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Allwell Medicare Advantage Plans

South Carolina
2018

welcome

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Today's Meeting

Welcome and thank you for attending!

- Introduction of presenter
  - A licensed and appointed insurance sales professional
- Meeting essentials
- Permission to call card
  - Allows me to follow up with you after this presentation (providing your contact information is optional)

Today's Meeting

We will be discussing:

- Who is Allwell?
- Medicare Basics
- Introduction to Allwell Medicare Advantage Plans
- Getting Started as an Allwell Member

Who is Allwell?

Who is Allwell?

Allwell:

- Seeks to improve the quality of care for South Carolina's Medicare beneficiaries by providing the right benefits and access to quality providers.
- Has a contract with Medicare to provide Medicare Advantage plans (Part C) and Prescription Drug Coverage (Part D) benefits in your community. We are also contracted with the State Medicaid program.
- Offers the following types of plans that we will be discussing today:
  - Health Maintenance Organization (HMO)
  - Special Needs Plan (SNP)

Why Choose Us?

- **Easy to understand** plan communications
- **Predictable coverage** for many popular services
- **Access** to our network of providers
- **Comprehensive Formulary** covering frequently utilized prescription drugs
- **Value and security** in your health plan choice

- **Competitive plans** featuring coverage for additional benefits. Plans may include:
  - Gym membership
  - Routine vision
  - Routine chiropractic care
  - Dental care
  - Over-the-counter drug coverage

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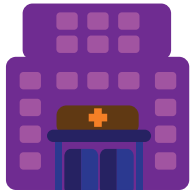
Medicare Basics

What are the Parts of Medicare?



Part A: Hospital Coverage

Part B: Medical Coverage

Part C: Medicare Advantage

Part D: Prescription Drug Coverage

How Does Part D Coverage Work?

Annual Deductible

For plans with a deductible, this is the amount you may have to pay before your drug plan begins to pay its share of your covered drugs.

Initial Coverage Limit

This is the amount that you and your health plan combined must pay before you enter the Coverage Gap. You pay only the plan's copay or coinsurance for your covered drugs during this period.

Coverage Gap

After your total yearly drug costs reach the Initial Coverage Limit, you are in the Coverage Gap. During this time you pay a percentage of your drug costs until you reach the Catastrophic Coverage Level.

Catastrophic Coverage Level

After your yearly out-of-pocket drug costs reach this level, your responsibility for paying for your covered drugs is significantly reduced.

What is Extra Help?

- If you have limited income and resources, you may qualify for Extra Help/Low Income Subsidy (LIS) to help pay for your Medicare Part D prescription drug premiums and costs.
- Premiums, co-pays, co-insurance, and deductibles may vary based on the level of Extra Help you receive. Additionally, those who qualify will not be subject to the coverage gap or late enrollment penalty.

To see if you qualify for Extra Help, contact:

- Your State Medicaid office
- Medicare at 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 Administration at 1-800-772-1213, TTY users should call 1-800-325-0778, 7 a.m. to 7 p.m., Monday through Friday.

What is the Part D Late Enrollment Penalty (LEP)?

- If you decide not to join a Medicare drug plan when you're first eligible, your monthly plan premium may be higher when you do enroll in a Part D plan if:
  - you don't have other creditable prescription drug coverage or receive Extra Help/Low Income Subsidy, or
  - you have a break in creditable coverage of 63 days or more.
- The cost of the LEP depends on how long you went without Part D or creditable prescription drug coverage.

Creditable coverage refers to the drug coverage that's expected to pay, on average, at least as much as Medicare's standard prescription drug coverage, such as drug coverage from a current or former employer or union, TRICARE, or the Department of Veteran's Affairs (VA)

Introduction to Allwell Medicare Advantage Plans

Are you Eligible to Enroll?

If You:

- are entitled to Medicare Part A and enrolled in Medicare Part B (you must continue to pay your Medicare Part B premium),
- are a U.S. citizen or lawfully present in the United States,
- live in the plan's service area for at least 6 months per year, and
- do not have end-stage renal disease (ESRD)*, then

you are eligible to enroll in an Allwell Medicare Advantage plan!

Note: Additional eligibility requirements may apply to Dual Eligible Special Needs Plans (D-SNP), where available

*With limited exceptions

When Can You Enroll?

Annual Election Period (AEP)

October 15 – December 7

Add, drop, or change Medicare Advantage and/or Prescription Drug Plan (PDP) coverage.

Plan changes are effective January 1 of the following year.

Medicare Advantage Disenrollment Period (MADP)

January 1 – February 14

Disenroll from Medicare Advantage and switch to Original Medicare (if switching to Original Medicare, may also enroll in a PDP).

Changes are effective the first of the month following receipt of the request.

When Can You Enroll?

Initial Enrollment Period (IEP)

- Seven month period based on new Medicare eligibility when you turn 65
- Join a Medicare Advantage plan or PDP
- Elections are effective the first day of the month you turn 65 if the enrollment is submitted prior to your birth month; or, effective the first day of the month following receipt of enrollment if submitted during or after your birth month.

