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# BCBSAZ Health Choice Pathway HMO D-SNP Member Advisory Committee Meeting (MAC)

4th Quarter  
December 14th, 2023



# Agenda

- Introduction
- Advance Directives
- How to file a Grievance and/or Appeal
- CAHPS Survey
- Website Navigation of Resources & Materials
- Healthy Rewards
- 2024 Member Benefits
- Member Survey

# Purpose



The purpose of the Member Advisory Committee is to:

- ✓ Gain input from you as members of BCBSAZ Health Choice Pathway
- ✓ Provide a place for you to share your feedback and help us make improvements
- ✓ Enhance overall Member experience.
- ✓ Centers of Medicare and Medicaid (CMS) requirement

As part of serving on the Member Advisory Committee, you will be asked for your commitment by participating and providing feedback on services and products that are offered by Health Choice Pathway.

The feedback you provide is confidential and will help us to evaluate and implement improvement activities to improve existing programs, services and member communication materials.



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# Housekeeping Rules



Be present.

Listen attentively & don't interrupt.

Seek first to understand then to be understood.  
Listen to other's opinions.

Participation is key!

Respect the group's time and keep comments brief and to the point.

Speak honestly.

Share ideas, ask questions and contribute to discussion.

Honest and constructive discussions provide best results.

Be respectful.

Respect other's point of view without agreeing with them is okay.

It's okay to disagree, respectfully and openly without being disagreeable.

We will note any pending issues and provide updates during future committee meetings.



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# Advance Directives

Lucia Lewis

# Introduction

- BCBSAZ Health Choice supports the right of members to develop advanced directives to enhance their control over his or her medical treatment when incapacitated and their right to utilize end-of-life care and hospice services as appropriate to their healthcare needs.
- Advance Directive is defined as a document by which a person makes a provision for health care decisions in the event they become unable to make those decisions. Simply stated, it provides directions in the event of an accident or illness which results in your inability to communicate your wishes yourself. An Advance Directive can also allow you to designate a person (a proxy) who will make healthcare decisions for you.
- Ultimately, Advance Directives are used to enhance an incapacitated member's control over his or her medical treatment.

# Health Care Decisions can include:

- Surrogate decision-makers
- Cardiopulmonary resuscitation (CPR)
- Ventilator use
- Artificial nutrition (tube feeding) and artificial hydration (IV, or intravenous, fluids)
- Use of pain medications
- Antibiotic use
- Comfort care

# Types of Advance Directives

There are four types of Advance Directives:

1. **Living Will (End of life care)** – A Living Will is a piece of paper that tells doctors what types of services you do or do not want if you become very sick and near death and may not be able to make health care decisions or give consent for yourself. For example, in your Living Will you might tell doctors if you want to be kept alive with machines or fed through tubes if you cannot eat or drink on your own.
2. **Medical Power of Attorney** – A Medical Power of Attorney is a paper that lets you choose a person to make decisions about your health care when you cannot do it yourself.
3. **Mental Healthcare Power of Attorney** – A Mental Healthcare Power of Attorney names a person to make decisions about your mental health care if it is found that you cannot.
4. **Pre-Hospital Medical Directive (Do Not Resuscitate)** – A Pre-Hospital Medical Care Directive tells providers if you do not want certain lifesaving emergency care that you would get outside a hospital or in a hospital emergency room. You must complete a special orange form. You can get a free copy of this form by calling the Bureau of Emergency Medical Services at 602-364-3150.

# Obtaining an Advance Directive

- If you decide that you want to have an Advance Directive, there are several ways to get this type of form; from your lawyer, a social worker or from some office supply stores. To make it easier for our members, BCBSAZ Health Choice Pathway has posted the Living Will and Power of Attorney for Healthcare forms along with instructions on how to fill out the form.
- <https://www.healthchoicepathway.com/members/member-information/>

# Resources

| Information   | Documents  |
|---|--|
| <p><a href="#"><u>National Hospice and Palliative Care Organization(opens in a new tab)</u></a></p> | <p><a href="#"><u>Arizona Healthcare Directives Registry(opens in a new tab)</u></a></p> |
| <p><a href="#"><u>Communication skills for end of life discussions(opens in a new tab)</u></a></p>  |  |

# How to file a Grievance and/or Appeal

Lucia Lewis

# Grievances and Member Feedback

BCBSAZ Health Choice Pathway (HMO D-SNP) is committed to maintaining high levels of member satisfaction. We continuously strive to improve our services through member feedback.

