

BLUE CROSS BLUE SHIELD OF ARIZONA MEMBER GUIDE



An Independent Licensee of the Blue Cross and Blue Shield Association

Main phone numbers and information

This is a short list of often-needed contacts. For a full list, see your Benefit Book or visit azblue.com/contact.

Customer service (claims and benefits):

Call the number on the back of your Blue Cross Blue Shield of Arizona (BCBSAZ) ID card.
Call 8 a.m. to 4:30 p.m. Arizona time (Mountain Standard Time), Monday – Friday

Call your closest office:

Phoenix (602) 864-4400, or toll-free (800) 232-2345, ext. 4400
Tucson (520) 745-1883, or toll-free (800) 752-0193
Flagstaff (928) 526-0232, or toll-free (800) 423-6484

Mi Consejero Azul (602) 864-4884, or toll-free (800) 232-2345, ext. 4884
Do you speak Spanish? Our service department does, too.

Special service:

24-Hour Nurse On Call (866) 422-2729
Nurses are here to answer your health questions.

Help with Prescriptions Call the Pharmacy Benefits number on the back of your member ID card.

BlueNet Support (602) 864-4844 or (800) 650-5656
This is for your member account on azblue.com.

Supply Line (602) 995-6960 or (800) 232-2345, ext. 6960

TTY/TDD Users (602) 864-4823

Fraud & Abuse Hotline (602) 864-4875 or (800) 232-2345, ext. 4875 (see p.16 for more)

For our email directory:




Visit azblue.com/contact

To mail information about claims:

Blue Cross Blue Shield of Arizona
P.O. Box 2924
Phoenix, AZ 85062-2924

Let's Connect

Stay in touch with BCBSAZ news, events and helpful health tips by connecting with us on these sites.

-  Facebook.com/BCBSAZ
-  Twitter.com/BCBSAZ
-  Youtube.com/BCBSArizona



BlueCross
BlueShield
of Arizona

An Independent Licensee of the Blue Cross and Blue Shield Association



We are happy to have you as a member and want to help you get the healthcare you need. You will find that we have a friendly, helpful service team. We work to help you and your family with the choices and care you need to stay healthy.

This guide will help you learn how your health plan works and how to get the most out of your healthcare. We are here to help make this easy and answer any questions you have.

At a glance

First things to keep in mind when reading this Member handbook:

- How to use your BCBSAZ ID card (member ID card)
- How to find a doctor and start using your plan
- How to get the most out of your health plan

Get help symbols

Look for these symbols to find what you need.



Call us



Go online for more information



See your **Benefit Book**



Take note of helpful tips and information



Contact us by mail or fax

If you need help with this guide, call the number on the back of your member ID card.



For TTY/TDD services, call
(602) 864-4823.

GETTING STARTED

We want to make sure you have what you need to use your health plan to get the healthcare you need. Below are a few steps to get started.



1 Read your member ID card and put it in your wallet

Take a moment and read your new member ID card. Your card gives plan details and shows who to call if you need help. Keep your card with you at all times and do not let others use it. If you lose your card, you're still covered. You can order a new card by calling the customer service number on p.2 of this guide.

YOU WILL NEED YOUR BCBSAZ ID CARD WHEN YOU:


- Visit a doctor or other healthcare professional
- Go to a drug store to get medication your doctor prescribes for you
- Visit an urgent care center
- Go to the hospital or ER
- Call BCBSAZ customer service
- Sign up on the BlueNet member portal



AZ BLUE MOBILE APP

Your ID card is also on the AZBlue Mobile app. You can download it on Google Play™ and the App StoreSM.

SAMPLE MEMBER ID CARD

 BlueCross BlueShield of Arizona <small>An Independent Licensee of the Blue Cross and Blue Shield Association</small>	
Subscriber Name: JOHN SMITH	Group No.:
Subscriber ID: XBP	Card Issue Date:
In-Network Cost Share: Deductible: \$200 Coinsurance: 10% PCP/Specialist Copay: \$20/\$40 Urgent Care Copay: \$25 ER Access Fee: \$150	Rx BIN #: Rx Copay: \$5/\$20 Level 1/Level 2: \$40/\$80 Level 3/Level 4: \$20 Vision Exam Copay: \$25 Dental Deductible:
BluePreferred®	PPO www.azblue.com/member

Member ID – This is your account number. Reference this number when calling customer service.

