

# Summary of Benefits



## Medicare Advantage and Part D

**Plan year:** January 1 – December 31, 2023

### Tennessee

All counties in Tennessee

#### **Amerivantage Dual Premier (HMO D-SNP)**

23TNH5828002

## 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, medical, and drug benefits in one plan.

# Amerivantage Dual Premier (HMO D-SNP)

## Amerivantage Dual Premier (HMO D-SNP)

Our service area includes these counties in TN: Anderson, Bedford, Benton, Bledsoe, Blount, Bradley, Campbell, Cannon, Carroll, Carter, Cheatham, Chester, Claiborne, Clay, Cocke, Coffee, Crockett, Cumberland, Davidson, Decatur, DeKalb, Dickson, Dyer, Fayette, Fentress, Franklin, Gibson, Giles, Grainger, Greene, Grundy, Hamblen, Hamilton, Hancock, Hardeman, Hardin, Hawkins, Haywood, Henderson, Henry, Hickman, Houston, Humphreys, Jackson, Jefferson, Johnson, Knox, Lake, Lauderdale, Lawrence, Lewis, Lincoln, Loudon, Macon, Madison, Marion, Marshall, Maury, McMinn, McNairy, Meigs, Monroe, Montgomery, Moore, Morgan, Obion, Overton, Perry, Pickett, Polk, Putnam, Rhea, Roane, Robertson, Rutherford, Scott, Sequatchie, Sevier, Shelby, Smith, Stewart, Sullivan, Sumner, Tipton, Trousdale, Unicoi, Union, Van Buren, Warren, Washington, Wayne, Weakley, White, Williamson, Wilson

## Do you have questions?



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



- Please 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.

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

Amerivantage Dual Premier (HMO D-SNP) is a Medicare Advantage plan. It includes hospital, medical, and prescription drug benefits in one plan. To join this plan, the following must apply to you<sup>1</sup>:

- You're entitled to Medicare Part A.
- You're enrolled in Medicare Part B and TennCare (the state's Medicaid program).
- You live in our service area.

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<sup>1</sup> This plan is available to anyone who has both Medical Assistance from the State and Medicare.

## Eligibility

To be enrolled in this plan, you must also receive some level of Medical Assistance from TennCare (the state Medicaid program) as described below:

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

- If you have **Full Medicaid coverage (Full Benefit Dual Eligible [FBDE])** status, you are eligible for the TennCare program. This may cover your share of Medicare costs.
- If you have **Qualified Medicare Beneficiary (QMB)** status, you are eligible for the TennCare program, which pays your Medicare premiums, deductibles, and cost sharing. Some QMB members are also eligible to receive full Medicaid benefits (QMB+).
- If you have **Specified Low-Income Medicare Beneficiary Plus (SLMB+)** status, you are eligible for the TennCare program. This pays your Medicare Part B premium. You are also eligible to receive full Medicaid benefits.

### Cost sharing and cost-sharing protections for all members

You pay no cost sharing for the Medicare-covered benefits described later in this Summary of Benefits. You will have no copays for prescriptions covered under the Medicare Part D drug benefit. When you receive health services, the provider should not bill you. They should only bill the plan for those services and cost-sharing amounts.

If you receive care from a noncontracted provider, the provider may not understand the plan or these billing rules. If you receive a bill for Medicare-covered services, please call the Customer Service phone number listed on your plan ID card.

## Medicare coverage that goes beyond Original Medicare

- Our Medicare Advantage plans cover everything Original Medicare covers — Part A (hospital services) and Part B (medical services) — and more. We'll review these extra benefits later in this booklet. Some of the extra benefits are covered in this Summary of Benefits.

TennCare is not responsible for payment for these extra benefits, except for appropriate cost sharing amounts. TennCare is not responsible for guaranteeing the availability or quality of these 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 prescriptions are covered, follow the instructions in the “Know Your Drug Plan” section.
- If Medicaid eligibility changes, your cost may also change. You must recertify your Medicaid enrollment to keep receiving your Medicare cost-sharing coverage.

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



If you need to change your Primary Care Physician (PCP), give us a call and we'll help. Doctors can join or leave the network 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.

## Know your drug plan

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

Amerivantage Dual Premier (HMO D-SNP) covers medications that help you stay your healthiest, at the lowest cost possible. Check the plan's drug list, or *Formulary*, to see if your prescriptions are covered and at what price.

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



- Visit <https://shop.amerigroup.com/medicare>
  1. Select **Useful Tools** and choose **Find Your Covered Drugs**.
  2. Enter your ZIP code, county and beginning coverage date.
  3. Enter your drug name, dosage, quantity and refill frequency, and select **Add Drug** or **Next**.
  4. Select your pharmacy, and then select **View All Plans**.
  5. Choose **Plan Details** and then **Drug Cost** to view the drug's tier, specific cost, and coverage details.
- You can also call us at the number on page 2 for a copy of the *Formulary*.

