

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

Molina Dual Options MyCare Ohio (Medicare-Medicaid Plan)

MolinaHealthcare.com/Duals

Ohio



Your Extended Family.



2017 Benefits-At-A-Glance

Molina Dual Options MyCare Ohio Plan Benefits	You Pay:
Plan Premium	\$0
Medical Coverage	
Doctor Office Visits	
• Primary Care Physician	\$0 Copay
• Specialist Care	\$0 Copay
Preventive Care	
• Annual Wellness Visit	\$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
Ambulance Services	\$0 Copay
Prescription Drug Coverage	
You pay the following at in-network pharmacies for a 31 day supply	
• Tier 1 - Generic Drugs	\$0 Copay
• Tier 2 - Brand Drugs	\$0 Copay
• Tier 3 - Non-Medicare Rx/OTC Drugs	\$0 Copay
Additional Services	
Adult Day Health Services	\$0 Copay
Alternative Meals Service	\$0 Copay
Assisted Living Services	\$0 Copay
Choices Home Care Assistant	\$0 Copay

Additional Services (continued)

Chore Services	\$0 Copay
Community Transition Services	\$0 Copay
Emergency Response Services	\$0 Copay
Enhanced Community Living Services	\$0 Copay
Home and Community Based Services	\$0 Copay
Home Care Attendant	\$0 Copay
Home Delivered Meals	\$0 Copay
Home Medical Equipment and Supplemental Adaptive and Assistive Service	\$0 Copay
Home Modification, Maintenance, and Repair	\$0 Copay
Homemaker Services	\$0 Copay
Independent Living Assistance	\$0 Copay
Nutritional Consultation	\$0 Copay
Mental Health and Addiction Services	\$0 Copay
Medically Necessary Wheel Chair Van	\$0 Copay
Out of Home Respite Services	\$0 Copay
Personal Care Services	\$0 Copay
Pest Control	\$0 Copay
Private Duty Nursing Services	\$0 Copay
Social Work Counseling	\$0 Copay

Supplemental Benefits

Dental Services

- \$0 Office Visit Copay

Preventive Services

- Oral Exams
 - up to 1 every 6 months for members 20 and under
 - up to 1 every year for members 21 and over
- Cleaning – up to 1 every year
- Fluoride Treatment – up to 1 every six months
- Dental X-Rays – up to 1 every year

Comprehensive Services

- Medically necessary comprehensive dental services are covered at no cost to the member.

Vision Services

- | | |
|---|----------------------------|
| <ul style="list-style-type: none"> • Routine Eye Exam <ul style="list-style-type: none"> ○ 1 per year for members ages 20 and under and 60 and over ○ 1 per 2 years for members ages 21-59 • Eyeglasses <ul style="list-style-type: none"> ○ Eyeglasses (lenses and frames), just lenses or frames ○ 1 pair per year for members ages 20 and under and 60 and over ○ 1 pair per 2 years for members ages 21-59 | \$0 Copay

\$0 Copay |
|---|----------------------------|

Hearing Services

- | | |
|--|-------------------------------------|
| <ul style="list-style-type: none"> • Routine Hearing Exam • Hearing Aid Fitting/Evaluation • Hearing Aids <ul style="list-style-type: none"> ○ 1 pair every 4 years for conventional ○ 1 pair every 5 years for digital/programmable | \$0 Copay
\$0 Copay
\$0 Copay |
|--|-------------------------------------|

Supplemental Benefits (continued)

Transportation Services	\$0 Copay for 30 one-way trips to plan-approved locations
Over-the-Counter Medications and Supplies	\$20 in covered purchases every month
Meal Benefit	\$0 Copay for up to 56 home delivered meals 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
24-hour Behavioral Health Crisis Line	\$0 Copay
Health Education	\$0 Copay
Nutritional/Dietary Benefit	\$0 Copay for up to 12 individual telephonic nutritional counseling sessions
Smoking and Tobacco Cessation Counseling	\$0 Copay



Join the Molina Family!
For more information call
(866) 856-8295, TTY 711

7 days a week, 8 a.m. to 8 p.m., local time or visit MolinaHealthcare.com/Duals.

Molina Dual Options MyCare Ohio Medicare-Medicaid Plan is a health plan that contracts with both Medicare and Ohio Medicaid to provide benefits of both programs to enrollees. Product offered by Molina Healthcare of Ohio, Inc., a wholly owned subsidiary of Molina Healthcare, Inc. You can get this information for free in other formats, such as large print, braille, or audio. Call (855) 665-4623, TTY/TDD: 711, Monday - Friday, 8 a.m. to 8 p.m., local time. The call is free. 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 (855) 665-4623 (TTY: 711). ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al (855) 665-4623 (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 (855) 665-4623 (TTY: 711). Referral and/or authorization rules may apply. Limitations and restrictions may apply. For more information, call Molina Dual Options MyCare Ohio Member Services or read the Molina Dual Options MyCare Ohio Member Handbook. Benefits may change on January 1 of each year. This is not a complete list. The benefit information is a brief summary, not a complete description of benefits. For more information contact the plan or read the Member Handbook. The List of Covered Drugs and/or pharmacy and provider networks may change throughout the year. We will send you a notice before we make a change that affects you. For information on Molina Dual Options MyCare Ohio Medicare-Medicaid Plan and other options for your health care, call the Ohio Medicaid Hotline at (800) 324-8680 (voice) or (800)292-3572 (TTY), or visit <http://www.ohiomh.com/>.