



# Summary of Benefits

## 2021

Allwell Dual Medicare (HMO D-SNP) H0908: 001

Adams, Allen, Ashland, Ashtabula, Auglaize, Brown, Butler, Carroll, Champaign, Clark, Clermont, Clinton, Columbiana, Coshocton, Crawford, Cuyahoga, Darke, Defiance, Delaware, Erie, Fairfield, Fayette, Fulton, Geauga, Greene, Guernsey, Hamilton, Hancock, Hardin, Harrison, Henry, Highland, Hocking, Holmes, Huron, Jackson, Jefferson, Lake, Logan, Lorain, Lucas, Madison, Mahoning, Medina, Meigs, Mercer, Miami, Monroe, Montgomery, Morgan, Morrow, Noble, Ottawa, Paulding, Perry, Pickaway, Pike, Portage, Preble, Putnam, Sandusky, Seneca, Shelby, Stark, Summit, Trumbull, Tuscarawas, Van Wert, Vinton, Warren, Wayne, Williams, Wood, and Wyandot 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](http://allwell.buckeyehealthplan.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 Ohio : Adams, Allen, Ashland, Ashtabula, Auglaize, Brown, Butler, Carroll, Champaign, Clark, Clermont, Clinton, Columbiana, Coshocton, Crawford, Cuyahoga, Darke, Defiance, Delaware, Erie, Fairfield, Fayette, Fulton, Geauga, Greene, Guernsey, Hamilton, Hancock, Hardin, Harrison, Henry, Highland, Hocking, Holmes, Huron, Jackson, Jefferson, Lake, Logan, Lorain, Lucas, Madison, Mahoning, Medina, Meigs, Mercer, Miami, Monroe, Montgomery, Morgan, Morrow, Noble, Ottawa, Paulding, Perry, Pickaway, Pike, Portage, Preble, Putnam, Sandusky, Seneca, Shelby, Stark, Summit, Trumbull, Tuscarawas, Van Wert, Vinton, Warren, Wayne, Williams, Wood, and Wyandot.
- For Allwell Dual Medicare (HMO D-SNP), you must also be enrolled in the Ohio 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 Ohio 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.buckeyehealthplan.com](http://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 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) H0908: 001 Premiums / Copays / Coinsurance
<p>Premiums, copays, coinsurance, and deductibles may vary based on your Medicaid eligibility category and/or the level of Extra Help you receive</p>	
<b>Monthly Plan Premium</b>	<p>You pay \$0 to \$21.10 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.)</p>
<b>Deductibles</b>	<ul style="list-style-type: none"> <li>• \$0 or \$198 deductible for covered medical services. \$198 is the 2020 Part B deductible. This amount may change for 2021.</li> <li>• \$150 deductible for Part D prescription drugs (applies to drugs on Tiers 2, 3, 4 and 5)</li> </ul>
<b>Maximum Out-of-Pocket Responsibility</b> (does not include prescription drugs)	<p>\$3,400 annually This is the most you will pay in copays and coinsurance for covered medical services for the year.</p>
<b>Inpatient Hospital Coverage*</b>	<p>\$0 or \$1,320 copay per stay</p>
<b>Outpatient Hospital Coverage*</b>	<ul style="list-style-type: none"> <li>• Outpatient Hospital: 0% or 20% coinsurance per visit</li> <li>• Observation Services: 0% or 20% coinsurance per visit</li> </ul>
<b>Doctor Visits (Primary Care Providers and Specialists)</b>	<ul style="list-style-type: none"> <li>• Primary Care: 0% or 20% coinsurance per visit</li> <li>• Specialist: 0% or 20% coinsurance per visit</li> </ul>
<b>Preventive Care</b> (e.g. flu vaccine, diabetic screening)	<p>\$0 copay for most Medicare-covered preventive services Other preventive services are available.</p>
<b>Emergency Care</b>	<p>0% or 20% coinsurance (up to \$120) per visit You do not have to pay the copay if admitted to the hospital immediately.</p>
<b>Urgently Needed Services</b>	<p>0% or 20% coinsurance (up to \$65) per visit Copay is not waived if admitted to hospital.</p>
<b>Diagnostic Services/ Labs/Imaging*</b> (includes 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"> <li>• Lab services: 0% or 20% coinsurance</li> <li>• Diagnostic tests and procedures 0% or 20% coinsurance</li> <li>• Outpatient X-ray services: 0% or 20% coinsurance</li> <li>• Diagnostic Radiology services (such as, MRI, MRA, CT, PET): 0% or 20% coinsurance</li> </ul>

