



Allwell Medicare Premier II (HMO) offered by HEALTH NET OF ARIZONA, INC. (DBA ARIZONA COMPLETE HEALTH)

Annual Notice of Changes for 2021

You are currently enrolled as a member of Allwell Medicare Essentials II (HMO). Next year, there will be some changes to the plan's costs and benefits. *This booklet tells about the changes.*

- **You have from October 15 until December 7 to make changes to your Medicare coverage for next year.**
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What to do now

1. ASK: Which changes apply to you

- Check the changes to our benefits and costs to see if they affect you.
 - It's important to review your coverage now to make sure it will meet your needs next year.
 - Do the changes affect the services you use?
 - Look in Sections 2.5 and 2.6 for information about benefit and cost changes for our plan.
- Check the changes in the booklet to our prescription drug coverage to see if they affect you.
 - Will your drugs be covered?
 - Are your drugs in a different tier, with different cost sharing?
 - Do any of your drugs have new restrictions, such as needing approval from us before you fill your prescription?
 - Can you keep using the same pharmacies? Are there changes to the cost of using this pharmacy?
 - Review the 2021 Drug List and look in Section 2.6 for information about changes to our drug coverage.
 - Your drug costs may have risen since last year. Talk to your doctor about lower cost alternatives that may be available for you; this may save you in annual out-of-pocket costs throughout the year. To get additional information on drug prices visit [go.medicare.gov/drugprices](https://www.go.medicare.gov/drugprices). These dashboards highlight which manufacturers have been increasing their prices and also show other year-to-year drug price information. Keep in

mind that your plan benefits will determine exactly how much your own drug costs may change.

- Check to see if your doctors and other providers will be in our network next year.
 - Are your doctors, including specialists you see regularly, in our network?
 - What about the hospitals or other providers you use?
 - Look in Section 2.3 for information about our Provider & Pharmacy Directory.
- Think about your overall health care costs.
 - How much will you spend out-of-pocket for the services and prescription drugs you use regularly?
 - How much will you spend on your premium and deductibles?
 - How do your total plan costs compare to other Medicare coverage options?
- Think about whether you are happy with our plan.

2. COMPARE: Learn about other plan choices

- Check coverage and costs of plans in your area.
 - Use the personalized search feature on the Medicare Plan Finder at www.medicare.gov/plan-compare website.
 - Review the list in the back of your Medicare & You handbook.
 - Look in Section 4.2 to learn more about your choices.
- Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.

3. CHOOSE: Decide whether you want to change your plan

- If you don't join another plan by December 7, 2020, you will be enrolled in Allwell Medicare Premier II (HMO).
- To change to a **different plan** that may better meet your needs, you can switch plans between October 15 and December 7.

4. ENROLL: To change plans, join a plan between **October 15** and **December 7, 2020**

- If you don't join another plan by **December 7, 2020**, you will be enrolled in Allwell Medicare Premier II (HMO).
- If you join another plan by **December 7, 2020**, your new coverage will start on **January 1, 2021**. You will be automatically disenrolled from your current plan.

Additional Resources

- This document is available for free in:
 - Spanish

- Please contact our Member Services number at 1-800-977-7522 for additional information. (TTY users should call 711). Hours are 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.
- We must provide information in a way that works for you (in languages other than English, in audio, in large print, or other alternate formats, etc.).
- **Coverage under this Plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at www.irs.gov/Affordable-Care-Act/Individuals-and-Families for more information.

About Allwell Medicare Premier II (HMO)

- HEALTH NET OF ARIZONA, INC. (DBA ARIZONA COMPLETE HEALTH) is contracted with Medicare for HMO plans. Enrollment in HEALTH NET OF ARIZONA, INC. (DBA ARIZONA COMPLETE HEALTH) depends on contract renewal.
- When this booklet says “we,” “us,” or “our,” it means HEALTH NET OF ARIZONA, INC. (DBA ARIZONA COMPLETE HEALTH). When it says “plan” or “our plan,” it means Allwell Medicare Premier II (HMO).

Summary of Important Costs for 2021

The table below compares the 2020 costs and 2021 costs for Allwell Medicare Premier II (HMO) in several important areas. **Please note this is only a summary of changes.** A copy of the *Evidence of Coverage* is located on our website at allwell.azcompletehealth.com. You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

Cost	2020 (this year)	2021 (next year)
<p>Monthly plan premium*</p> <p>* Your premium may be higher or lower than this amount. See Section 2.1 for details.</p>	\$0	\$0
<p>Maximum out-of-pocket amount</p> <p>This is the <u>most</u> you will pay out-of-pocket for your covered Part A and Part B services. (See Section 2.2 for details.)</p>	\$4,250	\$3,450
<p>Doctor office visits</p>	<p>Primary care visits: You pay a \$0 copay per visit.</p> <p>Specialist visits: You pay a \$35 copay per visit.</p>	<p>Primary care visits: You pay a \$0 copay per visit.</p> <p>Specialist visits: You pay a \$15 copay per visit.</p>
<p>Inpatient hospital stays</p> <p>Includes inpatient acute, inpatient rehabilitation, long-term care hospitals and other types of inpatient hospital services. Inpatient hospital care starts the day you are formally admitted to the hospital with a doctor's order. The day before you are discharged is your last inpatient day.</p>	<p>For Medicare-covered admissions, per admission:</p> <p>Days 1 - 6: You pay a \$295 copay per day.</p> <p>Days 7 and beyond: You pay a \$0 copay per day.</p>	<p>For Medicare-covered admissions, per admission:</p> <p>Days 1 - 8: You pay a \$180 copay per day.</p> <p>Days 9 and beyond: You pay a \$0 copay per day.</p>

Cost	2020 (this year)	2021 (next year)
<p>Part D prescription drug coverage (See Section 2.6 for details.)</p>	<p>Deductible: \$50 (applies to tiers 3, 4 and 5)</p> <p>Copayment/Coinsurance during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> • Drug Tier 1 - Preferred Generic Drugs: Standard cost-sharing: You pay a \$10 copay for a one-month (30-day) supply. Preferred cost-sharing: You pay a \$5 copay for a one-month (30-day) supply. • Drug Tier 2 - Generic Drugs: Standard cost-sharing: You pay a \$20 copay for a one-month (30-day) supply. Preferred cost-sharing: You pay a \$15 copay for a one-month (30-day) supply. • Drug Tier 3 - Preferred Brand Drugs: Standard cost-sharing: You pay a \$47 copay for a one-month (30-day) supply. 	<p>Deductible: \$0</p> <p>Copayment/Coinsurance during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> • Drug Tier 1 - Preferred Generic Drugs: Standard cost-sharing: You pay a \$5 copay for a one-month (30-day) supply. Preferred cost-sharing: You pay a \$0 copay for a one-month (30-day) supply. • Drug Tier 2 - Generic Drugs: Standard cost-sharing: You pay a \$20 copay for a one-month (30-day) supply. Preferred cost-sharing: You pay a \$15 copay for a one-month (30-day) supply. • Drug Tier 3 - Preferred Brand Drugs: Standard cost-sharing: You pay a \$47 copay for a one-month (30-day) supply.

