



# Molina Medicare Complete Care

## HMO SNP

### 2020 | Summary Of Benefits

**California H5810-013**  
Serving Imperial county



## About Molina Medicare Complete Care (HMO DSNP)

Molina Medicare Complete Care (HMO DSNP) 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](http://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 Complete Care (HMO DSNP)** 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.

## 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](http://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](http://www.MolinaHealthcare.com/Medicare)

## 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 Complete Care (HMO DSNP) 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 Complete Care (HMO DSNP) 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.

## 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 (this does not include prescription drugs)</b>	<p>\$4,500 annually for services you receive from in-network providers.</p> <p>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 &amp; You" handbook for Medicare-covered services. For Medicaid-covered services by Medi-Cal, refer to the Medicaid Coverage section in this document.</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

### Molina Medicare Complete Care (HMO DSNP)

#### INPATIENT HOSPITAL COVERAGE

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 COVERAGE

##### 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

## Covered Medical and Hospital Benefits

### Molina Medicare Complete Care (HMO DSNP)

<b>PREVENTIVE CARE</b>	
	<p>\$0 copay</p> <ul style="list-style-type: none"> <li>• Abdominal aortic aneurysm screening</li> <li>• Alcohol misuse screenings &amp; counseling</li> <li>• Bone mass measurements (bone density)</li> <li>• Cardiovascular disease screening</li> <li>• Cardiovascular disease (behavioral therapy)</li> <li>• Cervical &amp; 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 &amp; counseling</li> <li>• One-time "Welcome to Medicare" preventive visit</li> <li>• Prostate cancer screenings</li> <li>• Sexually transmitted infections screening &amp; 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> <p>Any additional preventive services approved by Medicare during the contract year will be covered.</p>
<b>EMERGENCY CARE</b>	
	<p>\$0</p>
<b>URGENTLY NEEDED SERVICES</b>	
	<p>\$0 copay</p>

## Covered Medical and Hospital Benefits

### Molina Medicare Complete Care (HMO DSNP)

WORLDWIDE EMERGENCY/URGENT COVERAGE	
	<p>\$0 copay</p> <p>You are covered for worldwide emergency and urgent care services up to \$10,000.</p>
DIAGNOSTIC SERVICES/LABS/IMAGING LAB SERVICES	
<b>Diagnostic tests and procedures</b>	<p>\$0 copay</p> <p><i>Prior authorization may be required.</i></p>
<b>Lab services</b>	<p>\$0 copay</p> <p><i>Prior authorization may be required.</i></p>
<b>Diagnostic radiology services (e.g., MRI, CT)</b>	<p>\$0 copay</p> <p><i>Prior authorization may be required.</i></p>
<b>Outpatient X-rays</b>	\$0 copay
<b>Therapeutic radiology</b>	<p>\$0 copay</p> <p><i>Prior authorization may be required.</i></p>
HEARING SERVICES	
<b>Medicare-covered diagnostic hearing and balance exam</b>	\$0 copay
Exam to diagnose and treat hearing and balance issues	
<b>Routine hearing exam</b>	<p>\$0 copay</p> <p>1 every year.</p>
<b>Fitting for hearing aid/evaluation</b>	<p>\$0 copay</p> <p>1 every 2 years.</p>
<b>Hearing aids</b>	<p>\$0 copay</p> <p>Our plan pays for up to 2 pre-selected hearing aids provided by a plan-approved provider every 2 years, both ears combined.</p> <p><i>Prior authorization may be required.</i></p>

## Covered Medical and Hospital Benefits

### Molina Medicare Complete Care (HMO DSNP)

#### DENTAL SERVICES

**Medicare-covered dental services** \$0 copay

**Preventive Dental**

Preventive: No maximum allowance per year

Comprehensive: \$1,000 annual maximum allowance

\$0 office visit copay

Oral Exams: Up to 2 every year

Prophylaxis (Cleaning): Up to 2 every year

Fluoride Treatment: Up to 2 every year

X-rays: Periapicals – up to 6 per year; Bitewings – up to 4 per year;  
Panoramic Radiographic X-rays – once every 5 years



