

2027

Annual Notice of Change



Health Choice Pathway

(HMO D-SNP)



Serving Apache, Coconino,
Gila, Maricopa, Mohave, Navajo,
Pinal, and Yavapai counties.



**BlueCross
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Arizona

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**Health
Choice**

Annual Notice of Change for 2027

You're enrolled as a member of Health Choice Pathway (HMO D-SNP).



This material describes changes to our plan's costs and benefits next year.

- **You have from October 15 – December 7 to make changes to your Medicare coverage for next year.** If you don't join another plan by December 7, 2026, you'll stay in Health Choice Pathway (HMO D-SNP).
- To change to a **different plan**, visit **Medicare.gov** or review the list in the back of your *Medicare & You 2027* handbook.
- Note this is only a summary of changes. More information about costs, benefits, and rules is in the *Evidence of Coverage*. Get a copy at [azblue.com/hcpathway](https://www.azblue.com/hcpathway) or call Member Services at **1-800-656-8991** (TTY users call **711**) to get a copy by mail.

More Resources

- This material is available for free in Spanish.
- Call Member Services at **1-800-656-8991** (TTY users call **711**) for more information. Hours are 7 days a week, 8 a.m. to 8 p.m. This call is free.
- This document may be available in other formats such as Braille, large print, or other alternate formats. This document may be available in non-English languages. For additional information call the Member Services number listed above.

Annual Notice of Change for 2027

About Health Choice Pathway (HMO D-SNP)

- Health Choice Pathway (HMO D-SNP) is a Health Plan with a Medicare contract and a contract with the state Medicaid program. Enrollment in Health Choice Pathway (HMO D-SNP) depends on contract renewal. Our plan also has a written agreement with the Arizona Medicaid program to coordinate your Medicaid benefits.
- When this material says “we,” “us,” or “our,” it means Health Choice Arizona, Inc. When it says “plan” or “our plan,” it means Health Choice Pathway (HMO D-SNP).
- **If you do nothing by December 7, 2026, you’ll automatically be enrolled in Health Choice Pathway (HMO D-SNP).** Starting January 1, 2027, you’ll get your medical and drug coverage through Health Choice Pathway (HMO D-SNP). Go to Section 3 for more information about how to change plans and deadlines for making a change.



Annual Notice of Change for 2027

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Summary of Important Costs for 2027

	2026 (this year)	2027 (next year)
Monthly plan premium* * Your premium can be higher than this amount. Go to Section 1 for details.	\$0	\$0
Maximum out-of-pocket amount This is the most you'll pay out of pocket for covered Part A and Part B services. (Go to Section 1 for details.)	\$8,800 You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.	\$9,850 You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.
Primary care office visits	\$0 copayment per visit	\$0 copayment per visit
Specialist office visits	\$0 per visit	\$0 per visit
Inpatient hospital stays Includes various inpatient hospital stays such as acute care, rehabilitation, and long-term care. An inpatient hospital stay starts the day you're formally admitted with a doctor's order and ends the day before you're discharged.	You pay \$0 for days 1-90 of a hospital stay per benefit period. Our policy also includes coverage for 60 lifetime reserve days, which are additional days we provide. If your hospital stay exceeds 90 days per benefit period, you have the option to utilize these extra days. After utilizing these additional 60 days, your coverage for inpatient hospital stays will be restricted to 90 days for each benefit period.	You pay \$0 for days 1-90 of a hospital stay per benefit period. Our policy also includes coverage for 60 lifetime reserve days, which are additional days we provide. If your hospital stay exceeds 90 days per benefit period, you have the option to utilize these extra days. After utilizing these additional 60 days, your coverage for inpatient hospital stays will be restricted to 90 days for each benefit period.

