

# 2027

## Master Booklet – Medicare Plans

### Pinal County

Version date: 10/09/2026

Included in this booklet are the Medicare Advantage health plans and Medicare prescriptions plans available to individuals enrolled in Medicare and living in Pinal County. These plans are available for 2027. 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.

Pinal-Gila Council for Senior Citizens (PGSC)  
8969 W McCartney Rd  
Casa Grande, AZ 85194  
800 432-4040



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# 2027

# HMO

## Medicare Advantage Plans

### Pinal County

Version date: 10-09-26

Included in this packet is information about Medicare Advantage (MA) Health Maintenance Organization (HMO) plans, available for 2027 to individuals enrolled in Medicare and living in Pinal County.

An HMO 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 for that plan's 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.

In addition to any monthly plan premium, you will also be responsible for paying Medicare's monthly Part B premium, which for 2027 is not yet released. The state of Arizona has programs to help eligible limited-income individuals with the Part B premium. On the other hand, someone with a modified adjusted gross income above a certain amount may be subject to an extra charge, called the Income-Related Monthly Adjustment Amount (IRMAA). Ask SHIP about eligibility details regarding the Part B premium.

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**: the 7-month period that begins 3 months before the month you turn 65 and ends 3 months after the month you turn 65); during **Special Enrollment Periods (SEPs)**, subject to eligibility requirements (see SHIP and Medicare.gov for details); 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 might require medical underwriting).

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

### **Pinal-Gila Council for Senior Citizens (PGSC)**

8969 W McCartney Rd

Casa Grande, AZ 85194

800 432-4040



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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 Health & Drug Plans*** tool that will provide 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 the 2027 calendar year is \$2,400. The monthly premium you pay, if any, is not counted toward that \$2,400 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.

## Evaluate the Provider Network

You may have providers you want to keep. The ***Find Health & Drug Plans*** tool at the **Medicare.gov** website allows you to include provider names as criteria when reviewing available plans. It's also a good idea to check with the health plan or doctor's billing office to confirm that 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 extra 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 (copays 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.

## 2027 Pinal County Medicare Advantage HMO Plans – Medicare-covered Benefits

|                                       |                                                        |                    |                                            |                                     | Copay (\$) or Coinsurance (%) for Medicare-covered Benefits |                                               |       |                        |                                     |                          |                                  |                          |              |
|---------------------------------------|--------------------------------------------------------|--------------------|--------------------------------------------|-------------------------------------|-------------------------------------------------------------|-----------------------------------------------|-------|------------------------|-------------------------------------|--------------------------|----------------------------------|--------------------------|--------------|
| HMO Plan Name                         | Monthly Premium<br>(in addition to the Part B premium) | Medical Deductible | Annual Max Out-of-Pocket (excluding drugs) | Part D Drug Coverage/<br>Deductible | PCP                                                         | Specialist                                    | ER    | Urgent Care            | Hospital                            | PT, OT or Speech Therapy | Diabetes Supplies                | Podiatry                 | Chiropractic |
| AARP Med Adv Essentials from UHC AZ-2 | \$0                                                    | \$0                | \$3,500                                    | \$685<br>Tiers 3-5                  | \$0                                                         | \$30                                          | \$150 | \$65                   | \$295/day days 1-7                  | \$30                     | \$0 - 20%                        | \$30                     | \$10         |
| AARP Med Adv Extras from UHC AZ-5     | \$0                                                    | \$0                | \$5,400                                    | \$685<br>Tiers 3-5                  | \$0                                                         | \$55                                          | \$130 | \$50                   | \$395/day days 1-7                  | \$40                     | \$0 - 20%                        | \$45                     | \$10         |
| AARP Med Adv from UHC AZ-0003         | \$26                                                   | \$0                | \$3,900                                    | \$685<br>Tiers 3-5                  | \$0                                                         | \$30                                          | \$150 | \$65                   | \$250/day days 1-7                  | \$30                     | \$0 - 20%                        | \$30                     | \$10         |
| AARP Med Adv from UHC AZ-002P         | \$0                                                    | \$0                | \$3,500                                    | \$685<br>Tiers 3-5                  | \$0                                                         | \$15                                          | \$150 | \$65                   | \$295/day days 1-7                  | \$15                     | \$0 - 20%                        | \$15                     | \$20         |
| Aetna Med Signature                   | \$0                                                    | \$0                | \$6,750                                    | \$700<br>Tiers 3-5                  | \$0                                                         | \$40                                          | \$130 | \$50                   | \$430/day days 1-7                  | \$30                     | 0%-20%                           | \$40                     | \$15         |
| Blue Best Life Classic H0302-006      | \$0                                                    | \$0                | \$3,550                                    | \$500<br>Tiers 3-5                  | \$0                                                         | \$0 virtual/tele-visit ; \$35 in-office visit | \$135 | \$0 virtual; \$65 site | \$280/day day 1; \$180/day days 2-5 | \$0 home; \$40 other     | \$0 preferred; 20% non-preferred | \$0 PCP; \$40 specialist | \$5          |
| Blue Best Life Plus                   | \$49                                                   | \$0                | \$3,000                                    | \$500<br>Tiers 3-5                  | \$0                                                         | \$0 virtual/tele-visit ; \$15 in-office visit | \$135 | \$0 virtual; \$65 site | \$230/per day, days 1-5             | \$20                     | \$0 preferred; 20% non-preferred | \$0 PCP; \$20 specialist | \$20         |
| Blue Best Life Select H0302-010       | \$0                                                    | \$0                | \$4,450                                    | \$490<br>Tiers 3-5                  | \$0                                                         | \$35                                          | \$150 | \$50                   | \$375/day days 1-6                  | \$35                     | \$0 preferred; 20% non-preferred | \$35                     | \$20         |
| Devoted Core 001 AZ                   | \$0                                                    | \$0                | \$4,500                                    | \$650<br>Tiers 3-5                  | \$0                                                         | \$35                                          | \$130 | \$45                   | \$455/day days 1-6                  | \$20 - \$50              | \$0                              | \$35                     | \$15         |

## HMO Plans – Medicare-covered Benefits, continued

|                                   |                                                        |                    |                                            |                                     | Copay (\$) or Coinsurance (%) for Medicare-covered Benefits |            |       |             |                       |                                        |                   |          |                   |
|-----------------------------------|--------------------------------------------------------|--------------------|--------------------------------------------|-------------------------------------|-------------------------------------------------------------|------------|-------|-------------|-----------------------|----------------------------------------|-------------------|----------|-------------------|
| HMO Plan Name                     | Monthly Premium<br>(in addition to the Part B premium) | Medical Deductible | Annual Max Out-of-Pocket (excluding drugs) | Part D Drug Coverage/<br>Deductible | PCP                                                         | Specialist | ER    | Urgent Care | Hospital              | PT, OT or Speech Therapy               | Diabetes Supplies | Podiatry | Chiro-<br>practic |
| Devoted Core 020 AZ               | \$0                                                    | \$0                | \$5,900                                    | \$465<br>Tiers 3-5                  | \$0                                                         | \$40       | \$130 | \$45        | \$335/day days<br>1-6 | PT \$20;<br>OT \$40;<br>speech<br>\$20 | \$0               | \$40     | \$15              |
| Devoted Core 021 AZ               | \$0                                                    | \$0                | \$2,950                                    | \$461<br>Tiers 3-5                  | \$0                                                         | \$25       | \$150 | \$45        | \$195/day days<br>1-7 | PT \$20;<br>OT \$25;<br>speech<br>\$20 | \$0               | \$25     | \$20              |
| Devoted Core 090 AZ               | \$0                                                    | \$0                | \$2,900                                    | \$650<br>Tiers 3-5                  | \$0                                                         | \$20       | \$150 | \$45        | \$195/day days<br>1-7 | \$20                                   | \$0               | \$20     | \$20              |
| Devoted Giveback<br>019 AZ        | \$174.70<br>reduction<br>in Part B<br>premium          | \$275              | \$8,900                                    | \$461<br>Tiers 3-5                  | \$0                                                         | \$55       | \$115 | \$40        | \$495/day days<br>1-4 | PT \$55;<br>OT \$35;<br>speech<br>\$55 | \$0               | \$55     | \$15              |
| Devoted Giveback<br>091 AZ        | \$190<br>reduction<br>in Part B<br>premium             | \$250              | \$8,850                                    | \$650<br>Tiers 3-5                  | \$0                                                         | \$50       | \$115 | \$40        | \$450/day days<br>1-4 | PT \$50;<br>OT \$35;<br>speech<br>\$50 | \$0               | \$50     | \$15              |
| Devoted Giveback<br>Extras 105 AZ | \$85<br>reduction<br>in Part B<br>premium              | \$200              | \$5,550                                    | \$700<br>Tiers 3-5                  | \$0                                                         | \$40       | \$130 | \$50        | \$455/day days<br>1-6 | \$40                                   | \$0               | \$40     | \$15              |
| Devoted MA Only<br>005 AZ         | \$195<br>reduction<br>in Part B<br>premium             | \$200              | \$6,650                                    | No Part D<br>coverage               | \$0                                                         | \$45       | \$130 | \$50        | \$425/day days<br>1-4 | \$45                                   | \$0               | \$45     | \$0               |

## HMO Plans – Medicare-covered Benefits, continued

|                                      |                                                        |                    |                                               |                                     | Copay (\$) or Coinsurance (%) for Medicare-covered Benefits |            |                |               |                    |                          |                                                       |          |              |
|--------------------------------------|--------------------------------------------------------|--------------------|-----------------------------------------------|-------------------------------------|-------------------------------------------------------------|------------|----------------|---------------|--------------------|--------------------------|-------------------------------------------------------|----------|--------------|
| HMO Plan Name                        | Monthly Premium<br>(in addition to the Part B premium) | Medical Deductible | Annual Max Out-of-Pocket<br>(excluding drugs) | Part D Drug Coverage/<br>Deductible | PCP                                                         | Specialist | ER             | Urgent Care   | Hospital           | PT, OT or Speech Therapy | Diabetes Supplies                                     | Podiatry | Chiropractic |
| eternalHealth Harmony                | \$0                                                    | \$0                | \$4,000                                       | \$250<br>Tiers 3-5                  | \$0                                                         | \$0        | \$130          | \$25          | \$225/day days 1-7 | \$30                     | 0% preferred;<br>20% non-preferred & testing supplies | \$40     | \$15         |
| eternalHealth Horizon                | \$0                                                    | \$0                | \$4,000                                       | \$200<br>Tiers 3-5                  | \$0                                                         | \$5        | \$135          | \$0           | \$225/day days 1-7 | \$20                     | 0% preferred;<br>20% non-preferred & testing supplies | \$20     | \$20         |
| eternalHealth Valor Give Back        | \$100 reduction in Part B premium                      | \$0                | \$5,500                                       | No Part D coverage                  | \$0                                                         | \$0        | 20%, max \$125 | 20%, max \$50 | Part A amounts     | \$30                     | 0% preferred;<br>20% non-preferred & testing supplies | \$20     | \$15         |
| Healthspring Preferred               | \$0                                                    | \$0                | \$3,200                                       | \$500<br>Tiers 3-5                  | \$0                                                         | \$10       | \$150          | \$65          | \$250/day days 1-7 | \$15                     | 0% - 20%                                              | \$10     | \$20         |
| Healthspring Preferred Extra Savings | \$170 reduction in Part B premium                      | \$500              | \$6,900                                       | \$300<br>Tiers 3 -5                 | \$0                                                         | \$50       | \$130          | \$50          | \$459/day days 1-6 | \$50                     | 0% - 20%                                              | \$50     | \$15         |
| Healthspring Preferred Savings       | \$100 reduction in Part B premium                      | \$225              | \$4,450                                       | \$300<br>Tiers 3 -5                 | \$0                                                         | \$30       | \$150          | \$65          | \$350/day days 1-7 | \$30                     | 0% - 20%                                              | \$30     | \$20         |

