

# 2022 Summary of Benefits

## Molina Medicare Complete Care Select HMO D-SNP

Washington H5823-010

Serving Adams, Benton, Clark, Cowlitz, Franklin, King, Kitsap, Lewis, Mason, Pierce, Skagit, Snohomish, Spokane, Stevens, Thurston, Walla Walla, Whatcom, Whitman, and Yakima

**Effective January 1 through December 31, 2022**



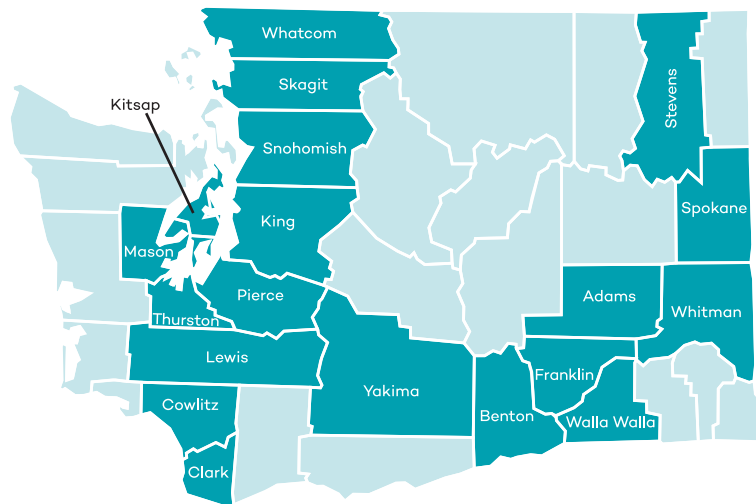
# Introduction to the Summary of Benefits

## Molina Medicare Complete Care Select

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](https://www.molinahealthcare.com/Medicare). You can also call Member Services at (800) 665-1029 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 Washington State Health Care Authority (HCA), and live in our service area. Our service area includes the following counties in Washington: Adams, Benton, Clark, Cowlitz, Franklin, King, Kitsap, Lewis, Mason, Pierce, Skagit, Snohomish, Spokane, Stevens, Thurston, Walla Walla, Whatcom, Whitman, and Yakima.



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 **(800) 665-1029, TTY/TDD 711**, 7 days a week, 8 a.m. to 8 p.m.

## 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.

---



**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

- **Specified Low-Income Medicare Beneficiary (SLMB):** Apple Health pays your Medicare Part B premium only. You are not eligible for any other Apple Health benefits and must pay all of your cost sharing.
- **Qualifying Individual (QI):** Apple Health pays your Medicare Part B premium only. You are not otherwise eligible for any Apple Health benefits.
- **Qualified Disabled and Working Individual (QDWI):** Eligible for Apple Health payment of your Medicare Part A premium only. You are not otherwise eligible for any Apple Health benefits.

### If you are a SLMB, QI, and QDWI Beneficiary

Because Apple Health does not pay your cost share, and you do not have full Apple Health benefits, your cost share is usually 20%\*. There are a few exceptions, such as preventive wellness exams and most supplemental benefits provided by Molina Medicare, which have a \$0 cost share.



## Eligibility Changes

It is important to read and respond to all mail that comes from program administrators like Social Security, Department of Health and Social Services, Home and Community Services and the Health Care Authority. Agencies like these help you maintain your Apple Health eligibility status.

If your eligibility status changes, your cost share may also change from 0% to 20%\* or from 20%\* to 0%. If you lose Apple Health coverage entirely, there is a grace period for you to reapply for Apple Health and become reinstated if you still qualify.

If you no longer qualify for Apple Health, you may be involuntarily disenrolled from our HMO SNP plan. We may contact you to remind you to reapply for Apple Health when we see your eligibility has ended.

If you are currently entitled to receive full or partial Apple Health benefits, please see your Apple Health member handbook or other state Apple Health documents for full details on your Apple Health services limits, restrictions, and exclusions.

\*Annual deductible for Part B services, and 20% coinsurance (as applicable), in addition to varying cost share amounts for Part A services apply when Member's cost share amount is not 0%.

# Summary of Premiums & Benefits

## Molina Medicare Complete Care Select

**Monthly Premium** \$0-\$40.50 per month



If you get Extra Help from Medicare, your monthly plan premium will be lower or you might pay nothing.

In addition, you must keep paying your Medicare Part B premium.

---

**Medical Deductible** \$0 or \$203 each year for in-network services, depending on your level of Medicaid eligibility. This amount may change for 2022.



