Summary Of Benefits

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

2019

Molina Medicare Options Plus (HMO SNP)
(800) 665-0898, TTY/TDD 711
7 days a week, 8 a.m. – 8 p.m. local time

MolinaHealthcare.com/Medicare

MOLINA® HEALTHCARE

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About Molina Medicare Options Plus (HMO SNP)

Molina Medicare Options Plus (HMO SNP) has a network of doctors, hospitals, pharmacies, and other providers. If you use the providers that are not in our network, the plan may not pay for these services. You must generally use network pharmacies to fill your prescriptions for covered Part D drugs. You can see our plan's provider and pharmacy directory at our website www.MolinaHealthcare.com/Medicare. Or, call us and we will send you a copy of the provider and pharmacy directories.

This booklet gives you a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, call us and ask for the "Evidence of Coverage."

Who can join?

To join **Molina Medicare Options Plus (HMO SNP)**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B and Medicaid by MEDI-CAL, and live in our service area. Our service area includes the following counties in California: Imperial, Los Angeles, Riverside (partial), San Bernardino (partial), and San Diego.

What do we cover?

Like all Medicare health plans, we cover everything that Original Medicare covers - and *more.* Some of the extra benefits are outlined in this booklet. We cover Part D drugs. In addition, we cover Part B drugs such as chemotherapy and some drugs administered by your provider. You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website www.MolinaHealthcare.com/Medicare. Or, call us and we will send you a copy of the formulary.

How will I determine my drug costs?

Our plan groups each medication into one of five "tiers." You will need to use your formulary to locate what tier your drug is on to determine how much it will cost you. The amount you pay depends on the drug's tier and what stage of the benefit you have reached. Later in this document we discuss the benefit stages that occur after you meet your deductible: Initial Coverage, Coverage Gap, and Catastrophic Coverage.

If you receive "Extra Help" to pay your prescription drugs, the deductible stage does not apply to you.

How to reach us:

You can call us 7 days a week, 8 a.m. – 8 p.m. local time

If you are a **Member** of this plan, call toll-free:
(800) 665-0898; TTY/TDD 711

If you are **not a Member** of this plan, call toll-free:
(866) 403-8293; TTY/TDD 711

Or visit our website: www.MolinaHealthcare.com/Medicare

Monthly Premium, Deductible and Limits	
Monthly Health Plan Premium	$0 per month
Deductible	This plan does not have a deductible.
Maximum Out-of-Pocket Responsibility (this does not include prescription drugs)	$4,500 annually for services you receive from in-network providers. In this plan, you may pay nothing for Medicare-covered services, depending on your level of Medicaid by MEDI-CAL eligibility. Refer to the "Medicare & You" handbook for Medicare-covered services. For Medicaid covered services by MEDI-CAL, refer to the Medicaid Coverage section in this document. Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs. 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.

Covered Medical and Hospital Benefits

	Molina Medicare Options Plus (HMO SNP)
INPATIENT HOSPITAL COVERAGE	
Prior authorization may be required	You pay $0 for days 1 - 90 of 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.
OUTPATIENT HOSPITAL COVERAGE	
Outpatient hospital *Prior authorization may be required*	$0 copay
Ambulatory surgical center *Prior authorization may be required*	$0 copay
DOCTOR VISITS	
Primary Care	$0 copay
Specialists *Referral may be required*	$0 copay

Covered Medical and Hospital Benefits

	Molina Medicare Options Plus (HMO SNP)
PREVENTIVE CARE	
	$0 copay • Abdominal aortic aneurysm screening • Alcohol misuse screenings & counseling • Bone mass measurements (bone density) • Cardiovascular disease screening • Cardiovascular disease (behavioral therapy) • Cervical & vaginal cancer screening • Colorectal cancer screening • Depression screenings • Diabetes screenings • Diabetes self-management training • Glaucoma tests • Hepatitis C screening test • HIV screening • Lung cancer screening • Mammograms (screening) • Nutrition therapy services • Obesity screenings & counseling • One-time "Welcome to Medicare" preventive visit • Prostate cancer screenings • Sexually transmitted infections screening & counseling • Vaccines including Flu shots, Hepatitis B shots, Pneumococcal shots • Tobacco use cessation counseling • Yearly "Wellness" visit Any additional preventive services approved by Medicare during the contract year will be covered.
EMERGENCY CARE	
Emergency Care You are covered for worldwide emergency and urgent care services up to $10,000	$0 copay

