

# 2024 Summary of Benefits

## Molina Medicare Complete Care HMO D-SNP

California H3038-001

Serving Los Angeles, Riverside, San Bernardino, and San Diego

**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](https://MolinaHealthcare.com/Medicare). You can also call Member Services at (800) 665-0898, 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 Medi-Cal, and live in our service area. Our service area includes the following counties in California: Los Angeles, Riverside, San Bernardino, and San Diego.



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://medicare.gov).

For coverage and costs of Original Medicare, look in your current “Medicare & You” handbook. View it online at [medicare.gov](https://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) 665-0898, 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.



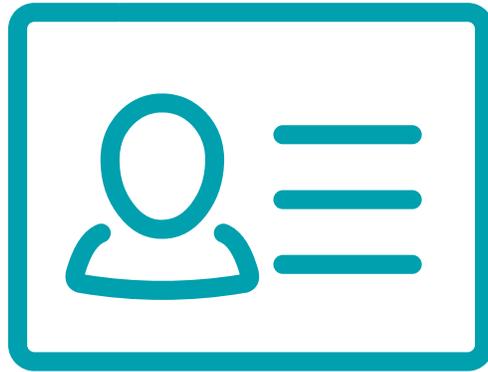
**Medicare Part D (Prescription Drug Coverage)** helps you pay for drugs you get from a pharmacy.

## Medicaid Dual Eligibility Coverage Categories

- **Qualified Medicare Beneficiary (QMB):** Medi-Cal pays your Medicare Part A and Part B premiums, deductibles, coinsurance, and copayment amounts only. You receive Medi-Cal coverage of Medicare cost share but are not otherwise eligible for full Medi-Cal benefits.
- **Qualified Medicare Beneficiary Plus (QMB+):** Medi-Cal pays your Medicare Part A and Part B premiums, deductibles, coinsurance, and copayment amounts. You receive Medi-Cal coverage of Medicare cost share and are eligible for full Medi-Cal benefits.
- **Specified Low-Income Medicare Beneficiary Plus (SLMB+):** Medicaid pays your Medicare Part B premium and provides full Medi-Cal benefits.
- **Full-Benefit Dual Eligible (FBDE):** At times, individuals may qualify for both limited coverage of Medicare cost sharing as well as full Medi-Cal 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+, SLMB+, or FBDE beneficiary.

Periodically, as required by CMS, we will check the status of your Medicaid eligibility as well as your dual eligible category. If you lose Medicaid coverage entirely you will be given a grace period so that you can reapply for Medicaid.

If you no longer qualify as a QMB, QMB+, SLMB+, or FBDE beneficiary you may be involuntarily disenrolled from the Plan after a grace period. Your state Medicaid agency will send you notification of your loss of Medicaid or change in Medicaid category. We may also contact you to remind you to reapply for Medicaid as a QMB, QMB+, SLMB+, or FBDE beneficiary. For this reason it is important to let us know whenever your mailing address and/or phone number changes.

# Summary of Premiums & Benefits

## Molina Medicare Complete Care

**Monthly Premium** \$0 per month



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



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**Maximum Out-of-Pocket Responsibility** \$8,850 each year for services you receive from in-network providers. (does not include prescription drugs)



# Summary of Premiums & Benefits (Continued)

## 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.*

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**Outpatient Hospital** \$0 copay per visit



*Prior authorization may be required.*

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



*Prior authorization may be required.*

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**Doctor Visits**



**Primary Care**

\$0 copay per visit

**Specialists**

\$0 copay per visit

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**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.

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

## 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.*

# Summary of Premiums & Benefits (Continued)

## 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.

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### Dental Services



#### Medicare-covered dental services

\$0 copay

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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

### **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 \$350 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.

# Summary of Premiums & Benefits (Continued)

## 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

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### 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.*

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### 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.*

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### Ambulance



\$0 copay

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

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

## Molina Medicare Complete Care

### Transportation

\$0 copay



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

*Prior authorization may be required.*

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## Medicare Part B Drugs

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

\$0 copay

*Prior authorization may be required.*

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

## Coverage Stages

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**Stage 1:  
Deductible**

Because there is no drug deductible for this plan, this stage does not apply to you.

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**Stage 2:  
Initial Coverage**

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.

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.

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**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.

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**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.

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# 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 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).