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

<b>Benefits</b>	<b>Allwell Dual Medicare (HMO D-SNP) H0908: 001 Premiums / Copays / Coinsurance</b>
<b>Hearing Services</b>	<ul style="list-style-type: none"> <li>• Hearing exam (Medicare-covered): 0% or 20% coinsurance</li> <li>• Routine hearing exam: \$0 copay (1 every calendar year)</li> <li>• Hearing aid: \$0 copay (2 hearing aids total, 1 per ear, per calendar year)</li> </ul>
<b>Dental Services</b>	<ul style="list-style-type: none"> <li>• Dental services (Medicare-covered): 0% or 20% coinsurance per visit</li> <li>• Preventive Dental Services: \$0 copay (including oral exams, cleanings, fluoride treatment, and X-rays)</li> <li>• Comprehensive dental services: Additional comprehensive dental benefits are available.</li> </ul> <p>There is a maximum allowance of \$2,000 every calendar year; it applies to all comprehensive dental benefits.</p>
<b>Vision Services</b>	<ul style="list-style-type: none"> <li>• Vision exam (Medicare-covered): 0% or 20% coinsurance per visit</li> <li>• Routine eye exam: \$0 copay per visit (up to 1 every calendar year)</li> <li>• Routine eyewear: up to \$300 allowance every calendar year</li> </ul>
<b>Mental Health Services</b>	Individual and group therapy: 0% or 20% coinsurance per visit
<b>Skilled Nursing Facility*</b>	<p>In 2020, the amounts for each benefit period were: \$0 or,</p> <ul style="list-style-type: none"> <li>• \$0 copay per day, days 1 through 20</li> <li>• \$176 copay per day, days 21 through 100 (may change for 2021)</li> </ul>
<b>Physical Therapy*</b>	0% or 20% coinsurance per visit
<b>Ambulance</b>	0% or 20% coinsurance (per one-way trip) for ground or air ambulance services
<b>Ambulatory Surgery Center*</b>	Ambulatory Surgery Center: 0% or 20% coinsurance per visit
<b>Transportation</b>	<ul style="list-style-type: none"> <li>• \$0 copay for each one-way trip</li> <li>• Up to 48 one-way trips to plan-approved health-related locations every calendar year. Mileage limits may apply.</li> </ul>
<b>Medicare Part B Drugs*</b>	<ul style="list-style-type: none"> <li>• Chemotherapy drugs: 0% or 20% coinsurance</li> <li>• Other Part B drugs: 0% or 20% coinsurance</li> </ul>

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## Part D Prescription Drugs

<b>Deductible Stage</b>	<p>\$150 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>	
<b>Initial Coverage Stage</b> (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>	
	<b>Standard Retail Rx 30-day supply</b>	<b>Mail Order Rx 90-day supply</b>
<b>Tier 1: Preferred Generic Drugs</b>	\$0 copay	\$0 copay
<b>Tier 2: Generic Drugs</b>	\$20 copay	\$60 copay
<b>Tier 3: Preferred Brand Drugs</b>	\$47 copay	\$141 copay
<b>Tier 4: Non-Preferred Drugs</b>	50% coinsurance	50% coinsurance
<b>Tier 5: Specialty</b>	30% coinsurance	Not available
<b>Coverage Gap Stage</b>	<p>Because our plan offers additional gap coverage during the Coverage Gap Stage, your out-of-pocket costs will sometimes be lower than the cost described above. For more information, refer to the Evidence of Coverage (EOC), Chapter 6.</p> <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”</p>	

## Part D Prescription Drugs

	<p>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>
<b>Catastrophic Coverage Stage</b>	<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>
<b>Important Info:</b>	<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 <a href="http://Medicare.gov">Medicare.gov</a> or call Member Services at 1-866-389-7690 (TTY 711).</p>

