

2023 Summary of Benefits

Senior Whole Health Medicare Complete Care HMO D-SNP

New York H5992-008

Serving Bronx, Kings, Nassau, New York, Orange, Queens, Richmond, Rockland, and Westchester

Effective January 1 through December 31, 2023

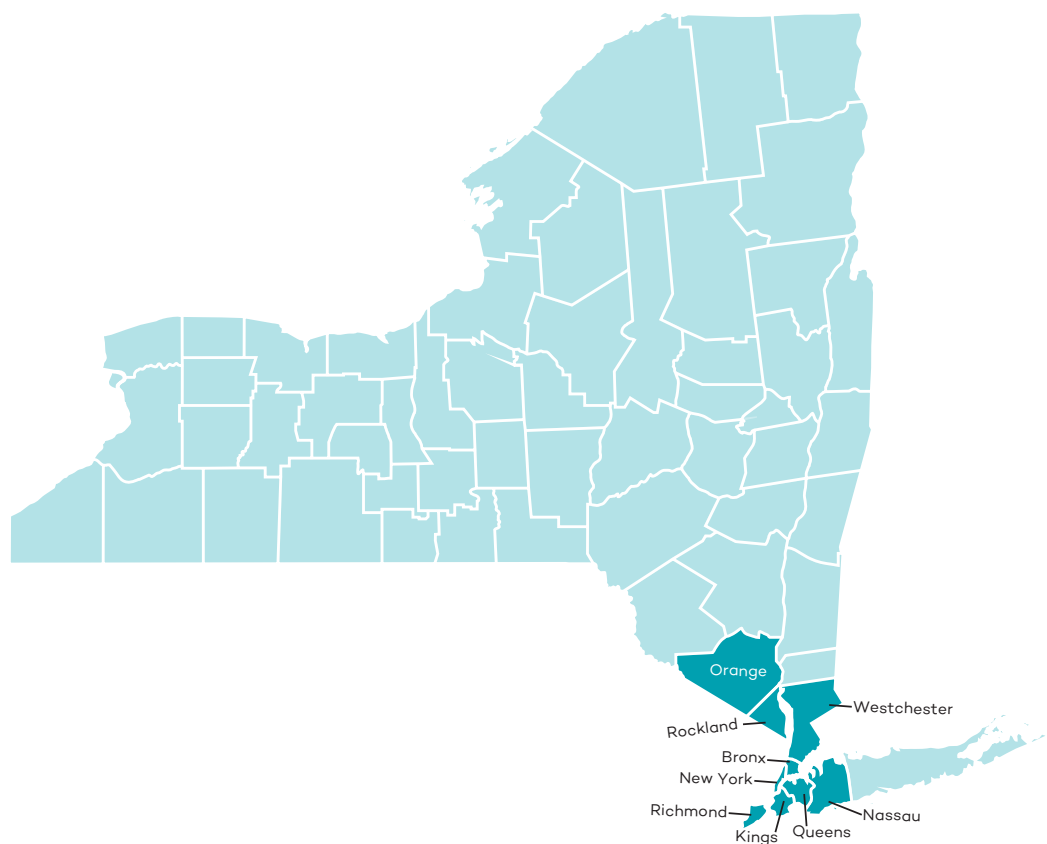
Introduction to the Summary of Benefits

Senior Whole Health Medicare Complete Care

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) 671-0440, 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 Medicaid by New York State Department of Health Medicaid program, and live in our service area. Our service area includes the following counties in New York: Bronx, Kings, Nassau, New York, Orange, Queens, Richmond, Rockland, and Westchester.



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](https://www.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) 671-0440, 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 who are 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.

Medicaid Dual Eligibility Coverage Categories

- **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.
- **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.

**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.

Summary of Premiums & Benefits

Senior Whole Health Medicare Complete Care

Monthly Premium \$0 per month



Medical Deductible This plan does not have a deductible.



Maximum Out-of-Pocket Responsibility \$8,300 each year 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 Complete Care

Inpatient Hospital You pay \$0 for days 1 - 90 of 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 per benefit period, 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.

Prior authorization may be required.

Outpatient Hospital \$0 copay per visit



Prior authorization may be required.

Ambulatory Surgical Center \$0 copay per visit



Prior authorization may be required.

Doctor Visits



Primary Care

\$0 copay per visit

Specialists

\$0 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 Complete Care

Emergency Care \$0 copay



Urgently Needed Services \$0 copay



Diagnostic Services/Labs/Imaging



Diagnostic tests and procedures

\$0 copay

Lab services

\$0 copay

Diagnostic radiology services (such as MRI, CT scan)

\$0 copay

Outpatient X-rays

\$0 copay

Therapeutic radiology

\$0 copay

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**



\$0 copay

Dental Services **Medicare-covered dental services**



\$0 copay

Questions? Call our team of Medicare Trusted Advisors at (866) 403-8293, TTY: 711.

