

Summary Of Benefits

Texas

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

2019

Molina Medicare Options Plus (HMO SNP)
(866) 440-0012, TTY/TDD 711
7 days a week, 8 a.m. – 8 p.m. local time

MolinaHealthcare.com/Medicare



About Molina Medicare Options Plus (HMO SNP)

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 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 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, Collin, Dallas, El Paso, Harris, and Hidalgo.

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

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 Options Plus (HMO SNP)

INPATIENT HOSPITAL COVERAGE

<i>Prior authorization may be required</i>	<p>You pay \$0 for days 1 - 90 of 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>
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OUTPATIENT HOSPITAL COVERAGE

Outpatient hospital	\$0 copay
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Prior authorization may be required

Ambulatory surgical center	\$0 copay
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Prior authorization may be required

DOCTOR VISITS

Primary Care	\$0 copay
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Specialists	\$0 copay
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Referral may be required

Covered Medical and Hospital Benefits

Molina Medicare Options Plus (HMO SNP)

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

Emergency Care

\$0 copay

You are covered for worldwide emergency and urgent care services up to \$10,000

Covered Medical and Hospital Benefits

Molina Medicare Options Plus (HMO SNP)

URGENTLY NEEDED SERVICES

Urgently Needed Services \$0 copay

You are covered for worldwide emergency and urgent care services up to \$10,000

DIAGNOSTIC SERVICES/LABS/IMAGING LAB SERVICES

Diagnostic tests and procedures \$0 copay

Prior authorization may be required

Lab services \$0 copay

Diagnostic radiology services (e.g., MRI, CT) \$0 copay

Prior authorization may be required

Outpatient x-rays \$0 copay

Therapeutic radiology \$0 copay

Prior authorization may be required

HEARING SERVICES

Medicare-covered diagnostic hearing and balance exam \$0 copay

Exam to diagnose and treat hearing and balance issues

DENTAL SERVICES

Medicare-covered dental services \$0 copay

Preventive Dental

Preventive: No maximum allowance per year
Comprehensive: Crowns & Crown Repairs, Endodontics/Root Canals, and Bridges & Bridge Repairs have a combined annual maximum allowance of \$1,500

\$0 copay office visit

Oral Exams: up to 2 every year

Prophylaxis (Cleaning): up to 2 every year

Flouride Treatment: 1 every year

Dental X-Rays: 1 set of bitewing x-rays per year; either 2 films or 4 films

Covered Medical and Hospital Benefits

Molina Medicare Options Plus (HMO SNP)	
<p>Comprehensive Dental</p> <p><i>Prior authorization may be required</i></p>	<p>Non-routine: Scaling - Up to 2 quadrants per 24 months</p> <p>Restorative Services: Up to 4 fillings per year and unlimited crowns</p> <p>Simple Extractions: Up to 5 per year.</p> <p>Crowns & Crown Repairs, Endodontics/Root Canals, and Bridges & Bridge Repairs have a combined maximum of \$1500 for benefits received in the current benefit year.</p>
VISION SERVICES	
<p>Medicare-covered vision exam to diagnose/treat diseases of the eye (including yearly glaucoma screening)</p> <p>Eyeglasses or contact lenses after cataract surgery</p>	<p>\$0 copay</p>
<p>Routine eye exam</p> <p>1 every year</p>	<p>\$0 copay</p>
<p>Eyewear</p> <ul style="list-style-type: none"> • Contact lenses • Eyeglasses (frames and lenses) • Eyeglass frames • Eyeglass lenses • Upgrades 	<p>\$0 copay</p> <p>Our plan pays up to \$200 every 2 years for eyewear.</p>
MENTAL HEALTH SERVICES	
<p>Mental Health Services</p> <p><i>Prior authorization may be required</i></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 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 \$0 for days 1-90 of an inpatient hospital stay.</p>

Covered Medical and Hospital Benefits

Molina Medicare Options Plus (HMO SNP)	
Outpatient individual/group therapy visit	\$0 copay
SKILLED NURSING FACILITY	
No prior hospitalization is required	You pay \$0 for days 1-100 of a skilled nursing facility stay.
<i>Prior authorization may be required</i>	
PHYSICAL THERAPY	
Physical Therapy and Speech Therapy Services	\$0 copay
<i>Prior authorization may be required</i>	
Cardiac and Pulmonary Rehabilitation	\$0 copay
Occupational Therapy Services	\$0 copay
<i>Prior authorization may be required</i>	
AMBULANCE	
<i>Prior authorization required for non-emergent ambulance only.</i>	\$0 copay
TRANSPORTATION	
12 one-way trips to and from plan approved locations.	\$0 copay

Prescription Drug Benefits

MEDICARE PART B DRUGS

Chemotherapy drugs \$0 copay

Prior authorization may be required

Other Part B drugs \$0 copay

Prior authorization may be required

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 in 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's payments) total \$3,820.

