

# This is your Summary of Benefits.

2019

Allwell Dual Medicare (HMO SNP) H5294: 006

El Paso County, 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 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 counties). Our service area includes the following counties in Texas: El Paso.
- 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 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 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.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 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) H5294 – 006 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.	
<b>Monthly Plan Premium</b>	\$0  (You must continue to pay your Medicare Part B premium, if not otherwise paid for by Medicaid or another third party.)
<b>Deductible</b>	<ul style="list-style-type: none"> <li>• \$0 deductible for covered medical services.</li> <li>• \$225 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> <i>(does not include prescription drugs)</i>	\$6,700 annually  This is the most you will pay in copays and coinsurance for medical services for the year.
<b>Inpatient Hospital Coverage*</b>	\$0 copay per benefit period.
<b>Outpatient Hospital*</b>	Outpatient Hospital (includes ambulatory surgical center and observation services): \$0 copay per visit
<b>Doctor Visits*</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)	\$0 copay for Medicare-covered preventive services. Other preventive services are available.
<b>Emergency Care</b>	\$0 copay per visit
<b>Urgently Needed Services</b>	\$0 copay per visit
<b>Diagnostic Services/Labs/ Imaging*</b>	<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 Radiological services: \$0 copay</li> </ul>
<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 every year)</li> </ul>

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

<b>Benefits</b>	<b>Allwell Dual Medicare (HMO SNP) H5294 – 006 Premiums / Copays / Coinsurance</b>
<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 and X-rays)</li> <li>• Comprehensive dental services: \$0 copay (including diagnostic and restorative services, endodontics, periodontics, extractions, prosthodontics, and other oral and maxillofacial surgery)</li> </ul> <p>There is a maximum allowance of \$2,500 every calendar year; it applies to all comprehensive dental benefits.</p>
<b>Vision Services</b>	<ul style="list-style-type: none"> <li>• Vision exam (Medicare-covered): \$0 copay per visit</li> <li>• Routine eye exam: \$0 copay per visit (up to 1 every calendar year)</li> <li>• Routine eyewear: up to \$300 allowance for every calendar year</li> </ul>
<b>Mental Health Services*</b>	Individual and group therapy: \$0 copay per visit
<b>Skilled Nursing Facility*</b>	\$0 copay per stay
<b>Physical Therapy*</b>	\$0 copay per visit
<b>Ambulance*</b>	\$0 copay (per one-way trip)
<b>Transportation*</b>	\$0 copay for each one-way trip Up to 48 one-way trips to plan-approved locations (up to 30 miles each one way per trip) each calendar year
<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>

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

## Part D Prescription Drugs

<b>Deductible Phase</b>	\$225 deductible (Deductible does not apply to Tiers 1 and 6.)	
<b>Initial Coverage Phase</b> <i>(after you pay your Part D deductible, if applicable)</i>	<b>Standard Retail Rx 30-day supply</b>	<b>Mail-Order Rx 90-day supply</b>
<b>Tier 1: Preferred Generic</b>	\$0 copay	\$0 copay
<b>Tier 2: Generic</b>	\$15 copay	\$45 copay
<b>Tier 3: Preferred Brand</b>	\$47 copay	\$141 copay
<b>Tier 4: Non-Preferred Drug</b>	\$100 copay	\$300 copay
<b>Tier 5: Specialty</b>	28% coinsurance	Not available
<b>Tier 6: Select Care Drugs</b>	\$0 copay	\$0 copay
<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 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 <a href="http://Medicare.gov">Medicare.gov</a> or call Member Services at 1-877-935-8023 (TTY: 711).</p>	

Additional Covered Benefits	
Benefits	Allwell Dual Medicare (HMO SNP) H5294 – 006 Premiums / Copays / Coinsurance
<b>Over-the-Counter (OTC) Items</b>	\$0 copay (\$325 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.
<b>Chiropractic Care*</b>	Chiropractic services (Medicare-covered): \$0 copay per visit
<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>
<b>Foot Care* (Podiatry Services)</b>	Foot exams and treatment (Medicare-covered): \$0 copay per visit
<b>Virtual Visit</b>	Teladoc offers 24 hours a day/ 7 days 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 advice line: \$0 copay</li> <li>• Supplemental smoking and tobacco use cessation (counseling to stop smoking or tobacco use): \$0 copay</li> </ul> <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.

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

The benefits described below are available on a fee for service basis by Texas 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 Texas 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 Texas Medicaid coverage information, please visit the Texas Medicaid website at <https://hhs.texas.gov/services/health/medicaid-chip> or call the Medicaid Hotline at 1-800-252-8263.

