

2025 Summary of Benefits

This is a summary of drug and health services covered by Banner Medicare Advantage Dual HMO D-SNP, January 1, 2025 - December 31, 2025.

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

Hours of Operation

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

How to Contact Us

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

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

Our website: www.BannerHealth.com/MA.

Who Can Join?

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

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

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

- **Full Benefits Dual Eligible (FBDE):** AHCCCS (Medicaid) may provide limited assistance with Medicare cost-sharing. AHCCCS (Medicaid) also provides full Medicaid benefits. You are eligible for full AHCCCS (Medicaid) benefits. At times you may also be eligible for limited assistance from the AHCCCS (Medicaid) in paying your Medicare cost share amounts. Generally, your cost share is 0% when the service is covered by both Medicare and AHCCCS (Medicaid). There may be cases where you have to pay cost sharing when a service or benefit is not covered by AHCCCS (Medicaid).
- **Qualified Medicare Beneficiary Plus (QMB+):** You get AHCCCS (Medicaid) coverage of Medicare cost-share and are also eligible for full AHCCCS (Medicaid) benefits. AHCCCS (Medicaid) pays your Medicare Part A and Part B premiums, deductibles, coinsurance and copayment amounts for Medicare covered services. You pay nothing, except for Part D prescription drug copays (if applicable).
- **Other Full Benefits Dual Eligible (Freedom to Work):** You get Medicare but do not meet income criteria to qualify as QMB+ or SLMB+ member but are determined to be eligible for full AHCCCS (Medicaid) benefits (Freedom to Work Member). AHCCCS (Medicaid) does not provide payment for either Medicare Part A or Part B premiums.

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

Which Doctors, Hospitals, and Pharmacies Can I Use?

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

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

You can see our plan's provider directory and pharmacy directory on our website: www.BannerHealth.com/MA.

Or call us, and we will send you a copy of the provider directory and pharmacy directory.

What Do We Cover?

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

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

We cover Part D drugs. In addition, we cover Part B drugs such as chemotherapy and some drugs administered by your provider.

- You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website at www.BannerHealth.com/MA.
- Or call us, and we will send you a copy of the formulary.

Tips For Comparing Your Medicare Choices

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

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

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

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

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

Eligibility for the Food and Produce benefit, plan approved non-medically necessary transportation, and \$0 Part D cost share is not assured and will be determined by Banner Medicare Advantage Dual HMO D-SNP after enrollment, based on eligibility criteria.

Medicare Cost Sharing: If you are a Full Benefit Dual Eligible, Qualified Medicare Beneficiary Plus or other Full Benefit Dual Eligible (Freedom to Work), you will pay \$0 for your Medicare-covered services as noted by the cost sharing in the chart.

Premiums and Benefits	What you pay
Benefits listed with: * may require your provider to obtain prior authorization from the plan. ** may require a referral from your provider	
Monthly Plan Premium	\$0 per month.
Deductible	\$0
Maximum Out-of-Pocket Responsibility	\$9,350 annual out-of-pocket limit for services you receive from in-network providers for Medicare-covered services. For AHCCCS (Medicaid)-covered services, refer to the “Arizona Health Care Cost Containment System Medicare Advantage Special Needs Plans for Dual Eligible Members 2025 Benefits” section in this document.
Inpatient Hospital Coverage*	\$0 copayment Our plan covers for 90 days per benefit period for Medicare-covered inpatient hospital stays. A benefit period begins the day you go into a hospital. The benefit period ends when you haven’t received any inpatient hospital care for 60 days in a row. If you go into a hospital after one benefit period has ended, a new benefit period begins. There is no limit to the number of benefit periods.
Outpatient Hospital Services (Medicare-covered)*	0% coinsurance per visit.
Ambulatory Surgery Center Services (Medicare-covered)*	0% coinsurance per visit.
Doctor Visits (Medicare-covered) <ul style="list-style-type: none"> ○ Primary care ○ Specialists* 	0% coinsurance per visit. 0% coinsurance per visit.

