

2023 Summary of Benefits

Molina Medicare Complete Care HMO D-SNP

Texas H7678-001

Serving Anderson, Angelina, Atascosa, Austin, Bandera, Bexar, Brazoria, Cameron, Camp, Cass, Chambers, Cherokee, Collin, Comal, Cooke, Dallas, Delta, Denton, Duval, El Paso, Ellis, Fannin, Fort Bend, Franklin, Galveston, Grayson, Gregg, Guadalupe, Hardin, Harris, Harrison, Henderson, Hidalgo, Hood, Hopkins, Houston, Hudspeth, Hunt, Jasper, Jefferson, Jim Hogg, Johnson, Kaufman, Kendall, Lamar, Liberty, Marion, Matagorda, Maverick, McMullen, Medina, Montague, Montgomery, Morris, Nacogdoches, Navarro, Orange, Panola, Parker, Polk, Rains, Red River, Rockwall, Rusk, San Augustine, San Jacinto, Shelby, Smith, Starr, Tarrant, Titus, Trinity, Tyler, Upshur, Van Zandt, Walker, Waller, Webb, Wharton, Willacy, Wilson, Wise, Wood, and Zapata

Effective January 1 through December 31, 2023



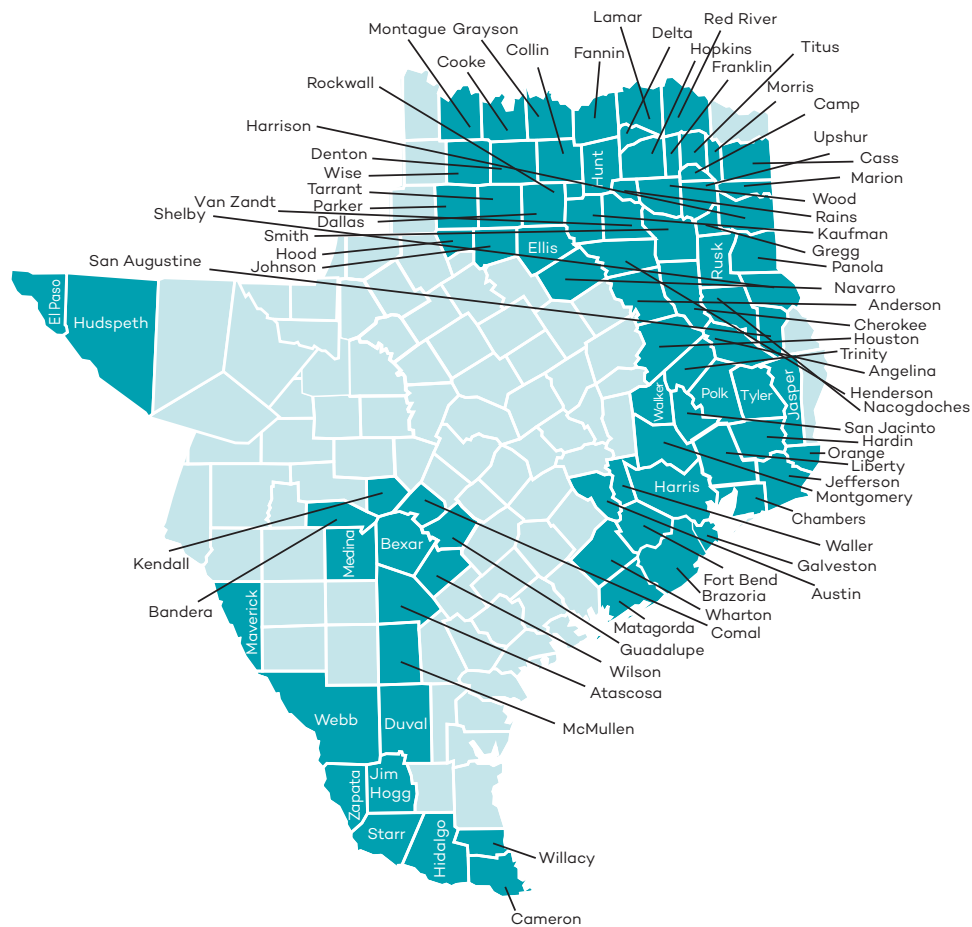
Introduction to the Summary of Benefits

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 EOC is located on our website at MolinaHealthcare.com/Medicare. You can also call Member Services at (866) 440-0012, TTY/TDD 711 and we will mail you a copy.

