



Mercy Care Advantage (HMO SNP) 2021 Summary of Benefits

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.

Visit www.MercyCareAZ.org

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. – 5:00 p.m., Monday – Friday.

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. – 5:00 p.m., Monday – Friday.

Write Mercy Care Advantage (HMO SNP)
4755 S. 44th Place
Phoenix, AZ 85040

Website **www.MercyCareAZ.org**



2021

Summary of Benefits

Mercy Care Advantage (HMO SNP)

January 1, 2021 – December 31, 2021
H5580-001, 004, 005

Section I – Introduction to Summary of Benefits

Summary of Benefits

January 1, 2021 – December 31, 2021

This booklet gives you a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. To see a complete list of covered services and exclusions, refer to the Mercy Care Advantage Evidence of Coverage. The Evidence of Coverage is available on our website at www.MercyCareAZ.org, or you can call us at the numbers below and ask for a copy to be mailed to you.

Sections in this Summary of Benefits booklet

Section I – Introduction to Summary of Benefits

Section II – Summary of Benefits

Section III – Arizona Health Care Cost Containment System (AHCCCS) Medicaid Benefits

Section IV – Additional Information and Pre-Enrollment Checklist

Eligibility

To be eligible for the Mercy Care Advantage plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B and enrolled in AHCCCS.

You must also 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.

How to contact Mercy Care Advantage

For current Mercy Care Advantage members, call us at **602-586-1730** or **1-877-436-5288** (TTY **711**), 8:00 a.m. – 8:00 p.m., 7 days a week.

If you are not a Mercy Care Advantage member, call us at **602-414-7630** or **1-866-571-5781** (TTY **711**), 8:00 a.m. – 5:00 p.m., Monday – Friday.

For information about Mercy Care Advantage you can go to our website, www.MercyCareAZ.org.

About Mercy Care Advantage

Mercy Care Advantage is available to people who have Medicare and who receive Medicaid assistance from AHCCCS. Mercy Care Advantage is a Medicare Special Needs Plan, which means our plan benefits and services are designed for people with special health care needs. Our plan offers additional benefits and services not covered under Medicare, such as dental, hearing aids, and eyewear. If you are a member of Mercy Care and enroll in Mercy Care Advantage, we will coordinate your Medicare and Medicaid covered services for you.

Section II – Summary of Benefits

January 1, 2021 – December 31, 2021

Benefits and Services	Mercy Care Advantage (HMO SNP)	What you should know
Monthly plan premium	\$0 per month.	In addition, you must keep paying your Medicare Part B premium.
Deductible	<ul style="list-style-type: none"> • \$0 or \$198 per calendar year for services covered under Medicare Part B, depending on your level of Medicaid eligibility. • \$0 or \$1,408 per calendar year for inpatient services covered under Medicare Part A, depending on your level of Medicaid eligibility. <p>These are the 2020 cost sharing amounts and may change for 2021. Mercy Care Advantage will publish the 2021 annual Medicare Part A and B deductible amounts as soon as they are released.</p> <ul style="list-style-type: none"> • \$0 to \$92 per calendar year for Part D prescription drugs. 	Our plan has deductibles for some hospital and medical services.
Maximum Out-of-Pocket Responsibility (does not include prescription drugs)	<p>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 Arizona Health Care Cost Containment System (AHCCCS) eligibility.</p> <p>Your yearly limit(s) in this plan:</p> <ul style="list-style-type: none"> • \$7,550 for services you receive from in-network providers. • 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 calendar year. 	<p>Refer to the “Medicare & You” handbook for Medicare-covered services. For AHCCCS-covered services, refer to the Medicaid Coverage section in this booklet.</p> <p>Please note that you will still need to pay your Medicare Part B monthly premiums and cost-sharing for your Part D prescription drugs.</p>

