2027 Benefits & Enrollment Guide



HMO

Medicare Advantage Plan

Maricopa & Pinal Counties

Blue Best Life Plus (HMO) (H0302-001)
Blue Best Life Classic (HMO) (H0302-006)
Blue Best Life Select (HMO) (H0302-010)

Pima County

Blue Best Life Classic (HMO) (H0302-008)
Blue Best Life Select (HMO) (H0302-011)

This booklet includes a Summary of Benefits

BlueCross BlueShield Arizona

An Independent Licensee of the Blue Cross Blue Shield Association

Living Your **Best Life** Starts with Good Health



You can count on AZ Blue to make sure your healthcare needs are met. Your Medicare Advantage plan is more than just coverage. It's peace of mind. And it's extra benefits that will help you feel your best. This guide has all the information you need to get the care you need and the support you deserve.

Some of the many ways we help you be your healthiest:

1. **Healthy habits = rewards!** Earn up to **$155** for completing simple, healthy activities.
2. **Caring providers across Arizona.** Get care that's convenient: **2,400+** primary care providers, **18,000+** specialists, and **40** hospitals across AZ*.
3. **Friendly, local customer service!** When you call AZ Blue with a Medicare question, you'll talk to real people right here in Arizona.
4. **Serving Arizona for 85+ years.** For the life you've built—and what's next. Generations of Arizonans have trusted AZ Blue to help them stay healthy.
5. **Fuel the life you've earned!** AZ Blue supports your wellness goals—with access to gyms and fitness centers.
6. **AZ Blue Medicare Advantage plans** include vision and hearing coverage.
7. **Up to $3,000 in coverage** for routine or unexpected dental care needs (depending on your plan)**.
8. **Get the benefits that matter most!** Our members are protected from high out-of-pocket medical costs because we believe in peace of mind.

Let us help you find the plan that works for you! Contact us at **1-888-274-0367, TTY: 711, azblue.com**/medicare, 8 a.m. to 8 p.m., daily from October 1 to March 31, and Monday through Friday from April 1 to September 30.

See the Summary of Benefits (on page 13) for details. The plan does not require a referral from a primary care provider (PCP) to see a network specialist. Keep in mind, some providers may require a recommendation or treatment plans from your PCP to see you.

*AZ Blue internal data July 2026

**Blue Best Life Plus plan comprehensive and preventive dental benefit is $3,000 and Blue Best Life Select plan includes $1,000. Blue Best Life Classic includes $2,000 in dental coverage in comprehensive and preventive dental coverage.

Medicare Plans
That Work for You

You've earned your Medicare benefits. At AZ Blue, you'll find Medicare plans that work hard to help you be your healthiest.

Benefits for Your Best Health

Wherever you are on your health journey, AZ Blue has you covered. From wellness rewards to support for chronic conditions, your plan empowers you to take charge of your health and embrace your best life.

Easy Access to Quality Care

You deserve to get the care you need—when you need it. AZ Blue offers a choice of plans, over 18,000+ providers, and more than 40 network hospitals for easy access to quality care.

Caring for Your Happiness

Built on AZ Blue's 85-plus-year legacy of serving Arizona communities, our local Member Services team provides personalized assistance and supports members throughout their healthcare journey.

Let Us Help You Find the Plan That Works for You!

PLAN HIGHLIGHTS – Quick look at plan benefits	4 – 5
NETWORK HOSPITALS	6
MORE CARE FOR LESS – Benefits and extras to support your health and lifestyle	7 – 10
GETTING STARTED – What to expect after you enroll	11
SUMMARY OF BENEFITS – Closer look at what the plan covers	13 – 40
ENROLLMENT FORM	41 – 55

Plan Highlights

BlueCross BlueShield Arizona

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Plan Benefit	Blue Best Life Classic (HMO) (H0302-006) (H0302-008)	Blue Best Life Plus (HMO) (H0302-001)	Blue Best Life Select (HMO) (H0302-010) (H0302-011)
Service Area (County)	**Maricopa/Pinal/Pima**	**Maricopa/Pinal**	**Maricopa/Pinal/Pima**
Monthly Premium	**$0**	**$49**	**$0**
Maximum Out-of-Pocket Limit	**$3,550**	**$3,000**	**$4,450**
Primary Care Provider (PCP)	**$0** copay	**$0** copay	**$0** copay
Specialist (i.e., oncologist, cardiologist, orthopedist)	**$0** Virtual or Tele-Visit copay **$35** Office Setting copay	**$0** Virtual or Tele-Visit copay **$15** Office Setting copay	**$35** copay
Routine Eye Exam[1]	**$0** copay	**$0** copay	**$0** copay
Eyewear[1]	**$200** annual single-purchase allowance	**$200** annual single-purchase allowance	**$200** annual single-purchase allowance
Annual Physical Exam	**$0** copay	**$0** copay	**$0** copay
Inpatient Hospital	Day 1: **$280** Days 2-5: **$180/day**	**$230** (days 1-5)	**$375** (days 1-6)
Routine Labs	**$0** copay	**$0** copay	**$0** copay
X-rays (with or without contrast)	**$0** Free-Standing copay **$120** Hospital copay	**$10** copay	**$25** Free-Standing copay **$120** Hospital copay
Outpatient CT, MRI, MRA, SPECT scans	**$150** copay	**$275** copay	**$250** copay
Physical Therapy Services	**$0** At home **$40** All other settings	**$20** copay	**$35** copay
Ophthalmologists	**$20** copay	**$8**	**$20** copay
Behavioral Health	**$0** Virtual or Tele-Visit copay **$35** Office Setting copay	**$30**	**$35**
Over-the-Counter (OTC) Products	**Not covered**	**$25** quarterly allowance	**Not covered**
Ambulance Services – Ground Transportation	**$175**	**$250**	**$250**
Emergency Care	**$135** copay	**$135** copay	**$150** copay
Urgent Care Services	**$0** Virtual or Tele-Visit copay **$65** Urgent Care Site copay	**$0** Virtual or Tele-Visit copay **$65** Urgent Care Site copay	**$50** copay
Worldwide Emergency Care and Transportation/Urgent Care Coverage	**$120** copay **$30,000** combined lifetime maximum	**$100** copay **$60,000** combined lifetime maximum	**$150** copay **$30,000** combined lifetime maximum
Gym Membership: SilverSneakers®[2]	Included	Included	Included
Routine Hearing Exam + Hearing Aid[1]	**$0** copay + hearing aid copay (**$699-$999** per ear, per year) Rechargeable hearing aid upgrade included.	**$0** copay + hearing aid copay (**$499/$699/$999** per ear, per year) Rechargeable hearing aid upgrade included.	**$0** copay + hearing aid copay (**$499/$699/$999** per ear, per year) Rechargeable hearing aid upgrade included.
Dental – Preventive/ Comprehensive (Non-Medicare covered)	**$10** office visit copay Select Preventive Services: **2x/year** Comprehensive Services: **50%** coinsurance **$2,000** benefit maximum	**$10** office visit copay Select Preventive Services: **2x/year** Comprehensive Services: **50%** coinsurance **$3,000** benefit maximum	**$10** office visit copay Select Preventive Services: **2x/year** Comprehensive Services: **50%** coinsurance **$1,000** benefit maximum
Acupuncture (Medicare Covered)	**$5**	**$5**	**$20**
Chiropractic (Medicare Covered)	**$5**	**$20**	**$20**
Acupuncture, Chiropractic, and Therapeutic Massage[1] (Non-Medicare Covered)	**$5** (30 combined visits)	**$15** (30 combined visits)	**$15** (30 combined visits)

Plan Benefit		Blue Best Life Classic (HMO) (H0302-006) (H0302-008)	Blue Best Life Plus (HMO) (H0302-001)	Blue Best Life Select (HMO) (H0302-010) (H0302-011)
		Maricopa/Pinal/Pima	**Maricopa/Pinal**	**Maricopa/Pinal/Pima**
Prescription Drug Plan				
Prescription Deductible		$500 Deductible for Tiers 3 - 5		$490 Deductible for Tiers 3 - 5
Retail Cost Sharing		**One-month supply**		
Tier 1:	Preferred Generic	**$0** copay	**$0** copay	**$0** copay
Tier 2:	Generic	**$9** copay	**$9** copay	**$9** copay
Tier 3:	Preferred Brand	**20%** coinsurance	**20%** coinsurance	**20%** coinsurance
Tier 4:	Non-Preferred Drug	**28%** coinsurance	**28%** coinsurance	**26%** coinsurance
Tier 5:	Specialty	**28%** coinsurance	**28%** coinsurance	**26%** coinsurance
Tier 6:	Select Care Drugs	**$0** copay	**$0** copay	**$0** copay
Retail and Mail-Order Cost Sharing		**Extended-day supply**		
Tier 1:	Preferred Generic	**$0** copay (100-day supply)	**$0** copay (100-day supply)	**$0** copay (100-day supply)
Tier 2:	Generic	**$9** copay (100-day supply)	**$9** copay (100-day supply)	**$9** copay (100-day supply)
Tier 3:	Preferred Brand	**20%** (90-day supply)	**20%** (90-day supply)	**20%** (90-day supply)
Tier 4:	Non-Preferred Drug	**28%** (90-day supply)	**28%** (90-day supply)	**26%** (90-day supply)
Tier 5:	Specialty	Not available	Not available	Not available
Tier 6:	Select Care Drugs	**$0** copay	**$0** copay	**$0** copay

This is only a summary of benefits. Please refer to the Evidence of Coverage for a full description of benefits.

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

[1]Through network provider and preferred brand.

[2]Tivity Health, Inc. is an independent and separate company contracted with AZ Blue to provide health and wellness services to AZ Blue members. The SilverSneakers program is not an insurance policy and does not provide insurance coverage. ©2026 Tivity Health, Inc. All rights reserved.

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.

