

MARICOPA CARE ADVANTAGE

Summary of Benefits

January 1, 2008 - December 31, 2008



Thank you for your interest in Maricopa Care Advantage. Our plan is offered by UPH/MIHS VENTURES L.L.C., a Medicare Advantage Health Maintenance Organization (HMO) Special Needs Plan. This plan is designed for people who meet specific enrollment criteria. This includes anyone who receives medical assistance from AHCCCS and Medicare.

Please call Maricopa Care Advantage 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 Maricopa Care Advantage 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 Maricopa Care Advantage. You may have other options too. You make the choice. No matter what you decide, you are still in the Medicare Program.

You may join or leave a plan only at certain times. Please call Maricopa Care Advantage at the telephone number listed at the end of this introduction or 1-800-MEDICARE (1-800-633-4227) for more information. TTY 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 Maricopa Care Advantage 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 MARICOPA CARE ADVANTAGE AVAILABLE?

The service area for this plan includes: Maricopa County, AZ. You must live in this area to join the plan.

WHO IS ELIGIBLE TO JOIN MARICOPA CARE ADVANTAGE?

You can join Maricopa Care Advantage if you are entitled to Medicare Part A, enrolled in Medicare Part B and AHCCCS (State Medicaid) and live in the service area. Please call plan to see if you are eligible to join.

CAN I CHOOSE MY DOCTORS?

Maricopa Care Advantage 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 up-to-date list or visit us at www.mcareaz.org. 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. Neither Maricopa Care Advantage nor the Original Medicare Plan will pay for these services.

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

Maricopa Care Advantage does cover both Medicare Part B prescription drugs and Medicare Part D prescription drugs.

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

Maricopa Care Advantage 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 current Pharmacy Network List or visit us at www.mcareaz.org. Our customer service number is listed at the end of this introduction.

WHAT IS A PRESCRIPTION DRUG FORMULARY?

Maricopa Care Advantage 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.mcareaz.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 PRESCRIPTION DRUG PLAN COSTS?

If you qualify for extra help with your Medicare prescription drug plan costs, your premium and costs at the pharmacy will be lower. When you join Maricopa Care Advantage, Medicare will tell us how much extra help you are getting. Then we will let you know the amount you will pay. If you are not getting this extra help you can see if you qualify by calling 1-800-MEDICARE (1-800-633-4227), TTY users should call 1-877-486-2048. You can call this number 24 hours a day, 7 days a week.

WHAT ARE MY PROTECTIONS IN THIS PLAN?

All Medicare Advantage Plans agree to stay in the program for a full year at a time. Each year, the plans decide whether to continue for another year. Even if a Medicare Advantage Plan leaves the program, you will not lose Medicare coverage. If a plan decides not to continue, 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 Maricopa Care Advantage, 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.

WHAT IS A MEDICATION THERAPY MANAGEMENT (MTM) PROGRAM?

A Medication Therapy Management (MTM) Program is a free service we may 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 Maricopa Care Advantage for more details.

Please call Maricopa Care Advantage for more information about this plan.

Visit us at www.mcareaz.org or call us:

Customer Service Hours: Monday, Tuesday, Wednesday, Thursday, Friday, 8:00 a.m. - 5:00 p.m. Mountain Standard Time

Current members should call toll free 1-877-874-3935 for questions related to the Medicare Advantage program. (For Hearing Impaired: TTY/TDD 1-800-367-8939)

Prospective members should call toll free 1-877-874-3938 for questions related to the Medicare Advantage program. (For Hearing Impaired: TTY/TDD 1-800-367-8939)

Current members should call toll free 1-877-874-3935 for questions related to the Medicare Part D Prescription Drug program. (For Hearing Impaired: TTY/TDD 1-800-367-8939)

Prospective members should call toll free 1-877-874-3938 for questions related to the Medicare Part D Prescription Drug program. (For Hearing Impaired: TTY/TDD 1-800-367-8939)

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 on the web. If you have special needs, this document may be available in other formats.

