

Welcome

Instructions to Help Employers and Their Employees Access Group Health Plan Benefits



Congratulations

Your employer has recently contracted with Blue Cross Blue Shield of Arizona (BCBSAZ) to provide or administer health care coverage. BCBSAZ wants to make sure you can access your available benefits as soon as your coverage is effective even if you haven't yet received your ID card, schedule page and benefit book. This letter explains how to access your benefits and obtain covered services if you don't yet have your BCBSAZ ID card and coverage materials. You may want to fold this letter and carry it with you until you receive your ID card.

If you need to fill prescriptions before you receive an ID card*:

Please tell the pharmacy you are a member of a newly enrolled group with BCBSAZ insurance, but you haven't yet received your ID card. BCBSAZ network pharmacies may be willing to submit a claim online using the BCBSAZ BIN number: 603017. Please provide as much information as possible to the pharmacy, such as the:

- Employer's group policy number (available from your employer)
- Name of the employer's business
- Covered employee's full name
- Covered employee's date of birth
- Effective date of your group health insurance coverage (available from your employer)

If your pharmacy would like assistance in submitting a claim online, they may call the BCBSAZ Prescription Benefits Unit at **866-325-1794** (available 24/7).

Some pharmacies may still require you to pay the retail cost for prescriptions until you have your ID card. If you have paid for prescriptions before you receive your ID card, please follow the steps outlined below:

- Be sure you get itemized prescription receipts at the pharmacy.
- Mail the original prescription receipts or photocopies to:

BCBSAZ
Mail Stop A115
P.O. Box 13466
Phoenix, AZ 85002-3466

Receipts should include the name of the member (patient), medication name, the prescribing doctor's name, quantity, NDC number, pharmacy name and amount paid. In addition to the information on the receipt, be sure to include the employee's name and address, and the date of birth of the member (patient).

- BCBSAZ will reimburse the member minus any cost-share according to the provisions of the benefit plan



* HMO plan members: Except for emergency situations, in-network pharmacies must be used for prescriptions to be covered.

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If you or your provider needs to verify benefits or precertify treatment:

You should call the customer service phone number listed below, and explain that you are a member of a newly enrolled group and don't yet have your ID card. Please give the representative as much identifying information as possible, such as the:

- Employer's group policy number (available from your employer)
- Name of the employer's business
- Covered employee's full name
- Covered employee's date of birth
- Effective date of your group health insurance coverage (available from your employer)



Call us for assistance

Prescription Benefits Unit *(available 24/7)*
866-325-1794

Provider Assistance

(These numbers are for use by physicians, hospitals, and ancillary providers only. Covered members should call the customer service numbers listed above.)

602-864-4320 or
800-232-2345 ext. 4320

Once you receive your BCBSAZ ID card, use it to receive covered services and in all correspondence with medical providers and the BCBSAZ Customer Service and Claims departments.

This is not a guarantee of coverage. Only BCBSAZ has the authority to approve coverage and assign rates and effective dates of coverage.



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MEMBER GUIDE

Five steps to using your health plan



**BlueCross
BlueShield**
Arizona

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QUICK CONTACT GUIDE

FOR A FULL LIST OF CONTACT INFORMATION,
VISIT azblue.com/contact.

CUSTOMER SERVICE (claims and prescription benefits):

Call the number on the back of your Blue Cross® Blue Shield® of Arizona (BCBSAZ) member ID card. You'll receive this card in the mail. Below, you'll find a short list of often-needed contacts.

Call Monday through Friday between 8 a.m. and 4:30 p.m., MST/Arizona time.

SPECIAL SERVICES:

Para servicio en español 602-864-4884 o llame a nuestro 1-800-232-2325, ext. 4884

24-Hour Nurse On Call 1-866-422-2729

Online Account Technical Support . . . 602-864-4844 or 1-800-650-5656

TTY/TDD Line 602-864-4823

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 2924
Phoenix, AZ 85062-2924

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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.

If you lose your card, you're still covered. You can order a new card online through your MyBlue member account, using the MyBlue AZSM mobile app, or by calling Customer Service.

YOU WILL NEED YOUR BCBSAZ 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 BCBSAZ Customer Service
- Sign up for your personalized **MyBlue** member account at azblue.com/MyBlue

MyBlue AZ Mobile App



You can also view your member ID card using the MyBlue AZ mobile app. Download the app from either the Google PlayTM store or the Apple[®] App Store[®] online marketplaces. You'll need your member ID to sign up.*

*Your wireless plan's phone and data rates may apply.



