Summary of Benefits

Medicare Advantage

Plan year: January 1 – December 31, 2023

Tennessee

Davidson, Shelby, Knox, Blount and other Tennessee counties as listed on page 2.

Amerivantage Courage (PPO)†

23TNH8343011

Thank you for your interest in our Medicare Advantage plans

Amerigroup offers benefits to help you stay healthy while protecting you from unexpected costs. This plan includes your hospital and medical benefits in one plan.

† **This plan has no prescription drug coverage.**

Amerivantage Courage (PPO)

Amerivantage Courage (PPO)

Our service area includes these counties in TN: Anderson, Bedford, Benton, Bledsoe, Blount, Campbell, Cannon, Carroll, Cheatham, Claiborne, Clay, Cocke, Cumberland, Davidson, Decatur, DeKalb, Fayette, Fentress, Giles, Grainger, Grundy, Hancock, Hardeman, Hardin, Haywood, Henderson, Hickman, Houston, Humphreys, Jackson, Jefferson, Knox, Lauderdale, Lewis, Loudon, Marion, Marshall, McNairy, Meigs, Monroe, Moore, Morgan, Overton, Perry, Pickett, Polk, Putnam, Rhea, Rutherford, Scott, Sequatchie, Shelby, Smith, Stewart, Sumner, Trousdale, Union, Van Buren, Warren, Wayne, White, Williamson, Wilson

Do you have questions?

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

- Or call us toll-free **1-877-470-4131** (TTY: **711**).
- 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.

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

Amerivantage Courage (PPO) is a Medicare Advantage plan. It includes hospital and medical benefits in one plan. To join this plan, the following must apply to you:

- You're entitled to Medicare Part A.
- You're enrolled in Medicare Part B.
- You live in our service area.

You can go to any doctor or facility. However, if you stay inside the network, your out-of-pocket costs may be lower. Ask your current doctor if they are in this plan.

Medicare coverage that goes beyond Original Medicare

- ☐ This plan covers everything that Original Medicare covers — Part A (hospital services) and Part B (medical services) — plus more.
- ☐ This plan covers Medicare Part B drugs (such as chemotherapy and certain drugs your doctor administers). However, this plan does not cover Part D prescription drugs.

This is a Preferred Provider Organization (PPO) plan. That means:

- ☐ You can see any doctor or specialist, in or out of our plan, no referrals needed.
- ☐ Your costs may be higher if you use doctors outside the plan.

Shop smart and save

If you use a doctor in our plan, your costs will be lower. A doctor can join or leave this plan at any time, so check if they're in-network with our Find a Doctor tool online. Just follow the steps below.

How to find a doctor/PCP in our plan:

- ☐ Go to **https://shop.amerigroup.com/medicare**
  1. Select **Useful Tools** and choose **Find a Doctor**.
  2. Enter your ZIP code, county and the date you want your coverage to begin.
  3. Fill in the details (city, doctor's name, distance, etc.).
  4. Be sure to check that the doctor is listed as "In-Network" for this plan.
- ☐ Or you can ask us for the *Provider Directory*. The phone number is on page 2.

Optional supplemental dental and/or vision benefits

You can add an Optional Supplemental Benefits (OSB) package to the plan for an additional monthly premium. Optional Supplemental Benefits may not be available with every Medicare Advantage plan in this enrollment guide. See the *Optional Supplemental Dental and Vision Plans* section of the medical benefits chart for more details.

Summary of 2023 medical benefits

The next pages have more details about plan benefits, so you can choose the right plan for you.

Amerivantage Courage (PPO)

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

$0.00 per month

You must continue to pay your Medicare Part B premium.

Medicare Part B premium reduction

$50.00 per month

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)

$6,700.00 per year from doctors and facilities in our plan
$10,000.00 per year from doctors or facilities both in and out of 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 receive from doctors or facilities, both in and out of 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 (in or outside of our plan) for the rest of the year.

Amerivantage Courage (PPO)

Inpatient Hospital[1]

Facilities in our plan: Days 1-7: **$295.00** per day, per admission / Days 8-90: **$0.00** per day, per admission

Facilities not in our plan: **30%** coinsurance per stay

Our plan covers an unlimited number of days for an inpatient hospital stay.

Per-day cost sharing applies to each new inpatient admission (Note: transfers to an inpatient rehabilitation hospital is considered a new admission and cost sharing per day applies).

