

2024

Summary of Benefits

Molina Medicare Complete Care (HMO D-SNP)

Idaho H5628-008

Serving the following counties: Ada, Bannock, Bingham, Boise, Bonner, Bonneville, Boundary, Canyon, Cassia, Elmore, Fremont, Gem, Jefferson, Kootenai, Madison, Minidoka, Nez Perce, Owyhee, Payette, Power, Twin Falls

Effective January 1 through December 31, 2024





Molina Medicare Complete Care (HMO D-SNP)
2024 Summary of Benefits

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Introduction

This document is a brief summary of the benefits and services covered by Molina Medicare Complete Care (HMO D-SNP). It includes answers to frequently asked questions, important contact information, an overview of benefits and services offered, and information about your rights as a member of Molina Medicare Complete Care (HMO D-SNP). Key terms and their definitions appear in alphabetical order in the last chapter of the *Evidence of Coverage*.

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If you have questions, please call Molina Medicare Complete Care (HMO D-SNP) at (844) 239-4913, TTY: 711, 7 days a week, 8 a.m. to 8 p.m., local time. The call is free. **For more information**, visit www.MolinaHealthcare.com/Medicare.

Molina Medicare Complete Care (HMO D-SNP) Summary of Benefits 2024

A. Disclaimers



This is a summary of health services covered by Molina Medicare Complete Care (HMO D-SNP) for 2024. This is only a summary. Please read the *Evidence of Coverage* for the full list of benefits. Please call Member Services at (844) 239-4913, TTY: 711, 7 days a week, 8 a.m. - 8 p.m., local time to request a copy of the *Evidence of Coverage* or go to MolinaHealthcare.com/Medicare.

- ❖ For more information about **Medicare**, you can read the *Medicare & You* handbook. It has a summary of Medicare benefits, rights, and protections and answers to the most frequently asked questions about Medicare. You can get it at the Medicare website (www.medicare.gov) or 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.
- ❖ For more information about *Molina Medicare Complete Care* (HMO D-SNP), you can check the Idaho Department of Health and Welfare: Dual Eligible participants website at <https://healthandwelfare.idaho.gov/services-programs/medicaid-health/medicaidmedicare-participants>.
- ❖ ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call (844) 239-4913 (TTY: 711).
- ❖ ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al (844) 239-4913 (TTY: 711).
- ❖ You can get this document for free in other formats, such as large print, braille, or audio. Call (844) 239-4913, TTY: 711, 7 days a week, 8 a.m. – 8 p.m., local time. The call is free.
- ❖ You can ask that we always send you information in the language or format you need. This is called a standing request. We will keep track of your standing request, so you do not need to make separate requests each time we send you information.
- ❖ To get this document in a language other than English, please contact the State at (844) 239-4913, TTY: 711, 7 days a week, 8 a.m. – 8 p.m., local time. A representative can help you make or change a standing request. You can also contact your Service Coordinator for help with standing requests.
- ❖ 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.



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Molina Medicare Complete Care (HMO D-SNP) Summary of Benefits 2024

B. Frequently asked questions (FAQ)

The following table lists frequently asked questions.

Frequently Asked Questions	Answers
What is a Medicare Medicaid Coordinated Plan (MMCP)?	<p>Molina Medicare Complete Care (HMO D-SNP) is a Medicare Medicaid Coordinated Plan. A Medicare Medicaid Coordinated Plan is a voluntary program that integrates both Medicare and Medicaid coverage into one single plan, at no cost to the participant, which means members will have:</p> <ul style="list-style-type: none">• One set of comprehensive benefits. One accountable entity to coordinate delivery of services. One care management team to coordinate care.• Additional supplemental benefits over and above original Medicare and Medicaid.• Their Medicare premium paid by Medicaid.• Access to the health plans network of providers. <p>This program is for Dual Eligible participants who are 21 years of age or older and are eligible and enrolled in both Medicare (Parts A, B, and D) and Enhanced Medicaid. The Department of Health and Welfare has partnered with Molina Medicare Complete Care (HMO D-SNP) to administer the Medicare Medicaid Coordinated Plan.</p>
Will I get the same Medicare and Medicaid benefits in Molina Medicare Complete Care (HMO D-SNP) that I get now?	<p>You will get most of your covered Medicare and Medicaid benefits directly from <i>Molina Medicare Complete Care (HMO D-SNP)</i>. You will work with a team of providers who will help determine what services will best meet your needs. This means that some of the services you get now may change based on your needs, and your doctor and care coordinator assessment. You may also get other benefits outside of your health plan the same way you do now, directly from Idaho Medicaid.</p> <p>When you enroll in Molina Medicare Complete Care (HMO D-SNP)'s, you and your care coordinator will work together to develop an Individualized Care Plan to address your health and support needs, reflecting your personal preferences and goals.</p> <p>If you are taking any Medicare Part D prescription drugs that Molina Medicare Complete Care (HMO D-SNP) does not normally cover, you can get a temporary supply and we will help you to transition to another drug or get an exception for Molina Medicare Complete Care (HMO D-SNP) to cover your</p>



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Frequently Asked Questions	Answers
	<p>drug if medically necessary. For more information, call Member Services at (844) 239-4913, TTY: 711, 7 days a week, 8 a.m. – 8 p.m., local time.</p>
<p>Can I go to the same doctors I use now? (this section continued on the next page)</p>	<p>This is often the case. If your providers (including doctors, hospitals, therapists, pharmacies, and other health care providers) work with Molina Medicare Complete Care (HMO D-SNP) and have a contract with us, you can keep going to them.</p> <ul style="list-style-type: none"> • Providers with an agreement with us are “in-network.” Network providers participate in our plan. That means they accept members of our plan and provide services our plan covers. You must use the providers in Molina Medicare Complete Care (HMO D-SNP) network. If you use providers or pharmacies that are not in our network, the plan may not pay for these services or drugs. • If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of Molina Medicare Complete Care (HMO D-SNP)’s plan. See Chapter 3 in the Evidence of Coverage (Using the plan’s coverage for your medical services) for more specific information about emergency, out-of-network, and out of area coverage. • If you are currently under treatment with a provider that is out of Molina Medicare Complete Care (HMO D-SNP)’s network, or have an established relationship with a provider that is out of Molina Medicare Complete Care (HMO D-SNP)’s network, call Member Services to check about staying connected. <p>To find out if your providers are in the plan’s network, call Member Services (844) 239-4913, TTY: 711, 7 days a week, 8 a.m. – 8 p.m., local time or read Molina Medicare Complete Care’s <i>Provider and Pharmacy Directory</i> on the plan’s website at MolinaHealthcare.com/Medicare.</p> <p>If Molina Medicare Complete Care (HMO D-SNP) is new for you, we will work with you to develop an Individualized Care Plan to address your needs.</p>
<p>What is a Molina Medicare Complete Care (HMO D-SNP) care coordinator?</p>	<p>A Molina Medicare Complete Care care coordinator is one main person for you to contact. This person helps to manage all your providers and services and make sure you get what you need.</p>
<p>What are Long-term Services and Supports (LTSS)?</p>	<p>Long-term Services and Supports are help for people who need assistance to do everyday tasks like bathing, toileting, getting dressed, making food, and taking medicine. Most of these services are provided at your home or in your community but could be provided in a nursing home or hospital.</p>



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Molina Medicare Complete Care (HMO D-SNP) Summary of Benefits 2024

