

THE PPO IS ADMINISTERED BY: **BCBS of Arizona  
Multiplan wrap  
In Mexico, SIARMED**

The Plan will at all times be in compliance with PPACA rules and regulations. PPACA requires that benefits that are offered by the Plan that are "Essential Health Benefits" as defined by the United States Department of Health And Human Services may not be restricted to less than a certain annual amount. If a major medical benefit of the Plan has a plan maximum below that amount, the Plan will continue to pay benefits for the Essential Health Benefit components of that benefit even though such payments would exceed the plan maximum for that benefit, but only until the Coverage Year Maximum Payment Amount of the Plan is paid.

This plan may provide a greater discounts / reimbursement for services received through the PPO Provider Selected Hospital and Outpatient Facility. Refer to the **INCENTIVE PROGRAM FOR PPO PROVIDER SELECTED HOSPITAL/OUTPATIENT FACILITY AKA WIN/WIN INCENTIVE PROGRAM** for more information and a list of providers.

Benefit Description	PPO Plan pays	Non-PPO Plan pays	Additional Limitations and Explanations
Acupuncture	80% after Deductible	60% after Deductible	<b>LIMITED</b> to a maximum of 26 visits per Coverage Year.
Ambulance Services -Air and Ground	80% after Deductible	80% after Deductible	
Amino acid-based formula	25% after Deductible	25% after Deductible	<b>LIMITED</b> to supplies not covered under the Prescription Drug Card Benefit. The maximum annual benefit for amino acid based formula to treat eosinophilic gastrointestinal disorder is \$20,000 per Plan Member per Coverage Year.
Chiropractic Care	100% after a \$15 Copay per visit (Deductible waived)	60% after Deductible	Includes x-rays, manipulations, supportive care, and maintenance care. <b>LIMITED</b> to a maximum of 20 visits per Coverage Year.
Dental Hospitalization and Dental Services Office Visits	80% after Deductible	60% after Deductible	Diagnostic procedures & treatment of TMJ are <b>LIMITED</b> to a Lifetime maximum benefit payment of \$300.
Durable Medical Equipment, Prosthetics, Orthotics and Disposable Supplies	80% after Deductible	60% after Deductible	Hearing aids are <b>LIMITED</b> to one per Coverage Year.
Emergency Services and Urgent Care Services			In an Emergency, as defined by the Plan, Non-PPO Covered Expenses will be paid at the PPO level.
Emergency visit	80% (Deductible waived).	80% (Deductible waived).	
Urgent Care	100% after a \$30 Copay per visit (Deductible waived)	60% after Deductible	