

# 2019 Benefits-At-A-Glance



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Molina Medicare Options Plus HMO SNP  
**California**

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

# 2019 Benefits-At-A-Glance Molina Medicare Options Plus

## Monthly Premium, Deductible and Limits

<b>Monthly Health Plan Premium</b>	\$0 per month
<b>Deductible</b>	This plan does not have a deductible.
<b>Maximum Out-of-Pocket Responsibility</b> <i>(This does not include prescription drugs)</i>	<p>\$4,500 annually for services you receive from in-network providers.</p> <p>In this plan, you pay nothing for Medicare-covered services, depending on your level of Medicaid by MEDI-CAL eligibility. Refer to the “Medicare &amp; You” handbook for Medicare-covered services. For Medicaid covered services by MEDI-CAL, refer to the Medicaid coverage section in the Summary of Benefits.</p> <p>Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.</p> <p>If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year.</p>

## Covered Medical and Hospital Benefits

<b>Inpatient Hospital Coverage</b> <i>(prior authorization may be required)</i>	You pay \$0 for days 1–90 of an inpatient stay.
<b>Outpatient Hospital Coverage</b> <i>(prior authorization may be required)</i>	
<ul style="list-style-type: none"> <li>• Outpatient Hospital</li> <li>• Ambulatory Surgical Center</li> </ul>	<p>\$0 copay</p> <p>\$0 copay</p>
<b>Doctor Visits</b>	
<ul style="list-style-type: none"> <li>• Primary Care</li> <li>• Specialists <i>(referral may be required)</i></li> </ul>	<p>\$0 copay</p> <p>\$0 copay</p>

## Covered Medical and Hospital Benefits (Continued)

<p><b>Preventive Care</b></p> <ul style="list-style-type: none"> <li>• Abdominal aortic aneurysm screening</li> <li>• Alcohol misuse screenings and counseling</li> <li>• Bone mass measurement (bone density)</li> <li>• Cardiovascular disease screening</li> <li>• Cardiovascular disease (behavioral therapy)</li> <li>• Cervical and vaginal cancer screening</li> <li>• Colorectal cancer screening</li> <li>• Depression screenings</li> <li>• Diabetes screenings</li> <li>• Diabetes self-management training</li> <li>• Glaucoma tests</li> <li>• Hepatitis C screening test</li> <li>• HIV screening</li> <li>• Lung cancer screening</li> <li>• Mammograms (screening)</li> <li>• Nutrition therapy services</li> <li>• Obesity screenings and counseling</li> <li>• One-time “Welcome to Medicare” preventive visit</li> <li>• Prostate cancer screenings</li> <li>• Sexually transmitted infections screening and counseling</li> <li>• Vaccines including Flu shots, Hepatitis B shots, Pneumococcal shots</li> <li>• Tobacco use cessation counseling</li> <li>• Yearly “Wellness” visit</li> </ul>	\$0 copay
<p><b>Emergency Care</b></p> <p>You are covered for worldwide emergency and urgent care services up to \$10,000</p>	\$0 copay
<p><b>Urgently Needed Services</b></p> <p>You are covered for worldwide emergency and urgent care services up to \$10,000</p>	\$0 copay
<p><b>Diagnostic Services/Lab/Imaging Lab Services</b></p> <ul style="list-style-type: none"> <li>• Diagnostic Tests and Procedures <i>(prior authorization may be required)</i></li> <li>• Lab Services</li> <li>• Diagnostic Radiology Services (e.g., MRI, CT) <i>(prior authorization may be required)</i></li> <li>• Outpatient X-Rays</li> <li>• Therapeutic Radiology <i>(prior authorization may be required)</i></li> </ul>	<p>\$0 copay</p> <p>\$0 copay</p> <p>\$0 copay</p> <p>\$0 copay</p> <p>\$0 copay</p>
<p><b>Hearing Services</b></p> <ul style="list-style-type: none"> <li>• Medicare-covered diagnostic hearing and balance exam (to diagnose and treat hearing and balance issues)</li> <li>• Routine Hearing Exam: 1 every year</li> <li>• Fitting for Hearing Aid/Evaluation: 1 every 2 years</li> <li>• Hearing Aids: our plan pays up to \$600 every 2 years for hearing aids, both ears combined <i>(prior authorization may be required)</i></li> </ul>	<p>\$0 copay</p> <p>\$0 copay</p> <p>\$0 copay</p> <p>\$0 copay</p>

## Covered Medical and Hospital Benefits (Continued)

### Dental Services

- Medicare-covered dental services
- Preventive Dental
  - No maximum allowance per year
  - Oral Exams: up to 2 every year
  - Prophylaxis (cleaning): up to 2 every year
  - Fluoride Treatment: 1 every year
  - Dental X-Rays: 1 set of bitewing x-rays per year; either 2 films or 4 films
- Comprehensive Dental
  - \$1,000 maximum allowance per year
  - Up to \$500 maximum allowance per year on covered comprehensive dental services excluding dentures
  - Non-Routine: Scaling up to 2 quadrants every 24 months
  - Restorative Services: up to 4 fillings per year
  - Extractions: up to 5 per year
  - Prosthodontics, Other Oral/Maxillofacial Surgery
  - Other Services: Denture Adjustments, up to 2 of any of the 4 denture adjustments per year

\$0 copay  
\$10 office visit copay

### Vision Services

- Medicare-covered vision exam to diagnose/treat disease of the eye (including yearly glaucoma screening)
  - Eyeglasses or contact lenses after cataract surgery
- Routine Eye Exam: 1 every year
- Eyewear: our plan pays up to \$350 every 2 years for eyewear
  - Contact lenses, Eyeglasses (frames and lenses), Eyeglass frames, Eyeglass lenses and Upgrades

