

2019 Benefits-At-A-Glance



MolinaHealthcare.com/Duals



**Molina Dual Options Medicare-Medicaid Plan
Illinois**

Champaign, De Witt, Ford, Knox, McLean,
Peoria, Stark, Tazewell and Vermilion Counties

2019 Benefits-At-A-Glance Molina Dual Options

Monthly Premium	
Monthly Premium	\$0
Medical and Hospital Benefits	
Services/Coverage	You Pay
Doctor Visits	
• Visits to treat an injury or illness	\$0
• Wellness visits, such as a physical	\$0
• Transportation to a doctor's office	\$0
• Specialist care	\$0
• Care to keep you from getting sick, such as flu shots	\$0
• "Welcome to Medicare" preventive visit (one time only)	\$0
Medical Tests	
• Lab tests, such as blood work (authorization rules may apply for certain tests; outpatient lab services do not require a prior authorization)	\$0
• X-rays or other pictures, such as CAT scans (authorization rules may apply; outpatient X-ray services do not require a prior authorization)	\$0
• Screening tests, such as tests to check for cancer (authorization rules may apply for certain tests)	\$0
Occupational, Physical, or Speech Therapy (authorization rules may apply)	\$0
Emergency Room Services	\$0
You may get covered emergency medical care whenever you need it, anywhere in the United States or its territories, without prior authorization. Not covered outside the U.S. and its territories except under limited circumstances. Contact plan for details.	
Ambulance Services	\$0
Prior Authorization rules may apply for non-emergency Ambulance services.	
Urgent Care	\$0
You may get urgent care services whenever you need it, anywhere in the United States or its territories, without prior authorization. Not covered outside the U.S. and its territories except under limited circumstances. Contact plan for details.	
Hospital Care	
• Hospital stay (authorization rules may apply): No limit to the number of days covered by the plan each hospital stay	\$0
• Doctor or surgeon care (referral requirements may apply)	\$0
Rehabilitation Services	\$0
Medical Equipment for Home Care (authorization rules may apply)	\$0
Skilled Nursing Care (SNF) (authorization rules may apply)	\$0
Plan covers an unlimited number of days in a SNF. No prior hospital stay is required.	
Eye Care	
• Routine eye exams and exams to diagnose and treat diseases and conditions of the eye	\$0
• Glasses or contact lenses: One pair of eyeglasses (lenses and frames) every 2 years	\$0

Medical and Hospital Benefits (Continued)

Dental Care <ul style="list-style-type: none"> Preventive dental services: <ul style="list-style-type: none"> Up to 2 oral exams every year Up to 2 cleanings every year 1 fluoride treatment every year 1 dental x-ray every year Plan pays up to \$600 every year for most dental services Plan offers comprehensive dental benefits for services such as extractions, surgery, or dentures (authorization rules may apply) 	\$0
Hearing Services <ul style="list-style-type: none"> Hearing screenings: Plan covers routine hearing exams Hearing aids <ul style="list-style-type: none"> Up to 1 pair of supplemental hearing aids every 3 years (authorization rules may apply) Fittings/evaluations based on medical necessity 	\$0 \$0
Chronic Conditions, Such as Diabetes or Heart Disease <ul style="list-style-type: none"> Services to help manage your disease, includes self-management training and disease management program for diabetes Diabetes supplies and services, includes diabetic monitoring supplies and therapeutic shoes or inserts (authorization rules may apply) 	\$0 \$0
Mental Health and Substance Abuse <ul style="list-style-type: none"> Mental or behavioral health services: Outpatient group or individual therapy visit Substance use disorder treatment services: Outpatient group or individual therapy visit Inpatient care for people who need mental health care: Plan covers unlimited number of days for hospital stay (authorization rules may apply) 	\$0 \$0 \$0
Durable Medical Equipment (authorization rules may apply) Wheelchairs, Nebulizers, Crutches, Walkers, Oxygen Equipment and Supplies	\$0
Home Services* <ul style="list-style-type: none"> Meals brought to your home Home services, such as cleaning or housekeeping Changes to your home, such as ramps and wheelchair access Personal care assistant (you may be able to employ your own assistant) Training to help you get paid or unpaid jobs Home health care services Services to help you live on your own Adult day services or other support services 	\$0 \$0 \$0 \$0 \$0 \$0 \$0
Assisted Living and Nursing Home Care (authorization rules may apply)	\$0
Respite Care*	\$0

*Authorization rules may apply. Individuals eligible for these specific waiver programs may qualify for these services. Eligibility is based on determination of need.

Prescription Drugs and Over-the-Counter (OTC) Items

Generic and Brand Name Drugs There may be limitations on the types of drugs covered. A 90-day supply is available at retail and mail order pharmacies at no additional cost. There may be certain drugs that are limited to a 31-day supply. Some drugs have quantity limits.	\$0 for a 31-day supply
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Prescription Drugs and Over-the-Counter (OTC) Items (Continued)

Prescription and Over-the-Counter (OTC) Drugs not Covered by Medicare There may be limitations on the types of drugs covered.	\$0
Over-the-Counter (OTC) Items You get \$60.00 every 3 months, with carry over, for OTC products like vitamins, sunscreen, pain relievers, cough/cold medicine, and bandages. Allowance expires at the end of the calendar year.	\$0
Medicare Part B Prescription Drugs Part B drugs include drugs given by your doctor in his or her office, some oral cancer drugs, and some drugs used with certain medical equipment (authorization rules may apply).	\$0
Additional Benefits	
Meal Benefit You can get up to 56 meals over 4 weeks (authorizations may apply)	\$0 copay
Kidney Disease and Conditions <ul style="list-style-type: none"> • Renal dialysis • Kidney disease education service 	\$0 copay \$0 copay
Family Planning Services	\$0 copay
Tobacco Cessation Counseling	\$0 copay
Health Education and Nutritional/Dietary Benefit	\$0 copay
Behavioral Health	\$0 copay
Telehealth (authorization rules may apply)	\$0 copay
Emergency Dental	\$0 copay



Learn more. Contact us today.

Call (855) 895-9987, TTY/TDD 711

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

MolinaHealthcare.com/Duals

Molina Dual Options Medicare-Medicaid Plan is a health plan that contracts with both Medicare and Illinois Medicaid to provide benefits of both programs to enrollees. Product offered by Molina Healthcare of Illinois, Inc., a wholly owned subsidiary of Molina Healthcare, Inc. You can get this document for free in other formats, such as large print, braille, or audio. Call (877) 901-8181, TTY/TDD: 711, Monday – Friday, 8 a.m. to 8 p.m., local time. The call is free. This is not a complete list. The benefit information is a brief summary, not a complete description of benefits. For more information contact the plan or read the Molina Dual Options Medicare-Medicaid Plan Member Handbook. For information on Molina Dual Options and other options for your health care, call the Illinois Client Enrollment Services at 1-877-912-8880 (TTY: 1-866-565-8576), or visit <http://enrollhfs.illinois.gov/>. H8046_19_16032_27_ILMMPBAAG Approved 1/14/2019