MOLINA® HEALTHCARE

Molina Medicare Choice Care

HMO

2020 | Summary Of Benefits

Idaho H5628-009
Serving Ada and Canyon counties

About Molina Medicare Choice Care (HMO)

Molina Medicare Choice Care (HMO) 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 Choice Care (HMO), you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area. Our service area includes the following counties in Idaho: Ada and Canyon.

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 six "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.

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:
(844) 560-9811; 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	$100 per year for Part D prescription drugs except for drugs listed on Tier 1, Tier 2, and Tier 6 which are excluded from the deductible.
Maximum Out-of-Pocket Responsibility (this does not include prescription drugs)	$5,000 annually for services you receive from in-network providers. 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. Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care.

Covered Medical and Hospital Benefits

	Molina Medicare Choice Care (HMO)
INPATIENT HOSPITAL COVERAGE	
	The copays for hospital and skilled nursing facility (SNF) benefits are based on benefit periods. A benefit period begins the day you're admitted as an inpatient and ends when you haven't received any inpatient care (or skilled care in a SNF) for 60 days in a row. If you go into a hospital or a SNF after one benefit period has ended, a new benefit period begins. There's no limit to the number of benefit periods. Our plan covers an unlimited number of days for an inpatient hospital stay. • $290 copay per day for days 1 through 6 • $0 per day for days 7 through 90 • $0 per day for days 91 and beyond *Prior authorization may be required.*
OUTPATIENT HOSPITAL COVERAGE	
Outpatient hospital	$300 copay *Prior authorization may be required.*
Ambulatory surgical center	$250 copay *Prior authorization may be required.*
DOCTOR VISITS	
Primary Care	$0 copay
Specialists	$35 copay
PREVENTIVE CARE	
	$0 copay Any additional preventive services approved by Medicare during the contract year will be covered.
EMERGENCY CARE	
	$90 copay
URGENTLY NEEDED SERVICES	
	$35 copay

Covered Medical and Hospital Benefits

	Molina Medicare Choice Care (HMO)
WORLDWIDE EMERGENCY/URGENT COVERAGE	
	$90 copay You are covered for worldwide emergency and urgent care services up to $10,000.
DIAGNOSTIC SERVICES/LABS/IMAGING LAB SERVICES	
Diagnostic tests and procedures	$10 copay *Prior authorization may be required.*
Lab services	$10 copay *Prior authorization may be required.*
Diagnostic radiology services (e.g., MRI)	20% of the cost *Prior authorization may be required.*
Outpatient X-rays	$10 copay
Therapeutic radiology services	20% of the cost *Prior authorization may be required.*
HEARING SERVICES	
Medicare-covered diagnostic hearing and balance exam Exam to diagnose and treat hearing and balance issues	$35 copay
Routine Hearing Exam	$0 copay 1 visit every year.
Hearing aids	$0 copay Our plan pays up to $1,200 every 2 years for hearing aids, both ears combined. *Prior authorization may be required.*
Fitting for hearing aid/evaluation	$0 copay 1 every 2 years.

Covered Medical and Hospital Benefits

	Molina Medicare Choice Care (HMO)
DENTAL SERVICES	
Medicare-covered dental services	$35 copay
Preventive Dental	Preventive: No maximum allowance per year $0 Office Visit copay 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
VISION SERVICES	
Medicare-covered vision exam to diagnose/treat diseases of the eye (including yearly glaucoma screening) Medicare-covered eyeglasses or contact lenses after cataract surgery	$0 - $35 copay depending on the service.
Supplemental routine eye exam	$0 copay 1 visit every year.
Supplemental eyewear • Contact lenses • Eyeglasses (frames and lenses) • Eyeglass frames • Eyeglass lenses • Upgrades	$0 copay Our plan pays up to $200 every 2 years for eyewear.

Covered Medical and Hospital Benefits

	Molina Medicare Choice Care (HMO)
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 psychiatric unit of a general hospital. The copays for hospital and skilled nursing facility (SNF) benefits are based on benefit periods. A benefit period begins the day you're admitted as an inpatient and ends when you haven't received any inpatient care (or skilled care in a SNF) for 60 days in a row. If you go into a hospital or a SNF after one benefit period has ended, a new benefit period begins. There's no limit to the number of benefit periods. Our plan covers 90 days for 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. • $270 copay for per day for days 1 through 6 • $0 copay per day for days 7 through 90 *Prior authorization may be required.*
Outpatient individual/group therapy visit	$35 copay
SKILLED NURSING FACILITY	
	Our plan covers up to 100 days in a SNF • $0 copay per day for days 1 through 20 • $160 copay per day for days 21 through 65 • $0 copay per day for days 66 through 100 No prior hospitalization is required. *Prior authorization may be required.*

