2026 Medical Society Healthcare Trust (MSHT) Product Guide

Medical and Dental Plans Employers with 2+ Enrolled Employees

BlueCross BlueShield Arizona

An Independent Licensee of the Blue Cross Blue Shield Association

MSH MEDICAL SOCIETY HEALTHCARE TRUST

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VALUE OF BLUE

Introducing the AZ Blue 2026 Product Portfolio!
We know you have many choices when it comes to healthcare. But with AZ Blue, you'll have a truly dedicated, locally based partner with a deep understanding of what Arizonans need to achieve better health.

With a wide range of benefit designs, network options, and care delivery choices, you're sure to find the right solution to meet your organization's goals and budget. You'll also get an unparalleled level of service.

From strategic planning to implementation to day-to-day operations, you'll have the support you need, when you need it.

So will your employees. They'll have a full range of programs and services to be their absolute healthiest. This includes 24/7 virtual care, health and wellness through Sharecare®, and comprehensive care management along with a robust member portal to find a provider, track claims, manage healthcare expenses, and more.

Browse through our plans and products. No matter what you choose, rest assured we've got you and your employees covered.

INSURANCE QUESTIONS:

DiMartino Associates
MSHT@dimarinc.com
1-800-488-8277

ASSOCIATION MEMBERSHIP:

Arizona Medical Association
membership@AZmed.org
602-347-6914

2026 AHP CHOICES

About association health plans (AHPs)

When multiple small businesses join together as one association, they can take advantage of affordable health plans to help attract and retain top talent. AZ Blue has created unique plans that are available only to Medical Society Healthcare Trust members.

These plans provide:

Access – Statewide network, including the Mayo Clinic, with exclusive network options in Maricopa, Pinal, and Pima counties

Service – Local customer service for care and claims support

Flexibility – Coverage available for businesses with as few as two employees

Network options for higher net savings

Network options provide access to quality care and are key money-savers for employers and employees alike.

- Choosing a smaller network helps lower employees' premiums
- Staying in-network lowers costs for medical services
- Knowing limits on out-of-network services helps control costs

Telehealth

BlueCare Anywhere℠

Employees can visit with a doctor, counselor, or psychiatrist any day, anytime, anywhere—from their smartphone, computer, or tablet using **BlueCare Anywhere℠.** Telehealth services are integrated into the medical plan benefits as copays for PPO plans and are subject to deductible and coinsurance for HSA-qualified PPO plans. See page 18 for additional details.

2026 AHP CHOICES

All plans offer coverage for most common healthcare needs, such as:

- Doctor visits
- Prescriptions
- Urgent care and ER visits
- Virtual visits using BlueCare Anywhere[1]
- Surgeries
- Preventive care at $0 out-of-pocket cost from in-network providers

PPO AND HSA-QUALIFIED PLANS

- A wide selection of primary care providers (PCPs) and Specialists
- No requirement to have an assigned PCP or get referrals before seeing a Specialist
- Access to healthcare when traveling or vacationing out of state with the BlueCard® network
- Out-of-network care covered, but at a higher cost

NETWORKS & PROVIDER AFFILIATIONS

Statewide – Affiliations statewide

Alliance (Maricopa and Pinal counties) **–** Banner Health and HonorHealth

PimaConnect (Pima County) **–** Tucson Medical Center and Northwest Medical Center

[1]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.

BlueSignature PROSANO

With AZ Blue and Prosano Health, you get an innovative, integrated care solution for your entire family. BlueSignature Prosano plans include exclusive access to primary, sick, and behavioral health care at Prosano Health Care Centers, paired with a comprehensive PPO plan for everything else.