Frequently Asked Questions	Answers
	Developmental Disability Services and their services and some other LTSS are administered by Idaho Medicaid and your care coordinator or care team will work with that agency to coordinate your Medicare, Medicaid, and LTSS services.
What happens if I need a service but no one in Molina Medicare Complete Care (HMO D-SNP) 's network can provide it?	Most services will be provided by our network providers. If you need a service that cannot be provided within our network, Molina Medicare Complete Care (HMO D-SNP) will pay for the cost of an out-of-network provider.
Where is Molina Medicare Complete Care (HMO D-SNP) available?	<p>The service area for this plan includes: Counties, Idaho. You must live in Ada, Bannock, Bingham, Boise, Bonner, Bonneville, Boundary, Canyon, Cassia, Elmore, Fremont, Gem, Jefferson, Kootenai, Madison, Minidoka, Nez Perce, Owyhee, Payette, Power, Twin Falls to join the plan.</p> <p>Call Member Services at (844) 239-4913, TTY: 711 for more information about whether the plan is available where you live.</p>
What is prior authorization?	<p>Prior authorization means an approval from Molina Medicare Complete Care (HMO D-SNP) to seek services outside of our network or to get services not routinely covered by our network before you get the services. Molina Medicare Complete Care (HMO D-SNP) may not cover the service, procedure, item, or drug if you don't get prior authorization.</p> <p>If you need urgent or emergency care or out-of-area dialysis services, you don't need to get authorization first. Molina Medicare Complete Care (HMO D-SNP) can provide you or your provider with a list of services or procedures that require you to get prior authorization from Molina Medicare Complete Care (HMO D-SNP) before the service is provided.</p> <p>Refer to Chapter 3, of the Evidence of Coverage to learn more about prior authorization. Refer to the Benefits Chart in Section D of Chapter 4 of the <i>Evidence of Coverage</i> to learn which services require a prior authorization.</p> <p>If you have questions about whether prior authorization is required for specific services, procedures, items, or drugs, call Member Services at (844) 239-4913, TTY: 711, 7 days a week, 8 a.m. – 8 p.m., local time for help.</p>



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Molina Medicare Complete Care (HMO D-SNP) Summary of Benefits 2024

Frequently Asked Questions	Answers
Do I pay a monthly amount (also called a premium) under Molina Medicare Complete Care (HMO D-SNP)	No. Because you have Medicaid you will not pay any monthly premiums, including your Medicare Part B premium, for your health coverage.
Do I pay a deductible as a member of Molina Medicare Complete Care (HMO D-SNP)	No. You do not pay deductibles in Molina Medicare Complete Care (HMO D-SNP) .
What is the maximum out-of-pocket amount that I will pay for medical services as a member of Molina Medicare Complete Care (HMO D-SNP)	There is no cost sharing for medical services in Molina Medicare Complete Care (HMO D-SNP) , so your annual out-of-pocket costs will be \$0.
Do I have a coverage gap for drugs?	No. Because you have Medicaid you will not have a coverage gap stage for your drugs.



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Molina Medicare Complete Care (HMO D-SNP) Summary of Benefits 2024

C. List of covered services

The following table is a quick overview of what services you may need, your costs, and rules about the benefits.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need hospital care (continued on next page)</p>	<p>Inpatient hospital stay</p>	<p>\$0</p>	<p>Our plan covers 90 days during a benefit period for an inpatient hospital stay under your Medicare benefit. A benefit period begins on the first day that you are admitted to a Medicare-covered hospital or skilled nursing facility (SNF). The benefit period ends when you haven't received any inpatient hospital 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 ends, a new benefit period begins. There is no limit to the number of benefit period you can have.</p> <p>Prior authorization may be required.</p> <p>You may have coverage for additional inpatient hospital services under your Medicaid benefit.</p> <p>As a Medicare Medicaid Coordinated Plan, we will coordinate your Medicare and Medicaid benefits.</p>
	<p>Outpatient hospital services, including observation</p>	<p>\$0</p>	<p>Prior authorization may be required.</p> <p>As a Medicare Medicaid Coordinated Plan, we will coordinate your Medicare and Medicaid benefits.</p>



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need hospital care (continued from previous page)			As a Medicare Medicaid Coordinated Plan, we will coordinate your Medicare and Medicaid benefits.
	Ambulatory surgical center (ASC) services	\$0	Prior authorization may be required. As a Medicare Medicaid Coordinated Plan, we will coordinate your Medicare and Medicaid benefits.
	Doctor or surgeon care	\$0	Prior authorization may be required. As a Medicare Medicaid Coordinated Plan, we will coordinate your Medicare and Medicaid benefits.
You want a doctor (continued on next page)	Visits to treat an injury or illness	\$0	Prior authorization may be required. As a Medicare Medicaid Coordinated Plan, we will coordinate your Medicare and Medicaid benefits.
	Care to keep you from getting sick, such as flu shots and screenings to check for cancer	\$0	Covered Medicare Part B services include: <ul style="list-style-type: none"> • Pneumonia vaccine • Flu shots, once each flu season in the fall and winter, with additional flu shots if medically necessary • Hepatitis B vaccine if you are at high or intermediate risk of getting Hepatitis B • COVID-19 vaccine



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You want a doctor (continued from previous page)</p>			<ul style="list-style-type: none"> • Other vaccines if you are at risk and they meet Medicare Part B coverage rules. <p>We also cover some vaccines under our Part D prescription drug benefit.</p>
	Wellness visits, such as a physical	\$0	<p>If you’ve had Part B for longer than 12 months, you can get an annual wellness visit to develop or update a personalized prevention plan based on your current health and risk factors,</p> <p>This is covered once every 12 months.</p> <p>As a Medicare Medicaid Coordinated Plan, we will coordinate your Medicare and Medicaid benefits.</p>
	“Welcome to Medicare” (preventative visit one time only)	\$0	<p>We cover the “Welcome to Medicare” preventive visit only within the first 12 months you have Medicare Part B. When you make your appointment, let your doctor’s office know you would like to schedule your “Welcome to Medicare” preventive visit.</p> <p>As a Medicare Medicaid Coordinated Plan, we will coordinate your Medicare and Medicaid benefits.</p>



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
	Specialist care	\$0	As a Medicare Medicaid Coordinated Plan, we will coordinate your Medicare and Medicaid benefits.
You need emergency care (continued on the next page)	Emergency room services	\$0	<p>You may get covered emergency medical care whenever you need it, anywhere in the United States or its territories, without prior authorization.</p> <p>Emergency services are not covered outside the U.S. and its territories except under limited circumstances. Contact the plan for details.</p> <p>Worldwide emergency and urgent care coverage and is available to you up to \$10,000 per year as Medicare Supplemental Benefit.</p> <p>As a Medicare Medicaid Coordinated Plan, we will coordinate your Medicare and Medicaid benefits.</p>
	Urgent care	\$0	<p>Urgent care is not emergency care. You do not need a prior authorization and you do not have to be in-network.</p> <p>Urgent care is NOT covered outside the U.S. and its territories, except under limited circumstances.</p> <p>Urgently needed services are provided to treat a non-emergency, unforeseen medical</p>



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need emergency care (continued from previous page)			<p>illness, injury, or condition that requires immediate medical care.</p> <p>Worldwide emergency and urgent care coverage and is available to you up to \$10,000 per year as Medicare Supplemental Benefit.</p> <p>As a Medicare Medicaid Coordinated Plan, we will coordinate your Medicare and Medicaid benefits.</p>
You need medical tests	Diagnostic radiology services (for example, X-rays or other imaging services, such as CAT scans or MRIs)	\$0	<p>Prior authorization may be required.</p> <p>No authorization is required for outpatient lab services and outpatient x-ray services. Genetic lab testing requires prior authorization.</p> <p>As a Medicare Medicaid Coordinated Plan, we will coordinate your Medicare and Medicaid benefits.</p>
	Lab tests and diagnostic procedures, such as blood work	\$0	<p>Prior authorization may be required.</p> <p>As a Medicare Medicaid Coordinated Plan, we will coordinate your Medicare and Medicaid benefits.</p>
You need hearing/auditory services (continued on the next page)	Hearing screenings	\$0	<p>In addition to Medicare-covered hearing services, you can get a routine hearing test once every calendar year as a Medicare Supplemental Benefit.</p> <p>Prior authorization may be required.</p>