## HMO Plans – Medicare-covered Benefits, continued

|                                 |                                                        |                    |                                               |                                     | Copay (\$) or Coinsurance (%) for Medicare-covered Benefits |            |       |             |                    |                          |                                                          |          |              |
|---------------------------------|--------------------------------------------------------|--------------------|-----------------------------------------------|-------------------------------------|-------------------------------------------------------------|------------|-------|-------------|--------------------|--------------------------|----------------------------------------------------------|----------|--------------|
| HMO Plan Name                   | Monthly Premium<br>(in addition to the Part B premium) | Medical Deductible | Annual Max Out-of-Pocket<br>(excluding drugs) | Part D Drug Coverage/<br>Deductible | PCP                                                         | Specialist | ER    | Urgent Care | Hospital           | PT, OT or Speech Therapy | Diabetes Supplies                                        | Podiatry | Chiropractic |
| Humana Gold Plus H0028-021      | \$0                                                    | \$0                | \$4,400                                       | \$350<br>Tiers 3-5                  | \$0                                                         | \$25       | \$130 | \$50        | \$370/day days 1-7 | \$35                     | 20% supplier;<br>10% pharmacy;<br>\$0 preferred supplier | \$25     | \$15         |
| Humana Gold Plus H0028-074-002  | \$0                                                    | \$0                | \$2,550                                       | \$200<br>Tiers 3-5                  | \$0                                                         | \$25       | \$130 | \$50        | \$325/day days 1-6 | \$35                     | 20% supplier;<br>10% pharmacy;<br>\$0 preferred supplier | \$25     | \$15         |
| Humana Gold Plus H2463-001      | \$0                                                    | \$0                | \$5,950                                       | \$700<br>Tiers 4-5                  | \$0                                                         | \$30       | \$130 | \$50        | \$400/day days 1-5 | \$35                     | 20% supplier;<br>10% pharmacy;<br>\$0 preferred supplier | \$30     | \$15         |
| Humana Total Complete H4461-059 | \$0                                                    | \$0                | \$2,550                                       | \$200<br>Tiers 3-5                  | \$0                                                         | \$25       | \$130 | \$50        | \$325/day days 1-6 | \$35                     | 20% supplier;<br>10% pharmacy;<br>\$0 preferred supplier | \$25     | \$15         |
| SCAN Classic                    | \$0                                                    | \$0                | \$2,000                                       | \$0                                 | \$0                                                         | \$0        | \$90  | \$0         | \$75/day days 1-5  | \$0-\$10                 | \$0                                                      | \$0      | \$0          |

## HMO Plans – Medicare-covered Benefits, continued

|                           |                                                        |                    |                                               |                                     | Copay (\$) or Coinsurance (%) for Medicare-covered Benefits |            |       |             |                     |                          |                   |          |              |
|---------------------------|--------------------------------------------------------|--------------------|-----------------------------------------------|-------------------------------------|-------------------------------------------------------------|------------|-------|-------------|---------------------|--------------------------|-------------------|----------|--------------|
| HMO Plan Name             | Monthly Premium<br>(in addition to the Part B premium) | Medical Deductible | Annual Max Out-of-Pocket<br>(excluding drugs) | Part D Drug Coverage/<br>Deductible | PCP                                                         | Specialist | ER    | Urgent Care | Hospital            | PT, OT or Speech Therapy | Diabetes Supplies | Podiatry | Chiropractic |
| SCAN MyChoice             | \$30 reduction in Part B premium                       | \$0                | \$2,500                                       | \$0                                 | \$0                                                         | \$0        | \$90  | \$0         | \$105/day days 1-5  | \$10                     | \$0               | \$0      | \$0          |
| SCAN Walmart Med Adv      | \$0                                                    | \$0                | \$2,500                                       | \$450<br>Tiers 3-5                  | \$0                                                         | \$25       | \$150 | \$0-\$45    | \$225/day days 1-7  | \$25                     | \$0               | \$25     | \$20         |
| Wellcare Simple H0351-063 | \$0                                                    | \$0                | \$2,500                                       | \$700<br>Tiers 2-5                  | \$0                                                         | \$10       | \$150 | \$20        | \$250/day days 1-10 | \$10                     | \$0               | \$10     | \$10         |
| Wellpoint Med Adv         | \$0                                                    | \$0                | \$3,000                                       | \$130<br>Tiers 3-5                  | \$0                                                         | \$20       | \$150 | \$40        | \$175/day days 1-7  | \$15                     | \$0               | \$0      | \$20         |

## 2027 Pinal County Medicare Advantage HMO Plans – Extra Benefits

|                                       | Extra Benefits      |                                     |                                                       |       |                    |                         |                             |                     |                                        |                                         |
|---------------------------------------|---------------------|-------------------------------------|-------------------------------------------------------|-------|--------------------|-------------------------|-----------------------------|---------------------|----------------------------------------|-----------------------------------------|
| HMO Plan Name                         | Eyewear             | Hearing Aids                        | Dental                                                | Rides | OTC Allowance      | Podiatry (copay/visits) | Chiro-pratic (copay/visits) | Gym                 | Non-Part D Prescriptions               | US Travel / Visitor                     |
| AARP Med Adv Essentials from UHC AZ-2 | \$250 every 2 years | \$700 for 2 hearing aids every year | prev \$0                                              | None  | None               | \$30/6                  | \$10/12                     | \$0                 | Some vitamins and Sildenafil at Tier 2 | UH Passport; up to 9 consecutive months |
| AARP Med Adv Extras from UHC AZ-5     | \$250 every 2 years | \$700 for 2 hearing aids every year | prev \$0; comp 50%; \$4,000/year                      | None  | \$60 every quarter | \$45/6                  | \$10/12                     | \$0                 | Some vitamins and Sildenafil at Tier 2 | UH Passport; up to 9 consecutive months |
| AARP Med Adv from UHC AZ-0003         | \$250 every 2 years | \$700 for 2 hearing aids every year | prev \$0; comp 50%; \$3,000/year                      | None  | \$25 every quarter | \$30/6                  | \$10/12                     | \$0                 | Some vitamins and Sildenafil at Tier 2 | UH Passport; up to 9 consecutive months |
| AARP Med Adv from UHC AZ-002P         | \$250 every 2 years | \$700 for 2 hearing aids every year | prev \$0; comp 50%; \$3,500/year                      | None  | None               | \$15/6                  | None                        | \$0                 | Some vitamins and Sildenafil at Tier 2 | UH Passport; up to 9 consecutive months |
| Aetna Med Signature                   | \$175/year          | \$1,000/ear/year                    | prev \$0; comp 50%; \$500/year                        | None  | None               | None                    | None                        | \$0 Silver Sneakers | None                                   | Travel Advantage up to 12 months        |
| Blue Best Life Classic H0302-006      | \$200/year          | \$699-\$999/aid; 2/year             | \$10 visit; \$2,000/year; prev. \$10; basic/major 50% | None  | None               | None                    | \$5/30 combine d visits     | \$0 Silver Sneakers | None                                   | None                                    |
| Blue Best Life Plus                   | \$200/year          | \$499-\$999/aid; 2/year             | \$10 visit; \$3,000/year; prev. \$10; basic/major 50% | None  | \$25/quarter       | None                    | \$15/30 combine d visits    | \$0 Silver Sneakers | None                                   | None                                    |

## HMO Plans – Extra Benefits, continued

|                                 | Extra Benefits |                             |                                                             |       |                |                         |                             |                     |                                      |                     |
|---------------------------------|----------------|-----------------------------|-------------------------------------------------------------|-------|----------------|-------------------------|-----------------------------|---------------------|--------------------------------------|---------------------|
| HMO Plan Name                   | Eyewear        | Hearing Aids                | Dental                                                      | Rides | OTC Allowance  | Podiatry (copay/visits) | Chiro-pratic (copay/visits) | Gym                 | Non-Part D Prescriptions             | US Travel / Visitor |
| Blue Best Life Select H0302-010 | \$200/year     | \$499-\$999/aid; 2/year     | \$10 visit; \$1,000/year; prev. \$10; basic/major 50%       | None  | None           | None                    | \$15/30 combine d visits    | \$0 Silver Sneakers | None                                 | None                |
| Devoted Core 001 AZ             | \$200/year     | \$399 or \$699/aid; up to 2 | prev 100%; comp 50%; \$1,000/year                           | None  | \$35/quarter   | None                    | None                        | \$0 Silver Sneakers | Some vitamins, Sildenafil, Tadalafil | None                |
| Devoted Core 020 AZ             | \$200/year     | \$399 or \$699/aid; up to 2 | prev 100%; comp 50%; \$1,500/year                           | None  | \$30/quarter   | None                    | None                        | \$0 Silver Sneakers | Some vitamins, Sildenafil, Tadalafil | None                |
| Devoted Core 021 AZ             | \$250/year     | \$399 or \$699/aid; up to 2 | prev 100%; comp 50%; \$3,500/year                           | None  | \$80/quarter   | None                    | None                        | \$0 Silver Sneakers | Some vitamins, Sildenafil, Tadalafil | None                |
| Devoted Core 090 AZ             | \$350/year     | \$399 or \$699/aid; up to 2 | prev 100%; comp 50%; \$4,000/year                           | None  | \$39/quarter   | None                    | None                        | \$0 Silver Sneakers | Vitamin D; B12 injection; Sildenafil | None                |
| Devoted Giveback 019 AZ         | \$400/year     | \$599 or \$899/aid; up to 2 | \$250 allowance/yr towards prev & comp for covered services | None  | \$140/ quarter | None                    | None                        | \$0 Silver Sneakers | Some vitamins, Sildenafil, Tadalafil | None                |
| Devoted Giveback 091 AZ         | \$400/year     | \$599 or \$899/aid; up to 2 | \$250 allowance/yr towards prev & comp for covered services | None  | \$140/ quarter | None                    | None                        | \$0 Silver Sneakers | Some vitamins, Sildenafil, Tadalafil | None                |
| Devoted Giveback Extras 105 AZ  | \$400/year     | \$599 or \$899/aid; up to 2 | prev 100%; comp 50% \$4,250/year                            | None  | \$237/ quarter | None                    | None                        | \$0 Silver Sneakers | Vitamin D; B12 injection; Sildenafil | None                |
| Devoted MA Only 005 AZ          | \$400/year     | \$599 or \$899/aid; up to 2 | prev 100%; comp 50%; \$1,000/year                           | None  | \$100/ quarter | None                    | None                        | \$0 Silver Sneakers | None                                 | None                |

