

Summary of Benefits

for **Amerivantage Dual Coordination (HMO SNP)**

Available in: Bexar, El Paso, and Travis Counties

Plan year: January 1, 2017 – December 31, 2017

In this section, you'll learn about some of the services we cover, what you'll pay for those services and other important details to help you choose the right Medicare Advantage plan for you. While the benefit information provided does not list every service that we cover or list every limitation or exclusion, you can get a complete list of those services. Just give us a call and ask for the *Evidence of Coverage*.

Have questions? Here's how to reach us and our hours of operation:

- If you **are not** a member of this plan, please call toll free **1-877-470-4131** (TTY: **711**), and follow the instructions to be connected to a representative.
- If you **are** a member of this plan, call our toll-free Customer Service number at **1-844-765-5165** (TTY: **711**).
- **8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through February 14, and Monday to Friday (except holidays) from February 15 through September 30.**
- You can learn more about us on our website at www.myamerigroup.com/medicare.

This plan is available to anyone who has both Medical Assistance from the State and Medicare.

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What you should know about our plan



Amerivantage Dual Coordination (HMO SNP) is a Medicare Advantage and prescription drug plan, which include hospital, medical and prescription drug benefits in one plan. To join this plan, you must be entitled to Medicare Part A, enrolled in Medicare Part B and Texas Medicaid, and live in our service area.

Our service area includes: TX: Bexar, El Paso, Travis

With this plan, you must use a provider in the plan's network. If you use providers that are not in our network, the plan may not pay for these services.

You can find a doctor in the network online — visit www.myamerigroup.com/medicare and choose Find a Doctor. *(Be sure to check that the doctor displays as "In-Network" for these plans.)* Or you can call Customer Service and request a copy of the provider directory.

What do we cover?

- Like all Medicare health plans, we cover everything that Original Medicare covers — Part A (hospital services) and Part B (medical services), plus more. Our plan members also get more than what is covered by Original Medicare. Some of the extra benefits are outlined in this booklet.
- Medicare Part D drugs and Part B drugs (such as chemotherapy and some drugs administered by your provider).
 - To see if your drugs are covered, you can view the plan's *Formulary* (list of covered Part D prescription drugs) and any restrictions on our website at www.myamerigroup.com/medicare. Or you can call us for a copy of the *Formulary*.

What are my drug costs?

Our plan groups each medication into one of six “tiers.” The amount you pay depends on the drug’s tier and what stage of the benefit you have reached (refer to **The four stages of coverage**).

How to find out what your covered drugs will cost:

Step 1: Find your drug on the *Formulary*.

Step 2: Next, identify the drug tier.

Step 3: Then, go to the Prescription Drug Benefits section further in this booklet to match the tier.

Can I use any pharmacy to fill my covered prescriptions?



To receive the lowest out-of-pocket costs on your covered Part D drugs, you must generally use a pharmacy in our network. If you use a pharmacy that is not in our network, you may pay more for your covered drugs.

Our network includes preferred and standard pharmacies. You may go to either type of network pharmacy to receive your covered prescription drugs. Your costs will be the same if you use a preferred or standard pharmacy.

For a complete listing of network pharmacies, refer to our plan's *Pharmacy Directory* on our website at www.myamerigroup.com/medicare (under *Useful Tools*, select **Find a Pharmacy**). Next to the pharmacy name, you will see a preferred cost-sharing indicator (a ♦ symbol). Or you can give us a call, and we will send you a copy.

How can I learn more about Medicare or compare my choices with other plans?



- Refer to your current Medicare & You handbook. You can view it online at www.medicare.gov or call Medicare for a copy at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users can call 1-877-486-2048.
- If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or you can go online to www.medicare.gov and use the Medicare Plan Finder.

Now that you are familiar with how Medicare works and some of the benefits included in our plan, it's time to consider the type of plan you may need. On the following pages, you can review our available plan with varying coverage levels to help you choose the right plan for you.



Be in the know

Before you continue, here are a few important things to know as you review our available plan options:

- Services with a ¹ may require prior authorization.
- Services with a ² may require a referral from your doctor.

