Amerigroup
An Anthem Company

Summary of Benefits

for **Amerivantage Select (HMO)** and **Amerivantage Classic (HMO)**

Available in: Bexar County

Plan year: January 1, 2018 – December 31, 2018

In this section, you'll learn about some of the benefits and services we cover and other important details to help you choose the right Medicare Advantage plan for you. While the Summary of Benefits do not list every service, limit or exclusion, the *Evidence of Coverage* does. Just give us a call and request a copy.

Have questions? Here's how to reach us and our hours of operation:

- If you **are not** a member of this plan, please call us toll-free **1-877-470-4131** (TTY: **711**), and follow the instructions to be connected to a representative.
- If you **are** a member of this plan, please call us toll-free at **1-866-805-4589** (TTY: **711**). 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through February 14, and Monday to Friday (except holidays) from February 15 through September 30.
- You can learn more about us on our website at **www.myamerigroup.com/medicare**.

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What you should know about our plans

Amerivantage Select (HMO) and Amerivantage Classic (HMO) are Medicare Advantage and prescription drug plans. They include hospital, medical and prescription drug benefits in one plan. To join these plans, you must:

- Be entitled to Medicare Part A,
- Enrolled in Medicare Part B, and
- Live in our service area (see below).

Our service area includes: Bexar

With these plans, you must use doctors and facilities in our plan. If you use a doctor or facility not in our plan, we may not cover the services.

You can find a doctor in our plan online.

Go to **www.myamerigroup.com/medicare** and choose *Find a Doctor (be sure to check that the doctor displays as "In-Network" for these plans).* Or you can call us and ask for a copy of the *Provider Directory*.

What do we cover?

- Like all Medicare health plans, we cover everything that Original Medicare covers — Part A (hospital services) and Part B (medical services), plus more. For some of these benefits, you may pay more in our plan than you would in Original Medicare. For others, you may pay less (see benefits section for more details).
- Medicare Part D drugs and Part B drugs (such as chemotherapy and some drugs administered by your provider).
- To see if your prescription drugs are covered, you can view our *Formulary* (list of covered Part D prescription drugs) and any restrictions on our website at **www.myamerigroup.com/medicare**. Or you can call us and ask for a copy of the *Formulary*.

What are my drug costs?

Our plan groups each drug into "tiers." The amount you pay depends on the drug's tier and what stage of the benefit you have reached (refer to **The four stages of coverage**).

How to find out what your covered drugs will cost:

Step 1: Find your drug on the *Formulary*.

Step 2: Identify the drug tier.

Step 3: Go to the *Summary of 2018 prescription drug coverage* section in this guide to match the tier.

Can I use any pharmacy to fill my covered prescriptions?

To get the best savings on your covered Part D drugs, you must generally use a pharmacy in our plan. You may get your covered drugs from pharmacies not in our plan only when you are unable to get your prescription drugs from a pharmacy that is in our plan.

Save even more money at pharmacies with preferred cost sharing

To help you save even more money on your covered drugs, we worked with certain pharmacies *(preferred pharmacies)* to further reduce prices. At preferred pharmacies, your copays and share of the cost may be lower than pharmacies with standard cost sharing. You can use a preferred pharmacy or a pharmacy with standard cost sharing; the choice is yours.

To find a pharmacy in our plan, see our online *Pharmacy Directory* on our website at **www.myamerigroup.com/medicare** (under *Useful Tools*, select *Find a Pharmacy*). Next to the pharmacy name, you will see a preferred cost-sharing indicator (a ♦ symbol). Or you can give us a call and we'll send you a copy.

How can I learn more about Medicare?

If you're still a little unclear about what Medicare is and how it works, refer to your current *Medicare & You* handbook. If you do not have a copy, you can view it online at www.medicare.gov or call Medicare for a copy at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users can call 1-877-486-2048.

If you want to compare our plan with other Medicare health plans, call and ask the other plans for a copy of their Summary of Benefits booklets.

Now that you are familiar with how Medicare works and some of the benefits included in our plans, it's time to consider the type of plan you may need. On the following pages, you can review more about our plans benefits to help you choose the right plan for you.

Summary of 2018 medical benefits

Medicare coverage that goes beyond original Medicare

Our plans provide even more benefits than you get with Original Medicare. Make sure to check out the extra health benefits available to you in the *More Benefits* section toward the back of this guide.

