

# 2023 Summary of Benefits

## Molina Medicare Complete Care HMO D-SNP

Idaho H5628-008

Serving Ada, Bannock, Bingham, Boise, Bonner, Bonneville, Boundary, Canyon, Cassia, Elmore, Fremont, Gem Jefferson, Kootenai, Madison, Minidoka, Nez Perce, Owyhee, Payette, Power, and Twin Falls

**Effective January 1 through December 31, 2023**



# Introduction to the Summary of Benefits

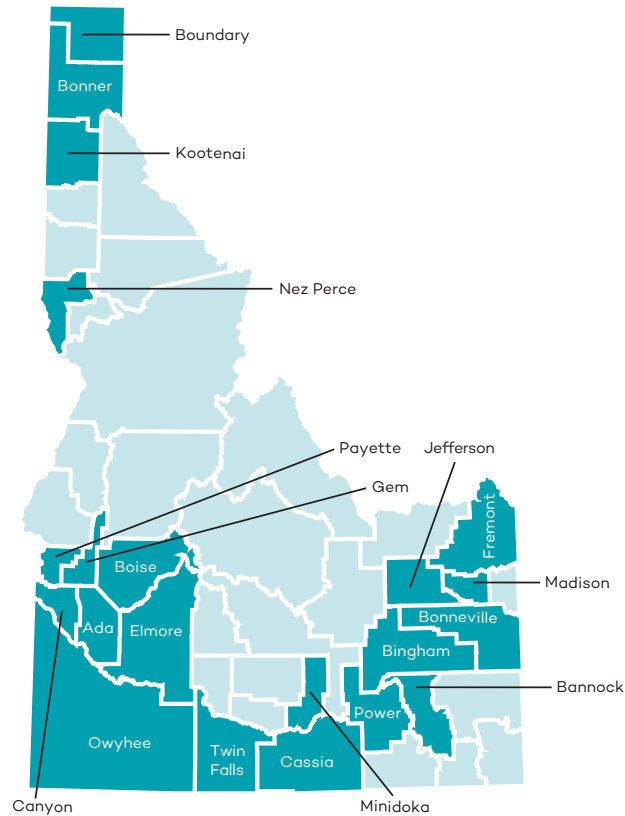
## Molina Medicare Complete Care

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 EOC is located on our website at [MolinaHealthcare.com/Medicare](https://MolinaHealthcare.com/Medicare). You can also call Member Services at (844) 239-4913, TTY/TDD 711 and we will mail you a copy.

To join our plan, you must meet the following criteria:

- A. Be age twenty-one (21) or older at the time of Enrollment.
- B. Eligible for enhanced Medicaid
- C. Entitled to Medicare Part A
- D. Enrolled in Medicare Part B;
- E. Eligible to enroll in a Medicare Part D Plan;
- F. Live in our service area. Our service area includes the following counties in Idaho: Ada, Bannock, Bingham, Boise, Bonner, Bonneville, Boundary, Canyon, Cassia, Elmore, Fremont, Gem Jefferson, Kootenai, Madison, Minidoka, Nez Perce, Owyhee, Payette, Power, and Twin Falls.



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](https://www.medicare.gov).

For coverage and costs of Original Medicare, look in your current “Medicare & You” handbook. View it online at [medicare.gov](https://www.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 Member Service team at **(844) 239-4913, TTY/TDD 711**, 7 days a week, 8 a.m. to 8 p.m., local time.

## 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 hospitals, 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)** helps you pay for drugs you get from a pharmacy.

## Medicaid Dual Eligibility Coverage Categories

- **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 full benefit, dual eligible beneficiary, your cost share is \$0, except for Part D prescription drug copays. Depending on your level of Medicaid eligibility, you may not pay Part D prescription drug copays.

**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 full benefit, dual eligible 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 full benefit, dual eligible 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 full benefit, dual eligible 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



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**Medical Deductible**     This plan does not have a deductible.



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**Maximum Out-of-Pocket Responsibility**     \$8,300 each year for services you receive from in-network providers. (does not include prescription drugs)



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

## Molina Medicare Complete Care

**Inpatient Hospital** You pay \$0 for days 1 - 90 of a hospital stay per benefit period.



Our plan also covers 60 "lifetime reserve days." These are "extra" days that we cover. If your hospital stay is longer than 90 days per benefit period, 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 per benefit period.

