



Summary of Benefits

2021

Allwell Dual Medicare (HMO D-SNP) H1664: 005

Barry, Cass, Christian, Clay, Crawford, Dade, Dallas, Douglas, Franklin, Greene, Jackson, Jasper, Jefferson, Laclede, Lawrence, Lincoln, McDonald, Newton, Platte, Polk, St. Charles, St. Louis, St. Louis City, Stone, Taney, Warren, Washington, Webster, and Wright counties, MO

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.homestatehealth.com.

You are eligible to enroll in Allwell Dual Medicare (HMO D-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 D-SNP) service area counties). Our service area includes the following counties in Missouri: Barry, Cass, Christian, Clay, Crawford, Dade, Dallas, Douglas, Franklin, Greene, Jackson, Jasper, Jefferson, Laclede, Lawrence, Lincoln, McDonald, Newton, Platte, Polk, St. Charles, St. Louis, St. Louis City, Stone, Taney, Warren, Washington, Webster, and Wright.
- For Allwell Dual Medicare (HMO D-SNP), you must also be enrolled in the Missouri 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 Missouri for full-dual enrollees. Please contact the plan for further details.

The Allwell Dual Medicare (HMO D-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 and pharmacy directory or, for an up-to-date list of network providers, visit allwell.homestatehealth.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 D-SNP) will be responsible for the costs.)

This Allwell Dual Medicare (HMO D-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, 2021 – DECEMBER 31, 2021

| Benefits | Allwell Dual Medicare (HMO D-SNP) H1664:005 Premiums / Copays / Coinsurance |
|---|---|
| <p>Premiums, copays, coinsurance, and deductibles may vary based on your Medicaid eligibility category and/or the level of Extra Help you receive</p> | |
| <p>Monthly Plan Premium</p> | <p>\$0 (You must continue to pay your Medicare Part B premium, if not otherwise paid for by Medicaid or another third party.)</p> |
| <p>Deductibles</p> | <ul style="list-style-type: none"> • \$0 deductible for covered medical services • \$250 deductible for Part D prescription drugs (applies to drugs on Tiers 2, 3, 4 and 5) |
| <p>Maximum Out-of-Pocket Responsibility (does not include prescription drugs)</p> | <p>\$3,450 annually This is the most you will pay in copays and coinsurance for covered medical services for the year.</p> |
| <p>Inpatient Hospital Coverage*</p> | <p>\$0 copay per stay</p> |
| <p>Outpatient Hospital Coverage*</p> | <ul style="list-style-type: none"> • Outpatient Hospital: \$0 copay per visit • Observation Services: \$0 copay per visit |
| <p>Doctor Visits (Primary Care Providers and Specialists)</p> | <ul style="list-style-type: none"> • Primary Care: \$0 copay per visit • Specialist: \$0 copay per visit |
| <p>Preventive Care (e.g. flu vaccine, diabetic screening)</p> | <p>\$0 copay for most Medicare-covered preventive services Other preventive services are available.</p> |
| <p>Emergency Care</p> | <p>\$0 copay per visit</p> |
| <p>Urgently Needed Services</p> | <p>\$0 copay per visit</p> |

Services with an * (asterisk) may require prior authorization from your doctor.

| Benefits | Allwell Dual Medicare (HMO D-SNP) H1664:005 Premiums / Copays / Coinsurance |
|---|---|
| Diagnostic Services/ Labs/Imaging* (includes diagnostic tests and procedures, labs, diagnostic radiology, and X-rays) | COVID-19 testing and specified testing-related services at any location are \$0 <ul style="list-style-type: none"> • Lab services: \$0 copay • Diagnostic tests and procedures: \$0 copay • Outpatient X-ray services: \$0 copay • Diagnostic Radiology services (such as, MRI, MRA, CT, PET): \$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 total, 1 per ear, per calendar year) |
| Dental Services | <ul style="list-style-type: none"> • Dental services (Medicare-covered): \$0 copay per visit • Preventive Dental Services: \$0 copay (including oral exams, cleanings, fluoride treatment, and X-rays). Comprehensive dental services: Additional comprehensive dental benefits are available. There is a maximum allowance of \$3,000 every calendar year; it applies to all comprehensive dental benefits. |
| 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 \$350 allowance every calendar year |
| Mental Health Services | Individual and group therapy: \$0 copay per visit |
| Skilled Nursing Facility* | Days 1-100: \$0 copay per stay, per benefit period. |
| Physical Therapy* | \$0 copay per visit |
| Ambulance | \$0 copay (per one-way trip) for ground or air ambulance services |

Services with an * (asterisk) may require prior authorization from your doctor.

| Benefits | Allwell Dual Medicare (HMO D-SNP) H1664:005 Premiums / Copays / Coinsurance |
|-----------------------------------|---|
| Ambulatory Surgery Center* | Ambulatory Surgery Center: \$0 copay per visit |
| Transportation | \$0 copay for each one-way trip Unlimited one-way trips to plan-approved health-related locations every calendar year. Mileage limits may apply. |
| 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 from your doctor.

Part D Prescription Drugs

| | | |
|--|---|--|
| Deductible Stage | <p>\$250 deductible for Part D prescription drugs (applies to drugs on Tiers 2, 3, 4 and 5).</p> <p>The Deductible Stage is the first payment stage for your drug coverage. This stage begins when you fill your first prescription in the year. When you are in this payment stage, you must pay the full cost of your Part D drugs until you reach the plan's deductible amount.</p> <p>Once you have paid the plan's deductible amount for your Part D drugs, you leave the Deductible Stage and move on to the next payment stage (Initial Coverage Stage). If you receive "Extra Help" to pay for your prescription drugs, your deductible amount will be either \$0 or \$92 depending on the level of "Extra Help" you receive.</p> | |
| Initial Coverage Stage (after you pay your Part D deductible, if applicable) | <p>After you have met your deductible (if applicable), the plan pays its share of the cost of your drugs and you pay your share of the cost. "Total drug costs" is the total of all payments made for your covered Part D drugs. It includes what the plan pays and what you pay. Once your "total drug costs" reach \$4,130 you move to the next payment stage (Coverage Gap Stage).</p> | |
| | Standard Retail Rx 30-day supply | Mail Order Rx 90-day supply |
| Tier 1: Preferred Generic Drugs | \$0 copay | \$0 copay |
| Tier 2: Generic Drugs | \$20 copay | \$60 copay |
| Tier 3: Preferred Brand Drugs | \$47 copay | \$141 copay |
| Tier 4: Non-Preferred Drugs | 50% coinsurance | 50% coinsurance |
| Tier 5: Specialty | 28% coinsurance | Not available |
| Coverage Gap Stage | <p>Because our plan offers additional gap coverage during the Coverage Gap Stage, your out-of-pocket costs will sometimes be lower than the cost described above. For more information, refer to the Evidence of Coverage (EOC), Chapter 6.</p> <p>During this payment stage, you receive a 70% manufacturer's discount on covered brand name drugs and the plan will cover another 5%, so you will pay 25% of the negotiated price and a portion of the dispensing fee on brand-name drugs. In addition the plan will pay 75% and you pay 25% for generic drugs. (The amount paid by the plan does not count towards your out-of-pocket costs).</p> | |