Outpatient Hospital[1]

Doctors and facilities in our plan: **$275.00** copay
Doctors and facilities not in our plan: **30%** coinsurance

What you will pay may depend on the service and where you are treated.

Ambulatory Surgical Center[1]

Doctors and facilities in our plan: **$245.00** copay
Doctors and facilities not in our plan: **30%** coinsurance

Doctor's Office Visits

Primary care physician (PCP) visit:

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

PCPs not in our plan: **30%** coinsurance

Specialist visit: [1]

Doctors in our plan: **$45.00** copay

Doctors not in our plan: **30%** coinsurance

Amerivantage Courage (PPO)

Preventive Care Screenings and Annual Physical Exams

Preventive care screenings:

Doctors in our plan: **$0.00** copay
Doctors not in our plan: **30%** coinsurance

Annual physical exam:

Doctors in our plan: **$0.00** copay
Doctors not in our plan: **30%** coinsurance

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, hepatitis B, pneumococcal, and COVID-19 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 is covered.

Amerivantage Courage (PPO)

Emergency Care

$90.00 copay

Emergency and Urgent Care Worldwide Coverage

$90.00 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 emergency room copay will be waived if you receive care from a primary care provider, urgent care provider, or LiveHealth Online 24 hours prior to the emergency room visit.

Urgently Needed Services

$25.00 copay

Diagnostic Services, Labs, and Imaging[1]

Diagnostic Radiology Services (such as MRIs, CT scans)	
Doctors' offices in our plan:	$180.00 copay
Outpatient facilities in our plan:	$275.00 copay
Doctors' offices and facilities not in our plan:	30% coinsurance
Diagnostic Tests and Procedures	
Doctors' offices in our plan:	$50.00 copay
Outpatient facilities in our plan:	$100.00 copay
Doctors' offices and facilities not in our plan:	30% coinsurance

Amerivantage Courage (PPO)

Diagnostic Services, Labs, and Imaging[1]	
Lab Services	
Doctors' offices in our plan:	$0.00 copay
Outpatient facilities in our plan:	$50.00 copay
Doctors' offices and facilities not in our plan:	30% coinsurance
Outpatient X-rays	
Doctors' offices in our plan:	$50.00 copay
Outpatient hospitals or facilities in our plan:	$110.00 copay
Freestanding facility or at-home portable x-ray services in our plan:	$90.00 copay
Doctors' offices, hospitals, and facilities not in our plan:	30% coinsurance
Therapeutic Radiology Services (such as radiation treatment for cancer)	
Doctors and facilities in our plan:	20% coinsurance
Doctors and facilities not in our plan:	20% coinsurance

Amerivantage Courage (PPO)

Hearing Services

Medicare-covered hearing services (Exam to diagnose and treat hearing and balance issues): [1]

Doctors in our plan: **$45.00** copay

Doctors not in our plan: **30%** coinsurance

Routine hearing services: [1]

This plan covers 1 routine hearing exam(s) and hearing aid fitting/evaluation(s) every year. **$59.00** maximum plan benefit for routine hearing exam(s) every year. **$3,000.00** maximum plan benefit coverage amount applies to prescribed hearing aids covered by the plan 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.

Doctors not in our plan: **20%** coinsurance for routine hearing exam(s).

Dental Services

Medicare-covered dental services (this does not include services for care, treatment, filling, removal or replacement of teeth): [1]

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

Doctors and dentists not in our plan: **$0.00** copay

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

Dentists not in our plan: **$0.00** copay

Amerivantage Courage (PPO)

Dental Services

Comprehensive dental services: [1]

This plan covers up to a **$2,000.00** allowance for covered comprehensive dental services every year.

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

Doctors and dentists not 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 the calendar year will expire.

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[1]

Doctors in our plan: **$40.00** copay

Doctors not in our plan: **$60.00** copay

Eyeglasses or contact lenses after cataract surgery

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

Doctors not in our plan: **$0.00** copay

Amerivantage Courage (PPO)

Vision Services

Routine vision services:

Routine vision exam[1]

This plan covers 1 routine eye exam(s) every year. **$69.00** maximum eye exam coverage amount.

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

Doctors not in our plan: **$0.00** copay

Routine eyewear (lenses and frames)

This plan covers up to **$200.00** for eyeglasses or contact lenses every year.