Exclusive access to our Prosano Health Care Centers

No-cost care at Prosano Health Care Centers

Full access to a PPO network for care outside the centers

Convenient, personalized care under one roof

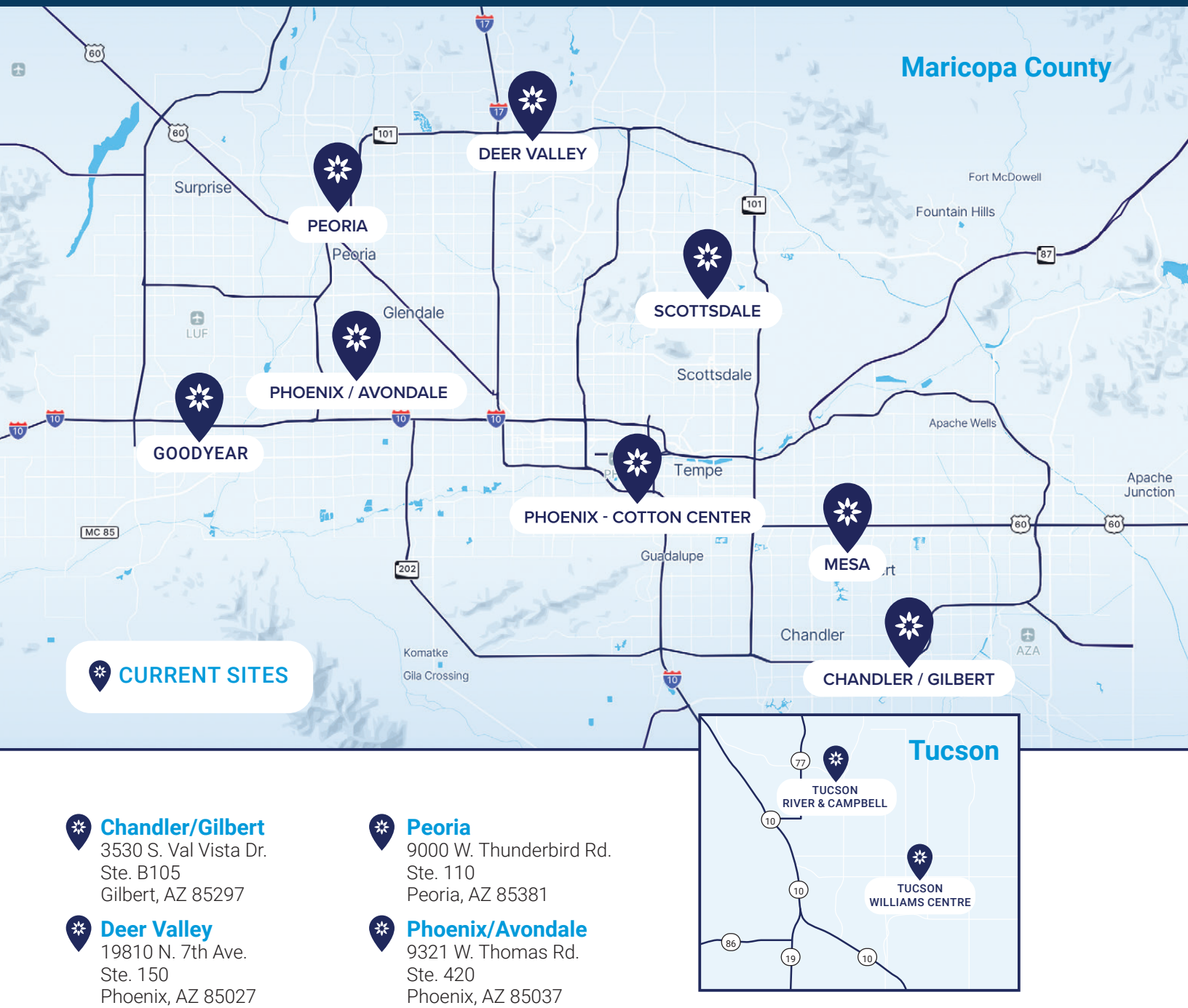
At Prosano Health Care Centers, you'll find a supportive primary care team approach, with a focus on whole-family care*. Additionally, members have access to:

- **Primary and sick care** for the entire family under one roof
- **Personalized care,** no rushed visits
- **Same- or next-day appointments,** either on-site or virtually, during office hours
- **A Care Guide** to help navigate and schedule appointments if care is needed outside the Care Centers
- **Solution-focused therapy** available both on-site and virtually
- **A Benefit Liaison** to help fully understand benefits, costs, and network options
- **After-hours triage**
- **In-house labs****

*Sick care provided for all ages. All other care services are for ages 5 and older.

**The Prosano Health team will be able to draw and process certain basic primary care laboratory testing panels. Lab draws performed at a Prosano Health Care Center that have been ordered by a Prosano Health provider are at no additional cost to members.

