



2024

# Advance Screening: **Medicare**

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# About Us

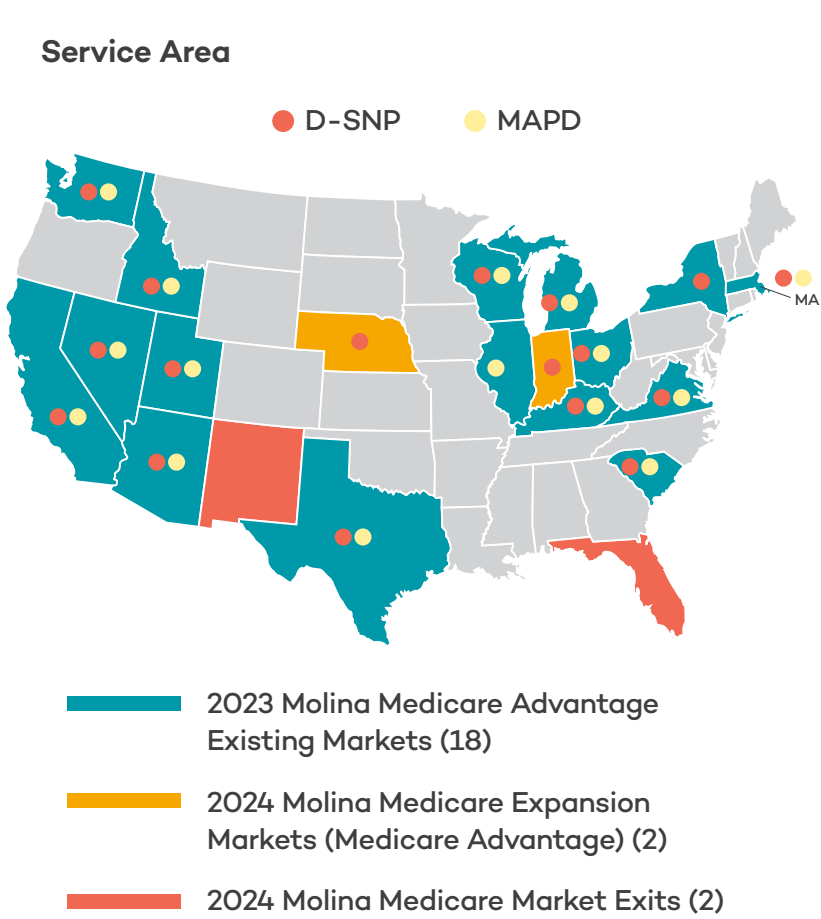
Molina Healthcare provides managed health care services under Medicaid and Medicare programs and through state insurance marketplaces.

- **Ranked 125 in Fortune 500\***
- **5 million+ members\***
- **Headquartered in Long Beach, CA**
- **Established in 1980**
- **15,000+ employees**

\*As of March 2023



# National 2024 Medicare Footprint



\*CA – San Bernardino and Riverside counties expanding from partial to full county in 2024

\*\*FL & NM – Market Exit in 2024

State	2023 Counties	New 2024 Counties		Total
		MAPD	D-SNP	
AZ	3			3
CA	5			5
FL**	24			0
ID	22			22
IL	7	39		46
IN			92	92
KY	75			75
MA	8			8
MI	58	2	2	60
NE			56	56
NV	2			2
NM**	33			0
NY	9			9
OH	83			83
SC	45			45
TX	84	8	8	92
UT	10			10
VA	133			133
WA	39			39
WI	36			36
<b>Total</b>	<b>676</b>	<b>49</b>	<b>158</b>	<b>816</b>

# State Coverage:

## Arizona

### Service Area for All Products:

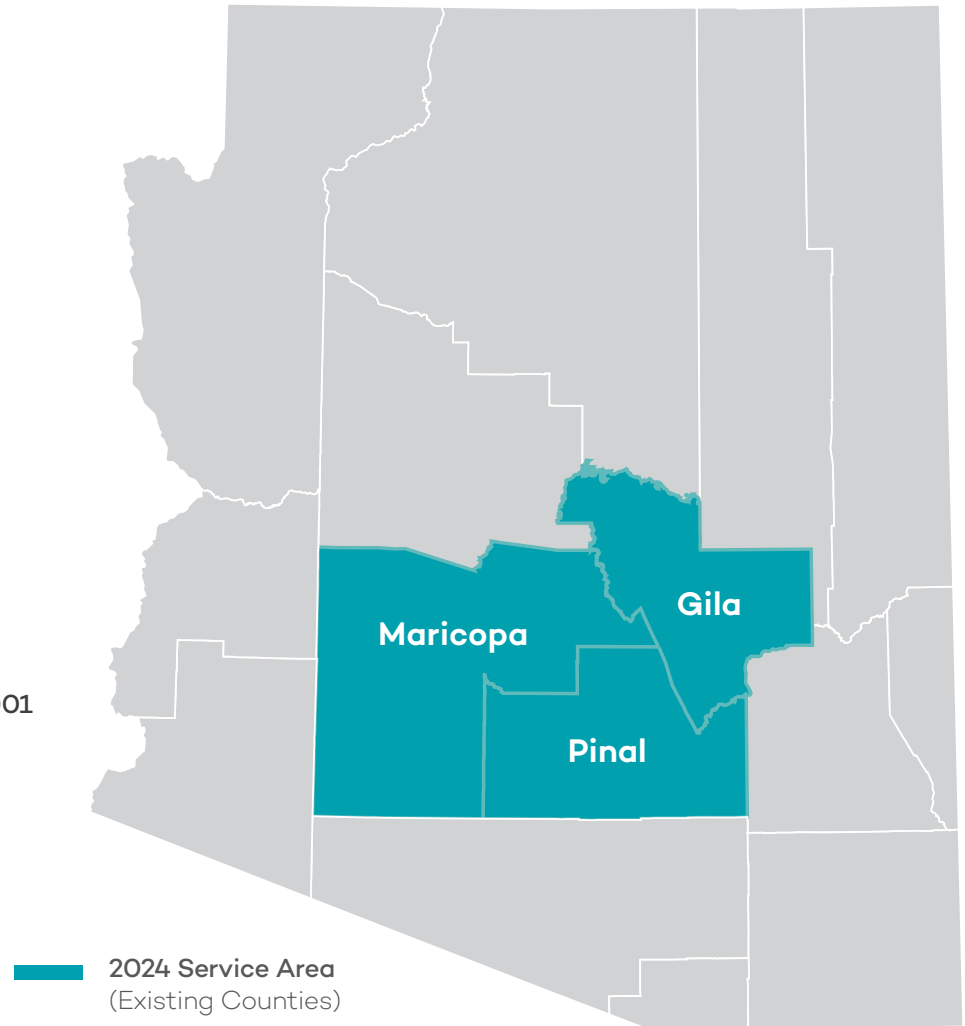
Gila, Maricopa, Pinal

#### MAPD Plans:

 Molina Medicare Choice Care (HMO) H8845-002

#### D-SNP Plans:

 Molina Medicare Complete Care (HMO D-SNP) H8845-001



# Plan Information – Arizona

<b>Plan Name</b>	<b>Molina Medicare Complete Care (HMO D-SNP)</b>
<b>Plan ID and Eligibility</b>	<b>H8845-001-000 (FBDE, SLMB+, QMB+)</b>
Service Area	Gila, Maricopa, Pinal
Premium	\$0
Primary/Specialist Visit	\$0/\$0
Inpatient Acute	\$0
Prescription Deductible	\$0
Maximum Out of Pocket	\$8,850
<b>Extra Benefits</b>	
Chiropractic	12 visits/year
Fitness	Not covered
Hearing	Routine hearing exam/hearing aid \$3,500 allowance (both ears)/year
Meals	Not covered
Non-Emergency Medical Transportation	Not covered
Personal Emergency Response System (PERS+)	Not covered
Vision	Routine eye exam/year & \$500 eyewear allowance/year
Worldwide Emergency/Urgent Coverage	Up to \$10,000 each calendar year for emergency transportation, urgent care, emergency care and post-stabilization care. (For care provided outside the United States, reimbursement and other restrictions may apply.)
<b>MyChoice Card</b>	
Food & Produce (SSBCI)	\$110/month (no rollover)
Over-the-Counter	\$150/quarter (no rollover)
Pest Control, Service Animal Supplies, Mental Health & Wellness Applications, Non-Medicare-covered Genetic Test Kits (SSBCI)	\$150/quarter (no rollover)
<b>Vendor &amp; MyChoice Card</b>	
Dental	Preventive dental services provided through dental vendor; additional \$550/year provided via debit card allowance for comprehensive/any out of network dental services.

# Plan Information – Arizona

<b>Plan Name</b>	<b>Molina Medicare Choice Care (HMO)</b>
<b>Plan ID and Eligibility</b>	<b>H8845-002-000 (All CMS Medicare Eligible)</b>
Service Area	Gila, Maricopa, Pinal
Premium	\$0
Primary/Specialist Visit	\$0/\$40
Inpatient Acute	\$325/day (Days 1–6)/\$0 (Days 7–90)
Prescription Deductible	\$0 Tier 6; \$125 Tier 1 to 5
Maximum Out of Pocket	\$8,300
<b>Extra Benefits</b>	
Fitness	The Silver&Fit Program (Fitness Facilities & Home Fitness Kit)
Hearing	Routine hearing exam/year & up to 2 pre-selected hearing aids (both ears)/2 years
Meals	56 meals max/year
Vision	Routine eye exam/year and \$200 eyewear allowance/year
Worldwide Emergency/Urgent Coverage	Up to \$10,000 each calendar year for emergency transportation, urgent care, emergency care and post-stabilization care. (For care provided outside the United States, reimbursement and other restrictions may apply.)
<b>MyChoice Card</b>	
Food & Produce (SSBCI)	\$30/month (no rollover)
Non-Emergency Medical Transportation	\$75/quarter (no rollover)
Over-the-Counter	\$120/quarter (no rollover)
Pest Control, Service Animal Supplies, Mental Health & Wellness Applications, Non-Medicare-covered Genetic Test Kits (SSBCI)	\$150/quarter (no rollover)
<b>Vendor &amp; MyChoice Card</b>	
Dental	Preventive dental services provided through dental vendor; additional \$500/year provided via debit card allowance for comprehensive/any out of network dental services.

# Arizona Network Highlights

## Provider Network Highlights:

### Maricopa County

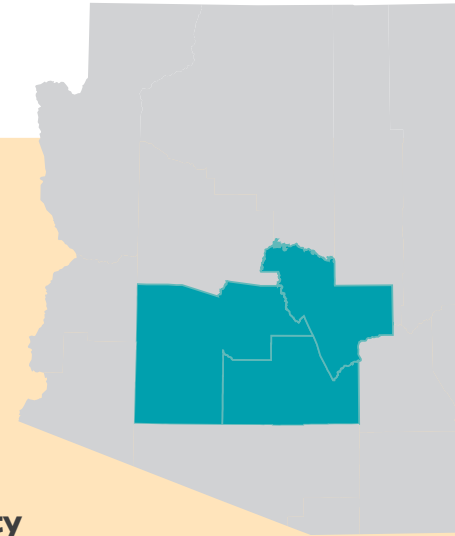
- Adelante Healthcare Inc
- Banner Health
- HonorHealth
- Mesa Family Health Center
- Noah Health Centers
- OrthoArizona

### Pinal County

- American Medical Associates
- Banner Health
- Clinica La Familia
- Cobre Valley all clinics and specialist
- Marana Health Center and Marana Hospital Systems
- MY DR NOW

### Gila County

- Banner Health
- Cobre Valley Community Hospital and Clinics
- Cobre Valley Regional Medical Center
- Community Bridges
- Payson Family Care
- Ponderosa Family Care
- North Country Healthcare



\*For a complete listing of providers, visit our [online provider directory](#).



# State Coverage: California

## Service Areas by Product:

### MAPD Plans:

- **Molina Medicare Choice Care (HMO) H5810-014**  
Los Angeles, Imperial, Riverside\*, San Bernardino\*, San Diego
- **Molina Medicare Choice Care Select (HMO) H5810-015**  
Los Angeles, Imperial, Riverside\*, San Bernardino\*, San Diego

### D-SNP Plans:

- ◆ **Molina Medicare Complete Care (HMO D-SNP) H3038-001\*\* (NEW)**  
Los Angeles, Riverside\*, San Bernardino\*, San Diego
- **Molina Medicare Complete Care (HMO D-SNP) H3038-002\*\* (NEW)**  
Imperial
- ◆ **Molina Medicare Complete Care Plus (HMO D-SNP) H3038-003\*\* (NEW)**  
Los Angeles, Riverside\*, San Bernardino\*, San Diego

*\*In 2024 Riverside and San Bernardino change from partial counties to full county service areas.*

*\*\*Molina Medicare Complete Care H5810-001 (HMO D-SNP) plan members will be moved into Molina Medicare Complete Care H3038-001.*

*Molina Medicare Complete Care H5810-013 (HMO D-SNP) plan members will be moved into Molina Medicare Complete Care H3038-002.*

*Molina Medicare Complete Care Plus H5810-016 (HMO D-SNP) plan members will be moved into Molina Medicare Complete Care Plus H3038-003.*



# Plan Information – California

Plan Name	Molina Medicare Complete Care (HMO D-SNP) <b>NEW</b>	Molina Medicare Complete Care (HMO D-SNP) <b>NEW</b>
<b>Plan ID and Eligibility</b>	<b>H3038-001-000</b> (FBDE, SLMB+, QMB, QMB+)	<b>H3038-002-000</b> (FBDE, SLMB+, QMB, QMB+)
Service Area	Los Angeles, Riverside, San Bernardino, San Diego	Imperial
Premium	\$0	\$0
Primary/Specialist Visit	\$0/\$0	\$0/\$0
Inpatient Acute	\$0	\$0
Prescription Deductible	\$0	\$0
Maximum Out of Pocket	\$8,850	\$8,850
<b>Extra Benefits</b>		
Fitness	The Silver&Fit Program (Fitness Facilities & Home Fitness Kit)	
Hearing	Routine hearing exam/year & up to 2 pre-selected hearing aids (both ears)/2 years	
Meals	56 meals max/year	
Non-Emergency Medical Transportation	12 one-way trips/year	24 one-way trips/year
Personal Emergency Response System (PERS+)	Members who qualify will be provided an in-home medical alarm system, with a small pendant, that with a press of a button can get them help in an emergency (24/7).	
Vision	Routine eye exam/year & \$350 eyewear allowance/year	Routine eye exam/year & \$500 eyewear allowance/year
Worldwide Emergency/Urgent Coverage	Up to \$10,000 each calendar year for emergency transportation, urgent care, emergency care and post-stabilization care. (For care provided outside the United States, reimbursement and other restrictions may apply.)	
<b>MyChoice Card</b>		
Food & Produce (SSBCI)	\$55/month (no rollover)	\$82/month (no rollover)
Over-the-Counter	\$100/quarter (no rollover)	\$100/quarter (no rollover)
Pest Control, Service Animal Supplies, Mental Health & Wellness Applications, Non-Medicare-covered Genetic Test Kits (SSBCI)	\$150/quarter (no rollover)	\$150/quarter (no rollover)
<b>Vendor &amp; MyChoice Card</b>		
Dental	Not covered	Preventive dental services provided through dental vendor; additional \$500/year provided via debit card allowance for comprehensive/any out of network dental services.

# Plan Information – California

<b>Plan Name</b>	<b>Molina Medicare Complete Care Plus (HMO D-SNP)* <b>NEW</b></b>
<b>Plan ID and Eligibility</b>	<b>H3038-003-000 (FBDE, SLMB+, QMB, QMB+)</b>
Service Area	Los Angeles, Riverside, San Bernardino, San Diego
Premium	\$0
Primary/Specialist Visit	\$0/\$0
Inpatient Acute	\$0
Prescription Deductible	\$0
Maximum Out of Pocket	\$8,850
<b>Extra Benefits</b>	
Fitness	The Silver&Fit Program (Fitness Facilities & Home Fitness Kit)
Hearing	Routine hearing exam/year & up to 2 pre-selected hearing aids (both ears)/2 years
Meals	Not covered
Non-Emergency Medical Transportation	Not covered
Vision	Routine eye exam/year and \$500 eyewear allowance/year
Worldwide Emergency/Urgent Coverage	Up to \$10,000 each calendar year for emergency transportation, urgent care, emergency care and post-stabilization care. (For care provided outside the United States, reimbursement and other restrictions may apply.)
<b>MyChoice Card</b>	
Food & Produce (SSBCI)	\$80/month (no rollover)
Over-the-Counter	\$320/quarter (no rollover)
Pest Control, Service Animal Supplies, Mental Health & Wellness Applications, Non-Medicare-covered Genetic Test Kits (SSBCI)	\$150/quarter (no rollover)
<b>Vendor &amp; MyChoice Card</b>	
Dental	Preventive dental services provided through dental vendor; additional \$1,000/year provided via debit card allowance for comprehensive/any out of network dental services.

*\*Some of the benefits listed as not covered for Medicare may be covered under Medicaid for this plan.*

# Plan Information – California

Plan Name	Molina Medicare Choice Care (HMO)	Molina Medicare Choice Care Select (HMO)
<b>Plan ID and Eligibility</b>	<b>H5810-014-000</b> (All CMS Medicare Eligible)	<b>H5810-015-000</b> (All CMS Medicare Eligible)
Service Area	Los Angeles, Imperial, Riverside, San Bernardino, San Diego	Los Angeles, Imperial, Riverside, San Bernardino, San Diego
Premium	\$0	\$0
Primary/Specialist Visit	\$0	\$0/\$50
Inpatient Acute	\$325/day (Days 1-6)/\$0 (Days 7-90)	\$450/day (Days 1-4)/\$0 (Days 5-90)
Part B Premium Reduction	Not applicable	\$70/month
Prescription Deductible	\$0 (Tiers 1-6)	\$450 (Tiers 1-6)
Maximum Out of Pocket	\$8,300	\$8,300
<b>Extra Benefits</b>		
Fitness	The Silver&Fit Program (Fitness Facilities & Home Fitness Kit)	
Hearing	Routine hearing exam/year & up to 2 pre-selected hearing aids (both ears)/2 years	Not covered
Meals	56 meals max/year	Not covered
Non-Emergency Medical Transportation	24 one-way trips/year	Not covered
Vision	Routine eye exam/year & \$200 eyewear allowance/year	Not covered
Worldwide Emergency/Urgent Coverage	Up to \$10,000 each calendar year for emergency transportation, urgent care, emergency care and post-stabilization care. (For care provided outside the United States, reimbursement and other restrictions may apply.)	
<b>MyChoice Card</b>		
Food & Produce (SSBCI)	\$30/month (no rollover)	Not covered
Over-the-Counter	\$72/quarter (no rollover)	\$70/quarter (no rollover)
Pest Control, Service Animal Supplies, Mental Health & Wellness Applications, Non-Medicare-covered Genetic Test Kits (SSBCI)	\$150/quarter (no rollover)	Not covered
<b>Vendor &amp; MyChoice Card</b>		
Dental	Preventive dental services provided through dental vendor; additional \$500/year provided via debit card allowance for comprehensive/any out of network dental services.	Not covered

# California Network Highlights

## Provider Network Highlights:

### Los Angeles County

- Optum
- Regal IPA
- Prospect IPA
- AlphaCare/Allied Pacific IPA
- Healthcare LA

### Riverside County

- AlphaCare/Allied Pacific IPA
- Regal IPA
- Inland Faculty Medical Group
- Optum

### San Bernardino County

- AlphaCare/Allied Pacific IPA
- Inland Faculty Medical Group

- Regal IPA
- La Salle IPA

### San Diego County

- Prospect IPA
- Community Care
- Neighborhood Care
- Integrated Health Partners (FQHC)
- Family Health Centers of SD (FQHC)

### Imperial County

- Premier Patient Care IPA
- Easy Access Care IPA
- Community Health IPA



\*For a complete listing of providers, visit our [online provider directory](#).

# State Coverage:

## Idaho

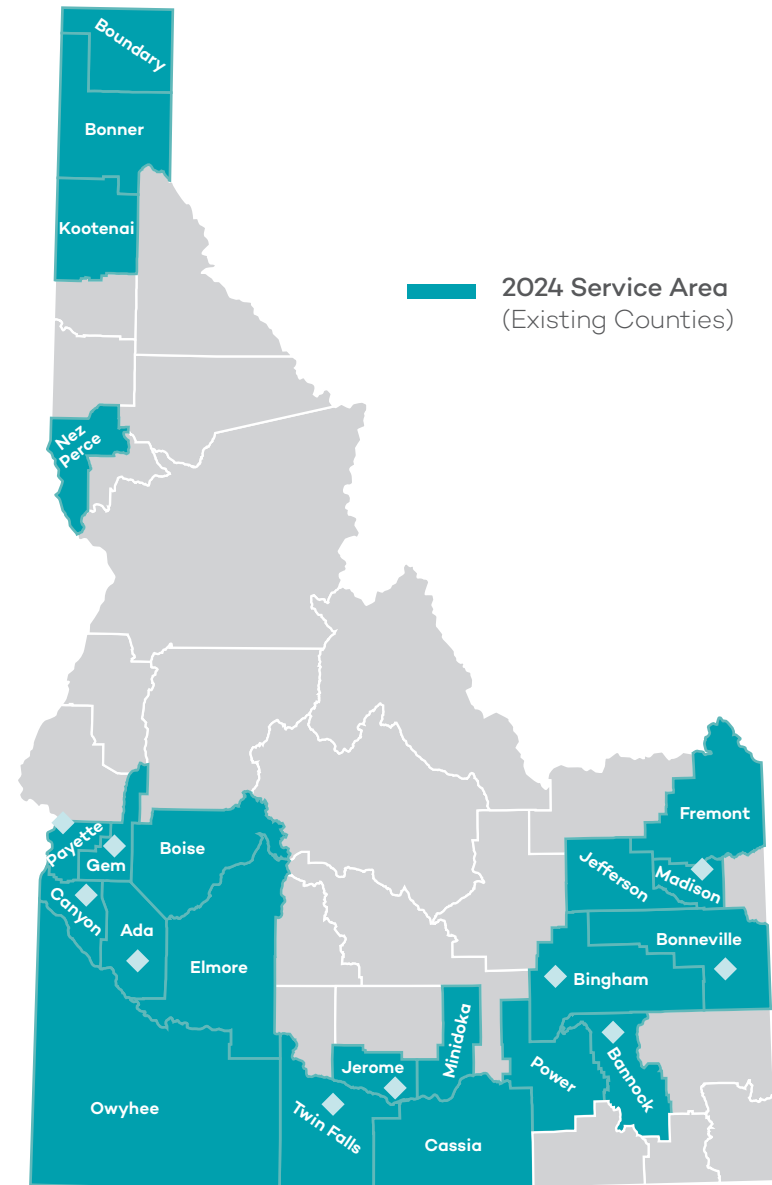
### Service Areas by Product:

#### MAPD Plans:

- ◆ Molina Medicare Choice Care (HMO) H5628-010  
Ada, Bannock, Bingham, Bonneville, Canyon, Gem, Jerome, Madison, Payette, Twin Falls

#### D-SNP Plans:

- Molina Medicare Complete Care (HMO D-SNP) H5628-008
- Molina Medicare Complete Care Select (HMO D-SNP) H5628-011  
Ada, Bannock, Bingham, Boise, Bonner, Bonneville, Boundary, Canyon, Cassia, Elmore, Fremont, Gem, Jefferson, Kootenai, Madison, Minidoka, Nez Perce, Owyhee, Payette, Power, Twin Falls



# Plan Information – Idaho

Plan Name	Molina Medicare Complete Care* (HMO D-SNP)	Molina Medicare Complete Care Select (HMO D-SNP)
<b>Plan ID and Eligibility</b>	<b>H5628-008-000 (FBDE, SLMB+, QMB+)</b>	<b>H5628-011-000 (SLMB, QI, QDWI, QMB)</b>
Service Area	See map for list of counties	See map for list of counties
Premium	\$0	\$0
Primary/Specialist Visit	\$0/\$0	\$0/\$10
Inpatient Acute	\$0	\$0 or \$295/day (Days 1–6)/\$0 (Days 7–90)
Prescription Deductible	\$0	\$0
Maximum Out of Pocket	\$8,850	\$8,850
<b>Extra Benefits</b>		
Chiropractic	20 visits/year	
Fitness	The Silver&Fit Program (Fitness Facilities & Home Fitness Kit)	
Hearing	Routine hearing exam/year & up to 2 pre-selected hearing aids (both ears)/2 years	
Meals	56 meals max/year Diabetic Wellness Meals 168 meals max/year	56 meals max/year
Personal Emergency Response System (PERS+)	Not covered	Members who qualify will be provided an in-home medical alarm system, with a small pendant, that with a press of a button can get them help in an emergency (24/7).
Podiatry	6 routine foot care visits/year	
Vision	Routine eye exam/year & \$400 eyewear allowance/year	
Worldwide Emergency/Urgent Coverage	Up to \$10,000 each calendar year for emergency transportation, urgent care, emergency care and post-stabilization care. (For care provided outside the United States, reimbursement and other restrictions may apply.)	
<b>MyChoice Card</b>		
Food & Produce (SSBCI)	\$150/month (no rollover)	\$40/month (no rollover)
Non-Emergency Medical Transportation	\$525/quarter (no rollover); combined allowance with OTC	\$325/quarter (no rollover); combined allowance with OTC
Over-the-Counter	\$525/quarter (no rollover); combined allowance with Transportation	\$325/quarter (no rollover); combined allowance with Transportation
Pest Control, Service Animal Supplies, Mental Health & Wellness Applications, Non-Medicare-covered Genetic Test Kits (SSBCI)	\$150/quarter (no rollover)	
<b>Vendor &amp; MyChoice Card</b>		
Dental	Not covered	Preventive dental services provided through dental vendor; additional \$800/year provided via debit card allowance for comprehensive/any out of network dental services.

