



AMERIGROUP  
PO Box 659403  
San Antonio TX 78265-9403



An Anthem Company

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14730 JAMES RIVER LN  
HOUSTON TX 77084-2122

Welcome and thank you for selecting Amerivantage Dual Premier (HMO SNP). We appreciate your business. Please find enclosed your new Identification Card. If you are already a member, please destroy your existing card and use the new one instead. Please check your new ID card to make sure your information is accurate. If any corrections need to be made, please contact Customer Service at the number listed on your ID card. We are open 8 a.m. to 8 p.m., 7 days a week from October 1 to March 31, except Thanksgiving and Christmas, Customer Service representatives will be available to answer your call directly. From April 1 through September 30, Customer Service representatives will be available to answer your call from 8 a.m. to 8 p.m., Monday through Friday, except holidays. Our automated system is available anytime for self-service options, including after hours, weekends, and holidays, or visit [amerigroup.com/medicare](http://amerigroup.com/medicare).

Please present this card to your health care provider before receiving supplies or services. You will also use your ID card at pharmacies to purchase Medicare Part D prescription drugs.

During the time that you are a member of Amerivantage Dual Premier (HMO SNP), you must use your Amerivantage Dual Premier (HMO SNP) member ID card instead of your red, white and blue Medicare card to get covered services. Be sure to keep your red, white and blue Medicare card in a safe place in case you are asked to show it, but for the most part you will not use it to get services while you are a member of our plan.

**Important Information:** By enrolling in this Amerivantage Dual Premier (HMO SNP) plan, you have automatically enrolled in Medicare Part D. Please do not enroll in Medicare Part D through the Centers for Medicare & Medicaid Services (CMS).



**Make the best use of your membership:**

- Carry your card with you at all times and show it each time you obtain covered services and supplies. It will help ensure you receive the most value from your benefits.
- Be a wise consumer and remember that you are responsible for knowing what services are covered under your plan and what costs you need to pay. This information is in your Evidence of Coverage (sent separately in your Welcome kit). Please refer to your current Evidence of Coverage for a detailed description of your benefits, including limitations and exclusions.

**You may save more by filling your prescription at a network retail pharmacy with preferred cost-sharing! Starting January 1, 2016, these pharmacies include CVS/pharmacy, Food Lion, Giant Eagle Pharmacy, Hannaford Brothers, Harris Teeter Pharmacy, Kroger, Target, Walmart, Shopco, H-E-B Pharmacy, and some independent pharmacies within specific geographical areas.**

- CVS/pharmacy participating pharmacies include CVS/pharmacy, Longs Drug Stores and Navarro Discount Pharmacies.
- Kroger participating pharmacies include Kroger, Fred Meyer, King Soopers, City Market, Fry's Food Stores, Smith's Food & Drug Centers, Dillon Companies, Ralphs, Quality Food Centers, Baker, Scott's, Owen, Payless, Gerbes, and Jay-C.
- Walmart participating pharmacies include Walmart, Neighborhood Market and Sam's Club.

Check the pharmacy directory on the plan's website for a list of pharmacies with preferred cost-sharing in your area. If you are receiving Medicare's Extra Help, you'll continue to receive those benefits at any network retail pharmacy.

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

**It's important we treat you fairly**

That's why we follow Federal civil rights laws in our health programs and activities. We don't discriminate, exclude people, or treat them differently on the basis of race, color, national origin, sex, age or disability. For people with disabilities, we offer free aids and services. For people whose primary language isn't English, we offer free language assistance services through interpreters and other written languages. Interested in these services? Call Customer Service for help (TTY: 711).

If you think we failed to offer these services or discriminated based on race, color, national origin, age, disability, or sex, you can file a complaint, also known as a grievance. You can file a complaint with our Compliance Coordinator in writing to Compliance Coordinator, 4361 Irwin Simpson Rd, Mailstop: OH0205-A537; Mason, Ohio 45040-9498. Or you can file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights at 200 Independence Avenue, SW; Room 509F, HHH Building; Washington, D.C. 20201 or by calling 1-800-368-1019 (TTY: 1- 800-537-7697) or online at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

**Get help in your language**

Separate from our language assistance program, we make documents available in alternate formats for members with visual impairments. If you need a copy of this document in an alternate format, please call the Customer Service number on the back of your ID card.

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.

**Spanish:** ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-844-731-5985 (TTY: 711).

**Vietnamese:** CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-844-731-5985 (TTY: 711).

