

















# Supplemental Comparison Chart 2023 to 2024



BENEFIT TYPE	2023 BCBSAZ HEALTH CHOICE PATHWAY		2024 BCBSAZ HEALTH CHOICE PATHWAY	
 <b>DENTAL</b>	<p>2 oral exams &amp; 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 single X-rays OR 1 complete full mouth [fmx] or 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.</p>	<p>\$4,000 Allowance Yearly for both preventive and comprehensive</p>	<p>2 oral exams &amp; 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 single X-rays OR 1 complete full mouth [fmx] or 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.</p>	<p><b>\$4,000 Allowance Yearly for comprehensive</b> <b>No maximum amount for preventive</b></p>
 <b>VISION</b>	<p>1 routine eye exam per year. \$450 unlimited eyewear, includes contact lenses and eyeglasses (lenses and frames).</p>	<p>\$450 Allowance Yearly</p>	<p>1 routine eye exam per year. \$450 unlimited eyewear, includes contact lenses and eyeglasses (lenses and frames).</p>	<p>\$450 Allowance Yearly</p>
 <b>HEARING</b>	<p>1 routine hearing exam per year. Hearing aid fitting once per year. \$2,000 allowance every year for hearing aid(s) both ears combined.</p>	<p>\$2,500 Allowance Yearly</p>	<p>1 routine hearing exam per year. Hearing aid fitting once per year. \$2,500 allowance every year for hearing aid(s) both ears combined.</p>	<p>\$2,500 Allowance Yearly</p>
 <b>MEALS</b>	<p>Up to 70 meals per admit, once per calendar year, 2 meals per day for 35 days, immediately following an acute inpatient hospital stay. PA required.</p>	<p>Up to 70 Meals Once a Year</p>	<p>Up to 70 meals per admit, once per calendar year, 2 meals per day for 35 days, immediately following an acute inpatient hospital stay. PA required.</p>	<p>Up to 70 Meals Once a Year</p>
	<p>Up to 14 meals, once per calendar year, 2 meals per day for 7 days, for members at risk of hospitalization, emergency services, and having complications with the following conditions: congestive heart failure (CHF), chronic obstructive pulmonary disease (COPD), and diabetes. PA required.</p>	<p>Up to 14 Meals Once a Year</p>	<p><b>Up to 70 meals</b>, once per calendar year, 2 meals per day for <b>35 days</b>, for members at risk of hospitalization, emergency services, and having complications with the following conditions: congestive heart failure (CHF), chronic obstructive pulmonary disease (COPD), and diabetes. PA required.</p>	<p><b>Up to 70 Meals Once a Year</b></p>
 <b>TRANSPORT</b>	<p>Van or medical transport to a plan approved health-related location.</p>	<p>36 One-Way Trips a Year</p>	<p>Van or medical transport to a plan-approved health-related location.</p>	<p><b>48 One-Way Trips a Year</b></p>

Red indicates changes from contract year 2023 to 2024

BENEFIT TYPE	2023 BCBSAZ HEALTH CHOICE PATHWAY		2024 BCBSAZ HEALTH CHOICE PATHWAY															
 <p><b>OTC</b></p>	<p>\$380 allowance per quarter, purchase online (<a href="https://www.cvs.com/otchs/healthchoice">cvs.com/otchs/healthchoice</a>), by phone (<b>1-844-457-8938</b>), or in-store. Cannot place order by mail. Amount does not roll over. Vendor is CVS-OTC Health Solutions.</p>	<p>\$380 Allowance Every 3 Months</p>	<p><b>\$600 per quarter for OTC and Healthy Food and Produce.</b> Unused amount carries forward to the next quarter, however, it will expire in the following quarter if unused. Any unused amounts from quarter 4 will not carry over to the next year.</p>	<p><b>\$600</b> Allowance Every 3 Months</p>														
 <p><b>TELEHEALTH SERVICES</b></p>	<p>Visit <a href="https://www.healthchoicepathway.com">HealthChoicePathway.com</a> for virtual visits, 24 hours a day, 7 days a week. <i>*Not all conditions can be treated through virtual visits.</i></p>		<p>Visit <a href="https://www.healthchoicepathway.com">HealthChoicePathway.com</a> for virtual visits, 24 hours a day, 7 days a week. <i>*Not all conditions can be treated through virtual visits.</i></p>															
 <p><b>FITNESS</b></p>	<p>Silver&amp;Fit® Healthy Aging and Exercise program-member can combine any/all of the options: 1,500+ digital workout videos, daily workout videos via social media channels, stay fit kits, home fitness kits, access to 15,000+ fitness centers, and a Healthy Aging coach.</p>		<p><b>Fitness Benefit provided by SilverSneakers®. For additional questions after January 1, 2024, go to <a href="https://www.silversneakers.com">SilverSneakers.com</a> or call 1-888-423-4632, TTY: 711, Monday through Friday, 8 a.m. to 8 p.m. ET.</b></p>															
 <p><b>PART D</b></p>	<table border="0"> <tr> <td>Copay Levels:</td> <td>Generic</td> <td>Brand</td> <td>Catastrophic</td> </tr> <tr> <td>All LIS levels</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> </tr> </table>	Copay Levels:	Generic	Brand	Catastrophic	All LIS levels	\$0	\$0	\$0	<table border="0"> <tr> <td>Copay Levels:</td> <td>Generic</td> <td>Brand</td> <td>Catastrophic</td> </tr> <tr> <td>All LIS levels</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> </tr> </table>	Copay Levels:	Generic	Brand	Catastrophic	All LIS levels	\$0	\$0	\$0
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 <p><b>PRIOR AUTH</b></p>	<p>Click here for current Health Choice prior authorization requirements.</p>		<p>Click here for current Health Choice prior authorization requirements.</p>															
 <p><b>MEDICARE CHANGES</b></p>	<p>In-network maximum enrollee out-of-pocket cost: \$7,550. ER/Post Stabilization Care: Beneficiary pays 0% or 20% of the cost up to \$95. Opioid Treatment Services: Beneficiary pays \$0 copay.</p>		<p>In-network maximum enrollee out-of-pocket cost: \$7,550. ER/Post Stabilization Care: Beneficiary pays 0% or 20% of the cost up to <b>\$100</b>. Opioid Treatment Services: Beneficiary pays \$0 copay.</p>															

