

Texas



Texas Market Highlights



You now have more opportunities to sell with the improved competitive positioning of our new DSNP plans with a greater focus on different supplemental benefits.



36 NEW expansion counties

NEW products have been added:

- Expansion of DSNP Premier in Houston MSA
- New DSNP Secure in DFW, San Antonio, Austin, and El Paso
- New CSNPs (Diabetes, Cardiovascular Disorders/CHF, and Chronic Lung) in Harris

New Flex benefits including personal aide and adult day care offered on Select Plans

New Medicare Community Resource Support line added to all plans

New post discharge meal benefit added to DSNPs

New Medicare Supplemental Plans (A, F, G, and N)



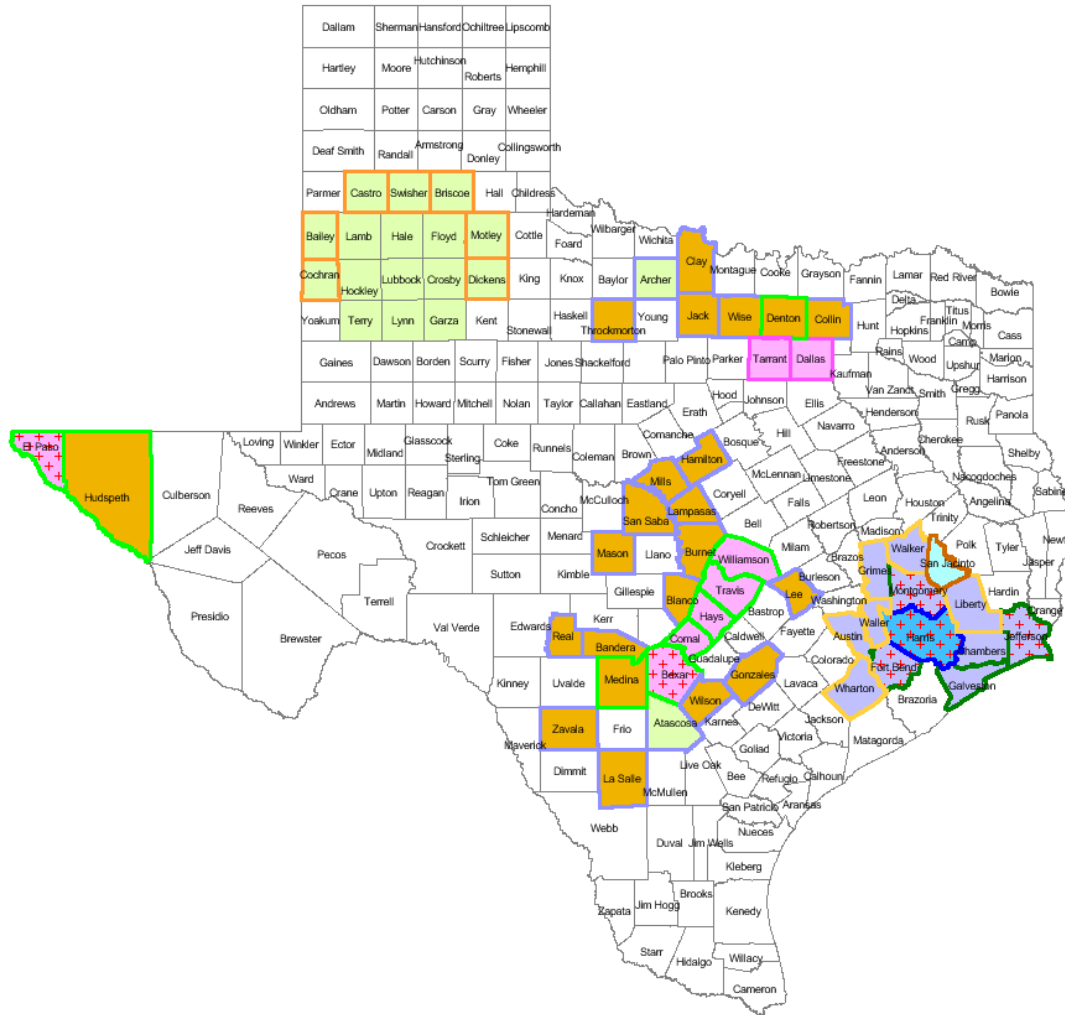
Our best-in-class DSNP plans offer improved Dental benefits

Our new DSNP plans have market leading Vision and OTC allowances



Grow your business by taking advantage of our “Age In” capabilities! We can help you move commercial members turning 65 and provide options for late retirees.

