

2023

Summary of Benefits



BCBSAZ Health Choice Pathway (HMO D-SNP)



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



**BlueCross
BlueShield**
Arizona

An Independent Licensee of the Blue Cross Blue Shield Association

**Health
Choice**

BCBSAZ Health Choice Pathway (HMO D-SNP)

Summary of Benefits

January 1, 2023 – December 31, 2023

About BCBSAZ Health Choice Pathway (HMO D-SNP)

How to reach us:

You can call us 7 days a week, 8 a.m. to 8 p.m.
If you are a Member of this plan, call toll-free:
1-800-656-8991, TTY: 711.

If you are not a Member of this plan, call toll-free:
1-855-243-3935, TTY: 711.

Or visit our website: **healthchoicepathway.com**

BCBSAZ Health Choice Pathway has a network of doctors, hospitals, pharmacies, and other providers. If you use the providers that are not in our network, the plan may not pay for these services. You must generally use network pharmacies to fill your prescriptions for covered Part D drugs. You can see our plan's provider and pharmacy directory on our website **healthchoicepathway.com**, or call us and we will send you a copy of the provider and pharmacy directories.

This booklet gives you a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, call us and ask for the "Evidence of Coverage" (EOC). You may access our EOC on our website at **healthchoicepathway.com**.

Who can join?

To join BCBSAZ Health Choice Pathway, you must be entitled to Medicare Part A, be enrolled in Medicare Part B and Arizona Health Care Cost Containment System (AHCCCS), and live in our service area. Our service area includes the following counties in Arizona: Apache, Coconino,

Gila, Maricopa, Mohave, Navajo, Pinal, and Yavapai.

What do we cover?

Like all Medicare health plans, we cover everything that Original Medicare covers – and more. Plans may offer supplemental benefits in addition to Part C benefits and Part D benefits. Some of the extra benefits are outlined in this booklet. We cover Part D drugs. In addition, we cover Part B drugs such as chemotherapy and some drugs administered by your provider. You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website **healthchoicepathway.com**, or call us and we will send you a copy of the formulary.

Which doctors, hospitals, and pharmacies can I use?

BCBSAZ Health Choice Pathway has a network of doctors, hospitals, pharmacies, and other providers. If you use the providers that are not in our network, the plan may not pay for these services.

You can see our plan's provider directory, pharmacy directory, and formulary on our website: **healthchoicepathway.com**, or you can call us and we will send you a copy of the provider and pharmacy directories, and/or formulary.

Note: The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

You have choices about how to get your Medicare benefits:

One choice is to get your Medicare benefits through Original Medicare (fee-for-service Medicare). Original Medicare is run directly by the Federal government.

Another choice is to get your Medicare benefits by joining a Medicare health plan, such as BCBSAZ Health Choice Pathway.

You have choices.

Tips for comparing medicare plans:

This Summary of Benefits booklet gives you a summary of what BCBSAZ Health Choice Pathway covers and what you pay.

If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits booklet or use the Medicare Plan Finder on <http://www.medicare.gov>.

If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at <http://www.medicare.gov> or get a copy 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**.

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.

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.

This information is available in other formats, such as Braille, large print, and audio.

This information is not a complete description of benefits. Call **1-800-656-8991: TTY 711** for more information.

BCBSAZ Health Choice Pathway 2023 Summary of Benefits Chart

Cost sharing for Medicare-covered benefits in the chart below is based on your level of AHCCCS (Medicaid) eligibility. If you are eligible for Medicare cost-sharing assistance under AHCCCS (Medicaid), you pay \$0.

Monthly Premium, Deductibles, and Limits	
Monthly Health Plan Premium	\$0 or \$42.60 based on your level of AHCCCS (Medicaid) eligibility.
Deductible	\$0 or \$226. \$0 to \$505 per year for Part D prescription drugs based on your level of AHCCCS (Medicaid eligibility).
Maximum Out-of-Pocket Responsibility (this does not include prescription drugs)	If you lose your AHCCCS eligibility, the yearly maximum you will ever pay in BCBSAZ Health Choice Pathway (your maximum out-of-pocket amount) is \$7,550. If this occurs and you pay the full maximum out-of-pocket amount, we will pay for all part A and B services for the rest of the year.

Covered Medical and Hospital Benefits

Inpatient Hospital Coverage

Prior authorization may be required	<p>The copays for hospital and skilled nursing facility (SNF) benefits are based on benefit periods. A benefit period begins the day you're admitted as an inpatient and ends when you haven't received any inpatient care (or skilled care in an SNF) for 60 days in a row. If you go into a hospital or an SNF after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There's no limit to the number of benefit periods.</p> <p>Our plan also covers 60 "lifetime reserve days." These are "extra" days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.</p> <p>Depending on your level of AHCCCS (Medicaid) eligibility, you may pay:</p> <p>\$1,600 deductible for each benefit period</p> <p>Days 1-60: \$0 copay for each benefit period</p> <p>Days 61-90: \$400 copay per day of each benefit period</p> <p>Days 91 and beyond: \$800 copay 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>
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Outpatient Hospital Coverage

Outpatient Hospital Prior authorization may be required	\$0 copay or 20% coinsurance
Outpatient Hospital Observation Services Prior authorization may be required	\$0 copay or 20% coinsurance
Ambulatory Surgery Center Prior authorization may be required	\$0 copay or 20% coinsurance

Doctor Visits

Primary Care Provider Services	\$0 copay or 20% coinsurance
Physician Specialists Services Prior authorization for pain management may be required	\$0 copay or 20% coinsurance

