



**2015 SUMMARY OF BENEFITS
TEXAS: H7678
PLAN 001**

**MOLINA MEDICARE OPTIONS PLUS
(HMO SNP)**

January 1, 2015 – December 31, 2015

Bexar, Cameron, Collin, Dallas, El Paso, Harris, Hidalgo,
and Webb

SUMMARY OF BENEFITS

January 1, 2015 – December 31, 2015

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."

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 Options Plus (HMO SNP)).

Tips for comparing your Medicare choices

This Summary of Benefits booklet gives you a summary of what Molina Medicare Options Plus (HMO SNP) 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>.

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.

Sections in this booklet

- Things to Know About Molina Medicare Options Plus (HMO SNP)
- Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services
- Covered Medical and Hospital Benefits
- Prescription Drug Benefits

This document is available in other formats such as Braille and large print.

This document may be available in a non-English language. For additional information, call us at (866) 440-0012.

Este documento puede estar disponible para personas que no hablan el idioma inglés. Para más información, llámenos al (866) 440-0012.

Things to Know About Molina Medicare Options Plus (HMO SNP)

Hours of Operation

You can call us 7 days a week from 8:00 a.m. to 8:00 p.m. Central Time.

Molina Medicare Options Plus (HMO SNP) Phone Numbers and Website

- If you are a **member** of this plan, call toll-free (866) 440-0012.
- If you are **not a member** of this plan, call toll-free (866) 403-8293.
- Our website: <http://www.molinahealthcare.com/medicare>

SUMMARY OF BENEFITS

January 1, 2015 – December 31, 2015

Who can join?

To join Molina Medicare Options Plus (HMO SNP), 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: Bexar, Cameron, Collin, Dallas, El Paso, Harris, Hidalgo, and Webb.

Which doctors, hospitals, and pharmacies can I use?

Molina Medicare Options Plus (HMO SNP) 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:

<http://www.molinahealthcare.com/medicare>.

Or, call us and we will send you a copy of the provider and pharmacy directories.

What do we cover?

Like all Medicare health plans, we cover everything that Original Medicare covers - and *more*.

- **Our plan members get *all* of the benefits covered by Original Medicare. For some of these benefits, you may pay more in our plan than you would in Original Medicare.** For others, you may pay less.
- **Our plan members also get *more than what* is covered by Original Medicare.** 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, <http://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 four "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.

SUMMARY OF BENEFITS

January 1, 2015 – December 31, 2015

MONTHLY PREMIUM, DEDUCTIBLE, AND LIMITS ON HOW MUCH YOU PAY FOR COVERED SERVICES

<p>How much is the monthly premium?</p>	<p>\$0 per month.</p>
<p>How much is the deductible?</p>	<p>This plan does not have a deductible.</p> <p>This plan does not have a deductible for chemotherapy and other drugs administered in your doctor's office (Part B drugs).</p> <p>This plan does not have a deductible for Part D prescription drugs.</p>
<p>Is there any limit on how much I will pay for my covered services?</p>	<p>Yes. Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care.</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.</p> <p>Refer to the "Medicare & You" handbook for Medicare-covered services. For Medicaid by Texas Health and Human Services Commission (HHSC)-covered services, refer to the Medicaid Coverage section in this document.</p> <p>Your yearly limit(s) in this plan:</p> <ul style="list-style-type: none"> • \$6,700 for services you receive from in-network providers. <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> <p>Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.</p>
<p>Is there a limit on how much the plan will pay?</p>	<p>Our plan has a coverage limit every year for certain in-network benefits. Contact us for the services that apply.</p>

SUMMARY OF BENEFITS

January 1, 2015 – December 31, 2015

COVERED MEDICAL AND HOSPITAL BENEFITS

Note:

- Services with a ¹ may require Prior Authorization.
- Services with a ² may require a Referral from your doctor.

