

2024

Master Booklet – Medicare Plans

Yavapai 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 Yavapai 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.

Northern Arizona Council of Governments (NACOG) - 800 432-4040

323 N. San Francisco St., Ste A, Flagstaff, AZ 86001



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

Table of Contents – Yavapai County

| | |
|---|-----------|
| Medicare Advantage - Health Maintenance Organization (HMO)..... | 3 |
| HMO Plans | 5 |
| Medicare Advantage - Preferred Provider Organization (PPO) | 7 |
| PPO Plans | 9 |
| Medicare Advantage - Full Dual Special Need Plan (D-SNP) | 12 |
| Alignment Chart | 14 |
| Medicare Advantage - Chronic Conditions & Institutional Care Plan (C- and I-SNP) | 19 |
| C-SNP Plans | 21 |
| I-SNP Plans | 22 |
| Prescription Drug Plans (PDP)..... | 23 |

2024 Medicare Advantage Plans HMO Yavapai 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 Yavapai 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 Yavapai 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-14 [036] | \$48 | \$3,800 | Y | \$0 | \$30 | \$135/\$40 | \$325/6 | \$30 | 0%-20% | \$30 | \$15 | Y | Y | \$1,500 | N | \$60 | \$30/6 | N | Y |
| Aetna Medicare Platinum Plan -129 | \$0 | \$4,800 | Y | \$0 | \$30 | \$120/\$60 | \$200/7 | \$30 | 0%-20% | \$30 | \$20 | Y | Y | \$3,000 | N | \$75 | N | N | Y |
| Aetna Medicare Premier Plan -005 | \$0 | \$6,200 | Y | \$0 | \$45 | \$120/\$60 | \$315/7 | \$40 | 0%-20% | \$45 | \$20 | Y | Y | \$750 | N | \$90 | N | N | Y |
| Aetna Medicare Sunrise Plan -147 | \$0 | \$4,900 | Y | \$0 | \$30 | \$120/\$50 | \$295/7 | \$25 | 0%-20% | \$30 | \$20 | Y | Y | \$1,500 | N | \$90 | N | N | Y |
| Aetna Medicare Value Plus Plan -168 | \$19.80 | \$4,900 | Y | \$0 | \$30 | \$120/\$50 | \$295/7 | \$25 | 0%-20% | \$30 | \$20 | Y | Y | \$3,000 | N | \$25/mon | N | N | Y |
| Devoted CORE Arizona H8173-007 | \$0 | \$4,900 | Y | \$0 | \$35 | \$120/\$40 | \$295/7 | \$15/\$35 | \$0/20% | \$35 | \$20 | Y | Y | \$2,100 | N | \$75 | \$35/6 | N | Y |
| Humana Gold Plus H0028-023 (1) | \$37 | \$6,700 | Y | \$0 | \$45 | \$90/\$20 | \$295/6 | \$40 | \$0/10%-20% | \$45 | \$15 | Y | Y | Prev | N | \$50 | \$0/12 | N | Y |
| Humana Gold Plus H0028-028 | \$0 | \$6,200 | Y | \$0 | \$45 | \$120/\$35 | \$375/6 | \$45 | \$0/10%-20% | \$45 | \$20 | Y | Y | Prev | N | \$50 | \$0/12 | N | Y |
| Humana Gold Plus H0028-062 | \$0 | \$4,200 | Y | \$0 | \$20 | \$120/\$35 | \$270/6 | \$20 | 20% | \$20 | \$20 | Y | Y | \$2,000 | N | \$60 | \$0/12 | N | 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

[§]U is unlimited

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

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

2024 Yavapai County Medicare Advantage HMO Plans

| Plan Name | Plan # | Star Rating* | Website | Telephone |
|--|-----------|--------------|--|--------------|
| AARP Medicare Adv from UHC-14 [036] | H5253-036 | | www.aarpmedicareplans.com | 800 555-5757 |
| Aetna Medicare Platinum Plan -129 | H3931-129 | | www.aetnamedicare.com | 833 859-6031 |
| Aetna Medicare Premier Plan -005 | H4835-005 | | www.aetnamedicare.com | 833 859-6031 |
| Aetna Medicare Sunrise Plan -147 | H3931-147 | | www.aetnamedicare.com | 833 859-6031 |
| Aetna Medicare Value Plus Plan -168 | H3931-168 | | www.aetnamedicare.com | 833 859-6031 |
| Devoted CORE Arizona H8173-007 | H8173-007 | | www.devoted.com | 800 376-5889 |
| Humana Gold Plus H0028-023 | H0028-023 | | www.humana.com/medicare | 800 833-2364 |
| Humana Gold Plus H0028-028 | H0028-028 | | www.humana.com/medicare | 800 833-2364 |
| Humana Gold Plus H0028-062 | H0028-062 | | www.humana.com/medicare | 800 833-2364 |
| 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 Yavapai 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 Yavapai 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 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 Yavapai 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-290 | \$0 | \$500 | \$4,900/\$8,900 | Y | \$0/45% | \$35/45% | \$120/\$120 | \$50/\$50 | \$335/5 | 45% | \$25/45% | 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% |
| Aetna Medicare Value Plus Plan | \$20 | N | \$5,000/\$8,900 | Y | \$0/45% | \$35/45% | \$120/\$120 | \$50/\$50 | \$335/5 | 45% | \$25/45% | 0 - 20%/ 0 - 20% | \$35/45% | \$20/45% |
| 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 H5216-034 (1) | \$125 | \$500 | \$7,550/\$11,300 | Y | \$10/40% | \$45/40% | \$90/\$90 | \$45/\$45 | \$335/5 | 40% | \$40/40% | \$0 - 20%/ 40% | \$45/40% | \$15/40% |
| HumanaChoice H5216-137 (2) | up to \$59 rebate | \$1,000 | \$7,350/\$11,300 | Y | \$20/40% | \$50/40% | \$100/\$100 | 20%/20% | \$350/5 | 40% | 20%/40% | \$0 - 20%/ 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 H5216-263 | \$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 Yavapai 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 Yavapai County Medicare Advantage PPOs

