



FROM  coordinated care.

2018

Summary of Benefits

Allwell Medicare Plus (HMO)

Spokane County, WA

H0029 – 006



Benefits effective January 1, 2018

H0029_18_3191SB_Accepted 09302017

This booklet provides you with a summary of what we cover and your cost-sharing. 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 <https://allwell.coordinatedcarehealth.com>.

You are eligible to enroll in Allwell Medicare Plus (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 Plus (HMO) service area county). Our service area includes the following county in Washington: Spokane County.
- You do not have end-stage renal disease (ESRD).

The Allwell Medicare Plus (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 <https://allwell.coordinatedcarehealth.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 Plus (HMO) will be responsible for the costs.)

You can see our plan's provider directory at our website at <https://allwell.coordinatedcarehealth.com>.

This Allwell Medicare Plus (HMO) 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, 2018–DECEMBER 31, 2018

Premiums and Benefits	Allwell Medicare Plus (HMO)
Monthly Plan Premium, including Part C and Part D premium.	\$34.50 You must continue to pay your Medicare Part B premium.
Deductible	\$183 deductible for Part C services. \$405 deductible for Part D prescription drugs This plan has a deductible amount of \$1,316 for days 1 through 60 per benefit period for inpatient hospital services. This amount may change for 2018. Once you have paid your deductible, we will begin to pay our share of the costs for covered medical services and you will pay your share (your copayment or coinsurance amount) for the rest of the benefit period.
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 medical services for the year. Not all covered services count towards the maximum out-of-pocket amount. For more information, please see the plan's Evidence of Coverage (EOC). You will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.
Inpatient Hospital Coverage	In 2017, the amounts for each admission were: <ul style="list-style-type: none"> • \$1,316 deductible for days 1 through 60 • \$329 copay per day for days 61 through 90 • \$658 copay per day for lifetime reserve days • These amounts may change for 2018. <p><i>Prior authorization (approval in advance) may be required.</i></p> <p>Referral may be required.</p>
Outpatient Hospital (including services provided at hospital outpatient facilities and ambulatory surgical centers)	<ul style="list-style-type: none"> • Hospital Visit (Including Epidural Injections): 20% coinsurance per visit • Ambulatory Surgical Center Visit (Including Epidural Injections): 20% coinsurance per visit <p><i>Prior authorization (approval in advance) may be required.</i></p> <p>Referral may be required</p>

Premiums and Benefits	Allwell Medicare Plus (HMO)
Doctor Visits	<ul style="list-style-type: none"> • Primary Care: 20% coinsurance per visit • Specialist: 20% coinsurance per visit <p><i>Specialist services may require Prior Authorization (approval in advance).</i></p> <p>A referral may be required for specialist visits.</p>
Preventive Care	<p>\$0 copay for Medicare-covered zero cost-sharing preventive services</p> <p>For all preventive services that are covered at no cost under Original Medicare, we also cover the service at no cost to you.</p> <p><i>Some services may require Prior Authorization (approval in advance).</i></p>
Emergency Care	<p>20% (up to \$80)</p> <p>If you are immediately admitted to the hospital, you do not have to pay your share of the cost for emergency care.</p>
Urgently Needed Services	<p>20% coinsurance (up to \$65)</p> <p>If you are immediately admitted to the hospital, you do not have to pay your share of the cost for emergency care.</p>
Diagnostic Services/Labs/Imaging	<ul style="list-style-type: none"> • Lab services: 20% coinsurance • Diagnostic tests and procedures: 20% coinsurance • EKG: \$0 copay • Outpatient x-ray services: 20% coinsurance • Diagnostic radiological services (such as MRI, MRA, CT, PET): 20% coinsurance • Therapeutic radiological services (such as radiation treatment for cancer): 20% coinsurance <p><i>Some services may require Prior Authorization (approval in advance).</i></p> <p>Referral may be required.</p>
Hearing Services	<ul style="list-style-type: none"> • Hearing exam (Medicare-covered): 20% coinsurance per visit. Medicare-covered services include an exam to diagnose and treat hearing and balance issues. • Routine hearing exam (non- Medicare-covered): \$0 copay • Hearing aid: \$0 copay (one hearing aid) every year. <p>\$1,500 benefit maximum for 1 hearing aid (per ear) every year.</p>