We encourage our members who require assistance with problem-solving to call our Member Services Department at **1-800-656-8991**, TTY **711**, 8 am – 8 pm, 7 days a week.

Another avenue is to use the grievance process.

**Note:** *You may file a Grievance verbally (over the phone) by calling BCBSAZ Health Choice Pathway at 1-800-656-8991. Or you may also write a letter to BCBSAZ Health Choice Pathway and either mail or fax it to:*

## **BCBSAZ Health Choice Pathway**

Attn: HCP Quality Management

8220 N. 23rd Ave.

Phoenix, AZ 85021

Fax: 480-760-4739

## **Some examples of situations when you would file a complaint:**

- The quality of services that you receive
- Office waiting times
- Physician behavior
- Adequacy of facilities
- Involuntary disenrollment issues
- Any other areas of dissatisfaction that do not include coverage decisions



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# Grievances and Member Feedback

**Or you may file an expedited (24 hour) grievance when you disagree with BCBSAZ Health Choice Pathway decision to:**

- Extend the time frame to make an initial decision or appeal (also called a reconsideration).
- A refusal to grant your request for a fast initial decision (A fast initial decision is a decision in 24 hours for Part D drugs OR a decision in 72 hours for medical services or supplies you have not yet received); **OR**
- A refusal to grant your request for a fast appeal (72 hours).

**If your complaint is about a decision regarding the denial of services or payment, you will need to file an appeal.** Please refer to your Evidence of Coverage (EOC) for detailed instructions on how to file an appeal or call BCBSAZ Health Choice Pathway Member Services at **1-800-656-8991**, TTY **711**, 8 a.m. – 8 p.m., 7 days a week.

If you should have any questions regarding the information and/or procedures above, please call BCBSAZ Health Choice Pathway at **1-800-656-8991**, TTY **711**, 8 a.m. – 8 p.m., 7 days a week. Or, you may e-mail us at [HCHComments@azblue.com](mailto:HCHComments@azblue.com).

## Filing a complaint with Medicare

You can also file a complaint directly through Medicare by calling 1-800-MEDICARE (**1-800-633-4227**), 24 hours a day, 7 days a week, or by visiting the Medicare complaint website at [Medicare.gov](https://www.medicare.gov).



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# Organization Determinations

An organization determination is a decision we make about your benefits and coverage or about the amount we will pay for your medical services or drugs. See Chapter 9 of your Evidence of Coverage for complete details about this process. We are making an organization determination whenever we decide what is covered for you and how much we pay. You or your doctor can contact us and ask for an organization determination if your doctor is unsure whether we will cover a particular medical service or refuses to provide the medical care you think that you need.

BCBSAZ Health Choice Pathway is committed to providing high-quality care for our members.

- We review all requests for services using evidence-based medical data
- Our decisions are based on the appropriateness of care and medical necessity

Providers or other health care professionals are not financially rewarded based on denial of care or for limiting services. If you have any questions or concerns about covered services, please contact Member Services for help.

When we give you our decision, we will use the “standard” deadlines unless we have agreed to use the “fast” deadlines. A standard organization determination means we will give you an answer within 14 calendar days after we receive your request. If your health requires it, ask us to give you a “fast” organization determination, which is an expedited organization determination. An expedited organization determination means we will answer within 72 hours.

You can get an expedited organization determination:

- if you are asking for coverage for the medical care you have not yet received.
- if using the standard deadlines could cause serious harm to your health or hurt your ability to function.

If you ask for an expedited organization determination on your own, without your doctor’s support, we will decide whether your health requires such, which may require contacting your doctor.



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# Organization Determinations

## How to request a determination for the medical care you want

Start by calling, writing, or faxing our plan to make your request for us to authorize or provide coverage for the medical care you want. You, your doctor, or your representative can do this.

**CALL 1-800-656-8991** – Calls to this number are free. Hours of operations are 8 a.m. to 8 p.m. 7 days a week.

**TTY 711** – This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking. Calls to this number are free. Hours of operations are 8 a.m. to 8 p.m. 7 days a week.

