



Annual Notice of Change

Member Services: 1-855-878-1784 (TTY 711)
Monday through Friday from 8 a.m. to 8 p.m. local time



www.myamerigroup.com/TXmmp

**Amerigroup STAR+PLUS MMP (Medicare-Medicaid Plan) offered by
Amerigroup Texas, Inc. (Amerigroup)**

Annual Notice of Changes for 2016

You are currently enrolled as a member of Amerigroup STAR+PLUS MMP. Next year, there will be some changes to the plan's benefits, coverage, rules, and costs. This Annual Notice of Changes tells you about the changes.

You can end your membership in Amerigroup STAR+PLUS MMP at any time.

Additional Resources

- You can get this information for free in other languages. Call Member Services at 1-855-878-1784 (TTY 711), Monday through Friday from 8 a.m. to 8 p.m. The call is free.

Usted puede obtener esta información gratuitamente en otros idiomas. Llame al 1-855-878-1784 (TTY 711) de lunes a viernes de 8 a.m. a 8 p.m. hora local. La llamada es gratuita.

- You can get this information for free in other formats, such as large print, braille, or audio. Call Member Services at 1-855-878-1784 (TTY 711), Monday through Friday from 8 a.m. to 8 p.m. The call is free.

About Amerigroup STAR+PLUS MMP

- Amerigroup STAR+PLUS MMP is a health plan that contracts with both Medicare and Texas Medicaid to provide benefits of both programs to enrollees.
- This Amerigroup STAR+PLUS MMP plan is offered by Amerigroup Texas, Inc. (Amerigroup). When this *Annual Notice of Changes* says “we,” “us,” or “our,” it means Amerigroup Texas, Inc. (Amerigroup). When it says “the plan” or “our plan,” it means Amerigroup STAR+PLUS MMP.



If you have questions, please call Amerigroup STAR+PLUS MMP at 1-855-878-1784 (TTY 711), Monday through Friday from 8 a.m. to 8 p.m. local time. The call is free. **For more information**, visit www.myamerigroup.com/TXmmp.

Disclaimers

Amerigroup STAR+PLUS MMP (Medicare-Medicaid Plan) is a health plan that contracts with both Medicare and Texas Medicaid to provide benefits of both programs to enrollees.

Limitations, co-pays, and restrictions may apply. For more information, call Amerigroup STAR+PLUS MMP Member Services or read the Amerigroup STAR+PLUS MMP Member Handbook. This means that you may have to pay for some services and that you need to follow certain rules to have Amerigroup STAR+PLUS MMP pay for your services.

The List of Covered Drugs and/or pharmacy and provider networks may change throughout the year. We will send you a notice before we make a change that affects you.

Benefits and/or copays may change on January 1 of each year.

Co-pays for prescription drugs may vary based on the level of Extra Help you receive. Please contact the plan for more details.

Think about Your Medicare and Texas Medicaid Coverage for Next Year

It is important to review your coverage now to make sure it will still meet your needs next year. If it does not meet your needs, you can leave the plan at any time.

If you leave our plan, you will still be in the Medicare and Texas Medicaid programs. You will have a choice about how to get your Medicare benefits (go to page 9 to see your options). If you do not want to enroll in a different Medicare-Medicaid plan after you leave Amerigroup STAR+PLUS MMP, you will go back to getting your Medicare and Medicaid services separately.



If you have questions, please call Amerigroup STAR+PLUS MMP at 1-855-878-1784 (TTY 711), Monday through Friday from 8 a.m. to 8 p.m. local time. The call is free. **For more information**, visit www.myamerigroup.com/TXmmp.

