



Summary of Benefits

2021

Allwell Medicare Harmony (HMO D-SNP) H6550: 005

Allen, Bourbon, Butler, Cherokee, Crawford, Douglas, Harvey, Johnson, Leavenworth, Linn, Miami, Sedgwick, Shawnee, Sumner, Woodson and Wyandotte Counties, KS

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.sunflowerhealthplan.com.

You are eligible to enroll in Allwell Medicare Harmony (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 Medicare Harmony (HMO D-SNP) service area counties). Our service area includes the following counties in Kansas: Allen, Bourbon, Butler, Cherokee, Crawford, Douglas, Harvey, Johnson, Leavenworth, Linn, Miami, Sedgwick, Shawnee, Sumner, Woodson and Wyandotte.
- For Allwell Medicare Harmony (HMO D-SNP), you must also be enrolled in the Kansas 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 Kansas for full-dual enrollees. Please contact the plan for further details.

The Allwell Medicare Harmony (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.sunflowerhealthplan.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 Harmony (HMO D-SNP) will be responsible for the costs.)

This Allwell Medicare Harmony (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 Medicare Harmony (HMO D-SNP) H6550: 005 Premiums / Copays / Coinsurance | |
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| <p>Premiums, copays, coinsurance, and deductibles may vary based on your Medicaid eligibility category and/or the level of Extra Help you receive</p> | | | |
| Monthly Plan Premium | <p>You pay \$0 - \$29.10 based on your level of Medicaid eligibility</p> <p>(You must continue to pay your Medicare Part B premium, if not otherwise paid for by Medicaid or another third party.)</p> | | |
| 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) • \$0 or \$1,408 deductible for inpatient hospital stay. This amount may change for 2021. | | |
| Maximum Out-of-Pocket Responsibility (does not include prescription drugs) | <p>\$7,550 annually</p> <p>This is the most you will pay in copays and coinsurance for covered medical services for the year.</p> | | |
| Inpatient Hospital Coverage* | <p>In 2020, the amounts for each admission were: \$0 or</p> <ul style="list-style-type: none"> • \$1,408 hospital deductible each admission • \$0 copay per day for days 1 through 60 • \$352 copay per day for days 61 through 90 • \$704 copay per day per lifetime reserve day (may change in 2021) | | |
| Outpatient Hospital Coverage* | <ul style="list-style-type: none"> • Outpatient Hospital: 0% or 20% coinsurance per visit • Observation Services: 0% or 20% coinsurance per visit | | |
| Doctor Visits (Primary Care Providers and Specialists) | <ul style="list-style-type: none"> • Primary Care: 0% or 20% coinsurance per visit • Specialist: 0% or 20% coinsurance per visit | | |
| Preventive Care (e.g. flu vaccine, diabetic screening) | <p>\$0 copay for most Medicare-covered preventive services</p> <p>Other preventive services are available.</p> | | |

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

| Benefits | Allwell Medicare Harmony (HMO D-SNP) H6550: 005 Premiums / Copays / Coinsurance |
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| Emergency Care | <p>\$0 or \$90 copay per visit</p> <p>You do not have to pay the copay if admitted to the hospital immediately.</p> |
| Urgently Needed Services | <p>\$0 or \$65 copay per visit</p> <p>Copay is not waived if admitted to the hospital.</p> |
| Diagnostic Services/ Labs/Imaging* (including diagnostic tests and procedures, labs, diagnostic radiology, and X-rays) | <p>COVID-19 testing and specified testing-related services at any location are \$0</p> <ul style="list-style-type: none"> • Lab services: 0% or 20% coinsurance • Diagnostic tests and procedures: 0% or 20% coinsurance • Outpatient X-ray services: \$0 or \$10 copay • Diagnostic Radiology services (such as, MRI, MRA, CT, PET): 0% or 20% coinsurance |
| Hearing Services | <ul style="list-style-type: none"> • Hearing exam (Medicare-covered): 0% or 20% coinsurance • 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 20% coinsurance 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 \$1,000 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 20% coinsurance 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 | <p>Individual and group therapy: 0% or 20% coinsurance per visit</p> |

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| Skilled Nursing Facility* | In 2020, the amounts for each benefit period were: \$0 or, <ul style="list-style-type: none"> • \$0 copay per day, days 1 through 20 • \$176 copay per day, days 21 through 100 (may change for 2021) |
| Physical Therapy* | 0% or 20% coinsurance per visit |
| Ambulance | 0% or 20% coinsurance (per one-way trip) for ground or air ambulance services |
| Ambulatory Surgery Center* | Ambulatory Surgery Center: 0% or 20% coinsurance per visit |
| Transportation | <ul style="list-style-type: none"> • \$0 copay for each one-way trip • Up to 20 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 copay |

