

# 2025 Medicare Advantage Plans HMO Pima County

**Most current revision 10/15/2024**

Included in this packet is information about Medicare Advantage (MA) Health Maintenance Organization (HMO) plans, available to individuals enrolled in Medicare and living in Pima County. These plans are available for 2025.

Joining an MA plan or switching from one to another is only allowed during certain periods, for example when you first are eligible for Medicare (Initial Enrollment Period), during Special Enrollment Periods, and annually at the times below:

**Open Enrollment Period (OEP) : October 15th – December 7th**, with the change effective on January 1.

A plan's costs, benefits, providers, and formulary might change from year to year, so it's a good habit to re-evaluate your choices each OEP to ensure your needs are still being met.

**Medicare Advantage Open Enrollment Period (MA OEP) : January 1 through March 31**, with the change effective the 1st of the next month. If you are enrolled in an MA plan on January 1, you can switch to another MA plan or back to Original Medicare (OM). Only one change is allowed. Note: if you go back to OM, you should also enroll in a Part D prescription drug plan and also strongly consider enrolling in a Medicare Supplement (Medigap) plan (which may require medical underwriting).

*Ask SHIP or Medicare if you have any questions about timing.*

## **State Health Insurance Assistance Program (SHIP)**

**A program of the Pima Council on Aging (PCOA)**

**600 S Country Club Rd Tucson, AZ 85716**

**800-432-4040**



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# What to Consider When Choosing an HMO Plan

## **Evaluate Your Prescription Costs**

A major consideration in choosing a health plan is whether the medications you take are on the plan's formulary, and what your yearly cost will be. Your cost will vary by health plan and pharmacy. The **Medicare.gov** website has a ***Find Plans Now*** tool that will determine your total cost for each plan including any premium, deductible, and copay for your specific drugs. The SHIP team can help you with this. Check with SHIP to see whether you are eligible for *Extra Help* (also known as *Limited Income Subsidy* or *LIS*), which provides financial assistance for drug costs.

**New in 2025**, the maximum amount of copays you will pay for covered prescription drugs in a calendar year is \$2,000. The monthly premium you pay, if any, is not counted toward that \$2,000 maximum.

**Also new in 2025**, each plan will have an optional Prescription Payment Plan (PPP) available. The PPP allows you to spread out your copays for covered prescription drugs throughout the calendar year instead of paying them all at once at the pharmacy. You can opt-in to your plan's PPP either when you enroll in the plan or anytime during the calendar year. You can opt-out of your plan's PPP at any time.

## **Evaluate the Provider Network**

An HMO has a network of doctors, hospitals, and other health care providers who have contracted with the plan to provide care to their members. Except for emergency or urgent care, you generally must receive your care from the providers and hospitals in the plan's network. If you get routine health care outside the plan's network, you will have to pay the full cost of care for that visit. A referral from your primary care provider is usually required for specialist care.

If you have providers you want to keep, check with the health plan or doctor's billing office to determine if your providers are contracted with the plan(s) you are considering. Most insurers offer several plans and your provider might not be in all of them. Verify the full name and plan number when checking to ensure the provider is in that plan's network.

## **In summary, consider these questions as you make your decision.**

- How does the total cost of my drugs compare to other plans?
- Are all my drugs included on the plan's formulary?
- Are my doctors in the plan's network?
- What is the maximum out of pocket (MOOP) amount for this plan?
- How do provider and hospital copays compare to other plans?
- How do the additional benefits compare with other plans?
- Is there a monthly premium and if so, how much?

There may be trade-offs when choosing among providers, formularies, and costs (co-pays and premiums) for the best-fit plan. The SHIP team is always happy to assist you with your questions.

For more information about each plan, look for these Documents on the plan's website: the Summary of Benefits has an overview and the Evidence of Coverage has complete detail. You can also call the plan. The website and phone number for each plan are included on the last page of this booklet.

