



Health Choice Pathway (HMO D-SNP)

2022 Annual Notice of Changes

Serving Apache, Coconino, Gila,
Maricopa, Mohave, Navajo, Pinal
and Yavapai counties.



Health
Choice

Annual Notice of Changes for 2022

You are currently enrolled as a member of Health Choice Pathway. Next year, there will be some changes to the plan's costs and benefits. *This booklet tells about the changes.*

What to do now

1. ASK: Which changes apply to you

- ☐ Check the changes to our benefits and costs to see if they affect you.
 - It's important to review your coverage now to make sure it will meet your needs next year.
 - Do the changes affect the services you use?
 - Look in Sections 2 for information about benefit and cost changes for our plan.
- ☐ Check the changes in the booklet to our prescription drug coverage to see if they affect you.
 - Will your drugs be covered?
 - Are your drugs in a different tier, with different cost sharing?
 - Do any of your drugs have new restrictions, such as needing approval from us before you fill your prescription?
 - Can you keep using the same pharmacies? Are there changes to the cost of using this pharmacy?
 - Review the 2022 Drug List and look in Section 1.6 for information about changes to our drug coverage.
 - Your drug costs may have risen since last year. Talk to your doctor about lower cost alternatives that may be available for you; this may save you in annual out-of-pocket costs throughout the year. To get additional information on drug prices visit [go.medicare.gov/drugprices](https://www.go.medicare.gov/drugprices), and click the "dashboards" link in the middle of the second Note toward the bottom of the page. These dashboards highlight which manufacturers have been increasing their prices and also show other year-to-year drug price information. Keep in mind that your plan benefits will determine exactly how much your own drug costs may change.
- ☐ Check to see if your doctors and other providers will be in our network next year.
 - Are your doctors, including specialists you see regularly, in our network?
 - What about the hospitals or other providers you use?
 - Look in Section 1.3 for information about our *Provider Directory*.
- ☐ Think about your overall health care costs.
 - How much will you spend out-of-pocket for the services and prescription drugs you use regularly?
 - How much will you spend on your premium and deductibles?
 - How do your total plan costs compare to other Medicare coverage options?
- ☐ Think about whether you are happy with our plan.

2. COMPARE: Learn about other plan choices

- ☐ Check coverage and costs of plans in your area.
 - Use the personalized search feature on the Medicare Plan Finder at www.medicare.gov/plan-compare website.
 - Review the list in the back of your *Medicare & You 2022* handbook.
 - Look in Section 2.2 to learn more about your choices.
- ☐ Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.

3. CHOOSE: Decide whether you want to change your plan

- If you don't join another plan by December 7, 2021, you will be enrolled in Health Choice Pathway.
- If you want to **change to a different plan** that may better meet your needs, you can switch plans between October 15 and December 7. Look in section 2.2, page 17 to learn more about your choices.

4. ENROLL: To change plans, join a plan between October 15 and December 7, 2021

- If you don't join another plan by **December 7, 2021**, you will be enrolled in Health Choice Pathway.
- If you join another plan between **October 15 and December 7, 2021**, your new coverage will start on **January 1, 2022**. You will be automatically disenrolled from your current plan.

Additional Resources

- This document is available for free in Spanish.
- Please contact our Member Services number at **1-800-656-8991** for additional information. (TTY users should call **711**.) Hours are 7 days a week, 8 a.m. to 8 p.m.
- This document may be available in other formats such as Braille, large print, or other alternate formats. This document may be available in non-English language. For additional information call the Member Services number listed above.
- **Coverage under this Plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at www.irs.gov/Affordable-Care-Act/Individuals-and-Families for more information.

About Health Choice Pathway

- 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. The plan also has a written agreement with the Arizona Medicaid program to coordinate your Medicaid benefits.
- When this booklet says "we," "us," or "our," it means Health Choice Arizona, Inc. When it says "plan" or "our plan," it means Health Choice Pathway.

Summary of Important Costs for 2022

The table below compares the 2021 costs and 2022 costs for Health Choice Pathway in several important areas. **Please note this is only a summary of changes.** A copy of the *Evidence of Coverage* is located on our website at healthchoicepathway.com. You may also call Member Services to ask us to mail you an *Evidence of Coverage*. If you are eligible for Medicare cost-sharing assistance under AHCCCS (Medicaid), you pay \$0 for your deductible, doctor office visits, and inpatient hospital stays.

Cost	2021 (this year)	2022 (next year)
Monthly plan premium* *Your premium may be higher or lower than this amount. See Section 1.1 for details.	\$0 or \$30.70 based on your level of AHCCCS (Medicaid) eligibility.	\$0 or \$40.00 based on your level of AHCCCS (Medicaid) eligibility.
Deductible	\$0 or \$203 If you are eligible for Medicare cost-sharing assistance under AHCCCS (Medicaid), you pay \$0.	\$0 or \$233 If you are eligible for Medicare cost-sharing assistance under AHCCCS (Medicaid), you pay \$0.
Doctor office visits	Primary care visits: \$0 copayment or 20% of the cost per visit Specialist visits: \$0 copayment or 20% of the cost per visit If you are eligible for Medicare cost-sharing assistance under AHCCCS (Medicaid), you pay \$0 per visit.	Primary care visits: \$0 copayment or 20% of the cost per visit Specialist visits: \$0 copayment or 20% of the cost per visit If you are eligible for Medicare cost-sharing assistance under AHCCCS (Medicaid), you pay \$0 per visit.

