

# 2024

## Annual Notice of Changes



# BCBSAZ Health Choice Pathway (HMO D-SNP)



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



**BlueCross  
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Arizona

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**Health  
Choice**

# Annual Notice of Changes for 2024



You are currently enrolled as a member of BCBSAZ Health Choice Pathway (HMO D-SNP). Next year, there will be changes to the plan's costs and benefits. **Please see page 5 for a Summary of Important Costs, including Premium.**

This document tells about the changes to your plan. To get more information about costs, benefits, or rules please review the *Evidence of Coverage*, which is located on our website at **healthchoicepathway.com**. You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

## 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.
  - Review the changes to Medical care costs (doctor, hospital).
  - Review the changes to our drug coverage, including authorization requirements and costs.
  - Think about how much you will spend on premiums, deductibles, and cost sharing.
- ☐ Check the changes in the 2024 "Drug List" to make sure the drugs you currently take are still covered.
- ☐ Check to see if your primary care doctors, specialists, hospitals, and other providers, including pharmacies, will be in our network next year.
- ☐ 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 Medicare Plan Finder at **www.medicare.gov/plan-compare** website or review the list in the back of your *Medicare & You 2024* handbook.
- ☐ 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, 2023, you will stay in BCBSAZ Health Choice Pathway.
- To **change to a different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2024**. This will end your enrollment with BCBSAZ Health Choice Pathway.
- Look in section 4, page 22 to learn more about your choices.
- If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can switch plans or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

## 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 call is free.
- 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 languages. 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](https://www.irs.gov/Affordable-Care-Act/Individuals-and-Families)** for more information.

## About BCBSAZ Health Choice Pathway

- 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. The plan also has a written agreement with the Arizona Medicaid program to coordinate your Medicaid benefits.
- When this document says "we," "us," or "our," it means Health Choice Arizona, Inc. When it says "plan" or "our plan," it means BCBSAZ Health Choice Pathway.
- BCBSAZ Health Choice Pathway is a subsidiary of Blue Cross® Blue Shield® of Arizona (BCBSAZ), an independent licensee of the Blue Cross Blue Shield Association.

# Annual Notice of Changes for 2024

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# Summary of Important Costs for 2024

The table below compares the 2023 costs and 2024 costs for BCBSAZ Health Choice Pathway in several important areas. **Please note this is only a summary of costs.** 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	2023 (this year)	2024 (next year)
<b>Monthly plan premium*</b> * Your premium may be higher or lower than this amount. See Section 2.1 for details.	\$0 or \$42.60 based on your level of AHCCCS (Medicaid) eligibility.	\$0 or \$43.20 based on your level of AHCCCS (Medicaid) eligibility.
<b>Doctor office visits</b>	Primary care visits: \$0 copayment  Specialist visits: \$0 copayment	Primary care visits: \$0 copayment  Specialist visits: \$0 copayment
<b>Part D prescription drug coverage</b> (See Section 2.5 for details.)	Deductible: \$0	Deductible: \$0
<b>Maximum out-of-pocket amount</b>  This is the <u>most</u> you will pay out-of-pocket for your covered Part A and Part B services. (See Section 2.2 for details.)	\$7,550  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.	\$7,550  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.



## SECTION 1

# Unless You Choose Another Plan, You Will Be Automatically Enrolled in BCBSAZ Health Choice Pathway (HMO D-SNP) in 2024

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**If you do nothing in 2023, we will automatically enroll you in BCBSAZ Health Choice Pathway (HMO D-SNP).** This means starting January 1, 2024, you will be getting your medical and prescription drug coverage through BCBSAZ Health Choice Pathway (HMO D-SNP). If you want to change plans or switch to Original Medicare and get your prescription drug coverage through a Prescription Drug Plan you must do so between October 15 and December 7. The change will take effect on January 1, 2024.

