

This is your Summary of Benefits.

2019

Allwell Dual Medicare (HMO SNP) H3499:005

Allen, Boone, Delaware, Elkhart, Hamilton, Hancock,
Hendricks, Howard, Johnson, La Porte, Lake, Madison,
Marion, Porter, Posey, Shelby, St. Joseph, Tippecanoe,
Tipton, Vanderburgh, Warrick, Wells, and Whitley
counties, IN

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.mhsindiana.com

You are eligible to enroll in Allwell Dual Medicare (HMO SNP) if:

- You are entitled to Medicare Part A and enrolled in Medicare Part B. Members must continue to pay their Medicare Part B premium if not otherwise paid for under Medicaid or by another third party.
- You must be a United States citizen, or are lawfully present in the United States and permanently reside in the service area of the plan (in other words, your permanent residence is within the Allwell Dual Medicare (HMO SNP) service area county). Our service area includes the following counties in Indiana: Allen, Boone, Delaware, Elkhart, Hamilton, Hancock, Hendricks, Howard, Johnson, La Porte, Lake, Madison, Marion, Porter, Posey, Shelby, St. Joseph, Tippecanoe, Tipton, Vanderburgh, Warrick, Wells, and Whitley.
- You do not have end-stage renal disease (ESRD). (Exceptions may apply for individuals who develop ESRD while enrolled in an Allwell commercial or group health plan, or a Medicaid plan.)
- For Allwell Dual Medicare (HMO SNP) you must also be enrolled in the Indiana 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 Indiana for full-dual enrollees. Please contact the plan for further details.

The Allwell Dual Medicare (HMO 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 directory or, for an up-to-date list of network providers, visit allwell.mhsindiana.com. (Please note that, except for emergency care, urgently needed care when you are out of the network, out-of-area dialysis services, and cases in which our plan authorizes use of out-of-network providers, if you obtain medical care from out-of-plan providers, neither Medicare nor Allwell Dual Medicare (HMO SNP) will be responsible for the costs.)

This Allwell Dual Medicare (HMO 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, 2019–DECEMBER 31, 2019

Benefits	Allwell Dual Medicare (HMO SNP) H3499: 005 Premiums / Copays / Coinsurance
Premiums, copays, coinsurance, and deductibles may vary based on your Medicaid eligibility category and/or the level of Extra Help you receive.	
Monthly Plan Premium	\$0 based on your level of Low Income Subsidy eligibility You must continue to pay your Medicare Part B premium, if not otherwise paid for by Medicaid or another third party.
Deductible	\$160 deductible for Part D prescription drugs (applies to drugs on Tiers 2, 3, 4 and 5)
Maximum Out-of-Pocket Responsibility <i>(does not include prescription drugs)</i>	\$3,400 annually This is the most you will pay in copays and coinsurance for medical services for the year.
Inpatient Hospital Coverage*	\$0 copay per stay
Outpatient Hospital*	Outpatient Hospital (includes ambulatory surgical center and observation services): \$0 copay per visit
Doctor Visits*	<ul style="list-style-type: none"> • Primary Care: \$0 copay per visit • Specialist: \$0 copay per visit
Preventive Care* (e.g. flu vaccine, diabetic screening)	\$0 copay for Medicare-covered preventive services Other preventive services are available.
Emergency Care	\$0 copay per visit
Urgently Needed Services	\$0 copay per visit
Diagnostic Services/Labs/ Imaging*	<ul style="list-style-type: none"> • Lab services: \$0 copay • Diagnostic tests and procedures: \$0 copay • Outpatient X-ray services: \$0 copay • Diagnostic Radiological services: \$0 copay
Hearing Services	<ul style="list-style-type: none"> • Hearing exam (Medicare-covered): \$0 copay • Routine hearing exam: \$0 copay (1 every calendar year) • Hearing aid: \$0 copay (2 hearing aids every year)

Services with an * (asterisk) may require prior authorization and / or a referral from your doctor.