Cost	2021 (this year)	2022 (next year)
Inpatient hospital stays Includes inpatient acute, inpatient rehabilitation, long-term care hospitals and other types of inpatient hospital services. Inpatient hospital care starts the day you are formally admitted to the hospital with a doctor's order. The day before you are discharged is your last inpatient day.	<p>\$1,484 deductible for each benefit period.</p> <p>Days 1–60: \$0 coinsurance for each benefit period.</p> <p>Days 61–90: \$371 coinsurance per day of each benefit period.</p> <p>Days 91 and beyond: \$742 coinsurance per each “lifetime reserve day” after day 90 for each benefit period (up to 60 days over your lifetime).</p> <p>Beyond lifetime reserve days: all costs.</p> <p>If you are eligible for Medicare cost-sharing assistance under AHCCCS (Medicaid), you pay \$0.</p>	<p>\$1,556 deductible for each benefit period.</p> <p>Days 1–60: \$0 coinsurance for each benefit period.</p> <p>Days 61–90: \$389 coinsurance per day of each benefit period.</p> <p>Days 91 and beyond: \$778 coinsurance per each “lifetime reserve day” after day 90 for each benefit period (up to 60 days over your lifetime).</p> <p>Beyond lifetime reserve days: all costs.</p> <p>If you are eligible for Medicare cost-sharing assistance under AHCCCS (Medicaid), you pay \$0.</p>
Part D prescription drug coverage (See Section 1.6 for details.)	<p>Deductible: \$0 or \$92</p> <p>If you receive “Extra Help” to pay for your prescription drugs, your deductible amount will be either \$0 or \$92, depending on the level of “Extra Help” you receive. If your deductible is \$92: You pay the full cost of your drugs until you have paid \$92 for your drugs.</p> <p>If you do not receive “Extra Help” you must pay the full cost of your drugs until you reach the plan's deductible amount of \$445.</p>	<p>Deductible: \$0 or \$99</p> <p>If you receive “Extra Help” to pay for your prescription drugs, your deductible amount will be either \$0 or \$99, depending on the level of “Extra Help” you receive. If your deductible is \$99: You pay the full cost of your drugs until you have paid \$99 for your drugs.</p> <p>If you do not receive “Extra Help” you must pay the full cost of your drugs until you reach the plan's deductible amount of \$480.</p>

Cost	2021 (this year)	2022 (next year)
Part D prescription drug coverage (See Section 1.6 for details.)	<p>Copayment/Coinsurance during the Initial Coverage Stage:</p> <p>Generic/Preferred Multi-Source Drug, per prescription, depending on your “Extra Help” level or institutional status:</p> <ul style="list-style-type: none"> • \$0 copay or • \$1.30 copay or • \$3.70 copay or • 15% <p>All other drugs, per prescription, depending on your “Extra Help” level or institutional status:</p> <ul style="list-style-type: none"> • \$0 copay or • \$4.00 copay or • \$9.20 copay or • 15% <p>If you do not receive “Extra Help” you will pay a 25% coinsurance for your prescription drugs.</p>	<p>Copayment/Coinsurance during the Initial Coverage Stage:</p> <p>Generic/Preferred Multi-Source Drug, per prescription, depending on your “Extra Help” level or institutional status:</p> <ul style="list-style-type: none"> • \$0 copay or • \$1.35 copay or • \$3.95 copay or • 15% <p>All other drugs, per prescription, depending on your “Extra Help” level or institutional status:</p> <ul style="list-style-type: none"> • \$0 copay or • \$4.00 copay or • \$9.85 copay or • 15% <p>If you do not receive “Extra Help” you will pay a 25% coinsurance for your prescription drugs.</p>
Maximum out-of-pocket amount This is the <u>most</u> you will pay out-of-pocket for your covered Part A and Part B services. (See Section 1.2 for details.)	<p>\$7,550</p> <p>If you are eligible for Medicare cost-sharing assistance under AHCCCS (Medicaid), you are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.</p>	<p>\$3,450</p> <p>If you are eligible for Medicare cost-sharing assistance under AHCCCS (Medicaid), you are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.</p>

Annual Notice of Changes for 2022

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SECTION 1

Changes to Benefits and Costs for Next Year

Section 1.1 – Changes to the Monthly Premium

Cost	2021 (this year)	2022 (next year)
Monthly premium (You must also continue to pay your Medicare Part B premium unless it is paid for you by AHCCCS (Medicaid.))	\$0 or \$30.70 based on your level of AHCCCS (Medicaid) eligibility.	\$0 or \$40.00 based on your level of AHCCCS (Medicaid) eligibility.

Section 1.2 – Changes to Your Maximum Out-of-Pocket Amount

To protect you, Medicare requires all health plans to limit how much you pay “out-of-pocket” during the year. This limit is called the “maximum out-of-pocket amount.” Once you reach this amount, you generally pay nothing for covered Part A and Part B services for the rest of the year.