# 2025 Pima County Medicare Advantage HMO Plans

Health Maintenance Organization (HMO) Plan Name	Monthly Premium (besides the Part B premium)	Max Out of Pocket (excluding drugs)	Drug Coverage/ Deductible*	Copays for Medicare-covered Benefits								Additional Benefits							
				PCP	Specialist	ER / Urgent Care	Hospital Copay/Days	PT, OT or Speech Therapy	Diabetes Supplies	Podiatry	Chiro- practic	Vision Eye- wear #	Hearing Aid	Dental*	Rides <sup>s</sup>	Quarterly OTC Allowance <sup>A</sup>	Foot- care (copay/ visits)	Chiro- practic (copay/ visits)	Fitness
AARP Med Adv CareFlex from UHC AZ-17 (3) (4)	\$0	\$6,700	Y/\$495	\$0	\$50	\$125/55	\$495/5	\$45 - \$50	\$0 - 50%	\$45	\$20	Y	Y	\$1,000	N	\$30	\$45/6	N	Y
AARP Med Adv Essentials from UHC AZ-1 (4)	\$0	\$2,400	Y/\$255	\$0	\$15	\$140/\$65	\$225/7	\$15	\$0 - 20%	\$15	\$10	Y	Y	\$1,000	N	\$45	\$15/6	\$10/12	Y
AARP Med Adv Extras from UHC AZ-4 (2) (4)	\$0.40 rebate	\$2,900	Y/\$340	\$0	\$25	\$140/\$55	\$275/7	\$25	\$0 - 20%	\$25	\$10	Y	Y	\$3,000	N	\$75	\$25/6	\$10/12	Y
AARP Med Adv from UHC AZ-0013 (4) (5)	\$20	\$4,300 in \$10,000 out	Y/\$0	\$10 in \$35 out	\$30 in \$70 out	\$120/\$40	\$250/7 in 40% out	\$20 in \$70 out	\$0 - 20% in 50% out	\$30 in \$70 out	\$15 in \$70 out	Y	Y	\$1,000	N	\$40	\$30/6 in \$70/6 out	N	Y
Aetna Medicare Platinum (4) (6)	\$0	\$4,900	Y/\$590	\$0	\$30	\$125/\$55	\$190/7	\$30	\$0 - 20%	\$0	\$20	Y	Y	\$2,500	N	\$30	N	N	Y
Aetna Medicare Premier -004 (4) (6)	\$0	\$4,150	Y/\$590	\$0	\$30	\$140/\$50	\$445/7	\$25	\$0 - 20%	\$30	\$20	Y	Y	\$1,000	N	N	N	N	Y
Aetna Medicare Sunrise -146 (2) (4) (6)	\$7 rebate	\$2,700	Y/\$590	\$0	\$30	\$140/\$50	\$175/5	\$5	\$0 - 20%	\$0	\$20	Y	Y	\$2,000	N	\$45	N	N	Y
Aetna Medicare Value Plus -177 (4) (6) (8)	\$9.90	\$2,700	Y/\$590	\$0	\$25	\$140/\$50	\$195/7	\$25	\$0 - 20%	\$25	\$20	Y	Y	\$2,500	N	\$50	N	N	Y
Alignment Health smartHMO (2)	\$125 rebate	\$3,900	Y/\$590	\$0	\$20	\$120/\$0	\$375/7	\$0	0% - 20%	\$5	\$10	Y	N	Prev	N	N	N	N	Y
Alignment Health the ONE + Walgreens -002	\$0	\$2,499	Y/\$0	\$0	\$0	\$75/\$0	\$125/6	\$0	0% - 20%	\$0	\$0	Y *	Y	\$2,000	24 *	\$25/mth *	N	\$0/24	Y
Banner Medicare Advantage Prime -002	\$0	\$2,995	Y/\$0	\$0	\$15	\$120/\$0	\$275/5	\$0	\$0 - 20%	\$25	\$20	Y	Y	Prev	N	\$55	N	\$35/6	Y
Blue Best Life Classic -008 (2) (6)	\$6 rebate	\$2,800	Y/\$0	\$0	\$5	\$90/\$25	\$125/5	\$10	\$0 - 20%	\$5	\$10	Y	Y	\$2,000	N	\$75	N	\$15/30	Y