OUTPATIENT CARE AND SERVICES

Acupuncture and Other Alternative Therapies	Not covered
Ambulance¹	You pay nothing
Chiropractic Care¹	<p>Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position): You pay nothing</p> <p>Routine chiropractic visit (for up to 12 every year): You pay nothing</p>
Dental Services¹	<p>Limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth): You pay nothing</p> <p>Dental services: \$10 copay for a single office visit that includes:</p> <ul style="list-style-type: none"> • Cleaning (for up to 2 every year) • Dental x-ray(s) (for up to 1 every year) • Fluoride treatment (for up to 1 every year) • Oral exam (for up to 2 every year) <p><i>Scaling up to 2 per quad./24 mo</i> <i>Up to 4 amalgam or resin-based fillings/yr</i> <i>Simple extractions limited to 5/yr</i> <i>Up to 2 of any 4 denture adjust./yr</i> <i>\$1,000 Dentures max allowance every 3 yrs, but \$500 max allowance per denture plate every 3 yrs</i></p> <p><i>Crowns/Repairs, Endodontics/Root Canals, and Bridges/Repairs have a combined max of \$1500 for current benefit yr.</i></p>
Diabetes Supplies and Services¹	<p>Diabetes monitoring supplies: You pay nothing</p> <p>Diabetes self-management training: You pay nothing</p> <p>Therapeutic shoes or inserts: You pay nothing</p> <p><i>Plan provides disease management program nutritional training for diabetics.</i></p>

SUMMARY OF BENEFITS

January 1, 2015 – December 31, 2015

<p>Diagnostic Tests, Lab and Radiology Services, and X-Rays^{1,2}</p>	<p>Diagnostic radiology services (such as MRIs, CT scans): You pay nothing</p> <p>Diagnostic tests and procedures: You pay nothing</p> <p>Lab services: You pay nothing</p> <p>Outpatient x-rays: You pay nothing</p> <p>Therapeutic radiology services (such as radiation treatment for cancer): You pay nothing</p>
<p>Doctor's Office Visits^{1,2}</p>	<p>Primary care physician visit: You pay nothing</p> <p>Specialist visit: You pay nothing</p>
<p>Durable Medical Equipment (Wheelchairs, oxygen, etc.)¹</p>	<p>You pay nothing</p>
<p>Emergency Care</p>	<p>You pay nothing</p>
<p>Foot Care (Podiatry services)¹</p>	<p>Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions: You pay nothing</p> <p>Routine foot care (for up to 12 visits every year): You pay nothing</p>
<p>Hearing Services¹</p>	<p>Exam to diagnose and treat hearing and balance issues: You pay nothing</p> <p>Routine hearing exam (for up to 1 every year): You pay nothing</p> <p>Hearing aid fitting/evaluation (for up to 1 every two years): You pay nothing</p> <p>Hearing aid: You pay nothing</p> <p>Our plan pays up to \$2,500 every two years for hearing aids.</p>
<p>Home Health Care^{1,2}</p>	<p>You pay nothing</p>

SUMMARY OF BENEFITS

January 1, 2015 – December 31, 2015

<p>Mental Health Care¹</p>	<p>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.</p> <p>Our plan covers 90 days for an inpatient hospital stay.</p> <p>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.</p> <p>You pay nothing</p> <p>Outpatient group therapy visit: You pay nothing</p> <p>Outpatient individual therapy visit: You pay nothing</p>
<p>Outpatient Rehabilitation^{1,2}</p>	<p>Cardiac (heart) rehab services (for a maximum of 2 one-hour sessions per day for up to 36 sessions up to 36 weeks): You pay nothing</p> <p>Occupational therapy visit: You pay nothing</p> <p>Physical therapy and speech and language therapy visit: You pay nothing</p>
<p>Outpatient Substance Abuse¹</p>	<p>Group therapy visit: You pay nothing</p> <p>Individual therapy visit: You pay nothing</p>
<p>Outpatient Surgery^{1,2}</p>	<p>Ambulatory surgical center: You pay nothing</p> <p>Outpatient hospital: You pay nothing</p>
<p>Over-the-Counter Items</p>	<p>Please visit our website to see our list of covered over-the-counter items.</p> <p><i>\$50 monthly allowance for plan-approved non-prescription OTC products.</i></p>
<p>Prosthetic Devices <i>(Braces, artificial limbs, etc.)¹</i></p>	<p>Prosthetic devices: You pay nothing</p> <p>Related medical supplies: You pay nothing</p>
<p>Renal Dialysis</p>	<p>You pay nothing</p>