Section II – Summary of Benefits

January 1, 2021 – December 31, 2021

Benefits and Services	Mercy Care Advantage (HMO SNP)	What you should know
Outpatient Prescription Drug Benefits		
<p>Medicare Part D Drugs</p>	<p>Depending on your income and institutional status, you pay the following:</p> <p>For generic drugs (including brand drugs treated as generic), either:</p> <ul style="list-style-type: none"> • \$0 copay; or \$1.30 copay; or \$3.70 copay <p>For all other drugs, either:</p> <ul style="list-style-type: none"> • \$0 copay; or \$4.00 copay; or \$9.20 copay <p>You may get your drugs at network retail pharmacies and our mail order pharmacy.</p> <p>If you reside in a long-term care facility, you pay the same as at a retail pharmacy.</p> <p>You may get drugs from an out-of-network pharmacy at the same cost as an in-network pharmacy in certain situations. Refer to the 2021 Evidence of Coverage for details.</p> <p>Retail Pharmacy You can get drugs the following way(s):</p> <ul style="list-style-type: none"> • One-month (31-day) supply • Three-month (90-day) supply <p>Long Term Care Pharmacy</p> <ul style="list-style-type: none"> • One-month (31-day) supply <p>Mail Order</p> <ul style="list-style-type: none"> • Three-month (90-day) supply <p>Out-of-Network Pharmacy</p> <ul style="list-style-type: none"> • One-month (31-day) supply 	<p>Some covered drugs may have additional requirements or limits on coverage. For more information, call Mercy Care Advantage or refer to the 2021 Formulary.</p>

Section II – Summary of Benefits

January 1, 2021 – December 31, 2021

Benefits and Services	Mercy Care Advantage (HMO SNP)	What you should know
Outpatient Prescription Drug Benefits		
<p>Medicare Part D Drugs (continued)</p> <p>Four Drug Payment Stages:</p>	<p><u>Stage 1 – Yearly Deductible Stage</u> Because there is no deductible for the plan, this payment stage does not apply.</p> <p><u>Stage 2 – Initial Coverage Stage</u> 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. You stay in this stage until your year-to-date out-of-pocket costs (your payments) reach \$6,550.</p> <p><u>Stage 3 – Coverage Gap Stage</u> Because there is no coverage gap for the plan, this payment stage does not apply.</p> <p><u>Stage 4 – Catastrophic Coverage Stage</u> During this stage, the plan will pay all of the costs of your drugs for the rest of the calendar year (through December 31, 2021). After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$6,550, you pay nothing for all drugs.</p>	<p>For more information, call Mercy Care Advantage or refer to the 2021 Evidence of Coverage on our website, www.MercyCareAZ.org.</p>

Section II – Summary of Benefits

January 1, 2021 – December 31, 2021

Benefits and Services	Mercy Care Advantage (HMO SNP)	What you should know
Covered Benefits and Services		
Inpatient Hospital Coverage	<p>The copays for hospital and skilled nursing facility (SNF) benefits are based on 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 2020 the amounts for each benefit period were \$0 or:</p> <ul style="list-style-type: none"> • \$1,408 deductible for days 1 through 60 • \$352 copay per day for days 61 through 90 • \$704 copay per day for 60 lifetime reserve days <p>These are 2020 cost sharing amounts and may change for 2021. Mercy Care Advantage will publish 2021 rates as soon as they are released.</p>	Services may require prior authorization.
Outpatient Hospital Coverage	Outpatient hospital: 0% or 20% of the cost	Services may require prior authorization or a referral from your doctor.
Ambulatory Surgery Center	Ambulatory surgical center: 0% or 20% of the cost	Services may require prior authorization or a referral from your doctor.
Doctor Visits (Primary Care Providers and Specialists)	<p>Primary care provider visit: 0% or 20% of the cost</p> <p>Specialist visit: 0% or 20% of the cost</p>	Specialist visits may require prior authorization or a referral from your doctor.

