

# 2023 Summary of Benefits

Blue Medicare Advantage Classic (HMO) – Maricopa & Pinal Counties  
Blue Medicare Advantage Plus (HMO) – Maricopa & Pinal Counties  
BluePathway<sup>SM</sup> Plan 1 (HMO) – Maricopa County  
BluePathway<sup>SM</sup> Plan 2 (HMO) – Maricopa County



An Independent Licensee of the Blue Cross Blue Shield Association

# 2023 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 a licensed Medicare consultant at **1-888-274-0367, TTY: 711**.

## Understanding the Benefits

- The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit **azblue.com/medicare** 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.
- Review the formulary to make sure your drugs are covered.

## 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, 2024.
- 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).

# Summary of Benefits

January 1, 2023 – December 31, 2023

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

BCBSAZ and BCBSAZ Advantage are HMO plans with a Medicare contract. Enrollment in BCBSAZ and BCBSAZ Advantage 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 [azblue.com/medicare](https://azblue.com/medicare).

## Things to know about BCBSAZ

---



### 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: **[azblue.com/medicare](https://azblue.com/medicare)**



## Who can join?

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

- **Blue Medicare Advantage Classic (HMO) (H0302-006)** is available in Maricopa County and Pinal County
- **Blue Medicare Advantage Plus (HMO) (H0302-001)** is available in Maricopa County and Pinal County
- **BluePathway Plan 1 (HMO) (H6936-006)** is available in Maricopa County
- **BluePathway Plan 2 (HMO) (H6936-003)** is available in Maricopa County

---

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



Your **Blue Medicare Advantage** or **BluePathway plan** 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: **[azblue.com/medicare](https://www.azblue.com/medicare)**.
- 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: **azblue.com/medicare**.
- 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 six “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 2023* 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**.

Existing members with questions may call 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.

## Summary of Benefits January 1, 2023 – December 31, 2023

Premiums and Benefits	Blue Medicare Advantage Classic (HMO) H0302-006	Blue Medicare Advantage Plus (HMO) H0302-001
	Maricopa and Pinal County	
<b>Monthly plan premium</b> You must keep paying your Medicare Part B premium.	\$0 per month	\$51 per month
<b>Deductible (medical)</b>	\$0	\$0
<b>Maximum Out-of-Pocket Responsibility</b> For services you receive from in-network providers. If you reach the limit on out-of-pocket costs, you keep getting Medicare Part A and Part B-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.	\$2,900 annually	\$2,500 annually
<b>Inpatient Hospital Coverage</b> May require prior authorization. Limits may apply.	\$250 copay per day for days 1-6	\$225 copay per day for days 1-6
<b>Outpatient Hospital Coverage</b> Outpatient Hospital Facility for Surgery or Other Procedures (e.g., endoscopy and cardiac catheterization) <b>May require prior authorization.</b>	\$250 copay per visit  \$250 copay per visit for outpatient observation services	\$200 copay per visit  \$225 copay per visit for outpatient observation services
<b>Ambulatory Surgery Center (ASC)</b> For surgeries or other procedures such as endoscopy, cardiac catheterization, etc. <b>May require prior authorization.</b>	\$200 copay	\$150 copay
<b>Doctor Visits</b> <b>Specialist visits may require a referral from your PCP.</b> <b>May require prior authorization.</b>	Primary Care Provider (PCP) visit: \$0 copay  Specialist visit: \$35 copay	Primary Care Provider (PCP) visit: \$0 copay  Specialist visit: \$25 copay

<b>Premiums and Benefits</b>	<b>Blue Medicare Advantage Classic (HMO)</b> H0302-006	<b>Blue Medicare Advantage Plus (HMO)</b> H0302-001
	<b>Maricopa and Pinal County</b>	
<p><b>Preventive Care</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>	<p><b>You pay nothing</b></p>	<p><b>You pay nothing</b></p>
<p><b>Emergency Care</b>  (Within the United States and its territories)</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><b>\$125</b> copay</p>	<p><b>\$125</b> copay</p>

Premiums and Benefits	Blue Medicare Advantage Classic (HMO) H0302-006	Blue Medicare Advantage Plus (HMO) H0302-001
	Maricopa and Pinal County	
<b>Emergency Care (Worldwide)</b>	Emergency Room: <b>\$120</b> copay Emergency Transportation: <b>\$120</b> copay <b>\$30,000</b> combined lifetime limit for worldwide emergency and urgent care	Emergency Room: <b>\$100</b> copay Emergency Transportation: <b>\$100</b> copay <b>\$60,000</b> combined lifetime limit for worldwide emergency and urgent care
<b>Urgent Care</b> (Within the United States and its territories)  <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.	<b>\$35</b> copay	<b>\$25</b> copay
<b>Urgent Care (Worldwide)</b>	<b>\$120</b> copay ( <b>\$30,000</b> combined limit)	<b>\$100</b> copay ( <b>\$60,000</b> combined limit)
<b>Diagnostic Services, Labs, and Imaging</b> Refer to Outpatient Diagnostic Tests, Therapeutic Services, and Supplies for additional services and coverage details. Costs may vary based on place of service. <b>May require prior authorization.</b>	Diagnostic tests and procedures: <b>\$0</b> to <b>\$75</b> copay or <b>0% to 20%</b> coinsurance, depending on the service  Lab services: <b>\$0</b> copay, depending on the service  X-ray with or without contrast (e.g., chest, aortogram, IVP, BE): <b>\$20</b> copay	Diagnostic tests and procedures: <b>\$0</b> to <b>\$75</b> copay or <b>0% to 20%</b> coinsurance, depending on the service  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



Premiums and Benefits	Blue Medicare Advantage Classic (HMO) H0302-006	Blue Medicare Advantage Plus (HMO) H0302-001
	Maricopa and Pinal County	
<p><b>Outpatient Diagnostic Tests, Therapeutic Services, and Supplies</b></p> <p>May require a referral from your PCP. <b>May require prior authorization.</b></p>	<p>Pain Management Assessment (evaluation and management only): <b>\$35</b> copay</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>Pain Management Assessment (evaluation and management only): <b>\$25</b> copay</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><b>Hearing Services</b> (Medicare Covered)</p> <p>Hearing exam by network PCP or specialist to diagnose and treat hearing and balance issues. <b>May require prior authorization.</b></p>	<p><b>\$25</b> copay</p>	<p><b>\$25</b> copay</p>
<p><b>Hearing Services</b> (Non-Medicare Covered)</p> <p>Services are covered through TruHearing® providers. Includes hearing aid fitting and evaluation. Limited to TruHearing’s Advanced (<b>\$699</b>) and Premium (<b>\$999</b>) hearing aids.</p>	<p>Hearing exam: <b>\$0</b> copay Up to two TruHearing-branded hearing aids every year (one per ear per year). Includes free rechargeable hearing aid upgrade.</p>	<p>Hearing exam: <b>\$0</b> copay Up to two TruHearing-branded hearing aids every year (one per ear per year). Includes free rechargeable hearing aid upgrade.</p>

