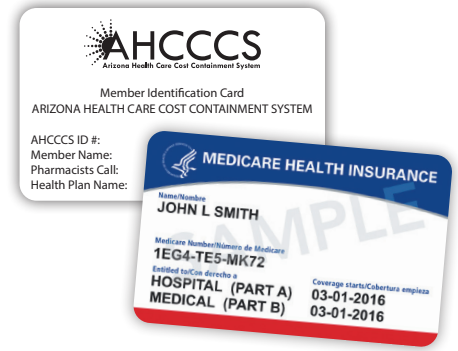


# 2021 Benefits at a Glance

## Health Choice Pathway (HMO D-SNP)

This Benefits at a Glance gives you a brief overview of what Health Choice Pathway (HMO D-SNP) covers and what you pay.



### Monthly Premium, Deductibles, and Limits

	With Health Choice Pathway and full Medicaid (AHCCCS) eligibility, you pay:	With Health Choice Pathway and Medicare only, you pay:
Monthly plan premium	\$0	\$0 – \$30.70 based on your level of Medicaid eligibility.
Deductible	\$0	This plan has deductibles for some hospital and medical services. \$0 or \$198 per year for in-network services, depending on your level of Medicaid eligibility. This amount may change for 2021. \$0 or \$92 per year for Part D prescription drugs.
Maximum Out-of-Pocket Responsibility <i>(this does not include prescription drugs)</i>	\$0	\$7,550

## Covered Medical and Hospital Benefits

	With Health Choice Generations and full Medicaid (AHCCCS) eligibility, you pay:	With Health Choice Generations and Medicare only, you pay:
<b>Inpatient Hospital Care</b> <i>(Prior authorization may be required)</i>	\$0 copay	You pay: \$1,408 deductible for each benefit period. <ul style="list-style-type: none"> <li>• Days 1–60: \$0 coinsurance for each benefit period.</li> <li>• Days 61–90: \$352 coinsurance per day of each benefit period.</li> <li>• Days 91 and beyond: \$704 coinsurance per each “lifetime reserve day” after day 90 for each benefit period (up to 60 days over your lifetime).</li> </ul> Beyond lifetime reserve days: all costs. Amounts are subject to change by Medicare in 2021.
<b>Outpatient Hospital Coverage</b> <ul style="list-style-type: none"> <li>• Outpatient Hospital Services <i>(Prior authorization may be required)</i></li> <li>• Ambulatory Surgical Center</li> </ul>	\$0 copay \$0 copay	20% of the cost 20% of the cost
<b>Doctor Office Visits</b> <ul style="list-style-type: none"> <li>• Primary Care Provider</li> <li>• Specialists</li> </ul>	\$0 copay \$0 copay	20% of the cost 20% of the cost
<b>Preventive Care</b>	\$0 copay	\$0 copay
<b>Emergency Care</b>	\$0 copay	20% of the cost up to \$90 for Medicare-covered emergency room visits
<b>Urgent-Care Services</b>	\$0 copay	20% of the cost up to \$65 for Medicare-covered urgently needed services

## Covered Medical and Hospital Benefits

	With Health Choice Generations and full Medicaid (AHCCCS) eligibility, you pay:	With Health Choice Generations and Medicare only, you pay:
<b>Skilled Nursing Facility (SNF)</b> <i>(Prior authorization may be required)</i>	\$0 copay	Our plan covers up to 100 days in a SNF. <ul style="list-style-type: none"> <li>• Days 1–20: \$0 for each benefit period</li> <li>• Days 21–100: \$176 coinsurance per day of each benefit period</li> <li>• Days 101 and beyond: all costs</li> </ul> Amounts are subject to change by Medicare in 2021.
<b>Home Health Care</b> <i>(Prior authorization may be required)</i>	\$0 copay	\$0 copay
<b>Ambulance</b> <i>(Prior authorization required for non-emergent ambulance only)</i>	\$0 copay	20% of the cost
<b>Diagnostic Services/Lab/Imaging Lab Services</b>		
<ul style="list-style-type: none"> <li>• Diagnostic tests and procedures <i>(Prior authorization may be required)</i></li> </ul>	\$0 copay	20% of the cost
<ul style="list-style-type: none"> <li>• Lab services <i>(Prior authorization may be required)</i></li> </ul>	\$0 copay	\$0 copay
<ul style="list-style-type: none"> <li>• Diagnostic radiology services (e.g., MRI, CT) <i>(Prior authorization may be required)</i></li> </ul>	\$0 copay	20% of the cost
<ul style="list-style-type: none"> <li>• Outpatient X-rays</li> </ul>	\$0 copay	20% of the cost
<ul style="list-style-type: none"> <li>• Therapeutic radiology <i>(Prior authorization may be required)</i></li> </ul>	\$0 copay	20% of the cost

