

2022

Summary of Benefits

Molina Medicare Complete Care (HMO D-SNP)

Virginia H7559-001

Serving the following counties: Accomack, Albemarle, Alexandria City, Alleghany, Amelia, Amherst, Appomattox, Arlington, Augusta, Bath, Bedford, Bland, Botetourt, Bristol City, Brunswick, Buchanan, Buckingham, Buena Vista City, Campbell, Caroline, Carroll, Charles City, Charlotte, Charlottesville City, Chesapeake City, Chesterfield, Clarke, Colonial Heights City, Covington City, Craig, Culpeper, Cumberland, Danville City, Dickenson, Dinwiddie, Emporia City, Essex, Fairfax City, Fairfax, Falls Church City, Fauquier, Floyd, Fluvanna, Franklin City, Franklin, Frederick, Fredericksburg City, Galax City, Giles, Gloucester, Goochland, Grayson, Greene, Greensville, Halifax, Hampton City, Hanover, Harrisonburg City, Henrico, Henry, Highland, Hopewell City, Isle of Wight, James City, King and Queen, King George, King William, Lancaster, Lee, Lexington City, Loudoun, Louisa, Lunenburg, Lynchburg City, Madison, Martinsville City, Manassas City, Manassas Park City, Mathews, Mecklenburg, Middlesex, Montgomery, Nelson, New Kent, Newport News City, Norfolk City, Northampton, Northumberland, Norton City, Nottoway, Orange, Page, Patrick, Petersburg City, Pittsylvania, Portsmouth City, Poquoson City, Powhatan, Prince Edward, Prince George, Prince William, Pulaski, Radford City, Rappahannock, Richmond, Richmond City, Roanoke, Roanoke City, Rockbridge, Rockingham, Russell, Salem City, Scott, Shenandoah, Smyth, Southampton, Spotsylvania, Stafford, Staunton City, Suffolk City, Surry, Sussex, Tazewell, Virginia Beach City, Warren, Washington, Waynesboro City, Westmoreland, Williamsburg City, Winchester City, Wise, Wythe and York

Effective January 1 through December 31, 2022



Introduction to the Summary of Benefits

Molina Medicare Complete Care

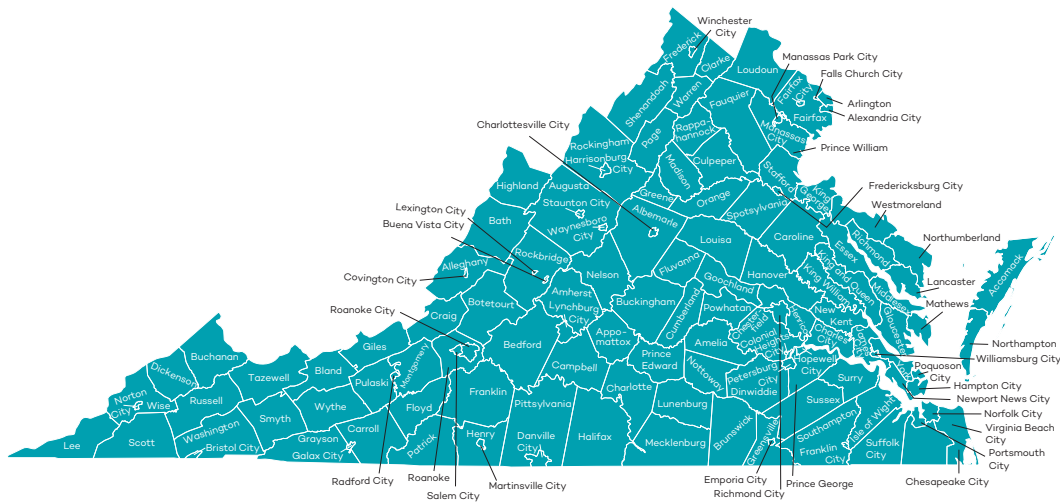
Thank you for considering Molina Healthcare! Everyone deserves quality care. Since 1980, our members have been able to lean on Molina. Because today, as always, we put your needs first.

