a provider, always ask, "Are you contracted to take my Blue Cross Blue Shield of Arizona plan?" Most providers are in an AZ Blue network—but not all providers are in every AZ Blue plan's network.

You can also call the number on the back of your member ID card to make sure a provider you're planning to see is in your network.



STEP 5 Learn how health plans work

Health plans protect you by lowering the total cost of care and setting limits on how much you will need to pay.

Once you know some of the basic insurance words and phrases, you can get an idea of what you're going to need to pay at the doctor's office. The following example helps define some of these terms.

LET'S SAY your best friend wakes up with stomach pain and a fever. Your friend calls her in-network doctor to be seen right away. She pays a \$20 **copay** for seeing her doctor.

Then, after she receives care, her doctor finds that she'll need surgery totaling \$55,000.

Your best friend's health plan has a \$5,000 **deductible** for the year, which she must pay first. After that's paid, she will pay 40% of the costs (this is her plan's **coinsurance** amount) and her health plan will pay 60%.

*Once your best friend reaches her total **out-of-pocket maximum**, which is \$8,700 for her plan, her insurance will pay 100% of her covered medical costs for the rest of the year.*

WHAT DID HER OUT-OF-POCKET COSTS INCLUDE?

The \$5,000 deductible that was paid counts toward the out-of-pocket maximum, as well as the initial \$20 copay, leaving a balance of \$3,680. Once that's paid, your friend has met her out-of-pocket maximum of \$8,700 (\$20 + \$5,000 + \$3,680).

IN SUMMARY:

TOTAL COST OF HER MEDICAL CARE: **\$55,000**

YOUR BEST FRIEND PAID: **\$8,700**

INSURANCE PAID: **\$46,300**

Your best friend **saved \$46,300** by using a provider in her plan's network.

Learn more about these health terms on page 13.

STEP 6 Start earning rewards

Earn up to \$100 for Healthy Behaviors

Your checkup, vaccinations, and screenings are available at no cost to you and can earn you up to **\$100 throughout the year**. Plus, your health plan includes free preventive services and at least two free primary care provider visits.*

Complete any of the below and earn \$50 each, up to \$100

- Annual wellness checkup
- Any primary care provider visit
- Annual well woman visit
- Prenatal or postpartum care visit
- Well child visit
- Prescription medication review visit
- Health profile completion

Start scheduling your visits for 2024 and look out for rewards information on how to claim your Mastercard® gift card.

Checkups and screenings **must be completed in 2024.****
Your plan allows you to see any in-network doctor.



*Applies to two or more visits (depending on your plan) with any in-network doctor in a calendar year. Free visits are not available for Portfolio or StandardHealth plans.

**Up to \$100 in prepaid Mastercard rewards per member, per calendar year, for completing eligible visits by December 31, 2024. Each provider visit counts only as one visit for a \$50 gift card. One visit cannot be used for multiple rewards. Mastercard is not affiliated with Blue Cross® Blue Shield® of Arizona and does not sponsor, endorse, approve, or have any responsibility for this promotion.

GET THE CARE YOU NEED TO STAY HEALTHY

One of our goals as your health insurance provider is to offer you resources to help you be your healthiest while saving you money. A healthy life consists of good preventive care.

This can include:

- Regular health exams
- Care coordination visits
- Immunizations
- Cancer screenings
- Health coaching, and more

These practices can help you avoid diseases and find health issues early, saving you time and money down the road and possibly even saving your life. Staying on top of your preventive care can make a big difference in helping to keep you healthy now and for years to come. Talking with your doctor about how to best manage your current health can result in an action plan that's right for you.

For more preventive care support and recommendations, call **1-877-694-2583**.



BlueCare AnywhereSM – Get more out of your healthcare experience, including easy access to virtual visits. Search for providers and get access to 24/7 care by creating a BlueCare Anywhere account when you log on to azblue.com/MyBlue.*



Care Management^{}** – A care manager may reach out to you if you have a chronic health condition such as diabetes or asthma, or have a catastrophic event such as a serious accident or cancer diagnosis. Care managers can help you manage your health and get the care your plan covers. They can also help you learn about community resources that provide added support.



