



# Molina Medicare Complete Care

## HMO SNP

### 2020 | Summary Of Benefits

#### **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 counties

## About Molina Medicare Complete Care (HMO SNP)

Molina Medicare Complete Care (HMO SNP) 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 SNP)** you must meet the following criteria:

- A. Be age twenty-one (21) or older at the time of Enrollment.
  - B. Eligible for full Medicaid Benefits under one of the following categories:
    - i. Recipients of Supplemental Security Income (SSI);
    - ii. SSI-related Individuals;
    - iii. Dual Eligible Qualified Medicare Beneficiary (QMB) Plus Individuals;
    - iv. Dual Eligible Specified Low-Income Medicare Beneficiary (SLMB) Plus Individuals;
    - v. Full Benefit Dual Eligible (FBDE) Individuals;
    - vi. Recipients of mandatory State Supplements;
    - vii. Recipients of Hospice Care; or
    - viii. Recipients of Long-Term Care (LTC).
  - C. Entitled to or enrolled in Medicare Part A;
  - D. Enrolled in Medicare Part B;
  - E. Eligible to enroll in a Medicare Part D Plan;
  - F. Do not have End Stage Renal Disease (ERSD) at the time of enrollment, unless you are already enrolled in another Health Plan operated by Molina; and
  - G. 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.
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## 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:  
(844) 239-4913; 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 Idaho Medicaid. 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 SNP) Plan:**

- **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. (See previous Summary of Benefits table for a full description of your Molina Medicare Complete Care (HMO SNP) Plan benefits and cost-sharing responsibilities.)

### **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.

## 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>\$2,000 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

### Molina Medicare Complete Care (HMO SNP)

#### 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 SNP)

<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>	\$0
<b>URGENTLY NEEDED SERVICES</b>	\$0 copay

## Covered Medical and Hospital Benefits

### Molina Medicare Complete Care (HMO SNP)

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 up to \$1,200 every 2 years for hearing aids, both ears combined.</p> <p><i>Prior authorization may be required.</i></p>



## Covered Medical and Hospital Benefits

### Molina Medicare Complete Care (HMO SNP)

<b>DENTAL SERVICES</b>	
<b>Medicare-covered dental services</b>	\$0 copay
<b>VISION SERVICES</b>	
<b>Medicare-covered vision exam to diagnose/treat diseases of the eye (including yearly glaucoma screening)</b>	\$0 copay
<b>Supplemental routine eye exam</b>	\$0 copay  1 every year.
<b>Supplemental eyewear</b>	\$0 copay  Our plan pays up to \$150 every year for eyewear.
<ul style="list-style-type: none"> <li>• Contact lenses</li> <li>• Eyeglasses (frames and lenses)</li> <li>• Eyeglass frames</li> <li>• Eyeglass lenses</li> <li>• Upgrades</li> </ul>	
<b>MENTAL HEALTH SERVICES</b>	
<b>Mental Health Services</b>	<p>You pay \$0 for days 1 - 90 of an inpatient hospital stay.</p> <p>Inpatient visit: 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.</p> <p>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.</p> <p><i>Prior authorization may be required.</i></p>
<b>Outpatient individual/group therapy visit</b>	\$0 copay

## Covered Medical and Hospital Benefits

### Molina Medicare Complete Care (HMO SNP)

<b>SKILLED NURSING FACILITY</b>	
	<p>You pay \$0 for days 1 - 100 of a skilled nursing facility stay.</p> <p>No prior hospitalization is required</p> <p><i>Prior authorization may be required.</i></p>
<b>PHYSICAL THERAPY</b>	
<b>Physical Therapy and Speech Therapy Services</b>	<p>\$0 copay</p> <p><i>Prior authorization may be required.</i></p>
<b>Cardiac and Pulmonary Rehabilitation</b>	<p>\$0 copay</p> <p><i>Prior authorization may be required.</i></p>
<b>Occupational Therapy Services</b>	<p>\$0 copay</p> <p><i>Prior authorization may be required.</i></p>
<b>AMBULANCE</b>	
	<p>\$0 copay</p> <p><i>Prior authorization required for non-emergent ambulance only.</i></p>
<b>TRANSPORTATION</b>	
<p>Transportation could include a sedan, wheelchair equipped vehicle, or stretcher van.</p>	<p>\$0 copay</p> <p>50 one-way trips to and from plan-approved locations.</p> <p><i>Prior authorization may be required.</i></p>

## Prescription Drug Benefits

### MEDICARE PART B DRUGS

#### Chemotherapy drugs

\$0 copay

*Prior authorization may be required*

#### Other Part B drugs

\$0 copay

*Prior authorization may be required*

### INITIAL COVERAGE STAGE

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 \$4,020.

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.

#### 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 \$1.30 copay; or \$3.60 copay

For all other drugs, either:

- \$0 copay; or \$3.90 copay; or \$8.95 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 the plan will pay most of the costs of your drugs.