Amerivantage Dual Coordination (HMO SNP)

How much is my premium?

\$0.00 per month

Part B premium is covered by Texas Medicaid for D-SNP enrollees.

How much is my deductible?

This plan does not have a medical deductible.

Is there a limit on how much I will pay for my covered medical services? (does not include Part D drugs)

\$6,700 per year from in-network providers

Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care.

Your limit for services received from in-network providers will count toward the yearly limit. If you reach the limit on out-of-pocket costs, you will not have to pay any out-of-pocket costs for the rest of the year for covered in-network Part A and Part B services.

Refer to the "Medicare & You" handbook for Medicare-covered services. For Texas Medicaid -covered services, refer to the Medicaid Coverage section in this document.

You will still need to pay your cost sharing for your Part D prescription drugs.

Inpatient Hospital¹

In-network: You pay nothing

Amerivantage Dual Coordination (HMO SNP)

Inpatient Hospital¹- continued

This plan covers:

- 90 days for an inpatient hospital stay.
- 60 “lifetime reserve days.” These are “extra” days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.

Doctor’s Office Visits^{1,2}

Primary care physician visit:

In-network: You pay nothing

Specialist visit:

In-network: You pay nothing

Preventive Care Screenings and Annual Physical Exams

Preventive care screenings:

In-network: You pay nothing

Annual physical exam:

In-network: You pay nothing

Amerivantage Dual Coordination (HMO SNP)

Preventive Care Screenings and Annual Physical Exams- continued

Covered Preventive care screenings:

- Abdominal aortic aneurysm screening
- Alcohol misuse counseling
- Annual “Wellness” visit
- Bone mass measurement
- Breast cancer screening (mammogram)
- Cardiovascular disease (behavioral therapy)
- Cardiovascular screening
- Cervical and vaginal cancer screening
- Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy)
- Depression screening
- Diabetes screenings and monitoring
- HIV screening
- Lung cancer screenings
- Medical nutrition therapy services
- Obesity screenings and counseling
- Prostate cancer screenings (PSA)
- Sexually transmitted infections screenings and counseling
- Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)
- Vaccines, including flu shots, hepatitis B shots, pneumococcal shots
- “Welcome to Medicare” preventive visit (one-time)

Any additional preventive services approved by Medicare during the contract year will be covered. This plan covers preventive care screenings and annual physical exams at 100% when you use in-network providers.

Emergency Care

In-network: You pay nothing

This plan offers limited coverage for urgent and emergency care outside of the United States. This plan may provide coverage up to a **\$25,000** limit. If the cost of the service exceeds **\$25,000**, you are responsible for the difference.

Urgently Needed Services

In-network: You pay nothing

Amerivantage Dual Coordination (HMO SNP)

Diagnostic Radiology Services (such as MRIs, CT scans)^{1,2}

In-network: You pay nothing

Diagnostic Tests and Procedures^{1,2}

In-network: You pay nothing

Lab Services^{1,2}

In-network: You pay nothing

Outpatient X-rays^{1,2}

In-network: You pay nothing

Therapeutic Radiology Services (such as radiation treatment for cancer)^{1,2}

In-network: You pay nothing

Hearing Services^{1,2}

Medicare covered hearing services
(Exam to diagnose and treat hearing and balance issues):

In-network: You pay nothing

Amerivantage Dual Coordination (HMO SNP)

Hearing Services^{1,2} - continued

Routine hearing services:

This plan covers 1 routine hearing exam(s) and hearing aid fitting / evaluation(s) every year. \$3,000.00 maximum plan benefit for hearing aids every year.

In-network: \$0.00 copay for routine hearing exam(s). \$0.00 copay for hearing aids.

Dental Services

Medicare covered dental services (this does not include services in connection with care, treatment, filling, removal or replacement of teeth):

In-network: You pay nothing

Preventive dental services:

This plan covers: 2 oral exam(s) every year, 2 cleaning(s) every year, 1 dental x-ray(s) every year.

In-network: \$0.00 copay

Amerivantage Dual Coordination (HMO SNP)

Dental Services- continued

Comprehensive dental services:

This plan covers up to a \$625.00 allowance for comprehensive dental services every quarter.

