



# Summary of Benefits

## 2021

Allwell Medicare Nurture (HMO D-SNP) H5294: 010

Aransas, Armstrong, Atascosa, Bailey, Bandera, Bee, Bexar, Borden, Bosque, Briscoe, Brooks, Calhoun, Cameron, Castro, Cochran, Coke, Collin, Colorado, Comal, Crosby, Dallas, Denton, DeWitt, Dickens, Dimmit, Donley, Duval, El Paso, Erath, Fayette, Fisher, Floyd, Garza, Gillespie, Glasscock, Goliad, Gonzales, Grimes, Guadalupe, Hale, Hamilton, Hidalgo, Hill, Hockley, Hunt, Irion, Jack, Jim Hogg, Jim Wells, Karnes, Kendall, Kenedy, Kent, Kimble, Kleberg, La Salle, Lamb, Leon, Limestone, Lubbock, Lynn, Martin, Mason, Maverick, McCulloch, McMullen, Medina, Mills, Mitchell, Navarro, Nolan, Nueces, Palo Pinto, Real, Refugio, Rockwall, San Saba, Shackelford, Somervell, Starr, Sterling, Swisher, Tarrant, Terry, Throckmorton, Uvalde, Willacy, Wilson, Zapata and Zavala counties, TX

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.SuperiorHealthPlan.com](http://allwell.SuperiorHealthPlan.com).

You are eligible to enroll in Allwell Medicare Nurture (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 Nurture (HMO D-SNP) service area counties). Our service area includes the following counties in Texas : Aransas, Armstrong, Atascosa, Bailey, Bandera, Bee, Bexar, Borden, Bosque, Briscoe, Brooks, Calhoun, Cameron, Castro, Cochran, Coke, Collin, Colorado, Comal, Crosby, Dallas, Denton, DeWitt, Dickens, Dimmit, Donley, Duval, El Paso, Erath, Fayette, Fisher, Floyd, Garza, Gillespie, Glasscock, Goliad, Gonzales, Grimes, Guadalupe, Hale, Hamilton, Hidalgo, Hill, Hockley, Hunt, Irion, Jack, Jim Hogg, Jim Wells, Karnes, Kendall, Kenedy, Kent, Kimble, Kleberg, La Salle, Lamb, Leon, Limestone, Lubbock, Lynn, Martin, Mason, Maverick, McCulloch, McMullen, Medina, Mills, Mitchell, Navarro, Nolan, Nueces, Palo Pinto, Real, Refugio, Rockwall, San Saba, Shackelford, Somervell, Starr, Sterling, Swisher, Tarrant, Terry, Throckmorton, Uvalde, Willacy, Wilson, Zapata and Zavala.
- For Allwell Medicare Nurture (HMO D-SNP) you must also be enrolled in the Texas 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 Texas for full-dual enrollees. Please contact the plan for further details.

The Allwell Medicare Nurture (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.SuperiorHealthPlan.com](http://allwell.SuperiorHealthPlan.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 Nurture (HMO D-SNP) will be responsible for the costs.)

This Allwell Medicare Nurture (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

<b>Benefits</b>		<b>Allwell Medicare Nurture (HMO D-SNP) H5294: 010 Premiums / Copays / Coinsurance</b>
<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>\$0 (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 deductible for covered medical services</li> <li>• \$445 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>\$3,450 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 copay per stay.</p>	
<b>Outpatient Hospital Coverage*</b>	<ul style="list-style-type: none"> <li>• Outpatient Hospital: \$0 copay per visit</li> <li>• Observation Services: \$0 copay per visit</li> </ul>	
<b>Doctor Visits (Primary Care Providers and Specialists)</b>	<ul style="list-style-type: none"> <li>• Primary Care: \$0 copay per visit</li> <li>• Specialist: \$0 copay 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 copay per visit</p>	
<b>Urgently Needed Services</b>	<p>\$0 copay per visit</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 copay</li> <li>• Diagnostic tests and procedures: \$0 copay</li> <li>• Outpatient X-ray services: \$0 copay</li> <li>• Diagnostic Radiology services (such as, MRI, MRA, CT, PET): \$0 copay</li> </ul>	