## Covered Medical and Hospital Benefits

<b>Molina Medicare Complete Care (HMO DSNP)</b>	
<b>Comprehensive Dental</b>	<p>All comprehensive services listed below are covered up to the annual plan maximum benefit coverage amount of \$1,000.</p> <p>Oral Exams: Up to 2 per year. Comprehensive periodontal, covered once per provider per lifetime.</p> <p>Non-Routine includes Scaling up to 4 quadrants per 2 years, Full Mouth Debridement up to once every year, Periodontal Maintenance up to 2 per year, and Palliative Emergency Treatment up to 4 per year.</p> <p>Extractions: Simple extractions up to 8 per year. Surgical removal of erupted and impacted teeth up to 3 per year.</p> <p>Restorative Services: Up to 6 restorations per year, not to exceed a total of 12 surfaces per year. Up to 2 crowns per year no more than once per tooth every 5 years.</p> <p>Other Services: Unlimited based on Medical Necessity: Deep Sedation with Oral Surgery, Intravenous with Oral Surgery.</p> <p>One per tooth per lifetime: Intraoral and Extraoral incision and drainage.</p> <p>Up to 4 denture adjustments per year and 1 set of dentures (either full or partial) every 3 years.</p> <p>Endodontics covered 1 per tooth per year.</p> <p><i>Prior authorization may be required.</i></p>
<b>VISION SERVICES</b>	
<b>Medicare-covered vision exam to diagnose/treat diseases of the eye (including yearly glaucoma screening)</b>	\$0 copay
Medicare-covered eyeglasses or contact lenses after cataract surgery	
<b>Supplemental routine eye exam</b>	<p>\$0 copay</p> <p>1 every year.</p>

## Covered Medical and Hospital Benefits

### Molina Medicare Complete Care (HMO DSNP)

#### Supplemental eyewear

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

\$0 copay

Our plan pays up to \$350 every 2 years for eyewear.

#### MENTAL HEALTH SERVICES

#### 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 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.

*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.

*Prior authorization may be required.*

#### PHYSICAL THERAPY

#### Physical Therapy and Speech Therapy Services

\$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.*

## Covered Medical and Hospital Benefits

### Molina Medicare Complete Care (HMO DSNP)

#### AMBULANCE

\$0 copay

*Prior authorization required for non-emergent ambulance only.*

#### TRANSPORTATION

\$0 copay

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

*Prior authorization may be required.*

## Prescription Drug Benefits

### MEDICARE PART B DRUGS

<b>Chemotherapy drugs</b>	\$0 copay <i>Prior authorization may be required</i>
<b>Other Part B drugs</b>	\$0 copay <i>Prior authorization may be required</i>

### 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 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 \$4,020.

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

	Standard Retail Pharmacy and Mail Order Pharmacy
<b>Tier 1 (Preferred Generic)</b> One-, two-, or three-month supply	\$0 copay
<b>Tier 2 (Generic)</b> One-, two-, or three-month supply	For generic drugs (including brand drugs treated as generic), either: \$0 copay; or \$1.30 copay; or \$3.60 copay  For all other drugs, either: \$0 copay; or \$3.90 copay; or \$8.95 copay
<b>Tier 3 (Preferred Brand)</b> One-, two-, or three-month supply	For generic drugs (including brand drugs treated as generic), either: \$0 copay; or \$1.30 copay; or \$3.60 copay  For all other drugs, either: \$0 copay; or \$3.90 copay; or \$8.95 copay

## Prescription Drug Benefits

<p><b>Tier 4 (Non-Preferred Drug)</b></p> <p>One-, two-, or three-month supply</p>	<p>For generic drugs (including brand drugs treated as generic), either:</p> <p>\$0 copay; or \$1.30 copay; or \$3.60 copay</p> <p>For all other drugs, either:</p> <p>\$0 copay; or \$3.90 copay; or \$8.95 copay</p>
<p><b>Tier 5 (Specialty Tier)</b></p> <p>One-month supply</p> <p>Specialty drugs are limited to a one-month supply.</p>	<p>For generic drugs (including brand drugs treated as generic), either:</p> <p>\$0 copay; or \$1.30 copay; or \$3.60 copay</p> <p>For all other drugs, either:</p> <p>\$0 copay; or \$3.90 copay; or \$8.95 copay</p>

### COVERAGE GAP STAGE

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 \$6,350. 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 \$6,350 the plan will pay most of the costs of your drugs.

