



# **Summary of Benefits**

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

Available in Harris county, TX

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

# Summary of Benefits

January 1, 2016 - December 31, 2016

This booklet gives you a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, call us and ask for the "Evidence of Coverage."

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## You have choices about how to get your Medicare benefits

- One choice is to get your Medicare benefits through Original Medicare (fee-for-service Medicare). Original Medicare is run directly by the Federal government.
- Another choice is to get your Medicare benefits by joining a Medicare health plan (such as **Amerivantage Dual Coordination (HMO SNP)**).

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## Tips for comparing your Medicare choices

This Summary of Benefits booklet gives you a summary of what **Amerivantage Dual Coordination (HMO SNP)** covers and what you pay.

- If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or, use the Medicare Plan Finder on <http://www.medicare.gov>.

- If you want to know more about the coverage and costs of Original Medicare, look in your current "**Medicare & You**" handbook. View it online at <http://www.medicare.gov> or get a copy by calling **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, 7 days a week. TTY users should call **1-877-486-2048**.

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## Sections in this booklet

- Things to Know About **Amerivantage Dual Coordination (HMO SNP)**
- Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services
- Covered Medical and Hospital Benefits
- Prescription Drug Benefits

This document is available in other formats such as Braille and large print.

This document may be available in a non-English language. For additional information, call us at **1-866-805-4589 (TTY 711)**.

Este documento está disponible en otros formatos como Braille o textos con letras grandes.

Este documento podría estar disponible en otros idiomas además del inglés. Para información adicional, llame a nosotros al **1-866-805-4589** (TTY 711).

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## Things to Know About Amerivantage Dual Coordination (HMO SNP)

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### Hours of Operation

- From October 1 to February 14, you can call us 7 days a week from 8:00 a.m. to 8:00 p.m. Eastern time.
- From February 15 to September 30, you can call us Monday through Friday from 8:00 a.m. to 8:00 p.m. Eastern time.

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### Amerivantage Dual Coordination (HMO SNP) Phone Numbers and Website

- If you are a member of this plan, call toll-free **1-866-805-4589** (TTY 711).
- If you are not a member of this plan, call toll-free **1-877-470-4131** (TTY 711).
- Our website: **<http://www.myamerigroup.com/medicare>**.

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### Who can join?

To join Amerivantage Dual Coordination (HMO SNP), you must be entitled to Medicare Part A, be

enrolled in Medicare Part B and *Texas Medicaid*, and live in our service area.

Our service area includes the following county in Texas: Harris.

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### Which doctors, hospitals, and pharmacies can I use?

**Amerivantage Dual Coordination (HMO SNP)** has a network of doctors, hospitals, pharmacies, and other providers. If you use the providers that are not in our network, the plan may not pay for these services.

You must generally use network pharmacies to fill your prescriptions for covered Part D drugs.

Some of our network pharmacies have preferred cost-sharing. You may pay less if you use these pharmacies.

You can see our plan's provider and pharmacy directory at our website (**<http://www.myamerigroup.com/medicare>**).

Or, call us and we will send you a copy of the provider and pharmacy directories.

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### What do we cover?

Like all Medicare health plans, we cover everything that Original Medicare covers - and *more*.

- **Our plan members get *all* of the benefits covered by Original Medicare.**

- **Our plan members also get *more than what is covered by Original Medicare*. Some of the extra benefits are outlined in this booklet.**

We cover Part D drugs. In addition, we cover Part B drugs such as chemotherapy and some drugs administered by your provider.

- You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website, **<http://www.myamerigroup.com/medicare>**.
- Or, call us and we will send you a copy of the formulary.

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### **How will I determine my drug costs?**

Our plan groups each medication into one of six "tiers." You will need to use your formulary to locate what tier your drug is on to determine how much it will cost you. The amount you pay depends on the drug's tier and what stage of the benefit you have reached. Later in this document we discuss the benefit stages that occur: Initial Coverage, Coverage Gap, and Catastrophic Coverage.

