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# Summary of Benefits

## 2021

Allwell Dual Medicare (HMO D-SNP) H9811: 006  
George, Hancock, Harrison, Hinds, Jackson, Madison, Rankin  
and Stone counties, MS



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.magnoliahealthplan.com](http://allwell.magnoliahealthplan.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 Mississippi: George, Hancock, Harrison, Hinds, Jackson, Madison, Rankin and Stone.
- For Allwell Dual Medicare (HMO D-SNP), you must also be enrolled in the Mississippi 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 Mississippi 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.magnoliahealthplan.com](http://allwell.magnoliahealthplan.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) H9811: 006 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		
<b>Monthly Plan Premium</b>	\$0 (You must continue to pay your Medicare Part B premium, if not otherwise paid for by Medicaid or another third party.)	
<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)	\$3,450 annually This is the most you will pay in copays and coinsurance for covered medical services for the year.	
<b>Inpatient Hospital Coverage*</b>	\$0 copay per stay.	
<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)	\$0 copay for most Medicare-covered preventive services Other preventive services are available.	
<b>Emergency Care</b>	\$0 copay per visit	
<b>Urgently Needed Services</b>	\$0 copay per visit	

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

<b>Benefits</b>	<b>Allwell Dual Medicare (HMO D-SNP) H9811: 006 Premiums / Copays / Coinsurance</b>
<b>Diagnostic Services/ Labs/Imaging*</b> (includes diagnostic tests and procedures, labs, diagnostic radiology, and X-rays)	COVID-19 testing and specified testing-related services at any location are \$0. <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>
<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 \$3,000 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 \$350 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>	\$0 copay (per one-way trip) for ground or air ambulance services

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<b>Benefits</b>	<b>Allwell Dual Medicare (HMO D-SNP) H9811: 006 Premiums / Copays / Coinsurance</b>
<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>• Unlimited 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 copay</li> <li>• Other Part B drugs: \$0 copay</li> </ul>

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

## 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>	\$20 copay	\$60 copay
<b>Tier 3: Preferred Brand Drugs</b>	\$47 copay	\$141 copay
<b>Tier 4: Non-Preferred Drugs</b>	48% coinsurance	48% 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 1-833-260-4124 (TTY: 711).</p>



<b>Additional Covered Benefits</b>	
<b>Benefits</b>	<b>Allwell Dual Medicare (HMO D-SNP) H9811: 006 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 (\$250 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.</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 2 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>

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<b>Additional Covered Benefits</b>	
<b>Benefits</b>	<b>Allwell Dual Medicare (HMO D-SNP) H9811: 006 Premiums / Copays / Coinsurance</b>
<b>Foot Care (Podiatry Services)</b>	<ul style="list-style-type: none"> <li>• Foot exams and treatment (Medicare-covered): \$0 copay per visit</li> <li>• Routine Foot care: \$0 copay per visit (6 visits every calendar year.)</li> </ul>
<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> <li>• Coverage for one Personal Emergency Medical Response Device per lifetime. \$0 copay</li> </ul> <p>For a detailed list of wellness program benefits offered, please refer to the EOC.</p>
<b>Worldwide Emergency Care</b>	Your plan has coverage for urgent/emergent services outside the U.S. and its territories.
<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 Mississippi Division of Medicaid toll-free at 1-800-421-2408 (TTY: 711).

