

# Get all the benefits of **Medicare and Medicaid** – and more!

Molina Dual Options Medicare-Medicaid Plan

[MolinaHealthcare.com/Duals](http://MolinaHealthcare.com/Duals)

South Carolina



Your Extended Family.



# 2018 Benefits-At-A-Glance

Molina Dual Options Plan Benefits		You Pay:
Plan Premium		\$0
Medical Coverage		
Doctor Office Visits		
<ul style="list-style-type: none"> <li>Primary Care Physician</li> </ul>		\$0 Copay
<ul style="list-style-type: none"> <li>Specialist Care</li> </ul>		\$0 Copay
Preventive Care		
<ul style="list-style-type: none"> <li>Annual Wellness Visit</li> </ul>		\$0 Copay
<ul style="list-style-type: none"> <li>Bone Mass Measurement</li> </ul>		\$0 Copay
<ul style="list-style-type: none"> <li>Cardiovascular Screening</li> </ul>		\$0 Copay
<ul style="list-style-type: none"> <li>Colorectal Screening</li> </ul>		\$0 Copay
<ul style="list-style-type: none"> <li>Diabetes Screening</li> </ul>		\$0 Copay
<ul style="list-style-type: none"> <li>Mammogram</li> </ul>		\$0 Copay
<ul style="list-style-type: none"> <li>Immunizations (including Pneumonia and Flu)</li> </ul>		\$0 Copay
Inpatient Hospital Care		\$0 Copay
Inpatient Mental Health Care		\$0 Copay
Skilled Nursing Facility Care		\$0 Copay
Home Health Care		\$0 Copay
Outpatient Hospital and Ambulatory Surgical Center Services		\$0 Copay
Outpatient Mental Health Care and Substance Abuse Care (Individual or group visits)		\$0 Copay
Outpatient Rehabilitation Services/Therapy (occupational, physical, speech and language therapy)		\$0 Copay
Outpatient Diagnostic Procedures, Tests, Lab, Radiology Services and X-Rays		
<ul style="list-style-type: none"> <li>Diagnostic Radiology Services</li> </ul>		\$0 Copay
<ul style="list-style-type: none"> <li>Diagnostic Procedures and Tests</li> </ul>		\$0 Copay
<ul style="list-style-type: none"> <li>Lab Services</li> </ul>		\$0 Copay
<ul style="list-style-type: none"> <li>X-Rays</li> </ul>		\$0 Copay
<ul style="list-style-type: none"> <li>Therapeutic Radiology Services</li> </ul>		\$0 Copay
Durable Medical Equipment		\$0 Copay
Prosthetic Devices		\$0 Copay
Diabetes Supplies and Services		
<ul style="list-style-type: none"> <li>Diabetes Monitoring Supplies</li> </ul>		\$0 Copay
<ul style="list-style-type: none"> <li>Diabetes Self-Management Training</li> </ul>		\$0 Copay
Urgent Care		\$0 Copay
Emergency Care		\$0 Copay
Ambulance Services		\$0 Copay
Prescription Drug Coverage		
You pay the following at in-network pharmacies for a 31 day supply		
<ul style="list-style-type: none"> <li>Tier 1 – Generic Drugs</li> </ul>		\$0 Copay
<ul style="list-style-type: none"> <li>Tier 2 – Brand Drugs</li> </ul>		\$0 Copay
<ul style="list-style-type: none"> <li>Tier 3 – Non-Medicare Rx/OTC Drugs</li> </ul>		\$0 Copay
Additional Services		
Additional Prescription Drugs (2)		\$0 Copay
Adult Day Health Services & Nursing Services		\$0 Copay
Adult Day Health Transportation		\$0 Copay
Behavioral Health Services		\$0 Copay

Additional Services (continued)	
Case Management (Long Term Care)	\$0 Copay
Companion Services	\$0 Copay
Environmental Modifications	\$0 Copay
Home and Community Based Services	\$0 Copay
Infusion Centers	\$0 Copay
Meal Benefit	\$0 Copay
Mental Disease Services	\$0 Copay
Nursing Home Services	\$0 Copay
Nursing Home Transition Services	\$0 Copay
Oral Nutritional Supplements	\$0 Copay
Outpatient Mental Health Services	\$0 Copay
Palliative Care	\$0 Copay
Personal Care Services	\$0 Copay
Personal Emergency Response System	\$0 Copay
Private Duty Nursing Services	\$0 Copay
Residential Personal Care Services	\$0 Copay
Respite Care	\$0 Copay
Self-Directed Personal Assistance Services	\$0 Copay
Telemedicine	\$0 Copay
Supplemental Benefits	
Vision Services	\$0 Copay; 1 every year \$150 allowance every two years; includes an eyewear allowance that you can use to purchase eyeglasses (lenses and frames)
<ul style="list-style-type: none"> <li>Routine Eye Exam</li> <li>Eyewear Allowance</li> </ul>	
Hearing Services	\$0 Copay; 1 every year \$0 Copay; 1 every 2 years \$0 Copay; \$1,000 allowance every two years
<ul style="list-style-type: none"> <li>Routine Hearing Exam</li> <li>Hearing Aid Fitting/Evaluation</li> <li>Hearing Aids</li> </ul>	
Over-the-Counter Medications and Supplies	
24-hour Nurse Advice Line	
Health Education	\$0 Copay
Nutritional/Dietary Benefit	\$0 Copay for up to 12 individual and group telephonic nutritional counseling sessions
Smoking and Tobacco Cessation Counseling	\$0 Copay for 8 sessions (in addition to Medicare's two quit attempts in a 12 month period, each quit attempt includes up to 4 counseling face-to-face visits)
Enhanced Disease Management	\$0 Copay for up to 10 hours of individual or group diabetes education per lifetime
Telemonitoring Services	\$0 Copay
In-Home Safety Assessment	\$0 Copay
Post discharge In-home Medication Reconciliation	\$0 Copay



**For more information call**

**(855) 701-4887, TTY/TDD 711**

7 days a week, 8 a.m. to 8 p.m., local time or visit [MolinaHealthcare.com/Duals](http://MolinaHealthcare.com/Duals)

Molina Dual Options Medicare-Medicaid Plan is a health plan that contracts with both Medicare and South Carolina Medicaid to provide benefits of both programs to enrollees. Product offered by Molina Healthcare of South Carolina, Inc., a wholly owned subsidiary of Molina Healthcare, Inc. You can get this document for free in other formats, such as large print, braille, or audio. Call (855) 735-5831, TTY/TDD: 711, 7 days a week, 8 a.m. to 8 p.m., local time. The call is free. Molina Healthcare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-855-735-5831 (TTY: 711). ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-735-5831 (TTY: 711).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-855-735-5831 (رقم هاتف الصم والبكم: 711). Referral and/or authorization rules may apply. Limitations, copays, and restrictions may apply. For more information, call Molina Dual Options Member Services or refer to the Molina Dual Options Member Handbook. Benefits, and/or copayments may change on January 1 of each year. 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. The List of Covered Drugs and/or pharmacy and provider networks may change throughout the year. We will send you a notice before we make a change that affects you. For information on Molina Dual Options and other options for your health care, call the South Carolina Healthy Connections Choices Customer Service Center at (877) 552-4642, TTY (877) 552-4670, or visit [www.scchoices.com](http://www.scchoices.com). Calling the agent/broker number will direct an individual to a licensed insurance agent/broker.