



# Abrazo Advantage (HMO)

Thank you for your interest in **Abrazo Advantage (HMO)**,  
a Medicare Advantage Prescription Drug Plan.

## **Choose Abrazo Advantage (HMO) & Receive:**

**Medicare Part A & B Benefits (Hospitals & Medical Services)**

**Low copays for Prescription Drugs**

**Coverage for Annual Screenings**

**Your Choice of a Primary Care Physician in the Plan Network**

**Affordable Copayments for Doctor Visits**

**Emergency Coverage Anywhere in the US**

**Extra Personal Support Throughout the Year**

**Extra Benefits & Services Beyond Original Medicare**

## **Choose Abrazo Advantage (HMO)**

### **We Treat You as Family**

Expect personal calls from your customer care representative throughout the year

### **A Large & Growing Physician & Hospital Network**

Access to one of the largest health care networks in Arizona

### **We Go Beyond What's Expected**

We'll help you find a doctor, make an appointment and transfer your medical records. We're happy to help!

### **We Speak Your Language**

Call us, we're right here in Arizona – Talk to us in any one of 140 languages

Once you review this Enrollment Kit you'll discover even more reasons why we're confident **Abrazo Advantage (HMO)** is the perfect plan for your personal health goals, budget and lifestyle.

If you have provided your telephone number and gave us permission to call you, we'll be contacting you soon to answer your questions. If you haven't provided contact information please contact us at **(602) 824-3900** or **(888) 864-1114** or **TTY/TDD (800) 842-4681** seven days a week 8 a.m. to 8 p.m. and we'll be happy to answer your questions.

Thank you for considering Abrazo Advantage (HMO).

## *Your* **LOCAL, ARIZONA** *Health Plan*

The benefit information provided herein is a brief summary, not a comprehensive description of benefits. For more information contact our plan.

Benefits, formulary, pharmacy network, premium and/or co-payments/co-insurance may change on January 1, 2013.

Abrazo Advantage (HMO) is a Medicare Advantage organization with a Medicare contract.



Abrazo Advantage Health Plan (HMO)

Abrazo Advantage (HMO) Plan

**2012 Summary of Benefits**

January 1, 2012 to December 31, 2012

Thank you for your interest in Abrazo Advantage (HMO). Our plan is offered by ABRAZO ADVANTAGE HEALTH PLAN, a Medicare Advantage Health Maintenance Organization (HMO). This Summary of Benefits tells you some features of our plan. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of our benefits, please call Abrazo Advantage (HMO) and ask for the "Evidence of Coverage".

## **YOU HAVE CHOICES IN YOUR HEALTH CARE**

As a Medicare beneficiary, you can choose from different Medicare options. One option is the Original (fee-for-service) Medicare Plan. Another option is a Medicare health plan, like Abrazo Advantage (HMO). You may have other options too. You make the choice. No matter what you decide, you are still in the Medicare Program.

You may join or leave a plan only at certain times. Please call Abrazo Advantage (HMO) at the telephone number listed at the end of this introduction or 1-800-MEDICARE (1-800-633-4227) for more information. TTY/TDD users should call 1-877-486-2048. You can call this number 24 hours a day, 7 days a week.

## **HOW CAN I COMPARE MY OPTIONS?**

You can compare Abrazo Advantage (HMO) and the Original Medicare Plan using this Summary of Benefits. The charts in this booklet list some important health benefits. For each benefit, you can see what our plan covers and what the Original Medicare Plan covers.

Our members receive all of the benefits that the Original Medicare Plan offers. We also offer more benefits, which may change from year to year.

## **WHERE IS ABRAZO ADVANTAGE (HMO) AVAILABLE?**

The service area for this plan includes: Maricopa, Pinal Counties, AZ. You must live in one of these areas to join the plan.

## **WHO IS ELIGIBLE TO JOIN ABRAZO ADVANTAGE (HMO)?**

You can join Abrazo Advantage (HMO) if you are entitled to Medicare Part A and enrolled in Medicare Part B and live in the service area. However, individuals with End-Stage Renal Disease are generally not eligible to enroll in Abrazo Advantage (HMO) unless they are members of our organization and have been since their dialysis began.

## **CAN I CHOOSE MY DOCTORS?**

Abrazo Advantage (HMO) has formed a network of doctors, specialists, and hospitals. You can only use doctors who are part of our network. The health providers in our network can change at any time.

You can ask for a current provider directory. For an updated list, visit us at [http://www.abrazoadvantage.com/find\\_a\\_doctor.aspx](http://www.abrazoadvantage.com/find_a_doctor.aspx). Our customer service number is listed at the end of this introduction.

**WHAT HAPPENS IF I GO TO A DOCTOR WHO'S NOT IN YOUR NETWORK?**

If you choose to go to a doctor outside of our network, you must pay for these services yourself except in limited situations (for example, emergency care). Neither the plan nor the Original Medicare Plan will pay for these services

**WHERE CAN I GET MY PRESCRIPTIONS IF I JOIN THIS PLAN?**

Abrazo Advantage (HMO) has formed a network of pharmacies. You must use a network pharmacy to receive plan benefits. We may not pay for your prescriptions if you use an out-of-network pharmacy, except in certain cases. The pharmacies in our network can change at any time. You can ask for a pharmacy directory or visit us at <http://www.abrazoadvantage.com>. Our customer service number is listed at the end of this introduction.

**DOES MY PLAN COVER MEDICARE PART B OR PART D DRUGS?**

Abrazo Advantage (HMO) does cover both Medicare Part B prescription drugs and Medicare Part D prescription drugs.

**WHAT IS A PRESCRIPTION DRUG FORMULARY?**

Abrazo Advantage (HMO) uses a formulary. A formulary is a list of drugs covered by your plan to meet patient needs. We may periodically add, remove, or make changes to coverage limitations on certain drugs or change how much you pay for a drug. If we make any formulary change that limits our members' ability to fill their prescriptions, we will notify the affected enrollees before the change is made. We will send a formulary to you and you can see our complete formulary on our Web site at <http://www.abrazoadvantage.com>.

If you are currently taking a drug that is not on our formulary or subject to additional requirements or limits, you may be able to get a temporary supply of the drug. You can contact us to request an exception or switch to an alternative drug listed on our formulary with your physician's help. Call us to see if you can get a temporary supply of the drug or for more details about our drug transition policy.

