

Supplemental Comparison Chart 2025 to 2026

BENEFIT TYPE	2025 HEALTH CHOICE PATHWAY		2026 HEALTH CHOICE PATHWAY	
 Dental	2 oral exams & 2 prophylaxis (cleanings) per year, 1 every 6 months. Exam and cleaning must be performed in the same preventive office visit. 1 fluoride treatment per year. 2 dental X-rays per year; X-rays do not need to be taken during the preventive office visit. (X-ray can consist of: 1 of either bitewing X-rays or 1 complete set – also known as a full-mouth (FMX) set or a panoramic X-ray. Complete/panoramic only allowed once every 36 months.) Denture adjustments up to 4 times a year. Dentures covered once every 5 years. No PA required for dentures.	\$3,500 Allowance Yearly for Comprehensive Dental Services. No maximum amount for Diagnostic and Preventive Dental Services.	2 oral exams & 2 prophylaxis (cleanings) per year, 1 every 6 months. Exam and cleaning must be performed in the same preventive office visit. 1 fluoride treatment per year. 2 dental X-rays per year; X-rays do not need to be taken during the preventive office visit. (X-ray can consist of: 1 of either bitewing X-rays or 1 complete set – also known as a full-mouth (FMX) set or a panoramic X-ray. Complete/panoramic only allowed once every 36 months.) Denture adjustments up to 4 times a year. Dentures covered once every 5 years. No PA required for dentures.	\$3,500 combined Allowance Yearly for Diagnostic and Preventive Dental Services and Comprehensive Dental Services.
 Vision	1 routine eye exam per year. \$350 unlimited eyewear, includes contact lenses and eyeglasses (lenses and frames).	\$350 Allowance Yearly	1 routine eye exam per year. \$350 unlimited eyewear, includes contact lenses and eyeglasses (lenses and frames).	\$350 Allowance Yearly
 Hearing	1 routine hearing exam per year. Hearing aid fitting once per year. \$1,500 allowance every year for hearing aid(s) both ears combined.	\$1,500 Allowance Yearly	1 routine hearing exam per year. Unlimited hearing aid fittings and evaluations for 1 year; the first 12 months after purchase of hearing aids. 2 hearing aids (one per ear, every 3 years). The benefit is administered by TruHearing®. If you are not currently contracted with TruHearing, you will need to join TruHearing's network to assist these members in accessing this benefit. To begin the credentialing process, call TruHearing's Provider Contracting team at 801-938-1294 or email ProviderContracting@TruHearing.com.	2 hearing aids (one per ear, every 3 years).

BENEFIT TYPE	2025 HEALTH CHOICE PATHWAY		2026 HEALTH CHOICE PATHWAY	
 Meals	Up to 14 meals per admit, once per calendar year. Members recently discharged from an inpatient facility (Hospital, Skilled Nursing Facility, or Inpatient Rehabilitation). PA required.	Up to 14 Meals Once a Year	Up to 28 meals per admit , once per calendar year. Members recently discharged from an inpatient facility (Hospital, Skilled Nursing Facility, or Inpatient Rehabilitation). PA required.	Up to 28 Meals Once a Year
	Up to 14 meals, once per calendar year, for members with an eligible chronic condition who are under care management may be eligible to receive healthy meals as part of a supervised program to assist during a healthy lifestyle modification. Eligible chronic conditions include: Chronic obstructive pulmonary disease (COPD), Congestive heart failure (CHF), Diabetes (DM). PA required.	Up to 14 Meals Once a Year	Up to 28 meals , once per calendar year, for members with an eligible chronic condition who are under care management may be eligible to receive healthy meals as part of a supervised program to assist during a healthy lifestyle modification. Eligible chronic conditions include: Chronic obstructive pulmonary disease (COPD), Congestive heart failure (CHF), Diabetes (DM). PA required.	Up to 28 Meals Once a Year
 Transport	Van or medical transport to a plan-approved health-related location.	24 One-Way Trips a Year	Van or medical transport to a plan-approved health-related location.	24 One-Way Trips a Year
 OTC	\$125 combined allowance every month for OTC items and Healthy Food and Produce. Unused allowance does not roll over to the next month. Allowance remaining at the end of the year does not carry over to the following plan year. Visit bcbs-az.thehelperbeesportal.com or call 1-888-454-1423 .	\$125 combined allowance every month (OTC & Healthy Food)	\$50 allowance every three months for OTC products. Unused allowance does not roll over to the next quarter. Allowance remaining at the end of the year does not carry over to the following plan year. Visit bcbs-az.thehelperbeesportal.com or call 1-888-454-1423 . Healthy Food and Produce is covered under SSBCI. (See Section: Healthy Food and Produce.)	\$50 Allowance Every 3 Months (OTC only)