In-network: \$0.00 copay

This plan covers comprehensive dental coverage not covered by Original Medicare. The comprehensive dental allowance can be used toward any dental service; including, but not limited to: additional exams, cleanings, x-rays, fillings and repairs, root canals (Endodontics), dental crowns (Caps), bridges and implants, dentures, and other services.

Any unused amount at the end of the quarter carries over to the next quarter. Any unused amount at the end of the calendar year will expire.

Vision Services

Medicare covered vision services:

Exam to diagnose and treat diseases and conditions of the eye

In-network: You pay nothing

Eyeglasses or contact lenses after cataract surgery

In-network: You pay nothing

Routine vision services:

Routine eye exam

This plan covers 1 routine eye exam(s) every year.

In-network: \$0.00 copay

Amerivantage Dual Coordination (HMO SNP)

Vision Services - continued

Routine eye wear

This plan covers up to \$300.00 for eye glasses or contact lenses every year.

In-network: \$0.00 copay

Mental Health Care

Inpatient visit: ¹

In-network: You pay nothing

Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit does not apply to inpatient mental services provided in a general hospital.

This plan covers:

- 90 days for an inpatient hospital stay.
- 60 “lifetime reserve days.” These are “extra” days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.

Outpatient individual and group therapy visit: ^{1,2}

In-network: You pay nothing

Skilled Nursing Facility (SNF)¹

In-network: You pay nothing

This plan covers up to 100 days in a Skilled Nursing Facility (SNF).

Amerivantage Dual Coordination (HMO SNP)

Outpatient Rehabilitation^{1,2}

Cardiac (heart) rehab services (for a maximum of 2 one-hour sessions per day for up to 36 sessions up to 36 weeks):

In-network: You pay nothing

Pulmonary (lung) rehab services (for a maximum of 2 one-hour sessions per day for up to 36 sessions):

In-network: You pay nothing

Occupational therapy visit:

In-network: You pay nothing

Physical therapy and speech/language therapy visit:

In-network: You pay nothing

Ambulance¹

In-network: You pay nothing

Transportation¹

In Network: \$0.00 copay

This plan offers coverage for unlimited routine transportation services every year. Trips are limited to 60 miles.

Routine transportation coverage is limited to plan-approved locations (within the local service area) provided by the contracted transportation vendor. 48 hours advanced notice is required when scheduling.

Amerivantage Dual Coordination (HMO SNP)

Foot Care (*podiatry services*)^{1,2}

Medicare covered podiatry:

In-network: You pay nothing

Foot exams and treatment are covered if you have diabetes-related nerve damage and/or meet certain conditions.

Routine foot care:

Not Covered

Medical Equipment/Supplies¹

Durable Medical Equipment (wheelchairs, oxygen, etc.)

In-network: You pay nothing

Medical supplies and prosthetic devices (braces, artificial limbs, etc.)

In-network: You pay nothing

Diabetic supplies and services

In-network: You pay nothing

Wellness Programs

Healthways SilverSneakers[®]* Fitness program: **You pay nothing**

Amerivantage Dual Coordination (HMO SNP)

Wellness Programs - continued

When you become our member, you can sign up for SilverSneakers. Additional details can be found at **www.silversneakers.com**. Or you can call SilverSneakers Customer Service at **1-855-741-4985** (TTY: **711**), Monday through Friday, 8 a.m. to 8 p.m. ET.

* The SilverSneakers Fitness Program is provided by Healthways, Inc., an independent company. Healthways and SilverSneakers® are registered marks of Healthways, Inc. and/or its subsidiaries. © 2016 Healthways, Inc. All rights reserved.

Medicare Part B Drugs¹

In-network: You pay nothing

Outpatient Prescription Drug Benefits

How much do I pay for Part D drugs?

Amerivantage Dual Coordination (HMO SNP)

Stage 1: Deductible

Because you receive "Extra Help" to pay your prescription drugs, this payment stage does not apply to you.

Stage 2: Initial Coverage

You pay the following until your total yearly drug costs reach \$3,700. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.