\*Some of the benefits listed as not covered for Medicare may be covered under Medicaid for this plan.

# Plan Information – Idaho

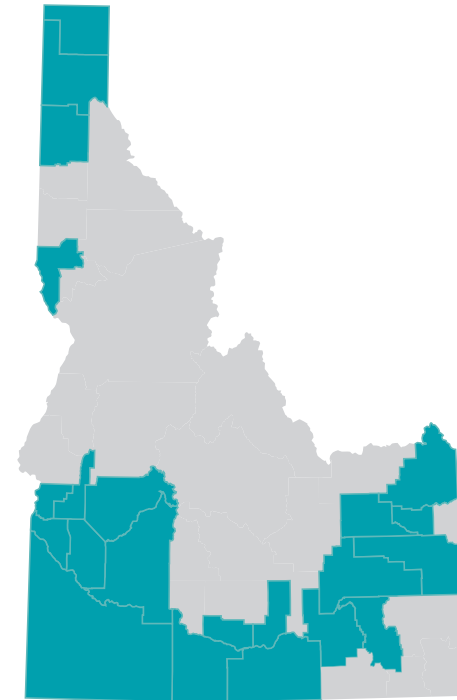
<b>Plan Name</b>	<b>Molina Medicare Choice Care (HMO)</b>
<b>Plan ID and Eligibility</b>	<b>H5628-010-000 (All CMS Medicare Eligible)</b>
Service Area	Ada, Bannock, Bingham, Bonneville, Canyon, Gem, Jerome, Madison, Payette, Twin Falls
Premium	\$0
Primary/Specialist Visit	\$0/\$40
Inpatient Acute	\$325/day (Days 1–6)/\$0 (Days 7–90)
Prescription Deductible	\$0 (Tiers 1, 2, 6); \$100 (Tiers 3, 4, 5)
Maximum Out of Pocket	\$8,300
<b>Extra Benefits</b>	
Fitness	The Silver&Fit Program (Fitness Facilities & Home Fitness Kit)
Hearing	Routine hearing exam/year & up to 2 pre-selected hearing aids (both ears)/2 years
Meals	56 meals max/year
Personal Emergency Response System (PERS+)	Not covered
Vision	Routine eye exam/year & \$125 eyewear allowance/year
Worldwide Emergency/Urgent Coverage	Up to \$10,000 each calendar year for emergency transportation, urgent care, emergency care and post-stabilization care. (For care provided outside the United States, reimbursement and other restrictions may apply.)
<b>MyChoice Card</b>	
Food & Produce (SSBCI)	\$30/month (no rollover)
Non-Emergency Medical Transportation	\$60/quarter (no rollover); combined allowance with OTC
Over-the-Counter	\$60/quarter (no rollover); combined allowance with Transportation
Pest Control, Service Animal Supplies, Mental Health & Wellness Applications, Non-Medicare-covered Genetic Test Kits (SSBCI)	\$150/quarter (no rollover)
<b>Vendor &amp; MyChoice Card</b>	
Dental	Preventive dental services provided through dental vendor; additional \$1,200/year provided via debit card allowance for comprehensive/any out of network dental services.



# Idaho Network Highlights

## Provider Network Highlights:

- Saint Alphonsus Hospitals & Doctors
- St Luke's Hospitals & Doctors
- West Valley Medical Center, Clinics & Doctors
- Eastern Idaho Regional Medical Centers & Doctors
- Mountain View Hospital
- Idaho Falls Community Hospital
- Portneuf Medical Center
- Bingham Memorial
- Minidoka Memorial Hospital
- Cassia Regional Hospital
- Madison Memorial Hospital
- Kootenai Health – Hospitals, Clinics & Doctors
- St Joseph Regional Medical Center
- Tri-State Memorial



\*For a complete listing of providers, visit our [online provider directory](#).

# State Coverage:

## Illinois



### Service Area for All Products:

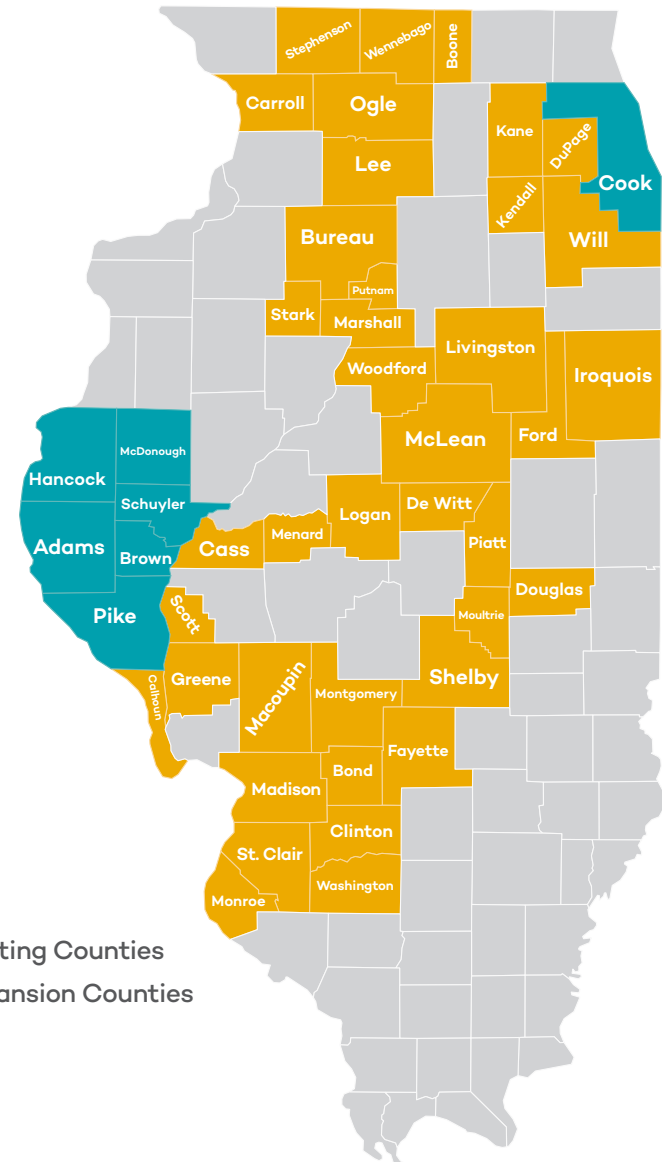
Adams, Brown, Cook, Hancock, McDonough, Pike, Schuyler

**2024 Plan Expansion Counties:** Bond, Boone, Bureau, Calhoun, Carroll, Cass, Clinton, De Witt, Douglas, DuPage, Fayette, Ford, Greene, Iroquois, Kane, Kendall, Lee, Livingston, Logan, Macoupin, Madison, Marshall, McLean, Menard, Monroe, Montgomery, Moultrie, Ogle, Piatt, Putnam, Scott, Shelby, St. Clair, Stark, Stephenson, Washington, Will, Winnebago, Woodford

#### MAPD Plans:

 Molina Medicare Choice Care (HMO) H2715-001

 2023 Existing Counties  
 2024 Expansion Counties



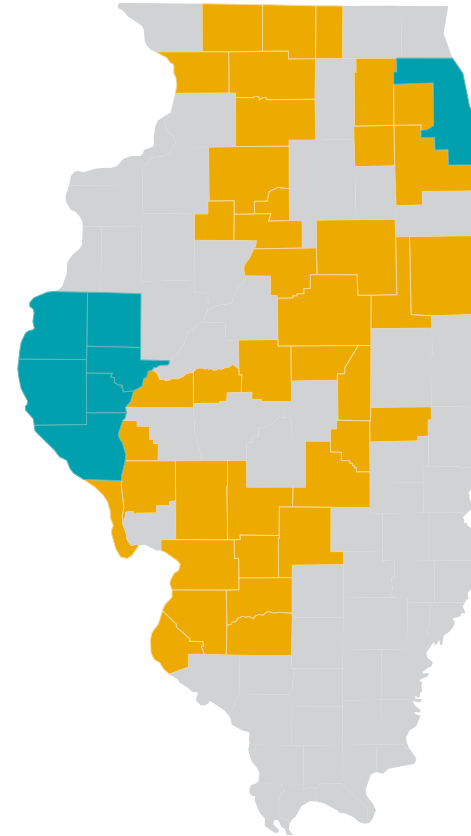
# Plan Information – Illinois

<b>Plan Name</b>	<b>Molina Medicare Choice Care (HMO)</b>
<b>Plan ID and Eligibility</b>	<b>H2715-001-000 (All CMS Medicare Eligible)</b>
Service Area	See map for list of counties
Premium	\$0
Primary/Specialist Visit	\$0/\$40
Inpatient Acute	\$295/day (Days 1-6)/\$0/day (Days 7-90)
Prescription Deductible	\$0 (Tier 6); \$125 (Tiers 1-5)
Maximum Out of Pocket	\$8,300
<b>Extra Benefits</b>	
Fitness	The Silver&Fit Program (Fitness Facilities & Home Fitness Kit)
Hearing	Routine hearing exam/year & up to 2 pre-selected hearing aids (both ears)/2 years
Meals	56 meals max/year
Personal Emergency Response System (PERS+)	Not covered
Vision	Routine eye exam/year and \$250 eyewear allowance/year
Worldwide Emergency/Urgent Coverage	Up to \$10,000 each calendar year for emergency transportation, urgent care, emergency care and post-stabilization care. (For care provided outside the United States, reimbursement and other restrictions may apply.)
<b>MyChoice Card</b>	
Dental	\$500/year for all supplemental preventive & comprehensive services via debit card allowance
Food & Produce (SSBCI)	\$30/month (no rollover)
Non-Emergency Medical Transportation	\$75/quarter (no rollover); combined allowance with OTC
Over-the-Counter	\$75/quarter (no rollover); combined allowance with Transportation
Pest Control, Service Animal Supplies, Mental Health & Wellness Applications, Non-Medicare-covered Genetic Test Kits (SSBCI)	\$150/quarter (no rollover)

# Illinois Network Highlights

## Provider Network Highlights:

- OSF Medical (St. Francis)
- Carle Physician Group
- HSHS Medical Group
- Christie Clinic
- Omni Healthcare
- Pillars Community Health
- Access Community Health Network
- Heartland Community Health Clinic
- Primecare



\*For a complete listing of providers, visit our [online provider directory](#).




# State Coverage:

## Indiana (NEW)

### Service Area for All Products:

Statewide

#### D-SNP Plans:

-  Molina Medicare Complete Care Plus (HMO D-SNP) H9545-001 **(NEW)**
-  Molina Medicare Complete Care (HMO D-SNP) H9545-002 **(NEW)**
-  Molina Medicare Complete Care Select (HMO D-SNP) H9545-003 **(NEW)**

 2024 Expansion Counties



# Plan Information – Indiana

Plan Name	Molina Medicare Complete Care Plus (HMO D-SNP) <b>NEW</b>	Molina Medicare Complete Care (HMO D-SNP) <b>NEW</b>
<b>Plan ID and Eligibility</b>	<b>H9545-001-000 (FBDE, QMB+, SLMB+)</b>	<b>H9545-002-000 (FBDE, QMB+, SLMB+)</b>
Service Area	Statewide	Statewide
Premium	\$0	\$0
Primary/Specialist Visit	\$0/\$0	\$0/\$0
Inpatient Acute	\$0	\$0
Prescription Deductible	\$0	\$0
Maximum Out of Pocket	\$8,850	\$8,850
<b>Extra Benefits</b>		
Fitness	The Silver&Fit Program (Fitness Facilities & Home Fitness Kit)	
Hearing	Routine hearing exam/year & up to 2 pre-selected hearing aids (both ears)/2 years	
Meals	Not covered	56 meals max/year
Personal Emergency Response System (PERS+)	Not covered	Members who qualify will be provided an in-home medical alarm system, with a small pendant, that with a press of a button can get them help in an emergency (24/7).
Podiatry	6 routine foot care visits/year	
Vision	Routine eye exam/year and \$300 eyewear allowance/year	
Worldwide Emergency/Urgent Coverage	Up to \$10,000 each calendar year for emergency transportation, urgent care, emergency care and post-stabilization care. (For care provided outside the United States, reimbursement and other restrictions may apply.)	
<b>MyChoice Card</b>		
Dental	\$3,000/year for all supplemental preventive & comprehensive services via debit card allowance	
Food & Produce (SSBCI)	\$55/month (no rollover)	
Non-Emergency Medical Transportation	\$75/quarter (no rollover)	
Over-the-Counter	\$300/quarter (no rollover)	
Pest Control, Service Animal Supplies, Mental Health & Wellness Applications, Non-Medicare-covered Genetic Test Kits (SSBCI)	\$150/quarter (no rollover); Pest Control is not available on this plan	\$150/quarter (no rollover)

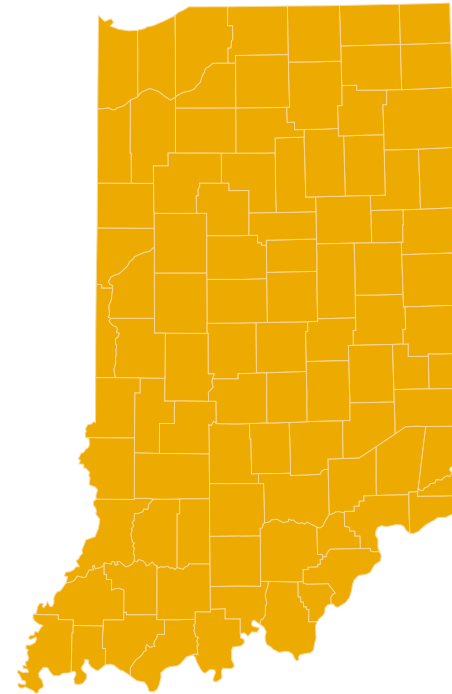
# Plan Information – Indiana

<b>Plan Name</b>	<b>Molina Medicare Complete Care Select (HMO D-SNP) <b>NEW</b></b>
<b>Plan ID and Eligibility</b>	<b>H9545-003-000 (QMB, SLMB, QI, QDWI)</b>
Service Area	Statewide
Premium	\$0
Primary/Specialist Visit	\$0/\$30
Inpatient Acute	\$0 or \$325/day (Days 1-6)/ \$0/day (Days 7-90)
Prescription Deductible	\$0
Maximum Out of Pocket	\$8,850
<b>Extra Benefits</b>	
Fitness	The Silver&Fit Program (Fitness Facilities & Home Fitness Kit)
Hearing	Routine hearing exam/year & up to 2 pre-selected hearing aids (both ears)/2 years
Meals	56 meals max/year
Personal Emergency Response System (PERS+)	Members who qualify will be provided an in-home medical alarm system, with a small pendant, that with a press of a button can get them help in an emergency (24/7).
Vision	Routine eye exam/year and \$250 eyewear allowance/year
Worldwide Emergency/Urgent Coverage	Up to \$10,000 each calendar year for emergency transportation, urgent care, emergency care and post-stabilization care. (For care provided outside the United States, reimbursement and other restrictions may apply.)
<b>MyChoice Card</b>	
Dental	\$3,000/year for all supplemental preventive & comprehensive services via debit card allowance
Food & Produce (SSBCI)	\$55/month (no rollover)
Non-Emergency Medical Transportation	\$75/quarter (no rollover)
Over-the-Counter	\$300/quarter (no rollover)
Pest Control, Service Animal Supplies, Mental Health & Wellness Applications, Non-Medicare-covered Genetic Test Kits (SSBCI)	\$150/quarter (no rollover)

# Indiana Network Highlights

## Provider Network Highlights:

- COMING SOON



\*For a complete listing of providers, visit our [online provider directory](#).



# State Coverage:

## Kentucky

### Service Area for All Products:

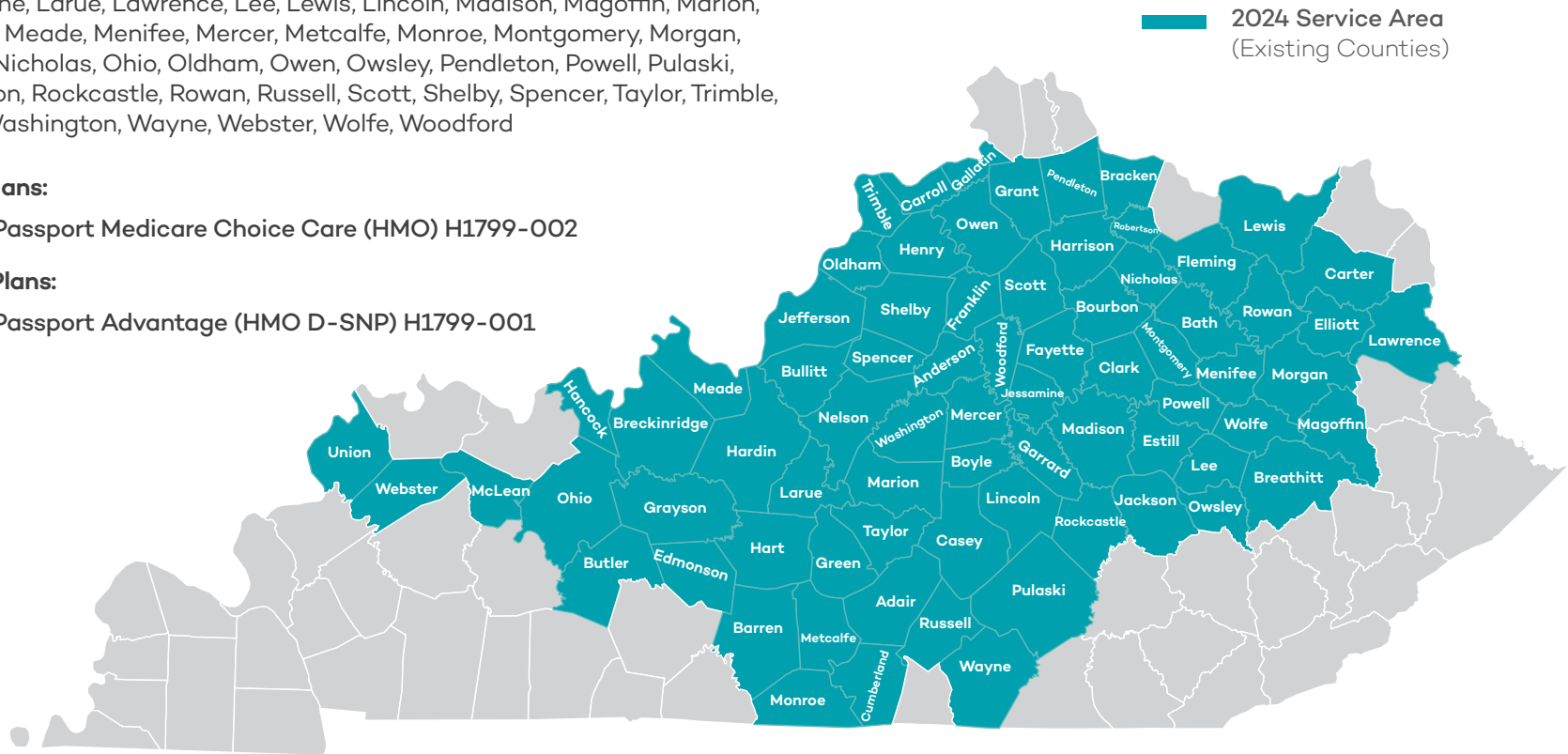
Adair, Anderson, Barren, Bath, Bourbon, Boyle, Bracken, Breathitt, Breckinridge, Bullitt, Butler, Carroll, Carter, Casey, Clark, Cumberland, Edmonson, Elliott, Estill, Fayette, Fleming, Franklin, Gallatin, Garrard, Grant, Grayson, Green, Hancock, Hardin, Harrison, Hart, Henry, Jackson, Jefferson, Jessamine, Larue, Lawrence, Lee, Lewis, Lincoln, Madison, Magoffin, Marion, McLean, Meade, Menifee, Mercer, Metcalfe, Monroe, Montgomery, Morgan, Nelson, Nicholas, Ohio, Oldham, Owen, Owsley, Pendleton, Powell, Pulaski, Robertson, Rockcastle, Rowan, Russell, Scott, Shelby, Spencer, Taylor, Trimble, Union, Washington, Wayne, Webster, Wolfe, Woodford

#### MAPD Plans:

Passport Medicare Choice Care (HMO) H1799-002

#### D-SNP Plans:

Passport Advantage (HMO D-SNP) H1799-001



# Plan Information – Kentucky

Plan Name		Passport Advantage (HMO D-SNP)
Plan ID and Eligibility	H1799-001-000 (FBDE, SLMB+, QMB+)	
Service Area	See map for list of counties	
Premium	\$0	
Primary/Specialist Visit	\$0/\$0	
Inpatient Acute	\$0	
Prescription Deductible	\$0	
Maximum Out of Pocket	\$8,850	
Extra Benefits		
Chiropractic	20 visits/year	
Fitness	The Silver&Fit Program (Fitness Facilities & Home Fitness Kit)	
Hearing	Routine hearing exam/year & up to 2 pre-selected hearing aids (both ears)/2 years	
Meals	56 meals max/year	
Non-Emergency Medical Transportation	60 one-way trips/year	
Personal Emergency Response System (PERS+)	Members who qualify will be provided an in-home medical alarm system, with a small pendant, that with a press of a button can get them help in an emergency (24/7).	
Vision	Routine eye exam/year and \$200 eyewear allowance/2 years	
Worldwide Emergency/Urgent Coverage	Up to \$10,000 each calendar year for emergency transportation, urgent care, emergency care and post-stabilization care. (For care provided outside the United States, reimbursement and other restrictions may apply.)	
MyChoice Card		
Food & Produce (SSBCI)	\$25/month (no rollover)	
Over-the-Counter	\$100/quarter (no rollover)	
Pest Control, Service Animal Supplies, Mental Health & Wellness Applications, Non-Medicare-covered Genetic Test Kits (SSBCI)	\$150/quarter (no rollover)	
Vendor & MyChoice Card		
Dental	Preventive dental services provided through dental vendor; additional \$1,050/year provided via debit card allowance for comprehensive/any out of network dental services.	