# Summary of Benefits

January 1, 2016 - December 31, 2016

	<b>Amerivantage Dual Coordination (HMO SNP)</b>
<b>Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services</b>	
<b>How much is the monthly premium?</b>	\$0 per month.
<b>How much is the deductible?</b>	This plan does not have a deductible.
<b>Is there any limit on how much I will pay for my covered services?</b>	<p>Yes. Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care.</p> <p>In this plan, you may pay nothing for Medicare-covered services, depending on your level of <i>Texas Medicaid</i> eligibility.</p> <p>Your yearly limit(s) in this plan:</p> <ul style="list-style-type: none"><li>• <b>\$6,700</b> for services you receive from in-network providers.</li></ul> <p>If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year.</p> <p>Refer to the "<b>Medicare &amp; You</b>" handbook for Medicare-covered services. For <i>Texas Medicaid</i>-covered services, refer to the Medicaid Coverage section in this document.</p> <p>Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.</p>
<b>Is there a limit on how much the plan will pay?</b>	Our plan has a coverage limit every year for certain in-network benefits. Contact us for the services that apply.

	<b>Amerivantage Dual Coordination (HMO SNP)</b>
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Amerivantage is a D-SNP plan with a Medicare contract and a contract with the State Medicaid program. Enrollment in Amerivantage depends on contract renewal.

### Covered Medical and Hospital Benefits

Note:

- Services with a <sup>1</sup> may require prior authorization.
- Services with a <sup>2</sup> may require a referral from your doctor.

### Outpatient Care and Services

Acupuncture	For up to 24 visit(s) every year: <b>You pay nothing</b>
Ambulance <sup>1</sup>	<b>You pay nothing</b>
Chiropractic Care <sup>1,2</sup>	Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position): <b>You pay nothing</b>
Dental Services	<p>Limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth): <b>You pay nothing</b></p> <p>Preventive dental services:</p> <ul style="list-style-type: none"> <li>• Cleaning (for up to 2 every year): <b>\$0</b> copay</li> <li>• Dental x-ray(s) (for up to 1 every year): <b>\$0</b> copay</li> <li>• Oral exam (for up to 2 every year): <b>\$0</b> copay</li> </ul> <p>You pay nothing for comprehensive dental services under your supplemental dental coverage up to <b>\$425</b> every three months. Any unused amount at the end of the three-month benefit period carries over to the next three-month benefit period. Any unused amount at the end of the calendar year will expire.</p>
Diabetes Supplies and Services <sup>1,2</sup>	<p>Diabetes monitoring supplies: <b>You pay nothing</b></p> <p>Diabetes self-management training: <b>You pay nothing</b></p>

	<b>Amerivantage Dual Coordination (HMO SNP)</b>
	Therapeutic shoes or inserts: <b>You pay nothing</b>
Diagnostic Tests, Lab and Radiology Services, and X-Rays ( <i>Costs for these services may vary based on place of service</i> ) <sup>1,2</sup>	<p>Diagnostic radiology services (such as MRIs, CT scans): <b>You pay nothing</b></p> <p>Diagnostic tests and procedures: <b>You pay nothing</b></p> <p>Lab services: <b>You pay nothing</b></p> <p>Outpatient x-rays: <b>You pay nothing</b></p> <p>Therapeutic radiology services (such as radiation treatment for cancer): <b>You pay nothing</b></p>
Doctor's Office Visits <sup>1,2</sup>	<p>Primary care physician visit: <b>You pay nothing</b></p> <p>Specialist visit: <b>You pay nothing</b></p>
Durable Medical Equipment ( <i>wheelchairs, oxygen, etc.</i> ) <sup>1</sup>	<b>You pay nothing</b>
Emergency Care	<p><b>You pay nothing</b></p> <p>This plan offers limited coverage for urgent and emergency care outside of the United States. This plan may provide coverage up to a <b>\$25,000</b> limit.</p>
Foot Care ( <i>podiatry services</i> ) <sup>1,2</sup>	Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions: <b>You pay nothing</b>
Hearing Services <sup>1,2</sup>	<p>Exam to diagnose and treat hearing and balance issues: <b>You pay nothing</b></p> <p>Routine hearing exam (for up to 1 every year): <b>\$0</b> copay</p> <p>Hearing aid fitting/evaluation (for up to 1 every year): <b>\$0</b> copay</p> <p>Hearing aid: <b>\$0</b> copay</p> <p>Our plan pays up to <b>\$2,000</b> every year for hearing aids.</p>