PROSANO HEALTH LOCATIONS



Chandler/Gilbert
3530 S. Val Vista Dr.
Ste. B105
Gilbert, AZ 85297

Deer Valley
19810 N. 7th Ave.
Ste. 150
Phoenix, AZ 85027

Goodyear
1360 N. Bullard Ave.
Ste. 102
Goodyear, AZ 85395

Mesa
1910 S. Stapley Dr.
Ste. 101
Mesa, AZ 85204

Peoria
9000 W. Thunderbird Rd.
Ste. 110
Peoria, AZ 85381

Phoenix/Avondale
9321 W. Thomas Rd.
Ste. 420
Phoenix, AZ 85037

Scottsdale
7373 N. Scottsdale Rd.
Ste. A178
Scottsdale, AZ 85253

Phoenix - Cotton Center
4039 E. Raymond St.
Phoenix, AZ 85040

Tucson: River & Campbell
1790 E. River Rd.
Ste. 200
Tucson, AZ 85718

Tucson: Williams Centre
5210 E. Williams Cir.
Ste. 120
Tucson, AZ 85711

BlueSignature Prosano

PROSANO HEALTH

	$1,000 (80%/50%)	$2,500 (80%/50%)	$5,000 (80%/50%)	$7,000 (70%/50%)
Calendar-Year Deductible	$1,000/member and $2,000/family **Deductible waived for services at Prosano Health**	$2,500/member and $5,000/family **Deductible waived for services at Prosano Health**	$5,000/member and $10,000/family **Deductible waived for services at Prosano Health**	$7,000/member and $14,000/family **Deductible waived for services at Prosano Health**
Provider Networks Available	Statewide/National PPO + Prosano Alliance PPO + Prosano PimaConnect PPO + Prosano	Statewide/National PPO + Prosano Alliance PPO + Prosano PimaConnect PPO + Prosano	Statewide/National PPO + Prosano Alliance PPO + Prosano PimaConnect PPO + Prosano	Statewide/National PPO + Prosano Alliance PPO + Prosano PimaConnect PPO + Prosano
Coinsurance (Member)	20%	20%	20%	30%
Out-of-Pocket Limit	$5,000/member and $10,000/family	$6,500/member and $13,000/family	$7,500/member and $15,000/family	$8,500/member and $17,000/family
Primary Care (PCP) Visit	**Prosano Health: No charge, deductible does not apply** Non-Prosano PCP: $75	**Prosano Health: No charge, deductible does not apply** Non-Prosano PCP: $75	**Prosano Health: No charge, deductible does not apply** Non-Prosano PCP: $75	**Prosano Health: No charge, deductible does not apply** Non-Prosano PCP: $75
PCP Selection Required?	No	No	No	No
Specialist Visit	$100	$100	$100	$100
Referral Required to Visit Specialist?	No	No	No	No
Urgent Care Visit	20% after deductible	20% after deductible	20% after deductible	30% after deductible
Preventive Services	No charge	No charge	No charge	No charge
Prescription Drugs:				
Tier 1	$20 copay	$20 copay	$20 copay	$20 copay
Tier 2	$50 copay	$50 copay	$50 copay	$50 copay
Tier 3	$85 copay	$85 copay	$85 copay	$85 copay
Tier 4	$150 copay	$150 copay	$150 copay	$150 copay
Surgery (Inpatient/Outpatient)	20% after deductible	20% after deductible	20% after deductible	30% after deductible
Emergency Room Visit	20% after deductible	20% after deductible	20% after deductible	30% after deductible
Ambulance	20% after deductible	20% after deductible	20% after deductible	30% after deductible
Telehealth				
Medical Visit	**Prosano Health** and BlueCare Anywhere: No charge	**Prosano Health** and BlueCare Anywhere: No charge	**Prosano Health** and BlueCare Anywhere: No charge	**Prosano Health** and BlueCare Anywhere: No charge
Counseling Visit	**Prosano Health: No charge** BlueCare Anywhere: $20	**Prosano Health: No charge** BlueCare Anywhere: $20	**Prosano Health: No charge** BlueCare Anywhere: $20	**Prosano Health: No charge** BlueCare Anywhere: $20
Psychiatric Visit	BlueCare Anywhere: $45	BlueCare Anywhere: $45	BlueCare Anywhere: $45	BlueCare Anywhere: $45

In-person and virtual services at Prosano Health Care Centers are provided at no cost. Cost-share amounts are for covered services by providers in the plan's network. Services by out-of-network providers are typically subject to higher cost-share amounts. Members in plans with a copay drug benefit who pick a brand-name medication when a generic is available will pay the difference in cost plus the copay and any applicable deductible. All plans are subject to the exclusions and limitations on page 13.

