

2026 Benefits at a Glance

Health Choice Pathway (HMO D-SNP)



A brief overview
of what Health Choice
Pathway covers
and what you pay.

If you are eligible for Medicare cost-sharing assistance under AHCCCS (Medicaid), you pay \$0. Premiums, copays, coinsurance, and deductibles may vary based on the level of Extra Help you receive.

Monthly Premium, Deductibles, and Limits	
Monthly plan premium	\$0 based on your level of AHCCCS (Medicaid) eligibility.
Deductible	This plan does not have a deductible.
Maximum Out-of-Pocket Responsibility (this does not include prescription drugs)	<p>If you lose your AHCCCS eligibility, the yearly maximum you will ever pay in Health Choice Pathway (your maximum out-of-pocket amount) is \$8,800.</p> <p>If this occurs and you pay the full maximum out-of-pocket amount, we will pay for all part A and B services for the rest of the year.</p>

Covered Medical and Hospital Benefits

Inpatient Hospital Care

(Prior authorization may be required)

You pay \$0 copay 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. If you receive authorized inpatient care at an out-of-network hospital after your emergency condition is stabilized, your cost is the cost sharing you would pay at a network hospital.

Outpatient Hospital Coverage

- Outpatient Hospital Services
(Prior authorization may be required)
- Outpatient Hospital Observation Services
(Prior authorization may be required)
- Ambulatory Surgical Center
(Prior authorization may be required)

\$0 copay

\$0 copay

\$0 copay

Doctor Office Visits

- Primary Care Provider
- Specialists *(Prior authorization for pain management may be required)*

\$0 copay

\$0 copay

Preventive Care

\$0 copay

Emergency Care

\$0 copay for Medicare-covered emergency room visits

Urgent-Care Services

\$0 copay for Medicare-covered urgently needed services

Skilled Nursing Facility (SNF)

(Prior authorization may be required)

You pay \$0 copay for days 1-100 of a skilled nursing facility stay.

Covered Medical and Hospital Benefits	
Home Health Care <i>(Prior authorization may be required)</i>	\$0 copay
Opioid Treatment Program Services (OTPS) <ul style="list-style-type: none">FDA-approved opioid agonist and antagonist treatment medications and the dispensing and administration of such medications, if applicableSubstance use counselingIndividual and group therapyToxicology testing	\$0 copay
Ambulance <i>(Prior authorization required for non-emergent ambulance only)</i>	\$0 copay
Diagnostic Services/Lab/Imaging Lab Services <ul style="list-style-type: none">Diagnostic tests and procedures <i>(Prior authorization may be required)</i>Lab services <i>(Prior authorization may be required)</i>Diagnostic radiology services (e.g., MRI, CT) <i>(Prior authorization may be required)</i>Outpatient X-raysTherapeutic radiology <i>(Prior authorization may be required)</i>	<div>\$0 copay</div> <div>\$0 copay</div> <div>\$0 copay</div> <div>\$0 copay</div> <div>\$0 copay</div>

Supplemental Benefits and Services

Preventive, Diagnostic, and Comprehensive Dental (Supplemental Benefit)

Preventive and diagnostic:

Two oral exams per year

Two prophylaxis (cleanings), once every six months

One fluoride treatment per year

Two dental X-rays per year, which consists of:

Either bite-wing X-rays

OR

One complete full mouth (FMX) or panoramic X-ray. Complete/panoramic only allowed once every 36 months.

Comprehensive:

Includes dentures, restorative, endodontics, periodontics, and oral and maxillofacial surgery including extractions services.

Dentures covered once every 5 years.

Adjustments up to 4 per year.

\$0 copay for dental services (supplemental)

\$3,500 maximum benefit allowance per calendar year for diagnostic and preventive dental services and comprehensive dental services

Vision Services (Supplemental Benefit)

\$0 copay for one routine eye exam

\$350 benefit allowance towards unlimited eyewear:

- Contact lenses
- Eyeglasses (frames and lenses)

Hearing Services (Supplemental Benefit)

Services are covered through TruHearing® providers. Includes hearing aid fitting and evaluation. To schedule an appointment or ask questions, call **1-833-723-1154, TTY: 711**, Monday – Friday 8 a.m. to 8 p.m. MST.

\$0 copay for hearing aid fitting unlimited every year

\$0 copay for hearing aids

Up to two hearing aids (one per ear, every 3 years)

Supplemental Benefits and Services

Over-the-Counter (OTC) Items

The allowance can be utilized to purchase OTC items at participating retailers and online. To purchase OTC items, you also have an option to use the OTC catalog for reference.

\$0 copay for \$50 every three months allowance for OTC products. With this benefit, the allowance will be loaded to your flex card every three months to pay for covered OTC items.

Covered items include:

- Brand-name and generic OTC products, such as vitamins, pain relievers, toothpaste, cough drops, and more

To place an order, view the card balance, view all OTC items, search for eligible products, and find participating store locations, visit

bcbs-az.thehelperbeesportal.com or call **1-888-454-1423, TTY: 711**, Monday – Friday, 8 a.m. – 8 p.m. local AZ time.

Any remaining allowance at the end of the quarter will expire and does not roll over to the next month. Any unused allowance will not carry over to the next plan year.