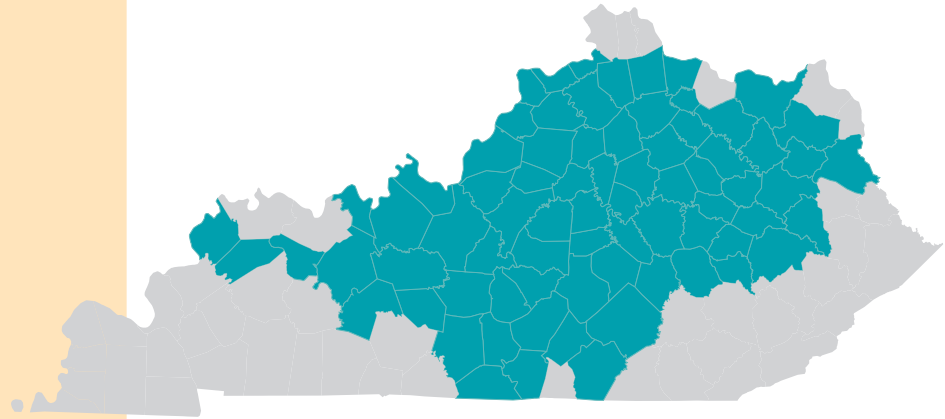
# Plan Information – Kentucky

<b>Plan Name</b>	
<b>Plan ID and Eligibility</b>	<b>Passport Medicare Choice Care (HMO)</b> <b>H1799-002-000 (All CMS Medicare Eligible)</b>
Service Area	See map for list of counties
Premium	\$0
Primary/Specialist Visit	\$0/\$20
Prescription Deductible	\$0 Tier 6; \$125 Tier 1 to 5
Inpatient	\$325/day (Days 1–6)/\$0 (Days 7–90)
Maximum Out of Pocket	\$8,300
<b>Extra Benefits</b>	
Acupuncture	12 visits/year
Chiropractic	12 visits/year
Fitness	The Silver&Fit Program (Fitness Facilities & Home Fitness Kit)
Hearing	Routine hearing exam/year & up to 2 pre-selected hearing aids (both ears)/2 years
Meals	56 meals max/year
Non-Emergency Medical Transportation	24 one-way trips/year
Vision	Routine eye exam/year & \$200 eyewear allowance/2 years
Worldwide Emergency/Urgent Coverage	Up to \$10,000 each calendar year for emergency transportation, urgent care, emergency care and post-stabilization care. (For care provided outside the United States, reimbursement and other restrictions may apply.)
<b>MyChoice Card</b>	
Food & Produce (SSBCI)	\$25/month (no rollover)
Over-the-Counter	\$100/quarter (no rollover)
Pest Control, Service Animal Supplies, Mental Health & Wellness Applications, Non-Medicare-covered Genetic Test Kits (SSBCI)	\$150/quarter (no rollover)
<b>Vendor &amp; MyChoice Card</b>	
Dental	Preventive dental services provided through dental vendor; additional \$1,050/year provided via debit card allowance for comprehensive/any out of network dental services.

# Kentucky Network Highlights

## Provider Network Highlights:

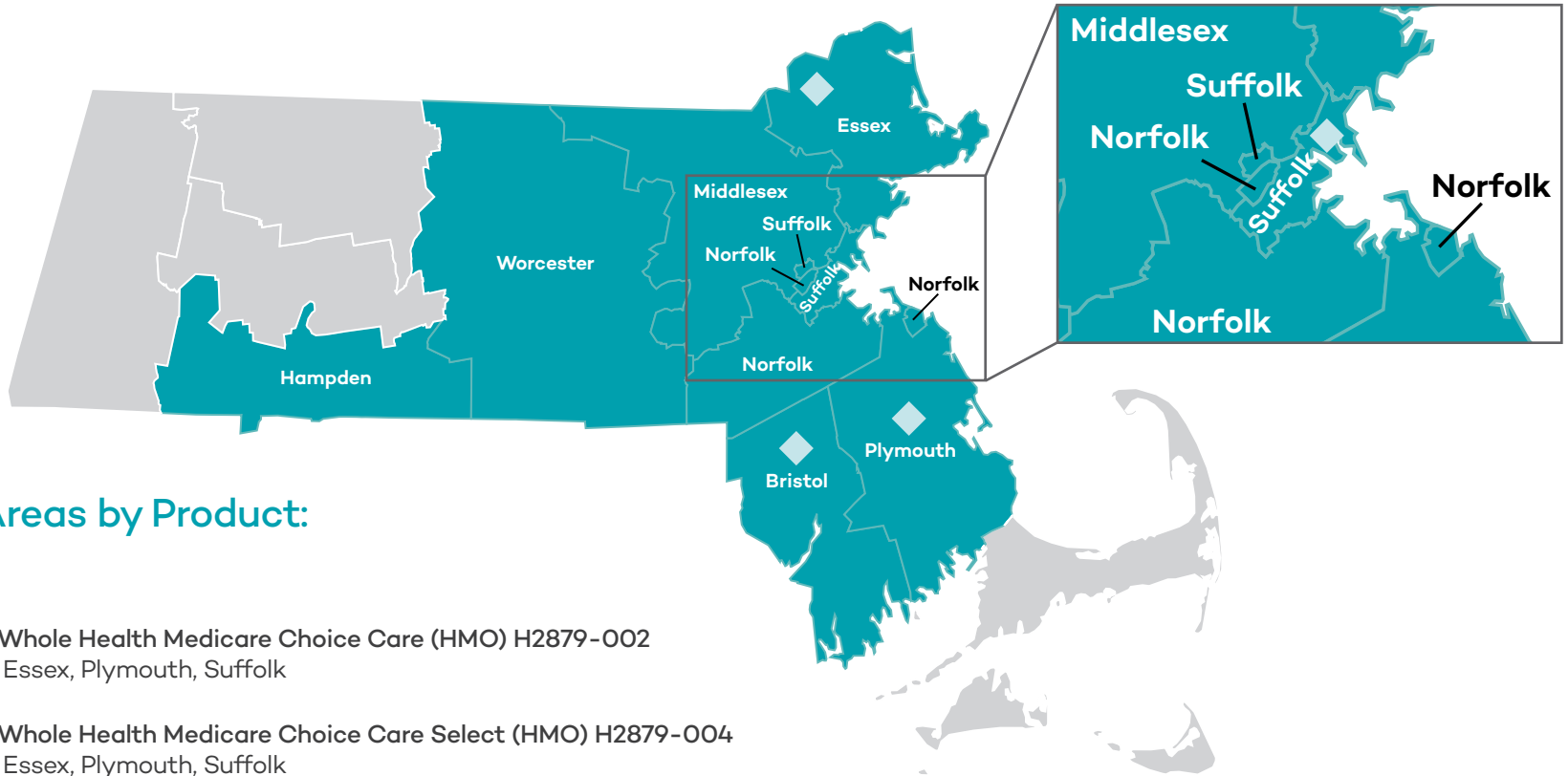
- University of Louisville Health (Physicians & Hospitals)
- University of Kentucky (UK Healthcare Physicians & Hospital)
- Norton Healthcare Hospitals
- CHI Saint Joseph Health Hospitals
- Baptist Health System ( Region 3 only, Physicians & Hospitals)
- Appalachian Regional Healthcare (ARH)
- Kings Daughters Medical Center System
- Manchester Memorial Hospital
- Medical Center Bowling Green
- Pikeville Medical Center Inc
- St. Elizabeth Medical Centers & Physicians
- Seven Counties (Behavioral Health)



\*For a complete listing of providers, visit our [online provider directory](#).

# State Coverage:

## Massachusetts



### Service Areas by Product:

#### MAPD Plans:

- ◆ Senior Whole Health Medicare Choice Care (HMO) H2879-002  
Bristol, Essex, Plymouth, Suffolk
- ◆ Senior Whole Health Medicare Choice Care Select (HMO) H2879-004  
Bristol, Essex, Plymouth, Suffolk

#### D-SNP Plans:

- Senior Whole Health (HMO D-SNP) H2224-001  
Bristol, Essex, Hampden, Middlesex, Norfolk, Plymouth, Worcester
- Senior Whole Health NHC (HMO D-SNP) H2224-003  
Bristol, Essex, Hampden, Middlesex, Norfolk, Plymouth, Suffolk, Worcester

■ 2024 Service Area  
(Existing Counties)

# Plan Information – Massachusetts

Plan Name	Senior Whole Health (HMO D-SNP)	Senior Whole Health NHC (HMO D-SNP)
<b>Plan ID and Eligibility</b>	<b>H2224-001-000 (FBDE, SLMB+, QMB+)</b>	<b>H2224-003-000 (FBDE, SLMB+, QMB+)</b>
Service Area	Bristol, Essex, Hampden, Middlesex, Norfolk, Plymouth, Worcester	Bristol, Essex, Hampden, Middlesex, Norfolk, Plymouth, Suffolk, Worcester
Premium	\$0	\$0
Primary/Specialist Visit	\$0/\$0	\$0/\$0
Prescription Deductible	\$0	\$0
Inpatient	\$0	\$0
Maximum Out of Pocket	\$8,850	\$8,850
<b>Extra Benefits</b>		
Acupuncture	40 visits/year	
Chiropractic*	20 visits/year (musculoskeletal conditions only, covers some X-rays)	
Dental*	Get preventive dental care and select comprehensive care.	
Fitness	The Silver&Fit Program (Fitness Facilities & Home Fitness Kit)	
Hearing*	Routine hearing exam and 1 hearing aid/ear every 5 years.	
Meals*	Unlimited for those that qualify	
Non-Emergency Medical Transportation*	Unlimited	
Personal Emergency Response System (PERS+)*	Members who qualify will be provided an in-home medical alarm system, with a small pendant, that with a press of a button can get them help in an emergency(24/7).	
Podiatry*	Coverage includes podiatry office visits, x-rays & surgery, and routine foot care for members with certain medical conditions affecting the lower limbs.	
Utilities Reimbursement (SSBCI)	Up to \$150/quarter in member reimbursement for utilities including Electricity, Natural Gas, Water & Internet billed in active members name & address (via paper check)	
Vision	Routine eye exam/year & \$300 eyewear allowance/year	
Worldwide Emergency/Urgent Coverage	Up to \$10,000 each calendar year for emergency transportation, urgent care, emergency care and post-stabilization care. (For care provided outside the United States, reimbursement and other restrictions may apply.)	
<b>HealthyYou Card</b>		
Food & Produce (SSBCI)	\$125/quarter (no rollover)	
Over-the-Counter	\$270/quarter (no rollover)	
Pest Control, Service Animal Supplies, Mental Health & Wellness Applications, Non-Medicare-covered Genetic Test Kits (SSBCI)	Not covered	

\*Benefits covered through Medicaid (MassHealth)

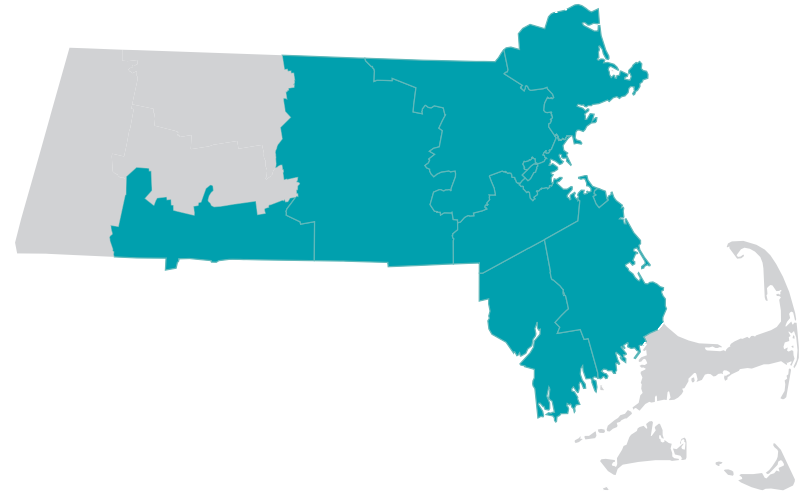
# Plan Information – Massachusetts

Plan Name	Senior Whole Health Medicare Choice Care (HMO)	Senior Whole Health Medicare Choice Care Select (HMO)
<b>Plan ID and Eligibility</b>	<b>H2879-002-000</b> (All CMS Medicare Eligible)	<b>H2879-004-000</b> (All CMS Medicare Eligible)
Service Area	Bristol, Essex, Plymouth, Suffolk	Bristol, Essex, Plymouth, Suffolk
Premium	\$0	\$0
Primary/Specialist Visit	\$0/\$40	\$0/\$50
Inpatient Acute	\$325/day (Days 1-6)/\$0 (Days 7-90)	\$450/day (Days 1-4)/\$0 (Days 5-90)
Part B Premium Reduction	Not applicable	\$77/month
Prescription Deductible	\$0 (Tier 6); \$125 (Tiers 1-5)	\$375 (Tiers 1-6)
Maximum Out of Pocket	\$8,300	\$8,300
<b>Extra Benefits</b>		
Acupuncture	12 visits/year	
Chiropractic	12 visits/year	Not covered
Fitness	The Silver&Fit Program (Fitness Facilities & Home Fitness Kit)	
Hearing	Routine hearing exam/year & up to 2 pre-selected hearing aids (both ears)/year	Not covered
Meals	56 meals max/year	Not covered
Non-Emergency Medical Transportation	24 one-way trips/year	Not covered
Vision	Routine eye exam/year & \$200 eyewear allowance/year	Not covered
Worldwide Emergency/Urgent Coverage	Up to \$10,000 each calendar year for emergency transportation, urgent care, emergency care and post-stabilization care. (For care provided outside the United States, reimbursement and other restrictions may apply.)	
<b>HealthyYou Card</b>		
Food & Produce (SSBCI)	\$30/month (no rollover)	Not covered
Over-the-Counter	\$30/quarter (no rollover)	\$100/quarter (no rollover)
Pest Control, Service Animal Supplies, Mental Health & Wellness Applications, Non-Medicare-covered Genetic Test Kits (SSBCI)	\$150/quarter (no rollover)	Not covered
<b>Vendor &amp; MyChoice Card</b>		
Dental	Preventive dental services provided through dental vendor; additional \$1,050/year provided via debit card allowance for comprehensive/any out of network dental services.	Not covered

# Massachusetts Network Highlights

## Provider Network Highlights:

- South Cove Community Health Center
- PrimaCare
- SMG Hawthorn Medical Group
- Evans Medical Foundation
- Steward Medical Center
- Tufts Medical Center
- Signature Medical Group
- DotHouse Community Health Center
- Boston Medical Group
- Brockton Neighborhood Health Center
- Pratt Medical Group
- Greater New Bedford Health Center
- Greater Lawrence Family Health Center
- Cambridge Health Alliance



\*For a complete listing of providers, visit our [online provider directory](#).



# State Coverage:

## Michigan

### Service Areas by Product:

#### MAPD Plans:

- Molina Medicare Choice Care (HMO) H5926-006
  - Molina Medicare Choice Care Select (HMO) H5926-007
- Alcona, Allegan, Alpena, Antrim, Arenac, Bay, Benzie, Branch, Calhoun, Charlevoix, Clare, Crawford, Emmet, Genesee, Gladwin, Grand Traverse, Gratiot, Hillsdale, Huron, Iosco, Jackson, Kalamazoo, Kalkaska, Kent, Lake, Lapeer, Leelanau, Lenawee, Livingston, Macomb, Manistee, Mecosta, Missaukee, Monroe, Montcalm, Montmorency, Muskegon, Newaygo, Oakland, Oceana, Ogemaw, Osceola, Oscoda, Otsego, Ottawa, Roscommon, Saginaw, Sanilac, Shiawassee, St. Clair, Tuscola, Washtenaw, Wayne, Wexford

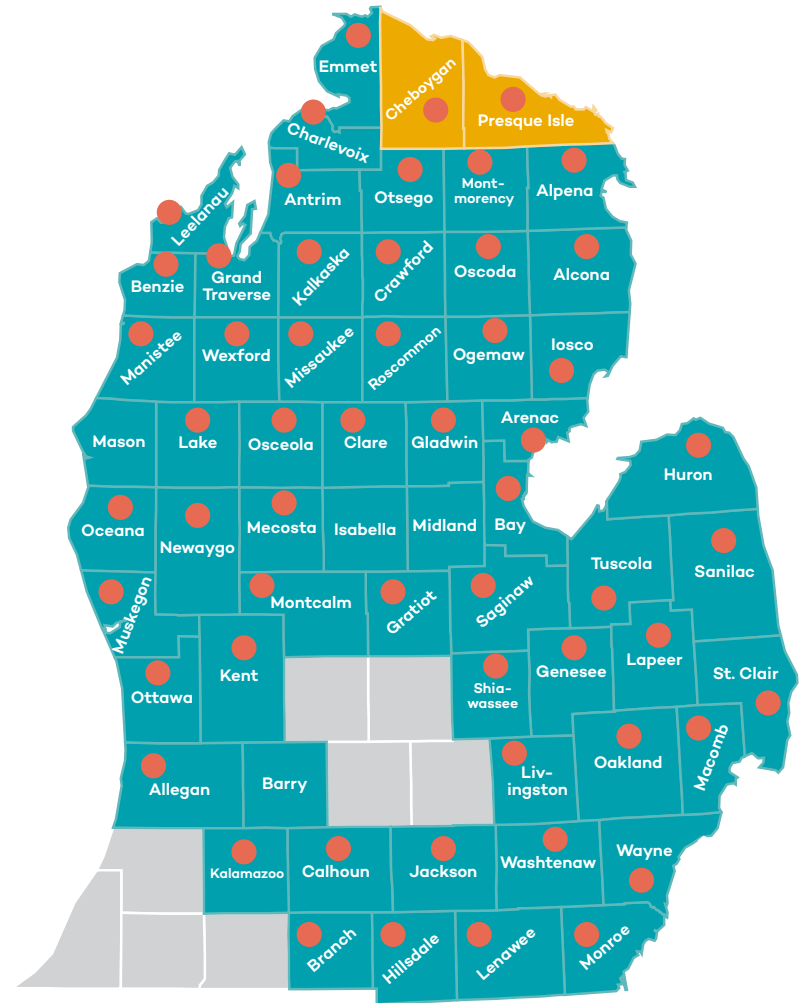
**2024 Plan Expansion Counties:** Cheboygan, Presque Isle

#### D-SNP Plans:

- Molina Medicare Complete Care (HMO D-SNP) H5926-001
  - Molina Medicare Complete Care Select (HMO D-SNP) H5926-005
- Alcona, Allegan, Alpena, Antrim, Arenac, Barry, Bay, Benzie, Branch, Calhoun, Charlevoix, Clare, Crawford, Emmet, Genesee, Gladwin, Grand Traverse, Gratiot, Hillsdale, Huron, Iosco, Isabella, Jackson, Kalamazoo, Kalkaska, Kent, Lake, Lapeer, Leelanau, Lenawee, Livingston, Macomb, Manistee, Mason, Mecosta, Midland, Missaukee, Monroe, Montcalm, Montmorency, Muskegon, Newaygo, Oakland, Oceana, Ogemaw, Osceola, Oscoda, Otsego, Ottawa, Roscommon, Saginaw, Sanilac, Shiawassee, St. Clair, Tuscola, Washtenaw, Wayne, Wexford

**2024 Plan Expansion Counties:** Cheboygan, Presque Isle

■ 2023 Existing Counties  
 ■ 2024 Expansion Counties



# Plan Information – Michigan

Plan Name	Molina Medicare Complete Care (HMO D-SNP)	Molina Medicare Complete Care Select (HMO D-SNP)
<b>Plan ID and Eligibility</b>	<b>H5926-001-000</b> (FBDE, SLMB+, QMB, QMB+)	<b>H5926-005-000</b> (SLMB, QDWI, QI)
Service Area	See map for list of counties	See map for list of counties
Premium	\$0	\$0
Primary/Specialist Visit	\$0/\$0	\$0/\$30
Inpatient Acute	\$0	\$325/day (Days 1–6)/\$0 (Days 7–90)
Prescription Deductible	\$0	\$0
Maximum Out of Pocket	\$8,850	\$8,850
<b>Extra Benefits</b>		
Chiropractic	20 visits/year	
Dental	Get preventive dental care and \$4,000 allowance/year for select comprehensive care through dental vendor	See Vendor & MyChoice Card section below
Fitness	The Silver&Fit Program (Fitness Facilities & Home Fitness Kit)	
Hearing	Routine hearing exam/year & up to 2 pre-selected hearing aids (both ears)/2 years	
Meals	56 meals max/year	
Non-Emergency Medical Transportation	30 one-way trips/year	10 one-way trips/year
Personal Emergency Response System (PERS+)	Members who qualify will be provided an in-home medical alarm system, with a small pendant, that with a press of a button can get them help in an emergency (24/7).	
Podiatry	6 routine foot care visits/year	Not covered
Vision	Routine eye exam/year & \$350 eyewear allowance/year	
Worldwide Emergency/Urgent Coverage	Up to \$10,000 each calendar year for emergency transportation, urgent care, emergency care and post-stabilization care. (For care provided outside the United States, reimbursement and other restrictions may apply.)	
<b>MyChoice Card</b>		
Food & Produce (SSBCI)	\$50/month (no rollover)	\$40/month (no rollover)
Over-the-Counter	\$370/quarter (no rollover)	\$225/quarter (no rollover)
Pest Control, Service Animal Supplies, Mental Health & Wellness Applications, Non-Medicare-covered Genetic Test Kits (SSBCI)	\$150/quarter (no rollover)	
<b>Vendor &amp; MyChoice Card</b>		
Dental	See Extra Benefits section above	Preventive dental services provided through dental vendor; additional \$1,000/year provided via debit card allowance for comprehensive/any out of network dental services.

