

2024

Master Booklet – Medicare Plans

Santa Cruz County

Most Current Revision: 10/9/2023

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

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

Ask SHIP if you have any questions.

SouthEastern Arizona Governments Organization (SEAGO) - 800 432-4040

300 Collins Rd, Bisbee, AZ 85603



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

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2024 Medicare Advantage Plans HMO Santa Cruz County

Most current revision 10/9/2023

In this packet is information about Medicare Advantage (MA) Health Maintenance Organization (HMO) plans, available to individuals enrolled in Medicare and living in Santa Cruz County. These plans are available for 2024. Use the Medicare Plan Finder at **medicare.gov** and the enclosed information to compare plans and help you make an informed decision about your Medicare coverage.

Joining an MA plan or switching from one to another is only allowed during certain periods, for example when you first are eligible for Medicare, during other Special Enrollment Periods, and annually at the times below:

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

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

Medicare Advantage Open Enrollment : January 1 through March 31, changes 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).

Note: if you go back to OM, you should also enroll in a Part D prescription drug plan and also strongly consider enrolling in a Medicare Supplement (Medigap) plan (which may require 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 "Plan Finder" software will determine your total cost for each plan including any premium, deductible, and copay for your specific drugs. The SHIP team can help you with this.

Evaluate the Provider Network

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

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

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

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

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

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

2024 Santa Cruz County Medicare Advantage HMO Plans

Health Maintenance Organization (HMO) Plan Name	Monthly Premium (besides the Part B premium)	Max Out of Pocket (excluding drugs)	Drug Coverage	Copays for Medicare-covered Benefits								Additional Benefits							
				PCP	Specialist	ER / Urgent Care	Hospital Copay/Days	PT, OT or Speech Therapy	Diabetes Supplies	Podiatry	Chiro- practic	Vision Eye- wear	Hearing Aid	Dental*	Rides	Quarterly OTC Allowance	Foot- care (copay/ visits)	Chiro- practic (copay/ visits)	Fitness
AARP Medicare Adv from UHC-13 [035]	\$20	\$4,300 or \$10,000	Y	\$10 or \$35	\$30 or \$70	\$120/\$40	\$250/7 or 40%	\$20 or \$70	0%-20% or 50%	\$30 or \$70	\$15 or \$70	Y	Y	\$1,000	N	\$40	\$30/6 or \$70/6	N	Y
Aetna Medicare Premier Plan -006	\$0	\$6,200	Y	\$0	\$50	\$120/\$60	\$315/7	\$40	0%-20%	\$50	\$20	Y	Y	\$750	N	\$90	N	N	Y
Aetna Medicare Sunrise Plan -148	\$0	\$5,500	Y	\$0	\$40	\$120/\$60	\$295/7	\$30	0%-20%	\$40	\$20	Y	Y	\$1,500	N	\$90	N	N	Y
Aetna Medicare Value Plus Plan -169	\$23.80	\$5,500	Y	\$0	\$40	\$120/\$60	\$295/7	\$30	0%-20%	\$40	\$20	Y	Y	\$3,500	N	\$25/mon	N	N	Y
Alignment Health smarHMO -005 (2)	\$155 rebate	\$3,900	Y	\$0	\$20	\$120/\$0	\$250/7	\$0	0%-20%	\$5	\$10	Y	N	Prev	N	N	N	N	Y
Alignment Health the ONE+Walgrns -002	\$0	\$2,499	Y	\$0	\$0	\$75/\$0	\$125/5	\$0	0%-20%	\$0	\$0	Y	Y	\$2,000	12/U	\$70	N	\$0/24	Y
Banner Medicare Advantage Prime -002	\$0	\$2,775	Y	\$0	\$10	\$90/\$0	\$175/7	\$15	0%-20%	\$25	\$20	Y	Y	Prev	N	\$50	N	\$35/6	Y
Wellcare Assist H0351-061 (1)	\$16	\$4,750	Y	\$0	\$35	\$120/\$45	\$225/6	\$35	\$0/20%	\$35	\$20	Y	Y	\$2,000	24	\$80	N	N	Y
Wellcare Giveback H0351-054 (2)	\$46 rebate	\$8,300	Y	\$0	\$50	\$100/\$50	\$320/5	\$40	\$0/20%	\$50	\$15	N	Y	\$1,500	12	N	N	N	Y
Wellcare No Premium H0351-053	\$0	\$5,000	Y	\$0	\$40	\$120/\$40	\$270/6	\$40	\$0/20%	\$40	\$20	Y	Y	\$2,000	24	\$156	N	N	Y
Wellpoint Medicare Advantage H1423-009	\$0	\$3,000	Y	\$0	\$20	\$90/\$40	\$175/7	\$15	\$0	\$0	\$20	Y	Y	\$750	12	\$55	\$0/4	N	Y