Covered Medical and Hospital Benefits

Preventive Care

Alcohol misuse screenings & counseling	\$0 copay
Annual wellness visit	
Barium enemas	
Bone mass measurements (bone density)	
Cardiovascular disease screening tests	
Colorectal cancer screening	
Counseling to prevent tobacco use	
COVID-19 vaccine and administration	
Depression screenings	
Diabetes screenings	
Diabetes self-management training	
Digital rectal exam	
EKG following welcome visit	
Glaucoma screening	
Hepatitis B virus screening	
Hepatitis B virus vaccine and administration	
Hepatitis C virus screening test	
Human immunodeficiency virus (HIV) screening	
Influenza virus vaccine and administration	
Initial Preventive Physical Examination (IPPE)	
Intensive behavioral therapy for cardiovascular disease	
Intensive behavioral therapy for obesity	
Lung cancer screening counseling and annual screening for lung cancer with low dose computed tomography	
Medical nutrition therapy	
Pneumococcal vaccine and administration	
Prolonged preventive services	
Prostate cancer screening	
Screening for cervical cancer with human papillomavirus tests	
Screening for sexually transmitted infections and high-intensity behavioral counseling to prevent STIs	
Screening mammography	
Screening pap tests	
Screening pelvic examinations (includes a clinical breast examination)	
Ultrasound screening for abdominal aortic aneurysm	

Covered Medical and Hospital Benefits	
Emergency Care Services	
Emergency Care	\$0 copay or 20% coinsurance up to \$95 for Medicare-covered emergency room visits
Urgently Needed Services	
Urgent Care	\$0 copay or 20% coinsurance up to \$60 for Medicare-covered urgently needed services
Diagnostic Services/Labs/Imaging Lab Services	
Diagnostic tests and procedures Prior authorization may be required	\$0 copay or 20% coinsurance
Lab services Prior authorization may be required	\$0 copay
Diagnostic radiology (e.g., MRI, CT) Prior authorization may be required	\$0 copay or 20% coinsurance
Outpatient X-rays	\$0 copay or 20% coinsurance
Therapeutic radiology Prior authorization may be required	\$0 copay or 20% coinsurance
Hearing Services	
Medicare-covered diagnostic hearing and balance exams They're covered only when your doctor or other healthcare provider orders them to see if you need medical treatment.	\$0 copay or 20% coinsurance
Routine Hearing Exam (Supplemental Benefit)	\$0 copay One exam per year
Hearing Aid Fitting and Hearing Aid (Supplemental Benefit)	\$0 copay for hearing aid fitting once every year. \$0 copay for hearing aids \$2,500 maximum benefit allowance every year for hearing aids; both ears combined
Dental Services	
Medicare-covered dental services Medicare Part A (Hospital Insurance) will pay for certain dental services that you get when you're in a hospital. Part A can pay for inpatient hospital care if you need to have emergency or complicated dental procedures, even though the dental care isn't covered.	\$0 copay or 20% coinsurance

Covered Medical and Hospital Benefits

Dental Services (continued)

Preventive and Comprehensive Dental (Supplemental Benefit)

Preventive services including:

- One Fluoride Treatment every year.
- Two Oral Exams every year.
- Two Prophylaxis (Cleanings) every year, once every 6 months.
- Two Dental X-rays every year, which consists of:
 - One of either bite-wing X-rays or single X-rays or
 - One complete full mouth X-ray (FMX) or panoramic X-ray. Complete/panoramic only allowed once every 36 months

Comprehensive services including:

- Non-routine services
- Diagnostic services
- Restorative services
- Endodontics services
- Periodontics services
- Extractions services
- Dentures
 - Covered once every five years.
 - Adjustments up to four per year.

\$0 copay for preventive and comprehensive dental.

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

Vision Services

Medicare-covered vision exam to diagnose/treat diseases of the eye (including yearly glaucoma screening)

Eyeglasses or contact lenses after cataract surgery

\$0 copay or 20% coinsurance

Routine Eye Exam

(Supplemental Benefit)

\$0 copay

One every year

Eyewear

(Supplemental Benefit)

\$0 copay

Our plan pays up to \$450 maximum benefit allowance every year for unlimited eyewear

- Contact Lenses
- Eyeglasses (frames and lenses)

Covered Medical and Hospital Benefits

Mental Health Services

Inpatient Hospital Psychiatric

Prior authorization may be required

Inpatient visit: Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit does not apply to inpatient mental services provided in a general hospital.

The copays for hospital and skilled nursing facility (SNF) benefits are based on benefit periods. A benefit period begins the day you're admitted as an inpatient and ends when you haven't received any inpatient care (or skilled care in an SNF) for 60 days in a row. If you go into a hospital or an SNF after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There's no limit to the number of benefit periods.

Our plan also covers 60 "lifetime reserve days." These are "extra" days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.

Depending on your level of AHCCCS (Medicaid) eligibility, you may pay:

\$1,600 deductible for each benefit period

Days 1-60: \$0 copay for each benefit period

Days 61-90: \$400 copay per day of each benefit period

Days 91 and beyond: \$800 copay per each "lifetime reserve day" after day 90 for each benefit period (up to 60 days over your lifetime)

Beyond lifetime reserve days: all costs

If you are eligible for Medicare cost-sharing assistance under AHCCCS (Medicaid), you pay \$0.