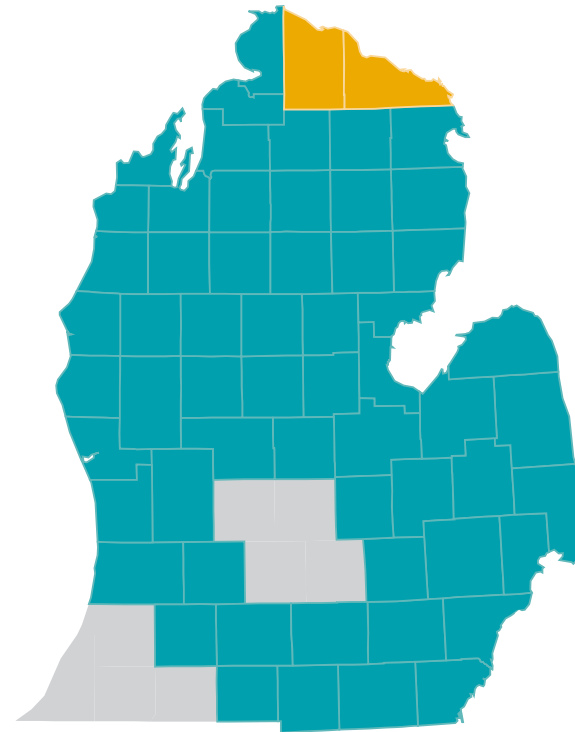
# Plan Information – Michigan

Plan Name	Molina Medicare Choice Care (HMO)	Molina Medicare Choice Care Select (HMO)
<b>Plan ID and Eligibility</b>	<b>H5926-006-000</b> (All CMS Medicare Eligible)	<b>H5926-007-000</b> (All CMS Medicare Eligible)
Service Area	See map for list of counties	See map for list of counties
Premium	\$0	\$0
Primary/Specialist Visit	\$0/\$40	\$0/\$50
Inpatient Acute	\$325/day (Days 1-6)/\$0 (Days 7-90)	\$450/day (Days 1-4)/\$0 (Days 5-90)
Part B Premium Reduction	Not applicable	\$105/month
Prescription Deductible	\$0 (Tier 6); \$125 (Tiers 1-5)	\$0 (Tier 6); \$375 (Tiers 1-5)
Maximum Out of Pocket	\$8,300	\$8,300
<b>Extra Benefits</b>		
Acupuncture	12 visits/year	Not covered
Chiropractic	12 visits/year	Not covered
Fitness	The Silver&Fit Program (Fitness Facilities & Home Fitness Kit)	
Hearing	Routine hearing exam/year & up to 2 pre-selected hearing aids (both ears)/2 years	Not covered
Meals	56 meals max/year	Not covered
Non-Emergency Medical Transportation	24 one-way trips/year	Not covered
Vision	Routine eye exam/year & \$200 eyewear allowance/year	Not covered
Worldwide Emergency/Urgent Coverage	Up to \$10,000 each calendar year for emergency transportation, urgent care, emergency care and post-stabilization care. (For care provided outside the United States, reimbursement and other restrictions may apply.)	
<b>MyChoice Card</b>		
Food & Produce (SSBCI)	\$45/month (no rollover)	Not covered
Over-the-Counter	\$90/quarter (no rollover)	\$50/quarter (no rollover)
Pest Control, Service Animal Supplies, Mental Health & Wellness Applications, Non-Medicare-covered Genetic Test Kits (SSBCI)	\$150/quarter (no rollover)	Not covered
<b>Vendor &amp; MyChoice Card</b>		
Dental	Preventive dental services provided through dental vendor; additional \$1,000/year provided via debit card allowance for comprehensive/any out of network dental services.	Not covered

# Michigan Network Highlights

## Provider Network Highlights:

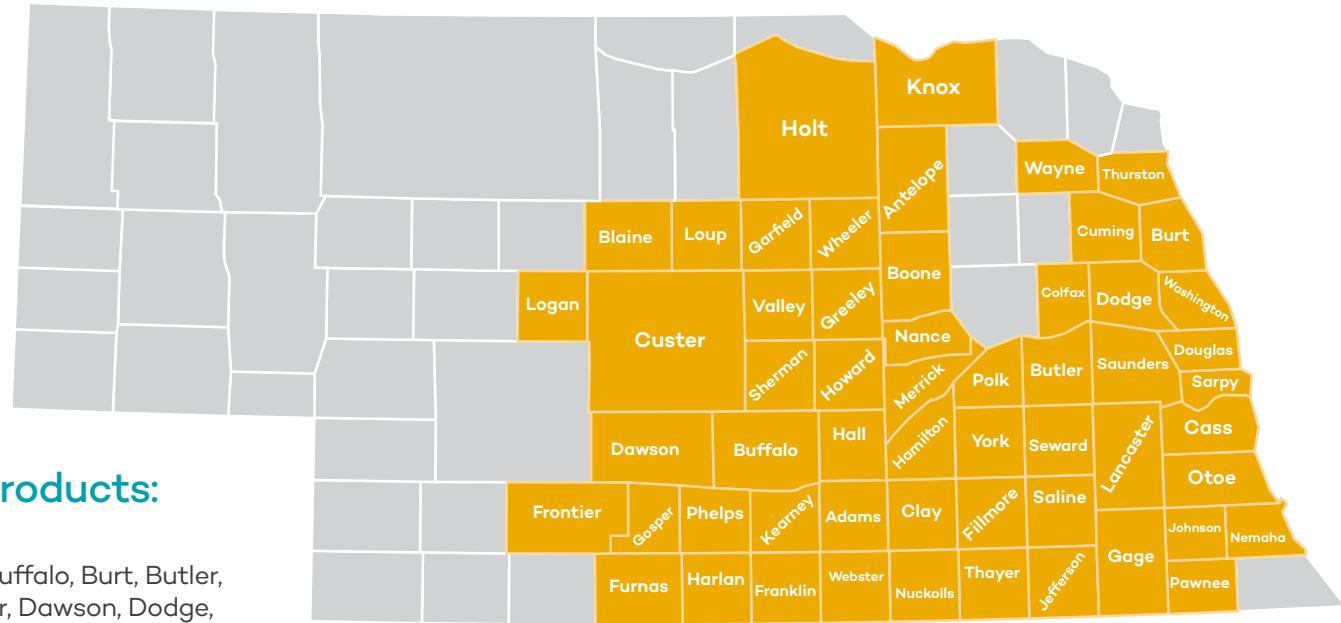
- Henry Ford Hospital
- Beaumont Hospital
- Ascension
- University of Michigan Health
- Spectrum Health
- Oak Street Medical
- Sinai Grace Hospital
- McLaren Flint
- Genesys
- MidMichigan
- Munson



\*For a complete listing of providers, visit our [online provider directory](#).

# State Coverage:

## Nebraska (NEW)



### Service Area for All Products:

Adams, Antelope, Blaine, Boone, Buffalo, Burt, Butler, Cass, Clay, Colfax, Cuming, Custer, Dawson, Dodge, Douglas, Fillmore, Franklin, Frontier, Furnas, Gage, Garfield, Gosper, Greeley, Hall, Hamilton, Harlan, Holt, Howard, Jefferson, Johnson, Kearney, Knox, Lancaster, Logan, Loup, Merrick, Nance, Nemaha, Nuckolls, Otoa, Pawnee, Phelps, Polk, Saline, Sarpy, Saunders, Seward, Sherman, Thayer, Thurston, Valley, Washington, Wayne, Webster, Wheeler, York

 2024 Expansion Counties

### D-SNP Plans:

 Molina Medicare Complete Care (HMO D-SNP) H8426-002 (NEW)

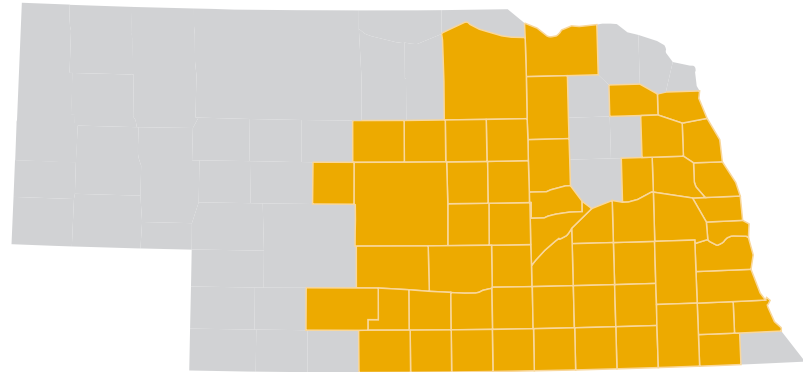
# Plan Information – Nebraska

<b>Plan Name</b>	<b>Molina Medicare Complete Care (HMO D-SNP) <b>NEW</b></b>
<b>Plan ID and Eligibility</b>	<b>H8426-002-000 (FBDE, QMB+, SLMB+, QMB)</b>
Service Area	See map for list of counties
Premium	\$0
Primary/Specialist Visit	\$0/\$0
Inpatient Acute	\$0
Prescription Deductible	\$0
Maximum Out of Pocket	\$8,850
<b>Extra Benefits</b>	
Dental	Get preventive dental care and \$4,000 allowance/year for select comprehensive care through dental vendor
Fitness	The Silver&Fit Program (Fitness Facilities & Home Fitness Kit)
Hearing	Routine hearing exam/year & up to 2 pre-selected hearing aids (both ears)/2 years
Meals	56 max meals/year
Non-Emergency Medical Transportation	48 one-way trips/year
Personal Emergency Response System (PERS+)	Members who qualify will be provided an in-home medical alarm system, with a small pendant, that with a press of a button can get them help in an emergency (24/7).
Vision	Routine eye exam/year & \$350 eyewear allowance/year
Worldwide Emergency/Urgent Coverage	Up to \$10,000 each calendar year for emergency transportation, urgent care, emergency care and post-stabilization care. (For care provided outside the United States, reimbursement and other restrictions may apply.)
<b>MyChoice Card</b>	
Food & Produce (SSBCI)	\$65/month (no rollover)
Over-the-Counter	\$160/quarter (no rollover)
Pest Control, Service Animal Supplies, Mental Health & Wellness Applications, Non-Medicare-covered Genetic Test Kits (SSBCI)	\$150/quarter (no rollover)

# Nebraska Network Highlights

## Provider Network Highlights:

- COMING SOON



\*For a complete listing of providers, visit our [online provider directory](#).

# State Coverage:

## Nevada

### Service Area for All Products:

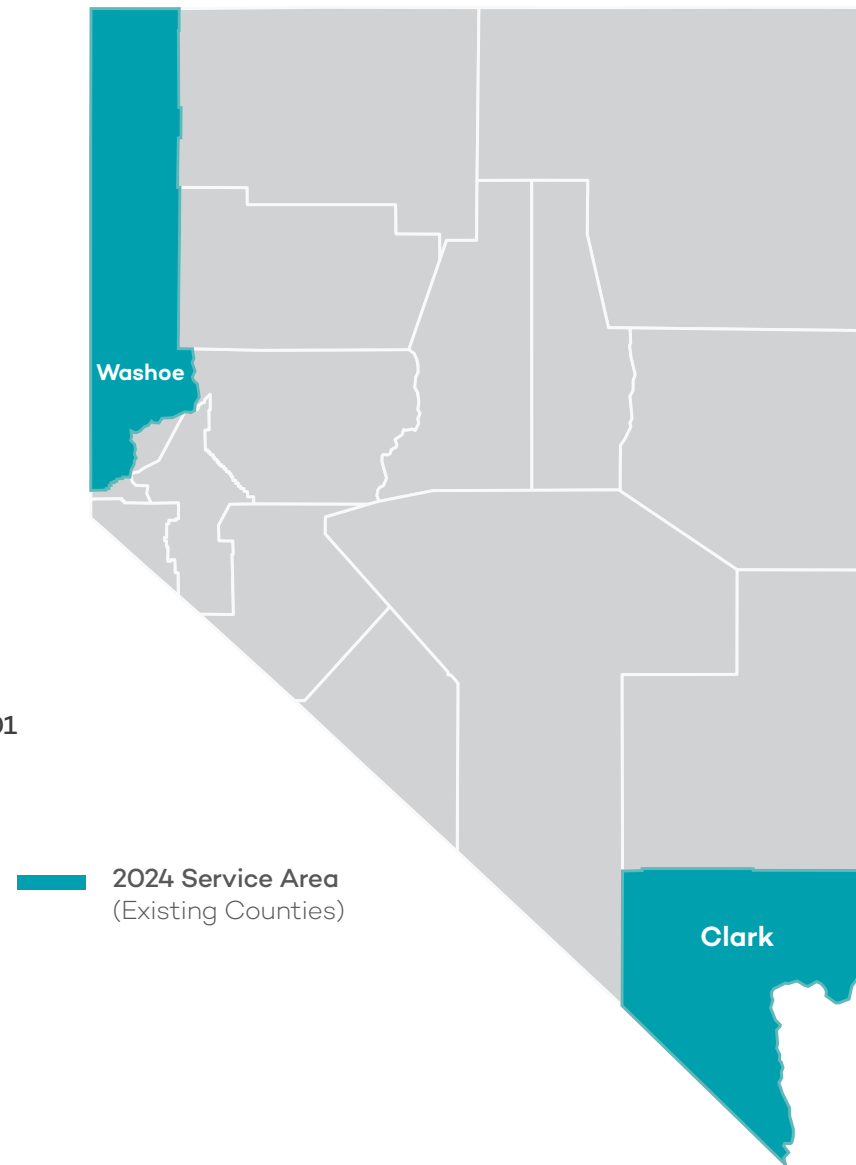
Clark, Washoe

#### MAPD Plans:

■ Molina Medicare Choice Care (HMO) H2478-002

#### D-SNP Plans:

■ Molina Medicare Complete Care (HMO D-SNP) H2478-001





# Plan Information – Nevada

<b>Plan Name</b>	
<b>Plan ID and Eligibility</b>	<b>Molina Medicare Complete Care (HMO D-SNP)</b>
Service Area	Clark, Washoe
Premium	\$0
Primary/Specialist Visit	\$0/\$0
Inpatient Acute	\$0
Prescription Deductible	\$0
Maximum Out of Pocket	\$8,850
<b>Extra Benefits</b>	
Fitness	The Silver&Fit Program (Fitness Facilities & Home Fitness Kit)
Hearing	Routine hearing exam/year & up to 2 pre-selected hearing aids (both ears)/2 years
Meals	56 meals max/year
Personal Emergency Response System (PERS+)	Members who qualify will be provided an in-home medical alarm system, with a small pendant, that with a press of a button can get them help in an emergency (24/7).
Podiatry	6 routine foot care visits/year
Vision	Not covered
Worldwide Emergency/Urgent Coverage	Up to \$10,000 each calendar year for emergency transportation, urgent care, emergency care and post-stabilization care. (For care provided outside the United States, reimbursement and other restrictions may apply.)
<b>MyChoice Card</b>	
Dental	\$2,400/year for all supplemental preventive & comprehensive services via debit card allowance
Food & Produce (SSBCI)	\$50/month (no rollover)
Non-Emergency Medical Transportation	\$100/quarter (no rollover)
Over-the-Counter	\$200/quarter (no rollover)
Pest Control, Service Animal Supplies, Mental Health & Wellness Applications, Non-Medicare-covered Genetic Test Kits (SSBCI)	\$150/quarter (no rollover)

# Plan Information – Nevada

<b>Plan Name</b>	
<b>Plan ID and Eligibility</b>	<b>Molina Medicare Choice Care (HMO)</b>
Service Area	Clark, Washoe
Premium	\$0
Primary/Specialist Visit	\$0/\$10
Inpatient Acute	\$325/day (Days 1–6)/\$0 (Days 7–90)
Prescription Deductible	\$0 (Tier 6); \$125 (Tiers 1–5)
Maximum Out of Pocket	\$8,300
<b>Extra Benefits</b>	
Fitness	The Silver&Fit Program (Fitness Facilities & Home Fitness Kit)
Hearing	Routine hearing exam/year & up to 2 pre-selected hearing aids (both ears)/2 years
Meals	56 meals max/year
Vision	Routine eye exam/year and \$200 eyewear allowance/year
Worldwide Emergency/Urgent Coverage	Up to \$10,000 each calendar year for emergency transportation, urgent care, emergency care and post-stabilization care. (For care provided outside the United States, reimbursement and other restrictions may apply.)
<b>MyChoice Card</b>	
Dental	\$1,150/year for all supplemental preventive & comprehensive services via debit card allowance
Food & Produce (SSBCI)	\$30/month (no rollover)
Non-Emergency Medical Transportation	\$100/quarter (no rollover)
Over-the-Counter	\$50/quarter (no rollover)
Pest Control, Service Animal Supplies, Mental Health & Wellness Applications, Non-Medicare-covered Genetic Test Kits (SSBCI)	\$150/quarter (no rollover)

# Nevada Network Highlights

## Provider Network Highlights:

- 
- UMC - Acute - Clark County
  - UNLV
  - Valley Health Hospital System/Rehabilitation Centers
  - Harmon - Rehabilitation Hospital
  - Nevada Health Centers
  - First Person Care Clinic - Medical and Dental
  - Northern Nevada Hopes
  - North Valley Health Center
  - First Med Health and Wellness Centers
  - Premium Family Care
  - Cano Health Forte Family Practice
  - KEC Chang Medical Associates
  - Carson Tahoe Regional Healthcare
  - Carson Tahoe Physician Clinics
  - Calderon Medical Group
  - Community Health Alliance
  - Clinica Medical Del Pueblo
  - Julie Wu dba Humanity Health Center
  - Valley Oaks Medical Group
  - Wolfson and Wolfson
  - Comprehensive Cancer Centers of Nevada
  - The Oncology Institute of Hope and Innovation

\*For a complete listing of providers, visit our [online provider directory](#).

# State Coverage:

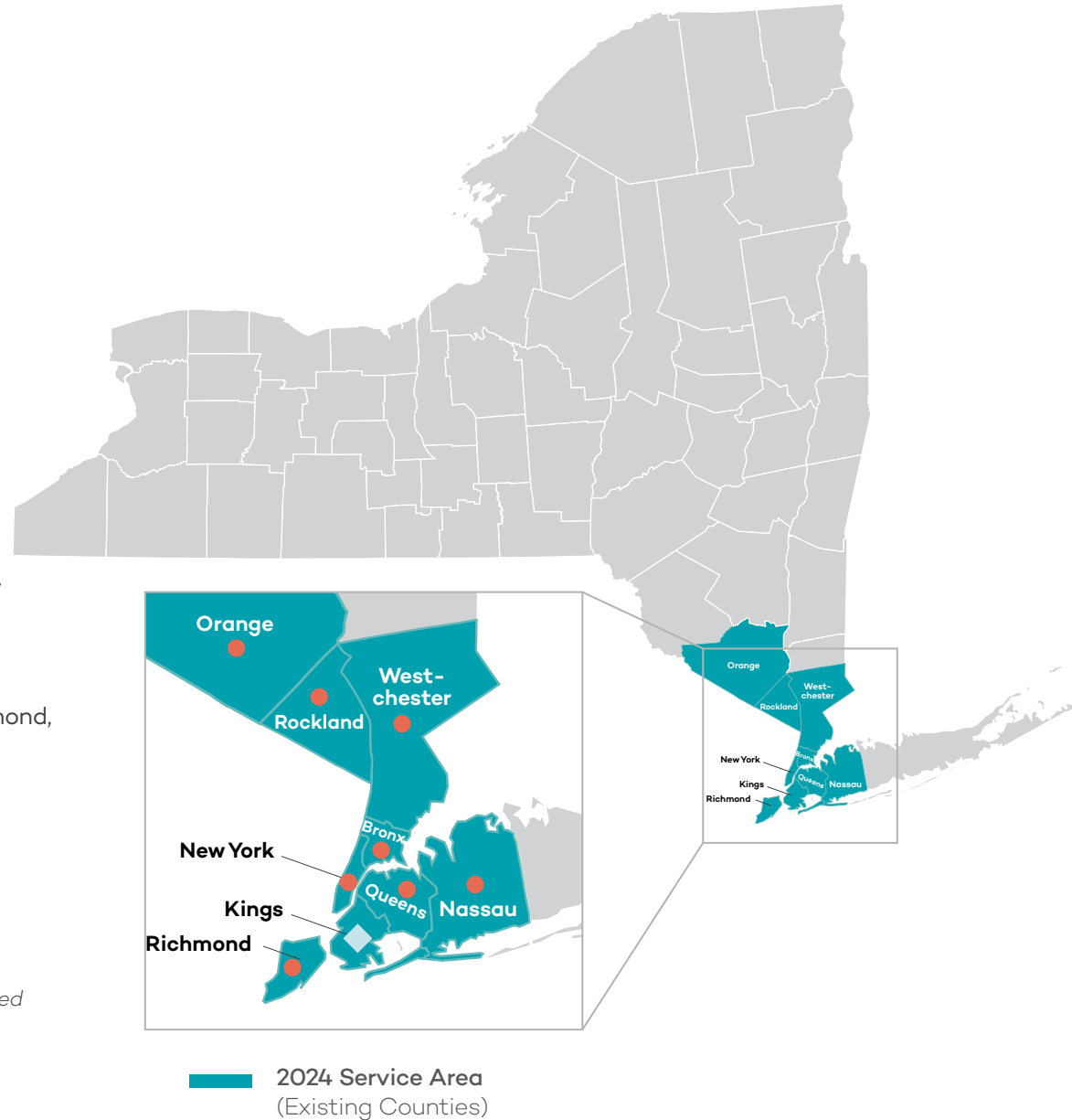
## New York

### Service Area by Product:

#### D-SNP Plans:

- **Senior Whole Health of New York NHC (HMO D-SNP) H5992-007**  
 Bronx, Kings, Nassau, New York, Orange, Queens, Richmond, Rockland, Westchester
- **Senior Whole Health Medicare Complete Care (HMO D-SNP) H5992-009-001 (NEW)**  
 Bronx, Nassau, New York, Orange, Queens, Richmond, Rockland, Westchester
- ◆ **Senior Whole Health Medicare Complete Care (HMO D-SNP) H5992-009-002 (NEW)**  
 Kings

*Senior Whole Health Medicare Complete Care (HMO D-SNP) H5992-008 plan members will be moved into Senior Whole Health Medicare Complete Care H5992-009-001 & H5992-009-002 (Refer to county details)*



# Plan Information – New York

<b>Plan Name</b>	<b>Senior Whole Health of New York NHC (HMO D-SNP)*</b>
<b>Plan ID and Eligibility</b>	<b>H5992-007-000 (FBDE, QMB+)</b>
Service Area	Bronx, Kings, Nassau, New York, Orange, Queens, Richmond, Rockland, Westchester
Premium	\$0
Primary/Specialist Visit	\$0/\$0
Inpatient Acute	\$0
Prescription Deductible	\$0
Maximum Out of Pocket	\$8,850
<b>Extra Benefits</b>	
Acupuncture	30 visits/year
Fitness	The Silver&Fit Program (Fitness Facilities & Home Fitness Kit)
Hearing	Not covered
Meals	Not covered
Non-Emergency Medical Transportation	Not covered
Vision	Routine eye exam/year & \$350 eyewear allowance/year
Worldwide Emergency/Urgent Coverage	Up to \$10,000 each calendar year for emergency transportation, urgent care, emergency care and post-stabilization care. (For care provided outside the United States, reimbursement and other restrictions may apply.)
<b>HealthyYou Card</b>	
Food & Produce (SSBCI)	\$220/quarter (no rollover)
Over-the-Counter	\$300/quarter (no rollover)
Pest Control, Service Animal Supplies, Mental Health & Wellness Applications, Non-Medicare-covered Genetic Test Kits (SSBCI)	\$150/quarter (no rollover)
<b>Vendor &amp; HealthyYou Card</b>	
Dental	Preventive dental services provided through dental vendor; additional \$1,050/year provided via debit card allowance for comprehensive/any out of network dental services.