Section II – Summary of Benefits

January 1, 2021 – December 31, 2021

Benefits and Services	Mercy Care Advantage (HMO SNP)	What you should know
Covered Benefits and Services		
Preventive Care	<p>You pay nothing.</p> <p>Our plan covers many preventive services, including:</p> <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 • 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 • 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 (one-time) • Yearly “Wellness” visit 	<p>Any additional preventive services approved by Medicare during the contract year will be covered.</p> <p>For more information, call Mercy Care Advantage or refer to the 2021 Evidence of Coverage on our website, www.MercyCareAZ.org.</p>

Section II – Summary of Benefits

January 1, 2021 – December 31, 2021

Benefits and Services	Mercy Care Advantage (HMO SNP)	What you should know
Covered Benefits and Services		
Emergency Care	0% or 20% of the cost (up to \$90) 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.	Coverage is limited to emergency care received in the U.S. and its territories.
Urgently Needed Services	0% or 20% of the cost (up to \$65)	
Diagnostic Services/ Labs/Imaging <i>(Costs for these services may vary based on place of service)</i>	<ul style="list-style-type: none"> • Diagnostic radiology services (such as MRIs, CT scans): 0% or 20% of the cost • Diagnostic tests and procedures: 0% or 20% of the cost • Lab services: 0% or 20% of the cost • Outpatient x-rays: 0% or 20% of the cost • Therapeutic radiology services (such as radiation treatment for cancer): 0% or 20% of the cost 	Services may require prior authorization or a referral from your doctor. The following radiology and lab services require prior authorization: PET Scans, MRI, MRA, 3-D Ultrasounds, 3-D Imaging, and Genetic testing.
Hearing Services	<ul style="list-style-type: none"> • Exam to diagnose and treat hearing and balance issues: 0% or 20% of the cost • Routine hearing exam (for up to 1 every calendar year): \$0 copay. • Hearing aid: \$0 copay. Our plan pays up to \$1,700 every two years for hearing aids.	

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January 1, 2021 – December 31, 2021

Benefits and Services	Mercy Care Advantage (HMO SNP)	What you should know
Covered Benefits and Services		
<p>Dental Services</p>	<p>Medicare Part A (Hospital Insurance) will pay for certain dental services that you get when you're in a hospital. Limited dental services: \$0 copay.</p> <p>Our plan includes coverage for additional preventive and comprehensive dental services.</p> <p>Preventive & Diagnostic dental services include the following:</p> <ul style="list-style-type: none"> • Cleaning (for up to 1 every six months from last date of service): \$0 copay. • Dental x-ray(s) (1 every 12 months from last date of service): \$0 copay. • Fluoride treatment (for up to 1 every six months from last date of service): \$0 copay. • Oral exam (for up to 1 every six months from last date of service): \$0 copay. <p>Comprehensive dental services include but are not limited to:</p> <ul style="list-style-type: none"> • \$4,000 plan coverage limit (every calendar year) for services like extractions, crowns, fillings, and root canals. • Full mouth series or Panorex x-ray covered every 3 years from the last date of service. 	<p>No referral or prior authorization required.</p> <p>No referral or prior authorization required.</p> <p>Some exclusions apply. Refer to the 2021 Evidence of Coverage for more information.</p>

Section II – Summary of Benefits

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Benefits and Services	Mercy Care Advantage (HMO SNP)	What you should know
Covered Benefits and Services		
Vision Services	<p>Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): 0% or 20% of the cost</p> <ul style="list-style-type: none"> • Routine eye exam (for up to 1 every calendar year): \$0 copay. • Contact lenses: \$0 copay. • Eyeglasses (frames and lenses): \$0 copay. • Eyeglasses or contact lenses after cataract surgery: \$0 copay. <p>Our plan pays up to \$275 every two years for contact lenses and eyeglasses (frames and lenses).</p>	

Section II – Summary of Benefits

January 1, 2021 – December 31, 2021

Benefits and Services	Mercy Care Advantage (HMO SNP)	What you should know
Covered Benefits and Services		
<p>Mental Health Services (including Inpatient and Outpatient)</p>	<p>Inpatient visit: Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit does not apply to inpatient mental health services provided in a general hospital.</p> <p>The copays for hospital and skilled nursing facility (SNF) benefits are based on 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 2020 the amounts for each benefit period were \$0 or:</p> <ul style="list-style-type: none"> • \$1,408 deductible for days 1 through 60 • \$352 copay per day for days 61 through 90 • \$704 copay per day for 60 lifetime reserve days <p>These are 2020 cost sharing amounts and may change for 2021. Mercy Care Advantage will publish 2021 rates as soon as they are released.</p> <p>Outpatient visit: Group therapy visit: 0% or 20% of the cost Individual therapy visit: 0% or 20% of the cost</p>	<p>Services may require prior authorization or a referral from your doctor.</p>