MSHT MEDICAL PLANS

	PPO 100 | $5,000	PPO 100 | $7,500	PPO 80 | $500	PPO 80 | $1,000	PPO 80 | $1,500	PPO 80 | $2,000	PPO 80 | $2,500
Overall Deductible	$5,000/ member $10,000/ family	$7,500/ member $15,000/ family	$500/ member $1,000/ family	$1,000/ member $2,000/ family	$1,500/ member $3,000/ family	$2,000/ member $4,000/ family	$2,500/ member $5,000/ family
Provider Networks Available	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect
Coinsurance (Member)	0%	0%	20%	20%	20%	20%	20%
Out-of-Pocket Maximum	$6,500/ member $13,000/ family	$8,550/ member $17,100/ family	$3,500/ member $7,000/ family	$4,000/ member $8,000/ family	$4,500/ member $9,000/ family	$5,000/ member $10,000/ family	$5,500/ member $11,000/ family
Primary Care (PCP) Visit	$30	$30	$30	$30	$30	$30	$30
Specialist Visit	$60	$60	$60	$60	$60	$60	$60
Urgent Care	$50	$50	$50	$50	$50	$50	$50
Emergency Room Visit	No charge after deductible	No charge after deductible	$400	$400	$400	$400	$400
Emergency Transportation/ Ambulance	No charge after deductible	No charge after deductible	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance
Rx Level (Tier) 1 / 2 / 3 / 4	$20/$50/ $85/$150	$20/$50/ $85/$150	$20/$50/ $85/$150	$20/$50/ $85/$150	$20/$50/ $85/$150	$20/$50/ $85/$150	$20/$50/ $85/$150
Specialty Drug Level A / B / C / D	$70/$120/ $200/$250	$70/$120/ $200/$250	$70/$120/ $200/$250	$70/$120/ $200/$250	$70/$120/ $200/$250	$70/$120/ $200/$250	$70/$120/ $200/$250

This is only a brief summary of the benefit plans and is designed to help compare features of different plans. More detailed information about benefits, cost share, exclusions, and limitations is in the benefit plan booklets and plan Summary of Benefits and Coverage (SBC), which are available on request. If the terms of this summary differ from the terms of the benefit plan booklets, the terms of the booklets control and apply. Cost-share amounts are for covered services by providers in the plan's network. Services by out-of-network providers are typically subject to higher cost-share amounts. Members in plans with a copay drug benefit who pick a brand-name medication when a generic is available will pay the difference in cost plus the copay and any applicable deductible. All plans are subject to the exclusions and limitations on page 13.

MSHT MEDICAL PLANS

	PPO 80 | $3,000	PPO 80 | $4,500	PPO 80 | $6,000	PPO 70 | $2,000	PPO 70 | $3,000	PPO 70 | $4,500	PPO 70 | $6,000	PPO 70 | $7,500
Overall Deductible	$3,000/ member $6,000/ family	$4,500/ member $9,000/ family	$6,000/ member $12,000/ family	$2,000/ member $4,000/ family	$3,000/ member $6,000/ family	$4,500/ member $9,000/ family	$6,000/ member $12,000/ family	$7,500/ member $14,000/ family
Provider Networks Available	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect
Coinsurance (Member)	20%	20%	20%	30%	30%	30%	30%	30%
Out-of-Pocket Maximum	$6,000/ member $12,000/ family	$6,500/ member $13,000/ family	$7,000/ member $14,000/ family	$5,500/ member $11,000/ family	$6,000/ member $12,000/ family	$6,500/ member $13,000/ family	$7,500/ member $15,000/ family	$8,000/ member $16,000/ family
Primary Care (PCP) Visit	$30	$30	$30	$30	$30	$30	$30	$30
Specialist Visit	$60	$60	$60	$60	$60	$60	$60	$60
Urgent Care	$50	$50	$50	$50	$50	$50	$50	$50
Emergency Room Visit	$400	$400	$400	$400	$400	$400	$400	$400
Emergency Transportation/ Ambulance	20% coinsurance	20% coinsurance	20% coinsurance	30% coinsurance	30% coinsurance	30% coinsurance	30% coinsurance	30% coinsurance
Rx Level (Tier) 1 / 2 / 3 / 4	$20/$50/ $85/$150	$20/$50/ $85/$150	$20/$50/ $85/$150	$20/$50/ $85/$150	$20/$50/ $85/$150	$20/$50/ $85/$150	$20/$50/ $85/$150	$20/$50/ $85/$150
Specialty Drug Level A / B / C / D	$70/$120/ $200/$250	$70/$120/ $200/$250	$70/$120/ $200/$250	$70/$120/ $200/$250	$70/$120/ $200/$250	$70/$120/ $200/$250	$70/$120/ $200/$250	$70/$120 $200/$250

