

Summary of Benefits for Amerivantage Dual Coordination (HMO SNP)

Available in: Select Counties* in Tennessee *See Page 2 for a list of counties.

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 **1-877-411-0929** (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**.

This plan is available to anyone who has both Medical Assistance from the State and Medicare.

What you should know about our plan

Amerivantage Dual Coordination (HMO SNP) is a Medicare Advantage and prescription drug plan. It includes hospital, medical and prescription drug benefits in one plan. To join this plan, you must:

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

Our service area includes: Anderson, Bedford, Benton, Bledsoe, Blount, Bradley, Campbell, Cannon, Carroll, Carter, Cheatham, Chester, Claiborne, Clay, Cocke, Coffee, Crockett, Cumberland, Davidson, Decatur, DeKalb, Dickson, Dyer, Fayette, Fentress, Franklin, Gibson, Giles, Grainger, Grundy, Hamblen, Hamilton, Hancock, Hardeman, Hardin, Hawkins, Haywood, Henderson, Henry, Hickman, Houston, Humphreys, Jackson, Jefferson, Johnson, Knox, Lake, Lauderdale, Lawrence, Lewis, Lincoln, Loudon, Macon, Madison, Marion, Marshall, Maury, McNairy, Meigs, Monroe, Montgomery, Moore, Morgan, Obion, Overton, Perry, Pickett, Polk, Rhea, Roane, Robertson, Rutherford, Scott, Sequatchie, Sevier, Shelby, Smith, Stewart, Sullivan, Sumner, Tipton, Trousdale, Unicoi, Union, Van Buren, Warren, Washington, Wayne, Weakley, White, Williamson, Wilson

With this plan, 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. Our plan members also get more than what is covered by Original Medicare. Some of the extra benefits are covered in this enrollment guide.
- 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.

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.

Our plan offers preferred and standard pharmacies. You may go to either type of pharmacy to fill your covered prescription drugs. Your costs will be the same if you use a preferred or standard pharmacy.

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*). 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 plan, it's time to consider the type of plan you may need. On the following pages, you can review more about our plan 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 Dual Coordination (HMO SNP)

How much is my premium (monthly payment)?

\$0.00 per month

Part B premium is covered by TennCare for D-SNP enrollees.

How much is my 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)

\$6,700 per year from doctors and facilities in our plan.

Like all Medicare health plans, our plan protects 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 or outside of 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 Hospital¹

Facilities in our plan: \$0.00 copay

Our plan covers:

- 90 days for an inpatient hospital stay.
- 60 “lifetime reserve days.” These are “extra” days we cover once in your lifetime. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.

Amerivantage Dual Coordination (HMO SNP)

Outpatient Hospital ¹

Doctors and facilities in our plan: \$0.00 copay

Doctor's Office Visits¹

Primary Care Physician (PCP) visit:

PCPs in our plan: \$0.00 copay

Specialist visit:

Doctors in our plan: \$0.00 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

Annual physical exam:

Doctors in our plan: \$0.00 copay

Amerivantage Dual Coordination (HMO SNP)

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 screenings
- 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 this plan, 100% of the cost of preventive care screenings and annual physical exams are covered.

Emergency Care

\$0.00 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.

Urgently Needed Services

\$0.00 copay

Amerivantage Dual Coordination (HMO SNP)

Diagnostic Radiology Services (such as MRIs, CT scans)¹

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.

Diagnostic Tests and Procedures¹

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.

Lab Services¹

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 X-rays¹

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.

Therapeutic Radiology Services (such as radiation treatment for cancer)¹

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 Dual Coordination (HMO SNP)

Hearing Services¹

Medicare-covered hearing services

Exam to diagnose and treat hearing and balance issues:

Doctors in our plan: \$0.00 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.

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 Hearing Care Solutions . Please call customer service for more details.

Dental Services

Medicare-covered dental services (this does not include services in connection with care, treatment, filling, removal or replacement of teeth):

Doctors and dentists in our plan: \$0.00 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

Amerivantage Dual Coordination (HMO SNP)

Dental Services - continued

Comprehensive dental services:

This plan covers up to a \$250.00 allowance for comprehensive dental services every quarter.

Doctors and dentists in our plan: \$0.00 copay

We cover more dental care than what Original Medicare covers. You can use our coverage for these services and more: extra exams, cleanings, X-rays, fillings and repairs, root canals (endodontics), dental crowns (caps), bridges and implants, and dentures.

Any amount not used at the end of a quarter will carry over to the next quarter. Any amount not used at the end of the calendar year will expire.