Part D Prescription Drugs

| | |
|------------------------------------|---|
| | <p>You generally stay in this stage until the amount of your year-to-date “out-of-pocket costs” reaches \$6,550. “Out of pocket costs” includes what you pay when you fill or refill a prescription for a covered Part D drug and payments made for your drugs by any of the following programs or organizations: “Extra Help” from Medicare; Medicare’s Coverage Gap Discount Program; Indian Health Service; AIDS drug assistance programs; most charities; and most State Pharmaceutical Assistance Programs (SPAPs). Once your “out-of-pocket costs” reach \$6,550, you move to the next payment stage (Catastrophic Coverage Stage).</p> <p>If you qualify for “Extra Help” this stage doesn’t apply-If you are not eligible for “Extra Help”, call the plan or refer to the Evidence of Coverage (EOC), Chapter 6, for outpatient prescription drug cost-sharing information.</p> |
| Catastrophic Coverage Stage | <p>During this payment stage, the plan pays most of the cost for your covered drugs. For each prescription, you pay whichever of these is greater: a payment equal to 5% coinsurance of the drug, or a copayment (\$3.70 for a generic drug or a drug that is treated like a generic, \$9.20 for all other drugs).</p> |
| 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 any of the four stages 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 stages 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 1-833-298-3361 (TTY: 711).</p> |

| Additional Covered Benefits | |
|--|---|
| Benefits | Allwell Dual Medicare (HMO D-SNP) H1664:005 Premiums / Copays / Coinsurance |
| Additional Telehealth Services | The cost share of Medicare-covered additional telehealth services with primary care physicians, specialists, individual/group sessions with mental health and psychiatric providers and other health care practitioners within these practices will be equal to the cost share of these individual services' office visits. |
| Opioid Treatment Program Services | <ul style="list-style-type: none"> • Individual setting: \$0 copay per visit • Group setting: \$0 copay per visit |
| Over-the-Counter (OTC) Items | <p>\$0 copay (\$325 allowance per quarter) for items available via mail</p> <p>There is a limit of 9 per item, per order, with the exception of certain products which have additional limits. You are allowed to order once per quarter and any unused money does not carry over to the next quarter.</p> <p>Please visit the plan's website to see the list of covered over-the-counter items.</p> |
| Meals | <p>\$0 copay</p> <p>Plan covers home-delivered meals (up to 2 meals per day for 14 days) following discharge from an inpatient facility or skilled nursing facility. Services are contingent on medical necessity and Case Management review and prior authorization to the vendor.</p> |
| Chiropractic Care | <ul style="list-style-type: none"> • Chiropractic services (Medicare-covered): \$0 copay per visit • Routine chiropractic services: \$0 copay per visit (12 visits every calendar year) |
| Acupuncture | <ul style="list-style-type: none"> • Acupuncture services for chronic low back pain (Medicare-covered): \$0 copay per visit in a chiropractic setting • Acupuncture services for chronic low back pain (Medicare-covered): \$0 copay per visit in a Primary Care Provider's office • Acupuncture services for chronic low back pain (Medicare-covered): \$0 copay per visit in a Specialist's office |
| 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 |

Services with an * (asterisk) may require prior authorization from your doctor.

| Additional Covered Benefits | |
|---|--|
| Benefits | Allwell Dual Medicare (HMO D-SNP) H1664:005 Premiums / Copays / Coinsurance |
| 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 per visit (12 visits every calendar year.) |
| Virtual Visit | Teladoc™ plan offers 24 hours a day/7days a week/365 days a year virtual visit access to board certified doctors to help address a wide variety of health concerns/questions. |
| Wellness Programs | <ul style="list-style-type: none"> • Fitness program: \$0 copay • 24-hour Nurse Connect: \$0 copay • Supplemental smoking and tobacco use cessation (counseling to stop smoking or tobacco use): \$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> |
| Routine Annual Exam | \$0 Copay |
| Additional Services that are covered for the Chronically Ill | <p>The following service is available for members with chronic conditions</p> <ul style="list-style-type: none"> • Nutritional Shakes: \$0 copay <p>Supplemental nutritional shakes are formulated to target both situational conditions and disease states such as diabetes, ESRD, cancer and wound care. Upon case management authorization and referral, 24 shakes per month, up to 3 months, will be shipped to the members home</p> <p>For a detailed list of benefits offered, please refer to the EOC.</p> |

Services with an * (asterisk) may require prior authorization from your doctor.

Comprehensive Written Statement for Prospective Enrollees

The benefits described in the Premium and Benefit section of the Summary of Benefits are covered by our Medicare Advantage plan. For each benefit listed, you can see what our plan covers. What you pay for covered services may depend on your level of Medicaid eligibility. Coverage of the benefits described in this Summary of Benefits depends upon your level of Medicaid eligibility. No matter what your level of Medicaid eligibility is, Allwell Dual Medicare (HMO D-SNP) will cover the benefits described in the Premium and Benefit section of the Summary of Benefits. If you have questions about your Medicaid eligibility and what benefits you are entitled to, call MO HealthNet toll-free at 1-855-373-4636 (TTY/TDD: 1-800-735-2966).

Our source of information for Medicaid benefits is <https://mydss.mo.gov/healthcare>. All Medicaid covered services are subject to change at any time. For the most current Missouri Medicaid coverage information, please visit <https://mydss.mo.gov/healthcare> or call Member Services for assistance. A detailed explanation of Missouri Medicaid benefits can be found in the Missouri Summary of Services online at <https://mydss.mo.gov/healthcare>.

| Ambulance (emergency only) | |
|---|----------|
| Coverage Group/ME Codes | Covered |
| MO Health Net for Adults 05, 10, 19, 21, 24, 26 | Yes |
| MO Health Net for Pregnant Women 18, 43, 44, 61, 95, 96, 98 | Yes |
| MO Health Net for Kids 06, 07, 08, 29, 30, 36, 37, 38, 40, 50, 52, 56, 57, 60, 62, 64, 65, 66, 68, 70 | Yes |
| CHIP Kids 71, 72, 73, 74, 75, 97 | Yes |
| Uninsured Women's Health Services 80, 89 | No |
| Traditional Medicaid 01, 04, 11, 13, 14, 16, 85, 86 | Yes |
| BCCCP 83, 84 | Yes |
| Blind Programs 02, 03, 12, 15 | Yes |
| Children's Programs 23, 28, 33, 34, 41, 49, 67, 88 | Yes |
| Temporary Women's Assistance for Pregnant Women 58, 59, 94 | Limited* |
| Presumptive Eligibility for Children 87 | Yes |
| Qualified Medicare Beneficiary (QMB) 55 | Yes |
| Missouri RX Plan (MORx) 82 | No |
| NOTE: *Limited coverage for ambulatory prenatal care. | |

| Ambulatory Surgical Center | |
|--|-----------|
| Coverage Group/ME Codes | Covered |
| MO Health Net for Adults 05, 10,19, 21, 24, 26 | Yes |
| MO Health Net for Pregnant Women 18, 43, 44, 61, 95, 96, 98 | Yes |
| MO Health Net for Kids 06, 07, 08, 29, 30, 36, 37, 38, 40, 50, 52, 56, 57, 60, 62, 64 ,65, 66, 68, 70 | Yes |
| CHIP Kids 71, 72, 73, 74, 75, 97 | Yes |
| Uninsured Women's Health Services 80, 89 | Limited* |
| Traditional Medicaid 01, 04, 11, 13, 14, 16, 85, 86 | Yes |
| BCCCP 83, 84 | Yes |
| Blind Programs 02, 03, 12, 15 | Yes |
| Children's Programs 23, 28, 33, 34, 41, 49, 67, 88 | Yes |
| Temporary Women's Assistance for Pregnant Women 58, 59, 94 | Limited** |
| Presumptive Eligibility for Children 87 | Yes |
| Qualified Medicare Beneficiary (QMB) 55 | Yes |
| Missouri RX Plan (MORx) 82 | No |
| NOTE: *Limited coverage for family planning and limited testing and treatment of sexually transmitted diseases. **Limited coverage for ambulatory prenatal care. | |

| Applied Behavior Analysis (ABA) | |
|---|----------|
| Coverage Group/ME Codes | Covered |
| MO Health Net for Adults 05, 10,19, 21, 24, 26 | Limited* |
| MO Health Net for Pregnant Women 18, 43, 44, 61, 95, 96, 98 | Limited* |
| MO Health Net for Kids 06, 07, 08, 29, 30, 36, 37, 38, 40, 50, 52, 56, 57, 60, 62, 64, 65, 66, 68, 70 | Limited* |
| CHIP Kids 71, 72, 73, 74, 75, 97 | Limited* |
| Uninsured Women's Health Services 80, 89 | No |
| Traditional Medicaid 01, 04, 11, 13, 14, 16, 85, 86 | Limited* |
| BCCCP 83, 84 | Limited* |
| Blind Programs 02, 03, 12, 15 | Limited* |
| Children's Programs 23, 28, 33, 34, 41, 49, 67, 88 | Limited* |
| Temporary Women's Assistance for Pregnant Women 58, 59, 94 | No |

