DO YOU HAVE MEDICARE **AND AHCCCS?**

Receive additional health benefits at \$0 with Health Choice Generations. You Deserve It!

OUR EXTRA BENEFITS INCLUDE:



\$2,000 Dental Allowance

- Comprehensive/preventive dental care including 2 exams and 2 cleanings per year (one every 6-months)
- 1 dental x-ray



\$300 Vision Allowance

- Eyeglasses (frames and lenses) OR contact lenses every year
- 1 routine eye exam per year.



\$1,500 Hearing Allowance

- Hearing aid and fitting every 3 years PLUS one routine hearing exam per year.
- \$400 Over-The-Counter Items Allowance Annually
- **4 Podiatry Visits Annually**



12 Chiropractic Visits Annually

CALL YOUR LOCAL, LICENSED INSURANCE AGENT TODAY! Ralph Bredahl 602-390-8573

www.HCGenerations.com



H5587 2018 48 CMS accepted 10/15/2017



Your Health Care Buddy

AHCCCS

Member Identification Card ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

JOHN DOE

000-00-0000-A

HEALTH INSUR

MALE

HOSPITAL (PART A) 01-01-2007 MEDICAL (PART B) 01-01-2007

AHCCCS ID #: Member Name: Pharmacists Call: Health Plan Name

Health Choice Generations understands the importance of staying healthy. We care about your health! That is why we assign every member their very own Health Care Buddy. Your Buddy will help you with your health care needs. Your Buddy is just a phone call away!



All Medicare covered preventive services are \$0.



Enroll year-round!

You may be eligible for a special election period.

Health Choice Generations HMO SNP is a Coordinated Care Plan with a Medicare contract and a contract with the Medicaid program (AHCCCS). This plan is available to anyone who has both Medical Assistance from the state (AHCCCS) and Medicare Parts A & B. Enrollment in Health Choice Generations HMO SNP depends on contract renewal. This information is not a complete description of benefits. Contact the plan for more information. Limitations, co-payments and restrictions may apply. Copayments, coinsurance and deductibles may vary depending on the amount of Extra Help you receive. Please contact the plan for further details. Benefits, copayments, coinsurance and deductibles may change January 1 of each year.

This information is available for free in other languages. Please call our Member Services number at 1-800-656-8991 (TTY users should call 711). Hours are 7 days a week, 8 a.m. to 8 p.m.

Esta información está disponible de forma gratuita en otros idiomas. Por favor, comunicase con nuestro Departamento de Servicios al Miembro llamando al 1-800-656-8991 (Los usuarios de TTY deben llamar al 711). Estan disponibles 7 días a la semana, de 8 a.m. a 8 p.m.

Health Choice Generations HMO SNP complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Health Choice Generations HMO SNP cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.

Health Choice Generations HMO SNP bik'ehgo hójil'ínígíí bidadeeti'ígíí Wááshindoon t'áá át'é bilá'ashdla'ii bee bá ádahaazt'i'ígíí bibee haz'áanii dóó doo ak'íji' nitsáhákees da díí ninahji' al'áá dadine'é, dine'é bikágí át'ehígíí, binááhai'ígíí, nazhnitl'ago da, éí doodaii' asdzání dóó diné át'ehígíí.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-656-8991 (TTY: 711).

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

Díí baa akó nínízin: Díí saad bee yáníłti'go **Diné Bizaad**, saad bee áká'ánída'áwo'dę́ę', t'áá jiik'eh, éí ná hóló, kojį' hódíílnih 1-800-656-8991 (TTY: 711)

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