

## 2024 Summary of Benefits

This is a summary of drug and health services covered by Banner Medicare Advantage Dual HMO D-SNP, January 1, 2024 - December 31, 2024.

The benefit information provided is a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. The Evidence of Coverage (EOC) provides a complete list of services we cover. You can see it online at [www.BannerHealth.com/MA](http://www.BannerHealth.com/MA) or you can call our Customer Care Center for help.

### Hours of Operation

You can call us from 8 a.m. to 8 p.m., seven days a week.

### How to Contact Us

If you are a member of this plan, call toll-free (877) 874-3930, TTY 711.

If you are not a member of this plan, call toll-free (877) 874-3938, TTY 711.

Our website: [www.BannerHealth.com/MA](http://www.BannerHealth.com/MA).

### Who Can Join?

To join Banner Medicare Advantage Dual, you must be entitled to Medicare Part A, be enrolled in Medicare Part B and the Arizona Health Care Cost Containment System (AHCCCS), or Medicaid, and live in our service area. Our service area includes the following counties in Arizona: Cochise, Gila, Graham, Greenlee, La Paz, Maricopa, Pima, Pinal, Santa Cruz, and Yuma.

This plan is a Dual Eligible Special Needs Plan (D-SNP) for people who have both Medicare and Medicaid. How much Medicaid covers depends on your income, resources and other factors.

You can enroll in this plan if you are in one of these Medicaid categories:

- **Qualified Medicare Beneficiary Plus (QMB+):** You get Medicaid coverage of Medicare cost-share and are also eligible for full Medicaid benefits. Medicaid pays your Medicare Part A and Part B premiums, deductibles, coinsurance and copayment amounts for Medicare covered services. You pay nothing, except for Part D prescription drug copays (if applicable).
- **Specified Low-Income Medicare Beneficiary (SLMB+):** Medicaid pays your Part B premium and provides full Medicaid benefits. You are eligible for full Medicaid benefits. At times you may also be eligible for limited assistance from your state Medicaid agency in paying your Medicare cost share amounts. Generally your cost share is 0% when the service is covered by both Medicare and Medicaid. There may be cases where you have to pay cost sharing when a service or benefit is not covered by Medicaid.
- **Full Benefits Dual Eligible (FBDE):** Medicaid may provide limited assistance with Medicare cost-sharing. Medicaid also provides full Medicaid benefits. You are eligible for full Medicaid benefits. At times you may also be eligible for limited assistance from the State Medicaid Office in paying your Medicare cost share amounts. Generally your cost share is 0% when the service is covered by both Medicare and Medicaid. There may be cases where you have to pay cost sharing when a service or benefit is not covered by Medicaid.

If your category of Medicaid eligibility changes, your cost share may also increase or decrease. You must recertify your Medicaid enrollment to continue to receive your Medicare coverage.

## Which Doctors, Hospitals, and Pharmacies Can I Use?

Banner Medicare Advantage Dual has a network of doctors, hospitals, pharmacies, and other providers. If you use the providers that are not in our network, the plan may not pay for these services.

You must generally use network pharmacies to fill your prescriptions for covered Part D drugs.

You can see our plan's provider directory and pharmacy directory on our website: [www.BannerHealth.com/MA](http://www.BannerHealth.com/MA). Or call us, and we will send you a copy of the provider directory and pharmacy directory.

## What Do We Cover?

Like all Medicare health plans, we cover everything that Original Medicare covers – *however, we cover even more.*

- Our plan members get all of the benefits covered by Original Medicare.
- Our plan members also get more than what is covered by Original Medicare.
- Some of the extra benefits are outlined in this booklet.

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) and any restrictions on our website at [www.BannerHealth.com/MA](http://www.BannerHealth.com/MA).
- Or call us, and we will send you a copy of the formulary.

## Tips For Comparing Your Medicare Choices

This *Summary of Benefits* booklet gives you a summary of what Banner Medicare Advantage Dual covers and what you pay.

- If you want to compare our plan with other Medicare health plans, ask the other plans for their *Summary of Benefits* booklet, or use the Medicare Plan Finder on [www.medicare.gov](http://www.medicare.gov)
- If you want to know more about the coverage and costs of Original Medicare, look in your current *Medicare & You* handbook. View it online at [www.medicare.gov](http://www.medicare.gov), or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, seven days a week. TTY users should call 1-877-486-2048.

