

# *Summary of* Benefits

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January 1, 2012 - December 31, 2012

## CareMore Touch (HMO SNP)

Maricopa and Pinal Counties (PARTIAL) & Pima County  
Arizona: H2593





# **SECTION I - INTRODUCTION TO SUMMARY OF BENEFITS**

Thank you for your interest in CareMore Touch (HMO SNP). Our plan is offered by CAREMORE HEALTH PLAN OF ARIZONA, INC., a Medicare Advantage Health Maintenance Organization (HMO) Special Needs Plan (SNP). This plan is designed for people who meet specific enrollment criteria.

If you reside in a nursing home or you are living in the community but require the same level of care as someone in a nursing home, you may be eligible to join this plan.

Please call CareMore Touch (HMO SNP) to find out if you are eligible to join. Our number is listed at the end of this introduction.

This Summary of Benefits tells you some features of our plan. It doesn't list every service we cover or list every limitation or exclusion. To get a complete list of our benefits, please call CareMore Touch (HMO SNP) and ask for the "Evidence of Coverage."

## **YOU HAVE CHOICES IN YOUR HEALTH CARE**

As a Medicare beneficiary, you can choose from different Medicare options. One option is the Original (fee-for-service) Medicare Plan. Another option is a Medicare health plan, like CareMore Touch (HMO SNP). You may have other options too. You make the choice. No matter what you decide, you are still in the Medicare Program.

If you are living in a nursing home or you live in the community or in an assisted living facility and require the same level of care as someone in a nursing home, you may join or leave a plan at any time.

Please call CareMore Touch (HMO SNP) at the number listed at the end of this introduction or 1-800-MEDICARE (1-800-633-4227) for more information. TTY/TDD users should call 1-877-486-2048. You can call this number 24 hours a day, 7 days a week.

## **HOW CAN I COMPARE MY OPTIONS?**

You can compare CareMore Touch (HMO SNP) and the Original Medicare Plan using this Summary of Benefits. The charts in this booklet list some important health benefits. For each benefit, you can see what our plan covers and what the Original Medicare Plan covers.

Our members receive all of the benefits that the Original Medicare Plan offers. We also offer more benefits, which may change from year to year.

## WHERE IS CareMore Touch (HMO SNP) AVAILABLE?

The service areas for this plan includes: Maricopa\*, Pinal\* Counties, AZ and Pima County, AZ. You must live in one of these areas to join the plan.

There is more than one plan listed in this Summary of Benefits. If you are enrolled in one plan and wish to switch to another plan, you may do so only during certain times of the year. Please call Customer Service for more information.

### Maricopa County

85003	85028	85201	85257	85338		
85004	85029	85202	85258	85340		
85006	85031	85203	85260	85345		
85007	85032	85204	85267	85353		
85008	85033	85205	85271	85381		
85009	85034	85206	85277	85382		
85012	85035	85207	85281	85392		
85013	85037	85208	85282	85395		
85014	85040	85209	85283			
85015	85041	85210	85296			
85016	85042	85212	85299			
85017	85043	85213	85301			
85018	85046	85215	85302			
85019	85050	85216	85303			
85020	85051	85233	85304			
85021	85053	85234	85305			
85022	85054	85236	85306			
85023	85068	85250	85307			
85024	85070	85251	85308			
85026	85071	85253	85310			
85027	85083	85254	85323			

\* denotes partial county



# Pima County

85321	85703	85724	85747			
85341	85704	85725	85748			
85601	85705	85726	85749			
85602	85706	85728	85750			
85611	85707	85730	85751			
85614	85708	85731	85752			
85619	85709	85732	85754			
85622	85710	85733	85755			
85629	85711	85734	85756			
85633	85712	85735	85757			
85634	85713	85736	85775			
85637	85714	85737	85777			
85639	85715	85738				
85641	85716	85739				
85645	85717	85740				
85652	85718	85741				
85653	85719	85742				
85654	85720	85743				
85658	85721	85744				
85701	85722	85745				
85702	85723	85746				

## **WHO IS ELIGIBLE TO JOIN CareMore Touch (HMO SNP)?**

You can join CareMore Touch (HMO SNP) if you are entitled to Medicare Part A and enrolled in Medicare Part B and live in the service area.

However, individuals with End-Stage Renal Disease generally are not eligible to enroll in CareMore Touch (HMO SNP) unless they are members of our organization and have been since their dialysis began.

If you are a resident of a nursing home you may be eligible to join the plan or if you reside or agree to reside in a nursing home that has a contract with this health plan.

You must live in one of the following facilities to join this plan:

Maricopa County:

Citadel Care Center, Desert Cove Nursing Center, Glendale Care Center, La Estancia Nursing & Rehab Center, Life Care Center of North Glendale, Life Care Center of Paradise Valley, Life Care Center of South Mountain, Life Care Center of Scottsdale, Maravilla Care Center, Mesa Christian Health and Rehab Center, Mi Casa Nursing Center, Mission Palms of Mesa Health & Rehab Center, North Mountain Medical and Rehab Center, Scottsdale Heritage Court, Springdale Village Healthcare, Springdale West or Sun City Health and Rehab Center

Pima County:

Desert Life Health Care Center (Kindred Care), Devon Gables Health Care Center, Handmaker Jewish Services for the Aging, La Canada Care Center, La Hacienda-La Posada at Park Center, Life Care Center of Tucson, Mountain View Care Center (Life Care Centers of America), Santa Rita Skilled Nursing Facility, Santa Rosa Care Center, The Forum At Tucson, Villa Campana, Villa Maria Care Center, Sabina Canyon Rehab & Care Center, Catalina Healthcare Center or Park Avenue Health and Rehab

or

You must require the same amount of care as someone in a nursing home but reside in your home or another community residence to join this plan.

Please call the plan to see if you are eligible to join.

## **CAN I CHOOSE MY DOCTORS?**

CareMore Touch (HMO SNP) has formed a network of doctors, specialists, and hospitals. You can only use doctors who are part of our network. The health providers in our network can change at any time.

You can ask for a current provider directory. For an updated list, visit us at [www.caremore.com](http://www.caremore.com). Our customer service number is listed at the end of this introduction.

## **WHAT HAPPENS IF I GO TO A DOCTOR WHO'S NOT IN YOUR NETWORK?**

If you choose to go to a doctor outside of our network, you must pay for these services yourself except in limited situations (for example, emergency care). Neither the plan nor the Original Medicare Plan will pay for these services.

## **WHERE CAN I GET MY PRESCRIPTIONS IF I JOIN THIS PLAN?**

CareMore Touch (HMO SNP) has formed a network of pharmacies. You must use a network pharmacy to receive plan benefits. We may not pay for your prescriptions if you use an out-of-network pharmacy, except in certain cases. The pharmacies in our network can change at any time. You can ask for a pharmacy directory or visit us at [www.caremore.com](http://www.caremore.com). Our customer service number is listed at the end of this introduction.

## **DOES MY PLAN COVER MEDICARE PART B OR PART D DRUGS?**

CareMore Touch (HMO SNP) does cover both Medicare Part B prescription drugs and Medicare Part D prescription drugs.

## **WHAT IS A PRESCRIPTION DRUG FORMULARY?**

CareMore Touch (HMO SNP) uses a formulary. A formulary is a list of drugs covered by your plan to meet patient needs. We may periodically add, remove, or make changes to coverage limitations on certain drugs or change how much you pay for a drug. If we make any formulary change that limits our members' ability to fill their prescriptions, we will notify the affected enrollees before the change is made. We will send a formulary to you and you can see our complete formulary on our Web site at [www.caremore.com](http://www.caremore.com).

If you are currently taking a drug that is not on our formulary or subject to additional requirements or limits, you may be able to get a temporary supply of the drug. You can contact us to request an exception or switch to an alternative drug listed on our formulary with your physician's help. Call us to see if you can get a temporary supply of the drug or for more details about our drug transition policy.

## **HOW CAN I GET EXTRA HELP WITH MY PRESCRIPTION DRUG PLAN COSTS OR GET EXTRA HELP WITH OTHER MEDICARE COSTS?**

You may be able to get extra help to pay for your prescription drug premiums and costs as well as get help with other Medicare costs. To see if you qualify for getting extra help, call:

- 1-800-MEDICARE (1-800-633-4227). TTY/TDD users should call 1-877-486-2048, 24 hours a day/7 days a week and see [www.medicare.gov](http://www.medicare.gov) 'Programs for People with Limited Income and Resources' in the publication Medicare & You.
- The Social Security Administration at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY/TDD users should call 1-800-325-0778 or
- Your State Medicaid Office.

## **WHAT ARE MY PROTECTIONS IN THIS PLAN?**

All Medicare Advantage Plans agree to stay in the program for a full calendar year at a time. Plan benefits and cost-sharing may change from calendar year to calendar year. Each year, plans can decide whether to continue to participate with Medicare Advantage. A plan may continue in their entire service area (geographic area where the plan accepts members) or choose to continue only in certain areas. Also, Medicare may decide to end a contract with a plan. Even if your Medicare Advantage Plan leaves the program, you will not lose Medicare coverage. If a plan decides not to continue for an additional calendar year, it must send you a letter at least 90 days before your coverage will end. The letter will explain your options for Medicare coverage in your area.

As a member of CareMore Touch (HMO SNP), you have the right to request an organization determination, which includes the right to file an appeal if we deny coverage for an item or service, and the right to file a grievance. You have the right to request an organization determination if you want us to provide or pay for an item or service that you believe should be covered. If we deny coverage for your requested item or service, you have the right to appeal and ask us to review our decision. You may ask us for an expedited (fast) coverage determination or appeal if you believe that waiting for a decision could seriously put your life or health at risk, or affect your ability to regain maximum function. If your doctor makes or supports the expedited request, we must expedite our decision. Finally, you have the right to file a grievance with us if you have any type of problem with us or one of our network providers that does not involve coverage for an item or service. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state. Please refer to the Evidence of Coverage (EOC) for the QIO contact information.