Meal Benefit

(Prior authorization may be required)

\$0 copay up to 56 total meals per year to members who have been discharged from an inpatient facility or have an eligible chronic health condition.

Post-Acute Meals – 28 meals per admit:

Members recently discharged from an inpatient facility (Hospital, Skilled Nursing Facility, or Inpatient Rehabilitation).

Chronic Meals – 28 meals per admit:

Members with an eligible chronic condition who are under care management may be eligible to receive healthy meals. Eligible chronic conditions include: chronic obstructive pulmonary disease (COPD), congestive heart failure (CHF), diabetes (DM).

Supplemental Benefits and Services

Telehealth Services

\$0 copay

Covered services included in Virtual Medical Visits:

- Primary Care Provider Services
- Physician Specialist Services
- Urgently Needed Services

Virtual medical visits are medical visits delivered to you outside of medical facilities by virtual provider clinics that use online technology and live audio/video capabilities.

Visit **azblue.com/hcpathway** to access virtual visits.

24 hours a day, 7 days a week.

Note: Not all medical conditions can be treated through virtual visits. The virtual visit doctor will identify if you need to see an in-person doctor for treatment.

Personal Emergency Response System (PERS)

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.

- Members are immediately connected with professionally trained operators who quickly assess the nature of a call and coordinate appropriate assistance.
- A member experiencing a medical emergency presses a button to speak with an operator who immediately coordinates emergency dispatch.

To order a PERS device or for additional questions, call **1-800-979-9238, TTY: 711**, 8 a.m. to 5 p.m., Monday through Friday or visit **bcbsaz.connectamerica.com**.

\$0 copay

Coverage for one personal emergency response device.

Supplemental Benefits and Services

Fitness Benefit

\$0 copay

Provides you with access to participating fitness centers or a home fitness kit to help keep you active and healthy.

Transportation Services

\$0 copay

24 one-way trips every calendar year to plan-approved health-related locations

Special Supplemental Benefits for Chronically Ill Members (SSBCI)

Healthy Food and Produce

\$0 copay for \$225 allowance every three months for Healthy Food and Produce.

For members with an eligible chronic condition, a quarterly allowance is loaded to the flex card to pay for approved healthy groceries.

To be eligible for this Special Supplemental Benefits for the Chronically Ill (SSBCI) benefit, you must be diagnosed with a chronic condition, such as cardiovascular disorders; chronic conditions that impair vision, hearing (deafness), taste, touch, and smell; overweight, obesity, and metabolic syndrome; chronic and disabling mental health conditions; chronic alcohol use disorder and other substance use disorders or another qualifying condition. Not all members qualify, as other coverage criteria may also apply.

You can check your card balance and find participating store locations by visiting **bcbs-az.thehelperbeesportal.com** or calling **1-888-454-1423 TTY: 711**, Monday – Friday, 8 a.m. – 8 p.m. local AZ time. To search for eligible products, visit **bcbs-az.thehelperbeesportal.com** to access the product scanner.

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.

Prescription Drug Benefits

Medicare Part B Drugs

Chemotherapy Drugs

(Prior authorization may be required)

\$0 copay

Other Medicare Part B Drugs

(Prior authorization rules apply to select drugs)

\$0 copay

Medicare Part B Drugs – Step Therapy

Step Therapy for Part B drugs may require a trial of a Part B or Part D drug.

Standard Retail Pharmacy and Mail-Order Pharmacy if you receive “Extra Help”

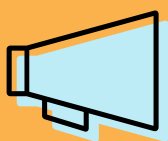
Generic drugs

\$0 to \$5.10 copay

Brand-name drugs

\$0 to \$12.65 copay

If you do not receive “Extra Help” or lose your Low Income Subsidy (LIS) eligibility, the amount you pay will change to Original Medicare levels.



Important Message About What You Pay for Vaccines

Our plan covers most Part D vaccines at no cost to you, even if you haven't paid your deductible. Call Member Services for more information.

Important Message About What You Pay for Insulin

You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, even if you haven't paid your deductible.

Notes

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Your Enrollment Options



Enroll Now – If you are attending a benefits presentation today, enroll with your agent.



By Phone – Call **1-855-243-3935, TTY: 711**, 8 a.m. to 8 p.m., 7 days a week. We are here to answer your questions and can help you enroll over the phone.



Schedule an appointment with one of our agents.



Online – Visit [azblue.com/hcpathway](https://www.azblue.com/hcpathway)



An Independent Licensee of the Blue Cross Blue Shield Association

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BlueShield
Arizona**

**Health
Choice**

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. This information is not a complete description of benefits. Call **1-800-656-8991, TTY: 711** for more information. Premiums, copays, coinsurance, and deductibles may vary based on the level of Extra Help you receive. Values shown are for those with Medicare Parts A and B cost sharing covered by the state.

Health Choice Pathway is a subsidiary of Blue Cross® Blue Shield® of Arizona, an independent licensee of the Blue Cross Blue Shield Association.

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.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-800-656-8991, TTY: 711**.

Díí baa akó nínízin: Díí saad bee yáníłt'i'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éí ná hóló, koji' hódíłnih **1-800-656-8991, TTY: 711**.