

2025

Summary of Benefits

Molina Medicare Complete Care (HMO DSNP)

Idaho H5628-008

Effective January 1 through December 31, 2025

2024 Summary of Benefits

Introduction

This document is a brief summary of the benefits and services covered by Molina Medicare Complete Care. 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. 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 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 MolinaHealthcare.com/Medicare.

Molina Medicare Complete Care **Summary of Benefits 2025**

A. Disclaimers



This is a summary of health services covered by Molina Medicare Complete Care for 2025. 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.

- ❖ Molina Healthcare is a C-SNP, D-SNP and HMO plan with a Medicare contract. D-SNP plans have a contract with the state Medicaid program. Enrollment depends on contract renewal.
- ❖ 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, 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>.
- ❖ 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.
- ❖ To request your preferred language other than English and/or alternate format, call Member Services at (844) 239-4913, TTY: 711, 7 days a week, 8 a.m. to 8 p.m., local time.
- ❖ We will maintain a record of our member's preferred language and/or format preferences, and we will keep this information as a standing request for future mailings and communications.
- ❖ This will ensure that our members will not have to make a separate request each time.



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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 is a Medicare Medicaid Coordinated Plan. The 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 to administer the Medicare Medicaid Coordinated Plan.</p>
Will I get the same Medicare and Medicaid benefits in Molina Medicare Complete Care that I get now?	<p>You will get most of your covered Medicare and Medicaid benefits directly from <i>Molina Medicare Complete Care</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'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 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 to cover your drug if medically necessary. For more information, call Member Services at the numbers listed at the bottom of this page.</p>
Can I go to the same doctors I use now? (continued on the next page)	<p>This is often the case. If your providers (including doctors, hospitals, therapists, pharmacies, and other health care providers) work with Molina</p>

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Frequently Asked Questions	Answers
<p>Can I go to the same doctors I use now? (continued)</p>	<p>Medicare Complete Care 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's 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’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’s network, or have an established relationship with a provider that is out of Molina Medicare Complete Care’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 at the numbers listed at the bottom of this page. 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 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 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. 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.</p>
<p>What happens if I need a service but no one in Molina Medicare Complete Care 's network can provide it?</p>	<p>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 will pay for the cost of an out-of-network provider.</p>

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Frequently Asked Questions	Answers
<p>Where is Molina Medicare Complete Care available?</p>	<p>The service area for this plan includes: Ada, Adams, Bannock, Benewah, Bingham, Blaine, Boise, Bonner, Bonneville, Boundary, Canyon, Cassia, Clark, Clearwater, Elmore, Fremont, Gem, Gooding, Idaho, Jefferson, Jerome, Kootenai, Latah, Lincoln, Madison, Minidoka, Nez Perce, Owyhee, Payette, Power, Shoshone, Twin Falls, Valley, Washington Counties, Idaho. You must live in one of these areas to join the plan.</p> <p>Call Member Services at the numbers listed at the bottom of this page for more information about whether the plan is available where you live.</p>
<p>What is prior authorization?</p>	<p>Prior authorization means an approval from Molina Medicare Complete Care 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 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 prior authorization first. Molina Medicare Complete Care 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 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 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 the numbers listed at the bottom of this page for help.</p>
<p>Do I pay a monthly amount (also called a premium) under Molina Medicare Complete Care?</p>	<p>No. Because you have Medicaid you will not pay any monthly premiums, including your Medicare Part B premium, for your health coverage.</p>
<p>Do I pay a deductible as a member of Molina Medicare Complete Care?</p>	<p>No. You do not pay deductibles in Molina Medicare Complete Care.</p>
<p>What is the maximum out-of-pocket amount that I will pay for medical services as a member of Molina Medicare Complete Care?</p>	<p>There is no cost sharing for medical services in Molina Medicare Complete Care, so your annual out-of-pocket costs will be \$0.</p>

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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</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 periods 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>
	<p>Ambulatory surgical center (ASC) services</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>
	<p>Doctor or surgeon care</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 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 • Other vaccines if you are at risk and they meet Medicare Part B coverage rules. We also cover some vaccines under our Part D prescription drug benefit.
	Wellness visits, such as a physical	\$0	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, This is covered once every 12 months. As a Medicare Medicaid Coordinated Plan, we will coordinate your Medicare and Medicaid benefits.
	“Welcome to Medicare” (preventive visit one time only)	\$0	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