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

### MS Medicaid Benefits covered under MA Special Needs Plan

Important Information	
Benefit	Medicaid (Benefits Applicable to Full Medicaid Beneficiaries) (QMB only eligible for Medicare Cost Sharing expenses)
<b>Important Information</b>	<p>Medicare and Medicaid dual eligible recipients may receive either full Medicaid benefits or Medicare cost-sharing benefits.</p> <p>Full Medicaid benefits are provided to SSI and long-term care recipients. Medicare cost-sharing benefits for QMBs include premiums, deductibles, and coinsurance on Medicare-covered services.</p> <p><a href="https://medicaid.ms.gov/providers/administrative-code/">https://medicaid.ms.gov/providers/administrative-code/</a>  <a href="https://medicaid.ms.gov/providers/billing-manual/">https://medicaid.ms.gov/providers/billing-manual/</a></p>
<b>Medicare Part C (Medicare Advantage Plans)</b>	<p>Medicare Part C (Medicare Advantage Plans)</p> <ul style="list-style-type: none"> <li>• Medicare Advantage Plans are health plan options (like an HMO or PPO) approved by Medicare and offered by private companies. Medicare pays a fixed amount for care to the companies offering the plans and the Medicare Advantage Plan provides the Medicare health coverage.</li> <li>• Medicaid will pay the coinsurance and deductible for beneficiaries in applicable Categories of Eligibility (COE).</li> <li>•</li> </ul>
<b>Benefits and Limitations and Exclusions</b>	<p>The following services are covered under the Mississippi Medicaid program (not all services are applicable to all categories of eligibility. Medicare Cost Sharing beneficiaries should refer to the Medicare benefits and limitations.) Definition, scope, duration, and policies are covered in the appropriate sections. Where items of service are limited to a fiscal year, reference is to the annual period of July 1 through June 30. For waiver benefits, refer to the appropriate waiver section.</p>

Important Information	
Benefit	Medicaid (Benefits Applicable to Full Medicaid Beneficiaries) (QMB only eligible for Medicare Cost Sharing expenses)
<b>Eligibility and Premium</b>	<p><u>Eligibility for Full Medicaid Benefits</u></p> <ul style="list-style-type: none"> <li>• Persons age 65 or over, blind, or disabled and who receive Supplemental Security Income (SSI) grants as certified by SSA.</li> <li>• Persons in medical facilities who meet long term care criteria as certified by DOM.</li> <li>• Certain former SSI beneficiaries who continue to meet SSI criteria except for income, as certified by DOM.</li> <li>• Persons provided home and community based services (HCBS) that are physically disabled and certified by DOM as eligible by applying the eligibility requirements as if they are institutionalized.</li> <li>• And others listed in policy section.</li> </ul> <p><u>Eligibility for Medicare Cost Sharing or Premium Payment</u></p> <ul style="list-style-type: none"> <li>• Qualified Medicare beneficiaries (<b>QMBs</b>) who are entitled to Medicare Part A, whose income does not exceed 100% of the federal poverty level as certified by DOM. Individuals eligible only as a QMB receive a Medicaid card but are <u>only eligible for payment of Medicare sharing expenses.</u></li> <li>• Qualified Medicare beneficiaries (<b>QMBs Plus</b>) who are entitled to Medicare Part A, whose income does not exceed 100% of the federal poverty level as certified by DOM. Individuals eligible only as a QMB Plus receive full Medicaid coverage.</li> <li>• Specified low-income Medicare beneficiaries (SLMBs) 120% FPL. The only benefit paid by Medicaid is the Medicare Part B premium.</li> <li>• Qualifying Individuals (<b>QIs</b>) certified by DOM for payment of their Medicare Part B premium only. QI-1s can have income of 120%-135% of the FPL for full payment of Medicare Part B premiums provided the beneficiary has Medicare Part A. These individuals do not receive a Medicaid care.</li> <li>• Certain qualified working disabled (<b>QWDI</b>) persons who are only eligible for Medicaid to pay their Medicare Part A premiums. DOM certifies this group. These individuals do not receive a Medicaid card.</li> </ul>