**HOW CAN I GET EXTRA HELP WITH MY PRESCRIPTION DRUG PLAN COSTS OR GET EXTRA HELP WITH OTHER MEDICARE COSTS?**

You may be able to get extra help to pay for your prescription drug premiums and costs as well as get help with other Medicare costs. To see if you qualify for getting extra help, call:

- \* 1-800-MEDICARE (1-800-633-4227). TTY/TDD users should call 1-877-486-2048, 24 hours a day/7 days a week and see <http://www.medicare.gov> 'Programs for People with Limited Income and Resources' in the publication Medicare You.
- \* The Social Security Administration at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY/TDD users should call 1-800-325-0778 or
- \* Your State Medicaid Office.

## WHAT ARE MY PROTECTIONS IN THIS PLAN?

All Medicare Advantage Plans agree to stay in the program for a full calendar year at a time. Plan benefits and cost-sharing may change from calendar year to calendar year. Each year, plans can decide whether to continue to participate with Medicare Advantage. A plan may continue in their entire service area (geographic area where the plan accepts members) or choose to continue only in certain areas. Also, Medicare may decide to end a contract with a plan. Even if your Medicare Advantage Plan leaves the program, you will not lose Medicare coverage. If a plan decides not to continue for an additional calendar year, it must send you a letter at least 90 days before your coverage will end. The letter will explain your options for Medicare coverage in your area.

As a member of Abrazo Advantage (HMO), you have the right to request an organization determination, which includes the right to file an appeal if we deny coverage for an item or service, and the right to file a grievance. You have the right to request an organization determination if you want us to provide or pay for an item or service that you believe should be covered. If we deny coverage for your requested item or service, you have the right to appeal and ask us to review our decision. You may ask us for an expedited (fast) coverage determination or appeal if you believe that waiting for a decision could seriously put your life or health at risk, or affect your ability to regain maximum function. If your doctor makes or supports the expedited request, we must expedite our decision. Finally, you have the right to file a grievance with us if you have any type of problem with us or one of our network providers that does not involve coverage for an item or service. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state. Please refer to the Evidence of Coverage (EOC) for the QIO contact information.

As a member of Abrazo Advantage (HMO), you have the right to request a coverage determination, which includes the right to request an exception, the right to file an appeal if we deny coverage for a prescription drug, and the right to file a grievance. You have the right to request a coverage determination if you want us to cover a Part D drug that you believe should be covered. An exception is a type of coverage determination. You may ask us for an exception if you believe you need a drug that is not on our list of covered drugs or believe you should get a non-preferred drug at a lower out-of-pocket cost. You can also ask for an exception to cost utilization rules, such as a limit on the quantity of a drug. If you think you need an exception, you should contact us before you try to fill your prescription at a pharmacy. Your doctor must provide a statement to support your exception request. If we deny coverage for your prescription drug(s), you have the right to appeal and ask us to review our decision. Finally, you have the right to file a grievance if you have any type of problem with us or one of our network pharmacies that does not involve coverage for a prescription drug. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state. Please refer to the Evidence of Coverage (EOC) for the QIO contact information.

## WHAT IS A MEDICATION THERAPY MANAGEMENT (MTM) PROGRAM?

A Medication Therapy Management (MTM) Program is a free service we offer. You may be invited to participate in a program designed for your specific health and pharmacy needs. You may decide not to participate but it is recommended that you take full advantage of this covered service if you are selected. Contact Abrazo Advantage (HMO) for more details.

**WHAT TYPES OF DRUGS MAY BE COVERED UNDER MEDICARE PART B?**

Some outpatient prescription drugs may be covered under Medicare Part B. These may include, but are not limited to, the following types of drugs. Contact Abrazo Advantage (HMO) for more details.

***Some Antigens***

If they are prepared by a doctor and administered by a properly instructed person (who could be the patient) under doctor supervision.

***Osteoporosis Drugs***

Injectable drugs for osteoporosis for certain women with Medicare.

***Erythropoietin (Epoetin Alfa or Epogen®)***

By injection if you have end-stage renal disease (permanent kidney failure requiring either dialysis or transplantation) and need this drug to treat anemia.

***Hemophilia Clotting Factors***

Self-administered clotting factors if you have hemophilia.

***Injectable Drugs***

Most injectable drugs administered incident to a physician's service.

***Immunosuppressive Drugs***

Immunosuppressive drug therapy for transplant patients if the transplant was paid for by Medicare, or paid by a private insurance that paid as a primary payer to your Medicare Part A coverage, in a Medicare-certified facility.

***Some Oral Cancer Drugs***

If the same drug is available in injectable form.

***Oral Anti-Nausea Drugs***

If you are part of an anti-cancer chemotherapeutic regimen.

***Inhalation and Infusion Drugs***

administered through DME.

**WHERE CAN I FIND INFORMATION ON PLAN RATINGS?**

The Medicare program rates how well plans perform in different categories (for example, detecting and preventing illness, ratings from patients and customer service). If you have access to the web, you may use the web tools on <http://www.medicare.gov> and select “Health and Drug Plans” then “Compare Drug and Health Plans” to compare the plan ratings for Medicare plans in your area. You can also call us directly to obtain a copy of the plan ratings for this plan. Our customer service number is listed below.

Please call Abrazo Advantage Health Plan for more information about Abrazo Advantage (HMO).

Visit us at <http://www.abrazoadvantage.com> or, call us:

**CUSTOMER SERVICE HOURS:**

Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, 8:00 a.m. - 8:00 p.m. Mountain

Current and Prospective members should call toll-free (888) 864-1114 for questions related to the Medicare Advantage Program and Medicare Part D Prescription Drug Program. (TTY/TDD (800) 489-1472)

Current and Prospective members should call locally (602) 824-3900 for questions related to the Medicare Advantage Program and Medicare Part D Prescription Drug Program. (TTY/TDD (602) 824-3909)

For more information about Medicare, please call Medicare at 1-800-MEDICARE (1-800-633-4227).

TTY users should call 1-877-486-2048. You can call 24 hours a day, 7 days a week.

Or, visit <http://www.medicare.gov> on the web.