<b>Additional Covered Benefits</b>	
<b>Benefits</b>	<b>Allwell Dual Medicare (HMO D-SNP) H0908: 001 Premiums / Copays / Coinsurance</b>
<b>Additional Telehealth Services</b>	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.
<b>Opioid Treatment Program Services</b>	<ul style="list-style-type: none"> <li>• Individual setting: 0% or 20% coinsurance per visit</li> <li>• Group setting: 0% or 20% coinsurance per visit</li> </ul>
<b>Over-the-Counter (OTC) Items</b>	<p>\$0 copay (\$80 allowance per month) for items available via mail and at participating CVS retail Pharmacy locations.</p> <p>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>You can also purchase OTC products at participating CVS locations. Participating locations vary by area. Refer to the Store Locator link on <a href="http://cvs.com/otchs/allwell">cvs.com/otchs/allwell</a> for a list of participating locations.</p> <p>Please visit the plan's website to see the list of covered over-the-counter items.</p>
<b>Meals</b>	<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>
<b>Chiropractic Care</b>	Chiropractic services (Medicare-covered): 0% or 20% coinsurance per visit
<b>Acupuncture</b>	<ul style="list-style-type: none"> <li>• Acupuncture services for chronic low back pain (Medicare-covered): 0% or 20% coinsurance per visit in a chiropractic setting</li> <li>• Acupuncture services for chronic low back pain (Medicare-covered): 0% or 20% coinsurance per visit in a Primary Care Provider's office</li> <li>• Acupuncture services for chronic low back pain (Medicare-covered): 0% or 20% coinsurance per visit in a Specialist's office</li> </ul>
<b>Medical Equipment/Supplies*</b>	<ul style="list-style-type: none"> <li>• Durable Medical Equipment (e.g., wheelchairs, oxygen): 0% or 20% coinsurance</li> <li>• Prosthetics (e.g., braces, artificial limbs): 0% or 20% coinsurance</li> <li>• Diabetic supplies: \$0 copay</li> </ul>

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<b>Additional Covered Benefits</b>	
<b>Benefits</b>	<b>Allwell Dual Medicare (HMO D-SNP) H0908: 001 Premiums / Copays / Coinsurance</b>
<b>Foot Care (Podiatry Services)</b>	Foot exams and treatment (Medicare-covered): 0% or 20% coinsurance per visit
<b>Virtual Visit</b>	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.
<b>Wellness Programs</b>	<ul style="list-style-type: none"> <li>• Fitness program: \$0 copay</li> <li>• 24-hour Nurse Connect: \$0 copay</li> <li>• Supplemental smoking and tobacco use cessation (counseling to stop smoking or tobacco use): \$0 copay</li> <li>• Coverage for one Personal Emergency Medical Response Device per lifetime. \$0 copay</li> </ul> <p>For a detailed list of wellness program benefits offered, please refer to the EOC.</p>
<b>Routine Annual Exam</b>	\$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 Dual Medicare (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 Ohio Medicaid toll-free at 1-800-324-8680 (TTY: 711).

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

Medicaid Benefits to be Covered		
<b>Alcohol and Drug Addiction</b>	Alcohol/Drug Screening Analysis/Lab Urinalysis	<p><b>Who is Eligible?</b> Any Medicaid beneficiary with a medical need</p> <p><b>How often?</b> No benefit limit</p> <p><b>Info:</b> This service can only be provided by agencies certified by the Ohio Department of Mental Health and Addiction Services (MHAS).</p> <p><b>Copay:</b> \$0</p>
	Ambulatory Detoxification	
	Assessment	
	Case Management	
	Crisis Intervention	
	Induction of Buprenorphine	
	Injection of Naltrexone (to treat addiction)	
	Intensive Outpatient	
	Methadone Administration	
	Individual or Group Counseling (MHA Certified Providers)	
Medical Somatic		

