



TEXAS
Medicare  Medicaid
PLAN
Your Health Plan ★ Your Choice

 **Amerigroup**
An Anthem Company



Summary of Benefits

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


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

 **This is a summary of health services covered by Amerigroup STAR+PLUS MMP (Medicare-Medicaid Plan) for 2018. This is only a summary. Please read the Member Handbook for the full list of benefits.**

- ❖ Amerigroup STAR+PLUS MMP 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 age 21 and older.
- ❖ Under Amerigroup STAR+PLUS 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 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 copays may change on January 1 of each year.
- ❖ Copays for prescription drugs may vary based on the level of Extra Help you get. Please contact the plan for more details.
- ❖ Si habla español, le ofrecemos servicios de asistencia de idiomas sin cargo. Llame al 1-855-878-1784 (TTY 711), de lunes a viernes, de 8 a.m. a 8 p.m., hora local. La llamada no tiene costo.
- ❖ You can get this document 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. local time. The call is free.

 **If you have questions**, please call Amerigroup STAR+PLUS MMP (Medicare-Medicaid Plan) 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.

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

- ❖ You can make a standing request to get this and future information for free in other languages and formats. Call 1-855-878-1784 (TTY 711), Monday through Friday from 8 a.m. to 8 p.m. local time.



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

The following chart lists frequently asked questions.

Frequently Asked Questions (FAQ)	Answers
What is a Medicare-Medicaid Plan?	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.
What is an Amerigroup STAR+PLUS MMP service coordinator?	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.
What are long-term services and supports?	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.
Will you get the same Medicare and Texas Medicaid benefits in Amerigroup STAR+PLUS MMP that you get now?	<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 180 days if you are receiving Long-Term Support Services, 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>



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<p>Can you go to the same doctors you see now?</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’s plan.</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 90 days, or 180 days if you are receiving long-term services and supports, or until your Plan of Care is complete. During that time, we will try to get your provider in our network.</p>
<p>What happens if you need a service but no one in Amerigroup STAR+PLUS MMP’s network can provide it?</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>Where is Amerigroup STAR+PLUS MMP available?</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>Do you pay a monthly amount (also called a premium) under Amerigroup STAR+PLUS MMP?</p>	<p>You will not pay any monthly premiums to Amerigroup STAR+PLUS MMP for your health coverage.</p>



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What is prior authorization?	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.
What is a referral?	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.
What is Extra Help?	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.



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Frequently Asked Questions (FAQ)	Answers
Who should you contact if you have questions or need help?	<p>If you have general questions or questions about our plan, services, service area, billing, or Member ID Cards, please call Amerigroup STAR+PLUS MMP Member Services:</p> <p>CALL 1-855-878-1784</p> <p>Calls to this number are free. 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>TTY 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. Monday through Friday from 8 a.m. to 8 p.m. local time.</p>



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Frequently Asked Questions (FAQ)	Answers
Who should you contact if you have questions or need help? (continued)	<p>If you have questions about your health, please call the Nurse Advice Call line:</p> <p>CALL 1-855-878-1784 Calls to this number are free. 24 hours a day, 7 days a week.</p> <p>TTY 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. 24 hours a day, 7 days a week.</p> <p>If you need immediate behavioral health services, please call the Behavioral Health Crisis Line:</p> <p>CALL 1-855-878-1784 Calls to this number are free. 24 hours a day, 7 days a week.</p> <p>TTY 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. 24 hours a day, 7 days a week.</p>