This is only a brief summary of the benefit plans and is designed to help compare features of different plans. More detailed information about benefits, cost share, exclusions, and limitations is in the benefit plan booklets and plan Summary of Benefits and Coverage (SBC), which are available on request. If the terms of this summary differ from the terms of the benefit plan booklets, the terms of the booklets control and apply. Cost-share amounts are for covered services by providers in the plan's network. Services by out-of-network providers are typically subject to higher cost-share amounts. Members in plans with a copay drug benefit who pick a brand-name medication when a generic is available will pay the difference in cost plus the copay and any applicable deductible. All plans are subject to the exclusions and limitations on page 13.

MSHT MEDICAL PLANS

	HSA 80 | $1,700*	HSA 80 | $3,400	HSA 70 | $6,000	HSA 100 | $3,400	HSA 100 | $5,000	HSA 100 | $7,900
Overall Deductible	$1,700/ member $3,400/ family	$3,400/ member $6,800/ family	$6,000/ member $12,000/ family	$3,400/ member $6,800/ family	$5,000/ member $10,000/ family	$7,900/ member $15,800/ family
Provider Networks Available	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect
Coinsurance (Member)	20%	20%	30%	0%	0%	0%
Out-of-Pocket Maximum	$4,500/ member $9,000/ family	$6,000/ member $12,000/ family	$7,500/ member $15,000/ family	$3,400/ member $6,800/ family	$5,000/ member $10,000/ family	$7,900/ member $15,800/ family
Primary Care (PCP) Visit	20% coinsurance	20% coinsurance	30% after deductible	No charge after deductible	No charge after deductible	No charge after deductible
Specialist Visit	20% coinsurance	20% coinsurance	30% after deductible	No charge after deductible	No charge after deductible	No charge after deductible
Urgent Care	20% coinsurance	20% coinsurance	30% after deductible	No charge after deductible	No charge after deductible	No charge after deductible
Emergency Room Visit	20% coinsurance	20% coinsurance	30% after deductible	No charge after deductible	No charge after deductible	No charge after deductible
Emergency Transportation/ Ambulance	20% coinsurance	20% coinsurance	30% after deductible	No charge after deductible	No charge after deductible	No charge after deductible
Rx Level (Tier) 1 / 2 / 3 / 4	20% coinsurance	20% coinsurance	30% after deductible	No charge after deductible	No charge after deductible	No charge after deductible
Specialty Drug Level A / B / C / D	20% coinsurance	20% coinsurance	30% after deductible	No charge after deductible	No charge after deductible	No charge after deductible

*The member deductible applies only to an individual or self-only plan purchase. A member with any covered dependent(s) must meet the family deductible. The family deductible must be met by one or more of the covered members before coinsurance applies.
This is only a brief summary of the benefit plans and is designed to help compare features of different plans. More detailed information about benefits, cost share, exclusions, and limitations is in the benefit plan booklets and plan Summary of Benefits and Coverage (SBC), which are available on request. If the terms of this summary differ from the terms of the benefit plan booklets, the terms of the booklets control and apply. Cost-share amounts are for covered services by providers in the plan's network. Services by out-of-network providers are typically subject to higher cost-share amounts. All plans are subject to the exclusions and limitations on page 13.

HELPFUL TERMS AND DEFINITIONS

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.

Business Size Definitions

These plans are offered to employers who are members of MSHT and are considered large for purposes of the Affordable Care Act (ACA) – the average number of total employees on business days during the previous calendar year is 2 or more.