# SECTION 2

## Changes to Benefits and Costs for Next Year

### Section 2.1 – Changes to the Monthly Premium

Cost	2023 (this year)	2024 (next year)
<b>Monthly premium</b> (You must also continue to pay your Medicare Part B premium unless it is paid for you by AHCCCS (Medicaid).	\$0 or \$42.60 based on your level of AHCCCS (Medicaid) eligibility	\$0 or \$43.20 based on your level of AHCCCS (Medicaid) eligibility

### Section 2.2 – Changes to Your Maximum Out-of-Pocket Amount

Medicare requires all health plans to limit how much you pay out-of-pocket for 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	2023 (this year)	2024 (next year)
<b>Maximum out-of-pocket amount</b>  <b>Because our members also get assistance from AHCCCS (Medicaid), very few members ever reach this out-of-pocket maximum.</b>  If you are eligible for AHCCCS (Medicaid) assistance with Part A and Part B copays, 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) 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.	\$7,550	\$7,550  Once you have paid \$7,550 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.

## Section 2.3 – Changes to the Provider and Pharmacy Networks

Updated directories are located on our website at **healthchoicepathway.com**. You may also call Member Services for updated provider and/or pharmacy information or to ask us to mail you a directory, which we will mail within three business days.

There are changes to our network of providers for next year. **Please review the 2024 Provider Directory to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

There are changes to our network of pharmacies for next year. **Please review the 2024 Pharmacy Directory to see which pharmacies are in our network.**

It is important that you know that we may make changes to the hospitals, doctors and specialists (providers), and pharmacies that are a part of your plan during the year. If a mid-year change in our providers affects you, please contact Member Services so we may assist.



## Section 2.4 – 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 making changes to costs and benefits for certain medical services next year. The information below describes these changes.

Cost	2023 (this year)	2024 (next year)
Acupuncture (Supplemental)	Acupuncture (Supplemental) is not covered.	<p>You pay \$0 copayment for up to 12 treatments every year.</p> <p>This benefit is in addition to the Medicare-covered Acupuncture. Benefit includes coverage for 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 CMS-required benefits. Acupuncture services are delivered by participating American Specialty Health (ASH) providers.</p>
Chiropractic Services (Supplemental)	Chiropractic Services (Routine Chiropractic Care) is not covered.	<p>You pay \$0 copayment for up to 12 visits every year.</p> <p>This benefit is in addition to the Medicare-covered Chiropractic services.</p> <p>Supplemental coverage for evaluation and management, X-ray examination, chiropractic manipulative therapy, modalities, therapeutic procedures, and physical rehabilitation for musculoskeletal conditions of the spine &amp; extremities. Chiropractic services are delivered by participating American Specialty Health (ASH) providers.</p>

Cost	2023 (this year)	2024 (next year)
<b>Chiropractic Services (Medicare-covered)</b>	Referral may be required.	Referral is not required.
<b>Dental Services Comprehensive and Preventive Dental (Supplemental)</b>	<p>You pay \$0 copayment for covered comprehensive and preventive dental services.</p> <p>You are covered for up to \$4,000 for both Preventive and Comprehensive services combined.</p>	<p>You pay \$0 copayment for covered comprehensive and preventive dental services.</p> <p>No maximum amount for Preventive services.</p> <p>You are covered up to \$4,000 for Comprehensive services.</p>
<b>Dental, Vision, Hearing Flex Card (Supplemental)</b>	<p>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.</p> <p>To be eligible to receive the benefits above you must: Exhaust any one of your supplemental benefits, i.e., supplemental dental, vision, and hearing.</p>	<p>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.</p> <p>Eligibility requirements no longer apply.</p>
<b>Enhanced Disease Management</b>	\$0 copayment	Enhanced Disease Management is not covered.

