

City of Surprise, #23348
BENEFIT PLAN CHANGES
Effective July 1, 2019

HMO

The following changes will apply effective on a group's plan year anniversary on and after January 1, 2019:

SPECIALIST VISIT COPAY

Your Specialist visit copay has changed as follows:

<u>2018</u>	<u>2019</u>
\$30	\$40

EMERGENCY ROOM COPAY

Your Emergency room copay has changed as follows:

<u>2018</u>	<u>2019</u>
\$75	\$250

URGENT CARE COPAY

Your Urgent care copay has changed as follows:

<u>2018</u>	<u>2019</u>
\$35	\$40

MALE CONTRACEPTION

Currently, your benefit plan waives cost-shares for professional and facility charges from in-network providers for FDA-approved male sterilization procedures when the purpose of the procedure is contraception. Your benefit plan will now apply cost-shares to all male sterilization procedures.

SLEEP STUDY

Currently, the cost share for sleep studies varies based on place of care. Your benefit plan will now cover sleep studies at deductible and coinsurance for all settings.

PREVENTIVE SERVICES

Federal law often requires changes to the list of preventive services and medications covered under this benefit plan. A list of covered preventive services will be in the Preventive Services section of the benefit plan booklet. Call BCBSAZ Customer Service before receipt of the benefit plan booklet for a list of covered preventive services.

Federal and state statutes and regulations may require additional changes to this benefit plan. BCBSAZ will advise employer groups and members of any additional changes to this benefit plan required by applicable federal and state law.

Blue Cross Blue Shield of Arizona (BCBSAZ) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. BCBSAZ provides appropriate free aids and services, such as qualified interpreters and written information in other formats, to people with disabilities to communicate effectively with us. BCBSAZ also provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, call (602) 864-4884 for Spanish and (877)475-4799 for all other languages and other aids and services.

If you believe that BCBSAZ has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with: BCBSAZ's Civil Rights Coordinator, Attn: Civil Rights Coordinator, Blue Cross Blue Shield of Arizona, P.O. Box 13466, Phoenix, AZ 85002-3466, (602) 864-2288, TTY/TDD (602) 864-4823, crc@azblue.com. You can file a grievance in person or by mail or email. If you need help filing a grievance BCBSAZ's Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

