

# **APPENDIX A**



# **AMERIGROUP**

# **COMMUNITY**

# **CARE**

## IDENTIFICATION CARD

The member should present a Care Management Organization (CMO) member identification card.

 <p>Effective Date: XXXX/XXXX Date of Birth: XX/XX/XXXX Subscriber #: 7XXXXXXXXX RXGRP #: F823GAMD RXBIN #: 610415</p> <p>Member Name: <b>AMERIGROUP CARD SAMPLE</b> Medicaid or PeachCare for Kids Number: XXXXXXXXXXXXXXXXXXXX Primary Care Provider (PCP): XXXXXXXXXXXXXXXXXXXX PCP Telephone #: (XXX) XXX-XXXX PCP After Hours #: XXXXXXXXXXXX PCP Address: XXXXXXXXXXXXXXXXXXXX Copays may apply for certain services (Medicaid only) Vision: 1-866-522-5923 Dental: 1-800-608-9563</p>   <p>Member Services/Nurse HelpLine and Behavioral Health (24 hours a day, 7 days a week) 1-800-600-4441 GA01</p>	<p><b>MEMBERS:</b> Please carry this card at all times. Show this card before you get medical care. You do not need to show this card before you get emergency care. If you have an emergency, call 911 or go to the nearest emergency room. Always call your AMERIGROUP PCP for non-emergency care. If you have questions, call Member Services at 1-800-600-4441. If you are hearing impaired, please call 1-800-855-2880.</p> <p><b>MIEMBROS:</b> Favor de llevar esta tarjeta con usted en todo momento. Presente esta tarjeta antes de recibir atención médica. No tiene que presentarla para recibir atención de emergencia. Si tiene una emergencia, llame al 911 ó vaya a la sala de emergencia más cercana. Llame siempre a su PCP de AMERIGROUP para atención que no sea de emergencia. Si tiene preguntas, llame a Servicios para Miembros al 1-800-600-4441. Si tiene problemas de audición, favor de llamar al 1-800-855-2880.</p> <p><b>HOSPITALS:</b> Preadmission certification is required for all non-emergency admissions including outpatient surgery. For emergency admissions, notify AMERIGROUP within 24 hours after treatment at 1-800-454-3730.</p> <p><b>PROVIDERS:</b> Certain services must be preauthorized. If preauthorization has not been obtained, please contact the PCP listed on this card before administering treatment. Care that is not preauthorized may not be covered. For preauthorizations/billing or pharmacy information, call 1-800-454-3730.</p> <p><b>SUBMIT CLAIMS TO:</b> AMERIGROUP - PO BOX 61010 - VIRGINIA BEACH, VA 23466-1010</p> <p><b>USE OF THIS CARD BY ANY PERSON OTHER THAN THE MEMBER IS FRAUD. EL USO DE ESTA TARJETA POR CUALQUIER PERSONA QUE NO SEA EL MIEMBRO SE CONSIDERA FRAUDE.</b></p> <p>GA01</p>
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## BENEFITS

### Office Encounters

All AMERIGROUP members have benefits for an annual eye health examination for the purpose of evaluating a member’s ocular health and determining the refractive status of the member. This annual eye health examination should be conducted in compliance with the Avesis Eye Examination Standards and Requirements. Coverage includes the examination and the annual dispensing of spectacle frames and lens materials required to correct visual acuity one time every 366 days. Claims for medical services for AMERIGROUP members should be submitted to AMERIGROUP directly.

### Materials

All AMERIGROUP members are eligible to receive, at no cost to the member, one pair of spectacle lenses or medically necessary contact lenses once every 366 days. The lens material will be CR-39, standard plastic lenses unless the member meets criteria for medically necessary polycarbonate lenses. Standard criterion for polycarbonate lenses for children (members under the age of 21) is a refractive error in excess of -5.25/+4.00 diopters in any of the four meridians. No prior authorization is required for children meeting this refractive error standard.

Buy Up Allowance

Members may choose to purchase, at their own expense, frames, lenses and/or lens add-ons that are outside of the fully covered selections. They may also choose to buy up on contact lenses if prior authorization is obtained from Avesis Utilization Management Department for those lenses and the member is determined to have met the criteria for contact lenses. If the member elects to receive non-covered spectacle material(s), the member is responsible to pay the retail cost less twenty dollars (\$20.00) for the frame and/or twenty dollar (\$20.00) for lenses to be billed to Avesis. If the member elects to receive non-covered contact lenses, the member is responsible to pay the retail cost less the payment received from Avesis. The member must sign the Non-Covered Services Disclosure Form acknowledging that the amount paid by Avesis represents full utilization of his or her materials benefit. The member is financially responsible for the additional cost of the materials. If the member is subject to collection action upon failure to make the required payment, the terms of the action must be kept in the member's treatment record. The Non-Covered Services Disclosure Form must be signed by you and the member prior to ordering the non-covered frames/lenses and must be retained in the patient file.