

This is your Summary of Benefits.

2019

Allwell Dual Medicare (HMO SNP) H5190: 002
Hillsborough, Orange, Osceola, Palm Beach, Pasco,
Pinellas, Polk, St. Luce and Seminole Counties, 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.

You are eligible to enroll in Allwell Dual Medicare (HMO 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 SNP) service area counties). Our service area includes the following counties in Florida: Hillsborough, Orange, Osceola, Palm Beach, Pasco, Pinellas, Polk, St. Luce and Seminole.
- You do not have end-stage renal disease (ESRD). (Exceptions may apply for individuals who develop ESRD while enrolled in an Allwell commercial or group health plan, or a Medicaid plan.)
- For Allwell Dual Medicare (HMO 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.
- You are eligible for Florida Medicaid.

The Allwell Dual Medicare (HMO 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 directory or, for an up-to-date list of network providers, visit 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 SNP) will be responsible for the costs.)

This Allwell Dual Medicare (HMO 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, 2019–DECEMBER 31, 2019

| Benefits | Allwell Dual Medicare (HMO SNP) H5190 - 002 Premiums / Copays / Coinsurance |
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| <p>Premiums, copays, coinsurance, and deductibles may vary based on your Medicaid eligibility category and/or the level of Extra Help you receive.</p> | |
| <p>Monthly Plan Premium</p> | <p>You pay \$0 - \$30.30 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> |
| <p>Deductible</p> | <ul style="list-style-type: none"> • \$0 deductible for covered medical services • \$415 deductible for Part D prescription drugs (applies to drugs on Tiers 3, 4 and 5) • \$1,340 deductible for inpatient hospital stay |
| <p>Maximum Out-of-Pocket Responsibility <i>(does not include prescription drugs)</i></p> | <p>\$3,400 annually This is the most you will pay in copays and coinsurance for covered medical services for the year.</p> |
| <p>Inpatient Hospital Coverage*</p> | <p>In 2018, the amounts for each benefit period were: \$0 or</p> <ul style="list-style-type: none"> • \$1,340 hospital deductible each benefit period • \$0 copay per day for days 1 through 60 • \$335 copay per day for days 61 through 90 • \$670 copay per day per lifetime reserve days (may change in 2019) |
| <p>Outpatient Hospital*</p> | <p>Outpatient Hospital (includes ambulatory surgical center and observation) services: 0% or 20% coinsurance per visit</p> |
| <p>Doctor Visits*</p> | <ul style="list-style-type: none"> • Primary Care: \$0 copay per visit • Specialist: \$0 copay per visit |
| <p>Preventive Care* (e.g. flu vaccine, diabetic screening)</p> | <p>\$0 copay for Medicare-covered preventive services Other preventive services are available.</p> |
| <p>Emergency Care</p> | <p>0% or 20% coinsurance (up to \$120) per visit You do not have to pay the coinsurance if admitted to the hospital immediately.</p> |

Services with an * (asterisk) may require prior authorization and / or a referral from your doctor.

| Benefits | Allwell Dual Medicare (HMO SNP) H5190 - 002 Premiums / Copays / Coinsurance |
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| Urgently Needed Services | \$0 copay per visit |
| Diagnostic Services/Labs/ Imaging* | <ul style="list-style-type: none"> • Lab services: \$0 copay • Diagnostic tests and procedures: 0% or 20% coinsurance • Outpatient x-ray services: 0% or 20% coinsurance • Diagnostic Radiological services: 0% or 20% coinsurance |
| Hearing Services | <ul style="list-style-type: none"> • Hearing exam (Medicare-covered): 0% or 20% coinsurance per visit • Routine hearing exam: \$0 copay (1 every calendar year) • Hearing aid: \$0 copay (2 hearing aids every year) |
| Dental Services | <ul style="list-style-type: none"> • 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: \$0 copay (including diagnostic and restorative services, endodontics, periodontics, extractions, prosthodontics, and other oral and maxillofacial surgery) <p>There is a maximum allowance of \$3,000 every calendar year; it applies to all comprehensive and preventive dental benefits.</p> |
| Vision Services | <ul style="list-style-type: none"> • Vision exam (Medicare-covered): 0% or 20% coinsurance • Routine eye exam: \$0 copay per visit (up to 1 every calendar year) • Routine eyewear: up to \$350 allowance every calendar year |
| Mental Health Services* | Individual and group therapy: 0% or 20% coinsurance per visit |
| Skilled Nursing Facility * | <p>In 2018, the amounts for each benefit period were: \$0 or,</p> <ul style="list-style-type: none"> • Days 1-20: \$0 copay • Days 21 - 100: \$167.50 per day • You are responsible for all amounts after day 100. |
| Physical Therapy* | 0% or 20% coinsurance per visit |
| Ambulance* | \$0 copay (per one-way trip) |
| Transportation* | <p>\$0 copay for each one-way trip</p> <p>Trips over 30 miles one-way may require authorization from plan.</p> |
| Medicare Part B Drugs* | <ul style="list-style-type: none"> • Chemotherapy drugs: 0% or 20% coinsurance • Other Part B drugs: 0% or 20% coinsurance |