## IMPORTANT INFORMATION

Medicare Services	Medicare Beneficiary Coverage (Source: Medicare & You 2018) <a href="https://www.medicare.gov/pubs/pdf/10050-Medicare-and-You.pdf">https://www.medicare.gov/pubs/pdf/10050-Medicare-and-You.pdf</a>	MS Medicaid (QMB only eligible for Part B premium, deductible, and coinsurance for Medicare-covered services. <b>QMB Plus</b> eligible for same Medicare services as QMB and full Medicaid coverage)	MS Medicaid (SLMB, QI eligible for Medicare Part B Premium) eligible for Part A premium)
Medicare Part A Hospital Insurance		QMB/QMB Plus	QDWI
<b>Premium</b>	\$458.00 (CMS reviews and may change premiums and deductibles annually.)	No Medicaid Coverage	Coverage
<b>Blood</b>	You pay: <ul style="list-style-type: none"> <li>• \$0 from blood bank</li> <li>• Hospital costs for 3 units</li> <li>• \$0 for donated blood</li> </ul>	Coinsurance Coverage	No Medicaid Coverage
<b>Home Health Services</b>	You pay: <ul style="list-style-type: none"> <li>• \$0 for home health services</li> <li>• 20% of Medicare-approved amount for durable medical equipment</li> </ul>	Coinsurance Coverage	No Medicaid Coverage
<b>Hospice</b>	You pay: <ul style="list-style-type: none"> <li>• \$0 for hospice care</li> <li>• A copayment of up to \$5 per prescription for outpatient prescription drugs for symptom management</li> <li>• 5% of the Medicare-approved amount for inpatient respite care</li> </ul> <p>Medicare does not cover room and board when you get hospice care in your home or another facility where you live (like nursing home)</p>	Coinsurance Coverage	No Medicaid Coverage

## IMPORTANT INFORMATION

Medicare Services	Medicare Beneficiary Coverage (Source: Medicare & You 2018) <a href="https://www.medicare.gov/public/pdf/10050-Medicare-and-You.pdf">https://www.medicare.gov/public/pdf/10050-Medicare-and-You.pdf</a>	MS Medicaid (QMB only eligible for Part B premium, deductible, and coinsurance for Medicare-covered services. <b>QMB Plus</b> eligible for same Medicare services as QMB and full Medicaid coverage)	MS Medicaid (SLMB, QI eligible for Medicare Part B Premium) eligible for Part A premium)
Medicare Part A Hospital Insurance		QMB/QMB Plus	QDWI
<b>Hospital, Inpatient</b>	<p>You pay:</p> <ul style="list-style-type: none"> <li>• \$1,408 deductible and no coinsurance for days 1 – 60 of each benefit period.</li> <li>• \$0 for days 1 - 60 of benefit period</li> <li>• \$352 per day for days 61-90 of benefit period</li> <li>• \$704 per "lifetime reserve day" after day 90 of each benefit period ( up to 60 days over your lifetime)</li> </ul>	Coinsurance Coverage	No Medicaid Coverage
<b>Religious Nonmedical Health Care Institution</b>	<ul style="list-style-type: none"> <li>• Refer to Hospital, Inpatient</li> </ul>	Coinsurance Coverage	No Medicaid Coverage
<b>Skilled Nursing Facility, Inpatient</b>	<p>You pay:</p> <ul style="list-style-type: none"> <li>• \$0 for the first 20 days each benefit period</li> <li>• \$176 co-insurance per day for days 21-100 per benefit period</li> <li>• All costs each day after day 100 in a benefit period</li> </ul>	Coinsurance Coverage	No Medicaid Coverage

