

2023

Annual Notice of Changes



BCBSAZ Health Choice Pathway (HMO D-SNP)



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



An Independent Licensee of the Blue Cross Blue Shield Association

Health
Choice

Annual Notice of Changes for 2023

You are currently enrolled as a member of BCBSAZ Health Choice Pathway. 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 2023 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 2023* 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, 2022, 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, 2023**. This will end your enrollment with BCBSAZ Health Choice Pathway.
- Look in section 3 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 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** 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.

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Summary of Important Costs for 2023

The table below compares the 2022 costs and 2023 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	2022 (this year)	2023 (next year)
Monthly plan premium* *Your premium may be higher or lower than this amount. See Section 2.1 for details.	\$0 or \$40.00 based on your level of AHCCCS (Medicaid) eligibility.	\$0 or \$42.60 based on your level of AHCCCS (Medicaid) eligibility.
Deductible	\$0 or \$233 If you are eligible for Medicare cost-sharing assistance under AHCCCS (Medicaid), you pay \$0.	\$0 or \$226 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% coinsurance. Specialist visits: \$0 copayment or 20% coinsurance. If you are eligible for Medicare cost-sharing assistance under AHCCCS (Medicaid), you pay \$0 per visit.	Primary care visits: \$0 copayment or 20% coinsurance. Specialist visits: \$0 copayment or 20% coinsurance. If you are eligible for Medicare cost-sharing assistance under AHCCCS (Medicaid), you pay \$0 per visit.

Cost	2022 (this year)	2023 (next year)
Inpatient hospital stays	<p>\$1,556 deductible for each benefit period.</p> <p>Days 1–60: \$0 copayment for each benefit period.</p> <p>Days 61–90: \$389 copayment per day of each benefit period.</p> <p>Days 91 and beyond: \$778 copayment 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>\$1,600 deductible for each benefit period.</p> <p>Days 1–60: \$0 copayment for each benefit period.</p> <p>Days 61–90: \$400 copayment per day of each benefit period.</p> <p>Days 91 and beyond: \$800 copayment 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	2022 (this year)	2023 (next year)
<p>Part D prescription drug coverage</p> <p>(See Section 2.5 for details.)</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> <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% of the total cost <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% of the total cost <p>If you do not receive “Extra Help” you will pay a 25% coinsurance for your prescription drugs.</p>	<p>Deductible: \$0 or \$104</p> <p>If you receive “Extra Help” to pay for your prescription drugs, your deductible amount will be either \$0 or \$104, depending on the level of “Extra Help” you receive. If your deductible is \$104: You pay the full cost of your drugs until you have paid \$104 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 \$505.</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 • \$1.45 copay or • \$4.15 copay or • 15% of the total cost <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 • \$4.30 copay or • \$10.35 copay or • 15% of the total cost <p>If you do not receive “Extra Help” you will pay a 25% coinsurance for your prescription drugs.</p>

Cost	2022 (this year)	2023 (next year)
<p>Maximum out-of-pocket amount</p> <p>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.)</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>	<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>

SECTION 1

We Are Changing the Plan’s Name

On January 1, 2023, our plan name will change from Health Choice Pathway (HMO D-SNP) to BCBSAZ Health Choice Pathway (HMO D-SNP).

SECTION 2

Changes to Benefits and Costs for Next Year

Section 2.1 – Changes to the Monthly Premium

Cost	2022 (this year)	2023 (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 \$40.00 based on your level of AHCCCS (Medicaid) eligibility.	\$0 or \$42.60 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	2022 (this year)	2023 (next year)
Maximum out-of-pocket amount Because our members also get assistance from AHCCCS (Medicaid), very few members ever reach this out-of-pocket maximum. 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.	\$3,450	\$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.