You may get your drugs at network retail pharmacies and mail-order pharmacies.

You may get drugs from an out-of-network pharmacy, but may pay more than you pay at an in-network pharmacy.

If you reside in a long-term care facility, you pay the same as at a standard retail pharmacy.

Amerivantage Dual Coordination (HMO SNP)

Stage 2: Initial Coverage - Preferred Retail, Standard Retail and Standard Mail Order Cost Sharing

Tier 1: Preferred Generic

One-month supply:
\$0.00 copay
Three-month supply:
\$0.00 copay

Tier 2: Generic

One-month supply:
\$0.00 - \$3.30 The amount you pay is determined by the covered Part D prescription and your low-income subsidy coverage. Please refer to your LIS Rider for the specific amount you pay.
Three-month supply:
\$0.00 - \$3.30 The amount you pay is determined by the covered Part D prescription and your low-income subsidy coverage. Please refer to your LIS Rider for the specific amount you pay.

Tier 3: Preferred Brand

One-month supply:
\$0.00 - \$8.25 The amount you pay is determined by the covered Part D prescription and your low-income subsidy coverage. Please refer to your LIS Rider for the specific amount you pay.
Three-month supply:
\$0.00 - \$8.25 The amount you pay is determined by the covered Part D prescription and your low-income subsidy coverage. Please refer to your LIS Rider for the specific amount you pay.

Amerivantage Dual Coordination (HMO SNP)

Stage 2: Initial Coverage - Preferred Retail, Standard Retail and Standard Mail Order Cost Sharing - continued

Tier 4: Non-Preferred Drug

One-month supply:

\$0.00 - \$8.25 The amount you pay is determined by the covered Part D prescription and your low-income subsidy coverage. Please refer to your LIS Rider for the specific amount you pay.

Three-month supply:

\$0.00 - \$8.25 The amount you pay is determined by the covered Part D prescription and your low-income subsidy coverage. Please refer to your LIS Rider for the specific amount you pay.

Tier 5: Specialty Tier

One-month supply:

\$0.00 - \$8.25 The amount you pay is determined by the covered Part D prescription and your low-income subsidy coverage. Please refer to your LIS Rider for the specific amount you pay.

Three-month supply:

N/A

Tier 6: Select Care Drugs

One-month supply:

\$0.00 copay

Three-month supply:

\$0.00 copay

Amerivantage Dual Coordination (HMO SNP)

Stage 3: Coverage Gap

After you enter the coverage gap, you will pay your low income subsidy (LIS) level cost sharing for your generic and brand drugs unless your plan has additional generic gap coverage. You will stay in the gap until your costs total **\$4,950**, which is the end of the coverage gap. Not everyone will enter the coverage gap.

You may pay even less for the generic drugs on the formulary. Your cost varies by tier. You will need to use your formulary to locate your drug's tier. For additional gap coverage see the chart that follows to find out how much your drugs will cost you.

Stage 3: Coverage Gap - Preferred Retail, Standard Retail and Standard Mail Order Cost Sharing

Tier 1: Preferred Generic

Drugs Covered:

All

One-month supply:

\$0.00 copay

Three-month supply:

\$0.00 copay

Tier 6: Select Care Drugs

Drugs Covered:

All

One-month supply:

\$0.00 copay

Three-month supply:

\$0.00 copay

Amerivantage Dual Coordination (HMO SNP)

Stage 4: Catastrophic Coverage

After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach **\$4,950**, you pay nothing for your covered drugs for the rest of the year.

Additional Benefits

Amerivantage Dual Coordination (HMO SNP)

Acupuncture

In-Network: \$0.00 copay per visit. This plan offers coverage for up to 24 visits every year.

Chiropractic Care^{1,2}

In-Network: You pay nothing

Medicare coverage includes manipulation of the spine to correct a subluxation (when one or more of the bones of your spine move out of position).