## HMO Plans – Extra Benefits, continued

|                                      | Extra Benefits                            |                                                |                                          |                |               |                         |                             |                     |                                                        |                      |
|--------------------------------------|-------------------------------------------|------------------------------------------------|------------------------------------------|----------------|---------------|-------------------------|-----------------------------|---------------------|--------------------------------------------------------|----------------------|
| HMO Plan Name                        | Eyewear                                   | Hearing Aids                                   | Dental                                   | Rides          | OTC Allowance | Podiatry (copay/visits) | Chiro-pratic (copay/visits) | Gym                 | Non-Part D Prescriptions                               | US Travel / Visitor  |
| eternalHealth Harmony                | \$200/year                                | \$595 or \$895/aid, up to 2/year in-network    | prev + comp; \$1,000/year                | \$0/36 one-way | \$110/quarter | None                    | None                        | \$0 One Pass        | None                                                   | None                 |
| eternalHealth Horizon                | \$200/year                                | \$595 or \$895/aid, up to 2/year in-network    | prev + comp; \$2,800/year                | \$0/24 one-way | \$70/quarter  | None                    | None                        | \$0 One Pass        | None                                                   | None                 |
| eternalHealth Valor Give Back        | \$200/year                                | \$595 or \$895/aid, up to 2/year in-network    | prev + comp; \$2,500/year                | \$0/24 one-way | \$50/quarter  | None                    | None                        | \$0 One Pass        | None                                                   | None                 |
| Healthspring Preferred               | \$100/year                                | \$399 - \$1,800/aid, 1/ear/yr                  | prev & comp; \$1,650 allowance           | None           | None          | None                    | None                        | None                | None                                                   | None                 |
| Healthspring Preferred Extra Savings | \$100/year                                | \$399 - \$1,800/aid, 1/ear/yr                  | prev & comp; \$500 allowance             | None           | None          | None                    | None                        | None                | None                                                   | None                 |
| Healthspring Preferred Savings       | \$100/year                                | \$399 - \$1,800/aid, 1/ear/yr                  | prev & comp; \$1,000 allowance           | None           | None          | \$40/12                 | \$20/12                     | \$0                 | None                                                   | None                 |
| Humana Gold Plus H0028-021           | \$100/year OR \$200/year at PLUS provider | \$575 or \$750 copay /aid; 1/ear/yr in-network | prev \$0 in network for covered services | None           | \$30/quarter  | \$25/6                  | None                        | \$0 Silver Sneakers | Erectile dysfunction (ED) drugs; prescription vitamins | HMO National Network |
| Humana Gold Plus H0028-074-002       | \$100/year OR \$200/year at PLUS provider | \$575 or \$750/aid; 1/ear/yr in-network        | prev; comp 50%; \$1,750/year in-network  | None           | \$50/quarter  | \$25/6                  | None                        | \$0 Silver Sneakers | Erectile dysfunction (ED) drugs; prescription vitamins | HMO National Network |

## HMO Plans – Extra Benefits, continued

|                                 | Extra Benefits                                   |                                         |                                         |                               |                     |                                 |                                   |                     |                                                        |                      |
|---------------------------------|--------------------------------------------------|-----------------------------------------|-----------------------------------------|-------------------------------|---------------------|---------------------------------|-----------------------------------|---------------------|--------------------------------------------------------|----------------------|
| HMO Plan Name                   | Eyewear                                          | Hearing Aids                            | Dental                                  | Rides                         | OTC Allowance       | Podiatry (copay/visits)         | Chiro-pratic (copay/visits)       | Gym                 | Non-Part D Prescriptions                               | US Travel / Visitor  |
| Humana Gold Plus H2463-001      | \$75/year OR \$150/year PLUS provider            | \$399 or \$675/aid; 1/ear/yr in-network | prev + comp; \$4,000/year in-network    | None                          | \$60/quarter        | \$30/6                          | None                              | \$0 Silver Sneakers | Erectile dysfunction (ED) drugs; prescription vitamins | HMO National Network |
| Humana Total Complete H4461-059 | \$100/year OR \$200/year at PLUS provider        | \$575 or \$750/aid; 1/ear/yr in-network | prev; comp 50%; \$1,750/year in-network | None                          | \$50/quarter        | \$25/6                          | None                              | \$0 Silver Sneakers | Erectile dysfunction (ED) drugs; prescription vitamins | HMO National Network |
| SCAN Classic                    | \$100/year Eyemed Select; \$150/year Eyemed PLUS | \$550 or \$950/aid; 2/year              | prev and comp \$0; \$3,000/year         | \$0/10 one-way; 50-mile limit | \$30/quarter        | \$0 certain medical conditions  | \$20/10 combined with acupuncture | \$0 One Pass        | None                                                   | None                 |
| SCAN MyChoice                   | \$65/quarter shared                              | \$550 or \$950/aid; 2/year              | prev \$0; comp \$0; \$1,500/year        | None                          | \$65/quarter shared | \$0 certain medical conditions  | \$0                               | \$0 One Pass        | None                                                   | None                 |
| SCAN Walmart Med Adv            | \$250/year shared routine vision                 | \$550 or \$950/aid; 2 every 2 years     | diag/prev \$0; comp 25%; \$3,000/year   | \$0/12 one-way; 50-mile limit | \$140/quarter       | \$25 certain medical conditions | \$20                              | \$0 One Pass        | None                                                   | None                 |
| Wellcare Simple H0351-063       | \$100/year                                       | \$750/ear/year                          | prev and comp \$0; no annual max        | \$0/12 one-way                | \$34/month shared   | None                            | None                              | \$0                 | None                                                   | None                 |
| Wellpoint Med Adv               | \$200/year                                       | \$300 OTC or \$1,500 Rx/year            | in plan, prev \$0; comp 25%; \$750/year | \$0/12 one-way; 60-mile limit | \$35/quarter        | \$0/4                           | None                              | \$0 Silver Sneakers | None                                                   | None                 |

## 2027 Pinal County Medicare Advantage HMO Plans

| HMO Plan Name                         | Plan ID       | Star Rating* | Website                     | Telephone    |
|---------------------------------------|---------------|--------------|-----------------------------|--------------|
| AARP Med Adv Essentials from UHC AZ-2 | H0609-026     | 4.0          | AARPMedicarePlans.com       | 844-723-6473 |
| AARP Med Adv Extras from UHC AZ-5     | H0609-046     | 4.0          | AARPMedicarePlans.com       | 844-723-6473 |
| AARP Med Adv from UHC AZ-0003         | H0609-044     | 4.0          | AARPMedicarePlans.com       | 844-723-6473 |
| AARP Med Adv from UHC AZ-002P         | H0609-027     | 4.0          | AARPMedicarePlans.com       | 844-723-6473 |
| Aetna Med Signature                   | H4835-002     | 3.0          | AetnaMedicare.com/H4835-002 | 844-509-6254 |
| Blue Best Life Classic H0302-006      | H0302-006     | 3.5          | azblue.com/medicare         | 800-446-8331 |
| Blue Best Life Plus                   | H0302-001     | 3.5          | azblue.com/medicare         | 800-446-8331 |
| Blue Best Life Select H0302-010       | H0302-010     | 3.5          | azblue.com/medicare         | 800-446-8331 |
| Devoted Core 001 AZ                   | H8173-001     | 4.0          | www.devoted.com             | 800-385-0916 |
| Devoted Core 020 AZ                   | H8173-020     | 4.0          | www.devoted.com             | 800-385-0916 |
| Devoted Core 021 AZ                   | H8173-021     | 4.0          | www.devoted.com             | 800-385-0916 |
| Devoted Core 090 AZ                   | H7993-090     | 4.5          | www.devoted.com             | 800-385-0916 |
| Devoted Giveback 019 AZ               | H8173-019     | 4.0          | www.devoted.com             | 800-385-0916 |
| Devoted Giveback 091 AZ               | H7993-091     | 4.5          | www.devoted.com             | 800-385-0916 |
| Devoted Giveback Extras 105 AZ        | H7993-105     | 4.5          | www.devoted.com             | 800-385-0916 |
| Devoted MA Only 005 AZ                | H8173-005     | 4.0          | www.devoted.com             | 800-385-0916 |
| eternalHealth Harmony                 | H3551-004     | 2.5          | www.eternalhealth.com       | 800-680-4568 |
| eternalHealth Horizon                 | H3551-001     | 2.5          | www.eternalhealth.com       | 800-680-4568 |
| eternalHealth Valor Give Back         | H3551-003     | 2.5          | www.eternalhealth.com       | 800-680-4568 |
| Healthspring Preferred                | H0354-028     | 3.5          | www.Healthspring.com        | 800-313-0973 |
| Healthspring Preferred Extra Savings  | H0354-030     | 3.5          | www.Healthspring.com        | 800-313-0973 |
| Healthspring Preferred Savings        | H0354-029     | 3.5          | www.Healthspring.com        | 800-313-0973 |
| Humana Gold Plus H0028-021            | H0028-021     | 4.5          | Humana.com/Medicare         | 800-457-4708 |
| Humana Gold Plus H0028-074-002        | H0028-074-002 | 4.5          | Humana.com/Medicare         | 800-457-4708 |
| Humana Gold Plus H2463-001            | H2463-001     | 4.0          | Humana.com/Medicare         | 800-457-4708 |
| Humana Total Complete H4461-059       | H4461-059     | 4.5          | Humana.com/Medicare         | 800-457-4708 |
| SCAN Classic                          | H1822-001     | 3.5          | www.scanhealthplan.com      | 855-650-7226 |
| SCAN MyChoice                         | H1822-007     | 3.5          | www.scanhealthplan.com      | 855-650-7226 |
| SCAN Walmart Med Adv                  | H1822-009     | 3.5          | www.scanhealthplan.com      | 855-650-7226 |
| Wellcare Simple H0351-063             | H0351-063     | 3.5          | go.wellcare.com/AZ          | 844-480-0680 |
| Wellpoint Med Adv                     | H1423-009     | 3.5          | shop.wellpoint.com/medicare | 844-590-3857 |

\* "new" indicates the plan is too new to be measured

"data" indicates not enough data available

# 2027

# PPO

## Medicare Advantage Plans

### Pinal County

Version date: 10/09/2026

Included in this packet is information about Medicare Advantage (MA) Preferred Provider Organization (PPO) plans, available in 2027 to individuals enrolled in Medicare and living in Pinal County.

