



Banner  
University Health Plans  
Banner - University Care Advantage

# 2020 SUMMARY OF BENEFITS

COCHISE | GILA | GRAHAM |  
GREENLEE | LA PAZ

Banner - University Care Advantage (HMO SNP) H4931, 013



# 2020 Summary of Benefits

Banner – University Care Advantage (HMO SNP) H4931, 013

**This is a summary of drug and health services covered by Banner – University Care Advantage January 1, 2020 - December 31, 2020.**

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. To get a complete list of services we cover, call us and ask for the "Evidence of Coverage." You may also access our Evidence of Coverage online at: [www.BannerUCA.com](http://www.BannerUCA.com).



## Hours Of Operation

You can call us 8 a.m. to 8 p.m., 7 days a week.



## How To Contact Us

- If you are a member of this plan, call toll-free (877) 874-3930; TTY users call 711.
- If you are not a member of this plan, call toll-free (877) 874-3938; TTY users call 711.
- Our website: [www.BannerUCA.com](http://www.BannerUCA.com)



## Who Can Join?

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



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

**Banner – University Care Advantage** 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 at our website: [www.BannerUCA.com](http://www.BannerUCA.com).

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, [www.BannerUCA.com](http://www.BannerUCA.com).
- 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 – University Care Advantage 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 Benefit booklets. Or, use the Medicare Plan Finder on <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 <http://www.medicare.gov> or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.



## Important Information

Banner – University Care Advantage is an HMO SNP with a Medicare contract. Enrollment in Banner – University Care Advantage depends on contract renewal.

Banner – University 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.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-874-3930 (TTY: 711).

Out-of-network/non-contracted providers are under no obligation to treat Banner – University Care Advantage members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

<b>Premiums And Benefits</b>	<b>Banner – University Care Advantage (HMO SNP)</b>	<b>What You Should Know</b>
<b>Monthly Plan Premium</b>	<p>You pay nothing</p> <p>You must continue to pay your Medicare Part B premium.</p>	<p>The monthly Part B premium is paid for by the State in some cases. Your cost-sharing is determined by your level of Medicaid eligibility.</p>
<b>Deductible</b>	<p>This plan has deductibles for some hospital and medical services.</p> <p>\$0 or \$185 per year for in-network services, depending on your level of Medicaid eligibility.</p> <p>This amount may change for 2020. The plan will provide updated rates as soon as Medicare releases them.</p>	<p>Your cost-sharing is determined by your level of Medicaid eligibility</p>
<p><b>Maximum Out-of-Pocket Responsibility</b></p> <p><b>(does not include prescription drugs)</b></p>	<p>Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care.</p> <p>In this plan, you may pay nothing for Medicare-covered services, depending on your level of AHCCCS (Medicaid) eligibility.</p> <p>Your yearly limit(s) in this plan:</p> <ul style="list-style-type: none"> <li>• \$6,700 for services you receive from in-network providers.</li> </ul> <p>If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year.</p> <p>Refer to the “Medicare &amp; You” handbook for Medicare-covered services. For AHCCCS (Medicaid)-covered services, refer to the Medicaid Coverage section in this document.</p> <p>Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.</p>	<p>The most you pay for copays, coinsurance and other costs for medical services for the year.</p>