Services with an * (asterisk) may require prior authorization and / or a referral from your doctor.

Part D Prescription Drugs

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| Deductible Phase | \$0 or \$415 deductible Deductible does not apply to Tiers 1, 2 and 6. If you receive “Extra Help” for your prescription drug costs, the Deductible Phase does not apply to you. | |
| Initial Coverage Phase <i>(after you pay your Part D deductible, if applicable)</i> | Standard Retail Rx 30-day supply | Mail-Order Rx 90-day supply |
| Tier 1: Preferred Generic | \$0 copay | \$0 copay |
| Tier 2: Generic | \$0 copay | \$0 copay |
| Tier 3: Preferred Brand | Generic: \$0, \$1.25 or \$3.40 copay Brand: \$0, \$3.80, or \$8.50 copay | Generic: \$0, \$1.25 or \$3.40 copay Brand: \$0, \$3.80, or \$8.50 copay |
| Tier 4: Non-Preferred Drug | Generic: \$0, \$1.25 or \$3.40 copay Brand: \$0, \$3.80, or \$8.50 copay | Generic: \$0, \$1.25 or \$3.40 copay Brand: \$0, \$3.80, or \$8.50 copay |
| Tier 5: Specialty | Generic: \$0, \$1.25 or \$3.40 copay Brand: \$0, \$3.80, or \$8.50 copay | Not available |
| Tier 6: Select Care Drugs | \$0 copay | \$0 copay |
| 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 another of the four phases 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 phases 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 1-877-935-8022 (TTY: 711). | |

| Additional Covered Benefits | |
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| Benefits | Allwell Dual Medicare (HMO SNP) H5190 - 002 Premiums / Copays / Coinsurance |
| Over-the-Counter (OTC) Items | \$0 copay (\$100 allowance per month for items available via mail order) 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 14 days) following discharge from an inpatient facility or skilled nursing facility provided the meals are medically necessary and ordered by a physician or practitioner. |
| Chiropractic Care | <ul style="list-style-type: none"> • Chiropractic services (Medicare-covered): \$0 copay per visit • Routine chiropractic services: \$0 copay per visit (12 visits per year) |
| Medical Equipment/Supplies* | <ul style="list-style-type: none"> • 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) | <ul style="list-style-type: none"> • Foot exams and treatment (Medicare-covered): \$0 copay per visit • Routine foot care: \$0 copay per visit (12 visits per year.) |
| Wellness Programs | <ul style="list-style-type: none"> • Fitness program: \$0 copay • 24-hour nurse advice line: \$0 copay <p>For a detailed list of wellness program benefits offered, please refer to the EOC.</p> |

Services with an * (asterisk) may require prior authorization and / or a referral 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 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 Agency for Health Care Administration (AHCA) toll-free at 1-888-419-3456.

- **Qualified Medicare Beneficiary (QMB):** Helps pay Medicare Part A and Part B premiums, and other cost-sharing (like medical deductibles, coinsurance, and copayments).
- **Qualified Medicare Beneficiary Plus (QMB+):** Full Medicaid coverage consistent with the Medicaid State Plan plus helps pay Medicare Part A and Part B premiums, and other cost-sharing (like medical deductibles, coinsurance, and copayments)
- **Specified Low-Income Medicare Beneficiary (SLMB):** Helps pay Part B premiums.
- **Specified Low-Income Medicare Beneficiary Plus (SLMB+):** Full Medicaid coverage consistent with the Medicaid State Plan plus helps pay Part B premiums.
- **Qualifying Individual (QI):** Helps pay Part B premiums.
- **Qualified Disabled & Working Individuals (QDWI):** Helps pay Part A premiums.
- **Full Benefit Dual Eligible (FBDE):** Full Medicaid coverage consistent with the Medicaid State Plan plus helps pay Medicare Part A (if any) and Part B premiums, and cost-sharing (like medical deductibles, coinsurance, and copayments).