\*Some of the benefits listed as not covered for Medicare may be covered under Medicaid for this plan.

# Plan Information – New York

Plan Name	Senior Whole Health Medicare Complete Care (HMO D-SNP) <b>NEW</b>	Senior Whole Health Medicare Complete Care (HMO D-SNP) <b>NEW</b>
<b>Plan ID and Eligibility</b>	<b>H5992-009-001</b> (FBDE, QMB+)	<b>H5992-009-002</b> (FBDE, QMB+)
Service Area	Bronx, Nassau, New York, Orange, Queens, Richmond, Rockland, Westchester	Kings
Premium	\$0	\$0
Primary/Specialist Visit	\$0/\$0	\$0/\$0
Inpatient Acute	\$0	\$0
Prescription Deductible	\$0	\$0
Maximum Out of Pocket	\$8,850	\$8,850
<b>Extra Benefits</b>		
Acupuncture	30 visits/year	
Fitness	The Silver&Fit Program (Fitness Facilities & Home Fitness Kit)	
Hearing	Not covered	
Meals	Not covered	
Podiatry	12 routine foot care visits/year	
Vision	Routine eye exam/year & \$285 eyewear allowance/year	
Utilities Reimbursement (SSBCI)	Not covered	Up to \$150/quarter in member reimbursement for utilities including Electricity, Natural Gas, Water & Internet billed in active members name & address (via paper check)
Worldwide Emergency/Urgent Coverage	Up to \$10,000 each calendar year for emergency transportation, urgent care, emergency care and post-stabilization care. (For care provided outside the United States, reimbursement and other restrictions may apply.)	
<b>HealthyYou Card</b>		
Food & Produce (SSBCI)	\$150/quarter (no rollover)	
Non-Emergency Medical Transportation	\$75/quarter (no rollover)	\$100/quarter (no rollover)
Over-the-Counter	\$335/quarter (no rollover)	
Pest Control, Service Animal Supplies, Mental Health & Wellness Applications, Non-Medicare-covered Genetic Test Kits (SSBCI)	\$150/quarter (no rollover)	
<b>Vendor &amp; MyChoice Card</b>		
Dental	Preventive dental services provided through dental vendor; additional \$1,100/year provided via debit card allowance for comprehensive/out of network dental services.	

# New York Network Highlights

## Provider Network Highlights:

### Hospitals

- Columbia Hospital
- Cornell Hospital
- Mount Sinai Hospital
- New York Presbyterian
- New York Hospital
- Long Island Jewish Hospital

### IPA

- CAIPA
- Rendr Care
- Charles B Wang
- Dr. Tallaj
- House calls
- Somos Community Care



\*For a complete listing of providers, visit our [online provider directory](#).

# State Coverage:

## Ohio



### Service Area for All Products:

Adams, Allen, Ashland, Athens, Auglaize, Brown, Butler, Carroll, Champaign, Clark, Clermont, Clinton, Columbiana, Coshocton, Crawford, Cuyahoga, Darke, Defiance, Delaware, Erie, Fairfield, Fayette, Franklin, Fulton, Gallia, Geauga, Greene, Guernsey, Hamilton, Hancock, Hardin, Harrison, Henry, Highland, Hocking, Holmes, Huron, Jackson, Jefferson, Knox, Lake, Lawrence, Licking, Logan, Lorain, Lucas, Madison, Mahoning, Marion, Medina, Meigs, Mercer, Miami, Monroe, Montgomery, Morgan, Morrow, Muskingum, Noble, Ottawa, Paulding, Perry, Pickaway, Pike, Portage, Preble, Putnam, Richland, Sandusky, Scioto, Seneca, Shelby, Stark, Summit, Trumbull, Union, Van Wert, Vinton, Warren, Washington, Williams, Wood, Wyandot

#### MAPD Plans:

-  Molina Medicare Choice Care (HMO) H9955-002
-  Molina Medicare Choice Care Select (HMO) H9955-004

#### D-SNP Plans:

-  Molina Medicare Complete Care (HMO D-SNP) H9955-001
-  Molina Medicare Complete Care Select (HMO D-SNP) H9955-003

*Molina Medicare Complete Care H9955-001 QMB only members will be moved into Molina Medicare Complete Care Select H9955-003.*



 2024 Service Area (Existing Counties)



# Plan Information – Ohio

Plan Name	Molina Medicare Complete Care (HMO D-SNP)	Molina Medicare Complete Care Select (HMO D-SNP)
<b>Plan ID and Eligibility</b>	<b>H9955-001-000</b> (FBDE, SLMB+, QMB+)	<b>H9955-003-000</b> (QMB, SLMB, QDWI, QI)
Service Area	See map for list of counties	See map for list of counties
Premium	\$0	\$0 (Part C)/\$0-\$36.80 (Part D)
Primary/Specialist Visit	\$0/\$0	\$0/\$30
Inpatient Acute	\$0	\$0 or \$325/day (Days 1-6)/ \$0/day (Days 7-90)
Prescription Deductible	\$0	\$0
Maximum Out of Pocket	\$8,850	\$8,850
<b>Extra Benefits</b>		
Acupuncture	12 visits/year	
Chiropractic	12 visits/year	
Fitness	The Silver&Fit Program (Fitness Facilities & Home Fitness Kit)	
Hearing	Routine hearing exam/year & up to 2 pre-selected hearing aids (both ears)/2 years	
Meals	56 meals max/year	
Personal Emergency Response System (PERS+)	Members who qualify will be provided an in-home medical alarm system, with a small pendant, that with a press of a button can get them help in an emergency (24/7).	
Vision	Routine eye exam/year and \$200 eyewear allowance/year	
Worldwide Emergency/Urgent Coverage	Up to \$10,000 each calendar year for emergency transportation, urgent care, emergency care and post-stabilization care. (For care provided outside the United States, reimbursement and other restrictions may apply.)	
<b>MyChoice Card</b>		
Dental	\$1,000/year for all supplemental preventive & comprehensive services via debit card allowance	Not covered
Food & Produce (SSBCI)	\$50/month (no rollover)	\$40/month (no rollover)
Non-Emergency Medical Transportation	\$100/quarter (no rollover)	
Over-the-Counter	\$100/quarter (no rollover)	Not covered
Pest Control, Service Animal Supplies, Mental Health & Wellness Applications, Non-Medicare-covered Genetic Test Kits (SSBCI)	\$150/quarter (no rollover); Pest Control is not available on this plan	\$150/month (no rollover)

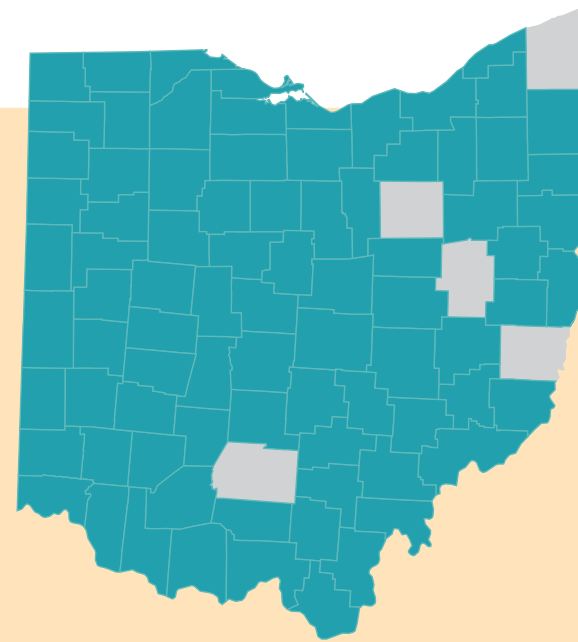
# Plan Information – Ohio

Plan Name	Molina Medicare Choice Care (HMO)	Molina Medicare Choice Care Select (HMO)
<b>Plan ID and Eligibility</b>	<b>H9955-002-000</b> (All CMS Medicare Eligible)	<b>H9955-004-000</b> (All CMS Medicare Eligible)
Service Area	See map for list of counties	See map for list of counties
Premium	\$0	\$0
Primary/Specialist Visit	\$0/\$45	\$0/\$50
Inpatient Acute	\$325/day (Days 1–6)/\$0 (Days 7–90)	\$450/day (Days 1–4)/\$0 (Days 5–90)
Part B Premium Reduction	Not applicable	\$75/month
Prescription Deductible	\$0 Tier 6; \$125 Tier 1 to 5	\$375 Tier 1 to 6
Maximum Out of Pocket	\$8,300	\$8,300
<b>Extra Benefits</b>		
Acupuncture	12 visits/year	
Chiropractic	12 visits/year	Not covered
Dental	Preventive dental services provided through dental vendor	Not covered
Fitness	The Silver&Fit Program (Fitness Facilities & Home Fitness Kit)	
Hearing	Routine hearing exam/year & up to 2 pre-selected hearing aids (both ears)/2 years	Not covered
Meals	56 meals max/year	
Non-Emergency Medical Transportation	Not covered	
Vision	Routine eye exam/year and \$100 eyewear allowance/year	Not covered
Worldwide Emergency/Urgent Coverage	Up to \$10,000 each calendar year for emergency transportation, urgent care, emergency care and post-stabilization care. (For care provided outside the United States, reimbursement and other restrictions may apply.)	
<b>MyChoice Card</b>		
Food & Produce (SSBCI)	\$30/month (no rollover)	Not covered
Over-the-Counter	Not covered	\$30/quarter (no rollover)
Pest Control, Service Animal Supplies, Mental Health & Wellness Applications, Non-Medicare-covered Genetic Test Kits (SSBCI)	\$150/month (no rollover)	Not covered

# Ohio Network Highlights

## Provider Network Highlights:

- James Cancer Hospital (OSU)
- University Hospitals Cleveland
- Ohio State University
- Summa Health System
- UC Health
- Kettering Health Network
- Mercy Health Statewide
- Summa Physicians
- Ohio State University Physicians
- OhioHealth Physicians
- Mercy Health Physicians Cincinnati
- University Hospital Medical Practices

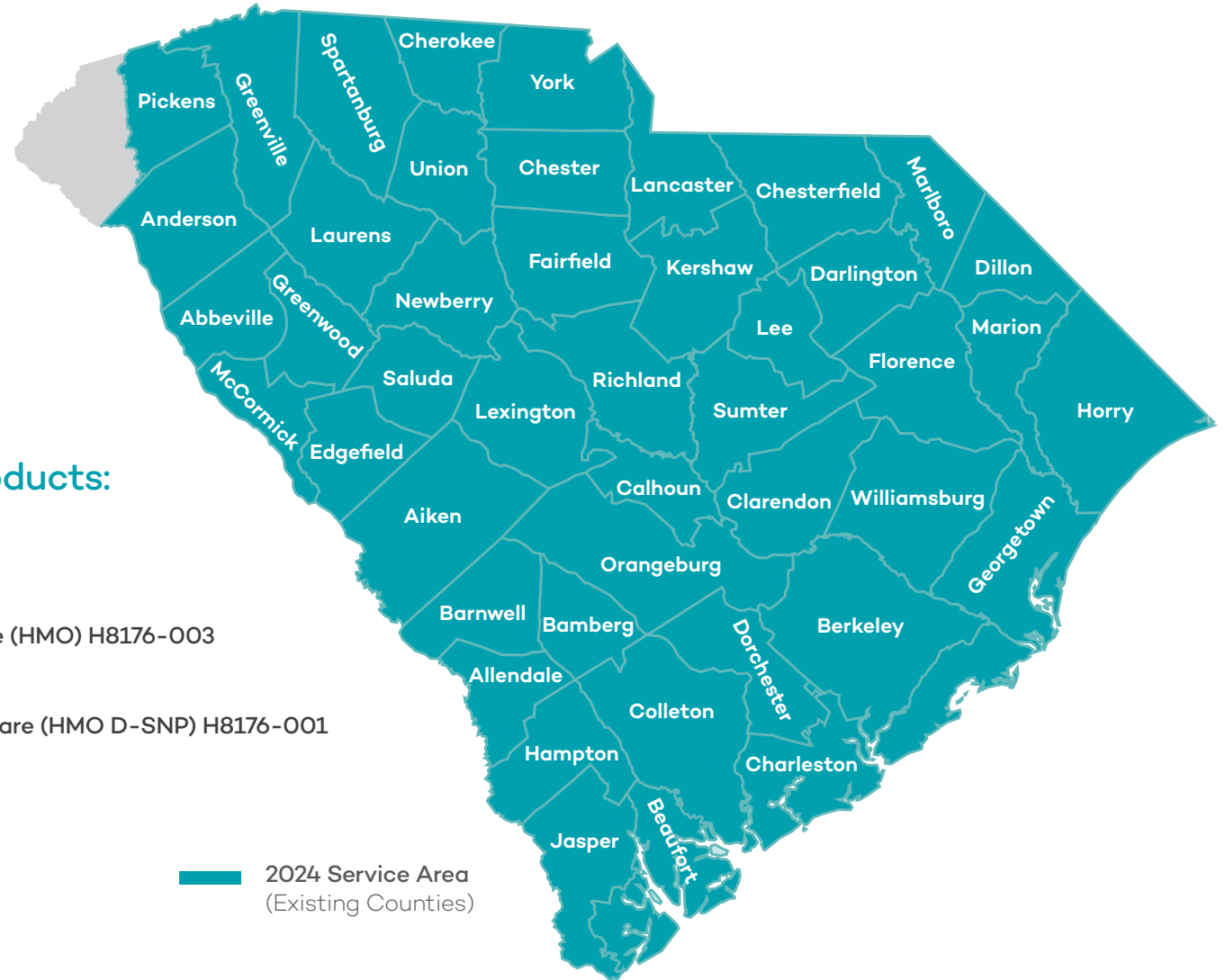


- University of Cincinnati Physicians
- UC Physician Co. LLC
- TriHealth

\*For a complete listing of providers, visit our [online provider directory](#).

# State Coverage:

## South Carolina



### Service Area for All Products:

Statewide (except Oconee)

#### MAPD Plans:

■ Molina Medicare Choice Care (HMO) H8176-003

#### D-SNP Plans:

■ Molina Medicare Complete Care (HMO D-SNP) H8176-001

# Plan Information – South Carolina

Plan Name	Molina Medicare Complete Care (HMO D-SNP)
<b>Plan ID and Eligibility</b>	<b>H8176-001-000 (FBDE, SLMB+, QMB+)</b>
Service Area	All counties except Oconee
Premium	\$0
Primary/Specialist Visit	\$0/\$0
Inpatient Acute	\$0
Prescription Deductible	\$0
Maximum Out of Pocket	\$8,850
Extra Benefits	
Chiropractic	20 visits/year
Fitness	The Silver&Fit Program (Fitness Facilities & Home Fitness Kit)
Hearing	Routine hearing exam/year & up to 2 pre-selected hearing aids (both ears)/2 years
Meals	56 meals max/year
Personal Emergency Response System (PERS+)	Members who qualify will be provided an in-home medical alarm system, with a small pendant, that with a press of a button can get them help in an emergency (24/7).
Podiatry	12 routine foot care visits/year
Vision	Routine eye exam/year and \$200 eyewear allowance/year
Worldwide Emergency/Urgent Coverage	Up to \$10,000 each calendar year for emergency transportation, urgent care, emergency care and post-stabilization care. (For care provided outside the United States, reimbursement and other restrictions may apply.)
MyChoice Card	
Dental	\$2,500/year for all supplemental preventive & comprehensive services via debit card allowance
Food & Produce (SSBCI)	\$60/month (no rollover)
Non-Emergency Medical Transportation	\$400/quarter (no rollover); combined allowance with OTC
Over-the-Counter	\$400/quarter (no rollover); combined allowance with Transportation
Pest Control, Service Animal Supplies, Mental Health & Wellness Applications, Non-Medicare-covered Genetic Test Kits (SSBCI)	\$150/quarter (no rollover); Pest Control is not available on this plan

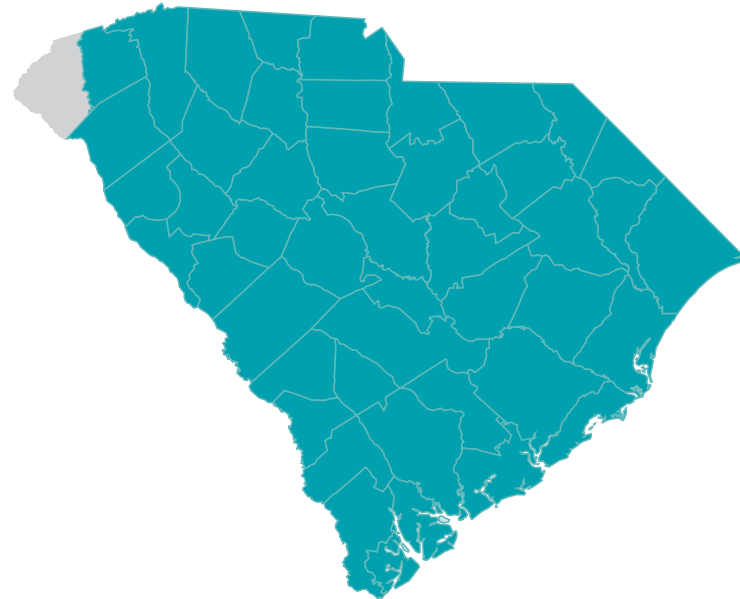
# Plan Information – South Carolina

Plan Name	Molina Medicare Choice Care (HMO)
Plan ID and Eligibility	H8176-003-000 (All CMS Medicare Eligible)
Service Area	All counties except Oconee
Premium	\$0
Primary/Specialist Visit	\$0/\$35
Inpatient Acute	\$325/day (Days 1-6)/\$0 (Days 7-90)
Prescription Deductible	\$0 Tier 6; \$125 Tier 1 to 5
Maximum Out of Pocket	\$8,300
Extra Benefits	
Fitness	The Silver&Fit Program (Fitness Facilities & Home Fitness Kit)
Hearing	Routine hearing exam/year & up to 2 pre-selected hearing aids (both ears)/2 years
Meals	56 meals max/year
Non-Emergency Medical Transportation	Not covered
Vision	Routine eye exam/year and \$100 eyewear allowance/year
Worldwide Emergency/Urgent Coverage	Up to \$10,000 each calendar year for emergency transportation, urgent care, emergency care and post-stabilization care. (For care provided outside the United States, reimbursement and other restrictions may apply.)
MyChoice Card	
Dental	\$1,000/year for all supplemental preventive & comprehensive services via debit card allowance
Food & Produce (SSBCI)	\$20/month (no rollover)
Over-the-Counter	\$50/quarter (no rollover)
Pest Control, Service Animal Supplies, Mental Health & Wellness Applications, Non-Medicare-covered Genetic Test Kits (SSBCI)	\$150/quarter (no rollover)

# South Carolina Network Highlights

## Provider Network Highlights:

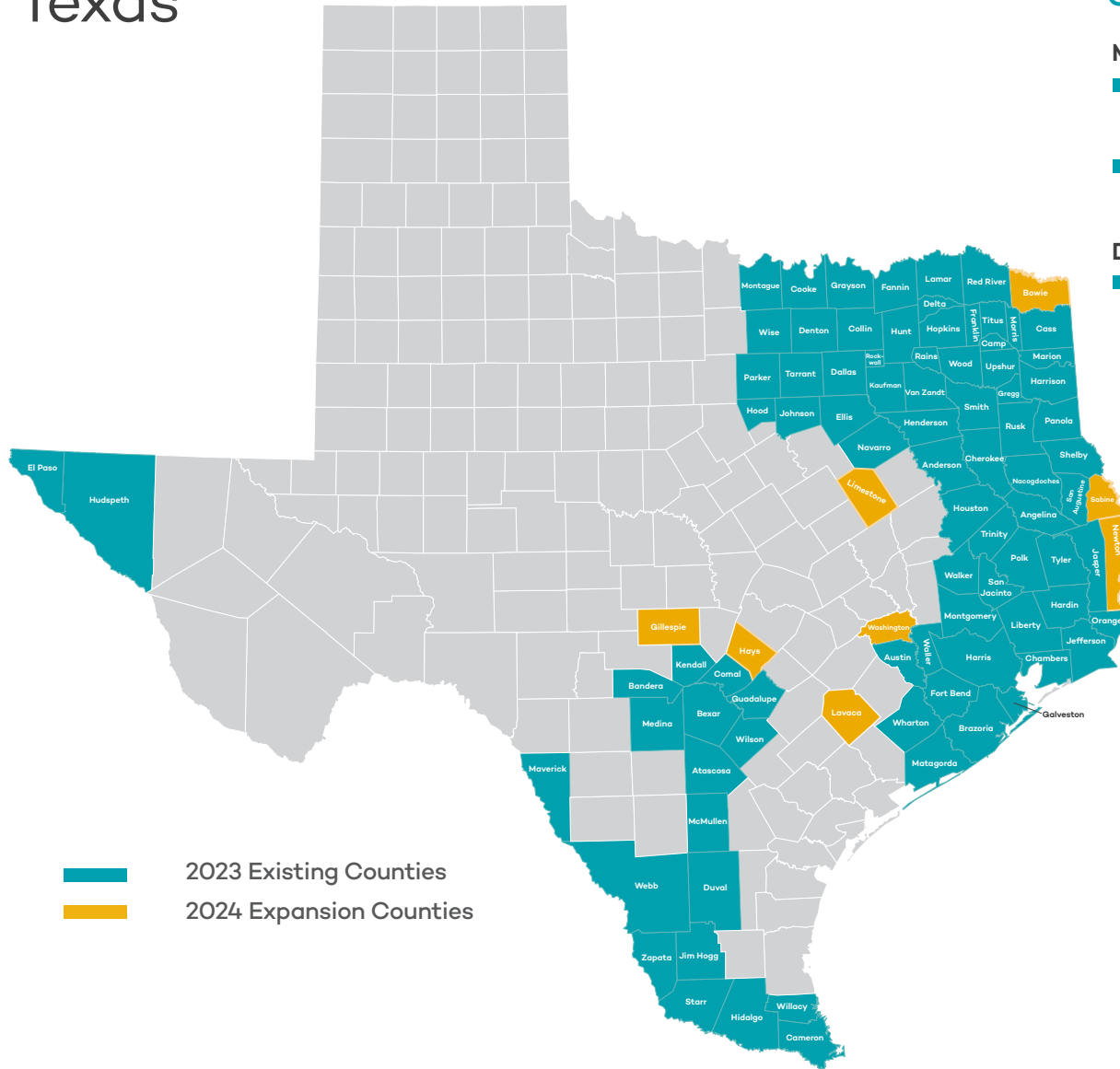
- Roper St Francis
- Medical University of South Carolina
- Mcleod
- Bon Secours
- Prisma Midlands
- The Regional Medical Center (TRMC)
- Palmetto Primary Care Physicians
- Spartanburg Medical Center
- Community Integrated Medical Services, LLC (CIMS)
- CaroMont Regional Medical Center
- Liberty Doctors Group



\*For a complete listing of providers, visit our [online provider directory](#).

