



Experience the Maricopa  
Care Advantage (HMO SNP)  
*difference!*



# 2011 Summary of Benefits

# SECTION 1 – Introduction to the Summary of Benefits Report for **MARICOPA CARE ADVANTAGE (HMO SNP)**

January 1, 2011 – December 31, 2011

## **MARICOPA COUNTY**

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Thank you for your interest in Maricopa Care Advantage (HMO SNP). Our plan is offered by UPH/MIHS VENTURES L.L.C./University Physicians/Maricopa Care Advantage, a Medicare Advantage Health Maintenance Organization (HMO) Special Needs Plan (SNP). This plan is designed for people who meet specific enrollment criteria.

You may be eligible to join this plan if you receive assistance from the state and Medicare.

All cost sharing in this summary of benefits is based on your level of Medicaid eligibility.

Please call Maricopa Care Advantage (HMO SNP) to find out if you are eligible to join. Our number is listed at the end of this introduction.

This Summary of Benefits tells you some features of our plan. It doesn't list every service we cover or list every limitation or exclusion. To get a complete list of our benefits, please call Maricopa Care Advantage (HMO SNP) and ask for the "Evidence of Coverage."

### **YOU HAVE CHOICES IN YOUR HEALTH CARE**

As a Medicare beneficiary, you can choose from different Medicare options. One option is the Original (fee-for-service) Medicare Plan. Another option is a Medicare health plan, like Maricopa Care Advantage (HMO SNP). You may have other options too. You make the choice. No matter what you decide, you are still in the Medicare Program.

If you are eligible for both Medicare and Medicaid (dual eligible) you may join or leave a plan at any time.

Please call Maricopa Care Advantage (HMO SNP) at the number listed at the end of this introduction or 1-800-MEDICARE (1-800-633-4227) for more information. TTY/TDD users should call 1-877-486-2048. You can call this number 24 hours a day, 7 days a week.

### **HOW CAN I COMPARE MY OPTIONS?**

You can compare Maricopa Care Advantage (HMO SNP) and the Original Medicare Plan using this Summary of Benefits. The charts in this booklet list some important health benefits. For each benefit, you can see what our plan covers and what the Original Medicare Plan covers.

Our members receive all of the benefits that the Original Medicare Plan offers. We also offer more benefits, which may change from year to year.

### **WHERE IS MARICOPA CARE ADVANTAGE (HMO SNP) AVAILABLE?**

The service area for this plan includes: Maricopa County, Arizona. You must live in this area to join this plan.

### **WHO IS ELIGIBLE TO JOIN MARICOPA CARE ADVANTAGE (HMO SNP)?**

You can join Maricopa Care Advantage (HMO SNP) if you are entitled to Medicare Part A and enrolled in Medicare Part B and live in the service area.

However, individuals with End Stage Renal Disease generally are not eligible to enroll in Maricopa Care Advantage (HMO SNP) unless they are members of our organization and have been since their dialysis began.

You must also receive assistance from the state to join this plan.

Please call plan to see if you are eligible to join.

### **CAN I CHOOSE MY DOCTORS?**

Maricopa Care Advantage (HMO SNP) has formed a network of doctors, specialists, and hospitals. You can only use doctors who are part of our network. The health providers in our network can change at any time.

You can ask for a current Provider Directory or for an up-to-date list visit us at [www.mcareaz.com](http://www.mcareaz.com) and [www.upcareaz.com](http://www.upcareaz.com).

Our Customer Care number is listed at the end of this introduction.

## **WHAT HAPPENS IF I GO TO A DOCTOR WHO'S NOT IN YOUR NETWORK?**

If you choose to go to a doctor outside of our network, you must pay for these services yourself except in limited situations (for example, emergency care). Neither the plan nor the Original Medicare Plan will pay for these services.

## **WHERE CAN I GET MY PRESCRIPTIONS IF I JOIN THIS PLAN?**

Maricopa Care Advantage (HMO SNP) has formed a network of pharmacies. You must use a network pharmacy to receive plan benefits. We may not pay for your prescriptions if you use an out-of-network pharmacy, except in certain cases. The pharmacies in our network can change at any time. You can ask for a pharmacy directory or visit us at [www.express-scripts.com](http://www.express-scripts.com). Our Customer Care number is listed at the end of this introduction.

## **DOES MY PLAN COVER MEDICARE PART B OR PART D DRUGS?**

Maricopa Care Advantage (HMO SNP) does cover both Medicare Part B prescription drugs and Medicare Part D prescription drugs.

## **WHAT IS A PRESCRIPTION DRUG FORMULARY?**

Maricopa Care Advantage (HMO SNP) uses a formulary. A formulary is a list of drugs covered by your plan to meet patient needs. We may periodically add, remove, or make changes to coverage limitations on certain drugs or change how much you pay for a drug. If we make any formulary change that limits our members' ability to fill their prescriptions, we will notify the affected enrollees before the change is made. We will send a formulary to you and you can see our complete formulary on our Web site at [www.express-scripts.com](http://www.express-scripts.com).

If you are currently taking a drug that is not on our formulary or subject to additional requirements or limits, you may be able to get a temporary supply of the drug. You can contact us to request an exception or switch to an alternative drug listed on

our formulary with your physician's help. Call us to see if you can get a temporary supply of the drug or for more details about our drug transition policy.

## **HOW CAN I GET EXTRA HELP WITH MY PRESCRIPTION DRUG PLAN COSTS OR GET EXTRA HELP WITH OTHER MEDICARE COSTS?**

You may be able to get extra help to pay for your prescription drug premiums and costs as well as get help with other Medicare costs. To see if you qualify for getting extra help, call:

- \* 1-800-MEDICARE (1-800-633-4227). TTY/TDD users should call 1-877-486-2048, 24 hours a day/7 days a week; and see [www.medicare.gov](http://www.medicare.gov) 'Programs for People with Limited Income and Resources' in the publication Medicare & You.
- \* The Social Security Administration at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY/TDD users should call 1-800-325-0778; or

\* Your State Medicaid Office.

## **WHAT ARE MY PROTECTIONS IN THIS PLAN?**

All Medicare Advantage Plans agree to stay in the program for a full year at a time. Each year, the plans decide whether to continue for another year. Even if a Medicare Advantage Plan leaves the program, you will not lose Medicare coverage. If a plan decides not to continue, it must send you a letter at least 90 days before your coverage will end. The letter will explain your options for Medicare coverage in your area.