**FAX – 1-877-424-5680**

## WRITE: BCBSAZ Health Choice Pathway

Attn: HCP Prior Authorization

8220 N. 23rd Ave.

Phoenix, AZ 85021

Fax: 480-760-4739



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# Appeals Process

An “appeal” is the type of complaint you make when you want us to reconsider and change a decision, we have made about what medical services or benefits are covered for you or what we will pay for a medical service or benefit.

- You can ask us for an initial decision, or you can appoint someone to do it for you; this person would be your Authorized Representative. For more information about Authorized Representatives, please refer to your BCBSAZ Health Choice Pathway Evidence of Coverage.

There are six possible steps you can take to make complaints related to your medical coverage or payment for your medical care.

At each step, your request is considered, and a decision is made. The decision may be partly or completely in your favor, or it may be completely denied. If you are unhappy with the decision there may be another step you can take to get a further review of your request. Whether you are able to take the next step may depend on the dollar value of the medical care involved or other factors.

If you are unhappy with the decision at any step of the process, you may be able to take another step if you want to continue requesting the care or payment.

- In Steps 1 and 2, you make your request directly to us. We review it and give you our initial decision. If our initial decision is to turn down your request, you can go on to Step 2 where you appeal this initial decision.
- In Steps 3 through 6, your appeal goes outside of BCBSAZ Health Choice Pathway where people who are not connected to us make the decisions about your request. To keep the review independent and impartial, those who review the request and make the decision in Steps 3 through 6 are part of (or in some way connected to) the Medicare program or the federal court system.



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# Appeals Process

## Standard Decisions vs. Fast Decisions about Medical Care

A decision about whether BCBSAZ Health Choice Pathway will cover medical care can be a standard decision that is typically made within 14 days or it can be a fast decision that is typically made within 72 hours.

You can ask for a fast decision only if you or any doctor believe that waiting for a standard decision could seriously harm your health or your ability to function. Fast decisions apply only to requests for medical care and you cannot get a fast decision on requests for payment for the care you have already received.

If you have not received written notice within 5-7 business days after the 72-hour timeframe, you may file a State Fair Hearing using the process as specified in this section.

# Prescription Drug Benefit Appeal

If you wish to dispute a decision regarding your Prescription Drug benefit, there is a separate process called “Coverage Redetermination”. Please refer to your BCBSAZ Health Choice Pathway Evidence of Coverage.

## How to file an Appeal

- If you are asking for a Standard Decision, you have the right to initiate an appeal verbally by telephone at **1-800-656-8991**, TTY **711**, 8 a.m. – 8 p.m., 7 days a week. You or your authorized representative can also submit your Appeal in writing to:

### **BCBSAZ Health Choice Pathway**

Attn: HC Appeals

8220 N. 23rd Ave.

Phoenix, AZ 85021

For more information about filing an appeal, please see Chapter 2, Section 1 of your Evidence of Coverage.

If you are asking for a Fast Decision, you, any doctor, or your authorized representative can do so verbally by telephone by calling **1-800-656-8991**, TTY **711**, 8 a.m. – 8 p.m., 7 days a week.

**Note:** *You, any doctor or your authorized representative should have available any necessary documentation to support your request for a fast decision.*



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# State Fair Hearing

If you do not like the appeal decision made by BCBSAZ Health Choice Pathway, you have the right to request a hearing. This is called a State Fair Hearing. Information about how to ask for a state fair hearing will be included in the Notice of Appeal Resolution (or the Notice of Expedited Appeal Resolution) letter. The State Fair Hearing process offers a chance to have your request heard by an Administrative Law Judge. You must ask for the State Fair Hearing in writing. You have 120 days from the date you receive the Notice of Appeal Resolution (or Notice of Expedited Appeal Resolution) letter to ask for a State Fair Hearing.

To ask for a State Fair Hearing in writing, send a letter to:

**BCBSAZ Health Choice**  
Attn: HC Member Appeals  
8220 N. 23rd Ave.  
Phoenix, AZ 85021



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# Appointment of Representatives

- If you would like to appoint a person to file a grievance or request an appeal on your behalf, you and the person accepting the appointment must complete the Appointment of Representative Form. Link to the form is on our website. Submit the completed form with the grievance or appeal request.
- If you have further questions, about appointing someone to speak or make healthcare decisions on your behalf contact BCBSAZ Health Choice Pathway Member Services at **1-800-656-8991**, TTY **711**, 8 a.m. – 8 p.m., 7 days a week.