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need hearing/auditory services (continued from the previous page)</p>	Hearing aids	\$0	<p>As a Medicare Medicaid Coordinated Plan, we will coordinate your Medicare and Medicaid benefits.</p> <p>Fittings/ evaluations for hearing aids can be done once every calendar year as Medicare Supplemental Benefit.</p> <p>Our plan covers up to 2 pre-selected hearing aids from a plan-approved provider every 2 years as Medicare Supplemental Benefit. You must use the plan vendor to access this benefit.</p> <p>Prior authorization may be required.</p> <p>As a Medicare Medicaid Coordinated Plan, we will coordinate your Medicare and Medicaid benefits</p>
	<p>You need dental care (continued on the next page)</p>	Dental check-ups, preventive care, and comprehensive dental services	\$0



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need dental care (continued)			<p>dental services follow Medicaid coverage rules. Services must be provided by the State Medicaid benefits administrator, MCNA. For more information, call MCNA Dental at 1-855-233-6262 (Monday – Friday, 6 a.m. – 6 p.m.), TTY: 1-800-377-3529 or visit the MCNA Idaho website at https://www.mcnaid.net/en/home. You can find a dentist in the MCNA network by using the Online Provider Directory at https://www.mcnaid.net/en/find-dentist.</p> <p>As a Medicare Medicaid Coordinated Plan, we will coordinate your Medicare and Medicaid benefits.</p>
You need eye care (continued on next page)	Eye exams	\$0	<p>We have partnered with a Vision Vendor to give you more value for your routine vision need!</p> <p>Your Medicare Supplemental Benefit coverage includes: one routine eye exam every calendar year from our supplemental vision provider. To find an in-network routine preventive vision provider close to you, you can: Search online using our supplemental vision provider online search tool at MolinaHealthcare.com/Medicare.</p>



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need eye care (continued from previous page)</p>			<p>Prior authorization not required for eye exams.</p> <p>You may be able to access additional vision exams under your Medicaid benefits if you meet Medicaid criteria.</p> <p>As a Medicare Medicaid Coordinated Plan, we will coordinate your Medicare and Medicaid benefits.</p>
	Glasses or contact lenses	\$0	<p>We have partnered with a Vision Vendor to give you more value for your routine vision needs!</p> <p>Your Medicare Supplemental Benefits coverage includes an eyewear allowance of \$400 every calendar year. You can use your eyewear allowance to purchase:</p> <ul style="list-style-type: none"> • Contact lenses • Eyeglasses (frames and lenses) • Eyeglass frames • Eyeglass lenses • Upgrades (such as tinted, U-V, polarized or photochromatic lenses) <p>If you choose contact lenses, your eyewear allowance can also be used to pay down all or a portion of your contact lenses fitting fee. You are responsible for paying</p>



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need eye care (continued from previous page)</p>			<p>any corrective eyewear over the limit of the plan’s eyewear allowance.</p> <p>To find an in-network routine preventive vision provider close to you, you can: Search online using our supplemental vision provider online search tool at MolinaHealthcare.com/Medicare.</p> <p>Medicare Supplemental Benefits are offered by the plan to help with items or services that are generally not covered by Medicare. All benefits must be used in the plan year and are only available if you are enrolled at the time services are rendered.</p> <p>Prior authorization may be required.</p> <p>Your Idaho Medicaid benefits may also include eyeglasses when necessary to treat a medical condition.</p> <p>As a Medicare Medicaid Coordinated Plan, we will coordinate your Medicare and Medicaid benefits.</p>
	Other vision care	\$0	<p>Covered services include:</p> <ul style="list-style-type: none"> • Medicare-covered vision care such as exams to diagnose and treat diseases and conditions of the eye.



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need eye care (continued from previous page)</p>			<ul style="list-style-type: none"> • One Medicare-covered glaucoma screening each calendar year if you are at high risk of glaucoma. • One Medicare-covered diabetic retinopathy screening each calendar year if you have diabetes. • One pair of Medicare-covered eyeglasses or contact lenses after each cataract surgery that includes insertion of an intraocular lens. <p>Prior authorization may be required.</p> <p>As a Medicare Medicaid Coordinated Plan, we will coordinate your Medicare and Medicaid benefits.</p>
<p>You need mental health services (this section continued on the next page)</p>	<p>Behavioral health services</p>	<p>\$0</p>	<p>In addition to your Medicare benefits, your Idaho Medicaid benefits include inpatient and outpatient behavioral health care including but not limited to community-based outpatient behavioral health services and behavioral health case management services. Community-based outpatient behavioral health services include screening, evaluation, and diagnostic assessments (including occupational therapy assessments), treatment planning, and group and family</p>



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need mental health services (continued)</p>			<p>psychotherapy. The services are available to members of the Medicaid Basic and Enhanced plans.</p> <p>Prior authorization may be required.</p> <p>As a Medicare Medicaid Coordinated Plan, we will coordinate your Medicare and Medicaid benefits.</p>
	<p>Inpatient and outpatient care and community-based services for people who need mental health services</p>	<p>\$0</p>	<p>In addition to your Medicare benefits, your Idaho Medicaid benefits include inpatient and outpatient behavioral health care including but not limited to community-based outpatient behavioral health services and behavioral health case management services. Community-based outpatient behavioral health services include screening, evaluation, and diagnostic assessments (including occupational therapy assessments), treatment planning, and group and family psychotherapy. The services are available to members of the Medicaid Basic and Enhanced plans.</p> <p>All Community-Based Outpatient Behavioral Health Services are subject to the Limitation of Practice imposed by State Law, Federal Regulations, and according to applicable Department Rules,</p>



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
			<p>the Idaho Medicaid Provider Agreement Medicare Medicaid Coordinated Plan as awarded or amended and approved by the Department or its Authorized Agent based upon Medical Necessity.</p> <p><i>Prior authorization may be required.</i></p> <p>As a Medicare Medicaid Coordinated Plan, we will coordinate your Medicare and Medicaid benefits.</p>
<p>You need a substance use disorder services</p>	<p>Substance use disorder services</p>	<p>\$0</p>	<p>Medicare covers inpatient and outpatient treatment for substance use disorders (SUD).</p> <p>You also have coverage for some SUD treatment services under your Idaho Medicaid benefit, including Community-Based Rehabilitation and SUD Treatment Services. All Community-Based Outpatient Behavioral Health Services are subject to the Limitation of Practice imposed by State Law, Federal Regulations, and according to applicable Department Rules, the Idaho Medicaid Provider Agreement Medicare Medicaid Coordinated Plan as awarded or amended and approved by the Department or its Authorized Agent based upon Medical Necessity</p>



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Molina Medicare Complete Care (HMO D-SNP) Summary of Benefits 2024

