# Summary of Benefits


## Medicare Advantage and Part D

**Plan year:** January 1 – December 31, 2021

## Texas

Select counties in Texas. See page 2 for a full list of counties.

### Amerivantage Dual Coordination (HMO D-SNP)

21TXH2593302

# Thank you for your interest in our Medicare Advantage plans

Amerigroup offers a variety of benefits designed to help keep you healthy while protecting you from unexpected costs. This plan includes your hospital, medical and drug benefits in one plan.

# Amerivantage Dual Coordination (HMO D-SNP)

## Amerivantage Dual Coordination (HMO D-SNP)

Our service area includes these counties in TX: Archer, Clay, Collin, Cooke, Dallas, Delta, Denton, Grayson, Henderson, Hunt, Jack, Johnson, Montague, Navarro, Palo Pinto, Parker, Rains, Rockwall, Tarrant, Throckmorton, Van Zandt, Wise

## Have questions?

- Please call us toll-free **1-877-470-4131** (TTY: **711**), and follow the instructions to be connected to a representative.
- Hours of operation: 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30.

- You can learn more about us on our website at **https://shop.amerigroup.com/medicare**.

While the Summary of Benefits does not include every service, limit or exclusion, the *Evidence of Coverage* does. Just give us a call to request a copy.

# This is a Dual Eligible Special Needs Plan (D-SNP)

Amerivantage Dual Coordination (HMO D-SNP) is a Medicare Advantage and prescription drug plan. It includes hospital, medical and prescription drug benefits in one plan. To join this plan, you must[1]:

- Be entitled to Medicare Part A,
- Be enrolled in Medicare Part B and Texas Health and Human Services (the state's Medicaid program) and
- Live in our service area.

## Eligibility

Amerivantage Dual Coordination (HMO D-SNP) is available to anyone with both Medicare Parts A and B and who receives some level of Medical Assistance from Texas Health and Human Services (the state Medicaid program) as described below:

| **Amerivantage Dual Coordination (HMO D-SNP)** |
|---|

- Plan members with **full Medicaid coverage (Full Benefit Dual Eligible (FBDE))** status are eligible for the Texas Health and Human Services program, which may be responsible for payment of their Medicare cost sharing. These members are also eligible to receive the full Medicaid benefits.
- Plan members with **Qualified Disabled Working Individual (QDWI)** status are eligible for the Texas Health and Human Services program, which is responsible for payment of their Medicare Part A premium.
- Plan members with **Qualified Medicare Beneficiary (QMB)** status are eligible for the Texas Health and Human Services program, which is responsible for payment of their Medicare premiums, deductibles, and cost sharing. Some QMB members are also eligible to receive full Medicaid benefits (QMB+).
- Plan members with **Specified Low-Income Medicare Beneficiary (SLMB)** status are eligible for the Texas Health and Human Services program, which is responsible for payment of their Medicare Part B premium. Some SLMB members are also eligible to receive full Medicaid benefits (SLMB+).

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

- Plan members with **Qualifying Individual (QI)** status are eligible for the Texas Health and Human Services program, which is responsible for payment of their Medicare Part B premium.

## Medicare coverage that goes beyond Original Medicare

- Like all Medicare Advantage health plans, we cover everything that Original Medicare covers — Part A (hospital services) and Part B (medical services). Our plan members also get more than what is covered by Original Medicare. Some of the extra benefits are covered in this Summary of Benefits.
- This plan covers Medicare Part D drugs and Part B drugs (such as chemotherapy and some drugs administered by your provider). To see if your prescription drugs are covered, follow the instructions in the "Know Your Drug Plan" section of this booklet.
- If your category of Medicaid eligibility changes, your cost share may also increase or decrease. You must recertify your Medicaid enrollment to continue to receive your Medicare cost-sharing coverage.

# Is your PCP in our plan's network of doctors?

You must choose a **P**rimary **C**are **P**rovider (PCP) in our network (plan) for covered services.[1] A PCP is your main doctor who provides most of your medical care, including routine care and hospitalizations. Your PCP will also help coordinate your care after a stay in the hospital. If you use a doctor or facility that is not in our plan, we may not cover the services.

Before you get care from a specialist, we highly recommend you talk to your PCP first. Doing so will keep your PCP informed and will help ensure you get the right care. Many specialist services require a referral from your PCP. So if you have a favorite specialist, make sure to ask if the specialist is in the plan's network.

A PCP can join or leave the plan's network at any time, so be sure to ask the PCP if he or she is in the plan's network, taking new patients and accepts Medicare and Medicaid. You can find a PCP in the plan's network or check the PCP status online. Just follow the steps below. If, for any reason, you need to change your PCP, give us a call – we can help you.

