

2027

Master Booklet – Medicare Plans

Santa Cruz 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 Santa Cruz 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.

Southeastern Arizona Governments Organization (SEAGO)

1403 AZ-92

Bisbee, AZ 85603

800 432-4040



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2027

HMO

Medicare Advantage Plans

Santa Cruz 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 Santa Cruz 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.

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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 Santa Cruz County Medicare Advantage HMO Plans – Medicare-covered Benefits

					Copay (\$) or Coinsurance (%) for Medicare-covered Benefits								
HMO Plan Name	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	Chiro-practic
AARP Med Adv from UHC AZ-0013	\$60	\$0	\$7,150 in; \$10,750 out	\$685 Tiers 3-5	\$0 in; \$35 out	\$55 in; \$105 out	\$130	\$50 in	\$455/day days 1-6 in; 40% out	PT or Speech, \$55 in; \$105 out. OT \$50 in; \$105 out	\$0 - 20%	\$45 in; \$105 out	\$15 in; \$105 out
Alignment Health ONE + Walgreens 002	\$0	\$0	\$2,499	\$0	\$0	\$0	\$75	\$0	\$125/day days 1-6	\$0	0% - 20%	\$0	\$0
Alignment Health Smart 005	\$120 reduction in Part B premium	\$0	\$3,900	\$700 Tier 5	\$0	\$20	\$150	\$0	\$375/day days 1-7	\$0	0% - 20%	\$5	\$10
Devoted Core 007 AZ	\$0	\$0	\$6,750	\$650 Tiers 3-5	\$0	\$60	\$130	\$50	\$500/day days 1-5	PT \$20; OT \$50; speech \$20	\$0	\$50	\$15
Wellcare Simple H0351-071	\$0	\$400	\$9,800	\$700 Tiers 2-5	\$0	\$35	\$115	\$40	\$390/day days 1-6	\$30	\$0	\$35	\$15
Wellpoint Med Adv	\$0	\$0	\$3,000	\$130 Tiers 3-5	\$0	\$20	\$150	\$40	\$175/day days 1-7	\$15	\$0	\$0	\$20

2027 Santa Cruz County Medicare Advantage HMO Plans – Extra Benefits

	Extra Benefits									
HMO Plan Name	Eyewear	Hearing Aids	Dental	Rides	OTC Allowance	Podiatry (copay/visits)	Chiropractic (copay/visits)	Gym	Non-Part D Prescriptions	US Travel / Visitor
AARP Med Adv from UHC AZ-0013	\$200 every 2 years in; \$0 out	\$700/2 aids every year in; \$0 out	prev \$0	None	None	\$45/6 in; \$105/6 out	None	\$0 in; none out	Some vitamins and Sildenafil at Tier 2	None
Alignment Health ONE + Walgreens 002	\$300/year	\$195-\$1,750/aid; 2/year	prev and comp \$0; \$2,000/year	\$0/24 one-way; 25-mile radius	\$50/month	None	\$0/24 combined with acupuncture	\$0	Generic Viagra and select Rx vitamins, hair loss, cough and cold products	None
Alignment Health Smart 005	\$100 every 2 years	None	prev \$0; comp not covered	None	None	None	None	\$0	Generic Viagra and select Rx vitamins, hair loss, cough and cold products	None
Devoted Core 007 AZ	\$200/year	\$399 or \$699/aid; up to 2	\$750 allowance/yr towards prev & comp for covered services	None	None	None	None	\$0 Silver Sneakers	Some vitamins, Sildenafil, Tadalafil	None
Wellcare Simple H0351-071	\$100/year	\$750/ear/year	prev \$0; adj general \$0; no max	None	No info available	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 Santa Cruz County Medicare Advantage HMO Plans

HMO Plan Name	Plan ID	Star Rating*	Website	Telephone
AARP Med Adv from UHC AZ-0013	H5253-035	4.0	AARPMedicarePlans.com	844-723-6473
Alignment Health ONE + Walgreens 002	H3443-002	4.0	alignmenthealthplan.com	888-979-2247
Alignment Health Smart 005	H3443-005	4.0	alignmenthealthplan.com	888-979-2247
Devoted Core 007 AZ	H8173-007	4.0	www.devoted.com	800-385-0916
Wellcare Simple H0351-071	H0351-071	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

Santa Cruz 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 Santa Cruz 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.