<b>Premiums and Benefits</b>	<b>Blue Medicare Advantage Classic (HMO)</b> H0302-006	<b>Blue Medicare Advantage Plus (HMO)</b> H0302-001
	<b>Maricopa and Pinal County</b>	
<p><b>Dental Services</b> (Medicare Covered)</p> <p>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.</p> <p>Oral examinations, but not treatment, preceding kidney transplantation or heart valve replacement under certain circumstances.</p>	<b>20%</b> coinsurance	<b>20%</b> coinsurance

Premiums and Benefits	Blue Medicare Advantage Classic (HMO) H0302-006	Blue Medicare Advantage Plus (HMO) H0302-001
	Maricopa and Pinal County	
<b>Dental Services</b> (Non-Medicare Covered)	<p><b>\$10</b> office visit copay</p> <p><b>\$2,000</b> benefit maximum per calendar year for all services.</p> <p>Preventive: <b>\$0</b> copay</p> <ul style="list-style-type: none"> <li>• two oral exams per year</li> <li>• two cleanings per year</li> <li>• two bitewing X-rays per year</li> </ul> <p>Basic: <b>50%</b> coinsurance</p> <ul style="list-style-type: none"> <li>• fillings</li> <li>• emergency treatment of dental pain</li> <li>• simple extractions</li> </ul> <p>Major: <b>50%</b> coinsurance</p> <ul style="list-style-type: none"> <li>• Bridges, dentures</li> <li>• Crowns, inlays/onlays</li> <li>• 7-year replacement limit</li> </ul>	<p><b>\$10</b> office visit copay</p> <p><b>\$3,000</b> benefit maximum per calendar year for all services.</p> <p>Preventive: <b>\$0</b> copay</p> <ul style="list-style-type: none"> <li>• two oral exams per year</li> <li>• two cleanings per year</li> <li>• two bitewing X-rays per year</li> </ul> <p>Basic: <b>50%</b> coinsurance</p> <ul style="list-style-type: none"> <li>• fillings</li> <li>• emergency treatment of dental pain</li> <li>• simple extractions</li> </ul> <p>Major: <b>50%</b> coinsurance</p> <ul style="list-style-type: none"> <li>• Bridges, dentures</li> <li>• Crowns, inlays/onlays</li> <li>• Implants</li> <li>• 7-year replacement limit</li> </ul>

Premiums and Benefits	Blue Medicare Advantage Classic (HMO) H0302-006	Blue Medicare Advantage Plus (HMO) H0302-001
	Maricopa and Pinal County	
<b>Vision Care</b> (Medicare Covered)	Exam to diagnose and treat diseases and conditions of the eye: <b>\$35</b> copay Yearly glaucoma and diabetic retinopathy screening: <b>\$0</b> copay Eyeglasses or contact lenses after cataract surgery: <b>20%</b> coinsurance	Exam to diagnose and treat diseases and conditions of the eye: <b>\$25</b> copay Yearly glaucoma and diabetic retinopathy screening: <b>\$0</b> copay Eyeglasses or contact lenses after cataract surgery: <b>20%</b> coinsurance
<b>Vision Care</b> (Non-Medicare Covered) Routine vision services including non-medical eye examination through Davis Vision® providers without any medical conditions or symptoms for the purpose of checking vision and/or updating eyeglasses or contact lens prescriptions.	<b>\$0</b> copay Eyewear coverage: <b>\$200</b> single-purchase annual allowance through Davis Vision providers	<b>\$0</b> copay Eyewear coverage: <b>\$200</b> single-purchase annual allowance through Davis Vision providers
<b>Mental Health Services</b>	Inpatient psychiatric hospital visit: <b>\$250</b> copay per day for days 1-6 Outpatient individual or group therapy visit: <b>\$35</b> copay	Inpatient psychiatric hospital visit: <b>\$225</b> copay per day for days 1-6 Outpatient individual or group therapy visit: <b>\$25</b> copay
<b>Skilled Nursing Facility (SNF)</b> Plan covers up to 100 days per benefit period in an SNF. <b>May require prior authorization.</b>	<b>\$0</b> copay per day for days 1-20 <b>\$196</b> copay per day for days 21-40 <b>\$0</b> copay per day for days 41-100	<b>\$0</b> copay per day for days 1-20 <b>\$196</b> copay per day for days 21-40 <b>\$0</b> copay per day for days 41-100

Premiums and Benefits	Blue Medicare Advantage Classic (HMO) H0302-006	Blue Medicare Advantage Plus (HMO) H0302-001
	Maricopa and Pinal County	
<p><b>Physical Therapy</b> Physical therapy services are provided in various outpatient settings. One copay per date of service, per type of therapy. <b>May require a referral from your PCP.</b></p>	\$20 copay	\$10 copay
<p><b>Ambulance</b> <b>Prior authorization is required for non-emergency transportation by ambulance.</b></p>	<p>Ground Ambulance: <b>\$275</b> copay per one-way transport</p> <p>Emergency Air and Water Ambulance Transport: <b>20%</b> coinsurance per one-way transport</p>	<p>Ground Ambulance: <b>\$275</b> copay per one-way transport</p> <p>Emergency Air and Water Ambulance Transport: <b>20%</b> coinsurance per one-way transport</p>
<b>Transportation</b>	Not Covered	Not Covered
<p><b>Medicare Part B Drugs</b> A separate office copay may apply if other services are rendered at the time of the visit.</p> <p>In some cases, the plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, the plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, the plan will then cover Drug B.</p> <p>This requirement is called “step therapy.” <b>Certain drugs require prior authorization.</b></p>	<p>Chemotherapy drugs: <b>20%</b> coinsurance</p> <p>Other Part B drugs: <b>20%</b> coinsurance</p>	<p>Chemotherapy drugs: <b>20%</b> coinsurance</p> <p>Other Part B drugs: <b>20%</b> coinsurance</p>
<p><b>Acupuncture Services</b> (Medicare Covered) Treatment for chronic low back pain. Must use American Specialty Health® (ASH) participating providers. <b>May require prior authorization.</b></p>	\$30 copay	\$30 copay

