



# Summary of Benefits

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



## Amerigroup STAR+PLUS MMP (Medicare-Medicaid Plan): Summary of Benefits



**This is a summary of health services covered by Amerigroup STAR+PLUS MMP (Medicare-Medicaid Plan) for 2015. This is only a summary. Please read the Member Handbook for the full list of benefits.**

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- ❖ Amerigroup Texas, Inc. is a health plan that contracts with both Medicare and Texas Medicaid to provide benefits of both programs to enrollees. It is for people with both Medicare and Texas Medicaid.
  - ❖ Under Amerigroup STAR+PLUS Medicare-Medicaid Plan (MMP), you can get your Medicare and Texas Medicaid services in one health plan. An Amerigroup STAR+PLUS MMP service coordinator will help manage your health care needs.
  - ❖ 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, copays and restrictions may apply. For more information, call Amerigroup Texas STAR+PLUS MMP Member Services or read the Amerigroup Texas STAR+PLUS MMP Member Handbook.
  - ❖ Benefits, List of Covered Drugs, pharmacy and provider networks and copayments may change from time to time throughout the year and on January 1 of each year.
  - ❖ Copays for prescription drugs may vary based on the level of Extra Help you receive. Please contact the plan for more details.
  - ❖ You can ask for this information in other formats, such as audio, Braille or large print. Call 1-855-878-1784. The call is free.
  - ❖ You can get this information for free in other languages. Call 1-855-878-1784. The call is free.
  - ❖ Usted puede obtener esta información gratuitamente en otros idiomas. Llame al 1-855-878-1784. La llamada es gratuita.

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**If you have questions**, please call Amerigroup STAR+PLUS MMP (Medicare-Medicaid Plan) at 1-855-878-1784, 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](http://www.myamerigroup.com/TXMMP).

## Amerigroup STAR+PLUS Medicare-Medicaid Plan (MMP): Summary of Benefits

The following chart lists frequently asked questions.

Frequently Asked Questions (FAQ)	Answers
<b>What is a Medicare-Medicaid Plan?</b>	A Medicare-Medicaid Plan is an organization made up of doctors, hospitals, pharmacies, providers of long-term services and supports, and other providers. It also has service coordinators to help you manage all your providers and services. They all work together to provide the care you need.
<b>What is an Amerigroup STAR+PLUS MMP service coordinator?</b>	An Amerigroup STAR+PLUS MMP service coordinator is one main person for you to contact. This person helps manage all your providers and services and makes sure you get what you need.
<b>What are long-term services and supports?</b>	Long-term services and supports are help for people who need assistance to do everyday tasks like taking a bath, getting dressed, making food, and taking medicine. Most of these services are provided at your home or in your community but could be provided in a nursing home or hospital.
<b>Will you get the same Medicare and Medicaid benefits in Amerigroup STAR+PLUS MMP that you get now?</b>	<p>You will get your covered Medicare and Texas Medicaid benefits directly from Amerigroup STAR+PLUS MMP. You will work with a team of providers who will help determine what services will best meet your needs. This means that some of the services you get now may change.</p> <p>When you enroll in Amerigroup STAR+PLUS MMP, you and your service coordination team will work together to develop a Plan of Care to address your health and support needs. During this time, you can keep seeing your doctors and getting your current services for 90 days, or until your Plan of Care is complete. When you join our plan, if you are taking any Medicare Part D prescription drugs that Amerigroup STAR+PLUS MMP does not normally cover, you can get a temporary supply. We will help you get another drug or get an exception for Amerigroup STAR+PLUS MMP to cover your drug, if medically necessary.</p>

