

# Connecting **Medicare** **and Medicaid** in ONE plan

Molina Medicare Options Plus HMO SNP

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

Ohio



Your Extended Family.

# 2017 Benefits-At-A-Glance

| Molina Medicare Options Plus HMO SNP   |   | You Pay   |
|--|---|---|
| Monthly Health Plan Premium <sup>1</sup>   |   | \$0 – \$29.80   |
| Medical Coverage   | If you qualify for coverage of Medicare cost-sharing and/or full Medicaid benefits, in-network you pay <sup>2</sup> : | If you DO NOT 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<br>\$0 Copay  | 20% Coinsurance<br>20% Coinsurance  |
| 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<br>\$0 Copay<br>\$0 Copay<br>\$0 Copay<br>\$0 Copay<br>\$0 Copay<br>\$0 Copay                               | \$0 Copay<br>\$0 Copay<br>\$0 Copay<br>\$0 Copay<br>\$0 Copay<br>\$0 Copay<br>\$0 Copay   |
| Inpatient Hospital Care  | \$0 Copay   | In 2016, the per admission amounts for each benefit period were <sup>3</sup> :<br>\$1,288 Deductible for days 1-60<br>\$322 Copay per day for days 61-90<br>\$644 Copay per day for days 91-150 |
| Inpatient Mental Health Care   | \$0 Copay   | In 2016, the per admission amounts for each benefit period were <sup>3</sup> :<br>\$1,288 Deductible for days 1-60<br>\$322 Copay per day for days 61-90<br>\$644 Copay per day for days 91-150 |
| Skilled Nursing Facility Care  | \$0 Copay   | \$0 Copay for days 1-20<br>\$161 Copay per day for days 21-100  |
| Home Health Care   | \$0 Copay   | \$0 Copay   |
| Outpatient Hospital and Ambulatory Surgical Center Services  | \$0 Copay   | 20% Coinsurance   |
| Outpatient Mental Health Care and Substance Abuse Care<br>(For each individual or group visit)   | \$0 Copay   | 20% Coinsurance   |
| Outpatient Rehabilitation Services/Therapy<br>(occupational, physical, speech and language therapy)  | \$0 Copay   | 20% Coinsurance   |
| 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<br>\$0 Copay<br>\$0 Copay<br>\$0 Copay<br>\$0 Copay   | 20% Coinsurance<br>20% Coinsurance<br>\$0 Copay<br>20% Coinsurance<br>20% Coinsurance   |
| Durable Medical Equipment  | \$0 Copay   | 20% Coinsurance   |
| Prosthetic Devices   | \$0 Copay   | 20% Coinsurance   |
| Diabetes Supplies and Services <ul style="list-style-type: none"> <li>Diabetes Monitoring Supplies</li> <li>Diabetes Self-Management Training</li> </ul>   | \$0 Copay<br>\$0 Copay  | \$0 Copay<br>\$0 Copay  |
| Urgent Care  | \$0 Copay   | 20% Coinsurance   |
| Emergency Care   | \$0 Copay   | 20% Coinsurance   |
| Ambulance Services   | \$0 Copay   | 20% Coinsurance   |

## 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 \$1.20 or \$3.30 Copay |
| Tier 3 - Preferred Brand Drugs   | \$0 or \$3.70 or \$8.25 Copay |
| Tier 4 - Non-Preferred Drugs     | \$0 or \$3.70 or \$8.25 Copay |
| Tier 5 - Specialty Tier Drugs    | \$0 or \$3.70 or \$8.25 Copay |

## Supplemental Benefits

### Dental Services

- A \$1,000 annual 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 costs of all covered supplemental dental services combined (including dentures) are subject to the annual maximum plan benefit coverage amount and cannot exceed \$1,000 in a year.
- \$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

- 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

### Over-the-Counter Medications and Supplies

\$20 in covered purchases every month

### 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 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; 20% Coinsurance is based upon Medicare allowable for that service.

<sup>3</sup>These amount are for 2016 and are subject to change in 2017.



**Join the Molina Family!**  
**For more information call**  
**(866) 780-0689, TTY 711**

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.

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