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

	Standard Retail Pharmacy and Mail Order Pharmacy
<p>Tier 1 (Preferred Generic)</p> <p>One, two or three month supply</p>	\$0 copay
<p>Tier 2 (Generic)</p> <p>One, two or three month supply</p>	<p>For generic drugs (including brand drugs treated as generic), either:</p> <p>\$0 copay, \$1.25 copay, or \$3.40 copay</p> <p>For all other drugs, either:</p> <p>\$0 copay, \$3.80 copay, or \$8.50 copay</p>
<p>Tier 3 (Preferred Brand)</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 \$1.25 copay; or \$3.40 copay</p> <p>For all other drugs, either:</p> <p>\$0 copay; or \$3.80 copay; or \$8.50 copay</p>

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 \$1.25 copay; or \$3.40 copay</p> <p>For all other drugs, either:</p> <p>\$0 copay; or \$3.80 copay; or \$8.50 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 \$1.25 copay; or \$3.40 copay</p> <p>For all other drugs, either:</p> <p>\$0 copay; or \$3.80 copay; or \$8.50 copay</p>

COVERAGE GAP STAGE

You pay a \$0 copayment for drugs in tier 1. For other generic drugs, you pay no more than 37% 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 \$5,100. 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 \$5,100 the plan will pay all of the costs of your drugs.

Additional Covered Benefits

Molina Medicare Options Plus (HMO SNP)

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

Prior authorization may be required \$0 copay

OUTPATIENT SUBSTANCE ABUSE

Group therapy visit \$0 copay

Individual therapy visit \$0 copay

OVER-THE-COUNTER ITEMS

Over-the-Counter Items \$0 copay

Allowance expires at the end of the calendar year. \$145 allowance every 3 months

OUTPATIENT BLOOD SERVICES

Outpatient Blood Services \$0 copay

3-Pint deductible waived.

MEALS BENEFIT

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.

Prior authorization may be required

Additional Covered Benefits

Molina Medicare Options Plus (HMO SNP)

FOOT CARE (PODIATRY SERVICES)

Medicare-covered foot exam and treatment \$0 copay

Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions.

Routine foot care \$0 copay

Up to 12 visit(s) of routine foot care every year.

MEDICAL EQUIPMENT / SUPPLIES

Durable Medical Equipment (e.g., wheelchairs, oxygen) \$0 copay

Prior authorization may be required

Prosthetics/Medical Supplies \$0 copay

Prior authorization may be required

Diabetic Supplies and Services \$0 copay

Prior authorization not required for preferred manufacturer

HEALTH AND WELLNESS EDUCATION PROGRAMS

Health Education \$0 copay

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.

24-Hour Nurse Advice Line \$0 copay

Available 24 hours a day, 7 days a week.

Additional Covered Benefits

Molina Medicare Options Plus (HMO SNP)	
<p>Nutritional/Dietary Benefit</p> <p>12 Individual or group sessions every year. Individual telephonic nutrition counseling upon request.</p>	<p>\$0 copay</p>
<p>Fitness Benefit</p> <p>FitnessCoach offers Members access to contracted fitness facilities and/or Home Fitness Kits for Members who prefer to exercise at home or while traveling.</p>	<p>\$0 copay</p>
<p>Personal Emergency Response System (PERS)</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). <i>Prior authorization may be required</i></p>	<p>\$0 copay</p>

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 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 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).

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.

Medicaid-Covered Benefits Chart

	MOLINA MEDICARE OPTIONS PLUS (HMO SNP)	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>Referral required for network specialists (for certain benefits).</p>	<p>Members should follow Medicare guidelines related to hospital and doctor choice.</p>
OUTPATIENT CARE SERVICES		
Acupuncture	Not Covered	Not Covered
<p>Ambulance Services</p> <p><i>(Medically necessary ambulance services)</i></p>	Covered	<p>Covered</p> <p>\$0 co-pay 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 OPTIONS PLUS (HMO SNP)	MEDICAID STATE PLAN
Cardiac and Pulmonary Rehabilitation Services	Covered	Covered \$0 co-pay for Medicaid-covered services. <ul style="list-style-type: none"> • Cardiac Rehab • One pre-operative pulmonary rehabilitation service
Chiropractic Services	Covered	Covered \$0 co-pay 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 OPTIONS PLUS (HMO SNP)	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 co-pay 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 co-pay 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>

Medicaid-Covered Benefits Chart

	MOLINA MEDICARE OPTIONS PLUS (HMO SNP)	MEDICAID STATE PLAN
Doctor Office Visits	Covered	Covered \$0 co-pay for Medicaid-covered services. Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.
Durable Medical Equipment <i>(Includes wheelchairs, oxygen, etc.)</i>	Covered	Covered \$0 co-pay 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 co-pay 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 co-pay for Medicaid-covered benefits. Restrictions may apply