Section II – Summary of Benefits

January 1, 2021 – December 31, 2021

Benefits and Services	Mercy Care Advantage (HMO SNP)	What you should know
Covered Benefits and Services		
Skilled Nursing Facility (SNF)	<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> <ul style="list-style-type: none"> • You pay nothing for days 1 through 20 • \$176 copay per day for days 21 through 100 <p>These are 2020 cost sharing amounts and may change for 2021. Mercy Care Advantage will publish 2021 rates as soon as they are released.</p>	<p>Services may require prior authorization.</p>
Physical Therapy	<ul style="list-style-type: none"> • Occupational therapy visit: 0% or 20% of the cost • Physical therapy and speech and language therapy visit: 0% or 20% of the cost 	<p>Services may require prior authorization or a referral from your doctor.</p>
Ambulance	<p>0% or 20% of the cost</p>	
Transportation	<p>You pay nothing.</p> <p>Our plan covers routine transportation services for certain supplemental benefits covered by Mercy Care Advantage. Our plan will cover up to 26-one way trips or 13-round trips every calendar year.</p>	<p>Transportation services can be used for these Mercy Care Advantage supplemental benefits*:</p> <ul style="list-style-type: none"> • Chiropractic • Dental • Hearing aids • Over-the-Counter items at select CVS Pharmacy locations • Podiatry • Vision • Wellness programs <ul style="list-style-type: none"> — Diabetes education — Exercise — Nutrition — Smoking cessation <p>*This is not a complete list of Mercy Care Advantage supplemental benefits.</p>

Section II – Summary of Benefits

January 1, 2021 – December 31, 2021

Benefits and Services	Mercy Care Advantage (HMO SNP)	What you should know
Covered Benefits and Services		
Medicare Part B Drugs	<p>For Part B drugs such as chemotherapy drugs: 0% or 20% of the cost</p> <p>Other Part B drugs: 0% or 20% of the cost</p>	<p>Services may require prior authorization.</p> <p>Step therapy may apply to some Medicare Part B drugs. Refer to the 2021 Evidence of Coverage for more information.</p>
Foot Care (podiatry services)	<p>Medicare Part B covers foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions: 0% or 20% of the cost</p> <p>Our plan covers routine foot care such as cutting or removal of corns and calluses; trimming, cutting, and clipping of nails (for up to 1 visit(s) every three months): You pay nothing.</p>	<p>Services may require prior authorization or a referral from your doctor.</p>
Medical Equipment/ Supplies (wheelchairs, oxygen, etc.)	<ul style="list-style-type: none"> • Diabetes monitoring supplies: 0% or 20% of the cost • Diabetes self-management training: 0% or 20% of the cost • Therapeutic shoes or inserts for people with diabetes: 0% or 20% of the cost • Prosthetic devices: 0% or 20% of the cost • Related medical supplies: 0% or 20% of the cost 	<p>Services may require prior authorization.</p>
Home Health Care	<p>You pay nothing.</p>	<p>Services may require prior authorization.</p>
Hospice	<p>You pay nothing for hospice care from a Medicare-certified hospice. You may have to pay part of the costs for drugs and respite care. Hospice is covered by Original Medicare. Please contact us for more details.</p>	

Section II – Summary of Benefits

January 1, 2021 – December 31, 2021

Benefits and Services	Mercy Care Advantage (HMO SNP)	What you should know
Covered Benefits and Services		
Outpatient Substance Abuse	Group therapy visit: 0% or 20% of the cost Individual therapy visit: 0% or 20% of the cost	Services may require prior authorization or a referral from your doctor.
Renal Dialysis	0% or 20% of the cost Kidney Disease Education covered: 0% or 20% of the cost.	

