

# 2022 Summary of Benefits

## Molina Medicare Choice Care HMO

Florida H8130-010

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**



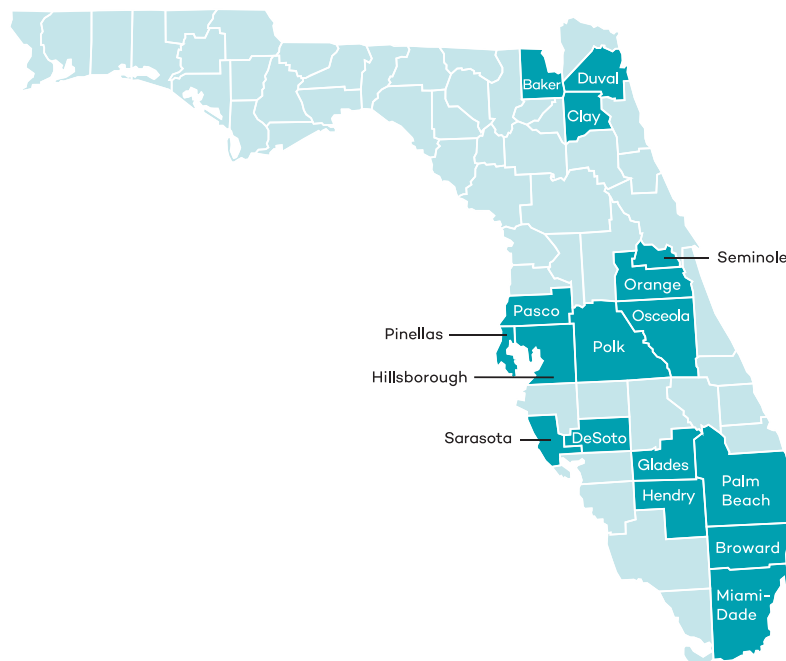
# Introduction to the Summary of Benefits

## Molina Medicare Choice Care

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](https://MolinaHealthcare.com/Medicare). You can also call Member Services at **(866) 553-9494, TTY/TDD 711**, 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 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](https://medicare.gov).

For coverage and costs of Original Medicare, look in your current “Medicare & You” handbook. View it online at [medicare.gov](https://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 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.



# Summary of Premiums & Benefits


## Molina Medicare Choice Care

**Monthly Premium**     \$0 per month

     You must keep paying your Medicare Part B premium.


---

**Medical Deductible**     The plan does not have a deductible.



---

**Maximum Out-of-Pocket Responsibility**     \$7,550 annually for services you receive from in-network providers. (does not include prescription drugs)



---

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

## Molina Medicare Choice Care

### 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, 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.

- \$295 copay per day for days 1-6
- \$0 copay per day for day 7-90

*Prior authorization may be required.*

---

### Outpatient Hospital



\$225 copay per visit

*Prior authorization may be required.*

---

### Ambulatory Surgical Center



\$50 copay per visit

*Prior authorization may be required.*

---

### Doctor Visits



#### Primary Care

\$0 copay per visit

#### Specialists

\$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.

# Summary of Premiums & Benefits (Continued)

## Molina Medicare Choice Care

**Emergency Care**      \$90 copay, waived if admitted to hospital within 24 hours.



**Urgently Needed Services**      \$25 copay



**Diagnostic Services/Labs/Imaging**



**Diagnostic tests and procedures**  
\$0 copay (freestanding location) or 20% of the cost (hospital)  
*Prior authorization may be required.*

**Lab services**  
\$0 copay  
*Prior authorization may be required.*

**Diagnostic radiology services** (such as MRI, CT scan)  
\$125 - \$225 copay depending on the service.  
*Prior authorization may be required.*

**Outpatient X-rays**  
\$0 copay

**Therapeutic radiology**  
20% of the cost  
*Prior authorization may be required.*

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

## Molina Medicare Choice Care

### Hearing Services



#### **Medicare-covered diagnostic hearing and balance exams**

\$10 copay

#### **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 pre-selected hearing aids provided by a plan-approved provider every year.

*Prior authorization may be required.*



# Summary of Premiums & Benefits (Continued)

## Molina Medicare Choice Care

### Dental Services



### Medicare-covered dental services

\$30 copay

#### 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 \$2,000:

- 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.*

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

## Molina Medicare Choice Care

### 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 \$200 every year for routine eyewear.

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

*Prior authorization may be required.*

---

# Summary of Premiums & Benefits (Continued)

## Molina Medicare Choice Care

### 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:

- \$1,484 deductible per benefit period
- \$0 for days 1 through 60
- \$371 copay per day for days 61 through 90
- \$742 copay per day for 60 lifetime reserve days

The amounts may change for 2022.

