

2019 Benefits-At-A-Glance



MolinaHealthcare.com/Duals



Molina Dual Options Cal MediConnect Plan
Medicare-Medicaid Plan

California

Los Angeles, Riverside (partial), San Bernardino (partial) and San Diego Counties

2019 Benefits-At-A-Glance Molina Dual Options

Monthly Premium	
Monthly Premium	\$0
Medical and Hospital Benefits	
Services/Coverage	You Pay
Doctor Visits	
• Visits to treat an injury or illness	\$0
• Wellness visits, such as a physical	\$0
• Transportation to a doctor's office: 30 one-way trips per year for health related purposes at locations not covered by Medi-Cal	\$0
• Specialist care	\$0
• Care to keep you from getting sick, such as flu shots	\$0
• "Welcome to Medicare" preventive visit (one time only)	\$0
Medical Tests	
• Lab tests, such as blood work (authorization rules may apply; outpatient lab services do not require a prior authorization)	\$0
• X-rays or other pictures, such as CAT scans (authorization rules may apply; outpatient X-ray services do not require a prior authorization)	\$0
• Screening tests, such as tests to check for cancer (authorization rules may apply)	\$0
Occupational, Physical, or Speech Therapy (authorization rules may apply)	\$0
Emergency Room Services	\$0
You may get covered emergency medical care whenever you need it, anywhere in the United States or its territories, without prior authorization. Not covered outside the U.S. and its territories except under limited circumstances. Contact plan for details.	
Ambulance Services	\$0
Prior Authorization rules may apply for non-emergency Ambulance services.	
Urgent Care	\$0
You may get urgent care services whenever you need it, anywhere in the United States or its territories, without prior authorization. Not covered outside the U.S. and its territories except under limited circumstances. Contact plan for details.	
Hospital Care	
• Hospital stay (authorization rules may apply)	\$0
• Doctor or surgeon care (referral requirements may apply)	\$0
Rehabilitation Services	\$0
Medical Equipment for Home Care (authorization rules may apply)	\$0
Skilled Nursing Care (authorization rules may apply)	\$0
No limit to the number of days covered by the plan each stay. No prior hospital stay is required.	
Eye Care	
• Eye exams: Up to 1 routine eye exam every year	\$0
• Glasses or contact lenses: Plan covers up to \$100 for supplemental eyewear every 2 years	\$0
Hearing Services	
• Hearing screenings: 1 routine hearing exam every year	\$0
• Hearing aids: 1 hearing aid fitting/evaluation every 2 years	\$0

Medical and Hospital Benefits (Continued)

<p>Chronic Conditions, Such as Diabetes or Heart Disease</p> <ul style="list-style-type: none"> • Services to help manage your disease, including disease self-management training • Diabetes supplies and services, including diabetes monitoring supplies and therapeutic shoes or inserts (authorization rules may apply) 	<p>\$0</p> <p>\$0</p>
<p>Mental Health and Substance Abuse</p> <ul style="list-style-type: none"> • Mental or behavioral health services: Outpatient group or individual therapy visit • Substance abuse services: Outpatient group or individual therapy visit • Inpatient care for people who need mental health care (authorization rules may apply) 	<p>\$0</p> <p>\$0</p> <p>\$0</p>
<p>Durable Medical Equipment (authorization rules may apply) Wheelchairs, Nebulizers, Crutches, Walkers, Oxygen Equipment and Supplies</p>	<p>\$0</p>
<p>Long Term Services and Support (LTSS) (authorization rules and referral requirements may apply)</p> <ul style="list-style-type: none"> • Community Based Adult Services (CBAS) • In-Home Supportive Services (IHSS) • Multi-Purpose Senior Services Program (MSSP) • Home health care services (authorization rules may apply) • Long Term Nursing Home Care (authorization rules and referral requirements may apply) 	<p>\$0</p> <p>\$0</p> <p>\$0</p> <p>\$0</p> <p>\$0</p>
<p>Nursing Home Care (authorization rules and referral requirements may apply)</p> <ul style="list-style-type: none"> • Respite Care (authorization rules may apply) 	<p>\$0</p> <p>\$0</p>
<h3>Prescription Drugs and Over-the-Counter (OTC) Items</h3>	
<p>Generic and Brand Name Drugs</p> <p>There may be limitations on the types of drugs covered. A 90-day supply is available at retail and mail order pharmacy at no additional cost. There may be certain drugs that are limited to a 31-day supply. Some drugs have quantity limits.</p>	<p>\$0 for a 31-day supply</p>
<p>Non-Medicare Rx/Over-the-Counter Drugs</p> <p>There may be limitations on the types of drugs covered.</p>	<p>\$0</p>
<p>Over-the-Counter (OTC) Items</p> <p>You get \$60 every 3 months, with carry over, for non-prescription OTC products like vitamins, sunscreen, pain relievers, cough/cold medicine, and bandages. Allowance expires at the end of the calendar year.</p>	<p>\$0</p>
<p>Medicare Part B Prescription Drugs</p> <p>Part B drugs include drugs given by your doctor in his or her office, some oral cancer drugs, and some drugs used with certain medical equipment (authorization rules may apply).</p>	<p>\$0</p>
<h3>Additional Benefits</h3>	
<p>Acupuncture</p> <p>Two outpatient acupuncture services in any one calendar month</p>	<p>\$0 copay</p>
<p>Meal Benefit</p> <p>Qualifying members get up to 56 meals delivered over 4 weeks (authorization rules may apply)</p>	<p>\$0 copay</p>
<p>Hospice</p>	<p>\$0 copay</p>
<p>Chiropractic Visits</p>	<p>\$0 copay</p>
<p>Podiatry Visits</p>	<p>\$0 copay</p>

Additional Benefits (Continued)

Prosthetic Devices Includes prosthetics and medical supplies related to prosthetics (authorization rules may apply)	\$0 copay
Dental Services One oral exam every 6 months. One dental X-ray every year. Plan offers additional supplemental comprehensive dental benefits (authorization rules may apply).	\$0 copay
Family Planning Services	\$0 copay



Learn more. Contact us today.

Call (866) 408-9501, TTY/TDD 711

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

[MolinaHealthcare.com/Duals](https://www.molinahealthcare.com/Duals)

Molina Dual Options Cal MediConnect Plan Medicare-Medicaid Plan is a health plan that contracts with both Medicare and Medi-Cal to provide benefits of both programs to enrollees. You can get this document for free in other formats, such as large print, braille, or audio. Call (855) 665-4627, TTY/TDD: 711, Monday – Friday, 8 a.m. to 8 p.m., local time. The call is free. Product offered by Molina Healthcare of California, a wholly owned subsidiary of Molina Healthcare, Inc. 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. For information on Molina Dual Options Cal MediConnect Plan Medicare-Medicaid Plan and other Cal MediConnect options for your health care, call the Department of Health Care Services at 1-800-430-4263 (TTY: 1-800-735-2922), or visit <https://www.healthcareoptions.dhcs.ca.gov>.

H8677_19_15132_25_CAMMPBAAG Accepted 12/4/2018