

# 2022

## Summary of Benefits

**BluePathway Plan 1 (HMO)**  
**BluePathway Plan 2 (HMO)**  
**BluePathway Plan 3 (HMO)**



An Independent Licensee of the Blue Cross Blue Shield Association



# Summary of Benefits January 1, 2022 – December 31, 2022

**This is a summary of health and drug services covered by Blue Cross® Blue Shield® of Arizona.**

Blue Cross® Blue Shield® of Arizona (BCBSAZ) is contracted with Medicare to offer HMO and PPO Medicare Advantage plans and PDP plans. Enrollment in BCBSAZ plans depends on contract renewal.

The benefit information provided in this booklet is 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," or you can see it on our website at [azbluemedicare.com](https://www.azbluemedicare.com).

## Things to know about BCBSAZ

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### Hours of Operation

- From October 1 to March 31, you can call us seven days a week from 8 a.m. to 8 p.m.
- From April 1 to September 30, you can call us Monday through Friday from 8 a.m. to 8 p.m.



### BCBSAZ Phone Numbers and Website

- If you are a member of this plan, call **480-937-0409** (in Arizona) or toll-free at **1-800-446-8331, TTY: 711**.
- If you are not a member of this plan, call toll-free at **1-888-274-0367, TTY: 711**.
- Our website: [azbluemedicare.com](https://www.azbluemedicare.com)



## Who can join?

To join BCBSAZ, you must have both Medicare Part A and Medicare Part B and live in our service area.

- **BluePathway Plan 1 (HMO) (H6936-006)** is available in Maricopa County.
- **BluePathway Plan 2 (HMO) (H6936-005)** is available in Pima County.
- **BluePathway Plan 2 (HMO) (H6936-003)** is available in Maricopa County.
- **BluePathway Plan 3 (HMO) (H6936-004)** is available in Maricopa County.



## Which doctors, hospitals, and pharmacies can I use?

**BCBSAZ BluePathway<sup>SM</sup>** is a Health Maintenance Organization (HMO) plan. Members enrolled in HMO plans must receive their healthcare from doctors, hospitals, and other providers within the BCBSAZ network. If you use providers or facilities that are not in our network, the plan may not pay for these services.

BCBSAZ also has an extensive network of pharmacies to fill your prescriptions for covered Part D drugs. You must generally use these network pharmacies.

- You can see our plan's Provider/Pharmacy Directory at our website:  
**[azbluemedicare.com](http://azbluemedicare.com)**
- Or call us and we will send you a copy of the Provider/Pharmacy Directory.



## What do we cover?

Like all Medicare health plans, we cover everything that Original Medicare covers – and more.

- **Our plan members get all of the benefits covered by Original Medicare. For some of these benefits, you may pay more in our plan than you would in Original Medicare. For others, you may pay less.**
- **Our plan members also *get more than what is covered by Original Medicare. 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: **azbluemedicare.com**.
- Or, call us and we will send you a copy of the formulary.



## How will I determine my drug costs?

Our plan groups each medication into one of five “tiers.” You will need to use your formulary to locate what tier your drug is on to determine how much it will cost you. The amount you pay depends on the drug’s tier and what stage of the benefit you have reached. Later in this document we discuss the benefit stages that occur: Yearly Deductible (if applicable), Initial Coverage, Coverage Gap, and Catastrophic Coverage.

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 **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**.

Please contact Member Services at **480-937-0409** (in Arizona) or toll-free at **1-800-446-8331, TTY: 711**. Hours are 8 a.m. to 8 p.m.; Monday through Friday from April 1 to September 30, and seven days a week from October 1 to March 31.

Comuníquese con el Departamento de Servicio al Cliente al **480-937-0409** (en Arizona) o al número gratuito **1-800-446-8331, TTY: 711**. El horario de atención es de de 8:00 a.m. a 8:00 p.m., de lunes a viernes desde el 1 de abril hasta el 30 de septiembre; y los 7 días de la semana desde el 1 de octubre hasta el 31 de marzo.

## 2022 Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to Member Services at **480-937-0409** (in Arizona) or toll-free at **1-800-446-8331, TTY: 711**.

### Understanding the Benefits

- Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services for which you routinely see a doctor. Visit **azbluemedicare.com** or call **480-937-0409** (in Arizona) or toll-free at **1-800-446-8331, TTY: 711**, to view a copy of the EOC.
- Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions. Also review the formulary to make sure your prescription medicines are included.

### Understanding Important Rules

- In addition to your monthly plan premium (if applicable), you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- Benefits, premiums, and/or copayments/coinsurance may change on January 1, 2023.
- Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).

## Lista de verificación de preinscripción para 2022

Antes de tomar la decisión de inscribirse, es importante que comprenda plenamente nuestros beneficios y normas. Si tiene alguna pregunta, puede comunicarse con un representante de servicios al cliente al **480-937-0409** (en Arizona) o al número gratuito **1-800-446-8331**, **TTY: 711**.

### Para comprender los beneficios

- Consulte la lista completa de beneficios que se encuentra en la Evidencia de cobertura (EOC), especialmente para aquellos servicios que recibe habitualmente de un médico. Para obtener una copia de la EOC, visite **azbluemedicare.com** llame al **480-937-0409** (en Arizona) o al número gratuito **1-800-446-8331**, **TTY: 711**.
- Consulte el directorio de proveedores (o consulte con su médico) para asegurarse de que los médicos que visita actualmente estén en la red. Si no se encuentran en la lista, es probable que deba elegir un nuevo médico.
- Consulte el directorio de farmacias para asegurarse de que la farmacia que le proporciona sus medicamentos con receta esté en la red. Si la farmacia no se encuentra en la lista, es probable que deba elegir una nueva farmacia para obtener sus medicamentos con receta. También revise el formulario para asegurarse de que sus medicamentos recetados están incluidos.

### Para comprender las normas importantes

- Además de su prima mensual del plan (si corresponde), debe seguir pagando la prima de la Parte B de Medicare. Esta prima generalmente se deduce de su cheque del Seguro Social cada mes.
- Los beneficios, las primas o los copagos/coseguros pueden cambiar el 1 de enero de 2023.
- Excepto en situaciones de emergencia o urgencia, no cubrimos servicios de proveedores fuera de la red (médicos que no se encuentran en el directorio de proveedores).

