Benefit Plan Changes



Blue Preferred Copay & Blue Preferred Saver

The following changes will apply on renewal dates on or after January 1, 2024:

RETIREE COST SHARE

Plan	In-Network Deductible Individual/Family		Out-of-Network Deductible Individual/Family		In-Network Coinsurance	
	2023	2024	2023	2024	2023	2024
PPO	\$300/\$600	\$350/\$700	\$600/\$1,200	\$650/\$1,300	15%	20%

DIABETIC SUPPLIES

Currently, members can obtain certain diabetic supplies covered under the medical plan. Upon renewal, the following diabetic supplies will no longer be covered under durable medical equipment as they have moved to the pharmacy benefit:

- Blood glucose monitors
- Blood glucose monitors for the legally blind and visually impaired
- Continuous glucose monitors
- Sensors
- Diabetic syringes and lancets, including automatic lancing devices.
- Insulin cartridges
- Insulin preparations and glucagon
- certain insulin pumps and insulin pump suplies¹.
- Prescribed oral agents for controlling blood sugar that are included on the plan formulary.
- Test strips for glucose monitors and visual reading and urine test strips

¹Certain insulin pumps and insulin pump supplies will still be available under the medical plan, depending on the manufacturer.

PREVENTIVE SERVICES

Federal law often requires changes to the list of preventive services and medications covered under this benefit plan. Information on covered preventive services will be in the Preventive Services section of the benefit plan booklet (your Base Benefit Book). Note that covered preventive services may change at any time. If you have questions about your plan's covered preventive services, you can download your Base Benefit Book from your MyBlueSM account at azblue.com/myblue:

- Log in to your MyBlueSM account
- Click "Plan Benefits"
- Under "Benefit Documents," look for the file called "Benefit Book [PDF]"

For information about preventive drugs covered under this benefit plan, visit azblue.com/pharmacy.