Outpatient Individual/ Group Therapy Visit

- Mental Health Specialty Service
- Psychiatric Services
- Substance Abuse

\$0 copay or 20% coinsurance

Covered Medical and Hospital Benefits

Skilled Nursing Facility

Prior authorization may be required	<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 copay for each benefit period</p> <p>Days 21-100: \$200 copay 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>
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Outpatient Rehabilitation

Physical Therapy and Speech Therapy Services Prior authorization may be required	\$0 copay or 20% coinsurance
Cardiac and Pulmonary Rehabilitation	\$0 copay or 20% coinsurance
Supervised Exercise Therapy (SET) SET is covered for members who have symptomatic peripheral artery disease (PAD) and a referral for PAD from the physician responsible for PAD treatment. Up to 36 sessions over a 12-week period are covered if the SET program requirements are met.	\$0 copay or 20% coinsurance
Occupational Therapy Services Prior authorization may be required	\$0 copay or 20% coinsurance

Ambulance

Prior authorization required for non-emergent ambulance only	\$0 copay or 20% coinsurance for ground and air ambulance services
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Transportation

Covered Services include: <ul style="list-style-type: none"> • Curb-to-curb service • Wheelchair-accessible vans upon request • Each one-way trip must not exceed 50 miles. A trip is considered one way, a round trip is considered two trips 	\$0 copay 36 one-way trips every year to or from approved location
Covered Services do not include: <ul style="list-style-type: none"> • Transportation by ambulance 	

Prescription Drug Benefits

Medicare Part B Drugs

Chemotherapy/radiation drugs

Prior authorization may be required

\$0 copay or 20% coinsurance

Other Medicare Part B drugs

Prior authorization may be required

\$0 copay or 20% coinsurance

Medicare Part B drugs – Step Therapy

Step Therapy for Part B drugs may require a trial of a Part B or Part D drug.

Medicare Part D Drugs

Medicare-covered only

There are “drug payment stages” for your Medicare Part D prescription drug coverage under BCBSAZ Health Choice Pathway. How much you pay for a drug depends on which of these stages you are in at the time you get a prescription filled or refilled:

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. Your yearly deductible is \$0 to \$505. Your cost-sharing amounts for drugs are:

	Generic/Treated as generic drugs, per prescription (retail or mail-order pharmacy, 31-day supply or 100-day supply, Long-term care (LTC) cost sharing, 34-day supply.)	Brand-name drugs, per prescription (retail or mail-order pharmacy, 31-day or 100-day supply. Long-term care (LTC) cost sharing, 34-day supply.)	These copay amounts are only for in-network pharmacies. Amounts and stages shown are based on being eligible for the Low Income Subsidy (LIS) aka “Extra Help.” If you lose your LIS eligibility, the amount you pay will change to Original Medicare levels. You may get your drugs at in-network retail and mail-order pharmacies. You may be able to get a 100-day supply of your prescription (if your drug is applicable). Less than 31-day fills will have a prorated copay based on the number of days filled. On 1/1/2024, you go back to the Initial Coverage stage.
Institutionalized Members	\$0 copay	\$0 copay	
Full Benefit Dual Eligible (FBDE) members up to or 100% Federal Poverty Level (FPL)	\$1.45 copay	\$4.30 copay	
Full Benefit Dual Eligible (FBDE) members over 100% Federal Poverty Level (FPL)	\$4.15 copay	\$10.35 copay	
QMB/QMB+/SLMB+ members at or below 135% Federal Poverty Level (FPL)	\$4.15 copay	\$10.35 copay	
< 150% Federal Poverty Level (FPL)	15% coinsurance	15% coinsurance	

Once your total drug costs have reached \$4,660 you will move to the next stage (the Coverage Gap Stage). You generally stay in this stage until the amount of your year-to-date “out-of-pocket costs” reaches \$7,400. You then skip directly to the Catastrophic Coverage stage. For LIS 4 eligible members you will pay \$4.15 copay for generic or \$10.35 copay for brand in this stage. For all other members BCBSAZ Health Choice Pathway will pay all of the cost of your drugs until 12/31/2023.

Prescription Drug Benefits

Value-Based Insurance Design (VBID) Part D Benefit

Medicare-covered only

Beneficiary Low Income Subsidy (LIS) cost sharing 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.

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. Your yearly deductible is \$0. Your cost-sharing amounts for drugs are:

	Generic/Treated as generic drugs, per prescription (retail or mail-order pharmacy, 31-day supply or 100-day supply, Long-term care (LTC) cost sharing, 34-day supply.)	Brand-name drugs, per prescription (retail or mail-order pharmacy, 31-day or 100-day supply. Long-term care (LTC) cost sharing, 34-day supply.)	These copay amounts are only for in-network pharmacies. If you lose your LIS eligibility, the amount you pay will change to Original Medicare levels. You may get your drugs at in-network retail and mail-order pharmacies.
Institutionalized Members	\$0 copay	\$0 copay	You may be able to get a 100-day supply of your prescription (if your drug is applicable). On 1/1/2024, you go back to the Initial Coverage stage.
Full Benefit Dual Eligible (FBDE) members up to or 100% Federal Poverty Level (FPL)	\$0 copay	\$0 copay	
Full Benefit Dual Eligible (FBDE) members over 100% Federal Poverty Level (FPL)	\$0 copay	\$0 copay	
QMB/QMB+/SLMB+ members at or below 135% Federal Poverty Level (FPL)	\$0 copay	\$0 copay	
< 150% Federal Poverty Level (FPL)	\$0 copay	\$0 copay	

Once your total drug costs have reached \$4,660 you will move to the next stage (the Coverage Gap Stage). You generally stay in this stage until the amount of your year-to-date “out-of-pocket costs” reaches \$7,400. You then skip directly to the Catastrophic Coverage stage. Catastrophic Coverage stage: During this stage, BCBSAZ Health Choice Pathway will pay all of the costs of your drugs until 12/31/2023.