Cost	2020 (this year)	2021 (next year)
Part D prescription drug coverage (continued)	Preferred cost-sharing: You pay a \$37 copay for a one-month (30-day) supply.	Preferred cost-sharing: You pay a \$37 copay for a one-month (30-day) supply.
	<ul style="list-style-type: none"> • Drug Tier 4 - Non-Preferred Drugs: Standard cost-sharing: You pay a \$100 copay for a one-month (30-day) supply. 	<ul style="list-style-type: none"> • Drug Tier 4 - Non-Preferred Drugs: Standard cost-sharing: You pay a \$100 copay for a one-month (30-day) supply.
	Preferred cost-sharing: You pay a \$90 copay for a one-month (30-day) supply.	Preferred cost-sharing: You pay a \$90 copay for a one-month (30-day) supply.
	<ul style="list-style-type: none"> • Drug Tier 5 - Specialty Tier: Standard cost-sharing: You pay 32% of the total cost for a one-month (30-day) supply. 	<ul style="list-style-type: none"> • Drug Tier 5 - Specialty Tier: Standard cost-sharing: You pay 33% of the total cost for a one-month (30-day) supply.
	Preferred cost-sharing: You pay 32% of the total cost for a one-month (30-day) supply.	Preferred cost-sharing: You pay 33% of the total cost for a one-month (30-day) supply.
	<ul style="list-style-type: none"> • Drug Tier 6 - Select Care Drugs: Standard cost-sharing: You pay a \$0 copay for a one-month (30-day) supply. 	<ul style="list-style-type: none"> • Drug Tier 6 - Select Care Drugs: Standard cost-sharing: You pay a \$0 copay for a one-month (30-day) supply.

Cost	2020 (this year)	2021 (next year)
Part D prescription drug coverage (continued)	Preferred cost-sharing: You pay a \$0 copay for a one-month (30-day) supply.	Preferred cost-sharing: You pay a \$0 copay for a one-month (30-day) supply.

Annual Notice of Changes for 2021

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SECTION 1 Unless You Choose Another Plan, You Will Be Automatically Enrolled in Allwell Medicare Premier II (HMO) in 2021

On January 1, 2021, HEALTH NET OF ARIZONA, INC. (DBA ARIZONA COMPLETE HEALTH) will be combining Allwell Medicare Essentials II (HMO) with one of our plans, Allwell Medicare Premier II (HMO).

If you do nothing to change your Medicare coverage by December 7, 2020, we will automatically enroll you in our Allwell Medicare Premier II (HMO). This means starting January 1, 2021, you will be getting your medical and prescription drug coverage through Allwell Medicare Premier II (HMO). If you want to, you can change to a different Medicare health plan. You can also switch to Original Medicare. If you want to change plans, you can do so between October 15 and December 7. If you are eligible for Extra Help, you may be able to change plans during other times.

The information in this document tells you about the differences between your current benefits in Allwell Medicare Essentials II (HMO) and the benefits you will have on January 1, 2021 as a member of Allwell Medicare Premier II (HMO).

SECTION 2 Changes to Benefits and Costs for Next Year

Section 2.1 – Changes to the Monthly Premium

Cost	2020 (this year)	2021 (next year)
Monthly premium (You must also continue to pay your Medicare Part B premium.)	\$0	\$0
Optional supplemental benefits monthly premium	Allwell Totalplus \$32	Not available

- Your monthly plan premium will be *more* if you are required to pay a lifetime Part D late enrollment penalty for going without other drug coverage that is at least as good as Medicare drug coverage (also referred to as “creditable coverage”) for 63 days or more.
- If you have a higher income, you may have to pay an additional amount each month directly to the government for your Medicare prescription drug coverage.

- Your monthly premium will be *less* if you are receiving “Extra Help” with your prescription drug costs. Please see Section 7 regarding “Extra Help” from Medicare.

Section 2.2 – Changes to Your Maximum Out-of-Pocket Amount

To protect you, Medicare requires all health plans to limit how much you pay “out-of-pocket” during the year. This limit is called the “maximum out-of-pocket amount.” Once you reach this amount, you generally pay nothing for covered Part A and Part B services for the rest of the year.

Cost	2020 (this year)	2021 (next year)
Maximum out-of-pocket amount	\$4,250	\$3,450
Your costs for covered medical services (such as copays) count toward your maximum out-of-pocket amount. Your costs for prescription drugs do not count toward your maximum out-of-pocket amount.		Once you have paid \$3,450 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services for the rest of the calendar year.

Section 2.3 – Changes to the Provider Network

There are changes to our network of providers for next year. An updated Provider & Pharmacy Directory is located on our website at allwell.azcompletehealth.com. You may also call Member Services for updated provider information or to ask us to mail you a Provider & Pharmacy Directory. **Please review the 2021 Provider & Pharmacy Directory to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

It is important that you know that we may make changes to the hospitals, doctors and specialists (providers) that are part of your plan during the year. There are a number of reasons why your provider might leave your plan, but if your doctor or specialist does leave your plan you have certain rights and protections summarized below:

- Even though our network of providers may change during the year, we must furnish you with uninterrupted access to qualified doctors and specialists.
- We will make a good faith effort to provide you with at least 30 days’ notice that your provider is leaving our plan so that you have time to select a new provider.
- We will assist you in selecting a new qualified provider to continue managing your health care needs.

- If you are undergoing medical treatment you have the right to request, and we will work with you to ensure, that the medically necessary treatment you are receiving is not interrupted.
- If you believe we have not furnished you with a qualified provider to replace your previous provider or that your care is not being appropriately managed, you have the right to file an appeal of our decision.
- If you find out your doctor or specialist is leaving your plan, please contact us so we can assist you in finding a new provider to manage your care.

Section 2.4 – Changes to the Pharmacy Network

Amounts you pay for your prescription drugs may depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered *only* if they are filled at one of our network pharmacies. Our network includes pharmacies with preferred cost-sharing, which may offer you lower cost-sharing than the standard cost-sharing offered by other network pharmacies for some drugs.

Our network has changed more than usual for 2021. An updated Pharmacy Directory is located on our website at allwell.azcompletehealth.com. You may also call Member Services for updated provider information or to ask us to mail you a Pharmacy Directory. **We strongly suggest that you review our current Pharmacy Directory to see if your pharmacy is still in our network.**

Section 2.5 – Changes to Benefits and Costs for Medical Services

We are changing our coverage for certain medical services next year. The information below describes these changes. For details about the coverage and costs for these services, see Chapter 4, *Medical Benefits Chart (what is covered and what you pay)*, in your *2021 Evidence of Coverage*.

Cost	2020 (this year)	2021 (next year)
Acupuncture services	<u>Additional services</u> Routine acupuncture is offered as part of an optional supplemental benefit package. See Chapter 4 of your Evidence of Coverage for more details.	<u>Additional services</u> Routine acupuncture is <u>not</u> covered. Please refer to the Evidence of Coverage for benefit details.
Additional medical nutritional therapy	Additional medical nutritional therapy is <u>not</u> covered.	You pay a \$0 copay for additional medical nutrition therapy services. Please refer to the Evidence of Coverage for benefit details.

