

2024 Summary of Benefits

Blue Best Life Classic (HMO) – Maricopa & Pinal Counties

Blue Best Life Plus (HMO) – Maricopa & Pinal Counties

Blue Best Life Classic (HMO) – Pima County



An Independent Licensee of the Blue Cross Blue Shield Association

2024 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 provider) to make sure the providers 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 (if applicable), 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, 2025.
- Except in emergency or urgent situations, we do not cover services by out-of-network providers (providers who are not listed in the provider directory).

Summary of Benefits

January 1, 2024 – December 31, 2024

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

AZ Blue is a HMO plan with a Medicare contract. Enrollment in AZ Blue 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.

Things to know about AZ Blue



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.



AZ Blue 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 at **1-888-274-0367, TTY: 711**.
- Our website: **azblue.com/medicare**



Who can join?

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

- **Blue Best Life Classic (HMO) (H0302-006)** is available in Maricopa County and Pinal County
- **Blue Best Life Plus (HMO) (H0302-001)** is available in Maricopa County and Pinal County
- **Blue Best Life Classic (HMO) (H0302-008)** is available in Pima County

Which doctors, hospitals, and pharmacies can I use?



Your **Blue Medicare plan** is a Health Maintenance Organization (HMO) plan. Members enrolled in HMO plans must receive their healthcare from doctors, hospitals, and other providers within the AZ Blue network. If you use providers or facilities that are not in our network, the plan may not pay for these services.

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

- You can see our plan's Provider/Pharmacy Directory at our website: **azblue.com/medicare**.
- Or, call us and we will send you a copy of the Provider/Pharmacy Directory.



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 **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, 2024 – December 31, 2024

Premiums and Benefits	Blue Best Life Classic (HMO) H0302-006	Blue Best Life Plus (HMO) H0302-001
	Maricopa and Pinal County	
Monthly plan premium You must keep paying your Medicare Part B premium.	\$0 per month	\$45 per month
Deductible (medical)	\$0	\$0
Maximum Out-of-Pocket Responsibility For services you receive from in-network providers. If you reach the limit on out-of-pocket costs, you keep getting Medicare Part A and Part B-covered hospital and medical services and we will pay the full cost for the rest of the year. 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.	\$2,900 annually	\$2,500 annually
Inpatient Hospital Coverage May require prior authorization. Limits may apply.	\$225 copay per day for days 1-6	\$225 copay per day for days 1-6
Outpatient Hospital Coverage Outpatient Hospital Facility for Surgery or Other Procedures (e.g., endoscopy and cardiac catheterization) May require prior authorization.	\$250 copay per visit \$250 copay per visit for outpatient observation services	\$200 copay per visit \$225 copay per visit for outpatient observation services
Ambulatory Surgery Center (ASC) For surgeries or other procedures such as endoscopy, cardiac catheterization, etc. May require prior authorization.	\$150 copay	\$150 copay
Doctor Visits May require prior authorization.	Primary Care Provider (PCP) visit: \$0 copay Specialist visit: \$20 copay (no referral needed)	Primary Care Provider (PCP) visit: \$0 copay Specialist visit: \$25 copay (no referral needed)

The plan does not require a referral from a PCP to see a network specialist. Keep in mind, some providers may require a recommendation or treatment plans from your doctor to see you.

Premiums and Benefits	Blue Best Life Classic (HMO) H0302-006	Blue Best Life Plus (HMO) H0302-001
	Maricopa and Pinal County	
<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>You pay nothing</p>	<p>You pay nothing</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>\$125 copay</p>	<p>\$125 copay</p>

Premiums and Benefits	Blue Best Life Classic (HMO) H0302-006	Blue Best Life Plus (HMO) H0302-001
Maricopa and Pinal County		
Emergency Care (Worldwide)	Emergency Room: \$120 copay Emergency Transportation: \$120 copay \$30,000 combined lifetime limit for worldwide emergency and urgent care Transportation is from incident to nearest medical center, travel from country back to US. is not covered.	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) Please note: If you are outside the plan’s service area and cannot get care from a network provider, the plan will cover urgent-care services provided in an urgent-care facility.	\$25 copay	\$25 copay
Urgent Care (Worldwide)	\$120 copay (\$30,000 combined limit)	\$100 copay (\$60,000 combined limit)
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. May require prior authorization.	Diagnostic tests and procedures: \$0 to \$75 copay or 0% to 20% coinsurance, depending on the service Lab services: \$0 copay, depending on the service X-ray with or without contrast (e.g., chest, aortogram, IVP, BE): \$20 copay	Diagnostic tests and procedures: \$0 to \$75 copay or 0% to 20% coinsurance, depending on the service Lab services: \$0 copay, depending on the service X-ray with or without contrast (e.g., chest, aortogram, IVP, BE): \$10 copay