Section II – Summary of Benefits

January 1, 2021 – December 31, 2021

Benefits and Services	Mercy Care Advantage (HMO SNP)	What you should know
<p>Additional Covered Supplemental Benefits</p> <p>Plans may offer supplemental benefits in addition to Part C benefits and Part D benefits</p>		
Chiropractic Care	Routine chiropractic visit (for up to 12 every calendar year): You pay nothing.	
Meals	Our plan will provide 14 meals upon each discharge from a hospital stay. You pay nothing.	Menu variety supporting chronic conditions. Meals shipped to your residence.
Over-the-Counter Items	\$60 maximum every month for covered over-the-counter items, available for order by phone, online or at select CVS retail locations.	Please visit our website to see the catalog of covered over-the-counter items.
Remote Access Technologies – Telehealth	<p><u>Nursing hotline</u> Members can call our Informed Health Line after business hours and weekends to talk to a registered nurse about medical tests, procedures and treatment options. Call the Member Services phone number and select the option to speak to a nurse in after-hours messaging. You pay nothing.</p> <p><u>Telehealth</u> Smartphone mobile app and online access to consult with a doctor about non-emergency conditions. Appointments can be scheduled 24 hours a day, seven days a week. You pay nothing.</p>	
Wellness Programs	<p>You pay nothing.</p> <p>In partnership with the Foundation for Senior Living, we offer wellness programs for:</p> <ul style="list-style-type: none"> • Diabetes education • Exercise • Nutrition • Smoking cessation 	Call Member Services for assistance.

Section III – Medicaid Benefits

Arizona Health Care Cost Containment System (AHCCCS)

Medicare Advantage Special Needs Plans for Dual Eligible Members

2021 Benefits

For the most up-to-date information about AHCCCS' response during the COVID-19 public health emergency, see <https://www.azahcccs.gov/AHCCCS/AboutUs/covid19.html>.

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</u> Dual Eligible – You Pay:	As an Arizona Health Care Cost Containment System (AHCCCS) – <u>Non QMB</u> Dual Eligible – You Pay:	Mercy Care Advantage (HMO SNP)
ACUTE AND LONG TERM CARE MEDICAID PROGRAMS⁽¹⁾			
Inpatient Hospital Stay	\$0	\$0	<p>The copays for hospital and skilled nursing facility (SNF) benefits are based on 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 2020 the amounts for each benefit period were \$0 or:</p> <ul style="list-style-type: none"> • \$1,408 deductible for days 1 through 60 • \$352 copay per day for days 61 through 90 • \$704 copay per day for 60 lifetime reserve days <p>These are 2020 cost sharing amounts and may change for 2021. Mercy Care Advantage will publish 2021 rates as soon as they are released.</p> <p>Services may require prior authorization.</p>

Benefit	As an Arizona Health Care Cost Containment System (AHCCCS) – <u>QMB</u> Dual Eligible – You Pay:	As an Arizona Health Care Cost Containment System (AHCCCS) – <u>Non QMB</u> Dual Eligible – You Pay:	Mercy Care Advantage (HMO SNP)
ACUTE AND LONG TERM CARE MEDICAID PROGRAMS⁽¹⁾			
Inpatient Behavioral Health Care Stay	\$0	\$0	<p>Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit does not apply to inpatient mental health services provided in a general hospital.</p> <p>The copays for hospital and skilled nursing facility (SNF) benefits are based on 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 2020 the amounts for each benefit period were \$0 or:</p> <ul style="list-style-type: none"> • \$1,408 deductible for days 1 through 60 • \$352 copay per day for days 61 through 90 • \$704 copay per day for 60 lifetime reserve days <p>These are 2020 cost sharing amounts and may change for 2021. Mercy Care Advantage will publish 2021 rates as soon as they are released.</p> <p>Services may require prior authorization or a referral from your doctor.</p>