Premiums and Benefits	Blue Medicare Advantage Classic (HMO) H0302-006	Blue Medicare Advantage Plus (HMO) H0302-001
	Maricopa and Pinal County	
<p><b>Acupuncture Services</b> (Non-Medicare Covered)</p> <p>Plan covers routine care between chiropractic, acupuncture, and therapeutic massage per year.</p>	\$15 copay for 30 combined visits	\$15 copay for 30 combined visits
<p><b>Annual Physical Examination</b></p> <p>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.</p>	\$0 copay	\$0 copay
<p><b>Chiropractic Services</b> (Medicare Covered)</p> <p>Manipulation of the spine to correct a subluxation (when one or more of the bones in your spine move out of position).</p> <p><b>May require prior authorization.</b></p>	\$20 copay	\$20 copay
<p><b>Chiropractic Services</b> (Non-Medicare Covered)</p> <p>Plan covers routine care between chiropractic, acupuncture, and therapeutic massage per year.</p>	\$15 copay for 30 combined visits	\$15 copay for 30 combined visits
<p><b>Foot Care (Podiatry services)</b> (Medicare-covered)</p> <p>Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions.</p> <p><b>Routine foot care (non-Medicare covered) is not covered.</b></p>	\$35 copay	\$25 copay

Premiums and Benefits	Blue Medicare Advantage Classic (HMO) H0302-006	Blue Medicare Advantage Plus (HMO) H0302-001
	Maricopa and Pinal County	
<p><b>Meals</b></p> <p>Plan may provide fourteen (14) meals per qualifying discharge from an authorized stay at an inpatient hospital, skilled nursing facility, or rehabilitation facility when arranged by Plan staff.</p> <p>Meal types include general wellness, lower sodium, heart friendly, diabetic friendly, renal friendly, gluten-free, vegetarian, cancer support, and pureed.</p>	<p>Home delivery includes a single delivery of <b>(14)</b> refrigerated fresh meals by a designated vendor. Good for two weeks.</p>	<p>Home delivery includes a single delivery of <b>(14)</b> refrigerated fresh meals by a designated vendor. Good for two weeks.</p>
<p><b>Medical Equipment / Supplies</b></p> <ul style="list-style-type: none"> <li>• Durable Medical Equipment <ul style="list-style-type: none"> <li>- wheelchairs, crutches, hospital bed, insulin pump, IV infusion pump, oxygen equipment, nebulizer, walker, therapeutic shoes or inserts</li> </ul> </li> <li>• Prosthetic devices <ul style="list-style-type: none"> <li>- braces, artificial limbs</li> </ul> </li> <li>• Diabetes supplies</li> </ul> <p>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>Medically necessary durable medical equipment covered by Original Medicare: <b>20%</b> coinsurance</p> <p>Prosthetic devices <b>20%</b> coinsurance</p> <p>Medicare-covered diabetes monitoring supplies from preferred manufacturer (<b>Abbott</b>): <b>\$0</b> copay for supplies and <b>20%</b> coinsurance for continuous blood glucose monitoring devices</p> <p>Medicare-covered diabetes monitoring supplies from non-preferred manufacturers: <b>20%</b> coinsurance</p> <p>All other Medicare-covered diabetes supplies: <b>20%</b> coinsurance</p>	<p>Medically necessary durable medical equipment covered by Original Medicare: <b>20%</b> coinsurance</p> <p>Prosthetic devices <b>20%</b> coinsurance</p> <p>Medicare-covered diabetes monitoring supplies from preferred manufacturer (<b>Abbott</b>): <b>\$0</b> copay for supplies and <b>20%</b> coinsurance for continuous blood glucose monitoring devices</p> <p>Medicare-covered diabetes monitoring supplies from non-preferred manufacturers: <b>20%</b> coinsurance</p> <p>All other Medicare-covered diabetes supplies: <b>20%</b> coinsurance</p>

Premiums and Benefits	Blue Medicare Advantage Classic (HMO) H0302-006	Blue Medicare Advantage Plus (HMO) H0302-001
	Maricopa and Pinal County	
<p><b>Over-the-Counter (OTC) Products</b> Quarterly (January, April, July, October) flexible benefits allowance on a prepaid card to help you cover out-of-pocket expenses on health-related products.</p> <p>Benefit dollars can be spent at participating retail locations. Visit your MyBenefits portal at <b>azblue.com/NationsBenefits</b> for locations and additional information. Unused benefit dollars will expire at the end of each quarter.</p> <p>This benefit is not a replacement for your current standalone benefits and is designed to help offset out-of-pocket expenses. This flexible benefit is only for your personal use, cannot be sold or transferred, and has no cash value. Your card must be activated before you use your benefits. To activate your card, go to <b>azblue.com/NationsBenefits/activate</b>.</p>	<p><b>\$50</b> allowance per quarter</p>	<p><b>\$50</b> allowance per quarter</p>
<p><b>Rehabilitation Services</b> 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><b>May require a referral from your PCP.</b> <b>May require prior authorization.</b></p>	<p>Copay per service type:</p> <p>Cardiac rehabilitation: <b>\$35</b> copay</p> <p>Pulmonary rehabilitation: <b>\$20</b> copay</p> <p>Occupational Therapy: <b>\$20</b> copay</p> <p>Speech Language Therapy: <b>\$20</b> copay</p>	<p>Copay per service type:</p> <p>Cardiac rehabilitation: <b>\$20</b> copay</p> <p>Pulmonary rehabilitation: <b>\$20</b> copay</p> <p>Occupational Therapy: <b>\$10</b> copay</p> <p>Speech Language Therapy: <b>\$10</b> copay</p>



Premiums and Benefits	Blue Medicare Advantage Classic (HMO) H0302-006	Blue Medicare Advantage Plus (HMO) H0302-001
Maricopa and Pinal County		
<p><b>Fitness Programs</b></p> <p>The Silver&amp;Fit® program has Something for Everyone®. The Healthy Aging and Exercise Program offers the following at no cost to you:</p> <ul style="list-style-type: none"> <li>• Workout Plans: Receive a customized workout plan by answering a few online questions.</li> <li>• Digital Workouts: View on-demand videos through the website and mobile app digital workout library, including Silver&amp;Fit Signature Series Classes®.</li> <li>• Fitness Center Membership: Visit participating fitness centers or YMCAs near you that take part in the program.*</li> <li>• Home Fitness Kits: Receive one Home Fitness Kit per benefit year from a variety of fitness categories.</li> <li>• Well-Being Club: Visit <b>SilverandFit.com</b> to set your preferences for well-being topics and see resources (including Social Clubs**) tailored to your interests and healthy habit goals.</li> <li>• Healthy Aging Coaching: Participate in telephone sessions with a trained coach to discuss topics like exercise, nutrition, social isolation, and brain health.</li> <li>• Track your activity with the Silver&amp;Fit Connected!™ tool. Also earn rewards for reaching new activity milestones.</li> </ul> <p>*Non-standard membership services calling for added fees are not part of the Silver&amp;Fit program and will not be reimbursed.</p> <p>**ASH Fitness has no affiliations, interest, endorsements, or sponsorships with any of the organizations or clubs. Some clubs may require a fee to join. Such fees are not part of the Silver&amp;Fit programs and will not be reimbursed by ASH Fitness. The Silver&amp;Fit program is provided by American Specialty Health Fitness, Inc., a subsidiary of American Specialty Health Incorporated (ASH). Limitations and restrictions may apply. Participating facilities and fitness chains may vary by location and are subject to change. Kits and rewards are subject to change.</p>	<p><b>You pay nothing*</b></p>	<p><b>You pay nothing*</b></p>