Be in the know

Before you continue, here are some important things to know as you review our plan options:

- Services with a [1] may require prior authorization (pre-approval).

Amerivantage Select (HMO)	Amerivantage Classic (HMO)
How much is my premium (monthly payment)?	
$0.00 per month	$0.00 per month

You must continue to pay your Medicare Part B premium.

How much is my deductible?	
This plan does not have a medical deductible.	This plan does not have a medical deductible.

Is there a limit on how much I will pay for my covered medical services? (does not include Part D drugs)	
$3,500 per year from doctors and facilities in our plan.	$5,600 per year from doctors and facilities in our plan.

Like all Medicare health plans, our plans protect you by having yearly limits on your out-of-pocket costs for medical and hospital care.

Your limit for services you get from doctors or facilities in our plan, goes toward the yearly limit. If you reach the limit on out-of-pocket costs, you will not have to pay any out-of-pocket costs for the rest of the year. This applies to covered, Part A and Part B services (in our plan).

You will still need to pay your monthly payment (if you have one) and cost-sharing for your Part D prescription drugs.

Inpatient Hospital[1]	
Facilities in our plan: • $250.00 per stay	**Facilities in our plan:** • Days 1 - 6: $250 per day, per admission / Days 7 - 90: $0 per day, per admission

Amerivantage Select (HMO)	Amerivantage Classic (HMO)
Inpatient Hospital[1] - continued	

Both plans cover an unlimited number of days for an inpatient hospital stay.

Per-day cost sharing applies to each new inpatient admission to facilities in our plan. (Note: transfers to an inpatient rehabilitation hospital is considered a new admission and cost sharing per day applies).

Outpatient Hospital [1]	
Doctors and facilities in our plan: $0.00 - $95.00 copay	**Doctors and facilities in our plan:** $0.00 - $250.00 copay

What you will pay depends on the service and where you are treated. Please refer to the *Evidence of Coverage* for additional information.

Doctor's Office Visits[1]	
Primary care physician (PCP) visit:	
PCPs in our plan: $0.00 copay	**PCPs in our plan:** $5.00 copay

Specialist visit:	
Doctors in our plan: $30.00 copay	**Doctors in our plan:** $30.00 copay

Note: We highly recommend you talk to your PCP first, before you get care from a specialist.

Preventive Care Screenings and Annual Physical Exams	
Preventive care screenings:	
Doctors in our plan: $0.00 copay	**Doctors in our plan:** $0.00 copay

Annual physical exam:	
Doctors in our plan: $0.00 copay	**Doctors in our plan:** $0.00 copay

Amerivantage Select (HMO)	Amerivantage Classic (HMO)
Preventive Care Screenings and Annual Physical Exams - continued	

Covered Preventive care screenings:

- Abdominal aortic aneurysm screening
- Alcohol misuse counseling
- Annual "wellness" visit
- Bone mass measurement
- Breast cancer screening (mammogram)
- Cardiovascular disease (behavioral therapy)
- Cardiovascular screening
- Cervical and vaginal cancer screening
- Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy)
- Depression screening
- Diabetes prevention program
- Diabetes screenings and monitoring
- HIV screening
- Lung cancer screenings
- Medical nutrition therapy services
- Obesity screenings and counseling
- Prostate cancer screenings (PSA)
- Sexually transmitted infections screenings and counseling
- Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)
- Vaccines, including flu shots, hepatitis B shots, pneumococcal shots
- "Welcome to Medicare" preventive visit (one-time)

Any extra preventive services approved by Medicare during the contract year will be covered. When you use doctors in these plans, 100% of the cost of preventive care screenings and annual physical exams is covered.

Emergency Care	
$80.00 copay Outside the U.S., this plan may cover emergency care, urgent care and ground transportation up to a $25,000 limit. If the cost of the service is more than $25,000, you will have to pay the difference.	$80.00 copay Outside the U.S., this plan may cover emergency care, urgent care and ground transportation up to a $25,000 limit. If the cost of the service is more than $25,000, you will have to pay the difference.

Amerivantage Select (HMO)	Amerivantage Classic (HMO)
Urgently Needed Services	
$50.00 copay	$50.00 copay

Diagnostic Radiology Services (such as MRIs, CT scans)[1]	
Doctors and facilities in our plan: $50.00 - $100.00 copay	**Doctors and facilities in our plan:** $75.00 - $150.00 copay

Note: We highly recommend you talk to your PCP first, before you get care from a specialist.

What you pay for these services may vary based on where you are treated.