Cost	2023 (this year)	2024 (next year)
<b>Home and Bathroom Safety Devices and Modifications (Supplemental)</b>	Home and Bathroom Safety Devices and Modifications is not covered.	<p>You pay \$0 copayment for Home and Bathroom Safety Devices and Modifications.</p> <p>This benefit will include temporary home modifications including ramps and adding grab bars and safety rails in the shower.</p> <p>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.</p>
<b>In-Home Support Services (Supplemental)</b>	In-Home Support Services is not covered.	<p>You pay \$0 copayment for In-Home Support Services.</p> <p>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.</p> <p>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.</p> <p>Prior authorization may be required.</p>

Cost	2023 (this year)	2024 (next year)
<b>Meals Benefit (Supplemental)</b>	<p>\$0 copayment for up to 84 total meals.</p> <p>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.</p> <p>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), diabetes (DM). You may receive a maximum of 2 healthy meals per day for up to 7 days for a maximum of 14 meals.</p>	<p>\$0 copayment for up to 140 total meals.</p> <p>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.</p> <p>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), diabetes (DM). You may receive a maximum of 2 healthy meals per day for up to 35 days for a maximum of 70 meals.</p>
<b>Outpatient Blood Services</b>	<p>Three (3) pint Deductible Waived is not covered.</p> <p>Coverage of whole blood and packed red cells begins with the fourth pint of blood that you need.</p>	<p>Three (3) pint Deductible Waived covered.</p> <p>Coverage of whole blood and packed red cells begins with the first pint of blood that you need.</p>

Cost	2023 (this year)	2024 (next year)
<b>Over-the-Counter (OTC)/ Healthy Food/Produce Card (Supplemental)</b>	<p>\$0 copayment for \$380 allowance for OTC products every 3 months.</p> <p>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 not have more than twice their benefit to spend in any one quarter. Any unused benefit amount will not carry over to the next year.</p>	<p>\$0 copayment for \$600 every 3 months combined allowance for OTC products and Healthy Food and Produce.</p> <p>With this benefit, you'll get a credit loaded to your Visa Debit Card each quarter to pay for covered groceries and OTC items.</p> <p>Covered items include:</p> <ul style="list-style-type: none"> <li>• Healthy foods like fruits, vegetables, meat, seafood, dairy products, water, and more.</li> <li>• Brand name and generic OTC products, like vitamins, pain relievers, toothpaste, cough drops, and more.</li> </ul> <p>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. A member will not have more than twice their benefit to spend in any one quarter. Any unused benefit amount will not carry over to the next year.</p> <p>You must qualify for "Extra Help" from Medicare to pay for your prescription drug plan costs in order to qualify for the Healthy Food and Produce allowance.</p>

Cost	2023 (this year)	2024 (next year)
<b>Personal Emergency Response System (PERS) (Supplemental)</b>	Personal Emergency Response System is not covered.	<p>\$0 copayment</p> <p>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.</p>
<b>Podiatry Services (Routine Foot Care) (Supplemental)</b>	Podiatry Services (Routine Foot Care) is not covered.	<p>You pay \$0 copayment for up to 6 visits every year.</p> <p>This benefit is in addition to the Medicare-covered Podiatry.</p> <p>Includes Supplemental Benefit 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. Podiatry services are delivered by participating American Specialty Health (ASH) providers.</p>
<b>Podiatry Services – Medicare-covered</b>	Prior authorization not required.	Prior authorization may be required.