*This document may be available in other formats such as Braille, large print or other alternate formats.*

*This document may be available in a non-English language. For additional information, call customer service at the phone number listed above.*

*Esta información puede estar disponible en español. Favor de llamar a Servicios de Miembro al número ofrecido arriba si usted necesita información de su plan en su idioma.*

**SECTION II – SUMMARY OF BENEFITS**

If you have any questions about this plan’s benefits or costs, please contact Abrazo Advantage Health Plan for details.

Benefit	Original Medicare	Abrazo Advantage (HMO)
<b>IMPORTANT INFORMATION</b>		
<p><b>1. Premium and Other Important Information</b></p>	<p>In 2011 the monthly Part B Premium was \$96.40 and may change for 2012 and the annual Part B deductible amount was \$162 and may change for 2012.</p> <p>If a doctor or supplier does not accept assignment, their costs are often higher, which means you pay more.</p> <p>Most people will pay the standard monthly Part B premium. However, some people will pay a higher premium because of their yearly income (over \$85,000 for singles, \$170,000 for married couples). For more information about Part B premiums based on income, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You may also call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.</p>	<p><b>General</b></p> <p>\$0.00 monthly plan premium in addition to your monthly Medicare Part B premium.</p> <p>Most people will pay the standard monthly Part B premium in addition to their MA plan premium. However, some people will pay higher Part B and Part D premiums because of their yearly income (over \$85,000 for singles, \$170,000 for married couples). For more information about Part B and Part D premiums based on income, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You may also call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.</p> <p><b>In-Network</b></p> <p>\$6,700 out-of-pocket limit. All plan services included.</p>
<p><b>2. Doctor and Hospital Choice</b></p> <p>(For more information, see Emergency Care – #15 and Urgently Needed Care – #16.)</p>	<p>You may go to any doctor, specialist or hospital that accepts Medicare.</p>	<p><b>In-Network</b></p> <p>You must go to network doctors, specialists, and hospitals.</p> <p>Referral required for network specialists (for certain benefits).</p>

**SECTION II – SUMMARY OF BENEFITS**

If you have any questions about this plan’s benefits or costs, please contact Abrazo Advantage Health Plan for details.

Benefit	Original Medicare	Abrazo Advantage (HMO)
<b>INPATIENT CARE</b>		
<p><b>3. Inpatient Hospital Care</b> (includes Substance Abuse and Rehabilitation Services)</p>	<p>In 2011 the amounts for each benefit period were:                      Days 1 - 60: \$1132 deductible                      Days 61 - 90: \$283 per day                      Days 91 - 150: \$566 per lifetime reserve day</p> <p>These amounts may change for 2012.                      Call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days.</p> <p>Lifetime reserve days can only be used once.</p> <p>A “benefit period” starts the day you go into a hospital or skilled nursing facility. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.</p>	<p><b>In-Network</b></p> <p>Plan covers 90 days each benefit period.</p> <p>For Medicare-covered hospital stays:                      Days 1 - 10: \$175 copay per day                      Days 11 - 90: \$0 copay per day</p> <p>Plan covers 60 lifetime reserve days. \$0 copay per lifetime reserve day.</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>

**SECTION II – SUMMARY OF BENEFITS**

If you have any questions about this plan’s benefits or costs, please contact Abrazo Advantage Health Plan for details.

Benefit	Original Medicare	Abrazo Advantage (HMO)
<p><b>4. Inpatient Mental Health Care</b></p>	<p>In 2011 the amounts for each benefit period were:</p> <p>Days 1 - 60: \$1132 deductible</p> <p>Days 61 - 90: \$283 per day</p> <p>Days 91 - 150: \$566 per lifetime reserve day</p> <p>These amounts may change for 2012.</p> <p>You get up to 190 days of inpatient psychiatric hospital care in a lifetime. Inpatient psychiatric hospital services count toward the 190-day lifetime limitation only if certain conditions are met. This limitation does not apply to inpatient psychiatric services furnished in a general hospital.</p>	<p><b>In-Network</b></p> <p>You get up to 190 days of inpatient psychiatric hospital care in a lifetime. Inpatient psychiatric hospital services count toward the 190-day lifetime limitation only if certain conditions are met. This limitation does not apply to inpatient psychiatric services furnished in a general hospital.</p> <p>For Medicare-covered hospital stays:</p> <p>Days 1 - 10: \$125 copay per day</p> <p>Days 11 - 90: \$0 copay per day</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>
<p><b>5. Skilled Nursing Facility (SNF)</b> (in a Medicare-certified skilled nursing facility)</p>	<p>In 2011 the amounts for each benefit period after at least a 3-day covered hospital stay were:</p> <p>Days 1 - 20: \$0 per day</p> <p>Days 21 - 100: \$141.50 per day</p> <p>These amounts may change for 2012.</p> <p>100 days for each benefit period.</p> <p>A “benefit period” starts the day you go into a hospital or SNF. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.</p>	<p><b>General</b></p> <p>Authorization rules may apply.</p> <p><b>In-Network</b></p> <p>Plan covers up to 100 days each benefit period</p> <p>No prior hospital stay is required.</p> <p>For SNF stays:</p> <p>Days 1 - 20: \$0 copay per day</p> <p>Days 21 - 100: \$75 copay per day</p>

## SECTION II – SUMMARY OF BENEFITS

If you have any questions about this plan's benefits or costs, please contact Abrazo Advantage Health Plan for details.

Benefit	Original Medicare	Abrazo Advantage (HMO)
<p><b>6. Home Health Care</b> (includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)</p>	<p>\$0 copay.</p>	<p><b>General</b> Authorization rules may apply. <b>In-Network</b> \$0 copay for Medicare-covered home health visits</p>
<p><b>7. Hospice</b></p>	<p>You pay part of the cost for outpatient drugs and inpatient respite care.  You must get care from a Medicare-certified hospice.</p>	<p><b>General</b> You must get care from a Medicare-certified hospice. Your plan will pay for a consultative visit before you select hospice.</p>
<b>OUTPATIENT CARE</b>		
<p><b>8. Doctor Office Visits</b></p>	<p>20% coinsurance</p>	<p><b>General</b> Authorization rules may apply. <b>In-Network</b> \$10 copay for each primary care doctor visit for Medicare-covered benefits. \$35 copay for each in-area, network urgent care Medicare-covered visit \$40 copay for each specialist visit for Medicare-covered benefits.</p>
<p><b>9. Chiropractic Services</b></p>	<p>Supplemental routine care not covered  20% coinsurance for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.</p>	<p><b>General</b> Authorization rules may apply. <b>In-Network</b> \$20 copay for each Medicare-covered visit  Medicare-covered chiropractic visits are for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.</p>

## SECTION II – SUMMARY OF BENEFITS

If you have any questions about this plan’s benefits or costs, please contact Abrazo Advantage Health Plan for details.