As a member of CareMore Touch (HMO SNP), you have the right to request a coverage determination, which includes the right to request an exception, the right to file an appeal if we deny coverage for a prescription drug, and the right to file a grievance. You have the right to request a coverage determination if you want us to cover a Part D drug that you believe should be covered. An exception is a type of coverage determination. You may ask us for an exception if you believe you need a drug that is not on our list of covered drugs or believe you should get a non-preferred drug at a lower out-of-pocket cost. You can also ask for an exception to cost utilization rules, such as a limit on the quantity of a drug. If you think you need an exception, you should contact us before you try to fill your prescription at a pharmacy. Your doctor must provide a statement to support your exception request. If we deny coverage for your prescription drug(s), you have the right to appeal and ask us to review our decision. Finally, you have the right to file a grievance if

you have any type of problem with us or one of our network pharmacies that does not involve coverage for a prescription drug. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state. Please refer to the Evidence of Coverage (EOC) for the QIO contact information.

## **WHAT IS A MEDICATION THERAPY MANAGEMENT (MTM) PROGRAM?**

A Medication Therapy Management (MTM) Program is a free service we offer. You may be invited to participate in a program designed for your specific health and pharmacy needs. You may decide not to participate but it is recommended that you take full advantage of this covered service if you are selected. Contact CareMore Touch (HMO SNP) for more details.

## **WHAT TYPES OF DRUGS MAY BE COVERED UNDER MEDICARE PART B?**

Some outpatient prescription drugs may be covered under Medicare Part B. These may include, but are not limited to, the following types of drugs. Contact CareMore Touch (HMO SNP) for more details.

- Some Antigens: If they are prepared by a doctor and administered by a properly instructed person (who could be the patient) under doctor supervision.
- Osteoporosis Drugs: Injectable drugs for osteoporosis for certain women with Medicare.
- Erythropoietin (Epoetin Alfa or Epogen®): By injection if you have end-stage renal disease (permanent kidney failure requiring either dialysis or transplantation) and need this drug to treat anemia.
- Hemophilia Clotting Factors: Self-administered clotting factors if you have hemophilia.
- Injectable Drugs: Most injectable drugs administered incident to a physician's service.
- Immunosuppressive Drugs: Immunosuppressive drug therapy for transplant patients if the transplant was paid for by Medicare, or paid by a private insurance that paid as a primary payer to your Medicare Part A coverage, in a Medicare-certified facility.
- Some Oral Cancer Drugs: If the same drug is available in injectable form.
- Oral Anti-Nausea Drugs: If you are part of an anti-cancer chemotherapeutic regimen.
- Inhalation and Infusion Drugs administered through DME.

## **WHERE CAN I FIND INFORMATION ON PLAN RATINGS?**

The Medicare program rates how well plans perform in different categories (for example, detecting and preventing illness, ratings from patients and customer service). If you have access to the web, you may use the web tools on [www.medicare.gov](http://www.medicare.gov) and select “Health and Drug Plans” then “Compare Drug and Health Plans” to compare the plan ratings for Medicare plans in your area. You can also call us directly to obtain a copy of the plan ratings for this plan. Our customer service number is listed below.

Please call CareMore Health Plan of Arizona, Inc. for more information about CareMore Touch (HMO SNP). Visit us at <http://www.caremore.com> or, call us:

**Customer Service Hours:** Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, 8:00 a.m. - 8:00 p.m. Mountain

**Current members** should call toll-free or locally **(800)-589-3147** for questions related to the Medicare Advantage and/or Medicare Part D Prescription Drug Programs.  
(TTY/TDD (800)-577-5586)

**Prospective members** should call toll-free or locally **(866)-622-2820** for questions related to the Medicare Advantage and/or Medicare Part D Prescription Drug Programs.  
(TTY/TDD (800)-577-5586)

For more information about Medicare, please call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call 24 hours a day, 7 days a week. Or, visit [www.medicare.gov](http://www.medicare.gov) on the web.

This document may be available in other formats such as Braille, large print or other alternate formats.

This document may be available in a non-English language. For additional information, call customer service at the phone number listed above.

Este documento puede estar disponible en otro formatos, por ejemplo braille, con letra grande o otro alterno formatos.

Este documento puede estar disponible en diferente format o lenguaje. Para obtener información adicional, llame al departamento de servicio al miembro al número de teléfono indicado anteriormente.



If you have any questions about these plan benefits or costs, please contact CareMore Health Plan of Arizona, Inc. for details.

## SECTION II - SUMMARY OF BENEFITS

Benefit	Original Medicare	CareMore Touch (HMO SNP) Maricopa & Pinal Counties	CareMore Touch (HMO SNP) Pima County
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### IMPORTANT INFORMATION

<p>① <b>Premium and Other Important Information</b></p>	<p>In 2011 the monthly Part B Premium was \$96.40 and may change for 2012 and the annual Part B deductible amount was \$162 and may change for 2012.</p> <p>If a doctor or supplier does not accept assignment, their costs are often higher, which means you pay more.</p> <p>Most people will pay the standard monthly Part B premium. However, some people will pay a higher premium because of their yearly income (over \$85,000 for singles, \$170,000 for married couples). For more information about Part B premiums based on income, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You may also call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.</p>	<p><b>General</b> \$0 monthly plan premium in addition to your monthly Medicare Part B premium.</p> <p>Most people will pay the standard monthly Part B premium in addition to their MA plan premium. However, some people will pay higher Part B and Part D premiums because of their yearly income (over \$85,000 for singles, \$170,000 for married couples). For more information about Part B and Part D premiums based on income, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You may also call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.</p> <p><b>In-Network</b> \$3,400 out-of-pocket limit for Medicare-covered services.</p>	<p><b>General</b> \$0 monthly plan premium in addition to your monthly Medicare Part B premium.</p> <p>Most people will pay the standard monthly Part B premium in addition to their MA plan premium. However, some people will pay higher Part B and Part D premiums because of their yearly income (over \$85,000 for singles, \$170,000 for married couples). For more information about Part B and Part D premiums based on income, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You may also call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.</p> <p><b>In-Network</b> \$3,400 out-of-pocket limit for Medicare-covered services.</p>
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Benefit	Original Medicare	CareMore Touch (HMO SNP) Maricopa & Pinal Counties	CareMore Touch (HMO SNP) Pima County
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**IMPORTANT INFORMATION (CONTINUED)**

<p><b>② Doctor and Hospital Choice</b> (For more information, see Emergency Care - #15 and Urgently Needed Care - #16.)</p>	<p>You may go to any doctor, specialist or hospital that accepts Medicare.</p>	<p><b>In-Network</b> You must go to network doctors, specialists, and hospitals.</p> <p>Referral required for network hospitals and specialists (for certain benefits).</p>	<p><b>In-Network</b> You must go to network doctors, specialists, and hospitals.</p> <p>Referral required for network hospitals and specialists (for certain benefits).</p>
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**SUMMARY OF BENEFITS**

**INPATIENT CARE**

<p><b>③ Inpatient Hospital Care</b> (includes Substance Abuse and Rehabilitation Services)</p>	<p>In 2011 the amounts for each benefit period were:</p> <ul style="list-style-type: none"> <li>• Days 1 - 60: \$1132 deductible</li> <li>• Days 61 - 90: \$283 per day</li> <li>• Days 91 - 150: \$566 per lifetime reserve day</li> </ul> <p>These amounts may change for 2012.</p> <p>Call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days.</p> <p>Lifetime reserve days can only be used once.</p> <p>A “benefit period” starts the day you go into a hospital or skilled nursing facility. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each</p>	<p><b>In-Network</b> No limit to the number of days covered by the plan each hospital stay.</p> <p>For Medicare-covered hospital stays:</p> <ul style="list-style-type: none"> <li>• Days 1 - 5: \$100 copay per day</li> <li>• Days 6 - 90: \$0 copay per day</li> </ul> <p>\$0 copay for additional hospital days</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>	<p><b>In-Network</b> No limit to the number of days covered by the plan each hospital stay.</p> <p>For Medicare-covered hospital stays:</p> <ul style="list-style-type: none"> <li>• Days 1 - 5: \$100 copay per day</li> <li>• Days 6 - 90: \$0 copay per day</li> </ul> <p>\$0 copay for additional hospital days</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>
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Benefit	Original Medicare	CareMore Touch (HMO SNP) Maricopa & Pinal Counties	CareMore Touch (HMO SNP) Pima County
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**INPATIENT CARE (CONTINUED)**

<p><b>3 Inpatient Hospital Care</b> (continued)</p>	<p>benefit period. There is no limit to the number of benefit periods you can have.</p>		
<p><b>4 Inpatient Mental Health Care</b></p>	<p>In 2011 the amounts for each benefit period were:</p> <ul style="list-style-type: none"> <li>• Days 1 - 60: \$1132 deductible</li> <li>• Days 61 - 90: \$283 per day</li> <li>• Days 91 - 150: \$566 per lifetime reserve day</li> </ul> <p>These amounts may change for 2012.</p> <p>You get up to 190 days of inpatient psychiatric hospital care in a lifetime. Inpatient psychiatric hospital services count toward the 190-day lifetime limitation only if certain conditions are met. This limitation does not apply to inpatient psychiatric services furnished in a general hospital.</p>	<p><b>In-Network</b> Contact the plan for details about coverage in a Psychiatric Hospital beyond 190 days.</p> <p>For Medicare-covered hospital stays:</p> <ul style="list-style-type: none"> <li>• Days 1 - 5: \$100 copay per day</li> <li>• Days 6 - 90: \$0 copay per day</li> </ul> <p>\$0 copay for additional hospital days</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>	<p><b>In-Network</b> Contact the plan for details about coverage in a Psychiatric Hospital beyond 190 days.</p> <p>For Medicare-covered hospital stays:</p> <ul style="list-style-type: none"> <li>• Days 1 - 5: \$100 copay per day</li> <li>• Days 6 - 90: \$0 copay per day</li> </ul> <p>\$0 copay for additional hospital days</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>
<p><b>5 Skilled Nursing Facility (SNF)</b> (in a Medicare-certified skilled nursing facility)</p>	<p>In 2011 the amounts for each benefit period after at least a 3-day covered hospital stay were:</p> <ul style="list-style-type: none"> <li>• Days 1 - 20: \$0 per day</li> <li>• Days 21 - 100: \$141.50 per day</li> </ul> <p>These amounts may change for 2012.</p> <p>100 days for each benefit period.</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> Plan covers up to 150 days each benefit period</p> <p>No prior hospital stay is required.</p> <p>\$0 copay for SNF services</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> Plan covers up to 150 days each benefit period</p> <p>No prior hospital stay is required.</p> <p>\$0 copay for SNF services</p>