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

The benefits described below are covered by Medicaid. For each benefit listed below, you can see what Florida Medicaid covers. Coverage of these benefits depends on your level of Medicaid eligibility. If you have questions about your Medicaid eligibility and what benefits you are entitled to, call: 1-877-254-1055 (TTY: 711).

| Benefit | Description |
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| Ambulance | Medicaid emergency transportation services provide medically necessary emergency ground or air ambulance transportation to Medicaid eligible recipients. Necessary emergency transportation services are reimbursed as Medicaid fee-for-service for all recipients not enrolled in a health plan that covers transportation. There is a \$1 recipient copayment for transportation services for each one-way trip, unless the recipient is exempt. Round trips require two copayments. There is no copay for Medicaid emergency transportation services. |
| Ambulatory Surgical Centers (ASC) | Medicaid reimburses ASCs for scheduled, elective, medically necessary surgical care to patients who do not require hospitalization when the surgery meets the following: Requires a dedicated operating room. Normally not emergency or life threatening in nature. Listed in the Medicaid Ambulatory Surgery Center fee schedule. Ninety minutes or less in operating time. Four hours or less recovery or convalescent time. Does not require major invasion of body cavities or directly involve major blood vessels. Does not usually result in heavy loss of blood. All Medicaid recipients may receive medically necessary Ambulatory Surgical Center services in accordance with coverage limitations requirements. Please contact Florida Medicaid for cost-sharing information. |
| Advanced Registered Nurse Practitioner | Medicaid reimburses for services rendered by licensed, Medicaid – participating advanced registered nurse practitioners (ARNPs). Please contact Florida Medicaid for cost sharing information. |
| Assistive Care Services | <p>Medicaid reimburses for assistive care services for recipients with functional or cognitive deficits who require 24-hour care. Assistive Care Services (ACS) provide an integrated set of daily services to prevent recipient institutionalization in a hospital, nursing facility or intermediate care facility which includes: Health Support Assistance with Daily Living Skills Assistance with Instrumental Assistance with Daily Living Skills and Assistance with self-administration of medication Medicaid recipients may receive ACS accordance with coverage and limitation requirements.</p> <p>To receive services, recipients must: Be 18 years of age or older; Have a health assessment completed by a physician or other licensed practitioner of the healing arts acting within the scope of their practice under state law which specifies the medical necessity</p> |

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| Assistive Care Services (continued) | <p>of Assistive Care Services; The health assessment must specify the need for the minimum of two of the following components:</p> <ul style="list-style-type: none"> • Assistance with activities of daily living • Assistance with instrumental activities of daily living • Assistance with self-administered medications and health support • Reside in licensed Adult Family Care Homes, Assisted Living Facilities, or Residential Treatment Facilities <p>Please contact Florida Medicaid for cost-sharing information.</p> |
| Chiropractic Care | <p>Chiropractic services include the diagnosis and manipulative treatment of misalignments of the joints, especially those of the spinal column, which may cause other disorders by affecting the nerves, muscles, and organs. All Medicaid recipients may receive medically necessary chiropractic services, in accordance with coverage and limitations requirements. Please contact Florida Medicaid for cost-sharing information.</p> |
| Community Behavioral Health Services | <p>Medicaid community behavioral health services include mental health and substance abuse services to achieve the maximum reduction of the recipient's mental health or substance use disorder and restoration to the best possible functional level. Medicaid reimburses for the following:</p> <ul style="list-style-type: none"> • Assessments • Medical and psychiatric services • Individual, group and family therapies Rehabilitative services • Therapeutic behavioral on-site services for children and adolescents • Therapeutic foster care and group care services <p>All Medicaid recipients may receive medically necessary community behavioral health services in accordance with coverage and limitations requirements. Please contact Florida Medicaid for cost sharing information.</p> |
| County Health Department (CHD) Clinic Services | <p>Medicaid reimburses one encounter per day, per recipient for the following:</p> <ul style="list-style-type: none"> • Adult health screenings • Communicable disease screenings and treatment (sexually transmitted infections, tuberculosis and HIV/AIDS) • Dental Family planning • Immunizations • Medical primary care • Prenatal and obstetric care • Registered nurse services <p>All Medicaid recipients may receive medically necessary County Health Department Clinic Services. Please contact Florida Medicaid for cost-sharing information.</p> |