	<b>Amerivantage Dual Coordination (HMO SNP)</b>
Home Health Care <sup>1,2</sup>	<b>You pay nothing</b>
Mental Health Care <sup>1,2</sup>	<p>Inpatient visit:</p> <p>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.</p> <p>Our plan covers 90 days for an inpatient hospital stay.</p> <p>Our plan also covers 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.</p> <p><b>You pay nothing</b></p> <p>Outpatient group therapy visit: <b>You pay nothing</b></p> <p>Outpatient individual therapy visit: <b>You pay nothing</b></p>
Outpatient Rehabilitation <sup>1,2</sup>	<p>Cardiac (heart) rehab services (for a maximum of 2 one-hour sessions per day for up to 36 sessions up to 36 weeks): <b>You pay nothing</b></p> <p>Occupational therapy visit: <b>You pay nothing</b></p> <p>Physical therapy and speech and language therapy visit: <b>You pay nothing</b></p>
Outpatient Substance Abuse <sup>1,2</sup>	<p>Group therapy visit: <b>You pay nothing</b></p> <p>Individual therapy visit: <b>You pay nothing</b></p>
Outpatient Surgery <sup>1,2</sup>	<p>Ambulatory surgical center: <b>You pay nothing</b></p> <p>Outpatient hospital: <b>You pay nothing</b></p>



	<b>Amerivantage Dual Coordination (HMO SNP)</b>
Over-the-Counter Items	<p>Please visit our website to see our list of covered over-the-counter items.</p> <p>You pay nothing for over-the-counter items up to <b>\$100</b> per quarter for plan-approved health care items like over-the-counter medications. Unused allowances do roll over to the next quarter. Unused allowances do not roll over to the next calendar year. Orders are limited to one per month.</p>
Prosthetic Devices ( <i>braces, artificial limbs, etc.</i> ) <sup>1</sup>	<p>Prosthetic devices: <b>You pay nothing</b></p> <p>Related medical supplies: <b>You pay nothing</b></p>
Renal Dialysis	<b>You pay nothing</b>
Transportation <sup>1</sup>	<p><b>You pay nothing</b></p> <p>Routine transportation coverage is limited to plan-approved locations (within the local service area) provided by the contracted transportation vendor. Members are covered for <b>unlimited</b> one-way health-related trips per year. 48 hours advanced notice is required when scheduling.</p>
Urgently Needed Services	<p><b>You pay nothing</b></p> <p>This plan offers limited coverage for urgent and emergency care outside of the United States. This plan may provide coverage up to a <b>\$25,000</b> limit.</p>
Vision Services	<p>Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): <b>You pay nothing</b></p> <p>Routine eye exam (for up to 1 every year): <b>\$0</b> copay</p> <p>Contact lenses: <b>\$0</b> copay</p> <p>Eyeglasses (frames and lenses): <b>\$0</b> copay</p> <p>Eyeglass frames: <b>\$0</b> copay</p>