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|---|----------|
| Presumptive Eligibility for Children 87 | Limited* |
| Qualified Medicare Beneficiary (QMB) 55 | Limited* |
| Missouri RX Plan (MORx) 82 | No |
| NOTE: *Covered benefit for participants under age 21 with Autism Spectrum Disorder. | |

| Certified Nurse Practitioner | |
|--|-----------|
| Coverage Group/ME Codes | Covered |
| MO Health Net for Adults 05, 10,19, 21, 24, 26 | Yes |
| MO Health Net for Pregnant Women 18, 43, 44, 61, 95, 96, 98 | Yes |
| MO Health Net for Kids 06, 07, 08, 29, 30, 36, 37, 38, 40, 50, 52, 56, 57, 60, 62, 64, 65, 66, 68, 70 | Yes |
| CHIP Kids 71, 72, 73, 74, 75, 97 | Yes |
| Uninsured Women's Health Services 80, 89 | Limited* |
| Traditional Medicaid 01, 04, 11, 13, 14, 16, 85, 86 | Yes |
| BCCCP 83, 84 | Yes |
| Blind Programs 02, 03, 12, 15 | Yes |
| Children's Programs 23, 28, 33, 34, 41, 49, 67, 88 | Yes |
| Temporary Women's Assistance for Pregnant Women 58, 59, 94 | Limited** |
| Presumptive Eligibility for Children 87 | Yes |
| Qualified Medicare Beneficiary (QMB) 55 | Yes |
| Missouri RX Plan (MORx) 82 | No |
| NOTE: *Limited coverage for family planning and limited testing and treatment of sexually transmitted diseases. **Limited coverage for ambulatory prenatal care. | |

| Community Psych Rehab Services | |
|---|----------|
| Coverage Group/ME Codes | Covered |
| MO Health Net for Adults 05, 10,19, 21, 24, 26 | Yes |
| MO Health Net for Pregnant Women 18, 43, 44, 61, 95, 96, 98 | Yes |
| MO Health Net for Kids 06, 07, 08, 29, 30, 36, 37, 38, 40, 50, 52, 56, 57, 60, 62, 64, 65, 66, 68, 70 | Limited* |
| CHIP Kids 71, 72, 73, 74, 75, 97 | Yes |

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| Uninsured Women's Health Services 80, 89 | No |
| Traditional Medicaid 01, 04, 11, 13, 14, 16, 85, 86 | Yes |
| BCCCP 83, 84 | Yes |
| Blind Programs 02, 03, 12, 15 | Limited* |
| Children's Programs 23, 28, 33, 34, 41, 49, 67, 88 | Yes |
| Temporary Women's Assistance for Pregnant Women 58, 59, 94 | No |
| Presumptive Eligibility for Children 87 | Yes |
| Qualified Medicare Beneficiary (QMB) 55 | No |
| Missouri RX Plan (MORx) 82 | No |
| NOTE: *Except for ME Codes 02, 08, 52, 55, 57, 59, 64, 65, 80, 82 and 89 | |

| Comprehensive Day Rehab | |
|---|----------|
| Coverage Group/ME Codes | Covered |
| MO Health Net for Adults 05, 10, 19, 21, 24, 26 | Limited* |
| MO Health Net for Pregnant Women 18, 43, 44, 61, 95, 96, 98 | Yes |
| MO Health Net for Kids 06, 07, 08, 29, 30, 36, 37, 38, 40, 50, 52, 56, 57, 60, 62, 64, 65, 66, 68, 70 | Yes |
| CHIP Kids 71, 72, 73, 74, 75, 97 | Yes |
| Uninsured Women's Health Services 80, 89 | No |
| Traditional Medicaid 01, 04, 11, 13, 14, 16, 85, 86 | Limited* |
| BCCCP 83, 84 | Limited* |
| Blind Programs 02, 03, 12, 15 | Yes |
| Children's Programs 23, 28, 33, 34, 41, 49, 67, 88 | Yes |
| Temporary Women's Assistance for Pregnant Women 58, 59, 94 | No |
| Presumptive Eligibility for Children 87 | Yes |
| Qualified Medicare Beneficiary (QMB) 55 | No |
| Missouri RX Plan (MORx) 82 | No |
| NOTE: *Covered benefit for children under the age of 21 | |

| Comprehensive Substance Treatment & Rehab (CSTAR) | |
|---|----------|
| Coverage Group/ME Codes | Covered |
| MO Health Net for Adults 05, 10,19, 21, 24, 26 | Yes |
| MO Health Net for Pregnant Women 18, 43, 44, 61, 95, 96, 98 | Yes |
| MO Health Net for Kids 06, 07, 08, 29, 30, 36, 37, 38, 40, 50, 52, 56, 57, 60, 62, 64, 65, 66, 68, 70 | Limited* |
| CHIP Kids 71, 72, 73, 74, 75, 97 | Yes |
| Uninsured Women's Health Services 80, 89 | No |
| Traditional Medicaid 01, 04, 11, 13, 14, 16, 85, 86 | Yes |
| BCCCP 83, 84 | Yes |
| Blind Programs 02, 03, 12, 15 | Limited* |
| Children's Programs 23, 28, 33, 34, 41, 49, 67, 88 | Yes |
| Temporary Women's Assistance for Pregnant Women 58, 59, 94 | No |
| Presumptive Eligibility for Children 87 | Yes |
| Qualified Medicare Beneficiary (QMB) 55 | No |
| Missouri RX Plan (MORx) 82 | No |
| NOTE: *Except for ME codes 02, 08, 52, 55, 57, 59, 64, 65, 80, 82 and 89 | |

| Diabetes Self-Management | |
|---|-----------|
| Coverage Group/ME Codes | Covered |
| MO Health Net for Adults 05, 10,19, 21, 24, 26 | Limited* |
| MO Health Net for Pregnant Women 18, 43, 44, 61, 95, 96, 98 | Yes |
| MO Health Net for Kids 06, 07, 08, 29, 30, 36, 37, 38, 40, 50, 52, 56, 57, 60, 62, 64, 65, 66, 68, 70 | Yes |
| CHIP Kids 71, 72, 73, 74, 75, 97 | Yes |
| Uninsured Women's Health Services 80, 89 | No |
| Traditional Medicaid 01, 04, 11, 13, 14, 16, 85, 86 | Limited* |
| BCCCP 83, 84 | Limited* |
| Blind Programs 02, 03, 12, 15 | Yes |
| Children's Programs 23, 28, 33, 34, 41, 49, 67, 88 | Yes |
| Temporary Women's Assistance for Pregnant Women 58, 59, 94 | Limited** |
| Presumptive Eligibility for Children 87 | Yes |