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| <p>Dental Services</p> | <p>Medicaid reimburses for dental services for recipients under the age of 21 years including:</p> <ul style="list-style-type: none"> • Crowns • Diagnostic evaluations • Endodontics • Full and partial dentures • Oral surgery • Orthodontic treatment • Periodontal services • Preventive services • Radiographs necessary to make a diagnosis • Restorations <p>Please contact Florida Medicaid for cost sharing information. Medicaid reimburses for acute emergency dental procedures to alleviate pain or infection, dentures and denture-related procedures for recipients 21 years and older including: Comprehensive oral evaluation Denture-related procedures Full dentures and partial dentures Incision and drainage of an abscess Radiographs necessary to make a diagnosis Problem-focused oral evaluation Medicaid recipients may receive medically necessary dental services in accordance with coverage and limitations requirements. Please contact Florida Medicaid for cost sharing information.</p> |
| <p>Dialysis Services</p> | <p>Dialysis treatment includes routine laboratory tests, dialysis-related supplies, and ancillary and parenteral items. All Medicaid recipients may receive medically necessary dialysis services. Please contact Florida Medicaid for cost-sharing information.</p> |
| <p>Durable Medical Equipment and Medical Supplies</p> | <p>Medicaid reimburses for durable medical equipment (DME) and medical supplies appropriate for use in the recipient's home. DME may be rented, purchased or rented-to purchase. Examples of reimbursable equipment and supplies include:</p> <ul style="list-style-type: none"> • Augmentative and assistive communication devices • Commodes • Diabetic equipment and supplies including blood glucose meters, test strips, syringes, and lancets • Enteral nutrition supplements • Hospital type beds and accessories • Mobility aids including canes, crutches, walkers, and wheelchairs • Orthopedic footwear, orthotic and prosthetic devices • Ostomy and urological supplies • Respiratory equipment and supplies including nebulizers and oxygen |

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| <p>Durable Medical Equipment and Medical Supplies (continued)</p> | <ul style="list-style-type: none"> • Suction pumps • Wheelchair <p>All Medicaid recipients may receive medically necessary DME and medical supplies and services in accordance with coverage and limitations requirements. Please contact Florida Medicaid for cost-sharing information.</p> |
| <p>Hearing Services</p> | <p>Hearing services include screening, evaluation and testing services, and appropriate hearing devices in order to detect and mitigate the impact of hearing loss.</p> <p>Medicaid reimburses for the following:</p> <ul style="list-style-type: none"> • Bone Anchored Hearing Aids (BAHA) Cochlear implants • Diagnostic audiological testing • Hearing aids Ear molds • Hearing aid fittings and dispensing Hearing aid repairs • Hearing evaluations to determine hearing aid candidacy <p>All Medicaid recipients may receive medically necessary hearing services in accordance with coverage and limitations requirements. \$0 copay</p> |
| <p>Home Health Care</p> | <p>Medicaid reimburses for home health services that are rendered by licensed, Medicaid-participating home health agencies and Medicaid enrolled independent personal care providers. Medicaid reimburses for the following services:</p> <ul style="list-style-type: none"> • Home visit services provided by a registered nurse or a licensed practical nurse • Home visits provided by a qualified home health aide • Medical supplies, appliances, and durable medical equipment. Private duty nursing for children age 20 or younger. Personal care services for children age 20 or younger. • Therapy services (occupational and physical therapy and speech-language pathology). <p>All Medicaid recipients who meet the following criteria may receive home health services: Services are medically necessary and can be safely, effectively, and efficiently provided in the home or authorized setting. Either leaving home is medically inadvisable or the Medicaid recipient is unable to leave home without the assistance of another person. Please contact Florida Medicaid for cost-sharing information.</p> |
| <p>Hospice</p> | <p>Medicaid reimburses for hospice services to provide palliative health care and supportive services to terminally ill patients and their families. Hospice providers must meet the requirements to participate in Medicare and be able to provide the following:</p> |