Home Health Care^{1,2}

In-Network: You pay nothing

Outpatient Substance Abuse^{1,2}

Individual & Group therapy visit:

In-Network: You pay nothing

Outpatient Surgery^{1,2}

Ambulatory surgical center:

In-Network: You pay nothing

Outpatient hospital:

In-Network: You pay nothing

Amerivantage Dual Coordination (HMO SNP)

Over-the-Counter Items

This plan covers certain approved non-prescription over-the-counter drugs and health related items; up to \$43 every quarter. Unused OTC amounts do roll over to the next quarter. Unused OTC amounts do not roll over to the next calendar year. Orders are limited to one per month.

Please visit our website to see our list of covered over-the-counter items.

Renal Dialysis

In-Network: You pay nothing

More ways we support your health

Amerigroup: We're here to help.

Amerigroup is more than a company that provides medical coverage. We're a group of people committed to your health. Now, when times are tougher for many of us, Amerigroup is committed to helping everyone get the tools and solutions they need to lead healthier lives.

Looking for Medicare coverage that goes beyond original Medicare?

Amerigroup works with the federal government to bring you even more benefits than you get with Original Medicare. Lower copays, extra benefits, pharmacy and medical coverage, advice from nurses and many other important health benefits are yours from one company — all **with \$0 monthly plan premiums**.

Our plan gives you extra benefits not included in Original Medicare, such as:

Amerivantage Dual Coordination (HMO SNP)

Personal Emergency Response System (PERS): Coverage of a Personal Emergency Response System (PERS) which includes the monitoring device and monitoring service. Members should contact customer service to initiate this service and installation. Please refer to the Evidence of Coverage for additional information.

Telemonitoring: Coverage of in-home equipment and telecommunication technology to monitor specific health conditions.

24/7 Nurse HelpLine: 24-hour access to a nurse helpline, 7 days a week, 365 days a year.

Wellness Programs: Healthways SilverSneakers®* **Fitness program:** You pay nothing

When you become our member, you can sign up for SilverSneakers. Additional details can be found at www.silversneakers.com. Or you can call SilverSneakers Customer Service at **1-855-741-4985** (TTY: **711**), Monday through Friday, 8 a.m. to 8 p.m. ET.

* The SilverSneakers Fitness Program is provided by Healthways, Inc., an independent company. Healthways and SilverSneakers® are registered marks of Healthways, Inc. and/or its subsidiaries. © 2016 Healthways, Inc. All rights reserved.

Statement of Medicaid Benefits and Cost-Sharing Protections

Eligibility

The Amerivantage Dual Coordination (HMO SNP) plan is available to anyone with both Medicare Parts A and B and who receives Medical Assistance from the state Medicaid program to cover Medicare cost sharing.

- Amerivantage Dual Coordination (HMO SNP) members with **Qualified Medicare Beneficiary (QMB)** or **Qualified Medicare Beneficiary Plus (QMB+)** status are covered by the Texas Medicaid program for their Medicare cost sharing.
- Amerivantage Dual Coordination (HMO SNP) plan members with **Specified Low-Income Beneficiary Plus (SLMB+)** status are covered by the Texas Medicaid program for their Medicare cost sharing.

Cost sharing and cost-sharing protections for all members

In an Amerivantage Dual Coordination (HMO SNP) plan, the state Medicaid program pays the cost sharing for Medicare-covered medical services you receive. You pay no cost sharing for the Medicare-covered benefits described earlier in this Summary of Benefits. You will pay small copayments for prescriptions covered under the Medicare Part D prescription drug benefit. When you receive health services, the provider should only bill Amerivantage Dual Coordination (HMO SNP) or the state Medicaid program for the cost of those services and cost-sharing amounts. The provider should not bill you for services or cost sharing.

If you receive care from a non-contracted provider, the provider may not understand Amerivantage Dual Coordination (HMO SNP) or these billing rules. If you receive a bill from a provider for Medicare-covered services, please notify Customer Services so we can help you. Please see Chapter 7 of your Amerivantage Dual Coordination (HMO SNP) *Evidence of Coverage* for more information.

Section A. Amerivantage Dual Coordination (HMO SNP) Members with Full Medicaid Coverage

The benefits described below are covered by Medicaid. The benefits described earlier in this Summary of Benefits are covered by Medicare. For each benefit listed below, you can see what Texas Medicaid covers and what our plan covers. What you pay for covered services may depend on your level of Medicaid eligibility.