Diagnostic Tests and Procedures[1]	
Doctors and facilities in our plan: $0.00 - $150.00 copay	**Doctors and facilities in our plan:** $0.00 - $150.00 copay

Note: We highly recommend you talk to your PCP first, before you get care from a specialist.

What you pay for these services may vary based on where you are treated.

Lab Services[1]	
Doctors and facilities in our plan: $0.00 copay	**Doctors and facilities in our plan:** $0.00 copay

Note: We highly recommend you talk to your PCP first, before you get care from a specialist.

Amerivantage Select (HMO)	Amerivantage Classic (HMO)
Outpatient X-rays[1]	
Doctors and facilities in our plan: $10.00 copay	**Doctors and facilities in our plan:** $30.00 - $60.00 copay

Note: We highly recommend you talk to your PCP first, before you get care from a specialist.

What you pay for these services may vary based on where you are treated.

Therapeutic Radiology Services (such as radiation treatment for cancer)[1]	
Doctors and facilities in our plan: 20% coinsurance	**Doctors and facilities in our plan:** 20% coinsurance

Note: We highly recommend you talk to your PCP first, before you get care from a specialist.

What you pay for these services may vary based on where you are treated.

Hearing Services[1]	
Medicare-covered hearing services (Exam to diagnose and treat hearing and balance issues):	
Doctors in our plan: $30.00 copay	**Doctors in our plan:** $30.00 copay

Routine hearing services:	
This plan covers 1 routine hearing exam(s) and hearing aid fitting/evaluation(s) every year. $3,000.00 maximum plan benefit for hearing aids every year.	This plan covers 1 routine hearing exam(s) and hearing aid fitting/evaluation(s) every year. $3,000.00 maximum plan benefit for hearing aids every year.

Amerivantage Select (HMO)	Amerivantage Classic (HMO)
Hearing Services[1] - continued	
Doctors in our plan: $0.00 copay for routine hearing exam(s). $0.00 copay for hearing aids.	**Doctors in our plan:** $0.00 copay for routine hearing exam(s). $0.00 copay for hearing aids.

Note: We highly recommend you talk to your PCP first, before you get care from a specialist.

Hearing benefits are offered through Nations Hearing . Please call customer service for more details.

Dental Services	
Medicare-covered dental services (this does not include services for care, treatment, filling, removal or replacement of teeth):	
Doctors and dentists in our plan: $30.00 copay	**Doctors and dentists in our plan:** $30.00 copay

Preventive dental services:	
This plan covers: 2 oral exam(s) every year, 2 cleaning(s) every year, 1 dental X-ray(s) every year. **Dentists in our plan:** $0.00 copay	This plan covers: 2 oral exam(s) every year, 2 cleaning(s) every year, 1 dental X-ray(s) every year. **Dentists in our plan:** $0.00 copay

Comprehensive dental services:	
Not Covered	Not Covered

Dental benefits are offered through DentaQuest. Please call customer service for more details.

Amerivantage Select (HMO)	Amerivantage Classic (HMO)
Vision Services	
Medicare-covered vision services:	
Exam to diagnose and treat diseases and conditions of the eye	
Doctors in our plan: $0.00 - $30.00 copay	**Doctors in our plan:** $0.00 - $30.00 copay
Eyeglasses or contact lenses after cataract surgery	
Doctors in our plan: 20% coinsurance	**Doctors in our plan:** 20% coinsurance

Routine vision services:	
Routine vision exam	
This plan covers 1 routine eye exam(s) every year. **Doctors in our plan:** $0.00 copay	This plan covers 1 routine eye exam(s) every year. **Doctors in our plan:** $0.00 copay
Routine eye wear (lenses and frames)	
This plan covers up to $125.00 for eyeglasses or contact lenses every year. **Doctors in our plan:** $0.00 copay	This plan covers up to $50.00 for eyeglasses or contact lenses every year. **Doctors in our plan:** $0.00 copay

Note: We highly recommend you talk to your PCP first, before you get care from a specialist.

Vision benefits are offered through Superior Vision. Please call customer service for more details.

Amerivantage Select (HMO)	Amerivantage Classic (HMO)
Mental Health Care	
Inpatient visit:[1]	
Doctors and facilities in our plan: $250.00 per stay	**Doctors and facilities in our plan:** Days 1-6: $250 per day, per admission/ Days 7-90: $0 per day, per admission

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

Both plans cover unlimited inpatient days.

