Summary of Benefits

2021

Allwell Dual Medicare (HMO D-SNP) H7173: 001
Butts, Chattahoochee, Clayton, Cobb, Dawson, DeKalb, Douglas, Fayette, Forsyth, Fulton, Greene, Gwinnett, Harris, Heard, Henry, Lumpkin, Marion, Morgan, Muscogee, Oconee, Paulding, Pickens, Rockdale, Spalding, Taliaferro and Troup counties, GA

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This booklet provides you with a summary of what we cover and the cost-sharing responsibilities. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please call us at the number listed on the last page, and ask for the "Evidence of Coverage" (EOC), or you may access the EOC on our website at allwell.pshpgeorgia.com.

You are eligible to enroll in Allwell Dual Medicare (HMO D-SNP) if:

- You are entitled to Medicare Part A and enrolled in Medicare Part B. Members must continue to pay their Medicare Part B premium if not otherwise paid for under Medicaid or by another third party.
- You must be a United States citizen, or are lawfully present in the United States and permanently reside in the service area of the plan (in other words, your permanent residence is within the Allwell Dual Medicare (HMO D-SNP) service area counties). Our service area includes the following counties in Georgia: Butts, Chattahoochee, Clayton, Cobb, Dawson, DeKalb, Douglas, Fayette, Forsyth, Fulton, Greene, Gwinnett, Harris, Heard, Henry, Lumpkin, Marion, Morgan, Muscogee, Oconee, Paulding, Pickens, Rockdale, Spalding, Taliaferro and Troup.
- For Allwell Dual Medicare (HMO D-SNP), you must also be enrolled in the Georgia Medicaid plan. Premiums, copays, coinsurance, and deductibles may vary based on your Medicaid eligibility category and/or the level of Extra Help you receive. Your Part B premium is paid by the State of Georgia for full-dual enrollees. Please contact the plan for further details.

The Allwell Dual Medicare (HMO D-SNP) plan gives you access to our network of highly skilled medical providers in your area. You can look forward to choosing a primary care provider (PCP) to work with you and coordinate your care. You can ask for a current provider and pharmacy directory or, for an up-to-date list of network providers, visit allwell.pshpgeorgia.com. (Please note that, except for emergency care, urgently needed care when you are out of the network, out-of-area dialysis services, and cases in which our plan authorizes use of out-of-network providers, if you obtain medical care from out-of-plan providers, neither Medicare nor Allwell Dual Medicare (HMO D-SNP) will be responsible for the costs.)

This Allwell Dual Medicare (HMO D-SNP) plan also includes Part D coverage, which provides you with the ease of having both your medical and prescription drug needs coordinated through a single convenient source.

Summary of Benefits

JANUARY 1, 2021 – DECEMBER 31, 2021

Benefits	Allwell Dual Medicare (HMO D-SNP) H7173: 001 Premiums / Copays / Coinsurance
Premiums, copays, coinsurance, and deductibles may vary based on your Medicaid eligibility category and/or the level of Extra Help you receive	
Monthly Plan Premium	You pay $0 to $29.80 based on your level of Medicaid eligibility (You must continue to pay your Medicare Part B premium, if not otherwise paid for by Medicaid or another third party.)
Deductibles	• $0 or $198 deductible for covered medical services. $198 is the 2020 Part B deductible. This amount may change for 2021. • $445 deductible for Part D prescription drugs (applies to drugs on Tiers 2, 3, 4 and 5) • $0 or $1,408 deductible for inpatient hospital stay. This amount may change for 2021.
Maximum Out-of-Pocket Responsibility (does not include prescription drugs)	$6,700 annually This is the most you will pay in copays and coinsurance for covered medical services for the year.
Inpatient Hospital Coverage*	In 2020, the amounts for each admission were: $0 or • $1,408 hospital deductible each admission • $0 copay per day for days 1 through 60 • $352 copay per day for days 61 through 90 • $704 copay per day per lifetime reserve day (may change in 2021)
Outpatient Hospital Coverage*	• Outpatient Hospital: 0% or 20% coinsurance per visit • Observation Services: 0% or 20% coinsurance per visit
Doctor Visits (Primary Care Providers and Specialists)	• Primary Care: $0 copay per visit • Specialist: $0 or $15 copay per visit
Preventive Care (e.g. flu vaccine, diabetic screening)	$0 copay for most Medicare-covered preventive services Other preventive services are available.
Emergency Care	0% or 20% coinsurance (up to $90) per visit You do not have to pay the copay if admitted to the hospital immediately.
Urgently Needed Services	0% or 20% coinsurance (up to $65) per visit Copay is not waived if admitted to hospital.