## Additional Covered Benefits

### Molina Medicare Complete Care (HMO DSNP)

<b>ANNUAL PHYSICAL EXAM</b>	
	\$0 copay
<b>DIALYSIS SERVICES</b>	
	\$0 copay
<b>CHIROPRACTIC CARE</b>	
<b>Medicare-Covered Chiropractic Services</b>	\$0 copay
Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position)	
<b>HOME HEALTH CARE</b>	
	\$0 copay
	<i>Prior authorization may be required.</i>
<b>OPIOID TREATMENT SERVICES</b>	
	\$0 copay
	<i>Prior authorization may be required.</i>
<b>OUTPATIENT SUBSTANCE ABUSE</b>	
Group therapy visit	\$0 copay
Individual therapy visit	\$0 copay
<b>OVER-THE-COUNTER ITEMS</b>	
	\$0 copay
	\$100 allowance every 3 months.
	Allowance expires at the end of the calendar year.
<b>OUTPATIENT BLOOD SERVICES</b>	
	\$0 copay
	3-Pint deductible waived.

## Additional Covered Benefits

### Molina Medicare Complete Care (HMO DSNP)

<b>MEALS BENEFIT</b>	
	<p>\$0 copay</p> <p>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.</p> <p><i>Prior authorization may be required.</i></p>
<b>FOOT CARE (PODIATRY SERVICES)</b>	
<p><b>Medicare-covered foot exam and treatment</b></p> <p>Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions.</p>	<p>\$0 copay</p>
<p><b>Routine foot care</b></p>	<p>\$0 copay</p> <p>Up to 12 visits of routine foot care every year.</p>
<b>MEDICAL EQUIPMENT / SUPPLIES</b>	
<p><b>Durable Medical Equipment (e.g., wheelchairs, oxygen)</b></p>	<p>\$0 copay</p> <p><i>Prior authorization may be required.</i></p>
<p><b>Prosthetics/Medical Supplies</b></p>	<p>\$0 copay</p> <p><i>Prior authorization may be required.</i></p>
<p><b>Diabetic Supplies and Services</b></p>	<p>\$0 copay</p> <p><i>Prior authorization not required for preferred manufacturer.</i></p>
<b>HEALTH AND WELLNESS EDUCATION PROGRAMS</b>	
<p><b>Health Education</b></p> <p>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.</p>	<p>\$0 copay</p>
<p><b>24-Hour Nurse Advice Line</b></p> <p>Available 24 hours a day, 7 days a week.</p>	<p>\$0 copay</p>

## Additional Covered Benefits

<b>Molina Medicare Complete Care (HMO DSNP)</b>	
<b>Nutritional/Dietary Benefit</b>	<p>\$0 copay</p> <p>12 individual or group sessions every year. Individual telephonic nutrition counseling upon request.</p>
<b>Fitness Benefit</b>	<p>\$0 copay</p> <p>FitnessCoach offers Members access to contracted fitness facilities or Home Fitness Kits for Members who prefer to exercise at home or while traveling.</p>



## 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 Complete Care (HMO DSNP)** 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

