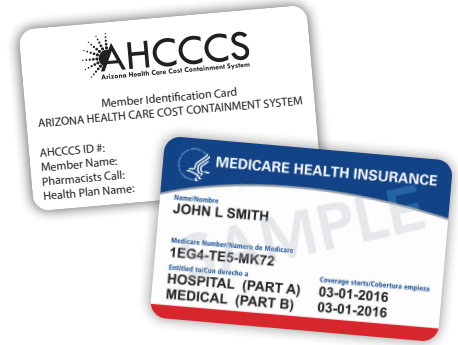


# 2022 Benefits at a Glance

## Health Choice Pathway (HMO D-SNP)



This Benefits at a Glance gives you a brief overview of what Health Choice Pathway covers and what you pay.

Monthly Premium, Deductibles, and Limits		
	With Health Choice Pathway and full Medicaid (AHCCCS) eligibility, you pay:	With Health Choice Pathway and Medicare only (no AHCCCS), you pay:
Monthly plan premium	\$0	\$0 or \$40.00 based on your level of AHCCCS (Medicaid) eligibility.
Deductible	\$0	This plan has deductibles for some hospital and medical services.  \$0 or \$203 per year for in-network services, depending on your level of AHCCCS (Medicaid) eligibility. These are the 2021 cost sharing amounts and may change for 2022. Health Choice Pathway will provide updated rates as soon as they are released.  \$0 or \$99 per year for Part D prescription drugs.
Maximum Out-of-Pocket Responsibility (this does not include prescription drugs)	\$0	\$3,450

## Covered Medical and Hospital Benefits

	With Health Choice Pathway and full Medicaid (AHCCCS) eligibility, you pay:	With Health Choice Pathway and Medicare only (no AHCCCS), you pay:
<b>Inpatient Hospital Care</b> <i>(Prior authorization may be required)</i>	\$0 copay	You pay: \$1,484 deductible for each benefit period. <ul style="list-style-type: none"> <li>• Days 1–60: \$0 copay for each benefit period.</li> <li>• Days 61–90: \$371 copay per day of each benefit period.</li> <li>• Days 91 and beyond: \$742 copay per each “lifetime reserve day” after day 90 for each benefit period (up to 60 days over your lifetime).</li> </ul> Beyond lifetime reserve days: all costs.  These are the 2021 cost sharing amounts and may change for 2022. Health Choice Pathway will provide updated rates as soon as they are released.
<b>Outpatient Hospital Coverage</b>		
<ul style="list-style-type: none"> <li>• Outpatient Hospital Services <i>(Prior authorization may be required)</i></li> </ul>	\$0 copay	20% of the cost
<ul style="list-style-type: none"> <li>• Ambulatory Surgical Center <i>(Prior authorization may be required)</i></li> </ul>	\$0 copay	20% of the cost
<b>Doctor Office Visits</b>		
<ul style="list-style-type: none"> <li>• Primary Care Provider</li> </ul>	\$0 copay	20% of the cost
<ul style="list-style-type: none"> <li>• Specialists</li> </ul>	\$0 copay	20% of the cost
<b>Preventive Care</b>	\$0 copay	\$0 copay
<b>Emergency Care</b>	\$0 copay	20% of the cost up to \$120 for Medicare-covered emergency room visits
<b>Urgent-Care Services</b>	\$0 copay	20% of the cost up to \$65 for Medicare-covered urgently needed services

## Covered Medical and Hospital Benefits

	With Health Choice Pathway and full Medicaid (AHCCCS) eligibility, you pay:	With Health Choice Pathway and Medicare only (no AHCCCS), you pay:
<b>Skilled Nursing Facility (SNF)</b> <i>(Prior authorization may be required)</i>	\$0 copay	Our plan covers up to 100 days in a SNF. <ul style="list-style-type: none"> <li>Days 1–20: \$0 for each benefit period</li> <li>Days 21–100: \$185.50 coinsurance per day of each benefit period</li> <li>Days 101 and beyond: all costs</li> </ul> These are the 2021 cost sharing amounts and may change for 2022. Health Choice Pathway will provide updated rates as soon as they are released.
<b>Home Health Care</b> <i>(Prior authorization may be required)</i>	\$0 copay	\$0 copay
<b>Ambulance</b> <i>(Prior authorization required for non-emergent ambulance only)</i>	\$0 copay	20% of the cost
<b>Diagnostic Services/Lab/Imaging Lab Services</b>		
<ul style="list-style-type: none"> <li>Diagnostic tests and procedures <i>(Prior authorization may be required)</i></li> </ul>	\$0 copay	20% of the cost
<ul style="list-style-type: none"> <li>Lab services <i>(Prior authorization may be required)</i></li> </ul>	\$0 copay	\$0 copay
<ul style="list-style-type: none"> <li>Diagnostic radiology services (e.g., MRI, CT) <i>(Prior authorization may be required)</i></li> </ul>	\$0 copay	20% of the cost
<ul style="list-style-type: none"> <li>Outpatient X-rays</li> </ul>	\$0 copay	20% of the cost
<ul style="list-style-type: none"> <li>Therapeutic radiology <i>(Prior authorization may be required)</i></li> </ul>	\$0 copay	20% of the cost