## Summary of Benefits January 1, 2023 – December 31, 2023

Premiums and Benefits	BluePathway Plan 1 (HMO) H6936-006	BluePathway Plan 2 (HMO) H6936-003
	Maricopa County	
<b>Monthly Plan Premium</b> You must keep paying your Medicare Part B premium.	\$0 per month	\$0 per month
<b>Deductible (medical)</b>	\$0	\$0
<b>Maximum Out-of-Pocket Responsibility</b> 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.	\$2,900 annually	\$2,900 annually
<b>Inpatient Hospital Coverage</b> <b>May require prior authorization.</b>	\$175 copay per day for days 1-5	\$200 copay per day for days 1-6
<b>Outpatient Hospital Coverage</b> Outpatient Hospital Facility for Surgery or Other Procedures (e.g., endoscopy and cardiac catheterization) <b>May require prior authorization.</b>	\$225 copay per visit \$225 copay per visit for outpatient observation services	\$200 copay per visit \$200 copay per visit for outpatient observation services
<b>Ambulatory Surgery Center (ASC)</b> For surgeries or other procedures such as endoscopy, cardiac catheterization, etc. <b>May require prior authorization.</b>	\$125 copay	\$150 copay
<b>Doctor Visits</b> <b>Specialist visits may require a referral from your PCP.</b>	Primary Care Provider (PCP) visit: \$0 copay Specialist visit: \$20 copay	Primary Care Provider (PCP) visit: \$0 copay Specialist visit: \$35 copay

<b>Premiums and Benefits</b>	<b>BluePathway Plan 1 (HMO)</b> H6936-006	<b>BluePathway Plan 2 (HMO)</b> H6936-003
<b>Maricopa County</b>		
<p><b>Preventive Care</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>	<p><b>You pay nothing</b></p>	<p><b>You pay nothing</b></p>
<p><b>Emergency Care</b> (Within the United States and its territories)</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><b>\$125 copay</b></p>	<p><b>\$125 copay</b></p>

Premiums and Benefits	BluePathway Plan 1 (HMO) H6936-006	BluePathway Plan 2 (HMO) H6936-003
	Maricopa County	
<p><b>Urgent Care</b> (Within the United States and its territories)</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>	\$20 copay	\$35 copay
<p><b>Diagnostic Services, Labs, and Imaging</b> 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>	<p>Diagnostic tests and procedures: <b>\$0 to \$75</b> copay or <b>20%</b> coinsurance, depending on the service</p> <p>Lab services: <b>\$0</b> copay, depending on the service</p> <p>X-ray with or without contrast (e.g., chest, aortogram, IVP, BE): <b>\$0</b> copay</p>	<p>Diagnostic tests and procedures: <b>\$0 to \$75</b> copay or <b>20%</b> coinsurance, depending on the service</p> <p>Lab services: <b>\$0</b> copay, depending on the service</p> <p>X-ray with or without contrast (e.g., chest, aortogram, IVP, BE): <b>\$10</b> copay</p>
<p><b>Outpatient Diagnostic Tests, Therapeutic Services, and Supplies</b> May require a referral from your PCP.</p> <p><b>May require prior authorization.</b></p>	<p>Pain Management Assessment (evaluation and 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>Pain Management Assessment (evaluation and management only): <b>\$35</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>

Premiums and Benefits	BluePathway Plan 1 (HMO) H6936-006	BluePathway Plan 2 (HMO) H6936-003
	Maricopa County	
<p><b>Hearing Services</b> (Medicare Covered)</p> <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>	\$25 copay	\$25 copay
<p><b>Hearing Services</b> (Non-Medicare Covered)</p> <p>Services are covered through TruHearing providers. Includes hearing aid fitting and evaluation. Rechargeable hearing aid upgrade option included.</p>	<p>Hearing exam: <b>\$0</b> copay</p> <p>Limited to TruHearing’s Advanced <b>(\$699)</b> and Premium <b>(\$999)</b> hearing aids.</p> <p>Up to two TruHearing-branded hearing aids every year (one per ear per year).</p>	<p>Hearing exam: <b>\$0</b> copay</p> <p>Limited to TruHearing’s Advanced <b>(\$699)</b> and Premium <b>(\$999)</b> hearing aids.</p> <p>Up to two TruHearing-branded hearing aids every year (one per ear per year).</p>
<p><b>Dental Services</b> (Medicare Covered)</p> <p>Medicare will pay for:</p> <p>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.</p> <p>Oral examinations, but not treatment, preceding kidney transplantation or heart valve replacement under certain circumstances.</p>	20% coinsurance	20% coinsurance

Premiums and Benefits	BluePathway Plan 1 (HMO) H6936-006	BluePathway Plan 2 (HMO) H6936-003
	Maricopa County	
<b>Dental Services</b> (Non-Medicare Covered)	Not covered	<b>\$10</b> office visit copay  <b>\$2,000</b> benefit maximum per calendar year for all services Preventive: <b>\$0</b> copay <ul style="list-style-type: none"> <li>• two oral exams per year</li> <li>• two cleanings per year</li> <li>• two bitewing X-rays per year</li> </ul> Basic: <b>50%</b> coinsurance <ul style="list-style-type: none"> <li>• fillings</li> <li>• emergency treatment of dental pain</li> <li>• simple extractions</li> </ul> Major: <b>50%</b> coinsurance <ul style="list-style-type: none"> <li>• Bridges, dentures</li> <li>• Crowns, inlays/onlays</li> <li>• 7-year replacement limit</li> </ul>
<b>Vision Care</b> (Medicare Covered)	Exam to diagnose and treat diseases and conditions of the eye: <b>\$20</b> copay  Yearly glaucoma and diabetic retinopathy screening: <b>\$0</b> copay  Eyeglasses or contact lenses after cataract surgery: <b>20%</b> coinsurance	Exam to diagnose and treat diseases and conditions of the eye: <b>\$35</b> copay  Yearly glaucoma and diabetic retinopathy screening: <b>\$0</b> copay  Eyeglasses or contact lenses after cataract surgery: <b>20%</b> coinsurance

