



Abrazo Advantage Plus (HMO SNP)

Thank you for your interest in **Abrazo Advantage Plus (HMO SNP)**, a local, dual-eligible Medicare Advantage Prescription Drug Plan designed especially for those with Medicare & AHCCCS.

Choose Abrazo Advantage Plus (HMO SNP) & Receive:

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

Prescription Drug Coverage

Coverage for Annual Screenings

Your Choice of a Primary Care Physician in the Plan Network

Emergency Coverage Anywhere in the US

Prompt, Local Customer Service

Extra Personal Support Throughout the Year

Extra Benefits & Services Beyond Original Medicare

Choose Abrazo Advantage Plus (HMO SNP)

Based in Phoenix, **Abrazo Advantage Plus** is part of a larger health care family, Abrazo Health Care, which includes the Arizona Heart Hospital, the Arizona Heart Institute and Phoenix Health Plan.

We know Medicare and AHCCCS benefits can be complicated so when you choose **Abrazo Advantage Plus** you can expect to receive:

Personalized and exceptional customer service PLUS

One Plan for All Your Benefits

One ID Card

One Personal Benefit Counselor to Answer Your Questions

Once you review this Enrollment Kit you'll discover even more reasons why we're confident **Abrazo Advantage Plus (HMO SNP)** 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 Plus (HMO SNP).

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 Plus (HMO SNP) is A Coordinated Care plan with a Medicare Advantage contract and a contract with the Arizona Medicaid program.



Abrazo Advantage Health Plan (HMO)

Abrazo Advantage Plus (HMO SNP)

2012 Summary of Benefits

January 1, 2012 to December 31, 2012

Thank you for your interest in Abrazo Advantage Plus (HMO SNP). Our plan is offered by ABRAZO ADVANTAGE HEALTH PLAN, a Medicare Advantage Health Maintenance Organization (HMO) Special Needs Plan (SNP). This plan is designed for people who meet specific enrollment criteria.

You may be eligible to join this plan if you receive assistance from the state and Medicare.

All cost sharing in this summary of benefits is based on your level of Medicaid eligibility.

Please call Abrazo Advantage Plus (HMO SNP) to find out if you are eligible to join. Our number is listed at the end of this introduction.

This Summary of Benefits tells you some features of our plan. It doesn't list every service we cover or list every limitation or exclusion. To get a complete list of our benefits, please call Abrazo Advantage Plus (HMO SNP) 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 Plus (HMO SNP). You may have other options too. You make the choice. No matter what you decide, you are still in the Medicare Program.

If you are eligible for both Medicare and Medicaid (dual eligible) you may join or leave a plan at any time.

Please call Abrazo Advantage Plus (HMO SNP) at the 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 Plus (HMO SNP) 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 PLUS (HMO SNP) 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 PLUS (HMO SNP)?

You can join Abrazo Advantage Plus (HMO SNP) 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 generally are not eligible to enroll in Abrazo Advantage Plus (HMO SNP) unless they are members of our organization and have been since their dialysis began.

You must also receive assistance from the state to join this plan.

Please call the plan to see if you are eligible to join.

CAN I CHOOSE MY DOCTORS?

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

WHAT IS A PRESCRIPTION DRUG FORMULARY?

Abrazo Advantage Plus (HMO SNP) 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 Plus (HMO SNP), 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 Plus (HMO SNP), 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 Plus (HMO SNP) 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 Plus (HMO SNP) 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 Plus (HMO SNP).