Deductible – This is the cost you pay before coinsurance starts. Some costs you pay do not count toward your deductible.

Coinsurance – This is the share of the “allowed amount” you pay for care your plan covers once you meet your deductible when you use a healthcare provider in your network. BCBSAZ pays the remaining percent.

PCP/Specialist Copay – Amount you pay for a visit to a doctor in your network. A primary care doctor visit may have a different copay than a specialist visit (like a foot doctor or surgeon).

Rx Copay – Amounts you pay for drugs your doctor orders through a drug store that is in your network. Some drugs (like certain name-brand drugs) are at different levels and have higher copays.

NOTE: The cost share listed on your member ID card is for care you get from healthcare providers in your network. Register for and log into your member account at azblue.com to read your Summary of Benefits and Coverage, which details coverage specific to your health plan and network.



2 Sign up for a member BlueNetSM account on azblue.com

You can manage your health plan with convenient online tools. BCBSAZ offers BlueNet, a free, 24-hour a day online portal. Just sign up and get instant use of online features, such as these:

- Find a doctor, hospital or other healthcare provider in your network
- View charges sent by doctors and hospitals
- Access HealthyBlue for health and wellness resources that can help you live a healthier lifestyle
- Track how much you've paid out of your own pocket toward your deductible and yearly maximum
- Look up a drug your doctor orders (and how much it costs)
- Check what care your health plan covers
- Order replacement ID cards
- Update your email and phone number

SIGNING UP FOR BLUENET IS EASY TOO!



1. Visit **azblue.com/member**
2. Under the "Register for BlueNet" section, click "Member."
3. Complete the form and click "Continue."



3 Choose a doctor, hospital or other healthcare provider in your network

You have access to a Provider Directory that lists doctors, other healthcare professionals and facilities who are in the network for your plan. You can use the Provider Directory online, through your member account at **azblue.com/member**, or we can mail you a copy. Customer service can help you find a doctor or other healthcare professional or facility in your network.

It is always a good idea to check if a doctor, hospital or other healthcare provider is part of the network for your plan before you see them. Find out what you need to know about costs and other details before you receive care.

WAYS TO FIND A DOCTOR OR OTHER PROVIDER



- Log in at **azblue.com/member**, and click the “Find a Doctor” button.
- Or call the number on the back of your BCBSAZ ID card for help locating a doctor or hospital or to have a printed Provider Directory mailed to you.



4 Get to know what your health plan covers

It is important to understand what care your plan covers and what you may need to pay as your share of the cost.

The “How Health Plans Work” section of this guide explains more about the types of costs you may have to pay.

There are three ways you can learn more about what your health plan covers and what costs you can expect to pay when you get care.

1. LOOK THROUGH YOUR BENEFIT BOOK

Your benefit book explains all of your health plan details and will show:

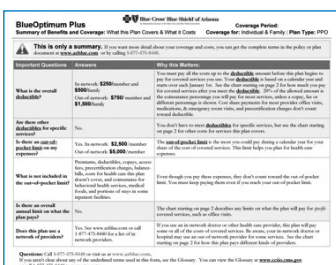
- What healthcare your plan covers and doesn't cover
- How to get services and whether you need preauthorization for a service
- The types of costs or parts of a healthcare cost you will have to pay for each service you receive

2. MEDICAL COVERAGE GUIDELINES

Log on to azblue.com/member and click “View Benefits” for your Medical Coverage Guidelines. Through this online tool you can search to determine whether a service, procedure, medical device or drug is covered by your plan.

3. SUMMARY OF BENEFITS AND COVERAGE (SBC)

The SBC is a document that comes with your member ID card. It outlines what your plan covers and how your health plan works, including the cost share amounts and percentages that apply to your plan. For example, your benefit book will tell you whether you have a copay for a service. Your SBC will tell you how much the copay is. Sign into your member account at azblue.com to see your SBC. Call the number on the back of your member ID card to ask us to mail a copy to you.



HOW HEALTH PLANS WORK

Health plans can give you peace of mind knowing you and your family can get the care you need. Health plans also protect you by lowering the total cost of care and having limits on how much you will need to pay.

Having a health plan means that the plan will help pay for some of your healthcare costs when you get sick or hurt. Your health plan also pays for certain care to help you stay well.