Cost	2023 (this year)	2024 (next year)
<b>Special Supplemental Benefits for the Chronically Ill (SSBCI)</b>	<p><b>Food and Produce</b></p> <p>If eligible, our plan offers a prepaid Visa® debit card with a limit of \$100 per month to help cover the cost of healthy food items.</p> <p>Unused amount does not roll over for healthy groceries each month.</p> <p>To be eligible to receive the \$100 benefit above, you must have a claim on file in CY2023 with one or more of the following qualifying chronic conditions:</p> <ul style="list-style-type: none"> <li>• Cancer</li> <li>• Chronic heart failure (CHF)</li> <li>• Chronic obstructive pulmonary disease (COPD)</li> <li>• Diabetes</li> <li>• End Stage Renal Disease (ESRD)</li> <li>• Hypertension</li> <li>• Obesity</li> <li>• Post-Acute Sequelae of SARS CoV-2 infection (PASC)/Long COVID</li> </ul> <p>If eligible, our plan offers a prepaid Visa® debit card with a limit of \$30 per month to help cover the cost of healthy food items.</p> <p>Unused amount does not roll over for healthy groceries each month.</p> <p>To be eligible to receive the \$30 benefit above, you must have a claim on file in CY2023 with one or more of the following qualifying chronic conditions:</p> <ul style="list-style-type: none"> <li>• Amyotrophic lateral sclerosis (ALS)</li> <li>• Aplastic anemia</li> <li>• Asthma</li> <li>• Bipolar disorders</li> <li>• Cardiac arrhythmias</li> <li>• Chronic alcohol and other drug dependence</li> </ul>	<p>Food and Produce is not covered under SSBCI. (See Over-the-Counter (OTC)/Healthy Food/Produce Card (Supplemental))</p>

Cost	2023 (this year)	2024 (next year)
<b>Special Supplemental Benefits for the Chronically Ill (SSBCI)</b>	<ul style="list-style-type: none"> <li>• Chronic bronchitis</li> <li>• Chronic venous thromboembolic disorder</li> <li>• Coronary artery disease</li> <li>• Dementia</li> <li>• Emphysema</li> <li>• End-stage liver disease</li> <li>• Epilepsy</li> <li>• Extensive paralysis (i.e., hemiplegia, quadriplegia, paraplegia, monoplegia)</li> <li>• Hemophilia</li> <li>• HIV/AIDS</li> <li>• Huntington's disease</li> <li>• Immune thrombocytopenic purpura</li> <li>• Major depressive disorders</li> <li>• Multiple sclerosis</li> <li>• Myelodysplastic syndrome</li> <li>• Paranoid disorder</li> <li>• Parkinson's disease</li> <li>• Peripheral vascular disease</li> <li>• Polyarteritis nodosa</li> <li>• Polymyalgia rheumatica</li> <li>• Polymyositis</li> <li>• Polyneuropathy</li> <li>• Pulmonary fibrosis</li> <li>• Pulmonary hypertension</li> <li>• Rheumatoid arthritis</li> <li>• Schizoaffective disorder</li> <li>• Schizophrenia</li> <li>• Sickle-cell disease (excluding sickle-cell trait)</li> <li>• Spinal stenosis</li> <li>• Stroke-related neurologic deficit</li> <li>• Systemic lupus erythematosus</li> </ul>	Food and Produce is not covered under SSBCI. (See Over-the-Counter (OTC)/ Healthy Food/Produce Card (Supplemental))

Cost	2023 (this year)	2024 (next year)
<b>Special Supplemental Benefits for the Chronically Ill (SSBCI)</b>	<b>General Supports for Living – Transitional Supports Lodging/Utilities Flex Card</b> <p>If you meet the eligibility requirements, our plan provides a prepaid Visa® debit card with a maximum annual limit of \$1,000. This card is designed to assist with covering the expenses of lodging after an eligible inpatient stay and/or specific utilities such as electric, gas, sanitary, water, and/or telephone services.</p> <p>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:</p> <ul style="list-style-type: none"> <li>• Complications from pre-diabetes or diabetes</li> <li>• Recent hospitalization for mental illness</li> <li>• Recent hospitalization for diabetes or a medical condition worsened by pre-diabetes or diabetes</li> </ul>	<b>General Supports for Living – Transitional Supports Lodging/Utilities Flex Card</b> <p>If you meet the eligibility requirements, our plan provides a prepaid Visa® debit card with a maximum annual limit of \$1,000. This card is designed to assist with covering the expenses of lodging after an eligible inpatient stay and/or specific utilities such as electric, gas, sanitary, water, and/or telephone services.</p> <p>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:</p> <ul style="list-style-type: none"> <li>• Complications from pre-diabetes or diabetes</li> <li>• Recent hospitalization for diabetes or a medical condition worsened by pre-diabetes or diabetes</li> </ul>