| | |
|---|-----|
| Qualified Medicare Beneficiary (QMB) 55 | Yes |
| Missouri RX Plan (MORx) 82 | No |
| NOTE: *Covered benefit for children under the age of 21 **Limited coverage for ambulatory prenatal care. | |

| Dental | |
|--|-----------|
| Coverage Group/ME Codes | Covered |
| MO Health Net for Adults 05, 10,19, 21, 24, 26 | Limited* |
| MO Health Net for Pregnant Women 18, 43, 44, 61, 95, 96, 98 | Yes |
| MO Health Net for Kids 06, 07, 08, 29, 30, 36, 37, 38, 40, 50, 52, 56, 57, 60, 62, 64,65,66, 68, 70 | Yes |
| CHIP Kids 71, 72, 73, 74, 75, 97 | Yes |
| Uninsured Women's Health Services 80, 89 | No |
| Traditional Medicaid 01, 04, 11, 13, 14, 16, 85, 86 | Limited* |
| BCCCP 83, 84 | Limited* |
| Blind Programs 02, 03, 12, 15 | Yes |
| Children's Programs 23, 28, 33, 34, 41, 49, 67, 88 | Yes |
| Temporary Women's Assistance for Pregnant Women 58, 59, 94 | Limited** |
| Presumptive Eligibility for Children 87 | Yes |
| Qualified Medicare Beneficiary (QMB) 55 | No |
| Missouri RX Plan (MORx) 82 | No |
| NOTE: *Children under 21 years of age and participants in category of assistance for pregnant women, the blind or vendor nursing facility residents are eligible for the complete dental benefit. MO Health Net considers additional dental services for adults with certain pre-existing medical conditions. Such services require a written referral from the participant's physician that must state the absence of the dental treatment would adversely affect a specific pre-existing medical condition. For additional information, please see your provider manual section 13.1. ** Limited coverage for ambulatory prenatal care. | |

| Durable Medical Equipment | |
|---|----------|
| Coverage Group/ME Codes | Covered |
| MO Health Net for Adults 05, 10,19, 21, 24, 26 | Yes |
| MO Health Net for Pregnant Women 18, 43, 44, 61, 95, 96, 98 | Yes |
| MO Health Net for Kids 06, 07, 08, 29, 30, 36, 37, 38, 40, 50, 52, 56, 57, 60, 62, 64,65,66, 68, 70 | Yes |
| CHIP Kids 71, 72, 73, 74, 75, 97 | Yes |
| Uninsured Women's Health Services 80, 89 | No |
| Traditional Medicaid 01, 04, 11, 13, 14, 16, 85, 86 | Yes |
| BCCCP 83, 84 | Yes |
| Blind Programs 02, 03, 12, 15 | Yes |
| Children's Programs 23, 28, 33, 34, 41, 49, 67, 88 | Yes |
| Temporary Women's Assistance for Pregnant Women 58, 59, 94 | Limited* |
| Presumptive Eligibility for Children 87 | Yes |
| Qualified Medicare Beneficiary (QMB) 55 | Yes |
| Missouri RX Plan (MORx) 82 | No |
| NOTE: *Limited coverage for ambulatory prenatal care. | |

| Environmental Lead Assessment | |
|---|----------|
| Coverage Group/ME Codes | Covered |
| MO Health Net for Adults 05, 10,19, 21, 24, 26 | Limited* |
| MO Health Net for Pregnant Women 18, 43, 44, 61, 95, 96, 98 | Limited* |
| MO Health Net for Kids 06, 07, 08, 29, 30, 36, 37, 38, 40, 50, 52, 56, 57, 60, 62, 64, 65, 66, 68, 70 | Yes |
| CHIP Kids 71, 72, 73, 74, 75, 97 | Yes |
| Uninsured Women's Health Services 80, 89 | No |
| Traditional Medicaid 01, 04, 11, 13, 14, 16, 85, 86 | Limited* |
| BCCCP 83, 84 | Limited* |
| Blind Programs 02, 03, 12, 15 | Limited* |
| Children's Programs 23, 28, 33, 34, 41, 49, 67, 88 | Yes |
| Temporary Women's Assistance for Pregnant Women 58, 59, 94 | No |
| Presumptive Eligibility for Children 87 | Yes |

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|---|----|
| Qualified Medicare Beneficiary (QMB) 55 | No |
| Missouri RX Plan (MORx) 82 | No |
| NOTE: *Covered benefit for children under age 21. | |

| Family Planning | |
|---|---------|
| Coverage Group/ME Codes | Covered |
| MO Health Net for Adults 05, 10,19, 21, 24, 26 | Yes |
| MO Health Net for Pregnant Women 18, 43, 44, 61, 95, 96, 98 | Yes |
| MO Health Net for Kids 06, 07, 08, 29, 30, 36, 37, 38, 40, 50, 52, 56, 57, 60, 62, 64, 65, 66, 68, 70 | Yes |
| CHIP Kids 71, 72, 73, 74, 75, 97 | Yes |
| Uninsured Women's Health Services 80, 89 | Yes |
| Traditional Medicaid 01, 04, 11, 13, 14, 16, 85, 86 | Yes |
| BCCCP 83, 84 | Yes |
| Blind Programs 02, 03, 12, 15 | Yes |
| Children's Programs 23, 28, 33, 34, 41, 49, 67, 88 | Yes |
| Temporary Women's Assistance for Pregnant Women 58, 59, 94 | No |
| Presumptive Eligibility for Children 87 | Yes |
| Qualified Medicare Beneficiary (QMB) 55 | No |
| Missouri RX Plan (MORx) 82 | No |
| NOTE: | |

| Hearing Aid | |
|---|----------|
| Coverage Group/ME Codes | Covered |
| MO Health Net for Adults 05, 10,19, 21, 24, 26 | Limited* |
| MO Health Net for Pregnant Women 18, 43, 44, 61, 95, 96, 98 | Yes |
| MO Health Net for Kids 06, 07, 08, 29, 30, 36, 37, 38, 40, 50, 52, 56, 57, 60, 62, 64, 65, 66, 68, 70 | Yes |
| CHIP Kids 71, 72, 73, 74, 75, 97 | Yes |
| Uninsured Women's Health Services 80, 89 | No |
| Traditional Medicaid 01, 04, 11, 13, 14, 16, 85, 86 | Limited* |
| BCCCP 83, 84 | Limited* |
| Blind Programs 02, 03, 12, 15 | Yes |
| Children's Programs 23, 28, 33, 34, 41, 49, 67, 88 | Yes |
| Temporary Women's Assistance for Pregnant Women 58, 59, 94 | No |
| Presumptive Eligibility for Children 87 | Yes |
| Qualified Medicare Beneficiary (QMB) 55 | No |

| | |
|--|----|
| Missouri RX Plan (MORx) 82 | No |
| NOTE: *Covered benefit for children under age 21. Residents residing in a nursing home are eligible. Please see Section 13.9 in your provider manual for specific information. | |

