

2023 Summary of Benefits

BlueJourney (PPO) – Maricopa & Pima Counties



An Independent Licensee of the Blue Cross Blue Shield Association

2023 Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a licensed Medicare consultant at **1-888-274-0367, TTY: 711**.

Understanding the Benefits

- The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit **azblue.com/medicare** or call **480-937-0409** (in Arizona) or toll-free at **1-800-446-8331, TTY: 711** to view a copy of the EOC.
- Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- Review the formulary to make sure your drugs are covered.

Understanding Important Rules

- In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- Benefits, premiums, and/or copayments/coinsurance may change on January 1, 2024.
- Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services provided by a non-contracted provider, the provider must agree to treat you. Except in an emergency or urgent situation, non-contracted providers may deny care. In addition, you will pay a higher copay for services received by non-contracted providers.

Summary of Benefits

January 1, 2023 – December 31, 2023

This is a summary of health and drug services covered by Blue Cross® Blue Shield® of Arizona (BCBSAZ).

BCBSAZ is contracted with Medicare to offer HMO and PPO Medicare Advantage plans and PDP plans. Enrollment in BCBSAZ plans depends on contract renewal.

The benefit information provided in this booklet is a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, call us and ask for the "Evidence of Coverage," or you can see it on our website at [azblue.com/medicare](https://www.azblue.com/medicare).

Things to know about BCBSAZ



Hours of Operation

- From October 1 to March 31, you can call us seven days a week from 8 a.m. to 8 p.m.
- From April 1 to September 30, you can call us Monday through Friday from 8 a.m. to 8 p.m.



BCBSAZ Phone Numbers and Website

- If you are a member of this plan, call **480-937-0409** (in Arizona) or toll-free at **1-800-446-8331, TTY: 711**.
- If you are not a member of this plan, call toll-free **1-888-274-0367, TTY: 711**.
- Our website: **[azblue.com/medicare](https://www.azblue.com/medicare)**.



Who can join?

To join BCBSAZ, you must have both Medicare Part A and Medicare Part B and live in our service area.

- **BlueJourney (PPO) (H5140-001)** is available in Maricopa County
- **BlueJourney (PPO) (H5140-002)** is available in Pima County



Which doctors, hospitals, and pharmacies can I use?

BCBSAZ BlueJourney is a Preferred Provider Organization (PPO) plan. BCBSAZ has a network of doctors, hospitals, pharmacies, and other providers. If you use the providers in our network, you may pay less for your covered services. But if you want to, you can also use providers that are not in our network. For more detailed information about our providers, you can call Member Services (phone numbers are printed on the back cover of this booklet) or visit our website at **[azblue.com/medicare](https://www.azblue.com/medicare)**.

Out-of-network/non-contracted providers are under no obligation to treat BCBSAZ members, except in emergency situations. Please call our Member Service number or see your Evidence of Coverage for more information, including the cost sharing that applies to out-of-network services.

You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website at **[azblue.com/medicare](https://www.azblue.com/medicare)**.

Members enrolled in PPO plans can receive their healthcare from doctors, hospitals, and other providers from either in-network or out-of-network providers as long as the services are covered benefits and are medically necessary. If you use an out-of-network provider, your share of the costs for your covered services may be higher.

BCBSAZ also has an extensive network of pharmacies to fill your prescriptions for covered Part D drugs. You must generally use these network pharmacies.



What do we cover?

Like all Medicare health plans, we cover everything that Original Medicare covers – and more.

- **Our plan members get all of the benefits covered by Original Medicare. For some of these benefits, you may pay more in our plan than you would in Original Medicare. For others, you may pay less.**
- **Our plan members also *get more than what is covered by Original Medicare*. Some of the extra benefits are outlined in this booklet.**

We cover Part D drugs. In addition, we cover Part B drugs, such as chemotherapy and some drugs administered by your provider.

- You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website: **azblue.com/medicare**.
- Or, call us and we will send you a copy of the formulary.



How will I determine my drug costs?

Our plan groups each medication into one of six “tiers.” You will need to use your formulary to locate what tier your drug is on to determine how much it will cost you. The amount you pay depends on the drug’s tier and what stage of the benefit you have reached. Later in this document we discuss the benefit stages that occur: Yearly Deductible (if applicable), Initial Coverage, Coverage Gap, and Catastrophic Coverage.

If you want to know more about the coverage and costs of Original Medicare, look in your current *Medicare & You 2023* handbook. View it online at **www.medicare.gov** or get a copy by calling **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, 7 days a week. TTY users should call **1-877-486-2048**.