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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)
You want to see a doctor	Visits to treat an injury or illness	\$0	
	Wellness visits, such as a physical	\$0	
	Transportation to a doctor's office	\$0	In addition to unlimited rides provided by the Medicaid Transportation Program (MTP), the plan offers 24 one-way trips per year to non-medical locations or events. Prior authorization and referral may be required. Please contact your service coordinator.
	Specialist care	\$0	Prior authorization and referral may be required.
	Care to keep you from getting sick, such as flu shots	\$0	
	"Welcome to Medicare" preventive visit (one time only)	\$0	
You need medical tests	Lab tests, such as blood work	\$0	Prior authorization and referral may be required.
	X-rays or other pictures, such as CAT scans	\$0	Prior authorization and referral may be required.
	Screening tests, such as tests to check for cancer	\$0	Prior authorization and referral may be 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)
<p>You need drugs to treat your illness or condition</p>	<p>Generic drugs (no brand name)</p>	<p>\$0-\$8.35 copay for a 31-day supply.</p> <ul style="list-style-type: none"> • Tier 1 - \$0 copay; preferred Part D (Medicare) tier • Tier 2 - \$0-8.35 copay; preferred and non-preferred Part D (Medicare) tier • Tier 3 - \$0 copay; Medicaid (state) covered prescription drugs • Tier 4 - \$0 copay; Medicaid (state) covered over-the-counter (OTC) drugs with a prescription from your provider <p>Copays for prescription drugs may vary based on the level of Extra Help you get. 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>Some prescription drugs may require prior authorization.</p> <p>Our plan's mail-order service allows you to order up to a 93-day supply that has the same copay as a one-month supply.</p>



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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)
<p>You need drugs to treat your illness or condition (continued)</p>	<p>Brand name drugs</p>	<p>\$0-\$8.35 copay for a 31-day supply.</p> <ul style="list-style-type: none"> • Tier 1 - \$0 copay; preferred Part D (Medicare) tier • Tier 2 - \$0-8.35 copay; preferred and non-preferred Part D (Medicare) tier • Tier 3 - \$0 copay; Medicaid (state) covered prescription drugs • Tier 4 - \$0 copay; Medicaid (state) covered over-the-counter (OTC) drugs with a prescription from your provider <p>Copays for prescription drugs may vary based on the level of Extra Help you get. 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>Our plan's mail-order service allows you to order up to a 93-day supply that has the same copay as a one-month supply.</p> <p>Some prescription drugs may require prior authorization.</p>



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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)
<p>You need drugs to treat your illness or condition (continued)</p>	<p>Over-the-counter drugs</p>	<p>\$0</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. Amerigroup STAR+PLUS MMP covers some OTC drugs with a written prescription from your provider. These drugs are in Tier 4 of the Drug List.</p>
	<p>Medicare Part B prescription drugs</p>	<p>\$0</p>	<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. Read the Member Handbook for more information on these drugs.</p> <p>There may be limitations on the types of drugs covered.</p> <p>Prior authorization may be required.</p>
<p>You need therapy after a stroke or accident</p>	<p>Occupational, physical, or speech therapy</p>	<p>\$0</p>	<ul style="list-style-type: none"> • Covered Occupational Therapy (OT) • Physical Therapy (PT) • Speech Therapy (ST) and <p>Medically necessary services are covered with prior authorization and referral required.</p>



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You need emergency care	Emergency room services	\$0	No prior authorization is required for <i>emergency services</i> . Out-of-network services are covered. Services are not covered outside the U.S. <i>and</i> its territories except under limited circumstances. Call Member Services for details.
	Ambulance services	\$0	Medically necessary ambulance services are covered. Prior authorization is required for nonemergency services.
	Urgent care	\$0	No prior authorization is required for <i>urgent care services</i> . Out-of-network services are covered. Services are not covered outside the U.S. <i>and</i> its territories except under limited circumstances. Call Member Services for details.



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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)
You need hospital care	Hospital stay	\$0	Except in an emergency, your doctor must tell the plan you are going to be admitted to the hospital. Limitations may apply. The plan offers thirty (30) additional days per benefit period. Prior authorization may be required.
	Doctor or surgeon care	\$0	A doctor or surgeon's care is covered during a hospital stay. Except in an emergency, your doctor must tell the plan you are going to be admitted to the hospital.
You need help getting better or have special health needs	Rehabilitation services	\$0	Inpatient rehabilitation services are covered. No limit to number of days covered for each inpatient hospital stay. The plan offers 12 additional cardiac rehabilitation services visits each year. A referral from your doctor is required and prior authorization rules may apply.
	Medical equipment for home care	\$0	Prior authorization and referral required.
	Skilled nursing care	\$0	Prior authorization and referral required.
You need eye care	Eye exams	\$0	One eye exam every year.