Texas 2019 Service Area



2019 MA Service Area

- HMO, CSNP, DSNP, DSNP Premier
- HMO, CSNP, DSNP, DSNP Secure
- HMO, DSNP
- HMO, DSNP Premier
- HMO, DSNP, DSNP Premier
- HMO, DSNP, DSNP Secure

2019 YOY SA Changes

- New CSNP, DSNP Premier
- New CSNP, DSNP Secure
- New DSNP Premier
- New DSNP Secure
- New HMO, DSNP
- New HMO, DSNP Premier
- New HMO, DSNP, DSNP Secure

2019 Select Network

- + + + + HMO Select

2019 Medicare Supplement plans offered (A, F, G, and N)

Texas 2019 HMO Plan Highlights

	Amerivantage Select (HMO) H2593-029	Amerivantage Classic (HMO) H2593-028-001
Service Area	Fort Bend, Harris, Jefferson, Montgomery	Austin, Chambers, Fort Bend, Galveston, Grimes, Harris, Jefferson, Liberty, Montgomery, San Jacinto, Walker, Waller, Wharton
Monthly Premium	\$0	
Max Out-of-Pocket	\$3,400	\$5,500
Primary Care Physician	\$0	\$5
Specialist	\$25	\$35
Inpatient Hospital	\$120 (3 days)	\$220 (6 days)
Rx Copays (preferred cost shares) T1 / T2 / T3 / T4 / T5 / T6	\$3 / \$10 / \$42 / \$95 / 33% / \$0 (90 day mail-order savings on certain tiers / Erectile Dysfunction drugs covered)	\$5 / \$12 / \$42 / \$95 / 33% / \$0
Rx Deductible	\$0	\$0



Texas 2019 HMO Plan Highlights

	Amerivantage Select (HMO) H2593-029	Amerivantage Classic (HMO) H2593-028-001
Skilled Nursing Facility (Preferred / INN)	Days 1 - 20: \$0 per day / Days 21 - 100: \$142 per day (Preferred) Days 1 - 20: \$0 per day / Days 21 - 100: \$172 per day (INN)	
Outpatient Surgery Hospital	\$50 copay	\$125 copay
Ambulatory Surgical Center	\$25 copay	\$100 copay
Emergency Room	\$120 copay	\$90 copay
Ambulance	\$210 copay (Air Ambulance - \$210)	\$275 copay (Air Ambulance – 20% coinsurance)
Urgent Care	\$65 copay	\$50 copay
Diagnostic Radiologic Procedures	\$50 copay (doctor office) \$60 copay (outpatient facility)	\$50 copay (doctor office) \$60 copay (outpatient facility)
Diagnostic Procedures/Tests	\$50 copay (doctor office) \$60 copay (outpatient facility)	\$50 copay (doctor office) \$60 copay (outpatient facility)
X-rays	\$10 copay (doctor office) \$20 copay (outpatient facility)	\$35 copay (doctor office) \$60 copay (outpatient facility)
Outpatient Lab	\$0 - \$5 copay	\$0 copay

Texas 2019 HMO Plan Highlights

	Amerivantage Select (HMO) H2593-029	Amerivantage Classic (HMO) H2593-028-001
Emergency / Urgent Care Worldwide Coverage	This plan covers emergency services when traveling outside of the United States for less than six months. This benefit is limited to \$25,000 per year for worldwide emergency services.	
Routine Preventive Dental	\$0 copay for 2 oral exam(s); 2 cleaning(s); 1 fluoride every year \$0 copay for 1 dental x-ray(s) every year. \$1,500 comprehensive*	\$0 copay for 2 oral exam(s); 2 cleaning(s); 1 fluoride every year \$0 copay for 1 dental x-ray(s) every year; \$400** comprehensive
Routine Eye Exams /Eye Wear	\$0 copay for 1 routine eye exam every year \$200 limit for eye glasses or contact lenses every year	\$0 copay for 1 routine eye exam every year \$100 limit for eye glasses or contact lenses every year
Routine Hearing Exams/Hearing Aids	\$0 copay for 1 exam per year \$0 copay for fitting & evaluation \$3,000 for hearing aids per year	
Transportation Benefit	24 routine one-way trips, limited to 60 miles	20 routine one-way trips, limited to 60 miles
Fitness	Covered (SilverSneakers®)	
Live Health Online	Covered	
Podiatry	Unlimited routine foot care visit(s) every year	
Over the Counter (OTC)	\$25 per quarter	\$200 per quarter
Medicare Community Resource Support	Covered	
Flex Benefit	Covered	N/A