Covered Medical and Hospital Benefits

	Molina Medicare Choice Care (HMO)
PHYSICAL THERAPY	
Physical Therapy and Speech Therapy Services	$35 copay *Prior authorization may be required.*
Cardiac and Pulmonary Rehabilitation	$25 copay *Prior authorization may be required.*
Occupational Therapy Services	$35 copay *Prior authorization may be required.*
AMBULANCE	
	$250 copay *Prior authorization required for non-emergent ambulance only.*
TRANSPORTATION	
	$0 copay 12 one-way trips to and from plan-approved locations. Transportation could include a sedan, wheelchair equipped vehicle, or stretcher van. *Prior authorization may be required.*

Prescription Drug Benefits

MEDICARE PART B DRUGS	
Chemotherapy drugs	20% of the cost *Prior authorization may be required.*
Other Part B drugs	20% of the cost *Prior authorization rules apply to select drugs.*

INITIAL COVERAGE STAGE

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. You pay the following:

	Standard Retail Pharmacy	**Mail Order Pharmacy**
Tier 1 (Preferred Generic)		
One-month;	$0 copay	$0 copay
Two-month; or	$0 copay	$0 copay
Three-month supply	$0 copay	$0 copay
Tier 2 (Generic)		
One-month;	$6 copay	$6 copay
Two-month; or	$12 copay	$12 copay
Three-month supply	$18 copay	$12 copay
Tier 3 (Preferred Brand)		
One-month;	$45 copay	$45 copay
Two-month; or	$90 copay	$90 copay
Three-month supply	$135 copay	$90 copay

Prescription Drug Benefits		
Tier 4 (Non-Preferred Drug)		
One-month;	$100 copay	$100 copay
Two-month; or	$200 copay	$200 copay
Three-month supply	$300 copay	$300 copay
Tier 5 (Specialty Tier)		
One-month supply *Specialty drugs are limited to a 31 day supply.*	30% of the cost	30% of the cost
Tier 6 (Select Care)		
One-month;	$0 copay	$0 copay
Two-month; or	$0 copay	$0 copay
Three-month supply	$0 copay	$0 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 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, you pay the greater of:

- 5% of the cost, or
- $3.60 for a generic drug or a drug that is treated like a generic and $8.95 for all other drugs.

Additional Covered Benefits

	Molina Medicare Choice Care (HMO)
ANNUAL PHYSICAL EXAM	
	$0 copay
DIALYSIS SERVICES	
	20% of the cost
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)	$20 copay
Routine Chiropractic Services	$0 copay Up to 20 visits of routine chiropractic care every year.
HOME HEALTH CARE	
	$0 copay *Prior authorization may be required.*
OPIOID TREATMENT SERVICES	
	$0 copay *Prior authorization may be required.*
OUTPATIENT SUBSTANCE ABUSE	
Group therapy visit	$35 copay
Individual therapy visit	$35 copay
OUTPATIENT BLOOD SERVICES	
Outpatient Blood Services	$0 copay 3-Pint deductible waived.
OVER-THE-COUNTER ITEMS	
	$0 copay $44 allowance every 3 months. Allowance expires at the end of the calendar year.

Additional Covered Benefits

	Molina Medicare Choice Care (HMO)
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.	$35 copay
Routine foot care	$0 copay Up to 6 visits of routine foot care every year.
MEDICAL EQUIPMENT / SUPPLIES	
Durable Medical Equipment (e.g., wheelchairs, oxygen)	20% of the cost *Prior authorization may be required.*
Prosthetics/Medical Supplies	20% of the cost *Prior authorization may be required.*
Diabetic Supplies	$0 copay *Prior authorization not required for preferred manufacturer.*
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	$0 copay 12 individual or group sessions every year. Individual telephonic nutrition counseling upon request.

Additional Covered Benefits

	Molina Medicare Choice Care (HMO)
Fitness Benefit Silver&Fit offers members access to contracted fitness facilities or Home Fitness Kits for members who prefer to exercise at home or while traveling.	$0 copay
Enhanced Disease Management	$0 copay

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 Choice Care (HMO). 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 (877) 486-2048.

Tips for comparing your Medicare choices

This Summary of Benefits booklet gives you a summary of what Molina Medicare Choice Care (HMO) 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. Premiums, copays, coinsurance, and deductibles may vary based on the level of Extra Help you receive. Please contact the plan for more details.

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

Molina Medicare Choice Care (HMO) is a Health Plan with a Medicare Contract. Enrollment in Molina Medicare Choice Care (HMO) depends on contract renewal.

This information is not a complete description of benefits. Call (844) 560-9811 TTY 711 for more information. Authorization and-or referral may be required.

You must continue to pay your Medicare Part B premium. Benefits, premiums and/or copayments/co-insurance may change on January 1, 2020.

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