Benefit	Original Medicare	Abrazo Advantage (HMO)
<p><b>10. Podiatry Services</b></p>	<p>Supplemental routine care not covered.</p> <p>20% coinsurance for medically necessary foot care, including care for medical conditions affecting the lower limbs.</p>	<p><b>General</b></p> <p>Authorization rules may apply.</p> <p><b>In-Network</b></p> <p>\$10 to \$40 copay for each Medicare-covered visit</p> <p>Medicare-covered podiatry benefits are for medically-necessary foot care.</p>
<p><b>11. Outpatient Mental Health Care</b></p>	<p>40% coinsurance for most outpatient mental health services</p> <p>Specified copayment for outpatient partial hospitalization program services furnished by a hospital or community mental health center (CMHC). Copay cannot exceed the Part A inpatient hospital deductible.</p> <p>“Partial hospitalization program” is a structured program of active outpatient psychiatric treatment that is more intense than the care received in your doctor’s or therapist’s office and is an alternative to inpatient hospitalization.</p>	<p><b>General</b></p> <p>Authorization rules may apply.</p> <p><b>In-Network</b></p> <p>\$40 copay for each Medicare-covered individual therapy visit</p> <p>\$40 copay for each Medicare-covered group therapy visit</p> <p>\$40 copay for each Medicare-covered individual therapy visit with a psychiatrist</p> <p>\$40 copay for each Medicare-covered group therapy visit with a psychiatrist</p> <p>\$35 copay for Medicare-covered partial hospitalization program services</p>
<p><b>12. Outpatient Substance Abuse Care</b></p>	<p>20% coinsurance</p>	<p><b>General</b></p> <p>Authorization rules may apply.</p> <p><b>In-Network</b></p> <p>\$40 copay for Medicare-covered individual visits</p> <p>\$40 copay for Medicare-covered group visits</p>

## SECTION II – SUMMARY OF BENEFITS

If you have any questions about this plan's benefits or costs, please contact Abrazo Advantage Health Plan for details.

Benefit	Original Medicare	Abrazo Advantage (HMO)
<p><b>13. Outpatient Services/Surgery</b></p>	<p>20% coinsurance for the doctor's services</p> <p>Specified copayment for outpatient hospital facility services Copay cannot exceed the Part A inpatient hospital deductible.</p> <p>20% coinsurance for ambulatory surgical center facility services</p>	<p><b>General</b></p> <p>Authorization rules may apply.</p> <p><b>In-Network</b></p> <p>\$200 copay for each Medicare-covered ambulatory surgical center visit</p> <p>\$250 copay for each Medicare-covered outpatient hospital facility visit</p>
<p><b>14. Ambulance Services</b> (medically necessary ambulance services)</p>	<p>20% coinsurance</p>	<p><b>General</b></p> <p>Authorization rules may apply.</p> <p><b>In-Network</b></p> <p>\$200 copay for Medicare-covered ambulance benefits.</p>
<p><b>15. Emergency Care</b> (You may go to any emergency room if you reasonably believe you need emergency care.)</p>	<p>20% coinsurance for the doctor's services</p> <p>Specified copayment for outpatient hospital facility emergency services.</p> <p>Emergency services copay cannot exceed Part A inpatient hospital deductible for each service provided by the hospital.</p> <p>You don't have to pay the emergency room copay if you are admitted to the hospital as an inpatient for the same condition within 3 days of the emergency room visit.</p> <p>Not covered outside the U.S. except under limited circumstances.</p>	<p><b>General</b></p> <p>\$65 copay for Medicare-covered emergency room visits</p> <p>Not covered outside the U.S. except under limited circumstances. Contact the plan for more details.</p> <p>If you are admitted to the hospital within 24-hour(s) for the same condition, you pay \$0 for the emergency room visit.</p>
<p><b>16. Urgently Needed Care</b> (This is NOT emergency care, and in most cases, is out of the service area.)</p>	<p>20% coinsurance, or a set copay</p> <p>NOT covered outside the U.S. except under limited circumstances.</p>	<p><b>General</b></p> <p>\$35 copay for Medicare-covered urgently-needed-care visits</p>

## SECTION II – SUMMARY OF BENEFITS

If you have any questions about this plan's benefits or costs, please contact Abrazo Advantage Health Plan for details.

Benefit	Original Medicare	Abrazo Advantage (HMO)
<p><b>17. Outpatient Rehabilitation Services</b> (Occupational Therapy, Physical Therapy, Speech and Language Therapy)</p>	<p>20% coinsurance</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$35 copay for Medicare-covered Occupational Therapy visits \$35 copay for Medicare-covered Physical and/or Speech and Language Therapy visits</p>
<b>OUTPATIENT MEDICAL SERVICES AND SUPPLIES</b>		
<p><b>18. Durable Medical Equipment</b> (includes wheelchairs, oxygen, etc.)</p>	<p>20% coinsurance</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> 20% of the cost for Medicare-covered items</p>
<p><b>19. Prosthetic Devices</b> (includes braces, artificial limbs and eyes, etc.)</p>	<p>20% coinsurance</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> 20% of the cost for Medicare-covered items</p>
<p><b>20. Diabetes Programs and Supplies</b></p>	<p>20% coinsurance for diabetes self-management training 20% coinsurance for diabetes supplies 20% coinsurance for diabetic therapeutic shoes or inserts</p>	<p><b>In-Network</b> \$0 copay for Diabetes self-management training 20% of the cost for Diabetes monitoring supplies 20% of the cost for Therapeutic shoes or inserts</p>

**SECTION II – SUMMARY OF BENEFITS**

If you have any questions about this plan’s benefits or costs, please contact Abrazo Advantage Health Plan for details.

