



SUMMARY OF BENEFITS

Mercy Care Advantage (HMO SNP)



2027

Summary of Benefits

Mercy Care Advantage (HMO SNP)

January 1, 2027 – December 31, 2027
H5580-001, 004, 005

Mercy Care Advantage is an HMO SNP with a Medicare contract and a contract with the Arizona Medicaid Program. Enrollment in Mercy Care Advantage depends on contract renewal.

H5580_27_004_M

Summary of Benefits



Medical benefit highlights

Covered Services	Your cost in our plan
Monthly Plan Premium	\$0
Deductible/Out-of-pocket limits	\$0
Inpatient/Outpatient Hospital coverage	\$0
Ambulatory Surgical Center (ASC)	\$0
Doctor Visits (Primary Care providers and Specialists)	\$0
Preventive Care	\$0
Emergency Care/Urgently Needed Services	\$0
Diagnostics Services/Lab/Imaging	\$0
Hearing Services/Dental Services/Vision Services	\$0
Mental Health Services	\$0

Good health is a team effort

With our Medicare Advantage Dual Eligible Special Needs Plan, or D-SNP, you'll have a personal care team in your corner, ready to help you reach your best health and make life easier.

- When assigned a **nurse case manager**, they are the single point of contact to help coordinate your care.
- Your **care manager** will help schedule doctor appointments, arrange rides and work with you to meet your personal needs.
- A dedicated Member Services team is available to assist with questions about your plan benefits.

Are you eligible to enroll?

To join our plan, you must:

- You must live in the Mercy Care Advantage service area, which includes all counties in the state of Arizona. Those Arizona counties are Apache, Cochise, Coconino, Gila, Graham, Greenlee, La Paz, Maricopa, Mohave, Navajo, Pima, Pinal, Santa Cruz, Yavapai and Yuma.
- Have Medicare Part A
- Have Medicare Part B
- Be enrolled with the Arizona Health Care Cost Containment System (AHCCCS) for state Medicaid benefits.

What is Dual Eligibility?

Medicaid is a joint federal and state government program that helps with medical costs for certain people with limited incomes and resources. Medicaid benefits are valuable because the state provides additional healthcare coverage and financial support based on your Medicare Savings Program (MSP) aid level (see chart below). Medicaid coverage varies and what you pay for covered services may depend on your level of Medicaid eligibility. Some people with Medicaid get help paying for their Medicare premiums and other costs. Other people may also get coverage for additional services and drugs that are covered under Medicaid but not by Medicare.

Dual Eligible Special Needs Plans (D-SNPs) are specialized Medicare Advantage plans that provide healthcare and prescription drug benefits for individuals that have both Medicare and Medicaid coverage. Individuals must meet certain plan eligibility requirements to enroll in a D-SNP plan.

Summary of Benefits



Medicare Savings Program	What it covers
Qualified Medicare Beneficiary (QMB Plus)	An individual who is a Full Benefit Dual Eligible Member entitled to Medicare, meets the Federal income standard of equal to or less than 100 percent of the Federal Poverty Level (FPL), and is determined eligible for full AHCCCS benefits. For a QMB Plus Full Benefit Dual Eligible Member, AHCCCS shall provide payment of the applicable Medicare Part A premium, the applicable Medicare Part B premium, Medicare coinsurance amounts, and Medicare deductibles for Medicare covered services.
Full Benefit Dual Eligible (FBDE)	A member who is enrolled with an AHCCCS Contractor for full Medicaid services (AHCCCS benefits) and who is also receiving both Medicare Part A and Part B services. These individuals are considered to be Full Benefit Dual Eligible Members, and include Qualified Medicare Beneficiary Plus (QMB Plus), and Other Full Benefit Dual Eligible (Other FBDE-AHCCCS Freedom to Work) populations. A Full Benefit Dual Eligible Member does not include those individuals enrolled with AHCCCS in the following population categories only through a Medicare Savings Program population (and receive from AHCCCS only Medicare cost sharing assistance): Qualified Medicare Beneficiary Only (QMB Only), Specified Low-Income Medicare Beneficiary Only (SLMB Only) or Qualified Individual-1 (QI-1).
Other Full Benefit Dual Eligible Member	An individual who is entitled to Medicare, does not meet either QMB Plus or SMB Plus categorical income criteria, but is determined eligible for full AHCCCS benefits (Freedom to Work Member). For an Other Full Benefit Dual Eligible Member, AHCCCS does not provide payment for either Medicare Part A or Part B premiums.
What is “Extra Help?”	“Extra Help” is a Medicare program to help people with limited income and resources pay Medicare drug coverage (Part D) premiums, deductibles, coinsurance, and other costs. Some people qualify for Extra Help automatically, and other people must apply. Extra Help is automatically provided if you get: • Full Medicaid coverage • Help from your state paying your Part B premiums (from a Medicare Savings Program) • Supplemental Security Income (SSI) benefits from Social Security

Medicare Savings Program	What it covers
Medicare Prescription Payment Plan (M3P)	The Medicare Prescription Payment Plan is a payment option in the prescription drug law that works with your current drug coverage to help you manage your out-of-pocket Medicare Part D drug costs by spreading them across the calendar year (January-December). Anyone with a Medicare drug plan or Medicare health plan with drug coverage (like a Medicare Advantage Plan with drug coverage) can use this payment option. All plans offer this payment option and participation is voluntary.