---

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



# Summary of Premiums & Benefits (Continued)

## Molina Medicare Complete Care Select

**Inpatient Hospital** Our plan covers 90 days for 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.

\$0 or:

- \$295 copay per day for days 1-6
- \$0 copay per day for days 7-90
- \$0 copay per day for up to 60 lifetime reserve days

*Prior authorization may be required.*

**Outpatient Hospital** \$0 copay or 20% of the cost per visit



*Prior authorization may be required.*

**Ambulatory Surgical Center** \$0 or \$50 copay per visit



*Prior authorization may be required.*

**Doctor Visits**



**Primary Care**

\$0 copay per visit

**Specialists**

\$0 or \$20 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.

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

## Molina Medicare Complete Care Select

**Emergency Care** \$0 or \$90 copay



**Urgently Needed Services** \$0 or \$25 copay



**Diagnostic Services/Labs/Imaging**



**Diagnostic tests and procedures**

\$0 copay (freestanding location) or \$0 or 20% of the cost (hospital)  
*Prior authorization may be required.*

**Lab services**

\$0 copay (freestanding location) or \$0 or 20% of the cost (hospital)  
*Prior authorization may be required.*

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

\$0 copay (freestanding location) or \$0 or 20% of the cost (hospital) depending on the service  
*Prior authorization may be required.*

**Outpatient X-rays**

\$0 copay

**Therapeutic radiology**

\$0 copay or 20% of the cost  
*Prior authorization may be required.*

**Hearing Services**



**Medicare-covered diagnostic hearing and balance exams**

\$0 copay or 20% of the cost

**Routine hearing exam**

\$0 copay, 1 every year

**Fitting for hearing aid/evaluation**

\$0 copay, 1 every year

**Hearing aids**

\$0 copay

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 Select

### 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

- Extractions
- Endodontics
- Periodontics
- Diagnostic and restorative services
- Intraoral and extraoral incision and drainage
- Dentures and denture adjustments
- Non-routine services such as scaling, full mouth debridement, and palliative emergency treatment
- Other services such as deep sedation with oral surgery, and intravenous with oral surgery

*Prior authorization may be required.*

All preventive and comprehensive dental services are covered up to the annual plan maximum benefit coverage amount of \$3,000.

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

## Molina Medicare Complete Care Select

### 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, no limit on number of visits

#### Supplemental eyewear

\$0 copay; our plan pays up to \$350 every year for routine eyewear and routine eye exams combined.

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

*Prior authorization may be required.*

# Summary of Premiums & Benefits (Continued)

## Molina Medicare Complete Care Select

### Mental Health Services



#### 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.

Our plan covers 90 days for 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.

In 2021 the amounts for each benefit period were \$0 or:

- \$1,484 deductible per benefit period
- \$0 for days 1 through 60
- \$371 copay per day for days 61 through 90
- \$742 copay per day for 60 lifetime reserve days

These amounts may change for 2022.

*Prior authorization may be required.*

#### Outpatient individual/group therapy visit

\$0 or \$10 copay

---

### Skilled Nursing Facility



Our plan covers up to 100 days in a skilled nursing facility.

In 2021 the amounts for each benefit period were \$0 or:

- \$0 copay for days 1-20
- \$185.50 copay per day for days 21-100

These amounts may change for 2022.

No prior hospitalization is required.

*Prior authorization may be required.*

---

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

## Molina Medicare Complete Care Select

### Physical Therapy



#### Physical therapy and speech therapy

\$0 copay (freestanding location) or \$0 or 20% of the cost (hospital)  
*Prior authorization may be required.*

#### Cardiac and pulmonary rehabilitation

\$0 copay or 20% of the cost  
*Prior authorization may be required.*

#### Occupational therapy services

\$0 copay or 20% of the cost  
*Prior authorization may be required.*

### Ambulance



\$0 copay or 20% of the cost

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

### Transportation



\$0 copay  
\$450 allowance every 3 months for routine transportation and OTC benefit combined

*Prior authorization may be required.*

## Medicare Part B Drugs

### Chemotherapy/ Radiation Drugs and other Part B Drugs

\$0 copay or 20% of the cost

*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	\$0 copay	\$0 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 \$1.35 copay; or \$3.95 copay  For all other drugs, either: \$0 copay; or \$4 copay; or \$9.85 copay	For generic drugs (including brand drugs treated as generic), either: \$0 copay; or \$1.35 copay; or \$3.95 copay  For all other drugs, either: \$0 copay; or \$4 copay; or \$9.85 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 \$1.35 copay; or \$3.95 copay  For all other drugs, either: \$0 copay; or \$4 copay; or \$9.85 copay	For generic drugs (including brand drugs treated as generic), either: \$0 copay; or \$1.35 copay; or \$3.95 copay  For all other drugs, either: \$0 copay; or \$4 copay; or \$9.85 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 \$1.35 copay; or \$3.95 copay  For all other drugs, either: \$0 copay; or \$4 copay; or \$9.85 copay	For generic drugs (including brand drugs treated as generic), either: \$0 copay; or \$1.35 copay; or \$3.95 copay  For all other drugs, either: \$0 copay; or \$4 copay; or \$9.85 copay

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

## Coverage Stages

### **Stage 1: Deductible**

You pay the full cost of Tier 3-5 drugs until you reach the yearly \$0 or \$99 deductible. For drugs on Tiers 1 and 2, you begin the Initial Coverage Stage when you fill your first prescription of the year.

