MOLINA® HEALTHCARE

Healthy Connections PRIME

Molina Dual Options

Medicare-Medicaid Plan

2020 | Summary Of Benefits

South Carolina H2533-001

Serving Abbeville, Aiken, Allendale, Anderson, Bamberg, Barnwell, Berkeley, Calhoun, Charleston, Cherokee, Chester, Chesterfield, Clarendon, Colleton, Dillon, Edgefield, Fairfield, Florence, Georgetown, Greenville, Greenwood, Hampton, Jasper, Kershaw, Laurens, Lee, Lexington, Marion, Marlboro, McCormick, Newberry, Oconee, Orangeburg, Pickens, Richland, Saluda, Spartanburg, Union and Williamsburg Counties

Introduction

This document is a brief summary of the benefits and services covered by Molina Dual Options Medicare Medicaid Plan. It includes answers to frequently asked questions, important contact information, an overview of benefits and services offered, and information about your rights as a member of Molina Dual Options. Key terms and their definitions appear in alphabetical order in the last chapter of the *Member Handbook*.

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A. Disclaimers

This is a summary of health services covered by Molina Dual Options Medicare-Medicaid Plan for 2020. This is only a summary. Please read the *Member Handbook* for the full list of benefits.

- Molina Dual Options Medicare-Medicaid Plan is a health plan that contracts with both Medicare and South Carolina Healthy Connections Medicaid to provide benefits of both programs to enrollees.
- Under Molina Dual Options you can get your Medicare and Healthy Connections Medicaid services in one health plan. A Molina Dual Options Care Coordinator will help manage your health care needs.
- This is not a complete list. The benefit information is a brief summary, not a complete description of benefits. For more information contact the plan or read the Member Handbook.
- ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al (855) 735-5831, servicio TTY al 711, los 7 días a la semana, de 8:00 a. m. a 8:00 p. m., hora local. La llamada es gratuita.
- You can get this document for free in other formats, such as large print, braille or audio. Call (855) 735-5831, TTY: 711, 7 days a week, 8 a.m. to 8 p.m., local time. The call is free.
- You can ask that we always send you information in the language or format you need. This is called a standing request. We will keep track of your standing request so you do not need to make separate requests each time we send you information. To get this document in an alternate format or a language other than English, please contact Member Services at (855) 735-5831, TTY: 711, 7 days a week, 8 a.m. to 8 p.m., local time. If you prefer to receive documents like this in the future in a language other than English, please contact the State at (888) 549-0820, TTY: 711, Monday – Friday, 8 a.m. to 5 p.m., local time to update your record with the preferred language. A representative can help you make or change a standing request. You can also contact your Care Coordinator for help with standing requests.
- Molina Dual Options complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

B. Frequently Asked Questions

The following chart lists frequently asked questions.

Frequently Asked Questions (FAQ)	Answers
What is a Medicare-Medicaid plan?	A Medicare-Medicaid Plan is a health plan that contracts with both Medicare and Healthy Connections Medicaid to provide benefits of both programs to enrollees. It is for people with both Medicare and Healthy Connections Medicaid. A Medicare-Medicaid Plan is an organization made up of doctors, hospitals, pharmacies, providers of long-term services, and other providers. It also has Care Coordinators to help you manage all your providers and services. They all work together to provide the care you need.
What is a Molina Dual Options Care Coordinator?	A Molina Dual Options Care Coordinator is one main person for you to contact. This person helps manage all your providers and services and makes sure you get what you need.
What are long-term services and supports?	Long-term services and supports (LTSS) are a variety of services and supports that help people meet their daily needs for assistance and improve the quality of their lives. LTSS are help for people who need assistance to do everyday tasks like taking a bath, getting dressed, and making food. Most of these services are provided at your home or in your community but could be provided in a nursing home or hospital.
Will you get the same Medicare and Medicaid benefits in Molina Dual Options that you get now? (continued on the next page)	You will get your covered Medicare and Healthy Connections Medicaid benefits directly from Molina Dual Options. You will work with a team of providers who will help determine what services will best meet your needs. This means that some of the services you get now may change. You will get almost all of your covered Medicare and Healthy Connections Medicaid benefits directly from Molina Dual Options, but you may get some benefits the same way you do now, outside of the plan. This plan also offers services that are not usually covered by Medicare or Healthy Connections Medicaid. When you enroll in Molina Dual Options, you and your care team will work together to develop an Individualized Care Plan (ICP) to address your health and support needs. During this time, you can keep seeing the providers you see now for 180 days. You can also continue to get the same services and any that were authorized prior to your enrollment in Molina Dual Options.

