

2021 | Summary of Benefits

Molina Medicare Complete Care HMO SNP

California H5810-013
Serving Imperial

Effective January 1 through December 31, 2021



Introduction to the Summary of Benefits

Molina Medicare Complete 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 Evidence of Coverage is located on our website at www.MolinaHealthcare.com/Medicare. You may also call Member Services to ask us to mail you an Evidence of Coverage.

To join our plan, 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.



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 Customer Service team at **(800) 665-0898, TTY/TDD 711**, 7 days a week, 8 a.m. to 8 p.m.


Molina Medicare Complete Care Benefits-At-A-Glance


Get More From Your Medicare Plan

In addition to Medicare Part A & Part B benefits, you will also receive these extra benefits to help you stay healthy.


 **Dental coverage**
\$2,000 allowance for comprehensive services every year. \$0 copay for routine exams.

 **Hearing exam, fitting + hearing aids**
\$0 copay for 1 routine hearing exam every year, and up to 2 hearing aids every 2 years.

 **Eye exam & eyewear**
\$0 copay for 1 routine vision exam every year, and a \$550 eyewear allowance every 2 years.


 **Over-the-Counter benefit**
\$125 allowance every 3 months with carryover.

 **Fitness benefit**
\$0 copay. Members have access to contracted Fitness Facilities and Home Fitness Kits.

 **Transportation services**
\$0 copay for 12 one-way trips every year.

 **Meals**
\$0 copay for a maximum of 56 meals.

 **24-hour Nurse Advice Line**
Call the line, any time. Our nurses are always ready to answer your health questions.

 **Health Education Resources**
We offer diabetes counseling, disease management, and case management programs. We can also help you control your weight and quit smoking.



A dedicated support team

We're here to answer your questions, review your benefits and help you get the care you deserve.

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)

Medicaid Dual Eligibility Coverage Categories

- **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.

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.

Summary of Premiums & Benefits

Molina Medicare Complete Care

Monthly Premium \$0 per month



Deductible This plan does not have a deductible.



Maximum Out-of-Pocket Responsibility \$4,500 annually for services you receive from in-network providers. (does not include prescription drugs)



Summary of Premiums & Benefits (Continued)

Molina Medicare Complete Care

Inpatient Hospital 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.

Prior authorization may be required.

Outpatient Hospital \$0 copay



Prior authorization may be required.

Ambulatory Surgical Center \$0 copay



Prior authorization may be required.

Doctor Visits



Primary Care

\$0 copay

Specialists

\$0 copay

Preventive Care



\$0 copay

Any additional preventive services approved by Medicare during the contract year will be covered.

Molina Medicare Complete Care

Emergency Care \$0 copay



Urgently Needed Services \$0 copay



Diagnostic Services/Labs/Imaging



Diagnostic tests and procedures

\$0 copay

Prior authorization may be required.

Lab services

\$0 copay

Prior authorization may be required.

Diagnostic radiology services (such as MRI, CT scan)

\$0 copay

Prior authorization may be required.

Outpatient X-rays

\$0 copay

Therapeutic radiology

\$0 copay

Prior authorization may be required.

Summary of Premiums & Benefits (Continued)

Molina Medicare Complete Care

Hearing Services



Medicare-covered diagnostic hearing and balance exam

\$0 copay

Routine hearing exam

\$0 copay, 1 every year

Fitting for hearing aid/evaluation

\$0 copay, 1 every 2 years

Hearing aids

\$0 copay

Our plan pays for up to 2 pre-selected hearing aids provided by a plan-approved provider every 2 years, both ears combined.

Prior authorization may be required.

Molina Medicare Complete Care

Dental Services



Medicare-covered dental services

\$0 copay

Preventive Dental

\$0 office visit copay

No maximum allowance per year for the following preventive care 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.

Summary of Premiums & Benefits (Continued)

Molina Medicare Complete Care

Vision Services



Medicare-covered

- 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 \$550 every 2 years for eyewear.

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

Mental Health Services



Inpatient visit

You pay \$0 for days 1 - 90 of an inpatient hospital stay.

There is a 190 day lifetime limit for inpatient psychiatric hospital care. 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.

Prior authorization may be required.

Outpatient individual/group therapy visit

\$0 copay

Skilled Nursing Facility



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

No prior hospitalization is required.
Prior authorization may be required.

Molina Medicare Complete Care

Physical Therapy



Physical therapy and speech therapy

\$0 copay

Prior authorization may be required.

Cardiac and pulmonary rehabilitation

\$0 copay

Prior authorization may be required.

Occupational therapy services

\$0 copay

Prior authorization may be required.

Ambulance



\$0 copay

Prior authorization required for non-emergent ambulance only.

Transportation



\$0 copay

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

Prior authorization may be required.

Medicare Part B Drugs

Chemotherapy/ Radiation Drugs

\$0 copay

Prior authorization may be required.

Other Part B Drugs

\$0 copay

Prior authorization may be required.

