2026
Master Booklet – Medicare Plans
Coconino County

Most Current Revision: 10/15/2025

Included in this booklet are the Medicare Advantage health plans and Medicare prescriptions plans available to individuals enrolled in Medicare and living in Coconino County. These plans are available for 2026. 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
Northern Arizona Council of Governments (NACOG) - 800 432-4040
323 N. San Francisco St., Ste A, Flagstaff, AZ 86001

SHIP State Health Insurance Assistance Program
Navigating Medicare

SMP Senior Medicare Patrol
Preventing Medicare Fraud

This project was supported by the Administration for Community Living (ACL), U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling $844,187 with 100 percent funding by ACL/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by ACL/HHS or the U.S. Government.

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2026
Medicare Advantage Plans
HMO
Coconino County

Most current revision 10/15/2025

Included in this packet is information about Medicare Advantage (MA) Health Maintenance Organization (HMO) plans, available to individuals enrolled in Medicare and living in Coconino County. These plans are available for 2026.

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 (Initial Enrollment Period); during Special Enrollment Periods (SEPs), including a new, temporary SEP for incorrect Medicare Plan Finder Provider Directory Information; and annually at the times below:

Open Enrollment Period (OEP) **: October 15th – December 7th**, with the change effective on January 1.
A plan's costs, benefits, providers, and formulary might 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.

Medicare Advantage Open Enrollment Period (MA OEP) **: January 1 through March 31**, with the change effective the 1st of the next month. If you are enrolled in an MA plan on January 1, you can switch to another MA plan or back to Original Medicare (OM). Only one change is allowed. Note: if you go back to OM, you should also enroll in a Part D prescription drug plan and also strongly consider enrolling in a Medicare Supplement (Medigap) plan (which may require medical underwriting).

Ask SHIP or Medicare if you have any questions about timing.

State Health Insurance Assistance Program (SHIP)
A program of the Northern Arizona Council of Governments (NACOG)
323 N San Francisco Street, Suite A Flagstaff, AZ 86001
928-251-0776

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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 has a ***Find Plans Now*** tool that 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. Check with SHIP to see whether you are eligible for *Extra Help* (also known as *Limited Income Subsidy* or *LIS*), which provides financial assistance for drug costs.

The maximum amount of copays you will pay for covered prescription drugs in a calendar year is $2,100. The monthly premium you pay, if any, is not counted toward that $2,100 maximum.

Every plan has an optional Prescription Payment Plan (PPP) available. The PPP allows you to spread out your copays for covered prescription drugs throughout the calendar year instead of paying them all at once at the pharmacy. You can opt-in to your plan's PPP either when you enroll in the plan or anytime during the calendar year. You can opt-out of your plan's PPP at any time.

New in 2026, certain drugs will have Medicare-negotiated pricing.

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 might 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 monthly premium and if so, how much?

There might 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.

2026 Coconino County Medicare Advantage HMO Plans

Health Maintenance Organization (HMO) Plan Name	Monthly Premium (besides the Part B premium)	Max Out of Pocket (excluding drugs)	Part D Drug Coverage/ Deductible*	Copays for Medicare-covered Benefits								Extra 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)	Gym
Aetna Medicare Signature (6)	$0	$6,750	Y/$615	$0	$75	$130/$50	$430/7	$30	0% - 20%	$75	$15	Y	Y	$500	N	$15	N	N	Y
Devoted Core 007 AZ (6)	$0	$6,750	Y/$375	$0	$45	$130/ $0 - $45	$450/5	$0 - $65	$0 - 50%	$45	$15	Y	Y	$750	N	N	N	N	Y
Wellcare Giveback -054 (2) (7)	$29 rebate	$9,250	Y/$615	$0	$50	$115/$40	$400/6	$35 - $40	$0	$50	$15	Y	Y	$1,000	N	N	N	N	Y
Wellcare Simple -053	$0	$7,000	Y/$615	$0	$25	$115/$40	$325/6	$30	$0	$25	$15	Y + $40/ mth Flex	Y + $40/ mth Flex	$2,000 + $40/mth Flex	12	$40/mth Flex	N	N	Y
Wellpoint Medicare Advantage (4)	$0	$3,000	Y/$200	$0	$20	$150/$40	$175/7	$15	$0	$0	$20	Y + $500/ yr Flex	Y + $500/ yr Flex	$750 + $500/yr Flex	12 or 60	$65	$0/4	N	Y

* The drug deductible might not apply to all of your medications.