Things to know

Our Medicare Advantage D-SNP plan is for people on Medicare who are also eligible for Medicaid. It replaces your Original Medicare coverage. You'll still have Medicare, but you'll get coverage through us, instead of the federal government. We cover everything Original Medicare does and offer other additional benefits and services too.

This plan is available to anyone who has both Medicare and AHCCCS Medicaid. With your AHCCCS eligibility you will pay less for some of your Medicare health care services. AHCCCS also provides other benefits to you by covering health care services not usually covered under Medicare. You'll also receive "Extra Help" from Medicare to pay for the costs of your Medicare prescription drugs. There are three plan benefit packages (PBP): 001 and 005 refer to ACC and DD members, and 004 refers to ALTCS members.

Mercy Care Advantage provides access to a robust network of doctors, hospitals, pharmacies, and other providers. Your primary care provider (PCP) will work with you and help coordinate your care. When you enroll, we'll ask who your PCP is. If you don't choose one, we'll assign one to you. You can always change the PCP by calling us.

If you get medical care from out-of-network providers, neither Medicare nor our plan will be responsible for the costs. Exceptions apply for emergency care, urgently needed care when you are out of our service network, out-of-area dialysis services, and when our plan authorizes the use of out-of-network providers.

Our plan includes prescription drug coverage and uses a drug list, also known as formulary. The drug list is designed for Medicare individuals and includes a comprehensive selection of generic and brand name drugs. We provide access to a large network of pharmacies. You must generally use network pharmacies to fill your prescriptions.

Please refer to our Mercy Care Advantage Evidence of Coverage for complete plan coverage information.

If you would like to receive a copy of the 2027 Mercy Care Advantage Evidence of Coverage, Formulary, Provider directory, or the Pharmacy directory by mail, please call member services at **1-877-436-5288** (TTY **711**) 8 AM-8 PM, 7 days a week. You can also view these materials on our plan website starting on October 15, 2026, at **[mercycareaz.org](https://www.mercycareaz.org)**.

We must provide information in a way that works for you (in languages other than English, in audio, in braille, in large print, or other alternate formats, etc.). Please call member services if you need plan information in another format.

If you want to know more about Original Medicare, look in the 2027 "Medicare & You" handbook. View it online at **www.medicare.gov**. Or get a copy by calling **1-800-MEDICARE (1-800-633-4227)** (TTY **1-877-486-2048**), 24 hours a day, 7 days a week.

Medical and hospital benefits

Premiums, deductible, copays and coinsurance may vary based on your Medicaid eligibility category and/or the level of Extra Help you receive. **What you pay depends on what level of Medicaid eligibility you have. Those with full Medicaid pay \$0. If you are not eligible for full Medicaid benefits, you may pay some Medicare cost sharing amounts.** Refer to our Evidence of Coverage for complete coverage and cost sharing information. For AHCCCS-covered services, refer to the Medicaid Coverage section in this booklet.

Plan premium, deductible and maximum out-of-pocket (MOOP)

Out-of-pocket costs	
Monthly premium	\$0 You must continue to pay your Medicare Part B premium if it is not paid for under your Medicaid eligibility.
Plan deductible	\$0 Our plan has deductibles for some in-network medical services. These deductibles are covered if you have full Medicaid eligibility.
Copays & Coinsurance	\$0 Our plan has copays and coinsurance for some hospital and medical services. These are covered if you have full Medicaid eligibility.
Maximum out-of-pocket (MOOP)	\$9,850 annually As long as Medicaid continues to pay your Medicare deductible, coinsurance and copayments, you will not have a maximum out-of-pocket responsibility.

Summary of Benefits



Hospital coverage

Your doctor often needs approval from us before we cover these services. This is called **prior authorization** or pre-certification.

Benefit	Your costs in our plan
Inpatient – days 1-90 Coverage is based on benefit periods	\$0
Outpatient (hospital observation services)	\$0
Outpatient hospital	\$0
Ambulatory surgical center	\$0



Doctor visits

You must choose a doctor in our plan network as your **primary care physician (PCP)**. A referral from your PCP may be required for specialist services.

Benefit	Your costs in our plan
PCP visit	\$0
Specialist visit	\$0



Preventive, emergency, and urgent care

Benefit	Your costs in our plan
Preventive care (includes all preventative services covered under Original Medicare)	\$0
Emergency or urgent care	\$0

Summary of Benefits



Diagnostic services, labs, imaging

Your doctor often needs approval from us before we cover these services. This is called **prior authorization** or pre-certification.