Frequently Asked Questions (FAQ)	Answers
Will you get the same Medicare and Medicaid benefits in Molina Dual Options that you get now? (continued from previous page)	When you join our plan, if you are taking any Medicare Part D prescription drugs that Molina Dual Options does not normally cover, you can get a temporary supply. We will help you get another drug or get an exception for Molina Dual Options to cover your drug, if medically necessary.
Can you go to the same doctors you see now?	Often that is the case. If your providers (including doctors, therapists, and pharmacies) work with Molina Dual Options and have a contract with us, you can keep going to them. • Providers with an agreement with us are "in-network." **You must use the providers in Molina Dual Options' network.** • If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of Molina Dual Options' plan. To find out if your doctors are in the plan's network, call Member Services or read Molina Dual Options' *Provider and Pharmacy Directory*. If Molina Dual Options is new for you, you can continue seeing the doctors you go to now for 180 days after you first enroll, even if they are out-of-network. If you need to continue seeing your out-of-network providers after your first 180 days in our plan, we will only cover that care if the provider enters a single case agreement with us. If you are getting ongoing treatment from an out-of-network provider and think they may need a single case agreement in order to keep treating you, contact Member Services at (855) 735-5831, TTY: 711, 7 days a week, 8 a.m. to 8 p.m., local time.
What happens if you need a service but no one in Molina Dual Options's network can provide it?	Most services will be provided by our network providers. If you need a service that cannot be provided within our network, Molina Dual Options will pay for the cost of an out-of-network provider.
Where is Molina Dual Options available?	The service area for this plan includes Abbeville, Aiken, Allendale, Anderson, Bamberg, Barnwell, Berkeley, Calhoun, Charleston, Cherokee, Chester, Chesterfield, Clarendon, Colleton, Dillon, Edgefield, Fairfield, Florence, Georgetown, Greenville, Greenwood, Hampton, Jasper, Kershaw, Laurens, Lee, Lexington, Marion, Marlboro, McCormick, Newberry, Oconee, Orangeburg, Pickens, Richland, Saluda, Spartanburg, Union and Williamsburg counties, South Carolina. You must live in one of these areas to join the plan.

Frequently Asked Questions (FAQ)	Answers
Do you pay a monthly amount (also called a premium) under Molina Dual Options?	You will not pay any monthly premiums to Molina Dual Options for your health coverage.
What is prior authorization?	Prior authorization means that you must get approval from Molina Dual Options before you can get a specific service or drug or see an out-of-network provider. Molina Dual Options may not cover the service or drug if you don't get approval. If you need urgent or emergency care or out-of-area dialysis services, you don't need to get approval first. See Chapter 3, of the *Member Handbook* to learn more about prior authorization. See the Benefits Chart in Chapter 4 of the *Member Handbook* to learn which services require a prior authorization.
What is a referral?	A referral means that your primary care provider (PCP) must give you approval before you can see someone who is not your PCP or use other providers in the plan's network. If you don't get approval, Molina Dual Options may not cover the services, and you may be billed for these services. You don't need a referral to see some specialists, such as women's health specialists. See Chapter 3, of the *Member Handbook* to learn more about when you will need to get a referral from your PCP.
Who should you contact if you have questions or need help? (continued on the next page)	**If you have general questions or questions about our plan, services, service area, billing, or Member ID Cards, please call Molina Dual Options Member Services at the number at the bottom of the page.** Member Services also has free language interpreter services available for people who do not speak English. **If you have questions about your health, please call the Nurse Advice Call line:** **CALL** (888) 275-8750 Calls to this number are free. 24 hours a day, 7 days a week **TTY** 711 Calls to this number are free. 24 hours a day, 7 days a week