## Additional Covered Benefits

### Molina Medicare Complete Care (HMO SNP)

<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
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.	
<b>Routine Chiropractic Services</b>	\$0 copay  Up to 20 visits of routine chiropractic care every year.
<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  \$75 allowance every 3 months.  Allowance expires at the end of the calendar year.

## Additional Covered Benefits

### Molina Medicare Complete Care (HMO SNP)

OUTPATIENT BLOOD SERVICES	
	\$0 copay 3-Pint deductible waived.
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.  <i>Prior authorization may be required.</i>
FOOT CARE (PODIATRY SERVICES)	
<b>Medicare-covered foot exam and treatment</b>	\$0 copay  Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions.
<b>Routine foot care</b>	\$0 copay  Up to 6 visits of routine foot care every year.
MEDICAL EQUIPMENT / SUPPLIES	
<b>Durable Medical Equipment (e.g., wheelchairs, oxygen)</b>	\$0 copay  <i>Prior authorization may be required.</i>
<b>Prosthetics/Medical Supplies</b>	\$0 copay  <i>Prior authorization may be required.</i>
<b>Diabetic Supplies and Services</b>	\$0 copay  <i>Prior authorization not required for preferred manufacturer.</i>
HEALTH AND WELLNESS EDUCATION PROGRAMS	
<b>Health Education</b>	\$0 copay  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.

## Additional Covered Benefits

<b>Molina Medicare Complete Care (HMO SNP)</b>	
<p><b>24-Hour Nurse Advice Line</b></p> <p>Available 24 hours a day, 7 days a week.</p>	<p>\$0 copay</p>
<p><b>Nutritional/Dietary Benefit</b></p>	<p>\$0 copay</p> <p>12 individual or group sessions every year. Individual telephonic nutrition counseling upon request.</p>
<p><b>Fitness Benefit</b></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>	<p>\$0 copay</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 SNP)** 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.

### Additional Medicaid-Covered Benefits Chart

	<b>Molina Medicare Complete Care (HMO SNP)</b>	<b>MEDICAID STATE PLAN</b>
<b>IMPORTANT INFORMATION</b>		
<b>Premium and Other Important Information</b>	<p><b>General</b> \$0 monthly plan premium</p> <p><b>In-Network</b> \$0 annual deductible.</p> <p>\$2,000 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>	Medicaid assistance with premium payments and cost-share may vary based on your level of Medicaid eligibility.
<p><b>Doctor and Hospital Choice</b> <i>(For more information, see Emergency Care and Urgently Needed Care.)</i></p>	<p><b>In-Network</b> 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>
<b>OUTPATIENT CARE SERVICES</b>		
<b>Acupuncture</b>	Not Covered	Not Covered
<p><b>Ambulance Services</b> <i>(Medically necessary ambulance services)</i></p>	Covered	Covered, for Emergency Ambulance Services
<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

## Additional Medicaid-Covered Benefits Chart

	<b>Molina Medicare Complete Care (HMO SNP)</b>	<b>MEDICAID STATE PLAN</b>
<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> <i>(You may go to any emergency room if you reasonably believe you need emergency care.)</i>	Covered	Covered
<b>Hearing Services</b>	Covered	Limited Coverage
<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
<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
<b>Prosthetic Devices</b> <i>(Includes braces, artificial limbs and eyes, etc.)</i>	Covered	Covered
<b>Transportation Services</b> <i>(Routine)</i>	Covered	Covered



## Additional Medicaid-Covered Benefits Chart

	<b>Molina Medicare Complete Care (HMO SNP)</b>	<b>MEDICAID STATE PLAN</b>
<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	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>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>Health/Wellness Education</b>	Covered	Covered
<b>Kidney Disease and Conditions</b>	Covered	Covered
<b>Preventive Services</b>	Covered	Covered
<b>HOSPICE</b>		
<b>Hospice</b>	Covered	Covered
<b>PRESCRIPTION DRUG BENEFITS</b>		
<b>Outpatient Prescription Drugs</b>	Covered	Covered

For Members who are entitled to Additional 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 SNP) Plan**:

<b>Additional Medicaid-Covered Benefits Chart Aged &amp; Disabled Waiver Services</b>	
<b>BENEFITS</b>	<b>MEDICAID COVERAGE</b>
<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
<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.

## Additional Medicaid-Covered Benefits Chart Aged & Disabled Waiver Services

<b>BENEFITS</b>	<b>MEDICAID COVERAGE</b>
<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.
<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.

## Additional Medicaid-Covered Benefits Chart Aged & Disabled Waiver Services

<b>BENEFITS</b>	<b>MEDICAID COVERAGE</b>
<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.
<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.

**Additional Medicaid-Covered Benefits Chart Aged & Disabled Waiver Services**

<b>BENEFITS</b>	<b>MEDICAID COVERAGE</b>
<b>Personal Care Services</b>	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.
<b>Targeted Service Coordination</b>	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.

## 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 SNP)). 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 SNP)** 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 SNP) is a Health Plan with a Medicare Contract and a contract with the state Medicaid program. Enrollment in Molina Medicare Complete Care (HMO SNP) depends on contract renewal.

This information is not a complete description of benefits. Call (844) 239-4913 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.

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