



**BlueCross  
BlueShield  
of Arizona**

An Independent Licensee of the Blue Cross and Blue Shield Association

# Member Guide

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**5 STEPS**  
TO USE YOUR  
**HEALTH PLAN**

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# QUICK CONTACT GUIDE

FOR A FULL LIST OF CONTACT INFORMATION

VISIT [azblue.com/contact](http://azblue.com/contact)

## CUSTOMER SERVICE (claims and prescription benefits):

Call the number on the back of your Blue Cross Blue Shield of Arizona (BCBSAZ) member ID card. You'll receive this card in the mail. Below, you'll find a short list of often-needed contacts.

Call Monday – Friday from 8 a.m. to 4:30 p.m. MST.

## SPECIAL SERVICES:

- Para servicio en Español . . . . . 602-864-4884 o llame a nuestro 1-800-232-2325, ext. 4884
- 24-Hour Nurse On Call . . . . . 1-866-422-2729
- Online Account Technical Support . . . 602-864-4884 or 1-800-650-5656
- TTY/TDD Line . . . . . 602-864-4823
- Fraud & Abuse Hotline . . . . . 602-864-4875 or 1-800-232-2345, ext. 4875
- BlueCare Anywhere . . . . . 1-844-606-1612

## To mail information about claims:

Blue Cross Blue Shield of Arizona  
P.O. Box 2924  
Phoenix, AZ 85062-2924

## LET'S CONNECT

Follow us to learn health tips and stay updated on BCBSAZ news.

 [Facebook.com/BCBSAZ](https://www.facebook.com/BCBSAZ)

 [Twitter.com/BCBSAZ](https://twitter.com/BCBSAZ)

 [Youtube.com/BCBSArizona](https://www.youtube.com/BCBSArizona)



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# STEP 1 Review your member ID card and put it in your wallet

You will receive your member ID card in the mail. Place the card in your wallet or keep it in a safe place, because you'll need it to receive any healthcare services. Your card gives your health plan details and shows who to call if you need help. Keep your card with you at all times and do not let others use it. You're still covered if you lose your card. You can order a new card by calling customer service.

## YOU WILL NEED YOUR BCBSAZ ID CARD WHEN YOU:

- Visit a doctor or other healthcare professional
- Go to a drugstore to get medication your doctor prescribes for you
- Visit an urgent care center, hospital, or emergency room
- Call BCBSAZ customer service
- Sign up for your personalized **MyBlue** member account at [azblue.com/member](http://azblue.com/member)

## AZBLUE MOBILE APP



Your member ID card information can also be found in the AZBlue mobile app after you download it and register. You can download our app on Google Play™ and the App Store®.\*

\*Your wireless plan's phone and data rates may apply. App Store is a registered trademark of Apple Inc. Google Play is a trademark of Google Inc.



## STEP 2 Sign up for your MyBlue account

Your personalized member account is one of the most important resources you have as a BCBSAZ member. Once you have your member ID number, you can register at [azblue.com/member](https://azblue.com/member) for your **MyBlue** account. There, you will be able to:

- See an overview of what your health plan covers
- Check on the status of your claims
- See where you are in meeting your deductible and yearly maximum
- Find doctors, hospitals, or other healthcare providers in your plan's network
- Access health and wellness tools and resources
- Get estimates for healthcare costs using the cost estimator tool for common conditions
- Look up a prescription your doctor ordered and see how much it costs
- Order replacement member ID cards
- Update your contact information

You get all this and more – just by registering for your **MyBlue** member portal account.

# STEP 3 Know how your plan works

## PPO Plan

### If you have a PPO Plan, read this.

With your preferred provider organization (PPO) plan, you can go to any doctor or specialist – whether in your plan’s network or out of network – without a referral.

Keep in mind, you will enjoy full coverage and lower costs by staying within your network. If you choose out-of-network providers, imaging facilities, or other healthcare professionals and they charge more than BCBSAZ’s allowed amount, you will have to pay the difference.

You don’t need to select a primary care physician (PCP), but we do recommend that you establish a relationship with a primary care provider. Our PPO plans typically offer access to care both in Arizona and out-of-area (including national and international coverage) through BlueCard®.