# State Coverage:

## Texas



### Service Areas by Product:

#### MAPD Plans:

- Molina Medicare Choice Care (HMO) H7678-004
- Molina Medicare Choice Care Select (HMO) H7678-005

#### D-SNP Plans:

- Molina Medicare Complete Care (HMO D-SNP) H7678-001

Anderson, Angelina, Atascosa, Austin, Bandera, Bexar, Brazoria, Cameron, Camp, Cass, Chambers, Cherokee, Collin, Comal, Cooke, Dallas, Delta, Denton, Duval, El Paso, Ellis, Fannin, Fort Bend, Franklin, Galveston, Grayson, Gregg, Guadalupe, Hardin, Harris, Harrison, Henderson, Hidalgo, Hood, Hopkins, Houston, Hudspeth, Hunt, Jasper, Jefferson, Jim Hogg, Johnson, Kaufman, Kendall, Lamar, Liberty, Marion, Matagorda, Maverick, McMullen, Medina, Montague, Montgomery, Morris, Nacogdoches, Navarro, Orange, Panola, Parker, Polk, Rains, Red River, Rockwall, Rusk, San Augustine, San Jacinto, Shelby, Smith, Starr, Tarrant, Titus, Trinity, Tyler, Upshur, Van Zandt, Walker, Waller, Webb, Wharton, Willacy, Wilson, Wise, Wood, Zapata

**2024 Plan Expansion Counties:** Bowie, Gillespie, Hays, Lavaca, Limestone, Newton, Sabine, Washington



# Plan Information – Texas

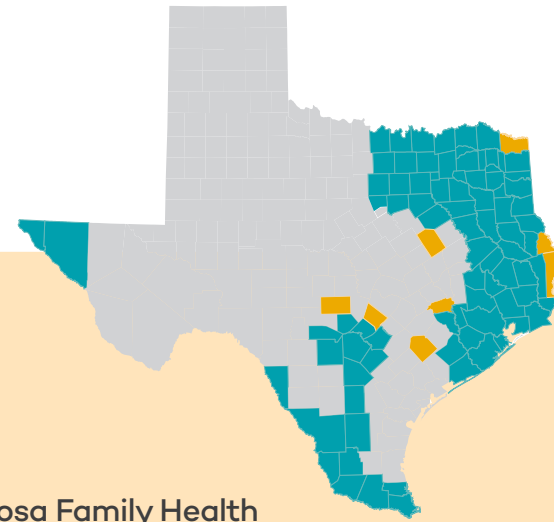
<b>Plan Name</b>	
<b>Plan ID and Eligibility</b>	<b>Molina Medicare Complete Care (HMO D-SNP)</b>
Service Area	H7678-001-000 (FBDE, SLMB+, QMB, QMB+)
Premium	See map for list of counties
Primary/Specialist Visit	\$0
Inpatient Acute	\$0/\$0
Prescription Deductible	\$0
Maximum Out of Pocket	\$0
<b>Extra Benefits</b>	
Acupuncture	20 visits/year
Fitness	The Silver&Fit Program (Fitness Facilities & Home Fitness Kit)
Hearing	Routine hearing exam/year & up to 2 pre-selected hearing aids (both ears)/2 years
Meals	56 meals max/year
Non-Emergency Medical Transportation	60 one-way trips/year
Personal Emergency Response System (PERS+)	Members who qualify will be provided an in-home medical alarm system, with a small pendant, that with a press of a button can get them help in an emergency (24/7).
Podiatry	12 routine foot care visits/year
Vision	Routine eye exam/year & \$350 eyewear allowance/year
Worldwide Emergency/Urgent Coverage	Up to \$10,000 each calendar year for emergency transportation, urgent care, emergency care and post-stabilization care. (For care provided outside the United States, reimbursement and other restrictions may apply.)
<b>MyChoice Card</b>	
Food & Produce (SSBCI)	\$30/month (no rollover)
Over-the-Counter	\$50/quarter (no rollover)
Pest Control, Service Animal Supplies, Mental Health & Wellness Applications, Non-Medicare-covered Genetic Test Kits (SSBCI)	\$150/quarter (no rollover)
<b>Vendor &amp; MyChoice Card</b>	
Dental	Preventive dental services provided through dental vendor; additional \$1,050/year provided via debit card allowance for comprehensive/any out of network dental services.

# Plan Information – Texas

Plan Name	Molina Medicare Choice Care (HMO)	Molina Medicare Choice Care Select (HMO)
<b>Plan ID and Eligibility</b>	<b>H7678-004-000</b> (All CMS Medicare Eligible)	<b>H7678-005-000</b> (All CMS Medicare Eligible)
Service Area	See map for list of counties	See map for list of counties
Premium	\$0	\$0
Primary/Specialist Visit	\$0/\$30	\$0/\$50
Inpatient Acute	\$325/day (Days 1-6)/\$0 (Days 7-90)	\$450/day (Days 1-4)/\$0 (Days 5-90)
Part B Premium Reduction	Not applicable	\$115/month
Prescription Deductible	\$0 Tier 6; \$125 Tier 1 to 5	\$200 (Tiers 1-6)
Maximum Out of Pocket	\$8,300	\$8,300
<b>Extra Benefits</b>		
Acupuncture		12 visits/year
Chiropractic		12 visits/year
Fitness	The Silver&Fit Program (Fitness Facilities & Home Fitness Kit)	
Hearing	Routine hearing exam/year & up to 2 pre-selected hearing aids (both ears)/2 years	
Meals	56 meals max/year	Not covered
Non-Emergency Medical Transportation	24 one-way trips/year	
Vision	Routine eye exam/year & \$200 eyewear allowance/year	Routine eye exam/year & \$300 eyewear allowance/year
Worldwide Emergency/Urgent Coverage	Up to \$10,000 each calendar year for emergency transportation, urgent care, emergency care and post-stabilization care. (For care provided outside the United States, reimbursement and other restrictions may apply.)	
<b>MyChoice Card</b>		
Food & Produce (SSBCI)	\$30/month (no rollover)	Not covered
Over-the-Counter	\$90/quarter (no rollover)	\$210/quarter (no rollover)
Pest Control, Service Animal Supplies, Mental Health & Wellness Applications, Non-Medicare-covered Genetic Test Kits (SSBCI)	\$150/quarter (no rollover)	Not covered
<b>Vendor &amp; MyChoice Card</b>		
Dental	Preventive dental services provided through dental vendor; additional \$1,050/year provided via debit card allowance for comprehensive/any out of network dental services.	

# Texas Network Highlights

## Provider Network Highlights:



### El Paso

- Del Sol Medical Ctr
- Texas Tech Health Science Ctr.
- Sierra Medical Ctr.
- Texas Tech Physician Associates
- Las Palmas Medical Ctr.

### Houston

- Harris Health Systems
- Memorial Hermann Hospital Based Physician Group
- Med Cure Primary Care
- Del Sol Centro Medico

### San Antonio

- UT Health Physicians
- BHS Physician Network

- Santa Rosa Family Health
- Community Medicine Assoc. Partners in Primary Care

### Dallas/Fort Worth Area

- UT Southwestern University Hospital and UT Drs.
- Baylor University Medical Center
- Parkland Memorial Hospital and UT Physicians
- Dallas Hospital District

### East TX Expansion Counties

- Woodland Heights Medical Center – Angelina Co.
- Wadley Regional Medical Center – Cass Co.
- Longview Regional Hospital – Gregg Co.

\*For a complete listing of providers, visit our [online provider directory](#).

# State Coverage:

## Utah

### Service Areas by Product:

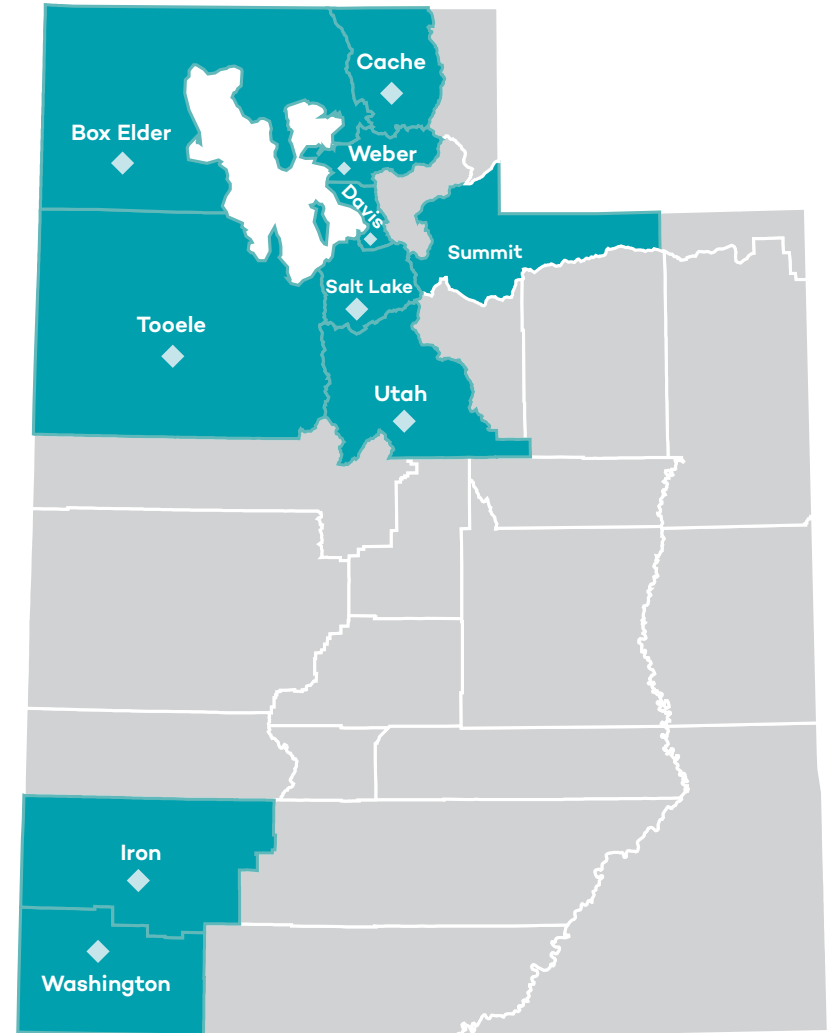
#### MAPD Plans:

- **Molina Medicare Choice Care (HMO) H5628-007**  
 Box Elder, Cache, Davis, Iron, Salt Lake, Summit, Tooele, Utah, Washington, Weber

#### D-SNP Plans:

- ◆ **Molina Medicare Complete Care (HMO D-SNP) H5628-001**  
 Box Elder, Cache, Davis, Iron, Salt Lake, Tooele, Utah, Washington, Weber
- ◆ **Molina Medicare Complete Care Select (HMO D-SNP) H5628-012**  
 Box Elder, Cache, Davis, Iron, Salt Lake, Tooele, Utah, Washington, Weber

■ **2024 Service Area**  
 (Existing Counties)



# Plan Information – Utah

Plan Name	Molina Medicare Complete Care (HMO D-SNP)	Molina Medicare Complete Care Select (HMO D-SNP)
<b>Plan ID and Eligibility</b>	<b>H5628-001-000 (FBDE, SLMB+, QMB+, QMB)</b>	<b>H5628-012-000 (SLMB, QI, QDWI)</b>
Service Area	Box Elder, Cache, Davis, Iron, Salt Lake, Tooele, Utah, Washington, Weber	Box Elder, Cache, Davis, Iron, Salt Lake, Tooele, Utah, Washington, Weber
Premium	\$0	\$0
Primary/Specialist Visit	\$0/\$0	\$0/\$30
Inpatient Acute	\$0	\$325/day (Days 1-6)/\$0 (Days 7-90)
Prescription Deductible	\$0	\$0
Maximum Out of Pocket	\$8,850	\$8,850
<b>Extra Benefits</b>		
Acupuncture	12 visits/year	
Fitness	The Silver&Fit Program (Fitness Facilities & Home Fitness Kit)	
Hearing	Routine hearing exam/year & up to 2 pre-selected hearing aids (both ears)/2 years	
Meals	112 meals max/year	
Personal Emergency Response System (PERS+)	Members who qualify will be provided an in-home medical alarm system, with a small pendant, that with a press of a button can get them help in an emergency (24/7).	
Vision	Routine eye exam/year and \$300 eyewear allowance/year	Routine eye exam/year & \$500 eyewear allowance/year
Worldwide Emergency/Urgent Coverage	Up to \$10,000 each calendar year for emergency transportation, urgent care, emergency care and post-stabilization care. (For care provided outside the United States, reimbursement and other restrictions may apply.)	
<b>MyChoice Card</b>		
Food & Produce (SSBCI)	\$60/month (no rollover)	\$85/month (no rollover)
Non-Emergency Medical Transportation	\$75/quarter (no rollover)	\$400/quarter (no rollover); combined allowance with OTC
Over-the-Counter	\$240/quarter (no rollover)	\$400/quarter (no rollover); combined allowance with Transportation
Pest Control, Service Animal Supplies, Mental Health & Wellness Applications, Non-Medicare-covered Genetic Test Kits (SSBCI)	\$150/quarter (no rollover)	
<b>Vendor &amp; MyChoice Card</b>		
Dental	Preventive dental services provided through dental vendor; additional \$1,150/year provided via debit card allowance for comprehensive/any out of network dental services.	Preventive dental services provided through dental vendor; additional \$1,000/year provided via debit card allowance for comprehensive/any out of network dental services.

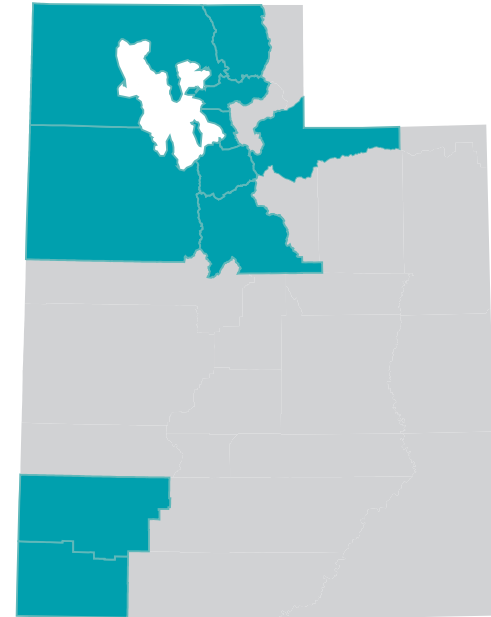
# Plan Information – Utah

<b>Plan Name</b>	<b>Molina Medicare Choice Care (HMO)</b>
<b>Plan ID and Eligibility</b>	<b>H5628–007–000 (All CMS Medicare Eligible)</b>
Service Area	Box Elder, Cache, Davis, Iron, Salt Lake, Summit, Tooele, Utah, Washington, Weber
Premium	\$0
Primary/Specialist Visit	\$0/\$40
Inpatient Acute	\$325/day (Days 1–6)/\$0 (Days 7–90)
Part B Premium Reduction	\$40/month
Prescription Deductible	\$0 (Tiers 1–6)
Maximum Out of Pocket	\$8,300
<b>Extra Benefits</b>	
Fitness	The Silver&Fit Program (Fitness Facilities & Home Fitness Kit)
Hearing	Routine hearing exam/year & up to 2 pre-selected hearing aids (both ears)/2 years
Meals	56 meals max/year
Vision	Routine eye exam/year & \$150 eyewear allowance/year
Worldwide Emergency/Urgent Coverage	Up to \$10,000 each calendar year for emergency transportation, urgent care, emergency care and post-stabilization care. (For care provided outside the United States, reimbursement and other restrictions may apply.)
<b>MyChoice Card</b>	
Food & Produce (SSBCI)	\$30/month (no rollover)
Non-Emergency Medical Transportation	\$50/quarter (no rollover); combined allowance with OTC
Over-the-Counter	\$50/quarter (no rollover); combined allowance with Transportation
Pest Control, Service Animal Supplies, Mental Health & Wellness Applications, Non-Medicare-covered Genetic Test Kits (SSBCI)	\$150/quarter (no rollover)
<b>Vendor &amp; MyChoice Card</b>	
Dental	Preventive dental services provided through dental vendor; additional \$300/year provided via debit card allowance for comprehensive/any out of network dental services.

# Utah Network Highlights

## Provider Network Highlights:

- Intermountain (DSNP all, MAPD in Iron, Washington)
- University of Utah Hospitals, Clinics & Doctors
- HCA/MountainStar Hospitals
- Centura
- Community Health Centers
- Premier Patient Care IPA (PPC-IPA)
- Revere Health
- Tanner Memorial Clinics
- Granger Medical Clinics
- Ogden Clinic
- Premier Family Medicine
- Midtown Community Health Centers
- Family Healthcare



\*For a complete listing of providers, visit our [online provider directory](#).


# State Coverage:

## Virginia


### Service Area for All Products:


Statewide

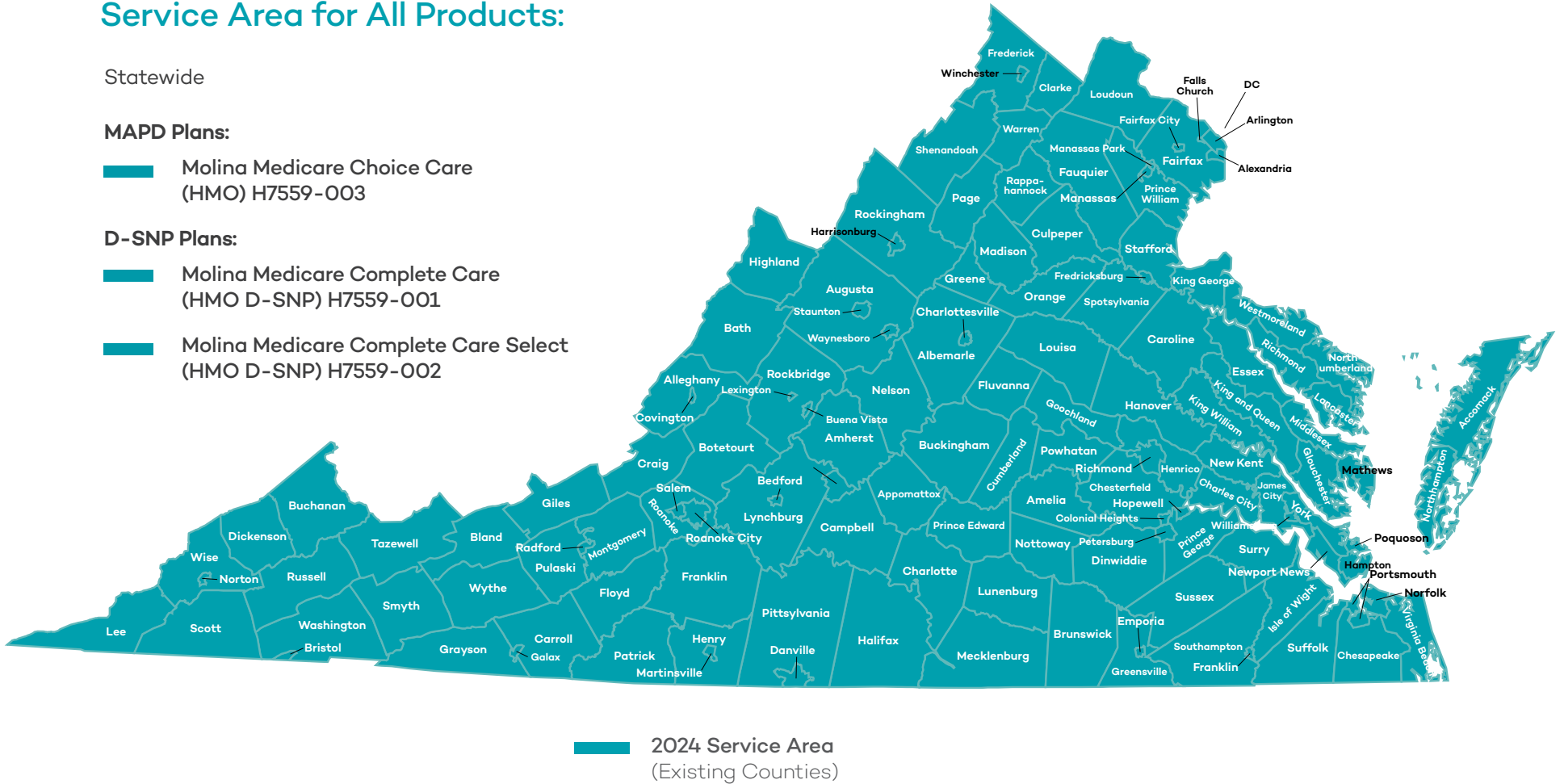
#### MAPD Plans:

 Molina Medicare Choice Care (HMO) H7559-003

#### D-SNP Plans:

 Molina Medicare Complete Care (HMO D-SNP) H7559-001

 Molina Medicare Complete Care Select (HMO D-SNP) H7559-002





# Plan Information – Virginia

Plan Name	Molina Medicare Complete Care (HMO D-SNP)	Molina Medicare Complete Care Select (HMO D-SNP)
<b>Plan ID and Eligibility</b>	<b>H7559-001-000 (FBDE, SLMB+, QMB+)</b>	<b>H7559-002-000 (SLMB, QMB, QDWI, QI)</b>
Service Area	Statewide	Statewide
Premium	\$0	\$0
Primary/Specialist Visit	\$0/\$0	\$0/\$30
Inpatient Acute	\$0	\$0 or \$325/day (Days 1–6)/ \$0/day (Days 7–90)
Prescription Deductible	\$0	\$0
Maximum Out of Pocket	\$8,850	\$8,850
<b>Extra Benefits</b>		
Acupuncture	Not covered	12 visits/year
Chiropractic		12 visits/year
Fitness	The Silver&Fit Program (Fitness Facilities & Home Fitness Kit)	
Hearing	Routine hearing exam/year & up to 2 pre-selected hearing aids (both ears)/2 years	
Meals	56 meals max/year	
Non-Emergency Medical Transportation	60 one-way trips/year	See MyChoice Card section below
Non-Medical Transportation (SSBCI)	24 one-way trips/year	Not covered
Personal Emergency Response System (PERS+)	Members who qualify will be provided an in-home medical alarm system, with a small pendant, that with a press of a button can get them help in an emergency (24/7).	
Podiatry	6 routine foot care visits/year	
Vision	Routine eye exam/year & \$300 eyewear allowance/year	Routine eye exam/year and \$200 eyewear allowance/year
Worldwide Emergency/Urgent Coverage	Up to \$10,000 each calendar year for emergency transportation, urgent care, emergency care and post-stabilization care. (For care provided outside the United States, reimbursement and other restrictions may apply.)	
<b>MyChoice Card</b>		
Food & Produce (SSBCI)	\$100/month (no rollover)	\$28/month (no rollover)
Non-Emergency Medical Transportation	See Extra Benefits section above	\$75/quarter (no rollover)
Over-the-Counter	\$300/quarter (unused balances rollover from quarter to quarter and expires at end of calendar year)	\$200/quarter (no rollover)
Pest Control, Service Animal Supplies, Mental Health & Wellness Applications, Non-Medicare-covered Genetic Test Kits (SSBCI)	\$150/quarter (no rollover)	
<b>Vendor &amp; MyChoice Card</b>		
Dental	Preventive dental services provided through dental vendor; additional \$1,050/year provided via debit card allowance for comprehensive/any out of network dental services.	