<b>Medicare Part B Medical Insurance</b>	<b>Medicare Beneficiary Coverage</b> (Source: Medicare & You 2018) <a href="https://www.medicare.gov/news/ndf/10050-Medicare-and-You.pdf">https://www.medicare.gov/news/ndf/10050-Medicare-and-You.pdf</a>	<b>MS Medicaid QMB/QMB Plus</b>	<b>MS Medicaid QI and SLMB</b>
<b>Premium Deductible</b>	\$144.60 \$198.00 per year (CMS reviews and may change premiums and deductibles annually.)	Coverage of premium, deductible, coinsurance	Coverage of premium
<b>Abdominal Aortic Aneurysm Screening</b>	Preventive Service One-time screening ultrasound for people at risk. Must be referred from your doctor or other practitioner.	No cost	No cost
<b>Advance Care Planning</b>	Voluntary advance care planning as part of your yearly "Wellness" visit.  If this service is not a part of your yearly "Wellness" visit, the Part B deductible and coinsurance apply.	No cost  Coinsurance Coverage	
<b>Alcohol Misuse Screening &amp; Counseling</b>	Preventive Service One screening per year for adults who use alcohol, but not dependent	No cost	No cost
<b>Ambulance Services</b>	For medically necessary services. You pay 20% of the Medicare-approved amount, and the Part B deductible applies.	Coinsurance Coverage	No Medicaid Coverage
<b>Ambulatory Surgical Centers (ASC)</b>	You pay 20% of the Medicare-approved amount to both the ambulatory surgical center and the doctor who treats you, and the Part B deductible applies.  All facility service fees for procedures Medicare does not cover in ASC	Coinsurance Coverage	No Medicaid Coverage

<b>Medicare Part B Medical Insurance</b>	<b>Medicare Beneficiary Coverage</b> (Source: Medicare & You 2018) <a href="https://www.medicare.gov/nu bs/ndf/10050-Medicare-and-You.pdf">https://www.medicare.gov/nu bs/ndf/10050-Medicare-and-You.pdf</a>	<b>MS Medicaid QMB/QMB Plus</b>	<b>MS Medicaid QI and SLMB</b>
<b>Anesthesia</b>	Provided in hospital inpatient or hospital outpatient and ASC. You pay 20% of the Medicare-approved amount, and the Part B deductible applies.	Coinsurance Coverage	No Medicaid Coverage
<b>Artificial Limbs &amp; Eyes</b>	Prescribed by doctor	Coinsurance Coverage	No Medicaid Coverage
<b>Blood</b>	You pay: <ul style="list-style-type: none"> <li>• \$0 from blood bank</li> <li>• Hospital costs for 3 units per year</li> <li>• \$0 for donated blood</li> </ul>	Coinsurance Coverage	No Medicaid Coverage
<b>Bone Mass Measurement (Bone Density)</b>	Preventive Service Prescribed by doctor, Covered once every 24 months	No Cost	No Medicaid Coverage
<b>Breast Prostheses</b>	After mastectomy, Part B - external prostheses Part A - surgically implanted prostheses You pay 20% of the Medicare-approved amount, and the Part B deductible applies	Coinsurance Coverage	No Medicaid Coverage
<b>Breast Cancer Screening (Mammogram)</b>	Preventive Service Every 12 months for women over 40 Medicare covers one baseline mammogram for women between 35-39	No Cost	No Medicaid Coverage
<b>Cardiac Rehabilitation</b>	Specific guidelines for comprehensive programs. You pay 20% of the Medicare-approved amount if you get the services in a doctor's office. In a hospital outpatient setting, you also pay the hospital a copayment. The Part B deductible applies.	Coinsurance Coverage	No Medicaid Coverage



<b>Medicare Part B Medical Insurance</b>	<b>Medicare Beneficiary Coverage (Source: Medicare &amp; You 2018)</b>  <a href="https://www.medicare.gov/nu&lt;br/&gt;bs/ndf/10050-Medicare-and-&lt;br/&gt;You.pdf">https://www.medicare.gov/nu bs/ndf/10050-Medicare-and- You.pdf</a>	<b>MS Medicaid QMB/QMB Plus</b>	<b>MS Medicaid QI and SLMB</b>
<b>Cardiovascular Disease (Behavioral Therapy)</b>	Preventive Service Every 12 months to help lower risk	No Cost	No Medicaid Coverage
<b>Cardiovascular Disease Screenings</b>	Preventive Service Every 5 years to test cholesterol, lipid, lipoprotein, and triglyceride levels	No Cost	No Cost
<b>Cervical and Vaginal Cancer Screening</b>	Preventive Service Every 24 months, or 12 months if high risk	No Cost	No Cost
<b>Chemotherapy</b>	Part B for outpatient/Part A for inpatient For chemotherapy given in a doctor's office or freestanding clinic, you pay 20% of the Medicare-approved amount, and the Part B deductible applies.	Coinsurance Coverage	No Medicaid Coverage
<b>Chiropractic Services (limited coverage)</b>	Medically necessary for subluxation You pay 20% of the Medicare-approved amount, and the Part B deductible applies.	Coinsurance Coverage	No Medicaid Coverage
<b>Chronic Care Management Services</b>	Comprehensive care plan that helps manage 2 or more chronic conditions. You pay a monthly fee and the Part B deductible applies.	Coinsurance Coverage	No Medicaid Coverage
<b>Clinical Research Studies</b>	Part B covers some costs You may pay 20% of the Medicare-approved amount, and the Part B deductible may apply.	Coinsurance Coverage	No Medicaid Coverage
<b>Colorectal Cancer Screenings</b>	Preventive Service - Several type tests Colonoscopy/Fecal/Sigmoidoscopy - No Cost	Coinsurance Coverage	No Medicaid Coverage