# Summary of Benefits January 1, 2022 – December 31, 2022

Premiums and Benefits	BluePathway Plan 1 (HMO) H6936-006	BluePathway Plan 3 (HMO) H6936-004	BluePathway Plan 2 (HMO) H6936-003
	Maricopa County		
Monthly Plan Premium	\$0 per month	\$32 per month	\$0 per month
	You must keep paying your Medicare Part B premium.		
Deductible	\$0 medical deductible		
Maximum Out-of-Pocket Responsibility	\$2,900 annually for services you receive from in-network providers.		\$3,400 annually for services you receive from in-network providers.
	<p>If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year.</p> <p><b>Please note:</b> You must pay your monthly premiums and cost sharing for your Part D prescription drugs. Part D drugs are not counted toward the Maximum Out-of-Pocket amount.</p>		
Inpatient Hospital Coverage	\$175 copay per day for days 1-5		\$175 copay per day for days 1-7
	May require prior authorization. Limits may apply.		
Outpatient Hospital Coverage	\$225 copay per visit Outpatient Hospital Facility for Surgery or Other Procedures (e.g., endoscopy, and cardiac catheterization): <b>May require prior authorization.</b>		
Doctor Visits	Primary Care Provider (PCP) visit: \$0 copay		
	Specialist visit: \$20 copay		Specialist visit: \$30 copay
	Specialist visits may require a referral from your PCP.		



Premiums and Benefits	BluePathway Plan 1 (HMO) H6936-006	BluePathway Plan 3 (HMO) H6936-004	BluePathway Plan 2 (HMO) H6936-003
<b>Maricopa County</b>			
<b>Preventive Care</b>	<p><b>You pay nothing</b></p> <p>Our plan covers many preventive services, including:</p> <ul style="list-style-type: none"> <li>• Abdominal aortic aneurysm screening</li> <li>• Alcohol misuse counseling</li> <li>• Bone mass measurement</li> <li>• Breast cancer screening (mammogram)</li> <li>• Cardiovascular disease (behavioral therapy)</li> <li>• Cardiovascular screenings</li> <li>• Cervical and vaginal cancer screening</li> <li>• Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy)</li> <li>• Depression screening</li> <li>• Diabetes screenings</li> <li>• HIV screening</li> <li>• Medical nutrition therapy services</li> <li>• Obesity screening and counseling</li> <li>• Prostate cancer screenings (PSA)</li> <li>• Sexually transmitted infections screening and counseling</li> <li>• Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)</li> <li>• Vaccines, including flu shots, hepatitis B shots, pneumococcal shots, and COVID-19 vaccines.</li> <li>• “Welcome to Medicare” preventive visit (one-time)</li> <li>• Annual Wellness Visit</li> </ul> <p style="text-align: center;">Any additional preventive services approved by Medicare during the contract year will be covered.</p>		
<b>Emergency Care</b>	<p><b>\$120</b> copay</p> <p><b>Please note:</b> If you are admitted to the hospital within one (1) day with the same condition, you do not have to pay your share of the cost for emergency care. <b>Coverage is limited to the United States and its territories.</b></p>		
<b>Urgently Needed Services</b>	<b>\$20</b> copay	<b>\$30</b> copay	<p><b>Please note:</b> If you are outside the plan’s service area and cannot get care from a network provider, the plan will cover urgent-care services provided in an urgent-care facility.</p> <p style="text-align: center;"><b>Coverage is limited to the United States and its territories.</b></p>

Premiums and Benefits	BluePathway Plan 1 (HMO) H6936-006	BluePathway Plan 3 (HMO) H6936-004	BluePathway Plan 2 (HMO) H6936-003
	Maricopa County		
Diagnostic Services, Labs, and Imaging	Lab services: <b>\$0</b> copay, depending on the service		
	X-ray with or without contrast (e.g., chest, aortagram, IVP, BE): <b>\$0</b> copay		X-ray with or without contrast (e.g., chest, aortagram, IVP, BE): <b>\$10</b> copay
	<p>Diagnostic tests and procedures: <b>\$0</b> to <b>\$75</b> copay or <b>20%</b> coinsurance, depending on the service. Refer to Outpatient Diagnostic Tests, Therapeutic Services, and Supplies section for additional services and coverage details.</p> <p>Costs may vary based on place of service.</p> <p><b>May require prior authorization.</b></p>		
Outpatient Diagnostic Tests, Therapeutic Services, and Supplies	<p>Pain Management Assessment (evaluation &amp; management only): <b>\$20</b> copay per visit</p> <p>Pain Management Treatment (e.g., epidurals, pain blockers, and injections): <b>\$75</b> copay per treatment</p> <p>Radiation Therapy: <b>20%</b> coinsurance</p> <p>Electrocardiogram (EKG): <b>0%</b> coinsurance</p> <p>May require a referral from your PCP.</p> <p><b>May require prior authorization.</b></p>		
Hearing Services (Medicare Covered)	<b>\$20</b> copay		<b>\$30</b> copay
Hearing Services (Non-Medicare Covered)	<p>Hearing exam by network PCP or specialist to diagnose and treat hearing and balance issues.</p> <p><b>May require prior authorization.</b></p> <p>Services are covered when received from a TruHearing® provider:</p> <ul style="list-style-type: none"> <li>• Hearing exam: <b>\$0</b> copay</li> <li>• Hearing aid fitting and evaluation</li> <li>• Up to two TruHearing-branded hearing aids every year (one per ear per year). Benefit is limited to TruHearing's Advanced (\$699) and Premium (\$999) hearing aids.</li> <li>• Purchase includes first year of follow-up provider visits, 60-day trial period, and 80 batteries per aid for non-rechargeable models <ul style="list-style-type: none"> <li>• Rechargeable hearing aid upgrade option included</li> </ul> </li> </ul>		

