



Molina Medicare Complete Care

HMO SNP

2020 | Summary Of Benefits

Texas H7678-001

Serving Atascosa, Austin, Bandera, Bexar, Cameron, Chambers, Collin, Comal, Dallas, Duval, El Paso, Fort Bend, Harris, Hidalgo, Hudspeth, Jim Hogg, Kendall, Liberty, Maverick, McMullen, Medina, Montgomery, Navarro, Rockwall, San Jacinto, Starr, Tarrant, Waller, Webb, Wharton, Willacy, Wilson, Wise, and Zapata counties

About Molina Medicare Complete Care (HMO DSNP)

Molina Medicare Complete Care (HMO DSNP) has a network of doctors, hospitals, pharmacies, and other providers. If you use the providers that are not in our network, the plan may not pay for these services. You must generally use network pharmacies to fill your prescriptions for covered Part D drugs. You can see our plan's provider and pharmacy directory at our website www.MolinaHealthcare.com/Medicare. Or, call us and we will send you a copy of the provider and pharmacy directories.

This booklet gives you a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, call us and ask for the "Evidence of Coverage."

Who can join?

To join **Molina Medicare Complete Care (HMO DSNP)** you must be entitled to Medicare Part A, be enrolled in Medicare Part B and Medicaid by Texas Health and Human Services Commission (HHSC), and live in our service area. Our service area includes the following counties in Texas: Atascosa, Austin, Bandera, Bexar, Cameron, Chambers, Collin, Comal, Dallas, Duval, El Paso, Fort Bend, Harris, Hidalgo, Hudspeth, Jim Hogg, Kendall, Liberty, Maverick, McMullen, Medina, Montgomery, Navarro, Rockwall, San Jacinto, Starr, Tarrant, Waller, Webb, Wharton, Willacy, Wilson, Wise, and Zapata.

What do we cover?

Like all Medicare health plans, we cover everything that Original Medicare covers - and *more*. Some of the extra benefits are outlined in this booklet. We cover Part D drugs. In addition, we cover Part B drugs such as chemotherapy and some drugs administered by your provider. You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website www.MolinaHealthcare.com/Medicare. Or, call us and we will send you a copy of the formulary.

How will I determine my drug costs?

Our plan groups each medication into one of five "tiers." You will need to use your formulary to locate what tier your drug is on to determine how much it will cost you. The amount you pay depends on the drug's tier and what stage of the benefit you have reached. Later in this document we discuss the benefit stages that occur after you meet your deductible: Initial Coverage, Coverage Gap, and Catastrophic Coverage.

If you receive "Extra Help" to pay your prescription drugs, the deductible stage does not apply to you.

How to reach us:

You can call us 7 days a week, 8 a.m. – 8 p.m. local time

If you are a **Member** of this plan, call toll-free:
(866) 440-0012; TTY/TDD 711

If you are **not a Member** of this plan, call toll-free:
(866) 403-8293; TTY/TDD 711

Or visit our website: www.MolinaHealthcare.com/Medicare

Summary of Medicaid-Covered Benefits

Your state Medicaid program can be reached through the Texas Health and Human Services Commission (HHSC).

A person who is entitled to both Medicare and medical assistance from a State Medicaid plan is considered a dual eligible. As a dual eligible beneficiary your services are paid first by Medicare and then by Medicaid. Your Medicaid coverage varies depending on your income, resources, and other factors. Benefits may include full Medicaid benefits and/or payment of some or all of your Medicare cost-share (premiums, deductibles, coinsurance, or copays).

Below is a list of dual eligibility coverage categories for beneficiaries who may enroll in the Molina Medicare Complete Care (HMO DSNP) Plan:

- **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.
- **SLMB+:** Medicaid pays your Medicare Part B premium and provides full Medicaid benefits.

As a QMB, QMB+, or SLMB+ beneficiary enrolled in this Plan, your cost-share is 0%, except for Part D prescription drug copays. (See previous Summary of Benefits table for a full description of your Molina Medicare Complete Care (HMO DSNP) Plan benefits and cost-sharing responsibilities.)

