

PROSANO PLAN

NEW FOR EMPLOYEES RESIDING IN ARIZONA



BLUE SIGNATURE PROSANO \$2500 PLAN

You can receive covered services from in-network or out-of-network providers, including the BCBS network of providers. Cost share is waived for covered services provided by Prosano Health Advanced Primary Care Centers.*

IN-NETWORK	OUT-OF-NETWORK
\$2,500	\$5,000
\$5,000	\$10,000
\$5,000	\$10,000

* Zero cost share for Primary/Urgent Care, Lab Services, Behavioral Health & more

YOUR HEALTH PLAN

You will pay in-network cost share for covered services provided by in-network providers other than Prosano Health. You will pay out-of-network cost share and the provider's balance bill for covered services provided by out-of-network providers.

IN-NETWORK	OUT-OF-NETWORK
20%	50%
80%	50%

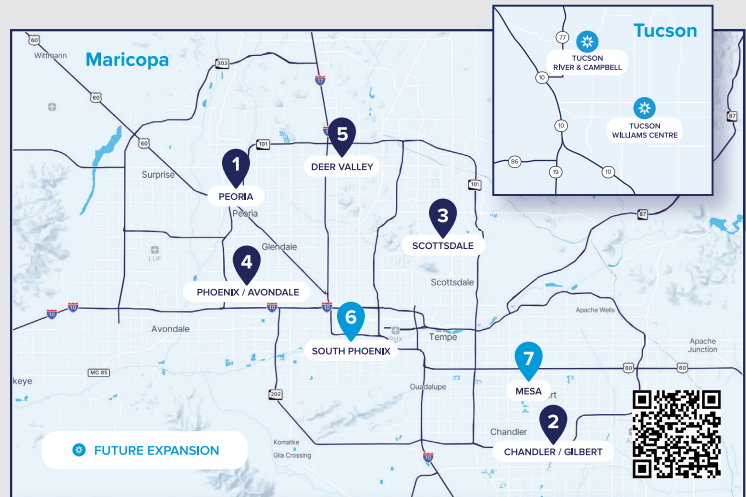
RETAIL	MAIL ORDER
\$15 Copay	\$30 Copay
50% up to \$300	50% up to \$600
50% up to \$300	50% up to \$600
50% up to \$500	50% up to \$1,000

Find the complete directory of providers in your plan's network at [MyBlue](#).

IN-NETWORK	OUT-OF-NETWORK
\$6,500	\$13,000
\$13,000	\$26,000
\$13,000	\$26,000

COVERED AT 80%	COVERED AT 50% ¹
20% coinsurance AD	50% Coinsurance
20% coinsurance AD	50% Coinsurance
\$0 per Virtual Medical Visit ²	Not Covered

NO-COST CARE AT PROSANO HEALTH CARE CENTERS



For location details scan QR code or use the link: prosanohealth.com/locations.

Prosano Health is an integrated care and coverage solution developed by Blue Cross® Blue Shield® of Arizona. Through your BlueSignatureSM Prosano plan, you'll have access to no-cost advanced primary care at our Prosano Health Care Centers, including preventive and sick care, behavioral health support, labs, chronic condition management, and more. Plus, you'll get even more convenient benefits, like same- or next-day appointments (in-person and virtual), after-hours care, and support for navigating any specialty or emergency care needs.

With Prosano Health Advanced Primary Care, you'll have more access, more care, and more support. Welcome to Better.



WELCOME BOOKLET
bit.ly/kt-prosano-welcome



RATES

PROSANO	WEEKLY	BI-WEEKLY	MONTHLY
Employee	\$37.95	\$75.89	\$164.43
Employee +1	\$90.18	\$180.35	\$390.77
Family	\$97.69	\$195.37	\$423.30

To remove surcharges, you must complete a biometric screening and either meet the health requirements or complete the alternate options laid out on page 8.

PREMIUM SURCHARGES	WEEKLY	BI-WEEKLY	MONTHLY
Nicotine	+ \$34.62	+ \$69.23	+ \$150.00
No Physical	+ \$5.36	+ \$10.73	+ \$23.25
Cholesterol	+ \$8.07	+ \$16.15	+ \$35.00

*This plan is not eligible for HRA Funds

AD - After Deductible. 1 - Out-of-Network Preventive Services: 50% coinsurance (after deductible) + balance bill. 2 - \$0 for telehealth medical consultations; 20% coinsurance (after deductible) for telehealth counseling sessions provided by a counselor and/or psychiatric consultations provided by a psychiatrist.