### Find a pharmacy

Our plans include the majority of pharmacies in America, so you're likely to find one near you. If your pharmacy is not in this plan, you could end up paying more for your drugs.

To confirm your pharmacy is in the plan (or find a new one) see the *Pharmacy Directory* on our website at <https://shop.amerigroup.com/medicare>. Under **Useful Tools**, choose **Find a Pharmacy** to enter your location and search details. Or you can give us a call and we'll send you the directory.

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





## Summary of 2023 medical benefits

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

## Amerivantage Dual Premier (HMO D-SNP)

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

**\$0.00** per month

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

### How much is my deductible?

This plan does not have a medical deductible.

The Part D deductible does not apply to you.

### Is there a limit on how much I will pay for my covered medical services?

(does not include Part D drugs)

**\$8,300.00** 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 receive 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.

### Inpatient Hospital<sup>1</sup>

Facilities in our plan: **\$0.00** copay per stay

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. Once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.



## Amerivantage Dual Premier (HMO D-SNP)

### Outpatient Hospital<sup>1</sup>

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

### Ambulatory Surgical Center<sup>1</sup>

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

### Doctor's Office Visits

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

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

#### Specialist visit: <sup>1</sup>

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

### 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

## Amerivantage Dual Premier (HMO D-SNP)

### 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, 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.

### Emergency Care

**\$0.00** copay

#### 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.

## Amerivantage Dual Premier (HMO D-SNP)

### Urgently Needed Services

\$0.00 copay

### Diagnostic Services, Labs, and Imaging<sup>1</sup>

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

Doctors' offices in our plan:

\$0.00 copay

Outpatient facilities in our plan:

\$0.00 copay

#### Diagnostic Tests and Procedures

Doctors' offices in our plan:

\$0.00 copay

Outpatient facilities in our plan:

\$0.00 copay

#### Lab Services

Doctors' offices in our plan:

\$0.00 copay

Outpatient facilities in our plan:

\$0.00 copay

#### Outpatient X-rays

Doctors' offices in our plan:

\$0.00 copay

Outpatient hospitals or facilities in our plan:

\$0.00 copay

Freestanding facility or at-home portable x-ray services in our plan:

\$0.00 copay

## Amerivantage Dual Premier (HMO D-SNP)

### Diagnostic Services, Labs, and Imaging<sup>1</sup>

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

Doctors and facilities in our plan:

\$0.00 copay

### Hearing Services

**Medicare-covered hearing services** (Exam to diagnose and treat hearing and balance issues): <sup>1</sup>

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

#### **Routine hearing services:** <sup>1</sup>

This plan covers 1 routine hearing exam(s) and hearing aid fitting/evaluation(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.

### Dental Services

**Medicare-covered dental services** (this does not include services for care, treatment, filling, removal or replacement of teeth): <sup>1</sup>

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

## Amerivantage Dual Premier (HMO D-SNP)

### Dental Services

#### 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

#### Comprehensive dental services: <sup>1</sup>

This plan covers up to a **\$4,500.00** allowance for covered comprehensive dental services every year.

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 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<sup>1</sup>

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

##### Eyeglasses or contact lenses after cataract surgery

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

## Amerivantage Dual Premier (HMO D-SNP)

### Vision Services

#### Routine vision services:

##### Routine vision exam<sup>1</sup>

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 **\$400.00** for eyeglasses or contact lenses every year.

Doctors 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: <sup>1</sup>

Doctors and facilities in our plan: **\$0.00** copay per stay

Our plan has a lifetime limit of 190 days for inpatient mental health care in a psychiatric hospital. This limit does not apply to inpatient mental health services provided in a general hospital.

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. Once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.

#### Outpatient individual and group therapy services: <sup>1</sup>

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

## Amerivantage Dual Premier (HMO D-SNP)

### Skilled Nursing Facility (SNF) <sup>1</sup>

Doctors and facilities in our plan: **\$0.00** copay per stay

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

### Physical Therapy<sup>1</sup>

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

### Ambulance<sup>1</sup>

#### Ground/Water Ambulance:

Emergency transportation services in our plan: **\$0.00** copay per trip

#### Air Ambulance:

Emergency transportation services in our plan: **\$0.00** copay per trip

### Transportation

**\$0.00** copay. This plan offers coverage for 48, 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 (excluding weekends).

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

## Amerivantage Dual Premier (HMO D-SNP)

### Medicare Part B Drugs<sup>1</sup>

#### **Other Part B Drugs:**

Drugs obtained from doctors and facilities in our plan: **\$0.00** copay

#### **Chemotherapy drugs:**

Drugs obtained from doctors and facilities in our plan: **\$0.00** copay



## 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.



#### Flex Account - Utilities

You can receive a **\$50** monthly spending allowance toward the payment of household utilities including gas, electric, water, or sewer. It can also be used with your internet and cellular providers.