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.

In addition to any monthly plan premium, you will also be responsible for paying Medicare's monthly Part B premium, which for 2027 is not yet released. The state of Arizona has programs to help eligible limited-income individuals with the Part B premium. On the other hand, someone with a modified adjusted gross income above a certain amount may be subject to an extra charge, called the Income-Related Monthly Adjustment Amount (IRMAA). Ask SHIP about eligibility details regarding the Part B premium.

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**: the 7-month period that begins 3 months before the month you turn 65 and ends 3 months after the month you turn 65); during **Special Enrollment Periods (SEPs)**, subject to eligibility requirements (see SHIP and Medicare.gov for details); 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 might require medical underwriting).

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

### **Pinal-Gila Council for Senior Citizens (PGSC)**

8969 W McCartney Rd  
Casa Grande, AZ 85194  
800-432-4040



AREA AGENCY ON AGING  
REGION ONE, INCORPORATED



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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 Health & Drug Plans*** tool that will provide 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 the 2027 calendar year is \$2,400. The monthly premium you pay, if any, is not counted toward that \$2,400 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.

## Evaluate the Provider Network

You may have providers you want to keep. The ***Find Health & Drug Plans*** tool at the **Medicare.gov** website allows you to include provider names as criteria when reviewing available plans. It's also a good idea to check with the health plan or doctor's billing office to confirm that 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 extra 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 (copays 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.

## 2027 Pinal County Medicare Advantage PPO Plans – Medicare-covered Benefits

|                                               |                                                        |                             |                                                     |                                 | Copay (\$) or Coinsurance (%) for Medicare-covered Benefits |                     |             |                      |                     |                         |                                   |                            |                   |                       |
|-----------------------------------------------|--------------------------------------------------------|-----------------------------|-----------------------------------------------------|---------------------------------|-------------------------------------------------------------|---------------------|-------------|----------------------|---------------------|-------------------------|-----------------------------------|----------------------------|-------------------|-----------------------|
| PPO Plan Name                                 | Monthly Premium<br>(in addition to the Part B premium) | Medical Deductible (in/out) | Annual Max Out-of-Pocket (excluding drugs) (in/out) | Part D Drug Coverage/Deductible | PCP (in/out)                                                | Specialist (in/out) | ER (in/out) | Urgent Care (in/out) | Hospital In-network | Hospital Out-of-Network | PT, OT or Speech Therapy (in/out) | Diabetes Supplies (in/out) | Podiatry (in/out) | Chiropractic (in/out) |
| Local PPO                                     |                                                        |                             |                                                     |                                 |                                                             |                     |             |                      |                     |                         |                                   |                            |                   |                       |
| Aetna Medicare Eagle                          | \$125 Part B reduction                                 | \$0                         | \$5,500 in / \$8,950 any provider                   | No Part D coverage              | \$0 / 50%                                                   | \$45 / 50%          | \$130       | \$50                 | \$400/day, days 1–7 | 50%                     | \$20 / 50%                        | 0%-20% / 0%-50%            | \$45 / 50%        | \$15 / 50%            |
| Aetna Medicare Signature                      | \$0                                                    | \$0 / \$500                 | \$7,150 in / \$10,750 any provider                  | \$700 (Tiers 3–5)               | \$0 / 50%                                                   | \$55 / 50%          | \$130       | \$50                 | \$425/day, days 1–7 | 50%                     | \$40 / 50%                        | 0%-20% / 0%-50%            | \$55 / 50%        | \$15 / 50%            |
| Aetna Medicare Value Care                     | \$16.80                                                | \$0 / \$500                 | \$5,900 in / \$8,900 any provider                   | \$700 (Tiers 3–5)               | \$0 / 50%                                                   | \$40 / 50%          | \$130       | \$50                 | \$375/day, days 1–7 | 50%                     | \$40 / 50%                        | 0%-20% / 0%-50%            | \$40 / 50%        | \$15 / 50%            |
| Devoted Choice 001 AZ                         | \$0                                                    | \$100                       | \$5,900 in / \$8,950 any provider                   | \$650 (Tiers 3–5)               | \$0 / \$25                                                  | \$40 / \$50         | \$130       | \$45                 | \$455/day, days 1–6 | \$455/day, days 1–6     | \$0-\$40 / \$50                   | \$0-50% / 50%              | \$40 / \$50       | \$15 / \$25           |
| Devoted Choice MA Only 005 AZ                 | \$0                                                    | \$225                       | \$7,000 in / \$9,000 any provider                   | No Part D coverage              | \$0 / \$25                                                  | \$50                | \$130       | \$50                 | \$450/day, days 1–4 | \$450/day, days 1–4     | \$0-\$50 / \$50                   | \$0-20% / 45%-50%          | \$50              | \$0                   |
| HealthSpring True Choice                      | \$0                                                    | \$250                       | \$5,500 in / \$9,350 any provider                   | \$600 (Tiers 3–5)               | \$0 / \$20                                                  | \$30 / \$60         | \$130       | \$50                 | \$375/day, days 1–6 | 40%                     | \$30 / \$60                       | \$0-20% / 40%              | \$30 / \$60       | \$15 / 50%            |
| Humana Essentials Plus Giveback H5216-435-001 | \$52/month Part B reduction                            | \$900                       | \$7,850 in / \$13,900 any provider                  | \$450 (Tiers 3–5)               | \$0 / 20%                                                   | \$50 / 25%          | \$115       | \$40                 | \$425/day, days 1–5 | 40%                     | \$35 / 25%                        | \$0-20% / 40%-50%          | \$50 / 25%        | \$15 / 25%            |
| Humana Essentials Plus Giveback H7617-051     | \$70/month Part B reduction                            | \$400                       | \$6,100 in / \$9,750 any provider                   | \$700 (Tiers 3–5)               | \$0                                                         | \$35 / 50%          | \$130       | \$50                 | \$450/day, days 1–6 | \$495/day, days 1–20    | \$40 / 45%                        | \$0-20% / 40%-50%          | \$35 / 50%        | \$15 / 50%            |
| Humana USAA Honor Giveback                    | \$110/month Part B reduction                           | \$0                         | \$5,150 in / \$10,100 any provider                  | No Part D coverage              | \$0 / 50%                                                   | \$45 / 50%          | \$130       | \$50                 | \$340/day, days 1–6 | 50%                     | \$40 / 50%                        | \$0-20% / 20%-50%          | \$45 / 50%        | \$15 / 50%            |

**PPO Plans – Medicare-covered Benefits, continued**

| PPO Plan Name          | Monthly Premium<br>(in addition to the Part B premium) | Medical Deductible (in/out) | Annual Max Out-of-Pocket (excluding drugs) (in/out) | Part D Drug Coverage/Deductible | Copay (\$) or Coinsurance (%) for Medicare-covered Benefits |                     |             |                      |                     |                         |                                   |                            |                   |                       |
|------------------------|--------------------------------------------------------|-----------------------------|-----------------------------------------------------|---------------------------------|-------------------------------------------------------------|---------------------|-------------|----------------------|---------------------|-------------------------|-----------------------------------|----------------------------|-------------------|-----------------------|
|                        |                                                        |                             |                                                     |                                 | PCP (in/out)                                                | Specialist (in/out) | ER (in/out) | Urgent Care (in/out) | Hospital In-network | Hospital Out-of-Network | PT, OT or Speech Therapy (in/out) | Diabetes Supplies (in/out) | Podiatry (in/out) | Chiropractic (in/out) |
| Humana Value Choice    | \$0                                                    | \$0                         | \$5,220 in / \$9,750 any provider                   | \$700 (Tiers 3–5)               | \$0 / \$30                                                  | \$35 / 50%          | \$130       | \$50                 | \$450/day, days 1–6 | 40%                     | \$40 / 50%                        | \$0-20% / 40%-50%          | \$35 / 50%        | \$15 / 50%            |
| HumanaChoice Giveback  | \$66/month Part B reduction                            | \$400                       | \$6,100 in / \$9,750 any provider                   | \$700 (Tiers 3–5)               | \$0                                                         | \$35 / 50%          | \$130       | \$50                 | \$450/day, days 1–6 | \$495/day, days 1–20    | \$40 / 45%                        | \$0-20% / 40%-50%          | \$35 / 50%        | \$15 / 50%            |
| HumanaChoice H5216-034 | \$127                                                  | \$500                       | \$7,900 in / \$11,400 any provider                  | \$700 (Tiers 3–5)               | \$0 / 35%                                                   | \$55 / 40%          | \$115       | \$40                 | \$470/day, days 1–5 | 40%                     | \$35 / 35%                        | \$0-20% / 40%-50%          | \$55 / 40%        | \$15 / 40%            |
| HumanaChoice H5216-224 | \$16.80                                                | \$250                       | \$4,150 in / \$6,200 any provider                   | \$500 (Tiers 3–5)               | \$0 / \$30                                                  | \$40 / \$80         | \$150       | \$65                 | \$500/day, days 1–6 | 30%                     | \$35 / 40%                        | \$0-20% / 40%              | \$40 / \$80       | \$20 / \$65           |
| HumanaChoice H5216-265 | \$0                                                    | \$0                         | \$5,220 in / \$9,750 any provider                   | \$700 (Tiers 3–5)               | \$0 / \$30                                                  | \$35 / 50%          | \$130       | \$50                 | \$450/day, days 1–6 | 40%                     | \$40 / 50%                        | \$0-20% / 40%-50%          | \$35 / 50%        | \$15 / 50%            |
| <b>Regional PPO</b>    |                                                        |                             |                                                     |                                 |                                                             |                     |             |                      |                     |                         |                                   |                            |                   |                       |
| HumanaChoice R7220-001 | \$0                                                    | \$0                         | \$6,000 in / \$9,000 any provider                   | No Part D coverage              | \$0 / 50%                                                   | \$50 / 45%          | \$130       | \$40                 | \$415/day, days 1–5 | 50%                     | \$40 / 45%-50%                    | \$0-20% / 35%-50%          | \$50 / 45%        | \$15 / 45%            |
| HumanaChoice R7220-002 | \$110                                                  | \$0                         | \$7,150 in / \$10,750 any provider                  | \$700 (Tiers 3–5)               | \$0 / 50%                                                   | \$50 / 50%          | \$130       | \$40                 | \$450/day, days 1–5 | 50%                     | \$40 / 50%                        | \$0-20% / 50%              | \$50 / 50%        | \$15 / 50%            |