	2026 (this year)	2027 (next year)
Part D drug coverage (Go to Section 1 for details, including Yearly Deductible, Initial Coverage, and Catastrophic Coverage Stages.)	Part D drug coverage deductible: If you receive Extra Help, your deductible is \$0. If you do not receive Extra Help, your deductible is \$615 except for covered insulin products and most adult Part D vaccines. Copayment during the Initial Coverage Stage: Generics and drugs treated as generics: Depending on your Extra Help level or institutional status you pay: • \$0 or • \$1.60 or • \$5.10 All other drugs: Depending on your Extra Help level or institutional status you pay: • \$0 or • \$4.90 or • \$12.65 If you do not receive Extra Help, you will pay a 25% coinsurance for your prescription drugs and no more than \$35 per month for each covered insulin product. Catastrophic Coverage Stage: During this payment stage, you pay nothing for your covered Part D drugs.	Part D drug coverage deductible: If you receive Extra Help, your deductible is \$0. If you do not receive Extra Help, your deductible is \$300 except for covered insulin products and most adult Part D vaccines. Copayment during the Initial Coverage Stage: Generics and drugs treated as generics: Depending on your Extra Help level or institutional status you pay: • \$0 or • \$1.65 or • \$5.80 All other drugs: Depending on your Extra Help level or institutional status you pay: • \$0 or • \$5.00 or • \$14.40 If you do not receive Extra Help, you will pay a 25% coinsurance for your prescription drugs and no more than \$35 per month for each covered insulin product. Catastrophic Coverage Stage: During this payment stage, you pay nothing for your covered Part D drugs.

SECTION 1

Changes to Benefits & Costs for Next Year

Section 1.1 Changes to the Monthly Plan Premium

	2026 (this year)	2027 (next year)
Monthly plan premium	\$0	\$0
(You must also continue to pay your Medicare Part B premium unless it's paid for you by Medicaid.)		

Section 1.2 Changes to Your Maximum Out-of-Pocket Amount

Medicare requires all health plans to limit how much you pay out of pocket for the year. This limit is called the maximum out-of-pocket amount. Once you've paid this amount, you generally pay nothing for covered Part A and Part B services for the rest of the calendar year.

	2026 (this year)	2027 (next year)
Maximum out-of-pocket amount	\$8,800	\$9,850
Cost sharing paid by the beneficiary, Medicaid, and other secondary insurance contributes towards this out-of-pocket maximum. Because our members get most cost sharing paid by Medicaid, very few members ever reach this out-of-pocket maximum.		
You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.		
Your costs for covered medical services (such as copayments) count toward your maximum out-of-pocket amount. Our plan premium and your costs for prescription drugs don't count toward your maximum out-of-pocket amount.		
		Once you've paid \$9,850 out of pocket for covered Part A and Part B services, you'll pay nothing for your covered Part A and Part B services for the rest of the calendar year.

Section 1.3 Changes to the Provider Network

Our network of providers has changed for next year. Review the 2027 *Provider Directory* at azblue.com/hcpathway to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network. Here's how to get an updated *Provider Directory*:

- Visit our website at azblue.com/hcpathway.
- Call Member Services at **1-800-656-8991** (TTY users call **711**) to get current provider information or to ask us to mail you a *Provider Directory*.

We can make changes to the hospitals, doctors, and specialists (providers) that are part of our plan during the year. If a mid-year change in our providers affects you, call Member Services at **1-800-656-8991** (TTY users call **711**) for help. You may have a special enrollment period if your provider leaves the plan network. For more information on your rights when a network provider leaves our plan, go to Chapter 3, Section 2.3 of your *Evidence of Coverage*.

Section 1.4 Changes to the Pharmacy Network

Amounts you pay for your prescription drugs can depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered *only* if they are filled at one of our network pharmacies.

Our network of pharmacies has changed for next year. Review the 2027 *Pharmacy Directory* at azblue.com/hcpathway to see which pharmacies are in our network. Here's how to get an updated *Pharmacy Directory*:

- Visit our website at azblue.com/hcpathway.
- Call Member Services at **1-800-656-8991** (TTY users call **711**) to get current pharmacy information or to ask us to mail you a *Pharmacy Directory*.

We can make changes to the pharmacies that are part of our plan during the year. If a mid-year change in our pharmacies affects you, call Member Services at **1-800-656-8991** (TTY users call **711**) for help.

Section 1.5 Changes to Benefits & Costs for Medical Services

The Annual Notice of Change tells you about changes to your Medicare benefits and costs.