Existing members with questions may call Member Services at **480-937-0409** (in Arizona) or toll-free at **1-800-446-8331, TTY: 711**. Hours are 8 a.m. to 8 p.m.; Monday through Friday from April 1 to September 30, and seven days a week from October 1 to March 31.

Summary of Benefits January 1, 2023 – December 31, 2023

Premiums and Benefits	BlueJourney (PPO) Maricopa County (H5140-001) Pima County (H5140-002)	
Monthly Plan Premium You must keep paying your Medicare Part B premium.	\$68 per month	
Deductible (medical)	\$0	
Maximum Out-of-Pocket Responsibility Please note: You must pay your monthly premiums and cost sharing for your Part D prescription drugs. Part D drugs are not counted toward the Maximum Out-of-Pocket amount.	In-network: \$3,600 is the most you pay during the calendar year for covered Medicare Part A and B services received from in-network providers.	Out-of-network: \$5,400 is the most you pay during the calendar year for covered Medicare Part A and B services received from out-of-network providers. \$5,400 is the most you pay during the calendar year for covered Medicare Part A and Part B services received from both in-network and out-of-network providers. If you reach out-of-pocket cost limits, you keep getting covered Part A and Part B hospital and medical services and we will pay the full cost for the rest of the year.
Inpatient Hospital Coverage	In-network: \$250 copay per day for days 1-6 May require prior authorization.	Out-of-network: 40% coinsurance for each medically necessary inpatient stay
Outpatient Hospital Coverage Outpatient Hospital Facility for Surgery or Other Procedures (e.g., endoscopy and cardiac catheterization). May require prior authorization.	In-network: \$250 copay per visit	Out-of-network: 40% coinsurance
Ambulatory Surgery Center (ASC) ASC visit or other procedures such as endoscopy, cardiac catheterization, etc.	In-network: \$200 copayment	Out-of-network: 40% coinsurance
Doctor Visits	In-network: Primary Care Provider (PCP) visit: \$0 copay Specialist visit: \$30 copay	Out-of-network: Primary Care Provider (PCP) visit: \$30 copay Specialist visit: \$50 copay

Premiums and Benefits	BlueJourney (PPO) Maricopa County (H5140-001) Pima County (H5140-002)	
<p>Preventive Care</p> <p>Our plan covers many preventive services, including:</p> <ul style="list-style-type: none"> • Abdominal aortic aneurysm screening • Alcohol misuse counseling • Bone mass measurement • Breast cancer screening (mammogram) • Cardiovascular disease (behavioral therapy) • Cardiovascular screenings • Cervical and vaginal cancer screening • Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy) • Depression screening • Diabetes screenings • HIV screening • Medical nutrition therapy services • Obesity screening and counseling • Prostate cancer screenings (PSA) • Sexually transmitted infections screening and counseling • Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease) • Vaccines, including flu shots, hepatitis B shots, pneumococcal shots, and COVID-19 vaccines • “Welcome to Medicare” preventive visit (one-time) • Annual Wellness Visit <p>Any additional preventive services approved by Medicare during the contract year will be covered.</p>	<p>In-network:</p> <p>\$0 copay</p>	<p>Out-of-network:</p> <p>40% coinsurance</p>
<p>Emergency Care (Within the United States and its territories)</p> <p>Please note: If you are admitted to the hospital within one (1) day with the same condition, you do not have to pay your share of the cost for emergency care.</p>	<p>In-network:</p> <p>\$125</p>	<p>Out-of-network:</p> <p>\$125</p>

Premiums and Benefits	BlueJourney (PPO) Maricopa County (H5140-001) Pima County (H5140-002)	
Emergency Care (Worldwide)	In-network: Not applicable	Out-of-network: Emergency Room: \$100 copay Emergency Transportation: \$100 copay \$60,000 combined lifetime limit for worldwide emergency and urgent care
Urgent Care (Within the United States and its territories)	In-network: \$30 copay	Out-of-network: \$30 copay
Urgent Care (Worldwide)	In-network: Not applicable	Out-of-network: \$100 copay \$60,000 combined lifetime limit for worldwide emergency and urgent care
Diagnostic Services, Labs, and Imaging Refer to Outpatient Diagnostic Tests, Therapeutic Services, and Supplies for additional services and coverage details. Costs may vary based on place of service.	In-network: Diagnostic tests and procedures: \$0 to \$75 copayment or 20% coinsurance, depending on the service Lab services: \$0 copay, depending on the service X-ray with or without contrast (e.g., chest aortagram, IVP, BE): \$0 copay May require prior authorization.	Out-of-network: Diagnostic tests and procedures: 40% coinsurance, depending on the service Lab services: 40% coinsurance, depending on the service X-ray with or without contrast (e.g., chest aortagram, IVP, BE): 40% coinsurance