(2) Rebate (Giveback) will be credited monthly to what you owe for Part B Premium
(3) Plan includes a $350 quarterly credit that can be used to lower out-of-pocket costs for some services
(4) HMO-POS
(5) Separate Max-Out-of-Pocket and different co-pays for In-network and Out-of-network
(6) No referral needed from a PCP to see an in-network specialist
(7) Plan has a medical deductible for some Part B services
(9) No deductible for medications if you qualify for Extra Help

* for Dental:
Prev indicates only preventive coverage;
A dollar value indicates the maximum annual amount for preventive and comprehensive care;
"Flex" indicates the specified dollar amount can be shared between the indicated Extra Benefits;
^ indicates the range of co-pays for certain services

§ for Rides:
U is unlimited for select locations

^ for Quarterly OTC Allowance:
* indicates $80 for Pima County; $86 for Maricopa and Pinal counties

2026 Coconino County Medicare Advantage HMO Plans

Plan Name	Plan #	Star Rating	Website	Telephone
Aetna Medicare Signature	H4835-002-0	3.0	www.aetna.com/medicare	833-859-6031
Devoted Core 007 AZ	H8173-007-0	3.5	www.Devoted.com	800-385-0916
Wellcare Giveback -054	H0351-054-0	3.5	go.wellcare.com/AZ	844-480-0680
Wellcare Simple -053	H0351-053-0	3.5	go.wellcare.com/AZ	844-480-0680
Wellpoint Medicare Advantage	H1423-009-0	3.0	shop.wellpoint.com/medicare	844-590-3857

2026
Medicare Advantage Plans
PPO
Coconino County

Most current revision 10/15/2025

Included in this packet is information about Medicare Advantage (MA) Preferred Provider Organization (PPO) plans, available to individuals enrolled in Medicare and living in Coconino County. These plans are available for 2026.

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A plan's costs, benefits, providers, and formulary might 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.

Medicare Advantage Open Enrollment Period (MA OEP) **: January 1 through March 31**, the change effective the 1st of the next month. If you are enrolled in an MA plan on January 1, you can switch to another MA plan or back to Original Medicare (OM). Only one change is allowed. Note: if you go back to OM, you should also enroll in a Part D prescription drug plan and also strongly consider enrolling in a Medicare Supplement (Medigap) plan (which may require medical underwriting).

Ask SHIP or Medicare if you have any questions about timing.

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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** website has a ***Find Plans Now*** tool that 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.

The maximum amount of copays you will pay for covered prescription drugs in a calendar year is $2,100. The monthly premium you pay, if any, is not counted toward that $2,100 maximum.

Each plan has an optional Prescription Payment Plan (PPP) available. The PPP allows you to spread out your co-pays for covered prescription drugs throughout the calendar year instead of paying them all at once at the pharmacy. You can opt-in to your plan's PPP either when you enroll in the plan or anytime during the calendar year. You can opt-out of your plan's PPP at any time.

New in 2026, certain drugs will have Medicare-negotiated pricing.

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. You do not need to have a primary care provider (PCP), 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 might 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, can be a percentage of the charges rather than a fixed copay 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 are the maximum in- and out-of-network out of pocket (MOOP) amounts 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 monthly premium and if so, how much?

There might 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.