Maricopa Care Advantage Summary of Benefits

Benefit Category	Original Medicare	Maricopa Care Advantage Special Needs Plan	Maricopa Health Plan AHCCCS
1. Premium and Other Important Information	<p>You will pay the Medicare Part B premium of \$___ each month.</p> <p>Your deductible amount is \$___ for the year.</p> <p>You will pay the Medicare Part D premium of \$___ each month.</p>	<p>You will pay \$0 in premium for Part B.</p> <p>You will pay \$0 in deductible payments.</p> <p>You will pay \$0 in premium for Part D.</p>	<p>You will pay \$0 in premium for Part B.</p> <p>You will pay \$0 in deductible payments.</p> <p>You will pay \$0 in premium for Part D.</p>
2. Doctor and Hospital Choice (For more information, see Emergency - #15 and Urgently Needed Care - #16)	You may go to any doctor, specialist or hospital that accepts Medicare.	<p>You can only use doctors, specialists and hospitals that are part of our network.</p> <p>You will need to get a referral to go to specialists and network hospitals (for certain benefits).</p>	<p>You can only use doctors, specialists and hospitals that are part of our network.</p> <p>You will need to get a referral to go to specialists and network hospitals (for certain benefits).</p>
INPATIENT CARE			
3. Inpatient Hospital Care (includes Substance Abuse and Rehabilitation Services)	<p>For each benefit period* you will pay: Days 1 - 60: \$___ deductible Days 61 - 90: \$___ per day Days 91 - 150: \$___ per lifetime reserve day (Lifetime reserve days can only be used once).</p> <p>Please call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days.</p>	<p>You will pay \$0 for a hospital stay at a network hospital.</p> <p>Your will be covered for a total of 90 days each benefit period*.</p> <p>**Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>	<p>You will pay \$0 for a covered hospital stay at a network hospital.</p> <p>You coverage is unlimited in the hospital.</p> <p>**Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>
4. Inpatient Mental Health Care	Same deductible and copay as inpatient hospital care (see "Inpatient Hospital Care")	You will pay \$0 for a hospital stay at a network hospital**.	You will pay \$0 for a hospital stay at a network hospital**.

	above). You will have a 190 day limit in a Psychiatric Hospital.	You get up to 190 days in a Psychiatric Hospital in a lifetime.	
5. Skilled Nursing Facility (in a Medicare-certified skilled nursing facility)	For each benefit period* after at least a 3-day covered hospital stay: Days 1 - 20: \$0 per day Days 21 - 100: \$124 per day For each benefit period* there is a 100 day limit.	You will pay \$0 for Days 1-100 for a Skilled Nursing Facility stay. Authorization rules may apply. 3-day prior hospital stay is required.	You will pay \$0 for 90 Days for a Skilled Nursing Facility stay per contract year. Authorization rules may apply.
6. Home Health Care (includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)	You will pay \$0 for home health care visits.	You will pay \$0 for home health care visits. Authorization rules may apply.	You will pay \$0 for home health care visits. Authorization rules may apply.
7. Hospice	You pay part of the cost for outpatient drugs and inpatient respite care. You must get care from a Medicare-certified hospice.	You must get care from a Medicare-certified hospice.	You must get care from a Medicare-certified hospice.
OUTPATIENT CARE			
8. Doctor Office Visits	You will pay 20% coinsurance.	You will pay \$0 for Primary Care and Specialist office visits. Authorization rules may apply.	You will pay \$0 for Primary Care and Specialist office visits. Authorization rules may apply.
9. Chiropractic Services	You will pay 20% coinsurance for manual manipulation of the spine to correct subluxation if you get it from a chiropractor	You will pay \$0 for Medicare-covered chiropractic visits are for manual manipulation of the spine to correct a	You will pay \$0 for chiropractic visits for children under the age of 21 years.