Frequently Asked Questions (FAQ)	Answers
Who should you contact if you have questions or need help? (continued from previous page)	**If you need immediate behavioral health services, please call the Behavioral Health Crisis Line:** **CALL** (855) 735-5831 Calls to this number are free. 24 hours a day, 7 days a week **TTY** 711 Calls to this number are free. 24 hours a day, 7 days a week

C. Overview of Services

The following chart is a quick overview of what services you may need, your costs and rules about the benefits.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You want to see a doctor	Visits to treat an injury or illness	$0	
	Wellness visits, such as a physical	$0	Annual Wellness visit every 12 months.
	Specialist care	$0	Please see your primary care physician for a referral first before going to see a specialist.
	Care to keep you from getting sick, such as flu shots	$0	
	"Welcome to Medicare" preventive visit (one time only)	$0	
You need medical tests	Lab tests, such as blood work	$0	Authorization rules may apply for certain tests. Outpatient Lab services do not require prior authorization.
	X-rays or other pictures, such as CAT scans	$0	Authorization rules may apply. Outpatient X-ray services do not require prior authorization.
	Screening tests, such as tests to check for cancer	$0	Authorization rules may apply.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need drugs to treat your illness or condition (This service is continued on the next page)	Generic drugs (no brand name)	$0 for a 31-day supply	There may be limitations on the types of drugs covered. Please see Molina Dual Options' *List of Covered Drugs* (Drug List) for more information. A 90 day supply is available at a retail and mail order pharmacy at no additional cost. The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition. There may be certain drugs that are limited to a 31-day supply. Some drugs have quantity limits. Your provider must get prior authorization from Molina Dual Options for certain drugs.
	Brand name drugs	$0 for a 31-day supply	There may be limitations on the types of drugs covered. Please see Molina Dual Options' *List of Covered Drugs* (Drug List) for more information. A 90 day supply is available at a retail and mail order pharmacy at no additional cost. The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need drugs to treat your illness or condition (continued)			There may be certain drugs that are limited to a 31-day supply. Some drugs have quantity limits. Your provider must get prior authorization from Molina Dual Options for certain drugs.
	Non-Medicare prescriptions/ Over-The-Counter (OTC) Drugs	$0	There may be limitations on the types of drugs covered. Please see Molina Dual Options' *List of Covered Drugs* (Drug List) for more information.
	Over-The-Counter (OTC) items	$0	We cover non-prescription Over-The-Counter (OTC) products like vitamins, sunscreen, pain relievers, cough/cold medicine, and bandages. You get $100.00 every 3 months that you can spend on plan-approved items. Your quarterly allowance becomes available to use in January, April, July and October. Any dollar amount that you don't use will carry over into the next 3 months. Be sure to spend all of it before the end of the year because it expires at the end of the calendar year. Shipping will not cost you anything. You do not need a prescription from your doctor to get OTC items.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need drugs to treat your illness or condition (continued)	Medicare Part B prescription drugs	$0	Authorization rules may apply. Part B drugs include drugs given by your doctor in his or her office, some oral cancer drugs, and some drugs used with certain medical equipment. Read the *Member Handbook* for more information on these drugs.
You need therapy after a stroke or accident	Occupational, physical, or speech therapy	$0	Authorization rules may apply.
	Chiropractic services (only for manual manipulation for certain approved conditions)	$0	
You need emergency care (This service is continued on the next page)	Emergency room services	$0	You may get covered emergency medical care whenever you need it, anywhere in the United States or its territories, without prior authorization. Not covered outside the U.S. and its territories except under limited circumstances. Contact plan for details.
	Ambulance services	$0	Prior Authorization rules may apply for non-emergency Ambulance services. Authorization is not required for emergency transportation.
	Urgent care	$0	You may get urgent care services whenever you need it, anywhere in the United States or its territories, without prior authorization.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need emergency care (continued)			Not covered outside the U.S. and its territories except under limited circumstances. Contact plan for details.