Premiums and Benefits	What you pay
Preventive Care (Medicare-covered) <ul style="list-style-type: none"> ○ Annual physical exam 	<p>\$0 copayment per visit.</p> <p>Our plan covers many preventive services. Any additional preventive services approved by Medicare during the contract year will be covered.</p> <p>\$0 copayment per visit.</p>
Emergency Care	0% coinsurance per visit.
Urgently Needed Services	0% coinsurance per visit.
Diagnostic Labs/Tests/Radiological Services (Medicare-covered)* <ul style="list-style-type: none"> ○ Diagnostic radiology service (such as MRI, CT scans) ○ Diagnostic tests and procedures ○ Lab services ○ Outpatient x-rays ○ Therapeutic radiology services (such as radiation treatment for cancer) 	<p>0% coinsurance per visit.</p>
Hearing Services <ul style="list-style-type: none"> ○ Medicare-covered hearing exam ○ Routine hearing exam 	<p>0% coinsurance per visit.</p> <p>\$0 copayment per visit, 1 per calendar year.</p>

Premiums and Benefits	What you pay
<p>Hearing Services (continued)</p> <ul style="list-style-type: none"> ○ Routine Hearing Aid Fitting/ Evaluation ○ Hearing aids 	<p>\$0 copayment per visit, 1 per calendar year.</p> <p>\$0 copayment for hearing aid(s).</p> <p>\$3,300 maximum plan coverage amount every year (for both ears combined). Covers hearing aids, maintenance parts, repairs and fitting fees. Any cost above \$3,300 is your responsibility; additional hearing aids are not covered.</p> <p>You must use Banner network contracted providers for these services.</p>
<p>Dental Services</p> <ul style="list-style-type: none"> ○ Medicare-covered dental services ○ Preventive dental services ○ Comprehensive dental services 	<p>0% coinsurance per visit.</p> <p>\$0 copayment per visit.</p> <ul style="list-style-type: none"> • Office visit includes combined exam and cleaning • Oral exam: up to 2 exams per year • Cleaning: up to 2 cleanings 2 per calendar year • Fluoride treatment: up to 2 treatments per calendar year • Dental x-ray(s): up to 1 set of bitewing x-rays per calendar year <p>\$0 copayment per visit for comprehensive dental services visits. Coverage Includes:</p> <p>Restorative services</p> <ul style="list-style-type: none"> • Fillings-one per tooth per 36 months • Crowns, post, core, pins-one per tooth per 60 months • Recement/rebond crowns- after 6 months of initial placement <p>Endodontics</p> <ul style="list-style-type: none"> • 1 per tooth per lifetime for pulpotomy or root canals. <p>Periodontics</p> <ul style="list-style-type: none"> • Osseous surgery-1 per 24 months per quadrant • Periodontal scaling and root planing-1 per 24 months per quadrant • Full mouth debridement-1 per 36 months <p>Periodontal Maintenance-</p> <ul style="list-style-type: none"> • 1 every 3 months

Premiums and Benefits	What you pay
<p>Dental Services (continued)</p> <ul style="list-style-type: none"> ○ Comprehensive dental services (continued) 	<p>Removable prosthodontics</p> <ul style="list-style-type: none"> • 1 of Removable complete, partial or immediate dentures per 60 months • Adjustments after 6 months of placement • Rebase and relines every 36 months after 6 months of placement <p>Fixed prosthodontics</p> <ul style="list-style-type: none"> • Fixed dentures (bridges)-1 every 60 months per tooth • Recement fixed partial dentures after 6 months of placement <p>Oral and maxillofacial surgery</p> <ul style="list-style-type: none"> • Extractions – 1 per tooth per lifetime <p>Adjunctive general services</p> <p>\$4,000 combined coverage limit per calendar year for plan covered routine preventive and comprehensive dental. Cost of all visits will be deducted from yearly coverage amount. Any cost above \$4,000 is your responsibility.</p> <p>You must use Banner's network of contracted dental providers for these services.</p>
<p>Vision Services</p> <ul style="list-style-type: none"> ○ Medicare-covered eye exam ○ Medicare-covered eyewear ○ Routine vision exam ○ Supplemental eyewear 	<p>0% coinsurance per visit (including annual glaucoma screening).</p> <p>0% coinsurance for Medicare-covered eyeglasses or contact lenses after cataract surgery.</p> <p>\$0 copayment for annual routine eye (eye refraction) exam.</p> <p>\$0 copayment for routine eyeglasses (frames and lenses) or contact lenses.</p> <p>\$200 annual allowance towards eyeglass frames or contact lenses (fitting). Eyeglasses (lenses and frames) are limited to one every year and contact lenses are unlimited up to plan allowance every year.</p> <ul style="list-style-type: none"> • Single vision, lined bifocal, lined trifocals covered every year. • Standard progressive lenses covered every year. • Average savings of 20-25% on additional lens upgrades. <p>Any costs above allowances or additional lens upgrades are member responsibility. You must use a VSP Advantage network provider for these services.</p>