# Website Navigation of Resources & Materials



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# Healthy Rewards

Earn a prepaid Visa® flex card for taking care of your health.

[Learn More](#)

Understanding Enrolling and Eligibility for

## Medicaid

Made Easier

Click or call for more information today!

**1-844-390-8935**  
Call us Monday - Friday, 8 a.m. - 5 p.m.,  
or visit [HealthEARizonaPlus.gov](http://HealthEARizonaPlus.gov)

Learn more ways to stay healthy with our health and wellness tips.

[Click here](#)

**EARN REWARDS ▾**  
when you participate in the Healthy Rewards Program!



- Member Information
- Member Information
- Prescription Drug Information
- Member Services
- Health & Wellness
- Healthy Rewards Program
- Member Communications
- Member Materials
- Supplemental Benefits
- Grievances, Organization Determinations and Appeals
- Behavioral Health Services
- Coronavirus Alert

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Learn  
to stay  
health

Click here

**EARN REWARDS ▶**  
when you participate in the Healthy Rewards Program!



# As of October 1<sup>st</sup>, 2024 materials are available

| 2023 PLAN YEAR  |   |
|--|---|
| <a href="#">Evidence of Coverage</a>   | <a href="#">Evidence of Coverage</a> (Updated - 01/10/2023 11:24 PM)<br><a href="#">Evidencia de Cobertura</a> (Updated - 01/10/2023 11:24 PM)                                |
| <a href="#">Summary of Benefits</a>  | <a href="#">Summary of Benefits</a> (Updated - 09/15/2023 06:17 PM)<br><a href="#">Resumen de Beneficios</a> (Updated - 12/23/2022 01:00 AM)                                  |
| <a href="#">Annual Notice of Changes</a>   | <a href="#">Annual Notice of Changes</a> (Updated - 12/23/2022 12:42 AM)<br><a href="#">Aviso anual de cambios</a> (Updated - 12/23/2022 12:36 AM)                            |
| <a href="#">Pharmacy Directory</a>   | <a href="#">Pharmacy Directory   Directorio de farmacias</a> (Updated - 09/11/2023 12:21 PM)<br><br>Search tool: <a href="#">Pharmacy Directory   Directorio de farmacias</a> |

# As of October 1<sup>st</sup>, 2024 materials are available

HOME | FIND A DOCTOR PHARMACY | ENROLL NOW

LOG OUT | MEMBERS | CONTACT | FOR PROVIDERS

- Member Information
- Prescription Drug Information
- Member Services
- Health & Wellness
- Healthy Rewards Program
- Member Communications
- Member Materials
- Supplemental Benefits
- Grievances, Organization Determinations and Appeals
- Behavioral Health Services
- Coronavirus Alert



Formulary (List of Covered Drugs)

| 2023 PLAN YEAR   |   |
|--|---|
| Formulary (List of Covered Drugs)   Formulario (Lista de medicamentos cubiertos) (Updated - 08/31/2023 07:48 PM) |   |
| Search tool: Formulary (List of Covered Drugs)   Formulario (Lista de medicamentos cubiertos)                    |   |
| Prior Authorization Criteria (Updated - 08/31/2023 07:50 PM)   |   |
| Utilization Management Criteria  | Step Therapy Criteria (Updated - 10/07/2022 07:03 PM)             |
| Upcoming Changes to Formulary  | Upcoming Changes to the Formulary (Updated - 08/31/2023 07:49 PM) |



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# Healthy Rewards

# Did you know?

**Q: How many reward dollars can I earn for completing an eligible health activity?**

**A:** The amount of reward dollars you earn varies by health-related activity. The following are the 2023 eligible health activities, and the associated dollar amounts for all plans:

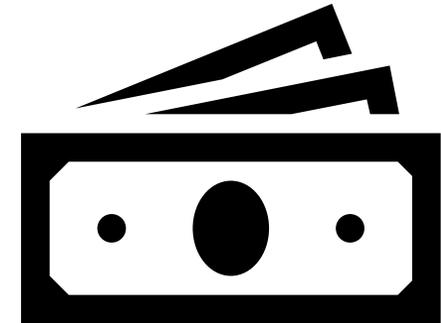
Annual Wellness Visit/In-Home Assessment: **\$25**