Cost	2020 (this year)	2021 (next year)
Additional telehealth services	Additional telehealth services are <u>not</u> covered.	<p>Certain additional telehealth services, including those for: primary care, specialist and other health care professional services, and outpatient mental health specialty services, including psychiatric care are covered.</p> <p>Cost-shares for covered additional telehealth services are the same as the standard cost-sharing for those services in an office setting. See Chapter 4 of your Evidence of Coverage for more details.</p> <p>Please refer to the Evidence of Coverage for benefit details.</p>
Ambulance services	<p>You pay a \$325 copay per one-way trip for Medicare-covered air ambulance services.</p> <p>You pay a \$325 copay per one-way trip for Medicare-covered ground ambulance services.</p>	<p>You pay 20% of the total cost up to \$1,000 per one-way trip for Medicare-covered air ambulance services.</p> <p>You pay a \$275 copay per one-way trip for Medicare-covered ground ambulance services.</p>
Cardiac rehabilitation services	<p>You pay a \$40 copay for each Medicare-covered cardiac rehabilitation visit.</p> <p>You pay a \$40 copay for each Medicare-covered intensive cardiac rehabilitation visit.</p>	<p>You pay a \$35 copay for each Medicare-covered cardiac rehabilitation visit.</p> <p>You pay a \$35 copay for each Medicare-covered intensive cardiac rehabilitation visit.</p>
Chiropractic services	<p><u>Additional services</u></p> <p>Routine chiropractic services are offered as part of an optional supplemental benefit package. See Chapter 4 of your Evidence of Coverage for more details.</p>	<p><u>Additional services</u></p> <p>Routine chiropractic services are <u>not</u> covered.</p>

Cost	2020 (this year)	2021 (next year)
Dental services	<p><u>Medicare-covered services</u></p> <p>You pay a \$35 copay for each Medicare-covered dental service.</p> <p><u>Additional services</u></p> <p>Additional dental services are offered as part of an optional supplemental benefit package. See Chapter 4, Section 2.2 of your Evidence of Coverage for more details.</p>	<p><u>Medicare-covered services</u></p> <p>You pay a \$15 copay for each Medicare-covered dental service.</p> <p><u>Additional services</u></p> <p>There is a \$1,000 benefit maximum for comprehensive dental services.</p> <p>Preventive dental services include:</p> <p>Exams - You pay a \$0 copay for each oral exam, up to 2 every calendar year.</p> <p>Cleanings - You pay a \$0 copay for each cleaning, up to 2 every calendar year.</p> <p>Fluoride - You pay a \$0 copay for each fluoride treatment, up to 1 every calendar year.</p> <p>Dental x-rays - You pay a \$0 copay for dental x-rays, up to 1 set every calendar year.</p> <p>Comprehensive dental services include:</p> <p>Non-Routine Services – You pay a \$0 copay per service.</p> <p>Diagnostic services- You pay a \$0-\$15 copay per service.</p> <p>Restorative service - You pay a \$0-\$300 copay per service.</p> <p>Endodontics - You pay a \$5-\$275 copay per service.</p>

Cost	2020 (this year)	2021 (next year)
Dental services (continued)		<p>Periodontics - You pay a \$0-\$375 copay.</p> <p>Extractions - You pay a \$15-\$150 copay per service.</p> <p>Prosthodontics, including dentures, other oral/maxillofacial surgery, and other services - You pay a \$0-\$2,250 copay per service.</p> <p>Please refer to the Evidence of Coverage for benefit details.</p>
Emergency care	<p>You pay a \$90 copay for each Medicare-covered emergency room visit.</p> <p>You do not pay this amount if you are immediately admitted to the hospital.</p>	<p>You pay a \$120 copay for each Medicare-covered emergency room visit.</p> <p>You do not pay this amount if you are immediately admitted to the hospital.</p>
Health and wellness education programs	<p><u>Fitness benefit</u></p> <p>You pay a \$0 copay for the fitness benefit.</p> <p>You have the following choices available at no cost to you:</p> <ul style="list-style-type: none"> • Fitness Center Membership: You can visit a participating fitness center near you that takes part in the program; or • Home Fitness Kits: You can choose from a variety of home fitness kits. You can receive 1 kit each benefit year. <p>Please refer to the Evidence of Coverage for benefit details.</p>	<p><u>Fitness benefit</u></p> <p>You pay a \$0 copay for the fitness benefit.</p> <p>You have the following choices available at no cost to you:</p> <ul style="list-style-type: none"> • Fitness Center Membership: You can visit a participating fitness center near you that takes part in the program; and • Home Fitness Kits: You can choose from a variety of home fitness kits. You can receive up to 2 kits each benefit year. <p>Please refer to the Evidence of Coverage for benefit details.</p>

Cost	2020 (this year)	2021 (next year)
Hearing services	<p><u>Medicare-covered services</u></p> <p>You pay a \$30 copay for each Medicare-covered hearing test.</p>	<p><u>Medicare-covered services</u></p> <p>You pay a \$15 copay for each Medicare-covered hearing test.</p>
Inpatient hospital care	<p>For Medicare-covered admissions, per admission:</p> <p>Days 1 - 6: You pay a \$295 copay per day.</p> <p>Days 7 and beyond: You pay a \$0 copay per day.</p>	<p>For Medicare-covered admissions, per admission:</p> <p>Days 1 - 8: You pay a \$180 copay per day.</p> <p>Days 9 and beyond: You pay a \$0 copay per day.</p>
Inpatient mental health care	<p>For Medicare-covered admissions, per admission:</p> <p>Days 1 - 6: You pay a \$275 copay per day.</p> <p>Days 7 - 90: You pay a \$0 copay per day.</p>	<p>For Medicare-covered admissions, per admission:</p> <p>Days 1 - 8: You pay a \$180 copay per day.</p> <p>Days 9 - 90: You pay a \$0 copay per day.</p>
Nutritional/Dietary counseling benefit	<p>Nutritional/dietary counseling benefit is <u>not</u> covered.</p>	<p>You pay a \$0 copay for each nutritional/dietary counseling visit.</p> <p>Please refer to the Evidence of Coverage for benefit details.</p>
Opioid treatment program services	<p>You pay a \$35 copay for each Medicare-covered opioid treatment service.</p>	<p>You pay a \$25 copay for each Medicare-covered opioid treatment service.</p>
<p>Outpatient Diagnostic Procedures, Tests and Lab Services</p> <p>Diagnostic procedures and tests</p>	<p><u>COVID-19 coverage</u></p> <p>Services for COVID-19 testing were covered under your Diagnostic Procedures and Tests benefits.</p> <p><u>Diagnostic procedures and tests</u></p> <p>You pay a \$0 copay for Medicare-covered diagnostic procedures and tests.</p>	<p><u>COVID-19 coverage</u></p> <p>You pay a \$0 copay for laboratory and diagnostic procedures and tests related to COVID-19 at any location.</p> <p><u>Diagnostic procedures and tests</u></p> <p>You pay a \$0 copay for Medicare-covered diagnostic procedures and tests.</p>

