

2022 Summary of Benefits

Molina Medicare Complete Care Select HMO D-SNP

Florida H8130-009

Serving Baker, Broward, Clay, DeSoto, Duval, Glades, Hendry, Hillsborough, Miami-Dade, Orange, Osceola, Palm Beach, Pasco, Pinellas, Polk, Sarasota, and Seminole

Effective January 1 through December 31, 2022



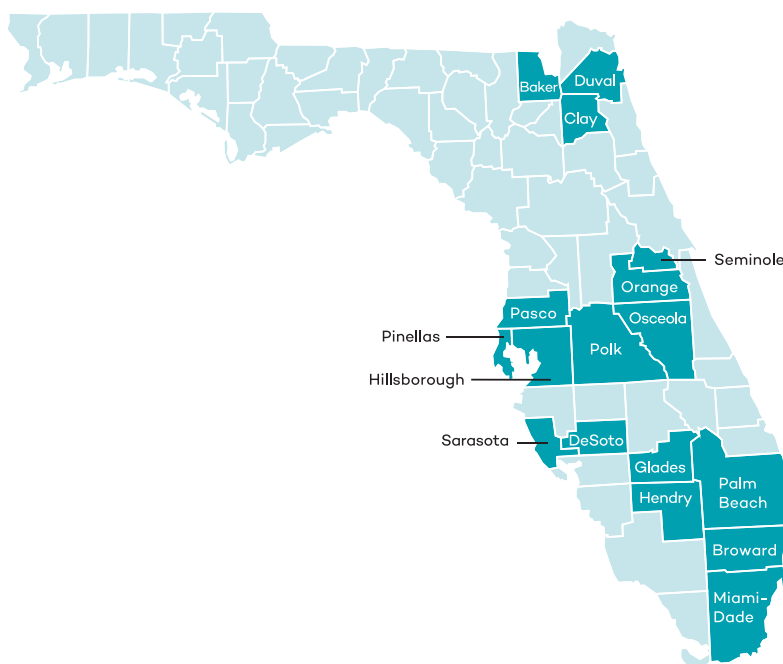
Introduction to the Summary of Benefits

Molina Medicare Complete Care Select

Thank you for considering Molina Healthcare! Everyone deserves quality care. Since 1980, our members have been able to lean on Molina. Because today, as always, we put your needs first.

This document does not include every benefit and service that we cover or every limitation or exclusion. To get a complete list of services, please refer to the Evidence of Coverage (EOC). A copy of the EOC is located on our website at MolinaHealthcare.com/Medicare. You can also call Member Services at (866) 553-9494 and we will mail you a copy.

To join our plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B and Medicaid by Agency for Health Care Administration (AHCA), and live in our service area. Our service area includes the following counties in Florida: Baker, Broward, Clay, DeSoto, Duval, Glades, Hendry, Hillsborough, Miami-Dade, Orange, Osceola, Palm Beach, Pasco, Pinellas, Polk, Sarasota, and Seminole.



Molina has a network of doctors, hospitals, pharmacies, and other providers. Except in emergency situations, if you use providers that are not in our network, we may not pay for those services. If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits. Or, use the Medicare Plan Finder at medicare.gov.

For coverage and costs of Original Medicare, look in your current “Medicare & You” handbook. View it online at medicare.gov or get a copy by calling **1-800-MEDICARE (1-800-633-4227)**. TTY users should call 1-877-486-2048. If you have any questions, please call our Member Service team at **(866) 553-9494, TTY/TDD 711**, 7 days a week, 8 a.m. to 8 p.m.

About Medicare

Medicare is health insurance for people who are 65 years old or older, or who are under 65 years old with certain disabilities.

Original Medicare is a Federal Insurance Program. It pays a fee for your care directly to the doctors and hospitals you visit. Original Medicare does not cover most preventive care and has unpredictable out-of-pocket expenses.



Medicare Part A (Hospital Insurance) covers inpatient care in hospital, skilled nursing facilities, hospice care, and some home health care services.