This document does not include every benefit and service that we cover or every limitation or exclusion. To get a complete list of services, please refer to the *Evidence of Coverage* (EOC). A copy of the EOC is located on our website at www.MCCofVA.com. You can also call Member Services at 1-800-424-4495, (TTY 711) from 8 a.m. to 8 p.m., Monday through Friday (from October 1-March 31, 7 days a week) and we will mail you a copy.

To join our plan, you must:

- Have or be eligible for Medicare Parts A and B
- Enrolled in Coordinated Commonwealth Plus (CCC Plus) (Medicaid)
- Live in our service area. Our service area is:

Accomack County, Albemarle County, Alexandria City, Alleghany County, Amelia County, Amherst County, Appomattox County, Arlington County, Augusta County, Bath County, Bedford County, Bland County, Botetourt County, Bristol City, Brunswick County, Buchanan County, Buckingham County, Buena Vista City, Campbell County, Caroline County, Carroll County, Charles City County, Charlotte County, Charlottesville City, Chesapeake City, Chesterfield County, Clarke County, Colonial Heights City, Covington City, Craig County, Culpeper County, Cumberland County, Danville City, Dickenson County, Dinwiddie County, Emporia City, Essex County, Fairfax City, Fairfax County, Falls Church City, Fauquier County, Floyd County, Fluvanna County, Franklin City, Franklin County, Frederick County, Fredericksburg City, Galax City, Giles County, Gloucester County, Goochland County, Grayson County, Greene County, Greensville County, Halifax County, Hampton City, Hanover County, Harrisonburg City, Henrico County, Henry County, Highland County, Hopewell City, Isle of Wight County, James City County, King and Queen County, King George County, King William County, Lancaster County, Lee County, Lexington City, Loudoun County, Louisa County, Lunenburg County, Lynchburg City, Madison County, Manassas City, Manassas Park City, Martinsville City, Mathews County, Mecklenburg County, Middlesex County, Montgomery, Nelson County, New Kent County, Newport News City, Norfolk City, Northampton County, Northumberland County, Norton City, Nottoway County, Orange County, Page County, Patrick County, Petersburg City, Pittsylvania County, Poquoson City, Portsmouth City, Powhatan County, Prince Edward County, Prince George County, Prince William County, Pulaski County, Radford City, Rappahannock County, Richmond City, Richmond County, Roanoke City, Roanoke County, Rockbridge, Rockingham, Russell County, Salem City, Scott County, Shenandoah County, Smyth County, Southampton County, Spotsylvania County, Stafford County, Staunton City, Suffolk City, Surry County, Sussex, Tazewell County, Virginia Beach City, Warren County, Washington County, Waynesboro City, Westmoreland County, Williamsburg City, Winchester City, Wise County, Wythe County, York County



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

For coverage and costs of Original Medicare, look in your current “Medicare & You” handbook. View it online at [medicare.gov](https://www.medicare.gov) or get a copy by calling **1-800-MEDICARE (1-800-633-4227)**. TTY users should call 1-877-486-2048. If you have any questions, please call our Member Services team at **1-800-424-4497, (TTY 711)** from 8 a.m. to 8 p.m., Monday through Friday (from October 1-March 31, 7 days a week).

About Medicare

Medicare is health insurance for people who are 65 years old or older, or who are under 65 years old with certain disabilities.

Original Medicare is a Federal insurance program. It pays a fee for your care directly to the doctors and hospitals you visit. Original Medicare does not cover most preventive care and has unpredictable out-of-pocket expenses.



Medicare Part A (Hospital Insurance) covers inpatient care in hospital, skilled nursing facilities, hospice care, and some home health care services.



Medicare Part B (Medical Insurance) covers certain doctors’ services, outpatient care, medical supplies and preventive services.



