

# 2024 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	
<b>Monthly plan premium</b>	\$0 or \$43.20 based on your level of AHCCCS (Medicaid) eligibility
<b>Deductible</b>	This plan does not have a deductible.
<b>Maximum Out-of-Pocket Responsibility</b> (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 \$7,550.</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 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)*

Our plan covers up to 100 days in a SNF Days 1-100.

Days 101 and beyond: all costs.

### **Home Health Care**

*(Prior authorization may be required)*

\$0 copay

## Covered Medical and Hospital Benefits

### 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

### Preventive and Comprehensive Dental Services (Supplemental Benefit)

#### Preventive:

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, non-routine, diagnostic, restorative, and endodontics/periodontics/ extractions services.

Dentures covered once every 5 years.

Adjustments up to 4 per year.

\$0 copay for preventive and comprehensive dental services

No maximum amount for preventive services

\$4,000 maximum benefit allowance per calendar year for comprehensive dental services

## Supplemental Benefits and Services

### Vision Services (Supplemental Benefit)

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

\$450 maximum benefit allowance every year for 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

\$2,500 maximum benefit allowance every year for hearing aids; both ears combined

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

You can utilize your quarterly allowance to buy OTC items and healthy food products both at participating retailers and online. To purchase OTC items, you also have an option to use the OTC catalog.

\$0 copay for \$600 every 3 months combined allowance for OTC products and Healthy Food and Produce

With this benefit, you'll get a credit loaded to your Visa® debit card each quarter to pay for covered groceries and OTC items.

Covered items include:

- Healthy foods like fruits, vegetables, meat, seafood, dairy products, water, and more
- Brand-name and generic OTC products, like vitamins, pain relievers, toothpaste, cough drops, and more

Maximum plan benefit coverage amount carries forward to the next quarter if it is unused, however, it will expire in the following quarter if unused. The rollover dollars will be applied before the current period benefit amount.

A member will never have more than twice their benefit to spend in any one quarter. Any unused benefit amount from quarter 4 (October, November, December) will not carry over to the next plan year.

## Supplemental Benefits and Services

### Dental, Vision, and Hearing Flex Card

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.

To ensure coverage, please receive supplemental dental, vision, and hearing services from a participating provider within the plan.

\$0 copay for additional dental, vision, and hearing coverage

\$1,000 maximum benefit allowance every year

### Meal Benefit

*(Prior authorization may be required)*

\$0 copay up to 140 total meals

Post-Acute Meals:

For members discharged from an inpatient facility (Hospital, Skilled Nursing Facility, or Inpatient Rehabilitation) the plan will provide a maximum of 2 meals per day for 35 days for a total of 70 meals.

Chronic Meals:

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

You may receive a maximum of 2 healthy meals per day for up to 35 days for a maximum of 70 meals.

## 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.

\$0 copay for 12 visits

### 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.

\$0 copay for 12 treatments

## Supplemental Benefits and Services

### **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.

\$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.

\$0 copay for 6 visits

### **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.

\$0 copay

### **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 \$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.

## Supplemental Benefits and Services

### 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 \$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.

### Support for Caregivers of Enrollees (Respite Care)

\$0 copay

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.

### 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

48 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:

- Chronic heart failure (CHF)
- Diabetes
- Chronic obstructive pulmonary disease (COPD)
- Post-Acute Sequelae of SARS CoV-2 infection (PASC/Long Covid)

\$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.

- 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.

## Special Supplemental Benefits for Chronically Ill Members (SSBCI)

### Home Repairs

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

\$0 copay

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.

### Lodging/Utilities Flex Card

If eligible, our plan offers a prepaid Visa debit card with a limit of up to \$1,000 per year to help cover the cost of lodging after an eligible inpatient stay and certain utilities (electric, gas, sanitary, water, and/or telephone service).

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

\$0 copay

Any unused Flex Card benefit dollars will expire at the end of the year. The funds are intended for temporary accommodation following a qualifying inpatient hospital stay, rather than being allocated 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 are not receiving “Extra Help” from Medicare, you will pay a 25% coinsurance for your prescription drugs.**



### Value-Based Insurance Design (VBID) Part D Benefit

Your yearly deductible for all covered Part D drugs is \$0. Your cost-sharing amount for all covered Part D drugs is \$0. Your cost-sharing amount for all covered Part B drugs is \$0 after being billed to your AHCCCS plan. If you lose your LIS eligibility, the amount you pay will change to Original Medicare levels. You may get your drugs at in-network retail and mail order pharmacies. You may be able to get a 100-day supply of your prescription (if your drug is applicable).



### 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 **HealthChoicePathway.com**

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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 jiik'eh, éi ná hólq, koji' hódílnih **1-800-656-8991, TTY: 711**.