

# Summary Of Benefits

## Washington

King, Pierce, Skagit, Snohomish, Spokane, Stevens, Whatcom, and Whitman

# 2019

Molina Medicare Options Plus (HMO SNP)  
(800) 665-1029, TTY/TDD 711  
7 days a week, 8 a.m. – 8 p.m. local time

[MolinaHealthcare.com/Medicare](http://MolinaHealthcare.com/Medicare)



## About Molina Medicare Options Plus (HMO SNP)

Molina Medicare Options Plus (HMO SNP) has a network of doctors, hospitals, pharmacies, and other providers. If you use the providers that are not in our network, the plan may not pay for these services. You must generally use network pharmacies to fill your prescriptions for covered Part D drugs. You can see our plan's provider and pharmacy directory at our website [www.MolinaHealthcare.com/Medicare](http://www.MolinaHealthcare.com/Medicare). Or, call us and we will send you a copy of the provider and pharmacy directories.

This booklet gives you a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, call us and ask for the "Evidence of Coverage."

## Who can join?

To join **Molina Medicare Options Plus (HMO SNP)**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B and Medicaid by Washington State Health Care Authority (HCA), and live in our service area. Our service area includes the following counties in Washington: King, Pierce, Skagit, Snohomish, Spokane, Stevens, Whatcom, and Whitman.

## What do we cover?

Like all Medicare health plans, we cover everything that Original Medicare covers - and *more*. Some of the extra benefits are outlined in this booklet. We cover Part D drugs. In addition, we cover Part B drugs such as chemotherapy and some drugs administered by your provider. You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website [www.MolinaHealthcare.com/Medicare](http://www.MolinaHealthcare.com/Medicare). Or, call us and we will send you a copy of the formulary.

## How will I determine my drug costs?

Our plan groups each medication into one of five "tiers." You will need to use your formulary to locate what tier your drug is on to determine how much it will cost you. The amount you pay depends on the drug's tier and what stage of the benefit you have reached. Later in this document we discuss the benefit stages that occur after you meet your deductible: Initial Coverage, Coverage Gap, and Catastrophic Coverage.

## How to reach us:

You can call us 7 days a week, 8 a.m. – 8 p.m. local time

If you are a **Member** of this plan, call toll-free:  
(800) 665-1029; TTY/TDD 711

If you are **not a Member** of this plan, call toll-free:  
(866) 403-8293; TTY/TDD 711

Or visit our website: [www.MolinaHealthcare.com/Medicare](http://www.MolinaHealthcare.com/Medicare)

## Monthly Premium, Deductible and Limits

<b>Monthly Health Plan Premium</b>	<p>\$0-\$33.80 per month</p> <p>In addition, you must keep paying your Medicare Part B premium.</p> <p>If you get Extra Help from Medicare, your monthly plan premium will be lower or you might pay nothing.</p>
<b>Deductible</b>	<p>This plan has deductibles for some hospital and medical services.</p> <p>\$0 or \$183 per year for in-network services, depending on your level of Medicaid eligibility. This amount may change for 2019.</p> <p>\$0 to \$83 per year for Part D prescription drugs except for drugs listed on Tier 1 and Tier 2 which are excluded from the deductible.</p>
<b>Maximum Out-of-Pocket Responsibility (this does not include prescription drugs)</b>	<p>\$6,700 annually for services you receive from in-network providers.</p> <p>In this plan, you may pay nothing for Medicare-covered services, depending on your level of Apple Health by Washington State Health Care Authority (HCA) eligibility. Refer to the "Medicare &amp; You" handbook for Medicare-covered services. For Medicaid covered services by Apple Health by Washington State Health Care Authority (HCA), refer to the Medicaid Coverage section in this document.</p> <p>Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.</p> <p>If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year.</p>

## Covered Medical and Hospital Benefits

### Molina Medicare Options Plus (HMO SNP)

#### INPATIENT HOSPITAL COVERAGE

*Prior authorization may be required* The copays for hospital and skilled nursing facility (SNF) benefits are based on benefit periods. A benefit period begins the day you're admitted as an inpatient and ends when you haven't received any inpatient care (or skilled care in a SNF) for 60 days in a row. If you go into a hospital or a SNF after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There's no limit to the number of benefit periods.

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 2018 the amounts for each benefit period were \$0 or:

\$1,340 deductible for days 1 through 60  
 \$335 copay per day for days 61 through 90  
 \$670 copay per day for 60 lifetime reserve days

These amounts may change for 2019.