Benefits	Allwell Dual Medicare (HMO SNP) H3499: 005 Premiums / Copays / Coinsurance
Dental Services	<ul style="list-style-type: none"> • Dental services (Medicare-covered): \$0 per visit • Preventive Dental Services: \$0 copay (including oral exams, cleanings, and X-rays) • Comprehensive dental services: \$0 copay (including diagnostic and restorative services, endodontics, periodontics, extractions, prosthodontics, and other oral and maxillofacial surgery) <p>There is a maximum allowance of \$1,000 every calendar year; it applies to all comprehensive dental benefits.</p>
Vision Services	<ul style="list-style-type: none"> • Vision exam (Medicare-covered): \$0 copay per visit • Routine eye exam: \$0 copay per visit (up to 1 every calendar year) • Routine eyewear: up to \$200 allowance every calendar year
Mental Health Services*	Individual and group therapy: \$0 copay per visit
Skilled Nursing Facility*	\$0 copay per stay
Physical Therapy*	\$0 copay per visit
Ambulance*	\$0 copay (per one-way trip)
Transportation*	<p>\$0 copay for each one-way trip</p> <p>Up to 36 one-way trips to plan-approved locations (up to 30 miles each one way per trip) each calendar year</p>
Medicare Part B Drugs*	<ul style="list-style-type: none"> • Chemotherapy drugs: \$0 copay • Other Part B drugs: \$0 copay

Services with an * (asterisk) may require prior authorization and / or a referral from your doctor.

Part D Prescription Drugs

Deductible Phase	\$160 deductible (Deductible does not apply to Tiers 1 and 6).	
Initial Coverage Phase <i>(after you pay your Part D deductible, if applicable)</i>	Standard Retail Rx 30-day supply	Mail-Order Rx 90-day supply
Tier 1: Preferred Generic	\$0 copay	\$0 copay
Tier 2: Generic	\$20 copay	\$60 copay
Tier 3: Preferred Brand	\$47 copay	\$141 copay
Tier 4: Non-Preferred Drug	\$100 copay	\$300 copay
Tier 5: Specialty	30% coinsurance	Not available
Tier 6: Select Care Drugs	\$0 copay	\$0 copay
Important Info:	<p>Cost-sharing may change depending on the level of help you receive, the pharmacy you choose (such as Standard Retail, Mail-Order, Long-Term Care or Home Infusion) and when you enter another of the four phases 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 phases of the benefit, please call us or access our EOC online.</p> <p>Low income subsidy (LIS) is extra help you receive from Medicare. To find out if you qualify, visit Medicare.gov or call Member Services at 1-833-202-4704 (TTY: 711).</p>	

Additional Covered Benefits	
Benefits	Allwell Dual Medicare (HMO SNP) H3499: 005 Premiums / Copays / Coinsurance
Over-the-Counter (OTC) Items	\$0 copay (\$85 allowance per quarter for items available via mail order) Please visit the plan's website to see the list of covered over-the-counter items.
Meals*	\$0 copay Plan covers home-delivered meals (up to 2 meals per day for 14 days) following discharge from an inpatient facility or skilled nursing facility provided the meals are medically necessary and ordered by a physician or practitioner.
Chiropractic Care*	Chiropractic services (Medicare-covered): \$0 copay per visit
Medical Equipment/Supplies*	<ul style="list-style-type: none"> • Durable Medical Equipment (e.g., wheelchairs, oxygen): \$0 copay • Prosthetics (e.g., braces, artificial limbs): \$0 copay • Diabetic supplies: \$0 copay
Foot Care * (Podiatry Services)	<ul style="list-style-type: none"> • Foot exams and treatment (Medicare-covered): \$0 copay per visit • Routine foot care: \$0 copay (4 visits per year.)
Wellness Programs	<ul style="list-style-type: none"> • Fitness program: \$0 copay • 24-hour nurse advice line: \$0 copay • Coverage for one Personal Emergency Medical Response Device per lifetime: \$0 copay <p>For a detailed list of wellness program benefits offered, please refer to the EOC.</p>

Services with an * (asterisk) may require prior authorization and / or a referral from your doctor.

