



Amerigroup Medicare Advantage Plan 2020

The plan in this guide is available in Pima County, AZ.



Nurse Helpline



Preventive Services



Routine Vision



Hearing



CareMore Health Access



SilverSneakers®



LiveHealth® Online

Tony Nguyen

an authorized licensed insurance agent for Amerigroup in Arizona
 License number: 16658434

1-520-369-0659

TTY: 711

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

tony.nguyen@anthem.com

Tôi nói tiếng Việt.

Use this handy guide to shop smarter 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.

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.**

AZ: Pima

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). Díi baa akó nínízin: Díi saad bee yánilti'go Diné Bizaad, saad bee áká'ánída'áwo'déjé', t'áá jiik'eh, éi ná hóló, koji' hódíílnih 1-855-248-3295 (TTY: 711).

Amerigroup Texas, Inc. is a Medicare Advantage Organization with a Medicare contract. Enrollment in Amerigroup Texas, Inc. depends on contract renewal.



This policy has exclusions, limitations, and terms under which the policy may be continued in force or discontinued. For costs and complete details of coverage, please contact your agent or the health plan. Other Pharmacies/Physicians/Providers are available in our network. 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.

**Find the plan you want —
right here, right now**

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.



- 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 Additional coverage may be available at an extra cost. Please reference your Evidence of Coverage for details.

Plan Name	Amerivantage CareMore ESRD (HMO C-SNP)
Plan Type	CSNP ESRD
Monthly Premium ¹	\$0
In-Network Out-of-Pocket Limit	\$2,700
Monthly Part B Premium Reduction	\$7
Access to CareMore Health	Yes
Inpatient Care ²	
Inpatient Hospital	Days 1 – 5: \$100 per day, per benefit period/ Days 6 – 90: \$0 per day, per benefit period
Outpatient Care	
Primary Care Doctor Visit	\$0 copay
Specialist Visit	\$0 copay
Outpatient Hospital Surgery	\$50 copay
Urgent Care	\$0 copay
Lab Work	\$0 copay
Ambulance (Ground)	\$195 copay
X-Rays	\$0 copay
Dialysis	\$0 copay
Dental ³	2 oral exams, 2 cleanings, 1 dental X-ray every year. \$100 benefit allowance every three months.
Hearing Aid	1 routine hearing test every year and 1 fitting/evaluation for a hearing aid every year. \$0 copay, 2 digital hearing aids or \$1,000 allowance once every 3 years.
Routine Vision ³	1 routine eye exam every calendar year. \$100 eyeglass frame allowance every other calendar year. \$100 contact lense allowance every other calendar year.
Transportation	\$0 copay for unlimited trips to CareMore Care Centers.
Diabetic Supplies	\$0 copay
Over-the-Counter Allowance	\$85 allowance every quarter
SilverSneakers	Yes
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/\$5
Tier 2: Generic	\$7.50/\$12.50
Tier 3: Preferred Brand	\$40/\$45
Tier 4: Non-Preferred Drugs	\$85/\$95
Tier 5: Specialty	33% coinsurance/33% coinsurance
Tier 6: Select Care Drugs	\$0/\$0
Part D Gap Coverage Tiers	1, 2, Partial 6