

2022 Summary of Benefits

Molina Medicare Complete Care HMO D-SNP

Ohio H9955-001

Serving Adams, Allen, Ashland, Athens, Auglaize, Brown, Butler, Carroll, Champaign, Clark, Clermont, Clinton, Columbiana, Coshocton, Crawford, Cuyahoga, Darke, Defiance, Delaware, Erie, Fairfield, Fayette, Franklin, Fulton, Gallia, Geauga, Greene, Guernsey, Hamilton, Hardin, Harrison, Henry, Highland, Hocking, Holmes, Huron, Jackson, Jefferson, Knox, Lake, Lawrence, Licking, Logan, Lorain, Lucas, Madison, Mahoning, Marion, Medina, Meigs, Mercer, Miami, Monroe, Montgomery, Morgan, Morrow, Muskingum, Noble, Ottawa, Paulding, Perry, Pickaway, Pike, Portage, Preble, Putnam, Richland, Sandusky, Scioto, Shelby, Stark, Summit, Trumbull, Union, Van Wert, Vinton, Warren, Washington, Williams, Wood, and Wyandot

Effective January 1 through December 31, 2022

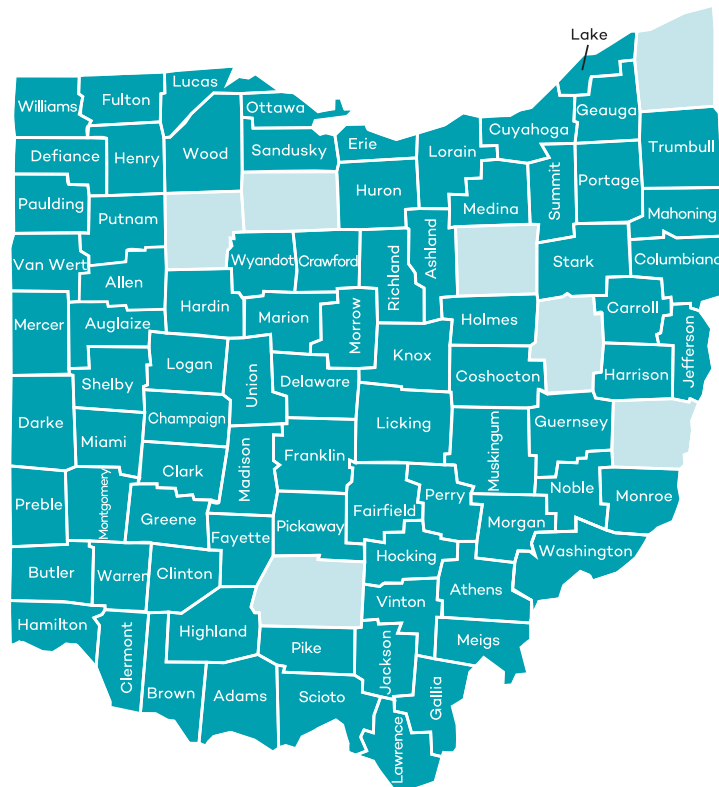
Introduction to the Summary of Benefits

Molina 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](https://www.molinahealthcare.com/Medicare). You can also call Member Services at (866) 472-4584 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 Ohio Department of Medicaid (ODM), and live in our service area. Our service area includes the following counties in Ohio: Adams, Allen, Ashland, Athens, Auglaize, Brown, Butler, Carroll, Champaign, Clark, Clermont, Clinton, Columbiana, Coshocton, Crawford, Cuyahoga, Darke, Defiance, Delaware, Erie, Fairfield, Fayette, Franklin, Fulton, Gallia, Geauga, Greene, Guernsey, Hamilton, Hardin, Harrison, Henry, Highland, Hocking, Holmes, Huron, Jackson, Jefferson, Knox, Lake, Lawrence, Licking, Logan, Lorain, Lucas, Madison, Mahoning, Marion, Medina, Meigs, Mercer, Miami, Monroe, Montgomery, Morgan, Morrow, Muskingum, Noble, Ottawa, Paulding, Perry, Pickaway, Pike, Portage, Preble, Putnam, Richland, Sandusky, Scioto, Shelby, Stark, Summit, Trumbull, Union, Van Wert, Vinton, Warren, Washington, Williams, Wood, and Wyandot.