	2026 (this year)	2027 (next year)
Dental Services Diagnostic and Preventive Dental Services Comprehensive Dental Services	You pay a \$0 copayment for covered Diagnostic and Preventive and Comprehensive Dental Services. You are covered up to \$3,500 for Diagnostic and Preventive and Comprehensive Dental Services per year. Comprehensive dental services include restorative services, endodontics, periodontics, and oral and maxillofacial surgery.	You pay a \$0 copayment for covered Diagnostic and Preventive and Comprehensive Dental Services. You are covered up to \$2,000 for Diagnostic and Preventive and Comprehensive Dental Services per year. Comprehensive dental services include restorative services, endodontics, periodontics, oral and maxillofacial surgery, prosthodontics (fixed and removable), and adjunctive general services.
Vision Services - Eyewear	You pay a \$0 copayment for \$350 maximum benefit allowance every year for unlimited eyewear, including: • Contact lenses • Eyeglasses (frames and lenses)	You pay a \$0 copayment for \$250 maximum benefit allowance every year for unlimited eyewear, including: • Contact lenses • Eyeglasses (frames and lenses.)

Section 1.6 Changes to Part D Drug Coverage

Changes to Our Drug List

Our list of covered drugs is called a formulary or Drug List. A copy of our Drug List is provided electronically and posted online at azblue.com/hcpathway.

We made changes to our Drug List, which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs, or moving them to a different cost-sharing tier.

Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier.

Most of the changes in the Drug List are new for the beginning of each year. However, we might make other changes that are allowed by Medicare rules that will affect you during the calendar year. We update our online Drug List at least monthly to provide the most up-to-date list of drugs. If we make a change that will affect your access to a drug you're taking, we'll send you a notice about the change.

If you're affected by a change in drug coverage at the beginning of the year or during the year, review Chapter 9 of your *Evidence of Coverage* and talk to your prescriber to find out your options, such as asking for a temporary supply, applying for an exception, and/or working to find a new drug. Call Member Services at **1-800-656-8991** (TTY users call **711**) for more information.

Section 1.7 Changes to Prescription Drug Benefits & Costs

Do you get Extra Help to pay for your drug coverage costs?

If you're in a program that helps pay for your drugs (Extra Help), **the information about costs for Part D drugs does not apply to you.** We sent you a separate material, called the *Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs*, which tells you about your drug costs. If you get Extra Help and you don't get this material by September 30, 2026, call Member Services at **1-800-656-8991** (TTY users call **711**) and ask for the *LIS Rider*.

Drug Payment Stages

There are 3 **drug payment stages**: the Yearly Deductible Stage, the Initial Coverage Stage, and the Catastrophic Coverage Stage.

- **Stage 1: Yearly Deductible**

We have no deductible, so this payment stage doesn't apply to you.

- **Stage 2: Initial Coverage**

In this stage, our plan pays its share of the cost of your drugs, and you pay your share of the cost. You generally stay in this stage until your year-to-date Out-of-Pocket costs reach \$2,400.

- **Stage 3: Catastrophic Coverage**

This is the third and final drug payment stage. In this stage, you pay nothing for your covered Part D drugs. You generally stay in this stage for the rest of the calendar year.

Drug Costs in Stage 1: Yearly Deductible

The table shows your cost per prescription during this stage.

	2026 (this year)	2027 (next year)
Yearly Deductible	Because we have no deductible, this payment stage doesn't apply to you.	Because we have no deductible, this payment stage doesn't apply to you.

Drug Costs in Stage 2: Initial Coverage

The table shows your cost per prescription for a one-month supply filled at a network pharmacy with standard cost sharing.

Most adult Part D vaccines are covered at no cost to you. For more information about the costs of vaccines, or information about the costs for a long-term supply; at a network pharmacy that offers preferred cost sharing; or for mail-order prescriptions, go to Chapter 6 of your *Evidence of Coverage*. Once you've paid \$2,400 out of pocket for covered Part D drugs, you'll move to the next stage (the Catastrophic Coverage Stage).