STEP 2 Sign up for your **MyBlue** account

Your personalized member account is one of the most important resources you have as a BCBSAZ member. Once you have your member ID number, you can register at **azblue.com/MyBlue** for your **MyBlue** account. There, you will be able to:

- Print a temporary 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
- Use health and wellness tools and resources
- Get an idea of the healthcare costs for common conditions by using the cost estimator tool
- Search drug information and coverage, price medications, and place medication home delivery requests

You get all this and more—just by registering for your MyBlue member account.

STEP 3

Know how your plan works

PPO Plan

If you have a PPO plan, read this section.

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—without a referral.

Keep in mind you will maximize benefits and lower costs by staying within your network. If you choose out-of-network providers, imaging facilities, or other healthcare professionals, and they charge more than BCBSAZ’s allowed amount, you will have to pay the difference.

Accessing care for PPO plans.

You don’t need to select a primary care provider (PCP), but we do recommend that you establish a relationship with a primary doctor. PPO plans typically offer access to care both in Arizona and out-of-area (including national and international coverage) through the BlueCard® program. For care outside of Arizona with a participating provider, simply present your BCBSAZ member ID card when you arrive and your provider’s claim will be sent to BCBSAZ.

Take a minute to get familiar with your member ID card.

Sample PPO ID card

Subscriber Name: JOHN SMITH	Group Number:
Member ID: XBP	Card Issue Date:
In-Network Cost Share:	Rx BIN #:
Deductible: \$200	Rx Copay:
Coinsurance: 10%	Level 1/Level 2: \$5/\$20
PCP/Specialist Copay: \$20/\$40	Level 3/Level 4: \$40/\$80
Urgent Care Copay: \$25	
ER Access Fee: \$150	
BluePreferred®	

Member ID – *This is your account number.*
Mention this number when calling customer service.

Deductible – The cost you pay before coinsurance starts. Some costs you pay do not count toward your deductible.

Coinsurance – The amount you pay for care that your plan covers once you meet your deductible.

PCP/Specialist Copay – The amount you pay for a visit to a doctor in your network. Specialist visits usually have a higher copay.

Urgent Care Copay – The amount you pay for a visit to an urgent-care center.

ER Access Fee – The amount you pay to access an emergency room (ER) in your network.

Rx Copay – The amounts you pay for drugs your doctor orders through a participating pharmacy in your network. Drugs are assigned different levels (tiers), and each level has a different copay.

NOTE: The cost share listed on your member ID card is for care you get from healthcare providers in your network. Register for our member portal, MyBlue, at azblue.com/MyBlue to read your Summary of Benefits and Coverage (SBC), which details coverage specific to your health plan and network.

HMO Plan

If you have an HMO Plan, read this section.

You need to have a primary care provider (PCP)!¹

Your health plan provides a designated PCP as your main doctor and central point of care. If you see a doctor or go to a clinic or hospital that is not in your plan's network, you will be responsible for paying the full amount of your bill.

If your PCP isn't available, you can see another doctor at your PCP's practice, or get a referral from their office to see another PCP at a different practice. You can also change your PCP up to six times a year. To choose a new PCP, log in to your MyBlue account then click "Manage My PCP."

You need to have a referral to see most specialists!¹

Your plan requires you to get a referral from your designated PCP for most specialist visits. When your PCP refers you to other providers, they must be in your plan's network. If a referral is required and you do not get one, your health plan will not cover the specialist visit. Referrals are not required for visits to chiropractors, OB/GYNs, and certain other specialists.

You can log in to your MyBlue account to see if your referral request was approved. Once you confirm approval of your referral, you can schedule an appointment with the specialist.

You need to 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. Out-of-network care won't be covered except in emergencies and rare situations when BCBSAZ has preapproved it.²

Sample HMO ID card

	
Member Name: JOHN DOE	In-Network Cost Share: Deductible: \$3500 Coinsurance: 20% Out-of-Pocket Maximum: \$7000
Member ID: XBP670324656	PCP/Specialist Copay: \$30/\$55 Urgent Care Copay: \$60 ER Access Fee: \$150
Member(s) Name: JOHN DOE JANE DOE JESSICA DOE	Member(s) PCP: ERICA SMITH, MD BOB SMITH, MD BOB SMITH, MD
Designated: 09/28/2016 09/28/2016 09/28/2016	
HMO	

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

Network – If you are part of a specific HMO network, the name of the network will be listed here.