Medicare Part C (Medicare Advantage) is an all-in-one alternative to Original Medicare. Medicare Advantage plans include Parts A, B and usually Part D. Some Medicare Advantage plans may have lower out-of-pocket costs than Original Medicare and may cover extra benefits that Original Medicare doesn’t – like dental, vision or hearing. Medicare pays a fixed fee to the plan for your care, and then the plan directly pays the doctors and hospitals. Medicare Advantage has predictable out-of-pocket expenses and offers preventive care and care coordination.



Medicare Part D (Prescription Drug Coverage) helps you pay for drugs you get from a pharmacy.

Medicaid Dual Eligibility Coverage Categories

Depending on your level of Medicaid eligibility, you may not have any cost-sharing responsibility for Medicare-covered services. Molina offers coverage for these levels of beneficiaries:

- **QMB+:** Medicaid pays your Medicare Part A and Part B premiums, deductibles, coinsurance, and copayment amounts. You receive Medicaid coverage of Medicare cost-share and are eligible for full Medicaid benefits.
- **SLMB+:** Medicaid pays your Medicare Part B premium and provides full Medicaid benefits.
- **Full-Benefit Dual Eligible (FBDE):** At times, individuals may qualify for both limited coverage of Medicare cost-sharing as well as full Medicaid benefits.

If you are a QMB+ Beneficiary: You have a \$0 cost share, except for Part D prescription drug copays, as long as you remain a QMB+ Member.

If you are a SLMB+ or FBDE Beneficiary: You are eligible for full Medicaid benefits and, at times, limited Medicare cost-share. As such, your cost share is \$0. Typically, your cost share is \$0 when the service is covered by both Medicare and Medicaid. Additionally, preventive wellness exams and most supplemental benefits provided by our plan are also at a \$0 cost share.



Eligibility Changes

It is important to read and respond to all mail that comes from Social Security and your state Medicaid office and to maintain your Medicaid eligibility status.

Periodically, as required by CMS, we will check the status of your Medicaid eligibility as well as your dual eligible category. If your eligibility status changes, your cost share may also change. If you lose Medicaid coverage entirely, you will be given a grace period so that you can reapply for Medicaid and become reinstated if you still qualify.

If you no longer qualify for Medicaid, you may be involuntarily disenrolled from the plan. Your state Medicaid agency will send you notification of your loss of Medicaid or change in Medicaid category. We may also contact you to remind you to reapply for Medicaid. For this reason, it is important to let us know whenever your mailing address and/or phone number changes.

If you are currently entitled to receive full or partial Medicaid benefits, please see your Medicaid member handbook or other state Medicaid documents for full details on your Medicaid benefits, limitations, restrictions, and exclusions.

In Virginia, the Coordinated Commonwealth Care Plus (CCC Plus) Medicaid program can be reached at 1-804-786-7933 (TTY 711) from 8 a.m. - 7 p.m. Monday-Friday; 9 a.m.-12 p.m. on Saturday. You may also visit their website at <http://www.coverva.org>.

Summary of Premium & Benefits

Molina Medicare Complete Care

Monthly plan premium

\$0



You must keep paying your Medicare Part B premium.

Medical deductible

\$0



We do not have annual deductibles.

Maximum out-of-pocket responsibility

\$7,550 each year for services you receive from in-network providers (does not include prescription drugs)



You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.

What are my Molina benefits and services?

The chart below includes a list of Medicare benefits and what is covered by our plan. For CCC Plus (Medicaid) covered services, see pages 15-17.

Molina Medicare Complete Care

Inpatient hospital



Our plan covers 90 days for an inpatient hospital stay per benefit period.

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

\$0 per stay

Prior authorization may be required for non-emergency admissions.

Summary of Premium & Benefits (Continued)

Molina Medicare Complete Care

Outpatient hospital

\$0



- Surgical services
- Nonsurgical services
 - Observation
 - Mental health
 - Rehabilitation
 - Substance abuse

Prior authorization may be required.

Ambulatory surgery center

\$0



Prior authorization may be required.

Doctor visits

\$0



- Primary care providers
- Specialists
- Includes laboratory and radiology

Prior authorization may be required.