	<p>or other qualified provider.</p> <p>Routine care not covered.</p>	<p>displacement or misalignment of a joint or body part.</p> <p>Authorization rules may apply.</p>	<p>Authorization rules may apply.</p>
10. Podiatry Services	<p>You will pay 20% coinsurance for medically necessary foot care, including care for medical conditions affecting the lower limbs.</p> <p>Routine care not covered.</p>	<p>You will pay \$0 for Medicare-covered podiatry services for medically necessary foot care.</p> <p>Authorization rules may apply.</p>	<p>You will pay \$0 for podiatry services performed by a podiatrist and ordered by a primary care provider</p> <p>Authorization rules may apply</p>
11. Outpatient Mental Health Care	<p>You will pay 50% coinsurance for most outpatient mental health services.</p>	<p>You will pay \$0 for Medicare-covered individual or group therapy visit with a psychiatrist.</p> <p>Authorization rules may apply.</p>	<p>You will be referred to your Regional Behavioral Health Authority to cover these services.</p>
12. Outpatient Substance Abuse Care	<p>You will pay 20% coinsurance.</p>	<p>You will pay \$0 for these services.</p> <p>Authorization rules may apply.</p>	<p>You will be referred to your Regional Behavioral Health Authority to cover these services.</p>
13. Outpatient Services/Surgery	<p>You will pay 20% coinsurance for the doctor and outpatient facility.</p>	<p>You will pay \$0 for each Medicare-covered outpatient service and surgery.</p> <p>Authorization rules may apply.</p>	<p>You will pay \$0 for covered outpatient service and surgery.</p> <p>Authorization rules may apply.</p>
14. Ambulance Services (medically necessary ambulance services)	<p>You will pay 20% coinsurance.</p>	<p>You will pay \$0 for Medicare-covered ambulance services.</p> <p>Authorization rules may apply.</p>	<p>You will pay \$0 for covered ambulance services.</p> <p>Authorization rules may apply.</p>
15. Emergency Care (You may go to any emergency room if you reasonably believe you need emergency care.)	<p>You will pay 20% coinsurance for the doctor and facility charge or a set copay per emergency room visit.</p> <p>You don't have to pay the emergency room copay if you are admitted to the hospital for</p>	<p>You will pay \$0 for the doctor and facility charge.</p> <p>Emergency services are covered anywhere in the U.S. Not covered outside the U.S. except under limited</p>	<p>You will pay \$0 for the doctor and facility charge.</p> <p>Emergency services are covered anywhere in the U.S. Not covered outside the U.S. except under limited</p>

	the same condition within 3 days of the emergency room visit. NOT covered outside the U.S. except under limited circumstances.	circumstances. Contact the plan for more details.	circumstances. Contact the plan for more details.
16. Urgently Needed Care (This is NOT emergency care, and in most cases, is out of the service area.)	You will pay 20% coinsurance or a set copay. NOT covered outside the U.S. except under limited circumstances.	You will pay \$0 for urgently needed care. NOT covered outside the U.S. except under limited circumstances.	You will pay \$0 for urgently needed care. NOT covered outside the U.S. except under limited circumstances.
17. Outpatient Rehabilitation Services (Occupational Therapy, Physical Therapy, Speech and Language Therapy)	You will pay 20% coinsurance.	You will pay \$0 for Medicare-covered Physical, Occupational, and/or Speech/Language Therapy visits. Authorization rules may apply.	You will pay \$0 for covered Physical, Occupational, and/or Speech/Language Therapy visits. Authorization rules may apply.
OUTPATIENT MEDICAL SERVICES AND SUPPLIES			
18. Durable Medical Equipment (includes wheelchairs, oxygen, etc.)	You will pay 20% coinsurance.	You will pay \$0 for Medicare-covered DME items. Authorization rules may apply.	You will pay \$0 for covered DME items. Authorization rules may apply.
19. Prosthetic Devices (includes braces, artificial limbs and eyes, etc.)	You will pay 20% coinsurance.	You will pay \$0 for Medicare-covered items. Authorization rules may apply.	You will pay \$0 for covered items. Authorization rules may apply.
20. Diabetes Self-Monitoring Training, Nutrition Therapy, and Supplies	You will pay 20% coinsurance.	You will pay \$0 for Diabetes self-monitoring training, Nutrition Therapy for Diabetes and supplies.	You will pay \$0 for Diabetes self-monitoring training, Nutrition Therapy for Diabetes and supplies.