Premiums and Benefits	Blue Best Life Classic (HMO) H0302-006	Blue Best Life Plus (HMO) H0302-001
Maricopa and Pinal County		
<p>Outpatient Diagnostic Tests, Therapeutic Services, and Supplies May require a referral from your PCP. May require prior authorization.</p>	<p>Pain Management Assessment (evaluation and management only): \$20 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>Pain Management Assessment (evaluation and management only): \$25 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>Hearing Services (Medicare Covered)</p> <p>Hearing exam by network PCP or specialist to diagnose and treat hearing and balance issues. May require prior authorization.</p>	<p>\$25 copay</p>	<p>\$25 copay</p>
<p>Hearing Services (Non-Medicare Covered)</p> <p>Services are covered through TruHearing® providers. Includes hearing aid fitting and evaluation. Limited to TruHearing’s Advanced (\$699) and Premium (\$999) hearing aids.</p>	<p>Hearing exam: \$0 copay Up to two TruHearing-branded hearing aids every year (one per ear per year). Includes free rechargeable hearing aid upgrade.</p>	<p>Hearing exam: \$0 copay Up to two TruHearing-branded hearing aids every year (one per ear per year). Includes free rechargeable hearing aid upgrade.</p>

Premiums and Benefits	Blue Best Life Classic (HMO) H0302-006	Blue Best Life Plus (HMO) H0302-001
	Maricopa and Pinal County	
<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 disease involving the jaw.</p> <p>Oral examinations, but not treatment, preceding kidney transplantation or heart valve replacement under certain circumstances.</p>	20% coinsurance	20% coinsurance

Premiums and Benefits	Blue Best Life Classic (HMO) H0302-006	Blue Best Life Plus (HMO) H0302-001
Maricopa and Pinal County		
Dental Services (Non-Medicare Covered)	<p>\$10 office visit copay</p> <p>\$2,000 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 • 7-year replacement limit 	<p>\$10 office visit copay</p> <p>\$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	Blue Best Life Classic (HMO) H0302-006	Blue Best Life Plus (HMO) H0302-001
	Maricopa and Pinal County	
<p>Vision Care (Medicare Covered)</p>	<p>Exam to diagnose and treat diseases and conditions of the eye: \$20 copay</p> <p>Yearly glaucoma and diabetic retinopathy screening: \$0 copay</p> <p>Eyeglasses or contact lenses after each cataract surgery (not to be combined.) 20% coinsurance</p>	<p>Exam to diagnose and treat diseases and conditions of the eye: \$25 copay</p> <p>Yearly glaucoma and diabetic retinopathy screening: \$0 copay</p> <p>Eyeglasses or contact lenses after each cataract surgery (not to be combined.) 20% 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 and/or updating eyeglasses or contact lens prescriptions.</p>	<p>\$0 copay</p> <p>Eyewear coverage: \$200 single-purchase annual allowance through Davis Vision providers</p>	<p>\$0 copay</p> <p>Eyewear coverage: \$200 single-purchase annual allowance through Davis Vision providers</p>
<p>Mental Health Services</p>	<p>Inpatient psychiatric hospital visit: \$225 copay per day for days 1-6</p> <p>Outpatient individual or group therapy visit: \$20/\$20 copay</p>	<p>Inpatient psychiatric hospital visit: \$225 copay per day for days 1-6</p> <p>Outpatient individual or group therapy visit: \$25/\$25 copay</p>
<p>Skilled Nursing Facility (SNF)</p> <p>Plan covers up to 100 days per benefit period in an SNF.</p> <p>May require prior authorization.</p>	<p>\$0 copay per day for days 1-20</p> <p>\$203 copay per day for days 21-40</p> <p>\$0 copay per day for days 41-100</p>	<p>\$0 copay per day for days 1-20</p> <p>\$203 copay per day for days 21-40</p> <p>\$0 copay per day for days 41-100</p>

Premiums and Benefits	Blue Best Life Classic (HMO) H0302-006	Blue Best Life Plus (HMO) H0302-001
	Maricopa and Pinal County	
<p>Physical Therapy Physical therapy services are provided in various outpatient settings. One copay per date of service, per type of therapy. May require a referral from your PCP.</p>	\$20 copay	\$10 copay
<p>Ambulance Prior authorization is required for non-emergency transportation by ambulance.</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>Ground Ambulance: \$275 copay per one-way transport</p> <p>Emergency Air and Water Ambulance Transport: 20% coinsurance per one-way transport</p>
Transportation	Not Covered	Not Covered