Benefit	Original Medicare	Abrazo Advantage (HMO)
<p><b>21. Diagnostic Tests, X-Rays, Lab Services, and Radiology Services</b></p>	<p>20% coinsurance for diagnostic tests and x-rays</p> <p>\$0 copay for Medicare-covered lab services</p> <p>Lab Services: Medicare covers medically necessary diagnostic lab services that are ordered by your treating doctor when they are provided by a Clinical Laboratory Improvement Amendments (CLIA) certified laboratory that participates in Medicare. Diagnostic lab services are done to help your doctor diagnose or rule out a suspected illness or condition. Medicare does not cover most supplemental routine screening tests, like checking your cholesterol.</p>	<p><b>General</b></p> <p>Authorization rules may apply.</p> <p><b>In-Network</b></p> <p>0% to 20% of the cost for Medicare-covered lab services</p> <p>0% to 20% of the cost for Medicare-covered diagnostic procedures and tests</p> <p>0% to 20% of the cost for Medicare-covered X-rays</p> <p>\$0 to \$150 copay or [0% to 20% of the cost] for Medicare-covered diagnostic radiology services (not including X-rays)</p> <p>20% of the cost for Medicare-covered therapeutic radiology services</p> <p>If the doctor provides you services in addition to Outpatient Diagnostic Procedures, Tests and Lab Services, separate cost sharing of \$10 to \$40 may apply</p>
<p><b>22. Cardiac and Pulmonary Rehabilitation Services</b></p>	<p>20% coinsurance Cardiac Rehabilitation services</p> <p>20% coinsurance for Pulmonary Rehabilitation services</p> <p>20% coinsurance for Intensive Cardiac Rehabilitation services</p> <p>This applies to program services provided in a doctor’s office. Specified cost sharing for program services provided by hospital outpatient departments.</p>	<p><b>General</b></p> <p>Authorization rules may apply.</p> <p><b>In-Network</b></p> <p>\$20 copay for Medicare-covered Cardiac Rehabilitation Services</p> <p>\$20 copay for Medicare-covered Intensive Cardiac Rehabilitation Services</p> <p>\$20 copay for Medicare-covered Pulmonary Rehabilitation Services</p>

**SECTION II – SUMMARY OF BENEFITS**

If you have any questions about this plan’s benefits or costs, please contact Abrazo Advantage Health Plan for details.

Benefit	Original Medicare	Abrazo Advantage (HMO)
<b>PREVENTIVE SERVICES</b>		
<p><b>23. Preventive Services and Wellness/Education Programs</b></p>	<p>No coinsurance, copayment or deductible for the following:</p> <p>Abdominal Aortic Aneurysm Screening</p> <ul style="list-style-type: none"> <li>– Bone Mass Measurement. Covered once every 24 months (more often if medically necessary) if you meet certain medical conditions.</li> <li>– Cardiovascular Screening</li> <li>– Cervical and Vaginal Cancer Screening. Covered once every 2 years. Covered once a year for women with Medicare at high risk.</li> <li>– Colorectal Cancer Screening</li> <li>– Diabetes Screening</li> <li>– Influenza Vaccine</li> <li>– Hepatitis B Vaccine for people with Medicare who are at risk</li> <li>– HIV Screening. \$0 copay for the HIV screening, but you generally pay 20% of the Medicare-approved amount for the doctor’s visit. HIV screening is covered for people with Medicare who are pregnant and people at increased risk for the infection, including anyone who asks for the test. Medicare covers this test once every 12 months or up to three times during a pregnancy.</li> <li>– Breast Cancer Screening (Mammogram). Medicare covers screening mammograms</li> </ul>	<p><b>General</b></p> <p>\$0 copay for all preventive services covered under Original Medicare at zero cost sharing:</p> <ul style="list-style-type: none"> <li>– Abdominal Aortic Aneurysm screening</li> <li>– Bone Mass Measurement</li> <li>– Cardiovascular Screening</li> <li>– Cervical and Vaginal Cancer Screening (Pap Test and Pelvic Exam)</li> <li>– Colorectal Cancer Screening</li> <li>– Diabetes Screening</li> <li>– Influenza Vaccine</li> <li>– Hepatitis B Vaccine</li> <li>– HIV Screening</li> <li>– Breast Cancer Screening (Mammogram)</li> <li>– Medical Nutrition Therapy Services</li> <li>– Personalized Prevention Plan Services (Annual Wellness Visits)</li> <li>– Pneumococcal Vaccine</li> <li>– Prostate Cancer Screening (Prostate Specific Antigen (PSA) test only)</li> <li>– Smoking Cessation (Counseling to stop smoking)</li> <li>– Welcome to Medicare Physical Exam (Initial Preventive Physical Exam)</li> </ul> <p>HIV screening is covered for</p>

**SECTION II – SUMMARY OF BENEFITS**

If you have any questions about this plan’s benefits or costs, please contact Abrazo Advantage Health Plan for details.

Benefit	Original Medicare	Abrazo Advantage (HMO)
	<p>once every 12 months for all women with Medicare age 40 and older. Medicare covers one baseline mammogram for women between ages 35-39.</p> <ul style="list-style-type: none"> <li>– Medical Nutrition Therapy Services Nutrition therapy is for people who have diabetes or kidney disease (but aren’t on dialysis or haven’t had a kidney transplant) when referred by a doctor. These services can be given by a registered dietitian and may include a nutritional assessment and counseling to help you manage your diabetes or kidney disease</li> <li>– Personalized Prevention Plan Services (Annual Wellness Visits)</li> <li>– Pneumococcal Vaccine. You may only need the Pneumonia vaccine once in your lifetime. Call your doctor for more information.</li> <li>– Prostate Cancer Screening Prostate Specific Antigen (PSA) test only. Covered once a year for all men with Medicare over age 50.</li> <li>– Smoking Cessation (counseling to stop smoking). Covered if ordered by your doctor. Includes two counseling attempts within a 12-month period. Each counseling attempt includes up to four face-to-face visits.</li> <li>– Welcome to Medicare Physical Exam (initial preventive physical exam) When you join</li> </ul>	<p>people with Medicare who are pregnant and people at increased risk for the infection, including anyone who asks for the test. Medicare covers this test once every 12 months or up to three times during a pregnancy. Please contact plan for details.</p> <p><b>In-Network</b></p> <p>The plan covers the following supplemental education/wellness programs:</p> <ul style="list-style-type: none"> <li>– Written health education materials, including Newsletters</li> <li>– Nursing Hotline</li> </ul>

## SECTION II – SUMMARY OF BENEFITS

If you have any questions about this plan’s benefits or costs, please contact Abrazo Advantage Health Plan for details.