Important things to do:

- Check if there are any changes to our benefits and costs that may affect you.** Are there any changes that affect the services you use? It is important to review benefit and cost changes to make sure they will work for you next year. Look in sections A and B for information about benefit and cost changes for our plan.
- Check if there are any changes to our prescription drug coverage that may affect you.** Will your drugs be covered? Are they in a different cost-sharing tier? Can you continue to use the same pharmacies? It is important to review the changes to make sure our drug coverage will work for you next year. Look in section B for information about changes to our drug coverage.
- Check to see if your providers and pharmacies will be in our network next year.** Are your doctors in our network? What about your pharmacy? What about the hospitals or other providers you use? Look in section A for information about our *Provider and Pharmacy Directory*.
- Think about your overall costs in the plan.** How much will you spend out-of-pocket for the services and prescription drugs you use regularly? How do the total costs compare to other coverage options?
- Think about whether you are happy with our plan.**

If you decide to stay with Amerigroup STAR+PLUS MMP:

If you want to stay with us next year, it's easy – you don't need to do anything. If you don't make a change, you will automatically stay enrolled in our plan.

If you decide to change plans:

If you decide other coverage will better meet your needs, you can switch plans at any time. If you enroll in a new plan, your new coverage will begin on the first day of the following month. Look in section C to learn more about your choices.



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A. Changes to the network providers and pharmacies

Our provider and pharmacy networks have changed more than usual for 2016.

We strongly encourage you to review our current Provider and Pharmacy Directory to see if your providers or pharmacy are still in our network. An updated *Provider and Pharmacy Directory* is located on our website at www.myamerigroup.com/TXmmp. You may also call Member Services at 1-855-878-1784 (TTY 711) for updated provider information or to ask us to mail you a *Provider and Pharmacy Directory*.

It is important that you know that we may also make changes to our network during the year. If your provider does leave the plan, you have certain rights and protections. For more information, see Chapter 3 of your Member Handbook.

B. Changes to benefits and costs for next year

Changes to and costs for medical services

We are changing our coverage for certain medical services and what you pay for these covered medical services next year. The table below describes these changes.

	2015 (this year)	2016 (next year)
Comprehensive Dental	You will receive \$600 each year or \$150 every three months. It carries over to the next quarter. Prior authorization and referral required.	You will receive \$1,700 each year or \$425 every three months. If you don't use the \$425 every quarter, it carries over to the next quarter. Prior authorization and referral required.
Eye Exams	One routine eye exam every two years	One routine eye exam every year



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	2015 (this year)	2016 (next year)
Eyewear	One (1) pair contact lenses up to \$100 every two (2) years, with prior authorization required.	One (1) pair of frames, eyeglass lenses or contacts up to \$100 every year. Prior authorization required.
Hearing Exam	Benefits include: <ul style="list-style-type: none"> • Unlimited routine hearing exams • One (1) fitting/evaluations for hearing aid 	Benefits include unlimited: <ul style="list-style-type: none"> • Routine hearing exams • Fitting/evaluations for hearing aid
Hearing Aids	One hearing aid every (5) years. Prior authorization and referral required.	Up to \$1,500 for two hearing aids every (2) years. Prior authorization and referral may be required.
Annual Exam	Two (2) complete physical exams. One (1) exam is offered as a Medicare benefit.	One (1) complete physical exam with associated labs per year.

Changes to prescription drug coverage

Changes to our Drug List

We sent you a copy of our 2016 *List of Covered Drugs* in this envelope. The *List of Covered Drugs* is also called the “Drug List.”

We made changes to our Drug List, including changes to the drugs we cover and changes to the restrictions that apply to our coverage for certain drugs. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions.**



If you have questions, please call Amerigroup STAR+PLUS MMP at 1-855-878-1784 (TTY 711), Monday through Friday from 8 a.m. to 8 p.m. local time. The call is free. **For more information**, visit www.myamerigroup.com/TXmmp.

If you are affected by a change in drug coverage, we encourage you to:

- **Work with your doctor (or other prescriber) to find a different drug** that we cover. You can call Member Services at 1-855-878-1784 (TTY 711) to ask for a list of covered drugs that treat the same condition. This list can help your provider find a covered drug that might work for you.
- **Work with your doctor (or other prescriber) and ask the plan to make an exception** to cover the drug. You can ask for an exception before next year and we will give you an answer within 72 hours after we receive your request (or your prescriber’s supporting statement). To learn what you must do to ask for an exception, see Chapter 9 of the *2016 Member Handbook* or call Member Services at 1-855-878-1784 (TTY 711). If you need help asking for an exception, you can contact Member Services or your service coordinator.
- **Ask the plan to cover a temporary supply** of the drug. In some situations, we will cover a **one-time**, temporary supply of the drug during the first 90 days of the plan year. (To learn more about when you can get a temporary supply and how to ask for one, see Chapter 5 of the Member Handbook.) When you get a temporary supply of a drug, you should talk with your doctor to decide what to do when your temporary supply runs out. You can either switch to a different drug covered by the plan or ask the plan to make an exception for you and cover your current drug.

