

Connecting **Medicare** **and Medi-Cal** in ONE plan

Molina Medicare Options Plus HMO SNP

MolinaHealthcare.com/Medicare

Sacramento, California



Your Extended Family.

2016 Benefits-At-A-Glance

Molina Medicare Options Plus HMO SNP	If you qualify for coverage of Medicare cost-sharing and/or full Medicaid benefits, in-network you pay ¹ :
Monthly Health Plan Premium	\$0
Medical Coverage	
Doctor Office Visits	
• Primary Care Physician	\$0 Copay
• Specialist Care	\$0 Copay
Preventive Care	
• Wellness Visit	\$0 Copay
• Bone Mass Measurement	\$0 Copay
• Cardiovascular Screening	\$0 Copay
• Colorectal Screening	\$0 Copay
• Diabetes Screening	\$0 Copay
• Mammogram	\$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	
• Diagnostic Radiology Services	\$0 Copay
• Diagnostic Tests and Procedures	\$0 Copay
• Lab Services	\$0 Copay
• X-Rays	\$0 Copay
• Therapeutic Radiology Services	\$0 Copay
Durable Medical Equipment	\$0 Copay
Prosthetic Devices	\$0 Copay
Diabetes Supplies and Services	
• Diabetes Monitoring Supplies	\$0 Copay
• Diabetes Self-Management Training	\$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 or \$1.20 or \$2.95 Copay
Tier 2 - Non-Preferred Generic Drugs	\$0 or \$1.20 or \$2.95 Copay
Tier 3 - Preferred Brand	\$0 or \$3.60 or \$7.40 Copay
Tier 4 - Non-Preferred Brand	\$0 or \$3.60 or \$7.40 Copay
Tier 5 - Specialty Tier Drugs	\$0 or \$3.60 or \$7.40 Copay

Supplemental Benefits

Dental Services

- A \$1,000 calendar year maximum applies to ALL covered supplemental dental services and each service has a specific limit (e.g., maximum allowance, number of procedures and/or frequency of services). The cost of all covered supplemental dental services combined (including dentures) cannot exceed \$1,000 in a calendar year.
- \$10 Office Visit Copay

Preventive Services

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

Comprehensive Services

- Periodontics (deep cleaning) - up to 2 quadrants every 24 months
- Restorative Services (fillings) - up to 4 every calendar year
- Extractions (simple) - up to 5 every calendar year
- Denture Allowance - up to \$500 maximum allowance every 3 calendar years (Limited to a \$250 maximum allowance per denture plate every 3 calendar years)
- Denture Adjustments - up to 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
- \$0 Copay; 1 per year

Transportation Services

24-hour Nurse Advice Line

Health Education Programs

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

¹Any premiums and cost-sharing requirements are based on your level of Medicaid eligibility; 20% Coinsurance is based upon Medicare allowable for that service.



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.

Helpful information about eligibility and cost-share if you are a:

Qualified Medicare Beneficiary (QMB): Medicaid pays your Medicare Part A and Part B premiums, deductibles, coinsurance, and copayment amounts only. You receive Medicaid coverage of Medicare cost-share but are not otherwise eligible for full Medicaid benefits.

Qualified Medicare Beneficiary+ (QMB+): Medicaid pays your Medicare Part A and Part B premiums, deductibles, coinsurance, and copayment amounts. You receive Medicaid coverage of Medicare cost-share and are eligible for full Medicaid benefits.

As a QMB, QMB+ beneficiary enrolled in this Plan, your cost-share is 0% except for Part D prescription drug copays.

Low-Income Subsidy (LIS): Extra help that pays for your Medicare Drug plan's costs such as premium, any deductible, coinsurance and copays.

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. 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 8 a.m. a 8 p.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 for your Medicare Part B premium. As a full dual member, your State may cover your Part B premium, based upon your level of Medicaid eligibility. Premiums, co-pays, co-insurance, and deductibles may vary based on the level of Extra Help you receive. Please contact the plan for further details. 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.