Cost	2020 (this year)	2021 (next year)
<p>Outpatient Diagnostic Procedures, Tests and Lab Services</p> <p>Diagnostic procedures and tests (continued)</p>	<p><u>Lab services</u></p> <p>You pay a \$10 copay for Medicare-covered laboratory services at a physician's office or an independent lab location.</p> <p>You pay a \$25 copay for Medicare-covered laboratory services at all other locations.</p>	<p><u>Lab services</u></p> <p>You pay a \$0 copay for Medicare-covered laboratory services at a physician's office or an independent lab location.</p> <p>You pay a \$25 copay for Medicare-covered laboratory services at all other locations.</p>
<p>Outpatient Diagnostic tests and therapeutic services and supplies</p> <p>Diagnostic radiological services (including CTs, PET Scans, MRIs, and other complex radiological services.)</p>	<p>You pay a \$125 copay for Medicare-covered CT Scans.</p> <p>You pay a \$150 copay for Medicare-covered MRI/MRA/SPECT Scans.</p> <p>You pay a \$200 copay for Medicare-covered PET scans.</p> <p>You pay a \$200 copay for Medicare-covered Nuclear radiology.</p>	<p>You pay 20% of the total cost up to \$200 for Medicare-covered diagnostic radiological services.</p>
<p>Outpatient Diagnostic tests and therapeutic services and supplies</p> <p>X-rays</p>	<p>You pay a \$75 copay for Medicare-covered x-ray services performed in a hospital or a facility associated with a hospital.</p> <p>You pay a \$10 copay for Medicare-covered x-ray services at all other locations.</p>	<p>You pay a \$75 copay for Medicare-covered x-ray services performed in a hospital or a facility associated with a hospital.</p> <p>You pay a \$0 copay for Medicare-covered x-ray services at all other locations.</p>
<p>Outpatient hospital observation</p>	<p>You pay a \$195 copay for each Medicare-covered observation service visit.</p>	<p>You pay a \$200 copay for each Medicare-covered observation service visit.</p>
<p>Outpatient mental health care</p>	<p><u>Medicare-covered services</u></p> <p>You pay a \$35 copay for each Medicare-covered individual therapy visit.</p> <p>You pay a \$35 copay for each Medicare-covered group therapy visit.</p>	<p><u>Medicare-covered services</u></p> <p>You pay a \$25 copay for each Medicare-covered individual therapy visit.</p> <p>You pay a \$25 copay for each Medicare-covered group therapy visit.</p>

Cost	2020 (this year)	2021 (next year)
Outpatient mental health care (continued)	<p><u>Additional counseling services</u></p> <p>Additional counseling services are <u>not</u> covered.</p>	<p>Cost-shares for covered additional telehealth services are the same as the standard cost-sharing for those services in an office setting.</p> <p><u>Additional counseling services</u></p> <p>You pay a \$0 copay for each counseling visit with a Teladoc™ provider.</p> <p>You pay a \$25 copay for each counseling visit with a Medicare-qualified mental health provider.</p> <p>Please refer to the Evidence of Coverage for benefit details.</p>
Outpatient rehabilitation services	<p>You pay a \$30 copay for each Medicare-covered occupational therapy visit.</p> <p>You pay a \$30 copay for each Medicare-covered physical therapy visit.</p> <p>You pay a \$30 copay for each Medicare-covered speech therapy visit.</p>	<p>You pay a \$35 copay for each Medicare-covered occupational therapy visit.</p> <p>You pay a \$35 copay for each Medicare-covered physical therapy visit.</p> <p>You pay a \$35 copay for each Medicare-covered speech therapy visit.</p>
Outpatient substance abuse services	<p><u>Medicare-covered services</u></p> <p>You pay a \$35 copay for each Medicare-covered individual therapy visit.</p> <p>You pay a \$35 copay for each Medicare-covered group therapy visit.</p>	<p><u>Medicare-covered services</u></p> <p>You pay a \$25 copay for each Medicare-covered individual therapy visit.</p> <p>You pay a \$25 copay for each Medicare-covered group therapy visit.</p>

Cost	2020 (this year)	2021 (next year)
Outpatient surgery, including services provided at hospital outpatient facilities and ambulatory surgical centers (ASC)	You pay a \$195 copay for each Medicare-covered visit to an outpatient hospital facility.	You pay a \$200 copay for each Medicare-covered visit to an outpatient hospital facility.
Over-the-counter (OTC) items	<p>You pay a \$0 copay for covered OTC items available through our mail order services. The plan covers up to \$60 per calendar quarter. Limited to one order per benefit period. You can order up to 15 of the same item per calendar quarter. Additional limits may apply to some items.</p> <p>Unused balances at the end of each benefit period will not carry forward.</p> <p>Please refer to the Evidence of Coverage for benefit details.</p>	<p>You pay a \$0 copay for covered OTC items available through our retail and mail order services. The plan covers up to \$100 per calendar quarter. Limited to one order per benefit period. You can order up to 9 of the same item per calendar quarter. Additional limits may apply to some items.</p> <p>Unused balances at the end of each benefit period will not carry forward.</p> <p>Please refer to the Evidence of Coverage for benefit details.</p>
Physician/Practitioner services, including doctor's office visits	<p>You pay a \$0 copay for each Medicare-covered primary care visit.</p> <p>You pay a \$35 copay for each Medicare-covered specialist visit.</p> <p>You pay a \$0-\$35 copay for each Medicare-covered other health care provider visit.</p>	<p>You pay a \$0 copay for each Medicare-covered primary care visit.</p> <p>You pay a \$15 copay for each Medicare-covered specialist visit.</p> <p>You pay a \$0-\$15 copay for each Medicare-covered other health care provider visit.</p> <p>Cost-shares for covered additional telehealth services are the same as the standard cost-sharing for those services in an office setting.</p>
Podiatry services	<p><u>Medicare-covered services</u></p> <p>You pay a \$35 copay for each Medicare-covered visit for medically necessary foot care.</p>	<p><u>Medicare-covered services</u></p> <p>You pay a \$15 copay for each Medicare-covered visit for medically necessary foot care.</p>