Texas 2019 DSNP Plan Highlights

	Amerivantage Dual Coordination (HMO SNP) H2593-030-001	Amerigroup Amerivantage Dual Premier (HMO SNP) H2593-032
Service Area	Austin, Chambers, Fort Bend, Galveston, Grimes, Harris, Jefferson, Liberty, Montgomery, San Jacinto, Walker, Waller, Wharton	Austin, Chambers, Fort Bend, Galveston, Grimes, Harris, Jefferson, Liberty, Montgomery, San Jacinto, Walker, Waller, Wharton
Acupuncture	12 visits per year	24 visits per year
Routine Preventive Dental	\$0 copay for 2 exams; 2 cleanings; 1 X-ray and 1 fluoride per year \$1,000 comprehensive*	\$0 copay for 2 exams; 2 cleanings; 1 X-ray and 1 fluoride per year \$4,000 comprehensive**
Routine Eye Exam/ Eye Wear	\$0 copay for 1 exam per year \$300 for hardware per year	\$0 copay for 1 exam per year \$150 for hardware per year
Routine Hearing Exam/Hearing Aids	\$0 copay for 1 exam \$0 copay for fitting & evaluation \$3,000 for hearing aids per year	\$0 copay for 1 exam \$0 copay for fitting & evaluation \$3,000 for hearing aids per year
Over the Counter (OTC)	\$300 per quarter	\$150 per quarter
Podiatry	N/A	24 routine foot care visit(s) every year
Transportation	34 one-way trips. Trips are limited to 60 miles	30 one-way trips. Trips are limited to 60 miles
Fitness	Covered (SilverSneakers®)	
Personal Emergency Response System (PERS)	Covered	
Telemonitoring	Covered	
LiveHealth Online	Covered	
Post Discharge Meals	20 Post Discharge Meals	N/A
Medicare Community Resource Support	Covered	

* \$250 per quarter

** \$1,000 per quarter



Texas 2019 CSNP HMO Plan Highlights

	Amerivantage Diabetes (HMO C-SNP)* H2593-037	Amerivantage Heart (HMO C-SNP)* H2593-038	Amerivantage COPD (HMO C-SNP)* H2593-039
Service Area	Harris		
Monthly Premium	\$0		
Max Out-of-Pocket	\$3,400		
Primary Care Physician	\$0		
Specialist	\$0 copay – Endocrinologists \$25 copay – Other Specialists	\$0 copay – Cardiologists \$25 copay – Other Specialists	\$0 copay – Pulmonologists \$25 copay – Other Specialists
Inpatient Hospital	\$120 (3 days)		
Rx Copays (preferred cost shares) T1 / T2 / T3 / T4 / T5 / T6	\$5 / \$15 / \$42 / \$95 / 33% / \$0 (90 day mail-order savings on certain tiers)		
Rx Deductible	\$0/ Caremore		

Texas 2019 CSNP Plan Highlights

	Amerivantage Diabetes (HMO C-SNP)* H2593-037	Amerivantage Heart (HMO C-SNP)* H2593-038	Amerivantage COPD (HMO C-SNP)* H2593-039
Skilled Nursing Facility (Preferred / INN)		Days 1 - 20: \$0 per day / Days 21 - 100: \$142 per day (Preferred) Days 1 - 20: \$20 per day / Days 21 - 100: \$172 per day (INN)	
Outpatient Surgery Hospital		\$50 copay	
Ambulatory Surgical Center		\$25 copay	
Emergency Room		\$120 copay	
Ambulance		\$210 copay (Ground and Air)	
Urgent Care		\$65 copay	
Diagnostic Radiologic Procedures		\$50 copay (doctor office) \$60 copay (outpatient facility)	
Diagnostic Procedures/Tests		\$50 copay (doctor office) \$60 copay (outpatient facility)	
X-rays		\$10 copay (doctor office) \$20 copay (outpatient facility)	
Outpatient Lab		\$0-\$5 copay	



Texas 2019 CSNP Plan Highlights

	Amerivantage Diabetes (HMO C-SNP)* H2593-037	Amerivantage Heart (HMO C-SNP)* H2593-038	Amerivantage COPD (HMO C-SNP)* H2593-039
Emergency / Urgent Care Worldwide Coverage	This plan covers emergency services when traveling outside of the United States for less than six months. This benefit is limited to \$25,000 per year for worldwide emergency services.		
Routine Preventive Dental	\$0 copay for 2 oral exam(s); 2 cleaning(s) ; 1 fluoride & 1 dental x-ray(s) every year; \$1,500 comprehensive*		
Routine Eye Exams/Eye Wear	\$0 copay for 1 routine eye exam every year \$150 limit for eye glasses or contact lenses every year		
Routine Hearing Exams/ Hearing Aids	\$0 copay for 1 exam \$0 copay for fitting & evaluation \$3,000 for hearing aids per year		
Transportation Benefit	24 one-way trips. Trips limited to 60 miles		
Fitness	Covered (SilverSneakers®)		
Post Discharge/Chronic Meals	10 Post Discharge meals 26 Chronic meals		
LiveHealth Online	Covered		
Podiatry	Unlimited routine foot care visit(s) every year		
Over the Counter (OTC)	\$200 per quarter		
Medicare Community Resource Support	Covered		
Telemonitoring	Covered		
Personal Emergency Response (PERs)	Covered		



Texas 2019 Classic HMO Plan Highlights

Amerivantage Classic (HMO) H2593-028-002	
Service Area	Archer, Clay, Collin, Dallas, Denton, Jack, Tarrant, Throckmorton, Wise
Monthly Premium	\$0
Max Out-of-Pocket	\$3,400
Primary Care Physician	\$0
Specialist	\$30
Inpatient Hospital	\$236 (5days)
Rx Copays (preferred cost shares) T1 / T2 / T3 / T4 / T5 / T6	\$5 / \$12 / \$42 / \$95 / 33% / \$0
Rx Deductible	\$0