Emergency Services

For emergency services, members will pay their in-network cost share, even if services are received from out-of-network providers. Also, out-of-network providers can't balance bill for the difference between the allowed amount and the billed charge.

Out-of-Pocket Costs

These are expenses for medical care that aren't reimbursed by insurance. Out-of-pocket costs include deductibles, coinsurance, and copays for covered services, plus all costs for services that aren't covered. Not all out-of-pocket expenses are applied to the plan's maximum out-of-pocket benefit.

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.

Prescriptions and Medications

AZ Blue applies limitations to certain prescription medications obtained through the pharmacy benefit. A complete formulary of covered medications and limitations is available online at **azblue.com/pharmacy** or by calling the number on the back of your member ID card. These limitations include, but are not limited to, prior authorization, quantity, age, gender, dosage, and frequency of refill limitations. Plans are also subject to:

- A step therapy program that requires members to take preferred products, including but not limited to the generic version of certain medications, before AZ Blue and/or the pharmacy benefit manager will consider coverage of the brand-name version of that medication.
- A preferred generics program. This means that when a member or provider selects a brand product when a generic product is available, the member will be responsible for their copay and any applicable deductible plus the cost difference between the brand and generic product. Exceptions are made only when the member is approved for the brand-name medication through the step therapy program or if AZ Blue prefers the brand product over the generic product. No additional exceptions to this cost-sharing amount will be made.

AZ Blue prescription medication limitations are subject to change at any time without prior notice.

MEDICAL EXCLUSIONS AND LIMITATIONS

Excluded Services & Other Covered Services:

Services these plans generally do NOT cover.
(Check the policy or plan document for more information and a list of any other excluded services.)

- Acupuncture
- Care that is not medically necessary
- Cosmetic surgery, cosmetic services, and supplies
- Custodial care
- Dental care, except as stated in plan
- Durable medical equipment (DME) rental/repair charges that exceed DME purchase price
- Experimental and investigational treatments, except as stated in plan
- Eyewear, except as stated in plan
- Fertility and infertility medication and treatment
- Flat feet treatment and services
- Genetic and chromosomal testing, except as stated in plan
- Habilitation services, except certain autism services
- Hearing aids
- Home healthcare and infusion therapy exceeding 42 visits (of up to 4 hours) / calendar year
- Homeopathic services
- Inpatient extended active rehabilitation (EAR) facility treatment exceeding 120 days per calendar year and inpatient skilled nursing facility (SNF) treatment exceeding 180 days per calendar year
- Long-term care, except long-term acute care up to a 365-day benefit plan maximum
- Massage therapy other than allowed under evidence-based criteria
- Naturopathic services
- Out-of-network mail order, out-of-network specialty, and out-of-network 90-day retail supplies of drugs
- Private-duty nursing
- Respite care, except as stated in plan
- Routine foot care
- Routine vision exams
- Sexual dysfunction treatment and services
- Weight-loss programs

Other covered services.
(Limitations may apply to these services. This isn't a complete list. Please see the plan document.)

- Bariatric surgery
- Chiropractic care
- Non-emergency care when traveling outside the U.S.

COMPLETE THE PICTURE OF GOOD HEALTH

Employees today expect more than basic benefits. Attracting top talent requires comprehensive—and affordable—benefit packages that focus on total health and well-being. Because dental health is directly linked to overall health, offering dental coverage provides employers with a strong competitive hiring advantage.

Easy, Affordable, Comprehensive Dental Plans

BlueDental[SM] plans come in a variety of price points to fit your budget. Here's a look at the ways BlueDental can help make your dental health a priority.

- Covers 100% of preventive and diagnostic services with no cost to the member[1]
- Lets members roll over some unused annual maximum benefits into the next plan year[1]
- Covers preventive annual cleanings
- Includes a variety of covered services, from regular exams and cleanings to crowns and implants[1]
- Members can manage their health and dental plans on our convenient member portal

Advantages of BlueDental

BlueDental PPO

- Network: almost 8,000 access points in Arizona and over 300,000 nationwide
- Affordable coinsurance coverage for preventive, basic, and major services
- Out-of-network coverage
- Incentives on Optimum plans to get two checkups and cleanings in a plan year[1]
- Composite (white or tooth-colored) fillings on all teeth and implant services
- Maximum rollover and a 24-month rate guarantee provide long-term benefits and value
- One additional cleaning for members with diabetes and women who are expecting
- Orthodontic coverage[1]

