



Summary of Benefits

2021

Allwell Dual Medicare (HMO D-SNP) H2134: 001
Bernalillo, Chaves, Cibola, Curry, Dona Ana, Luna, McKinley, Quay,
Roosevelt, San Juan, Sandoval, Santa Fe, Taos, Torrance and Valencia
counties, NM

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.westernskycommunitycare.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 New Mexico: Bernalillo, Chaves, Cibola, Curry, Dona Ana, Luna, McKinley, Quay, Roosevelt, San Juan, Sandoval, Santa Fe, Taos, Torrance and Valencia.
- For Allwell Dual Medicare (HMO D-SNP), you must also be enrolled in the New Mexico 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 New Mexico 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.westernskycommunitycare.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) H2134: 001 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	\$0 (You must continue to pay your Medicare Part B premium, if not otherwise paid for by Medicaid or another third party.)	
Deductibles	\$0 deductible for covered medical services \$445 deductible for Part D prescription drugs	
Maximum Out-of-Pocket Responsibility (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.	
Inpatient Hospital Coverage*	\$0 copay per stay, per benefit period.	
Outpatient Hospital Coverage*	<ul style="list-style-type: none"> • Outpatient Hospital: \$0 copay per visit • Observation Services: \$0 copay per visit 	
Doctor Visits (Primary Care Providers and Specialists)	<ul style="list-style-type: none"> • Primary Care: \$0 copay per visit • Specialist: \$0 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 copay per visit You do not have to pay the copay if admitted to the hospital immediately.	
Urgently Needed Services	\$0 copay per visit	
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 copay • Outpatient X-ray services: \$0 copay • Diagnostic Radiology services (such as, MRI, MRA, CT, PET): \$0 copay 	
Hearing Services	<ul style="list-style-type: none"> • Hearing exam (Medicare-covered): \$0 copay • Routine hearing exam: \$0 copay (1 every calendar year) • Hearing aid: \$0 copay (2 hearing aids total, 1 per ear, every calendar year) 	

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

Benefits	Allwell Dual Medicare (HMO D-SNP) H2134: 001 Premiums / Copays / Coinsurance
Dental Services	<ul style="list-style-type: none"> • Dental services (Medicare-covered): \$0 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. • There is a maximum allowance of \$4,000 every calendar year; it applies to all comprehensive dental benefits.
Vision Services	<ul style="list-style-type: none"> • Vision exam (Medicare-covered): \$0 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 copay per visit
Skilled Nursing Facility*	Days 1-100: \$0 copay per benefit period.
Physical Therapy*	\$0 copay per visit
Ambulance	\$0 copay (per one-way trip) for ground or air ambulance services
Ambulatory Surgery Center*	Ambulatory Surgery Center: \$0 copay per visit
Transportation	<ul style="list-style-type: none"> • \$0 copay for each one-way trip • Up to 50 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 copay • Other Part B drugs: \$0 copay

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</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	\$9 copay	\$27 copay
Tier 3: Preferred Brand Drugs	\$47 copay	\$141 copay
Tier 4: Non-Preferred Drugs	45% coinsurance	45% 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> <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</p>	

Part D Prescription Drugs

	of Coverage (EOC), Chapter 6, for outpatient prescription drug cost-sharing information.
Catastrophic Coverage Stage	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).
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 1-844-810-7965 (TTY: 711).</p>

Additional Covered Benefits	
Benefits	Allwell Dual Medicare (HMO D-SNP) H2134: 001 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 copay per visit • Group setting: \$0 copay per visit
Over-the-Counter (OTC) Items	<p>\$0 copay (\$350 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	<ul style="list-style-type: none"> • Chiropractic services (Medicare-covered): \$0 copay per visit • Routine chiropractic services: \$0 copay per visit (12 visits every calendar year)
Acupuncture	<ul style="list-style-type: none"> • Acupuncture services for chronic low back pain (Medicare-covered): \$0 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 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 copay • Prosthetics (e.g., braces, artificial limbs): \$0 copay • Diabetic supplies: \$0 copay
Foot Care (Podiatry Services)	<ul style="list-style-type: none"> • Foot exams and treatment (Medicare-covered): \$0 copay per visit

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Additional Covered Benefits	
Benefits	Allwell Dual Medicare (HMO D-SNP) H2134: 001 Premiums / Copays / Coinsurance
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

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 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 Medicaid toll free at 1-888-997-2583 (TTY/TDD 1-855-227-5485).