As a member of Maricopa Care Advantage (HMO SNP), you have the right to request an organization determination, which includes the right to file an appeal if we deny coverage for an item or service, and the right to file a grievance. You have the right to request an organization determination if you want us to provide or pay for an item or service that you believe should be covered. If we deny coverage for your requested item or service, you have the right to appeal and ask us to review our decision. You may ask us for an expedited (fast) coverage determination or appeal if you believe

that waiting for a decision could seriously put your life or health at risk, or affect your ability to regain maximum function. If your doctor makes or supports the expedited request, we must expedite our decision. Finally, you have the right to file a grievance with us if you have any type of problem with us or one of our network providers that does not involve coverage for an item or service. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state. Please refer to the Evidence of Coverage (EOC) for the QIO contact information.

As a member of Maricopa Care Advantage (HMO SNP), you have the right to request a coverage determination, which includes the right to request an exception, the right to file an appeal if we deny coverage for a prescription drug, and the right to file a grievance. You have the right to request a coverage determination if you want us to cover a Part D drug that you believe should be covered. An exception is a type of coverage determination. You may ask us for an exception if you believe you need a drug that is not on our list of covered drugs or believe you should get a non-preferred drug at a lower out-of-pocket cost. You can also ask for an exception to cost utilization rules, such as a limit on the quantity of a drug. If you think you need an exception, you should contact us before you try to fill your prescription at a pharmacy. Your doctor must provide a statement to support your exception request. If we deny coverage for your prescription drug(s), you have the right to appeal and ask us to review our decision. Finally, you have the right to file a grievance if you have any type of problem with us or one of our network pharmacies that does not involve coverage for a prescription drug. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state. Please refer to the Evidence of Coverage (EOC) for the QIO contact information.

### **WHAT IS A MEDICATION THERAPY MANAGEMENT (MTM) PROGRAM?**

A Medication Therapy Management (MTM) Program is a free service we offer. You may be invited to participate in a program designed for your specific

health and pharmacy needs. You may decide not to participate but it is recommended that you take full advantage of this covered service if you are selected. Contact Maricopa Care Advantage (HMO SNP) for more details.

### **WHAT TYPES OF DRUGS MAY BE COVERED UNDER MEDICARE PART B?**

Some outpatient prescription drugs may be covered under Medicare Part B. These may include, but are not limited to, the following types of drugs. Contact Maricopa Care Advantage (HMO SNP) for more details.

- Some Antigens: If they are prepared by a doctor and administered by a properly instructed person (who could be the patient) under doctor supervision.
- Osteoporosis Drugs: Injectable drugs for osteoporosis for certain women with Medicare.
- Erythropoietin (Epoetin Alfa or Epogen®): By injection if you have end-stage renal disease (permanent kidney failure requiring either dialysis or transplantation) and need this drug to treat anemia.
- Hemophilia Clotting Factors: Self-administered clotting factors if you have hemophilia.
- Injectable Drugs: Most injectable drugs administered incident to a physician's service.
- Immunosuppressive Drugs: Immunosuppressive drug therapy for transplant patients if the transplant was paid for by Medicare, or paid by a private insurance that paid as a primary payer to your Medicare Part A coverage, in a Medicare-certified facility.
- Some Oral Cancer Drugs: If the same drug is available in injectable form.
- Oral Anti-Nausea Drugs: If you are part of an anti-cancer chemotherapeutic regimen.
- Inhalation and Infusion Drugs provided through DME.

### **WHERE CAN I FIND INFORMATION ON PLAN RATINGS?**

The Medicare program rates how well plans perform in different categories (for example, detecting and preventing illness, ratings from patients and Customer Care). If you have access to the web, you may use the web tools on

[www.medicare.gov](http://www.medicare.gov) and select “Compare Medicare Prescription Drug Plans” or “Compare Health Plans and Medigap Policies in Your Area” to compare the plan ratings for Medicare plans in your area. You can also call us directly to obtain a copy of the plan ratings for this plan. Our Customer Care number is listed below.

Please call Maricopa Care Advantage (HMO SNP) for more information about Maricopa Care Advantage (HMO SNP).

Visit us at [www.mcareaz.com](http://www.mcareaz.com) or, call us:

### **CUSTOMER CARE HOURS:**

Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, 8:00 a.m. - 8:00 p.m. Mountain Standard Time (MST)

Current members should call toll-free (877) 874-3935 for questions related to the Medicare Advantage Program. (TTY/TDD (800) 367-8939)

Prospective members should call toll-free (877) 874-3938 for questions related to the Medicare Advantage Program. (TTY/TDD (800) 367-8939)

Current members should call locally (520) 874-3935 for questions related to the Medicare Advantage Program. (TTY/TDD (866) 327-8877)

Prospective members should call locally (520) 874-3938 for questions related to the Medicare Advantage Program. (TTY/TDD (866) 327-8877)

Current members should call toll-free (877) 874-3935 for questions related to the Medicare Part D Prescription Drug program. (TTY/TDD (800) 367-8939)

Prospective members should call toll-free (877) 874-3938 for questions related to the Medicare Part D Prescription Drug program. (TTY/TDD (800) 367-8939)

Current members should call locally (520) 874-3935 for questions related to the Medicare Part D Prescription Drug program. (TTY/TDD (866) 327-8877)

Prospective members should call locally (520) 874-3938 for questions related to the Medicare Part D Prescription Drug program. (TTY/TDD (866) 327-8877)

For more information about Medicare, please call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call 24 hours a day, 7 days a week.

Or, visit [www.medicare.gov](http://www.medicare.gov) on the web.

This document may be available in a different format or language. For additional information, call our Customer Care Center at the phone number listed above.

Esta información está disponible en un formato diferente, o lenguaje diferente, entre ellos el español. Por favor llame a nuestro Departamento de Atención al Cliente al número que aparece arriba si necesita información acerca del plan en otro formato o idioma.

If you have special needs, this document may be available in other formats.