Important Message About What You Pay for Vaccines

Our plan covers most Part D vaccines at no cost to you, even if you haven’t paid your deductible. Call Member Services for more information.

Important Message About What You Pay for Insulin

You won’t pay more than \$35 for a one month supply of each insulin product covered by our plan, even if you haven’t paid your deductible.

Additional Covered Benefits

Dental, Vision and Hearing Flex Card

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

To be eligible to receive the benefit(s) above you must:

- Exhaust any one of your supplemental benefits (i.e., supplemental dental, vision, and hearing); Please see Chapter 4, Section 2.1 Benefit chart in the EOC for supplemental dental, vision, or hearing benefit limitations and maxes. After which the Flex Card will be loaded with funds.

Note: Supplemental (i.e., non-Medicare covered) dental, vision, and hearing services must be received from a participating provider to be covered by the plan.

Note: If you are determined to be eligible for the dental, vision, and hearing benefit you will not receive an additional prepaid Visa® card in the mail. Your dental, vision, and hearing benefit dollars will be automatically added to your prepaid Visa® debit card received as part of the Flex Card program.

Note: The prepaid Visa® card is co-branded with the OTC Network®. This card is not for use or associated with your Over the Counter (OTC) benefit. Please see Chapter 4, Section 2.1 Benefit chart in your EOC for Over the Counter (OTC) benefit coverage and vendor.

If you feel you meet the criteria and you have not received your prepaid Visa® Flex Card or would like to learn more about this benefit, please call Member Services (phone numbers are printed on the back cover of this booklet) or visit our website at **healthchoicepathway.com**.

This benefit is for your use only, may not be sold or transferred, and has no cash value.

\$0 copay for additional dental, vision, and hearing coverage.

\$1,000 maximum benefit allowance.

Services to Treat Kidney Disease

- Kidney disease education services

\$0 copay

- Dialysis services

\$0 copay or 20% coinsurance

- Home dialysis equipment and supplies

Annual Physical Exam (Supplemental)

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.

\$0 copay

Additional Covered Benefits	
Chiropractic Services	
Medicare-covered Manipulation of the spine to correct a subluxation (when one or more of the bones of your spine move out of position) Prior authorization and referral may be required	\$0 copay or 20% coinsurance
Home Health Care	
Prior authorization may be required	\$0 copay
Opioid Treatment Program Services (OTPS)	
<ul style="list-style-type: none"> FDA-approved opioid agonist and antagonist treatment medications and the dispensing and administration of such medications, if applicable Substance use counseling Individual and group therapy Toxicology testing 	\$0 copay
Foot Care (Podiatry Services)	
Medicare-covered Foot Exam and Treatment Foot exams and treatment if you have diabetes-related nerve damage and/or meet conditions.	\$0 copay or 20% coinsurance
Medical Equipment/Supplies	
Durable Medical Equipment (DME) (e.g., wheelchairs, oxygen) Prior authorization may be required	\$0 copay or 20% coinsurance
Prosthetics/Medical Supplies Prior authorization may be required	\$0 copay or 20% coinsurance
Diabetic Supplies and Services Prior authorization applies only to insulin pumps and not regular supplies (lancet, strips)	\$0 copay or 20% coinsurance
Therapeutic shoes or inserts for people with diabetes.	\$0 copay or 20% coinsurance

Additional Covered Benefits

Additional Supplemental Benefits

Over-the-Counter (OTC)

quarterly allowances for product items on the OTC catalog. Items can be ordered online or by phone, or purchased in-store.

\$0 copay for \$380 allowance every 3 months.

Any unused benefit amount will roll over from the previous quarter, however, it will expire in the following quarter if unused. The rollover dollars will be applied before the current period benefit amount. A member will never have more than twice their benefit to spend in any one quarter. Please note, any unused benefit amount from quarter 4 (October, November, December) will not carry over to the next plan year.

Meal Benefit

Prior authorization may be required

\$0 copay up to 84 total meals.

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

Up to 14 meals, once per calendar year, 2 meals per day for 7 days, for members at risk of hospitalization, emergency services, and having complications with the following conditions: congestive heart failure (CHF), chronic obstructive pulmonary disease (COPD), and diabetes.

Fitness Membership

\$0 copay for physical fitness, memory fitness, activity tracker.

The Silver&Fit® Healthy Aging and Exercise Program.

Members have the following options available at no cost. Workout Plans by answering a few questions you will receive a customized workout plan, including instructions on how to get started and suggested digital workout videos. Digital Workouts you can view on-demand videos via the workout library. Fitness Center Membership you can visit participating fitness centers near you that take part in the program. Home Fitness Kits you are eligible to receive one Home Fitness Kit per benefit year. Well-Being Club by setting your preferences for well-being topics on the website, you will see resources tailored to your interests and healthy habit goals including articles, videos, live-streaming classes, and Social Clubs. Healthy Aging Coaching you can participate in sessions by telephone with a trained coach where you can discuss topics like exercise, nutrition, social isolation, and brain health. Tools will assist with tracking your activity.