Premiums and Benefits	BluePathway Plan 1 (HMO) H6936-006	BluePathway Plan 2 (HMO) H6936-003
	Maricopa County	
<p><b>Vision Care</b> (Non-Medicare Covered)</p> <p>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>	<p><b>\$0</b> copay</p> <p>Eyewear coverage: <b>\$200 single-purchase</b> annual allowance through Davis Vision providers.</p>	<p><b>\$0</b> copay</p> <p>Eyewear coverage: <b>\$200 single-purchase</b> annual allowance through Davis Vision providers.</p>
<p><b>Mental Health Services</b></p>	<p>Inpatient psychiatric hospital visit: <b>\$175</b> copay per day for days 1-5</p> <p>Outpatient individual or group therapy visit: <b>\$20</b> copay</p>	<p>Inpatient psychiatric hospital visit: <b>\$200</b> copay per day for days 1-6</p> <p>Outpatient individual or group therapy visit: <b>\$35</b> copay</p>
<p><b>Skilled Nursing Facility (SNF)</b></p> <p>Plan covers up to 100 days per benefit period in an SNF. <b>May require prior authorization.</b></p>	<p><b>\$0</b> copay per day for days 1-20</p> <p><b>\$196</b> copay per day for days 21-40</p> <p><b>\$0</b> copay per day for days 41-100</p>	<p><b>\$0</b> copay per day for days 1-20</p> <p><b>\$196</b> copay per day for days 21-40</p> <p><b>\$0</b> copay per day for days 41-100</p>
<p><b>Physical Therapy</b></p> <p>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>May require prior authorization.</b></p>	<p><b>\$10</b> copay</p>	<p><b>\$10</b> copay</p>
<p><b>Ambulance</b></p> <p><b>Prior authorization is required for non-emergency transportation by ambulance.</b></p>	<p>Ground Ambulance: <b>\$275</b> copay per one-way transport</p> <p>Emergency Air and Water Ambulance Transport: <b>20%</b> coinsurance per one-way transport</p>	<p>Ground Ambulance: <b>\$275</b> copay per one-way transport</p> <p>Emergency Air and Water Ambulance Transport: <b>20%</b> coinsurance per one-way transport</p>
<p><b>Transportation</b></p>	<p>Not Covered</p>	<p>Not Covered</p>

Premiums and Benefits	BluePathway Plan 1 (HMO) H6936-006	BluePathway Plan 2 (HMO) H6936-003
	Maricopa County	
<p><b>Medicare Part B Drugs</b></p> <p>A separate office copay may apply if other services are rendered at the time of the visit.</p> <p>In some cases, the plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, the plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, the plan will then cover Drug B. This requirement is called “step therapy.”</p> <p><b>Certain drugs require prior authorization.</b></p>	<p>Chemotherapy drugs: <b>20%</b> coinsurance</p> <p>Other Part B drugs: <b>20%</b> coinsurance</p>	<p>Chemotherapy drugs: <b>20%</b> coinsurance</p> <p>Other Part B drugs: <b>20%</b> coinsurance</p>
<p><b>Acupuncture Services</b> (Medicare Covered)</p> <p>Treatment for chronic low back pain. Must use American Specialty Health® (ASH) participating providers.</p> <p><b>May require prior authorization.</b></p>	<p><b>\$30</b> copay</p>	<p><b>\$30</b> copay</p>
<p><b>Acupuncture Services</b> (Non-Medicare Covered)</p> <p>Plan covers routine care between chiropractic, acupuncture, and therapeutic massage per year. You must use American Specialty Health (ASH) acupuncture providers.</p> <p><b>May require prior authorization.</b></p>	<p><b>\$30</b> copay for 20 combined visits</p>	<p><b>\$15</b> copay for 30 combined visits</p>
<p><b>Annual Physical Examination</b></p> <p>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.</p>	<p><b>\$0</b> copay</p>	<p><b>\$0</b> copay</p>



Premiums and Benefits	BluePathway Plan 1 (HMO) H6936-006	BluePathway Plan 2 (HMO) H6936-003
	Maricopa County	
<p><b>Chiropractic Services</b> (Medicare Covered)</p> <p>Manipulation of the spine to correct a subluxation (when one or more of the bones in your spine move out of position).</p> <p><b>May require prior authorization.</b></p>	\$20 copay	\$20 copay
<p><b>Chiropractic Services</b> (Non-Medicare Covered)</p> <p>Plan covers routine care between chiropractic, acupuncture, and therapeutic massage per year. You must use American Specialty Health (ASH) chiropractic providers.</p> <p><b>May require prior authorization.</b></p>	\$30 copay for 20 combined visits	\$15 copay for 30 combined visits
<p><b>Foot Care (Podiatry Services)</b> (Medicare covered)</p> <p>Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions.</p> <p><b>Routine foot care (non-Medicare covered) is not covered.</b></p>	\$20 copay	\$35 copay
<p><b>Meals</b></p> <p>Plan may provide fourteen (14) meals per qualifying discharge from an authorized stay at an inpatient hospital, skilled nursing facility, or rehabilitation facility when arranged by Plan staff.</p> <p>Meal types include general wellness, lower sodium, heart friendly, diabetic friendly, renal friendly, gluten-free, vegetarian, cancer support, and pureed.</p>	Home delivery includes a single delivery of <b>(14)</b> refrigerated fresh meals by a designated vendor. Good for two weeks.	Home delivery includes a single delivery of <b>(14)</b> refrigerated fresh meals by a designated vendor. Good for two weeks.

Premiums and Benefits	BluePathway Plan 1 (HMO) H6936-006	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 <ul style="list-style-type: none"> <li>- wheelchairs, crutches, hospital bed, insulin pump, IV infusion pump, oxygen equipment, nebulizer, walker, therapeutic shoes or inserts</li> </ul> </li> <li>• Prosthetic devices <ul style="list-style-type: none"> <li>- braces, artificial limbs</li> </ul> </li> <li>• Diabetes supplies</li> </ul> <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>Medically necessary durable medical equipment covered by Original Medicare: <b>20%</b> coinsurance</p> <p>Prosthetic devices <b>20%</b> coinsurance</p> <p>Medicare-covered diabetes monitoring supplies from preferred manufacturer (<b>Abbott</b>): <b>\$0</b> copay for supplies and <b>20%</b> coinsurance for continuous blood glucose monitoring devices</p> <p>Medicare-covered diabetes monitoring supplies from non-preferred manufacturers: <b>20%</b> coinsurance</p> <p>All other Medicare-covered diabetes supplies: <b>20%</b> coinsurance</p>	<p>Medically necessary durable medical equipment covered by Original Medicare: <b>20%</b> coinsurance</p> <p>Prosthetic devices <b>20%</b> coinsurance</p> <p>Medicare-covered diabetes monitoring supplies from preferred manufacturer (<b>Abbott</b>): <b>\$0</b> copay for supplies and <b>20%</b> coinsurance for continuous blood glucose monitoring devices</p> <p>Medicare-covered diabetes monitoring supplies from non-preferred manufacturers: <b>20%</b> coinsurance</p> <p>All other Medicare-covered diabetes supplies: <b>20%</b> coinsurance</p>