Texas 2019 Classic HMO Plan Highlights

Amerivantage Classic (HMO) H2593-028-002	
Skilled Nursing Facility (Preferred / INN)	Days 1 - 20: \$0 per day / Days 21 - 100: \$142 per day (Preferred) Days 1 - 20: \$0 per day / Days 21 - 100: \$172 per day (INN)
Outpatient Surgery Hospital	\$215 copay
Ambulatory Surgical Center	\$190 copay
Emergency Room	\$120 copay
Ambulance	\$260 copay (Air Ambulance – 20% coinsurance)
Urgent Care	\$65 copay
Diagnostic Radiologic Procedures	\$50 copay (doctor office) \$100 copay (outpatient facility)
Diagnostic Procedures/Tests	\$50 copay
X-rays	\$0 copay
Outpatient Lab	\$0 copay



Texas 2019 Classic HMO Plan Highlights

Amerivantage Classic (HMO) H2593-028-002	
Emergency / Urgent Care Worldwide Coverage	This plan covers emergency services when traveling outside of the United States for less than six months. This benefit is limited to \$25,000 per year for worldwide emergency services.
Routine Preventive Dental	\$0 copay for 2 oral exam(s); 2 cleaning(s); 1 fluoride every year \$0 copay for 1 dental x-ray(s) every year; \$1,500** comprehensive
Routine Eye Exams	\$0 copay for 1 routine eye exam every year
Routine Eye Wear	\$0 copay for eye glasses (lenses and frames) or contact lenses every year \$100 limit for eye glasses or contact lenses every year
Routine Hearing Exams/Hearing Aids	\$0 copay for 1 exam \$0 copay for fitting & evaluation \$3,000 for hearing aids per year
Over the Counter (OTC)	\$100 per quarter
Transportation Benefit	20 routine one-way trips, limited to 60 miles
Fitness	Covered (SilverSneakers®)
Live Health Online	Covered
Podiatry	Unlimited routine foot care visit(s) every year
Medicare Community Resource Support	Covered

** \$375 per quarter



Improved



Revised



New

Texas 2019 DSNP Plan Highlights

	Amerivantage Dual Coordination (HMO SNP) H2593-030-002	Amerivantage Dual Secure (HMO SNP) H2593-033
Service Area	Archer, Clay, Collin, Dallas, Denton, Jack, Tarrant, Throckmorton, Wise	Archer, Clay, Collin, Dallas, Denton, Jack, Tarrant, Throckmorton, Wise
Acupuncture	24 visits per year	24 visits per year
Routine Preventive Dental	\$0 copay for 2 exams; 2 cleanings; 1 X-ray; 1 fluoride per year \$4,000 comprehensive*	\$0 copay for 2 exams; 2 cleanings; 1 X-ray; 1 fluoride per year \$1700 comprehensive**
Routine Eye Exams/ Eye Wear	\$0 copay for 1 exam per year \$100 for hardware per year	\$0 copay for 1 exam per year \$400 for hardware per year
Routine Hearing Exams/Hearing Aids	\$0 copay for 1 exam per year \$0 copay for 1 fitting \$ evaluation \$3,000 for hearing aids per year	\$0 copay for 1 exam per year \$0 copay for 1 fitting \$ evaluation \$3,000 for hearing aids per year
Over the Counter (OTC)	\$150 per quarter	\$300 per quarter
Transportation	24 one-way trips. Trips are limited to 60 miles	60 one-way trips. Trips are limited to 60 miles
Fitness	Covered (SilverSneakers®)	Covered (SilverSneakers®)
Podiatry	\$0 copay for unlimited visits per year	\$0 copay for unlimited visits per year
Personal Emergency Response System (PERS)	Covered	Covered
Telemonitoring	Covered	Covered
Live Health Online	Covered	Covered
Post Discharge Meals	N/A	14 post discharge meals; 42 chronic meals
Medicare Community Resource Support	Covered	Covered
Flex Benefit	N/A	Covered

*\$1,000 per quarter

**\$425 per quarter



Texas 2019 HMO Plan Highlights

	Amerivantage Classic(HMO) H2593-028-003	Amerivantage Select (HMO) H2593-026
Service Area	Atascosa, Bandera, Bexar, Burnet, Comal, Gonzales, La Salle, Medina, Real, Wilson, Zavala	Bexar
Monthly Premium	\$0	\$0
Max Out-of-Pocket	\$5,600	\$3,500
Primary Care Physician	\$5	\$0
Specialist	\$30	\$30
Inpatient Hospital	\$250 (6 days)	\$250 (per admit)
Rx Copays (preferred cost shares) T1 / T2 / T3 / T4 / T5 / T6	\$5 / \$12 / \$42 / \$95 / 33% / \$0	\$3 / \$10 / \$42 / \$95 / 33% / \$0 (90 day mail-order savings on certain tiers / Erectile Dysfunction drugs covered)
Rx Deductible	\$0	\$0