Premiums and Benefits	Blue Best Life Classic (HMO) H0302-006	Blue Best Life Plus (HMO) H0302-001
	Maricopa and Pinal County	
<p>Medicare Part B Drugs 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.</p> <p>This requirement is called “step therapy.”</p> <p>Certain drugs require prior authorization.</p>	<p>20% coinsurance for Medicare Part B prescription drugs, including chemotherapy drugs, except for Part B-covered insulin. (See below for more information about insulin coverage).</p> <p>However, effective April 1, 2023, you may pay less than 20% coinsurance for a Medicare Part B prescription drug if the drug appears on Medicare’s rebatable drug list, which is posted on the Web.</p> <p>The list of drugs and the coinsurance you must pay may change from one quarter to the next.</p> <p>Effective July 1, 2023, the amount you pay for a one-month supply of Medicare Part B-covered insulin will never be more than \$35.</p>	<p>20% coinsurance for Medicare Part B prescription drugs, including chemotherapy drugs, except for Part B-covered insulin. (See below for more information about insulin coverage).</p> <p>However, effective April 1, 2023, you may pay less than 20% coinsurance for a Medicare Part B prescription drug if the drug appears on Medicare’s rebatable drug list, which is posted on the Web.</p> <p>The list of drugs and the coinsurance you must pay may change from one quarter to the next.</p> <p>Effective July 1, 2023, the amount you pay for a one-month supply of Medicare Part B-covered insulin will never be more than \$35.</p>
<p>Acupuncture Services (Medicare Covered) Treatment for chronic low back pain. Must use American Specialty Health® (ASH) participating providers.</p> <p>May require prior authorization.</p>	<p>\$30 copay</p>	<p>\$30 copay</p>

Premiums and Benefits	Blue Best Life Classic (HMO) H0302-006	Blue Best Life Plus (HMO) H0302-001
	Maricopa and Pinal County	
<p>Acupuncture Services (Non-Medicare Covered)</p> <p>Plan covers routine care between chiropractic, acupuncture, and therapeutic massage per year.</p>	\$15 copay for 30 combined visits	\$15 copay for 30 combined visits
<p>Annual Physical Examination</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 the body.</p>	\$0 copay	\$0 copay
<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>May require prior authorization.</p>	\$20 copay	\$20 copay
<p>Chiropractic Services (Non-Medicare Covered)</p> <p>Plan covers routine care between chiropractic, acupuncture, and therapeutic massage per year.</p>	\$15 copay for 30 combined visits	\$15 copay for 30 combined visits
<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>	\$20 copay	\$25 copay

Premiums and Benefits	Blue Best Life Classic (HMO) H0302-006	Blue Best Life Plus (HMO) H0302-001
Maricopa and Pinal County		
<p>Meals 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, pureed, Halal and Kosher.</p>	<p>Home delivery includes a single delivery of (14) refrigerated fresh meals by a designated vendor. Good for two weeks.</p>	<p>Home delivery includes a single delivery of (14) refrigerated fresh meals by a designated vendor. Good for two weeks.</p>
<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, walker, therapeutic shoes or inserts • Prosthetic devices <ul style="list-style-type: none"> - braces, artificial limbs • Diabetes supplies <p>Separate office visit copay may apply if other services are rendered at the time of the visit.</p> <p>May require prior authorization.</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 (Lifescan and Roche): \$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>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 (Lifescan and Roche): \$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>

Premiums and Benefits	Blue Best Life Classic (HMO) H0302-006	Blue Best Life Plus (HMO) H0302-001
	Maricopa and Pinal County	
<p>Over-the-Counter (OTC) Products Quarterly flexible benefits allowance on a prepaid card to help you cover out of pocket expenses on health-related products. Quarterly balances do not roll over.</p> <p>Benefit dollars can be spent at participating retail locations. Visit azblue.com/medicare or call Member Outreach at 602-313-7135, TTY: 711, Monday - Friday, 8 am - 4:30 pm for locations and additional information.</p>	<p>\$75 quarterly allowance</p>	<p>\$50 quarterly allowance</p>
<p>Rehabilitation Services 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>No referral needed. May require prior authorization.</p>	<p>Copay per service type:</p> <p>Cardiac rehabilitation: \$40 copay</p> <p>Pulmonary rehabilitation: \$20 copay</p> <p>Intensive Cardiac: \$40 copay</p> <p>Occupational Therapy: \$20 copay</p> <p>Speech Language Therapy: \$20 copay</p>	<p>Copay per service type:</p> <p>Cardiac rehabilitation: \$20 copay</p> <p>Pulmonary rehabilitation: \$20 copay</p> <p>Intensive Cardiac: \$20 copay</p> <p>Occupational Therapy: \$10 copay</p> <p>Speech Language Therapy: \$10 copay</p>