“A Health plan with a Medicare contract”

## SECTION 2 – Summary of Benefits Report for Contract H7352, Plan 003

Benefit Category	Original Medicare	Maricopa Care Advantage (HMO SNP)
<p><b><u>IMPORTANT INFORMATION</u></b></p> <p><b>1. Premium and Other Important Information</b></p>	<p>The Medicare cost sharing amount may vary based on your level of Medicaid eligibility.</p> <p>The monthly Part B Premium rates are based on your 2009 tax filing status detailed below.</p> <p>This plan covers all Medicare-covered preventive services with zero cost sharing.</p> <p>If a doctor or supplier does not accept assignment, their costs are often higher, which means you pay more.</p> <p>Most people will pay the standard monthly Part B premium. However, starting January 2011, some people will pay a higher premium because of their yearly income (over \$85,000 for singles, \$170,000 for married couples).</p> <p>File Individual Tax Return \$85,000 or below; File Joint Tax Return \$170,000 or below; Your Monthly Premium will be \$115.40.</p> <p>File Individual Tax Return \$85,001 - \$107,000; File Joint Tax Return \$170,001 - \$214,000; Your Monthly Premium will be \$161.50.</p> <p>File Individual Tax Return \$107,001 - \$160,000; File Joint Tax Return \$214,001 - \$320,000; Your Monthly Premium will be \$230.70.</p>	<p><b>General</b></p> <p>* All cost sharing in this summary of benefits is based on your level of Medicaid eligibility.</p> <p>\$0 for Medicare-covered preventive services.</p> <p>** Please consult with your plan about cost sharing when receiving services from out-of-network providers.</p> <p>\$27.30 monthly plan premium in addition to your monthly Medicare Part B premium.*</p> <p><b>In-Network</b></p> <p>\$0 deductible*</p> <p>\$6,700 out-of-pocket limit.</p> <p>This limit includes only Medicare-covered services.</p>

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Benefit Category	Original Medicare	Maricopa Care Advantage (HMO SNP)
	<p>File Individual Tax Return \$160,000 - \$214,000; File Joint Tax Return \$320,001 - \$428,000; Your Monthly Premium will be \$299.90.</p> <p>File Individual Tax Return Above \$214,000; File Joint Tax Return Above \$428,000; Your Monthly Premium will be \$369.10.</p> <p>For more information about Part B premiums based on income, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You may also call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.</p>	
<p><b>2. Doctor and Hospital Choice</b> (For more information, see Emergency Care – #15 and Urgently Needed Care – #16.)</p>	<p>You may go to any doctor, specialist or hospital that accepts Medicare.</p>	<p><b>In-Network</b> You must go to network doctors, specialists, and hospitals.</p> <p>Referral required for network hospitals and specialists (for certain benefits).</p>

## SECTION 2 – Summary of Benefits Report for Contract H7352, Plan 003

Benefit Category	Original Medicare	Maricopa Care Advantage (HMO SNP)
<p><b>SUMMARY OF BENEFITS</b></p>		
<p><b>INPATIENT CARE</b></p>		
<p><b>3. Inpatient Hospital Care</b> (includes Substance Abuse and Rehabilitation Services)</p>	<p>For each benefit period, \$0 or:  Days 1 - 60: \$1,132 deductible*  Days 61 - 90: \$283 per day*  Days 91 - 150: \$566 per lifetime reserve day*</p> <p>Call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days.</p> <p>Lifetime reserve days can only be used once.</p> <p>A “benefit period” starts the day you go into a hospital or skilled nursing facility. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. There is no limit to the number of benefit periods you can have.</p>	<p><b>In-Network</b>  Plan covers 90 days each benefit period.</p> <p>The amounts for each benefit period, \$0 or:  Days 1 - 60: \$1,132 deductible*  Days 61 - 90: \$283 per day*  Days 91 - 150: \$566 per lifetime reserve day*</p> <p>You will not be charged additional cost sharing for professional services.</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>

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Benefit Category	Original Medicare	Maricopa Care Advantage (HMO SNP)
<p><b>4. Inpatient Mental Health Care</b></p>	<p>Same deductible and copay as inpatient hospital care (see “Inpatient Hospital Care” above).</p> <p>190 day lifetime limit in a Psychiatric Hospital.</p>	<p><b>In-Network</b> You get up to 190 days in a Psychiatric Hospital in a lifetime.</p> <p>Same deductible and copay as inpatient hospital care (see “Inpatient Hospital Care”)</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>
<p><b>5. Skilled Nursing Facility (SNF)</b> (in a Medicare-certified skilled nursing facility)</p>	<p>In 2010 the amounts for each benefit period after at least a 3-day covered hospital stay are: Days 1 - 20: \$0 per day* Days 21 - 100: \$0 or \$141.50 per day*</p> <p>100 days for each benefit period.</p> <p>A “benefit period” starts the day you go into a hospital or SNF. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. There is no limit to the number of benefit periods you can have.</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> Plan covers up to 100 days each benefit period</p> <p>3-day prior hospital stay is required.</p> <p>In 2010 the amounts for each benefit period after at least a 3-day covered hospital stay are: Days 1 - 20: \$0 per day* Days 21 - 100: \$0 or \$141.50 per day*</p> <p>You will not be charged additional cost sharing for professional services.</p>

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Benefit Category	Original Medicare	Maricopa Care Advantage (HMO SNP)
<p><b>6. Home Health Care</b> (includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)</p>	<p>\$0 copay.</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$0 copay for Medicare-covered home health visits.*</p>
<p><b>7. Hospice</b></p>	<p>You pay part of the cost for outpatient drugs and you may pay part of the cost for inpatient respite care.</p> <p>You must get care from a Medicare-certified hospice.</p>	<p><b>General</b> You must get care from a Medicare-certified hospice.</p>
<p><b><u>OUTPATIENT CARE</u></b></p> <p><b>8. Doctor Office Visits</b></p>	<p>0% or 20% coinsurance</p> <p><b>In-Network</b> \$0 copay for each Medicare-covered HIV screening.</p> <p>HIV screening is covered for people with Medicare who are pregnant and people at increased risk for the infection, including anyone who asks for the test. Medicare covers this test once every 12 months or up to three times during a pregnancy.</p>	<p><b>General</b> Authorization rules may apply.</p> <p>HIV screening is covered for people with Medicare who are pregnant and people at increased risk for the infection, including anyone who asks for the test. Medicare covers this test once every 12 months or up to three times during a pregnancy. Please contact plan for details.</p> <p><b>In-Network</b> 0% or 20% of the cost for each primary care doctor visit for Medicare-covered benefits.*</p> <p>0% or 20% of the cost for each in-area, network urgent care Medicare-covered visit.*</p> <p>0% or 20% of the cost for each specialist visit for Medicare-covered benefits.*</p>

