

# Get all the benefits of **Medicare and Medicaid** – and more!

Molina Dual Options MI Health Link Medicare-Medicaid Plan

[MolinaHealthcare.com/Duals](http://MolinaHealthcare.com/Duals)

Michigan



# 2018 Benefits-At-A-Glance

Molina Dual Options Plan Benefits		You Pay
Plan Premium		\$0
Medical Coverage		
Doctor Office Visits		
• Primary Care Physician		\$0 Copay
• Specialist Care		\$0 Copay
Preventive Care		
• Annual Wellness Visit		\$0 Copay
• Bone Mass Measurement		\$0 Copay
• Colorectal Screening		\$0 Copay
• Diabetes Screening		\$0 Copay
• Mammogram		\$0 Copay
• Immunizations (including Pneumonia and Flu)		\$0 Copay
Inpatient Hospital Care		\$0 Copay
Inpatient Mental Health Care		\$0 Copay
Skilled Nursing Facility Care		\$0 Copay
Home Health Care		\$0 Copay
Outpatient Hospital and Ambulatory Surgical Center Services		\$0 Copay
Outpatient Mental Health Care and Substance Abuse Care (For each individual or group visit)		\$0 Copay
Outpatient Rehabilitation Services/Therapy (occupational, physical, speech and language therapy)		\$0 Copay
Outpatient Diagnostic Procedures, Tests, Lab, Radiology Services and X-Rays		
• Diagnostic Radiology Services		\$0 Copay
• Diagnostic Procedures and Tests		\$0 Copay
• Lab Services		\$0 Copay
• X-Rays		\$0 Copay
• Therapeutic Radiology Services		\$0 Copay
Durable Medical Equipment		\$0 Copay
Prosthetic Devices		\$0 Copay
Diabetes Supplies and Services		
• Diabetes Monitoring Supplies		\$0 Copay
• Diabetes Self-Management Training		\$0 Copay
Urgent Care		\$0 Copay
Emergency Care		\$0 Copay
Ambulance Services		\$0 Copay
Prescription Drug Coverage		
You pay the following at in-network pharmacies for a 31 day supply		
Tier 1 - Generic Drugs		\$0 Copay
Tier 2 - Brand Drugs		\$0 Copay
Tier 3 - Non-Medicare Rx/OTC Drugs		\$0 Copay
Additional Services *		
Adaptive Medical Equipment and Supplies		\$0 Copay
Adult Day Program		\$0 Copay
Assisted Technology Devices		\$0 Copay
Assistive Technology Van Lifts and Tie Downs		\$0 Copay
Chore Services		\$0 Copay
Community Transition Services		\$0 Copay
Environmental Modifications		\$0 Copay
Expanded Community Living Supports		\$0 Copay
Fiscal Intermediary Services		\$0 Copay
Home-Delivered Meals		\$0 Copay
Incontinence Products		\$0 Copay
Non-Medical Transportation		\$0 Copay

<b>Additional Services * (continued)</b>	
Nursing Home Services	\$0 Copay
Personal Care Services	\$0 Copay
Personal Emergency Response System	\$0 Copay
Preventive Nursing Services	\$0 Copay
Private Duty Nursing Services	\$0 Copay
Stipend for Maintenance Costs of a Service Animal	\$0 Copay
Respite Care	\$0 Copay
<b>Supplemental Benefits</b>	
Dental Services	
<ul style="list-style-type: none"> <li>\$0 Office Visit Copay</li> </ul>	
<b>Covered Benefits</b>	
Preventive Services	
<ul style="list-style-type: none"> <li>Oral Exams – up to 1 every six months</li> <li>Cleanings – up to 1 every six months</li> <li>Dental X-Rays – up to 1 set of bite-wing radiographs once every year; up to 1 panoramic radiograph every five years; up to 1 full mouth or complete series every five years.</li> <li>Silver diamine Fluoride Treatment – up 6 applications per lifetime</li> </ul>	
Comprehensive Services (limitations apply)	
<ul style="list-style-type: none"> <li>Periodontal Scaling – full mouth, once every year</li> <li>Restorative Services (fillings)</li> <li>Diagnostic Services</li> <li>Extractions</li> <li>Complete and partial dentures – up to 1 every five years</li> <li>Denture Adjustments</li> </ul>	
<b>Additional Dental Coverage</b>	
The plan covers up to \$1,000 on additional dental coverage for the services listed below. Each service has a specific limit (e.g., maximum allowance, number of procedures and/or frequency of services).	
Comprehensive Services	
<ul style="list-style-type: none"> <li>Non-Routine Scaling – up to 2 quadrants every 24 months</li> <li>Denture Allowance – \$500 maximum allowance every 3 years (limited to a \$250 maximum allowance per denture plate every 3 years)</li> <li>Denture Adjustments – Up to 2 of any of the 4 covered denture adjustments every year</li> </ul>	
The costs of the additional dental coverage services (including dentures) are subject to the annual maximum plan benefit coverage amount and cannot exceed \$1,000 in a year.	
Vision Services	
<ul style="list-style-type: none"> <li>Routine Eye Exam</li> <li>Eyeglasses</li> </ul>	\$0 Copay; 1 every year \$0 Copay for up to 1 pair of contact lenses, eyeglasses (lenses and frames), just lenses or frames
Podiatry Services	
<ul style="list-style-type: none"> <li>Routine Visits</li> </ul>	\$0 Copay for up to 6 visits every year
Transportation Services	\$0 Copay for unlimited trips to plan-approved locations
Over-the-Counter Medications and Supplies	\$75 in covered purchases every 3 months, with carry over month to month but expires at the end of the calendar year
Meal Benefit	\$0 Copay for up to 56 home delivered meals over 4 weeks, for qualifying members after transitioning from an in-patient hospital setting or skilled nursing facility
24-hour Nurse Advice Line	\$0 Copay
Health Education	\$0 Copay
Nutritional/Dietary Benefit	\$0 Copay for up to 12 individual telephonic nutritional counseling sessions
Smoking and Tobacco Cessation Counseling	\$0 Copay for 8 sessions (in addition to Medicare's two quit attempts in a 12 month period, each quit attempt includes up to 4 counseling face-to-face visits)

\*A member must meet eligibility requirements to receive some of these services.



**For more information call**

**(866) 701-4885, TTY/TDD 711**

7 days a week, 8 a.m. to 8 p.m., local time or visit [MolinaHealthcare.com/Duals](http://MolinaHealthcare.com/Duals)

Molina Dual Options MI Health Link Medicare-Medicaid Plan is a health plan that contracts with both Medicare and Michigan Medicaid to provide benefits of both programs to enrollees. Product offered by Molina Healthcare of Michigan, 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 (855) 735-5604, TTY/TDD: 711, Monday - Friday, 8 a.m. to 8 p.m., EST. The call is free. Molina Healthcare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-855-735-5604 (TTY: 711). ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-735-5604 (TTY: 711).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-855-735-5604 (رقم هاتف الصم والبكم: 711).

Limitations, restrictions, and patient pay amounts may apply. This means that you may have to pay for some services and that you need to follow certain rules to have Molina Dual Options pay for your services. For more information, call Molina Dual Options Member Services or read the Molina Dual Options Member Handbook. Benefits may change on January 1 of each year. 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 Member Handbook. The List of Covered Drugs and/or pharmacy and provider networks may change throughout the year. We will send you a notice before we make a change that affects you. For information on Molina Dual Options MI Health Link Medicare-Medicaid Plan and other options for your health care, call Michigan ENROLLS at 1-800-975-7630 (TTY: 1-888-263-5897). Office hours are Monday through Friday, 8 AM to 7 PM.