Medicare

2024
Summary of Benefits

Molina Medicare Choice Care HMO

Wisconsin H2879-003

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

Effective January 1 through December 31, 2024

MOLINA® HEALTHCARE

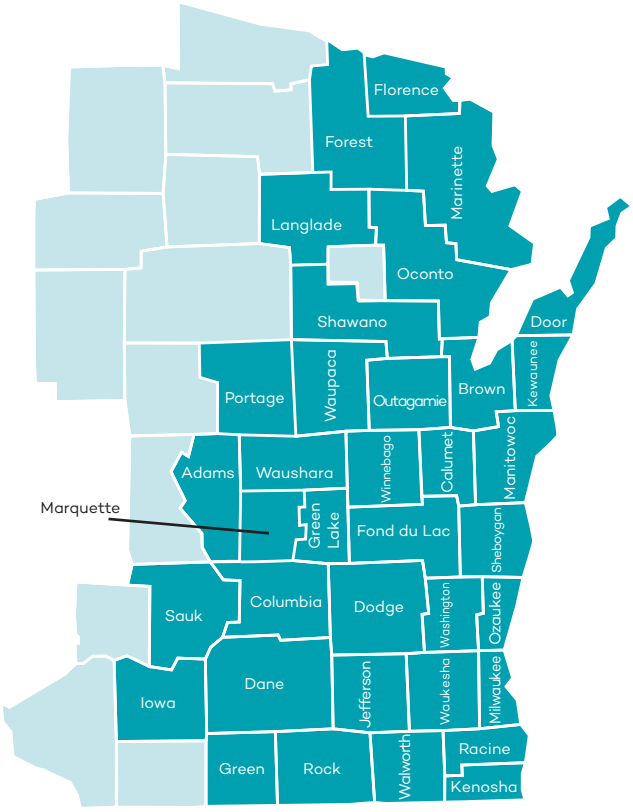
Introduction to the Summary of Benefits

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. You can also call Member Services at (855) 315-5663, **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 Wisconsin: Adams, Brown, Calumet, Columbia, Dane, Dodge, Door, Florence, Fond du Lac, Forest, Green, Green Lake, Iowa, Jefferson, Kenosha, Kewaunee, Langlade, Manitowoc, Marinette, Marquette, Milwaukee, Oconto, Outagamie, Ozaukee, Portage, Racine, Rock, Sauk, Shawano, Sheboygan, Walworth, Washington, Waukesha, Waupaca, Waushara and Winnebago.



Molina has a network of doctors, hospitals, pharmacies, and other providers. Except in emergency situations, if you use providers that are not in our network, we may not pay for those services. If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits or use the Medicare Plan Finder at medicare.gov.

For coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at medicare.gov or get a copy by calling **1-800-MEDICARE (1-800-633-4227).** TTY users should call 1-877-486-2048. If you have any questions, please call our Member Service team at (855) 315-5663, TTY: **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.
Medical Deductible	The plan does not have a deductible.
Maximum Out-of-Pocket Responsibility	$8,300 annually for services you receive from in-network providers. (does not include prescription drugs)

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

Molina Medicare Choice Care	
Inpatient Hospital	Our plan covers an unlimited number of days for a hospital stay. • $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.*
Outpatient Hospital	$0 copay to $500 copay *per visit* *Prior authorization may be required.*
Ambulatory Surgical Center	$0 copay to $250 copay *per visit* *Prior authorization may be required.*
Doctor Visits	**Primary Care** $0 copay per visit **Specialists** $35 copay per visit
Preventive Care	$0 copay Look for the rows with the apple in the Chapter 4 Medical benefits chart in the Evidence of Coverage. Any additional preventive services approved by Medicare during the plan year will be covered.

Summary of Premiums & Benefits (Continued)

Molina Medicare Choice Care	
Emergency Care	$100 copay, waived if admitted to hospital within 24 hours.
Urgently Needed Services	$25 copay
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 **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.

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** $0 copay **We have partnered with a Dental Vendor to give you more options for your routine dental needs.** If you use a Provider within our Dental Vendor, you will get Preventive Dental Services of Oral Exams, Cleanings, Fluoride Treatments, and X-Rays at no cost to you. In addition, you will have $1,100 on your MyChoice card for any additional services at this provider. If you chose to utilize a dental provider outside of the Vendor network, any and all services rendered (including any preventive or comprehensive dental services) will only be covered when you use your MyChoice card and only up to the benefit allowance of $1,100. The MyChoice card is a debit card (not a credit card) and is for the use by the member for your dental needs only. This dental benefit allowance will be loaded to your MyChoice card at the start of your benefit period (annually). At the end of each benefit year, any unused benefit allowance will expire and does not carry over to the following period or plan year. See EOC for additional coverage details.

Summary of Premiums & Benefits (Continued)

Molina Medicare 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 $250 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.

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** $20 copay
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.*

Summary of Premiums & Benefits (Continued)

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.*
Ambulance 	$250 copay (ground ambulance) or 20% of the cost (air ambulance) *Prior authorization required for non-emergent ambulance only.*
Transportation 	$0 copay $200 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.

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
Tier 1: Preferred Generic One-, two-, or three-month supply	$3 copay	$3 copay
	$6 copay	$6 copay
	$9 copay	$6 copay
Tier 2: Generic One-, two-, or three-month supply	$12 copay	$12 copay
	$24 copay	$24 copay
	$36 copay	$24 copay
Tier 3: Preferred Brand One-, two-, or three-month supply **Select Insulins** One-, two-, or three-month supply	$47 copay	$47 copay
	$94 copay	$94 copay
	$141 copay	$94 copay
	$35 copay	$35 copay
	$70 copay	$70 copay
	$105 copay	$94 copay
Tier 4: Non-Preferred Drug One-, two-, or three-month supply	$100 copay	$100 copay
	$200 copay	$200 copay
	$300 copay	$300 copay
Tier 5: Specialty Tier One-month supply (Specialty drugs are limited to a one-month supply.)	31% of the cost	31% of the cost
Tier 6: Select Care	$0 copay	$0 copay
	$0 copay	$0 copay
	$0 copay	$0 copay

Summary of Drug Coverage (Continued)

Part D Coverage Stages	
Stage 1: Deductible	You pay the full cost of Tier 1-5 drugs until you reach the yearly $125 deductible. For drugs on Tier 6, you begin the Initial Coverage Stage when you fill your first prescription of the year.
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.
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** $0 copay Manipulation of the spine to correct a subluxation (when one or more of the bones of your spine move out of position) **Routine Chiropractic Services** $0 copay Up to 12 visits every year for routine services
Dialysis 	20% of the cost

Summary of Other Benefits (Continued)

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.*

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

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	$30 copay Individual or group therapy visits *Prior authorization may be required.*
Over-the- Counter Items	$0 copay $200 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

Summary of Other Benefits (Continued)

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*

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. $45 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.*

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** 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 (855) 315-5663, TTY: 711. Someone who speaks English can help you. This is a free service. Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al (855) 315-5663, TTY: 711. Alguien que hable español le podrá ayudar. Este es un servicio gratuito. The benefits mentioned are a part of special supplemental program for the chronically ill. Not all members qualify.

Contact us

Ready to enroll or have questions?
Call **(866) 403-8293, TTY: 711**
Current Members Call: **(855) 315-5663, TTY: 711**
7 days a week, 8 a.m. – 8 p.m. local time

MOLINA® HEALTHCARE

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