

BlueEssential Plus PPO Plan Benefit Summary

This plan is not available for purchase until October 1, 2010.



An Independent Licensee of the Blue Cross and Blue Shield Association

	COST SHARE	
	IN-NETWORK PROVIDER	OUT-OF-NETWORK PROVIDER
Calendar-Year Deductibles	<p><u>Per member</u> \$250, \$500, \$1,000, \$2,000, \$3,000, \$5,000, \$7,500 and \$10,000</p> <p><u>Family</u> \$500, \$1,000, \$2,000, \$4,000, \$6,000, \$10,000, \$15,000 and \$20,000</p>	<p><u>Per member</u> \$750, \$1,000, \$1,500, \$2,500, \$3,500, \$5,500, \$8,000 and \$10,500</p> <p><u>Family</u> \$1,500, \$2,000, \$3,000, \$5,000, \$7,000, \$11,000, \$16,000 and \$21,000</p>
	Copays, access fees, precertification charges and balance bills do not count toward the deductible. In-network deductibles accumulate separately from out-of-network deductibles. Deductibles must be met for all covered services unless otherwise stated.	
Coinsurance This is a percentage members must pay for certain covered services after meeting the calendar-year deductible.	BCBSAZ pays 60% , member pays 40% (60%/40%) of the allowed amount for most covered services, after meeting deductible, unless a different coinsurance percentage is indicated.	BCBSAZ pays 50% , member pays 50% (50%/50%) of the allowed amount for most covered services, after meeting deductible, unless a different coinsurance percentage is indicated.
Calendar-Year Out-of-Pocket Coinsurance Maximums	\$4,000 per member	\$8,000 per member
	The in-network maximum accumulates separately from the out-of-network maximum.	
How we calculate coinsurance and accumulation towards calendar-year deductibles and out-of-pocket coinsurance maximums	BCBSAZ calculates member coinsurance payments and accruals toward deductibles and out-of-pocket coinsurance maximums based on the BCBSAZ allowed amount and based on a calendar year. We do not use a provider's billed charges. Only the member's coinsurance payment counts toward the out-of-pocket coinsurance maximums. Many cost share payments do not count toward the out-of-pocket maximums, including: deductibles, copays, access fees, certain other charges listed in the benefit plan booklet, precertification charges, amounts paid for noncovered services, and noncontracted providers' balance bills. A member must continue to pay all these cost share amounts even after meeting the maximums.	
Physician Office Services Primary care physicians (PCP) include internal medicine, family practice, general practice and pediatrics. All other physicians are specialists. Deductible and coinsurance apply to services rendered by radiologists or pathologists and to physical, occupational and speech therapy services.	<p>Office visit copay, per member, per provider, per day for most covered services performed in a physician's office. Office visit copay is limited to three (3) visits per member, per calendar year; PCP and Specialist visits combined.</p> <p style="text-align: center;"><u>Copay</u></p> <p>PCP: \$30 Specialist: \$50</p> <p>After copay limit has been reached, BCBSAZ pays 60%, member pays 40% after meeting deductible for the remainder of the calendar year.</p>	50%/50% after meeting deductible.
Urgent Care	\$60 copay per member, per provider, per day at facilities specifically contracted as urgent care providers.	50%/50% after meeting deductible.
Preventive Services	BCBSAZ pays 100% for covered services.	Most preventive services are not covered except for mammography and foreign travel immunizations. For these two services, BCBSAZ pays 100% of allowed amount and deductible is waived; member will be responsible for balance bill.
	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 the provider.	
Diagnostic Laboratory Services Deductible and coinsurance apply to services rendered by pathologists.	In a physician's office, if the copay limit is not yet met, physician office visit copay is waived if laboratory services are the only services received during the visit. At contracted, freestanding, independent clinical labs and all other facilities 60%/40% after meeting deductible.	50%/50% after meeting deductible.
Other Professional Services	60%/40% after meeting deductible.	50%/50% after meeting deductible.
	Other professional services include diagnostic, surgical and anesthesia services rendered outside the physician's office.	