## 2027 Pinal County Medicare Advantage PPO Plans – Extra Benefits

|                               | Extra Benefits      |                                                           |                                                                            |       |                                    |                                                |                                                 |                                                        |                                                         |                                            |                                 |                           |
|-------------------------------|---------------------|-----------------------------------------------------------|----------------------------------------------------------------------------|-------|------------------------------------|------------------------------------------------|-------------------------------------------------|--------------------------------------------------------|---------------------------------------------------------|--------------------------------------------|---------------------------------|---------------------------|
| PPO Plan Name                 | Eyewear<br>(in/out) | Hearing Aids<br>(in/out)                                  | Dental                                                                     | Rides | OTC<br>Allowance<br>(in/out)       | Podiatry<br>(copay /<br>visits per<br>year) In | Podiatry<br>(copay /<br>visits per<br>year) Out | Chiro-<br>pratic<br>(copay /<br>visits per<br>year) In | Chiro-<br>pratic<br>(copay /<br>visits per<br>year) Out | Gym<br>(in/out)                            | Non-Part D<br>Prescriptions     | US Travel /<br>Visitor    |
| Local PPO                     |                     |                                                           |                                                                            |       |                                    |                                                |                                                 |                                                        |                                                         |                                            |                                 |                           |
| Aetna Medicare Eagle          | \$300/year          | \$1,000 allowance per ear per year / determined by vendor | \$3,000/year prev + comp; in, prev 100%, comp 50%; out, prev 50%, comp 70% | None  | \$90 quarterly                     | None                                           | None                                            | None                                                   | None                                                    | \$0 Silver Sneakers / determined by vendor | None                            | Explorer: up to 12 months |
| Aetna Medicare Signature      | \$100/year          | \$1,000 allowance per ear per year / determined by vendor | \$500/year prev + comp; in, prev 100%, comp 50%; out, prev 50%, comp 70%   | None  | None                               | None                                           | None                                            | None                                                   | None                                                    | \$0 Silver Sneakers / determined by vendor | None                            | Explorer: up to 12 months |
| Aetna Medicare Value Care     | \$150/year          | \$1,000 allowance per ear per year / determined by vendor | \$1,250/year prev + comp; in, prev 100%, comp 50%; out, prev 50%, comp 70% | None  | \$30 quarterly                     | None                                           | None                                            | None                                                   | None                                                    | \$0 Silver Sneakers / determined by vendor | None                            | Explorer: up to 12 months |
| Devoted Choice 001 AZ         | \$150/year          | \$399 or \$699 copay per aid (up to 2) / 90% coinsurance  | \$1,500/year prev + comp; prev 100%, comp 50%                              | None  | \$18 quarterly / 10% of allowance  | None                                           | None                                            | None                                                   | None                                                    | \$0 Silver Sneakers / 10% reimbursement    | Generic Viagra; Vitamins D, B12 | None                      |
| Devoted Choice MA Only 005 AZ | \$400/year          | \$599 or \$899 per aid (up to 2) / 90% coinsurance        | \$1,000/year prev + comp; prev 100%, comp 50%                              | None  | \$100 quarterly / 10% of allowance | None                                           | None                                            | None                                                   | None                                                    | \$0 Silver Sneakers / 10% reimbursement    | None                            | None                      |
| HealthSpring True Choice      | None                | None                                                      | \$1,200/year prev + comp                                                   | None  | None                               | \$40/12                                        | \$60/12                                         | None                                                   | None                                                    | None                                       | None                            | None                      |

**PPO Plans – Extra Benefits, continued**

|                                                     | Extra Benefits            |                                                                  |                                                     |       |                                                 |                                                |                                                 |                                                        |                                                         |                                                      |                                                               |                         |
|-----------------------------------------------------|---------------------------|------------------------------------------------------------------|-----------------------------------------------------|-------|-------------------------------------------------|------------------------------------------------|-------------------------------------------------|--------------------------------------------------------|---------------------------------------------------------|------------------------------------------------------|---------------------------------------------------------------|-------------------------|
| PPO Plan Name                                       | Eyewear<br>(in/out)       | Hearing Aids<br>(in/out)                                         | Dental                                              | Rides | OTC<br>Allowance<br>(in/out)                    | Podiatry<br>(copay /<br>visits per<br>year) In | Podiatry<br>(copay /<br>visits per<br>year) Out | Chiro-<br>pratic<br>(copay /<br>visits per<br>year) In | Chiro-<br>pratic<br>(copay /<br>visits per<br>year) Out | Gym<br>(in/out)                                      | Non-Part D<br>Prescriptions                                   | US Travel /<br>Visitor  |
| Humana Essentials<br>Plus Giveback<br>H5216-435-001 | \$150 year /<br>\$75 year | \$499-\$725 copay,<br>1 per ear per year<br>/ 95%<br>coinsurance | \$750/year prev +<br>comp; prev 100%,<br>comp 50%   | None  | None                                            | \$50/6                                         | \$50/6                                          | None                                                   | None                                                    | \$0 Silver<br>Sneakers /<br>5%<br>reimburse-<br>ment | None                                                          | PPO national<br>network |
| Humana Essentials<br>Plus Giveback<br>H7617-051     | \$150 year /<br>\$75 year | \$399-\$675 copay,<br>1 per ear per year<br>/ 95%<br>coinsurance | \$2,000/year prev<br>+ comp; prev<br>100%, comp 50% | None  | None                                            | None                                           | None                                            | None                                                   | None                                                    | \$0 Silver<br>Sneakers /<br>5%<br>reimburse-<br>ment | None                                                          | PPO national<br>network |
| Humana USAA<br>Honor Giveback                       | \$150 year /<br>\$75 year | \$575-\$750 copay,<br>1 per ear per year<br>/ 95%<br>coinsurance | \$3,500/year prev<br>+ comp; prev<br>100%, comp 30% | None  | \$75<br>quarterly /<br>5%<br>reimburse-<br>ment | \$45/6                                         | \$45/6                                          | None                                                   | None                                                    | \$0 Silver<br>Sneakers /<br>5%<br>reimburse-<br>ment | None                                                          | PPO national<br>network |
| Humana Value<br>Choice                              | \$100 year /<br>\$50 year | \$575-\$750 copay,<br>1 per ear per year<br>/ 95%<br>coinsurance | \$500/year prev +<br>comp; prev 100%,<br>comp 30%   | None  | None                                            | \$35/6                                         | \$35/6                                          | None                                                   | None                                                    | None                                                 | Erectile<br>dysfunction<br>drugs;<br>prescription<br>vitamins | PPO national<br>network |
| HumanaChoice<br>Giveback                            | \$150 year /<br>\$75 year | \$399-\$675 copay,<br>1 per ear per year<br>/ 95%<br>coinsurance | \$2,000/year prev<br>+ comp; prev<br>100%, comp 50% | None  | None                                            | None                                           | None                                            | None                                                   | None                                                    | \$0 Silver<br>Sneakers /<br>5%<br>reimburse-<br>ment | None                                                          | PPO national<br>network |
| HumanaChoice<br>H5216-034                           | \$100 year /<br>\$50 year | \$575-\$750 copay,<br>1 per ear per year<br>/ 95%<br>coinsurance | \$0 prev; no comp                                   | None  | None                                            | \$55/6                                         | \$55/6                                          | None                                                   | None                                                    | \$0 Silver<br>Sneakers /<br>5%<br>reimburse-<br>ment | Erectile<br>dysfunction<br>drugs;<br>prescription<br>vitamins | PPO national<br>network |

**PPO Plans – Extra Benefits, continued**

|                           | Extra Benefits             |                                                                  |                                                     |       |                                                 |                                                |                                                 |                                                        |                                                         |                                                      |                                                               |                         |
|---------------------------|----------------------------|------------------------------------------------------------------|-----------------------------------------------------|-------|-------------------------------------------------|------------------------------------------------|-------------------------------------------------|--------------------------------------------------------|---------------------------------------------------------|------------------------------------------------------|---------------------------------------------------------------|-------------------------|
| PPO Plan Name             | Eyewear<br>(in/out)        | Hearing Aids<br>(in/out)                                         | Dental                                              | Rides | OTC<br>Allowance<br>(in/out)                    | Podiatry<br>(copay /<br>visits per<br>year) In | Podiatry<br>(copay /<br>visits per<br>year) Out | Chiro-<br>pratic<br>(copay /<br>visits per<br>year) In | Chiro-<br>pratic<br>(copay /<br>visits per<br>year) Out | Gym<br>(in/out)                                      | Non-Part D<br>Prescriptions                                   | US Travel /<br>Visitor  |
| HumanaChoice<br>H5216-224 | \$200 year /<br>\$100 year | \$399-\$675 copay,<br>1 per ear per year<br>/ 95%<br>coinsurance | \$2,000/year prev<br>+ comp; prev<br>100%, comp 50% | None  | \$50<br>quarterly /<br>5%<br>reimburse-<br>ment | \$40/6                                         | \$40/6                                          | None                                                   | None                                                    | \$0 Silver<br>Sneakers /<br>5%<br>reimburse-<br>ment | Erectile<br>dysfunction<br>drugs;<br>prescription<br>vitamins | PPO national<br>network |
| HumanaChoice<br>H5216-265 | \$100 year /<br>\$50 year  | \$575-\$750 copay,<br>1 per ear per year<br>/ 95%<br>coinsurance | \$1,250/year prev<br>+ comp; prev<br>100%, comp 50% | None  | \$50<br>quarterly /<br>5%<br>reimburse-<br>ment | \$35/6                                         | \$35/6                                          | None                                                   | None                                                    | None                                                 | Erectile<br>dysfunction<br>drugs;<br>prescription<br>vitamins | PPO national<br>network |
| <b>Regional PPO</b>       |                            |                                                                  |                                                     |       |                                                 |                                                |                                                 |                                                        |                                                         |                                                      |                                                               |                         |
| HumanaChoice<br>R7220-001 | \$200 year /<br>\$100 year | \$575-\$750 copay,<br>1 per ear/year;<br>95% coinsurance         | \$3,000/year prev<br>+ comp; prev<br>100%, comp 50% | None  | \$85<br>quarterly /<br>5%<br>reimburse-<br>ment | \$50/6                                         | \$50/6                                          | None                                                   | None                                                    | \$0 Silver<br>Sneakers /<br>5%<br>reimburse-<br>ment | None                                                          | PPO national<br>network |
| HumanaChoice<br>R7220-002 | \$150 year /<br>\$75 year  | \$575-\$750 copay,<br>1 per ear per year<br>/ 95%<br>coinsurance | \$0 prev; no comp                                   | None  | \$25<br>quarterly /<br>5%<br>reimburse-<br>ment | \$50/6                                         | \$50/6                                          | None                                                   | None                                                    | \$0 Silver<br>Sneakers /<br>5%<br>reimburse-<br>ment | None                                                          | PPO national<br>network |