[1] If you need emergency or urgent care, call 911 or go to the nearest doctor or facility that can help you. Most times, you must use doctors in our plan to get covered medical care, except for emergencies and urgently needed care when doctors in our plan are not available, or dialysis services when you are out of the service area. If you get routine care from doctors outside our plan, neither Medicare nor Amerigroup will pay for it.

**How to find a doctor/PCP in our plan:**

- Go to **https://shop.amerigroup.com/medicare**
  1. Scroll to the *Useful Tools* section and choose the tab labeled **Find a Doctor**.
  2. Enter your ZIP code, county and the date you want your coverage to begin and select **Continue**.
  3. Fill in the details of your search (city, doctor's name, distance, etc.).
  4. Be sure to check that the doctor displays as "In-Network" for these plans.
- Or you can call us and ask for a copy of the *Provider Directory*. The phone number is on page 2.

# Know your drug plan

## Prescription drugs are an important part of health and wellness

Our plan gives you access to the drugs you need to get healthy and stay active.

## What is a formulary?

The formulary is a list of drugs covered by our plan that tells you:

- Which drugs require prior authorization from your plan before you fill your prescription,
- If there is a quantity limit on the frequency, amount or dosage,
- If you need to try other drugs first (called step therapy),
- And the cost-sharing tier a drug is in.

Our plan groups each drug into "tiers." The amount you pay depends on the drug's tier and what stage of the benefit you have reached. Learn more by going to the "Summary of 2021 prescription drug coverage" section in this guide.

## How to find if your drugs (or an acceptable alternative) are covered and what they'll cost:

- Visit **https://shop.amerigroup.com/medicare**
  1. Scroll to the *Useful Tools* section and choose the tab labeled **Find Your Covered Drugs**.
  2. Enter your ZIP code, county and beginning coverage date; then select **Continue**.
  3. Enter the name of your drug, dosage, quantity and refill frequency, and select **Add Drug**.
  4. Select your pharmacy.
  5. Select **View All Plans**.
  6. Make sure to choose **Show drug cost details** to view what tier your drugs are in, specific costs and coverage details.
- You can also call us at the number on page 2 to get a copy of the *Formulary*.

## Can I use any pharmacy to fill my covered prescriptions?

To get the best savings on your covered Part D drugs, you must generally use a pharmacy in our plan. You may get your covered drugs from pharmacies that are not in our plan, but only when you are unable to get your prescription drugs from a pharmacy that is in our plan.

Our plan offers preferred and standard pharmacies. You may go to either type of pharmacy to fill your covered prescription drugs.

To find a pharmacy in our plan, see our online *Pharmacy Directory* on our website at **https://shop.amerigroup.com/medicare** (under *Useful Tools*, select **Find a Pharmacy**, and enter your location and search details). Preferred pharmacies are indicated above the pharmacy name. Or you can give us a call and we'll send you a copy.

# Summary of 2021 medical benefits





On the following pages, you can review more about our plan benefits to help you choose the right plan for you. If you want to compare our plan with other Medicare health plans, call and ask the other plans for a copy of their Summary of Benefits.

**Are there any restrictions on my coverage?**

**Prior Authorization:**

Amerigroup requires you or your physician to get prior authorization (pre-approval) for certain services. This means that you will need to get approval from our plan before you receive some covered services. Services that may require prior approval are noted with a * in the benefit title.

## Amerivantage Dual Coordination (HMO D-SNP)

### **How much is my premium** (monthly payment)**?**

**$0.00 - $22.50** per month

Part B premium may be covered by your state's Medicaid agency for D-SNP enrollees.

If you receive "Extra Help," your monthly plan premium will be adjusted by the amount of help you receive.

### **How much is my deductible?**

This plan does not have a medical deductible.

**$445.00** deductible per year for Part D prescription drugs.

Drugs listed on Tier 2: Generic, Tier 3: Preferred Brand, Tier 4: Nonpreferred Drug, Tier 5: Specialty Tier are included in the Part D deductible.

If you receive "Extra Help" from Medicare, your deductible amount depends on the level of "Extra Help" you receive.

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

**$7,550.00** per year from doctors and facilities in our plan.

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

Services you get from doctors or facilities in our plan go toward your yearly limit. If you reach the limit on out-of-pocket costs, you will not have to pay any out-of-pocket costs for covered Part A and Part B services for the rest of the year.

## Amerivantage Dual Coordination (HMO D-SNP)

### Inpatient Hospital*

Facilities in our plan: **$0.00** copay - Medicare-defined cost share

In 2021, the Medicare-defined Cost Share amounts for each benefit period are:

- **$1,484** deductible for days 1 through 60.
- **$371** copay per day for days 61 through 90.
- **$742** copay per day for 60 lifetime reserve days. These are "extra" days we cover once in your lifetime.