Cost	2021 (this year)	2022 (next year)
Maximum out-of-pocket amount	\$7,550	\$3,450
Because our members also get assistance from AHCCCS (Medicaid), very few members ever reach this out-of-pocket maximum.		Once you have paid \$3,450 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services for the rest of the calendar year.
If you are eligible for AHCCCS (Medicaid) assistance with Part A and Part B copays and deductibles, you are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.		
Your costs for covered medical services (such as copays and deductibles) count toward your maximum out-of-pocket amount. Your plan premium and your costs for prescription drugs do not count toward your maximum out-of-pocket amount.		

Section 1.3 – Changes to the Provider Network

There are changes to our network of providers for next year. An updated *Provider Directory* is located on our website at **healthchoicepathway.com**. You may also call Member Services for updated provider information or to ask us to mail you a *Provider Directory*. **Please review the 2022 *Provider Directory* to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

It is important that you know that we may make changes to the hospitals, doctors, and specialists (providers) that are part of your plan during the year. There are a number of reasons why your provider might leave your plan, but if your doctor or specialist does leave your plan, you have certain rights and protections summarized below:

- Even though our network of providers may change during the year, we must furnish you with uninterrupted access to qualified doctors and specialists.
- We will make a good faith effort to provide you with at least 30 days' notice that your provider is leaving our plan so that you have time to select a new provider.
- We will assist you in selecting a new qualified provider to continue managing your health care needs.
- If you are undergoing medical treatment you have the right to request, and we will work with you to ensure, that the medically necessary treatment you are receiving is not interrupted.
- If you believe we have not furnished you with a qualified provider to replace your previous provider or that your care is not being appropriately managed, you have the right to file an appeal of our decision.
- If you find out your doctor or specialist is leaving your plan, please contact us so we can assist you in finding a new provider to manage your care.

Section 1.4 – Changes to the Pharmacy Network

Amounts you pay for your prescription drugs may depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered *only* if they are filled at one of our network pharmacies.

There are changes to our network of pharmacies

for next year. An updated *Pharmacy Directory* is located on our website at **healthchoicepathway.com**. You may also call Member Services for updated provider information or to ask us to mail you a *Pharmacy Directory*. **Please review the 2022 *Pharmacy Directory* to see which pharmacies are in our network.**

Section 1.5 – Changes to Benefits and Costs for Medical Services

Please note that the *Annual Notice of Changes* tells you about changes to your Medicare benefits and costs.

We are changing our coverage for certain medical services next year. The information below describes these changes. For details about the coverage and costs for these services, see Chapter 4, *Benefits Chart (what is covered and what you pay)*, in your *2022 Evidence of Coverage*. A copy of the *Evidence of Coverage* is located on our website at healthchoicepathway.com. You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

Opioid treatment program services

Members of our plan with opioid use disorder (OUD) can receive coverage of services to treat OUD through an Opioid Treatment Program (OTP) which includes the following services:

- U.S. Food and Drug Administration (FDA)-approved opioid agonist and antagonist medication-assisted treatment (MAT) medications.
- Dispensing and administration of MAT medications (if applicable)
- Substance use counseling
- Individual and group therapy
- Toxicology testing
- Intake activities
- Periodic assessments

Cost	2021 (this year)	2022 (next year)
Deductible	\$0 or \$203 If you are eligible for Medicare cost-sharing assistance under AHCCCS (Medicaid), you pay a \$0 copayment amount.	\$0 or \$233 If you are eligible for Medicare cost-sharing assistance under AHCCCS (Medicaid), you pay a \$0 copayment amount.
Ambulatory Surgical Center (ASC) Services	Prior authorization not required.	Prior authorization may be required.
Cardiac and Pulmonary Rehabilitation Services and Supervised Exercise Therapy (SET)	Prior authorization may be required.	Prior authorization not required.
Chiropractic Services	Referral not required.	Referral may be required.

Cost	2021 (this year)	2022 (next year)
Dental Services	<p>\$3,000 maximum benefit allowance per calendar year for all dental services combined. All covered benefits remain the same.</p> <p>Prior Authorization may be required for Dentures</p>	<p>\$4,000 maximum benefit allowance per calendar year for all dental services combined. All covered benefits remain the same.</p> <p>Prior Authorization not required for Dentures</p>
Emergency Care Services	\$0 copay or 20% of the cost up to \$90 for Medicare-covered emergency room visits	\$0 copay or 20% of the cost up to \$120 for Medicare-covered emergency room visits
Eyewear	\$350 maximum benefit allowance for unlimited eyeglasses every year (lenses, contact lenses and frames.)	\$450 maximum benefit allowance for unlimited eyeglasses every year (lenses, contact lenses and frames.)
Hearing Aids (Supplemental Benefit)	\$1,500 maximum benefit allowance every year for hearing aids; both ears combined.	\$2,000 maximum benefit allowance every year for hearing aids; both ears combined.
Inpatient Hospital Stays	<p>\$1,484 deductible for each benefit period.</p> <p>Days 1–60: \$0 coinsurance for each benefit period.</p> <p>Days 61–90: \$371 coinsurance per day of each benefit period.</p> <p>Days 91 and beyond: \$742 coinsurance per each “lifetime reserve day” after day 90 for each benefit period (up to 60 days over your lifetime).</p> <p>Beyond lifetime reserve days: all costs.</p> <p>If you are eligible for Medicare cost-sharing assistance under AHCCCS (Medicaid), you pay \$0.</p>	<p>\$1,556 deductible for each benefit period.</p> <p>Days 1–60: \$0 coinsurance for each benefit period.</p> <p>Days 61–90: \$389 coinsurance per day of each benefit period.</p> <p>Days 91 and beyond: \$778 coinsurance per each “lifetime reserve day” after day 90 for each benefit period (up to 60 days over your lifetime).</p> <p>Beyond lifetime reserve days: all costs.</p> <p>If you are eligible for Medicare cost-sharing assistance under AHCCCS (Medicaid), you pay \$0.</p>