*Prior authorization may be required.*

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**Outpatient Hospital** \$0 copay per visit



*Prior authorization may be required.*

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**Ambulatory Surgical Center** \$0 copay per visit



*Prior authorization may be required.*

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**Doctor Visits**



**Primary Care**

\$0 copay per visit

**Specialists**

\$0 copay per visit

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**Preventive Care**



\$0 copay

Look for the rows with the apple in the Chapter 4 Medical benefits chart in the Evidence of Coverage. Any additional preventive services approved by Medicare during the plan year will be covered.



# Summary of Premiums & Benefits (Continued)

## Molina Medicare Complete Care

**Emergency Care**      \$0 copay



**Urgently Needed Services**      \$0 copay



**Diagnostic Services/Labs/Imaging**



- Diagnostic tests and procedures**  
\$0 copay
- Lab services**  
\$0 copay
- Diagnostic radiology services** (such as MRI, CT scan)  
\$0 copay
- Outpatient X-rays**  
\$0 copay
- Therapeutic radiology**  
\$0 copay

*Prior authorization may be required for some services.*

*No authorization is required for outpatient lab services and outpatient x-ray services. Genetic lab testing requires prior authorization.*

## Molina Medicare Complete Care

### Hearing Services



#### Medicare-covered diagnostic hearing and balance exams

\$0 copay

#### Routine hearing exam

\$0 copay, 1 every year

#### Fitting for hearing aid/evaluation

\$0 copay, 1 every year

If you are told you need hearing aids, you can get up to 2 pre-selected hearing aids from a plan-approved provider every calendar year for both ears combined.

#### Hearing aids

\$0 copay

*Prior authorization may be required.*

Our plan covers up to \$3,500 every year for hearing aids (Both ears combined).

# Summary of Premiums & Benefits (Continued)

## Molina Medicare Complete Care

### Dental Services



### Medicare-covered dental services

\$0 copay

#### Preventive dental

\$0 office visit copay

- Oral exams
- Prophylaxis (cleaning)
- Fluoride treatment
- Dental x-rays

#### Comprehensive dental

\$0 office visit copay

- Extractions
- Endodontics
- Periodontics
- Diagnostic and restorative services
- Intraoral and extraoral incision and drainage
- Dentures and denture adjustments
- Non-routine services such as scaling, full mouth debridement, and palliative emergency treatment
- Other services such as deep sedation with oral surgery, and intravenous with oral surgery

*Prior authorization may be required.*

All preventive and comprehensive dental services are covered up to the annual plan maximum benefit coverage amount of \$4,500.

You must use your MyChoice Card to get the benefit and services. See MyChoice Card section for more information.



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

## Molina Medicare Complete Care

### Vision Services



#### Medicare-covered vision services

- 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, no limit on number of visits

#### Supplemental eyewear

\$0 copay; our plan pays up to \$400 every year for routine eyewear and routine eye exams combined.

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

*Prior authorization may be required.*

You must use your MyChoice Card to get the benefit and services. See MyChoice Card section for more information.

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### 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

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# Summary of Premiums & Benefits (Continued)

## Molina Medicare Complete Care

### 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.*

### 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

\$500 allowance every quarter (3 months) for routine transportation and OTC benefit combined. Unused allowance does not carry over to next quarter.

*Prior authorization may be required.*

You must use your MyChoice Card to get the benefit and services. See MyChoice Card section for more information.

## Medicare Part B Drugs

### Chemotherapy/ Radiation Drugs and other Part B Drugs

\$0 copay

*Prior authorization may be required.*

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

## Summary of Drug Coverage

### 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 copay; or \$1.45 copay; or \$4.15 copay

For all other drugs, either:

- \$0 copay; or \$4.30 copay; or \$10.35 copay
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## Summary of Drug Coverage (Continued)

### Coverage Stages

<b>Stage 1: Deductible</b>	Because there is no drug deductible for this plan, this stage does not apply to you.
<b>Stage 2: Initial Coverage</b>	<p>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. You stay in this stage until your year-to-date "total drug costs" (your payments plus any Part D plan payments) total \$4,660.</p> <p>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.</p>
<b>Stage 3: Gap Coverage</b>	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 \$7,400. This amount and rules for counting costs toward this amount have been set by Medicare.
<b>Stage 4: Catastrophic Coverage</b>	After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$7,400 the plan will pay all of the costs of your drugs.

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

# Summary of Other Benefits

## Molina Medicare Complete Care

### Acupuncture



#### Medicare-Covered Acupuncture

\$0 copay

Up to 12 visits in 90 days are covered for chronic lower back pain. Up to eight additional sessions are covered in the same year for those patients demonstrating an improvement.

