

2025

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

2025 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, 2026.
- ☐ 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, 2025 – December 31, 2025

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

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



Which doctors, hospitals, and pharmacies can I use?

Your **AZ 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](https://www.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, and Catastrophic Coverage.

If you want to know more about the coverage and costs of Original Medicare, look in your current *Medicare & You 2025* handbook. View it online at [medicare.gov](https://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, 2025 – December 31, 2025

Premiums and Benefits	Blue Best Life Classic (HMO) H0302-006 H0302-008	Blue Best Life Plus (HMO) H0302-001
	Maricopa, Pima, and Pinal Counties	Maricopa and Pinal Counties
Monthly plan premium You must keep paying your Medicare Part B premium.	\$0 per month	\$28 per month
Part B premium rebate	\$6 (Pima county only)	Not Covered
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.	\$2,800 annually	\$2,500 annually
Inpatient Hospital Coverage May require prior authorization. Limits may apply.	\$125 copay per day for days 1-5	\$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.	\$165 copay per visit \$85 copay per visit for outpatient observation services	\$200 copay per visit \$225 copay per visit for outpatient observation services

Premiums and Benefits	Blue Best Life Classic (HMO) H0302-006 H0302-008	Blue Best Life Plus (HMO) H0302-001
	Maricopa, Pima, and Pinal Counties	Maricopa and Pinal Counties
Ambulatory Surgery Center (ASC) For surgeries or other procedures such as endoscopy, cardiac catheterization, etc. May require prior authorization.	\$50 copay	\$150 copay
Doctor Visits May require prior authorization.	Primary Care Provider (PCP) visit: \$0 copay Specialist visit: \$5 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 H0302-008	Blue Best Life Plus (HMO) H0302-001
	Maricopa, Pima, and Pinal Counties	Maricopa and Pinal Counties
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	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.	\$90 copay	\$125 copay

Premiums and Benefits	Blue Best Life Classic (HMO) H0302-006 H0302-008	Blue Best Life Plus (HMO) H0302-001
	Maricopa, Pima, and Pinal Counties	Maricopa and Pinal Counties
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. Transportation is from incident to nearest medical center, travel from country back to US. is not covered.
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)

Premiums and Benefits	Blue Best Life Classic (HMO) H0302-006 H0302-008	Blue Best Life Plus (HMO) H0302-001
	Maricopa, Pima, and Pinal Counties	Maricopa and Pinal Counties
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 \$30 copay depending on the service Lab services: \$0 copay, depending on the service X-ray with or without contrast (e.g., chest, aortogram, IVP, BE): \$0 copay	Diagnostic tests and procedures: \$0 to \$75 copay or 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
Outpatient Diagnostic Tests, Therapeutic Services, and Supplies May require a referral from your PCP. May require prior authorization.	Pain Management Assessment (evaluation and management only): \$5 copay Pain Management Treatment (e.g., epidurals, pain blockers, and injections): \$75 copay per treatment Radiation Therapy: \$0 PCP Office. \$50 copay all other settings. Electrocardiogram (EKG): \$0 copay	Pain Management Assessment (evaluation and management only): \$25 copay Pain Management Treatment (e.g., epidurals, pain blockers, and injections): \$75 copay per treatment Radiation Therapy: 20% coinsurance Electrocardiogram (EKG): 0% coinsurance

Premiums and Benefits	Blue Best Life Classic (HMO) H0302-006 H0302-008	Blue Best Life Plus (HMO) H0302-001
	Maricopa, Pima, and Pinal Counties	Maricopa and Pinal Counties
Hearing Services (Medicare Covered) Hearing exam by network PCP or specialist to diagnose and treat hearing and balance issues. May require prior authorization.	\$0 copay	\$25 copay
Hearing Services (Non-Medicare Covered) Services are covered through TruHearing® providers. Includes hearing aid fitting and evaluation. Limited to TruHearing's Advanced (\$699) and Premium (\$999) hearing aids.	Hearing exam: \$0 copay Up to two TruHearing-branded hearing aids every year (one per ear per year). Includes free rechargeable hearing aid upgrade.	Hearing exam: \$0 copay Up to two TruHearing-branded hearing aids every year (one per ear per year). Includes free rechargeable hearing aid upgrade.
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.	\$10 copay	20% coinsurance