Benefit	Texas Medicaid	Amerivantage Dual Coordination (HMO SNP)
Ambulance Services (medically necessary ambulance services)	Covered by Medicaid based on your eligibility level.	Covered by Medicare. Check your Medicaid Evidence of Coverage for any additional coverage.
Assistive Communication Devices (also known as Augmentative Communication Device (ACD) System)	Covered by Medicaid based on your eligibility level.	Covered by Medicare. Check your Medicaid Evidence of Coverage for any additional coverage.
Chiropractic Services	Covered by Medicaid based on your eligibility level.	Covered by Medicare. Check your Medicaid Evidence of Coverage for any additional coverage.
Dental Services	Covered by Medicaid based on your eligibility level. Limited to those who are 20 years of age or younger; or 21 years of age or older in an ICF-MR).	Covered by Medicare, with additional services available under our plan.

Benefit	Texas Medicaid	Amerivantage Dual Coordination (HMO SNP)
Diabetic Supplies (includes coverage for test strips, lancets, and screening tests)	Covered by Medicaid based on your eligibility level.	Covered by Medicare. Check your Medicaid Evidence of Coverage for any additional coverage.
Diagnostic Tests, X-Rays, Lab Services, and Radiology Services	Covered by Medicaid based on your eligibility level.	Covered by Medicare. Check your Medicaid Evidence of Coverage for any additional coverage.
Doctor and Hospital Choice	Covered by Medicaid based on your eligibility level.	Coverage is limited to contracted providers participating with the plan unless urgent, emergency, or when approved in advance by the plan.
Doctor Office Visits	Covered by Medicaid based on your eligibility level.	Covered by Medicare. Check your Medicaid Evidence of Coverage for any additional coverage.
Durable Medical Equipment (includes wheelchairs, oxygen)	Covered by Medicaid based on your eligibility level.	Covered by Medicare. Check your Medicaid Evidence of Coverage for any additional coverage.
Emergency Care (Any emergency room visit if the member reasonably believes he or she needs emergency care.)	Covered by Medicaid based on your eligibility level.	Covered by Medicare. Check your Medicaid Evidence of Coverage for any additional coverage.

Benefit	Texas Medicaid	Amerivantage Dual Coordination (HMO SNP)
End-Stage Renal Disease	Covered by Medicaid based on your eligibility level.	Covered by Medicare. Check your Medicaid Evidence of Coverage for any additional coverage.
Health/Wellness Education (nutritional counseling for children, smoking cessation for pregnant women, and adult annual exam)	Covered by Medicaid based on your eligibility level.	Covered by Medicare. Check your Medicaid Evidence of Coverage for any additional coverage.
Hearing Services	Covered by Medicaid based on your eligibility level.	Covered by Medicare, with additional services available under our plan.
Home Health Care (includes medically necessary intermittent skilled nursing care, home health aide services, private duty nursing services, and personal care services)	Covered by Medicaid based on your eligibility level.	Covered by Medicare. Check your Medicaid Evidence of Coverage for any additional coverage.
Hospice	Covered by Medicaid based on your eligibility level.	Covered by Medicare, with additional benefits covered under TX FamilyCare.
Immunizations	Covered by Medicaid based on your eligibility level.	Covered by Medicare. Check your Medicaid Evidence of Coverage for any additional coverage.