Benefit	Original Medicare	CareMore Touch (HMO SNP) Maricopa & Pinal Counties	CareMore Touch (HMO SNP) Pima County
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**INPATIENT CARE (CONTINUED)**

<p>⑤ <b>Skilled Nursing Facility (SNF)</b> (continued)</p>	<p>A “benefit period” starts the day you go into a hospital or SNF. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.</p>		
<p>⑥ <b>Home Health Care</b> (includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)</p>	<p>\$0 copay.</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$0 copay for Medicare-covered home health visits</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$0 copay for Medicare-covered home health visits</p>
<p>⑦ <b>Hospice</b></p>	<p>You pay part of the cost for outpatient drugs and inpatient respite care.</p> <p>You must get care from a Medicare-certified hospice.</p>	<p><b>General</b> You must get care from a Medicare-certified hospice. Your plan will pay for a consultative visit before you select hospice.</p>	<p><b>General</b> You must get care from a Medicare-certified hospice. Your plan will pay for a consultative visit before you select hospice.</p>

Benefit	Original Medicare	CareMore Touch (HMO SNP) Maricopa & Pinal Counties	CareMore Touch (HMO SNP) Pima County
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**OUTPATIENT CARE**

<p><b>8 Doctor Office Visits</b></p>	<p>20% coinsurance</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$0 copay for each primary care doctor visit for Medicare-covered benefits.</p> <p>\$0 copay for the cost of each in-area, network urgent care Medicare-covered visit.</p> <p>\$0 copay for each specialist doctor visit for Medicare-covered benefits.</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$0 copay for each primary care doctor visit for Medicare-covered benefits.</p> <p>\$0 copay for the cost of each in-area, network urgent care Medicare-covered visit.</p> <p>\$0 copay for each specialist doctor visit for Medicare-covered benefits.</p>
<p><b>9 Chiropractic Services</b></p>	<p>Supplemental routine care not covered</p> <p>20% coinsurance for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$0 copay for Medicare-covered chiropractic visits</p> <p>Medicare-covered chiropractic visits are for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$0 copay for Medicare-covered chiropractic visits</p> <p>Medicare-covered chiropractic visits are for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.</p>

Benefit	Original Medicare	CareMore Touch (HMO SNP) Maricopa & Pinal Counties	CareMore Touch (HMO SNP) Pima County
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**OUTPATIENT CARE (CONTINUED)**

<p><b>10 Podiatry Services</b></p>	<p>Supplemental routine care not covered.</p> <p>20% coinsurance for medically necessary foot care, including care for medical conditions affecting the lower limbs.</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$0 copay for Medicare-covered podiatry visits</p> <p>Up to 6 supplemental routine visit(s) every year</p> <p>Medicare-covered podiatry benefits are for medically-necessary foot care.</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$0 copay for Medicare-covered podiatry visits</p> <p>Up to 6 supplemental routine visit(s) every year</p> <p>Medicare-covered podiatry benefits are for medically-necessary foot care.</p>
<p><b>11 Outpatient Mental Health Care</b></p>	<p>40% coinsurance for most outpatient mental health services</p> <p>Specified copayment for outpatient partial hospitalization program services furnished by a hospital or community mental health center (CMHC). Copay cannot exceed the Part A inpatient hospital deductible.</p> <p>“Partial hospitalization program” is a structured program of active outpatient psychiatric treatment that is more intense than the care received in your doctor’s or therapist’s office and is an alternative to inpatient hospitalization.</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$0 copay for Medicare-covered Mental Health visits</p> <p>\$0 copay for Medicare-covered partial hospitalization program services</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$0 copay for Medicare-covered Mental Health visits</p> <p>\$0 copay for Medicare-covered partial hospitalization program services</p>

Benefit	Original Medicare	CareMore Touch (HMO SNP) Maricopa & Pinal Counties	CareMore Touch (HMO SNP) Pima County
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**OUTPATIENT CARE (CONTINUED)**

<p><b>12</b> <b>Outpatient Substance Abuse Care</b></p>	<p>20% coinsurance</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$0 copay for Medicare-covered visits</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$0 copay for Medicare-covered visits</p>
<p><b>13</b> <b>Outpatient Services/Surgery</b></p>	<p>20% coinsurance for the doctor's services</p> <p>Specified copayment for outpatient hospital facility services. Copay cannot exceed the Part A inpatient hospital deductible.</p> <p>20% coinsurance for ambulatory surgical center facility services</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$50 copay for each Medicare-covered ambulatory surgical center visit</p> <p>\$100 copay for each Medicare-covered outpatient hospital facility visit</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$0 copay for each Medicare-covered ambulatory surgical center visit</p> <p>\$75 copay for each Medicare-covered outpatient hospital facility visit</p>
<p><b>14</b> <b>Ambulance Services</b> (medically necessary ambulance services)</p>	<p>20% coinsurance</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$0 to \$50 copay for Medicare-covered ambulance benefits.</p> <p>If you are admitted to the hospital, you pay \$0 for Medicare-covered ambulance benefits.</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$0 to \$50 copay for Medicare-covered ambulance benefits.</p> <p>If you are admitted to the hospital, you pay \$0 for Medicare-covered ambulance benefits.</p>

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**OUTPATIENT CARE (CONTINUED)**

<p><b>15 Emergency Care</b> (You may go to any emergency room if you reasonably believe you need emergency care.)</p>	<p>20% coinsurance for the doctor's services</p> <p>Specified copayment for outpatient hospital facility emergency services.</p> <p>Emergency services copay cannot exceed Part A inpatient hospital deductible for each service provided by the hospital.</p> <p>You don't have to pay the emergency room copay if you are admitted to the hospital as an inpatient for the same condition within 3 days of the emergency room visit.</p> <p>Not covered outside the U.S. except under limited circumstances.</p>	<p><b>General</b> \$65 copay for Medicare-covered emergency room visits</p> <p>\$10,000 plan coverage limit for emergency services outside the U.S. every year.</p> <p>If you are admitted to the hospital within 24-hour(s) for the same condition, you pay \$0 for the emergency room visit.</p>	<p><b>General</b> \$65 copay for Medicare-covered emergency room visits</p> <p>\$10,000 plan coverage limit for emergency services outside the U.S. every year.</p> <p>If you are admitted to the hospital within 24-hour(s) for the same condition, you pay \$0 for the emergency room visit.</p>
<p><b>16 Urgently Needed Care</b> (This is NOT emergency care, and in most cases, is out of the service area.)</p>	<p>20% coinsurance, or a set copay</p> <p>NOT covered outside the U.S. except under limited circumstances.</p>	<p><b>General</b> \$0 copay for Medicare-covered urgently-needed-care visits</p>	<p><b>General</b> \$0 copay for Medicare-covered urgently-needed-care visits</p>

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**OUTPATIENT CARE (CONTINUED)**

<p><b>17</b> <b>Outpatient Rehabilitation Services</b> (Occupational Therapy, Physical Therapy, Speech and Language Therapy)</p>	<p>20% coinsurance</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$0 copay for Medicare-covered Occupational Therapy visits</p> <p>\$0 copay for Medicare-covered Physical and/or Speech and Language Therapy visits</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$0 copay for Medicare-covered Occupational Therapy visits</p> <p>\$0 copay for Medicare-covered Physical and/or Speech and Language Therapy visits</p>
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**OUTPATIENT MEDICAL SERVICES AND SUPPLIES**

<p><b>18</b> <b>Durable Medical Equipment</b> (includes wheelchairs, oxygen, etc.)</p>	<p>20% coinsurance</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> 0% to 20% of the cost for Medicare-covered items</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> 0% to 20% of the cost for Medicare-covered items</p>
<p><b>19</b> <b>Prosthetic Devices</b> (includes braces, artificial limbs and eyes, etc.)</p>	<p>20% coinsurance</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> 0% to 20% of the cost for Medicare-covered items</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> 0% to 20% of the cost for Medicare-covered items</p>
<p><b>20</b> <b>Diabetes Programs and Supplies</b></p>	<p>20% coinsurance for diabetes self-management training</p> <p>20% coinsurance for diabetes supplies</p> <p>20% coinsurance for diabetic therapeutic shoes or inserts</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$0 copay for Diabetes self-management training</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$0 copay for Diabetes self-management training</p>

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**OUTPATIENT MEDICAL SERVICES AND SUPPLIES (CONTINUED)**

<p><b>20</b> Diabetes Programs and Supplies (continued)</p>		<p>\$0 copay for:</p> <ul style="list-style-type: none"> <li>• Diabetes monitoring supplies</li> <li>• Therapeutic shoes or inserts</li> </ul>	<p>\$0 copay for:</p> <ul style="list-style-type: none"> <li>• Diabetes monitoring supplies</li> <li>• Therapeutic shoes or inserts</li> </ul>
<p><b>21</b> Diagnostic Tests, X-Rays, Lab Services, and Radiology Services</p>	<p>20% coinsurance for diagnostic tests and x-rays</p> <p>\$0 copay for Medicare-covered lab services</p> <p>Lab Services: Medicare covers medically necessary diagnostic lab services that are ordered by your treating doctor when they are provided by a Clinical Laboratory Improvement Amendments (CLIA) certified laboratory that participates in Medicare. Diagnostic lab services are done to help your doctor diagnose or rule out a suspected illness or condition. Medicare does not cover most supplemental routine screening tests, like checking your cholesterol.</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$0 copay for Medicare-covered:</p> <ul style="list-style-type: none"> <li>• lab services</li> <li>• diagnostic procedures and tests</li> </ul> <p>\$0 copay for Medicare-covered X-rays</p> <p>\$0 to \$150 copay for Medicare-covered diagnostic radiology services (not including X-rays)</p> <p>20% of the cost for Medicare-covered therapeutic radiology services</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$0 copay for Medicare-covered:</p> <ul style="list-style-type: none"> <li>• lab services</li> <li>• diagnostic procedures and tests</li> </ul> <p>\$0 copay for Medicare-covered X-rays</p> <p>\$0 to \$50 copay for Medicare-covered diagnostic radiology services (not including X-rays)</p> <p>\$0 copay for Medicare-covered therapeutic radiology services</p>