Breast Cancer Screening (Mammogram): **\$50**

Colorectal Cancer Screening: **\$25**

Diabetic Retinal Eye Exam: **\$25**

Osteoporosis Management: **\$50 (2 per year)**



**Contact Member Services for more details on how to receive your healthy rewards.**



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# 2024 Member Supplemental Benefits

Manny Felix



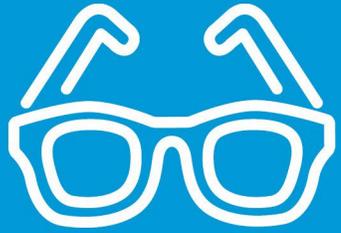
# Your extra benefits

## Dental Preventive and Comprehensive

BCBSAZ Health Choice Pathway provides you with:

- **\$4,000** allowance every year towards comprehensive dental services like crowns, fillings, extractions, endodontics, bridges, and dentures (every 5 years)
- 2 oral exams every year
- 2 X-rays every year
- 2 cleanings every year, one every 6 months
- 1 fluoride treatment every year

**Contact Member Services or your  
Health Care Buddy to learn more!**



# Your extra benefits

## Vision Benefit

BCBSAZ Health Choice Pathway provides you with:

- 1 routine eye exam (eye refraction) every year
- **\$450** allowance toward your choice of contacts and/or eyeglasses (lenses and frames) every year

Contact Member Services or your Health Care Buddy to learn more!



# Your extra benefits

## Hearing Benefit

BCBSAZ Health Choice Pathway provides you with:

- 1 routine hearing exam every year
- 1 evaluation/fitting every year
- **\$2,500** allowance every year for hearing aids, for both ears combined

Contact Member Services or your Health Care Buddy to learn more!

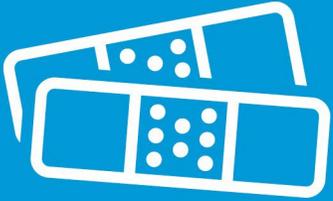


# Your extra benefits

## Dental, Vision, and Hearing Flex Card

- **\$1,000** prepaid Visa® debit card to help reduce your out-of-pocket expenses for dental, vision, and hearing services every year.
- Your benefit dollars may be spent between dental, vision, and hearing as you see fit.

# Your extra benefits

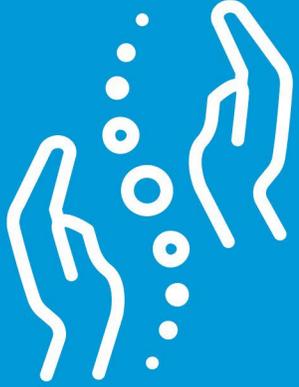


## Over-the-Counter (OTC) Items / Healthy Food and Produce Card

BCBSAZ Health Choice Pathway provides you with:

**\$600** allowance every 3 months> toward over-the-counter health items and healthy food and produce. Your allowance can roll over to the next quarter, but it will expire in the following quarter if unused.

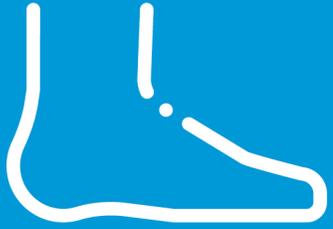
- You can buy healthy foods like fruits and vegetables, meat, seafood, dairy products, and water.
- You can buy OTC items such as toothpaste, pain relievers, cold remedies, vitamins, and more.



# Your extra benefits

## Chiropractic Services

- You are covered for up to 12 visits per year.
- 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 provided by a Doctor of Chiropractic

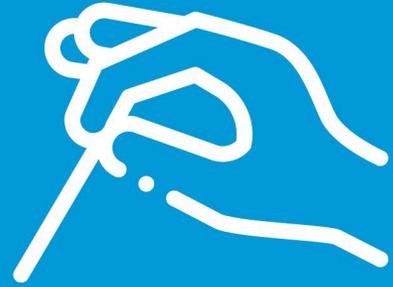


# Your extra benefits

## Podiatry Services\*

- You are covered for up to 6 visits per year.
- Preventive routine foot care services include toenail care, including removal of corns and calluses, nail trimming, and preventive foot hygiene.

