

Abrazo Advantage Plus Plan (HMO)

2010 Summary of Benefits

January 1, 2010
to December 31, 2010



7878 N. 16th Street, Suite 105
Phoenix, AZ 85020

Member Services:
7 days a week, 8:00 a.m. to 8:00 p.m.
602-824-3900 or 1-888-864-1114

Hearing Impaired Assistance TTY/TDD: 602-824-3909 or 800-489-1472
Monday - Friday, 8:00 a.m. to 5:00 p.m. or call 800-842-4681 to access
the Arizona Relay Service after hours, on weekends and holidays.

INTRODUCTION TO THE SUMMARY OF BENEFITS

for ABRAZO ADVANTAGE PLUS (HMO)

January 1, 2010 - December 31, 2010

SECTION I

Thank you for your interest in Abrazo Advantage Plus (HMO). Our plan is offered by ABRAZO ADVANTAGE HEALTH PLAN, a Medicare Advantage Health Maintenance Organization (HMO) Special Needs Plan. 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) 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) 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). 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) 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) 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) AVAILABLE?

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

WHO IS ELIGIBLE TO JOIN ABRAZO ADVANTAGE PLUS (HMO)?

You can join Abrazo Advantage Plus (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 generally are not eligible to enroll in Abrazo Advantage Plus (HMO) 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 plan to see if you are eligible to join.

CAN I CHOOSE MY DOCTORS?

Abrazo Advantage Plus (HMO) has formed a network of doctors, specialists, and hospitals. You can only use doctors who are part of our network. The health

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providers in our network can change at any time. You can ask for a current Provider Directory or for an up-to-date list visit us at 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. Neither Abrazo Advantage Plus (HMO) nor the Original Medicare Plan will pay for these services.

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

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

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

Abrazo Advantage Plus (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 AbrazoAdvantage.com. Our customer service number is listed at the end of this introduction.

WHAT IS A PRESCRIPTION DRUG FORMULARY?

Abrazo Advantage Plus (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 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?

You may be able to get extra help to pay for your prescription drug premiums and 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
- * 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 year at a time. Each year, the plans decide whether to continue for another year. Even if a Medicare Advantage Plan leaves the program, you will not lose Medicare coverage. If a plan decides not to continue, it must send you a letter at least 60 days before your coverage will end. The letter will explain your options for Medicare coverage in your area.

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As a member of Abrazo Advantage Plus (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, Health Services Advisory Group (HSAG), 1-800-359-9909.

As a member of Abrazo Advantage Plus (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, Health Services Advisory Group (HSAG), 1-800-359-9909.

WHAT IS A MEDICATION THERAPY MANAGEMENT (MTM) PROGRAM?

A Medication Therapy Management (MTM) Program is a free service we may 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) 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) 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.

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- 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 provided through DME.

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 www.medicare.gov and select "Compare

Medicare Prescription Drug Plans" or "Compare Health Plans and Medigap Policies in Your Area" to compare the plan ratings for Medicare plans in your area. You can also call us directly at (602) 824-3900 or (888) 864-1114 if outside of Maricopa County to obtain a copy of the plan ratings for this plan. TTY/TDD users call (602) 824-3909 or (800) 489-1472 Monday-Friday, 8:00 a.m. to 5:00 p.m. or call (800) 842-4681 to access the Arizona Relay System after hours, on weekends and holidays.

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

Visit us at 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/or the 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/or the 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 www.medicare.gov on the web.

If you have special needs, this document may be available in other formats.