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

<b>Benefits</b>	<b>Allwell Medicare Nurture (HMO D-SNP) H5294: 010 Premiums / Copays / Coinsurance</b>
<b>Hearing Services</b>	<ul style="list-style-type: none"> <li>• Hearing exam (Medicare-covered): \$0 copay</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 copay 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> <li>• There is a maximum allowance of \$4,000 every calendar year; it applies to all comprehensive dental benefits.</li> </ul>
<b>Vision Services</b>	<ul style="list-style-type: none"> <li>• Vision exam (Medicare-covered): \$0 copay per visit</li> <li>• Routine eye exam: \$0 copay per visit (up to 1 every calendar year)</li> <li>• Routine eyewear: up to \$550 allowance every calendar year</li> </ul>
<b>Mental Health Services</b>	Individual and group therapy: \$0 copay per visit
<b>Skilled Nursing Facility*</b>	Days 1-100: \$0 copay per stay, per benefit period.
<b>Physical Therapy*</b>	\$0 copay per visit
<b>Ambulance</b>	\$0 copay (per one-way trip) for ground or air ambulance services
<b>Ambulatory Surgery Center*</b>	Ambulatory Surgery Center: \$0 copay per visit
<b>Transportation</b>	<ul style="list-style-type: none"> <li>• \$0 copay for each one-way trip</li> <li>• Unlimited 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 copay</li> <li>• Other Part B drugs: \$0 copay</li> </ul>

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## Part D Prescription Drugs

<b>Deductible Stage</b>	<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>	
<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>	49% coinsurance	49% coinsurance
<b>Tier 5: Specialty</b>	25% coinsurance	Not available

## Part D Prescription Drugs

<b>Coverage Gap Stage</b>	<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>
<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 1-877-935-8023 (TTY: 711)</p>

<b>Additional Covered Benefits</b>	
<b>Benefits</b>	<b>Allwell Medicare Nurture (HMO D-SNP) H5294: 010 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 copay per visit</li> <li>• Group setting: \$0 copay per visit</li> </ul>
<b>Over-the-Counter (OTC) Items</b>	<p>\$0 copay (\$335 allowance per quarter) for items available via mail and at participating CVS retail Pharmacy locations.</p> <p>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>You can also purchase OTC products at participating CVS locations. Participating locations vary by area. Refer to the Store Locator link on <a href="https://www.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 3 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 copay per visit
<b>Acupuncture</b>	<ul style="list-style-type: none"> <li>• Acupuncture services for chronic low back pain (Medicare-covered): \$0 copay per visit in a chiropractic setting</li> <li>• Acupuncture services for chronic low back pain (Medicare-covered): \$0 copay per visit in a Primary Care Provider's office</li> <li>• Acupuncture services for chronic low back pain (Medicare-covered): \$0 copay 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 copay</li> <li>• Prosthetics (e.g., braces, artificial limbs): \$0 copay</li> <li>• Diabetic supplies: \$0 copay</li> </ul>

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<b>Additional Covered Benefits</b>	
<b>Benefits</b>	<b>Allwell Medicare Nurture (HMO D-SNP) H5294: 010 Premiums / Copays / Coinsurance</b>
<b>Foot Care (Podiatry Services)</b>	<ul style="list-style-type: none"> <li>• Foot exams and treatment (Medicare-covered): \$0 copay per visit</li> <li>• Routine Foot care: \$0 copay per visit (every calendar year.)</li> </ul>
<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> <li>• Falls Prevention Kit: \$0 copay</li> </ul> <p>Members may order 1 kit per year containing items that may reduce the risk of falling in their home. Items include literature, a rubber bath mat, night lights, anti-slip slippers, and tub and stair safety treads</p> <p>For a detailed list of wellness program benefits offered, please refer to the EOC.</p>
<b>Worldwide Emergency Care</b>	\$50,000 plan coverage limit for urgent/emergent services outside the U.S. and its territories every calendar year.
<b>Routine Annual Exam</b>	\$0 Copay