SUMMARY OF BENEFITS

January 1, 2015 – December 31, 2015

Transportation	You pay nothing <i>60 one-way trips to and from plan-approved locations.</i> <i>Transportation could include a van, sedan, wheelchair equipped vehicle, ambulance and stretcher van.</i>
Urgent Care	You pay nothing
Vision Services	Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): You pay nothing Routine eye exam (for up to 1 every year): You pay nothing Contact lenses: You pay nothing Eyeglasses (frames and lenses): You pay nothing Eyeglass frames: You pay nothing Eyeglass lenses: You pay nothing Eyeglasses or contact lenses after cataract surgery: You pay nothing Our plan pays up to \$200 every two years for eyewear.

SUMMARY OF BENEFITS

January 1, 2015 – December 31, 2015

PREVENTIVE CARE

Preventive Care

You pay nothing

Our plan covers many preventive services, including:

- Abdominal aortic aneurysm screening
- Alcohol misuse counseling
- Bone mass measurement
- Breast cancer screening (mammogram)
- Cardiovascular disease (behavioral therapy)
- Cardiovascular screenings
- Cervical and vaginal cancer screening
- Colonoscopy
- Colorectal cancer screenings
- Depression screening
- Diabetes screenings
- Fecal occult blood test
- Flexible sigmoidoscopy
- HIV screening
- Medical nutrition therapy services
- Obesity screening and counseling
- Prostate cancer screenings (PSA)
- Sexually transmitted infections screening and counseling
- Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)
- Vaccines, including Flu shots, Hepatitis B shots, Pneumococcal shots
- "Welcome to Medicare" preventive visit (one-time)
- Yearly "Wellness" visit

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

Annual physical exam: You pay nothing

HOSPICE

Hospice

You pay nothing for hospice care from a Medicare-certified hospice. You may have to pay part of the cost for drugs and respite care.

SUMMARY OF BENEFITS

January 1, 2015 – December 31, 2015

INPATIENT CARE	
Inpatient Hospital Care¹	<p>Our plan covers 90 days for an inpatient hospital stay.</p> <p>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.</p> <p>You pay nothing</p>
Inpatient Mental Health Care	<p>For inpatient mental health care, see the "Mental Health Care" section of this booklet.</p>
Skilled Nursing Facility (SNF)¹	<p>Our plan covers up to 100 days in a SNF.</p> <p>You pay nothing</p>

PRESCRIPTION DRUG BENEFITS

How much do I pay?	<p>For Part B drugs such as chemotherapy drugs¹: You pay nothing</p> <p>Other Part B drugs¹: You pay nothing</p>
Initial Coverage	<p>Our plan does not have a deductible for Part D prescription drugs.</p> <p>You pay the following:</p> <p>You may get your drugs at network retail pharmacies and mail order pharmacies.</p>