Most health plans have a monthly payment—also called a “premium” or a “rate”. In addition to this payment, you also pay a share of the costs when you receive care that your plan covers. There are different types of costs or cost-sharing you will need to pay out of your own pocket, such as:

COPAY – A flat dollar amount you pay for certain care your plan covers.

Example: Your plan may cover an office visit to your regular doctor. For that visit you may have a \$20 copay due at the time of your visit. Routine doctor visits may have a different copay than when you visit a specialist (like a foot doctor or surgeon).

COINSURANCE – The share you pay for covered care once you meet your deductible.

Example: Your plan may have 20% member coinsurance.

In that case, if the allowed amount for an X-Ray from an in-network imaging facility is \$100 and you’ve met your deductible, your health plan will pay \$80 (80%) and you pay \$20 (20%). The X-Ray facility will bill you for the \$20.

If you have a PPO plan and you choose an out-of-network imaging facility or other out-of-network healthcare professional, you will also have to pay the difference between the amount they charge and BCBSAZ’s allowed amount (called a “balance bill”).

If you have an HMO plan, services from a healthcare provider that is not in your network probably won’t be covered. HMO plans don’t cover services outside the network except in emergencies and special circumstances when BCBSAZ has preauthorized use.



DEDUCTIBLE – Amount you pay for care that your health plan covers before your plan starts to pay.

Example: Your plan may have a yearly deductible. As you get care that your plan covers, you pay for that yourself until you have paid the deductible amount. (Certain amounts aren't counted toward the deductible, such as balance bill payments you make.) After that, your health plan will pay its share for future care based on your plan's coinsurance and other plan terms.

When and where do you pay a deductible? You pay a deductible after you get care. Exactly when you pay the deductible will depend on your provider's billing practices. For example, if you are scheduled for an outpatient procedure, the surgery center may check on whether you've met your deductible and ask you to pay an estimated amount up front. Other providers may bill you after they submit a claim and see how much your plan paid.

TIP: To help keep your healthcare costs down, it's important to get care from healthcare professionals and facilities in your plan's network. If you are in a PPO plan and you use an out-of-network provider, you will have to pay an added cost for the difference between the amount they charge and BCBSAZ's allowed amount. For plans that don't cover out-of-network services, you pay the full charge.

MEMBER HEALTH STATEMENT – Your health plan sends you a record (called a Member Health Statement) that explains how much you owe. The Member Health Statement shows a provider's billed charges for care, the total amount of reimbursement for the charge (called the "allowed amount"), the amount that the plan pays, and the amount that you pay.

OUT-OF-POCKET LIMIT – The most you pay during the year before your plan pays 100% of the allowed amount. This helps limit costs if you ever have a major sickness or get hurt. This limit does not include your monthly health plan bill ("premium"). It also does not include what you pay above an allowed amount for out-of-network care or for care that your plan does not cover.



TIP To help keep your healthcare costs down, it's important to get care from healthcare professionals in the network for your plan. For PPO plans, if you choose an out-of-network healthcare provider, you will have to pay an additional cost for the difference between the amount they charge and BCBSAZ's allowed amount. For HMO and EPO plans, you would have to pay the whole bill for most services that are outside the plan's network.

GETTING THE CARE YOU NEED

It's important to understand your options for care. The BCBSAZ statewide network of doctors and hospitals is one of the largest in the state, so if you have that network, chances are that your doctor accepts your BCBSAZ health plan (Note: Members of Alliance, Select, Secure and Acclaim plans have a smaller network of providers to choose from.)

We recommend that you choose a primary care doctor (such as someone specializing in family or general practice) as soon as you can. By establishing a relationship with a primary care doctor, you'll know who to go to when you need non-emergency care. For an emergency, always call 911.

Here's a look at the types of care available:

Preventive Care

Today, more people and their doctors are focusing on staying well – not just treating a sickness. A healthy life includes good preventive care. Things like regular health exams, shots, cancer screenings and health counseling all may help you avoid disease, catch health issues early and live more fully. Your doctor will know the right types and timing of preventive care you need.

FOR MORE PREVENTIVE CARE SUPPORT AND RECOMMENDATIONS,

- Log in to BlueNet at azblue.com and visit the Health and Wellness tab
- Click "Health Recommendations" to use the [Preventive Health and Wellness guide](#).