	2026 (this year)	2027 (next year)
Stage 2: Initial Coverage Stage	Your cost for a one-month supply filled at a network pharmacy with standard cost sharing: Generics and drugs treated as generics: Depending on your Extra Help level or institutional status you pay: • \$0 or • \$1.60 or • \$5.10 All other drugs: Depending on your Extra Help level or institutional status you pay: • \$0 or • \$4.90 or • \$12.65 If you do not receive Extra Help, you will pay a 25% coinsurance for your prescription drugs.	Your cost for a one-month supply filled at a network pharmacy with standard cost sharing: Generics and drugs treated as generics: Depending on your Extra Help level or institutional status you pay: • \$0 or • \$1.65 or • 5.80 All other drugs: Depending on your Extra Help level or institutional status you pay: • \$0 or • \$5.00 or • \$14.40 If you do not receive Extra Help, you will pay a 25% coinsurance for your prescription drugs.

SECTION 2

Administrative Changes

	2026 (this year)	2027 (next year)
Over-the-Counter (OTC) and Healthy Food and Produce Benefit Administration	Over-the-Counter (OTC) and Healthy Food and Produce benefit is provided by The Helper Bees bcbs-az.thehelperbeesportal.com .	Over-the-Counter (OTC) and Healthy Food and Produce benefit is provided by Sunny Benefits. Please refer to Chapter 4 of the <i>Evidence of Coverage (EOC)</i> for more detailed information.
Pharmacy Benefit Manager	CVS Caremark	OptumRx will replace CVS Caremark as the plan's Pharmacy Benefit Manager effective January 1, 2027. Members using mail-order pharmacy services may contact Optum Home Delivery at 1-800-356-3477 or write to 6800 W. 115th St., Suite 600, Overland Park, KS 66211 for assistance with prescription refills and mail-order services.

SECTION 3

How to Change Plans

To stay in Health Choice Pathway (HMO D-SNP), you don't need to do anything. Unless you sign up for a different Medicare health plan or change to Original Medicare by December 7, you'll automatically be enrolled in Health Choice Pathway (HMO D-SNP).

If you want to change plans for 2027, follow these steps:

- **To change to a different Medicare health plan,** enroll in the new plan. You'll be automatically disenrolled from Health Choice Pathway (HMO D-SNP). Remember, not all Medicare health plans cover prescription drugs. Also, be aware that for many plans, you can't join a Medicare health plan and simultaneously purchase a prescription drug plan.
- **To change to Original Medicare with separate Medicare drug coverage,** you can enroll in a Part D plan, and you'll automatically be disenrolled from Health Choice Pathway (HMO D-SNP).
- **To change to Original Medicare without a drug plan,** you can send us a written request to disenroll. Call Member Services at **1-800-656-8991** (TTY users call **711**) for more information on how to do this. Or call **Medicare** at **1-800-MEDICARE (1-800-633-4227)** and ask to be disenrolled. TTY users can call **1-877-486-2048**.
- **To learn more about Original Medicare and the different types of Medicare plans,** visit **Medicare.gov**, check the *Medicare & You 2027* handbook, call your State Health Insurance Assistance Program (go to Section 5), or call **1-800-MEDICARE (1-800-633-4227)**.

Section 3.1 Deadlines for Changing Plans

People with Medicare can make changes to their coverage from October 15 – December 7 each year.

If you enrolled in a Medicare Advantage plan for January 1, 2027, and don't like your plan choice, you can switch to another Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) between January 1 – March 31, 2027.

Section 3.2 Are there other times of the year to make a change?

In certain situations, people may have other chances to change their coverage during the year. Examples include people who:

- Have Medicaid
- Get Extra Help paying for their drugs
- Have or are leaving employer coverage
- Move out of our plan's service area

Because you have Medicaid, you can end your membership in our plan by choosing one of the following Medicare options in any month of the year:

- Original Medicare with a separate Medicare prescription drug plan,
- Original Medicare without a separate Medicare prescription drug plan (If you choose this option, Medicare may enroll you in a drug plan, unless you have opted out of automatic enrollment.), or
- If eligible, an integrated D-SNP that provides your Medicare and most or all of your Medicaid benefits and services in one plan.

If you recently moved into or currently live in an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for 2 full months after the month you move out.