### Additional Telehealth Services



\$0 copay

Includes Primary Care Physician Services

*Prior authorization may be required.*

### 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).

#### Routine Chiropractic Services

\$0 copay

Up to 20 visits every year

### Dialysis



\$0 copay

### Fitness Benefit



\$0 copay

You get a fitness center membership to participating fitness centers. If you are unable to visit a fitness center or prefer to also work out from home, you can select a Home Fitness kit.



## Summary of Other Benefits (Continued)

### 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 6 visits every year

*Prior authorization may be required.*

#### 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.*

#### In-Home Support Services



Members have access up to 192 hours every year.

You have access to in-home support services, including cleaning, household chores and meal preparation and assistance with other instrumental activities of daily living.

#### Meals Benefit



\$0 copay

Standard meal cycle is a 2-week menu with a total of 28 delivered meals, based on member need. Maximum of 56 meals and 4 weeks per year. Must meet criteria approved by the plan.

*Prior authorization may be required.*

#### Diabetes Wellness Meals



Members with diabetes that qualify for this additional meal benefit will be eligible for 2 meals per day, up to 12 weeks, maximum of 168 meals.

*Prior authorization may be required.*

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

## Molina Medicare Complete Care

### Medical Equipment and Supplies



**Durable Medical Equipment** (such as wheelchairs, oxygen)

\$0 copay

**Prosthetics/Medical Supplies**

\$0 copay

**Diabetic Supplies and Services**

\$0 copay

*Prior authorization may be required for Durable Medical Equipment, Prosthetics/Medical supplies, and Diabetic supplies.*

*Prior authorization required for diabetic shoes and inserts.*

*Prior authorization not required for preferred manufacturer.*

### 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



\$0 copay

Individual or group therapy visits

*Prior authorization may be required.*

## Summary of Other Benefits (Continued)

### Molina Medicare Complete Care

#### Over-the-Counter Items



\$0 copay  
\$500 allowance every quarter (3 months) for OTC and transportation benefits combined. Unused allowance does not carry over to the next quarter.

You must use your MyChoice Card to get the benefit and services. See MyChoice Card section for more information.

#### 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).

Case Management review required.

*Prior authorization may be required.*

#### Worldwide Emergency and Urgent Care



\$0 copay

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

#### MyChoice Card



\$0 copay

You receive a prepaid debit card that may be used toward select supplemental plan benefits such as:

- Over-the-counter items and routine transportation combined
- Dental
- Vision
- Food and produce\*
- Special Supplemental Benefits for Chronic Illnesses — Menu option\*

Funds are loaded onto the card each benefit period. A benefit period can be monthly, quarterly, or annually depending on the benefits. At the end of each benefit period, any unused allocated money will not carry over to the following period or plan year.

*\*Eligibility requirements applicable*

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

## Molina Medicare Complete Care

### Special Supplemental Benefits for Chronic Illnesses



\$0 copay

\$150 allowance every 3 months for the following benefits:

- Mental health and wellness applications
- Service Animal supplies
- Pest control
- Non-Medicare covered genetic test kits

\$110 allowance every month for food and produce.

Unused allowance does not carry over to the next quarter.

*Prior authorization may be required.*

You must use your MyChoice Card to get the benefit and services. See MyChoice Card section for more information.

Members must complete a Health Risk Assessment and meet the criteria outlined in Chapter 4 of the Evidence of Coverage.

# Summary of Medicaid-Covered Benefits

## What Services are Covered

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. Your cost share varies based on your Medicaid category.

Benefit	Molina Medicare Complete Care	Idaho Medicaid
<b>IMPORTANT INFORMATION</b>		
<b>Premium and Other Important Information</b>	<b>General</b> \$0 monthly plan premium  <b>In-Network</b>  \$8,300 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> (For more information, see Emergency Care and Urgently Needed Care.)	<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>	Limited coverage	Not Covered
<b>Ambulance Services</b> (Must be medically necessary)	Covered	Covered, for Emergency Ambulance Services

