

2019 Benefits-At-A-Glance



MolinaHealthcare.com/Medicare



**Molina Medicare Options Plus HMO SNP
Idaho**

Ada, Bannock, Bingham, Bonner,
Bonneville, Canyon, Kootenai, Nez Perce
and Twin Falls Counties

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

Monthly Premium, Deductible and Limits

Monthly Health Plan Premium	\$0 per month
Deductible	\$0
Maximum Out-of-Pocket Responsibility <i>(this does not include prescription drugs)</i>	<p>\$2,500 annually for services you receive from in-network providers.</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> <p>Please note that you will still need to pay your cost-sharing for your Part D prescription drugs.</p> <p>Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care.</p>

Covered Medical and Hospital Benefits

Inpatient Hospital Coverage <i>(prior authorization may be required)</i>	You pay \$0 for days 1–90 of an inpatient hospital stay
Outpatient Hospital Coverage <i>(prior authorization may be required)</i>	
<ul style="list-style-type: none"> • Outpatient Hospital • Ambulatory Surgical Center 	<p>\$0 copay</p> <p>\$0 copay</p>
Doctor Visits	
<ul style="list-style-type: none"> • Primary Care • Specialists <i>(referral may be required)</i> 	<p>\$0 copay</p> <p>\$0 copay</p>
Preventive Care	\$0 copay
<ul style="list-style-type: none"> • Abdominal aortic aneurysm screening • Alcohol misuse screenings and counseling • Bone mass measurement (bone density) • Cardiovascular disease screening • Cardiovascular disease (behavioral therapy) • Cervical and 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 and counseling • One-time “Welcome to Medicare” preventive visit • Prostate cancer screenings • Sexually transmitted infections screening and counseling • Vaccines including Flu shots, Hepatitis B shots, Pneumococcal shots • Tobacco use cessation counseling • Yearly “Wellness” visit 	

Covered Medical and Hospital Benefits (Continued)

Emergency Care You are covered for worldwide emergency and urgent care services up to \$10,000	\$0 copay
Urgently Needed Services You are covered for worldwide emergency and urgent care services up to \$10,000	\$0 copay
Diagnostic Services/Lab/Imaging Lab Services <ul style="list-style-type: none"> • Diagnostic Tests and Procedures <i>(prior authorization may be required)</i> • Lab Services • Diagnostic Radiology Services (e.g., MRI, CT) <i>(prior authorization may be required)</i> • Outpatient X-Rays • Therapeutic Radiology <i>(prior authorization may be required)</i> 	\$0 copay \$0 copay \$0 copay \$0 copay \$0 copay
Hearing Services <ul style="list-style-type: none"> • Medicare-covered diagnostic hearing and balance exam (to diagnose and treat hearing and balance issues) 	\$0 copay
Dental Services <ul style="list-style-type: none"> • Medicare-covered dental services 	\$0 copay
Vision Services <ul style="list-style-type: none"> • Medicare-covered vision exam to diagnose/treat disease of the eye (including yearly glaucoma screening) • Routine Eye Exam: 1 every year • Eyewear: our plan pays for up to \$100 every year for eyewear <ul style="list-style-type: none"> ▪ Contact lenses, Eyeglasses (frames and lenses), Eyeglass frames, Eyeglass lenses and Upgrades 	\$0 copay \$0 copay \$0 copay
Mental Health Services <i>(prior authorization may be required)</i> <ul style="list-style-type: none"> • Inpatient Visit • Outpatient Individual/Group Therapy Visit 	You pay \$0 for days 1–90 of an inpatient hospital stay \$0 copay
Skilled Nursing Facility <i>(prior authorization may be required)</i> No prior hospitalization is required	You pay \$0 for day 1–100 of a skilled nursing facility stay
Physical Therapy <ul style="list-style-type: none"> • Physical Therapy and Speech Therapy Services <i>(prior authorization may be required)</i> • Cardiac and Pulmonary Rehabilitation • Occupational Therapy Services <i>(prior authorization may be required)</i> 	\$0 copay \$0 copay \$0 copay
Ambulance <i>(prior authorization required for non-emergent ambulance only)</i>	\$0 copay
Transportation 22 one-way trips to and from plan approved locations; could include a sedan, wheelchair equipped vehicle, or stretcher van	\$0 copay

Prescription Drug Benefits

Medicare Part B Drugs *(prior authorization may be required)*

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| • Chemotherapy Drugs | \$0 copay |
| • Other Part B Drugs | \$0 copay |

Standard Retail Pharmacy and Mail Order Pharmacy

- Depending on your income and institutional status, you pay the following:
 - For generic drugs (including brand drugs treated as generic) either: \$0 or \$1.25 or \$3.40 copay
 - For all other drugs either: \$0 or \$3.80 or \$8.50 copay

Additional Covered Benefits

Dialysis Services	\$0 copay
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Chiropractic Care

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| <ul style="list-style-type: none"> • Medicare-Covered Chiropractic Services <ul style="list-style-type: none"> ▪ Medicare-covered chiropractic visits are for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor | \$0 copay |
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Home Health Care <i>(prior authorization may be required)</i>	\$0 copay
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Outpatient Substance Abuse

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| • Group Therapy Visit | \$0 copay |
| • Individual Therapy Visit | \$0 copay |

Over-the-Counter Items	\$0 copay \$60 allowance every 3 months; allowance expires at the end of the calendar year
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Outpatient Blood Services	\$0 copay
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Meals Benefit *(prior authorization may be required)*

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

Foot Care (Podiatry Services)	\$0 copay
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| <ul style="list-style-type: none"> • Medicare-covered foot exam and treatment <ul style="list-style-type: none"> ▪ Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions • Routine Foot Care: up to 6 visits of routine foot care every year | \$0 copay
\$0 copay |
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Medical Equipment/Supplies

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| • Durable Medical Equipment (e.g., wheelchairs, oxygen) <i>(prior authorization may be required)</i> | \$0 copay |
| • Diabetic Supplies and Services <i>(prior authorization not required for preferred manufacturer)</i> | \$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
Fitness Benefit FitnessCoach offers members access to contracted fitness facilities and/or Home Fitness Kits for members who prefer to exercise at home or while traveling	\$0 copay

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 depends on contract renewal. Product offered by Molina Healthcare of Utah, Inc., dba Molina Healthcare of Idaho, a wholly owned subsidiary of Molina Healthcare, Inc. This information is available in other formats, such as Braille, large print, and audio. 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. ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-844-239-4913 (TTY: 711). ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-844-239-4913 (TTY: 711). 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-844-239-4913 (TTY : 711). This information is not a complete description of benefits. Call (800) 665-3086, 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/coinsurance may change on January 1, 2019. H5628_19_4041_62_IDSnpBAAG_M Accepted 9/22/18

Your Enrollment Options

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

By Phone – Call **(855) 869-1667, TTY 711**, 7 days a week, 8 a.m. to 8 p.m., local time.
We are here to answer your questions and can help you enroll over the phone.

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

Online – Visit MolinaHealthcare.com/Medicare

MolinaHealthcare.com/Medicare