## Amerigroup STAR+PLUS Medicare-Medicaid Plan (MMP): Summary of Benefits

Frequently Asked Questions (FAQ)	Answers
<p><b>Can you go to the same doctors you see now?</b></p>	<p>Often that is the case. If your providers (including doctors, therapists, and pharmacies) work with Amerigroup STAR+PLUS MMP and have a contract with us, you can keep going to them. Providers with an agreement with us are “in-network.” You must use the providers in Amerigroup STAR+PLUS MMP’s network. If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of Amerigroup STAR+PLUS MMP.</p> <p>To find out if your doctors are in the plan’s network, call Member Services or read Amerigroup STAR+PLUS MMP’s Provider and Pharmacy Directory.</p> <p>If Amerigroup STAR+PLUS MMP is new for you, you can continue seeing the doctors you go to now for (including out-of-network providers) 90 days or until your Plan of Care is complete.</p>
<p><b>What happens if you need a service but no one in Amerigroup STAR+PLUS MMP’s network can provide it?</b></p>	<p>Most services will be provided by our network providers. If you need a service that cannot be provided within our network, Amerigroup STAR+PLUS MMP will pay for the cost of an out-of-network provider.</p>
<p><b>Where is Amerigroup STAR+PLUS MMP available?</b></p>	<p>The service area for this plan includes: Bexar, El Paso, Harris and Tarrant Counties, Texas. You must live in one of these areas to join the plan.</p>
<p><b>Do you pay a monthly amount (also called a premium) under Amerigroup STAR+PLUS MMP?</b></p>	<p>You will not pay any monthly premiums to Amerigroup STAR+PLUS MMP for your health coverage.</p>
<p><b>What is prior authorization?</b></p>	<p>Prior authorization means that you must get approval from Amerigroup STAR+PLUS MMP before you can get a specific service or drug or see an out-of-network provider. Amerigroup STAR+PLUS MMP may not cover the service or drug if you don’t get approval. If you need urgent or emergency care or out-of-area dialysis services, you don't need to get approval first.</p>

## Amerigroup STAR+PLUS Medicare-Medicaid Plan (MMP): Summary of Benefits

Frequently Asked Questions (FAQ)	Answers
<p><b>What is a referral?</b></p>	<p>A referral means that your primary care provider must give you approval to see someone that is not your primary care provider. If you don't get approval, Amerigroup STAR+PLUS MMP may not cover the services. There are certain specialists in which you do not need a referral, such as women's health specialists. For more information on when a referral is necessary, see the Member Handbook.</p>
<p><b>What is Extra Help?</b></p>	<p>Extra Help is a Medicare program that helps reduce your prescription drug program costs such as copays. Your prescription drug copays under Amerigroup STAR+PLUS MMP already include the amount of Extra Help you qualify for. For more information about Extra Help, contact your local Social Security Office, or call Social Security at 1-800-772-1213. TTY users may call 1-800-325-0778.</p>
<p><b>Who should you contact if you have questions or need help?</b></p>	<p><b>If you have general questions or questions about our plan, services, billing, or member cards, please call Amerigroup STAR+PLUS MMP Member Services:</b></p> <p><b>CALL</b> 1-855-878-1784</p> <p>Calls to this number are free. Call us Monday through Friday from 8 a.m. to 8 p.m. local time.</p> <p>Member Services also has free language interpreter services available for people who do not speak English.</p> <p><b>TTY</b> 711</p> <p>This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it.</p> <p>Calls to this number are free. Call us Monday through Friday from 8 a.m. to 8 p.m. local time.</p>

## Amerigroup STAR+PLUS Medicare-Medicaid Plan (MMP): Summary of Benefits

Frequently Asked Questions (FAQ)	Answers
<p><b>Who should you contact if you have questions or need help? (continued)</b></p>	<p><b>If you have questions about your health, please call the Nurse Advice Call line:</b></p> <p><b>CALL</b> 1-855-878-1784 Calls to this number are free. Call 24 hours a day, 7 days a week.</p> <p><b>TTY</b> 711 This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it. Calls to this number are free. TTY users can reach our 24-hour Nurse Advice Call line through this number 24 hours a day, 7 days a week.</p> <p><b>If you need immediate behavioral health services, please call the Behavioral Health Crisis Line:</b></p> <p><b>CALL</b> 1-855-878-1784 Calls to this number are free. Call the Behavioral Health Crisis Line 24 hours a day, 7 days a week.</p> <p><b>TTY</b> 711 This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it. Calls to this number are free. TTY users can reach the Behavioral Health Crisis Line through this number 24 hours a day, 7 days a week.</p>

## Amerigroup STAR+PLUS Medicare-Medicaid Plan (MMP): Summary of Benefits

The following chart is a quick overview of what services you may need, your costs and rules about the benefits.

Health need or problem	Services you may need	Your costs for <u>in-network</u> providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You want to see a doctor</b>	Visits to treat an injury or illness	\$0 copay	
	Wellness visits, such as a physical	\$0 copay	
	Transportation to a doctor's office	\$0 copay	Benefit is limited to twenty four (24) one-way trips per year to plan-approved locations. Prior authorization and referral required.
	Specialist care	\$0 copay	Prior authorization and referral required for each specialist visit.
	Care to keep you from getting sick, such as flu shots	\$0 copay	
	"Welcome to Medicare" preventive visit (one time only)	\$0 copay	
<b>You need medical tests</b>	Lab tests, such as blood work	\$0 copay	Prior authorization and referral required for each service.
	X-rays or other pictures, such as CAT scans	\$0 copay	Prior authorization and referral required for each service.
	Screening tests, such as tests to check for cancer	\$0 copay	Prior authorization and referral required for each service.

