BlueCross BlueShield Arizona

An Independent Licensee of the Blue Cross Blue Shield Association

ARIZONA TECHNOLOGY COUNCIL
a place to connect and grow

Arizona Technology Council (AZTC) Medical and Dental Plan Product Guide

2024 PLANS

EMPLOYERS WITH 2+ EMPLOYEES

An Independent Licensee of the Blue Cross Blue Shield Association

WE'RE HERE TO HELP

If you are a current member of Arizona Technology Council (AZTC), let us help you determine if our association health plan (AHP) is right for you and your employees. If you are not a member, reach out to us to learn about the benefits of AZTC.

INSURANCE QUESTIONS:

AZTC@dimarinc.com
1-800-488-8277

MEMBERSHIP:

membership@aztechcouncil.org
Phoenix: 602-343-8324
Tucson: 520-440-0761

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. Blue Cross® Blue Shield® of Arizona (AZ Blue) has created unique plans that are available only to AZTC 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 choice provides access to quality care and is a key money saver 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

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 15 for additional details.

PLAN OPTIONS

PPO and HSA-Qualified PPO 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 (Statewide)	Affiliations statewide
Alliance (Maricopa and Pinal Counties)	Banner Health and HonorHealth
PimaConnect (Pima County)	Tucson Medical Center and Northwest Healthcare

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

[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.

AZTC MEDICAL PLANS

	PPO 100 | $5,000	PPO 100 | $7,900	PPO 90 | $500	PPO 90 | $1,000	PPO 80 | $500	PPO 80 | $750
Overall Deductible	$5,000/ member $10,000/ family	$7,900/ member $15,800/ family	$500/ member $1,000/ family	$1,000/ member $2,000/ family	$500/ member $1,000/ family	$750/ member $1,500/ family
Provider Networks Available	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect
Coinsurance (Member)	0%	0%	10%	10%	20%	20%
Out-of-Pocket Maximum	$5,000/ member $10,000/ family	$7,900/ member $15,800/ family	$3,500/ member $7,000/ family	$4,000/ member $8,000/ family	$4,000/ member $8,000/ family	$4,250/ member $8,500/ family
Primary Care (PCP) Visit	$30	$30	$20	$20	$25	$25
Specialist Visit	$60	$60	$40	$40	$50	$50
Urgent Care	$50	$50	$50	$50	$50	$50
Emergency Room Visit	$400	$400	$300	$300	$350	$350
Emergency Transportation/ Ambulance	No charge after deductible	No charge after deductible	10% coinsurance	10% coinsurance	20% coinsurance	20% coinsurance
Rx Tier 1 / 2 / 3 / 4	$15/$45/ $75/$130	$15/$45/ $75/$130	$15/$45/ $75/$130	$15/$45/ $75/$130	$15/$45/ $75/$130	$15/$45/ $75/$130
Specialty Drug Level A / B / C / D	$60/$110/ $160/$210	$60/$110/ $160/$210	$60/$110/ $160/$210	$60/$110/ $160/$210	$60/$110/ $160/$210	$60/$110/ $160/$210

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 10.

AZTC MEDICAL PLANS

	PPO 80 | $1,000	PPO 80 | $1,500	PPO 80 | $2,000	PPO 80 | $2,500	PPO 80 | $3,000	PPO 80 | $4,000
Overall Deductible	$1,000/ member $2,000/ family	$1,500/ member $3,000/ family	$2,000/ member $4,000/ family	$2,500/ member $5,000/ family	$3,000/ member $6,000/ family	$4,000/ member $8,000/ 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%	20%	20%	20%	20%
Out-of-Pocket Maximum	$4,500/ member $9,000/ family	$5,000/ member $10,000/ family	$5,500/ member $11,000/ family	$5,500/ member $11,000/ family	$5,750/ member $11,500/ family	$6,000/ member $12,000/ family
Primary Care (PCP) Visit	$25	$25	$25	$25	$30	$30
Specialist Visit	$50	$50	$50	$50	$60	$60
Urgent Care	$50	$50	$50	$50	$50	$50
Emergency Room Visit	$350	$350	$350	$350	$400	$400
Emergency Transportation/ Ambulance	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance
Rx Tier 1 / 2 / 3 / 4	$15/$45/ $75/$130	$15/$45/ $75/$130	$15/$45/ $75/$130	$15/$45/ $75/$130	$15/$45/ $75/$130	$15/$45/ $75/$130
Specialty Drug Level A / B / C / D	$60/$110/ $160/$210	$60/$110/ $160/$210	$60/$110/ $160/$210	$60/$110/ $160/$210	$60/$110/ $160/$210	$60/$110/ $160/$210

