



# Summary of Benefits

**2021**

Allwell Dual Medicare (HMO D-SNP) H5190: 003  
Broward County, FL

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.sunshinehealth.com](http://allwell.sunshinehealth.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 county). Our service area includes the following county in Florida: Broward.
- For Allwell Dual Medicare (HMO D-SNP), you must also be enrolled in the Florida 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 Florida 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.sunshinehealth.com](http://allwell.sunshinehealth.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

<b>Benefits</b>	<b>Allwell Dual Medicare (HMO D-SNP) H5190: 003 Premiums / Copays / Coinsurance</b>
<p>Premiums, copays, coinsurance, and deductibles may vary based on your Medicaid eligibility category and/or the level of Extra Help you receive</p>	
<b>Monthly Plan Premium</b>	<p>You pay \$0 to \$29.10 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.)</p>
<b>Deductibles</b>	<ul style="list-style-type: none"> <li>• \$0 deductible for covered medical services</li> <li>• \$445 deductible for Part D prescription drugs (applies to drugs on Tiers 2, 3, 4 and 5)</li> </ul>
<b>Maximum Out-of-Pocket Responsibility</b> (does not include prescription drugs)	<p>\$3,450 annually This is the most you will pay in copays and coinsurance for covered medical services for the year.</p>
<b>Inpatient Hospital Coverage*</b>	<p>\$0 copay per stay</p>
<b>Outpatient Hospital Coverage*</b>	<ul style="list-style-type: none"> <li>• Outpatient Hospital: \$0 copay per visit</li> <li>• Observation Services: \$0 copay per visit</li> </ul>
<b>Doctor Visits (Primary Care Providers and Specialists)</b>	<ul style="list-style-type: none"> <li>• Primary Care: \$0 copay per visit</li> <li>• Specialist: \$0 copay per visit</li> </ul>
<b>Preventive Care</b> (e.g. flu vaccine, diabetic screening)	<p>\$0 copay for most Medicare-covered preventive services Other preventive services are available.</p>
<b>Emergency Care</b>	<p>\$0 or \$120 copay per visit You do not have to pay the copay if admitted to the hospital immediately.</p>
<b>Urgently Needed Services</b>	<p>\$0 or \$65 copay per visit Copay is not waived if admitted to hospital.</p>
<b>Diagnostic Services/ Labs/Imaging*</b> (includes diagnostic tests and procedures, labs, diagnostic radiology, and X-rays)	<p>COVID-19 testing and specified testing-related services at any location are \$0</p> <ul style="list-style-type: none"> <li>• Lab services: \$0 copay</li> <li>• Diagnostic tests and procedures: \$0 copay</li> <li>• Outpatient X-ray services: \$0 copay</li> <li>• Diagnostic Radiology services (such as, MRI, MRA, CT, PET): \$0 copay</li> </ul>

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

<b>Benefits</b>	<b>Allwell Dual Medicare (HMO D-SNP) H5190: 003 Premiums / Copays / Coinsurance</b>
<b>Hearing Services</b>	<ul style="list-style-type: none"> <li>• Hearing exam (Medicare-covered): \$0 copay</li> <li>• Routine hearing exam: \$0 copay (1 every calendar year)</li> <li>• Hearing aid: \$0 copay (2 hearing aids total, 1 per ear, per calendar year)</li> </ul>
<b>Dental Services</b>	<ul style="list-style-type: none"> <li>• Dental services (Medicare-covered): \$0 copay per visit</li> <li>• Preventive Dental Services: \$0 copay (including oral exams, cleanings, fluoride treatment, and X-rays)</li> <li>• Comprehensive dental services: Additional comprehensive dental benefits are available.</li> </ul> <p>There is a maximum allowance of \$2,000 every calendar year; it applies to all comprehensive dental benefits.</p>
<b>Vision Services</b>	<ul style="list-style-type: none"> <li>• Vision exam (Medicare-covered): \$0 copay per visit</li> <li>• Routine eye exam: \$0 copay per visit (up to 1 every calendar year)</li> <li>• Routine eyewear: up to \$300 allowance every calendar year</li> </ul>
<b>Mental Health Services</b>	Individual and group therapy: \$0 copay per visit
<b>Skilled Nursing Facility*</b>	Days 1-100: \$0 copay per stay, per benefit period
<b>Physical Therapy*</b>	\$0 copay per visit
<b>Ambulance</b>	<ul style="list-style-type: none"> <li>• Ground ambulance services: \$0 or \$100 copay (per one-way trip)</li> <li>• Air ambulance services: 0% or 20% coinsurance (per one-way trip)</li> </ul>
<b>Ambulatory Surgery Center*</b>	Ambulatory Surgery Center: \$0 copay per visit
<b>Transportation</b>	<ul style="list-style-type: none"> <li>• \$0 copay for each one-way trip</li> <li>• Up to 50 one-way trips to plan-approved health-related locations every calendar year. Mileage limits may apply.</li> </ul>
<b>Medicare Part B Drugs*</b>	<ul style="list-style-type: none"> <li>• Chemotherapy drugs: 0% or 20% coinsurance</li> <li>• Other Part B drugs: 0% or 20% coinsurance</li> </ul>