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
			<p>Prior authorization may be required.</p> <p>As a Medicare Medicaid Coordinated Plan, we will coordinate your Medicare and Medicaid benefits.</p>
<p>You need a place to live with people available to help you (continued on next page)</p>	<p>Skilled nursing care</p>	<p>\$0</p>	<p>Our plan covers up to 100 days in a skilled nursing facility (SNF) under your Medicare benefit. You pay \$0 for days 1-100 of a skilled nursing facility stay.</p> <p>No prior hospitalization is required.</p> <p><i>Idaho Medicaid will provide Molina Medicare Complete Care (HMO D-SNP) with the amount of cost sharing, if any, that it may assess to the Idaho Medicaid enrollee.</i></p> <p>Prior authorization may be required.</p> <p>As a Medicare Medicaid Coordinated Plan, we will coordinate your Medicare and Medicaid benefits.</p>
	<p>Nursing home care</p>	<p>\$0</p>	<p>Medicare does not cover custodial care. Custodial care is personal care that does not require the continuing attention of trained medical or paramedical personnel, such as care that helps you with activities of daily living, such as bathing or dressing.</p> <p>You may have additional long-term care facility coverage under your Idaho</p>



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Molina Medicare Complete Care (HMO D-SNP) Summary of Benefits 2024

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need a place to live with people available to help you (continued)</p>			<p>Medicaid benefits. These services are covered under the Enhanced Plan.</p> <p>Members in long-term care facilities may be required to pay a patient liability for the cost of the long-term care services to the long-term care facility.</p> <p>Idaho Medicaid will provide Molina Medicare Complete Care (HMO D-SNP) with the amount of cost sharing, if any, that it may assess to the Idaho Medicaid enrollee.</p> <p>Prior authorization may be required.</p> <p>As a Medicare Medicaid Coordinated Plan, we will coordinate your Medicare and Medicaid benefits.</p>
<p>You need therapy after a stroke or accident</p>	Occupational, physical, or speech therapy	\$0	<p>Prior authorization may be required.</p> <p>As a Medicare Medicaid Coordinated Plan, we will coordinate your Medicare and Medicaid benefits.</p>
<p>You need help getting to health services (this section continued on the next page)</p>	Ambulance services	\$0	<p>Covered ambulance services include fixed wing, rotary wing, and ground ambulance services, to the nearest appropriate facility that can provide care only if they are furnished to a member whose medical condition is such that other means of</p>



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Molina Medicare Complete Care (HMO D-SNP) Summary of Benefits 2024

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need help getting to health services (continued from previous page)</p>			<p>transportation could endanger the person’s health or if authorized by the plan.</p> <p>Non-emergency transportation by ambulance is appropriate if it is documented that the member’s condition is such that other means of transportation could endanger the person’s health and that transportation by ambulance is medically required.</p> <p>Prior authorization required for non-emergent ambulance only.</p> <p>As a Medicare Medicaid Coordinated Plan, we will coordinate your Medicare and Medicaid benefits.</p>
	<p>Transportation to medical appointments and services</p>	<p>\$0</p>	<p>Medicare does not cover routine transportation services.</p> <p>As a Medicare Supplemental Benefit, you have a \$525 allowance every quarter (every 3 months) on your Molina MyChoice debit card to spend on transportation to health-related locations. This amount is combined with your Over-the-Counter (OTC) quarterly allowance. If you don’t use all of your quarterly benefit allowance, the remaining balance will expire and not rollover to the next benefit period.</p>



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Molina Medicare Complete Care (HMO D-SNP) Summary of Benefits 2024

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need help getting to health services (continued from previous page)</p>			<p>You have additional non-emergency transportation benefits under your Idaho Medicaid benefits. Your Medicaid non-emergency transportation benefits are not managed by our plan. Idaho Medicaid contracts with Medical Transportation Management, Inc. (MTM) to provide these services. For more information or to schedule a ride, call MTM at 1-877-503-1261 (Monday – Friday, 8 a.m. - 6 p.m.), TTY: 1-888-561-8747. You can also schedule a ride at medicaltrip.net.</p> <p>Members who qualify for the Aged & Disabled (A&D) Waiver may also have access to non-medical transportation to access Waiver and other community services and resources. Non-medical transportation is a benefit for A&D Waiver members who qualify in addition to Medicaid-covered non-emergency medical transportation. Your care coordinator can help you obtain more information about this service and whether you might qualify.</p> <p>As a Medicare Medicaid Coordination Plan, we will coordinate your Medicare,</p>



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Molina Medicare Complete Care (HMO D-SNP) Summary of Benefits 2024

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
			Medicaid, and any Waiver services you qualify to receive.
<p>You need drugs to treat your illness or condition (continued on the next page)</p>	Medicare Part B prescription drugs	\$0	<p>Part B drugs include drugs given by your doctor in their office, some oral cancer drugs, and some drugs used with certain medical equipment. Read the <i>Evidence of Coverage</i> for more information on these drugs.</p> <p><i>Prior authorization may be required.</i></p> <p>As a Medicare Medicaid Coordinated Care Plan, we will coordinate your Medicare and Medicaid benefits.</p>
	Tier 1: Preferred Generic drugs (no brand name)	<p>\$0 for a 31-day-supply.</p> <p>Copays for prescription drugs may vary based on the level of Extra Help you get. Please contact the plan for more details.</p>	<p>There may be limitations on the types of drugs covered. Please refer to Molina Medicare Complete Care (HMO D-SNP)s List of Covered Drugs (Drug List) for more information.</p> <p>Important Message About What You Pay for Vaccines – Some vaccines are considered medical benefits. Other vaccines are considered Part D drugs. You can find these vaccines listed in the plan’s List of Covered Drugs (Formulary). Our plan covers most Part D vaccines at no cost to you.</p>



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Molina Medicare Complete Care (HMO D-SNP) Summary of Benefits 2024

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need drugs to treat your illness or condition (continued)</p>			<p>Note: You have prescription drug coverage under Medicare Part D. Idaho Medicaid does not cover Part D drugs. We cover some over-the-counter and other drugs under your Medicaid benefit. You can call Member Services or visit our web site at Molinahealthcare.com/Medicare for more information on the drugs covered under your Medicaid benefit. As a Medicare Medicaid Coordinated Plan, we will coordinate your Medicare and Medicaid benefits.</p>
	<p>Tier 2: Generic drugs</p>	<p>\$0 for 31-day-supply</p>	<p>There may be limitations on the types of drugs covered. Please refer to Molina Medicare Complete Care (HMO D-SNP)'s List of Covered Drugs (Drug List) for more information.</p>
	<p>Tier 3: Preferred Brand Name Drugs (No-Medicare Rx/OTC drugs)</p>	<p>\$0, \$1.45, or \$4.15 To \$0, \$4.30, or \$10.35 for 31-day-supply</p>	<p>There may be limitations on the types of drugs covered. Please refer to Molina Medicare Complete Care (HMO D-SNP)'s List of Covered Drugs (Drug List) for more information.</p> <p>For Preferred Brand Name Drugs. The copay is from \$0, \$1.45, \$4.15, copay for generic drugs (including brand drugs treated as generic drug) to \$0, \$4.30 to</p>



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Molina Medicare Complete Care (HMO D-SNP) Summary of Benefits 2024