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, Angelina, Atascosa, Austin, Bandera, Bexar, Brazoria, Cameron, Camp, Cass, Chambers, Cherokee, Collin, Comal, Cooke, Dallas, Delta, Denton, Duval, El Paso, Ellis, Fannin, Fort Bend, Franklin, Galveston, Grayson, Gregg, Guadalupe, Hardin, Harris, Harrison, Henderson, Hidalgo, Hood, Hopkins, Houston, Hudspeth, Hunt, Jasper, Jefferson, Jim Hogg, Johnson, Kaufman, Kendall, Lamar, Liberty, Marion, Matagorda, Maverick, McMullen, Medina, Montague, Montgomery, Morris, Nacogdoches, Navarro, Orange, Panola, Parker, Polk, Rains, Red River, Rockwall, Rusk, San Augustine, San Jacinto, Shelby, Smith, Starr, Tarrant, Titus, Trinity, Tyler, Upshur, Van Zandt, Walker, 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 Member Service team at **(866) 440-0012, TTY/TDD 711**, 7 days a week, 8 a.m. to 8 p.m., local time.

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 hospitals, skilled nursing facilities, hospice care, and some home health care services.



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



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.



Medicare Part D (Prescription Drug Coverage) helps you pay for drugs you get from a pharmacy.

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.
- **Full-Benefit Dual Eligible (FBDE):** At times, individuals may qualify for both limited coverage of Medicare cost sharing as well as full Medicaid benefits.

As a QMB, QMB+, SLMB+, or FBDE beneficiary, your cost share is \$0, except for Part D prescription drug copays.

Note – Preventive wellness exams and most supplemental Medicare Advantage 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, 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



Medical Deductible This plan does not have a deductible.



Maximum Out-of-Pocket Responsibility \$8,300 each year for services you receive from in-network providers. (does not include prescription drugs)



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

Molina Medicare Complete Care

Inpatient Hospital You pay \$0 for days 1 - 90 of a hospital stay per benefit period.



Our plan also covers 60 "lifetime reserve days." These are "extra" days that we cover. If your hospital stay is longer than 90 days per benefit period, 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 per benefit period.

Prior authorization may be required.

Outpatient Hospital \$0 copay per visit



Prior authorization may be required.

Ambulatory Surgical Center \$0 copay per visit



Prior authorization may be required.

Doctor Visits



Primary Care

\$0 copay per visit

Specialists

\$0 copay per visit

Preventive Care



\$0 copay

Look for the rows with the apple in the Chapter 4 Medical benefits chart in the Evidence of Coverage. Any additional preventive services approved by Medicare during the plan 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

Lab services

\$0 copay

Diagnostic radiology services (such as MRI, CT scan)

\$0 copay

Outpatient X-rays

\$0 copay

Therapeutic radiology

\$0 copay

Prior authorization may be required for some services.

No authorization is required for outpatient lab services and outpatient x-ray services. Genetic lab testing requires prior authorization.

Molina Medicare Complete Care

Hearing Services



Medicare-covered diagnostic hearing and balance exams

\$0 copay

Routine hearing exam

\$0 copay, 1 every year

Fitting for hearing aid/evaluation

\$0 copay, 1 every year

If you are told you need hearing aids, you can get up to 2 pre-selected hearing aids from a plan-approved provider every calendar year for both ears combined.

Hearing aids

\$0 copay

Prior authorization may be required.

Our plan covers up to 2 pre-selected hearing aids provided by a plan-approved provider every year.

Summary of Premiums & Benefits (Continued)

Molina Medicare Complete Care

Dental Services



Medicare-covered dental services

\$0 copay

Preventive dental

\$0 office visit copay

- 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 \$4,000:

- 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.



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

Molina Medicare Complete Care

Vision Services



Medicare-covered vision services

- 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 \$550 every year for routine eyewear.

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

Prior authorization may be required.