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)
IMPORTANT INFORMATION		
<p>1. Premium and Other Important Information</p>	<p>The Medicare cost sharing amount may vary based on your level of Medicaid eligibility.</p> <p>In 2011 the monthly Part B Premium was \$0 or \$96.40 and may change for 2012 and the annual Part B deductible amount was \$0 or \$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>General</p> <p>* Depending on your level of Medicaid eligibility, you may not have any cost-sharing responsibility for original Medicare services</p> <p>** Please consult with your plan about cost sharing when receiving services from out-of-network providers.</p> <p>\$0.00 monthly plan premium in addition to your monthly Medicare Part B premium.*</p> <p>In-Network</p> <p>In 2011 the monthly Part B Premium was \$0 or \$96.40 and may change for 2012 and the annual Part B deductible amount was \$0 or \$162 and may change for 2012.*</p> <p>Contact the plan for services that apply.</p> <p>\$6,700 out-of-pocket limit. All plan services included.*</p>
<p>2. Doctor and Hospital Choice</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>In-Network</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

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Benefit	Original Medicare	Abrazo Advantage (HMO)
INPATIENT CARE		
<p>3. Inpatient Hospital Care (includes Substance Abuse and Rehabilitation Services)</p>	<p>In 2011 the amounts for each benefit period were \$0 or: Days 1 - 60: \$1132 deductible* Days 61 - 90: \$283 per day* Days 91 - 150: \$566 per lifetime reserve day* These amounts may change for 2012. Call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days. Lifetime reserve days can only be used once. 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>In-Network Plan covers 90 days each benefit period. In 2011 the amounts for each benefit period, \$0 or: Days 1 - 60: \$1132 deductible* Days 61 - 90: \$283 per day* Days 91 - 150: \$566 per lifetime reserve day* You will not be charged additional cost sharing for professional services 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>4. Inpatient Mental Health Care</p>	<p>In 2011 the amounts for each benefit period were \$0 or: Days 1 - 60: \$1132 deductible* Days 61 - 90: \$283 per day* Days 91 - 150: \$566 per lifetime reserve day* These amounts may change for 2012. 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>In-Network</p> <p>In 2011 the amounts for each benefit period were \$0 or: Days 1 - 60: \$1132 deductible* Days 61 - 90: \$283 per day* Days 91 - 150: \$566 per lifetime reserve day* These amounts may change for 2012 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. 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>5. Skilled Nursing Facility (SNF) (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: Days 1 - 20: \$0 per day* Days 21 - 100: \$0 or \$141.50 per day* These amounts may change for 2012. 100 days for each benefit period. 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>General Authorization rules may apply. In-Network Plan covers up to 100 days each benefit period No prior hospital stay is required. In 2011 the amounts for each benefit period after at least a 3-day covered hospital stay were: Days 1 - 20: \$0 per day* Days 21 - 100: \$0 or \$141.50 per day* These amounts may change for 2012. You will not be charged additional cost sharing for professional services</p>
<p>6. Home Health Care (includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)</p>	<p>\$0 copay</p>	<p>General Authorization rules may apply. In-Network \$0 copay for Medicare-covered home health visits*</p>
<p>7. Hospice</p>	<p>You pay part of the cost for outpatient drugs and you may pay part of the cost for inpatient respite care. You must get care from a Medicare-certified hospice.</p>	<p>General You must get care from a Medicare-certified hospice. Your plan will pay for a consultative visit before you select hospice.</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)
OUTPATIENT CARE		
8. Doctor Office Visits	0% or 20% coinsurance	<p>General Authorization rules may apply.</p> <p>In-Network 0% or 20% of the cost for each primary care doctor visit for Medicare-covered benefits.* 0% or 20% of the cost for each in-area, network urgent care Medicare-covered visit* 0% or 20% of the cost for each specialist visit for Medicare-covered benefits.*</p>
9. Chiropractic Services	<p>Supplemental routine care not covered</p> <p>0% or 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>In-Network \$0 copay for Medicare-covered chiropractic visits* 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>
10. Podiatry Services	<p>Supplemental routine care not covered.</p> <p>0% or 20% coinsurance for medically necessary foot care, including care for medical conditions affecting the lower limbs.</p>	<p>General Authorization rules may apply.</p> <p>In-Network 0% or 20% of the cost for each Medicare-covered visit* 0% of the cost for up to 4 supplemental routine visit(s) every year Medicare-covered podiatry benefits are for medically-necessary foot care.</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>11. Outpatient Mental Health Care</p>	<p>0% or 40% coinsurance for most outpatient mental health services</p> <p>0% or 40% coinsurance of the Medicare-approved amount for each service you get from a qualified professional as part of a Partial Hospitalization Program.</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>General</p> <p>Authorization rules may apply.</p> <p>In-Network</p> <p>0% or 40% of the cost for each Medicare-covered individual therapy visit*</p> <p>0% or 40% of the cost for each Medicare-covered group therapy visit*</p> <p>0% or 40% of the cost for each Medicare-covered individual therapy visit with a psychiatrist*</p> <p>0% or 40% of the cost for each Medicare-covered group therapy visit with a psychiatrist*</p> <p>0% or 20% of the cost for Medicare-covered partial hospitalization program services*</p>