Premiums and Benefits	BluePathway Plan 1 (HMO) H6936-006	BluePathway Plan 3 (HMO) H6936-004	BluePathway Plan 2 (HMO) H6936-003
	Maricopa County		
<b>Dental Services</b> (Medicare Covered)	<p align="center"><b>20%</b> coinsurance</p> <p align="center">Medicare will pay for:</p> <ul style="list-style-type: none"> <li>Dental services that are an integral part either of a covered procedure (e.g., reconstruction of the jaw following accidental injury) or for extractions done in preparation for radiation treatment for neoplastic disease involving the jaw.</li> <li>Oral examinations, but not treatment, preceding kidney transplantation or heart valve replacement under certain circumstances.</li> </ul> <p align="center"><b>Requires prior authorization to obtain these services from an out-of-network provider.</b></p>		
<b>Dental Services</b> (Non-Medicare Covered)	Plan pays up to \$1,000 every year and limited to two (2) visits per calendar year per service	Plan pays up to \$500 every year and limited to one (1) visit per calendar year per service	
	<p align="center">The following preventive dental services are covered when received from a participating DenteMax Dental provider.</p> <ul style="list-style-type: none"> <li>Cleaning: <b>\$0</b> copay</li> <li>Dental X-ray(s): <b>\$0</b> copay</li> <li>Oral exam: <b>\$0</b> copay</li> </ul>		
<b>Vision Services</b> (Medicare Covered)	Exam to diagnose and treat diseases and conditions of the eye: <b>\$20</b> copay	Exam to diagnose and treat diseases and conditions of the eye: <b>\$30</b> copay	
	<p align="center">Yearly glaucoma and diabetic retinopathy screening: <b>\$0</b> copay</p> <p align="center">Eyeglasses or contact lenses after cataract surgery: <b>20%</b> coinsurance</p>		
<b>Vision Services</b> (Non-Medicare Covered)	<p align="center"><b>\$0</b> copay</p> <p align="center">Routine vision services including routine non-medical eye examination through Davis Vision® providers without any medical conditions or symptoms for the purpose of checking vision, screening for eye disease, and/or updating eyeglasses or contact lens prescriptions.</p>		
	Eyewear coverage: <b>\$200 single-purchase</b> allowance every two years through Davis Vision providers.	Eyewear coverage: <b>\$150 single-purchase</b> allowance every two years through Davis Vision providers.	

Premiums and Benefits	BluePathway Plan 1 (HMO) H6936-006	BluePathway Plan 3 (HMO) H6936-004	BluePathway Plan 2 (HMO) H6936-003
	Maricopa County		
<b>Mental Health Services</b>	Inpatient visit: <b>\$175</b> copay per day for days 1-5 Outpatient individual or group therapy visit: <b>\$20</b> copay		Inpatient visit: <b>\$175</b> copay per day for days 1-7 Outpatient individual or group therapy visit: <b>\$30</b> copay
<b>May require prior authorization. Limits may apply.</b>			
<b>Skilled Nursing Facility (SNF)</b>	<b>\$0</b> copay per day for days 1-20 <b>\$188</b> copay per day for days 21-40 <b>\$0</b> copay per day for days 41-100  Plan covers up to 100 days in an SNF. <b>May require prior authorization.</b>		
<b>Physical Therapy</b>	<b>\$10</b> copay Physical therapy services are provided in various outpatient settings. One copay per date of service, per type of therapy. <b>May require a referral.</b>		
<b>Ambulance</b>	Ground Ambulance: <b>\$250</b> copay per transport (one-way) Emergency Air and Water Ambulance Transport: <b>20%</b> coinsurance per transport (one-way)  <b>Prior authorization is required for non-emergency transportation by ambulance.</b>		
<b>Transportation</b>	Not Covered		
<b>Medicare Part B Drugs</b>	Chemotherapy drugs: <b>20%</b> coinsurance Other Part B drugs: <b>20%</b> coinsurance  A separate office copay may apply if other services are rendered at the time of the visit.  <b>Certain drugs require prior authorization.</b>		

Premiums and Benefits	BluePathway Plan 1 (HMO) H6936-006	BluePathway Plan 3 (HMO) H6936-004	BluePathway Plan 2 (HMO) H6936-003
	Maricopa County		
<b>Ambulatory Surgery Center (ASC)</b>	<b>\$125</b> copay		<b>\$175</b> copay
	ASC visit or other procedures such as endoscopy, cardiac catheterization, etc. <b>May require prior authorization.</b>		
<b>Acupuncture Services</b> (Medicare Covered)	<b>\$30</b> copay Acupuncture treatment for chronic low back pain. Must use American Specialty Health® (ASH) participating providers. <b>May require prior authorization.</b>		
<b>Acupuncture Services</b> (Non-Medicare Covered)	<b>\$30</b> copay Plan covers routine care for 20 combined visits between chiropractic, acupuncture, and therapeutic massage per year. You must use American Specialty Health (ASH) acupuncture provider. <b>May require prior authorization.</b>		
<b>Annual Physical Examination</b>	<b>\$0</b> copay One exam per year. Typically includes tests such as a check of vital signs; measurement of height, weight, and blood pressure; and an inspection of the body.		
<b>Chiropractic Services</b> (Medicare Covered)	<b>\$20</b> copay Manipulation of the spine to correct a subluxation (when one or more of the bones in your spine move out of position). <b>May require prior authorization.</b>		
<b>Chiropractic Services</b> (Routine/ Non-Medicare Covered)	<b>\$30</b> copay Plan covers routine care for 20 combined visits between chiropractic, acupuncture, and therapeutic massage per year. You must use American Specialty Health (ASH) chiropractic providers. <b>May require prior authorization.</b>		
<b>Foot Care</b> (Podiatry services)	<b>\$20</b> copay Medicare-covered foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions. <b>Routine foot care (non-Medicare covered) is not covered.</b>		

Premiums and Benefits	BluePathway Plan 1 (HMO) H6936-006	BluePathway Plan 3 (HMO) H6936-004	BluePathway Plan 2 (HMO) H6936-003
	Maricopa County		
<p><b>Medical Equipment / Supplies</b></p> <ul style="list-style-type: none"> <li>• Durable Medical Equipment</li> <li>• Prosthetic Devices</li> <li>• Diabetes Supplies</li> </ul>	<p>We cover all medically necessary Durable Medical Equipment covered by Original Medicare (e.g., wheelchairs, crutches, hospital bed, insulin pump, IV infusion pump, oxygen equipment, nebulizer, walker, therapeutic shoes or inserts): <b>20%</b> coinsurance</p> <p>Prosthetic Devices (e.g., braces, artificial limbs): <b>20%</b> coinsurance</p> <p>Diabetes monitoring supplies from <b>preferred</b> manufacturer (<b>Abbott</b>): <b>\$0</b> copay for supplies and <b>20%</b> coinsurance for continuous blood glucose monitoring devices.</p> <p><b>20%</b> coinsurance from <b>non-preferred</b> manufacturers</p> <p>A separate office visit copay may apply if other services are rendered at the time of the visit.</p> <p><b>May require prior authorization.</b></p>		
<p><b>Over-the-Counter (OTC) Items</b></p>	<p>OTC benefit covers non-prescription products like vitamins, pain relievers, cough/cold medicine, and bandages.</p> <p>Members receive a quarterly (three months) allowance of <b>\$50*</b>. Unused quarterly allowance will not carry over to the next quarter. For a complete list of covered items, please contact Member Services. Items may be ordered over the phone at <b>855-434-5160</b> and at <b>azblueOTC.com</b>.</p> <p>These services do not apply to the maximum out-of-pocket total. *Items purchased at a retail store are not eligible for the BCBSAZ OTC program.</p>		