Special Election Periods (SEP)

- Eligibility dates vary; rules are based on the specific SEP
- Add or change a Medicare Advantage plan or PDP
- SEP Examples:
  - Special Needs Plan (SNP) eligibility
  - Medicaid or Extra Help eligibility
  - A move out of a plan's service area
  - Loss of group insurance

Why Choose a Health Maintenance Organization (HMO)?

- HMO plans coordinate care to assure your health coverage needs are met.
- You have the freedom to choose a primary care provider (PCP) in our network who will coordinate your care.
- You will need to use providers in the plan's network for your care, except in emergencies. If you obtain routine care from out-of-network providers, you will be responsible for the costs.
- You may need to get a referral from your primary care provider to see a specialist. Also, some covered services may require prior authorization.

What is a Dual Eligible Special Needs Plan (D-SNP)?

- Special Needs Plans are designed to provide focused and specialized health care for specific groups of people.
- All D-SNPs include medical and Part D coverage (MAPD).
- D-SNPs are designed specifically for people with both Medicare and Medicaid.
- These plans are available to anyone who has both Medical Assistance from the State and Medicare.

Your Provider Network

As a plan member, you'll have access to a network of providers, hospitals, and other medical facilities and services.

To find an in-network provider:

- Use your plan's Provider & Pharmacy Directory
  - *Instructions for how to request a printed directory are included in your post-enrollment packet*
- Use your plan's online provider search tool
  - *Visit your plan's website to search the most up-to-date provider information*
- Call the plan's Member Services line
  - *Our team is here to help you find a new provider or check the status of an existing provider*

Your Pharmacy Network

- Members on our Medicare Advantage Plans with Part D (MAPD) can fill prescriptions at any of the plan's network pharmacies. You are not required to use the same pharmacy every time you fill a prescription.
- The plan's pharmacy network includes both standard & preferred retail pharmacies. You can fill your prescriptions at either; however, you'll generally pay less when you use preferred retail pharmacies.
- You will receive a notice of how to obtain a plan Provider & Pharmacy Directory in your post-enrollment packet. You may also view a list of available network pharmacies online at the plan's website.

For certain kinds of drugs, you can use the plan's network mail-order pharmacy services. Generally, the drugs provided through mail-order are drugs that you take on a regular basis, for a chronic or long-term medical condition.

Your Prescription Drug Coverage

MAPD plan members have drug coverage to help with the costs of prescription medications. Our **Formulary** (drug list) identifies the prescription drugs covered on your plan and their coverage levels, or tiers.

To look up drugs in the Formulary:

- Use your printed Formulary
  - *The Formulary is provided in your post-enrollment packet and also annually in your Annual Notice of Change mailing*
- Use your plan's online Formulary
  - *Visit your plan's website to search the most up-to-date formulary*
- Call the plan's Member Services line
  - *Our team is here to help you look up your prescriptions*

Understanding Your Formulary

- **Transition Fill:** New plan members, or existing members whose drug coverage has changed, may request a one time 30-day supply of their non-formulary or restricted drug.
- **Exceptions:** You may request a tier exception, waiver of restriction or limitation on your drug, or coverage of a non-formulary drug. You or your prescriber would contact the plan to request an exception.
- **Prior Authorization (PA):** Some drugs require PA for coverage, effectiveness, or safety reasons. You or your prescriber would request approval in advance from the plan for these drugs to be covered.
- **Quantity Limits (QL):** For certain drugs, there are limits on the amount of medication that you can get at a time.
- **Step Therapy (ST):** In some cases, our plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition.

Understanding Your Health Plan Costs

- **Plan Premium:** If applicable, the monthly payment you make to the health plan for coverage.
- **Annual Deductible:** If applicable, the amount you must pay for health care and/or prescriptions before your health plan begins to pay.
- **Copayment:** A fixed dollar amount you pay as your share of the cost when accessing services.
- **Coinsurance:** A percentage amount you pay as your share of the cost when accessing services.

Allwell
Medicare Advantage Plans

Please refer to your Enrollment Guide
as we walk through our plan benefits and features.

Your Enrollment Guide contains important information, including:

- Summary of Benefits
- Plan Star Ratings
- Multi-Language Insert
- Enrollment Form

It's Easy to Enroll

Let's review the Enrollment Form in your Enrollment Guide!

As you complete the Enrollment Form, be sure to include your:

- ✓ plan selection
- ✓ full name
- ✓ phone number(s)
- ✓ residential address
- ✓ mailing address, if applicable
- ✓ Medicare claim number
- ✓ primary care provider (PCP) name
- ✓ signature and date

Other Ways to Enroll

- Contact today's presenter
- Visit the plan's website to complete an online Enrollment Form
- Call the phone number in your Enrollment Guide to speak to a Medicare Advantage sales representative