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Benefit Category	Original Medicare	Maricopa Care Advantage (HMO SNP)
<b>9. Chiropractic Services</b>	<p>Routine care not covered</p> <p>0% or 20% coinsurance for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> 0% or 20% of the cost for each Medicare-covered visit.*</p> <p>Medicare-covered chiropractic visits are for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.</p>
<b>10. Podiatry Services</b>	<p>Routine care not covered.</p> <p>0% or 20% coinsurance for medically necessary foot care, including care for medical conditions affecting the lower limbs.</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> 0% or 20% of the cost for each Medicare-covered visit.*</p> <p>Medicare-covered podiatry benefits are for medically-necessary foot care.</p>
<b>11. Outpatient Mental Health Care</b>	<p>0% or 45% coinsurance for most outpatient mental health services.</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> 0% or 45% of the cost for each Medicare-covered individual or group therapy visit.*</p>
<b>12. Outpatient Substance Abuse Care</b>	<p>0% or 20% coinsurance</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> 0% or 45% of the cost for each Medicare-covered individual or group therapy visit.*</p>

## SECTION 2 – Summary of Benefits Report for Contract H7352, Plan 003

Benefit Category	Original Medicare	Maricopa Care Advantage (HMO SNP)
<p><b>13. Outpatient Services/ Surgery</b></p>	<p>0% or 20% coinsurance for the doctor</p> <p>Specified copayment for outpatient hospital facility charges. Copay cannot exceed Part A inpatient hospital deductible.</p> <p>0% or 20% coinsurance for ambulatory surgical center facility charges.</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> 0% or 20% of the cost for each Medicare-covered ambulatory surgical center visit.*</p> <p>0% or 20% of the cost for each Medicare-covered outpatient hospital facility visit.*</p>
<p><b>14. Ambulance Services</b> (medically necessary ambulance services)</p>	<p>0% or 20% coinsurance</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> 0% or 20% of the cost for Medicare-covered ambulance benefits.*</p>
<p><b>15. Emergency Care</b> (You may go to any emergency room if you reasonably believe you need emergency care.)</p>	<p>0% or 20% coinsurance for the doctor</p> <p>Specified copayment for outpatient hospital emergency room (ER) facility charge.</p> <p>ER Copay cannot exceed Part A inpatient hospital deductible.</p> <p>You don't have to pay the emergency room copay if you are admitted to the hospital for the same condition within 3 days of the emergency room visit</p> <p>Not covered outside the U.S. except under limited circumstances.</p>	<p><b>General</b> 0% or 20% of the cost (up to \$50) for Medicare-covered emergency room visits*</p> <p>Not covered outside the U.S. except under limited circumstances. Contact the plan for more details.</p> <p>If you are admitted to the hospital within 3-day(s) for the same condition, you pay \$0 for the emergency room visit.</p>

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Benefit Category	Original Medicare	Maricopa Care Advantage (HMO SNP)
<p><b>16. Urgently Needed Care</b> (This is NOT emergency care, and in most cases, is out of the service area.)</p>	0% or 20% coinsurance	<p><b>General</b> 0% or 20% of the cost for Medicare-covered urgently needed care visits.*</p>
<p><b>17. Outpatient Rehabilitation Services</b> (Occupational Therapy, Physical Therapy, Speech and Language Therapy, Respiratory Therapy Services, Social/Psychological Services, and more)</p>	0% or 20% coinsurance	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> There may be limits on physical therapy, occupational therapy, and speech and language pathology services. If so, there may be exceptions to these limits.</p> <p>0% or 20% of the cost for Medicare-covered Occupational Therapy visits.*</p> <p>0% or 20% of the cost for Medicare-covered Physical and/or Speech and Language Therapy visits.*</p> <p>0% or 20% of the cost for Medicare-covered Cardiac Rehab services.*</p>
<p><b><u>OUTPATIENT MEDICAL SERVICES AND SUPPLIES</u></b></p> <p><b>18. Durable Medical Equipment</b> (includes wheelchairs, oxygen, etc.)</p>	0% or 20% coinsurance	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> 0% or 20% of the cost for Medicare-covered items.*</p>
<p><b>19. Prosthetic Devices</b> (includes braces, artificial limbs and eyes, etc.)</p>	0% or 20% coinsurance	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> 0% or 20% of the cost for Medicare-covered items.*</p>

## SECTION 2 – Summary of Benefits Report for Contract H7352, Plan 003

Benefit Category	Original Medicare	Maricopa Care Advantage (HMO SNP)
<p><b>20. Diabetes Self-Monitoring Training, Nutrition Therapy, and Supplies</b> (includes coverage for glucose monitors, test strips, lancets, screening tests, self-management training, retinal exam/glaucoma test, and foot exam/therapeutic soft shoes)</p>	<p>0% or 20% coinsurance</p> <p>Nutrition therapy is for people who have diabetes or kidney disease (but aren't on dialysis or haven't had a kidney transplant) when referred by a doctor. These services can be given by a registered dietitian or include a nutritional assessment and counseling to help you manage your diabetes or kidney disease.</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$0 copay for Diabetes self-monitoring training.*</p> <p>\$0 copay for Nutrition Therapy for Diabetes.*</p> <p>0% or 20% of the cost for Diabetes supplies.*</p>
<p><b>21. Diagnostic Tests, X-Rays, Lab Services, and Radiology Services</b></p>	<p>0% or 20% coinsurance for diagnostic tests and x-rays</p> <p>0% of the cost for Medicare-covered lab services</p> <p>Lab Services: Medicare covers medically necessary diagnostic lab services that are ordered by your treating doctor when they are provided by a Clinical Laboratory Improvement Amendments (CLIA) certified laboratory that participates in Medicare. Diagnostic lab services are done to help your doctor diagnose or rule out a suspected illness or condition. Medicare does not cover most routine screening tests, like checking your cholesterol.</p> <p>\$0 copay for the HIV screening, but you generally pay 0% or 20% of the Medicare-approved amount for the doctor's visit.</p> <p>HIV screening is covered for people with Medicare who are pregnant and people at increased risk for the infection,</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> 0% of the cost for Medicare-covered lab services.*</p> <p>0% or 0% to 20% of the cost for Medicare-covered diagnostic procedures and tests.*</p> <p>0% or 20% of the cost for Medicare-covered X-rays.*</p> <p>0% or 20% of the cost for Medicare-covered diagnostic radiology services (not including x-rays).*</p> <p>0% or 20% of the cost for Medicare-covered therapeutic radiology services.*</p>