Texas 2019 HMO Plan Highlights

	Amerivantage Classic(HMO) H2593-028-003	Amerivantage Select (HMO) H2593-026
Skilled Nursing Facility (Preferred / INN)	Days 1 - 20: \$0 per day / Days 21 - 100: \$142 per day (Preferred) Days 1 - 20: \$0 per day / Days 21 - 100: \$172 per day (INN)	
Outpatient Surgery Hospital	\$250 copay	\$95 copay
Ambulatory Surgical Center	\$150 copay	\$95 copay
Emergency Room	\$90 copay	\$90 copay
Ambulance	\$280 copay (Air Ambulance – 20% coinsurance)	\$260 copay (Air Ambulance - \$260 copay)
Urgent Care	\$50 copay	
Diagnostic Radiologic Procedures	\$75 copay (doctor office) \$150 copay (outpatient facility)	\$50 copay (doctor office) \$100 copay (outpatient facility)
Diagnostic Procedures/Tests	\$75 copay (doctor office) \$150 copay (outpatient facility)	\$75 copay (doctor office) \$150 copay (outpatient facility)
X-rays	\$30 copay (doctor office) \$60 copay (outpatient facility)	\$10 copay (doctor office) \$10 copay (outpatient facility)
Outpatient Lab	\$0 copay	

Texas 2019 HMO Plan Highlights

	Amerivantage Classic (HMO) H2593-028-003	Amerivantage Select (HMO) H2593-026
Emergency / Urgent Care Worldwide Coverage	This plan covers emergency services when traveling outside of the United States for less than six months. This benefit is limited to \$25,000 per year for worldwide emergency services.	
Routine Preventive Dental	\$0 copay for 2 oral exam(s); 2 cleaning(s); 1 fluoride every year \$0 copay for 1 dental x-ray(s) every year; \$1,500 comprehensive*	\$0 copay for 2 oral exam(s); 2 cleaning(s); 1 fluoride every year \$0 copay for 1 dental x-ray(s) every year; \$1,000 comprehensive**
Routine Eye Exams	\$0 copay for 1 routine eye exam every year	
Routine Eye Wear	\$0 copay for eye glasses (lenses and frames) or contact lenses every year. \$150 limit for eye glasses or contact lenses every year.	\$0 copay for eye glasses (lenses and frames) or contact lenses every year \$250 limit for eye glasses or contact lenses every year
Routine Hearing Exams/Hearing Aids	\$0 copay for 1 exam per year \$0 copay for 1 fitting \$ evaluation \$3,000 for hearing aids per year	
Transportation Benefit	\$0 20 one-way trips. Trips limited to 60 miles	\$0 24 one-way trips. Trips limited to 60 miles
Podiatry	Unlimited routine foot care visit(s) every year	
Fitness	Covered (SilverSneakers®)	
Over the Counter (OTC)	\$100 per quarter	\$150 per quarter
Live Health Online	Covered	
Medicare Community Resource Support	Covered	
Flex Benefits	N/A	Covered

*\$375 per quarter
**\$250 per quarter



Texas 2019 DSNP Plan Highlights

	Amerivantage Dual Coordination (HMO SNP) H2593-030-003	Amerivantage Dual Secure (HMO SNP) H2593-034
Service Area	Atascosa, Bandera, Bexar, Burnet, Comal, Gonzales, La Salle, Medina, Real, Wilson, Zavala	Atascosa, Bandera, Bexar, Burnet, Comal, Gonzales, La Salle, Medina, Real, Wilson, Zavala
Acupuncture	24 visits per year	N/A
Dental	\$0 copay for 2 exam(s); 2 cleaning(s); 1 X-ray per year \$4,000 comprehensive*	\$0 copay for 1 exam; 1 cleaning per year
Vision	1 exam; \$100 for hardware	1 exam; \$300 for hardware
Routine Hearing/ Hearing Aids	\$0 copay for 1 exam per year \$0 copay for 1 fitting \$ evaluation \$3,000 for hearing aids per year	\$0 copay for 1 exam per year \$0 copay for 1 fitting \$ evaluation \$3,000 for hearing aids per year
Over the Counter (OTC)	\$150 per quarter	\$300 per quarter
Transportation	24 one-way trips. Trips are limited to 60 miles	60 one-way trips. Trips are limited to 60 miles
Fitness	Covered (SilverSneakers®)	Covered (SilverSneakers®)
Personal Emergency Response System (PERS)	Covered	Covered
Telemonitoring	Covered	Covered
Live Health Online	Covered	Covered
Post Discharge Meals	N/A	20 meals
Podiatry	\$0 copay for unlimited visits	\$0 copay for unlimited visits
Medicare Community Resource Support	Covered	Covered