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	Glasses or contact lenses	\$0	<p>One pair of eyeglass lenses, frames or contact lenses every year.</p> <p>\$300 can be used to upgrade frames or buy thinner lenses (polycarbonate/plastic) and/or contact lenses.</p> <p>Prior authorization is required.</p>
You need dental care	Dental check-ups	\$0	<p>Diagnostic services such as:</p> <ul style="list-style-type: none"> • One preventive dental exam every six months. • One prophylaxis (cleaning) every six months. • One dental X-ray every year. <p>Prior authorization may be required.</p>



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	Comprehensive dental care	\$0	<p>Up to \$625 every three (3) months or \$2,500 a year.</p> <p>Benefits include:</p> <ul style="list-style-type: none"> • Non-routine services such as fillings, extractions, root canals, crowns, bridges and dentures • Diagnostic services • Restorative services • Endodontics, periodontics and extractions <p>Prior authorization and referral may be required. Limitations apply. Call Member Services for details.</p> <p>Benefit differs for members qualified for and enrollment in a state-operated waiver program (see Dental benefit on page 14.)</p> <p>Any amount remaining at the end of the year will not be carried over to the next year.</p>
You need hearing/auditory services	Hearing screenings	\$0	<p>Benefits include unlimited:</p> <ul style="list-style-type: none"> • Routine hearing exams • Fitting/evaluations for hearing aid <p>Prior authorization may be required.</p>



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	Hearing aids	\$0	Up to 2 hearing aids every year. Up to \$2,000 a year for hearing aids for both ears combined.
You have a chronic condition, such as diabetes or heart disease	Services to help manage your disease	\$0	Benefits include diabetes self-management training and kidney disease education. Limitations apply. Prior authorization and referral may be required.
	Diabetes supplies and services	\$0	Benefit includes: <ul style="list-style-type: none"> • Diabetic monitoring supplies • Custom-molded shoes and inserts or one pair of extra-depth shoes per year. Additional inserts provided based on your needs. Limitations apply. Contact Member Services for a list of covered supplies. Prior authorization may apply.



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<p>You have a mental health condition</p>	<p>Mental or behavioral health services</p>	<p>\$0</p>	<p>Benefit includes:</p> <ul style="list-style-type: none"> • Individual therapy visits • Group therapy visits • Individual therapy visits with a psychiatrist • Group therapy visits with a psychiatrist • Partial hospitalization program services • Residential Treatment Facility • Inpatient hospitalization services <p>Exclusions, limitations, and prior authorization may apply.</p>
<p>You have a substance abuse problem</p>	<p>Substance abuse services</p>	<p>\$0</p>	<p>Benefit includes:</p> <ul style="list-style-type: none"> • Individual substance abuse outpatient treatment visits • Group substance abuse outpatient treatment visits • Residential Treatment Facility • Inpatient hospitalization services <p>Exclusions, limitations, and prior authorization and referral may be required.</p>



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You need long-term mental health services	Inpatient care for people who need mental health care	\$0	Unlimited inpatient days in a psychiatric hospital. Prior authorization and referral may be required. Except in an emergency, your doctor must tell the plan you are going to be admitted to the hospital.
You need durable medical equipment (DME)	Wheelchairs	\$0	Prior authorization and referral may be required.
	Nebulizers	\$0	Prior authorization and referral may be required.
	Crutches	\$0	Prior authorization and referral may be required.
	Walkers	\$0	Prior authorization and referral may be required.
	Oxygen equipment and supplies	\$0	Prior authorization and referral may be required.
You need help living at home	Meals brought to your home	\$0	Prior authorization may be required. Benefit requires qualification for and enrollment in a state-operated waiver program.
	Home services, such as cleaning or housekeeping	\$0	Prior authorization may be required. State eligibility requirements may apply.