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](https://www.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 **(866) 472-4584, TTY/TDD 711**, 7 days a week, 8 a.m. to 8 p.m.

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 hospital, 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

- **Qualified Medicare Beneficiary (QMB):** Medicaid pays your Medicare Part A and Part B premiums, deductibles, coinsurance, and copayment amounts only. You receive Medicaid coverage of Medicare cost share but are not otherwise eligible for full Medicaid benefits.
- **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.
- **Specified Low-Income Medicare Beneficiary (SLMB):** Medicaid pays your Medicare Part B premium only. You are not eligible for other Medicaid benefits.
- **SLMB+:** Medicaid pays your Medicare Part B premium and provides full Medicaid benefits.
- **Qualifying Individual (QI):** Medicaid pays your Medicare Part B premium only. You are not otherwise eligible for 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.
- **Qualified Disabled and Working Individual (QDWI):** Eligible for Medicaid payment of your Medicare Part A premium only. You are not otherwise eligible for Medicaid.

If you are a QMB or QMB+ Beneficiary:

You have a \$0 cost share, except for Part D prescription drug copays, as long as you remain a QMB or QMB+ Member.

If you are a SLMB+ or FBDE Beneficiary:

You are eligible for full Medicaid benefits and, at times, limited Medicare cost share. As such your cost share is \$0 or 20%*. Typically your cost share is \$0 when the service is covered by both Medicare and Medicaid. Additionally, preventive wellness exams and most supplemental benefits provided by Molina Medicare are also at a \$0 cost share. In rare instances, you will pay 20%* when a service or benefit is not covered by Medicaid (see the chart below).

If you are a SLMB, QI, or QDWI Beneficiary:

Because Medicaid does not pay your cost share, and you do not have full Medicaid benefits, your cost share is typically 20%*. There are a few exceptions such as preventive wellness exams and most supplemental benefits provided by Molina Medicare, where you will have a \$0 cost share.



Eligibility Changes:

It is important to read and respond to all mail that comes from Social Security and your state Medicaid office and to maintain your Medicaid eligibility status.

Periodically, as required by CMS, we will check the status of your Medicaid eligibility as well as your dual eligible category. If your eligibility status changes, your cost share may also change from \$0 to 20%* or from 20%* to \$0. If you lose Medicaid coverage entirely, you will be given a grace period so that you can reapply for Medicaid and become reinstated if you still qualify.

If you no longer qualify for Medicaid you may be involuntarily disenrolled from the Plan. 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. For this reason it is important to let us know whenever your mailing address and/or phone number changes.

If you are currently entitled to receive full or partial Medicaid benefits please see your Medicaid member handbook or other state Medicaid documents for full details on your Medicaid benefits, limitations, restrictions, and exclusions. In your state, the Medicaid program can be reached through the office of the Ohio Department of Medicaid (ODM).

*Annual deductible for Part B services, and 20% coinsurance (as applicable), in addition to varying cost share amounts for Part A services apply when Member's cost share amount is not \$0.

Summary of Premiums & Benefits

Molina Medicare Complete Care

Monthly Premium \$0-\$33.50 per month



If you get Extra Help from Medicare, your monthly plan premium will be lower or you might pay nothing.

In addition, you must keep paying your Medicare Part B premium.

Medical Deductible \$0 or \$203 each year for in-network services, depending on your level of Medicaid eligibility. This amount may change for 2022.



Maximum Out-of-Pocket Responsibility \$7,550 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.

Molina 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.

In 2021 the amounts for each benefit period were \$0 or:

- \$1,484 deductible per benefit period
- \$0 for days 1 through 60
- \$371 copay per day for days 61 through 90
- \$742 copay per day for 60 lifetime reserve days

These amounts may change for 2022.

Prior authorization may be required.

Outpatient Hospital \$0 copay or 20% of the cost per visit



Prior authorization may be required.

Ambulatory Surgical Center \$0 copay or 20% of the cost per visit



Prior authorization may be required.

Doctor Visits **Primary Care**
\$0 copay or 20% of the cost per visit



Specialists
\$0 copay or 20% of the cost 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)

Molina Medicare Complete Care

Emergency Care



\$0 copay or 20% of the cost (up to \$90) waived if admitted to hospital within 24 hours.

Urgently Needed Services



\$0 copay or 20% of the cost (up to \$65)

Diagnostic Services/Labs/Imaging



Diagnostic tests and procedures

\$0 copay or 20% of the cost
Prior authorization may be required.