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

Urgent Care Copay/ER Access (UC Copay/ER Copay) – The amount you pay to visit an urgent-care center and an emergency room in your network. Urgent-care visits may cost less than an ER visit.

PCP/Specialist Copay – The amount you pay for a visit to a doctor in your network. A primary care doctor visit may have a different copay than a specialist visit (such as a foot doctor or surgeon).

Rx Copay – The amounts you pay for drugs your doctor orders through a participating pharmacy in your network. Drugs are assigned different levels (tiers), and each level has a different copay. This information may not appear on your card but you can find the details in your benefit book.

Member(s) PCP – This is the PCP for each member on your plan. If you change your PCP, a new card will be sent to you showing that change. **If you do not see this section on your ID card**, your plan does not require a PCP to coordinate care!

[Learn more about copays and coinsurance in Step 5.](#)

¹ If you have a **BlueSelect® HMO** plan, you are not required to have a designated PCP who coordinates your care. Referrals are not required for **BlueSelect HMO** plans either. See your benefit book for detailed plan information.

² Urgent care is available for visits to BlueCard Traditional providers outside of Arizona.

STEP 4 Find healthcare providers in your plan's network

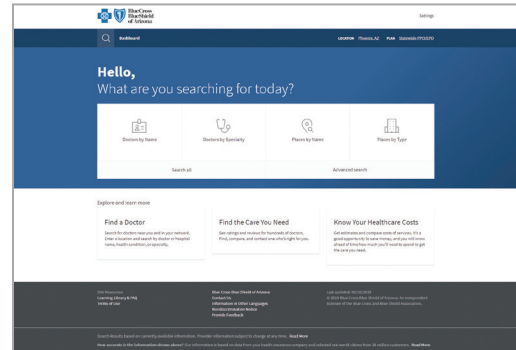
You have access to the Find a Doctor tool, which lists doctors, other healthcare professionals, hospitals, and facilities that are part of our network.

Log in to your MyBlue account at azblue.com/MyBlue and click on the search link under **Find Doctors, Hospitals, and Facilities**. You will be able to search for a provider who is in your plan's network by name, type (area of specialization), or distance from your location.

It's always good to find out if providers are in your plan's network before you see them. If you have a PPO plan, providers who are not in your plan's network will cost you more. 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.

When talking with a provider, always ask, “Are you contracted to take my BCBSAZ plan?” Most providers are in a BCBSAZ network—but not all providers are in every BCBSAZ plan's network. That is why it is important to ask if they participate with your plan.

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. HMO plan members can additionally confirm your designated PCP or check the status of a specialist referral.





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 \$15 **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 \$4,000 **deductible** for the year, which she must pay first. After that's paid, she will pay 20% of the costs (this is her plan's **coinsurance** amount) and her health plan will pay 80%.

*Once your best friend reaches her total **out-of-pocket maximum**, which is \$6,650 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 \$4,000 deductible that was paid counts toward the out-of-pocket maximum, as well as the initial \$15 copay, leaving a balance of \$2,635. Once that's paid, your friend has met her out-of-pocket maximum of \$6,650 (\$15 + \$4,000 + \$2,635).

IN SUMMARY:

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

YOUR BEST FRIEND PAID: **\$6,650**

INSURANCE PAID: **\$48,350**

Your best friend **saved \$48,350** by using a provider in her plan's network.

Learn more about these health terms on page 13.

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)

This document 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 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.

4 Price a Drug

Look up your medications and compare prices at locations near you. You can also easily check to see if lower-cost options are available. Log in to azblue.com/MyBlue and select **Pharmacy**. Once you connect to the pharmacy website, you can view your prescriptions, check order status, price a medication, or review your pharmacy claims.

MAKING SMART CARE CHOICES

THINK ABOUT YOUR HEALTH AND SAFETY FIRST, AND COST SECOND.

	Telehealth (BlueCare Anywhere SM) ¹	Retail Clinic	Primary Care Provider (PCP) (telemedicine visits included)	Urgent Care	Hospital or Freestanding ER
Symptoms	Not feeling well and want to see a doctor within minutes, from anywhere?	Feel bad but can't get in to see your doctor?	Is it something that can wait?	Not feeling well, and it's on the weekend?	Think it could be a matter of life or limb?
When to go	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.	When you need routine, non-emergency care or help managing an acute or chronic condition, or help with a referral to a specialist.	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	Medical • Colds and flus • Diarrhea or vomiting • Sinus, eye, or ear infections • Headaches • Rashes • Sprains Counseling and Psychiatry² • Insomnia • Anxiety disorders • Depression • Stress management	• Colds and flus • Sinus, ear, or eye infections • Rashes • Flu shots or other vaccines	• 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	• Colds and flus • High fever • Headache • "Spreading" skin irritations/rashes • Minor cuts and burns • Sprains • Minor fractures	• 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	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.	Minimal for in-person visits, depending on office; minimal for telemedicine visits with scheduled appointment.	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	Download the BlueCare Anywhere mobile app ³ or visit BlueCareAnywhereAZ.com .	No appointment needed, but calling ahead or scheduling online is always a good idea.	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.	Download the MyBlue AZSM mobile app ³ 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 MyBlueSM 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.