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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 Santa Cruz County Medicare Advantage PPO Plans – Medicare-covered Benefits

					Copay (\$) or Coinsurance (%) for Medicare-covered Benefits									
PPO Plan Name	Monthly Premium (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														
AARP Med Adv from UHC AZ-0008	\$64	\$0 / \$1,000	\$7,150 in / \$10,750 any provider	\$685 (Tiers 3–5)	\$0 / \$35	\$55 / \$95	\$130	\$5	\$455/day, days 1–6	40%	\$50 - \$55 / \$95	\$0 / 50%	\$45 / \$95	\$15 / \$95
AARP Med Adv from UHC AZ-0010	\$0	\$0 / \$1,000	\$7,150 in / \$10,750 any provider	\$685 (Tiers 3–5)	\$0 / \$35	\$70 / \$105	\$130	\$50	\$685/day, days 1–4	40%	\$50 - \$60 / \$105	\$0 / 50%	\$45 / \$105	\$15 / \$105
AARP Med Adv Patriot No Rx AZ-MA01	\$0	\$0 / \$0	\$7,150 in / \$10,750 any provider	No Part D coverage	\$0 / \$35	\$60 / \$90	\$130	\$50	\$530/day, days 1–5	40%	\$50 - \$60 / \$90	\$0 / 50%	\$45 / \$90	\$15 / \$90
Devoted Choice 002 AZ	\$0	\$100	\$6,100 in / \$9,150 any provider	\$465 (Tiers 3–5)	\$0 / \$25	\$50	\$130	\$50	\$360/day, days 1–6	\$360/day, days 1–6	\$0-\$50 / \$50	\$0-50% / 50%	\$50	\$15
Devoted Choice Giveback 006 AZ	\$125.60/month Part B reduction	\$200	\$9,450 in / \$11,150 any provider	\$461 (Tiers 3–5)	\$0 / \$25	\$45 / \$55	\$115	\$40	\$475/day, days 1–5	\$475/day, days 1–5	\$0-\$45 / \$45-\$55	\$0-20% / 50%	\$45 / \$55	\$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
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 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%
HumanaChoice H5216-263	\$0	\$0	\$5,999 in / \$8,750 any provider	\$400 (Tiers 3–5)	\$0 / \$35	\$40 / 50%	\$130	\$40	\$410/day, days 1–5	40%	\$40 / 50%	\$0-20% / 40%-50%	\$40 / 50%	\$15 / 50%

PPO Plans – Medicare-covered Benefits, continued

					Copay (\$) or Coinsurance (%) for Medicare-covered Benefits									
PPO Plan Name	Monthly Premium (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)
Regional PPO														
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 Santa Cruz County Medicare Advantage PPO Plans – Extra Benefits

	Extra Benefits											
PPO Plan Name	Eyewear (in/out)	Hearing Aids (in/out)	Dental	Rides	OTC Allowance (in/out)	Podiatry (copay / visits per year) In	Podiatry (copay / visits per year) Out	Chiro- pratic (copay / visits per year) In	Chiro- pratic (copay / visits per year) Out	Gym (in/out)	Non-Part D Prescriptions	US Travel / Visitor
Local PPO												
AARP Med Adv from UHC AZ-0008	\$250 every 2 years / 10% of allowance	\$700 allowance for 2 per year / 10% of allowance	\$0 prev; \$1,000 allowance for all	None	\$25 quarterly / 10% of total cost	\$45/6	\$95/6	None	None	None	Generic Viagra; Vitamins D, B12; folic acid	UHC Medicare National Network
AARP Med Adv from UHC AZ-0010	\$200 every 2 years / 10% of allowance	\$700 allowance for 2 per year / 10% of allowance	None	None	None	\$45/6	\$105/6	None	None	None	Generic Viagra; Vitamins D, B12; folic acid	UHC Medicare National Network
AARP Med Adv Patriot No Rx AZ- MA01	\$250 every 2 years / 10% of allowance	\$700 allowance for 2 per year / 10% of allowance	\$0 prev; \$2,500 allowance for all	None	\$60 quarterly / 10% of total cost	\$45/6	\$90/6	None	None	\$0 / 10% reimburse- ment	None	UHC Medicare National Network
Devoted Choice 002 AZ	\$200/year	\$399 or \$699 copay per aid (up to 2) / 90% coinsurance	\$2,500/year prev + comp; prev 100%, comp 50%	None	\$40 quarterly / 10% of allowance	None	None	None	None	\$0 Silver Sneakers / 10% reimburse- ment	Generic Viagra, Cialis; Vitamins D, B12; folic acid	None
Devoted Choice Giveback 006 AZ	\$200/year	\$599 or \$899 per aid (up to 2) / 90% coinsurance	\$250/year prev + comp reimburse- ment	None	None	None	None	None	None	\$0 Silver Sneakers / 10% reimburse- ment	Generic Viagra, Cialis; Vitamins D, B12; folic acid	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% reimburse- ment	None	None