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

Doctors not in our plan: **$0.00** copay

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: [1]

Doctors and facilities in our plan: Days 1-6: **$295.00** per day, per admission / Days 7-90: **$0.00** per day, per admission

Doctors and facilities not in our plan: **30%** coinsurance per stay

Our plan covers unlimited inpatient days.

Per day cost sharing applies to each new inpatient admission. (Note: transfers to an inpatient rehabilitation hospital is considered a new admission and cost sharing per day applies).

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Mental Health Care

Outpatient individual and group therapy services: [1]

Doctors and facilities in our plan: **$40.00** copay

Doctors and facilities not in our plan: **30%** coinsurance

Skilled Nursing Facility (SNF) [1]

Doctors and facilities in our plan: SNF Days 1 - 20: **$0.00** per day / Days 21 - 100: **$196.00** per day

Doctors and facilities not in our plan: **30%** coinsurance per stay

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

Your copays for SNF benefits are based on benefit periods. A benefit period starts on the first day you go into a hospital or SNF and ends when you haven't had any inpatient hospital care or skilled nursing care for 60 days in a row. If you go into a SNF after one benefit period has ended, a new benefit period starts. There's no limit to the number of benefit periods you can have.

Physical Therapy[1]

Doctors and facilities in our plan: **$40.00** copay

Doctors and facilities not in our plan: **30%** coinsurance

Ambulance[1]

Ground/Water Ambulance:

Emergency transportation services in and out of our plan: **$290.00** copay per trip

Air Ambulance:

Emergency transportation services in and out of our plan: **$290.00** copay per trip

Amerivantage Courage (PPO)

Transportation

Not Covered.
You may be able to select transportation coverage through this plan's Everyday Extras benefit. See that benefit description for more information.

Medicare Part B Drugs[1]

Other Part B Drugs:

Drugs obtained from doctors and facilities in our plan: **20%** coinsurance
Drugs obtained from doctors and facilities not in our plan: **30%** coinsurance
Our plan does not cover Part D prescription drugs.

Chemotherapy drugs:

Drugs obtained from doctors and facilities in our plan: **20%** coinsurance
Drugs obtained from doctors and facilities not in our plan: **30%** coinsurance

Additional benefits

Everyday Extras

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.

Assistive Devices

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

Flex Account – Dental, Vision, Hearing

Enjoy a **$500** annual spending allowance for your dental, vision, and/or hearing needs. You get to choose how to use your annual spending allowance - toward out-of-pocket costs or additional services.

In-Home Support

Enjoy up to 60 hours per year of companionship and support with independent activities of daily living such as light chores, errands, and more.

Transportation

Get up to 60 one-way rides per year to plan-approved locations.

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Chiropractic Care[1]

Medicare-covered chiropractic services:

Providers in our plan: **$20.00** copay

Providers not in our plan: **30%** 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).

Foot Care (podiatry services)[1]

Medicare-covered podiatry:

Doctors in our plan: **$0.00** - **$45.00** copay

Doctors not in our plan: **30%** coinsurance

Foot exams and treatment are covered if you have diabetes-related nerve damage and/or meet certain conditions.
You pay nothing for Medicare-covered *routine* podiatry services. For all other Medicare-covered podiatry services, you pay the higher amount shown above.

Routine foot care:

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

Doctors not in our plan: **30%** coinsurance

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

Health and fitness tracker

Enjoy a fitness tracking device (every other year) to help you achieve your physical fitness goals.

Amerivantage Courage (PPO)

Healthy Meals - Post Discharge

$0.00 copay for up to 2 meals a day for 7 days following your discharge from the hospital or skilled nursing facility (SNF).

Home Health Care[1]

Doctors and facilities in our plan: **$0.00** copay
Doctors and facilities not in our plan: **30%** coinsurance

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.):[1]

Suppliers in our plan: **20%** coinsurance
Suppliers not in our plan: **30%** coinsurance

Medical supplies and prosthetic devices (braces, artificial limbs, etc.):[1]

Suppliers in our plan: **20%** coinsurance
Suppliers not in our plan: **30%** coinsurance

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Medical Equipment/Supplies

Diabetic supplies and services:

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

Suppliers not in our plan: **30%** coinsurance

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.