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	Changes to your home, such as ramps and wheelchair access	\$0	Benefits are limited: <ul style="list-style-type: none"> • Up to \$7,500 maximum lifetime limit • Up to \$300 annual limit Prior authorization may be required. Benefit requires qualification for and enrollment in a state-operated waiver program. Contact Member Services for more details.
	Personal care assistant (You may be able to employ your own assistant. Call Member Services for more information.)	\$0	Prior authorization may be required. State eligibility requirements may apply.
	Training to help you get paid or unpaid jobs	\$0	Prior authorization and referral may be required. Benefit requires qualification for and enrollment in a state-operated waiver program.
	Home health care services	\$0	These services are available to all members based on need. Prior authorization and referral may be required.
	Services to help you live on your own	\$0	Prior authorization may be required. State eligibility requirements may apply.



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	Adult day services or other support services	\$0	Prior authorization may be required.
You need a place to live with people available to help you	Assisted living or other housing services	\$0	Prior authorization may be required. Benefit requires qualification for and enrollment in a state-operated waiver program.
	Nursing home care	\$0	Services are available to members meeting specific level of care criteria. Prior authorization and referral required.
Your caregiver needs some time off	Respite care	\$0	<p>The plan offers 30 days or up to 720 hours for members qualified for and enrolled in a state-operated waiver program.</p> <p>In addition, the plan offers 8 hours of Respite Services annually for non-STAR+PLUS Waiver (SPW) members. This is provided in 4-hour increments for 2 days or 8 hours for 1 day.</p> <p>Covered places of service may include member's home or place of residence, foster homes, hospitals, nursing facilities, and other community care residential facilities.</p> <p>Prior authorization and referral may be required.</p>



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<p>You need help with meals after being discharged from a hospital or skilled nursing facility</p>	<p>Meals</p>	<p>\$0</p>	<p>Prior authorization required.</p> <p>Five days of home-delivered meals at a maximum of two meals per day upon discharge from the hospital or skilled nursing facility for all members.</p> <p>Meals are available for all members getting out of the hospital or a skilled nursing facility.</p> <p>STAR+PLUS Waiver members receive additional meal benefits. See your member handbook to learn more.</p>
<p>You need help paying for over-the-counter medicines</p>		<p>\$0</p>	<p>\$102 a quarter, or a \$34-a-month allowance for approved over-the-counter (OTC) medicines and health care-related items. These OTC medicines are different from and in addition to the covered benefits on the formulary.</p> <p>Unused quarterly amounts will not carry from quarter to quarter.</p>



If you have questions, please call Amerigroup STAR+PLUS MMP (Medicare-Medicaid Plan) 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.

Amerigroup STAR+PLUS MMP (Medicare-Medicaid Plan): 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)
You want help remembering your memories	A memory album for photos to encourage memory retention.	\$0	A memory album for photos to encourage memory retention. Photo albums may help to stimulate memories for a senior family member suffering from Alzheimer's and other dementia. One photo album per lifetime. Must be diagnosed with Alzheimer's disease or other dementia.

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 <i>in-network</i> providers
Smoking cessation coaching and Nicotine Replacement Therapy (NRT) products: <ol style="list-style-type: none"> Up to 5 scheduled coaching calls Access to inbound coaching calls is available for 90 days following enrollment in the coaching program. NRT products include over-the-counter nicotine replacement in the form of patches, gum or lozenges for 8 total weeks. Educational materials. 	\$0; contact plan for more details. Prior authorization and referral may be required.



If you have questions, please call Amerigroup STAR+PLUS MMP (Medicare-Medicaid Plan) 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.

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

Other services covered by Amerigroup STAR+PLUS MMP	Your costs for <i>in-network</i> providers
Membership in health club/fitness classes	<p>\$0</p> <p>Membership in SilverSneakers fitness program. Members are instructed on the use of the contracted fitness centers' equipment and home self-paced exercise programs through an orientation of the program.</p> <p>Contact Member Services for more details.</p>
Tobacco cessation counseling for pregnant women	<p>\$0</p> <p>Prior authorization and referral may be required.</p> <p>Contact Member Services for more details.</p>
Freestanding birth center services	<p>\$0</p> <p>Prior authorization and referral may be required.</p> <p>Contact Member Services for more details.</p>
Family planning services	<p>\$0</p> <p>Prior authorization and referral may be required.</p> <p>Contact Member Services for more details.</p>
Counseling services	<p>\$0</p> <p>Members can obtain counseling services either through an individual session or group sessions. Benefit is limited to 30 visits annually, no longer than 60 minutes in length.</p> <p>Prior authorization and referral may be required.</p>



If you have questions, please call Amerigroup STAR+PLUS MMP (Medicare-Medicaid Plan) 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.

