

2023

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.



Monthly Premium, Deductibles, and Limits		
	With BCBSAZ Health Choice Pathway and full AHCCCS (Medicaid) eligibility, you pay:	With BCBSAZ Health Choice Pathway only and no AHCCCS (Medicaid) eligibility, you pay:
Monthly plan premium	\$0	\$42.60
Deductible	\$0	\$233. This is the 2022 cost sharing amount and may change for 2023. BCBSAZ Health Choice Pathway will provide updated rates as soon as they are released. \$505 per year for Part D prescription drugs based on your level of AHCCCS (Medicaid eligibility).
Maximum Out-of-Pocket Responsibility (this does not include prescription drugs)	\$0	\$7,550

Covered Medical and Hospital Benefits

	With BCBSAZ Health Choice Pathway and full AHCCCS (Medicaid) eligibility, you pay:	With BCBSAZ Health Choice Pathway only and no AHCCCS (Medicaid) eligibility, you pay:
Inpatient Hospital Care <i>(Prior authorization may be required)</i>	\$0 copay	You pay: \$1,556 deductible for each benefit period. <ul style="list-style-type: none"> • Days 1–60: \$0 copay for each benefit period. • Days 61–90: \$389 copay per day of each benefit period. • Days 91 and beyond: \$778 copay per each “lifetime reserve day” after day 90 for each benefit period (up to 60 days over your lifetime). Beyond lifetime reserve days: all costs. These are the 2022 cost sharing amounts and may change for 2023. BCBSAZ Health Choice Pathway will provide updated rates as soon as they are released.
Outpatient Hospital Coverage <ul style="list-style-type: none"> • Outpatient Hospital Services <i>(Prior authorization may be required)</i> • Ambulatory Surgical Center <i>(Prior authorization may be required)</i> 	\$0 copay \$0 copay	20% coinsurance 20% coinsurance
Doctor Office Visits <ul style="list-style-type: none"> • Primary Care Provider • Specialists <i>(Prior authorization for pain management may be required)</i> 	\$0 copay \$0 copay	20% coinsurance 20% coinsurance
Preventive Care	\$0 copay	\$0 copay
Emergency Care	\$0 copay	20% coinsurance up to \$95 for Medicare-covered emergency room visits
Urgent-Care Services	\$0 copay	20% coinsurance up to \$60 for Medicare-covered urgently needed services

Covered Medical and Hospital Benefits

	With BCBSAZ Health Choice Pathway and full AHCCCS (Medicaid) eligibility, you pay:	With BCBSAZ Health Choice Pathway only and no AHCCCS (Medicaid) eligibility, you pay:
Skilled Nursing Facility (SNF) <i>(Prior authorization may be required)</i>	\$0 copay	Our plan covers up to 100 days in an SNF. <ul style="list-style-type: none"> • Days 1–20: \$0 copay for each benefit period • Days 21–100: \$194.50 copay per day of each benefit period • Days 101 and beyond: all costs These are the 2022 cost sharing amounts and may change for 2023. BCBSAZ Health Choice Pathway will provide updated rates as soon as they are released.
Home Health Care <i>(Prior authorization may be required)</i>	\$0 copay	\$0 copay
Ambulance <i>(Prior authorization required for non-emergent ambulance only)</i>	\$0 copay	20% coinsurance for ground and air ambulance services
Diagnostic Services/Lab/Imaging Lab Services <ul style="list-style-type: none"> • Diagnostic tests and procedures <i>(Prior authorization may be required)</i> • Lab services <i>(Prior authorization may be required)</i> • Diagnostic radiology services (e.g., MRI, CT) <i>(Prior authorization may be required)</i> • Outpatient X-rays • Therapeutic radiology <i>(Prior authorization may be required)</i> 	\$0 copay \$0 copay \$0 copay \$0 copay \$0 copay	20% coinsurance \$0 copay 20% coinsurance 20% coinsurance 20% coinsurance

Supplemental Benefits and Services

Dental Services

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

\$4,000 maximum benefit allowance per calendar year for all dental services combined.

Vision Services

\$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

\$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.

Supplemental Benefits and Services

Over-the-Counter (OTC) Items

Quarterly allowance for product items in the OTC catalog. Items can be ordered online or by phone, or purchased in-store. Shipping is free.

\$0 copay

\$380 maximum benefit allowance every 3 months. 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.

Meal Benefit

(Prior authorization may be required)

\$0 copay up to 84 total meals.

Up to 70 meals per admit, once per calendar year, 2 meals per day for 35 days, immediately following surgery or inpatient hospitalization or for a chronic illness.

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

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.

Supplemental Benefits and Services

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

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

Special Supplemental Benefits for Chronically Ill Members (SSBCI)

Remote Access Technologies

To be eligible to receive the benefit(s) listed above, you must be under care management and have one or more qualifying chronic condition.

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

\$0 copay

Providers 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

- 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

Food and Produce Card

If eligible, our plan offers a prepaid Visa® debit card with a limit of \$30 or \$100 dollars per month to help cover the cost of healthy food items. For a complete list of items, please refer to the Evidence of Coverage (EOC), Chapter 4, Section 2.1.

\$0 copay

Unused amount does not rollover for healthy groceries each month.

To be eligible, you must have a claim on file in CY2023 and one or more qualifying chronic conditions.

Dental, Vision and Hearing Flex Card

To be eligible to receive this benefit, you must:

- Exhaust any one of your supplemental benefits (i.e., supplemental dental, vision, and hearing); Please see Chapter 4, Section 2.1 Benefit chart in the Evidence of Coverage for supplemental dental, vision, or hearing benefit limitations and maxes. After which the Flex Card will be loaded with funds. This benefit is for your use only, may not be sold or transferred, and has no cash value.

\$0 copay

Our plan offers a prepaid Visa® debit card with a combined annual limit of \$1,000 to help reduce your out-of-pocket expenses for dental, vision, and hearing services. Your benefit dollars may be spent between dental, vision, and hearing as you see fit. Any unused benefit dollars will expire at the end of the year. This benefit is not a replacement for dental, vision, or hearing benefits and is designed to help offset certain expenses.

Special Supplemental Benefits for Chronically Ill Members (SSBCI) cont.

Housing Flex Card Lodging/Utilities

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 be eligible to receive the benefit(s) listed above, 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 mental illness
- 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. 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 or 20% coinsurance

Other Medicare Part B Drugs

(Prior authorization rules apply to select drugs)

\$0 copay or 20% coinsurance

Medicare Part B Drugs – Step Therapy

Based on your level of AHCCCS (Medicaid eligibility). 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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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. 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. Some benefits mentioned are a part of a special supplemental program for the chronically ill. Not all members qualify.

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

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