

2024

Master Booklet – Medicare Plans

Maricopa County

Most Current Revision: 10/9/2023

Included in this booklet are the Medicare Advantage health plans and Medicare prescriptions plans available to individuals enrolled in Medicare and living in Maricopa County. These plans are available for 2023. Use the enclosed information as a tool to compare plans, then select the one that best meets your individual needs.

Joining Medicare plans is only allowed during certain periods, for example when you first are eligible for Medicare, during the annual Open Enrollment Period, during Medicare Advantage Open Enrollment, and during other Special Enrollment Periods.

Ask SHIP if you have any questions.

BENEFITS ASSISTANCE PROGRAM

A State Health Insurance Assistance Program (SHIP)

A program of the Area Agency on Aging, Region One

1366 East Thomas Rd, Suite 108, Phoenix, AZ 85014

602 280-1059



AREA AGENCY ON AGING
REGION ONE, INCORPORATED



NAVIGATING MEDICARE



PREVENTING MEDICARE FRAUD

This project was supported in part by grant number 15AAAZMSHI, from the U.S. Administration for Community Living, Department of Health and Human Services, Washington, D.C. 20201. Grantees undertaking projects under government sponsorship are encouraged to express freely their findings and conclusions. Points of view or opinions do not, therefore, necessarily represent official Administration for Community Living policy.

Table of Contents – Maricopa County

Medicare Advantage - Health Maintenance Organization (HMO)	3
HMO Plans	6
Medicare Advantage - Preferred Provider Organization (PPO)	8
PPO Plans	10
Medicare Advantage - Full Dual Special Need Plan (D-SNP)	13
Alignment Chart	15
Medicare Advantage - Chronic Conditions & Institutional Care Plan (C- and I-SNP)	23
C-SNP Plans	25
I-SNP Plans	26
Prescription Drug Plans (PDP)	27

2024 Medicare Advantage Plans HMO Maricopa County

Most current revision 10/9/2023

Included in this packet are Medicare Advantage (MA) Health Maintenance Organization (HMO) plans, available to individuals enrolled in Medicare and living in Maricopa County. These plans are available for 2024. Use the enclosed information to compare plans, then select the one that best meets your individual needs.

Joining an MA plan or switching from one to another is only allowed during certain periods, for example when you first are eligible for Medicare, during the annual Open Enrollment Period, during Medicare Advantage Open Enrollment, and during other Special Enrollment Periods. (See the next page and ask SHIP if you have questions about timing.)

BENEFITS ASSISTANCE PROGRAM

A State Health Insurance Assistance Program (SHIP)

A program of the Area Agency on Aging, Region One

1366 East Thomas Rd, Suite 108, Phoenix, AZ 85014

602 280-1059



AREA AGENCY ON AGING
REGION ONE, INCORPORATED



This project was supported in part by grant number 15AAZMSHI, from the U.S. Administration for Community Living, Department of Health and Human Services, Washington, D.C. 20201. Grantees undertaking projects under government sponsorship are encouraged to express freely their findings and conclusions. Points of view or opinions do not, therefore, necessarily represent official Administration for Community Living policy.

What to Consider When Choosing an HMO Plan

Provider network

HMOs have a network of doctors, hospitals, and other health care providers who have contracted with the plan to provide care to that plan's Medicare beneficiaries. Except for emergency or urgent care, you must generally receive your care from the providers and hospitals in the plan's network. If you get routine health care outside the plan's network, you will have to pay the full cost of care for that visit. A referral from your primary care provider is usually required for specialist care.

If you have providers you do not want to lose, check with the doctor's office or the health plan to determine if the providers are in-network for the plan you are considering. Most insurers offer several plans, and your provider may not be in all of them, so verify the full name and plan number to ensure you have identified the plan correctly.

Prescriptions

Another major consideration in choosing a health plan is whether the medications you take are on the plan's formulary. The Medicare.gov website has Plan Finder software to help with that. You enter your medications (drug name, dosage, frequency), and it will provide results showing if all your drugs are covered by the plan and the total cost to you, as it includes the premium, deductible, and your specific drugs. The SHIP team can help you with this.

Enrollment Periods

Open Enrollment Period (OEP) : October 15th – December 7th, with changes taking effect on January 1

A plan's costs, benefits, providers, and formulary may change from year to year, so it's a good habit to re-evaluate your choices each OEP to ensure your needs are still being met. Your medications will be available in the Plan Finder, allowing easy analysis of costs for the upcoming year.

Medicare Advantage Open Enrollment : January 1 through March 31, changes taking effect the 1st of the next month

If you are enrolled in an MA plan on January 1, you can switch to another or back to Original Medicare. Note that if you go back to OM, you should also re-enroll in a Part D prescription drug plan and you may not be able to enroll in a Medicare Supplement (Medigap) plan without underwriting.

In summary, consider these questions as you make your decision.

- Are my doctors in the plan's network?
- How does the total cost of my drugs compare to other plans?
- Are all my drugs included on the plan's formulary?
- What is the maximum out of pocket (MOOP) amount for this plan?
- How do provider and hospital copays compare to other plans?
- How do the additional benefits compare with other plans?
- Is there a premium and if so, how much?

There may be trade-offs when choosing among providers, formularies, and costs (co-pays and premiums) for the best-fit plan. The SHIP team is always happy to assist you with your questions.

What to Consider When Choosing an HMO Plan

Evaluate Your Prescription Costs

A major consideration in choosing a health plan is whether the medications you take are on the plan's formulary, and what your yearly cost will be. Your cost will vary by health plan and pharmacy. The **medicare.gov** website "Plan Finder" software will determine your total cost for each plan including any premium, deductible, and copay for your specific drugs. The SHIP team can help you with this.

Evaluate the Provider Network

An HMO has a network of doctors, hospitals, and other health care providers who have contracted with the plan to provide care to their members. Except for emergency or urgent care, you generally must receive your care from the providers and hospitals in the plan's network. If you get routine health care outside the plan's network, you will have to pay the full cost of care for that visit. A referral from your primary care provider is usually required for specialist care.

If you have providers you want to keep, check with the health plan or doctor's billing office to determine if your providers are contracted with the plan(s) you are considering. Most insurers offer several plans and your provider may not be in all of them. Verify the full name and plan number when checking to ensure the provider is in that plan's network.

In summary, consider these questions as you make your decision.

- How does the total cost of my drugs compare to other plans?
- Are all my drugs included on the plan's formulary?
- Are my doctors in the plan's network?
- What is the maximum out of pocket (MOOP) amount for this plan?
- How do provider and hospital copays compare to other plans?
- How do the additional benefits compare with other plans?
- Is there a premium and if so, how much?

There may be trade-offs when choosing among providers, formularies, and costs (co-pays and premiums) for the best-fit plan. The SHIP team is always happy to assist you with your questions.

For more information about each plan, look for these Documents on the plan's website: the *Summary of Benefits* has an overview and the *Evidence of Coverage* has complete detail. You can also call the plan. The website and phone number for each plan are included on the last page of this booklet.