SECTION 4

Get Help Paying for Prescription Drugs

You may qualify for help paying for prescription drugs. Different kinds of help are available:

- **Extra Help from Medicare.** People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs, including monthly drug plan premiums, yearly deductibles, and coinsurance. Also, people who qualify won't have a late enrollment penalty. To see if you qualify, call:
 - **1-800-MEDICARE (1-800-633-4227).** TTY users can call **1-877-486-2048**, 24 hours a day, 7 days a week.
 - Social Security at **1-800-772-1213** between 8 a.m. and 7 p.m., Monday – Friday for a representative. Automated messages are available 24 hours a day. TTY users can call **1-800-325-0778**.
 - Your State Medicaid office.
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible people living with HIV/AIDS have access to life-saving HIV medications. To be eligible for the ADAP operating in your state, you must meet certain criteria, including proof of state residence and HIV status, low income as defined by the state, and uninsured/under-insured status. Medicare Part D drugs that are also covered by ADAP qualify for prescription cost-sharing help through the Arizona Department of Health Services (ADHS). For information on eligibility criteria, covered drugs, how to enroll in the program, or, if you're currently enrolled, how to continue getting help, call **1-800-334-1540** or **602-364-3610**. Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.
- **The Medicare Prescription Payment Plan.** The Medicare Prescription Payment Plan is a payment option that works with your current drug coverage to help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January – December). Anyone with a Medicare drug plan or Medicare health plan with drug coverage (like a Medicare Advantage plan with drug coverage) can use this payment option. If you're participating in the Medicare Prescription Payment Plan and stay in the same Part D plan, your participation will be automatically renewed for 2027 you do not need to submit a new election request to continue participating in 2027. **This payment option might help you manage your expenses, but it doesn't save you money or lower your drug costs.**

Extra Help from Medicare and help from your ADAP, for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan. To learn more about this payment option, call us at **1-800-656-8991** (TTY users call **711**) or visit **Medicare.gov**.

SECTION 5

Questions?

Get Help from Health Choice Pathway (HMO D-SNP)

- **Call Member Services at 1-800-656-8991 (TTY users call 711)**

We're available for phone calls 7 days a week, 8 a.m. to 8 p.m. Calls to these numbers are free.

- **Read your 2027 Evidence of Coverage**

This *Annual Notice of Change* gives you a summary of changes in your benefits and costs for 2027. For details, go to the 2027 *Evidence of Coverage* for Health Choice Pathway (HMO D-SNP). The *Evidence of Coverage* is the legal, detailed description of our plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. Get the *Evidence of Coverage* on our website at azblue.com/hcpathway or call Member Services at **1-800-656-8991** (TTY users call **711**) to ask us to mail you a copy.

- **Visit azblue.com/hcpathway.**

Our website has the most up-to-date information about our provider network (*Provider Directory/Pharmacy Directory*) and our *List of Covered Drugs* (formulary/Drug List).

Get Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In Arizona, the SHIP is called Arizona State Health Insurance Assistance Program (Arizona SHIP).

Call Arizona SHIP to get free personalized health insurance counseling. They can help you understand your Medicare and Medicaid plan choices and answer questions about switching plans. Call Arizona SHIP at **1-800-432-4040**. Learn more about Arizona SHIP by visiting (<https://des.az.gov/medicare-assistance>).

Get Help from Medicare

- **Call 1-800-MEDICARE (1-800-633-4227)**

You can call **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, 7 days a week. TTY users can call **1-877-486-2048**.

- Chat live with **Medicare.gov**

You can chat live at **Medicare.gov/talk-to-someone**.

- Write to Medicare

You can write to Medicare at PO Box 1270, Lawrence, KS 66044.

- **Visit Medicare.gov**

The official Medicare website has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area.

- **Read *Medicare & You 2027***

The *Medicare & You 2027* handbook is mailed to people with Medicare every fall. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. Get a copy at **Medicare.gov** or by calling **1-800-MEDICARE (1-800-633-4227)**. TTY users can call **1-877-486-2048**.

Get Help from Medicaid

Call AHCCCS (Medicaid) at **1-855-HEA-PLUS, (1-855-432-7587)** or **602-417-4000**, Monday – Friday 7 a.m. – 6 p.m. except state holidays. TTY users call **711** for help with Medicaid enrollment or benefit questions.