Cost	2021 (this year)	2022 (next year)
Inpatient Hospital Psychiatric	<p>\$1,484 deductible for each benefit period.</p> <p>Days 1–60: \$0 coinsurance for each benefit period.</p> <p>Days 61–90: \$371 coinsurance per day of each benefit period.</p> <p>Days 91 and beyond: \$742 coinsurance per each “lifetime reserve day” after day 90 for each benefit period (up to 60 days over your lifetime).</p> <p>Beyond lifetime reserve days: all costs.</p> <p>If you are eligible for Medicare cost-sharing assistance under AHCCCS (Medicaid), you pay \$0.</p>	<p>\$1,556 deductible for each benefit period.</p> <p>Days 1–60: \$0 coinsurance for each benefit period.</p> <p>Days 61–90: \$389 coinsurance per day of each benefit period.</p> <p>Days 91 and beyond: \$778 coinsurance per each “lifetime reserve day” after day 90 for each benefit period (up to 60 days over your lifetime).</p> <p>Beyond lifetime reserve days: all costs.</p> <p>If you are eligible for Medicare cost-sharing assistance under AHCCCS (Medicaid), you pay \$0.</p>
Opioid Treatment Program Services (OTPS)	\$0 copay or 20% of the cost	\$0 copay
Over the Counter (OTC) Items (Supplemental Benefit)	<p>\$0 copay</p> <p>\$260 allowance every 3 months</p> <p>Amount does not carry forward to next period if unused.</p>	<p>\$0 copay</p> <p>\$270 allowance every 3 months</p> <p>Amount carries forward to next period if unused.</p> <p>Any unused benefit amount will roll over from the previous quarter 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. Please note, any unused benefit amount from quarter 4 (October, November, December) will not carry over to the next plan year.</p>

Cost	2021 (this year)	2022 (next year)
Podiatry Services (Foot Care)	Prior authorization may be required.	Prior authorization not required.
Physician/Practitioner services, including doctor's office visits	Prior authorization not required.	Prior authorization may be required for Pain Management.
Skilled Nursing Facility	<p>Our plan covers up to 100 days in a SNF.</p> <p>Depending on your level of AHCCCS (Medicaid) eligibility, you may pay:</p> <p>Days 1–20: \$0 for each benefit period.</p> <p>Days 21–100: \$185.50 coinsurance per day of each benefit period.</p> <p>Days 101 and beyond: all costs.</p> <p>If you are eligible for Medicare cost-sharing assistance under AHCCCS (Medicaid), you pay \$0.</p>	<p>Our plan covers up to 100 days in a SNF.</p> <p>Depending on your level of AHCCCS (Medicaid) eligibility, you may pay:</p> <p>Days 1–20: \$0 for each benefit period.</p> <p>Days 21–100: \$194.50 coinsurance per day of each benefit period.</p> <p>Days 101 and beyond: all costs.</p> <p>If you are eligible for Medicare cost-sharing assistance under AHCCCS (Medicaid), you pay \$0.</p>

Cost	2021 (this year)	2022 (next year)
Special Supplemental Benefits for the Chronically Ill (SSBCI)	<p>Services include: special supplemental benefits the following chronic condition(s)</p> <ul style="list-style-type: none"> • Complications from Chronic Heart Failure (CHF) • Diabetes with Complications • Complications from chronic obstructive pulmonary disease (COPD) <p>Services provided will be based on the need of the individual and a plan of care developed with the member and their family.</p> <ul style="list-style-type: none"> • Connected health devices and remote patient monitoring (RPM) technologies, in association with PCP or Specialist intervention • Connected health devices may enable physicians to monitor you without having to conduct face-to-face appointments • Physicians may be able to remotely take your blood pressure, weight, and monitor glucose as appropriate so that issues such as high blood pressure or elevated blood sugar can be identified in real time. 	<p>Services include: special supplemental benefits for the following chronic condition(s):</p> <ul style="list-style-type: none"> • Complications from chronic heart failure (CHF) • Diabetes with complications • Complications from chronic obstructive pulmonary disease (COPD) • Complications of Covid <p>Services provided will be based on the need of the individual and a plan of care developed with the member and their family.</p> <ul style="list-style-type: none"> • Connected health devices and remote patient monitoring (RPM) technologies, in association with PCP or specialist intervention • Connected health devices may enable physicians to monitor you without having to conduct face-to-face appointments • Physicians may be able to remotely take your blood pressure, weight, and monitor glucose as appropriate so that issues such as high blood pressure or elevated blood sugar can be identified in real time. <p>\$0 copay for a \$25 monthly food card.</p> <p>Unused amount does not rollover for healthy groceries each month.</p> <p>Services include: special supplemental benefits for the following chronic condition(s):</p> <ul style="list-style-type: none"> • Complications from chronic heart failure (CHF) • Diabetes with complications • Complications from chronic obstructive pulmonary disease (COPD) • Cancer • High blood pressure • Digestive disorders • Eating disorders • Kidney Disease • Obesity • Social Determinants of Health (SDOH)