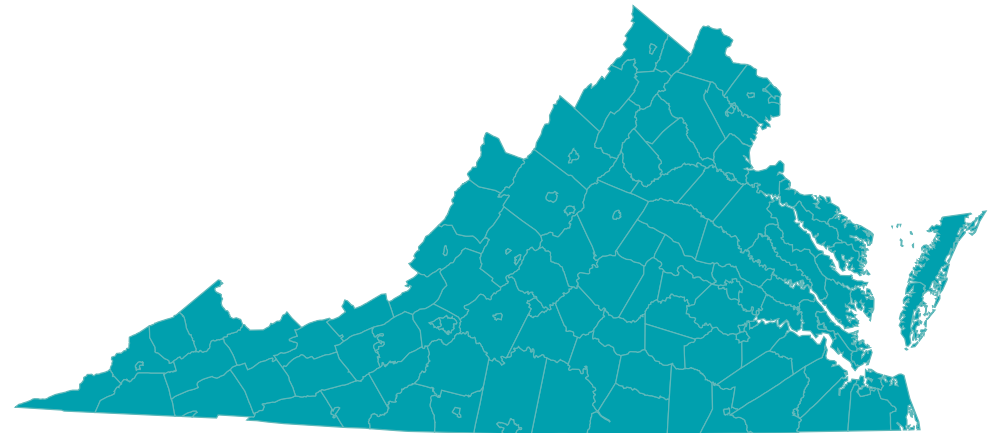
# Plan Information – Virginia

<b>Plan Name</b>	<b>Molina Medicare Choice Care (HMO)</b>
<b>Plan ID and Eligibility</b>	<b>H7559-003-000 (All CMS Medicare Eligible)</b>
Service Area	Statewide
Premium	\$0
Primary/Specialist Visit	\$0/\$40
Inpatient Acute	\$325/day (Days 1-6)/\$0 (Days 7-90)
Prescription Deductible	\$0 Tier 6; \$125 Tier 1 to 5
Maximum Out of Pocket	\$8,300
<b>Extra Benefits</b>	
Acupuncture	12 visits/year
Fitness	The Silver&Fit Program (Fitness Facilities & Home Fitness Kit)
Hearing	Routine hearing exam/year & up to 2 pre-selected hearing aids (both ears)/2 years
Meals	56 meals max/year
Vision	Routine eye exam/year and \$100 eyewear allowance/year
Worldwide Emergency/Urgent Coverage	Up to \$10,000 each calendar year for emergency transportation, urgent care, emergency care and post-stabilization care. (For care provided outside the United States, reimbursement and other restrictions may apply.)
<b>MyChoice Card</b>	
Food & Produce (SSBCI)	\$28/month (no rollover)
Non-Emergency Medical Transportation	\$75/quarter (no rollover)
Over-the-Counter	\$100/quarter (no rollover)
Pest Control, Service Animal Supplies, Mental Health & Wellness Applications, Non-Medicare-covered Genetic Test Kits (SSBCI)	\$150/quarter (no rollover)
<b>Vendor &amp; MyChoice Card</b>	
Dental	Preventive dental services provided through dental vendor; additional \$1,050/year provided via debit card allowance for comprehensive/any out of network dental services.

# Virginia Network Highlights

## Provider Network Highlights:

- HCA Physicians
- Valley Health
- Ballad Health
- Carilion
- Centra
- Bon Secours
- BCM Medical
- Loudoun Medical Group
- UVA Health The University of Virginia Physicians
- Virginia Hospital Center
- Riverside Health System
- INOVA



\*For a complete listing of providers, visit our [online provider directory](#).

# State Coverage: Washington

## Service Area by Product:

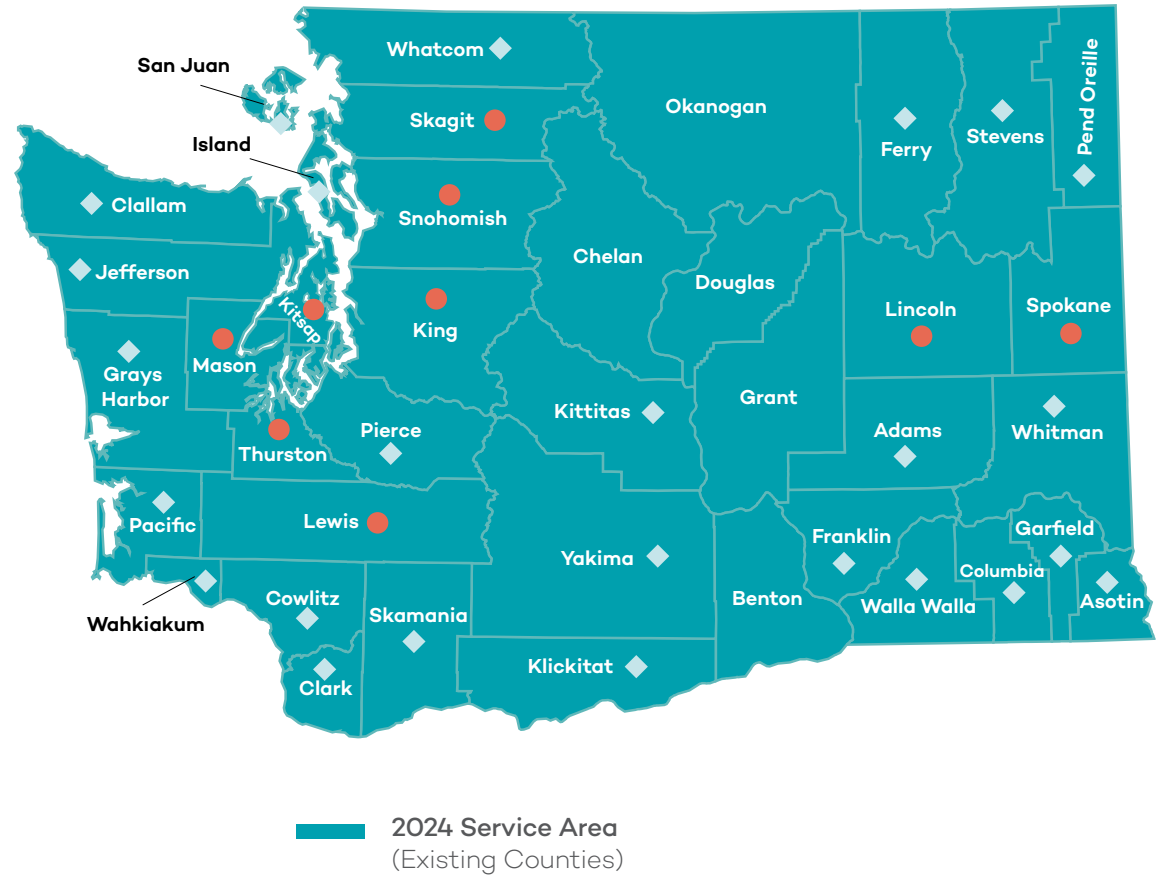
### MAPD Plans:

- **Molina Medicare Choice Care (HMO) H5823-012-001 (NEW)**  
 King, Kitsap, Lewis, Lincoln, Mason, Skagit, Snohomish, Spokane, Thurston
- ◆ **Molina Medicare Choice Care (HMO) H5823-012-002 (NEW)**  
 Adams, Asotin, Benton, Clallam, Clark, Columbia, Cowlitz, Ferry, Franklin, Garfield, Grays Harbor, Island, Jefferson, Kittitas, Klickitat, Pacific, Pend Oreille, Pierce, San Juan, Skamania, Stevens, Wahkiakum, Walla Walla, Whatcom, Whitman, Yakima

### D-SNP Plans:

- **Molina Medicare Complete Care (HMO D-SNP) H5823-006**  
 Statewide
- **Molina Medicare Complete Care Select (HMO D-SNP) H5823-010**  
 Statewide

*Molina Medicare Choice Care (HMO) H5823-011-000 plan members will be moved into Molina Medicare Choice Care H5823-012-001 & H5823-012-002 (Refer to county details)*



# Plan Information – Washington

Plan Name	Molina Medicare Complete Care (HMO D-SNP)	Molina Medicare Complete Care Select (HMO D-SNP)
<b>Plan ID and Eligibility</b>	<b>H5823-006-000</b> (FBDE, SLMB+, QMB, QMB+)	<b>H5823-010-000</b> (SLMB, QDWI, QI)
Service Area	Statewide	Statewide
Premium	\$0	\$0
Primary/Specialist Visit	\$0/\$0	\$0/\$30
Inpatient Acute	\$0	\$325/day (Days 1–6)/\$0 (Days 7–90)
Prescription Deductible	\$0	\$0
Maximum Out of Pocket	\$8,850	\$8,850
<b>Extra Benefits</b>		
Fitness	The Silver&Fit Program (Fitness Facilities & Home Fitness Kit)	
Hearing	Routine hearing exam/year & up to 2 pre-selected hearing aids (both ears)/2 years	
Meals	56 meals max/year	
Naturopathy	12 visits/year	
Personal Emergency Response System (PERS+)	Members who qualify will be provided an in-home medical alarm system, with a small pendant, that with a press of a button can get them help in an emergency (24/7).	
Vision	Routine eye exam/year and \$350 eyewear allowance/year	Routine eye exam/year & \$330 eyewear allowance/year
Worldwide Emergency/Urgent Coverage	Up to \$10,000 each calendar year for emergency transportation, urgent care, emergency care and post-stabilization care. (For care provided outside the United States, reimbursement and other restrictions may apply.)	
<b>MyChoice Card</b>		
Food & Produce (SSBCI)	\$60/month (no rollover)	\$40/month (no rollover)
Non-Emergency Medical Transportation	\$450/quarter (no rollover); combined allowance with OTC	\$200/quarter (no rollover); combined allowance with OTC
Over-the-Counter	\$450/quarter (no rollover); combined allowance with Transportation	\$200/quarter (no rollover); combined allowance with Transportation
Pest Control, Service Animal Supplies, Mental Health & Wellness Applications, Non-Medicare-covered Genetic Test Kits (SSBCI)	\$150/quarter (no rollover)	
<b>Vendor &amp; MyChoice Card</b>		
Dental	Preventive dental services provided through dental vendor; additional \$1,200/year provided via debit card allowance for comprehensive/any out of network dental services.	Preventive dental services provided through dental vendor; additional \$800/year provided via debit card allowance for comprehensive/any out of network dental services.

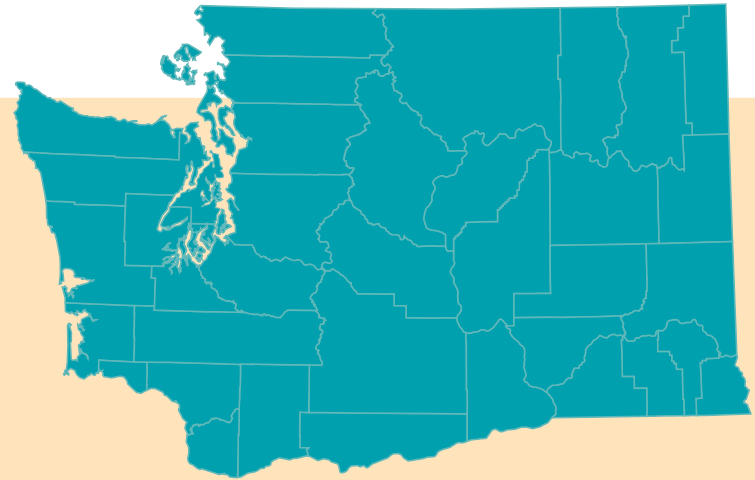
# Plan Information – Washington

Plan Name	Molina Medicare Choice Care (HMO) <b>NEW</b>	Molina Medicare Choice Care (HMO) <b>NEW</b>
<b>Plan ID and Eligibility</b>	<b>H5823-012-001</b> (All CMS Medicare Eligible)	<b>H5823-012-002</b> (All CMS Medicare Eligible)
Service Area	See map for list of counties	See map for list of counties
Premium	\$0	\$0
Primary/Specialist Visit	\$0/\$40	\$0/\$40
Inpatient Acute	\$325/day (Days 1-6)/\$0 (Days 7-90)	\$325/day (Days 1-6)/\$0 (Days 7-90)
Prescription Deductible	\$0 (Tiers 1-6)	\$0 (Tiers 1-6)
Maximum Out of Pocket	\$7,000	\$7,000
<b>Extra Benefits</b>		
Acupuncture	12 visits/year	Not covered
Chiropractic	12 visits/year	Not covered
Fitness	The Silver&Fit Program (Fitness Facilities & Home Fitness Kit)	
Hearing	Routine hearing exam/year & up to 2 pre-selected hearing aids (both ears)/2 years	
Meals	56 meals max/year	
Vision	Routine eye exam/year & \$200 eyewear allowance/year	
Worldwide Emergency/Urgent Coverage	Up to \$10,000 each calendar year for emergency transportation, urgent care, emergency care and post-stabilization care. (For care provided outside the United States, reimbursement and other restrictions may apply.)	
<b>MyChoice Card</b>		
Food & Produce (SSBCI)	\$30/month (no rollover)	
Non-Emergency Medical Transportation	\$40/quarter (no rollover); combined allowance with OTC	
Over-the-Counter	\$40/quarter (no rollover); combined allowance with Transportation	
Pest Control, Service Animal Supplies, Mental Health & Wellness Applications, Non-Medicare-covered Genetic Test Kits (SSBCI)	\$150/quarter (no rollover)	
<b>Vendor &amp; MyChoice Card</b>		
Dental	Preventive dental services provided through dental vendor; additional \$600/year provided via debit card allowance for comprehensive/any out of network dental services.	Preventive dental services provided through dental vendor; additional \$300/year provided via debit card allowance for comprehensive/any out of network dental services.

# Washington Network Highlights

## Provider Network Highlights:

- Columbia Basin Health Association (CBHA)
- Community Health Association of Spokane (CHAS)
- Columbia Valley Community Health (CVCH)
- CHI-Franciscan Health (D-SNP plans only)
- Kadlec Regional Medical Center
- Peace Health
- MultiCare Health System (D-SNP plans only)
- Peninsula Community Health Services
- Providence Health & Services
- Sea Mar Community Health Centers
- Swedish Health Services
- Unity Care
- Walla Walla Clinic
- University of Washington Medical Center
- Astria Health Services
- Confluence Health
- Kittitas Valley Healthcare
- Lourdes Health
- Mason Health
- Newport Health Services
- Trios Health



\*For a complete listing of providers, visit our [online provider directory](#).


# State Coverage:

## Wisconsin

### Service Area for All Products:


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, Winnebago

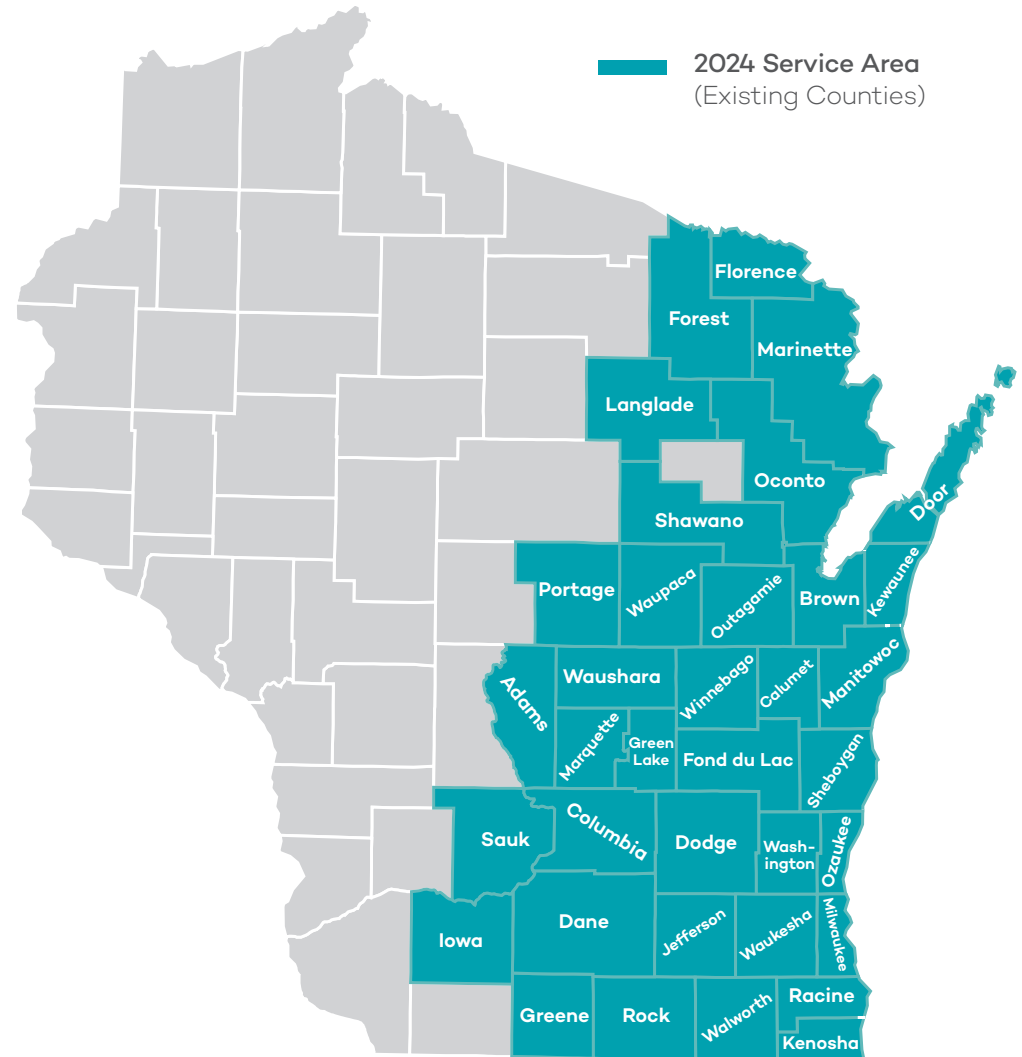
#### MAPD Plans:

 Molina Medicare Choice Care (HMO) H2879-003

#### D-SNP Plans:

 Molina Medicare Complete Care (HMO D-SNP) H2879-001

 Molina Medicare Complete Care Select (HMO D-SNP) H2879-005





# Plan Information – Wisconsin

Plan Name	Molina Medicare Complete Care (HMO D-SNP)	Molina Medicare Complete Care Select (HMO D-SNP)
<b>Plan ID and Eligibility</b>	<b>H2879-001-000 (FBDE, SLMB+, QMB, QMB+)</b>	<b>H2879-005-000 (SLMB, QDWI, QI)</b>
Service Area	See map for list of counties	See map for list of counties
Premium	\$0	\$0
Primary/Specialist Visit	\$0/\$0	\$0/\$20
Inpatient Acute	\$0	\$325/day (Days 1-6)/\$0 (Days 7-90)
Prescription Deductible	\$0	\$0
Maximum Out of Pocket	\$8,850	\$8,850
<b>Extra Benefits</b>		
Acupuncture	Not covered	12 visits/year
Chiropractic		12 visits/year
Fitness	The Silver&Fit Program (Fitness Facilities & Home Fitness Kit)	
Hearing	Routine hearing exam/year & up to 2 pre-selected hearing aids (both ears)/2 years	
Meals	56 meals max/year	
Non-Emergency Medical Transportation	102 one-way trips/year	See MyChoice Card section below
Personal Emergency Response System (PERS+)	Members who qualify will be provided an in-home medical alarm system, with a small pendant, that with a press of a button can get them help in an emergency (24/7).	
Podiatry	12 routine foot care visits/year	Not covered
Utilities Reimbursement (SSBCI)	Up to \$150/quarter in member reimbursement for utilities including Electricity, Natural Gas, Water & Internet billed in active members name & address (via paper check)	Not covered
Vision	Routine eye exam/year & \$500 eyewear allowance/year	
Worldwide Emergency/Urgent Coverage	Up to \$10,000 each calendar year for emergency transportation, urgent care, emergency care and post-stabilization care. (For care provided outside the United States, reimbursement and other restrictions may apply.)	
<b>MyChoice Card</b>		
Food & Produce (SSBCI)	\$75/month (no rollover)	\$40/month (no rollover)
Non-Emergency Medical Transportation	See Extra Benefits section above	\$150/quarter (no rollover)
Over-the-Counter	\$410/quarter (no rollover)	\$115/quarter (no rollover)
Pest Control, Service Animal Supplies, Mental Health & Wellness Applications, Non-Medicare-covered Genetic Test Kits (SSBCI)	\$150/quarter (no rollover); Pest Control is not available on this plan	\$150/quarter (no rollover)
<b>Vendor &amp; MyChoice Card</b>		
Dental	Preventive dental services provided through dental vendor; additional \$1,000/year provided via debit card allowance for comprehensive/any out of network dental services.	