<b>Medicare Part B Medical Insurance</b>	<b>Medicare Beneficiary Coverage</b> (Source: Medicare & You 2018) <a href="https://www.medicare.gov/nu bs/ndf/10050-Medicare-and-You.pdf">https://www.medicare.gov/nu bs/ndf/10050-Medicare-and-You.pdf</a>	<b>MS Medicaid QMB/QMB Plus</b>	<b>MS Medicaid QI and SLMB</b>
<b>Continuous Positive Airway Pressure (CPAP)</b>	Medicare covers a 3-month trial of CPAP therapy if you've been diagnosed with sleep apnea. You pay 20% of the Medicare-approved amount, and the Part B deductible applies for rental of the machine and purchase of related supplies.	No cost  Coinsurance Coverage	No cost  No Medicaid Coverage
<b>Defibrillator (Implantable Automatic)</b>	Medicare covers these devices for some people diagnosed with heart failure. If the surgery takes place in an outpatient setting, you pay 20% of the Medicare-approved amount for the doctor's services. If you get the device as a hospital outpatient, you also pay the hospital a copayment. In most cases, the copayment amount can't be more than the Part A hospital stay deductible. The Part B deductible applies. Part A covers surgeries to implant defibrillators in a hospital inpatient setting.	Coinsurance Coverage	No Medicaid Coverage
<b>Depression Screening</b>	Preventive-One per year in primary care	No cost	No cost
<b>Diabetes Screenings</b>	Preventive- One or two per year	No cost	No cost
<b>Diabetes Self-Management Training</b>	Preventive Service Must have diabetes and order from doctor. You pay 20% of the Medicare-approved amount, and the Part B deductible applies.	Coinsurance Coverage	No Medicaid Coverage

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<b>Diabetes Equipment and Supplies and Therapeutic Shoes</b>	Medicare covers blood sugar testing monitors, blood sugar test strips, lancet devices and lancets, blood sugar control solutions, and therapeutic shoes (in some cases). Medicare only covers insulin if it's medically necessary and you use an external insulin pump to administer the insulin. You pay 20% of the Medicare-approved amount and the Part B deductible applies.	Coinsurance Coverage	No Medicaid Coverage
<b>Dialysis Services</b>	Part B - Outpatient dialysis, home dialysis. You pay 20% of the Medicare-approved amount, and the Part B deductible applies.	Coinsurance Coverage	No Medicaid Coverage
<b>Doctor and Other Health Care Provider Services</b>	Medically necessary services in the office, hospital, skilled nursing facility, home, other settings. You pay 20% of the Medicare-approved amount and the Part B deductible applies.	Coinsurance Coverage	No Medicaid Coverage
<b>Durable Medical Equipment (DME)</b>	Medicare covers items like oxygen equipment and supplies, wheelchairs, walkers, and hospital beds ordered by a doctor or other health care provider enrolled in Medicare for use in the home. Some items must be rented. You pay 20% of the Medicare-approved amount, and the Part B deductible applies. Make sure your doctors and DME suppliers are enrolled in Medicare.	Coinsurance Coverage	No Medicaid Coverage