Take a minute to get familiar with your member ID card. Some plans are tailored to a specific Arizona-only network, and your member ID card will reference the network name you must use when using benefits and receiving services in Arizona.

### Sample member PPO ID card

| BlueCross BlueShield of Arizona                                       |                                   |
|---|-----------------------------------|
| An Independent Licensee of the Blue Cross and Blue Shield Association |                                   |
| Subscriber Name:  | Group No:                         |
| JOHN SMITH  |                                   |
| Member ID:  | Card Issue Date:                  |
| <b>XBP</b>  |                                   |
| In-Network Cost Share:  | Rx BIN #:                         |
| Deductible: <b>\$200</b>  | Rx Copay:                         |
| Coinsurance: <b>10%</b>   | Level 1/Level 2: <b>\$5/\$20</b>  |
| PCP/Specialist Copay: <b>\$20/\$40</b>                                | Level 3/Level 4: <b>\$40/\$80</b> |
| Urgent Care Copay: <b>\$25</b>  | Vision Exam Copay: <b>\$20</b>    |
| ER Access Fee: <b>\$150</b>   | Dental Deductible: <b>\$25</b>    |
| <b>BluePreferred®</b>   | <b>PPO</b>                        |
| <a href="http://www.azblue.com/member">www.azblue.com/member</a>      |                                   |

#### Member ID – *This is your account number.*

Mention this number when calling customer service.

**Network** – This shows you have a PPO plan.

**Deductible** – The cost you pay before coinsurance starts. Some costs you pay do not count toward your deductible.

**Coinsurance** – The amount you pay for care that your plan covers once you meet your deductible.

**PCP/Specialist Copay** – The amount you pay for a visit to a doctor in your network. Specialist visits usually have a higher copay.

**Urgent Care Copay** – The amount you pay for a visit to an urgent care center.

**Rx Copay** – The amounts you pay for drugs your doctor orders through a drugstore in your network. Drugs are assigned different levels, and each level has a different copay.

**NOTE:** The cost share listed on your member ID card is for care you get from healthcare providers in your network. Register for our member portal, MyBlue, at [azblue.com/member](http://azblue.com/member) to read your Summary of Benefits and Coverage (SBC), which details coverage specific to your health plan and network. You’ll receive a paper copy of your SBC with your member ID card in the mail.

# HMO Plan

## If you have an HMO Plan, read this.

### You need to have a primary care provider (PCP)

Your primary care provider is your point person and medical professional, usually a doctor, who provides primary care to you. Your PCP will coordinate your care with specialists or other care providers, when needed. To get started, we selected one for you, but you can change your PCP up to six times a year.

### You need to have a referral to see most specialists

Your plan requires that you get a referral from your designated PCP for most specialist visits. When your PCP refers you to other providers, they must be in your plan's network. If a referral is required and you do not get one, your health plan will not cover the specialist visit. Referrals are not required for visits to chiropractors, OB/GYNs, and certain other specialists.


Log on to your account at [azblue.com/member](http://azblue.com/member) to see if your referral request was approved. Once you confirm approval of your referral, you can schedule an appointment with the specialist.

### You need to use network providers

Don't pay more than you should. Check that all of your healthcare providers and facilities are in your plan's network before you go. Out-of-network care won't be covered except in emergencies and rare situations when BCBSAZ has pre-approved it.\*\* Some plans are tailored to a specific Arizona only network and your member ID card will reference the network name you must use when using benefits and receiving services in Arizona.

To learn more about PCPs, getting a referral to see a specialist, and how your health plan works, visit [azblue.com/learnmore](http://azblue.com/learnmore).