These amounts may change for 2022.

Our plan covers 90 days for an inpatient hospital stay.

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.

Your cost-share may vary by level of Medicaid eligibility.

### Outpatient Hospital*

Doctors and facilities in our plan: **$0.00** copay - **20%** coinsurance

Your cost-share may vary by level of Medicaid eligibility.

### Ambulatory Surgical Center*

Doctors and facilities in our plan: **$0.00** copay - **20%** coinsurance

Your cost-share may vary by level of Medicaid eligibility.

Note: We highly recommend you talk to your PCP first, before you get care from a specialist.

## Amerivantage Dual Coordination (HMO D-SNP)

### Doctor's Office Visits

**Primary care physician (PCP) visit:**

PCPs in our plan: **$0.00** copay

**Specialist visit:***

Doctors in our plan: **$0.00** copay

Note: We highly recommend you talk to your PCP first, before you get care from a specialist.

### Preventive Care Screenings and Annual Physical Exams

**Preventive care screenings:**

Doctors in our plan: **$0.00** copay

**Annual physical exam:**

Doctors in our plan: **$0.00** copay

## Preventive Care Screenings and Annual Physical Exams

**Covered preventive care screenings:**

- ☐ Abdominal aortic aneurysm screening
- ☐ 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 prevention program
- ☐ Diabetes screenings and monitoring
- ☐ Hepatitis C Screening
- ☐ High Intensity Behavioral Counseling
- ☐ 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 extra preventive services approved by Medicare during the contract year will be covered. When you use doctors in our plan, **100%** of the cost of preventive care screenings and annual physical exams are covered.

## Amerivantage Dual Coordination (HMO D-SNP)

### Emergency Care

**$0.00** copay - **$90.00** copay

If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for emergency care.

**Emergency and Urgent Care Worldwide Coverage**

**$0.00** copay

This plan covers urgent care and emergency services when traveling outside of the United States for less than six months. This benefit is limited to **$100,000.00** per year.

Your cost-share may vary by level of Medicaid eligibility.

### Urgently Needed Services

**$0.00** copay - **$65.00** copay

Your cost-share may vary by level of Medicaid eligibility.

### **Diagnostic Radiology Services** (such as MRIs, CT scans)*

Doctors and facilities in our plan: **$0.00** copay - **20%** coinsurance

Note: We highly recommend you talk to your PCP first, before you get care from a specialist.

What you pay for these services may vary based on where you are treated.

Your cost-share may vary by level of Medicaid eligibility.

## Amerivantage Dual Coordination (HMO D-SNP)

### Diagnostic Tests and Procedures*

Doctors and facilities in our plan: **$0.00** copay - **20%** coinsurance

Note: We highly recommend you talk to your PCP first, before you get care from a specialist.

What you pay for these services may vary based on where you are treated.

Your cost-share may vary by level of Medicaid eligibility.

### Lab Services*

Doctors and facilities in our plan: **$0.00** copay - **20%** coinsurance

Note: We highly recommend you talk to your PCP first, before you get care from a specialist.

What you pay for these services may vary based on where you are treated.

Your cost-share may vary by level of Medicaid eligibility.

### Outpatient X-rays*

Doctors and facilities in our plan: **$0.00** copay - **20%** coinsurance

Note: We highly recommend you talk to your PCP first, before you get care from a specialist.

What you pay for these services may vary based on where you are treated.

Your cost-share may vary by level of Medicaid eligibility.

### **Therapeutic Radiology Services** (such as radiation treatment for cancer)*

Doctors and facilities in our plan: **$0.00** copay - **20%** coinsurance

Note: We highly recommend you talk to your PCP first, before you get care from a specialist.

What you pay for these services may vary based on where you are treated.

Your cost-share may vary by level of Medicaid eligibility.

## Hearing Services

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

Doctors in our plan: **$0.00** copay - **20%** coinsurance

Your cost-share may vary by level of Medicaid eligibility.

**Routine hearing services:***

This plan covers 1 routine hearing exam(s) and hearing aid fitting/evaluation(s) every year. **$1,500.00** maximum plan benefit for hearing aids every year.

Doctors in our plan: **$0.00** copay for routine hearing exam(s). **$0.00** copay for hearing aids up to the maximum plan benefit amount.

Note: We highly recommend you talk to your PCP first, before you get care from a specialist.