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<b>Additional Covered Benefits</b>	
<b>Benefits</b>	<b>Allwell Medicare Nurture (HMO D-SNP) H5294: 010 Premiums / Copays / Coinsurance</b>
<b>Special Supplemental Benefits for the Chronically III</b>	<p>The following service is available for members with chronic conditions</p> <p>Additional 20 one-way trips are covered to approved non-medical locations for members with chronic conditions per calendar year. Such locations would include banking, grocery shopping, fitness, community centers and other social events. Mileage limits may apply.</p> <p>For a detailed list of benefits offered, please refer to the EOC.</p>
<b>Additional Services that are covered for the Chronically III</b>	<p>The following service is available for members with chronic conditions</p> <p>Nutritional Shakes: \$0 copay</p> <p>Supplemental nutritional shakes are formulated to target both situational conditions and disease states such as diabetes, ESRD, cancer and wound care. Upon case management authorization and referral, 24 shakes per month, up to 3 months, will be shipped to the members home.</p> <p>For a detailed list of benefits offered, please refer to the EOC.</p>

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 Medicare Nurture (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 Texas Medicaid toll-free at 1-800-335-8957 (TTY: 711).

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

### Texas Medicaid Summary of Benefits

Texas Medicaid covers the following benefits if the Member meets all applicable requirements.

Benefit Category	Texas Medicaid
<b>Ambulance Services</b> (medically necessary ambulance services)	Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 co-pay for Medicaid-covered services
<b>Assistive Communication Devices</b> (also known as Augmentative Communication Device (ACD) System)	For Members who meet the criteria, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 co-pay for Medicaid-covered services
<b>Bone Mass Measurement</b> (for people who are at risk)	Bone density screening is a benefit of Texas Medicaid. For Members who meet the criteria, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 co-pay for Medicaid-covered services
<b>Cardiac Rehabilitation</b>	Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted \$0 co-pay for Medicaid-covered services
<b>Chiropractic Services</b>	Chiropractic manipulative treatment (CMT) performed by a chiropractor licensed by the Texas State Board of Chiropractic Examiners is a benefit of Texas Medicaid. Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 co-pay for Medicaid-covered services
<b>Colorectal Screening Exams</b> (for people aged 50 and older)	Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 co-pay for Medicaid-covered services

Benefit Category	Texas Medicaid
<b>Dental Services</b> (for people who are 20 years of age or younger; or 21 years of age or older in an ICF-IID)	For Members who meet the criteria, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 co-pay for Medicaid-covered services
<b>Diabetic Supplies</b> (includes coverage for test strips, lancets and screening tests)	Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 co-pay for Medicaid-covered services
<b>Diagnostic Tests, X-Rays, Lab Services, and Radiology Services</b>	Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 co-pay for Medicaid-covered services
<b>Doctor and Hospital Choice</b>	Members should follow Medicare guidelines related to hospital and doctor choice.
<b>Doctor Office Visits</b>	Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 co-pay for Medicaid-covered services
<b>Durable Medical Equipment</b> (includes wheelchairs, oxygen)	Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 co-pay for Medicaid-covered services
<b>Emergency Care</b> (Any emergency room visit if the member reasonably believes he or she needs emergency care.)	Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 co-pay for Medicaid-covered services
<b>End-Stage Renal Disease</b>	Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 co-pay for Medicaid-covered services
<b>Health/Wellness Education</b> (nutritional counseling for children, smoking cessation for pregnant women, and adult annual exam)	Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 co-pay for Medicaid-covered services
<b>Hearing Services</b>	Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 co-pay for Medicaid-covered services
<b>Home Health Care</b> (includes medically necessary intermittent skilled nursing care, home health aide services, private duty nursing services, and personal care services)	Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 co-pay for Medicaid-covered services