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

Other services covered by Amerigroup STAR+PLUS MMP	Your costs for <i>in-network</i> providers
Habilitation	<p>\$0</p> <p>Prior authorization and referral may be required.</p> <p>State eligibility requirements may apply or benefit requires qualification for and enrollment in a state-operated waiver program.</p>
Self-directed personal assistance services	<p>\$0</p> <p>Prior authorization and referral may be required.</p> <p>Contact Member Services for more details.</p>
Institution for mental disease services for individuals 65 or older	<p>\$0</p> <p>Prior authorization and referral required.</p> <p>Contact Member Services for more details.</p>
Supported employment	<p>\$0</p> <p>Prior authorization and referral may be required. Benefit requires qualification for and enrollment in a state-operated waiver program.</p>
Acupuncture	<p>\$0</p> <p>Prior authorization and referral may be required.</p> <p>Benefit is limited to 6 treatments every year.</p> <p>Contact Member Services for more details.</p>



If you have questions, please call Amerigroup STAR+PLUS MMP (Medicare-Medicaid Plan) 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.

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

Other services covered by Amerigroup STAR+PLUS MMP	Your costs for <i>in-network</i> providers
Annual physical exam	<p>\$0</p> <p>Complete annual physical exam and associated labs are covered.</p> <p>Benefit is limited to 1 physical per year.</p>
Employment assistance	<p>\$0</p> <p>Prior authorization and referral may be required.</p> <p>Benefit requires qualification for and enrollment in a state-operated waiver program.</p>
Nursing services	<p>\$0</p> <p>Prior authorization and referral may be required.</p> <p>Benefit requires qualification for and enrollment in a state-operated waiver program.</p> <p>Contact Member Services for more details.</p>
Personal Emergency Response System (PERS)	<p>\$0</p> <p>Prior authorization may be required.</p> <p>Contact Member Services for more details.</p>



If you have questions, please call Amerigroup STAR+PLUS MMP (Medicare-Medicaid Plan) 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.

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

Other services covered by Amerigroup STAR+PLUS MMP	Your costs for <i>in-network</i> providers
Adult foster care	<p>\$0</p> <p>Prior authorization and referral may be required.</p> <p>Benefit requires qualification for and enrollment in a state-operated waiver program.</p> <p>Contact Member Services for more details.</p>
Transitional assistance services	<p>\$0</p> <p>Prior authorization and referral may be required.</p> <p>Benefit is limited to \$2,500 per lifetime.</p> <p>State eligibility requirements may apply.</p> <p>Contact Member Services for more details.</p>
Behavioral health services	<p>\$0</p> <p>Prior authorization and referral may be required.</p> <p>Services include inpatient mental health services, outpatient mental health services, detoxification services, psychiatry services, mental health targeted case management, and mental health rehabilitative services.</p> <p>Contact Member Services for more details.</p>



If you have questions, please call Amerigroup STAR+PLUS MMP (Medicare-Medicaid Plan) 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.

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

Other services covered by Amerigroup STAR+PLUS MMP	Your costs for <i>in-network</i> providers
Cognitive rehabilitation therapy	<p>\$0</p> <p>Prior authorization and referral may be required.</p> <p>Benefit requires qualification for and enrollment in a state-operated waiver program.</p> <p>Contact Member Services for more details.</p>
Adaptive aids and medical supplies	<p>\$0</p> <p>Prior authorization and referral may be required.</p> <p>Benefit requires 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 Member Services for more details.</p>
Support consultation	<p>\$0</p> <p>State eligibility requirements may apply or benefit requires qualification for and enrollment in a state-operated waiver program.</p> <p>Prior authorization and referral may be required.</p>
Podiatry services	<p>One (1) routine foot care visit is covered every 3 months.</p> <p>Prior authorization and referral may be required.</p>
Pest control	<p>One treatment every 3 months to eliminate rodents, roaches and other unsafe pests from the home in order to provide a healthier community-based environment for members.</p> <p>Prior authorization and referral may be required.</p>



If you have questions, please call Amerigroup STAR+PLUS MMP (Medicare-Medicaid Plan) 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.

