

These are the **Optional Supplemental Benefits** you can buy.

If you are enrolled in Allwell Medicare (HMO) or Allwell Medicare Essentials II (HMO), you have the choice to customize and enhance your coverage with an optional supplemental benefits package. For an additional monthly premium of \$32 you can take advantage of these great benefits.



H0351: 044-001, H0351: 044-002, H0351: 050

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When can I enroll?

New members can enroll until the end of the first month of initial enrollment. Benefits will become effective the first of the following month. To be eligible for the Optional Supplemental Benefits Package, you must remain a member of an Allwell Medicare Essentials II (HMO) or Allwell Medicare (HMO) plan. If you disenroll from your plan, you will be automatically disenrolled from the Optional Supplemental Benefits Package.

You may disenroll at any time from this option by providing written notice to Allwell, but once disenrolled, reenrollment during the same calendar year will be limited. The available election periods for the optional benefits are from October 15, 2019, through December 31, 2019, for a January 1, 2020, effective date; January 1, 2020, through January 31, 2020, for a February 1, 2020, effective date.

See the Evidence of Coverage for a complete description of plan benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by service area.

Allwell Totalplus

Additional monthly premium: \$32

🦷 Preventive and Comprehensive Dental

Annual benefit maximum: Unlimited

Includes: Preventive services, Diagnostic services, restorative services, endodontics, periodontics, extractions, prosthodontics, and non-routine services. You must use a network provider for this plan.

Preventive Services:

- Oral exams: \$0 copay
- Cleanings: \$0 copay
- Fluoride Treatment: \$0 copay
- X-rays: \$0 copay

Comprehensive Services:

- Routine services: \$0 copay
- Diagnostic services: \$0 - \$15 copay
- Restorative services: \$0 - \$300 copay
- Endodontics: \$5 - \$275 copay
- Periodontics: \$0 - \$375 copay
- Extractions: \$15 - \$150 copay
- Prosthodontics: \$0 - \$2,250 copay



Vision Benefits

Eye Exam
(available once every year)

In-network
\$0 copay per visit

Out-of-network
\$0 copay per visit

There is annual benefit maximum of \$250 per calendar year for eyewear (frames and lenses or contact lenses).



⊕ Chiropractic and Acupuncture Services

	In-network	Out-of-network
Chiropractic	\$10 copay per visit	Covered at 50%
Acupuncture	\$10 copay per visit	Covered at 50%

Limited to 30 visits per year (chiropractic and acupuncture visits combined)

You can see any provider to receive covered services, however, you pay a little more to use providers who are out of network.



This information is not a complete description of benefits. Call 1-800-977-7522 (TTY: 711) for more information.

You must continue to pay your Medicare Part B premium. The actual complete terms and conditions of the health plan are set forth in the applicable Evidence of Coverage document.

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.

Allwell is contracted with Medicare for HMO plans. Enrollment in Allwell depends on contract renewal.

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