

# 2021 | Summary of Benefits

## Molina Medicare Complete Care HMO SNP

Ohio H8176-002

Serving Adams, 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, Jackson, Lake, Lawrence, Licking, Logan, Lorain, Lucas, Madison, Mahoning, Marion, Medina, Meigs, Mercer, Miami, Monroe, Montgomery, Morgan, Morrow, Noble, Ottawa, Paulding, Perry, Pickaway, Pike, Portage, Preble, Putnam, Shelby, Stark, Summit, Trumbull, Union, Van Wert, Vinton, Warren, Washington, Williams, Wood, and Wyandot

**Effective January 1 through December 31, 2021**



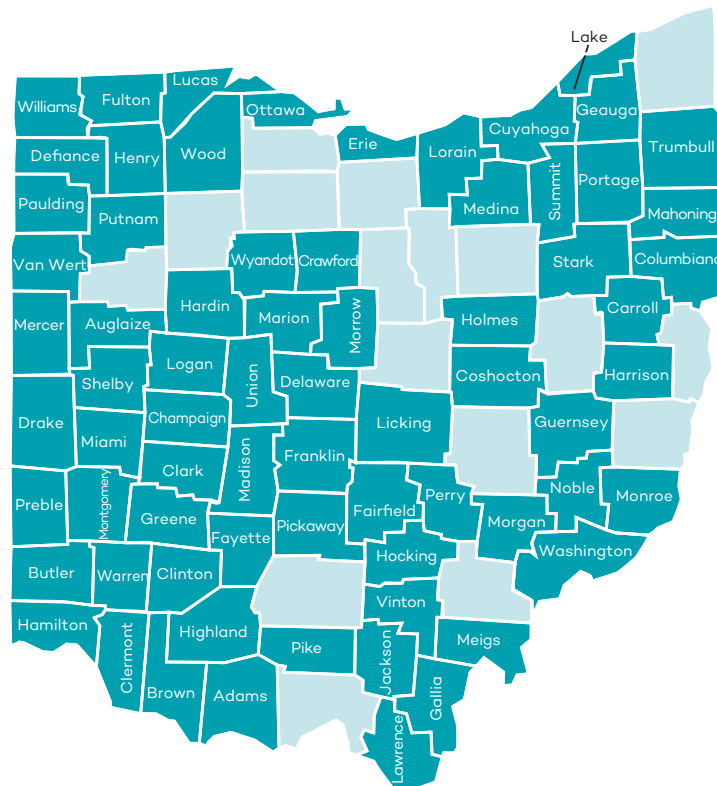
# Introduction to the Summary of Benefits

## 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 Evidence of Coverage is located on our website at [www.MolinaHealthcare.com/Medicare](http://www.MolinaHealthcare.com/Medicare). You may also call Member Services to ask us to mail you an Evidence of Coverage.

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, 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, Jackson, Lake, Lawrence, Licking, Logan, Lorain, Lucas, Madison, Mahoning, Marion, Medina, Meigs, Mercer, Miami, Monroe, Montgomery, Morgan, Morrow, Noble, Ottawa, Paulding, Perry, Pickaway, Pike, Portage, Preble, Putnam, 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 Customer Service team at **(866) 472-4584, TTY/TDD 711**, 7 days a week, 8 a.m. to 8 p.m.

# Molina Medicare Complete Care Benefits-At-A-Glance

## Get More From Your Medicare Plan


In addition to Medicare Part A & Part B benefits, you will also receive these extra benefits to help you stay healthy.

 **Dental coverage**  
\$2,500 allowance for comprehensive services every year. \$0 copay for routine exams.

---

 **Hearing exam, fitting + hearing aids**  
\$0 copay for 1 routine hearing exam every year, and \$0 copay for up to 2 hearing aids every year.

---

 **Eye exam & eyewear**  
\$0 copay for 1 routine vision exam every year, and a \$400 eyewear allowance every year.


---

 **Over-the-Counter benefit**  
\$300 allowance every 3 months with carryover.

---

 **Fitness benefit**  
\$0 copay. Members have access to contracted Fitness Facilities and Home Fitness Kits.

---

 **Transportation services**  
\$0 copay for 72 one-way trips every year.


---

 **Meals**  
\$0 copay for a maximum of 56 meals.

---

 **24-hour Nurse Advice Line**  
Call the line, any time. Our nurses are always ready to answer your health questions.

---

 **Health Education Resources**  
We offer diabetes counseling, disease management, and case management programs. We can also help you control your weight and quit smoking.

---



### **A dedicated support team**

We're here to answer your questions, review your benefits and help you get the care you deserve.

## 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)**

## 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 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 supplemental benefits provided by Molina Medicare, where you will have a \$0 cost-share.