SUMMARY OF BENEFITS

January 1, 2015 – December 31, 2015

STANDARD RETAIL COST SHARING			
Tier	One-month Supply	Two-month Supply	Three-month Supply
Tier 1 (Generic)	\$0	\$0	\$0
Tier 2 (Preferred Brand)	For generic drugs (including brand drugs treated as generic), either: <ul style="list-style-type: none"> • \$0 copay; or • \$1.20 copay; or • \$2.65 copay For all other drugs, either: <ul style="list-style-type: none"> • \$0 copay; or • \$3.60 copay; or • \$6.60 copay. 	For generic drugs (including brand drugs treated as generic), either: <ul style="list-style-type: none"> • \$0 copay; or • \$1.20 copay; or • \$2.65 copay For all other drugs, either: <ul style="list-style-type: none"> • \$0 copay; or • \$3.60 copay; or • \$6.60 copay. 	For generic drugs (including brand drugs treated as generic), either: <ul style="list-style-type: none"> • \$0 copay; or • \$1.20 copay; or • \$2.65 copay For all other drugs, either: <ul style="list-style-type: none"> • \$0 copay; or • \$3.60 copay; or • \$6.60 copay.
Tier 3 (Non-Preferred Brand)	For generic drugs (including brand drugs treated as generic), either: <ul style="list-style-type: none"> • \$0 copay; or • \$1.20 copay; or • \$2.65 copay For all other drugs, either: <ul style="list-style-type: none"> • \$0 copay; or • \$3.60 copay; or • \$6.60 copay. 	For generic drugs (including brand drugs treated as generic), either: <ul style="list-style-type: none"> • \$0 copay; or • \$1.20 copay; or • \$2.65 copay For all other drugs, either: <ul style="list-style-type: none"> • \$0 copay; or • \$3.60 copay; or • \$6.60 copay. 	For generic drugs (including brand drugs treated as generic), either: <ul style="list-style-type: none"> • \$0 copay; or • \$1.20 copay; or • \$2.65 copay For all other drugs, either: <ul style="list-style-type: none"> • \$0 copay; or • \$3.60 copay; or • \$6.60 copay.
Tier 4 (Specialty Tier)	For generic drugs (including brand drugs treated as generic), either: <ul style="list-style-type: none"> • \$0 copay; or • \$1.20 copay; or • \$2.65 copay For all other drugs, either: <ul style="list-style-type: none"> • \$0 copay; or • \$3.60 copay; or • \$6.60 copay. 	Not Offered	Not Offered

SUMMARY OF BENEFITS

January 1, 2015 – December 31, 2015

STANDARD MAIL ORDER COST-SHARING			
Tier	One-month Supply	Two-month Supply	Three-month Supply
Tier 1 (Generic)	\$0	\$0	\$0
Tier 2 (Preferred Brand)	For generic drugs (including brand drugs treated as generic), either: <ul style="list-style-type: none"> \$0 copay; or \$1.20 copay; or \$2.65 copay For all other drugs, either: <ul style="list-style-type: none"> \$0 copay; or \$3.60 copay; or \$6.60 copay. 	For generic drugs (including brand drugs treated as generic), either: <ul style="list-style-type: none"> \$0 copay; or \$1.20 copay; or \$2.65 copay For all other drugs, either: <ul style="list-style-type: none"> \$0 copay; or \$3.60 copay; or \$6.60 copay. 	For generic drugs (including brand drugs treated as generic), either: <ul style="list-style-type: none"> \$0 copay; or \$1.20 copay; or \$2.65 copay For all other drugs, either: <ul style="list-style-type: none"> \$0 copay; or \$3.60 copay; or \$6.60 copay.
Tier 3 (Non-Preferred Brand)	For generic drugs (including brand drugs treated as generic), either: <ul style="list-style-type: none"> \$0 copay; or \$1.20 copay; or \$2.65 copay For all other drugs, either: <ul style="list-style-type: none"> \$0 copay; or \$3.60 copay; or \$6.60 copay. 	For generic drugs (including brand drugs treated as generic), either: <ul style="list-style-type: none"> \$0 copay; or \$1.20 copay; or \$2.65 copay For all other drugs, either: <ul style="list-style-type: none"> \$0 copay; or \$3.60 copay; or \$6.60 copay. 	For generic drugs (including brand drugs treated as generic), either: <ul style="list-style-type: none"> \$0 copay; or \$1.20 copay; or \$2.65 copay For all other drugs, either: <ul style="list-style-type: none"> \$0 copay; or \$3.60 copay; or \$6.60 copay.
Tier 4 (Specialty Tier)	For generic drugs (including brand drugs treated as generic), either: <ul style="list-style-type: none"> \$0 copay; or \$1.20 copay; or \$2.65 copay For all other drugs, either: <ul style="list-style-type: none"> \$0 copay; or \$3.60 copay; or \$6.60 copay. 	Not Offered	Not Offered

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.

Catastrophic Coverage	You pay nothing
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ADDITIONAL INFORMATION SECTION

Molina Healthcare is an innovative health care leader providing quality care and accessible services in an efficient and caring manner.

Our mission is to provide quality health services to financially vulnerable families and individuals covered by government programs.