Premiums and Benefits	Blue Best Life Classic (HMO) H0302-006	Blue Best Life Plus (HMO) H0302-001
Maricopa and Pinal County		
<p>Fitness Programs</p> <p>SilverSneakers® is more than a fitness program. It's an opportunity to improve your health, gain confidence and connect with your community, at no additional cost with many Medicare plans. Whether you play tennis, swim laps, lift weights, visit the gym or take live classes from home, SilverSneakers has you covered. Movement and exercise are essential to your health, and SilverSneakers supports you in any way you decide to move:</p> <p>In participating fitness locations</p> <ul style="list-style-type: none"> • Thousands of participating locations¹ with various amenities • Ability to enroll at multiple locations at any time • SilverSneakers classes² designed for all levels and taught by instructors trained in senior fitness <p>In your community</p> <ul style="list-style-type: none"> • Group activities and classes² offered outside the gym • SilverSneakers Community Fitness classes, walking groups and workshop at parks, community centers and more • Events including shared meals, holiday celebrations and class socials <p>At home or on the go</p> <ul style="list-style-type: none"> • SilverSneakers LIVE virtual classes and workshops throughout the week • SilverSneakers On-Demand fitness classes available 24/7 • SilverSneakers GO mobile app with adjustable workout plans and more <p>Get started in 3 easy steps</p> <ol style="list-style-type: none"> 1. Go to SilverSneakers.com/StartHere to create an online account. 2. Log in to view your member ID number and take that to a participating location. 	You pay nothing*	You pay nothing*

Premiums and Benefits	Blue Best Life Classic (HMO) H0302-006	Blue Best Life Plus (HMO) H0302-001
Maricopa and Pinal County		
<p>Fitness Programs continued</p> <p>3. Start a healthy routine with the support you need! You can also enjoy virtual workouts online through your new account.</p> <p>Questions? Visit SilverSneakers.com or call 1-888-423-4632 (TTY: 711) Monday through Friday, 8 a.m. to 8 p.m. ET.</p> <p>¹ Participating locations (“PL”) not owned or operated by Tivity Health, Inc. or its affiliates. Use of PL facilities and amenities limited to terms and conditions of PL basic membership. Facilities and amenities vary by PL.</p> <p>² Membership includes SilverSneakers instructor-led group fitness classes. Some locations offer Members additional classes. Classes vary by location.</p> <p><i>SilverSneakers and the SilverSneakers shoe logotype are registered trademarks of Tivity Health, Inc. © 2023 Tivity Health, Inc. All rights reserved.</i></p>	You pay nothing*	You pay nothing*

Summary of Benefits January 1, 2024 – December 31, 2024

Premiums and Benefits	Blue Best Life Classic (HMO) H0302-008
Pima County	
Monthly plan premium You must keep paying your Medicare Part B premium.	\$0 per month
Deductible (medical)	\$0
Maximum Out-of-Pocket Responsibility For services you receive from in-network providers. If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year. 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.	\$2,900 annually
Inpatient Hospital Coverage May require prior authorization.	\$250 copay per day for days 1-6
Outpatient Hospital Coverage Outpatient Hospital Facility for Surgery or Other Procedures (e.g., endoscopy and cardiac catheterization) May require prior authorization.	\$250 copay per visit \$250 copay per visit for outpatient observation services
Ambulatory Surgery Center (ASC) ASC visit or other procedures such as endoscopy, cardiac catheterization, etc.	\$150 copay
Doctor Visits May require prior authorization.	Primary Care Provider (PCP) visit: \$0 copay Specialist visit: \$25 copay (no referral needed)

The plan does not require a referral from a PCP to see a network specialist. Keep in mind, some providers may require a recommendation or treatment plans from your doctor to see you.

Premiums and Benefits

Blue Best Life Classic (HMO)
H0302-008

Pima County

Preventive Care

Our plan covers many preventive services, including:

- 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

Any additional preventive services approved by Medicare during the contract year will be covered.

You pay nothing

Emergency Care

(Within the United States and its territories)

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.

\$125 copay

Urgent Care

(Within the United States and its territories)

Please note: If you are outside the plan's service area and cannot get care from a network provider, the plan will cover urgent-care services provided in an urgent-care facility.

\$35 copay

Premiums and Benefits	Blue Best Life Classic (HMO) H0302-008
Pima County	
<p>Diagnostic Services, Labs, and Imaging</p> <p>Refer to Outpatient Diagnostic Tests, Therapeutic Services, and Supplies for additional services and coverage details.</p> <p>Costs may vary based on place of service.</p> <p>May require prior authorization.</p>	<p>Diagnostic tests and procedures: \$0 to \$75 copay or 0% to 20% coinsurance, depending on the service</p> <p>Lab services: \$0 copay, depending on the service</p> <p>X-ray with or without contrast (e.g., chest, aortogram, IVP, BE): \$20 copay</p>
<p>Outpatient Diagnostic Tests, Therapeutic Services, and Supplies</p> <p>Costs may vary based on place of service.</p> <p>May require a referral from your PCP.</p> <p>May require prior authorization.</p>	<p>Pain Management Assessment (evaluation and management only): \$25 copay per visit</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>Hearing Services (Medicare Covered)</p> <p>Hearing exam by network PCP or specialist to diagnose and treat hearing and balance issues.</p>	<p>\$25 copay</p>
<p>Hearing Services (Non-Medicare Covered)</p> <p>Services are covered through TruHearing® providers. Includes hearing aid fitting and evaluation.</p>	<p>Hearing exam: \$0 copay</p> <p>Up to two TruHearing-branded hearing aids every year (one per ear per year). Includes free rechargeable hearing aid upgrade.</p>