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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)</p>			<p>“Welcome to Medicare” preventive visit.</p> <p>As a Medicare Medicaid Coordinated Plan, we will coordinate your Medicare and Medicaid benefits.</p>
	Specialist care	\$0	<p>As a Medicare Medicaid Coordinated Plan, we will coordinate your Medicare and Medicaid benefits.</p>
<p>You need emergency care (continued on the next page)</p>	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 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>

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You need emergency care (continued)			As a Medicare Medicaid Coordinated Plan, we will coordinate your Medicare and Medicaid benefits.
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.</p> <p>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>Genetic lab testing requires prior authorization.</p> <p>As a Medicare Medicaid Coordinated Plan, we will coordinate your Medicare and Medicaid benefits.</p>
You need hearing/auditory services	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>As a Medicare Medicaid Coordinated Plan, we will coordinate your Medicare and Medicaid benefits.</p>
	Hearing aids	\$0	<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>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 dental care	Dental check-ups, preventive care, and comprehensive dental services	\$0	<p>In general, preventive dental services (such as cleaning, routine dental exams, and dental X-rays) are not covered by Original Medicare. Our plan does not provide dental coverage as a Medicare Supplemental Benefit.</p> <p>You can obtain preventive and comprehensive dental services through your Medicaid benefits (Idaho Smiles program). Your Medicaid dental benefit is not managed by our plan.</p> <p>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 website at https://www.mcnaid.net/en/home.</p> <p>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:</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 on next page)</p>			<p>Search online using our supplemental vision provider online search tool at MolinaHealthcare.com/Medicare.</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. 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 \$200 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 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</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)</p>			<p>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>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>
	<p>Other vision care</p>	<p>\$0</p>	<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. • 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>



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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 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 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</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>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. <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 (continued on the next page)</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.</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, 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. <i>Prior authorization may be required.</i></p>



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You need a substance use disorder services (continued)			As a Medicare Medicaid Coordinated Plan, we will coordinate your Medicare and Medicaid benefits.
You need a place to live with people available to help you (continued on next page)	Skilled nursing care	\$0	<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>Idaho Medicaid will provide Molina Medicare Complete Care 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>
	Nursing home care	\$0	<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 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 with the</p>

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You need a place to live with people available to help you (continued)			<p>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>
You need therapy after a stroke or accident	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>
You need help getting to health services (continued on the next page)	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 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>
	Transportation to medical appointments and services	\$0	<p>Medicare does not cover routine transportation services.</p> <p>As a Medicare Supplemental Benefit, you have a \$100 allowance every</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 help getting to health services (continued on next page)</p>			<p>month on your Molina MyChoice debit card to spend on transportation to health-related locations. This amount is combined with your Over-the-Counter (OTC) monthly allowance. If you don't use all of your monthly benefit allowance, the remaining balance will expire and not rollover to the next month.</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</p>

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Molina Medicare Complete Care **Summary of Benefits 2025**

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help getting to health services (continued)			Medicare, Medicaid, and any Waiver services you qualify to receive.
You need drugs to treat your illness or condition (continued on the next page)	Medicare Part B prescription drugs	\$0	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. <i>Prior authorization may be required.</i> Your pharmacy must bill remaining 20% cost share to Medicaid Plan. See your Member Handbook for additional information.
	Medicare Part D prescription drugs Tier 1: Covered generic and brand name drugs	\$0 for a 31-day supply. Copays for prescription drugs may vary based on the level of Extra Help you get. Please contact the plan for more details.	There may be limitations on the types of drugs covered. Please refer to Molina Medicare Complete Care's List of Covered Drugs (Drug List) for more information. 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.
	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 List of Covered

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Molina Medicare Complete Care **Summary of Benefits 2025**

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 on next page)</p>			<p>Drugs (Drug List) for more information.</p> <p>As a Medicare Supplemental Benefit, you have a \$100 allowance every month on your Molina MyChoice debit card to spend on transportation to health-related locations. This amount is combined with your Over-the-Counter (OTC) monthly allowance.</p> <p>If you don't use all of your monthly benefit allowance, the remaining balance will expire and not rollover to the next month.</p> <p>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 site at Molinahealthcare.com/Medicare for more information on the drugs covered under your Medicaid benefit.</p> <p>As a Medicare Medicaid Coordinated Plan, we will coordinate your Medicare and Medicaid benefits.</p>

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Molina Medicare Complete Care **Summary of Benefits 2025**

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)	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	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> <p>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.</p>
	Orthotic services	\$0	As a Medicare Medicaid Coordinated Plan, we will coordinate your Medicare and Medicaid benefits.