SUMMARY OF BENEFITS

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

BENEFIT CATEGORY	ORIGINAL MEDICARE	ABRAZO ADVANTAGE PLUS (HMO)
SECTION II – 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>Most Medicare beneficiaries will continue to pay the same \$0 or \$96.40 Part B premium amount in 2010 and the yearly deductible amount is \$0 or \$155.</p> <p>If a doctor or supplier does not accept assignment, their costs are often higher, which means you pay more.</p>	<p>General \$24.80 monthly plan premium in addition to your monthly Medicare Part B premium.</p> <p>*All cost sharing in this summary of benefits is based on your level of Medicaid eligibility.</p> <p>In-Network In 2010 the yearly Part B deductible amount is \$0 or \$155.* Contact the plan for services that apply.</p>
<p>2. Doctor and Hospital Choice (For more information, see Emergency - #15 and Urgently Needed Care - #16.)</p>	<p>You may go to any doctor, specialist or hospital that accepts Medicare.</p>	<p>In-Network You must go to network doctors, specialists, and hospitals.</p> <p>Referral required for network specialists (for certain benefits).</p>
INPATIENT CARE		
<p>3. Inpatient Hospital Care (includes Substance Abuse and Rehabilitation Services)</p>	<p>In 2010 the amounts for each benefit period,</p> <p>\$0 or: Days 1 - 60: \$1,100 deductible* Days 61 - 90: \$275 per day* Days 91 - 150: \$550 per lifetime reserve day*</p> <p>Call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days.</p>	<p>In-Network In 2010 the amounts for each benefit period,</p> <p>\$0 or: Days 1 - 60: \$1,100 deductible* Days 61 - 90: \$275 per day* Days 91 - 150: \$550 per lifetime reserve day*</p>

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<p>3. Inpatient Hospital Care (includes Substance Abuse and Rehabilitation Services) <i>(continued...)</i></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. There is no limit to the number of benefit periods you can have.</p>	<p>You will not be charged additional cost sharing for professional services.</p> <p>Plan covers 90 days each benefit period.</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>
<p>4. Inpatient Mental Health Care</p>	<p>Same deductible and copay as inpatient hospital care (see “Inpatient Hospital Care” above).</p> <p>190 day lifetime limit in a Psychiatric Hospital.</p>	<p>In-Network Same deductible and copay as inpatient hospital care (see “Inpatient Hospital Care”)</p> <p>You get up to 190 days in a Psychiatric Hospital in a lifetime.</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>
<p>5. Skilled Nursing Facility (SNF) (in a Medicare-certified skilled nursing facility)</p>	<p>In 2010 the amounts for each benefit period after at least a 3-day covered hospital stay are:</p> <p>Days 1 - 20: \$0 per day* Days 21 - 100: \$0 or \$ \$137.50 per day*</p> <p>100 days for each benefit period.</p>	<p>General Authorization rules may apply.</p> <p>In-Network In 2010 the amounts for each benefit period after at least a 3-day covered hospital stay are:</p>

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BENEFIT CATEGORY	ORIGINAL MEDICARE	ABRAZO ADVANTAGE PLUS (HMO)
<p>5. Skilled Nursing Facility (SNF) (in a Medicare-certified skilled nursing facility) <i>(continued...)</i></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. There is no limit to the number of benefit periods you can have.</p>	<p>\$0 or: Days 1 - 20: \$0 per day* Days 21 - 100: \$137.50 per day*</p> <p>You will not be charged additional cost sharing for professional services.</p> <p>Plan covers up to 100 days each benefit period</p> <p>3-day prior hospital stay is required.</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.</p> <p>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.</p> <p>You must get care from a Medicare-certified hospice.</p>	<p>General You must get care from a Medicare-certified hospice.</p>

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OUTPATIENT CARE		
<p>8. Doctor Office Visits</p>	<p>0% or 20% coinsurance</p>	<p>General See “Physical Exams,” for more information.</p> <p>Authorization rules may apply.</p> <p>In-Network 0% or 20% of the cost for each primary care doctor visit for Medicare-covered benefits.*</p> <p>0% or 20% of the cost for each in-area, network urgent care Medicare-covered visit.*</p> <p>0% or 20% of the cost for each specialist visit for Medicare-covered benefits.*</p>
<p>9. Chiropractic Services</p>	<p>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.*</p> <p>up to 12 routine visit(s) every year</p> <p>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>