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| Hospice (continued) | <ul style="list-style-type: none"> • Hospice care provided by the designated hospice. • Direct care services of a hospice physician. • Nursing facility room and board. <p>All Medicaid recipients who meet the following criteria may receive hospice services:</p> <ul style="list-style-type: none"> • Certified by a physician as being terminally ill and having a life expectancy of six months or less, if the illness progresses at its normal course • Elect a hospice, and complete and sign an election statement to receive hospice services from the designated hospice Please contact Florida Medicaid for cost-sharing information. |
| Independent Laboratory Services | <p>Independent laboratory services are clinical laboratory procedures performed in freestanding laboratory facilities. A physician or other licensed health care practitioner authorized within the scope of practice to order clinical laboratory tests must authorize the services. Please contact Florida Medicaid for cost-sharing information.</p> |
| Mental Health Targeted Case Management Services | <p>The purpose of mental health targeted case management is to assist recipients in gaining access to needed medical, social, educational, and other services. \$0 copay</p> |
| Nursing Facility Services | <p>Nursing facility services are 24hour-a-day nursing and rehabilitation services provided in a facility that is licensed and certified by the Agency to participate in the Medicaid program. The nursing facility must have their beds certified by the Agency to participate in the Medicaid program. Nursing facility services may include reimbursement for swing bed services provided in a rural acute care hospital, and skilled nursing services provided in a hospital-based, skilled nursing unit. Based upon the recipient's income, each recipient may have a patient responsibility amount determined by DCF. Please contact Florida Medicaid for cost-sharing information.</p> |
| Optometric Services | <p>Medicaid reimburses for optometric services rendered by licensed, Medicaid-participating optometrists and ophthalmologists. Medicaid reimbursable services include: of practice Consultation and referral services Evaluation and management services Eye examinations, when there is a reported vision problem, illness, disease, or injury General and special ophthalmologic services Medical and surgical services within the optometrist's scope Pathology and laboratory services Post- operative management services provided in a custodial care facility services provided in a nursing facility. Please contact Florida Medicaid for cost-sharing information.</p> |

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| Physician Services | <p>Medicaid reimburses for services rendered by licensed, Medicaid-participating doctors of allopathic or osteopathic medicine. Services may be rendered in the physician’s office, the patient’s home, a hospital, a nursing facility, or other approved place of service as necessary to treat a particular injury, illness, or disease. Please contact Florida Medicaid for cost-sharing information.</p> |
| Therapy Services | <p>Occupational therapy addresses the functional needs of an individual related to the performance of self-help skills, adaptive behavior, and sensory, motor, and postural development. Medicaid reimburses for occupational therapy services provided by licensed Medicaid-participating occupational therapists and by supervised, occupational therapy assistants.</p> <ul style="list-style-type: none"> • Medicaid reimbursable services include evaluation and treatment to prevent or correct physical and emotional deficits, or to minimize the disabling effect of these deficits. Typical activities are perceptual motor activity exercises to enhance functional performance, kinetic movement, guidance in the use of adaptive equipment, and other techniques related to improving motor development. \$0 copay • Physical therapy addresses the development, improvement, or restoration of neuromuscular or sensory motor function, relief of pain, or control of postural deviation to attain maximum performance. Medicaid reimburses for physical therapy services provided by licensed, Medicaid-participating physical therapists, and by supervised physical therapy assistants. Medicaid reimbursable services include the evaluation and treatment related to range-of motion, muscle strength, functional abilities, and the use of adaptive or therapeutic equipment. Activities include rehabilitation through exercises, massage, the use of equipment, and rehabilitation through therapeutic activities. \$0 copay • Speech-language pathology services involve the evaluation and treatment of speech-language disorders. Medicaid reimburses for speech- language pathology services provided by licensed, Medicaid-participating speech-language pathologists, and by supervised speech-language pathologist assistants. These services are available in the home or other appropriate setting. \$0 copay |
| Transportation | <p>Medicaid reimburses for medically necessary non-emergency transportation services for a Medicaid eligible recipient and a personal care attendant or escort, if required, who have no other means of transportation available to any Medicaid compensable service. All Medicaid eligible recipients who have no other means of transportation may receive non-emergency transportation services. Please contact Florida Medicaid for cost-sharing information.</p> |

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| Vision Services | Medicaid reimburses for medically necessary visual services rendered by licensed, Medicaid-participating ophthalmologists, optometrists, and opticians enrolled as visual services providers. Medicaid reimbursable services include eyeglasses, eyeglass repairs as required, prosthetic eyes, and medically necessary contact lenses. Providers may use the Central Optical Laboratory, managed by Prison Rehabilitative Industries and Diversified Enterprises (PRIDE), for services to Medicaid recipients. Please contact Florida Medicaid for cost-sharing information. |
| Prescription Drug Benefits Initial Coverage | Medicaid reimburses licensed pharmacy providers for the following: <ul style="list-style-type: none">• Most prescription drugs used in outpatient settings and some injectable drugs• Some over-the-counter medications All Medicaid recipients may receive medically necessary prescribed drug services. Please contact Florida Medicaid for cost sharing information. |