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

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

⁵U is unlimited

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

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

2024 Santa Cruz County Medicare Advantage HMO Plans

Plan Name	Plan #	Star Rating*	Website	Telephone
AARP Medicare Adv from UHC-13 [035]	H5253-035		www.aarpmedicareplans.com	800 555-5757
Aetna Medicare Premier Plan -006	H4835-006		www.aetnamedicare.com	833 859-6031
Aetna Medicare Sunrise Plan -148	H3931-148		www.aetnamedicare.com	833 859-6031
Aetna Medicare Value Plus Plan -169	H3931-169		www.aetnamedicare.com	833 859-6031
Alignment Health smartHMO -005	H3443-005		www.alignmenthealthplan.com	888 979-2247
Alignment Health the ONE+Walgrns -002	H3443-002		www.alignmenthealthplan.com	888 979-2247
Banner Medicare Advantage Prime -002	H5843-002		www.bannerhealth.com/ma	844 549-1858
Wellcare Assist H0351-061	H0351-061		www.wellcare.com/allwellaz	844 917-0175
Wellcare Giveback H0351-054	H0351-054		www.wellcare.com/allwellaz	844 917-0175
Wellcare No Premium H0351-053	H0351-053		www.wellcare.com/allwellaz	844 917-0175
Wellpoint Medicare Advantage H1423-009	H1423-009		www.shopwellpoint.com/medicare	855 593-0905

2024 Medicare Advantage Plans PPO Santa Cruz County

Most current revision 10/9/2023

In this packet is information about Medicare Advantage (MA) Preferred Provider Organization (PPO) plans, available to individuals enrolled in Medicare and living in Santa Cruz County. These plans are available for 2024. Use the Medicare Plan Finder at **medicare.gov** and the enclosed information to compare plans and help you make an informed decision about your Medicare coverage.

Joining an MA plan or switching from one to another is only allowed during certain periods, for example when you first are eligible for Medicare, during other Special Enrollment Periods, and annually at the times below:

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

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Note: if you go back to OM, you should also enroll in a Part D prescription drug plan and also strongly consider enrolling in a Medicare Supplement (Medigap) plan (which may require 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 "Plan Finder" software will determine your total cost for each plan including any premium, deductible, and copay for your specific drugs. The SHIP team can help you with this.