<b>Dental</b>	Braces	<p><b>Who is Eligible?</b> Individuals younger than age 21</p> <p><b>How often?</b> Braces are covered in extreme cases with prior authorization by the State.</p> <p><b>Info:</b> No additional information.</p> <p><b>Copay:</b> \$0</p>
	Checkups and Cleanings	<p><b>Who is Eligible?</b> All Medicaid beneficiaries</p> <p><b>How often?</b> Every 180 days (6 months) for individuals younger than age 21; every 365 days (12 months) for individuals age 21 and older.</p> <p><b>Info:</b> There may be a copayment for dental services of \$3 per visit for individuals age 21 and older.</p> <p><b>Copay:</b> \$3 (individuals age 21 and older); \$0 (individuals under age 21)</p>
	Dentures	<p><b>Who is Eligible?</b> All Medicaid beneficiaries</p> <p><b>How often?</b> Dentures may be replaced based upon medical necessity; dentures and partial plates must be prior authorized by the State.</p> <p><b>Info:</b> There may be a copayment for dental services of \$3 per visit for non-pregnant individuals age 21 and older who are not residing in a nursing facility (NF) or intermediate care facility for individuals with intellectual disabilities (ICF-IID).</p> <p><b>Copay:</b> \$3</p>
	Filings, Extractions and Crowns	<p><b>Who is Eligible?</b> All Medicaid beneficiaries</p> <p><b>How often?</b> Based upon medical necessity; may require prior authorization by the State.</p>
	Root Canals	<p><b>Info:</b> There may be a copayment for dental services of \$3 per visit for non-pregnant individuals age 21 and older who are not residing in a NF or ICF-IID.</p> <p><b>Copay:</b> \$3</p>

<b>Dental</b>	Medical and Surgical Dental Services	<p><b>Who is eligible?</b> All Medicaid beneficiaries</p> <p><b>How often?</b> Based upon medical necessity.</p> <p><b>Info:</b> No additional information</p> <p><b>Copay:</b> n/a</p>
<b>Emergency</b>	Emergency Room Visits	<p><b>Who is Eligible?</b> All Medicaid beneficiaries</p> <p><b>How often?</b> Based upon medical necessity</p> <p><b>Info:</b> Non-emergency use of the emergency room may attract a \$3 copayment.</p> <p><b>Copay:</b> \$3 for non-emergency services (applies to non-pregnant individuals age 21 and older who are not residing in a NF or ICF-IID)</p>
<b>Family Planning</b>	Family Planning Services	<p><b>Who is eligible?</b> All Medicaid beneficiaries</p> <p><b>How often?</b> As needed</p> <p><b>Info:</b> No additional information.</p> <p><b>Copay:</b> \$0</p>
<b>Healthchek</b>	Early and Periodic Screening, Diagnosis and Treatment (EPSDT)	<p><b>Who is eligible?</b> Individuals younger than age 21</p> <p><b>How often?</b> 13 well-child visits by age 3 and then one every 12 months.</p> <p><b>Info:</b> Comprehensive health and developmental history; diagnosis and treatment identified as necessary during screening examinations.</p> <p><b>Copay:</b> \$0</p>
<b>Hospital</b>	Inpatient Hospital Services	<p><b>Who is Eligible?</b> All Medicaid beneficiaries</p> <p><b>How often?</b> Less than 30 covered days from the date of admission to 60 days after discharge with limited exceptions.</p> <p><b>Info:</b> Prior approval may be needed for some surgeries. Chemical dependency detoxification is also covered.</p> <p><b>Copay:</b> \$0</p>

<b>Hospital</b>	Outpatient Hospital Services	<p><b>Who is Eligible?</b> All Medicaid beneficiaries</p> <p><b>How often?</b> Medical review for more than 48 visits per year.</p> <p><b>Info:</b> Prior approval may be needed for some surgeries.</p> <p><b>Copay:</b> \$0</p>
<b>Medical Equipment</b>	Durable Medical Equipment	<p><b>Who is Eligible?</b> All Medicaid beneficiaries</p> <p><b>How often?</b> Your health care provider must fill out a prior authorization form before you can get the equipment. Quantity limits and prior authorization requirements are specific.</p> <p><b>Info:</b> Medical equipment is also known as durable medical equipment; examples include bedside commodes, canes, crutches, diabetic supplies, hospital beds, incontinence garments, lactation pumps, lifts, and orthotics, ostomy or oxygen supplies, prosthetics, speech generating devices, walkers, and wheelchairs</p> <p><b>Copay:</b> \$0</p>
<b>Behavioral Health</b>	Community Psychiatric Supportive Treatment	<p><b>Who is Eligible?</b> Any beneficiary with a medical need</p> <p><b>How often?</b> 104 hours per year; more service available with prior authorization documenting medical need.</p> <p><b>Info:</b> This service can only be provided by agencies certified by MHAS.</p> <p><b>Copay:</b> \$0</p>
	Crisis Intervention	<p><b>Who is Eligible?</b> Any Medicaid beneficiary with a medical need</p> <p><b>How often?</b> No benefit limit</p> <p><b>Info:</b> This service can only be provided by agencies certified by MHAS.</p> <p><b>Copay:</b> \$0</p>