Texas 2019 ESRD CSNP Plan Highlights

Amerivantage ESRD (HMO-POS SNP)* H2593-031	
Bexar, Comal, Dallas, El Paso, Hays, Tarrant, Travis, Williamson	
Monthly Premium	\$22.90
Dental	2 exams; 2 cleanings; 1 X-ray; \$500 comprehensive**
Vision	1 exam; \$100 per year for hardware
Hearing	\$0 copay for 1 exam per year \$0 copay for 1 fitting \$ evaluation \$2,000 for hearing aids per year
Over the Counter (OTC)	\$65 per quarter
Podiatry	Unlimited routine foot care visit(s) every year
Transportation	48 one-way trips, limited to 60 miles
Personal Emergency Response System (PERS)	Covered
Live Health Online	Covered
Telemonitoring	Covered

*Enrollment for this plan will be executed by Anthem Field Representatives only

**\$125 per quarter

Texas 2019 HMO Plan Highlights

	Amerivantage Classic(HMO) H2593-028-004	Amerivantage Select (HMO) H2593-027
Service Area	El Paso, Hudspeth	El Paso
Monthly Premium	\$0	
Max Out-of-Pocket	\$5,900	\$3,400
Primary Care Physician	\$0	\$5
Specialist	\$35	\$25
Inpatient Hospital	\$258 (6 days)	\$122 (5 days)
Rx Copays (preferred cost shares) T1 / T2 / T3 / T4 / T5 / T6	\$5 / \$12 / \$42 / \$95 / 33% / \$0)	\$3 / \$10 / \$42 / \$95 / 33% / \$0 (90 day mail-order savings on select tiers)
Rx Deductible	\$0	



Texas 2019 HMO Plan Highlights

	Amerivantage Classic(HMO) H2593-028-004	Amerivantage Select (HMO) H2593-027
Skilled Nursing Facility (Preferred / INN)	Days 1 - 20: \$0 per day / Days 21 - 100: \$142 per day (Preferred) Days 1 - 20: \$0 per day / Days 21 - 100: \$172 per day (INN)	
Outpatient Surgery Hospital	\$200 copay	\$100 copay
Ambulatory Surgical Center	\$150 copay	\$100 copay
Emergency Room	\$90 copay	\$120 copay
Ambulance	\$275 copay (Air Ambulance – 20% coinsurance)	\$250 copay (Air Ambulance - \$250 copay)
Urgent Care	\$50 copay	\$65 copay
Diagnostic Radiologic Procedures	\$95 copay (doctor office) \$120 copay (outpatient facility)	\$50 copay (doctor office) \$100 copay (outpatient facility)
Diagnostic Procedures/Tests	\$70 copay (doctor office) \$100 copay (outpatient facility)	\$50 copay (doctor office) \$100 copay (outpatient facility)
X-rays	\$35 copay (doctor office) \$60 copay (outpatient facility)	\$10 copay
Outpatient Lab	\$0 copay	

Texas 2019 HMO Plan Highlights

Amerivantage Classic (HMO) H2593-028-004		Amerivantage Select (HMO) H2593-027
Emergency / Urgent Care Worldwide Coverage	This plan covers emergency services when traveling outside of the United States for less than six months. This benefit is limited to \$25,000 per year for worldwide emergency services.	
Routine Preventive Dental	\$0 copay for 2 oral exam(s); 2 cleaning(s); 1 fluoride every year \$0 copay for 1 dental x-ray(s) every year; \$400 comprehensive**	\$0 copay for 2 oral exam(s); 2 cleaning(s); 1 fluoride every year \$0 copay for 1 dental x-ray(s) every year; \$1,000 comprehensive*
Routine Eye Exams/ Eye Wear	\$0 copay for 1 routine eye exam every year \$100 limit for eye glasses or contact lenses every year.	\$0 copay for 1 routine eye exam every year \$250 limit for eye glasses or contact lenses every year
Routine Hearing Exams/Hearing Aids	\$0 copay for 1 exam per year \$0 copay for 1 fitting \$ evaluation \$3,000 for hearing aids per year	
Podiatry	Unlimited routine foot care visit(s) every year	
Over the Counter (OTC)	\$45 per quarter	\$125 per quarter
Transportation Benefit	12 one-way trips. Trips limited to 60 miles	30 one-way trips. Trips limited to 60 miles
Fitness	Covered (SilverSneakers®)	
Live Health Online	Covered	
Medicare Community Resource Support	Covered	
Flex Benefits	N/A	Covered