| Home Health | |
|---|-----------|
| Coverage Group/ME Codes | Covered |
| MO Health Net for Adults 05, 10, 19, 21, 24, 26 | Limited* |
| MO Health Net for Pregnant Women 18, 43, 44, 61, 95, 96, 98 | Yes |
| MO Health Net for Kids 06, 07, 08, 29, 30, 36, 37, 38, 40, 50, 52, 56, 57, 60, 62, 64, 65, 66, 68, 70 | Yes |
| CHIP Kids 71, 72, 73, 74, 75, 97 | Yes |
| Uninsured Women's Health Services 80, 89 | No |
| Traditional Medicaid 01, 04, 11, 13, 14, 16, 85, 86 | Limited* |
| BCCCP 83, 84 | Limited* |
| Blind Programs 02, 03, 12, 15 | Yes |
| Children's Programs 23, 28, 33, 34, 41, 49, 67, 88 | Yes |
| Temporary Women's Assistance for Pregnant Women 58, 59, 94 | Limited** |
| Presumptive Eligibility for Children 87 | Yes |
| Qualified Medicare Beneficiary (QMB) 55 | Yes |
| Missouri RX Plan (MORx) 82 | No |
| NOTE: *Excludes PT, OT and ST for adults receiving a limited benefit package. **Limited coverage for ambulatory prenatal care. | |

| Hospice | |
|---|---------|
| Coverage Group/ME Codes | Covered |
| MO Health Net for Adults 05, 10,19, 21, 24, 26 | Yes |
| MO Health Net for Pregnant Women 18, 43, 44, 61, 95, 96, 98 | Yes |
| MO Health Net for Kids 06, 07, 08, 29, 30, 36, 37, 38, 40, 50, 52, 56, 57, 60, 62, 64,65,66, 68, 70 | Yes |
| CHIP Kids 71, 72, 73, 74, 75, 97 | Yes |
| Uninsured Women's Health Services 80, 89 | No |
| Traditional Medicaid 01, 04, 11, 13, 14, 16, 85, 86 | Yes |
| BCCCP 83, 84 | Yes |
| Blind Programs 02, 03, 12, 15 | Yes |
| Children's Programs 23, 28, 33, 34, 41, 49, 67, 88 | Yes |
| Temporary Women's Assistance for Pregnant Women 58, 59, 94 | No |
| Presumptive Eligibility for Children 87 | Yes |
| Qualified Medicare Beneficiary (QMB) 55 | Yes |
| Missouri RX Plan (MORx) 82 | No |
| NOTE: | |

| Inpatient Hospital | |
|---|---------|
| Coverage Group/ME Codes | Covered |
| MO Health Net for Adults 05, 10,19, 21, 24, 26 | Yes |
| MO Health Net for Pregnant Women 18, 43, 44, 61, 95, 96, 98 | Yes |
| MO Health Net for Kids 06, 07, 08, 29, 30, 36, 37, 38, 40, 50, 52, 56, 57, 60, 62, 64, 65, 66, 68, 70 | Yes |
| CHIP Kids 71, 72, 73, 74, 75, 97 | Yes |
| Uninsured Women's Health Services 80, 89 | No |
| Traditional Medicaid 01, 04, 11, 13, 14, 16, 85, 86 | Yes |
| BCCCP 83, 84 | Yes |
| Blind Programs 02, 03, 12, 15 | Yes |
| Children's Programs 23, 28, 33, 34, 41, 49, 67, 88 | Yes |
| Temporary Women's Assistance for Pregnant Women 58, 59, 94 | No |
| Presumptive Eligibility for Children 87 | Yes |
| Qualified Medicare Beneficiary (QMB) 55 | Yes |
| Missouri RX Plan (MORx) 82 | No |
| NOTE: | |

| Intermediate Care Facility – Intellectual Disabilities (ICF-ID) | |
|---|----------|
| Coverage Group/ME Codes | Covered |
| MO Health Net for Adults 05, 10,19, 21, 24, 26 | No |
| MO Health Net for Pregnant Women 18, 43, 44, 61, 95, 96, 98 | No |
| MO Health Net for Kids 06, 07, 08, 29, 30, 36, 37, 38, 40, 50, 52, 56, 57, 60, 62, 64, 65, 66, 68, 70 | Limited* |
| CHIP Kids 71, 72, 73, 74, 75, 97 | No |
| Uninsured Women's Health Services 80, 89 | No |
| Traditional Medicaid 01, 04, 11, 13, 14, 16, 85, 86 | Yes |
| BCCCP 83, 84 | No |
| Blind Programs 02, 03, 12, 15 | Yes |
| Children's Programs 23, 28, 33, 34, 41, 49, 67, 88 | Yes |
| Temporary Women's Assistance for Pregnant Women 58, 59, 94 | No |
| Presumptive Eligibility for Children 87 | No |
| Qualified Medicare Beneficiary (QMB) 55 | No |
| Missouri RX Plan (MORx) 82 | No |
| NOTE: *Limited to ME codes 07, 08, 29, 30, 36, 37, 38, 50, 52, 56, 57, 64, 65, 66, 68, 69, 70, 88 | |

| Lab and Radiology | |
|---|----------|
| Coverage Group/ME Codes | Covered |
| MO Health Net for Adults 05, 10,19, 21, 24, 26 | Yes |
| MO Health Net for Pregnant Women 18, 43, 44, 61, 95, 96, 98 | Yes |
| MO Health Net for Kids 06, 07, 08, 29, 30, 36, 37, 38, 40, 50, 52, 56, 57, 60, 62, 64, 65, 66, 68, 70 | Yes |
| CHIP Kids 71, 72, 73, 74, 75, 97 | Yes |
| Uninsured Women's Health Services 80, 89 | Limited* |
| Traditional Medicaid 01, 04, 11, 13, 14, 16, 85, 86 | Yes |
| BCCCP 83, 84 | Yes |
| Blind Programs 02, 03, 12, 15 | Yes |
| Children's Programs 23, 28, 33, 34, 41, 49, 67, 88 | Yes |
| Temporary Women's Assistance for Pregnant Women 58, 59, 94 | Yes |
| Presumptive Eligibility for Children 87 | Yes |
| Qualified Medicare Beneficiary (QMB) 55 | Yes |
| Missouri RX Plan (MORx) 82 | No |
| NOTE: *Limited Coverage for family planning and limited testing and treatment of sexually transmitted diseases. | |

| Licensed Clinical Social Worker (LCSW) | |
|--|-----------|
| Coverage Group/ME Codes | Covered |
| MO Health Net for Adults 05, 10,19, 21, 24, 26 | Limited* |
| MO Health Net for Pregnant Women 18, 43, 44, 61, 95, 96, 98 | Limited* |
| MO Health Net for Kids 06, 07, 08, 29, 30, 36, 37, 38, 40, 50, 52, 56, 57, 60, 62, 64, 65, 66, 68, 70 | Yes |
| CHIP Kids 71, 72, 73, 74, 75, 97 | Yes |
| Uninsured Women's Health Services 80, 89 | No |
| Traditional Medicaid 01, 04, 11, 13, 14, 16, 85, 86 | Limited* |
| BCCCP 83, 84 | Limited* |
| Blind Programs 02, 03, 12, 15 | Limited* |
| Children's Programs 23, 28, 33, 34, 41, 49, 67, 88 | Yes |
| Temporary Women's Assistance for Pregnant Women 58, 59, 94 | No |
| Presumptive Eligibility for Children 87 | Yes |
| Qualified Medicare Beneficiary (QMB) 55 | Limited** |
| Missouri RX Plan (MORx) 82 | No |
| <p>NOTE: *Covered benefit for children under age 21. Adults in the FFS program receive Social Workers/Counselors services through FQHC/RHC providers.</p> <p>**Medicare Restrictions apply – some services in this grouping are not covered by Medicare.</p> | |