## SECTION 2 – Summary of Benefits Report for Contract H7352, Plan 003

Benefit Category	Original Medicare	Maricopa Care Advantage (HMO SNP)
<p><b>21. Diagnostic Tests, X-Rays, Lab Services, and Radiology Services</b> (continued...)</p>	<p>including anyone who asks for the test. Medicare covers this test once every 12 months or up to three times during a pregnancy.</p>	
<p><b>PREVENTIVE SERVICES</b></p> <p><b>22. Bone Mass Measurement</b> (for people with Medicare who are at risk)</p>	<p>No coinsurance, copayment or deductible.</p> <p>Covered once every 24 months (more often if medically necessary) if you meet certain medical conditions</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$0 copay for Medicare-covered bone mass measurement*</p>
<p><b>23. Colorectal Screening Exams</b> (for people with Medicare age 50 and older)</p>	<p>No coinsurance, copayment or deductible for screening colonoscopy or screening flexible sigmoidoscopy</p> <p>Covered when you are high risk or when you are age 50 and older.</p>	<p><b>In-Network</b> \$0 copay for Medicare-covered colorectal screenings.*</p>
<p><b>24. Immunizations</b> (Flu vaccine, Hepatitis B vaccine – for people with Medicare who are at risk, Pneumonia vaccine)</p>	<p>\$0 copay for Flu, Pneumonia and Hepatitis B vaccines</p> <p>You may only need the Pneumonia vaccine once in your lifetime. Call your doctor for more information.</p>	<p><b>In-Network</b> \$0 copay for Flu and Pneumonia vaccines.</p> <p>\$0 copay for Hepatitis B vaccine.*</p> <p>No referral needed for Flu and pneumonia vaccines.</p>
<p><b>25. Mammograms (Annual Screening)</b> (for women with Medicare age 40 and older)</p>	<p>No coinsurance, copayment or deductible</p> <p>No referral needed</p> <p>Covered once a year for all women with Medicare age 40 and older. One baseline mammogram covered for women with Medicare between age 35 and 39.</p>	<p><b>In-Network</b> \$0 copay for Medicare-covered screening mammograms.*</p>

## SECTION 2 – Summary of Benefits Report for Contract H7352, Plan 003

Benefit Category	Original Medicare	Maricopa Care Advantage (HMO SNP)
<p><b>26. Pap Smears and Pelvic Exams</b> (for women with Medicare)</p>	<p>No coinsurance, copayment, or deductible for Pap smears.</p> <p>No coinsurance, copayment, or deductible for Pelvic and clinical breast exams</p> <p>Covered once every 2 years. Covered once a year for women with Medicare at high risk.</p>	<p><b>In-Network</b> \$0 copay for Medicare-covered pap smears and Pelvic Exams.*</p>
<p><b>27. Prostate Cancer Screening Exams</b> (for men with Medicare age 50 and older)</p>	<p>0% or 20% coinsurance for the digital rectal exam.</p> <p>\$0 for the PSA test; 0% or 20% coinsurance for other related services.</p> <p>Covered once a year for all men with Medicare over age 50.</p>	<p><b>In-Network</b> \$0 copay for – Medicare-covered prostate cancer screening*</p>
<p><b>28. End-Stage Renal Disease</b></p>	<p>0% or 20% coinsurance for renal dialysis</p> <p>0% or 20% coinsurance for Nutrition Therapy for End-Stage Renal Disease</p> <p>Nutrition therapy is for people who have diabetes or kidney disease (but aren't on dialysis or haven't had a kidney transplant) when referred by a doctor. These services can be given by a registered dietitian or include a nutritional assessment and counseling to help you manage your diabetes or kidney disease.</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> 0% or 20% of the cost for renal dialysis*</p> <p>\$0 copay for Nutrition Therapy for End-Stage Renal Disease*</p>

## SECTION 2 – Summary of Benefits Report for Contract H7352, Plan 003

Benefit Category	Original Medicare	Maricopa Care Advantage (HMO SNP)
<p><b>29. Prescription Drugs</b></p>	<p>Most drugs are not covered under Original Medicare. You can add prescription drug coverage to Original Medicare by joining a Medicare Prescription Drug Plan, or you can get all your Medicare coverage, including prescription drug coverage, by joining a Medicare Advantage Plan or a Medicare Cost Plan that offers prescription drug coverage.</p>	<p><b>Drugs covered under Medicare Part B</b></p> <p><b>General</b>            \$0 yearly deductible for Part B-covered drugs.*</p> <p>0% or 20% of the cost for Part B-covered chemotherapy drugs and other Part B-covered drugs.*</p> <p><b>Drugs covered under Medicare Part D</b></p> <p><b>General</b>            This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at <a href="http://www.express-scripts.com">www.express-scripts.com</a> on the web.</p> <p>Different out-of-pocket costs may apply for people who</p> <ul style="list-style-type: none"> <li>– have limited incomes,</li> <li>– live in long term care facilities, or</li> <li>– have access to Indian/Tribal/Urban (Indian Health Service).</li> </ul> <p>Your in-network prescription coverage may be limited to the plan’s service area. This means that if you travel outside the service area, you may have to pay the full cost of your prescription. In certain emergencies, your drugs will be covered if you get them at an out-of-network-pharmacy although you may have to pay additional charges. Contact the plan for details.</p>