## 2027 Pinal County Medicare Advantage PPO Plans

| PPO Plan Name                                 | Plan ID       | Star Rating | Website                     | Telephone    |
|-----------------------------------------------|---------------|-------------|-----------------------------|--------------|
| <b>Local PPO</b>                              |               |             |                             |              |
| Aetna Medicare Eagle                          | H5521-329     | 4.0         | AetnaMedicare.com/H5521-329 | 844-509-6254 |
| Aetna Medicare Signature                      | H5521-554     | 4.0         | AetnaMedicare.com/H5521-554 | 844-509-6254 |
| Aetna Medicare Value Care                     | H5521-649     | 4.0         | AetnaMedicare.com/H5521-649 | 844-509-6254 |
| Devoted Choice 001 AZ                         | H6586-001     | 4.0         | www.devoted.com             | 800-385-0916 |
| Devoted Choice MA Only 005 AZ                 | H6586-005     | 3.5         | www.devoted.com             | 800-385-0916 |
| HealthSpring True Choice                      | H7849-065     | 3.0         | HealthSpring.com            | 800-313-0973 |
| Humana Essentials Plus Giveback H5216-435-001 | H5216-435-001 | 4.0         | Humana.com/Medicare         | 888-873-0686 |
| Humana Essentials Plus Giveback H7617-051     | H7617-051     | 4.5         | Humana.com/Medicare         | 888-873-0686 |
| Humana USAA Honor Giveback                    | H5216-436-001 | 4.0         | Humana.com/Medicare         | 888-873-0686 |
| Humana Value Choice                           | H7617-124     | 4.5         | Humana.com/Medicare         | 888-873-0686 |
| HumanaChoice Giveback                         | H5216-371     | 4.0         | Humana.com/Medicare         | 888-873-0686 |
| HumanaChoice H5216-034                        | H5216-034     | 4.0         | Humana.com/Medicare         | 888-873-0686 |
| HumanaChoice H5216-224                        | H5216-224     | 4.0         | Humana.com/Medicare         | 888-873-0686 |
| HumanaChoice H5216-265                        | H5216-265     | 4.0         | Humana.com/Medicare         | 888-873-0686 |
| <b>Regional PPO</b>                           |               |             |                             |              |
| HumanaChoice R7220-001                        | R7220-001     | 3.0         | Humana.com/Medicare         | 888-873-0686 |
| HumanaChoice R7220-002                        | R7220-002     | 3.0         | Humana.com/Medicare         | 888-873-0686 |

2027

# Chronic Conditions & Institutional Care

## Medicare Advantage Special Needs Plans (SNP)

### Pinal County

Version date: 10/09/2026

Included in this packet is information about 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 2027 to Medicare beneficiaries living in Pinal County.

In addition to any monthly plan premium, you will also be responsible for paying Medicare's monthly Part B premium, which for 2027 is not yet released. The state of Arizona has programs to help eligible limited-income individuals with the Part B premium. On the other hand, someone with a modified adjusted gross income above a certain amount may be subject to an extra charge, called the Income-Related Monthly Adjustment Amount (IRMAA). Ask SHIP about eligibility details regarding the Part B premium.

Joining an MA Special Needs Plan (SNP) is allowed at the same times as standard MA plans: when you first are eligible for Medicare (**Initial Enrollment Period**: the 7-month period that begins 3 months before the month you turn 65 and ends 3 months after the month you turn 65); during **Special Enrollment Periods** (SEPs), subject to eligibility requirements (see SHIP and Medicare.gov for details); and annually at the times below:

**Open Enrollment Period (OEP): October 15th – December 7th, with the change effective on January 1.**

**Medicare Advantage Open Enrollment Period (MA OEP): January 1 through March 31, with the change effective the 1st of the next month.**

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 for a plan that covers a given condition and lasts until the beginning of the following year. See SHIP for details. 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.

### **Pinal-Gila Council for Senior Citizens (PGSC)**

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AREA AGENCY ON AGING  
REGION ONE, INCORPORATED



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# What to Consider When Choosing a Plan

**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 a premium in addition 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.

## **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 Health & Drug Plans*** tool that will provide 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 the 2027 calendar year is \$2,400. The monthly plan premium you pay, if any, is not counted toward that \$2,400 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.

## **Evaluate the Provider Network**

You may have providers you want to keep. The ***Find Health & Drug Plans*** tool at the **Medicare.gov** website allows you to include provider names as criteria when reviewing available plans. It's also a good idea to check with the health plan or doctor's billing office to confirm that 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 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 extra 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 (copays 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.

## 2027 Pinal County Chronic Condition HMO Plans – Medicare-covered Benefits

|                                                         |                      |                                                     |                    |                                            |                                   | Copay (\$) or Coinsurance (%) for Medicare-covered Benefits |            |                 |                |                    |                          |                   |                   |              |
|---------------------------------------------------------|----------------------|-----------------------------------------------------|--------------------|--------------------------------------------|-----------------------------------|-------------------------------------------------------------|------------|-----------------|----------------|--------------------|--------------------------|-------------------|-------------------|--------------|
| Chronic Condition SNP HMO Plan Name                     | Chronic Condition(s) | Monthly Premium (in addition to the Part B Premium) | Medical Deductible | Annual Max Out of Pocket (excluding drugs) | Part D Drug Coverage / Deductible | PCP                                                         | Specialist | ER              | Urgent Care    | Hospital           | PT, OT or Speech Therapy | Diabetes Supplies | Podiatry          | Chiropractic |
| Devoted C-SNP 011 AZ                                    | Cardio, CHF, DM      | \$0                                                 | \$0                | \$6,750                                    | \$700 Tiers 3-5                   | \$0                                                         | \$45       | \$130           | \$45           | \$375/day days 1-6 | \$45                     | \$0               | \$45              | \$15         |
| Devoted C-SNP Enhanced 014 AZ                           | Cardio, CHF, DM      | \$0                                                 | \$0                | \$5,000                                    | \$465 Tiers 3-5                   | \$0                                                         | \$40       | \$130           | \$45           | \$400/day days 1-6 | \$40                     | \$0               | \$40              | \$15         |
| Devoted C-SNP Enhanced 092 AZ                           | Cardio, CHF, DM      | \$0                                                 | \$0                | \$3,400                                    | \$650 Tiers 3-5                   | \$0                                                         | \$25       | \$150           | \$45           | \$220/day days 1-7 | \$25                     | \$0               | \$25              | \$20         |
| Devoted C-SNP Giveback Extras 104 AZ                    | Cardio, CHF, DM      | \$105/month Part B reduction                        | \$200              | \$5,550                                    | \$700 Tiers 3-5                   | \$0                                                         | \$40       | \$130           | \$50           | \$455/day days 1-6 | \$40                     | \$0               | \$40              | \$15         |
| Devoted C-SNP Plus 022 AZ                               | Cardio, CHF, DM      | \$0                                                 | \$990              | \$9,850                                    | \$461 Tiers 3-5                   | \$0                                                         | 30%        | \$115           | 20%            | \$2,241/stay       | 30%                      | \$0               | 30%               | 30%          |
| Devoted C-SNP Plus 093 AZ                               | Cardio, CHF, DM      | \$0                                                 | \$990              | \$9,850                                    | \$650 Tiers 3-5                   | \$0                                                         | 30%        | \$115           | 20%            | \$2,241/stay       | 30%                      | \$0               | 30%               | 30%          |
| Gold Kidney of Arizona Gold Dialysis & Kidney Complete  | CKD                  | \$16.80                                             | Part B amount      | \$9,250                                    | \$700                             | 20%                                                         | 20%        | 20% up to \$115 | 20% up to \$40 | Part A amounts     | 20%                      | \$0 in, 50% out   | No info available | 20%          |
| Gold Kidney of Arizona Gold Dialysis & Kidney H4869-003 | CKD                  | \$0                                                 | \$0                | \$2,900                                    | \$0                               | \$0                                                         | \$0-\$40   | \$120           | \$10           | \$125/day days 1-5 | \$10                     | \$0 in, 50% out   | No info available | \$20         |
| Gold Kidney of Arizona Gold Heart & Diabetes H4869-001  | Cardio, CHF, DM      | \$0                                                 | \$0                | \$3,200                                    | \$0                               | \$0                                                         | \$0-\$50   | \$90            | \$10           | \$175/day days 1-7 | \$15                     | \$0 in, 50% out   | No info available | \$10         |
| HealthSpring Achieve                                    | Cardio, CHF, DM      | \$0                                                 | \$0                | \$2,600                                    | \$500 Tiers 3-5                   | \$0                                                         | \$10       | \$150           | \$65           | \$275/day days 1-6 | \$10                     | \$0               | \$10              | \$20         |
| SCAN Balance                                            | Cardio, CHF, DM      | \$0                                                 | \$0                | \$2,000                                    | \$0                               | \$0                                                         | \$0        | \$90            | \$0            | \$75/day days 1-5  | \$0-\$10                 | \$0               | \$0               | \$0          |
| SCAN Walmart Medicare Complete                          | Cardio, CHF, DM      | \$16.80                                             | \$0                | \$4,450                                    | \$700 Tiers 3-5                   | \$0                                                         | \$0-\$25   | \$150           | \$0-\$45       | \$300/day days 1-7 | \$25                     | \$0               | \$25              | \$0          |
| UHC Complete Care AZ-1P                                 | Cardio, CHF, DM      | \$13/month Part B reduction                         | \$0                | \$3,500                                    | \$595 Tiers 3-5                   | \$0                                                         | \$20       | \$150           | \$65           | \$275/day days 1-8 | \$20                     | \$0               | \$20              | \$20         |
| Wellcare Specialty Simple                               | Cardio, CHF, DM      | \$0                                                 | \$0                | \$3,450                                    | \$700 Tiers 2-5                   | \$0                                                         | \$10       | \$150           | \$10           | \$250/day days 1-5 | \$10                     | \$0               | \$10              | \$10         |