Benefit	Texas Medicaid	Amerivantage Dual Coordination (HMO SNP)
Inpatient Hospital Care	Covered by Medicaid based on your eligibility level.	Covered by Medicare. Check your Medicaid Evidence of Coverage for any additional coverage.
Inpatient Mental Health Care	Covered by Medicaid based on your eligibility level.	Covered by Medicare. Check your Medicaid Evidence of Coverage for any additional coverage.
Orthotic and Prosthetic Devices (includes braces, artificial limbs and eyes, etc.)	Covered by Medicaid based on your eligibility level.	Covered by Medicare. Check your Medicaid Evidence of Coverage for any additional coverage.
Outpatient Mental Health Care	Covered by Medicaid based on your eligibility level.	Covered by Medicare. Check your Medicaid Evidence of Coverage for any additional coverage.
Outpatient Rehabilitation Services (includes Cardiac Rehabilitation)	Covered by Medicaid based on your eligibility level.	Covered by Medicare. Check your Medicaid Evidence of Coverage for any additional coverage.
Outpatient Services/Surgery	Covered by Medicaid based on your eligibility level.	Covered by Medicare. Check your Medicaid Evidence of Coverage for any additional coverage.
Outpatient Substance Use Disorder (assessment, ambulatory)	Covered by Medicaid based on your eligibility level.	Covered by Medicare. Check your Medicaid Evidence of Coverage for any additional coverage.

Benefit	Texas Medicaid	Amerivantage Dual Coordination (HMO SNP)
treatment/detox, and MAT)		
Podiatry Services	Covered by Medicaid based on your eligibility level.	Covered by Medicare. Check your Medicaid Evidence of Coverage for any additional coverage.
Prescription Drugs	Covered by Medicaid based on your eligibility level.	Covered Medicare Part D Prescription Drugs when on the plan formulary and subject to any LIS copayment. Medicare covered Part B drugs subject to Medicare coverage guidelines.
Screenings: Bone Mass Measurement Colorectal Screening Exams Mammograms (Annual Screening) Pap Smears and Pelvic Exams (for women) Prostate Cancer Screening Exams	Covered by Medicaid based on your eligibility level.	Covered by Medicare. Check your Medicaid Evidence of Coverage for any additional coverage.
Skilled Nursing Facility (SNF) (in a Medicare-certified Skilled Nursing Facility)	Covered by Medicaid based on your eligibility level.	Covered by Medicare. Check your Medicaid Evidence of Coverage for any additional coverage.

Benefit	Texas Medicaid	Amerivantage Dual Coordination (HMO SNP)
Telemedicine Services	Covered by Medicaid based on your eligibility level.	Covered by Medicare. Check your Medicaid Evidence of Coverage for any additional coverage.
Transportation (routine)	Covered by Medicaid based on your eligibility level.	Covered by Medicare, with additional services available under our plan.
Urgently Needed Care (this is NOT emergency care, and in most cases, is out of the service area)	Covered by Medicaid based on your eligibility level.	Covered by Medicare. Check your Medicaid Evidence of Coverage for any additional coverage.
Vision Services	Covered by Medicaid based on your eligibility level.	Covered by Medicare, with additional services available under our plan.

This document is available in other formats such as Braille. This information is available for free in other languages. Please call our customer service number at **1-844-765-5165 (TTY: 711)** from **8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through February 14, and Monday to Friday (except holidays) from February 15 through September 30.**

Este documento está disponible en otros formatos, como braille. Esta información está disponible en otros idiomas de manera gratuita. Llame al servicio de atención al cliente al **1-844-765-5165(TTY: 711)**, de 8 a. m. a 8 p. m., los 7 días de la semana (excepto los días feriados) desde el 1° de octubre hasta el 14 de febrero, y de 8 a. m. a 8 p. m., de lunes a viernes (except los días feriados) del 15 de febrero hasta el 30 de septiembre.

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 co-payments/co-insurance may change on January 1 of each year.

Premium, co-pays, co-insurance, and deductibles may vary based on the level of Extra Help you receive. Please contact the plan for further details.

The Formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

AMERIGROUP Texas, Inc. is a D-SNP plan with a Medicare contract and a contract with the State Medicaid program. Enrollment in AMERIGROUP Texas, Inc. depends on contract renewal.

Multi-language Interpreter Services

English: ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-844-765-5165 (TTY: 711).

Spanish: ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-844-765-5165 (TTY: 711).

Arabic:

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-844-765-5165 (رقم هاتف الصم والبكم: 711).

Armenian: ՈՒՇԱԴՐՈՒԹՅՈՒՆՆԵՐ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Զանգահարեք 1-844-765-5165 (TTY (հեռատիպ) 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 1-844-765-5165 (TTY : 711) 。

Farsi:

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-844-765-5165 (TTY: 711) تماس بگیرید.