- **24-Hour Nurse Advice Line**
- **Additional Smoking and Tobacco Use Cessation Counseling**
- **Health Education**
- **Meals Benefit**
While you are recovering, up to 42 meals delivered to your home after you transition from an in-patient hospital setting or skilled nursing facility, when authorized by the plan.
- **Nutritional Benefit**
Up to 30-60 minutes of individual telephonic nutritional counseling upon referral.
- **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).
- **Worldwide Emergency Coverage**
Up to \$10,000 of worldwide emergency coverage every calendar year.

SUMMARY OF MEDICAID-COVERED BENEFITS SECTION

SUMMARY OF TEXAS MEDICARE/MEDICAID BENEFITS

*Your state Medicaid program can be reached through the office of the
Texas Health and Human Services Commission*

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 Options Plus HMO SNP 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 Options Plus HMO SNP Plan benefits and cost-sharing responsibilities.)

Note – Preventive wellness exams and most supplemental benefits have a 0% cost-share.

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,

SUMMARY OF MEDICAID-COVERED BENEFITS SECTION

and exclusions. In your state, the Medicaid program can be reached through the office of the Texas Health and Human Services Commission.

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 Options Plus HMO SNP Plan. The chart applies only if you are entitled to benefits under your state’s Medicaid program.

**Depending on your level of Medicaid eligibility, you may not have any cost-sharing responsibility for Original Medicare services.*

Benefit	Medicaid	Molina Medicare Options Plus (HMO SNP) <i>See previous Summary of Benefits table for individual benefit details</i>
IMPORTANT INFORMATION		
Premium and Other Important Information	Medicaid assistance with premium payments and cost-share may vary based on your level of Medicaid eligibility.	<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>
Doctor and Hospital Choice <i>(For more information, see Emergency Care and Urgently Needed Care.)</i>	<p>You must go to doctors, specialists, and hospitals that accept Medicaid assignment.</p> <p>Referral required for network specialists (for certain benefits).</p>	<p>In-Network You must go to network doctors, specialists, and hospitals.</p> <p>Referral required for network specialists (for certain benefits).</p>
OUTPATIENT CARE AND SERVICES		
Acupuncture	Not Covered	Not Covered

SUMMARY OF MEDICAID-COVERED BENEFITS SECTION

Benefit	Medicaid	Molina Medicare Options Plus (HMO SNP) <i>See previous Summary of Benefits table for individual benefit details</i>
Ambulance Services <i>(Medically necessary ambulance services)</i>	Covered	Covered
Cardiac and Pulmonary Rehabilitation Services	Covered <ul style="list-style-type: none"> • Cardiac Rehab • One pre-operative pulmonary rehabilitation service 	Covered
Chiropractic Services	Covered Restrictions may apply	Covered
Dental Services	Covered Applies to members 21 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.	Covered
Diabetes Programs and Supplies	Covered 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).	Covered
Diagnostic Tests, X-Rays, Lab Services, and Radiology Services	Covered	Covered
Doctor Office Visits	Covered	Covered

SUMMARY OF MEDICAID-COVERED BENEFITS SECTION

Benefit	Medicaid	Molina Medicare Options Plus (HMO SNP) <i>See previous Summary of Benefits table for individual benefit details</i>
Durable Medical Equipment <i>(Includes wheelchairs, oxygen, etc.)</i>	Covered	Covered
Emergency Care <i>(You may go to any emergency room if you reasonably believe you need emergency care.)</i>	Covered	Covered
Hearing Services	Covered Restrictions may apply	Covered
Home Health Care <i>(Includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)</i>	Covered <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. 	Covered
Outpatient Mental Health Care	Covered	Covered

SUMMARY OF MEDICAID-COVERED BENEFITS SECTION

Benefit	Medicaid	Molina Medicare Options Plus (HMO SNP) <i>See previous Summary of Benefits table for individual benefit details</i>
Outpatient Rehabilitation Services <i>(Occupational Therapy, Physical Therapy, Speech and Language Therapy)</i>	Covered	Covered
Outpatient Services	Covered	Covered
Outpatient Substance Abuse Care	Covered Includes assessment, detoxification, counseling and Medication assisted therapy.	Covered
Over-the-Counter Items	Covered Only for members under age 21 when prescribed by a physician.	Covered
Podiatry Services	Covered Restrictions may apply	Covered
Prosthetic Devices <i>(Includes braces, artificial limbs and eyes, etc.)</i>	Covered	Covered
Transportation <i>(Routine)</i>	Covered for Medical appointments	Covered
Urgently Needed Care <i>(This is NOT emergency care, and in most cases, is out of the service area.)</i>	Covered	Covered