Banner Medicare Advantage Dual HMO D-SNP has contracts with Medicare and Medicaid. Enrollment depends on contract renewal.

Out-of-network/non-contracted providers are under no obligation to treat Plan members, except in emergency situations. Please call our Customer Care Center or see the Evidence of Coverage for more information.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums and/or copayments/coinsurance may change on January 1 of each year.

Eligibility for \$0 Part D Cost Share is not assured and will be determined by Banner Medicare Advantage Dual HMO D-SNP after enrollment, based on eligibility criteria.

**Medicare Cost Sharing: If you have full Medicaid benefits or are a Qualified Medicare Beneficiary Plus, you will pay \$0 for your Medicare-covered services as noted by the cost sharing in the chart.**

Premiums and Benefits	AHCCCS Complete Care (ACC)	Arizona Long Term Care System (ALTCS)
Monthly Plan Premium	<b>\$0</b> per month.	<b>\$0</b> per month.
Deductible	<b>Your deductible is \$0.</b>	<b>Your deductible is \$0.</b>
Maximum Out-of-Pocket Responsibility	<p><b>\$8,850</b> annual out-of-pocket limit for services you receive from in-network providers for Medicare-covered services.</p> <p>For AHCCCS (Medicaid)-covered services, refer to the “Arizona Health Care Cost Containment System Medicare Advantage Special Needs Plans for Dual Eligible Members 2024 Benefits” section in this document.</p>	<p><b>\$8,850</b> annual out-of-pocket limit for services you receive from in-network providers for Medicare-covered services.</p> <p>For AHCCCS (Medicaid)-covered services, refer to the “Arizona Health Care Cost Containment System Medicare Advantage Special Needs Plans for Dual Eligible Members 2024 Benefits” section in this document.</p>
Inpatient Hospital Coverage**	<b>\$0 copayment.</b>	<b>\$0 copayment.</b>
Outpatient Hospital Coverage (Medicare-covered)**	<b>0% coinsurance</b> per visit.	<b>0% coinsurance</b> per visit.
Ambulatory Surgery Center Services (Medicare-covered)**	<b>0% coinsurance</b> per visit.	<b>0% coinsurance</b> per visit.
Doctor Visits (Medicare-covered) <ul style="list-style-type: none"> <li>○ Primary care</li> <li>○ Specialists**</li> </ul>	<p><b>0% coinsurance</b> per visit.</p> <p><b>0% coinsurance</b> per visit.</p>	<p><b>0% coinsurance</b> per visit.</p> <p><b>0% coinsurance</b> per visit.</p>

Premiums and Benefits	AHCCCS Complete Care (ACC)	Arizona Long Term Care System (ALTCS)
Preventive Care (Medicare-covered) <ul style="list-style-type: none"> <li>○ Annual physical exam</li> </ul>	<p><b>\$0 copayment</b> per visit.</p> <p>Our plan covers many preventive services. Any additional preventive services approved by Medicare during the contract year will be covered.</p> <p><b>\$0 copayment</b> per visit.</p>	<p><b>\$0 copayment</b> per visit.</p> <p>Our plan covers many preventive services. Any additional preventive services approved by Medicare during the contract year will be covered.</p> <p><b>\$0 copayment</b> per visit.</p>
Emergency Care	<b>0% coinsurance</b> per visit.	<b>0% coinsurance</b> per visit.
Urgently Needed Services	<b>0% coinsurance</b> per visit.	<b>0% coinsurance</b> per visit.
Diagnostic Services/Labs/Imaging (Medicare-covered)** <ul style="list-style-type: none"> <li>○ Diagnostic radiology service (such as MRI, CT scans)</li> <li>○ Lab services</li> <li>○ Diagnostic tests and procedures</li> <li>○ Outpatient x-rays</li> <li>○ Therapeutic radiology services (such as radiation treatment for cancer)</li> </ul>	<p><b>0% coinsurance</b> per visit.</p> <p><b>0% coinsurance</b> per visit.</p> <p><b>0% coinsurance</b> per visit.</p> <p><b>0% coinsurance</b> per visit.</p> <p><b>0% coinsurance</b> per visit.</p>	<p><b>0% coinsurance</b> per visit.</p> <p><b>0% coinsurance</b> per visit.</p> <p><b>0% coinsurance</b> per visit.</p> <p><b>0% coinsurance</b> per visit.</p> <p><b>0% coinsurance</b> per visit.</p>