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10. Podiatry Services	<p>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.*</p> <p>Medicare-covered podiatry benefits are for medically-necessary foot care.</p>
11. Outpatient Mental Health Care	<p>0% or 45% coinsurance for most outpatient mental health services.</p>	<p>General Authorization rules may apply.</p> <p>In-Network 0% or 45% of the cost for each Medicare-covered individual or group therapy visit.*</p> <p>0% or 20% of the cost for each Medicare-covered individual or group therapy visit with a psychiatrist.*</p>
12. Outpatient Substance Abuse Care	<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 individual or group visits.*</p>

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<p>13. Outpatient Services/Surgery</p>	<p>0% or 20% coinsurance for the doctor</p> <p>0% or 20% of outpatient facility charges</p>	<p>General Authorization rules may apply.</p> <p>In-Network 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>
<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</p> <p>0% or 20% of facility charge</p> <p>You don't have to pay the emergency room copay if you are admitted to the hospital 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% (up to \$50) of the cost 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 immediately admitted to the hospital, you pay \$0 for the emergency room visit.</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>

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<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>
<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.*</p> <p>0% or 20% of the cost for Medicare-covered Physical and/or Speech/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>

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<p>20. Diabetes Self-Monitoring Training, Nutrition Therapy, and Supplies (includes coverage for glucose monitors, test strips, lancets, screening tests, and self-management training)</p>	<p>0% or 20% coinsurance</p> <p>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 or include a nutritional assessment and counseling to help you manage your diabetes or kidney disease.</p>	<p>In-Network 0% or 20% of the cost for Diabetes self-monitoring training.*</p> <p>0% or 20% of the cost for Nutrition Therapy for Diabetes.*</p> <p>0% or 20% of the cost for Diabetes supplies.*</p>
<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 routine screening tests, like checking your cholesterol.</p>	<p>General Authorization rules may apply.</p> <p>In-Network 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.*</p> <p>0% or 20% of the cost for Medicare-covered therapeutic radiology services.*</p>

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PREVENTIVE SERVICES		
<p>22. Bone Mass Measurement (for people with Medicare who are at risk)</p>	<p>0% or 20% coinsurance</p> <p>Covered once every 24 months (more often if medically necessary) if you meet certain medical conditions.</p>	<p>General Authorization rules may apply.</p> <p>In-Network 0% or 20% of the cost for Medicare-covered bone mass measurement.*</p>
<p>23. Colorectal Screening Exams (for people with Medicare age 50 and older)</p>	<p>0% or 20% coinsurance</p> <p>Covered when you are high risk or when you are age 50 and older.</p>	<p>In-Network 0% or 20% of the cost for Medicare-covered colorectal screenings.*</p>
<p>24. Immunizations (Flu vaccine, Hepatitis B vaccine - for people with Medicare who are at risk, Pneumonia vaccine)</p>	<p>\$0 copay for Flu and Pneumonia vaccines</p> <p>0% or 20% coinsurance for Hepatitis B vaccine</p> <p>You may only need the Pneumonia vaccine once in your lifetime. Call your doctor for more information.</p>	<p>In-Network \$0 copay for Flu and Pneumonia vaccines.</p> <p>No referral needed for Flu and Pneumonia vaccines.</p> <p>0% or 20% of the cost for Hepatitis B vaccine.*</p>
<p>25. Mammograms (Annual Screening) (for women with Medicare age 40 and older)</p>	<p>0% or 20% coinsurance</p> <p>No referral needed.</p> <p>Covered once a year for all women with Medicare age 40 and older. One baseline mammogram covered for women with Medicare between age 35 and 39.</p>	<p>In-Network 0% or 20% of the cost for Medicare-covered screening mammograms.*</p>