24-Hour Nurse Advice Line 1-888-267-9037

24/7 access to registered nurse

\$0 copay

Additional Covered Benefits

Special Supplemental Benefits for the Chronically Ill

Remote Access Technology Services

\$0 copay

Physicians may be able to remotely take your blood pressure, weight, and monitor glucose as appropriate so that issues such as high blood pressure or elevated blood sugar can be identified in real time.

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

- Connected health devices and remote patient monitoring (RPM) technologies, in association with PCP or specialist intervention.
- Connected health devices may enable physicians to monitor you without having to conduct face-to-face appointments.

Remote access technology equipment may include, but not limited to:

- Blood pressure cuff
- Scale
- Glucose monitor

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

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

Additional Covered Benefits

Special Supplemental Benefits for the Chronically Ill (continued)

Food and Produce Card

If eligible, our plan offers a prepaid Visa® debit card with a limit of \$30 or \$100 dollars per month to help cover the cost of healthy food items including, but not limited to:

- Fruits & Vegetables
- Meats
- Seafood
- Juices
- Prepared Food
- Dairy
- Whole Eggs & Egg Substitutes
- Yogurt
- Margarine
- Soy & Other Nut Milks
- Produce
- Meats
- Seafood
- Bread, Rolls & Tortillas
- Baking/Cooking Supplies
- Sugar (White, Brown & Powdered)
- Herbs, Spices & Seasoning
- Oils & shortening
- Dried Fruit, Fruit Snacks
- Dry Pasta/Beans
- Rice & Whole Grains
- Dry Mixes- Side Dish Mixes, Dinner Mixes
- Canned/Jar Fruits and Vegetables (including Salsa & Non-processed Beans)
- Prepared Food (Canned Stews, Heat & Eat)
- Soup
- Cocoa, Coffee & Tea (Dry or Liquid)
- Juices (includes Sparkling)
- Water (bottled, enhanced, sparkling)
- Sport Drinks
- Ice

For a complete list of items, please refer to the Evidence of Coverage (EOC), Chapter 4, Section 2.1.

Additional Covered Benefits

Special Supplemental Benefits for the Chronically Ill (continued)

Food and Produce Card (continued)

Please note: If you are determined to be eligible for the Food and Produce benefit, you will not receive an additional prepaid Visa® debit card in the mail. Your Food and Produce benefit dollars will be automatically added to your prepaid Visa® debit card received as part of the Flex Card program. If you have not received your prepaid Visa® debit card, please call Member Services (phone numbers are printed on the back cover of this booklet).

Any unused amount does not rollover to the next month.

To be eligible to receive the \$100 Food and Produce Card, you must have a claim on file in CY2023 and one or more of the following qualifying chronic conditions.

- Chronic heart failure (CHF)
- Chronic obstructive pulmonary disease (COPD)
- Cancer
- Diabetes
- End Stage Renal Disease (ESRD)
- Hypertension
- Obesity
- Post-Acute Sequelae of SARS CoV-2 infection (PASC/Long Covid)

To be eligible to receive the \$30 Food and Produce Card, you must have a claim on file in CY2023 and 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
- 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

Additional Covered Benefits

Special Supplemental Benefits for the Chronically Ill (continued)

Food and Produce Card (continued)

- 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

Note: If you qualify for both benefits you will receive the higher of the two benefits. You will not receive both.

Note: If you do not have a claim on file, please schedule your yearly Annual Wellness Visit or Annual Routine Physical with your PCP.

Note: If you are determined to be eligible for the Food and Produce benefit, you will not receive an additional prepaid Visa® debit card in the mail. Your Food and Produce (SSBCI) benefit dollars will be automatically added to your prepaid Visa® debit card received as part of the Flex Card program.

Note: The prepaid Visa® card is co-branded with the OTC Network®. This card is not for use or associated with your Over the Counter (OTC) benefit. Please see Chapter 4, Section 2.1 Benefit chart in your EOC for Over the Counter (OTC) benefit coverage and vendor.

If you feel you meet the criteria and you have not received your prepaid Visa® Flex Card or would like to learn more about this benefit, please call Member Services (phone numbers are printed on the back cover of this booklet) or visit our website at **healthchoicepathway.com**.

This benefit is for your use only, may not be sold or transferred, and has no cash value.

Enhanced Disease Management

Our plan offers additional benefits for certain members at no cost to you.

If eligible, a Certified Nurse Aides or Community Health Workers under nurse supervision may conduct in-person/virtual home visits. Information and data are communicated with the member's Primary Care Provider and care team.

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

- Complications from chronic heart failure (CHF) and determined to be a high-risk for hospitalization

Additional Covered Benefits

Special Supplemental Benefits for the Chronically Ill (continued)

Housing Flex Card Lodging/Utilities

If eligible, our plan offers a prepaid Visa® debit card with a limit of up to \$1,000 per year to help cover the cost of lodging after an eligible inpatient stay and certain Utilities (electric, gas, sanitary, water, and/or telephone service).

To be eligible to receive the benefit(s) listed above,

You must be actively engaged with BCBSAZ Health Choice Pathway care management

And 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.

Note: If you are determined to be eligible for the Housing and Lodging benefit, you will not receive an additional prepaid Visa® debit card in the mail. Your Housing and Lodging benefit dollars will be automatically added to your prepaid Visa® debit card received as part of the Flex Card program.

Note: The prepaid Visa® card is co-branded with the OTC Network®. This card is not for use or associated with your Over the Counter (OTC) benefit. Please see Chapter 4, Section 2.1 Benefit chart in your EOC for Over the Counter (OTC) benefit coverage and vendor.