Premiums and Benefits	BlueJourney (PPO) Maricopa County (H5140-001) Pima County (H5140-002)	
<p>Outpatient Diagnostic Tests, Therapeutic Services, and Supplies</p>	<p>In-network:</p> <p>Pain Management Assessment (evaluation and management only): \$30 copay</p> <p>Pain Management Treatment (e.g., epidurals, pain blockers, and injections): \$75 copay per treatment</p> <p>Radiation Therapy: 20% coinsurance</p> <p>Electrocardiogram (EKG): 0% coinsurance</p> <p>May require prior authorization.</p>	<p>Out-of-network:</p> <p>Pain Management Assessment (evaluation and management only): 40% coinsurance</p> <p>Pain Management Treatment (e.g., epidurals, pain blockers, and injections): 40% coinsurance</p> <p>Radiation Therapy: 40% coinsurance</p> <p>Electrocardiogram (EKG): 40% coinsurance</p>
<p>Hearing Services (Medicare Covered)</p> <p>Hearing exam by network PCP or specialist to diagnose and treat hearing and balance issues.</p>	<p>In-network:</p> <p>\$25 copay</p>	<p>Out-of-network:</p> <p>40% coinsurance</p>
<p>Hearing Services (Non-Medicare Covered)</p> <p>Services are covered through TruHearing® providers. Includes hearing aid fitting and evaluation.</p>	<p>In-network:</p> <p>Hearing exam: \$0 copay</p> <p>Up to two TruHearing-branded hearing aids every year (one per ear per year). Benefit is limited to TruHearing’s Advanced (\$699) and Premium (\$999) hearing aids. Includes free rechargeable upgrade.</p>	<p>Out-of-network:</p> <p>Non-Medicare hearing exam: 40% coinsurance</p> <p>TruHearing provider must be used for in- and out-of-network hearing aid benefits. Benefits received out-of-network are subject to any in-network benefit maximums, limitations, and/or exclusions.</p>

Premiums and Benefits	BlueJourney (PPO) Maricopa County (H5140-001) Pima County (H5140-002)	
<p>Dental Services (Medicare Covered)</p> <p>Dental services that are an integral part either of a covered procedure (e.g., reconstruction of the jaw following accidental injury), or for extractions done in preparation for radiation treatment for neoplastic diseases involving the jaw.</p> <p>Oral examinations, but not treatment, preceding kidney transplantation or heart valve replacement, under certain circumstances</p>	<p>In-network: 20% coinsurance</p>	<p>Out-of-network: 40% coinsurance</p>
<p>Dental Services (Non-Medicare Covered)</p> <p>Preventive/comprehensive dental services are covered when received from a participating dental provider.</p>	<p>In-network: \$10 office visit copay \$3,000 benefit maximum per calendar year for all services.</p> <p>Preventive: \$0 copay</p> <ul style="list-style-type: none"> • two oral exams per year • two cleanings per year • two bitewing X-rays per year <p>Basic: 50% coinsurance</p> <ul style="list-style-type: none"> • fillings • emergency treatment of dental pain • simple extractions <p>Major: 50% coinsurance</p> <ul style="list-style-type: none"> • Bridges, dentures • Crowns, inlays/onlays • Implants • 7-year replacement limit 	<p>Out-of-network: \$10 office visit copay \$3,000 benefit maximum per calendar year for all services.</p> <p>Preventive: \$0 copay</p> <ul style="list-style-type: none"> • two oral exams per year • two cleanings per year • two bitewing X-rays per year <p>Basic: 50% coinsurance</p> <ul style="list-style-type: none"> • fillings • emergency treatment of dental pain • simple extractions <p>Major: 50% coinsurance</p> <ul style="list-style-type: none"> • Bridges, dentures • Crowns, inlays/onlays • Implants • 7-year replacement limit

