



Summary of Benefits

2021

Allwell Dual Medicare Essentials (HMO D-SNP) H9811: 007
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.

You are eligible to enroll in Allwell Dual Medicare Essentials (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 Essentials (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 Essentials (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 Essentials (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. (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 Essentials (HMO D-SNP) will be responsible for the costs.)

This Allwell Dual Medicare Essentials (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 Essentials (HMO D-SNP) H9811: 007 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	
Monthly Plan Premium	You pay \$0 to \$22.70 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.)
Deductibles	<ul style="list-style-type: none"> • \$0 or \$198 deductible for covered medical services. \$198 is the 2020 Part B deductible. This amount may change for 2021. • \$445 deductible for Part D prescription drugs (applies to drugs on Tiers 2, 3, 4 and 5)
Maximum Out-of-Pocket Responsibility (does not include prescription drugs)	\$6,700 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 \$0 or, <ul style="list-style-type: none"> • \$175 copay per day, for days 1 through 6 • \$0 copay per day, for days 7 through 90
Outpatient Hospital Coverage*	<ul style="list-style-type: none"> • Outpatient Hospital: \$0 or \$175 copay per visit • Observation Services: \$0 or \$175 copay per visit
Doctor Visits (Primary Care Providers and Specialists)	<ul style="list-style-type: none"> • Primary Care: \$0 copay per visit • Specialist: \$0 or \$10 copay per visit
Preventive Care (e.g. flu vaccine, diabetic screening)	\$0 copay for most Medicare-covered preventive services Other preventive services are available.
Emergency Care	\$0 or \$90 copay per visit You do not have to pay the copay if admitted to the hospital immediately.

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

Benefits	Allwell Dual Medicare Essentials (HMO D-SNP) H9811: 007 Premiums / Copays / Coinsurance
Urgently Needed Services	\$0 or \$50 copay per visit Copay is not waived if admitted to the hospital.
Diagnostic Services/ Labs/Imaging* (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"> • Lab services: \$0 copay • Diagnostic tests and procedures: \$0 or \$40 copay depending on location • Outpatient X-ray services: \$0 or \$10 copay • Diagnostic Radiology services (such as, MRI, MRA, CT, PET): \$0 or \$185 copay
Hearing Services	<ul style="list-style-type: none"> • Hearing exam (Medicare-covered): \$0 or \$10 copay • Routine hearing exam: \$0 copay (1 every calendar year) • Hearing aid: \$0 copay (2 hearing aids total, 1 per ear, per calendar year)
Dental Services	<ul style="list-style-type: none"> • Dental services (Medicare-covered): \$0 or \$10 copay 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. <p>There is a maximum allowance of \$2,000 every calendar year; it applies to all comprehensive dental benefits.</p>
Vision Services	<ul style="list-style-type: none"> • Vision exam (Medicare-covered): \$0 or \$10 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
Mental Health Services	Individual and group therapy: \$0 or \$20 copay per visit
Skilled Nursing Facility*	For each benefit period, you pay \$0 or, <ul style="list-style-type: none"> • \$0 copay per day, for days 1 through 20 • \$184 copay per day, for days 21 through 100
Physical Therapy*	\$0 or \$20 copay per visit

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Benefits	Allwell Dual Medicare Essentials (HMO D-SNP) H9811: 007 Premiums / Copays / Coinsurance
Ambulance	\$0 or \$250 copay (per one-way trip) for ground or air ambulance services
Ambulatory Surgery Center*	Ambulatory Surgery Center: \$0 or \$125 copay per visit
Transportation	<ul style="list-style-type: none"> • \$0 copay for each one-way trip • Up to 30 one-way trips to plan-approved health-related locations every calendar year. Mileage limits may apply.
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 from your doctor.