BlueDental DHMO

- BlueDental DHMO providers are mainly located in Maricopa and Pima counties in Arizona
- Members know exact copay amount for each covered service
- Unlimited annual benefits
- In-network coverage only
- No deductibles
- Orthodontic discounts
- Composite (white or tooth-colored) fillings on all teeth and implant services
- Discounts on certain cosmetic services like teeth whitening

[1] Limitations, exclusions, and frequency limits apply. Not all plans cover all services.

MSHT Dental Plans

	BlueDental Value Series			BlueDental Optimum Series	
	BlueDental PPO Plans		BlueDental DHMO Plans	BlueDental PPO Plans	
	PPO 50-1000 A V	PPO 50-1500 A V	DHMO High	PPO 50-1500 A2 O	PPO 25-2000 A2 O with 1500 Adult and Child Ortho
Funding Arrangement	Employer Paid or Voluntary	Employer Paid or Voluntary	Employer Paid or Voluntary	Employer Paid or Voluntary	Employer Paid or Voluntary
Plan Type	PPO	PPO	DHMO	PPO	PPO
Annual Maximum Benefit (In-Network/ Out-of-Network)	$1,000	$1,500	Unlimited	$1,500	$2,000
Deductible (Single/Family)	$50/$150	$50/$150	None	$50/$150	$25/$75
In-Network (Preventive/Basic/ Major)	100/80/50	100/80/50	Copay schedule	100/80/50	100/90/60
Out-of-Network (Preventive/Basic/ Major)	80/60/40	80/60/40	None (emergency only)	80/60/40	80/70/40
Out-of-Network Reimbursement	Maximum allowable charge	Maximum allowable charge	None	Maximum allowable charge	Maximum allowable charge

In-network services available through the BlueDental network. A listing of providers in the BlueDental network can be found at azblue.com.

All per-year benefits mean per calendar year.

Only the allowed amount, as based on least expensive available treatment (LEAT), if applicable (and not billed charges), counts to satisfy the deductible. There may be several methods for treating a specific dental condition. All claims for restorative services such as fillings and crowns are subject to analysis for the least expensive available treatment (LEAT). Benefits for restorative procedures will be limited to the LEAT only. For these procedures, AZ Blue will pay benefits only up to the LEAT fee. Members may elect to receive a service that is more costly than the LEAT, but the member will be responsible for cost share based on the LEAT, and will also pay the difference between the fee for the LEAT and the more costly treatment (LEAT balance bill). Any payment made for this LEAT balance bill will not count toward the deductible or out-of-pocket maximum.

Detailed information about benefits, exclusions, and limitations is in the Dental Benefit Book or rider and is available prior to enrollment upon request.

THE MEMBER EXPERIENCE

The AZ Blue Customer Service team is dedicated to providing members with solutions quickly and accurately.

Our concierge model of customer care delivers a one-and-done solution, which means customer service representatives handle benefit-related calls and inquiries about claims.

Claims and Customer Service

- Provide help navigating the healthcare system
- Serve all members, regardless of resident state
- Are local, with Arizona-based call centers
- Offer direct access to qualified Spanish-speaking staff
- Provide assistance in over 140 languages (via translated services)
- Have experienced staff with an average tenure of 4.7 years[1]

- **Customer care first call resolution:** 73.6%
- **Customer care average speed to answer:** 31 seconds
- Our standard service hours are 8 a.m. to 5 p.m. (Arizona time)

[1] AZ Blue internal data, 2024

MEMBER ENGAGEMENT TOOLS AND RESOURCES

We have the tools and resources available for members to make educated decisions on their healthcare choices. Members can access all of the following by logging in to the member portal at **azblue.com**/member. You can access the AZ Blue Portal through your mobile device, desktop, or tablet.

Find a Doctor:
Easily find a provider, hospital, or lab in a plan's network with this online tool.

Spending Accounts:
Integrates with the member portal for easy administration of funds.

Claims & Spending:
Check claims status and deductible details all in one place.

Telehealth:
Virtual visits with providers–anytime, anywhere–can be made using the **BlueCare Anywhere** telehealth service.