There are changes to our network of providers for next year. **Please review the 2023 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 2023 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	2022 (this year)	2023 (next year)
Maximum Out of Pocket (MOOP)	\$3,450	\$7,550
Annual Physical Exam (Supplemental)	No coverage	<p>\$0 copayment</p> <p>The annual routine physical is an extensive physical exam including a medical history collection and it may also include any of the following: vital signs, observation of general appearance, a head and neck exam, a heart and lung exam, an abdominal exam, a neurological exam, a dermatological exam, and an extremities exam. Coverage for this non-Medicare covered benefit is in addition to the Medicare-covered annual wellness visit and the “Welcome to Medicare” preventive visit. You may schedule your annual routine physical once each calendar year. Preventive labs, screenings, and/or diagnostic tests received during this visit are subject to your lab and diagnostic test coverage. Please see “Outpatient diagnostic tests and therapeutic services and supplies” in the Evidence of Coverage (EOC) for more information.</p>

Cost	2022 (this year)	2023 (next year)
Dental, Vision, Hearing Flex Card	No coverage	<p>Our plan offers a prepaid Visa® flex 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 your supplemental dental, vision, or hearing benefits and is designed to help 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>See Evidence of Coverage, Chapter 4, Section 2.1, Benefit chart for additional information regarding this benefit and information regarding supplemental dental, vision, or hearing benefit limitations and maxes.</p>
Emergency Services	You pay \$0 copayment or 20% coinsurance up to \$120 for Medicare-covered emergency room visits.	You pay \$0 copayment or 20% coinsurance up to \$95 for Medicare-covered emergency room visits.
Hearing Aids (Supplemental Benefit)	\$2,000 maximum benefit allowance every year for hearing aids; both ears combined.	<p>\$2,500 maximum benefit allowance every year for hearing aids; both ears combined.</p> <p>See Evidence of Coverage, Chapter 4, Section 2.1, Benefit chart for additional information regarding this benefit.</p>

Cost	2022 (this year)	2023 (next year)
Inpatient Hospital Stays	<p>\$1,556 deductible for each benefit period.</p> <p>Days 1–60: \$0 copayment for each benefit period.</p> <p>Days 61–90: \$389 copayment per day of each benefit period.</p> <p>Days 91 and beyond: \$778 copayment 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>\$1,600 deductible for each benefit period.</p> <p>Days 1–60: \$0 copayment for each benefit period.</p> <p>Days 61–90: \$400 copayment per day of each benefit period.</p> <p>Days 91 and beyond: \$800 copayment 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>
Meals Benefit (Supplemental)	<p>\$0 copayment for up to 42 total meals.</p> <p>28 meals (up to 2 meals per day for 14 days) per admit, once per calendar year.</p> <p>14 meals (up to 2 meals per day for 7 days) for congestive heart failure (CHF), chronic obstructive pulmonary disease (COPD), and diabetes.</p>	<p>\$0 copayment for up to 84 total meals.</p> <p>70 meals (up to 2 meals per day for 35 days) per admit, once per calendar year.</p> <p>14 meals (up to 2 meals per day for 7 days) for congestive heart failure (CHF), chronic obstructive pulmonary disease (COPD), and diabetes.</p>
Over-the-Counter (OTC) Items (Supplemental)	<p>\$270 allowance every 3 months</p> <p>Amount carries forward to next period if unused.</p>	<p>\$380 allowance every 3 months</p> <p>Amount carries forward to next period if unused.</p> <p>See Evidence of Coverage, Chapter 4, section 2.1, Benefit chart for additional regarding this benefit.</p>

Cost	2022 (this year)	2023 (next year)
<p>Skilled Nursing Facility</p>	<p>Our plan covers up to 100 days in an SNF.</p> <p>Depending on your level of AHCCCS (Medicaid) eligibility, you may pay:</p> <p>Days 1–20: \$0 copayment for each benefit period.</p> <p>Days 21–100: \$194.50 copayment 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 an SNF.</p> <p>Depending on your level of AHCCCS (Medicaid) eligibility, you may pay:</p> <p>Days 1–20: \$0 copayment for each benefit period.</p> <p>Days 21–100: \$200 copayment 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	2022 (this year)	2023 (next year)
<p>Special Supplemental Benefits for the Chronically Ill (SSBCI)</p>	<p>Food and Produce</p> <p>If eligible, our plan offers a debit card with a limit of \$25 dollars 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>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) 	<p>Food and Produce</p> <p>If eligible, our plan offers a prepaid Visa® debit card with a limit of \$100 dollars 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"> • Cancer • Chronic heart failure (CHF) • Chronic obstructive pulmonary disease (COPD) • Diabetes • End Stage Renal Disease (ESRD) • Hypertension • Obesity • Post-Acute Sequelae of SARS CoV-2 infection (PASC)/Long COVID <p>If eligible, our plan offers a prepaid Visa® debit card with a limit of \$30 dollars 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,</p> <ul style="list-style-type: none"> • You must have a claim on file in CY2023 with: • One or more of the following qualifying chronic conditions • Amyotrophic lateral sclerosis (ALS) • Aplastic anemia • Asthma • Bipolar disorders • Cardiac arrhythmias • Chronic alcohol and other drug dependence