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<p>26. Pap Smears and Pelvic Exams (for women with Medicare)</p>	<p>\$0 copay for Pap smears</p> <p>Covered once every 2 years. Covered once a year for women with Medicare at high risk.</p> <p>0% or 20% coinsurance for Pelvic Exams</p>	<p>In-Network 0% or 20% of the cost for Medicare-covered pap smears and pelvic exams.*</p>
<p>27. Prostate Cancer Screening Exams (for men with Medicare age 50 and older)</p>	<p>0% or 20% coinsurance for the digital rectal exam.</p> <p>\$0 for the PSA test; 0% or 20% coinsurance for other related services.</p> <p>Covered once a year for all men with Medicare over age 50.</p>	<p>In-Network 0% or 20% of the cost for Medicare-covered prostate cancer screening.*</p>
<p>28. End-Stage Renal Disease</p>	<p>0% or 20% coinsurance for renal dialysis</p> <p>0% or 20% coinsurance for Nutrition Therapy for End-Stage Renal Disease</p> <p>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 or include a nutritional assessment and counseling to help you manage your diabetes or kidney disease.</p>	<p>General Authorization rules may apply.</p> <p>In-Network 0% or 20% of the cost for renal dialysis*</p> <p>0% or 20% of the cost for Nutrition Therapy for End-Stage Renal Disease.*</p>

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

BENEFIT CATEGORY	ORIGINAL MEDICARE	ABRAZO ADVANTAGE PLUS (HMO)
<p>29. 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 General \$0 yearly 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 General This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at 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, - live in long term care facilities, or - have access to Indian/Tribal/Urban (Indian Health Service). <p>The plan offers national in-network prescription coverage (i.e., this would include 50 states and DC). 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>

SUMMARY OF BENEFITS

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

BENEFIT CATEGORY	ORIGINAL MEDICARE	ABRAZO ADVANTAGE PLUS (HMO)
<p>29. Prescription Drugs (continued...)</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) 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 for these drugs that cannot be met by most pharmacies in your network. These drugs are listed on the plan's website, formulary, and printed materials, as well as on the Medicare Prescription Drug Plan Finder on Medicare.gov.</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-sharing amount.</p> <p>In-Network You pay a \$0 yearly deductible.</p>

SUMMARY OF BENEFITS

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

BENEFIT CATEGORY	ORIGINAL MEDICARE	ABRAZO ADVANTAGE PLUS (HMO)
<p>29. Prescription Drugs (continued...)</p>		<p>Initial Coverage 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 \$2.50 copay <p>For all other drugs, either:</p> <ul style="list-style-type: none"> - A \$0 copay or - A \$3.30 copay or - A \$6.30 copay. <p>Retail Pharmacy 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 You can get drugs the following way(s):</p> <ul style="list-style-type: none"> - one-month (31-day) supply <p>Mail Order You can get drugs the following way(s):</p> <ul style="list-style-type: none"> - one-month (30-day) supply <p>Catastrophic Coverage After your yearly out-of-pocket drug costs reach \$4,550, you pay a \$0 copay.</p>

SUMMARY OF BENEFITS

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

BENEFIT CATEGORY	ORIGINAL MEDICARE	ABRAZO ADVANTAGE PLUS (HMO)
<p>29. Prescription Drugs (continued...)</p>		<p>Out-of-Network 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).</p> <p>You can get drugs the following way: - one-month (30-day) supply</p> <p>Out-of-Network Initial Coverage Depending on your income and institutional status, you will be reimbursed by Abrazo Advantage Plus (HMO) up to the full cost of the drug minus the following:</p> <p>For generic drugs purchased out-of-network (including brand drugs treated as generic), either: - A \$0 copay or - A \$1.10 copay or - A \$2.50 copay</p>

SUMMARY OF BENEFITS

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

BENEFIT CATEGORY	ORIGINAL MEDICARE	ABRAZO ADVANTAGE PLUS (HMO)
<p>29. Prescription Drugs (continued...)</p>		<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 \$6.30 copay. <p>Out-of-Network Catastrophic Coverage After your yearly out-of-pocket drug costs reach \$4,550, you will be reimbursed in full for drugs purchased out-of-network.</p>
<p>30. Dental Services</p>	<p>Preventive dental services (such as cleaning) not covered.</p>	<p>In-Network In general, preventive dental benefits (such as cleaning) not covered.</p> <p>0% or 20% of the cost for Medicare-covered dental benefits.*</p>
<p>31. Hearing Services</p>	<p>Routine hearing exams and hearing aids not covered.</p> <p>0% or 20% coinsurance for diagnostic hearing exams.</p>	<p>General Authorization rules may apply.</p> <p>In-Network \$0 copay for Medicare-covered diagnostic hearing exams*</p> <ul style="list-style-type: none"> - up to 1 routine hearing test(s) every year <p>\$0 copay for hearing aids.</p> <p>\$1,000 limit for hearing aids every year.</p>