Premiums and Benefits	Blue Best Life Classic (HMO) H0302-006 H0302-008	Blue Best Life Plus (HMO) H0302-001
	Maricopa, Pima, and Pinal Counties	Maricopa and Pinal Counties
Dental Services (Non-Medicare Covered)	\$10 office visit copay \$2,000 benefit maximum per calendar year for all services. Preventive: \$10 copay • two oral exams per year • two cleanings per year • two bitewing X-rays per year Basic: 50% coinsurance • fillings • emergency treatment of dental pain • simple extractions Major: 50% coinsurance • Bridges, dentures • Crowns, inlays/onlays • 7-year replacement limit	\$10 office visit copay \$3,000 benefit maximum per calendar year for all services. Preventive: \$10 copay • two oral exams per year • two cleanings per year • two bitewing X-rays per year Basic: 50% coinsurance • fillings • emergency treatment of dental pain • simple extractions Major: 50% coinsurance • Bridges, dentures • Crowns, inlays/onlays • Implants • 7-year replacement limit

Premiums and Benefits	Blue Best Life Classic (HMO) H0302-006 H0302-008	Blue Best Life Plus (HMO) H0302-001
	Maricopa, Pima, and Pinal Counties	Maricopa and Pinal Counties
Vision Care (Medicare Covered)	Exam to diagnose and treat diseases and conditions of the eye: \$10 copay Yearly glaucoma and diabetic retinopathy screening: \$0 copay Eyeglasses or contact lenses after each cataract surgery (not to be combined.) \$0 copay	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.) 20% coinsurance
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 Eyewear coverage: \$200 single-purchase annual allowance for Frames or Contact Lenses through Davis Vision providers	\$0 copay Eyewear coverage: \$200 single-purchase annual allowance for Frames or Contact Lenses through Davis Vision providers
Mental Health Services	Inpatient psychiatric hospital visit: \$125 copay per day for days 1-5 Outpatient individual or group therapy visit: \$15 copay	Inpatient psychiatric hospital visit: \$225 copay per day for days 1-6 Outpatient individual or group therapy visit: \$25 copay

Premiums and Benefits	Blue Best Life Classic (HMO) H0302-006 H0302-008	Blue Best Life Plus (HMO) H0302-001
	Maricopa, Pima, and Pinal Counties	Maricopa and Pinal Counties
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 \$195 copay per day for days 21-40 \$0 copay per day for days 41-100	\$0 copay per day for days 1-20 \$203 copay per day for days 21-40 \$0 copay per day for days 41-100
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.	\$10 copay	\$10 copay
Ambulance Prior authorization is required for non-emergency transportation by ambulance.	Ground Ambulance: \$175 copay per one-way transport Emergency Air and Water Ambulance Transport: 20% coinsurance per one-way transport	Ground Ambulance: \$275 copay per one-way transport Emergency Air and Water Ambulance Transport: 20% coinsurance per one-way transport
Transportation	Not Covered	Not Covered

Premiums and Benefits	Blue Best Life Classic (HMO) H0302-006 H0302-008	Blue Best Life Plus (HMO) H0302-001
	Maricopa, Pima, and Pinal Counties	Maricopa and Pinal Counties
Medicare Part B Drugs A separate office copay may apply if other services are rendered at the time of the visit. 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.” Certain drugs require prior authorization.	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). 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. The list of drugs and the coinsurance you must pay may change from one quarter to the next. The amount you pay for a one-month supply of Medicare Part B-covered insulin will never be more than \$35.	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). 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. The list of drugs and the coinsurance you must pay may change from one quarter to the next. The amount you pay for a one-month supply of Medicare Part B-covered insulin will never be more than \$35.