Part D Prescription Drugs

Deductible Stage	<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>	
Initial Coverage Stage (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>	
	Standard Retail Rx 30-day supply	Mail Order Rx 90-day supply
Tier 1: Preferred Generic Drugs	\$0 copay	\$0 copay
Tier 2: Generic Drugs	\$20 copay	\$60 copay
Tier 3: Preferred Brand Drugs	\$47 copay	\$141 copay
Tier 4: Non-Preferred Drugs	50% coinsurance	50% coinsurance
Tier 5: Specialty	25% coinsurance	Not available
Coverage Gap Stage	<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>
Catastrophic Coverage Stage	<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>
Important Info:	<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 Medicare.gov or call Member Services at 1-833-260-4124 (TTY: 711).</p>

Additional Covered Benefits	
Benefits	Allwell Dual Medicare Essentials (HMO D-SNP) H9811: 007 Premiums / Copays / Coinsurance
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	<ul style="list-style-type: none"> • Individual setting: \$0 or \$20 copay per visit • Group setting: \$0 or \$20 copay per visit
Over-the-Counter (OTC) Items	<p>\$0 copay (\$200 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>
Meals	<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>
Chiropractic Care	Chiropractic services (Medicare-covered): \$0 or \$20 copay per visit
Acupuncture	<ul style="list-style-type: none"> • Acupuncture services for chronic low back pain (Medicare-covered): \$0 or \$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): \$0 or \$10 copay per visit in a Specialist's office
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

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Additional Covered Benefits	
Benefits	Allwell Dual Medicare Essentials (HMO D-SNP) H9811: 007 Premiums / Copays / Coinsurance
Foot Care (Podiatry Services)	<ul style="list-style-type: none"> • Foot exams and treatment (Medicare-covered): \$0 or \$10 copay per visit • Routine Foot care: \$10 copay per visit (6 visits every calendar year.)
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	<ul style="list-style-type: none"> • 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 • Coverage for one Personal Emergency Medical Response Device per lifetime. \$0 copay <p>For a detailed list of wellness program benefits offered, please refer to the EOC.</p>
Worldwide Emergency Care	\$50,000 plan coverage limit for urgent/emergent services outside the U.S. and its territories every calendar year.
Routine Annual Exam	\$0 Copay

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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 Essentials (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 on 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)
Important Information	<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>https://medicaid.ms.gov/providers/administrative-code/ https://medicaid.ms.gov/providers/billing-manual/</p>
Medicare Part C (Medicare Advantage Plans)	<p>Medicare Part C (Medicare Advantage Plans)</p> <ul style="list-style-type: none"> • 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. • Medicaid will pay the coinsurance and deductible for beneficiaries in applicable Categories of Eligibility (COE).
Benefits and Limitations and Exclusions	<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)
Eligibility and Premium	<p><u>Eligibility for Full Medicaid Benefits</u></p> <ul style="list-style-type: none"> ● Persons age 65 or over, blind, or disabled and who receive Supplemental Security Income (SSI) grants as certified by SSA. ● Persons in medical facilities who meet long term care criteria as certified by DOM. ● Certain former SSI beneficiaries who continue to meet SSI criteria except for income, as certified by DOM. ● 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. ● And others listed in policy section. <p><u>Eligibility for Medicare Cost Sharing or Premium Payment</u></p> <ul style="list-style-type: none"> ● Qualified Medicare beneficiaries (QMBs) 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> ● Qualified Medicare beneficiaries (QMBs Plus) 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. ● Specified low-income Medicare beneficiaries (SLMBs) 120% FPL. The only benefit paid by Medicaid is the Medicare Part B premium. ● Qualifying Individuals (QIs) certified by DOM for payment of their Medicare Part B premium only. QI-Is 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. ● Certain qualified working disabled (QWDI) 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.