¹Certain plans do not include BlueCare Anywhere telehealth services. See your benefit book for details.

²Certain self-funded plans may not include BlueCare Anywhere behavioral health services (counseling/psychiatry). Check your benefit book for details. For plans with full BlueCare Anywhere benefits, counseling and psychiatry appointments may take up to 14 days to schedule.

³Your wireless plan's phone and data rates may apply. Search for "MyBlue AZSM" and "BlueCare Anywhere" in the Google PlayTM or Apple[®] App Store[®] online marketplaces.

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GET THE CARE YOU NEED TO STAY HEALTHY

Preventive care

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
- Shots (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**.

Nurse On Call

Health problems rarely happen when it's convenient. That's why at BCBSAZ 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. The number is on the back of your member ID card.

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 ER.

Getting and staying healthy*

Sharecare® – BCBSAZ has partnered with Sharecare to bring you a truly personal digital health and wellness experience. After registering at **azblue.sharecare.com**, you can use the website or the app to access Sharecare. You will find simple tools to help you improve your health and well-being.

- **RealAge® Test** – Sharecare's next-generation health assessment evaluates a variety of behaviors and existing conditions to calculate the body's true age. This is your first step in your health journey.

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



*Availability of services and programs will vary. Not all programs are available to all members. Certain programs, such as health coaching, have eligibility requirements. BCBSAZ 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 BCBSAZ benefit plans. Certain health and wellness services are provided by an independent third party contracted by BCBSAZ to provide health enhancement services to BCBSAZ members.

TERMS TO KNOW

Allowed amount

The amount of reimbursement that doctors, hospitals, and other providers who are in the plan's network have agreed to accept for a covered service. This includes any amount paid by the plan, plus any amount you pay as a cost share, including copays and deductibles.

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.'

Balance bill

Balance billing happens when a doctor, clinic, lab, or hospital bills you for the difference between the amount they charge and the allowed amount that your health plan pays. When providers are part of your plan's network, they agree to offer discounted rates on services. Out-of-network providers are not bound by this same agreement. They can charge full price. BCBSAZ sets a dollar limit on how much we will reimburse out-of-network providers for services. If the amount they charge is more than BCBSAZ will pay, the provider may bill you for the balance.

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.

Coinsurance

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

IF YOU HAVE A PPO PLAN and you choose an out-of-network imaging facility or other out-of-network healthcare professional, you will also have to pay the difference between the amount they charge and BCBSAZ's allowed amount.

IF YOU HAVE AN HMO PLAN, services from a healthcare provider that is not in your network probably won't be covered. HMO plans don't cover services outside the network except in emergencies and special circumstances when BCBSAZ has preauthorized use.

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 BCBSAZ 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. These limits put 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.

Precertification

Some services and medications require precertification (sometimes referred to as prior authorization). Except for emergencies, urgent care, and maternity admissions, precertification 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. Precertification 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
- Choose or change your doctor at any time (HMO members may change their primary care provider up to six times per year)
- Speak freely and privately with your doctors about your care
- Have your information kept secure in accordance with BCBSAZ's Privacy Practices (see azblue.com/legal/privacy)
- Know who can get your private information
- Know BCBSAZ's security policy (see azblue.com/legal/privacy)
- 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 BCBSAZ non-grandfathered plans in effect after March 23, 2010.

THE PATIENT'S BILL OF RIGHTS:

- **Provides coverage to those with preexisting conditions¹**
- **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: For some plans, out-of-network providers may bill you for a balance owed above BCBSAZ's allowed amount.)

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.²

¹In effect for non-grandfathered employer Group plans on that plan's renewal date in 2014.

² Complaints and appeal information and forms are available once you log in to azblue.com/MyBlue, under the **Manage My Plan** tab.

azblue.com/MyBlue

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

FOLLOW US ON



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