	<b>Amerivantage Dual Coordination (HMO SNP)</b>
Vision Services (continued)	<p>Eyeglass lenses: <b>\$0</b> copay</p> <p>Eyeglasses or contact lenses after cataract surgery: <b>\$0</b> copay</p> <p>Our plan pays up to <b>\$200</b> every year for eyewear.</p>
<b>Preventive Care</b>	<p><b>You pay nothing</b></p> <p>Our plan covers many preventive services, including:</p> <ul style="list-style-type: none"> <li>• Abdominal aortic aneurysm screening</li> <li>• Alcohol misuse counseling</li> <li>• Bone mass measurement</li> <li>• Breast cancer screening (mammogram)</li> <li>• Cardiovascular disease (behavioral therapy)</li> <li>• Cardiovascular screenings</li> <li>• Cervical and vaginal cancer screening</li> <li>• Colorectal cancer screenings (Colonoscopy, Fecal occult blood test, Flexible sigmoidoscopy)</li> <li>• Depression screening</li> <li>• Diabetes screenings</li> <li>• HIV screening</li> <li>• Medical nutrition therapy services</li> <li>• Obesity screening and counseling</li> <li>• Prostate cancer screenings (PSA)</li> <li>• Sexually transmitted infections screening and counseling</li> <li>• Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)</li> <li>• Vaccines, including Flu shots, Hepatitis B shots, Pneumococcal shots</li> <li>• "Welcome to Medicare" preventive visit (one-time)</li> <li>• Yearly "Wellness" visit</li> </ul> <p>Any additional preventive services approved by Medicare during the contract year will be covered.</p> <p>Annual physical exam: <b>You pay nothing</b></p>

	<b>Amerivantage Dual Coordination (HMO SNP)</b>
<b>Hospice</b>	<b>You pay nothing</b> for hospice care from a Medicare-certified hospice. You may have to pay part of the cost for drugs and respite care. Hospice is covered outside of our plan. Please contact us for more details.
<b>Inpatient Care</b>	
Inpatient Hospital Care <sup>1</sup>	<p>Our plan covers 90 days for an inpatient hospital stay.</p> <p>Our plan also covers 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.</p> <p><b>You pay nothing</b></p>
Inpatient Mental Health Care	For inpatient mental health care, see the "Mental Health Care" section of this booklet.
Skilled Nursing Facility (SNF) <sup>1</sup>	<p>Our plan covers up to 100 days in a SNF.</p> <p><b>You pay nothing</b></p>
<b>Prescription Drug Benefits</b>	
<b>How much do I pay?</b>	<p>For Part B drugs such as chemotherapy drugs<sup>1</sup>: <b>You pay nothing</b></p> <p>Other Part B drugs<sup>1</sup>: <b>You pay nothing</b></p>
<b>Initial Coverage</b>	<p>You pay the following:</p> <p>You may get your drugs at network retail pharmacies and mail order pharmacies.</p>

<b>Initial Coverage</b> (continued)		<b>Amerivantage Dual Coordination (HMO SNP)</b>
	<b>Standard Retail Cost-Sharing</b>	
	<b>Tier 1 (Preferred Generic)</b> One, two and three-month supply	<b>\$0</b>
	<b>Tier 2 (Generic)</b> One, two and three-month supply	For generic drugs (including brand drugs treated as generic), either: <ul style="list-style-type: none"> <li>• <b>\$0</b> copay; or</li> <li>• <b>\$1.20</b> copay; or</li> <li>• <b>\$2.95</b> copay</li> </ul>
	<b>Tier 3 (Preferred Brand)</b> One, two and three-month supply	For generic drugs (including brand drugs treated as generic), either: <ul style="list-style-type: none"> <li>• <b>\$0</b> copay; or</li> <li>• <b>\$1.20</b> copay; or</li> <li>• <b>\$2.95</b> copay</li> </ul> For all other drugs, either: <ul style="list-style-type: none"> <li>• <b>\$0</b> copay; or</li> <li>• <b>\$3.60</b> copay; or</li> <li>• <b>\$7.40</b> copay.</li> </ul>