<b>Premiums And Benefits</b>	<b>Banner – University Care Advantage (HMO SNP)</b>	<b>What You Should Know</b>
<b>Inpatient Hospital Coverage</b>	<p>The co-pays for hospital and skilled nursing facility (SNF) benefits are based on benefit periods. A benefit period begins the day you're admitted as an inpatient and ends when you haven't received any inpatient care (or skilled care in a SNF) for 60 days in a row. If you go into a hospital or a SNF after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period.</p> <p>There's no limit to the number of benefit periods.</p> <p>Our plan covers 90 days for an inpatient hospital stay. Our 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. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.</p> <p>In 2019 the amounts for each benefit period were \$0 or:</p> <ul style="list-style-type: none"> <li>• \$1,364 deductible for days 1 through 60</li> <li>• \$341 copay per day for days 61 through 90</li> <li>• \$682 copay per day for 60 lifetime reserve days</li> </ul> <p>These amounts may change for 2020. The plan will provide updated rates as soon as Medicare releases them.</p>	<p>Your cost-sharing is determined by your level of Medicaid eligibility.</p> <p>Authorization and/or a referral from your doctor may be required.</p>
<b>Outpatient Hospital Coverage</b>	0% or 20% of the cost	<p>Authorization and/or a referral from your doctor may be required.</p> <p>Your cost-sharing is determined by your level of Medicaid eligibility.</p>
<b>Doctor Visits</b> <ul style="list-style-type: none"> <li>• Primary</li> <li>• Specialist</li> </ul>	<ul style="list-style-type: none"> <li>0% or 20% of the cost</li> <li>0% or 20% of the cost</li> </ul>	<p>Authorization and/or a referral from your doctor is required for specialist visits.</p> <p>Your cost-sharing is determined by your level of Medicaid eligibility.</p>

<b>Premiums And Benefits</b>	<b>Banner – University Care Advantage (HMO SNP)</b>	<b>What You Should Know</b>
<p><b>Preventive Care</b></p>	<p>Our plan covers these preventive services at no cost to you:</p> <ul style="list-style-type: none"> <li>• Abdominal aortic aneurysm screening</li> <li>• Alcohol misuse counseling</li> <li>• Bone mass measurement</li> <li>• Breast cancer screening (mammogram)</li> <li>• Cardiovascular disease (behavioral therapy)</li> <li>• Cardiovascular disease screening</li> <li>• Cervical and vaginal cancer screening</li> <li>• Colorectal cancer screening</li> <li>• Depression screening</li> <li>• Diabetes screening</li> <li>• HIV screening</li> <li>• Medical nutrition therapy services</li> <li>• Medicare Diabetes Prevention Program (MDPP)</li> <li>• Obesity screening and counseling</li> <li>• Prostate cancer screening</li> <li>• Sexually transmitted infections screening and counseling</li> <li>• Tobacco use cessation counseling</li> <li>• Vaccines, including Flu shots, Hepatitis B shots, Pneumococcal shots</li> <li>• “Welcome to Medicare” preventive visit (one time)</li> <li>• Annual wellness exam</li> </ul> <p>Our plan also covers preventive services with 0% or 20% cost sharing depending on your level of Medicaid eligibility:</p> <ul style="list-style-type: none"> <li>• Barium Enemas</li> <li>• Diabetes Self Management Training</li> <li>• Digital Rectal Exams</li> <li>• EKG following Welcome Visit</li> <li>• Glaucoma Screening</li> </ul>	<p>Any additional preventive services approved by Medicare during the contract year will be covered.</p>
<p><b>Emergency Care</b></p>	<p>0% or 20% of the cost (up to \$90)</p> <p>If you are admitted to the hospital within 3 days, you do not have to pay your share of the cost for emergency care. See the “Inpatient Hospital Coverage” section of this booklet for other costs.</p>	<p>Your cost-sharing is determined by your level of Medicaid eligibility.</p>

<b>Premiums And Benefits</b>	<b>Banner – University Care Advantage (HMO SNP)</b>	<b>What You Should Know</b>
<b>Urgently Needed Services</b>	0% or 20% of the cost (up to \$65)	Your cost-sharing is determined by your level of Medicaid eligibility.
<b>Diagnostic Services/Labs/ Imaging</b> <ul style="list-style-type: none"> <li>• Diagnostic radiology service (e.g., MRI)</li> <li>• Lab services</li> <li>• Diagnostic tests and procedures</li> <li>• Outpatient x-rays</li> </ul>	0% or 20% of the cost  You pay nothing  0% or 20% of the cost  0% or 20% of the cost	Authorization and/ or a referral from your doctor is required for some services.   Your cost-sharing is determined by your level of Medicaid eligibility.
<b>Hearing Services</b> <ul style="list-style-type: none"> <li>• Medicare-covered care</li> <li>• Additional Hearing Care</li> </ul>	Medicare-covered hearing exam to diagnose and treat hearing issues: 0% or 20% of the cost. Your cost-sharing is determined by your level of Medicaid eligibility.  Routine hearing exam \$0 copay Hearing aid(s), maintenance parts and fittings \$0 copay Our plan covers \$1,500 every 3 years for hearing aid(s).	This plan covers both Medicare-covered hearing care and Additional Hearing Care.  Authorization and/ or a referral from your doctor may be required.