2026 Coconino 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)	Part D Drug Coverage/ Deductible*	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 Med Adv Access from UHC AZ-15	$295	N	$3,000 combined	Y/$600	$0/$0	$0/$0	$0/$0	$0/$0	$0	$0	$0/$0	$0/$0	$0/$0	$0/$0
AARP Med Adv from UHC AZ-0008	$45	N	$5,900/ $10,100	Y/$600	$0/$35	$0 -$45/ $85 *	$130/$130	$50/$50	$395/7	40%	$45/$85	$0/50%	$45/$85	$15/$85
AARP Med Adv from UHC AZ-0010	$0	N	$6,700/ $10,100	Y/$600	$0/$35	$0 - $60/ $95 *	$130/$130	$50/$50	$550/5	40%	$50-$60/$95	$0/50%	$45/$95	$15/$95
AARP Med Adv Patriot No Rx AZ-MA01 (2)	up to $100 rebate	N	$6,700/ $10,100	N	$0 - $10/ $45 *	$0 - $55/ $85 *	$130/$130	$50/$50	$535/5	40%	$50-$55/$85	$0/50%	$45/$85	$15/$85
Devoted Choice 002 AZ	$0	N	$5,900/ $8,950	Y/$375	$0/$25	$40/$40	$130/$130	$0 - $45/ $25 - $45 *	$335/7	$335/7	$0 - $65/ $20 - $65 *	$0 - 50%/ 50%	$40/$40	$15/$15
Devoted Choice Giveback 006 AZ (2)	$125.60 rebate	N	$8,300/ $10,000	Y/$605	$0/$25	$45/$45	$115/$115	$0 - $40/ $25 - $40 *	$475/4	$475/4	$0 - $50/ $20 - $50 *	$0 - 20%/ 50%	$45/$45	$15/$15
Devoted Choice MA Only 005 AZ (2)	$184.70 rebate	N	$5,900/ $7,900	N	$0/$25	$45/$45	$130/$130	$0 - $45/ $25 - $45 *	$425/4	$425/4	$0 - $50/ $20 - $50 *	$0 - 50%/ 50%	$45/$45	$0/$0
Humana USAA Honor Giveback (2)	up to $95 rebate	N	$5,150/ $10,100	N	$0/50%	$45/50%	$130/$130	$50/$50	$340/6	50%	$35/50%	$0 - 20%/ 20% - 50%	$45/50%	$15/50%
Regional PPO														
HumanaChoice R7220-001	$0	N	$6,000/ $9,000	N	$0/50%	$60/50%	$130/$130	$50/$50	$325/5	50%	$40/50%	$0 - 20%/ 30% - 35%	$60/50%	$15/50%
HumanaChoice R7220-002 (3)	$37	N	$6,800/ $7,900	Y/$615	$0/50%	$50/50%	$115/$115	$40/$40	$350/6	50%	$35/50%	$0 - 20%/ 50%	$50/50%	$15/50%

*The drug deductible might not apply to all of your medications.

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

(3) No deductible for medications if you qualify for Extra Help

For PT, OT or Speech Therapy:
* indicates $0 co-pay applies only to PT telehealth

For Urgent Care:
* indicates $0 co-pay applies only to PCP office

For PCP or Specialist:
* indicates $0 co-pay applies only to in-network telehealth

2026 Coconino County Medicare Advantage PPO Plans - Extra Benefits

	Copays for Extra Benefits									
						Footcare (copay/visits)		Chiropratic (copay/visits)		
PPO Plan Name	Vision Eyewear	Hearing Aid	Dental*	Rides	Quarterly OTC Allowance	In	Out	In	Out	Gym
Local PPO										
AARP Med Adv Access from UHC AZ-15	Y/N	Y/N	$1,500	N	N	$0/6	$0/6	N	N	Y/N
AARP Med Adv from UHC AZ-0008	Y/N	Y/N	$1,000	N	$25	$45/6	$85/6	N	N	Y/N
AARP Med Adv from UHC AZ-0010	Y/N	Y/N	Prev	N	$25	$45/6	$95/6	N	N	Y/N
AARP Med Adv Patriot No Rx AZ-MA01	Y/N	Y/N	$2,500	N	$65	$45/6	$85/6	N	N	Y/N
Devoted Choice 002 AZ	Y	Y	$2,500	N	$40	N	N	N	N	Y/N
Devoted Choice Giveback 006 AZ	Y	Y	$250	N	N	N	N	N	N	Y/N
Devoted Choice MA Only 005 AZ	Y	Y	$1,000	N	$100	N	N	N	N	Y/N
Humana USAA Honor Giveback	Y	Y/N	$3,500	N	$25	$35/6	$35/6	N	N	Y/N
Regional PPO										
HumanaChoice R7220-001	Y	Y/N	$1,000	N	$90	$35/6	$35/6	N	N	Y/N
HumanaChoice R7220-002	Y	Y/N	Prev	N	$50	$35/6	$35/6	N	N	Y/N

* for Dental, "Prev" is only preventive coverage

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

For Footcare:

* indicates the allowable visits are shared between in-network and out-of-network providers