Cigna Alliance Medicare (2) (6)	up to \$5 rebate	\$2,300	Y/\$0	\$0	\$5	\$140/\$10	\$150/7	\$5	\$0	\$5	\$20	Y	Y	\$3,000	50	\$125	\$5/12	\$20/12	Y
Cigna Preferred Full Savings Medicare (2) (6)	up to \$174.70 rebate	\$6,800	Y/\$0	\$0	\$45	\$110/\$45	\$450/4	\$35	\$0 - 20%	\$45	\$15	Y	Y	\$500	10	\$25	N	N	Y
Cigna Preferred Medicare (2) (6)	up to \$5 rebate	\$2,900	Y/\$0	\$0	\$30	\$140/\$30	\$225/7	\$30	\$0	\$30	\$20	Y	Y	\$20,000	24	\$80	\$25/12	\$20/12	Y
Cigna Preferred Savings Medicare (2) (6)	up to \$105 rebate	\$3,300	Y/\$0	\$0	\$30	\$140/\$30	\$295/7	\$30	\$0	\$30	\$20	Y	Y	\$1,300	10	\$25	\$30/12	\$20/12	Y
Devoted CORE Arizona -016	\$0	\$2,700	Y/\$590	\$0	\$20	\$140/\$45	\$225/7	\$20/\$50	\$0/35%	\$20	\$20	\$1,000 Flex	Y	\$1,000 Flex	N	N	N	N	Y
Devoted GIVEBACK Arizona -013 (2)	\$157 rebate	\$8,300	Y/\$590	\$0	\$45	\$110/\$45	\$395/5	\$45/\$50	\$0/20%	\$45	\$15	\$250 Flex	Y	\$250 Flex	N	N	N	N	Y
eternalHealth Grand Give Back (2)	up to \$80 rebate	\$4,550	Y/\$400	\$0	\$15	\$120/\$25	\$325/5	\$30	0%/20%	\$25	\$20	Y	Y	\$3,000	U	\$70	N	\$25/20	Y
eternalHealth Horizon (3)	\$0	\$3,350	Y/\$200	\$0	\$0	\$135/\$0	\$150/7	\$20	0%/20%	\$20	\$20	Y	Y	\$3,500	U	\$60	N	N	Y
eternalHealth Valor Give Back (2) (4) (5)	up to \$100 rebate	\$5,500 in \$9,000 out	N	\$0 in \$0 out	\$0 in \$25 out	20% - \$120 in 20% - \$125 out	Part A amounts	\$30 in 50% out	20% in 50% out	20% in 50% out	\$20 in 50% out	Y	Y	\$2,500	24	\$50	N	\$25/20 in 50%/2 0 out	Y
Gold Kidney Gold Advantage (2) (4)	\$55 rebate	\$3,400	Y/\$0	\$0	\$15	\$135/\$45	\$195/7	\$35	\$0, 20%	\$15	\$20	\$2,100 Flex	\$2,100 Flex	\$2,100 Flex	N	\$50/mth	\$15/12	\$20/6	Y
Gold Kidney Gold Loyalty (2) (4)	\$75 rebate	\$5,500	N	\$0	\$45	\$125/\$45	\$300/7	\$35	\$0, 20%	\$45	20%	\$2,500 Flex	\$2,500 Flex	\$2,500 Flex	N	\$50/mth	\$45/12	N	Y
Humana Gold Plus -021 (2)	up to \$3 rebate	\$3,900	Y/\$250	\$0	\$30	\$140/\$55	\$340/7	\$50	\$0 - 20%	\$30	\$15	Y	Y	Prev	N	N	\$30/6	N	Y
Humana Gold Plus -074-2 (2)	up to \$5 rebate	\$2,950	Y/\$0	\$0	\$25	\$140/\$65	\$195/6	\$25	\$0/10%-20%	\$25	\$20	Y	Y	\$2,000	N	\$50	\$25/6	N	Y
SCAN Classic	\$0	\$2,800	Y/\$0	\$0	\$0	\$90/\$0	\$75/5	\$0 - \$10	\$0	\$0	\$0	Y	Y	\$2,000	54	\$100	N	\$10/20	N
SCAN MyChoice	\$0	\$2,800	Y/\$0	\$0	\$0	\$90/\$0	\$75/5	\$0 - \$10	\$0	\$0	\$0	Y	Y	\$2,000	N	\$80	N	\$10/20	N
SCAN Venture (2)	\$50 rebate	\$2,999	Y/\$0	\$0	\$0-\$30	\$90/\$20	\$250/6	\$0 - \$30	\$0	\$0 - \$30	\$20	Y	Y	Prev	N	\$55	N	\$5/20	N