Benefit	Your costs in our plan
Diagnostic radiology services, (e.g., MRI, CAT Scans, 3-D Imaging)	\$0
Lab services	\$0
Diagnostic tests and procedures	\$0
Outpatient X-rays	\$0



Hearing services

Our **hearing benefit** is provided by providers and hearing aid vendors in our network.

Benefit	Your costs in our plan
Diagnostic hearing exam – Medicare covered	\$0
Routine hearing exam – 1 exam every year	\$0
Hearing aids – maximum coverage Up to \$1,900 every four years for both ears combined	Your hearing aid benefit has an allowance. If you choose a hearing aid that costs more than your allowance, you'll have to pay the difference. And your plan won't reimburse you for the extra amount.

 Dental services

For us to cover your **dental services**, you must see a dentist in the **dental network**. To find a dentist, use the phone number or website listed in the contact quick reference chart. We cover preventive and comprehensive dental services. Service limitations and exclusions apply, see our Evidence of Coverage for more details. Prior authorization is not required for dental services.

Benefit	Your costs in our plan
Medicare Part A covers limited dental services	\$0
Preventive and diagnostic services - Cleaning (for up to 1 every six months from last date of service) - Dental x-ray(s) (1 every 12 months from last date of service) - Fluoride treatment (for up to 1 every six months from last date of service) - Oral exam (for up to 1 every six months from last date of service)	\$0
Comprehensive services Services include coverage for crowns, fillings, root canals and dentures	\$0
Maximum coverage \$5,000 maximum benefit allowance every year	The comprehensive dental coverage has a maximum benefit allowance. If you have dental care that costs more than the maximum, you'll have to pay the difference. And our plan won't reimburse you for the extra amount.

Summary of Benefits

Vision services

Our **vision benefit** preferred provider is **Nationwide Vision**. To find a provider, use the phone number listed in the contact quick reference chart. If you receive vision benefit services from a provider who is not contracted with Nationwide Vision, you will have to ask the plan to reimburse you.

Benefit	Your costs in our plan
Diagnostic eye exam (includes diabetic eye exams) – Medicare covered	\$0
Glaucoma screenings – Medicare covered	\$0
Eyewear – Medicare covered (coverage after cataract surgery)	\$0
Routine eye exam (refraction) – 1 exam every year	\$0
Routine contact lenses/eyeglasses (lenses and frames) Up to a \$300 combined allowance every year	If you get eyewear that costs more than your allowance, you'll have to pay the difference. And your plan won't reimburse you for the extra amount.

Mental health services

Your doctor often needs approval from us before we cover these services. This is called **prior authorization** or pre-certification.

Benefit	Your costs in our plan
Inpatient psychiatric hospital stay 190 days in a lifetime Coverage is based on benefit periods	\$0
Group and Individual therapy (outpatient)	\$0
Individual psychiatric therapy (outpatient)	\$0

Summary of Benefits



Nursing facilities and therapy

Your doctor often needs approval from us before we cover these services. This is called a **prior authorization** or pre-certification.

Benefit	Your costs in our plan
Skilled nursing facility (SNF) care – days 1-100 Coverage is based on benefit periods	\$0
Physical and speech therapy	\$0
Occupational therapy	\$0



Ambulance and routine transportation

Benefit	Your costs in our plan
Ambulance (ground or air, one-way trip) Your doctor often needs approval from us before we cover an air ambulance. This is called prior authorization or pre-certification.	\$0
Routine, non-emergency transportation 12 one-way trips or 6 round trips covered every calendar year.	\$0 Our routine transportation benefit is provided by contracted vendors. You must schedule your trip with Mercy Care Advantage at least 72 hours in advance.



Medicare Part B Drugs

Your doctor often needs approval from us before we cover these services. This is called a **prior authorization** or pre-certification.

Benefit	Your costs in our plan
Chemotherapy drugs	\$0
Other Part B drugs	\$0



Part D costs depend on your Extra Help

If you are receiving “Extra Help” you will pay the amounts in the chart below for covered drugs and you will not pay a Part D deductible. “Extra Help” helps pay Medicare drug coverage (Part D) premiums, deductibles, coinsurance, and other costs.

Our Part D drug list (called a formulary) has 1 tier and covers a 31-day and 100-day supply of covered drugs received from participating retail pharmacies. This includes home infusion drugs obtained through your Part D benefit; specialty drugs have a 30-day supply limit.

We cover a 31-day supply of covered drugs received from a long-term care pharmacy. If you reside in a long-term care facility, you pay the same as at a retail pharmacy. We cover a 100-day supply of covered drugs through the CVS® mail-order program. You may get drugs from an out-of-network pharmacy at the same cost as an in-network pharmacy in certain situations.

Some drugs require prior authorization approval from us first before we’ll cover them. Sometimes we need you to try certain drugs first to treat your medical condition before we’ll cover another drug for that condition; this is called step therapy.

You can review our drug list at: mercycares.org/advantage/part-d.html.

Part D prescription out-of-pocket costs

Part D deductible: There is no Part D deductible for this plan.

