

2024 Summary of Benefits

Molina Medicare Complete Care HMO D-SNP

Wisconsin H2879-001

Serving Adams, Brown, Calumet, Columbia, Dane, Dodge, Door, Florence, Fond du Lac, Forest, Green, Green Lake, Iowa, Jefferson, Kenosha, Kewaunee, Langlade, Manitowoc, Marinette, Marquette, Milwaukee, Oconto, Outagamie, Ozaukee, Portage, Racine, Rock, Sauk, Shawano, Sheboygan, Walworth, Washington, Waukesha, Waupaca, Waushara and Winnebago

Effective January 1 through December 31, 2024

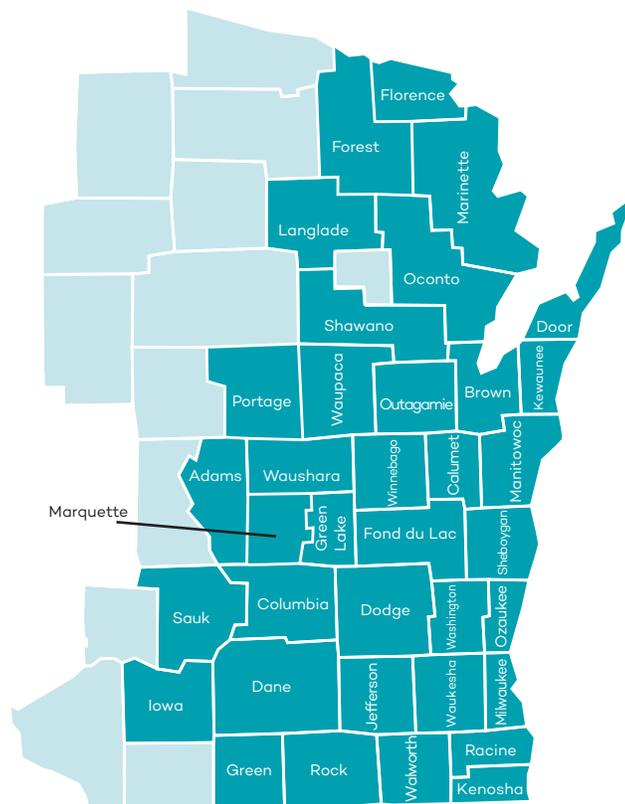
Introduction to the Summary of Benefits

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 (855) 315-5663, 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 Wisconsin Department of Health Services: Division of Medicaid Services, and live in our service area. Our service area includes the following counties in Wisconsin: Adams, Brown, Calumet, Columbia, Dane, Dodge, Door, Florence, Fond du Lac, Forest, Green, Green Lake, Iowa, Jefferson, Kenosha, Kewaunee, Langlade, Manitowoc, Marinette, Marquette, Milwaukee, Oconto, Outagamie, Ozaukee, Portage, Racine, Rock, Sauk, Shawano, Sheboygan, Walworth, Washington, Waukesha, Waupaca, Waushara and Winnebago.



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 **(855) 315-5663, 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

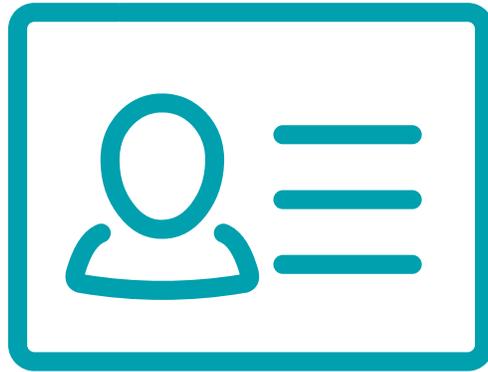
- **Qualified Medicare Beneficiary (QMB):** Medicaid pays your Medicare Part A and Part B premiums, deductibles, coinsurance, and copayment amounts only. You receive Medicaid coverage of Medicare cost share but are not otherwise eligible for full Medicaid benefits.
- **Qualified Medicare Beneficiary Plus (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.
- **Specified Low-Income Medicare Beneficiary Plus (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.

If you are a QMB or QMB+ Beneficiary:

You have a \$0 cost share, except for Part D prescription drug copays, as long as you remain a QMB or QMB+ Member.