Cost	2020 (this year)	2021 (next year)
Skilled nursing facility (SNF) care	<p>For Medicare-covered admissions, per benefit period:</p> <p>Days 1 – 20: You pay a \$0 copay per day.</p> <p>Days 21 – 100: You pay a \$170 copay per day.</p> <p>You pay all costs for each day after day 100.</p>	<p>For Medicare-covered admissions, per benefit period:</p> <p>Days 1 – 20: You pay a \$0 copay per day.</p> <p>Days 21 – 100: You pay a \$184 copay per day.</p> <p>You pay all costs for each day after day 100.</p>
Transportation services	<p>Transportation services are <u>not</u> covered.</p>	<p>You pay a \$0 copay for each one-way trip, up to 16 trips each calendar year to plan-approved locations.</p> <p>Please refer to the Evidence of Coverage for benefit details.</p>
Vision care	<p><u>Medicare-covered services</u></p> <p>You pay a \$0 copay for each Medicare-covered diabetic eye exam.</p> <p>You pay a \$35 copay for all other Medicare-covered eye exams.</p> <p>You pay a \$0 copay for each Medicare-covered glaucoma screening.</p> <p><u>Additional services</u></p> <p>Routine vision care is offered as part of an optional supplemental benefit package. See Chapter 4, Section 2.2 of your Evidence of Coverage for more details.</p> <p>Please refer to the Evidence of Coverage for benefit details.</p>	<p><u>Medicare-covered services</u></p> <p>You pay a \$0 copay for each Medicare-covered diabetic eye exam.</p> <p>You pay a \$15 copay for all other Medicare-covered eye exams.</p> <p>You pay a \$0 copay for each Medicare-covered glaucoma screening.</p> <p><u>Additional services</u></p> <p>You pay a \$0 copay for each routine eye exam, limited to one exam each calendar year.</p> <p>You have a \$100 allowance for eyeglasses (frames and lenses) or contact lenses every calendar year.</p> <p>Please refer to the Evidence of Coverage for benefit details.</p>

Cost	2020 (this year)	2021 (next year)
<p>Worldwide emergency/urgent care coverage</p>	<p>You pay a \$0 copay for each worldwide emergency visit.</p> <p>You pay a \$0 copay for each worldwide urgent care visit.</p> <p>You pay a \$0 copay for each one-way worldwide emergency transport.</p> <p>There is an annual limit of \$50,000 for worldwide emergency/urgent coverage.</p> <p>Please refer to the Evidence of Coverage for benefit details.</p>	<p>You pay a \$120 copay for each worldwide emergency visit. Copay is waived if admitted.</p> <p>You pay a \$20 copay for each worldwide urgent care visit. Copay is <u>not</u> waived if admitted to a hospital.</p> <p>You pay a \$275 copay for each one-way worldwide emergency transport. Copay is <u>not</u> waived if admitted to a hospital.</p> <p>There is an annual limit of \$50,000 for worldwide emergency/urgent coverage.</p> <p>Please refer to the Evidence of Coverage for benefit details.</p>
<p>Optional supplemental package #1 – You may purchase this optional supplemental benefits package for an additional premium.</p>	<p>Allwell Totalplus includes:</p> <p><u>Dental services</u></p> <p>In-network- and out-of-network Preventive dental services- Includes</p> <p>2 exams, 2 cleanings, 1 fluoride treatment and 1 set of dental x-rays. You pay a \$0 copay per visit.</p> <p>In-network and out-of-network Comprehensive dental services include:</p> <ul style="list-style-type: none"> • Non-Routine Services – You pay a \$0 copay per service. • Diagnostic services- You pay a \$0-\$15 copay per service. 	<p>An optional supplemental benefit package is not offered.</p>

Cost	2020 (this year)	2021 (next year)
Optional supplemental package #1 (continued)	<ul style="list-style-type: none"> • Restorative service - You pay a \$0-\$300 copay per service. • Endodontics - You pay a \$5-\$275 copay per service. • Periodontics –You pay a \$0-\$375 copay per service. • Extractions- You pay a \$15-\$150 copay per service. • Prosthodontics, including dentures, other oral/maxillofacial surgery, and other services - You pay \$0-\$2,250 copay per service. <p><u>Chiropractic and acupuncture services</u></p> <p>Acupuncture and chiropractic services – limited to 30 visits total per calendar year. You pay a \$10 copay per visit.</p> <p><u>Vision services</u></p> <p>Routine vision exam – Limited to 1 per calendar year. You pay a \$0 copay per exam.</p> <p>Routine eyewear – The plan covers up to \$250 per calendar year for eyeglasses (frames and lenses) or contact lenses. You are responsible for amounts above the benefit limit.</p>	

Cost	2020 (this year)	2021 (next year)
Prior Authorization	<p>The following required prior authorization:</p> <ul style="list-style-type: none"> • Ambulatory surgical center (ASC) services • Ambulance services for fixed wing aircraft and non-emergency services • Durable medical equipment • Home health services • Inpatient hospital care • Inpatient mental health care • Meals benefit • Medicare Part B prescription drugs • Outpatient diagnostic and therapeutic radiological services • Outpatient diagnostic tests and lab services • Outpatient hospital observation • Outpatient hospital services, including surgery • Outpatient rehabilitation services – physical and speech therapy • Outpatient rehabilitation service – occupational therapy • Outpatient substance abuse • Partial hospitalization services • Prosthetic devices and related supplies • Skilled Nursing Facility (SNF) care 	<p>The following will require prior authorization:</p> <ul style="list-style-type: none"> • Ambulatory surgical center (ASC) services • Ambulance services for fixed wing aircraft and non-emergency services • Diabetic services and supplies • Durable medical equipment • Home health services • Inpatient hospital care • Inpatient mental health care • Medicare Part B prescription drugs • Outpatient diagnostic and therapeutic radiological services • Outpatient diagnostic tests and lab services • Outpatient hospital observation • Outpatient hospital services, including surgery • Outpatient rehabilitation services – physical and speech therapy • Outpatient rehabilitation service – occupational therapy • Outpatient substance abuse • Partial hospitalization services • Prosthetic devices and related supplies • Skilled Nursing Facility (SNF) care

Section 2.6 – Changes to Part D Prescription Drug Coverage

Changes to Our Drug List

Our list of covered drugs is called a Formulary or “Drug List.” A copy of our Drug List is provided electronically.

We made changes to our Drug List, including changes to the drugs we cover and changes to the restrictions that apply to our coverage for certain drugs. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions.**

If you are affected by a change in drug coverage, you can:

- **Work with your doctor (or other prescriber) and ask the plan to make an exception** to cover the drug.
 - To learn what you must do to ask for an exception, see Chapter 9 of your *Evidence of Coverage (What to do if you have a problem or complaint (coverage decisions, appeals, complaints))* or call Member Services.
- **Work with your doctor (or other prescriber) to find a different drug** that we cover. You can call Member Services to ask for a list of covered drugs that treat the same medical condition.

In some situations, we are required to cover a temporary supply of a non-formulary drug in the first 90 days of the plan year or the first 90 days of membership to avoid a gap in therapy. (To learn more about when you can get a temporary supply and how to ask for one, see Chapter 5, Section 5.2 of the *Evidence of Coverage*.) During the time when you are getting a temporary supply of a drug, you should talk with your doctor to decide what to do when your temporary supply runs out. You can either switch to a different drug covered by the plan or ask the plan to make an exception for you and cover your current drug.

Your current formulary exception will continue to be covered through the date included in the approval letter you previously received. You do not need to submit a new exception request until your current approval ends.

Most of the changes in the Drug List are new for the beginning of each year. However, during the year, we might make other changes that are allowed by Medicare rules.

When we make these changes to the Drug List during the year, you can still work with your doctor (or other prescriber) and ask us to make an exception to cover the drug. We will also continue to update our online Drug List as scheduled and provide other required information to reflect drug changes. (To learn more about changes we may make to the Drug List, see Chapter 5, Section 6 of the *Evidence of Coverage*.)