Initial Coverage Stage: This stage begins when you fill your first prescription of the calendar year. During this stage, the plan pays its share of the cost of your drugs, and you pay your share of the cost (see table below).

Coverage Gap Stage: There is no coverage gap stage for this plan.

Catastrophic Coverage Stage: \$2,400 annually

If your out-of-pocket drug costs reach this amount you’ll pay nothing for covered drugs for the remainder of the year.

Your costs (initial coverage)	31-day and 100-day supply
Generics (including brand drugs treated as generic)	\$0, \$1.65, or \$5.80
All other drugs	\$0, \$5.00, or \$14.40

If you lose your Medicaid and/or Extra Help during the year, you’ll be responsible for the full cost of covered Part D drugs.

Important message about what you pay for vaccines – Our plan covers most Part D vaccines at no cost to you. Call Member Services for more information.

Important message about what you pay for insulin – Medicare now limits the copay for insulin products to \$35 per month. You won’t pay more than the Part D drug copays listed in this document for a one-month supply of each insulin product covered by our plan because you qualify for “Extra Help”.

PBP 001, 005 (ACC, DD)

 Over-the-counter benefit (OTC)

Includes items from our OTC catalog such as pain relievers, cold remedies and vitamins. Available for order by phone, online or at participating CVS® stores.

Benefit	Your costs in our plan
OTC – \$85 allowance every month	\$0

 Special Supplemental Benefits for the Chronically Ill (SSBCI)

Benefit	Your costs in our plan
\$85 per month FLEX CARD for members who qualify for SSBCI benefits for personal health and wellness items and covered healthy food products.	\$0

To be eligible for SSBCI benefits, members must have one or more of the following chronic conditions: Diabetes, Dementia, Heart Failure, Vascular Disease, HIV/AIDS, or certain other eligible conditions not listed here. If you qualify for one of the chronic conditions, you must also qualify as a “chronically ill” member as defined by CMS regulations and our Plan’s coverage criteria for SSBCI.



Substance abuse

Your doctor may need approval from us before we cover these services. This is called **prior authorization** or pre-certification.

Benefit	Your costs in our plan
Individual substance abuse therapy (outpatient)	\$0



Medical equipment/supplies

Your doctor often needs approval from us before we cover these services. This is called **prior authorization** or pre-certification.

Benefit	Your costs in our plan
Durable medical equipment (DME), like CPAP* machines, wheelchairs, oxygen, and diabetic therapeutic shoes or inserts	\$0
Prosthetics, such as braces and artificial limbs	\$0

*CPAP stands for “continuous positive airway pressure”

Summary of Benefits



Diabetic supplies, training & dialysis

We cover blood glucose monitors and diabetic test strips from **TRUE/Trividia**. We also cover continuous glucose monitors and sensors from **Dexcom** and **Freestyle Libre**. We don't cover other brands unless you get approval from us first.

Benefit	Your costs in our plan
Diabetic supplies	\$0
Diabetes self-management training	\$0
Dialysis	\$0



Home health care and meals

Benefit	Your costs in our plan
Home health care	\$0
Meals – 14 meals immediately following surgery or inpatient hospital stay	\$0

Summary of Benefits



Foot care (podiatry services)

Benefit	Your costs in our plan
Medicare-covered foot exams and treatment	\$0
Routine foot care – 1 visit every three months	\$0



Wellness programs

Benefit	Your costs in our plan
Wellness program services include: • Diabetes education • Exercise classes • Nutrition education • Smoking cessation	\$0 We partner with the Foundation for Senior Living to offer our wellness programs

PBP 001, 005 (ACC, DD)

Summary of Benefits



Hospital coverage

Your doctor often needs approval from us before we cover these services. This is called **prior authorization** or pre-certification.

Benefit	Your costs in our plan
Inpatient – days 1-90 Coverage is based on benefit periods	\$0
Outpatient (hospital observation services)	\$0
Outpatient hospital	\$0
Ambulatory surgical center	\$0



Doctor visits

You must choose a doctor in our plan network as your **primary care physician (PCP)**. A referral from your PCP may be required for specialist services.

Benefit	Your costs in our plan
PCP visit	\$0
Specialist visit	\$0



Preventive, emergency, and urgent care

Benefit	Your costs in our plan
Preventive care (includes all preventative services covered under Original Medicare)	\$0
Emergency or urgent care	\$0

Diagnostic services, labs, imaging

Your doctor often needs approval from us before we cover these services. This is called **prior authorization** or pre-certification.

Benefit	Your costs in our plan
Diagnostic radiology services, (e.g., MRI, CAT Scans, 3-D Imaging)	\$0
Lab services	\$0
Diagnostic tests and procedures	\$0
Outpatient X-rays	\$0

Hearing services

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Benefit	Your costs in our plan
Diagnostic hearing exam – Medicare covered	\$0
Routine hearing exam – 1 exam every year	\$0
Hearing aids – maximum coverage Up to \$1,900 every four years for both ears combined	Your hearing aid benefit has an allowance. If you choose a hearing aid that costs more than your allowance, you’ll have to pay the difference. And your plan won’t reimburse you for the extra amount.