## Amerigroup STAR+PLUS Medicare-Medicaid Plan (MMP): Summary of Benefits

Health need or problem	Services you may need	Your costs for <u>in-network</u> providers	Limitations, exceptions, & benefit information (rules about benefits)
<p><b>You need drugs to treat your illness or condition</b></p>	<p>Generic drugs (no brand name)</p>	<p>\$0-\$2.65 for a 31-day supply.</p> <p>There are 4 tiers.</p> <ul style="list-style-type: none"> <li>• Tier 1 is a Part D (Medicare) tier; \$0 to \$2.65 copay</li> <li>• Tier 2 is a Part D (Medicare) tier; \$0 to \$6.60 copay</li> <li>• Tier 3 is Texas Medicaid- only covered drugs; \$0 copay</li> <li>• Tier 4 is over-the-counter drugs with a prescription; \$0 copay</li> </ul> <p>Copays for prescription drugs may vary based on the level of Extra Help you receive. Please contact the plan for more details.</p>	<p>There may be limitations on the types of drugs covered. Please see Amerigroup STAR+PLUS MMP's List of Covered Drugs (Drug List) for more information.</p> <p>You are also covered for a ninety (90)-day extended supply of prescription drugs from retail pharmacies or our mail-order pharmacy. You pay the thirty one (31)-day supply copayment for a ninety (90)-day extended supply.</p>



## Amerigroup STAR+PLUS Medicare-Medicaid Plan (MMP): Summary of Benefits

Health need or problem	Services you may need	Your costs for <u>in-network</u> providers	Limitations, exceptions, & benefit information (rules about benefits)
<p><b>You need drugs to treat your illness or condition</b> (continued)</p>	<p>Brand name drugs</p>	<p>\$0-\$6.60 for a 31-day supply.</p> <p>There are 4 tiers.</p> <ul style="list-style-type: none"> <li>• Tier 1 is a Part D (Medicare) tier; \$0 to \$2.65 copay</li> <li>• Tier 2 is a Part D (Medicare) tier; \$0 to \$6.60 copay</li> <li>• Tier 3 is Texas Medicaid-only covered drugs; \$0 copay</li> <li>• Tier 4 is over-the-counter drugs with a prescription; \$0 copay</li> </ul> <p>Copays for prescription drugs may vary based on the level of Extra Help you receive. Please contact the plan for more details.</p>	<p>You are also covered for a ninety (90)-day extended supply of prescription drugs from retail pharmacies or our mail-order pharmacy. You pay the thirty-one (31)-day supply copayment for a ninety (90)-day extended supply.</p> <p>There may be limitations on the types of drugs covered. Please see Amerigroup STAR+PLUS MMP's List of Covered Drugs (Drug List) for more information.</p>

## Amerigroup STAR+PLUS Medicare-Medicaid Plan (MMP): Summary of Benefits

Health need or problem	Services you may need	Your costs for <u>in-network</u> providers	Limitations, exceptions, & benefit information (rules about benefits)
<p><b>You need drugs to treat your illness or condition</b> (continued)</p>	Over-the-counter drugs	\$0 copay	<p>There may be limitations on the types of drugs covered. Please see Amerigroup STAR+PLUS MMP's List of Covered Drugs (Drug List) for more information.</p> <p>Amerigroup STAR+PLUS MMP covers some OTC drugs when they are written as prescriptions by your provider.</p>
	Medicare Part B prescription drugs	\$0 copay	<p>Part B drugs include drugs given by your doctor in his or her office, some oral cancer drugs, and some drugs used with certain medical equipment.</p> <p>Read the Member Handbook for more information on these drugs.</p> <p>You are covered for Part B drugs from network providers.</p> <p>Referral from your doctor and prior authorization may be required.</p> <p><i>There may be limitations on the types of drugs covered.</i></p> <p>Please see the Amerigroup STAR+PLUS MMP List of Covered Drugs (Drug List) for more information.</p>

## Amerigroup STAR+PLUS Medicare-Medicaid Plan (MMP): Summary of Benefits

Health need or problem	Services you may need	Your costs for <u>in-network</u> providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You need therapy after a stroke or accident</b>	Occupational, physical, or speech therapy	\$0 copay	<ul style="list-style-type: none"> <li>• Covered Occupational Therapy (OT),</li> <li>• Physical Therapy (PT),</li> <li>• Speech Therapy (ST) and,</li> <li>• Covered Cognitive Rehabilitation Therapy.</li> </ul> <p>Medically necessary services are covered with prior authorization and referral required.</p>
<b>You need emergency care</b>	Emergency room services	\$0 copay	<p>No prior authorization required for emergency services.</p> <p>Out-of-network services are covered.</p> <p>Services are not covered outside the U.S. and its territories except under limited circumstances.</p> <p>Call Member Services for details.</p>
	Ambulance services	\$0 copay	<p>Medically necessary ambulance services are covered.</p> <p>Authorization required for non-emergency services.</p>