Section 1557 Non-Discrimination Language
Notice of Non-Discrimination

Allwell complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Allwell does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Allwell:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, accessible electronic formats, other formats).
- Provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you need these services, contact Allwell’s Member Services telephone number listed for your state on the Member Services Telephone Numbers by State Chart. 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 believe that Allwell has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by calling the number in the chart below and telling them you need help filing a grievance; Allwell’s Member Services is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019 (TTY: 1-800-537-7697).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Member Services Telephone Numbers by State Chart

| State | Telephone Number and Plan Type |
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| Arizona | 1-800-977-7522/1-877-935-8020 (HMO and HMO SNP) (TTY: 711) |
| Arkansas | 1-855-565-9518 (HMO) (TTY: 711) |
| Florida | 1-844-293-2636 (HMO); 1-877-935-8022 (HMO SNP) (TTY: 711) |
| Georgia | 1-844-890-2326 (HMO); 1-877-725-7748 (HMO SNP) (TTY: 711) |
| Illinois | 1-855-766-1736 (HMO) (TTY: 711) |
| Indiana | 1-855-766-1541 (HMO and PPO); 1-833-202-4704 (HMO SNP) (TTY: 711) |
| Kansas | 1-855-565-9519 (HMO); 1-833-402-6707 (HMO SNP) (TTY: 711) |
| Louisiana | 1-855-766-1572 (HMO) (TTY: 711) |
| Mississippi | 1-844-786-7711 (HMO); 1-833-260-4124 (HMO SNP) (TTY: 711) |
| Missouri | 1-855-766-1452 (HMO); 1-833-298-3361 (HMO SNP) (TTY: 711) |
| New Mexico | 1-844-810-7965 (HMO SNP) (TTY: 711) |
| Ohio | 1-855-766-1851 (HMO); 1-866-389-7690 (HMO SNP) (TTY: 711) |
| Pennsylvania | 1-855-766-1456 (HMO); 1-866-330-9368 (HMO SNP) (TTY: 711) |
| South Carolina | 1-855-766-1497 (HMO and HMO SNP) (TTY: 711) |
| Texas | 1-844-796-6811 (HMO); 1-877-935-8023 (HMO SNP) (TTY: 711) |
| Wisconsin | 1-877-935-8024 (HMO SNP) (TTY: 711) |

Section 1557 Non-Discrimination Language
Multi-Language Interpreter Services

ENGLISH: ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call the Member Services number listed for your state in the Member Services Telephone Number Chart.

SPANISH: ATENCIÓN: Si habla español, hay servicios de asistencia de idiomas disponibles para usted sin cargo. Llame al número del Departamento de Servicios al Afiliado que se enumera para su estado en la Ficha de Números de Teléfono del Departamento de Servicios al Afiliado.

VIETNAMESE: LƯU Ý: Nếu quý vị nói tiếng Việt, chúng tôi có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho quý vị. Xin vui lòng gọi số điện thoại phục vụ hội viên dành cho tiểu bang của quý vị trong Bảng số điện thoại dịch vụ hội viên.

CHINESE: 請注意: 如果您使用中文, 您可以免費獲得語言援助服務。請撥會員服務部電話號碼表所列的您所在州的會員服務部號碼。

FRENCH CREOLE (HAITIAN CREOLE): ATANSYON: Si w pale kreyòl ayisyen, ou ka resewwa sèvis gratis ki la pou ede w nan lang pa w. Rele nimewo sèvis manm pou eta kote w rete a. W ap jwenn li nan tablo nimewo telefòn sèvis manm yo.

ARABIC:

تنبيه: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية المجانية متاحة لك. اتصل برقم خدمات الأعضاء المدرج في لائحة رقم هاتف خدمات الأعضاء الخاص بالولاية المقيم فيها.

FRENCH: ATTENTION : Si vous parlez français, un service d'aide linguistique vous est proposé gratuitement. Veuillez appeler le numéro de téléphone du Service aux membres spécifique à votre État qui se trouve dans le tableau de numéros de téléphone du Service aux membres.

RUSSIAN: ВНИМАНИЕ! Если Вы говорите на русском языке, мы можем предложить Вам бесплатные услуги переводчика. Позвоните в Отдел обслуживания участников по указанному для Вашего штата номеру в телефонном справочнике Отдела обслуживания участников

GERMAN: ACHTUNG: Falls Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufen Sie bitte die für Ihren Bundesstaat zuständige Rufnummer des Mitgliederkundendienstes an, die im Telefonverzeichnis des Mitgliederkundendienstes angegeben ist.

TAGALOG: PAUNAWA: Kung nagsasalita ka ng Tagalog, may makukuha ka na mga libreng serbisyon pantulong sa wika. Tawagan ang numero ng Mga Serbisyo ng Miyembro na nakalista para sa iyong estado sa Tsart ng Numero ng mga Serbisyo ng Miyembro.