Premiums and Benefits	AHCCCS Complete Care (ACC)	Arizona Long Term Care System (ALTCS)
<p>Hearing Services</p> <ul style="list-style-type: none"> <li>○ Medicare-covered hearing exam</li> <li>○ Routine hearing exam</li> <li>○ Routine Hearing Aid Fitting/ Evaluation</li> <li>○ Hearing aids</li> </ul>	<p><b>0% coinsurance</b> per visit.</p> <p><b>\$0 copayment</b> per visit, 1 per calendar year.</p> <p><b>\$0 copayment</b> per visit, 1 per calendar year.</p> <p><b>\$0 copayment</b> for hearing aid(s). Hearing Aids (all types) – \$3,300 coverage limit every year, both ears combined. Covers hearing aids, maintenance parts, repairs and fitting fees. Any cost above \$3,300 is your responsibility; additional hearing aids are not covered.</p>	<p><b>0% coinsurance</b> per visit.</p> <p><b>\$0 copayment</b> per visit, 1 per calendar year.</p> <p><b>\$0 copayment</b> per visit, 1 per calendar year.</p> <p><b>\$0 copayment</b> for hearing aid(s). Hearing Aids (all types) – \$3,300 coverage limit every year, both ears combined. Covers hearing aids, maintenance parts, repairs and fitting fees. Any cost above \$3,300 is your responsibility; additional hearing aids are not covered.</p>
<p>Dental Services</p> <ul style="list-style-type: none"> <li>○ Medicare-covered dental services</li> <li>○ Comprehensive covered dental services</li> </ul>	<p><b>0% coinsurance</b> per visit.</p> <p><b>\$0 copayment</b> per visit for non-routine services, diagnostic services, restorative services, endodontics, periodontics, extractions, prosthodontics and other oral/maxillofacial surgery.</p>	<p><b>0% coinsurance</b> per visit.</p> <p><b>\$0 copayment</b> per visit for non-routine services, diagnostic services, restorative services, endodontics, periodontics, extractions, prosthodontics and other oral/maxillofacial surgery.</p>

Premiums and Benefits	AHCCCS Complete Care (ACC)	Arizona Long Term Care System (ALTCS)
<p>Dental Services (continued)</p> <ul style="list-style-type: none"> <li>○ Preventive dental services</li> </ul>	<p><b>\$0 copayment</b> per visit.</p> <ul style="list-style-type: none"> <li>• Office visit includes combined exam and cleaning</li> <li>• Oral exam: up to 1 exam every 6 months (2 per calendar year)</li> <li>• Cleaning: up to 1 cleaning every 6 months (2 per calendar year)</li> <li>• Fluoride treatment: up to 1 treatment per calendar year</li> <li>• Dental x-ray(s): up to 1 set of bitewing x-rays every 12 months</li> </ul> <p>There is a \$4,000 combined maximum plan coverage limit for comprehensive and preventative dental services every year. Any cost above \$4,000 is your responsibility.</p>	<p><b>\$0 copayment</b> per visit.</p> <ul style="list-style-type: none"> <li>• Office visit includes combined exam and cleaning</li> <li>• Oral exam: up to 1 exam every 6 months (2 per calendar year)</li> <li>• Cleaning: up to 1 cleaning every 6 months (2 per calendar year)</li> <li>• Fluoride treatment: up to 1 treatment per calendar year</li> <li>• Dental x-ray(s): up to 1 set of bitewing x-rays every 12 months</li> </ul> <p>There is a \$4,000 combined maximum plan coverage limit for comprehensive and preventative dental services every year. Any cost above \$4,000 is your responsibility.</p>