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AZTC MEDICAL PLANS

	PPO 80 | $5,000	PPO 80 | $6,000	PPO 70 | $1,000	PPO 70 | $2,000	PPO 70 | $3,000
Overall Deductible	$5,000/ member $10,000/ family	$6,000/ member $12,000/ family	$1,000/ member $2,000/ family	$2,000/ member $4,000/ family	$3,000/ member $6,000/ family
Provider Networks Available	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect
Coinsurance (Member)	20%	20%	30%	30%	30%
Out-of-Pocket Maximum	$6,250/ member $12,500/ family	$7,250/ member $14,500/ family	$4,500/ member $9,000/ family	$5,500/ member $11,000/ family	$5,750/ member $11,500/ family
Primary Care (PCP) Visit	$30	$30	$25	$25	$30
Specialist Visit	$60	$60	$50	$50	$60
Urgent Care	$50	$50	$50	$50	$50
Emergency Room Visit	$400	$400	$350	$350	$400
Emergency Transportation/ Ambulance	20% coinsurance	20% coinsurance	30% coinsurance	30% coinsurance	30% coinsurance
Rx Tier 1 / 2 / 3 / 4	$15/$45/ $75/$130	$15/$45/ $75/$130	$15/$45/ $75/$130	$15/$45/ $75/$130	$15/$45/ $75/$130
Specialty Drug Level A / B / C / D	$60/$110/ $160/$210	$60/$110/ $160/$210	$60/$110/ $160/$210	$60/$110/ $160/$210	$60/$110/ $160/$210

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AZTC MEDICAL PLANS

	HSA 80 | $1,600*	HSA 80 | $3,200	HSA 80 | $4,500	HSA 100 | $3,500	HSA 100 | $6,900
Overall Deductible	$1,600/ member $3,200/family	$3,200/ member $6,400/family	$4,500/ member $9,000/family	$3,500/ member $7,000/family	$6,900/ member $13,800/family
Provider Networks Available	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect	Statewide, Alliance, PimaConnect
Coinsurance (Member)	20%	20%	20%	0%	0%
Out-of-Pocket Maximum	$4,500/ member $9,000/family	$5,000/ member $10,000/family	$5,500/ member $11,000/family	$3,500/ member $7,000/family	$6,900/ member $13,800/family
Primary Care (PCP) Visit	20% after deductible	20% after deductible	20% after deductible	No charge after deductible	No charge after deductible
Specialist Visit	20% after deductible	20% after deductible	20% after deductible	No charge after deductible	No charge after deductible
Urgent Care	20% after deductible	20% after deductible	20% after deductible	No charge after deductible	No charge after deductible
Emergency Room Visit	20% after deductible	20% after deductible	20% after deductible	No charge after deductible	No charge after deductible
Emergency Transportation/ Ambulance	20% after deductible	20% after deductible	20% after deductible	No charge after deductible	No charge after deductible
Rx Tier 1 / 2 / 3 / 4	20% after deductible	20% after deductible	20% after deductible	No charge after deductible	No charge after deductible
Specialty Drug Level A / B / C / D	20% after deductible	20% after deductible	20% 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 10.

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. Noncontracted 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 AZTC 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 51 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 copayments 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** or by calling AZ Blue. 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
- 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
- Infertility medication and treatment
- Inpatient extended active rehabilitation facility (EAR) 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℠ 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, MyBlue℠

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

- Blue 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

OVER **20 MILLION**

workdays are lost each year due to dental illness

Source: Oral Health in America: A report of the Surgeon General, September 2000.

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

AZTC 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	PPO 50-1000 A90 V	DHMO High	PPO 50-1500 A2 O	PPO 25-2000 A2 O with 1500 Adult and Child Ortho	PPO 50-1500 P290 O
Funding Arrangement	Employer paid	Employer paid	Employer paid	Employer paid	Employer paid	Employer paid	Employer paid
Plan Type	PPO	PPO	PPO	DHMO	PPO	PPO	PPO
Annual Maximum Benefit (In-Network/ Out-of-Network)	$1,000	$1,500	$1,000	Unlimited	$1,500	$2,000	$1,500
Deductible (Single/Family)	$50/$150	$50/$150	$50/$150	None	$50/$150	$25/$75	$50/$150
In-Network (Preventive/Basic/Major)	100/80/50	100/80/50	100/80/50	Copay schedule	100/80/50	100/90/60	100/80/50
Out-of-Network (Preventive/Basic/Major)	80/60/40	80/60/40	80/60/40	None (emergency only)	80/60/40	80/70/40	100/80/50
Out-of-Network Reimbursement	Maximum allowable charge	Maximum allowable charge	90th UCR	None	Maximum allowable charge	Maximum allowable charge	90th UCR

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.