IMPORTANT INFORMATION

Medicare Services	Medicare Beneficiary Coverage (Source: Medicare & You 2018) https://www.medicare.gov/pubs/pdf/10050-Medicare-and-You.pdf	MS Medicaid (QMB only eligible for Part B premium, deductible, and coinsurance for Medicare-covered services. QMB Plus 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
Premium	\$458.00 (CMS reviews and may change premiums and deductibles annually.)	No Medicaid Coverage	Coverage
Blood	You pay: <ul style="list-style-type: none"> • \$0 from blood bank • Hospital costs for 3 units • \$0 for donated blood 	Coinsurance Coverage	No Medicaid Coverage
Home Health Services	You pay: <ul style="list-style-type: none"> • \$0 for home health services • 20% of Medicare-approved amount for durable medical equipment 	Coinsurance Coverage	No Medicaid Coverage
Hospice	You pay: <ul style="list-style-type: none"> • \$0 for hospice care • A copayment of up to \$5 per prescription for outpatient prescription drugs for symptom management • 5% of the Medicare-approved amount for inpatient respite care <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) https://www.medicare.gov/public/pdf/10050-Medicare-and-You.pdf	MS Medicaid (QMB only eligible for Part B premium, deductible, and coinsurance for Medicare-covered services. QMB Plus 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
Hospital, Inpatient	You pay: <ul style="list-style-type: none"> • \$1,408 deductible and no coinsurance for days 1 – 60 of each benefit period. • \$0 for days 1 - 60 of benefit period • \$352 per day for days 61-90 of benefit period • \$704 per "lifetime reserve day" after day 90 of each benefit period (up to 60 days over your lifetime) 	Coinsurance Coverage	No Medicaid Coverage
Religious Nonmedical Health Care Institution	<ul style="list-style-type: none"> • Refer to Hospital, Inpatient 	Coinsurance Coverage	No Medicaid Coverage
Skilled Nursing Facility, Inpatient	You pay: <ul style="list-style-type: none"> • \$0 for the first 20 days each benefit period • \$176 co-insurance per day for days 21-100 per benefit period • All costs each day after day 100 in a benefit period 	Coinsurance Coverage	No Medicaid Coverage

Medicare Part B Medical Insurance	Medicare Beneficiary Coverage (Source: Medicare & You 2018) https://www.medicare.gov/news/ndf/10050-Medicare-and-You.pdf	MS Medicaid QMB/QMB Plus	MS Medicaid QI and SLMB
Premium Deductible	\$144.60 \$198.00 per year (CMS reviews and may change premiums and deductibles annually.)	Coverage of premium, deductible, coinsurance	Coverage of premium
Abdominal Aortic Aneurysm Screening	Preventive Service One-time screening ultrasound for people at risk. Must be referred from your doctor or other practitioner.	No cost	No cost
Advance Care Planning	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	
Alcohol Misuse Screening & Counseling	Preventive Service One screening per year for adults who use alcohol, but not dependent	No cost	No cost
Ambulance Services	For medically necessary services. You pay 20% of the Medicare-approved amount, and the Part B deductible applies.	Coinsurance Coverage	No Medicaid Coverage
Ambulatory Surgical Centers (ASC)	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
Anesthesia	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

Medicare Part B Medical Insurance	Medicare Beneficiary Coverage (Source: Medicare & You 2018) https://www.medicare.gov/nu bs/ndf/10050-Medicare-and-You.pdf	MS Medicaid QMB/QMB Plus	MS Medicaid QI and SLMB
Artificial Limbs & Eyes	Prescribed by doctor	Coinsurance Coverage	No Medicaid Coverage
Behavioral health integration services	If you have a behavioral health condition (like depression, anxiety, or another behavioral health condition), Medicare may pay for a health care provider's help to manage that condition if your provider offers the Psychiatric Collaborative Care Model. You pay a monthly fee, and the Part B deductible and coinsurance apply.	Coinsurance Coverage	No Medicaid Coverage
Blood	You pay: <ul style="list-style-type: none"> • \$0 from blood bank • Hospital costs for 3 units per year • \$0 for donated blood 	Coinsurance Coverage	No Medicaid Coverage
Bone Mass Measurement (Bone Density)	Preventive Service Prescribed by doctor, Covered once every 24 months	No Cost	No Medicaid Coverage
Breast Prostheses	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
Breast Cancer Screening (Mammogram)	Preventive Service Every 12 months for women over 40 Medicare covers one baseline mammogram for women between 35-39	No Cost	No Medicaid Coverage

Medicare Part B Medical Insurance	Medicare Beneficiary Coverage (Source: Medicare & You 2018) https://www.medicare.gov/news/ndf/10050-Medicare-and-You.pdf	MS Medicaid QMB/QMB Plus	MS Medicaid QI and SLMB
Cardiac Rehabilitation	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
Cardiovascular Disease (Behavioral Therapy)	Preventive Service Every 12 months to help lower risk	No Cost	No Medicaid Coverage
Cardiovascular Disease Screenings	Preventive Service Every 5 years to test cholesterol, lipid, lipoprotein, and triglyceride levels	No Cost	No Cost
Cervical and Vaginal Cancer Screening	Preventive Service Every 24 months, or 12 months if high risk	No Cost	No Cost
Chemotherapy	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
Chiropractic Services (limited coverage)	Medically necessary for subluxation You pay 20% of the Medicare-approved amount, and the Part B deductible applies.	Coinsurance Coverage	No Medicaid Coverage
Chronic Care Management Services	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
Clinical Research Studies	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