You need hospital care	Hospital stay	$0	Authorization rules may apply.
	Doctor or surgeon care	$0	Authorization rules may apply.
You need help getting better or have special health needs	Rehabilitation services	$0	
	Medical equipment for home care	$0	Authorization rules may apply. You must talk to your provider and get a referral for specialized supplies.
	Skilled nursing care	$0	You must talk to your provider and get a referral. Medicare-covered stays (for example, rehabilitation) require a prior authorization, and Healthy Connections Medicaid-covered stays (for example, long term skilled nursing facility (SNF) stays) also require prior authorization.
You need eye care	Treatment for eye injuries or diseases	$0	
	Initial replacement of lens due to cataract surgery	$0	
You need dental care	Emergency medical procedures by oral surgeons	$0	Authorization rules may apply.
	Dental procedures related to organ transplants, cancer, joint replacement, heart valve replacement, and trauma	$0	Authorization rules may apply.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need foot care	Podiatry services	$0	
You need hearing/auditory services	Hearing screenings	$0	Coverage includes exam to diagnose and treat hearing and balance issues.
You have a chronic condition, such as diabetes or heart disease	Services to help manage your disease	$0	Coverage includes self-management training and disease management program for diabetics.
	Diabetes supplies and services	$0	Authorization rules may apply. Benefit includes diabetic monitoring supplies and therapeutic shoes or inserts.
	Cardiac and pulmonary rehabilitation services	$0	Authorization rules may apply.
You have a mental health condition	Mental or behavioral health services	$0	Outpatient group therapy visit. Outpatient individual therapy visit.
	Partial hospitalization	$0	Authorization rules may apply.
You have a substance abuse problem	Substance abuse services	$0	Outpatient group therapy visit. Outpatient individual therapy visit.
You need long-term mental health services	Inpatient care for people who need mental health care	$0	Authorization rules may apply.
You need durable medical equipment (DME) (This service is continued on the next page)	Wheelchairs	$0	Authorization rules may apply. You must talk to your provider and get a referral.
	Crutches	$0	Authorization rules may apply. You must talk to your provider and get a referral.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need durable medical equipment (DME) (continued)	IV infusion pumps	$0	Authorization rules may apply. You must talk to your provider and get a referral.
	Oxygen equipment and supplies	$0	Authorization rules may apply. You must talk to your provider and get a referral.
	Nebulizers	$0	Authorization rules may apply. You must talk to your provider and get a referral.
	Walkers	$0	Authorization rules may apply. You must talk to your provider and get a referral.
You need prosthetics	Prosthetic devices	$0	Authorization rules may apply.
You need help living at home (This service is continued on the next page)	Meals brought to your home	$0	LTSS benefits are offered to all plan members as medically necessary. Authorization rules may apply. Meal Benefit - for up to 2 meals every day.
	Homemaker services, such as cleaning or housekeeping	$0	LTSS benefits are offered to all plan members as medically necessary. Authorization rules may apply. You must talk to your provider and get a referral.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help living at home (continued)	Changes to your home, such as ramps and wheelchair access	$0	LTSS benefits are offered to all plan members as medically necessary. Authorization rules may apply. Environmental modifications benefit has a $7,500 lifetime limit.
	Personal care services (You may be able to choose your own aide. Call Member Services for more information.)	$0	LTSS benefits are offered to all plan members as medically necessary. Authorization rules may apply. You must talk to your provider and get a referral.
	Home health care services	$0	Authorization rules may apply. Incontinence Supplies: The amount and frequency are based on medical necessity.
	Services to help you live on your own	$0	Personal Care Services (for up to 50 Medicaid-covered visits per year). Authorization rules may apply.
	Adult day services or other support services	$0	You must talk to your provider and get a referral. Authorization rules may apply.
You need a place to live with people available to help you (This service is continued on the next page)	Nursing home care	$0 or amount based on income	You must talk to your provider and get a referral. Authorization rules may apply. You must contribute toward the cost of this service when your income is more than an allowable amount. This contribution, known as the patient pay amount, is required only for those living