Premiums and Benefits	Allwell Medicare Plus (HMO)
Dental Services	<p>Dental services (Medicare-covered): \$0 copay per visit Medicare-covered services: Limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth).</p> <p>Preventive dental services:</p> <ul style="list-style-type: none"> • Oral exam: \$0 copay (up to 2 every year) • Cleaning: \$0 copay (up to 2 every year) • Dental x-ray: \$0 copay (up to 1 every year) <p>Comprehensive dental services:</p> <ul style="list-style-type: none"> • Diagnostic services: \$0 copay • Restorative services: \$0 copay • Endodontics: \$0 copay • Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services: \$0 copay <p>\$1,000 allowable per year, for Comprehensive Dental Services</p> <p>Dental x-rays include bitewing series only.</p>
Vision Services	<ul style="list-style-type: none"> • Vision exam to diagnose and treat diseases and conditions of the eye (Medicare-covered): 20% coinsurance • Routine eye exam (non Medicare-covered): \$0 copay per visit (up to 1 every calendar year) • Routine (non Medicare-covered) eyewear: up to \$200 allowance for eyeglasses (frames and lenses) every 2 years. <p><i>Some services may require PA (approval in advance).</i></p>
Mental Health Services	<p>Outpatient: 20% coinsurance</p> <p>Inpatient: In 2017, the amounts for each admission were: \$0 or:</p> <ul style="list-style-type: none"> • \$1,316 deductible for days 1 through 60 • \$329 copay per day for days 61 through 90 • \$658 copay per day for lifetime reserve days <p>The inpatient cost sharing amounts are for 2017 and may change for 2018. We will provide updated rates as soon as Medicare releases them.</p> <p><i>Some services may require Prior Authorization (approval in advance).</i> Referral may be required.</p>

Premiums and Benefits	Allwell Medicare Plus (HMO)
Skilled Nursing Facility	<p>For each admission, you pay:</p> <ul style="list-style-type: none"> • \$0 copay per day for days 1 through 20 • \$164.50 copay per day for days 21 through 100 <p>The cost sharing amounts are for 2017 and may change for 2018. We will provide updated rates as soon as Medicare releases them.</p> <p><i>Some services may require Prior Authorization (approval in advance)</i></p> <p>Referral may be required.</p>
Physical Therapy	<p>20% coinsurance</p> <p><i>Prior Authorization (approval in advance) may be required.</i></p> <p>Referral may be required.</p>
Ambulance	<p>20% coinsurance</p> <p>Cost is per one-way trip for Medicare-covered Ambulance services.</p> <p><i>Prior authorization (approval in advance) is required for non-emergency ambulance services.</i></p>
Transportation	<p>Not Covered</p>
Medicare Part B Drugs	<p>Chemotherapy drugs: 20% coinsurance</p> <p>Other Part B drugs: 20% coinsurance</p> <p><i>Prior Authorization (approval in advance) may be required.</i></p>
Meal Benefits	<p>\$0 copay</p> <p>The plan covers home-delivered meals (up to 2 meals per day for 14 days) following discharge from an inpatient facility or skilled nursing facility provided the meals are medically necessary and ordered by a physician or non-physician practitioner.</p> <p>Prior authorization (approval in advance) may be required.</p>
Over-the-Counter (OTC) Items	<p>\$0 copay</p> <p>The plan covers \$140 per calendar quarter for items available via mail order.</p> <p>Any unused plan benefit amounts do not carry forward into the next calendar quarter.</p> <p>Please visit the plan's website to see the list of covered over-the-counter items.</p>

Premiums and Benefits

Allwell Medicare Plus (HMO)

Wellness Programs

Fitness program: \$0 copay

The plan covers a basic fitness membership at participating fitness facilities. Members can also request an in-home fitness program.

24-hour nurse advice line: \$0 copay

You can call the nursing hotline 24 hours a day, 365 days a year with questions about your health.

For a detailed list of wellness program benefits offered, please refer to the Evidence of Coverage.