Services with an * (asterisk) may require prior authorization from your doctor.

Benefits	Allwell Dual Medicare (HMO D-SNP) H7173: 001 Premiums / Copays / Coinsurance
Diagnostic Services/ Labs/Imaging* (including diagnostic tests and procedures, labs, diagnostic radiology, and X-rays)	COVID-19 testing and specified testing-related services at any location are $0. • Lab services: $0 copay • Diagnostic tests and procedures: 0% or 20% coinsurance • Outpatient X-ray services: 0% or 20% coinsurance • Diagnostic Radiology services (such as, MRI, MRA, CT, PET): 0% or 20% coinsurance
Hearing Services	• Hearing exam (Medicare-covered): 0% or 20% coinsurance • Routine hearing exam: $0 copay (1 every calendar year) • Hearing aid: $0 copay (2 hearing aids total, 1 per ear, per calendar year)
Dental Services	• Dental services (Medicare-covered): 0% or 20% coinsurance per visit • Preventive Dental Services: $0 copay (including oral exams, cleanings, fluoride treatment, and X-rays) • Comprehensive dental services: Additional comprehensive dental benefits are available. There is a maximum allowance of $2,000 every calendar year; it applies to all comprehensive dental benefits.
Vision Services	• Vision exam (Medicare-covered): 0% or 20% coinsurance per visit • Routine eye exam: $0 copay per visit (up to 1 every calendar year) • Routine eyewear: up to $150 allowance every calendar year
Mental Health Services	Individual and group therapy: 0% or 20% coinsurance per visit
Skilled Nursing Facility*	In 2020, the amounts for each benefit period were: $0 or, • $0 copay per day, days 1 through 20 • $176 copay per day, days 21 through 100 (may change for 2021)
Physical Therapy*	0% or 20% coinsurance per visit
Ambulance	0% or 20% coinsurance (per one-way trip) for ground or air ambulance services

Benefits	Allwell Dual Medicare (HMO D-SNP) H7173: 001 Premiums / Copays / Coinsurance
Ambulatory Surgery Center*	Ambulatory Surgery Center: 0% or 20% coinsurance per visit
Transportation	• $0 copay for each one-way trip • Up to 40 one-way trips to plan-approved health-related locations every calendar year. Mileage limits may apply.
Medicare Part B Drugs*	• Chemotherapy drugs: 0% or 20% coinsurance • Other Part B drugs: 0% or 20% coinsurance

Part D Prescription Drugs		
Deductible Stage	$445 deductible for Part D prescription drugs (applies to drugs on Tiers 2, 3, 4 and 5). The Deductible Stage is the first payment stage for your drug coverage. This stage begins when you fill your first prescription in the year. When you are in this payment stage, you must pay the full cost of your Part D drugs until you reach the plan's deductible amount. Once you have paid the plan's deductible amount for your Part D drugs, you leave the Deductible Stage and move on to the next payment stage (Initial Coverage Stage). If you receive "Extra Help" to pay for your prescription drugs, your deductible amount will be either $0 or $92 depending on the level of "Extra Help" you receive.	
Initial Coverage Stage (after you pay your Part D deductible, if applicable)	After you have met your deductible (if applicable), the plan pays its share of the cost of your drugs and you pay your share of the cost. "Total drug costs" is the total of all payments made for your covered Part D drugs. It includes what the plan pays and what you pay. Once your "total drug costs" reach $4,130 you move to the next payment stage (Coverage Gap Stage).	
	Standard Retail Rx 30-day supply	**Mail Order Rx 90-day supply**
Tier 1: Preferred Generic Drugs	$2 copay	$6 copay
Tier 2: Generic Drugs	$10 copay	$30 copay
Tier 3: Preferred Brand Drugs	$47 copay	$141 copay
Tier 4: Non-Preferred Drugs	48% coinsurance	48% coinsurance
Tier 5: Specialty	25% coinsurance	Not available