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**OUTPATIENT MEDICAL SERVICES AND SUPPLIES (CONTINUED)**

<p><b>22 Cardiac and Pulmonary Rehabilitation Services</b></p>	<p>20% coinsurance Cardiac Rehabilitation services</p> <p>20% coinsurance for Pulmonary Rehabilitation services</p> <p>20% coinsurance for Intensive Cardiac Rehabilitation services</p> <p>This applies to program services provided in a doctor's office. Specified cost sharing for program services provided by hospital outpatient departments.</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$0 copay for:</p> <ul style="list-style-type: none"> <li>• Medicare-covered Cardiac Rehabilitation Services</li> <li>• Medicare-covered Intensive Cardiac Rehabilitation Services</li> <li>• Medicare-covered Pulmonary Rehabilitation Services</li> </ul>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$0 copay for:</p> <ul style="list-style-type: none"> <li>• Medicare-covered Cardiac Rehabilitation Services</li> <li>• Medicare-covered Intensive Cardiac Rehabilitation Services</li> <li>• Medicare-covered Pulmonary Rehabilitation Services</li> </ul>
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**PREVENTIVE SERVICES**

<p><b>23 Preventive Services and Wellness/ Education Programs</b></p>	<p>No coinsurance, copayment or deductible for the following:</p> <ul style="list-style-type: none"> <li>• Abdominal Aortic Aneurysm Screening</li> <li>• Bone Mass Measurement. Covered once every 24 months (more often if medically necessary) if you meet certain medical conditions.</li> <li>• Cardiovascular Screening</li> <li>• Cervical and Vaginal Cancer Screening. Covered once every 2 years. Covered once a year for women with Medicare at high risk.</li> <li>• Colorectal Cancer Screening</li> <li>• Diabetes Screening</li> <li>• Influenza Vaccine</li> <li>• Hepatitis B Vaccine for</li> </ul>	<p><b>General</b> \$0 copay for all preventive services covered under Original Medicare at zero cost sharing:</p> <ul style="list-style-type: none"> <li>• Abdominal Aortic Aneurysm screening</li> <li>• Bone Mass Measurement</li> <li>• Cardiovascular Screening</li> <li>• Cervical and Vaginal Cancer Screening (Pap Test and Pelvic Exam)</li> <li>• Colorectal Cancer Screening</li> <li>• Diabetes Screening</li> <li>• Influenza Vaccine</li> <li>• Hepatitis B Vaccine</li> <li>• HIV Screening</li> <li>• Breast Cancer Screening (Mammogram)</li> <li>• Medical Nutrition Therapy Services</li> </ul>	<p><b>General</b> \$0 copay for all preventive services covered under Original Medicare at zero cost sharing:</p> <ul style="list-style-type: none"> <li>• Abdominal Aortic Aneurysm screening</li> <li>• Bone Mass Measurement</li> <li>• Cardiovascular Screening</li> <li>• Cervical and Vaginal Cancer Screening (Pap Test and Pelvic Exam)</li> <li>• Colorectal Cancer Screening</li> <li>• Diabetes Screening</li> <li>• Influenza Vaccine</li> <li>• Hepatitis B Vaccine</li> <li>• HIV Screening</li> <li>• Breast Cancer Screening (Mammogram)</li> <li>• Medical Nutrition Therapy Services</li> </ul>
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**PREVENTIVE SERVICES (CONTINUED)**

<p><b>23 Preventive Services and Wellness/Education Programs</b> (continued)</p>	<p>people with Medicare who are at risk</p> <ul style="list-style-type: none"> <li>• HIV Screening. \$0 copay for the HIV screening, but you generally pay 20% of the Medicare-approved amount for the doctor’s visit. HIV screening is covered for people with Medicare who are pregnant and people at increased risk for the infection, including anyone who asks for the test. Medicare covers this test once every 12 months or up to three times during a pregnancy.</li> <li>• Breast Cancer Screening (Mammogram). Medicare covers screening mammograms once every 12 months for all women with Medicare age 40 and older. Medicare covers one baseline mammogram for women between ages 35-39.</li> <li>• Medical Nutrition Therapy Services. Nutrition therapy is for people who have diabetes or kidney disease (but aren’t on dialysis or haven’t had a kidney transplant) when referred by a doctor. These services can be given by a registered dietitian and may include a nutritional assessment and counseling to help you manage your</li> </ul>	<ul style="list-style-type: none"> <li>• Personalized Prevention Plan Services (Annual Wellness Visits)</li> <li>• Pneumococcal Vaccine</li> <li>• Prostate Cancer Screening (Prostate Specific Antigen (PSA) test only)</li> <li>• Smoking Cessation (Counseling to stop smoking)</li> <li>• Welcome to Medicare Physical Exam (Initial Preventive Physical Exam)</li> </ul>	<ul style="list-style-type: none"> <li>• Personalized Prevention Plan Services (Annual Wellness Visits)</li> <li>• Pneumococcal Vaccine</li> <li>• Prostate Cancer Screening (Prostate Specific Antigen (PSA) test only)</li> <li>• Smoking Cessation (Counseling to stop smoking)</li> <li>• Welcome to Medicare Physical Exam (Initial Preventive Physical Exam)</li> </ul>
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Benefit	Original Medicare	CareMore Touch (HMO SNP) Maricopa & Pinal Counties	CareMore Touch (HMO SNP) Pima County
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**PREVENTIVE SERVICES (CONTINUED)**

<p><b>23 Preventive Services and Wellness/Education Programs (continued)</b></p>	<p>diabetes or kidney disease.</p> <ul style="list-style-type: none"> <li>• Personalized Prevention Plan Services (Annual Wellness Visits)</li> <li>• Pneumococcal Vaccine. You may only need the Pneumonia vaccine once in your lifetime. Call your doctor for more information.</li> <li>• Prostate Cancer Screening – Prostate Specific Antigen (PSA) test only. Covered once a year for all men with Medicare over age 50.</li> <li>• Smoking Cessation (counseling to stop smoking). Covered if ordered by your doctor. Includes two counseling attempts within a 12-month period. Each counseling attempt includes up to four face-to-face visits.</li> <li>• Welcome to Medicare Physical Exam (initial preventive physical exam). When you join Medicare Part B, then you are eligible as follows. During the first 12 months of your new Part B coverage, you can get either a Welcome to Medicare Physical Exam or an Annual Wellness Visit. After your first 12 months, you can get one Annual Wellness Visit every 12 months.</li> </ul>	<p>HIV screening is covered for people with Medicare who are pregnant and people at increased risk for the infection, including anyone who asks for the test. Medicare covers this test once every 12 months or up to three times during a pregnancy. Please contact plan for details.</p> <p>Authorization rules may apply.</p> <p><b>In-Network</b> The plan covers the following supplemental education/wellness programs:</p> <ul style="list-style-type: none"> <li>• Written health education materials, including Newsletters</li> <li>• Additional Smoking Cessation</li> </ul>	<p>HIV screening is covered for people with Medicare who are pregnant and people at increased risk for the infection, including anyone who asks for the test. Medicare covers this test once every 12 months or up to three times during a pregnancy. Please contact plan for details.</p> <p>Authorization rules may apply.</p> <p><b>In-Network</b> The plan covers the following supplemental education/wellness programs:</p> <ul style="list-style-type: none"> <li>• Written health education materials, including Newsletters</li> <li>• Additional Smoking Cessation</li> </ul>
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**PREVENTIVE SERVICES (CONTINUED)**

<p><b>24</b> <b>Kidney Disease and Conditions</b></p>	<p>20% coinsurance for renal dialysis</p> <p>20% coinsurance for kidney disease education services</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$0 copay for renal dialysis</p> <p>\$0 copay for kidney disease education services</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$0 copay for renal dialysis</p> <p>\$0 copay for kidney disease education services</p>
<p><b>25</b> <b>Outpatient Prescription Drugs</b></p>	<p>Most drugs are not covered under Original Medicare. You can add prescription drug coverage to Original Medicare by joining a Medicare Prescription Drug Plan, or you can get all your Medicare coverage, including prescription drug coverage, by joining a Medicare Advantage Plan or a Medicare Cost Plan that offers prescription drug coverage.</p>	<p><b>Drugs covered under Medicare Part B</b></p> <p><b>General</b> 20% of the cost for Part B-covered chemotherapy drugs and other Part B-covered drugs.</p> <p><b>Home Infusion Drugs, Supplies and Services</b></p> <p><b>General</b> \$0 copay for home infusion drugs that would normally be covered under Part D. This cost-sharing amount will also cover the supplies and services associated with home infusion of these drugs.</p>	<p><b>Drugs covered under Medicare Part B</b></p> <p><b>General</b> 0% to 20% of the cost for Part B-covered chemotherapy drugs and other Part B-covered drugs.</p> <p><b>Home Infusion Drugs, Supplies and Services</b></p> <p><b>General</b> \$0 copay for home infusion drugs that would normally be covered under Part D. This cost-sharing amount will also cover the supplies and services associated with home infusion of these drugs.</p>

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**PREVENTIVE SERVICES (CONTINUED)**

**25** **Outpatient Prescription Drugs**  
(continued)

**Drugs Covered under Medicare Part D**

**General**

This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at [www.caremore.com](http://www.caremore.com) on the web.

Different out-of-pocket costs may apply for people who

- have limited incomes,
- live in long term care facilities, or
- have access to Indian/Tribal/Urban (Indian Health Service) providers.

The plan offers national in-network prescription coverage (i.e., this would include 50 states and the District of Columbia). This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance when you travel).

Total yearly drug costs are the total drug costs paid by both you and a Part D plan.

The plan may require you to first try one drug to treat your condition before

**Drugs Covered under Medicare Part D**

**General**

This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at [www.caremore.com](http://www.caremore.com) on the web.

