

This is your Summary of Benefits.

2020

Allwell Medicare Essentials (HMO) H0724: 005
Butler, Columbiana, Cuyahoga, Delaware, Fairfield,
Franklin, Fulton, Greene, Hamilton, Lake, Lorain,
Lucas, Mahoning, Montgomery, Ottawa, Stark,
Summit, Trumbull and Wood counties, OH



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.buckeyehealthplan.com.

You are eligible to enroll in Allwell Medicare Essentials (HMO) if:

- You are entitled to Medicare Part A and enrolled in Medicare Part B. Members must continue to pay their Medicare Part B premium if not otherwise paid for under Medicaid or by another third party.
- You must be a United States citizen, or are lawfully present in the United States and permanently reside in the service area of the plan (in other words, your permanent residence is within the Allwell Medicare Essentials (HMO) service area counties). Our service area includes the following counties in Ohio: Butler, Columbiana, Cuyahoga, Delaware, Fairfield, Franklin, Fulton, Greene, Hamilton, Lake, Lorain, Lucas, Mahoning, Montgomery, Ottawa, Stark, Summit, Trumbull and Wood.
- 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.)

The Allwell Medicare Essentials (HMO) 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.buckeyehealthplan.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 Medicare Essentials (HMO) will be responsible for the costs.)

Summary of Benefits

JANUARY 1, 2020–DECEMBER 31, 2020

Benefits	Allwell Medicare Essentials (HMO) H0724: 005 Premiums / Copays / Coinsurance
Monthly Plan Premium	\$0 You must continue to pay your Medicare Part B premium.
Deductible	No deductible
Maximum Out-of-Pocket Responsibility	\$3,400 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: <ul style="list-style-type: none"> • \$200 copay per day, for days 1 through 5 • \$0 copay per day, for days 6 and beyond
Outpatient Hospital Coverage*	<ul style="list-style-type: none"> • Outpatient Hospital: \$185 copay per visit • Observation Services: \$185 copay per visit • Ambulatory Surgical Center: \$125 copay per visit
Doctor Visits	<ul style="list-style-type: none"> • Primary Care: \$0 copay per visit • Specialist: \$35 copay per visit
Preventive Care <i>(e.g. flu vaccine, diabetic screening)</i>	\$0 copay for most Medicare-covered preventive services Other preventive services are available.
Emergency Care	\$90 copay per visit You do not have to pay the copay if admitted to the hospital immediately.
Urgently Needed Services	\$45 copay per visit
Diagnostic Services/ Labs/Imaging*	<ul style="list-style-type: none"> • Lab services: \$0 copay • Diagnostic tests and procedures: \$0 copay • Outpatient X-ray services: \$0 to \$25 copay • Diagnostic Radiology Services (such as, MRI, MRA, CT, PET): \$125 copay
Hearing Services	Hearing exam (Medicare-covered): \$35 copay

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

Benefits	Allwell Medicare Essentials (HMO) H0724: 005 Premiums / Copays / Coinsurance
Dental Services	<ul style="list-style-type: none"> • Dental services (Medicare-covered): \$35 copay per visit • Preventive Dental Services: \$0 copay (including oral exams, cleanings, and X-rays) • Comprehensive dental services: Additional comprehensive dental benefits are available. • There is a maximum allowance of \$1,000 every calendar year; it applies to all comprehensive dental benefits.
Vision Services	<ul style="list-style-type: none"> • Vision exam (Medicare-covered): \$35 copay per visit • Routine eye exam: \$0 copay per visit (up to 1 every calendar year) • Routine eyewear: up to \$100 allowance every calendar year
Mental Health Services	Individual and group therapy: \$30 copay per visit
Skilled Nursing Facility*	For each benefit period, you pay: <ul style="list-style-type: none"> • \$0 copay per day, days 1 through 20 • \$170 copay per day, days 21 through 100
Physical Therapy*	\$0 copay per visit
Ambulance*	\$295 copay (per one-way trip) for ground or air ambulance services
Transportation	Not covered
Medicare Part B Drugs*	<ul style="list-style-type: none"> • Chemotherapy drugs: 20% coinsurance • Other Part B drugs: 20% coinsurance

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

Additional Covered Benefits	
Benefits	Allwell Medicare Essentials (HMO) H0724: 005 Premiums / Copays / Coinsurance
Opioid Treatment Program Services	<ul style="list-style-type: none"> • Individual setting: \$30 copay per visit • Group setting: \$30 copay per visit
Over-the-Counter (OTC) Items	<p>\$0 copay (\$65 allowance per quarter) for items available via mail There is a limit of 15 per item, per order, with the exception of blood pressure monitors, which are limited to one per year. Please visit the plan's website to see the list of covered over-the-counter items.</p>
Chiropractic Care* ■	<ul style="list-style-type: none"> • Chiropractic services (Medicare-covered): \$20 copay per visit • Routine chiropractic services: \$10 copay per visit (30 visits every calendar year combined with acupuncture services)
Acupuncture	\$10 copay per visit (30 visits every calendar year combined with routine chiropractic services)
Medical Equipment/Supplies*	<ul style="list-style-type: none"> • Durable Medical Equipment (e.g., wheelchairs, oxygen): 20% coinsurance • Prosthetics (e.g., braces, artificial limbs) 20% coinsurance • Diabetic supplies: 0% to 20% coinsurance
Foot Care (Podiatry Services)	Foot exams and treatment (Medicare-covered): \$35 copay
Virtual Visit	Teladoc plan offers 24 hours a day/7 days 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 <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 supplemental urgent/emergent services outside the U.S. and its territories every calendar year.

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

Services with a ■ (square) may require referral from your doctor.

For more information, please contact:

Allwell Medicare Essentials (HMO)
4349 Easton Way, Suite 300
Columbus, OH 43219

allwell.buckeyehealthplan.com

Current members should call: 1-855-766-1851 (TTY: 711)
Prospective members should call: 1-877-826-5518 (TTY: 711)

From October 1 to March 31, you can call us 7 days a week from 8 a.m. to 8 p.m. From April 1 to September 30, you can call us Monday through Friday from 8 a.m. to 8 p.m. A messaging system is used after hours, weekends, and on federal holidays.

If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

This information is not a complete description of benefits. Call 1-855-766-1851 (TTY: 711) for more information.

"Coinsurance" is the percentage you pay of the total cost of certain medical and/or prescription services.

The 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 plans. Enrollment in Allwell depends on contract renewal.