Summary of Benefits

2021

Allwell Medicare (PPO) H9387: 001
Douglas, Johnson, Leavenworth, Miami, and Wyandotte Counties, KS

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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.sunflowerhealthplan.com.

You are eligible to enroll in Allwell Medicare (PPO) 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 Medicare (PPO) service area counties). Our service area includes the following counties in Kansas: Douglas, Johnson, Leavenworth, Miami, and Wyandotte.

With Allwell Medicare (PPO) plan, you'll enjoy the freedom and flexibility to access your health care where you want it and when you want it. You may seek care from any Medicare provider in the country who agrees to see you as a Medicare member, but you'll generally pay less when you use contracting providers in our network. Either way, doctor visits, hospital stays and many other services have a simple copayment, which helps make health care costs more predictable.

You can see our plan's provider and pharmacy directory at our website at allwell.sunflowerhealthplan.com.

This Allwell Medicare (PPO) plan also includes prescription drug coverage and access to our large network of pharmacies. Our drug plan is designed specifically for Medicare beneficiaries and includes a comprehensive selection of affordable generic and brand-name drugs.

Summary of Benefits

JANUARY 1, 2021 – DECEMBER 31, 2021

Benefits	Allwell Medicare (PPO) H9387: 001 Premiums / Copays / Coinsurance	
	In-network	**Out-of-network**
Monthly Plan Premium	$0 You must continue to pay your Medicare Part B premium.	
Deductibles	No deductible	
Maximum Out-of-Pocket Responsibility (does not include prescription drugs)	• $4,500 in-network annually • $10,000 combined in and out-of-network annually This is the most you will pay in copays and coinsurance for covered medical services for the year.	
Inpatient Hospital Coverage*	For each admission, you pay: • $295 copay per day, for days 1 through 5 • $0 copay per day, for days 6 and beyond	45% coinsurance per stay.
Outpatient Hospital Coverage*	• Outpatient Hospital: $295 copay per visit • Observation Services: $295 copay per visit	• Outpatient Hospital: 45% coinsurance per visit • Observation Services: 45% coinsurance per visit
Doctor Visits (Primary Care Providers and Specialists)	• Primary Care: $0 copay per visit • Specialist: $25 copay per visit	• Primary Care: 45% coinsurance per visit • Specialist: 45% coinsurance per visit
Preventive Care (e.g. flu vaccine, diabetic screening)	$0 copay	45% coinsurance
	Other preventive services are available.	
Emergency Care	$90 copay per visit	$90 copay per visit
	You do not have to pay the copay if admitted to the hospital immediately.	
Urgently Needed Services	$50 copay per visit	$50 copay per visit
	Copay is not waived if admitted to the hospital.	

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

Benefits	Allwell Medicare (PPO) H9387: 001 Premiums / Copays / Coinsurance	
	In-network	**Out-of-network**
Diagnostic Services/ Labs/Imaging* (includes diagnostics 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 copay • X-ray services: $5 copay • Diagnostic radiology services (such as, MRI, MRA, CT, PET): 20% coinsurance (up to $250)	• Lab services: 45% coinsurance • Diagnostic tests and procedures: 45% coinsurance • X-ray services: 45% coinsurance • Diagnostic radiology services (such as, MRI, MRA, CT, PET): 45% coinsurance
Hearing Services	• Hearing exam (Medicare-covered): $25 copay per visit • Routine hearing exam: $0 copay (1 every calendar year) • Hearing aid: $0 to $1,580 copay (2 hearing aids total, 1 per ear, per calendar year)	Hearing exam (Medicare-covered): 45% coinsurance per visit
Dental Services	• Dental services (Medicare-covered): $25 copay per visit • Preventive Dental Services: $0 copay (including oral exams, cleanings, fluoride treatment, and X-rays)	• Dental services (Medicare-covered): 45% 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 $1,000 every calendar year; it applies to all comprehensive dental benefits. In and Out-of-Network combined.	
Vision Services	• Vision exam (Medicare-covered): $0 to $25 copay per visit • Routine eye exam: $0 copay per visit (up to 1 every calendar year) • Routine eyewear: up to $250 allowance every calendar year combined for both in-and-out-of-network	• Vision exam (Medicare-covered): 0% to 45% coinsurance per visit • Routine eye exam: $0 copay per visit (up to 1 every calendar year) • Routine eyewear: up to $250 allowance every calendar year combined for both in-and-out-of-network