Preventive care

\$0



Look for the rows with the apple in the Chapter 4 Medical benefits chart in the *Evidence of Coverage*. Any additional preventive services approved by Medicare during the plan year will be covered.

Emergency care

\$0



As an added benefit, we offer up to \$1,000 of worldwide emergency coverage each calendar year for emergency transportation, urgent care, emergency care, and post-stabilization care.

Urgently needed services

\$0



Molina Medicare Complete Care

Diagnostic services/labs/imaging

\$0



- Diagnostic tests and procedures
- Lab services
- Diagnostic radiology services (such as MRI, CT scan)
- Outpatient x-rays
- Therapeutic radiology

Prior authorization may be required.

Hearing services

\$0



- Medicare-covered diagnostic hearing and balance exams
- Routine hearing exam
- Fitting for hearing aid/evaluation
- Hearing aids

Hearing aid allowance of \$1,250 both ears combined every year

Prior authorization may be required for hearing aids.

Dental services



In general, preventive dental services (such as cleaning, routine dental exams and dental x-rays) are not covered by Original Medicare or by our plan.

Vision services



Medicare covers vision exams to diagnose and treat diseases and conditions of the eye.

- One glaucoma screening each calendar year if you are at high risk of glaucoma
- One diabetic retinopathy screening each calendar year if you have diabetes
- One pair of eyeglasses or contact lenses after each cataract surgery that includes insertion of an intraocular lens
- One pair of corrective lenses/frames and replacement(s) needed after a cataract removal without a lens implant

Medicare does not cover routine eye exams (eye refractions) for eyeglasses/contacts.

Medicare-covered eyewear following cataract surgery is a limited benefit and only includes basic frames, lenses, or contact lenses.

Summary of Premium & Benefits (Continued)

Molina Medicare Complete Care

Mental health services

\$0



- **Inpatient visits**

- Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit does not apply to inpatient mental services provided in a general hospital.
- Our plan covers 90 days for an inpatient hospital stay.
- Our plan also covers 60 “lifetime reserve days.” These are “extra” days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.

Prior authorization may be required.

This does not include emergencies.

- **Outpatient individual/group therapy visits**

- Covered when services are provided by Medicare-qualified mental health care professionals

Skilled Nursing Facility (SNF)

\$0



Our plan covers up to 100 days in a skilled nursing facility.

No prior hospitalization is required.

Prior authorization may be required.

Physical therapy

\$0



- Physical therapy and speech therapy
- Cardiac and pulmonary rehabilitation
- Occupational therapy

Prior authorization may be required.

Ambulance

\$0



Refer to “Worldwide emergency/urgent coverage” in this chart if you need emergency ambulance transport outside the U.S.

Prior authorization may be required for non-emergency ambulance only.

Transportation

\$0



- Non-emergency: you may have access to a Medicaid non-emergency transportation benefit which will cover trips to your PCP and other providers. Contact your Medicaid insurance carrier to learn more.

Prior authorization may be required.

Medicare Part B Drugs

Chemotherapy/radiation and other Part B drugs

\$0

Part B step therapy may be required when receiving Part B prescription drugs.

Medicare Part D Drug Coverage Stages

Member cost

Deductible Stage

\$0

Since you have Medicaid, you are already enrolled in “Extra Help,” also called the Low-Income Subsidy (LIS). Extra Help pays your prescription drug premiums, annual deductibles and copayments. Copays vary based on the level of “Extra Help” you receive.

Because you receive “Extra Help”, this payment stage does not apply to you.

Initial Coverage Stage

Since you have no deductible, the plan pays its share of the cost of your drugs, and you pay your share of the cost. These copayments may change when you enter another stage of the Part D benefit.