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

Vision Services

Medicare-covered vision services:

Exam to diagnose and treat diseases and conditions of the eye

Doctors in our plan: \$0.00 copay

Eyeglasses or contact lenses after cataract surgery

Doctors in our plan: \$0.00 copay

Routine vision services:

Routine eye exam

This plan covers 1 routine eye exam(s) every year.

Doctors in our plan: \$0.00 copay

Amerivantage Dual Coordination (HMO SNP)

Vision Services - continued

Routine eye wear (lenses and frames)

This plan covers up to \$300.00 for eyeglasses or contact lenses every year.

Doctors in our plan: \$0.00 copay

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

Mental Health Care

Inpatient visit: ¹

Doctors and facilities in our plan: \$0.00 copay

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.

This plan covers:

- 90 days for an inpatient hospital stay.
- 60 “lifetime reserve days.” These are “extra” days we cover once in your lifetime. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.

Outpatient psychiatric individual and group therapy services: ¹

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 Dual Coordination (HMO SNP)

Skilled Nursing Facility (SNF)¹

Doctors and facilities in our plan: \$0.00 copay

This plan covers up to 100 days in a Skilled Nursing Facility (SNF).

Physical Therapy¹

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.

Ambulance¹

Emergency transportation services in our plan: \$0.00 copay

Transportation

Not covered

Medicare Part B Drugs¹

Drugs in our plan: \$0.00 copay

More benefits and ways we support your health



Amerivantage Dual Coordination (HMO SNP)

Chiropractic Care¹

Medicare-covered chiropractic services:

Providers in our plan: \$0.00 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).

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

Home Health Care¹

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.

Meals Benefit

\$0.00 copay for up to 20 meals following your discharge from the hospital.

Outpatient Substance Abuse¹

Individual & Group therapy visit:

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 Dual Coordination (HMO SNP)

Outpatient Surgery¹

Ambulatory surgical center:

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.

Over-the-Counter Items

This plan covers certain approved, non-prescription, over-the-counter drugs and health-related items, up to \$125 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: \$0.00 copay

Outpatient Rehabilitation¹

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: \$0.00 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: \$0.00 copay

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

Amerivantage Dual Coordination (HMO SNP)

Outpatient Rehabilitation¹ - continued

Occupational therapy visit:

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.

Foot Care (podiatry services)¹

Medicare-covered podiatry:

Doctors in our plan: \$0.00 copay

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

Routine foot care:

Doctors in our plan: \$0.00 copay

This plan covers 6 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/Supplies¹

Durable Medical Equipment (wheelchairs, oxygen, etc.)

Suppliers in our plan: \$0.00 copay

Medical supplies and prosthetic devices (braces, artificial limbs, etc.)

Suppliers in our plan: \$0.00 copay

Amerivantage Dual Coordination (HMO SNP)

Medical Equipment/Supplies¹ - continued

Diabetic supplies and services¹

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.

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.

Telemonitoring

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.

Amerivantage Dual Coordination (HMO SNP)