Premiums and Benefits	Blue Best Life Classic (HMO) H0302-008
Pima County	
Dental Services (Medicare Covered) 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 disease involving the jaw. Oral examinations but not treatment preceding kidney transplantation or heart valve replacement under certain circumstances.	20% coinsurance
Dental Services (Non-Medicare Covered)	Not covered
Vision Care (Medicare Covered)	Exam to diagnose and treat diseases and conditions of the eye: \$25 copay Yearly glaucoma and diabetic retinopathy screening: \$0 copay Eyeglasses or contact lenses after each cataract surgery (not to be combined.)
Vision Care (Non-Medicare Covered) *Routine vision services including non-medical eye examination through Davis Vision® providers without any medical conditions or symptoms for the purpose of checking vision, and/or updating eyeglasses or contact lens prescriptions.	\$0 copay for routine vision services* Eyewear coverage: \$200 single-purchase annual allowance through Davis Vision providers
Mental Health Services	Inpatient psychiatric hospital visit: \$250 copay per day for days 1-6 Outpatient individual or group therapy visit: \$25/\$25 copay
Skilled Nursing Facility (SNF) Plan covers up to 100 days per benefit period in an SNF. May require prior authorization.	\$0 copay per day for days 1-20 \$203 copay per day for days 21-40 \$0 copay per day for days 41-100

Premiums and Benefits	Blue Best Life Classic (HMO) H0302-008
Pima County	
<p>Physical Therapy</p> <p>Physical therapy services are provided in various outpatient settings. One copay per date of service, per type of therapy.</p> <p>No referral needed.</p> <p>May require prior authorization.</p>	<p>\$20 copay</p>
<p>Ambulance</p> <p>Prior authorization is required for non-emergency transportation by ambulance.</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>Transportation</p>	<p>Not Covered</p>
<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>20% coinsurance for Medicare Part B prescription drugs, including chemotherapy drugs, except for Part B-covered insulin. (See below for more information about insulin coverage).</p> <p>However, effective April 1, 2023, you may pay less than 20% coinsurance for a Medicare Part B prescription drug if the drug appears on Medicare’s rebatable drug list, which is posted on the Web.</p> <p>The list of drugs and the coinsurance you must pay may change from one quarter to the next.</p> <p>Effective July 1, 2023, the amount you pay for a one-month supply of Medicare Part B-covered insulin will never be more than \$35.</p>
<p>Acupuncture Services</p> <p>(Medicare Covered)</p> <p>Treatment for chronic low back pain. Must use an American Specialty Health® (ASH) participating provider.</p> <p>May require prior authorization.</p>	<p>\$30 copay</p>

Premiums and Benefits	Blue Best Life Classic (HMO) H0302-008
Pima County	
Acupuncture Services (Non-Medicare Covered)	Not covered
Annual Physical Examination 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 the body.	\$0 copay
Chiropractic Services (Medicare Covered) Manipulation of the spine to correct a subluxation (when one or more of the bones in your spine move out of position). May require prior authorization.	\$20 copay
Chiropractic Services (Non-Medicare Covered)	Not covered
Foot Care (Podiatry Services) (Medicare Covered) Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions. Routine foot care (non-Medicare covered) is not covered.	\$25 copay
Meals 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. Meal types include general wellness, lower sodium, heart friendly, diabetic friendly, renal friendly, gluten-free, vegetarian, cancer support, pureed, Halal and Kosher.	Home delivery includes a single delivery of (14) refrigerated fresh meals by a designated vendor. Good for two weeks.

Premiums and Benefits

Blue Best Life Classic (HMO)
H0302-008

Pima County

Medical Equipment / Supplies

- Durable Medical Equipment wheelchairs, crutches, hospital bed, insulin pump, IV infusion pump, oxygen equipment, nebulizer and walker, therapeutic shoes or inserts
- Prosthetic devices
- Braces, artificial limbs
- Diabetes supplies

Separate office visit copay may apply if other services are rendered at the time of the visit.

May require prior authorization.