Cost	2022 (this year)	2023 (next year)
Special Supplemental Benefits for the Chronically Ill (SSBCI)		<ul style="list-style-type: none"> • Chronic bronchitis • Chronic venous thromboembolic disorder • Coronary artery disease • Dementia • Emphysema • End-stage liver disease • Epilepsy • Extensive paralysis (i.e., hemiplegia, quadriplegia, paraplegia, monoplegia) • Hemophilia • HIV/AIDS • Huntington’s disease • Immune thrombocytopenic purpura • Major depressive disorders • Multiple sclerosis • Myelodysplastic syndrome • Paranoid disorder • Parkinson’s disease • Peripheral vascular disease • Polyarteritis nodosa • Polymyalgia rheumatica • Polymyositis • Polyneuropathy • Pulmonary fibrosis • Pulmonary hypertension • Rheumatoid arthritis • Schizoaffective disorder • Schizophrenia • Sickle-cell disease (excluding sickle-cell trait) • Spinal stenosis • Stroke-related neurologic deficit • Systemic lupus erythematosus

Cost	2022 (this year)	2023 (next year)
<p>Special Supplemental Benefits for the Chronically Ill (SSBCI)</p>	<p>No coverage for Housing Flex Card, (Lodging/Utilities)</p>	<p>Note: If you qualify for both benefits you will receive the higher amount of the two benefits. You will not receive both amounts.</p> <p>Housing Flex Card (Lodging/Utilities)</p> <p>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).</p> <p>To be eligible to receive the Housing/Utility Flex Care benefit(s) listed above,</p> <ul style="list-style-type: none"> • You must be actively engaged with BCBSAZ Health Choice Pathway care management • 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 • Any unused Flex Card benefit dollars will expire at the end of the year

Cost	2022 (this year)	2023 (next year)
Transportation (Supplemental)	<p>24 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>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>
Urgently Needed Services	<p>You pay \$0 copayment or 20% coinsurance up to \$65 for Medicare-covered urgently needed services.</p> <p>All cost-sharing amounts are based on your level of AHCCCS (Medicaid) eligibility.</p>	<p>You pay \$0 copayment or 20% coinsurance up to \$60 for Medicare-covered urgently needed services.</p> <p>All cost-sharing amounts are based on your level of AHCCCS (Medicaid) eligibility.</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, 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.**

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

If you receive “Extra Help” to pay for your Medicare prescription drugs, you may qualify for a reduction or elimination of your cost sharing for Part D drugs. Some of the information described in this section may not apply to you. **Note:** If you are in a program that helps pay for your drugs (“Extra Help”), **the information about costs for Part D prescription drugs may 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. If you receive “Extra Help” and you haven’t received this insert by September 30, 2022, please call Member Services and ask for the “LIS Rider.”

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.)

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, no matter what cost-sharing tier it’s on even if you haven’t paid your deductible.

Changes to the Deductible Stage

Stage	2022 (this year)	2023 (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.	The deductible is \$0 or \$99 depending on the level of “Extra Help” you receive. 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.	The deductible is \$0 or \$104 depending on the level of “Extra help” you receive. “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 \$505.