Note – Preventive wellness exams and supplemental benefits have a \$0 cost-share. Separate coinsurances apply for supplemental benefits such as comprehensive dental.

Eligibility Changes:

It is important to read and respond to all mail that comes from Social Security or your state Medicaid office so you can protect your 0% cost-share status as a QMB, QMB+, or SLMB+ beneficiary.

Periodically, as required by CMS, we will check the status of your Medicaid eligibility as well as your dual eligible coverage category. If you lose Medicaid coverage entirely you will be given a grace period so that you can reapply for Medicaid.

If you no longer qualify as a QMB, QMB+, or SLMB+ beneficiary you may be involuntarily disenrolled from the Plan after a grace period. Your state Medicaid agency will send you notification of your loss of Medicaid. We may also contact you to remind you to reapply for Medicaid as a QMB, QMB+, or SLMB+ beneficiary. 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 Texas Health and Human Services Commission (HHSC).

Monthly Premium, Deductible and Limits

| | |
|--|---|
| Monthly Health Plan Premium | \$0 per month |
| Deductible | This plan does not have a deductible. |
| Maximum Out-of-Pocket Responsibility (this does not include prescription drugs) | <p>\$6,700 annually for services you receive from in-network providers.</p> <p>In this plan, you may pay nothing for Medicare-covered services, depending on your level of Medicaid by Texas Health and Human Services Commission (HHSC) eligibility. Refer to the "Medicare & You" handbook for Medicare-covered services. For Medicaid-covered services by Texas Health and Human Services Commission (HHSC), refer to the Medicaid Coverage section in this document.</p> <p>Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.</p> <p>If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year.</p> |

Covered Medical and Hospital Benefits

Molina Medicare Complete Care (HMO DSNP)

INPATIENT HOSPITAL COVERAGE

You pay \$0 for days 1 - 90 of 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.

Prior authorization may be required.

OUTPATIENT HOSPITAL COVERAGE

Outpatient hospital

\$0 copay

Prior authorization may be required.

Ambulatory surgical center

\$0 copay

Prior authorization may be required.

DOCTOR VISITS

Primary Care

\$0 copay

Specialists

\$0 copay

Covered Medical and Hospital Benefits

Molina Medicare Complete Care (HMO DSNP)

PREVENTIVE CARE

\$0 copay

- Abdominal aortic aneurysm screening
- Alcohol misuse screenings & counseling
- Bone mass measurements (bone density)
- Cardiovascular disease screening
- Cardiovascular disease (behavioral therapy)
- Cervical & vaginal cancer screening
- Colorectal cancer screening
- Depression screenings
- Diabetes screenings
- Diabetes self-management training
- Glaucoma tests
- Hepatitis C screening test
- HIV screening
- Lung cancer screening
- Mammograms (screening)
- Nutrition therapy services
- Obesity screenings & counseling
- One-time "Welcome to Medicare" preventive visit
- Prostate cancer screenings
- Sexually transmitted infections screening & counseling
- Vaccines including Flu shots, Hepatitis B shots, Pneumococcal shots
- Tobacco use cessation counseling
- Yearly "Wellness" visit

Any additional preventive services approved by Medicare during the contract year will be covered.

EMERGENCY CARE

\$0

URGENTLY NEEDED SERVICES

\$0 copay

Covered Medical and Hospital Benefits

Molina Medicare Complete Care (HMO DSNP)