<b>Premiums And Benefits</b>	<b>Banner – University Care Advantage (HMO SNP)</b>	<b>What You Should Know</b>
<p><b>Dental Services</b></p> <ul style="list-style-type: none"> <li>• Medicare-covered care</li> <li>• Additional Dental Care</li> </ul>	<p>Limited dental care: 0% or 20% of the cost</p> <p>Your cost-sharing is determined by the level of your Medicaid eligibility.</p> <p>Our plan pays up to \$1,500 every year for Additional Dental Care (preventive and comprehensive).</p> <p>Preventive:</p> <ul style="list-style-type: none"> <li>• Oral exams \$0 copay</li> <li>• Cleanings \$0 copay</li> <li>• X-rays \$0 copay</li> <li>• Fluoride treatment \$0 copay</li> </ul> <p>Comprehensive: \$0 copay for covered services</p> <p>Comprehensive dental services include: restorative services, diagnostic services, endodontics, periodontics/extractions/prosthodontics, bridges, dentures, other oral maxillofacial surgery, and other services.</p>	<p>This plan covers both Medicare-covered dental care and Additional Dental Care.</p> <p>Authorization and/or a referral from your doctor is required for some services.</p>
<p><b>Vision Services</b></p> <ul style="list-style-type: none"> <li>• Medicare-covered care</li> <li>• Additional Vision Care</li> </ul>	<p>Medicare-covered vision exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): 0% or 20% of the cost.</p> <p>Medicare-covered eyeglasses or contact lenses after cataract surgery: 0% or 20% of the cost.</p> <p>Your cost-sharing is determined by your level of Medicaid eligibility.</p> <p>Routine eye exam \$0 copay</p> <p>Eyeglasses (frames and lenses) \$0 copay</p> <p>Contact lenses and fitting fee \$0 copay</p> <p>Our plan covers \$75 a year for non-Medicare-covered eyeglasses and/or contact lenses.</p>	<p>This plan covers both Medicare-covered vision care and Additional Vision Care.</p> <p>Authorization and/or a referral from your doctor may be required.</p>



<b>Premiums And Benefits</b>	<b>Banner – University Care Advantage (HMO SNP)</b>	<b>What You Should Know</b>
<p><b>Mental Health Services</b></p> <ul style="list-style-type: none"> <li>Inpatient visit</li> </ul>	<p>Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital.</p> <p>The inpatient hospital care limit does not apply to inpatient mental services provided in a general hospital.</p> <p>The co-pays for hospital and skilled nursing facility (SNF) benefits are based on benefit periods. A benefit period begins the day you're admitted as an inpatient and ends when you haven't received any inpatient care (or skilled care in a SNF) for 60 days in a row.</p> <p>If you go into a hospital or a SNF after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There's no limit to the number of benefit periods.</p> <p>Our plan covers 90 days for an inpatient hospital stay.</p> <p>Our 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. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.</p> <p>In 2019 the amounts for each benefit period were \$0 or:</p> <ul style="list-style-type: none"> <li>\$1,364 deductible for days 1 through 60</li> <li>\$341 copay per day for days 61 through 90</li> <li>\$682 copay per day for 60 lifetime reserve days</li> </ul> <p>These amounts may change for 2020. The plan will provide updated rates as soon as Medicare releases them.</p>	<p>Authorization and/or a referral from your doctor is required for some services.</p> <p>Your cost-sharing is determined by your level of Medicaid eligibility.</p>
<ul style="list-style-type: none"> <li>Outpatient group therapy visit</li> <li>Outpatient individual therapy visit</li> </ul>	<p>0% or 20% of the cost</p> <p>0% or 20% of the cost</p>	