## Dental Services

**Medicare-covered dental services** (this does not include services for care, treatment, filling, removal or replacement of teeth):

Doctors and dentists in our plan: **$0.00** copay - **20%** coinsurance

**Preventive dental services:**

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

Dentists in our plan: **$0.00** copay

## Dental Services

### Comprehensive dental services:

This plan covers up to a **$500.00** allowance for covered comprehensive dental services every quarter.

Doctors and dentists in our plan: **$0.00** copay

We cover more dental care than what Original Medicare covers. You can use our coverage for these services and more: extra exams, cleanings, X-rays, fillings and repairs, root canals (endodontics), dental crowns (caps), bridges and implants, and dentures.

Any amount not used at the end of a quarter will carry over to the next quarter.

Any amount not used at the end of the calendar year will expire.

For Medicare-covered dental services, your cost-share may vary by level of Medicaid eligibility.

To find a dental provider in our plan, follow the same steps as the "How to find a doctor/PCP in our plan" box at the beginning of this booklet. Then select **Dental Provider** under **Provider Type**.

## Vision Services

### Medicare-covered vision services:

**Exam to diagnose and treat diseases and conditions of the eye**

Doctors in our plan: **$0.00** copay - **20%** coinsurance

**Eyeglasses or contact lenses after cataract surgery**

Doctors in our plan: **$0.00** copay - **20%** coinsurance

Your cost-share may vary by level of Medicaid eligibility.

## Amerivantage Dual Coordination (HMO D-SNP)

### Vision Services

**Routine vision services:**

**Routine vision exam**

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

Doctors in our plan: **$0.00** copay

**Routine eyewear** (lenses and frames)

This plan covers up to **$175.00** for eyeglasses or contact lenses every year.

Doctors in our plan: **$0.00** copay

Note: We highly recommend you talk to your PCP first, before you get care from a specialist.

To find a vision provider in our plan, follow the same steps as the "How to find a doctor/PCP in our plan" box at the beginning of this booklet. Then select **Vision Provider** under **Provider Type**.

### Mental Health Care

**Inpatient visit:***

Doctors and facilities in our plan: **$0.00** copay - Medicare-defined cost share

In 2021, the Medicare-defined Cost Share amounts for each benefit period are:

- **$1,484** deductible for days 1 through 60.
- **$371** copay per day for days 61 through 90.
- **$742** copay per day for 60 lifetime reserve days. These are "extra" days we cover once in your lifetime.

These amounts may change for 2022.

Your cost-share may vary by level of Medicaid eligibility.

## Amerivantage Dual Coordination (HMO D-SNP)

### Mental Health Care

**Outpatient individual and group therapy services:***

Doctors and facilities in our plan: **$0.00** copay - **20%** coinsurance

Note: We highly recommend you talk to your PCP first, before you get care from a specialist.

Your cost-share may vary by level of Medicaid eligibility.

### Skilled Nursing Facility (SNF)*

Doctors and facilities in our plan: **$0.00** copay - Medicare-defined cost share

In 2021, the Medicare-defined Cost Share amounts for each benefit period are:

- **$0** copay per day for days 1 through 20.
- **$185.50** copay per day for days 21 through 100.

These amounts may change for 2022.

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

Your cost-share may vary by level of Medicaid eligibility.

### Physical Therapy*

Doctors and facilities in our plan: **$0.00** copay - **20%** coinsurance

Your cost-share may vary by level of Medicaid eligibility.

### Ambulance*

**Ground/Water Ambulance:**

Emergency transportation services in our plan: **$0.00** copay - **20%** coinsurance per trip

## Amerivantage Dual Coordination (HMO D-SNP)

### Ambulance*

**Air Ambulance:**

Emergency transportation services in our plan: **$0.00** copay - **20%** coinsurance per trip

Your cost-share may vary by level of Medicaid eligibility.

### Transportation*

**$0.00** copay. This plan offers coverage for 38, one-way, 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 contracted transportation vendors in our plan. If you need a ride, call us at least 48 hours ahead of time.

This plan allows you to select additional transportation benefits as part of the Everyday Extras benefit. See that benefit description for more information.

### Medicare Part B Drugs*

**Other Part B Drugs:**

Drugs in our plan: **$0.00** copay - **20%** coinsurance

**Chemotherapy drugs:**

Drugs in our plan: **$0.00** copay - **20%** coinsurance

Your cost-share may vary by level of Medicaid eligibility.

# Additional benefits

## Everyday Extras*

**Amerivantage Dual Coordination (HMO D-SNP):** Offered

We want you to have not just the best possible health, but comfort in your daily life. Choose any one of the following innovative benefits as part of a comprehensive plan that we will help you create.

### Transportation

If you need a ride to plan-approved health- or fitness-related appointments, this benefit gives you 60 one-way trips per year.