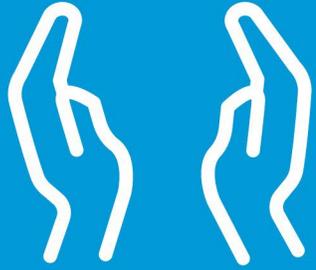
\*Network may vary for non-routine Podiatry services



# Your extra benefits

## Acupuncture Services

- You are covered for up to 12 visits per year.
- Supplemental coverage for evaluation and management, acupuncture and acupressure, modalities, and therapeutic procedures for the treatment of pain syndromes, musculoskeletal conditions, and nausea not covered by Medicare.



# Your extra benefits

## Therapeutic Massage

- You are covered for up to 12 visits per year.
- Services include assessment, massage, or soft tissue work for the treatment of myofascial conditions, musculoskeletal injuries, and pain syndromes.
- Therapeutic Massage services are provided by licensed providers of massage, including licensed massage therapists (LMTs), and can also be provided by physical therapists.

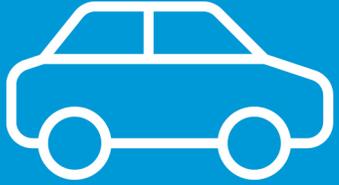


# Your extra benefits

## In-Home Support Services

Benefit includes a yearly **<\$900>** allowance to spend on extra support at home. Covered services include:

- The combined benefit allowance covers temporary home modifications, respite care, in-home support services, and home repairs.
- 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.
- Must use pre-approved contracted provider of services



# Your extra benefits

## 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.
- Personal emergency response system enables members to remain at home, living safely and independently.
- This system helps members request assistance in the event of an emergency.



# Your extra benefits

## Fitness Benefit

BCBSAZ Health Choice Pathway offers a fitness benefit that can help improve your health and well-being with regular exercise.

The SilverSneakers<sup>®</sup> Program provides you with the following services:

- Fitness center membership – access to up to 22,000 fitness locations nationwide, including Anytime Fitness, EōS Fitness, Mountainside Fitness, LA Fitness, Esporta Fitness, Life Time, YMCA, and Planet Fitness.<sup>1</sup>
- [Digital Workouts – you can view on-demand videos via the workout library.]

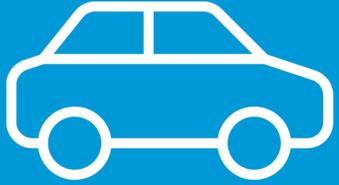
<sup>1</sup>Fitness brands vary by service area, and not all locations with a fitness brand participate in the SilverSneakers network. SilverSneakers is a registered trademark of Tivity Health, Inc. © 2023 Tivity Health, Inc. All rights reserved.

Tivity Health, Inc. is an independent and separate company contracted with BCBSAZ Health Choice Pathway to provide health and wellness services to BCBSAZ Health Choice Pathway members.



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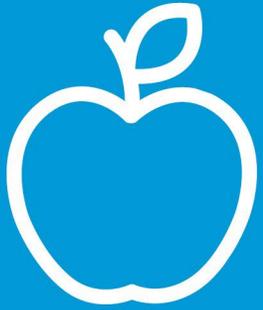
# Your extra benefits

## Transportation\*

The transportation benefit lets you take advantage of a convenient service to get to and from plan-approved locations that are normally not covered by AHCCCS at no cost to you.

- Up to **48** additional one-way transportation trips every calendar year
- Wheelchair-accessible vans available upon request
- Call us 72 hours before your appointment to schedule transportation

**\* AHCCCS provides transportation at no cost to covered medical appointments, pharmacies, and labs.**



# Your extra benefits

## Meal Benefit\*

This benefit is for a temporary period of time and is uniquely designed to keep you healthy and strong while you are either recovering after an inpatient hospital stay or Skilled Nursing Facility (SNF) stay, or associated with specific chronic conditions such as congestive heart failure (CHF), chronic obstructive pulmonary disease (COPD), or diabetes.