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

Other services covered by Amerigroup STAR+PLUS MMP	Your costs for <i>in-network</i> providers
Prosthetics/medical supplies	Includes disposable medical supplies. Prior authorization may be required. Contact Member Services for more details.

Benefits covered *outside* of Amerigroup STAR+PLUS MMP

This is not a complete list. Call Member Services to find out about other services not covered by Amerigroup STAR+PLUS MMP but available through Medicare or Texas Medicaid.

Other services covered by Medicare or Texas Medicaid	Your costs
Some hospice care services	\$0
Nonemergency medical transportation services	\$0
Pre-admission screening and resident review (PASRR)	\$0



If you have questions, please call Amerigroup STAR+PLUS MMP (Medicare-Medicaid Plan) 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.

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

Benefits *not* covered by Amerigroup STAR+PLUS MMP, Medicare, or Texas Medicaid

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

Benefits <i>not</i> covered by Amerigroup STAR+PLUS MMP, Medicare, or Texas Medicaid	
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 or for an acute condition or an acute exacerbation of a chronic condition consistent with Texas Medicaid 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
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.



If you have questions, please call Amerigroup STAR+PLUS MMP (Medicare-Medicaid Plan) 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.

Amerigroup STAR+PLUS MMP (Medicare-Medicaid Plan): 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
 - Get information in other formats (e.g., large print, braille, audio)
 - Be free from any form of physical 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



If you have questions, please call Amerigroup STAR+PLUS MMP (Medicare-Medicaid Plan) 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.

Amerigroup STAR+PLUS MMP (Medicare-Medicaid Plan): 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.



If you have questions, please call Amerigroup STAR+PLUS MMP (Medicare-Medicaid Plan) 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.

Amerigroup STAR+PLUS MMP (Medicare-Medicaid Plan): 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) Monday through Friday from 8 a.m. to 8 p.m. local time. 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.

By mail to:	By fax to:
MMP Appeals and Grievances Mailstop OH0205-A537 4361 Irwin Simpson Road Mason, OH 45040	1-888-458-1406



If you have questions, please call Amerigroup STAR+PLUS MMP (Medicare-Medicaid Plan) 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.

Amerigroup STAR+PLUS MMP (Medicare-Medicaid Plan): 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 weren't necessary.
- Not telling the truth about a medical condition to get medical treatment.
- Letting someone else use their Texas Medicaid ID.
- Using someone else's Texas 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
3800 Buffalo Speedway, Ste. 400
Houston, TX 77098



If you have questions, please call Amerigroup STAR+PLUS MMP (Medicare-Medicaid Plan) 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.

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

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

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.)
 - Texas 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>.



If you have questions, please call Amerigroup STAR+PLUS MMP (Medicare-Medicaid Plan) 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.

Amerigroup STAR+PLUS MMP (Medicare-Medicaid Plan) complies with applicable Federal civil rights laws and does not discriminate, exclude people, or treat them differently on the basis of race, color, national origin, sex, age, or disability in its health programs and activities. Amerigroup STAR+PLUS MMP provides free aids and services to people with disabilities to communicate effectively with us and provides free language services to people whose primary language is not English such as qualified interpreters and information written in other languages. These services can be obtained by calling the customer service number on the back of your member ID card. If you believe that Amerigroup STAR+PLUS MMP has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with the Enrollee Advocate:

Medicare Complaints, Appeals & Grievances:

Mailstop: OH0205-A537
4361 Irwin Simpson Road
Mason, OH 45040
1-855-878-1784 TTY 711
Fax: 1-888-458-1406

If you need help filing a grievance, the Enrollee Advocate is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services; 200 Independence Ave., SW; Room 509F, HHH Building; Washington, D.C. 20201; 1-800-368-1019, 1-800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

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 **1-855-878-1784 (TTY 711)** Monday through Friday from 8 a.m. to 8 p.m. local time. Someone who speaks English/Language can help you. This is a free service.

