

### Discover BCBSAZ Health Choice Pathway (HMO D-SNP): Elevating Your Health, Expanding Your Benefits.

### Extra benefits at no additional cost include:



**\$4,000 Dental** allowance every year (comprehensive, dentures)



\$600 Over-the-Counter Items and Food and Produce Card

allowance every 3 months



\$450 Vision

allowance every year for eyeglasses and/or contacts



Routine Chiropractic, Routine Podiatry, and Routine Acupuncture Services



\$2,500 Hearing Aid

allowance every year, for both ears combined



**Health Care Buddy** 

Every member is assigned a health care buddy. Your buddy is just a phone call away!

### **PLUS**:

- Dental, Vision, and Hearing flex card
- Lodging and Utilities flex card\*
- In-Home Support Services
- Personal Emergency Response System (PERS)
- Therapeutic massage services
- Fitness benefit
- Transportation services

### Don't miss out. Enroll Now!

1-855-243-3935, TTY: 711

8 a.m. – 8 p.m., 7 days a week

Scan to learn more!



# Want more information?

## We can help!

Please fill out this card and mail it back to us (no postage necessary). An enrollment specialist will contact you to answer your questions.

lame:	
Address:	
City:	
itate:	
IP:	
Phone:	
mail:	
Best time to call me:	





An Independent Licensee of the Blue Cross Blue Shield Association



8220 N. 23rd Avenue Phoenix, AZ 85021

#### HealthChoicePathway.com

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.

\*Some benefits mentioned are a part of a special supplemental program for the chronically ill. Not all members qualify.

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 yánítti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éí ná hóló, koji hódíilnih 1-800-656-8991, TTY: 711.

H5587 D35633aPY24 M











# **Have Medicare** and AHCCCS?

AHCCCS

Member Name: Pharmacists Call:

MEDICARE HEALTH INSURANCE

HOSPITAL (PART A) 03-01-2016 03-01-2016

Get more benefits at no extra cost.













HEALTH CHOICE PATHWAY (HMO D-SNP)

PHOENIX, AZ 85072-9679

P.O. BOX 52033

MAIL PHOENIX, AZ

BUSINESS REPLY FIRST-CLASS MAIL PERMIT NO. 788