Pharmacy Tools:
Allows for quick searches of medications, verifications of special authorization requirements, and checks for quantity limits through the formulary drug search. Medication home delivery requests can be submitted and tracked by signing in to the **AZ Blue portal** account at **azblue.com**/member and clicking the **Pharmacy** link.

Discount Program:
Discounts are available through Blue365® on national brands for fitness gear, wearables, gym memberships, healthy eating options, and more.

Care Cost Estimator:
More than 1,600 procedures, including common surgeries and diagnostic services, are accessible for cost estimating and comparison.

TELEHEALTH SERVICES

Nurse On Call

Members can connect with a nurse 24/7 to get answers to questions about symptoms they are experiencing, minor illnesses and injuries, medical tests, or preventive care, as well as suggestions for next steps based on their situation.[1]

BlueCare Anywhere

With BlueCare Anywhere, members can connect to board-certified doctors and healthcare professionals by live video for urgent medical care, counseling, and psychiatry sessions. The BlueCare Anywhere telehealth service is available any day, any time—from a computer, tablet, or mobile device.

Medical

Board-certified doctors and healthcare professionals provide immediate care for a range of common illnesses, aches, and pains, and can prescribe medication.

Counseling

Licensed psychologists or counselors are available to treat issues—such as mental health and substance use—that can affect emotional, psychological, and social well-being. By appointment only.

Psychiatry

Board-certified psychiatrists are available for assessments, evaluation, and treatment, and can prescribe medication. By appointment only.

Download the **BlueCare Anywhere mobile app**[2] or visit **BlueCareAnywhereAZ.com.**

BlueCare Anywhere is also accessible in the member portal by logging in to **azblue.com**/member, clicking **Find Care,** and then selecting **BlueCare Anywhere.**

Call 911 in an emergency.

[1]AZ Blue members should always consult with their healthcare provider about medical care or treatment. Recommendations, advice, services, or online resources are not a substitute for the advice, opinion, or recommendation of a healthcare provider.

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

HEALTH AND WELLNESS

AZ Blue has partnered with Sharecare to bring employers a truly differentiated digital health and wellness experience. Available at no additional cost, Sharecare helps our members manage all their health in one place–no matter where they are on their journey. Members can access their accounts at **azblue.sharecare.com,** by downloading the Sharecare app, or through the member portal by logging in to **azblue.com**/member, clicking on **Health and Wellness,** and selecting **Sharecare.**

RealAge Test

How old are you–really? Sharecare's RealAge® Test is a scientifically based assessment that shows the true age of the body you're living in based on your behaviors and existing conditions.

Personalized Timeline

Once the RealAge Test is completed, members will receive personalized and relevant wellness tips, actionable recommendations to improve their RealAge, videos, and more.

Guided Programs

Members have access to short, guided programs to help boost their mental strength, follow along with quick workouts, improve sleep, and much more.

Unwinding

Unwinding is an evidence-based, digital program based on mindfulness helping members reduce stress, build resilience, and improve mental well-being. Unwinding offers on-demand, in-the-moment tools to ease stress throughout the day. This is a program for anyone dealing with mild to moderate stress who wants simple but effective tools to manage their stress.

Sharecare is an independent company contracted to provide this online program and/or services for AZ Blue. Information provided by Sharecare is not a substitute for the advice or recommendations of a healthcare provider. RealAge and Sharecare are registered trademarks of Sharecare, Inc.

CARE MANAGEMENT

AZ Blue's programs support the patient/provider relationship and enhance the overall healthcare experience for our members. When we help members better manage their health, they can more effectively manage their daily activities, be more productive at work, and reduce healthcare costs.

Members can take advantage of the following programs:

Care Management

Members with conditions like diabetes, congestive heart failure, asthma, COPD, coronary artery disease, behavioral health, hypertension, or many other health needs get the extra help they need. Care managers work with members to understand their health needs, help coordinate care, find health resources, and provide guidance for managing their condition and health goals.

Hospital to Home

When members are transitioning home from a critical care hospital stay, we help ensure that they're getting the care, medications, and equipment they need to reduce potential hospital readmissions. We will assess the member's needs and assist the member with follow-up doctor and therapy appointments, equipment, and community services, to name a few.

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TO LEARN MORE

VISIT

azmed.org/ahp

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