2024 Maricopa County Medicare Advantage HMO Plans

Health Maintenance Organization (HMO) Plan Name	Monthly Premium (besides the Part B premium)	Max Out of Pocket (excluding drugs)	Drug Coverage	Copays for Medicare-covered Benefits								Additional Benefits							
				PCP	Specialist	ER / Urgent Care	Hospital Copay/Days	PT, OT or Speech Therapy	Diabetes Supplies	Podiatry	Chiro-practic	Vision Eye-wear	Hearing Aid	Dental*	Rides [§]	Quarterly OTC Allowance	Foot-care (copay/ visits)	Chiro-practic (copay/ visits)	Fitness
AARP Medicare Adv from UHC-02 [026]	\$0	\$2,900	Y	\$0	\$20	\$135/\$40	\$230/7	\$20	0%-20%	\$20	\$10	Y	Y	\$750	N	\$40	\$20/6	\$10/12	Y
AARP Medicare Adv from UHC-02P [027]	\$0	\$2,500	Y	\$0	\$10	\$135/\$40	\$175/7	\$10	0%-20%	\$10	\$10	Y	Y	\$3,500	N	\$40	\$10/6	N	Y
AARP Medicare Adv from UHC-03 [044] (1)	\$31	\$2,500	Y	\$0	\$10	\$135/\$40	\$145/7	\$10	0%-20%	\$10	\$10	Y	Y	\$2,750	N	\$75	\$10/6	\$10/12	Y
AARP Medicare Adv from UHC-05 [046]	\$0	\$2,900	Y	\$0	\$30	\$135/\$40	\$295/7	\$20	0%-20%	\$30	\$10	Y	Y	\$2,750	N	\$75	\$30/6	\$10/12	Y
Aetna Medicare Platinum Plan -129	\$0	\$4,800	Y	\$0	\$30	\$120/\$60	\$200/7	\$30	0%-20%	\$30	\$20	Y	Y	\$3,000	N	\$75	N	N	Y
Aetna Medicare Premier Plan -002	\$0	\$4,700	Y	\$0	\$30	\$120/\$50	\$315/7	\$30	0%-20%	\$30	\$20	Y	Y	\$500	N	\$90	N	N	Y
Aetna Medicare Prime Plan -092	\$0	\$2,500	Y	\$0	\$20	\$135/\$50	\$195/7	\$20	0%-20%	\$20	\$20	Y	Y	\$2,500	N	\$90	N	N	Y
Aetna Medicare Prime Plus Plan -001	\$0	\$3,650	Y	\$0	\$30	\$135/\$50	\$225/7	\$25	0%-20%	\$30	\$20	Y	Y	\$1,500	N	\$90	N	N	Y
Aetna Medicare Prime Value Plus Plan -156	\$19.70	\$2,500	Y	\$0	\$20	\$135/\$50	\$195/7	\$20	0%-20%	\$20	\$20	Y	Y	\$3,000	N	\$25/mon	N	N	Y
Alignment Health smartHMO -005 (2)	\$155 rebate	\$3,900	Y	\$0	\$20	\$120/\$0	\$250/7	\$0	0%-20%	\$5	\$10	Y	N	Prev	N	N	N	N	Y
Alignment Health the ONE+Walgrns -001	\$0	\$2,499	Y	\$0	\$0	\$75/\$0	\$125/5	\$0	0%-20%	\$0	\$0	Y	Y	\$2,000	12/U	\$70	N	\$0/24	Y
Banner Medicare Advantage Prime -001	\$0	\$2,775	Y	\$0	\$0	\$90/\$0	\$125/3	\$0	0%-20%	\$0	\$20	Y	Y	\$5,000	N	\$145	N	\$35/6	Y
Blue Best Life Classic -006	\$0	\$2,900	Y	\$0	\$20	\$120/\$25	\$225/6	\$20	\$0/20%	\$20	\$20	Y	Y	\$2,000	N	\$75	N	\$15/30	Y
Blue Best Life Plus (1)	\$45	\$2,500	Y	\$0	\$25	\$125/\$25	\$255/6	\$10	\$0/20%	\$25	\$20	Y	Y	\$3,000	N	\$50	N	\$15/30	Y
Cigna Alliance Medicare	\$0	\$2,500	Y	\$0	\$5	\$135/\$10	\$150/7	\$5	\$0	\$5	\$20	Y	Y	\$4,000	50	\$85	\$5/12	\$20/12	Y
Cigna Preferred Medicare	\$0	\$2,300	Y	\$0	\$25	\$135/\$25	\$225/7	\$25	\$0	\$25	\$20	Y	Y	\$20,000	24	\$60	\$25/12	\$20/12	Y
Cigna Preferred Savings Medicare (2)	\$105 rebate	\$3,500	Y	\$0	\$35	\$135/\$35	\$275/7	\$35	\$0	\$35	\$15	Y	Y	\$20,000	20	\$30	\$35/12	\$20/12	Y
Devoted CORE Arizona H8173-001	\$0	\$3,200	Y	\$0	\$15	\$135/\$15	\$175/7	\$10/\$15	\$0/20%	\$15	\$15	Y	Y	\$7,500	N	\$145	\$15/6	N	Y
Devoted GIVEBACK Arizona -019 (2)	up to \$145 rebate	\$8,300	Y	\$0	\$50	\$100/\$55	\$495/4	\$40	\$0/20%	\$50	\$15	Y	Y	\$1,000	N	N	N	N	Y
Devoted LIBERTY Arizona -005 (2)	up to \$125 rebate	\$4,400	N	\$0	\$40	\$120/\$50	\$225/7	\$15/\$40	\$0/20%	\$40	\$20	Y	Y	\$7,500	N	\$50	N	N	Y
Devoted PREMIUM Arizona H8173-002 (1)	\$11.40	\$3,200	Y	\$0	\$5	\$135/\$5	\$175/7	\$0/\$10	\$0/20%	\$5	\$10	Y	Y	\$7,500	N	N	\$5/12	N	Y
eternalHealth Grand Give Back -002 (2)	\$80 rebate	\$4,550	Y	\$0	\$0	\$120/\$25	\$225/6	\$10/\$20	\$0/20%	\$20	\$20	Y	Y	\$4,000	U	\$65	N	\$20/20	Y
eternalHealth Horizon -001	\$43.20	\$3,350	Y	\$0	\$0	\$135/\$0	\$150/6	\$20	\$0/20%	\$15	\$20	Y	Y	\$4,500	U	\$110	N	N	Y
eternalHealth Valor Give Back -003 (2)	up to \$85 rebate	\$5,500 or \$9,000	N	\$0	\$0 or \$25	20%/20%	20%	\$30 or 50%	0% - 50%	20% or 50%	\$20 or 50%	N	Y	\$2,500	U	\$75	20% or 50%	\$20 or 50%/20	Y
Gold Kidney Essential Care -009 (2)	\$100 rebate	\$8,850	N	20%	20%	\$100/\$55	\$1,612 deductible	20%	20%	20%	20%	N	N	N	N	N	N	N	N
Gold Kidney Honest Care -005 (2)	\$50 rebate	\$3,000	Y	\$0	\$0 or \$10	\$90/\$20	\$175/7	\$10	\$0	\$0	\$20	Flex	Flex	Flex	24	\$25	N	\$0/6	Y
Humana Gold Plus H0028-023 (1)	\$37	\$6,700	Y	\$0	\$45	\$90/\$20	\$295/6	\$40	\$0/10%-20%	\$45	\$15	Y	Y	Prev	N	\$50	\$0/12	N	Y
Humana Gold Plus H0028-027	\$0	\$4,500	Y	\$0	\$35	\$120/\$35	\$225/6	\$35	\$0/10%-20%	\$35	\$20	Y	Y	Prev	N	\$50	\$0/12	N	Y
Humana Gold Plus H0028-028	\$0	\$6,200	Y	\$0	\$45	\$120/\$35	\$375/6	\$45	\$0/10%-20%	\$45	\$20	Y	Y	Prev	N	\$50	\$0/12	N	Y
Humana Gold Plus H0028-052	\$0	\$2,800	Y	\$0	\$15	\$135/\$35	\$155/6	\$15	\$0/10%-20%	\$15	\$20	Y	Y	\$2,000	24	\$100	\$0/12	N	Y
Molina Medicare Choice Care (3)	\$0	\$8,300	Y	\$0	\$40	\$100/\$25	\$325/6	\$30	\$0	\$0	\$15	Y	Y	\$750 Flex	\$75/qtr	\$150	N	N	Y
SCAN Classic	\$0	\$2,800	Y	\$0	\$0	\$90/\$0	\$75/5	\$0-\$10	\$0	\$0	\$0	Y	Y	Prev	54	\$85	N	\$5/20	Y
SCAN Venture (2)	\$50 rebate	\$2,999	Y	\$0	\$0-\$30	\$90/\$20	\$250/6	\$0-\$30	\$0	\$0/\$30	\$20	Y	Y	Prev	8	\$35	N	\$5/20	Y
Wellcare Assist H0351-062	\$16.20	\$3,400	Y	\$0	\$10	\$135/\$40	\$175/6	\$10	\$0/20%	\$10	\$0	Y	Y	\$3,000	24	\$40	\$10/6	\$0/12	Y
Wellcare Giveback H0351-064 (2)	\$96 rebate	\$4,400	Y	\$0	\$40	\$120/\$40	\$350/6	\$35	\$0/20%	\$40	\$20	N	Y	\$1,000	N	N	\$40/6	N	Y
Wellcare No Premium H0351-063	\$0	\$2,500	Y	\$0	\$15	\$135/\$20	\$175/10	\$15	\$0/20%	\$15	\$15	Y	Y	\$3,000	12	\$164	N	N	Y
Wellpoint Medicare Advantage H1423-009	\$0	\$3,000	Y	\$0	\$20	\$90/\$40	\$175/7	\$15	\$0	\$0	\$20	Y	Y	\$750	12	\$55	\$0/4	N	Y

(1) Premium may be lower if you have Low Income Subsidy (LIS)

(2) Rebate (Giveback) will be credited monthly to what you owe for Part B Premium

(3) Flex (F) dollar benefits can be applied to Additional Benefits as indicated by the Plan

[§]U is unlimited

* for Dental, "Prev" is only preventive coverage;

A dollar value indicates the maximum annual amount for comprehensive care.