| WORLDWIDE EMERGENCY/URGENT COVERAGE | |
|---|---|
| | <p>\$0 copay</p> <p>You are covered for worldwide emergency and urgent care services up to \$10,000.</p> |
| DIAGNOSTIC SERVICES/LABS/IMAGING LAB SERVICES | |
| Diagnostic tests and procedures | <p>\$0 copay</p> <p><i>Prior authorization may be required.</i></p> |
| Lab services | <p>\$0 copay</p> <p><i>Prior authorization may be required.</i></p> |
| Diagnostic radiology services (e.g., MRI, CT) | <p>\$0 copay</p> <p><i>Prior authorization may be required.</i></p> |
| Outpatient X-rays | \$0 copay |
| Therapeutic radiology | <p>\$0 copay</p> <p><i>Prior authorization may be required.</i></p> |
| HEARING SERVICES | |
| Medicare-covered diagnostic hearing and balance exam | \$0 copay |
| Exam to diagnose and treat hearing and balance issues | |
| Routine hearing exam | <p>\$0 copay</p> <p>1 every year.</p> |
| Fitting for hearing aid/evaluation | <p>\$0 copay</p> <p>1 every year.</p> |
| Hearing aids | <p>\$0 copay</p> <p>Our plan pays for up to 2 pre-selected hearing aids provided by a plan-approved provider every year, both ears combined.</p> <p><i>Prior authorization may be required.</i></p> |

Covered Medical and Hospital Benefits

Molina Medicare Complete Care (HMO DSNP)

DENTAL SERVICES

Medicare-covered dental services \$0 copay

Preventive Dental

Preventive: No maximum allowance per year

Comprehensive: \$2,000 annual maximum allowance

\$0 office visit copay

Oral Exams: Up to 2 every year

Prophylaxis (Cleaning): Up to 2 every year

Fluoride Treatment: Up to 2 every year

X-rays: Periapicals – up to 6 per year; Bitewings – up to 4 per year;
Panoramic Radiographic X-rays – once every 5 years

Covered Medical and Hospital Benefits

| Molina Medicare Complete Care (HMO DSNP) | |
|---|---|
| Comprehensive Dental | <p>All comprehensive services listed below are covered up to the annual plan maximum benefit coverage amount of \$2,000.</p> <p>Oral Exams: Up to 2 per year. Comprehensive periodontal, covered once per provider per lifetime.</p> <p>Non-Routine includes Scaling up to 4 quadrants per 2 years, Full Mouth Debridement up to once every year, Periodontal Maintenance up to 2 per year, and Palliative Emergency Treatment up to 4 per year.</p> <p>Extractions: Simple extractions up to 8 per year. Surgical removal of erupted and impacted teeth up to 3 per year.</p> <p>Restorative Services: Up to 6 restorations per year, not to exceed a total of 12 surfaces per year. Up to 2 crowns per year no more than once per tooth every 5 years.</p> <p>Other Services: Unlimited based on Medical Necessity: Deep Sedation with Oral Surgery, Intravenous with Oral Surgery.</p> <p>One per tooth per lifetime: Intraoral and Extraoral incision and drainage.</p> <p>Up to 4 denture adjustments per year and 1 set of dentures (either full or partial) every 3 years.</p> <p>Endodontics covered 1 per tooth per year.</p> <p><i>Prior authorization may be required.</i></p> |
| VISION SERVICES | |
| Medicare-covered vision exam to diagnose/treat diseases of the eye (including yearly glaucoma screening) | \$0 copay |
| Medicare-covered eyeglasses or contact lenses after cataract surgery | |
| Supplemental routine eye exam | <p>\$0 copay</p> <p>1 every year.</p> |

Covered Medical and Hospital Benefits

Molina Medicare Complete Care (HMO DSNP)

Supplemental eyewear

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

\$0 copay

Our plan pays up to \$300 every year for eyewear.

MENTAL HEALTH SERVICES

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 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.

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

Prior authorization may be required.

Outpatient individual/group therapy visit

\$0 copay

SKILLED NURSING FACILITY

You pay \$0 for days 1-100 of a skilled nursing facility stay.

Prior authorization may be required.

PHYSICAL THERAPY

Physical Therapy and Speech Therapy Services

\$0 copay

Prior authorization may be required.

Cardiac and Pulmonary Rehabilitation

\$0 copay

Prior authorization may be required.

Occupational Therapy Services

\$0 copay

Prior authorization may be required.

Covered Medical and Hospital Benefits

Molina Medicare Complete Care (HMO DSNP)

AMBULANCE

\$0 copay

Prior authorization required for non-emergent ambulance only.

TRANSPORTATION

\$0 copay

60 one-way trips to and from plan-approved locations.

Prior authorization may be required.