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need drugs to treat your illness or condition (continued)			\$10.35 copay for all other drugs prescription.
	Tier 4: Brand name drugs (Non-Preferred drugs)	\$0, \$1.45 or \$4.15 to \$0, \$4.30, or \$10.35 for a 31-day-supply.	There may be limitations on the types of drugs covered. Please refer to Molina Medicare Complete Care (HMO D-SNP)'s <i>List of Covered Drugs</i> (Drug List) for more information. For Non-Preferred Brand Name Drugs. The copay is from \$0, \$1.45, \$4.15, copay for generic drugs (including brand drugs treated as generic drug) to \$0, \$4.30 to \$10.35 copay for all other drugs prescription.
	Tier 5: Specialty Drugs	\$0, \$1.45, or \$4.15 To \$0, \$4.30, or \$10.35 for 31-day-supply	There may be limitations on the types of drugs covered. Please refer to Molina Medicare Complete Care (HMO D-SNP)'s <i>List of Covered Drugs</i> (Drug List) for more information. For Specialty Drugs have the highest copay. The copay is from \$0, \$1.45, \$4.15, copay for generic drugs (including brand drugs treated as generic drug) to \$0, \$4.30 to \$10.35 copay for all other drugs prescription.
	Over-the-counter (OTC) drugs	\$0	There may be limitations on the types of drugs covered. Please refer to Molina Medicare Complete Care (HMO D-SNP)'s



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Molina Medicare Complete Care (HMO D-SNP) Summary of Benefits 2024

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need drugs to treat your illness or condition (continued)</p>			<p>List of Covered Drugs (Drug List) for more information.</p> <p>As a Medicare Supplemental Benefit, you have a \$525 allowance every quarter (every 3 months) on your Molina MyChoice debit card to spend on transportation to health-related locations. This amount is combined with your Over-the-Counter (OTC) quarterly allowance. If you don't use all of your quarterly benefit allowance, the remaining balance will expire and not rollover to the next benefit period. You do not need a prescription from your doctor to get OTC items through this Medicare Supplemental Benefit. You must show your Molina MyChoice debit card to participating providers to receive approved health-related items at retailers. Your MyChoice debit card is required to access this benefit. You can get more information about your Molina MyChoice card in Chapter 4 of the Evidence of Coverage.</p> <p>Note: This coverage is for your Medicare Supplemental OTC Benefit. Some OTC medications and certain vitamins are covered under your Medicaid benefit. You can call Member Services or visit our web</p>



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Molina Medicare Complete Care (HMO D-SNP) Summary of Benefits 2024

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need drugs to treat your illness or condition (continued)			site at Molinahealthcare.com/Medicare for more information on the drugs covered under your Medicaid benefit. As a Medicare Medicaid Coordinated Plan, we will coordinate your Medicare and Medicaid benefits.
	Rehabilitation services	\$0	As a Medicare Medicaid Coordinated Plan, we will coordinate your Medicare and Medicaid benefits.
You need help getting better or have special health needs	Medical equipment for home care	\$0	As a Medicare Medicaid Coordinated Plan, we will coordinate your Medicare and Medicaid benefits.
	Dialysis services	\$0	As a Medicare Medicaid Coordinated Plan, we will coordinate your Medicare and Medicaid benefits.
You need foot care (continued on the next page)	Podiatry services	\$0	<p>Medicare covered services include:</p> <ul style="list-style-type: none"> • Diagnosis and the medical or surgical treatment of injuries and diseases of the feet (such as hammer toe or heel spurs) • Routine foot care for members with certain medical conditions affecting the lower limbs <p>We also cover up to 6 routine foot care visits every year as a Medicare Supplemental Benefit.</p> <p>Prior authorization may be required.</p>



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Molina Medicare Complete Care (HMO D-SNP) Summary of Benefits 2024

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You foot care (continued)			You may have coverage of additional podiatrist services based on Medicaid criteria and for treatment of certain acute foot conditions under your Medicaid benefit. As a Medicare Medicaid Coordinated Plan, we will coordinate your Medicare and Medicaid benefits.
	Orthotic services	\$0	As a Medicare Medicaid Coordinated Plan, we will coordinate your Medicare and Medicaid benefits.
You need durable medical equipment (DME) Note: This is not a complete list of covered DME. For a complete list, contact Member Services or refer to Chapter 4 of the <i>Evidence of Coverage</i> .	Wheelchairs, crutches, and walkers	\$0	Prior authorization may be required. Prior authorization is not required for preferred manufacturer. As a Medicare Medicaid Coordinated Plan, we will coordinate your Medicare and Medicaid benefits.
	Nebulizers	\$0	Prior authorization may be required. Prior authorization is not required for preferred manufacturer. As a Medicare Medicaid Coordinated Plan, we will coordinate your Medicare and Medicaid benefits.
	Oxygen equipment and supplies	\$0	Prior authorization may be required. Prior authorization is not required for preferred manufacturer.



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Molina Medicare Complete Care (HMO D-SNP) Summary of Benefits 2024

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
			As a Medicare Medicaid Coordinated Plan, we will coordinate your Medicare and Medicaid benefits.
You need help living at home (continued on next page)	Home health services	\$0	Prior authorization may be required. As a Medicare Medicaid Coordinated Plan, we will coordinate your Medicare and Medicaid benefits.
	Home services, such as cleaning or housekeeping, or home modifications such as grab bars	\$0	Home services, such as cleaning or housekeeping, or home modifications such as grab bars are not covered by Medicare. These kinds of services may be available to you if you qualify for the Aged & Disabled (A&D) Waiver. A&D Waiver participants may qualify to receive: <ul style="list-style-type: none"> • Homemaker services (which help with things like laundry, errands, meal preparation, and other routine housekeeping tasks if no one else in the household can help); and/or • Environmental accessibility adaptations (which are minor home modifications such as installing ramps or widening doorways). Your care coordinator can help you obtain more information about these services and whether you qualify.



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Molina Medicare Complete Care (HMO D-SNP) Summary of Benefits 2024

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need help living at home (continued)</p>			<p>Prior authorization may be required.</p> <p>Idaho Medicaid will provide Molina Medicare Complete Care (HMO D-SNP) with the amount of cost sharing, if any, that it may assess to the Idaho Medicaid enrollee.</p> <p>As a Medicare Medicaid Coordinated Plan, we will coordinate your Medicare, Medicaid, and any A&D Waiver services you qualify to receive</p>
	<p>Adult day health</p>	<p>\$0</p>	<p>Adult day health services are not covered by Medicare. Adult day health services may be available to you if you qualify for the Aged & Disabled (A&D) Waiver.</p> <p>Your care coordinator can help you obtain more information about these services and whether you qualify.</p> <p>Prior authorization may be required.</p> <p>Members receiving A&D Waiver services may be required to pay a cost participation (cost share) for these services. Idaho Medicaid will provide Molina Medicare Complete Care (HMO D-SNP) with the amount of cost sharing, if any, that it may assess to the Idaho Medicaid enrollee.</p>



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Molina Medicare Complete Care (HMO D-SNP) Summary of Benefits 2024

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need help living at home (continued)</p>			<p>As a Medicare Medicaid Coordinated Plan, we will coordinate your Medicare, Medicaid, and any A&D Waiver services you qualify to receive.</p>
	<p>Day habilitation services</p>	<p>\$0</p>	<p>Day habilitation services help people with acquiring, retaining, or improving self-help, socialization, and adaptive skills. Day habilitation services are not covered by Medicare. Day habilitation services may be available to you if you qualify for the Aged & Disabled (A&D) Waiver.</p> <p>Your care coordinator can help you obtain more information about these services and whether you qualify.</p> <p>Prior authorization may be required.</p> <p>Members receiving A&D Waiver services may be required to pay a cost participation (cost share) for these services. Idaho Medicaid will provide Molina Medicare Complete Care (HMO D-SNP) with the amount of cost sharing, if any, that it may assess to the Idaho Medicaid enrollee.</p> <p>As a Medicare Medicaid Coordinated Plan, we will coordinate your Medicare, Medicaid, and any A&D Waiver services you qualify to receive.</p>



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Molina Medicare Complete Care (HMO D-SNP) Summary of Benefits 2024