### Dialysis



\$0 copay

### Fitness Benefit



\$0 copay

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

### Foot Care (Podiatry)



### Medicare-Covered Foot Exam and Treatment

\$0 copay

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

*Prior authorization may be required.*

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

## Molina Medicare Complete Care

**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.*

**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.

## Summary of Other Benefits (Continued)

### Molina Medicare Complete Care

#### Opioid Treatment Program Services



\$0 copay

*Prior authorization may be required.*

#### Outpatient Blood Services



\$0 copay

3 pint deductible waived

#### Outpatient Substance Abuse



\$0 copay

Individual or group therapy visits

*Prior authorization may be required.*

#### Over-the-Counter Items



\$0 copay

\$100 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.

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

## Molina Medicare Complete Care

### MyChoice Card



\$0 copay

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

- 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*

### Special Supplemental Benefits for Chronic Illnesses



\$0 copay

\$150 allowance every quarter for the following benefits:

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

Unused allowance does not carry over to the next quarter.

\$55 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.

*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.

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 is called Medi-Cal.

Coverage of the benefits described below depends upon your level of Medicaid eligibility. These benefits are marked with an asterisk (\*) below and may not be available to all enrollees.

Benefit	Molina Medicare Complete Care	Medi-Cal
<b>IMPORTANT INFORMATION</b>		
<p><b>Premium and Other Important Information</b> If you get Extra Help from Medicare, your monthly plan premium will be lower or you may pay nothing.</p>	<p><b>General</b> \$0 monthly plan premium</p> <p><b>In-Network</b></p> <p>\$8,850 out-of-pocket limit for Medicare-covered services.</p> <p>However, in this plan you will have no cost-sharing responsibility for Medicare-covered services, based on your level of Medicaid eligibility.</p>	<p>Medicaid assistance with premium payments and cost share may vary based on your level of Medicaid eligibility.</p>
<p><b>Doctor and Hospital Choice</b> (For more information, see Emergency Care and Urgently Needed Care.)</p>	<p><b>In-Network</b></p> <p>You must go to network doctors, specialists, and hospitals.</p>	<p>You must go to doctors, specialists, and hospitals that accept Medicaid assignment. Referral required for network specialists (for certain benefits).</p>

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

Benefit	Molina Medicare Complete Care	Medi-Cal
<b>OUTPATIENT CARE SERVICES</b>		
<b>Acupuncture</b>	Limited coverage	Covered Restrictions may apply
<b>Ambulance Services</b> (Must be medically necessary)	Covered	Covered
<b>Cardiac and Pulmonary Rehabilitation Services</b>	Covered	Covered
<b>Chiropractic Services</b>	Limited coverage	Covered* Restrictions may apply
<b>Dental Services</b>	Covered	Covered* Restrictions may apply
<b>Diabetes Programs and Supplies</b>	Covered	Covered
<b>Diagnostic Tests, X-rays, Lab Services, and Radiology Services</b>	Covered	Covered* Restrictions may apply
<b>Dialysis Services</b>	Covered	Chronic hemodialysis covered
<b>Doctor Office Visits</b>	Covered	Covered
<b>Durable Medical Equipment</b> (Includes wheelchairs, oxygen, etc.)	Covered	Covered
<b>Emergency Care</b>	Covered	Covered
<b>Hearing Services</b>	Covered	Covered* Restrictions may apply

## Summary of Medicaid-Covered Benefits (Continued)

Benefit	Molina Medicare Complete Care	Medi-Cal
<b>OUTPATIENT CARE SERVICES (CONTINUED)</b>		
<b>Home Health Service</b> (Includes medically necessary intermittent skilled nursing care, home health aide services, rehabilitation services, etc.)	Covered	Covered
<b>Outpatient Mental Health Care</b>	Covered	Covered* Restrictions may apply
<b>Outpatient Rehabilitation Services</b> (Occupational Therapy, Physical Therapy, Speech and Language Therapy)	Covered	Covered* Restrictions may apply
<b>Outpatient Services</b>	Covered	Covered
<b>Outpatient Substance Abuse Care</b>	Covered	Covered
<b>Over-the-Counter Items</b>	Covered	Not Covered
<b>Podiatry Services</b>	Covered	Covered* Restrictions may apply
<b>Prosthetic Devices</b> (Includes braces, artificial limbs and eyes, etc.)	Covered	Covered* Restrictions may apply
<b>Medical Transportation Services</b> (Routine)	Covered	Covered