Blue Cross® Blue Shield® of Arizona (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® of Arizona

1-888-274-0367, TTY: 711

azblue.com/medicare

We're here for you:

8 a.m. to 8 p.m., October 1 to March 31: Daily
April 1 to September 30: Monday through Friday

Medicare Advantage
2027 HMO Network Portfolio

BlueCross BlueShield Arizona

An Independent Licensee of the Blue Cross Blue Shield Association

	Blue Best Life Plus (HMO)	Blue Best Life Classic (HMO)	Blue Best Life Select (HMO)	Blue Best Life Classic (HMO)	Blue Best Life Select (HMO)
	MARICOPA/PINAL			PIMA	
Contract Number	H0302-001	H0302-006	H0302-010	H0302-008	H0302-011
Member Prefix	M2K	M2K	M2K	M2K	M2K
Network Prefix	MDH	MDH	MDH	MDH	MDH
PCP Affiliations	Arizona Priority Care Bookmark Medical (VillageMD) One Medical Seniors (Iora) OptumCare Arizona	Arizona Priority Care Bookmark Medical (VillageMD) One Medical Seniors (Iora) OptumCare Arizona	Arizona Priority Care Bookmark Medical (VillageMD) One Medical Seniors (Iora) OptumCare Arizona	OptumCare Arizona Bookmark Medical (VillageMD)	OptumCare Arizona Bookmark Medical (VillageMD)
Number of PCPs	2,436	2,436	2,436	700	700
Hospital System	Banner Health Tenet Health Dignity	Banner Health Tenet Health Dignity	Banner Health Tenet Health Dignity	Tucson Medical Center Community Health Systems (CHS) Tenet Health Banner Health	Tucson Medical Center Community Health Systems (CHS) Tenet Health Banner Health
Banner Health Hospitals	Banner Baywood Medical Center Banner Boswell Medical Center Banner Del E Webb Medical Center Banner Desert Medical Center Banner Estrella Medical Center Banner Gateway Medical Center Banner Heart Hospital Banner Thunderbird Medical Center Banner Ocotillo Medical Center Banner University Medical Center Phoenix Campus Banner Ironwood Medical Center (Pinal) Banner Goldfield Medical Center (Pinal) Banner Casa Grande Medical Center (Pinal)	Banner Baywood Medical Center Banner Boswell Medical Center Banner Del E Webb Medical Center Banner Desert Medical Center Banner Estrella Medical Center Banner Gateway Medical Center Banner Heart Hospital Banner Thunderbird Medical Center Banner Ocotillo Medical Center Banner University Medical Center Phoenix Campus Banner Ironwood Medical Center (Pinal) Banner Goldfield Medical Center (Pinal) Banner Casa Grande Medical Center (Pinal)	Banner Baywood Medical Center Banner Boswell Medical Center Banner Del E Webb Medical Center Banner Desert Medical Center Banner Estrella Medical Center Banner Gateway Medical Center Banner Heart Hospital Banner Thunderbird Medical Center Banner Ocotillo Medical Center Banner University Medical Center Phoenix Campus Banner Ironwood Medical Center (Pinal) Banner Goldfield Medical Center (Pinal) Banner Casa Grande Medical Center (Pinal)	Banner University Medical Center Tucson Banner University Medical Center South	Banner University Medical Center Tucson Banner University Medical Center South
Dignity Health Hospitals	Arizona General Hospital Laveen Arizona Spine & Joint Hospital Chandler Regional Medical Center Dignity Health Arizona General Hospital Mesa Mercy Gilbert Medical Center Dignity Health UC Queen Creek OASIS Hospital St. Joseph's Hospital and Medical Center St. Joseph's Westgate Medical Center	Arizona General Hospital Laveen Arizona Spine & Joint Hospital Chandler Regional Medical Center Dignity Health Arizona General Hospital Mesa Mercy Gilbert Medical Center Dignity Health UC Queen Creek OASIS Hospital St. Joseph's Hospital and Medical Center St. Joseph's Westgate Medical Center	Arizona General Hospital Laveen Arizona Spine & Joint Hospital Chandler Regional Medical Center Dignity Health Arizona General Hospital Mesa Mercy Gilbert Medical Center Dignity Health UC Queen Creek OASIS Hospital St. Joseph's Hospital and Medical Center St. Joseph's Westgate Medical Center	Arizona Spine & Joint Hospital Chandler Regional Medical Center Dignity Health Arizona General Hospital Mesa Mercy Gilbert Medical Center Dignity Health UC Queen Creek OASIS Hospital St. Joseph's Hospital and Medical Center St. Joseph's Westgate Medical Center	Arizona Spine & Joint Hospital Chandler Regional Medical Center Dignity Health Arizona General Hospital Mesa Mercy Gilbert Medical Center Dignity Health UC Queen Creek OASIS Hospital St. Joseph's Hospital and Medical Center St. Joseph's Westgate Medical Center
Tenet Health Hospitals	Abrazo Arrowhead Campus Abrazo Central Campus Abrazo Scottsdale Campus Abrazo West Campus Arizona Orthopedic and Surgical Specialty Hospital	Abrazo Arrowhead Campus Abrazo Central Campus Abrazo Scottsdale Campus Abrazo West Campus Arizona Orthopedic and Surgical Specialty Hospital	Abrazo Arrowhead Campus Abrazo Central Campus Abrazo Scottsdale Campus Abrazo West Campus Arizona Orthopedic and Surgical Specialty Hospital	Carondelet St. Joseph's Hospital Carondelet St. Mary's Hospital Bridges Geropsychiatric Program at St. Mary's Hospital Carondelet Holy Cross Hospital (Santa Cruz)	Carondelet St. Joseph's Hospital Carondelet St. Mary's Hospital Bridges Geropsychiatric Program at St. Mary's Hospital Carondelet Holy Cross Hospital (Santa Cruz)
Tucson Medical Center				Tucson Medical Center	Tucson Medical Center
Community Health Systems (CHS)				Northwest Medical Center Oro Valley Hospital	Northwest Medical Center Oro Valley Hospital

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

Revision Date: August 2026

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More Care **for Less**

AZ Blue's trusted partners are ready to give you the care you need.

As an AZ Blue member, you have an entire network of caregivers and health solutions at your service.



24/7 Nurse On Call[1]

Getting answers to your health questions is easy with Nurse On Call. For no additional cost, you can talk to a registered nurse any time you need—days, nights, weekends, and holidays—from wherever you are. Caring nurses can talk to you about your symptoms and help you decide if you should take care of your issues at home or seek care from your primary care provider, urgent care center, or emergency room (ER).

Contact a Nurse On Call 24/7 at **1-866-422-2729,** TTY: **711.**



Fitness Programs[2]

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 lift weights, visit the gym, or take live classes from home, SilverSneakers has you covered.

- Choose from thousands of participating locations
- Find group classes and activities in your community
- Exercise anytime, at home or on the go, with virtual fitness classes

Go to **SilverSneakers.com/StartHere** to get started. For questions, call us at **1-888-423-4632,** TTY: **711,** Monday through Friday, 8 a.m. to 8 p.m. ET.



Vision Services[3]

Routine vision services include a non-medical eye examination to check vision, screen for eye disease, and/or update eyeglass or contact lens prescriptions with a preferred Davis Vision provider. You'll have access to nearly 4,700 preferred vision care providers in Arizona.

- **$0** copay for non-Medicare covered vision exams with a preferred Davis Vision provider
- **$200** eyewear allowance for a single purchase of frames or contact lenses annually through a preferred Davis Vision provider

To find a preferred Davis Vision provider, visit **davisvision.com** or call Member Services at **480-937-0409** (in Arizona) or at **1-800-446-8331,** TTY: **711** to learn more.

All other companies referenced are separate, independent companies contracted with Blue Cross Blue Shield of Arizona (AZ Blue) to provide services.



Hearing Services[4]

Get comprehensive hearing care with high-quality hearing aids and local, professional care at a fraction of the cost through TruHearing®. TruHearing acts as a concierge service that guides you through the full process, from scheduling the exam, to selecting the product, and obtaining the hearing aids.

- Non-Medicare covered hearing exams at **$0** copay
- Two TruHearing-branded hearing aids, one per ear per year, ranging from **$499-$999** copay per aid, depending on plan choice

To schedule your routine hearing examination and to find out more about hearing aid options, contact TruHearing directly at **1-855-205-5007,** TTY: **711,** from 8 a.m. to 8 p.m., Monday through Friday.



Healthy Rewards Program[5]

Earn Healthy Rewards

Earn reward dollars when you take care of your health with regular health exams and screenings such as annual wellness visits, breast cancer screenings, colorectal screenings, annual physical exams, and more. To complete your health screening verification for each and for more information, visit **azblue.com**/health-ed.

You can use your earned reward dollars at participating retail stores, such as Walgreens, CVS, Fry's, Safeway, and Walmart. ***Note:*** You cannot use your rewards dollars to purchase alcohol, firearms, gift cards, or tobacco.

Rewards Activity	Rewards Amount
Annual Physical Exam (APE) OR Annual Wellness Visit (AWV)	**$40**
In-Home Assessment (IHA)	**$40**
Breast Cancer Screening (Mammogram)	**$25**
Colorectal Cancer Screening	**$25**
Diabetic Retinal Eye Exam	**$25**

To activate your card, visit **azbluebenefits.com** or call the activation number on your card. Our Member Advocate Team is available to assist you at **602-313-7135** or toll-free at **1-888-267-9046,** TTY: **711,** Monday through Friday, 8 a.m. to 4:30 p.m.

Over-the-counter (OTC) benefit of **$25** per quarter available for Blue Best Life Plus members ONLY.

All other companies referenced are separate, independent companies contracted with Blue Cross Blue Shield of Arizona (AZ Blue) to provide services.



Chiropractic, Acupuncture, and Therapeutic Massage[6]

Stay active and live comfortably, with benefits that include alternative treatments for chronic pain. If you want alternatives to prescription medications or surgery, chiropractic, acupuncture, and therapeutic massage are covered through American Specialty Health®.

$5-15 copay for up to 30 combined visits depending on your plan.

Find a provider near you by calling American Specialty Health at **1-800-678-9133,** TTY: **711,** Monday through Friday, 6 a.m. to 9 p.m. and Saturday, 1 to 9 p.m. MST.