#### 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.

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

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### Chiropractic Care<sup>1</sup>

#### Medicare-covered chiropractic services:

Providers in our plan: **\$0.00** copay

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).

#### Routine chiropractic services:

Providers in our plan: **\$0.00** copay for 48 visits each year

### Foot Care (podiatry services)<sup>1</sup>

#### Medicare-covered podiatry:

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

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

#### Routine foot care:

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

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 Dual Premier (HMO D-SNP)

### Healthy Meals - Post Discharge

**\$0.00** copay for up to 2 meals a day for 21 days following your discharge from the hospital or skilled nursing facility (SNF).

### Home Health Care<sup>1</sup>

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

### LiveHealth<sup>®</sup> 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.):<sup>1</sup>

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

#### **Medical supplies and prosthetic devices** (braces, artificial limbs, etc.):<sup>1</sup>

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

#### **Diabetic supplies and services:**

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

## Amerivantage Dual Premier (HMO D-SNP)

### 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):<sup>1</sup>

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

**Pulmonary (lung) rehab services** (with a limit of two, one-hour sessions per day and a maximum of 36 sessions):<sup>1</sup>

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

**Occupational therapy visit:**<sup>1</sup>

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

### Outpatient Substance Abuse<sup>1</sup>

**Individual & Group therapy visit:**

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

### OTC + Healthy Groceries

You can receive a **\$150.00** monthly spending allowance to buy eligible over-the-counter (OTC) products and healthy groceries at participating stores near you. OTC products and select healthy groceries are also available online.

## Amerivantage Dual Premier (HMO D-SNP)

### 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

### Service Dog Support

Receive a **\$500** annual spending allowance to help pay for items used to care for your ADA service dog such as food, leashes, or other supplies.

### SilverSneakers<sup>®†</sup> 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](http://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.

## Summary of Medicaid-covered benefits

### Services available through TennCare:

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

- Ambulance services
- Bariatric surgery
- Chiropractic services
- Community health services
- Dental services (for children under age 21 and for pregnant TennCare enrollee age 21 and older))
- Durable medical equipment
- Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services for TennCare Medicaid-eligible children under age 21; preventive, diagnostic, and treatment services for TennCare Standard-eligible children under age 21
- Emergency air and ground transportation services
- Health home services for persons with serious and persistent mental illness
- Home health care
- Hospice care
- Inpatient and outpatient substance abuse benefits
- Inpatient hospital services
- Lab and X-ray services
- Medical supplies
- Mental health crisis services
- Methadone clinic services
- Non-emergency transportation services
- Occupational therapy
- Organ and tissue transplant services and donor organ/tissue procurement services

- Outpatient hospital services
- Outpatient mental health services
- Pharmacy services
- Physical therapy services
- Physician services
- Private duty nursing services
- Prosthetic devices
- Psychiatric inpatient facility services
- Psychiatric physician inpatient services
- Psychiatric rehabilitation services
- Psychiatric residential treatment services
- Reconstructive breast surgery
- Renal dialysis clinic services
- Speech therapy services
- Vision services (for children under age 21)



### **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: **1-800-342-3145**.







## Summary of 2023 prescription drug coverage

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**You pay nothing (\$0) for Part D drugs for the entire year.**

There may be limitations on the types of drugs covered.  
See Amerivantage Dual Premier (HMO D-SNP)'s list of covered drugs (formulary), at <https://shop.amerigroup.com/medicare> for more information.

## Ways we support your health

### PremiumAssist<sup>SM</sup>

The PremiumAssist<sup>SM</sup> program helps you find local discounts and services for things like home repair, nutrition, and assistance with copays. Plus, once you become a D-SNP plan member (dually eligible for Medicare and Medicaid), we will help you keep your Medicaid benefits.

Services this program provides:

- The Medicare Savings Complete program assists with eligibility, renewal, and enrollment for Medicaid benefits. An advocate will contact you or you can call us at **1-877-236-4471** (TTY: **711**).
- Recert Complete helps you meet the annual Medicaid enrollment deadline and advocates on your behalf to reenroll or maintain your Medicaid status.
- Community Connect puts you in touch with public and private benefits for which you may qualify.

### Advance Directives Program

As a member of our plan, you will have access to an online advance care planning resource to create an advance directive where you can combine the elements of a:

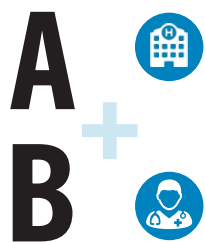
- Living will.
- Medical power of attorney.
- Do not attempt resuscitation form.
- Organ donation form.