Prescription Drug Benefits

MEDICARE PART B DRUGS

| | |
|---------------------------|---|
| Chemotherapy drugs | \$0 copay <i>Prior authorization may be required</i> |
| Other Part B drugs | \$0 copay <i>Prior authorization may be required</i> |

INITIAL COVERAGE STAGE

If you receive "Extra Help" to pay your prescription drugs, the deductible stage does not apply to you.

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 \$4,020.

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

| | Standard Retail Pharmacy and Mail Order Pharmacy |
|--|---|
| Tier 1 (Preferred Generic) One-, two-, or three-month supply | \$0 copay |
| Tier 2 (Generic) One-, two-, or three-month supply | For generic drugs (including brand drugs treated as generic), either: \$0 copay; or \$1.30 copay; or \$3.60 copay For all other drugs, either: \$0 copay; or \$3.90 copay; or \$8.95 copay |
| Tier 3 (Preferred Brand) One-, two-, or three-month supply | For generic drugs (including brand drugs treated as generic), either: \$0 copay; or \$1.30 copay; or \$3.60 copay For all other drugs, either: \$0 copay; or \$3.90 copay; or \$8.95 copay |

Prescription Drug Benefits

| | |
|---|--|
| <p>Tier 4 (Non-Preferred Drug)</p> <p>One-, two-, or three-month supply</p> | <p>For generic drugs (including brand drugs treated as generic), either:</p> <p>\$0 copay; or \$1.30 copay; or \$3.60 copay</p> <p>For all other drugs, either:</p> <p>\$0 copay; or \$3.90 copay; or \$8.95 copay</p> |
| <p>Tier 5 (Specialty Tier)</p> <p>One-month supply</p> <p>Specialty drugs are limited to a one-month supply.</p> | <p>For generic drugs (including brand drugs treated as generic), either:</p> <p>\$0 copay; or \$1.30 copay; or \$3.60 copay</p> <p>For all other drugs, either:</p> <p>\$0 copay; or \$3.90 copay; or \$8.95 copay</p> |

COVERAGE GAP STAGE

You pay a \$0 copay for drugs in tier 1. For other generic drugs, you pay no more than 25% of the cost. For brand name drugs, you pay 25% of the price (plus a portion of the dispensing fee). You stay in this stage until your year-to-date “out-of-pocket costs” (your payments) reach a total of \$6,350. This amount and rules for counting costs toward this amount have been set by Medicare.

CATASTROPHIC COVERAGE STAGE

After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$6,350 the plan will pay most of the costs of your drugs.

Additional Covered Benefits

Molina Medicare Complete Care (HMO DSNP)

| | |
|---|--|
| DIALYSIS SERVICES | |
| | \$0 copay |
| CHIROPRACTIC CARE | |
| Medicare-Covered Chiropractic Services | \$0 copay |
| Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position) | |
| HOME HEALTH CARE | |
| | \$0 copay |
| | <i>Prior authorization may be required.</i> |
| OPIOID TREATMENT SERVICES | |
| | \$0 copay |
| | <i>Prior authorization may be required.</i> |
| OUTPATIENT SUBSTANCE ABUSE | |
| Group therapy visit | \$0 copay |
| Individual therapy visit | \$0 copay |
| OVER-THE-COUNTER ITEMS | |
| | \$0 copay |
| | \$290 allowance every 3 months. |
| | Allowance expires at the end of the calendar year. |
| OUTPATIENT BLOOD SERVICES | |
| | \$0 copay |
| | 3-Pint deductible waived. |