#### OUTPATIENT HOSPITAL COVERAGE

**Outpatient hospital** 0% or 20% of the cost

*Prior authorization may be required*

**Ambulatory surgical center** 0% or 20% of the cost

*Prior authorization may be required*

#### DOCTOR VISITS

**Primary Care** 0% or 20% of the cost

**Specialists** 0% or 20% of the cost

*Referral may be required*

## Covered Medical and Hospital Benefits

### Molina Medicare Options Plus (HMO SNP)

#### PREVENTIVE CARE

\$0 copay

- Abdominal aortic aneurysm screening
- Alcohol misuse screenings & counseling
- Bone mass measurements (bone density)
- Cardiovascular disease screening
- Cardiovascular disease (behavioral therapy)
- Cervical & vaginal cancer screening
- Colorectal cancer screening
- Depression screenings
- Diabetes screenings
- Diabetes self-management training
- Glaucoma tests
- Hepatitis C screening test
- HIV screening
- Lung cancer screening
- Mammograms (screening)
- Nutrition therapy services
- Obesity screenings & counseling
- One-time "Welcome to Medicare" preventive visit
- Prostate cancer screenings
- Sexually transmitted infections screening & counseling
- Vaccines including Flu shots, Hepatitis B shots, Pneumococcal shots
- Tobacco use cessation counseling
- Yearly "Wellness" visit

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

#### EMERGENCY CARE

##### Emergency Care

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

0% or 20% of the cost (up to \$80) waived if admitted within 24 hours

## Covered Medical and Hospital Benefits

### Molina Medicare Options Plus (HMO SNP)

#### URGENTLY NEEDED SERVICES

**Urgently Needed Services** 0% or 20% of the cost (up to \$65 per visit)

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

#### DIAGNOSTIC SERVICES/LABS/IMAGING LAB SERVICES

**Diagnostic tests and procedures** 0% or 20% of the cost

*Prior authorization may be required*

**Lab services** 0% or 20% of the cost

**Diagnostic radiology services (e.g., MRI, CT)** 0% or 20% of the cost

*Prior authorization may be required*

**Outpatient x-rays** 0% or 20% of the cost

**Therapeutic radiology** 0% or 20% of the cost

*Prior authorization may be required*

#### HEARING SERVICES

**Medicare-covered diagnostic hearing and balance exam** 0% or 20% of the cost

Exam to diagnose and treat hearing and balance issues

**Routine hearing exam** \$0 copay

1 every year

**Fitting for hearing aid/evaluation** \$0 copay

1 every 2 years

**Hearing aids** \$0 copay

*Prior authorization may be required* Our plan pays up to \$1,000 every two years for hearing aids, both ears combined.

#### DENTAL SERVICES

**Medicare-covered dental services** \$0 copay

## Covered Medical and Hospital Benefits

<b>Molina Medicare Options Plus (HMO SNP)</b>	
<b>Preventive Dental</b>	<p>Preventive: No maximum allowance per year Comprehensive: \$2,000 annual maximum allowance</p> <p>\$0 Office Visit Co-Pay</p> <p>Oral Exams: 2 per year, comprehensive periodontal exams covered once per provider per lifetime.</p> <p>Prophylaxis (Cleaning): up to 2 every year</p> <p>Flouride Treatment: up to 2 every year</p> <p>X-Rays: Periapicals – up to 6 per year, Bitewings – up to 4 per year; Panoramic Radiographic X-rays covered once every 5 years</p>
<b>Comprehensive Dental</b> <i>Prior authorization may be required</i>	<p>Non-Routine: Scaling up to 4 quadrants every 24 months; Full Mouth Debridement one every year, Periodontal Maintenance up to 2 per 12 months, and Palliative Emergency Treatment up to 4 per year.</p> <p>Extractions: Simple extractions up to 8 per year; Surgical removal of erupted and impacted teeth up to 3 per year</p> <p>Restorative Services: up to 6 restorations per year, not to exceed a total of 12 surfaces per year</p> <p>Crowns up to 2 per year, no more than 1 per tooth every 5 years</p> <p>Denture Adjustments up to 4 per year. Dentures covered once every 5 years. Endodontics covered one per tooth per year.</p> <p>Other Services: Unlimited based on Medical Necessity: Deep Sedation with Oral Surgery; Intravenous with Oral Surgery. One per tooth per lifetime: Intraoral and Extraoral incision and drainage.</p>
<b>VISION SERVICES</b>	
<b>Medicare-covered vision exam to diagnose/treat diseases of the eye (including yearly glaucoma screening)</b>	0% or 20% of the cost
Eyeglasses or contact lenses after cataract surgery	