*\$250 per quarter
**\$100 per quarter



Improved



Revised



New

Texas 2019 DSNP Plan Highlights

	Amerivantage Dual Coordination (HMO SNP) H2593-030-004	Amerivantage Dual Secure (HMO SNP) H2593-035-000
Service Area	El Paso, Hudspeth	El Paso, Hudspeth
Acupuncture	24 visits per year	N/A
Routine Preventive Dental	\$0 copay for 2 exams; 2 cleanings; 1 X-ray and 1 fluoride per year ; \$4,000 comprehensive*	\$0 copay for 1 oral exam; 1 cleaning
Routine Eye Exam/ Eye Wear	\$0 copay for 1 exam per year \$100 for hardware per year	\$0 copay for 1 exam per year \$300 for hardware per year
Routine Hearing Exam/ Hearing Aids	\$0 copay for 1 exam per year \$0 copay for 1 fitting \$ evaluation \$3,000 for hearing aids per year	\$0 copay for 1 exam per year \$0 copay for 1 fitting \$ evaluation \$3,000 for hearing aids per year
Over the Counter (OTC)	\$150 per quarter	\$300 per quarter
Transportation	24 one-way trips Trips are limited to 60 miles	60 one-way trips Trips are limited to 60 miles
Fitness	Covered (SilverSneakers®)	Covered (SilverSneakers®)
Personal Emergency Response System (PERS)	Covered	Covered
Live Health Online	Covered	Covered
Podiatry	\$0 copay for unlimited visits	\$0 copay for unlimited visits
Post Discharge Meal	N/A	20 meals
Telemonitoring	Covered	Covered
Medicare Community Resource Support	Covered	

Texas 2019 HMO Plan Highlights

Amerivantage Classic (HMO) H2593-028-005	
Service Area	Bailey, Briscoe, Castro, Cochran, Crosby, Dickens, Floyd, Garza, Hale, Hockley, Lamb, Lubbock, Lynn, Motley, Swisher, Terry
Monthly Premium	\$0
Max Out-of-Pocket	\$6,700
Primary Care Physician	\$15
Specialist	\$35
Inpatient Hospital	\$285 (5 days)
Rx Copays (preferred cost shares) T1 / T2 / T3 / T4 / T5 / T6	\$5 / \$12 / \$42 / \$95 / 33% / \$0
Rx Deductible	\$0



Texas 2019 HMO Plan Highlights

Amerivantage Classic (HMO) H2593-028-005	
Skilled Nursing Facility (Preferred / INN)	Days 1 - 20: \$0 per day / Days 21 - 100: \$142 per day (Preferred) Days 1 - 20: \$0 per day / Days 21 - 100: \$172 per day (INN)
Outpatient Surgery Hospital	\$240 copay
Ambulatory Surgical Center	\$200 copay
Emergency Room	\$90 copay
Ambulance	\$285 copay (Air Ambulance – 20% coinsurance)
Urgent Care	\$50 copay
Diagnostic Radiologic Procedures	\$100 copay (doctor office) \$200 copay (outpatient facility)
Diagnostic Procedures/Tests	\$100 copay (doctor office) \$200 copay (outpatient facility)
X-rays	\$35 copay (doctor office) \$60 copay (outpatient facility)
Outpatient Lab	\$0 - \$5 copay



Texas 2019 HMO Plan Highlights

Amerivantage Classic (HMO)

H2593-028-005

Emergency / Urgent Care Worldwide Coverage	This plan covers emergency services when traveling outside of the United States for less than six months. This benefit is limited to \$25,000 per year for worldwide emergency services.
Routine Preventive Dental	\$0 copay for 2 oral exam(s); 2 cleaning(s) every year \$0 copay for 1 dental x-ray(s) ;1 fluoride every year
Routine Eye Exams/Eye Wear	\$0 copay for 1 routine eye exam every year \$100 limit for eye glasses or contact lenses every year
Routine Hearing Exams	\$0 copay for 1 routine hearing exam every year
Hearing Aids	\$0 copay for 1 fitting & evaluation \$3,000 for hearing aids per year
Transportation Benefit	\$0 12 one-way trips. Trips limited to 60 miles
Fitness	Covered (SilverSneakers®)
Over the Counter (OTC)	\$20 per quarter
Live Health Online	Covered
Podiatry	Unlimited routine foot care visit(s) every year
Medicare Community Resource Support	Covered

*\$100 per quarter



Texas 2019 DSNP Plan Highlights

Amerivantage Dual Coordination (HMO SNP) H2593-030-005	
Service Area	Bailey, Briscoe, Castro, Cochran, Crosby, Dickens, Floyd, Garza, Hale, Hockley, Lamb, Lubbock, Lynn, Motley, Swisher, Terry
Acupuncture	24 visits per year
Routine Preventive Dental	\$0 copay for 2 exam(s), 2 cleaning(s) 1 X-ray & 1 fluoride per year \$900 comprehensive**
Routine Hearing Exam/ Eyewear	\$0 copay for 1 exam per year \$75 for hardware per year
Hearing	1 exam; \$3,000 for hearing aids
Over the Counter (OTC)	\$20 per quarter
Transportation	12 one-way trips Trips are limited to 60 miles
Fitness	Covered (SilverSneakers®)
Personal Emergency Response System (PERS)	Covered
Telemonitoring	Covered
Podiatry	Unlimited routine foot care visit(s) every year
Live Health Online	Covered
Medicare Community Resource Support	Covered



