

Health Choice



BCBSAZ Health Choice Pathway (HMO D-SNP) members get more care and extra benefits at no cost!



Extra benefits at no additional cost include:



Dental services

You receive a **\$3,500** allowance towards comprehensive services like dentures, crowns, fillings, extractions, and endodontics.



Vision services

You receive a **\$350** allowance towards your choice of contacts and/or eyeglasses (lenses and frames), and 1 routine eye exam (eye refraction).



Hearing services

You receive a **\$1,500** allowance for hearing aids, for both ears combined, in addition to 1 evaluation/fitting and 1 routine hearing exam.



Over-the-Counter (OTC) Items and Food and Produce Card

You receive a **\$1,500** annual allowance towards over-the-counter health items and healthy food and produce.*



In-Home Support Services and Home Modifications

You receive a **\$1,000** allowance towards home modifications and activities of daily living, including cleaning, chores, and more.

Plus:

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

Questions about these benefits?
Call Member Services at
1-800-656-8991, TTY: 711,
8 a.m. to 8 p.m., 7 days a week.

azblue.com/hcpathway/extrabenefits

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 III (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.