Premiums and Benefits	AHCCCS Complete Care (ACC)	Arizona Long Term Care System (ALTCS)
<p>Vision Services</p> <ul style="list-style-type: none"> <li>○ Medicare-covered eye exam</li> <li>○ Medicare-covered eyewear</li> <li>○ Routine vision exam</li> <li>○ Supplemental eyewear</li> </ul>	<p><b>0% coinsurance</b> per visit (including annual glaucoma screening).</p> <p><b>0% coinsurance</b> for Medicare-covered eyeglasses or contact lenses after cataract surgery.</p> <p><b>\$0 copayment</b> for annual routine eye (eye refraction) exam.</p> <p><b>\$0 copayment</b> for routine eyewear. \$400 coverage limit for eyewear. Eyeglasses (lenses and frames) are limited to one pair every year and contact lenses are unlimited every year. Any cost above \$400 is your responsibility.</p>	<p><b>0% coinsurance</b> per visit (including annual glaucoma screening).</p> <p><b>0% coinsurance</b> for Medicare-covered eyeglasses or contact lenses after cataract surgery.</p> <p><b>\$0 copayment</b> for annual routine eye (eye refraction) exam.</p> <p><b>\$0 copayment</b> for routine eyewear. \$400 coverage limit for eyewear. Eyeglasses (lenses and frames) are limited to one pair every year and contact lenses are unlimited every year. Any cost above \$400 is your responsibility.</p>
<p>Mental Health Services (Medicare-covered)**</p> <ul style="list-style-type: none"> <li>○ Inpatient visit</li> <li>○ Outpatient individual and group therapy visit</li> </ul>	<p><b>\$0 copayment.</b></p> <p><b>0% coinsurance</b> per individual or group visit.</p>	<p><b>\$0 copayment.</b></p> <p><b>0% coinsurance</b> per individual or group visit.</p>
<p>Skilled Nursing Facility (Medicare-covered)**</p>	<p><b>\$0 copayment.</b></p>	<p><b>\$0 copayment.</b></p>

Premiums and Benefits	AHCCCS Complete Care (ACC)	Arizona Long Term Care System (ALTCS)
Rehabilitation Services (Medicare-covered)** <ul style="list-style-type: none"> <li>○ Occupational therapy visit</li> <li>○ Physical therapy and speech and language therapy visit</li> </ul>	<b>0% coinsurance</b> per visit.  <b>0% coinsurance</b> per visit.	<b>0% coinsurance</b> per visit.  <b>0% coinsurance</b> per visit.
Ambulance (Medicare-covered)	<b>0% coinsurance</b> for Medicare-covered ground and air transportation.	<b>0% coinsurance</b> for Medicare-covered ground and air transportation.
Transportation (non-emergent)	<b>\$0 copayment</b> for up to 36 one-way trips every year to plan-approved locations.	Not covered.
Medicare Part B Drugs**	<b>0% coinsurance</b> for chemotherapy drugs. <b>0% coinsurance</b> for other Part B drugs.	<b>0% coinsurance</b> for chemotherapy drugs. <b>0% coinsurance</b> for other Part B drugs.

\* A benefit period begins the day you go into a hospital or skilled nursing facility (SNF). The benefit period ends when you haven't received any inpatient hospital care (or skilled care in a SNF) for 60 days in a row. If you go into a hospital or a skilled nursing facility after one benefit period has ended, a new benefit period begins. There is no limit to the number of benefit periods.

Services with \*\* may require your provider to obtain prior authorization from the plan.



## Prescription Benefits

Because you are eligible for Medicaid, you qualify for and are getting “Extra Help” from Medicare to pay for your prescription drug costs. As shown below, there are “drug payment stages” for your Medicare Part D prescription drug coverage under Banner Medicare Advantage Dual. How much you pay for a drug depends on which of these stages you are in at the time you get a prescription filled or refilled. If you receive “Extra Help” to pay for your Medicare prescription drug program, you qualify for a LIS reduced cost sharing amount. Your LIS cost sharing amounts are waived across all drug stages and you pay zero dollars.