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Benefits	Allwell Medicare (PPO) H9387: 001 Premiums / Copays / Coinsurance	
	In-network	**Out-of-network**
Mental Health Services	Individual and group therapy: $30 copay per visit	Individual and group therapy: 45% coinsurance per visit
Skilled Nursing Facility*	For each benefit period, you pay: • $0 copay per day, for days 1 through 20 • $184 copay per day, for days 21 through 100	Days 1-100: 45% coinsurance per stay, per benefit period.
Physical Therapy*	$30 copay per visit	45% coinsurance per visit
Ambulance	$290 copay (per one-way trip) for ground or air ambulance services	$290 copay (per one-way trip) for ground or air ambulance services
Ambulatory Surgery Center*	Ambulatory Surgery Center: $245 copay per visit	Ambulatory Surgery Center: 45% coinsurance per visit
Transportation	Not covered	
Medicare Part B Drugs*	• Chemotherapy drugs: 20% coinsurance • Other Part B drugs: 20% coinsurance	• Chemotherapy drugs: 45% coinsurance • Other Part B drugs: 45% coinsurance

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Part D Prescription Drugs			
Deductible Stage	This plan does not have a Part D deductible.		
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. You generally stay in this stage until the amount of your year-to-date "total drug costs" reaches $4,130. "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).		
	Preferred Retail Rx 30-day supply	**Standard Retail Rx 30-day supply**	**Mail Order Rx 90-day supply**
Tier 1: Preferred Generic Drugs	$0 copay	$5 copay	$0 copay
Tier 2: Generic Drugs	$9 copay	$14 copay	$27 copay
Tier 3: Preferred Brand Drugs	$37 copay	$47 copay	$111 copay
Tier 4: Non-Preferred Drugs	$90 copay	$100 copay	$270 copay
Tier 5: Specialty	33% coinsurance	33% coinsurance	Not available
Tier 6: Select Care Drugs	$0 copay	$0 copay	$0 copay
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).		

	Part D Prescription Drugs
Catastrophic Coverage Stage	During this payment phase, 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 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.

Additional Covered Benefits		
Benefits	**Allwell Medicare (PPO) H9387: 001 Premiums / Copays / Coinsurance**	
	In-network	**Out-of-network**
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: $30 copay per visit • Group setting: $30 copay per visit	• Individual setting: 45% coinsurance per visit • Group setting: 45% coinsurance per visit
Over-the-Counter (OTC) Items	$0 copay ($45 allowance per quarter for items available via mail). 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. Please visit the plan's website to see the list of covered over-the-counter items.	
Meals	$0 copay • Plan covers home-delivered meals (up to 2 meals per day for up to 14 days) when medically necessary due to a qualifying chronic condition. Services are contingent on medical necessity and Case Management review and prior authorization to the vendor.	
Chiropractic Care	Chiropractic services (Medicare-covered): $20 copay per visit	Chiropractic services (Medicare-covered): 45% coinsurance per visit
Acupuncture	• Acupuncture services for chronic low back pain (Medicare-covered): $20 copay 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): $25 copay per visit in a Specialist's office	• Acupuncture services for chronic low back pain (Medicare-covered): 45% coinsurance per visit in a chiropractic setting • Acupuncture services for chronic low back pain (Medicare-covered): 45% coinsurance per visit in a Primary Care Provider's office • Acupuncture services for chronic low back pain (Medicare-covered): 45% coinsurance per visit in a Specialist's office

Additional Covered Benefits		
Benefits	**Allwell Medicare (PPO) H9387: 001 Premiums / Copays / Coinsurance**	
	In-network	**Out-of-network**
Medical Equipment/ Supplies*	• Durable Medical Equipment (e.g., wheelchairs, oxygen): 20% coinsurance • Prosthetics (e.g., braces, artificial limbs): 20% coinsurance • Diabetic supplies: $0 copay	• Durable Medical Equipment (e.g., wheelchairs, oxygen): 45% coinsurance • Prosthetics (e.g., braces, artificial limbs): 45% coinsurance • Diabetic supplies: 45% coinsurance
Foot Care (Podiatry Services)	Foot exams and treatment (Medicare-covered): $25 copay	Foot exams and treatment (Medicare-covered): 45% coinsurance
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 • 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.	• Fitness program: $0 copay • 24-hour Nurse Connect: $0 copay • 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.
Worldwide Emergency Care	$50,000 plan coverage limit for urgent/emergent services outside the U.S. and its territories every calendar year.	$50,000 plan coverage limit for urgent/emergent services outside the U.S. and its territories every calendar year.
Routine Annual Exam	$0 Copay	$0 Copay

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For more information, please contact:

Allwell Medicare (PPO)
8325 Lenexa Drive, Suite 410
Lenexa, KS 66214

allwell.sunflowerhealthplan.com

Current members should call: 1-833-696-0634 (TTY: 711)

Prospective members should call: 1-877-891-6094 (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 information is not a complete description of benefits. Call 1-833-696-0634 (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.

Out-of-network/non-contracted providers are under no obligation to treat Allwell Medicare (PPO) 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 PPO plans. Enrollment in Allwell depends on contract renewal.

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