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):[1]

Doctors and facilities in our plan: **$20.00** copay

Doctors and facilities not in our plan: **30%** coinsurance

Pulmonary (lung) rehab services (with a limit of two, one-hour sessions per day and a maximum of 36 sessions):[1]

Doctors and facilities in our plan: **$20.00** copay

Doctors and facilities not in our plan: **30%** coinsurance

Occupational therapy visit:[1]

Doctors and facilities in our plan: **$40.00** copay

Doctors and facilities not in our plan: **30%** coinsurance

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Outpatient Substance Abuse[1]

Individual & Group therapy visit:

Doctors and facilities in our plan: **$45.00** - **$100.00** copay
Doctors and facilities not in our plan: **30%** coinsurance

Over-the-Counter Items

Get a spending allowance of **$150** every quarter for certain approved, non-prescription, over-the-counter drugs and health-related items.

Here are the ways you can use your benefit:

- Shop at participating stores near you.
- Shop online, use the app, or call to place an order and have items delivered 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: **20%** coinsurance
Doctors and facilities not in our plan: **20%** coinsurance

Amerivantage Courage (PPO)

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 to Friday, 8 a.m. to 8 p.m. ET.

†The SilverSneakers Fitness Program is provided by Tivity Health, an independent company. SilverSneakers is a registered trademark of Tivity Health, Inc. © 2021 Tivity Health, Inc. All rights reserved.

24/7 NurseLine

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

Services with a 1 may need prior authorization (preapproval) from the plan.

Optional supplemental dental and vision plans

You can add an optional supplemental benefit plan to this plan, and take advantage of:

- No yearly deductibles.
- No waiting periods for coverage.
- Your choice of many dentists and vision care providers.

Package 1: Preventive Dental Package

Amerivantage Courage (PPO)

How much is the monthly payment?

An extra **$5.00** per month. You must keep paying your Medicare Part B monthly payment.

How much is the deductible?

This package does not have a deductible.

Is there a limit on how much the plan will pay?

Doctors in and out of our plan:

- The plan will pay up to **$500.00** for the following preventive dental benefits each year (benefit maximum).

Talk to your doctor and confirm all coverage, costs and codes before you receive services.

Benefits included:

Doctors in our plan:

You pay no copay for:

- Two exams
- Two cleanings
- Dental X-rays: include one full-mouth **or** panoramic X-ray **and** one set/series of bitewing X-rays each year **and** up to seven periapical images per calendar year
- Two fluoride treatments

Doctors not in our plan:

You pay **20%** of the covered charges for:

Amerivantage Courage (PPO)

Benefits included:

- Two exams
- Two cleanings
- Dental X-rays include one full-mouth *or* panoramic X-ray *and* one set/series of bitewing X-rays each year *and* up to seven periapical images per calendar year
- Two fluoride treatments

Exclusions & Limits for this benefit package:

- In-network coverage is only available from network providers.

Since these services are not normally covered under Original Medicare, we offer them as a Supplemental Benefit for an extra monthly payment through this Optional Supplemental Package.

Package 2: Dental and Vision Package

Amerivantage Courage (PPO)

How much is the monthly payment?

An extra **$23.00** per month. You must keep paying your Medicare Part B monthly payment.

How much is the deductible?

This package does not have a deductible.

Is there a limit on how much the plan will pay?

Doctors in and out of our plan:

- The plan will pay up to **$1,000.00** for the following preventive dental benefits each year (benefit maximum).

Talk to your doctor and confirm all coverage, costs, and codes before you receive services.

Benefits included:

Dental:

Doctors in our plan:

You pay no copay for:

- Two exams
- Two cleanings
- Dental X-rays: include one full-mouth **or** panoramic X-ray **and** one set/series of bitewing X-rays each year **and** up to seven periapical images per calendar year
- Two fluoride treatments

You pay **20%** of the covered charges for certain restorative dental services (fillings).

Amerivantage Courage (PPO)

Benefits included:

You pay **50%** of the covered charges for certain endodontic, periodontic, and oral surgery dental services which include, but are not limited to, the following:

- Root canal treatment
- Periodontal scaling and root planing
- Simple and surgical extractions

Exclusions & Limits for this benefit package:

- Dentures and crowns are excluded.
- Coverage is only available from network providers.

Doctors not in our plan:

You pay **30%** of the covered charges for:

- Two exams
- Two cleanings
- X-rays include one full-mouth **or** panoramic X-ray **and** one set/series of bitewing X-rays each year **and** up to seven periapical images per calendar year.
- Two fluoride treatments.
- You pay **60%** of the covered charges for certain restorative dental services (fillings). You pay **75%** of the covered charges for certain endodontic, periodontic, and oral surgery dental services which include, but are not limited to, the following:
- Root canal treatment
- Periodontal scaling and root planning
- Simple and surgical extractions

Exclusions & limits for this benefit package:

- Dentures and crowns are excluded.
- In-network coverage is only available from network dental providers.

