

PROSANO PLAN

FOR EMPLOYEES RESIDING IN ARIZONA

This plan is not eligible for HRA Funds

| BLUE SIGNATURE PROSANO \$2500 PLAN | |
|------------------------------------|----------------|
| IN-NETWORK | OUT-OF-NETWORK |
| \$2,500 | \$5,000 |
| \$5,000 | \$10,000 |
| \$5,000 | \$10,000 |

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.

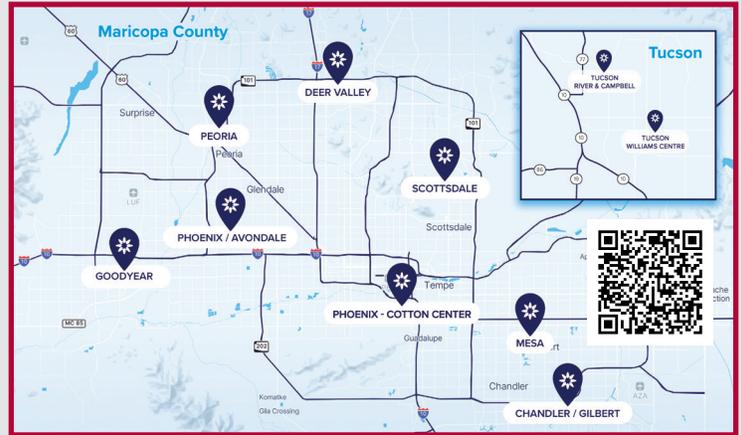
| IN-NETWORK | OUT-OF-NETWORK |
|------------|----------------|
| 20% | 50% |
| 80% | 50% |

| 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 |

| 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 After Deductible | 50% Coinsurance |
| 20% coinsurance After Deductible | 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 | \$39.84 | \$79.69 | \$172.66 |
| Employee +1 | \$94.68 | \$189.37 | \$410.30 |
| Family | \$102.57 | \$205.14 | \$444.47 |

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 |
| Cholesterol | + \$11.00 | + \$22.00 | + \$47.67 |

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.