Premiums and Benefits	What you pay
Mental Health Services (Medicare-covered) <ul style="list-style-type: none"> ○ Inpatient visit* ○ Outpatient individual and group therapy visit 	<p>\$0 copayment</p> <p>0% coinsurance per individual or group visit.</p>
Skilled Nursing Facility (Medicare-covered)*	<p>\$0 copayment</p> <p>Our plan covers for 100 days per benefit period for Medicare-covered skilled nursing facility (SNF).</p>
Skilled Nursing Facility (Medicare-covered)* (continued)	<p>A benefit period begins the day you go into a SNF. The benefit period ends when you haven't received any inpatient skilled care in a SNF for 60 days in a row. If you go into a SNF after one benefit period has ended; a new benefit period begins.</p> <p>There is no limit to the number of benefit periods.</p>
Rehabilitation Services (Medicare-covered) <ul style="list-style-type: none"> ○ Cardiac (Heart) Rehabilitation Services ○ Intensive Cardiac (Heart) Rehabilitation Services ○ Occupational therapy visit* ○ Physical therapy and speech and language therapy visit* ○ Pulmonary Rehabilitation Services 	<p>0% coinsurance per visit.</p>
Ambulance (Medicare-covered)*	<p>0% coinsurance for Medicare-covered ground and air transportation.</p>

Premiums and Benefits	What you pay
Transportation - Routine (non-emergent)	<p>\$0 copayment for up to 36 one-way trips during current benefit year to plan-approved medically necessary health-related locations using rideshare services, van and medical transport.</p> <p>Limited to providers of plan-covered medically necessary health related locations not covered by Medicare or Medicaid:</p> <ul style="list-style-type: none"> • Routine Chiropractic services • Dental services • Hearing / Hearing aid services • Podiatry <p>Other plan approved medically necessary health-related locations</p> <p>36 one-way trip limit is shared with Value Based Insurance Design (VBID) transportation services to plan approved non-medically necessary health-related locations. Please refer to the Value Based Insurance Design (VBID) – Transportation Services row later in this document for additional information.</p> <p>Each one-way trip must not exceed 50 miles. One trip is one-way transportation; a round trip is two trips.</p> <p>Transportation services must be requested 72 hours prior to a scheduled appointment.</p>
Medicare Part B Drugs*	<p>0% coinsurance for chemotherapy/radiation and other Part B drugs.</p> <p>0% coinsurance for Insulin and other Part B drugs.</p> <p>Medicare-covered Part B Drugs may be subject to step therapy requirements.</p>

OTHER BENEFITS	
Benefits	What you pay
Chiropractic Care <ul style="list-style-type: none"> ○ Medicare-covered* ○ Routine 	<p>0% coinsurance per visit.</p> <p>\$0 copayment per visit.</p> <p>6 routine visits per calendar year.</p>

OTHER BENEFITS

Benefits	What you pay
Diabetes Self-Management Training	0% coinsurance per visit.
Dialysis**	0% coinsurance per visit.
Fitness Benefit - Silver&Fit®	<p>\$0 copayment.</p> <p>Silver & Fit® Healthy Aging and Exercise Program:</p> <ul style="list-style-type: none"> • Membership at participating fitness centers • One Home Fitness Kit per benefit year • The Get Started program, which provides a personal exercise plan • Digital workout videos on the Silver&Fit® website and mobile app <p>One-on-one Silver&Fit® Healthy Aging Coaching sessions by phone.</p>
Foot Care (podiatry services) <ul style="list-style-type: none"> ○ Medicare-covered foot exams and treatment* ○ Routine foot care 	<p>0% coinsurance per visit.</p> <p>\$0 copayment per visit.</p> <p>6 routine visits per calendar year.</p>
Home Delivered Meals*	<p>\$0 copayment for up to 14 meals delivered to the member's home immediately following surgery or after each inpatient stay in a hospital or skilled nursing facility.</p> <p>Meals must be ordered within 30 days of discharge.</p>
Home Health Care	\$0 copayment per visit.
Medical Equipment/Supplies (Medicare-covered)* <ul style="list-style-type: none"> ○ Durable Medical Equipment (e.g., wheelchairs, oxygen) ○ Prosthetics (e.g., braces, artificial limbs) 	<p>0% coinsurance.</p> <p>0% coinsurance.</p>