## Amerigroup STAR+PLUS Medicare-Medicaid Plan (MMP): Summary of Benefits

Health need or problem	Services you may need	Your costs for <u>in-network</u> providers	Limitations, exceptions, & benefit information (rules about benefits)
<p><b>You need emergency care</b> (continued)</p>	<p>Urgent care</p>	<p>\$0 copay</p>	<p>No prior authorization required for urgent care services.</p> <p>Out-of-network services are covered.</p> <p>Services are not covered outside the U.S. and its territories except under limited circumstances.</p> <p>Call Member Services for details.</p>
<p><b>You need hospital care</b></p>	<p>Hospital stay</p>	<p>\$0 copay</p>	<p>Benefit is limited to thirty (30) additional days per benefit period. Prior authorization and referral required.</p> <p>Limitations may apply.</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>
	<p>Doctor or surgeon care</p>	<p>\$0 copay</p>	<p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>

## Amerigroup STAR+PLUS Medicare-Medicaid Plan (MMP): Summary of Benefits

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You need help getting better or have special health needs</b>	Rehabilitation services	\$0 copay	<ul style="list-style-type: none"> <li>Inpatient rehabilitation services are covered.</li> <li>No limit to number of days covered for each inpatient hospital stay.</li> <li>Benefit is limited to twelve (12) visits each year for outpatient cardiac rehabilitation services.</li> </ul> <p>A referral from your doctor is required and prior authorization rules may apply.</p>
	Enhanced Disease Management	\$0 copay	Prior authorization and referral required.
	Medical equipment for home care	\$0 copay	Prior authorization and referral required.
	Skilled Nursing Facility (SNF)	\$0 copay	Additional days beyond Medicare are covered. Prior authorization and referral required.
	Tele-monitoring	\$0 copay	Tele-Monitoring covered for certain conditions. Prior authorization and referral required.
	Web/Phone-Based Technology	\$0 copay	Prior authorization and referral required.
	Nurse HotLine	\$0 copay	Access to 24-hour Nurse HotLine.
	Podiatry services	\$0 copay	One (1) routine foot care visit is covered every three (3) months. Prior authorization and referral is required.

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Health need or problem	Services you may need	Your costs for <u>in-network</u> providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You need eye care</b>	Eye exams	\$0 copay	Benefit includes: <ul style="list-style-type: none"> <li>• Diagnosis and treatment for diseases and conditions of the eye, including a yearly glaucoma screening for people at risk.</li> <li>• One (1) routine eye exam every two (2) years.</li> </ul> Prior authorization is required.
	Glasses or contact lenses	\$0 copay	Benefit is limited to: One (1) pair of covered eyeglasses (lenses and frames) or contact lenses. <ul style="list-style-type: none"> <li>• One (1) pair(s) of eyeglasses (lenses and frames.)</li> <li>• One (1) pair of contact lenses.</li> </ul> Benefit is limited to \$100 for eyewear every two years. Prior authorization is required.
<b>You need dental care</b>	Dental checkups	\$0 copay	Benefit is limited to: <ul style="list-style-type: none"> <li>• One (1) oral exam every six (6) months</li> <li>• One (1) prophylaxis (cleaning) every six (6) months</li> <li>• Dental x-rays once (1x) a year</li> </ul> Prior authorization is required.

## Amerigroup STAR+PLUS Medicare-Medicaid Plan (MMP): Summary of Benefits

Health need or problem	Services you may need	Your costs for <u>in-network</u> providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You need dental care (continued)</b>	Comprehensive dental care	\$0 copay	Benefit is limited to \$150 every three (3) months. Benefits include: <ul style="list-style-type: none"> <li>• Non-routine services</li> <li>• Diagnostic services</li> <li>• Restorative services</li> <li>• Endodontics, Periodontics and Extractions</li> </ul> Prior authorization and referral are required. Limitations apply. Call the Health Plan for details.
<b>You need hearing/auditory services</b>	Hearing screenings	\$0 copay	Benefits include: <ul style="list-style-type: none"> <li>• Unlimited routine hearing exams</li> <li>• One (1) fitting/evaluation for hearing aid</li> </ul> Prior authorization required.
	Hearing aids	\$0 copay	Benefit is limited to one hearing aid every five (5) years from the month that it is dispensed. Prior authorization and referral rules may apply.