Medically necessary durable medical equipment covered by Original Medicare: **20%** coinsurance

Prosthetic devices: **20%** coinsurance

Medicare-covered diabetes monitoring supplies from preferred manufacturer **(Lifescan and Roche): \$0** copay for supplies and **20%** coinsurance for continuous blood glucose monitoring devices

Medicare-covered diabetes monitoring supplies from non-preferred manufacturers: **20%** coinsurance

All other Medicare-covered diabetes supplies: **20%** coinsurance

Over-the-Counter (OTC) Products

Quarterly flexible benefits allowance on a prepaid card to help you cover out of pocket expenses on health-related products. Quarterly balances do not roll over.

Benefit dollars can be spent at participating retail locations. Visit azblue.com/medicare or call Member Outreach at **602-313-7135, TTY:711**, Monday - Friday, 8 am - 4:30 pm for locations and additional information.

\$50 quarterly allowance

Rehabilitation Services

Outpatient occupational therapy and speech language therapy rehabilitation services are provided in various outpatient settings.

Cardiac rehabilitation services include 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.

No referral needed.

May require prior authorization.

Copay per service type:

Cardiac rehabilitation: **\$40** copay

Pulmonary rehabilitation: **\$20** copay

Intensive Cardiac: **\$40** copay

Occupational Therapy: **\$20** copay

Speech Language Therapy: **\$20** copay

Premiums and Benefits

Blue Best Life Classic (HMO)
H0302-008

Pima County

Fitness Programs

SilverSneakers® is more than a fitness program. It's an opportunity to improve your health, gain confidence and connect with your community, at no additional cost with many Medicare plans. Whether you play tennis, swim laps, lift weights, visit the gym or take live classes from home, SilverSneakers has you covered. Movement and exercise are essential to your health, and SilverSneakers supports you in any way you decide to move:

In participating fitness locations

- Thousands of participating locations¹ with various amenities
- Ability to enroll at multiple locations at any time
- SilverSneakers classes² designed for all levels and taught by instructors trained in senior fitness

In your community

- Group activities and classes² offered outside the gym
- SilverSneakers Community Fitness classes, walking groups and workshop at parks, community centers and more
- Events including shared meals, holiday celebrations and class socials

At home or on the go

- SilverSneakers LIVE virtual classes and workshops throughout the week
- SilverSneakers On-Demand fitness classes available 24/7
- SilverSneakers GO mobile app with adjustable workout plans and more

Get started in 3 easy steps

1. Go to **SilverSneakers.com/StartHere** to create an online account.
2. Log in to view your member ID number and take that to a participating location.
3. Start a healthy routine with the support you need! You can also enjoy virtual workouts online through your new account.

You pay nothing*

Premiums and Benefits

Blue Best Life Classic (HMO)
H0302-008

Pima County

Fitness Programs continued

Questions? Visit SilverSneakers.com or call 1-888-423-4632 (TTY: 711) Monday through Friday, 8 a.m. to 8 p.m. ET.

¹ Participating locations (“PL”) not owned or operated by Tivity Health, Inc. or its affiliates. Use of PL facilities and amenities limited to terms and conditions of PL basic membership. Facilities and amenities vary by PL.

² Membership includes SilverSneakers instructor-led group fitness classes. Some locations offer Members additional classes. Classes vary by location.

