

# 2024

## Summary of Benefits



# 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

# BCBSAZ Health Choice Pathway (HMO D-SNP)

## Summary of Benefits

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January 1, 2024 – December 31, 2024

### 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.

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## BCBSAZ Health Choice Pathway 2024 Summary of Benefits Chart

If you are eligible for Medicare cost-sharing assistance under AHCCCS (Medicaid), you pay \$0. Premiums, copays, coinsurance, and deductibles may vary based on the level of Extra Help you receive.

Monthly Premium, Deductibles, and Limits	
<b>Monthly Health Plan Premium</b>	\$0 or \$43.20 based on your level of AHCCCS (Medicaid) eligibility.
<b>Deductible</b>	This plan does not have a deductible.
<b>Maximum Out-of-Pocket Responsibility (this does not include prescription drugs)</b>	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>You pay \$0 for days 1 – 90 of a hospital stay per benefit period.</p> <p>Our policy also includes coverage for 60 lifetime reserve days, which are additional days we provide. If your hospital stay exceeds 90 days per benefit period, you have the option to utilize these extra days. After utilizing these additional 60 days, your coverage for inpatient hospital stays will be restricted to 90 days for each benefit period. If you receive authorized inpatient care at an out-of-network hospital after your emergency condition is stabilized, your cost is the cost-sharing you would pay at a network hospital.</p>
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### Outpatient Hospital Coverage

<b>Outpatient Hospital</b> Prior authorization may be required	\$0 copay
<b>Outpatient Hospital Observation Services</b> Prior authorization may be required	\$0 copay
<b>Ambulatory Surgery Center</b> Prior authorization may be required	\$0 copay

### Doctor Visits

<b>Primary Care Provider Services</b>	\$0 copay
<b>Physician Specialists Services</b> Prior authorization for pain management may be required	\$0 copay

## Covered Medical and Hospital Benefits

### Preventive Care

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

<b>Covered Medical and Hospital Benefits</b>	
<b>Emergency Care Services</b>	
<b>Emergency Care</b>	\$0 copay for Medicare-covered emergency room visits
<b>Urgently Needed Services</b>	
<b>Urgent Care</b>	\$0 copay for Medicare-covered urgently needed services
<b>Diagnostic Services/Labs/Imaging Lab Services</b>	
<b>Diagnostic tests and procedures</b> Prior authorization may be required	\$0 copay
<b>Lab services</b> Prior authorization may be required	\$0 copay
<b>Diagnostic radiology (e.g., MRI, CT)</b> Prior authorization may be required	\$0 copay
<b>Outpatient X-rays</b>	\$0 copay
<b>Therapeutic radiology</b> Prior authorization may be required	\$0 copay
<b>Hearing Services</b>	
<b>Medicare-covered diagnostic hearing and balance exams</b> They're covered only when your doctor or other healthcare provider orders them to see if you need medical treatment.	\$0 copay
<b>Routine Hearing Exam</b> (Supplemental Benefit)	\$0 copay One exam per year
<b>Hearing Aid Fitting and Hearing Aid</b> (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
<b>Dental Services</b>	
<b>Medicare-covered dental services</b> 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

## 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 services

No maximum amount for Preventive services.

\$4,000 maximum benefit allowance per calendar year for comprehensive dental services

### 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

#### Routine Eye Exam (eye refraction)

(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

### Dental, Vision, and Hearing Flex Card

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

To ensure coverage, please receive supplemental dental, vision, and hearing services from a participating provider within the plan.

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

\$1,000 maximum benefit allowance every year

### Mental Health Services

#### Inpatient Hospital Psychiatric

Prior authorization may be required

You pay \$0 for days 1 – 90 of a hospital stay per benefit period.

Our policy also includes coverage for 60 lifetime reserve days, which are additional days we provide. If your hospital stay exceeds 90 days per benefit period, you have the option to utilize these extra days. After utilizing these additional 60 days, your coverage for inpatient hospital stays will be restricted to 90 days for each benefit period. If you receive authorized inpatient care at an out-of-network hospital after your emergency condition is stabilized, your cost is the cost-sharing you would pay at a network hospital.

