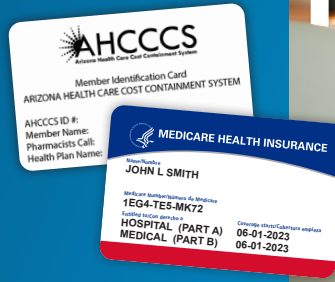




2025 Benefits at a Glance

BCBSAZ Health Choice Pathway (HMO D-SNP)



A brief overview of what BCBSAZ 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 BCBSAZ Health Choice Pathway (your maximum out-of-pocket amount) is \$8,400.</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

(Prior authorization may be required)

\$0 copay

Opioid Treatment Program Services (OTPS)

- FDA-approved opioid agonist and antagonist treatment medications and the dispensing and administration of such medications, if applicable
- Substance use counseling
- Individual and group therapy
- Toxicology testing

\$0 copay

Ambulance

(Prior authorization required for non-emergent ambulance only)

\$0 copay

Diagnostic Services/Lab/ Imaging Lab Services

- Diagnostic tests and procedures
(Prior authorization may be required)
- Lab services
(Prior authorization may be required)
- Diagnostic radiology services (e.g., MRI, CT)
(Prior authorization may be required)
- Outpatient X-rays
- Therapeutic radiology
(Prior authorization may be required)

\$0 copay

\$0 copay

\$0 copay

\$0 copay

\$0 copay

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:

One of either bitewing X-rays or single X-ray

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)

No maximum amount for preventive and diagnostic services

\$3,500 maximum benefit allowance for 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)

\$0 copay for routine hearing exam, one every year

\$0 copay for fitting for hearing aid once every year

\$1,500 maximum benefit allowance for hearing aids; both ears combined

Supplemental Benefits and Services

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

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

\$0 copay for \$125 every month combined allowance for OTC products and Healthy Food and Produce

With this benefit, you'll get a credit loaded to your Mastercard® Flex Card each month to pay for covered groceries and/or OTC items.

Covered items include:

- Healthy foods like fruits, vegetables, meat, seafood, dairy products, water, and more
- 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 month 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 28 total meals per year to members who have been discharged from an inpatient facility or have an eligible chronic health condition.

Post-Acute Meals – 14 meals per admit:

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

Chronic Meals – 14 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 **bluecareanywhereaz.com** 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.

Routine Chiropractic Care (Supplemental)

Supplemental coverage for evaluation and management, X-ray examination, chiropractic manipulative therapy, modalities, therapeutic procedures, and physical rehabilitation for musculoskeletal conditions of the spine and extremities. Chiropractic services are provided by a Doctor of Chiropractic – DC (“Chiropractor”). Chiropractic services are delivered by participating American Specialty Health (ASH) providers. To find a participating provider, visit **ashlink.com/ash/BCBSAZHCP**. For additional questions, call **1-800-678-9133**, **TTY: 711**, 8 a.m. to 8 p.m., 7 days a week.

\$0 copay for 12 visits

Supplemental Benefits and Services

Routine Acupuncture (Supplemental)

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 Medicare. Acupuncture services are delivered by participating American Specialty Health (ASH) providers. To find a participating provider, visit ashlink.com/ash/BCBSAZHCP. For additional questions, call **1-800-678-9133**, **TTY: 711**, 8 a.m. to 8 p.m., 7 days a week.

\$0 copay for 12 treatments

Routine Podiatry Services (Supplemental)

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. Routine Foot Care services are provided by a Doctor of Podiatric Medicine – DPM (“Podiatrist”). Podiatry services are delivered by participating American Specialty Health (ASH) providers. To find a participating provider, visit ashlink.com/ash/BCBSAZHCP. For additional questions, call **1-800-678-9133**, **TTY: 711**, 8 a.m. to 8 p.m., 7 days a week.