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Benefit	Your costs in our plan
Medicare Part A covers limited dental services	\$0
Preventive and diagnostic services - Cleaning (for up to 1 every six months from last date of service) - Dental x-ray(s) (1 every 12 months from last date of service) - Fluoride treatment (for up to 1 every six months from last date of service) - Oral exam (for up to 1 every six months from last date of service)	\$0
Comprehensive services Services include coverage for crowns, fillings, root canals and dentures	\$0
Maximum coverage \$5,000 maximum benefit allowance every year	The comprehensive dental coverage has a maximum benefit allowance. If you have dental care that costs more than the maximum, you'll have to pay the difference. And our plan won't reimburse you for the extra amount.

PBP 004 (ALTCS)

Summary of Benefits

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Eyewear – Medicare covered (coverage after cataract surgery)	\$0
Routine eye exam (refraction) – 1 exam every year	\$0
Routine contact lenses/eyeglasses (lenses and frames) Up to a \$300 combined allowance every year	If you get eyewear that costs more than your allowance, you'll have to pay the difference. And your plan won't reimburse you for the extra amount.

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Benefit	Your costs in our plan
Inpatient psychiatric hospital stay 190 days in a lifetime Coverage is based on benefit periods	\$0
Group and Individual therapy (outpatient)	\$0
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Skilled nursing facility (SNF) care – days 1-100 Coverage is based on benefit periods	\$0
Physical and speech therapy	\$0
Occupational therapy	\$0



Ambulance and routine transportation

Benefit	Your costs in our plan
Ambulance (ground or air, one-way trip) Your doctor often needs approval from us before we cover an air ambulance. This is called prior authorization or pre-certification.	\$0
Routine, non-emergency transportation 12 one-way trips or 6 round trips covered every calendar year.	\$0 Our routine transportation benefit is provided by contracted vendors. You must schedule your trip with Mercy Care Advantage at least 72 hours in advance.



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Chemotherapy drugs	\$0
Other Part B drugs	\$0



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We cover a 31-day supply of covered drugs received from a long-term care pharmacy. If you reside in a long-term care facility, you pay the same as at a retail pharmacy. We cover a 100-day supply of covered drugs through the CVS® mail-order program. You may get drugs from an out-of-network pharmacy at the same cost as an in-network pharmacy in certain situations.

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Catastrophic Coverage Stage: \$2,400 annually

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Your costs (initial coverage)	31-day and 100-day supply
Generics (including brand drugs treated as generic)	\$0, \$1.65, or \$5.80
All other drugs	\$0, \$5.00, or \$14.40

If you lose your Medicaid and/or Extra Help during the year, you’ll be responsible for the full cost of covered Part D drugs.

Important message about what you pay for vaccines – Our plan covers most Part D vaccines at no cost to you. Call Member Services for more information.

Important message about what you pay for insulin – Medicare now limits the copay for insulin products to \$35 per month. You won’t pay more than the Part D drug copays listed in this document for a one-month supply of each insulin product covered by our plan because you qualify for “Extra Help”.

 Over-the-counter benefit (OTC)

Includes items from our OTC catalog such as pain relievers, cold remedies and vitamins. Available for order by phone, online or at participating CVS® stores.

Benefit	Your costs in our plan
OTC – \$110 allowance every month	\$0

 Special Supplemental Benefits for the Chronically Ill (SSBCI)

Benefit	Your costs in our plan
\$155 per month FLEX CARD for members who qualify for SSBCI benefits for personal health and wellness items and covered healthy food products.	\$0

To be eligible for SSBCI benefits, members must have one or more of the following chronic conditions: Diabetes, Dementia, Heart Failure, Vascular Disease, HIV/AIDS, or certain other eligible conditions not listed here. If you qualify for one of the chronic conditions, you must also qualify as a “chronically ill” member as defined by CMS regulations and our Plan’s coverage criteria for SSBCI.

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Substance abuse

Your doctor may need approval from us before we cover these services. This is called **prior authorization** or pre-certification.

Benefit	Your costs in our plan
Individual substance abuse therapy (outpatient)	\$0



Medical equipment/supplies

Your doctor often needs approval from us before we cover these services. This is called **prior authorization** or pre-certification.

Benefit	Your costs in our plan
Durable medical equipment (DME), like CPAP* machines, wheelchairs, oxygen, and diabetic therapeutic shoes or inserts	\$0
Prosthetics, such as braces and artificial limbs	\$0

*CPAP stands for “continuous positive airway pressure”

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Diabetic supplies, training & dialysis

We cover blood glucose monitors and diabetic test strips from **TRUE/Trividia**. We also cover continuous glucose monitors and sensors from **Dexcom** and **Freestyle Libre**. We don't cover other brands unless you get approval from us first.