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 <i>Prior authorization may be required.</i>
	Cardiac and pulmonary rehabilitation \$0 copay <i>Prior authorization may be required.</i>
	Occupational therapy services \$0 copay <i>Prior authorization may be required.</i>
<hr/>	
Ambulance 	\$0 copay <i>Prior authorization required for non-emergent ambulance only.</i>
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Transportation 	\$0 copay 60 one-way trips every year to plan-approved locations <i>Prior authorization may be required.</i>

Medicare Part B Drugs

Chemotherapy/ Radiation Drugs and other Part B Drugs	\$0 copay <i>Prior authorization may be required.</i>
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Questions? Call our team of Medicare Trusted Advisors at (866) 403-8293, TTY: 711.

Summary of Drug Coverage

Standard Retail Pharmacy and Mail-Order Pharmacy

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

For generic drugs (including brand drugs treated as generic), either:

- \$0 copay; or \$1.45 copay; or \$4.15 copay

For all other drugs, either:

- \$0 copay; or \$4.30 copay; or \$10.35 copay
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Summary of Drug Coverage (Continued)

Coverage Stages

Stage 1: Deductible	Because there is no drug deductible for this plan, this stage does not apply to you.
Stage 2: Initial Coverage	<p>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. You stay in this stage until your year-to-date "total drug costs" (your payments plus any Part D plan payments) total \$4,660.</p> <p>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.</p>
Stage 3: Gap Coverage	You pay a \$0 copay for drugs in tiers 1 and 2. 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 \$7,400. This amount and rules for counting costs toward this amount have been set by Medicare.
Stage 4: Catastrophic Coverage	After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$7,400 the plan will pay most of the costs of your drugs.

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

Summary of Other Benefits

Molina Medicare Complete Care

Acupuncture



Medicare-Covered Acupuncture

\$0 copay

Up to 12 visits in 90 days are covered for chronic lower back pain. Up to eight additional sessions are covered in the same year for those patients demonstrating an improvement.

Routine Acupuncture

\$0 copay

Up to 20 visits every year for routine services

Additional Telehealth Services



\$0 copay

Includes Primary Care Physician Services

Prior authorization may be required.

Annual Physical Exam



\$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

You get a fitness center membership to participating fitness centers. If you are unable to visit a fitness center or prefer to also work out from home, you can select a Home Fitness kit.

Summary of Other Benefits (Continued)

Molina Medicare Complete Care

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 visits every year

Prior authorization may be required.

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.

In-Home Support Services



Members have access up to 48 hours every year.

You have access to in-home support services, including cleaning, household chores and meal preparation and assistance with other instrumental activities of daily living.

Meals Benefit



\$0 copay

Standard meal cycle is a 2-week menu with a total of 28 delivered meals, based on member need. Maximum of 56 meals and 4 weeks per year. Must meet criteria approved by the plan.

Prior authorization may be required.

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

Molina Medicare Complete Care

Medical Equipment and Supplies



Durable Medical Equipment (such as wheelchairs, oxygen)

\$0 copay

Prosthetics/Medical Supplies

\$0 copay

Diabetic Supplies and Services

\$0 copay

Prior authorization may be required for Durable Medical Equipment, Prosthetics/Medical supplies, and Diabetic supplies.

Prior authorization required for diabetic shoes and inserts.

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.

Opioid Treatment Program Services



\$0 copay

Prior authorization may be required.

Outpatient Blood Services



\$0 copay

3 pint deductible waived

Outpatient Substance Abuse







\$0 copay

Individual or group therapy visits

Prior authorization may be required.

Summary of Other Benefits (Continued)

Molina Medicare Complete Care

Over-the-Counter Items 	<p>\$0 copay \$475 allowance every quarter (3 months), unused allowance does not carry over to the next quarter.</p> <p>You must use your MyChoice Card to get the benefit and services. See MyChoice Card section for more information.</p>
Personal Emergency Response System Plus (PERSPlus) 	<p>\$0 copay</p> <p>When authorized, we will provide an in-home device to notify the appropriate personnel in the event of an emergency (e.g., a fall).</p> <p>Case Management review required.</p> <p><i>Prior authorization may be required.</i></p>
Worldwide Emergency and Urgent Care 	<p>\$0 copay</p> <p>You are covered for worldwide emergency and urgent care services up to \$10,000.</p>
MyChoice Card 	<p>\$0 copay</p> <p>You receive a prepaid debit card that may be used toward select supplemental plan benefits such as:</p> <ul style="list-style-type: none">• Over-the-counter items• Food and produce*• Special Supplemental Benefits for Chronic Illnesses — Menu option* <p>Funds are loaded onto the card each benefit period. A benefit period can be monthly, quarterly, or annually depending on the benefits. At the end of each benefit period, any unused allocated money will not carry over to the following period or plan year.</p> <p><i>*Eligibility requirements applicable</i></p>

