

# 2024 Summary of Benefits

BlueJourney (PPO) – Maricopa & Pima Counties



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, 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, 2024.
- Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services provided by a non-contracted provider, the provider must agree to treat you. Except in an emergency or urgent situation, non-contracted providers may deny care. In addition, you will pay a higher copay for services received by non-contracted providers.

# 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 contracted with Medicare to offer PPO Medicare Advantage plans and PDP plans. Enrollment in AZ Blue plans 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](https://azblue.com/medicare).

## Things to know about AZ Blue

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### 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 **1-888-274-0367, TTY: 711**.
- Our website: **[azblue.com/medicare](https://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.

- **BlueJourney (PPO) (H5140-001)** is available in Maricopa County
- **BlueJourney (PPO) (H5140-002)** is available in Pima County



## Which doctors, hospitals, and pharmacies can I use?

**AZ Blue BlueJourney** is a Preferred Provider Organization (PPO) plan. AZ Blue has a network of doctors, hospitals, pharmacies, and other providers. If you use the providers in our network, you may pay less for your covered services. But if you want to, you can also use providers that are not in our network. For more detailed information about our providers, you can call Member Services (phone numbers are printed on the back cover of this booklet) or visit our website at **[azblue.com/medicare](https://azblue.com/medicare)**.

Out-of-network/non-contracted providers are under no obligation to treat AZ Blue members, except in emergency situations. Please call our Member Service number or see your Evidence of Coverage for more information, including the cost sharing that applies to out-of-network services.

You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website at **[azblue.com/medicare](https://azblue.com/medicare)**.

Members enrolled in PPO plans can receive their healthcare from doctors, hospitals, and other providers from either in-network or out-of-network providers as long as the services are covered benefits and are medically necessary. If you use an out-of-network provider, your share of the costs for your covered services may be higher.

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.



## 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.



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## 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 **www.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	BlueJourney (PPO) Maricopa County (H5140-001) Pima County (H5140-002)	
<b>Monthly Plan Premium</b> You must keep paying your Medicare Part B premium.	<b>\$60</b> per month	
<b>Deductible (medical)</b>	<b>\$0</b>	
<b>Maximum Out-of-Pocket Responsibility</b> <b>Please note:</b> 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.	<b>In-network:</b> <b>\$3,600</b> is the most you pay during the calendar year for covered Medicare Part A and B services received from in-network providers.	<b>Out-of-network:</b> <b>\$5,400</b> is the most you pay during the calendar year for covered Medicare Part A and B services received from out-of-network providers.  <b>\$5,400</b> is the most you pay during the calendar year for covered Medicare Part A and Part B services received from both in-network and out-of-network providers. If you reach out-of-pocket cost limits, you keep getting covered Part A and Part B hospital and medical services and we will pay the full cost for the rest of the year.
<b>Inpatient Hospital Coverage</b>	<b>In-network:</b> <b>\$250</b> copay per day for days 1-6  <b>May require prior authorization.</b>	<b>Out-of-network:</b> <b>40%</b> coinsurance for each medically necessary inpatient stay
<b>Outpatient Hospital Coverage</b> Outpatient Hospital Facility for Surgery or Other Procedures (e.g., endoscopy and cardiac catheterization).  <b>May require prior authorization.</b>	<b>In-network:</b> <b>\$250</b> copay per visit	<b>Out-of-network:</b> <b>40%</b> coinsurance
<b>Ambulatory Surgery Center (ASC)</b> ASC visit or other procedures such as endoscopy, cardiac catheterization, etc.	<b>In-network:</b> <b>\$200</b> copayment	<b>Out-of-network:</b> <b>40%</b> coinsurance
<b>Doctor Visits</b>	<b>In-network:</b> Primary Care Provider (PCP) visit: <b>\$0</b> copay  Specialist visit: <b>\$30</b> copay	<b>Out-of-network:</b> Primary Care Provider (PCP) visit: <b>\$30</b> copay  Specialist visit: <b>\$50</b> copay