Category	Generic drugs & preferred multi-source drugs	All other drugs
Standard retail cost-sharing <ul style="list-style-type: none"> In-network Up to a 30-day supply 	\$0/\$1.35/\$3.95 per prescription	\$0/\$4.00/\$9.85 per prescription
Mail-order cost-sharing <ul style="list-style-type: none"> In-network Up to a 90-day supply 	\$0/\$1.35/\$3.95 per prescription	\$0/\$4.00/\$9.85 per prescription
Long-term care (LTC) cost-sharing <ul style="list-style-type: none"> Up to a 30-day supply 	\$0/\$1.35/\$3.95 per prescription	\$0/\$4.00/\$9.85 per prescription

Summary of Premium & Benefits (Continued)

Category	Generic drugs & preferred multi-source drugs	All other drugs
<p>Standard retail cost-sharing</p> <ul style="list-style-type: none"> Up to a 5-day supply Coverage is limited to certain situations; see Chapter 5 of the 2022 <i>Evidence of Coverage</i> for details. 	<p>\$0/\$1.35/\$3.95 per prescription</p>	<p>\$0/\$4.00/\$9.85 per prescription</p>
<p>Coverage Gap Stage</p>		<p>Because you receive “Extra Help,” this payment stage does not apply to you.</p>
<p>Catastrophic Stage</p> <p>When you reach the out-of-pocket limit of \$7,050 for your prescription drugs, the Catastrophic Coverage Stage begins. You will stay in the Catastrophic Coverage Stage until the end of the calendar year. During this stage, the plan will pay most of the costs of your drugs for the rest of the calendar year (through December 31, 2022).</p>		<p>\$0</p>

Summary of Other Benefits

Molina Medicare Complete Care

Cardiac rehabilitation services



- Covers cardiac (heart) rehab services in a primary care setting like your doctor's office.
- Exercise, education, and counseling are covered for members who meet certain conditions with a doctor's order
- Also covers intensive cardiac rehabilitation programs

\$0

Prior authorization may be required.

Chiropractic care



Routine chiropractic services covered by Medicaid

\$0

Plan maximum of up to 20 visits every calendar year

Diabetes programs and supplies



- Supplies to monitor blood glucose
- Diabetes self-management training is covered under certain conditions.
- For people with diabetes who have severe diabetic foot disease, shoes and inserts are covered under certain conditions
- If you qualify, benefits include:
 - Diabetes self-management training
 - Diabetic therapeutic shoes or inserts

\$0

We have a preferred manufacturer for diabetic test strips. We have an exception request coverage review process for non-preferred brands.

Prior authorization may be required.

Dialysis services



Authorization required only if using dialysis services out-of-network.

\$0

Durable medical equipment



- Medical equipment (wheelchairs, oxygen, etc.)

\$0

Prior authorization may be required.

Home health services



- Includes medically necessary intermittent skilled nursing care, home health aide services, rehabilitation services, etc.)

\$0

Prior authorization may be required.

Summary of Other Benefits (continued)

Molina Medicare Complete Care

Home infusion therapy

\$0



Covered services include, but are not limited to:

- Professional services, including nursing services, furnished in accordance with the plan of care
- Patient training and education not otherwise covered under the durable medical equipment benefit
- Remote monitoring
- Monitoring services for the provision of home infusion therapy and home infusion drugs furnished by a qualified home infusion therapy supplier

Immunizations

\$0



Covered Medicare Part B services include:

- Pneumonia vaccine
- Flu shots, once each flu season in the fall and winter, with additional flu shots if medically necessary
- Hepatitis B vaccine if you are at high or intermediate risk of getting Hepatitis B
- COVID-19 vaccine
- Other vaccines if you are at risk and they meet Medicare Part B coverage rules

We also cover some vaccines under our Part D prescription drug benefit.

Nutrition counseling

\$0



Individual nutrition counseling by phone upon request

- Phone sessions are 30 to 60 minutes in length
- Up to 12 individual in-person or group sessions every calendar year

Opioid treatment program services

\$0



Members of our plan with opioid use disorder (OUD) can receive coverage of services to treat OUD through an Opioid Treatment Program (OTP).

