

Dear Member:

Thank you for choosing Amerigroup Community Care as your health plan. We want to let you know of some updates to your member handbook. This insert tells you about these updates. Please keep this insert with your handbook so you have the most up-to-date information.

## **How Managed Care Works**

### **Amerigroup, Our Providers and You**

Added as the fourth paragraph:

You may be restricted to certain plan providers if you have been identified as a restricted recipient. Below are examples of why you may be restricted:

- Getting care from several doctors for the same problem
- Getting medical care more often than needed
- Using prescription medicine in a way that may be dangerous to your health
- Allowing someone other than yourself to use your plan ID card

### **Your Amerigroup ID Card**

After you enroll, we'll send you a welcome letter. Your Amerigroup ID card should arrive within 14 days after your enrollment date. Your card has your PCP's name and phone number on it. It will also have your subscriber number (member number). If anything is wrong, call us right away. Your ID card has Amerigroup phone numbers on the back. Carry your ID card at all times and show it each time you go for care. If you need care before the card comes, your welcome letter is proof that you are a member. All the benefits that Family Health Plus covers can be accessed using your Amerigroup ID card.

### **How to Get Specialty Care and a Referral or a Script**

Added the following bullet point:

- If you are having trouble getting a referral you think you need, contact Member Services at 1-800-600-4441 (TTY 1-800-855-2880).

## **Part 2 - Your Benefits and Plan Procedures**

Under Copayments, added the following after the copay chart:

Certain medications may require that your doctor get prior authorizations from us before writing your prescription. Your doctor can work with Amerigroup to make sure you get the medications that you need. Learn more about prior authorization later in this handbook.

You have a choice in where you fill your prescriptions. You can go to any pharmacy that participates with our plan or you can fill your prescriptions by using a mail order pharmacy. For more information on your options, please contact Member Services at 1-800-600-4441 (TTY 1-800-855-2880).

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**Maternity Care**

Added the highlighted information to the smoking cessation benefit:

If you stay in Family Health Plus, we will cover:

- Pregnancy care
- Smoking cessation counseling for pregnant women (six sessions during pregnancy and six sessions during postpartum during a calendar year)
- Doctor/midwife and hospital services
- Postpartum care

**Behavioral Health Services**

Added the highlighted information to the specialty care benefit.

**Specialty Care**

Includes the services of other providers, including:

- Occupational, physical and speech therapists — limited to 20 visits per therapy per calendar year
- Midwives
- Audiologists
- Cardiac rehabilitation

**Preventive Care**

Information added:

- Smoking cessation counseling; enrollees are eligible for six sessions in a calendar year

**Pharmacy Benefit**

Added information to the pharmacy benefit.

Family Health Plus members must use their Amerigroup ID card to get prescription drugs, smoking cessation products, including select Over-The-Counter (OTC) products such as Prilosec OTC, Loratadine, Zyrtec and vitamins; insulin and diabetic supplies (e.g., insulin syringes, blood glucose test strips, lancets and alcohol wipes); hearing aid products; enteral formulae; and hearing aid batteries. You must

use a pharmacy that accepts our plan. Copayments apply for most medicines. Some members are not required to pay these copayments. For a list of copayments, refer to the copayment chart on page 22.

The **Disenrollment and Transfers** section has been updated to include the following:

Members with HIV/AIDS can request a transfer from Amerigroup to an HIV Special Needs plan or another health plan at any time.

The **Eye Care** section has been updated to include the following:

Members have the option to pay as private customers for nonstandard lenses not covered by us, and we can pay for the standard frames. Members can also pay as private customers for nonstandard frames not covered by us, and we can pay for the standard lenses. Members can also go to free clinics affiliated with the College of Optometry of the State University of New York without a referral or prior authorization from us.

The **Vision** section has been updated to include the following:

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The **Services Not Covered** section has been updated to include the following:

- A resident of a community-based residential facility licensed by the Office of Mental Health or the Office for People with Developmental Disabilities

## Options for Disenrollment

### If You Want to Leave Amerigroup

Added the highlighted information.

You can try us for 90 days. You can ask to leave our plan for any reason at any time during those 90 days if there is another Family Health Plus plan available where you live. If you do not leave during the first 90 days of your coverage, you must stay in the plan for nine more months unless you have a good reason (good cause). At the end of your first year in our plan, if you want to, you can change to another plan if there is another Family Health Plus plan available where you live.

It will take between two and six weeks to process, depending on when your request is received. You can ask for faster action if you believe the timing of the regular process will cause added damage to your health. You can also ask for faster action if you have complained because you did not agree to the enrollment. Just call your local Department of Social Services or New York Medicaid CHOICE.

## Fair Hearings

Updated the address to the New York State Office of Temporary and Disability Assistance.

You can use one of the following ways to request a fair hearing:

- By phone; call toll free at 1-800-342-3334
- By fax to 518-473-6735
- By Internet at [www.otda.state.ny.us/oah/forms.asp](http://www.otda.state.ny.us/oah/forms.asp)
- By mail to:
  - New York State Office of Temporary and Disability Assistance
  - Office of Administrative Hearings
  - Managed Care Hearing Unit
  - P.O. Box 22023
  - Albany, NY 12201-2023