Benefit	Your costs in our plan
Diabetic supplies	\$0
Diabetes self-management training	\$0
Dialysis	\$0



Home health care and meals

Benefit	Your costs in our plan
Home health care	\$0
Meals – 14 meals immediately following surgery or inpatient hospital stay	\$0

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Foot care (podiatry services)

Benefit	Your costs in our plan
Medicare-covered foot exams and treatment	\$0
Routine foot care – 1 visit every three months	\$0

Wellness programs

Benefit	Your costs in our plan
Wellness program services include: • Diabetes education • Exercise classes • Nutrition education • Smoking cessation	\$0 We partner with the Foundation for Senior Living to offer our wellness programs

PBP 004 (ALTCS)

Medicaid covered services

Arizona Health Care Cost Containment System (AHCCCS) Medicare Advantage Special Needs Plans for Dual Eligible Members 2027 Benefits

In order for you to better understand your health care options, the following chart notes your charges for certain services under the Arizona Health Care Cost Containment System (Medicaid) as an individual who has both Medicare and Medicaid.

Your Medicare cost sharing responsibility is based on your level of Medicaid eligibility.

- Qualified Medicare Beneficiary (QMB) – \$0. Your Medicare cost sharing amounts will be paid by your Medicaid Health Plan unless otherwise noted below.
- Non-QMB with Medicare Parts A and B – Your Medicare cost sharing amounts will be paid by your Medicaid Health Plan only when the benefit is also covered by Medicaid.

Benefit	As an Arizona Health Care Cost Containment System (AHCCCS) – QMB Dual Eligible – You Pay:	As an Arizona Health Care Cost Containment System (AHCCCS) – Non-QMB Dual Eligible – You Pay:
ACUTE AND LONG TERM CARE MEDICAID PROGRAMS⁽¹⁾		
Inpatient hospital stay	\$0	\$0
Inpatient behavioral health care stay	\$0	\$0
Nursing facility services	\$0	\$0
Home health care visit	\$0	\$0
Primary care physician (PCP) visit	\$0	\$0 for well visits, and \$0 to \$4 for other visits depending on eligibility ⁽²⁾ for ages 21 and over. \$0 for ages 20 and under.
Specialist physician visit	\$0	\$0 for well visits, and \$0 to \$4 for other visits depending on eligibility ⁽²⁾ for ages 21 and over. \$0 for ages 20 and under.
Medicare-covered services, including chiropractic care visit, chronic/complex case management, etc.	\$0	\$0 for ages 20 and under. Not covered for ages 21 and over.

Summary of Benefits



Benefit	As an Arizona Health Care Cost Containment System (AHCCCS) – QMB Dual Eligible – You Pay:	As an Arizona Health Care Cost Containment System (AHCCCS) – Non-QMB Dual Eligible – You Pay:
ACUTE AND LONG TERM CARE MEDICAID PROGRAMS⁽¹⁾		
Chiropractic visits	\$0	\$0 for ages 20 and under; \$0 to \$2.30 for ages 21 and over depending on eligibility ⁽²⁾ , for up to 20 medically necessary visits beginning October 1st of each year (additional visits may be authorized if medically necessary).
Podiatry services visit	\$0	\$0
Outpatient behavioral health care visit	\$0	\$0
Outpatient substance abuse care visit	\$0	\$0
Ambulatory surgical center or outpatient hospital facility visit	\$0	\$0 to \$3 depending on eligibility ⁽²⁾ for ages 21 and over. \$0 for ages 20 and under.
Ambulance services	\$0	\$0
Emergency services	\$0	\$0
Urgently needed care visit	\$0	\$0 to \$4 depending on eligibility ⁽²⁾ for ages 21 and over. \$0 for ages 20 and under.
Outpatient occupational/physical/speech therapy visit	\$0	\$0 to \$3 depending on eligibility ⁽²⁾ for ages 21 and over. \$0 for ages 20 and under.
Durable medical equipment	\$0	\$0
Prosthetic devices	\$0	\$0. <i>Lower limb microprocessor controlled limb or joint not covered for ages 21 and over.</i>
Diabetes self-monitoring training and supplies (when provided as part of a PCP visit)	\$0	\$0
Community Health Worker (CHW) visit	\$0	\$0