SUMMARY OF BENEFITS

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

BENEFIT CATEGORY	ORIGINAL MEDICARE	ABRAZO ADVANTAGE PLUS (HMO)
<p>32. Vision Services</p>	<p>0% or 20% coinsurance for diagnosis and treatment of diseases and conditions of the eye.</p> <p>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 Authorization rules may apply.</p> <p>In-Network \$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.* - 20% of the cost for up to 1 routine eye exam(s) every year - \$250 limit for eye wear every year.
<p>33. Physical Exams</p>	<p>0% or 20% coinsurance for one exam within the first 12 months of your new Medicare Part B coverage</p> <p>When you get Medicare Part B, you can get a one time physical exam within the first 12 months of your new Part B coverage. The coverage does not include lab tests.</p>	<p>In-Network 20% of the cost for routine exams.</p> <p>Limited to 1 exam(s) every year.</p> <p>0% to 20% of the cost for Medicare-covered benefits*</p>

SUMMARY OF BENEFITS

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

BENEFIT CATEGORY	ORIGINAL MEDICARE	ABRAZO ADVANTAGE PLUS (HMO)
Health/Wellness Education	Smoking Cessation: Covered if ordered by your doctor. Includes two counseling attempts within a 12-month period if you are diagnosed with a smoking-related illness or are taking medicine that may be affected by tobacco. Each counseling attempt includes up to four face-to-face visits. You pay coinsurance, and Part B deductible applies.	<p>General Please visit our plan website to see our list of covered Over-the-Counter items.</p> <p>OTC items may be purchased only for the enrollee.</p> <p>Please contact the plan for specific instructions for using this benefit.</p> <p>In-Network \$0 copay for each Medicare-covered smoking cessation counseling session.*</p>
Transportation (Routine)	Not covered.	<p>In-Network This plan does not cover routine transportation.</p>
Acupuncture	Not covered.	<p>In-Network This plan does not cover Acupuncture.</p>

SECTION IV

Title XIX – Medicaid

Most people who are eligible for Medicaid medical benefits do not pay the Abrazo Advantage Plus (HMO) plan premium. Medicaid pays the Medicare Part B premium of \$96.40 per month as long as you are eligible for Medicaid. To find out your level of Medicaid coverage, please call our Member Services Department (602) 824-3900 or (888) 864-1114 if outside of Maricopa County. (TTY/TDD only, call (602) 824-3909 or (800) 489-1472. Hours are seven days a week 8:00 a.m. to 8:00 p.m.

If you qualify for Extra Help with your prescription drugs, the government pays Abrazo Advantage Health Plan \$24.80 Medicare Prescription Drug Premium for you.

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 an Abrazo Advantage Plus (HMO) – Dual member.

BENEFIT CATEGORY	MEDICAID	ABRAZO ADVANTAGE PLUS (HMO)
Inpatient Hospital Services	In-Network \$0 copay for Medicaid-covered services	In-Network \$0 copay for Medicaid-covered services
Inpatient Mental Health Care	In-Network \$0 copay for Medicaid-covered services	In-Network \$0 copay for Medicaid-covered services
Skilled Nursing Facility Services	In-Network \$0 copay for Medicaid-covered services	In-Network \$0 copay for Medicaid-covered services
Home Health Care Visits	In-Network \$0 copay for Medicaid-covered services	In-Network \$0 copay for Medicaid-covered services
Primary Care Provider Services	In-Network \$1 copay for Medicaid-covered services	In-Network \$0 copay for Medicaid-covered services
Specialist Visits	In-Network \$1 copay for Medicaid-covered services	In-Network \$0 copay for Medicaid-covered services