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	For generic drugs (including brand drugs treated as generic), either: \$0 copay; or \$1.30 copay; or \$3.70 copay For all other drugs, either: \$0 copay; or \$4.00 copay; or \$9.20 copay	For generic drugs (including brand drugs treated as generic), either: \$0 copay; or \$1.30 copay; or \$3.70 copay For all other drugs, either: \$0 copay; or \$4.00 copay; or \$9.20 copay
Tier 3: Preferred Brand One-, two-, or three-month supply	For generic drugs (including brand drugs treated as generic), either: \$0 copay; or \$1.30 copay; or \$3.70 copay For all other drugs, either: \$0 copay; or \$4.00 copay; or \$9.20 copay	For generic drugs (including brand drugs treated as generic), either: \$0 copay; or \$1.30 copay; or \$3.70 copay For all other drugs, either: \$0 copay; or \$4.00 copay; or \$9.20 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 \$1.30 copay; or \$3.70 copay For all other drugs, either: \$0 copay; or \$4.00 copay; or \$9.20 copay	For generic drugs (including brand drugs treated as generic), either: \$0 copay; or \$1.30 copay; or \$3.70 copay For all other drugs, either: \$0 copay; or \$4.00 copay; or \$9.20 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 \$1.30 copay; or \$3.70 copay For all other drugs, either: \$0 copay; or \$4.00 copay; or \$9.20 copay	For generic drugs (including brand drugs treated as generic), either: \$0 copay; or \$1.30 copay; or \$3.70 copay For all other drugs, either: \$0 copay; or \$4.00 copay; or \$9.20 copay

Coverage Stages

Stage 1: Initial Coverage

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 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 payments) total \$4,130.

Stage 2: 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 \$6,550. This amount and rules for counting costs toward this amount have been set by Medicare.

Stage 3: Catastrophic Coverage

After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$6,550 the plan will pay most of the costs of your drugs.

Summary of Other Benefits

Molina Medicare Complete Care

Acupuncture



Medicare-covered Acupuncture

\$0 copay

Medicare-covered acupuncture visits are for chronic lower back pain. Up to 12 visits in 90 days are covered under Medicare. An additional eight sessions will be covered for those patients demonstrating an improvement. No more than 20 acupuncture treatments may be administered annually.

Additional Telehealth Services

\$0 copay



Annual Physical Exam

\$0 copay



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).

Dialysis

\$0 copay



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.

Molina Medicare Complete Care

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 of routine foot care every year.

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 meals delivered to the Member, based on Member need. Additional 28 meals with approval.

Prior authorization may be required.

Medical Equipment and Supplies



Durable Medical Equipment (such as wheelchairs, oxygen)

\$0 copay

Prior authorization may be required.

Prosthetics/Medical Supplies

\$0 copay

Prior authorization may be required.

Diabetic Supplies and Services

\$0 copay

Prior authorization not required for preferred manufacturer.

Summary of Other Benefits (Continued)

Molina Medicare Complete Care

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
3-pint deductible waived



Outpatient Substance Abuse

Group Therapy Visit
\$0 copay



Individual Therapy Visit
\$0 copay

Over-the-Counter Items

\$0 copay
\$125 allowance every 3 months, expires at the end of the calendar year.



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.



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

Molina Medicare Complete Care

**Worldwide
Emergency and
Urgent Care**

\$0 copay
You are covered for worldwide emergency and urgent care services up to \$10,000.



Summary of Medicaid-Covered Benefits

What Medicaid Covers

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 Complete Care 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.

Benefit	Molina Medicare Complete Care	Medi-Cal
IMPORTANT INFORMATION		
<p>Premium and Other Important Information If you get Extra Help from Medicare, your monthly plan premium will be lower or you may pay nothing.</p>	<p>General \$0 monthly plan premium</p> <p>In-Network \$0 annual deductible.</p> <p>\$4,500 out-of-pocket limit for Medicare-covered services.</p> <p>However, in this plan you will have no cost-sharing responsibility for Medicare-covered services, based on your level of Medicaid eligibility.</p>	<p>Medicaid assistance with premium payments and cost-share may vary based on your level of Medicaid eligibility.</p>
<p>Doctor and Hospital Choice (For more information, see Emergency Care and Urgently Needed Care.)</p>	<p>In-Network You must go to network doctors, specialists, and hospitals.</p>	<p>You must go to doctors, specialists, and hospitals that accept Medicaid assignment. Referral required for network specialists (for certain benefits).</p>

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

Benefit	Molina Medicare Complete Care	Medi-Cal
OUTPATIENT CARE SERVICES		
Acupuncture	Limited coverage	Covered Restrictions may apply
Ambulance Services (Must be medically necessary)	Covered	Covered
Cardiac and Pulmonary Rehabilitation Services	Covered	Covered
Chiropractic Services	Limited coverage	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

Summary of Medicaid-Covered Benefits (Continued)

Benefit	Molina Medicare Complete Care	Medi-Cal
OUTPATIENT CARE SERVICES (CONTINUED)		
Home Health Service (Includes medically necessary intermittent skilled nursing care, home health aide services, 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
Over-the-Counter Items	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

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

Benefit	Molina Medicare Complete Care	Medi-Cal
OUTPATIENT CARE SERVICES (CONTINUED)		
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

Summary of Medicaid-Covered Benefits (Continued)

Benefit	Molina Medicare Complete Care	Medi-Cal
PRESCRIPTION DRUG BENEFITS		
Outpatient Prescription Drugs	Covered	Covered

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

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 Complete Care Plan:

ADDITIONAL MEDICAID BENEFITS	
BENEFITS	MEDI-CAL COVERAGE
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 Formula	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

Summary of Medicaid-Covered Benefits (Continued)

ADDITIONAL MEDICAID BENEFITS	
BENEFITS	MEDI-CAL COVERAGE
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
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.

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

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.

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 is a Health Plan with a Medicare Contract and a contract with the state Medicaid program. Enrollment in Molina Medicare Complete Care depends on contract renewal. Product offered by Molina Healthcare of California, a wholly owned subsidiary of Molina Healthcare, Inc. This information is available in other formats, such as Braille, large print, and audio. Dual eligible individuals who are eligible for enrollment in the Cal MediConnect MMP are excluded from enrollment in this plan. 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: **(800) 665-0898, TTY/TDD 711**

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



MolinaHealthcare.com

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