(includes coverage for glucose monitors, test strips, lancets, screening tests, and self-management training)		Authorization rules and formulary restrictions may apply.	Authorization rules and formulary restrictions may apply.
21. Diagnostic Tests, X-Rays, and Lab Services	<p>You will pay 20% coinsurance for diagnostic tests and x-rays.</p> <p>You will pay a \$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 routine screening tests, like checking your cholesterol.</p>	<p>You will pay \$0 for Medicare-covered lab services, medically necessary diagnostic procedures, x-rays, diagnostic and therapeutic radiology services.</p> <p>Authorization rules may apply.</p>	<p>You will pay \$0 for lab services, medically necessary diagnostic procedures, x-rays, diagnostic and therapeutic radiology services.</p> <p>Authorization rules may apply.</p>
PREVENTIVE SERVICES			
22. Bone Mass Measurement (for people with Medicare who are at risk)	<p>You will pay 20% coinsurance.</p> <p>Covered once every 24 months (more often if medically necessary) if you meet certain medical conditions.</p>	<p>You will pay \$0 for Medicare-covered bone mass measurement.</p> <p>Authorization rules may apply.</p>	<p>You will pay \$0 for bone mass measurement.</p> <p>Authorization rules may apply.</p>
23. Colorectal Screening Exams (for people with	<p>You will pay 20% coinsurance.</p> <p>Covered when you are high risk or when</p>	<p>You will pay \$0 for Medicare-covered colorectal screenings.</p>	<p>You will pay \$0 for covered colorectal screenings.</p>

Medicare age 50 and older)	you are age 50 and older.		
24. Immunizations (Flu vaccine, Hepatitis B vaccine - for people with Medicare who are at risk, Pneumonia vaccine)	You will pay a \$0 copay for Flu and Pneumonia vaccines. You will pay 20% coinsurance for Hepatitis B vaccine. You may only need the Pneumonia vaccine once in your lifetime. Call your doctor for more information.	You will pay \$0 for Flu and Pneumonia and Hepatitis B vaccines. No referral needed for Flu and pneumonia vaccines.	You will pay \$0 for Flu and Pneumonia and Hepatitis B vaccines. No referral needed for Flu and pneumonia vaccines.
25. Mammograms (Annual Screening) (for women with Medicare age 40 and older)	You will pay 20% coinsurance. No referral needed. Covered once a year for all women with Medicare age 40 and older. One baseline mammogram covered for women with Medicare between age 35 and 39.	You will pay \$0 for Medicare-covered screening mammograms.	You will pay \$0 for screening mammograms.
26. Pap Smears and Pelvic Exams (for women with Medicare)	You will pay a \$0 copay for Pap smears. Covered once every 2 years. Covered once a year for women with Medicare at high risk. You will pay 20% coinsurance for Pelvic Exams	You will pay \$0 for pap smears and pelvic exams. Covered once every 2 years. Covered once a year for women with Medicare at high risk.	You will pay \$0 for pap smears and pelvic exams.
27. Prostate Cancer Screening Exams (for men with Medicare age 50 and older)	You will pay 20% coinsurance for the digital rectal exam. You will pay \$0 for the PSA test; 20% coinsurance for other related services. Covered once a year for all men with	You will pay \$0 for Medicare-covered prostate cancer screening.	You will pay \$0 for prostate cancer screening.