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.

Benefit Category	Texas Medicaid
<b>Chiropractic Services</b>	<p>Chiropractic manipulative treatment (CMT) performed by a chiropractor licensed by the Texas State Board of Chiropractic Examiners is a benefit of Texas Medicaid.</p> <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>Colorectal Screening Exams</b> (for people aged 50 and older)	<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>Dental Services</b> (for people who are 20 years of age or younger; or 21 years of age or older in an ICF-MR)	<p>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.</p> <p>\$0 co-pay for Medicaid-covered services.</p>
<b>Diabetic Supplies</b> (includes coverage for test strips, lancets, and screening tests)	<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>Diagnostic Tests, X-Rays, Lab Services, and Radiology Services</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>Doctor and Hospital Choice</b>	<p>Members should follow Medicare guidelines related to hospital and doctor choice.</p>
<b>Doctor Office Visits</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>Durable Medical Equipment</b> (includes wheelchairs, oxygen)	<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>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.
<b>Hospice</b>	Medicaid pays for this service for certain Waiver Members if it is not covered by Medicare or when the Medicare benefit is exhausted.  \$0 co-pay for Medicaid-covered services.  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.
<b>Immunizations</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.

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

## 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.

<b>Community Living Assistance and Support Services (CLASS) Waiver</b>	For information on waiver services and eligibility for this waiver, contact the Department of Aging and Disability Services (DADS).
<b>Deaf Blind with Multiple Disabilities Waiver (DB-MD)</b>	For information on waiver services and eligibility for this waiver, contact the Department of Aging and Disability Services (DADS).
<b>Home and Community Services (HCS) Waiver</b>	For information on waiver services and eligibility for this waiver, contact the Department of Aging and Disability Services (DADS).
<b>Medically Dependent Children Program (MDCP)</b>	For information on waiver services and eligibility for this waiver, contact the Department of Aging and Disability Services (DADS).
<b>STAR+PLUS Program (operating under the Texas Healthcare Transformation and Quality Improvement Program Waiver)</b>	For information on waiver services and eligibility for this waiver, contact the Department of Aging and Disability Services (DADS).
<b>Texas Home Living Waiver (TxHmL)</b>	For information on waiver services and eligibility for this waiver, contact the Department of Aging and Disability Services (DADS).



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

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**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 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.

**ARABIC:**

تنبيه: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية المجانية متاحة لك. اتصل برقم خدمات الأعضاء المدرج 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 kantscht, un Hilf in dei eegni Schprooch brauchst, kantscht du es Koschdefrei griege. Ruf die Glieder Nummer von dei Staat, ass iss uff die Lisch 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 સૂચબિંધ 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 jerbāl in jipañ ilo kajin eo am ilo ejjelōk wōñāān ñan kwe. Kaļļōk nōm̄ba in telpon in Jerbāl in Jipañ ñan ro Uwaan eo ej jeje ñan state eo am ilo Jaat in Nōm̄ba in Telpon in Jerbāl in Jipañ ñan ro Uwaan.

**LAOTIAN:** ເອົາໃຈໃສ່: ຖ້າທ່ານເວົ້າພາສາລາວ, ຈະມີບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໄວ້ອ້ອຍຖ້າບໍ່ສາມາດເຂົ້າເຖິງບໍລິການທ່ານໂດຍບໍ່ສ່ວຍຄ່າ. ກະລຸນາໃຫ້ທາງເລກໝາຍບໍລິການສະມາຊິກທ່ານລະບົບໂປຣແກຣມຂອງທ່ານໃນເວັບໄຊພູມະຈຳພາສາໂທລະສັບບໍລິການສະມາຊິກ.

**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 โทรไปยังหมายเลขบริการสมาชิกที่ระบุไว้ในรัฐของคุณในแผนภูมิหมายเลขโทรศัพท์สำหรับบริการสมาชิก

**AMHARIC: ማሳሰቢያ:** አማርኛ የሚያውቁ ከሆን፣ የቋንቋ እገዛ አገልግሎቶች ያለክፍያ አለልዎት። በ አባላት አገልግሎት የስልክ ቻርት 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: သတိပဋိပက္ခ:** ဗမာစကားပြောလျှင်၊ သင့်အတွက် ဘာသာစကားအကူအညီ ဝန်ဆောင်မှုများ အခမဲ့ ရရှိနိုင်ပါသည်။ 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 ਤੁਸੀ 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)  
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. You must continue to pay your Medicare Part B premium. However, for full-dual beneficiaries, the State will cover your Part B premium as long as you retain your Medicaid eligibility.

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 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.