

## Nondiscrimination Notice

Mercy Care d/b/a Mercy Care Advantage (HMO SNP) complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Mercy Care d/b/a Mercy Care Advantage (HMO SNP) does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

Mercy Care d/b/a Mercy Care Advantage (HMO SNP):

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need a qualified interpreter, written information in other formats, translation or other services, call the number on your ID card.

If you believe that Mercy Care d/b/a Mercy Care Advantage (HMO SNP) has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with our Civil Rights Coordinator at:

Address: Attn: Civil Rights Coordinator  
4500 E. Cotton Center Blvd.  
Phoenix, AZ 85040

Telephone: **1-888-234-7358** (TTY 711)

Email: [MedicaidCRCoordinator@mercycaresaz.org](mailto:MedicaidCRCoordinator@mercycaresaz.org)

You can file a grievance in person or by mail or email. If you need help filing a grievance, our Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:  
U.S. Department of Health and Human Services  
200 Independence Avenue, SW Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 1-800-537-7697 (TDD).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

## Multi-language Interpreter Services

**English:** Attention: If you speak English, language assistance services, free of charge, are available to you. Call **1-877-436-5288** (TTY: 711).

**Spanish:** Atención: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-877-436-5288** (TTY: 711).

**Navajo:** Díí baa akó nínízin: Díí saad bee yáníłt'ígo Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éí ná hóló, kojł' hódíílnih **1-877-436-5288** (TTY: 711).

**Chinese:** 注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 **1-877-436-5288** (TTY: 711)。

**Vietnamese:** Chú ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-877-436-5288** (TTY: 711).

**Arabic:** ملحوظة: إذا كنت تتحدث باللغة العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل على الرقم الموجود خلف بطاقتك الشخصية أو على **1-877-436-5288** (للصم والبكم: 711)

**Tagalog:** Paunawa: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1-877-436-5288** (TTY: 711).

**Korean:** 주의: 한국어를 사용하지는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-877-436-5288** (TTY: 711) 번으로 전화해 주십시오.

**French:** Attention: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **1-877-436-5288** (ATS: 711).

**German:** Achtung: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: **1-877-436-5288** (TTY: 711).

**Russian:** Внимание: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-877-436-5288** (телетайп: 711).

**Japanese:** 注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。 **1-877-436-5288** (TTY: 711) まで、お電話にてご連絡ください。

**Persian:** اگر به زبان فارسی صحبت می کنید، به صورت رایگان می توانید به خدمات کمک زبانی دسترس داشته باشید. با شماره درج شده در پشت کارت شناسایی یا با شماره **1-877-436-5288** (TTY: 711) تماس بگیرید.

**Syriac:** ملحوظة: إذا كنت تتحدث باللسان الآرامية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل على الرقم الموجود خلف بطاقتك الشخصية أو على **1-877-436-5288** (للصم والبكم: 711)

**Serbo-Croatian (Serbian):** Obavještenje: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite **1-877-436-5288** (TTY – Telefon za osobe sa oštećenim govorom ili sluhom: 711).

**Thai:** ข้อควรระวัง: หากคุณพูดภาษาไทย คุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทรติดต่อหมายเลขที่อยู่ด้านหลังบัตร ID ของคุณ หรือหมายเลข **1-877-436-5288** (TTY: 711)



# 2019 Benefits at a Glance

Call today for more information or to schedule a free home appointment!



**Mercy Care Advantage**  
4755 S. 44th Place  
Phoenix, AZ 85040

**602-414-7630 or 1-866-571-5781**  
(TTY 711)












8:00 a.m. – 8:00 p.m., 7 days a week















[www.MercyCareAdvantage.com](http://www.MercyCareAdvantage.com)

# With Mercy Care Advantage (HMO SNP), members pay No Monthly Plan Premiums

## Covered Benefits

Plan Benefits	Amount you pay
 Office Visits	\$0
 Emergency Care (U.S. Only)	\$0
 Urgently Needed Care (U.S. Only)	\$0
 Ambulance Services (Medicare-Covered)	\$0
 Inpatient Hospital Care	\$0
 Home Health Care	\$0
 Outpatient Services/Surgery	\$0
 Inpatient Mental Health Care	\$0
 X-Ray/Lab Services	\$0
 Flu/Pneumonia Vaccines	\$0
 Wellness Exam 1 routine exam per year	\$0

## Additional Benefits Not Covered by Medicare

Plan Benefits	Amount you pay
 Transportation 26 one-way routine rides per calendar year to MCA supplemental benefits	\$0
 Vision Up to 1 supplemental routine eye exam every calendar year. \$275 limit every 2 years for supplemental eyewear	\$0
 Preventive Dental Up to 1 oral exam; cleaning; and fluoride treatment every 6 months	\$0
 Dental X-Ray 1 per calendar year. 1 full mouth/Panorex X-Ray every 3 years	\$0
<b>Comprehensive Dental</b> <b>\$3,000 limit per calendar year for comprehensive dental benefits</b>	\$0
 Hearing Aids \$1,700 limit every 3 years for supplemental hearing aids	\$0
 Podiatry Services Up to 1 supplemental routine visit every 3 months	\$0
 Chiropractic Services Up to 12 supplemental routine visits per year	\$0
 Over-the-Counter (OTC) Items Up to \$55 per month for OTC items and personal health and wellness products	\$0
 Health/Wellness Classes Nutritional training, smoking cessation, diabetic educator	\$0
 Telehealth Online doctors for a variety of medical conditions	\$0
 Nursing Hotline After-hours health line available to talk with a registered nurse	\$0
 Meals 7 home-delivered meals upon each hospital discharge	\$0



For the AHCCCS Complete Care (ACC) Medicaid program our service area is Gila, Maricopa and Pinal counties; for ALTCS Medicaid our service area is Gila, Maricopa, Pima, and Pinal counties. For the Arizona Division of Developmental Disabilities, our service area is Maricopa, Pima and Santa Cruz counties. Medicare and AHCCCS Medicaid eligibility are verified at the time of enrollment. You must receive all routine care from Mercy Care Advantage plan providers, except in an emergency or urgently needed care situation or for kidney dialysis services received from a Medicare-certified dialysis facility when you are temporarily outside the plan's service area. The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

Mercy Care Advantage is an HMO SNP with a Medicare contract and a contract with the Arizona Medicaid Program. Enrollment in Mercy Care Advantage depends on contract renewal.

This information is not a complete description of benefits. Call **602-414-7630** or **1-866-571-5781** (TTY 711) for more information.