2026 Coconino County Medicare Advantage PPO Plans

PPO Plan Name	Plan #	Star Rating*	Web Site	Telephone #
Local PPO				
AARP Med Adv Access from UHC AZ-15	H2406-129-0	4.0	www.AARPMedicarePlans.com	844-723-6473
AARP Med Adv from UHC AZ-0008	H2406-063-0	4.0	www.AARPMedicarePlans.com	844-723-6473
AARP Med Adv from UHC AZ-0010	H2406-076-0	4.0	www.AARPMedicarePlans.com	844-723-6473
AARP Med Adv Patriot No Rx AZ-MA01	H2406-077-0	4.0	www.AARPMedicarePlans.com	844-723-6473
Devoted Choice 002 AZ	H6586-002-0	3.0	www.devoted.com	800-385-0916
Devoted Choice Giveback 006 AZ	H6586-006-0	3.0	www.devoted.com	800-385-0916
Devoted Choice MA Only 005 AZ	H6586-005-0	3.0	www.devoted.com	800-385-0916
Humana USAA Honor Giveback	H5216-436-1	3.5	www.humana.com/medicare	800-833-2364
Regional PPO				
HumanaChoice R7220-001	R7220-001-0	2.5	www.humana.com/medicare	800-833-2364
HumanaChoice R7220-002	R7220-002-0	2.5	www.humana.com/medicare	800-833-2364

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 above.

2026

Full Dual (D-SNP)

Medicare Advantage Special Needs Plans

Coconino County

Most current revision 10/15/2025

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, DDD. 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 covered 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 both the D-SNP and AHCCCS plans' network(s), with the exception of **emergency or urgent care**. Check with your providers or the plan itself to verify whether a provider is in-network.

These plans also have drug formularies so **be sure your drugs are covered**. If they are not on the D-SNP plan's formulary, you might have to pay the full retail price. The **Medicare.gov** website has a ***Find Plans Now*** tool that will indicate whether your medications are in the plan's formulary. The SHIP team can help you with this. You can also contact the plan to verify that your medications are in the plan's formulary.

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Medicare D-SNPs and their aligned AHCCCS/ALTCS Plans

As of January 2025, ALTCS members are required to enroll in aligned plans, that is, their Medicare D-SNP plan and their AHCCCS health plan must be from the same insurance company.

It is suggested that non-ALTCS 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." (See the previous page for details.) Alignment means that the same insurance company is offering both your Medicare D-SNP plan and your AHCCCS health plan. This ensures that billing between the provider and the plans will be seamless, eliminating billing problems. See Page 3 for current plan alignments.

Non-ALTCS Medicare beneficiaries can enroll in plans that are not aligned but it is important to ensure that the doctors and hospitals used are in-network for both plans. If the providers are not in-network, they may not agree to see the patient because they may not be paid for the care they provide.

The rules for changing from one plan to another are different for AHCCCS health plans and Medicare D-SNP plans. AHCCCS health plans can only be changed once per year in the member's enrollment anniversary month. Call the Office of Client Advocacy at (602) 417-4230 to determine the month for making a change. **As of January 2025**, non-ALTCS members can enroll in an aligned D-SNP at any time; they can only enroll in an unaligned D-SNP plan during Open Enrollment or a Special Enrollment Period.

If the beneficiary currently is in an "**unaligned situation**", it is suggested that they align their two plans as soon as allowed.

Making Changes to your Medicare D-SNP and AHCCCS Health Plans - 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 plan's 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 unaligned D-SNP of your choice, you can only enroll into it during Open Enrollment or a Special Enrollment Period. 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	BCBSAZ Health Choice Pathway	->	Health Choice Arizona
6	UHC Dual Complete AZ-S001	->	UnitedHealthcare Community Plan
7	WellCare Dual Liberty Sync	->	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
UnitedHealthcare Dual Complete AZ-Y001	->	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