Cost	2023 (this year)	2024 (next year)
<b>Special Supplemental Benefits for the Chronically Ill (SSBCI)</b>	<b>Home Repairs</b> Home Repairs is not covered.	<b>Home Repairs</b> You pay \$0 copayment for 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: <ul style="list-style-type: none"> <li>• Chronic heart failure (CHF)</li> <li>• Chronic lung disorders</li> <li>• Diabetes</li> <li>• Post-Acute Sequelae of SARS CoV-2 infection (PASC)/Long COVID</li> </ul> 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.
<b>Support for Caregivers of Enrollees - Respite Care (Supplemental)</b>	Support for Caregivers of Enrollees - Respite Care is not covered.	You pay \$0 copayment for Support for Caregivers of Enrollees - Respite Care.  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.
<b>Therapeutic Massage (Supplemental)</b>	Therapeutic Massage is not covered.	You pay \$0 copayment for 6 visits every year.  Includes Supplemental Benefit Coverage for therapeutic massage, including assessment, massage, or soft tissue work for treatment of myofascial conditions, musculoskeletal injuries, and pain syndromes. Therapeutic massage services are delivered by participating American Specialty Health (ASH) providers.

Cost	2023 (this year)	2024 (next year)
<b>Transportation (Supplemental)</b>	<p>You pay \$0 copayment for 36 one-way trips every calendar year.</p> <p>Each one-way trip must not exceed 50 miles. A trip is considered one way, a round trip is considered two trips.</p>	<p>You pay \$0 copayment for 48 one-way trips every calendar year.</p> <p>Each one-way trip must not exceed 50 miles. A trip is considered one way, a round trip is considered two trips.</p>

## Section 2.5 – 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,” which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs, or moving them to a different cost-sharing tier. **Review the “Drug List” to make sure your drugs will be covered next year and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier.**

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. For instance, we can immediately remove drugs considered unsafe by the FDA or withdrawn from the market by a product manufacturer. We update our online “Drug List” to provide the most up to date list of drugs.

If you are affected by a change in drug coverage at the beginning of the year or during the year, please review Chapter 9 of your Evidence of Coverage and talk to your doctor to find out your options, such as asking for a temporary supply, applying for an exception, and/or working to find a new drug. You can also contact Member Services for more information.

### Changes to Prescription Drug Costs

There are four **drug payment stages**. The information below shows the changes 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.)

### Changes to the Deductible Stage

Stage	2023 (this year)	2024 (next year)
<b>Stage 1: Yearly Deductible Stage</b>	Because we have no deductible, this payment stage does not apply to you.	Because we have no deductible, this payment stage does not apply to you.

Changes to Your Cost Sharing in the Initial Coverage Stage

Stage	2023 (this year)	2024 (next year)
<p><b>Stage 2: Initial Coverage Stage</b></p> <p>During this stage, the plan pays its share of the cost of your drugs, and <b>you pay your share of the cost.</b> Most adult Part D vaccines are covered at no cost to you.</p> <p>The costs in this row are for a one-month (31-day) supply when you fill your prescription at a network pharmacy that provides standard cost sharing. For information about the costs, look in Chapter 6, Section 5 of your <i>Evidence of Coverage</i>.</p>	<p>Your cost for a one-month (31-day) supply filled at a network pharmacy with standard cost-sharing:</p> <p>You pay \$0 per prescription.</p> <p>Once your total drug costs have reached \$4,660, you will move to the next stage (the Coverage Gap Stage).</p>	<p>Your cost for a one-month (31-day) supply filled at a network pharmacy with standard cost-sharing:</p> <p>You pay \$0 per prescription.</p> <p>Once your total drug costs have reached \$5,030, you will move to the next stage (the Coverage Gap Stage).</p>