Evaluate the Provider Network

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

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

Evaluate the Total Cost

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

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

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

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

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

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

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

2024 Santa Cruz County Medicare Advantage PPO Plans

PPO Plan Name	Monthly Premium (in addition to the Part B premium)	Medical Deductible (in/out)	Max Out of Pocket (excluding drugs) (in/out)	Drug Coverage	Copays for Medicare-covered Benefits									
									Hospital Copay/Days					
					PCP (in/out)	Specialist (in/out)	ER (in/out)	Urgent Care (in/out)	In-network/ per day	Out-of-Network/ per day	PT, OT or Speech Therapy (in/out)	Diabetes Supplies (in/out)	Podiatry (in/out)	Chiro-practic (in/out)
Local PPO														
AARP Medicare Advantage Patriot No Rx (2)	up to \$60 rebate	N	\$4,300/\$9,550	N	\$10/\$45	\$40/\$75	\$120/\$120	\$40/\$40	\$395/7	40%	\$40/\$75	\$0/50%	\$40/\$75	\$15/\$75
AARP Medicare Advantage from UHC-08 [063]	\$39	N	\$5,100/\$8,900	Y	\$0/\$35	\$25/\$70	\$120/\$120	\$40/\$40	\$300/7	40%	\$20/\$70	\$0/50%	\$25/\$70	\$15/\$70
AARP Medicare Advantage from UHC-10 [076]	\$0	N	\$5,600/\$8,900	Y	\$0/\$35	\$35/\$70	\$120/\$120	\$40/\$40	\$335/5	40%	\$30/\$70	\$0/50%	\$35/\$70	\$15/\$70
Aetna Medicare Eagle Plan (2)	\$85 rebate	N	\$4,500/\$8,950	N	\$0/40%	\$45/40%	\$120/\$120	\$50/\$50	\$315/7	40%	\$20/40%	0 - 20%/ 0 - 20%	\$45/40%	\$20/40%
Aetna Medicare Elite Plan-331	\$0	\$1,000	\$6,200/\$9,550	Y	\$0/45%	\$35/45%	\$120/\$120	\$50/\$50	\$335/5	45%	\$35/45%	0 - 20%/ 0 - 20%	\$35/45%	\$20/45%
Aetna Medicare Essentials Plan	\$73	N	\$6,500/\$11,300	Y	\$0/40%	\$35/40%	\$100/\$100	\$50/\$50	\$375/5	40%	\$35/40%	0 - 20%/ 0 - 20%	\$35/40%	\$15/40%
Alignment Health AVA	\$0	N	\$3,900/\$6,500	Y	\$5/\$40	\$20/\$50	\$85/\$85	\$20/\$20	\$150/3	30%	\$0/30%	0%/30%	\$0/30%	\$0/30%
Banner Medicare Advantage Plus-2 (1)	\$25	N	\$4,350/\$8,700	Y	\$0/\$35	\$30/\$70	\$90/\$90	\$0/\$0	\$275/5	40%/90	\$40/40%	0 - 20%/ 40%	\$30/40%	\$20/\$70
Devoted CHOICE Arizona-002	\$0	N	\$5,900/\$8,950	Y	\$0/\$40	\$40/\$40	\$120/\$120	\$50/\$50	\$335/7	\$335/7	\$40/\$40	\$0/40%	\$40/\$40	\$20/\$20
Devoted CHOICE GIVEBACK (2)	up to \$105 rebate	N	\$8,300/\$10,000	Y	\$0/\$50	\$50/\$50	\$100/\$100	\$55/\$55	\$495/4	\$495/4	\$40/\$40	\$0/40%	\$50/\$50	\$15/\$15
Humana USAA Honor (2)	up to \$75 rebate	N	\$4,900/\$8,500	N	\$20/50%	\$40/50%	\$120/\$120	\$20/\$20	\$275/6	50%	\$20/50%	\$0 - 20%/ 20%	\$40/50%	\$20/50%
Humana Value Plus (1)	\$43.20	\$25	\$7,550/\$11,300	Y	20%/20%	20%/20%	\$90/\$90	20%/20%	\$1,625/ admit	\$1,625/ admit	20%/20%	\$0 - 20%/ \$0 - 20%	20%/20%	20%/20%
HumanaChoice H5216-137 (2)	up to \$59 rebate	\$1,000	\$7,350/\$11,300	Y	\$20/40%	\$50/40%	\$100/\$100	20%/20%	\$350/5	40%	20%/40%	\$0 - 20%/ 40%	\$50/40%	\$15/40%
HumanaChoice H5216-198	\$37	N	\$4,900/\$8,950	Y	\$0/\$35	\$35/\$65	\$120/\$120	\$40/\$40	\$275/7	40%	\$35/40%	\$0 - 20%/ 40%	\$35/\$65	\$20/\$65
HumanaChoice H5216-224 (1)	\$35	N	\$4,150/\$8,500	Y	\$0/\$30	\$30/\$65	\$120/\$120	\$40/\$40	\$295/6	30%	\$30/40%	20%/40%	\$30/\$65	\$20/\$65
HumanaChoice H5216-263	\$0	N	\$5,300/\$8,950	Y	\$0/\$35	\$40/\$65	\$120/\$120	\$40/\$40	\$350/6	40%	\$30/\$65	\$0 - 20%/ 40%	\$40/\$65	\$20/40%
HumanaChoice H5216-335	\$107	N	\$2,900/\$2,900	Y	\$0/\$0	\$20/\$20	\$90/\$90	\$40/\$40	\$500/ admit	\$500/ admit	\$20/\$20	\$0 - 20%/ 20%	\$20/\$20	\$20/\$20
Wellcare No Premium Open	\$0	N	\$4,500/\$8,950	Y	\$0/\$20	\$40/\$50	\$120/\$120	\$40/\$40	\$300/6	40%/90	\$40/40%	\$0/40%	\$40/\$50	\$0/40%
Wellcare Patriot Giveback Open (2)	\$50 rebate	N	\$5,000/\$8,950	N	\$0/40%	\$40/40%	\$120/\$120	\$40/\$40	\$250/5	40%/90	\$40/40%	\$0/40%	\$40/40%	\$20/40%
Regional PPO														
HumanaChoice R7220-001	\$0	N	\$5,500/\$8,450	N	\$0/50%	\$40/50%	\$120/\$120	\$25/\$25	\$260/5	50%	\$40/50%	\$0 - 20%/ 35%	\$40/50%	\$20/50%