Medicare Part B (Medical Insurance) covers certain doctors' services, outpatient care, medical supplies and preventive services.



Medicare Part C (Medicare Advantage) is an all-in-one alternative to Original Medicare. Medicare Advantage plans include Parts A, B and usually Part D. Some Medicare Advantage plans may have lower out-of-pocket costs than Original Medicare and may cover extra benefits that Original Medicare doesn't – like dental, vision or hearing. Medicare pays a fixed fee to the plan for your care, and then the plan directly pays the doctors and hospitals. Medicare Advantage has predictable out-of-pocket expenses and offers preventive care and care coordination.



Medicare Part D (Prescription Drug Coverage) helps you pay for drugs you get from a pharmacy.

Medicaid Dual Eligibility Coverage Categories

- **Specified Low-Income Medicare Beneficiary (SLMB):** Medicaid pays your Medicare Part B premium only. You are not eligible for any other Medicaid benefits and must pay all of your cost sharing.
- **Qualifying Individual (QI):** Medicaid pays your Medicare Part B premium only. You are not otherwise eligible for any Medicaid Health benefits.
- **Qualified Disabled and Working Individual (QDWI):** Eligible for Medicaid payment of your Medicare Part A premium only. You are not otherwise eligible for any Medicaid benefits.

If you are a SLMB, QI, and QDWI Beneficiary

Because Medicaid does not pay your cost share, and you do not have full Medicaid Health benefits, your cost share is usually 20%*. There are a few exceptions, such as preventive wellness exams and most supplemental benefits provided by Molina Medicare, which have a \$0 cost share.



Eligibility Changes:

It is important to read and respond to all mail that comes from Social Security and your state Medicaid office and to maintain your Medicaid eligibility status. Periodically, as required by CMS, we will check the status of your Medicaid eligibility as well as your dual eligible category. If your eligibility status changes, your cost share may also change from \$0 to 20%** or from 20%** to \$0. If you lose Medicaid coverage entirely, you will be given a grace period so that you can reapply for Medicaid and become reinstated if you still qualify.

If you no longer qualify for Medicaid you may be involuntarily disenrolled from the Plan. Your state Medicaid agency will send you notification of your loss of Medicaid or change in Medicaid category. We may also contact you to remind you to reapply for Medicaid. For this reason it is important to let us know whenever your mailing address and/or phone number changes.

If you are currently entitled to receive full or partial Medicaid benefits please see your Medicaid member handbook or other state Medicaid documents for full details on your Medicaid benefits, limitations, restrictions, and exclusions. In your state, the Medicaid program can be reached through the office of the Agency for Health Care Administration.

**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.

Summary of Premiums & Benefits

Molina Medicare Complete Care Select

Monthly Premium \$0 - \$34.30 per month



If you get Extra Help from Medicare, your monthly plan premium will be lower or you might pay nothing.

In addition, you must keep paying your Medicare Part B premium.

Medical Deductible \$0 or \$203 each year for in-network services, depending on your level of Medicaid eligibility. This amount may change for 2022.



Maximum Out-of-Pocket Responsibility \$3,400 each year for services you receive from in-network providers. (does not include prescription drugs)



Summary of Premiums & Benefits (Continued)

Molina Medicare Complete Care Select

Inpatient Hospital Our plan covers 90 days for a hospital stay per benefit period.



Our plan also covers 60 "lifetime reserve days." These are "extra" days that we cover. If your hospital stay is longer than 90 days per benefit period, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days per benefit period.

- \$0 or:
- \$295 copay per day for days 1-6
 - \$0 copay per day for days 7-90
 - \$0 copay per day for up to 60 lifetime reserve days

Prior authorization may be required.

Outpatient Hospital \$0 copay or 20% of the cost per visit



Prior authorization may be required.

Ambulatory Surgical Center \$0 or \$50 copay per visit



Prior authorization may be required.