- FDA-approved opioid agonist and antagonist medication-assisted treatment (MAT) medications
- Dispensing and administration of MAT medications (if applicable)
- Substance use counseling
- Individual and group therapy
- Toxicology testing
- Intake activities
- Periodic assessments

Prior authorization may be required.

Molina Medicare Complete Care

Other health care professional services

\$0



- Mental health specialty services
- Psychiatric services
- Additional telehealth services

Prior authorization may be required.

Outpatient substance abuse care

\$0



- Individual and group therapy

Prior authorization may be required.

Over-the-counter (OTC) items

\$0



Up to \$300 every 3 months for OTC benefits

Allowance does not carry over to next quarter

Personal Emergency Response System (PERS)

\$0



- In-home medical alarm system
- For emergency and non-emergency needs

Member must meet qualifying criteria. *Case management review may be required.*

Physical fitness benefit

\$0



- Physical fitness: members receive:
 - Access to contracted fitness facilities
 - Physical fitness activity tracker
 - Home fitness kit
- Memory fitness

Prior authorization is not required.

Podiatry services

\$0



- Foot care for members with certain medical conditions
- Diagnosis and treatment of injuries and diseases of the feet

Plan maximum of up to 6 supplemental routine foot care visits every calendar year. *Prior authorization may be required.*

Prosthetics

\$0



Includes braces, artificial limbs and eyes, etc.

Prior authorization may be required.







Pulmonary rehabilitation services

\$0



Prior authorization may be required.

Summary of Other Benefits (continued)

Molina Medicare Complete Care	
Remote access technology	\$0
 Nursing hotline	
Services to treat kidney disease	\$0
 <ul style="list-style-type: none">• Kidney disease education services• Outpatient dialysis treatments• Inpatient dialysis treatments• Self-dialysis training• Home dialysis equipment and supplies	Authorization is required only if using dialysis services out-of-network.
Smoking and tobacco use cessation (counseling to stop smoking or tobacco use)	\$0
 Eight (8) visits are offered in addition to Medicare's visits.	Prior authorization is not required for these additional sessions.
Supervised Exercise Therapy (SET)	\$0
 For members who have symptomatic peripheral artery disease (PAD) and a referral for PAD from the physician responsible for PAD treatment	
Special supplemental benefits for the chronically ill	\$0
 Coverage provided for those who have a medical condition including but not limited to all listed Chronic Conditions in the <i>Evidence of Coverage (EOC)</i> . <ul style="list-style-type: none">• Transportation for non-medical needs: Beneficiaries who qualify are eligible for non-medical transportation (e.g., to church or grocery store), provided by the plan's medical transportation vendor, to plan-approved locations.• Healthy You: a debit card you can use to buy food and groceries.	Participation in a care management program may be required. 24 one-way trips per year, to a single destination, up to 25 miles in one direction. \$20 maximum quarterly; unused allowance does not carry over to the next quarter
Telehealth services	
 <ul style="list-style-type: none">• Primary care physician services• Physician specialist services• Individual sessions for mental health specialty services• Individual sessions for psychiatric services• Kidney disease education services• Diabetes self-management training	<i>Prior authorization may be required.</i>

Summary of Medicaid-covered Benefits

What CCC Plus (Medicaid) covers

Molina Medicare Complete Care coordinates with Commonwealth Coordinated Care Plus (CCC Plus) (Medicaid) on your Medicare and Medicaid benefits. To help you better understand your health care options, the following chart shows what services are covered by Medicare and Medicaid. For full details on your Medicaid benefits, limitations, restrictions and exclusions, please see your CCC Plus Medicaid member handbook or other Virginia Medicaid documents.