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The plan offers national in-network prescription coverage (i.e., this would include 50 states and the District of Columbia). This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance when you travel).

Total yearly drug costs are the total drug costs paid by both you and a Part D plan.

The plan may require you to first try one drug to treat your condition before

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**PREVENTIVE SERVICES (CONTINUED)**

<p><b>25</b> <b>Outpatient Prescription Drugs</b> (continued)</p>		<p>it will cover another drug for that condition.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from CareMore Touch (HMO SNP) for certain drugs.</p> <p>The plan will pay for certain over-the-counter drugs as part of its utilization management program. Some over-the-counter drugs are less expensive than prescription drugs and work just as well. Contact the plan for details.</p> <p>You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements that cannot be met by most pharmacies in your network. These drugs are listed on the plan's website, formulary, printed materials, as well as on the Medicare Prescription Drug Plan Finder on Medicare.gov.</p> <p>If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.</p>	<p>it will cover another drug for that condition.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from CareMore Touch (HMO SNP) for certain drugs.</p> <p>The plan will pay for certain over-the-counter drugs as part of its utilization management program. Some over-the-counter drugs are less expensive than prescription drugs and work just as well. Contact the plan for details.</p> <p>You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements that cannot be met by most pharmacies in your network. These drugs are listed on the plan's website, formulary, printed materials, as well as on the Medicare Prescription Drug Plan Finder on Medicare.gov.</p> <p>If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.</p>
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Benefit	Original Medicare	CareMore Touch (HMO SNP) Maricopa & Pinal Counties	CareMore Touch (HMO SNP) Pima County
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**PREVENTIVE SERVICES (CONTINUED)**

<p><b>25</b> <b>Outpatient Prescription Drugs</b> (continued)</p>		<p>If you request a formulary exception for a drug and CareMore Touch (HMO SNP) approves the exception, you will pay Tier 4: Non-Preferred Brand Drugs cost sharing for that drug.</p> <p><b>In-Network</b> \$0 deductible.</p> <p><b>Initial Coverage</b> You pay the following until total yearly drug costs reach \$3,000:</p> <p><b>Retail Pharmacy</b> Tier 1: Preferred Generic Drugs</p> <ul style="list-style-type: none"> <li>• \$0 copay for a one-month (31-day) supply of drugs in this tier</li> <li>• \$0 copay for a three-month (93-day) supply of drugs in this tier</li> </ul> <p>Tier 2: Non-Preferred Generic Drugs</p> <ul style="list-style-type: none"> <li>• \$5 copay for a one-month (31-day) supply of drugs in this tier</li> <li>• \$15 copay for a three-month (93-day) supply of drugs in this tier</li> </ul> <p>Tier 3: Preferred Brand Drugs</p> <ul style="list-style-type: none"> <li>• \$35 copay for a one-month (31-day) supply of drugs in this tier</li> </ul>	<p>If you request a formulary exception for a drug and CareMore Touch (HMO SNP) approves the exception, you will pay Tier 4: Non-Preferred Brand Drugs cost sharing for that drug.</p> <p><b>In-Network</b> \$0 deductible.</p> <p><b>Initial Coverage</b> You pay the following until total yearly drug costs reach \$3,000:</p> <p><b>Retail Pharmacy</b> Tier 1: Preferred Generic Drugs</p> <ul style="list-style-type: none"> <li>• \$0 copay for a one-month (31-day) supply of drugs in this tier</li> <li>• \$0 copay for a three-month (93-day) supply of drugs in this tier</li> </ul> <p>Tier 2: Non-Preferred Generic Drugs</p> <ul style="list-style-type: none"> <li>• \$5 copay for a one-month (31-day) supply of drugs in this tier</li> <li>• \$15 copay for a three-month (93-day) supply of drugs in this tier</li> </ul> <p>Tier 3: Preferred Brand Drugs</p> <ul style="list-style-type: none"> <li>• \$35 copay for a one-month (31-day) supply of drugs in this tier</li> </ul>
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**PREVENTIVE SERVICES (CONTINUED)**

<p><b>25</b> <b>Outpatient Prescription Drugs</b> (continued)</p>		<ul style="list-style-type: none"> <li>• \$105 copay for a three-month (93-day) supply of drugs in this tier</li> </ul> <p>Tier 4: Non-Preferred Brand Drugs</p> <ul style="list-style-type: none"> <li>• \$75 copay for a one-month (31-day) supply of drugs in this tier</li> <li>• \$225 copay for a three-month (93-day) supply of drugs in this tier</li> </ul> <p>Tier 5: Specialty Tier Drugs</p> <ul style="list-style-type: none"> <li>• 33% coinsurance for a one-month (31-day) supply of drugs in this tier</li> </ul> <p>Tier 6: Select Care Drugs</p> <ul style="list-style-type: none"> <li>• \$0 copay for a one-month (31-day) supply of drugs in this tier</li> <li>• \$0 copay for a three-month (93-day) supply of drugs in this tier</li> </ul> <p><b>Long Term Care Pharmacy</b> Tier 1: Preferred Generic Drugs</p> <ul style="list-style-type: none"> <li>• \$0 copay for a one-month (31-day) supply of drugs in this tier</li> </ul>	<ul style="list-style-type: none"> <li>• \$105 copay for a three-month (93-day) supply of drugs in this tier</li> </ul> <p>Tier 4: Non-Preferred Brand Drugs</p> <ul style="list-style-type: none"> <li>• \$75 copay for a one-month (31-day) supply of drugs in this tier</li> <li>• \$225 copay for a three-month (93-day) supply of drugs in this tier</li> </ul> <p>Tier 5: Specialty Tier Drugs</p> <ul style="list-style-type: none"> <li>• 33% coinsurance for a one-month (31-day) supply of drugs in this tier</li> </ul> <p>Tier 6: Select Care Drugs</p> <ul style="list-style-type: none"> <li>• \$0 copay for a one-month (31-day) supply of drugs in this tier</li> <li>• \$0 copay for a three-month (93-day) supply of drugs in this tier</li> </ul> <p><b>Long Term Care Pharmacy</b> Tier 1: Preferred Generic Drugs</p> <ul style="list-style-type: none"> <li>• \$0 copay for a one-month (31-day) supply of drugs in this tier</li> </ul>
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**PREVENTIVE SERVICES (CONTINUED)**

<p><b>25</b> <b>Outpatient Prescription Drugs</b> (continued)</p>		<p>Tier 2: Non-Preferred Generic Drugs</p> <ul style="list-style-type: none"> <li>• \$5 copay for a one-month (31-day) supply of drugs in this tier</li> </ul> <p>Tier 3: Preferred Brand Drugs</p> <ul style="list-style-type: none"> <li>• \$35 copay for a one-month (31-day) supply of drugs in this tier</li> </ul> <p>Tier 4: Non-Preferred Brand Drugs</p> <ul style="list-style-type: none"> <li>• \$75 copay for a one-month (31-day) supply of drugs in this tier</li> </ul> <p>Tier 5: Specialty Tier Drugs</p> <ul style="list-style-type: none"> <li>• 33% coinsurance for a one-month (31-day) supply of drugs in this tier</li> </ul> <p>Tier 6: Select Care Drugs</p> <ul style="list-style-type: none"> <li>• \$0 copay for a one-month (31-day) supply of drugs in this tier</li> </ul> <p><b>Mail Order</b></p> <p>Tier 1: Preferred Generic Drugs</p> <ul style="list-style-type: none"> <li>• \$0 copay for a three-month (93-day) supply of drugs in this tier</li> </ul>	<p>Tier 2: Non-Preferred Generic Drugs</p> <ul style="list-style-type: none"> <li>• \$5 copay for a one-month (31-day) supply of drugs in this tier</li> </ul> <p>Tier 3: Preferred Brand Drugs</p> <ul style="list-style-type: none"> <li>• \$35 copay for a one-month (31-day) supply of drugs in this tier</li> </ul> <p>Tier 4: Non-Preferred Brand Drugs</p> <ul style="list-style-type: none"> <li>• \$75 copay for a one-month (31-day) supply of drugs in this tier</li> </ul> <p>Tier 5: Specialty Tier Drugs</p> <ul style="list-style-type: none"> <li>• 33% coinsurance for a one-month (31-day) supply of drugs in this tier</li> </ul> <p>Tier 6: Select Care Drugs</p> <ul style="list-style-type: none"> <li>• \$0 copay for a one-month (31-day) supply of drugs in this tier</li> </ul> <p><b>Mail Order</b></p> <p>Tier 1: Preferred Generic Drugs</p> <ul style="list-style-type: none"> <li>• \$0 copay for a three-month (93-day) supply of drugs in this tier</li> </ul>
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Benefit	Original Medicare	CareMore Touch (HMO SNP) Maricopa & Pinal Counties	CareMore Touch (HMO SNP) Pima County
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**PREVENTIVE SERVICES (CONTINUED)**

<p><b>25</b> <b>Outpatient Prescription Drugs</b> (continued)</p>		<p>Tier 2: Non-Preferred Generic Drugs</p> <ul style="list-style-type: none"> <li>• \$12.50 copay for a three-month (93-day) supply of drugs in this tier</li> </ul> <p>Tier 3: Preferred Brand Drugs</p> <ul style="list-style-type: none"> <li>• \$87.50 copay for a three-month (93-day) supply of drugs in this tier</li> </ul> <p>Tier 4: Non-Preferred Brand Drugs</p> <ul style="list-style-type: none"> <li>• \$187.50 copay for a three-month (93-day) supply of drugs in this tier</li> </ul> <p>Tier 5: Specialty Tier Drugs</p> <ul style="list-style-type: none"> <li>• 33% coinsurance for a one-month (31-day) supply of drugs in this tier</li> </ul> <p>Tier 6: Select Care Drugs</p> <ul style="list-style-type: none"> <li>• \$0 copay for a three-month (93-day) supply of drugs in this tier</li> </ul> <p><b>Additional Coverage Gap</b> The plan covers all formulary generics (100% of formulary generic drugs), few formulary brands (less than 10% of formulary brand drugs) through the coverage gap.</p> <p>You pay the following:</p>	<p>Tier 2: Non-Preferred Generic Drugs</p> <ul style="list-style-type: none"> <li>• \$12.50 copay for a three-month (93-day) supply of drugs in this tier</li> </ul> <p>Tier 3: Preferred Brand Drugs</p> <ul style="list-style-type: none"> <li>• \$87.50 copay for a three-month (93-day) supply of drugs in this tier</li> </ul> <p>Tier 4: Non-Preferred Brand Drugs</p> <ul style="list-style-type: none"> <li>• \$187.50 copay for a three-month (93-day) supply of drugs in this tier</li> </ul> <p>Tier 5: Specialty Tier Drugs</p> <ul style="list-style-type: none"> <li>• 33% coinsurance for a one-month (31-day) supply of drugs in this tier</li> </ul> <p>Tier 6: Select Care Drugs</p> <ul style="list-style-type: none"> <li>• \$0 copay for a three-month (93-day) supply of drugs in this tier</li> </ul> <p><b>Additional Coverage Gap</b> The plan covers all formulary generics (100% of formulary generic drugs), few formulary brands (less than 10% of formulary brand drugs) through the coverage gap.</p> <p>You pay the following:</p>
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Benefit	Original Medicare	CareMore Touch (HMO SNP) Maricopa & Pinal Counties	CareMore Touch (HMO SNP) Pima County
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**PREVENTIVE SERVICES (CONTINUED)**