## Covered Medical and Hospital Benefits

<b>Molina Medicare Options Plus (HMO SNP)</b>	
<b>Routine eye exam</b>  1 every year	\$0 copay
<b>Eyewear</b> <ul style="list-style-type: none"> <li>• Contact lenses</li> <li>• Eyeglasses (frames and lenses)</li> <li>• Eyeglass frames</li> <li>• Eyeglass lenses</li> <li>• Upgrades</li> </ul>	0% or 20% of the cost  Our plan pays up to \$200 every two years for eyewear.
<b>MENTAL HEALTH SERVICES</b>	
<b>Mental Health Services</b>  <i>Prior authorization may be required</i>	<p>Inpatient visit: Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit does not apply to inpatient mental services provided in a general hospital.</p> <p>The copays for hospital and skilled nursing facility (SNF) benefits are based on benefit periods. A benefit period begins the day you're admitted as an inpatient and ends when you haven't received any inpatient care (or skilled care in a SNF) for 60 days in a row. If you go into a hospital or a SNF after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There's no limit to the number of benefit periods.</p> <p>Our plan also covers 60 "lifetime reserve days." These are "extra" days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.</p> <p>In 2018 the amounts for each benefit period were \$0 or:</p> <p>\$1,340 deductible for days 1 through 60            \$335 copay per day for days 61 through 90            \$670 copay per day for 60 lifetime reserve days</p> <p>These amounts may change for 2019.</p>
<b>Outpatient individual/group therapy visit</b>	0% or 20% of the cost



## Covered Medical and Hospital Benefits

### Molina Medicare Options Plus (HMO SNP)

#### SKILLED NURSING FACILITY

No prior hospitalization is required	Our plan covers up to 100 days in a SNF
<i>Prior authorization may be required</i>	In 2018 the amounts for each benefit period were \$0 or: \$0 for days 1 through 20 \$167.50 per day for days 21 through 100 each benefit period  These amounts may change for 2019.

#### PHYSICAL THERAPY

<b>Physical Therapy and Speech Therapy Services</b>	0% or 20% of the cost
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*Prior authorization may be required*

<b>Cardiac and Pulmonary Rehabilitation</b>	0% or 20% of the cost
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<b>Occupational Therapy Services</b>	0% or 20% of the cost
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*Prior authorization may be required*

#### AMBULANCE

<i>Prior authorization required for non-emergent ambulance only.</i>	0% or 20% of the cost
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#### TRANSPORTATION

48 one-way trips to and from plan approved locations.	\$0 copay
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## Prescription Drug Benefits

### MEDICARE PART B DRUGS

**Chemotherapy drugs** 0% or 20% of the cost

*Prior authorization may be required*

**Other Part B drugs** 0% or 20% of the cost

*Prior authorization may be required*

### INITIAL COVERAGE STAGE

Depending on your level of Medicaid eligibility, your Part D deductible may vary. After you pay your applicable deductible you begin in this stage when you fill your first prescription of the year.

During this stage, the plan pays its share of the cost of your drugs and you pay your share of the cost.

If you reside in a long-term care facility, you pay the same as at a retail pharmacy. You may get drugs from an out-of-network pharmacy at the same cost as an in-network pharmacy.

You stay in this stage until your year-to-date “total drug costs” (your payments plus any Part D plan’s payments) total \$3,820.

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

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

## Prescription Drug Benefits

<p><b>Tier 4 (Non-Preferred Drug)</b></p> <p>One, two or three month supply</p>	<p>For generic drugs (including brand drugs treated as generic), either:</p> <p>\$0 copay; or \$1.25 copay; or \$3.40 copay</p> <p>For all other drugs, either:</p> <p>\$0 copay; or \$3.80 copay; or \$8.50 copay</p>
<p><b>Tier 5 (Specialty Tier)</b></p> <p>One month supply</p> <p>Specialty drugs are limited to a one-month supply.</p>	<p>For generic drugs (including brand drugs treated as generic), either:</p> <p>\$0 copay; or \$1.25 copay; or \$3.40 copay</p> <p>For all other drugs, either:</p> <p>\$0 copay; or \$3.80 copay; or \$8.50 copay</p>

### COVERAGE GAP STAGE

During this stage, you pay 25% of the price for brand name drugs (plus a portion of the dispensing fee) and 37% 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 \$5,100. This amount and rules for counting costs toward this amount have been set by Medicare.