Premiums and Benefits	BlueJourney (PPO) Maricopa County (H5140-001) Pima County (H5140-002)	
<p><b>Preventive Care</b></p> <p>Our plan covers many preventive services, including:</p> <ul style="list-style-type: none"> <li>• Abdominal aortic aneurysm screening</li> <li>• Alcohol misuse counseling</li> <li>• Bone mass measurement</li> <li>• Breast cancer screening (mammogram)</li> <li>• Cardiovascular disease (behavioral therapy)</li> <li>• Cardiovascular screenings</li> <li>• Cervical and vaginal cancer screening</li> <li>• Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy)</li> <li>• Depression screening</li> <li>• Diabetes screenings</li> <li>• HIV screening</li> <li>• Medical nutrition therapy services</li> <li>• Obesity screening and counseling</li> <li>• Prostate cancer screenings (PSA)</li> <li>• Sexually transmitted infections screening and counseling</li> <li>• Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)</li> <li>• Vaccines, including flu shots, hepatitis B shots, pneumococcal shots, and COVID-19 vaccines</li> <li>• “Welcome to Medicare” preventive visit (one-time)</li> <li>• Annual Wellness Visit</li> </ul> <p>Any additional preventive services approved by Medicare during the contract year will be covered.</p>	<p><b>In-network:</b></p> <p><b>\$0</b> copay</p>	<p><b>Out-of-network:</b></p> <p><b>40%</b> coinsurance</p>
<p><b>Emergency Care</b> (Within the United States and its territories)</p> <p><b>Please note:</b> 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><b>In-network:</b></p> <p><b>\$125</b></p>	<p><b>Out-of-network:</b></p> <p><b>\$125</b></p>

Premiums and Benefits	<b>BlueJourney (PPO)</b> <b>Maricopa County (H5140-001)</b> <b>Pima County (H5140-002)</b>	
<b>Emergency Care (Worldwide)</b>	<b>In-network:</b> Not applicable	<b>Out-of-network:</b> Emergency Room: <b>\$100</b> copay Emergency Transportation: <b>\$100</b> copay <b>\$60,000</b> combined lifetime limit for worldwide emergency and urgent care
<b>Urgent Care</b> (Within the United States and its territories)	<b>In-network:</b> <b>\$35</b> copay	<b>Out-of-network:</b> <b>\$35</b> copay
<b>Urgent Care (Worldwide)</b>	<b>In-network:</b> Not applicable	<b>Out-of-network:</b> <b>\$100</b> copay <b>\$60,000</b> combined lifetime limit for worldwide emergency and urgent care
<b>Diagnostic Services, Labs, and Imaging</b>  Refer to Outpatient Diagnostic Tests, Therapeutic Services, and Supplies for additional services and coverage details. Costs may vary based on place of service.	<b>In-network:</b> Diagnostic tests and procedures: <b>\$0 to \$75</b> copayment or <b>0%-20%</b> coinsurance, depending on the service Lab services: <b>\$0</b> copay, depending on the service X-ray with or without contrast (e.g., chest aortagram, IVP, BE): <b>\$0</b> copay <b>May require prior authorization.</b>	<b>Out-of-network:</b> Diagnostic tests and procedures: <b>40%</b> coinsurance, depending on the service Lab services: <b>40%</b> coinsurance, depending on the service X-ray with or without contrast (e.g., chest aortagram, IVP, BE): <b>40%</b> coinsurance



Premiums and Benefits	BlueJourney (PPO) Maricopa County (H5140-001) Pima County (H5140-002)	
<p><b>Outpatient Diagnostic Tests, Therapeutic Services, and Supplies</b></p>	<p><b>In-network:</b> Pain Management Assessment (evaluation and management only): <b>\$30</b> copay Pain Management Treatment (e.g., epidurals, pain blockers, and injections): <b>\$75</b> copay per treatment Radiation Therapy: <b>20%</b> coinsurance Electrocardiogram (EKG): <b>0%</b> coinsurance <b>May require prior authorization.</b></p>	<p><b>Out-of-network:</b> Pain Management Assessment (evaluation and management only): <b>40%</b> coinsurance Pain Management Treatment (e.g., epidurals, pain blockers, and injections): <b>40%</b> coinsurance Radiation Therapy: <b>40%</b> coinsurance Electrocardiogram (EKG): <b>40%</b> coinsurance</p>
<p><b>Hearing Services</b> (Medicare Covered)</p> <p>Hearing exam by network PCP or specialist to diagnose and treat hearing and balance issues.</p>	<p><b>In-network:</b> <b>\$25</b> copay</p>	<p><b>Out-of-network:</b> <b>40%</b> coinsurance</p>
<p><b>Hearing Services</b> (Non-Medicare Covered)</p> <p>Services are covered through TruHearing® providers. Includes hearing aid fitting and evaluation.</p>	<p><b>In-network:</b> Hearing exam: <b>\$0</b> copay Up to two TruHearing-branded hearing aids every year (one per ear per year). Includes free rechargeable hearing aid upgrade.</p>	<p><b>Out-of-network:</b> Non-Medicare hearing exam: <b>40%</b> coinsurance TruHearing provider must be used for in- and out-of-network hearing aid benefits. Benefits received out-of-network are subject to any in-network benefit maximums, limitations, and/or exclusions.</p>