- Provides up to 70 meals per admit (up to 2 meals per day for 35 days), once per calendar year, immediately following an acute inpatient hospital stay or SNF stay
- Provides up to 70 meals (up to 2 meals per day for 35 days), once per calendar year, 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

\*Prior Authorization required

# Your Voice Matters: Understanding the CAHPS Survey

Manny Felix

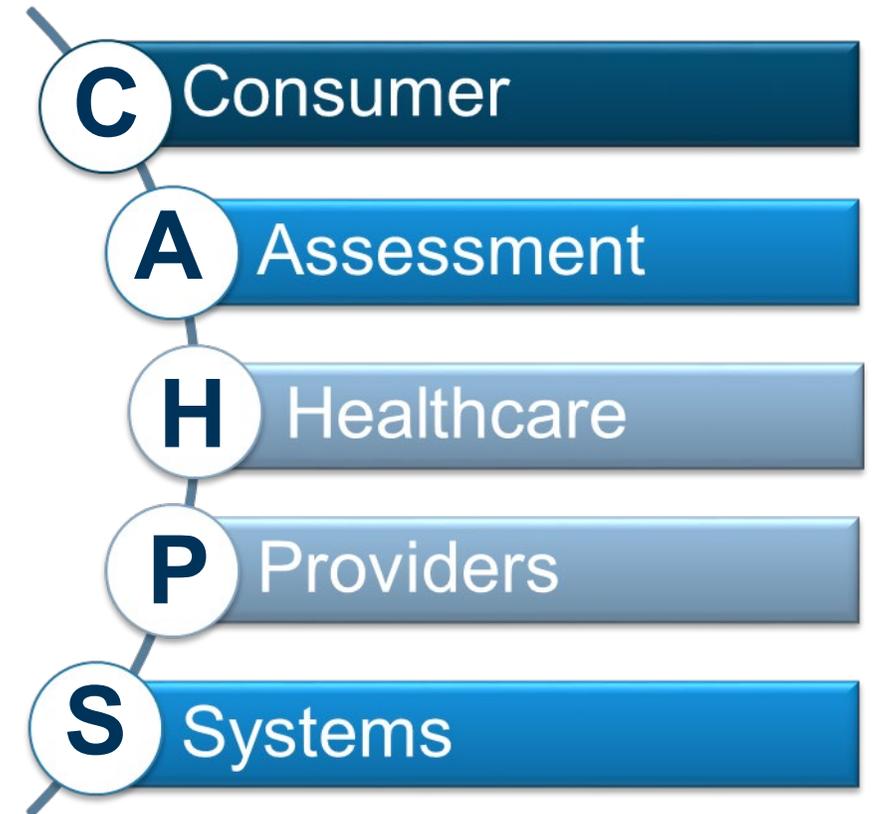
# What is CAHPS?

## Definition

- Is a standardized survey that helps measure your experience with your health care plan and providers.

## Purpose

- Aims to improve the quality of healthcare services by collecting your perspective.
- Share how the survey helps identify areas for improvement and enhances patient-centered care.



# Benefits of Completing the CAHPS Survey

## Improving

### Improving Care Quality:

- By completing the survey, **YOU** play a crucial role in helping healthcare providers identify areas for improvement and deliver better care.

