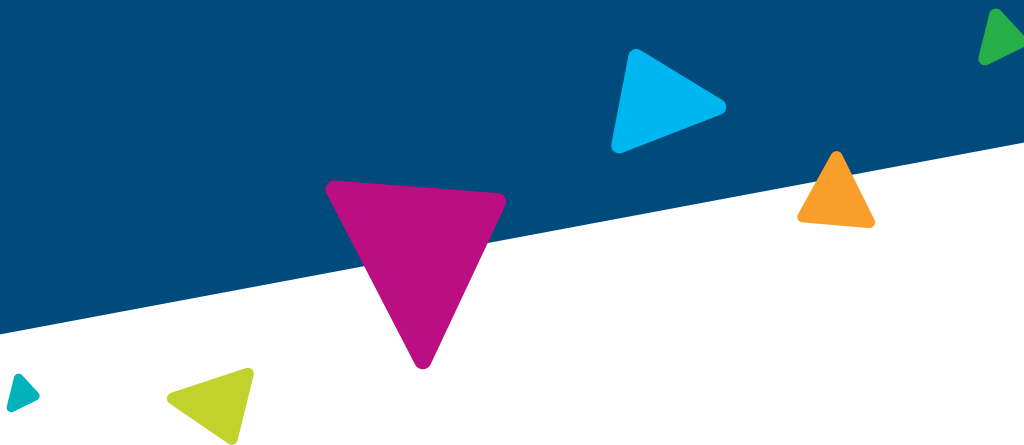


Magellan Complete Care of Arizona, Inc. (MCC of AZ) (HMO SNP)

2020 Summary of Benefits

Maricopa County, Pinal County and Gila County

January 1, 2020 – December 31, 2020



Magellan Complete Care of Arizona, Inc. (HMO SNP)

Summary of Benefits

January 1, 2020 – December 31, 2020

This booklet gives you a summary of what we cover and what you pay. It doesn't list every service we cover or every limitation or exclusion. To see a complete list of covered services and exclusions, refer to the *Evidence of Coverage*. The *Evidence of Coverage* is available on our website at www.mccofaz.com/dsnp. For a printed version, call us at the numbers below and ask for a copy.

Eligibility

To be eligible for this plan, you must have Medicare Parts A and B and be enrolled in Arizona Health Care Cost Containment System (AHCCCS) (Medicaid). You must also live in our service area, which includes Gila, Maricopa and Pinal counties in Arizona.

Limited exclusions apply, including individuals with end-stage renal disease (ESRD).

About us

Magellan Complete Care of Arizona (MCC of AZ) (HMO SNP) is a Medicare Advantage Special Needs Plan. This means our benefits and services are designed for people with special health care needs.

When you enroll in our plan, we will provide:

- Your Medicare and Part D benefits.
- A Care Management team to coordinate your benefits and services, ensuring you get the right care at the right time in the place.
- Coordination of your Medicare and Medicaid covered services.

Contact us

EXISTING MEMBERS

Member Services: 1-800-424-4509 (TTY 711)
8 a.m. to 8 p.m., Monday – Friday
October 1 through March 31, 7 days a week

NOT YET A MEMBER 1-800-424-4505 (TTY 711)

For more information visit www.mccofaz.com/dsnp.

Who can join

To join MCC of AZ (HMO SNP) you must be entitled to Medicare Part A and be enrolled in Medicare Part B. You must also be in one of the Medicaid groups below:

- Full Medicaid Only
- Specified Low-Income Medicare Beneficiary Plus (SLMB+)
- Qualified Medicare Beneficiary Plus (QMB+)

Benefits and services

The chart below includes a list of Medicare benefits and what is covered by our plan. It is not a complete list. For a complete list of benefits, please refer to the 2020 MCC of AZ (HMO SNP) *Evidence of Coverage*. This booklet is provided online at www.mccofaz.com/dsnp.