Indiana Medicaid Program Covered Benefits for Dual Eligible (Medicare and Medicaid) Beneficiaries

The benefits described below are available on a fee for service basis by Indiana Medicaid for dual eligible beneficiaries who meet the eligibility requirements for Medicaid benefits. The benefits described in the Covered Medical and Hospital Benefits section of the Summary of Benefits are covered by Medicare. For each benefit listed below, you can see what Indiana Medicaid covers and what our plan covers. What you pay for covered services may depend on your level of Medicaid eligibility. The Medicaid information included in this section is current as of 8/1/2018. All Medicaid covered services are subject to change at any time. For the most current Indiana Medicaid coverage information, please visit the Indiana Medicaid website at <https://www.in.gov/medicaid/> or call Medicaid Member Services at 1-800-457-4584.

Benefit Category	Indiana Medicaid
Inpatient Hospital Services	\$0 copay for Medicaid-covered services
Outpatient Hospital Services	\$0 copay for Medicaid-covered services; prior authorization may be required for some services
Rural Health Clinic Services	\$0 copay for Medicaid-covered services
Federally Qualified Health Center Services	\$0 copay for Medicaid-covered services
Laboratory Services	\$0 copay for Medicaid-covered services
X-rays	\$0 copay for Medicaid-covered services
Skilled Nursing Facility (SNF)	<p>For services not covered by Medicare or if the benefit is exhausted, Medicaid may provide additional coverage subject to the following cost share amounts:</p> <p>\$0 copay for Medicaid-covered services</p> <p>Medicaid covers additional days beyond Medicare 100 day limit</p>
Family Planning Services	\$0 copay for Medicaid-covered services
Physician Services	\$0 copay for Medicaid-covered services

Benefit Category	Indiana Medicaid
Ophthalmologist services	\$0 copay for Medicaid-covered services
Podiatry Services	\$0 copay for Medicaid-covered services
Optometry Services	\$0 copay for Medicaid-covered services
Chiropractic Services	\$0 copay for Medicaid-covered services; coverage limits may apply
Mental Health Care Services	\$0 copay for Medicaid-covered services
Vision Services	\$0 copay for Medicaid-covered services; 1 visit every 2 years for members aged 21 and over; 1 pair of glasses every 5 years for members aged 21 and over.
Durable Medical Equipment	\$0 copay for Medicaid-covered services
Hearing aids	\$0 copay for Medicaid-covered services; services may require prior authorization
Alcohol and Drug Abuse Services	\$0 copay for Medicaid-covered services
Home Health Services	\$0 copay for Medicaid-covered services
Physical Therapy	\$0 copay for Medicaid-covered services
Home and Community Based Long-term Care Services	\$0 copay for Medicaid-covered services; additional Medicaid coverage may be needed for these services.
Ambulatory Surgical Centers	\$0 copay for Medicaid-covered services
Dental Services	\$0 copay for Medicaid-covered dental services
Occupational therapy	\$0 copay for Medicaid-covered services
Speech pathology/Speech therapy	\$0 copay for Medicaid-covered services
Pharmaceutical Services and Prescribed Drugs	\$3.00 copay per prescription for drugs excluded from Medicare Part D coverage
Renal Dialysis	\$0 copay for Medicaid-covered services
Inpatient Rehabilitation Services	\$0 copay for Medicaid-covered services
Institutions for Mental Diseases (for under 21 years of age and over 65 years of age, including psychiatric care)	\$0 copay for Medicaid-covered services
Intermediate Care Facility	\$0 copay for Medicaid-covered services
Hospice	\$0 copay for Medicaid-covered services