| 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-290 | H5521-290-0 | | www.aetnamedicare.com | 833 859-6031 |
| Aetna Medicare Essentials Plan | H5521-184-0 | | www.aetnamedicare.com | 833 859-6031 |
| Aetna Medicare Value Plus Plan | H5521-424-0 | | www.aetnamedicare.com | 833 859-6031 |
| 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 H5216-034 | H5216-034-0 | | www.humana.com/medicare | 800 833-2364 |
| HumanaChoice H5216-137 | H5216-137-0 | | www.humana.com/medicare | 800 833-2364 |
| HumanaChoice H5216-198 | H5216-198-0 | | 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

Yavapi 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 | BCBSAZ Health Choice Pathway | -> | Health Choice Arizona |
| 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 |
|-------------------------------------|----|---------------------------------|
| UnitedHealthcare Dual Complete -004 | -> | UnitedHealthcare Community Plan |

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

Co-payments for all D-SNP Plans

Page 4

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

Physician/Provider Services - Copayments

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

Hospital (Inpatient) Care - Copayments

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

Outpatient Care - Copayments

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

Emergency/Urgent Care Services - Copayments

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

Diagnostic Testing - Copayments

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

Diabetes & Durable Medical Equipment (DME) - Copayments

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

Part B Drugs - Copayments

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

Part D Prescription Drugs - Copayments

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

Additional Benefits (Non-Medicare covered)

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

Physician Network

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

Pharmacies

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

Hospital Networks

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

Additional Benefits (Non-Medicare covered)

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

Physician Network

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

Pharmacies

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

Hospital Networks

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

Additional Benefits (Non-Medicare covered)

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

Physician Network

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

Pharmacies

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

Hospital Networks

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

2024 Chronic Conditions & Institutional Care Medicare Advantage Special Needs Plans (SNP) Yavapai 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 Yavapai 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.

Northern Arizona Council of Governments (NACOG) - 800 432-4040
323 N. San Francisco St., Ste A, Flagstaff, AZ 86001



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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 Yavapai 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 | | |
| Wellcare Specialty No Premium (057) | Cardio, CHF, DM | \$0 | \$7,500 | Y | \$0 | \$35 | \$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) | Speciali st (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 (1) | 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% |
| (1) Premium may be lower if you have Low-Income Subsidy (LIS) Cardio=Cardiovascular Disorders CHF=Chronic Heart Failure DM=Diabetes Mellitus | | | | | | | | | | | | | | |
| Plan Name | Plan # | Star Rating | Telephone | Website | | | | | | | | | | |
| Wellcare Specialty No Premium -057 (HMO) | H0351-057 | | 844-917-0175 | https://www.wellcare.com/allwellaz | | | | | | | | | | |
| UnitedHealthcare Chronic Complete Assure (PPO) | H0271-025 | | 800-555-5757 | uhc.com/medicare | | | | | | | | | | |

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

| Institutional SNP PPO Plan Name | Premium | Max Out of Pocket (excluding drugs) (in/out) | Drug Coverage | Copays | | | | | | | | | |
|---|-----------|--|---------------|---|------------------------|----------------|----------------------------|---------------------|--------------------|---|----------------------------------|----------------------|--------------------------|
| | | | | | | | | Hospital Copay/Days | | | | | |
| | | | | PCP (in/out) | Specialist (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) | Chiropractic (in/out) |
| UHC Nursing Home Plan AZ-F001 | \$38.90 | \$2,000/\$5,600 | Y | \$0/30% | \$0 - 20%/30% | \$100/\$100 | \$40/\$40 | \$75/34 | 30% | \$0/30% | 20%/30% | \$0 - 20%/30% | \$0 - 20%/30% |
| (1) Premium may be lower if you have Low Income Subsidy (LIS) | | | | | | | | | | | | | |
| Plan Name | Plan # | Star Rating | Telephone | Website | | | | | | | | | |
| UHC Nursing Home Plan AZ-F001 (PPO) | H0710-005 | | 888 834-3721 | https://www.uhc.com/medicare | | | | | | | | | |

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 LIS: \$0 | Costco, CVS, Fry's, Mail Order, Osco, Safeway, Walgreens |
| Wellcare Medicare Rx Value Plus S4802-231 | \$0 | Wellcare 866 859-9084 www.wellcare.com/pdp | \$78.90 LIS: \$49.20 | Costco, CVS, Fry's, Mail Order, Osco, Safeway, Walgreens |
| Wellcare Value Script S4802-134 | \$400* | Wellcare 866 859-9084 www.wellcare.com/pdp | \$0.00 LIS: \$0.00 | Costco, CVS, Fry's, Mail Order, Osco, Safeway, Walgreens |

* Deductible does not apply to all drugs

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

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