#### Outpatient Individual/ Group Therapy Visit

- Mental Health Specialty Service
- Psychiatric Services
- Substance Abuse

\$0 copay

#### Outpatient Blood Services

\$0 copay

Three (3) pints of blood deductible is waived.

Coverage of whole blood and packed red cells begins with the first pint of blood that you need.



## Covered Medical and Hospital Benefits

### Skilled Nursing Facility

Prior authorization may be required

Our plan covers up to 100 days in a SNF Days 1-100.  
Days 101 and beyond: all costs.

### Outpatient Rehabilitation

#### Physical Therapy and Speech Therapy Services

Prior authorization may be required

\$0 copay

#### Cardiac and Pulmonary Rehabilitation

\$0 copay

#### 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

#### Occupational Therapy Services

Prior authorization may be required

\$0 copay

### Ambulance

Prior authorization required for non-emergent ambulance only

\$0 copay for ground and air ambulance services

### Transportation

This benefit is available to help you obtain medically necessary care and services.

\$0 copay

#### Covered Services include:

- 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

48 one-way trips every year to or from approved location

#### Covered Services do not include:

- Transportation by ambulance

## Prescription Drug Benefits

### Medicare Part B Drugs

#### Chemotherapy/radiation drugs

Prior authorization may be required

\$0 copay

#### Other Medicare Part B drugs

Prior authorization may be required

\$0 copay

#### Medicare Part B drugs – Step Therapy

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

### Part D Benefit

*Medicare-covered only*

Beneficiary Low Income Subsidy (LIS) cost sharing is waived for all formulary Part D drugs across all benefit phases. This means if you qualify for Low Income Subsidy (LIS) cost sharing, you qualify for Part D reduced 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:

<b>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.)</b>	<b>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.)</b>
\$0 copay	\$0 copay
<p>If you do not receive “Extra Help” or lose your Low Income Subsidy (LIS) eligibility, the amount you pay will change to Original Medicare levels.</p> <p>These copay amounts are only for in-network pharmacies. You may get your drugs at in-network retail and mail-order pharmacies.</p> <p>You may be able to get a 100-day supply of your prescription (if your drug is applicable).</p>	

If your total drug costs have reached \$5,030 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 \$8,000. 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 12/31/2024. On 1/1/2025, you go back to the Initial Coverage stage.

### Important Message About What You Pay for Vaccines

Our plan covers most Part D vaccines at no cost to you. 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.

## Additional Covered Benefits

### Services to Treat Kidney Disease

• Kidney disease education services	\$0 copay
• Dialysis services	\$0 copay
• 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
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### 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 may be required

\$0 copay

#### Routine Care (Supplemental)

This benefit is in addition to the Medicare-covered Chiropractic services. Supplemental coverage for evaluation and management, X-ray examination, chiropractic manipulative therapy, modalities, therapeutic procedures, and physical rehabilitation for musculoskeletal conditions of the spine & extremities. Chiropractic services are provided by a Doctor of Chiropractic - DC ("Chiropractor"). Chiropractic services are delivered by participating American Specialty Health (ASH) providers.

\$0 copay for 12 visits every year

### Acupuncture (Supplemental)

This benefit is in addition to the Medicare-covered Acupuncture. Benefit includes coverage for supplemental coverage for evaluation and management, acupuncture and acupressure, modalities, and therapeutic procedures for treatment of pain syndromes, musculoskeletal conditions, and nausea not covered by CMS-required benefits. Acupuncture services are delivered by participating American Specialty Health (ASH) providers.

\$0 copay for 12 treatments every year

### Therapeutic Massage (Supplemental)

Supplemental coverage for therapeutic massage, including assessment, massage, or soft tissue work for treatment of myofascial conditions, musculoskeletal injuries, and pain syndromes. Therapeutic Massage services are provided by licensed providers of massage including licensed massage therapists-LMT, and can also be provided by physical therapists. Therapeutic massage services are delivered by participating American Specialty Health (ASH) providers.