Molina Medicare Complete Care **Summary of Benefits 2025**

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need durable medical equipment (DME)</p> <p>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>.</p>	Wheelchairs, crutches, and walkers	\$0	Prior authorization may be required. As a Medicare Medicaid Coordinated Plan, we will coordinate your Medicare and Medicaid benefits.
	Nebulizers	\$0	Prior authorization may be required. As a Medicare Medicaid Coordinated Plan, we will coordinate your Medicare and Medicaid benefits.
	Oxygen equipment and supplies	\$0	Prior authorization may be required. As a Medicare Medicaid Coordinated Plan, we will coordinate your Medicare and Medicaid benefits.
<p>You need help living at home (continued on next page)</p>	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	<p>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:</p> <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). <p>Your care coordinator can help you obtain more information about these services and whether you qualify.</p>

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Molina Medicare Complete Care **Summary of Benefits 2025**

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 on next page)</p>			<p>Prior authorization may be required. Idaho Medicaid will provide Molina Medicare Complete Care 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>
	Adult day health	\$0	<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. Idaho Medicaid will provide Molina Medicare Complete Care 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>
	Day habilitation services	\$0	<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>

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Molina Medicare Complete Care **Summary of Benefits 2025**

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 on next page)</p>			<p>Your care coordinator can help you obtain more information about these services and whether you qualify. Prior authorization may be required. Idaho Medicaid will provide Molina Medicare Complete Care 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>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. 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</p>

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Molina Medicare Complete Care **Summary of Benefits 2025**

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 on next page)</p>			<p>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. 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 Medicaid will provide Molina Medicare Complete Care with the amount of cost sharing, if any, that</p>



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Molina Medicare Complete Care **Summary of Benefits 2025**

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help living at home (continued)			<p>it may access 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>
Additional services (continued on the next page)	Additional Telehealth Services	\$0	<p>Includes Primary care Physician Services</p> <p>Prior authorization may be required.</p>
	Annual Physical Exam	\$0	
	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		<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 pharmacy or through the Mail Service Pharmacy program.</p> <p>As a Medicare Medicaid Coordination Plan, we will coordinate your Medicare and Medicaid benefits.</p>
	Diabetes Wellness Meals	\$0	Members with diabetes that qualify for this additional meal benefit will

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Molina Medicare Complete Care **Summary of Benefits 2025**

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued on next page)			be eligible for 2 meals per day, up to 12 weeks, maximum of 168 meals.
	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. Plan offers 6 supplemental podiatry visits every year.
	Health Education	\$0	Programs to help you learn to manage your health conditions, including health education, learning material, health advice, and care tips.
	Meal Benefit	\$0	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.
	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.
	MyChoice Card: A prepaid debit card you can use to buy:	\$0	Over-the-counter items and non-emergency transportation combined: all members are eligible

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Molina Medicare Complete Care **Summary of Benefits 2025**

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued on next page)	<ul style="list-style-type: none"> • Food & Produce* • Over-the-Counter items • Transportation (Non-Emergency) 		<p>for a MyChoice card for purchasing Over-the-Counter (OTC) items and Transportation.</p> <ul style="list-style-type: none"> • \$100 monthly allowance <p>Note: The Over-the-Counter (OTC) allowance on your MyChoice Card is a Medicare Supplemental Benefit. Over-the-Counter (OTC) and other drugs covered by Molina Medicare Complete Care may be covered if they are on the Molina Medicare Complete Care Over-the-Counter (OTC) and other drugs list and you have a prescription.</p> <p>Food and Produce: members with a chronic illness are eligible for this additional MyChoice card benefit.</p> <ul style="list-style-type: none"> • \$150 monthly allowance to purchase fresh food and produce. Unused allowance does not carry over to the next month. Members must complete a Health Risk Assessment and meet the criteria outlined in Chapter 4 of the Evidence of Coverage (EOC). <p>*Eligibility requirements applicable</p>
	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.
	Over-the-counter items	\$0	You have \$100 every month to spend on Over-the-Counter (OTC).