Benefit Category	Texas Medicaid
<b>Hospice</b>	<p>Medicaid pays for this service for certain Waiver Members if it is not covered by Medicare or when the Medicare benefit is exhausted.</p> <p>\$0 co-pay for Medicaid-covered services</p> <p><i>Note: When adult clients elect hospice services, they waive their rights to all other Medicaid services related to their terminal illness. They do not waive their rights to Medicaid services unrelated to their terminal illness.</i></p>
<b>Immunizations</b>	<p>Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p> <p>\$0 co-pay for Medicaid-covered services</p>
<b>Inpatient Hospital Care</b>	<p>Inpatient hospital stays are a covered benefit. Medicaid pays coinsurance, co-payments, and deductibles for Medicare covered services. Members should follow Medicare guidelines related to hospital choice.</p> <p>\$0 co-pay for Medicaid-covered services</p>
<b>Inpatient Mental Health Care</b>	<p>Inpatient psychiatric hospital stays are a covered benefit for Members under the age 21, and Members 65 years of age and older. Inpatient acute care hospital stays for psychiatric treatment are a covered benefit for Members 21 through 64 years of age, in accordance with 42 CFR §438.6(e), although Medicaid MCOs may choose to cover stays at psychiatric facilities in lieu of acute care hospitals. Medicaid pays coinsurance, co-payments, and deductibles for Medicare covered services. Members should follow Medicare guidelines related to hospital choice.</p> <p>\$0 co-pay for Medicaid-covered services</p>
<b>Mammograms (Annual Screening)</b>	<p>Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p> <p>\$0 co-pay for Medicaid-covered services</p>
<b>Monthly Premium</b>	<p>Medicaid assistance with premium payment may vary based on your level of Medicaid eligibility.</p>
<b>Orthotic and Prosthetic Devices</b> (Includes braces, artificial limbs and eyes, etc.)	<p>For Members birth through age 20 (CCP), Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p> <p>Medicaid pays for breast prostheses for Members of all ages if not covered by Medicare or when the Medicare benefit is exhausted.</p> <p>\$0 co-pay for Medicaid-covered services</p>
<b>Outpatient Mental Health Care</b>	<p>Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p> <p>\$0 co-pay for Medicaid-covered services</p>

Benefit Category	Texas Medicaid
<b>Outpatient Rehabilitation Services</b>	For Members birth through age 20, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 co-pay for Medicaid-covered services
<b>Outpatient Services/Surgery</b>	Medicaid pays for certain surgical services if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 co-pay for Medicaid-covered services
<b>Outpatient Substance Use Disorder</b> (assessment, ambulatory treatment/detox, and MAT)	Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 co-pay for Medicaid-covered services
<b>Pap Smears and Pelvic Exams</b> (for women)	Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 co-pay for Medicaid-covered services
<b>Podiatry Services</b>	Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 co-pay for Medicaid-covered services
<b>Prescription Drugs</b>	Medicaid pays for this service if it is not covered by Medicare. Medicaid will not cover any Medicare Part D drug.
<b>Prostate Cancer Screening Exams</b>	Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 co-pay for Medicaid-covered services
<b>Skilled Nursing Facility (SNF)</b> (in a Medicare-certified Skilled Nursing Facility)	Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 co-pay for Medicaid-covered services
<b>Telemedicine Services</b>	Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 co-pay for Medicaid-covered services
<b>Transportation</b> (routine)	The Medicaid Medical Transportation Program (MTP) provides non-emergency transportation, if it is not covered by Medicare. \$0 co-pay for Medicaid-covered services
<b>Urgently Needed Care</b> (this is NOT emergency care, and in most cases, is out of the service area)	Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 co-pay for Medicaid-covered services
<b>Vision Services</b>	Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 co-pay for Medicaid-covered services Services by an optician are limited to fitting and dispensing of medically necessary eyeglasses and contact lenses.