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

Benefit	Molina Medicare Complete Care	Medi-Cal
<b>OUTPATIENT CARE SERVICES (CONTINUED)</b>		
<b>Urgently Needed Services</b> (This is NOT emergency care and, in most cases, is out of the service area.)	Covered	Not Covered
<b>Vision Services</b>	Covered	Covered* Restrictions may apply
<b>Wellness/Education and other Supplemental Benefit Programs</b>	Covered	Not Covered
<b>INPATIENT CARE</b>		
<b>Inpatient Hospital Care</b> (Includes Substance Abuse and Rehabilitation Services)	Covered	Covered
<b>Inpatient Mental Health Care</b>	Covered	Not Covered
<b>Skilled Nursing Facility (SNF)</b> (In a Medicare-certified skilled nursing facility)	Covered	Covered* Restrictions may apply
<b>PREVENTIVE SERVICES</b>		
<b>Health/Wellness Education</b>	Covered	Covered
<b>Kidney Disease and Conditions</b>	Covered	Chronic hemodialysis covered
<b>Preventive Services</b>	Covered	Covered

## Summary of Medicaid-Covered Benefits (Continued)

Benefit	Molina Medicare Complete Care	Medi-Cal
<b>HOSPICE</b>		
<b>Hospice</b>	Covered	Covered
<b>PRESCRIPTION DRUG BENEFITS</b>		
<b>Outpatient Prescription Drugs</b>	Covered	Covered* Restrictions may apply

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:

<b>ADDITIONAL MEDICAID BENEFITS</b>	
<b>BENEFITS</b>	<b>MEDI-CAL COVERAGE</b>
<b>AIDS Waiver Program</b>	Covered Restrictions may apply
<b>Blood and Blood Derivatives</b>	Covered
<b>Chronic Dialysis Services</b>	Covered
<b>Community-Based Adult Services (CBAS)</b>	Covered
<b>Comprehensive Perinatal Services Program (Preventive services)</b>	Covered
<b>Early &amp; Periodic Screening, Diagnosis, and Treatment (EPSDT)</b>	Covered
<b>Enteral Formula</b>	Covered
<b>Family Nurse Practitioner</b>	Covered
<b>Family Planning Services and Supplies</b>	Covered
<b>Federally Qualified Health Center Services (FQHC)</b>	Covered
<b>Home and Community Care for functionally disabled elderly (waiver only)</b>	Covered
<b>Intermediate Care Facility</b>	Covered
<b>Licensed Midwife Services</b>	Covered
<b>Nurse Anesthetist Services</b>	Covered

## Summary of Medicaid-Covered Benefits (Continued)

ADDITIONAL MEDICAID BENEFITS	
BENEFITS	MEDI-CAL COVERAGE
<b>Nurse Midwife</b>	Covered
<b>Personal Care Services</b>	Covered
<b>Psychology Services</b>	Covered Restrictions may apply
<b>Rehabilitation Facilities</b>	Covered
<b>Respiratory Care for Ventilator-Dependent Patients</b>	Covered
<b>Rural Health Clinic Services (RHC)</b>	Covered
<b>Special Duty Nursing Services</b>	Covered
<b>Sign Language Interpreter Services</b>	Covered
<b>Transplants</b>	Covered

\*\*Recently enacted legislation added Section 14131.10 of the W&I Code to exclude several optional benefit categories from coverage under the Medi-Cal program to be implemented on July 1, 2009. The optional benefits indicated are excluded from coverage under the Medi-Cal program, effective July 1, 2009. The optional benefits exclusion policy does not apply to the following beneficiaries: 1) beneficiaries under 21 years of age for services rendered pursuant to EPSDT program; 2) beneficiaries residing in a skilled nursing facility (Nursing Facilities Level A and Level B, including subacute care facilities; 3) beneficiaries who are pregnant (pregnancy-related benefits and services; other benefits and services to treat conditions that, if left untreated, might cause difficulties for the pregnancy); 4) California Children's Services beneficiaries; and 5) beneficiaries enrolled in the Program of All-Inclusive Care for the Elderly. Most claims for excluded optional benefit services billed by a physician or physician group remain reimbursable on or after July 1, 2009. However, these claims will be denied if the rendering provider is not a physician, but one of the optional benefit providers. More information on the reduced benefits and services affected by this new legislation is available on the California Department of Health Care Services Web site at [www.dhcs.ca.gov](http://www.dhcs.ca.gov).

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](https://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 (800) 665-0898, 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 (800) 665-0898, 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: **(800) 665-0898, TTY: 711**

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



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