<b>Premiums And Benefits</b>	<b>Banner – University Care Advantage (HMO SNP)</b>	<b>What You Should Know</b>
<b>Skilled Nursing Facility</b>	<p>Our plan covers up to 100 days in a SNF.</p> <p>In 2020 the amounts for each benefit period were \$0 or:</p> <p>You pay nothing for days 1 through 20</p> <p>\$178 copay per day for days 21 through 100.</p>	<p>Authorization and/or a referral from your doctor is required for some services.</p> <p>Your cost-sharing is determined by your level of Medicaid eligibility.</p>
<b>Physical Therapy</b> <ul style="list-style-type: none"> <li>• Occupational therapy visit</li> <li>• Physical therapy and speech and language therapy visit</li> <li>• Cardiac (heart) rehab services</li> </ul>	<p>0% or 20% of the cost</p> <p>0% or 20% of the cost</p> <p>0% or 20% of the cost</p>	<p>Authorization and/or a referral from your doctor is required for some services.</p> <p>Your cost-sharing is determined by your level of Medicaid eligibility.</p>
<b>Ambulance</b>	0% or 20% of the cost	<p>Authorization and/or a referral from your doctor is required for some services.</p> <p>Your cost-sharing is determined by your level of Medicaid eligibility.</p>
<b>Transportation</b>	Not Covered	
<b>Medicare Part B Drugs</b>	<p>0% or 20% of the cost for chemotherapy drugs</p> <p>0% or 20% of the cost for other Part B drugs</p>	<p>Authorization and/or a referral from your doctor is required for some services.</p> <p>Your cost-sharing is determined by your level of Medicaid eligibility.</p>
<b>Ambulatory Surgical Center</b>	0% or 20% of the cost	<p>Authorization and/or a referral from your doctor is required for some services.</p> <p>Your cost-sharing is determined by your level of Medicaid eligibility.</p>

# Prescription Drugs

You may get drugs from an out-of-network pharmacy at the same cost as an in-network pharmacy. Please call us or access our Evidence of Coverage online. For more information on the additional pharmacy specific cost-sharing and the phases of the benefit, please call us or access our Evidence of Coverage online.

**Your cost-sharing is determined by the level of “Extra Help” you receive.** If you don't qualify for low-income subsidy, then you pay the Medicare Part D cost sharing outlined in the Evidence of Coverage. If you do qualify for low-income subsidy, then you pay:

## Network Pharmacy (Retail, Mail-Order, LTC)

<b>Annual Prescription Deductible</b>	\$0 or \$89
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### 30-day or 90-day supply from a network pharmacy:

<b>Generic Drugs (including brand treated as generic)</b>	\$0, \$1.30 or \$3.60 copay or 15% of the total cost
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<b>All Other Drugs</b>	\$0, \$3.90 or \$8.95 copay or 15% of the total cost
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Plans may offer supplemental benefits in addition to Part C benefits and Part D benefits.

<b>Premiums And Benefits</b>	<b>Banner – University Care Advantage (HMO SNP)</b>	<b>What You Should Know</b>
<p><b>Foot Care (podiatry services)</b></p> <ul style="list-style-type: none"> <li>• Medicare-covered care</li> </ul>	<p>Medicare-covered foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions: 0% or 20% of the cost.</p> <p>Your cost-sharing is determined by your level of Medicaid eligibility.</p>	<p>This plan covers Medicare-covered foot care.</p> <p>Authorization and/or a referral from your doctor are required.</p>
<p><b>Medical Equipment/Supplies</b></p> <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 services</li> </ul>	<p>0% or 20% of the cost</p> <p>0% or 20% of the cost</p> <p>0% or 20% of the cost</p>	<p>Authorization and/or a referral from your doctor is required for some services.</p> <p>Your cost-sharing is determined by your level of Medicaid eligibility.</p>
<p><b>Over-the-Counter Health Products</b></p>	<p>Covered</p> <p>\$25 monthly allowance.</p> <p>Allowance amount does not roll over month to month.</p>	<p>Over-the-Counter items may only be purchased for the enrollee.</p>
<p><b>Chiropractic Care</b></p> <ul style="list-style-type: none"> <li>• Medicare-covered care</li> </ul>	<p>Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position): 0% or 20% of the cost.</p> <p>Your cost-sharing is determined by your level of Medicaid eligibility.</p>	<p>This plan covers Medicare-covered chiropractic care.</p> <p>Authorization and/or a referral from your doctor are required.</p>