Healthy Discounts and Savings

Enjoy discounts on a wide range of health, wellness, and lifestyle products and services from brands you know with Blue365®. Take advantage of these exclusive deals—you can start saving immediately!

Enjoy one-of-a-kind discounts on:

- Fitness Gear & Apparel
- Travel
- Gym
- Memberships
- Vision Care
- Hearing Aids

...And much more!

Visit **blue365deals.com/BCBSAZ** or call to learn more at **1-855-511-2583,** TTY: **711,** Monday through Friday, 7 a.m. to 7 p.m. PST.

All other companies referenced are separate, independent companies contracted with Blue Cross Blue Shield of Arizona (AZ Blue) to provide services.



Preventive and Comprehensive Dental Services

Your AZ Blue plan offers preventive and comprehensive (restorative) benefits and an Arizona statewide AZ Blue BlueDental℠ Prime network to help you manage your oral healthcare for less. Review your Summary of Benefits and Evidence of Coverage (EOC) for more details. Use the online search tool to find a participating dental provider. **azblue.com**/FindMedicareDoc.

Blue Best Life Classic (HMO) Maricopa/Pinal/Pima	**Blue Best Life Plus (HMO)** Maricopa/Pinal	**Blue Best Life Select (HMO)** Maricopa/Pinal/Pima
$10 office visit copay for all preventive and comprehensive visits	**$10** office visit copay for all preventive and comprehensive visits	**$10** office visit copay for all preventive and comprehensive visits
Coverage at **100%** after office visit copay for preventive services (2 every year): - oral exams - prophylaxis (cleaning) - dental X-rays - one fluoride treatment	Coverage at **100%** after office visit copay for preventive services (2 every year): - oral exams - prophylaxis (cleaning) - dental X-rays - one fluoride treatment	Coverage at **100%** after office visit copay for preventive services (2 every year): - oral exams - prophylaxis (cleaning) - dental X-rays - one fluoride treatment
Coverage at **50%** coinsurance for restorative services including endodontics, periodontics, prosthodontics	Coverage at **50%** coinsurance for restorative services including endodontics, periodontics, prosthodontics	Coverage at **50%** coinsurance for restorative services including endodontics, periodontics, prosthodontics
Implants – not covered	Coverage at **50%** coinsurance for implants (7-year replacement limit)	Implants – not covered
$2,000 annual maximum coverage amount. Some benefit limits may apply.	**$3,000** annual maximum coverage amount. Some benefit limits may apply.	**$1,000** annual maximum coverage amount. Some benefit limits may apply.

Network providers are subject to change.
For the most current information, please visit us at **azblue.com**/FindMedicareDoc.

Getting Started

Here's what you can expect after you enroll.

Check your mail for your new Member Welcome kit, which will include:



Coordination of Benefits Letter/Survey

Please fill out this form and send it back to us in the return envelope provided.



Confirmation of Enrollment Letter and New Quick Start Guide

If you are NEW to our plan, you should receive this letter letting you know your enrollment was approved along with your new Quick Start Guide and your member ID card.



Member ID Card

Your combined Member ID card is for both Medical and Dental office visits or other healthcare professionals. **Share your information with providers and pharmacies to ensure coverage.**

Important steps to take once you're enrolled



Schedule Your Annual Physical Exam

The annual physical exam with your primary care provider (PCP) is a great opportunity to review your medical history and make sure you are up to date on vaccinations and preventive screenings.



Choose or Verify Your In-Network Primary Care Provider

You should have already selected a PCP when you enrolled in the Medicare Advantage plan. If you need information about your provider, or need to change your provider, visit the online Provider Directory at **azblue.com**/FindMedicareDoc or call Member Services at the phone numbers below.



Register for Your Online Member Account

View claim status, locate providers, print a digital ID card, and much more!
Register at **azblue.com**/memberaccount.



Questions? Call Member Services

In Arizona: **480-937-0409 |** Toll-free: **1-800-446-8331,** TTY: **711.** We're here to help you from 8 a.m. to 8 p.m., daily from October 1 to March 31, and Monday through Friday from April 1 to September 30.

2027
Summary of Benefits



HMO

Medicare Advantage Plans

Maricopa & Pinal Counties
Blue Best Life Plus (HMO) (H0302-001)
Blue Best Life Classic (HMO) (H0302-006)
Blue Best Life Select (HMO) (H0302-010)

Pima County
Blue Best Life Classic (HMO) (H0302-008)
Blue Best Life Select (HMO) (H0302-011)

BlueCross BlueShield Arizona

An Independent Licensee of the Blue Cross Blue Shield Association

2027 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,** 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.

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, 2027.
- ☐ 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, 2027 – December 31, 2027

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 Select (HMO) H0302-010** is available in Maricopa and Pinal Counties
- **Blue Best Life Classic (HMO) H0302-008** is available in Pima County
- **Blue Best Life Select (HMO) H0302-011** is available in Pima County

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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 search for network Providers with our online tool: **azblue.com/findadoctor**
- You can see our plan's Provider/Pharmacy Directory on our website: **azblue.com/medicare**
- Or, call us and we will send you a copy of the Provider/Pharmacy Directory.

What do we cover?

Like all Medicare health plans, we cover everything that Original Medicare covers – and more.

- **Our plan members get *all* of the benefits covered by Original Medicare. For some of these benefits, you may pay more in our plan than you would in Original Medicare. For others, you may pay less.**
- **Our plan members also *get more than what is covered* by Original Medicare. Some of the extra benefits are outlined in this booklet.**

We cover Part D drugs. In addition, we cover Part B drugs, such as chemotherapy and some drugs administered by your provider.

- You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website: **azblue.com/medicare**
- Or, call us and we will send you a copy of the formulary.

How will I determine my drug costs?

Our plan groups each medication into one of six "tiers." You will need to use your formulary to locate what tier your drug is on to determine how much it will cost you. The amount you pay depends on the drug's tier and what stage of the benefit you have reached. Later in this document we discuss the benefit stages that occur: Yearly Deductible (if applicable), Initial Coverage, and Catastrophic Coverage.

If you want to know more about the coverage and costs of Original Medicare, look in your current *Medicare & You 2027* handbook. View it online at **medicare.gov** or get a copy by calling **1-800-MEDICARE (1-800-633-4227),** 24 hours a day, 7 days a week. TTY users should call **1-877-486-2048.**

Existing members with questions may call Member Services at **480-937-0409** (in Arizona) or toll-free at **1-800-446-8331,TTY: 711.** Hours are 8 a.m. to 8 p.m., Monday through Friday from April 1 to September 30; and seven days a week from October 1 to March 31.

Summary of Benefits January 1, 2027 – December 31, 2027

Premiums and Benefits	Blue Best Life Classic (HMO) H0302-006 H0302-008 Maricopa and Pinal Counties Pima County	Blue Best Life Plus (HMO) H0302-001 Maricopa and Pinal Counties	Blue Best Life Select (HMO) H0302-010 H0302-011 Maricopa and Pinal Counties Pima County
Monthly plan premium You must keep paying your Medicare Part B premium.	**$0** per month	**$49** per month	**$0** per month
Part B premium rebate	**Not Covered**	**Not Covered**	**Not Covered**
Deductible (medical)	**$0**	**$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.	**$3,550** annually	**$3,000** annually	**$4,450** annually
Inpatient Hospital Coverage Limits may apply. **May require prior authorization.**	**$280** copayment per day for day **1** **$180** copayment per day for days **2-5**	**$230** copayment per day for days **1-5**	**$375** copayment per day for days **1-6**
Outpatient Hospital Coverage Outpatient Hospital Facility for Surgery or Other Procedures (e.g., endoscopy and cardiac catheterization) **May require prior authorization.**	**$250** copayment per visit **$200** copayment per visit for outpatient observation services	**$200** copayment per visit **$195** copayment per visit for outpatient observation services	**$325** copayment per visit **$200** copayment per visit for outpatient observation services

Premiums and Benefits	Blue Best Life Classic (HMO) H0302-006 H0302-008 Maricopa and Pinal Counties Pima County	Blue Best Life Plus (HMO) H0302-001 Maricopa and Pinal Counties	Blue Best Life Select (HMO) H0302-010 H0302-011 Maricopa and Pinal Counties Pima County
Ambulatory Surgery Center (ASC) For surgeries or other procedures such as endoscopy, cardiac catheterization, etc. **May require prior authorization.**	**$50** copayment per visit for auditory and endocrine system surgical services **$230** copayment per visit for all other services	**$100** copayment per visit for auditory and endocrine system surgical services **$170** copayment per visit for all other services	**$300** copayment
Doctor Visits **May require prior authorization.**	Primary Care Provider (PCP) visit: **$0** copayment Specialist visit: **$0** copayment per visit at virtual or tele-visit **$35** copayment per visit at office setting (no referral needed)	Primary Care Provider (PCP) visit: **$0** copayment Specialist visit: **$0** copayment per visit at virtual or tele-visit **$15** copayment per visit at office setting (no referral needed)	Primary Care Provider (PCP) visit: **$0** copayment Specialist visit: **$35** copayment (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 Maricopa and Pinal Counties Pima County	Blue Best Life Plus (HMO) H0302-001 Maricopa and Pinal Counties	Blue Best Life Select (HMO) H0302-010 H0302-011 Maricopa and Pinal Counties Pima County
Preventive Care Our plan covers many preventive services, including: •Abdominal aortic aneurysm screening •Alcohol misuse counseling •Bone mass measurement •Breast cancer screening (mammogram) •Cardiovascular disease (behavioral therapy) •Cardiovascular screenings •Cervical and vaginal cancer screening •Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy) •Depression screening •Diabetes screenings •HIV screening •Medical nutrition therapy services •Obesity screening and counseling •Prostate cancer screenings (PSA) •Sexually transmitted infections screening and counseling •Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease) •Vaccines, including flu shots, hepatitis B shots, pneumococcal shots, and COVID-19 vaccines •"Welcome to Medicare" preventive visit (one-time) •Annual Wellness Visit Any additional preventive services approved by Medicare during the contract year will be covered.	**You pay nothing**	**You pay nothing**	**You pay nothing**