Summary of Benefits



Benefit	As an Arizona Health Care Cost Containment System (AHCCCS) – QMB Dual Eligible – You Pay:	As an Arizona Health Care Cost Containment System (AHCCCS) – Non-QMB Dual Eligible – You Pay:
ACUTE AND LONG TERM CARE MEDICAID PROGRAMS⁽¹⁾		
Diagnostic tests, x-rays, and laboratory services (including COVID-19 diagnostic and testing services)	\$0	\$0
Colorectal screening	\$0	\$0
Flu and pneumonia vaccines	\$0	\$0
Screening mammogram	\$0	\$0
Pap smear and pelvic exam	\$0	\$0
Prostate cancer screening	\$0	\$0
Renal dialysis or nutritional therapy for end-stage renal disease	\$0	\$0
Prescription medications ⁽³⁾	\$0	\$0 to \$2.30 depending on eligibility ⁽²⁾ for ages 21 and over. \$0 for ages 20 and under.
Hearing exams, routine hearing tests, and fitting evaluations for a hearing aid	\$0 for ages 20 and under. <i>Not covered for ages 21 and over.</i>	\$0 for ages 20 and under. <i>Not covered for ages 21 and over.</i>
Hearing aids	\$0 for ages 20 and under. <i>Not covered for ages 21 and over.</i>	\$0 for ages 20 and under. <i>Not covered for ages 21 and over.</i>
Cochlear Implants	\$0	\$0
Routine eye exam, eyeglasses, contact lenses, lenses and frames	\$0 for ages 20 and under. <i>Not covered for ages 21 and over unless following cataract surgery.</i>	\$0 for ages 20 and under. <i>Not covered for ages 21 and over.</i>
Adult emergency dental services	\$0 for ages 21 and over. <i>Services subject to a \$1,000 limit per each 12-month period beginning October 1st of each year.</i>	\$0 for ages 21 and over. <i>Services subject to a \$1,000 limit per each 12-month period beginning October 1st of each year.</i>
Non-emergency medically necessary transportation	\$0	\$0

Summary of Benefits



Benefit	As an Arizona Health Care Cost Containment System (AHCCCS) – QMB Dual Eligible – You Pay:	As an Arizona Health Care Cost Containment System (AHCCCS) – Non-QMB Dual Eligible – You Pay:
LONG TERM CARE MEDICAID PROGRAMS ONLY⁽¹⁾		
Nursing facility services	Cost sharing determined by AHCCCS	Cost sharing determined by AHCCCS
Respite services	\$0. <i>Subject to a 600-hour limit per each 12-month period beginning October 1st of each year.</i>	\$0. <i>Subject to a 600-hour limit per each 12-month period beginning October 1st of each year.</i>
Home and community based services	Member contribution determined by AHCCCS	Member contribution determined by AHCCCS
Adult preventive dental services ⁽⁴⁾	\$0 for ages 21 and over. <i>Services subject to a \$1,000 limit per each 12-month period beginning October 1st of each year.</i>	\$0 for ages 21 and over. <i>Services subject to a \$1,000 limit per each 12-month period beginning October 1st of each year.</i>

⁽¹⁾Acute Medicaid Programs include AHCCCS Complete Care (ACC), ACC Regional Behavioral Health Agreements (ACC-RBHAs), and the Mercy Care Department of Child Safety Comprehensive Health Plan (Mercy Care DCS CHP). Long Term Care Medicaid Programs include Elderly and Physically Disabled (E-PD) and Division of Developmental Disabilities (DDD).

⁽²⁾See the AHCCCS website for additional beneficiary cost sharing, co-payment and benefits related information.

⁽³⁾Medicare Part D co-payment amounts are the sole responsibility of the beneficiary. AHCCCS health plans cannot assist with the payment of these amounts, except for behavioral health medications for those beneficiaries determined to be Seriously Mentally Ill (SMI) utilizing allowable Non-Title XIX/XXI funding.

⁽⁴⁾In addition to adult emergency dental services described above.

Summary of Benefits



Contact quick reference

Contact name	Phone number (TTY 711)	Website
Mercy Care Advantage: before you enroll	1-866-571-5781 or 602-414-7630	joinmca.org
Mercy Care Advantage: after you enroll	Member Services 1-877-436-5288 or 602-586-1730	mercycareaz.org/advantage/ index.html
Find a network doctor, hospital, pharmacy or dentist	Member Services 1-877-436-5288 or 602-586-1730	mercycareaz.org/ find-a-provider
24-Hour Nurse Line	1-877-436-5288	Call Member Services and select the option to speak to a nurse
Transportation Services	Member Services 1-877-436-5288 or 602-586-1730	mercycareaz.org/advantage/ more-benefits.html
Over-the-counter (OTC) benefit	1-833-367-7957	cvs.com/benefits
Foundation for Senior Living Wellness Programs	Maricopa County 602-285-0505 , x321 or x177 All other Arizona counties 1-866-375-9779 , x321 or x177	www.fsl.org

Mercy Care Advantage is an HMO SNP with a Medicare contract and a contract with the Arizona Medicaid Program. Enrollment in Mercy Care Advantage depends on contract renewal. See Evidence of Coverage for a complete description of plan benefits, cost sharing, exclusions, limitations, and conditions of coverage. The formulary, pharmacy network and/or provider network may change at any time. You will receive notice when necessary. Participating physicians, hospitals and other health care providers are independent contractors and are neither agents nor employees of Mercy Care Advantage. Out-of-network/non-contracted providers are under no obligation to treat Mercy Care Advantage members, except in emergency situations.