Premiums And Benefits	Banner – University Care Advantage (HMO SNP)	What You Should Know
<p><b>Outpatient Substance Abuse</b></p> <ul style="list-style-type: none"> <li>Group therapy visit</li> <li>Individual therapy visit</li> </ul>	<p>0% or 20% of the cost</p> <p>0% or 20% of the cost</p>	<p>Authorization and/or a referral from your doctor may be required.</p> <p>Your cost-sharing is determined by your level of Medicaid eligibility.</p>
<p><b>Renal Dialysis Services</b></p>	<p>0% or 20% of the cost</p>	<p>Authorization and/or a referral from your doctor may be required.</p> <p>Your cost-sharing is determined by your level of Medicaid eligibility.</p>
<p><b>Nurse On-Call</b></p>	<p>24 hours a day, 7 days a week health care advice from a nursing professional to help answer your immediate health care questions.</p>	
<p><b>Home Health Care</b></p>	<p>You pay nothing</p>	<p>Authorization and/or a referral from your doctor may be required.</p>

# Arizona Health Care Cost Containment System

## Medicare Advantage Special Needs Plans for Dual Eligible Members

### 2020 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.

<b>Benefit</b>	<b>As an Arizona Health Care Cost Containment System (AHCCCS) – QMB Dual Eligible – You Pay:</b>	<b>As an Arizona Health Care Cost Containment System (AHCCCS) – Non-QMB Dual Eligible – You Pay:</b>	<b>Banner - University Care Advantage (HMO SNP) See previous section for cost sharing amounts.</b>
<b>ACUTE AND LONG TERM CARE MEDICAID PROGRAMS (1)</b>			
<b>Inpatient Hospital Stay</b>	\$0	\$0	Covered
<b>Inpatient Behavioral Health Care Stay</b>	\$0	\$0	Covered
<b>Nursing Facility Services</b>	\$0	\$0	Covered
<b>Home Health Care Visit</b>	\$0	\$0	Covered
<b>Primary Care Physician (PCP) Visit</b>	\$0	\$0 for well visits, and \$0 to \$4 for other visits depending on eligibility (2) for ages 21 and over (2). \$0 for ages 20 and under.	Covered
<b>Specialist Physician Visit</b>	\$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.	Covered
<b>Medicare-Covered Services, including Chiropractic Care Visit, Chronic/ Complex Case Management, etc,</b>	\$0	\$0 for ages 20 and under. Not covered for ages 21 and over.	Covered

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:	Banner - University Care Advantage (HMO SNP) <i>See previous section for cost sharing amounts.</i>
<b>ACUTE AND LONG TERM CARE MEDICAID PROGRAMS (1)</b>			
<b>Podiatry Services Visit</b>	\$0	\$0	Covered
<b>Outpatient Behavioral Health Care Visit</b>	\$0	\$0	Covered
<b>Outpatient Substance Abuse Care Visit</b>	\$0	\$0	Covered
<b>Ambulatory Surgical Center or Outpatient Hospital Facility Visit</b>	\$0	\$0 to \$3 depending on eligibility (2) for ages 21 and over. \$0 for ages 20 and under.	Covered
<b>Ambulance Services</b>	\$0	\$0	Covered
<b>Emergency Services</b>	\$0	\$0	Covered
<b>Urgently Needed Care Visit</b>	\$0	\$0 to \$4 depending on eligibility (2) for ages 21 and over. \$0 for ages 20 and under.	Covered
<b>Outpatient Occupational/ Physical/Speech Therapy Visit</b>	\$0	\$0 to \$3 depending on eligibility (2) for ages 21 and over. \$0 for ages 20 and under.	Covered
<b>Durable Medical Equipment</b>	\$0	\$0	Covered
<b>Prosthetic Devices</b>	\$0	\$0. Lower limb microprocessor controlled limb or joint not covered for ages 21 and over.	Covered
<b>Diabetes Self-Monitoring Training &amp; Supplies (when provided as part of a PCP visit)</b>	\$0	\$0	Covered
<b>Diagnostic Tests, X-rays, and Laboratory Services</b>	\$0	\$0	Covered
<b>Colorectal Screening</b>	\$0	\$0	Covered