<b>Behavioral Health</b>	Health Home Comprehensive Care Coordination	<p><b>Who is Eligible?</b> Medicaid beneficiaries with serious mental illness and identified by the State as needing care coordination</p> <p><b>How often?</b> No benefit limit</p> <p><b>Info:</b> This service can only be provided by agencies certified by MHAS.</p> <p><b>Copay:</b> \$0</p>
	Individual or Group Counseling (MHA certified providers)	<p><b>Who is Eligible?</b> Any Medicaid beneficiary with a medical need</p> <p><b>How often?</b> 52 hours per year; applies to individuals age 21 and older only.</p> <p><b>Info:</b> This service can only be provided by agencies certified by MHAS.</p> <p><b>Copay:</b> \$0</p>
	Individual or Group Counseling (non-MHA certified providers)	<p><b>Who is Eligible?</b> Any Medicaid beneficiary with a medical need</p> <p><b>How often?</b> 25 visits per year.</p> <p><b>Info:</b> This service can be provided by a clinical psychologist, psychiatrist, physician, Advanced Practice Nurse, Licensed Counselor or Family Therapist, or a clinic.</p> <p><b>Copay:</b> \$0</p>
	Injections (long-acting antipsychotic medications)	<p><b>Who is Eligible?</b> Any Medicaid beneficiary with a medical need</p> <p><b>How often?</b> No benefit limit</p> <p><b>Info:</b> This service can be provided by agencies certified by MHAS and other Medicaid providers including physician offices, clinics, and hospitals.</p> <p><b>Copay:</b> \$0</p>

<b>Behavioral Health</b>	Mental Health Assessment	<p><b>Who is Eligible?</b> Any Medicaid beneficiary with a medical need</p> <p><b>How often?</b> 4 hours per year; applies to individuals age 21 and older only.</p> <p><b>Info:</b> This service can only be provided by agencies certified by MHAS.</p> <p><b>Copay:</b> \$0</p>
	Partial Hospitalization	<p><b>Who is Eligible?</b> Any Medicaid beneficiary with a medical need</p> <p><b>How often?</b> No benefit limit</p> <p><b>Info:</b> This service can only be provided by agencies certified by MHAS.</p> <p><b>Copay:</b> \$0</p>
	Pharmacological Management	<p><b>Who is Eligible?</b> Any Medicaid beneficiary with a medical need</p> <p><b>How often?</b> 24 hours per year; applies to adults only.</p> <p><b>Info:</b> This service can be provided by agencies certified by MHAS and other Medicaid providers including physician offices, clinics, and hospitals.</p> <p><b>Copay:</b> \$0</p>
	Psychiatric Diagnostic Interview	<p><b>Who is Eligible?</b> Any Medicaid beneficiary with a medical need</p> <p><b>How often?</b> 2 hours per year; applies to adults only.</p> <p><b>Info:</b> This service can be provided by agencies certified by MHAS and other Medicaid providers including physician offices, clinics, and hospitals.</p> <p><b>Copay:</b> \$0</p>

