

Washington 2017 Annual Notice of Change

To help you plan for the upcoming year, we are providing you with highlights of our 2017 Medicare Advantage health plan benefit updates. These plan changes will be effective January 1, 2017. Important updates that you and your staff need to be aware of can be found below. We've included service area information, major benefit changes, and key prescription drug changes. You can help members manage their health care costs by being aware of these changes. However, please note, this is only a summary of important changes and does not reflect all of the plan benefits or benefit changes. For specific plan details or eligibility requirements, please refer to the member's Evidence of Coverage (EOC) or contact Provider Services at the number on the member ID card.

Group sponsored Medicare Advantage Health Benefit Plan benefits vary from the Medicare Advantage plans offered to individuals. Group sponsored names and benefit changes may be different than what is described below. For Group Sponsored Medicare Advantage Health Benefit Plan members, please refer to the member's Evidence of Coverage (EOC) or call Provider Services at the number on the member ID card for more benefit detail. Medicare Advantage member ID cards contain a CMS identifier in the lower right corner of the card. The number will be five characters (e.g. H1607, H9954) followed by a three digit number with an 8 in the first position (8XX).



Plan Name	Benefit Changes	Other Notable Changes
<p>Amerivantage Classic (HMO)</p> <p>Amerivantage Classic (HMO) is a HMO coordinated care plan with a participating network of providers. Members are required to select a primary care provider to coordinate their care. Except in urgent or emergency situations, a member must use a participating provider for services to be covered.</p>	<p>1. Inpatient Hospital and Inpatient Mental Health Admissions: Increased number of days covered</p> <ul style="list-style-type: none"> - 2016 Plans covered inpatient days per benefit period - 2017 plans will cover unlimited inpatient days each year <p>2. Enhanced routine podiatry visits from 4 to 24 per year.</p>	<p>Pharmacy Changes:</p> <p>1. The following drugs have moved to Tier 2 Non-Preferred Generics:</p>
<p>Service Area *2017 Expansion counties in bold*</p>	<p>3. \$0 copay for Hemoglobin A1c tests or urine tests to check Albumin levels</p>	<p>- Valsartan</p>
<p>King and Snohomish</p>	<p>5. \$0 copay for a dilated retinal examination with a visual to check for Diabetic and remote imaging for detection of retinal disease</p>	<p>- Valsartan-amlodipine</p> <p>2. The following drugs have moved to Tier 6 Select Care Drugs- which is a \$0 member copay tier during the Initial Coverage Limit (ICL):</p>

		<ul style="list-style-type: none"> - Glipizide-Metformin - Valsartan-HCTZ - Benazepril-HCTZ <p>Moved to tier 6 meaning a member will pay \$0 for this drug until they get to the catastrophic stage</p> <p>3. Non-Formulary drugs changes: Cialis has been moved to Non-Formulary. Alternatives on the formulary: Alfuzosin, Tamsulosin, Finasteride</p>
Plan Name	Benefit Changes	Other Notable Changes
<p>Amerivantage Dual Coordination (HMO SNP)</p> <p>Amerivantage Dual Coordination (HMO SNP) is a Dual Eligible Special Needs plan with a participating network of providers. Members are required to select a primary care provider to coordinate their care. Except in urgent or emergency situations, a member must use a participating provider for services to be covered by the plan. Members enrolled in this plan are dually eligible for both Medicare and Medicaid. You should submit claims to us first and then to the member's Medicaid carrier for secondary coverage.</p>	<ol style="list-style-type: none"> 1. Enhanced routine podiatry from 6 to 24 visits per year 2. Enhanced OTC from \$20 to \$39 per quarter 	<p>Pharmacy Changes:</p> <ol style="list-style-type: none"> 1. The following drugs have moved to Tier 2 Non-Preferred Generics:

Service Area *2017 Expansion counties in bold*		
King and Snohomish	<p>3. Enhanced preventive dental allowed \$50 to \$175 per quarter</p> <p>4. Inpatient Hospital and Inpatient Mental Health Admissions: Continue to apply Medicare defined cost share per benefit period.</p>	<p>- Valsartan</p> <p>- Valsartan-amlodipine</p> <p>2. The following drugs have moved to Tier 6 Select Care Drugs- which is a \$0 member copay tier during the Initial Coverage Limit (ICL):</p> <ul style="list-style-type: none"> - Glipizide-Metformin - Valsartan-HCTZ - Benazepril-HCTZ <p>Moved to tier 6 meaning a member will pay \$0 for this drug until they get to the catastrophic stage</p> <p>3. Non-Formulary drugs changes:</p> <p>Cialis has been moved to Non-Formulary. Alternatives on the formulary: Alfuzosin, Tamsulosin, Finasteride</p>

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*In New Mexico, Amerigroup Community Care of New Mexico, Inc. In Texas, Amerigroup members in the Medicaid Rural Service Area are served by Amerigroup Insurance Company; all other Amerigroup members are served by Amerigroup Texas, Inc. In Washington, Amerigroup Washington, Inc.

Amerivantage is a DSNP plan with a Medicare contract and a contract with the State Medicaid program. In New Mexico: Amerivantage is an HMO with a Medicare contract. Enrollment in Amerivantage depends on contract renewal.