Lab services

\$0 copay or 20% of the cost
Prior authorization may be required.

Diagnostic radiology services (such as MRI, CT scan)

\$0 copay - 20% of the cost
Prior authorization may be required.

Outpatient X-rays

\$0 copay or 20% of the cost

Therapeutic radiology

\$0 copay or 20% of the cost
Prior authorization may be required.

Hearing Services



Medicare-covered diagnostic hearing and balance exams

\$0 copay or 20% of the cost

Routine hearing exam

\$0 copay

Fitting for hearing aid/evaluation

\$0 copay, 1 every year

Hearing aids

\$0 copay

Our plan covers up to 2 pre-selected hearing aids provided by a plan-approved provider every year.

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

Molina Medicare Complete Care

Dental Services



Medicare-covered dental services

\$0 copay

Preventive dental

\$0 office visit copay

- Oral exams
- Prophylaxis (cleaning)
- Fluoride treatment
- Dental x-rays

Comprehensive dental

\$0 office visit copay

- Extractions
- Endodontics
- Periodontics
- Diagnostic and restorative services
- Intraoral and extraoral incision and drainage
- Dentures and denture adjustments
- Non-routine services such as scaling, full mouth debridement, and palliative emergency treatment
- Other services such as deep sedation with oral surgery, and intravenous with oral surgery

Prior authorization may be required.

All preventive and comprehensive dental services are covered up to the annual plan maximum benefit coverage amount of \$3,000.

Summary of Premiums & Benefits (Continued)

Molina 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 routine eye exam

\$0, no limit on number of visits

Supplemental eyewear

\$0 copay; our plan pays up to \$500 every year for routine eyewear and routine eye exams combined.

- Contact lenses
- Eyeglasses (frames and lenses)
- Eyeglass frames
- Eyeglass lenses
- Upgrades

Prior authorization may be required.

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

Molina Medicare Complete Care

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 2021 the amounts for each benefit period were \$0 or:

- \$1,484 deductible per benefit period
- \$0 for days 1 through 60
- \$371 copay per day for days 61 through 90
- \$742 copay per day for 60 lifetime reserve days

These amounts may change for 2022.

Prior authorization may be required.

Outpatient individual/group therapy visit

\$0 copay or 20% of the cost

Skilled Nursing Facility



Our plan covers up to 100 days in a skilled nursing facility.

In 2021 the amounts for each benefit period were \$0 or:

- \$0 copay for days 1-20
- \$185.50 copay per day for days 21-100

These amounts may change for 2022.

No prior hospitalization is required.

Prior authorization may be required.

Summary of Premiums & Benefits (Continued)

Molina Medicare Complete Care

Physical Therapy



Physical therapy and speech therapy

\$0 copay or 20% of the cost
Prior authorization may be required.

Cardiac and pulmonary rehabilitation

\$0 copay or 20% of the cost
Prior authorization may be required.

Occupational therapy services

\$0 copay or 20% of the cost
Prior authorization may be required.

Ambulance



\$0 copay or 20% of the cost

Prior authorization required for non-emergent ambulance only.

Transportation



\$0 copay
\$470 allowance every 3 months for routine transportation and OTC benefit combined. Unused allowance does not carry over to the next quarter.

Prior authorization may be required.

Medicare Part B Drugs

Chemotherapy/ Radiation Drugs and other Part B Drugs

\$0 copay or 20% of the cost

Prior authorization may be required.

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

Summary of Drug Coverage

Depending on your income and institutional status, you pay the following:

	Standard Retail Pharmacy	Mail Order Pharmacy
Tier 1: Preferred Generic One-, two-, or three-month supply	\$0 copay	\$0 copay
Tier 2: Generic One-, two-, or three-month supply	For generic drugs (including brand drugs treated as generic), either: \$0 copay; or \$1.35 copay; or \$3.95 copay For all other drugs, either: \$0 copay; or \$4.00 copay; or \$9.85 copay	For generic drugs (including brand drugs treated as generic), either: \$0 copay; or \$1.35 copay; or \$3.95 copay For all other drugs, either: \$0 copay; or \$4.00 copay; or \$9.85 copay
Tier 3: Preferred Brand One-, two-, or three-month supply	For generic drugs (including brand drugs treated as generic), either: \$0 copay; or \$1.35 copay; or \$3.95 copay For all other drugs, either: \$0 copay; or \$4 copay; or \$9.85 copay	For generic drugs (including brand drugs treated as generic), either: \$0 copay; or \$1.35 copay; or \$3.95 copay For all other drugs, either: \$0 copay; or \$4 copay; or \$9.85 copay
Tier 4: Non-Preferred Drug One-, two-, or three-month supply	For generic drugs (including brand drugs treated as generic), either: \$0 copay; or \$1.35 copay; or \$3.95 copay For all other drugs, either: \$0 copay; or \$4 copay; or \$9.85 copay	For generic drugs (including brand drugs treated as generic), either: \$0 copay; or \$1.35 copay; or \$3.95 copay For all other drugs, either: \$0 copay; or \$4 copay; or \$9.85 copay
Tier 5: Specialty Tier One-month supply (Specialty drugs are limited to a one-month supply.)	For generic drugs (including brand drugs treated as generic), either: \$0 copay; or \$1.35 copay; or \$3.95 copay For all other drugs, either: \$0 copay; or \$4 copay; or \$9.85 copay	For generic drugs (including brand drugs treated as generic), either: \$0 copay; or \$1.35 copay; or \$3.95 copay For all other drugs, either: \$0 copay; or \$4 copay; or \$9.85 copay

Summary of Drug Coverage (Continued)

Coverage Stages

**Stage 1:
Deductible**

You pay the full cost of Tier 3-5 drugs until you reach the yearly \$0 or \$99 deductible. For drugs on Tiers 1 and 2, you begin the Initial Coverage Stage when you fill your first prescription of the year.

Depending on your level of Medicaid eligibility, your Part D deductible may vary. If you receive "Extra Help" to pay your prescription drugs, the deductible stage does not apply to you.

**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. You stay in this stage until your year-to-date "total drug costs" (your payments plus any Part D plan payments) total \$4,430.

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.

**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 \$7,050. 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 \$7,050 the plan will pay most of the costs of your drugs.

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

Summary of Other Benefits

Molina 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 - 20% of the cost

Up to 10 visits every year for routine acupuncture and routine chiropractic services combined

Additional Telehealth Services



\$0 copay

Includes Primary Care Physician Services

Prior authorization may be required.

Annual Physical Exam



\$0 copay

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).

Routine Chiropractic Services

\$0 copay

Up to 10 visits every year for routine acupuncture and routine chiropractic services combined

Dialysis



\$0 copay or 20% of the cost

Summary of Other Benefits (Continued)

Molina Medicare Complete Care

Fitness Benefit



\$0 copay

Silver&Fit offers Members access to contracted fitness facilities and Home Fitness Kits for Members who prefer to exercise at home or while traveling.

Foot Care (Podiatry)



Medicare-Covered Foot Exam and Treatment

\$0 copay or 20% of the cost

Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions.

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.

Meals Benefit



\$0 copay

Standard meal cycle is a 2-week menu with a total of 28 delivered meals, based on member need. Maximum of 56 meals and 4 weeks per year. Must meet criteria approved by the plan.

Prior authorization may be required.

Medical Equipment and Supplies



Durable Medical Equipment (such as wheelchairs, oxygen)

\$0 copay or 20% of the cost

Prior authorization may be required.

Prosthetics/Medical Supplies

\$0 copay or 20% of the cost

Prior authorization may be required.

Diabetic Supplies and Services

\$0 copay or 20% of the cost

Prior authorization not required for preferred manufacturer.

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

Molina Medicare Complete Care

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 Blood Services

\$0 copay or 20% of the cost
3 pint deductible waived



Outpatient Substance Abuse

\$0 copay or 20% of the cost
Individual or group therapy visits
Prior authorization may be required.



Over-the-Counter Items

\$0 copay
\$470 allowance every quarter (3 months) for OTC and transportation benefits combined; unused allowance does not carry over to the next quarter.



Personal Emergency Response System Plus (PERSPlus)

\$0 copay
When authorized, we will provide an in-home device to notify the appropriate personnel in the event of an emergency (e.g., a fall).



Prior authorization may be required.

Summary of Other Benefits (Continued)

Molina Medicare Complete Care

Worldwide Emergency and Urgent Care



\$0 copay
You are covered for worldwide emergency and urgent care services up to \$10,000.

