



Amerigroup Medicare Advantage Plans 2020

The plans in this guide are available in Pima County, AZ.

Find the plan you want — right here, right now

Use this handy guide to shop for Medicare Advantage plans! For plan details, please check your Summary of Benefits. You can also ask your licensed sales agent or broker for more information. This information is not a complete description of benefits. Contact the plan for more information.



Preventive Dental



**Worldwide
Emergency
Coverage**



Nurse HelpLine



**Routine Hearing
Exam**



**Preventive
Services**



LiveHealth® Online



SilverSneakers®



**Prescription Drug
Coverage**



**Routine Vision
Exam**

All of the plans in this guide are available in some or all of the counties below. Some plans may be available in other counties as well. **BE SURE TO CHECK THE SUMMARY OF BENEFITS, SECTION 1, FOR THE EXACT SERVICE AREA OF EACH PLAN.**

Pima

This information is not a complete description of benefits. Contact the plan for more information. Other Pharmacies/Physicians/Providers are available in our network. We do not discriminate, exclude people, or treat them differently on the basis of race, color, national origin, sex, age or disability in our health programs and activities. ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-248-3295 (TTY: 711). Díí baa akó nínízin: Díí saad bee yánílti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jjiik'eh, éí ná hóló, koji' hódíílnih 1-855-248-3295 (TTY: 711). Out-of-network/non-contracted providers are under no obligation to treat Amerigroup members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services. The SilverSneakers fitness program is provided by Tivity Health, an independent company. SilverSneakers and the SilverSneakers shoe logotype are registered trademarks of Tivity Health, Inc. SilverSneakers On-Demand and SilverSneakers GO are trademarks of Tivity Health, Inc. © 2019 Tivity Health, Inc. All rights reserved. LiveHealth® Online is the trade name of Health Management Corporation, a separate company, providing telehealth services on behalf of Amerigroup.

Amerigroup Texas, Inc. is a Medicare Advantage Organization with a Medicare contract. Amerigroup Insurance Company is a Prescription Drug Plan with a Medicare contract. Enrollment in Amerigroup Texas, Inc. and Amerigroup Insurance Company depends on contract renewal.

Included in all plans: \$0 copay for in-network Medicare-covered Preventive Services including: Annual Wellness Exam, Immunizations, Mammograms, Prostate Cancer Screening Exams, and More. See Evidence of Coverage for details.

Want more? Ask your representative about adding Optional Supplemental Benefits (OSB) to your Medicare Advantage Plan.



Tony Nguyen

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1-520-369-0659

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8 a.m. to 8 p.m.,
7 days a week

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Tôi nói tiếng Việt.

Plan Name	Amerivantage Classic (HMO)	Amerivantage Smart Value (HMO)
Monthly Premium ¹	\$0	\$0
In-Network Out-of-Pocket Limit	\$2,700	\$3,400
Inpatient Care²	In-Network	In-Network
Inpatient Hospital	Days 1 – 5: \$200 per day, per admission/Days 6 – 90: \$0 per day, per admission	Days 1 – 5: \$225 per day, per admission/Days 6 – 90: \$0 per day, per admission
Outpatient Care		
Primary Care Doctor Visit	\$0 copay	\$0 – \$10 copay
Specialist Visit³	\$0 – \$35 copay	\$0 – \$40 copay
Outpatient Hospital Surgery	\$175 copay	\$225 copay
Urgent Care	\$15 copay	\$30 copay
Lab Work	\$0 copay	\$0 copay
X-Rays	\$15 copay	\$15 copay
Hearing	\$0 copay, 1 hearing exam, 1 hearing aid fitting/evaluation per year, 2 digital hearing aids or \$1,000 hearing aid benefit every 3 years	\$0 copay, 1 hearing exam, 1 hearing aid fitting/evaluation per year, 2 digital hearing aids or \$1,000 hearing aid benefit every 3 years
Dental	\$0 copay, 2 exams, 2 cleanings, 1 dental X-ray per year, \$100 allowance every quarter	N/A
Vision	\$0 copay, 1 eye exam every year, up to \$100 eyewear allowance every other year	\$0 copay, 1 eye exam every year, up to \$100 eyewear allowance every other year
Part D Prescription Drugs – Amounts are for a one-month supply at a preferred cost-sharing pharmacy/standard cost-sharing pharmacy.		
Tier 1: Preferred Generic	\$0 copay/\$5 copay	\$5 copay/\$10 copay
Tier 2: Generic	\$7.50 copay/\$12.50 copay	\$10.50 copay/\$15.50 copay
Tier 3: Preferred Brand	\$40 copay/\$45 copay	\$40 copay/\$45 copay
Tier 4: Non-Preferred Drugs	\$85 copay/\$95 copay	\$90 copay/\$95 copay
Tier 5: Specialty	33% coinsurance/33% coinsurance	33% coinsurance/33% coinsurance
Tier 6: Select Care Drugs	\$0 copay/\$0 copay	\$10 copay/\$10 copay
Part D Gap Coverage Tiers	1, 2 & Partial 6	N/A

¹ In addition to your monthly Medicare Part B premium.

² Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.

³ \$0 copayment applies to Medicare-covered specialist services received through designated care programs.