## SECTION 2 – Summary of Benefits Report for Contract H7352, Plan 003

Benefit Category	Original Medicare	Maricopa Care Advantage (HMO SNP)
<p><b>29. Prescription Drugs</b> (continued...)</p>		<p>Total yearly drug costs are the total drug costs paid by you, the plan, and Medicare.</p> <p>The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from Maricopa Care Advantage (HMO SNP) for certain drugs.</p> <p>You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements that cannot be met by most pharmacies in your network. These drugs are listed on the plan’s website, formulary, printed materials, as well as on the Medicare Prescription Drug Plan Finder on Medicare.gov.</p> <p>If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.</p> <p><b>In-Network</b> You pay a \$0 yearly deductible.</p> <p><b>Initial Coverage</b> Depending on your income and institutional status, you pay the following:</p>

## SECTION 2 – Summary of Benefits Report for Contract H7352, Plan 003

Benefit Category	Original Medicare	Maricopa Care Advantage (HMO SNP)
<p><b>29. Prescription Drugs</b> (continued...)</p>		<p>For generic drugs (including brand drugs treated as generic), either:</p> <ul style="list-style-type: none"> <li>– A \$0 copay; or</li> <li>– A \$1.10 copay; or</li> <li>– A \$2.50 copay</li> </ul> <p>For all other drugs, either:</p> <ul style="list-style-type: none"> <li>– A \$0 copay; or</li> <li>– A \$3.30 copay; or</li> <li>– A \$6.30 copay.</li> </ul> <p><b>Retail Pharmacy</b> You can get drugs the following way(s):</p> <ul style="list-style-type: none"> <li>– one-month (31-day) supply</li> <li>– three-month (90-day) supply</li> </ul> <p><b>Long Term Care Pharmacy</b> You can get drugs the following way(s):</p> <ul style="list-style-type: none"> <li>– one-month (31-day) supply</li> </ul> <p><b>Mail Order</b> You can get drugs the following way(s):</p> <ul style="list-style-type: none"> <li>– three-month (90-day) supply</li> </ul> <p><b>Catastrophic Coverage</b> After your yearly out-of-pocket drug costs reach \$4,550, you pay a \$0 copay.</p> <p><b>Out-of-Network</b> Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan’s service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the</p>

## SECTION 2 – Summary of Benefits Report for Contract H7352, Plan 003

Benefit Category	Original Medicare	Maricopa Care Advantage (HMO SNP)
<p><b>29. Prescription Drugs</b> (continued...)</p>		<p>pharmacy's full charge for the drug and submit documentation to receive reimbursement from Maricopa Care Advantage (HMO SNP).</p> <p>You can get drugs the following way:</p> <ul style="list-style-type: none"> <li>– one-month (31-day) supply</li> </ul> <p><b>Out-of-Network Initial Coverage</b></p> <p>Depending on your income and institutional status, you will be reimbursed by Maricopa Care Advantage (HMO SNP) up to the full cost of the drug minus the following:</p> <p>For generic drugs purchased out-of-network (including brand drugs treated as generic), either:</p> <ul style="list-style-type: none"> <li>– A \$0 copay; or</li> <li>– A \$1.10 copay; or</li> <li>– A \$2.50 copay</li> </ul> <p>For all other drugs purchased out-of-network, either:</p> <ul style="list-style-type: none"> <li>– A \$0 copay; or</li> <li>– A \$3.30 copay; or</li> <li>– A \$6.30 copay.</li> </ul> <p><b>Out-of-Network Catastrophic Coverage</b></p> <p>After your yearly out-of-pocket drug costs reach \$4,550, you will be reimbursed in full for drugs purchased out-of-network.</p>

## SECTION 2 – Summary of Benefits Report for Contract H7352, Plan 003

Benefit Category	Original Medicare	Maricopa Care Advantage (HMO SNP)
<p><b>30. Dental Services</b></p>	<p>Preventive dental services (such as cleaning) not covered.</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$0 copay for the following preventive dental benefits:</p> <ul style="list-style-type: none"> <li>– up to 1 oral exam(s) every year</li> <li>– up to 1 cleaning(s) every year</li> <li>– up to 1 fluoride treatment(s) every year</li> <li>– up to 1 dental x-ray(s) every year</li> </ul> <p>0% or 20% of the cost for Medicare-covered dental benefits.*</p>
<p><b>31. Hearing Services</b></p>	<p>Routine hearing exams and hearing aids not covered.</p> <p>0% or 20% coinsurance for diagnostic hearing exams.</p>	<p><b>In-Network</b> In general, routine hearing exams are not covered.</p> <p>Hearing aids not covered.</p> <p>\$0 copay for Medicare-covered diagnostic hearing exams*</p>
<p><b>32. Vision Services</b></p>	<p>0% or 20% coinsurance for diagnosis and treatment of diseases and conditions of the eye.</p> <p>Routine eye exams and glasses not covered.</p> <p>Medicare pays for one pair of eyeglasses or contact lenses after cataract surgery.</p> <p>Annual glaucoma screenings covered for people at risk.</p>	<p><b>In-Network</b> \$0 copay for diagnosis and treatment for diseases and conditions of the eye* – and up to 1 routine eye exam(s) every year – 0% or 20% of the cost for one pair of eyeglasses or contact lenses after cataract surgery.* – 0% of the cost for up to 1 pair(s) of glasses every year – 0% of the cost for up to 1 pair(s) of contacts every year</p> <p>\$75 plan coverage limit for eye wear every two years.</p>

## SECTION 2 – Summary of Benefits Report for Contract H7352, Plan 003

Benefit Category	Original Medicare	Maricopa Care Advantage (HMO SNP)
<p><b>33. Welcome to Medicare; and Annual Wellness Visit</b></p>	<p>When you join Medicare Part B, then you are eligible as follows:</p> <p>During the first 12 months of your new Part B coverage, you can get either a Welcome to Medicare exam or an Annual Wellness visit.</p> <p>After your first 12 months, you can get one Annual Wellness visit every 12 months.</p> <p>There is no coinsurance, copayment or deductible for either the Welcome to Medicare exam or the Annual Wellness visit.</p> <p>The Welcome to Medicare exam does not include lab tests.</p>	<p><b>In-Network</b></p> <p>When you get Medicare Part B, you can get a one-time physical within the first 12 months of your new Part B coverage. The coverage does not include lab tests.</p> <p>\$0 copay for the required Medicare-covered initial preventive physical exam and annual wellness visits.</p> <p>Routine exams not covered.</p> <p>\$0 copay for Medicare-covered benefits.*</p>
<p><b>34. Health/Wellness Education</b></p>	<p>Smoking Cessation: Covered if ordered by your doctor. Includes two counseling attempts within a 12-month period if you are diagnosed with a smoking-related illness or are taking medicine that may be affected by tobacco. Each counseling attempt includes up to four face-to-face visits. You pay coinsurance, and Part B deductible applies.</p>	<p><b>In-Network</b></p> <p>The plan covers the following health/wellness education benefits:</p> <ul style="list-style-type: none"> <li>– Written health education materials, including Newsletters</li> </ul> <p>\$0 copay for each Medicare-covered smoking cessation counseling session.*</p>
<p><b>Transportation</b> (Routine)</p>	<p>Not covered.</p>	<p><b>In-Network</b></p> <p>This plan does not cover routine transportation.</p>