## Sample member HMO ID card

|  |  |   |
|--|--|---|
|  <b>BlueCross<br/>BlueShield<br/>of Arizona</b><br><small>An Independent Licensee of the<br/>Blue Cross and Blue Shield Association</small> |  | <b>EverydayHealth<br/>Neighborhood</b>  |
| Member Name:<br><b>JOHN DOE</b>  | Network:<br>Group No:<br>Rx Bin#:<br>Deductible:<br>Urgent Care/ER Copay:<br>PCP/Specialist Copay:<br>Specialist Referral Required | XXXXXX<br>12345<br>60317<br>\$5500<br>\$60/\$100<br>\$30/\$45   |
| Member ID:<br><b>XBP123456789</b>  | Member Name(s):<br><b>JOHN DOE</b><br><b>JANE DOE</b><br><b>JESSICA DOE</b><br><b>JOSEPH DOE</b>                                   | Member(s) PCP:<br><b>ERICA SMITH, MD</b><br><b>WILL SMITH, MD</b><br><b>WILL SMITH, MD</b><br><b>WILL SMITH, MD</b> |
|  |  | Designated:<br><b>06/01/2017</b><br><b>06/01/2017</b><br><b>06/01/2017</b><br><b>06/01/2017</b>                     |
| <b>HMO</b>   |  |   |

**Plan Name** – Your plan name appears in the upper right.

**Member ID** – *This is your account number.* Mention this number when calling customer service.

**Network** – This shows your network is an HMO.

**Deductible** – The cost you pay before coinsurance starts. Some costs you pay don't count toward your deductible.

**Urgent Care/ER Copay** – The amount you pay to visit an urgent care center and an emergency room in your network. Urgent care visits may cost less than an ER visit.

**PCP/Specialist Copay** – The amount you pay for a visit to a doctor in your network. A primary care doctor visit may have a different copay than a specialist visit (such as a foot doctor or surgeon).

**Member(s) PCP** – This is the PCP for each member on your plan. If you change your PCP, a new card will be sent to you showing that change.

[Learn more about copays and coinsurance in Step 5.](#)

\*Urgent care is available for visits to Blue Card Traditional providers outside of Arizona.

# STEP 4 Find healthcare providers in your plan's network

You have access to a Find A Doctor tool that lists doctors, other healthcare professionals, hospitals, and facilities.

Log in to [azblue.com/member](https://azblue.com/member) and click on “Find a Doctor.” You will be able to search for a provider who is in your plan's network by provider name, type of provider, or within a certain distance of your location.

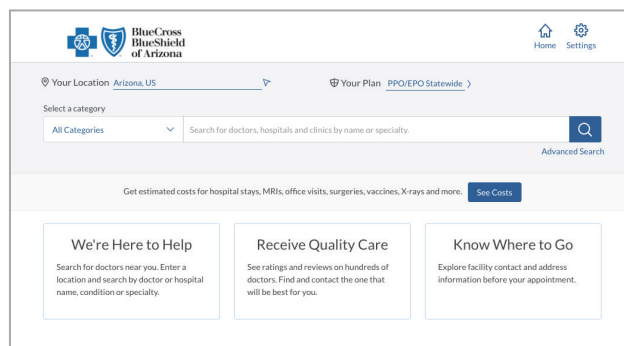
It's always good to check if providers are in your plan's network before you see them. If you have a PPO plan, providers who are not in your plan's network will cost you more. If you have an HMO plan, providers who are not in your plan's network will not be covered by your plan.

**When talking with a provider, always ask, “Do you take my BCBSAZ plan?” Most providers are in a BCBSAZ network – but not all providers are in every BCBSAZ plan's network. That is why it is important to ask if they take your plan.**

You can also call the number on the back of your member ID card to make sure your providers are in your network, look up your PCP, or check the status of a specialist referral (for HMO plan members).

**Get behavioral health support for mental and emotional guidance, family counseling, and substance misuse**

You can also use the Find a Doctor tool at [azblue.com/member](https://azblue.com/member) to search for behavioral health services. Not all health problems can be seen by the naked eye. That's why it's important for you to take care of your physical and mental well-being. When unexpected life events occur, don't hesitate to talk to a provider who can help you or others on your plan.







## STEP 5 Learn how health plans work

Health plans protect you by lowering the total cost of care and having limits on how much you will need to pay.

There are different terms you will need to be aware of when receiving care because it can affect what you pay out of your own pocket. Here is an example of how health plans work.

**LET'S SAY** your best friend wakes up with stomach pain and a fever. Your friend calls her in-network doctor to be seen right away. She pays a \$15 **copay** for seeing her doctor.