\$0 copay for 6 visits every year

<b>Additional Covered Benefits</b>	
<b>Home Health Care</b>	
Prior authorization may be required	\$0 copay
<b>Opioid Treatment Program Services (OTPS)</b>	
<ul style="list-style-type: none"> <li>• FDA-approved opioid agonist and antagonist treatment medications and the dispensing and administration of such medications, if applicable</li> <li>• Substance use counseling</li> <li>• Individual and group therapy</li> <li>• Toxicology testing</li> </ul>	\$0 copay
<b>Foot Care (Podiatry Services)</b>	
<p><b>Medicare-covered Foot Exam and Treatment</b> Foot exams and treatment if you have diabetes-related nerve damage and/or meet conditions Prior authorization may be required</p>	\$0 copay
<p><b>Podiatry/Routine Footcare (Supplemental)</b> This benefit is in addition to the Medicare-covered Podiatry. Includes Supplemental Benefit Coverage for preventive clinical services for the skin of the foot and toenail care, including removal of corns and calluses, nail trimming, and preventive foot hygiene. Routine Foot Care services are provided by a Doctor of Podiatric Medicine – DPM (“Podiatrist”). Podiatry services are delivered by participating American Specialty Health (ASH) providers.</p>	\$0 copay for 6 visits every year
<b>Medical Equipment/Supplies</b>	
<p><b>Durable Medical Equipment (DME)</b> (e.g., wheelchairs, oxygen) Prior authorization may be required</p>	\$0 copay
<p><b>Prosthetics/Medical Supplies</b> Prior authorization may be required</p>	\$0 copay
<p><b>Diabetic Supplies and Services</b> Prior authorization applies only to insulin pumps and not regular supplies (lancet, strips)</p>	\$0 copay
<b>Therapeutic shoes or inserts</b> for people with diabetes	\$0 copay

**Additional Covered Benefits**

**Additional Supplemental Benefits**

**Fitness Membership**

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

SilverSneakers® can help you live a healthier, more active life through fitness and social connection. You are covered for a fitness benefit through SilverSneakers online and at participating locations.<sup>(1)</sup> You have access to a nationwide network of participating locations where you can take classes<sup>(2)</sup> and use exercise equipment and other amenities. Enroll in as many locations as you like, at any time. You also have access to instructors who lead specially designed group exercise classes in-person and online, seven days a week. Additionally, SilverSneakers Community gives you options to get active outside of traditional gyms at recreation centers, parks, and other neighborhood locations.

Always talk with your doctor before starting an exercise program.

SilverSneakers also connects you to a support network and online resources through SilverSneakers LIVE classes, SilverSneakers On-Demand videos, and the SilverSneakers GO mobile app. Activate your free online account at **SilverSneakers.com** to view your SilverSneakers Member ID number, and all program features available to you at no additional cost. For additional questions, go to **SilverSneakers.com** or call **1-888-423-4632, TTY: 711** Monday through Friday, 8 a.m. to 8 p.m. ET.

<sup>1</sup> Participating locations ("PL") are not owned or operated by Tivity Health, Inc. or its affiliates. Use of PL facilities and amenities is limited to terms and conditions of PL basic membership. Facilities and amenities vary by PL.

<sup>2</sup> Membership includes SilverSneakers instructor-led group fitness classes. Some locations offer members additional classes. Classes vary by location.

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**Over-the-Counter (OTC) Healthy Food and Produce Card**

You can utilize your quarterly allowance to buy OTC items and healthy food products both at participating retailers and online. To purchase OTC items, you also have an option to use the OTC catalog for purchasing.

\$0 copay for \$600 every 3 months combined allowance for OTC products and Healthy Food and Produce.

With this benefit, you'll get a credit loaded to your Visa Debit Card each quarter to pay for covered groceries and OTC items.

Covered items include:

- Healthy foods like fruits, vegetables, meat, seafood, dairy products, water, and more.
- Brand-name and generic OTC products, like vitamins, pain relievers, toothpaste, cough drops, and more.

