

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

Molina Dual Options STAR+PLUS MMP

MolinaHealthcare.com/Duals

Texas



Your Extended Family.



2016 Benefits-At-A-Glance

Molina Dual Options STAR+PLUS MMP Plan Benefits	You Pay:
Plan Premium	\$0
Medical Coverage	
Doctor Office Visits	
• Primary Care Physician	\$0 Copay
• Specialist Care	\$0 Copay
Preventive Care	
• Wellness Visit	\$0 Copay
• Bone Mass Measurement	\$0 Copay
• Cardiovascular Screening	\$0 Copay
• Colorectal Screening	\$0 Copay
• Diabetes Screening	\$0 Copay
• Mammogram	\$0 Copay
Immunizations - includes Pneumonia and Flu	\$0 Copay
Inpatient Hospital Care (Plan covers 120 days for an inpatient stay and 60 lifetime reserve days)	\$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 (Individual or group visits)	\$0 Copay
Outpatient Rehabilitation Services/Therapy (occupational, physical, speech and language therapy)	\$0 Copay
Outpatient Diagnostic Tests, Lab and Radiology Services and X-Rays	
• Diagnostic Radiology Services	\$0 Copay
• Diagnostic Tests and Procedures	\$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*	
Adaptive Aids & Medical Supplies	\$0 Copay
Adult Foster Care	\$0 Copay
Assisted Living Services	\$0 Copay

Additional Services (continued)	
Behavioral Health Care Services	\$0 Copay
Cognitive Rehabilitation Therapy	\$0 Copay
Emergency Response Services	\$0 Copay
Employment Assistance	\$0 Copay
Habilitation Services	\$0 Copay
Home and Community Based Services	\$0 Copay
Home-Delivered Meals	\$0 Copay
Home Visits	\$0 Copay
Minor Home Modifications	\$0 Copay
Nursing Services	\$0 Copay
Nursing Home Services	\$0 Copay
Occupational Therapy	\$0 Copay
Personal Assistance Services	\$0 Copay
Personal Emergency Response System	\$0 Copay
Respite Care	\$0 Copay
Self-Directed Personal Assistance Services	\$0 Copay
Supported Consultation	\$0 Copay
Supported Employment	\$0 Copay
Transitional Assistance Services	\$0 Copay
Telemonitoring Services	\$0 Copay
Weight Management Program	\$0 Copay
Supplemental Benefits	

Dental Services

- \$0 Office Visit Copay
- A \$1,000 calendar year maximum for all preventive and comprehensive dental services covered by the Plan.
- Dental Services for waiver members (the annual cost cap of this service is \$5,000 per waiver plan year. Exceptions to the \$5,000 cap may be made up to an additional \$5,000 per waiver plan year when the services of an oral surgeon are required.

Preventative Services

- Oral Exams – up to 2 per year
- Cleaning (Prophylaxis) – up to 2 per year
- Fluoride Treatment – up to 1 every year
- Dental X-Rays – up to 1 every year

Comprehensive Services

- Bridges, Crowns and Root Canals
- Non-Routine Scaling – up to 2 per quadrant per 24 months
- Restorative Services (fillings) – up to 4 per year
- Extractions (simple) – up to 5 per year
- Denture Allowance – \$1,000 maximum allowance every 3 years (Limited to \$500 maximum allowance per denture plate every 3 years)
- Denture Adjustments – up to 2 of any of the 4 denture adjustments per year

Vision Services

- | | |
|---------------------------------|---|
| • Routine Eye Exam – 1 per year | \$0 Copay |
| • Eyeglasses – 1 every 2 years | \$0 Copay for contact lenses and eyeglasses (lenses and frames) |

*Additional services are based on level of care and/or medical necessity.

Supplemental Benefits (continued)	
Hearing Services	
<ul style="list-style-type: none"> • Routine Hearing Exam • Hearing Aid Fitting/Evaluation • Hearing Aids – 1 every 5 years 	\$0 Copay \$0 Copay \$0 Copay
Podiatry Services	\$0 Copay; for up to 12 visits per year
<ul style="list-style-type: none"> • Routine Visits 	
Over-the-Counter Medications and Supplies	\$20 every month
Meal Benefit	\$0 Copay for up to 32 home delivered meals for 11 days annually after transitioning from an in-patient hospital or skilled nursing facility
Members in a Nursing Facility setting	
<ul style="list-style-type: none"> • Up to \$250 per year for dental check-ups, x-rays and cleaning (age 21 and older) • Personal Grooming Kit (one time for new members within 30 days of confirmed enrollment) • Personal Blanket (one time for new members within 30 days of confirmed enrollment) • Wheelchair/Walker Accessory (one time for new members within 30 days of confirmed enrollment) 	\$0 Copay \$0 Copay \$0 Copay \$0 Copay
Cell Phone - Short-term Phone Help	\$0 Copay
Weight Watchers - Program Meeting Vouchers for members with BMI of 30 and over	\$0 Copay
24-hour Nurse Advice Line	\$0 Copay
Health Education Programs	
<ul style="list-style-type: none"> • Nutritional Benefit • Smoking and Tobacco Cessation Counseling 	\$0 Copay for up to 30-60 minutes of individual telephonic nutritional counseling, upon referral \$0 Copay

Join the Molina Family!
For more information call
(855) 895-9992, TTY 711

Monday – Friday, 8 a.m. to 8 p.m., local time or visit MolinaHealthcare.com/Duals.

Molina Dual Options STAR+PLUS Medicare-Medicaid Plan is a health plan that contracts with both Medicare and Texas Medicaid to provide benefits of both programs to enrollees. Product offered by Molina Healthcare of Texas, 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 (866) 856-8699, TTY/TDD: 711, Monday – Friday, 8 a.m. to 8 p.m., local time. The call is free. You can get this information for free in other languages. Call (866) 856-8699, TTY/TDD: 711, Monday – Friday, 8 a.m. to 8 p.m., local time. The call is free. Usted puede recibir esta información en otros idiomas gratuitamente. Llame al (866) 856-8699, TTY/TDD al 711, de lunes a viernes de 8 a.m. a 8 p.m. hora local. Esta es una llamada gratuita. Referral and/or authorization rules may apply. Limitations and restrictions may apply. For more information, call Molina Dual Options STAR+PLUS MMP Member Services or read the Molina Dual Options STAR+PLUS MMP 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 Formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary. For information and to enroll in Molina Dual Options STAR+PLUS MMP, call the STAR+PLUS help line at (877) 782-6440, TTY: 711, Monday - Friday, 8 a.m. to 6 p.m., local time. Calling the agent/broker number will direct an individual to a licensed insurance agent/broker. This is an advertisement.