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Molina Medicare Complete Care **Summary of Benefits 2025**

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued)			This amount is combined with Transportation to health-related locations.
	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.
	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.
	24-Hour-Nurse Advice Line	\$0	Available 24 hours a day, 7 days a week.

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 *Evidence of Coverage*. If you don't have an *Evidence of Coverage*, call Molina Medicare Complete Care Member Services at the numbers listed at the bottom of this page to get one. If you have questions, you can also call Member Services or visit MolinaHealthcare.com/Medicare.

Molina Medicare Complete Care **Summary of Benefits 2025**

D. Benefits covered outside of Molina Medicare Complete Care

There are some services that you can get that are not covered by Molina Medicare Complete Care but are covered by Medicare, Medicaid, or a State or county agency. This is not a complete list. Call Member Services at the numbers listed at the bottom of this page to find out about these services.

Other services covered by Medicare, Medicaid, or a State Agency	Your costs
<p>Non-Emergency Medical Transportation</p>	<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>As a Medicare Medicaid Coordination Plan, we will coordinate your Medicare,</p>



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Molina Medicare Complete Care **Summary of Benefits 2025**

Other services covered by Medicare, Medicaid, or a State Agency	Your costs
	Medicaid, and any Waiver services you qualify to receive.
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.</p> <p>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>

Molina Medicare Complete Care **Summary of Benefits 2025**

Other services covered by Medicare, Medicaid, or a State Agency	Your costs
	As a Medicare Medicaid Coordinated Plan, we will coordinate your Medicare, Medicaid, and any Waiver services you are qualified to receive.
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>



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Molina Medicare Complete Care **Summary of Benefits 2025**

E. Services that Molina Medicare Complete Care, 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, Medicare, and Medicaid do not cover	
Acupuncture	Available for people with chronic low back pain under certain circumstances
Cosmetic surgery or procedures	Covered in cases of an accidental injury or for improvement of the functioning of a malformed body member. Covered for all stages of reconstruction for a breast after a mastectomy, as well as for the unaffected breast to produce a symmetrical appearance
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.	Covered under Medicaid, restrictions may apply.
Experimental medical and surgical procedures, equipment, and medications. Experimental procedures and items are those items and procedures determined by Original Medicare to not be generally accepted by the medical community.	May be covered by Original Medicare under a Medicare-approved clinical research study or by our plan. (See Chapter 3, Section 5 for more information on clinical research studies.)
Fees charged for care by your immediate relatives or members of your household.	Not covered under any condition
Full-time nursing care in your home	Covered under Medicaid, restrictions may apply.
Homemaker services including basic household assistance, such as light housekeeping or light meal preparation.	Covered under Medicaid, restrictions may apply. Some services may be covered under your supplemental In-Home Support Services benefit. See "In-Home Support Services" in the Medical Benefits Chart above for more information.
Naturopath services (uses natural or alternative treatments).	Not covered under any condition
Orthopedic shoes or supportive devices for the feet	Shoes that are part of a leg brace and are included in the cost of the brace, Orthopedic or therapeutic shoes for people with diabetic foot disease.
Private room in a hospital.	Covered only when medically necessary.

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Molina Medicare Complete Care **Summary of Benefits 2025**

Services Molina Medicare Complete Care, Medicare, and Medicaid do not cover	
Personal items in your room at a hospital or a skilled nursing facility, such as a telephone or a television.	Not covered under any condition
Reversal of sterilization procedures and/or non-prescription contraceptive supplies.	Not covered under any condition
Radial keratotomy, LASIK surgery, and other low vision aids.	This plan offers additional vision coverage. See "Vision care" in the Benefits Chart, Radial keratotomy, LASIK surgery, and other low vision aids. Section 2.1 of this Chapter for more information.
Services considered not reasonable and necessary, according to Original Medicare standards	Covered under Medicaid if deemed appropriate and meets service requirements. Restrictions may apply.



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Molina Medicare Complete Care **Summary of Benefits 2025**

F. Your rights as a member of the plan

As a member of Molina Medicare Complete Care, 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
 - Ask for a second opinion. Molina Medicare Complete Care 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:



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Molina Medicare Complete Care **Summary of Benefits 2025**

- 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>. The Molina Medicare Complete Care website MolinaHealthcare.com/Medicare has complaint forms, and instructions available online.
 - Ask items that are medical in nature
 - Appeal certain decisions made by our providers
 - Ask for a State Hearing
 - Get a detailed reason for why services were denied

For more information about your rights, you can read the *Evidence of Coverage*. If you have questions, you can call Molina Medicare Complete Care Member Services at the numbers listed at the bottom of this page. 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 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 Member Services at the numbers listed at the bottom of this page.