OTHER BENEFITS

Benefits	What you pay
Medical Equipment/Supplies (Medicare-covered)* <ul style="list-style-type: none"> ○ Diabetes supplies and Therapeutic Shoes or Inserts 	0% coinsurance.
Nurse Advice Line – Nurse on Call	\$0 copayment for health care advice, 24 hours a day, 7 days a week, from a nursing professional to help answer your immediate health care questions.
Outpatient Substance Abuse	0% coinsurance per individual or group visit.
Over-the-Counter (OTC) Allowance	\$0 copayment. You receive \$200 every 3 months to purchase eligible OTC drugs and health-related products. Unused amount does not roll over to the next quarter.
Rewards <ul style="list-style-type: none"> ○ Reward for completing Annual Wellness Visit ○ Reward for completing Colorectal Cancer Screening ○ Reward for receiving annual Flu Shot 	\$25 reward for annual completion during plan benefit year. \$25 reward for annual completion during plan benefit year. \$25 reward for annual completion during plan benefit year.
Telehealth Services (Medicare-covered)*	0% coinsurance per visit.
Value Based Insurance Design (VBID) – Food and Produce	\$60 per quarter for healthy, nutritious food and produce from participating providers. Members who qualify for low-income subsidy (LIS) will be eligible for the food and produce benefit. Unused portion rolls over to the next quarter, funds will expire on 12/31/2025. Eligibility for the Food and Produce benefit is not assured and will be determined by Banner Medicare Advantage Dual after enrollment, based on eligibility criteria.

OTHER BENEFITS	
Benefits	What you pay
Value Based Insurance Design (VBID) – Transportation Services	<p>\$0 copayment for up to 36 one-way trips during current benefit year to plan-approved non-medically necessary health-related locations using rideshare services, van and medical transport. Members who qualify for low-income subsidy (LIS) will be eligible for these services.</p> <p>Limited to providers of plan-covered non-medically necessary health related locations not covered by Medicare or Medicaid:</p> <ul style="list-style-type: none"> • OTC benefits • Food and Produce benefits • Silver&Fit® fitness facilities • Other plan-approved non-medically necessary health-related locations <p>36 one-way trip limit is shared with Transportation Services (routine) to plan-approved medically necessary health related locations. Please refer to the Transportation Services – Routine (non-emergent) row earlier in this document for additional information.</p> <p>Each one-way trip must not exceed 50 miles. One trip is one-way transportation; a round trip is two trips.</p> <p>Transportation services must be requested 72 hours prior to a scheduled appointment.</p> <p>Eligibility for plan approved non-medically necessary transportation is not assured and will be determined by Banner Medicare Advantage Dual after enrollment, based on eligibility criteria.</p>

Prescription Drug Benefits

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

PRESCRIPTION DRUG BENEFITS	
Prescription Drug Stages	What you pay
Deductible Stage	<p>\$0</p> <p>This plan was filed with the standard Part D deductible of \$0. However, because you get “Extra Help” paying for your prescription drug coverage, you will not pay the entire \$2,000 out of pocket. Instead, you will pay your low-income subsidy (LIS), or “Extra Help,” cost sharing per prescription. As part of this plan your LIS cost-sharing is waived for all Part D drugs across the deductible stage.</p>

PRESCRIPTION DRUG BENEFITS	
Prescription Drug Stages	What you pay
Initial Coverage Stage	During the Initial Coverage Stage, the plan pays its share of the cost of your drugs, and you pay your share of the cost until your total yearly drug costs reach \$2,000 . Total yearly drug costs are the total drug costs paid by both you and Medicare Insurer. However, because you get “Extra Help” paying for your prescription drug coverage, you will not pay the entire \$2,000 out of pocket. Instead, you will pay your low-income subsidy (LIS), or “Extra Help,” cost sharing per prescription. You may get your drugs at network retail pharmacies and mail order pharmacies. As part of this plan your LIS cost-sharing is waived for all Part D drugs across the initial coverage stage.
Catastrophic Coverage Stage	After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$2,000 , the plan pays the full cost for your covered Part D drugs. You pay nothing. As part of this plan your LIS cost-sharing is waived for all Part D drugs across the catastrophic coverage stage.
What you pay for all Part D covered drugs	
One-month or three-month supply	\$0 copayment Eligibility for the \$0 Part D cost share is not assured and will be determined by Banner Medicare Advantage Dual after enrollment, based on eligibility criteria.