Nurse On Call – Health problems rarely happen when it's convenient. That's why at AZ Blue we make getting answers to your health questions as easy as possible with Nurse On Call. For no additional cost, you can talk to a registered nurse anytime—days, nights, weekends, and holidays—from wherever you are at **1-866-422-2729**. Caring nurses can talk to you about your symptoms and help you decide if you should take care of your issues at home or seek care from your primary care provider, urgent-care center, or emergency room (ER).



Blue365[®] – A national discount program featuring healthy deals and discounts exclusively for our members. Once you register at Blue365Deals.com/BCBSAZ with your AZ Blue ID number, you will see special offers from top national brands in fitness, nutrition, personal care, and more.

*Virtual visits do not provide emergency care. In an identified or probable emergency, the virtual visit provider will direct the patient to seek emergency care.

**Availability of services and programs will vary. Not all programs are available to all members. Certain programs, such as health coaching, have eligibility requirements. AZ Blue members should always consult with their doctor or healthcare provider about medical care or treatment. Recommendations, advice, services, or online resources are not a substitute for the advice of a member's doctor or healthcare provider. Recommended services or treatment options may not be covered under AZ Blue benefit plans. Certain health and wellness services are provided by an independent third party contracted by AZ Blue to provide health enhancement services to AZ Blue members.

MAKE SMART CARE CHOICES

THINK ABOUT YOUR HEALTH AND SAFETY FIRST, AND COST SECOND

	Primary Care Provider (PCP) telemedicine visits included	Telehealth (BlueCare Anywhere)*	Retail Clinic	Urgent Care	Hospital or Freestanding ER
Symptoms	Is it something that can wait?	Not feeling well and want to see a doctor within minutes, from anywhere?	Feel bad but can't get in to see your doctor?	Not feeling well, and it's on the weekend?	Think it could be a matter of life or limb?
When to go	When you need routine, non-emergency care or help managing an acute or chronic condition, or help with a referral to a specialist.	If you need non-emergency care, BlueCare Anywhere lets you visit with a physician from a smartphone, tablet, or computer.	If you have a non-life-threatening illness or injury and can't get in to see your primary care provider.	If it's the weekend or an evening, and your doctor isn't available, urgent care can help with non-life-threatening medical issues that could become worse if not treated immediately.	When you have a serious medical condition that could be life- or limb-threatening.
Reasons to go	<ul style="list-style-type: none"> • Colds and flus • Sinus, ear, or eye infections • High fever • Headache • Skin irritations/rashes • Minor cuts and burns • Sprains • Minor fractures • Physical exams, vaccines, and health screenings 	<p>Medical</p> <ul style="list-style-type: none"> • Colds and flus • Diarrhea or vomiting • Sinus, eye, or ear infections • Headaches • Rashes • Sprains <p>Counseling and Psychiatry</p> <ul style="list-style-type: none"> • Insomnia • Anxiety disorders • Depression • Stress management 	<ul style="list-style-type: none"> • Colds and flus • Sinus, ear, or eye infections • Rashes • Flu shots or other vaccines 	<ul style="list-style-type: none"> • Colds and flus • High fever • Headache • "Spreading" skin irritations/rashes • Minor cuts and burns • Sprains • Minor fractures 	<ul style="list-style-type: none"> • Severe chest pain • Difficulty breathing • Ingestion of objects or poisons • Major trauma or injury (such as a broken bone) • Seizures • Severe burns • Severe diarrhea • Uncontrollable bleeding or vomiting blood • Animal bites • Unconsciousness
Wait time	Minimal for in-person visits, depending on office; minimal for telemedicine visits with scheduled appointment.	Available 24/7 and can be conducted anywhere you have access to a smartphone, tablet, or computer with video chat access.	Typically short. May have online check-in.	Usually shorter than the ER, plus some clinics let you sign in online and then notify you when it nears your appointment time.	Depends on the time of day, but if your situation is a true emergency, you'll be seen/evaluated promptly.
Cost	\$	\$	\$\$	\$\$	\$\$\$
How to get care	Call your doctor or healthcare provider to make an appointment for either an in-person or a virtual visit. Some offices may offer online scheduling.	Log in to azblue.com/MyBlue to access telehealth visits and 24/7 care with one click.	No appointment needed, but calling ahead or scheduling online is always a good idea.	Log in to your MyBlue account at azblue.com/MyBlue to find locations that are covered by your plan.	In an emergency, call 911 or have a friend or family member drive you to the nearest location.