| Licensed Professional Counselor (LPC) | |
|---|----------|
| Coverage Group/ME Codes | Covered |
| MO Health Net for Adults 05, 10,19, 21, 24, 26 | Limited* |
| MO Health Net for Pregnant Women 18, 43, 44, 61, 95, 96, 98 | Limited* |
| MO Health Net for Kids 06, 07, 08, 29, 30, 36, 37, 38, 40, 50, 52, 56, 57, 60, 62, 64,65,66, 68, 70 | Yes |
| CHIP Kids 71, 72, 73, 74, 75, 97 | Yes |
| Uninsured Women's Health Services 80, 89 | No |
| Traditional Medicaid 01, 04, 11, 13, 14, 16, 85, 86 | Limited* |
| BCCCP 83, 84 | Limited* |
| Blind Programs 02, 03, 12, 15 | Limited* |
| Children's Programs 23, 28, 33, 34, 41, 49, 67, 88 | Yes |

| | |
|---|-----------|
| Temporary Women's Assistance for Pregnant Women 58, 59, 94 | No |
| Presumptive Eligibility for Children 87 | Yes |
| Qualified Medicare Beneficiary (QMB) 55 | Limited** |
| Missouri RX Plan (MORx) 82 | No |
| NOTE: *Covered benefit for children under age 21. Adults in the FFS program receive Social Workers/Counselors services through FQHC/RHC providers. **Medicare Restrictions apply – some services in this grouping are not covered by Medicare. | |

| Non-Emergency Medical Transportation | |
|---|-----------|
| Coverage Group/ME Codes | Covered |
| MO Health Net for Adults 05, 10,19, 21, 24, 26 | Yes |
| MO Health Net for Pregnant Women 18, 43, 44, 61, 95, 96, 98 | Yes |
| MO Health Net for Kids 06, 07, 08, 29, 30, 36, 37, 38, 40, 50, 52, 56, 57, 60, 62, 64,65,66, 68, 70 | Limited* |
| CHIP Kids 71, 72, 73, 74, 75, 97 | Limited** |
| Uninsured Women's Health Services 80, 89 | No |
| Traditional Medicaid 01, 04, 11, 13, 14, 16, 85, 86 | Yes |
| BCCCP 83, 84 | Yes |
| Blind Programs 02, 03, 12, 15 | Limited* |
| Children's Programs 23, 28, 33, 34, 41, 49, 67, 88 | Yes |
| Temporary Women's Assistance for Pregnant Women 58, 59, 94 | Limited* |
| Presumptive Eligibility for Children 87 | Yes |
| Qualified Medicare Beneficiary (QMB) 55 | No |
| Missouri RX Plan (MORx) 82 | No |
| NOTE: *Except for ME codes 02, 08, 52, 55, 57, 59, 64, 65, 80, 82 and 89. ** Non-emergency transportation is covered for ME codes 71 and 72 only. | |

| Nurse Midwife | |
|---|----------|
| Coverage Group/ME Codes | Covered |
| MO Health Net for Adults 05, 10,19, 21, 24, 26 | Yes |
| MO Health Net for Pregnant Women 18, 43, 44, 61, 95, 96, 98 | Yes |
| MO Health Net for Kids 06, 07, 08, 29, 30, 36, 37, 38, 40, 50, 52, 56, 57, 60, 62, 64, 65, 66, 68, 70 | Yes |
| CHIP Kids 71, 72, 73, 74, 75, 97 | Yes |
| Uninsured Women's Health Services 80, 89 | Limited* |
| Traditional Medicaid 01, 04, 11, 13, 14, 16, 85, 86 | Yes |
| BCCCP 83, 84 | Yes |
| Blind Programs 02, 03, 12, 15 | Yes |
| Children's Programs 23, 28, 33, 34, 41, 49, 67, 88 | Yes |
| Temporary Women's Assistance for Pregnant Women 58, 59, 94 | Yes |
| Presumptive Eligibility for Children 87 | Yes |
| Qualified Medicare Beneficiary (QMB) 55 | Yes |
| Missouri RX Plan (MORx) 82 | No |
| NOTE: *Limited Coverage for family planning and limited testing and treatment of sexually transmitted diseases. | |

| Nursing Facility | |
|---|----------|
| Coverage Group/ME Codes | Covered |
| MO Health Net for Adults 05, 10,19, 21, 24, 26 | No |
| MO Health Net for Pregnant Women 18, 43, 44, 61, 95, 96, 98 | No |
| MO Health Net for Kids 06, 07, 08, 29, 30, 36, 37, 38, 40, 50, 52, 56, 57, 60, 62, 64,65,66, 68, 70 | No |
| CHIP Kids 71, 72, 73, 74, 75, 97 | No |
| Uninsured Women's Health Services 80, 89 | No |
| Traditional Medicaid 01, 04, 11, 13, 14, 16, 85, 86 | No |
| BCCCP 83, 84 | No |
| Blind Programs 02, 03, 12, 15 | Yes |
| Children's Programs 23, 28, 33, 34, 41, 49, 67, 88 | Yes |
| Temporary Women's Assistance for Pregnant Women 58, 59, 94 | No |
| Presumptive Eligibility for Children 87 | No |
| Qualified Medicare Beneficiary (QMB) 55 | Limited* |
| Missouri RX Plan (MORx) 82 | No |

| | |
|--|--|
| NOTE: *Medicare restrictions apply – some services in the grouping are not covered by Medicare. * Nursing Home admission requirements are listed in the Nursing Home Manual beginning in Section 13.5. | |
|--|--|

| Optical | |
|--|----------|
| Coverage Group/ME Codes | Covered |
| MO Health Net for Adults 05, 10,19, 21, 24, 26 | Limited* |
| MO Health Net for Pregnant Women 18, 43, 44, 61, 95, 96, 98 | Limited* |
| MO Health Net for Kids 06, 07, 08, 29, 30, 36, 37, 38, 40, 50, 52, 56, 57, 60, 62, 64,65,66, 68, 70 | Limited* |
| CHIP Kids 71, 72, 73, 74, 75, 97 | Limited* |
| Uninsured Women's Health Services 80, 89 | No |
| Traditional Medicaid 01, 04, 11, 13, 14, 16, 85, 86 | Limited* |
| BCCCP 83, 84 | Limited* |
| Blind Programs 02, 03, 12, 15 | Limited* |
| Children's Programs 23, 28, 33, 34, 41, 49, 67, 88 | Limited* |
| Temporary Women's Assistance for Pregnant Women 58, 59, 94 | No |
| Presumptive Eligibility for Children 87 | Limited* |
| Qualified Medicare Beneficiary (QMB) 55 | No |
| Missouri RX Plan (MORx) 82 | No |
| NOTE: *One (1) comprehensive or one (1) limited eye examination is allowed per year for children 20 years of age and younger, participants in the assistance categories for the blind, pregnant women, and participants residing in nursing homes. For participants 21 years of age and older, one (1) comprehensive or one (1) limited eye examination is allowed every two (2) years. Optical Services require a pre-certification through Cyber Access. Please see section 13.4 of the Optical Provider Manual. | |

| Outpatient Hospital | |
|---|----------|
| Coverage Group/ME Codes | Covered |
| MO Health Net for Adults 05, 10,19, 21, 24, 26 | Yes |
| MO Health Net for Pregnant Women 18, 43, 44, 61, 95, 96, 98 | Yes |
| MO Health Net for Kids 06, 07, 08, 29, 30, 36, 37, 38, 40, 50, 52, 56, 57, 60, 62, 64, 65, 66, 68, 70 | Yes |
| CHIP Kids 71, 72, 73, 74, 75, 97 | Yes |
| Uninsured Women's Health Services 80, 89 | Limited* |
| Traditional Medicaid 01, 04, 11, 13, 14, 16, 85, 86 | Yes |
| BCCCP 83, 84 | Yes |
| Blind Programs 02, 03, 12, 15 | Yes |
| Children's Programs 23, 28, 33, 34, 41, 49, 67, 88 | Yes |
| Temporary Women's Assistance for Pregnant Women 58, 59, 94 | Yes |
| Presumptive Eligibility for Children 87 | Yes |
| Qualified Medicare Beneficiary (QMB) 55 | Yes |
| Missouri RX Plan (MORx) 82 | No |
| NOTE: *Limited Coverage for family planning and limited testing and treatment of sexually transmitted diseases. | |