Per day cost sharing applies to each new inpatient admission to facilities in our plan. (Note: transfers to an inpatient rehabilitation hospital is considered a new admission and cost sharing per day applies).

Outpatient psychiatric individual and group therapy services:[1]	
Doctors and facilities in our plan: $35.00 copay	**Doctors and facilities in our plan:** $30.00 copay

Note: We highly recommend you talk to your PCP first, before you get care from a specialist.

Amerivantage Select (HMO)	Amerivantage Classic (HMO)
Skilled Nursing Facility (SNF)[1]	
Doctors and facilities in our plan: Preferred Participating SNF: Days 1 - 20: $0 per day / Days 21 - 100: $137.50 per day; All Other Participating SNF: Days 1 - 20: $0 per day / Days 21 - 100: $167.50 per day	**Doctors and facilities in our plan:** Preferred Participating SNF: Days 1 - 20: $0 per day / Days 21 - 100: $137.50 per day; All Other Participating SNF: Days 1 - 20: $0 per day / Days 21 - 100: $167.50 per day

Both plans cover up to 100 days in a Skilled Nursing Facility (SNF).

Your copays for SNF benefits are based on benefit periods. A benefit period starts on the first day you go into a hospital or SNF and ends when you haven't had any inpatient hospital care or skilled nursing care for 60 days in a row. If you go into a SNF after one benefit period has ended, a new benefit period starts. There's no limit to the number of benefit periods you can have.

Physical Therapy[1]	
Doctors and facilities in our plan: $30.00 copay	**Doctors and facilities in our plan:** $30.00 copay

Ambulance[1]	
Ground/Water Ambulance:	
Emergency transportation services in our plan: $260.00 copay per trip	**Emergency transportation services in our plan:** $280.00 copay per trip

Air Ambulance:	
Emergency transportation services in our plan: $260.00 copay per trip	**Emergency transportation services in our plan:** 20% coinsurance per trip

Amerivantage Select (HMO)	Amerivantage Classic (HMO)
Transportation[1]	
Transportation services in our plan:$0.00 copay. This plan offers coverage for 24, one-way, routine transportation services every year. Trips are limited to 60 miles.	**Transportation services in our plan:**$0.00 copay. This plan offers coverage for 20, one-way, routine transportation services every year. Trips are limited to 60 miles.

Routine transportation coverage is limited to plan-approved locations (within the local service area) provided by our contracted vendor, LogistiCare. If you need a ride, call customer service at least 48 hours ahead of time.

Medicare Part B Drugs[1]	
Other Part B Drugs:	
Drugs in our plan: 20% coinsurance	**Drugs in our plan:** 20% coinsurance

Chemotherapy drugs:	
Drugs in our plan: 20% coinsurance	**Drugs in our plan:** 20% coinsurance

More benefits and ways we support your health

Amerivantage Select (HMO)	Amerivantage Classic (HMO)
Chiropractic Care[1]	
Medicare-covered chiropractic services:	
Providers in our plan: $20.00 copay	**Providers in our plan:** $20.00 copay

Medicare coverage includes manipulation of the spine to correct a subluxation (when one or more of the bones of your spine move out of position).

Home Health Care[1]	
Doctors and facilities in our plan: $0.00 copay	**Doctors and facilities in our plan:** $0.00 copay

Note: We highly recommend you talk to your PCP first, before you get care from a specialist.

Outpatient Substance Abuse[1]	
Individual & Group therapy visit:	
Doctors and facilities in our plan: $35.00 copay	**Doctors and facilities in our plan:** $30.00 copay

Note: We highly recommend you talk to your PCP first, before you get care from a specialist.

Amerivantage Select (HMO)	Amerivantage Classic (HMO)
Outpatient Surgery[1]	
Ambulatory surgical center:	
Doctors and facilities in our plan: $95.00 copay	**Doctors and facilities in our plan:** $150.00 copay

Note: We highly recommend you talk to your PCP first, before you get care from a specialist.

Over-the-Counter Items	
This plan covers certain approved, non-prescription, over-the-counter drugs and health-related items, up to $20 every quarter. Unused OTC amounts do roll over to the next quarter. Unused OTC amounts do not roll over to the next calendar year. Catalog orders are limited to one per month. Please visit our website to see a list of covered over-the-counter items.	This plan covers certain approved, non-prescription, over-the-counter drugs and health-related items, up to $10 every quarter. Unused OTC amounts do roll over to the next quarter. Unused OTC amounts do not roll over to the next calendar year. Catalog orders are limited to one per month. Please visit our website to see a list of covered over-the-counter items.