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<b>EKG or ECG (Electrocardiogram) Screening</b>	Preventive service One-time screening if referred as a result of one-time "Welcome to Medicare" visit. You pay 20% of the Medicare-approved amount, and the Part B deductible applies.	Coinsurance Coverage	No Medicaid Coverage
<b>Emergency Department Services</b>	You pay a specified copayment for the hospital emergency department visit, and you pay 20% of the Medicare-approved amount for the doctor's or other health care provider's services. The Part B deductible applies.	Coinsurance Coverage	No Medicaid Coverage
<b>Eyeglasses (after cataract surgery)</b>	One pair of eyeglasses with standard frame (or one set of contact lenses) after cataract surgery that implants an intraocular lens. You pay 20% of the Medicare-approved amount, and the Part B deductible applies.	Coinsurance Coverage	No Medicaid Coverage
<b>Federally Qualified Health Center (FQHC) services</b>	FQHCs provide many outpatient primary care and preventive health services. No deductible; generally you're paying 20% of the charges or 20% of the Medicare approved amount.	Coinsurance Coverage	No Medicaid Coverage
<b>Flu Shots</b>	One shot per flu season	No cost	No cost
<b>Foot Exams and Treatment</b>	For medically necessary treatment of foot injuries or diseases. You pay 20% of the Medicare-approved amount, and the Part B deductible applies.	Coinsurance Coverage	No Medicaid Coverage

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<b>Glaucoma Tests</b>	Every 12 months for people at high risk. You pay 20% of the Medicare-approved amount, and the Part B deductible applies.	Coinsurance Coverage	No Medicaid Coverage
<b>Hearing and Balance Exams</b>	Covers diagnostic hearing/ balance exams if ordered by doctor. No routine exams or hearing aids. You pay 20% of the Medicare-approved amount, and the Part B deductible applies.	Coinsurance Coverage	No Medicaid Coverage
<b>Hepatitis B Shots</b>	For people at high or medium risk	No cost	No cost
<b>Hepatitis B Virus (HBV) infection screening</b>	Medicare covers HBV infection screenings if you meet one of these conditions: • You're at high risk for HBV infection. • You're pregnant. Medicare will only cover HBV infection screenings if they're ordered by a primary care provider.		
<b>Hepatitis C Screening test</b>	Medicare covers one Hepatitis C screening test if you meet certain conditions	No cost	No cost
<b>HIV (Human Immunodeficiency Virus) Screening</b>	For people who are pregnant or for people who have increased risk. Every 12 months or up to 3 times during pregnancy	No cost (test)	No cost (test)
<b>Home Health services</b>	Certain requirements	No cost	No cost

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<b>Kidney dialysis services and supplies</b>	Medicare covers 3 dialysis treatments per week if you have End-Stage Renal Disease (ESRD) You pay 20% of the Medicare-approved amount, and the Part B deductible applies.	Coinsurance Coverage	No Medicaid Coverage
<b>Kidney Disease Education Services</b>	Covers up to 6 sessions for Stage IV chronic kidney disease, dialysis. You pay 20% of the Medicare-approved amount, and the Part B deductible applies.	Coinsurance Coverage	No Medicaid Coverage
<b>Laboratory Services</b>	Medicare covers laboratory services including certain blood tests, urinalysis, certain tests on tissue specimens, and some screening tests.	No cost	No cost
<b>Lung Cancer Screening</b>	Medicare covers a lung cancer screening with Low Dose Computed Tomography (LDCT) once per year if you meet certain conditions.	No cost	No cost
<b>Medical Nutrition Therapy Services</b>	For people with diabetes or kidney disease and diabetes education.	No cost	No cost
<b>Macular Degeneration</b>	Certain diagnoses of eye for some patient with age-related macular degeneration. You pay 20% of the Medicare-approved amount, and the Part B deductible applies.	Coinsurance Coverage	No Medicaid Coverage
<b>Mental Health Care (outpatient)</b>	Covers mental health care services Certain limits and conditions may apply. You pay 20% of the Medicare-approved amount, and the Part B deductible applies.	Coinsurance Coverage	No Medicaid Coverage
<b>Obesity Screening and Counseling</b>	Intensive counseling for weight loss if body mass index 30+	No cost	No cost