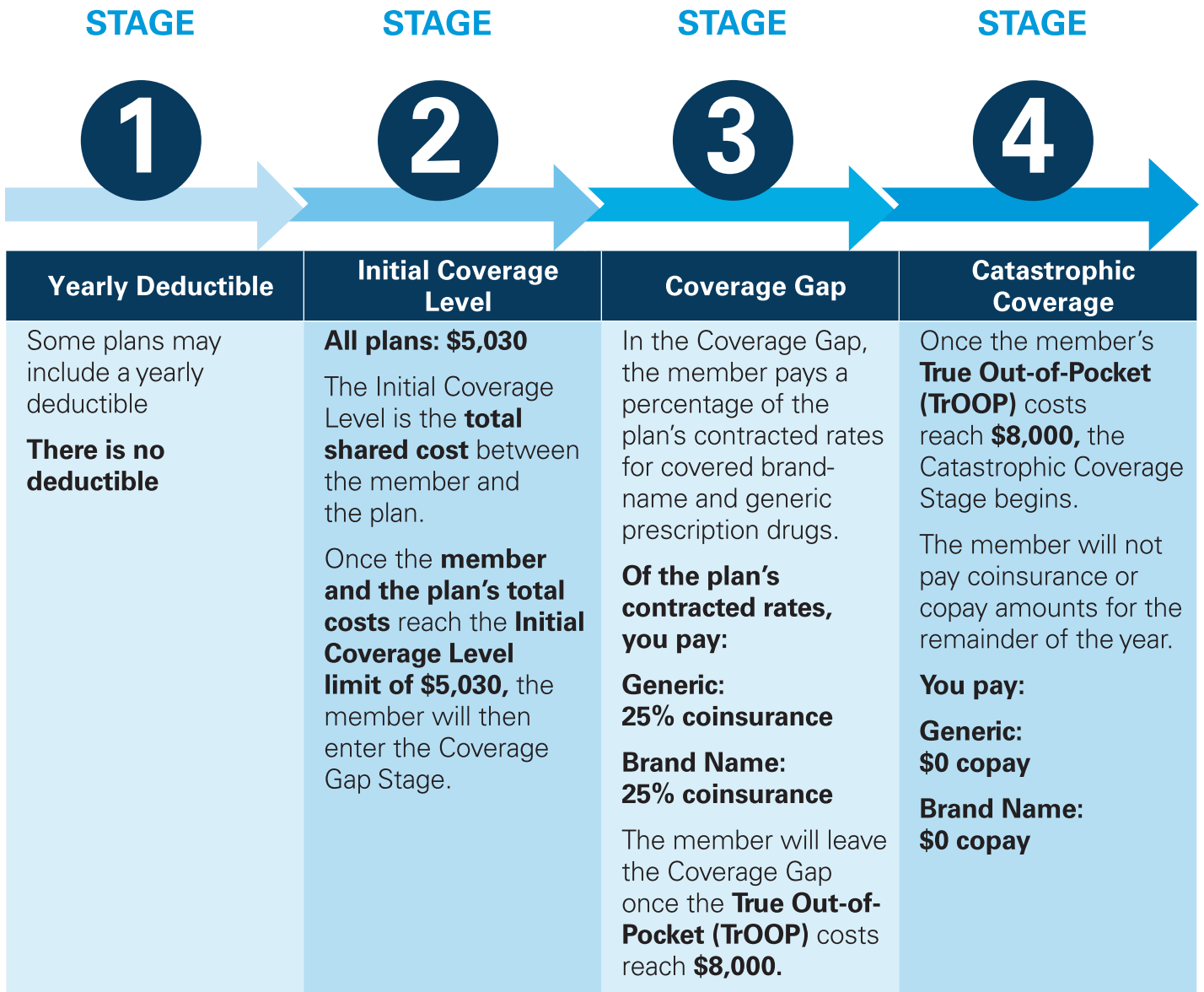
SilverSneakers and the SilverSneakers shoe logotype are registered trademarks of Tivity Health, Inc. © 2023 Tivity Health, Inc. All rights reserved.

You pay nothing*

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 AZ Blue 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 (copay, 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 \$8,000. The TrOOP does not include premiums paid by member or the plan.

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.

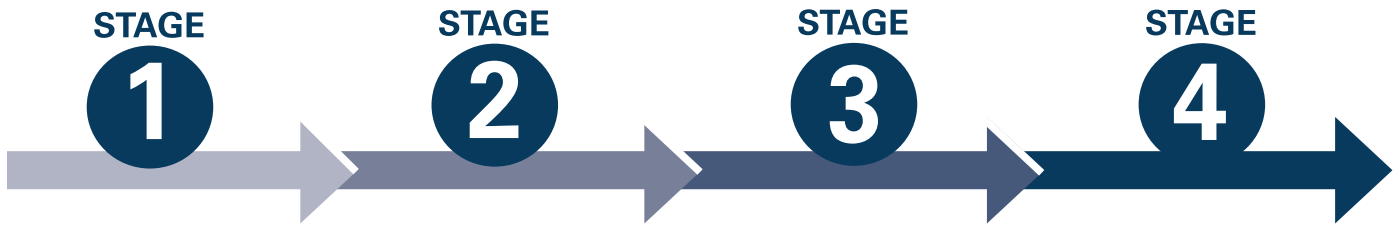
If we agree to make an exception and cover a drug that is not on the Drug List, you will need to pay the cost-sharing amount that applies to drugs in Tier 4. You cannot ask for an exception to the copayment or coinsurance amount we require you to pay for the drug.”

What You Pay as a Member of This Plan

**Maricopa County
and Pinal County**

Blue Best Life Classic (HMO) (H0302-006)