Cost	2021 (this year)	2022 (next year)
Additional Telehealth Services (Supplemental)	Covered services included in Virtual Medical Visits: <ul style="list-style-type: none"> • Primary Care Provider Services • Physician Specialist Services • Individual Sessions for Mental Health Specialty • Individual Sessions for Psychiatric Services • Opioid Treatment Program Services • Other Health Care Professional • Urgently Needed Services 	Covered services included in Virtual Medical Visits: <ul style="list-style-type: none"> • Primary Care Provider Services • Physician Specialist Services • Urgently Needed Services

Section 1.6 – Changes to Part D Prescription Drug Coverage

Changes to Our Drug List

Our list of covered drugs is called a Formulary or “Drug List.” A copy of our Drug List is provided electronically.

We made changes to our Drug List, including changes to the drugs we cover and changes to the restrictions that apply to our coverage for certain drugs. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions.**

If you are affected by a change in drug coverage, you can:

- **Work with your doctor (or other prescriber) and ask the plan to make an exception** to cover the drug. **We encourage current members** to ask for an exception before next year.
 - To learn what you must do to ask for an exception, see Chapter 9 of your *Evidence of Coverage (What to do if you have a problem or complaint (coverage decisions, appeals, complaints))* or call Member Services.

- **Work with your doctor (or prescriber) to find a different drug** that we cover. You can call Member Services to ask for a list of covered drugs that treat the same medical condition.

In some situations, we are required to cover a temporary supply of a non-formulary drug in the first 90 days of the plan year or the first 90 days of membership to avoid a gap in therapy. (To learn more about when you can get a temporary supply and how to ask for one, see Chapter 5, Section 5.2 of the *Evidence of Coverage*.) During the time when you are getting a temporary supply of a drug, you should talk with your doctor to decide what to do when your temporary supply runs out. You can either switch to a different drug covered by the plan or ask the plan to make an exception for you and cover your current drug.

Current approved formulary exceptions will be honored through the date communicated on your approval letter. If you plan on continuing your medication beyond that date, we encourage you to contact us to submit another request for a formulary exception before your current approval expires. We will work with your doctor to obtain

the information needed to review your request and renew the exception.

Most of the changes in the Drug List are new for the beginning of each year. However, during the year, we might make other changes that are allowed by Medicare rules.

When we make these changes to the Drug List during the year, you can still work with your doctor (or other prescriber) and ask us to make an exception to cover the drug. We will also continue to update our online Drug List as scheduled and provide other required information to reflect drug changes. (To learn more about changes we may make to the Drug List, see Chapter 5, Section 6 of the Evidence of Coverage.)

Changes to Prescription Drug Costs

Note: If you are in a program that helps pay for your drugs (“Extra Help”), **the information about costs for Part D prescription drugs does not apply to you.** We sent you a separate insert, called the

“Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs” (also called the “Low Income Subsidy Rider” or the “LIS Rider”), which tells you about your drug costs. Because you receive “Extra Help” if you haven’t received this insert by September 30, 2021, please call Member Services and ask for the “LIS Rider.”

There are four “drug payment stages.” How much you pay for a Part D drug depends on which drug payment stage you are in. (You can look in Chapter 6, Section 2 of your *Evidence of Coverage* for more information about the stages.)

The information below shows the changes for next year to the first two stages – the Yearly Deductible Stage and the Initial Coverage Stage. (Most members do not reach the other two stages – the Coverage Gap Stage or the Catastrophic Coverage Stage. To get information about your costs in these stages, look in your *Summary of Benefits* or at Chapter 6, Sections 6 and 7, in the *Evidence of Coverage*.)

Changes to the Deductible Stage

Stage	2021 (this year)	2022 (next year)
Stage 1: Yearly Deductible Stage During this stage, you pay the full cost of your Part D drugs until you have reached the yearly deductible.	Your deductible amount is either \$0 or \$92, depending on the level of “Extra Help” you receive.	Your deductible amount is either \$0 or \$99, depending on the level of “Extra Help” you receive.

Changes to Your Cost Sharing in the Initial Coverage Stage

To learn how copayments and coinsurance work, look at Chapter 6, Section 1.2, *Types of out-of-pocket costs you may pay for covered drugs* in your *Evidence of Coverage*.

Stage	2021 (this year)	2022 (next year)
Stage 2: Initial Coverage Stage Once you pay the yearly deductible, you move to the Initial Coverage Stage. During this stage, the plan pays its share of the cost of your drugs and you pay your share of the cost. The costs in this row are for a one-month (31-day) supply when you fill your prescription at a network pharmacy. For information about the costs, look in Chapter 6, Section 5 of your <i>Evidence of Coverage</i> .	Your cost for a one-month supply filled at a network pharmacy with standard cost sharing: Generics and drugs treated as generics: Depending on your “Extra Help” level or institutional status you pay <ul style="list-style-type: none"> • \$0 • \$1.30 or • \$3.70 or • 15% All other drugs: Depending on your “Extra Help” level or institutional status you pay <ul style="list-style-type: none"> • \$0 or • \$4.00 copay or • \$9.20 copay or • 15% If you do not receive “Extra Help” you will pay a 25% coinsurance for your prescription drugs. Once you have paid \$6,550 out-of-pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage).	Your cost for a one-month supply filled at a network pharmacy with standard cost sharing: Generics and drugs treated as generics: Depending on your “Extra Help” level or institutional status you pay <ul style="list-style-type: none"> • \$0 • \$1.35 or • \$3.95 or • 15% All other drugs: Depending on your “Extra Help” level or institutional status you pay <ul style="list-style-type: none"> • \$0 or • \$4.00 copay or • \$9.85 copay or • 15% If you do not receive “Extra Help” you will pay a 25% coinsurance for your prescription drugs. Once you have paid \$7,050 out-of-pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage).