*Prior authorization may be required.*

#### Outpatient individual/group therapy visit

\$10 copay

### Skilled Nursing Facility



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

In 2021 the amounts for each benefit period were:

- \$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.*

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

## Molina Medicare Choice Care

### Physical Therapy



#### Physical therapy and speech therapy

\$10 copay

*Prior authorization may be required.*

#### Cardiac and pulmonary rehabilitation

\$25 copay

*Prior authorization may be required.*

#### Occupational therapy services

\$10 copay

*Prior authorization may be required.*

---

### Ambulance



\$200 copay

*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

20% of the cost

*Prior authorization may be required.*

## Summary of Drug Coverage

	Standard Retail Pharmacy	Mail Order Pharmacy
<b>Tier 1: Preferred Generic</b>	\$3 copay	\$3 copay
One-, two-, or three-month supply	\$6 copay \$9 copay	\$6 copay \$6 copay
<b>Tier 2: Generic</b>	\$12 copay	\$12 copay
One-, two-, or three-month supply	\$24 copay \$36 copay	\$24 copay \$24 copay
<b>Tier 3: Preferred Brand</b>	\$47 copay	\$47 copay
One-, two-, or three-month supply	\$94 copay \$141 copay	\$94 copay \$94 copay
<b>Tier 4: Non-Preferred Drug</b>	\$100 copay	\$100 copay
One-, two-, or three-month supply	\$200 copay \$300 copay	\$200 copay \$300 copay
<b>Tier 5: Specialty Tier</b>	31% of the cost	31% of the cost
One-month supply (Specialty drugs are limited to a one-month supply.)		
<b>Tier 6: Select Care</b>	\$0 copay	\$0 copay
	\$0 copay	\$0 copay
	\$0 copay	\$0 copay

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

## Part D Coverage Stages

### **Stage 1: Deductible**

You pay the full cost of Tier 1-5 drugs until you reach the yearly \$125 deductible. For drugs on Tier 6, you begin the Initial Coverage Stage when you fill your first prescription of the year.

### **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. 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. You stay in this stage until your year-to-date "total drug costs" (your payments plus any Part D plan payments) total \$4,430.

### **Stage 3: Gap Coverage**

During this stage, you pay 25% of the price for brand name drugs (plus a portion of the dispensing fee) and 25% of the price for generic drugs. 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, you pay the greater of:

- 5% of the cost, or
- \$3.95 for a generic drug or a drug that is treated like a generic and \$9.85 for all other drugs.

# Summary of Other Benefits

## Molina Medicare Choice Care

### Acupuncture



#### Medicare-Covered Acupuncture

\$0 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.

#### Routine Acupuncture

\$0 copay

Up to 20 visits every year for routine acupuncture and routine chiropractic services combined

### Additional Smoking and Tobacco Use Cessation



\$0 copay

8 counseling visits offered in addition to Medicare.

### Annual Physical Exam



\$0 copay

### Additional Telehealth Services



\$0 copay

Includes Primary Care Physician Services

*Prior authorization may be required.*

### Chiropractic Care



#### Medicare-Covered Chiropractic Services

\$0 copay

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 20 visits every year for routine acupuncture and routine chiropractic services combined

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

## Molina Medicare Choice Care

### Dialysis

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.

### 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 6 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.*



## Summary of Other Benefits (Continued)

### Molina Medicare Choice Care

#### Medical Equipment and Supplies



**Durable Medical Equipment** (such as wheelchairs, oxygen)  
20% of the cost  
*Prior authorization may be required.*

#### **Prosthetics/Medical Supplies**

20% of the cost  
*Prior authorization may be required.*

#### **Diabetic Supplies and Services:**

\$0 copay

*Prior authorization not required for preferred manufacturer.*

#### 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 Substance Abuse



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

#### Over-the-Counter Items



\$0 copay  
\$90 allowance every quarter (3 months).  
  
Unused allowance does not carry over to the next quarter.

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

## Molina Medicare Choice Care

### Outpatient Blood Services



\$0 copay

3-pint deductible waived

### Remote Access Technologies



\$0 copay

### 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*

# Summary of Other Benefits (Continued)

## Molina Medicare Choice Care

**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

\$30 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.*

# 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.



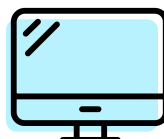
### **Apply in Person**

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](https://MolinaHealthcare.com/Medicare)** to apply online.

Molina Medicare Choice Care is a Health Plan with a Medicare Contract. Enrollment in Molina Medicare Choice Care 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



H8130\_22\_010\_FLSB\_M

FLM10SBEN0921

FLH813010SBEN22