

BluePortfolio PPO Plan Benefit Summary



An Independent Licensee of the Blue Cross and Blue Shield Association

This plan is available for issuance effective October 1, 2008

BluePreferred Portfolio is a qualified high-deductible plan for use with a health savings account (HSA). All services are subject to your deductible, except preventive services. You must satisfy certain criteria to be eligible to open and contribute to an HSA. Check with your tax or legal advisor regarding whether you satisfy these criteria.

Provider Information – Out-of-pocket costs will differ depending on which type of provider is selected.

In-Network Providers

In-network providers have a contract with Blue Cross Blue Shield of Arizona. Members pay lower out-of-pocket costs when they receive covered services from in-network providers. In-network providers will file members' claims with Blue Cross Blue Shield of Arizona. In-network providers are independent contractors exercising independent medical judgment and are not employees, agents or representatives of Blue Cross Blue Shield of Arizona (BCBSAZ). In-network providers are also available outside Arizona through the BlueCard® program. To locate BlueCard PPO providers, call (800) 810-BLUE or check the BlueCard Doctor and Hospital Finder at bcbs.com.

Out-Of-Network Providers

Out-of-network providers have no contract with BCBSAZ. Members pay higher out-of-network costs when they receive covered services from out-of-network providers. Out-of-network providers are not obligated to file members' claims.

BCBSAZ has no control over any diagnosis, treatment or service rendered by any provider.

Allowed Amount

The allowed amount is the amount of reimbursement allocated to a covered service.

For most claims, BCBSAZ bases the allowed amount on the lesser of a provider's billed charges or the applicable BCBSAZ fee schedule, including any contractual arrangements BCBSAZ has negotiated with an in-network provider. For claims from out-of-state providers, BCBSAZ generally bases the allowed amount on the lesser of the provider's billed charges or the contractual price negotiated by the Blue plan in the state where services were rendered. For emergency services provided by an out-of-network provider, either in Arizona or out-of-state, BCBSAZ bases the allowed amount on billed charges. The allowed amount includes any BCBSAZ payment plus any member cost-sharing.

For in-network providers, BCBSAZ reimburses the provider the allowed amount, minus any portion allocated to member cost-share. For out-of-network providers, BCBSAZ reimburses the member the allowed amount, minus any portion allocated to member cost-share.

The allowed amount is the figure that BCBSAZ uses to calculate any deductible or coinsurance and to accumulate toward any out-of-pocket maximum. The allowed amount does not include access fees, precertification charges and any balance bills from out-of-network providers.

Balance Bills

The balance bill refers to the amount members may be charged for the difference between an out-of-network provider's billed charges and the allowed amount ("balance bill"). Balance bills can be substantial.

In-network providers have agreed to accept the allowed amount for covered services. They will not charge members for the balance bill. They will collect only the member's cost-share portion, such as deductible, coinsurance or copay amounts. However, when there is another source of payment, such as a liability insurer or government payer, in-network providers may be entitled to collect their balance bill from the other source or from proceeds received from the other source.

Out-of-network providers have no obligation to accept the allowed amount as payment in full. **All out-of-network providers may bill you up to their full billed charges.** Members are responsible for paying up to an out-of-network provider's billed charges for covered services, even though BCBSAZ will reimburse members' claims based on the allowed amount, less any deduction for the member's cost share portion. Depending on what billing arrangements members make with an out-of-network provider, the provider may charge members for full billed charges at the time of service or seek to balance bill members for the difference between billed charges and the amount of BCBSAZ reimbursement. The balance bill may be substantial. Any amounts paid for balance bills do not count toward deductible, coinsurance or the out-of-pocket maximum.

