

**Northern Arizona Public Employee Benefit Trust (NAPEBT)**  
**Group 19676**  
**BENEFIT PLAN CHANGES**  
**Effective January 1, 2018**

**Buy Up Plan**

**ACUPUNCTURE & SERVICES FROM NATUROPATHS AND HOMEOPATHS**

Currently, naturopaths and homeopaths are not eligible providers under this benefit plan. Covered services from naturopaths and homeopaths will now be covered under this benefit plan. You will pay applicable copay, deductible and coinsurance plus any applicable balance bill for covered services received from out-of-network providers.

Currently, acupuncture is not a covered benefit of this benefit plan. Acupuncture will now be covered when rendered by an acupuncturist or a naturopath, homeopath, MD, DO or chiropractor who is also a licensed acupuncturist. You will pay applicable copay, deductible and coinsurance plus any applicable balance bill for covered services received from out-of-network providers. Benefits are limited to \$500 per member per calendar year.

**COST SHARING**

**Medical Out-of-Pocket Limit**

**Current - 2017**

**New - 2018**

In-network	\$4,000/member \$8,000/family	\$4,500/member \$9,000/family
Out-of-Network	\$6,500/member \$13,000/family	\$7,000/member \$14,000/family

**HEARING AIDS**

Currently, this benefit plan excludes hearing aid exams and hearing aids. This benefit plan will now cover one hearing exam per calendar year subject to a \$15 copayment when received from in-network providers. Out-of-network deductible, coinsurance and applicable balance bill will apply to services received from out-of-network providers. Hearing aids will now be covered subject to applicable deductible and coinsurance plus applicable balance bill for services received from out-of-network providers. Hearing aid benefits are limited to \$2,500 per person, every three calendar years.

**PREVENTIVE SERVICES**

Federal law often requires changes to the list of preventive services covered under this benefit plan. A list of covered preventive services will be included in the Preventive Services section of your benefit plan booklet or you can contact BCBSAZ prior to 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](mailto: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>.

