

2019 Benefits-At-A-Glance



MolinaHealthcare.com/Medicare



Molina Medicare Options Plus HMO SNP
Texas

Bexar, Collin, Dallas, El Paso, Harris and
Hidalgo Counties

2019 Benefits-At-A-Glance Molina Medicare Options Plus

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 <i>(This does not include prescription drugs)</i>	<p>\$6,700 annually for services you receive from in-network providers.</p> <p>In this plan, you 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 the Summary of Benefits.</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

Inpatient Hospital Coverage <i>(prior authorization may be required)</i>	You pay \$0 for days 1–90 of an inpatient stay
Outpatient Hospital Coverage <i>(prior authorization may be required)</i>	
<ul style="list-style-type: none"> • Outpatient Hospital • Ambulatory Surgical Center 	<p>\$0 copay</p> <p>\$0 copay</p>
Doctor Visits	
<ul style="list-style-type: none"> • Primary Care • Specialists <i>(referral may be required)</i> 	<p>\$0 copay</p> <p>\$0 copay</p>

Covered Medical and Hospital Benefits (Continued)

<p>Preventive Care</p> <ul style="list-style-type: none"> • Abdominal aortic aneurysm screening • Alcohol misuse screenings and counseling • Bone mass measurement (bone density) • Cardiovascular disease screening • Cardiovascular disease (behavioral therapy) • Cervical and 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 and counseling • One-time “Welcome to Medicare” preventive visit • Prostate cancer screenings • Sexually transmitted infections screening and counseling • Vaccines including Flu shots, Hepatitis B shots, Pneumococcal shots • Tobacco use cessation counseling • Yearly “Wellness” visit 	\$0 copay
<p>Emergency Care</p> <p>You are covered for worldwide emergency and urgent care services up to \$10,000</p>	\$0 copay
<p>Urgently Needed Services</p> <p>You are covered for worldwide emergency and urgent care services up to \$10,000</p>	\$0 copay
<p>Diagnostic Services/Lab/Imaging Lab Services</p> <ul style="list-style-type: none"> • Diagnostic Tests and Procedures <i>(prior authorization may be required)</i> • Lab Services • Diagnostic Radiology Services (e.g., MRI, CT) <i>(prior authorization may be required)</i> • Outpatient X-Rays • Therapeutic Radiology <i>(prior authorization may be required)</i> 	<p>\$0 copay</p> <p>\$0 copay</p> <p>\$0 copay</p> <p>\$0 copay</p> <p>\$0 copay</p>
<p>Hearing Services</p> <ul style="list-style-type: none"> • Medicare-covered diagnostic hearing and balance exam (to diagnose and treat hearing and balance issues) 	\$0 copay

Covered Medical and Hospital Benefits (Continued)

<p>Dental Services</p> <ul style="list-style-type: none"> • Medicare-covered dental services • Preventive Dental <ul style="list-style-type: none"> ▪ No maximum allowance per year ▪ Oral Exams: up to 2 every year ▪ Prophylaxis (cleaning): up to 2 every year ▪ Fluoride Treatment: 1 every year ▪ Dental X-Rays: 1 set of bitewing x-rays per year, either 2 films or 4 films • Comprehensive Dental <ul style="list-style-type: none"> ▪ Crowns and Crown Repairs, Endodontics/Root Canals, and Bridges and Bridge Repairs have a combined annual maximum allowance of \$1,500 ▪ Non-Routine: Scaling up to 2 quadrants per 24 months ▪ Restorative Services: up to 4 fillings per year and unlimited crowns ▪ Simple Extractions: up to 5 per year 	<p>\$0 copay \$0 office visit copay</p>
<p>Vision Services</p> <ul style="list-style-type: none"> • Medicare-covered vision exam to diagnose/treat disease of the eye (including yearly glaucoma screening) <ul style="list-style-type: none"> ▪ Eyeglasses or contact lenses after cataract surgery • Routine Eye Exam: 1 every year • Eyewear: our plan pays for up to \$200 allowance every 2 years for eyewear <ul style="list-style-type: none"> ▪ Contact lenses, Eyeglasses (frames and lenses), Eyeglass frames, Eyeglass lenses and Upgrades 	<p>\$0 copay \$0 copay \$0 copay</p>
<p>Mental Health Services <i>(prior authorization may be required)</i></p> <ul style="list-style-type: none"> • Inpatient Visit • Outpatient Individual/Group Therapy Visit 	<p>You pay \$0 for days 1–90 of an inpatient hospital stay \$0 copay</p>
<p>Skilled Nursing Facility (No prior hospitalization is required) <i>(prior authorization may be required)</i></p>	<p>You pay \$0 for days 1–100 of a skilled nursing facility stay</p>
<p>Physical Therapy</p> <ul style="list-style-type: none"> • Physical Therapy and Speech Therapy Services <i>(prior authorization may be required)</i> • Cardiac and Pulmonary Rehabilitation • Occupational Therapy Services <i>(prior authorization may be required)</i> 	<p>\$0 copay \$0 copay \$0 copay</p>
<p>Ambulance <i>(prior authorization required for non-emergent ambulance only)</i></p>	<p>\$0 copay</p>
<p>Transportation 12 one-way trips to and from plan approved locations</p>	<p>\$0 copay</p>