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	IN-NETWORK PROVIDER		OUT-OF-NETWORK PROVIDER ¹	
Deductible (Calendar-year) In-network deductibles are accumulated separately from out-of-network deductibles. Deductible must be met for all covered services except for preventive services.	Self-only* \$1,750	Family * \$3,500	Self-only* \$2,250	Family * \$4,000
	*Unless otherwise stated, the self-only deductible must be met on single policies and the family deductible must be met on family policies before BCBSAZ will pay for covered services.		*Unless otherwise stated, the self-only deductible must be met on single policies and the family deductible must be met on family policies before BCBSAZ will pay for covered services.	
	<u>Per member</u> \$3,000 \$5,500	<u>Family</u> \$6,000 \$11,000	<u>Per member</u> \$3,500 \$6,000	<u>Family</u> \$6,500 \$11,500
Coinsurance This is a percentage you must pay for covered services after meeting the calendar-year deductible.	BCBSAZ pays 100% , you pay 0% of the allowed amount for most covered services, after meeting deductible.		BCBSAZ pays 50% , you pay 50% (50%/50%) of the allowed amount for most covered services, after meeting deductible.	
Out-of-Pocket Maximum (Calendar-year) The in-network out-of-pocket maximum is accumulated separately from the out-of-network out-of-pocket maximum.	<u>Per member</u> \$5,000	<u>Family</u> \$10,000	<u>Per member</u> \$10,000	<u>Family</u> \$20,000
	The out-of-pocket maximum is based on the allowed amount rather than a provider's billed charges. Precertification charges, amounts paid for noncovered services and out-of-network providers' balance bills do not count toward meeting the maximum. You must continue to pay all these cost share amounts even after meeting the maximum.			
Physician Services – Office Services Primary care physicians (PCP) include internal medicine, family practice, general practice and pediatrics. All other physicians are specialists.	BCBSAZ pays 100% after meeting deductible.		50%/50% after meeting deductible.	
Urgent Care	BCBSAZ pays 100% after meeting deductible.		50%/50% after meeting deductible.	
Preventive Services <ul style="list-style-type: none"> Certain Screening Services Immunizations Routine Physicals Mammography 	BCBSAZ pays 100% after meeting deductible.		50%/50% deductible waived for mammography; all other preventive services not covered.	
	The deductible does not apply to covered preventive services.			
	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.			
Laboratory Services	BCBSAZ pays 100% after meeting deductible.		50%/50% after meeting deductible.	
Other Professional Services	BCBSAZ pays 100% after meeting deductible.		50%/50% after meeting deductible.	
	Other professional services include diagnostic, surgical and anesthesia services rendered outside the physician's office.			
Prescription Medications at Retail and Mail Order Pharmacy² BCBSAZ applies limitations to certain prescription medications obtained through the retail and mail order pharmacy benefit. A list of these medications and limitations is available online at azblue.com or by calling the BCBSAZ Prescription Benefits Unit. These limitations include, but are not limited to, quantity, age and gender limitations. BCBSAZ prescription medication limitations are subject to change at any time without prior notice.	BCBSAZ pays 100% after meeting deductible.		50%/50% after meeting deductible. You are also responsible for the difference between a noncontracted pharmacy's price and the allowed amount.	
	Payment for mail order must be made with a debit or credit card and is only available through the contracted mail order provider.		Mail order is not covered through a noncontracted provider.	

	IN-NETWORK PROVIDER	OUT-OF-NETWORK PROVIDER ¹
Inpatient Hospital³	BCBSAZ pays 100% after meeting deductible.	50%/50% after meeting deductible.
Outpatient Services	BCBSAZ pays 100% after meeting deductible.	50%/50% after meeting deductible.
Emergency	\$150 access fee per member, per provider, per day, then BCBSAZ pays 100% after meeting deductible; emergency room access fee is waived if you are admitted to the hospital.	
Maternity – Complications of Pregnancy Only	BCBSAZ pays 100% after meeting deductible.	50%/50% after meeting deductible.
Physical, Occupational and Speech Therapy	BCBSAZ pays 100% after meeting deductible.	50%/50% after meeting deductible.
Chiropractic	BCBSAZ pays 100% after meeting deductible.	50%/50% after meeting deductible.
Vision Exams (Routine)	BCBSAZ pays 100% after meeting deductible for one routine eye exam per member, per calendar year.	Reimbursement up to \$25 for one routine eye exam per member, per calendar year.
Ambulance Services	BCBSAZ pays 100% after meeting deductible.	
Behavioral and Mental Health Services³ Both in-network and out-of-network admissions count toward the 2-admission, 30-day limit.	<p style="text-align: center;">Outpatient: maximum of 20 psychological sessions per member, per calendar year.</p> <p>BCBSAZ pays 100% after meeting deductible. 50%/50% after meeting deductible.</p> <p style="text-align: center;">Inpatient: Two admissions per member, per calendar year, up to a combined total of 30 days.</p> <p style="text-align: center;">Inpatient facility and professional services:</p> <p>BCBSAZ pays 100% after meeting deductible. 50%/50% after meeting deductible.</p> <p style="text-align: center;">\$25,000 per member plan maximum for all services while the benefit plan is in force.</p>	
Inpatient Rehabilitation Services³ Both in-network and out-of-network admissions count toward the 120-day per member calendar-year limit.	BCBSAZ pays 100% after meeting deductible.	50%/50% after meeting deductible. Coverage is limited to 120 days per member, per calendar year.
Skilled Nursing Facility³ Both in-network and out-of-network admissions count toward the 180-day per member calendar-year limit.	BCBSAZ pays 100% after meeting deductible.	50%/50% after meeting deductible. Coverage is limited to 180 days per member, per calendar year.
Home Health²	BCBSAZ pays 100% after meeting deductible. Certain injectable medications are also available through the specialty self-injectable medication benefit.	50%/50% after meeting deductible.
Specialty Self-Injectable Medications through Specialty Pharmacy² For certain specified self-injectable prescription biologic medications. Specialty self-injectable medications are not covered under the retail and mail order medication benefit.	Contracted <u>Specialty Pharmacy</u> BCBSAZ pays 100% after meeting deductible. Please refer to azblue.com for a listing of specialty self-injectable medications and contracted specialty pharmacies or call BCBSAZ. See Home Health.	Not covered (see Home Health).
Bariatric Surgery³	\$1,000 access fee per member, per surgery in addition to applicable deductible and coinsurance.	
Benefit Plan Maximum	\$5,000,000 maximum benefit per member while the benefit plan is in force. All payments by BCBSAZ (for both in-network and out-of-network providers) apply toward the benefit plan maximum.	