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

Benefit	Molina Medicare Complete Care	Idaho Medicaid
<b>OUTPATIENT CARE SERVICES (CONTINUED)</b>		
<b>Cardiac and Pulmonary Rehabilitation Services</b>	Covered	Covered
<b>Chiropractic Services</b>	Covered	Covered
<b>Dental Services</b>	Covered	Covered
<b>Diabetes Programs and Supplies</b>	Covered	Covered
<b>Diagnostic Tests, X-rays, Lab Services, and Radiology Services</b>	Covered	Covered
<b>Dialysis Services</b>	Covered	Covered
<b>Doctor Office Visits</b>	Covered	Covered
<b>Durable Medical Equipment</b> (Includes wheelchairs, oxygen, etc.)	Covered	Covered
<b>Emergency Care</b> (You may go to any emergency room if you reasonably believe you need emergency care.)	Covered	Covered
<b>Hearing Services</b>	Covered	Limited Coverage
<b>Home Health Service</b> (Includes medically necessary intermittent skilled nursing care, home health aide services, rehabilitation services, etc.)	Covered	Covered

## Summary of Medicaid-Covered Benefits (Continued)

Benefit	Molina Medicare Complete Care	Idaho Medicaid
<b>OUTPATIENT CARE SERVICES (CONTINUED)</b>		
<b>Outpatient Mental Health Care</b>	Covered	Covered
<b>Outpatient Rehabilitation Services</b> (Occupational Therapy, Physical Therapy, Speech and Language Therapy)	Covered	Covered
<b>Outpatient Services</b>	Covered	Covered
<b>Outpatient Substance Abuse Care</b>	Covered	Covered
<b>Over-the-Counter Items</b>	Covered	Covered See the MMCP Summary of Benefits for specific list of OTC options specific to Medicaid
<b>Podiatry Services</b>	Covered	Covered
<b>Prosthetic Devices</b> (Includes braces, artificial limbs and eyes, etc.)	Covered	Covered
<b>Transportation Services</b> (Routine)	Covered	Covered
<b>Urgently Needed Services</b> (This is NOT emergency care and, in most cases, is out of the service area.)	Covered	Covered

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

Benefit	Molina Medicare Complete Care	Idaho Medicaid
<b>OUTPATIENT CARE SERVICES (CONTINUED)</b>		
<b>Vision Services</b>	Covered	Not Covered for routine care. Only covered if they are necessary to treat a medical condition that can progressively impact a member's health or vision. Glasses or contacts for chronic conditions or post-cataract surgery covered
<b>Wellness/Education and other Supplemental Benefit Programs</b>	Covered	Covered
<b>INPATIENT CARE</b>		
<b>Inpatient Hospital Care</b> (Includes Substance Abuse and Rehabilitation Services)	Covered	Covered
<b>Inpatient Mental Health Care</b>	Covered	Covered
<b>Skilled Nursing Facility (SNF)</b> (In a Medicare-certified skilled nursing facility)	Covered	Covered
<b>PREVENTIVE SERVICES</b>		
<b>Health/Wellness Education</b>	Covered	Covered
<b>Kidney Disease and Conditions</b>	Covered	Covered



# Summary of Medicaid-Covered Benefits (Continued)

Benefit	Molina Medicare Complete Care	Idaho Medicaid
PREVENTIVE SERVICES (CONTINUED)		
Preventive Services	Covered	Covered
HOSPICE		
Hospice	Covered	Covered
PRESCRIPTION DRUG BENEFITS		
Outpatient Prescription Drugs	Covered	Covered See Medicaid formulary listed on website

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	MEDICAID COVERAGE
<b>Adult Day Health Care (ADHC)</b>	Provides long-term maintenance or supportive services to waiver members, these services are offered in a non-institutional, community-based setting. ADHC provides a variety of health, therapeutic, and social services designed to meet the specialized needs of waiver member.
<b>Adult Residential Care</b>	Provides a range of services provided in a non-institutional setting that include residential care or assisted living facilities and certified family homes
<b>Attendant Care Services</b>	Provides services that involve personal and medically oriented tasks dealing with the functional needs of the participant and accommodating the participant's needs for long term maintenance, supportive care, or activities of daily living (ADL).
<b>Chore Services</b>	Provides services to maintain the functional use of the home, or to provide a clean, sanitary and safe environment
<b>Companion Services</b>	Provides non-medical care, supervision, and socialization services for functionally impaired members. Companion services are provided in the member's home to ensure the safety and well-being of a member who cannot be left alone because of frail health, a tendency to wander, inability to respond to emergencies, or any other conditions that would require onsite supervision