Note – Preventive wellness exams and supplemental benefits 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 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 - \$29.80 per month



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

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

---

**Deductible**



This plan has deductibles for some hospital and medical services.

\$0 or \$198 per year for in-network services, depending on your level of Medicaid eligibility. This amount may change for 2021.

\$0 or \$92 per year for Part D prescription drugs except for drugs listed on Tier 1 and Tier 2 which are excluded from the deductible.

---

**Maximum  
Out-of-Pocket  
Responsibility**



\$7,550 annually for services you receive from in-network providers.  
(does not include prescription drugs)

---

## Molina Medicare Complete Care

**Inpatient 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 2020 the amounts for each benefit period were \$0 or:

- \$1,408 deductible for days 1 through 60
- \$352 copay per day for days 61 through 90
- \$704 copay per day for 60 lifetime reserve days

These amounts may change for 2021.

*Prior authorization may be required.*

---

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



*Prior authorization may be required.*

---

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



*Prior authorization may be required.*

---

**Doctor Visits**



**Primary Care**

\$0 copay

**Specialists**

\$0 copay

---

**Preventive Care**



\$0 copay

Any additional preventive services approved by Medicare during the contract 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 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

*Prior authorization may be required.*

#### Lab services

\$0 copay

*Prior authorization may be required.*

#### Diagnostic radiology services (such as MRI, CT scan)

\$0 copay - 20% of the cost depending on the service.

*Prior authorization may be required.*

#### Outpatient X-rays

\$0 copay

#### Therapeutic radiology

\$0 copay or 20% of the cost

*Prior authorization may be required.*

## Molina Medicare Complete Care

### Hearing Services



#### **Medicare-covered diagnostic hearing and balance exam**

\$0 copay or 20% of the cost

#### **Routine hearing exam**

\$0 copay, 1 every year

#### **Fitting for hearing aid/evaluation**

\$0 copay, 1 every year

#### **Hearing aids**

\$0 copay

Our plan pays for up to 2 pre-selected hearing aids provided by a plan-approved provider every year, both ears combined.

*Prior authorization may be required.*

# Summary of Premiums & Benefits (Continued)

## Molina Medicare Complete Care

### Dental Services



### Medicare-covered dental services

\$0 copay

#### Preventive Dental

\$0 office visit copay

No maximum allowance per year for the following preventive care services:

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

#### Comprehensive Dental

\$0 office visit copay

All comprehensive dental services listed below are covered up to the annual plan maximum benefit coverage amount of \$2,500:

- Extractions
- Endodontics
- Restorative services
- Intraoral and extraoral incision and drainage
- Dentures and denture adjustments
- Non-Routine services such as scaling, full mouth debridement, periodontal maintenance, and palliative emergency treatment
- Other services such as deep sedation with oral surgery, and intravenous with oral surgery

*Prior authorization may be required.*

## Molina Medicare Complete Care

### Vision Services



### Medicare-covered

- Vision exam to diagnose/treat diseases of the eye (including yearly glaucoma screening): \$0 copay or 20% of the cost
- Eyeglasses or contact lenses after cataract surgery: \$0 copay or 20% of the cost

### Supplemental routine eye exam

\$0 copay, 1 every year

### Supplemental eyewear

\$0 copay, our plan pays up to \$400 every year for eyewear.

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

### 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 2020 the amounts for each benefit period were \$0 or:

- \$1,408 deductible for days 1 through 60
- \$352 copay per day for days 61 through 90
- \$704 copay per day for 60 lifetime reserve days

These amounts may change for 2021.

*Prior authorization may be required.*

### Outpatient individual/group therapy visit

\$0 copay or 20% of the cost

# Summary of Premiums & Benefits (Continued)

## Molina Medicare Complete Care

### Skilled Nursing Facility



Our plan covers up to 100 days in a skilled nursing facility. In 2020 the amounts for each benefit period were \$0 or:

- \$0 copay for days 1 through 20
- \$176 copay per day for days 21 through 100

These amounts may change for 2021.

No prior hospitalization is required.  
*Prior authorization may be required.*

### 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

72 one-way trips every year to and from plan-approved locations.