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Molina Medicare Complete Care

Special Supplemental Benefits for Chronic Illnesses



\$0 copay

\$150 allowance every 3 months for the following benefits:

- Mental health and wellness applications
- Service Animal supplies
- Pest control
- Non-Medicare covered genetic test kits

\$30 allowance every month for food and produce.

Unused allowance does not carry over to the next quarter.

Prior authorization may be required.

You must use your MyChoice Card to get the benefit and services. See MyChoice Card section for more information.

Members must complete a Health Risk Assessment and meet the criteria outlined in Chapter 4 of the Evidence of Coverage.

Summary of Medicaid-Covered Benefits

What Services are Covered

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
IMPORTANT INFORMATION		
Premium and Other Important Information If you get Extra Help from Medicare, your monthly plan premium will be lower or you may pay nothing.	General \$0 monthly plan premium In-Network \$8,300 out-of-pocket limit for Medicare-covered services. However, in this plan you will have no cost-sharing responsibility for Medicare-covered services, based on your level of Medicaid eligibility.	Medicaid assistance with premium payments and cost sharing may vary based on your level of Medicaid eligibility.
Doctor and Hospital Choice (For more information, see Emergency Care and Urgently Needed Care.)	In-Network You must go to network doctors, specialists, and hospitals.	Members should follow Medicare guidelines related to hospital and doctor choice.
OUTPATIENT CARE SERVICES		
Acupuncture	Covered	Not Covered

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

Benefit	Molina Medicare Complete Care	Texas Medicaid
OUTPATIENT CARE SERVICES (CONTINUED)		
Ambulance Services (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.
Cardiac and Pulmonary Rehabilitation Services	Covered	Covered \$0 copay for Medicaid-covered services. Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.
Chiropractic Services	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
OUTPATIENT CARE SERVICES (CONTINUED)		
Dental Services	Covered	Covered \$0 copay for Medicaid-covered services. Applies to members 20 years or younger. Covered for members age 21 or older in an ICF-IID. 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.
Diabetes Programs and Supplies	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. (Includes coverage for test strips, lancets, and screening tests)
Diagnostic Tests, X-rays, Lab Services, and Radiology Services	Covered	Covered \$0 copay for Medicaid-covered services. Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.

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

Benefit	Molina Medicare Complete Care	Texas Medicaid
OUTPATIENT CARE SERVICES (CONTINUED)		
Dialysis Services	Covered	Covered \$0 copay for Medicaid-covered services. End-Stage Renal Disease Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.
Doctor Office Visits	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.
Durable Medical Equipment (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.
Emergency Care (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.

Summary of Medicaid-Covered Benefits (Continued)

Benefit	Molina Medicare Complete Care	Texas Medicaid
OUTPATIENT CARE SERVICES (CONTINUED)		
Hearing Services	Covered	Covered \$0 copay for Medicaid-covered benefits. Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.
Home Health Care (Includes medically necessary intermittent skilled nursing care, home health aide services, rehabilitation services, 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.
Outpatient Mental Health 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.

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

Benefit	Molina Medicare Complete Care	Texas Medicaid
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OUTPATIENT CARE SERVICES (CONTINUED)

Outpatient Rehabilitation Services

(Occupational Therapy, Physical Therapy, Speech and Language Therapy)

Covered

Covered

\$0 copay for Medicaid-covered services. 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.

Covered for members who are age 21 and older if rehab is for medically necessary treatment of an acute medical condition or an acute exacerbation of a chronic medical condition. Physical therapy (PT), occupational therapy (OT), and speech therapy (ST) services are benefits of Texas Medicaid for the medically necessary short-term treatment of an acute medical condition or an acute exacerbation of a chronic medical condition for members who are 21 years of age and older.