## Summary of Medicaid-Covered Benefits (Continued)

ADDITIONAL MEDICAID BENEFITS	
BENEFITS	MEDICAID COVERAGE
<b>Consultation</b>	Provide services to the member or the member's family to increase their skills as an employer or manager of their own care. Services are directed at achieving the highest level of independence and self-reliance possible for the member and the member's family.
<b>Day Habilitation</b>	Provides services and activities meant to help the member acquire skills, develop positive social behavior, interpersonal competence, and achieve greater independence by providing scheduled services in a non-residential setting. Day habilitation services have a family training option; services may include the training of families in the treatment methods and in the care and use of equipment. Family training may be provided in the member's home.
<b>Environmental Accessibility Adaptations</b>	Provides physical adaptations to a member's primary residence or primary vehicle which are necessary to ensure their health, safety, or welfare or which enable them to function with greater independence and without which the individual would require institutionalization. Qualifying members must have a demonstrated need for modifications.
<b>Home Delivered Meals</b>	Provides meals that are prepared elsewhere and are delivered to the member's home to promote adequate member nutrition. Meals must meet one-third of the recommended daily nutritional allowance.

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

## ADDITIONAL MEDICAID BENEFITS

BENEFITS	MEDICAID COVERAGE
<b>Homemaker Services</b>	Provides services to members who live alone or when the person who usually performs this function for the member needs assistance. The usual provider may not be available due to either incapacitation or may be occupied providing more direct care or services to the member.
<b>Non-Medical Transport</b>	Allows the member to access to waiver and other community services and resources. Whenever possible, family, neighbors, friends, or community agencies that can provide this service without charge, or public transit providers will be used.
<b>Personal Emergency Response System (PERS)</b>	PERS is a system that is used to monitor the member's safety and to provide access to emergency crisis intervention for emotional, medical, or environmental emergencies through the member's phone.
<b>Residential Habilitation</b>	Provides services that consist of an integrated array of individually tailored services and supports furnished to eligible members. These services and supports are designed to assist the member to live in their own homes, with their families, or in Certified Family Homes
<b>Respite</b>	Provides occasional breaks from care giving responsibilities to non-paid caregivers. The caregiver or participant is responsible for selecting, training, and directing the provider.

## Summary of Medicaid-Covered Benefits (Continued)

ADDITIONAL MEDICAID BENEFITS	
BENEFITS	MEDICAID COVERAGE
<b>Skilled Nursing Services</b>	Provides irregular or continuous oversight, training, or skilled care that is within the scope of the Nurse Practice Act. These services must be provided by a licensed registered nurse, or licensed practical nurse under the supervision of a registered nurse licensed to practice in the state of Idaho.
<b>Specialized Medical Equipment and Supplies</b>	Specialized medical equipment and supplies includes devices, items, and appliances that enable the member to perform activities of daily living (ADL).
<b>Supported Employment</b>	Provides competitive work in integrated work settings for members with the most severe disabilities for whom competitive employment has not traditionally occurred, or for whom competitive employment has been interrupted or intermittent as a result of a severe disability.
<b>Intermediate Care Facility (ICF)</b>	Provides health and rehabilitative services that meet the need of member with developmentally disabilities, or related conditions, who require twenty-four hour active treatment. The main purpose of the ICF is to maximize the members independence in the presence of degenerative conditions
<b>Nursing Facility</b>	A Nursing Facility (NF) is a facility that provides nursing care and other health, health-related, and social services for members who has been diagnosed as having one or more clinically determined illnesses or conditions that requires medical and nursing care.

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

## ADDITIONAL MEDICAID BENEFITS

### BENEFITS

### MEDICAID COVERAGE

#### **Personal Care Services**

Provides a range of services that help members with personal needs while they live in the community. Members with physical or developmental disabilities, and the elderly, may be eligible. PCS may be an alternative to nursing home or institutional care for a short or extended time.

#### **Targeted Service Coordination**

Provides activities, which assists members in the DD Waiver gain and coordinate access to necessary care and services. Service coordination is a brokerage model of case management.

# 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](https://MolinaHealthcare.com/Medicare) to apply online.

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. You can get this document for free in non-English language(s) or other formats, such as large print, braille, or audio. Call (844) 239-4913, TTY: 711. The call is free. Molina Healthcare is an HMO D-SNP Health Plan with a Medicare Contract and a contract with the state Medicaid program. Enrollment depends on contract renewal.





# Contact us

Ready to enroll or have questions?

Call **(866) 403-8293, TTY/TDD 711**

Current Members Call: **(844) 239-4913, TTY/TDD 711**

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