## Supplemental Benefits and Services

### Dental Services

\$0 copay

#### Preventive:

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

Two oral exams per year

Two prophylaxis (cleanings), once every six months

One fluoride treatment per year

Two dental X-rays per year, which consists of:

one of either bitewing X-rays or single X-ray

OR

One complete full mouth (FMX) or panoramic X-ray. Complete/panoramic only allowed once every 36 months.

#### Comprehensive:

Includes dentures, non-routine diagnostic, restorative, and endodontics/periodontics/ extractions services.

Dentures covered once every 5 years.

Adjustments up to 4 per year.

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### Vision Services

You pay \$0 copayment or 20% of the cost to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening) covered under Original Medicare.

\$0 copay for one routine eye exam, one every year.

\$450 maximum benefit allowance every year for unlimited eyewear

- Contact lenses
- Eyeglasses (frames and lenses)

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### Hearing Services

For diagnostic hearing and balance evaluations covered under Original Medicare, you pay \$0 copayment or 20% coinsurance.

\$0 copay for one routine hearing exam one every year.

\$0 copay for fitting for hearing aid, one every year.

\$2,000 maximum benefit allowance every year for hearing aids; both ears combined.

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## Supplemental Benefits and Services

### Over-the-Counter (OTC) Items

Quarterly purchases for product items are done via the OTC catalog or in-store. Shipping is free.

\$0 copay

\$270 maximum benefit 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.

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### Meal Benefit

*(Prior authorization may be required)*

\$0 copay up to 42 total meals.

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

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.

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### Telehealth Services

\$0 copay

Covered services included in Virtual Medical Visits:

- Primary Care Provider Services
- Physician Specialist Services
- Urgently Needed Services

Virtual medical visits are medical visits delivered to you outside of medical facilities by virtual provider clinics that use online technology and live audio/video capabilities.

Visit [healthchoicepathway.com](https://www.healthchoicepathway.com) to access virtual visits.

24 hours a day, 7 days a week.

Note: Not all medical conditions can be treated through virtual visits. The virtual visit doctor will identify if you need to see an in-person doctor for treatment.

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## Supplemental Benefits and Services

### Fitness Benefit

\$0 copay

Provides you with access to participating fitness centers or home fitness kit to help keep you active and healthy through Silver&Fit®.

### Transportation Services

\$0 copay

24 one-way trips every calendar year to plan-approved health-related locations.

## Special Supplemental Benefits for Chronically Ill Members (SSBCI)

### Remote Access Technologies

Services include special supplemental benefits for the following chronic conditions:

- Complications from chronic heart failure (CHF)
- Diabetes with complications
- Complications from chronic obstructive pulmonary disease (COPD)
- Complications of COVID Services provided will be based on the need of the individual and a plan of care developed with the member and their family

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

\$0 copay for Remote Access Technologies including web/phone-based technologies and Nursing Hotline.

- 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
- 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

### Food and Produce Card

Services include: 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)

\$0 copay for a \$25 monthly card.

Unused amount does not rollover for healthy groceries each month.



## Your Enrollment Options



**Enroll Now** – If you are attending a benefits presentation today, enroll with your agent.



**Schedule an appointment** with one of our agents.



**By Phone** – Call **1-855-243-3935**, TTY: **711**, 8 a.m. to 8 p.m., 7 days a week. We are here to answer your questions and can help you enroll over the phone.



**Online** – Visit [HealthChoicePathway.com](https://www.healthchoicepathway.com)



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Health Choice Pathway (HMO D-SNP) is a health plan with a Medicare contract and a contract with the state Medicaid program. Enrollment in Health Choice Pathway (HMO D-SNP) depends on contract renewal. This information is not a complete description of benefits. Call **1-800-656-8991**, TTY: **711** for more information. Premiums, copays, co-insurance, and deductibles may vary based on the level of Extra Help you receive. Values shown are for those with Medicare Parts A and B cost sharing covered by the state. For complete information and for costs for those without Medicare Parts A and B cost sharing covered by the state, please refer to the Summary of Benefits or Evidence of Coverage.

Health Choice Pathway is a subsidiary of Blue Cross® Blue Shield® of Arizona.

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.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-800-656-8991**, TTY: **711**.