

# 2024 Summary of Benefits

## Molina Medicare Choice Care HMO

Washington H5823-012-001

Serving King, Kitsap, Lewis, Lincoln, Mason, Skagit, Snohomish, Spokane and Thurston

**Effective January 1 through December 31, 2024**

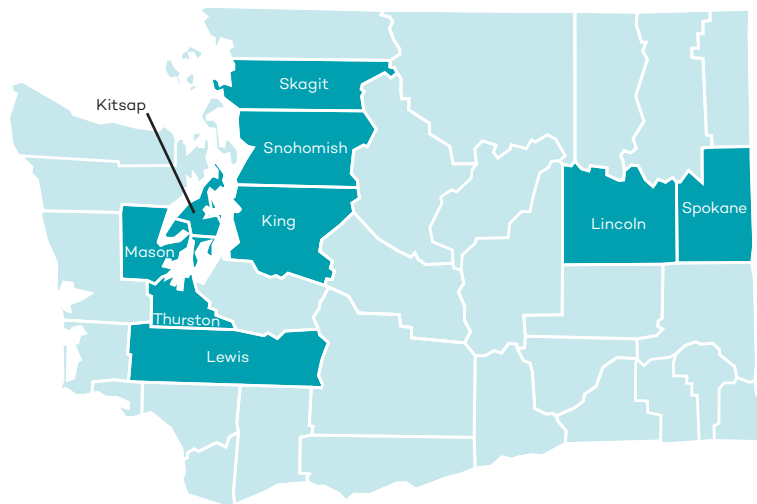
# Introduction to the Summary of Benefits

## Molina Medicare Choice 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) 665-1029, **TTY: 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 live in our service area. Our service area includes the following counties in Washington: King, Kitsap, Lewis, Lincoln, Mason, Skagit, Snohomish, Spokane and Thurston.



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) 665-1029, TTY: **711**, 7 days a week, 8 a.m. – 8 p.m. local time.

## About Medicare

Medicare is health insurance for people who are 65 years old or older, or 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.

# Summary of Premiums & Benefits

## Molina Medicare Choice Care

**Monthly Premium** \$0 per month



You must keep paying your Medicare Part B premium.

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



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**Maximum Out-of-Pocket Responsibility** \$8,300 annually for services you receive from in-network providers. (does not include prescription drugs)



# Summary of Premiums & Benefits (Continued)

## Molina Medicare Choice Care

**Inpatient Hospital** Our plan covers 90 days for a hospital stay per benefit period.



Our plan also covers 60 "lifetime reserve days." These are "extra" days that we cover. If your hospital stay is longer than 90 days, 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.

- \$325 copay per day for days 1 through 6 of the benefit period.
- \$0 copay per day for days 7 through 90 of the benefit period.
- \$0 copay for Medicare-covered lifetime reserve days.

*Prior authorization may be required.*

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**Outpatient Hospital** \$0 copay to \$500 copay per visit



*Prior authorization may be required.*

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**Ambulatory Surgical Center** \$0 copay to \$250 copay per visit



*Prior authorization may be required.*

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**Doctor Visits**



**Primary Care**

\$0 copay per visit

**Specialists**

\$40 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 Choice Care

**Emergency Care** \$100 copay, waived if admitted to hospital within 24 hours.



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**Urgently Needed Services** \$25 copay



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**Diagnostic Services/Labs/Imaging**



**Diagnostic tests and procedures**

\$0 copay (physician's office or freestanding location) or 20% of the cost (hospital)

**Lab services**

\$0 copay (physician's office or freestanding location) or 20% of the cost (hospital)

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

\$0 copay (physician's office) or \$125 copay (freestanding location) or \$225 copay (hospital)

**Outpatient X-rays**

\$0 copay

**Therapeutic radiology**

\$0 copay (physician's office or freestanding location) or 20% of the cost (hospital)

*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 Choice Care

### Hearing Services



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

\$10 copay

#### Routine hearing exam

\$0 copay, 1 every year

#### Fitting for hearing aid/evaluation

\$0 copay, 1 every year

#### Hearing aids

\$0 copay

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

### Dental Services



#### Medicare-covered dental services

\$40 copay

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

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

In addition, you will have \$600 on your MyChoice card for any additional services at this provider.

If you chose to utilize a dental provider outside of the Vendor network, any and all services rendered (including any preventive or comprehensive dental services) will only be covered when you use your MyChoice card and only up to the benefit allowance of \$600.

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

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

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

## Molina Medicare Choice 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: 20% of the cost

### **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 \$200 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 Choice Care

### Mental Health Services



#### Inpatient visit

Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit does not apply to inpatient mental services provided in a general hospital.

Our plan covers 90 days for an inpatient hospital stay.

Our plan also covers 60 "lifetime reserve days." These are "extra" days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.

In 2023 the amounts for each benefit period were:

- \$1,600 deductible per benefit period
- \$0 for the first 60 days of each benefit period
- \$400 per day for days 61–90 of each benefit period
- \$800 per "lifetime reserve day" after day 90 of each benefit period (up to a maximum of 60 days over your lifetime)

The amounts may change for 2024.

*Prior authorization may be required.*

#### Outpatient individual/group therapy visit

\$45 copay

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### Skilled Nursing Facility



Our plan covers up to 100 days in a skilled nursing facility per benefit period:

- \$0 copay per day for days 1 - 20
- \$200 copay per day for days 21-100

No prior hospitalization is required.