## HOME AND COMMUNITY BASED WAIVER SERVICES

Those who meet QMB requirements and also meet the financial criteria for full Medicaid coverage, may be eligible to receive all Medicaid services not covered by Medicare, including Medicaid waiver services. Waiver services are limited to individuals who meet additional Medicaid waiver eligibility criteria.

Benefit Category	Texas Medicaid
<b>Community Living Assistance and Support Services (CLASS) Waiver</b>	Information on waiver services and eligibility for this waiver can be found on the following Texas Health and Human Services webpage. <a href="https://hhs.texas.gov/doing-business-hhs/provider-portals/long-term-care-providers/community-living-assistance-support-services-class">https://hhs.texas.gov/doing-business-hhs/provider-portals/long-term-care-providers/community-living-assistance-support-services-class</a> . For additional information, contact the Texas Health and Human Services Commission (HHSC).
<b>Deaf Blind with Multiple Disabilities Waiver (DBMD)</b>	Information on waiver services and eligibility for this waiver can be found on the following Texas Health and Human Services webpage. <a href="https://hhs.texas.gov/doing-business-hhs/provider-portals/long-term-care-providers/deaf-blind-multiple-disabilities-dbmd">https://hhs.texas.gov/doing-business-hhs/provider-portals/long-term-care-providers/deaf-blind-multiple-disabilities-dbmd</a> For additional information, contact the Texas Health and Human Services Commission (HHSC).
<b>Home and Community Services (HCS) Waiver</b>	Information on waiver services and eligibility for this waiver can be found on the following Texas Health and Human Services webpage. <a href="https://hhs.texas.gov/doing-business-hhs/provider-portals/long-term-care-providers/home-community-based-services-hcs">https://hhs.texas.gov/doing-business-hhs/provider-portals/long-term-care-providers/home-community-based-services-hcs</a> For additional information, contact the Texas Health and Human Services Commission (HHSC).
<b>Medically Dependent Children Program (MDCP)</b>	Information on waiver services and eligibility for this waiver can be found on the following Texas Health and Human Services webpage. <a href="https://hhs.texas.gov/doing-business-hhs/provider-portals/long-term-care-providers/medically-dependent-children-program-mdcp">https://hhs.texas.gov/doing-business-hhs/provider-portals/long-term-care-providers/medically-dependent-children-program-mdcp</a> .  For additional information, contact the Texas Health and Human Services Commission (HHSC).
<b>STAR+PLUS Program</b> (operating under the Texas Healthcare Transformation and Quality Improvement Program Waiver)	Information on waiver services and eligibility for this waiver can be found on the following Texas Health and Human Services webpage/ <a href="https://hhs.texas.gov/services/health/medicaid-chip/programs/starplus">https://hhs.texas.gov/services/health/medicaid-chip/programs/starplus</a> . For additional information, contact the Texas Health and Human Services Commission (HHSC).

Benefit Category	Texas Medicaid
<b>Texas Home Living Waiver (TxHmL)</b>	Information on waiver services and eligibility for this waiver can be found on the following Texas Health and Human Services webpage. <a href="https://hhs.texas.gov/doing-business-hhs/provider-portals/long-term-care-providers/texas-home-living-txhtml">https://hhs.texas.gov/doing-business-hhs/provider-portals/long-term-care-providers/texas-home-living-txhtml</a> . For additional information, contact the Texas Health and Human Services Commission (HHSC).

**For more information, please contact:**

Allwell Medicare Nurture (HMO D-SNP)  
Forum II Building  
7990 IH 10 West Suite 300  
San Antonio, TX 78230

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

Current members should call: 1-877-935-8023 (TTY: 711)

Prospective members should call: 1-877-826-5520 (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 1-877-935-8023 (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 1-877-935-8023 (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.