

2022 HEALTH CHOICE PATHWAY

2 oral exams & 2 prophylaxis (cleanings) per year, 1 every 6 months. Exam and cleaning must be performed in the same preventative office visit. 1 fluoride treatment per year. 2 dental X-rays per year, X-rays do not need to be taken during the preventative office visit. (X-ray can consist of: 1 of either bitewing X-rays or single X-rays OR 1 complete full mouth (fmx) or panoramic X-ray. Complete/panoramic only allowed once every 36 months.) Denture adjustments up to 4 times a year. Dentures covered once every 5 years. No PA required for dentures.

\$4,000
Allowance
Yearly

1 routine eye exam per year. \$450 unlimited eyewear, includes contact lenses and eyeglasses (lenses and frames)

\$450
Allowance
Yearly

1 routine hearing exam per year. Hearing aid fitting once per year. \$2,000 allowance every year for hearing aid(s) both ears combined.

\$2,000
Allowance
Yearly

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

Up to 28
Meals Once
a Year

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

Up to 14
Meals Once
a Year

Van or medical transport to a plan approved health-related location.

24
One-Way
Trips a Year

BENEFIT TYPE



DENTAL



VISION



HEARING



MEALS



TRANSPORT

2023 BCBSAZ HEALTH CHOICE PATHWAY

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\$4,000
Allowance
Yearly

1 routine eye exam per year. \$450 unlimited eyewear, includes contact lenses and eyeglasses (lenses and frames)

\$450
Allowance
Yearly

1 routine hearing exam per year. Hearing aid fitting once per year. **\$2,500** allowance every year for hearing aid(s) both ears combined.

\$2,500
Allowance
Yearly

Up to **70 meals per admit**, once per calendar year, 2 meals per day for **35 days**, immediately following an acute inpatient hospital stay. PA required.

Up to **70**
Meals Once
a Year

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

Up to 14
Meals Once
a Year

Van or medical transport to a plan approved health-related location.

36
One-Way
Trips a Year

Red indicates changes from contract year 2021 to 2022

\$270 allowance every 3 months, purchase online (cvs.com/otchs/healthchoice), by phone (1-844-457-8938) or in-store. Cannot place order by mail. Amount does not roll over. Vendor is CVS-OTC Health Solutions.

\$270 Allowance Every 3 Months

Special supplemental benefits for the following chronic condition(s): complications from chronic heart failure (CHF), diabetes with complications, complications from chronic obstructive pulmonary disease (COPD). Services provided will be based on the need of the individual and a plan of care developed with the member and their family.

- Connected health devices and remote patient monitoring (RPM) technologies, in association with PCP or Specialist intervention.
- Connected health devices may enable physicians to monitor members without having to conduct face-to-face appointments.
- Physicians may be able to remotely take blood pressure, weight, and monitor glucose as appropriate so that issues such as high blood pressure or elevated blood sugar can be identified in real time. PA Required.

Visit www.HealthChoicePathway.com for virtual visits, 24 hours a day, 7 days a week

**Not all conditions can be treated through virtual visits.*

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

Copay Levels*:	Generic	Brand	Catastrophic
LIS (1)	\$3.95	\$9.85	\$0
LIS (2)	\$1.35	\$4.00	\$0
LIS (3)	\$0	\$0	\$0

Click [here](#) for current Health Choice prior authorization requirements.

In-network maximum enrollee out-of-pocket cost: \$3,450.

ER/Post Stabilization Care: Beneficiary pays 0% or 20% of the cost up to \$120.

Opioid Treatment Services: Beneficiary pays \$0 copay.

OTC

SSBCI

TELEHEALTH SERVICES

FITNESS

PART D

PRIOR AUTH

MEDICARE CHANGES

\$380 per quarter. Any unused benefit amount during quarters 1, 2 & 3 will roll over from the previous quarter, however, it will expire in the following quarter if unused. Any unused benefit amount from quarter 4 will not carry over to the next year.

\$380 Allowance Every 3 Months

Special supplemental benefits for the following chronic condition(s): complications from chronic heart failure (CHF), diabetes with complications, complications from chronic obstructive pulmonary disease (COPD). Services provided will be based on the need of the individual and a plan of care developed with the member and their family.

- Connected health devices and remote patient monitoring (RPM) technologies, in association with PCP or Specialist intervention.
- Connected health devices may enable physicians to monitor members without having to conduct face-to-face appointments.
- Physicians may be able to remotely take blood pressure, weight, and monitor glucose as appropriate so that issues such as high blood pressure or elevated blood sugar can be identified in real time. PA Required.

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Copay Levels*:	Generic	Brand	Catastrophic
All LIS levels	\$0	\$0	\$0

Click [here](#) for current Health Choice prior authorization requirements.

In-network maximum enrollee out-of-pocket cost: \$7,550.

ER/Post Stabilization Care: Beneficiary pays 0% or 20% of the cost up to **\$95**.

Opioid Treatment Services: Beneficiary pays **\$0 copay**.

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2022 HEALTH CHOICE PATHWAY

Not covered in 2022

BENEFIT TYPE



2023 HEALTH CHOICE PATHWAY

Our plan provides a prepaid Visa® debit card that helps reduce your out-of-pocket expenses for dental, vision, and hearing services. With an annual limit of \$1,000, you can allocate your benefit dollars as needed across these service in coordination with your supplemental benefits. Any unused benefit dollars expire at the end of the year. It's important to note that this benefit is not a substitute for supplemental dental, vision, or hearing benefits, but rather a way to offset certain expenses. To be eligible to receive the benefits above you must exhaust any one of your supplemental benefits, i.e., supplemental dental, vision, and hearing.

\$1,000 Allowance Yearly

If eligible, our plan offers a debit card with a limit of \$25 per month to help cover the cost of healthy food items.

\$25 per month

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

- Complications from chronic heart failure (CHF)
- Diabetes with complications
- Complications from chronic obstructive pulmonary disease (COPD)
- Cancer
- High blood pressure
- Digestive disorders
- Eating disorders
- Kidney disease
- Obesity
- Social Determinants of Health (SDOH)



HEALTHY FOODS

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.

\$30 or \$100 per 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 a qualifying chronic conditions:

- Cancer, CHF, COPD, Diabetes, 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 a qualifying chronic conditions. To access a list of qualifying chronic conditions, please refer to Chapter 4 of the Evidence of Coverage (EOC).

Note: If you qualify for both benefits you will receive the higher amount of the two benefits.

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