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<b>Occupational therapy</b>	Medicare covers evaluation and treatment to help you perform activities of daily living. You pay 20% of the Medicare-approved amount, and the Part B deductible applies.	No cost	No cost
<b>Opioid use disorder treatment services</b>	Medicare will cover medication, counseling, drug testing, and individual and group therapy.	No cost	No cost
<b>Outpatient Hospital Services</b>	Medically necessary services - ER, lab, mental health, x-rays, medical supplies, screenings, certain drugs.	Coinsurance Coverage	No Medicaid Coverage
<b>Outpatient medical and surgical services and supplies</b>	Medicare covers approved procedures like X-rays, casts, stitches, or outpatient surgeries. You pay 20% of the Medicare-approved amount, and the Part B deductible applies.	Coinsurance Coverage	No Medicaid Coverage
<b>Ostomy Supplies</b>	For people with colostomy, ileostomy, or urinary ostomy. You pay 20% of the Medicare-approved amount, and the Part B deductible applies.	Coinsurance Coverage	No Medicaid Coverage
<b>Orthotics &amp; Artificial Limbs</b>	Limbs, eyes, and arm, leg, back, neck braces. You pay 20% of the Medicare-approved amount, and the Part B deductible applies.	Coinsurance Coverage	No Medicaid Coverage
<b>Oxygen Therapy</b>	Rental of oxygen equipment Certain circumstances for content/supply. You pay 20% of the Medicare-approved amount, and the Part B deductible applies.	Coinsurance Coverage	No Medicaid Coverage
<b>Partial Hospitalization</b>	In some cases. You pay 20% of the Medicare-approved amount, and the Part B deductible applies.	Coinsurance Coverage	No Medicaid Coverage

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<b>Physical Therapy/ Occupational Therapy/ Speech-Language Pathology</b>	Plan of Care required, and must be periodically certified by doctor. You pay 20% of the Medicare-approved amount, and the Part B deductible applies.	Coinsurance Coverage	No Medicaid Coverage
<b>Pneumococcal Shots</b>	Preventive - May cover up to two shots if second shot is given one year ( or later)	No cost	No cost
<b>Prescription Drugs (limited)</b>	Part B covers Infused, antigens, injectable osteoporosis, blood-clotting, injectable, immunosuppressive, ESRD drugs, etc. You pay 20% of the Medicare-approved amount, and the Part B deductible applies. Other drugs covered by Part D.	Coinsurance Coverage	No Medicaid Coverage
<b>Prostate Cancer Screenings</b>	20% for Digital Rectal Exam No cost for Prostate Specific Antigen (PSA) Test. You pay 20% of the Medicare-approved amount, and the Part B deductible applies.	Coinsurance Coverage	No Medicaid Coverage
<b>Prosthetic/ Orthotic Items</b>	Prescription from doctor to replace internal body part or function. You pay 20% of the Medicare-approved amount, and the Part B deductible applies.	Coinsurance Coverage	No Medicaid Coverage
<b>Pulmonary Rehabilitation</b>	For people with severe COPD and referral. You pay 20% of the Medicare approved amount; and the Part B deductible applies.	Coinsurance Coverage	No Medicaid Coverage