Premiums and Benefits	BlueJourney (PPO) Maricopa County (H5140-001) Pima County (H5140-002)	
<p><b>Dental Services</b> (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 diseases involving the jaw.</p> <p>Oral examinations, but not treatment, preceding kidney transplantation or heart valve replacement, under certain circumstances</p>	<p><b>In-network:</b> <b>20%</b> coinsurance</p>	<p><b>Out-of-network:</b> <b>40%</b> coinsurance</p>
<p><b>Dental Services</b> (Non-Medicare Covered)</p> <p>Preventive/comprehensive dental services are covered when received from a participating dental provider.</p>	<p><b>In-network:</b> <b>\$10</b> office visit copay <b>\$3,000</b> benefit maximum per calendar year for all services.</p> <p>Preventive: <b>\$0</b> copay</p> <ul style="list-style-type: none"> <li>• two oral exams per year</li> <li>• two cleanings per year</li> <li>• two bitewing X-rays per year</li> </ul> <p>Basic: <b>50%</b> coinsurance</p> <ul style="list-style-type: none"> <li>• fillings</li> <li>• emergency treatment of dental pain</li> <li>• simple extractions</li> </ul> <p>Major: <b>50%</b> coinsurance</p> <ul style="list-style-type: none"> <li>• Bridges, dentures</li> <li>• Crowns, inlays/onlays</li> <li>• Implants</li> <li>• 7-year replacement limit</li> </ul>	<p><b>Out-of-network:</b> <b>\$50%</b> coinsurance. "Out-of-network" providers have no contract with AZ Blue or with AZ Blue's independent dental network vendor. Out-of-network providers set their own rates, can collect up to full billed charges from members, and have no obligation to file members' claims.</p> <p>For out-of-network providers within Arizona: When Maximum allowed charge (MAC), it is the lesser of provider's charge or the applicable MAC schedule. When usual and customary applies, the providers billed charge will determine allowance amount.</p>

Premiums and Benefits	BlueJourney (PPO) Maricopa County (H5140-001) Pima County (H5140-002)	
<p><b>Vision Care</b> (Medicare Covered)</p>	<p><b>In-network:</b> Exam to diagnose and treat diseases and conditions of the eye: <b>\$30</b> copay Yearly glaucoma and diabetic retinopathy screening: <b>\$0</b> copay Eyeglasses or contact lenses after each cataract surgery (not to be combined.) <b>20%</b> coinsurance</p>	<p><b>Out-of-network:</b> Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma and diabetic retinopathy screening): <b>40%</b> coinsurance Eyeglasses or contact lenses after each cataract surgery (not to be combined.) <b>40%</b> coinsurance</p>
<p><b>Vision Care</b> (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, screening for eye disease, and/or updating eyeglasses or contact lens prescriptions.</p>	<p><b>In-network:</b> <b>\$0</b> copay for routine eye exam Eyewear coverage: <b>\$200</b> single-purchase annual allowance through Davis Vision providers</p>	<p><b>Out-of-network:</b> Routine eye exam: <b>40%</b> coinsurance Eyewear coverage: <b>40%</b> coinsurance for an annual single purchase. Davis Vision provider must be used for in- and out-of-network vision benefits. Benefits received out-of-network are subject to any in-network benefit maximums, limitations, and/or exclusions.</p>
<p><b>Mental Health Services</b></p>	<p><b>In-network:</b> Inpatient psychiatric hospital visit: <b>\$250</b> copay per day for days 1-6 Outpatient individual or group therapy visit: <b>\$30</b> copay</p>	<p><b>Out-of-network:</b> Inpatient psychiatric hospital visit: <b>40%</b> coinsurance for each mental health inpatient stay Outpatient individual or group therapy visit: <b>40%</b> coinsurance</p>