SUMMARY OF MEDICAID-COVERED BENEFITS SECTION

Benefit	Medicaid	Molina Medicare Options Plus (HMO SNP) <i>See previous Summary of Benefits table for individual benefit details</i>
Vision Services	Covered Restrictions may apply Services by an optician are limited to fitting and dispensing of medically necessary eyeglasses and contact lenses once every 24 months unless medically necessary. (Includes optometry and glasses. Contact lenses are only covered if they are medically necessary for vision correction that cannot be accomplished by glasses.)	Covered
Wellness/Education and other Supplemental Benefit Programs	Covered	Covered
INPATIENT CARE		
Inpatient Hospital Care <i>(Includes Substance Abuse and Rehabilitation Services)</i>	Covered	Covered
Inpatient Mental Health Care	Covered	Covered
Skilled Nursing Facility (SNF) <i>(In a Medicare-certified skilled nursing facility)</i>	Not Covered	Covered
PREVENTIVE SERVICES		
Kidney Disease and Conditions	Covered	Covered

SUMMARY OF MEDICAID-COVERED BENEFITS SECTION

Benefit	Medicaid	Molina Medicare Options Plus (HMO SNP) <i>See previous Summary of Benefits table for individual benefit details</i>
Preventive Services	<p>Not covered</p> <p>Note: Members eligible to join pilot programs available, such as the Diabetes and Asthma projects.</p> <p>For Dual-eligible Members participating in the Diabetes and Asthma pilot programs, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.</p>	Covered
HOSPICE		
Hospice	<p>Covered</p> <p>Note: When members elect hospice services, they waive their rights to all other Medicaid services related to their terminal illness. 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.</p>	Covered
PRESCRIPTION DRUG BENEFITS		
Outpatient Prescription Drugs	<p>Covered</p> <p>Drugs on Medicaid formulary not covered by Medicare Part D.</p>	Covered*

SUMMARY OF MEDICAID-COVERED BENEFITS SECTION

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 Options Plus HMO SNP Plan:

Benefit	Medicaid
ADDITIONAL MEDICAID BENEFITS	
Adult Foster Care	Covered for HCBS STAR PLUS waiver members.
Assisted Living	Covered for HCBS STAR PLUS waiver members.
Assistive Communication devices Also known as Augmentative Communication Device (ACD) System – Home Health	Covered
Birthing services provided by a licensed birthing center	Covered
Birthing services provided by a physician and CNM in a licensed birthing center	Covered
Cancer screening, diagnostic, and treatment services	Covered
Cognitive Rehabilitation Therapy	Covered for HCBS STAR PLUS waiver members.
Emergency Response Services	Covered
Employment Assistance	Covered for HCBS STAR PLUS waiver members effective September 1, 2014.
Family planning services	Covered
Financial Management Services	Covered for HCBS STAR PLUS waiver members.
Home delivered meals	Covered
Minor Home Modifications	Covered for HCBS STAR PLUS waiver members.
Nursing Services (In home)	Covered
Personal Attendant Services	Covered for HCBS STAR PLUS waiver members.

SUMMARY OF MEDICAID-COVERED BENEFITS SECTION

Benefit	Medicaid
Residential Services	Covered - which may be provided in a chemical dependency treatment facility in lieu of an acute care inpatient hospital setting, including: <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 effective September 1, 2014.
Telemedicine	Covered for HCBS STAR PLUS waiver members.
Telemonitoring	Covered - (effective October 1, 2013, through August 31, 2015).
Transition Assistance Services	Covered for HCBS STAR PLUS waiver members. (These services are limited to a maximum of \$2,500.00).

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).