Changes to prescription drug costs

There are two payment stages for your Medicare Part D prescription drug coverage under Amerigroup STAR+PLUS MMP. How much you pay depends on which stage you are in when you get a prescription filled or refilled. These are the two stages:

Stage 1 <i>Initial Coverage Stage</i>	Stage 2 <i>Catastrophic Coverage Stage</i>
<p>During this stage, the plan pays part of the costs of your drugs, and you pay your share. Your share is called the co-pay.</p> <p>You begin in this stage when you fill your first prescription of the year.</p>	<p>During this stage, the plan pays all of the costs of your drugs through December 31, 2016.</p> <p>You begin this stage when you have paid a certain amount of out-of-pocket costs.</p>

Stage 1: “Initial Coverage Stage”

During the Initial Coverage Stage, the plan pays a share of the cost of your covered prescription drugs, and you pay your share. Your share is called the co-pay. The co-pay



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depends on what cost-sharing tier the drug is in and where you get it. You will pay a co-pay each time you fill a prescription. If your covered drug costs less than the co-pay, you will pay the lower price.

We moved some of the drugs on the Drug List to a lower or higher drug tier. If your drugs move from tier to tier, this could affect your co-pay. To see if your drugs will be in a different tier, look them up in the Drug List.

The table below shows your costs for drugs in each of our 4 drug tiers. These amounts apply *only* during the time when you are in the Initial Coverage Stage.

	2015 (this year)	2016 (next year)
<p>Drugs in Tier 1 Preferred Medicare Part D generic and brand drug</p> <p>Cost for a one-month (31-day) supply of a drug in Tier 1 that is filled at a network pharmacy</p>	<p>\$0.00-2.65: Your co-pay for a one-month (31-day) supply</p> <p>Your co-pay for an on-month (31-day) supply is \$0.00-\$2.65 per prescription</p>	<p>Your co-pay for a one-month (31-day) supply is \$0.00.</p>
<p>Drugs in Tier 2 Preferred and Non-preferred Medicare Part D generic and brand</p> <p>Cost for a one-month (31-day) supply of a drug in Tier 2 that is filled at a network pharmacy</p>	<p>\$0.00-6.60: Your co-pay for a one-month (31-day) supply</p> <p>Your co-pay for a one-month (31-day) supply is \$0.00 - \$6.60 per prescription</p>	<p>Your co-pay for a one-month (31-day) supply is \$0.00 to \$7.40 per prescription.</p> <p>You may be eligible for a long-term/extended supply (up to 93 days) at the same cost as the one-month (31-day) supply.</p>



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	2015 (this year)	2016 (next year)
<p>Drugs in Tier 3 <i>Non-Part D (Medicaid) prescription generic and brand drugs</i></p> <p>Cost for a one-month (31-day) supply of a drug in Tier 3 that is filled at a network pharmacy</p>	<p>Your co-pay is \$0.00 for a one-month (31-day) supply</p>	<p>Your co-pay for a one-month (31-day) supply is \$0.00.</p>
<p>Drugs in Tier 4 Over-the Counter (OTC) medications with a prescription from your provider</p> <p>Cost for a one-month (31-day) supply of a drug in Tier 4 that is filled at a network pharmacy</p>	<p>Your co-pay is \$0.00 for a one-month (31-day) supply with a prescription from your provider</p>	<p>Your co-pay for a one-month (31-day) supply with a prescription from your provider is \$0.00</p>

The Initial Coverage Stage ends when your total out-of-pocket costs reach \$4,850.00. At that point the Catastrophic Coverage Stage begins. The plan covers all your drug costs from then until the end of the year.