<p><b>25</b> <b>Outpatient Prescription Drugs</b> (continued)</p>		<p><b>Retail Pharmacy</b> Tier 1: Preferred Generic Drugs</p> <ul style="list-style-type: none"> <li>• \$0 copay for a one-month (31-day) supply of all drugs covered in this tier</li> <li>• \$0 copay for a three-month (93-day) supply of all drugs covered in this tier</li> </ul> <p>Tier 2: Non-Preferred Generic Drugs</p> <ul style="list-style-type: none"> <li>• \$5 copay for a one-month (31-day) supply of all drugs covered in this tier</li> <li>• \$15 copay for a three-month (93-day) supply of all drugs covered in this tier</li> </ul> <p>Tier 3: Preferred Brand Drugs</p> <ul style="list-style-type: none"> <li>• \$35 copay for a one-month (31-day) supply of select drugs covered in this tier</li> <li>• \$105 copay for a three-month (93-day) supply of select drugs covered in this tier</li> </ul> <p>Tier 4: Non-Preferred Brand Drugs</p> <ul style="list-style-type: none"> <li>• \$75 copay for a one-month (31-day) supply of select drugs covered in this tier</li> <li>• \$225 copay for a three-month (93-day) supply of select drugs covered in this tier</li> </ul>	<p><b>Retail Pharmacy</b> Tier 1: Preferred Generic Drugs</p> <ul style="list-style-type: none"> <li>• \$0 copay for a one-month (31-day) supply of all drugs covered in this tier</li> <li>• \$0 copay for a three-month (93-day) supply of all drugs covered in this tier</li> </ul> <p>Tier 2: Non-Preferred Generic Drugs</p> <ul style="list-style-type: none"> <li>• \$5 copay for a one-month (31-day) supply of all drugs covered in this tier</li> <li>• \$15 copay for a three-month (93-day) supply of all drugs covered in this tier</li> </ul> <p>Tier 3: Preferred Brand Drugs</p> <ul style="list-style-type: none"> <li>• \$35 copay for a one-month (31-day) supply of select drugs covered in this tier</li> <li>• \$105 copay for a three-month (93-day) supply of select drugs covered in this tier</li> </ul> <p>Tier 4: Non-Preferred Brand Drugs</p> <ul style="list-style-type: none"> <li>• \$75 copay for a one-month (31-day) supply of select drugs covered in this tier</li> <li>• \$225 copay for a three-month (93-day) supply of select drugs covered in this tier</li> </ul>
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Benefit	Original Medicare	CareMore Touch (HMO SNP) Maricopa & Pinal Counties	CareMore Touch (HMO SNP) Pima County
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**PREVENTIVE SERVICES (CONTINUED)**

<p><b>25</b> <b>Outpatient Prescription Drugs</b> (continued)</p>		<p>Tier 6: Select Care Drugs</p> <ul style="list-style-type: none"> <li>• \$0 copay for a one-month (31-day) supply of all drugs covered in this tier</li> <li>• \$0 copay for a three-month (93-day) supply of all drugs covered in this tier</li> </ul> <p><b>Long Term Care Pharmacy</b></p> <p>Tier 1: Preferred Generic Drugs</p> <ul style="list-style-type: none"> <li>• \$0 copay for a one-month (31-day) supply of all drugs covered in this tier</li> </ul> <p>Tier 2: Non-Preferred Generic Drugs</p> <ul style="list-style-type: none"> <li>• \$5 copay for a one-month (31-day) supply of all drugs covered in this tier</li> </ul> <p>Tier 3: Preferred Brand Drugs</p> <ul style="list-style-type: none"> <li>• \$35 copay for a one-month (31-day) supply of select drugs covered in this tier</li> </ul> <p>Tier 4: Non-Preferred Brand Drugs</p> <ul style="list-style-type: none"> <li>• \$75 copay for a one-month (31-day) supply of select drugs covered in this tier</li> </ul> <p>Tier 6: Select Care Drugs</p> <ul style="list-style-type: none"> <li>• \$0 copay for a one-month (31-day) supply of all drugs covered in this tier</li> </ul>	<p>Tier 6: Select Care Drugs</p> <ul style="list-style-type: none"> <li>• \$0 copay for a one-month (31-day) supply of all drugs covered in this tier</li> <li>• \$0 copay for a three-month (93-day) supply of all drugs covered in this tier</li> </ul> <p><b>Long Term Care Pharmacy</b></p> <p>Tier 1: Preferred Generic Drugs</p> <ul style="list-style-type: none"> <li>• \$0 copay for a one-month (31-day) supply of all drugs covered in this tier</li> </ul> <p>Tier 2: Non-Preferred Generic Drugs</p> <ul style="list-style-type: none"> <li>• \$5 copay for a one-month (31-day) supply of all drugs covered in this tier</li> </ul> <p>Tier 3: Preferred Brand Drugs</p> <ul style="list-style-type: none"> <li>• \$35 copay for a one-month (31-day) supply of select drugs covered in this tier</li> </ul> <p>Tier 4: Non-Preferred Brand Drugs</p> <ul style="list-style-type: none"> <li>• \$75 copay for a one-month (31-day) supply of select drugs covered in this tier</li> </ul> <p>Tier 6: Select Care Drugs</p> <ul style="list-style-type: none"> <li>• \$0 copay for a one-month (31-day) supply of all drugs covered in this tier</li> </ul>
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Benefit	Original Medicare	CareMore Touch (HMO SNP) Maricopa & Pinal Counties	CareMore Touch (HMO SNP) Pima County
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**PREVENTIVE SERVICES (CONTINUED)**

<p><b>25</b> <b>Outpatient Prescription Drugs</b> (continued)</p>		<p><b>Mail Order</b> Tier 1: Preferred Generic Drugs  <ul style="list-style-type: none"> <li>• \$0 copay for a three-month (93-day) supply of all drugs covered in this tier</li> </ul>   Tier 2: Non-Preferred Generic Drugs  <ul style="list-style-type: none"> <li>• \$12.50 copay for a three-month (93-day) supply of all drugs covered in this tier</li> </ul>   Tier 3: Preferred Brand Drugs  <ul style="list-style-type: none"> <li>• \$87.50 copay for a three-month (93-day) supply of select drugs covered in this tier</li> </ul>   Tier 4: Non-Preferred Brand Drugs  <ul style="list-style-type: none"> <li>• \$187.50 copay for a three-month (93-day) supply of select drugs covered in this tier</li> </ul>   Tier 6: Select Care Drugs  <ul style="list-style-type: none"> <li>• \$0 copay for a three-month (93-day) supply of all drugs covered in this tier</li> </ul>   Please contact the plan for a complete list of drugs covered through the gap.   After your total yearly drug costs reach \$3,000, you receive limited coverage by the plan on certain drugs. You will also receive a discount on</p>	<p><b>Mail Order</b> Tier 1: Preferred Generic Drugs  <ul style="list-style-type: none"> <li>• \$0 copay for a three-month (93-day) supply of all drugs covered in this tier</li> </ul>   Tier 2: Non-Preferred Generic Drugs  <ul style="list-style-type: none"> <li>• \$12.50 copay for a three-month (93-day) supply of all drugs covered in this tier</li> </ul>   Tier 3: Preferred Brand Drugs  <ul style="list-style-type: none"> <li>• \$87.50 copay for a three-month (93-day) supply of select drugs covered in this tier</li> </ul>   Tier 4: Non-Preferred Brand Drugs  <ul style="list-style-type: none"> <li>• \$187.50 copay for a three-month (93-day) supply of select drugs covered in this tier</li> </ul>   Tier 6: Select Care Drugs  <ul style="list-style-type: none"> <li>• \$0 copay for a three-month (93-day) supply of all drugs covered in this tier</li> </ul>   Please contact the plan for a complete list of drugs covered through the gap.   After your total yearly drug costs reach \$3,000, you receive limited coverage by the plan on certain drugs. You will also receive a discount on</p>
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Benefit	Original Medicare	CareMore Touch (HMO SNP) Maricopa & Pinal Counties	CareMore Touch (HMO SNP) Pima County
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**PREVENTIVE SERVICES (CONTINUED)**