Additional Covered Benefits

Molina Medicare Complete Care (HMO DSNP)

| MEALS BENEFIT | |
|--|--|
| | <p>\$0 copay</p> <p>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.</p> <p><i>Prior authorization may be required.</i></p> |
| FOOT CARE (PODIATRY SERVICES) | |
| <p>Medicare-covered foot exam and treatment</p> <p>Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions.</p> | <p>\$0 copay</p> |
| <p>Routine foot care</p> | <p>\$0 copay</p> <p>Up to 12 visits of routine foot care every year.</p> |
| MEDICAL EQUIPMENT / SUPPLIES | |
| <p>Durable Medical Equipment (e.g., wheelchairs, oxygen)</p> | <p>\$0 copay</p> <p><i>Prior authorization may be required.</i></p> |
| <p>Prosthetics/Medical Supplies</p> | <p>\$0 copay</p> <p><i>Prior authorization may be required.</i></p> |
| <p>Diabetic Supplies and Services</p> | <p>\$0 copay</p> <p><i>Prior authorization not required for preferred manufacturer.</i></p> |
| HEALTH AND WELLNESS EDUCATION PROGRAMS | |
| <p>Health Education</p> <p>The Health Plan has health programs to help you learn to manage your health conditions including health education, learning materials, health advice, and care tips.</p> | <p>\$0 copay</p> |
| <p>24-Hour Nurse Advice Line</p> <p>Available 24 hours a day, 7 days a week.</p> | <p>\$0 copay</p> |

Additional Covered Benefits

| Molina Medicare Complete Care (HMO DSNP) | |
|---|--|
| Nutritional/Dietary Benefit | <p>\$0 copay</p> <p>12 individual or group sessions every year. Individual telephonic nutrition counseling upon request.</p> |
| Fitness Benefit FitnessCoach offers Members access to contracted fitness facilities or Home Fitness Kits for Members who prefer to exercise at home or while traveling. | <p>\$0 copay</p> |
| Personal Emergency Response System (PERS) | <p>\$0 copay</p> <p>When authorized, we will provide an in-home device to notify the appropriate personnel in the event of an emergency (e.g., a fall).</p> <p><i>Prior authorization may be required.</i></p> |

How to Read the Medicaid Benefit Chart

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 (HMO DSNP)** Plan. The chart applies only if you are entitled to benefits under your state’s Medicaid program.

Medicaid-Covered Benefits Chart

| | Molina Medicare Complete Care (HMO DSNP) | MEDICAID STATE PLAN |
|---|---|--|
| IMPORTANT INFORMATION | | |
| <p>Premium and Other Important Information</p> <p>If you get Extra Help from Medicare, your monthly plan premium will be lower or you might pay nothing.</p> | <p>General \$0 monthly plan premium.</p> <p>In-Network \$0 annual deductible.</p> <p>\$6,700 out-of-pocket limit for Medicare-covered services.</p> <p>However, in this plan you will have no cost-sharing responsibility for Medicare-covered services, based on your level of Medicaid eligibility.</p> | <p>Medicaid assistance with premium payments and cost-share may vary based on your level of Medicaid eligibility.</p> |
| <p>Doctor and Hospital Choice</p> <p><i>(For more information, see Emergency Care and Urgently Needed Care.)</i></p> | <p>In-Network You must go to network doctors, specialists, and hospitals.</p> | <p>Members should follow Medicare guidelines related to hospital and doctor choice.</p> |
| OUTPATIENT CARE SERVICES | | |
| <p>Acupuncture</p> | <p>Not Covered</p> | <p>Not Covered</p> |
| <p>Ambulance Services</p> <p><i>(Medically necessary ambulance services)</i></p> | <p>Covered</p> | <p>Covered \$0 copay for Medicaid-covered services. Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p> |

Medicaid-Covered Benefits Chart

| | Molina Medicare Complete Care (HMO DSNP) | MEDICAID STATE PLAN |
|--|---|--|
| Cardiac and Pulmonary Rehabilitation Services | Covered | Covered \$0 copay for Medicaid-covered services. <ul style="list-style-type: none"> • Cardiac Rehab • One pre-operative pulmonary rehabilitation service |
| Chiropractic Services | Covered | Covered \$0 copay for Medicaid-covered services. Chiropractic manipulative treatment (CMT) performed by a chiropractor licensed by the Texas State Board of Chiropractic Examiners is a benefit of Texas Medicaid. Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. |
| Dental Services | Covered | Covered Applies to members 20 years and younger through Texas Health Steps. Covered for members 21 years old or older in an ICF-MR. Covered for STAR+PLUS Waiver members: an annual benefit limit does apply. |