Premiums and Benefits	Blue Best Life Classic (HMO) H0302-006 H0302-008	Blue Best Life Plus (HMO) H0302-001
	Maricopa, Pima, and Pinal Counties	Maricopa and Pinal Counties
Acupuncture Services (Medicare Covered) Treatment for chronic low back pain. Must use American Specialty Health® (ASH) participating providers. May require prior authorization.	\$10 copay	\$30 copay
Acupuncture Services (Non-Medicare Covered) Plan covers routine care between chiropractic, acupuncture, and therapeutic massage per year.	\$15 copay for 30 combined visits	\$15 copay for 30 combined visits
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	\$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.	\$10 copay	\$20 copay
Chiropractic Services (Non-Medicare Covered) Plan covers routine care between chiropractic, acupuncture, and therapeutic massage per year.	\$15 copay for 30 combined visits	\$15 copay for 30 combined visits

Premiums and Benefits	Blue Best Life Classic (HMO) H0302-006 H0302-008	Blue Best Life Plus (HMO) H0302-001
	Maricopa, Pima, and Pinal Counties	Maricopa and Pinal Counties
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.	\$5 copay	\$25 copay
Meals Plan may provide 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.	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) H0302-006 H0302-008	Blue Best Life Plus (HMO) H0302-001
	Maricopa, Pima, and Pinal Counties	Maricopa and Pinal Counties
Medical Equipment / Supplies • Durable Medical Equipment - wheelchairs, crutches, hospital bed, insulin pump, IV infusion pump, oxygen equipment, nebulizer, 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: \$0 copay for preferred brands 20% coinsurance for non-preferred brands Diabetes supplies and services are limited to Medicare preferred monitoring devices and supplies. Refer to your Evidence of Coverage for further details.	Medically necessary durable medical equipment covered by Original Medicare: 20% coinsurance Prosthetic devices 20% coinsurance Medicare Covered diabetes monitoring supplies: 0% coinsurance for preferred brands 20% coinsurance for non-preferred brands Diabetes supplies and services are limited to Medicare preferred monitoring devices and supplies. Refer to your Evidence of Coverage for further details.

Premiums and Benefits	Blue Best Life Classic (HMO) H0302-006 H0302-008	Blue Best Life Plus (HMO) H0302-001
	Maricopa, Pima, and Pinal Counties	Maricopa and Pinal Counties
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.	\$75 quarterly allowance	\$50 quarterly allowance
Rehabilitation Services Outpatient occupational therapy and speech language therapy rehabilitation services are provided in various outpatient settings. 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. No referral needed. May require prior authorization.	Copay per service type: Cardiac rehabilitation: \$0 copay Pulmonary rehabilitation: \$5 copay Intensive Cardiac: \$0 copay Occupational Therapy: \$10 copay Speech Language Therapy: \$10 copay	Copay per service type: Cardiac rehabilitation: \$20 copay Pulmonary rehabilitation: \$20 copay Intensive Cardiac: \$20 copay Occupational Therapy: \$10 copay Speech Language Therapy: \$10 copay

Premiums and Benefits	Blue Best Life Classic (HMO) H0302-006 H0302-008	Blue Best Life Plus (HMO) H0302-001
	Maricopa, Pima, and Pinal Counties	Maricopa and Pinal Counties
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.	You pay nothing*	You pay nothing*

3. Start a healthy routine with the support you need!
You can also enjoy virtual workouts online through your new account.

Questions? Visit [SilverSneakers.com](https://www.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.

Prescription Drug Benefits

Beginning in 2025, there are **three drug payment stages**: the Yearly Deductible Stage, the Initial Coverage Stage, and the Catastrophic Coverage Stage. The Coverage Gap Stage and the Coverage Gap Discount Program will no longer exist in the Part D benefit.

The Coverage Gap Discount Program will also be replaced by the Manufacturer Discount Program. Under the Manufacturer Discount Program, drug manufacturers pay a portion of the plan’s full cost for covered Part D brand name drugs and biologics during the Initial Coverage Stage and the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program do not count toward out-of-pocket costs.