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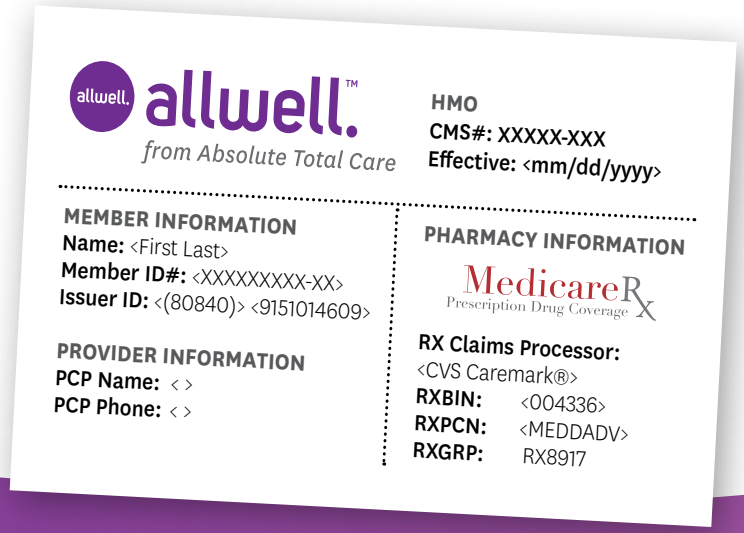
Getting Started as an Allwell Member

What to Expect After You Enroll

As a new member, you will receive:

- **Enrollment Confirmation Letter:** Confirms that Medicare has approved your enrollment and that you are covered by the plan
- **Post-Enrollment Packet:** Includes your Evidence of Coverage, a notice of how to obtain directories, and a Formulary (if applicable)
- **Member ID Card:** Use this card when accessing plan covered services



Getting Started as a Member

Annual Wellness Visit:

As soon as you receive your ID card, we encourage you to call your primary care provider (PCP) to schedule this important visit.

Health Risk Assessment (HRA) Questionnaire:

- After enrollment, you will receive a call from a plan representative who will assist you to complete the HRA questionnaire. (If you cannot complete the questionnaire over the phone, it will be mailed to you.)
- The HRA asks questions that help your plan learn about your specific health-related needs and concerns.
- Completing the HRA allows your plan to work with you and your primary care provider to better meet your health care needs and keep you as healthy as possible.
- Your answers will not affect your health insurance benefits, costs, or membership in any way.

Thank you for the opportunity

We look forward to welcoming you to the Allwell Family!

Allwell is contracted with Medicare for HMO and HMO SNP plans and the South Carolina Medicaid program. Enrollment In Allwell depends on contract renewal. This information is not a complete description of benefits. Contact the plan for more information.

Limitations, copayments, and restrictions may apply. Benefits, premiums and/or co-payments/co-insurance may change on January 1 of each year. You must continue to pay your Part B premium. However, for full-dual beneficiaries, the State will cover your Part B premium as long as you retain your Medicaid eligibility. The Allwell Dual Medicare (HMO SNP) plan is available to anyone who has both Medical Assistance from the State and Medicare.

Premium, co-pays, co-insurance, and deductibles may vary based on the level of Extra Help you receive. Please contact the plan for further details. Medicare evaluates plan based on a 5-star rating system. Star Ratings are calculated each year and may change from one year to the next.

The Formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary. Medicare beneficiaries may also enroll in Allwell through the CMS Medicare Online Enrollment Center located at http://www.medicare.gov.

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 at 1-855-766-1497 (TTY: 711), from October 1 to February 14, you can call us 7 days a week from 8 a.m. to 8 p.m. From February 15 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 above 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, (TDD: 1-800-537-7697).

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

SPANISH	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-766-1497 (HMO and HMO SNP) (TTY: 711).
CHINESE	注意：如果您說中文，您可以免費獲得語言援助服務。請致電 1-855-766-1497 (HMO and HMO SNP) (TTY: 711)。
VIETNAMESE	CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-766-1497 (HMO and HMO SNP) (TTY: 711).
KOREAN	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-766-1497 (HMO and HMO SNP) (TTY: 711) 번으로 전화해 주십시오.
FRENCH	ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-766-1497 (HMO and HMO SNP) (TTY: 711).
TAGALOG	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-855-766-1497 (HMO and HMO SNP) (TTY: 711).
RUSSIAN	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-766-1497 (HMO and HMO SNP) (TTY: 711).
GERMAN	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-855-766-1497 (HMO and HMO SNP) (TTY: 711).

GUJARATI	**સુચના: જો તમે ગુજરાતી બોલતા હો તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો** 1-855-766-1497 (HMO and HMO SNP) (TTY: 711).
ARABIC	تنبيه: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية المجانية متاحة لك. يُرجى الاتصال بالرقم. 1-855-766-1497 (HMO and HMO SNP) (م ك ب ل ا و م ص ل ا ف ت ا ه م ق ر: 711).
PORTUGUESE	ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-855-766-1497 (HMO and HMO SNP) (TTY: 711).
JAPANESE	注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-855-766-1497 (HMO and HMO SNP) (TTY: 711) まで、お電話にてご連絡ください。
UKRAINIAN	УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-855-766-1497 (HMO and HMO SNP) (TTY: 711).
HINDI	ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-855-766-1497 (HMO and HMO SNP) (TTY: 711).
MON-KHMER, CAMBODIAN	ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតឈ្នួល គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 1-855-766-1497 (HMO and HMO SNP) (TTY: 711).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