### Personal Home Helper

Provides up to 31 visits (up to 4 four hours each visit) of home health aide services, if you need help with two or more activities of daily living such as mobility help around the home, bathing and dressing, meal prep, light chores like laundry or dishes, or to provide respite care.

### Assistive Devices

You could get an annual allowance of **$500** for assistive and safety devices, such as hand rails, shower stools, raised toilet seats and temporary mobility ramps.

### Healthy Meals

Enjoy healthy meals delivered directly to your home. You could get up to 16 meals, 4 times per year, for qualifying events. Qualifying events include a body mass index (BMI) of 18.5 or lower, a BMI of 25 or higher, or an A1C level higher than 9.0, or discharge from the hospital.

### Adult Day Center

You could visit a licensed adult day center once a week (up to 8 hours per visit) and be reimbursed up to **$80** if you need help with 2 or more activities of daily living. This benefit includes rides to and from the center. You'll experience supervised care and the chance to socialize, and your caregiver will gain a respite.

### Service Dog Support

You could get up to **$500** per year to help pay for items used to care for your ADA service dog, such as food, leashes or vests.

### Health and Fitness Tracker

You could enjoy a fitness tracking device (every other year) plus access to online programs to help you achieve your mental acuity and fitness goals.

### Pest Control

If you have a diagnosed chronic condition, you could have your home treated every three months for standard pests or a 1-time treatment for certain infestations, if they are having a direct impact on your health.

### Healthy Pantry

If you have a diagnosed chronic condition, you could receive monthly nutritional counseling sessions and monthly delivery of non-perishable pantry staples to help you make important changes to your diet.

## Amerivantage Dual Coordination (HMO D-SNP)

### Acupuncture

Providers in our plan: **$0.00** copay per visit. This plan offers coverage for unlimited visits every year.

Note: We highly recommend you talk to your PCP first, before you get care from a specialist.

### Chiropractic Care*

**Medicare-covered chiropractic services:**

Providers in our plan: **$0.00** copay - **20%** coinsurance

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).
Your cost-share may vary by level of Medicaid eligibility.

### Electronic Health Monitoring*

Covers in-home equipment and telecommunication technology to monitor specific health conditions.

Requires a referral.

### Enhanced Drug Coverage

Our plan offers additional coverage of some prescription drugs not normally covered in a Medicare prescription drug plan. Covered drugs include:

- Sildenafil. Limit 4 tablets per month.

Please refer to your Tier 1: Preferred Generic copay later in this Summary of Benefits for how much you will pay. Your plan's *Formulary* includes additional information about all drugs covered under this benefit.

## Amerivantage Dual Coordination (HMO D-SNP)

### **Foot Care** (podiatry services)*

**Medicare-covered podiatry:**

Doctors in our plan: **$0.00** copay - **20%** coinsurance

Foot exams and treatment are covered if you have diabetes-related nerve damage and/or meet certain conditions.
Your cost-share may vary by level of Medicaid eligibility.
Note: We highly recommend you talk to your PCP first, before you get care from a specialist.

**Routine foot care:**

Doctors in our plan: **$0.00** copay

This plan covers: Unlimited routine foot care visits each year.

Note: We highly recommend you talk to your PCP first, before you get care from a specialist.

### **Healthy Meals-Post Discharge***

**$0.00** copay for up to 2 meals a day for 7 days following your discharge from the hospital.

Requires a referral.

### **Home Health Care***

Doctors and facilities in our plan: **$0.00** copay

Note: We highly recommend you talk to your PCP first, before you get care from a specialist.

## Amerivantage Dual Coordination (HMO D-SNP)

### LiveHealth Online

Lets you talk to a board-certified doctor, or licensed psychiatrist, psychologist or therapist, by live, two-way video on a computer, smartphone or tablet.

LiveHealth Online is the trade name of Health Management Corporation, a separate company, providing telehealth services on behalf of our plan.

### Medical Equipment/Supplies

**Durable Medical Equipment** (wheelchairs, oxygen, etc.):*

Suppliers in our plan: **$0.00** copay - **20%** coinsurance

Your cost-share may vary by level of Medicaid eligibility.

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

Suppliers in our plan: **$0.00** copay - **20%** coinsurance

Your cost-share may vary by level of Medicaid eligibility.

**Diabetic supplies and services:***

Suppliers in our plan: **$0.00** copay

### Medicare Community Resource Support

We assist you right over the phone by providing you with health-related information and by connecting you to local community-based services and support programs. We'll help you coordinate these services based on your unique needs. Call us at the number listed on your plan ID card and ask for the Medicare Community Resource Support team for more details.