Part D Prescription Drugs	
Coverage Gap Stage	During this payment stage, you receive a 70% manufacturer's discount on covered brand name drugs and the plan will cover another 5%, so you will pay 25% of the negotiated price and a portion of the dispensing fee on brand-name drugs. In addition the plan will pay 75% and you pay 25% for generic drugs. (The amount paid by the plan does not count towards your out-of-pocket costs). You generally stay in this stage until the amount of your year-to-date "out-of-pocket costs" reaches $6,550. "Out of pocket costs" includes what you pay when you fill or refill a prescription for a covered Part D drug and payments made for your drugs by any of the following programs or organizations: "Extra Help" from Medicare; Medicare's Coverage Gap Discount Program; Indian Health Service; AIDS drug assistance programs; most charities; and most State Pharmaceutical Assistance Programs (SPAPs). Once your "out-of-pocket costs" reach $6,550, you move to the next payment stage (Catastrophic Coverage Stage). If you qualify for "Extra Help" this stage doesn't apply-If you are not eligible for "Extra Help", call the plan or refer to the Evidence of Coverage (EOC), Chapter 6, for outpatient prescription drug cost-sharing information.
Catastrophic Coverage Stage	During this payment stage, the plan pays most of the cost for your covered drugs. For each prescription, you pay whichever of these is greater: a payment equal to 5% coinsurance of the drug, or a copayment ($3.70 for a generic drug or a drug that is treated like a generic, $9.20 for all other drugs).
Important Info:	Cost-sharing may change depending on the level of help you receive, the pharmacy you choose (such as Standard Retail, Mail Order, Long-Term Care, or Home Infusion) and when you enter any of the four stages of the Part D benefit. For more information about the costs for Long-Term Supply, Home Infusion, or additional pharmacy-specific cost-sharing and the stages of the benefit, please call us or access our EOC online. Low income subsidy (LIS) is extra help you receive from Medicare. To find out if you qualify, visit Medicare.gov or call Member Services at 1-877-725-7748 (TTY: 711).

Additional Covered Benefits	
Benefits	**Allwell Dual Medicare (HMO D-SNP) H7173: 001 Premiums / Copays / Coinsurance**
Additional Telehealth Services	The cost share of Medicare-covered additional telehealth services with primary care physicians, specialists, individual/group sessions with mental health and psychiatric providers and other health care practitioners within these practices will be equal to the cost share of these individual services' office visits.
Opioid Treatment Program Services	• Individual setting: 0% or 20% coinsurance per visit • Group setting: 0% or 20% coinsurance per visit
Over-the-Counter (OTC) Items	$0 copay ($135 allowance per quarter) for items available via mail and at participating CVS retail Pharmacy locations. There is a limit of 9 per item, per order, with the exception of certain products which have additional limits. You are allowed to order once per quarter and any unused money does not carry over to the next quarter. You can also purchase OTC products at participating CVS locations. Participating locations vary by area. Refer to the Store Locator link on cvs.com/otchs/allwell for a list of participating locations. Please visit the plan's website to see the list of covered over-the-counter items.
Chiropractic Care	• Chiropractic services (Medicare-covered): 0% or 20% coinsurance per visit
Acupuncture	• Acupuncture services for chronic low back pain (Medicare-covered): 0% or 20% coinsurance per visit in a chiropractic setting • Acupuncture services for chronic low back pain (Medicare-covered): $0 copay per visit in a Primary Care Provider's office • Acupuncture services for chronic low back pain (Medicare-covered): $0 or $15 copay per visit in a Specialist's office
Medical Equipment/ Supplies*	• Durable Medical Equipment (e.g., wheelchairs, oxygen): 0% or 20% coinsurance • Prosthetics (e.g., braces, artificial limbs): 0% or 20% coinsurance • Diabetic supplies: $0 copay
Foot Care (Podiatry Services)	• Foot exams and treatment (Medicare-covered): 0% or 20% coinsurance per visit
Virtual Visit	Teladoc™ plan offers 24 hours a day/7days a week/365 days a year virtual visit access to board certified doctors to help address a wide variety of health concerns/questions.
Wellness Programs	• Fitness program: $0 copay • 24-hour Nurse Connect: $0 copay

Services with an * (asterisk) may require prior authorization from your doctor.