Covered Medical and Hospital Benefits

	Molina Medicare Options Plus (HMO SNP)
URGENTLY NEEDED SERVICES	
Urgently Needed Services You are covered for worldwide emergency and urgent care services up to $10,000	$0 copay
DIAGNOSTIC SERVICES/LABS/IMAGING LAB SERVICES	
Diagnostic tests and procedures *Prior authorization may be required*	$0 copay
Lab services	$0 copay
Diagnostic radiology services (e.g., MRI, CT) *Prior authorization may be required*	$0 copay
Outpatient x-rays	$0 copay
Therapeutic radiology *Prior authorization may be required*	$0 copay
HEARING SERVICES	
Medicare-covered diagnostic hearing and balance exam Exam to diagnose and treat hearing and balance issues	$0 copay
Routine hearing exam 1 every year	$0 copay
Fitting for hearing aid/evaluation 1 every 2 years	$0 copay
Hearing aids *Prior authorization may be required*	$0 copay Our plan pays up to $600 every two years for hearing aids, both ears combined.
DENTAL SERVICES	
Medicare-covered dental services	$0 copay

Covered Medical and Hospital Benefits

	Molina Medicare Options Plus (HMO SNP)
Preventive Dental	Preventive: No maximum allowance per year Comprehensive: $1000 maximum allowance per year. Up to $500 max allowance per year on covered comprehensive dental services excluding dentures. $10 office visit copay Oral Exams: up to 2 every year Prophylaxis (Cleaning): up to 2 every year Flouride Treatment: 1 every year Dental X-Rays: 1 set of bitewing x-rays per year; either 2 films or 4 films.
Comprehensive Dental *Prior authorization may be required*	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. Comprehensive Dental Services: $500 max allowance per year (excluding dentures).
VISION SERVICES	
Medicare-covered vision exam to diagnose/treat diseases of the eye (including yearly glaucoma screening) Eyeglasses or contact lenses after cataract surgery	$0 copay
Routine eye exam 1 every year	$0 copay

Covered Medical and Hospital Benefits

	Molina Medicare Options Plus (HMO SNP)
Eyewear • Contact lenses • Eyeglasses (frames and lenses) • Eyeglass frames • Eyeglass lenses • Upgrades	$0 copay Our plan pays up to $350 every two years for eyewear.
MENTAL HEALTH SERVICES	
Mental Health Services *Prior authorization may be required*	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 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. You pay $0 for days 1-90 of an inpatient hospital stay.
Outpatient individual/group therapy visit	$0 copay
SKILLED NURSING FACILITY	
No prior hospitalization is required *Prior authorization may be 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*	$0 copay
Cardiac and Pulmonary Rehabilitation	$0 copay
Occupational Therapy Services *Prior authorization may be required*	$0 copay
AMBULANCE	
Prior authorization required for non-emergent ambulance only.	$0 copay

Covered Medical and Hospital Benefits

	Molina Medicare Options Plus (HMO SNP)
TRANSPORTATION	
12 one-way trips to and from plan approved locations.	$0 copay

Prescription Drug Benefits

MEDICARE PART B DRUGS	
Chemotherapy drugs *Prior authorization may be required*	$0 copay
Other Part B drugs *Prior authorization may be required*	$0 copay

INITIAL COVERAGE STAGE

If you receive "Extra Help" to pay your prescription drugs, the deductible stage does not apply to you.

After you pay your applicable deductible you begin in this stage when you fill your first prescription of the year. 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’s payments) total $3,820.