Bengali: লক্ষ্য করুনঃ যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন 1-855-878-1784 (TTY 711)।

Chinese: 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電1-855-878-1784（TTY 711）。

Dinka: PIIJ KENE: Na ye jam në Thuonjan, ke kuony yenë koc waar thook atö kuka lëu yök abac ke cïn wënh cuatë piny. Yuopë 1-855-878-1784 (TTY 711).

Dutch: AANDACHT: Als u nederlands spreekt, kunt u gratis gebruikmaken van de taalkundige diensten. Bel 1-855-878-1784 (TTY 711).

Farsi:

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-855-878-1784 (TTY 711) تماس بگیرید.

French: ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-878-1784 (ATS 711).

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-855-878-1784 (TTY 711).

Greek: ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-855-878-1784 (TTY 711) .

Gujarati: સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-855-878-1784 (TTY 711).

Haitian: ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-855-878-1784 (TTY 711).

Hindi: ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-855-878-1784 (TTY 711) पर कॉल करें।

Hmong: LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-855-878-1784 (TTY 711).

Igbo: Ntị: Ọ bụrụ na asụ Ibo, asụsụ aka ọasụ n'efu, defu, aka. Call 1-855-878-1784 (TTY 711).

Ilocano: PAKDAAR: Nu saritaem ti Ilocano, ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyam. Awagan ti 1-855-878-1784 (TTY 711).

Indonesian: PERHATIAN: Jika Anda berbicara dalam Bahasa Indonesia, layanan bantuan bahasa akan tersedia secara gratis. Hubungi 1-855-878-1784 (TTY 711).

Italian: ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-855-878-1784 (TTY 711).

Japanese: 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。
1-855-878-1784 (TTY 711) まで、お電話にてご連絡ください。

Khmer: ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតលុយ គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 1-855-878-1784 (TTY 711) ។

Kirundi: ICITONDERWA: Nimba uvuga Ikirundi, uzohabwa serivisi zo gufasha mu ndimi, ku buntu. Woterefona 1-855-878-1784 (TTY 711).

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-878-1784 (TTY 711) 번으로 전화해 주십시오.

Nepali: ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् 1-855-878-1784 (टिटिवाइ 711) ।

Oromo: XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-855-878-1784 (TTY 711).

Pennsylvania Dutch: Wann du Deitsch (Pennsylvania German / Dutch) schwetzsch, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-855-878-1784 (TTY 711).

Polish: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-855-878-1784 (TTY 711).

Portuguese: ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-855-878-1784 (TTY 711).

Punjabi: ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ।
1-855-878-1784 (TTY 711) 'ਤੇ ਕਾਲ ਕਰੋ।

Romanian: ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-855-878-1784 (TTY 711).

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-878-1784 (телетайп 711).

Samoan: MO LOU SILAFIA: Afai e te tautala Gagana fa'a Sāmoa, o loo iai auaunaga fesoasoan, e fai fua e leai se totogi, mo oe, Telefoni mai: 1-855-878-1784 (TTY 711).

Serbian: OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-855-878-1784 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom 711).

Swahili: KUMBUKA: Ikiwa unazungumza Kiswahili, unaweza kupata, huduma za lugha, bila malipo. Piga simu 1-855-878-1784 (TTY 711) .

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-855-878-1784 (TTY 711) .

Thai: เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-855-878-1784 (TTY 711).

Ukrainian: УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-855-878-1784 (телетайп: 711).

Urdu:

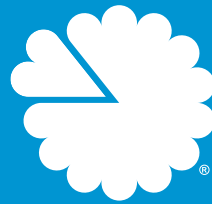
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Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-878-1784 (TTY 711).

Yiddish:

אויפמערקזאם: אויב איר רעדט אידיש, זענען פארהאן פאר אייך שפראך הילף סערוויסעס פריי פון אפצאל. רופט 1-855-878-1784 (TTY 711).

Yoruba: AKIYESI: Ti o ba nso ede Yoruba ofe ni iranlowo lori ede wa fun yin o. E pe ero ibanisoro yi 1-855-878-1784 (TTY 711).



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