

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

Molina Medicare Options Plus HMO SNP

MolinaHealthcare.com/Medicare

Texas



Your Extended Family.

2015 Benefits-At-A-Glance

Monthly Health Plan Premium	\$0
Molina Medicare Options Plus Benefits	If you qualify for coverage of Medicare cost-sharing and/or full Medicaid benefits, in-network you pay:
Doctor Office Visits <ul style="list-style-type: none"> • Primary Care Physician • Specialist* 	\$0 Copay \$0 Copay
Preventive Health Services <ul style="list-style-type: none"> • Annual Wellness Visit • Bone Mass Measurement • Cardiovascular Screening • Colorectal Screening • Diabetes Screening • Screening Mammograms 	\$0 Copay \$0 Copay \$0 Copay \$0 Copay \$0 Copay \$0 Copay
Immunizations (includes Pneumonia and Flu)	\$0 Copay
Inpatient Hospital Care* (plan covers 90 days for an inpatient hospital stay and 60 lifetime reserve days)	\$0 Copay; per admit
Inpatient Mental Health Care* (plan covers 90 days for an inpatient hospital stay and 60 lifetime reserve days)	\$0 Copay; per admit
Skilled Nursing Facility* (no prior hospital stay is required, plan covers up to 100 days)	\$0 Copay
Home Health Services*	\$0 Copay
Outpatient Hospital and Ambulatory Surgical Center Services*	\$0 Copay
Outpatient Mental Health Care and Substance Abuse* (for each individual or group visit)	\$0 Copay
Outpatient Rehabilitation Services* (occupational, physical and speech therapy)	\$0 Copay
Outpatient Labs, Diagnostic Procedures/Tests, X-rays and Radiology Services* <ul style="list-style-type: none"> • Lab Services • Procedures/Tests • X-rays • Diagnostic Radiology Services • Therapeutic Radiology Services 	\$0 Copay \$0 Copay \$0 Copay \$0 Copay \$0 Copay
Durable Medical Equipment*	\$0 Copay
Prosthetic Devices*	\$0 Copay
Diabetes Self-Management Training	\$0 Copay
Diabetes Supplies and Services*	\$0 Copay
Urgently Needed Care	\$0 Copay
Emergency Care	\$0 Copay
Worldwide Emergency Coverage (up to \$10,000 of coverage every calendar year)	\$0 Copay
Ambulance Services*	\$0 Copay

*Authorization and/or referral may be required.

Prescription Drugs: Depending on your income and institutional status, you pay the following at in-network pharmacies:

Prescription Drug Coverage (for 31 day supply)	
• Tier 1 – Generic Drugs	\$0 or \$1.20 or \$2.65 Copay
• Tier 2 – Preferred Brand	\$0 or \$3.60 or \$6.60 Copay
• Tier 3 – Non-Preferred Brand	\$0 or \$3.60 or \$6.60 Copay
• Tier 4 – Specialty Drugs	\$0 or \$3.60 or \$6.60 Copay

Supplemental Benefits
Dental Services

A \$1,500 calendar year maximum for ALL bridges, crowns, and endodontics / root canals covered by the Plan. And a \$1,000 maximum denture allowance every 3 calendar years (limited to a \$500 maximum allowance per denture plate every 3 calendar years).

\$10 Office Visit Copay
Preventive Dental

- Oral Exams – 2 every calendar year (either periodic or comprehensive; comprehensive is only allowed once every 3 calendar years)
- Cleanings – 2 every calendar year
- Fluoride Treatment – 1 every calendar year
- Dental X-Rays – 1 set of 2 or 4 bitewing films every calendar year

Comprehensive Dental*

- Bridges, Crowns and Root Canals
- Periodontics (deep cleaning) – 2 quadrants every 24 months
- Restorative Services (fillings) – 4 every calendar year
- Extractions (simple) – 5 every calendar year
- Denture Allowance – \$1,000 maximum allowance every 3 calendar years (limited to a \$500 maximum allowance per denture plate every 3 calendar years)
- Denture Adjustments – 2 of any of the 4 covered denture adjustments every calendar year

Vision Services

- Routine Eye Exam
 - Eyewear Allowance
- \$0 Copay; 1 per year
\$200 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

Routine Transportation

\$0 Copay (for up to 60 one-way trips per year or 30 round trips per year)

Over-the-Counter Medications and Supplies

\$50 allowance per month

Meal Benefit*

\$0 Copay (for up to 42 meals after transitioning from an in-patient hospital setting or skilled nursing facility)

Hearing Services

- Routine Hearing Exam
 - Fitting for Hearing Aid
 - Hearing Aid Allowance*
- \$0 Copay; 1 per year
\$0 Copay; 1 fitting every 2 years
\$2,500 allowance every 2 years

Podiatry Services*

- Medicare Covered Visits
 - Routine Visits
- \$0 Copay
\$0 Copay; 12 visits per year

Chiropractic Services*

- Medicare Covered Visits
 - Routine Visits
- \$0 Copay
\$0 Copay; 12 visits per year

Personal Emergency Response Services*

\$0 Copay

24-hour Nurse Advice Line

\$0 Copay

Health Education

\$0 Copay

Nutritional Benefit*

\$0 Copay (for up to 30-60 minutes of individual telephonic nutritional counseling, upon referral)



**Join the Molina Family! Call us today.
Schedule a personal appointment and find out if you qualify.**

(866) 939-0475 (TTY/TDD: 711)

You will be directed to a licensed insurance agent.
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 and provides full Medicaid benefits.

As a QMB, QMB+, or SLMB+ beneficiary enrolled in this Plan, your cost-share is 0%, except for Part D prescription drug copays.

Low-Income Subsidy (LIS): Extra help that pays for your Medicare Drug plan's costs such as premium, any deductible, coinsurance and copays.

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. Benefits, formulary, pharmacy network, provider network, premium and/or co-payments/co-insurance may change on January 1 of each year. This plan is available to anyone who has both Medical Assistance from the State and Medicare. Please contact the plan for further details. 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, co-pays, co-insurance and deductibles may vary based on the level of Extra Help you receive. The benefit information provided is a brief summary, not a complete description of benefits. Limitations, copayments and restrictions may apply. For more information contact the plan. This information is available in other formats, such as Braille, large print and audio. This information is available for free in other languages. Please call our customer service number at (800) 665-3086, (TTY/TDD: 711), 7 days a week, 8 a.m. – 8 p.m., local time. Esta información está disponible gratuitamente en otros idiomas. Por favor, comuníquese a nuestro número de teléfono para servicio al cliente al (800) 665-3086, (TTY/TDD: 711), los 7 días de la semana, de 8 a.m. a 8 p.m., hora local. This is an advertisement.