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

	Standard Retail Pharmacy and Mail Order Pharmacy
Tier 1 (Preferred Generic) One, two or three month supply	$0 copay
Tier 2 (Generic) One, two or three month supply	For generic drugs (including brand drugs treated as generic), either: $0 copay, $1.25 copay, or $3.40 copay For all other drugs, either: $0 copay, $3.80 copay, or $8.50 copay
Tier 3 (Preferred Brand) One, two or three month supply	For generic drugs (including brand drugs treated as generic), either: $0 copay; or $1.25 copay; or $3.40 copay For all other drugs, either: $0 copay; or $3.80 copay; or $8.50 copay

Prescription Drug Benefits	
Tier 4 (Non-Preferred Drug) One, two or three month supply	For generic drugs (including brand drugs treated as generic), either: $0 copay; or $1.25 copay; or $3.40 copay For all other drugs, either: $0 copay; or $3.80 copay; or $8.50 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 $1.25 coapy; or $3.40 copay For all other drugs, either: $0 copay; or $3.80 copay; or $8.50 copay
COVERAGE GAP STAGE	
During this stage, you pay 25% of the price for brand name drugs (plus a portion of the dispensing fee) and 37% 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 $5,100. This amount and rules for counting costs toward this amount have been set by Medicare.	
CATASTROPHIC COVERAGE STAGE	
After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach $5,100 the plan will pay all of the costs of your drugs.	

Additional Covered Benefits

	Molina Medicare Options Plus (HMO SNP)
DIALYSIS SERVICES	
	$0 copay
CHIROPRACTIC CARE	
Medicare-Covered Chiropractic Services Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position)	$0 copay
HOME HEALTH CARE	
Prior authorization may be required	$0 copay
OUTPATIENT SUBSTANCE ABUSE	
Group therapy visit	$0 copay
Individual therapy visit	$0 copay
OUTPATIENT BLOOD SERVICES	
Outpatient Blood Services 3-Pint deductible waived.	$0 copay
MEALS BENEFIT	
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. *Prior authorization may be required*	$0 copay
FOOT CARE (PODIATRY SERVICES)	
Medicare-covered foot exam and treatment Foot exams and treatment if you have diabetes-related nerve damage and/ or meet certain conditions.	$0 copay

Additional Covered Benefits

	Molina Medicare Options Plus (HMO SNP)
Routine foot care Up to 12 visit(s) of routine foot care every year.	$0 copay
MEDICAL EQUIPMENT / SUPPLIES	
Durable Medical Equipment (e.g., wheelchairs, oxygen) *Prior authorization may be required*	$0 copay
Prosthetics/Medical Supplies *Prior authorization may be required*	$0 copay
Diabetic Supplies and Services *Prior authorization not required for preferred manufacturer*	$0 copay
HEALTH AND WELLNESS EDUCATION PROGRAMS	
Health Education 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
24-Hour Nurse Advice Line Available 24 hours a day, 7 days a week.	$0 copay
Nutritional/Dietary Benefit 12 Individual or group sessions every year. Individual telephonic nutrition counseling upon request.	$0 copay

Summary of Medicaid-Covered Benefits

Your state Medicaid program is called Medi-Cal.

A person who is entitled to both Medicare and medical assistance from a State Medicaid plan is considered a dual eligible. As a dual eligible beneficiary your services are paid first by Medicare and then by Medicaid.

Your Medicaid coverage varies depending on your income, resources, and other factors. Benefits may include full Medicaid benefits and/or payment of some or all of your Medicare cost-share (premiums, deductibles, coinsurance, or copays).

Below is a list of dual eligibility categories for beneficiaries who may enroll in the Molina Medicare Options Plus (HMO SNP) Plan:

- **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.
- **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.
- **SLMB+:** Medicaid pays your Medicare Part B premium and provides full Medicaid benefits.
- **Full-Benefit Dual Eligible (FBDE):** At times, individuals may qualify for both limited coverage of Medicare cost-sharing as well as full Medicaid benefits.

As a QMB+, QMB, SLMB+, or FBDE beneficiary, your cost-share is 0%, except for Part D prescription drug copays. (See previous Summary of Benefits table for a full description of your **Molina Medicare Options Plus (HMO SNP)** Plan benefits and cost-sharing responsibilities.)

Note – Preventive wellness exams and supplemental benefits have a $0 cost-share. Separate coinsurances apply for supplemental benefits such as comprehensive dental.

Eligibility Changes:

It is important to read and respond to all mail that comes from Social Security or your state Medicaid office so you can protect your 0% cost-share status as a QMB+, QMB, SLMB+, or FBDE beneficiary.

Periodically, as required by CMS, we will check the status of your Medicaid eligibility as well as your dual eligible category. If you lose Medicaid coverage entirely you will be given a grace period so that you can reapply for Medicaid.