*Prior authorization may be required.*

## Medicare Part B Drugs

### Chemotherapy/ Radiation Drugs

\$0 copay or 20% of the cost

*Prior authorization may be required.*

### Other Part B Drugs

\$0 copay or 20% of the cost

*Prior authorization may be required.*

# Summary of Drug Coverage

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

	Standard Retail Pharmacy	Mail Order Pharmacy
<b>Tier 1: Preferred Generic</b> One-, two-, or three-month supply	\$0 copay	\$0 copay
<b>Tier 2: Generic</b> One-, two-, or three-month supply	For generic drugs (including brand drugs treated as generic), either: \$0 copay; or \$1.30 copay; or \$3.70 copay  For all other drugs, either: \$0 copay; or \$4.00 copay; or \$9.20 copay	For generic drugs (including brand drugs treated as generic), either: \$0 copay; or \$1.30 copay; or \$3.70 copay  For all other drugs, either: \$0 copay; or \$4.00 copay; or \$9.20 copay
<b>Tier 3: Preferred Brand</b> One-, two-, or three-month supply	For generic drugs (including brand drugs treated as generic), either: \$0 copay; or \$1.30 copay; or \$3.70 copay  For all other drugs, either: \$0 copay; or \$4.00 copay; or \$9.20 copay	For generic drugs (including brand drugs treated as generic), either: \$0 copay; or \$1.30 copay; or \$3.70 copay  For all other drugs, either: \$0 copay; or \$4.00 copay; or \$9.20 copay
<b>Tier 4: Non-Preferred Drug</b> One-, two-, or three-month supply	For generic drugs (including brand drugs treated as generic), either: \$0 copay; or \$1.30 copay; or \$3.70 copay  For all other drugs, either: \$0 copay; or \$4.00 copay; or \$9.20 copay	For generic drugs (including brand drugs treated as generic), either: \$0 copay; or \$1.30 copay; or \$3.70 copay  For all other drugs, either: \$0 copay; or \$4.00 copay; or \$9.20 copay
<b>Tier 5: Specialty Tier</b> 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 \$1.30 copay; or \$3.70 copay  For all other drugs, either: \$0 copay; or \$4.00 copay; or \$9.20 copay	For generic drugs (including brand drugs treated as generic), either: \$0 copay; or \$1.30 copay; or \$3.70 copay  For all other drugs, either: \$0 copay; or \$4.00 copay; or \$9.20 copay



## Summary of Drug Coverage (Continued)

### Coverage Stages

#### **Stage 1: Initial Coverage**

Depending on your level of Medicaid eligibility, your Part D deductible may vary. After you pay your applicable deductible, 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.

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 \$4,130.

---

#### **Stage 2: 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 \$6,550. This amount and rules for counting costs toward this amount have been set by Medicare.

---

#### **Stage 3: Catastrophic Coverage**

After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$6,550 the plan will pay most of the costs of your drugs.

---

# Summary of Other Benefits

## Molina Medicare Complete Care

### Acupuncture



#### Medicare-covered Acupuncture

\$0 copay

Medicare-covered acupuncture visits are for chronic lower back pain. Up to 12 visits in 90 days are covered under Medicare. An additional eight sessions will be covered for those patients demonstrating an improvement. No more than 20 acupuncture treatments may be administered annually.

#### Routine Acupuncture

\$0 copay

Up to 10 visits of medically necessary routine acupuncture combined with routine chiropractic care every year.

---

### Additional Telehealth Services



\$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 of medically necessary routine chiropractic care combined with acupuncture every year.

---

### Dialysis



\$0 copay or 20% of the cost

---

### 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.

# Summary of Other Benefits (Continued)

## Molina Medicare Complete Care

### 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.

### 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 meals delivered to the Member, based on Member need. Additional 28 meals with approval.

*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

*Prior authorization not required for preferred manufacturer.*

### 24-Hour Nurse Advice Line



\$0 copay

Available 24 hours a day, 7 days a week.

## Molina Medicare Complete Care

### 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



**Group Therapy Visit**  
\$0 copay or 20% of the cost

**Individual Therapy Visit**  
\$0 copay or 20% of the cost

### Over-the-Counter Items



\$0 copay  
\$300 allowance every 3 months, expires at the end of the calendar year.

### Personal Emergency Response System (PERS)



\$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.*

### Worldwide Emergency and Urgent Care



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

# 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
<b>IMPORTANT INFORMATION</b>		
<p><b>Premium and Other Important Information</b></p> <p>If you get Extra Help from Medicare, your monthly plan premium will be lower or you may pay nothing.</p>	<p><b>General</b></p> <p>\$0 - \$29.80 monthly plan premium</p> <p><b>In-Network</b></p> <p>\$0 or \$198 deductible per year for in-network services. This amount may change for 2021.</p> <p>\$0 or \$92 per year for Part D prescription drugs except for drugs listed on Tier 1 and Tier 2 which are excluded from the deductible.</p> <p>\$7,550 out-of-pocket limit for Medicare-covered services.</p> <p>Depending on your level of Medicaid eligibility, you may not have any cost-sharing responsibility for Original Medicare services.</p>	<p>Medicaid assistance with premium payments and cost-share may vary based on your level of Medicaid eligibility.</p>
<p><b>Doctor and Hospital Choice</b></p> <p>(For more information, see Emergency Care and Urgently Needed Care.)</p>	<p><b>In-Network</b></p> <p>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>