Summary of Benefits



Covered Services	Original Medicare	Our Plan
Covers your Medicare Part A and Part B services	✓	✓
If you are a member of Mercy Care, our plan will help coordinate your Medicare and Medicaid plan coverage	—	✓
Offers coverage beyond Medicare Part A and Part B	—	✓
Covers your prescription drugs	—	✓
Requires you to have a primary care physician (PCP)	—	✓
Provides nurse case manager and care manager assistance	—	✓
Offers dental benefits for things like exams, cleanings, and dentures	—	✓
Offers vision benefits for routine eye exam, contacts, and glasses	—	✓
Offers routine hearing exam and hearing aids	—	✓
Offers a monthly allowance for over-the-counter items	—	✓
Offers routine transportation to access some benefits	—	✓

This booklet gives you a summary of what our plan covers and what you pay. It does not list every covered service, limitation or exclusion. Talk to our representatives for more information or refer to the Mercy Care Advantage Evidence of Coverage for complete plan benefit coverage, limitations and exclusion information.

Pre-enrollment checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules.

If you have any questions, you can call and speak to a customer service representative at **602-414-7630** or

1-866-571-5781 (TTY 711), 8:00 a.m. – 8:00 p.m., 7 days a week.

Understanding the benefits

- ☐ Review the full list of benefits found in the Evidence of Coverage (EOC), especially those services for which you routinely see a doctor. Visit **[mercycareaz.org](https://www.mercycareaz.org)** to view a copy of the EOC or call **602-586-1730** or **1-877-436-5288 (TTY 711)**, 8:00 a.m. – 8:00 p.m., 7 days a week to request a copy to be mailed to you.
- ☐ Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- ☐ Review the list of plan pharmacies included in our combined provider and pharmacy directory to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- ☐ Review the formulary to make sure your drugs are covered.

Understanding important rules

- ☐ **Effect on Current Coverage.** If you are currently enrolled in a Medicare Advantage plan, your current Medicare Advantage healthcare coverage will end once your new Medicare Advantage coverage starts. If you have Tricare, your coverage may be affected once your new Medicare Advantage coverage starts. Please contact Tricare for more information. If you have a Medigap plan, once your Medicare Advantage coverage starts, you may want to drop your Medigap policy because you will be paying for coverage you cannot use.
- ☐ You must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month. However, if you are a full-dual eligible individual, your monthly Part B premium is paid by the state.
- ☐ Benefits, premiums and/or copayments/co-insurance may change on January 1, 2027.
- ☐ Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).
- ☐ This plan is a dual eligible special needs plan (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid.

Mercy Care Advantage is an HMO SNP with a Medicare contract and a contract with the Arizona Medicaid Program. Enrollment in Mercy Care Advantage depends on contract renewal.

Notice of Availability

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at **1-877-436-5288**. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al **1-877-436-5288**. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 **1-877-436-5288**。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 **1-877-436-5288**。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa **1-877-436-5288**. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au **1-877-436-5288**. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi **1-877-436-5288** sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter **1-877-436-5288**. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 **1-877-436-5288** 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону **1-877-436-5288**. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على **1-877-436-5288**. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें **1-877-436-5288** पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero **1-877-436-5288**. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número **1-877-436-5288**. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan **1-877-436-5288**. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer **1-877-436-5288**. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするため、無料の通訳サービスがあります。通訳をご用命になるには、**1-877-436-5288** にお電話ください。日本語を話す人 者が支援いたします。これは無料のサービスです。

Nondiscrimination Notice

Mercy Care d/b/a Mercy Care Advantage (HMO SNP) complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Mercy Care d/b/a Mercy Care Advantage (HMO SNP) does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, health status or need for health care services.

Mercy Care d/b/a Mercy Care Advantage (HMO SNP):

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - o Qualified sign language interpreters
 - o Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - o Qualified interpreters
 - o Information written in other languages

If you need a qualified interpreter, written information in other formats, translation or other services, call the number on your ID card.

If you believe that Mercy Care d/b/a Mercy Care Advantage (HMO SNP) has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with our Civil Rights Coordinator at:

Address: Attn: Civil Rights Coordinator
4750 S. 44th Place, Ste. 150
Phoenix, AZ 85040

Telephone: **1-888-234-7358 (TTY 711)**

Email: **medicaidcrcoordinator@mercycaresaz.org**

You can file a grievance in person or by mail or email. If you need help filing a grievance, our Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue, SW Room 509F, HHH Building, Washington, D.C. 20201, **1-800-368-1019**, **1-800-537-7697** (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Mercy Care Advantage (HMO SNP)

Member Services

Call **602-586-1730** or **1-877-436-5288**

Calls to these numbers are free.

8:00 a.m. – 8:00 p.m., 7 days a week.

Member Services also has free language interpreter services available for non-English speakers.

TTY **711**

Calls to this number are free.

8:00 a.m. – 8:00 p.m., 7 days a week.

Sales

Call **602-414-7630** or **1-866-571-5781**

Calls to these numbers are free.

8:00 a.m. – 8:00 p.m., 7 days a week.

Mercy Care Advantage (HMO SNP) Sales also has free language interpreter services available for non-English speakers.

TTY **711**

Calls to this number are free.

8:00 a.m. – 8:00 p.m., 7 days a week.

Write Mercy Care Advantage (HMO SNP)
4750 S. 44th Place, Ste. 150
Phoenix, AZ 85040

Website **mercycareaz.org**