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need a place to live with people available to help you (continued)			in a nursing home. You will not need to pay if you are in the nursing home for short-term rehabilitation. These services are available only if your need for long-term care has been determined by Healthy Connections Medicaid.
Your caregiver needs some time off	Respite care	$0	Respite care can be provided in a Community Residential Care Facility (CRCF), a nursing facility, or at your home. Members are limited to 28 total days of respite care per year. Up to 28 days of respite care can be in a CRCF. Up to 14 days of respite care can be in a nursing facility. Up to 14 days of respite care can be in your home. Respite care may be available based on your situation and availability of provider. The type of care you are qualified to get will depend on your situation. You must talk to your provider and get a referral. Authorization rules may apply.
You need care for advanced illness or life-threatening injury	Palliative care	$0	You must talk to your provider and get a referral. Authorization rules may apply.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need family planning services	Birth control (condoms)	$0	Family planning supplies are covered only with a prescription.
	Family planning lab and diagnostic tests	$0	
	Treatment for sexually transmitted infections (STIs)	$0	

D. Other services that Molina Dual Options covers

This is not a complete list. Call Member Services or read the Member Handbook to find out about other covered services.

Other services covered by Molina Dual Options	Your costs for in-network providers
Education and Wellness Programs	$0
End Stage Renal Disease Services	$0
Hearing Services	$0 Routine hearing exam (for up to 1 every year) Hearing aid fitting/evaluation (for up to 1 every two years) Hearing aid: Our plan pays up to $1,500 every two years for hearing aids.
Infusion Services	$0
Nursing Home Transition Services	$0
Preventive Services	$0
Services Provided at Federally Qualified Health Centers	$0
Targeted Case Management	$0
Telemedicine	$0
Vision Services	$0 One routine eye exam per year Up to $150 every two years for eyeglasses (frames and lenses) Exam to diagnose and treat diseases and conditions of the eye

E. Benefits covered outside of Molina Dual Options

This is not a complete list. Call Member Services to find out about other services not covered by Molina Dual Options but available through Medicare or Healthy Connections Medicaid.

Other services covered by Medicare or Healthy Connections Medicaid Please contact your Care Coordinator for more information.	**Your costs**
Some hospice care services	$0
Dental services • Diagnostics (oral evaluation and x-rays) • Preventive care (annual cleaning) • Restorative care (fillings) • Surgical care (extractions / removals)	 $3.40 $3.40 $3.40 $3.40
Non-emergency medical transportation	$0

F. Services that Molina Dual Options, Medicare, and Healthy Connections Medicaid do not cover

This is not a complete list. Call Member Services to find out about other excluded services.

Services not covered by Molina Dual Options, Medicare, or Healthy Connections Medicaid	
Acupuncture	Naturopath services
Chiropractic care (except manual manipulation for certain approved conditions)	Non-prescription contraceptive supplies
Certain visual procedures such as LASIK	Orthopedic shoes (unless included with brace or for diabetic foot disease). Supportive devices for feet (except for diabetic foot disease)
Cosmetic surgery or cosmetic work	Personal items in your hospital or nursing home room

Services not covered by Molina Dual Options, Medicare, or Healthy Connections Medicaid	
Dentures	Private room in hospital
Elective or voluntary enhancement procedures or services	Routine foot care (except for certain approved conditions)
Experimental medical and surgical treatments, items and drugs	Services not considered “reasonable and necessary”
Full-time nursing care in your home	Services provided to veterans in a VA facility
	Surgical treatment for morbid obesity