*Prior authorization may be required.*

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## Molina Medicare Choice Care

### Physical Therapy



#### Physical therapy and speech therapy

\$30 copay

*Prior authorization may be required.*

#### Cardiac rehabilitation

\$30 copay

*Prior authorization may be required.*

#### Pulmonary rehabilitation

\$15 copay

*Prior authorization may be required.*

#### Supervised Exercise Therapy (SET)

\$25 copay

*Prior authorization may be required.*

#### Occupational therapy services

\$30 copay

*Prior authorization may be required.*

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### Ambulance



20% of the cost

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

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### Transportation



\$0 copay

\$100 allowance every quarter for routine transportation and OTC benefit combined. Unused allowance does not carry over to next quarter.

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

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## Medicare Part B Drugs

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

\$0 copay to 20% of the cost

*Prior authorization may be required.*

## Summary of Drug Coverage

	Standard Retail Pharmacy	Mail Order Pharmacy
<b>Tier 1: Preferred Generic</b>	\$0 copay	\$0 copay
One-, two-, or three-month supply	\$0 copay	\$0 copay
	\$0 copay	\$0 copay
<b>Tier 2: Generic</b>	\$10 copay	\$10 copay
One-, two-, or three-month supply	\$20 copay	\$20 copay
	\$30 copay	\$20 copay
<b>Tier 3: Preferred Brand</b>	\$47 copay	\$47 copay
One-, two-, or three-month supply	\$94 copay	\$94 copay
	\$141 copay	\$94 copay
<b>Select Insulins</b>	\$35 copay	\$35 copay
One-, two-, or three-month supply	\$70 copay	\$70 copay
	\$105 copay	\$94 copay
<b>Tier 4: Non-Preferred Drug</b>	\$100 copay	\$100 copay
One-, two-, or three-month supply	\$200 copay	\$200 copay
	\$300 copay	\$300 copay
<b>Tier 5: Specialty Tier</b>	33% of the cost	33% of the cost
One-month supply (Specialty drugs are limited to a one-month supply.)		
<b>Tier 6: Select Care</b>	\$0 copay	\$0 copay
	\$0 copay	\$0 copay
	\$0 copay	\$0 copay

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

## Part D Coverage Stages

### **Stage 1: Deductible**

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

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

During this stage, the plan pays its share of the cost of your drugs and you pay your share of the cost. If you reside in a long-term care facility, you pay the same as at a retail pharmacy. You may get drugs from an out-of-network pharmacy at the same cost as an in-network pharmacy. You stay in this stage until your year-to-date "total drug costs" (your payments plus any Part D plan payments) total \$5,030.

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

During this stage, you pay 25% of the price for brand name drugs (plus a portion of the dispensing fee) and 25% of the price for generic drugs. You stay in this stage until your year-to-date "out-of-pocket costs" (your payments) reach a total of \$8,000. This amount and rules for counting costs toward this amount have been set by Medicare.

### **Stage 4: Catastrophic Coverage**

After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$8,000, you pay the greater of:

- 0% of the cost

# Summary of Other Benefits

## Molina Medicare Choice Care

### Acupuncture



#### Medicare-Covered Acupuncture

\$0 copay

Up to 12 visits in 90 days are covered for chronic lower back pain. Up to 8 additional sessions are covered in the same year for those patients demonstrating an improvement.

#### Routine Acupuncture

\$0 copay

Up to 12 visits every year

### Additional Smoking and Tobacco Use Cessation

\$0 copay

8 counseling visits offered in addition to Medicare.



### Annual Physical Exam

\$0 copay



### Additional Telehealth Services

\$0 copay

Includes Primary Care Physician Services



### Chiropractic Care



#### Medicare-Covered Chiropractic Services

\$15 copay

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

#### Routine Chiropractic Services

\$15 copay

Up to 12 visits every year

### Dialysis

20% of the cost



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

## Molina Medicare Choice Care

### Fitness Benefit



\$0 copay

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

### Foot Care (Podiatry)



#### Medicare-Covered Foot Exam and Treatment

\$0 copay

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

### Health Education



\$0 copay

Programs to help you learn to manage your health conditions, including health education, learning materials, health advice, and care tips.

### Home Health Care



\$0 copay

*Prior authorization may be required.*

### Meals Benefit



\$0 copay

Standard meal cycle is a 2-week menu with a total of 28 delivered meals, based on member need. Maximum of 56 meals and 4 weeks per year. Must meet criteria approved by the plan.

*Prior authorization may be required.*

### Medical Equipment and Supplies



#### Durable Medical Equipment (such as wheelchairs, oxygen)

20% of the cost

#### Prosthetics/Medical Supplies

20% of the cost

#### 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.*

## Summary of Other Benefits (Continued)

### Molina Medicare Choice Care

**24-Hour Nurse Advice Line** \$0 copay  
Available 24 hours a day, 7 days a week



**Nutritional/Dietary Benefit** \$0 copay  
12 individual or group sessions every year; individual telephonic nutrition counseling upon request.



**Opioid Treatment Program Services** \$0 copay  
*Prior authorization may be required.*



**Outpatient Substance Abuse** \$40 copay  
Individual or group therapy visits  
*Prior authorization may be required.*



**Over-the-Counter Items** \$0 copay  
\$100 allowance for OTC and transportation benefit every quarter  
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.



**Outpatient Blood Services** \$0 copay  
3-pint deductible waived



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## Molina Medicare Choice Care

### Remote Access Technologies

\$0 copay



### Worldwide Emergency and Urgent Care

\$0 copay

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



### MyChoice Card



\$0 copay

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

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

Funds are loaded onto the card on 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*



## Summary of Other Benefits (Continued)

### Molina Medicare Choice Care

#### Special Supplemental Benefits for Chronic Illnesses



\$0 copay

\$150 allowance every quarter for the following benefits:

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

Unused allowance does not carry over to the next quarter.

\$30 allowance every month for food and produce.

Unused allowance does not carry over to the 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.*

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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: 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. English: 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) 665-1029, 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) 665-1029, 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) 665-1029, TTY: 711**

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



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