Medicaid-Covered Benefits Chart

| | Molina Medicare Complete Care (HMO DSNP) | MEDICAID STATE PLAN |
|---|---|--|
| Diabetes Programs and Supplies | Covered | <p>Covered</p> <p>Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p> <p>\$0 copay for Medicaid-covered services.</p> <p>Includes coverage for test strips, lancets, and screening tests</p> <p>Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p> <p>\$0 copay for Medicaid-covered services.</p> <p>Includes coverage for test strips, lancets, and screening tests</p> <p>The prescribing provider must indicate on a completed, signed and dated Title XIX Form, or a signed and dated detailed written order how many times a day the client is required to test blood glucose or ketone levels when applicable (not all supplies are related to testing glucose or urine, e.g., batteries).</p> |
| Diagnostic Tests, X-rays, Lab Services, and Radiology Services | Covered | <p>Covered</p> <p>\$0 copay for Medicaid-covered services.</p> <p>Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p> |
| Dialysis Services | Covered | <p>Covered</p> <p>Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p> |
| Doctor Office Visits | Covered | <p>Covered</p> <p>\$0 copay for Medicaid-covered services.</p> <p>Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p> |

Medicaid-Covered Benefits Chart

| | Molina Medicare Complete Care (HMO DSNP) | MEDICAID STATE PLAN |
|---|---|---|
| Durable Medical Equipment <i>(Includes wheelchairs, oxygen, etc.)</i> | Covered | Covered \$0 copay for Medicaid-covered services. Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. |
| Emergency Care <i>(You may go to any emergency room if you reasonably believe you need emergency care.)</i> | Covered | Covered \$0 copay for Medicaid-covered services. Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. |
| Hearing Services | Covered | Covered Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 copay for Medicaid-covered benefits. Restrictions may apply |

Medicaid-Covered Benefits Chart

| | Molina Medicare Complete Care (HMO DSNP) | MEDICAID STATE PLAN |
|--|---|--|
| <p>Home Health Service</p> <p><i>(Includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)</i></p> | <p>Covered</p> | <p>Covered</p> <p>Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p> <p>\$0 copay for Medicaid-covered services.</p> <ul style="list-style-type: none"> • Home health skilled nursing (SN) • Home health aide (HHA) visits (Texas Medicaid Title XIX Home Health Services) • Private Duty Nursing services (Texas Health Steps Comprehensive Care Program (THSteps-CCP)) • Applies to members 20 years of age or younger • Personal Care Services (PCS) (Texas Health Steps-Comprehensive Care Program (THSteps-CCP)) • Applies to member’s birth through 20 years of age, who are not an inpatient or a resident of a hospital, in a nursing facility or ICF/MR, or in an institution for mental disease. |
| <p>Outpatient Mental Health Care</p> | <p>Covered</p> | <p>Covered</p> <p>\$0 copay for Medicaid-covered services.</p> <p>Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p> |

Medicaid-Covered Benefits Chart

| | Molina Medicare Complete Care (HMO DSNP) | MEDICAID STATE PLAN |
|---|---|---|
| Outpatient Rehabilitation Services <i>(Occupational Therapy, Physical Therapy, Speech and Language Therapy)</i> | Covered | Covered For members birth through 20 years of age, Medicaid pays for this service if it is not covered by Medicare of when the Medicare benefit is exhausted. \$0 copay for Medicaid-covered services |
| Outpatient Services | Covered | Covered \$0 copay for Medicaid-covered services. Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. |
| Outpatient Substance Abuse Care | Covered | Covered Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 copay for Medicaid-covered services. |
| Over-the-Counter Items | Covered | Covered Only for members under age 21 when prescribed by a physician. |
| Podiatry Services | Covered | Covered Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 copay for Medicaid-covered services. Restrictions may apply. |