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 and routine transportation combined
- Dental
- Vision
- Food and produce*
- Special Supplemental Benefits for Chronic Illnesses — Menu option*

Funds are loaded onto the card every 3 months

**Eligibility requirements applicable*

Special Supplemental Benefits for Chronic Illnesses



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

- Mental health and wellness applications
- Support Animal supplies
- Non-Medicare covered genetic test kits

\$35 allowance every month for food and produce

Unused allowance does not carry over to next quarter.

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

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

Summary of Medicaid-Covered Benefits

What Medicaid Covers

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 Molina 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	Molina Medicare Complete Care	Ohio Medicaid
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IMPORTANT INFORMATION

<p>Premium and Other Important Information If you get Extra Help from Medicare, your monthly plan premium will be lower or you may pay nothing.</p>	<p>General \$0 - \$33.50 monthly plan premium</p> <p>In-Network \$0 or \$203 deductible per year for in- network services. This amount may change for 2022.</p> <p>\$7,550 out-of-pocket limit for Medicare-covered services.</p>	<p>Medicaid assistance with premium payments and cost share may vary based on your level of Medicaid eligibility.</p>
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<p>Doctor and Hospital Choice (For more information, see Emergency Care and Urgently Needed Care.)</p>	<p>In-Network You must go to network doctors, specialists, and hospitals.</p>	<p>You must go to doctors, specialists and hospitals that accept Medicaid assignment. No referral required for specialists.</p>
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OUTPATIENT CARE SERVICES

<p>Acupuncture</p>	<p>Covered</p>	<p>Covered Restrictions may apply</p>
<p>Ambulance Services (Must be medically necessary)</p>	<p>Covered</p>	<p>Covered</p>
<p>Cardiac and Pulmonary Rehabilitation Services</p>	<p>Covered</p>	<p>Covered</p>

Summary of Medicaid-Covered Benefits (Continued)

Benefit	Molina Medicare Complete Care	Ohio Medicaid
OUTPATIENT CARE SERVICES (CONTINUED)		
Chiropractic Services	Covered	Covered
Dental Services	Covered	Covered Restrictions may apply
Diabetes Programs and Supplies	Covered	Covered Restrictions may apply
Diagnostic Tests, X-rays, Lab Services, and Radiology Services	Covered	Covered
Dialysis Services	Covered	Covered
Doctor Office Visits	Covered	Covered
Durable Medical Equipment (Includes wheelchairs, oxygen, etc.)	Covered	Covered Restrictions may apply
Emergency Care (You may go to any emergency room if you reasonably believe you need emergency care.)	Covered	Covered
Hearing Services	Covered	Covered Restrictions may apply
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	Molina Medicare Complete Care	Ohio Medicaid
OUTPATIENT CARE SERVICES (CONTINUED)		
Outpatient Mental Health Care	Covered	Covered
Outpatient Rehabilitation Services (Occupational Therapy, Physical Therapy, Speech and Language Therapy)	Covered	Covered
Outpatient Services	Covered	Covered
Outpatient Substance Abuse Care	Covered	Covered
Over-the-Counter Items	Covered	Covered Restrictions may apply
Podiatry Services	Limited coverage	Covered
Prosthetic Devices (Includes braces, artificial limbs and eyes, etc.)	Covered	Covered Restrictions may apply
Transportation Services (Routine)	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	Molina Medicare Complete Care	Ohio Medicaid
OUTPATIENT CARE SERVICES (CONTINUED)		
Wellness/Education and other Supplemental Benefit Programs	Covered	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		
Health/Wellness Education	Covered	Covered
Kidney Disease and Conditions	Covered	Covered
Preventive Services	Covered	Covered
HOSPICE		
Hospice	Not Covered	Covered Restrictions may apply
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 Molina Medicare Complete Care Plan:

ADDITIONAL MEDICAID BENEFITS	
BENEFITS	MEDICAID COVERAGE
Abortion, Sterilization, and Hysterectomy	Covered
Behavioral Health Services	Covered
Prenatal and Postpartum Doctor Visits, Ultrasounds, Childbirth Classes, Labor & Delivery, Hospital Stay, Health Care for Baby	Covered
Respite	Covered Restrictions may apply
Telemedicine	Covered
Waiver services (LTSS)	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.



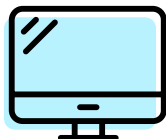
Apply in Person

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.

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