<p><b>25</b> <b>Outpatient Prescription Drugs</b> (continued)</p>		<p>brand name drugs and generally pay no more than 86% of the plan's costs for generic drugs until your yearly out-of-pocket drug costs reach \$4,700.</p> <p><b>Catastrophic Coverage</b> After your yearly out-of-pocket drug costs reach \$4,700, you pay the following:</p> <p>Tier 1: Preferred Generic Drugs</p> <ul style="list-style-type: none"> <li>• \$0 copay for drugs in this tier</li> </ul> <p>Tier 2: Non-Preferred Generic Drugs</p> <ul style="list-style-type: none"> <li>• \$2.60 copay or 5% coinsurance whichever costs more for drugs in this tier</li> </ul> <p>Tier 3: Preferred Brand Drugs</p> <ul style="list-style-type: none"> <li>• \$6.50 copay or 5% coinsurance whichever costs more for drugs in this tier</li> </ul> <p>Tier 4: Non-Preferred Brand Drugs</p> <ul style="list-style-type: none"> <li>• \$6.50 copay or 5% coinsurance whichever costs more for drugs in this tier</li> </ul> <p>Tier 5: Specialty Tier Drugs</p> <ul style="list-style-type: none"> <li>• \$6.50 copay or 5% coinsurance whichever costs more for drugs in this tier</li> </ul>	<p>brand name drugs and generally pay no more than 86% of the plan's costs for generic drugs until your yearly out-of-pocket drug costs reach \$4,700.</p> <p><b>Catastrophic Coverage</b> After your yearly out-of-pocket drug costs reach \$4,700, you pay the following:</p> <p>Tier 1: Preferred Generic Drugs</p> <ul style="list-style-type: none"> <li>• \$0 copay for drugs in this tier</li> </ul> <p>Tier 2: Non-Preferred Generic Drugs</p> <ul style="list-style-type: none"> <li>• \$2.60 copay or 5% coinsurance whichever costs more for drugs in this tier</li> </ul> <p>Tier 3: Preferred Brand Drugs</p> <ul style="list-style-type: none"> <li>• \$6.50 copay or 5% coinsurance whichever costs more for drugs in this tier</li> </ul> <p>Tier 4: Non-Preferred Brand Drugs</p> <ul style="list-style-type: none"> <li>• \$6.50 copay or 5% coinsurance whichever costs more for drugs in this tier</li> </ul> <p>Tier 5: Specialty Tier Drugs</p> <ul style="list-style-type: none"> <li>• \$6.50 copay or 5% coinsurance whichever costs more for drugs in this tier</li> </ul>
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Benefit	Original Medicare	CareMore Touch (HMO SNP) Maricopa & Pinal Counties	CareMore Touch (HMO SNP) Pima County
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**PREVENTIVE SERVICES (CONTINUED)**

**25** **Outpatient Prescription Drugs**  
(continued)

	<p>Tier 6: Select Care Drugs</p> <ul style="list-style-type: none"> <li>• \$0 copay for drugs in this tier</li> </ul> <p><b>Out-of-Network</b> Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan’s service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy’s full charge for the drug and submit documentation to receive reimbursement from CareMore Touch (HMO SNP).</p> <p><b>Out-of-Network Initial Coverage</b> You will be reimbursed up to the plan’s cost of the drug minus the following for drugs purchased out-of-network until total yearly drug costs reach \$3,000:</p> <p>Tier 1: Preferred Generic Drugs</p> <ul style="list-style-type: none"> <li>• \$0 copay for a one-month (31-day) supply of drugs in this tier</li> </ul>	<p>Tier 6: Select Care Drugs</p> <ul style="list-style-type: none"> <li>• \$0 copay for drugs in this tier</li> </ul> <p><b>Out-of-Network</b> Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan’s service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy’s full charge for the drug and submit documentation to receive reimbursement from CareMore Touch (HMO SNP).</p> <p><b>Out-of-Network Initial Coverage</b> You will be reimbursed up to the plan’s cost of the drug minus the following for drugs purchased out-of-network until total yearly drug costs reach \$3,000:</p> <p>Tier 1: Preferred Generic Drugs</p> <ul style="list-style-type: none"> <li>• \$0 copay for a one-month (31-day) supply of drugs in this tier</li> </ul>
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Benefit	Original Medicare	CareMore Touch (HMO SNP) Maricopa & Pinal Counties	CareMore Touch (HMO SNP) Pima County
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**PREVENTIVE SERVICES (CONTINUED)**

<p><b>25</b> <b>Outpatient Prescription Drugs</b> (continued)</p>		<p>Tier 2: Non-Preferred Generic Drugs</p> <ul style="list-style-type: none"> <li>• \$5 copay for a one-month (31-day) supply of drugs in this tier</li> </ul> <p>Tier 3: Preferred Brand Drugs</p> <ul style="list-style-type: none"> <li>• \$35 copay for a one-month (31-day) supply of drugs in this tier</li> </ul> <p>Tier 4: Non-Preferred Brand Drugs</p> <ul style="list-style-type: none"> <li>• \$75 copay for a one-month (31-day) supply of drugs in this tier</li> </ul> <p>Tier 5: Specialty Tier Drugs</p> <ul style="list-style-type: none"> <li>• 33% coinsurance for a one-month (31-day) supply of drugs in this tier</li> </ul> <p>Tier 6: Select Care Drugs</p> <ul style="list-style-type: none"> <li>• \$0 copay for a one-month (31-day) supply of drugs in this tier</li> </ul> <p>You will not be reimbursed for the difference between the Out-of-Network Pharmacy charge and the plan's In-Network allowable amount.</p> <p><b>Additional Out-of-Network Coverage Gap</b> You will be reimbursed for these drugs purchased out-of-network up to the</p>	<p>Tier 2: Non-Preferred Generic Drugs</p> <ul style="list-style-type: none"> <li>• \$5 copay for a one-month (31-day) supply of drugs in this tier</li> </ul> <p>Tier 3: Preferred Brand Drugs</p> <ul style="list-style-type: none"> <li>• \$35 copay for a one-month (31-day) supply of drugs in this tier</li> </ul> <p>Tier 4: Non-Preferred Brand Drugs</p> <ul style="list-style-type: none"> <li>• \$75 copay for a one-month (31-day) supply of drugs in this tier</li> </ul> <p>Tier 5: Specialty Tier Drugs</p> <ul style="list-style-type: none"> <li>• 33% coinsurance for a one-month (31-day) supply of drugs in this tier</li> </ul> <p>Tier 6: Select Care Drugs</p> <ul style="list-style-type: none"> <li>• \$0 copay for a one-month (31-day) supply of drugs in this tier</li> </ul> <p>You will not be reimbursed for the difference between the Out-of-Network Pharmacy charge and the plan's In-Network allowable amount.</p> <p><b>Additional Out-of-Network Coverage Gap</b> You will be reimbursed for these drugs purchased out-of-network up to the</p>
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Benefit	Original Medicare	CareMore Touch (HMO SNP) Maricopa & Pinal Counties	CareMore Touch (HMO SNP) Pima County
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**PREVENTIVE SERVICES (CONTINUED)**

<p><b>25</b> <b>Outpatient Prescription Drugs</b> (continued)</p>		<p>plan's cost of the drug minus the following:</p> <p>Tier 1: Preferred Generic Drugs</p> <ul style="list-style-type: none"> <li>• \$0 copay for a one-month (31-day) supply of all drugs covered in this tier</li> </ul> <p>Tier 2: Non-Preferred Generic Drugs</p> <ul style="list-style-type: none"> <li>• \$5 copay for a one-month (31-day) supply of all drugs covered in this tier</li> </ul> <p>Tier 3: Preferred Brand Drugs</p> <ul style="list-style-type: none"> <li>• \$35 copay for a one-month (31-day) supply of select drugs covered in this tier</li> </ul> <p>Tier 4: Non-Preferred Brand Drugs</p> <ul style="list-style-type: none"> <li>• \$75 copay for a one-month (31-day) supply of select drugs covered in this tier</li> </ul> <p>Tier 5: Specialty Tier Drugs</p> <ul style="list-style-type: none"> <li>• You will be reimbursed up to 14% of the plan allowable cost for generic drugs purchased out-of-network until total yearly out-of-pocket drug costs reach \$4,700.</li> </ul> <p>You will be reimbursed up to the discounted price for brand name drugs purchased out-of-network</p>	<p>plan's cost of the drug minus the following:</p> <p>Tier 1: Preferred Generic Drugs</p> <ul style="list-style-type: none"> <li>• \$0 copay for a one-month (31-day) supply of all drugs covered in this tier</li> </ul> <p>Tier 2: Non-Preferred Generic Drugs</p> <ul style="list-style-type: none"> <li>• \$5 copay for a one-month (31-day) supply of all drugs covered in this tier</li> </ul> <p>Tier 3: Preferred Brand Drugs</p> <ul style="list-style-type: none"> <li>• \$35 copay for a one-month (31-day) supply of select drugs covered in this tier</li> </ul> <p>Tier 4: Non-Preferred Brand Drugs</p> <ul style="list-style-type: none"> <li>• \$75 copay for a one-month (31-day) supply of select drugs covered in this tier</li> </ul> <p>Tier 5: Specialty Tier Drugs</p> <ul style="list-style-type: none"> <li>• You will be reimbursed up to 14% of the plan allowable cost for generic drugs purchased out-of-network until total yearly out-of-pocket drug costs reach \$4,700.</li> </ul> <p>You will be reimbursed up to the discounted price for brand name drugs purchased out-of-network</p>
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Benefit	Original Medicare	CareMore Touch (HMO SNP) Maricopa & Pinal Counties	CareMore Touch (HMO SNP) Pima County
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**PREVENTIVE SERVICES (CONTINUED)**