<p>12. Outpatient Substance Abuse Care</p>	<p>0% or 20% coinsurance</p>	<p>General</p> <p>Authorization rules may apply.</p> <p>In-Network</p> <p>0% or 40% of the cost for Medicare-covered individual therapy visits*</p> <p>0% or 40% of the cost for Medicare-covered group visits*</p>
<p>13. Outpatient Services/Surgery</p>	<p>0% or 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>0% or 20% coinsurance for ambulatory surgical center facility services</p>	<p>General</p> <p>Authorization rules may apply.</p> <p>In-Network</p> <p>0% or 20% of the cost for each Medicare-covered ambulatory surgical center visit*</p> <p>0% or 20% of the cost for each Medicare-covered outpatient hospital facility visit*</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>14. Ambulance Services (medically necessary ambulance services)</p>	<p>0% or 20% coinsurance</p>	<p>General Authorization rules may apply.</p> <p>In-Network 0% or 20% of the cost for Medicare-covered ambulance benefits.*</p>
<p>15. Emergency Care (You may go to any emergency room if you reasonably believe you need emergency care.)</p>	<p>0% or 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>General 0% or 20% of the cost (up to \$65) for Medicare-covered emergency room visits*</p> <p>This amount applies toward your in and out-of-network plan deductible.</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>16. Urgently Needed Care (This is NOT emergency care, and in most cases, is out of the service area.)</p>	<p>0% or 20% coinsurance</p> <p>NOT covered outside the U.S. except under limited circumstances.</p>	<p>General 0% or 20% of the cost 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>17. Outpatient Rehabilitation Services (Occupational Therapy, Physical Therapy, Speech and Language Therapy)</p>	<p>0% or 20% coinsurance</p>	<p>General Authorization rules may apply.</p> <p>In-Network 0% or 20% of the cost for Medicare-covered Occupational Therapy visits* 0% or 20% of the cost for Medicare-covered Physical and/or Speech and Language Therapy visits*</p>
OUTPATIENT MEDICAL SERVICES AND SUPPLIES		
<p>18. Durable Medical Equipment (includes wheelchairs, oxygen, etc.)</p>	<p>0% or 20% coinsurance</p>	<p>General Authorization rules may apply.</p> <p>In-Network 0% or 20% of the cost for Medicare-covered items*</p>
<p>19. Prosthetic Devices (includes braces, artificial limbs and eyes, etc.)</p>	<p>0% or 20% coinsurance</p>	<p>General Authorization rules may apply.</p> <p>In-Network 0% or 20% of the cost for Medicare-covered items*</p>
<p>20. Diabetes Programs and Supplies</p>	<p>0% or 20% coinsurance for diabetes self-management training 0% or 20% coinsurance for diabetes supplies 0% or 20% coinsurance for diabetic therapeutic shoes or inserts</p>	<p>In-Network 0% or 20% of the cost for Diabetes self-management training* 0% or 20% of the cost for Diabetes monitoring supplies* 0% or 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>21. Diagnostic Tests, X-Rays, Lab Services, and Radiology Services</p>	<p>0% or 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>General</p> <p>Authorization rules may apply.</p> <p>In-Network</p> <p>0% or 20% of the cost for Medicare-covered lab services*</p> <p>0% or 20% of the cost for Medicare-covered diagnostic procedures and tests*</p> <p>0% or 20% of the cost for Medicare-covered X-rays*</p> <p>0% or 20% of the cost for Medicare-covered diagnostic radiology services (not including X-rays)*</p> <p>0% or 20% of the cost for Medicare-covered therapeutic radiology services*</p>
<p>22. Cardiac and Pulmonary Rehabilitation Services</p>	<p>0% or 20% coinsurance for Cardiac Rehabilitation services</p> <p>0% or 20% coinsurance for Pulmonary Rehabilitation services</p> <p>0% or 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>General</p> <p>Authorization rules may apply.</p> <p>In-Network</p> <p>0% or 20% of the cost for Medicare-covered Cardiac Rehabilitation Services*</p> <p>0% or 20% of the cost for Medicare-covered Intensive Cardiac Rehabilitation Services*</p> <p>0% or 20% of the cost 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)
PREVENTIVE SERVICES		
<p>23. Preventive Services and Wellness/Education Programs</p>	<p>No coinsurance, copayment or deductible for the following:</p> <ul style="list-style-type: none"> – Abdominal Aortic Aneurysm Screening – Bone Mass Measurement. Covered once every 24 months (more often if medically necessary) if you meet certain medical conditions. – Cardiovascular Screening – Cervical and Vaginal Cancer Screening. Covered once every 2 years. Covered once a year for women with Medicare at high risk. – Colorectal Cancer Screening – Diabetes Screening – Influenza Vaccine – Hepatitis B Vaccine for people with Medicare who are at risk – 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. – Breast Cancer Screening (Mammogram). Medicare covers screening mammograms 	<p>General</p> <p>\$0 copay for all preventive services covered under Original Medicare at zero cost sharing:</p> <ul style="list-style-type: none"> – Abdominal Aortic Aneurysm screening – Bone Mass Measurement – Cardiovascular Screening – Cervical and Vaginal Cancer Screening (Pap Test and Pelvic Exam) – Colorectal Cancer Screening – Diabetes Screening – Influenza Vaccine – Hepatitis B Vaccine – HIV Screening – Breast Cancer Screening (Mammogram) – Medical Nutrition Therapy Services – Personalized Prevention Plan Services (Annual Wellness Visits) – Pneumococcal Vaccine – Prostate Cancer Screening (Prostate Specific Antigen (PSA) test only) – Smoking Cessation (Counseling to stop smoking) – Welcome to Medicare Physical Exam (Initial Preventive Physical Exam)