Premiums and Benefits	Blue Best Life Classic (HMO) H0302-006 H0302-008 Maricopa and Pinal Counties Pima County	Blue Best Life Plus (HMO) H0302-001 Maricopa and Pinal Counties	Blue Best Life Select (HMO) H0302-010 H0302-011 Maricopa and Pinal Counties Pima County
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.	**$135** copayment	**$135** copayment	**$150** copayment
Emergency Care (Worldwide)	Emergency Room: **$120** copayment Emergency Transportation: **$120** copayment **$30,000** combined lifetime limit for worldwide emergency and urgent care. Transportation is from incident to nearest medical center, travel from country back to U.S. is not covered.	Emergency Room: **$100** copayment Emergency Transportation: **$100** copayment **$60,000** combined lifetime limit for worldwide emergency and urgent care. Transportation is from incident to nearest medical center, travel from country back to U.S. is not covered.	Emergency Room: **$150** copayment Emergency Transportation: **$150** copayment **$30,000** combined lifetime limit for worldwide emergency and urgent care. Transportation is from incident to nearest medical center, travel from country back to U.S. 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.	**$0** copayment per visit at virtual or tele-visit **$65** copayment per visit at Urgent Care Site	**$0** copayment per visit at virtual or tele-visit **$65** copayment per visit at Urgent Care Site	**$50** copayment
Urgent Care (Worldwide)	**$120** copayment (**$30,000** combined limit)	**$100** copayment (**$60,000** combined limit)	**$150** copayment (**$30,000** combined limit)

Premiums and Benefits	Blue Best Life Classic (HMO) H0302-006 H0302-008	Blue Best Life Plus (HMO) H0302-001	Blue Best Life Select (HMO) H0302-010 H0302-011
	Maricopa and Pinal Counties Pima County	**Maricopa and Pinal Counties**	**Maricopa and Pinal Counties Pima County**
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: **$150** copayment Lab services: **$0** copayment X-ray with or without contrast (e.g., chest, aortogram, IVP, BE): **$0** copayment per visit at a free-standing radiological facility **$120** copayment per visit at an outpatient hospital Outpatient CT, MRI, MRA, SPECT: **$275** copayment	Diagnostic tests and procedures: **$0 to $75 copayment or 0% to 20% coinsurance**, depending on the service Lab services: **$0** copayment X-ray with or without contrast (e.g., chest, aortogram, IVP, BE): **$10** copayment Outpatient CT, MRI, MRA, SPECT: **$150** copayment	Diagnostic tests and procedures: **$100** copayment Lab services: **$0** copayment X-ray with or without contrast (e.g., chest, aortogram, IVP, BE): **$25** copayment per visit at a free-standing radiological facility **$120** copayment per visit at all other settings Outpatient CT, MRI, MRA, SPECT: **$250** copayment

Premiums and Benefits	Blue Best Life Classic (HMO) H0302-006 H0302-008 Maricopa and Pinal Counties Pima County	Blue Best Life Plus (HMO) H0302-001 Maricopa and Pinal Counties	Blue Best Life Select (HMO) H0302-010 H0302-011 Maricopa and Pinal Counties Pima County
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): **$0** copayment per visit at PCP **$35** copayment per visit at Specialist Pain Management Treatment (e.g., epidurals, pain blockers, and injections): **$75** copayment per treatment Radiation Therapy: **$0** copayment at PCP office **$25** copayment per visit at free-standing radiological facility **$85** copayment per visit at an outpatient hospital Electrocardiogram (EKG): **$25** copayment	Pain Management Assessment (evaluation and management only): **$25** copayment Pain Management Treatment (e.g., epidurals, pain blockers, and injections): **$75** copayment per treatment Radiation Therapy: **20% coinsurance** Electrocardiogram (EKG): **0% coinsurance**	Pain Management Assessment (evaluation and management only): **$35** copayment Pain Management Treatment (e.g., epidurals, pain blockers, and injections): **$75** copayment per treatment Radiation Therapy: **$25** copayment per visit at free-standing radiological facility **$85** copayment per visit at all other settings Electrocardiogram (EKG): **$35** copayment
Hearing Services (Medicare Covered) Hearing exam by network PCP or specialist to diagnose and treat hearing and balance issues. **May require prior authorization.**	**$0** copayment	**$15** copayment	**$20** copayment

Premiums and Benefits	Blue Best Life Classic (HMO) H0302-006 H0302-008 **Maricopa and Pinal Counties Pima County**	Blue Best Life Plus (HMO) H0302-001 **Maricopa and Pinal Counties**	Blue Best Life Select (HMO) H0302-010 H0302-011 **Maricopa and Pinal Counties Pima County**
Hearing Services (Non-Medicare Covered) Services are covered through TruHearing® providers. Includes hearing aid fitting and evaluation. Limited to two (2) TruHearing aids per year (one per ear per year): • Standard **($499)** *(available on Select & Plus plans only),* • Advanced **($699)** • Premium **($999)** Includes free rechargeable hearing aid upgrade.	Hearing exam: **$0** copayment	Hearing exam: **$0** copayment	Hearing exam: **$0** copayment
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** copayment	**20%** coinsurance	**$10** copayment

Premiums and Benefits	Blue Best Life Classic (HMO) H0302-006 H0302-008 Maricopa and Pinal Counties Pima County	Blue Best Life Plus (HMO) H0302-001 Maricopa and Pinal Counties	Blue Best Life Select (HMO) H0302-010 H0302-011 Maricopa and Pinal Counties Pima County
Dental Services (Non-Medicare Covered)	**$10** office visit copayment **$2,000** benefit maximum per calendar year for all services. Preventive: **$10** copayment • 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 copayment **$3,000** benefit maximum per calendar year for all services. Preventive: **$10** copayment • 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	**$10** office visit copayment **$1,000** benefit maximum per calendar year for all services. Preventive: **$10** copayment • 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

Premiums and Benefits	Blue Best Life Classic (HMO) H0302-006 H0302-008 Maricopa and Pinal Counties Pima County	Blue Best Life Plus (HMO) H0302-001 Maricopa and Pinal Counties	Blue Best Life Select (HMO) H0302-010 H0302-011 Maricopa and Pinal Counties Pima County
Vision Care (Medicare Covered)	Exam to diagnose and treat diseases and conditions of the eye: **$0 - $10** copayment Yearly glaucoma and diabetic retinopathy screening: **$0** copayment Eyeglasses or contact lenses after each cataract surgery (not to be combined.): **$0** copayment	Exam to diagnose and treat diseases and conditions of the eye: **$0 - $15** copayment Yearly glaucoma and diabetic retinopathy screening: **$0** copayment Eyeglasses or contact lenses after each cataract surgery (not to be combined.): **20% coinsurance**	Exam to diagnose and treat diseases and conditions of the eye: **$0 - $20** copayment Yearly glaucoma and diabetic retinopathy screening: **$0** copayment 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** copayment Eyewear coverage: **$200** single-purchase annual allowance for Frames or Contact Lenses through Davis Vision providers	**$0** copayment Eyewear coverage: **$200** single-purchase annual allowance for Frames or Contact Lenses through Davis Vision providers	**$0** copayment Eyewear coverage: **$200** single-purchase annual allowance for Frames or Contact Lenses through Davis Vision providers

Premiums and Benefits	Blue Best Life Classic (HMO) H0302-006 H0302-008 **Maricopa and Pinal Counties Pima County**	Blue Best Life Plus (HMO) H0302-001 **Maricopa and Pinal Counties**	Blue Best Life Select (HMO) H0302-010 H0302-011 **Maricopa and Pinal Counties Pima County**
Mental Health Services	Inpatient psychiatric hospital visit: **$280** copayment per day for day **1** **$180** copayment per day for days **2-5** Outpatient individual or group therapy visit: **$0** copayment per visit if performed at virtual or tele-visit **$35** copayment per visit if performed at office setting	Inpatient psychiatric hospital visit: **$230** copayment per day for days **1-5** Outpatient individual or group therapy visit: **$30** copayment	Inpatient psychiatric hospital visit: **$375** copayment per day for days **1-6** Outpatient individual or group therapy visit: **$35** copayment
Skilled Nursing Facility (SNF) Plan covers up to 100 days per benefit period in an SNF. **May require prior authorization**.	**$0** copayment per day for days **1-20** **$208** copayment per day for days **21-100**	**$0** copayment per day for days **1-20** **$203** copayment per day for days **21-100**	**$0** copayment per day for days **1-20** **$218** copayment per day for days **21-100**
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.**	**$0** copayment per visit at home **$40** copayment per visit at all other settings	**$20** copayment	**$35** copayment

Premiums and Benefits	Blue Best Life Classic (HMO) H0302-006 H0302-008	Blue Best Life Plus (HMO) H0302-001	Blue Best Life Select (HMO) H0302-010 H0302-011
	Maricopa and Pinal Counties Pima County	**Maricopa and Pinal Counties**	**Maricopa and Pinal Counties Pima County**
Ambulance **Prior authorization is required for non-emergency transportation by ambulance.**	Ground Ambulance: **$175** copayment per one-way transport Emergency Air and Water Ambulance Transport: **20%** coinsurance per one-way transport	Ground Ambulance: **$250** copayment per one-way transport Emergency Air and Water Ambulance Transport: **20%** coinsurance per one-way transport	Ground Ambulance: **$250** copayment per one-way transport Emergency Air and Water Ambulance Transport: **20%** coinsurance per one-way transport
Transportation	Not Covered	Not Covered	Not Covered

Premiums and Benefits	Blue Best Life Classic (HMO) H0302-006 H0302-008 Maricopa and Pinal Counties Pima County	Blue Best Life Plus (HMO) H0302-001 Maricopa and Pinal Counties	Blue Best Life Select (HMO) H0302-010 H0302-011 Maricopa and Pinal Counties Pima County
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**.	**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**.
Acupuncture Services (Medicare Covered) Treatment for chronic low back pain. Must use American Specialty Health® (ASH) participating providers. **May require prior authorization.**	**$5** copayment	**$5** copayment	**$20** copayment