You can create your own digital care plan and even include video and audio files. If you already have these documents prepared, you can store them and ensure they are shared with your doctors and care providers 24 hours a day, seven days a week. You can add new information at any time as your health status or wishes change.

# 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:**





- 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
<p>Medicare Part C</p> <h3>C+D+Extras</h3> <ul style="list-style-type: none"> <li><input type="checkbox"/> Includes all of Part A (hospital) and Part B (medical) coverage</li> <li><input type="checkbox"/> Usually includes Part D prescription drug coverage</li> <li><input type="checkbox"/> Often offers extra services and benefits</li> <li><input type="checkbox"/> Caps what you'll pay out-of-pocket for medical services</li> </ul>	<p>Medicare Supplement </p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Medicare Part A or Part B deductibles, coinsurance, or copayments</li> <li><input type="checkbox"/> Medicare Part B excess charges</li> <li><input type="checkbox"/> Skilled nursing facility care coinsurance</li> <li><input type="checkbox"/> Foreign travel emergencies</li> </ul> <hr/> <p> <b>Medicare Part D</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Helps pay for many of your prescribed drugs</li> <li><input type="checkbox"/> Gives you access to mail-order services and pharmacies across the country</li> </ul>

# When you can enroll

## Initial Enrollment Period



You can sign up for a D-SNP plan when you are first eligible for Medicare. Your Initial Enrollment Period is a seven-month period that includes the three months before your 65<sup>th</sup> birthday month, the month you turn 65, and the three months after your 65<sup>th</sup> birthday month. You must be eligible for both Medicare and Medicaid to join a D-SNP.

## 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.

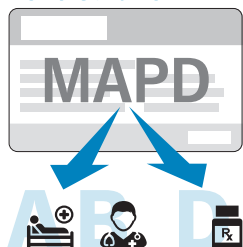
## Special Enrollment Period - January 1 to September 30

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 at the toll-free number on page 2.

# Medicare ID cards

## If you choose a Dual Eligible Special Needs Plan (D-SNP):

**One Card for ALL!**



You will not need your red, white, and blue Medicare ID card. Just present your D-SNP member ID card for all your covered medical and drug benefits. We recommend you also carry your state Medicaid ID card in case your doctor needs 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:** 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](https://www.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**.

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 receive 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 receive routine care from doctors outside our plan, neither Medicare nor Amerigroup will pay for it.

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## 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 1-833-713-1074. 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 1-833-713-1074. 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 1-833-713-1074。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 1-833-713-1074。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 1-833-713-1074. 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 1-833-713-1074. 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 1-833-713-1074 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 1-833-713-1074. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-833-713-1074번으로 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 1-833-713-1074. 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 1-833-713-1074. 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 1-833-713-1074 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 1-833-713-1074. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

**Portugués:** 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 1-833-713-1074. 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 1-833-713-1074. 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 1-833-713-1074. 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、1-833-713-1074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。



## IMPORTANT INFORMATION:

2022 Medicare Star Ratings

Official U.S.  
Government  
Medicare  
Information



AMERIGROUP Community Care - H5828

**For 2022, AMERIGROUP Community Care - H5828 received the following Star Ratings from Medicare:**

**Overall Star Rating:** Plan too new to be measured

**Health Services Rating:** Plan too new to be measured

**Drug Services Rating:** Plan too new to be measured

*\*Some plans do not have enough data to rate performance.*

**Every year, Medicare evaluates plans based on a 5-star rating system.**

### Why Star Ratings Are Important

Medicare rates plans on their health and drug services.

This lets you easily compare plans based on quality and performance.

Star Ratings are based on factors that include:

- Feedback from members about the plan's service and care
- The number of members who left or stayed with the plan
- The number of complaints Medicare got about the plan
- Data from doctors and hospitals that work with the plan

**The number of stars show how well a plan performs.**

★★★★★ EXCELLENT

★★★★☆ ABOVE AVERAGE

★★★☆☆ AVERAGE

★★☆☆☆ BELOW AVERAGE

★☆☆☆☆ POOR

More stars mean a better plan – for example, members may get better care and better, faster customer service.

### Get More Information on Star Ratings Online

Compare Star Ratings for this and other plans online at [medicare.gov/plan-compare](https://www.medicare.gov/plan-compare).

### Questions about this plan?

Contact AMERIGROUP Community Care 7 days a week from 8 a.m. to 8 p.m., (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30 at 1-877-470-4131 (toll-free) or 711 (TTY).

Current members please call 1-833-713-1074 (toll-free) or 711 (TTY).

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

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## 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.
- Review the formulary to make sure your drugs are covered.

### 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).
- This plan is a dual eligible special needs plan (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid.