

# 2021 | Summary of Benefits

## Molina Medicare Complete Care HMO SNP

Texas H7678-001

Serving Anderson, Atascosa, Austin, Bandera, Bexar, Cameron, Camp, Chambers, Cherokee, Collin, Comal, Cooke, Dallas, Delta, Duval, El Paso, Fannin, Fort Bend, Franklin, Harris, Hidalgo, Hopkins, Houston, Hudspeth, Jim Hogg, Kendall, Liberty, Marion, Maverick, McMullen, Medina, Montgomery, Morris, Navarro, Panola, Rains, Rockwall, Rusk, San Jacinto, Smith, Starr, Tarrant, Trinity, Upshur, Waller, Webb, Wharton, Willacy, Wilson, Wise, Wood, and Zapata

**Effective January 1 through December 31, 2021**



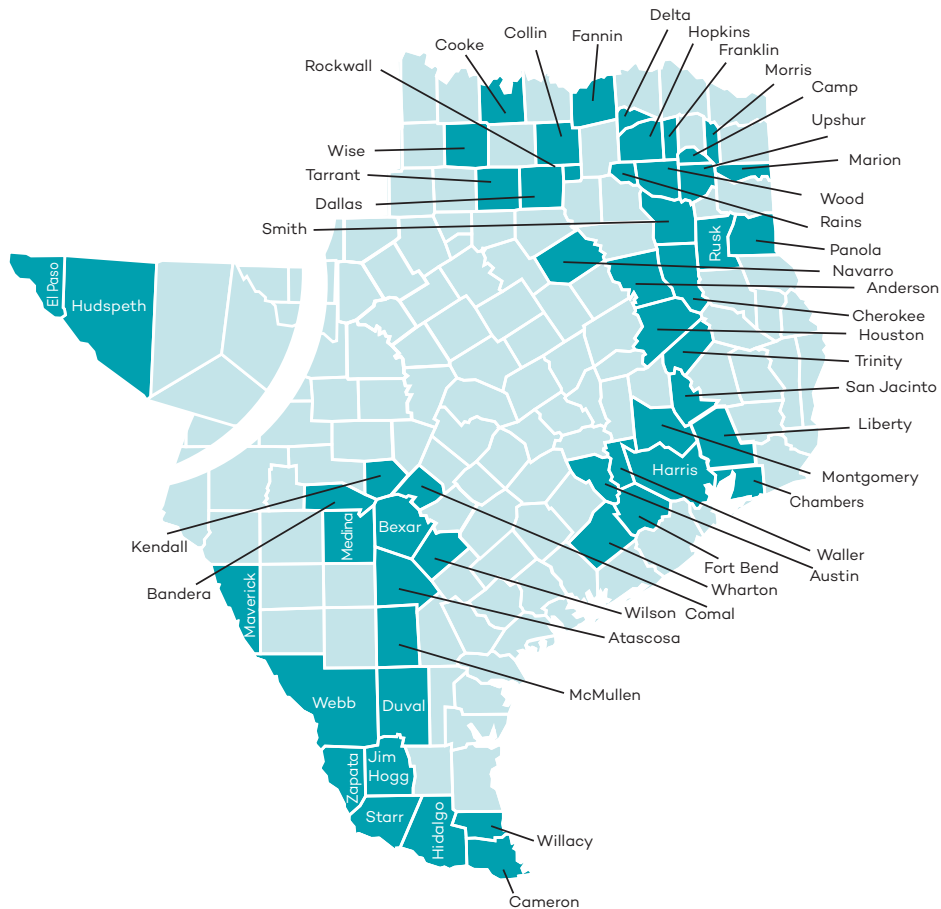
# Introduction to the Summary of Benefits

## Molina Medicare Complete Care

Thank you for considering Molina Healthcare! Everyone deserves quality care. Since 1980, our members have been able to lean on Molina. Because today, as always, we put your needs first.

This document does not include every benefit and service that we cover or every limitation or exclusion. To get a complete list of services, please refer to the Evidence of Coverage (EOC). A copy of the Evidence of Coverage is located on our website at [www.MolinaHealthcare.com/Medicare](http://www.MolinaHealthcare.com/Medicare). You may also call Member Services to ask us to mail you an Evidence of Coverage.

To join our plan, 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: Anderson, Atascosa, Austin, Bandera, Bexar, Cameron, Camp, Chambers, Cherokee, Collin, Comal, Cooke, Dallas, Delta, Duval, El Paso, Fannin, Fort Bend, Franklin, Harris, Hidalgo, Hopkins, Houston, Hudspeth, Jim Hogg, Kendall, Liberty, Marion, Maverick, McMullen, Medina, Montgomery, Morris, Navarro, Panola, Rains, Rockwall, Rusk, San Jacinto, Smith, Starr, Tarrant, Trinity, Upshur, Waller, Webb, Wharton, Willacy, Wilson, Wise, Wood, and Zapata.



Molina has a network of doctors, hospitals, pharmacies, and other providers. Except in emergency situations, if you use providers that are not in our network, we may not pay for those services. If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits. Or, use the Medicare Plan Finder at [medicare.gov](https://www.medicare.gov).

For coverage and costs of Original Medicare, look in your current “Medicare & You” handbook. View it online at [medicare.gov](https://www.medicare.gov) or get a copy by calling **1-800-MEDICARE (1-800-633-4227)**. TTY users should call 1-877-486-2048. If you have any questions, please call our Customer Service team at **(866) 440-0012, TTY/TDD 711**, 7 days a week, 8 a.m. to 8 p.m.


# Molina Medicare Complete Care Benefits-At-A-Glance

## Get More From Your Medicare Plan

In addition to Medicare Part A & Part B benefits, you will also receive these extra benefits to help you stay healthy.

 **Dental coverage**  
\$2,000 allowance for comprehensive services every year. \$0 copay for routine exams.


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 **Hearing exam, fitting + hearing aids**  
\$0 copay for 1 routine hearing exam every year, and \$0 copay for up to 2 hearing aids every year.

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 **Eye exam & eyewear**  
\$0 copay for 1 routine vision exam every year, and a \$300 eyewear allowance every year.


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 **Over-the-Counter benefit**  
\$290 allowance every 3 months with carryover.

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 **Fitness benefit**  
\$0 copay. Members have access to contracted Fitness Facilities and Home Fitness Kits.

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 **Transportation services**  
\$0 copay for 60 one-way trips every year.


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 **Meals**  
\$0 copay for a maximum of 56 meals.

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 **24-hour Nurse Advice Line**  
Call the line, any time. Our nurses are always ready to answer your health questions.

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 **Health Education Resources**  
We offer diabetes counseling, disease management, and case management programs. We can also help you control your weight and quit smoking.

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### **A dedicated support team**

We're here to answer your questions, review your benefits and help you get the care you deserve.

## About Medicare

Medicare is health insurance for people who are 65 years old or older, or who are under 65 years old with certain disabilities.

Original Medicare is a Federal Insurance Program. It pays a fee for your care directly to the doctors and hospitals you visit. Original Medicare does not cover most preventive care and has unpredictable out-of-pocket expenses.



**Medicare Part A (Hospital Insurance)** covers inpatient care in hospital, skilled nursing facilities, hospice care, and some home health care services.

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**Medicare Part B (Medical Insurance)** covers certain doctors' services, outpatient care, medical supplies and preventive services.

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**Medicare Part C (Medicare Advantage)** is an all-in-one alternative to Original Medicare. Medicare Advantage plans include Parts A, B and usually Part D. Some Medicare Advantage plans may have lower out-of-pocket costs than Original Medicare and may cover extra benefits that Original Medicare doesn't – like dental, vision or hearing. Medicare pays a fixed fee to the plan for your care, and then the plan directly pays the doctors and hospitals. Medicare Advantage has predictable out-of-pocket expenses and offers preventive care and care coordination.

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**Medicare Part D (Prescription Drug Coverage)**

## Medicaid Dual Eligibility Coverage Categories

- **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.

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 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 or change in Medicaid category. 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).



# Summary of Premiums & Benefits

## Molina Medicare Complete Care

**Monthly Premium**    \$0 per month



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**Deductible**    This plan does not have a deductible.



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**Maximum Out-of-Pocket Responsibility**    \$7,550 annually for services you receive from in-network providers. (does not include prescription drugs)



## Molina Medicare Complete Care

**Inpatient Hospital** 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.*

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**Outpatient Hospital** \$0 copay



*Prior authorization may be required.*

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**Ambulatory Surgical Center** \$0 copay



*Prior authorization may be required.*

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**Doctor Visits**



**Primary Care**

\$0 copay

**Specialists**

\$0 copay

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**Preventive Care**



\$0 copay

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

# Summary of Premiums & Benefits (Continued)

## Molina Medicare Complete Care

**Emergency Care**      \$0 copay



**Urgently Needed Services**      \$0 copay



**Diagnostic Services/Labs/Imaging**



**Diagnostic tests and procedures**

\$0 copay

*Prior authorization may be required.*

**Lab services**

\$0 copay

*Prior authorization may be required.*

**Diagnostic radiology services** (such as MRI, CT scan)

\$0 copay

*Prior authorization may be required.*

**Outpatient X-rays**

\$0 copay

**Therapeutic radiology**

\$0 copay

*Prior authorization may be required.*

## Molina Medicare Complete Care

### Hearing Services



#### **Medicare-covered diagnostic hearing and balance exam**

\$0 copay

#### **Routine hearing exam**

\$0 copay, 1 every year

#### **Fitting for hearing aid/evaluation**

\$0 copay, 1 every year

#### **Hearing aids**

\$0 copay

Our plan pays for up to 2 pre-selected hearing aids provided by a plan-approved provider every year, both ears combined.

*Prior authorization may be required.*

# Summary of Premiums & Benefits (Continued)

## Molina Medicare Complete Care

### Dental Services



### Medicare-covered dental services

\$0 copay

#### Preventive Dental

\$0 office visit copay

No maximum allowance per year for the following preventive care services:

- Oral exams
- Prophylaxis (cleaning)
- Fluoride treatment
- Dental x-rays

#### Comprehensive Dental

\$0 office visit copay

All comprehensive dental services listed below are covered up to the annual plan maximum benefit coverage amount of \$2,000:

- Extractions
- Endodontics
- Restorative services
- Intraoral and extraoral incision and drainage
- Dentures and denture adjustments
- Non-Routine services such as scaling, full mouth debridement, periodontal maintenance, and palliative emergency treatment
- Other services such as deep sedation with oral surgery, and intravenous with oral surgery

*Prior authorization may be required.*

## Molina Medicare Complete Care

### Vision Services



#### Medicare-covered

- Vision exam to diagnose/treat diseases of the eye (including yearly glaucoma screening): \$0 copay
- Eyeglasses or contact lenses after cataract surgery: \$0 copay

#### Supplemental routine eye exam

\$0 copay, 1 every year

#### Supplemental eyewear

\$0 copay, our plan pays up to \$300 every year for eyewear.

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

### Mental Health Services



#### Inpatient visit

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

There is a 190 day lifetime limit for inpatient psychiatric hospital care. 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.

*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.

No prior hospitalization is required.  
*Prior authorization may be required.*

# Summary of Premiums & Benefits (Continued)

## Molina Medicare Complete Care

### Physical Therapy



#### Physical therapy and speech therapy

\$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.*

### Ambulance



\$0 copay

*Prior authorization required for non-emergent ambulance only.*

### Transportation



\$0 copay

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

*Prior authorization may be required.*

## Medicare Part B Drugs

### Chemotherapy/ Radiation Drugs

\$0 copay

*Prior authorization may be required.*

### Other Part B Drugs

\$0 copay

*Prior authorization may be required.*

# Summary of Drug Coverage

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

	Standard Retail Pharmacy	Mail Order Pharmacy
<b>Tier 1: Preferred Generic</b> One-, two-, or three-month supply	\$0 copay	\$0 copay
<b>Tier 2: Generic</b> One-, two-, or three-month supply	For generic drugs (including brand drugs treated as generic), either: \$0 copay; or \$1.30 copay; or \$3.70 copay  For all other drugs, either: \$0 copay; or \$4.00 copay; or \$9.20 copay	For generic drugs (including brand drugs treated as generic), either: \$0 copay; or \$1.30 copay; or \$3.70 copay  For all other drugs, either: \$0 copay; or \$4.00 copay; or \$9.20 copay
<b>Tier 3: Preferred Brand</b> One-, two-, or three-month supply	For generic drugs (including brand drugs treated as generic), either: \$0 copay; or \$1.30 copay; or \$3.70 copay  For all other drugs, either: \$0 copay; or \$4.00 copay; or \$9.20 copay	For generic drugs (including brand drugs treated as generic), either: \$0 copay; or \$1.30 copay; or \$3.70 copay  For all other drugs, either: \$0 copay; or \$4.00 copay; or \$9.20 copay
<b>Tier 4: Non-Preferred Drug</b> One-, two-, or three-month supply	For generic drugs (including brand drugs treated as generic), either: \$0 copay; or \$1.30 copay; or \$3.70 copay  For all other drugs, either: \$0 copay; or \$4.00 copay; or \$9.20 copay	For generic drugs (including brand drugs treated as generic), either: \$0 copay; or \$1.30 copay; or \$3.70 copay  For all other drugs, either: \$0 copay; or \$4.00 copay; or \$9.20 copay
<b>Tier 5: Specialty Tier</b> One-month supply (Specialty drugs are limited to a one-month supply.)	For generic drugs (including brand drugs treated as generic), either: \$0 copay; or \$1.30 copay; or \$3.70 copay  For all other drugs, either: \$0 copay; or \$4.00 copay; or \$9.20 copay	For generic drugs (including brand drugs treated as generic), either: \$0 copay; or \$1.30 copay; or \$3.70 copay  For all other drugs, either: \$0 copay; or \$4.00 copay; or \$9.20 copay



# Summary of Drug Coverage (Continued)

## Coverage Stages

### **Stage 1: Initial Coverage**

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 \$4,130.

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### **Stage 2: Gap Coverage**

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 \$6,550. This amount and rules for counting costs toward this amount have been set by Medicare.

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### **Stage 3: Catastrophic Coverage**

After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$6,550 the plan will pay most of the costs of your drugs.

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# Summary of Other Benefits

## Molina Medicare Complete Care

### Acupuncture



#### Medicare-covered Acupuncture

\$0 copay

Medicare-covered acupuncture visits are for chronic lower back pain. Up to 12 visits in 90 days are covered under Medicare. An additional eight sessions will be covered for those patients demonstrating an improvement. No more than 20 acupuncture treatments may be administered annually.

### Additional Telehealth Services



\$0 copay

### Chiropractic Care



#### Medicare-Covered Chiropractic Services

\$0 copay

Manipulation of the spine to correct a subluxation (when one or more of the bones of your spine move out of position).

### Dialysis



\$0 copay

### Fitness Benefit



\$0 copay

Silver&Fit offers Members access to contracted fitness facilities and Home Fitness Kits for Members who prefer to exercise at home or while traveling.

### Foot Care (Podiatry)



#### 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 of routine foot care every year.

## Summary of Other Benefits (Continued)

### Molina Medicare Complete Care

#### Health Education



\$0 copay

Programs to help you learn to manage your health conditions, including health education, learning materials, health advice, and care tips.

#### Home Health Care



\$0 copay

*Prior authorization may be required.*

#### Meals Benefit



\$0 copay

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.*

#### Medical Equipment and Supplies



##### **Durable Medical Equipment** (such as 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.*

#### 24-Hour Nurse Advice Line



\$0 copay

Available 24 hours a day, 7 days a week.

#### Nutritional/Dietary Benefit



\$0 copay

12 individual or group sessions every year; individual telephonic nutrition counseling upon request.

## Molina Medicare Complete Care

### Opioid Treatment Program Services

\$0 copay

*Prior authorization may be required.*



### Outpatient Blood Services

\$0 copay

3-pint deductible waived



### Outpatient Substance Abuse

#### Group Therapy Visit

\$0 copay

#### Individual Therapy Visit

\$0 copay



### Over-the-Counter Items

\$0 copay

\$290 allowance every 3 months, expires at the end of the calendar year.



### Personal Emergency Response System Plus (PERSPlus)

\$0 copay

When authorized, we will provide an in-home device to notify the appropriate personnel in the event of an emergency (e.g., a fall).

*Prior authorization may be required.*



### Worldwide Emergency and Urgent Care

\$0 copay

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



# Summary of Medicaid-Covered Benefits

## What Medicaid Covers

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

Benefit	Molina Medicare Complete Care	Texas Medicaid
<b>IMPORTANT INFORMATION</b>		
<p><b>Premium and Other Important Information</b> If you get Extra Help from Medicare, your monthly plan premium will be lower or you may pay nothing.</p>	<p><b>General</b> \$0 monthly plan premium.</p> <p><b>In-Network</b> \$0 annual deductible.</p> <p>\$7,550 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><b>Doctor and Hospital Choice</b> (For more information, see Emergency Care and Urgently Needed Care.)</p>	<p><b>In-Network</b> You must go to network doctors, specialists, and hospitals.</p>	<p>Members should follow Medicare guidelines related to hospital and doctor choice.</p>
<b>OUTPATIENT CARE SERVICES</b>		
<p><b>Acupuncture</b></p>	<p>Limited coverage</p>	<p>Not Covered</p>

Questions? Call our team of Medicare Trusted Advisors at (866) 403-8293, TTY: 711.

Benefit	Molina Medicare Complete Care	Texas Medicaid
<b>OUTPATIENT CARE SERVICES (CONTINUED)</b>		
<b>Ambulance Services</b> (Must be medically necessary)	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.
<b>Cardiac and Pulmonary Rehabilitation Services</b>	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 <ul style="list-style-type: none"> <li>• Cardiac Rehab</li> <li>• One pre-operative pulmonary rehabilitation service</li> </ul>
<b>Chiropractic Services</b>	Limited coverage	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.

## Summary of Medicaid-Covered Benefits (Continued)

Benefit	Molina Medicare Complete Care	Texas Medicaid
<b>OUTPATIENT CARE SERVICES (CONTINUED)</b>		
<b>Dental Services</b>	Covered	Covered \$0 copay for Medicaid-covered services Applies to members 20 years and younger. Covered for members 21 years old or older in an ICF-MR.
<b>Diabetes Programs and Supplies</b>	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. Includes coverage for test strips, lancets, and screening tests 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).
<b>Diagnostic Tests, X-rays, Lab Services, and Radiology Services</b>	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.

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Benefit	Molina Medicare Complete Care	Texas Medicaid
<b>OUTPATIENT CARE SERVICES (CONTINUED)</b>		
<b>Dialysis Services</b>	Covered	Covered Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.
<b>Doctor Office Visits</b>	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.
<b>Durable Medical Equipment</b> (Includes wheelchairs, oxygen, etc.)	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.
<b>Emergency Care</b> (You may go to any emergency room if you reasonably believe you need emergency care.)	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.
<b>Hearing Services</b>	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.



## Summary of Medicaid-Covered Benefits (Continued)

Benefit	Molina Medicare Complete Care	Texas Medicaid
<b>OUTPATIENT CARE SERVICES (CONTINUED)</b>		
<b>Home Health Service</b> (Includes medically necessary intermittent skilled nursing care, home health aide services, rehabilitation services, etc.)	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.
<b>Outpatient Mental Health Care</b>	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.
<b>Outpatient Rehabilitation Services</b> (Occupational Therapy, Physical Therapy, Speech and Language Therapy)	Covered	Covered For members birth through 20 years of age, 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
<b>Outpatient Services</b>	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.

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Benefit	Molina Medicare Complete Care	Texas Medicaid
<b>OUTPATIENT CARE SERVICES (CONTINUED)</b>		
<b>Outpatient Substance Abuse Care</b>	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.
<b>Over-the-Counter Items</b>	Covered	Not Covered
<b>Podiatry Services</b>	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.
<b>Prosthetic Devices</b> (Includes braces, artificial limbs and eyes, etc.)	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.

## Summary of Medicaid-Covered Benefits (Continued)

Benefit	Molina Medicare Complete Care	Texas Medicaid
<b>OUTPATIENT CARE SERVICES (CONTINUED)</b>		
<b>Transportation</b> (Routine)	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.
<b>Urgently Needed Services</b> (This is NOT emergency care and, in most cases, is out of the service area.)	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
<b>Vision Services</b>	Covered	Covered 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.
<b>Wellness/Education and other Supplemental Benefit Programs</b>	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.

Questions? Call our team of Medicare Trusted Advisors at (866) 403-8293, TTY: 711.

Benefit	Molina Medicare Complete Care	Texas Medicaid
<b>INPATIENT CARE</b>		
<p><b>Inpatient Hospital Care</b> (Includes Substance Abuse and Rehabilitation Services)</p>	<p>Covered</p>	<p>Covered Inpatient hospital stays are a covered benefit. Medicaid pays coinsurance, copays and deductibles for Medicare covered services. Members should follow Medicare guidelines related to hospital choice. \$0 copay for Medicaid-covered services.</p>
<p><b>Inpatient Mental Health Care</b></p>	<p>Covered</p>	<p>Covered \$0 co-pay for Medicaid-covered services. Inpatient psychiatric hospital stays are a covered benefit for members under the age of 21, 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.</p>

## Summary of Medicaid-Covered Benefits (Continued)

Benefit	Molina Medicare Complete Care	Texas Medicaid
<b>INPATIENT CARE (CONTINUED)</b>		
<b>Skilled Nursing Facility (SNF)</b> Covered (In a Medicare-certified skilled nursing facility)	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
<b>PREVENTIVE SERVICES</b>		
<b>Kidney Disease and Conditions</b>	Covered	Covered
<b>Preventive Services</b>	Covered	Covered
<b>HOSPICE</b>		
<b>Hospice</b>	Not Covered	Covered \$0 copay for Medicaid-covered services. Medicaid pays for this service for certain Waiver members if it is not covered by Medicare or when the Medicare benefit is exhausted. Note: When adult 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.

Questions? Call our team of Medicare Trusted Advisors at (866) 403-8293, TTY: 711.

Benefit	Molina Medicare Complete Care	Texas Medicaid
<b>PRESCRIPTION DRUG BENEFITS</b>		
<b>Outpatient Prescription Drugs</b>	Covered	Covered Medicaid will not cover any Medicare Part D drug.

## Summary of Medicaid-Covered Benefits (Continued)

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 Plan:

ADDITIONAL MEDICAID BENEFITS	
BENEFITS	MEDICAID COVERAGE
<b>Adult Foster Care</b>	Covered for HCBS STAR+PLUS waiver members.
<b>Assistive Communication Devices (also known as Augmentative Communication Device (ACD) System)</b>	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
<b>Assisted Living</b>	Covered for HCBS STAR+PLUS waiver members.
<b>Assistive Communication devices (also known as Augmentative Communication Device (ACD) System) – Home Health</b>	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.
<b>Birthing services provided by a licensed birthing center</b>	Covered
<b>Birthing services provided by a physician and CNM in a licensed birthing center</b>	Covered
<b>Bone Mass Measurement (for people who are at risk)</b>	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
<b>Cancer screening, diagnostic, and treatment services</b>	Covered

## ADDITIONAL MEDICAID BENEFITS

BENEFITS	MEDICAID COVERAGE
<b>Colorectal Screening Exams (for people aged 50 and older)</b>	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
<b>Cognitive Rehabilitation Therapy</b>	Covered for HCBS STAR+PLUS waiver members.
<b>Emergency Response Services</b>	Covered for HCBS STAR+PLUS waiver members
<b>Employment Assistance</b>	Covered for HCBS STAR+PLUS waiver members
<b>Family planning services</b>	Covered
<b>Financial Management Services</b>	Covered for HCBS STAR+PLUS waiver members.
<b>Health/Wellness Education (nutritional counseling for children, smoking cessation for pregnant women, and adult annual exam).</b>	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.
<b>Home delivered meals</b>	Covered for HCBS STAR+PLUS waiver members.
<b>Immunizations</b>	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
<b>Mammograms (Annual Screening)</b>	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