Texas 2019 Classic HMO Plan Highlights

Amerivantage Classic (HMO) H2593-028-006	
Service Area	Blanco, Hamilton, Hays, Lampasas, Lee, Mason, Mills, San Saba, Travis, Williamson
Monthly Premium	\$0
Max Out-of-Pocket	\$6,700
Primary Care Physician	\$5
Specialist	\$35
Inpatient Hospital	\$295 (6 days)
Rx Copays (preferred cost shares) T1 / T2 / T3 / T4 / T5 / T6	\$5 / \$12 / \$42 / \$95 / 33% / \$0
Rx Deductible	\$0

Austin Select plan H5817-022 is being consolidated into the Austin Classic plan H2593-028-006 for 2019



Texas 2019 Classic HMO Plan Highlights

Amerivantage Classic (HMO) H2593-028-006	
Skilled Nursing Facility (Preferred / INN)	Days 1 - 20: \$0 per day / Days 21 - 100: \$142 per day (Preferred) Days 1 - 20: \$0 per day / Days 21 - 100: \$172 per day (INN)
Outpatient Surgery Hospital	\$250 copay
Ambulatory Surgical Center	\$200 copay
Emergency Room	\$90 copay
Ambulance	\$250 copay (Air Ambulance – 20% coinsurance)
Urgent Care	\$50 copay
Diagnostic Radiologic Procedures	\$75 copay (doctor office) \$250 copay (outpatient facility)
Diagnostic Procedures/Tests	\$125 copay (doctor office) \$150 copay (outpatient facility)
X-rays	\$35 copay (doctor office) \$60 copay (outpatient facility)
Outpatient Lab	\$0 copay



Texas 2019 Classic HMO Plan Highlights

Amerivantage Classic (HMO) H2593-028-006	
Emergency / Urgent Care Worldwide Coverage	This plan covers emergency services when traveling outside of the United States for less than six months. This benefit is limited to \$25,000 per year for worldwide emergency services.
Routine Preventive Dental	\$0 copay for 2 oral exam(s); 2 cleaning(s); 1 fluoride every year \$0 copay for 1 dental x-ray(s); \$400 comprehensive*
Routine Eye Exams/Eye Wear	\$0 copay for 1 routine eye exam every year; \$100 limit for eye glasses or contact lenses every year
Routine Hearing Exams	\$0 copay for 1 routine hearing exam every year
Hearing Aids	\$0 copay \$3,000 maximum hearing aid benefit per year.
Transportation Benefit	\$0 6 one-way trips. Trips limited to 60 miles
Fitness	Covered (SilverSneakers®)
Over the Counter (OTC)	\$150 per quarter
Live Health Online	Covered
Podiatry	Unlimited routine foot care visit(s) every year
Medicare Community Resource Support	Covered

*\$100 per quarter

Texas 2019 DSNP Plan Highlights

	Amerivantage Dual Coordination (HMO SNP) H2593-030-006	Amerivantage Dual Secure (HMO SNP) H2593-036-000
Service Area	Blanco, Hamilton, Hays, Lampasas, Lee, Mason, Mills, San Saba, Travis, Williamson	Blanco, Hamilton, Hays, Lampasas, Lee, Mason, Mills, San Saba, Travis, Williamson
Acupuncture	24 visits per year	N/A
Routine Preventive Dental	\$0 copay for 2 exams; 2 cleanings; 1 X-ray & 1 fluoride per year; \$3,400 comprehensive***	\$0 copay for 1 exam; 1 cleaning per year
Routine Eye Exam/ Eyewear	\$0 copay for 1 exam per year \$150 for hardware per year	\$0 copay for 1 exam per year \$300 for hardware per year
Hearing	\$0 copay for 1 exam per year \$3,000 for hearing aids per year	\$0 copay for 1 exam per year \$3,000 for hearing aids per year
Over the Counter (OTC)	\$150 per quarter	\$300 per quarter
Transportation	24 one-way trips Trips are limited to 60 miles	60 one-way trips Trips are limited to 60 miles
Fitness	Covered (SilverSneakers®)	Covered (SilverSneakers®)
Personal Emergency Response System (PERS)	Covered	Covered
Telemonitoring	Covered	Covered
Podiatry	\$0 copay for unlimited visits	\$0 copay for unlimited visits
Live Health Online	Covered	Covered
Post Discharge Meals	N/A	20 meals
Medicare Community Resource Support	Covered	Covered

Texas Medicare Supplement Plans

MEDICARE SUPPLEMENT RATING FACTORS					
	Plan Choices	Area	Age	Gender	Tobacco Use
TX	Plan A Plan F Plan G Plan N	Yes	Attained	Yes	Yes

- SilverSneakers® is included with each Plan
- All plans on rolling renewal with 12 month rate guarantee. The annual and age increase will occur in the member's original effective month
- Rx Drug Discounts through ScriptSave WellRx