### CATASTROPHIC COVERAGE STAGE

After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$5,100 the plan will pay most of the costs of your drugs.

## Additional Covered Benefits

Molina Medicare Options Plus (HMO SNP)

### DIALYSIS SERVICES

0% or 20% of the cost

### ACUPUNCTURE SERVICES

Up to 20 visits of medically necessary routine acupuncture visit(s) combined with routine chiropractic care every year.

\$0 copay

### CHIROPRACTIC CARE

#### Medicare-Covered Chiropractic Services

0% or 20% of the cost

Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position)

#### Routine Chiropractic Services

\$0 copay

Up to 20 visits of medically necessary routine chiropractic care combined with acupuncture every year.

### HOME HEALTH CARE

*Prior authorization may be required* \$0 copay

### OUTPATIENT SUBSTANCE ABUSE

Group therapy visit

0% or 20% of the cost

Individual therapy visit

0% or 20% of the cost

### OVER-THE-COUNTER ITEMS

#### Over-the-Counter Items

\$0 copay

Allowance expires at the end of the calendar year.

\$155 allowance every 3 months

### OUTPATIENT BLOOD SERVICES

#### Outpatient Blood Services

0% or 20% of the cost

3-Pint deductible waived.

## Additional Covered Benefits

### Molina Medicare Options Plus (HMO SNP)

#### MEALS BENEFIT

Standard meal cycle is a 2 week menu with a total of 28 meals delivered to the Member, based on Member need. Additional 28 meals with approval.

\$0 copay

*Prior authorization may be required*

#### FOOT CARE (PODIATRY SERVICES)

##### Medicare-covered foot exam and treatment

0% or 20% of the cost

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

##### Routine foot care

\$0 copay

Up to 6 visit(s) of routine foot care every year.

#### MEDICAL EQUIPMENT / SUPPLIES

##### Durable Medical Equipment (e.g., wheelchairs, oxygen)

0% or 20% of the cost

*Prior authorization may be required*

##### Prosthetics/Medical Supplies

0% or 20% of the cost

*Prior authorization may be required*

##### Diabetic Supplies and Services

\$0 copay

*Prior authorization not required for preferred manufacturer*

#### HEALTH AND WELLNESS EDUCATION PROGRAMS

##### Health Education

\$0 copay

The Health Plan has health programs to help you learn to manage your health conditions including health education, learning materials, health advice and care tips.

## Additional Covered Benefits

### Molina Medicare Options Plus (HMO SNP)

**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.

**Fitness Benefit** \$0 copay

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

**Additional Smoking and Tobacco Use Cessation** \$0 copay

8 counseling visits offered in addition to Medicare

## Summary of Apple Health-Covered Benefits

The Health Care Authority (HCA) manages the Apple Health program in Washington. Each state has a different name for their Apple Health program, and in Washington it is called Apple Health.

A “dual eligible” (or just “dual”) is someone who is covered by both Medicare and Apple Health. As a dual eligible beneficiary, your services are paid first by Medicare, and anything left unpaid by Medicare is covered by Apple Health.

Apple Health coverage varies depending on factors like annual income and other resources. Benefits may include full Apple Health benefits or just payment of your Medicare cost-sharing. With full Apple Health benefits as secondary to your Medicare, you have coverage for services Medicare doesn't cover but Apple Health does. If you have only coverage for your Medicare cost-sharing, your services are limited to only what Medicare covers.

**Below is a list of dual eligibility coverage categories for beneficiaries who may enroll in the Molina Medicare Options Plus (HMO SNP) Plan:**

- **Qualified Medicare Beneficiary (QMB or QMB-only):** Apple Health pays only your Medicare cost-sharing, which includes Part A and Part B premiums, deductibles, coinsurance, and copayment amounts. You are not otherwise eligible for any Apple Health coverage.
- **QMB-plus (or QMB+):** Apple Health pays your Medicare Part A and Part B premiums, deductibles, coinsurance, and copayment amounts. Apple Health covers your Medicare cost-sharing, and are also eligible for full Apple Health benefits. This means if Medicare does not cover a service, but Apple Health does, Apple Health will pay (as long as your provider is in-network and accepts Apple Health).
- **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.
- **SLMB-plus (or SLMB+):** Apple Health pays your Medicare Part B premium and also provides full Apple Health benefits secondary to your Medicare benefit.
- **Qualifying Individual (QI):** Apple Health pays your Medicare Part B premium only. You are not otherwise eligible for any Apple Health benefits.
- **Full-Benefit Dual Eligible (FBDE):** At times, individuals may qualify for both limited coverage of Medicare cost-sharing as well as full 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 QMB or QMB-plus 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-plus or FBDE Beneficiary:**

You are eligible for full Apple Health benefits and, at times, limited Medicare cost-share. As such your cost-share is 0% or 20%\*. Your cost-share is usually 0% when the service is covered by both Medicare and Apple Health.