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

## Additional Covered Benefits

### Additional Supplemental Benefits

<b>Meal Benefit</b> Prior authorization may be required	<p>\$0 copay up to 140 total meals.</p> <p>Post-Acute Meals: For members discharged from an inpatient facility (Hospital, Skilled Nursing Facility, or Inpatient Rehabilitation) the plan will provide a maximum of 2 meals per day for 35 days for a total of 70 meals.</p> <p>Chronic Meals: Members under care management with a plan-approved chronic condition may be eligible to receive healthy meals. Eligible chronic conditions include: chronic obstructive pulmonary disease (COPD), congestive heart failure (CHF), diabetes (DM).</p> <p>You may receive a maximum of 2 healthy meals per day for up to 35 days for a maximum of 70 meals.</p>
<b>24-Hour Nurse Advice Line 1-888-267-9037</b> 24/7 access to registered nurse	<p>\$0 copay</p>
<b>In-Home Support Services</b> Prior authorization may be required	<p>\$0 copay for In-Home Support Services.</p> <p>Members have access to in-home support services, including cleaning, household chores, meal preparation, errands, light yard work, and assistance with other instrumental activities of daily living.</p> <p>You have a \$900 annual maximum combined allowance each year between In-Home Support Services, Home and Bathroom Safety Devices and Modifications, Support for Caregivers of Enrollees (Respite Care), and Home Repairs.</p>
<b>Home and Bathroom Safety Devices and Modifications</b>	<p>\$0 copay for Home and Bathroom Safety Devices and Modifications.</p> <p>This benefit will include temporary home modifications including ramps and adding grab bars and safety rails in the shower.</p> <p>You have a \$900 annual maximum combined allowance each year between In-Home Support Services, Home and Bathroom Safety Devices and Modifications, Support for Caregivers of Enrollees (Respite Care), and Home Repairs.</p>
<b>Support for Caregivers of Enrollees (Respite Care)</b>	<p>\$0 copay for Support for Caregivers of Enrollees (Respite Care).</p> <p>You have a \$900 annual maximum combined allowance each year between In-Home Support Services, Home and Bathroom Safety Devices and Modifications, Support for Caregivers of Enrollees (Respite Care), and Home Repairs.</p>

## Additional Covered Benefits

<b>Personal Emergency Response System (PERS)</b>	<p>\$0 copay</p> <p>Personal emergency response system (PERS), also known as medical alert systems, provide continuous in-home and mobile monitoring to aging and at-risk populations.</p> <p>PERS allows members to call for assistance 24/7, whether at home or on the go.</p> <ul style="list-style-type: none"><li>• Members are immediately connected with professionally trained operators who quickly assess the nature of a call and coordinate appropriate assistance.</li><li>• A member experiencing a medical emergency presses a button to speak with an operator who immediately coordinates emergency dispatch.</li></ul>
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## Special Supplemental Benefits for the Chronically Ill

<b>Remote Access Technology Services</b>	<p>\$0 copay</p> <p>Physicians have the capability to remotely measure blood pressure, weight, and monitor glucose as necessary, allowing real-time identification of conditions such as high blood pressure or elevated blood sugar.</p> <p>The services provided will be determined based on the member's specific needs, with a care plan developed with their family.</p> <ul style="list-style-type: none"><li>• Connected health devices and remote patient monitoring (RPM) technologies are utilized in conjunction with the intervention of primary care physicians (PCP) or specialist.</li><li>• Connected health devices allow physicians to monitor you remotely without in-person appointments.</li></ul> <p>Remote access technology equipment may include, but is not limited to:</p> <ul style="list-style-type: none"><li>• Blood pressure cuff</li><li>• Scale</li><li>• Non-Medicare covered glucose monitor</li></ul> <p>To qualify for this benefit, you must be actively engaged with BCBSAZ Health Choice Pathway care management and have one or more of the following qualifying chronic conditions:</p> <ul style="list-style-type: none"><li>• Chronic heart failure (CHF)</li><li>• Diabetes</li><li>• Chronic obstructive pulmonary disease (COPD)</li><li>• Post-Acute Sequelae of SARS CoV-2 infection (PASC/Long Covid)</li></ul>
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## Additional Covered Benefits

### Special Supplemental Benefits for the Chronically Ill (continued)

**General Support for Living - Transitional Supports Lodging/Utilities Flex Card**

If you meet the eligibility requirements, our plan provides a prepaid Visa® debit card with a maximum annual limit of \$1,000. This card is designed to assist with covering the expenses of lodging after an eligible inpatient stay and/or specific utilities such as electric, gas, sanitary, water, and/or telephone services.