Premiums and Benefits	BlueJourney (PPO) Maricopa County (H5140-001) Pima County (H5140-002)	
<p>Vision Care (Medicare Covered)</p>	<p>In-network: Exam to diagnose and treat diseases and conditions of the eye: \$30 copay Yearly glaucoma and diabetic retinopathy screening: \$0 copay Eyeglasses or contact lenses after cataract surgery: 20% coinsurance</p>	<p>Out-of-network: Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma and diabetic retinopathy screening): 40% coinsurance Eyeglasses or contact lenses after cataract surgery: 40% coinsurance</p>
<p>Vision Care (Non-Medicare Covered)</p> <p>Routine vision services including non-medical eye examination through Davis Vision® providers without any medical conditions or symptoms for the purpose of checking vision, screening for eye disease, and/or updating eyeglasses or contact lens prescriptions.</p>	<p>In-network: \$0 copay for routine eye exam Eyewear coverage: \$200 single-purchase annual allowance through Davis Vision providers</p>	<p>Out-of-network: Routine eye exam: 40% coinsurance Eyewear coverage: 40% coinsurance for an annual single purchase. Davis Vision provider must be used for in- and out-of-network vision benefits. Benefits received out-of-network are subject to any in-network benefit maximums, limitations, and/or exclusions.</p>
<p>Mental Health Services</p>	<p>In-network: Inpatient psychiatric hospital visit: \$250 copay per day for days 1-6 Outpatient individual or group therapy visit: \$30 copay</p>	<p>Out-of-network: Inpatient psychiatric hospital visit: 40% coinsurance for each mental health inpatient stay Outpatient individual or group therapy visit: 40% coinsurance</p>

Premiums and Benefits	BlueJourney (PPO) Maricopa County (H5140-001) Pima County (H5140-002)	
<p>Skilled Nursing Facility (SNF)</p> <p>Plan covers up to 100 days per benefit period in an SNF.</p>	<p>In-network:</p> <p>\$0 copay per day for days 1-20</p> <p>\$196 copay per day for days 21-40</p> <p>\$0 copay per day for days 41-100</p> <p>May require prior authorization.</p>	<p>Out-of-network:</p> <p>40% coinsurance for each SNF stay</p>
<p>Physical Therapy</p> <p>Physical therapy services are provided in various outpatient settings.</p> <p>One copay per date of service, per type of therapy</p>	<p>In-network:</p> <p>\$40 copay</p>	<p>Out-of-network:</p> <p>40% coinsurance</p>
<p>Ambulance</p> <p>Prior authorization is required for non-emergency transportation by ambulance.</p>	<p>In-network:</p> <p>Ground Ambulance: \$275 copay per one-way transport</p> <p>Emergency Air and Water Ambulance Transport: 20% coinsurance per one-way transport</p>	<p>Out-of-network:</p> <p>Ground Ambulance: \$275 copay per one-way transport for emergency ground ambulance services. 40% coinsurance for non-emergency ground ambulance services</p> <p>Emergency Air and Water Ambulance Transport: 20% coinsurance per one-way transport</p>
<p>Transportation</p>	<p>Not Covered</p>	<p>Not Covered</p>

Premiums and Benefits	BlueJourney (PPO) Maricopa County (H5140-001) Pima County (H5140-002)	
<p>Medicare Part B Drugs</p> <p>A separate office copay may apply if other services are rendered at the time of the visit.</p> <p>In some cases, the plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, the plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, the plan will then cover Drug B. This requirement is called “step therapy”.</p> <p>Certain drugs require prior authorization.</p>	<p>In-network:</p> <p>Chemotherapy drugs: 20% coinsurance</p> <p>Other Part B drugs: 20% coinsurance</p>	<p>Out-of-network:</p> <p>Chemotherapy drugs: 40% coinsurance</p> <p>Other Part B drugs: 40% coinsurance</p>
<p>Acupuncture Services (Medicare Covered)</p> <p>Treatment for chronic low back pain. Must use American Specialty Health® (ASH) participating providers.</p>	<p>In-network:</p> <p>\$30 copay</p> <p>May require prior authorization.</p>	<p>Out-of-network:</p> <p>40% coinsurance</p>
<p>Acupuncture Services (Non-Medicare Covered)</p> <p>Plan covers routine care for 30 combined visits between chiropractic, acupuncture, and therapeutic massage services per year. You must use an American Specialty Health (ASH) acupuncture provider.</p>	<p>In-network:</p> <p>\$15 copay</p> <p>May require prior authorization.</p>	<p>Out-of-network:</p> <p>\$15 copay</p> <p>American Specialty Health (ASH) provider must be used for in- and out-of-network benefits. Benefits received out of network are subject to any in-network benefit maximums, limitations, and/or exclusions.</p>
<p>Annual Physical Examination (Non-Medicare covered)</p> <p>One exam per year. Typically includes tests such as a check of vital signs; measurement of height, weight, and blood pressure; and an inspection of body.</p>	<p>In-network:</p> <p>\$0 copay</p>	<p>Out-of-network:</p> <p>40% coinsurance</p>