Changes to Your Cost Sharing in the Initial Coverage Stage

Stage	2022 (this year)	2023 (next year)
<p>Stage 2: Initial Coverage Stage</p> <p>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.</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>Generic/Preferred Multi-Source Drug, per prescription, depending on your “Extra Help” level or institutional status.</p>	<p>Your cost for a one-month supply filled at a network pharmacy with standard cost sharing:</p> <p>Generics and drugs treated as generics: Depending on your “Extra Help” level or institutional status you pay</p> <ul style="list-style-type: none"> • \$0 copay or • \$1.35 copay or • \$3.95 copay or • 15% of the total cost <p>All other drugs: Depending on your “Extra Help” level or institutional status you pay</p> <ul style="list-style-type: none"> • \$0 copay or • \$4.00 copay or • \$9.85 copay or • 15% of the total cost <p>If you do not receive “Extra Help” you will pay a 25% coinsurance for your prescription drugs.</p> <p>Once your total drug costs have reached \$4,430 you will move to the next stage (the Coverage Gap Stage). OR you have paid \$7,050 out-of-pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage).</p>	<p>Your cost for a one-month supply filled at a network pharmacy with standard cost sharing:</p> <p>Generics and drugs treated as generics: Depending on your “Extra Help” level or institutional status you pay</p> <ul style="list-style-type: none"> • \$0 copay or • \$1.45 copay or • \$4.15 copay or • 15% of the total cost <p>All other drugs: Depending on your “Extra Help” level or institutional status you pay</p> <ul style="list-style-type: none"> • \$0 copay or • \$4.30 copay or • \$10.35 copay or • 15% of the total cost <p>If you do not receive “Extra Help” you will pay a 25% coinsurance for your prescription drugs.</p> <p>Once your total drug costs have reached \$4,660 you will move to the next stage (the Coverage Gap Stage). OR you have paid \$7,400 out-of-pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage).</p>

Changes to your VBID Part D Benefit

Beneficiary Low Income Subsidy (LIS) cost sharing is waived for all Part D drugs across all benefit phases. This means if you qualify for LIS cost sharing, you qualify for Part D reduce cost-sharing amounts below.

Deductible Stage

Stage	2022 (this year)	2023 (next year)
<p>Stage 1: Yearly Deductible Stage</p> <p>During this stage, you pay the full cost of your Part D drugs until you have reached the yearly deductible.</p>	No VBID Part D Benefit in 2022	Because we have no deductible, this payment stage does not apply to you.

The Initial Coverage Stage

Stage	2022 (this year)	2023 (next year)
<p>Stage 2: Initial Coverage Stage</p> <p>During this stage, the plan pays its share of the cost of your drugs and you pay your share of the cost.</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>	No VBID Part D Benefit in 2022	<p>Your cost for a one-month supply filled at a network pharmacy with standard cost sharing:</p> <p>Generics and drugs treated as generics: Depending on your “Extra Help” level or institutional status you pay per prescription a \$0 copay.</p> <p>All other drugs: Depending on your “Extra Help” level or institutional status you pay per prescription a \$0 copay.</p>

SECTION 3 Deciding Which Plan to Choose

Section 3.1 – 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.

Section 3.2 – If you want to change plans

We hope to keep you as a member next year, but if you want to change plans for 2023 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), read the *Medicare & You 2023* handbook, call your State Health Insurance Assistance Program (see Section 5), or call Medicare (see Section 7.2).

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 4 Changing Plans

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, 2023.

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.

If you enrolled in a Medicare Advantage plan for January 1, 2023, 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, 2023.

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

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 **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 6

Programs That Help Pay for Prescription Drugs

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 7 Questions?

Section 7.1 – 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 2023 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 2023. For details, look in the *2023 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).

Section 7.2 – 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 2023

Read the *Medicare & You 2023* handbook. Every 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 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**.

OMB Approval 0938-1051 (Expires: February 29, 2024)

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Section 7.3 – 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
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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

Fax: 480-760-4739

TTY: 711

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



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

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

Fax: 480-760-4739

TTY: 711

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



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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'éégo da ats'íís baa'áhayá doodago azee' aanídaa'níí nihinaaltsoos bee hadadít'éhígíí bąqah na'ídikid nee hólóqogo da nihi éí ata' halne'í bee áka'anída'awo'í t'áá jíik'eh nihee hóló. Ata' halne'í ta' yíníkeedg kohjì' **1-800-656-8991** nihich'ì' 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^的翻译服务，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 pagsaling-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.

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.

Multi-language Interpreter Services



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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.

Portugués: 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

 "Like" us on Facebook - Health Choice Pathway

 "Follow" us on Twitter - HealthChoiceAZ



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