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"> – 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 – Personalized Prevention Plan Services (Annual Wellness Visits) – Pneumococcal Vaccine. You may only need the Pneumonia vaccine once in your lifetime. Call your doctor for more information. – Prostate Cancer Screening Prostate Specific Antigen (PSA) test only. Covered once a year for all men with Medicare over age 50. – 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. – Welcome to Medicare Physical Exam (initial preventive physical exam) When you join 	<p>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. Please contact plan for details.</p> <p>In-Network</p> <p>The plan covers the following supplemental education/wellness programs:</p> <ul style="list-style-type: none"> – Written health education materials, including Newsletters – Nursing Hotline

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>24. Kidney Disease and Conditions</p>	<p>0% or 20% coinsurance for renal dialysis</p> <p>0% or 20% coinsurance for kidney disease education services</p>	<p>General</p> <p>Authorization rules may apply.</p> <p>In-Network</p> <p>0% or 20% of the cost for renal dialysis*</p> <p>0% or 20% of the cost for kidney disease education services*</p>
<p>25. Outpatient Prescription Drugs</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>Drugs covered under Medicare Part B</p> <p>General</p> <p>\$0 annual deductible for Part B-covered drugs.*</p> <p>0% or 20% of the cost for Part B-covered chemotherapy drugs and other Part B-covered drugs.*</p> <p>Drugs covered under Medicare Part D</p> <p>General</p> <p>This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at http://www.abrazoadvantage.com on the web.</p> <p>Different out-of-pocket costs may apply for people who</p> <ul style="list-style-type: none"> – have limited incomes,