Changes to the Coverage Gap and Catastrophic Coverage Stages

The other two drug coverage stages – the Coverage Gap Stage and the Catastrophic Coverage Stage – are for people with high drug costs. **Most members do not reach the Coverage Gap Stage or the Catastrophic Coverage Stage.**

**Beginning in 2024, if you reach the Catastrophic Coverage Stage, you pay nothing for covered Part D drugs.**

For specific information about your costs in these stages, look at Chapter 6, Sections 6 and 7, in your *Evidence of Coverage*.



# SECTION 3     Administrative Changes

Description	2023 (this year)	2024 (next year)
Contact Information - Address	410 N 44th Street, Suite 900 Phoenix, AZ 85008	8220 N 23rd Avenue Phoenix, AZ 85021
Fitness Benefit (Supplemental)	Fitness Benefit provided by Silver&Fit®.	Fitness Benefit provided by SilverSneakers®.  For additional questions after January 1, 2024, go to SilverSneakers.com or call <b>1-888-423-4632 (TTY: 711)</b> Monday through Friday, 8 a.m. to 8 p.m. ET.  See Chapter 4 of the Evidence of Coverage for details.

## SECTION 4 Deciding Which Plan to Choose

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### Section 4.1 – If you want to stay in BCBSAZ Health Choice Pathway

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

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### Section 4.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change plans for 2024 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, use the Medicare Plan Finder ([www.medicare.gov/plan-compare](https://www.medicare.gov/plan-compare)), read the *Medicare & You 2024* handbook, call your State Health Insurance Assistance Program (see Section 6), or call Medicare (see Section 8.2).

#### Step 2: Change your coverage

- To **change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from BCBSAZ 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 BCBSAZ 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 so.
  - – *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 5 Changing Plans

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If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 2024.

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

In certain situations, changes are also allowed at other times of the year. Examples include 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.

Because you have AHCCCS (Medicaid), you may be able to end your membership in our plan or switch to a different plan one time during each of the following **Special Enrollment Periods**:

- January to March
- April to June
- July to September

If you enrolled in a Medicare Advantage plan for January 1, 2024, 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, 2024.

If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

## SECTION 6

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

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

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 Arizona Health Care Cost Containment System (AHCCCS) at **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 7

# Programs That Help Pay for Prescription Drugs

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You may qualify for help paying for prescription drugs.

- **“Extra Help” from Medicare.** Because you have 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 8 a.m. and 7 p.m., Monday through Friday for a representative. Automated messages are available 24 hours a day. TTY users should call **1-800-325-0778**; 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 8 Questions?

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### Section 8.1 – Getting Help from BCBSAZ 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 2024 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 2024. For details, look in the *2024 Evidence of Coverage* for BCBSAZ 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")*.

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### Section 8.2 – 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**

Visit the Medicare website (**www.medicare.gov**). It has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area. To view the information about plans, go to **www.medicare.gov/plan-compare**.

#### **Read Medicare & You 2024**

Read the *Medicare & You 2024* handbook. Every fall, this document 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 document, you can get it at the Medicare website (**https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf**) 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 8.3 – 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

## In Compliance with Section 1557 of the Affordable Care Act



Health  
Choice

Blue Cross® Blue Shield® of Arizona (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 (including pregnancy, sexual orientation, and gender identity). BCBSAZ 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).

BCBSAZ 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:

BCBSAZ Health Choice Pathway  
**Address:** PO Box 52033  
Phoenix, AZ 85072  
**Phone: 1-800-656-8991, TTY: 711**  
**8 a.m. to 8 p.m., 7 days a week**  
**Fax: 480-760-4739**  
**Email: HCHComments@azblue.com**

If you believe that BCBSAZ 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:

BCBSAZ Health Choice Pathway  
**Address:** PO Box 52033  
Phoenix, AZ 85072  
**Phone: 1-800-656-8991**  
**Fax: 480-760-4739**  
**TTY: 711**  
**Email: HCH.GrievanceForms@azblue.com**

You can file a grievance 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>**.