Premiums and Benefits	Blue Best Life Classic (HMO) H0302-006 H0302-008	Blue Best Life Plus (HMO) H0302-001	Blue Best Life Select (HMO) H0302-010 H0302-011
	Maricopa and Pinal Counties Pima County	Maricopa and Pinal Counties	Maricopa and Pinal Counties Pima County
Acupuncture Services (Non-Medicare Covered) Plan covers routine care between chiropractic, acupuncture, and therapeutic massage per year.	**$5** copayment for **30** combined visits	**$15** copayment for **30** combined visits	**$15** copayment 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** copayment	**$0** copayment	**$0** copayment
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.**	**$5** copayment	**$20** copayment	**$20** copayment
Chiropractic Services (Non-Medicare Covered) Plan covers routine care between chiropractic, acupuncture, and therapeutic massage per year.	**$5** copayment for **30** combined visits	**$15** copayment for **30** combined visits	**$15** copayment for **30** combined visits
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.**	**$0** copayment per visit at PCP **$40** copayment per visit at Specialist	**$0** copayment per visit at PCP **$20** copayment per visit at Specialist	**$35** copayment

Premiums and Benefits	Blue Best Life Classic (HMO) H0302-006 H0302-008 Maricopa and Pinal Counties Pima County	Blue Best Life Plus (HMO) H0302-001 Maricopa and Pinal Counties	Blue Best Life Select (HMO) H0302-010 H0302-011 Maricopa and Pinal Counties Pima County
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** copayment 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.	Medically necessary durable medical equipment covered by Original Medicare: **20%** coinsurance Prosthetic devices: **20%** coinsurance Medicare Covered diabetes monitoring supplies: **$0** copayment 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.
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 the Member Advocate Team at **602-313-7135, TTY: 711,** Monday - Friday, 8 a.m. - 4:30 p.m. for locations and additional information.	**Over-the-Counter products are not covered**	**$25** quarterly allowance for Maricopa and Pinal counties	**Over-the-Counter products are not covered**

Premiums and Benefits	Blue Best Life Classic (HMO) H0302-006 H0302-008 Maricopa and Pinal Counties Pima County	Blue Best Life Plus (HMO) H0302-001 Maricopa and Pinal Counties	Blue Best Life Select (HMO) H0302-010 H0302-011 Maricopa and Pinal Counties Pima County
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** copayment per visit at home **$25** copayment per visit at all settings Pulmonary rehabilitation: **$0** copayment per visit at home **$30** copayment per visit at all settings Intensive Cardiac: **$0** copayment Occupational Therapy: **$0** copayment per visit at home **$40** copayment per visit at all other settings Speech Language Therapy: **$0** copayment per visit at home **$40** copayment per visit at all other settings	Copay per service type: Cardiac rehabilitation: **$20** copayment Pulmonary rehabilitation: **$20** copayment Intensive Cardiac: **$20** copayment Occupational Therapy: **$20** copayment Speech Language Therapy: **$20** copayment	Copay per service type: Cardiac rehabilitation: **$35** copayment Pulmonary rehabilitation: **$35** copayment Intensive Cardiac: **$35** copayment Occupational Therapy: **$35** copayment Speech Language Therapy: **$35** copayment

Premiums and Benefits	Blue Best Life Classic (HMO) H0302-006 H0302-008 Maricopa and Pinal Counties Pima County	Blue Best Life Plus (HMO) H0302-001 Maricopa and Pinal Counties	Blue Best Life Select (HMO) H0302-010 H0302-011 Maricopa and Pinal Counties Pima County
Fitness Programs SilverSneakers® is more than a fitness program. It's an opportunity to improve your health, gain confidence and connect with your community, at no additional cost with many Medicare plans. Whether you play tennis, swim laps, lift weights, visit the gym or take live classes from home, SilverSneakers has you covered. Movement and exercise are essential to your health, and SilverSneakers supports you in any way you decide to move: **In participating fitness locations** • Thousands of participating locations[1] with various amenities • Ability to enroll at multiple locations at any time • SilverSneakers classes[2] designed for all levels and taught by instructors trained in senior fitness **In your community** • Group activities and classes[2] 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	**You pay nothing***	**You pay nothing***	**You pay nothing***

Premiums and Benefits	Blue Best Life Classic (HMO) H0302-006 H0302-008 Maricopa and Pinal Counties Pima County	Blue Best Life Plus (HMO) H0302-001 Maricopa and Pinal Counties	Blue Best Life Select (HMO) H0302-010 H0302-011 Maricopa and Pinal Counties Pima County
number and take that to a participating location. 3. Start a healthy routine with the support you need! You can also enjoy virtual workouts online through your new account. Questions? Visit SilverSneakers.com or call 1-888-423-4632 (TTY: 711) Monday through Friday, 8 a.m. to 8 p.m. ET. [1] Participating locations ("PL") not owned or operated by Tivity Health, Inc. or its affiliates. Use of PL facilities and amenities limited to terms and conditions of PL basic membership. Facilities and amenities vary by PL. [2] Membership includes SilverSneakers instructor-led group fitness classes. Some locations offer Members additional classes. Classes vary by location.			

Prescription Drug Benefits

There are **three drug payment stages**: the Yearly Deductible Stage, the Initial Coverage Stage, and the Catastrophic Coverage Stage.

In 2025, a new payment plan option was created to help Medicare beneficiaries manage their out-of-pocket Part D drug costs, called the Medicare Prescription Payment Plan. It is available to anyone with a Medicare drug plan or Medicare health plan with drug coverage. Participation in the program is voluntary. This payment option might help you manage your expenses, but it doesn't save you money or lower your drug costs. 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.

For Blue Best Life Plus (HMO) H0302-001, Blue Best Life Classic (HMO) H0302-006 & H0302-008

Yearly Deductible	Initial Coverage Level	Catastrophic Coverage
Some plans may include a yearly deductible **There is no deductible for drugs on tiers 1, 2, & 6.** **There is a $500 deductible for drugs on tiers 3, 4 & 5.**	**All plans: $2,400** The Initial Coverage Level is the **member out-of-pocket cost.** Once the **member's out-of-pocket costs** reach **$2,400,** the member will then enter the Catastrophic Coverage Stage.	Once the member's **True Out-of-Pocket (TrOOP)** costs reach **$2,400,** the Catastrophic Coverage Stage begins. The member will pay nothing for the remainder of the year. **You pay:** **Generic:** **$0 copayment** **Brand Name:** **$0 copayment**

For Blue Best Life Select (HMO) H0302-010 & H0302-011		
Yearly Deductible	**Initial Coverage Level**	**Catastrophic Coverage**
Some plans may include a yearly deductible **There is no deductible for drugs on tiers 1, 2, & 6.** **There is a $490 deductible for drugs on tiers 3, 4 & 5.**	**All plans: $2,400** The Initial Coverage Level is the **member out-of-pocket cost.** Once the **member's out-of-pocket costs** reach **$2,400,** the member will then enter the Catastrophic Coverage Stage.	Once the member's **True Out-of-Pocket (TrOOP)** costs reach **$2,400,** the Catastrophic Coverage Stage begins. The member will pay nothing for the remainder of the year. **You pay:** **Generic: $0 copayment** **Brand Name: $0 copayment**

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 $2,400. The TrOOP does not include premiums paid by member or the 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** to enroll.

What You Pay as a Member of This Plan

Maricopa and Pinal Counties
Pima County

$0 Monthly Premium

Blue Best Life Classic (HMO)
(H0302-006)
(H0302-008)

Stage 1	Stage 2		Stage 3
Yearly Deductible Stage **There is no deductible for drugs on tiers 1, 2, & 6.** **There is a $500 deductible for drugs on tiers 3, 4 & 5.**	**Initial Coverage Stage** Up to $2,400 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 $2,400
	30-Day Supply (Retail or Mail Order)	**90 to 100-Day Supply (Retail or Mail Order)**	
Tier 1: Preferred Generic	$0 copayment	$0 copayment (100-day supply)	Generic $0 copayment
Tier 2: Generic	$9 copayment	$9 copayment (100-day supply)	
Tier 3: Preferred Brand	20% coinsurance You pay $35 per month supply of each covered insulin product on this tier.	20% coinsurance You pay $105 (90-day supply) for each covered insulin product on this tier.	Brand Name $0 copayment
Tier 4: Non-Preferred Drug	28% coinsurance You pay $35 per month supply of each covered insulin product on this tier.	28% coinsurance You pay $105 (90-day supply) for each covered insulin product on this tier.	
Tier 5: Specialty	28% coinsurance You pay $35 per month supply of each covered insulin product on this tier.	Not Offered	
Tier 6: Select Care Drugs	$0 copayment	$0 copayment	

What You Pay as a Member of This Plan

Maricopa and Pinal Counties

$49 Monthly Premium

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

Stage 1	Stage 2		Stage 3
Yearly Deductible Stage **There is no deductible for drugs on tiers 1, 2, & 6.** **There is a $500 deductible for drugs on tiers 3, 4 & 5.**	**Initial Coverage Stage** Up to $2,400 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 $2,400
	30-Day Supply (Retail or Mail Order)	**90 to 100-Day Supply (Retail or Mail Order)**	
Tier 1: Preferred Generic	$0 copayment	$0 copayment (100-day supply)	Generic $0 copayment
Tier 2: Generic	$9 copayment	$9 copayment (100-day supply)	
Tier 3: Preferred Brand	20% coinsurance You pay $35 per month supply of each covered insulin product on this tier.	20% coinsurance You pay $105 (90-day supply) for each covered insulin product on this tier.	Brand Name $0 copayment
Tier 4: Non-Preferred Drug	28% coinsurance You pay $35 per month supply of each covered insulin product on this tier.	28% coinsurance You pay $105 (90-day supply) for each covered insulin product on this tier.	
Tier 5: Specialty	28% coinsurance You pay $35 per month supply of each covered insulin product on this tier.	Not Offered	
Tier 6: Select Care Drugs	$0 copayment	$0 copayment	

What You Pay as a Member of This Plan

Maricopa and Pinal Counties
Pima County

$0 Monthly Premium

Blue Best Life Select (HMO)
(H0302-010)
(H0302-011)

Stage 1	Stage 2		Stage 3
Yearly Deductible Stage **There is no deductible for drugs on tiers 1, 2, & 6.** **There is a $490 deductible for drugs on tiers 3, 4 & 5.**	**Initial Coverage Stage** Up to $2,400 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 $2,400
	30-Day Supply (Retail or Mail Order)	**90 to 100-Day Supply (Retail or Mail Order)**	
Tier 1: Preferred Generic	$0 copayment	$0 copayment (100-day supply)	Generic $0 copayment
Tier 2: Generic	$9 copayment	$9 copayment (100-day supply)	
Tier 3: Preferred Brand	20% coinsurance You pay $35 per month supply of each covered insulin product on this tier.	20% coinsurance You pay $105 (90-day supply) for each covered insulin product on this tier.	Brand Name $0 copayment
Tier 4: Non-Preferred Drug	26% coinsurance You pay $35 per month supply of each covered insulin product on this tier.	26% coinsurance You pay $105 (90-day supply) for each covered insulin product on this tier.	
Tier 5: Specialty	26% coinsurance You pay $35 per month supply of each covered insulin product on this tier.	Not Offered	
Tier 6: Select Care Drugs	$0 copayment	$0 copayment	

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.