Senior Whole Health Medicare Complete Care

Vision Services



Medicare-covered vision services

- Vision exam to diagnose/treat diseases of the eye (including yearly glaucoma screening): \$0 copay
- Eyeglasses or contact lenses after cataract surgery: \$0 copay

Supplemental eyewear

\$0 copay; our plan pays up to \$285 every year for routine eyewear.

- Contact lenses
- Eyeglasses (frames and lenses)
- Eyeglass frames - limit 1 every year
- Eyeglass lenses
- Upgrades

Prior authorization may be required.

Mental Health Services



Inpatient visit

You pay \$0 for days 1 - 90 of an inpatient hospital stay.

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.

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 individual/group therapy visit

\$0 copay

Skilled Nursing Facility






You pay \$0 for days 1-100 of a skilled nursing facility stay. No prior hospitalization is required.

Prior authorization may be required.

Summary of Premiums & Benefits (Continued)

Senior Whole Health Medicare Complete Care

| | |
|--|---|
| Physical Therapy  | Physical therapy and speech therapy \$0 copay <i>Prior authorization may be required.</i> |
| | Cardiac and pulmonary rehabilitation \$0 copay <i>Prior authorization may be required.</i> |
| | Occupational therapy services \$0 copay <i>Prior authorization may be required.</i> |
| <hr/> | |
| Ambulance  | \$0 copay <i>Prior authorization required for non-emergent ambulance only.</i> |
| <hr/> | |
| Transportation  | Not Covered |

Medicare Part B Drugs

| | |
|---|--|
| Chemotherapy/ Radiation Drugs and other Part B Drugs | \$0 copay <i>Prior authorization may be required.</i> |
|---|--|

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Summary of Drug Coverage

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 \$1.45 copay; or \$4.15 copay

For all other drugs, either:

- \$0 copay; or \$4.30 copay; or \$10.35 copay
-

Summary of Drug Coverage (Continued)

Coverage Stages

| | |
|---|--|
| Stage 1: Deductible | Because there is no drug deductible for this plan, this stage does not apply to you. |
| Stage 2: Initial Coverage | <p>You begin this stage when you fill your first prescription of the year. 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 \$4,660.</p> <p>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.</p> |
| 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 the plan will pay most of the costs of your drugs. |

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Summary of Other Benefits

Senior Whole Health Medicare Complete Care

Acupuncture



Medicare-Covered Acupuncture

\$0 copay

Up to 12 visits in 90 days are covered for chronic lower back pain. Up to eight additional sessions are covered in the same year for those patients demonstrating an improvement.

Routine Acupuncture

\$0 copay

Up to 30 visits every year

Additional Smoking and Tobacco Use Cessation



\$0 copay

8 counseling visits offered in addition to Medicare.

Additional Telehealth Services



\$0 copay

Includes Primary Care Physician Services, Physician Specialist Services, Individual Sessions for Mental Health Specialty Services, and Individual Sessions for Psychiatric 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



\$0 copay

Prior authorization required only if using dialysis services out-of-network.

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.

Summary of Other Benefits (Continued)

Senior Whole Health Medicare Complete Care

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.

Prior authorization may be required.

Home Health Care



\$0 copay

Prior authorization may be required.

In-Home Support Services



Members have access up to 50 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.

Medical Equipment and Supplies



Durable Medical Equipment (such as wheelchairs, oxygen)

\$0 copay

Prosthetics/Medical Supplies

\$0 copay

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.

Opioid Treatment Program Services



\$0 copay

Prior authorization may be required.

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Senior Whole Health Medicare Complete Care

Outpatient Blood Services

\$0 copay



Outpatient Substance Abuse

\$0 copay
Individual or group therapy visits



Prior authorization may be required.

Over-the-Counter Items

\$0 copay
\$335 allowance every quarter (3 months) for OTC. Unused allowance does not carry over to the next quarter.



You must use your MyChoice Card to get the benefit and services. See MyChoice Card section for more information.

Worldwide Emergency and Urgent Care

\$0 copay
You are covered for worldwide emergency and urgent care services up to \$1,000.



MyChoice Card

\$0 copay
You receive a prepaid debit card that may be used toward select supplemental plan benefits such as:

- Over-the-counter items
- Food and produce*
- Special Supplemental Benefits for Chronic Illnesses — Menu option*



Funds are loaded onto the card each benefit period. A benefit period can be monthly, quarterly, or annually depending on the benefits. At the end of each benefit period, any unused allocated money will not carry over to the following period or plan year.

**Eligibility requirements applicable*

Summary of Other Benefits (Continued)

Senior Whole Health Medicare Complete Care

**Special
Supplemental
Benefits for Chronic
Illnesses**



\$0 copay
\$150 allowance every 3 months for the following benefits:

- Mental health and wellness applications
- Service Animal supplies
- Pest control
- Non-Medicare covered genetic test kits

\$150 allowance every month for food and produce.

Unused allowance does not carry over to the next quarter.

Prior authorization may be required.

You must use your MyChoice Card to get the benefit and services. See MyChoice Card section for more information.

Members must complete a Health Risk Assessment and meet the criteria outlined in Chapter 4 of the Evidence of Coverage.