PORTUGUESE: ATENÇÃO: Se falar português, estão disponíveis, gratuitamente, serviços de assistência linguística. Ligue para o número dos Serviços aos Membros indicado para o seu estado na Tabela de números de telefone destes serviços.

PENNSYLVANIAN DUTCH: Geb Acht: Wann du Deitsch schwetze kannscht, un Hilf in dei eegni Schprooch brauchst, kannscht du es Koschdefrei griege. Ruf die Glieder Nummer von dei Staat, ass iss uff die Lischd an die Glieder Hilf Telefon Nummer Kaart.

GUJARATI: સાવધાન: જો તમે ગુજરાતી બોલતા હો તો, ભાષા સહાય સેવાઓ, નશિલુક, તમારા માટે ઉપલબ્ધ છે. સભ્ય સેવા ટેલિફોન નંબર ચાર્ટમાં તમારા રાજ્ય માટે સૂચવિધ સભ્ય સેવાઓ નંબર પર કોલ કરો.

JAPANESE: 注意事項: 日本語を話される場合、無料の言語支援サービスをご利用いただけます。メンバーサービス電話番号チャートに記載されているお住まいの州のメンバーサービスまでお電話ください。

ITALIAN: ATTENZIONE: se parla italiano, sono disponibili per Lei servizi di assistenza linguistica gratuiti. Consulti la Tabella dei Numeri Telefonici dei Servizi per i Membri e chiami il numero dei Servizi per i Membri del Suo stato.

MARSHALLESE: LALE: Ñe kwōj kōnono Kajin Majōl, kwomaroñ bōk jermal in jipañ ilo kajin eo am ilo ejjelōk wōñāān ñian kwe. Kalloḷ nōm̄ba in telpon in Jermal in Jipañ ñian ro Uwaan eo ej jeje ñian state eo am ilo Jaat in Nōm̄ba in Telpon in Jermal in Jipañ ñian ro Uwaan.

LAOTIAN: ຕອກໃຈໃສ່: ຖ້າທ່ານເວົ້າພາສາລາວ, ຈະມີບົວກິນຊ່ວຍເຫຼືອດ້ານພາສາໄວ້ຄ້ອຍຖ້າບໍ່ມີການທ່ານໂດຍບູລິສະຍາ. ກະລຸນາໃຫ້ຫາລາຍລັກການສະມາຊິກທະບູໂຮງໃນລັດຂອງທ່ານໃນແຜນພູມລາຍລັກການໂທລະສັບບໍລິການສະມາຊິກ.

HMONG: CEEV FAJ: Yog koj hais lus Hmoob, muaj kev pab txhais lus pub dawb rau koj. Hu rau tus xov tooj ntawm Lub Chaw Pab Cuam Tswv Cuab ntawm koj lub xeev ntawm Tus Xov Tooj Ntawm Lub Chaw Pab Cuam Tswv Cuab Hauv Daim Ntawv No.

KOREAN: 알림사항: 귀하가 한국어를 사용하시는 경우, 무료 언어 지원 서비스를 받으실 수 있습니다. 가입자 서비스 전화번호 표에 있는 귀하의 주 가입자 서비스 안내번호로 전화하십시오.

HINDI: ध्यान दें: यदि आप हिन्दी भाषी हैं, तो आपके लिए, भाषा सहायता सेवाएं, मुफ्त में, उपलब्ध हैं। सदस्य सेवा टेलीफोन नंबर चार्ट में अपने राज्य के लिए सूचीबद्ध सदस्य सेवा नंबर पर काल करें।

POLISH: UWAGA: Jeśli mówisz po polsku, możesz skorzystać z bezpłatnych usług tłumaczeniowych. Zadzwoń pod numer działu obsługi klienta odpowiedni dla twojego stanu, dostępny w Wypisie numerów telefonu działu obsługi klienta.

THAI: โปรดทราบ: หากคุณพูดภาษาไทย คุณสามารถขอรับบริการช่วยเหลือด้านภาษาโดยไม่มีค่าใช้จ่าย โทรไปยังหมายเลขบริการสมาชิกที่ระบุไว้ในรัฐของคุณในแผนภูมิหมายเลขโทรศัพท์สำหรับบริการสมาชิก

AMHARIC: ማሳሰቢያ: አማርኛ የሚያውቁ ከሆን፣ የቋንቋ እገዛ አገልግሎቶች ያለክፍያ አለልዎት። በ አባላት አገልግሎት የሰጪ ቻርት ላይ ባለው በአባላት አገልግሎት ቁጥር ይደውሉ።

PERSIAN:

توجه: اگر به زبان فارسی صحبت می کنید، خدمات امداد زبانی به طور رایگان در اختیار شما می باشند. با شماره تلفن خدمات اعضا برای ایالت خود که در جدول شماره تلفن های خدمات اعضا ذکر شده تماس بگیرید.