Changes to the Coverage Gap and Catastrophic Coverage Stages

The Coverage Gap Stage and the Catastrophic Coverage Stage are two other drug coverage

stages for people with high drug costs. **Most members do not reach either stage.** For information about your costs in these stages, look at your *Summary of Benefits* or at Chapter 6, Sections 6 and 7, in your *Evidence of Coverage*.

SECTION 2

Deciding Which Plan to Choose

Section 2.1 – If you want to stay in Health Choice Pathway

To stay in our plan you don't need to do anything. automatically be enrolled in our Health Choice Pathway.
If you do not sign up for a different plan or change to Original Medicare by December 7, you will

Section 2.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change for 2022 follow these steps:

Step 1: Learn about and compare your choices

- You can join a different Medicare health plan,
- -- OR-- You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan.

To learn more about Original Medicare and the different types of Medicare plans, read the *Medicare & You 2022* handbook, call your State Health Insurance Assistance Program (see Section 5), or call Medicare (see Section 6.2).

You can also find information about plans in your area by using the Medicare Plan Finder on the Medicare website. Go to www.medicare.gov/plan-compare. Here, you can find information about costs, coverage, and quality ratings for Medicare plans.

Step 2: Change your coverage

- To change to a different Medicare health plan, enroll in the new plan. You will automatically be disenrolled from Health Choice Pathway.
- To change to Original Medicare with a prescription drug plan, enroll in the new drug plan. You will automatically be disenrolled from Health Choice Pathway.
- To change to Original Medicare without a prescription drug plan, you must either:
 - Send us a written request to disenroll. Contact Member Services if you need more information on how to do this (phone numbers are in Section 6.1 of this booklet).
 - – or – Contact **Medicare**, at **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call **1-877-486-2048**.

If you switch to Original Medicare and do **not** enroll in a separate Medicare prescription drug plan, Medicare may enroll you in a drug plan unless you have opted out of automatic enrollment.

SECTION 3

Changing Plans

If you want to change to a different plan or Original Medicare for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 2022.

Are there other times of the year to make a change?

In certain situations, changes are also allowed at other times of the year. For example, people with AHCCCS (Medicaid), those who get “Extra Help” paying for their drugs, those who have or are leaving employer coverage, and those who move

out of the service area may be allowed to make a change at other times of the year.

If you enrolled in a Medicare Advantage plan for January 1, 2022, and don’t like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2022. For more information, see Chapter 10, Section 2.3 of the *Evidence of Coverage*.

SECTION 4

Programs That Offer Free Counseling about Medicare and AHCCCS (Medicaid)

The State Health Insurance Assistance Program (SHIP) is a government program with trained counselors in every state. In Arizona, the SHIP is called Arizona Health Insurance and Assistance Program (Arizona SHIP).

Arizona SHIP is independent (not connected with any insurance company or health plan). It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. Arizona SHIP counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and

answer questions about switching plans. You can call Arizona SHIP at **1-800-432-4040**. You can learn more about Arizona SHIP by visiting their website <https://des.az.gov/services/older-adults/medicare-assistance>.

For questions about your AHCCCS (Medicaid) benefits, contact **1-855-HEA-PLUS (1-855-432-7587)** or **1-602-417-4000**, TTY **1-800-367-8939**, Monday-Friday 8 a.m. – 5 p.m. Ask how joining another plan or returning to Original Medicare affects how you get your AHCCCS (Medicaid) coverage.

SECTION 5

Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs. Below we list different kinds of help:

- **“Extra Help” from Medicare.** Because you have AHCCCS (Medicaid), you are already enrolled in “Extra Help,” also called the Low Income Subsidy. “Extra Help” pays some of your prescription drug premiums, annual deductibles and coinsurance. Because you qualify, you do not have a coverage gap or late enrollment penalty. If you have questions about “Extra Help,” call:
 - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;
 - The Social Security Office at 1-800-772-1213 between 7 am and 7 pm, Monday through Friday. TTY users should call, 1-800-325-0778 (applications); or
 - Your State Medicaid Office (applications).
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the Arizona Department of Health Services (ADHS). For information on eligibility criteria, covered drugs, or how to enroll in the program, please call 1-800-334-1540 or 1-602-364-3610.

SECTION 6

Questions?

Section 6.1 – Getting Help from Health Choice Pathway

Questions? We’re here to help. Please call Member Services at **1-800-656-8991**. (TTY only, call 711.) We are available for phone calls 7 days a week, 8 a.m. to 8 p.m. Calls to these numbers are free.