Initial Coverage (continued)		Amerivantage Dual Coordination (HMO SNP)
	<b>Tier 4 (Non-Preferred Brand)</b> One, two and three-month supply	For generic drugs (including brand drugs treated as generic), either: <ul style="list-style-type: none"> <li>• \$0 copay; or</li> <li>• \$1.20 copay; or</li> <li>• \$2.95 copay</li> </ul> For all other drugs, either: <ul style="list-style-type: none"> <li>• \$0 copay; or</li> <li>• \$3.60 copay; or</li> <li>• \$7.40 copay.</li> </ul>
	<b>Tier 5 (Specialty Tier)</b> One-month supply           Two-month supply Three-month supply	For generic drugs (including brand drugs treated as generic), either: <ul style="list-style-type: none"> <li>• \$0 copay; or</li> <li>• \$1.20 copay; or</li> <li>• \$2.95 copay</li> </ul> For all other drugs, either: <ul style="list-style-type: none"> <li>• \$0 copay; or</li> <li>• \$3.60 copay; or</li> <li>• \$7.40 copay.</li> </ul> Not Offered Not Offered
	<b>Tier 6 (Select Care Drugs)</b> One, two and three-month supply	\$0

<b>Initial Coverage</b> (continued)		<b>Amerivantage Dual Coordination (HMO SNP)</b>
	<b>Preferred Retail Cost-Sharing</b>	
	<b>Tier 1 (Preferred Generic)</b> One, two and three-month supply	<b>\$0</b>
	<b>Tier 2 (Generic)</b> One, two and three-month supply	For generic drugs (including brand drugs treated as generic), either: <ul style="list-style-type: none"> <li>• <b>\$0</b> copay; or</li> <li>• <b>\$1.20</b> copay; or</li> <li>• <b>\$2.95</b> copay</li> </ul>
	<b>Tier 3 (Preferred Brand)</b> One, two and three-month supply	For generic drugs (including brand drugs treated as generic), either: <ul style="list-style-type: none"> <li>• <b>\$0</b> copay; or</li> <li>• <b>\$1.20</b> copay; or</li> <li>• <b>\$2.95</b> copay</li> </ul> For all other drugs, either: <ul style="list-style-type: none"> <li>• <b>\$0</b> copay; or</li> <li>• <b>\$3.60</b> copay; or</li> <li>• <b>\$7.40</b> copay.</li> </ul>

Initial Coverage (continued)		Amerivantage Dual Coordination (HMO SNP)
	<b>Tier 4 (Non-Preferred Brand)</b> One, two and three-month supply	For generic drugs (including brand drugs treated as generic), either: <ul style="list-style-type: none"> <li>• \$0 copay; or</li> <li>• \$1.20 copay; or</li> <li>• \$2.95 copay</li> </ul> For all other drugs, either: <ul style="list-style-type: none"> <li>• \$0 copay; or</li> <li>• \$3.60 copay; or</li> <li>• \$7.40 copay.</li> </ul>
	<b>Tier 5 (Specialty Tier)</b> One-month supply          Two-month supply Three-month supply	For generic drugs (including brand drugs treated as generic), either: <ul style="list-style-type: none"> <li>• \$0 copay; or</li> <li>• \$1.20 copay; or</li> <li>• \$2.95 copay</li> </ul> For all other drugs, either: <ul style="list-style-type: none"> <li>• \$0 copay; or</li> <li>• \$3.60 copay; or</li> <li>• \$7.40 copay.</li> </ul> Not Offered Not Offered
	<b>Tier 6 (Select Care Drugs)</b> One, two and three-month supply	\$0

<b>Initial Coverage</b> (continued)		<b>Amerivantage Dual Coordination (HMO SNP)</b>
	<b>Standard Mail Order Cost-Sharing</b>	
	<b>Tier 1 (Preferred Generic)</b> One, two and three-month supply	<b>\$0</b>
	<b>Tier 2 (Generic)</b> One, two and three-month supply	For generic drugs (including brand drugs treated as generic), either: <ul style="list-style-type: none"> <li>• <b>\$0</b> copay; or</li> <li>• <b>\$1.20</b> copay; or</li> <li>• <b>\$2.95</b> copay</li> </ul>
	<b>Tier 3 (Preferred Brand)</b> One, two and three-month supply	For generic drugs (including brand drugs treated as generic), either: <ul style="list-style-type: none"> <li>• <b>\$0</b> copay; or</li> <li>• <b>\$1.20</b> copay; or</li> <li>• <b>\$2.95</b> copay</li> </ul> For all other drugs, either: <ul style="list-style-type: none"> <li>• <b>\$0</b> copay; or</li> <li>• <b>\$3.60</b> copay; or</li> <li>• <b>\$7.40</b> copay.</li> </ul>