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need help living at home (continued)</p>	<p>Services to help you live on your own (home health care services or personal care attendant services, home delivered meals, personal emergency response systems)</p>	<p>\$0</p>	<p>Services to help you live on your own, such as personal care attendant services, home delivered meals, and personal emergency response systems (PERS) are not covered by Medicare.</p> <p>You may qualify to receive a meal benefit as a Medicare Supplemental Benefit after an inpatient hospital or skilled nursing facility (SNF) stay or for a medical condition or potential medical condition that requires you to stay at home for a period of time.</p> <p>Your care coordinator will decide if you qualify for this benefit. You can get more information about this benefit about this benefit in Chapter 4 of the Evidence of Coverage.</p> <p>You may qualify to receive personal care attendant services under your Medicaid benefits. These services are covered under the Enhanced Plan. Your care coordinator can help you get more information about personal care attendant services and whether you qualify.</p> <p>Services to help you live on your own may also be available to you if you qualify for the Aged & Disabled (A&D) Waiver.</p>



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Molina Medicare Complete Care (HMO D-SNP) Summary of Benefits 2024

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need help living at home (continued)</p>			<p>A&D Waiver participants may qualify to receive:</p> <ul style="list-style-type: none"> • Attendant care services (which help people with supportive care and completing activities of daily living (ADLs)); • Companion services (which help people who cannot stay at home alone and need someone with them to ensure their safety and well-being); • Home delivered meals (1-2 meals per day for people who cannot prepare meals, are alone for significant parts of the day, and do not have help); and/or • PERS (for people who are alone for significant parts of the day and do not have help). • Your care coordinator can help you obtain more information about these A&D Waiver services and whether you qualify. <p>Prior authorization may be required.</p> <p>Members receiving A&D Waiver services may be required to pay a cost participation (cost share) for these services. Idaho</p>



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Molina Medicare Complete Care (HMO D-SNP) Summary of Benefits 2024

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need help living at home (continued)</p>			<p>Medicaid will provide Molina Medicare Complete Care (HMO D-SNP) with the amount of cost sharing, if any, that it may assess to the Idaho Medicaid enrollee.</p> <p>As a Medicare Medicaid Coordinated Plan, we will coordinate your Medicare, Medicaid, and any A&D Waiver services you qualify to receive.</p>
<p>Additional services (this section continued on the next page)</p>	Chiropractic services	\$0	<p>Medicare only covers manual manipulation of the spine to correct subluxation.</p> <p>You have up to 20 visits every year as a Medicare Supplemental Benefit for manual manipulation treatments of the spine.</p> <p>As a Medicare Medicaid Coordination Plan, we will coordinate your Medicare and Medicaid benefits.</p>
	Diabetes supplies and services	\$0	<p>Prior authorization may be required diabetic supplies, diabetic shoes, and inserts.</p> <p>We have a preferred manufacturer for diabetic test strips. Prior authorization is not required for preferred manufacturer.</p> <p>Supplies are covered when you have a prescription and fill it at a network retail</p>



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (this service continued on the next page)			pharmacy or through the Mail Service Pharmacy program. As a Medicare Medicaid Coordination Plan, we will coordinate your Medicare and Medicaid benefits.
	Prosthetic services	\$0	Prior authorization may be required. As a Medicare Medicaid Coordination Plan, we will coordinate your Medicare and Medicaid benefits.
	Radiation therapy	\$0	Prior authorization may be required. As a Medicare Medicaid Coordination Plan, we will coordinate your Medicare and Medicaid benefits.
	Services to help manage your disease	\$0	See the description for the specific service(s) recommended by your provider(s). Prior authorization may be required. As a Medicare Medicaid Coordination Plan, we will coordinate your Medicare and Medicaid benefits.
	Acupuncture	\$0	Up to 12 visit 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.



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (this service continued on the next page)	Additional Telehealth Services	\$0	Includes Primary care Physician Services Prior authorization may be required.
	Annual Physical Exam	\$0	
	Dialysis	\$0	
	Fitness Benefit	\$0	Members access to contracted fitness facilities and Home Fitness Kits for Members who prefer to exercise at home or while traveling.
	Foot Care (Podiatry)	\$0	Medicare covers foot exams and treatment if you have diabetes-related nerve damage and/or meet certain condition You have up to 6 supplemental routine foot care visits every calendar year. Prior authorization may be required.
	Health Education	\$0	Programs to help you learn to manage your health conditions, including health education, learning material, health advice, and care tips.
	In-home Support Services	\$0	Member have access up to 192 hours every year. You have access to in-home support services, including cleaning household chores and meal preparation and assistance with other instrumental activities of daily living.



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (this service continued on the next page)	Meal Benefit	\$0	Standard meal cycle is a 2-week menu with a total of 28 delivered meals, based on member need. Maximum of 59 meals and 4 weeks per year. Must meet criteria approved by the plan. Prior authorization may be required.
	Diabetes Wellness Meals	\$0	Members with diabetes that qualify for this additional meal benefit will be eligible for 2 meals per day, up to 12 weeks, maximum of 168 meals. Prior authorization may be required.
	Medical Equipment and Supplies	\$0	There is no coinsurance or copayment for: <ul style="list-style-type: none"> • Durable Medical Equipment (such as wheelchair, oxygen) • Prosthetics/Medical Supplies • Diabetic Supplies and Services Prior authorization may be required for Durable Medical Equipment, Prosthetics/Medical Supplies. Prior authorization required for diabetic shoes and inserts. Prior authorization not required for preferred manufacturer.
	24-Hour-Nurse Advice Line	\$0	Available 24 hours a day, 7 days a week.



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (this service continued on the next page)	Nutritional/Dietary Benefit	\$0	12 individual or group sessions every year: individual telephonic nutrition counseling upon request.
	Opioid Treatment Program Services	\$0	Prior authorization may be required.
	Outpatient Blood Services	\$0	3 pint deductible waived.
	Outpatient Substance Abuse	\$0	There is no coinsurance or copayment for individual or group therapy visits. Prior authorization may be required.
	Over-the-counter items	\$0	You have \$525 every quarter (3 months) to spend on Transportation to a health-related locations. This amount is combined with the Over-the-counter (OTC) quarterly allowance. If you don't use all of your quarterly benefit amount, the remaining balance will expire and not rollover to the next benefit period. You must use your MyChoice Card to get the benefit and services. See MyChoice Card section for more information.
Personal Emergency Response System Plus (PERPlus)	\$0	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.	



If you have questions, please call Molina Medicare Complete Care (HMO D-SNP) at (844) 239-4913, TTY: 711, 7 days a week, 8 a.m. to 8 p.m., local time. The call is free. **For more information**, visit www.MolinaHealthcare.com/Medicare.

Molina Medicare Complete Care (HMO D-SNP) Summary of Benefits 2024

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (this service continued on the next page)			Prior authorization may be required.
	Worldwide Emergency and Urgent Care	\$0	As an added benefit, we offer up to \$10,000 of worldwide emergency coverage each calendar year for emergency transportation, urgent care, emergency care, and post-stabilization care. This benefit is limited to services that would be classified as emergency or urgent care had the care been provided in the U.S.
	MyChoice Card	\$0	You receive a prepaid debit card that may be used toward select supplemental plan benefits such as: <ul style="list-style-type: none"> • Over-the-counter items and routine transportation combined • Dental • Vision • Food and produce* • Special Supplemental Benefits for Chronic Illnesses — Menu option* Funds are loaded onto the card 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



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Molina Medicare Complete Care (HMO D-SNP) Summary of Benefits 2024

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (this service continued on the next page)			not carry over to the following period or plan year. *Eligibility requirements applicable
	Special Supplemental Benefits for Chronic Illnesses	\$0	\$150 allowance every 3 months for the following benefits: <ul style="list-style-type: none"> • Mental health and wellness applications • Service Animal supplies • Pest control • Non-Medicare covered genetic test kits \$150 allowance every month for food and produce. Unused allowance does not carry over to the next quarter. Prior authorization may be required. You must use your MyChoice Card to get the benefit and services. See MyChoice Card section for more information. Members must complete a Health Risk Assessment and meet the criteria outlined in Chapter 4 of the Evidence of Coverage.

