

Call today to speak to your Molina representative.

1-866-939-0481 TTY: 1-800-346-4128

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

www.MolinaMedicare.com

Molina Medicare Options HMO is a Medicare Advantage Prescription Drug plan (MAPD), a Health plan with a Medicare contract. Individuals must have both Medicare Part A and Part B to enroll in the plan. Members may enroll in the plan only during specific times of the year. Contact the plan for more information. Members must reside in the Molina service area and continue to pay their Medicare Part B premium if not otherwise paid for under Medicaid or by another third-party. Limitations, copayments and restrictions may apply.

Benefits, formulary, pharmacy network, premium and/or co-payments/co-insurance may change on January 1, 2013. The benefit information provided herein is a brief summary, not a comprehensive description of benefits. For more information contact the plan.

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

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

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

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

** Prescription Drug Coverage copayments represent the amount paid before yearly drug costs paid by you and the plan reach \$2,930.00. At that point, you pay 100% of your drug costs. After your total yearly out-of-pocket costs reach \$4,700.00, you pay a different copayment depending on the drug tier. For details on Prescription Drug benefits, refer to the Summary of Benefits.

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



Molina Medicare Options HMO Effective January 1, 2012

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

Getting all the benefits Medicare offers is easier with Molina!

- **Vision Services:** Routine Exam and Eye Wear Allowance
- **Dental Services:** Preventive Dental Services
- **24-Hour Nurse Advice Line**

2012 Benefits at-a-glance



Molina Medicare Options HMO Benefits	You Pay
Monthly Health Plan Premium	\$68
Medical Deductible	\$0
Annual In-Network Out-of-Pocket Maximum	\$3,400
Doctor Office Visits:	
• Primary Care Physician	\$15 Copay
• Specialist	\$35 Copay
Inpatient Hospitalization Care*	\$175 Copay per day; for days 1-15
Inpatient Mental Health Care*	\$275 Copay per day; for days 1-6
Skilled Nursing Facility*	\$0 Copay; for days 1-7 \$100 Copay; for days 8-100
Emergency Care	\$65 Copay
Ambulance Services*	\$175 Copay
Urgently Needed Care	\$35 Copay
Home Health Services*	\$0 Copay
Outpatient Mental Health Care and Substance Abuse*	\$35 Copay per individual or group visit
Outpatient Hospital and Ambulatory Surgical Center Services*	20% Coinsurance
Podiatry Services*	\$35 Copay
Chiropractic Services	\$20 Copay
Outpatient Rehabilitation Services* (physical, occupational & speech therapy)	\$35 Copay
Outpatient Diagnostic Tests, X-ray and Lab Services* (Office visit cost sharing may apply)	\$0 Copay
Outpatient Diagnostic and Therapeutic Radiological Services*	20% Coinsurance
Outpatient Diagnostic Radiological Services-Complex* (Office visit cost sharing may apply)	20% Coinsurance
Durable Medical Equipment	20% Coinsurance
Prosthetic Devices	20% Coinsurance

Molina Medicare Options HMO Benefits	You Pay
Preventive Health Screenings (Exams covered by Medicare)	
• Pap Smears	\$0 Copay; 1 per year
• Pelvic Exams	\$0 Copay; 1 per year
• Prostate Screening	\$0 Copay; 1 per year
• Colorectal Screening	\$0 Copay; 1 per year
• Screening Mammograms (Office visit cost sharing may apply)	\$0 Copay; 1 per year
Annual Wellness Exam (Office visit cost sharing may apply)	\$0 Copay
Immunizations (Includes Pneumococcal Pneumonia, Flu and Hepatitis B vaccines)	\$0 Copay
Diabetes Self-Management Training, Nutrition Training and Supplies (Office visit cost sharing may apply)	\$0 Copay
Dental Services	
Preventive Dental Services:	
• 2 oral exams per year	\$0 Copay
• 2 cleanings per year	\$0 Copay
• 2 fluoride treatments per year	\$0 Copay
• 1 X-ray per year	\$0 Copay
Vision Services	
Routine Eye Exam	\$25 Copay; 1 per year
Eye Wear Allowance (includes eye glasses, contact lenses, eye glass lenses, frames and upgrades) (Office visit cost sharing may apply)	\$100 Allowance every 2 years
Prescription Drug Coverage** (for 31/90 day supply)	
• Tier 1 – Generic	\$7/\$21 Copay
• Tier 2 – Preferred Brand	\$40/\$120 Copay
• Tier 3 – Non-Preferred Brand	\$75/\$225 Copay
• Tier 4 – Specialty	33% Coinsurance
Prescription Drug Deductible	\$0
24-Hour Nurse Advice Line	\$0 Copay
Health and Wellness Education Services	\$0 Copay
Kidney Disease Education Services	\$0 Copay
Disease Management Program	\$0 Copay
Smoking Cessation Services	\$0 Copay

*Authorization and/or referral may be required.