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:	Mercy Care Advantage (HMO SNP)
ACUTE AND LONG TERM CARE MEDICAID PROGRAMS⁽¹⁾			
Nursing Facility Services	\$0	\$0	<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> <ul style="list-style-type: none"> You pay nothing for days 1 through 20 \$176 copay per day for days 21 through 100 <p>These are 2020 cost sharing amounts and may change for 2021. Mercy Care Advantage will publish 2021 rates as soon as they are released.</p> <p>Services may require prior authorization.</p>
Home Health Care Visit	\$0	\$0	<p>You pay nothing.</p> <p>Services may require prior authorization.</p>
Primary Care Physician (PCP) Visit	\$0	<p>\$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.</p>	0% or 20% of the cost
Specialist Physician Visit	\$0	<p>\$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.</p>	<p>0% or 20% of the cost</p> <p>Specialist visits may require prior authorization or a referral from your doctor.</p>
Medicare-Covered Services including Chiropractic Care Visit, Chronic/Complex Case Management, etc.	\$0	<p>\$0 for ages 20 and under. <i>Not covered for ages 21 and over.</i></p>	<p>Manual manipulation of the spine to correct a subluxation: 0% or 20% of the cost</p> <p>Routine chiropractic visit (for up to 12 every calendar year): You pay nothing.</p> <p>Services may require prior authorization.</p>

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:	Mercy Care Advantage (HMO SNP)
ACUTE AND LONG TERM CARE MEDICAID PROGRAMS⁽¹⁾			
Podiatry Services Visit	\$0	\$0	<p>Medicare Part B covers foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions: 0% or 20% of the cost</p> <p>Our plan covers routine foot care such as cutting or removal of corns and calluses; trimming, cutting, and clipping of nails (for up to 1 visit(s) every three months): You pay nothing.</p> <p>Services may require prior authorization or a referral from your doctor.</p>
Outpatient Behavioral Health Care Visit	\$0	\$0	<p>Group therapy visit: 0% or 20% of the cost</p> <p>Individual therapy visit: 0% or 20% of the cost</p> <p>Services may require prior authorization or a referral from your doctor.</p>
Outpatient Substance Abuse Care Visit	\$0	\$0	<p>Group therapy visit: 0% or 20% of the cost</p> <p>Individual therapy visit: 0% or 20% of the cost</p> <p>Services may require prior authorization or a referral from your doctor.</p>
Ambulatory Surgical Center or Outpatient Hospital Facility Visit	\$0	<p>\$0 to \$3 depending on eligibility⁽²⁾ for ages 21 and over. \$0 for ages 20 and under.</p>	<p>Ambulatory surgical center: 0% or 20% of the cost</p> <p>Outpatient hospital: 0% or 20% of the cost</p> <p>Services may require prior authorization or a referral from your doctor.</p>
Ambulance Services	\$0	\$0	0% or 20% of the cost

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:	Mercy Care Advantage (HMO SNP)
ACUTE AND LONG TERM CARE MEDICAID PROGRAMS⁽¹⁾			
Emergency Services	\$0	\$0	0% or 20% of the cost (up to \$90) 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 “Inpatient Hospital Coverage” in Section II of this booklet for other costs. Coverage is limited to emergency care received in the U.S. and its territories.
Urgently Needed Care Visit	\$0	\$0 to \$4 depending on eligibility ⁽²⁾ for ages 21 and over. \$0 for ages 20 and under.	0% or 20% of the cost (up to \$65)
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.	Occupational therapy visit: 0% or 20% of the cost Physical therapy and speech and language therapy visit: 0% or 20% of the cost Services may require prior authorization or a referral from your doctor.
Durable Medical Equipment	\$0	\$0	0% or 20% of the cost Services may require prior authorization.
Prosthetic Devices	\$0	\$0. <i>Lower limb micro-processor controlled limb or joint not covered for ages 21 and over.</i>	0% or 20% of the cost Services may require prior authorization.
Diabetes Self-Monitoring Training & Supplies (when provided as part of a PCP visit)	\$0	\$0	<ul style="list-style-type: none"> • Diabetes monitoring supplies: 0% or 20% of the cost • Diabetes self-management training: 0% or 20% of the cost • Therapeutic shoes or inserts for people with diabetes: 0% or 20% of the cost