Benefit Category	Medicaid (CCC Plus)	Molina Medicare Complete Care (HMO D-SNP)
Ambulance	Covered by Medicaid based on your eligibility level	Covered by Medicare. Check the <i>Evidence of Coverage</i> for more information.
Clinic Services - preventive, diagnostic, therapeutic, rehabilitative or palliative services; clinic visits	Covered by Medicaid based on your eligibility level	Covered by Medicare. Check the <i>Evidence of Coverage</i> for more information.
Colorectal Cancer Screening	Covered by Medicaid based on your eligibility level	Covered by Medicare. Check the <i>Evidence of Coverage</i> for more information.
Dental	Covered by Medicaid based on your eligibility level	Limited Medicare coverage.
Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services	Covered by Medicaid based on your eligibility level	Not covered by Medicare.
Emergency Services	Covered by Medicaid based on your eligibility level	Covered by Medicare. Check the <i>Evidence of Coverage</i> for more information.
Emergency Services – Post Stabilization Care	Covered by Medicaid based on your eligibility level	Covered by Medicare. Check the <i>Evidence of Coverage</i> for more information.
HIV Testing and Treatment Counseling	Covered by Medicaid based on your eligibility level	Covered by Medicare. Check the <i>Evidence of Coverage</i> for more information.
Home Health Services	Covered by Medicaid based on your eligibility level	Covered by Medicare. Check the <i>Evidence of Coverage</i> for more information.
Hospice Services	Covered by Medicaid based on your eligibility level	Covered by Medicare. Check the <i>Evidence of Coverage</i> for more information.

Summary of Medicaid-covered Benefits (continued)

Benefit Category	Medicaid (CCC Plus)	Molina Medicare Complete Care (HMO D-SNP)
Immunizations	Covered by Medicaid based on your eligibility level	Covered by Medicare. Check the <i>Evidence of Coverage</i> for more information.
Inpatient Hospital Services	Covered by Medicaid based on your eligibility level	Covered by Medicare. Check the <i>Evidence of Coverage</i> for more information.
Laboratory, Radiology and Anesthesia Services	Covered by Medicaid based on your eligibility level	Covered by Medicare. Check the <i>Evidence of Coverage</i> for more information.
Mammograms	Covered by Medicaid based on your eligibility level	Covered by Medicare. Check the <i>Evidence of Coverage</i> for more information.
Medical Supplies and Equipment	Covered by Medicaid based on your eligibility level	Covered by Medicare. Check the <i>Evidence of Coverage</i> for more information.
Mental Health Services	Covered by Medicaid based on your eligibility level	Covered by Medicare. Check the <i>Evidence of Coverage</i> for more information.
Organ Transplantation	Covered by Medicaid based on your eligibility level	Covered by Medicare. Check the <i>Evidence of Coverage</i> for more information.
Outpatient Hospital Services	Covered by Medicaid based on your eligibility level	Covered by Medicare. Check the <i>Evidence of Coverage</i> for more information.
Pap Smears	Covered by Medicaid based on your eligibility level	Covered by Medicare. Check the <i>Evidence of Coverage</i> for more information.
Physical Therapy, Occupational Therapy, Speech Pathology and Audiology Services	Covered by Medicaid based on your eligibility level	Covered by Medicare. Check the <i>Evidence of Coverage</i> for more information.
Physician Services	Covered by Medicaid based on your eligibility level	Covered by Medicare. Check the <i>Evidence of Coverage</i> for more information.

Benefit Category	Medicaid (CCC Plus)	Molina Medicare Complete Care (HMO D-SNP)
Podiatry	Covered by Medicaid based on your eligibility level	Covered by Medicare. Check the <i>Evidence of Coverage</i> for more information.
Prescription Drugs	Covered by Medicaid based on your eligibility level	Covered by Medicare. Check the <i>Evidence of Coverage</i> for more information.
Prosthetics/Orthotics	Covered by Medicaid based on your eligibility level	Covered by Medicare. Check the <i>Evidence of Coverage</i> for more information.
Prostheses, Breast	Covered by Medicaid based on your eligibility level	Covered by Medicare. Check the <i>Evidence of Coverage</i> for more information.
Reconstructive Breast Surgery	Covered by Medicaid based on your eligibility level	Covered by Medicare. Check the <i>Evidence of Coverage</i> for more information.
Substance Use Disorder Treatment	Covered by Medicaid based on your eligibility level	Covered by Medicare. Check the <i>Evidence of Coverage</i> for more information.
Telemedicine Services	Covered by Medicaid based on your eligibility level	Covered by Medicare. Check the <i>Evidence of Coverage</i> for more information.
Tobacco Cessation	Covered by Medicaid based on your eligibility level	Covered by Medicare. Check the <i>Evidence of Coverage</i> for more information.
Transportation	Covered by Medicaid based on your eligibility level	Limited Coverage. Check the <i>Evidence of Coverage</i> for more information.
Vision Services	Covered by Medicaid based on your eligibility level	Covered by Medicare. Check the <i>Evidence of Coverage</i> for more information.
Waiver Services (Home and Community Based)	Covered by Medicaid based on your eligibility level	Not covered by Medicare.