\$0 copay for 6 visits

Therapeutic Massage (Supplemental)

Supplemental 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. To find a participating provider, visit ashlink.com/ash/BCBSAZHCP. For additional questions, call **1-800-678-9133**, **TTY: 711**, 8 a.m. to 8 p.m., 7 days a week.

\$0 copay for 6 visits

Supplemental Benefits and Services

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.

In-Home Support Services

(Prior authorization may be required)

Members have access to in-home support services, including cleaning, household chores, meal preparation, errands, light yard work, and assistance with other instrumental activities of daily living.

\$0 copay

You have a \$1,000 annual maximum combined allowance 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

This benefit will include temporary home modifications including ramps and adding grab bars and safety rails in the shower.

\$0 copay

You have a \$1,000 annual maximum combined allowance between In-Home Support Services, Home and Bathroom Safety Devices and Modifications, Support for Caregivers of Enrollees (Respite Care), and Home Repairs.

Supplemental Benefits and Services

Support for Caregivers of Enrollees (Respite Care)	\$0 copay You have a \$1,000 annual maximum combined allowance between In-Home Support Services, Home and Bathroom Safety Devices and Modifications, Support for Caregivers of Enrollees (Respite Care), and Home Repairs.
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)

Remote Access Technologies To qualify for this benefit, you must be actively engaged with BCBSAZ Health Choice Pathway care management and have one or more of the following qualifying chronic conditions: <ul style="list-style-type: none">• Chronic heart failure (CHF)• Diabetes• Chronic obstructive pulmonary disease (COPD)• Post-Acute Sequelae of SARS CoV-2 infection (PASC/Long Covid) Not all members qualify, as other coverage criteria may also apply.	\$0 copay Providers have the capability to remotely measure blood pressure, weight, and monitor glucose as necessary, allowing real-time identification of conditions such as high blood pressure or elevated blood sugar. <ul style="list-style-type: none">• Connected health devices and remote patient monitoring (RPM) technologies, in association with primary care providers (PCP) or Specialist intervention• Connected health devices allow physicians to monitor you remotely without in-person appointments.
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Special Supplemental Benefits for Chronically Ill Members (SSBCI)

Home Repairs

(Prior authorization is required)

This benefit will include widening of hallways or doorways, permanent mobility ramps, easy use doorknobs and faucets.

To qualify for this benefit, you must be actively engaged with BCBSAZ Health Choice Pathway care management and have one or more of the following qualifying chronic conditions:

- Chronic heart failure (CHF)
- Chronic lung disorders
- Diabetes
- Post-Acute Sequelae of SARS CoV-2 infection (PASC)/Long COVID

Not all members qualify, as other coverage criteria may also apply.

\$0 copay

You have a \$1,000 annual maximum combined allowance between In-Home Support Services, Home and Bathroom Safety Devices and Modifications, Support for Caregivers of Enrollees (Respite Care), and Home Repairs.

General Support for Living - Transitional Supports Lodging/Utilities Flex Card

(Prior authorization is required)

If you meet the eligibility requirements, our plan provides a \$1,000 allowance to help cover expenses for temporary lodging and/or specific home utilities such as electric, natural gas, sanitation, water, and/or phone services.

To qualify for this benefit, you must be actively engaged with BCBSAZ Health Choice Pathway care management and have one or more of the following qualifying chronic conditions:

- Complications from pre-diabetes or diabetes
- Recent hospitalization for diabetes or a medical condition worsened by pre-diabetes or diabetes

Not all members qualify, as other coverage criteria may also apply.

\$0 copay

Any unused flex card benefit dollars will expire at the end of the year. The funds are not intended for rental or mortgage assistance. This benefit is for your use only, may not be sold or transferred, and has no cash value.

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”

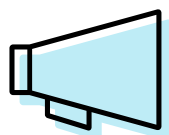
Generic drugs

\$0 copay

Brand-name drugs

\$0 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.

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)**

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. 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.

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.

BCBSAZ 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 yánífti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiiik'eh, éí ná hóló, kójjí' hódíílnih **1-800-656-8991, TTY: 711**.