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

Benefit	Molina Medicare Complete Care	Ohio Medicaid
<b>OUTPATIENT CARE SERVICES</b>		
<b>Acupuncture</b>	Covered	Covered Restrictions may apply
<b>Ambulance Services</b> (Must be medically necessary)	Covered	Covered
<b>Cardiac and Pulmonary Rehabilitation Services</b>	Covered	Covered
<b>Chiropractic Services</b>	Covered	Covered
<b>Dental Services</b>	Covered	Covered Restrictions may apply
<b>Diabetes Programs and Supplies</b>	Covered	Covered Restrictions may apply
<b>Diagnostic Tests, X-rays, Lab Services, and Radiology Services</b>	Covered	Covered
<b>Doctor Office Visits</b>	Covered	Covered
<b>Durable Medical Equipment</b> (Includes wheelchairs, oxygen, etc.)	Covered	Covered Restrictions may apply
<b>Emergency Care</b> (You may go to any emergency room if you reasonably believe you need emergency care.)	Covered	Covered
<b>Hearing Services</b>	Covered	Covered Restrictions may apply

## Summary of Medicaid-Covered Benefits (Continued)

Benefit	Molina Medicare Complete Care	Ohio Medicaid
<b>OUTPATIENT CARE SERVICES (CONTINUED)</b>		
<b>Home Health Service</b> (Includes medically necessary intermittent skilled nursing care, home health aide services, rehabilitation services, etc.)	Covered	Covered
<b>Outpatient Mental Health Care</b>	Covered	Covered
<b>Outpatient Rehabilitation Services</b> (Occupational Therapy, Physical Therapy, Speech and Language Therapy)	Covered	Covered
<b>Outpatient Services</b>	Covered	Covered
<b>Outpatient Substance Abuse Care</b>	Covered	Covered
<b>Over-the-Counter Items</b>	Covered	Covered Restrictions may apply
<b>Podiatry Services</b>	Covered	Covered
<b>Prosthetic Devices</b> (Includes braces, artificial limbs and eyes, etc.)	Covered	Covered Restrictions may apply
<b>Transportation Services</b> (Routine)	Covered	Covered

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

Benefit	Molina Medicare Complete Care	Ohio Medicaid
<b>OUTPATIENT CARE SERVICES (CONTINUED)</b>		
<b>Urgently Needed Services</b> (This is NOT emergency care and, in most cases, is out of the service area.)	Covered	Covered
<b>Vision Services</b>	Covered	Covered Restrictions may apply
<b>Wellness/Education and other Supplemental Benefit Programs</b>	Covered	Covered
<b>INPATIENT CARE</b>		
<b>Inpatient Hospital Care</b> (Includes Substance Abuse and Rehabilitation Services)	Covered	Covered
<b>Inpatient Mental Health Care</b>	Covered	Covered
<b>Skilled Nursing Facility (SNF)</b> (In a Medicare-certified skilled nursing facility)	Covered	Covered
<b>PREVENTIVE SERVICES</b>		
<b>Kidney Disease and Conditions</b>	Covered	Covered
<b>Preventive Services</b>	Covered	Covered



## Summary of Medicaid-Covered Benefits (Continued)

Benefit	Molina Medicare Complete Care	Ohio Medicaid
<b>HOSPICE</b>		
<b>Hospice</b>	Not Covered	Covered Restrictions may apply
<b>PRESCRIPTION DRUG BENEFITS</b>		
<b>Outpatient Prescription Drugs</b>	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:

<b>ADDITIONAL MEDICAID BENEFITS</b>	
<b>BENEFITS</b>	<b>MEDICAID COVERAGE</b>
<b>Prenatal and Postpartum Doctor Visits, Ultrasounds, Childbirth Classes, Labor &amp; Delivery, Hospital Stay, Health Care for Baby</b>	Covered
<b>Telemedicine</b>	Covered

# 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.



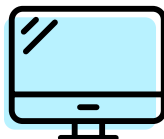
### **Apply in Person**

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](https://MolinaHealthcare.com/Medicare)** to apply online.

Molina Medicare Complete Care is a Health Plan with a Medicare Contract and a contract with the state Medicaid program. Enrollment in Molina Medicare Complete Care depends on contract renewal. Product offered by Molina Healthcare of South Carolina, Inc., a wholly owned subsidiary of Molina Healthcare, Inc. This information is available in other formats, such as Braille, large print, and audio. Molina Healthcare 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.

# Contact us

Ready to enroll or have questions?

Call **(866) 403-8293, TTY/TDD 711**

Current Members Call: **(866) 472-4584, TTY/TDD 711**

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



**MolinaHealthcare.com**

H8176\_21\_1099\_002\_OHSB\_M Accepted

OHM02SBEN0920