Renal Dialysis	
Doctors and facilities in our plan: 20% coinsurance	**Doctors and facilities in our plan:** 20% coinsurance

Amerivantage Select (HMO)	Amerivantage Classic (HMO)
Outpatient Rehabilitation[1]	
Cardiac (heart) rehab services (with a limit of two, one-hour sessions per day and a maximum of 36 sessions within a 36-week period):	
Doctors and facilities in our plan: $30.00 copay	**Doctors and facilities in our plan:** $30.00 copay

Note: We highly recommend you talk to your PCP first, before you get care from a specialist.

Pulmonary (lung) rehab services (with a limit of two, one-hour sessions per day and a maximum of 36 sessions):	
Doctors and facilities in our plan: $30.00 copay	**Doctors and facilities in our plan:** $30.00 copay

Note: We highly recommend you talk to your PCP first, before you get care from a specialist.

Occupational therapy visit:	
Doctors and facilities in our plan: $30.00 copay	**Doctors and facilities in our plan:** $30.00 copay

Note: We highly recommend you talk to your PCP first, before you get care from a specialist.

Foot Care (podiatry services)[1]	
Medicare-covered podiatry:	
Doctors in our plan: $30.00 copay	**Doctors in our plan:** $30.00 copay

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

Amerivantage Select (HMO)	Amerivantage Classic (HMO)
Foot Care (podiatry services)[1] - continued	
Routine foot care:	
Doctors in our plan: $0.00 copay This plan covers: 24 routine foot care visit(s) every year.	**Doctors in our plan:** $0.00 copay This plan covers: 24 routine foot care visit(s) every year.

Note: We highly recommend you talk to your PCP first, before you get care from a specialist.

Medical Equipment/Supplies[1]	
Durable Medical Equipment (wheelchairs, oxygen, etc.)	
Suppliers in our plan: 20% coinsurance	**Suppliers in our plan:** 20% coinsurance

Medical supplies and prosthetic devices (braces, artificial limbs, etc.)	
Suppliers in our plan: 20% coinsurance	**Suppliers in our plan:** 20% coinsurance

Diabetic supplies and services:[1]	
Suppliers in our plan: $0.00 copay	**Suppliers in our plan:** $0.00 copay

Personal Emergency Response System (PERS) coverage	
$0.00 copay Includes the monitoring device and monitoring service. To start and install services, give us a call. We can help you. Please refer to the *Evidence of Coverage* for additional information.	$0.00 copay Includes the monitoring device and monitoring service. To start and install services, give us a call. We can help you. Please refer to the *Evidence of Coverage* for additional information.

Amerivantage Select (HMO)	Amerivantage Classic (HMO)
LiveHealth Online	
Lets you talk to a doctor by live, two-way video on a computer, smartphone or tablet. Please refer to the *Evidence of Coverage* for additional information.	Lets you talk to a doctor by live, two-way video on a computer, smartphone or tablet. Please refer to the *Evidence of Coverage* for additional information.
Telemonitoring	
Covers in-home equipment and telecommunication technology to monitor specific health conditions. Please refer to the *Evidence of Coverage* for additional information.	Covers in-home equipment and telecommunication technology to monitor specific health conditions. Please refer to the *Evidence of Coverage* for additional information.
24/7 Nurse HelpLine	
24-hour access to a nurse helpline, 7 days a week, 365 days a year. Please refer to the *Evidence of Coverage* for additional information.	24-hour access to a nurse helpline, 7 days a week, 365 days a year. Please refer to the *Evidence of Coverage* for additional information.

Amerivantage Select (HMO)	Amerivantage Classic (HMO)
SilverSneakers®* Fitness program	
$0.00 copay When you become our member, you can sign up for SilverSneakers. It's included in our plan. To learn more details, go to **www.silversneakers.com** or call SilverSneakers at **1-855-741-4985** (TTY: **711**), Monday through Friday, 8 a.m. to 8 p.m. ET.	$0.00 copay When you become our member, you can sign up for SilverSneakers. It's included in our plan. To learn more details, go to **www.silversneakers.com** or call SilverSneakers at **1-855-741-4985** (TTY: **711**), Monday through Friday, 8 a.m. to 8 p.m. ET.