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

## 2027 Pinal County Chronic Condition HMO Plans – Extra Benefits

|                                                         | Extra Benefits                    |                                 |                                     |                                            |               |                         |                             |                     |                                |                       |
|---------------------------------------------------------|-----------------------------------|---------------------------------|-------------------------------------|--------------------------------------------|---------------|-------------------------|-----------------------------|---------------------|--------------------------------|-----------------------|
| Chronic Condition SNP HMO Plan Name                     | Eyewear                           | Hearing Aids                    | Dental                              | Rides                                      | OTC Allowance | Podiatry (copay/visits) | Chiro-pratic (copay/visits) | Gym                 | Non-Part D Prescriptions       | US Travel / Visitor   |
| Devoted C-SNP 011 AZ                                    | \$150/year                        | \$399 or \$699 per aid          | \$1,500 allowance for prev and comp | None                                       | None          | \$45/4                  | None                        | \$0 Silver Sneakers | Incl. generic Viagra; B12 shot | None                  |
| Devoted C-SNP Enhanced 014 AZ                           | \$300/year                        | \$399 or \$699 per aid          | \$1,500 allowance for prev and comp | None                                       | \$50/quarter  | \$40/4                  | None                        | \$0 Silver Sneakers | None                           | None                  |
| Devoted C-SNP Enhanced 092 AZ                           | \$250/year                        | \$399 or \$699 per aid          | \$2,000 allowance for prev and comp | None                                       | \$48/quarter  | \$25/4                  | None                        | \$0 Silver Sneakers | None                           | None                  |
| Devoted C-SNP Giveback Extras 104 AZ                    | \$400/year                        | \$599 or \$899 per aid          | \$4,250 allowance for prev and comp | None                                       | \$225/quarter | \$40/4                  | None                        | \$0 Silver Sneakers | Incl. generic Viagra; B12 shot | None                  |
| Devoted C-SNP Plus 022 AZ                               | \$300/year                        | \$399 or \$699 per aid          | \$2,000 allowance for prev and comp | None                                       | \$50/quarter  | \$0/4                   | None                        | \$0 Silver Sneakers | None                           | None                  |
| Devoted C-SNP Plus 093 AZ                               | \$300/year                        | \$399 or \$699 per aid          | \$4,000 allowance for prev and comp | None                                       | \$50/quarter  | \$0/4                   | None                        | \$0 Silver Sneakers | None                           | None                  |
| Gold Kidney of Arizona Gold Dialysis & Kidney Complete  | \$300/year or \$115 contacts/year | \$1,500/year max                | \$0 prev; \$2,000 max prev & comp   | \$0/22 one-way; unlimited to-from dialysis | \$100/quarter | No info available       | 20%/12                      | None                | None                           | None                  |
| Gold Kidney of Arizona Gold Dialysis & Kidney H4869-003 | \$300/year or \$115 contacts/year | \$0-\$1,495/year                | \$0 prev; \$3,000 max prev & comp   | \$0/24 one-way; unlimited to-from dialysis | \$100/quarter | No info available       | \$20/12                     | None                | None                           | None                  |
| Gold Kidney of Arizona Gold Heart & Diabetes H4869-001  | \$200/year or \$115 contacts/year | \$0-\$1,395/year                | \$0 prev; \$3,000 max prev & comp   | \$0/24 one-way                             | \$100/quarter | No info available       | \$10/12                     | None                | None                           | None                  |
| HealthSpring Achieve                                    | \$225/year                        | \$399-\$1,800 per aid/year      | \$0 prev; \$0-\$675 comp            | \$0/20 one-way                             | \$75/quarter  | \$15/12                 | \$20/12                     | \$0                 | None                           | None                  |
| SCAN Balance                                            | \$250-\$300/year                  | \$550-\$950 per aid; 2 per year | \$0 prev; comp up to \$3,000/year   | \$0/26 one-way                             | \$55/month    | None                    | \$10/10                     | \$0 One Pass        | None                           | None                  |
| SCAN Walmart Medicare Complete                          | \$300/year for exams & eyewear    | \$350/\$750 per aid             | \$0 prev; comp up to \$4,000/year   | \$0/24 one-way                             | \$200/month   | None                    | None                        | \$0 One Pass        | None                           | None                  |
| UHC Complete Care AZ-1P                                 | \$250/2 years                     | \$700/2 aids/year allowance     | \$0 prev/comp costs \$54/month      | \$0/12 one-way                             | \$70/month    | \$20/6                  | None                        | \$0                 | Vitamin D; generic Viagra      | UnitedHealth Passport |
| Wellcare Specialty Simple                               | \$100/year allowance              | \$750/ear/year allowance        | \$0 prev; 40% comp                  | \$0/24 one-way                             | \$48/month    | \$10/no limit           | None                        | \$0                 | None                           | None                  |

## 2027 Pinal County Medicare Advantage C- and I-SNP Plans

| Plan Name                                               | Plan ID   | Star Rating* | Telephone    | Website                |
|---------------------------------------------------------|-----------|--------------|--------------|------------------------|
| <b>C-SNP HMO Plans</b>                                  |           |              |              |                        |
| Devoted C-SNP 011 AZ                                    | H8173-011 | 4.0          | 800-385-0916 | www.devoted.com        |
| Devoted C-SNP Enhanced 014 AZ                           | H8173-014 | 4.0          | 800-385-0916 | www.devoted.com        |
| Devoted C-SNP Enhanced 092 AZ                           | H7993-092 | 4.5          | 800-385-0916 | www.devoted.com        |
| Devoted C-SNP Giveback Extras 104 AZ                    | H7993-104 | 4.5          | 800-385-0916 | www.devoted.com        |
| Devoted C-SNP Plus 022 AZ                               | H8173-022 | 4.0          | 800-385-0916 | www.devoted.com        |
| Devoted C-SNP Plus 093 AZ                               | H7993-093 | 4.5          | 800-385-0916 | www.devoted.com        |
| Gold Kidney of Arizona Gold Dialysis & Kidney Complete  | H4869-014 | 2.5          | 844-294-6535 | www.goldkidney.com     |
| Gold Kidney of Arizona Gold Dialysis & Kidney H4869-003 | H4869-003 | 2.5          | 844-294-6535 | www.goldkidney.com     |
| Gold Kidney of Arizona Gold Heart & Diabetes H4869-001  | H4869-001 | 2.5          | 844-294-6535 | www.goldkidney.com     |
| HealthSpring Achieve                                    | H0354-027 | 3.5          | 800-627-7534 | HealthSpring.com       |
| SCAN Balance                                            | H1822-002 | 3.5          | 855-650-7226 | www.scanhealthplan.com |
| SCAN Walmart Medicare Complete                          | H1822-010 | 3.5          | 855-650-7226 | www.scanhealthplan.com |
| UHC Complete Care AZ-1P                                 | H0609-042 | 4.0          | 866-367-7527 | UHC.com/Medicare       |
| Wellcare Specialty Simple                               | H0351-038 | 3.5          | 844-480-0680 | go.wellcare.com/AZ     |

2027

# Full Dual (D-SNP)

## Medicare Advantage Special Needs Plans

### Pinal County

Version date: 10/09/2026

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 or DDD. These plans might 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.**

The D-SNP (Medicare) is the primary payer for both medical services and drug coverage, and the AHCCCS health plan is the secondary payer only for medical services. 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 plan's network(s), except for **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 Health & Drug Plans** 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.

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.

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

### **Pinal-Gila Council for Senior Citizens (PGSC)**

**8969 W McCartney Rd**

**Casa Grande, AZ 85194**

**800 432-4040**



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# Medicare D-SNPs and their aligned AHCCCS Plans

Alignment means that the same insurance company is offering both your Medicare D-SNP and your AHCCCS health plan. This ensures that care is coordinated between the AHCCCS health plan and the Medicare D-SNP, and that billing between the provider and the plans will be seamless, minimizing billing problems. See the last page of this booklet for current plan alignments.

(Note that there is special handling for members enrolled in certain AHCCCS plans – see below for ALTCS information.)

As of January 1, 2027, members with new dual (both Medicare and Medicaid) eligibility can only enroll in aligned plans. If a member is already enrolled in an AHCCCS health plan, it is suggested that the member choose the Medicare D-SNP that is aligned with that AHCCCS health plan. Existing dual members with unaligned plans can keep their plans, but it is suggested that they align their two plans as soon as possible.

There is more flexibility in changing a member's Medicare plan than in changing their AHCCCS health plan. Dual-eligible members can switch to an aligned D-SNP at any time. (D-SNP plan phone numbers are listed on the last page of this booklet.) 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 when the member can change their AHCCCS health plan.

**MAKING CHANGES to your AHCCCS Health Plan** - choose the situation below that applies to you and follow the steps indicated. The telephone number for AHCCCS Medical Assistance Specialty Programs (MASP) is (602) 417-5010.

## **Newly eligible for an AHCCCS health plan:**

1. If you are within 90 calendar days of being approved for an AHCCCS health plan, call MASP and enroll into the AHCCCS health plan aligned with the D-SNP plan you have selected.
2. Enroll into the aligned D-SNP by calling that plan.

## **Already covered by an AHCCCS health plan and in your enrollment anniversary month:**

1. If you are in your AHCCCS enrollment anniversary month, call MASP 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.

## **Already 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 receive a letter reminding you of your opportunity to make a change.
2. If you're not already enrolled in the unaligned D-SNP of your choice, you can only enroll into it after you have switched your AHCCCS health plan. Enroll into the aligned D-SNP by calling that plan.

Some dual Medicare beneficiaries are also enrolled in AHCCCS's **Arizona Long Term Care System (ALTCS)**. It includes two groups: Elderly and Physically Disabled (EPD) and the other is associated with the Division of Developmental Disabilities (DDD). There are separate Medicare D-SNPs for these two groups. ALTCS members are required to enroll in aligned plans, so SHIP counselors are usually not involved in the selection of an ALTCS D-SNP. Those plans' Extra Benefits are not included in this booklet. However, the plans may show up when using the **Find Health & Drug Plans** tool at **Medicare.gov** so are listed on the last page of the booklet for your awareness.

## Copayments for all D-SNP Plans

|                                     |             |
|-------------------------------------|-------------|
| <b>Monthly Plan Premium</b>         | \$0         |
| <b>Maximum Out-of-Pocket (MOOP)</b> | \$0         |
| <b>Out-of-Network Services</b>      | 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 and beyond   | \$0 |
| Skilled Nursing Facility Per Days 1 – 20   | \$0 |
| Skilled Nursing Facility 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 |
| 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 – Maximum monthly copay for drugs on the plan's formulary (covered)

|            |                  |
|------------|------------------|
| Generic    | not yet released |
| Brand Name | not yet released |

## 2027 Pinal County D-SNP Plans - Extra Benefits

| Plan Name                                                        | Extra Benefits             |                                                       |                                                                         |                                                            |                                                            |                                                               |                            |
|------------------------------------------------------------------|----------------------------|-------------------------------------------------------|-------------------------------------------------------------------------|------------------------------------------------------------|------------------------------------------------------------|---------------------------------------------------------------|----------------------------|
|                                                                  | Routine eye exam           | Eyewear                                               | Hearing Aid Appliance                                                   | Preventive Dental                                          | Comprehensive Dental                                       | Transportation                                                | Over-the-Counter Allowance |
| Banner Med Adv Dual                                              | \$0; 1/yr                  | \$0; \$200/yr; 1 pair or annual supply of contacts/yr | \$0; \$3,300/yr; 1 hearing aid per ear/year                             | \$0; \$3,000/yr for prev and certain comp services         | \$0; \$3,000/yr for prev and certain comp services         | \$0; 36 one-way trips/yr to approved locations; 50 miles/trip | \$300/qtr                  |
| Health Choice Pathway                                            | \$0; 1/yr                  | \$0; \$250/yr                                         | \$0; up to 2 hearing aids (1 per ear) every 3 yrs; TruHearing providers | \$0; \$2,000/yr for prev and certain comp services         | \$0; \$2,000/yr for prev and certain comp services         | \$0; 24 one-way trips/yr to approved locations; 50 miles/trip | \$50/three months          |
| Mercy Care Advantage                                             | \$0; 1/yr                  | \$300/yr for contact lenses/ eyeglasses               | \$1,900 every four years for both ears combined                         | \$0;                                                       | \$0; \$5,000/yr for certain comp services                  | \$0/12 one-way trips                                          | \$85/month                 |
| Molina Medicare Complete Care                                    | \$0; 1/yr at Vision Vendor | \$200 allowance at Vision Vendor                      | \$0; 2 pre-selected hearing aids/2 yrs at approved provider             | \$0; oral exams, cleaning, fluoride and dental X-rays      | \$5,000/yr for certain services                            | None                                                          | \$118/month                |
| UHC Dual Complete AZ-S001                                        | \$0; 1/yr                  | \$200/yr for standard lenses/frames and contacts      | \$2,200 for 2 hearing aids every 2 yrs; UHC Hearing providers           | \$2,500 prev & comp for all covered services; any provider | \$2,500 prev & comp for all covered services; any provider | None                                                          | \$178/month                |
| Wellcare Arizona Complete Health Dual Liberty Sync H5590-012-002 | \$0; 1/yr                  | \$200 for contacts and/or glasses/yr                  | \$750 per ear/yr; max 2 hearing aids/yr                                 | \$0 for prev                                               | \$4,000/yr for certain comp services                       | None                                                          | \$90/month                 |