## Amerigroup STAR+PLUS Medicare-Medicaid Plan (MMP): Summary of Benefits

Health need or problem	Services you may need	Your costs for <u>in-network</u> providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You have a chronic condition, such as diabetes or heart disease</b>	Services to help manage your disease	\$0 copay	Benefit includes diabetes self-management training. Prior authorization and referral required.
	Diabetic supplies and services	\$0 copay	Benefit includes: <ul style="list-style-type: none"> <li>• Diabetic monitoring supplies,</li> <li>• Therapeutic shoes or inserts.</li> </ul> Diabetic supplies and services are not limited to specific manufacturers, products and/or brands.  Contact the Health Plan for a list of covered supplies.  Authorization rules may apply.
<b>You have a mental health condition</b>	Mental or behavioral health services	\$0 copay	Benefit includes: <ul style="list-style-type: none"> <li>• Individual therapy visits</li> <li>• Group therapy visits</li> <li>• Individual therapy visits with a psychiatrist</li> <li>• Group therapy visits with a psychiatrist</li> <li>• Partial hospitalization program services</li> </ul> Authorization rules may apply.



## Amerigroup STAR+PLUS Medicare-Medicaid Plan (MMP): Summary of Benefits

Health need or problem	Services you may need	Your costs for <u>in-network</u> providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You have a substance abuse problem</b>	Substance abuse services	\$0 copay	Benefit includes: <ul style="list-style-type: none"> <li>Individual substance abuse outpatient treatment visits</li> <li>Group substance abuse outpatient treatment visits</li> </ul> Authorization and referral required.
<b>You need long-term mental health services</b>	Inpatient care for people who need mental health care	\$0 copay	Unlimited inpatient days in a psychiatric hospital.  Prior authorization and referral may apply.  Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.
<b>You need durable medical equipment (DME)</b>	Wheelchairs	\$0 copay	Authorization and referral rules may apply.
	Canes	\$0 copay	Authorization and referral rules may apply.
	Crutches	\$0 copay	Authorization and referral rules may apply.
	Walkers	\$0 copay	Authorization and referral rules may apply.
	Oxygen	\$0 copay	Authorization and referral rules may apply.

## Amerigroup STAR+PLUS Medicare-Medicaid Plan (MMP): Summary of Benefits

Health need or problem	Services you may need	Your costs for <u>in-network</u> providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You need help living at home</b>	Meals brought to your home	\$0 copay	Services require authorization.  Services require qualification for and enrollment in a state-operated waiver program.  State eligibility requirements may apply.
	Home services, such as cleaning or housekeeping	\$0 copay	Services require authorization.  Services require qualification for and enrollment in a state-operated waiver program.  State eligibility requirements may apply.
	Changes to your home, such as ramps and wheelchair access	\$0 copay	Benefits are limited: <ul style="list-style-type: none"> <li>• Up to \$7500 maximum lifetime limit.</li> <li>• Up to \$300 annual limit.</li> </ul> Services require authorization.  Services require qualification for and enrollment in a state-operated waiver program.  State eligibility requirements may apply.

## Amerigroup STAR+PLUS Medicare-Medicaid Plan (MMP): Summary of Benefits

Health need or problem	Services you may need	Your costs for <u>in-network</u> providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You need help living at home</b> (continued)	Personal care assistant (You may be able to employ your own assistant. Call Member Services for more information.)	\$0 copay	Services require authorization.  Services require qualification for and enrollment in a state-operated waiver program.  State eligibility requirements may apply.
	Training to help you get paid or unpaid jobs	\$0 copay	Prior authorization and referral required.  Services require qualification for and enrollment in a state-operated waiver program.  State eligibility requirements may apply.
	Home health care services	\$0 copay	These services are available to all members based on need.  Prior authorization and referral required.
	Services to help you live on your own	\$0 copay	Services require authorization.  Services require qualification for and enrollment in a state-operated waiver program.  State eligibility requirements may apply.