Benefits and services	Member cost	What you should know
Monthly Plan Premium	\$0 for Medical \$0 for Part D prescription drugs	You must continue to pay your Medicare Part B premium if not otherwise paid for under AHCCCS (Medicaid) or another third party.
Annual Deductible	\$0 for Medical \$0 for Part D prescription drugs	We do not have annual deductibles.
Maximum Out-of-Pocket Cost (not including prescription drugs)	\$6,700 annually Most members never reach their out-of-pocket maximum. Depending on your level of extra help, you may pay nothing for Medicare-covered service. For AHCCCS (Medicaid)-covered services, refer to the Medicaid Coverage section of this document.	This is the most you pay for copays, coinsurance and other costs for Medicare covered medical services each year.

Benefits and services	Member cost	What you should know
Inpatient Hospital Coverage	\$0	<p>Our plan covers 90 days for an inpatient hospital stay during a benefit period.</p> <p>The plan also covers 60 “lifetime reserve days.” These are “extra” days that we cover. If your hospital stay is longer than 90 days, you can use these extra days for each benefit period, but only up to 60 days over your lifetime.</p> <p>Prior authorization required for non-emergency admissions.</p>
Outpatient Hospital Coverage <ul style="list-style-type: none"> • Ambulatory surgical center • Outpatient hospital <ul style="list-style-type: none"> – Surgical and non-surgical services 	\$0	<p>Some services may require prior authorization or a referral from your doctor.</p>
Doctor Visits (Primary Care Providers and Specialists)	\$0	
Preventive Care <ul style="list-style-type: none"> • Abdominal aortic aneurysm screening • Alcohol misuse counseling • Bone mass measurement • Breast cancer screening (mammogram) • Cardiovascular disease risk reduction visit (behavioral therapy) • Cardiovascular disease testing • Cervical and vaginal cancer screening 	\$0	<p>Additional preventive services approved by Medicare during the contract will be covered.</p>

Benefits and services	Member cost	What you should know
<ul style="list-style-type: none"> • Colorectal cancer screenings (colonoscopy, Guaiac-based fecal occult blood test (gFOBT), fecal immunochemical test (FIT), flexible sigmoidoscopy) • Depression screening • Diabetes screenings • HIV screening • Medical nutrition therapy services <p>Preventive Care (continued)</p> <ul style="list-style-type: none"> • Obesity screening and counseling • Prostate cancer screenings (PSA) • Sexually transmitted infections screening and counseling • Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease) • Vaccines, including Flu shots, Hepatitis B shots, Pneumococcal shots • “Welcome to Medicare” preventive visit (once time) • Yearly “wellness visit” 		
Emergency Care	\$0	Coverage is limited to emergency care received in the U.S. and its territories.
Urgently Needed Services	\$0	Coverage is limited to emergency care received in the U.S. and its territories.

Benefits and services	Member cost	What you should know
<p>Diagnostic Services/Labs/Imaging</p> <ul style="list-style-type: none"> • Diagnostic radiology (MRIs, CT scans) • Diagnostic tests and procedures • Lab services (Medicare-approved lab work) • Outpatient x-rays • Therapeutic radiology service (such as radiation treatment for cancer) 	<p>\$0</p>	
<p>Hearing Services</p> <ul style="list-style-type: none"> • Hearing exam to diagnose hearing and balance issues <p>Our plan also covers:</p> <ul style="list-style-type: none"> • Annual routine hearing exam • Annual hearing aid fittings/evaluation • Hearing aid allowance of \$1,250 both ears combined every 3 years 	<p>\$0</p>	
<p>Dental Services</p>	<p>Not Covered</p>	<p>In general, preventive dental services (such as cleaning, routine dental exams and dental x-rays) are not covered by Original Medicare or MCC of AZ (HMO SNP).</p>
<p>Vision Services</p> <ul style="list-style-type: none"> • Exam to diagnose and treat diseases and conditions of the eye, including treatment of age-related macular degeneration • One glaucoma screening a year for individuals at risk 	<p>\$0</p>	<p>Prior authorization is required.</p>

