



## Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at 1-855-565-9519 (TTY: 711) (HMO), 1-833-402-6707 (TTY: 711) (HMO D-SNP), 1-833-696-0634 (TTY: 711) (PPO). 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.

### Understanding the benefits

- Review the full list of benefits found in the *Evidence of Coverage* (EOC), especially for those services that you routinely see a doctor. Visit [allwell.sunflowerhealthplan.com](http://allwell.sunflowerhealthplan.com) or call 1-855-565-9519 (TTY: 711) (HMO), 1-833-402-6707 (TTY: 711) (HMO D-SNP), 1-833-696-0634 (TTY: 711) (PPO) to view a copy of the EOC.
- Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

### Understanding important rules

- In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- Benefits, premiums and/or copayments/co-insurance may change on January 1, 2021.
- When selecting an HMO product, remember that except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).
- When selecting a PPO product, remember that our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services provided by a non-contracted provider, the provider must agree to treat you. Except in an emergency or urgent situations, non-contracted providers may deny care. In addition, you will pay a higher co-pay for services received by non-contracted providers.
- When selecting a D-SNP plan, remember that this plan is a dual eligible special needs plan (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid. D-SNPs may provide additional information if they impose restrictions to specific Medicaid eligibility categories.

Out-of-network/non-contracted providers are under no obligation to treat Allwell members, except in emergency situations. Please call our customer service number or see your *Evidence of Coverage* for more information, including the cost-sharing that applies to out-of-network services.

Allwell is contracted with Medicare for HMO, HMO D-SNP, and PPO plans, and with some state Medicaid programs. Enrollment in Allwell depends on contract renewal.