## Summary of Medicaid-Covered Benefits (Continued)

ADDITIONAL MEDICAID BENEFITS	
BENEFITS	MEDICAID COVERAGE
<b>Minor Home Modifications</b>	Covered for HCBS STAR+PLUS waiver members.
<b>Pap Smears and Pelvic Exams (for women)</b>	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
<b>Prostate Cancer Screening Exams</b>	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
<b>Nursing Services (In home)</b>	Covered for HCBS STAR+PLUS waiver members.
<b>Personal Attendant Services</b>	Covered for HCBS STAR+PLUS waiver members.
<b>Residential Services</b>	Covered  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"><li>• Detoxification services</li><li>• Substance use disorder treatment (including room and board)</li></ul>
<b>Support Consultation</b>	Covered for HCBS STAR+PLUS waiver members.
<b>Supported Employment</b>	Covered for HCBS STAR+PLUS waiver members

Questions? Call our team of Medicare Trusted Advisors at (866) 403-8293, TTY: 711.

## ADDITIONAL MEDICAID BENEFITS

BENEFITS	MEDICAID COVERAGE
<b>Telemedicine</b>	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
<b>Transition Assistance Services</b>	Covered for HCBS STAR+PLUS waiver members. (These services are limited to a maximum of \$2,500.)

# Glossary of Terms

## **Coinsurance**

The percentage you pay as your share of the cost for medical services or prescription drugs. For example, if you have 20 percent coinsurance, you pay 20 percent of the cost of your medical bill.

## **Copay**

The fixed amount you pay as your share of the cost of a medical service or supply. For example, you might have a \$20 copay every time you see your primary care doctor.

## **Deductible**

The amount you pay for health care services or prescriptions before your insurance begins to pay.

## **Extra Help**

A Medicare program to help people with limited income and resources pay prescription drug program costs, like premiums, deductibles, and coinsurance.

## **Long-term care**

Services and support for people who can't perform basic activities of daily living, like dressing and bathing. Medicare and most health insurance plans do not pay for long-term care.

## **Medicaid**

A state and federal program that provides health coverage to low-income people.

## **Medicare Advantage**

Also known as Part C. A type of Medicare plan offered by a private company approved by Medicare. A Medicare Advantage plan is an alternative to Original Medicare. It provides all of your Part A and Part B benefits and often offers extra benefits, like dental and vision care.

## **Original Medicare**

Medicare Part A (hospital insurance) and Part B (medical insurance). Most people get it when they turn 65. The federal government manages Original Medicare.

## **Out-of-pocket maximum**

The most you have to pay for covered services in one year. Once you reach this amount, your insurance covers 100 percent of your medically necessary care for the rest of the year.

## **Premium**

The money you pay monthly to Medicare or a health care plan for coverage.

## **Preventive services**

Health care to prevent or detect illness at an early stage. Most health plans must cover some important preventive services, like flu shots and blood pressure screening, at no cost to you.

## How can you enroll?



### **Apply by Phone**

Call **(866) 403-8293, TTY/TDD 711**, to enroll over the phone. Our team of Molina Medicare Trusted Advisors are happy to answer your questions and help you enroll.



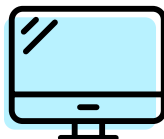
### **Apply in Person**

If you prefer to meet face-to-face with one of our Molina Medicare Trusted Advisors, please call us to schedule an appointment.



### **Apply by Mail**

Simply complete the enrollment application and return it using the postage-paid envelope. If you do not already have an enrollment application, call us and we will be happy to mail one to you.



### **Apply Online**

Visit **[MolinaHealthcare.com/Medicare](https://MolinaHealthcare.com/Medicare)** to apply online.

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# Contact us

Ready to enroll or have questions?

Call **(866) 403-8293, TTY/TDD 711**

Current Members Call: **(866) 440-0012, TTY/TDD 711**

7 days a week, 8 a.m. to 8 p.m., local time



**MolinaHealthcare.com**

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