2018 Benefits-At-A-Glance

For people with Medicare and Medi-Cal, ***Molina Medicare Options Plus*** makes it easy to get all the benefits you deserve and more!

Molina Medicare Options Plus HMO SNP

MolinaHealthcare.com/Medicare **Southern California**

MOLINA® HEALTHCARE

Your Extended Family.

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Molina Medicare Options Plus HMO SNP	You Pay
Monthly Health Plan Premium[1]	$0
Medical Coverage	**If you qualify for coverage of Medicare cost-sharing and/or full Medi-Cal benefits, in-network you pay[2]:**
Doctor Office Visits	
• Primary Care Physician	$0 Copay
• Specialist Care	$0 Copay
Preventive Care	
• Annual 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 (including Pneumonia and Flu)	$0 Copay
Inpatient Hospital Care	$0 Copay
Inpatient Mental Health Care	$0 Copay
Skilled Nursing Facility Care	$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 Procedures, Tests, Lab, Radiology Services and X-Rays	
• Diagnostic Radiology Services	$0 Copay
• Diagnostic Procedures and Tests	$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 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 - Generic Drugs	$0 or $1.25 or $3.35 Copay
Tier 3 - Preferred Brand Drugs	$0 or $3.70 or $8.35 Copay
Tier 4 - Non-Preferred Drugs	$0 or $3.70 or $8.35 Copay
Tier 5 - Specialty Tier Drugs	$0 or $3.70 or $8.35 Copay

Supplemental Benefits

Dental Services

- $10 Office Visit Copay

Preventive Services

- Oral Exams – up to 2 per year
- Cleanings – up to 2 per year
- Fluoride Treatment – up to 1 per year
- Dental X-Rays – up to 1 set per year

Comprehensive Services

A $500 annual maximum applies to all covered supplemental comprehensive dental services and each service has a specific limit (e.g., maximum allowance, number of procedures and/or frequency of services). The costs of all covered supplemental comprehensive dental services combined (excluding dentures) are subject to the annual maximum plan benefit coverage amount and cannot exceed $500 in a year.

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

Vision Services	
• Routine Eye Exam	$0 Copay; 1 every year
• Eyewear Allowance	$350 allowance every 2 years; includes an eyewear allowance that you can use to purchase contact lenses, eyeglasses (lenses and frames), just lenses or frames, and upgrades
Hearing Services	
• Routine Hearing Exam	$0 Copay; 1 every year
• Hearing Aid Fitting/Evaluation	$0 Copay; 1 fitting every 2 years
• Hearing Aid Allowance	$600 allowance every 2 years
Podiatry Services	
• Medicare Covered Visits	$0 Copay
• Routine Visits	$0 Copay for up to 12 visits every year
Transportation Services	$0 Copay for up to 12 one-way trips every year
Meal Benefit	$0 Copay for up to 56 home delivered meals delivered over 4 weeks, for qualifying members after transitioning from an in-patient hospital setting or skilled nursing facility
24-hour Nurse Advice Line	$0 Copay
Health Education	$0 Copay
Nutritional/Dietary Benefit	$0 Copay for up to 12 individual or group telephonic counseling sessions

[1]Premiums may vary based on the level of Extra Help you receive; your premium may be $0.
[2]Any premiums and cost-sharing requirements are based on your level of Medicaid eligibility

MOLINA® HEALTHCARE

For more information call

(866) 713-5064, TTY 711

7 days a week, 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. **Specified Low-Income Medicare Beneficiary+ (SLMB+):** Medicaid pays your Medicare Part B premium and provides full Medicaid benefits. **Full-Benefit Dual Eligible (FBDE):** At times, individuals may qualify for both limited coverage of Medicare cost sharing as well as full Medicaid benefits. As a QMB, QMB+, SLMB+, or FBDE 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. Dual eligible individuals who are eligible for enrollment in the Cal MediConnect MMP are excluded from enrollment in this plan. 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 Healthcare 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 1-800-665-3086 (TTY: 711). ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-665-3086 (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 1-800-665-3086 (TTY: 711). 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 copayments/coinsurance may change on January 1 of each year. You must continue to pay 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, copays, coinsurance, 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.