Amerivantage Courage (PPO)

Benefits included:

Vision:

This package offers a **$150.00** reimbursement allowance toward the purchase of eyewear. The benefit applies to corrective (prescription) glasses, lenses, frames, and/or contact lenses.

Talk to your provider and confirm all coverage, costs, and codes prior to services being rendered.

Exclusions & limits for this benefit package:

- Safety eyewear, non-prescription sunglasses, glass lenses, non-prescription lenses or contacts, or lens treatments are not covered.
- In-network coverage is only available from network providers.

Since these services are not normally covered under Original Medicare, we offer them as a Supplemental Benefit for an extra monthly payment through this Optional Supplemental Package.

Package 3: Enhanced Dental and Vision Package

Amerivantage Courage (PPO)

How much is the monthly payment?

An extra **$42.00** per month. You must keep paying your Medicare Part B monthly payment.

How much is the deductible?

This package does not have a deductible.

Is there a limit on how much the plan will pay?

Doctors in and out of our plan:

- The plan will pay up to **$2,000.00** for the following preventive dental benefits each year (benefit maximum).

Talk to your doctor and confirm all coverage, costs and codes before you receive services.

Benefits included:

Dental:

Doctors in our plan:

You pay no copay for:

- Two exams
- Two cleanings
- Dental X-rays: include one full-mouth **or** panoramic X-ray **and** one set/series of bitewing X-rays each year **and** up to seven periapical images per calendar year
- Two fluoride treatments

You pay **20%** of the covered charges for certain restorative dental services (fillings).

Amerivantage Courage (PPO)

Benefits included:

You pay **50%** of the covered charges for certain endodontic, periodontic, prosthodontic and oral surgery dental services which include, but are not limited to, the following:

- Root canal treatment
- Periodontal scaling and root planing
- Simple and surgical extractions
- Crowns (once per tooth every five years)
- Complete denture, immediate denture, or partial denture (one set of dentures every five years)
- Denture adjustment, repair, replacement, rebasing and relining
- Local anesthesia (a drug to numb a part of the body) or regional block anesthesia
- Dental implants

Doctors not in our plan:

You pay **30%** of the covered charges for:

- Two exams
- Two cleanings
- Dental X-rays include one full-mouth **or** panoramic X-ray **and** one set/series of bitewing X-rays each year **and** up to seven periapical images per calendar year.
- Two fluoride treatments.

You pay **60%** of the covered charges for certain restorative dental services (fillings).

You pay **75%** of the covered charges for certain endodontic, periodontic, prosthodontic, and oral surgery dental services which include, but are not limited to, the following:

- Root canal treatment
- Periodontal scaling and root planing
- Simple and surgical extractions
- Crowns (once per tooth every five years)
- Complete denture, immediate denture, or partial denture (one set of dentures every five years)
- Denture adjustment, repair, replacement, rebasing, and relining
- Local anesthesia (a drug to numb a part of the body) or regional block anesthesia

Amerivantage Courage (PPO)

Benefits included:

- Dental implants

Exclusions & Limits for this benefit package:

- In-network coverage is only available from network providers.

Vision:

This package offers a **$200.00** reimbursement allowance toward the purchase of eyewear. The benefit applies to corrective (prescription) glasses, lenses, frames and/or contact lenses.

Talk to your provider and confirm all coverage, costs and codes prior to services being rendered.

Exclusions & limits for this benefit package:

- Safety eyewear, non-prescription sunglasses, glass lenses, non-prescription lenses or contacts, or lens treatments are not covered.
- In-network coverage is only available from network providers.

Since these services are not normally covered under Original Medicare, we offer them as a Supplemental Benefit for an extra monthly payment through this Optional Supplemental Package.

An overview of how Medicare works

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

Original Medicare (Parts A and B) is a federal government program that helps cover:

A + B

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

Original Medicare (Parts A and B) does not cover:

- ☐ Prescription drugs.
- ☐ Vision, dental, or hearing care.