## Amerigroup STAR+PLUS Medicare-Medicaid Plan (MMP): Summary of Benefits

Health need or problem	Services you may need	Your costs for <u>in-network</u> providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You need help living at home</b> (continued)	Adult day services or other support services	\$0 copay	<p>Services require authorization.</p> <p>Services require qualification for and enrollment in a state-operated waiver program.</p> <p>State eligibility requirements may apply.</p>
<b>You need a place to live with people available to help you</b>	Assisted living or other housing services	\$0 copay	<p>Services require authorization.</p> <p>Services require qualification for and enrollment in a state-operated waiver program.</p> <p>State eligibility requirements may apply.</p>
	Nursing home care	\$0 copay	<p>Services are available to members meeting specific level of care criteria.</p> <p>Prior authorization and referral required.</p>
<b>Your caregiver needs some time off</b>	Respite care	\$0 copay	<p>Benefit is limited to thirty (30) visits per year.</p> <p>Prior authorization and referral required.</p> <p>Services require qualification for and enrollment in a state-operated waiver program.</p> <p>State eligibility requirements may apply.</p>

## Amerigroup STAR+PLUS Medicare-Medicaid Plan (MMP): Summary of Benefits

### Other services that Amerigroup STAR+PLUS MMP covers

This is not a complete list. Call Member Services or read the Member Handbook to find out about other covered services.

Other services covered by Amerigroup STAR+PLUS MMP	Your costs for <u>in-network</u> providers
Membership in Health Club/Fitness Classes	\$0 copay. Membership in SilverSneakers fitness program. Members are instructed on the use of contracted fitness centers equipment and home self-paced exercise programs through an orientation of the program. Contact the Health Plan for more details.
Tobacco cessation counseling for pregnant women	\$0 copay. Prior authorization and referral required. Contact the Health Plan for more details.
Freestanding Birth Center Services	\$0 copay. Prior authorization and referral required. Contact the Health Plan for more details.
Family Planning Services	\$0 copay. Prior authorization and referral may be required. Contact the Health Plan for more details.
Counseling Services	\$0 copay. Prior authorization and referral required.
Home and Community Based Services	\$0 copay. Prior authorization and referral required. Contact the Health Plan for more details.
Self-Directed Personal Assistance Services	\$0 copay. Prior authorization and referral required. Contact the Health Plan for more details.

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Other services covered by Amerigroup STAR+PLUS MMP	Your costs for <u>in-network</u> providers
Institution for Mental Disease Services for Individuals 65 or older	\$0 copay. Prior authorization and referral required. Contact the Health Plan for more details.
Supported Employment	\$0 copay. Prior authorization and referral required. Services require qualification for and enrollment in a state-operated waiver program. State eligibility requirements may apply.
Acupuncture	\$0 copay. Prior authorization and referral required. Benefit is limited to six (6) treatments every year. Prior authorization and referral required. Contact the Health Plan for more details.
Annual Physical Exam	\$0 copay. Complete annual physical exam and associated labs are covered. Benefit is limited to one (1) physical per year.
Employment Assistance	\$0 copay. Prior authorization and referral required. Services require qualification for and enrollment in a state-operated waiver program. State eligibility requirements may apply.

## Amerigroup STAR+PLUS Medicare-Medicaid Plan (MMP): Summary of Benefits

Other services covered by Amerigroup STAR+PLUS MMP	Your costs for <u>in-network</u> providers
Nursing Services	<p>\$0 copay.</p> <p>Prior authorization and referral required.</p> <p>Services require qualification for and enrollment in a state-operated waiver program.</p> <p>State eligibility requirements may apply.</p> <p>Contact the Health Plan for more details.</p>
Emergency Response Services	<p>\$0 copay.</p> <p>Prior authorization required.</p> <p>Services require qualification for and enrollment in a state-operated waiver program.</p> <p>State eligibility requirements may apply.</p> <p>Contact the Health Plan us for more details.</p>
Adult Foster Care	<p>\$0 copay.</p> <p>Prior authorization and referral required.</p> <p>Services require qualification for and enrollment in a state-operated waiver program.</p> <p>State eligibility requirements may apply.</p> <p>Contact the Health Plan for more details.</p>
Transitional Assistance Services	<p>\$0 copay.</p> <p>Prior authorization and referral required.</p> <p>Services require qualification for and enrollment in a state-operated waiver program.</p> <p>Benefit is limited to \$2,500 per lifetime. Contact the Health Plan for more details.</p>

## Amerigroup STAR+PLUS Medicare-Medicaid Plan (MMP): Summary of Benefits

Other services covered by Amerigroup STAR+PLUS MMP	Your costs for <u>in-network</u> providers
Dental	<p>\$0 copay.</p> <p>Prior authorization required.</p> <p>Services require qualification for and enrollment in a state-operated waiver program.</p> <p>Benefit is limited to \$5,000 every year. Contact the Health Plan for more details.</p>
Behavioral Health Services	<p>\$0 copay.</p> <p>Prior authorization and referral required.</p> <p>Services include in-patient mental health services, out-patient mental health services, detoxification services, psychiatry services, mental health targeted case management, and mental health rehabilitative services.</p> <p>Contact the Health Plan for more details.</p>
Cognitive Rehabilitation Therapy	<p>\$0 copay.</p> <p>Prior authorization and referral required.</p> <p>Services require qualification for and enrollment in a state-operated waiver program.</p> <p>Contact the Health Plan for more details.</p>
Adaptive Aids and Medical Supplies	<p>\$0 copay.</p> <p>Prior authorization and referral required.</p> <p>Services require qualification for and enrollment in a state-operated waiver program.</p> <p>Benefit is limited to \$10,000 every year per waiver plan year.</p> <p>Contact the Health Plan for more details.</p>
Support Consultation	<p>\$0 copay.</p> <p>Services require qualification for and enrollment in a state-operated waiver program.</p> <p>Prior authorization required.</p>

