

# Get all of the benefits of **Medicare and Medicaid** - and more!

Molina Medicare Options Plus HMO SNP

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

Michigan



Your Extended Family.

# 2015 Benefits-At-A-Glance

Monthly Health Plan Premium <sup>1</sup>	\$0 - \$28.60	
<b>Molina Medicare Options Plus Benefits</b>	<b>If you qualify for coverage of Medicare cost-sharing and/or full Medicaid benefits, in-network you pay<sup>2</sup>:</b>	<b>If you DO NOT qualify for coverage of Medicare cost-sharing and/or full Medicaid benefits, in-network you pay<sup>2</sup>:</b>
Doctor Office Visits <ul style="list-style-type: none"> <li>• Primary Care Physician</li> <li>• Specialist*</li> </ul>	\$0 Copay \$0 Copay	20% Coinsurance 20% Coinsurance
Preventive Health Screenings <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>• Screening Mammograms</li> </ul>	\$0 Copay \$0 Copay \$0 Copay \$0 Copay \$0 Copay \$0 Copay	\$0 Copay \$0 Copay \$0 Copay \$0 Copay \$0 Copay \$0 Copay
Immunizations (includes Pneumonia and Flu)	\$0 Copay	\$0 Copay
Inpatient Hospital Care* (plan covers 90 days for an inpatient hospital stay and 60 lifetime reserve days)	\$0 Copay; per admit	In 2014, the per admission amounts for each benefit period were: \$1,216 <sup>3</sup> Deductible for days 1-60 \$304 <sup>3</sup> Copay per day for days 61-90 \$608 <sup>3</sup> Copay per day for 60 lifetime reserve days
Inpatient Mental Health Care* (plan covers 90 days for an inpatient hospital stay and 60 lifetime reserve days)	\$0 Copay; per admit	In 2014, the per admission amounts for each benefit period were: \$1,216 <sup>3</sup> Deductible for days 1-60 \$304 <sup>3</sup> Copay per day for days 61-90 \$608 <sup>3</sup> Copay per day for 60 lifetime reserve days
Skilled Nursing Facility* (no prior hospital stay is required, plan covers up to 100 days)	\$0 Copay	In 2014, the amounts for each benefit period were: \$0 Copay for days 1-20 \$152 <sup>3</sup> Copay per day for days 21-100
Home Health Services*	\$0 Copay	\$0 Copay
Outpatient Hospital and Ambulatory Surgical Center Services*	0% Coinsurance	20% Coinsurance
Outpatient Mental Health Care and Substance Abuse* (for each individual or group visit)	0% Coinsurance	20% Coinsurance
Outpatient Rehabilitation Services* (occupational, physical and speech therapy)	0% Coinsurance	20% Coinsurance
Outpatient Labs, Diagnostic Procedures/Tests, X-rays and Radiology Services*		
<ul style="list-style-type: none"> <li>• Lab Services</li> <li>• Procedures/Tests</li> <li>• X-rays</li> <li>• Diagnostic Radiology Services</li> <li>• Therapeutic Radiology Services</li> </ul>	\$0 Copay 0% Coinsurance 0% Coinsurance 0% Coinsurance 0% Coinsurance	\$0 Copay 20% Coinsurance 20% Coinsurance 20% Coinsurance 20% Coinsurance
Durable Medical Equipment*	0% Coinsurance	20% Coinsurance

\*Authorization and/or referral may be required. <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; 20% Coinsurance is based upon Medicare allowable for that service. <sup>3</sup>These amounts are for 2014 and are subject to change in 2015.

Prosthetic Devices*	0% Coinsurance	20% Coinsurance
Diabetes Self-Management Training	\$0 Copay	\$0 Copay
Diabetes Supplies and Services*	\$0 Copay	\$0 Copay
Urgently Needed Care	0% Coinsurance	20% Coinsurance
Emergency Care	0% Coinsurance	20% Coinsurance
Ambulance Services*	0% Coinsurance	20% Coinsurance

### Prescription Drugs: Depending on your income and institutional status, you pay the following at in-network pharmacies:

Prescription Drug Coverage (for 31 day supply)	
• Tier 1 – Generic Drugs	\$0 or \$1.20 or \$2.65 Copay
• Tier 2 – Preferred Brand	\$0 or \$3.60 or \$6.60 Copay
• Tier 3 – Non-Preferred Brand	\$0 or \$3.60 or \$6.60 Copay
• Tier 4 – Specialty Drugs	\$0 or \$3.60 or \$6.60 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 for all covered supplemental dental services combined (including dentures) cannot exceed \$1,000 in a calendar year.

\$10 Office Visit Copay

#### Preventive Dental

- 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 Dental\*

- 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 – \$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 adjustments every calendar year

#### Vision Services

- Routine Eye Exam
- Eyewear Allowance

\$0 Copay; 1 per year  
\$200 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

Routine Transportation \$0 Copay (for up to 21 one-way trips per year)

Over-the-Counter Medications and Supplies \$15 allowance per month

Podiatry Services\*

- Medicare Covered Visits
- Routine Visits

0% or 20% Coinsurance  
\$0 Copay (for up to 6 visits per year)

24-hour Nurse Advice Line \$0 Copay

Health Education \$0 Copay

Nutritional Benefit\* \$0 Copay (for up to 30-60 minutes of individual telephonic nutritional counseling, upon referral)



**Join the Molina Family! Call us today.  
Schedule a personal appointment and find out if you qualify.**

**(866) 713-5070 (TTY/TDD: 711)**

You will be directed to a licensed insurance agent.  
7 days a week, 8 a.m. to 8 p.m., local time or visit [MolinaHealthcare.com/Medicare](http://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 only. You are not eligible for other 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.

**Qualified Individual (QI):** Medicaid pays your Medicare Part B premium only. You are not otherwise eligible for Medicaid benefits.

**Qualified Disabled and Working Individual (QDWI):** Eligible for Medicaid payment of your Medicare Part A premium only. You are not otherwise eligible for Medicaid.

**If you are a QMB or QMB+ Beneficiary:** You have a 0% cost-share, except for Part D prescription drug copays, as long as you remain a QMB or QMB+ Member.

**If you are a SLMB+ or FBDE Beneficiary:** You are eligible for full Medicaid benefits and, at times, limited Medicare cost-share. As such your cost-share is 0% or 20%<sup>4</sup>. Typically your cost-share is 0% when the service is covered by both Medicare and Medicaid. Additionally, preventive wellness exams and most supplemental benefits provided by Molina Healthcare are also at a 0% cost-share. In rare instances, you will pay 20%<sup>4</sup> when a service or benefit is not covered by Medicaid.

**If you are a SLMB, QI, or QDWI Beneficiary:** Because Medicaid does not pay your cost-share, and you do not have full Medicaid benefits, your cost-share is typically 20%<sup>4</sup>. There are a few exceptions such as preventive wellness exams and most supplemental benefits provided by Molina Healthcare, where you will have a 0% cost-share.

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

<sup>4</sup>Annual deductible for Part B services and 20% coinsurance (as applicable), in addition to varying cost-share amounts for Part A services apply, when Member's cost-share amount is not 0%.

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. Benefits, formulary, pharmacy network, provider network, premium and/or co-payments/co-insurance may change on January 1 of each year. This plan is available to anyone who has both Medical Assistance from the State and Medicare. Please contact the plan for further details. 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, co-pays, co-insurance and deductibles may vary based on the level of Extra Help you receive. The benefit information provided is a brief summary, not a complete description of benefits. Limitations, copayments and restrictions may apply. For more information contact the plan. This information is available in other formats, such as Braille, large print and audio. This is an advertisement.