Notice of Non-Discrimination

In Compliance with Section 1557 of the Affordable Care Act



Health
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Health Choice Pathway HMO D-SNP complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (including sex characteristics, intersex traits, pregnancy or related conditions, sexual orientation, gender identity, and sex stereotypes). Health Choice Pathway does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

Health Choice Pathway:

Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact:

Health Choice Pathway
Attn: Civil Rights Coordinator
Address: PO Box 52033
Phoenix, AZ 85072
Phone: 1-800-656-8991, TTY: 711
8 a.m. to 8 p.m., 7 days a week
Fax: 480-760-4739
Email: HCHComments@azblue.com

If you believe that Health Choice Pathway has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex (including sex characteristics, intersex traits, pregnancy or related conditions, sexual orientation, gender identity, and sex stereotypes), you can file a grievance by mail, fax, or email to:

Health Choice Pathway
Attn: Civil Rights Coordinator
Address: PO Box 52033
Phoenix, AZ 85072
Phone: 1-800-656-8991
Fax: 480-760-4739
TTY: 711
Email: HCH.GrievanceForms@azblue.com

You can file a grievance by mail, fax, or email. If you need help filing a grievance, the Grievance Manager/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, D.C. 20201
1-800-368-1019, 1-800-537-7697 (TDD)

Complaint forms are available at
hhs.gov/hipaa/filing-a-complaint/index.html.

Aviso de No Discriminación

En cumplimiento con la Sección 1557 de la Ley de Cuidado de Salud de Bajo Costo



Health
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Health Choice Pathway HMO D-SNP cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo (incluidas las características sexuales, los rasgos intersexuales, el embarazo o afecciones relacionadas, la orientación sexual, la identidad de género y los estereotipos sexuales). Health Choice Pathway no excluye ni trata a las personas de forma menos favorable por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.

Health Choice Pathway:

Ofrece material de ayuda y servicios sin cargo a las personas que tienen discapacidades que les impiden comunicarse de manera eficaz con nosotros, como los siguientes:

- Intérpretes de lenguaje de señas calificados
- Información escrita en otros formatos (letra grande, audio, formatos electrónicos accesibles, otros formatos)

Brinda servicios de idiomas sin cargo a las personas cuya lengua materna no es el inglés, como los siguientes:

- Intérpretes calificados
- Información escrita en otros idiomas

Si necesita estos servicios, comuníquese con nosotros:

Health Choice Pathway
Coordinador de Derechos Civiles
Dirección: PO Box 52033
Phoenix, AZ 85072
Teléfono: 1-800-656-8991, TTY: 711
de 8 a.m. a 8 p.m., los 7 días de la semana
Fax: 480-760-4739
Correo electrónico:
HCHComments@azblue.com

Si considera que Health Choice Pathway no ha logrado prestar estos servicios o ha discriminado de algún otro modo a una persona por su raza, color, nacionalidad, edad, discapacidad o sexo (incluidas las características sexuales, los rasgos intersexuales, el embarazo o afecciones relacionadas, la orientación sexual, la identidad de género y los estereotipos sexuales), puede presentar una queja formal por correo, fax o correo electrónico:

Health Choice Pathway
Coordinador de Derechos Civiles
Dirección: PO Box 52033
Phoenix, AZ 85072
Teléfono: 1-800-656-8991
Fax: 480-760-4739
TTY: 711
Correo electrónico:
HCH.GrievanceForms@azblue.com

Puede presentar una queja formal por correo, fax o correo electrónico. Si necesita ayuda para presentar una queja formal, el administrador de quejas formales/coordinador de derechos civiles está a su disposición para ayudarlo.

También puede presentar una queja por violación a los derechos civiles ante la Oficina de Derechos Civiles del Departamento de Salud y Servicios Humanos de los EE. UU. de forma electrónica a través de su Portal de quejas, disponible en **<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>**, o por correo o teléfono:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 1-800-537-7697 (TDD)

Los formularios de queja están disponibles en **hhs.gov/hipaa/filing-a-complaint/index.html**.