Monthly Plan Premium		$0
Maximum Out-of-Pocket Limit (MOOP)		$0
Out-of-Network Services		NOT COVERED
Physician/Provider Services - Co-payments		
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 (In-patient) Care - Co-payments		
Hospital in-patient	Per Days 1 - 7	$0
Hospital in-patient	Per Days 8 - beyond	$0
Skilled Nursing Facility (SNF)	Per Days 1 - 20	$0
Skilled Nursing Facility (SNF)	Per Days 21 - 100	$0
Out-patient Care - Copayments		
Hospital Surgery Center		$0
Ambulatory Surgery Center		$0
Renal Dialysis		$0
Emergency/Urgent Care Services - Co-payments		
Emergency Room / Urgent Care		$0 / $0
Ambulance per Trip		$0
Diagnostic Testing - Co-payments		
Radiology Tests and Imaging		$0
Diagnostic & Lab Services		$0
Diabetes & Durable Medical Equipment (DME) - Co-payments		
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 - Co-payments		
Part B Immunizations - Flu, pneumonia and hepatitis B vaccinations		$0
Chemotherapy, transplant drugs and facility-based infusions		$0
Part D Prescription Drugs - Co-payments		
Maximum monthly co-pay for drugs on the plan's formulary (covered)	generic: $1.60	brand name: $4.90

Extra Benefits (Non-Medicare covered)

Routine eye exam	$0 co-pay
Eyewear: $350 allowance every year for contact lenses or eyeglasses	$0 co-pay
Hearing: hearing-aid fittings and up to two hearing aids, one per ear, every 3 years	$0 co-pay
Transportation to medically-necessary approved locations: up to 24 one-way trips	$0 co-pay
Dental: $3,500 allowance per year for Preventive and Comprehensive	$0 co-pay
Meals after discharge or an eligible chronic condition: up to 56 meals per year	$0 co-pay
Over-the-Counter allowance	$50 per quarter
24-hour Nurse Line	$0 co-pay
Gym membership and home fitness kits	$0 co-pay
Healthy food and produce *	$225 per quarter
Personal emergency response system (medical alert system)	$0 co-pay

* Must have one or more plan-approved chronic conditions. Chronic conditions include, but are not limited to, diabetes mellitus, chronic lung disorders cardiovascular disorders, chronic and disabling mental health conditions, chronic heart failureand chronic gastrointestinal disease

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.***

Extra Benefits (Non-Medicare covered)

Routine eye exam (1 each year)	$0 co-pay
Eyewear (lenses, frames, and contacts $200 allowance every year)	$0 co-pay
Hearing Aid Appliance ($2,200 allowance, up to 2 aids every 2 years)	$0 co-pay
Dental ($2,500 allowance on preventive and comprehensive)	$0 co-pay
Meals after Hospital/SNF Stay - 28 meals	$0 co-pay
Over-the-Counter, healthy food, utilities, in-home services and select fitness items *	$165 per month
Fitness Program	$0 co-pay
Routine footcare (4 visits every year)	$0 co-pay

* Must have one or more chronic conditions and meet other criteria to qualify for the food and utility benefit. Chronic conditions include, but are not limited to, diabetes mellitus, chronic kidney disease, cardiovascular disorders, chronic and disabling mental health conditions and chronic heart failure

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.***

Extra 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
Routine hearing exam and $1,000 allowance per ear per year for hearing aids	$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, dental, vision and hearing *	$134 per month
Earn points for completing healthy activities, up to $100 per year	$0 co-pay
24-hour Nurse Line	$0 co-pay
Fitness Program	$0 co-pay
Personal emergency response system	$0 co-pay

* Can also use for vehicle gasoline, healthy food, home assistance and safety items, pest control items and services, rent assistance and utility assistance if you have one or more chronic conditions. Chronic conditions include, but are not limited to, cancer, cardiovascular disorders, chronic and disabling mental health conditions, chronic lung disorders and diabetes.

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.***

2026
Chronic Conditions
Medicare Advantage Special Needs Plans (SNP)
Coconino County

Most current revision 10/15/2025

Included 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 2026 to Medicare beneficiaries living in Coconino 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 at the same times as standard MA plans (Initial Enrollment Period [IEP], Open Enrollment Period [OEP], MA OEP, and Special Enrollment Periods [SEP]). There is a new, temporary SEP for incorrect Medicare Plan Finder Directory Information. The beneficiary must meet eligibility requirements.

A 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 at least one of the conditions 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.

State Health Insurance Assistance Program (SHIP)
A program of the Northern Arizona Council of Governments (NACOG)
323 N. San Francisco Street, Suite A Flagstaff, AZ 86001
928-251-0776

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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** website ***Find Plans Now*** tool 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.