Premiums and Benefits	<b>BlueJourney (PPO)</b> <b>Maricopa County (H5140-001)</b> <b>Pima County (H5140-002)</b>	
<p><b>Skilled Nursing Facility (SNF)</b></p> <p>Plan covers up to 100 days per benefit period in an SNF.</p>	<p><b>In-network:</b></p> <p><b>\$0</b> copay per day for days 1-20</p> <p><b>\$203</b> copay per day for days 21-40</p> <p><b>\$0</b> copay per day for days 41-100</p> <p><b>May require prior authorization.</b></p>	<p><b>Out-of-network:</b></p> <p>Days 1-100 <b>40%</b> coinsurance for each SNF stay</p>
<p><b>Physical Therapy</b></p> <p>Physical therapy services are provided in various outpatient settings.</p> <p>One copay per date of service, per type of therapy</p>	<p><b>In-network:</b></p> <p><b>\$40</b> copay</p>	<p><b>Out-of-network:</b></p> <p><b>40%</b> coinsurance</p>
<p><b>Ambulance</b></p> <p><b>Prior authorization is required for non-emergency transportation by ambulance.</b></p>	<p><b>In-network:</b></p> <p>Ground Ambulance: <b>\$275</b> copay per one-way transport</p> <p>Emergency Air and Water Ambulance Transport: <b>20%</b> coinsurance per one-way transport</p>	<p><b>Out-of-network:</b></p> <p>Ground Ambulance: <b>\$275</b> copay per one-way transport for emergency ground ambulance services. <b>40%</b> coinsurance for non-emergency ground ambulance services</p> <p>Emergency Air and Water Ambulance Transport: <b>40%</b> coinsurance per one-way transport</p>
<p><b>Transportation</b></p>	<p>Not Covered</p>	<p>Not Covered</p>

Premiums and Benefits	BlueJourney (PPO) Maricopa County (H5140-001) Pima County (H5140-002)	
<p><b>Medicare Part B Drugs</b></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><b>Certain drugs require prior authorization.</b></p>	<p><b>In-network:</b></p> <p><b>20%</b> 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 <b>April 1, 2023</b>, you may pay less than <b>20%</b> 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 <b>July 1, 2023</b>, the amount you must pay for a one-month supply of Medicare Part B-covered insulin will never be more than \$35.</p>	<p><b>Out-of-network:</b></p> <p><b>40%</b> 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 <b>April 1, 2023</b>, you may pay less than <b>40%</b> 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 <b>July 1, 2023</b>, the amount you must pay for a one-month supply of Medicare Part B-covered insulin will never be more than \$35.</p>
<p><b>Acupuncture Services</b> (Medicare Covered)</p> <p>Treatment for chronic low back pain. Must use American Specialty Health® (ASH) participating providers.</p>	<p><b>In-network:</b></p> <p><b>\$30</b> copay</p> <p><b>May require prior authorization.</b></p>	<p><b>Out-of-network:</b></p> <p><b>40%</b> coinsurance</p>

Premiums and Benefits	BlueJourney (PPO) Maricopa County (H5140-001) Pima County (H5140-002)	
<p><b>Acupuncture Services</b> (Non-Medicare Covered)</p> <p>Plan covers routine care for 30 combined visits between chiropractic, acupuncture, and therapeutic massage services per year. You must use an American Specialty Health (ASH) acupuncture provider.</p>	<p><b>In-network:</b> <b>\$15</b> copay <b>May require prior authorization.</b></p>	<p><b>Out-of-network:</b> <b>\$15</b> copay</p> <p>American Specialty Health (ASH) provider must be used for in- and out-of-network benefits. Benefits received out of network are subject to any in-network benefit maximums, limitations, and/or exclusions.</p>
<p><b>Annual Physical Examination</b> (Non-Medicare covered)</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 body.</p>	<p><b>In-network:</b> <b>\$0</b> copay</p>	<p><b>Out-of-network:</b> <b>40%</b> coinsurance</p>
<p><b>Chiropractic Services</b> (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><b>In-network:</b> <b>\$20</b> copay <b>May require prior authorization.</b></p>	<p><b>Out-of-network:</b> <b>40%</b> coinsurance</p>
<p><b>Chiropractic Services</b> (Non-Medicare Covered)</p> <p>Plan covers routine care for 30 combined visits between chiropractic, acupuncture, and therapeutic massage services per year. You must use an American Specialty Health (ASH) chiropractic provider.</p>	<p><b>In-network:</b> <b>\$15</b> copay <b>May require prior authorization.</b></p>	<p><b>Out-of-network:</b> <b>\$15</b> copay</p> <p>American Specialty Health (ASH) provider must be used for in-and out-of-network benefits. Benefits received out of network are subject to any in-network benefit maximums, limitations, and/or exclusions.</p>
<p><b>Foot Care (Podiatry services)</b> (Medicare covered)</p> <p>Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions.</p> <p><b>Routine foot care (non-Medicare covered) is not covered.</b></p>	<p><b>In-network:</b> <b>\$30</b> copay</p>	<p><b>Out-of-network:</b> <b>40%</b> coinsurance</p>