PRESCRIPTION DRUG BENEFITS	
Prescription Drug Stages	Banner Medicare Advantage Dual
<b>Deductible Stage</b>	<p><b>\$0*</b></p> <p>*This plan was filed with the standard Part D deductible of <b>\$0</b>. However, because you get “Extra Help” paying for your prescription drug coverage, you will not pay the entire <b>\$8,000</b> out of pocket. Instead, you will pay your low-income subsidy (LIS), or “Extra Help,” cost sharing per prescription. As part of this plan your LIS cost-sharing is waived for all Part D drugs across the deductible stage.</p>
<b>Initial Coverage Stage</b>	<p>During the Initial Coverage Stage, the plan pays its share of the cost of your drugs, and you pay your share of the cost until your total yearly drug costs reach <b>\$5,030</b>. Total yearly drug costs are the total drug costs paid by both you and Medicare Insurer. However, because you get “Extra Help” paying for your prescription drug coverage, you will not pay the entire <b>\$5,030</b> out of pocket. Instead, you will pay your low-income subsidy (LIS), or “Extra Help,” cost sharing per prescription. You may get your drugs at network retail pharmacies and mail order pharmacies. As part of this plan your LIS cost-sharing is waived for all Part D drugs across the initial coverage stage.</p>
<b>Coverage Gap Stage</b>	<p>There is no coverage gap for Banner Medicare Advantage Dual members. Once you leave the Initial Coverage Stage, you move on to the Catastrophic Coverage Stage. You qualify for the Catastrophic Coverage Stage when your out-of-pocket costs have reached <b>\$5,030</b> for the calendar year. As part of this plan your LIS cost-sharing is waived for all Part D drugs across the coverage gap stage.</p>
<b>Catastrophic Coverage Stage</b>	<p>After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach <b>\$8,000</b>, the plan pays the full cost for your covered Part D drugs. You pay nothing.</p> <p>As part of this plan your LIS cost-sharing is waived for all Part D drugs across the catastrophic coverage stage.</p>

## Banner Medicare Advantage Dual

If you receive “Extra Help” to pay your Medicare prescription drug program costs you qualify for a LIS reduced cost sharing amount. Your LIS cost sharing amount for Part D drugs is waived and you pay zero dollars through all drug payment stages.

TIER	Banner Medicare Advantage Dual
	One-month or three-month supply
Generic drugs, including brand drugs treated as generic	\$0 copayment
All other drugs	\$0 copayment

*Generally, we cover drugs filled at an out-of-network pharmacy only when you are not able to use a network pharmacy. Prescriptions filled at an out-of-network pharmacy are covered at the same cost sharing as an in-network pharmacy.*

*For more information on your prescription drug benefit, please call us, or access the Evidence of Coverage online at [www.BannerHealth.com/MA](http://www.BannerHealth.com/MA).*

OTHER BENEFITS		
Benefits	AHCCCS Complete Care (ACC)	Arizona Long Term Care System (ALTCS)
Outpatient Substance Abuse	<b>0% coinsurance</b> per individual or group visit.	<b>0% coinsurance</b> per individual or group visit.
Cardiac Rehabilitation & Intensive Cardiac Rehabilitation	<b>0% coinsurance</b> per visit.	<b>0% coinsurance</b> per visit.
Foot Care (podiatry services) <ul style="list-style-type: none"> <li>○ Medicare-covered foot exams and treatment**</li> <li>○ Routine foot care</li> </ul>	<b>0% coinsurance</b> per visit.  <b>\$0 copayment</b> per visit. 6 routine visits per calendar year.	<b>0% coinsurance</b> per visit.  <b>\$0 copayment</b> per visit. 6 routine visits per calendar year.
Chiropractic Visits <ul style="list-style-type: none"> <li>○ Medicare-covered**</li> <li>○ Routine</li> </ul>	<b>0% coinsurance</b> per visit.  <b>\$0 copayment</b> per visit. 6 routine visits per calendar year.	<b>0% coinsurance</b> per visit.  <b>\$0 copayment</b> per visit. 6 routine visits per calendar year.
Home Health Care	<b>\$0 copayment</b> per visit.	<b>\$0 copayment</b> per visit.
Medical Equipment/Supplies (Medicare-covered)** <ul style="list-style-type: none"> <li>○ Durable Medical Equipment (e.g., wheelchairs, oxygen)</li> <li>○ Prosthetics (e.g., braces, artificial limbs)</li> <li>○ Diabetes supplies and Therapeutic Shoes or Inserts</li> </ul>	<b>0% coinsurance.</b>  <b>0% coinsurance.</b>  <b>0% coinsurance.</b>	<b>0% coinsurance.</b>  <b>0% coinsurance.</b>  <b>0% coinsurance.</b>