Initial Coverage (continued)		Amerivantage Dual Coordination (HMO SNP)
	<b>Tier 4 (Non-Preferred Brand)</b> One, two and three-month supply	For generic drugs (including brand drugs treated as generic), either: <ul style="list-style-type: none"> <li>• \$0 copay; or</li> <li>• \$1.20 copay; or</li> <li>• \$2.95 copay</li> </ul> For all other drugs, either: <ul style="list-style-type: none"> <li>• \$0 copay; or</li> <li>• \$3.60 copay; or</li> <li>• \$7.40 copay.</li> </ul>
	<b>Tier 5 (Specialty Tier)</b> One-month supply          Two-month supply Three-month supply	For generic drugs (including brand drugs treated as generic), either: <ul style="list-style-type: none"> <li>• \$0 copay; or</li> <li>• \$1.20 copay; or</li> <li>• \$2.95 copay</li> </ul> For all other drugs, either: <ul style="list-style-type: none"> <li>• \$0 copay; or</li> <li>• \$3.60 copay; or</li> <li>• \$7.40 copay.</li> </ul> Not Offered Not Offered
	<b>Tier 6 (Select Care Drugs)</b> One, two and three-month supply	\$0

	<b>Amerivantage Dual Coordination (HMO SNP)</b>
<b>Initial Coverage</b> (continued)	<p>If you reside in a long-term care facility, you pay the same as at a retail pharmacy.</p> <p>You may get drugs from an out-of-network pharmacy, but may pay more than you pay at an in-network pharmacy.</p>
<b>Catastrophic Coverage</b>	<b>You pay nothing</b>

# Additional Information

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**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:

<b>Personal Emergency Response System (PERS)</b>	Coverage of personal emergency response service and monitoring system arranged by the plan.
<b>Telemonitoring</b>	Coverage of in-home equipment and telecommunication technology to monitor specific health conditions.
<b>Silver Sneakers</b>	Access to the SilverSneakers <sup>®</sup> fitness classes, including home-based and facility-based programs and use of all contracted network fitness centers.

# Statement of Medicaid Benefits and Cost-Sharing Protections

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## 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** or **Qualified Medicare Beneficiary Plus** 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** status are covered by the Texas Medicaid program for their Medicare cost sharing.
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## 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 in the Covered Medical and Hospital Benefits section of 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 Member Services so we can help you. Please see Chapter 7 of your Amerivantage Dual Coordination (HMO SNP) Evidence of Coverage for more information.

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

The benefits described below are covered by Medicaid. The benefits described in the Covered Medical and Hospital

Benefits section of the 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.

<b>Benefit</b>	<b>Texas Medicaid</b>	<b>Amerivantage Dual Coordination (HMO SNP)</b>
Ambulance Services (medically necessary ambulance services)	Medicaid eligibility determines Medicaid covered benefits.	Covered as per Medicare guidelines, for additional coverage refer to the Medicaid Program.
Assistive Communication Devices (also known as Augmentative Communication Device (ACD) System)	Medicaid eligibility determines Medicaid covered benefits.	Covered as per Medicare guidelines, for additional coverage refer to the Medicaid Program.
Chiropractic Services	Medicaid eligibility determines Medicaid covered benefits.	Covered as per Medicare guidelines, for additional coverage refer to the Medicaid Program.
Dental Services	Medicaid eligibility determines Medicaid covered benefits. Limited to those who are 20 years of age or younger; or 21 years of age or older in an ICF-MR).	Covered as per Medicare guidelines for Medicare covered services. Additional benefits available under the DSNP (see benefits grid).

