

# Have Medicare and Medicaid? Get extra care and extra benefits at no extra cost.



## Extra benefits at no additional cost include:



### \$3,500 Dental

annual allowance towards comprehensive services like crowns, fillings, extractions, bridges, and dentures



### \$1,500 Hearing Aid

annual allowance for both ears combined, and 1 routine hearing exam and 1 evaluation/fitting



### \$1,500 Over-the-Counter Items and Food and Produce Card

annual allowance towards over-the-counter health items and healthy food and produce\*



### \$350 Vision

annual allowance for eyeglasses and/or contacts, and 1 routine eye exam



### \$1,000 In-Home Support Services and Home Modifications

allowance towards home modifications and activities of daily living, including cleaning, chores, and more



### Health Care Buddy

Every member is assigned a Health Care Buddy. Your buddy is just a phone call away!

## Plus:

- **\$1,000 Lodging and Utilities Flex Card\*\***
- **Supplemental Acupuncture Services - 12 Visits**
- **Supplemental Podiatry Services - 6 Visits**
- **Supplemental Chiropractic Services - 12 Visits**
- **Fitness Benefit**
- **Transportation Services**
- **Supplemental Therapeutic Massage Services - 6 Visits**
- **Personal Emergency Response System (PERS)**

**Don't miss out.  
Call us today.**

**1-855-243-3935, TTY: 711,  
8 a.m. – 8 p.m., 7 days a week**  
[azblue.com/hcpathway/benefits](https://azblue.com/hcpathway/benefits)

**Scan to learn more!**



BCBSAZ Health Choice Pathway (HMO D-SNP) is a health plan with a Medicare contract and a contract with the state Medicaid program. Enrollment in BCBSAZ Health Choice Pathway (HMO D-SNP) depends on contract renewal. BCBSAZ Health Choice Pathway is a subsidiary of Blue Cross® Blue Shield® of Arizona (BCBSAZ), an independent licensee of the Blue Cross Blue Shield Association. \*The Over-the-Counter (OTC) and Food card is distributed \$125 per month. \*\*To be eligible for this Special Supplemental Benefits for the Chronically Ill (SSBCI) benefit, you must be actively engaged with our care management program and incur complications from prediabetes or diabetes, have a recent hospitalization for diabetes, or have a medical condition worsened by prediabetes or diabetes. Not all members qualify, as other coverage criteria may also apply.