Doctor Visits



Primary Care
\$0 copay per visit

Specialists
\$0 or \$10 copay per visit

Preventive Care



\$0 copay
Look for the rows with the apple in the Chapter 4 Medical benefits chart in the Evidence of Coverage. Any additional preventive services approved by Medicare during the plan year will be covered.

Questions? Call our team of Medicare Trusted Advisors at (866) 403-8293, TTY: 711.

Molina Medicare Complete Care Select

Emergency Care



\$0 copay or 20% of the cost (up to \$90) waived if admitted to hospital within 24 hours.

Urgently Needed Services



\$0 or \$25 copay

Diagnostic Services/Labs/Imaging



Diagnostic tests and procedures

\$0 copay (freestanding location) or \$0 copay or 20% of the cost (hospital)

Prior authorization may be required.

Lab services

\$0 copay (freestanding location) or \$0 copay or 20% of the cost (hospital)

Prior authorization may be required.

Diagnostic radiology services (such as MRI, CT scan)

\$0 copay (freestanding location) or \$0 copay or 20% of the cost (hospital) depending on the service

Prior authorization may be required.

Outpatient X-rays

\$0 copay

Therapeutic radiology

\$0 copay or 20% of the cost

Prior authorization may be required.

Summary of Premiums & Benefits (Continued)

Molina Medicare Complete Care Select

Hearing Services



Medicare-covered diagnostic hearing and balance exams

\$0 copay or 20% of the cost

Routine hearing exam

\$0 copay, 1 every year

Fitting for hearing aid/evaluation

\$0 copay, 1 every year

Hearing aids

\$0 copay

Our plan covers up to \$2,000 every year for hearing aids (\$1,000 per ear).

Dental Services



Medicare-covered dental services

\$0 copay or 20% of the cost

Preventive dental

\$0 office visit copay

No maximum allowance per year for the following services:

- Oral exams
- Prophylaxis (cleaning)
- Fluoride treatment
- Dental x-rays

Comprehensive dental

\$0 office visit copay

All comprehensive dental services listed below are covered up to the annual plan maximum benefit coverage amount of \$2,500:

- Extractions
- Endodontics
- Restorative services
- Intraoral and extraoral incision and drainage
- Dentures and denture adjustments
- Non-routine services such as scaling, full mouth debridement, periodontal maintenance, and palliative emergency treatment
- Other services such as deep sedation with oral surgery, and intravenous with oral surgery

Prior authorization may be required.

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Molina Medicare Complete Care Select

Vision Services



Medicare-covered vision services

- Vision exam to diagnose/treat diseases of the eye (including yearly glaucoma screening): \$0 copay
- Eyeglasses or contact lenses after cataract surgery: \$0 copay

Supplemental routine eye exam

\$0 copay, 1 every year

Supplemental eyewear

\$0 copay; our plan pays up to \$400 every year for routine eyewear.

- Contact lenses
- Eyeglasses (frames and lenses)
- Eyeglass frames
- Eyeglass lenses
- Upgrades

Prior authorization may be required.

Mental Health Services



Inpatient visit

Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit does not apply to inpatient mental services provided in a general hospital. Our plan covers 90 days for an inpatient hospital stay.

Our plan also covers 60 "lifetime reserve days." These are "extra" days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.

In 2021 the amounts for each benefit period were \$0 or:

- \$1,484 deductible for days 1 through 60
- \$371 copay per day for days 61-90
- \$742 copay per day for up to 60 lifetime reserve days

These amounts may change for 2022.

Prior authorization may be required.

Outpatient individual/group therapy visit

\$0 or \$10 copay

Summary of Premiums & Benefits (Continued)

Molina Medicare Complete Care Select

Skilled Nursing Facility



Our plan covers up to 100 days in a skilled nursing facility.

In 2021 the amounts for each benefit period were \$0 or:

- \$0 copay for days 1-20
- \$185.50 copay per day for days 21-100

These amounts may change for 2022.

No prior hospitalization is required.

Prior authorization may be required.