If you no longer qualify as a QMB+, QMB, SLMB+, or FBDE beneficiary you may be involuntarily disenrolled from the Plan after a grace period. 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 as a QMB+, QMB, SLMB+, or FBDE beneficiary. For this reason it is important to let us know whenever your mailing address and/or phone number changes.

How to Read the Medicaid Benefit Chart

The chart below shows what services are covered by Medicare and Medicaid. You will see the word "Covered" under the Medicaid column if Medicaid also covers a service that is covered under the **Molina Medicare Options Plus (HMO SNP)** Plan. The chart applies only if you are entitled to benefits under your state's Medicaid program.

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 is called Medi-Cal.

Coverage of the benefits described below depends upon your level of Medicaid eligibility. These benefits are marked with an asterisk (*) below and may not be available to all enrollees.

Medicaid-Covered Benefits Chart

	MOLINA MEDICARE OPTIONS PLUS (HMO SNP)	MEDI-CAL
IMPORTANT INFORMATION		
Premium and Other Important Information If you get Extra Help from Medicare, your monthly plan premium will be lower or you might pay nothing.	**General** $0 monthly plan premium **In-Network** $0 annual deductible. $4,500 out-of-pocket limit for Medicare-covered services. However, in this plan you will have no cost sharing responsibility for Medicare-covered services, based on your level of Medicaid eligibility.	Medicaid assistance with premium payments and cost-share may vary based on your level of Medicaid eligibility.
Doctor and Hospital Choice *(For more information, see Emergency Care and Urgently Needed Care.)*	**In-Network** You must go to network doctors, specialists, and hospitals. Referral required for network specialists (for certain benefits).	You must go to doctors, specialists, and hospitals that accept Medicaid assignment. Referral required for network specialists (for certain benefits).
OUTPATIENT CARE SERVICES		
Acupuncture	Not Covered	Covered Restrictions may apply
Ambulance Services *(Medically necessary ambulance services)*	Covered	Covered

Medicaid-Covered Benefits Chart		
	MOLINA MEDICARE OPTIONS PLUS (HMO SNP)	**MEDI-CAL**
Cardiac and Pulmonary Rehabilitation Services	Covered	Covered
Chiropractic Services	Covered	Covered* Restrictions may apply
Dental Services	Covered	Covered* Restrictions may apply
Diabetes Programs and Supplies	Covered	Covered
Diagnostic Tests, X-Rays, Lab Services, and Radiology Services	Covered	Covered
Doctor Office Visits	Covered	Covered
Durable Medical Equipment *(Includes wheelchairs, oxygen, etc.)*	Covered	Covered
Emergency Care	Covered	Covered* Restrictions may apply
Hearing Services	Covered	Covered* Restrictions may apply
Home Health Service *(Includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)*	Covered	Covered
Outpatient Mental Health Care	Covered	Covered
Outpatient Rehabilitation Services *(Occupational Therapy, Physical Therapy, Speech and Language Therapy)*	Covered	Covered* Restrictions may apply
Outpatient Services	Covered	Covered
Outpatient Substance Abuse Care	Covered	Covered

Medicaid-Covered Benefits Chart		
	MOLINA MEDICARE OPTIONS PLUS (HMO SNP)	**MEDI-CAL**
Over-the-Counter Items	Not Covered	Covered
Podiatry Services	Covered	Covered* Restrictions may apply
Prosthetic Devices *(Includes braces, artificial limbs and eyes, etc.)*	Covered	Covered
Medical Transportation Services *(Routine)*	Covered	Covered
Urgently Needed Services *(This is NOT emergency care, and in most cases, is out of the service area.)*	Covered	Covered
Vision Services	Covered	Covered* Restrictions may apply
Wellness/Education and other Supplemental Benefit Programs	Covered	Covered
INPATIENT CARE		
Inpatient Hospital Care *(Includes Substance Abuse and Rehabilitation Services)*	Covered	Covered
Inpatient Mental Health Care	Covered	Covered
Skilled Nursing Facility (SNF) *(In a Medicare-certified skilled nursing facility)*	Covered	Covered
PREVENTIVE SERVICES		
Kidney Disease and Conditions	Covered	Covered
Preventive Services	Covered	Covered
HOSPICE		
Hospice	Not Covered	Covered