If you are a SLMB+ or FBDE Beneficiary:

You are eligible for full Medicaid benefits and, at times, limited Medicare cost share. As such your cost share is \$0 or 20%*. Typically, your cost share is \$0 when the service is covered by both Medicare and Medicaid. Additionally, preventive wellness exams and most supplemental benefits provided by Molina Medicare are also at a \$0 cost share. In rare instances, you will pay 20%* when a service or benefit is not covered by Medicaid (see the chart below).



Eligibility Changes:

It is important to read and respond to all mail that comes from Social Security and your state Medicaid office and to maintain your Medicaid eligibility status.

Periodically, as required by CMS, we will check the status of your Medicaid eligibility as well as your dual eligible category. If your eligibility status changes, your cost share may also change from \$0 to 20%* or from 20%* to \$0. If you lose Medicaid coverage entirely, you will be given a grace period so that you can reapply for Medicaid and become reinstated if you still qualify.

If you no longer qualify for Medicaid you may be involuntarily disenrolled from the Plan. 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. 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 Wisconsin Department of Health Services: Division of Medicaid Services.

*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

Monthly Premium \$0 per month



Medical Deductible This plan does not have a deductible.



Maximum Out-of-Pocket Responsibility \$8,850 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.

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

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

Hearing aids

\$0 copay

Our plan covers routine hearing exam & up to 2 pre-selected hearing aids every 2 years.

Dental Services



Medicare-covered dental services

\$0 copay

We have partnered with a Dental Vendor to give you more options for your routine dental needs.

If you use a Provider within our Dental Vendor, you will get Preventive Dental Services of Oral Exams, Cleanings, Fluoride Treatments, and X-Rays at no cost to you.

In addition, you will have \$1,000 on your MyChoice card for any additional services at this provider.

If you chose to utilize a dental provider outside of the Vendor network, any and all services rendered (including any preventive or comprehensive dental services) will only be covered when you use your MyChoice card and only up to the benefit allowance of \$1,000.

The MyChoice card is a debit card (not a credit card) and is for the use by the member for your dental needs only. This dental benefit allowance will be loaded to your MyChoice card at the start of your benefit period (annually).

At the end of each benefit year, any unused benefit allowance will expire and does not carry over to the following period or plan year. See EOC for additional coverage details.

Summary of Premiums & Benefits (Continued)

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

We have partnered with a Vision Vendor to give you more value for your routine vision needs!

Supplemental Vision services covered include, but not limited to:

Coverage includes:

- One routine eye exam every calendar year
- An eyewear allowance

You can use your \$500 eyewear allowance to purchase:

- Contact lenses*
- Eyeglasses (lenses and frames)
- Eyeglass lenses and / or frames
- Upgrades (such as, tinted, U-V, polarized or photochromatic lenses).

*If you choose contact lenses, your eyewear allowance can also be used to pay down all or a portion of your contact lens fitting fee.

You are responsible for paying for any corrective eyewear over the limit of the plan's eyewear allowance.

\$0 copay for up to one routine eye exam (and refraction) for eyeglasses every calendar year.

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

Molina Medicare Complete Care

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.

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.

Summary of Premiums & Benefits (Continued)

Molina Medicare Complete Care

Transportation

\$0 copay



102 one-way trips every year to plan-approved locations

Prior authorization may be required.

Medicare Part B Drugs

Chemotherapy/ Radiation Drugs and other Part B Drugs

\$0 copay

Prior authorization may be required.

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):

- \$0 copay

For all other drugs:

- \$0 copay
-

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 \$5,030.</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	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 \$8,000. 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 \$8,000 the plan will pay all 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.

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

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 12 visits every year for routine services

Dialysis



\$0 copay

Summary of Other Benefits (Continued)

Molina Medicare Complete Care

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 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.

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



\$0 copay
\$410 allowance every quarter for OTC items. Unused allowance does not carry over to the next quarter.

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

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).

Case Management review required.

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:

- Dental
- Food and produce*
- Over-the-counter items
- Special Supplemental Benefits for Chronic Illnesses*

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.

*Eligibility requirements applicable

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

Molina Medicare Complete Care

Special Supplemental Benefits for Chronic Illnesses



\$0 copay
\$150 allowance every quarter for the following benefits:

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

Unused allowance does not carry over to next quarter.