Depending on your level of Medicaid eligibility, your Part D deductible may vary. If you receive "Extra Help" to pay your prescription drugs, the deductible stage does not apply to you.

### **Stage 2: Initial Coverage**

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 \$4,430.

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.

### **Stage 3: Gap Coverage**

During this stage, you pay 25% of the price for brand name drugs (plus a portion of the dispensing fee) and 25% of the price for generic drugs. You stay in this stage until your year-to-date "out-of-pocket costs" (your payments) reach a total of \$7,050. 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 \$7,050 the plan will pay most of the costs of your drugs.

# Summary of Other Benefits

## Molina Medicare Complete Care Select

### 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 - 20% of the cost

Up to 30 visits every year for routine acupuncture and routine chiropractic services combined

### Additional Smoking and Tobacco Use Cessation



\$0 copay

8 counseling visits offered in addition to Medicare.

### 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).

#### Routine Chiropractic Services

\$0 copay

Up to 30 visits every year for routine acupuncture and routine chiropractic services combined

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

## Molina Medicare Complete Care Select

### Dialysis

\$0 copay or 20% of the cost



### 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 6 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.*



### 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.*



# Summary of Other Benefits (Continued)

## Molina Medicare Complete Care Select

### Medical Equipment and Supplies



**Durable Medical Equipment** (such as wheelchairs, oxygen)  
\$0 copay or 20% of the cost  
*Prior authorization may be required.*

### Prosthetics/Medical Supplies

\$0 copay or 20% of the cost  
*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.

### Opioid Treatment Program Services



\$0 copay  
*Prior authorization may be required.*

### Outpatient Blood Services



\$0 copay or 20% of the cost  
3 pint deductible waived

### Outpatient Substance Abuse



\$0 or \$10 copay  
Individual or group therapy visits  
*Prior authorization may be required.*

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

## Molina Medicare Complete Care Select

### Over-the-Counter Items



\$0 copay  
\$450 allowance every quarter (3 months) for OTC and transportation benefits combined; unused allowance does not carry over to the next quarter.

### 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.

### MyChoice Card



\$0 copay  
You receive a prepaid debit card that may be used toward select supplemental plan benefits such as:

- Over-the-counter items and routine transportation combined
- Dental
- Vision
- Food and produce\*
- Special Supplemental Benefits for Chronic Illnesses — Menu option\*

Funds are loaded onto the card every 3 months

*\*Eligibility requirements applicable*

## Summary of Other Benefits (Continued)

### Molina Medicare Complete Care Select

#### Special Supplemental Benefits for Chronic Illnesses



\$0 copay

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

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

\$40 allowance every month for food and produce

Unused allowance does not carry over to the next quarter.

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

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

# Summary of Medicaid-Covered Benefits

## What Medicaid Covers

The Medicaid program in Washington is called Apple Health and is managed by the Health Care Authority (HCA).

People who have Medicare and Apple Health are considered dual-eligible. Although you do not have full Medicaid benefits, you may receive help with your plan premium.

Benefit	Molina Medicare Complete Care Select	Apple Health (Medicaid)
<b>IMPORTANT INFORMATION</b>		
<p><b>Premium and Other Important Information</b></p> <p>If you get Extra Help from Medicare, your monthly plan premium will be lower or you may pay nothing.</p>	<p><b>General</b></p> <p>\$0 - \$40.50 monthly plan premium</p> <p><b>In-Network</b></p> <p>\$0 or \$203 deductible per year for in-network services. This amount may change for 2022.</p> <p>\$7,550 out-of-pocket limit for Medicare-covered services.</p>	<p>Medicaid assistance with premium payments may vary based on your level of Medicaid eligibility. See the Medicaid Dual Eligibility Coverage Categories section of this document for more information.</p>

# 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.



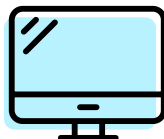
### **Apply in Person**

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.

Molina Medicare Complete Care Select is a Health Plan with a Medicare Contract and a contract with the state Medicaid program. Enrollment in Molina Medicare Complete Care Select depends on contract renewal. Product offered by Molina Healthcare of Washington, Inc., a wholly owned subsidiary of Molina Healthcare, Inc. This information is available in other formats, such as Braille, large print, and audio. Molina Healthcare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, ethnicity, national origin, religion, gender, sex, age, mental or physical disability, health status, receipt of healthcare, claims experience, medical history, genetic information, evidence of insurability, geographic location.

# Contact us

Ready to enroll or have questions?

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

Current Members Call: **(800) 665-1029, TTY/TDD 711**

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