## SECTION 2 – Summary of Benefits Report for Contract H7352, Plan 003

Benefit Category	Original Medicare	Maricopa Care Advantage (HMO SNP)
<p><b>Acupuncture</b></p>	<p>\$0 copay for the HIV screening, but generally pay 0% or 20% of the Medicare approved amount for the doctor’s visit.</p> <p>HIV screening is covered for people with Medicare who are pregnant and people at increased risk for the infection, including anyone who asks for the test. Medicare covers this test once every 12 months or up to three times during a pregnancy.</p> <p><b>In-Network</b> \$0 copay for each Medicare-covered HIV screening.</p> <p>HIV screening is covered for people with Medicare who are pregnant and people at increased risk for the infection, including anyone who asks for the test. Medicare covers this test once every 12 months or up to three times during a pregnancy.</p>	<p><b>In-Network</b> This plan does not cover Acupuncture.</p>

### **SECTION 3**

## **IMPORTANT INFORMATION ABOUT YOUR MARICOPA CARE ADVANTAGE (HMO SNP) SPECIAL NEEDS PLAN**

Maricopa Care Advantage (HMO SNP) is a Medicare Advantage Prescription Drug Special Needs Plan with a Medicare contract designed to serve beneficiaries who are eligible for both Medicare and Medicaid (AHCCCS) benefits in Maricopa County, AZ.

If you are a current Maricopa Health Plan AHCCCS member, by choosing Maricopa Care Advantage (HMO SNP), you may receive both your Medicare and Medicaid benefits and your Part D prescription drugs from one company – Maricopa Care Advantage (HMO SNP). If you enroll in Maricopa Care Advantage (HMO SNP) for your Medicare benefits and remain enrolled in another Medicaid health plan, your Medicaid benefits will be provided by that plan.

Please see Section 2, benefits # 30 and #32 for information on additional Dental and Vision services covered for members of Maricopa Care Advantage (HMO SNP). For more details on these benefits, contact our Customer Care Center toll free at 1-877-874-3935 from 8:00 am to 8:00 pm Monday, Tuesday, Wednesday, Thursday, Friday and Saturday. TTY/TDD users should call 1-800-367-8939.

## **MARICOPA CARE ADVANTAGE (HMO SNP) AND MARICOPA HEALTH PLAN (AHCCCS)**

Maricopa Care Advantage (HMO SNP) is a Medicare Advantage Prescription Drug Special Needs Plan with a Medicare contract designed to serve beneficiaries who are eligible for both Medicare and Medicaid (AHCCCS) benefits in Maricopa County, AZ.

If you have Arizona Health care Cost Containment System (AHCCCS) benefits, you may receive additional services under your AHCCCS benefits in addition to Maricopa Care Advantage (HMO SNP) based on your level of eligibility through AHCCCS.

Only certain people qualify for benefits based on the eligibility guidelines established by the Federal

and State Governments. There are multiple Insurance programs under the AHCCCS administration designed to provide health care to Arizona residents. For more information, or to see if you are eligible please call the AHCCCS eligibility office at 602-417-5010 in the Phoenix area, or toll free at 1-800-528-0142.

You must maintain your Medicaid (AHCCCS) eligibility to maintain your benefits through Maricopa Care Advantage (HMO SNP); live in the service area mentioned above; and maintain your Medicare Parts A and B to enroll in and remain a member of Maricopa Care Advantage (HMO SNP).

If you receive your Medicaid benefits through Maricopa Health Plan, Maricopa Care Advantage (HMO SNP) will coordinate your benefits between the two plans. If you receive your Medicaid benefits through another health plan, that plan will pay for your Medicaid benefits and Maricopa Care Advantage (HMO SNP) will pay for your Medicare benefits.

## **PREMIUM AND OTHER IMPORTANT INFORMATION:**

If you are a Dual Eligible beneficiary and you qualify for extra help in 2010\* AHCCCS will pay your Medicare Part B premium. The 2010 premium was \$96.40 each month and may change for 2011. Medicare will pay your Part D monthly premium of \$27.30 on your behalf because you automatically qualify for extra help for prescription drugs.

\* Cost sharing amounts (copayments and coinsurance) for 2011 will depend on the level of your Medicaid eligibility and are subject to change.

The cost sharing amounts you will pay are listed in Section 2. For most members, it will be the lowest copay shown. Please contact Maricopa Care Advantage (HMO SNP) or your AHCCCS eligibility office for information about your level of Medicaid eligibility.

If you enroll in Maricopa Care Advantage (HMO SNP) for your Medicare benefits and remain enrolled in another Medicaid health plan, your Medicaid benefits will be provided by that plan.

## SECTION 4

### Medicare Advantage Special Needs Plan for the Dual Eligible/Arizona Health Care Cost Containment System 2011 Benefits

In order for you to better understand your health care options, the following chart notes your charge for certain services under the Arizona Health Care Cost Containment System (Medicaid) and as a Dual member.

