

Blue is here to help. Find an affordable health plan that fits your healthcare needs.

Below provides a comparison of a sample Medicaid plan and our Blue Cross® Blue Shield® of Arizona (BCBSAZ) Affordable Care Act plan to show what's covered and cost of coverage.

Benefits	Sample Medicaid Plan	BCBSAZ Affordable Care Act Plan Based on Standardized HMO Silver 6 plan
ENROLLMENT		
Enrollment Timeframe	Based on application approval and renewal of coverage	Coverage ends 12/31 each year and plans are auto-renewed unless member wants to change or terminate their plan.
PLAN ACCESS		
Federal Financial Assistance	Available	Available
Provider Network	Providers must be in-network for covered services. Out-of-state and non-contracted coverage only for emergency care.	Based on county where you live. Providers must be in-network for covered services. Out-of-state coverage only for emergency and urgent care.
Designated Primary Care Provider	Required	Required
Specialist Referrals	Required	Required
Coverage for Children	Health insurance through KidsCare for eligible children (under age 19) who are not eligible for other Medicaid health insurance. For those who qualify, there are monthly premiums.	Child-only coverage or coverage for children up to age 30 can be included on the parent's policy.
BENEFITS		
Premium	\$0	You may be eligible for a \$0 monthly premium plan with government financial help. This is based on your household income and household size.
Deductible	\$0	\$0
Out-of-Pocket Maximum	\$0	\$1,700
Preventive Care	\$0 copay for preventive services, such as well visits, pap smears, colonoscopies, mammograms, and immunizations	\$0 copay for preventive services, such as annual wellness visits, pap smears, colonoscopies, mammograms, and immunizations
Prescription Drugs	\$2.30 copay for members receiving Transitional Medical Assistance (TMA) benefits only. The amount of total copay cannot be more than 5% of the member's household total income during a calendar quarter.	\$0 copay for Tier 1 drugs (generic) \$15 copay for Tier 2 drugs (preferred brand) \$50 copay for Tier 3 drugs (non-preferred brand) \$150 copay for Specialty drugs
Primary Care Provider (PCP) Office Visits	\$4 copay for members receiving Transitional Medical Assistance (TMA) benefits only. The amount of total copay cannot be more than 5% of the member's household total income during a calendar quarter.	\$0 copay
Online Doctor Visit	Not available	\$0 copay per visit with BlueCare Anywhere SM online doctor platform
24/7 Nurse Line	No cost 24/7	No cost 24/7

Specialist Visit	\$3 copay for physical, occupational, and speech therapies for members receiving Transitional Medical Assistance (TMA) benefits only. The amount of total copay cannot be more than 5% of the member's household total income during a calendar quarter.	\$10 copay per visit
Urgent Care	\$0	\$5 copay per visit
Outpatient Visit	\$3 copay for members receiving Transitional Medical Assistance (TMA) benefits only. The amount of total copay cannot be more than 5% of the member's household total income during a calendar quarter.	25% of the cost
Inpatient Hospital Stay	\$0	25% of the cost
Non-emergency Surgery	\$3 copay for members receiving Transitional Medical Assistance (TMA) benefits only. The amount of total copay cannot be more than 5% of the member's household total income during a calendar quarter.	25% of the cost
Non-emergency use of emergency room	\$0	25% of the cost
Taxis for non-emergency transportation in Maricopa and Pima Counties	\$0	Not available
Behavioral Health Support	\$0	\$0 copay
Care Management	Available at no cost	Available at no cost
Disease Management	Available at no cost	Services for chronic disease education and training (including nutritional counseling and training) for members diagnosed with one or more chronic conditions are available at no cost
Nursing Home	\$0 Up to 90 days per contract year (Oct. 1 to Sept. 30)	Skilled Nursing and Home Health covered at 25% of the cost
Vision Care	\$0 Medical conditions of the eye Eye exams and glasses for children under age 21 Eyeglasses for adults after cataract surgery	Children only: \$5 copay for routine eye exam and no charge for glasses
Orthotic Devices	\$0 Orthotic devices for members who are 21 years of age and older when: <ul style="list-style-type: none"> • The orthotic is medically necessary as the preferred treatment based on Medicare Guidelines AND • The orthotic costs less than all other treatments and surgery procedures to treat the same condition AND • The orthotic is ordered by a provider or primary care provider 	25% of the cost Also includes durable medical equipment and prosthetics
SERVICES		
Transportation	\$0 Rides to appointments that are medically necessary are covered	Not available
Language interpretation and translation services	Available upon request	Available upon request