## Influencing

### Influencing Policy:

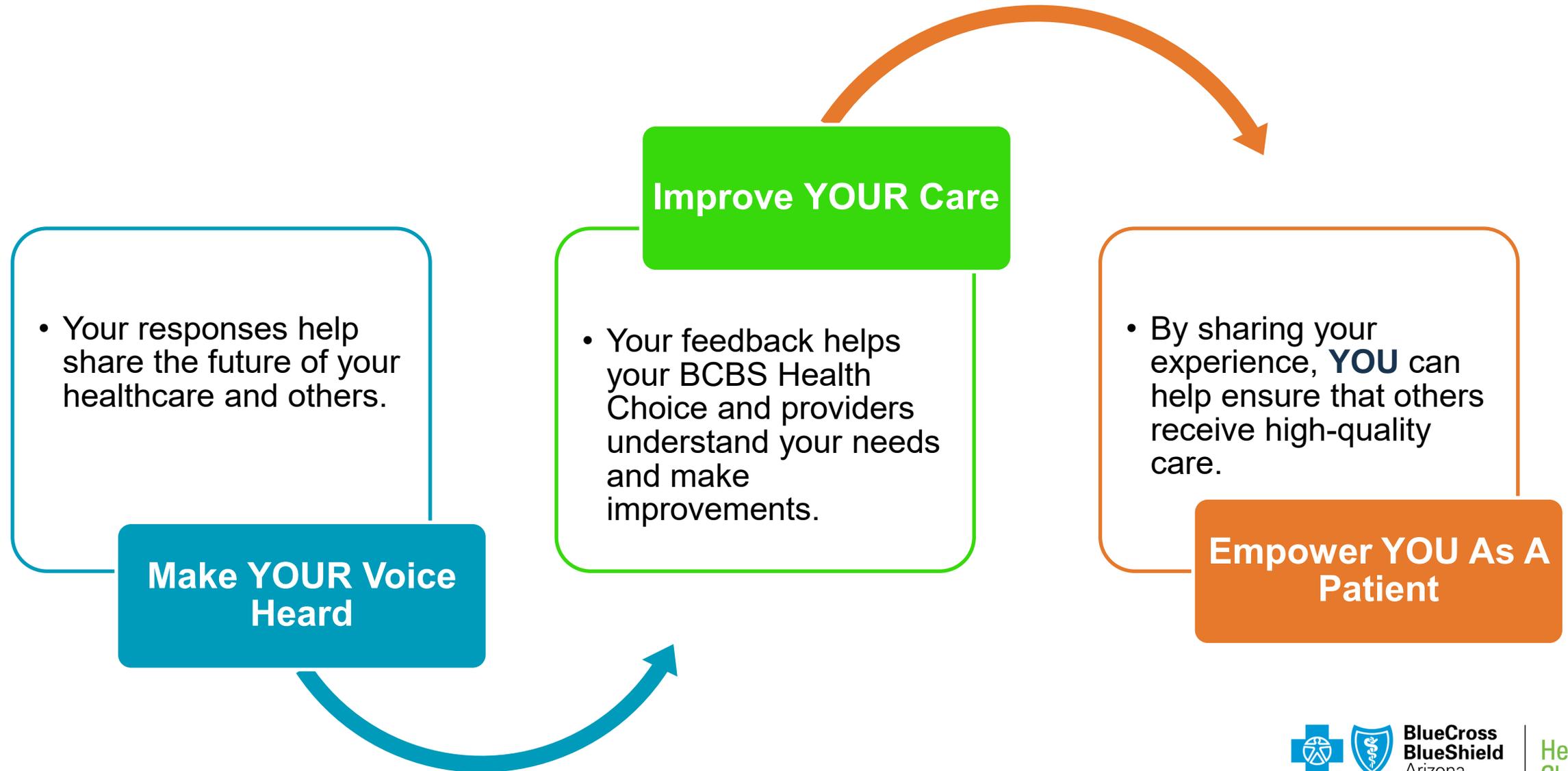
- Feedback gathered through the CAHPS survey can shape healthcare policies and regulations, leading to positive change in the entire Medicare system or in your health plan.

## Empowering

### Empowering Members:

- Completing the survey empowers **YOU** to actively participate in your own healthcare and have your voice heard.

# Why is the CAHPS Survey Important to YOU?



# Why is the CAHPS Survey Important to YOU?



## We need your help!

Certain BCBSAZ Health Choice members can expect a survey in the coming months.

Your responses will enhance the quality of services, so kindly return it using the enclosed prepaid envelope.

Thank you for your time and valuable feedback.

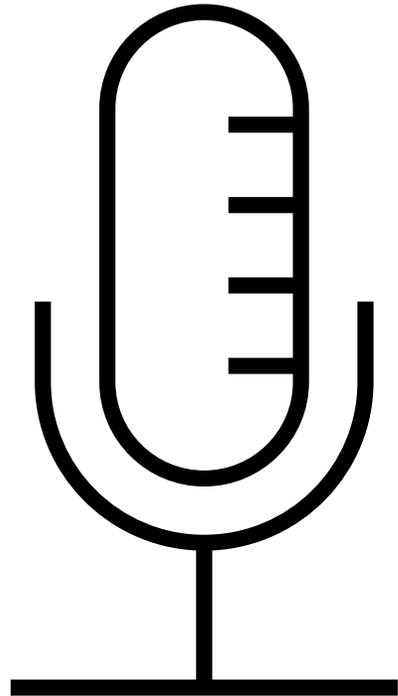


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# Access to Resources

- What resource needs or access to service issues are prevalent in your community?
- What has your or your members' experience been with accessing existing resources?
- What barriers make accessing resources and services challenging?
- How can BCBSAZ Health Choice assist with addressing these needs?

# Let's Talk Improvement



Please complete Member  
Feedback Survey

# Thank you for joining us today!



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