

Supplemental Benefit Highlights



We've partnered with Avesis, a national dental company, to provide services to our Molina Medicare Options Plus Plan Members.

Your benefits include an annual plan benefit maximum of \$1,000 and there is a \$10 copay for preventive and comprehensive dental office visits.

Some services require prior authorization. Your Avesis network provider will handle any plan-required authorizations for you. Avesis network dentists may collect reasonable and customary fees for services not covered by your supplemental dental benefits. You're responsible to pay for services you receive 1.) after the maximum coverage for that procedure is met and/or 2.) after your plan benefit maximum has been reached and/or 3.) from providers who aren't in the Avesis network.

Note: Only services provided by dentists in the Avesis network are covered. Services are limited to specific ADA CDT codes.

Covered Service
PREVENTIVE
Oral Exams
Up to 2 per year
Dental X-Rays
Up to 1 set per year
Cleanings
Up to 2 per year
Fluoride Treatment
Up to 1 per year
COMPREHENSIVE
Periodontics (Deep Cleanings)
Up to 2 quadrants per 24 months
Restorative Services (Fillings)
Up to 4 per year
Denture Allowance
\$500 maximum allowance every 3 years
(up to a \$250 maximum allowance per denture plate every 3 years)
Denture Adjustments
Up to 2 of any of the 4 denture adjustments per year
Simple Extractions
Up to 5 per year



You can get one routine eye exam every year. Your benefit also includes an eyewear allowance that you can use to buy contact lenses, eyeglasses (lenses and frames), just lenses or frames, and upgrades.

• You have a maximum eyewear allowance of \$150 every year.



Hearing Services

You can get one routine hearing exam every year. This exam determines the nature and degree of hearing loss, and identifies which tones, sounds and words you can and cannot hear.



Transportation (Routine)

Get a ride to and from your doctor's office, dentist's office, health clinic, eyeglasses store, pharmacy, or other places you receive covered benefits.

• \$0 copay for 12 one-way trips every year.



Meals Benefit

This program helps ease the transition from an inpatient hospital setting or Skilled Nursing Facility (SNF) back home.

• Up to 56 meals every year.



Your plan provides up to \$10,000 of worldwide emergency coverage every year for urgent, emergent, and post-stabilization care when traveling outside the U.S.



Our highly-trained nurses can answer your questions, provide self-care advice, and help you decide if you need to seek immediate care. This service is available 24-hours a day, 7 days a week and it's free for our members.



Receive individual telephonic Nutritional/Dietary Counseling sessions.



Learn to better manage your health and improve your quality of life. We offer learning materials, advice, and care tips to help manage chronic health conditions including asthma and depression.



In addition to buying maintenance medications at a local network pharmacy, you can also enjoy convenient home delivery with the CVS/caremark[™] Mail Service Pharmacy Program.

- Order by phone, mail, internet, or ask your doctor to place the order for you.
- Your prescriptions will be delivered right to your door. This means fewer trips to the pharmacy and gas pump.
- Whether you use mail service or purchase your maintenance medications at a local network pharmacy, talk to your doctor today about getting a prescription for 90 days—it may save you money.

Molina Medicare Options Plus HMO SNP is a Health Plan with a Medicare Contract and a contract with the state Medicaid program. Enrollment in Molina Medicare Options Plus depends on contract renewal. This plan is available to anyone who has both Medical Assistance from the State and Medicare. Product offered by Molina Healthcare of California, a wholly owned subsidiary of Molina Healthcare, Inc. This information is available in other formats, such as Braille, large print, and audio. Molina Medicare Options Plus HMO SNP complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call (800) 665-3086 (TTY: 711). ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al (800) 665-3086 (TTY: 711). 注意:如果您使用繁體中文,您可以免費獲得語言援助服務。請致電 (800) 665-3086 (TTY 711). This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments and restrictions may apply. Benefits, premium and/or copayments/coinsurance may change on January 1 of each year. Premiums, copays, coinsurance, and deductibles may vary based on the level of Extra Help you receive. Please contact the plan for further details.

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