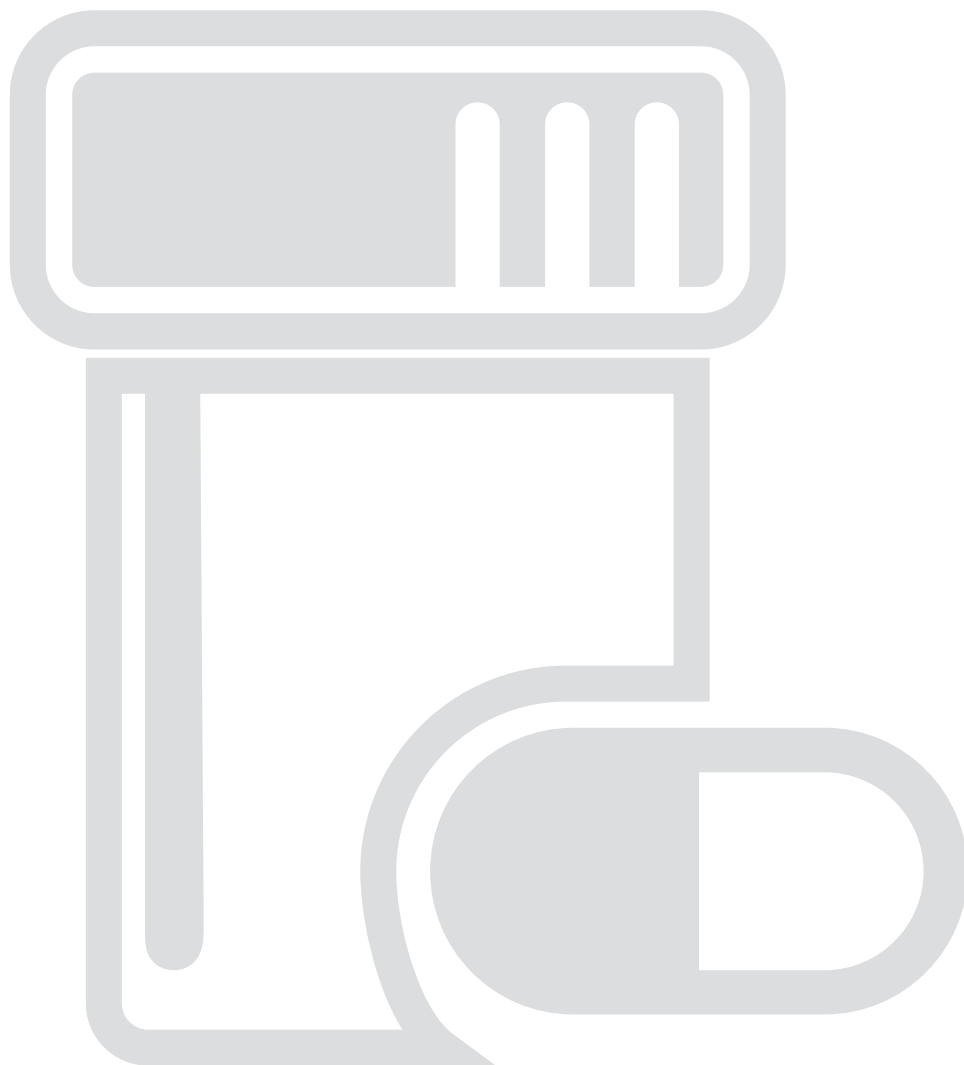
SilverSneakers®* Fitness Program

\$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.

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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.

Amerivantage Dual Coordination (HMO SNP)

How much do I pay for Part D drugs?

Stage 1: Deductible

This stage does not apply to you because you get Extra Help from Medicare.

Stage 2: Initial Coverage

You pay the following until your total yearly drug costs reach \$3,750. 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 retail pharmacy.

Stage 2: Initial Coverage

Amerivantage Dual Coordination (HMO SNP)

Preferred Retail, Standard Retail and Standard Mail Order Cost Sharing	One-month supply	Three-month supply
Tier 1: Preferred Generic	\$0.00	\$0.00
Tier 2: Generic	\$0.00 - \$3.35. The amount you pay is determined by the covered Part D prescription and your low-income subsidy coverage. Please refer to your LIS Rider for the specific amount you pay.	\$0.00 - \$3.35. The amount you pay is determined by the covered Part D prescription and your low-income subsidy coverage. Please refer to your LIS Rider for the specific amount you pay.
Tier 3: Preferred Brand	\$0.00 - \$8.35. The amount you pay is determined by the covered Part D prescription and your low-income subsidy coverage. Please refer to your LIS Rider for the specific amount you pay.	\$0.00 - \$8.35. The amount you pay is determined by the covered Part D prescription and your low-income subsidy coverage. Please refer to your LIS Rider for the specific amount you pay.
Tier 4: Nonpreferred Drugs	\$0.00 - \$8.35. The amount you pay is determined by the covered Part D prescription and your low-income subsidy	\$0.00 - \$8.35. The amount you pay is determined by the covered Part D prescription and your low-income subsidy

Stage 2: Initial Coverage

Amerivantage Dual Coordination (HMO SNP)

Preferred Retail, Standard Retail and Standard Mail Order Cost Sharing	One-month supply	Three-month supply
	coverage. Please refer to your LIS Rider for the specific amount you pay.	coverage. Please refer to your LIS Rider for the specific amount you pay.
Tier 5: Specialty Tier	\$0.00 - \$8.35. The amount you pay is determined by the covered Part D prescription and your low-income subsidy coverage. Please refer to your LIS Rider for the specific amount you pay.	Not available for a long-term supply
Tier 6: Select Care Drugs	\$0.00	\$0.00

Stage 3: Coverage Gap

Amerivantage Dual Coordination (HMO SNP)

After you enter the coverage gap, you will pay your low income subsidy (LIS) level cost-sharing for generic and brand name drugs unless your plan has extra generic gap coverage. You will stay in the gap until your costs total \$5,000, which is the end of the coverage gap. Note - 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, Standard Retail and 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 Dual Coordination (HMO SNP)

After your yearly out-of-pocket drug costs (including drugs purchased through mail order and your retail pharmacy) reach \$5,000, you pay nothing for your covered drugs for the rest of the year.