To qualify for this benefit, you must be actively engaged with BCBSAZ Health Choice Pathway care management and have one or more of the following qualifying chronic conditions:

- Complications from pre-diabetes or diabetes
- Recent hospitalization for diabetes or a medical condition worsened by pre-diabetes or diabetes

Any unused benefit dollars on the Flex Card will expire at the end of the year. It's important to note that if you are eligible for the Lodging and Utilities benefit, you will not receive an additional prepaid Visa® debit card in the mail. Instead, your Lodging and Utilities benefit dollars will be automatically added to the prepaid Visa® debit card received as part of the Flex Card program.

The funds are intended for temporary accommodation following a qualifying inpatient hospital stay, rather than being allocated for rental or mortgage assistance.

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

Lastly, please note that this benefit is solely for your use, cannot be sold or transferred, and holds no cash value.

**Home Repairs**

\$0 copay for Home Repairs.

This benefit will include widening of hallways or doorways, permanent mobility ramps, easy use doorknobs and faucets.

To qualify for this benefit, you must be actively engaged with BCBSAZ Health Choice Pathway care management and have one or more of the following qualifying chronic conditions:

- Chronic heart failure (CHF)
- Chronic lung disorders
- Diabetes
- Post-Acute Sequelae of SARS CoV-2 infection (PASC)/Long COVID

You have a \$900 annual maximum combined allowance each year between In-Home Support Services, Home and Bathroom Safety Devices and Modifications, Support for Caregivers of Enrollees (Respite Care), and Home Repairs.

# Summary of Medicaid-Covered Benefits

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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](http://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 copayment 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.

<b>Medicaid-Covered Benefits Chart</b>		
	<b>As an Arizona Health Care Cost Containment System (AHCCCS) – QMB Dual Eligible – You Pay:</b>	<b>As an Arizona Health Care Cost Containment System (AHCCCS) – Non-QMB Dual Eligible – You Pay:</b>
<b>Important Information</b>		
<b>Premium and Other Important Information</b> 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.
<b>Doctor and Hospital Choice</b> (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.

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

<b>Acute and Long-Term Care Medicaid Programs</b>		
	<b>As an Arizona Health Care Cost Containment System (AHCCCS) – QMB Dual Eligible – You Pay:</b>	<b>As an Arizona Health Care Cost Containment System (AHCCCS) – Non-QMB Dual Eligible – You Pay:</b>
<b>Outpatient Care Services</b>		
<b>Durable Medical Equipment</b> (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.
<b>Emergency Care</b> (You may go to any emergency room if you reasonably believe you need emergency care.)	\$0 copay	\$0 copay
<b>Hearing Exams, Routine Hearing Tests, and Fitting Evaluations for a Hearing Aid</b>	\$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.
<b>Hearing Aids</b>	\$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.
<b>Home Health Service</b> (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.
<b>Outpatient Behavioral Health Care Visit</b>	\$0 copay	\$0 copay
<b>Outpatient Occupational Therapy, Physical/ Speech Therapy</b>	\$0 copay	\$0 to \$3 copay depending on eligibility for ages 21 and over. \$0 copay for ages 20 and under.
<b>Outpatient Substance Abuse Care</b>	\$0 copay	\$0 copay
<b>Podiatry Services</b>	\$0 copay	\$0 copay
<b>Prosthetic Devices</b> (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.
<b>Non-Emergency Medically Necessary Transportation</b>	\$0 copay	\$0 copay
<b>Urgently Needed Services</b>	\$0 copay	\$0 to \$4 copay depending on eligibility for ages 21 and over. \$0 copay for ages 20 and under.
<b>Vision Services, Routine Eye Exam, Eyeglasses, Contact Lenses, Lenses and Frames</b>	\$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.