Routine or Non-Emergency Care

Routine care means seeing your doctor on a normal basis for:

- **A scheduled doctor visit to talk about a non-emergency health issue**
Beyond preventive care, there may be times when you need to see a doctor for minor sickness or when you are hurt.
- **A healthcare plan if you have a disease to keep it from getting worse**
Routine care for someone who has a health problem like high blood pressure can mean more visits to the doctor each year to keep your health in check. It may also include lab tests.

GETTING AND STAYING HEALTHY

HealthyBlue is BCBSAZ's engaging health and wellness program. It provides you with the innovative tools, services and resources you need to get started on the path to better health.

For eligible members[†], HealthyBlue includes:

Health Assessment – This voluntary survey asks questions about your lifestyle habits and medical history. The assessment tool uses your answers to give an overview of your current risk for health problems and will show you simple steps that may reduce your risk.

Care Management – A care manager may reach out to provide one-on-one guidance if you experience a catastrophic event or diagnosis. Care managers may also help you get the care your health plan covers and also help you learn about community resources that provide added support.

Learn more about HealthyBlue and other services to help manage your healthcare. Log into your member BlueNet account at azblue.com/member and click the "Health and Wellness" tab or call (877) 694-2583.

[†] Availability of services and programs will vary. Not all programs are available to all members. Certain programs, such as health coaching, have eligibility requirements. Blue Cross Blue Shield of Arizona members should always consult with their physician or healthcare provider about medical care or treatment. Recommendations, advice, services or online resources are not a substitute for the advice, opinion or recommendation of a member's physician or healthcare provider. Services or treatment options may not be covered under BCBSAZ benefit plans. Certain health and wellness services are provided by an independent third party contracted with BCBSAZ to provide health enhancement services to BCBSAZ members.



Nurse On Call

Members can also get non-emergency health questions answered from registered nurses through Nurse On Call service.* Nurses are on hand 24/7 to answer your health questions and help you:

- Go over any symptoms you're having
- Let you know if your issue needs care right away
- Take care of minor illnesses and injuries
- Learn more about lab tests and drugs your doctor orders
- Review preventive care
- Get ready for doctor visits

Our skilled nurses speak many languages and can help you by phone or online. Chat with a nurse any time, knowing your conversation is secure and private.

TO REACH NURSE ON CALL:

- Call (866) 422-2729
- Visit [azblue.com/HealthyBlue](https://www.azblue.com/HealthyBlue)

* In an emergency, always call 911.

Urgent Care

When your doctor's office is closed, you can visit an urgent care center when you don't have an emergency but you need medical care right away.* Going to urgent care instead of an ER can also save you money. If you are an HMO or EPO Plan (including Alliance, Select, Secure and Acclaim) member, make sure you go to a network urgent care to be sure your care is covered.

AT URGENT CARE CENTERS YOU:

- Don't need an appointment
- Can get X-rays, lab work, meds and other care
- Get care for things like:
 - Allergies
 - Bronchitis
 - Colds and flu
 - Ear infections
 - Minor burns
 - Minor cuts
 - Sore throat
 - Sprains
 - Strains
 - Breathing illness
 - Upset stomach
 - Other common non-life-threatening sickness

Remember to let your primary care doctor know about any visits to an urgent care center. That way your doctor will have a record of the visit and a better picture of your overall health.

To know if urgent care is right for you:

Call Nurse On Call 24/7 at (866) 422-2729.

* In an emergency, always call 911.

Emergency Care

It's helpful to always know your nearest Emergency Room (ER) *before* you need it.

To find the nearest in-network ER:

- Log in at [azblue.com/member](https://www.azblue.com/member), and click the “Find a Doctor” button.
- Call customer service to find an ER close to your home at (602) 864-4400, (800) 232-2345, ext. 4400, or the number on the back of your BCBSAZ ID card.

USING AN ER OUTSIDE OF THE NETWORK

Emergencies can happen anywhere. If you're away from home when an emergency happens, you don't have to worry about the care your plan covers. You can get emergency care from a provider or hospital outside of the network without prior health plan approval.

Important note about out-of-network emergency services: Even for emergencies, if you use an out-of-network provider, you may still be responsible for a balance bill, depending on your plan. The balance bill is the difference between the amount the provider charges and the amount BCBSAZ allows its in-network providers to charge.*

* Does not apply to HMO Alliance, Select, Secure or Acclaim plan members.