OTHER BENEFITS		
Benefits	AHCCCS Complete Care (ACC)	Arizona Long Term Care System (ALTCS)
Diabetes Self-Management Training	<b>0% coinsurance</b> per visit.	<b>0% coinsurance</b> per visit.
Meals	<p><b>\$0 copayment.</b></p> <p>For members discharged from an inpatient hospital or Skilled Nursing Facility (SNF) stay, up to 12 meals delivered to the member's home.</p> <p>Meals must be ordered within 30 days of discharge.</p>	Not covered.
Silver&Fit® Fitness Benefit	<p><b>\$0 copayment.</b></p> <p>Silver &amp; Fit® Healthy Aging and Exercise Program:</p> <ul style="list-style-type: none"> <li>• Membership at participating fitness centers</li> <li>• One Home Fitness Kit per benefit year</li> <li>• The Get Started program, which provides a personal exercise plan</li> <li>• Digital workout videos on the Silver&amp;Fit website and mobile app</li> <li>• One-on-one Silver&amp;Fit Healthy Aging Coaching sessions by phone</li> </ul>	Not covered.
Over-the-Counter (OTC) Health Items	<p><b>\$0 copayment.</b></p> <p>Plan covers up to \$250 every three months.</p> <p>Unused amount rolls over to the next quarter; funds will expire on 12/31/2024.</p>	<p><b>\$0 copayment.</b></p> <p>Plan covers up to \$250 every three months.</p> <p>Unused amount rolls over to the next quarter; funds will expire on 12/31/2024.</p>
Nurse Advice Line – Nurse On Call	<p><b>\$0 copayment</b> for health care advice, 24 hours a day, 7 days a week, from a nursing professional to help answer your immediate health care questions.</p>	<p><b>\$0 copayment</b> for health care advice, 24 hours a day, 7 days a week, from a nursing professional to help answer your immediate health care questions.</p>

**OTHER BENEFITS**

<b>Benefits</b>	<b>AHCCCS Complete Care (ACC)</b>	<b>Arizona Long Term Care System (ALTCS)</b>
Special Supplemental Benefits for the Chronically Ill – Healthy Food Card	<p><b>\$75 per quarter</b> for healthy, nutritious food and produce from participating providers.</p> <p>The benefits mentioned are a part of special supplemental program for the chronically ill. Not all members will qualify.</p> <p>Unused amount rolls over to the next quarter; funds will expire on 12/31/2024.</p>	<p><b>\$75 per quarter</b> for healthy, nutritious food and produce from participating providers.</p> <p>The benefits mentioned are a part of special supplemental program for the chronically ill. Not all members will qualify.</p> <p>Unused amount rolls over to the next quarter; funds will expire on 12/31/2024.</p>
Telehealth Services	<b>0% coinsurance</b> per visit.	<b>0% coinsurance</b> per visit.
Dialysis	<b>0% coinsurance</b> per visit.	<b>0% coinsurance</b> per visit.
Colorectal Cancer Screening	<b>\$25</b> OTC reward for annual completion during plan benefit year.	<b>\$25</b> OTC reward for annual completion during plan benefit year.
Breast Cancer Screening	<b>\$25</b> OTC reward for annual completion during plan benefit year.	<b>\$25</b> OTC reward for annual completion during plan benefit year.