	<b>Molina Medicare Complete Care (HMO DSNP)</b>	<b>MEDI-CAL</b>
<b>IMPORTANT INFORMATION</b>		
<b>Premium and Other Important Information</b>  If you get Extra Help from Medicare, your monthly plan premium will be lower or you might pay nothing.	<b>General</b> \$0 monthly plan premium  <b>In-Network</b> \$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.
<b>Doctor and Hospital Choice</b>  <i>(For more information, see Emergency Care and Urgently Needed Care.)</i>	<b>In-Network</b> You must go to network doctors, specialists, and hospitals.	You must go to doctors, specialists, and hospitals that accept Medicaid assignment. Referral required for network specialists (for certain benefits).
<b>OUTPATIENT CARE SERVICES</b>		
<b>Acupuncture</b>	Not Covered	Covered Restrictions may apply
<b>Ambulance Services</b>  <i>(Medically necessary ambulance services)</i>	Covered	Covered
<b>Cardiac and Pulmonary Rehabilitation Services</b>	Covered	Covered

## Medicaid-Covered Benefits Chart

	<b>Molina Medicare Complete Care (HMO DSNP)</b>	<b>MEDI-CAL</b>
<b>Chiropractic Services</b>	Covered	Covered* Restrictions may apply
<b>Dental Services</b>	Covered	Covered* Restrictions may apply
<b>Diabetes Programs and Supplies</b>	Covered	Covered
<b>Diagnostic Tests, X-rays, Lab Services, and Radiology Services</b>	Covered	Covered
<b>Doctor Office Visits</b>	Covered	Covered
<b>Durable Medical Equipment</b> <i>(Includes wheelchairs, oxygen, etc.)</i>	Covered	Covered
<b>Emergency Care</b>	Covered	Covered* Restrictions may apply
<b>Hearing Services</b>	Covered	Covered* Restrictions may apply
<b>Home Health Service</b> <i>(Includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)</i>	Covered	Covered
<b>Outpatient Mental Health Care</b>	Covered	Covered
<b>Outpatient Rehabilitation Services</b> <i>(Occupational Therapy, Physical Therapy, Speech and Language Therapy)</i>	Covered	Covered* Restrictions may apply
<b>Outpatient Services</b>	Covered	Covered
<b>Outpatient Substance Abuse Care</b>	Covered	Covered
<b>Over-the-Counter Items</b>	Covered	Covered
<b>Podiatry Services</b>	Covered	Covered* Restrictions may apply
<b>Prosthetic Devices</b> <i>(Includes braces, artificial limbs and eyes, etc.)</i>	Covered	Covered

## Medicaid-Covered Benefits Chart

	<b>Molina Medicare Complete Care (HMO DSNP)</b>	<b>MEDI-CAL</b>
<b>Medical Transportation Services</b> <i>(Routine)</i>	Covered	Covered
<b>Urgently Needed Services</b> <i>(This is NOT emergency care and, in most cases, is out of the service area.)</i>	Covered	Covered
<b>Vision Services</b>	Covered	Covered* Restrictions may apply
<b>Wellness/Education and Other Supplemental Benefit Programs</b>	Covered	Covered
<b>INPATIENT CARE</b>		
<b>Inpatient Hospital Care</b> <i>(Includes Substance Abuse and Rehabilitation Services)</i>	Covered	Covered
<b>Inpatient Mental Health Care</b>	Covered	Covered
<b>Skilled Nursing Facility (SNF)</b> <i>(In a Medicare-certified skilled nursing facility)</i>	Covered	Covered
<b>PREVENTIVE SERVICES</b>		
<b>Kidney Disease and Conditions</b>	Covered	Covered
<b>Preventive Services</b>	Covered	Covered
<b>HOSPICE</b>		
<b>Hospice</b>	Not Covered	Covered
<b>PRESCRIPTION DRUG BENEFITS</b>		
<b>Outpatient Prescription Drugs</b>	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 Complete Care (HMO DSNP) Plan**:

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

## 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](http://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 Complete Care (HMO DSNP)). 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 Complete Care (HMO DSNP)** 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 Complete Care (HMO DSNP) is a Health Plan with a Medicare Contract and a contract with the state Medicaid program. Enrollment in Molina Medicare Complete Care (HMO DSNP) 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 copays/coinsurance may change on January 1, 2020.

H5810\_20\_1099\_0013\_CASB\_M Accepted 8/25/2019

CAM13SBEN0819