Premiums and Benefits	BlueJourney (PPO) Maricopa County (H5140-001) Pima County (H5140-002)	
<p>Chiropractic Services (Medicare Covered)</p> <p>Manipulation of the spine to correct a subluxation (when one or more of the bones in your spine move out of position).</p>	<p>In-network: \$20 copay May require prior authorization.</p>	<p>Out-of-network: 40% coinsurance</p>
<p>Chiropractic Services (Non-Medicare Covered)</p> <p>Plan covers routine care for 30 combined visits between chiropractic, acupuncture, and therapeutic massage services per year. You must use an American Specialty Health (ASH) chiropractic provider.</p>	<p>In-network: \$15 copay May require prior authorization.</p>	<p>Out-of-network: \$15 copay American Specialty Health (ASH) provider must be used for in-and out-of-network benefits. Benefits received out of network are subject to any in-network benefit maximums, limitations, and/or exclusions.</p>
<p>Foot Care (Podiatry services) (Medicare covered)</p> <p>Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions.</p> <p>Routine foot care (non-Medicare covered) is not covered.</p>	<p>In-network: \$30 copay</p>	<p>Out-of-network: 40% coinsurance</p>
<p>Meals</p> <p>Plan may provide fourteen (14) meals per qualifying discharge from an authorized stay at an inpatient hospital, skilled nursing facility, or rehabilitation facility when arranged by Plan staff.</p> <p>Meal types include general wellness, lower sodium, heart friendly, diabetic friendly, renal friendly, gluten-free, vegetarian, cancer support, and pureed.</p>	<p>In-network: Home delivery includes a single delivery of (14) refrigerated fresh meals by a designated vendor. Good for two weeks.</p>	<p>Out-of-network: Home delivery includes a single delivery of (14) refrigerated fresh meals by a designated vendor. Good for two weeks.</p>

Premiums and Benefits	BlueJourney (PPO) Maricopa County (H5140-001) Pima County (H5140-002)	
<p>Medical Equipment / Supplies</p> <ul style="list-style-type: none"> • Durable Medical Equipment <ul style="list-style-type: none"> • wheelchairs, crutches, hospital bed, insulin pump, IV infusion pump, oxygen equipment, nebulizer and walker, therapeutic shoes or inserts • Prosthetic devices <ul style="list-style-type: none"> • braces, artificial limbs • Diabetes supplies <p>A separate office visit cost share may apply if other services are rendered at the time of the visit.</p>	<p>In-network:</p> <p>Medically necessary durable medical equipment covered by Original Medicare: 20% coinsurance</p> <p>Prosthetic devices: 20% coinsurance</p> <p>Medicare-covered diabetes monitoring supplies from preferred manufacturer (Abbott): \$0 copay for supplies and 20% coinsurance for continuous blood glucose monitoring devices</p> <p>Medicare-covered diabetes monitoring supplies from non-preferred manufacturers: 20% coinsurance</p> <p>All other Medicare-covered diabetes supplies: 20% coinsurance</p> <p>May require prior authorization.</p>	<p>Out-of-network:</p> <p>Medically necessary durable medical equipment covered by Original Medicare: 40% coinsurance</p> <p>Prosthetic devices: 40% coinsurance</p> <p>Medicare-covered diabetes supplies, including monitoring supplies: 40% coinsurance</p>