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

For more information on your prescription drug benefit, please call us, or access the Evidence of Coverage online at www.BannerHealth.com/MA.

Arizona Health Care Cost Containment System Medicare Advantage Special Needs Plans for Dual Eligible Members 2025 Benefits

In order for you to better understand your health care options, the following chart notes your charges for certain services under the Arizona Health Care Cost Containment System (Medicaid) as an individual who has both Medicare and Medicaid.

Your Medicare cost sharing responsibility is based on your level of Medicaid eligibility.

- Qualified Medicare Beneficiary (QMB) – **\$0**. Your Medicare cost sharing amounts will be paid by your Medicaid Health Plan unless otherwise noted below.
- Non-QMB with Medicare Parts A and B – Your Medicare cost sharing amounts will be paid by your Medicaid Health Plan only when the benefit is also covered by Medicaid.

Benefit	As an Arizona Health Care Cost Containment System (AHCCCS) <u>QMB Dual Eligible</u> – You Pay:	As an Arizona Health Care Cost Containment System (AHCCCS) <u>Non-QMB Dual Eligible</u> – You Pay:	As a Banner Medicare Advantage Dual Member (see previous section for benefit coverage details) You Pay:
ACUTE AND LONG TERM CARE MEDICAID PROGRAMS (1)			
Inpatient Hospital Stay	\$0	\$0	\$0 copayment
Inpatient Behavioral Health Care Stay	\$0	\$0	\$0 copayment
Nursing Facility Services	\$0	\$0	\$0 copayment
Home Health Care Visit	\$0	\$0	\$0 copayment
Primary Care Physician (PCP) Visit	\$0	\$0 for well visits, and \$0 to \$4 for other visits depending on eligibility (2) for ages 21 and over (2). \$0 for ages 20 and under.	0% coinsurance
Specialist Physician Visit	\$0	\$0 for well visits, and \$0 to \$4 for other visits depending on eligibility (2) for ages 21 and over. \$0 for ages 20 and under.	0% coinsurance
Medicare-Covered Services, including Chronic/Complex Case Management, etc.	\$0	\$0 for ages 20 and under. <i>Not covered for ages 21 and over.</i>	\$0 copayment
Chiropractic Visits	\$0	\$0 for ages 20 and under; \$0 to \$2.30 , for ages 21 over depending on eligibility (2), for up to 20 medically necessary visits beginning October 1st of each year (additional visits may be authorized if medically necessary)	0% coinsurance
Podiatry Services Visit	\$0	\$0	0% coinsurance
Outpatient Behavioral Health Care Visit	\$0	\$0	0% coinsurance
Outpatient Substance Abuse Care Visit	\$0	\$0	0% coinsurance

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:	As a Banner Medicare Advantage Dual Member (see previous section for benefit coverage details) You Pay:
ACUTE AND LONG TERM CARE MEDICAID PROGRAMS (1)			
Ambulatory Surgical Center or Outpatient Hospital Facility Visit	\$0	\$0 to \$3 depending on eligibility (2) for ages 21 and over. \$0 for ages 20 and under.	0% coinsurance
Ambulance Services	\$0	\$0	0% coinsurance
Emergency Services	\$0	\$0	0% coinsurance
Urgently Needed Care Visit	\$0	\$0 to \$4 depending on eligibility (2) for ages 21 and over. \$0 for ages 20 and under.	0% coinsurance
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.	0% coinsurance
Durable Medical Equipment	\$0	\$0	0% coinsurance
Prosthetic Devices	\$0	\$0. <i>Lower limb microprocessor controlled limb or joint not covered for ages 21 and over.</i>	0% coinsurance
Diabetes Self-Monitoring Training & Supplies (when provided as part of a PCP visit)	\$0	\$0	0% coinsurance
Community Health Worker (CHW) Visit	\$0	\$0	\$0 copayment
Diagnostic Tests, X-rays, and Laboratory Services (including COVID-19 diagnostic & testing services)	\$0	\$0	0% coinsurance
Colorectal Screening	\$0	\$0	\$0 copayment
Flu and Pneumonia Vaccines	\$0	\$0	\$0 copayment
Screening Mammogram	\$0	\$0	\$0 copayment
Pap Smear and Pelvic Exam	\$0	\$0	\$0 copayment