Outpatient Prescription Drugs

Deductible Phase	\$405 Deductible. Deductible does not apply to Tiers 1 and 6.		
Initial Coverage Phase (After you pay your deductible, if applicable)	Cost-Sharing may change depending on the pharmacy you choose (Such as Standard Retail, mail-order, Long Term Care or Home Infusion) and when you enter another of the four phases of the Part D benefit.		
		Standard Retail Cost Sharing Rx 30-day supply	Mail Order 90-day supply
	Tier 1: Preferred Generic	25% coinsurance	25% coinsurance
	Tier 2: Generic	25% coinsurance	25% coinsurance
	Tier 3: Preferred Brand	25% coinsurance	25% coinsurance
	Tier 4: Non-Preferred Drug/Brand	25% coinsurance	25% coinsurance
	Tier 5: Specialty	25% coinsurance	N/A
	Tier 6: Select Care Drugs	25% coinsurance	25% coinsurance
Important Info:	<p>For more information about the costs for Long Term Supply, Home Infusion or additional pharmacy-specific cost-sharing and the phases of the benefit, please call us or access our Evidence of Coverage online.</p> <p>Premium, copays, coinsurance and deductibles may vary based on the level of “Extra Help” you receive. Please contact the plan for further details. If you qualify for “Extra Help” with your prescription drug costs, the “Extra Help” program will pay all or part of your monthly plan premium and your prescription drug deductibles and copays/coinsurance. If you are not eligible for “Extra Help”, refer to the Evidence of Coverage, Chapter 6, for outpatient prescription drug cost-sharing information.</p> <p>This is not a complete list of our drugs covered by our plan. For a complete listing, please call 1-855-848-6940 (TTY:711) or visit https://allwell.coordinatedcarehealth.com.</p>		

For more information, please contact:

Allwell Medicare Plus (HMO)

1145 Broadway Tacoma, WA 98402

<https://allwell.coordinatedcarehealth.com>.

Current members should call: 1-855-848-6940 (TTY: 711)

Prospective members should call: 1-877-893-7277 (TTY: 711)

From October 1 to February 14, you can call us 7 days a week from 8 a.m. to 8 p.m. From February 15 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. Contact the plan for more information. Limitations, copayments and restrictions may apply. Benefits, premiums and/or copayments/coinsurance may change on January 1 of each year.

“Coinsurance” is the percentage you pay of the total cost of certain medical services. You pay a coinsurance at the time you get the medical service.

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 an HMO plan with a Medicare contract. Enrollment in Allwell depends on contract renewal.

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

Allwell Medicare Plus (HMO):

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

If you need these services, contact Allwell Medicare Plus (HMO) Customer Contact Center at: 1-855-848-6940 (TTY: 711). From October 1 to February 14, you can call us 7 days a week from 8 a.m. to 8 p.m. From February 15 to September 30, you can call us Monday through Friday from 8 a.m. to 8 p.m. A messaging system is used after hours, weekends, and on federal holidays.

If you believe that Allwell Medicare Plus (HMO) has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by calling the number above and telling them you need help filing a grievance;

Allwell Medicare Plus (HMO) Customer Contact Center is available to help you.

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

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

SPANISH	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-848-6940 (HMO) (TTY: 711).
CHINESE	注意：如果您說中文，您可以免費獲得語言援助服務。請致電 1-855-848-6940 (HMO) (TTY: 711)。
VIETNAMESE	CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-848-6940 (HMO) (TTY: 711).
KOREAN	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-848-6940 (HMO) (TTY: 711). 번으로 전화해 주십시오.
RUSSIAN	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-848-6940 (HMO) (TTY: 711).
TAGALOG	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-855-848-6940 (HMO) (TTY: 711).
UKRAINIAN	УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-855-848-6940 (HMO) (TTY: 711).
MON-KHMER, CAMBODIAN	ចំណាប់អារម្មណ៍: បើសិនអ្នកនិយាយភាសាខ្មែរ សេវាជំនួយភាសាដោយឥតគិតថ្លៃ គឺមានសំរាប់អ្នក។ សូម ទូរស័ព្ទទៅលេខ 1-855-848-6940 (HMO) (TTY: 711) ។
JAPANESE	注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-855-848-6940 (HMO) (TTY: 711)。まで、お電話にてご連絡ください。
AMHARIC	ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያገለግሉት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 1-855-848-6940 (HMO) (TTY: 711)።
CUSHITE	XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-855-848-6940 (HMO) (TTY: 711).
ARABIC	تنبيه: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية المجانية متاحة لك. يُرجى الاتصال بالرقم 1-855-848-6940 (HMO) (مكبلاو مصلا فتاه مقر: 711).
PUNJABI	ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਤੁਹਾਡੇ ਲਈ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਬਿਲਕੁਲ ਮੁਫਤ ਉਪਲਬਧ ਹਨ। ਕਿਰਪਾ ਕਰਕੇ 1-855-848-6940 (HMO) (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।
GERMAN	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-855-848-6940 (HMO) (TTY: 711).
LAOTIAN	ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທສ 1-855-848-6940 (HMO) (TTY: 711).