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<b>Radiation Therapy</b>	You pay: Inpatient deductible, coinsurance, Outpatient copayment, Freestanding facility coinsurance.	Coinsurance Coverage	No Medicaid Coverage
<b>Rural Health Clinic (RHC) services</b>	Broad range of outpatient primary care services. You pay 20% of the Medicare-approved amount, and the Part B deductible applies. You pay nothing for most preventive services.	Coinsurance Coverage	No Medicaid Coverage
<b>Second Surgical Opinions</b>	In some cases of non-emergency surgery. You pay 20% of the Medicare-approved amount, and the Part B deductible applies.	Coinsurance Coverage	No Medicaid Coverage
<b>Sexually Transmitted Infections Screening &amp; Counseling</b>	Certain STI for people pregnant and certain people with increased risk	No cost	No cost
<b>Smoking and Tobacco-Use Cessation Counseling</b>	You pay: No cost if not diagnosed, Up to 8 visits per year if diagnosed	No cost	No cost
<b>Speech-language pathology services</b>	Medicare covers evaluation and treatment to regain and strengthen speech and language skills. You pay 20% of the Medicare-approved amount, and the Part B deductible applies.	Coinsurance Coverage	No Medicaid Coverage
<b>Surgical Dressing Services</b>	Medically necessary treatment of surgical wound. You pay 20% of the Medicare-approved amount, and the Part B deductible applies.	Coinsurance Coverage	No Medicaid Coverage

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<b>Telehealth</b>	Covers several services via two-way telecommunications systems. You pay 20% of the Medicare-approved amount, and the Part B deductible applies.	Coinsurance Coverage	No Medicaid Coverage
<b>Tests (other than lab tests)</b>	Medicare covers, MRIs, CT scans, and some other screen diagnostic tests. You pay 20% of the Medicare-approved amount, and the Part B deductible applies.	Coinsurance Coverage	No Medicaid Coverage
<b>Transitional Care Management Services</b>	Medicare may cover this service if you are returning to your community after a stay at certain facilities. The Part B deductible and coinsurance apply	Coinsurance Coverage	No Medicaid Coverage
<b>Transplants and Immunosuppressive Drugs</b>	Part A - Transplants, approved Part B - Doctor visits	Coinsurance Coverage	No Medicaid Coverage
<b>Travel Out-of-US</b>	Special circumstances	Coinsurance	No
<b>Urgently needed care</b>	Medicare covers urgently needed care to treat a sudden illness or injury that isn't a medical emergency. You pay 20% of the Medicare-approved amount, and the Part B deductible applies.	Coinsurance Coverage	No Medicaid Coverage
<b>"Welcome to Medicare" Preventive Visit</b>	Preventive Service- one-time	No cost	No cost
<b>Yearly "Wellness" Visit</b>	Preventive Service- one-time	No cost	No cost
<b>Non-Covered Medicare Part A/B</b>			
<b>Long-Term Care</b>		No Medicaid Coverage	No Medicaid Coverage

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<b>Routine Dental Care</b>		No Medicaid Coverage	No Medicaid Coverage
<b>Routine Eye Exams</b>		No Medicaid Coverage	No Medicaid Coverage
<b>Eyeglasses/ Contact Lenses</b>	Exception - following cataract surgery with an implanted intraocular lens, Part B helps pay for corrective lenses.	No Medicaid Coverage	No Medicaid Coverage
<b>Dentures</b>		No Medicaid Coverage	No Medicaid Coverage
<b>Cosmetic Surgery</b>		No Medicaid Coverage	No Medicaid Coverage
<b>Acupuncture</b>		No Medicaid Coverage	No Medicaid Coverage
<b>Hearing Aids</b>		No Medicaid Coverage	No Medicaid Coverage
<b>Exams for Fitting Hearing Aids</b>		No Medicaid Coverage	No Medicaid Coverage
<b>Massage therapy</b>		No Medicaid Coverage	No Medicaid Coverage
<b>Concierge Care</b>		No Medicaid Coverage	No Medicaid Coverage

**For more information, please contact:**

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

Current members should call: 1-833-260-4124 (TTY: 711)

Prospective members should call: 1-877-826-5517 (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 1-833-260-4124 (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 HMO D-SNP plans and with the state Medicaid program. Enrollment in Allwell depends on contract renewal.