Read your 2022 Evidence of Coverage (it has details about next year’s benefits and costs)

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2022. For details, look in the 2022 *Evidence of Coverage* for Health Choice Pathway. The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to

follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* is located on our website at **healthchoicepathway.com**. You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

Visit our Website

You can also visit our website at **healthchoicepathway.com**. As a reminder, our website has the most up-to-date information about our provider network (Provider Directory) and our list of covered drugs (Formulary/Drug List).

Section 6.2 – Getting Help from Medicare

To get information directly from Medicare:
Call **1-800-MEDICARE (1-800-633-4227)**

You can call **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, 7 days a week. TTY users should call **1-877-486-2048**.

Visit the Medicare Website

You can visit the Medicare website (**www.medicare.gov**). It has information about cost, coverage, and quality ratings to help you compare Medicare health plans. You can find information about plans available in your area by using the Medicare Plan Finder on the Medicare website. (To view the in-

formation about plans, go to **www.medicare.gov/plan-compare**).

Read *Medicare & You 2022*

You can read the *Medicare & You 2022* handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this booklet, you can get it at the Medicare website (**www.medicare.gov**) or by calling **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, 7 days a week. TTY users should call **1-877-486-2048**.

Section 6.3 – Getting Help from AHCCCS (Medicaid)

To get information from AHCCCS (Medicaid) you can call AHCCCS (Medicaid) at **1-855-HEA-PLUS, (1-855-432-7587)** or **1-602-417-4000**, Monday-

Friday 8 a.m. – 5 p.m. except state holidays. TTY users should call **1-800-367-8939**.

Notice of Non-Discrimination



Health
Choice

In Compliance with Section 1557 of the Affordable Care Act

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 (including pregnancy, sexual orientation, and gender identity). Health Choice Pathway does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity).

Health Choice Pathway:

Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact:

Health Choice Pathway
Address: 410 N. 44th Street, Ste. 900
Phoenix, AZ 85008
Phone: 1-800-656-8991
Fax: 480-760-4739
TTY: 711
Email: HCHComments@azblue.com

If you believe that Health Choice Pathway has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity), you can file a grievance by mail, fax, or email to:

Health Choice Pathway
Address: 410 N. 44th Street, Ste. 900
Phoenix, AZ 85008
Phone: 1-800-656-8991
Fax: 480-760-4739
TTY: 711
Email: HCH.GrievanceForms@azblue.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Grievance Manager/Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 1-800-537-7697 (TDD)

Complaint forms are available at
<http://www.hhs.gov/ocr/office/file/index.html>.

Health Choice Pathway is a subsidiary of Blue Cross® Blue Shield® of Arizona.

Aviso de No Discriminación



Health
Choice

En cumplimiento con la Sección 1557 de la Ley de Cuidado de Salud de Bajo Costo

Health Choice Pathway (HMO D-SNP) cumple con las leyes de derechos civiles federales vigentes y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo (incluido el embarazo, la orientación sexual y la identidad de género). Health Choice Pathway no excluye a las personas ni las trata de manera diferente por su raza, color, nacionalidad, edad, discapacidad o sexo (incluido el embarazo, la orientación sexual y la identidad de género).

Health Choice Pathway:

Ofrece material de ayuda y servicios sin cargo a las personas que tienen discapacidades que les impiden comunicarse de manera eficaz con nosotros, como los siguientes:

- Intérpretes de lenguaje de señas calificados
- Información escrita en otros formatos (letra grande, audio, formatos electrónicos accesibles, otros formatos)

Brinda servicios de idiomas sin cargo a las personas cuya lengua materna no es el inglés, como los siguientes:

- Intérpretes calificados
- Información escrita en otros idiomas

Si necesita estos servicios, comuníquese con nosotros:

Health Choice Pathway
Dirección: 410 N. 44th Street, Ste. 900
Phoenix, AZ 85008
Teléfono: 1-800-656-8991
Fax: 480-760-4739
TTY: 711
Correo electrónico: HCHComments@azblue.com

Si considera que Health Choice Pathway no ha logrado prestar estos servicios o ha discriminado de algún otro modo a una persona por su raza, color, nacionalidad, edad, discapacidad o sexo (incluido el embarazo, la orientación sexual y la identidad de género), puede presentar una queja formal por correo, fax o correo electrónico:

Health Choice Pathway
Dirección: 410 N. 44th Street, Ste. 900
Phoenix, AZ 85008
Teléfono: 1-800-656-8991
Fax: 480-760-4739
TTY: 711
Correo electrónico:
HCH.GrievanceForms@azblue.com

Puede presentar una queja formal personalmente o por correo, fax o correo electrónico. Si necesita ayuda para presentar una queja formal, el administrador de quejas formales/coordinador de derechos civiles está a su disposición para ayudarlo.

También puede presentar una queja por violación a los derechos civiles ante la Oficina de Derechos Civiles del Departamento de Salud y Servicios Humanos de los EE. UU. de forma electrónica a través de su Portal de quejas, disponible en <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, o por correo o teléfono:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 1-800-537-7697 (TDD)

Los formularios de queja están disponibles en <http://www.hhs.gov/ocr/office/file/index.html>.

Multi-Language Interpreter Services



Health
Choice

as required by Section 1557 of the Affordable Care Act

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call **1-800-656-8991 (TTY: 711)**, 8 a.m. – 8 p.m., 7 days a week.

