

For people with Medicare and Medicaid,  
***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](http://MolinaHealthcare.com/Medicare)

Idaho



Your Extended Family.

# 2018 Benefits-At-A-Glance

Molina Medicare Options Plus HMO SNP	You Pay
Monthly Health Plan Premium <sup>1</sup>	\$0
Medical Coverage	If you qualify for coverage of Medicare cost-sharing and/or full Medicaid benefits, in-network you pay <sup>2</sup> :
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>Annual Wellness Visit</li> <li>Bone Mass Measurement</li> <li>Cardiovascular Screening</li> <li>Colorectal Screening</li> <li>Diabetes Screening</li> <li>Mammogram</li> <li>Immunizations (including Pneumonia and Flu)</li> </ul>	\$0 Copay \$0 Copay \$0 Copay \$0 Copay \$0 Copay \$0 Copay \$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 <ul style="list-style-type: none"> <li>Diagnostic Radiology Services</li> <li>Diagnostic Procedures and Tests</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 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 \$1.25 or \$3.35 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

### Vision Services

- Routine Eye Exam
- Eyewear Allowance

\$0 Copay; 1 every year  
\$100 allowance every year; includes an eyewear allowance that you can use to purchase contact lenses, eyeglasses (lenses and frames), just lenses or frames, and upgrades

### Podiatry Services

- Medicare Covered Visits
- Routine Visits

\$0 Copay  
\$0 Copay for up to 6 visits every year

### Transportation Services

\$0 Copay for up to 22 one-way trips every year

### Over-the-Counter Medications and Supplies

\$60 in covered purchases every three months, with carry over

### 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

### Fitness Benefit

\$0 Copay for access to contracted fitness facilities and/or Home Fitness Kits

### 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

<sup>1</sup>Premiums may vary based on the level of Extra Help you receive; your premium may be \$0.

<sup>2</sup>Any premiums and cost-sharing requirements are based on your level of Medicaid eligibility



7 days a week, 8 a.m. to 8 p.m., local time or visit [MolinaHealthcare.com/Medicare](https://MolinaHealthcare.com/Medicare)

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 Utah, Inc., 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.