Changes to Prescription Drug Costs

Note: If you are in a program that helps pay for your drugs (“Extra Help”), **the information about costs for Part D prescription drugs may not apply to you.** We sent you a separate insert, called the “Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs” (also called the “Low Income Subsidy Rider” or the “LIS Rider”), which tells you about your drug costs. If you receive “Extra Help” and haven’t received this insert by September 30, 2020, please call Member Services and ask for the “LIS Rider.”

There are four “drug payment stages.” How much you pay for a Part D drug depends on which drug payment stage you are in. (You can look in Chapter 6, Section 2 of your *Evidence of Coverage* for more information about the stages.)

The information below shows the changes for next year to the first two stages – the Yearly Deductible Stage and the Initial Coverage Stage. (Most members do not reach the other two stages – the Coverage Gap Stage or the Catastrophic Coverage Stage. To get information about your costs in these stages, look at Chapter 6, Sections 6 and 7, in the *Evidence of Coverage*, which is located on our website at allwell.azcompletehealth.com. You may also call Member Services to ask us to mail you an *Evidence of Coverage*.)

Changes to the Deductible Stage

Stage	2020 (this year)	2021 (next year)
Stage 1: Yearly Deductible Stage	<p>The deductible is \$50.</p> <p>During this stage, you pay \$10 cost-sharing (\$5 cost-sharing through a preferred retail network) for Tier 1 Preferred Generic Drugs, \$20 cost-sharing (\$15 cost-sharing through a preferred retail network) for Tier 2 – Generic Drugs, and \$0 cost-sharing for Tier 6 – Select Care Drugs, and the full cost of drugs on Tier 3 – Preferred Brand Drugs, Tier 4 – Non-Preferred Drugs and Tier 5 – Specialty Tier Drugs until you have reached the yearly deductible.</p>	<p>Because we have no deductible, this payment stage does not apply to you.</p>

Changes to Your Cost-sharing in the Initial Coverage Stage

To learn how copayments and coinsurance work, look at Chapter 6, Section 1.2, *Types of out-of-pocket costs you may pay for covered drugs* in your *Evidence of Coverage*.

Stage	2020 (this year)	2021 (next year)
<p>Stage 2: Initial Coverage Stage</p> <p>During this stage, the plan pays its share of the cost of your drugs and you pay your share of the cost.</p> <p>The costs in this row are for a one-month (30- day) supply when you fill your prescription at a network pharmacy. For information about the costs for a long-term supply; at a network pharmacy that offers preferred cost-sharing; or for mail-order prescriptions, look in Chapter 6, Section 5 of your <i>Evidence of Coverage</i>.</p> <p>We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.</p>	<p>Your cost for a one-month supply at a network pharmacy:</p> <p>Drug Tier 1 – Preferred Generic Drugs: Standard cost-sharing: You pay a \$10 copay per prescription.</p> <p>Preferred cost-sharing: You pay a \$5 copay per prescription.</p> <p>Drug Tier 2 – Generic Drugs: Standard cost-sharing: You pay a \$20 copay per prescription.</p> <p>Preferred cost-sharing: You pay a \$15 copay per prescription.</p> <p>Drug Tier 3 – Preferred Brand Drugs: Standard cost-sharing: You pay a \$47 copay per prescription.</p> <p>Preferred cost-sharing: You pay a \$37 copay per prescription.</p> <p>Drug Tier 4 – Non-Preferred Drugs: Standard cost-sharing: You pay a \$100 copay per prescription.</p>	<p>Your cost for a one-month supply at a network pharmacy:</p> <p>Drug Tier 1 – Preferred Generic Drugs: Standard cost-sharing: You pay a \$5 copay per prescription.</p> <p>Preferred cost-sharing: You pay a \$0 copay per prescription.</p> <p>Drug Tier 2 – Generic Drugs: Standard cost-sharing: You pay a \$20 copay per prescription.</p> <p>Preferred cost-sharing: You pay a \$15 copay per prescription.</p> <p>Drug Tier 3 – Preferred Brand Drugs: Standard cost-sharing: You pay a \$47 copay per prescription.</p> <p>Preferred cost-sharing: You pay a \$37 copay per prescription.</p> <p>Drug Tier 4 – Non-Preferred Drugs: Standard cost-sharing: You pay a \$100 copay per prescription.</p>

Stage	2020 (this year)	2021 (next year)
Stage 2: Initial Coverage Stage (continued)	Preferred cost-sharing: You pay a \$90 copay per prescription.	Preferred cost-sharing: You pay a \$90 copay per prescription.
	Drug Tier 5 – Specialty Tier: Standard cost-sharing: You pay 32% of the total cost.	Drug Tier 5 – Specialty Tier: Standard cost-sharing: You pay 33% of the total cost.
	Preferred cost-sharing: You pay 32% of the total cost.	Preferred cost-sharing: You pay 33% of the total cost.
	Drug Tier 6 – Select Care Drugs: Standard cost-sharing: You pay a \$0 copay per prescription.	Drug Tier 6 – Select Care Drugs: Standard cost-sharing: You pay a \$0 copay per prescription..
	Preferred cost-sharing: You pay a \$0 copay per prescription.	Preferred cost-sharing: You pay a \$0 copay per prescription.
	Once your total drug costs have reached \$4,020, you will move to the next stage (the Coverage Gap Stage).	Once your total drug costs have reached \$4,130, you will move to the next stage (the Coverage Gap Stage).

Changes to the Coverage Gap and Catastrophic Coverage Stages

The other two drug coverage stages – the Coverage Gap Stage and the Catastrophic Coverage Stage – are for people with high drug costs. **Most members do not reach the Coverage Gap Stage or the Catastrophic Coverage Stage.** For information about your costs in these stages, look at Chapter 6, Sections 6 and 7, in your *Evidence of Coverage*.

SECTION 3 Administrative Changes

Description	2020 (this year)	2021 (next year)
<p>Maximum out-of-pocket amount changes (MOOP)</p>	<p>The following benefits and services apply to your maximum out-of-pocket:</p> <p>All in-network Medicare-covered benefits.</p> <p>In addition, the following services apply to the MOOP:</p> <ul style="list-style-type: none"> • Additional sessions of smoking and tobacco cessation counseling • Annual physical exam • First 3 pints of blood • Fitness benefit • Fitting for hearing aids • Meal benefit services • Nurse advice line • OTC items • Routine hearing exams • Virtual visits 	<p>The following benefits and services apply to your maximum out-of-pocket:</p> <p>All in-network Medicare-covered benefits.</p>
<p>Service area changes</p>	<p>Our service area includes:</p> <ul style="list-style-type: none"> • Maricopa • Pinal 	<p>Our service area includes:</p> <ul style="list-style-type: none"> • Maricopa • Pima • Pinal
<p>Medicare plan ID change</p>	<p>Your Medicare plan ID was H0351-050.</p>	<p>Your Medicare plan ID is H0351-052.</p>
<p>Mail Order Pharmacy</p>	<p>There are two mail order pharmacies:</p> <ul style="list-style-type: none"> • CVS Caremark Mail Service Pharmacy • Homescrpts Mail Order Pharmacy 	<p>There is one mail order pharmacy:</p> <ul style="list-style-type: none"> • CVS Caremark Mail Service Pharmacy

SECTION 4 Deciding Which Plan to Choose

Section 4.1 – If you want to stay in Allwell Medicare Premier II (HMO)

To stay in our plan you don't need to do anything. If you do not sign up for a different plan or change to Original Medicare by December 7, you will automatically be enrolled in our Allwell Medicare Premier II (HMO).