## Amerivantage Dual Coordination (HMO D-SNP)

### Outpatient Rehabilitation

**Cardiac (heart) rehab services** (with a limit of two, one-hour sessions per day and a maximum of 36 sessions within a 36-week period):*

Doctors and facilities in our plan: **$0.00** copay - **20%** coinsurance

Your cost-share may vary by level of Medicaid eligibility.

**Pulmonary (lung) rehab services** (with a limit of two, one-hour sessions per day and a maximum of 36 sessions):*

Doctors and facilities in our plan: **$0.00** copay - **20%** coinsurance

Your cost-share may vary by level of Medicaid eligibility.

**Occupational therapy visit:***

Doctors and facilities in our plan: **$0.00** copay - **20%** coinsurance

Your cost-share may vary by level of Medicaid eligibility.
Note: We highly recommend you talk to your PCP first, before you get care from a specialist.

### Outpatient Substance Abuse*

**Individual & Group therapy visit:**

Doctors and facilities in our plan: **$0.00** copay - **20%** coinsurance

Your cost-share may vary by level of Medicaid eligibility.
Note: We highly recommend you talk to your PCP first, before you get care from a specialist.

## Over-the-Counter Items

This plan covers certain approved, non-prescription, over-the-counter drugs and health-related items, up to **$125** every quarter. Unused OTC amounts do roll over to the next quarter. Unused OTC amounts do not roll over to the next calendar year.

There are many ways to access your benefit:

- Shop online or use the mobile app and have items sent to your home or to a store location near you for pickup
- Shop at more than 4,600 Walmart and Neighborhood Market stores and other participating retailers
- Call to place an order and have items sent to your home

## Personal Emergency Response System (PERS) coverage*

Includes the monitoring device and monitoring service. To start and install services, give us a call. We can help you.

## Renal Dialysis

Doctors and facilities in our plan: **$0.00** copay - **20%** coinsurance

Your cost-share may vary by level of Medicaid eligibility.

## SilverSneakers®† Fitness program

When you become our member, you can sign up for SilverSneakers. It's included in our plan. To learn more details, go to **www.silversneakers.com** or call SilverSneakers 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 Tivity Health, an independent company. SilverSneakers and the SilverSneakers shoe logotype are registered trademarks of Tivity Health, Inc. © 2020 Tivity Health, Inc. All rights reserved.

## Amerivantage Dual Coordination (HMO D-SNP)

### 24/7 NurseLine

24-hour access to a nurse helpline, 7 days a week, 365 days a year.

# Summary of Medicaid-covered benefits



**Services available through Texas Health and Human Services Commission:**

The following services are not covered or may not be fully covered by Amerivantage Dual Coordination (HMO D-SNP) but are available through Medicaid.

- ☐ Ambulance services (medically necessary ambulance services)
- ☐ Assistive communication devices (also known as Augmentative Communication Device (ACD) System)
- ☐ Bone mass measurement (for people who are at risk)
- ☐ Cardiac rehabilitation
- ☐ Chiropractic services
- ☐ Colorectal screening exams (for people aged 50 and older)
- ☐ Community Living Assistance and Support Services (CLASS) waiver
- ☐ Deaf Blind with Multiple Disabilities waiver (DB-MD)
- ☐ Dental services (for people who are 20 years of age or younger; or 21 years of age or older in an ICF-IID)
- ☐ Diabetic supplies (includes coverage for test strips, lancets, and screening tests)
- ☐ Diagnostic tests, x-rays, lab services, and radiology services
- ☐ Doctor office visits
- ☐ Durable medical equipment (includes wheelchairs, oxygen)
- ☐ Emergency care (any emergency room visit if the member reasonably believes he or she needs emergency care)
- ☐ End-stage renal disease
- ☐ Health/wellness education (nutritional counseling for children, smoking cessation for pregnant women, and adult annual exam)
- ☐ Hearing services
- ☐ Home health care (includes medically necessary intermittent skilled nursing care, home health aide services, private duty nursing services, and personal care services)
- ☐ Home and Community Services (HCS) waiver
- ☐ Hospice

- ☐ Immunizations
- ☐ Inpatient hospital care
- ☐ Inpatient mental health care
- ☐ Mammograms (annual screening)
- ☐ Medically Dependent Children Program (MDCP)
- ☐ Monthly premium
- ☐ Orthotic and prosthetic devices (includes braces, artificial limbs and eyes, etc.)
- ☐ Outpatient mental health care
- ☐ Outpatient rehabilitation services
- ☐ Outpatient services/surgery
- ☐ Outpatient substance use disorder (assessment, ambulatory treatment/detox, and MAT)
- ☐ Pap smears and pelvic exams (for women)
- ☐ Podiatry services
- ☐ Prescription drugs
- ☐ Prostate cancer screening exams
- ☐ Skilled nursing facility (SNF) (in a Medicare-certified skilled nursing facility)
- ☐ STAR+PLUS Program (operating under the Texas Healthcare Transformation and Quality Improvement Program Waiver)
- ☐ Telemedicine services
- ☐ Texas Home Living waiver (TxHmL)
- ☐ Transportation (routine)
- ☐ Urgently needed care (this is NOT emergency care, and in most cases, is out of the service area)
- ☐ Vision services

Medicaid coverage is based on your eligibility. Please check your Medicaid contract for a full list of services.