Premiums and Benefits	BluePathway Plan 1 (HMO) H6936-006	BluePathway Plan 3 (HMO) H6936-004	BluePathway Plan 2 (HMO) H6936-003
	Maricopa County		
<b>Rehabilitation Services</b>	Copay per service type:  Cardiac rehabilitation: <b>\$20 copay</b> Pulmonary rehabilitation: <b>\$20 copay</b> Occupational Therapy: <b>\$10 copay</b> Speech Language Therapy: <b>\$10 copay</b>		Copay per service type:  Cardiac rehabilitation: <b>\$30 copay</b> Pulmonary rehabilitation: <b>\$30 copay</b> Occupational Therapy: <b>\$10 copay</b> Speech Language Therapy: <b>\$10 copay</b>
<p>Outpatient occupational therapy and speech language therapy rehabilitation services are provided in various outpatient settings.</p> <p>Cardiac rehabilitation includes exercise, education, and counseling for members who meet certain conditions with a doctor’s order. The plan also covers intensive cardiac and pulmonary rehabilitation programs that are typically more rigorous or more intense than cardiac rehabilitation programs.</p> <p style="text-align: center;"><b>May require a referral.</b></p>			
<b>Telehealth Services</b>	<p style="text-align: center;"><b>\$0 copay</b></p> <p>Telehealth medical and behavioral health services are covered through the BlueCare Anywhere<sup>SM</sup> telehealth services 24/7 using your computer, tablet, or smartphone. Go to <b>BlueCareAnywhereAZ.com</b> to schedule a visit with a board-certified doctor, counselor, or psychiatrist to discuss your medical or mental health needs without leaving home.</p>		
<b>Therapeutic Massage Services</b>  (Non-Medicare Covered)	<p style="text-align: center;"><b>\$30 copay per visit</b></p> <p>Plan covers routine care for 20 combined visits between chiropractic, acupuncture, and therapeutic massage per year. You must use an American Specialty Health (ASH) therapeutic massage provider.</p> <p style="text-align: center;"><b>May require prior authorization.</b></p>		

Premiums and Benefits	BluePathway Plan 1 (HMO) H6936-006	BluePathway Plan 3 (HMO) H6936-004	BluePathway Plan 2 (HMO) H6936-003
	Maricopa County		
Wellness Programs	<p>Silver&amp;Fit® provides access to numerous resources to keep members active from anywhere. The Silver&amp;Fit Exercise &amp; Healthy Aging program has Something for Everyone® and includes:</p> <ul style="list-style-type: none"> <li>• Fitness center membership: visit a participating Silver&amp;Fit fitness center, YMCA, or exercise center</li> <li>• Home Fitness Program: choose 1 Stay Fit home fitness kit (which contains a device or equipment) per benefit year</li> <li>• Healthy Aging coaching sessions by telephone with a trained coach</li> <li>• 8,000+ on-demand workout classes on the website and mobile app digital library</li> <li>• Daily workout classes on Facebook Live and YouTube</li> <li>• Signature Series workout videos for all fitness levels on <b>SilverandFit.com</b></li> <li>• 280+ digital workout classes on the Silver&amp;Fit ASHConnect™ mobile app</li> <li>• The Silver&amp;Fit Connected™ tool for tracking your activity</li> <li>• Online quarterly newsletter</li> </ul> <p>Visit <b>SilverandFit.com</b> to use the Get Started program to enroll, develop a custom fitness program, and learn more.</p> <p>Non-standard services that call for an added fee are not part of the Silver&amp;Fit program and will not be reimbursed.</p>		



Premiums and Benefits	<b>BluePathway Plan 2 (HMO)</b> H6936-005 <b>Pima County</b>
<b>Monthly plan premium</b>	<b>\$0</b> per month You must keep paying your Medicare Part B premium.
<b>Deductible</b>	<b>\$0</b> medical deductible
<b>Maximum Out-of-Pocket Responsibility</b>	<b>\$2,900</b> annually for services you receive from in-network providers. If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year. <b>Please note:</b> You must pay your monthly premiums and cost sharing for your Part D prescription drugs. Part D drugs are not counted toward the Maximum Out-of-Pocket amount.
<b>Inpatient Hospital Coverage</b>	<b>\$175</b> copay per day for days 1-7  <b>May require prior authorization.</b>
<b>Outpatient Hospital Coverage</b>	<b>\$225</b> copay per visit Outpatient Hospital Facility for Surgery or Other Procedures (e.g., endoscopy, and cardiac catheterization).  <b>May require prior authorization.</b>
<b>Doctor Visits</b>	Primary Care Provider (PCP) visit: <b>\$0</b> copay Specialist visit: <b>\$30</b> copay  <b>Specialist visits may require a referral from your PCP.</b>

<b>Premiums and Benefits</b>	<b>BluePathway Plan 2 (HMO)</b> H6936-005 <b>Pima County</b>
<b>Preventive Care</b>	<p><b>You pay nothing</b></p> <p>Our plan covers many preventive services, including:</p> <ul style="list-style-type: none"> <li>• Abdominal aortic aneurysm screening</li> <li>• Alcohol misuse counseling</li> <li>• Bone mass measurement</li> <li>• Breast cancer screening (mammogram)</li> <li>• Cardiovascular disease (behavioral therapy)</li> <li>• Cardiovascular screenings</li> <li>• Cervical and vaginal cancer screening</li> <li>• Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy)</li> <li>• Depression screening</li> <li>• Diabetes screenings</li> <li>• HIV screening</li> <li>• Medical nutrition therapy services</li> <li>• Obesity screening and counseling</li> <li>• Prostate cancer screenings (PSA)</li> <li>• Sexually transmitted infections screening and counseling</li> <li>• Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)</li> <li>• Vaccines, including flu shots, hepatitis B shots, pneumococcal shots, and COVID-19 vaccines.</li> <li>• “Welcome to Medicare” preventive visit (one-time)</li> <li>• Annual Wellness Visit</li> </ul> <p>Any additional preventive services approved by Medicare during the contract year will be covered.</p>
<b>Emergency Care</b>	<p style="text-align: center;"><b>\$120</b> copay</p> <p><b>Please note:</b> If you are admitted to the hospital within one (1) day with the same condition, you do not have to pay your share of the cost for emergency care.</p> <p style="text-align: center;"><b>Coverage is limited to the United States and its territories.</b></p>