FIND PROVIDERS, GET COST ESTIMATES, AND MORE.

Log in to your MyBlue account at azblue.com/MyBlue and click the **Find a Doctor** tab to find healthcare providers. There, you can also use the **Costs for Procedures** tool to get estimates on various treatments such as eye exams, mental health services, and more.

Your health plan covers preventive services such as flu shots, vaccinations, blood pressure checks, and screening tests. Note that you most likely won't pay for preventive services if you use providers in your plan's network. If you're not sure where to go for non-emergency healthcare, use our 24-hour Nurse On Call service at **1-866-422-2729**.

Call 911 in an emergency.

*The BlueCare Anywhere service should not be used in health emergencies. If you have a health emergency or need immediate help for an accident or injury, seek emergency care or call 911. Availability of services and programs will vary. Recommendations and online resources are not a substitute for the advice of your physician or healthcare provider. Recommended services or treatment options may not be covered under AZ Blue benefit plans.

WHERE TO GO FOR MORE INFORMATION

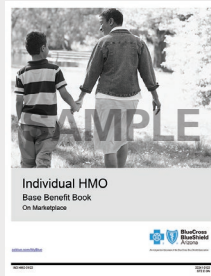
Understand what your plan covers and your costs

It's important to understand what care your plan covers and what you may need to pay as your share for the cost of care.

FOUR WAYS YOU CAN LEARN MORE:

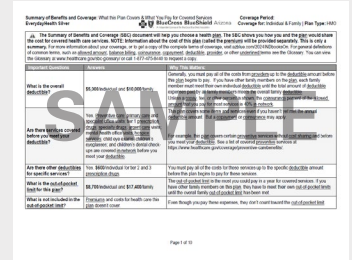
1 Your Benefit Book

It explains all of your health plan details and is available online, under the **My Benefits** tab of your MyBlue account at azblue.com/MyBlue.



2 Your Summary of Benefits and Coverage (SBC)

The link to your SBC is mailed to you with your member ID card. It is also available online under the **My Benefits** tab of your MyBlue account. It's a great way to learn what your plan covers, how it works, your cost-share amounts, and more.



3 Pharmacy Coverage

Access all your prescription info in one place by logging in to azblue.com/MyBlue and selecting **Pharmacy**.

- Compare drug costs and coverage info
- View current and past claim details
- Check your order status
- Order prescriptions to your home
- Track your medications
- Search for a pharmacy near you

To learn more about your prescription drug benefit, visit azblue.com/Rxinfo or call **1-866-325-1794**.

4 Customer Service

If you have a question about your plan or need help understanding your benefits, you can call the phone number on the back of your ID card. We're available to help you Monday through Friday from 8 a.m. to 4:30 p.m. Arizona time. You can also email MemberHelp@azblue.com.

If you paid out of pocket for expenses covered by your plan, send a picture of your receipts and details to ReimbursementHelp@azblue.com. We will reimburse you and work with your provider to get everything up to date.

TERMS TO KNOW

Allowed amount

The amount AZ Blue has agreed to pay for a covered service. The allowed amount includes both the AZ Blue payment and your cost share.

EXAMPLE: A doctor may normally charge \$100 for a particular service. But he has an agreement with your plan to accept only \$80 as reimbursement for that service. \$80 is the “allowed amount.” The allowed amount includes any amount paid by the plan, plus any amount the member pays as a cost share, including copays and deductibles.

Balance bill

This is the difference between the AZ Blue allowed amount and a non-contracted provider’s billed charge. Non-contracted providers have no obligation to accept the allowed amount, with the exception of emergency and ancillary services provided in an in-network facility. Any amounts paid for balance bills do not count toward any deductible, coinsurance, or out-of-pocket limit.

Coinsurance

The share you pay for covered care once you’ve paid your deductible.

Services from a healthcare provider that is not in your network probably won’t be covered. Services by healthcare professionals outside the network are generally not covered except for emergencies, select ancillary services performed by out-of-network providers at an in-network facility, and other special circumstances when use is preapproved.

Copay

A fixed dollar amount you pay for certain care your plan covers. You can pay your copay before or after you receive care, depending on what your doctor’s office requires.