<b>Benefit</b>	<b>Texas Medicaid</b>	<b>Amerivantage Dual Coordination (HMO SNP)</b>
Diabetic Supplies (includes coverage for test strips, lancets, and screening tests)	Medicaid eligibility determines Medicaid covered benefits.	Covered as per Medicare guidelines, for additional coverage refer to the Medicaid Program.
Diagnostic Tests, X-Rays, Lab Services, and Radiology Services	Medicaid eligibility determines Medicaid covered benefits.	Covered as per Medicare guidelines, for additional coverage refer to the Medicaid Program.
Doctor and Hospital Choice	Medicaid eligibility determines Medicaid covered benefits.	Coverage is limited to contracted providers participating with the plan unless urgent. Emergent or when approved in advance by the plan.
Doctor Office Visits	Medicaid eligibility determines Medicaid covered benefits.	Covered as per Medicare guidelines, for additional coverage refer to the Medicaid Program.
Durable Medical Equipment (includes wheelchairs, oxygen)	Medicaid eligibility determines Medicaid covered benefits.	Covered as per Medicare guidelines, for additional coverage refer to the Medicaid Program.
Emergency Care (Any emergency room visit if the member reasonably believes he or she needs emergency care.)	Medicaid eligibility determines Medicaid covered benefits.	Covered as per Medicare guidelines, for additional coverage refer to the Medicaid Program.

<b>Benefit</b>	<b>Texas Medicaid</b>	<b>Amerivantage Dual Coordination (HMO SNP)</b>
End-Stage Renal Disease	Medicaid eligibility determines Medicaid covered benefits.	Covered as per Medicare guidelines, for additional coverage refer to the Medicaid Program.
Health/Wellness Education (nutritional counseling for children, smoking cessation for pregnant women, and adult annual exam)	Medicaid eligibility determines Medicaid covered benefits.	Covered as per Medicare guidelines for certain services (refer to Medicare benefit chart), for additional coverage refer to the Medicaid Fee-For-Service Program.
Hearing Services	Medicaid eligibility determines Medicaid covered benefits.	Covered as per Medicare guidelines for Medicare covered services. Additional benefits available under the DSNP (see benefits grid).
Home Health Care (includes medically necessary intermittent skilled nursing care, home health aide services, private duty nursing services, and personal care services)	Medicaid eligibility determines Medicaid covered benefits.	Covered as per Medicare guidelines for certain services (refer to Medicare benefit chart), for additional coverage refer to the Medicaid Fee-For-Service Program.
Hospice	Medicaid eligibility determines Medicaid covered benefits.	Hospice care, if elected, is covered under the Federal Medicare program, see Medicare benefits grid for more information.

<b>Benefit</b>	<b>Texas Medicaid</b>	<b>Amerivantage Dual Coordination (HMO SNP)</b>
		Additional benefits covered under TX FamilyCare.
Immunizations	Medicaid eligibility determines Medicaid covered benefits.	Covered as per Medicare Part B & Part D guidelines, for additional coverage refer to the Medicaid Fee-For-Service Program.
Inpatient Hospital Care	Medicaid eligibility determines Medicaid covered benefits.	Covered as per Medicare guidelines, for additional coverage refer to the Medicaid Program.
Inpatient Mental Health Care	Medicaid eligibility determines Medicaid covered benefits.	Covered as per Medicare guidelines, for additional coverage refer to the Medicaid Program.
Orthotic and Prosthetic Devices (includes braces, artificial limbs and eyes, etc.)	Medicaid eligibility determines Medicaid covered benefits.	Covered as per Medicare guidelines for certain services, for additional coverage refer to the Medicaid Program.
Outpatient Mental Health Care	Medicaid eligibility determines Medicaid covered benefits.	Covered as per Medicare guidelines, for additional coverage refer to the Medicaid Program.
Outpatient Rehabilitation Services (includes Cardiac Rehabilitation)	Medicaid eligibility determines Medicaid covered benefits.	Covered as per Medicare guidelines, for additional coverage refer to the Medicaid Program.