### Have Questions?

What you pay for covered services may depend on your level of Medicaid eligibility. If you have questions about your Medicaid eligibility and what benefits you are entitled to, please call: **1-800-252-8263**.

# Summary of 2021 prescription drug coverage



## Know where to go:

Once you become a member of our plan, Chapters 5 and 6 of your *Evidence of Coverage* include many important details about your pharmacy benefit.

To find a pharmacy in our plan:

- Visit **https://shop.amerigroup.com/medicare** (under *Useful Tools*, select **Find a Pharmacy**, and enter your location and search details).
- Give us a call and we will send you a copy of the Pharmacy Directory.

**Amerivantage Dual Coordination (HMO D-SNP)**

## Stage 1: How much is my deductible?

**$445.00** deductible per year for Part D prescription drugs.
Drugs listed on Tier 2: Generic, Tier 3: Preferred Brand, Tier 4: Nonpreferred Drug, Tier 5: Specialty Tier are included in the Part D deductible.
If you receive "Extra Help" from Medicare, your deductible amount depends on the level of "Extra Help" you receive.

## Stage 2: Initial Coverage

After you pay your yearly deductible (if your plan has one), you pay the amount listed in the table on the following pages, until your total yearly drug costs reach **$4,130**. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.

You may get your covered drugs at retail pharmacies and mail-order pharmacies in our plan. Generally, you may get your covered drugs from pharmacies not in our plan only when you are unable to get your prescription drugs from a pharmacy that is in our plan.

**If you qualify for low-income subsidy (LIS), also known as Medicare's "Extra Help" program, the amount you pay may be different in this Stage.**

| Stage 2: Initial Coverage | |
|---|---|
| **Retail and Mail Order Cost Sharing** | |
| **Cost Sharing** | **Amerivantage Dual Coordination (HMO D-SNP)** |
| **Tier 1: Preferred Generic**, **Tier 6: Select Care Drugs** | **$0 copay** |
| Generic drugs (including brand drugs treated as generic) on all other Tiers not referenced above | **$0, $1.30, or $3.70 copay or 15% of the cost, depending on the level of "Extra Help" you receive** |
| All other brand drugs on all other Tiers not referenced above | **$0, $4.00, or $9.20 copay or 15% of the cost, depending on the level of "Extra Help" you receive** |

If you don't receive "Extra Help," you pay the Medicare Part D cost share outlined in the *Evidence of Coverage.*

Cost sharing is the same for 30-day or long-term supply.
You can determine which covered drugs are generic by reading the plan's Formulary.

**Plan Tiers**
Tier 1: Preferred Generic
Tier 2: Generic
Tier 3: Preferred Brand
Tier 4: Nonpreferred Brand
Tier 5: Specialty Tier
Tier 6: Select Care Drugs

## Stage 3: Coverage Gap

After you enter the coverage gap, you will pay **$0** for drugs on Tier 1, Tier 6.
For all other tiers, if you receive "Extra Help" to pay for your prescription drugs, you will continue to pay your low income subsidy (LIS) cost-share.
If you do not receive "Extra Help" to pay for your prescription drugs, you will receive a discount on brand name drugs and generally pay no more than **25%** of the plan's cost for formulary brand drugs and **25%** of the plan's cost for other formulary generic drugs. You will stay in the gap until your costs total **$6,550,** which is the end of the coverage gap. Note - not everyone will enter the coverage gap.

## Stage 4: Catastrophic Coverage

After your yearly out-of-pocket drug costs reach **$6,550,** you pay either **$0** or the greater of: a coinsurance of **5%** of the cost of the drug or **$3.70** for a generic drug or a drug that is treated like a generic and **$9.20** for all other drugs. Your cost-share will depend on whether you receive "Extra Help".

# Ways we support your health

## PremiumAssist℠

The PremiumAssist℠ program helps you find local discounts and services such as home repair, nutrition and assistance with your copays. In addition - once you become a member of our D-SNP plan (dual-eligible for Medicare and Medicaid), we will help you keep your Medicaid benefits.