PPO Plans – Extra Benefits, continued

	Extra Benefits											
PPO Plan Name	Eyewear (in/out)	Hearing Aids (in/out)	Dental	Rides	OTC Allowance (in/out)	Podiatry (copay / visits per year) In	Podiatry (copay / visits per year) Out	Chiro- pratic (copay / visits per year) In	Chiro- pratic (copay / visits per year) Out	Gym (in/out)	Non-Part D Prescriptions	US Travel / Visitor
Humana Essentials Plus Giveback H5216-435-001	\$150 year / \$75 year	\$499-\$725 copay, 1 per ear per year / 95% coinsurance	\$750/year prev + comp; prev 100%, comp 50%	None	None	\$50/6	\$50/6	None	None	\$0 Silver Sneakers / 5% reimburse- ment	None	PPO national network
Humana USAA Honor Giveback	\$150 year / \$75 year	\$575-\$750 copay, 1 per ear per year / 95% coinsurance	\$3,500/year prev + comp; prev 100%, comp 30%	None	\$75 quarterly / 5% reimburse- ment	\$45/6	\$45/6	None	None	\$0 Silver Sneakers / 5% reimburse- ment	None	PPO national network
HumanaChoice H5216-263	\$275 year / \$175 year	\$575-\$750 copay, 1 per ear per year / 95% coinsurance	\$1,000/year prev + comp; prev 100%, comp 50%	None	\$25 quarterly / 5% reimburse- ment	\$40/6	\$40/6	None	None	\$0 Silver Sneakers / 5% reimburse- ment	Erectile dysfunction drugs; prescription vitamins	PPO national network
Regional PPO												
HumanaChoice R7220-001	\$200 year / \$100 year	\$575-\$750 copay, 1 per ear/year; 95% coinsurance	\$3,000/year prev + comp; prev 100%, comp 50%	None	\$85 quarterly / 5% reimburse- ment	\$50/6	\$50/6	None	None	\$0 Silver Sneakers / 5% reimburse- ment	None	PPO national network
HumanaChoice R7220-002	\$150 year / \$75 year	\$575-\$750 copay, 1 per ear per year / 95% coinsurance	\$0 prev; no comp	None	\$25 quarterly / 5% reimburse- ment	\$50/6	\$50/6	None	None	\$0 Silver Sneakers / 5% reimburse- ment	None	PPO national network

2027 Santa Cruz County Medicare Advantage PPO Plans

PPO Plan Name	Plan ID	Star Rating	Website	Telephone
Local PPO				
AARP Med Adv from UHC AZ-0008	H2406-063	4.0	AARPMedicarePlans.com	844-723-6473
AARP Med Adv from UHC AZ-0010	H2406-076	4.0	AARPMedicarePlans.com	844-723-6473
AARP Med Adv Patriot No Rx AZ-MA01	H2406-077	4.0	AARPMedicarePlans.com	844-723-6473
Devoted Choice 002 AZ	H6586-002	3.5	www.devoted.com	800-385-0916
Devoted Choice Giveback 006 AZ	H6586-006	3.5	www.devoted.com	800-385-0916
Devoted Choice MA Only 005 AZ	H6586-005	3.5	www.devoted.com	800-385-0916
Humana Essentials Plus Giveback H5216-435-001	H5216-435-001	4.0	Humana.com/Medicare	888-873-0686
Humana USAA Honor Giveback	H5216-436-001	4.0	Humana.com/Medicare	888-873-0686
HumanaChoice H5216-263	H5216-263	4.0	Humana.com/Medicare	888-873-0686
Regional PPO				
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)

Santa Cruz 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 Santa Cruz 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.

Southeastern Arizona Governments Organization (SEAGO)

1403 AZ-92

Bisbee, AZ 85603

800 432-4040



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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 Santa Cruz 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
Alignment Health Heart & Diabetes 003	Cardio, CHF, DM	\$0	\$0	\$2,499	\$0	\$0	\$0	\$150	\$0	\$225/day days 1-5	\$0	0%	\$0	\$0
Alignment Health Heart & Diabetes Plus 006	Cardio, CHF, DM	\$16.80	\$0	\$9,850	\$700 Tiers 3-5	\$0	\$0	20%	\$0	\$275/day days 1-6	20%	0%	\$0	\$0
Alignment Health Heart & Diabetes Plus 007	Cardio, CHF, DM	\$0	\$0	\$2,900	\$700 Tiers 3-5	\$0	\$0	\$150	\$0	\$0	\$0	0%	\$0	\$0
Devoted C-SNP Plus 027 AZ	Cardio, CHF, DM	\$0	\$990	\$9,850	\$461 Tiers 3-5	\$0	30%	\$115	20%	\$2,241/stay	30%	\$0	30%	30%