Here are your options

Option 1: an all-in-one Medicare Advantage plan	Option 2: One or both of the following
Medicare Part C **C + D + Extras** ☐ Includes all of Part A (hospital) and Part B (medical) coverage ☐ Usually includes Part D prescription drug coverage ☐ Often offers extra services and benefits ☐ Caps what you'll pay out-of-pocket for medical services	Medicare Supplement ☐ Medicare Part A or Part B deductibles, coinsurance, or copayments ☐ Medicare Part B excess charges ☐ Skilled nursing facility care coinsurance ☐ Foreign travel emergencies **Medicare Part D** ☐ Helps pay for many of your prescribed drugs ☐ Gives you access to mail-order services and pharmacies across the country

When you can enroll

Initial Enrollment Period

You can sign up for a Medicare Advantage or Part D plan when you are first eligible for Medicare. Your Initial Enrollment Period is a seven-month period that includes the three months before your 65th birthday month, the month you turn 65, and the three months after your 65th birthday month.

Annual Enrollment Period - October 15 to December 7

This is the time each year to 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.

Open Enrollment Period - January 1 to March 31

This is an extra time each year when you can make one enrollment change to your existing Medicare Advantage plan. You can do one of the following:

- Move to a different Medicare Advantage plan
- Drop your Medicare Advantage plan to stay with Original Medicare. If you do this and need drug coverage, you have until March 31 to add a Medicare Part D (prescription drug) plan.

Special Enrollment Period

You can sign up for a Medicare Advantage or Part D plan outside of the standard time frames if certain events occur in your life. These events may include (but aren't limited to) a change in employment, circumstances, or location.

If you choose a Medicare Advantage plan:

You will not need your red, white and blue Medicare ID card. Just present your member ID card for all your covered medical benefits.

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: You may have to buy Part A if you don't qualify for premium-free Part A. If you do not buy it when you're first eligible for Medicare, your monthly premium may go up 10%. You will have to pay the higher premium for twice the number of years you didn't sign up.

For example, if you delayed enrollment for one year and your monthly Part A premium was $100, then you would have to pay a $110 (10% increase) premium for two years (two times the one year you didn't have Medicare Part A).

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 it if you receive Extra Help or have proof of other creditable (as good as Medicare's) coverage.

How can I learn more about Medicare?

Medicare & You, a helpful tool

The United States government's *Medicare & You* handbook is a great way to learn about Medicare and find answers to your questions. If you do not have a copy, you can view it online at **medicare.gov** or call Medicare for a copy at **1-800-MEDICARE (1-800-633-4227)**, 24/7. TTY users can call **1-877-486-2048**.

Out-of-network/non-contracted providers are under no obligation to treat Amerivantage Courage (PPO) members, except in emergency situations. For a decision about whether we will cover an out-of-network service, we encourage you or your provider to ask us for a pre-service organization determination before you receive the service. Please call our customer service number or see your *Evidence of Coverage* for more information, including the cost-sharing that applies to out-of-network services.

Amerigroup Insurance Company is an LPPO plan with a Medicare contract. Enrollment in Amerigroup Insurance Company depends on contract renewal.

Multi-Language Insert

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 1-833-707-3134. 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 1-833-707-3134. 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 1-833-707-3134。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 1-833-707-3134。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 panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-833-707-3134. 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 1-833-707-3134. 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 quí vị cần thông dịch viên xin gọi 1-833-707-3134 sẽ có nhân viên nói tiếng Việt giúp đỡ quí vị. Đây là dịch vụ miễn phí .

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-833-707-3134. 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 1-833-707-3134번으로 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 1-833-707-3134. 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 1-833-707-3134. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.**

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-833-707-3134 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 1-833-707-3134. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Português: 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 1-833-707-3134. 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 1-833-707-3134. 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 1-833-707-3134. 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ございます。通訳をご用命になるには、1-833-707-3134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。

Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at **1-877-470-4131** TTY: **711**, 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.

Understanding the Benefits

- ☐ The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit **https://shop.amerigroup.com/medicare** or call **1-877-470-4131** to view a copy of the EOC.
- ☐ Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- ☐ Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

Understanding Important Rules

- ☐ In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- ☐ Benefits, premiums and/or copayments/co-insurance may change on January 1, 2024.
- ☐ Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).
- ☐ Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services provided by a non-contracted provider, the provider must agree to treat you. Except in an emergency or urgent situations, non-contracted providers may deny care. In addition, you will pay a higher co-pay for services received by non-contracted providers.