\$75 allowance every month for food and produce.
Unused allowance does not carry over to next month.

Prior authorization may be required.

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

You get \$150 per quarter for utilities assistance – Direct Member Reimbursement.

Members must engage in an assessment to determine eligibility under the benefit for assistance with Utilities (Electricity, Natural Gas, Water & Internet). Unused quarterly allowance does not carry over to next quarter.

See Evidence of Coverage for additional details. Members will not use their MyChoice card for their SSBCI utilities benefit. Limitations may apply.

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. Your cost share varies based on your Medicaid category and the county you live in.

Benefit	Molina Medicare Complete Care	Forward Health
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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

\$8,850 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 share 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.

You must go to doctors, specialists, and hospitals that are Medicaid certified. Referral required for network specialists (for certain benefits).

OUTPATIENT CARE SERVICES

Acupuncture

Limited coverage

Not Covered

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

Benefit	Molina Medicare Complete Care	Forward Health
OUTPATIENT CARE SERVICES (CONTINUED)		
Ambulance Services (Must be medically necessary)	Covered	Covered Coverage of emergency and nonemergency transportation to and from a certified provider for a covered service. Copays are as follows: <ul style="list-style-type: none"> • \$2 copay for nonemergency ambulance trips. • \$1 copay per trip for transportation by SMV. • No copay for transportation by common carrier or emergency ambulance.
Cardiac and Pulmonary Rehabilitation Services	Covered	Covered
Chiropractic Services	Covered	Covered \$0.50 to \$3 copay per service
Dental Services	Covered	Covered \$0.50 to \$3 copay per service
Diabetes Programs and Supplies	Covered	Covered \$0.50 per prescription for diabetic supplies and \$0.50 to \$3 copay per service for other services.
Diagnostic Tests, X-rays, Lab Services, and Radiology Services	Covered	Covered (including laboratory and radiology)
Dialysis Services	Covered	Covered

Summary of Medicaid-Covered Benefits (Continued)

Benefit	Molina Medicare Complete Care	Forward Health
OUTPATIENT CARE SERVICES (CONTINUED)		
Doctor Office Visits	Covered	Covered (including laboratory and radiology) \$0.50 to \$3 copay per service, limited to \$30 per provider per calendar year. No copay for preventive services, emergency services, anesthesia, or clozapine management.
Durable Medical Equipment (Includes wheelchairs, oxygen, etc.)	Covered	Covered \$0.50 to \$3 copay per item. Rental items are not subject to copay.
Emergency Care (You may go to any emergency room if you reasonably believe you need emergency care.)	Covered	Covered No copay
Hearing Services	Covered	Covered (including hearing aids) \$0.50 to \$3 copay per service. No copay for hearing aid batteries.
Home Health Service (Includes medically necessary intermittent skilled nursing care, home health aide services, rehabilitation services, etc.)	Covered	Covered Coverage of private duty nurse, home health, and personal care services No copay

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

Benefit	Molina Medicare Complete Care	Forward Health
OUTPATIENT CARE SERVICES (CONTINUED)		
Outpatient Mental Health Care	Covered	Covered (not including room and board) \$0.50 to \$3 copay per service, limited to the first 15 hours or \$825 of services, whichever comes first, provided per calendar year. Copay not required when services are provided in a hospital setting.
Outpatient Rehabilitation Services (Occupational Therapy, Physical Therapy, Speech and Language Therapy)	Covered	Covered \$0.50 to \$3 copay per service. Copay obligation limited to the first 30 hours or \$1,500, whichever occurs first, during one calendar year (copay limits calculated separately for each discipline).
Outpatient Services	Covered	Covered \$3 copay per visit
Outpatient Substance Abuse Care	Covered	Covered (not including room and board) \$0.50 to \$3 copay per service, limited to the first 15 hours or \$825 of services, whichever comes first, provided per calendar year. Copay not required when services are provided in a hospital setting.