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:	Mercy Care Advantage (HMO SNP)
ACUTE AND LONG TERM CARE MEDICAID PROGRAMS⁽¹⁾			
Diagnostic Tests, X-rays and Laboratory Services (including COVID-19 diagnostic and testing services)	\$0	\$0	<ul style="list-style-type: none"> • Diagnostic radiology services (such as MRIs, CT scans): 0% or 20% of the cost • Diagnostic tests and procedures: 0% or 20% of the cost • Lab services: 0% or 20% of the cost • Outpatient x-rays: 0% or 20% of the cost • Therapeutic radiology services (such as radiation treatment for cancer): 0% or 20% of the cost <p>Services may require prior authorization or a referral from your doctor.</p> <p>The following radiology and lab services require prior authorization: PET Scans, MRI, MRA, 3-D Ultrasounds, 3-D Imaging, and Genetic testing.</p>
Colorectal Screening	\$0	\$0	You pay nothing.
Flu and Pneumonia Vaccines	\$0	\$0	You pay nothing.
Screening Mammogram	\$0	\$0	You pay nothing.
Pap Smear and Pelvic Exam	\$0	\$0	You pay nothing.
Prostate Cancer Screening	\$0	\$0	You pay nothing.
Renal Dialysis or Nutritional Therapy for End-Stage Renal Disease	\$0	\$0	0% or 20% of the cost Kidney Disease Education covered: 0% or 20% of the cost.

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:	Mercy Care Advantage (HMO SNP)
ACUTE AND LONG TERM CARE MEDICAID PROGRAMS⁽¹⁾			
Prescription Medications⁽³⁾	\$0	\$0 to \$2.30 depending on eligibility ⁽²⁾ for ages 21 and over. \$0 for ages 20 and under.	<p>For Part B drugs such as chemotherapy drugs: 0% or 20% of the cost</p> <p>Other Part B drugs: 0% or 20% of the cost</p> <p>Step therapy may apply to some Medicare Part B drugs. Refer to the 2021 Evidence of Coverage for more information.</p> <p>Services may require prior authorization.</p> <p>For Part D drugs: Depending on your income and institutional status, you pay the following:</p> <p>For generic drugs (including brand drugs treated as generic), either:</p> <ul style="list-style-type: none"> • \$0 copay; or \$1.30 copay; or \$3.70 copay <p>For all other drugs, either:</p> <ul style="list-style-type: none"> • \$0 copay; or \$4.00 copay; or \$9.20 copay <p>You may get your drugs at network retail pharmacies and our mail order pharmacy.</p> <p>If you reside in a long-term care facility, you pay the same as at a retail pharmacy.</p> <p>You may get drugs from an out-of-network pharmacy at the same cost as an in-network pharmacy in certain situations. Refer to the 2021 Evidence of Coverage for details.</p> <p>Retail Pharmacy You can get drugs the following way(s):</p> <ul style="list-style-type: none"> • One-month (31-day) supply • Three-month (90-day) supply <p>Long Term Care Pharmacy</p> <ul style="list-style-type: none"> • One-month (31-day) supply

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:	Mercy Care Advantage (HMO SNP)
ACUTE AND LONG TERM CARE MEDICAID PROGRAMS⁽¹⁾			
Prescription Medications⁽³⁾ <i>(continued)</i>			Mail Order <ul style="list-style-type: none"> • Three-month (90-day) supply Out of Network Pharmacy <ul style="list-style-type: none"> • One-month (31-day) supply After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$6,550, you pay nothing for all drugs. Some covered drugs may have additional requirements or limits on coverage. For more information, call Mercy Care Advantage or refer to the 2021 Formulary.
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>	<ul style="list-style-type: none"> • Exam to diagnose and treat hearing and balance issues: 0% or 20% of the cost • Routine hearing exam (for up to 1 every calendar year): \$0 copay.
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>	Hearing aid: \$0 copay. Our plan pays up to \$1,700 every two years for hearing aids.
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>	Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): 0% or 20% of the cost <ul style="list-style-type: none"> • Routine eye exam (for up to 1 every calendar year): \$0 copay • Contact lenses: \$0 copay • Eyeglasses (frames and lenses): \$0 copay • Eyeglasses or contact lenses after cataract surgery: \$0 copay Our plan pays up to \$275 every two years for contact lenses and eyeglasses (frames and lenses).