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Part D Prescription Drugs

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| 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 |

Part D Prescription Drugs

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| 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> <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 1-833-402-6707 (TTY: 711).</p> |

| Additional Covered Benefits | |
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| Benefits | Allwell Medicare Harmony (HMO D-SNP) H6550: 005 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% coinsurance per visit • Group setting: 0% or 20% coinsurance per visit |
| Over-the-Counter (OTC) Items | <p>\$0 copay (\$75 allowance per month) for items available via mail. There is a limit of 3 per item, per order, with the exception of certain products which have additional limits. You are allowed to order once per month and any unused money does not carry over to the next month.</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% coinsurance per visit |
| Acupuncture | <ul style="list-style-type: none"> • Acupuncture services for chronic low back pain (Medicare-covered): 0% or 20% coinsurance per visit in a chiropractic setting • Acupuncture services for chronic low back pain (Medicare-covered): 0% or 20% coinsurance per visit in a Primary Care Provider's office • Acupuncture services for chronic low back pain (Medicare-covered): 0% or 20% coinsurance 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 | |
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| Benefits | Allwell Medicare Harmony (HMO D-SNP) H6550: 005 Premiums / Copays / Coinsurance |
| Foot Care (Podiatry Services) | Foot exams and treatment (Medicare-covered): 0% or 20% coinsurance per visit |
| 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> |
| Routine Annual Exam | \$0 Copay |

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 Medicare Harmony (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 Managed Care Enrollment Center toll-free at 1-866-305-5147 (TTY: 711).

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

| Kansas Medicaid Services |
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| • Alcohol and Chemical Dependency Services |
| • Allergy Services |
| • Ambulance Services |
| • Ambulatory Mental Health Services and Crisis Management |
| • Anesthesia |
| • Behavioral Health Drugs and Medication Management |
| • Behavioral Health – Outpatient |
| • Blood Transfusions |
| • Cancer-Related Treatment |
| • Chronic Renal Disease (ESRD) |
| • Diabetic Supplies |
| • Diagnostic Tests |
| • Dietary Services |
| • Durable Medical Equipment and Supplies |
| • Emergency, Post-Stabilization and Urgent Care |
| • Family Planning |
| • Hearing Services |
| • HIV Testing and Counseling |

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| <ul style="list-style-type: none">• Home and Community-Based Services (HCBS) for Long Term Supports Services (LTSS) |
| <ul style="list-style-type: none">• Home Health Services |
| <ul style="list-style-type: none">• Hospice Services |
| <ul style="list-style-type: none">• Hospital – Inpatient |
| <ul style="list-style-type: none">• Immunizations |
| <ul style="list-style-type: none">• KAN Be Healthy Screenings |
| <ul style="list-style-type: none">• Newborn Services |
| <ul style="list-style-type: none">• Non-emergency Transportation |
| <ul style="list-style-type: none">• Nutritional Counseling |
| <ul style="list-style-type: none">• Outpatient Counseling and Physician Visits |
| <ul style="list-style-type: none">• Outpatient Surgery |
| <ul style="list-style-type: none">• Podiatry |
| <ul style="list-style-type: none">• Pregnancy-Related Services |
| <ul style="list-style-type: none">• Prescription Drugs |
| <ul style="list-style-type: none">• Preventive Services |
| <ul style="list-style-type: none">• Rehabilitation |
| <ul style="list-style-type: none">• Screening, Diagnosis and treatment of Sexually Transmitted Diseases |
| <ul style="list-style-type: none">• Sleep Studies |
| <ul style="list-style-type: none">• Smoking Cessation |
| <ul style="list-style-type: none">• Sterilization and Hysterectomies |
| <ul style="list-style-type: none">• Vision Services |
| <ul style="list-style-type: none">• Weight Loss Surgery (Bariatric Surgery) |

For more information, please contact:

Allwell Medicare Harmony (HMO D-SNP)
8325 Lenexa Drive, Suite 410
Lenexa, KS 66214

allwell.sunflowerhealthplan.com

Current members should call: 1-833-402-6707 (TTY: 711)

Prospective members should call: 1-877-891-6094 (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 1-833-402-6707 (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.