

# Get all the benefits of **Medicare** – and more!

Molina Medicare Options HMO

[MolinaHealthcare.com/Medicare](http://MolinaHealthcare.com/Medicare)

California



Your Extended Family.

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# 2016 Benefits-At-A-Glance

Molina Medicare Options HMO		In-network you pay:
Monthly Health Plan Premium		\$0 - \$28.60
Medical Coverage		
Medical Deductible		\$0
Annual In-Network Out-of-Pocket Maximum		\$6,700
Doctor Office Visits		
<ul style="list-style-type: none"> <li>Primary Care Physician</li> <li>Specialist Care</li> </ul>		\$0 Copay \$0 Copay
Preventive Care		
<ul style="list-style-type: none"> <li>Wellness Visit</li> <li>Bone Mass Measurement</li> <li>Cardiovascular Screening</li> <li>Colorectal Screening</li> <li>Diabetes Screening</li> <li>Mammogram</li> </ul>		\$0 Copay \$0 Copay \$0 Copay \$0 Copay \$0 Copay \$0 Copay
Immunizations - includes Pneumonia and Flu		\$0 Copay
Inpatient Hospital Care (Plan covers 90 days for an inpatient stay and 60 lifetime reserve days)		\$0 Copay; per admit
Inpatient Mental Health Care (Plan covers 90 days for an inpatient hospital stay and 60 lifetime reserve days)		\$0 Copay; per admit
Skilled Nursing Facility Care (No prior hospital stay is required, plan covers up to 100 days)		\$0 Copay
Home Health Care		\$0 Copay
Outpatient Hospital and Ambulatory Surgical Center Services		\$0 Copay
Outpatient Mental Health Care and Substance Abuse Care (For each individual or group visit)		\$0 Copay
Outpatient Rehabilitation Services/Therapy (occupational, physical, speech and language therapy)		\$0 Copay
Outpatient Diagnostic Tests, Lab and Radiology Services and X-Rays		
<ul style="list-style-type: none"> <li>Diagnostic Radiology Services</li> <li>Diagnostic Tests and Procedures</li> <li>Lab Services</li> <li>X-rays</li> <li>Therapeutic Radiology Services</li> </ul>		\$0 Copay \$0 Copay \$0 Copay \$0 Copay \$0 Copay
Durable Medical Equipment		\$0 Copay
Prosthetic Devices		\$0 Copay
Diabetes Supplies and Services		
<ul style="list-style-type: none"> <li>Diabetes Monitoring Supplies</li> <li>Diabetes Self-Management Training</li> </ul>		\$0 Copay \$0 Copay
Urgent Care		\$0 Copay
Emergency Care		\$0 Copay
Worldwide Emergency Coverage (Up to \$10,000 of coverage every calendar year)		\$0 Copay
Ambulance Services		\$0 Copay
Prescription Drug Coverage		
You pay the following at in-network pharmacies for a 31 day supply		
Tier 1 - Preferred Generic Drugs		\$0 Copay
Tier 2 - Non-Preferred Generic Drugs		\$15 Copay
Tier 3 - Preferred Brand		\$47 Copay
Tier 4 - Non-Preferred Brand		\$95 Copay
Tier 5 - Specialty Tier Drugs		25% Coinsurance

## Supplemental Benefits

### Dental Services

- \$10 Office Visit Copay

### Preventive Services

- Oral Exams - 2 every calendar year (either periodic or comprehensive; comprehensive is only allowed once every 3 calendar years)
- Cleanings - 2 every calendar year
- Fluoride Treatment - 1 every calendar year
- Dental X-Rays - 1 set of 2 or 4 bitewing films every calendar year

### Comprehensive Services

- Periodontics (deep cleaning) - 2 quadrants every 24 months
- Restorative Services (fillings) - 4 every calendar year
- Extractions (simple) - 5 every calendar year
- Denture Allowance - \$500 maximum allowance every 3 calendar years (Limited to a \$250 maximum allowance per denture plate every 3 calendar years)
- Denture Adjustments - 2 of any of the 4 covered denture adjustment every calendar year

### Vision Services

- Routine Eye Exam - 1 per year
- Eyewear Allowance

\$0 Copay  
\$150 allowance every 2 years; includes an eyewear allowance that you can use to purchase contacts lenses, eyeglasses (lenses and frames), just lenses or frames and upgrades

### Hearing Services

- Routine Hearing Exam
- Hearing Aid Fitting/Evaluation
- Hearing Aid Allowance

\$0 Copay; 1 per year  
\$0 Copay; 1 fitting every 2 years  
\$600 allowance every 2 years

### Podiatry Services

- Medicare Covered Visits
- Routine Visits

\$0 Copay  
\$0 Copay; for up to 12 visits per year

### Transportation Services

\$0 Copay; for up to 48 one-way trips per year

### 24-hour Nurse Advice Line

\$0 Copay

### Health Education Programs

- Nutritional Benefit

\$0 Copay; for up to 30-60 minutes of individual telephonic nutritional counselling, upon referral

- Smoking Cessation Counseling

\$0 Copay



**Join the Molina Family!**  
**For more information call**  
**(866) 713-5064, TTY 711**

Monday – Friday, 8 a.m. to 8 p.m., local time or visit [MolinaHealthcare.com/Medicare](http://MolinaHealthcare.com/Medicare).

Molina Medicare Options HMO is a Health Plan with a Medicare Contract. Enrollment in Molina Medicare Options depends on contract renewal. 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. This information is available for free in other languages. Please call our customer service number at (800) 665-3086, TTY 711, 7 days a week, 8 a.m. - 8 p.m., local time. Esta información está disponible gratuitamente en otros idiomas. Por favor, comuníquese a nuestro número de teléfono para servicio al cliente al (800) 665-3086, TTY 711, los 7 días de la semana, de 8a.m. a 8p.m., hora local. Authorization and/or referral may be required. 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 co-payments/co-insurance may change on January 1 of each year. You must continue to pay your Medicare Part B premium. The Formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary. Calling the agent/broker number will direct an individual to a licensed insurance agent/broker. This is an advertisement.