2024 Santa Cruz County Medicare Advantage PPO Plans

PPO Plan Name	Monthly Premium (in addition to the Part B premium)	Medical Deductible (in/out)	Max Out of Pocket (excluding drugs) (in/out)	Drug Coverage	Copays for Medicare-covered Benefits									
									Hospital Copay/Days					
					PCP (in/out)	Specialist (in/out)	ER (in/out)	Urgent Care (in/out)	In-network/ per day	Out-of-Network/ per day	PT, OT or Speech Therapy (in/out)	Diabetes Supplies (in/out)	Podiatry (in/out)	Chiro-practic (in/out)
HumanaChoice R7220-002	\$75	N	\$7,800/\$7,800	Y	\$0/50%	\$45/50%	\$100/\$100	\$25/\$25	\$289/6	50%	\$40/50%	\$0 - 20%/50%	\$45/50%	\$15/50%
(1) Premium may be lower if you have Low Income Subsidy (LIS) (2) Rebate (Giveback) will be credited monthly to what you owe for Part B Premium														

2024 Santa Cruz County Medicare Advantage PPO Plans

PPO Plan Name	Plan #	Star Rating*	Web Site	Telephone #
Local PPO				
AARP Medicare Advantage Patriot No Rx	H2406-077-0		www.aarpmedicareplans.com	800 555-5757
AARP Medicare Advantage from UHC-08 [063]	H2406-063-0		www.aarpmedicareplans.com	800 555-5757
AARP Medicare Advantage from UHC-10 [076]	H2406-076-0		www.aarpmedicareplans.com	800 555-5757
Aetna Medicare Eagle Plan	H5521-329-0		www.aetnamedicare.com	833 859-6031
Aetna Medicare Elite Plan-331	H5521-331-0		www.aetnamedicare.com	833 859-6031
Aetna Medicare Essentials Plan	H5521-184-0		www.aetnamedicare.com	833 859-6031
Alignment Health AVA	H9614-001-0		www.alignmenthealthplan.com	888 979-2247
Banner Medicare Advantage Plus-2	H7273-002-0		www.bannerhealth.com/ma	844 556-7685
Devoted CHOICE Arizona-002	H6586-002-0		www.devoted.com	800 376-5889
Devoted CHOICE GIVEBACK Arizona	H6586-006-0		www.devoted.com	800 376-5889
Humana USAA Honor	H5216-213-0		www.humana.com/medicare	800 833-2364
Humana Value Plus	H5216-197-0		www.humana.com/medicare	800 833-2364
HumanaChoice H5216-137	H5216-137-0		www.humana.com/medicare	800 833-2364
HumanaChoice H5216-198	H5216-198-0		www.humana.com/medicare	800 833-2364
HumanaChoice H5216-224	H5216-224-0		www.humana.com/medicare	800 833-2364
HumanaChoice H5216-263	H5216-263-0		www.humana.com/medicare	800 833-2364
HumanaChoice H5216-335	H5216-335-0		www.humana.com/medicare	800 833-2364
Wellcare No Premium Open	H8553-001-0		www.wellcare.com	844 917-0175
Wellcare Patriot Giveback Open	H8553-002-0		www.wellcare.com	844 917-0175
Regional PPO				
HumanaChoice R7220-001	R7220-001-0		www.humana.com/medicare	800 833-2364
HumanaChoice R7220-002	R7220-002-0		www.humana.com/medicare	800 833-2364

2024

Full Dual (D-SNP)

Medicare Advantage Special Needs Plans

Santa Cruz County

Most current revision 10/8/2023

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

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

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

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

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Medicare D-SNPs and their aligned AHCCCS/ALTCS Plans

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

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

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

Newly eligible for an AHCCCS health plan:

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

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

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

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

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

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

Medicare D-SNPs and their aligned AHCCCS/ALTCS Plans

Page	D-SNP Medicare Advantage Plans	->	Aligned AHCCCS Health Plans
5	Banner Medicare Advantage Dual Plan 007	->	Banner University Family Care
6	UnitedHealthcare Dual Complete LP	->	UnitedHealthcare Community Plan
7	WellCare Dual Liberty	->	Arizona Complete Health
	None	->	American Indian Health Program

Descriptions for Plans below NOT included in this packet.

