Medicare

2023 Summary of Benefits

Senior Whole Health Medicare Choice Care Select HMO

H2879-004

Serving Bristol, Essex, Plymouth, and Suffolk

Effective January 1 through December 31, 2023

Senior Whole Health
BY MOLINA HEALTHCARE

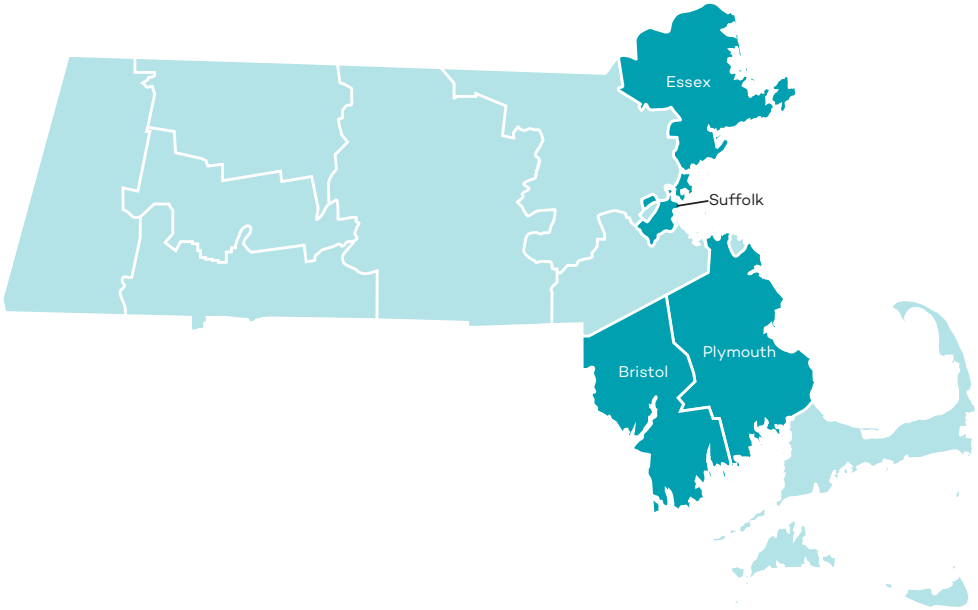
Introduction to the Summary of Benefits

Senior Whole Health Medicare Choice Care Select

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. You can also call Member Services at **(833) 685-2108, TTY/TDD 711,** and we will mail you a copy.

To join our plan, 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 : Bristol, Essex, Plymouth, and Suffolk.



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.

For coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at 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 **(833) 685-2108, 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 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.

Summary of Premiums & Benefits

Senior Whole Health Medicare Choice Care Select	
Monthly Premium	$0 per month You must keep paying your Medicare Part B premium. You receive a $75 Part B premium reduction.
Medical Deductible	The plan does not have a deductible.
Maximum Out-of-Pocket Responsibility	$8,300 annually 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.

Senior Whole Health Medicare Choice Care Select	
Inpatient Hospital 	Our plan covers 90 days for 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, 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. • $450 copay per day for days 1-4 • $0 copay per day for days 5-90 *Prior authorization may be required.*
Outpatient Hospital 	$225 copay per visit *Prior authorization may be required.*
Ambulatory Surgical Center 	$225 copay per visit *Prior authorization may be required.*
Doctor Visits 	**Primary Care** $0 copay per visit **Specialists** $50 copay per visit
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)

Senior Whole Health Medicare Choice Care Select	
Emergency Care	$90 copay, waived if admitted to hospital within 24 hours.
Urgently Needed Services	$60 copay
Diagnostic Services/Labs/ Imaging	**Diagnostic tests and procedures** $0 copay (freestanding location) or 20% of the cost (hospital) **Lab services** $0 copay (freestanding location) or 20% of the cost (hospital) **Diagnostic radiology services (such as MRI, CT scan)** $225 copay applies to complex Outpatient Diagnostic Radiological Services (CT, MRI, and PET scan). $125 copay applies to all other Outpatient Diagnostic Radiological Services (ultrasounds and x-rays with contrast). **Outpatient X-rays** $5 copay **Therapeutic radiology** 20% of the cost *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.
Hearing Services	**Medicare-covered diagnostic hearing and balance exams** $40 copay
Dental Services	**Medicare-covered dental services** $40 copay