Benefit Category	Indiana Medicaid
Personal Care Services	\$0 copay for Medicaid-covered services
Emergency Hospital Services	\$0 copay for Medicaid-covered services
Targeted Case Management	\$0 copay for Medicaid-covered services
Transportation for medical and dental services	\$0.50 to \$3.00 copay for Medicaid-covered non-emergency transportation services



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, 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 and Plan Type
Arizona	1-800-977-7522/1-877-935-8020 (HMO and HMO SNP) (TTY: 711)
Arkansas	1-855-565-9518 (HMO) (TTY: 711)
Florida	1-844-293-2636 (HMO); 1-877-935-8022 (HMO SNP) (TTY: 711)
Georgia	1-844-890-2326 (HMO); 1-877-725-7748 (HMO SNP) (TTY: 711)
Illinois	1-855-766-1736 (HMO) (TTY: 711)
Indiana	1-855-766-1541 (HMO and PPO); 1-833-202-4704 (HMO SNP) (TTY: 711)
Kansas	1-855-565-9519 (HMO); 1-833-402-6707 (HMO SNP) (TTY: 711)
Louisiana	1-855-766-1572 (HMO) (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)
New Mexico	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 (HMO and HMO SNP) (TTY: 711)
Texas	1-844-796-6811 (HMO); 1-877-935-8023 (HMO SNP) (TTY: 711)
Wisconsin	1-877-935-8024 (HMO SNP) (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.

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.

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。

FRENCH CREOLE (HAITIAN CREOLE): ATANSYON: Si w pale kreyòl ayisyen, ou ka resewwa 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.

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.

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.

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.

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.

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 Lischd an die Glieder Hilf Telefon Nummer Kaart.

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

JAPANESE: 注意事項: 日本語を話される場合、無料の言語支援サービスをご利用いただけます。メンバーサービス電話番号チャートに記載されているお住まいの州のメンバーサービスまでお電話ください。

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.

MARSHALLESE: LALE: Ñe kwōj kōnono Kajin Majōl, kwomaroñ bōk jermal in jipañ ilo kajin eo am ilo ejjelok wōñāān ñan kwe. Kallok nōm̄ba in telpon in Jermal in Jipañ ñan ro Uwaan eo ej jeje ñan state eo am ilo Jaat in Nōm̄ba in Telpon in Jermal in Jipañ ñan ro Uwaan.

LAOTIAN: ເຂົາໃຈໃສ: ຖ້າທ່ານເວົ້າພາສາລາວ, ຈະມີບັນທຶກສູ່ບ່ອນເຫຼືອດ້ານພາສາໂດຍອ່ອຍຖ້າບໍ່ມີການທ່ານ ໂດຍບໍ່ສອຄ່າ. ກະລຸນາໃຫ້ຫາເວກໜາຍບໍລິການສະມາຊິກທະວີບາໃນວັດຂອງທ່ານໃນແຜນພູມເວກໜາຍໃຫລະສັບບໍລິການສະມາຊິກ.

HMONG: CEEV FAJ: Yog koj hais lus Hmoob, muaj kev pab txhais lus pub dawb rau koj. Hu rau tus xov tooj ntawm Lub Chaw Pab Cuam Tswv Cuab ntawm koj lub xeev ntawm Tus Xov Tooj Ntawm Lub Chaw Pab Cuam Tswv Cuab Hauv Daim Ntawv No.

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

HINDI: ध्यान दें: यदि आप हिन्दी भाषी हैं, तो आपके लिए, भाषा सहायता सेवाएं, मुफ्त में, उपलब्ध हैं। सदस्य सेवा टेलीफोन नंबर चार्ट में अपने राज्य के लिए सूचीबद्ध सदस्य सेवा नंबर पर कॉल करें।

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.