<p><b>Behavioral Health</b></p>	<p>Psychological Testing</p>	<p><b>Who is Eligible?</b> Any Medicaid beneficiary with a medical need</p> <p><b>How often?</b> 8 hours per year.</p> <p><b>Info:</b> This service can be provided by a clinical psychologist, psychiatrist, physician, Advanced Practice Nurse, Licensed Counselor or Family Therapist, or a clinic.</p> <p><b>Copay:</b> \$0</p>
<p><b>Pregnancy</b></p>	<p>Pregnancy Related Services (PRS)</p>	<p><b>Who is eligible?</b> All female Medicaid beneficiaries</p> <p><b>How Often?</b> No limit.</p> <p><b>Info:</b> All pregnancy related services are covered. Services include: education, care coordination, counseling, high risk monitoring, nurse midwife services, preconception care, prenatal care, ultrasounds, prenatal risk assessment, delivery, and transportation.</p> <p><b>Copay:</b> \$0</p>
<p><b>Prescriptions</b></p>	<p>Prescription Drugs</p>	<p><b>Who is Eligible?</b> All Medicaid beneficiaries except those who are eligible to enroll in Medicare Part D; Part D-eligible beneficiaries can only receive Medicaid coverage for medications that are excluded from Medicare Part D coverage</p> <p><b>How often?</b> Less than a 34-day supply dispensed at a time for drugs to treat acute conditions. Less than a 120-day supply dispensed at a time for drugs to treat chronic conditions.</p> <p><b>Info:</b> Prior authorization required for name-brand prescription drugs when generic ones are available. Learn more about prescriptions <a href="#">here</a>.</p> <p><b>Copay:</b> \$3 for prescription drugs requiring prior authorization (non-pregnant and non-institutionalized individuals over age 21); \$2 copay for most name-brand drugs (non-pregnant and non-institutionalized individuals over age 21); \$0 copay for hospice consumers and medications for emergency services and family planning services.</p>

<b>Preventive Health</b>	Chest X-Rays	<p><b>Who is Eligible?</b> Long-term care facility residents</p> <p><b>How often?</b> Once every 12 month period.</p> <p><b>Info:</b> No additional information.</p> <p><b>Copay:</b> \$0</p>
	Immunizations	<p><b>Who is Eligible?</b> All Medicaid beneficiaries</p> <p><b>How often?</b> No limits</p> <p><b>Info:</b> Vaccines recommended by the Centers for Disease Control, the American Academy of Pediatrics, and the Advisory Committee on Immunization Practices are covered. Annual flu shots and pneumonia shots are also covered.</p> <p><b>Copay:</b> \$0</p>
	Mammography	<p><b>Who is Eligible?</b> Women between the ages of 35-40</p> <p><b>How often?</b> One screening for women between the ages of 35-40, and then once every 12 month period thereafter.</p> <p><b>Info:</b> No additional information.</p> <p><b>Copay:</b> \$0</p>
	Physical Exam	<p><b>Who is Eligible?</b> Residents in residential facilities licensed by the Ohio Department of Developmental Disabilities</p> <p><b>How often?</b> Once every 12 month period.</p> <p><b>Info:</b> No additional information.</p> <p><b>Copay:</b> \$0</p>
	Preventive Exams and Screenings	<p><b>Who is Eligible?</b> All Medicaid beneficiaries</p> <p><b>How often?</b> No limits</p> <p><b>Info:</b> Services include cervical cancer screenings, colonoscopies for individuals age 50 and older or high-risk individuals, employment physicals if not covered by another source, gynecologic exams, prostate cancer screenings, and required physician visits for long-term-care facility residents.</p> <p><b>Copay:</b> \$0</p>



<b>Professional Medical Services</b>	Ambulatory Surgery Centers	<b>Who is eligible?</b> All Medicaid beneficiaries.
	Certified Family Nurse Practitioner Services	<b>How often?</b> Based upon medical necessity.
	Certified Pediatric Nurse Practitioner Services	<b>Info:</b> No additional information. <b>Copay:</b> n/a
	Audiology Services	<b>Who is eligible?</b> All beneficiaries.  <b>How often?</b> <b>One conventional hearing aid every four years; one digital or programmable hearing aid every five years. Two hearing aids may be considered in special circumstances.</b>  <b>Info:</b> Hearing aids with prior authorization.  <b>Copay:</b> \$0
	Chiropractor Services	<b>Who is eligible?</b> All Medicaid beneficiaries <b>How often?</b> 30 visits every 12 months for children younger than age 21; 15 visits every 12 months for adults older than age 21. <b>Info:</b> No additional information. <b>Copay:</b> \$0
	Laboratory and X-Ray Services	<b>Who is eligible?</b> All Medicaid beneficiaries <b>How often?</b> Annual chest X-rays for long-term care facility residents. <b>Info:</b> Medically necessary services that are ordered by a physician are covered, as well as mammograms. <b>Copay:</b> \$0
	Occupational Therapy	<b>Who is eligible?</b> All Medicaid beneficiaries <b>How often?</b> 30 visits for occupational therapy every 12 months, prior authorization needed for additional visits. <b>Info:</b> No additional information. <b>Copay:</b> \$0
	Physical Therapy	
Physician Services	<b>Who is eligible?</b> All Medicaid beneficiaries <b>How often?</b> Up to 24 visits every 12 months with additional visits for specified conditions. <b>Info:</b> Physician and family nurse practitioner services. <b>Copay:</b> \$0	