Our source of information for Medicaid benefits is www.hsd.state.nm.us. All Medicaid covered services are subject to change at any time. For the most current New Mexico Medicaid coverage information, please visit www.hsd.state.nm.us or call Member Services for assistance. A detailed explanation of New Mexico Medicaid benefits can be found in the New Mexico Summary of Services online at www.hsd.state.nm.us

List of Medicaid services to be offered, as may be modified by amendment to the Centennial Care contract:

Accredited Residential Treatment Center Services
Adaptive Skills Building (Autism)
Adult Day Health
Adult Psychological Rehabilitation Services
Ambulatory Surgery Center Services
Anesthesia Services
Assertive Community Treatment Services
Assisted Living
Behavior Support Consultation
Behavior Management Skills Development Services
Behavioral Health Professional Services; outpatient behavioral health and substance abuse services
Care Coordination
Case Management
Community Transition Services
Community Health Workers
Comprehensive Community Support Services
Day Treatment Services
Dental Services
Diagnostic Imaging and Therapeutic Radiology Services
Dialysis Services
Durable Medical Equipment And Supplies
Emergency Responses

Emergency Services (including emergency room visits and psychiatric ER)
Employment Supports
Environmental Modifications
Experimental Or Investigational Procedures, Technology, Or Non-Drug Therapies ¹
Early and Periodic Screening, Diagnosis And Treatment (EPSDT)
EPSDT Personal Care Services
EPSDT Private Duty Nursing
EPSDT Rehabilitation Services
Family Planning
Family Support
Federally Qualified Health Center Services
Hearing Aids and Related Evaluations
Home Health Aide
Home Health Services
Homemaker
Hospice Services
Hospital Inpatient (Including Detoxification services)
Hospital Outpatient
Indian Health Services
Inpatient Hospitalization In Freestanding Psychiatric Hospitals
Intensive Outpatient Program Services
ICF/MR
IV Outpatient Services
Laboratory Services
Medical Services Providers
Medication Assisted Treatment For Opioid Dependence
Midwife Services
Multi-Systemic Therapy Services
Non-Accredited Residential Treatment Centers and Group Homes
Nursing Facility Services
Nutritional Counseling
Nutritional Services
Occupational Services
Outpatient Hospital Based Psychiatric Services and Partial Hospitalization
Outpatient and Partial Hospitalization In Freestanding Psychiatric Hospital
Outpatient Health Care Professional Services
Personal Care Services
Physical Health Services
Physical Therapy
Physician Visits

Podiatry Services
Pregnancy Termination Procedures
Preventive Services
Private Duty Nursing For Adults
Prosthetics and Orthotics
Psychosocial Rehabilitation Services
Radiology Facilities
Recovery Services
Rehabilitation Option Services
Rehabilitation Services Providers
Related Goods
Reproductive Health Services
Respite
Rural Health Clinics Services
School-Based Services
Skilled Maintenance Therapy Services
Smoking Cessation Services
Specialized Therapies
Speech and Language Therapy
Swing Bed Hospital Services
Telehealth Services
Tot-To-Teen Health Checks
Transplant Services
Transportation Services (Medical)
Transportation Services (Non-Medical)
Treatment Foster Care
Treatment Foster Care II
Vision Services
Note: ¹ Experimental and investigational procedures, technologies or therapies are only available to the extent specified in NMAC 8.325.6.9 or its successor regulation.

For more information, please contact:

Allwell Dual Medicare (HMO D-SNP)
5300 Homestead Road NE
Albuquerque, NM 87110

allwell.westernskycommunitycare.com

Current members should call: 1-844-810-7965 (TTY: 711)

Prospective members should call: 1-866-445-1088 (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 1-844-810-7965 (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.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-844-810-7965 (TTY: 711)

Allwell is contracted with Medicare for HMO D-SNP plans and with the state Medicaid program. Enrollment in Allwell depends on contract renewal.

Such services are funded in part with the state of New Mexico.