Hospital Stays

There are two kinds of hospital visits: those you plan for and those you don't. We already talked about unplanned emergency visits. Let's talk about planned visits. To get the most from your health plan—with the lowest out-of-pocket cost—follow these steps:

1. MAKE SURE YOUR HOSPITAL AND DOCTORS ARE IN YOUR NETWORK.

To save money, find out if your hospital and doctors are in the network for your plan. Because most hospital care often comes from more than one doctor, for example, a surgeon and an anesthesiologist, it's good to know which are in your network.

To know if your hospital and doctors are in-network:

Check your online Provider Directory by logging in at [azblue.com/member](https://www.azblue.com/member), and clicking the “Find a Doctor” button. Or call BCBSAZ customer service at the number on the back of your member ID card.

Why out-of-network healthcare professionals often cost more:

Out-of-network healthcare professionals are not bound to accept the amount BCBSAZ allows providers in your network to charge for care. If you have a PPO plan and you see someone out-of-network, you will still owe the difference between the amount they charge and the amount BCBSAZ allows. This is called a “balance bill” (i.e., you're being billed the balance due over what BCBSAZ will cover), and it can be expensive.* HMO members must use in-network doctors to be covered, except in an emergency.

*For most plans, BCBSAZ will pay billed charges for out-of-network emergency care.



2. GET ESTIMATES FOR HEALTHCARE COSTS:

Sign into your member account at azblue.com/member and click "Get Estimates for Healthcare Costs" to get hospital details such as:

- Cost estimates
- Treatment time frames
- Comparison of treatment options

3. MEET WITH YOUR DOCTOR TO COORDINATE CARE AND PREPARE FOR YOUR STAY

For many planned hospital stays, there are a lot of things to consider in advance. Your doctor can help you be better prepared for your visit.

Mental Health Care and Substance Abuse Treatment



BCBSAZ can help you get care you and your family need. We will help you plan a visit with a doctor who can help with feelings or concerns that are unsettling. Mental health care and substance abuse treatment are very private, and you do not need a referral from your medical doctor. Please call the number on the back of your ID card if you need help finding a doctor or mental health care.

WHAT TO DO IF YOU ARE HAVING A PROBLEM

If you or a member of your family is having problems with drugs or alcohol, or any of the problems listed below, BCBSAZ networks have healthcare providers who are trained to address these and other mental health conditions.

- Continued sadness
- Feeling hopeless and/or helpless
- Guilt
- Worthlessness
- Trouble sleeping
- Lack of hunger
- Weight loss
- Difficulty concentrating
- Irritability
- Hearing voices or seeing things that are not there
- Angry/bad-tempered
- Constant pain – headaches, stomach and back aches
- Thinking of hurting yourself or others

EMERGENCY MENTAL HEALTH CARE

An emergency mental illness is one that may cause great harm to the body or cause death. Some cases of mental health crises are:

- Attempted suicide
- Danger to self or others

If you have an emergency, go to the any nearest ER right away OR call 911.

USING YOUR DRUG COVERAGE



Learn how much drugs cost before you go to the drugstore

Check the cost share that applies to your plan with the online Prescription Calculator. Log in at azblue.com/member and select “Drug Cost/Copay Calculator.”



1. Select the drug you want the cost share for.
2. Choose your prescription strength and how often you'll take it.
3. Search for and select a nearby drug store.
4. You'll then see what your cost would be.

Or call our Prescription Benefits phone number on the back of your member ID card.

IMPORTANT

- The price you pay for a particular drug can differ by drug level. For many plans, BCBSAZ assigns each drug to a “tier” or “level”. A plan can have up to four tiers. Tier 1 is the lowest cost and Tier 4 is the highest. Some plans only have two tiers: generic and brand. No matter what kind of coverage you have, you should always ask your doctor if a cheaper drug or generic is available. Many plans have extra cost share if a generic is not used.
- Many plans provide coverage only for drugs listed in the plan's formulary. Many of the most common drugs are covered. Drugs that are not listed are not covered under the plan unless BCBSAZ allows an exception. To find out if your plan covers a drug, log into azblue.com/member and under “Plan Benefits,” click “Prescription Benefits.”



The value of generics

Generic drugs are “copies” of brand name drugs and are usually much lower in cost. They have the same effect since they:



- Have the same ingredients
- Are the same strength
- Come in the same doses
- Are taken in the same way, such as in pill or liquid form
- Work the same

For the most part, the cost of a generic drug is 80 to 85 percent lower* than the brand name product. Ask your doctor if a lower-cost generic drug will work for you. For many plans, if a generic is available, members pay the Level 1 copay plus the price difference if they purchase the brand name drug equivalent.