1 Out-of-network providers may charge members their full billed charges. After insurance reimbursement based on the allowed amount, less any deduction for the member's cost share portion, members are responsible to pay the balance bill. The obligation to pay the balance bill continues even after the member's out-of-pocket maximum is met.

2 Precertification is required for certain medications including all specialty self-injectable medications. Lists of medications that require precertification and the process for obtaining precertification is available on the BCBSAZ Web site at azblue.com or by calling BCBSAZ at (602) 864-4273 or (800) 232-2345, ext. 4273. Otherwise covered eligible medications will not be covered if precertification is not obtained when required.

3 Precertification is required. If precertification is not obtained, services will not be covered or you will be subject to a precertification charge.

Explanatory Notes:

- BCBSAZ Medical Coverage Guidelines are BCBSAZ medical, dental and administrative criteria that are developed from review of published, peer-reviewed medical and dental literature and other relevant information and used to help BCBSAZ determine whether a service, procedure, medical device or medication is eligible for benefits under a member's benefit plan. For services to be eligible for coverage under this benefit plan, the services must, in addition to other specified requirements, be considered medically necessary by BCBSAZ based on the BCBSAZ Medical Coverage Guidelines that are available upon request. Where benefits are provided by a third-party administrator, the third-party administrator may determine medical necessity based on its own criteria, which is also available upon request.
- Precertification is the process BCBSAZ uses to determine eligibility for certain benefits. The member is responsible for making sure his or her physician obtains precertification approval. If precertification is not obtained, the member's benefits may be denied, or the member may be subject to a precertification charge. The member's provider must call for precertification at (602) 864-4320 or (800) 232-2345, ext. 4320. Please refer to the precertification requirements in the benefit plan booklet, which will be sent to the member upon enrollment or upon request prior to enrollment.
- This is only a brief summary of benefits and exclusions. Please refer to the specific provisions found within the benefit plan booklet for detailed information about benefits, limitations and exclusions. If the benefits listed in this summary differ from those stated in the benefit plan booklet, the terms of the benefit plan booklet apply. There is no guarantee of continued benefits outlined in this summary or the benefit plan booklet. The benefit plan may be amended, and benefits may be added, deleted or changed by BCBSAZ upon 31 days' notice to the policy holder.

Exclusions and Limitations – Examples of Services and Supplies Not Covered

The following is a partial list of conditions and services that are limited or excluded. Expenses for services that exceed benefit limitations are not covered. Detailed information about benefits, limitations and exclusions is in the benefit plan booklet and is available prior to enrollment upon request. **Pre-existing condition waiting periods and waivers apply.**