Summary of Medicaid-covered benefits



Have questions?

What you pay for covered services may depend on your level of Medicaid eligibility. If you have questions about your Medicaid eligibility and what benefits you are entitled to, call:
1-800-342-3145

Statement of Medicaid Benefits and Cost-Sharing Protections

Eligibility

The Amerivantage Dual Coordination (HMO SNP) plan is available to anyone with both Medicare Parts A and B and who receives Medical Assistance from the state Medicaid program to cover Medicare cost sharing.

- Amerivantage Dual Coordination (HMO SNP) members with **Qualified Medicare Beneficiary (QMB)** status are covered by the TennCare program for their Medicare cost sharing. Some QMB members are also eligible for full Medicaid benefits (QMB+).
- Amerivantage Dual Coordination (HMO SNP) plan members with **full Medicaid coverage (Full Benefit Dual Eligible (FBDE))** status are enrolled in the TennCare program that pays their Medicare cost sharing. These members are also eligible to receive the additional Medicaid benefits described below.
- Amerivantage Dual Coordination (HMO SNP) plan members with **Specified Low-Income Beneficiary Plus (SLMB+)** status are covered by the TennCare program for their Medicare cost sharing. Members are also eligible for full Medicaid benefits.

Cost sharing and cost-sharing protections for all members

In an Amerivantage Dual Coordination (HMO SNP) plan, the state Medicaid program pays the cost sharing for Medicare-covered medical services you receive. You pay no cost sharing for the Medicare-covered benefits described earlier in this Summary of Benefits. You will pay small copayments for prescriptions covered under the Medicare Part D prescription drug benefit. When you receive health services, the provider should only bill Amerivantage Dual Coordination (HMO SNP) or the state Medicaid program for the cost of those services and cost-sharing amounts. The provider should not bill you for services or cost sharing.

If you receive care from a non-contracted provider, the provider may not understand Amerivantage Dual Coordination (HMO SNP) or these billing rules. If you receive a bill from a provider for Medicare-covered services, please notify Customer Service so we can help you. Please see Chapter 7 of your Amerivantage Dual Coordination (HMO SNP) *Evidence of Coverage* for more information.

Section A. Amerivantage Dual Coordination (HMO SNP) Members with Full Medicaid Coverage

The benefits listed below are covered by Medicaid. The benefits mentioned earlier in this Summary of Benefits are covered by Medicare. For each benefit listed below, you can see what TennCare covers and what our plan covers. What you pay for covered services may depend on your level of Medicaid eligibility.

Benefit	TennCare	Amerivantage Dual Coordination (HMO SNP)
Community Health Services	Covered by Medicaid based on your eligibility level.	Check the Plan's Evidence of Coverage for any additional coverage.
Non-emergency Transportation	Covered as necessary for enrollees lacking accessible transportation for TennCare-covered services. Travel to access primary care and dental services must meet certain requirements.	Check the Plan's Evidence of Coverage for any additional coverage.
Private Duty Nursing	Covered, with prior approval and with certain limitations for adults age 21 and older, when prescribed by an attending physician for treatment and services rendered by a registered nurse (R.N.) or a licensed practical nurse (L.P.N.L)	Not covered by Medicare.

Benefit	TennCare	Amerivantage Dual Coordination (HMO SNP)
	who is not an immediate relative.	
Psychiatric Rehabilitation Services	Covered by Medicaid based on your eligibility level.	Covered by Medicare. Check the Plan's Evidence of Coverage for any additional coverage.
Dental Services	Medicaid eligibility determines Medicaid covered benefits (for children under age 21). Dental Services provided by the State, not the TN Health Plan.	Check the Plan's Evidence of Coverage for any additional coverage.
Durable Medical Equipment	Covered by Medicaid based on your eligibility level.	Covered by Medicare. Check the Plan's Evidence of Coverage for any additional coverage.
Emergency Air and Ground Transportation Services	Covered by Medicaid based on your eligibility level.	Covered by Medicare. Check the Plan's Evidence of Coverage for any additional coverage.
Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services	For TennCare Medicaid-eligible children under age 21; preventive, diagnostic, and treatment services for TennCare Standard-eligible children under age 21.	Not covered by Medicare.