| Personal Care | |
|---|----------|
| Coverage Group/ME Codes | Covered |
| MO Health Net for Adults 05, 10,19, 21, 24, 26 | Yes |
| MO Health Net for Pregnant Women 18, 43, 44, 61, 95, 96, 98 | Yes |
| MO Health Net for Kids 06, 07, 08, 29, 30, 36, 37, 38, 40, 50, 52, 56, 57, 60, 62, 64,65,66, 68, 70 | Yes |
| CHIP Kids 71, 72, 73, 74, 75, 97 | Yes |
| Uninsured Women's Health Services 80, 89 | No |
| Traditional Medicaid 01, 04, 11, 13, 14, 16, 85, 86 | Yes |
| BCCCP 83, 84 | Yes |
| Blind Programs 02, 03, 12, 15 | Yes |
| Children's Programs 23, 28, 33, 34, 41, 49, 67, 88 | Limited* |
| Temporary Women's Assistance for Pregnant Women 58, 59, 94 | No |
| Presumptive Eligibility for Children 87 | Yes |
| Qualified Medicare Beneficiary (QMB) 55 | No |
| Missouri RX Plan (MORx) 82 | No |
| NOTE: * Does not include ME 23 and 41 | |

| Pharmacy | |
|--|-----------|
| Coverage Group/ME Codes | Covered |
| MO Health Net for Adults 05, 10,19, 21, 24, 26 | Yes |
| MO Health Net for Pregnant Women 18, 43, 44, 61, 95, 96, 98 | Yes |
| MO Health Net for Kids 06, 07, 08, 29, 30, 36, 37, 38, 40, 50, 52, 56, 57, 60, 62, 64,65,66, 68, 70 | Yes |
| CHIP Kids 71, 72, 73, 74, 75, 97 | Yes |
| Uninsured Women's Health Services 80, 89 | Limited* |
| Traditional Medicaid 01, 04, 11, 13, 14, 16, 85, 86 | Yes |
| BCCCP 83, 84 | Yes |
| Blind Programs 02, 03, 12, 15 | Yes |
| Children's Programs 23, 28, 33, 34, 41, 49, 67, 88 | Yes |
| Temporary Women's Assistance for Pregnant Women 58, 59, 94 | Limited* |
| Presumptive Eligibility for Children 87 | Yes |
| Qualified Medicare Beneficiary (QMB) 55 | Limited** |
| Missouri RX Plan (MORx) 82 | Yes |
| NOTE: *Limited coverage for family planning and limited testing and treatment of sexually transmitted diseases. **Medicare restrictions apply – some services in the grouping are not covered by Medicare. | |

| Physician-Certified Nurse Practitioner – FQHC/RHC | |
|---|-----------|
| Coverage Group/ME Codes | Covered |
| MO Health Net for Adults 05, 10,19, 21, 24, 26 | Yes |
| MO Health Net for Pregnant Women 18, 43, 44, 61, 95, 96, 98 | Yes |
| MO Health Net for Kids 06, 07, 08, 29, 30, 36, 37, 38, 40, 50, 52, 56, 57, 60, 62, 64,65,66, 68, 70 | Yes |
| CHIP Kids 71, 72, 73, 74, 75, 97 | Yes |
| Uninsured Women's Health Services 80, 89 | Limited* |
| Traditional Medicaid 01, 04, 11, 13, 14, 16, 85, 86 | Yes |
| BCCCP 83, 84 | Yes |
| Blind Programs 02, 03, 12, 15 | Yes |
| Children's Programs 23, 28, 33, 34, 41, 49, 67, 88 | Yes |
| Temporary Women's Assistance for Pregnant Women 58, 59, 94 | Limited** |
| Presumptive Eligibility for Children 87 | Yes |

| | |
|--|-----|
| Qualified Medicare Beneficiary (QMB) 55 | Yes |
| Missouri RX Plan (MORx) 82 | No |
| NOTE: *Limited Coverage for family planning and limited testing and treatment of sexually transmitted diseases. **Limited coverage for ambulatory prenatal care. | |

| Podiatry | |
|---|---------|
| Coverage Group/ME Codes | Covered |
| MO Health Net for Adults 05, 10,19, 21, 24, 26 | Yes |
| MO Health Net for Pregnant Women 18, 43, 44, 61, 95, 96, 98 | Yes |
| MO Health Net for Kids 06, 07, 08, 29, 30, 36, 37, 38, 40, 50, 52, 56, 57, 60, 62, 64, 65, 66, 68, 70 | Yes |
| CHIP Kids 71, 72, 73, 74, 75, 97 | Yes |
| Uninsured Women's Health Services 80, 89 | No |
| Traditional Medicaid 01, 04, 11, 13, 14, 16, 85, 86 | Yes |
| BCCCP 83, 84 | Yes |
| Blind Programs 02, 03, 12, 15 | Yes |
| Children's Programs 23, 28, 33, 34, 41, 49, 67, 88 | Yes |
| Temporary Women's Assistance for Pregnant Women 58, 59, 94 | No |
| Presumptive Eligibility for Children 87 | Yes |
| Qualified Medicare Beneficiary (QMB) 55 | Yes |
| Missouri RX Plan (MORx) 82 | No |
| NOTE: | |

| Private Duty Nursing | |
|---|----------|
| Coverage Group/ME Codes | Covered |
| MO Health Net for Adults 05, 10,19, 21, 24, 26 | Limited* |
| MO Health Net for Pregnant Women 18, 43, 44, 61, 95, 96, 98 | Limited* |
| MO Health Net for Kids 06, 07, 08, 29, 30, 36, 37, 38, 40, 50, 52, 56, 57, 60, 62, 64,65,66, 68, 70 | Yes |
| CHIP Kids 71, 72, 73, 74, 75, 97 | Yes |
| Uninsured Women's Health Services 80, 89 | No |
| Traditional Medicaid 01, 04, 11, 13, 14, 16, 85, 86 | Limited* |
| BCCCP 83, 84 | Limited* |
| Blind Programs 02, 03, 12, 15 | Limited* |
| Children's Programs 23, 28, 33, 34, 41, 49, 67, 88 | Yes |
| Temporary Women's Assistance for Pregnant Women 58, 59, 94 | No |
| Presumptive Eligibility for Children 87 | Yes |
| Qualified Medicare Beneficiary (QMB) 55 | No |

| | |
|---|----|
| Missouri RX Plan (MORx) 82 | No |
| NOTE: Covered benefit for children under the age of 21. | |

| Psychologist | |
|---|----------|
| Coverage Group/ME Codes | Covered |
| MO Health Net for Adults 05, 10,19, 21, 24, 26 | Yes |
| MO Health Net for Pregnant Women 18, 43, 44, 61, 95, 96, 98 | Yes |
| MO Health Net for Kids 06, 07, 08, 29, 30, 36, 37, 38, 40, 50, 52, 56, 57, 60, 62, 64,65,66, 68, 70 | Yes |
| CHIP Kids 71, 72, 73, 74, 75, 97 | Yes |
| Uninsured Women's Health Services 80, 89 | No |
| Traditional Medicaid 01, 04, 11, 13, 14, 16, 85, 86 | Yes |
| BCCCP 83, 84 | Yes |
| Blind Programs 02, 03, 12, 15 | Yes |
| Children's Programs 23, 28, 33, 34, 41, 49, 67, 88 | Yes |
| Temporary Women's Assistance for Pregnant Women 58, 59, 94 | No |
| Presumptive Eligibility for Children 87 | Yes |
| Qualified Medicare Beneficiary (QMB) 55 | Limited* |
| Missouri RX Plan (MORx) 82 | No |
| NOTE: *Medicare restrictions apply – some services in the grouping are not covered by Medicare. | |