For more information about the different stages and how those work for you, call **1-844-883-8523** (TTY: **711**). Hours are 24 hours a day, seven days a week.

Yearly Deductible	Initial Coverage Level	Catastrophic Coverage
Some plans may include a yearly deductible There is no deductible	All plans: \$2,000 The Initial Coverage Level is the member out-of-pocket cost . Once the member’s out-of-pocket costs reaches \$2,000 , the member will then enter the Catastrophic Coverage Stage.	Once the member’s True Out-of-Pocket (TrOOP) costs reach \$2,000 , the Catastrophic Coverage Stage begins. The member will pay nothing for the remainder of the year. You pay: Generic: \$0 copay Brand Name: \$0 copay

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.”

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 and 2. These costs count toward the member's Medicare drug plan annual out-of-pocket threshold of \$2,000. The TrOOP does not include premiums paid by member or the plan.

Also beginning in 2025, the **Medicare Prescription Payment Program** is a new payment option in the prescription drug law that works with your current drug coverage to help you manage your out-of-pocket Medicare Part D drug costs by spreading them across the calendar year (January-December). Anyone with a Medicare drug plan or Medicare health plan with drug coverage (like a Medicare Advantage Plan with drug coverage) can use this payment option. All health plans offer this payment option and participation is voluntary. If you select this payment option, each month you'll continue to pay your plan premium (if you have one), and you'll get a bill from your health or drug plan to pay for your prescription drugs (instead of paying the pharmacy). There's no cost to participate in the Medicare Prescription Payment Plan.

For more information you may call **1-844-883-8523**, TTY: **711**, 24 hours a day, 7 days a week. Or visit **[optumrx.com](https://www.optumrx.com)** to enroll.

What You Pay as a Member of This Plan

Blue Best Life Classic (HMO)

(H0302-006)

(H0302-008)

\$0 Monthly Premium

Stage 1	Stage 2		Stage 3
Yearly Deductible Stage Because we have no deductible, this payment stage does not apply to you.	Initial Coverage Stage Up to \$2,000 spent towards covered drugs – based on the total out-of-pocket costs		Catastrophic Coverage Stage This stage begins when your total out-of-pocket drug costs reach \$2,000
	30-Day Supply	Extended-Day Supply (Retail or Mail Order)	
Tier 1: Preferred Generic	\$0	\$0 (100-day supply)	Generic \$0 Brand Name \$0
Tier 2: Generic	\$9	\$9 (100-day supply)	
Tier 3: Preferred Brand	\$47	\$141	
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

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

\$28 Monthly Premium

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

OptumRx is an independent company providing pharmacy mail order services.

AZ Blue is contracted with Medicare to offer HMO Medicare Advantage plans. Enrollment in AZ Blue plans depends on contract renewal.

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.

TruHearing is an independent and separate company contracted with AZ Blue to provide hearing aid services to AZ Blue members. The TruHearing program is not an insurance policy and does not provide insurance coverage.

Davis Vision is a separate, independent company, contracted with AZ Blue to provide vision services to AZ Blue members. The Davis Vision program is not an insurance policy and does not provide insurance coverage.

Routine eye and hearing exam and hearing aid benefits available through participating providers.

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ASH is an independent and separate company contracted with AZ Blue to provide health and wellness services to AZ Blue members.

Multi-Language Insert

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 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 Arzneimittelpfen. 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に、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'áá hait'éego da ats'íís baa'áhayá doodago azee' aanídaa'niłí nihinaaltsoos bee hadadít'éhígíí bąqah na'ídikid nee hólóqogo da nihi éí ata' halne'í bee áka'anída'awo'í t'áá jíik'eh nihee hóló. Ata' halne'í ta' yíníkeedg kohj' 1-800-446-8331 nihich'í' hodiłnihi. T'áá háida Bilagáana Bizaad yee yátti'ígíí ta' níká'iilyeed dooleet. Díí t'áá 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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