Premiums and Benefits	<b>BluePathway Plan 2 (HMO)</b> H6936-005 <b>Pima County</b>
<b>Urgently Needed Services</b>	<p style="text-align: center;"><b>\$30</b> copay</p> <p><b>Please note:</b> If you are outside the plan’s service area and cannot get care from a network provider, the plan will cover urgent-care services provided in an urgent-care facility.</p> <p style="text-align: center;"><b>Coverage is limited to the United States and its territories.</b></p>
<b>Diagnostic Services, Labs, and Imaging</b>	<p style="text-align: center;">Lab services: <b>\$0</b> copay, depending on the service  X-ray with or without contrast (e.g., chest, aortogram, IVP, BE):  <b>\$10</b> copay</p> <p style="text-align: center;">Diagnostic tests and procedures: <b>\$0</b> to <b>\$75</b> copay or <b>20%</b> coinsurance, depending on the service. Refer to Outpatient Diagnostic Test, Therapeutic Services and Supplies for additional services and coverage details.</p> <p style="text-align: center;"><b>May require prior authorization.</b></p>
<b>Outpatient Diagnostic Tests, Therapeutic Services, and Supplies</b>	<p style="text-align: center;">Pain Management Assessment (evaluation and management only):  <b>\$20</b> copay per visit</p> <p style="text-align: center;">Pain Management Treatment (e.g., epidurals, pain blockers, and injections): <b>\$75</b> copay per treatment</p> <p style="text-align: center;">Radiation Therapy: <b>20%</b> coinsurance</p> <p style="text-align: center;">Electrocardiogram (EKG): <b>0%</b> coinsurance</p> <p style="text-align: center;"><b>May require prior authorization.</b></p> <p style="text-align: center;"><b>May require a referral from your PCP.</b></p>
<b>Hearing Services</b> (Medicare Covered)	<p style="text-align: center;"><b>\$30</b> copay</p> <p style="text-align: center;">Hearing exam by network PCP or specialist to diagnose and treat hearing and balance issues.</p> <p style="text-align: center;"><b>May require prior authorization.</b></p>
<b>Hearing Services</b> (Non-Medicare Covered)	<p style="text-align: center;">Services are covered when they are received from a TruHearing® provider:  Hearing exam: <b>\$0</b> copay</p> <ul style="list-style-type: none"> <li>• Hearing aid fitting and evaluation</li> <li>• Up to two TruHearing-branded hearing aids every year (one per ear per year). Benefit is limited to TruHearing’s Advanced (\$699) and Premium (\$999) hearing aids.</li> <li>• Rechargeable hearing aid upgrade option included</li> </ul>

<b>Premiums and Benefits</b>	<b>BluePathway Plan 2 (HMO)</b> H6936-005 <b>Pima County</b>
<b>Dental Services</b> (Medicare Covered)	<p style="text-align: center;"><b>20%</b> coinsurance</p> <p style="text-align: center;">Medicare will pay for:</p> <ul style="list-style-type: none"> <li>• Dental services that are an integral part either of a covered procedure (e.g., reconstruction of the jaw following accidental injury) or for extractions done in preparation for radiation treatment for neoplastic diseases involving the jaw.</li> <li>• Oral examinations, but not treatment, preceding kidney transplantation or heart valve replacement, under certain circumstances.</li> </ul> <p style="text-align: center;"><b>Requires prior authorization to obtain these services from an out-of-network provider.</b></p>
<b>Dental Services</b> (Non-Medicare Covered)	<p>The following preventive dental services are covered when received from a participating DenteMax Dental provider. Plan pays up to \$500 every year for the preventive dental services below. Limited to 1 visit per calendar year per service.</p> <ul style="list-style-type: none"> <li>• Cleaning: <b>\$0</b> copay</li> <li>• Dental X-ray(s): <b>\$0</b> copay</li> <li>• Oral exam: <b>\$0</b> copay</li> </ul>
<b>Vision Services</b> (Medicare Covered)	<p>Exam to diagnose and treat diseases and conditions of the eye: <b>\$30</b> copay</p> <p>Yearly glaucoma and diabetic retinopathy screening: <b>\$0</b> copay</p> <p>Eyeglasses or contact lenses after cataract surgery: <b>20%</b> coinsurance</p>
<b>Vision Services</b> (Non-Medicare Covered)	<p style="text-align: center;"><b>\$0</b> copay</p> <p>Routine vision services including routine non-medical eye examination through Davis Vision® providers without any medial conditions or symptoms for the purpose of checking vision, screening for eye disease, and/or updating eyeglasses or contact lens prescriptions:</p> <p>Eyewear coverage: <b>\$150 single-purchase</b> allowance every two years through Davis Vision providers.</p>
<b>Mental Health Services</b>	<p style="text-align: center;">Inpatient visit:</p> <p style="text-align: center;"><b>\$175</b> copay per day for days 1-7</p> <p style="text-align: center;">Outpatient individual or group therapy visit: <b>\$30</b> copay</p> <p style="text-align: center;"><b>May require prior authorization. Limits may apply.</b></p>

Premiums and Benefits	<b>BluePathway Plan 2 (HMO)</b> H6936-005 <b>Pima County</b>
<b>Skilled Nursing Facility (SNF)</b>	<p style="text-align: center;"> <b>\$0</b> copay per day for days 1-20  <b>\$188</b> copay per day for days 21-40  <b>\$0</b> copay per day for days 41-100 </p> <p style="text-align: center;"> Our plan covers up to 100 days in an SNF.  <b>May require prior authorization.</b> </p>
<b>Physical Therapy</b>	<p style="text-align: center;"> <b>\$10</b> copay per visit </p> <p style="text-align: center;"> Physical therapy services are provided in various outpatient settings.  One copay per date of service, per type of therapy. </p> <p style="text-align: center;"> <b>May require a referral.</b> </p>
<b>Ambulance</b>	<p style="text-align: center;"> Ground Ambulance: <b>\$250</b> copay per transport (one-way)  Emergency Air and Water Ambulance Transport: <b>20%</b> coinsurance per transport (one-way) </p> <p style="text-align: center;"> <b>Prior authorization is required for non-emergency transportation by ambulance.</b> </p>
<b>Transportation</b>	<p style="text-align: center;">Not Covered</p>
<b>Medicare Part B Drugs</b>	<p style="text-align: center;"> Chemotherapy drugs: <b>20%</b> coinsurance  Other Part B drugs: <b>20%</b> coinsurance </p> <p style="text-align: center;"> A separate office copayment may apply if other services are rendered at the time of the visit. </p> <p style="text-align: center;"> <b>Certain drugs require prior authorization.</b> </p>
<b>Ambulatory Surgery Center (ASC)</b>	<p style="text-align: center;"> <b>\$175</b> copay per visit </p> <p style="text-align: center;"> ASC visit or other procedures such as endoscopy, cardiac catheterization, etc. </p> <p style="text-align: center;"> <b>May require prior authorization.</b> </p>
<b>Acupuncture Services</b> (Medicare Covered)	<p style="text-align: center;"> <b>\$30</b> copay per visit </p> <p style="text-align: center;"> Acupuncture treatment for chronic low back pain. Must use American Specialty Health® (ASH) participating providers. </p> <p style="text-align: center;"> <b>May require prior authorization.</b> </p>