Section 4.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change for 2021 follow these steps:

Step 1: Learn about and compare your choices

- You can join a different Medicare health plan timely,
- *OR--* You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan. If you do not enroll in a Medicare drug plan, please see Section 2.1 regarding a potential Part D late enrollment penalty.

To learn more about Original Medicare and the different types of Medicare plans, read *Medicare & You 2021*, call your State Health Insurance Assistance Program (see Section 6), or call Medicare (see Section 8.2).

You can also find information about plans in your area by using the Medicare Plan Finder on the Medicare website. Go to www.medicare.gov/plan-compare. **Here, you can find information about costs, coverage, and quality ratings for Medicare plans.**

Step 2: Change your coverage

- To change **to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from Allwell Medicare Premier II (HMO).
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from Allwell Medicare Premier II (HMO).
- To **change to Original Medicare without a prescription drug plan**, you must either:
 - Send us a written request to disenroll. Contact Member Services if you need more information on how to do this (phone numbers are in Section 8.1 of this booklet).
 - – *or* – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

SECTION 5 Deadline for Changing Plans

If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 2021.

Are there other times of the year to make a change?

In certain situations, changes are also allowed at other times of the year. For example, people with Medicaid, those who get “Extra Help” paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area may be allowed to make a change at other times of the year. For more information, see Chapter 10, Section 2.3 of the *Evidence of Coverage*.

If you enrolled in a Medicare Advantage plan for January 1, 2021, and don’t like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2021. For more information, see Chapter 10, Section 2.2 of the *Evidence of Coverage*.

SECTION 6 Programs That Offer Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is a government program with trained counselors in every state. In Arizona, the SHIP is called State Health Insurance Assistance Program (SHIP).

State Health Insurance Assistance Program (SHIP) is independent (not connected with any insurance company or health plan). It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. State Health Insurance Assistance Program (SHIP) counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call State Health Insurance Assistance Program (SHIP) at (602) 542-6439 (TTY 711). You can learn more about State Health Insurance Assistance Program (SHIP) by visiting their website (<https://des.az.gov/services/aging-and-adult/state-health-insurance-assistance-program-ship>).

SECTION 7 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs.

- **“Extra Help” from Medicare.** People with limited incomes may qualify for “Extra Help” to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not have a coverage gap or late enrollment penalty. Many people are eligible and don’t even know it. To see if you qualify, call:

- 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;
- The Social Security Office at 1-800-772-1213 between 7 am and 7 pm, Monday through Friday. TTY users should call, 1-800-325-0778 (applications); or
- Your State Medicaid Office (applications).
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the AIDS Drug Assistance Program (ADAP). For information on eligibility criteria, covered drugs, or how to enroll in the program, please call 1-800-334-1540 (TTY 711) from Monday-Friday, 8 a.m. - 5 p.m. (excluding holidays).

SECTION 8 Questions?

Section 8.1 – Getting Help from Allwell Medicare Premier II (HMO)

Questions? We're here to help. Please call Member Services at 1-800-977-7522. (TTY only, call 711). We are available for phone calls from October 1 to March 31; you can call us 7 days a week from 8:00 a.m. to 8:00 p.m. From April 1 to September 30, you can call us Monday through Friday from 8:00 a.m. to 8:00 p.m. A messaging system is used after hours, weekends, and on federal holidays. Calls to these numbers are free.

Read your 2021 Evidence of Coverage (it has details about next year's benefits and costs)

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2021. For details, look in the 2021 *Evidence of Coverage* for Allwell Medicare Premier II (HMO). The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* is located on our website at allwell.azcompletehealth.com. You may also call Member Services to ask us to mail you an Evidence of Coverage.

Visit our Website

You can also visit our website at allwell.azcompletehealth.com. As a reminder, our website has the most up-to-date information about our provider network (Provider & Pharmacy Directory) and our list of covered drugs (Formulary/Drug List).

Section 8.2 – Getting Help from Medicare

To get information directly from Medicare:

Call 1-800-MEDICARE (1-800-633-4227)

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Visit the Medicare Website

You can visit the Medicare website (www.medicare.gov). It has information about cost, coverage, and quality ratings to help you compare Medicare health plans. You can find information about plans available in your area by using the Medicare Plan Finder on the Medicare website. (To view the information about plans, go to www.medicare.gov/plan-compare).

Read *Medicare & You 2021*

You can read the *Medicare & You 2021* Handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this booklet, you can get it at the Medicare website (www.medicare.gov) or 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.

Section 1557 Non-Discrimination Language
Notice of Non-Discrimination

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

Allwell:

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

If you need these services, contact Allwell's Member Services telephone number listed for your state on the Member Services Telephone Numbers by State Chart. 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 believe that Allwell has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by calling the number in the chart below and telling them you need help filing a grievance; Allwell's Member Services is available to help you.

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

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

Member Services Telephone Numbers by State Chart

State	Telephone Number
Arizona	1-800-977-7522 (HMO and HMO SNP) (TTY: 711)
Arkansas	1-855-565-9518 (TTY: 711)
Florida	1-877-935-8022 (TTY: 711)
Georgia	1-844-890-2326 (HMO); 1-877-725-7748 (HMO SNP) (TTY: 711)
Indiana	1-855-766-1541 (HMO and PPO); 1-833-202-4704 (HMO SNP) (TTY: 711)
Kansas	1-855-565-9519 (HMO and PPO); 1-833-402-6707 (HMO SNP) (TTY: 711)
Louisiana	1-855-766-1572 (HMO); 1-833-541-0767 (HMO SNP) (TTY: 711)
Mississippi	1-844-786-7711 (HMO); 1-833-260-4124 (HMO SNP) (TTY: 711)
Missouri	1-855-766-1452 (HMO); 1-833-298-3361 (HMO SNP) (TTY: 711)
Nevada	1-833-854-4766 (HMO); 1-833-717-0806 (HMO SNP) (TTY: 711)
New Mexico	1-833-543-0246 (HMO); 1-844-810-7965 (HMO SNP) (TTY: 711)
Ohio	1-855-766-1851 (HMO); 1-866-389-7690 (HMO SNP) (TTY: 711)
Pennsylvania	1-855-766-1456 (HMO); 1-866-330-9368 (HMO SNP) (TTY: 711)
South Carolina	1-855-766-1497 (TTY: 711)
Texas	1-844-796-6811 (H0062-001, 002, 003, 009; H5294-011, 012, 013, 014, 017, 018); 1-877-935-8023 (H5294-010, 015) (TTY: 711)
Wisconsin	1-877-935-8024 (TTY: 711)

Section 1557 Non-Discrimination Language
Multi-Language Interpreter Services

ENGLISH: ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call the Member Services number listed for your state in the Member Services Telephone Number Chart.