2024 Maricopa County Medicare Advantage HMO Plans

Plan Name	Plan #	Star Rating*	Website	Telephone
AARP Medicare Adv from UHC-02 [026]	H0609-026		www.aarpmedicareplans.com	800 555-5757
AARP Medicare Adv from UHC-02P [027]	H0609-027		www.aarpmedicareplans.com	800 555-5757
AARP Medicare Adv from UHC-03 [044]	H0609-044		www.aarpmedicareplans.com	800 555-5757
AARP Medicare Adv from UHC-05 [046]	H0609-046		www.aarpmedicareplans.com	800 555-5757
Aetna Medicare Platinum Plan -129	H3931-129		www.aetnamedicare.com	833 859-6031
Aetna Medicare Premier Plan -002	H4835-002		www.aetnamedicare.com	833 859-6031
Aetna Medicare Prime Plan -092	H3931-092		www.aetnamedicare.com	833 859-6031
Aetna Medicare Prime Plus Plan -001	H4835-001		www.aetnamedicare.com	833 859-6031
Aetna Medicare Prime Value Plus Plan -156	H3931-156		www.aetnamedicare.com	833 859-6031
Alignment Health smartHMO -005	H3443-005		www.alignmenthealthplan.com	888 979-2247
Alignment Health the ONE+Walgrns -001	H3443-001		www.alignmenthealthplan.com	888 979-2247
Banner Medicare Advantage Prime -001	H5843-001		www.bannerhealth.com/ma	844 549-1858
Blue Best Life Classic -006	H0302-006		www.azblue.com/medicare	800 446-8331
Blue Best Life Plus	H0302-001		www.azblue.com/medicare	800 446-8331
Cigna Alliance Medicare	H0354-028		www.cignamedicare.com	800 313-0973
Cigna Preferred Medicare	H0354-001		www.cignamedicare.com	800 313-0973
Cigna Preferred Savings Medicare	H0354-029		www.cignamedicare.com	800 313-0973
Devoted CORE Arizona H8173-001	H8173-001		www.devoted.com	800 376-5889
Devoted GIVEBACK Arizona -019	H8173-019		www.devoted.com	800 376-5889
Devoted LIBERTY Arizona -005	H8173-005		www.devoted.com	800 376-5889
Devoted PREMIUM Arizona H8173-002	H8173-002		www.devoted.com	800 376-5889
eternalHealth Grand Give Back -002	H3551-002		www.eternalhealth.com	800 840-5431
eternalHealth Horizon -001	H3551-001		www.eternalhealth.com	800 840-5431
eternalHealth Valor Give Back -003	H3551-003		www.eternalhealth.com	800 840-5431
Gold Kidney Essential Care -009	H4869-009		www.goldkidney.com	844 294-6535
Gold Kidney Honest Care -005	H4869-015		www.goldkidney.com	844 294-6535
Humana Gold Plus H0028-023	H0028-023		www.humana.com/medicare	800 833-2364
Humana Gold Plus H0028-027	H0028-027		www.humana.com/medicare	800 833-2364
Humana Gold Plus H0028-028	H0028-028		www.humana.com/medicare	800 833-2364
Humana Gold Plus H0028-052	H0028-052		www.humana.com/medicare	800 833-2364
Molina Medicare Choice Care	H8845-002		www.molinahealthcare.com/medicare	844 247 0589
SCAN Classic	H1822-001		www.scandeserthealthplan.com	866 490-7226
SCAN Venture	H1822-004		www.scandeserthealthplan.com	866 490-7226
Wellcare Assist H0351-062	H0351-062		www.wellcare.com/allwellaz	844 917-0175
Wellcare Giveback H0351-064	H0351-064		www.wellcare.com/allwellaz	844 917-0175
Wellcare No Premium H0351-063	H0351-063		www.wellcare.com/allwellaz	844 917-0175
Wellpoint Medicare Advantage H1423-009	H1423-009		www.shopwellpoint.com/medicare	855 593-0905

2024 Medicare Advantage Plans PPO Maricopa County

Most current revision 10/9/2023

Included in this packet are Medicare Advantage (MA) Preferred Provider Organization (PPO) plans, available to individuals enrolled in Medicare and living in Maricopa County. These plans are available for 2024. Use the enclosed information to compare plans, then select the one that best meets your individual needs.

Joining an MA plan or switching from one to another is only allowed during certain periods. You can enroll in one when you are first eligible for Medicare, during other Special Enrollment Periods, and annually at these times:

Open Enrollment Period (OEP) : October 15th – December 7th, with changes taking effect on January 1

A plan's costs, benefits, providers, and formulary may change from year to year, so it's a good habit to re-evaluate your choices each OEP to ensure your needs are still being met. Your medications will be available in the Plan Finder, allowing easy analysis of costs for the upcoming year.

Medicare Advantage Open Enrollment : January 1 through March 31, changes taking effect the 1st of the next month

If you are enrolled in an MA plan on January 1, you can switch to another or back to Original Medicare. Note that if you go back to OM, you should also re-enroll in a Part D prescription drug plan and you may not be able to enroll in a Medicare Supplement (Medigap) plan without underwriting.

Ask SHIP if you have questions about timing.

BENEFITS ASSISTANCE PROGRAM

A State Health Insurance Assistance Program (SHIP)

A program of the Area Agency on Aging, Region One

1366 East Thomas Rd, Suite 108, Phoenix, AZ 85014

602 280-1059



AREA AGENCY ON AGING
REGION ONE, INCORPORATED



This project was supported in part by grant number 15AAAZMSHI, from the U.S. Administration for Community Living, Department of Health and Human Services, Washington, D.C. 20201. Grantees undertaking projects under government sponsorship are encouraged to express freely their findings and conclusions. Points of view or opinions do not, therefore, necessarily represent official Administration for Community Living policy.

What to Consider When Choosing a PPO Plan

Evaluate Your Prescription Costs

A major consideration in choosing a health plan is whether the medications you take are on the plan's formulary, and what your yearly cost will be. Your cost will vary by health plan and pharmacy. The [medicare.gov](https://www.medicare.gov) website "Plan Finder" software will determine your total cost for each plan including any premium, deductible, and copay for your specific drugs. The SHIP team can help you with this.

Evaluate the Provider Network

A PPO is an insurance plan that has a network of doctors, hospitals, and other health care providers who have contracted with the plan to provide care to that plan's members. If you go to a network provider, you will pay a negotiated price for services. You have the option to go to a non-network provider, but you will generally pay significantly more. A referral from your primary care provider is not required for specialist care.

If you have providers you want to keep, check with the health plan or doctor's billing office to determine if your providers are contracted with the plan(s) you are considering. Most insurers offer several plans and your provider may not be in all of them. Verify the full name and plan number when checking to ensure the provider is in that plan's network.

Evaluate the Total Cost

Many PPOs have premiums in addition to the Part B premium. Also, the copays for in-network services are generally higher than for HMOs. Out-of-network services, while available, are usually a percentage of the charges and are considerably higher than for in-network services. There are separate maximum out of pocket limits for in-network and out-of-network services and again, these amounts tend to be higher than for HMOs. Overall, PPOs are more expensive than HMOs.

If PPOs are more expensive, why would you consider one?

- You are ineligible for or can't afford the monthly cost for a Medicare Supplement plan
- You want to see doctors who aren't in the HMO network
- You prefer seeing specialists without a referral from your primary care physician

In summary, consider these questions as you make your decision.

- How does the total cost of my drugs compare to other plans?
- Are all my drugs included on the plan's formulary?
- Are my doctors in the plan's network?
- What is the maximum out of pocket (MOOP) amount for this plan?
- How do provider and hospital copays compare to other plans?
- How do the additional benefits compare with other plans?
- Is there a premium and if so, how much?

There may be trade-offs when choosing among providers, formularies, and costs (co-pays and premiums) for the best-fit plan. The SHIP team is always happy to assist you with your questions.

For more information about each plan, look for these Documents on the plan's website: the *Summary of Benefits* has an overview and the *Evidence of Coverage* has complete detail. You can also call the plan. The website and phone number for each plan are included on the last page of this booklet.