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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.

Enrollment Request Form

BlueCross BlueShield Arizona

An Independent Licensee of the Blue Cross Blue Shield Association

Who can use this form?

People with Medicare who want to join a Medicare Advantage Plan.

To join a plan, you must:

- Be a United States citizen or be lawfully present in the U.S.
- Live in the plan's service area

Important: To join a Medicare Advantage Plan, you must also have both:

- Medicare Part A (Hospital Insurance)
- Medicare Part B (Medical Insurance)

When do I use this form?

You can join a plan:

- Between October 15–December 7 each year (for coverage starting January 1)
- Within 3 months of first getting Medicare
- In certain situations where you're allowed to join or switch plans

Visit Medicare.gov to learn more about when you can sign up for a plan.

What do I need to complete this form?

- Your Medicare Number (the number on your red, white, and blue Medicare card)
- Your permanent address and phone number

Note: You must complete all items in Section 1.

The items in Section 2 are optional — you can't be denied coverage because you don't fill them out.

Reminders:

- If you want to join a plan during fall open enrollment (October 15–December 7), the plan must get your completed form by December 7.
- Your plan will send you a bill for the plan's premium. You can choose to sign up to have your premium payments deducted from your bank account or your monthly Social Security (or Railroad Retirement Board) benefit.

What happens next?

Send your completed and signed form to:

Blue Cross Blue Shield of Arizona
P.O. Box 29234
Phoenix, AZ 85038

Once they process your request to join, they'll contact you.

How do I get help with this form?

Call Blue Best Life (HMO) at **1-888-274-0367.** TTY users can call **711.**

Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

En español: Llame a Blue Best Life (HMO) al **1-888-274-0367, TTY: 711** o a Medicare gratis al 1-800-633-4227 y oprima el 8 para asistencia en español y un representante estará disponible para asistirle.

Individuals experiencing homelessness

- If you want to join a plan but have no permanent residence, a Post Office Box, an address of a shelter or clinic, or the address where you receive mail (e.g., Social Security checks) may be considered your permanent residence address.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1378. The time required to complete this information is estimated to average 20 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

IMPORTANT

Do not send this form or any items with your personal information (such as claims, payments, medical records, etc.) to the PRA Reports Clearance Office. Any items we get that aren't about how to improve this form or its collection burden (outlined in OMB 0938-1378) will be destroyed. It will not be kept, reviewed, or forwarded to the plan. See "What happens next?" on this page to send your completed form to the plan.

Service area: Maricopa County, Pinal County, and Pima County Individual Enrollment Instructions

BlueCross BlueShield Arizona
An Independent Licensee of the Blue Cross Blue Shield Association

Please complete the application using a black ballpoint pen.
All sections must be filled out and submitted for enrollment.

Medicare Advantage (HMO)

Service area: Maricopa County, Pinal County, and Pima County Individual Enrollment Form

BlueCross BlueShield Arizona
An Independent Licensee of the Blue Cross Blue Shield Association

To enroll, please provide all the information requested below.

REQUIRED: Please mark an "X" in the box next to the plan you wish to enroll in:

Maricopa County and Pinal County

- ☐ Blue Best Life Classic (HMO) **$0** monthly premium (H0302-006)
- ☐ Blue Best Life Select (HMO) **$0** monthly premium (H0302-010)
- ☐ Blue Best Life Plus (HMO) **$49** monthly premium (H0302-001)

Pima County

- ☐ Blue Best Life Classic (HMO) **$0** monthly premium (H0302-008)
- ☐ Blue Best Life Select (HMO) **$0** monthly premium (H0302-011)

Please Provide Your Medicare Insurance Information

Please take out your red, white, and blue Medicare I.D. card to complete this section.

- Fill out this information as it appears on your Medicare card.

OR

- Attach a copy of your Medicare card or your letter from Social Security or the Railroad Retirement Board.

Name: Jane L. Smith
(as it appears on your Medicare card)

Medicare Number X X X X - X X X - X X X X

Is Entitled To	Effective Date (MM/DD/YY)
HOSPITAL (Part A)	01 / 01 / 2000
MEDICAL (Part B)	01 / 01 / 2000

You must have Medicare Part A and Part B to join a Medicare Advantage plan.

FIRST Name: Jane	LAST Name: Smith	Optional: Middle Initial: L.
Birth Date: 06/03/2033 (MM/DD/YYYY)	Sex: ☐M ☒F	Home Phone Number: (602)000-0000
Optional: Cell Phone Number*: ( )		
Permanent Residence Street Address (Don't enter a PO Box. Note: For individuals experiencing homelessness, a PO Box may be considered your permanent residence address.):		
City: Phoenix	State: Arizona	ZIP Code: 85000
Optional: County: Maricopa		
Mailing Address (only if different from your Permanent Residence Address): (P.O. Box allowed) P.O. Box 56789		Apt or PO Box #: 203
Optional: Email Address*: jane.smith@yahoo.com		
City: Phoenix	State: Arizona	ZIP Code: 85000

*By providing your email address on this page, you are agreeing to receive email notifications from us for any benefit or health education materials, such as the Annual Notice of Change. By providing your cell phone number, you are agreeing to receive text message notifications from us regarding health education or alerts, as applicable. We will always give you the opportunity to opt-out of future communications.

STEPS:

A. Select the plan you wish to enroll in.

B. Provide your Medicare Insurance Information as it appears on your red, white, and blue Medicare I.D. card.

C. Provide all personal information.

YOUR CHECKLIST

Please read the instructions and statements carefully. Please use this check list to make sure you've completed all required information.

☐ **A. WHICH PLAN ARE YOU ENROLLING IN? –** Mark an "X" in the box next to the AZ Blue Medicare plan you wish to enroll in.

☐ **B. MEDICARE NUMBER –** Please print your Medicare Number exactly as it is written on your Medicare Health Insurance Card or your letter from Social Security or the Railroad Retirement Board.

☐ **C. PERSONAL INFORMATION –**

- **Name –** Print your name exactly as it appears on your Medicare Health Insurance Card, even if there is an error. Errors need to be corrected with your local Social Security Administration Office. We will be notified of your corrected name by the Centers for Medicare & Medicaid Services (CMS).
- **Permanent Resident Street Address –** should be your current residence, where you presently live (P.O. Box Address is NOT allowed). You must live within the AZ Blue service area to join this plan.
- **Mailing Address** *(if different from your Permanent Residence)* – an address where you receive your mail.

☐ **D. PRIMARY CARE PROVIDER –** Please print the First and Last Name of your Primary Care Provider (PCP). If you do not complete this information, your PCP will be automatically assigned for you by the plan.

IMPORTANT INFORMATION – Read each statement carefully. If there is anything you do not understand, please contact AZ Blue at the phone number below, during the hours of operation listed below.

SIGNATURE – By signing your enrollment form, you agree to follow the plan rules and have an understanding of your member responsibilities. If you have any questions, please call us. **Sign your name as it is listed on your Medicare Health Insurance Card, and date the form.** Keep the Enrollment Receipt of the enrollment form for your records. In most cases, we will acknowledge the receipt of your application in writing before the effective date. If someone is assisting you in completing this form, please contact AZ Blue at the telephone numbers listed below for further instructions. If you have a representative that is completing this form on your behalf, your representative must be a Durable General Power of Attorney (DPOA) or court-ordered Legal Guardian to sign this form. Please provide a copy of the paperwork that shows that your representative is your DPOA or Legal Guardian. Lack of proof will not delay the processing of the application.

Mail the Individual Enrollment Form to:
Blue Cross Blue Shield of Arizona
P.O. Box 29234, Phoenix, AZ 85038

Contact us at:
1-888-274-0367, TTY: 711
We are available October 1 – March 31, seven days a week, 8 a.m. to 8 p.m.
(April 1 – September 30, Monday through Friday, 8 a.m. to 8 p.m.)
Or, visit our website at **azblue.com**/medicare.

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SCOPE OF SALES APPOINTMENT CONFIRMATION FORM

The Centers for Medicare & Medicaid Services (CMS) requires agents to document the scope of a marketing appointment prior to any one-on-one sales meeting to ensure understanding of what will be discussed between the agent and the Medicare beneficiary (or their authorized representative). All information provided on this form is confidential and should be completed by each person with Medicare or his/her authorized representative.

Please INITIAL below beside the type of product(s) you want the agent to discuss.

☐ **Medicare Advantage Plans (Part C) and Cost Plans**

Medicare Health Maintenance Organization (HMO) — A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. In most HMOs, you can only get your care from doctors or hospitals in the plan's network (except in emergencies).

☐ **Medigap Plans (Medicare Supplement Plans)**

Medigap — A Medigap policy is health insurance sold by private insurance companies to fill gaps in Original Medicare. Medigap policies can help you pay your share (coinsurance, copayments, or deductibles) of the cost of Medicare-covered services.

☐ **Dental/Vision/Hearing Products**

Plans offering additional benefits for consumers who are looking to cover needs for dental, vision, or hearing. These plans are not affiliated with or connected to Medicare.