Benefit	Original Medicare	Abrazo Advantage (HMO)
	<p>Medicare Part B, then you are eligible as follows. During the first 12 months of your new Part B coverage, you can get either a Welcome to Medicare Physical Exam or an Annual Wellness Visit. After your first 12 months, you can get one Annual Wellness Visit every 12 months.</p>	
<p><b>24. Kidney Disease and Conditions</b></p>	<p>20% coinsurance for renal dialysis 20% coinsurance for kidney disease education services</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$0 to \$25 copay for renal dialysis \$0 copay for kidney disease education services</p>
<p><b>25. Outpatient Prescription Drugs</b></p>	<p>Most drugs are not covered under Original Medicare. You can add prescription drug coverage to Original Medicare by joining a Medicare Prescription Drug Plan, or you can get all your Medicare coverage, including prescription drug coverage, by joining a Medicare Advantage Plan or a Medicare Cost Plan that offers prescription drug coverage.</p>	<p><b>Drugs covered under Medicare Part B</b></p> <p><b>General</b> 20% of the cost for Part B-covered chemotherapy drugs and other Part B-covered drugs.</p> <p><b>Drugs covered under Medicare Part D</b></p> <p><b>General</b> This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at <a href="http://www.abrazoadvantage.com">http://www.abrazoadvantage.com</a> on the web.</p> <p>Different out-of-pocket costs may apply for people who</p> <ul style="list-style-type: none"> <li>– have limited incomes,</li> <li>– live in long term care facilities, or</li> <li>– have access to</li> </ul>

**SECTION II – SUMMARY OF BENEFITS**

If you have any questions about this plan’s benefits or costs, please contact Abrazo Advantage Health Plan for details.

Benefit	Original Medicare	Abrazo Advantage (HMO)
		<p>Indian/Tribal/Urban (Indian Health Service) providers.</p> <p>The plan offers national in-network prescription coverage (i.e., this would include 50 states and the District of Columbia). This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan’s service area (for instance when you travel).</p> <p>Total yearly drug costs are the total drug costs paid by both you and a Part D plan.</p> <p>The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from Abrazo Advantage (HMO) for certain drugs.</p> <p>You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements that cannot be met by most pharmacies in your network. These drugs are listed on the plan’s website, formulary, printed materials, as well as on the Medicare Prescription Drug Plan Finder on <a href="http://www.medicare.gov">http://www.medicare.gov</a>.</p> <p>If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-</p>

**SECTION II – SUMMARY OF BENEFITS**

If you have any questions about this plan’s benefits or costs, please contact Abrazo Advantage Health Plan for details.

Benefit	Original Medicare	Abrazo Advantage (HMO)
		<p>sharing amount.</p> <p>If you request a formulary exception for a drug and Abrazo Advantage (HMO) approves the exception, you will pay Tier 3: Preferred Brand Drugs cost sharing for that drug.</p> <p><b>In-Network</b> \$0 deductible.</p> <p><b>Initial Coverage</b> You pay the following until total yearly drug costs reach \$2,930:</p> <p><b>Retail Pharmacy</b></p> <p><i>Tier 1: Preferred Generic Drugs</i> \$0 copay for a one-month (30-day) supply of drugs in this tier \$0 copay for a three-month (90-day) supply of drugs in this tier</p> <p><i>Tier 2: Non-Preferred Generic Drugs</i> \$20 copay for a one-month (30-day) supply of drugs in this tier \$60 copay for a three-month (90-day) supply of drugs in this tier</p> <p><i>Tier 3: Preferred Brand Drugs</i> \$40 copay for a one-month (30-day) supply of drugs in this tier \$120 copay for a three-month (90-day) supply of drugs in this tier</p> <p><i>Tier 4: Specialty Tier Drugs</i> 33% coinsurance for a one-month (30-day) supply of drugs in this tier 33% coinsurance for a three-month (90-day) supply of drugs in this tier</p> <p><b>Long Term Care Pharmacy</b></p>

**SECTION II – SUMMARY OF BENEFITS**

If you have any questions about this plan’s benefits or costs, please contact Abrazo Advantage Health Plan for details.

Benefit	Original Medicare	Abrazo Advantage (HMO)
		<p><i>Tier 1: Preferred Generic Drugs</i>                      \$0 copay for a one-month (31-day) supply of drugs in this tier</p> <p><i>Tier 2: Non-Preferred Generic Drugs</i>                      \$20 copay for a one-month (31-day) supply of drugs in this tier</p> <p><i>Tier 3: Preferred Brand Drugs</i>                      \$40 copay for a one-month (31-day) supply of drugs in this tier</p> <p><i>Tier 4: Specialty Tier Drugs</i>                      33% coinsurance for a one-month (31-day) supply of drugs in this tier</p> <p><b>Mail Order</b></p> <p><i>Tier 1: Preferred Generic Drugs</i>                      \$0 copay for a one-month (30-day) supply of drugs in this tier                      \$0 copay for a three-month (90-day) supply of drugs in this tier</p> <p><i>Tier 2: Non-Preferred Generic Drugs</i>                      \$20 copay for a one-month (30-day) supply of drugs in this tier                      \$60 copay for a three-month (90-day) supply of drugs in this tier</p> <p><i>Tier 3: Preferred Brand Drugs</i>                      \$40 copay for a one-month (30-day) supply of drugs in this tier                      \$120 copay for a three-month (90-day) supply of drugs in this tier</p> <p><i>Tier 4: Specialty Tier Drugs</i>                      33% coinsurance for a one-month (30-day) supply of drugs in this tier                      33% coinsurance for a three-month (90-day) supply of drugs in this tier</p>

**SECTION II – SUMMARY OF BENEFITS**

If you have any questions about this plan’s benefits or costs, please contact Abrazo Advantage Health Plan for details.