G. Your rights as a member of the plan

As a member of Molina Dual Options, you have certain rights. You can exercise these rights without being punished. You can also use these rights without losing your health care services. We will tell you about your rights at least once a year. For more information on your rights, please read the *Member Handbook*. Your rights include, but are not limited to, the following:

- **You have a right to respect, fairness and dignity.** This includes the right to:
  - Get covered services without concern about race, ethnicity, national origin, religion, gender, age, mental or physical disability, sexual orientation, genetic information, ability to pay, or ability to speak English
  - Get information in other formats (e.g., large print, braille, audio)
  - Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, a perceived safety measure, or retaliation.
  - Not be billed by network providers
- **You have the right to get information about your health care.** This includes information on treatment and your treatment options. This information should be in a format you can understand. These rights include getting information on:
  - Description of the services we cover
  - How to get services
  - How much services will cost you
  - Names of health care providers and care managers
- **You have the right to make decisions about your care, including refusing treatment.** This includes the right to:
  - Choose a Primary Care Provider (PCP) and change your PCP at any time
  - See a women's health care provider without a referral
  - Get your covered services and drugs quickly
  - Know about all treatment options, no matter what they cost or whether they are covered
  - Refuse treatment, even if your doctor advises against it
  - Stop taking medicine
  - Ask for a second opinion. Molina Dual Options will pay for the cost of your second opinion visit.
- **You have the right to timely access to care that does not have any communication or physical access barriers.** This includes the right to:
  - Get timely medical care
  - Get in and out of a health care provider's office. This means barrier free access for people with disabilities, in accordance with the Americans with Disabilities Act

- Have interpreters to help with communication with your doctors and your health plan

- **You have the right to seek emergency and urgent care when you need it.** This means you have the right to:
  - Get emergency services without prior approval in an emergency
  - See an out of network urgent or emergency care provider, when necessary
- **You have a right to confidentiality and privacy.** This includes the right to:
  - Ask for and get a copy of your medical records in a way that you can understand and to ask for your records to be changed or corrected
  - Have your personal health information kept private
- **You have the right to make complaints about your covered services or care.** This includes the right to:
  - File a complaint or grievance against us or our providers
  - Ask for a state fair hearing
  - Get a detailed reason for why services were denied

For more information about your rights, you can read the Molina Dual Options Member Handbook. If you have questions, you can also call Molina Dual Options Member Services.

H. How to file a complaint or appeal a denied service

If you have a complaint or think Molina Dual Options should cover something we denied, call Molina Dual Options at (855) 735-5831, TTY: 711, 7 days a week, 8 a.m. to 8 p.m., local time. You may be able to appeal our decision.

For questions about complaints and appeals, you can read Chapter 9 of the Molina Dual Options Member Handbook. You can also call Molina Dual Options Member Services.

There is a special ombudsman for this program called the Healthy Connections Prime Advocate. The Healthy Connections Prime Advocate does not work for us or Healthy Connections Medicaid. They can help you understand your rights and the appeal process, and they can help you with your appeal. You can reach the Healthy Connections Prime Advocate at 1-844-477-4632. TTY users should call 711.

I. What to do if you suspect fraud

Most health care professionals and organizations that provide services are honest. Unfortunately, there may be some who are dishonest.

If you think a doctor, hospital or other pharmacy is doing something wrong, please contact us.

- Call us at Molina Dual Options Member Services. Phone numbers are at the bottom of the page and on the cover of this summary, or
- Call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week.
- You may report fraud to Molina Dual Options through one of the following:
  Telephone: Call the Molina Dual Options toll-free compliance anti-fraud line at (866) 606-3889. Email: fraudres@scdhhs.gov
- Online: Report an issue online through a confidential and secure site at https://MolinaHealthcare.AlertLine.com.
- Regular Mail
  Write (marked confidential) to:
  Compliance Officer (CONFIDENTIAL)
  Molina Dual Options
  4105 Faber Place Drive, Suite 470
  Charleston, South Carolina 29405

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