## 2025 Pima County Medicare Advantage HMO Plans

Health Maintenance Organization (HMO) Plan Name	Monthly Premium (besides the Part B premium)	Max Out of Pocket (excluding drugs)	Drug Coverage/ Deductible*	Copays for Medicare-covered Benefits								Additional Benefits							
				PCP	Specialist	ER / Urgent Care	Hospital Copay/Days	PT, OT or Speech Therapy	Diabetes Supplies	Podiatry	Chiro- practic	Vision Eye- wear #	Hearing Aid	Dental*	Rides <sup>§</sup>	Quarterly OTC Allowance <sup>^</sup>	Foot- care (copay/ visits)	Chiro- practic (copay/ visits)	Fitness
Wellcare Giveback -064 (2) (7)	\$88.70 rebate	\$4,400	Y/\$420	\$0	\$40	\$125/\$40	\$395/7	\$35 - \$40	\$0 - 20%	\$40	\$20	Y	Y	Prev	N	N	\$40/6	N	Y
Wellcare Simple -063	\$0	\$2,500	Y/\$420	\$0	\$15	\$140/\$20	\$175/10	\$15	\$0 - 20%	\$15	\$15	Y	Y	\$3,000	12	\$149	N	N	Y
Wellcare Simple Value	\$0	\$2,500	Y/\$420	\$0 - \$50	\$0	\$140/\$20	\$175/6	\$0	\$0 - 20%	\$0	\$0	Y	Y	\$1,500	12	\$65	N	\$0/12	Y
Wellpoint Medicare Advantage 1 (4)	\$0	\$2,700	Y/\$0	\$0	\$0 - \$35	\$120/\$15	\$200/5	\$15	20%	\$0 - \$35	\$20	Y	Y	\$500	12	\$100	\$0-\$35/4	Y	Y
Wellpoint Medicare Advantage 2 (4)	\$0	\$8,300	Y/\$0	\$0	\$0 - \$35	\$90/\$15	\$295/6	\$15	20%	\$0 - \$35	\$15	Y	Y	\$200	12	\$15	\$0-\$35/4	Y	Y
Wellpoint Premium Savings (2)	\$52.70 rebate	\$3,400	Y/\$0	\$0 - \$10	\$0 - \$40	\$120/\$30	\$225/5	\$20	20%	\$0 - \$40	\$20	Y	Y	N	4	\$100	N	N	Y

\* The drug deductible might not apply to all of your medications.

(2) Rebate (Giveback) will be credited monthly to what you owe for Part B Premium

(3) Plan includes a quarterly credit that can be used to lower out-of-pocket costs for some services

(4) HMO-POS

(5) Separate Max Out of Pocket and different co-pays for In-network and Out-of-network

(6) No referral needed from a PCP to see an in-network specialist

(7) Plan has a medical deductible for some services

(8) Plan has an additional quarterly allowance(s) if you qualify for Extra Help

# for Vision Eyewear, \* indicates an additional \$200 allowance if you qualify for Extra Help

\* for Dental, "Prev" indicates only preventive coverage;

A dollar value indicates the maximum annual amount for preventive and comprehensive care;

"Flex" indicates the specified dollar amount can be shared between dental, vision and/or hearing

§ for Rides, U is unlimited;

\* indicates an additional 26 rides if you qualify for Extra Help

^ for Quarterly OTC Allowance, \* indicates an additional \$50/month if you qualify for Extra Help