



Molina Medicare Complete Care

HMO SNP

2020 | A Simple Guide to Your Benefits

Michigan H5926-001

Serving Barry, Bay, Genesee, Huron, Kent, Lapeer, Livingston, Macomb, Monroe, Montcalm, Muskegon, Newaygo, Oakland, Ottawa, Saginaw, Sanilac, Shiawassee, Tuscola, Washtenaw and Wayne Counties

You're important to us - we want to get to know you!

The more we know about your health, the better we are at giving you the service and care you need.

To get the right information, we will place some important calls to you over the next few months!

Here's what you can expect from us:

1

Days 1-30: Welcome to Molina Healthcare Call

We will call you during your first 30 days to welcome you to Molina! Our representative (rep) will ask you if you got your member ID card in the mail. Our rep will also confirm your doctor name and will help you schedule any appointments, if you need help. Please note that from time to time you may hear us call your doctor your "Primary Care Physician" or "PCP" – this means the same thing.

2

Days 1-90: Health Risk Assessment (HRA) Survey

We will call you during your first 90 days for your Health Risk Assessment (HRA) survey. Our rep will ask you questions about your health. Some questions we might ask are what health conditions you currently have, and the last time you saw your doctor. The survey lasts about 15 to 20 minutes. Every year we will call you to complete this survey because your health can change.

If you missed our call OR do not want to wait for our rep to call you, call us at (866) 472-4582 (TTY: 711), Monday – Friday, 6 a.m. to 6 p.m., PST. Let the rep know you are a new member and want to complete your Health Risk Assessment Survey!

3

Days 61+: Annual Wellness Visit Appointment Call

One of our trusted partners will call you after your first 60 days to schedule an appointment for your Annual Wellness Visit. This appointment can be offered through the Molina provider network of primary care providers or through an in-home visit conducted by a licensed nurse or doctor. The visit lasts about 45 to 60 minutes and is at no cost to you! During the visit you will be given a basic health screening and asked about your medical history. This visit does not replace any check-ups with your doctor or the HRA survey. This visit helps us understand what care and services can help you. We want all members to take advantage of this visit!

4

Days 90-120: 3-Month Check-in Call

We will call you after your first 90 days to see how your Molina Healthcare membership has been working for you. We want to make sure you are able to see your doctor and receive the care and services you need. Good or bad, we want to know! Hearing from you helps us know what is working and what is not working.

A Simple Guide to your Benefits

Your health is important to us and we are always here to help! We've made it easy for you to access programs and services by partnering with trusted providers, specialists and benefit vendors for your healthcare needs. We've summarized a few of your plan benefits in the table below.

Remember, we're always here to help. If you have questions about your benefits, call us! We've listed important contact information in the *Helpful Member Resources* section of this book.

What are my benefits?	How do I use my benefits?
<i>Chiropractic Services (Supplemental)</i> 	<i>We offer chiropractic coverage in addition to what you may get through Original Medicare.</i> You can see a chiropractor up to 20 times a year for a \$0 copay. Chiropractic services include treatment to help relieve pain, inflammation, and/or swelling.
<i>Dental Services (Supplemental)</i> 	<i>We partner with Delta Dental to give you dental coverage in addition to what you may get through Original Medicare.</i> You pay a \$0 copay to see a participating dentist for covered preventive services and you have a \$2,500 Annual Maximum Allowance for all covered comprehensive dental services, including dentures. For more information, see the Dental Benefit section.
<i>Doctor Office Visits</i> 	You pay a \$0 or 20% coinsurance to see your primary care doctor and a \$0 or 20% coinsurance when you see certain specialists. <u>To schedule a doctor's office visit:</u> Call your doctor's office and ask to schedule an appointment or call our Member Services department and one of our representatives can help schedule your appointment!
<i>Fitness Benefit (Supplemental)</i> 	<i>We partner with FitnessCoach to offer this benefit.</i> You have a \$0 copay and \$0 gym membership fee to access participating fitness facilities*. If you want to exercise at home instead, you can order up to 2 Home Fitness Kits every year. Most home kits include a DVD, instructional booklet and quick start guide. *Note: Gym membership is limited to basic membership packages only. You may have to pay extra for additional services. For more information, see the Fitness Benefit section.
<i>Hearing Services (Supplemental)</i> 	<i>We offer hearing coverage in addition to what you may get through Original Medicare.</i> You have a \$0 copay for 1 routine hearing exam per year. You have a \$0 copay for 1 hearing aid evaluation/fitting every year. If you are told you need hearing aids, you can get up to 2 pre-selected hearing aids every year.
<i>Meal Benefit (Supplemental)</i> 	<u>You must meet special requirements for this benefit.</u> If you qualify, you have a \$0 copay to receive 28 meals delivered to your home for 2 weeks after a hospital or Skilled Nursing Facility (SNF) stay. You can qualify for up to 4 weeks or 56 meals each year with additional plan approval. Your Case Manager or doctor will decide if you qualify for this benefit. If you qualify, your Case Manager will coordinate this benefit for you.