Services this program provides:

- **Medicare Saving Complete (Eligibility & Enrollment Assistance):** We help you enroll and keep your Medicaid benefits. An advocate will contact you to help you renew your Medicaid benefits. Or you can contact us at **1-877-236-4471** (TTY: **711**) and an advocate will walk you through the process.
- **Recertification Assistance:** RECERT Complete acts on your behalf by helping you make sure you don't miss the annual deadline and advocate on your behalf to re-enroll or maintain your Medicaid status.
- **Community Connect:** We help you with social advocacy by connecting you with public and private benefits for which you may qualify.
- **Part D:** We assist you with the Part D or Low Income Subsidy (LIS) resources that will help you with prescription drug costs and expenses while you are in the coverage gap.

# An overview of how Medicare works

If you're new to Medicare, this information can help you decide what option is right for you.

**ORIGINAL MEDICARE (PARTS A and B) is offered by the federal government. It helps cover the costs for:**

A + B

- ☐ Inpatient care in hospitals and skilled nursing facilities (not custodial or long-term care)
- ☐ Hospice and some home health care services
- ☐ Doctors' services, hospital outpatient care and some home health care services, as well as lab tests, medical equipment and supplies
- ☐ Most preventive services, including a yearly wellness exam

**But Original Medicare doesn't cover everything. Parts A and B don't cover:**

- ☐ Prescription drugs
- ☐ Routine vision, dental or hearing care

## Here are your options:

| OPTION 1 - Choose all your coverage in one Medicare Advantage Plan: | OPTION 2 - Choose one or both of the following: |
|---|---|
| **Medicare Part C**<br>**C+D+Extras**<br>☐ Includes all of Part A (hospital) and Part B (medical) coverage<br>☐ Usually includes Part D prescription drug coverage<br>☐ Often offers extra services and benefit options<br>☐ Has yearly limits on your out-of-pocket costs for medical services | **Medicare Supplement**<br>☐ Medicare Part A or Part B deductibles, coinsurance or copayments<br>☐ Medicare Part B excess charges<br>☐ Skilled Nursing Facility care coinsurance<br>☐ Foreign Travel Emergencies<br>**Prescription Drug Coverage**<br>**Part D**<br>☐ Helps pay for many of your prescribed drugs<br>☐ Gives you access to mail-order options and retail drugstores across the country |

# When you can enroll


### Initial coverage period

You can sign up for a D-SNP when you are first eligible for Medicare. Your initial enrollment phase is a 7-month period that includes the 3 months before you turn 65, the month you turn 65 and the 3 months after you turn 65. You must be eligible for both Medicare and Medicaid to join a D-SNP.


### Annual election period - October 15 to December 7

This is the time frame each year that you can enroll in or change your Medicare Advantage or Part D plan. You may also switch to Original Medicare (Parts A and B). New coverage begins January 1 of each year, after you've enrolled.

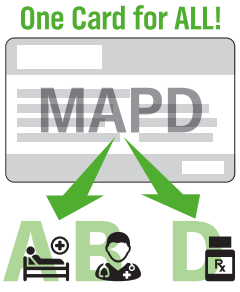
### Special enrollment period - January 1 to September 30

As a D-SNP member, you can change plans one time per calendar quarter. This option is known as a special enrollment period. For more help, call your agent or call us (toll-free number is listed on page 2).

# Medicare ID cards

The Medicare plan option you choose will determine the plan ID card or cards you will need to carry with you at all times.

### If you choose one of our Dual-Eligible Special Needs (D-SNP) plans:




You should put away your red, white and blue Medicare ID card because all you'll need to carry is one card. Just present your D-SNP plan ID card for all your covered medical and drug benefits. We recommend that you also carry your state Medicaid ID card just in case your doctor may need to see it.

# Avoid late-enrollment penalties

**It's important to enroll in a Medicare plan when you're first eligible. If you don't, you may have to pay the following penalties:**

**Medicare Part A:** Your monthly premium, if you have one, may increase by 10% per year for twice the number of years you could have had Part A but didn't sign up.

**Medicare Part B:** Your monthly premium may increase 10% for each 12-month period that you could have had Part B but didn't sign up. You'll have to pay this penalty for as long as you have Part B.

**Medicare Part D:** If you don't sign up when you're first eligible, you may have to pay this penalty for as long as you are enrolled in Part D, and it may increase every year. (You may not have to pay if you receive "Extra Help" or can provide proof of other creditable coverage.)

# How can I learn more about Medicare?

## Medicare & You – a helpful tool

We strongly recommend you obtain a copy of the official U.S. government's *Medicare & You* handbook to get the answers to all of your questions about Medicare. If you do not have a copy, 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**.

Hay disponibles servicios de traducción; póngase en contacto con el plan o su agente.

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