The above summary of benefits is provided for informational purposes only and is not a complete list of benefits. For a complete list and more information about your benefits, you can read the Molina Medicare Complete Care (HMO D-SNP) *Evidence of Coverage*. If you don't have a *Evidence of Coverage*,



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Molina Medicare Complete Care (HMO D-SNP) **Summary of Benefits 2024**

call Molina Medicare Complete Care (HMO D-SNP) Member Services at (844) 239-4913, TTY: 711, 7 days a week, 8 a.m. – 8 p.m., local time to get one. If you have questions, you can also call Member Services or visit www.MolinaHealthcare.com/Medicare.



If you have questions, please call Molina Medicare Complete Care (HMO D-SNP) at (844) 239-4913, TTY: 711, 7 days a week, 8 a.m. to 8 p.m., local time. The call is free. **For more information**, visit www.MolinaHealthcare.com/Medicare.

Molina Medicare Complete Care (HMO D-SNP) Summary of Benefits 2024

D. Benefits covered outside of Molina Medicare Complete Care (HMO D-SNP)

There are some services that you can get that are not covered by Molina Medicare Complete Care (HMO D-SNP) but are covered by Medicare, Medicaid, or a State or county agency. This is not a complete list. Call Member Services at (844) 239-4913, TTY: 711, 7 days a week, 8 a.m. – 8 p.m., local time or at the numbers listed at the bottom of this page or at the [numbers in the footer of this document to find out about these services.

Other services covered by Medicare, Medicaid, or a State Agency	Your costs
Non-Emergency Medical Transportation	<p>\$0</p> <p>You have additional non-emergency transportation benefits under your Idaho Medicaid benefits. Your Medicaid non-emergency transportation benefits are not managed by our plan. Idaho Medicaid contracts with Medical Transportation Management, Inc. (MTM) to provide these services. For more information or to schedule a ride, call MTM at 1-877-503-1261 (Monday – Friday, 8 a.m. - 6 p.m.), TTY: 1-888-561-8747. You can also schedule a ride at medicaltrip.net.</p> <p>Members who qualify for the Aged & Disabled (A&D) Waiver may also have access to non-medical transportation to access Waiver and other community services and resources. Non-medical transportation is a benefit for A&D Waiver members who qualify in addition to Medicaid-covered non-emergency medical transportation. Your care coordinator can help you obtain more information about this service and whether you might qualify.</p> <p><u>As a Medicare Medicaid Coordination Plan, we will coordinate your Medicare, Medicaid, and any Waiver services you qualify to receive.</u></p>



If you have questions, please call Molina Medicare Complete Care (HMO D-SNP) at (844) 239-4913, TTY: 711, 7 days a week, 8 a.m. to 8 p.m., local time. The call is free. **For more information**, visit www.MolinaHealthcare.com/Medicare.

Molina Medicare Complete Care (HMO D-SNP) Summary of Benefits 2024

Other services covered by Medicare, Medicaid, or a State Agency	Your costs
Dental Services	<p>\$0</p> <p>You can obtain preventive and comprehensive dental services through your Medicaid benefits (Idaho Smiles program). Your Medicaid dental benefits are not managed by our plan. All Medicaid dental services follow Medicaid coverage rules. Services must be provided by the State Medicaid benefits administrator, MCNA. For more information, call MCNA Dental at 1-855-233-6262 (Monday – Friday, 6 a.m. - 6 p.m.), TTY: 1-800-377-3529 or visit the MCNA Idaho web site at https://www.mcnaid.net/en/home. You can find a dentist in the MCNA network by using the Online Provider Directory at https://www.mcnaid.net/en/find-dentist.</p> <p>As a Medicare Medicaid Coordination Plan, we will coordinate your Medicare and Medicaid benefits.</p>
Developmental Disabilities (DD) Services including but not limited to targeted service coordination, adult day health, supported employment, respite care	<p>\$0</p> <p>These are services available to individuals who qualify for the Developmental Disabilities (DD) waiver. Your care coordinator can give you more information about these services and how people qualify to receive them.</p> <p>As a Medicare Medicaid Coordinated Plan, we will coordinate your Medicare, Medicaid, and any Waiver services you are qualified to receive.</p>



If you have questions, please call Molina Medicare Complete Care (HMO D-SNP) at (844) 239-4913, TTY: 711, 7 days a week, 8 a.m. to 8 p.m., local time. The call is free. **For more information**, visit www.MolinaHealthcare.com/Medicare.

Molina Medicare Complete Care (HMO D-SNP) Summary of Benefits 2024

Other services covered by Medicare, Medicaid, or a State Agency	Your costs
Tribal Federally Qualified Health Center (FQHC) and Indian Health Service (IHS) Clinic Services	<p>\$0</p> <p>These services are Medicaid services covered outside our plan.</p> <p>As a Medicare Medicaid Coordination Plan, we will coordinate your Medicare and Medicaid services.</p>
Intermediate Care Facility Services	<p>\$0</p> <p>These services are Medicaid services covered outside our plan.</p> <p>As a Medicare Medicaid Coordination Plan, we will coordinate your Medicare and Medicaid services.</p>



If you have questions, please call Molina Medicare Complete Care (HMO D-SNP) at (844) 239-4913, TTY: 711, 7 days a week, 8 a.m. to 8 p.m., local time. The call is free. **For more information**, visit www.MolinaHealthcare.com/Medicare.

Molina Medicare Complete Care (HMO D-SNP) Summary of Benefits 2024

E. Services that Molina Medicare Complete Care (HMO D-SNP) , Medicare, and Medicaid do not cover

This is not a complete list. Call Member Services at (844) 239-4913, TTY: 711, 7 days a week, 8 a.m. – 8 p.m., local time or at the numbers listed at the bottom of this page or at the numbers in the footer of this document to find out about other excluded services.

Services Molina Medicare Complete Care (HMO D-SNP) , Medicare, or Medicaid do not cover	



If you have questions, please call Molina Medicare Complete Care (HMO D-SNP) at (844) 239-4913, TTY: 711, 7 days a week, 8 a.m. to 8 p.m., local time. The call is free. **For more information**, visit www.MolinaHealthcare.com/Medicare.

Molina Medicare Complete Care (HMO D-SNP) **Summary of Benefits 2024**

F. Your rights as a member of the plan

As a member of Molina Medicare Complete Care (HMO D-SNP), you have certain rights. You can exercise these rights without being punished. You can also use these rights without losing your health care services. We will tell you about your rights at least once a year. For more information on your rights, please read the Evidence of Coverage. Your rights include, but are not limited to, the following:

- **You have a right to respect, fairness, and dignity.** This includes the right to:
 - Get covered services without concern about medical condition, health status, receipt of health services, claims experience, medical history, disability (including mental impairment), marital status, age, sex (including sex stereotypes and gender identity) sexual orientation, national origin, race, color, religion, creed, or public assistance
 - Get information in other languages and formats (for example, large print, braille, or audio) free of charge
 - Be free from any form of physical restraint or seclusion
- **You have the right to get information about your health care.** This includes information on treatment and your treatment options. This information should be in a language and format you can understand. This includes the right to get information on:
 - Description of the services we cover
 - How to get services
 - How much services will cost you
 - Names of health care providers and care coordinator
- **You have the right to make decisions about your care, including refusing treatment.** This includes the right to:
 - Choose a primary care provider (PCP) and change your PCP at any time during the year
 - Use a women's health care provider without a referral
 - Get your covered services and drugs quickly
 - Know about all treatment options, no matter what they cost or whether they are covered
 - Refuse treatment, even if your health care provider advises against it
 - Stop taking medicine, even if your health care provider advises against it



If you have questions, please call Molina Medicare Complete Care (HMO D-SNP) at (844) 239-4913, TTY: 711, 7 days a week, 8 a.m. to 8 p.m., local time. The call is free. **For more information**, visit www.MolinaHealthcare.com/Medicare.