If you have questions, please call Amerigroup STAR+PLUS MMP (Medicare-Medicaid Plan) at 1-855-878-1784, 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](http://www.myamerigroup.com/TXMMP).



## Amerigroup STAR+PLUS Medicare-Medicaid Plan (MMP): **Summary of Benefits**

### Services that Amerigroup STAR+PLUS MMP does not cover

This is not a complete list. Call Member Services to find out about other excluded services.

Services <u>not</u> covered by Amerigroup STAR+PLUS MMP	
Private Room	A private room in a hospital is not covered, except when it is medically needed.
Private duty nurses	Private duty nursing services provided in a hospital are not covered by our plan.
Cosmetic Surgery	Cosmetic surgery or other cosmetic work, unless it is needed because of an accidental injury or to improve a part of the body that is not shaped right. However, the plan will pay for reconstruction of a breast after a mastectomy and for treating the other breast to match it.
Chiropractic Care	Other than manual manipulation of the spine consistent with Medicare coverage guidelines.
Elective or Voluntary Enhancement Procedures	Including weight loss, hair growth, sexual performance, athletic performance, cosmetic purposes, anti-aging and mental performance, except when medically needed.
Hospice Services	If you choose to enroll in a hospice program, you will be disenrolled from Amerigroup STAR+PLUS MMP and receive all of your medical care and services through standard Medicare and Medicaid.
Naturopath Services	Naturopath services (the use of natural or alternative treatments).
Services provided to veterans in Veterans Affairs (VA) facilities	When a veteran gets emergency services at a VA hospital and the VA cost sharing is more than the cost sharing under our plan, we will reimburse the veteran for the difference.

# Amerigroup STAR+PLUS Medicare-Medicaid Plan (MMP): Summary of Benefits

## Your rights as a member of the plan

As a member of Amerigroup STAR+PLUS MMP, you have certain rights. You can exercise these rights without being punished. You can also use these rights without losing your health care services. We will tell you about your rights at least once a year. For more information on your rights, please read the Member Handbook. Your rights include, but are not limited to, the following:

- **You have a right to respect, fairness and dignity.** This includes the right to:
  - Get covered services without concern about race, ethnicity, national origin, religion, gender, age, mental or physical disability, sexual orientation, genetic information, ability to pay, or ability to speak English
  - Request information in other formats (e.g., audio CD-ROM, large print, cassette, Braille)
  - Be free from any form of restraint or seclusion
  - Not be billed by network providers.
- **You have the right to get information about your health care.** This includes information on treatment and your treatment options. This information should be in a format you can understand. These rights include getting information on:
  - Description of the services we cover
  - How to get services
  - How much services will cost you
  - Names of health care providers and care managers
- **You have the right to make decisions about your care, including refusing treatment.** This includes the right to:
  - Choose a Primary Care Provider (PCP) and you can change your PCP at any time
  - See a women's health care provider without a referral
  - Get your covered services and drugs quickly
  - Know about all treatment options, no matter what they cost or whether they are covered
  - Refuse treatment, even if your doctor advises against it
  - Stop taking medicine
  - Ask for a second opinion. Amerigroup STAR+PLUS MMP will pay for the cost of your second opinion visit.
- **You have the right to timely access to care that does not have any communication or physical access barriers.** This includes the right to:
  - Get medical care timely

## Amerigroup STAR+PLUS Medicare-Medicaid Plan (MMP): Summary of Benefits

- Get in and out of a health care provider's office. This means barrier-free access for people with disabilities, in accordance with the Americans with Disabilities Act.
- Have interpreters to help with communication with your doctors and your health plan.
- **You have the right to seek emergency and urgent care when you need it.** This means you have the right to:
  - Get emergency services without prior approval in an emergency
  - See an out of network urgent or emergency care provider, when necessary
- **You have a right to confidentiality and privacy.** This includes the right to:
  - Ask for and get a copy of your medical records in a way that you can understand and to ask for your records to be changed or corrected.
  - Have your personal health information kept private.
- **You have the right to make complaints about your covered services or care.** This includes the right to:
  - File a complaint or grievance against us or our providers
  - Ask for a state fair hearing
  - Get a detailed reason for why services were denied

For more information about your rights, you can read the Amerigroup STAR+PLUS MMP Member Handbook. If you have questions, you can also call Amerigroup STAR+PLUS MMP Member Services.