<b>Benefit</b>	<b>Texas Medicaid</b>	<b>Amerivantage Dual Coordination (HMO SNP)</b>
Outpatient Services/Surgery	Medicaid eligibility determines Medicaid covered benefits.	Covered as per Medicare guidelines, for additional coverage refer to the Medicaid Program.
Outpatient Substance Use Disorder (assessment, ambulatory treatment/detox, and MAT)	Medicaid eligibility determines Medicaid covered benefits.	Covered as per Medicare guidelines, for additional coverage refer to the Medicaid Program.
Podiatry Services	Medicaid eligibility determines Medicaid covered benefits.	Covered as per Medicare guidelines, for additional coverage refer to the Medicaid Program.
Prescription Drugs	Medicaid eligibility determines Medicaid covered benefits.	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	Medicaid eligibility determines Medicaid covered benefits.	Covered as per Medicare guidelines, for additional coverage refer to the Medicaid Program.

<b>Benefit</b>	<b>Texas Medicaid</b>	<b>Amerivantage Dual Coordination (HMO SNP)</b>
Skilled Nursing Facility (SNF) (in a Medicare-certified Skilled Nursing Facility)	Medicaid eligibility determines Medicaid covered benefits.	Covered as per Medicare guidelines, for additional coverage refer to the Medicaid Program.
Telemedicine Services	Medicaid eligibility determines Medicaid covered benefits.	Covered as per Medicare guidelines, for additional coverage refer to the Medicaid Program.
Transportation (routine)	Medicaid eligibility determines Medicaid covered benefits.	Covered as per Medicare guidelines for Medicare covered services. Additional benefits available under the DSNP (see benefits grid).
Urgently Needed Care (this is NOT emergency care, and in most cases, is out of the service area)	Medicaid eligibility determines Medicaid covered benefits.	Covered as per Medicare guidelines, for additional coverage refer to the Medicaid Program.
Vision Services	Medicaid eligibility determines Medicaid covered benefits.	Covered as per Medicare guidelines for Medicare covered services. Additional benefits available under the DSNP (see benefits grid).

## Multi-language Interpreter Services

**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-866-805-4589. Someone who speaks English/Language can help you. This is a free service.

**Spanish:** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-866-805-4589. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Chinese Mandarin:**

我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-866-805-4589。我们的中文工作人员很乐意帮助您。这是一项免费服务。

**Chinese Cantonese:**

您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-866-805-4589。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

**Tagalog:** Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggagamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-866-805-4589. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

**French:** Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-866-805-4589. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-866-805-4589 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

**German:** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-866-805-4589. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-866-805-4589 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

**Russian:** Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-866-805-4589. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

**Arabic:**

إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-866-805-4589. سيقوم شخص بمساعدتك. هذه خدمة مجانية ما يتحدث العربية.

**Hindi:** हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी पश्चन के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया पराप्त करने के लिए, बस हमें 1-866-805-4589 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

**Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-866-805-4589. Un nostro incaricato che parla Italiano vi fornirà l'assistenza necessaria. È un servizio gratuito.

**Portuguese:** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-866-805-4589. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

**French Creole:** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-866-805-4589. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

**Polish:** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-866-805-4589. Ta usługa jest bezpłatna.

**Japanese:** 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-866-805-4589 にお電話ください。日本語を話す人 者 が支援いたします。これは無料のサービスです。

## **Amerigroup - H5817**

### **2016 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 2016, Amerigroup received the following Overall Star Rating from Medicare.



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

Health Plan Services:

★★★★  
3.5 Stars

Drug Plan Services:

★★★★  
4 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](http://www.medicare.gov).

You may also contact us 7 days a week from 8:00 a.m. to 11:00 p.m. Eastern time at 844-316-0355 (toll-free) or 711 (TTY), from October 1 to February 14. Our hours of operation from February 15 to September 30 are Monday through Friday from 8:00 a.m. to 11:00 p.m. Eastern time.

Current members please call 866-805-4589 (toll-free) or 711 (TTY).

\*Star Ratings are based on 5 Stars. Star Ratings are assessed each year and may change from one year to the next.