Premiums and Benefits	BlueJourney (PPO) Maricopa County (H5140-001) Pima County (H5140-002)	
<p><b>Meals</b></p> <p>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><b>In-network:</b></p> <p>Home delivery includes a single delivery of <b>(14)</b> refrigerated fresh meals by a designated vendor. Good for two weeks.</p>	<p><b>Out-of-network:</b></p> <p>Home delivery includes a single delivery of <b>(14)</b> refrigerated fresh meals by a designated vendor. Good for two weeks.</p>
<p><b>Medical Equipment / Supplies</b></p> <ul style="list-style-type: none"> <li>• Durable Medical Equipment <ul style="list-style-type: none"> <li>• wheelchairs, crutches, hospital bed, insulin pump, IV infusion pump, oxygen equipment, nebulizer and walker, therapeutic shoes or inserts</li> </ul> </li> <li>• Prosthetic devices <ul style="list-style-type: none"> <li>• braces, artificial limbs</li> </ul> </li> <li>• Diabetes supplies</li> </ul> <p>A separate office visit cost share may apply if other services are rendered at the time of the visit.</p>	<p><b>In-network:</b></p> <p>Medically necessary durable medical equipment covered by Original Medicare: <b>20%</b> coinsurance</p> <p>Prosthetic devices: <b>20%</b> coinsurance</p> <p>Medicare-covered diabetes monitoring supplies from preferred manufacturer (<b>Lifescan and Roche</b>): <b>\$0</b> copayment from preferred manufacturer (<b>Abbott</b>) <b>20%</b> coinsurance from <b>non-preferred</b> manufacturers <b>20%</b> coinsurance for Abbott continuous blood glucose monitoring devices</p> <p>Medicare-covered diabetes monitoring supplies from non-preferred manufacturers: <b>20%</b> coinsurance</p> <p>All other Medicare-covered diabetes supplies: <b>20%</b> coinsurance</p> <p><b>May require prior authorization.</b></p>	<p><b>Out-of-network:</b></p> <p>Medically necessary durable medical equipment covered by Original Medicare: <b>40%</b> coinsurance</p> <p>Prosthetic devices: <b>40%</b> coinsurance</p> <p>Medicare-covered diabetes supplies, including monitoring supplies: <b>40%</b> coinsurance</p>

Premiums and Benefits	BlueJourney (PPO) Maricopa County (H5140-001) Pima County (H5140-002)	
<p><b>Over-the-Counter (OTC) Products</b></p> <p>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 <a href="http://azblue.com/medicare">azblue.com/medicare</a> or call Member Outreach at <b>602-313-7135, TTY: 711</b>, Monday - Friday, 8 am - 4:30 pm for locations and additional information.</p>	<p><b>\$50</b> allowance per quarter</p>	
<p><b>Rehabilitation Services</b></p> <p>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><b>In-network:</b></p> <p>Copay per service type:</p> <p>Cardiac rehabilitation: <b>\$25</b> copay</p> <p>Pulmonary rehabilitation: <b>\$20</b> copay</p> <p>Speech Language Therapy: <b>\$40</b> copay</p>	<p><b>Out-of-network:</b></p> <p>Coinsurance per service type:</p> <p>Cardiac rehabilitation: <b>40%</b> coinsurance</p> <p>Pulmonary rehabilitation: <b>40%</b> coinsurance</p> <p>Speech Language Therapy: <b>40%</b> coinsurance</p> <p>A separate physician office copayment may apply if other services are rendered at the time of the visit. If the same service type is performed at the same session, more than once, only one copayment will be applied.</p>
<p><b>Therapeutic Massage</b> (Non-Medicare Covered)</p> <p>Plan covers routine care for 30 combined visits between chiropractic, acupuncture, and therapeutic massage services per year. You must use an American Specialty Health (ASH) massage therapy provider.</p>	<p><b>In-network:</b></p> <p><b>\$15</b> copay</p> <p><b>May require prior authorization from the plan.</b></p>	<p><b>Out-of-network:</b></p> <p><b>\$15</b> copay</p> <p>American Specialty Health (ASH) provider must be used for in-and out-of-network benefits. Benefits received out of network are subject to any in-network benefit maximums, limitations, and/or exclusions.</p>