2024 Maricopa County Medicare Advantage PPO Plans

PPO Plan Name	Monthly Premium (in addition to the Part B premium)	Medical Deductible (in/out)	Max Out of Pocket (excluding drugs) (in/out)	Drug Coverage	Copays for Medicare-covered Benefits									
									Hospital Copay/Days					
					PCP (in/out)	Specialist (in/out)	ER (in/out)	Urgent Care (in/out)	In-network/ per day	Out-of-Network/ per day	PT, OT or Speech Therapy (in/out)	Diabetes Supplies (in/out)	Podiatry (in/out)	Chiro-practic (in/out)
Local PPO														
AARP Medicare Advantage Patriot No Rx (2)	up to \$60 rebate	N	\$4,300/\$9,550	N	\$10/\$45	\$40/\$75	\$120/\$120	\$40/\$40	\$395/7	40%	\$40/\$75	\$0/50%	\$40/\$75	\$15/\$75
AARP Medicare Advantage from UHC-06 [061]	\$0	N	\$4,500/\$9,550	Y	\$0/\$35	\$30/\$70	\$120/\$120	\$40/\$40	\$325/6	40%	\$30/\$70	\$0/50%	\$30/\$70	\$15/\$70
AARP Medicare Advantage from UHC-09 [064] (2)	up to \$40 rebate	N	\$5,400/\$9,550	Y	\$0/\$50	\$35/\$70	\$120/\$120	\$40/\$40	\$325/6	40%	\$25/\$70	\$0/50%	\$35/\$70	\$15/\$70
AARP Medicare Advantage from UHC-12 [079]	\$31	N	\$3,500/\$5,750	Y	\$0/\$35	\$30/\$70	\$120/\$120	\$40/\$40	\$250/6	40%	\$25/\$70	\$0/50%	\$30/\$70	\$15/\$70
Aetna Medicare Eagle Plan (2)	\$85 rebate	N	\$4,500/\$8,950	N	\$0/40%	\$45/40%	\$120/\$120	\$50/\$50	\$315/7	40%	\$20/40%	0 - 20%/	\$45/40%	\$20/40%
Aetna Medicare Elite Plan-363	\$0	\$1,000	\$5,900/\$8,950	Y	\$0/40%	\$35/40%	\$120/\$120	\$50/\$50	\$370/5	40%	\$25/40%	0 - 20%/	\$35/40%	\$20/40%
Aetna Medicare Essentials Plan	\$73	N	\$6,500/\$11,300	Y	\$0/40%	\$35/40%	\$100/\$100	\$50/\$50	\$375/5	40%	\$35/40%	0 - 20%/	\$35/40%	\$15/40%
Aetna Medicare Freedom Plan	\$0	\$0/\$500	\$3,850/\$5,750	Y	\$0/40%	\$35/40%	\$135/\$135	\$50/\$50	\$300/5	40%	\$25/40%	0 - 20%/	\$35/40%	\$20/40%
Alignment Health AVA	\$0	N	\$3,900/\$6,500	Y	\$5/\$40	\$20/\$50	\$85/\$85	\$20/\$20	\$150/3	30%	\$0/30%	0%/30%	\$0/30%	\$0/30%
Banner Medicare Advantage Plus-1 (1)	\$20	N	\$4,350/\$8,700	Y	\$0/\$35	\$30/\$70	\$90/\$90	\$0/\$0	\$275/5	40%/90	\$40/40%	0 - 20%/	\$30/40%	\$20/\$70
BlueJourney-1 (1)	\$60	N	\$3,600/\$5,400	Y	\$0/\$30	\$30/\$50	\$125/\$125	\$35/\$35	\$250/6	40%	\$40/40%	\$0 - 20%/	\$30/40%	\$20/40%
Cigna True Choice Medicare	\$0	N	\$4,400/\$8,950	Y	\$0/\$0	\$30/\$50	\$120/\$120	\$30/\$30	\$285/7	\$495/7	\$30/\$50	\$0/40%	\$30/\$50	\$15/50%
Cigna True Choice Savings Medicare (2)	\$45 rebate	N	\$5,600/\$8,950	Y	\$0/\$20	\$40/\$65	\$120/\$120	\$40/\$40	\$310/7	\$495/7	\$40/\$65	\$0/40%	\$40/\$65	\$15/50%
Devoted CHOICE Arizona-001	\$0	N	\$4,900/\$8,950	Y	\$0/\$25	\$25/\$25	\$120/\$120	\$40/\$40	\$250/7	\$250/7	\$25/\$25	\$0/40%	\$25/\$25	\$20/\$20
Humana USAA Honor (2)	up to \$75 rebate	N	\$4,900/\$8,500	N	\$20/50%	\$40/50%	\$120/\$120	\$20/\$20	\$275/6	50%	\$20/50%	\$0 - 20%/	\$40/50%	\$20/50%
Humana USAA Honor with Rx (2)	up to \$50 rebate	N	\$6,100/\$9,550	Y	\$5/40%	\$40/40%	\$120/\$120	\$40/\$40	\$300/6	40%	\$20/40%	\$0 - 20%/	\$40/40%	\$20/40%
Humana Value Plus (1)	\$43.20	\$25	\$7,550/\$11,300	Y	20%/20%	20%/20%	\$90/\$90	20%/20%	\$1,625/ admit	\$1,625/ admit	20%/20%	\$0 - 20%/	20%/20%	20%/20%
HumanaChoice H5216-034 (1)	\$125	\$500	\$7,550/\$11,300	Y	\$10/40%	\$45/40%	\$90/\$90	\$45/\$45	\$335/5	40%	\$40/40%	\$0 - 20%/	\$45/40%	\$15/40%
HumanaChoice H5216-137 (2)	up to \$59 rebate	\$1,000	\$7,350/\$11,300	Y	\$20/40%	\$50/40%	\$100/\$100	20%/20%	\$350/5	40%	20%/40%	\$0 - 20%/	\$50/40%	\$15/40%

2024 Maricopa County Medicare Advantage PPO Plans

PPO Plan Name	Monthly Premium (in addition to the Part B premium)	Medical Deductible (in/out)	Max Out of Pocket (excluding drugs) (in/out)	Drug Coverage	Copays for Medicare-covered Benefits									
									Hospital Copay/Days					
					PCP (in/out)	Specialist (in/out)	ER (in/out)	Urgent Care (in/out)	In-network/ per day	Out-of-Network/ per day	PT, OT or Speech Therapy (in/out)	Diabetes Supplies (in/out)	Podiatry (in/out)	Chiro-practic (in/out)
Local PPO														
HumanaChoice H5216-224 (1)	\$35	N	\$4,150/\$8,500	Y	\$0/\$30	\$30/\$65	\$120/\$120	\$40/\$40	\$295/6	30%	\$30/40%	20%/40%	\$30/\$65	\$20/\$65
HumanaChoice H5216-265	\$0	N	\$4,800/\$8,950	Y	\$0/\$30	\$35/\$35	\$120/\$120	\$40/\$40	\$295/6	40%	\$30/40%	\$0 - 20%/	\$35/\$35	\$20/\$30
HumanaChoice H5216-335	\$107	N	\$2,900/\$2,900	Y	\$0/\$0	\$20/\$20	\$90/\$90	\$40/\$40	\$500/ admit	\$500/ admit	\$20/\$20	\$0 - 20%/	\$20/\$20	\$20/\$20
HumanaChoice H5216-371 (2)	up to \$75 rebate	N	\$6,500/\$9,750	Y	\$0/\$0	\$30/\$50	\$100/\$100	\$30/\$30	\$375/6	\$495/20	\$30/\$50	20%/40%	\$30/\$50	\$15/\$50
Wellcare No Premium Open	\$0	N	\$4,500/\$8,950	Y	\$0/\$20	\$40/\$50	\$120/\$120	\$40/\$40	\$300/6	40%/90	\$40/40%	\$0/40%	\$40/\$50	\$0/40%
Wellcare Patriot Giveback Open (2)	\$50 rebate	N	\$5,000/\$8,950	N	\$0/40%	\$40/40%	\$120/\$120	\$40/\$40	\$250/5	40%/90	\$40/40%	\$0/40%	\$40/40%	\$20/40%
Regional PPO														
HumanaChoice R7220-001	\$0	N	\$5,500/\$8,450	N	\$0/50%	\$40/50%	\$120/\$120	\$25/\$25	\$260/5	50%	\$40/50%	\$0 - 20%/	\$40/50%	\$20/50%
HumanaChoice R7220-002	\$75	N	\$7,800/\$7,800	Y	\$0/50%	\$45/50%	\$100/\$100	\$25/\$25	\$289/6	50%	\$40/50%	\$0 - 20%/	\$45/50%	\$15/50%

(1) Premium may be lower if you have Low Income Subsidy (LIS)

(2) Rebate (Giveback) will be credited monthly to what you owe for Part B Premium