*Then, after she receives care, her doctor finds that she'll need surgery totaling \$55,000.*

**LET'S SAY** your best friend's health plan has a \$4,000 **deductible** for the year, which she must pay first. After that's paid, she will pay 20% of the costs (also called coinsurance) and her health plan will pay 80%.

*Once your best friend reaches her total **out-of-pocket maximum**, which is \$6,650 for her plan, her insurance will pay 100% of the cost for the rest of the year.*

### WHAT DID HER OUT-OF-POCKET COSTS INCLUDE?

The \$4,000 deductible that was paid counts toward the out-of-pocket maximum, leaving a **balance bill** of \$2,650 in network coinsurance. Once that's paid, your friend has met her out-of-pocket maximum of \$6,650 (\$4,000 + \$2,650).

### IN SUMMARY:

TOTAL COST OF HER MEDICAL CARE: **\$55,000**

YOUR BEST FRIEND PAID: **\$6,650**

INSURANCE PAID: **\$48,350**

Your best friend **saved \$48,350** by using a provider in her plan's network.

Learn more about these health terms on page 13.

# WHERE TO GO FOR MORE INFORMATION

## Understand what your plan covers and your costs

It's important to understand what care your plan covers and what you may need to pay as your share for the cost of care.

THERE ARE THREE WAYS TO LEARN MORE:

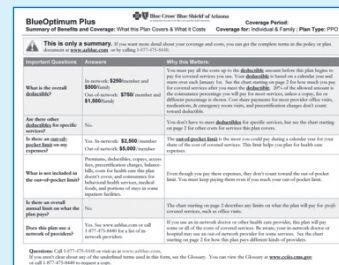
### 1 Your Benefit Book

This book is mailed to you. It explains all of your health plan details.



### 2 The Summary of Benefits and Coverage (SBC)

This document comes with your member ID card. It is also available online in your member account on **MyBlue** at **azblue.com/member**. It's a great way to learn what your plan covers, how it works, your cost share amounts, and more.



### 3 The Medical Coverage Guidelines

Log on to **azblue.com/member** and click "Plan Benefits" to see these guidelines. You can learn if a service, procedure, medical device, or drug is covered by your plan.

### 4 Drug Cost/Copay Calculator

Check the cost share that applies to your plan. Log in to **azblue.com/member** and select "Drug Cost/Copay Calculator." Learn about your prescription benefits and more.

**YOU CAN ALSO CALL THE NUMBER ON THE BACK OF YOUR MEMBER ID CARD FOR MORE INFORMATION.**

# SAVE YOUR HEALTHCARE DOLLARS

What are my symptoms? Where should I go?  
How long will I wait? What will it cost me?



You have options for getting the care you need\*



## PRIMARY CARE PROVIDER (PCP)

- When you need routine, non-emergency care for help managing a chronic health condition.
- Call for an appointment.

\$\$



## RETAIL CLINIC

- Get care for minor medical needs like colds, flus, rashes, etc.
- No appointment needed, but calling ahead is a good idea.

\$



## URGENT CARE

- For when you are sick and your regular doctor isn't available, and your condition is not life- or limb-threatening.
- Use the AZBlue mobile app to find locations covered by your plan.

\$\$



## EMERGENCY ROOM (ER)

- For serious medical conditions like broken bones, chest pains, severe burns, and other conditions that could be life- or limb-threatening.
- Call 911, or have someone drive you to the nearest ER.

\$\$\$

### Learn other ways to save money and more

Visit [azblue.com/member](https://azblue.com/member) and click the "Find a Doctor" tab to find healthcare providers. There, you can also use the Cost for Procedures tool to get estimates on various treatments like eye exams, mental health, and more.

Most health plans cover preventive services like flu shots, vaccinations, blood pressure checks, and other screening tests. Note that you most likely won't pay for preventive services if you use providers in your plan's network. Reach our Nurse On Call service at any time if you're unsure where to go for non-emergency healthcare at 1-866-422-2729 or visit [healthyblue.com](https://healthyblue.com). Learn about BlueCare Anywhere and telehealth on page 12.

\*Call 911 in an emergency.

Blue Cross Blue Shield of Arizona 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 member's healthcare provider. Services or treatment options may not be covered under BCBSAZ benefit plans.