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

注意：日本語を話される場合、無料で言語支援サービスをご利用いただけます。次の番号までお電話してください：**1-800-656-8991 (TTY: 711)**

Bilagáana bizaad doo bee yáníłti' dago dóo saad nááná ła' bee yáníłti'go, saad bee ata' hane', t'áá níík'eh, ná bee ahóót'i'. Koji' hodíłnih **1-800-656-8991 (TTY: 711)**.

ATENÇÃO: se você fala português brasileiro, oferecemos serviços gratuitos de assistência para idiomas. Ligue para **1-800-656-8991 (TDD: 711)**.

CHÚ Ý: Nếu quý vị nói [Tiếng Việt], chúng tôi sẽ cung cấp các dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Hãy gọi số **1-800-656-8991 (TTY: 711)**.

تنبيه: إذا كنت تتحدث العربية، فسوف تتوفر لديك خدمات المساعدة اللغوية، مجانًا. اتصل على **1-800-656-8991 (هاتف نصي: 711)**.

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **1-800-656-8991 (TTY: 711)**.

ATANSYON: Si ou pale Kreyòl Ayisyen, sèvis asistans lang, gratis, disponib pou ou. Rele **1-800-656-8991 (TTY: 711)**.

ACHTUNG: Wenn Sie Deutsch sprechen, steht Ihnen ein kostenloser Fremdsprachenservice zur Verfügung. Rufen Sie **1-800-656-8991 (TTY: 711)** an.

ΠΡΟΣΟΧΗ: εάν μιλάτε Ελληνικά, μπορείτε να λάβετε δωρεάν υπηρεσίες γλωσσικής βοήθειας. Καλέστε τον αριθμό **1-800-656-8991 (TTY: 711)**.

સૂચના: જો તમે બોલતા હોવ, તો તમારા માટે મફત ભાષા સહાયતા સેવાઓ ઉપલબ્ધ છે. સંપર્ક **1-800-656-8991 (TTY: 711)**.

ध्यान दें: यदि आप हन्दिदी बोलते हैं, तो आपके लएि भाषा सहायता सेवाएं नःशुल्क उपलब्ध हैं। **1-800-656-8991 (TTY: 711)** पर कॉल करें।

Multi-Language Interpreter Services



Health Choice

as required by Section 1557 of the Affordable Care Act

ATTENZIONE: se parla italiano, sono disponibili per lei servizi gratuiti di assistenza linguistica. Chiami il numero **1-800-656-8991** (TTY: **711**).

請注意：若您使用繁體中文，您可以接受免費的語言協助服務。請致電 **1-800-656-8991** (TTY: 711)。

주의: 한국어를 사용하는 경우, 언어 지원 서비스가 무료로 제공됩니다. **1-800-656-8991 (TTY: 711)** 번으로 전화하십시오.

โปรดทราบ: หากคุณพูดภาษาไทย คุณจะสามารถใช้บริการความช่วยเหลือด้านภาษาได้โดยไม่มีค่าใช้จ่าย โทร **1-800-656-8991 (TTY: 711)**

FAKATOKANGA'I: Kapau 'oku ke Lea-Fakatonga, ko e kau tokoni fakatonu lea 'oku nau fai atu ha tokoni ta'etotongi, pea teke lava 'o ma'u ia. Telefoni mai **1-800-656-8991** (TTY: **711**).

សូមយកចិត្តទុកដាក់៖ ប្រសិនបើលំហែកអ្នកនិយាយភាសា ខ្មែរ ឬ យើងខ្ញុំមានសំណួរអ្នកជួយភាសាដល់លំហែកអ្នកដទៃយើងគិតថ្លៃសេរីនោះទេ។ សូមហៅទូរស័ព្ទទុកលេខ **1-800-656-8991** (TTY: 711)។

UWAGA: Jeżeli mówi Pan/Pani po polsku, oferujemy bezpłatne usługi pomocy językowej. Prosimy o kontakt pod numerem **1-800-656-8991** (telefon tekstowy (TTY): **711**).

PAŽNJA: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su Vam besplatno. Pozovite **1-800-656-8991 (TTY: 711)**.

ATENSIYON: Kung nagsasalita ka ng Tagalog, ang mga serbisyong tulong sa wika, na walang singil, ay magagamit mo. Tumawag sa **1-800-656-8991** (TTY: **711**).

توجه: اگر به زبان فارسی صحبت می‌کنید، خدمات زبانی رایگان به شما ارائه می‌شود. یا 1-800-656-8991 (TTY: 711). تماس بگیرید.



معيرنوٓا: اَيْنَ بَعَلْتُمُوكُمْ دَمْخَكَةَ (لِشْنَا اُسُورِيَّيَا) وَبِمَجَن دَلَا اَجْرًا بَنِيْسًا دَقْشِمِشَّةَا وَعَدْرَنَّا. 1-800-656-8991 (TTY: 711) عُبُود شَقْلِيْبِيْلَّةَا بَنَنَ مَنَبَّيَا.

Member Services:

1-800-656-8991 | TTY 711
8 a.m. – 8 p.m., 7 days a week

Visit our website at:

HealthChoicePathway.com

-  “Like” us on Facebook - Health Choice Pathway
-  “Follow” us on Twitter - HealthChoiceSNP



Health
Choice