Molina Medicare Complete Care (HMO D-SNP) **Summary of Benefits 2024**

- Ask for a second opinion. Molina Medicare Complete Care (HMO D-SNP) will pay for the cost of your second opinion visit
- Make your health care wishes known in an advance directive
- **You have the right to timely access to care that does not have any communication or physical access barriers.** This includes the right to:
 - Get timely medical care
 - Get in and out of a health care provider's office. This means barrier free access for people with disabilities, in accordance with the Americans with Disabilities Act
 - Have interpreters to help with communication with your health care providers and your health plan.
- **You have the right to seek emergency and urgent care when you need it.** This means you have the right to:
 - Get emergency services without prior authorization in an emergency
 - Use an out-of-network urgent or emergency care provider, when necessary
- **You have a right to confidentiality and privacy.** This includes the right to:
 - Ask for and get a copy of your medical records in a way that you can understand and to ask for your records to be changed or corrected
 - Have your personal health information kept private
 - Have privacy during treatment
- **You have the right to make complaints about your covered services or care.** This includes the right to:
 - File a complaint or grievance against us or our providers.
 - File a complaint with Idaho Medicaid at 1-833-814-8568 or through the Idaho Medicaid Complaint Submission System at <https://medicaidcomplaints.dhw.idaho.gov>.
 - Ask for a State Hearing
 - Get a detailed reason for why services were denied



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Molina Medicare Complete Care (HMO D-SNP) **Summary of Benefits 2024**

For more information about your rights, you can read the *Evidence of Coverage*. If you have questions, you can call Molina Medicare Complete Care (HMO D-SNP) Member Services at (844) 239-4913, TTY: 711, 7 days a week, 8 a.m. – 8 p.m., local time *or* at the numbers listed at the bottom of this page *or* at the numbers in the footer of this document. For more information you may also call the Idaho Medicaid Beneficiary Support call center at 1-833-814-8568.

G. How to file a complaint or appeal a denied service

If you have a complaint or think Molina Medicare Complete Care (HMO D-SNP) should cover something we denied, call Member Services at (844) 239-4913, TTY: 711, 7 days a week, 8 a.m. – 8 p.m., local time. You may be able to appeal our decision.

For questions about complaints and appeals, you can read Chapter 9 of the *Evidence of Coverage*. You can also call Molina Medicare Complete Care (HMO D-SNP) Member Services at (844) 239-4913, TTY: 711, 7 days a week, 8 a.m. – 8 p.m., local time.

You may file a complaint (grievance) or someone else may file the complaint (grievance) on your behalf.

To file a complaint (grievance)

- Call Member Services at (844) 239-4913
- Fax your complaint to (562) 499-0610
- Or you can write to:
Molina Complete Care
Attn: Appeals & Grievances
P.O. Box 22816
Long Beach, CA 90801-9977

You can make a complaint at any time unless it is about a Part D drug. If the complaint is about a Part D drug, you must make it within 60 calendar days after you had the problem you want to complain about.

You may file an appeal request within 60 days of receiving the coverage decision. You may file your appeal orally or in writing. To appeal a decision about medical coverage:

- Call Member Services at (844) 239-4913
- Fax your appeal to (562) 499-0610
- Or you can write to:
Molina Medicare Complete Care



If you have questions, please call Molina Medicare Complete Care (HMO D-SNP) at (844) 239-4913, TTY: 711, 7 days a week, 8 a.m. to 8 p.m., local time. The call is free. **For more information**, visit www.MolinaHealthcare.com/Medicare.

Molina Medicare Complete Care (HMO D-SNP) **Summary of Benefits 2024**

Attn: Grievance and Appeals
P.O. Box 22816
Long Beach, CA 90801-9977

H. What to do if you suspect fraud

Most health care professionals and organizations that provide services are honest. Unfortunately, there may be some who are dishonest.

If you think a doctor, hospital or other pharmacy is doing something wrong, please contact us.

- Call us at Molina Medicare Complete Care (HMO D-SNP) Member Services. Phone numbers are on the cover of this summary *or* (844) 239-4913, TTY: 711, 7 days a week, 8 a.m. – 8 p.m., local time *or* the numbers listed at the bottom of this page or the numbers in the footer of this document.
- Or, call the Medicaid Customer Service Center at 208-334-5754.
- Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users may call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week.
- Or, call the Idaho State Medicaid Fraud Hotline 1-866-635-7515 or by email at welfraud@dwh.idaho.gov.



If you have questions, please call Molina Medicare Complete Care (HMO D-SNP) at (844) 239-4913, TTY: 711, 7 days a week, 8 a.m. to 8 p.m., local time. The call is free. **For more information**, visit www.MolinaHealthcare.com/Medicare.

Molina Medicare Complete Care (HMO D-SNP) Summary of Benefits 2024

If you have general questions or questions about our plan, services, service area, billing, or Member ID Cards, please call Molina Medicare Molina Medicare Complete Care (HMO D-SNP) Member Services:

(844) 239-4913

Calls to this number are free. 7 days a week, 8 a.m. to 8 p.m., local time.

Member Services also has free language interpreter services available for non-English speakers.

TTY:711

This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking.

Calls to this number are free. 7 days a week, 8 a.m. – 8 p.m., local time.

If you have questions about your health:

- Call your primary care provider (PCP). Follow your PCP's instructions for getting care when the office is closed.
- If your PCP's office is closed, you can also call Nurse Advice Line. A nurse will listen to your problem and tell you how to get care. (Example: [convenience care,] urgent care, emergency room). The numbers for the Nurse Advice Line are: (844) 526-3188. Calls to this number are free. 24 hours a day, 7 days a week. Molina Medicare Complete Care (HMO D-SNP) also has free language interpreter services available for non-English speakers.

TTY: 711

If you have general questions or questions about our plan, services, service area, billing, or Member ID Cards, please call Molina Medicare Complete Care (HMO D-SNP) Member Services:

(844) 526-3188 Calls to this number are free. 24 hours a day, 7 days a week. Molina Medicare Complete Care (HMO D-SNP) also has free language interpreter services available for non-English speakers.

Call TTY: 711

If you need immediate behavioral health care, please call the Behavioral Health Crisis Line name:

Call: (844) 239-4913

Calls to this number are free. Days and hours of operation. Include information on the use of alternative technologies.

Molina Medicare Complete Care (HMO D-SNP) also has free language interpreter services available for non-English speakers.

Calls to this number are free. (844) 239-4913, TTY: 711, 7 days a week, 8 a.m. – 8 p.m., local time.

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If you have questions, please call Molina Medicare Complete Care (HMO D-SNP) at (844) 239-4913, TTY: 711, 7 days a week, 8 a.m. to 8 p.m., local time. The call is free. **For more information**, visit www.MolinaHealthcare.com/Medicare.