Benefit	Original Medicare	Abrazo Advantage (HMO)
		<p><b>Coverage Gap</b></p> <p>After your total yearly drug costs reach \$2,930, you receive a discount on brand name drugs and pay 86% of the plan’s costs for all generic drugs until your yearly out-of-pocket drug costs reach \$4,700.</p> <p><b>Catastrophic Coverage</b></p> <p>After your yearly out-of-pocket drug costs reach \$4,700, you pay the greater of:</p> <ul style="list-style-type: none"> <li>– 5% coinsurance, or</li> <li>– \$2.60 copay for generic (including brand drugs treated as generic) and a \$6.50 copay for all other drugs.</li> </ul> <p><b>Out-of-Network</b></p> <p>Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan’s service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy’s full charge for the drug and submit documentation to receive reimbursement from Abrazo Advantage (HMO).</p> <p><b>Out-of-Network Initial Coverage</b></p> <p>You will be reimbursed up to the plan’s cost of the drug minus the following for drugs purchased out-of-network until total yearly drug costs reach \$2,930:</p> <p><i>Tier 1: Preferred Generic Drugs</i></p>

**SECTION II – SUMMARY OF BENEFITS**

If you have any questions about this plan’s benefits or costs, please contact Abrazo Advantage Health Plan for details.

Benefit	Original Medicare	Abrazo Advantage (HMO)
		<p>\$0 copay for a one-month (30-day) supply of drugs in this tier</p> <p><i>Tier 2: Non-Preferred Generic Drugs</i></p> <p>\$20 copay for a one-month (30-day) supply of drugs in this tier</p> <p><i>Tier 3: Preferred Brand Drugs</i></p> <p>\$40 copay for a one-month (30-day) supply of drugs in this tier</p> <p><i>Tier 4: Specialty Tier Drugs</i></p> <p>33% coinsurance for a one-month (30-day) supply of drugs in this tier</p> <p><b>Additional Out-of-Network Coverage Gap</b></p> <p>You will be reimbursed up to 14% of the plan allowable cost for generic drugs purchased out-of-network until total yearly out-of-pocket drug costs reach \$4,700.</p> <p>You will be reimbursed up to the discounted price for brand name drugs purchased out-of-network until total yearly out-of-pocket drug costs reach \$4,700.</p> <p><b>Out-of-Network Catastrophic Coverage</b></p> <p>After your yearly out-of-pocket drug costs reach \$4,700, you will be reimbursed for drugs purchased out-of-network up to the plan’s cost of the drug minus your cost share, which is the greater of:</p> <ul style="list-style-type: none"> <li>– 5% coinsurance, or</li> <li>– \$2.60 copay for generic (including brand drugs treated as generic) and a \$6.50 copay for all other drugs.</li> </ul>

## SECTION II – SUMMARY OF BENEFITS

If you have any questions about this plan's benefits or costs, please contact Abrazo Advantage Health Plan for details.

Benefit	Original Medicare	Abrazo Advantage (HMO)
<p><b>26. Dental Services</b></p>	<p>Preventive dental services (such as cleaning) not covered.</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> In general, preventive dental benefits (such as cleaning) not covered. \$35 copay for Medicare-covered dental benefits</p>
<p><b>27. Hearing Services</b></p>	<p>Supplemental routine hearing exams and hearing aids not covered. 20% coinsurance for diagnostic hearing exams.</p>	<p><b>In-Network</b> In general, supplemental routine hearing exams and hearing aids not covered. \$30 copay for Medicare-covered diagnostic hearing exams</p>
<p><b>28. Vision Services</b></p>	<p>20% coinsurance for diagnosis and treatment of diseases and conditions of the eye. Supplemental routine eye exams and glasses not covered. Medicare pays for one pair of eyeglasses or contact lenses after cataract surgery. Annual glaucoma screenings covered for people at risk.</p>	<p><b>In-Network</b> \$0 copay for – one pair of eyeglasses or contact lenses after cataract surgery \$30 copay for exams to diagnose and treat diseases and conditions of the eye. \$10 copay for up to 1 supplemental routine eye exam(s) every year</p>
<p><b>Over-the-Counter Items</b></p>	<p>Not covered.</p>	<p><b>General</b> The plan does not cover Over-the-Counter items.</p>
<p><b>Transportation</b> (Routine)</p>	<p>Not covered.</p>	<p><b>In-Network</b> This plan does not cover supplemental routine transportation.</p>
<p><b>Acupuncture</b></p>	<p>Not covered.</p>	<p><b>In-Network</b> This plan does not cover Acupuncture.</p>



# Abrazo Advantage Health Plan (HMO)

## Instructions for Completing the Individual Enrollment Election Form

Joining **Abrazo Advantage Health Plan (HMO)** is easy. All you have to do is complete the enclosed application form by following the instructions. In general, completed and signed Individual Enrollment Election Forms must be received by Abrazo Advantage Health Plan no later than the end of the month to be effective on the first of the next month.

If you are enrolling in **Abrazo Advantage (HMO)**, you will need to have Medicare Parts A and B; and live in the Abrazo Advantage Health Plan service area - Maricopa or Pinal County.

If you are enrolling in **Abrazo Advantage Plus (HMO SNP)**, please be advised that it is a Medicare Advantage Special Needs Plan with Prescription Drug coverage. To qualify, an individual needs to have Medicare Parts A and B; be eligible for Medicaid (AHCCCS) medical benefits; and live in the Abrazo Advantage Health Plan service area - Maricopa or Pinal County.

- 1.** Please complete the application using black ballpoint pen and press firmly. Please read the instructions and statements carefully. Complete one **Individual Enrollment Election Form** per person. If you have any questions, please call Abrazo Advantage Health Plan at the telephone number listed below.
- 2.** Sign and date the form upon completion. If you are the applicant's authorized representative (court appointed legal guardian, person having durable power of attorney for health care, or have the authority to act for the beneficiary in this capacity), please provide a copy of the authorizing paperwork with the application.
- 3.** Return the completed form in the envelope included with your packet of information. Retain the last copy of the form for your records.
- 4.** If you do not receive your permanent membership card within 30 days of your effective date, please call Member Services at **(602) 824-3900** or **(888) 864-1114** if outside of Maricopa County. TTY/TDD only, call **(800) 842-4681** to access the Arizona Relay System. Hours are seven days a week 8:00 a.m. to 8:00 p.m.

It's that simple to enroll in an Abrazo Advantage Health Plan!

*Your* **LOCAL, ARIZONA** *Health Plan*

This document may be available in a non-English language. For additional information, call customer service at the phone number listed above.

Benefits, formulary, pharmacy network, premium and/or co-payments/co-insurance may change on January 1, 2013.

Esta información puede estar disponible en español. Favor de llamar a Servicios de Miembro al número ofrecido arriba si usted necesita información de su plan en su idioma.