Physical Therapy



Physical therapy and speech therapy

\$0 copay (freestanding location) or \$0 copay or 20% of the cost (hospital)

Prior authorization may be required.

Cardiac and pulmonary rehabilitation

\$0 copay or 20% of the cost

Prior authorization may be required.

Occupational therapy services

\$0 copay or 20% of the cost

Prior authorization may be required.

Ambulance



\$0 copay or 20% of the cost

Prior authorization required for non-emergent ambulance only.

Transportation



\$0 copay

48 one-way trips every year to and from plan-approved locations

Prior authorization may be required.

Medicare Part B Drugs

Chemotherapy/ Radiation Drugs and other Part B Drugs

\$0 copay or 20% of the cost

Prior authorization may be required.

Questions? Call our team of Medicare Trusted Advisors at (866) 403-8293, TTY: 711.

Summary of Drug Coverage

Depending on your income and institutional status, you pay the following:

	Standard Retail Pharmacy	Mail Order Pharmacy
Tier 1: Preferred Generic One-, two-, or three-month supply	\$0 copay	\$0 copay
Tier 2: Generic One-, two-, or three-month supply	\$0 copay	\$0 copay
Tier 3: Preferred Brand One-, two-, or three-month supply	For generic drugs (including brand drugs treated as generic), either: \$0 copay; or \$1.35 copay; or \$3.95 copay For all other drugs, either: \$0 copay; or \$4 copay; or \$9.85 copay	For generic drugs (including brand drugs treated as generic), either: \$0 copay; or \$1.35 copay; or \$3.95 copay For all other drugs, either: \$0 copay; or \$4 copay; or \$9.85 copay
Tier 4: Non-Preferred Drug One-, two-, or three-month supply	For generic drugs (including brand drugs treated as generic), either: \$0 copay; or \$1.35 copay; or \$3.95 copay For all other drugs, either: \$0 copay; or \$4 copay; or \$9.85 copay	For generic drugs (including brand drugs treated as generic), either: \$0 copay; or \$1.35 copay; or \$3.95 copay For all other drugs, either: \$0 copay; or \$4 copay; or \$9.85 copay
Tier 5: Specialty Tier One-month supply (Specialty drugs are limited to a one-month supply.)	For generic drugs (including brand drugs treated as generic), either: \$0 copay; or \$1.35 copay; or \$3.95 copay For all other drugs, either: \$0 copay; or \$4 copay; or \$9.85 copay	For generic drugs (including brand drugs treated as generic), either: \$0 copay; or \$1.35 copay; or \$3.95 copay For all other drugs, either: \$0 copay; or \$4 copay; or \$9.85 copay

Summary of Drug Coverage (Continued)

Coverage Stages

**Stage 1:
Deductible**

You pay the full cost of Tier 3-5 drugs until you reach the yearly \$0 or \$99 deductible. For drugs on Tiers 1 and 2, you begin the Initial Coverage Stage when you fill your first prescription of the year.

Depending on your level of Medicaid eligibility, your Part D deductible may vary. If you receive "Extra Help" to pay your prescription drugs, the deductible stage does not apply to you.

**Stage 2:
Initial Coverage**

During this stage, the plan pays its share of the cost of your drugs and you pay your share of the cost. You stay in this stage until your year-to-date "total drug costs" (your payments plus any Part D plan payments) total \$4,430.

If you reside in a long-term care facility, you pay the same as at a retail pharmacy. You may get drugs from an out-of-network pharmacy at the same cost as an in-network pharmacy.

**Stage 3:
Gap Coverage**

You pay a \$0 copay for drugs in tiers 1 and 2. For other generic drugs, you pay no more than 25% of the cost. For brand name drugs, you pay 25% of the price (plus a portion of the dispensing fee). You stay in this stage until your year-to-date "out-of-pocket costs" (your payments) reach a total of \$7,050. This amount and rules for counting costs toward this amount have been set by Medicare.

**Stage 4:
Catastrophic
Coverage**

After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$7,050 the plan will pay most of the costs of your drugs.