## Supplemental Benefits and Services

### Dental Services

\$0 copay

#### Preventive:

\$3,000 maximum benefit allowance per calendar year for all dental services combined.

2 oral exams per year

2 prophylaxis (cleanings) per year, 1 every 6 months

1 fluoride treatment per year

2 dental X-rays per year, which consists of:

1 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.

*(Prior authorization required for dentures)*

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### Vision Services

\$0 copay

Routine Eye Exam: 1 every year

\$350 maximum benefit allowance every year for unlimited eyewear

- Contact lenses
- Eyeglasses (frames and lenses)

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### Hearing Services

\$0 copay

Routine Hearing Exam: 1 every year

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

Fitting for Hearing Aid/Evaluation: 1 every year

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### Over-the-Counter (OTC) Items

\$0 copay

Quarterly purchases for product items are done via the OTC catalog or in-store. Shipping is free.

\$260 maximum benefit allowance every 3 months. No rollover on unused amount.

## Supplemental Benefits and Services

### Meal Benefit

*(Prior authorization may be required)*

\$0 copay

Up to 28 meals per admit, once per calendar year, 2 meals per day for 14 days, immediately following an acute inpatient hospital stay.

Up to 14 meals, once per calendar year, 2 meals per day for 7 days, 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.

### Telehealth Services

\$0 copay

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 24 hours a day, 7 days a week.

### Fitness Benefit

\$0 copay

Provides you with access to participating fitness centers or home fitness kits to help keep you active and healthy.

### Transportation Services

\$0 copay

24 one-way trips every calendar year to plan-approved health-related locations.

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

Services include special supplemental benefits for the following chronic conditions:

- Complications from chronic heart failure (CHF)
- Diabetes with complications
- Complications from chronic obstructive pulmonary disease (COPD)

Services provided will be based on the need of the individual and a plan of care developed with the member and their family.

\$0 copay for Telemonitoring Services and Remote Access Technologies including web/ phone-based technologies and Nursing Hotline.

- 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

## Prescription Drug Benefits

### Medicare Part B Drugs

#### Chemotherapy Drugs

(Prior authorization may be required)

\$0 copay or 20% of the cost

#### Other Part B Drugs

(Prior authorization rules apply to select drugs)

\$0 copay or 20% of the cost

### Standard Retail Pharmacy and Mail-Order Pharmacy

#### Generic drugs

\$0 copay or \$1.30 copay or \$3.70 copay  
or 15% coinsurance

#### Brand-name drugs

\$0 copay or \$4.00 copay or \$9.20 copay  
or 15% coinsurance

## 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 [www.HealthChoicePathway.com](http://www.HealthChoicePathway.com)

“Like” us on Facebook  Health Choice Pathway

“Follow” us on Twitter  HealthChoiceSNP



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. This information is not a complete description of benefits. Call 1-800-656-8991, TTY 711 for more information. Premiums, copays, co-insurance, and deductibles may vary based on the level of Extra Help you receive. Values shown are for those with Medicare Parts A and B cost sharing covered by the state. For complete information and for costs for those without Medicare Parts A and B cost sharing covered by the state, please refer to the Summary of Benefits or Evidence of Coverage.

Health Choice Pathway is an affiliate of Blue Cross® Blue Shield® of Arizona.

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 nínizin: Díí saad bee yáníłt'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiiik'eh, éí ná hóló, kojí' hódíłnih 1-800-656-8991 (TTY: 711.)