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)
		<ul style="list-style-type: none"> – live in long term care facilities, or – have access to Indian/Tribal/Urban (Indian Health Service) providers. <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 you, the plan, and Medicare.</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 Plus (HMO SNP) 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 http://www.medicare.gov.</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>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-sharing amount.</p> <p>If you request a formulary exception for a drug and Abrazo Advantage Plus approves the exception you pay the generic cost share for generic drugs and the brand cost share for brand drugs.</p> <p>In-Network</p> <p>You pay a \$0 annual deductible.</p> <p>Initial Coverage</p> <p>Depending on your income and institutional status, you pay the following:</p> <p>For generic drugs (including brand drugs treated as generic), either:</p> <ul style="list-style-type: none"> – A \$0 copay or – A \$1.10 copay or – A \$2.60 copay <p>For all other drugs, either:</p> <ul style="list-style-type: none"> – A \$0 copay or – A \$3.30 copay or – A \$6.50 copay. <p>Retail Pharmacy</p> <p>You can get drugs the following way(s):</p> <ul style="list-style-type: none"> – one-month (30-day) supply <p>Long Term Care Pharmacy</p> <p>You can get drugs the following way(s):</p> <ul style="list-style-type: none"> – one-month (31-day) supply

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>Mail Order</p> <p>You can get drugs the following way(s):</p> <ul style="list-style-type: none"> – one-month (30-day) supply <p>Catastrophic Coverage</p> <p>After your yearly out-of-pocket drug costs reach \$4,700 you pay a \$0 copay.</p> <p>Out-of-Network</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 Plus (HMO SNP).</p> <p>You can get drugs the following way:</p> <ul style="list-style-type: none"> – one-month (30-day) supply <p>Out-of-Network Initial Coverage</p> <p>Depending on your income and institutional status, you will be reimbursed by Abrazo Advantage Plus (HMO SNP) up to the plan’s cost of the drug minus the following:</p> <p>For generic drugs purchased out-of-network (including brand drugs treated as generic), either:</p> <ul style="list-style-type: none"> – A \$0 copay or

