

# Get all the benefits of **Medicare and Medicaid** – and more!

Molina Dual Options STAR+PLUS MMP

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

Texas



Your Extended Family.



# 2018 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		
• Annual 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 (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
Waiver Services*		
Adaptive Aids & Medical Supplies		\$0 Copay
Adult Foster Care		\$0 Copay
Assisted Living Services		\$0 Copay
Cognitive Rehabilitation Therapy		\$0 Copay
Dental Services		\$0 Copay
Emergency Response Services		\$0 Copay
Employment Assistance		\$0 Copay
Habilitation Services		\$0 Copay
Home-Delivered Meals		\$0 Copay
Minor Home Modifications		\$0 Copay
Nursing Services		\$0 Copay
Occupational, Physical, Speech and Language Therapy		\$0 Copay
Personal Assistance Services		\$0 Copay
Respite Care		\$0 Copay
Self-Directed Personal Assistance Services		\$0 Copay
Support Consultation		\$0 Copay

Waiver Services* (continued)	
Supported Employment	\$0 Copay
Transitional Assistance Services	\$0 Copay
Supplemental Benefits	
Dental Services <ul style="list-style-type: none"> <li>\$0 Office Visit Copay</li> <li>A \$1,000 annual maximum applies to all preventive, comprehensive and denture dental services covered by the plan, for non-waiver members in the community.</li> </ul> Preventive Services <ul style="list-style-type: none"> <li>Oral Exams</li> <li>Cleaning (Prophylaxis)</li> <li>Fluoride Treatment</li> <li>Dental X-Rays</li> </ul> Comprehensive Services <ul style="list-style-type: none"> <li>Bridges, Crowns and Root Canals</li> <li>Non-Routine Scaling</li> <li>Restorative Services (fillings)</li> <li>Extractions (simple)</li> <li>Denture Allowance</li> <li>Denture Adjustments and repairs</li> </ul> Dental Services for waiver members <ul style="list-style-type: none"> <li>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.</li> </ul>	
Vision Services <ul style="list-style-type: none"> <li>Routine Eye Exam</li> <li>Eyeglasses</li> </ul>	\$0 Copay; 1 every year \$200 extra every 2 years, beyond the Medicaid standard benefit, that you can use to purchase contact lenses, eyeglasses (lenses and frames), just lenses or frames, and upgrades
Hearing Services <ul style="list-style-type: none"> <li>Routine Hearing Exam</li> <li>Hearing Aid Fitting/Evaluation</li> <li>Hearing Aids</li> </ul>	\$0 Copay \$0 Copay \$0 Copay; 1 ear every 5 years
Podiatry Services <ul style="list-style-type: none"> <li>Routine Visits</li> </ul>	\$0 Copay for up to 12 visits every year
Over-the-Counter Medications and Supplies	\$40 in covered purchases every month, with carry over month to month but expires at the end of the calendar year
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 or skilled nursing facility
Members in a Nursing Facility setting <ul style="list-style-type: none"> <li>Up to \$250 per year for dental exam, x-rays and cleaning (age 21 and older)</li> <li>Skid Proof Socks (one time for new members within 30 days of confirmed enrollment)</li> <li>Personal Blanket (one time for new members within 30 days of confirmed enrollment)</li> <li>Accessory Tote Bag (one time for new members within 30 days of confirmed enrollment)</li> </ul>	\$0 Copay \$0 Copay \$0 Copay \$0 Copay
Personal Emergency Response System (PERS) non-waiver members	\$0 Copay
Home Visits	\$0 Copay for up to an extra 8 hours respite services for non-waiver members
Weight Watchers	\$0 Copay; program meeting vouchers for members in the community, age 21 and over with BMI of 30 and over
24-hour Nurse Advice Line	\$0 Copay
Enhanced Disease Management	\$0 Copay
Health Education	\$0 Copay
Nutritional/Dietary Benefit	\$0 Copay for up to 12 individual or group telephonic counseling sessions, upon clinical recommendation
Smoking and Tobacco Cessation Counseling	\$0 Copay for 8 additional visits

\*Services are based on level of care and/or medical necessity.



**For more information call**  
**(866) 939-0475, TTY/TDD 711**

7 days a week, 8 a.m. to 8 p.m., local time or visit [MolinaHealthcare.com/Duals](https://MolinaHealthcare.com/Duals)

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