Additionally, preventive wellness exams and supplemental benefits provided by Molina Medicare also have a \$0 cost-share. In rare instances, you will pay 20%\* when Apple Health does not cover a service (see the chart below).

**If you are a SLMB, QI, or 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 supplemental benefits provided by Molina Medicare, which always 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%.

**How to Read the Apple Health Benefit Chart**

The chart below shows what services are covered by Medicare and Apple Health. You will see the word "Covered" under the Apple Health column if Apple Health also covers a service that is covered under your **Molina Medicare Options Plus (HMO SNP)** Plan. The chart applies only if you are entitled to benefits under your state's Apple Health program. Your cost-share varies based on your Apple Health category.



## Apple Health-Covered Benefits Chart

	<b>MOLINA MEDICARE OPTIONS PLUS (HMO SNP)</b>	<b>APPLE HEALTH</b>
<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 might pay nothing.</p>	<p><b>General</b> \$0 - \$33.80 monthly plan premium</p> <p><b>In-Network</b> \$0 or \$183 deductible per year for in-network services. This amount may change for 2019.</p> <p>\$0 to \$83 per year for Part D prescription drugs except for drugs listed on Tier 1 and Tier 2 which are excluded from the deductible.</p> <p>\$6,700 out-of-pocket limit for Medicare-covered services.</p> <p>Depending on your level of Apple Health eligibility, you may not have any cost-sharing responsibility for Original Medicare services</p>	<p>Apple Health assistance with premium payments and cost-sharing may vary based on your level of Apple Health eligibility.</p>
<p><b>Doctor and Hospital Choice</b></p> <p><i>(For more information, see Emergency Care and Urgently Needed Care.)</i></p>	<p><b>In-Network</b></p> <p>You must go to network doctors, specialists, and hospitals.</p> <p>Referral required for network specialists (for certain benefits).</p>	<p>You must go to doctors, specialists, and hospitals that accept Apple Health assignment.</p> <p>Referral required for network specialists (for certain benefits).</p>
<b>OUTPATIENT CARE SERVICES</b>		
<b>Acupuncture</b>	Covered	Not Covered
<p><b>Ambulance Services</b></p> <p><i>(Must be medically necessary)</i></p>	Covered	Covered
<b>Cardiac and Pulmonary Rehabilitation Services</b>	Covered	<p>Covered for Cardiac Rehabilitation</p> <p>Not covered for Pulmonary Rehabilitation</p> <p>Restrictions may apply</p>

## Apple Health-Covered Benefits Chart

	<b>MOLINA MEDICARE OPTIONS PLUS (HMO SNP)</b>	<b>APPLE HEALTH</b>
<b>Chiropractic Services</b>	Covered	Not Covered
<b>Dental Services</b>	Covered	Covered
<b>Diabetes Programs and Supplies</b>	Covered	Covered Restrictions may apply
<b>Diagnostic Tests, X-Rays, Lab Services, and Radiology Services</b>	Covered	Covered Restrictions may apply
<b>Doctor Office Visits</b>	Covered	Covered
<b>Durable Medical Equipment</b> <i>(Includes wheelchairs, oxygen, etc.)</i>	Covered	Covered
<b>Emergency Care</b> <i>(You may go to any emergency room if you reasonably believe you need emergency care.)</i>	Covered	Covered in the US and its territories and possessions
<b>Hearing Services</b>	Covered	Covered for Hearing Exam and Hearing Aids Restrictions may apply
<b>Home Health Service</b> <i>(Includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)</i>	Covered	Covered Restrictions may apply
<b>Outpatient Mental Health Care</b>	Covered	Covered
<b>Outpatient Rehabilitation Services</b> <i>(Occupational Therapy, Physical Therapy, Speech and Language Therapy)</i>	Covered	Covered Restrictions may apply
<b>Outpatient Services</b>	Covered	Covered Restrictions may apply