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)
		<ul style="list-style-type: none"> – A \$1.10 copay or – A \$2.60 copay <p>For all other drugs purchased out-of-network, either:</p> <ul style="list-style-type: none"> – A \$0 copay or – A \$3.30 copay or – A \$6.50 copay. <p>Out-of-Network Catastrophic Coverage</p> <p>After your yearly out-of-pocket drug costs reach \$4,700, you will be reimbursed in full for drugs purchased out-of-network.</p>
<p>26. Dental Services</p>	<p>Preventive dental services (such as cleaning) not covered.</p>	<p>In-Network</p> <p>\$0 copay for the following preventive dental benefits:</p> <ul style="list-style-type: none"> – up to 2 oral exam(s) every year – up to 2 cleaning(s) every year – up to 2 fluoride treatment(s) every year – up to 1 dental x-ray(s) every year <p>0% or 20% of the cost for Medicare-covered dental benefits*</p> <p>Plan offers additional comprehensive dental benefits.</p> <p>\$500 plan coverage limit for comprehensive dental benefits every year</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>27. Hearing Services</p>	<p>Supplemental routine hearing exams and hearing aids not covered.</p> <p>0% or 20% coinsurance for diagnostic hearing exams.</p>	<p>General</p> <p>Authorization rules may apply.</p> <p>In-Network</p> <p>\$0 copay for hearing aids.</p> <ul style="list-style-type: none"> – 0% or 20% of the cost for Medicare-covered diagnostic hearing exams* – 0% of the cost for up to 1 supplemental routine hearing exam(s) every year <p>\$700 plan coverage limit for hearing aids every two years.</p>
<p>28. Vision Services</p>	<p>0% or 20% coinsurance for diagnosis and treatment of diseases and conditions of the eye.</p> <p>Supplemental routine eye exams and glasses not covered.</p> <p>Medicare pays for one pair of eyeglasses or contact lenses after cataract surgery.</p> <p>Annual glaucoma screenings covered for people at risk.</p>	<p>General</p> <p>Authorization rules may apply.</p> <p>In-Network</p> <p>\$0 copay for</p> <ul style="list-style-type: none"> – one pair of eyeglasses or contact lenses after cataract surgery * – up to 1 pair(s) of glasses every year – up to 1 pair(s) of contacts every year – 0% or 20% of the cost for exams to diagnose and treat diseases and conditions of the eye.* – 0% of the cost for up to 1 supplemental routine eye exam(s) every year <p>\$175 plan coverage limit for eye wear every year.</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)
Over-the-Counter Items	Not covered.	General Please visit our plan website to see our list of covered Over-the-Counter items. OTC items may be purchased only for the enrollee. Please contact the plan for specific instructions for using this benefit.
Transportation (Routine)	Not covered.	In-Network This plan does not cover supplemental routine transportation.
Acupuncture	Not covered.	In-Network This plan does not cover Acupuncture.

Relax. When you're a member of Abrazo Advantage Plus (HMO SNP) you can count on receiving benefits beyond Original Medicare. These benefits are covered the first day of your policy.

SMILE YOU HAVE DENTAL COVERAGE

Exams, Cleanings and X-Ray(s)

When you want a healthy smile and good oral health, dental coverage is a must. Our members don't pay a dime out of pocket to receive the basics they need to help prevent periodontal (gum) disease – that's great news because gum and tooth disease is linked to diabetes, stroke and heart disease. With Abrazo Advantage Plus you receive:

2 Oral Exams each year

2 Cleanings each year

2 Fluoride treatments each year

One dental x-ray(s) each year

\$500 allowance for comprehensive dental services

BUY MORE AT YOUR DRUGSTORE

Over-the-Counter Drugs

Even quick visits to your local drug store can be expensive. Whether its aspirin or antacid, vitamins or first-aid supplies, cold medicine or eye drops, the supplies you need to stay healthy include more than just prescriptions. With \$52.50 each quarter to spend on over-the-counter medicines, you can shop for what you need when you need it. Relax. Run in for just a few things, we have you covered.

PUTTING YOUR BEST FEET FORWARD!

Podiatry Services

If bunions, hammertoes, and corns weren't bad enough, they can also be a contributing factor in falls – the leading cause of injury deaths for Americans 65 and older. For Abrazo Advantage Plus members with foot pain it's easy to visit your podiatrist for routine foot care four times a year for \$0 copay.

SEE THE DIFFERENCE!

Vision Services

When Abrazo Advantage Plus members look to us for their health care needs they see through their latest eyeglass prescription. You won't have to worry about how much you're going to pay for a routine vision exam, glasses or contacts because each year your benefits include:

Routine Eye Exam

\$175 credit towards glasses and/or contacts

WE'RE LISTENING

Hearing Services

Nearly half of adults over age 65 have some form of hearing loss . Unfortunately, many people with hearing loss have trouble understanding their doctor's instructions, responding to warnings or hearing doorbells and alarms. With Abrazo Advantage Plus you'll receive a \$700 credit for hearing aids every two years and a supplemental routine hearing exam every year.

24 HOUR NURSE ADVICE LINE

When YOU Need Answers NOW!

We know you have questions after normal business hours. You want reliable answers from trusted health care professionals. We make it easy for Abrazo Advantage Plus members to have access to registered nurses 24 hours a day, seven days a week.