Questions? Call our team of Medicare Trusted Advisors at (866) 403-8293, TTY: 711.

Summary of Other Benefits

Molina Medicare Complete Care Select

Acupuncture



Medicare-Covered Acupuncture

\$0 - \$10 copay

Up to 12 visits in 90 days are covered for chronic lower back pain. Up to eight additional sessions are covered in the same year for those patients demonstrating an improvement.

Additional Telehealth Services



\$0 copay

Includes Primary Care Physician Services

Prior authorization may be required.

Annual Physical Exam



\$0 copay

Chiropractic Care



Medicare-Covered Chiropractic Services

\$0 copay or 20% of the cost

Manipulation of the spine to correct a subluxation (when one or more of the bones of your spine move out of position).

Routine Chiropractic Services

\$0 copay

Up to 15 visits every year

Dialysis



\$0 copay or 20% of the cost

Fitness Benefit



\$0 copay

Silver&Fit offers Members access to contracted fitness facilities and Home Fitness Kits for Members who prefer to exercise at home or while traveling.

Summary of Other Benefits (Continued)

Molina Medicare Complete Care Select

Foot Care (Podiatry)



Medicare-Covered Foot Exam and Treatment

\$0 copay

Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions.

Routine Foot Care

\$0 copay

Up to 12 visits every year

Prior authorization may be required.

Health Education



\$0 copay

Programs to help you learn to manage your health conditions, including health education, learning materials, health advice, and care tips.

Home Health Care



\$0 copay

Prior authorization may be required.

Meals Benefit



\$0 copay

Standard meal cycle is a 2-week menu with a total of 28 delivered meals, based on member need. Maximum of 56 meals and 4 weeks per year. Must meet criteria approved by the plan.

Prior authorization may be required.

Medical Equipment and Supplies



Durable Medical Equipment (such as wheelchairs, oxygen)

\$0 copay or 20% of the cost

Prior authorization may be required.

Prosthetics/Medical Supplies

\$0 copay or 20% of the cost

Prior authorization may be required.

Diabetic Supplies and Services

\$0 copay

Prior authorization not required for preferred manufacturer.

Questions? Call our team of Medicare Trusted Advisors at (866) 403-8293, TTY: 711.

Molina Medicare Complete Care Select

24-Hour Nurse Advice Line

\$0 copay
Available 24 hours a day, 7 days a week.



Nutritional/Dietary Benefit

\$0 copay
12 individual or group sessions every year; individual telephonic nutrition counseling upon request.



Opioid Treatment Program Services

\$0 copay
Prior authorization may be required.



Outpatient Blood Services

\$0 copay or 20% of the cost
3 pint deductible waived



Outpatient Substance Abuse

\$0 or \$10 copay
Individual or group therapy visits
Prior authorization may be required.



Over-the-Counter Items

\$0 copay
\$310 allowance every quarter (3 months), unused allowance does not carry over to the next quarter.



Personal Emergency Response System Plus (PERSPlus)

\$0 copay
When authorized, we will provide an in-home device to notify the appropriate personnel in the event of an emergency (e.g., a fall).




Prior authorization may be required.

Summary of Other Benefits (Continued)

Molina Medicare Complete Care Select


**Worldwide
Emergency and
Urgent Care**



\$0 copay

You are covered for worldwide emergency and urgent care services up to \$10,000.

MyChoice Card



\$0 copay


You receive a prepaid debit card that may be used toward select supplemental plan benefits such as:

- Over-the-counter items
- Food and produce*
- Special Supplemental Benefits for Chronic Illnesses — Menu option*

Funds are loaded onto the card every 3 months

**Eligibility requirements applicable*

**Special
Supplemental
Benefits for Chronic
Illnesses**



\$0 copay

\$150 allowance every 3 months for the following benefits:

- Mental health and wellness applications
- Support Animal supplies
- Pest control
- Non-Medicare covered genetic test kits

\$40 allowance every month for food and produce

Unused allowance does not carry over to the next quarter.