	COST SHARE	
	IN-NETWORK PROVIDER	OUT-OF-NETWORK PROVIDER
Prescription Medications at Retail and Mail Order Pharmacy	<u>Retail Pharmacy</u>	<u>Mail Order</u>
	Generic medications \$ 15 Brand name medications \$125	\$ 15 \$250
	Mail order is only available through the in-network mail order provider. Mail order is not covered through an out-of-network provider.	
Inpatient Hospital	60%/40% after meeting deductible.	50%/50% after meeting deductible.
Outpatient Facility Services	60%/40% after meeting deductible.	50%/50% after meeting deductible.
Radiology Facility Services	60%/40% after meeting deductible.	50%/50% after meeting deductible.
Emergency	\$150 access fee per member, per provider, per day, then BCBSAZ pays 60%, member pays 40% after meeting deductible; emergency room access fee is waived if member is admitted to the hospital.	
Maternity – Complications of Pregnancy Only	60%/40% after meeting deductible.	50%/50% after meeting deductible.
	Routine maternity, including most C-sections, is not covered.	
Physical, Occupational and Speech Therapy	60%/40% after meeting deductible.	50%/50% after meeting deductible.
Chiropractic	Chiropractic office visit: office visit copay or 60%/40%, depending on whether the member has reached the annual copay visit limit.	50%/50% after meeting deductible.
	For other covered services: 60%/40% after meeting deductible.	
Routine Vision Exams	\$30 copay. Copay does not count toward the annual copay visit limit.	50%/50% after meeting deductible.
	Copays are waived for routine vision exams for members under age 5.	
Ambulance Services	60%/40%, deductible waived.	
Behavioral and Mental Health Services Cost sharing for behavioral/mental health does not apply to any out-of-pocket coinsurance maximum.	OUTPATIENT	
	Member may choose in-network or out-of-network providers or the behavioral services administrator (BSA). BSA: \$15 copay per visit for unlimited psychotherapy and counseling. (BSA services available only in Arizona.) Non-BSA in-network and out-of-network providers: BCBSAZ pays 50%, member pays 50% after meeting deductible.	
	INPATIENT	
	In-network facility: 60%/40% after meeting deductible.	Out-of-network facility: 50%/50% after meeting deductible.
	Inpatient professional services: 50%/50% after meeting deductible.	
Inpatient Extended Active Rehabilitation	60%/40% after meeting deductible, for up to 60 days. After 60 days, BCBSAZ pays 50%, member pays 50% which will not count toward any out-of-pocket coinsurance maximum.	50%/50% after meeting deductible, for up to 60 days. After 60 days, BCBSAZ pays 50%, member pays 50% which will not count toward any out-of-pocket coinsurance maximum.
Home Health	60%/40% after meeting deductible. Certain injectable medications are also available through the specialty self-injectable medication benefit.	50%/50% after meeting deductible.
Skilled Nursing Facility	60%/40% after meeting deductible, for up to 90 days. After 90 days, BCBSAZ pays 50%, member pays 50% which will not count toward any out-of-pocket coinsurance maximum.	50%/50% after meeting deductible, for up to 90 days. After 90 days, BCBSAZ pays 50%, member pays 50% which will not count toward any out-of-pocket coinsurance maximum.
Specialty Self-Injectable Medications through Specialty Pharmacy For certain specified self-injectable prescription biologic medications. Specialty self-injectable medications are not covered under the retail and mail order medication benefit.	<u>Contracted Specialty Pharmacy</u> Level A: \$30 copay Level B: \$ 60 copay Level C: \$90 copay Level D: \$120 copay	Not covered (see Home Health).
	Please refer to azblue.com for a listing of specialty self-injectable medications and contracted specialty pharmacies or call BCBSAZ. Specialty self-injectable medications are also available under the home health benefit, subject to deductible and coinsurance.	
Bariatric Surgery (Inpatient and Outpatient)	\$1,000 access fee per member, per surgery in addition to applicable deductible and coinsurance.	