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



If you have questions, please call Molina Medicare Complete Care 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 MolinaHealthcare.com/Medicare.

Molina Medicare Complete Care **Summary of Benefits 2025**

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
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 Member Services. Phone numbers are the numbers listed at the bottom of this page.
- 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 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 MolinaHealthcare.com/Medicare.

Molina Medicare Complete Care **Summary of Benefits 2025**

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 **Member Services:**

(844) 239-4913

Calls to this number are free. 7 days a week, 8 a.m. - 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: 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 also has free language interpreter services available for non-English speakers.

TTY: 711



If you have questions, please call Molina Medicare Complete Care 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 MolinaHealthcare.com/Medicare.



Medicare Language Assistance Services

Free aids and services, such as sign language interpreters and written information in alternative formats are available to you. Call 1-844-239-4913 (TTY: 711).

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 1-844-239-4913. 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 1-844-239-4913. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin

如果您对我们的健康计划或药品计划有任何问题，我们可以提供免费的口译服务回答您的问题。若要获得口译服务，请致电我们：1-844-239-4913。说普通话的人士会帮助您。这是免费服务。

Chinese Cantonese

我們有免費的口譯員服務，可回答您對於我們健康或藥物計劃的任何問題。若需要口譯員，請撥打1-844-239-4913 聯絡我們。能說广东话的人士會為您提供協助。這是免費的服務。

Tagalog

May mga libre kaming serbisyo ng interpreter para sagutin ang anumang posibleng katanungan ninyo tungkol sa aming planong pangkalusugan o plano sa gamot. Para kumuha ng interpreter, tawagan lang kami sa 1-844-239-4913. May makakatulong sa inyo na nagsasalita ng Tagalog. Isa itong libreng serbisyo.

French

Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-844-239-4913. Un interlocuteur parlant français pourra vous aider. Ce service est gratuit.

Vietnamese

Chúng tôi có các dịch vụ thông dịch miễn phí để trả lời các câu hỏi của quý vị về chương trình sức khỏe hoặc chương trình thuốc của chúng tôi. Để có thông dịch viên, hãy gọi cho chúng tôi theo số 1-844-239-4913. Sẽ có nhân viên nói tiếng Việt trợ giúp quý vị. Đây là dịch vụ miễn phí.

German

Unser kostenloser Dolmetscherservice beantwortet Ihre Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-844-239-4913. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean

당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-844-239-4913번으로 문의해 주십시오. 한국어를 하는 담당자가 도와드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Medicare (AZ, ID, IL, KY, MA (MAPD), MI, NE, NV, NY, OH, SC, TX, UT, VA, WA, WI)

Y0050_23_49_LRStateMLI_C ID SNP

Form CMS-10802
(Expires 12/31/25)

291770THMUIDEN
230729

Russian

Получить ответы на вопросы о нашем медицинском страховом плане или о плане, покрывающем лекарства по рецепту, вам бесплатно помогут наши устные переводчики. Просто позвоните нам по номеру 1-844-239-4913. Вам бесплатно поможет русскоязычный сотрудник.

Arabic

إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-844-239-4913. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi

हमारी स्वास्थ्य या दवा योजना के बारे में अगर आपके कुछ सवाल हैं, तो उनके जवाब देने के लिए हमारे पास निःशुल्क दुभाषिया सेवाएँ उपलब्ध हैं। दुभाषिया पाने के लिए, हमें 1-844-239-4913 पर कॉल करें। हिंदी बोलने वाला कोई व्यक्ति आपकी मदद कर सकता है। यह एक निःशुल्क सेवा है।

Italian

È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario o farmaceutico. Per ottenere un interprete, contattare il numero 1-844-239-4913. Un nostro incaricato che parla italiano fornirà l'assistenza necessaria. È un servizio gratuito.

Portugués

Disponemos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-844-239-4913. Irá encontrar alguém que fale o idioma português para o ajudar. Este serviço é gratuito.

French Creole

Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa asirans medikaman nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-844-239-4913. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish

Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-844-239-4913. Ta usługa jest bezpłatna.

Japanese

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