2024 Maricopa County Medicare Advantage PPO Plans

PPO Plan Name	Plan #	Star Rating*	Web Site	Telephone #
Local PPO				
AARP Medicare Advantage Patriot No Rx	H2406-077-0		www.aarpmedicareplans.com	800 555-5757
AARP Medicare Advantage from UHC-06 [061]	H2406-061-0		www.aarpmedicareplans.com	800 555-5757
AARP Medicare Advantage from UHC-09 [064]	H2406-064-0		www.aarpmedicareplans.com	800 555-5757
AARP Medicare Advantage from UHC-12 [079]	H2406-079-0		www.aarpmedicareplans.com	800 555-5757
Aetna Medicare Eagle Plan	H5521-329-0		www.aetnamedicare.com	833 859-6031
Aetna Medicare Elite Plan-363	H5521-363-0		www.aetnamedicare.com	833 859-6031
Aetna Medicare Essentials Plan	H5521-184-0		www.aetnamedicare.com	833 859-6031
Aetna Medicare Freedom Plan	H5521-100-0		www.aetnamedicare.com	833 859-6031
Alignment Health AVA	H9614-001-0		www.alignmenthealthplan.com	888 979-2247
Banner Medicare Advantage Plus-1	H7273-001-0		www.bannerhealth.com/ma	844 556-7685
BlueJourney-1	H5140-001-0		www.azblue.com/medicare	800 466-8331
Cigna True Choice Medicare	H7849-065-0		www.cignamedicare.com	800 313-0973
Cigna True Choice Savings Medicare	H7849-066-0		www.cignamedicare.com	800 313-0973
Devoted CHOICE Arizona-001	H6586-001-0		www.devoted.com	800 376-5889
Humana USAA Honor	H5216-213-0		www.humana.com/medicare	800 833-2364
Humana USAA Honor with Rx	H5216-338-0		www.humana.com/medicare	800 833-2364
Humana Value Plus	H5216-197-0		www.humana.com/medicare	800 833-2364
HumanaChoice H5216-034	H5216-034-0		www.humana.com/medicare	800 833-2364
HumanaChoice H5216-137	H5216-137-0		www.humana.com/medicare	800 833-2364
HumanaChoice H5216-224	H5216-224-0		www.humana.com/medicare	800 833-2364
HumanaChoice H5216-265	H5216-265-0		www.humana.com/medicare	800 833-2364
HumanaChoice H5216-335	H5216-335-0		www.humana.com/medicare	800 833-2364
HumanaChoice H5216-371	H5216-371-0		www.humana.com/medicare	800 833-2364
Wellcare No Premium Open	H8553-001-0		www.wellcare.com	844 917-0175
Wellcare Patriot Giveback Open	H8553-002-0		www.wellcare.com	844 917-0175
Regional PPO				
HumanaChoice R7220-001	R7220-001-0		www.humana.com/medicare	800 833-2364
HumanaChoice R7220-002	R7220-002-0		www.humana.com/medicare	800 833-2364

2024

Full Dual (D-SNP)

Medicare Advantage Special Needs Plans

Maricopa County

Most current revision 10/8/2023

Full Dual Special Needs Plans (D-SNP) are Medicare Advantage plan options for beneficiaries who **have both Medicare and an AHCCCS (Medicaid) health plan** under one of the following programs: QMB, Caretaker, Freedom to Work, ALTCS, other. These plans may offer extra benefits like dental, vision, and hearing aids which are not standard benefits under either Original Medicare or an AHCCCS health plan. **Those enrolled in SLMB or QI-1 are not eligible for these plans.**

D-SNPs work with AHCCCS health plans to provide both medical services and drug coverage. If a beneficiary has BOTH plans, there should be no copays for covered services provided by in-network providers (with both plans) and very small copays for prescribed medications.

D-SNPs have networks (just like the AHCCCS health plans) and you must generally get your care and services from doctors and hospitals in the plan's network, with the exception of **emergency or urgent care**.

These plans also have drug formularies so **be sure your drugs are covered**. If they are not on the plan's formulary, you might have to pay the full retail price. You can use the Plan Finder at Medicare.gov or contact the plan to verify that your medications are in the plan's formulary.

BENEFITS ASSISTANCE PROGRAM - (602) 280-1059

State Health Insurance Assistance Program (SHIP)

A program of the Area Agency on Aging, Region One

1366 East Thomas Rd, Suite 108, Phoenix, AZ 85014



AREA AGENCY ON AGING
REGION ONE, INCORPORATED



This project was supported in part by grant number 15AAZMSHI, from the U.S. Administration for Community Living, Department of Health and Human Services, Washington, D.C. 20201. Grantees undertaking projects under government sponsorship are encouraged to express freely their findings and conclusions. Points of view or opinions do not, therefore, necessarily represent official Administration for Community Living policy.

Medicare D-SNPs and their aligned AHCCCS/ALTCS Plans

It is suggested that clients choose the Medicare D-SNP that is aligned with their AHCCCS health plan if the D-SNP covers all of their prescribed medications and preferred providers are "in-network". Alignment means that the same insurance company is offering both your Medicare plan and Medicaid plan. This ensures that billing between the provider and the plan will be seamless, eliminating billing problems. **See below for how to align plans. If your plans are already aligned, you don't need to do anything.**

If the beneficiary currently is in an "**unaligned situation**", it is suggested that they align their two plans as soon as allowed. Keep in mind that D-SNPs can be changed quarterly but AHCCCS health plans can only be changed once per year on their enrollment anniversary month. (In the fourth quarter, Medicare D-SNP changes can only be made from October 15 through December 7, with changes taking effect January 1.) Call the Office of Client Advocacy at (602) 417-4230 to determine the month you can make that change.

How to Align your Medicare D-SNP and AHCCCS Health Plan - choose the situation below that applies to you and follow the steps indicated.

Newly eligible for an AHCCCS health plan:

1. If you are within 90 calendar days of being approved for an AHCCCS health plan, call the AHCCCS Medical Assistance Specialty Programs (MASP) team at (602) 417-5010 and enroll into the AHCCCS health plan aligned with the D-SNP plan you have selected.
2. Enroll into the D-SNP of your choice by calling that plan. The telephone number for the D-SNP is available in the upper right corner of the page in this booklet.

Covered by an AHCCCS health plan and in your enrollment anniversary month:

1. If you are in your **AHCCCS enrollment anniversary month**, call the AHCCCS Medical Assistance Specialty Programs (MASP) team at (602) 417-5010 and switch to the AHCCCS health plan aligned with the D-SNP plan you have selected.
2. Then call and enroll into the aligned D-SNP. If already enrolled in the D-SNP of your choice, skip this step.

Covered by an AHCCCS health plan and NOT in your enrollment anniversary month:

1. If you are not in your **AHCCCS enrollment anniversary month**, you will have to wait until your anniversary month to change your AHCCCS health plan. Two months prior to your anniversary month you will be reminded of your opportunity to make a change.
2. If you're not enrolled in the D-SNP of your choice, you can enroll into it. However, you will be in an "unaligned" situation until you can change your AHCCCS health plan. Call the AHCCCS Medical Assistance Specialty Programs (MASP) team at 602-417-5010 to make this change.

Page 4 reflects member co-pays, which are the same for all D-SNP plans.

Medicare D-SNPs and their aligned AHCCCS/ALTCS Plans

Page	D-SNP Medicare Advantage Plans	->	Aligned AHCCCS Health Plans
5	Banner Medicare Advantage Dual Plan 007	->	Banner University Family Care
6	BCBSAZ Health Choice Pathway	->	Health Choice Arizona
7	Mercy Care Advantage Plan 001	->	Mercy Care Plan or Mercy Maricopa Integrated
8	Molina Medicare Complete Care	->	Molina Complete Care
9	UnitedHealthcare Dual Complete LP	->	UnitedHealthcare Community Plan
10	WellCare Dual Liberty	->	Arizona Complete Health
	None	->	American Indian Health Program

Descriptions for Plans below NOT included in this packet.

D-SNP options for those on ALTCS	->	Aligned ALTCS Plans
Banner Medicare Advantage Dual Plan 015	->	Banner University Family Care
Mercy Care Advantage Plan 004	->	Mercy Care Plan
UnitedHealthcare Dual Complete ONE	->	UnitedHealthcare Community Plan

Developmentally Disabled - There is a small group of AHCCCS beneficiaries who are "DDD". We rarely encounter these and they require special handling. Please contact a SHIP staff member for assistance.

Co-payments for all D-SNP Plans

Page 4

Monthly Plan Premium	\$0
Maximum Out-of-Pocket Limit (MOOP)	\$0
Out-of-Network Services	NOT COVERED

Physician/Provider Services - Copayments

Primary Care Provider	\$0
Specialist	\$0
Mental Health / Substance Abuse	\$0
Opioid Treatment Services	\$0
PT, OT, Speech Therapy	\$0
Chiropractic (limited services)	\$0
Podiatrist (Medicare-covered services)	\$0

Hospital (Inpatient) Care - Copayments

Hospital inpatient	Per Days 1 - 7	\$0
Hospital inpatient	Per Days 8 - beyond	\$0
Skilled Nursing Facility (SNF)	Per Days 1 - 20	\$0
Skilled Nursing Facility (SNF)	Per Days 21 - 100	\$0

Outpatient Care - Copayments

Hospital Surgery Center	\$0
Ambulatory Surgery Center	\$0
Renal Dialysis	\$0

Emergency/Urgent Care Services - Copayments

Emergency Room / Urgent Care	\$0 / \$0
Ambulance per Trip	\$0

Diagnostic Testing - Copayments

Radiology Tests and Imaging	\$0
Diagnostic & Lab Services	\$0

Diabetes & Durable Medical Equipment (DME) - Copayments

Diabetes Monitoring Supplies and Self-Management Training	\$0
Diabetes therapeutic shoes and inserts	\$0
Equipment (e.g. wheelchairs, oxygen) and Prosthetics (e.g. braces)	\$0

Part B Drugs - Copayments

Part B Immunizations - Flu, pneumonia, and hepatitis B vaccinations	\$0
Chemotherapy, transplant drugs and facility-based infusions	\$0