<b>Premiums and Benefits</b>	<b>BlueJourney (PPO)</b> <b>Maricopa County (H5140-001)</b> <b>Pima County (H5140-002)</b>	
<p><b>Fitness Programs</b></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><b>In participating fitness locations</b></p> <ul style="list-style-type: none"> <li>• Thousands of participating locations<sup>1</sup> with various amenities</li> <li>• Ability to enroll at multiple locations at any time</li> <li>• SilverSneakers classes<sup>2</sup> designed for all levels and taught by instructors trained in senior fitness</li> </ul> <p><b>In your community</b></p> <ul style="list-style-type: none"> <li>• Group activities and classes<sup>2</sup> offered outside the gym</li> <li>• SilverSneakers Community Fitness classes, walking groups and workshop at parks, community centers and more</li> <li>• Events including shared meals, holiday celebrations and class socials</li> </ul> <p><b>At home or on the go</b></p> <ul style="list-style-type: none"> <li>• SilverSneakers LIVE virtual classes and workshops throughout the week</li> <li>• SilverSneakers On-Demand fitness classes available 24/7</li> <li>• SilverSneakers GO mobile app with adjustable workout plans and more</li> </ul> <p><b>Get started in 3 easy steps</b></p> <ol style="list-style-type: none"> <li>1. Go to <b>SilverSneakers.com/StartHere</b> to create an online account.</li> <li>2. Log in to view your member ID number and take that to a participating location.</li> <li>3. Start a healthy routine with the support you need! You can also enjoy virtual workouts online through your new account.</li> </ol>	<p><b>In-network:</b></p> <p><b>You pay nothing*</b></p>	<p><b>Out-of-network:</b></p> <p>Benefits received out of network are subject to any in-network benefit maximums, limitations, and/ or exclusions.</p>

**Premiums and Benefits**

**BlueJourney (PPO)**

**Maricopa County (H5140-001)**

**Pima County (H5140-002)**

**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.

<sup>1</sup> 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.