<b>Premiums and Benefits</b>	<b>BluePathway Plan 2 (HMO)</b> H6936-005 <b>Pima County</b>
<b>Acupuncture Services</b> (Non-Medicare Covered)	Plan covers routine care for 20 combined visits between chiropractic, acupuncture, and therapeutic massage per year. You must use American Specialty Health (ASH) acupuncture providers. <b>May require prior authorization.</b>
<b>Annual Physical Examination</b>	<b>\$0</b> copay One exam per year. Typically includes tests such as a check of vital signs; measurement of height, weight, and blood pressure; and an inspection of the body.
<b>Chiropractic Services</b> (Medicare Covered)	<b>\$20</b> copay per visit Medicare-covered manipulation of the spine to correct a subluxation (when one or more of the bones in your spine move out of position). <b>May require prior authorization.</b>
<b>Chiropractic Services</b> (Routine/Non-Medicare Covered)	<b>\$30</b> copay per visit Plan covers routine care for 20 combined visits between chiropractic, acupuncture, and therapeutic massage per year. You must use American Specialty Health (ASH) chiropractic providers. <b>May require prior authorization.</b>
<b>Foot Care</b> (Podiatry services)	<b>\$30</b> copay Medicare-covered foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions. <b>Routine foot care (non-Medicare covered) is not covered.</b>
<b>Medical Equipment / Supplies</b> <ul style="list-style-type: none"> <li>• Durable Medical Equipment</li> <li>• Prosthetic Devices</li> <li>• Diabetes Supplies</li> </ul>	We cover all medically necessary Durable Medical Equipment covered by Original Medicare (e.g., wheelchairs, crutches, hospital bed, insulin pump, IV infusion pump, oxygen equipment, nebulizer, walker, therapeutic shoes or inserts): <b>20%</b> coinsurance Prosthetic Devices (e.g., braces, artificial limbs): <b>20%</b> coinsurance Diabetes monitoring supplies from <b>preferred</b> manufacturer ( <b>Abbott</b> ): <b>\$0</b> copay for supplies and <b>20%</b> coinsurance for continuous blood glucose monitoring devices. <b>20%</b> coinsurance from <b>non-preferred</b> manufacturers A separate office visit copay may apply if other services are rendered at the time of the visit. <b>May require prior authorization.</b>

<b>Premiums and Benefits</b>	<b>BluePathway Plan 2 (HMO)</b> <b>H6936-005</b> <b>Pima County</b>
<b>Over-the-Counter (OTC) Items</b>	<p>OTC benefit covers non-prescription products like vitamins, pain relievers, cough/cold medicine, and bandages.</p> <p>Members receive a quarterly (three months) allowance of <b>\$50*</b>. Unused quarterly allowance will not carry over to the next quarter. For a complete list of covered items, please contact Member Services. Items may be ordered over the phone at <b>855-434-5160</b> and at <b>azblueOTC.com</b>.</p> <p>These services do not apply to the maximum out-of-pocket total.</p> <p>*Items purchased at a retail store are not eligible for the BCBSAZ OTC program.</p>
<b>Rehabilitation Service</b>	<p>Copay per visit per service type:</p> <p>Cardiac rehabilitation: <b>\$30 copay</b>  Pulmonary rehabilitation: <b>\$30 copay</b>  Occupational Therapy: <b>\$10 copay</b>  Speech Language Therapy: <b>\$10 copay</b></p> <p>Outpatient occupational therapy and speech language therapy rehabilitation services are provided in various outpatient settings.</p> <p>Cardiac rehabilitation services include exercise, education, and counseling for members who meet certain conditions with a doctor's order. The plan also covers intensive cardiac and pulmonary rehabilitation programs that are typically more rigorous or more intense than cardiac rehabilitation programs.</p> <p><b>May require a referral.</b></p>
<b>Telehealth Services</b>	<p><b>\$0</b> copay per visit</p> <p>Telehealth medical and behavioral health services are covered through the BlueCare Anywhere<sup>SM</sup> telehealth services 24/7 using your computer, tablet, or smartphone. Go to <b>BlueCareAnywhereAZ.com</b> to schedule a visit with a board-certified doctor, counselor, or psychiatrist to discuss your medical or mental health needs without leaving home.</p>
<b>Therapeutic Massage Services</b> (Non-Medicare Covered)	<p><b>\$30</b> copay per visit</p> <p>Plan covers routine care for 20 combined visits between chiropractic, acupuncture, and massage per year. You must use American Specialty Health (ASH) providers.</p> <p><b>May require a referral from your PCP.</b></p>

**Premiums  
and Benefits**

**BluePathway Plan 2 (HMO)**  
H6936-005

**Pima County**

**Wellness Programs**

Silver&Fit® provides access to numerous resources to keep members active from anywhere. The Silver&Fit Exercise & Healthy Aging program has Something for Everyone® and includes:

- Fitness center membership: visit a participating Silver&Fit fitness center, YMCA, or exercise center
- Home Fitness Program: choose one Stay Fit home fitness kit (which contains a device or equipment) per benefit year
- Healthy Aging coaching sessions by telephone with a trained coach
- 8,000+ on-demand workout classes on the website and mobile app digital library
- Daily workout classes on Facebook Live and YouTube
- Signature Series workout videos for all fitness levels on **SilverandFit.com**
- 280+ digital workout classes on the Silver&Fit ASHConnect™ mobile app
- The Silver&Fit Connected™ tool for tracking your activity
- Online quarterly newsletter

Visit **SilverandFit.com** to use the Get Started program to enroll, develop a custom fitness program, and learn more.