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## Part D Prescription Drugs

<b>Deductible Stage</b>	<p>\$445 deductible for Part D prescription drugs (applies to drugs on Tiers 2, 3, 4 and 5).</p> <p>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.</p> <p>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.</p>	
<b>Initial Coverage Stage</b> (after you pay your Part D deductible, if applicable)	<p>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).</p>	
	<b>Standard Retail Rx 30-day supply</b>	<b>Mail Order Rx 90-day supply</b>
<b>Tier 1: Preferred Generic Drugs</b>	\$0 copay	\$0 copay
<b>Tier 2: Generic Drugs</b>	\$15 copay	\$45 copay
<b>Tier 3: Preferred Brand Drugs</b>	\$47 copay	\$141 copay
<b>Tier 4: Non-Preferred Drugs</b>	50% coinsurance	50% coinsurance
<b>Tier 5: Specialty</b>	25% coinsurance	Not available
<b>Coverage Gap Stage</b>	<p>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).</p> <p>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).</p>	

## Part D Prescription Drugs

	<p>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.</p>
<b>Catastrophic Coverage Stage</b>	<p>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).</p>
<b>Important Info:</b>	<p>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.</p> <p>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.</p> <p>Low income subsidy (LIS) is extra help you receive from Medicare. To find out if you qualify, visit <a href="http://Medicare.gov">Medicare.gov</a> or call Member Services at 1-877-935-8022 (TTY: 711).</p>

<b>Additional Covered Benefits</b>	
<b>Benefits</b>	<b>Allwell Dual Medicare (HMO D-SNP) H5190: 003 Premiums / Copays / Coinsurance</b>
<b>Additional Telehealth Services</b>	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.
<b>Opioid Treatment Program Services</b>	<ul style="list-style-type: none"> <li>• Individual setting: \$0 copay per visit</li> <li>• Group setting: \$0 copay per visit</li> </ul>
<b>Over-the-Counter (OTC) Items</b>	<p>\$0 copay (\$80 allowance per quarter) for items available via mail and at participating CVS retail Pharmacy locations</p> <p>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.</p> <p>You can also purchase OTC products at participating CVS locations. Participating locations vary by area. Refer to the Store Locator link on <a href="http://cvs.com/otchs/allwell">cvs.com/otchs/allwell</a> for a list of participating locations.</p> <p>Please visit the plan's website to see the list of covered over-the-counter items.</p>
<b>Meals</b>	<p>\$0 copay</p> <p>Plan covers home-delivered meals (up to 3 meals per day for 14 days) following discharge from an inpatient facility or skilled nursing facility. Services are contingent on medical necessity and Case Management review and prior authorization to the vendor.</p>
<b>Chiropractic Care</b>	<ul style="list-style-type: none"> <li>• Chiropractic services (Medicare-covered): \$0 copay per visit</li> <li>• Routine chiropractic services: \$0 copay per visit (12 visits every calendar year)</li> </ul>
<b>Acupuncture</b>	<ul style="list-style-type: none"> <li>• Acupuncture services for chronic low back pain (Medicare-covered): \$0 copay per visit in a chiropractic setting</li> <li>• Acupuncture services for chronic low back pain (Medicare-covered): \$0 copay per visit in a Primary Care Provider's office</li> <li>• Acupuncture services for chronic low back pain (Medicare-covered): \$0 copay per visit in a Specialist's office</li> </ul>
<b>Medical Equipment/Supplies*</b>	<ul style="list-style-type: none"> <li>• Durable Medical Equipment (e.g., wheelchairs, oxygen): \$0 copay</li> <li>• Prosthetics (e.g., braces, artificial limbs): \$0 copay</li> <li>• Diabetic supplies: \$0 copay</li> </ul>
<b>Foot Care (Podiatry Services)</b>	Foot exams and treatment (Medicare-covered): \$0 copay per visit

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<b>Additional Covered Benefits</b>	
<b>Benefits</b>	<b>Allwell Dual Medicare (HMO D-SNP) H5190: 003 Premiums / Copays / Coinsurance</b>
<b>Virtual Visit</b>	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.
<b>Wellness Programs</b>	<ul style="list-style-type: none"> <li>• Fitness program: \$0 copay</li> <li>• 24-hour Nurse Connect: \$0 copay</li> <li>• Supplemental smoking and tobacco use cessation (counseling to stop smoking or tobacco use): \$0 copay</li> </ul> For a detailed list of wellness program benefits offered, please refer to the EOC.
<b>Worldwide Emergency Care</b>	\$50,000 plan coverage limit for urgent/emergent services outside the U.S. and its territories every calendar year.
<b>Routine Annual Exam</b>	\$0 Copay