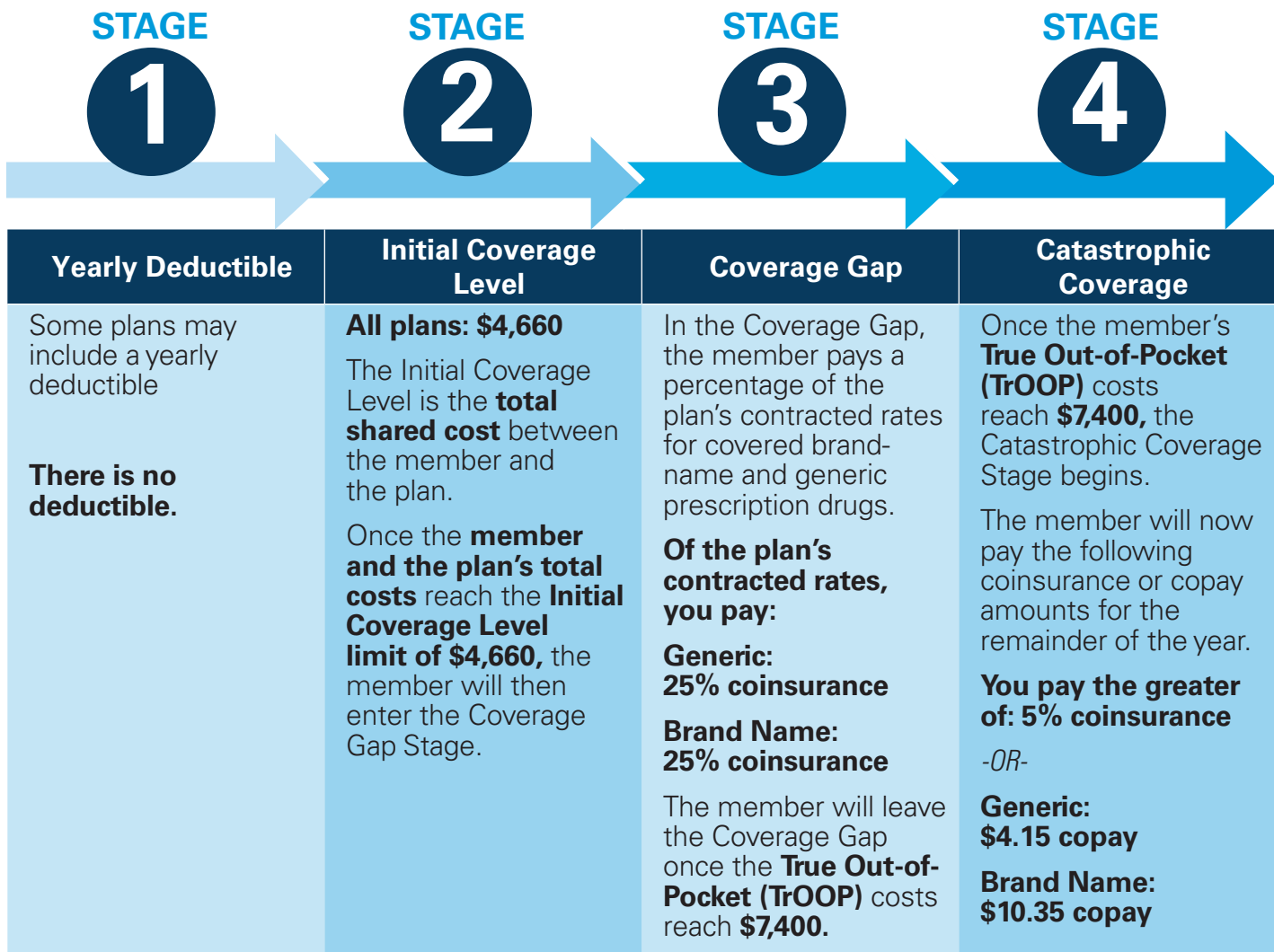
Premiums and Benefits	BlueJourney (PPO) Maricopa County (H5140-001) Pima County (H5140-002)	
<p>Over-the-Counter (OTC) Products</p> <p>Quarterly (January, April, July, October) flexible benefits allowance on a prepaid card to help you cover out-of-pocket expenses on health-related OTC products.</p> <p>Benefit dollars can be spent at participating retail locations. Visit your MyBenefits portal at azblue.com/NationsBenefits for locations and additional information. Unused benefit dollars will expire at the end of each quarter.</p> <p>Benefit is not a replacement for your current standalone benefits and is designed to help offset out-of-pocket expenses. This flexible benefit is only for your personal use, cannot be sold or transferred, and has no cash value. Your card must be activated before you use your benefits. To activate your card, visit azblue.com/NationsBenefits/activate.</p>	<p>\$50 allowance per quarter</p>	
<p>Rehabilitation Services</p> <p>Outpatient occupational therapy and speech language therapy rehabilitation services are provided in various outpatient settings.</p> <p>Cardiac rehabilitation includes exercise, education, and counseling for members who meet certain conditions with a doctor’s order. The plan also covers intensive cardiac and pulmonary rehabilitation programs that are typically more rigorous or more intense than cardiac rehabilitation programs.</p>	<p>In-network:</p> <p>Copay per service type:</p> <p>Cardiac rehabilitation: \$25 copay</p> <p>Pulmonary rehabilitation: \$20 copay</p> <p>Speech Language Therapy: \$40 copay</p>	<p>Out-of-network:</p> <p>Coinsurance per service type:</p> <p>Cardiac rehabilitation: 40% coinsurance</p> <p>Pulmonary rehabilitation: 40% coinsurance</p> <p>Speech Language Therapy: 40% coinsurance</p>
<p>Therapeutic Massage (Non-Medicare Covered)</p> <p>Plan covers routine care for 30 combined visits between chiropractic, acupuncture, and therapeutic massage services per year. You must use an American Specialty Health (ASH) massage therapy provider.</p>	<p>In-network: \$15 copay</p> <p>May require prior authorization from the plan.</p>	<p>Out-of-network: \$15 copay</p> <p>American Specialty Health (ASH) provider must be used for in-and out-of-network benefits. Benefits received out of network are subject to any in-network benefit maximums, limitations, and/or exclusions.</p>