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

2027 Santa Cruz 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)	Chiropractic (copay/visits)	Gym	Non-Part D Prescriptions	US Travel / Visitor
Alignment Health Heart & Diabetes 003	\$200/year	\$195-\$1,750 per aid/year; 2 per year max	\$10-\$70 prev; \$15-\$570 comp, no max	\$0/32 one-way	\$19/month	None	None	\$0 select locations	Select drugs, incl. generic Viagra	None
Alignment Health Heart & Diabetes Plus 006	\$500/2 years	\$0; 2 aids per year max	\$0 prev; comp \$3,700/year max	\$0/50 one-way	\$200/month	None	\$0/12	\$0 select locations	None	None
Alignment Health Heart & Diabetes Plus 007	\$300/2 years	\$0/2 aids per year max	\$0 prev/comp \$2,400/year max	\$0/50 one-way	\$84/month	None	\$0/12	\$0 select locations	Incl. generic Viagra	None
Devoted C-SNP Plus 027 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

2027 Santa Cruz County Chronic Condition PPO Plans

						Copay (\$) or Coinsurance (%) for Medicare-covered Benefits									
Chronic Condition SNP PPO Plan Name	Chronic Condition(s)	Monthly Premium (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)
UHC Complete Care Support AZ-1A	Cardiovascular Disorders, Chronic Heart Failure, Diabetes Mellitus	\$0	Part B Amount / Part B Amount	\$9,850 in / \$14,800 any provider	\$100 Tiers 3-5	20% / 30%	20% / 30	\$115	\$40	\$1,830 per stay	30%	20% / 30%	\$0 / 30%	\$0 / 30%	20% / 30%

	Extra Benefits											
Chronic Condition SNP PPO Plan Name	Eyewear	Hearing Aids (in;out)	Dental	Rides	OTC Allowance	Podiatry (copay / visits) In	Podiatry (copay / visits) Out	Chiropractic (copay / visits) In	Chiropractic (copay / visits) Out	Gym (in/out)	Non-Part D Prescriptions	US Travel / Visitor
UHC Complete Care Support AZ-1A	None	\$1,500 allowance for 2 every 2 years; \$150 for allowance 2/2	\$0 prev	None	\$40/month	\$0/4	30%/4	None	None	\$0 / 10%	None	None

2027 Santa Cruz County Medicare Advantage C- and I-SNP Plans

Plan Name	Plan ID	Star Rating*	Telephone	Website
C-SNP HMO Plans				
Alignment Health Heart & Diabetes 003	H3443-003	4.0	866-634-2247	alignmenthealthplan.com
Alignment Health Heart & Diabetes Plus 006	H3443-006	4.0	866-634-2247	alignmenthealthplan.com
Alignment Health Heart & Diabetes Plus 007	H3443-007	4.0	866-634-2247	alignmenthealthplan.com
Devoted C-SNP Plus 027 AZ	H8173-027	4.0	800-385-0916	www.devoted.com
C-SNP PPO Plans				
UHC Complete Care Support AZ-1A	H2001-036	4.5	866-367-7527	UHC.com/Medicare

2027

Full Dual (D-SNP)

Medicare Advantage Special Needs Plans

Santa Cruz 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.

Southeastern Arizona Governments Organization (SEAGO)

1403 AZ-92

Bisbee, AZ 85603

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

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

Physician / Provider Services Copayments

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

Hospital (Inpatient) Care – Copayments

Hospital Inpatient Per Days 1 – 7	\$0
Hospital Inpatient Per Days 8 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 Santa Cruz 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
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- practic	Routine Footcare	Gym or Fitness Program	24-hour Nurse Line	Meals after Hospital Stay	Healthy Food and Produce/ Utilities	Medical Alert System
Banner Med Adv Dual	\$0; 6/yr	\$0; 6/yr	\$0; Silver & Fit	\$0	\$0; 14 meals post surgery/hospital/S NF stay	SSBCI: \$300/qtr for OTC, healthy food and produce, 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 Santa Cruz 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
Wellcare Arizona Complete Health Dual Liberty Sync 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 Santa Cruz 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	H5580-005	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	www.aarpmedicareplans.com	800 753-8004
AARP Medicare Rx Saver from UHC	S5921-380	3.0	UnitedHealthcare	www.aarpmedicareplans.com	888 867-5564
HealthSpring Assurance Rx	S5715-045	2.5	Blue Cross and Blue Shield of IL, NM, OK, TX	HealthSpringMedicare.com	877 665-1842
Humana Basic Rx Plan	S5884-146	4.5	Humana	www.humana.com/medicare	877 529-9871
Humana Premier Rx Plan	S5884-174	4.5	Humana	www.humana.com/medicare	877 529-9871
Humana Value Rx Plan	S5884-207	4.5	Humana	www.humana.com/medicare	877 529-9871
SilverScript Choice (Aetna)	S5601-056	2.5	Aetna Medicare	www.aetnamedicare.com	833 526-2445
Wellcare Classic	S4802-092	3.0	Wellcare	go.wellcare.com/pdp	844 480-0700
Wellcare Value Script	S4802-134	3.0	Wellcare	go.wellcare.com/pdp	844 480-0700