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Senior Whole Health Medicare Choice Care Select	
Vision Services 	**Medicare-covered vision services** • Vision exam to diagnose/treat diseases of the eye (including yearly glaucoma screening): $0- $40 copay depending on the service • Eyeglasses or contact lenses after cataract surgery: $0 copay
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 general hospital. 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. In 2022 the amounts for each benefit period were: • $1,556 deductible for days 1-60 • $389 copay per day for days 61-90 • $778 copay per day for up to 60 lifetime reserve days These amounts may change for 2023. *Prior authorization may be required.* **Outpatient individual/group therapy visit** $40 copay
Skilled Nursing Facility 	Our plan covers up to 100 days in a skilled nursing facility per benefit period: • $0 copay for days 1-20 • $184 copay per day for days 21-100 No prior hospitalization is required. *Prior authorization may be required.*

Summary of Premiums & Benefits (Continued)

Senior Whole Health Medicare Choice Care Select	
Physical Therapy 	**Physical therapy and speech therapy** $40 copay *Prior authorization may be required.* **Cardiac rehabilitation** $30 copay *Prior authorization may be required.* **Pulmonary rehabilitation** $20 copay *Prior authorization may be required.* **Supervised Exercise Therapy (SET)** $25 copay *Prior authorization may be required.* **Occupational therapy services** $40 copay *Prior authorization may be required.*
Ambulance 	20% of the cost *Prior authorization required for non-emergent ambulance only.*
Transportation 	Not covered

Medicare Part B Drugs	
Chemotherapy/ Radiation Drugs and other Part B Drugs	20% of the cost *Prior authorization may be required.*

Summary of Drug Coverage

	Standard Retail Pharmacy	Mail Order Pharmacy
Tier 1: Preferred Generic One-, two-, or three-month supply	$15 copay	$15 copay
	$30 copay	$30 copay
	$45 copay	$30 copay
Tier 2: Generic One-, two-, or three-month supply	$20 copay	$20 copay
	$40 copay	$40 copay
	$60 copay	$40 copay
Tier 3: Preferred Brand One-, two-, or three-month supply	$47 copay	$47 copay
	$94 copay	$94 copay
	$141 copay	$94 copay
Select Insulins One-, two-, or three-month supply	$35 copay	$35 copay
	$70 copay	$70 copay
	$70 copay	$70 copay
Tier 4: Non-Preferred Drug One-, two-, or three-month supply	$100 copay	$100 copay
	$200 copay	$200 copay
	$300 copay	$300 copay
Tier 5: Specialty Tier One-month supply (Specialty drugs are limited to a one-month supply.)	27% of the cost	27% of the cost
Tier 6: Select Care	$5 copay	$5 copay
	$10 copay	$10 copay
	$15 copay	$10 copay

Summary of Drug Coverage (Continued)

Part D Coverage Stages	
Stage 1: Deductible	This stage begins when you fill your first prescription in the year. You pay the full cost of your drugs until you reach the plan's deductible amount, which is $375 per year.
Stage 2: Initial Coverage	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 $4,660.
Stage 3: Gap Coverage	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.
Stage 4: Catastrophic Coverage	After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach $7,400, you pay the greater of: • 5% of the cost, or • $4.15 for a generic drug or a drug that is treated like a generic and $10.35 for all other drugs.

Summary of Other Benefits

Senior Whole Health Medicare Choice Care Select	
Acupuncture 	**Medicare-Covered Acupuncture** $0 copay Up to 12 visits in 90 days are covered for chronic lower back pain. Up to 8 additional sessions are covered in the same year for those patients demonstrating an improvement. **Routine Acupuncture** $0 copay Up to 12 visits every year for routine services
Additional Smoking and Tobacco Use Cessation 	$0 copay 8 counseling visits offered in addition to Medicare.
Annual Physical Exam 	$0 copay
Additional Telehealth Services 	$0 copay Includes Primary Care Physician Services *Prior authorization may be required.*
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)
Dialysis 	20% of the cost

Summary of Other Benefits (Continued)

Senior Whole Health Medicare Choice Care Select	
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.
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 90 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.

Senior Whole Health Medicare Choice Care Select	
Medical Equipment and Supplies 	**Durable Medical Equipment** (such as wheelchairs, oxygen) 20% of the cost **Prosthetics/Medical Supplies** 20% of the cost **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 Substance Abuse 	$40 copay Individual or group therapy visits *Prior authorization may be required.*
Over-the- Counter Items 	$0 copay $100 allowance every 3 months. Unused allowance does not carry over to the next quarter.

Summary of Other Benefits (Continued)

Senior Whole Health Medicare Choice Care Select	
Outpatient Blood Services 	$0 copay 3-pint deductible waived
Remote Access Technologies 	$0 copay
Worldwide Emergency and Urgent Care 	$0 copay You are covered for worldwide emergency and urgent care services up to $10,000.

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** to apply online.

Senior Whole Health 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 (833) 685-2108, TTY: 711. The call is free. Senior Whole Health is an HMO 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: **(833) 685-2108, TTY/TDD 711**
7 days a week, 8 a.m. to 8 p.m., local time

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