Benefit Plan Changes

Northern Arizona University (NAU) 00002 & 00003
Effective January 1, 2025

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

Blue Preferred Copay & Blue Preferred Saver

The following changes will apply on renewal dates on or after January 1, 2025:

FERTILITY AND INFERTILITY TREATMENT AND MEDICATIONS

Currently, your benefit plans exclude coverage for Fertility and Infertility treatment and medications. Now, your plan will cover Fertility and Infertility treatment and medications for In-Network providers only. Benefits will be subject to any applicable copays, deductible, coinsurance for In-Network providers. Benefits will be limited to a $2,500 per member, per benefit plan maximum, combined for medical and pharmacy, including Diagnosis and Testing coverage as well as medications and treatments. Cryopreservation of embryo and sperm and storage are excluded.

GENDER AFFIRMING FACIAL BENEFIT

For 2025, gender affirming facial benefits will be covered up to a $25,000 per member, per benefit plan maximum, for transgender only.

HSA-Eligible Plan:

For 2025, the minimum deductible for HSA-eligible health plans will be $1,650 for employee-only coverage and $3,300 for family coverage. The maximum out-of-pocket limit will be $8,300 for employee-only coverage and $16,600 for family coverage.

COST SHARE

Cost-share amounts shown below are for covered services by providers in the plan's network.

PLAN	Deductible Individual/Family		Out-of-Network Deductible Individual/Family	
	2024	2025	2024	2025
SAVER - HDHP	$1,600/$3,200	$1,650/$3,300	$3,200/$6,400	$3,300/$6,600

PLAN	Deductible Individual/Family		Out-of-Network Deductible Individual/Family		Office Visit Copay		OP Facility Fee*	
	2024	2025	2024	2025	2024	2025	2024	2025
PPO	$350/$700	$450/$900	$650/$1,300	$750/$1,500	$30/$50	$35/$55	$100	$150

PLAN	Rx Copay	
	2024	2025
PPO - Retail	$15/$30/$50/$90	$20/$35/$55/$95
PPO – Mail Order	$15/$30/$150/$270	$20/$35/$165/$285

***Outpatient Facility Fee: $150 access fee, after deductible, then 25% coinsurance**

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 MyBlue℠ account at **azblue.com/myblue**:

- Log in to your MyBlue℠ 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**.