* The SilverSneakers Fitness Program is provided by Tivity Health, an independent company. Tivity Health and SilverSneakers are registered trademarks or trademarks of Tivity Health, Inc., and/or its subsidiaries and/or affiliates in the USA and/or other countries.

Summary of 2018 prescription drug coverage

Know where to go:

Once you become a member of our plan, Chapters 5 and 6 of your *Evidence of Coverage* include lots of important details about your pharmacy benefit.

The four stages of drug coverage

What you pay for your covered drugs depends, in part, on which coverage stage you are in.

Stage 1	Stage 2	Stage 3	Stage 4
Deductible	**Initial Coverage**	**Coverage Gap**	**Catastrophic Coverage**
If you have a deductible, you will pay **100%** of your drug cost until you meet your deductible. (If you have no deductible, or if a specific drug tier does not apply to the deductible, you will skip to Stage 2.)	You will pay a copay or a percentage of the cost, and your plan pays the rest for your covered drugs.	In this stage, you pay a greater share of the costs. It begins after you and your plan have paid a certain amount on covered drugs during Stages 1 and 2 (this can vary by plan). See Stage 2: Initial Coverage below for the exact amount. After you enter the coverage gap, you pay **35%** of the plan's cost for covered brand-name drugs and **44%** of the plan's cost for covered generic drugs until your costs total **$5,000**. Some plans have extra coverage. See the Coverage Gap section for more details.	In this stage, after your yearly out-of-pocket drug costs (including drugs purchased through mail order and your retail pharmacy) reach **$5,000**, you pay the greater of: • **5%** of the cost, or • **$3.35** copay for generic (including brand-name drugs treated as generic) and an **$8.35** copay for all other drugs.

Which coverage stage am I in?

You will get an ***Explanation of Benefits*** **(EOB)** each month you fill a prescription. It will show which coverage stage you're in and how close you are to entering the next one.

Amerivantage Select (HMO)	Amerivantage Classic (HMO)
How much do I pay for Part D drugs?	
Stage 1: Deductible	
This plan does not have a deductible	This plan does not have a deductible
Stage 2: Initial Coverage	
After you pay your yearly deductible (if your plan has one), you pay the amount listed in the table on the following pages, until your total yearly drug costs reach $3,500. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.	After you pay your yearly deductible (if your plan has one), you pay the amount listed in the table on the following pages, until your total yearly drug costs reach $3,500. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.

You may get your covered drugs at retail pharmacies and mail-order pharmacies in our plan.

Generally, you may get your covered drugs from pharmacies not in our plan only when you are unable to get your prescription drugs from a pharmacy that is in our plan.

If you live in a long-term care facility, you pay the same as at a standard retail pharmacy.

Stage 2: Initial Coverage

Amerivantage Select (HMO)

Preferred Retail Cost Sharing	One-month supply	Three-month supply
Tier 1: Preferred Generic	$3.00	$9.00
Tier 2: Generic	$10.00	$30.00
Tier 3: Preferred Brand	$42.00	$126.00
Tier 4: Nonpreferred Drugs	$95.00	$285.00
Tier 5: Specialty Tier	33%	Not available for a long-term supply
Tier 6: Select Care Drugs	$0.00	$0.00

Standard Retail Cost Sharing	One-month supply	Three-month supply
Tier 1: Preferred Generic	$8.00	$24.00
Tier 2: Generic	$15.00	$45.00
Tier 3: Preferred Brand	$47.00	$141.00
Tier 4: Nonpreferred Drugs	$100.00	$300.00
Tier 5: Specialty Tier	33%	Not available for a long-term supply
Tier 6: Select Care Drugs	$0.00	$0.00

Standard Mail Order Cost Sharing	One-month supply	Three-month supply
Tier 1: Preferred Generic	$3.00	$9.00
Tier 2: Generic	$10.00	$30.00
Tier 3: Preferred Brand	$42.00	$126.00
Tier 4: Nonpreferred Drugs	$95.00	$285.00
Tier 5: Specialty Tier	33%	Not available for a long-term supply
Tier 6: Select Care Drugs	$0.00	$0.00

Stage 2: Initial Coverage

Amerivantage Classic (HMO)

Preferred Retail Cost Sharing	One-month supply	Three-month supply
Tier 1: Preferred Generic	$5.00	$15.00
Tier 2: Generic	$12.00	$36.00
Tier 3: Preferred Brand	$42.00	$126.00
Tier 4: Nonpreferred Drugs	$95.00	$285.00
Tier 5: Specialty Tier	33%	Not available for a long-term supply
Tier 6: Select Care Drugs	$0.00	$0.00