<b>Benefit</b>	<b>Arizona Health Care Cost Containment System (AHCCCS) – QMB Dual Eligible</b>	<b>Arizona Health Care Cost Containment System (AHCCCS) – Non QMB Dual Eligible</b>	<b>Medicare Advantage Special Needs Plan – Dual</b>
<b><u>ACUTE AND LONG TERM CARE</u></b> <b><u>MEDICAID</u></b>			
<b>Inpatient Hospital Visit</b>	\$0	\$0	\$0
<b>Inpatient Mental Health Care</b>	\$0	\$0	\$0
<b>Skilled Nursing Facility Services</b>	\$0	\$0	\$0
<b>Home Health Care Visits</b>	\$0	\$0	\$0
<b>Primary Care Physician Visit</b>	\$0	\$0 to \$5 depending on eligibility * for age 19 and over. \$0 for age 18 and under. <i>Well Exams not covered for 21 years of age and older.</i>	\$0
<b>Specialist Visit</b>	\$0	\$0	\$0
<b>Medicare-Covered Chiropractic Care Visit</b>	\$0	<i>Not covered for people 21 years of age and older. \$0 for under the age of 21 years old.</i>	\$0
<b>Podiatry Services Visit</b>	\$0	<i>If furnished by a Podiatrist – Not covered for people 21 years of age and older. \$0 for under the age of 21 years old and if furnished by a provider other than a Podiatrist.</i>	\$0

<b>Benefit</b>	<b>Arizona Health Care Cost Containment System (AHCCCS) – QMB Dual Eligible</b>	<b>Arizona Health Care Cost Containment System (AHCCCS) – Non QMB Dual Eligible</b>	<b>Medicare Advantage Special Needs Plan – Dual</b>
<b>Outpatient Mental Health Care Visit</b>	\$0	\$0	\$0
<b>Outpatient Substance Abuse Care Visit</b>	\$0	\$0	\$0
<b>Ambulatory Surgical Center or Outpatient Hospital Facility Visit</b>	\$0	\$0 to \$3 depending on eligibility * for age 19 and over. \$0 for age 18 and under.	\$0
<b>Ambulance Services</b>	\$0	\$0	\$0
<b>Emergency Room Visit</b>	\$0	\$30 for Non-Emergency use of the ER depending on eligibility * for age 19 and over. \$0 for all others.	\$0
<b>Urgently Needed Care Visit</b>	\$0	\$0	\$0
<b>Outpatient Occupational/ Physical/Speech Therapy Visit</b>	\$0	\$0 to \$3 depending on eligibility * for age 19 and over. \$0 for age 18 and under.	\$0
<b>Durable Medical Equipment</b>	\$0	\$0	\$0
<b>Prosthetic Devices</b>	\$0	\$0. <i>Lower Limb microprocessor controlled limb or joint not covered for 21 years of age and older.</i>	\$0
<b>Diabetes Self-Monitoring Training &amp; Supplies</b>	\$0	\$0	\$0
<b>Diagnostic Tests, X-rays and Lab Services</b>	\$0	\$0	\$0

<b>Benefit</b>	<b>Arizona Health Care Cost Containment System (AHCCCS) – QMB Dual Eligible</b>	<b>Arizona Health Care Cost Containment System (AHCCCS) – Non QMB Dual Eligible</b>	<b>Medicare Advantage Special Needs Plan – Dual</b>
<b>Colorectal Screening</b>	\$0	\$0	\$0
<b>Flu &amp; Pneumonia Vaccines</b>	\$0	\$0	\$0
<b>Screening Mammogram</b>	\$0	\$0	\$0
<b>Pap Smear &amp; Pelvic Exam</b>	\$0	\$0	\$0
<b>Prostate Cancer Screening</b>	\$0	\$0	\$0
<b>Renal Dialysis or Nutritional Therapy for End-Stage Renal Disease</b>	\$0	\$0	\$0
<b>Prescription Drugs – Generic</b>	\$0	\$0 to \$4 depending on eligibility * for age 19 and over. \$0 for age 18 and under.	For generic drugs (including brand drugs treated as generic), either: – A \$0 copay; or – A \$1.10 copay; or – A \$2.50 copay
<b>Prescription Drugs – Brand</b>	\$0	\$0 to \$10 depending on eligibility * for age 19 and over. \$0 for age 18 and under.	For all other drugs, either: – A \$0 copay; or – A \$3.30 copay; or – A \$6.30 copay.
<b>Hearing Exams, Routine Hearing Tests, Fitting Evaluations for a Hearing Aid &amp; Hearing Aid</b>	<i>Not covered for people 21 years of age and older. \$0 for under the age of 21 years old</i>	<i>Not covered for people 21 years of age and older. \$0 for under the age of 21 years old</i>	In general, routine hearing exams and hearing aids not covered  \$0 copay for Medicare-covered diagnostic hearing exams

<b>Benefit</b>	<b>Arizona Health Care Cost Containment System (AHCCCS) – QMB Dual Eligible</b>	<b>Arizona Health Care Cost Containment System (AHCCCS) – Non QMB Dual Eligible</b>	<b>Medicare Advantage Special Needs Plan – Dual</b>
<b>Yearly Routine Eye Exam, Eyeglasses, Contact Lenses, Lenses and Frames</b>	<i>Not covered for people 21 years of age and older unless following cataracts surgery. \$0 for under the age of 21 years old</i>	<i>Not covered for people 21 years of age and older. \$0 for under the age of 21 years old</i>	<p>\$0 copay for diagnosis and treatment for diseases and conditions of the eye</p> <p>1 routine eye exam(s) every year</p> <ul style="list-style-type: none"> <li>– 0% or 20% of the cost for one pair of eyeglasses or contact lenses after cataract surgery</li> <li>– 0% of the cost for up to 1 pair(s) of glasses every year</li> <li>– 0% of the cost for up to 1 pair(s) of contacts every year</li> </ul> <p>\$75 plan coverage limit for eye wear every two years.</p>
<b>Transportation</b>	\$0	\$0	This plan does not cover routine transportation.
<b><u>LONG TERM CARE ONLY</u></b>			
<b>Nursing Facility</b>	Member Contribution determined by Medicaid Agency	Member Contribution determined by Medicaid Agency	\$0
<b>Home and Community Based Services</b>	Member Contribution determined by Medicaid Agency	Member Contribution determined by Medicaid Agency	Call Plan for Details

\* - Refer to the AHCCCS Website for additional Co-Pay related information.

Revised 9/22/2010 for 21 age related statements





**Maricopa Care Advantage (HMO SNP) Customer Care Center:**

For help or information, please call Customer Care or go to our Plan Website at [www.mcareaz.com](http://www.mcareaz.com).

**Toll Free 1-877-874-3935**

TTY users call: **1-800-367-8939**

**Hours of Operation:**

8:00 am to 8:00 pm 7 days a week