Premiums and Benefits	BluePathway Plan 1 (HMO) H6936-006	BluePathway Plan 2 (HMO) H6936-003
	Maricopa County	
<p><b>Over-the-Counter (OTC) Products</b></p> <p>Quarterly (January, April, July, October) flexible benefits allowance on a prepaid card to help you cover out-of-pocket expenses on health-related products. Benefit dollars can be spent at participating retail locations. Visit your MyBenefits portal at <a href="http://azblue.com/NationsBenefits">azblue.com/NationsBenefits</a> for locations and additional information. Unused benefit dollars will expire at the end of each quarter.</p> <p>This benefit is not a replacement for your current standalone benefits and is designed to help offset out-of-pocket expenses. This flexible benefit is only for your personal use, cannot be sold or transferred, and has no cash value. Your card must be activated before you use your benefits. To activate your card, go to <a href="http://azblue.com/NationsBenefits/activate">azblue.com/NationsBenefits/activate</a>.</p>	<p><b>\$45</b> allowance per quarter</p>	<p><b>\$50</b> allowance per quarter</p>
<p><b>Rehabilitation Services</b></p> <p>Outpatient occupational therapy and speech language therapy rehabilitation services are provided in various outpatient settings. 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><b>May require a referral.</b> <b>May require prior authorization.</b></p>	<p>Copay per service type:</p> <p>Cardiac rehabilitation: <b>\$20 copay</b></p> <p>Pulmonary rehabilitation: <b>\$20 copay</b></p> <p>Occupational Therapy: <b>\$10 copay</b></p> <p>Speech Language Therapy: <b>\$10 copay</b></p>	<p>Copay per service type:</p> <p>Cardiac rehabilitation: <b>\$30 copay</b></p> <p>Pulmonary rehabilitation: <b>\$20 copay</b></p> <p>Occupational Therapy: <b>\$10 copay</b></p> <p>Speech Language Therapy: <b>\$10 copay</b></p>

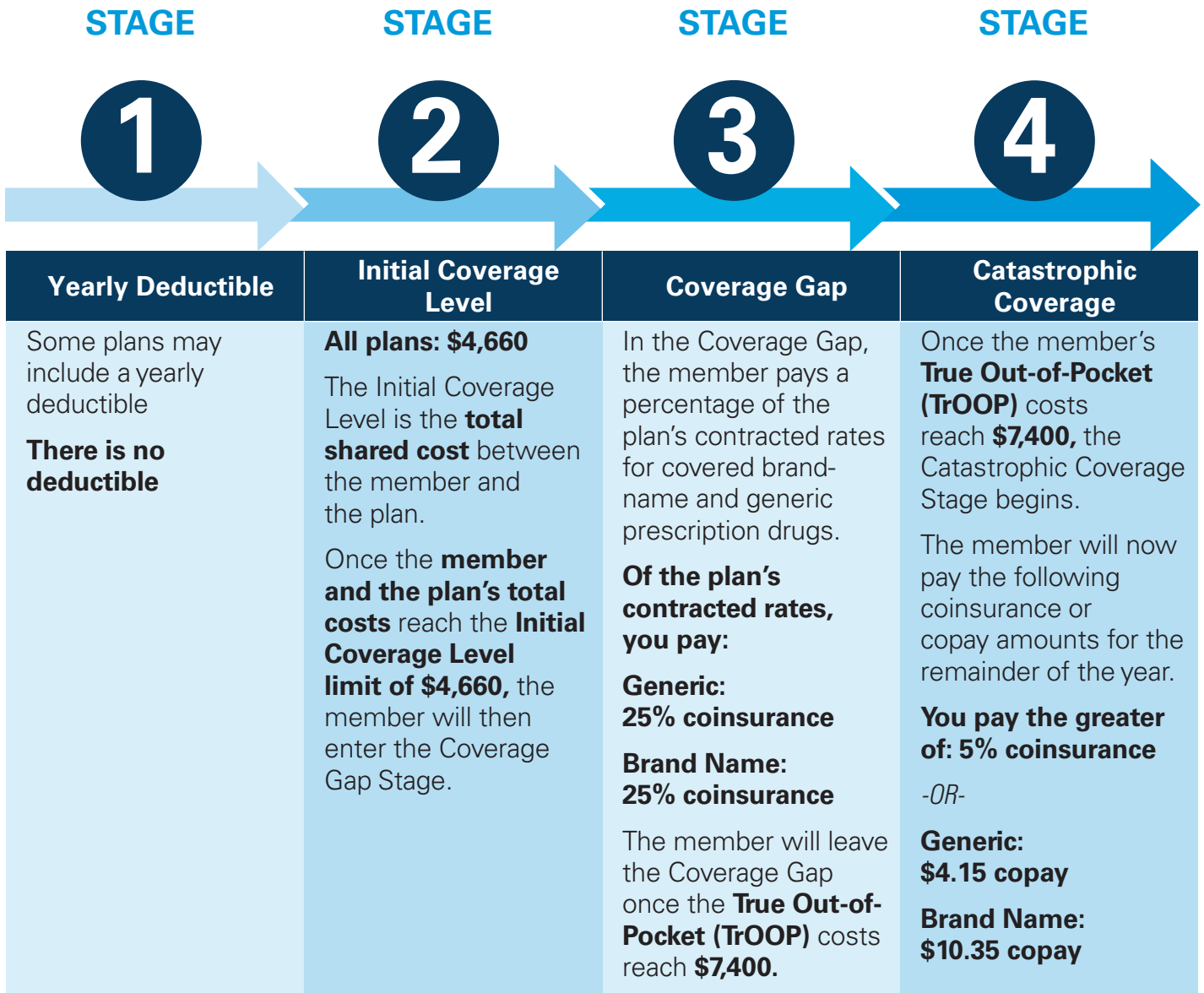
Premiums and Benefits	BluePathway Plan 1 (HMO) H6936-006	BluePathway Plan 2 (HMO) H6936-003
	Maricopa County	
<p><b>Therapeutic Massage Services</b> (Non-Medicare Covered)</p> <p>Plan covers routine care between chiropractic, acupuncture, and therapeutic massage per year. You must use an American Specialty Health (ASH) therapeutic massage provider.</p> <p><b>May require prior authorization.</b></p>	<p><b>\$30</b> copay for 20 combined visits</p>	<p><b>\$15</b> copay for 30 combined visits</p>
<p><b>Fitness Programs</b></p> <p>The Silver&amp;Fit® program has Something for Everyone®. The Healthy Aging and Exercise Program offers the following at no cost to you:</p> <ul style="list-style-type: none"> <li>• Workout Plans: Receive a customized workout plan by answering a few online questions.</li> <li>• Digital Workouts: View on-demand videos through the website and mobile app digital workout library, including Silver&amp;Fit Signature Series Classes®.</li> <li>• Fitness Center Membership: Visit participating fitness centers or YMCAs near you that take part in the program.*</li> <li>• Home Fitness Kits: Receive one Home Fitness Kit per benefit year from a variety of fitness categories.</li> <li>• Well-Being Club: Visit <b>SilverandFit.com</b> to set your preferences for well-being topics and see resources (including Social Clubs**) tailored to your interests and healthy habit goals.</li> </ul>	<p><b>You pay nothing*</b></p>	<p><b>You pay nothing*</b></p>