## Amerigroup STAR+PLUS Medicare-Medicaid Plan (MMP): Summary of Benefits

### If you have a complaint or think we should cover something we denied

If you have a complaint or think Amerigroup STAR+PLUS MMP should cover something we denied, call Amerigroup STAR+PLUS MMP at 1-855-878-1784 (TTY: 711). You may be able to appeal our decision.

For questions about complaints and appeals, you can read Chapter 9 of the Amerigroup STAR+PLUS MMP Member Handbook. You can also call Amerigroup STAR+PLUS MMP Member Services.

You must file your appeal within 60 days of the denial notice. Call Member Services to file an appeal by phone or submit your appeal in writing:

By mail to:	By fax to:
Complaints, Appeals and Grievances Amerigroup STAR+PLUS MMP P.O. Box 61116 Virginia Beach, VA 23466-1599	1-855-856-1724

If you have a complaint, also called a grievance, you can call Member Services and tell us.

Call 1-855-878-1784 (TTY: 711). Or you can send it to us in writing:

By mail to:	By fax to:
Complaints, Appeals and Grievances Amerigroup STAR+PLUS MMP P.O. Box 61116 Virginia Beach, VA 23466-1599	1-855-856-1724

# Amerigroup STAR+PLUS Medicare-Medicaid Plan (MMP): Summary of Benefits

## If you suspect fraud

Most health care professionals and organizations that provide services are honest. Unfortunately, there may be some who are dishonest.

If you think a doctor, hospital or other pharmacy is doing something wrong, please contact us.

- Call us at Amerigroup STAR+PLUS MMP Member Services. Phone numbers are on the cover of this summary.
- Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week.

Let us know if you think a doctor, dentist, pharmacist at a drug store, other health care providers, or a person getting benefits is doing something wrong. Doing something wrong could be fraud, waste, or abuse which is against the law. For example, tell us if you think someone is:

- Getting paid for services that weren't given or necessary.
- Not telling the truth about a medical condition to get medical treatment.
- Letting someone else use their Medicaid ID.
- Using someone else's Medicaid ID.
- Not telling the truth about the amount of money or resources he or she has to get benefits.

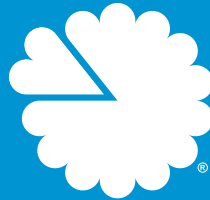
### To report fraud, waste, or abuse, choose one of the following:

- Call the OIG Hotline at 1-800-436-6184;
- Visit <https://oig.hhsc.state.tx.us/> and pick "Click Here to Report Waste, Abuse, and Fraud" to complete the online form; or
- You can report directly to your health plan:
  - Amerigroup STAR+PLUS MMP (Medicare-Medicaid Plan);
  - MCO's office/director address; and
  - 1-855-878-1784 (TTY: 711).

## Amerigroup STAR+PLUS Medicare-Medicaid Plan (MMP): Summary of Benefits

**To report fraud, waste, or abuse, gather as much information as possible.**

- When reporting about a provider (a doctor, dentist, counselor, etc.), include:
  - Name, address, and phone number of provider
  - Name and address of the facility (hospital, nursing home, home health agency, etc.)
  - Medicaid number of the provider and facility, if you have it
  - Type of provider (doctor, dentist, therapist, pharmacist, etc.)
  - Names and phone numbers of other witnesses who can help in the investigation
  - Dates of events
  - Summary of what happened
- When reporting about someone who gets benefits, include:
  - The person's name
  - The person's date of birth, Social Security Number, or case number if you have it
  - The city where the person lives
  - Specific details about the fraud, waste, or abuse
- You may also report fraud by contacting the Texas Department of Insurance at 1-800-252-3439 or you may visit them online at <http://www.tdi.texas.gov/fraud>.



## Have questions?

Call us toll-free at 1-855-878-1784 (TTY: 711)  
Monday through Friday from 8 a.m. to 8 p.m. local time.  
Or visit [www.myamerigroup.com/TXmmp](http://www.myamerigroup.com/TXmmp).

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.

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 Member Services or read the Amerigroup STAR+PLUS MMP Member Handbook.

Benefits, List of Covered Drugs, pharmacy and provider networks, and/or copayments may change from time to time throughout the year and on January 1 of each year.

You can ask for this Summary of Benefits 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.