- Abortions, except as stated in the benefit plan
- Activity therapy
- Acupuncture
- Alternative medicine – Non-traditional and alternative medical therapies; interventions; services and procedures not commonly accepted as part of allopathic or osteopathic curriculum and practices; naturopathic and homeopathic medicine; diet therapies; nutritional and lifestyle therapies; aromatherapy
- Autism spectrum disorders (ASD) – services related to treatment of ASD
- Benefit-specific exclusions and limitations listed in the benefit plan booklet under particular benefits
- Biofeedback and hypnotherapy, except as stated in the benefit plan
- Body art, piercing and tattooing and any related complications
- Charges associated with the preparation, copying or production of health records
- Cognitive and vocational therapy
- Complications of noncovered benefits
- Computer speech training and therapy programs and devices
- Cosmetic services and any related complications – surgery and any related complications, procedures, treatment, office visits, consultations and other services for cosmetic purposes. This exclusion does not apply to breast reconstruction following a medically necessary mastectomy.
- Counseling and behavioral modification services, except as stated in the benefit plan
- Court-ordered services, except as stated in the benefit plan
- Custodial care
- Dental, except as stated in the benefit plan
- Dietary and nutritional supplements, except as stated in the benefit plan
- Expenses for services that exceed benefit limitations
- Experimental or investigational services
- Fees other than for medically appropriate, in-person, direct member services, except as stated in the benefit plan
- Fertility and infertility services
- Flat feet
- Foot care, except as stated in the benefit plan
- Free services
- Genetic and chromosomal testing and screening
- Government services provided at no charge to the member through a governmental program or facility
- Growth hormone, except as specified in BCBSAZ Medical Coverage Guidelines, and growth hormone to treat Idiopathic Short Stature (ISS)
- Hearing services and devices, except as stated in the benefit plan
- Lodging and meals, except as stated in the benefit plan
- Maintenance services – services rendered after a member has met functional goals; services rendered when no objectively measurable improvement is reasonably anticipated, services to prevent regression to a lower level of function, services to prevent future injury and services to improve or maintain posture
- Manipulation of the spine under anesthesia
- Massage therapy, except in limited circumstances as described in the BCBSAZ Medical Coverage Guidelines
- Maternity, except as stated in the benefit plan
- Medications dispensed in a provider's office – prescription medications and over-the-counter medications, including pharmaceutical manufacturers' samples, dispensed to the member in a provider's office
- Medications which are:
 - Not FDA approved
 - Not required by the FDA to be obtained with a prescription
 - Not used in accordance with BCBSAZ Medical Coverage Guidelines
 - Used to treat a condition not covered by BCBSAZ
 - Off-label, unlabeled and orphan medications, except as stated in the benefit plan
- Neurofeedback
- Non-medically necessary services as determined by BCBSAZ. BCBSAZ may not be able to determine medical necessity until after services are rendered
- Over-the-counter items, except as stated in the benefit plan
- Personal comfort items
- Reversal of sterilization
- Screening tests, except as stated in the benefit plan
- Services for Idiopathic Environmental Intolerance
- Services for weight loss and gain, except as stated in the benefit plan
- Services from a family member – services that are provided by an eligible provider who is part of the member's immediate family. When a provider is also the covered person, services rendered by that provider for him/her are excluded from coverage.
- Services from ineligible providers
- Services paid for by other organizations
- Services provided prior to effective date
- Services provided after the member's coverage termination date, except as stated in the benefit plan
- Services provided by a proficient substitute for a professional caregiver.
- Services related to or associated with noncovered services
- Services without a prescription when a prescription is required
- Services for sexual dysfunction, regardless of the cause, and all medications for the treatment of sexual dysfunction
- Smoking cessation programs, medications, aids and devices
- Spinal decompression or vertebral axial decompression therapy
- Strength training, except as stated in the benefit plan
- Telephonic and electronic consultations, except as stated in the benefit plan
- Therapy services, except as stated in the benefit plan
- Training and education, except as stated in the benefit plan
- Transplants and related services not precertified by BCBSAZ
- Transportation services and travel expenses, except as stated in the benefit plan
- Transsexual treatment, surgery, medications and related services
- Treatment for behavioral and mental health conditions in a non-acute facility, such as residential or skilled nursing facilities
- Vision therapy; all types of refractive keratoplasties; any other procedures, treatments and devices for refractive correction; eyeglasses and contact lenses; vision examinations for fitting of eyeglasses and contact lenses, except as stated in the benefit plan
- Vitamins, except as stated in the benefit plan
- Workers' Compensation – illnesses or injuries covered by Workers' Compensation, unless the member is exempt from such coverage or has made a statutory opt-out election
- **AN 11-MONTH WAITING PERIOD FOR PRE-EXISTING CONDITIONS APPLIES.** A pre-existing condition is defined as a condition, regardless of the cause of the condition, for which medical advice, diagnosis, care or treatment was recommended or received during the 12 months before your effective date. Services for pre-existing conditions are not covered until 11 consecutive months after the benefit plan effective date.