	Medicare over age 50.		
28. ESRD	You will pay 20% coinsurance for dialysis.	You will pay \$0 for Dialysis for in-area or out of area. Authorization rules may apply. Out-of-area Renal Dialysis services do not require Authorization.	You will pay \$0 for Dialysis and for Nutrition Therapy for Renal Disease.
29. Prescription Drugs	Most drugs not covered. (You can add prescription drug coverage to Original Medicare by joining a Medicare Prescription Drug Plan.) If you join a Medicare Prescription Drug Plan, you will not be eligible for Maricopa Care Advantage.	You will pay: ~ \$0 - \$2.25 for generic drugs ~ \$0 - \$5.60 for all other drugs These amounts are based on your income and institutional status. This will include drugs covered under Medicare Part B and Part D. This plan uses a formulary. This is a list of covered medications. The plan will send you the formulary. You can also see the formulary at www.mcareaz.com on the web. You may get your drugs by going to a network pharmacy with a one-month (31 day) order from your provider or by using the mail order program through Express Scripts. The mail order program will require a three-month (90 day) prescription from your provider. The plan may require you to first try one drug to treat your condition before it	

		<p>will cover another drug for that condition.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from Maricopa Care Advantage for certain drugs.</p> <p>Your in-network prescription coverage is limited to the plan's service area. This means that if you travel outside the service area, you may have to pay the full cost of your prescription. In certain emergencies, your drugs will be covered if you get them at an out-of-network-pharmacy although you may have to pay additional charges. Contact the plan for details.</p> <p>Total yearly drug costs are the total drug costs paid by both you and the plan.</p> <p>You must go to certain pharmacies for a very limited number of drugs, due to the special handling requirements of these drugs. These drugs are listed on the plan's website, formulary, and printed materials, as well as on the Medicare Prescription Drug Plan Finder on Medicare.gov.</p> <p>Plan drugs may be covered in special</p>	
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		circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may pay more than the copay if you get your drugs at an out-of-network pharmacy.	
30. Dental Services	Preventive dental services (such as cleaning) not covered.	You will pay a \$0 copay for the following preventive Dental benefits: ~ 1 oral exam(s) and cleaning every six months ~ 1 fluoride treatment(s) and dental x-ray every year	You will pay \$0 for preventive dental services (such as cleaning) only covered for children under the age of 21 years.
31. Hearing Services	Routine hearing exams and hearing aids not covered. You will pay 20% coinsurance for diagnostic hearing exams.	You will pay a \$0 copay for diagnostic hearing exams and: ~ 1 routine hearing test(s) and hearing aid fitting-evaluation every year. ~ \$1600 limit for routine hearing aids every three years. This is limited to \$800 per ear.	You will pay \$0 for hearing services to evaluate loss of hearing for all ages and hearing aids if medically necessary for children under the age of 21 years.
32. Vision Services	You will pay 20% coinsurance for diagnosis and treatment of diseases and conditions of the eye. Routine eye exams and glasses not covered. Medicare pays for one pair of eyeglasses or contact lenses after cataract surgery. Annual glaucoma screenings covered for people at risk.	You will pay a \$0 copay for diagnosis and treatment for diseases and conditions of the eye and: ~ 1 routine eye exam(s) every year ~ \$150 for glasses or contact lenses every 2 years	You will pay \$0 for emergency eye care which meets the definition of an emergency medical condition is covered for all members. For members who are 21 years of age or older, you will pay \$0 copay for the treatment of medical conditions of the eye, excluding eye examinations for prescriptive lenses and the provision of prescriptive lenses, which are covered.
33. Physical Exams	You will pay 20% coinsurance for a one	You will pay \$0 for your one-time	You will pay \$0 for yearly physicals.

	time exam within the first 6 months of your new Medicare Part B coverage. The coverage does not include lab tests.	Medicare-covered physical within the first 6 months of your Part B coverage. The coverage does not include lab tests. Routine exams not covered.	This will include lab tests.
34. Health/Wellness Education	Not covered by Medicare.	This plan covers health/wellness education benefits. - Written health education materials, including Newsletters	You will pay \$0 for Diabetes training.

*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 benefit period. There is no limit to the number of benefit periods you can have.

**Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.