French: ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-844-765-5165 (ATS : 711).

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-844-765-5165 (TTY: 711).

Gujarati: સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-844-765-5165 (TTY: 711).

Hindi: ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-844-765-5165 (TTY: 711) पर कॉल करें।

Hmong: LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-844-765-5165 (TTY: 711).

Italian: ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-844-765-5165 (TTY: 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。1-844-765-5165（TTY:711）まで、お電話にてご連絡ください。

Khmer: ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្អល

គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 1-844-765-5165 (TTY: 711)។

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-844-765-5165 (TTY: 711) 번으로 전화해 주십시오.

Lao: ໂປດຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-844-765-5165 (TTY: 711).

Navajo: Díí baa akó nínízin: Díí saad bee yáníłti'go **Diné Bizaad**, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éí ná hóló, koji' hódííłnih 1-844-765-5165 (TTY: 711.)

Punjabi: ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-844-765-5165 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-844-765-5165 (телетайп: 711).

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-844-765-5165 (TTY: 711).

Thai: เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-844-765-5165 (TTY: 711).

Urdu:

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 1-844-765-5165 (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 1-844-765-5165 (TTY: 711).

Amerigroup - H5817

2017 Medicare Star Ratings*

The Medicare Program rates all health and prescription drug plans each year, based on a plan's quality and performance. Medicare Star Ratings help you know how good a job our plan is doing. You can use these Star Ratings to compare our plan's performance to other plans. The two main types of Star Ratings are:

1. An Overall Star Rating that combines all of our plan's scores.
2. Summary Star Rating that focuses on our medical or our prescription drug services.

Some of the areas Medicare reviews for these ratings include:

- How our members rate our plan's services and care;
- How well our doctors detect illnesses and keep members healthy;
- How well our plan helps our members use recommended and safe prescription medications.

For 2017, Amerigroup received the following Overall Star Rating from Medicare.






★★★★
3.5 Stars

We received the following Summary Star Rating for Amerigroup 's health/drug plan services:

Health Plan Services: 
3.5 Stars

Drug Plan Services: 
3.5 Stars

The number of stars shows how well our plan performs.

	5 stars - excellent
	4 stars - above average
	3 stars - average
	2 stars - below average
	1 star - poor

Learn more about our plan and how we are different from other plans at www.medicare.gov.

We do not discriminate, exclude people, or treat them differently on the basis of race, color, national origin, sex, age or disability in our health programs and activities.

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 1-844-316-0355 (TTY: 711).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-844-316-0355 (TTY: 711).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-844-316-0355 (TTY: 711).

Current members please call 1-844-765-5165 (toll-free) or 711 (TTY).

* Medicare evaluates plans based on a 5-star rating system. Star Ratings are calculated each year and may change from one year to the next.

This plan is available to anyone who has both Medical Assistance from the State and Medicare.

AMERIGROUP Texas, Inc. is a D-SNP plan with a Medicare contract and a contract with the State Medicaid program. Enrollment in AMERIGROUP Texas, Inc. depends on contract renewal.

It's important we treat you fairly

That's why we follow Federal civil rights laws in our health programs and activities. We don't discriminate, exclude people, or treat them differently on the basis of race, color, national origin, sex, age or disability. For people with disabilities, we offer free aids and services. For people whose primary language isn't English, we offer free language assistance services through interpreters and other written languages. Interested in these services? Call Customer Service for help (TTY: 711).

If you think we failed to offer these services or discriminated based on race, color, national origin, age, disability, or sex, you can file a complaint, also known as a grievance. You can file a complaint with our Compliance Coordinator in writing to Compliance Coordinator, 4361 Irwin Simpson Rd, Mailstop: OH0205-A537; Mason, Ohio 45040-9498. Or you can file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights at 200 Independence Avenue, SW; Room 509F, HHH Building; Washington, D.C. 20201 or by calling 1-800-368-1019 (TTY: 1- 800-537-7697) or online at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.