BCBSAZ Health Choice Pathway is a subsidiary of Blue Cross® Blue Shield® of Arizona (BCBSAZ), an independent licensee of the Blue Cross Blue Shield Association.  
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# Aviso de No Discriminación

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



Health  
Choice

Blue Cross® Blue Shield® of Arizona (BCBSAZ) 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). BCBSAZ 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).

BCBSAZ 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:

BCBSAZ Health Choice Pathway

**Dirección:** PO Box 52033

Phoenix, AZ 85072

**Teléfono: 1-800-656-8991, TTY: 711**

**de 8 a. m. a 8 p. m., los 7 días de la semana**

**Fax: 480-760-4739**

**Correo electrónico: HCHComments@azblue.com**

Si considera que BCBSAZ 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:

BCBSAZ Health Choice Pathway

**Dirección:** PO Box 52033

Phoenix, AZ 85072

**Teléfono: 1-800-656-8991**

**Fax: 480-760-4739**

**TTY: 711**

**Correo electrónico:**

**HCH.GrievanceForms@azblue.com**

Puede presentar una queja formal 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>**.

BCBSAZ Health Choice Pathway es una subsidiaria de Blue Cross® Blue Shield® of Arizona (BCBSAZ), un licenciatario independiente de Blue Cross Blue Shield Association.

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# Multi-language Interpreter Services



Health  
Choice

An Independent Licensee of the Blue Cross Blue Shield Association

**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at **1-800-656-8991**. Someone who speaks English can help you. This is a free service.

**Spanish:** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al **1-800-656-8991**. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Navajo:** T'áá hait'éego da ats'íis baa'áhayq doodago azee' aanídaa'níí nihinaaltsoos bee hadadít'éhígíí bąq na'ídikid nee hólqogo da nihi éí ata' halne'í bee áka'anída'awo'í t'áá jíik'eh nihee hólq. Ata' halne'í ta' yíníkeedg kohji' **1-800-656-8991** nihich'í' hodílnih. T'áá háida Bilagáana Bizaad yee yátti'ígíí ta' níká'iilyeed dooleet. Díí t'áá jíik'eh bee níká'iilyeed dooleet.

**Chinese Mandarin:** 我们提供免费<sup>的</sup>翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 **1-800-656-8991**。我们的中文工作人员很乐意帮助您。这是一项免费服务。

**Chinese Cantonese:** 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 **1-800-656-8991**。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

**Tagalog:** Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa **1-800-656-8991**. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

**French:** Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au **1-800-656-8991**. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi **1-800-656-8991** sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

**German:** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter **1-800-656-8991**. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 **1-800-656-8991** 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

# Multi-language Interpreter Services



Health  
Choice

**Russian:** Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону **1-800-656-8991**. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

**Arabic:** إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، بمساعدتك. هذه خدمة مجانية. سيقوم شخص ما يتحدث العربية **1-800-656-8991** ليس عليك سوى الاتصال بنا على

**Hindi:** हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें **1-800-656-8991** पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

**Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero **1-800-656-8991**. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

**Português:** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número **1-800-656-8991**. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

**French Creole:** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan **1-800-656-8991**. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

**Polish:** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer **1-800-656-8991**. Ta usługa jest bezpłatna.

**Japanese:** 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、**1-800-656-8991** にお電話ください。日本語を話す人 者が支援いたします。これは無料のサービスです。

**Questions about our benefits?  
Call Member Services:**

**1-800-656-8991, TTY: 711**  
8 a.m. – 8 p.m., 7 days a week  
**HCHComments@azblue.com**

**Visit our website at:**  
**HealthChoicePathway.com**



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**Health  
Choice**

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