Part D Prescription Drugs - Copayments

Maximum monthly co-pay for drugs on the plan's formulary (covered)	generic: \$1.55	brand name: \$4.60
--	-----------------	--------------------

Additional Benefits (Non-Medicare covered)

Routine eye exam	\$0 co-pay
Vision (Exams, lenses, glasses): \$400 allowance per year	\$0 co-pay
Hearing Aid Appliance: \$3,300 allowance every year	\$0 co-pay
Transportation to approved locations (36 one-way trips)	\$0 co-pay
Dental: Preventive and Comprehensive up to \$4,000 allowance per year	\$0 co-pay
Meals after Hospital Stay (up to 12 meals)	\$0 co-pay
Over-the-Counter allowance on approved health products	\$250 per quarter
24-hour Nurse Line	\$0 co-pay
Fitness Program	\$0 co-pay
Routine chiropractic (6 visits per year)	\$0 co-pay
Routine footcare (6 visits per year)	\$0 co-pay

Physician Network

**** Check with the plan to determine if your physician is in their network.**

Pharmacies

**** Check with the plan for the lowest-cost pharmacy.**

Hospital Networks

**** Check with the plan to find a hospital in their network.**

Additional Benefits (Non-Medicare covered)

Routine eye exam	\$0 co-pay
Eyewear: \$450 allowance every year for contact lenses or eyeglasses	\$0 co-pay
Hearing: \$2,500 allowance every year for hearing aids and fittings	\$0 co-pay
Transportation to approved locations: up to 48 one-way trips	\$0 co-pay
Dental: \$4,000 allowance per year for Preventive and Comprehensive	\$0 co-pay
Meals after Hospital Stay: up to 70 meals per calendar year	\$0 co-pay
Over-the-Counter allowance /healthy foods	\$600 per quarter
24-hour Nurse Line	\$0 co-pay
Fitness Program	\$0 co-pay
Routine chiropractic (12 visits per year)	\$0 co-pay
Routine footcare (6 visits per year)	\$0 co-pay
Flex Card: Dental, Vision & Hearing \$1,000 supplemental benefit	\$0 co-pay

Physician Network

**** Check with the plan to determine if your physician is in their network.**

Pharmacies

**** Check with the plan for the lowest-cost pharmacy.**

Hospital Networks

**** Check with the plan to find a hospital in their network.**

Additional Benefits (Non-Medicare covered)

Routine eye exam (up to 1 every year)	\$0 co-pay
Eyewear (exams, lenses, glasses - \$300 allowance every year)	\$0 co-pay
Hearing Aid Appliance (\$1,900 allowance every 2 years)	\$0 co-pay
Transportation (up to 42 one-way trips to approved services)	\$0 co-pay
Dental (comprehensive \$5,000 allowance every year; preventive no charge)	\$0 co-pay
Meals after Hospital Stay (14 meals for each discharge)	\$0 co-pay
Over-the-Counter allowance on approved health products	\$100 per month
24-hour Nurse Line	\$0 co-pay
Fitness Program	\$0 co-pay
Routine chiropractic (up to 12 visits every calendar year)	\$0 co-pay
Routine footcare (1 visit every 3 months)	\$0 co-pay

Physician Network

**** Check with the plan to determine if your physician is in their network.**

Pharmacies

**** Check with the plan for the lowest-cost pharmacy.**

Hospital Networks

**** Check with the plan to find a hospital in their network.**

Additional Benefits (Non-Medicare covered)

Routine eye exam (one every year)	\$0 co-pay
Eyewear: up to \$500 allowance every year	\$0 co-pay
Hearing Aid allowance of \$3,500 for both ears combined every year	\$0 co-pay
Transportation to approved locations	not covered
Dental: Preventive and Comprehensive up to \$550 allowance per year	\$0 co-pay
Meals after Hospital Stay	not covered
Over-the-Counter allowance	\$150 per quarter
24-hour Nurse Line	\$0 co-pay
Fitness Program	not covered
Adult Day Care	not covered
Routine chiropractic (12 visits per year)	\$0 co-pay
Routine footcare	not covered

Physician Network

**** Check with the plan to determine if your physician is in their network.**

Pharmacies

**** Check with the plan for the lowest-cost pharmacy.**

Hospital Networks

**** Check with the plan to find a hospital in their network.**

Additional Benefits (Non-Medicare covered)

Routine eye exam (1 each year)	\$0 co-pay
Eyewear (lenses, frames, and contacts \$300 allowance every year)	\$0 co-pay
Hearing Aid Appliance (\$3,600 allowance, up to 2 aids every year)	\$0 co-pay
Transportation to approved locations (36 one-way trips)	\$0 co-pay
Dental (\$4,500 allowance on preventive and comprehensive)	\$0 co-pay
Meals after Hospital/SNF Stay - 28 meals	\$0 co-pay
Over-the-Counter, groceries & utilities	\$157 per month
24-hour Nurse Line	\$0 co-pay
Fitness Program	\$0 co-pay
Routine chiropractic (12 visits every year)	\$0 co-pay
Routine footcare (4 visits every year)	\$0 co-pay
Home Support services - Companionship, errands, chores	\$225 per quarter
Personal Emergency Response System	\$0 co-pay

Physician Network

**** Check with the plan to determine if your physician is in their network.**

Pharmacies

**** Check with the plan for the lowest-cost pharmacy.**

Hospital Networks

**** Check with the plan to find a hospital in their network.**

Additional Benefits (Non-Medicare covered)

Routine eye exam (one per year)	\$0 co-pay
Eyewear (lenses, frames, contacts up to \$300 allowance per year)	\$0 co-pay
Hearing Aid Appliance (\$1,000 allowance per ear per year)	\$0 co-pay
Transportation to approved locations (24 one-way trips)	\$0 co-pay
Dental (up to \$4,000 allowance for preventive and comprehensive)	\$0 co-pay
Meals after Hospital Stay (42 meals per occurrence)	\$0 co-pay
Over-the-Counter, groceries, dental & utilities	\$125 per month
24-hour Nurse Line	\$0 co-pay
Fitness Program	\$0 co-pay
Routine chiropractic	not covered
Routine footcare	not covered

Physician Network

**** Check with the plan to determine if your physician is in their network.**

Pharmacies

**** Check with the plan for the lowest-cost pharmacy.**

Hospital Networks

**** Check with the plan to find a hospital in their network.**

2024 Chronic Conditions & Institutional Care

Medicare Advantage Special Needs Plans (SNP)

Maricopa County

Most current revision 10/5/2023

In this packet are Medicare Advantage (MA) Health Maintenance Organization (HMO) and Preferred Provider Organization (PPO) plans available to people with special needs as defined by the health plan. These plans limit membership to people with specific diseases or characteristics and tailor their benefits, provider choices and drug formularies to best meet the needs of the groups they serve. These plans are available for 2024 to Medicare beneficiaries living in Maricopa County. Use the enclosed information to compare plans, then select the one that best meets your individual needs.

Joining a MA Special Needs Plan (SNP) is allowed under the same conditions as standard MA plans (IEP, OEP, MA OEP, and SEPs). A Special Enrollment Period (SEP) of particular note allows beneficiaries to apply to a Chronic Condition SNP (C-SNP) any time, if they get a note from their doctor that they are eligible to enroll because they have the condition addressed by the plan. This can be done once during the year and lasts until the beginning of the following year.

A similar SEP allows a beneficiary to enroll in an Institutional Special Needs Plan (I-SNP) if they have lived in, or are expected to live in a facility served by the I-SNP, for at least 90 days.

If you no longer meet the qualifications to participate in the plan, the plan will notify you, and also notify you of a grace period, which varies by plan. After the grace period ends, you have 2 months to select a new plan.

Ask SHIP or Medicare if you have questions about timing.

BENEFITS ASSISTANCE PROGRAM

A State Health Insurance Assistance Program (SHIP)

A program of the Area Agency on Aging, Region One

1366 East Thomas Rd, Suite 108, Phoenix, AZ 85014

602-280-1059



AREA AGENCY ON AGING
REGION ONE, INCORPORATED



This project was supported in part by grant number 15AAZMSHI, from the U.S. Administration for Community Living, Department of Health and Human Services, Washington, D.C. 20201. Grantees undertaking projects under government sponsorship are encouraged to express freely their findings and conclusions. Points of view or opinions do not, therefore, necessarily represent official Administration for Community Living policy.

What to Consider When Choosing a Plan

Evaluate Your Prescription Costs

A major consideration in choosing a health plan is whether the medications you take are on the plan's formulary, and what your yearly cost will be. Your cost will vary by health plan and pharmacy. The [medicare.gov](https://www.medicare.gov) website "Plan Finder" software will determine your total cost for each plan including any premium, deductible, and copay for your specific drugs. The SHIP team can help you with this.