Medicaid-Covered Benefits Chart

| | Molina Medicare Complete Care (HMO DSNP) | MEDICAID STATE PLAN |
|--|---|--|
| Prosthetic Devices <i>(Includes braces, artificial limbs and eyes, etc.)</i> | Covered | Covered \$0 copay for Medicaid-covered services. For Members birth through age 20 (CCP), Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. Medicaid pays for breast prostheses for Members of all ages if not covered by Medicare or when the Medicare benefit is exhausted. |
| Transportation <i>(Routine)</i> | Covered | Covered The Medicaid Medical Transportation Program (MTP) provides non-emergency transportation if it is not covered by Medicare. \$0 copay for Medicaid-covered services. |
| Urgently Needed Services <i>(This is NOT emergency care and, in most cases, is out of the service area.)</i> | Covered | Covered Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 copay for Medicaid-covered services |
| Vision Services | Covered | Covered Restrictions may apply Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. Note: Services by an optician are limited to fitting and dispensing of medically necessary eyeglasses or contacts. \$0 copay for Medicaid-covered services. |

Medicaid-Covered Benefits Chart

| | Molina Medicare Complete Care (HMO DSNP) | MEDICAID STATE PLAN |
|--|---|---|
| Wellness/Education and Other Supplemental Benefit Programs | Covered | Covered Medicaid pays for this service if not covered by Medicare or when the Medicare benefit is exhausted. \$0 copay for Medicaid-covered services. |
| INPATIENT CARE | | |
| Inpatient Hospital Care <i>(Includes Substance Abuse and Rehabilitation Services)</i> | Covered | Covered Inpatient hospital stays are a covered benefit. Medicaid pays coinsurance, copays and deductibles for Medicare covered services. Members must follow Medicare guidelines related to hospital choice. \$0 copay for Medicaid-covered services. |
| Inpatient Mental Health Care | Covered | Covered Inpatient psychiatric hospital stays are a covered benefit for children and adults 65 years of age and older. Inpatient acute care hospital stays for psychiatric treatment are a covered benefit for adults 21 through 64 years of age, although Medicaid MCOs may choose to cover stays at psychiatric facilities in lieu of acute care hospitals. Medicaid pays coinsurance, copays, and deductibles for Medicare covered services. Members should follow Medicare guidelines related to hospital choice. |
| Skilled Nursing Facility (SNF) <i>(In a Medicare-certified skilled nursing facility)</i> | Covered | Covered Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 copay for Medicaid-covered services |
| PREVENTIVE SERVICES | | |
| Kidney Disease and Conditions | Covered | Covered |

Medicaid-Covered Benefits Chart

| | Molina Medicare Complete Care (HMO DSNP) | MEDICAID STATE PLAN |
|--------------------------------------|---|--|
| Preventive Services | Covered | Covered |
| HOSPICE | | |
| Hospice | Not Covered | <p>Covered</p> <p>Note: When members elect hospice services, they waive their rights to all other Medicaid services related to their terminal illness.</p> <p>They do not waive their rights to Medicaid services unrelated to their terminal illness. Medicare and Medicaid members must elect both the Medicare and Medicaid Hospice programs. However, children under 21 years of age may continue to receive curative care from non-hospice acute care providers. Medicaid pays for this service for certain Waiver members if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 copay for Medicaid-covered services.</p> |
| PRESCRIPTION DRUG BENEFITS | | |
| Outpatient Prescription Drugs | Covered | <p>Covered</p> <p>\$0 copay for Medicaid covered prescription drugs not covered by Medicare Part D</p> <p>Medicaid will not cover any Medicare Part D drug</p> |

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 (HMO DSNP) Plan**:

Additional Medicaid Benefits

| BENEFITS | MEDICAID COVERAGE |
|---|---|
| Adult Foster Care | Covered for HCBS STAR+PLUS waiver members. |
| Assistive Communication Devices (also known as Augmentative Communication Device (ACD) System) | For Members who meet the criteria, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 copay for Medicaid-covered services |
| Assisted Living | Covered for HCBS STAR+PLUS waiver members. |
| Assistive Communication devices (also known as Augmentative Communication Device (ACD) System) – Home Health | Covered For Members who meet the criteria, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 copay for Medicaid-covered services. |
| Birthing services provided by a licensed birthing center | Covered |
| Birthing services provided by a physician and CNM in a licensed birthing center | Covered |
| Bone Mass Measurement (for people who are at risk) | Bone density screening is a benefit of Texas Medicaid. For Members who meet the criteria, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 copay for Medicaid-covered services |
| Cancer screening, diagnostic, and treatment services | Covered |
| Colorectal Screening Exams (for people aged 50 and older) | Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 copay for Medicaid-covered services |
| Cognitive Rehabilitation Therapy | Covered for HCBS STAR+PLUS waiver members. |
| Emergency Response Services | Covered for HCBS STAR+PLUS waiver members |
| Employment Assistance | Covered for HCBS STAR+PLUS waiver members |
| Family planning services | Covered |
| Financial Management Services | Covered for HCBS STAR+PLUS waiver members. |

Additional Medicaid Benefits

| BENEFITS | MEDICAID COVERAGE |
|--|---|
| Health/Wellness Education (nutritional counseling for children, smoking cessation for pregnant women, and adult annual exam). | <p>Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 copay for Medicaid-covered services.</p> <ul style="list-style-type: none"> • Medicaid pays for this service if it is not covered by Medicare or; • Nutritional counseling for children when the Medicare benefit is exhausted. • Smoking cessation for pregnant women \$0 copay for Medicaid-covered services |
| Home delivered meals | Covered for HCBS STAR+PLUS waiver members. |
| Immunizations | <p>Covered</p> <p>Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 copay for Medicaid-covered services</p> |
| Mammograms (Annual Screening) | <p>Covered</p> <p>Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 copay for Medicaid-covered services</p> |
| Minor Home Modifications | Covered for HCBS STAR+PLUS waiver members. |
| Pap Smears and Pelvic Exams (for women) | <p>Covered</p> <p>Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 copay for Medicaid-covered services</p> |
| Prostate Cancer Screening Exams | <p>Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 copay for Medicaid-covered services</p> |
| Nursing Services (In home) | Covered for HCBS STAR+PLUS waiver members. |
| Personal Attendant Services | Covered for HCBS STAR+PLUS waiver members. |

Additional Medicaid Benefits

| BENEFITS | MEDICAID COVERAGE |
|---------------------------------------|--|
| Residential Services | <p>Covered</p> <p>May be provided in a chemical dependency treatment facility in lieu of an acute care inpatient hospital setting, including:</p> <ul style="list-style-type: none"> • Detoxification services • Substance use disorder treatment (including room and board) |
| Support Consultation | Covered for HCBS STAR+PLUS waiver members. |
| Supported Employment | Covered for HCBS STAR+PLUS waiver members |
| Telemedicine | <p>Covered</p> <p>Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 copay for Medicaid-covered services</p> |
| Transition Assistance Services | Covered for HCBS STAR+PLUS waiver members. (These services are limited to a maximum of \$2,500.) |

Find out more

You have choices about how to get your Medicare benefits

One choice is to get your Medicare benefits through Original Medicare (fee-for-service Medicare). Original Medicare is run directly by the Federal government. Another choice is to get your Medicare benefits by joining a Medicare health plan (such as Molina Medicare Complete Care (HMO DSNP)). If you want to know more about the coverage and costs of Original Medicare, look in your current "**Medicare & You**" handbook. View it online at <http://www.medicare.gov> or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Tips for comparing your Medicare choices

This Summary of Benefits booklet gives you a summary of what **Molina Medicare Complete Care (HMO DSNP)** covers and what you pay. If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or, use the Medicare Plan Finder on <http://www.medicare.gov>.

This information is available in other formats, such as Braille, large print, and audio.

Molina Medicare Complete Care (HMO DSNP) is a Health Plan with a Medicare Contract and a contract with the state Medicaid program. Enrollment in Molina Medicare Complete Care (HMO DSNP) depends on contract renewal.

This information is not a complete description of benefits. Call (866) 440-0012 TTY 711 for more information. Authorization and/or referral may be required.

You must continue to pay your Medicare Part B premium. As a full dual Member, your State may cover your Part B premium, based upon your level of Medicaid eligibility. Benefits, premiums and/or copays/coinsurance may change on January 1, 2020.

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