Medicare Part B Medical Insurance	Medicare Beneficiary Coverage (Source: Medicare & You 2018) https://www.medicare.gov/news/ndf/10050-Medicare-and-You.pdf	MS Medicaid QMB/QMB Plus	MS Medicaid QI and SLMB
Colorectal Cancer Screenings	Preventive Service - Several type tests Colonoscopy/Fecal/Sigmoidoscopy - No Cost	Coinsurance Coverage	No Medicaid Coverage
Continuous Positive Airway Pressure (CPAP)	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
Defibrillator (Implantable Automatic)	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
Depression Screening	Preventive-One per year in primary care	No cost	No cost
Diabetes Screenings	Preventive- One or two per year	No cost	No cost
Diabetes Self-Management Training	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

Medicare Part B Medical Insurance	Medicare Beneficiary Coverage (Source: Medicare & You 2018) https://www.medicare.gov/nu bs/ndf/10050-Medicare-and-You.pdf	MS Medicaid QMB/QMB Plus	MS Medicaid QI and SLMB
Diabetes Equipment and Supplies and Therapeutic Shoes	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
Dialysis Services	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
Doctor and Other Health Care Provider Services	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
Durable Medical Equipment (DME)	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

Medicare Part B Medical Insurance	Medicare Beneficiary Coverage (Source: Medicare & You 2018) https://www.medicare.gov/news/ndf/10050-Medicare-and-You.pdf	MS Medicaid QMB/QMB Plus	MS Medicaid QI and SLMB
EKG or ECG (Electrocardiogram) Screening	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
Emergency Department Services	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
Eyeglasses (after cataract surgery)	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
Federally Qualified Health Center (FQHC) services	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
Flu Shots	One shot per flu season	No cost	No cost
Foot Exams and Treatment	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

Medicare Part B Medical Insurance	Medicare Beneficiary Coverage (Source: Medicare & You 2018) https://www.medicare.gov/nu bs/ndf/10050-Medicare-and-You.pdf	MS Medicaid QMB/QMB Plus	MS Medicaid QI and SLMB
Glaucoma Tests	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
Hearing and Balance Exams	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
Hepatitis B Shots	For people at high or medium risk	No cost	No cost
Hepatitis B Virus (HBV) infection screening	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.		
Hepatitis C Screening test	Medicare covers one Hepatitis C screening test if you meet certain conditions	No cost	No cost
HIV (Human Immunodeficiency Virus) Screening	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)
Home Health services	Certain requirements	No cost	No cost

Medicare Part B Medical Insurance	Medicare Beneficiary Coverage (Source: Medicare & You 2018) https://www.medicare.gov/nu bs/ndf/10050-Medicare-and-You.pdf	MS Medicaid QMB/QMB Plus	MS Medicaid QI and SLMB
Kidney dialysis services and supplies	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
Kidney Disease Education Services	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
Laboratory Services	Medicare covers laboratory services including certain blood tests, urinalysis, certain tests on tissue specimens, and some screening tests.	No cost	No cost
Lung Cancer Screening	Medicare covers a lung cancer screening with Low Dose Computed Tomography (LDCT) once per year if you meet certain conditions.	No cost	No cost
Medical Nutrition Therapy Services	For people with diabetes or kidney disease and diabetes education.	No cost	No cost
Macular Degeneration	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
Mental Health Care (outpatient)	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
Obesity Screening and Counseling	Intensive counseling for weight loss if body mass index 30+	No cost	No cost

Medicare Part B Medical Insurance	Medicare Beneficiary Coverage (Source: Medicare & You 2018) https://www.medicare.gov/nu bs/ndf/10050-Medicare-and-You.pdf	MS Medicaid QMB/QMB Plus	MS Medicaid QI and SLMB
Occupational therapy	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
Opioid use disorder treatment services	Medicare will cover medication, counseling, drug testing, and individual and group therapy.	No cost	No cost
Outpatient Hospital Services	Medically necessary services - ER, lab, mental health, x-rays, medical supplies, screenings, certain drugs.	Coinsurance Coverage	No Medicaid Coverage
Outpatient medical and surgical services and supplies	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
Ostomy Supplies	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
Orthotics & Artificial Limbs	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
Oxygen Therapy	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
Partial Hospitalization	In some cases. You pay 20% of the Medicare-approved amount, and the Part B deductible applies.	Coinsurance Coverage	No Medicaid Coverage