By signing this form, you agree to a meeting with a sales agent to discuss the types of products you initialed above. Please note, the person who will discuss the products is either employed or contracted by a Medicare plan. They do not work directly for the Federal government. This individual may also be paid based on your enrollment in a plan.

Signing this form does not obligate you to enroll, current or future Medicare enrollment status will not be impacted, and automatic enrollment will not occur.

Beneficiary or Authorized Representative Signature and Signature Date:

_____ _____

Signature *Date*

If you are the authorized representative, please sign above and print below:

Representative's Name: _____

Your Relationship to the Beneficiary: _____

TO BE COMPLETED BY PLAN AGENT:	
Agent Name:	Agent Phone:
Beneficiary Name:	Beneficiary Phone:
Beneficiary Address:	
Initial Method of Contact: ☐ Telephone ☐ Walk-In ☐ U.S. Mail ☐ Email ☐ Event ☐ Other:_____	
Agent's Signature:	
Plan(s) the agent represented during this meeting:	
Date Appointment Completed:	
[Plan Use Only:] Agent, if the form was signed by the beneficiary at time of appointment, provide explanation why SOA was not documented prior to meeting:	

Scope of Appointment documentation is subject to CMS record retention requirements

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Medicare Advantage (HMO)

Service area: Maricopa County, Pinal County, and Pima County Individual Enrollment Form

BlueCross BlueShield Arizona

An Independent Licensee of the Blue Cross Blue Shield Association

To enroll, please provide all the information requested below.

REQUIRED: Please mark an "X" in the box next to the plan you wish to enroll in:

Maricopa County and Pinal County

☐ Blue Best Life Classic (HMO)
$0 monthly premium (H0302-006)

☐ Blue Best Life Select (HMO)
$0 monthly premium (H0302-010)

☐ Blue Best Life Plus (HMO)
$49 monthly premium (H0302-001)

Pima County

☐ Blue Best Life Classic (HMO)
$0 monthly premium (H0302-008)

☐ Blue Best Life Select (HMO)
$0 monthly premium (H0302-011)

Please Provide Your Medicare Insurance Information

Please take out your red, white, and blue Medicare I.D. card to complete this section.

- Fill out this information as it appears on your Medicare card.

OR

- Attach a copy of your Medicare card or your letter from Social Security or the Railroad Retirement Board.

Name:_____
(as it appears on your Medicare card)

Medicare Number ___ ___ ___ ___ - ___ ___ ___ - ___ ___ ___ ___

Is Entitled To	Effective Date (MM/DD/YY)
HOSPITAL (Part A)	_____/_____/_____
MEDICAL (Part B)	_____/_____/_____

You must have Medicare Part A and Part B to join a Medicare Advantage plan.

FIRST Name:	LAST Name:	Optional: Middle Initial:	
Birth Date: __ __ / __ __ / __ __ __ __ (M M / D D / Y Y Y Y)	Sex: ☐M ☐F	Home Phone Number: ( )	Optional: Cell Phone Number*: ( )
Permanent Residence Street Address (Don't enter a PO Box. Note: For individuals experiencing homelessness, a PO Box may be considered your permanent residence address.):			
City:	State:	ZIP Code:	Optional: County:
Mailing Address (only if different from your Permanent Residence Address): (P.O. Box allowed)			Apt or PO Box #:
Optional: Email Address*:			
City:	State:	ZIP Code:	

*By providing your email address on this page, you are agreeing to receive email notifications from us for any benefit or health education materials, such as the Annual Notice of Change. By providing your cell phone number, you are agreeing to receive text message notifications from us regarding health education or alerts, as applicable. We will always give you the opportunity to opt-out of future communications.

Enrollee Name: _____ Plan Effective Date: _____

PLEASE READ AND ANSWER THESE IMPORTANT QUESTIONS

1. Some individuals may have other drug coverage, including other private insurance, TRICARE, Federal Employee Health Benefits coverage, VA benefits, or State pharmaceutical assistance programs in addition to Blue Best Life (HMO).

   Will you have other Medicare Prescription Drug Coverage? ☐ Yes ☐ No

   If "yes," please list your other coverage and your identification (ID) number(s) for this coverage:

   Name of other coverage: _____

   ID # for this coverage: _____ Group # for this coverage: _____

   Plan Start Date for this coverage: ___ ___ / ___ ___ / ___ ___
   M M / D D / Y Y

   Plan End Date for this coverage: ___ ___ / ___ ___ / ___ ___
   M M / D D / Y Y

2. Are you enrolled in your State Medicaid (AHCCCS) program? ☐ Yes ☐ No

   If "yes," please provide your Medicaid number: _____

3. Are you a resident in a long-term care facility, such as a nursing home? ☐ Yes ☐ No
   If "yes," please provide the following information:

   Name of Institution: _____

   Phone Number of Institution: _____

   Address (number and street): _____

Enrollee Name: _____ Plan Effective Date: _____

Typically, you may enroll in a Medicare Advantage plan only during the annual enrollment period from October 15 through December 7 of each year. There are exceptions that may allow you to enroll in a Medicare Advantage plan outside of this period.

Please read the following statements carefully and check the box if the statement applies to you. By checking any of the following boxes you are certifying that, to the best of your knowledge, you are eligible for an Enrollment Period. If we later determine that this information is incorrect, you may be disenrolled.

☐ I am new to Medicare.

☐ I am enrolled in a Medicare Advantage plan and want to make a change during the Medicare Advantage Open Enrollment Period (MA OEP).

☐ I recently moved outside of the service area for my current plan or I recently moved and this plan is a new option for me. I moved on (insert date) _____.

☐ I recently was released from incarceration. I was released on (insert date) _____.

☐ I recently returned to the United States after living permanently outside of the U.S. I returned to the U.S. on (insert date) _____.

☐ I recently obtained lawful presence status in the United States. I got this status on (insert date) _____.

☐ I recently had a change in my Medicaid (newly got Medicaid, had a change in level of Medicaid assistance, or lost Medicaid) on (insert date) _____.

☐ I recently had a change in my Extra Help paying for Medicare prescription drug coverage (newly got Extra Help, had a change in the level of Extra Help, or lost Extra Help) on (insert date) _____.

☐ I have Medicare and get full Medicaid benefits. I want to join or switch to a plan that coordinates coverage between my Medicare and Medicaid managed care plans (called an integrated Dual Eligible Special Needs Plan (D-SNP)).

☐ I am moving into, live in, or recently moved out of a Long-Term Care Facility (for example, a nursing home or long-term care facility). I moved/will move into/out of the facility on (insert date) _____.

☐ I recently left a PACE program on (insert date) _____.

☐ I recently involuntarily lost my creditable prescription drug coverage (coverage as good as Medicare's). I lost my drug coverage on (insert date) _____.

☐ I am leaving employer or union coverage on (insert date) _____.

Enrollee Name: _____ Plan Effective Date: _____

☐ I'm in a qualified State Pharmaceutical Assistance Program, or I'm losing help from a State Pharmaceutical Assistance Program.

☐ My plan is ending its contract with Medicare, or Medicare is ending its contract with my plan.

☐ I was enrolled in a plan by Medicare (or my state) and I want to choose a different plan. My enrollment in that plan started on (insert date) _____.

☐ I was enrolled in a Special Needs Plan (SNP) but I have lost the special needs qualification required to be in that plan. I was disenrolled from the SNP on (insert date) _____.

☐ I was affected by an emergency or major disaster (as declared by the Federal Emergency Management Agency (FEMA) or by a Federal, state or local government entity. One of the other statements here applied to me, but I was unable to make my enrollment request because of the disaster.

If none of these statements applies to you or you're not sure, please contact Blue Best Life Classic, Plus, and Select toll-free at **1-888-274-0367,** TTY users should call **711** to see if you are eligible to enroll. We are open October 1 – March 31, seven days a week, 8 a.m. to 8 p.m., April 1 – September 30, Monday through Friday, 8 a.m. to 8 p.m. Or, visit **azblue.com**/medicare.

Enrollee Name: _____ Plan Effective Date: _____

Do you currently have a Medicare Supplement plan? ☐ Yes ☐ No

☐ I understand I am signing up with a Medicare Advantage Plan with a Part D pharmacy plan. I understand I cannot combine a Medicare Supplement or Medigap plan with a Medicare Advantage plan.

All fields in this section are optional		
Answering these questions is your choice. You can't be denied coverage because you don't fill them out.		
Do you work? ☐ Yes ☐ No	Does your spouse work? ☐ Yes ☐ No	
Alternate Contact:	Cell Phone Number:	Relationship to you:
List your Primary Care Provider (PCP), clinic, or health center: _____ Is this your current Primary Care Provider? ☐ Yes ☐ No *Please note: If you do not provide the name of a PCP, one will be assigned for you by the plan.* Have you recently moved into the service area for the plan you selected above? ☐ Yes ☐ No If yes, date of move _____/_____/_____ MM DD YYYY		
I want to get the following materials via email. Select one or more. ☐ Evidence of Coverage ☐ Formulary ☐ Provider Directory Email address: _____		
Select one if you want us to send you information in a language other than English. ☐ Spanish		
Select one if you want us to send you information in an accessible format. ☐ Braille ☐ Large print ☐ Audio CD ☐ Data CD Please contact Blue Best Life (HMO) at **1-800-446-8331** if you need information in an accessible format other than what's listed above. Our office hours are 8 a.m. to 8 p.m., daily from October 1 – March 31, and Monday through Friday from April 1 – September 30. TTY users can call **711.**		

Enrollee Name: _____ Plan Effective Date: _____

PAYING YOUR PLAN PREMIUM AND/ OR LATE ENROLLMENT PENALTY

You can pay your monthly plan premium including any late enrollment penalty that you currently have or may owe, by Electronic Funds Transfer, credit card, or by mail. **You can also choose to pay your premium and/or late enrollment penalty by automatic deduction from your Social Security or Railroad Retirement Board (RRB) benefit check each month.**

If you have to pay a Part D-Income Related Monthly Adjustment Amount (Part D-IRMAA), you must pay this extra amount in addition to your plan premium. DON'T pay AZ Blue the Part D-IRMAA.