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



## 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 Florida Medicaid toll-free at 1-866-762-2237 (TTY 711).

Our source of information for Medicaid benefits is <https://ahca.myflorida.com/Medicaid/index.shtml>. All Medicaid covered services are subject to change at any time. For the most current Florida Medicaid coverage information, please visit <https://ahca.myflorida.com/Medicaid/index.shtml> or call Member Services for assistance. A detailed explanation of Florida Medicaid benefits can be found in the Florida Summary of Services online at <https://ahca.myflorida.com/Medicaid/index.shtml>

### Medicare Advantage Dual Eligible Special Needs Plan (D-SNP) Medicaid Covered Services Effective January 1, 2021

#### Medicaid Services to be provided when not covered by Medicare.

Covered Services
• Allergy Services
• Ambulance Transportation Services
• Ambulatory Surgical Center
• Anesthesia Services
• Assistive Care Services
• Behavioral Health Overlay Services
• Behavioral Analysis Services
• Behavioral Health Assessment Services
• Behavioral Health Community Support Services
• Behavioral Health Intervention Services
• Behavioral Health Medication Management Services
• Cardiovascular Services
• Child Health Services Targeted Case Management
• Chiropractic Services
• County Health Department Services
• Dialysis Services
• Durable Medical Equipment and Medical Supplies
• Early Intervention Services
• Emergency Transportation Services
• Evaluation and Management Services
• Federally Qualified Health Center Clinic Services
• Gastrointestinal Services
• Genitourinary Services
• Hearing Services

• Home Health Services
• Hospice Services
• Inpatient Hospital Services
• Integumentary Services
• Laboratory Services
• Medicaid Forms
• Medical Foster Care Services
• Mental Health Targeted Case Management
• Neurology Services
• Non-Emergency Transportation Services
• Nursing Facility Services
• Occupational Therapy Services
• Oral and Maxillofacial Surgery Services
• Orthopedic Services
• Outpatient Hospital Services
• Pain Management Services
• Personal Care Services
• Physical Therapy Services
• Podiatry Services
• Prescribed Drug Services
• Private Duty Nursing Services
• Radiology and Nuclear Medicine Services
• Regional Perinatal Intensive Care Center Services
• Reproductive Services
• Respiratory System Services
• Respiratory Therapy Services
• Rural Health Clinic Services
• Specialized Therapeutic Services
• Speech-Language Pathology Services
• Statewide Inpatient Psychiatric Program Services
• Transplant Services
• Visual Aid Services
• Visual Care Services

Please note: There may be instances when the Medicaid limit is greater than the Medicare limit. In those instances where the Medicare limit has been exhausted, the Plan shall cover the difference for those eligible recipients.

**Additional Medicaid Required Covered Services:**

**Durable Medical Equipment and Medical Supplies**

Notwithstanding the limitations prescribed by the Durable Medical Equipment Services

Coverage and Limitations Handbook, the Plan shall provide specialized medical equipment and supplies (e.g., incontinence supplies) to enrollees with a diagnosis of AIDS, and who have had a history of an AIDS-related opportunistic infection. The Plan may place appropriate limits on such services on the basis of medical necessity.

## **Therapy Services**

The Plan shall provide medical massage therapy services to enrollees diagnosed with AIDS, and who have had a history of an AIDS-related opportunistic infection for the treatment of peripheral neuropathy or severe neuromuscular pain and lymphedema. The Plan may place appropriate limits on such services on the basis of medical necessity.

## **Nursing Facility Services**

- (a) The D-SNP shall provide nursing facility services for enrollees under the age of eighteen (18) years.
- (b) The D-SNP shall provide nursing facility services for enrollees ages eighteen (18) years of age and older in the following circumstances:

(1) For up to one-hundred twenty (120) days from the date of the most recent nursing facility admission, regardless of payer, when:

- i. The enrollee is in need of long-term nursing facility services;
- ii. The enrollee has completed all PASRR requirements;
- iii. The Department of Children and Families (DCF) has determined the enrollee is eligible for Institutional Care Program (ICP) Medicaid; and
- iv. The enrollee is not yet enrolled in the Long-Term Care program.

(2) The D-SNP shall reimburse in accordance with Rule 59G-1.052, F.A.C. for nursing facility services provided during the Medicare coinsurance days (day twenty-one (21) up to day one hundred (100)) for Medicare co-payments and co-insurance if the requirements of Preadmission Screening and Resident Review (PASRR) are met and the enrollee: has Qualified Medicare Beneficiaries (QMB) benefits and is also eligible for full Florida Medicaid benefits; is receiving Supplementary Security Income (SSI); or has Medicare benefits other than QMB and is also eligible for the Institutional Care Program.

- (c) The D-SNP is not obligated to provide any services not specified in this Contract, except as federally required under Early and Periodic Screening, Diagnostic and Treatment (EPSDT) provisions.

**For more information, please contact:**

Allwell Dual Medicare (HMO D-SNP)  
1700 North University Drive  
Plantation, FL 33322

[allwell.sunshinehealth.com](http://allwell.sunshinehealth.com)

Current members should call: 1-877-935-8022 (TTY: 711)

Prospective members should call: 1-877-826-3692 (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](http://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 1-877-935-8022 (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.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-935-8022 (TTY: 711)

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