Stage 2: “Catastrophic Coverage Stage”

When you reach the out-of-pocket limit for your prescription drugs, the Catastrophic Coverage Stage begins. You will stay in the Catastrophic Coverage Stage until the end of the calendar year.

- ➔ When you are in the Catastrophic Coverage Stage, you will continue to make co-pays for your Texas Medicaid-covered drugs.

C. Deciding which plan to choose

If you want to stay in Amerigroup STAR+PLUS MMP

We hope to keep you as a member next year.



If you have questions, please call Amerigroup STAR+PLUS MMP at 1-855-878-1784 (TTY 711), Monday through Friday from 8 a.m. to 8 p.m. local time. The call is free. **For more information**, visit www.myamerigroup.com/TXmmp.

To stay in our plan you don't need to do anything. If you do not sign up for a different Medicare-Medicaid Plan, change to a Medicare Advantage Plan, or change to Original Medicare, you will automatically stay enrolled as a member of our plan for 2016.

If you want to change plans

You can end your membership at any time by enrolling in another Medicare Advantage Plan, enrolling in another Medicare-Medicaid Plan, or moving to Original Medicare.

These are the four ways people usually end membership in our plan:

<p>1. You can change to:</p> <p>A different Medicare-Medicaid Plan</p>	<p>Here is what to do:</p> <p>Call STAR+PLUS help line at 1-877-782-6440, Monday to Friday, 8 a.m. to 8 p.m. Central time. TTY users should call (TTY 711 or 1-800-735-2989). Tell them you want to leave Amerigroup STAR+PLUS MMP and join a different Medicare-Medicaid plan. If you are not sure what plan you want to join, they can tell you about other plans in your area; OR</p> <p>Send STAR+PLUS help line an Enrollment Change Form. You can get the form by calling STAR+PLUS help line at 1-877-782-6440 if you need them to mail you one.</p> <p>Your coverage with Amerigroup STAR+PLUS MMP will end on the last day of the month that we get your request.</p>
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<p>2. You can change to:</p> <p>A Medicare health plan (such as a Medicare Advantage Plan or Programs of All-inclusive Care for the Elderly (PACE))</p>	<p>Here is what to do:</p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, and seven days a week. TTY users should call 1-877-486-2048.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"> • Call the State Health Insurance Assistance Program (SHIP) at 1-800-252-3439. In Texas, the SHIP is called the Health Information Counseling & Advocacy Program of Texas (HICAP). <p>You will automatically be disenrolled from Amerigroup STAR+PLUS MMP when your new plan's coverage begins.</p>
<p>3. You can change to:</p> <p>Original Medicare <i>with</i> a separate Medicare prescription drug plan</p>	<p>Here is what to do:</p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, and seven days a week. TTY users should call 1-877-486-2048.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"> • Call the State Health Insurance Assistance Program (SHIP) at 1-800-252-3439. In Texas, the SHIP is called the Health Information Counseling & Advocacy Program of Texas (HICAP). <p>You will automatically be disenrolled from Amerigroup STAR+PLUS MMP when your Original Medicare coverage begins.</p>



If you have questions, please call Amerigroup STAR+PLUS MMP at 1-855-878-1784 (TTY 711), Monday through Friday from 8 a.m. to 8 p.m. local time. The call is free. **For more information**, visit www.myamerigroup.com/TXmmp.

<p>4. You can change to:</p> <p>Original Medicare <i>without</i> a separate Medicare prescription drug plan NOTE: If you switch to Original Medicare and do not enroll in a separate Medicare prescription drug plan, Medicare may enroll you in a drug plan, unless you tell Medicare you don't want to join.</p> <p>You should only drop prescription drug coverage if you get drug coverage from an employer, union or other source. If you have questions about whether you need drug coverage, call the Health Information Counseling & Advocacy Program of Texas (HICAP) at 1-800-252-3439.</p>	<p>Here is what to do:</p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, and seven days a week. TTY users should call 1-877-486-2048.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"> • Call the State Health Insurance Assistance Program (SHIP) at 1-800-252-3439. In Texas, the SHIP is called the Health Information Counseling & Advocacy Program of Texas (HICAP). <p>You will automatically be disenrolled from Amerigroup STAR+PLUS MMP when your Original Medicare coverage begins.</p>
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D. Getting help

Getting help from Amerigroup STAR+PLUS MMP

Questions? We're here to help. Please call Member Services at 1-855-878-1784 (TTY only, call 711). We are available for phone calls Monday through Friday from 8 a.m. to 8 p.m. local time. Calls to these numbers are free.