Premiums and Benefits	BluePathway Plan 1 (HMO) H6936-006	BluePathway Plan 2 (HMO) H6936-003
Maricopa County		
<p><b>Fitness Programs (continued)</b></p> <ul style="list-style-type: none"> <li>• Healthy Aging Coaching: Participate in telephone sessions with a trained coach to discuss topics like exercise, nutrition, social isolation, and brain health.</li> <li>• Track your activity with the Silver&amp;Fit Connected!™ tool. Also earn rewards for reaching new activity milestones.</li> </ul> <p>*Non-standard membership services calling for added fees are not part of the Silver&amp;Fit program and will not be reimbursed.</p> <p>**ASH Fitness has no affiliations, interest, endorsements, or sponsorships with any of the organizations or clubs. Some clubs may require a fee to join. Such fees are not part of the Silver&amp;Fit programs and will not be reimbursed by ASH Fitness. The Silver&amp;Fit program is provided by American Specialty Health Fitness, Inc., a subsidiary of American Specialty Health Incorporated (ASH). Limitations and restrictions may apply. Participating facilities and fitness chains may vary by location and are subject to change. Kits and rewards are subject to change.</p>	<p><b>You pay nothing*</b></p>	<p><b>You pay nothing*</b></p>

# 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 certain 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 \$7,400. 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.”

# What You Pay as a Member of This Plan

**Maricopa County  
and Pinal County**

Blue Medicare Advantage Classic (HMO) (H0302-006)

\$0 Monthly Premium



Yearly Deductible Stage	Initial Coverage Stage Up to \$4,660 spent towards covered drugs – based on the <b>total shared</b> cost between you and the Plan		Coverage Gap Stage This stage begins when the <b>total shared</b> drug costs reach \$4,660	Catastrophic Coverage Stage This stage begins when <b>your total out-of-pocket</b> drug costs reach \$7,400
	30-Day Supply	Extended-Day Supply (Retail or Mail Order)		
Because we have no deductible, this payment stage does not apply to you.				
<b>Tier 1:</b> Preferred Generic	\$0	\$0 (100-day supply)	Generics 25%	Pay the greater of 5% coinsurance  - OR -  Generic \$4.15  Brand Name \$10.35
<b>Tier 2:</b> Generic	\$9	\$9 (100-day supply)		
<b>Tier 3:</b> Preferred Brand	\$47	\$141	Brands 25%	
<b>Tier 4:</b> Non-Preferred Brand	\$100	\$300		
<b>Tier 5:</b> Specialty	33%	Not Offered		
<b>Tier 6:</b> Part D Vaccines	\$0	\$0		

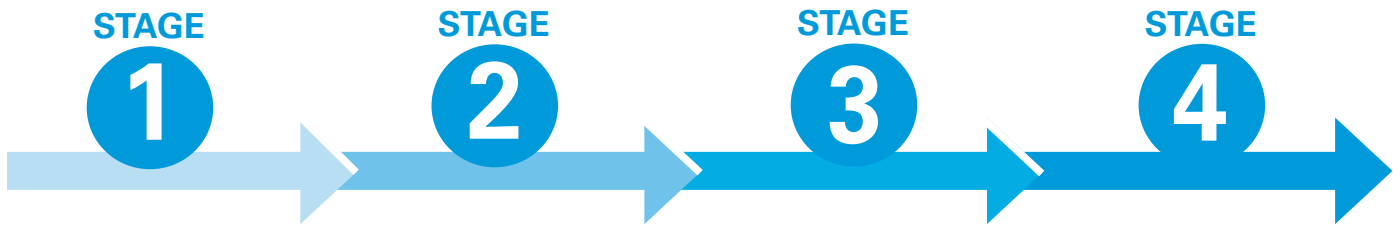


# What You Pay as a Member of This Plan

**Maricopa County  
and Pinal County**

Blue Medicare Advantage Plus (HMO) (H0302-001)

\$51 Monthly Premium



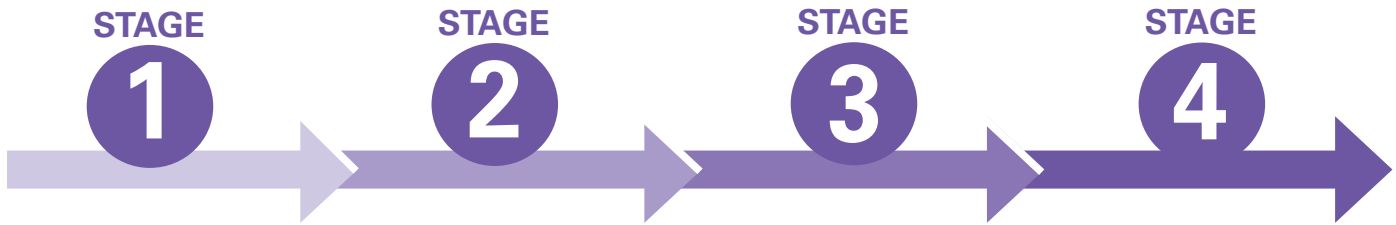
Yearly Deductible Stage	Initial Coverage Stage		Coverage Gap Stage	Catastrophic Coverage Stage
	30-Day Supply	Extended-Day Supply (Retail or Mail Order)		
Up to \$4,660 spent towards covered drugs – based on the <b>total shared</b> cost between you and the Plan			Up to \$4,660 spent towards covered drugs – based on the <b>total shared</b> cost between you and the Plan	Up to \$4,660 spent towards covered drugs – based on the <b>total shared</b> cost between you and the Plan
Because we have no deductible, this payment stage does not apply to you.			This stage begins when the <b>total shared</b> drug costs reach \$4,660	This stage begins when <b>your total out-of-pocket</b> drug costs reach \$7,400
<b>Tier 1:</b> Preferred Generic	\$0	\$0 (100-day supply)	Generics 25%	Pay the greater of 5% coinsurance  - OR -  Generic \$4.15  Brand Name \$10.35
<b>Tier 2:</b> Generic	\$9	\$9 (100-day supply)		
<b>Tier 3:</b> Preferred Brand	\$47	\$141	Brands 25%	
<b>Tier 4:</b> Non-Preferred Brand	\$100	\$300		
<b>Tier 5:</b> Specialty	33%	Not Offered		
<b>Tier 6:</b> Part D Vaccines	\$0	\$0		