<b>Professional Medical Services</b>	Podiatrist Services	<p><b>Who is eligible?</b> All Medicaid beneficiaries</p> <p><b>How often?</b> One long-term care facility visit per month. One nail debridement per 60 days.</p> <p><b>Info:</b> No additional information.</p> <p><b>Copay:</b> \$0</p>
	Private Duty Nursing Services	<p><b>Who is eligible?</b> All Medicaid beneficiaries</p> <p><b>How often?</b> Can be more than four hours per visit or up to 16 hours per day in limited circumstances. Post-hospital stay benefit with less than 56 hours per week for less than 60 days.</p> <p><b>Info:</b> Nursing visits from 4 to 12 hours in length, prior authorization required.</p> <p><b>Copay:</b> \$0</p>
	Speech/ Language Pathology Services	<p><b>Who is eligible?</b> All Medicaid beneficiaries</p> <p><b>How often?</b> 30 visits for speech/language pathology and audiology services combined every 12 months, prior authorization needed for additional visits.</p> <p><b>Info:</b> No additional information.</p> <p><b>Copay:</b> \$0</p>
<b>Transportation</b>	Ambulance/Ambulette	<p><b>Who is Eligible?</b> All Medicaid beneficiaries</p> <p><b>How often?</b> When medically necessary and patient cannot be transported by any other type of transportation.</p> <p><b>Info:</b> Non-emergency transportation to and from Medicaid-covered services through the County Departments of Job and Family Services. Prior authorization is not normally required for wheelchair vans, but certification of necessity is required. Prior authorization is not normally required for ambulances, but certification of necessity is required for non-emergency use.</p> <p><b>Copay:</b> \$0</p>

<b>Transportation</b>	Non-Emergency Transportation	<p><b>Who is Eligible?</b> All Medicaid beneficiaries</p> <p><b>How often?</b> When medically necessary and patient cannot be transported by any other type of transportation.</p> <p><b>Info:</b> Non-emergency transportation to and from Medicaid-covered services through the County Department of Job and Family Services.</p> <p><b>Copay:</b> \$0</p>
<b>Vision</b>	Medical and Surgical Vision Services	<p><b>Who is eligible?</b> All Medicaid beneficiaries</p> <p><b>How often?</b> Based upon medical necessity.</p> <p><b>Info:</b> No additional information</p> <p><b>Copay:</b> n/a</p>
	Optometrist and Ophthalmologist Services	<p><b>Who is eligible?</b> All Medicaid beneficiaries</p> <p><b>How often?</b> One exam and eyeglasses every 12 months (individuals younger than age 21 and older than age 60). One exam and eyeglasses every 24 months (individuals between the ages of 21 and 59).</p> <p><b>Info:</b> Contact lenses covered with prior authorization. Glaucoma screenings also covered.</p> <p><b>Copay:</b> \$2 for exam and \$1 for eyeglasses (individuals older than age 21 not residing in a NF or an ICF-IID).</p>

**For more information, please contact:**

Allwell Dual Medicare (HMO D-SNP)  
4349 Easton Way, Suite 300  
Columbus, OH 43219

[allwell.buckeyehealthplan.com](http://allwell.buckeyehealthplan.com)

Current members should call: 1-866-389-7690 (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](http://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 1-866-389-7690 (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 an HMO D-SNP plan and with the state Medicaid program. Enrollment in Allwell depends on contract renewal.