

# Summary of Benefits

## BlueSelect®

### Plan 20



An Independent Licensee of the Blue Cross and Blue Shield Association

Effective 07-01-08

azblue.com

### Provider Information

BlueSelect is a BCBSAZ Health Maintenance Organization (HMO) plan. With BlueSelect, the member is not required to have a primary care physician (PCP) direct their care. The member does not need a referral to see a specialist or other ancillary provider within the BlueSelect network. However, except for emergencies, all covered services must be provided by BlueSelect network providers. BlueSelect providers will also file claims for the member.

- Contracted providers are independent contractors exercising independent medical judgment and are not employees, agents or representatives of BCBSAZ. BCBSAZ has no control over any diagnosis, treatment or service rendered by any provider.
- BCBSAZ has negotiated various reimbursement methods with contracted providers. These providers have agreed to accept the BCBSAZ allowed amount for covered services provided to BCBSAZ members. This means that after payment of deductible, coinsurance or copay amounts, these providers will not bill the member for the difference between the provider's billed charges and the BCBSAZ allowed amount for the services. However, when there is another source of payment, such as a liability insurer or government payer, providers may be entitled to collect from the other source or from proceeds received from the other source any difference between the provider's billed charges and the BCBSAZ allowed amount.
- Reimbursement to both members and providers is based on the BCBSAZ allowed amount. The BCBSAZ allowed amount is generally calculated using the lesser of billed charges or the applicable BCBSAZ fee schedule, including any contractual arrangements.
- While traveling outside of Arizona, the BlueCard Access program is available when the member needs urgent care services or authorized follow-up care.

Except for emergency situations, you must use BlueSelect providers in order for services to be eligible for coverage.

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<b>Out-of-Pocket Maximum</b>	<b>\$2,500</b> per person, per calendar year
<b>Physician Services</b> – Primary care physicians (PCP) include family practice, general practice, internal medicine and pediatrics. (All other physicians are specialists.)	<b>\$20</b> copay (per person, per provider, per day) for most covered services performed in a PCP physician's office. <b>Physician office visit copays do not count toward satisfaction of the out-of-pocket maximum.</b>
<b>Physician Services</b> – Specialist Office Services	<b>\$30</b> copay (per person, per provider, per day) for most covered services performed in a specialist physician's office; no referral from PCP is required by BCBSAZ. <b>Physician office visit copays do not count toward satisfaction of the out-of-pocket maximum.</b>
<b>Laboratory Services</b>	In a physician's office, applicable office visit copay applies. At contracted, freestanding, independent clinical labs and all other providers, BCBSAZ pays <b>100%</b> for covered services. <b>Physician office visit copays do not count toward satisfaction of the out-of-pocket maximum.</b>
<b>Other Professional Services</b> Covered professional services include diagnostic, radiology, surgical and anesthesia services rendered outside the physician's office.	BCBSAZ pays <b>100%</b> for covered services.
<b>Radiology</b> (Facility charges only)	<b>\$100</b> copay (per procedure type, per person, per provider, per day) for CT, MRI <sup>†</sup> , MRA <sup>†</sup> and PET scans <sup>†</sup> . Copays are waived for high tech radiology services performed while the member is an inpatient at an acute hospital or while receiving treatment in the emergency room.  For all other radiology services, BCBSAZ pays <b>100%</b> for covered services.
<b>Inpatient – Hospital<sup>†</sup></b>	<b>\$250</b> copay per person, per day (for a maximum of three days) per admission then BCBSAZ pays <b>100%</b> for covered services.
<b>Outpatient Services other than Radiology</b> (Facility charges)	<b>\$100</b> copay for outpatient surgery (per person, per surgery) then BCBSAZ pays <b>100%</b> for covered services. BCBSAZ pays <b>100%</b> for all other covered outpatient services.