THAI: โปรดทราบ: หากคุณพูดภาษาไทย คุณสามารถขอรับบริการช่วยเหลือด้านภาษาโดยไม่เสียค่าใช้จ่าย โทรไปยัง หมายเลขบริการสมาชิกที่ระบุไว้ในรัฐของคุณในแผนภูมิหมายเลขโทรศัพท์สำหรับบริการสมาชิก

AMHARIC: ማሳሰቢያ: አማርኛ የሚያውሩ ከሆነ፣ የቋንቋ እገዛ አገልግሎቶች ያለክፍያ አለፈዎት። በ አባላት አገልግሎት የስልክ ቻርጅ ላይ ባለው በአባላት አገልግሎት ቁጥር ይደውሉ።

PERSIAN:

توجه: اگر به زبان فارسی صحبت می کنید، خدمات امداد زبانی به طور رایگان در اختیار شما می باشند. با شماره تلفن خدمات اعضا برای ایالت خود که در جدول شماره تلفن های خدمات اعضا ذکر شده تماس بگیرید.

BURMESE: သတိပေးချက်: ဗမာစကားပြောလျှင်၊ သင့်အတွက် ဘာသာစကားအကူအညီ ဝန်ဆောင်မှုများ အခမဲ့ ရရှိပါသည်။ အဖွဲ့ဝင်ဝန်ဆောင်မှုများ တယ်လီဖုန်းနံပါတ်ဇယားထဲ၌ သင့်ပြည်နယ်အတွက် စာရင်းသွင်းထားသည့် အဖွဲ့ဝင်ဝန်ဆောင်မှုများနံပါတ်ကို ဖုန်းခေါ်ပါ။

DUTCH: GRAAG UW AANDACHT: Indien u Nederlands spreekt, zijn taaldiensten gratis voor u beschikbaar. Gelieve de Ledendienstnummer vermeld voor uw staat in de Ledendiensten Telefoonnummer Tabel op te bellen.

PUNJABI: ਧਿਆਨ ਦੇਵੋ: ਜੇਕਰ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ ਤਾਂ ਤੁਹਾਡੇ ਲਈ ਬਨਿ ਕਸਿ ਮੁੱਲ ਦੇ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਉਪਲੱਬਧ ਹਨ। ਮੈਂਬਰ ਸੇਵਾਵਾਂ ਦੇ ਟੈਲੀਫੋਨ ਨੰਬਰ ਚਾਰਟ ਵੱਚਿ ਤੁਹਾਡੀ ਸਟੇਟ ਦੇ ਲਈ ਦੱਤਿ ਗਏ ਮੈਂਬਰ ਸੇਵਾਵਾਂ ਦੇ ਨੰਬਰ ਉੱਤੇ ਫੋਨ ਕਰੋ।

SWAHILI: TAHADHARI: Kama unazungumza Kiswahili, huduma ya msaada wa lugha, bure, zinapatikana kwa ajili yako. Piga Nambari ya Huduma ya Mwanachama iliyoorodheshwa ya jimbo lako kwenye hiyo Chati ya Nambari za Simu za Huduma ya Mwanachama.

For more information, please contact:

Allwell Dual Medicare (HMO SNP)
550 N. Meridian Street
Suite 101
Indianapolis, IN 46204

allwell.mhsindiana.com

Current members should call: 1-833-202-4704 (TTY: 711)

Prospective members should call: 1-877-891-6093 (TTY: 711)

From October 1 to March 31, you can call us 7 days a week from 8 a.m. to 8 p.m. From April 1 to September 30, you can call us Monday through Friday from 8 a.m. to 8 p.m. A messaging system is used after hours, weekends, and on federal holidays.

If you want to know more about the coverage and costs of Original Medicare, look in your current “Medicare & You” handbook. View it online at www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

This plan is available to anyone who has both Medical Assistance from the State and Medicare.

This information is not a complete description of benefits. Call 1-833-202-4704 (TTY: 711) for more information.

“Coinsurance” is the percentage you pay of the total cost of certain medical services.

The Formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

This document is available in other formats such as Braille, large print or audio.

Allwell is contracted with Medicare for HMO, HMO SNP and PPO plans, and with some state Medicaid programs. Enrollment in Allwell depends on contract renewal.