



FROM



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# Optional Supplemental Benefits

If you are enrolled in Allwell Medicare Boost (HMO), you have the choice to customize and enhance your coverage with an optional supplemental benefits package. For an additional monthly premium of \$18.10 you can take advantage of these great benefits.

## 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 Boost (HMO). 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, 2020, through December 31, 2020, for a January 1, 2021, effective date; January 1, 2021, through January 31, 2021, for a February 1, 2021, 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 Wellbeing

Additional monthly premium: \$18.10



## Preventive and Comprehensive Dental

**Annual benefit maximum:** \$1,000

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 (prophylaxis)	\$0 copay
Fluoride treatment	\$0 copay
Dental X-rays	\$0 copay

Comprehensive services	
Non-routine services	\$0 copay
Diagnostic services	\$0 copay
Restorative services	20% coinsurance
Endodontic services	50% coinsurance
Periodontics	50% coinsurance
Extractions	50% coinsurance
Prosthodontics	50% coinsurance



## Vision Benefits

You pay a \$0 copay for a routine eye exam (available once every year).

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

This information is not a complete description of benefits. Call 1-833-543-0246 (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.