Medicaid is a joint Federal and State program that helps pay medical costs for individuals with limited income and resources. In the State of Arizona the Medicaid program is called the Arizona Health Care Cost Containment System (AHCCCS).

Individuals with Medicare Part A and/or Part B, who have limited income and resources, may get help paying for their out-of-pocket medical expenses through AHCCCS. These programs help individuals with Medicare save money each year. People who qualify for both Medicare and AHCCCS are called “dual eligibles.” AHCCCS pays the Medicare Part B premium per month as long as you are eligible.

To find out your level of Medicaid contact AHCCCS directly at 602-417-4000 or toll free: 1-800-654-8713

The services listed on the next page are available only to those Special Needs Plan members eligible under Medicaid for medical services.

MEDICARE ADVANTAGE SPECIAL NEEDS PLAN FOR THE DUAL ELIGIBLE / ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM 2012 BENEFITS

In order for you to better understand your health care options, the following chart notes your charge for certain services under the Arizona Health Care Cost Containment System (Medicaid) and as a – Dual member.

Benefit	Arizona Health Care Cost Containment System (AHCCCS) – QMB Dual Eligible	Arizona Health Care Cost Containment System (AHCCCS) – Non QMB Dual Eligible	Abrazo Advantage Plus HMO Special Needs Plan – Dual
ACUTE AND LONG TERM CARE MEDICAID			
Inpatient Hospital Visit	\$0	\$0 <i>For age 21 and over limited to 25 days per 1 year period beginning October 1st of each year.</i>	\$0 copay
Inpatient Mental Health Care	\$0	\$0	\$0 copay
Skilled Nursing Facility Services	\$0	\$0	\$0 copay
Home Health Care Visits	\$0	\$0	\$0 copay

Benefit	Arizona Health Care Cost Containment System (AHCCCS) – QMB Dual Eligible	Arizona Health Care Cost Containment System (AHCCCS) – Non QMB Dual Eligible	Abrazo Advantage Plus HMO Special Needs Plan – Dual
Primary Care Physician Visit	\$0	\$0 to \$5 depending on eligibility * for age 19 and over. \$0 for age 18 and under. <i>Well Exams not covered for age 21 and over.</i>	\$0 copay
Specialist Visit	\$0	\$0 to \$5 depending on eligibility * for age 19 and over. \$0 for age 18 and under. <i>Well Exams not covered for age 21 and over.</i>	\$0 copay
Medicare-Covered Chiropractic Care Visit	\$0	\$0 for age 20 and under <i>Not covered for people age 21 and over.</i>	\$0 copay
Podiatry Services Visit	\$0	\$0 for age 21 and over and if furnished by a provider other than a Podiatrist. \$0 for people age 20 and under <i>If furnished by a Podiatrist – Not covered for people age 21 and over.</i>	\$0 copay
Outpatient Mental Health Care Visit	\$0	\$0	\$0 copay
Outpatient Substance Abuse Care Visit	\$0	\$0	\$0 copay

Benefit	Arizona Health Care Cost Containment System (AHCCCS) – QMB Dual Eligible	Arizona Health Care Cost Containment System (AHCCCS) – Non QMB Dual Eligible	Abrazo Advantage Plus HMO Special Needs Plan – Dual
Ambulatory Surgical Center or Outpatient Hospital Facility Visit	\$0	\$0 to \$3 depending on eligibility * for age 19 and over. \$0 for age 18 and under.	\$0 copay
Ambulance Services	\$0	\$0	\$0 copay
Emergency Room Visit	\$0	\$30 for Non-Emergency use of the ER depending on eligibility * for age 19 and over. \$0 for all others.	\$0 copay
Urgently Needed Care Visit	\$0	\$0 to \$5 depending on eligibility * for age 19 and over. \$0 for age 18 and under.	\$0 copay
Outpatient Occupational/ Physical/Speech Therapy Visit	\$0	\$0 to \$3 depending on eligibility * for age 19 and over. \$0 for age 18 and under.	\$0 copay
Durable Medical Equipment	\$0	\$0 <i>Orthotics not covered for people age 21 and over.</i>	\$0 copay
Prosthetic Devices	\$0	\$0. <i>Lower Limb microprocessor controlled limb or joint not covered people age 21 and over.</i>	\$0 copay
Diabetes Self-Monitoring Training & Supplies	\$0	\$0	\$0 copay