Outpatient Services/Surgery

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.

Summary of Medicaid-Covered Benefits (Continued)

Benefit	Molina Medicare Complete Care	Texas Medicaid
OUTPATIENT CARE SERVICES (CONTINUED)		
Outpatient Substance Use Disorder	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. (Includes assessment, ambulatory treatment/detox, and MAT)
Over-the-Counter Items	Covered	Not Covered
Podiatry Services	Covered	Covered \$0 copay for Medicaid-covered services. Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted.
Orthotic and Prosthetic Devices (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.

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

Benefit	Molina Medicare Complete Care	Texas Medicaid
OUTPATIENT CARE SERVICES (CONTINUED)		
Transportation (Routine)	Covered	Covered \$0 copay for Medicaid-covered services. Medicaid pays for non-emergency medical transportation services covered under the Medicaid state plan.
Urgently Needed Care (This is NOT emergency care and, in most cases, is out of the service area.)	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.
Vision Services	Covered	Covered \$0 copay for Medicaid-covered services. Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. Services by an optician are limited to fitting and dispensing of medically necessary eyeglasses or contact lenses.

Summary of Medicaid-Covered Benefits (Continued)

Benefit	Molina Medicare Complete Care	Texas Medicaid
INPATIENT CARE		
Inpatient Hospital Care (Includes Substance Abuse and Rehabilitation Services)	Covered	Covered \$0 copay for Medicaid-covered services. 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.
Inpatient Mental Health Care	Covered	Covered \$0 copay for Medicaid-covered services. Covered for members under age 21, and adults age 65 and older. Inpatient acute care hospital stays for psychiatric treatment are a covered benefit for adults 21 through 64 years of age, in accordance with 42 CFR §438.6(e), 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.

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

Benefit	Molina Medicare Complete Care	Texas Medicaid
INPATIENT CARE (CONTINUED)		
Skilled Nursing Facility (SNF) (In a Medicare-certified skilled nursing facility)	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.
PREVENTIVE SERVICES		
Health/Wellness Education	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. (Includes nutritional counseling for children, smoking cessation for pregnant women, and adult annual exam)
Preventive Services	Covered	Covered

Summary of Medicaid-Covered Benefits (Continued)

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

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

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
Adaptive Aids	Covered for HCBS STAR+PLUS waiver members.
Adult Foster Care	Covered for HCBS STAR+PLUS waiver members.
Assistive Communication Devices (also known as Augmentative Communication Device (ACD) System)	For Members who meet the criteria, Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 copay for Medicaid-covered services
Assisted Living	Covered for HCBS STAR+PLUS waiver members.
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)	For Members who meet the criteria, Medicaid pays for this bone density screening if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 copay for Medicaid-covered services
Cancer screening, diagnostic, and treatment services	Covered

Summary of Medicaid-Covered Benefits (Continued)

ADDITIONAL MEDICAID BENEFITS	
BENEFITS	MEDICAID COVERAGE
Colorectal Screening Exams (for people aged 45 and older)	Medicaid pays for this service if it is not covered by Medicare or when the Medicare benefit is exhausted. \$0 copay for Medicaid-covered services
Cognitive Rehabilitation Therapy	Covered for HCBS STAR+PLUS waiver members.
Dental Services	Covered for HCBS STAR+PLUS waiver members.
Emergency Response Services	Covered for HCBS STAR+PLUS waiver members
Employment Assistance	Covered for HCBS STAR+PLUS waiver members
Family planning services	Covered
Financial Management Services	Covered for HCBS STAR+PLUS waiver members.
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 copay 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 copay for Medicaid-covered services

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

ADDITIONAL MEDICAID BENEFITS

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

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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 to apply online.

Molina Healthcare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, ethnicity, national origin, religion, gender, sex, age, mental or physical disability, health status, receipt of healthcare, claims experience, medical history, genetic information, evidence of insurability, geographic location. You can get this document for free in non-English language(s) or other formats, such as large print, braille, or audio. Call (866) 440-0012, TTY: 711. The call is free. Molina Healthcare is an HMO D-SNP Health Plan with a Medicare Contract and a contract with the state Medicaid program. Enrollment depends on contract renewal.

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