<sup>2</sup> 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.*

**In-network:**

**You pay nothing\***

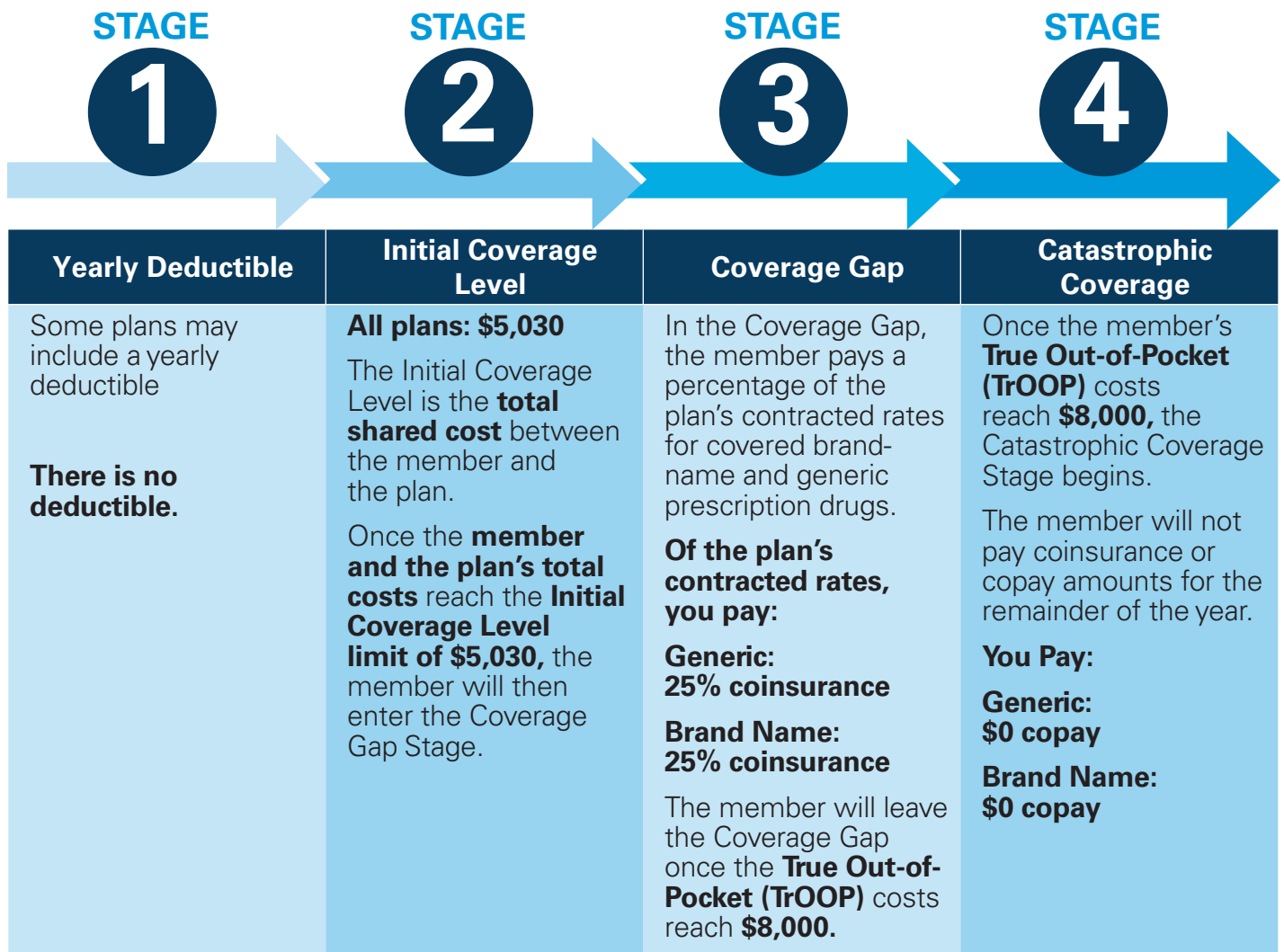
**Out-of-network:**

Benefits received out of network are subject to any in-network benefit maximums, limitations, and/ or exclusions.

# 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.



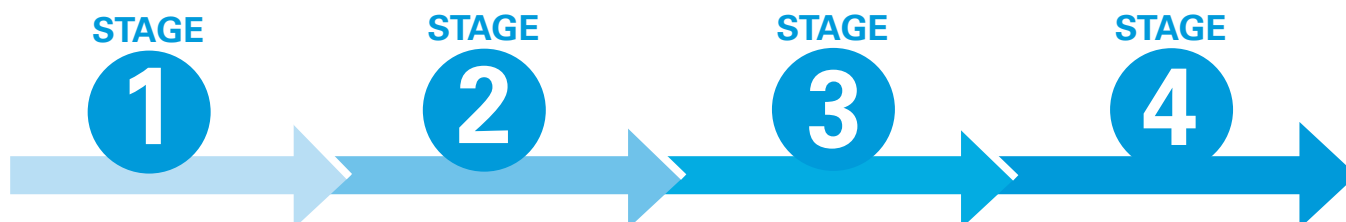
**TrOOP costs are the out-of-pocket costs (copays, coinsurance, and deductibles) paid by the member or certain others on the member's behalf during Stages 1, 2, and 3. These costs count toward the member's Medicare drug plan annual out-of-pocket threshold of \$8,000. The TrOOP does not include premiums paid by the member or the plan.**

# What You Pay as a Member of This Plan

BlueJourney (PPO) – Maricopa County (H5140-001)

\$60 Monthly Premium

BlueJourney (PPO) – Pima County (H5140-002)



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

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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’ dèè, t’áá jiik’eh, éí ná hóló, kojí hódíílnih **1-800-446-8331, TTY: 711.**

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OptumRx is an independent company providing pharmacy mail order services.

Out-of-network/non-contracted providers are under no obligation to treat BCBSAZ members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost sharing that applies to out-of-network 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<sup>的</sup>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 panggamot. 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 답해 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'ídikid nee hólqogo da nihi éí ata' halne'í bee áka'anída'awo'í t'áa jíik'eh nihee hólq. 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](https://azblue.com/medicare)



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