Premiums and Benefits	BlueJourney (PPO) Maricopa County (H5140-001) Pima County (H5140-002)	
<p>Fitness Programs</p> <p>The Silver&Fit® program has Something for Everyone®. The Healthy Aging and Exercise Program offers the following at no cost to you:</p> <ul style="list-style-type: none"> • Workout Plans: Receive a customized workout plan by answering a few online questions. • Digital Workouts: View on-demand videos through the website and mobile app digital workout library, including Silver&Fit Signature Series Classes®. • Fitness Center Membership: Visit participating fitness centers or YMCAs near you that take part in the program.* • Home Fitness Kits: Receive one Home Fitness Kit per benefit year from a variety of fitness categories. • Well-Being Club: Visit SilverandFit.com to set your preferences for well-being topics and see resources (including Social Clubs**) tailored to your interests and healthy habit goals. • Healthy Aging Coaching: Participate in telephone sessions with a trained coach to discuss topics like exercise, nutrition, social isolation, and brain health. • Track your activity with the Silver&Fit Connected!™ tool. Also earn rewards for reaching new activity milestones. <p>*Non-standard membership services calling for added fees are not part of the Silver&Fit program and will not be reimbursed.</p> <p>**ASH Fitness has no affiliations, interest, endorsements, or sponsorships with any of the organizations or clubs. Some clubs may require a fee to join. Such fees are not part of the Silver&Fit programs and will not be reimbursed by ASH Fitness. The Silver&Fit program is provided by American Specialty Health Fitness, Inc., a subsidiary of American Specialty Health Incorporated (ASH). Limitations and restrictions may apply. Participating facilities and fitness chains may vary by location and are subject to change. Kits and rewards are subject to change.</p>	<p>In-network:</p> <p>You pay nothing*</p>	<p>Out-of-network:</p> <p>Benefits received out of network are subject to any in-network benefit maximums, limitations, and/ or exclusions.</p>

Prescription Drug Benefits

The Part D prescription drug benefit has **four stages of coverage** as shown below. In each stage, you and the plan pay a different share of your prescription drug costs.

The cost sharing may change when entering another stage of the Part D prescription drug coverage benefit. For more information, you may contact BCBSAZ at **1-888-274-0367, TTY: 711** from 8 a.m. to 8 p.m., Monday through Friday from April 1 to September 30; and seven days a week from October 1 to March 31.



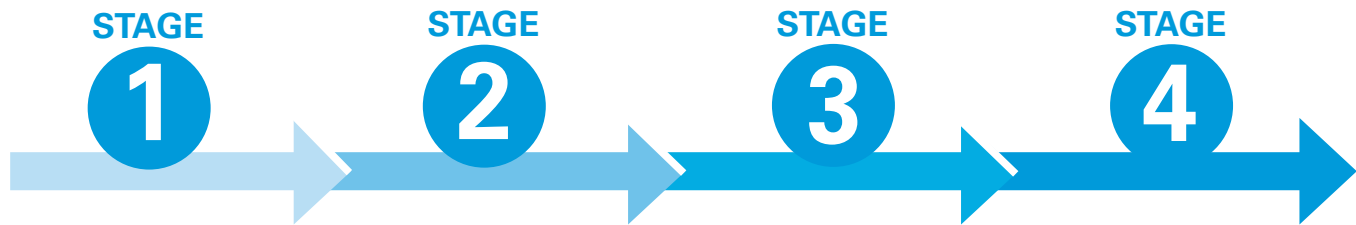
TrOOP costs are the out-of-pocket costs (copays, coinsurance, and deductibles) paid by the member or certain others on the member's behalf during Stages 1, 2, and 3. These costs count toward the member's Medicare drug plan annual out-of-pocket threshold of \$7,400. The TrOOP does not include premiums paid by the member or the plan.