Health Choice Pathway es una subsidiaria de Blue Cross® Blue Shield® of Arizona, un licenciario independiente de Blue Cross Blue Shield Association.
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Notice of Availability of Language Assistance Services and Auxiliary Aids and Services



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English: Free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-800-656-8991 (TTY: 711), 8 a.m. to 8 p.m., 7 days a week.

Spanish: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-800-656-8991 (TTY: 711), de 8 a. m. a 8 p. m., los 7 días de la semana.

Navajo: Saad bee áká anályaaiígíí t'áá jíík'eh bee nihá náshcháázhgo bee áká aná'ályáá doo bááh dah na'anish. Bee áká aná'ályáá dóo bee hane' bee nidaaz'áájí bee hazh'ání'íígo ádaat'éego bee bee hazh'ání'íí doo bááh dah na'anish. 1-800-656-8991 (TTY: 711) bich'í' hodíílnih, t'ée' 8 a.m. jí doo bik'i dah 8 p.m. jí, naakits'áadah yilt'áá' 7 bee dah naalnish.

Chinese Simplified: 如果您说[中文], 我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务, 以无障碍格式提供信息。请致电 1-800-656-8991 (TTY: 711), 服务时间为每周 7 天上午 8 点至晚上 8 点。

Chinese Traditional: 如果您說[中文], 我們可以為您提供免費語言協助服務。也可以免費提供適當的輔助工具與服務, 以無障礙格式提供資訊。請致電 1-800-656-8991 (TTY: 711), 服務時間為每週 7 天上午 8 點至晚上 8 點。

Tagalog: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-800-656-8991 (TTY: 711), mula 8 a.m. hanggang 8 p.m., 7 araw sa isang linggo.

French: Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-800-656-8991 (TTY : 711), de 8 h à 20 h, 7 jours sur 7.

Vietnamese: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-800-656-8991 (TTY: 711), từ 8 giờ sáng đến 8 giờ tối, 7 ngày trong tuần.

German: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzen zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-800-656-8991 (TTY: 711) an, von 8:00 bis 20:00 Uhr, 7 Tage die Woche.

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services



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Korean: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 주 7일, 오전 8시부터 오후 8시까지 1-800-656-8991 (TTY: 711)로 전화해 주십시오.

Russian: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Звоните по номеру 1-800-656-8991 (линия TTY: 711), ежедневно, с 8:00 до 20:00.

Arabic

العربية

تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل بالرقم 1-800-656-8991 (الهاتف النصي 711 TTY)، من الساعة 8:00 صباحًا حتى 8:00 مساءً، 7 أيام في الأسبوع.

Hindi: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। 1-800-656-8991 (TTY: 711) पर कॉल करें, सुबह 8 बजे से रात 8 बजे तक, हफ्ते के सातों दिन।

Italian: se parli Italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi ausiliari adeguati per fornire informazioni in formati accessibili. Chiama il numero 1-800-656-8991 (TTY: 711), dalle 8:00 alle 20:00, 7 giorni su 7.

Brazilian Portuguese: Se você fala português brasileiro, serviços gratuitos de assistência linguística estão disponíveis para você. Auxílios e serviços auxiliares apropriados para fornecer informações em formatos acessíveis também estão disponíveis gratuitamente. Ligue para 1-800-656-8991 (TTY: 711), das 8h às 20h, 7 dias por semana.

Creole (Capo Verdean): Caso fale Kabuverdianu, existem serviços de assistência linguística gratuitos disponíveis. Estão também disponíveis apoios e serviços auxiliares adequados para prestar informações em formatos acessíveis. Txoma pa 1-800-656-8991 (TTY: 711), di 8 óras di manhan ti 8 óras di noti, 7 dia pa simana.

Polish: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 1-800-656-8991 (TTY: 711), od 8:00 do 20:00, 7 dni w tygodniu.

Japanese: 日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル(誰もが利用できるよう配慮された)な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。1-800-656-8991 (TTY: 711)までお問い合わせください。受付時間は週7日、午前8時から午後8時までです。

Questions about our benefits?

Call Member Services:

1-800-656-8991, TTY: 711

8 a.m. – 8 p.m., 7 days a week

HCHComments@azblue.com

Visit our website at:

azblue.com/hcpathway



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