SPANISH: ATENCIÓN: Si habla español, hay servicios de asistencia de idiomas disponibles para usted sin cargo. Llame al número del Departamento de Servicios al Afiliado que se enumera para su estado en la Ficha de Números de Teléfono del Departamento de Servicios al Afiliado.

CHINESE: 請注意: 如果您使用中文，您可以免費獲得語言援助服務。請撥會員服務部電話號碼表所列的您所在州的會員服務部號碼。

VIETNAMESE: LƯU Ý: Nếu quý vị nói tiếng Việt, chúng tôi có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho quý vị. Xin vui lòng gọi số điện thoại phục vụ hội viên dành cho tiểu bang của quý vị trong Bảng số điện thoại dịch vụ hội viên.

FRENCH CREOLE (HAITIAN CREOLE): ATANSYON: Si w pale kreyòl ayisyen, ou ka resevwa sèvis gratis ki la pou ede w nan lang pa w. Rele nimewo sèvis manm pou eta kote w rete a. W ap jwenn li nan tablo nimewo telefòn sèvis manm yo.

KOREAN: 알림사항: 귀하가 한국어를 사용하시는 경우, 무료 언어 지원 서비스를 받으실 수 있습니다. 가입자 서비스 전화번호 표에 있는 귀하의 주 가입자 서비스 안내번호로 전화하십시오.

FRENCH: ATTENTION : Si vous parlez français, un service d'aide linguistique vous est proposé gratuitement. Veuillez appeler le numéro de téléphone du Service aux membres spécifique à votre État qui se trouve dans le tableau de numéros de téléphone du Service aux membres.

ARABIC:

تنبيه: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية المجانية متاحة لك. اتصل برقم خدمات الأعضاء المُدرج في لائحة رقم هاتف خدمات الأعضاء الخاص بالولاية المقيم فيها.

POLISH: UWAGA: Jeśli mówisz po polsku, możesz skorzystać z bezpłatnych usług tłumaczeniowych. Zadzwoń pod numer działu obsługi klienta odpowiedni dla twojego stanu, dostępny w Wypisie numerów telefonu działu obsługi klienta.

RUSSIAN: ВНИМАНИЕ! Если Вы говорите на русском языке, мы можем предложить Вам бесплатные услуги переводчика. Позвоните в Отдел обслуживания участников по указанному для Вашего штата номеру в телефонном справочнике Отдела обслуживания участников

GERMAN: ACHTUNG: Falls Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufen Sie bitte die für Ihren Bundesstaat zuständige Rufnummer des Mitgliederkundendienstes an, die im Telefonverzeichnis des Mitgliederkundendienstes angegeben ist.

TAGALOG: PAUNAWA: Kung nagsasalita ka ng Tagalog, may makukuha ka na mga libreng serbisyong pantulong sa wika. Tawagan ang numero ng Mga Serbisyo ng Miyembro na nakalista para sa iyong estado sa Tsart ng Numero ng mga Serbisyo ng Miyembro.

GUJARATI: સાવધાન: જો તમે ગુજરાતી બોલતા હો તો, ભાષા સહાય સેવાઓ, નિઃશુલ્ક, તમારા માટે ઉપલબ્ધ છે. સભ્ય સેવા ટેલેફોન નંબર ચાર્ટમાં તમારા રાજ્ય માટે સૂચવિદ્ધ સભ્ય સેવાઓ નંબર પર કોલ કરો.

PORTUGUESE: ATENÇÃO: Se falar português, estão disponíveis, gratuitamente, serviços de assistência linguística. Ligue para o número dos Serviços aos Membros indicado para o seu estado na Tabela de números de telefone destes serviços.

ITALIAN: ATTENZIONE: se parla italiano, sono disponibili per Lei servizi di assistenza linguistica gratuiti. Consulti la Tabella dei Numeri Telefonici dei Servizi per i Membri e chiami il numero dei Servizi per i Membri del Suo stato.

PENNSYLVANIAN DUTCH: Geb Acht: Wann du Deitsch schwetze kannscht, un Hilf in dei eegni Schprooch brauchst, kannscht du es Koschdefrei griege. Ruf die Glieder Nummer von dei Staat, ass iss uff die Lisch an die Glieder Hilf Telefon Nummer Kaart.

हिंदी (Hindi): भाषा सहायता सेवाएं, सहायक उपकरण और सेवाएं, और अयि वैकल्पिकआवाजके लए निःशुल्क उलपबध हैं। इहिंप्राप्त करेकेके,कृपया उपरोक्त नंबर पर कॉल करें

Diné Bizaad (Navajo): Diné k'ehjí saad bee shíká a'doowoł nínízingo bee ná haz'á, t'áá haada yit' éego kodóó naaltsoos da nich'í ál'íggo éí doodago t'áá ha'át'ihída Diné k'ehjí bee shíká a'doowoł nínízingo bee ná ahóót'i'. Á kót' éego shíká a'doowoł nínízingo hódahgo béésh bee hane'í biká'íjì' hodíílnih.

Ntawv Hmoob (Hmong): Muaj kev pab txhais lus, khoom pab mloog txhais lus thiab lwm yam kev pab pub dawb rau koj. Xav tau tej no, thov hu rau tus nab npawb saum toj saud.

ລາວ (Lao): ບັນດາການໃຫ້ຄວາມຊ່ວຍເຫຼືອດ້ານພາສາ, ບັນດາການແລະຄວາມຊ່ວຍເຫຼືອຕ່າງໆ, ແລະຮບແບບທາງເລືອກອື່ນໆ ມີໃຫ້ເຈົ້າຝລິ. ຫາກຕ້ອງການສູ່ຊັ້ນກະລຸນາໃຫ້ ປຶກສາຍາມເລກຂັ້ນເທິງ.

မြန်မာ (Burmese) - ဘာသာစကားအကူအညီ ဝန်ဆောင်မှုများ၊ အရန်အထောက်အပံ့များနှင့် ဝန်ဆောင်မှုများ၊ အချားပုံစံများရှိ ရေဒီယိုစရာများကို သင့်အခမဲ့ရရှိပါသည်။ ၎င်းတို့ကို ရယူရန် အထက်ပါနံပါတ်ကို ဖုန်းဆက်ပါ။

(Shqip) (Albanian): Shërbimet e asistencës gjuhësore, ndihma dhe shërbimet shtesë plotësuese si dhe forma të tjera alternative ofrohen pa pagesë për ju. Për ta përfituar këtë, lutem merrni në telefon numrin e treguar më sipër.

Somali (Somali): Adeegyada caawinta luuqadaha, qalabka caawinta iyo adeegyo kale, iyo qaabab kale aya kuu diyaar ah si lacag la'aan ah. Si aad u hesho adeegyadan fadlan wac nambarka xaga sare ku xusan.