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:	Mercy Care Advantage (HMO SNP)
ACUTE AND LONG TERM CARE MEDICAID PROGRAMS⁽¹⁾			
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>	Medicare Part A (Hospital Insurance) will pay for certain dental services that you get when you're in a hospital. Limited dental services: \$0 copay.
Non-Emergency Medically Necessary Transportation	\$0	\$0	<p>You pay nothing.</p> <p>Our plan covers routine transportation services for certain supplemental benefits covered by Mercy Care Advantage. Our plan will cover up to 26-one way trips or 13-round trips every calendar year.</p> <p>Transportation services can be used for these Mercy Care Advantage supplemental benefits*:</p> <ul style="list-style-type: none"> • Chiropractic • Dental • Hearing aids • Over-the-Counter items at select CVS Pharmacy locations • Podiatry • Vision • Wellness programs <ul style="list-style-type: none"> — Diabetes education — Exercise — Nutrition — Smoking cessation <p>*This is not a complete list of Mercy Care Advantage supplemental benefits.</p>

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:	Mercy Care Advantage (HMO SNP)
LONG TERM CARE MEDICAID PROGRAMS ONLY⁽¹⁾			
Nursing Facility Services	Cost sharing determined by AHCCCS	Cost sharing determined by AHCCCS	Our plan covers up to 100 days in a SNF. In 2020 the amounts for each benefit period were \$0 or: <ul style="list-style-type: none"> • You pay nothing for days 1 through 20 • \$176 copay per day for days 21 through 100 These are 2020 cost sharing amounts and may change for 2021. Mercy Care Advantage will publish 2021 rates as soon as they are released. Services may require prior authorization.
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>	Not covered.
Home and Community Based Services	Member Contribution determined by AHCCCS	Member Contribution determined by AHCCCS	Not covered.

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:	Mercy Care Advantage (HMO SNP)
LONG TERM CARE MEDICAID PROGRAMS ONLY⁽¹⁾			
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>	<p>Preventive & Diagnostic dental services include the following:</p> <ul style="list-style-type: none"> • Cleaning (for up to 1 every six months from last date of service): \$0 copay • Dental x-ray(s) (1 every 12 months from last date of service): \$0 copay. • Fluoride treatment (for up to 1 every six months from last date of service): \$0 copay • Oral exam (for up to 1 every six months from last date of service): \$0 copay <p>No referral or prior authorization required.</p> <p>Comprehensive dental services include but are not limited to:</p> <ul style="list-style-type: none"> • \$4,000 plan coverage limit (every calendar year) for services like extractions, crowns, fillings, and root canals • Full mouth series or Panorex x-ray covered every 3 years from the last date of service <p>No referral or prior authorization required.</p> <p>Some exclusions apply. Refer to the 2021 Evidence of Coverage for more information.</p>

⁽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.

Section IV – Additional Information

What do we cover?

Mercy Care Advantage covers everything that Original Medicare covers – and *more*. We cover Part B drugs such as chemotherapy and some drugs administered by your provider, plus we also cover Part D drugs. We also cover supplemental benefits like dental, hearing aids and vision care.

Which doctors, hospitals, and pharmacies can I use?

Mercy Care Advantage has a network of doctors, hospitals, pharmacies and other providers. If you use providers that are not in our network, the plan may not pay for these services except in limited situations. You must generally use network pharmacies to fill your prescriptions for covered Part D drugs. Refer to the Evidence of Coverage for additional information.

You can see our network hospitals, providers and pharmacies at www.MercyCareAZ.org.

You can see our formulary (list of covered Part D prescription drugs) and any restrictions at www.MercyCareAZ.org.

If you would like to receive a copy of the 2021 Evidence of Coverage, Formulary or the Provider/Pharmacy directory by mail, call us and we will send you a copy. You can also view these items on our website by October 15, 2020 at www.MercyCareAZ.org.

Cost-Sharing, Benefits and Medicaid Eligibility

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. Mercy Care Advantage can help you coordinate your Medicare and Medicaid covered benefits.

“Medicare and You” handbook

If you want to know more about the coverage and costs of Original Medicare, look in the 2021 “**Medicare & You**” handbook. View it online at 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.

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.

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

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. – 5:00 p.m., Monday – Friday.

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.MercyCareAZ.org** 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 view a copy of the EOC.
- 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 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.

Understanding Important Rules

- You must continue to pay your Medicare Part B premium, if applicable. 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, 2022.
- 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.