Benefit	As an Arizona Health Care Cost Containment System (AHCCCS) <u>QMB Dual Eligible</u> – You Pay:	As an Arizona Health Care Cost Containment System (AHCCCS) <u>Non-QMB Dual Eligible</u> – You Pay:	As a Banner Medicare Advantage Dual Member (see previous section for benefit coverage details) You Pay:
ACUTE AND LONG TERM CARE MEDICAID PROGRAMS (1)			
Prostate Cancer Screening	\$0	\$0	\$0 copayment
Renal Dialysis or Nutritional Therapy for End-Stage Renal Disease	\$0	\$0	0% coinsurance
Prescription Medications (3)	\$0	\$0 to \$2.30 depending on eligibility (2) for ages 21 and over. \$0 for ages 20 and under.	\$0 copayment
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>	0% coinsurance per visit for Medicare-covered hearing exams. \$0 copayment per visit for routine hearing services.
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>	\$0 copayment
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>	\$0 copayment
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>	0% coinsurance

Benefit	As an Arizona Health Care Cost Containment System (AHCCCS) <u>QMB Dual Eligible</u> – You Pay:	As an Arizona Health Care Cost Containment System (AHCCCS) <u>Non-QMB Dual Eligible</u> – You Pay:	As a Banner Medicare Advantage Dual Member (see previous section for benefit coverage details) You Pay:
ACUTE AND LONG TERM CARE MEDICAID PROGRAMS (1)			
Non-Emergency Medically Necessary Transportation	\$0	\$0	\$0 copayment for routine transportation services (36 one-way trips during current benefit year to plan-approved medically necessary health-related locations) using rideshare services, van and medical transport. 36 one-way trip limit is shared with VBID transportation services to plan approved non-medically necessary health-related locations.
LONG TERM CARE MEDICAID PROGRAMS ONLY (1)			
Nursing Facility Services	Cost sharing determined by AHCCCS	Cost sharing determined by AHCCCS	Not covered
Respite Services	\$0. Subject to a 600 hour limit per each 12-month period beginning October 1 st of each year.	\$0. Subject to a 600 hour limit per each 12-month period beginning October 1 st of each year.	Not covered
Home and Community Based Services	Member contribution determined by AHCCCS	Member contribution determined by AHCCCS	Not covered
Adult Preventive Dental Services (4)	\$0 for ages 21 and over. Services subject to a \$1,000 limit per each 12-month period beginning October 1 st of each year.	\$0 for ages 21 and over. Services subject to a \$1,000 limit per each 12-month period beginning October 1 st of each year.	\$0 copayment

1. Acute Medicaid Programs include AHCCCS Complete Care (ACC), Regional Behavioral Health Authorities (RBHAs), and the Mercy Care Department of Child Safety Comprehensive Health Plan (Mercy Care DCS CHP). Long Term Care Medicaid Programs include Elderly and Physically Disabled (E-PD) and Division of Developmental Disabilities (DDD).
2. See the AHCCCS Website for additional beneficiary cost sharing, co-payment and benefits related information.
3. Medicare Part D co-payment amounts are the sole responsibility of the beneficiary. AHCCCS health plans cannot assist with the payment of these amounts, except for behavioral health medications for those beneficiaries determined to be Seriously Mentally Ill (SMI) utilizing allowable Non-Title XIX funding.
4. In addition to Adult Emergency Dental Services described above.

Please contact our Customer Care Center for benefit details or go online to www.BannerHealth.com/MA.

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

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-877-874-3930, TTY 711. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-877-874-3930, TTY 711. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-877-874-3930, TTY 711。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-877-874-3930, TTY 711。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-877-874-3930, TTY 711. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-877-874-3930, TTY 711. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-877-874-3930, TTY 711 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-877-874-3930, TTY 711. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-877-874-3930, TTY 711 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-877-874-3930, ТТТ 711. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-877-874-3930، تTY 711. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-877-874-3930, TTY 711 पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-877-874-3930, TTY 711. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-877-874-3930, TTY 711. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-877-874-3930, TTY 711. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-877-874-3930, TTY 711. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-877-874-3930, TTY 711 にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。