*Source: U.S. Food and Drug Administration – <http://www.fda.gov/drugs/resourcesforyou/consumers/buyingusingmedicinesafely/understandinggenericdrugs/ucm305896.htm>

OptumRx Mail Order

To learn more about the mail order service or to get Registration and Prescription Order Forms:

- Go to azblue.com/MailOrder.pdf 
- Call the Pharmacy Benefits phone number on the back of your Member ID Card. 

Other ways to order drugs and save money

BCBSAZ makes getting your drugs simpler and at a lower cost. Thousands of retail drugstores are part of the BCBSAZ network and are available across the country. We also offer OptumRx mail order service where you can get up to a 90-day supply at one time. BCBSAZ plans do not cover out-of-network mail order drugs—OptumRx is the only covered source for mail order drugs.

TO LEARN MORE ABOUT YOUR DRUG COVERAGE:

Refer to your Benefit Book. Or call our Prescription Benefits number on the back of your member ID card.

IMPORTANT MEMBER INFORMATION

Understanding Claims and Billing

FILING A CLAIM

A claim is a request for payment. When you get care that your plan covers, your healthcare provider will usually send a claim form to your health plan (or your employer's health plan administrator). All BCBSAZ in-network providers will file a claim for you. Some out-of-network providers may file claims for you; but they do not have to.

To send in a claim yourself:

- Call the Supply Line at (602) 995-6960 or (800) 232-2345, ext. 6960, or get a claim form at [azblue.com/member](https://www.azblue.com/member), and fill out the whole form before sending it in. The form says where to mail it.

CHECKING ON A CLAIM

BCBSAZ will send you a monthly Member Health Statement to tell you that your claim was received and how it was processed. You can also check on a claim online or by phone. Have your member ID card with you when you call or when you register online for the first time.

To check on your claim:

- See your claims through your member account on [azblue.com/member](https://www.azblue.com/member),
- Call the number on the back of your member ID card,
- Or call us toll-free at (800) 232-2345.

Appeals and Grievances

If you don't agree with BCBSAZ's decision on a claim or precertification request, you may be able to challenge (or appeal) it. Only some decisions can be appealed. For those you can't appeal, you can file a complaint (or grievance).

To learn more about the appeals and grievance processes:

- Call the number on the back of your member ID card
- Or, go to [azblue.com/appeals](https://www.azblue.com/appeals)

Filing a Complaint

We value hearing from our members. If you are not satisfied with BCBSAZ, you may send a complaint. Of course, if you are happy with the service you get, we would love to hear from you too. Your comments help us to serve you better.

To send a complaint:

- Call the number on the back of your member ID card
- Or, go to [azblue.com/contact](https://www.azblue.com/contact)

Reporting Healthcare Fraud & Abuse

BCBSAZ has a special team of investigators that looks into all tips from those who think something may be wrong or dishonest with claims sent to their health plan. Healthcare fraud is a costly problem for all of us. Billions of dollars are lost to fraud each year. And that can mean higher costs for everyone.

FRAUD is when someone does something dishonest on purpose in order to get paid.

ABUSE is when someone doesn't follow the rules they have agreed to follow. When rules aren't followed, it can be costly.

You can help us stop it. Let us know if you ever believe something has been done wrong with your health plan.

To report fraud & abuse:

- Call our private hotline:
 - Monday – Friday
 - 8 a.m. to 4:30 p.m. Arizona time (Mountain Standard Time)
 - (602) 864-4875
 - Or, toll-free: (800) 232-2345, ext. 4875

You don't have to give us your name. If you call after hours, please leave a message.

Advanced Directives | Living Wills | Power of Attorney

If you were hurt or sick and couldn't speak for yourself, what kind of care would you want? It's hard to think about. But making those choices early and letting others know about them can help make end-of-life-care choices a little less stressful for your loved ones.

ADVANCE DIRECTIVES LET YOU TO SPELL OUT WHAT YOU WANT – AND DON'T WANT – TO BE PART OF YOUR END-OF-LIFE CARE. They give you a way to tell your wishes to family, friends, and doctors so there's no confusion later on.