The maximum amount of copays you will pay for covered prescription drugs in a calendar year is $2,100. The monthly premium you pay, if any, is not counted toward that $2,100 maximum.

Each plan has an optional Prescription Payment Plan (PPP) available. The PPP allows you to spread out your copays for covered prescription drugs throughout the calendar year instead of paying them all at once at the pharmacy. You can opt-in to your plan's PPP either when you enroll in the plan or anytime during the calendar year. You can opt-out of your plan's PPP at any time.

New in 2026, certain drugs will have Medicare-negotiated pricing.

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 do not need to have a primary care provider (PCP), 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 might 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?

There might 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.

2026 Coconino County Medicare Advantage Chronic Condition HMO Special Needs Plan (HMO C-SNP)

HMO Plan Name	Chronic Condition(s)	Monthly Premium (besides the Part B Premium)	Medical Deductible	Max Out of Pocket (excluding drugs)	Part D Drug Coverage/ Deductible*	Copays							
						PCP	Specialist	ER / Urgent Care	Hospital Copay/ Days	PT, OT or Speech Therapy	Diabetes Supplies	Podiatry	Chiropractic
Devoted C-SNP Plus 027 AZ (1)	Cardio, CHF, DM	$17	$500	$9,250	Y/$615	$0	30%	$115/ $0-20%	$2,230/1	30%	20%	30%	$15
Gold Dialysis & Kidney -013 (3)	CKD	$0	$0	$2,800	Y/$0	$0	$0-$15	$120/$40	$200/5	$10-20%	$0-20%	$0-20%	$20
Gold Heart & Diabetes -011 (3)	Cardio, CHF, DM	$0	$0	$2,750	Y/$0	$0	$0-$20	$120/$40	$220/5	$10-20%	$0-20%	$0-20%	$20

(1) Premium might be lower if you have Extra Help

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

(3) HMO-POS

* The drug deductible might not apply to all of your medications.

Cardio=Cardiovascular Disorders
CHF=Chronic Heart Failure
DM=Diabetes Mellitus
CKD=Chronic Kidney Disease

HMO Plan Name	Plan #	Star Rating	Telephone	Website
Devoted C-SNP Plus 027 AZ	H8173-027-0	3.5	800-990-0727	https://www.devoted.com
Gold Dialysis & Kidney -013 (HMO-POS)	H4869-013-0	3.0	888-376-6188	https://www.goldkidney.com
Gold Heart & Diabetes -011 (HMO-POS)	H4869-011-0	3.0	888-376-6188	https://www.goldkidney.com

AREA AGENCY ON AGING
REGION ONE, INCORPORATED

SHIP
State Health Insurance Assistance Program
Navigating Medicare

SMP
Empowering Seniors To Prevent Healthcare Fraud

2026

ARIZONA PRESCRIPTION DRUG PLANS (PDP) - PART D

Joining a prescription drug 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 Special Enrollment Periods and during the annual Open Enrollment Period (OEP). 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.

OEP is every Fall from 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. You can switch from one Part D prescription plan to another during the annual OEP. When you are enrolled in a drug plan, you should receive an Annual Notice of Change (ANOC) just prior to OEP with details about any plan changes for the next year.

The Medicare.gov website has a *Find Plans Now* tool that can 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. Total cost includes the premium, deductible, and copays. The results will also show which of your drugs are covered by each plan. The SHIP team can help you with the tool or can perform the analysis for you using your input. Check with SHIP to see whether you are eligible for *Extra Help* (also known as *Limited Income Subsidy* or *LIS*), which provides financial assistance for premium and drug costs.

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 might make a significant difference in your total cost.
4. Is there a deductible for this plan? Does it apply to your medications?
5. What is the monthly premium? The plan with the lowest premium might not have the lowest total cost for the drugs you are taking.

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

The maximum amount of copays you will pay for <u>covered</u> prescription drugs in a calendar year is $2,100. The monthly premium you pay, if any, is not counted toward that $2,100 maximum.

Every plan has an optional Prescription Payment Plan (PPP) available. The PPP allows you to spread out your co-pays for <u>covered</u> prescription drugs throughout the calendar year instead of paying them all at once at the pharmacy. You can opt-in to your plan's PPP either when you enroll in the plan or anytime during the calendar year. You can opt-out of your plan's PPP

New in 2026, certain drugs will have Medicare-negotiated pricing.