Summary of Medicaid-Covered Benefits (Continued)

Benefit	Molina Medicare Complete Care	Forward Health
OUTPATIENT CARE SERVICES (CONTINUED)		
Over-the-Counter Items	Covered	Covered Some over the counter drugs are covered. \$.0.50 copay
Podiatry Services	Covered	Covered \$0.50 to \$3 copay per service, limited to \$30 per provider per calendar year.
Prosthetic Devices (Includes braces, artificial limbs and eyes, etc.)	Covered	Covered \$0.50 to \$3 copay per item
Transportation Services (Routine)	Covered	Covered Emergency and nonemergency transportation to and from a certified provider for a covered service. Copays are as follows: <ul style="list-style-type: none"> • \$2 copay for nonemergency ambulance trips. • \$1 copay per trip for transportation by SMV. • No copay for transportation by common carrier or emergency ambulance.
Urgently Needed Services (This is NOT emergency care and, in most cases, is out of the service area.)	Covered	Covered
Vision Services	Covered	Covered including coverage of eyeglasses. \$0.50 to \$3 copay per service

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

Benefit	Molina Medicare Complete Care	Forward Health
OUTPATIENT CARE SERVICES (CONTINUED)		
Wellness/Education and other Supplemental Benefit Programs	Covered	Covered
INPATIENT CARE		
Inpatient Hospital Care (Includes Substance Abuse and Rehabilitation Services)	Covered	Covered \$3 copay per day with a \$75 cap per stay
Inpatient Mental Health Care	Covered	Covered (not including room and board) \$0.50 to \$3 copay per service, limited to the first 15 hours or \$825 of services, which comes first, provided per calendar year. Copay not required when services are provided in a hospital setting. Only for those younger than 21 and older than 65
Skilled Nursing Facility (SNF) (In a Medicare-certified skilled nursing facility)	Covered	Covered No copay
PREVENTIVE SERVICES		
Health/Wellness Education	Covered	Covered
Kidney Disease and Conditions	Covered	Covered No copay

Summary of Medicaid-Covered Benefits (Continued)

Benefit	Molina Medicare Complete Care	Forward Health
PREVENTIVE SERVICES (CONTINUED)		
Preventive Services, and other Supplemental Benefit Programs	Covered	Covered
HOSPICE		
Hospice	Covered	Covered No copay
PRESCRIPTION DRUG BENEFITS		
Outpatient Prescription Drugs	Covered	Covered Generic and brand name prescription drugs and some over-the-counter (OTC) drugs Limited to 5 prescriptions per month for opioid drugs. Copays are as follows: <ul style="list-style-type: none"> • \$0.50 for OTC drugs. • \$1 for generic drugs. • \$3 for brand name drugs. Copays are limited to \$12 per member, per provider, per month. OTC drugs are excluded from this \$12 maximum.

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	FORWARD HEALTH COVERAGE
Family Planning Services	Covered Excluding reversal of voluntary sterilization, infertility treatments, surrogate parenting and related services, including but not limited to artificial insemination, obstetrical care, labor or delivery, and prescription or over-the-counter drugs. No copay for family planning services.
Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) (Under 21)	Covered
Home and Community-Based Services (waiver only)	Covered
Inpatient Psychiatric Services (Under 21)	Covered \$3 copay per day with a \$75 cap per stay
Inpatient/SNF/ICF for Mental Diseases	Covered \$3 copay per day with a \$75 cap per stay
Intermediate Care Facilities for the Mentally Retarded (ICF/MR)	Covered
Nurse Midwife Services	Covered

Summary of Medicaid-Covered Benefits (Continued)

ADDITIONAL MEDICAID BENEFITS	
BENEFITS	FORWARD HEALTH COVERAGE
Nursing Services (Includes services performed by a Nurse Practitioner)	Covered
Prenatal CareCoordination for Women with High-Risk	Covered
Respiratory Care Services for Ventilator-Dependent Individuals	Covered
Rural Health Clinic Services	Covered
Targeted Case Management	Covered
Tuberculosis (TB) services	Covered

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

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 is a DSNP and HMO plan with a Medicare contract. DSNP plans have a contract with the state Medicaid program. Enrollment depends on contract renewal. 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. We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at (855) 315-5663, TTY: 711. Someone who speaks English can help you. This is a free service. Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al (855) 315-5663, TTY: 711. Alguien que hable español le podrá ayudar. Este es un servicio gratuito. The benefits mentioned are a part of special supplemental program for the chronically ill. Not all members qualify.

Contact us

Ready to enroll or have questions?

Call **(866) 403-8293, TTY: 711**

Current Members Call: **(855) 315-5663, TTY: 711**

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



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