A **LIVING WILL** also tells which care you want or don't want. If you are permanently not able to answer or about to pass away, you can choose to refuse care. Your living will might list your wishes to:

- Use or not use life-support machines for things like breathing and eating
- Get or not get help if your breathing or heart stops
- Donate or keep your organs and tissues

A **DURABLE POWER OF ATTORNEY** names the person you trust to make healthcare choices for you if you cannot (called a "proxy").

Source: NIH: National Cancer Institute – www.nlm.nih.gov/medlineplus/advancedirectives.html

What you should know about advance directives

HOW TO GET STARTED

You can get advance directive forms for your state from your doctor's office. Make sure to fully read the forms, and ask your doctor any questions you have. Also, talk to your proxy about your wishes. Visit the Arizona Attorney General website for forms to help you get started: www.azag.gov/seniors/life-care-planning.

BE SPECIFIC ABOUT YOUR WISHES

List what is important to you in different situations. For example, what do you want to happen if you were not able to answer a person around you? What if you were not able to survive without someone else to care for you? Your form should be signed by a witness and notarized. Keep a copy in a safe place and make sure your family and proxy know where it is. Give a copy to your doctor to put in your health file too.

MAKING CHANGES LATER

You can change or cancel your advance directive any time. Be sure your doctor and proxy know your wishes as they may change. If you need more information on this topic, your doctor can help.

Source: American Academy of Family Physicians – www.aafp.org/afp/2012/0301/p467.html

MEMBER RIGHTS AND RESPONSIBILITIES

We want all of our members to enjoy the best care and service. To do that, we promise to do our part to meet your health needs. There are also things you can do to take charge of your own healthcare.

Our promise to you

You have the right to:

- Get information from us, our providers and business partners
- You have the right to access quality care
- Choose or change your doctor at any time
- Speak freely and privately with your doctors about your care
- Have your information kept secure in accordance with BCBSAZ's Privacy Practices (see azblue.com/legal/privacy)
- Know who can get your private information
- Know BCBSAZ's security policy (see azblue.com/legal/privacy)
- Be treated with respect and dignity
- File a complaint or challenge a decision we make
- Know how long it will take to reply to and solve your issue
- Get information that is easy to grasp
- Get information about end of life planning and advance directives

Your promise to us:

It is your responsibility to:

- Read the information we give you and ask questions when you need to know more
- Know how to get care and supplies that are covered under your plan
- Follow the rules of your health plan
- Let us know of changes to how we can reach you
- Treat us, and the doctors and hospitals you get care from, with respect
- Give us information needed to help you
- Give doctors and hospitals honest information about you
- Understand your health and work with your doctor on a care plan that is right for you
- Do as your doctor advises for your health
- Talk to your doctor before you change something with your care plan
- Keep scheduled visits with your doctors
- Pay your cost-share when it is due

The Patient's Bill of Rights under the Affordable Care Act (ACA)

Under the law, a new "Patient's Bill of Rights" aims to help you make informed choices about your health. These tenets apply to all BCBSAZ non-grandfathered plans in effect after March 23, 2010):

THE PATIENT'S BILL OF RIGHTS:

- **Provides coverage to those with pre-existing conditions***
- **Protects your choice of doctors:** Choose any Primary Care doctor you want from your plan's network
- **Allows young adults to stay covered on a parent's plan** up to age 26
- **Ends lifetime limits on coverage,** banning them for all new health insurance plans
- **Stops your insurance from being dropped** if you make an honest mistake on your application
- **Reviews premium increases:** Insurance companies must now publicly say why rate hikes (above a certain level) may be needed for small group plans and individual and family plans.
- **Helps you get the most from your premium dollars:** Most of your premium dollars must be used for your healthcare – not for administrative costs
- **Ends annual dollar limits** on essential covered services in 2014.
- **Continues to allow you to get emergency care** at a hospital outside of your health plan's network without a referral. (Note: For some plans, out-of-network providers may bill you for a balance owed above BCBSAZ's allowed amount.)

Since the Patient's Bill of Rights became law, some additional rights and protections now apply. The healthcare law:

- **Requires that non-grandfathered plans cover most preventive services in-network at no cost share.**
- **Continues to guarantee your right to appeal:** You have the right to ask your insurer to reconsider its decision to deny authorization for a service or refusal to pay a claim. This has been the law in Arizona for many years, and it is now reflected in federal law through the ACA.



An Independent Licensee of the Blue Cross and Blue Shield Association

azblue.com

P.O. Box 13466, Phoenix, AZ 85002-3466