Medicare Part B Medical Insurance	Medicare Beneficiary Coverage (Source: Medicare & You 2018) https://www.medicare.gov/news/ndf/10050-Medicare-and-You.pdf	MS Medicaid QMB/QMB Plus	MS Medicaid QI and SLMB
Physical Therapy/ Occupational Therapy/ Speech-Language Pathology	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
Pneumococcal Shots	Preventive - May cover up to two shots if second shot is given one year (or later)	No cost	No cost
Prescription Drugs (limited)	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
Prostate Cancer Screenings	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
Prosthetic/ Orthotic Items	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
Pulmonary	For people with severe COPD and referral.	Coinsurance Coverage	No Medicaid Coverage
Rehabilitation	You pay 20% of the Medicare-approved amount, and the Part B deductible applies.	Coinsurance Coverage	No Medicaid Coverage

Medicare Part B Medical Insurance	Medicare Beneficiary Coverage (Source: Medicare & You 2018) https://www.medicare.gov/nu bs/ndf/10050-Medicare-and-You.pdf	MS Medicaid QMB/QMB Plus	MS Medicaid QI and SLMB
Radiation Therapy	You pay: Inpatient deductible, coinsurance, Outpatient copayment, Freestanding facility coinsurance.	Coinsurance Coverage	No Medicaid Coverage
Rural Health Clinic (RHC) services	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
Second Surgical Opinions	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
Sexually Transmitted Infections Screening & Counseling	Certain STI for people pregnant and certain people with increased risk	No cost	No cost
Smoking and Tobacco-Use Cessation Counseling	You pay: No cost if not diagnosed, Up to 8 visits per year if diagnosed	No cost	No cost
Speech-language pathology services	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
Surgical Dressing Services	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

Medicare Part B Medical Insurance	Medicare Beneficiary Coverage (Source: Medicare & You 2018) https://www.medicare.gov/nu bs/ndf/10050-Medicare-and-You.pdf	MS Medicaid QMB/QMB Plus	MS Medicaid QI and SLMB
Telehealth	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
Tests (other than lab tests)	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
Transitional Care Management Services	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
Transplants and Immunosuppressive Drugs	Part A - Transplants, approved Part B - Doctor visits	Coinsurance Coverage	No Medicaid Coverage
Travel Out-of-US	Special circumstances	Coinsurance	No
Urgently needed care	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
"Welcome to Medicare" Preventive Visit	Preventive Service- one-time	No cost	No cost
Yearly "Wellness" Visit	Preventive Service- one-time	No cost	No cost
Non-Covered Medicare Part A/B			
Long-Term Care		No Medicaid Coverage	No Medicaid Coverage

Medicare Part B Medical Insurance	Medicare Beneficiary Coverage (Source: Medicare & You 2018) https://www.medicare.gov/news/ndf/10050-Medicare-and-You.pdf	MS Medicaid QMB/QMB Plus	MS Medicaid QI and SLMB
Routine Dental Care		No Medicaid Coverage	No Medicaid Coverage
Routine Eye Exams		No Medicaid Coverage	No Medicaid Coverage
Eyeglasses/ Contact Lenses	Exception - following cataract surgery with an implanted intraocular lens, Part B helps pay for corrective lenses.	No Medicaid Coverage	No Medicaid Coverage
Dentures		No Medicaid Coverage	No Medicaid Coverage
Cosmetic Surgery		No Medicaid Coverage	No Medicaid Coverage
Acupuncture		No Medicaid Coverage	No Medicaid Coverage
Hearing Aids		No Medicaid Coverage	No Medicaid Coverage
Exams for Fitting Hearing Aids		No Medicaid Coverage	No Medicaid Coverage
Massage therapy		No Medicaid Coverage	No Medicaid Coverage
Concierge Care		No Medicaid Coverage	No Medicaid Coverage

For more information, please contact:

Allwell Dual Medicare Essentials (HMO D-SNP)
111 E. Capitol Street, Suite 500
Jackson, MS 39201

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 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.