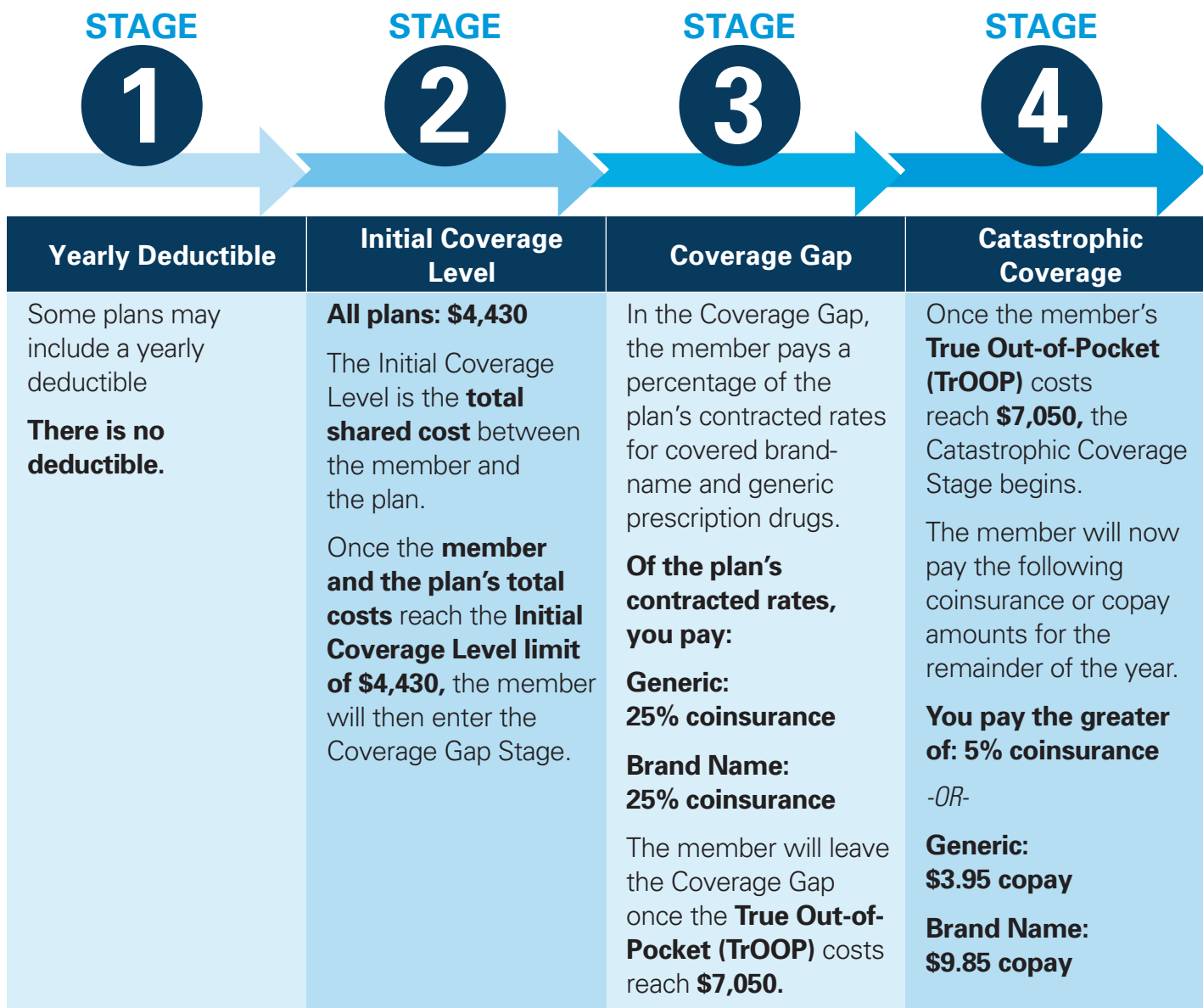
Non-standard services that call for an added fee are not part of the Silver&Fit program and will not be reimbursed.



# Prescription Drug Benefits

The Part D prescription drug benefit has **four stages of coverage** as shown below. In each stage, you and the plan pay a different share of your prescription drug costs.

The cost sharing may change when entering another stage of the Part D prescription drug coverage benefit. For more information, you may contact BCBSAZ at **1-888-274-0367**, **TTY: 711**, from 8 a.m. to 8 p.m., Monday through Friday from April 1 to September 30; and seven days a week from October 1 to March 31.



**TrOOP costs are the out-of-pocket costs (copay, coinsurance, and deductibles) paid by the member or others on the member's behalf during Stages 1, 2, and 3. These costs count toward the member's Medicare drug plan annual out-of-pocket threshold of \$7,050. The TrOOP does not include premiums paid by member or the plan.**

**If a prescribed drug is not included on the current list of Covered Drugs (Formulary) or “Drug List,” the process for requesting a drug exception is discussed in Chapter 9, Section 6.2 of the Evidence of Coverage (EOC):**

“If a drug is not covered in the way you would like it to be covered, you can ask us to make an ‘exception.’ An exception is a type of coverage decision. Similar to other types of coverage decisions, if we turn down your request for an exception, you can appeal our decision. When you ask for an exception, your doctor or other prescriber will need to explain the medical reasons why you need the exception approved. We will then consider your request.

If we agree to make an exception and cover a drug that is not on the Drug List, you will need to pay the cost-sharing amount that applies to drugs in Tier 4. You cannot ask for an exception to the copayment or coinsurance amount we require you to pay for the drug.”

# BluePathway Plan 1 (HMO)

(H6936-006)

Maricopa County

\$0 Monthly Premium

## What YOU PAY As a Member of This Plan

Stage 1	Stage 2		Stage 3	Stage 4
<b>Yearly Deductible Stage</b>  Because we have no deductible, this payment stage does not apply to you.	<b>Initial Coverage Stage</b>  Up to \$4,430 spent towards covered drugs – based on the <b>total shared</b> cost between you and the Plan		<b>Coverage Gap Stage</b>  This stage begins when the <b>total shared</b> drug costs reach \$4,430	<b>Catastrophic Coverage Stage</b>  This stage begins when <b>your total out-of-pocket</b> drug costs reach \$7,050
	<b>30-Day Supply</b>	<b>Extended-Day Supply</b>		
Tier 1: Preferred Generic	\$0	\$0 (100-day supply)	Generics 25%	Pay the greater of 5% coinsurance  Or-  Generic \$3.95  Brand Name \$9.85
Tier 2: Generic	\$7	\$7 (100-day supply)	Brands 25%	
Tier 3: Preferred Brand	\$47	\$141		
Tier 4: Non-Preferred Brand	\$100	\$300		
Tier 5: Specialty	33%	Not Offered		

The following is a chart which indicates what you will pay for an extended-day supply of drugs through our Retail or Mail Order Pharmacy.