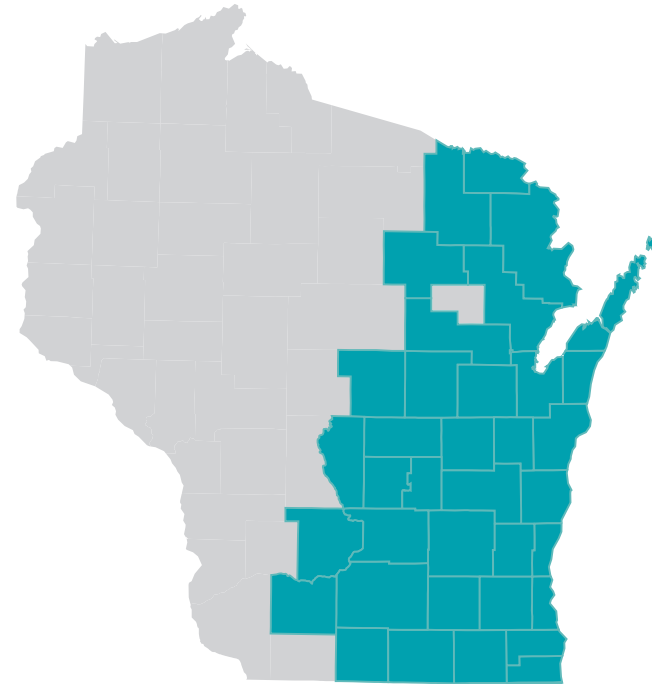
# Plan Information – Wisconsin

<b>Plan Name</b>	
<b>Plan Name</b>	<b>Molina Medicare Choice Care (HMO)</b>
<b>Plan ID and Eligibility</b>	<b>H2879-003-000 (All CMS Medicare Eligible)</b>
Service Area	See map for list of counties
Premium	\$0
Primary/Specialist Visit	\$0/\$40
Inpatient Acute	\$325/day (Days 1-6)/\$0 (Days 7-90)
Prescription Deductible	\$0 (Tier 6); \$125 (Tiers 1-5)
Maximum Out of Pocket	\$8,300
<b>Extra Benefits</b>	
Acupuncture	Not covered
Chiropractic	12 visits/year
Fitness	The Silver&Fit Program (Fitness Facilities & Home Fitness Kit)
Hearing	Routine hearing exam/2 years & up to 2 pre-selected hearing aids (both ears)/2 years
Meals	56 meals max/year
Vision	Routine eye exam/year & \$250 eyewear allowance/year
Worldwide Emergency/Urgent Coverage	Up to \$10,000 each calendar year for emergency transportation, urgent care, emergency care and post-stabilization care. (For care provided outside the United States, reimbursement and other restrictions may apply.)
<b>MyChoice Card</b>	
Food & Produce (SSBCI)	\$45/month (no rollover)
Non-Emergency Medical Transportation	\$200/quarter (no rollover); combined allowance with OTC
Over-the-Counter	\$200/quarter (no rollover); combined allowance with Transportation
Pest Control, Service Animal Supplies, Mental Health & Wellness Applications, Non-Medicare-covered Genetic Test Kits (SSBCI)	\$150/quarter (no rollover)
<b>Vendor &amp; MyChoice Card</b>	
Dental	Preventive dental services provided through dental vendor; additional \$1,000/year provided via debit card allowance for comprehensive/any out of network dental services.

# Wisconsin Network Highlights

## Provider Network Highlights:

- Advocate Aurora Health
- Ascension Wisconsin
- University of Wisconsin Health Care
- Door County Memorial Hospital
- Marshfield Medical Center
- Holy Family Memorial
- Holy Sisters Hospital System (HSHS)
- Kenosha Community Health Center
- Milwaukee Health Services Inc.
- Sixteenth Street Community Health Centers Inc.
- ProCare Medical Group
- Partnership Community Health Center
- MKE Health Services



\*For a complete listing of providers, visit our [online provider directory](#).

# 2024 Molina Medicare Benefit Design:

## Dental Options+

### NEW Benefit Concepts

#### Dental Options+ (MAPD & D-SNP)

- Preventive Dental with a vendor and benefit allowance for anything above and beyond Preventive Dental via debit card

OR

- Benefit allowance via debit card for all dental services with a provider at members' choice

### Who's eligible?

- Majority of plans moving to this model in 2024
- All current plan members

#### Please Note for Card Allowance:

- Cannot be converted to cash.
  - May only be used by the member and not for any other benefit or cost.
  - Cosmetic services are not covered by the plan.
- At the end of each benefit year, any unused benefit allowance will expire and does not carry over to the following plan year.
  - Members may be responsible for costs if they exceed their maximum annual allowance.
  - If members leave the plan any unused allocated funds revert to the plan upon their effective disenrollment date.

### How does this work?

#### With Dental Options+, Members will have a choice in utilizing:

- the Vendor and benefiting from Preventive Services with no charge to their benefit allowance via their MyChoice/Healthy You card and having their benefit allowance for all other services

OR

- a Provider of their choice in which case they will utilize their benefit allowance for all services

#### Routine Preventive dental care includes:

- » Oral Exams: 2 visits every year
- » Prophylaxis: 2 visits every year
- » Fluoride Treatment: 2 visits every year
- » X-rays: Periapical up to 6 per year, Bite-wings up to 4 per year, Panoramic up to one every 5 years

# 2024 Molina Medicare Benefit Design: Supplemental Vision

## NEW Benefit Concepts

### Vision change to VSP (MAPD & D-SNP)

- We have partnered with a Vision Vendor to give members more value for their routine vision needs!
- Majority of plans moving to Vendor Administered Plans that include Exams and Eyewear allowance

## Who's eligible?

- All current plan members where Supplemental Vision is offered

### Please Note:

- If member chooses contact lenses, their eyewear allowance can also be used to pay down all or a portion of their contact lens fitting fee.
- Members are responsible for paying for any corrective eyewear over the limit of the plan's eyewear allowance.
- 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 they are enrolled at the time services are rendered.

## How does this work?

- Supplemental Vision services covered include, but not limited to:
  - » One routine eye exam every calendar year
  - » An eyewear allowance
- Member can use their 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)
- To be used at an in-network routine preventive vision provider

# 2024 Molina Medicare Benefit Design:

## Value Based Insurance Design (VBID)

### NEW Benefit Concepts

#### Value Based Insurance Design (VBID)

- Part D reduced cost sharing.
- All D-SNP members with LIS will pay \$0 within the one-tier formulary, in all phases of the benefit.

### Who's eligible?

- All D-SNP LIS plan members

#### Please Note:

- Molina intends to improve the accessibility of pharmacy drugs to members by eliminating Cost Sharing for LIS enrollees within the D-SNP plans.

### How does this work?

- All dual eligible members in Molina D-SNP plans with LIS will be eligible for the VBID enhanced benefits and have \$0 copays on Part D covered drugs, through all phases of coverage.

# 2024 Molina Medicare Benefit Design: Utilities

## NEW Benefit Concepts

### Utilities (Electricity, Natural Gas, Water & Internet)

### SSBCI Benefit (Special Supplemental Benefits for the Chronically Ill)

- Direct Member Reimbursement for up to \$150 per quarter to assist with Utility bills (Electricity, Natural Gas, Water & Internet) for those that qualify.

## Who's eligible?

- For 2024 this impacts 4 plans in MA, NY, WI:
  - » MA H2224-001, H2224-003
  - » NY H5992-009-002
  - » WI H2879-001
- Members must engage in an assessment to determine eligibility

### Please Note:

- Quarterly allowances must be used for services rendered in that quarter and do not carry over to next quarter if unused.
- Members who disenroll from the plan within the quarter will be eligible for a prorated amount to cover only those dates they were enrolled within the plan.
- Any invoices for reconnection charges, past due balances or charges incurred outside of the benefit quarter or paid prospectively are not covered or considered for payment.

## How does this work?

- Eligible members will receive assistance with submitting all DMR requests and understanding the benefit requirements.
- Direct Member Reimbursement (DMR) can be submitted once per calendar quarter to be used for approved utility services received/utilized in the previous quarter as long as the member is actively enrolled and engaged with all other plan requirements.
- Utilities must be in the enrolled member's name, and at the address Molina has on file for enrollment.

# Broker Resources:

## NEW for 2024: Integrated Eligibility Checking

### Approach

- Eligibility check at the POS with LIS level presented as part of the enrollment process.
- Integrated into the electronic application process and within your broker portal.
- Create Cross-walk against plan eligibility to portray best plan based on that members eligibility.

### Phased Implementation

- Connecture/DRX (Including Medicare Center) 10-1
- Inside the Molina Broker Portal – Q4
- Sunfire and other OEC platforms – 2024

### Eligibility

Confirm the beneficiary's subsidy and see if they are eligible for Medicare.

**Medicare number**

 [Show](#)

**Hospital (Part A) effective date**

**Medical (Part B) effective date**

[Add/edit subsidy](#) ▼

✓ Eligible for Medicare

✓ I receive help from Medicaid  
Changed from "I get supplemental security income."

Last checked 01/07/2023

---

Confirm the beneficiary's state Medicaid eligibility.

**Medicaid ID**

✓ Medicaid code: QMB in CA  
Date received: 10/01/2024

Effective September 2022 [✕](#)

**Sort**  
Estimated annual cost ▼

**Preferences**

**Get started** [Edit](#)

- I applied for and got extra help through social security; 100%
- QMB in CA

**Health** [Edit](#)

- Generally healthy
- 65 - 69

**Providers** [Edit](#)

- Dr Benjamin Smith (PCP)
- Dr Joseph Zenga

**Prescriptions** [Edit](#)

- Lotensin 120 MG
- Wellbutrin SR 150
- Abilify 20MG
- [View all](#) ▼

**Pharmacy** [Edit](#)

- Walgreens (primary)
- CVS


Healthcare co MAPD plan 3		★★★★★		<input type="checkbox"/> Add to compare
Deductible <b>\$0.00</b>	Out of pocket max <b>\$3,000.00</b>	Monthly premium <b>\$0.00</b>		<input type="button" value="Add to cart"/>
Add-on coverage available in cart <a href="#">👤</a> <a href="#">🔍</a> <a href="#">🔄</a>				
<b>\$ Est. drug cost</b> \$4,646	<b>Prescriptions</b> 2 of 3 covered	<b>Pharmacy</b> 1 of 1 covered	<b>Total est. annual cost</b> <b>\$4,726</b>	
View details <input type="button" value="Add to quote"/>				

Healthcare co MAPD plan 5		★★★★★		<input type="checkbox"/> Add to compare
Deductible <b>\$0.00</b>	Out of pocket maximum <b>\$3,000.00</b>	Monthly premium <b>\$17.00</b>		<input type="button" value="Add to cart"/>
Add-on coverage available in cart <a href="#">👤</a> <a href="#">🔍</a> <a href="#">🔄</a>				
<b>\$ Est. drug cost</b> \$4,802	<b>Prescriptions</b> 2 of 3 covered	<b>Pharmacy</b> 1 of 1 covered	<b>Total est. annual cost</b> <b>\$4,802</b>	
View details <input type="button" value="Add to quote"/>				

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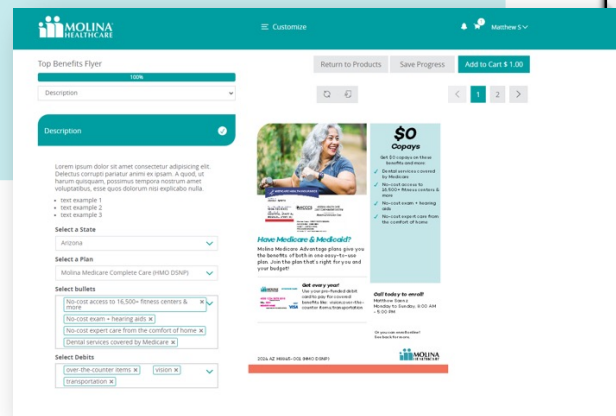


# Broker Resources:

## NEW for 2024: Molina Marketing Center

### Self-Ordering Materials

- NEW Molina Marketing Center for self-ordering marketing materials and enrollment kits.
- Agent will be pre-loaded as they become Ready to Sell (RTS).
- Materials can be customized with benefit orders, agents name & phone number, and more.
- Agents using Connecture will have their PURLs loaded for QR Code use.
- Agents will be able to pre-order materials by 9/8.
- Watch your Molina communications for more details and availability.



Choose photo from pre-selected library

Choose which benefits to feature

Choose from pre-selected headlines

Contact Info pre-populated based on profile



# Broker Resources:

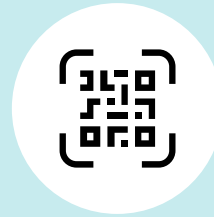
## NEW for 2024: Molina Marketing Center Key Features



Utilize credit cards/  
co-op funding for  
purchases



Customize templates  
specific to plan  
details, photography  
and headlines



Ability to  
implement QR Code  
functionality



Direct Broker Access=  
Faster delivery of  
exactly what you want



# Broker Resources:

## Molina Agent Center (MAC)

### Training

- Local and national events
- Virtual trainings

### Resources

- Agent toolkits
- Reference materials
  - » Member resources
  - » Broker resources
  - » CMS resources
  - » Forms
- Molina Matters (a weekly publication for Brokers)
- Quick links
- Important contacts

# Broker Resources:

## Contracting and Certifications

### 1. Complete Your AHIP, We Will Help

- For 2024, we are partnering with [AHIP Medicare Training](#) and offering a \$50 discount if you use Molina's link and pass the training.

### 2. Get Contracted

- Contact your upline agency to help get your contracting started.

### 3. Complete Your Molina Certification

- Once you are contracted, you will get your Certification link.

### 4. Ready-To-Sell (RTS)!

- Once your certification and paperwork are processed, you will receive your Ready-To-Sell notification.



# Broker Resources:

## Broker Services Unit (BSU)

**Main Number: 1-866-440-9788**

**Hours: 6:00 AM – 6:00 PM, Monday – Friday**  
**[Broker@MolinaHealthcare.com](mailto:Broker@MolinaHealthcare.com)**

- Eligibility checking
- C.A.R.E. team helping you with your members
- Product, provider and pharmacy help
- Marketing material ordering
- Contacting and certification questions



**Telephonic SOA: 1-844-885-3948**

**Telephonic Enrollment: 1-866-714-8996**

# Broker Resources:

## Enrollment Options

### Electronic Enrollments Through the Molina DRX/Connecture Site

- Broker link for 2023: <https://molina2.destinationrx.com/PC/2023>
- Broker link for 2024 applications: Available October 1st

### Third-Party Enrollment Tools Support

- Connecture/DRX (including Medicare Center™) Sunfire, MyMedicarebot

### Telephonic SOA and Enrollments

- **Telephonic SOA:** 1-844-885-3948
- **Telephonic Enrollment:** 1-866-714-8996

### Paper Enrollments Mailed or Faxed

- (844) 541-6848



# Broker Resources:

## Important Links

### Provider Online Directory

- Available on the [MolinaHealthcare.com](https://MolinaHealthcare.com) website.

### Formulary Lookup Tool

- Available on the [MolinaHealthcare.com](https://MolinaHealthcare.com) website.

### Molina Agent Center (MAC) (Contact Info, Training, Events, Resources)

- <http://molinaagentcenter.com>

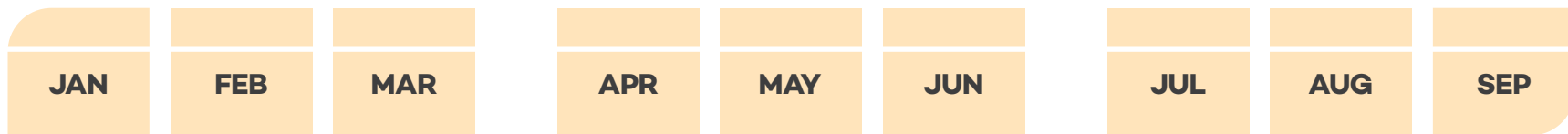
### Molina Broker Portal (Statements and Book of Business Reports)

- <https://molina.callidusinsurance.net/ICM/>



# Broker Resources:

## Special Election Periods (SEP) to Remember



January 1st – March 31st

April 1st – June 30th

July 1st – September 30th

### Enrollment Periods that are always available:

- Dual/LIS SEP – three quarterly enrollment periods shown above
- Recently gained/lost Medicaid
- Recently gained/lost/had a change in their dual or LIS coverage
- New to Medicare (ICEP) because of age or disability
- Recently left employer or union coverage
- Recently released from incarceration
- Recently moved to a new service area
- Recently moved into or out of an institution like a skilled nursing facility or long-term care hospital



# Broker Resources:

## Important Member Services Numbers

State	Member Services Number
Arizona	(800) 424-4509
California	(800) 665-0898
Idaho	<b>D-SNP</b> (844) 239-4913 <b>MAPD</b> (844) 560-9811
Illinois	(833) 306-3394
Indiana	TBD
Kentucky	(844) 859-6152
Massachusetts	<b>D-SNP</b> (888) 794-7268 <b>MAPD</b> (833) 685-2108
Michigan	(800) 665-3072
Nevada	(833) 306-3393
Nebraska	TBD

State	Member Services Number
New York	(833) 671-0440
Ohio	(866) 472-4584
South Carolina	(844) 526-3195
Texas	(866) 440-0012
Utah	<b>D-SNP</b> (888) 665-1328 <b>MAPD</b> (877) 644-0344
Virginia	(800) 424-4495
Washington	(800) 665-1029
Wisconsin	(855) 315-5663

# Sales Managers – Northwest Region



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# Thank you!

For more information contact your local  
Broker Channel Manager (BCM) or the Broker  
Service Unit (BSU).

**Broker Services: 866-440-9788**

**[MolinaAgentCenter.com](https://MolinaAgentCenter.com)**

**[MolinaHealthcare.com](https://MolinaHealthcare.com)**

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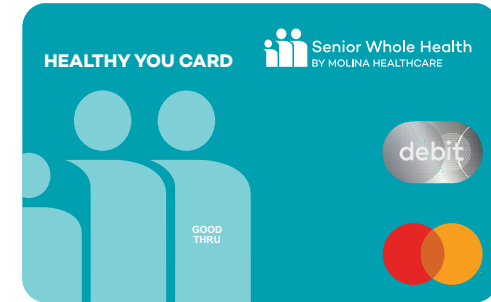
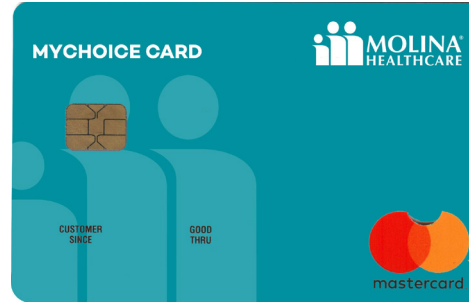
# Appendix

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# The Molina Difference:

## Member Services



- **Member Services team can:**
  - » Activate the cards
  - » View the balances for each allowance
  - » Check the purchase totals, locations and decline reasons
  - » Access card mailing status
  - » Issue replacement card
  - » Provide member education on how and where they can use their MyChoice / Healthy You cards
- Provide clarification of the benefits available with their Medicare plans
- Assist members with locating in-network providers
- Primary Care Provider(PCP) changes for members
- Address Non-Emergency Medical Transportation, Supplemental Dental, Vision, and Over-the-Counter benefit questions
- Bilingual (Spanish) support available and interpreter services available for any other languages





# SSBCI Approval Steps

(Special Supplemental Benefits for the Chronically Ill)



1. Enroll in a Molina Medicare plan and submit a completed HRA form.
2. The member receives their membership card and their MyChoice MasterCard in separate mailings.
3. Member can activate the card by calling Member Services or by using the automatic activation line. The member will also have to request from Member Services a review of their qualification for the SSBCI benefits and meet with Care Management for benefit determination.
4. Funds are loaded for the standard benefits upon activation, and the qualifying SSBCI benefits are loaded once approved.
5. Monthly and quarterly allowances do not roll over, and yearly allowance expires at the end of the calendar year.

**Please note:** For current members to be eligible for SSBCI, they must have a valid Health Risk Assessment (HRA), request the benefit and have a confirmed diagnosis of a CMS qualifying condition associated with the SSBCI benefit they're interested in.

# The Molina Difference

## Health Risk Assessment (HRA) Overview



The Health Risk Assessment is a health-related questionnaire that consists of well-targeted questions that allows plans and providers to proactively identify high-risk beneficiaries.



Upon enrolling a beneficiary into a D-SNP or MAPD plan, a broker has the option to assist their client with completing the HRA.



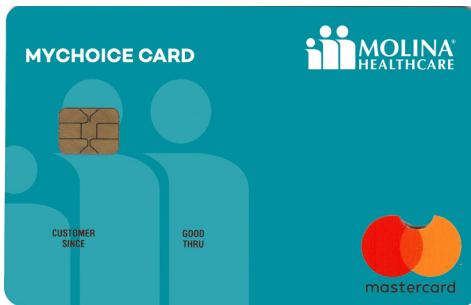
The HRA option is only available for new Molina Medicare enrollments and must be completed prior to the effective date of the beneficiary. Brokers will receive a one-time service fee of \$100 upon effectuation of the enrollment.



Brokers will use our iCario Agent Portal platform to quickly capture HRAs and submit them electronically on behalf of the beneficiary.

# The Molina Difference:

## MyChoice (Healthy You) Card Benefits



**Dental\*\***



**Transportation\*\***



**Over-the-Counter (OTC) Allowance\*\***



**Food & Produce (SSBCI)\***



**Other SSBCI\* Benefits**

Healthy You card in Massachusetts and New York markets only.

\*Special Supplemental Benefits for the Chronically Ill (SSBCI) are contingent on additional qualifications.

\*\*Dental, OTC, Transportation, Pest Control, Service Animal Supplies, Mental Health & Wellness Applications, Non-Medicare-covered Genetic Test Kits benefit availability and administration may vary by plan.

# The Molina Difference

## Case Management

**Overview:** Our Case Management team helps members navigate through the health care system by working with members on their health goals, ensuring members have Durable Medical Equipment (DME), and working with members on appropriate community resources.

- Access resources to help members with special health care needs.
- Coordinate moving from one setting to another to include hospital discharge.
- Promotes integration of services for members including behavioral health care and long-term services and supports to enhance the continuity of care for our members.
- Assesses for barriers to care, provides care coordination and assistance to member to address concerns.
- Performs ongoing monitoring of the care plan to evaluate effectiveness, document interventions and goal achievement, and suggest changes accordingly.
- Conducts telephonic, face-to-face or home visits as required.
- Develops and implements a case management plan in collaboration with the member, caregiver, physician and/or other appropriate health care professionals and member's support network to address the member needs and goals.



# The Molina Difference

## Member Concierge Team

**Overview:** Deliver best-in-class consumer experience through personalized connections (outreach) – through empathy, advocacy, compassion and empowerment.

### Purpose

- Serve as the new member's first contact and dedicated partner through the first 90 days with their new plan.
- Build trust and confidence in the plan, creating lifelong Molina members.

### Approach

- Member first approach
- Provide information in an easy-to-understand format
- Anticipate members needs and address immediately
- Take the time to focus on members needs

### Functional Groups

- Strategy and Innovation
- Performance & Quality Monitoring
- Program Management & Implementation
- Member Engagement Services