If you feel you meet the criteria and you have not received your prepaid Visa® Flex Card or would like to learn more about this benefit, please call Member Services (phone numbers are printed on the back cover of this booklet) or visit our website at **healthchoicepathway.com**.

This benefit is for your use only, may not be sold or transferred, and has no cash value.

Summary of Medicaid-Covered Benefits

Your state Medicaid program can be reached through the office of the Arizona Health Care Cost Containment System (AHCCCS).

A person who is entitled to both Medicare and medical assistance from a state Medicaid plan is referred to as a “dual eligible” beneficiary. As a dual eligible beneficiary your services are paid first by Medicare and then by AHCCCS (Medicaid). Your AHCCCS (Medicaid) coverage varies depending on your income, resources, and other factors. Benefits may include full AHCCCS (Medicaid) benefits and/or payment of some or all of your Medicare cost share (premiums, deductibles, coinsurance, or copays). Depending on your level of AHCCCS (Medicaid) eligibility, you may not have any cost-sharing responsibility for Medicare-covered services.

Below is a list of dual eligibility coverage categories for beneficiaries who may enroll in the BCBSAZ Health Choice Pathway Plan:

- **QMB-plus (or QMB+):** AHCCCS (Medicaid) pays your Medicare Part A and Part B premiums, deductibles, coinsurance, and copayment amounts. You receive Medicaid coverage of Medicare cost sharing and are eligible for full Medicaid benefits secondary to your Medicare coverage. This means if Medicare doesn’t cover something, but Medicaid does, Medicaid will pay (as long as your provider is in-network).
- **SLMB-plus (or SLMB+):** AHCCCS (Medicaid) pays your Medicare Part B premium and also provides full Medicaid benefits secondary to your Medicare benefit.
- **Full-Benefit Dual Eligible (FBDE):** At times, individuals may qualify for both limited coverage of Medicare cost sharing as well as full AHCCCS (Medicaid) benefits.

If you are a QMB or QMB-plus Beneficiary:

You have a \$0 cost share, except for Part D prescription drug copays, as long as you remain a QMB or QMB+ Member.

If you are an SLMB-plus or FBDE Beneficiary:

You are eligible for full AHCCCS (Medicaid) benefits and, at times, limited Medicare cost share. As such, your cost share is 0% or 20% *. Typically your cost share is 0% when the service is covered by both Medicare and AHCCCS (Medicaid). Additionally, preventive wellness exams and supplemental benefits provided by BCBSAZ Health Choice Pathway are also at a \$0 cost share. In rare instances, you will pay 20% * when a service or benefit is not covered by AHCCCS (Medicaid).

Note – Preventive wellness exams and supplemental benefits have a \$0 cost share.

Eligibility Changes:

It is important to read and respond to all mail that comes from Social Security and your state Medicaid office and to maintain your AHCCCS (Medicaid) eligibility status.

Periodically, as required by CMS, we will check the status of your AHCCCS (Medicaid) eligibility as well as your dual eligible category. If your eligibility status changes, your cost share may also change from 0% to 20% or from 20% to 0%. If you lose AHCCCS (Medicaid) coverage entirely, you will be given a grace period so that you can reapply for AHCCCS (Medicaid) and become reinstated if you still qualify.

If you no longer qualify for AHCCCS (Medicaid) you may be involuntarily disenrolled from the plan. Your state Medicaid agency will send you notification of your loss of AHCCCS (Medicaid)

or change in AHCCCS (Medicaid) category. We may also contact you to remind you to reapply for Medicaid. For this reason it is important to let us know whenever your mailing address and/or phone number changes.

If you are currently entitled to receive full or partial AHCCCS (Medicaid) benefits please see your Medicaid member handbook or other state Medicaid documents for full details on your AHCCCS (Medicaid) benefits, limitations, restrictions, and exclusions. In your state, the Medicaid program can be reached through the office of the Arizona Health Care Cost Containment System (AHCCCS).

*Annual deductible for Part B services, and 20% coinsurance (as applicable), in addition to varying cost-share amounts for Part A services apply when Member’s cost-share amount is not 0%.

How to Read the Medicaid Benefit Chart

The chart below shows what services are covered by AHCCCS (Medicaid). The chart applies only if you are entitled to benefits under your

state’s Medicaid program. Your cost share varies based on your AHCCCS (Medicaid) category.

For Medicaid-covered services, refer to the AHCCCS plan or visit the website at **www.azahcccs.gov** for additional beneficiary cost sharing, co-payment and benefits related information.

Acute Medicaid Programs include AHCCCS Complete Care (ACC), ACC Regional Behavioral Health Agreements (ACC-RBHAs), and the Mercy Care Department of Child Safety Comprehensive Health Plan (Mercy Care DCS CHP). Long Term Care Medicaid Programs include Elderly and Physically Disabled (E-PD) and Division of Developmental Disabilities (DDD).

Medicare Part D co-payment amounts are the sole responsibility of the beneficiary. AHCCCS health plans cannot assist with the payment of these amounts, except for behavioral health medications for those beneficiaries determined to be Seriously Mentally Ill (SMI) utilizing allowable Non-Title XIX funding.