## D-SNP Plans – Extra Benefits, continued

| Plan Name                                                        | Extra Benefits            |                  |                           |                       |                                                                |                                                               |                         |
|------------------------------------------------------------------|---------------------------|------------------|---------------------------|-----------------------|----------------------------------------------------------------|---------------------------------------------------------------|-------------------------|
|                                                                  | Routine Chiro-<br>practic | Routine Footcare | Gym or Fitness<br>Program | 24-hour Nurse<br>Line | Meals after<br>Hospital Stay                                   | Healthy Food and<br>Produce/ Utilities                        | Medical Alert<br>System |
| Banner Med Adv Dual                                              | \$0; 6/yr                 | \$0; 6/yr        | \$0; Silver & Fit         | \$0                   | \$0; 14 meals post surgery/hospital/SNF stay                   | SSBCI: \$300/qtr for OTC, healthy food and produce, utilities | None                    |
| Health Choice Pathway                                            | None                      | None             | \$0; Silver Sneakers      | \$0                   | \$0; 28 post-acute meals/admit; 28 meals for chronic care mgmt | SSBCI: \$225 every 3 months for healthy food/produce          | \$0                     |
| Mercy Care Advantage                                             | None                      | \$0; 1/ quarter  | \$0                       | \$0                   | \$0; 14 meals post surgery or inpatient stay                   | SSBCI: \$85/month for healthy food & personal items           | None                    |
| Molina Medicare Complete Care                                    | \$0/12 visits             | None             | \$0; Silver & Fit         | None                  | None                                                           | SSBCI: \$118 monthly for OTC, food/produce and utilities      | \$0                     |
| UHC Dual Complete AZ-S001                                        | None                      | \$0; 4 visits/yr | \$0                       | None                  | 28 home-delivered meals post hospital or SNF stay              | SSBCI: \$178/month for OTC/, healthy food and utilities       | None                    |
| Wellcare Arizona Complete Health Dual Liberty Sync H5590-012-002 | \$0                       | \$0              | \$0                       | \$0                   | 28 meals (2/day up to 14 days), post hospital stay             | SSBCI: \$90/month for OTC, healthy food/produce and utilities | None                    |

### 2027 Pinal County Medicare Advantage D-SNP Plans (non-ALTCS)

| D-SNP Plan Name                                                     | Plan #        | Star Rating * | Website                 | Telephone    | Aligned AHCCCS Plan             |
|---------------------------------------------------------------------|---------------|---------------|-------------------------|--------------|---------------------------------|
| Banner Med Adv Dual                                                 | H4931-007     | 3.5           | www.BannerHealth.com/MA | 877-874-3938 | Banner-University Family Care   |
| Health Choice Pathway                                               | H5587-002     | 3.5           | azblue.com/hcpathway    | 855-243-3935 | BCBS Health Choice Arizona      |
| Mercy Care Advantage                                                | H5580-001     | 3.0           | joinmca.org             | 866-571-5781 | Mercy Care Plan                 |
| Molina Medicare Complete Care                                       | H8845-001     | data          | MolinaHealthcare.com    | 866-383-8841 | Molina Healthcare               |
| UHC Dual Complete AZ-S001                                           | H0321-002     | 3.5           | UHC.com/CommunityPlan   | 844-560-4944 | UnitedHealthcare Community Plan |
| Wellcare Arizona Complete Health Dual Liberty Sync<br>H5590-012-002 | H5590-012-002 | 3.0           | go.wellcare.com/AZ      | 844-480-0680 | Arizona Complete Health         |

\* "data" indicates not enough data is available

### 2027 Pinal County D-SNP Plans for ALTCS

| D-SNP Plan Name           | Plan #     | Group | Aligned AHCCCS Plan           |
|---------------------------|------------|-------|-------------------------------|
| Banner Med Adv Dual       | H4931-0015 | EPD   | Banner-University Family Care |
| Mercy Care Advantage      | H5580-004  | EPD   | Mercy Care Plan               |
| Mercy Care Advantage      | H5580-005  | DDD   | Mercy Care Plan               |
| UHC Dual Complete AZ-S001 | H0321-002  | DDD   | United Healthcare             |
| UHC Dual Complete AZ-YL   | H0321-004  | EPD   | United Healthcare             |



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2027

## 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 health & drug plans* 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 covered prescription drugs in a calendar year is \$2,400. The monthly premium you pay, if any, is not counted toward that \$2,400 maximum.

Every 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.

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## 2027 ARIZONA PRESCRIPTION DRUG PLANS (PDP) - PART D

| Plan Name                           | Monthly Premium | LIS Monthly Premium | Deductible | Deductible Applies to Tiers | Preferred Pharmacies *                                                                                                                                                                                                                                                    | Non-Part D Drugs Covered                                                                                  |
|-------------------------------------|-----------------|---------------------|------------|-----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| AARP Medicare Rx Preferred from UHC | \$191.50        | \$174.70            | \$300      | 3 thru 5                    | Mail Order (Optum), Costco, Fry's, Osco, Safeway, Sam's, Walgreens, Walmart                                                                                                                                                                                               | Tier 2: Vitamin D (50,000), Sildenafil (generic Viagra), Cyanocobalamin (Vitamin B-12), Folic Acid (1 mg) |
| AARP Medicare Rx Saver from UHC     | \$79.80         | \$63.00             | \$700      | All                         | Mail Order (Optum), Costco, Fry's, Osco, Safeway, Sam's, Walgreens, Walmart                                                                                                                                                                                               | None                                                                                                      |
| HealthSpring Assurance Rx           | \$9.30          | \$0.00              | \$700      | All                         | Mail Order (Express Scripts), AJ's, Amazon, Banner, Bashas', Customedico, Food City, Healing Cactus, Integrated Rx Solutions, Native Health West, Noah's, Osco, Omniscript Compounding, Phoenix, QCare, Safeway, St. Joseph's Mcauley, Sams, Unity Rx, Walgreens, Walmart | None                                                                                                      |
| Humana Basic Rx Plan                | \$6.30          | \$0.00              | \$700      | All                         | Mail Order (Centerwell)                                                                                                                                                                                                                                                   | None                                                                                                      |
| Humana Premier Rx Plan              | \$137.60        | \$120.80            | \$350      | 4 and 5                     | Mail Order (Centerwell), Costco, Osco, Safeway, Sam's, Walmart                                                                                                                                                                                                            | Tier 2: Certain erectile dysfunction drugs and certain prescription vitamins                              |
| Humana Value Rx Plan                | \$22.30         | \$16.20             | \$687      | 3 thru 5                    | Mail Order (Centerwell), Albertson's, Costco, Osco, Safeway, Sam's, Walmart                                                                                                                                                                                               | None                                                                                                      |
| SilverScript Choice (Aetna)         | \$152.70        | \$135.90            | \$700      | All                         | Mail Order (CVS Caremark)                                                                                                                                                                                                                                                 | None                                                                                                      |
| Wellcare Classic                    | \$7.30          | \$0.00              | \$700      | All                         | Mail Order (Express Scripts), Costco, CVS, Fry's, Osco, Safeway, Walgreens                                                                                                                                                                                                | None                                                                                                      |
| Wellcare Value Script               | \$5.30          | \$5.30              | \$700      | 2 thru 5                    | Mail Order (Express Scripts), Albertson's, Costco, CVS, Fry's, Osco, Safeway, Walgreens                                                                                                                                                                                   | None                                                                                                      |

\* Some plans might have additional preferred pharmacies

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

## 2027 ARIZONA PRESCRIPTION DRUG PLANS (PDP) - PART D

| Plan Name                           | Plan #    | Star Rating | Company Name                                 | Website                                                                  | Telephone    |
|-------------------------------------|-----------|-------------|----------------------------------------------|--------------------------------------------------------------------------|--------------|
| AARP Medicare Rx Preferred from UHC | S5921-409 | 3.0         | UnitedHealthcare                             | <a href="http://www.aarpmedicareplans.com">www.aarpmedicareplans.com</a> | 800 753-8004 |
| AARP Medicare Rx Saver from UHC     | S5921-380 | 3.0         | UnitedHealthcare                             | <a href="http://www.aarpmedicareplans.com">www.aarpmedicareplans.com</a> | 888 867-5564 |
| HealthSpring Assurance Rx           | S5715-045 | 2.5         | Blue Cross and Blue Shield of IL, NM, OK, TX | <a href="http://HealthSpringMedicare.com">HealthSpringMedicare.com</a>   | 877 665-1842 |
| Humana Basic Rx Plan                | S5884-146 | 4.5         | Humana                                       | <a href="http://www.humana.com/medicare">www.humana.com/medicare</a>     | 877 529-9871 |
| Humana Premier Rx Plan              | S5884-174 | 4.5         | Humana                                       | <a href="http://www.humana.com/medicare">www.humana.com/medicare</a>     | 877 529-9871 |
| Humana Value Rx Plan                | S5884-207 | 4.5         | Humana                                       | <a href="http://www.humana.com/medicare">www.humana.com/medicare</a>     | 877 529-9871 |
| SilverScript Choice (Aetna)         | S5601-056 | 2.5         | Aetna Medicare                               | <a href="http://www.aetnamedicare.com">www.aetnamedicare.com</a>         | 833 526-2445 |
| Wellcare Classic                    | S4802-092 | 3.0         | Wellcare                                     | <a href="http://go.wellcare.com/pdp">go.wellcare.com/pdp</a>             | 844 480-0700 |
| Wellcare Value Script               | S4802-134 | 3.0         | Wellcare                                     | <a href="http://go.wellcare.com/pdp">go.wellcare.com/pdp</a>             | 844 480-0700 |