## Retail or Mail Order Pharmacy Extended-Day Supply

Tier 1 Preferred Generic	Tier 2 Generic	Tier 3 Preferred Brand	Tier 4 Non-Preferred Brand	Tier 5 Specialty
\$0 (100-day supply)	\$7 (100-day supply)	\$141	\$300	Not Offered

# BluePathway Plan 2 (HMO)

(H6936-003)

Maricopa County

\$0 Monthly Premium

## What YOU PAY As a Member of This Plan

Stage 1	Stage 2		Stage 3	Stage 4
<b>Yearly Deductible Stage</b>  Because we have no deductible, this payment stage does not apply to you.	<b>Initial Coverage Stage</b>  Up to \$4,430 spent towards covered drugs – based on the <b>total shared</b> cost between you and the Plan		<b>Coverage Gap Stage</b>  This stage begins when the <b>total shared</b> drug costs reach \$4,430	<b>Catastrophic Coverage Stage</b>  This stage begins when <b>your total out-of-pocket</b> drug costs reach \$7,050
	<b>30-Day Supply</b>	<b>Extended-Day Supply</b>		
Tier 1: Preferred Generic	\$0	\$0 (100-day supply)	Generics 25%	Pay the greater of 5% coinsurance  Or-  Generic \$3.95  Brand Name \$9.85
Tier 2: Generic	\$7	\$7 (100-day supply)	Brands 25%	
Tier 3: Preferred Brand	\$47	\$141		
Tier 4: Non-Preferred Brand	\$100	\$300		
Tier 5: Specialty	33%	Not Offered		

The following is a chart which indicates what you will pay for an extended-day supply of drugs through our Retail or Mail Order Pharmacy.

## Retail or Mail Order Pharmacy Extended-Day Supply

Tier 1 Preferred Generic	Tier 2 Generic	Tier 3 Preferred Brand	Tier 4 Non-Preferred Brand	Tier 5 Specialty
\$0 (100-day supply)	\$7 (100-day supply)	\$141	\$300	Not Offered

# BluePathway Plan 2 (HMO)

(H6936-005)



\$0 Monthly Premium

## What YOU PAY As a Member of This Plan

Stage 1	Stage 2		Stage 3	Stage 4
<b>Yearly Deductible Stage</b>  Because we have no deductible, this payment stage does not apply to you.	<b>Initial Coverage Stage</b>  Up to \$4,430 spent towards covered drugs – based on the <b>total shared</b> cost between you and the Plan		<b>Coverage Gap Stage</b>  This stage begins when the <b>total shared</b> drug costs reach \$4,430	<b>Catastrophic Coverage Stage</b>  This stage begins when <b>your total out-of-pocket</b> drug costs reach \$7,050
	<b>30-Day Supply</b>	<b>Extended-Day Supply</b>		
Tier 1: Preferred Generic	\$0	\$0 (100-day supply)	Generics 25%	Pay the greater of 5% coinsurance  Or-  Generic \$3.95  Brand Name \$9.85
Tier 2: Generic	\$7	\$7 (100-day supply)	Brands 25%	
Tier 3: Preferred Brand	\$47	\$141		
Tier 4: Non-Preferred Brand	\$100	\$300		
Tier 5: Specialty	33%	Not Offered		

The following is a chart which indicates what you will pay for an extended-day supply of drugs through our Retail or Mail Order Pharmacy.

## Retail or Mail Order Pharmacy Extended-Day Supply

Tier 1 Preferred Generic	Tier 2 Generic	Tier 3 Preferred Brand	Tier 4 Non-Preferred Brand	Tier 5 Specialty
\$0 (100-day supply)	\$7 (100-day supply)	\$141	\$300	Not Offered

# BluePathway Plan 3 (HMO)

(H6936-004)

Maricopa County

\$32 Monthly Premium

## What YOU PAY As a Member of This Plan

Stage 1	Stage 2		Stage 3	Stage 4
<b>Yearly Deductible Stage</b>  Because we have no deductible, this payment stage does not apply to you.	<b>Initial Coverage Stage</b>  Up to \$4,430 spent towards covered drugs – based on the <b>total shared</b> cost between you and the Plan		<b>Coverage Gap Stage</b>  This stage begins when the <b>total shared</b> drug costs reach \$4,430	<b>Catastrophic Coverage Stage</b>  This stage begins when <b>your total out-of-pocket</b> drug costs reach \$7,050
	<b>30-Day Supply</b>	<b>Extended-Day Supply</b>		
Tier 1: Preferred Generic	\$0	\$0 (100-day supply)	Generics 25%	Pay the greater of 5% coinsurance  Or-  Generic \$3.95  Brand Name \$9.85
Tier 2 : Generic	\$7	\$7 (100-day supply)	Brands 25%	
Tier 3: Preferred Brand	\$47	\$141		
Tier 4: Non-Preferred Brand	\$100	\$300		
Tier 5: Specialty	33%	Not Offered		

The following is a chart which indicates what you will pay for an extended-day supply of drugs through our Retail or Mail Order Pharmacy.

## Retail or Mail Order Pharmacy Extended-Day Supply

Tier 1 Preferred Generic	Tier 2 Generic	Tier 3 Preferred Brand	Tier 4 Non-Preferred Brand	Tier 5 Specialty
\$0 (100-day supply)	\$7 (100-day supply)	\$141	\$300	Not Offered

Blue Cross Blue Shield of Arizona (BCBSAZ) complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. We provide free aids and services to people with disabilities to communicate effectively with us, such as qualified interpreters and written information in other formats such as large print and accessible electronic formats. We also provide free language services to people whose primary language is not English, such as qualified interpreters and written information in other languages. If you need these services call **1-800-446-8331, TTY: 711.**

**Spanish:** ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-800-446-8331, TTY: 711.**

**Navajo:** Díí baa akó nínízin: Díí saad bee yáńílti' go Diné Bizaad, saad bee áká' áńída' áwo' dèè, t'áá jiiik'eh, éí ná hóló, kojí hódíílnih **1-800-446-8331, TTY: 711.**

BCBSAZ is contracted with Medicare to offer HMO and PPO Medicare Advantage plans and PDP plans. Enrollment in BCBSAZ plans depends on contract renewal.

Blue Cross®, Blue Shield®, and the Cross and Shield Symbols are registered service marks of the Blue Cross Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

## **Not a member yet?**

Contact our Licensed Medicare Consultants:

**1-888-274-0367, TTY: 711**

Or contact your broker

Existing Members call:

**480-937-0409 (in Arizona)**

or toll-free at **1-800-446-8331, TTY: 711**

October 1 to March 31:  
Seven days a week, 8 a.m. to 8 p.m.

April 1 to September 30:  
Monday through Friday, 8 a.m. to 8 p.m.

**[AZBlueMedicare.com](https://www.AZBlueMedicare.com)**



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