People with limited incomes may qualify for *Extra Help* to pay for their prescription drug costs. If eligible, Medicare could pay for 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not be subject to the coverage gap or a late enrollment penalty. Many people are eligible for these savings and don't even know it. For more information about this *Extra Help*, contact your local Social Security office, or call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778. You can also apply for *Extra Help* online at www.ssa.gov/medicare/part-d-extra-help.

If you qualify for *Extra Help* with your Medicare prescription drug coverage costs, Medicare will pay all or part of your plan premium. If Medicare pays only a portion of this premium, we will bill you for the amount that Medicare doesn't cover.

PRIVACY ACT STATEMENT

The Centers for Medicare & Medicaid Services (CMS) collects information from Medicare plans to track beneficiary enrollment in Medicare Advantage (MA) Plans, improve care, and for the payment of Medicare benefits. Sections 1851 of the Social Security Act and 42 CFR §§ 422.50 and 422.60 authorize the collection of this information. CMS may use, disclose, and exchange enrollment data from Medicare beneficiaries as specified in the System of Records Notice (SORN) "Medicare Advantage Prescription Drug (MARx)", System No. 09-70-0588. Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.

Please select premium/late enrollment penalty payment option below
(if you don't select a payment option, you will get a bill each month):

☐ Electronic Funds Transfer (EFT) from your bank account each month. Please enclose a VOIDED check or provide the following:

Bank name: _____ Account type: ☐ Checking ☐ Savings

Bank routing number: _____ Bank account number: _____

☐ Get a monthly bill (You can pay your monthly bill with a check or call us to pay with a credit card)

☐ Automatic deduction from your monthly Social Security or Railroad Retirement Board (RRB) benefit check. I get monthly benefits from: ☐ Social Security ☐ RRB

(The Social Security/RRB deduction may take two or more months to begin after Social Security or RRB approves the deduction. In most cases, if Social Security or RRB accepts your request for automatic deduction, we will send you an invoice until the deductions from Social Security or RRB are approved, which can take two to three months. If Social Security or RRB does not approve your request for automatic deduction, we will continue to send you an invoice for your monthly premiums.)



PLEASE READ THIS IMPORTANT INFORMATION & SIGN BELOW

If you currently have health coverage from an employer or union, joining Blue Best Life (HMO) could affect your employer or union health benefits. You could lose your employer or union health coverage if you join Blue Best Life (HMO). Read the communications your employer or union sends you. If you have questions, visit their website, or contact the office listed in their communications. If there isn't any information on whom to contact, your benefits administrator or the office that answers questions about your coverage can help.

By completing this enrollment application, I agree to the following:

1. Blue Best Life (HMO) is a Medicare Advantage plan and has a contract with the Federal government. I must keep both Hospital (Part A) and Medical (Part B) to stay in a Blue Best Life (HMO) plan. I understand that I can be enrolled in only one Medicare Advantage plan at a time and that my enrollment in this plan will automatically end my enrollment in another Medicare Advantage plan (exceptions apply for MA PFFS, MA MSA plans) or prescription drug plan. It is my responsibility to inform you of any prescription drug coverage that I have or may get in the future. Enrollment in this plan is generally for the entire year. Once I enroll, I may leave this plan or make changes only at certain times of the year when an enrollment period is available **(Example: October 15 – December 7 of every year),** or under certain special circumstances.

2. Blue Best Life (HMO) serves a specific service area. If I move out of the area that Blue Best Life (HMO) serves, I need to notify the plan so I can disenroll and find a new plan in my new area. Once I am a member of Blue Best Life (HMO), I have the right to appeal plan decisions about payment or services if I disagree. I will read the Evidence of Coverage document from Blue Best Life (HMO) when I get it to know which rules I must follow to get coverage with this Medicare Advantage plan. I understand that people with Medicare aren't usually covered under Medicare while out of the country except for limited coverage near the U.S. border.

3. I understand that if I am getting assistance from a sales agent, broker, or other individual employed by or contracted with AZ Blue, he/she may be paid based on my enrollment in AZ Blue.

   - I must keep both Hospital (Part A) and Medical (Part B) to stay in Blue Best Life (HMO).
   - By joining this Medicare Advantage Plan, I acknowledge that Blue Best Life (HMO) will share my information with Medicare, who may use it to track my enrollment, to make payments, and for other purposes allowed by Federal law that authorize the collection of this information (see Privacy Act Statement on page 10). Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.
   - I understand that when my Blue Best Life (HMO) coverage begins, I must get all of my medical and prescription drug benefits from Blue Best Life (HMO). Benefits and services provided by Blue Best Life (HMO) and contained in my Blue Best Life (HMO "Evidence of Coverage" document (also known as a member contract or subscriber agreement) will be covered. Neither Medicare nor Blue Best Life (HMO) will pay for benefits or services that are not covered.
   - The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.
   - I understand that my signature (or the signature of the person legally authorized to act on my behalf) on this application means that I have read and understand the contents of this application. If signed by an authorized representative (as described above), this signature certifies that:

     1) This person is authorized under State law to complete this enrollment, and
     2) Documentation of this authority is available upon request by Medicare



PLEASE READ THIS IMPORTANT INFORMATION & SIGN BELOW

For individuals helping enrollee with completing this form only

Complete this section if you're an individual (i.e. agents, brokers, SHIP counselors, family members, or other third parties) helping an enrollee fill out this form.

Name: _____ Relationship to enrollee: _____

Signature: _____ National Producer Number (Agents/Brokers only): _____

[optional space for other administrative information needed by plan]

Office Use Only:

Member ID #: _____ Plan Effective Date: _____ ICEP/IEP: _____ AEP: _____ OEP: _____

SEP: ____ / SEP Reason: _____ Not Eligible: ____ Enrollment Rep: _____ Completed Date: _____

For Use by Agent/Broker:

Certified Agent Name (Print): _____ Agent/Broker #: _____

Broker of Record*: _____ Requested Effective Date: _____

Agent/Broker Signature: _____

Date Received: _____ Phone Number: _____

**Enter the Name of the Entity contracted with AZ Blue*

Enrollee Name: _____

BlueCross BlueShield Arizona

An Independent Licensee of the Blue Cross Blue Shield Association

2027 Enrollment Receipt

Please use this as your temporary proof of coverage until Medicare has confirmed your enrollment, and you receive your member ID card. **This receipt is not a guarantee of enrollment.**

This copy is for your records only. Please do not resubmit enrollment.

Fill out this plan recap with your Licensed Sales Representative (if applicable). It will take you through some plan details to help you better understand your new plan.

Here are some details about your new plan:

Enrollee Name:	
Application Date:	My plan coverage begins (effective date):

My new plan name is:

Maricopa County and Pinal County

- ☐ Blue Best Life Classic (HMO) **$0** monthly premium (H0302-006)
- ☐ Blue Best Life Select (HMO) **$0** monthly premium (H0302-010)
- ☐ Blue Best Life Plus (HMO) **$49** monthly premium (H0302-001)

Pima County

- ☐ Blue Best Life Classic (HMO) **$0** monthly premium (H0302-008)
- ☐ Blue Best Life Select (HMO) **$0** monthly premium (H0302-011)

My plan type is: ☐ HMO	RxBIN: 610011 RxPCN: CTRXMEDD RxGRP: BAZMAPD

Premium Information:
My plan has a: $ _____ monthly premium. I understand I must remain enrolled in Medicare Part A and Part B and must continue to pay my Medicare Part B premium, unless the state or another third party pays it for me.

If I owe a Late Enrollment Penalty (LEP), it is not included in my premium and I will need to add it to my premium each month.

I must live in the plan's service area. If I move out of the plan's service area for more than 6 months in a row, I will need to choose a new plan.

I can cancel my enrollment in this plan before my coverage starts by calling Member Services at **480-937-0409** (in Arizona) or toll-free at **1-800-446-8331** (TTY users should call **711**). We are open October 1 – March 31, seven days a week, 8 a.m. to 8 p.m.; April 1 – September 30, Monday through Friday, 8 a.m. to 8 p.m. Once my coverage starts, I may have to wait until the Annual Enrollment Period (Oct 15 – Dec 7) to make a plan change, unless I qualify for a Special Election Period.

Call your Licensed Sales Representative if you have any questions:

Licensed Sales Representative Name and ID Number	Licensed Sales Representative Phone No.

NOTES:

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Disclaimers

Blue Cross®, Blue Shield®, the Cross and Shield Symbols, and Blue365 are registered service marks of the Blue Cross Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

All other companies referenced are separate, independent companies contracted with Blue Cross Blue Shield of Arizona to provide services to members.

[1]Nurse On Call is available to eligible participants. Services and treatment options presented may not be covered under your health insurance plan. Please review your benefits prior to receiving non-emergency services. Nurse On Call services are provided by an independent third party contracted with AZ Blue.
[2]Membership includes SilverSneakers instructor-led group fitness classes. Some locations offer Members additional classes. Classes vary by location. 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. SilverSneakers and the SilverSneakers shoe logotype are registered trademarks of Tivity Health, Inc. Tivity Health, Inc. is an independent and separate company contracted with Blue Cross Blue Shield of Arizona (AZ Blue) to provide health and wellness services to AZ Blue members. The SilverSneakers program is not an insurance policy and does not provide insurance coverage. ©2026 Tivity Health, Inc. All rights reserved.
[3]Davis Vision is an independent and separate 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.
[4]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.
[5]Mastercard and the circles design are registered trademarks of Mastercard International Incorporated.
[6]Alternative therapy benefits are provided by American Specialty Health Fitness, Inc. (ASH Fitness), a subsidiary of American Specialty Health Incorporated (ASH). This information is not a complete description of the program. ASH is an independent and separate company contracted with AZ Blue to provide health and wellness services to AZ Blue members.

Blue Cross® Blue Shield® of Arizona (AZ Blue) is contracted with Medicare to offer HMO Medicare Advantage plans. Enrollment in AZ Blue plans depends on contract renewal..

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

BlueCross BlueShield Arizona

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