Members must complete a Health Risk Assessment and meet the criteria outlined in Chapter 4 of the Evidence of Coverage.

Questions? Call our team of Medicare Trusted Advisors at (866) 403-8293, TTY: 711.

Summary of Medicaid-Covered Benefits

What Medicaid Covers

People who have Medicare and Medicaid are considered dual-eligible. Although you do not have full Medicaid benefits, you may receive help with your plan premium.

Benefit	Molina Medicare Complete Care Select	Florida Medicaid
IMPORTANT INFORMATION		
Premium and Other Important Information If you get Extra Help from Medicare, your monthly plan premium will be lower or you may pay nothing.	General \$0 - \$34.30 monthly plan premium Depending on your level of Medicaid eligibility, your premium may be higher or lower than this amount. In-Network \$0 or \$203 deductible per year for in-network services. This amount may change for 2022. \$3,400 out-of-pocket limit for Medicare-covered services.	Medicaid assistance with premium payments may vary based on your level of Medicaid eligibility. See the Medicaid Dual Eligibility Coverage Categories section of this document for more information.

Glossary of Terms

Coinsurance

The percentage you pay as your share of the cost for medical services or prescription drugs. For example, if you have 20 percent coinsurance, you pay 20 percent of the cost of your medical bill.

Copay

The fixed amount you pay as your share of the cost of a medical service or supply. For example, you might have a \$20 copay every time you see your primary care doctor.

Deductible

The amount you pay for health care services or prescriptions before your insurance begins to pay.

Extra Help

A Medicare program to help people with limited income and resources pay prescription drug program costs, like premiums, deductibles, and coinsurance.

Long-term care

Services and support for people who can't perform basic activities of daily living, like dressing and bathing. Medicare and most health insurance plans do not pay for long-term care.

Medicaid

A state and federal program that provides health coverage to low-income people.

Medicare Advantage

Also known as Part C. A type of Medicare plan offered by a private company approved by Medicare. A Medicare Advantage plan is an alternative to Original Medicare. It provides all of your Part A and Part B benefits and often offers extra benefits, like dental and vision care.

Original Medicare

Medicare Part A (hospital insurance) and Part B (medical insurance). Most people get it when they turn 65. The federal government manages Original Medicare.

Out-of-pocket maximum

The most you have to pay for covered services in one year. Once you reach this amount, your insurance covers 100 percent of your medically necessary care for the rest of the year.

Premium

The money you pay monthly to Medicare or a health care plan for coverage.

Preventive services

Health care to prevent or detect illness at an early stage. Most health plans must cover some important preventive services, like flu shots and blood pressure screening, at no cost to you.

How can you enroll?



Apply by Phone

Call **(866) 403-8293, TTY/TDD 711**, to enroll over the phone. Our team of Molina Medicare Trusted Advisors are happy to answer your questions and help you enroll.



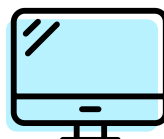
Apply in Person

If you prefer to meet face-to-face with one of our Molina Medicare Trusted Advisors, please call us to schedule an appointment.



Apply by Mail

Simply complete the enrollment application and return it using the postage-paid envelope. If you do not already have an enrollment application, call us and we will be happy to mail one to you.



Apply Online

Visit MolinaHealthcare.com/Medicare to apply online.

Molina Medicare Complete Care Select is a Health Plan with a Medicare Contract and a contract with the state Medicaid program. Enrollment in Molina Medicare Complete Care Select depends on contract renewal. Product offered by Molina Healthcare of Florida, 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, ethnicity, national origin, religion, gender, sex, age, mental or physical disability, health status, receipt of healthcare, claims experience, medical history, genetic information, evidence of insurability, geographic location.

Contact us

Ready to enroll or have questions?

Call **(866) 403-8293, TTY/TDD 711**

Current Members Call: **(866) 553-9494, TTY/TDD 711**

7 days a week, 8 a.m. to 8 p.m., local time