Read your *2016 Member Handbook*

The *2016 Member Handbook* is the legal, detailed description of your plan benefits. It has details about next year's benefits and costs. It explains your rights and the rules you need to follow to get covered services and prescription drugs.

An up-to-date copy of the *2016 Member Handbook* is always available on our website at www.myamerigroup.com/TXmmp. You may also call Member Services at 1-855-878-1784 (TTY 711) to ask us to mail you a *2016 Member Handbook*.



If you have questions, please call Amerigroup STAR+PLUS MMP at 1-855-878-1784 (TTY 711), Monday through Friday from 8 a.m. to 8 p.m. local time. The call is free. **For more information**, visit www.myamerigroup.com/TXmmp.

Visit our website

You can also visit our website at www.myamerigroup.com/TXmmp. As a reminder, our website has the most up-to-date information about our provider and pharmacy network (*Provider and Pharmacy Directory*) and our Drug List (*List of Covered Drugs*).

Getting help from STAR+PLUS help line

You can call the STAR+PLUS help line at 1-877-782-6440 (TTY 711 or 1-800-735-2989), Monday to Friday, 8 a.m. to 8 p.m. Central time.

Getting help from the HHSC Office of the Ombudsman

The HHSC Office of the Ombudsman helps people enrolled in Texas Medicaid with service or billing problems. They can help you file a complaint or an appeal with our plan. They can help you if you are having a problem with Amerigroup STAR+PLUS MMP. The HHSC Office of the Ombudsman is not connected with us or with any insurance company or health plan.

The phone number for the HHSC Office of the Ombudsman is 1-877-787-8999. The services are free.

Getting help from the State Health Insurance Assistance Program (SHIP)

You can also call the State Health Insurance Assistance Program (SHIP). The SHIP counselors can help you understand your Medicare-Medicaid Plan choices and answer questions about switching plans. In Texas, the SHIP is called the Health Information Counseling & Advocacy Program of Texas (HICAP). HICAP is not connected with any insurance company or health plan.

The HICAP phone number is 1-800-252-3439. The services are free.

Getting help from Medicare

To get information directly from Medicare:

Call 1-800-MEDICARE (1-800-633-4227).

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Visit the Medicare Website

You can visit the Medicare website (<http://www.medicare.gov>). If you choose to disenroll from your Medicare-Medicaid Plan and enroll in a Medicare Advantage plan, the Medicare website has information about costs, coverage, and quality ratings to help you compare Medicare Advantage plans. You can find information about Medicare Advantage plans available in your area by using the Medicare Plan Finder on the



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Medicare website. (To view the information about plans, go to <http://www.medicare.gov> and click on “Find health & drug plans.”)

Read *Medicare & You 2016*

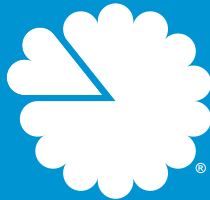
You can read *Medicare & You 2016* Handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this booklet, you can get it at the Medicare website (<http://www.medicare.gov>) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Getting help from Texas Medicaid

The phone number for Texas Medicaid is 1-800-252-8263. This call is free. TTY users should call 1-800-753-8583.



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This is not a complete list. The benefit information is a brief summary, not a complete description of benefits. For more information contact the plan or read the Member Handbook.

Limitations and restrictions may apply. For more information, call Amerigroup STAR+PLUS MMP Member Services or read the Amerigroup STAR+PLUS MMP Member Handbook.

The List of Covered Drugs and/or pharmacy and provider networks may change throughout the year. We will send you a notice before we make a change that affects you.

Benefits and/or copays may change on January 1 of each year.

You can ask for this Annual Notice of Change in other formats, such as Braille or large print. Call 1-855-878-1784 (TTY 711) from 8 a.m. to 8 p.m. Monday through Friday