BENEFIT CATEGORY	MEDICAID	ABRAZO ADVANTAGE PLUS (HMO)
Chiropractic Care Visit	In-Network \$1 copay for Medicaid-covered services	In-Network See Section II, page 8 under Chiropractic Services (#9) for services covered by Abrazo Advantage Plus (HMO)
Podiatry Services Visit	In-Network \$1 copay for Medicaid-covered services	In-Network \$0 copay for Medicaid-covered services
Outpatient Mental Health Care Visit	In-Network \$0 copay for Medicaid-covered services	In-Network \$0 copay for Medicaid-covered services
Outpatient Substance Abuse Visit	In-Network \$0 copay for Medicaid-covered services	In-Network \$0 copay for Medicaid-covered services
Ambulatory Surgical Center or Outpatient Hospital Facility Visit	In-Network \$0 copay for Medicaid-covered services	In-Network \$0 copay for Medicaid-covered services
Ambulance Services	In-Network \$0 copay for Medicaid-covered services	In-Network \$0 copay for Medicaid-covered services
Emergency Room Visit	In-Network \$0 copay for Medicaid-covered services	In-Network \$0 copay for Medicaid-covered services
Urgently Needed Care Visit	In-Network \$0 copay for Medicaid-covered services	In-Network \$0 copay for Medicaid-covered services
Outpatient Occupational/Physical/Speech Therapy Visit	In-Network \$0 copay for Medicaid-covered services	In-Network \$0 copay for Medicaid-covered services
Durable Medical Equipment	In-Network \$0 copay for Medicaid-covered services	In-Network \$0 copay for Medicaid-covered services
Prosthetic Devices	In-Network \$0 copay for Medicaid-covered services	In-Network \$0 copay for Medicaid-covered services

BENEFIT CATEGORY	MEDICAID	ABRAZO ADVANTAGE PLUS (HMO)
Diabetes Self-Monitoring Training & Supplies	In-Network \$0 copay for Medicaid-covered services	In-Network \$0 copay for Medicaid-covered services
Diagnostic Tests, X-rays and Lab Services	In-Network \$0 copay for Medicaid-covered services	In-Network \$0 copay for Medicaid-covered services
Colorectal Screening	In-Network \$0 copay for Medicaid-covered services	In-Network \$0 copay for Medicaid-covered services
Flu & Pneumonia Vaccines	In-Network \$0 copay for Medicaid-covered services	In-Network \$0 copay for Medicaid-covered services
Screening Mammogram	In-Network \$0 copay for Medicaid-covered services	In-Network \$0 copay for Medicaid-covered services
Pap Smear & Pelvic Exam	In-Network \$0 copay for Medicaid-covered services	In-Network \$0 copay for Medicaid-covered services
Prostate Cancer Screening	In-Network \$0 copay for Medicaid-covered services	In-Network \$0 copay for Medicaid-covered services
Renal Dialysis or Nutritional Therapy for End-Stage Renal Disease	In-Network \$0 copay for Medicaid-covered services	In-Network \$0 copay for Medicaid-covered services
Hearing Exams, Routine Hearing Tests, Fitting Evaluations for a Hearing Aid & Hearing Aid	Not covered for people over age 21 \$0 for age 21 and under	In-Network See Section II, page 19 under Hearing Services (#31) for services covered by Abrazo Advantage Plus (HMO)
Yearly Routine Eye Exam, Eyeglasses, Contact Lenses, Lenses & Frames	Not covered for people over age 21 \$0 for age 21 and under	In-Network See Section II, page 20 under Vision Services (#32) for services covered by Abrazo Advantage Plus (HMO)
Transportation	In-Network \$0 copay for Medicaid-covered services	In-Network \$0 copay for Medicaid-covered services

BENEFIT CATEGORY	MEDICAID	ABRAZO ADVANTAGE PLUS (HMO)
LONG TERM CARE ONLY		
Nursing Facility	Member Contribution determined by Medicaid Agency	Member Contribution determined by Medicaid Agency
Home and Community Based Services	Member Contribution determined by Medicaid Agency	Member Contribution determined by Medicaid Agency