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:	Banner - University Care Advantage (HMO SNP) See <i>previous section for cost sharing amounts.</i>
<b>ACUTE AND LONG TERM CARE MEDICAID PROGRAMS (1)</b>			
<b>Flu and Pneumonia Vaccines</b>	\$0	\$0	Covered
<b>Screening Mammogram</b>	\$0	\$0	Covered
<b>Pap Smear and Pelvic Exam</b>	\$0	\$0	Covered
<b>Prostate Cancer Screening</b>	\$0	\$0	Covered
<b>Renal Dialysis or Nutritional Therapy for End-Stage Renal Disease</b>	\$0	\$0	Covered
<b>Prescription Medications (3)</b>	\$0	\$0 to \$2.30 depending on eligibility (2) for ages 21 and over. \$0 for ages 20 and under.	Covered
<b>Hearing Exams, Routine Hearing Tests, and Fitting Evaluations for a Hearing Aid</b>	\$0 for ages 20 and under. Not covered for ages 21 and over.	\$0 for ages 20 and under. Not covered for ages 21 and over.	Covered
<b>Hearing Aids</b>	\$0 for ages 20 and under. Not covered for ages 21 and over.	\$0 for ages 20 and under. <i>Not covered for ages 21 and over.</i>	Covered
<b>Routine Eye Exam, Eyeglasses, Contact Lenses, Lenses and Frames</b>	\$0 for ages 20 and under. Not covered for ages 21 and over unless following cataract surgery.	\$0 for ages 20 and under. Not covered for ages 21 and over.	Covered
<b>Adult Emergency Dental Services</b>	\$0 for ages 21 and over. Services subject to a \$1,000 limit per each 12 month period beginning October 1st of each year.	\$0 for ages 21 and over. Services subject to a \$1,000 limit per each 12 month period beginning October 1st of each year.	Covered
<b>Non-Emergency Medically Necessary Transportation</b>	\$0	\$0	Not Covered



<b>Benefit</b>	<b>As an Arizona Health Care Cost Containment System (AHCCCS) – QMB Dual Eligible – You Pay:</b>	<b>As an Arizona Health Care Cost Containment System (AHCCCS) – Non-QMB Dual Eligible – You Pay:</b>	<b>Banner - University Care Advantage (HMO SNP) See previous section for cost sharing amounts.</b>
<b>LONG TERM CARE MEDICAID PROGRAMS ONLY (1)</b>			
<b>Nursing Facility Services</b>	Cost sharing determined by AHCCCS	Cost sharing determined by AHCCCS	Not Covered
<b>Respite Services</b>	\$0. Subject to a 600 hour limit per each 12 month period beginning October 1st of each year.	\$0. Subject to a 600 hour limit per each 12 month period beginning October 1st of each year.	Not Covered
<b>Home and Community Based Services</b>	Member Contribution determined by AHCCCS	Member Contribution determined by AHCCCS	Not Covered
<b>Adult Preventive Dental Services (4)</b>	\$0 for ages 21 and over. Services subject to a \$1,000 limit per each 12 month period beginning October 1st of each year.	\$0 for ages 21 and over. Services subject to a \$1,000 limit per each 12 month period beginning October 1st of each year.	Covered

- (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, 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.