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<b>Emergency Room</b>	<b>\$150</b> copay (per person, per provider, per day) then BCBSAZ pays <b>100%</b> for covered services; emergency room copay is waived if member is admitted to the hospital.
<b>Ambulance</b>	BCBSAZ pays <b>100%</b> for covered services.
<b>Urgent Care</b>	<b>In Arizona - \$50</b> copay (per person, per provider, per day) then BCBSAZ pays <b>100%</b> for covered services.  <b>Out-of-State</b> - If a member is outside Arizona and needs urgent medical care, he/she may call the BlueCard <i>Access</i> network at (800) 810-BLUE. Member will be directed to the nearest network source of medical care. Covered services are subject to the applicable copay, depending on where services are received. Precertification may be required for some services.
<b>Bariatric Surgery†</b> (Inpatient and Outpatient Surgery)	<b>\$1,000</b> copay (per person, per surgery) in addition to <b>\$250</b> inpatient admission copay per person, per day (for a maximum of three days) per admission or <b>\$100</b> outpatient surgery copay (per person, per surgery), depending on where the surgery is performed, then BCBSAZ pays <b>100%</b> for covered services.
<b>Prescription Medications at Retail and Mail Order Pharmacy</b> A prescription medication mail order program is available for maintenance medications.	<b>Retail copays:</b> <b>\$10</b> Level One copay <b>\$25</b> Level Two copay <b>\$50</b> Level Three copay <b>\$80</b> Level Four copay  <b>Mail order copays:</b> <b>\$ 20</b> Level One copay <b>\$ 50</b> Level Two copay <b>\$100</b> Level Three copay <b>\$160</b> Level Four copay  <b>Retail and mail order prescription medication copays and coinsurance do not count toward satisfaction of the out-of-pocket maximum.</b>  Precertification is required for certain medications covered under the retail and mail order pharmacy benefit. A list of medications that require precertification and the process for obtaining precertification is available on the BCBSAZ Web site at <a href="http://azblue.com">azblue.com</a> 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.
<b>Specialty Self-Injectable Medications Through Specialty Pharmacy†</b> For certain specified self-injectable prescription biologic medications.	<b>\$ 30</b> Level A copay <b>\$ 60</b> Level B copay <b>\$ 90</b> Level C copay <b>\$120</b> Level D copay  <b>Specialty self-injectable medication copays do not count toward satisfaction of the out-of-pocket maximum.</b>  Please refer to <a href="http://azblue.com">azblue.com</a> or call BCBSAZ for a listing of specialty self-injectable medications and contracted specialty pharmacies.  Specialty injectable medications are <b>not</b> covered under the Home Health or retail and mail order pharmacy benefits.  Precertification is required for all medications obtained under this benefit.
<b>Home Health</b>	BCBSAZ pays <b>100%</b> for covered services.  Precertification is required for certain medications provided through the Home Health benefit. A list of medications that require precertification is available on the BCBSAZ Web site at <a href="http://azblue.com">azblue.com</a> or by calling BCBSAZ at (602) 864-4320 or (800) 232-2345, ext 4320. Otherwise covered eligible medications will not be covered if precertification is not obtained when required.  Specialty injectable medications are <b>not</b> covered under the Home Health benefit.
<b>Preventive Care</b> <ul style="list-style-type: none"><li>Well-child care</li><li>Well-woman care</li><li>Well-man care</li><li>Routine Physicals</li></ul>	<b>\$20/\$30</b> copay (per person, per provider, per day) depending on whether services are received from a PCP or specialist.  <b>Physician office visit copays do not count toward satisfaction of the out-of-pocket maximum.</b>
<b>Mammography</b>	BCBSAZ pays <b>100%</b> for covered services.
<b>Maternity</b>	<b>Physician:</b> Office visit copay applies only to first prenatal visit.  <b>Hospital:</b> <b>\$250</b> copay per person, per day (for a maximum of three days) per admission then BCBSAZ pays <b>100%</b> for covered services.  <b>Physician office visit copays do not count toward satisfaction of the out-of-pocket maximum.</b>