Additional Covered Benefits	
Benefits	**Allwell Dual Medicare (HMO D-SNP) H7173: 001 Premiums / Copays / Coinsurance**
	• Supplemental smoking and tobacco use cessation (counseling to stop smoking or tobacco use): $0 copay For a detailed list of wellness program benefits offered, please refer to the EOC.
Routine Annual Exam	$0 Copay

Comprehensive Written Statement for Prospective Enrollees

The benefits described in the Premium and Benefit section of the Summary of Benefits are covered by our Medicare Advantage plan. For each benefit listed, you can see what our plan covers. What you pay for covered services may depend on your level of Medicaid eligibility. Coverage of the benefits described in this Summary of Benefits depends upon your level of Medicaid eligibility. No matter what your level of Medicaid eligibility is,
Allwell Dual Medicare (HMO D-SNP) will cover the benefits described in the Premium and Benefit section of the Summary of Benefits. If you have questions about your Medicaid eligibility and what benefits you are entitled to, call the Georgia Medicaid toll free at 1-866-211-0950 (TTY: 711).

Our source of information for Medicaid benefits is https://dch.georgia.gov. All Medicaid covered services are subject to change at any time. For the most current Georgia Medicaid coverage information, please visit https://dch.georgia.gov or call Member Services for assistance. A detailed explanation of Georgia Medicaid benefits can be found online at https://dch.georgia.gov

Georgia Medicaid Summary of Benefits*	
*This Summary of Benefits is Current as of 6/30/20 and is subject to change by DHC.	Note: Numbers in the Co-Payment column refer to the sections following this table.
Benefit	**Co-Payment[1]**
Doctor and nurse office visits (when you visit a doctor or nurse for checkup, lab tests, exams, or treatment)	$0 Co-pay
Nurse visits in the home after delivery of the baby	$0 Co-pay
Nursing facilities (nursing homes)	$0 Co-pay
Emergency ambulance services	$0 Co-pay
Preventive dental care, fillings and oral surgery for children	$0 Co-pay
Certain emergency dental care for adults	$0 Co-pay
Non-emergency transportation (to get to and from medical appointments)	$0 Co-pay
Exams, immunizations (shots), and treatments for children	$0 Co-pay

Family planning services (such as exams, drugs, treatment and counseling)	$0 Co-pay
Hospice care services provided by a Medicaid hospice provider	$0 Co-pay
Hearing services for children	$0 Co-pay
Diagnostic, screening and preventive services	$0 Co-pay
Laboratory services	$0 Co-pay
Mental health clinic services	$0 Co-pay
Nurse midwife and nurse practitioner services	$0 Co-pay
Benefit	**Co-Payment[1]**
Psychological services (for people under the age of 21)	$0 Co-pay
Therapy services (physical, occupational and speech)	$0 Co-pay
Rural Health Clinic and Federally Qualified Health Center services	$0 Co-pay
Childbirth education classes	$0 Co-pay
Birthing center services	$0 Co-pay
Dialysis and services for end-stage renal (kidney) disease	$0 Co-pay
Vision services	$0 Co-pay[2]
Durable medical equipment Medical equipment and supplies prescribed by a doctor for use in your home (such as wheelchairs, crutches or walkers)	$0 Co-pay[3]
Home health services ordered by a doctor and received in your home (such as part-time nursing, physical therapy or home health aides)	$0 Co-pay[4]

Outpatient hospital services you receive in a hospital even though you do not stay in the hospital overnight	$0 Co-pay[5]
Inpatient hospital services (room and board, drugs, lab tests and other services when you have to stay in the hospital)	$0 Co-pay[6]
Prescription drugs	$0 Co-pay[7]
Orthotics and prosthetics (artificial limbs and replacement devices)	$0 Co-pay[8]

Applicable Co-Payments

1. The co-payment does not apply to the following services:
   - Dialysis
   - Emergency services,
   - Family Planning services (must bill with medical diagnosis)
   - July 1, 2018 Physician Services Manual Q-2
   - Waiver Services

2. **Vision Services**
The Division of Medical Assistance implemented a tiered member co-payment scale as described in 42 C.F.R. § 447.54 on all evaluation and management procedure codes (99201 - 99499), including the ophthalmologic services procedure codes (92002 - 92014) used by physicians or physicians' assistants.