BURMESE: သတိပို့ချက်: ဗမာစကားပြောလျှင်၊ သင့်အတွက် ဘာသာစကားအကူအညီ ဝန်ဆောင်မှုများ အခမဲ့ ရရှိပါသည်။ အဖွဲ့ဝင်ဝန်ဆောင်မှုများ တယ်လီဖုန်းနံပါတ်ဇယားထဲ၌ သင့်ပြည်နယ်အတွက် စာရင်းသွင်းထားသည့် အဖွဲ့ဝင်ဝန်ဆောင်မှုများနံပါတ်ကို ဖုန်းခေါ်ပါ။

DUTCH: GRAAG UW AANDACHT: Indien u Nederlands spreekt, zijn taaldiensten gratis voor u beschikbaar. Gelieve de Ledendienstnummer vermeld voor uw staat in de Ledendiensten Telefoonnummer Tabel op te bellen.

PUNJABI: ਧਿਆਨ ਦੇਵੋ: ਜੇਕਰ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ ਤਾਂ ਤੁਹਾਡੇ ਲਈ ਬਨਿ ਵਮਿ ਮੁੱਲ ਦੇ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਉਪਲਬਧ ਹਨ। ਮੈਂਬਰ ਸੇਵਾਵਾਂ ਦੇ ਟੈਲੀਫੋਨ ਨੰਬਰ ਚਾਰਟ ਵੱਲੋਂ ਤੁਹਾਡੀ ਸਟੇਟ ਦੇ ਲਈ ਦੱਤਿ ਗਏ ਮੈਂਬਰ ਸੇਵਾਵਾਂ ਦੇ ਨੰਬਰ ਉੱਤੇ ਫੋਨ ਕਰੋ।

SWAHILI: TAHADHARI: Kama unazungumza Kiswahili, huduma ya msaada wa lugha, bure, zinapatikana kwa ajili yako. Piga Nambari ya Huduma ya Mwanachama iliyoorodheshwa ya jimbo lako kwenye hiyo Chati ya Nambari za Simu za Huduma ya Mwanachama.

For more information, please contact:

Allwell Dual Medicare (HMO SNP)
1301 International Parkway, Suite 400
Sunrise, FL 33323

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 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. You must continue to pay your Medicare Part B premium. However, for full-dual beneficiaries, the State will cover your Part B premium as long as you retain your Medicaid eligibility.

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 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 HMO, HMO SNP and PPO plans, and with some state Medicaid programs. Enrollment in Allwell depends on contract renewal.

SUNSHINE STATE HEALTH PLAN, INC./Allwell Dual Medicare (HMO SNP)
Monthly Plan Premium for People who get Extra Help from Medicare
to Help Pay for their Prescription Drug Costs

If you get extra help from Medicare to help pay for your Medicare prescription drug plan costs, your monthly plan premium will be lower than what it would be if you did not get extra help from Medicare. The amount of extra help you get will determine your total monthly plan premium as a member of our Plan.

This table shows you what your monthly plan premium will be if you get extra help.

| Your level of extra help | Monthly Premium for Allwell Dual Medicare (HMO SNP)* |
|--------------------------|--|
| 100% | \$0 |
| 75% | \$7.60 |
| 50% | \$15.20 |
| 25% | \$22.70 |

*This does not include any Medicare Part B premium you may have to pay.

Allwell Dual Medicare (HMO SNP)'s premium includes coverage for both medical services and prescription drug coverage.

If you aren't getting extra help, you can see if you qualify by calling:

- 1-800-Medicare or TTY users call 1-877-486-2048 (24 hours a day/7 days a week),
- Your State Medicaid Office, or
- The Social Security Administration at 1-800-772-1213. TTY users should call 1-800-325-0778 between 7 a.m. and 7 p.m., Monday through Friday.

If you have any questions, please call Member/Customer Services at 1-877-935-8022, TTY: 711 from 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.

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

You must continue to pay your Medicare Part B premium. However, for full-dual beneficiaries, the State will cover your Part B premium as long as you retain your Medicaid eligibility. This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments and restrictions may apply. Benefits, premiums and/or copayments/coinsurance may change on January 1 of each year.