What You Pay as a Member of This Plan

BlueJourney (PPO) – Maricopa County (H5140-001)

\$0 Monthly Premium

BlueJourney (PPO) – Pima County (H5140-002)



Yearly Deductible Stage	Initial Coverage Stage Up to \$4,660 spent towards covered drugs – based on the total shared cost between you and the Plan		Coverage Gap Stage This stage begins when the total shared drug costs reach \$4,660	Catastrophic Coverage Stage This stage begins when your total out-of-pocket drug costs reach \$7,400
Because we have no deductible, this payment stage does not apply to you.	30-Day Supply	Extended-Day Supply (Retail or Mail Order)		
Tier 1: Preferred Generic	\$0	\$0 (100-day supply)	Generics 25%	Pay the greater of 5% coinsurance
Tier 2: Generic	\$9	\$9 (100-day supply)	Brands 25%	- OR -
Tier 3: Preferred Brand	\$47	\$141		Generic \$4.15
Tier 4: Non-Preferred Brand	\$100	\$300		Brand Name \$10.35
Tier 5: Specialty	33%	Not Offered		
Tier 6: Part D Vaccines	\$0	\$0		

If a prescribed drug is not included on the current list of Covered Drugs (Formulary) or “Drug List,” the process for requesting a drug exception is discussed in Chapter 9, Section 6.2 of the Evidence of Coverage (EOC):

“If a drug is not covered in the way you would like it to be covered, you can ask us to make an ‘exception.’ An exception is a type of coverage decision. Similar to other types of coverage decisions, if we turn down your request for an exception, you can appeal our decision. When you ask for an exception, your doctor or other prescriber will need to explain the medical reasons why you need the exception approved. We will then consider your request.

If we agree to make an exception and cover a drug that is not on the Drug List, you will need to pay the cost-sharing amount that applies to drugs in Tier 4. You cannot ask for an exception to the copayment or coinsurance amount we require you to pay for the drug.”

Blue Cross Blue Shield of Arizona (BCBSAZ) complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. We provide free aids and services to people with disabilities to communicate effectively with us, such as qualified interpreters and written information in other formats such as large print and accessible electronic formats. We also provide free language services to people whose primary language is not English, such as qualified interpreters and written information in other languages. If you need these services call **1-800-446-8331, TTY: 711.**

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-800-446-8331, TTY: 711.**

Navajo: Díí baa akó nínízin: Díí saad bee yánílti’ go Diné Bizaad, saad bee áká’ ánída’ áwo’ dęę, t’áá jiiik’eh, éí ná hóló, kojí hódíílnih **1-800-446-8331, TTY: 711.**

Out-of-network/non-contracted providers are under no obligation to treat BCBSAZ members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost sharing that applies to out-of-network services.

BCBSAZ is contracted with Medicare to offer HMO and PPO Medicare Advantage plans and PDP plans. Enrollment in BCBSAZ plans depends on contract renewal.

Blue Cross®, Blue Shield®, and the Cross and Shield Symbols are registered service marks of the Blue Cross Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-800-446-8331. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-800-446-8331. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费^的翻译服务, 帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务, 请致电 1-800-446-8331。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問, 為此我們提供免費的翻譯服務。如需翻譯服務, 請致電 1-800-446-8331。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-800-446-8331. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-800-446-8331. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-800-446-8331 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí .

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-800-446-8331. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-800-446-8331 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-800-446-8331. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على بمساعدتك. هذه خدمة مترجم فوري، ليس عليك سوى الاتصال بنا على 1-800-446-8331. سيقوم شخص ما يتحدث العربية مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-800-446-8331 पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-800-446-8331. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portugués: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-800-446-8331. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-800-446-8331. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-800-446-8331. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-800-446-8331. にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

Navajo: T'áa hait'éego da ats'íís baa'áhayá doodago azee' aanídaa'níí níhinaaltsoos bee hadadít'éhígíí bąqah na'ídikid nee hólóqogo da nihi éí ata' halne'í bee áka'anída'awo'í t'áa jíik'eh nihee hóló. Ata' halne'í ta' yínikeedg kohjí' 1-800-446-8331 nihich'j' hodíilnih. T'áa háida Bilagáana Bizaad yee yátti'ígíí ta' níká'iilyeed dooleet. Díí t'áa jíik'eh bee níká'iilyeed dooleet.

Not a member yet?

Contact our Licensed Medicare Consultants:

1-888-274-0367, TTY: 711

Or contact your broker

Existing Members call:

480-937-0409 (in Arizona)

or toll-free at **1-800-446-8331, TTY: 711**

October 1 to March 31:

Seven days a week, 8 a.m. to 8 p.m.

April 1 to September 30:

Monday through Friday, 8 a.m. to 8 p.m.

azblue.com/medicare



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