# What You Pay as a Member of This Plan

Maricopa County

\$0 Monthly Premium

## BluePathway Plan 1 (HMO) (H6936-006)



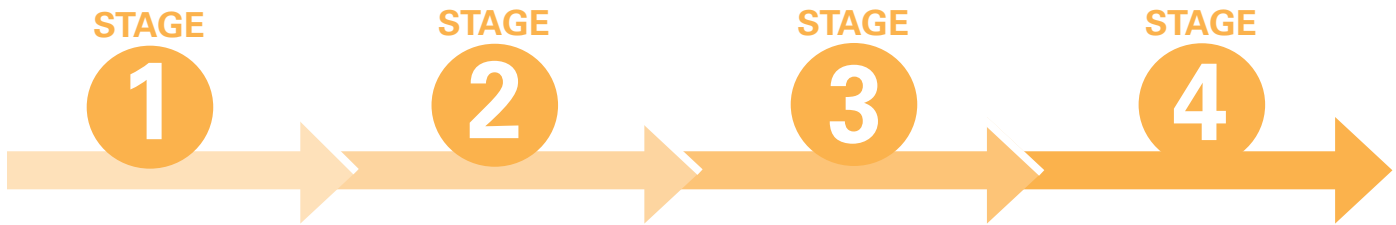
Yearly Deductible Stage	Initial Coverage Stage		Coverage Gap Stage	Catastrophic Coverage Stage
	30-Day Supply	Extended-Day Supply (Retail or Mail Order)		
<p>Up to \$4,660 spent towards covered drugs – based on the <b>total shared</b> cost between you and the Plan</p> <p>Because we have no deductible, this payment stage does not apply to you.</p>			<p>This stage begins when the <b>total shared</b> drug costs reach \$4,660</p>	<p>This stage begins when <b>your total out-of-pocket</b> drug costs reach \$7,400</p>
<p><b>Tier 1:</b> Preferred Generic</p> <p><b>Tier 2:</b> Generic</p> <p><b>Tier 3:</b> Preferred Brand</p> <p><b>Tier 4:</b> Non-Preferred Brand</p> <p><b>Tier 5:</b> Specialty</p> <p><b>Tier 6:</b> Part D Vaccines</p>	<p>\$0</p> <p>\$7</p> <p>\$47</p> <p>\$100</p> <p>33%</p> <p>\$0</p>	<p>\$0 (100-day supply)</p> <p>\$7 (100-day supply)</p> <p>\$141</p> <p>\$300</p> <p>Not Offered</p> <p>\$0</p>	<p>Generics 25%</p> <p>Brands 25%</p>	<p>Pay the greater of 5% coinsurance</p> <p>- OR -</p> <p>Generic \$4.15</p> <p>Brand Name \$10.35</p>

# What You Pay as a Member of This Plan

Maricopa County

\$0 Monthly Premium

## BluePathway Plan 2 (HMO) (H6936-003)



Yearly Deductible Stage	Initial Coverage Stage		Coverage Gap Stage	Catastrophic Coverage Stage
	30-Day Supply	Extended-Day Supply (Retail or Mail Order)		
<p>Up to \$4,660 spent towards covered drugs – based on the <b>total shared</b> cost between you and the Plan</p> <p>This stage begins when the <b>total shared</b> drug costs reach \$4,660</p> <p>This stage begins when <b>your total out-of-pocket</b> drug costs reach \$7,400</p>				
<p>Because we have no deductible, this payment stage does not apply to you.</p>				
<p><b>Tier 1:</b> Preferred Generic</p> <p><b>Tier 2:</b> Generic</p> <p><b>Tier 3:</b> Preferred Brand</p> <p><b>Tier 4:</b> Non-Preferred Brand</p> <p><b>Tier 5:</b> Specialty</p> <p><b>Tier 6:</b> Part D Vaccines</p>	<p>\$0</p> <p>\$7</p> <p>\$47</p> <p>\$100</p> <p>33%</p> <p>\$0</p>	<p>\$0 (100-day supply)</p> <p>\$7 (100-day supply)</p> <p>\$141</p> <p>\$300</p> <p>Not Offered</p> <p>\$0</p>	<p>Generics 25%</p> <p>Brands 25%</p>	<p>Pay the greater of 5% coinsurance</p> <p>- OR -</p> <p>Generic \$4.15</p> <p>Brand Name \$10.35</p>

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.

BCBSAZ offers BluePathway HMO and BlueJourney PPO Medicare Advantage plans. BCBSAZ Advantage, a separate but wholly owned subsidiary of BCBSAZ, offers Blue Medicare Advantage Standard, Classic, and Plus HMO plans.

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.

## Multi-language Interpreter Services

**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 1-800-446-8331. Someone who speaks English/Language 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 1-800-446-8331. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Chinese Mandarin:** 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-800-446-8331。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 1-800-446-8331。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

**Tagalog:** Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-800-446-8331. 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 1-800-446-8331. 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 1-800-446-8331 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 1-800-446-8331. 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 1-800-446-8331 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

**Russian:** Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-800-446-8331. 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 بمساعدتك. هذه خدمة مترجم فوري، ليس عليك سوى الاتصال بنا على 1-800-446-8331. سيقوم شخص ما يتحدث العربية مجاناً.

**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 1-800-446-8331 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 1-800-446-8331. 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 1-800-446-8331. 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 1-800-446-8331. 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 1-800-446-8331. 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、1-800-446-8331. 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。

**Navajo:** T'áá hait'éeego da ats'íís baa'áhayá doodago azee' aanídaa'níí níhinaaltsoos bee hadadít'éhígíí bąq̄h na'ídikid nee hólq̄ogo da nihi éí ata' halne'í bee áka'anída'awo'í t'áá jíik'eh nihee hólq̄. Ata' halne'í ta' yínikeedg kohjji' 1-800-446-8331 nihich'j'í hodílnih. T'áá háida Bilagáana Bizaad yee yátti'ígíí ta' níká'iilyeed dooleet. Díí t'áá jíik'eh bee níká'iilyeed dooleet.









## **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.

[azblue.com/medicare](https://azblue.com/medicare)



An Independent Licensee of the Blue Cross Blue Shield Association