



	COST SHARE	
	IN-NETWORK PROVIDER	OUT-OF-NETWORK PROVIDER
<b>Maternity – Complications of Pregnancy Only</b>	BCBSAZ pays <b>100%</b> after meeting deductible. Routine maternity, including most C-sections, is not covered.	<b>50%/50%</b> after meeting deductible.
<b>Physical, Occupational and Speech Therapy</b>	BCBSAZ pays <b>100%</b> after meeting deductible. Group physical and occupational therapy is not covered.	<b>50%/50%</b> after meeting deductible.
<b>Chiropractic</b>	BCBSAZ pays <b>100%</b> after meeting deductible.	<b>50%/50%</b> after meeting deductible.
<b>Routine Vision Exams</b>	BCBSAZ pays <b>100%</b> after meeting deductible for one routine vision exam per member, per calendar year. Deductible is waived for routine vision exams for members under age 5.	<b>50%/50%</b> after meeting deductible for one routine vision exam per member, per calendar year.
<b>Ambulance Services</b>	BCBSAZ pays <b>100%</b> after meeting deductible.	
<b>Behavioral and Mental Health Services</b>	<b>Outpatient</b>	
	BCBSAZ pays <b>100%</b> after meeting deductible.	<b>50%/50%</b> after meeting deductible.
	<b>Inpatient facility and professional services</b>	
	BCBSAZ pays <b>100%</b> after meeting deductible.	<b>50%/50%</b> after meeting deductible.
<b>Inpatient Extended Active Rehabilitation</b>	BCBSAZ pays <b>100%</b> after meeting deductible. Coverage is limited to <b>120</b> days per member, per calendar year.	<b>50%/50%</b> after meeting deductible.
<b>Home Health and Infusion</b> Limited to three two-hour visits per member per day.	BCBSAZ pays <b>100%</b> after meeting deductible. Certain injectable medications are also available through the specialty self-injectable medication benefit.	<b>50%/50%</b> after meeting deductible.
<b>Skilled Nursing Facility</b>	BCBSAZ pays <b>100%</b> after meeting deductible. Coverage is limited to <b>180</b> days per member, per calendar year.	<b>50%/50%</b> after meeting deductible.
<b>Specialty Self-Injectable Medications through Specialty Pharmacy</b> For certain specified self-injectable prescription biologic medications. Specialty self-injectable medications are not covered under the retail and mail order medication benefit.	<u>Contracted Specialty Pharmacy</u> BCBSAZ pays <b>100%</b> after meeting deductible. Please refer to azblue.com for a listing of specialty self-injectable medications and contracted specialty pharmacies or call BCBSAZ. Specialty self-injectable medications are also available under the home health benefit.	<b>Not covered</b> (see Home Health).
<b>Bariatric Surgery</b> (Inpatient and Outpatient)	<b>\$1,000</b> access fee per member, per surgery, plus applicable deductible and coinsurance.	

---

### IMPORTANT INFORMATION

**Allowed Amount:** All claims are processed using the BCBSAZ "Allowed Amount." BCBSAZ reimbursement, member cost share payments, and accumulations toward deductibles and out-of-pocket limits are calculated on the BCBSAZ Allowed Amount. The allowed amount is the total amount of reimbursement allocated to a covered service and includes both the BCBSAZ payment and the member cost share payment. It does not include any balance bill. The allowed amount is based on BCBSAZ or other fee schedules. It is not tied to and does not necessarily reflect a provider's regular billed charges.

**Balance Bill:** This is the difference between the BCBSAZ allowed amount and a noncontracted provider's billed charge. Any time you see a billed amount that is greater than the allowed amount and you receive a bill for the difference, you are being balance billed.

## EXCLUSIONS AND LIMITATIONS – Examples of Services and Supplies Not Covered

The following is a partial list of conditions and services that are limited or excluded. Expenses for services that exceed benefit limitations are not covered. Detailed information about benefits, limitations and exclusions is in the benefit plan booklet and is available prior to enrollment upon request. **Pre-existing condition waiting periods for individuals age 19 and older, and waivers, may apply.**

- Abortions, except as stated in the benefit plan
- Activity therapy
- Acupuncture
- Alternative medicine – Non-traditional and alternative medical therapies; interventions; services and procedures not commonly accepted as part of allopathic or osteopathic curriculum and practices; naturopathic and homeopathic medicine; diet therapies; nutritional and lifestyle therapies; aromatherapy
- Autism spectrum disorders (ASD) – services related to treatment of ASD
- Benefit-specific exclusions and limitations listed in the benefit plan booklet under particular benefits
- Biofeedback and hypnotherapy
- Body art, piercing and tattooing and any related complications
- Certain types of inpatient and outpatient facility charges by: group homes, wilderness programs, boarding schools, halfway houses, assisted living centers or shelters. Inpatient and outpatient facility charges for residential treatment facilities except for certain, very limited situations based upon BCBSAZ medical necessity criteria.
- Charges associated with the preparation, copying or production of health records
- Cognitive and vocational therapy
- Complications of noncovered benefits
- Computer speech training and therapy programs and devices
- Cosmetic services and any related complications – surgery and any related complications, procedures, treatment, office visits, consultations and other services for cosmetic purposes. This exclusion does not apply to breast reconstruction following a medically necessary mastectomy.
- Counseling and behavioral modification services, except as stated in the benefit plan
- Court-ordered services, except as stated in the benefit plan
- Custodial care
- Dental, except as stated in the benefit plan
- Dietary and nutritional supplements, except as stated in the benefit plan
- Expenses for services that exceed benefit limitations
- Experimental or investigational services
- Fees other than for medically appropriate, in-person, direct member services, except as stated in the benefit plan
- Fertility and infertility services, including reproductive and genetic services
- Flat feet
- Foot care, except as stated in the benefit plan
- Free services
- Genetic and chromosomal testing and screening
- Government services provided at no charge to the member through a governmental program or facility
- Growth hormone, except as specified in BCBSAZ Medical Coverage Guidelines, and growth hormone to treat Idiopathic Short Stature (ISS)
- Hearing services and devices, except as stated in the benefit plan
- Lifestyle education and management services, except as stated in the benefit plan
- Lodging and meals, except as stated in the benefit plan
- Maintenance services – services rendered after a member has met functional goals; services rendered when no objectively measurable improvement is reasonably anticipated, services to prevent regression to a lower level of function, services to prevent future injury and services to improve or maintain posture
- Manipulation of the spine under anesthesia
- Massage therapy, except in limited circumstances as described in the BCBSAZ Medical Coverage Guidelines
- Maternity, except as stated in the benefit plan
- Medical equipment, supplies and medications sold on or through unregulated distribution channels as determined by BCBSAZ
- Medical marijuana and any costs or fees associated with obtaining medical marijuana
- Medications dispensed in certain settings – prescription medications given to the member by any person or entity that is not a licensed pharmacy, home health agency, specialty pharmacy or hospital emergency room
- Medications which are:
  - Not FDA approved
  -