

Call today to speak to your Molina representative.

1-866-939-0481 (TTY 1-800-346-4128)

Monday – Sunday 8:00 AM to 8:00 PM local time.

www.MolinaMedicare.com

Molina Medicare Options Plus HMO SNP is a Medicare Advantage Prescription Drug Special Needs Plan (MAPD-SNP) offered by Molina Healthcare. A Coordinated Care plan with a Medicare Advantage contract and a contract with the State Medicaid program. This plan is available to anyone who has both Medical Assistance from the State and Medicare. Individuals must have Medicare Part A and Part B to enroll in the plan. You may enroll at any time during the year. You must continue to pay your Medicare Part B premium if not otherwise paid for under Medicaid Limitations, copayments and restrictions may apply.

Benefits, formulary, pharmacy network, premium and/or co-payments/co-insurance may change on January 1, 2013. The benefit information provided herein is a brief summary, not a comprehensive description of benefits. Premiums, co-pays, co-insurance and deductibles may vary based on the level of Extra Help that beneficiaries may receive. For more information contact the plan.

You may be able to get Extra Help to pay for your prescription drug premiums and costs. To see if you qualify for extra help, call:

- 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;
- The Social Security Office at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY users should call, 1-800-325-0778; or
- Your State Medicaid Office

People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If you qualify, Medicare could pay for up to seventy-five (75) percent or more of your drug costs including monthly prescription drug premiums, annual deductibles, and co-insurance. Additionally, those who qualify will not be subject to the coverage gap or a late enrollment penalty. Many people are eligible for these savings and don't even know it. For more information about this Extra Help, contact your local social security office or call 1-800-MEDICARE (1-800-633-4227) 24 hours per day, 7 days per week. TTY users should call 1-877-486-2048.

Members must receive their Medicare Prescription Drug Benefit through the plan and the prescription drug benefit is only available to plan members. You must use network pharmacies to access your prescription drug benefit, except under non-routine circumstances, and quantity limitations and restrictions may apply. You must use plan providers except in emergency or urgent care situations or for out-of-area renal dialysis or other services. If you obtain routine care from out-of-network providers neither Medicare nor Molina Medicare will be responsible for the costs.

This information is available for free in other languages. Please contact our customer service number at 1-800-665-3086 for additional information. Este documento está disponible sin costo en otros idiomas. Para solicitar esta información, llame a nuestro departamento de servicio al cliente 1-800-665-3086. This is an advertisement.

Molina Medicare Options Plus HMO SNP Effective January 1, 2012

Box Elder, Cache, Davis, Iron, Salt Lake, Tooele, Utah, Washington and
Weber Counties, Utah

Getting all the benefits Medicaid and Medicare offers is easier with Molina!

- **Hearing Services:** Routine Exam and Hearing Aid Allowance
- **Vision Services:** Routine Exam and Eye Wear Allowance
- **Over-the-Counter Medications and Supplies**
- Routine **Transportation** to and from Medical and Dental Appointments
- **Dental Services:** Preventive and Comprehensive Dental Services

2012 Benefits at-a-glance



Molina Medicare Options Plus Benefits	You Pay
Monthly Health Plan Premium	\$0
Doctor Office Visits:	
• Primary Care Physician	\$0 Copay
• Specialist	\$0 Copay
Inpatient Hospitalization Care*	\$0 Copay; per admit
Inpatient Mental Health Care*	\$0 Copay; per admit
Skilled Nursing Facility*	\$0 Copay
Emergency Care	\$0 Copay
Ambulance Services*	\$0 Copay
Urgently Needed Care	\$0 Copay
Home Health Services*	\$0 Copay
Outpatient Mental Health Care and Substance Abuse*	\$0 Copay
Outpatient Hospital and Ambulatory Surgical Center Services*	\$0 Copay
Podiatry Services*	\$0 Copay
Routine Foot Care Services	\$0 Copay; 12 visits per year
Chiropractic Services	\$0 Copay
Outpatient Rehabilitation Services* (physical, occupational & speech therapy)	\$0 Copay
Outpatient Diagnostic Tests, X-ray and Lab Services*	\$0 Copay
Outpatient Diagnostic and Therapeutic Radiological Services*	\$0 Copay
Outpatient Diagnostic Radiological Services-Complex*	\$0 Copay
Routine Transportation to & from Medical and Dental appointments	\$0 Copay; 48 maximum trips per year
Durable Medical Equipment	\$0 Copay
Prosthetic Devices	\$0 Copay
Over-the-Counter Medications & Supplies	\$20 allowance per month for pre-selected catalogue items
Preventive Health Screenings (Exams covered by Medicare)	
• Pap Smears	\$0 Copay; 1 per year
• Pelvic Exams	\$0 Copay; 1 per year
• Prostate Screening	\$0 Copay; 1 per year
• Colorectal Screening	\$0 Copay; 1 per year
• Screening Mammograms	\$0 Copay; 1 per year

Molina Medicare Options Plus Benefits	You Pay
Annual Wellness Exam	\$0 Copay
Immunizations (Includes Pneumococcal Pneumonia, Flu and Hepatitis B vaccines)	\$0 Copay
Diabetes Self-Management Training, Nutrition Training and Supplies	\$0 Copay
Dental Services	
Preventive Dental Services:	
• 2 oral exams per year	\$0 Copay
• 2 cleanings per year	\$0 Copay
• 2 fluoride treatments per year	\$0 Copay
• 1 X-ray per year	\$0 Copay
Comprehensive Dental Services: (emergency, diagnostic, restorative, endodontics, periodontics and extractions, prosthodontics, other oral/maxillofacial surgery, other services)	20-50% Coinsurance; \$1,000 maximum benefit limit per year
Vision Services	
Routine Eye Exam	\$0 Copay 1 per year
Eye Wear Allowance (includes eye glasses, contact lenses, eye glass lenses, frames and upgrades)	\$250 Allowance every 2 years
Hearing Services	
• Routine Hearing Exam	\$0 Copay
• Fitting for Hearing Aid	\$0 Copay; every 3 years
• Hearing Aid Allowance	\$800 Allowance; every 3 years
Prescription Drug Coverage (for 31 day supply)	
• Tier 1 – Generic	\$0 or \$1.10 or \$2.60 Copay
• Tier 2 – Preferred Brand	\$0 or \$3.30 or \$6.50 Copay
• Tier 3 – Non-Preferred Brand	\$0 or \$3.30 or \$6.50 Copay
• Tier 4 – Specialty	\$0 or \$3.30 or \$6.50 Copay
Prescription Drug Deductible	\$0
24-Hour Nurse Advice Line	\$0 Copay
Health and Wellness Education Services	\$0 Copay
Kidney Disease Education Services	\$0 Copay
Disease Management Program	\$0 Copay
Smoking Cessation Services	\$0 Copay

*Authorization and/or referral may be required.