<p><b>25</b> <b>Outpatient Prescription Drugs</b> (continued)</p>		<p>until total yearly out-of-pocket drug costs reach \$4,700.</p> <p>Tier 6: Select Care Drugs</p> <ul style="list-style-type: none"> <li>• \$0 copay for a one-month (31-day) supply of all drugs covered in this tier</li> </ul> <p>You will not be reimbursed for the difference between the Out-of-Network Pharmacy charge and the plan's In-Network allowable amount.</p> <p><b>Out-of-Network Catastrophic Coverage</b> After your yearly out-of-pocket drug costs reach \$4,700, you will be reimbursed for drugs purchased out-of-network up to the plan's cost of the drug minus the following:</p> <p>Tier 1: Preferred Generic Drugs</p> <ul style="list-style-type: none"> <li>• \$0 copay for drugs in this tier</li> </ul> <p>Tier 2: Non-Preferred Generic Drugs</p> <ul style="list-style-type: none"> <li>• \$2.60 copay or 5% coinsurance whichever costs more for drugs in this tier</li> </ul> <p>Tier 3: Preferred Brand Drugs</p> <ul style="list-style-type: none"> <li>• \$6.50 copay or 5% coinsurance whichever costs more for drugs in this tier</li> </ul>	<p>until total yearly out-of-pocket drug costs reach \$4,700.</p> <p>Tier 6: Select Care Drugs</p> <ul style="list-style-type: none"> <li>• \$0 copay for a one-month (31-day) supply of all drugs covered in this tier</li> </ul> <p>You will not be reimbursed for the difference between the Out-of-Network Pharmacy charge and the plan's In-Network allowable amount.</p> <p><b>Out-of-Network Catastrophic Coverage</b> After your yearly out-of-pocket drug costs reach \$4,700, you will be reimbursed for drugs purchased out-of-network up to the plan's cost of the drug minus the following:</p> <p>Tier 1: Preferred Generic Drugs</p> <ul style="list-style-type: none"> <li>• \$0 copay for drugs in this tier</li> </ul> <p>Tier 2: Non-Preferred Generic Drugs</p> <ul style="list-style-type: none"> <li>• \$2.60 copay or 5% coinsurance whichever costs more for drugs in this tier</li> </ul> <p>Tier 3: Preferred Brand Drugs</p> <ul style="list-style-type: none"> <li>• \$6.50 copay or 5% coinsurance whichever costs more for drugs in this tier</li> </ul>
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Benefit	Original Medicare	CareMore Touch (HMO SNP) Maricopa & Pinal Counties	CareMore Touch (HMO SNP) Pima County
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**PREVENTIVE SERVICES (CONTINUED)**

<p><b>25</b> <b>Outpatient Prescription Drugs</b> (continued)</p>		<p>Tier 4: Non-Preferred Brand Drugs</p> <ul style="list-style-type: none"> <li>• \$6.50 copay or 5% coinsurance whichever costs more for drugs in this tier</li> </ul> <p>Tier 5: Specialty Tier Drugs</p> <ul style="list-style-type: none"> <li>• \$6.50 copay or 5% coinsurance whichever costs more for drugs in this tier</li> </ul> <p>Tier 6: Select Care Drugs</p> <ul style="list-style-type: none"> <li>• \$0 copay for drugs in this tier</li> </ul> <p>You will not be reimbursed for the difference between the Out-of-Network Pharmacy charge and the plan's In-Network allowable amount.</p>	<p>Tier 4: Non-Preferred Brand Drugs</p> <ul style="list-style-type: none"> <li>• \$6.50 copay or 5% coinsurance whichever costs more for drugs in this tier</li> </ul> <p>Tier 5: Specialty Tier Drugs</p> <ul style="list-style-type: none"> <li>• \$6.50 copay or 5% coinsurance whichever costs more for drugs in this tier</li> </ul> <p>Tier 6: Select Care Drugs</p> <ul style="list-style-type: none"> <li>• \$0 copay for drugs in this tier</li> </ul> <p>You will not be reimbursed for the difference between the Out-of-Network Pharmacy charge and the plan's In-Network allowable amount.</p>
<p><b>26</b> <b>Dental Services</b></p>	<p>Preventive dental services (such as cleaning) not covered.</p>	<p><b>In-Network</b></p> <p>In general, preventive dental benefits (such as cleaning) not covered. However, this plan covers preventive dental benefits for an extra cost (see "Optional Benefits.")</p> <p>\$0 copay for Medicare-covered dental benefits</p>	<p><b>In-Network</b></p> <p>In general, preventive dental benefits (such as cleaning) not covered. However, this plan covers preventive dental benefits for an extra cost (see "Optional Benefits.")</p> <p>\$0 copay for Medicare-covered dental benefits</p>

Benefit	Original Medicare	CareMore Touch (HMO SNP) Maricopa & Pinal Counties	CareMore Touch (HMO SNP) Pima County
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**PREVENTIVE SERVICES (CONTINUED)**

<p><b>27</b> <b>Hearing Services</b></p>	<p>Supplemental routine hearing exams and hearing aids not covered.</p> <p>20% coinsurance for diagnostic hearing exams.</p>	<p><b>In-Network</b></p> <p>\$0 copay for Medicare-covered diagnostic hearing exams</p> <p>\$0 copay for</p> <ul style="list-style-type: none"> <li>• up to 1 supplemental routine hearing exam(s) every year</li> <li>• up to 1 fitting-evaluation(s) for a hearing aid every year</li> </ul> <p>\$0 copay for hearing aids.</p> <p>\$1,500 plan coverage limit for hearing aids every two years.</p>	<p><b>In-Network</b></p> <p>\$0 copay for Medicare-covered diagnostic hearing exams</p> <p>\$0 copay for</p> <ul style="list-style-type: none"> <li>• up to 1 supplemental routine hearing exam(s) every year</li> <li>• up to 1 fitting-evaluation(s) for a hearing aid every year</li> </ul> <p>\$0 copay for hearing aids.</p> <p>\$1,500 plan coverage limit for hearing aids every two years.</p>
<p><b>28</b> <b>Vision Services</b></p>	<p>20% coinsurance for diagnosis and treatment of diseases and conditions of the eye.</p> <p>Supplemental routine eye exams and glasses not covered.</p> <p>Medicare pays for one pair of eyeglasses or contact lenses after cataract surgery.</p> <p>Annual glaucoma screenings covered for people at risk.</p>	<p><b>General</b></p> <p>Authorization rules may apply.</p> <p><b>In-Network</b></p> <ul style="list-style-type: none"> <li>• \$0 copay for one pair of eyeglasses or contact lenses after cataract surgery.</li> <li>• \$0 copay for exams to diagnose and treat diseases and conditions of the eye.</li> <li>• \$20 copay for up to 1 supplemental routine eye exam(s) every year</li> <li>• \$25 copay for up to 1 pair(s) of glasses every two years</li> <li>• \$25 copay for up to 1 pair(s) of contacts every year</li> <li>• \$0 copay for up to 1 pair(s) of lenses every year</li> </ul>	<p><b>General</b></p> <p>Authorization rules may apply.</p> <p><b>In-Network</b></p> <ul style="list-style-type: none"> <li>• \$0 copay for one pair of eyeglasses or contact lenses after cataract surgery.</li> <li>• \$0 copay for exams to diagnose and treat diseases and conditions of the eye.</li> <li>• \$20 copay for up to 1 supplemental routine eye exam(s) every year</li> <li>• \$25 copay for up to 1 pair(s) of glasses every two years</li> <li>• \$25 copay for up to 1 pair(s) of contacts every year</li> <li>• \$0 copay for up to 1 pair(s) of lenses every year</li> </ul>

Benefit	Original Medicare	CareMore Touch (HMO SNP) Maricopa & Pinal Counties	CareMore Touch (HMO SNP) Pima County
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**PREVENTIVE SERVICES (CONTINUED)**

<p><b>(28) Vision Services</b> (continued)</p>		<ul style="list-style-type: none"> <li>• \$25 copay for up to 1 frame(s) every two years</li> </ul> <p>\$80 plan coverage limit for eye glasses (lenses and frames) every two years.</p> <p>\$100 plan coverage limit for contact lenses every year.</p> <p>\$80 plan coverage limit for eye glass frames every two years.</p>	<ul style="list-style-type: none"> <li>• \$25 copay for up to 1 frame(s) every two years</li> </ul> <p>\$80 plan coverage limit for eye glasses (lenses and frames) every two years.</p> <p>\$100 plan coverage limit for contact lenses every year.</p> <p>\$80 plan coverage limit for eye glass frames every two years.</p>
<p><b>Over-the-Counter Items</b></p>	<p>Not covered.</p>	<p><b>General</b> Please visit our plan website to see our list of covered Over-the-Counter items. OTC items may be purchased only for the enrollee. Please contact the plan for specific instructions for using this benefit.</p>	<p><b>General</b> Please visit our plan website to see our list of covered Over-the-Counter items. OTC items may be purchased only for the enrollee. Please contact the plan for specific instructions for using this benefit.</p>
<p><b>Transportation</b> (Routine)</p>	<p>Not covered.</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$0 copay for up to 24 one-way trip(s) to plan-approved location every year</p>	<p><b>In-Network</b> This plan does not cover supplemental routine transportation.</p>
<p><b>Acupuncture</b></p>	<p>Not covered.</p>	<p><b>In-Network</b> This plan does not cover Acupuncture.</p>	<p><b>In-Network</b> This plan does not cover Acupuncture.</p>

Benefit	Original Medicare	CareMore Touch (HMO SNP) Maricopa & Pinal Counties	CareMore Touch (HMO SNP) Pima County
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**OPTIONAL SUPPLEMENTAL PACKAGE #1**

<p><b>Premium and Other Important Information</b></p>		<p><b>General</b> Package: 1 - Optional Dental:</p> <p>\$15.10 monthly premium, in addition to your \$0 monthly plan premium and the monthly Medicare Part B premium, for the following optional benefits:</p> <ul style="list-style-type: none"> <li>• Preventive Dental</li> <li>• Comprehensive Dental</li> </ul>	<p><b>General</b> Package: 1 - Optional Dental:</p> <p>\$15.10 monthly premium, in addition to your \$0 monthly plan premium and the monthly Medicare Part B premium, for the following optional benefits:</p> <ul style="list-style-type: none"> <li>• Preventive Dental</li> <li>• Comprehensive Dental</li> </ul>
<p><b>Dental Services</b></p>		<p><b>General</b> Plan offers additional comprehensive dental benefits.</p> <p><b>In-Network</b></p> <ul style="list-style-type: none"> <li>• \$10 to \$17 copay for cleanings</li> <li>• \$0 to \$7 for up to 2 fluoride treatment(s) every year</li> <li>• \$7 to \$62 copay for oral exams</li> <li>• \$7 to \$15 copay for up to 1 dental x-ray(s) every three years</li> </ul>	<p><b>General</b> Plan offers additional comprehensive dental benefits.</p> <p><b>In-Network</b></p> <ul style="list-style-type: none"> <li>• \$10 to \$17 copay for cleanings</li> <li>• \$0 to \$7 for up to 2 fluoride treatment(s) every year</li> <li>• \$7 to \$62 copay for oral exams</li> <li>• \$7 to \$15 copay for up to 1 dental x-ray(s) every three years</li> </ul>