| Therapies – Occupational, Physical, and Speech | |
|---|----------|
| Coverage Group/ME Codes | Covered |
| MO Health Net for Adults 05, 10,19, 21, 24, 26 | Limited* |
| MO Health Net for Pregnant Women 18, 43, 44, 61, 95, 96, 98 | Limited* |
| MO Health Net for Kids 06, 07, 08, 29, 30, 36, 37, 38, 40, 50, 52, 56, 57, 60, 62, 64,65,66, 68, 70 | Yes |
| CHIP Kids 71, 72, 73, 74, 75, 97 | Yes |
| Uninsured Women's Health Services 80, 89 | No |
| Traditional Medicaid 01, 04, 11, 13, 14, 16, 85, 86 | Limited* |
| BCCCP 83, 84 | Limited* |
| Blind Programs 02, 03, 12, 15 | Limited* |
| Children's Programs 23, 28, 33, 34, 41, 49, 67, 88 | Yes |
| Temporary Women's Assistance for Pregnant Women 58, 59, 94 | No |
| Presumptive Eligibility for Children 87 | Yes |
| Qualified Medicare Beneficiary (QMB) 55 | Yes |

| | |
|--|----|
| Missouri RX Plan (MORx) 82 | No |
| NOTE: *Covered benefit for children under the age of 21. | |

| Transplants | |
|---|-----------|
| Coverage Group/ME Codes | Covered |
| MO Health Net for Adults 05, 10,19, 21, 24, 26 | Yes |
| MO Health Net for Pregnant Women 18, 43, 44, 61, 95, 96, 98 | Yes |
| MO Health Net for Kids 06, 07, 08, 29, 30, 36, 37, 38, 40, 50, 52, 56, 57, 60, 62, 64,65,66, 68, 70 | Limited* |
| CHIP Kids 71, 72, 73, 74, 75, 97 | Yes |
| Uninsured Women's Health Services 80, 89 | No |
| Traditional Medicaid 01, 04, 11, 13, 14, 16, 85, 86 | Yes |
| BCCCP 83, 84 | Yes |
| Blind Programs 02, 03, 12, 15 | Limited** |
| Children's Programs 23, 28, 33, 34, 41, 49, 67, 88 | Yes |
| Temporary Women's Assistance for Pregnant Women 58, 59, 94 | No |
| Presumptive Eligibility for Children 87 | Yes |
| Qualified Medicare Beneficiary (QMB) 55 | Yes |
| Missouri RX Plan (MORx) 82 | No |
| NOTE: * Except for ME codes 08, 52, 57, 64, and 65. **Except for ME codes 02, 08, 52, 55, 57, 59, 64, 65, 80, 82 and 89 | |

| Copay Information | |
|---|--------------------------|
| Service Description | Copay Amount |
| Inpatient hospital per hospitalization: \$10.00 | \$10.00 |
| Outpatient hospital: \$3.00 | \$3.00 |
| Case Management: \$1.00 | \$1.00 |
| All physician related services: \$1.00 | \$1.00 |
| Nurse midwife or Nurse Practitioner: \$1.00 | \$2.00 |
| Psychologist: \$2.00 | \$2.00 |
| Psychotherapy when provided by psychiatrist or psychologist: \$2.00 | \$2.00 |
| FQHC/Rural Health Clinic: \$2.00 | \$2.00 |
| Independent Clinic/Public Health Clinic: \$0.50 | \$0.50 |
| Teaching Institution: \$0.50 | \$0.50 |
| Independent Laboratory/Independent X-ray Service: \$1.00 | \$1.00 |
| CRNA: \$0.50 | \$0.50 |
| NEMT Per Trip: \$2.00 | \$2.00 |
| Dental, Optical, and Podiatry | |
| Billed amount of claim | FFS Maximum Cost Sharing |
| \$10.00 or less | \$0.50 |
| \$10.01 to \$25.00 | \$1.00 |
| \$25.01 to \$50.00 | \$2.00 |
| \$50.01 or more | \$3.00 |
| Exceptions to Copay Requirements | |
| <ul style="list-style-type: none"> Recipients under 19 years of age or ME codes 06, 33, 34, 36, 40, 52, 56, 57, 60, 62, 64, 65, 71, 72, 73, 74,75, 87, 88, and 97; | |
| <ul style="list-style-type: none"> Institutionalized recipients residing in a skilled nursing facility, intermediate care, nursing home, | |
| <ul style="list-style-type: none"> Services to recipients who have both Medicare and Medicaid if Medicare covers the service and | |
| <ul style="list-style-type: none"> Emergency admissions or transfer inpatient admissions | |

| |
|--|
| <ul style="list-style-type: none"> • Emergency services provided in an outpatient clinic or emergency room after the sudden onset of (including severe pain) that the absence of immediate medical attention could reasonably be <ul style="list-style-type: none"> ○ Placing the patients' health in serious jeopardy; ○ Serious impairment to bodily functions; or ○ Serious dysfunction of any bodily organ or part; |
| <ul style="list-style-type: none"> • Certain therapies – chronic renal dialysis, physical, radiation, and chemotherapy, |
| <ul style="list-style-type: none"> • Pregnant women with ME codes: 18, 43, 44, 45, 58, 59, 61, 94, 95, 96 and 98 |
| <ul style="list-style-type: none"> • Foster children with ME codes: 07, 08, 28, 29, 30, 37, 49, 50, 51, 66, 67, 68, 69, and 70; |
| <ul style="list-style-type: none"> • Services identified as medically necessary through an Early Periodic Screening; |
| <ul style="list-style-type: none"> • Blind individuals with ME codes: 02, 03, 12 and 15; |
| <ul style="list-style-type: none"> • Managed Care enrollees; |
| <ul style="list-style-type: none"> • Mental Health services provided by Dept. of Mental Health operated by Community Mental Health Centers (CMHC) or designated by DMH as a CMHC, or as a drug treatment facility, or as a child-serving agency within the comprehensive children's mental health service system; |
| <ul style="list-style-type: none"> • Family Planning services; |
| <ul style="list-style-type: none"> • Hospice Services; |
| <ul style="list-style-type: none"> • Personal care services which are medically oriented tasks having to do with a person's physical requirements, as opposed to housekeeping requirements, which enable a person to be treated by his physician or an outpatient, rather than on an inpatient or residential basis in a hospital, intermediate care facility, or skilled nursing facility. |
| <ul style="list-style-type: none"> • NEMT public transit and gas reimbursement modes of transportation |

For more information, please contact:

Allwell Dual Medicare (HMO D-SNP)
11720 Borman Drive
Saint Louis, MO 63146

allwell.homestatehealth.com

Current members should call: 1-833-298-3361 (TTY: 711)

Prospective members should call: 1-877-891-6102 (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 holiday.

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 1-833-298-3361 (TTY: 711) for more information.

"Coinsurance" is the percentage you pay of the total cost of certain medical and/or prescription drug 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 an HMO D-SNP plan and with the state Medicaid program. Enrollment in Allwell depends on contract renewal.