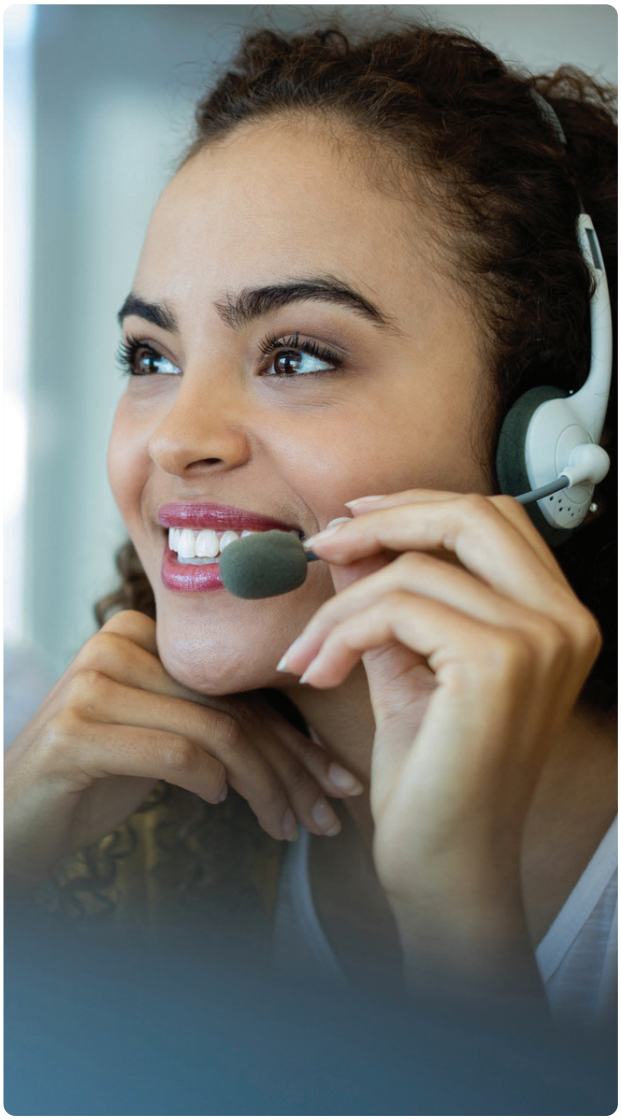
THE MEMBER EXPERIENCE

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
- Have experienced staff with an average tenure of 5.7 years[1]
- 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)



[1]AZ Blue internal data, 2023

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/MyBlue.**

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

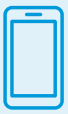
Claims & Spending:
Simplifies the tracking of claims and spending by combining all activity into one monthly online statement.

Telehealth:
Members can have virtual visits with providers—any time, anywhere—using the **BlueCare Anywhere** telehealth service.

Pharmacy Tools:
Members can quickly search for medications, verify if special authorization is needed, and check for quantity limits using the formulary drug search on **azblue.com/pharmacy.** Sign in to your **MyBlue** member account at **azblue.com/MyBlue** to submit and track medication home delivery requests.

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

Care Cost Estimator:
Members can shop and compare costs for more than 1,600 procedures such as common surgeries and diagnostic services.



Online Access:
Access to health plan information and resources is available by signing up for a personalized **MyBlue** member account at **azblue.com/MyBlue.**

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 by live video for urgent medical care, psychiatry, and counseling sessions. The BlueCare Anywhere telehealth service is available any day, any time—from a computer, tablet, or mobile device.

MEDICAL

Board-certified doctors 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, treatment, and can prescribe medication. By appointment only.

Log in to **AZBlue.com/MyBlue,** click Find a Doctor, then select 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.

HEALTH AND WELLNESS

AZ Blue has partnered with Sharecare® to bring employers a truly differentiated digital health and wellness experience. Our members can expect immediacy, simplicity, and relevancy in a mobile app, while employers will find tools that drive sustained employee engagement to improve health outcomes and control rising costs at **azblue.sharecare.com.**

REALAGE TEST

Sharecare's next-generation health assessment evaluates a variety of behaviors and existing conditions to calculate the body's true age. For users, this is their first step toward optimizing their health. They are armed with information about how lifestyle choices can help them stay younger—or age faster—than their chronological age. After completing the RealAge® Test, members will be able to manage their health profile, get personalized recommendations, and receive expert guidance to stay supported and motivated.

REALAGE PROGRAM

Upon completion of the RealAge Test, users can begin participating in Sharecare's RealAge program, a healthy behavior program targeting the highest lifestyle risks—stress, sleep, nutrition, and activity. The program is personalized to the individual based on risk level for each lifestyle category gathered through RealAge Test responses and personal interest. It's fully integrated with other features of Sharecare, such as Trackers, to drive sustained engagement and promote behavior change that can lead to a lower RealAge.

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 productive at work, and reduce their (and your) healthcare costs.

Members can take advantage of the following programs:

HEALTH MANAGEMENT

Members with conditions like diabetes, congestive heart failure, asthma, COPD, coronary artery disease, behavioral health, or hypertension can get extra help. 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.

NOTES

NOTES

TO LEARN MORE

VISIT

AZTECHCOUNCIL.ORG/AHP

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