Medicaid-Covered Benefits Chart		
	As an Arizona Health Care Cost Containment System (AHCCCS) – QMB Dual Eligible – You Pay:	As an Arizona Health Care Cost Containment System (AHCCCS) – Non-QMB Dual Eligible – You Pay:
Important Information		
Premium and Other Important Information If you get Extra Help from Medicare, your monthly plan premium will be lower or you might pay nothing.	Medicaid assistance with premium payments and cost share may vary based on your level of AHCCCS (Medicaid) eligibility.	Medicaid assistance with premium payments and cost share may vary based on your level of AHCCCS (Medicaid) eligibility.
Doctor and Hospital Choice (For more information, see Emergency Care and Urgently Needed Care services.)	You must go to doctors, specialists, and hospitals that accept Medicaid assignment. Referral required for network specialists for certain benefits.	You must go to doctors, specialists, and hospitals that accept Medicaid assignment. Referral required for network specialists for certain benefits.

Acute and Long-Term Care Medicaid Programs		
	As an Arizona Health Care Cost Containment System (AHCCCS) – QMB Dual Eligible – You Pay:	As an Arizona Health Care Cost Containment System (AHCCCS) – Non-QMB Dual Eligible – You Pay:
Inpatient Care		
Inpatient Hospital Care	\$0 copay	\$0 copay
Inpatient Behavioral Health Care Stay	\$0 copay	\$0 copay
Nursing Facility Services	\$0 copay	\$0 copay
Acute and Long-Term Care Medicaid Programs		
	As an Arizona Health Care Cost Containment System (AHCCCS) – QMB Dual Eligible – You Pay:	As an Arizona Health Care Cost Containment System (AHCCCS) – Non-QMB Dual Eligible – You Pay:
Outpatient Care Services		
Ambulance Services (Medically necessary ambulance services)	\$ 0 copay	\$ 0 copay
Ambulatory Surgical Center or Outpatient Hospital Facility Visit	\$0 copay	\$0 to \$3 copay depending on eligibility for ages 21 and over. \$0 copay for ages 20 and under.
Medicare-Covered Services, including Chiropractic Care Visit, Chronic/Complex Case Management, etc.	\$0 copay	\$0 copay for ages 20 and under. Not covered for ages 21 and over.
Adult Emergency Dental Services	\$0 copay For ages 21 and over. Services subject to a \$1,000 limit per each 12 month period beginning October 1st of each year.	\$0 copay For ages 21 and over. Services subject to a \$1,000 limit per each 12 month period beginning October 1st of each year.
Diabetes Self-Monitoring Training & Supplies (when provided as part of a PCP visit)	\$0 copay	\$0 copay
Diagnostic Tests, X-rays, and Laboratory Services (including COVID-19 diagnostic & testing services)	\$0 copay	\$0 copay
Doctor Office Visits: Primary Care Provider (PCP) and Specialist Physician visits	\$0 copay	\$0 copay for well visits, and \$0 to \$4 for other visits depending on eligibility for ages 21 and over. \$0 copay for ages 20 and under.

Acute and Long-Term Care Medicaid Programs		
	As an Arizona Health Care Cost Containment System (AHCCCS) – <u>QMB Dual Eligible</u> – You Pay:	As an Arizona Health Care Cost Containment System (AHCCCS) – <u>Non-QMB Dual Eligible</u> – You Pay:
Outpatient Care Services		
Durable Medical Equipment (Includes wheelchairs, oxygen, etc.)	\$0 copay Covers reasonable and medically necessary medical equipment, appliances, and supplies.	\$0 copay Covers reasonable and medically necessary medical equipment, appliances, and supplies.
Emergency Care (You may go to any emergency room if you reasonably believe you need emergency care.)	\$0 copay	\$0 copay
Hearing Exams, Routine Hearing Tests, and Fitting Evaluations for a Hearing Aid	\$0 copay for ages 20 and under. Not covered for ages 21 and over.	\$0 copay for ages 20 and under. Not covered for ages 21 and over.
Hearing Aids	\$0 copay for ages 20 and under. Not covered for ages 21 and over.	\$0 copay for ages 20 and under. Not covered for ages 21 and over.
Home Health Service (Such as nursing services, home health aide, and therapy.)	\$0 copay Covers medically necessary home health services within certain limits.	\$0 copay Covers medically necessary home health services within certain limits.
Outpatient Behavioral Health Care Visit	\$0 copay	\$0 copay
Outpatient Occupational Therapy, Physical/ Speech Therapy	\$0 copay	\$0 to \$3 copay depending on eligibility for ages 21 and over. \$0 copay for ages 20 and under.
Outpatient Substance Abuse Care	\$0 copay	\$0 copay
Podiatry Services	\$0 copay	\$0 copay
Prosthetic Devices (Includes braces, artificial limbs and eyes, etc.)	\$0 copay	\$0 copay Lower limb microprocessor controlled limb or joint not covered for ages 21 and over.
Non-Emergency Medically Necessary Transportation	\$0 copay	\$0 copay
Urgently Needed Services	\$0 copay	\$0 to \$4 copay depending on eligibility for ages 21 and over. \$0 copay for ages 20 and under.
Vision Services, Routine Eye Exam, Eyeglasses, Contact Lenses, Lenses and Frames	\$0 copay for ages 20 and under. Not covered for ages 21 and over unless following cataract surgery.	\$0 copay for ages 20 and under. Not covered for ages 21 and over.