## Apple Health-Covered Benefits Chart

	<b>MOLINA MEDICARE OPTIONS PLUS (HMO SNP)</b>	<b>APPLE HEALTH</b>
<b>Outpatient Substance Abuse Care</b>	Covered	Covered  Restrictions may apply
<b>Over-the-Counter Items</b>	Covered	Covered  Restrictions may apply
<b>Podiatry Services</b>	Covered	Covered  Restrictions may apply  Only services to treat an acute condition will be considered medically necessary.
<b>Prosthetic Devices</b> <i>(Includes braces, artificial limbs and eyes, etc.)</i>	Covered	Covered  Restrictions may apply
<b>Transportation Services</b>	Covered	Covered- Non-Emergency  Restrictions may apply
<b>Urgently Needed Services</b> <i>(This is NOT emergency care, and in most cases, is out of the service area.)</i>	Covered	Covered
<b>Vision Services</b>	Covered	Covered <ul style="list-style-type: none"> <li>• Eye exams, fitting, and dispensing services</li> <li>• Eye exams for visual acuity and refraction once every 24 months for adults. These limitations do not apply to additional services needed for medical conditions.</li> <li>• Restrictions may apply</li> </ul> Not covered <ul style="list-style-type: none"> <li>• Eyeglass frames, lenses and fabrication services</li> </ul>

## Apple Health-Covered Benefits Chart

	<b>MOLINA MEDICARE OPTIONS PLUS (HMO SNP)</b>	<b>APPLE HEALTH</b>
<b>Wellness/Education and other Supplemental Benefit Programs</b>	Covered	Covered
<b>INPATIENT CARE</b>		
<b>Inpatient Hospital Care</b> <i>(Includes Substance Use Disorder treatment services)</i>	Covered	Covered
<b>Inpatient Mental Health Care</b>	Covered	Covered Restrictions may apply
<b>Skilled Nursing Facility (SNF)</b> <i>(In a Medicare-certified skilled nursing facility)</i>	Covered	Covered Restrictions may apply
<b>PREVENTIVE SERVICES</b>		
<b>Kidney Disease and Conditions</b>	Covered	Covered
<b>Preventive Services</b>	Covered	Covered
<b>HOSPICE</b>		
<b>Hospice</b>	Not Covered	Covered
<b>PRESCRIPTION DRUG BENEFITS</b>		
<b>Outpatient Prescription Drugs</b>	Covered	Covered

For Members with full Apple Health coverage (QMB+ and SLMB+), you have coverage for the additional benefits listed below. These are additional Apple Health benefits that are covered by Apple Health but may not be covered under the **Molina Medicare Options Plus (HMO SNP) Plan**:

## Additional Apple Health Benefits

BENEFITS	APPLE HEALTH COVERAGE
<b>Home and Community Based Services</b>	Covered Restrictions may apply Available only for eligible individuals.
<b>Interpreter Services for Medical Visits</b>	Covered Available in physician office only
<b>Non-Emergency Medical Transportation</b>	Covered For scheduled appointments, not emergencies
<b>Washington Health Home Program</b>	Covered Available only for eligible individuals
<b>Long-Term Care Services</b>	Covered Restrictions may apply Available only for eligible individuals.

## Find out more

### You have choices about how to get your Medicare benefits

One choice is to get your Medicare benefits through Original Medicare (fee-for-service Medicare). Original Medicare is run directly by the Federal government. Another choice is to get your Medicare benefits by joining a Medicare health plan (such as Molina Medicare Options Plus (HMO SNP)). If you want to know more about the coverage and costs of Original Medicare, look in your current "**Medicare & You**" handbook. View it online at <http://www.medicare.gov> or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

### Tips for comparing your Medicare choices

This Summary of Benefits booklet gives you a summary of what **Molina Medicare Options Plus (HMO SNP)** covers and what you pay. If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or, use the Medicare Plan Finder on <http://www.medicare.gov>.

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

Molina Medicare Options Plus (HMO SNP) is a Health Plan with a Medicare Contract and a contract with the state Medicaid program. Enrollment in Molina Medicare Options Plus (HMO SNP) depends on contract renewal.

This information is not a complete description of benefits. Call (800) 665-1029 TTY 711 for more information. Authorization and-or referral may be required.

You must continue to pay your Medicare Part B premium. As a full dual member, your State may cover your Part B premium, based upon your level of Medicaid eligibility. Benefits, premiums and/or copayments/co-insurance may change on January 1, 2019.



Member Services (800) 665-1029, TTY/TDD 711  
7 days a week, 8 a.m. – 8 p.m. local time