D-SNP options for those on ALTCS	->	Aligned ALTCS Plans
Banner Medicare Advantage Dual Plan 015	->	Banner University Family Care

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

Co-payments for all D-SNP Plans

Page 4

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

Physician/Provider Services - Copayments

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

Hospital (Inpatient) Care - Copayments

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

Outpatient Care - Copayments

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

Emergency/Urgent Care Services - Copayments

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

Diagnostic Testing - Copayments

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

Diabetes & Durable Medical Equipment (DME) - Copayments

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

Part B Drugs - Copayments

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

Part D Prescription Drugs - Copayments

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

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

Physician Network

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

Pharmacies

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

Hospital Networks

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

Additional Benefits (Non-Medicare covered)

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

Physician Network

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

Pharmacies

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

Hospital Networks

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

Additional Benefits (Non-Medicare covered)

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

Physician Network

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

Pharmacies

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

Hospital Networks

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

2024 Chronic Conditions

Medicare Advantage Special Needs Plans (SNP)

Santa Cruz County

Most current revision 10/5/2023

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

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

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

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

Ask SHIP or Medicare if you have questions about timing.

SouthEastern Arizona Governments Organization (SEAGO) - 800 432-4040
300 Collins Rd, Bisbee, AZ 85603



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What to Consider When Choosing a Plan

Evaluate Your Prescription Costs

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

Evaluate the Provider Network

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

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

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

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

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

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

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

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

Chronic Condition SNP HMO Plan Name	Chronic Condition(s)	Monthly Premium (besides the Part B Premium)	Max Out of Pocket (excluding drugs)	Drug Coverage	Copays									
					PCP	Specialist	ER / Urgent Care	Hospital Copay/ Days	PT, OT or Speech Therapy	Diabetes Supplies	Podiatry	Chiropractic		
Alignment Health Heart & Diabetes	Cardio, CHF, DM	\$0	\$2,499	Y	\$0	\$0	\$75/\$0	\$125/5	\$0	\$0	\$0	\$0		
Alignment Health Heart & Diabetes Plus	Cardio, CHF, DM	\$0	\$8,850	Y	\$0	\$0	20%/0	\$1,600/1	20%	0%	\$0	\$0		
Wellcare Specialty No Premium (057)	Cardio, CHF, DM	\$0	\$7,500	Y	\$0	\$435	\$100/\$10	\$250/7	\$35	\$0	\$35	\$15		
Cardio=Cardiovascular Disorders CHF=Chronic Heart Failure DM=Diabetes Mellitus														
Chronic Condition SNP PPO Plan Name	Chronic Condition(s)	Monthly Premium (besides the Part B premium)	Max Out of Pocket (excluding drugs) (in/out)	Drug Coverage	Copays									
									Hospital Copay/Days					
					PCP (in/out)	Special-ist (in/out)	ER (in/out)	Urgent Care (in/out)	In-network	Out-of-Network	PT OT or Speech Therapy (in/out)	Diabetes Supplies (in/out)	Podiatry (in/out)	Chiroprac-tic (in/out)
UHC Complete Care AZ-001A	Cardio, CHF, DM	\$19.10	\$8,850/ \$13,300	Y	\$0/30%	\$0 - 20%/30%	\$0 - \$100/ \$0 - \$100	\$0 - \$40/ \$0 - \$40	\$0 - \$1,235	30%	\$0 - 20%/30%	\$0/30%	\$0/30%	\$0 - 20%/30%
Cardio=Cardiovascular Disorders CHF=Chronic Heart Failure DM=Diabetes Mellitus														

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

Plan Name	Plan #	Star Rating *	Telephone	Website
Alignment Health Heart & Diabetes (HMO)	H3443-003		888 979-2247	https://www.alignmenthealthplan.com
Alignment Health Heart & Diabetes Plus (HMO)	H3443-006		888 979-2247	https://www.alignmenthealthplan.com
Wellcare Specialty No Premium (057) (HMO)	H0351-057		844 917-0175	https://www.wellcare.com/allwellaz
UHC Complete Care AZ-001A (PPO)	H0271-025		800-555-5757	uhc.com/medicare
<p>* New indicates the plan is too new to be measured</p>				

2024

ARIZONA PRESCRIPTION DRUG PLANS (PDP) - PART D

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

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

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

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

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

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

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

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

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

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

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

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

* Deductible does not apply to all drugs

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

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