The tiered co-payment amounts are as follows:

State's payment for the service	Maximum co-payment chargeable to recipient
$10.00 or less	$0.50
$10.01 to $25.00	$1.00
$25.01 to $50.00	$2.00
$50.01 or more	$3.00

3. **Durable Medical Equipment ("DME")**
For members 21 years of age and older, a $3.00 co-payment will be applied to all DME services with the modifier NU, except for DME supply procedure codes ("A" codes). Procedure codes, E0441 and E0442, are exempt from co-payment. A $3.00 co-payment will be applied to the following rental procedure codes: E1390 RR, E1391 RR, E0424 RR, E0431 RR, E0434 RR, E0439 RR, E0439 QE, E0439 QF, E0465 RR, E0466 RR, E0470 RR and E0784 RR. A $1.00 co-payment will be applied to all other procedure codes that have a modifier RR.

4. **Home Health Services**
A $3 co-payment will be applied for each home health visit. The co-payment does not apply to the following members:

- Pregnant women
- Members under 21 years of age
- Hospice care members
- Women diagnosed with breast or cervical cancer and receiving Medicaid under the Women's health Medicaid Program, aid categories 245 and 800, only. This applies to all services rendered.

5. **Hospital Outpatient Services**
A $3 member co-payment will be applied on all non-emergency outpatient hospital visits. The copayment does not apply for the following members:

- Pregnant women

- Members under 21 years of age
- Nursing facility members
- Women diagnosed with breast or cervical cancer who are receiving Medicaid under the Breast and Cervical Cancer (BCC) program or Presumptive Eligibility Aid Categories 245 and 800 only are not subject to the copayment.
- Hospice care participants

Persons who have both Medicare and Medicaid coverage are not subject to the co-payment.

6. **Hospital Inpatient Services**
   A co-payment of $12.50 will be applied for non-emergency inpatient hospital admissions.

7. **Pharmacy Services**
   A $.50 co-payment will be applied for each preferred generic or preferred brand drug dispensed by the pharmacy as follows:

Category	Co-payment
Preferred Generic	$0.50
Preferred Brand	$0.50
Non-Preferred Brand Or Non-Preferred Generic	Under $10.00 =$0.50 $10.01-$25.00 = $1.00 $25.01-$50.00 = $2.00 $50.01 or more = $3.00

This co-payment does not apply to the following members:

- Pregnant women
- Members under age 21 years of age
- Institutionalized individuals
- Hospice care members
- Members enrolled in the Breast and Cervical Cancer eligibility groups

Emergency services and family planning services are also exempt from this co-payment.

8. **Orthotic and Prosthetic Services.**
   A $3.00 co-payment will be applied for orthotic and prosthetic services (main component codes, or “base” codes).

The co-payment does not apply to the following members:

- Pregnant women
- Members under 21 years of age
- Nursing facility residents
- Hospice care members
- Women diagnosed with breast or cervical cancer and receiving Medicaid under the BCC Waiver or Presumptive Eligibility (aid categories 245 and 800, only)

For more information, please contact:

Allwell Dual Medicare (HMO D-SNP)
1100 Circle 75 Parkway, Suite 1100
Atlanta, GA 30339

allwell.pshpgeorgia.com

Current members should call: 1-877-725-7748 (TTY: 711)

Prospective members should call: 1-877-826-3693 (TTY: 711)

From October 1 to March 31, you can call us 7 days a week from 8 a.m. to 8 p.m. From April 1 to September 30, you can call us Monday through Friday from 8 a.m. to 8 p.m. A messaging system is used after hours, weekends, and on federal holidays.

If you want to know more about the coverage and costs of Original Medicare, look in your current “Medicare & You” handbook. View it online at www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

This plan is available to anyone who has both Medical Assistance from the State and Medicare.

This information is not a complete description of benefits. Call 1-877-725-7748 (TTY: 711) for more information.

“Coinsurance” is the percentage you pay of the total cost of certain medical and/or prescription drug services.

The Formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

This document is available in other formats such as Braille, large print or audio.

Allwell is contracted with Medicare for an HMO D-SNP plan and with the state Medicaid program. Enrollment in Allwell depends on contract renewal.

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