\$0 copay

\$0 copay  
\$0 copay

### Mental Health Services *(prior authorization may be required)*

- Inpatient Visit
- Outpatient Individual/Group Therapy Visit

You pay \$0 for days 1–90 of an inpatient hospital stay  
\$0 copay

### Skilled Nursing Facility *(prior authorization may be required)*

No prior hospitalization is required

You pay \$0 for days 1–100 of a skilled nursing facility stay

### Physical Therapy

- Physical Therapy and Speech Therapy Services *(prior authorization may be required)*
- Cardiac and Pulmonary Rehabilitation
- Occupational Therapy Services *(prior authorization may be required)*

\$0 copay

\$0 copay

\$0 copay

### Ambulance *(prior authorization required for non-emergent ambulance only)*

\$0 copay

### Transportation

12 one-way trips to and from plan approved locations

\$0 copay

## Prescription Drug Benefits

### Medicare Part B Drugs

- |  |                        |
|--|------------------------|
| <ul style="list-style-type: none"> <li>• Chemotherapy Drugs (<i>prior authorization may be required</i>)</li> <li>• Other Part B Drugs (<i>prior authorization rules apply to select drugs</i>)</li> </ul> | \$0 copay<br>\$0 copay |
|--|------------------------|

Tier/Supply	Standard Retail Pharmacy and Mail Order Pharmacy
Tier 1: Preferred Generic	
<ul style="list-style-type: none"> <li>• One, two or three month supply</li> </ul>	\$0 copay
Tier 2: Generic	
<ul style="list-style-type: none"> <li>• One, two or three month supply</li> </ul>	For generic drugs (including brand drugs treated as generic) either: \$0 or \$1.25 or \$3.40 copay For all other drugs either: \$0 or \$3.80 or \$8.50 copay
Tier 3: Preferred Brand	
<ul style="list-style-type: none"> <li>• One, two or three month supply</li> </ul>	For generic drugs (including brand drugs treated as generic) either: \$0 or \$1.25 or \$3.40 copay For all other drugs either: \$0 or \$3.80 or \$8.50 copay
Tier 4: Non-Preferred Drug	
<ul style="list-style-type: none"> <li>• One, two or three month supply</li> </ul>	For generic drugs (including brand drugs treated as generic) either: \$0 or \$1.25 or \$3.40 copay For all other drugs either: \$0 or \$3.80 or \$8.50 copay
Tier 5: Specialty Tier	
<ul style="list-style-type: none"> <li>• One month supply (<i>specialty drugs are limited to a one-month supply</i>)</li> </ul>	For generic drugs (including brand drugs treated as generic) either: \$0 or \$1.25 or \$3.40 copay For all other drugs either: \$0 or \$3.80 or \$8.50 copay

## Additional Covered Benefits

<b>Dialysis Services</b>	\$0 copay
<b>Chiropractic Care</b> <ul style="list-style-type: none"> <li>• Medicare-Covered Chiropractic Services                             <ul style="list-style-type: none"> <li>▪ Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position)</li> </ul> </li> </ul>	\$0 copay
<b>Home Health Care</b> ( <i>prior authorization may be required</i> )	\$0 copay
<b>Outpatient Substance Abuse</b> <ul style="list-style-type: none"> <li>• Group Therapy Visit</li> <li>• Individual Therapy Visit</li> </ul>	\$0 copay \$0 copay
<b>Outpatient Blood Services</b>	\$0 copay

Additional Covered Benefits	
<b>Meals Benefit</b> <i>(prior authorization may be required)</i> Standard meal cycle is a 2 week menu with a total of 28 meals delivered to the Member, based on Member need; additional 28 meals with approval	\$0 copay
<b>Foot Care (Podiatry Services)</b> <ul style="list-style-type: none"> <li>• Medicare-covered foot exam and treatment               <ul style="list-style-type: none"> <li>▪ Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions</li> </ul> </li> <li>• Routine Foot Care: up to 12 visits of routine foot care every year</li> </ul>	\$0 copay
<b>Medical Equipment/Supplies</b> <ul style="list-style-type: none"> <li>• Durable Medical Equipment (e.g., wheelchairs, oxygen) <i>(prior authorization may be required)</i></li> <li>• Prosthetics/Medical Supplies <i>(prior authorization may be required)</i></li> <li>• Diabetic Supplies <i>(prior authorization not required for preferred manufacturer)</i></li> </ul>	\$0 copay
<b>Health and Wellness Education Programs</b>	
<b>Health Education</b> The Health Plan has health programs to help you learn to manage your health conditions including health education, learning materials, health advice and care tips	\$0 copay
<b>24-Hour Nurse Advice Line</b> Available 24 hours a day, 7 days a week	\$0 copay
<b>Nutritional/Dietary Benefit</b> 12 individual or group sessions every year; individual telephonic nutrition counseling upon request	\$0 copay

## Your Enrollment Options

**Enroll Now** – If you're at a benefits presentation today, enroll with your agent.

**By Phone** – Call **(866) 713-5064, TTY 711**, 7 days a week, 8 a.m. to 8 p.m., local time. We are here to answer your questions and can help you enroll over the phone.

**Schedule** an in-home appointment with one of our agents.

**Online** – Visit [MolinaHealthcare.com/Medicare](https://MolinaHealthcare.com/Medicare)

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