Benefit	Arizona Health Care Cost Containment System (AHCCCS) – QMB Dual Eligible	Arizona Health Care Cost Containment System (AHCCCS) – Non QMB Dual Eligible	Abrazo Advantage Plus HMO Special Needs Plan – Dual
Diagnostic Tests, X-rays and Lab Services	\$0	\$0	\$0 copay
Colorectal Screenings and Exams	\$0	\$0 for screening tests \$0 for people age 20 and under. <i>People age 21 and older – screening exams is not covered; however the screening itself is.</i>	\$0 copay
Flu & Pneumonia Vaccines	\$0	\$0	\$0 copay
Screening Mammogram	\$0	\$0	\$0 copay
Pap Smear & Pelvic Exam	\$0	\$0 \$0 for people age 20 and under. <i>People age 21 and older – screening exams is not covered; however the screening itself is.</i>	\$0 copay
Prostate Cancer Screening	\$0	\$0 \$0 for people age 20 and under. <i>People age 21 and older – screening exams is not covered; however the screening itself is.</i>	\$0 copay
Renal Dialysis or Nutritional Therapy for End-Stage Renal Disease	\$0	\$0	\$0 copay

Benefit	Arizona Health Care Cost Containment System (AHCCCS) – QMB Dual Eligible	Arizona Health Care Cost Containment System (AHCCCS) – Non QMB Dual Eligible	Abrazo Advantage Plus HMO Special Needs Plan – Dual
Prescription Drugs – Generic	\$0	\$0 to \$4 depending on eligibility * for age 19 and over. \$0 for age 18 and under.	\$0 – \$2.60
Prescription Drugs – Brand	\$0	\$0 to \$10 depending on eligibility * for age 19 and over. \$0 for age 18 and under.	\$0 – \$6.50
Hearing Exams, Routine Hearing Tests, Fitting Evaluations for a Hearing Aid & Hearing Aid	\$0 for people age 20 and under <i>Not covered for people age 21 and over.</i>	\$0 for people age 20 and under <i>Not covered for people age 21 and over.</i>	\$0 copay
Yearly Routine Eye Exam, Eyeglasses, Contact Lenses, Lenses and Frames	\$0 for people age 20 and under <i>Not covered for people age 21 and over unless following cataracts surgery.</i>	\$0 for people age 20 and under <i>Not covered for people age 21 and over.</i>	\$0 copay
Transportation	\$0	\$0	Plan does not cover supplemental routine transportation
Respite	\$0 <i>Subject to a 600 hour limit per 1 year period beginning October 1st of each year.</i>	\$0 <i>Subject to a 600 hour limit per 1 year period beginning October 1st of each year.</i>	Medicare pays only if member is getting hospice care.
PREVENTIVE SERVICES			
Nursing Facility	Member Contribution determined by Medicaid Agency	Member Contribution determined by Medicaid Agency	Member Contribution determined by Medicaid Agency

Benefit	Arizona Health Care Cost Containment System (AHCCCS) – QMB Dual Eligible	Arizona Health Care Cost Containment System (AHCCCS) – Non QMB Dual Eligible	Abrazo Advantage Plus HMO Special Needs Plan – Dual
Home and Community Based Services	Member Contribution determined by Medicaid Agency	Member Contribution determined by Medicaid Agency	Member Contribution determined by Medicaid Agency

* Refer to the AHCCCS Website for additional Co-Pay and Benefit related information at <http://www.azahcccs.gov>.



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!

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.

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

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.