

Plan Comparison Summary for Individuals

Below is a brief comparison of benefit plans. For more plan information, please read the benefit summaries and exclusions and limitations. Detailed information about benefits and exclusions and limitations is in the contract booklet and is available prior to enrollment upon request.



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	PPO PLANS BluePreferred® , BluePreferred Saver and BluePreferred Basic	INDEMNITY PLANS BlueClassic® and BlueClassic Saver	HMO PLANS BlueSelect®
Medical underwriting requirements	You must meet BCBSAZ's medical underwriting guidelines to be accepted. Even if you are accepted, certain medical conditions may be waived (excluded from coverage). You will be notified of any waived condition.	You must meet BCBSAZ's medical underwriting guidelines to be accepted. Even if you are accepted, certain medical conditions may be waived (excluded from coverage). You will be notified of any waived condition.	You must meet BCBSAZ's medical underwriting guidelines to be accepted. Even if you are accepted, you may be assigned a nonstandard rate (approximately 15% higher than the standard rate), depending on your health history. You will be notified of any nonstandard rate.
Waiting period for pre-existing conditions A pre-existing condition is a condition, regardless of the cause of the condition, for which medical advice, diagnosis, care or treatment was recommended or received during the 12 months preceding your effective date.	Services for pre-existing conditions are not covered until 11 consecutive months after the contract effective date.	Services for pre-existing conditions are not covered until 11 consecutive months after the contract effective date.	No waiting period for pre-existing conditions.
Provider network	You have lower out-of-pocket costs (e.g., deductibles, coinsurance) when you use Preferred providers. You can opt to use nonPreferred providers and pay higher out-of-pocket costs. Noncontracted providers may bill you for the difference between their billed charges and the BCBSAZ allowed amount.	There is minimal restriction with regard to your providers. Noncontracted providers may bill you for the difference between their billed charges and the BCBSAZ allowed amount.	Except for emergencies, BlueSelect network providers must provide all covered services.
Out-of-state coverage	PPO providers are available throughout most of the U.S. through the BlueCard® program. Emergencies are covered anywhere.	Participating providers are available throughout most of the U.S. and in some foreign countries through the BlueCard® program. Emergencies are covered anywhere.	Urgent care services and authorized follow-up care are available throughout most of the U.S. through BlueCard® Access. All other services are not covered outside Arizona. Emergencies are covered anywhere.
Precertification requirements Note: Precertification is not a pre-approval or a guarantee of payment. If precertification is not obtained, you may have to pay an additional \$300 deductible or benefits may be denied.	Precertification is required for inpatient admissions, transplants, certain medications, services associated with cancer clinical trials, and out-of-network provider services covered at in-network level of benefits.	Precertification is required for inpatient admissions, transplants, certain medications, and services associated with cancer clinical trials.	Precertification is required for inpatient admissions, transplants, certain medications, services associated with cancer clinical trials, MRI/MRA & PET scans, and out of state follow-up care through BlueCard Access. PCP referral is not required for visits to network specialists.
Maternity coverage	Only complications of pregnancy as determined by BCBSAZ are covered; normal maternity care is not covered.	Only complications of pregnancy as determined by BCBSAZ are covered; normal maternity care is not covered.	Normal prenatal, delivery and postpartum maternity services are covered when the delivery occurs after the contract has been in force for 12 consecutive months.

	PPO PLANS BluePreferred[®], BluePreferred Saver and BluePreferred Basic	INDEMNITY PLANS BlueClassic[®] and BlueClassic Saver	HMO PLANS BlueSelect[®]
Contract benefit maximum	\$5,000,000 per person	\$5,000,000 per person	None
Plan options	<p>BluePreferred deductible options: \$250, \$500, \$1,000, \$2,500 and \$5,000</p> <p>BluePreferred Saver deductible options: \$1,500, \$2,600 and \$5,000</p> <p>BluePreferred Basic deductible options: \$1,500, \$2,500, \$5,000 and \$10,000</p>	<p>BlueClassic deductible options: \$250, \$500, \$750, \$1,250, \$2,500 and \$5,000</p> <p>BlueClassic Saver deductible option: \$5,000</p>	<p>BlueSelect Plan Two: Copays apply for most covered services.</p> <p>BlueSelect Plan Three: Deductible and coinsurance apply to inpatient facility charges. Copays apply to most other covered services.</p>
<p>Out-of-pocket costs</p> <p>An access fee may apply to certain covered services in addition to any applicable deductible, coinsurance or copay.</p> <p>Please see benefit summaries for information regarding out-of-pocket coinsurance maximum or out-of-pocket maximums.</p>	<p>BluePreferred: Copays apply to certain covered services. Deductible and coinsurance apply to most other covered services.</p> <p>BluePreferred Saver: Deductible applies to most covered services.</p> <p>BluePreferred Basic: Copays apply to certain covered services. Deductible and coinsurance apply to most other covered services.</p>	<p>BlueClassic: Deductible and coinsurance apply for most covered services.</p> <p>BlueClassic Saver: Deductible applies.</p>	<p>BlueSelect Plan Two: Copays apply for most covered services. There is no annual deductible to meet.</p> <p>BlueSelect Plan Three: Copays apply for most outpatient services. Deductible and coinsurance apply to inpatient facility charges.</p>
<p>Preventive care</p> <p>Health screenings and routine checkups.</p>	<p>Except for mammography, services covered in-network only, deductible does not apply.</p> <p>BluePreferred: Office visit copay (for services provided in the physician's office) or coinsurance (for services provided outside the physician's office).</p> <p>BluePreferred Saver: BCBSAZ pays 100% of the BCBSAZ allowed amount for covered services.</p> <p>BluePreferred Basic: Office visit copay (for services provided in the PCP's office) or coinsurance (at the specialist's office or for services provided outside the physician's office).</p>	<p>Covered. Deductible and any applicable coinsurance apply.</p>	<p>Covered after you pay any applicable office visit copays.</p>
<p>Retail Pharmacy Medications</p> <p>For all plans, BCBSAZ places limits, including but not limited to quantity, age and gender, for certain prescription medications as indicated in the prescription medication guide, available online at azblue.com or by calling BCBSAZ.</p>	<p>BluePreferred: For most medications, you pay a copay based on the tier level. The deductible does not apply to prescriptions.</p> <p>BluePreferred Saver: Subject to deductible and applicable coinsurance.</p> <p>BluePreferred Basic: For most medications, you pay the BCBSAZ allowed amount, up to a maximum copay.</p>	<p>BlueClassic: For most medications, you pay a copay based on the tier level.</p> <p>Deductible options lower than \$2,500: no separate prescription deductible. \$2,500 and \$5,000 deductible options: a separate prescription deductible must be met.</p> <p>BlueClassic Saver: Subject to deductible.</p>	<p>For most medications, you pay a copay based on the tier level.</p>