Benefit	TennCare	Amerivantage Dual Coordination (HMO SNP)
Home Health Care	Covered by Medicaid based on your eligibility level.	Covered by Medicare. Check the Plan's Evidence of Coverage for any additional coverage.
Hospice Care	Covered by Medicaid based on your eligibility level.	Covered by Medicare.
Inpatient and Outpatient Substance Abuse Benefits	Covered by Medicaid based on your eligibility level.	Covered by Medicare. Check the Plan's Evidence of Coverage for any additional coverage.
Inpatient Hospital Services, Inpatient Rehabilitation	Covered by Medicaid based on your eligibility level. Inpatient Rehab Hospital is not covered for ages 21 years old and older unless it's considered a cost-effective alternative.	Covered by Medicare. Check the Plan's Evidence of Coverage for any additional coverage.
Lab & X-ray Services	Covered by Medicaid based on your eligibility level.	Covered by Medicare. Check the Plan's Evidence of Coverage for any additional coverage.
Medical Supplies	Covered by Medicaid based on your eligibility level.	Covered by Medicare. Check the Plan's Evidence of Coverage for any additional coverage.

Benefit	TennCare	Amerivantage Dual Coordination (HMO SNP)
Behavioral Health Intensive Community-Based Treatment	Covered by Medicaid based on your eligibility level.	Check your Medicaid Evidence of Coverage for any additional coverage.
Mental Health Crisis Services	Covered by Medicaid based on your eligibility level.	Check the Plan's Evidence of Coverage for any additional coverage.
Organ and Tissue Transplant Services and Donor Organ/Tissue Procurement Services	Covered by Medicaid based on your eligibility level.	Covered by Medicare. Check the Plan's Evidence of Coverage for any additional coverage.
Outpatient Hospital Services	Covered by Medicaid based on your eligibility level.	Covered by Medicare. Check the Plan's Evidence of Coverage for any additional coverage.
Outpatient Mental Health Services	Covered by Medicaid based on your eligibility level.	Covered by Medicare. Check the Plan's Evidence of Coverage for any additional coverage.
Pharmacy Services	Covered by Medicaid based on your eligibility level. Pharmacy Services are provided by State, not TN Health Plan.	Covered Medicare Part D Prescription Drugs when on the plan formulary and subject to any LIS copayment. Medicare covered Part B drugs subject to Medicare coverage guidelines.

Benefit	TennCare	Amerivantage Dual Coordination (HMO SNP)
Therapy Services: Physical, Speech & Occupational	Covered by Medicaid based on your eligibility level.	Covered by Medicare. Check the Plan's Evidence of Coverage for any additional coverage.
Physician Services	Covered by Medicaid based on your eligibility level.	Covered by Medicare. Check the Plan's Evidence of Coverage for any additional coverage.
Private Duty Nursing Services	Covered by Medicaid based on your eligibility level.	Not covered by Medicare.
Psychiatric Inpatient Facility Services	Covered by Medicaid based on your eligibility level.	Covered by Medicare. Check the Plan's Evidence of Coverage for any additional coverage.
Reconstructive Breast Surgery	Covered by Medicaid based on your eligibility level.	Covered by Medicare. Check the Plan's Evidence of Coverage for any additional coverage.
Renal Dialysis Clinic Services	Covered by Medicaid based on your eligibility level.	Covered by Medicare. Check the Plan's Evidence of Coverage for any additional coverage.
Vision Services	Medicaid eligibility determines Medicaid covered benefits (for children under age 21). For 21 and over, Medical eye care, meaning	Check the Plan's Evidence of Coverage for any additional coverage.

Benefit	TennCare	Amerivantage Dual Coordination (HMO SNP)
	evaluation and management of abnormal conditions, diseases, and disorders of the eye (not including evaluation and treatment of refractive state), will be covered as medically necessary.	
Chiropractic Services	Covered for members under age 21 as a part of EPSDT services	Covered by Medicare. Check the Plan's Evidence of Coverage for any additional coverage.
Psychiatric Residential Services	Covered by Medicaid based on your eligibility level.	Check the Plan's Evidence of Coverage for any additional coverage.

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call **1-877-411-0929** (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).

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.

Premium, copays, coinsurance, and deductibles may vary based on the level of Extra Help you receive. Please contact the plan for further details.

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

Amerigroup Tennessee, Inc. is an HMO DSNP plan with a Medicare contract and a contract with the State Medicaid program. Enrollment in Amerigroup Tennessee, Inc. depends on contract renewal.