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BENEFIT TYPE	2023 BCBSAZ HEALTH CHOICE PATHWAY	2024 BCBSAZ HEALTH CHOICE PATHWAY
 <p><b>ACUPUNCTURE (Supplemental)</b></p>	<p>Acupuncture (Supplemental) is not covered.</p>	<p>You pay \$0 copayment for up to 12 treatments every year.</p> <p>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.</p>
 <p><b>CHIROPRACTIC SERVICES (Supplemental)</b></p>	<p>Chiropractic Services (Routine Chiropractic Care) is not covered.</p>	<p>You pay \$0 copayment for up to 12 visits every year.</p> <p>This benefit is in addition to the Medicare-covered chiropractic services.</p> <p>Supplemental coverage for evaluation and management, X-ray examination, chiropractic manipulative therapy, modalities, therapeutic procedures, and physical rehabilitation for musculoskeletal conditions of the spine &amp; extremities. Chiropractic services are delivered by participating American Specialty Health (ASH) providers.</p>
 <p><b>HOME AND BATHROOM SAFETY DEVICES AND MODIFICATIONS (Supplemental)</b></p>	<p>Home and Bathroom Safety Devices and Modifications is not covered.</p>	<p>You pay \$0 copayment for Home and Bathroom Safety Devices and Modifications.</p> <p>This benefit will include temporary home modifications including ramps and adding grab bars and safety rails in the shower.</p> <p>You have a \$900 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.</p>
 <p><b>PERSONAL EMERGENCY RESPONSE SYSTEM (PERS) (Supplemental)</b></p>	<p>Personal Emergency Response System is not covered.</p>	<p>\$0 copayment</p> <p>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.</p>
 <p><b>PODIATRY SERVICES (Routine Foot Care) (Supplemental)</b></p>	<p>Podiatry Services (Routine Foot Care) is not covered.</p>	<p>You pay \$0 copayment for up to 6 visits every year.</p> <p>This benefit is in addition to the Medicare-covered podiatry.</p> <p>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.</p>

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 <p><b>THERAPEUTIC MASSAGE (Supplemental)</b></p>	<p>Therapeutic Massage is not covered.</p>	<p>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.</p>
 <p><b>DENTAL, VISION, HEARING FLEX CARD (Supplemental)</b></p>	<p>Our plan provides a prepaid Visa® debit card that helps reduce your out-of-pocket expenses for dental, vision, and hearing services. With an annual limit of \$1,000, you can allocate your benefit dollars as needed across these services. Any unused benefit dollars expire at the end of the year. It's important to note that this benefit is not a substitute for supplemental dental, vision, or hearing benefits, but rather a way to offset certain expenses.</p> <p>To be eligible to receive the benefits above you must: Exhaust any one of your supplemental benefits, i.e., supplemental dental, vision, and hearing.</p>	<p>Our plan provides a prepaid Visa® debit card that helps reduce your out-of-pocket expenses for dental, vision, and hearing services. With an annual limit of \$1,000, you can allocate your benefit dollars as needed across these services. Any unused benefit dollars expire at the end of the year. It's important to note that this benefit is not a substitute for supplemental dental, vision, or hearing benefits, but rather a way to offset certain expenses. <b>Eligibility requirements no longer apply.</b></p>