## IMPORTANT INFORMATION

In order for your Individual Enrollment Election Form to be considered **COMPLETE**, the following items on your form **MUST** be filled out.

- 1. PLAN NAME** - You must choose which plan you want to enroll in.
- 2. NAME** - Please print your name exactly as it is written on your Medicare Health Insurance Card, even if there is an error. Errors need to be corrected with your local Social Security Administration (SSA) Office. We will be notified of your corrected name by the Centers for Medicare and Medicaid Services (CMS) after SSA processes the correction.
- 3. DATE OF BIRTH** - Please enter your date of birth.
- 4. SEX** - Please select your gender.
- 5. PERMANENT RESIDENCE ADDRESS** - Please write in your street address, city, state and zip. P.O. Boxes are not allowed.
- 6. MEDICARE CLAIM NUMBER** - Please print your Medicare Claim Number exactly as it is written on your Medicare Health Insurance Card. You must be entitled to Medicare Part A and enrolled in Medicare Part B to enroll in Abrazo Advantage (HMO) or Abrazo Advantage Plus (HMO) Plan. Please complete the effective dates of your Part A and B coverage on the form.
- 7. END STAGE RENAL DISEASE (ESRD) QUESTION** - Please answer the question. If you have ESRD, you cannot enroll in this plan unless you are already enrolled in our Medicaid Plan, Phoenix Health Plan and developed ESRD while you were a member of that plan or you were affected by the non-renewal of another Medicare Advantage plan after December 31, 1998. If you do not need regular dialysis anymore, or have had a successful kidney transplant, please attach a note or records from your doctor showing you do not need dialysis or have had a successful kidney transplant.
- 8. STATE MEDICAID PROGRAM** - If you are enrolling in Abrazo Advantage Plus plan please enter your Medicaid number.
- 9. BENEFICIARY SIGNATURE AND/OR AUTHORIZED REPRESENTATIVE SIGNATURE** - Please sign the application. If you have an authorized representative signing for you please make sure to have them sign and provide contact information.
- 10. UNDERSTANDING YOUR PLAN** - Read each statement carefully. If there is anything you do not understand, please do not hesitate to call Member Services at **(602) 824-3900** or **(888) 864-1114** if outside of Maricopa County. TTY/TDD only call **(800) 842-4681** to access the Arizona Relay System. Hours are seven days a week 8:00 a.m. to 8:00 p.m.
- 11. SIGNATURE** - By signing your election form, you agree to follow the plan rules and have an understanding of your member responsibilities. Sign your name as it is listed on your Medicare Health Insurance Card, and date the form. If someone has assisted you in completing this form, please have your authorized representative sign, date and fill out the contact information. Remember that your effective date is subject to approval by CMS. Upon confirmation from CMS, Abrazo Advantage Health Plan will send you written notice of your enrollment effective date.

**Abrazo Advantage Plan (HMO)** is a Medicare Advantage organization with a Medicare contract. **Abrazo Advantage Plus Plan (HMO SNP)** is a coordinated care plan with a Medicare Advantage contract.


**CY 2012 Medicare Plan Ratings**

The Medicare Program rates how well Medicare health and drug plans perform in different categories (for example, detecting and preventing illness, ratings from patients, patient safety, drug pricing and customer service). The information provided below is an overall plan rating of our plan's performance. This information is available to help you make the best choice. If you would like to get additional information on our plan's performance please contact us at 888-864-1114 (toll-free) or 800-489-1472 (TTY/TDD) for prospective members, 888-864-1114 (toll-free) or 800-489-1472 (TTY/TDD) for current members, or you may visit [www.medicare.gov](http://www.medicare.gov).

Below is a summary of how our plan rated in quality and performance.

The number of stars shows how well our plan performs.

- ★★★★★ means excellent
- ★★★★ means above average
- ★★★ means average
- ★★ means below average
- ★ means poor

Abrazo Advantage Health Plan - H5985	
<b>Overall Plan Rating</b>	 3 Stars
	The Overall Plan Rating combines scores for the types of services each plan offers:  <b>What is being measured?</b> <ul style="list-style-type: none"> <li>• <b>For plans covering health services</b>, the overall score for quality of those services covers <b>36 different topics in 5 categories</b>:                             <ul style="list-style-type: none"> <li>○ <b>Staying healthy</b>: screenings, tests, and vaccines: Includes how often members got various screening tests, vaccines, and other check-ups that help them stay healthy.</li> <li>○ <b>Managing chronic (long-term) conditions</b>: Includes how often members with different conditions got certain tests and treatments that help them manage their condition.</li> <li>○ <b>Ratings of health plan responsiveness and care</b>: Includes ratings of member satisfaction with the plan.</li> <li>○ <b>Health plan member complaints and appeals</b>: Includes how often members filed a complaint against the plan.</li> <li>○ <b>Health plan telephone customer service</b>: Includes how well the plan handles calls from members.</li> </ul> </li> <li>• <b>For plans covering drug services</b>, the overall score for quality of those services covers <b>17 different topics in 4 categories</b>:</li> </ul>

## Abrazo Advantage Health Plan - H5985

- **Drug plan customer service:** Includes how well the drug plan handles calls and makes decisions about member appeals.
  - **Drug plan member complaints and Medicare audit findings:** Includes how often members filed a complaint about the drug plan.
  - **Member experience with drug plan:** Includes member satisfaction information.
  - **Drug pricing and patient safety:** Includes how well the drug plan prices prescriptions and provides updated information on the Medicare website. Includes information on how often members with certain medical conditions get prescription drugs that are considered safer and clinically recommended for their condition.
- **For plans covering both health & drug services,** the overall score for quality of those services covers **all of the 53 topics listed above.**

### Where does the information for the Overall Plan Rating come from?

- For quality of **health services,** the information comes from sources that include:
  - Member surveys done by Medicare
  - Information from clinicians
  - Information submitted by the plans
  - Results from Medicare's regular monitoring activities
- For quality of **drug services,** the information comes from sources that include:
  - Results from Medicare's regular monitoring activities
  - Reviews of billing and other information that plans submit to Medicare
  - Member surveys done by Medicare

### Why is the Overall Plan Rating important?

The Overall Plan Rating gives you a single summary score that makes it easy for you to compare plans based on quality and performance. Learn more about differences among plans by looking at the detailed ratings.