Glossary of Terms

Coinsurance

The percentage you pay as your share of the cost for medical services or prescription drugs. For example, if you have 20 percent coinsurance, you pay 20 percent of the cost of your medical bill.

Copay

The fixed amount you pay as your share of the cost of a medical service or supply. For example, you might have a \$20 copay every time you see your primary care doctor.

Deductible

The amount you pay for health care services or prescriptions before your insurance begins to pay.

Extra Help

A Medicare program to help people with limited income and resources pay prescription drug program costs, like premiums, deductibles, and coinsurance.

Long-term care

Services and support for people who can't perform basic activities of daily living, like dressing and bathing. Medicare and most health insurance plans do not pay for long-term care.

Medicaid

A state and federal program that provides health coverage to low-income people.

Medicare Advantage

Also known as Part C. A type of Medicare plan offered by a private company approved by Medicare. A Medicare Advantage plan is an alternative to Original Medicare. It provides all your Part A and Part B benefits and often offers extra benefits, like dental and vision care.

Original Medicare

Medicare Part A (hospital insurance) and Part B (medical insurance). Most people get it when they turn 65. The federal government manages Original Medicare.

Out-of-pocket maximum

The most you have to pay for covered services in one year. Once you reach this amount, your insurance covers 100 percent of your medically necessary care for the rest of the year.

Premium

The money you pay monthly to Medicare or a health care plan for coverage.

Preventive services

Health care to prevent or detect illness at an early stage. Most health plans must cover some important preventive services, like flu shots and blood pressure screening, at no cost to you.

How can you enroll?



Apply by Phone

Call **1-800-424-4497 (TTY/TDD: 711)** to enroll over the phone. Our team of Molina Medicare Trusted Advisors is happy to answer your questions and help you enroll.



Apply in Person

If you prefer to meet face-to-face with one of our Molina Medicare Trusted Advisors, please call us to schedule an appointment.



Apply by Mail

Simply complete the enrollment application and return it using the postage-paid envelope. If you do not already have an enrollment application, call us and we will be happy to mail one to you.



Apply Online

Visit www.MCCofVA.com to apply online.

This is not a complete description of benefits. Call 1-800-424-4495, (TTY 711) for more information.

This information is available in other formats, such as braille, large print, and audio.

Product offered by Molina Healthcare of Virginia, Inc., a wholly owned subsidiary of Molina Healthcare, Inc.

Molina Medicare Complete Care (HMO D-SNP) is a managed care plan with a Medicare Advantage contract and a contract with the State of Virginia Medicaid program. Enrollment in our plan depends on contract renewal.

Out-of-network/non-contracted providers are under no obligation to treat Molina members, except in emergency situations. Please call our Member Services number or see your 2022 *Evidence of Coverage* for more information, including the cost-sharing that applies to out-of-network services.

Molina Healthcare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, ethnicity, national origin, religion, gender, sex, age, mental or physical disability, health status, receipt of healthcare, claims experience, medical history, genetic information, evidence of insurability, or geographic location.

Contact us

Ready to enroll or have questions?

Call **1-800-424-4497 (TTY 711)**

Current Members Call: **1-800-424-4495, TTY/TDD 711**

8 a.m. to 8 p.m., local time Monday through Friday
(from October 1-March 31, 7 days a week)