\$0 Monthly Premium



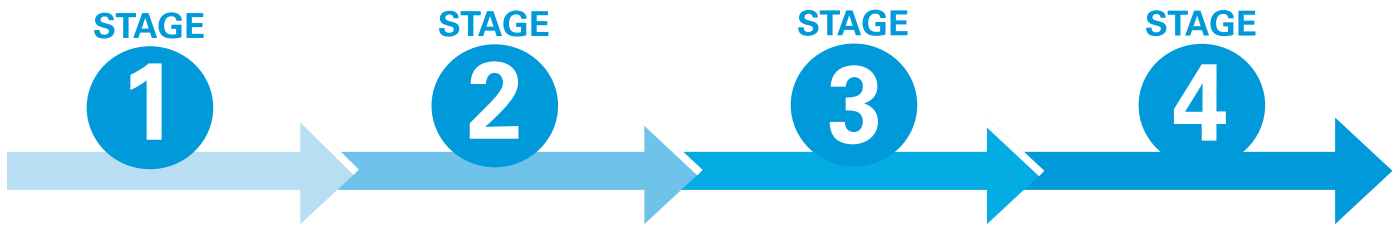
Yearly Deductible Stage	Initial Coverage Stage Up to \$5,030 spent towards covered drugs – based on the total shared cost between you and the Plan		Coverage Gap Stage This stage begins when the total shared drug costs reach \$5,030	Catastrophic Coverage Stage This stage begins when your total out-of-pocket drug costs reach \$ 8,000
	30-Day Supply	Extended-Day Supply (Retail or Mail Order)		
Because we have no deductible, this payment stage does not apply to you.				
Tier 1: Preferred Generic	\$0	\$0 (100-day supply)	Generics 25%	Generic \$0
Tier 2: Generic	\$9	\$9 (100-day supply)		Brand Name \$0
Tier 3: Preferred Brand	\$47	\$141	Brands 25%	
Tier 4: Non-Preferred Drug	\$100	\$300		
Tier 5: Specialty	33%	Not Offered		
Tier 6: Select Care Drugs	\$0	\$0		

What You Pay as a Member of This Plan

Maricopa County
and Pinal County

\$45 Monthly Premium

Blue Best Life Plus (HMO) (H0302-001)



Yearly Deductible Stage	Initial Coverage Stage		Coverage Gap Stage	Catastrophic Coverage Stage
	30-Day Supply	Extended-Day Supply (Retail or Mail Order)		
<p>Up to \$5,030 spent towards covered drugs – based on the total shared cost between you and the Plan</p> <p>This stage begins when the total shared drug costs reach \$5,030</p> <p>This stage begins when your total out-of-pocket drug costs reach \$8,000</p>				
<p>Because we have no deductible, this payment stage does not apply to you.</p>				
<p>Tier 1: Preferred Generic</p> <p>Tier 2: Generic</p> <p>Tier 3: Preferred Brand</p> <p>Tier 4: Non-Preferred Drug</p> <p>Tier 5: Specialty</p> <p>Tier 6: Select Care Drugs</p>	<p>\$0</p> <p>\$9</p> <p>\$47</p> <p>\$100</p> <p>33%</p> <p>\$0</p>	<p>\$0 (100-day supply)</p> <p>\$9 (100-day supply)</p> <p>\$141</p> <p>\$300</p> <p>Not Offered</p> <p>\$0</p>	<p>Generics 25%</p> <p>Brands 25%</p>	<p>Generic \$0</p> <p>Brand Name \$0</p>

What You Pay as a Member of This Plan

Pima County

\$0 Monthly Premium

Blue Best Life Classic (HMO) (H0302-008)



Yearly Deductible Stage	Initial Coverage Stage Up to \$5,030 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 \$5,030	Catastrophic Coverage Stage This stage begins when your total out-of-pocket drug costs reach \$8,000
	30-Day Supply	Extended-Day Supply (Retail or Mail Order)		
Because we have no deductible, this payment stage does not apply to you.				
Tier 1: Preferred Generic	\$0	\$0 (100-day supply)	Generics 25%	Generic \$0
Tier 2: Generic	\$9	\$9 (100-day supply)		Brand Name \$0
Tier 3: Preferred Brand	\$47	\$141	Brands 25%	
Tier 4: Non-Preferred Drug	\$100	\$300		
Tier 5: Specialty	33%	Not Offered		
Tier 6: Select Care Drugs	\$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’ dèę, t’áá jiiik’eh, éí ná hóló, kojí hódíílnih **1-800-446-8331, TTY: 711.**

OptumRx is an independent company providing pharmacy mail order 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.

BCBSAZ offers BlueJourney PPO Medicare Advantage plans. BCBSAZ Advantage, a separate but wholly owned subsidiary of BCBSAZ, offers Blue Best Life Classic and Plus HMO plans.

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 panggagamot. 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 مترجم فوري، ليس عليك سوى الاتصال بنا على 1-800-446-8331. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة 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.

Portuguese: 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、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 nihinaaltsoos bee hadadít'éhígíí bąqah na'ídkid nee hólóogo da nihi éí ata' halne'í bee áka'anída'awo'í t'áa jíik'eh nihee hóló. Ata' halne'í ta' yíníkeedg kohjí 1-800-446-8331 nihich'j' hodílnih. T'áa háida Bilagáana Bizaad yee yáfti'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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