# GET THE CARE YOU NEED TO STAY HEALTHY

## Preventive care

One of our goals as your health insurance provider is to offer you access and resources to be your healthiest self while saving money. A healthy life consists of good preventive care. This can include:

- Regular health exams
- Care coordination visits
- Shots
- Cancer screenings
- Health coaching
- And more

These can help you avoid diseases and catch health issues early, saving you time and money down the road and possibly even saving your life. Staying on top of your preventive care can make a big difference in helping to keep you healthy now and for years to come. Talking with your doctor about how to best manage your current health can result in an action plan that's right for you.



## BlueCare Anywhere

Discover the ease and convenience of telehealth services. Seeing a doctor can be inconvenient if you have a busy schedule, or if you feel too ill to drive. You can see a board-certified doctor, counselor, or psychiatrist from the privacy of your home or anywhere. Just sign in on your computer, tablet, or mobile device to have your appointment whenever and wherever you need.\*

\*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.

\*\*Availability of services and programs will vary. Not all programs are available to all members. Certain programs, such as health coaching, have eligibility requirements. Blue Cross Blue Shield of Arizona members should always consult with their physician or healthcare provider about medical care or treatment. Recommendations, advice, services, or online resources are not a substitute for the advice of a member's physician or healthcare provider. Services or treatment options may not be covered under BCBSAZ benefit plans. Certain health and wellness services are provided by an independent third party contracted by BCBSAZ to provide health enhancement services to BCBSAZ members.

App Store is a service mark of Apple Inc., registered in the United States and other countries. Google Play is a trademark of Google Inc.

Your BlueCare Anywhere telehealth visit copay is listed on your Summary of Benefits Coverage (SBC) on [azblue.com/member](http://azblue.com/member). Sign up at [BlueCareAnywhereAZ.com](http://BlueCareAnywhereAZ.com) or download the BlueCare Anywhere app from Google Play™ or the App Store®.

## Getting and staying healthy

HealthyBlue is BCBSAZ's health and wellness program. It provides you with the tools, services, and resources you need to get started on the path to good health.

For eligible members\*\*, HealthyBlue includes:

**Health Assessment** – This voluntary survey asks questions about your lifestyle habits and medical history. The assessment tool uses your answers to give an overview of your current risk for health problems and will show you simple steps that may reduce risk.

**Care Management** – A care manager may reach out to provide one-on-one guidance if you experience a catastrophic event or diagnosis. Care managers may also help you get the care your health plan covers and also help you learn about community resources that provide added support.

For more preventive care support and recommendations, log in at [azblue.com/member](http://azblue.com/member) and visit the Health and Wellness tab. You can also click "Health Recommendations" to use the Preventive Health and Wellness Guide. You can also call 1-877-694-2583.

# TERMS TO KNOW

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## Copay

A fixed dollar amount you pay for certain care your plan covers. You can pay your copay before or after you receive care, depending on what your healthcare provider requires.

## Deductible

The amount you pay for care before your health insurance starts to pay.

**EXAMPLE:** Your plan may have a yearly deductible. As you get care that your plan covers, you pay for that yourself until you have paid the deductible amount. You will see your deductible amount on your member ID card.

## Coinsurance

The share you pay for covered care once you've paid your deductible.

**IF YOU HAVE A PPO PLAN** and you choose an out-of-network imaging facility or other out-of-network healthcare professional, you will also have to pay the difference between the amount they charge and BCBSAZ's allowed amount.

**IF YOU HAVE AN HMO PLAN**, services from a healthcare provider that is not in your network probably won't be covered. HMO plans don't cover services outside the network except in emergencies and special circumstances when BCBSAZ has preauthorized use.

## Health Savings Account (HSA)

HSAs are savings accounts that have tax advantages. The money you put in your HSA can be used to cover the cost of many healthcare services that aren't paid for by your health plan, such as your member cost share. You can't use an HSA to pay your premium. You have to enroll in a qualified high-deductible health plan before you can set up an HSA.

## Out-of-pocket maximum

The most you pay in a year before your health insurance pays 100% of the cost of covered network services. These limits put a cap on healthcare costs if you ever have a major illness or injury. This limit never includes items such as your premium or non-covered services. Costs for services from providers outside your network do not apply to this limit.