Deductible

The amount you pay for care during the plan year before your health insurance starts to pay.

EXAMPLE: Your plan may have a yearly deductible. As you get care that your plan covers, you pay for it yourself until you have reached the deductible amount. You will see your deductible amount on your member ID card.

Network (participating) provider

A doctor, clinic, hospital, or other healthcare provider that has contracted with AZ Blue to serve plan members.

Out-of-pocket maximum

The most you pay in a year before your health insurance pays 100% of the cost of covered network services. This limit puts a cap on healthcare costs if you ever have a major illness or injury. This limit never includes items such as your premium or non-covered services. Costs for services from providers outside your network do not apply to this limit.

Prior authorization

Some services and medications require prior authorization (sometimes referred to as precertification). Except for emergencies, urgent care, and maternity admissions, prior authorization is always required for inpatient admissions (acute care, behavioral health, long-term acute care, extended active rehabilitation, and skilled nursing facilities), home health services, and most specialty medications. Prior authorization may be required for other covered services and medications.

MEMBER RIGHTS AND RESPONSIBILITIES

We want all of our members to enjoy the best care and service. To help make it happen, we promise to do our part to meet your healthcare needs. There are also things you can do to take charge of your own healthcare.

Our promise to you

You have the right to:

- Get information from us, our contracted providers, and business partners
- Access quality care
- Speak freely and privately with your doctors about your care
- Have your information kept secure in accordance with AZ Blue's Privacy Practices (see azblue.com/legal)
- Know who can get your private information
- Know AZ Blue's security policy (see azblue.com/legal)
- Be treated with respect and dignity
- File a complaint or challenge a decision we make
- Know how long it will take us to reply to and solve your issue
- Get information that is easy to grasp
- Get information about end-of-life planning and advance directives

Your promise to us

It is your responsibility to:

- Read the information we give you and ask questions when you need to know more
- Know how to get care and supplies that are covered under your plan
- Follow the rules of your health plan
- Let us know right away of changes related to your phone number, mailing address, and/or email address, so that we can reach you
- Treat us, and the doctors and hospitals you get care from, with respect
- Give us information we need to help you
- Give doctors and hospitals honest information about yourself
- Understand your health and work with your doctor on a care plan that is right for you
- Do as your doctor advises for your health
- Talk to your doctor before you change something with your healthcare plan
- Keep scheduled visits with your doctors
- Pay your cost share when it is due

The Patient's Bill of Rights under the Affordable Care Act (ACA)

Under the law, a "Patient's Bill of Rights" aims to help you make informed choices about your health. These tenets apply to all AZ Blue non-grandfathered plans in effect after March 23, 2010.

THE PATIENT'S BILL OF RIGHTS:

- **Provides coverage to those with preexisting conditions***
- **Protects your choice of doctors:** Choose any primary care doctor you want from your plan's network
- **Allows young adults to stay covered on a parent's plan** up to age 26
- **Ends lifetime limits on coverage,** banning them for all new health insurance plans
- **Stops your insurance from being dropped** if you make an honest mistake on your application
- **Reviews premium increases:** Insurance companies must now publicly say why rate hikes (above a certain level) may be needed for Small Group plans and Individual and Family plans
- **Helps you get the most from your premium dollars:** Most of your premium dollars must be used for your healthcare—not for administrative costs
- **Ended annual dollar limits** on essential covered services in 2014
- **Continues to allow you to get emergency care** at a hospital outside of your health plan's network without a referral. (Note: Out-of-network providers can't balance bill above your cost share outlined in your benefit book)

Since the Patient's Bill of Rights became law, some additional rights and protections now apply. The healthcare law:

- **Requires that non-grandfathered plans cover most preventive services in-network at no cost share.**
- **Continues to guarantee your right to appeal:** You have the right to ask your insurer to reconsider its decision to deny authorization for a service or refusal to pay a claim. This has been the law in Arizona for many years, and it is now reflected in federal law through the ACA.**

*In effect for non-grandfathered Individual and Family plans on January 1, 2014.

**Complaints and appeal information and forms are available on azblue.com/MyBlue under the Manage My Plan tab.

azblue.com/MyBlue

P.O. BOX 13466, PHOENIX, AZ 85002-3466

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