Medicaid-Covered Benefits Chart

	MOLINA MEDICARE OPTIONS PLUS (HMO SNP)	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 co-pay 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 co-pay 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 OPTIONS PLUS (HMO SNP)	MEDICAID STATE PLAN
Outpatient Rehabilitation Services <i>(Occupational Therapy, Physical Therapy, Speech and Language Therapy)</i>	Covered	Covered For members birth through 20 , Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 co-pay for Medicaid-covered services
Outpatient Services	Covered	Covered \$0 co-pay for Medicaid-covered services. Medicaid pays for certain surgical services if it is not covered by Medicare or when the Medicare benefit is exhausted.
Outpatient Substance Abuse Care	Covered	Covered Includes assessment, ambulatory, treatment/detox, counseling and Medication assisted therapy. Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 co-pay for Medicaid-covered services.
Over-the-Counter Items	Covered	Covered Only for members under age 21 when prescribed by a physician.

Medicaid-Covered Benefits Chart

	MOLINA MEDICARE OPTIONS PLUS (HMO SNP)	MEDICAID STATE PLAN
Podiatry 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> <p>\$0 co-pay for Medicaid-covered services.</p> <p>Restrictions may apply</p>
Prosthetic Devices <i>(Includes braces, artificial limbs and eyes, etc.)</i>	Covered	<p>Covered</p> <p>\$0 co-pay for Medicaid-covered services.</p> <p>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.</p> <p>Medicaid pays for breast prostheses for Members of all ages if not covered by Medicare or when the Medicare benefit is exhausted.</p>
Transportation <i>(Routine)</i>	Covered	<p>Covered</p> <p>The Medicaid Medical Transportation Program (MTP) provides non-emergency transportation if it is not covered by Medicare.</p> <p>\$0 co-pay for Medicaid-covered services.</p>

Medicaid-Covered Benefits Chart

	MOLINA MEDICARE OPTIONS PLUS (HMO SNP)	MEDICAID STATE PLAN
<p>Urgently Needed Services</p> <p><i>(This is NOT emergency care, and in most cases, is out of the service area.)</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 co-pay for Medicaid-covered services</p>
<p>Vision Services</p>	<p>Covered</p>	<p>Covered</p> <p>Restrictions may apply</p> <p>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.</p> <p>\$0 co-pay for Medicaid-covered services.</p>
<p>Wellness/Education and other Supplemental Benefit Programs</p>	<p>Covered</p>	<p>Covered</p> <p>Medicaid pays for this service if not covered by Medicare or when the Medicare benefit is exhausted.</p> <p>\$0 co-pay for Medicaid-covered services.</p>

Medicaid-Covered Benefits Chart

	MOLINA MEDICARE OPTIONS PLUS (HMO SNP)	MEDICAID STATE PLAN
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, co-payments and deductibles for Medicare covered services. Members must follow Medicare guidelines related to hospital choice. \$0 co-pay 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, co-payments, 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 co-pay for Medicaid-covered services
PREVENTIVE SERVICES		
Kidney Disease and Conditions	Covered	Covered

Medicaid-Covered Benefits Chart

	MOLINA MEDICARE OPTIONS PLUS (HMO SNP)	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.</p> <p>\$0 co-pay for Medicaid-covered services.</p>
PRESCRIPTION DRUG BENEFITS		
Outpatient Prescription Drugs	Covered	<p>Covered</p> <p>\$0 co-pay 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 Options Plus (HMO SNP) 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 co-pay 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 co-pay 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 co-pay 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 co-pay 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 effective September 1, 2014.
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).	Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 co-pay for Medicaid-covered services. <ul style="list-style-type: none"> • Medicaid pays for this service if it is not covered by Medi or; • Nutritional counseling for children, when the Medicare benefit is exhausted. • Smoking cessation for pregnant \$0 co-pay for Medicaid- covered services
Home delivered meals	Covered for HCBS STAR+PLUS waiver members.
Immunizations	Covered Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 co-pay for Medicaid-covered services
Mammograms (Annual Screening)	Covered Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 co-pay for Medicaid-covered services
Minor Home Modifications	Covered for HCBS STAR PLUS waiver members.
Pap Smears and Pelvic Exams (for women)	Covered Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 co-pay for Medicaid-covered services
Prostate Cancer Screening Exams	Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 co-pay for Medicaid-covered services
Nursing Services (In home)	Covered for HCBS STAR+PLUS waiver members.
Personal Attendant Services	Covered for HCBS STAR PLUS waiver members.
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)

Additional Medicaid Benefits

BENEFITS	MEDICAID COVERAGE
Support Consultation	Covered for HCBS STAR PLUS waiver members.
Supported Employment	Covered for HCBS STAR PLUS waiver members effective September 1, 2014.
Telemedicine	Covered Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 co-pay for Medicaid-covered services
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 Options Plus (HMO SNP)). 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 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>.

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

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 (HMO SNP) 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 copayments/co-insurance may change on January 1, 2019.



Member Services (866) 440-0012, TTY/TDD 711
7 days a week, 8 a.m. – 8 p.m. local time