## Balance bill

Balance billing happens when a provider bills you for the difference between the amount they charge and the allowed amount that your health plan pays. When providers are part of your plan's network, they agree to offer discounted rates on services. Out-of-network providers are not bound by this same agreement. They can charge full price. BCBSAZ sets a dollar limit on how much we will allow for services from non-network providers. If the amount is more than BCBSAZ will pay, the provider may bill you for the balance.

Visit [azblue.com/learnmore](https://www.azblue.com/learnmore) to see FAQs, instructive videos, and more.

# MEMBER RIGHTS AND RESPONSIBILITIES

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We want all of our members to enjoy the best care and service. To do that, we promise to do our part to meet your healthcare needs. There are also things you can do to take charge of your own healthcare.

## Our promise to you

### You have the right to:

- Get information from us, our providers, and business partners
- Access quality care
- Choose or change your doctor at any time (HMO members may change their primary care provider up to six times per year)
- Speak freely and privately with your doctors about your care
- Have your information kept secure in accordance with BCBSAZ's Privacy Practices (see [azblue.com/legal/privacy](http://azblue.com/legal/privacy))
- Know who can get your private information
- Know BCBSAZ's security policy (see [azblue.com/legal/privacy](http://azblue.com/legal/privacy))
- Be treated with respect and dignity
- File a complaint or challenge a decision we make
- Know how long it will take us to reply to and solve your issue
- Get information that is easy to grasp
- Get information about end-of-life planning and advance directives

## Your promise to us

### It is your responsibility to:

- Read the information we give you and ask questions when you need to know more
- Know how to get care and supplies that are covered under your plan
- Follow the rules of your health plan
- Let us know of changes related to how we can reach you
- Treat us, and the doctors and hospitals you get care from, with respect
- Give us information we need to help you
- Give doctors and hospitals honest information about yourself
- Understand your health and work with your doctor on a care plan that is right for you
- Do as your doctor advises for your health
- Talk to your doctor before you change something with your healthcare plan
- Keep scheduled visits with your doctors
- Pay your cost share when it is due

\*In effect for non-grandfathered employer group plans on that plan's renewal date in 2014.  
In effect for non-grandfathered individual and family plans on January 1, 2014.

\*\*Complaints and appeal information and forms are available to members at [azblue.com/individualsandfamilies/resources/appeals-and-grievances](http://azblue.com/individualsandfamilies/resources/appeals-and-grievances).

## The Patient's Bill of Rights under the Affordable Care Act (ACA)

Under the law, a new "Patient's Bill of Rights" aims to help you make informed choices about your health. These tenets apply to all BCBSAZ non-grandfathered plans in effect after March 23, 2010:

### THE PATIENT'S BILL OF RIGHTS:

- **Provides coverage to those with pre-existing conditions\***
- **Protects your choice of doctors:** Choose any primary care doctor you want from your plan's network
- **Allows young adults to stay covered on a parent's plan** up to age 26
- **End lifetime limits on coverage**, banning them for all new health insurance plans
- **Stops your insurance from being dropped** if you make an honest mistake on your application
- **Reviews premium increases:** Insurance companies must now publicly say why rate hikes (above a certain level) may be needed for small group plans and individual and family plans
- **Helps you get the most from your premium dollars:** Most of your premium dollars must be used for your healthcare – not for administrative costs
- **Ended annual dollar limits** on essential covered services in 2014
- **Continues to allow you to get emergency care** at a hospital outside of your health plan's network without a referral. (Note: For some plans, out-of-network providers may bill you for a balance owed above BCBSAZ's allowed amount.)

Since the Patient's Bill of Rights became law, some additional rights and protections now apply. The healthcare law:

- **Requires that non-grandfathered plans cover most preventive services in-network at no cost share.**
- **Continues to guarantee your right to appeal:** You have the right to ask your insurer to reconsider its decision to deny authorization for a service or refusal to pay a claim. This has been the law in Arizona for many years, and it is now reflected in federal law through the ACA.\*\*



[azblue.com/member](http://azblue.com/member)

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