Benefits and services	Member cost	What you should know
<ul style="list-style-type: none"> • Diabetic retinopathy screening <p>Our plan also covers</p> <ul style="list-style-type: none"> • Annual routine eye exam • \$200 every two years for eyewear 		
<p>Mental Health Services</p> <ul style="list-style-type: none"> • Inpatient hospital visits • Outpatient services provided by Medicare-qualified mental health care professionals, including group therapy and individual therapy • Partial hospitalization 	<p>\$0</p>	<p>Inpatient: Our plan covers 90 days for an inpatient psychiatric hospital stay during a benefit period. The plan also covers 60 “lifetime reserve days.” These are “extra” days that we cover. If your hospital stay is longer than 90 days, you can use these extra days for each benefit period, but only up to 60 days over your lifetime.</p> <p>There is a lifetime maximum of 190 days for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit does not apply to inpatient mental services provided in a general hospital.</p> <p>Some services may require prior authorization to be covered. This does not include emergencies.</p>
<p>Skilled Nursing Facility (SNF)</p>	<p>\$0 up to 100 days</p>	<p>Prior authorization is required.</p>
<p>Physical Therapy</p> <ul style="list-style-type: none"> • Occupational therapy visit • Physical, speech and language therapy 	<p>\$0</p>	<p>Prior authorization is required.</p>
<p>Ambulance</p>	<p>\$0</p>	<p>Prior authorization required for non-emergency ambulance transportation (except interfacility transport).</p>

Benefits and services	Member cost	What you should know
Transportation Non-emergency	Not Covered	
Medicare Part B Drugs Chemotherapy and other Part B drugs	\$0	May require prior authorization.
Ambulatory Surgery Center	\$0	Prior authorization is required.

Outpatient Prescription Drugs

Deductible Phase

If you receive “Extra Help” to pay your prescription drugs, then this payment stage does not apply to you.

Initial Coverage Phase (after you pay your deductible, if applicable)

After you have met your deductible (if applicable), the plan pays its share of the cost of your drugs and you pay your share of the cost. Cost-sharing may change when you enter another phase of the Part D benefit. For more information about the costs for long-term supply, home infusion or additional pharmacy-specific cost sharing and the phases of the benefit, please call us or access our *Evidence of Coverage* online at www.mccofaz.com/dsnp.

Catastrophic Phase

Category	Standard retail cost-sharing (in-network) (up to a 30-day supply)	Mail-order cost-sharing (up to a 30-day supply)	Long-term care (LTC) cost-sharing (up to a 30-day supply)	Out-of-network cost-sharing (up to a 5-day supply) Coverage is limited to certain situations; see Chapter 5 of the <i>Evidence of Coverage</i> for details.
Generic Drugs and Preferred Multisource Drugs	\$0/\$1.30/\$3.60 per prescription	\$0/\$1.30/\$3.60 per prescription	\$0/\$1.30/\$3.60 per prescription	\$0/\$1.30/\$3.60 per prescription
All Other Drugs	\$0/\$3.90/\$8.95 per prescription	\$0/\$3.90/\$8.95 per prescription	\$0/\$3.90/\$8.95 per prescription	\$0/\$3.90/\$8.95 per prescription

When you reach the out-of-pocket limit of \$6,350 for your prescription drugs, the Catastrophic Coverage Phase begins. You will stay in the Catastrophic Coverage Phase until the end of the calendar year. During this phase, the plan will pay most of the cost for your covered Medicare drugs.

Important Information

Premiums, copays and deductibles may vary based on the level of “Extra Help” you receive. Please contact the plan for further details. If you qualify for “Extra Help” with your prescription drug costs, then the “Extra Help” program will pay all or part of your monthly plan premium, and your prescription drug deductibles and copays/co-insurance. If you are not eligible for “Extra Help,” refer to the *Evidence of Coverage*, Chapter 6, for outpatient prescription drug cost-sharing information. We cover Part D drugs. In addition, we cover Part B drugs such as chemotherapy and some drugs administered by your provider. You can see the complete plan Formulary (list of Part D prescription drugs) including any restrictions, and the *Provider and Pharmacy Directory*, on our website at www.mccofaz.com/dsnp.