## Arizona Health Care Cost Containment System Medicare Advantage Special Needs Plans for Dual Eligible Members 2024 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) <u>QMB Dual Eligible</u> – You Pay:	As an Arizona Health Care Cost Containment System (AHCCCS) <u>Non-QMB Dual Eligible</u> – You Pay:	As a Banner Medicare Advantage Dual Member (see previous section for benefit coverage details) You Pay:
<b>ACUTE AND LONG TERM CARE MEDICAID PROGRAMS (1)</b>			
Inpatient Hospital Stay	<b>\$0</b>	<b>\$0</b>	<b>\$0 copayment</b>
Inpatient Behavioral Health Care Stay	<b>\$0</b>	<b>\$0</b>	<b>\$0 copayment</b>
Nursing Facility Services	<b>\$0</b>	<b>\$0</b>	<b>\$0 copayment</b>
Home Health Care Visit	<b>\$0</b>	<b>\$0</b>	<b>\$0 copayment</b>
Primary Care Physician (PCP) Visit	<b>\$0</b>	<b>\$0</b> for well visits, and <b>\$0 to \$4</b> for other visits depending on eligibility (2) for ages 21 and over (2). <b>\$0</b> for ages 20 and under.	<b>0% coinsurance</b>
Specialist Physician Visit	<b>\$0</b>	<b>\$0</b> for well visits, and <b>\$0 to \$4</b> for other visits depending on eligibility (2) for ages 21 and over. <b>\$0</b> for ages 20 and under.	<b>0% coinsurance</b>
Medicare-Covered Services, including Chronic/Complex Case Management, etc.	<b>\$0</b>	<b>\$0</b> for ages 20 and under. <i>Not covered for ages 21 and over.</i>	<b>\$0 copayment</b>

Benefit	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:	As a Banner Medicare Advantage Dual Member <i>(see previous section for benefit coverage details)</i> You Pay:
<b>ACUTE <u>AND</u> LONG TERM CARE MEDICAID PROGRAMS (1)</b>			
Chiropractic Visits	<b>\$0</b>	<b>\$0</b> for ages 20 and under; \$0 to \$2.30, for ages 21 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)	<b>0% coinsurance</b>
Podiatry Services Visit	<b>\$0</b>	<b>\$0</b>	<b>0% coinsurance</b>
Outpatient Behavioral Health Care Visit	<b>\$0</b>	<b>\$0</b>	<b>0% coinsurance</b>
Outpatient Substance Abuse Care Visit	<b>\$0</b>	<b>\$0</b>	<b>0% coinsurance</b>
Ambulatory Surgical Center or Outpatient Hospital Facility Visit	<b>\$0</b>	<b>\$0 to \$3</b> depending on eligibility (2) for ages 21 and over. <b>\$0</b> for ages 20 and under.	<b>0% coinsurance</b>
Ambulance Services	<b>\$0</b>	<b>\$0</b>	<b>0% coinsurance</b>
Emergency Services	<b>\$0</b>	<b>\$0</b>	<b>0% coinsurance</b>
Urgently Needed Care Visit	<b>\$0</b>	<b>\$0 to \$4</b> depending on eligibility (2) for ages 21 and over. <b>\$0</b> for ages 20 and under.	<b>0% coinsurance</b>
Outpatient Occupational/Physical/Speech Therapy Visit	<b>\$0</b>	<b>\$0 to \$3</b> depending on eligibility (2) for ages 21 and over. <b>\$0</b> for ages 20 and under.	<b>0% coinsurance</b>
Durable Medical Equipment	<b>\$0</b>	<b>\$0</b>	<b>0% coinsurance</b>

Benefit	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:	As a Banner Medicare Advantage Dual Member <i>(see previous section for benefit coverage details)</i> You Pay:
<b>ACUTE <u>AND</u> LONG TERM CARE MEDICAID PROGRAMS (1)</b>			
Prosthetic Devices	<b>\$0</b>	<b>\$0.</b> <i>Lower limb microprocessor controlled limb or joint not covered for ages 21 and over.</i>	<b>0% coinsurance</b>
Diabetes Self-Monitoring Training & Supplies (when provided as part of a PCP visit)	<b>\$0</b>	<b>\$0</b>	<b>0% coinsurance</b>
Diagnostic Tests, X-rays, and Laboratory Services (including COVID-19 diagnostic & testing services)	<b>\$0</b>	<b>\$0</b>	<b>0% coinsurance</b>
Colorectal Screening	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Flu and Pneumonia Vaccines	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Screening Mammogram	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Pap Smear and Pelvic Exam	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Prostate Cancer Screening	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Renal Dialysis or Nutritional Therapy for End-Stage Renal Disease	<b>\$0</b>	<b>\$0</b>	<b>0% coinsurance</b>
Prescription Medications (3)	<b>\$0</b>	<b>\$0 to \$2.30</b> depending on eligibility (2) for ages 21 and over. <b>\$0</b> for ages 20 and under.	<b>\$0</b>
Hearing Exams, Routine Hearing Tests, and Fitting Evaluations for a Hearing Aid	<b>\$0</b> for ages 20 and under. <i>Not covered for ages 21 and over.</i>	<b>\$0</b> for ages 20 and under. <i>Not covered for ages 21 and over.</i>	<b>0% coinsurance</b> per visit for Medicare-covered hearing exams.  <b>\$0 copayment</b> per visit for routine hearing services.