Summary of Medicaid-Covered Benefits

What Services are Covered

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 Senior Whole Health Medicare Complete Care 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.

| Benefit | Senior Whole Health Medicare Complete Care | New York Medicaid |
|--|--|---|
| IMPORTANT INFORMATION | | |
| Premium and Other Important Information If you get Extra Help from Medicare, your monthly plan premium will be lower or you may pay nothing. | General \$0 monthly plan premium In-Network \$8,300 out-of-pocket limit for Medicare-covered services. However, in this plan you will have no cost-sharing responsibility for Medicare-covered services, based on your level of Medicaid eligibility. | Medicaid assistance with premium payments and cost share may vary based on your level of Medicaid eligibility. |
| Doctor and Hospital Choice (For more information, see Emergency Care and Urgently Needed Care.) | Covered | You must go to doctors, specialists, and hospitals that accept Medicaid assignment. Referral required for network specialists (for certain benefits). |
| OUTPATIENT CARE SERVICES | | |
| Acupuncture | Covered | Not Covered |
| Ambulance Services (Must be medically necessary) | Covered | Covered |

Summary of Medicaid-Covered Benefits (Continued)

| Benefit | Senior Whole Health Medicare Complete Care | New York Medicaid |
|--|--|-----------------------------------|
| OUTPATIENT CARE SERVICES (CONTINUED) | | |
| Cardiac and Pulmonary Rehabilitation Services | Covered | Covered |
| Chiropractic Services | Covered | Covered Restrictions may apply |
| Dental Services | Covered | Covered Restrictions may apply |
| Diabetes Programs and Supplies | Covered | Covered |
| Diagnostic Tests, X-rays, Lab Services, and Radiology Services | Covered | Covered |
| Doctor Office Visits | Covered | Covered |
| Durable Medical Equipment (Includes wheelchairs, oxygen, etc.) | Covered | Covered |
| Emergency Care (You may go to any emergency room if you reasonably believe you need emergency care.) | Covered | Covered |
| Hearing Services | Covered | Not Covered |
| Home Health Service (Includes medically necessary intermittent skilled nursing care, home health aide services, rehabilitation services, etc.) | Covered | Covered |

Questions? Call our team of Medicare Trusted Advisors at (866) 403-8293, TTY: 711.

| Benefit | Senior Whole Health Medicare Complete Care | New York Medicaid |
|--|--|-----------------------------------|
| OUTPATIENT CARE SERVICES (CONTINUED) | | |
| Outpatient Mental Health Care | Covered | Covered |
| Outpatient Rehabilitation Services (Occupational Therapy, Physical Therapy, Speech and Language Therapy) | Covered | Covered Restrictions may apply |
| Outpatient Services | Covered | Covered |
| Outpatient Substance Abuse Care | Covered | Covered |
| Over-the-Counter Items | Covered | Limited Coverage |
| Podiatry Services | Covered | Covered |
| Prosthetic Devices (Includes braces, artificial limbs and eyes, etc.) | Covered | Covered |
| Transportation Services (Routine) | Not Covered | Covered |
| Urgently Needed Services (This is NOT emergency care and, in most cases, is out of the service area.) | Covered | Covered |
| Vision Services | Covered | Covered Restrictions may apply |

Summary of Medicaid-Covered Benefits (Continued)

| Benefit | Senior Whole Health Medicare Complete Care | New York Medicaid |
|---|--|-------------------|
| OUTPATIENT CARE SERVICES (CONTINUED) | | |
| Wellness/Education and other Supplemental Benefit Programs | Covered | Not Covered |
| INPATIENT CARE | | |
| Inpatient Hospital Care (Includes Substance Abuse and Rehabilitation Services) | Covered | Covered |
| Inpatient Mental Health Care | Covered | Covered |
| Skilled Nursing Facility (SNF) (In a Medicare-certified skilled nursing facility) | Covered | Covered |
| PREVENTIVE SERVICES | | |
| Kidney Disease and Conditions | Covered | Covered |
| Preventive Services | Covered | Covered |
| HOSPICE | | |
| Hospice | Covered | Covered |
| PRESCRIPTION DRUG BENEFITS | | |
| Outpatient Prescription Drugs | Covered | Covered |

Questions? Call our team of Medicare Trusted Advisors at (866) 403-8293, TTY: 711.

For Members who are entitled to full 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 Senior Whole Health Medicare Complete Care Plan:

| ADDITIONAL MEDICAID BENEFITS | |
|---|-----------------------------------|
| BENEFITS | MEDICAID COVERAGE |
| Adult Day Health Care | Covered |
| AIDS Adult Day Health Care | Covered |
| Assisted Living Program | Covered |
| Directly observed therapy (DOT) for Tuberculosis | Covered |
| Office for People with developmental Disabilities (OPWDD) Services | Covered |
| Personal Emergency Response Services (PERS) | Covered |
| Waiver services (Home and community-based services) | Covered Restrictions may apply |

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) 671-0440, TTY: 711. The call is free. Senior Whole Health is an HMO D-SNP 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) 671-0440, TTY/TDD 711**

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



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