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<b>Physical, Occupational &amp; Speech Therapy</b>	<p><b>Physical/Occupational Therapy:</b> BCBSAZ pays <b>100%</b> for first <b>80</b> modalities or therapeutic services per person, per calendar year.</p> <p><b>Speech Therapy:</b> BCBSAZ pays <b>100%</b> for first <b>20</b> visits per person, per calendar year.</p> <p>After the first <b>80</b> modalities or <b>20</b> visits, BCBSAZ pays <b>50%</b>, member pays <b>50%</b> of the BCBSAZ allowed amount up to the <b>\$2,500</b> per person, per calendar year out-of-pocket maximum. After the out-of-pocket maximum is met, BCBSAZ pays <b>100%</b> for covered services for the remainder of the calendar year.</p>
<b>Chiropractic Services†</b>	<p><b>\$30</b> copay per person, per visit. Benefits are available for <b>12</b> medically necessary chiropractic visits per person, per calendar year for treatment of neck and back pain through the chiropractic services administrator.</p> <p><b>Chiropractic services copays do not count toward satisfaction of the out-of-pocket maximum.</b></p>
<b>Behavioral/Mental Health†</b>	<p>Behavioral health services must be provided and authorized <b>exclusively</b> by the behavioral services administrator (BSA).</p> <p><b>Inpatient:</b> <b>\$250</b> copay per person, per day (for a maximum of three days) per admission then BCBSAZ pays <b>100%</b> for covered services, up to a maximum of <b>30</b> days per person, per calendar year.</p> <p><b>Outpatient:</b> Unlimited psychotherapy and counseling - <b>\$15</b> copay (per person, per visit). Services are <b>only</b> available in Arizona.</p> <p><b>Behavioral health inpatient and outpatient copays do not count toward satisfaction of the out-of-pocket maximum.</b></p>
<b>Skilled Nursing Facility†</b> Limited to <b>90</b> days per person, per calendar year.	<p><b>\$250</b> copay per person, per day (for a maximum of three days) per admission then BCBSAZ pays <b>100%</b> for up to <b>90</b> days per person, per calendar year.</p>
<b>Inpatient Extended Active Rehabilitation†</b> Limited to <b>60</b> days per person, per calendar year.	<p><b>\$250</b> copay per person, per day (for a maximum of three days) per admission then BCBSAZ pays <b>100%</b> for up to <b>60</b> days per person, per calendar year.</p>
<b>Vision Exams (Routine) and Eyewear Discounts</b>	<p><b>\$30</b> copay for one routine vision exam (per person, per calendar year). Eyewear discounts available.</p> <p><b>Routine vision exam copays do not count toward satisfaction of the out-of-pocket maximum.</b></p>

† Precertification is required. If precertification is not obtained, services will be subject to denial of benefits.

### Important Information:

- 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 specific criteria that is 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 requested procedures or services. For example: Except for an emergency or maternity, hospital services require precertification. Member is responsible for making sure his/her physician obtains appropriate precertification approval. If precertification is not obtained, services will be subject to denial of benefits. 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.
- When the price BCBSAZ pays a contracted pharmacy for a medication is less than the member's cost share, some pharmacies will charge the member the BCBSAZ price. However, many pharmacies will charge the member the retail price (if also less than the cost share), rather than the BCBSAZ price. The member will not be required to pay more than the applicable cost share for covered medications at a contracted pharmacy.
- 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 BCBSAZ. 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.

**Note:** This is only a brief summary of this benefit plan. More detailed information regarding benefits, limitations and exclusions is in the benefit plan booklet and is available prior to enrollment upon request. If the benefits on this summary differ from those stated in the benefit plan booklet, the terms of the benefit plan booklet apply.

# Exclusions & Limitations

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.