Standard Retail Cost Sharing	One-month supply	Three-month supply
Tier 1: Preferred Generic	$10.00	$30.00
Tier 2: Generic	$17.00	$51.00
Tier 3: Preferred Brand	$47.00	$141.00
Tier 4: Nonpreferred Drugs	$100.00	$300.00
Tier 5: Specialty Tier	33%	Not available for a long-term supply
Tier 6: Select Care Drugs	$0.00	$0.00

Standard Mail Order Cost Sharing	One-month supply	Three-month supply
Tier 1: Preferred Generic	$5.00	$15.00
Tier 2: Generic	$12.00	$36.00
Tier 3: Preferred Brand	$42.00	$126.00
Tier 4: Nonpreferred Drugs	$95.00	$285.00
Tier 5: Specialty Tier	33%	Not available for a long-term supply
Tier 6: Select Care Drugs	$0.00	$0.00

Stage 3: Coverage Gap

Amerivantage Select (HMO)

After you enter the coverage gap, you pay 35% of the plan's cost for covered brand name drugs and 44% of the plan's cost for covered generic drugs until your costs total $5,000, which is the end of the coverage gap. Not everyone will enter the coverage gap.

To learn more about your extra gap coverage, see the following chart to find out how much you will pay for your covered drugs

Preferred Retail Cost Sharing	One-month supply	Three-month supply
Tier 6: Select Care Drugs **Covered Drugs: All**	$0.00	$0.00

Standard Retail Cost Sharing	One-month supply	Three-month supply
Tier 6: Select Care Drugs **Covered Drugs: All**	$0.00	$0.00

Standard Mail Order Cost Sharing	One-month supply	Three-month supply
Tier 6: Select Care Drugs **Covered Drugs: All**	$0.00	$0.00

Stage 3: Coverage Gap

Amerivantage Classic (HMO)

After you enter the coverage gap, you pay 35% of the plan's cost for covered brand name drugs and 44% of the plan's cost for covered generic drugs until your costs total $5,000, which is the end of the coverage gap. Not everyone will enter the coverage gap.

To learn more about your extra gap coverage, see the following chart to find out how much you will pay for your covered drugs.

Preferred Retail Cost Sharing	One-month supply	Three-month supply
Tier 6: Select Care Drugs **Covered Drugs: All**	$0.00	$0.00

Standard Retail Cost Sharing	One-month supply	Three-month supply
Tier 6: Select Care Drugs **Covered Drugs: All**	$0.00	$0.00

Standard Mail Order Cost Sharing	One-month supply	Three-month supply
Tier 6: Select Care Drugs **Covered Drugs: All**	$0.00	$0.00

Stage 4: Catastrophic Coverage	
Amerivantage Select (HMO)	**Amerivantage Classic (HMO)**
After your yearly out-of-pocket drug costs (including drugs purchased through mail order and your retail pharmacy) reach $5,000, you pay the greater of: • 5% of the cost, or • $3.35 copay for generic (including brand name drugs treated as generic) and an $8.35 copay for all other drugs.	After your yearly out-of-pocket drug costs (including drugs purchased through mail order and your retail pharmacy) reach $5,000, you pay the greater of: • 5% of the cost, or • $3.35 copay for generic (including brand name drugs treated as generic) and an $8.35 copay for all other drugs.

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call **1-866-805-4589** (TTY: **711**). Our office hours are from 8 a.m. to 8 p.m., seven days a week, October 1 to February 14 (except holidays); 8 a.m. to 8 p.m., Monday – Friday, February 15 to September 30 (except holidays).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-866-805-4589** (TTY: **711**), de 8 a. m. a 8 p. m., los 7 días de la semana (excepto los días feriados) desde el 1° de octubre hasta el 14 de febrero, y de 8 a. m. a 8 p. m., de lunes a viernes (excepto los días feriados) del 15 de febrero hasta el 30 de septiembre.

This information is not a complete description of benefits. Contact the plan for more information.

Limitations, copayments, and restrictions may apply.

Benefits, premiums and/or copayments/coinsurance may change on January 1 of each year.

The Formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

Amerigroup Texas, Inc. is an HMO plan with a Medicare contract. Enrollment in Amerigroup Texas, Inc. depends on contract renewal.