Benefit	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:	As a Banner Medicare Advantage Dual Member <i>(see previous section for benefit coverage details)</i> You Pay:
<b>ACUTE <u>AND</u> LONG TERM CARE MEDICAID PROGRAMS (1)</b>			
Hearing Aids	<b>\$0</b> for ages 20 and under. <i>Not covered for ages 21 and over.</i>	<b>\$0</b> for ages 20 and under. <i>Not covered for ages 21 and over.</i>	<b>\$0 copayment</b>
Routine Eye Exam, Eyeglasses, Contact Lenses, Lenses and Frames	<b>\$0</b> for ages 20 and under. <i>Not covered for ages 21 and over unless following cataract surgery.</i>	<b>\$0</b> for ages 20 and under. <i>Not covered for ages 21 and over.</i>	<b>\$0 copayment</b>
Adult Emergency Dental Services	<b>\$0</b> for ages 21 and over. <i>Services subject to a \$1,000 limit per each 12-month period beginning October 1<sup>st</sup> of each year.</i>	<b>\$0</b> for ages 21 and over. <i>Services subject to a \$1,000 limit per each 12-month period beginning October 1<sup>st</sup> of each year.</i>	<b>0% coinsurance</b>
Non-Emergency Medically Necessary Transportation	<b>\$0</b>	<b>\$0</b>	<b>ACC Plan Members: \$0 copayment</b> for up to 36 one-way trips every year to plan-approved locations (rideshare services, van, and medical transport)  <b>ALTCS Plan Members: Not covered</b>

Benefit	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:	As a Banner Medicare Advantage Dual Member (see previous section for benefit coverage details) You Pay:
<b>LONG TERM CARE MEDICAID PROGRAMS ONLY (1)</b>			
Nursing Facility Services	Cost sharing determined by AHCCCS	Cost sharing determined by AHCCCS	Not covered
Respite Services	<b>\$0.</b> Subject to a 600 hour limit per each 12-month period beginning October 1 <sup>st</sup> of each year.	<b>\$0.</b> Subject to a 600 hour limit per each 12-month period beginning October 1 <sup>st</sup> of each year.	Not covered
Home and Community Based Services	Member contribution determined by AHCCCS	Member contribution determined by AHCCCS	Not covered
Adult Preventive Dental Services (4)	<b>\$0</b> for ages 21 and over. Services subject to a \$1,000 limit per each 12-month period beginning October 1 <sup>st</sup> of each year.	<b>\$0</b> for ages 21 and over. Services subject to a \$1,000 limit per each 12-month period beginning October 1 <sup>st</sup> of each year.	<b>\$0</b>

1. Acute Medicaid Programs include AHCCCS Complete Care (ACC), Regional Behavioral Health Authorities (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 funding.
4. In addition to Adult Emergency Dental Services described above.

Please contact our Customer Care Center for benefit details or go online to [www.BannerHealth.com/MA](http://www.BannerHealth.com/MA).

## Banner Medicare Advantage Dual HMO D-SNP Multi-language Interpreter Services

**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 1-877-874-3930, TTY 711. 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 1-877-874-3930, TTY 711. 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 1-877-874-3930, TTY 711。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 1-877-874-3930, TTY 711。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 1-877-874-3930, TTY 711. 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 1-877-874-3930, TTY 711. 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 1-877-874-3930, TTY 711 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 1-877-874-3930, TTY 711. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-877-874-3930, TTY 711 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 1-877-874-3930, ТТТ 711. 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 1-877-874-3930، تTY 711. 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 1-877-874-3930, TTY 711 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 1-877-874-3930, TTY 711. 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 1-877-874-3930, TTY 711. 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 1-877-874-3930, TTY 711. 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 1-877-874-3930, TTY 711. 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に、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、1-877-874-3930, TTY 711 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。