Additional benefits	Member cost	What you should know
<p>Podiatry Services</p> <ul style="list-style-type: none"> • Routine foot care for members with certain medical conditions. • Diagnosis and treatment of injuries and diseases of the feet. 	<p>\$0</p>	
<p>Medical Equipment/Supplies</p> <ul style="list-style-type: none"> • Durable medical equipment (wheelchairs, oxygen, etc.) • Prosthetics (braces, artificial limbs) • Diabetes monitoring supplies 	<p>\$0</p>	<p>May require prior authorization.</p>
<p>Home Health Care</p> <ul style="list-style-type: none"> • Part-time or intermittent skilled nursing and home health aide services • Physical, occupational and speech therapy • Medical and social services • Medical equipment and supplies 	<p style="text-align: center;">\$0</p> <p>Skilled nursing and home health aide services combined are limited to fewer than 8 hours a day and 35 hours a week.</p>	<p>Prior authorization is required.</p>

Additional benefits	Member cost	What you should know
Hospice	\$0 from Medicare-certified hospice You may have to pay part of the cost for drugs and respite care.	Hospice is covered by Original Medicare. Please contact us for more details.
Outpatient Substance Abuse Individual and group therapy	\$0	
Renal Dialysis	\$0	
Chiropractic Services	\$0 \$0 for Medicare-covered services.	
Telehealth 24-hour Nurse Advice Line Access to Nurse Care Manager	\$0	

AHCCCS (Medicaid) benefits and services

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.

ACUTE <u>AND</u> LONG-TERM CARE MEDICAID PROGRAMS ¹ Benefits	As an Arizona Health Care Cost Containment System (AHCCCS) – <u>QMB Dual Eligible</u> – You Pay:	As an Arizona Health Care Cost Containment System (AHCCCS) – <u>Non-QMB Dual Eligible</u> – You Pay:
Inpatient Hospital Stay	\$0	\$0
Inpatient Behavioral Health Care Stay	\$0	\$0

ACUTE <u>AND</u> LONG-TERM CARE MEDICAID PROGRAMS ¹ Benefits	As an Arizona Health Care Cost Containment System (AHCCCS) – <u>QMB Dual Eligible</u> – You Pay:	As an Arizona Health Care Cost Containment System (AHCCCS) – <u>Non-QMB Dual Eligible</u> – You Pay:
Nursing Facility Services	\$0	\$0
Home Health Care Visit	\$0	\$0
Primary Care Provider (PCP) Visit	\$0	<p style="text-align: center;">\$0 for well visits, and \$0 to \$4 for other visits depending on eligibility² for ages 21 and over.</p> <p style="text-align: center;">\$0 for ages 20 and under.</p>
Specialist Physician Visit	\$0	<p style="text-align: center;">\$0 for well visits, and \$0 to \$4 for other visits depending on eligibility² for ages 21 and over.</p> <p style="text-align: center;">\$0 for ages 20 and under.</p>
Medicare-Covered Services including Chiropractic Care Visit, Chronic/Complex Case Management, etc.	\$0	<p style="text-align: center;">\$0 for ages 20 and under. <i>Not covered for ages 21 and over.</i></p>
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	<p style="text-align: center;">\$0 to \$3 depending on eligibility² for ages 21 and over.</p> <p style="text-align: center;">\$0 for ages 20 and under.</p>
Ambulance Services	\$0	\$0
Emergency Services	\$0	\$0
Urgently Needed Care Visit	\$0	<p style="text-align: center;">\$0 to \$4 depending on eligibility² for ages 21 and over.</p> <p style="text-align: center;">\$0 for ages 20 and under.</p>