Evaluate the Provider Network

HMOs have a network of doctors, hospitals, and other health care providers who have contracted with the plan to provide care to that plan's Medicare beneficiaries. Except for emergency or urgent care, you must generally receive your care from the providers and hospitals in the plan's network. If you get routine health care outside the plan's network, you will have to pay the full cost of care for that visit. A referral from your primary care provider is usually required for specialist care.

PPOs have a network of providers and generally have an additional premium to the Part B premium. If you use a network provider, you pay a negotiated price, which is typically lower than that paid by non-members. If you use a provider that is not in the network, you will have coverage, but your copays will be higher than if you use a network provider. Maximum out of pocket amounts are typically calculated separately for in-network and out-of-network providers. You generally do not need to have a primary care provider, and you can see specialists without a referral. However, it is often a good idea to have a PCP to coordinate your care. They can also help in finding and recommending specialists.

If you have providers you want to keep, check with the health plan or doctor's billing office to determine if your providers are contracted with the plan(s) you are considering. Most insurers offer several plans and your provider may not be in all of them. Verify the full name and plan number when checking to ensure the provider is in that plan's network.

In summary, consider these questions as you make your decision.

- How does the total cost of my drugs compare to other plans?
- Are all my drugs included on the plan's formulary?
- Are my doctors in the plan's network?
- What is the maximum out of pocket (MOOP) amount for this plan?
- How do provider and hospital copays compare to other plans?
- How do the additional benefits compare with other plans?
- Is there a premium and if so, how much?

There may be trade-offs when choosing among providers, formularies, and costs (co-pays and premiums) for the best-fit plan. The SHIP team is always happy to assist you with your questions.

For more information about each plan, look for these Documents on the plan's website: the *Summary of Benefits* has an overview and the *Evidence of Coverage* has complete detail. You can also call the plan. The website and phone number for each plan are included in this booklet.

2024 Maricopa County Medicare Advantage Chronic Condition Special Needs Plans (C-SNPs)

Chronic Condition SNP HMOs Plan Name	Chronic Condition(s)	Monthly Premium (besides the Part B Premium)	Max Out of Pocket (excluding drugs)	Drug Coverage	Copays							
					PCP	Specialist	ER / Urgent Care	Hospital Copay/ Days	PT, OT or Speech Therapy	Diabetes Supplies	Podiatry	Chiropractic
Alignment Health Heart & Diabetes	Cardio, CHF, DM	\$0	\$2,499	Y	\$0	\$0	\$75/\$0	\$125/5	\$0	\$0	\$0	\$0
Alignment Health Heart & Diabetes Plus	Cardio, CHF, DM	\$0	\$8,850	Y	\$0	\$0	20%/0	\$1,600/1	20%	0%	\$0	\$0
Cigna Achieve Medicare	DM	\$0	\$3,100	Y	\$0	\$15	\$135/\$20	\$225/7	\$15	\$0	\$15	\$20
Devoted BE WELL Arizona	Cardio, CHF, DM	\$0	\$3,200	Y	\$0	\$0-\$15	\$135/\$0	\$175/7	\$10-\$20	\$0	\$0	\$15
Devoted BE WELL PLUS Arizona (014) (1)	Cardio, CHF, DM	\$20.00	\$3,200	Y	\$0	\$0-\$15	\$135/\$0	\$175/7	\$10-\$20	\$0-20%	\$0	\$15
Gold Kidney Health Plan Dialysis Complete (HMO-POS) (1)	ESRD	\$37.80	\$8,850	Y	20%	20%	\$95/\$55	\$1,612/1	20%	\$0	20%	20%
Gold Kidney Health Plan Dialysis Plus (HMO-POS)	ESRD	\$0	\$2,700	Y	\$0	\$0-\$10	\$120/\$40	\$175/5	\$10	\$0	\$0	\$20
Gold Kidney Health Plan Gold Circle (HMO-POS)	Cardio, CHF, DM	\$0	\$8,850	Y	20%	20%	\$100/\$55	\$1,612/1	20%	20%	20%	20%
Gold Kidney Health Plan Super Complete (HMO-POS) (1)	Cardio, CHF, DM	\$25.80	\$8,850	Y	20%	20%	\$90/\$10	\$1,612/1	20%	\$0	20%	20%
Gold Kidney Health Plan Super Plus (HMO-POS) (2)	Cardio, CHF, DM	\$50 rebate	\$3,000	Y	\$0	\$0 - \$10	\$90/\$10	\$175/7	\$10	\$0	\$0	\$20
SCAN Balance	DM	\$0	\$2,000	Y	\$0	\$0	\$90/\$0	\$75/5	\$0-\$10	\$0	\$0	\$0
SCAN Heart First	Cardio and CHF	\$0	\$2,000	Y	\$0	\$0	\$90/\$0	\$75/5	\$0-\$10	\$0	\$0	\$0
SCAN Strive	Cardio, CHF, DM	\$34.90	\$8,850	Y	\$0	\$0	\$100/	\$1,600/1	20%	\$0	20%	20%
UHC Complete Care AZ-001P (HMO-POS)	Cardio, CHF, DM	\$0	\$2,500	Y	\$0	\$10	\$125/\$40	\$175/7	\$0	\$0-20%	\$10	\$10
Wellcare Specialty No Premium (038)	Cardio, CHF, DM	\$0	\$3,450	Y	\$0	\$15	\$135/\$10	\$250/5	\$15	\$0	\$15	\$15

(1) Premium may be lower if you have Low Income Subsidy (LIS)

(2) Rebate will be credited monthly to what you owe for the Part B premium.

Cardio=Cardiovascular Disorders
 CHF=Chronic Heart Failure
 DM=Diabetes Mellitus
 ESRD=End Stage Renal Disease

Plan Name	Plan #	Rating *	Telephone	Website
Alignment Health Heart & Diabetes	H3443-003		888 979-2247	https://www.alignmenthealthplan.com
Alignment Health Heart & Diabetes Plus	H3443-006		888 979-2247	https://www.alignmenthealthplan.com
Cigna Achieve Medicare	H0354-027		800 313-0973	https://www.cignamedicare.com
Devoted BE WELL Arizona	H8173-011		800 376-5889	https://www.devoted.com
Devoted BE WELL PLUS Arizona (014)	H8173-014		800 376-5889	https://www.devoted.com
Gold Kidney Health Plan Dialysis Complete	H4869-004		844 294-6535	https://www.goldkidney.com
Gold Kidney Health Plan Dialysis Plus	H4869-003		844 294-6535	https://www.goldkidney.com
Gold Kidney Health Plan Gold Circle	H4869-010		844 294-6535	https://www.goldkidney.com
Gold Kidney Health Plan Super Complete	H4869-002		844 294-6535	https://www.goldkidney.com
Gold Kidney Health Plan Super Plus	H4869-001		844 294-6535	https://www.goldkidney.com
SCAN Balance	H1822-002		866 490-7226	https://www.scandeserthealthplan.com
SCAN Heart First	H1822-003		866 490-7226	https://www.scandeserthealthplan.com
SCAN Strive	H1822-006		866 490-7226	https://www.scandeserthealthplan.com
UHC Complete Care AZ-001P	H0609-042		800 555-5757	https://www.uhc.com/medicare
Wellcare Specialty No Premium (038)	H0351-038		844 917-0175	https://www.wellcare.com/allwellaz

2024 Maricopa County Medicare Advantage Institutional Special Needs Plans (I-SNPs)

Institutional SNP HMO Plan Name	Monthly Premium (besides the Part B Premium)	Max Out of Pocket (excluding drugs)	Drug Coverage	Copays							
				PCP	Specialist	ER / Urgent Care	Hospital Copay/ Days	PT, OT or Speech Therapy	Diabetes Supplies	Podiatry	Chiropractic
Wellpoint I Carelon Home Care 2	\$0	\$2,700	Y	\$0	\$0	\$120/\$0	\$170/5	\$0	\$0	\$0	\$0
Wellpoint I Carelon Home Care (008)	\$0	\$3,000	Y	\$0	\$0	\$120/\$0	\$175/5	\$0	\$0	\$0	\$0
SCAN Embrace	\$0	\$1,500	Y	\$0	\$0 or \$10	\$120/\$0	\$150/5	\$0	\$0	\$0	\$0

Institutional SNP PPO Plan Name	Monthly Premium (besides the Part B Premium)	Max Out of Pocket (excluding drugs) (in/out)	Drug Coverage	Copays									
				PCP (in/out)	Specialist (in/out)	ER (in/out)	Urgent Care (in/out)	Hospital Copay/Days		PT OT or Speech Therapy (in/out)	Diabetes Supplies (in/out)	Podiatry (in/out)	Chiropractic (in/out)
UHC Nursing Home Plan AZ-F001 (1)	\$38.90	\$2,000/\$5,600	Y	\$0/30%	\$0 - 20%/30%	\$100/\$100	\$40/\$40	\$75/34	30%	\$0/30%	20%/30%	\$0 - 20%/30%	\$0 - 20%/30%

(1) Premium may be lower if you have Low Income Subsidy (LIS)

Plan Name	Plan #	Star Rating *	Telephone	Website
Wellpoint I Carelon Home Care 2 (HMO)	H2593-003		855 593-0914	https://www.shopamerigroup.com/medicare
Wellpoint I Carelon Home Care (008) (HMO)	H1423-008		855 593-0906	https://www.shopamerigroup.com/medicare
SCAN Embrace (HMO-POS)	H1822-005		866 490-7226	https://www.scandeserthealthplan.com
UHC Nursing Home Plan AZ-F001 (PPO)	H0710-005		888 834-3721	https://www.uhc.com/medicare

* "new" indicates that the plan is too new to be rated.