- Abortions, except as stated in the benefit plan
- Activity therapy
- Acupuncture
- Alternative medicine, non-traditional or alternative medical therapies, including but not limited to, naturopathic and homeopathic medicine, diet therapies; nutritional or lifestyle therapies, aromatherapy
- Biofeedback and hypnotherapy
- Cognitive and vocational therapy
- Complications of body piercing or tattooing
- Complications of noncovered benefits
- Cosmetic or aesthetic surgery and services, except for breast reconstruction following a medically necessary mastectomy, in accordance with state and federal law
- Costs paid by other organizations – costs and services customarily paid for by an employer, the government, biotechnical, pharmaceutical or medical device industry sources or other individuals or organizations, including but not limited to, worksite or ergonomic evaluations
- Counseling and behavioral modification services, except as stated in the benefit plan
- Court-ordered services – testing, treatment or therapy, except as stated in the benefit plan
- Custodial care, except for limited hospice benefits
- Dental/orthodontic services and supplies
- Dietary and nutritional supplements - all dietary, caloric and nutritional supplements, including, for example, specialized formulas for infants, children or adults or other special foods or diets, even if prescribed by a physician or other eligible provider, except as stated in the benefit plan
- Environmental medicine
- Fees other than for medically appropriate in-person, direct patient treatment, tests, services, medications, supplies and equipment
- Fertility or infertility treatment, medications or procedures
- Foot care
- Genetic and chromosome testing and screening
- Government services – services available under a government health program
- Growth hormone(s) – except as determined medically necessary by BCBSAZ to treat diagnostically proven growth hormone deficiency. Growth hormone(s) to treat Idiopathic Short Stature (ISS) is expressly excluded.
- Hearing services and devices, except as stated in the benefit plan
- Inpatient treatment for substance abuse, except for detoxification
- Investigational treatments, procedures, equipment, medications, devices and supplies, as determined by BCBSAZ, unless required by Arizona law
- Lodging and meals, except for covered transplant travel benefits
- Manipulation under anesthesia. This does not include reductions of fractures and dislocations done under anesthesia.
- Massage therapy, except as stated in the benefit plan
- Medications dispensed in provider's office – prescription medications and over-the-counter medications, including pharmaceutical manufacturers' samples dispensed to the patient in a provider's office by any mode of administration
- Medications for off-label, unlabeled or orphan medications (Orphan medications are used for diagnosis, treatment or prevention of a rare disease or condition, unless otherwise specified by BCBSAZ medical or prescription medication coverage guidelines. This does not include medications used for the treatment of cancer.)
- 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 medications – any medication, device, equipment, supply (except for certain diabetic supplies and inhaler spacers, as described in the retail pharmacy benefit) that is lawfully obtainable without a prescription
- Personal comfort items
- Screening tests, except as stated in the benefit plan
- Services and supplies delivered prior to the coverage effective date or after the coverage termination date
- Services and supplies related to or associated with a noncovered service or supply
- Services for which the member has no legal obligation to pay
- Services from family member(s) – services that are provided by an eligible provider who is part of the member's immediate family
- Services not requiring a licensed professional
- Services of ineligible providers
- Services without a prescription, when a prescription is required
- Sexual dysfunction – evaluation, testing, diagnosis, treatment (surgical or non-surgical), medication and devices for sexual dysfunction, regardless of the cause of the condition, including trauma
- Smoking cessation programs, medications, aids and devices
- Strength training, cardiovascular endurance training, fitness/strengthening programs and other services designed to improve or increase fitness
- 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 (organ, tissue, bone marrow/peripheral stem cell rescue procedures) not approved by BCBSAZ; high-dose chemotherapy, radiation administered in conjunction with a noncovered transplant, expenses related to donation of an organ to a recipient who is not covered by BCBSAZ
- Transport services and travel expenses, except as stated in the benefit plan
- Transsexual treatment and surgery and any related services
- Treatment for behavioral/mental health conditions at non-acute facilities (e.g., residential, skilled nursing)
- Vision therapy, radial keratotomy, all types of refractive keratoplasties, eyeglasses and contact lenses and the vision examination for prescribing and fitting of same
- Vitamins – except for certain vitamins when a prescription is written by a physician
- Weight loss/gain therapy and treatment, except as stated in the benefit plan
- When a provider is also the covered person, services rendered by that provider for him/herself are excluded from coverage
- Workers' Compensation – services for an illness or injury covered by Workers' Compensation or similar benefits, unless the member is exempt from such coverage or has made a statutory opt-out election