

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

Ohio



Your Extended Family.

2018 Benefits-At-A-Glance

Molina Medicare Options Plus HMO SNP		You Pay
Monthly Health Plan Premium ¹		\$0-\$32
Medical Coverage	If you qualify for coverage of Medicare cost-sharing and/or full Medicaid benefits, in-network you pay ² :	If you DO NOT qualify for coverage of Medicare cost-sharing and/or full Medicaid benefits, in-network you pay ² :
Doctor Office Visits <ul style="list-style-type: none"> Primary Care Physician Specialist Care 	\$0 Copay \$0 Copay	20% Coinsurance 20% Coinsurance
Preventive Care <ul style="list-style-type: none"> Annual Wellness Visit Bone Mass Measurement Cardiovascular Screening Colorectal Screening Diabetes Screening Mammogram Immunizations (including Pneumonia and Flu) 	\$0 Copay \$0 Copay \$0 Copay \$0 Copay \$0 Copay \$0 Copay \$0 Copay	\$0 Copay \$0 Copay \$0 Copay \$0 Copay \$0 Copay \$0 Copay \$0 Copay
Inpatient Hospital Care	\$0 Copay	In 2017, the per admission amounts for each benefit period were ³ : \$1,316 Deductible for days 1-60 \$329 Copay per day for days 61-90 \$658 Copay per day for days 91-150
Inpatient Mental Health Care	\$0 Copay	In 2017, the per admission amounts for each benefit period were ³ : \$1,316 Deductible for days 1-60 \$329 Copay per day for days 61-90 \$658 Copay per day for days 91-150
Skilled Nursing Facility Care	\$0 Copay	In 2017, the per admission amounts for each benefit period were ³ : \$0 Copay for days 1-20 \$164.50 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 (For each individual or group visit)	\$0 Copay	20% Coinsurance
Outpatient Rehabilitation Services/Therapy (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"> Diagnostic Radiology Services Diagnostic Procedures and Tests Lab Services X-Rays Therapeutic Radiology Services 	\$0 Copay \$0 Copay \$0 Copay \$0 Copay \$0 Copay	20% Coinsurance 20% Coinsurance \$0 Copay 20% Coinsurance 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"> Diabetes Monitoring Supplies Diabetes Self-Management Training 	\$0 Copay \$0 Copay	\$0 Copay \$0 Copay

Medical Coverage (Continued)		
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 \$1.25 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		
Dental Services		
<ul style="list-style-type: none">A \$1,250 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 and denture adjustments) are subject to the annual maximum plan benefit coverage amount and cannot exceed \$1,250 in a year\$0 Office Visit Copay		
Preventive Services		
<ul style="list-style-type: none">Oral Exams - up to 2 per yearCleanings - up to 2 per yearFluoride Treatment - up to 1 per yearDental X-Rays - up to 1 set of 2 or 4 bitewing films per year or up to 1 full set of x-rays per 3 years		
Comprehensive Services		
<ul style="list-style-type: none">Bridges, Crowns, and Root CanalsPeriodontics (deep cleaning) - up to 4 quadrants per 24 monthsRestorative Services (fillings) - up to 4 per yearExtractions (simple) - up to 5 per yearDenture Allowance - \$500 maximum allowance every yearDenture Adjustments - up to 2 of any of the 4 covered denture adjustments per year		
Vision Services		
<ul style="list-style-type: none">Routine Eye ExamEyewear Allowance		\$0 Copay; 1 every year \$150 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
Transportation Services		\$0 Copay for up to 24 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

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

²Any premiums and cost-sharing requirements are based on your level of Medicaid eligibility; 20% Coinsurance is based upon Medicare allowable for that service.

³These amounts are for 2017 and are subject to change in 2018.



7 days a week, 8 a.m. to 8 p.m., local time or visit 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%⁴. 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%⁴ 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%⁴. 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.

⁴Annual 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 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.