What are my benefits?	How do I use my benefits?
<i>Over-the-Counter (OTC) Items (Supplemental)</i> 	You have \$325 every quarter (3 months) to spend on plan-approved over-the-counter (OTC) items like toothpaste, diabetic socks, vitamins, and other items found in the 2020 OTC Product Catalog. These items are mailed to your home. If you don't use all of your allowance, the remaining balance will roll over to the next OTC quarter. Any unused allowance <u>will not</u> roll over to the next benefit year. For more information, see the Over-the-Counter Benefit section.
<i>Podiatry Services (Supplemental)</i> 	<i>We offer podiatry services in addition to what you may get through Original Medicare.</i> You can see a podiatrist up to 6 times a year for general foot care for a \$0 copay. General foot care includes cutting toe nails, corn and callous removal, and other foot problems.
<i>Transportation (Supplemental)</i> 	You have a \$0 copay for up to 30 one-way trips to plan-approved locations* every year. Plan-approved locations are places where you can get covered medical care and services like your doctor's office or pharmacy. Your home to your doctor's office is considered a one-way trip. On average you would use 2 one-way trips for one appointment. This service may not be used for emergencies. If you are having an emergency, please call 911. *Note: Fitness facilities are not plan-approved locations. To schedule a pick-up for a routine appointment, call Member Services at least 3 days before your appointment. Remember, you can schedule up to 30 days in advance!
<i>Vision Care (Supplemental)</i> 	<i>We offer vision coverage in addition to what you may get through Original Medicare.</i> You have a \$0 copay for up to 1 routine eye exam every year. You also get a \$350 allowance to spend every 2 years on prescription eyeglasses, contacts, or upgrades (such as tinted, UV, polarized or photo chromatic lenses) at zero cost to you.
<i>24-Hour Nurse Advice Line</i> 	We have nurses available 24 hours a day to answer your medical questions in the language you prefer. Nurses should be used for non-emergencies. If you are having an emergency call 911.

The information provided for the benefits listed above is a summary only. For more information on any of these plan benefits, please refer to Chapter 4, Section 2 (also known as the Benefits Chart) of your Evidence of Coverage (EOC).

Helpful Member Resources

We want to help you get the most out of your plan. These important resources can make it easier for you to get the information you need.



Call toll-free. We are here to help.

If you don't have computer access, can't find answers, or need language assistance to answer questions, contact us. You can call Member Services toll-free at **(800) 665-3086 (TTY: 711)**.



Search for providers. Find providers using our online directory.

You have access to a large network of providers and hospitals to give you the best care. You should get all health care from Molina Healthcare providers. If you need help finding a provider, call Member Services or search online.

To find a participating provider:

Search online at Molinahealthcare.com/ProviderSearch



Sign up for MyMolina.com. Get the most out of your benefits with [MyMolina.com](https://Molina.com).

Visit our easy-to-use self-service member website. With [MyMolina.com](https://Molina.com), you can request a new ID card, change or find your doctor, get health reminders, view your claims history, and much more! You can register from any device, like your computer, tablet or mobile phone.

Set up your free account today.

1. Have your ID card handy and go to [MyMolina.com](https://Molina.com).
2. Click on **Create an Account** and follow the step-by-step instructions.



Download the Molina Mobile app. Get on-the-go access.

When you're out and about, the mobile app puts your health plan at your fingertips. With the **Molina Mobile app**, you can view your ID Card, find a doctor or facility near you, use the Nurse Advice Line, and much more! To begin, you must first create your free account on [MyMolina.com](https://Molina.com).

Set up your free account today.

1. Visit the Apple App Store or Google Play Store.
2. Search Molina Healthcare or Molina Mobile app.
3. Download the Molina Mobile app to your device.
4. Sign in using your [MyMolina.com](https://Molina.com) account information and follow the step-by-step instructions.

