

Arizona plans

| Service area | Plan # | Premium | PCP | Specialist | In PT. | OP/ASC | Rx (one month) | Dental | Vision | Hearing aid | Trans | Gym | OTC | Max out of pocket |
|-----------------------------------|-------------------|---------|-----|------------|----------------|------------------------|---|-------------|------------|-----------------------------|----------------|-----|-----|-------------------|
| AZ - Maricopa and Pinal (Partial) | H0354-001 HMO | \$0 | \$0 | \$30 | \$200 days 1-7 | \$0-\$325 \$0-\$125 | Standard Part D Cost Sharing | Not covered | N | N | N | Y | N | \$3,800 |
| AZ - Pima | H0354-024 HMO | \$0 | \$0 | \$25 | \$180 days 1-7 | \$0-\$275 \$0-\$125 | Standard \$6, \$7, \$47, \$100, 33%/ Preferred \$1, \$2, \$42, \$95, 33% | Not covered | Y \$150 | Y (every 3 yrs) \$250 | N | Y | N | \$3,050 |
| AZ - Maricopa and Pinal (Partial) | H0354-027 HMO SNP | \$0 | \$0 | 25% | \$200 days 1-7 | \$0-\$325 \$0-\$125 | Standard Part D Cost Sharing | Not covered | Y \$100 | N | Y unlimited | Y | N | \$3,800 |
| AZ - Maricopa and Pinal (Partial) | H0354-028 HMO ** | \$0 | \$0 | \$20 | \$185 days 1-7 | \$0-\$150 \$0-\$75 | Standard \$6, \$10, \$47, \$100, 33%, \$5/ Preferred \$1, \$5, \$42, \$95, 33%, \$5 | Not covered | Y \$200 | Y (every 3 yrs) \$300 | Y 24 | Y | N | \$3,200 |

Market comments

Note – All plans include post hospital meal plan except H2109-020

Note – All plans include \$0 Tier 1 copay – 90 day mail

** Note – Plan H0354-028 - Alliance Plan, which is a Provider Specific Plan

| Eligibles | |
|-----------|---------|
| Maricopa | 693,253 |
| Pima | 224,599 |
| Pinal | 82,848 |

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