AREA AGENCY ON AGING
REGION ONE, INCORPORATED



2024

ARIZONA PRESCRIPTION DRUG PLANS (PDP) - PART D

Joining a prescription drug plan or switching from one to another is only allowed during certain periods, for example when you first are eligible for Medicare, during the annual Open Enrollment Period, and during other Special Enrollment Periods. (Call SHIP at 602 280-1059 if you have questions about timing.) Use the enclosed information to compare plans, then select the one that best meets your individual needs.

How do I evaluate a Medicare Drug Plan and why should I do this every year?

Prescription drug plans vary by content and cost. A plan’s formulary is the list of medications it covers, broken into tiers reflecting different copayments or level of coverage. In addition, there may be a monthly premium and a deductible. Each year it is important to review the costs for your drug plan to be sure they are not significantly higher. Drug plans change from year to year. Drugs included on the plan’s formulary change as new drugs are added and others are removed. In addition, the tier assigned to a drug may change resulting in a change to the copayment. You can switch from one Part D prescription plan to another during the annual Open Enrollment Period (OEP).

To evaluate whether to select and/or change your drug plan, consider the following:

1. What is the total cost for my drugs, which includes the premium, deductible, copayments, and any drugs not on the formulary?
2. Are all my drugs on the formulary, and does it make a significant difference in the total cost?
3. Are there preferred pharmacies, are they convenient and does it matter? The pharmacy you use may make a significant difference in your total cost.
4. Is there a deductible for this plan?
5. What is the monthly premium? The plan with the lowest premium may not have the lowest cost for the drugs you are taking.

The Medicare.gov website has Plan Finder software to help you determine your total drug costs. You enter your medications (drug name, dosage, frequency), and it will provide results showing the total cost for your prescription drugs for all Part D Drug Plans.

The SHIP team is always happy to assist you with your questions.

OEP is October 15 through December 7, with changes taking effect on January 1. Be sure to re-evaluate your choices each OEP to ensure your costs are low and your needs are still being met. Your medications will be available in the Plan Finder, allowing easy analysis of costs for the upcoming year. Plan Finder results show the total cost, which includes the premium, deductible, and copays.

PLAN NAME PLAN NUMBER	DEDUCTIBLE	COMPANY NAME PHONE NUMBER	MONTHLY PREMIUM	PREFERRED PHARMACIES
	Star Rating			
AARP Medicare Rx Basic from UHC S5921-380	\$545	UnitedHealthcare 888 867-5564 www.aarpmedicareplans.com	\$39.30	Frys, Mail Order, Walgreens, Walmart
			LIS \$0.00	
AARP Medicare Rx Preferred from UHC S5820-027	\$0	UnitedHealthcare 888 867-5564 www.aarpmedicareplans.com	\$98.20	Frys, Mail Order, Walgreens, Walmart
			LIS: \$55.00	

PLAN NAME PLAN NUMBER	DEDUCTIBLE	COMPANY NAME PHONE NUMBER	MONTHLY PREMIUM	PREFERRED PHARMACIES
	Star Rating			
AARP Medicare Rx Walgreens from UHC S5921-409	\$410*	UnitedHealthcare 800 753-8004 www.aarpmedicareplans.com	\$47.10	Mail Order, Walgreens
			LIS: \$7.50	
Aetna Medicare SilverScript Choice S5601-056	\$545	Aetna Medicare 833 526-2445 www.aetnamedicare.com	\$50.40	Costco, CVS, Fry's, Mail Order, Osco, Safeway, Walmart
			LIS: \$7.20	
Aetna Medicare SilverScript Plus S5601-057	\$200*	Aetna Medicare 833 526-2445 www.aetnamedicare.com	\$112.10	Costco, CVS, Fry's, Mail Order, Osco, Safeway, Walmart
			LIS: \$68.90	
Aetna Medicare SilverScript SmartSaver S5601-203	\$280*	Aetna Medicare 833 526-2445 www.aetnamedicare.com	\$9.90	Costco, CVS, Fry's, Mail Order, Osco, Safeway, Walmart
			LIS: \$2.40	
Blue MedicareRx Enhanced S6506-002	\$0	Blue Cross Blue Shield of AZ 800 422-0761 www.yourAZmedicareolutions.com	\$158.60	No Preferred Pharmacies
			LIS: \$115.40	
Blue MedicareRx Value S6506-001	\$545	Blue Cross Blue Shield of AZ 800 422-0761 www.yourAZmedicareolutions.com	\$52.70	No Preferred Pharmacies
			LIS: \$9.50	
Cigna Extra Rx S5617-273	\$145*	Cigna 800 735-1459 www.cignamedicare.com	\$73.00	Mail Order, Osco, Safeway, Walgreens Walmart
			LIS: \$29.80	
Cigna Saver Rx S5617-378	\$545*	Cigna 800 735-1459 www.cignamedicare.com	\$11.70	Mail Order, Osco, Walgreens, Walmart
			LIS: \$11.70	
Cigna Secure Rx S5617-138	\$545	Cigna 800 735-1459 www.cignamedicare.com	\$42.20	Mail Order, Osco, Safeway, Walgreens Walmart
			LIS: \$0.00	

PLAN NAME PLAN NUMBER	DEDUCTIBLE	COMPANY NAME PHONE NUMBER	MONTHLY PREMIUM	PREFERRED PHARMACIES
	Star Rating			
Clear Spring Health Value Rx S6946-023	\$545	Clear Spring Health 877 317-6082 www.clearspringhealthcare.com	\$26.70 LIS: \$0.00	CVS, Mail Order, Walmart
Humana Basic Rx Plan S5884-146	\$545	Humana 800 706-0872 www.humana.com/medicare	\$45.60 LIS \$2.40	Mail Order
Humana Premier Rx Plan S5884-174	\$200*	Humana 800 706-0872 www.humana.com/medicare	\$103.10 LIS: \$59.90	Costco, Mail Order, Osco, Safeway, Walmart
Humana Walmart Value Rx Plan S5884-207	\$545*	Humana 800 706-0872 www.humana.com/medicare	\$33.60 LIS \$6.30	Costco, Mail Order, Osco, Safeway, Walmart
Mutual of Omaha Rx Essential S7126-130	\$545*	Mutual of Omaha Rx 800 961-9006 www.mutualofomaharx.com	\$22.90 LIS: \$22.90	Bashas, Costco, CVS, Mail Order, Walmart
Mutual of Omaha Rx Plus S7126-027	\$545	Mutual of Omaha Rx 800 961-9006 www.mutualofomaharx.com	\$103.20 LIS: \$60.00	Bashas, Costco, CVS, Mail Order, Walmart
Mutual of Omaha Rx Premier S7126-097	\$349*	Mutual of Omaha Rx 800 961-9006 www.mutualofomaharx.com	\$67.50 LIS: \$24.30	Bashas, Costco, CVS, Mail Order, Walmart

PLAN NAME PLAN NUMBER	DEDUCTIBLE	COMPANY NAME PHONE NUMBER	MONTHLY PREMIUM	PREFERRED PHARMACIES
	Star Rating			
Wellcare Classic S4802-092	\$545	Wellcare 866 859-9084 www.wellcare.com/pdp	\$37.30 LIS: \$0	Costco, CVS, Fry's, Mail Order, Osco, Safeway, Walgreens
Wellcare Medicare Rx Value Plus S4802-231	\$0	Wellcare 866 859-9084 www.wellcare.com/pdp	\$78.90 LIS: \$49.20	Costco, CVS, Fry's, Mail Order, Osco, Safeway, Walgreens
Wellcare Value Script S4802-134	\$400*	Wellcare 866 859-9084 www.wellcare.com/pdp	\$0.00 LIS: \$0.00	Costco, CVS, Fry's, Mail Order, Osco, Safeway, Walgreens

* Deductible does not apply to all drugs

LIS – Limited Income Subsidy means getting Extra Help from Social Security to pay for medications.

This project was supported in part by grant number 15AAAZMSHI, from the U.S. Administration for Community Living, Department of Health and Human Services, Washington, D.C. 20201. Grantees undertaking projects under government sponsorship are encouraged to express freely their findings and conclusions. Points of view or opinions do not, therefore, necessarily represent official Administration for Community Living policy.