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 Healthy Food and Produce	\$125 combined allowance every month for OTC items and Healthy Food and Produce. Unused allowance does not roll over to the next month. Allowance remaining at the end of the year does not carry over to the following plan year. Visit bcbs-az.thehelperbeesportal.com or call 1-888-454-1423. Members must qualify for Extra Help from Medicare to pay for your prescription drug plan costs in order to qualify for the Healthy Food and Produce allowance.	\$125 combined allowance every month (OTC & Healthy Food)	Special Supplemental Benefits for the Chronically Ill (SSBCI) \$225 allowance every three months for healthy food and produce. Unused allowance does not roll over to the next month. Allowance remaining at the end of the year does not carry over to the following plan year. Visit bcbs-az.thehelperbeesportal.com or call 1-888-454-1423. To be eligible for the Healthy Food and Produce benefit, you must be diagnosed with a chronic condition, such as: • Cardiovascular disorders • Chronic heart failure • Diabetes mellitus • Overweight, obesity, and metabolic syndrome • Chronic gastrointestinal disease • Chronic lung disorders • Chronic and disabling mental health conditions • Chronic conditions that impair vision, hearing, taste, touch, and smell • Chronic alcohol use disorder and other substance use disorders (SUDs) • Conditions that require continued therapy services in order for individuals to maintain or retain functioning. The benefits mentioned are a part of special supplemental program for the chronically ill. Not all members qualify, as other coverage criteria may also apply. OTC Items is a separate benefit and not combined. (See Section: OTC.)	\$225 Allowance Every 3 Months (Healthy Food and Produce only)
 Telehealth Services	Visit azblue.com/hcpathway for virtual visits, 24 hours a day, 7 days a week <i>*Not all conditions can be treated through virtual visits.</i>		Visit azblue.com/hcpathway for virtual visits, 24 hours a day, 7 days a week <i>*Not all conditions can be treated through virtual visits.</i>	
 Fitness	Fitness Benefit provided by SilverSneakers®. Includes access to fitness centers and at-home kits. Members can choose one of the following at-home kit options: Pedometer to track daily steps, SilverSneakers ball, Resistance band, Yoga strap, Inspire 3 Fitbit. Visit SilverSneakers.com or call 1-888-423-4632.		Fitness Benefit provided by SilverSneakers®. Includes access to fitness centers and at-home kits. Members can choose one of the following at-home kit options: Pedometer to track daily steps, SilverSneakers ball, Resistance band, Yoga strap, Inspire 3 Fitbit. Visit SilverSneakers.com or call 1-888-423-4632.	

BENEFIT TYPE	2025 HEALTH CHOICE PATHWAY	2026 HEALTH CHOICE PATHWAY
 Part D	Copay Levels: Generic Brand Catastrophic All LIS levels \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 Value-Based Insurance Design Model \$0 cost share for Part D drugs (all drugs) for LIS (all levels) eligible members.	Copay Levels: Generic Brand Catastrophic LIS (1) \$0 or \$0 or \$0 LIS (2) \$1.60 or \$4.90 or LIS (3) \$5.10 \$12.65 (Depending (Depending on Extra on Extra Help Help level or level or institutional institutional status) status) The Value-Based Insurance Design (VBID) model has been discontinued by CMS and will no longer be offered in 2026.
 Prior Auth	Click here for current Health Choice prior authorization requirements.	Click here for current Health Choice prior authorization requirements.
 Medicare Changes	In-network maximum enrollee out-of-pocket cost: \$8,400. ER/Post Stabilization Care: Beneficiary pays 0% or 20% of the cost up to \$110. Opioid Treatment Services: Beneficiary pays \$0 copay.	In-network maximum enrollee out-of-pocket cost: \$8,800. ER/Post Stabilization Care: Beneficiary pays 0% or 20% of the cost up to \$115. Opioid Treatment Services: Beneficiary pays \$0 copay.
 Acupuncture (Supplemental)	You pay \$0 copayment for up to 12 treatments every year. This benefit is in addition to the Medicare-covered acupuncture. Benefit includes supplemental coverage for evaluation and management, acupuncture and acupressure, modalities, and therapeutic procedures for treatment of pain syndromes, musculoskeletal conditions, and nausea not covered by CMS-required benefits. Acupuncture services are delivered by participating American Specialty Health (ASH) providers.	Acupuncture (Supplemental) is not covered.
 Chiropractic Services (Supplemental)	You pay \$0 copayment for up to 12 visits every year. This benefit is in addition to the Medicare-covered chiropractic services. Supplemental coverage for evaluation and management, X-ray examination, chiropractic manipulative therapy, modalities, therapeutic procedures, and physical rehabilitation for musculoskeletal conditions of the spine & extremities. Chiropractic services are delivered by participating American Specialty Health (ASH) providers.	Chiropractic Services (Routine Chiropractic Care) is not covered.

BENEFIT TYPE	2025 HEALTH CHOICE PATHWAY	2026 HEALTH CHOICE PATHWAY
 Home and Bathroom Safety Devices and Modifications (Supplemental)	You pay \$0 copayment for Home and Bathroom Safety Devices and Modifications. This benefit will include temporary home modifications including ramps and adding grab bars and safety rails in the shower. You have a \$1,000 annual maximum combined allowance each year between In-Home Support Services, Home and Bathroom Safety Devices and Modifications, Support for Caregivers of Enrollees (Respite Care), and Home Repairs.	Home and Bathroom Safety Devices and Modifications is not covered.
 Personal Emergency Response System (PERS) (Supplemental)	\$0 copayment Personal emergency response system (PERS), also known as medical alert systems, provide continuous in-home and mobile monitoring to aging and at-risk populations. PERS allows members to call for assistance 24/7, whether at home or on the go.	\$0 copayment Personal emergency response system (PERS), also known as medical alert systems, provide continuous in-home and mobile monitoring to aging and at-risk populations. PERS allows members to call for assistance 24/7, whether at home or on the go.
 Podiatry Services (Routine Foot Care) (Supplemental)	You pay \$0 copayment for up to 6 visits every year. This benefit is in addition to the Medicare-covered podiatry. Includes Supplemental Benefit Coverage for preventive clinical services for the skin of the foot and toenail care, including removal of corns and calluses, nail trimming, and preventive foot hygiene. Podiatry services are delivered by participating American Specialty Health (ASH) providers.	Podiatry Services (Routine Foot Care) is not covered.
 Therapeutic Massage (Supplemental)	You pay \$0 copayment for 6 visits every year. Includes Supplemental Benefit Coverage for therapeutic massage, including assessment, massage, or soft tissue work for treatment of myofascial conditions, musculoskeletal injuries, and pain syndromes. Therapeutic massage services are delivered by participating American Specialty Health (ASH) providers.	Therapeutic Massage is not covered.