Medicaid-Covered Benefits Chart

	MOLINA MEDICARE OPTIONS PLUS (HMO SNP)	MEDI-CAL
PRESCRIPTION DRUG BENEFITS		
Outpatient Prescription Drugs	Covered	Covered

For Members who are entitled to full benefits under Medicaid, listed below are additional benefits that you may be entitled to. These are additional Medicaid benefits that are covered by your state Medicaid program but may not be covered under the **Molina Medicare Options Plus (HMO SNP)** Plan:

Additional Medicaid Benefits

BENEFITS	MEDI-CAL
AIDS Waiver Program	**Covered**
Blood and Blood Derivatives	**Covered**
Chronic Dialysis Services	**Covered**
Community Based Adult Services (CBAS)	**Covered**
Community-Supported Living Arrangements (waiver only)	**Covered**
Comprehensive Perinatal Services Program (Preventive services)	**Covered**
Early & Periodic Screening, Diagnosis, and Treatment (EPSDT)	**Covered**
Enteral Formulae	**Covered**
Family Nurse Practitioner	**Covered**
Family Planning Services and Supplies	**Covered**
Federally Qualified Health Center Services (FQHC)	**Covered**
Home and Community Care for functionally disabled elderly (waiver only)	**Covered**
Intermediate Care Facility	**Covered**
Licensed Midwife Services	**Covered**
Local Educational Agency (LEA) Services	**Covered**
Nurse Anesthetist Services	**Covered**
Nurse midwife	**Covered**
Personal Care Services	**Covered**
Psychology Services	**Covered**
Rehabilitation Facilities	**Covered**
Respiratory Care for Ventilator Dependent Patients	**Covered**
Rural Health Clinic Services (RHC)	**Covered**
Special Duty Nursing Services	**Covered**
Sign Language Interpreter Services	**Covered**

Additional Medicaid Benefits

BENEFITS	MEDI-CAL
Targeted Case Management	**Covered**
TB-Related Services	**Covered**
Transplants	**Covered**

**Recently enacted legislation added Section 14131.10 of the W&I Code to exclude several optional benefit categories from coverage under the Medi-Cal program to be implemented on July 1, 2009. The optional benefits indicated are excluded from coverage under the Medi-Cal program, effective July 1, 2009. The optional benefits exclusion policy does not apply to the following beneficiaries: 1) beneficiaries under 21 years of age for services rendered pursuant to EPSDT program; 2) beneficiaries residing in a skilled nursing facility (Nursing Facilities Level A and Level B, including subacute care facilities; 3) beneficiaries who are pregnant (pregnancy- related benefits and services; other benefits and services to treat conditions that, if left untreated, might cause difficulties for the pregnancy); 4) California Children's Services beneficiaries; and 5) beneficiaries enrolled in the Program of All-Inclusive Care for the Elderly. Most claims for excluded optional benefit services billed by a physician or physician group remain reimbursable on or after July 1, 2009. However, these claims will be denied if the rendering provider is not a physician, but one of the optional benefit providers. More information on the reduced benefits and services affected by this new legislation is available on the California Department of Health Care Services Web site at www.dhcs.ca.gov.

Find out more

You have choices about how to get your Medicare benefits

One choice is to get your Medicare benefits through Original Medicare (fee-for-service Medicare). Original Medicare is run directly by the Federal government. Another choice is to get your Medicare benefits by joining a Medicare health plan (such as Molina Medicare Options Plus (HMO SNP)). If you want to know more about the coverage and costs of Original Medicare, look in your current "**Medicare & You**" handbook. View it online at http://www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Tips for comparing your Medicare choices

This Summary of Benefits booklet gives you a summary of what **Molina Medicare Options Plus (HMO SNP)** covers and what you pay. If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or, use the Medicare Plan Finder on http://www.medicare.gov.

This information is available in other formats, such as Braille, large print, and audio.

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 (HMO SNP) depends on contract renewal.

This information is not a complete description of benefits. Call (800) 665-0898 TTY 711 for more information. Authorization and/or referral may be required.

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. Benefits, premiums and/or copayments/co-insurance may change on January 1, 2019.

Member Services (800) 665-0898, TTY/TDD 711
7 days a week, 8 a.m. – 8 p.m. local time