

# **Supplemental Benefit Highlights**



# **Over-the-Counter (OTC) Medicines and More**

Molina partners with CVS/caremark<sup>™</sup> to make it easier for you to have the OTC drugs and other items you need most.

As a Molina Medicare Options Plus member, you can get the OTC products we cover without a prescription. You'll have \$20 to spend every month, whether you order by phone or online at <a href="cvs.com/otcmolina">cvs.com/otcmolina</a>. Stay within your \$20 limit, and your OTC purchases will cost you \$0. But make sure to spend as much of your \$20 as you can every month—what you don't spend won't carry over. It expires at the end of the month.

Below is a list of covered OTC products:

Item Description*	Item Description*	
Allergy & Sinus Medication	Gas Relief Medication	
Antacid/Heartburn Relief Medication	Health & Medicine – Blood Pressure Monitor	
Antibiotic & Antiseptic Medication	Hemorrhoid Treatment Medication	
Anti-Diarrhea Medication	Hot & Cold Therapy Accessories	
Antifungal & Health	Incontinence – Cleaners, Cloths & Creams	
Arthritis Pain Relief Medication	Incontinence – Pads & Liners	
Aspirin & Non-Aspirin Relief Medication	Incontinence – Protective Underwear & Briefs	
Bandages	Lactose Intolerance Medication	
Burn Treatment Medication	Medicine Accessories	
Compression Hosiery & Stockings	Migraine Relief Medication	
Corn Removal Medication	Ophthalmic (eyes) Medication	
Cough, Cold & Flu Medication	Oral Care (mouth) Medication	
Diabetic Health Medication	Otic (ears) Medication	
Feminine Care - Yeast Infection Medication	Sterile Gloves & Masks	
Fiber & Laxatives/Constipation Relief	Tape, Gauze & Pads	
First Aid – Itch & Rash Treatment Medication	Thermometers & Accessories	
First Aid – Medical ID Bracelets	Wart Removal Medication	
First Aid – Pinworm & Lice Treatment	Vitamins	
Foot Care – Antifungal & Health		

<sup>\*</sup>OTC items/pricing can change without notice.



We've partnered with Avesis, a national dental company, to provide services to our Molina Medicare Options Plus Plan Members.

Your benefits include an annual plan benefit maximum of \$1,000 and there is a \$10 copay for preventive and comprehensive dental office visits.

Some services require prior authorization. Your Avesis network provider will handle any plan-required authorizations for you. Avesis network dentists may collect reasonable and customary fees for services not covered by your supplemental dental benefits. You're responsible to pay for services you receive 1.) after the maximum coverage for that procedure is met and/or 2.) after your plan benefit maximum has been reached and/or 3.) from providers who aren't in the Avesis network.

Note: Only services provided by dentists in the Avesis network are covered. Services are limited to specific ADA CDT codes.

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#### **PREVENTIVE**

#### **Oral Exams**

Up to 2 per year

#### **Dental X-Rays**

Up to 1 set per year

#### **Cleanings**

Up to 2 per year

### **Fluoride Treatment**

Up to 1 per year

### **COMPREHENSIVE**

### **Periodontics (Deep Cleanings)**

Up to 2 quadrants per 24 months

### **Restorative Services (Fillings)**

Up to 4 per year

#### **Denture Allowance**

\$500 maximum allowance every 3 years

(up to a \$250 maximum allowance per denture plate every 3 years)

### **Denture Adjustments**

Up to 2 of any of the 4 denture adjustments per year

### **Simple Extractions**

Up to 5 per year



This program helps ease the transition from an inpatient hospital setting or Skilled Nursing Facility (SNF) back home.

• Up to 56 meals every year.



## **Nurse Advice Line**

Our highly-trained nurses can answer your questions, provide self-care advice, and help you decide if you need to seek immediate care. This service is available 24-hours a day, 7 days a week and it's free for our members.



## **Health Education**

Receive individual telephonic Nutritional/Dietary Counseling sessions.



# **Health Management Programs**

Learn to better manage your health and improve your quality of life. We offer learning materials, advice, and care tips to help manage chronic health conditions including asthma and depression.



# **Mail Service Pharmacy Program**

In addition to buying maintenance medications at a local network pharmacy, you can also enjoy convenient home delivery with the CVS/caremark<sup>™</sup> Mail Service Pharmacy Program.

- Order by phone, mail, internet, or ask your doctor to place the order for you.
- Your prescriptions will be delivered right to your door. This means fewer trips to the pharmacy and gas pump.
- Whether you use mail service or purchase your maintenance medications at a local network pharmacy, talk to your doctor today about getting a prescription for 90 days—it may save you money.

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 Ohio, Inc., a wholly owned subsidiary of Molina Healthcare, Inc. This information is available in other formats, such as Braille, large print, and audio. Molina Medicare Options Plus HMO SNP 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 (800) 665-3086 (TTY: 711). ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al (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 (800) 665-3086 (TTY: 711). 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. Premiums, copays, coinsurance, and deductibles may vary based on the level of Extra Help you receive. Please contact the plan for further details. H0490\_17\_4041\_1499\_0HSUPBEN Accepted 9/11/2016