Prescription Drug Benefits

Medicare Part B Drugs <i>(prior authorization may be required)</i>	
<ul style="list-style-type: none"> • Chemotherapy Drugs • Other Part B Drugs 	\$0 copay \$0 copay
Tier/Supply	Standard Retail Pharmacy and Mail Order Pharmacy
Tier 1: Preferred Generic	
<ul style="list-style-type: none"> • One, two or three month supply 	\$0 copay
Tier 2: Generic	
<ul style="list-style-type: none"> • One, two or three month supply 	For generic drugs (including brand drugs treated as generic) either: \$0 or \$1.25 or \$3.40 copay For all other drugs either: \$0 or \$3.80 or \$8.50 copay
Tier 3: Preferred Brand	
<ul style="list-style-type: none"> • One, two or three month supply 	For generic drugs (including brand drugs treated as generic) either: \$0 or \$1.25 or \$3.40 copay For all other drugs either: \$0 or \$3.80 or \$8.50 copay
Tier 4: Non-Preferred Drug	
<ul style="list-style-type: none"> • One, two or three month supply 	For generic drugs (including brand drugs treated as generic) either: \$0 or \$1.25 or \$3.40 copay For all other drugs either: \$0 or \$3.80 or \$8.50 copay
Tier 5: Specialty Tier	
<ul style="list-style-type: none"> • One month supply <i>(specialty drugs are limited to a one-month supply)</i> 	For generic drugs (including brand drugs treated as generic) either: \$0 or \$1.25 or \$3.40 copay For all other drugs either: \$0 or \$3.80 or \$8.50 copay

Additional Covered Benefits

Dialysis Services	\$0 copay
Chiropractic Care	
<ul style="list-style-type: none"> • Medicare-Covered Chiropractic Services <ul style="list-style-type: none"> ▪ Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position) 	\$0 copay
Home Health Care <i>(prior authorization may be required)</i>	\$0 copay
Outpatient Substance Abuse	
<ul style="list-style-type: none"> • Group Therapy Visit • Individual Therapy Visit 	\$0 copay \$0 copay

Additional Covered Benefits (Continued)

Over-the-Counter Items	\$0 copay \$145 allowance every 3 months; allowance expires at the end of the calendar year
Outpatient Blood Services	\$0 copay
Meals Benefit <i>(prior authorization may be required)</i> 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	\$0 copay
Foot Care (Podiatry Services)	
<ul style="list-style-type: none"> • Medicare-covered foot exam and treatment <ul style="list-style-type: none"> ▪ Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions • Routine Foot Care: up to 12 visits of routine foot care every year 	\$0 copay \$0 copay
Medical Equipment/Supplies	
<ul style="list-style-type: none"> • Durable Medical Equipment (e.g., wheelchairs, oxygen) <i>(prior authorization may be required)</i> • Prosthetics/Medical Supplies <i>(prior authorization may be required)</i> • Diabetic Supplies <i>(prior authorization not required for preferred manufacturer)</i> 	\$0 copay \$0 copay \$0 copay
Health and Wellness Education Programs	
Health Education 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	\$0 copay
24-Hour Nurse Advice Line Available 24 hours a day, 7 days a week	\$0 copay
Nutritional/Dietary Benefit 12 individual or group sessions every year; individual telephonic nutrition counseling upon request	\$0 copay
Fitness Benefit FitnessCoach offers members access to contracted fitness facilities and/or Home Fitness Kits for members who prefer to exercise at home or while traveling	\$0 copay
Personal Emergency Response System (PERS) When authorized, we will provide an in-home device to notify the appropriate personnel in the event of an emergency (e.g., a fall) <i>(prior authorization may be required)</i>	\$0 copay

Your Enrollment Options

Enroll Now – If you're at a benefits presentation today, enroll with your agent.

By Phone – Call **(866) 939-0475, TTY 711**, 7 days a week, 8 a.m. to 8 p.m., local time.
We are here to answer your questions and can help you enroll over the phone.

Schedule an in-home appointment with one of our agents.

Online – Visit MolinaHealthcare.com/Medicare

Molina Medicare Options Plus HMO SNP is a Health Plan with a Medicare Contract and a contract with the state Medicaid program. Enrollment in Molina Medicare Options Plus depends on contract renewal. Product offered by Molina Healthcare of Texas, 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. ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-665-3086 (TTY: 711). ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-665-3086 (TTY: 711). CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-665-3086 (TTY: 711). This information is not a complete description of benefits. Call (800) 665-3086, 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 copayments/coinsurance may change on January 1, 2019. H7678_19_4041_64_TXSNPBAAG_M Accepted 9/22/18

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