

2020 HEALTH CHOICE GENERATIONS

www.HealthChoiceGenAZ.com

Apache, Coconino, Gila, Maricopa, Mohave, Navajo, Pinal, Yavapai

2 oral exams & 2 prophylaxis (cleanings) per year, 1 every 6 months. Exam and cleaning must be performed in the same preventative office visit. 1 fluoride treatment per year. 2 dental X-rays per year, X-rays must be taken during the preventative office visit. (X-ray can consist of: 1 of either bitewing X-rays or single X-rays OR 1 complete full mouth (fmx) or panoramic X-ray. Complete/panoramic only allowed once every 36 months.) Denture adjustments up to 4 times a year. Dentures covered once every 5 years. PA required.

\$3,000
Allowance
Yearly

1 routine eye exam per year, includes contact lenses and 1 pair of eyeglasses (lenses and frames).

\$300
Allowance
Yearly

1 routine hearing exam per year. 1 hearing aid for 1 ear + fitting, every 3 years, per ear.

\$1,500
Allowance
Every
3 Years,
per ear

10 meals per admit, delivered all at once, allowed once per year, immediately following an inpatient hospital stay. PA required.

10 Meals
Once
a Year

BENEFIT TYPE

 WEBSITE

 COVERED COUNTIES

 DENTAL

 VISION

 HEARING

 MEALS

2021 HEALTH CHOICE PATHWAY

www.HealthChoicePathway.com

Apache, Coconino, Gila, Maricopa, Mohave, Navajo, Pinal, Yavapai

2 oral exams & 2 prophylaxis (cleanings) per year, 1 every 6 months. Exam and cleaning must be performed in the same preventative office visit. 1 fluoride treatment per year. 2 dental X-rays per year, **X-rays do not need to be taken during the preventative office visit.** (X-ray can consist of: 1 of either bitewing X-rays or single X-rays OR 1 complete full mouth (fmx) or panoramic X-ray. Complete/panoramic only allowed once every 36 months.) Denture adjustments up to 4 times a year. Dentures covered once every 5 years. PA required.

\$3,000
Allowance
Yearly

1 routine eye exam per year, includes **unlimited** eyewear, contact lenses and eyeglasses (lenses and frames).

\$350
Allowance
Yearly

1 routine hearing exam per year. \$1,500 allowance every year for hearing aid(s), both ears combined. Hearing aid fitting once every year.

\$1,500
Allowance
Yearly

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

**Up to 28 Meals
Once a
Year**

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. PA required.

**Up to 14 Meals
Once a
Year**

Red indicates changes from contract year 2020 to 2021

| | |
|--|--------------------------------|
| \$150 allowance per quarter w/free shipping. Must order from the OTC catalog, unused quarterly amount does not rollover. | \$150 Allowance Every 3 Months |
|--|--------------------------------|

12 routine foot care visits per year.

| | |
|--|-------------------------|
| Van or medical transport to a plan approved health-related location. | 24 One-Way Trips a Year |
|--|-------------------------|

| | |
|--|---|
| Support with daily living activities, 8 hours a month - Infinity of Page and Synergy HomeCare. | 8 Hours Monthly, 2-Hour Shifts Weekly or 4-Hour Shifts Bi-monthly |
|--|---|

Not a Supplemental Benefit

Fitness Center Membership: Silver & Fit fitness center, YMCA, or exercise center that takes part in the program, or home fitness program. Variety of home fitness kits if member can't get to a fitness center or they want to work out at home. Up to 2 kits each benefit year.



Once per quarter

CVS Caremark

| Copay Levels*: | Generic | Brand | Catastrophic |
|----------------|---------|--------|--------------|
| LIS (1) | \$3.60 | \$8.95 | \$0.00 |
| LIS (2) | \$1.30 | \$3.90 | \$0.00 |
| LIS (3) | \$0.00 | \$0.00 | \$0.00 |

OTC

PODIATRY

TRANSPORT

SSBCI

TELEHEALTH SERVICES

FITNESS

NURSE LINE/ BUDDY PROGRAM

PLAN CHANGES

RX MANAGER

PART D

| | |
|---|--------------------------------|
| \$260 allowance every 3 months, purchase online (cvs.com/otchs/healthchoice), by phone (1-844-457-8938) or in-store. Amount does not rollover, vendor change to CVS - OTC Health Solutions. | \$260 Allowance Every 3 Months |
|---|--------------------------------|

Not a supplemental benefit. Medicare-covered benefit when medically necessary.

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|--|-------------------------|
| Van or medical transport to a plan approved health-related location. | 24 One-Way Trips a Year |
|--|-------------------------|

Special supplemental benefits for the following chronic condition(s): 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.

- Connected health devices and remote patient monitoring (RPM) technologies, in association with PCP or Specialist intervention.
- Connected health devices may enable physicians to monitor members without having to conduct face-to-face appointments.
- Physicians may be able to remotely take 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. PA Required.

Visit www.HealthChoicePathway.com for virtual visits, 24 hours a day, 7 days a week
*Not all conditions can be treated through virtual visits.

Silver&Fit Healthy Aging and Exercise program - member can combine any/all of the options: 1,500+ digital workout videos, daily workout videos via social media channels, stay fit kits, home fitness kits, access to 15,000+ fitness centers and a Healthy Aging coach.



Once per quarter

CVS Caremark

| Copay Levels*: | Generic | Brand | Catastrophic |
|----------------|---------|--------|--------------|
| LIS (1) | \$3.70 | \$9.20 | \$0.00 |
| LIS (2) | \$1.30 | \$4.00 | \$0.00 |
| LIS (3) | \$0.00 | \$0.00 | \$0.00 |

Red indicates changes from contract year 2020 to 2021