ACUTE <u>AND</u> LONG-TERM CARE MEDICAID PROGRAMS ¹ Benefits	As an Arizona Health Care Cost Containment System (AHCCCS) – <u>QMB Dual Eligible</u> – You Pay:	As an Arizona Health Care Cost Containment System (AHCCCS) – <u>Non-QMB Dual Eligible</u> – You Pay:
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 & Supplies (when provided as part of a PCP visit)	\$0	\$0
Diagnostic Tests, X-rays and Lab 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>

ACUTE <u>AND</u> LONG-TERM CARE MEDICAID PROGRAMS ¹ Benefits	As an Arizona Health Care Cost Containment System (AHCCCS) – <u>QMB Dual Eligible</u> – You Pay:	As an Arizona Health Care Cost Containment System (AHCCCS) – <u>Non-QMB Dual Eligible</u> – You Pay:
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>
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 1 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 1 of each year.</i>
Non-Emergency Medically Necessary Transportation	\$0	\$0
LONG-TERM CARE MEDICAID PROGRAMS ONLY ¹ Benefits	As an Arizona Health Care Cost Containment System (AHCCCS) – <u>QMB Dual Eligible</u> – You Pay:	As an Arizona Health Care Cost Containment System (AHCCCS) – <u>Non-QMB Dual Eligible</u> – You Pay:
Nursing Facility Services	Cost sharing determined by AHCCCS.	Cost sharing determined by AHCCCS.
Respite Services	\$0 <i>Services subject to a \$1,000 limit per each 12-month period beginning October 1 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 1 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 1 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 1 of each year.</i>

¹ Acute Medicaid Programs include AHCCCS Complete Care (ACC), Regional Behavioral Health Authorities (RBHAs) and Children’s Medical and Dental Plan (CMDP). 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, copayment 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 funding.

⁴ In addition to Adult Emergency Dental Services described above.

Doctors, hospitals, pharmacies and other providers in our network

We have a network of providers and pharmacies you can use. The providers are listed in our *Provider & Pharmacy Directory*. You may also use our Find a Doctor online search tool at www.mccofaz.com/dsnp to find the most updated list of network providers near you. These items will be available by October 15, 2019.

In most cases, you must use network providers and pharmacies.

Covered drugs

Our list of covered drugs, or formulary, lists all the drugs available to members in our plan. The formulary will be available on our website by October 15, 2019.

Cost-sharing

Because you get Medicaid assistance from AHCCCS, 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 will also receive “Extra Help” from Medicare to pay for the costs of your Medicare prescription drugs. We can help you coordinate your Medicare and Medicaid covered benefits.

The “Medicare and You” handbook

The 2020 “Medicare and You” handbook tells you more about the coverage and costs of Original Medicare. You may view it online at www.medicare.gov or call 1-800-MEDICARE (1-800-633-4227) 24 hours a day, 7 days a week to request a copy. TTY users should call 1-877-486-2048.

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 1-800-424-4505.

Understanding the benefits

- Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services for which you routinely see a doctor. Visit www.mccofaz.com/dsnp or call 1-800-424-4509 to view a copy of the EOC.
- Review the provider and pharmacy directory (or ask your doctor) to make sure the doctors and pharmacies you see now are in the network. If they are not listed, it means you will likely have to select a new doctor or pharmacy.

Understanding important rules

- You must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- Benefits, premiums and/or copayments/co-insurance may change on January 1, 2021.
- Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the *Provider & Pharmacy Directory*).
- This plan is a dual eligible special needs plan (DSNP). 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.

Magellan Complete Care of Arizona, Inc. (HMO SNP) is a managed care plan with a Medicare Advantage contract. Enrollment in MCC of AZ (HMO SNP) depends on contract renewal.

This is not a complete description of benefits. Call 1-800-424-4509 (TTY 711) for more information

The formulary, pharmacy network and/or provider network may change at any time. You will receive notice when necessary.

For more information, please contact MCC of AZ (HMO SNP) Member Services at 1-800-424-4509 (TTY 711) from 8 a.m. to 8 p.m., Monday through Friday (from October 1–March 31, 7 days a week) or visit www.mccofaz.com/dsnp.

Magellan
COMPLETE CARE®