Acute and Long-Term Care Medicaid Programs		
	As an Arizona Health Care Cost Containment System (AHCCCS) – <u>QMB Dual Eligible</u> – You Pay:	As an Arizona Health Care Cost Containment System (AHCCCS) – <u>Non-QMB Dual Eligible</u> – You Pay:
Outpatient Care Services		
Renal Dialysis or Nutritional Therapy for End-Stage Renal Disease	\$0 copay	\$0 copay
Preventive Services		
Preventive Services Including Flu, COVID-19, and Pneumonia Vaccines, Screening Mammogram, Pap Smear and Pelvic Exam, Prostate Cancer Screening, and Colorectal Screening.	\$0 copay	\$0 copay
Prescription Drug Benefits		
Prescription Medications	\$0 copay For medications not eligible for payment under Medicare Part D.	\$0 to \$2.30 copay depending on eligibility for ages 21 and over. \$0 copay for ages 20 and under. For medications not eligible for payment under Medicare Part D.
Long Term Care Medicaid Programs Only		
Respite Services	\$0 copay Subject to a 600 hour limit per each 12 month period beginning October 1st of each year.	\$0 copay Subject to a 600 hour limit per each 12 month period beginning October 1st of each year.
Nursing Facility Services	Cost sharing determined by AHCCCS.	Cost sharing determined by AHCCCS.
Home and Community Based Services	Member contribution determined by AHCCCS.	Member contribution determined by AHCCCS.
Adult Preventive Dental Services. In addition to Adult Emergency Dental Services described above.	\$0 copay for ages 21 and over. Services subject to a \$1,000 limit per each 12 month period beginning October 1st of each year.	\$0 copay for ages 21 and over. Services subject to a \$1,000 limit per each 12 month period beginning October 1st of each year.

Glossary of Terms

Centers for Medicare & Medicaid Services (CMS)

The Federal agency that administers Medicare.

Coinsurance

An amount you may be required to pay, expressed as a percentage (for example 20%) as your share of the cost for services or prescription drugs after you pay any deductibles.

Copayment (or “copay”)

An amount you may be required to pay as your share of the cost for a medical service or supply, like a doctor’s visit, hospital outpatient visit, or a prescription drug. A copayment is a set amount (for example \$10), rather than a percentage.

Cost Sharing

Cost sharing refers to amounts that a member has to pay when services or drugs are received. (This is in addition to the plan’s monthly premium.) Cost sharing includes any combination of the following three types of payments: (1) any deductible amount a plan may impose before services or drugs are covered; (2) any fixed “copayment” amount that a plan requires when a specific service or drug is received; or (3) any “coinsurance” amount, a percentage of the total amount paid for a service or drug that a plan requires when a specific service or drug is received.

Deductible

The amount you must pay for health care or prescriptions before our plan pays.

Extra Help

A Medicare or a State program to help people with limited income and resources pay Medicare prescription drug program costs, such as premiums, deductibles, and coinsurance.

Maximum Out-of-Pocket Amount

The most that you pay out-of-pocket during the calendar year for covered Part A and Part B services. Amounts you pay for your plan premiums, Medicare Part A and Part B premiums, and prescription drugs do not count toward the maximum out-of-pocket amount. 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. (Note: Because our members also get assistance from AHCCCS (Medicaid), very few members ever reach this out-of-pocket maximum.)

Medicaid (AHCCCS or Medical Assistance)

A joint Federal and State program that helps with medical costs for some people with low incomes and limited resources. State Medicaid programs vary, but most health care costs are covered if you qualify for both Medicare and Medicaid.

Medicare

The Federal health insurance program for people 65 years of age or older, some people under age 65 with certain disabilities, and people with End-Stage Renal Disease (generally those with permanent kidney failure who need dialysis or a kidney transplant).

Glossary of Terms

Medicare Advantage (MA) Plan

Sometimes called Medicare Part C. A plan offered by a private company that contracts with Medicare to provide you with all your Medicare Part A and Part B benefits. A Medicare Advantage Plan can be an i) HMO, ii) PPO, a iii) Private Fee-for-Service (PFFS) plan, or a iv) Medicare Medical Savings Account (MSA) plan. Besides choosing from these types of plans, a Medicare Advantage HMO or PPO plan can also be a Special Needs Plan (SNP) In most cases, Medicare Advantage Plans also offer Medicare Part D (prescription drug coverage). These plans are called Medicare Advantage Plans with Prescription Drug Coverage.

Original Medicare (“Traditional Medicare” or “Fee-for-service” Medicare)

Original Medicare is offered by the government, and not a private health plan like Medicare Advantage Plans and prescription drug plans. Under Original Medicare, Medicare services are covered by paying doctors, hospitals, and other health care providers payment amounts established by Congress. You can see any doctor, hospital, or other health care provider that accepts Medicare. You must pay the deductible. Medicare pays its share of the Medicare-approved amount, and you pay your share. Original Medicare has two parts: Part A (Hospital Insurance) and Part B (Medical Insurance) and is available everywhere in the United States.

Part C

see “Medicare Advantage (MA) Plan.”

Part D

The voluntary Medicare Prescription Drug Benefit Program.

Part D Drugs

Drugs that can be covered under Part D. We may or may not offer all Part D drugs. Certain categories of drugs have been excluded from Part D coverage by Congress. Certain categories of Part D drugs must be covered by every plan.

Premium

The periodic payment to Medicare, an insurance company, or a health care plan for health or prescription drug coverage.

Prior Authorization

Approval in advance to get services or certain drugs Covered services that need prior authorization are marked in the Medical Benefits Chart in Chapter 4. Covered drugs that need prior authorization are marked in the formulary.

Special Needs Plan

A special type of Medicare Advantage Plan that provides more focused health care for specific groups of people, such as those who have both Medicare and Medicaid, who reside in a nursing home, or who have certain chronic medical conditions.

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

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



Health
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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 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.

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.

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。

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