<b>Acute and Long-Term Care Medicaid Programs</b>		
	<b>As an Arizona Health Care Cost Containment System (AHCCCS) – QMB Dual Eligible – You Pay:</b>	<b>As an Arizona Health Care Cost Containment System (AHCCCS) – Non-QMB Dual Eligible – You Pay:</b>
<b>Outpatient Care Services</b>		
<b>Renal Dialysis or Nutritional Therapy for End-Stage Renal Disease</b>	\$0 copay	\$0 copay
<b>Prescription Drug Benefits</b>		
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.
<b>Preventive Services</b>		
Including Flu, COVID-19, and Pneumonia Vaccines, Screening Mammogram, Pap Smear and Pelvic Exam, Prostate Cancer Screening, and Colorectal Screening.	\$0 copay	\$0 copay
<b>Long Term Care Medicaid Programs Only</b>		
<b>Respite Services</b>	\$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.
<b>Nursing Facility Services</b>	Member contribution determined by AHCCCS.	Member contribution determined by AHCCCS.
<b>Home and Community Based Services</b>	Member contribution determined by AHCCCS.	Member contribution determined by AHCCCS.
<b>Adult Preventive Dental Services</b> 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

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## **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 healthcare 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 healthcare 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

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## **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 healthcare providers payment amounts established by Congress. You can see any doctor, hospital, or other healthcare 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 healthcare 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 healthcare 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  
Choice

Blue Cross® Blue Shield® of Arizona (BCBSAZ) Health Choice Pathway (HMO D-SNP) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity). BCBSAZ Health Choice Pathway does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity).

BCBSAZ Health Choice Pathway:

Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact:

BCBSAZ Health Choice Pathway

**Address:** PO Box 52033

Phoenix, AZ 85072

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

**8 a.m. to 8 p.m., 7 days a week**

**Fax: 480-760-4739**

**Email: HCHComments@azblue.com**

If you believe that BCBSAZ Health Choice Pathway has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity), you can file a grievance by mail, fax, or email to:

BCBSAZ Health Choice Pathway

**Address:** PO Box 52033

Phoenix, AZ 85072

**Phone: 1-800-656-8991**

**Fax: 480-760-4739**

**TTY: 711**

**Email: HCH.GrievanceForms@azblue.com**

You can file a grievance by mail, fax, or email. If you need help filing a grievance, the Grievance Manager/Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at **<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>**, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201

**1-800-368-1019, 1-800-537-7697 (TDD)**

Complaint forms are available at

**<http://www.hhs.gov/ocr/office/file/index.html>**.

BCBSAZ Health Choice Pathway is a subsidiary of Blue Cross® Blue Shield® of Arizona (BCBSAZ), an independent licensee of the Blue Cross Blue Shield Association.

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# Aviso de No Discriminación



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, TTY: 711**

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

**Fax: 480-760-4739**

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

Si considera que BCBSAZ Health Choice Pathway no ha logrado prestar estos servicios o ha discriminado de algún otro modo a una persona por su raza, color, nacionalidad, edad, discapacidad o sexo (incluido el embarazo, la orientación sexual y la identidad de género), puede presentar una queja formal por correo, fax o correo electrónico:

BCBSAZ Health Choice Pathway

**Dirección:** PO Box 52033

Phoenix, AZ 85072

**Teléfono: 1-800-656-8991**

**Fax: 480-760-4739**

**TTY: 711**

**Correo electrónico:**

**HCH.GrievanceForms@azblue.com**

Puede presentar una queja formal por correo, fax o correo electrónico. Si necesita ayuda para presentar una queja formal, el administrador de quejas formales/coordinador de derechos civiles está a su disposición para ayudarlo.

También puede presentar una queja por violación a los derechos civiles ante la Oficina de Derechos Civiles del Departamento de Salud y Servicios Humanos de los EE. UU. de forma electrónica a través de su Portal de quejas, disponible en **<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>**, o por correo o teléfono:

U.S. Department of Health and Human Services

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201

**1-800-368-1019, 1-800-537-7697 (TDD)**

Los formularios de queja están disponibles en

**<http://www.hhs.gov/ocr/office/file/index.html>**.

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

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# Multi-language Interpreter Services



Health  
Choice

**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'éeego 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 kohjí **1-800-656-8991** nihich'í' hodílnih. T'áá háida Bilagáana Bizaad yee yáfti'ígíí ta' níká'iilyeed dooleet. Díí t'áá jíik'eh bee níká'iilyeed dooleet.

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

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

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

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

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

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

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

# Multi-language Interpreter Services



Health  
Choice

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

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

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

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

**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。

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