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2026 ARIZONA PRESCRIPTION DRUG PLANS (PDP) - PART D

Plan Name	Monthly Premium	LIS Monthly Premium	Deductible	Deductible Does Not Apply to Drug Tiers	Preferred Pharmacies *	Number of Drugs in Formulary (2025)	Non-Part D Drugs Covered
AARP Medicare Rx Preferred from UHC	$97.50	$80.50	$130	1 & 2	Mail Order, Costco, Frys, Osco, Safeway, Sams, Walgreens, Walmart	3,666	Cyanocobalamin, Folic Acid, Sildenafil, Vitamin D
AARP Medicare Rx Saver from UHC	$38.70	$21.70	$615	None	Mail Order, Costco, Frys, Osco, Safeway, Sams, Walgreens, Walmart	3,057	None
HealthSpring Assurance Rx	$0.00	$0.00	$615	None	Mail Order, AJ's, Amazon, Banner, Bashas', BC Health, Costco, Customedico, Evernorth, Food City, Healing Cactus, Mixtures, Noah's Cholla, Osco, Phoenix Pharmacy, Safeway, Saint Joseph's Mcauley, Sams, Unity Rx, Walgreens, Walmart,	3,261	None
HealthSpring Extra Rx	$66.40	$49.40	$615	1 & 2	Mail Order, AJ's, Amazon, Banner, Bashas', BC Health, Customedico, Evernorth, Food City, Healing Cactus, Mixtures, Noah's Cholla, Omniscript Compounding, Osco, Phoenix Pharmacy, Safeway, Saint Joseph's Mcauley, Sams, Unity Rx, Walgreens, Walmart	3,437	Select Vitamins, Sildenafil, Renova
Humana Basic Rx Plan	$0.00	$0.00	$615	None	Mail Order	3,044	None
Humana Premier Rx Plan	$119.20	$102.20	$0	N/A	Mail Order, Costco, Osco, Safeway, Sams, Walmart	3,145	Erectile Dysfunction Drugs, Prescription Vitamins
Humana Value Rx Plan	$2.50	$2.50	$601	1 & 2	Mail Order, Costco, Osco, Safeway, Sams, Walgreens, Walmart	3,071	None
SilverScript Choice	$94.90	$77.90	$615	1	No Preferred Pharmacies	3,295	None
Wellcare Classic	$0.00	$0.00	$615	None	Mail Order, Costco, CVS, Frys, Osco, Safeway, Walgreens	3,032	None
Wellcare Value Script	$0.00	$0.00	$615	1 & 2	Mail Order, Costco, CVS, Frys, Osco, Safeway, Walgreens	3,323	None

* Some plans might have additional preferred pharmacies

LIS – Limited **I**ncome **S**ubsidy means getting Extra Help from Social Security to pay for medications.

2026 ARIZONA PRESCRIPTION DRUG PLANS (PDP) - PART D

Plan Name	Plan #	Star Rating	Company Name	Website	Telephone
AARP Medicare Rx Preferred from UHC	S5921-409	2.0	UnitedHealthcare	www.aarpmedicareplans.com	800 753-8004
AARP Medicare Rx Saver from UHC	S5921-380	2.0	UnitedHealthcare	www.aarpmedicareplans.com	888 867-5564
Aetna Medicare SilverScript Choice	S5601-056	3.0	Aetna Medicare	www.aetnamedicare.com	833 526-2445
HealthSpring Assurance Rx	S5617-138	2.5	Health Care Service Corp (HCSC)	HealthSpringMedicare.com	877 665-1842
HealthSpring Extra Rx	S5617-273	2.5	Health Care Service Corp (HCSC)	HealthSpringMedicare.com	877 665-1842
Humana Basic Rx Plan	S5884-146	3.0	Humana	www.humana.com/medicare	877 529-9871
Humana Premier Rx Plan	S5884-174	3.0	Humana	www.humana.com/medicare	877 529-9871
Humana Value Rx Plan	S5884-207	3.0	Humana	www.humana.com/medicare	877 529-9871
Wellcare Classic	S4802-092	3.5	Wellcare	go.wellcare.com/pdp	844 480-0700
Wellcare Value Script	S4802-134	3.5	Wellcare	go.wellcare.com/pdp	844 480-0700