

# 2025 Product Preview: Medicare



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# 2025 Product Preview: Medicare



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## Product Disclaimer

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## Welcome to Molina Healthcare's 2025 Product Preview: Medicare

Our 2025 MA plans have been crafted to improve the lives of your valued customers. In 2025, Molina Healthcare's MA plans will be accessible in 19 states.

About Molina  
Healthcare

Key Supplemental  
Health Benefits

2025 States &  
Featured Plans

The Molina  
Difference

Broker Resources

# About us

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



Ranked 128 in Fortune 500\*



5.6 million+ members\*



Headquartered in Long Beach, CA



Established in 1980



16,000+ employees

\*As of July 2024



Improve health outcomes



Enhance member experience



Enhance provider experience

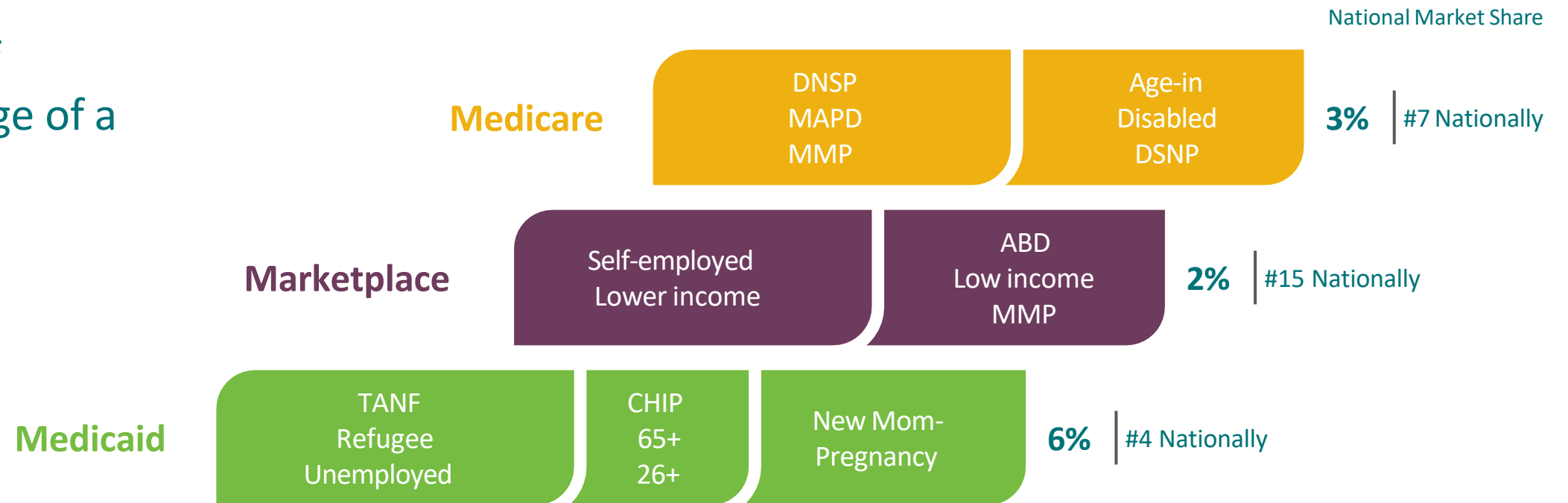


Reduce health care cost

# As members' circumstances change, Molina is uniquely positioned to provide coverage without interruption.

Year to year, a person's eligibility may vary. Whether additional income now qualifies them for Marketplace, or they age into Medicare eligibility, or they recover from a qualifying disability and need Medicaid, there's no gap in coverage with Molina.

Our complete portfolio of products covers every stage of a member's life.



Sources: Health Management Associates, State-reported data, CMS and Decision Resources Group

# Molina Healthcare — Because everyone deserves health care that helps them feel their best

Molina Healthcare, Inc. is a **FORTUNE 500** company, currently ranked **128**. The organization provides managed health care services under the Medicaid and Medicare programs and state insurance marketplaces. As of July 25, 2024, Molina serves approximately **5.6 million members across 21 states**.



**Vision:** We envision a world where effective medical care is available to every person, no matter the impact of social determinants of health on their lives. We distinguish ourselves as one of the nation's most effective health plans delivering government-sponsored care.
























**Mission:** To erase inequities in the way different populations are treated and served. To provide high-quality health care to low-income individuals and families. And to protect their health now and as they age, with a portfolio of solutions for every stage of their lives.

# Key Supplemental Health Benefits offered in 2025



# Supplemental Health Benefits offered in 2025

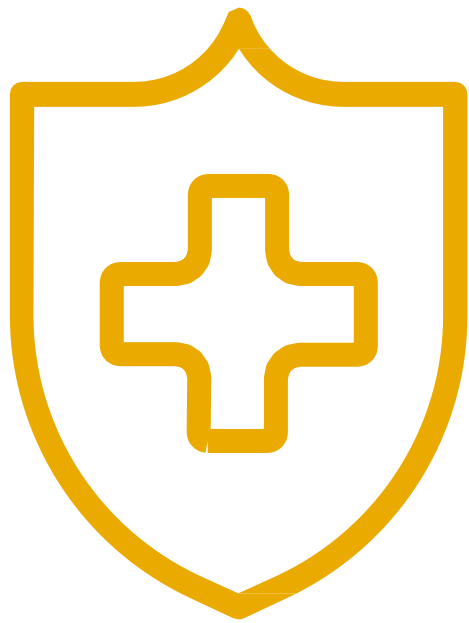
 Acupuncture	 Chiropractic	 Dental	 Fitness	 Fitness Allowance	 Health Education/Nurse Advice Line, Nutritional Counseling
 Hearing	 Home & Bathroom Safety Devices and Modifications	 In-Home Support Services	 Meals	 Naturopathy	 Non-Emergency Medical Transportation
 OTC	 Personal Emergency Response System (PERS+)	 Podiatry	 Vision	 Worldwide Emergency/ Urgent Coverage	
<b>SSBCI Benefits*</b>		 Transportation for Non-Medical Needs	 Food & Produce	 Bathroom Scale	 Utilities

\*Qualifications needed for SSBCI benefits, please refer to The Molina Difference—Health Risk Assessment slide

See plan specific details as benefits vary by plan

## Supplemental benefits (extra benefits)

By definition, a Medicare Supplemental Benefit is an item or service not covered under the Original Medicare program that are offered by Medicare Advantage Plans however are considered health related.



### Supplemental benefits are offered to everyone on the plan

Examples include:

- Dental
- Vision
- Hearing
- Fitness
- OTC
- And more

There are some supplemental benefits that have additional requirements/steps – Meals, PERS+, In-Home Support Services when a Case Manager would need to refer the member for the service

Please note that we cover all Medicare covered benefits, as defined by CMS.

## Additional Benefit Categories: SSBCI

In the past few years, CMS has added other ways that Medicare Advantage plans can offer benefits to members including SSBCI and VBID.

Traditional supplemental benefits must be offered to all plan enrollees, but SSBCI are only for individuals with chronic conditions.

A special supplemental benefit for the chronically ill (SSBCI) is a supplemental benefit that has, with respect to a chronically ill enrollee, a reasonable expectation of improving or maintaining the health or overall function of the enrollee; an SSBCI may also include a benefit that is not primarily health related.

Special Supplemental Benefits for the Chronically Ill are offered to only those that qualify on the plan and require some additional steps before approval

Examples include:

- Food & Produce
- Utilities Reimbursement
- Transportation for Non- Medical Needs
- Bathroom Scale

Please note that we cover all Medicare covered benefits, as defined by CMS.

## Additional Benefit Categories: VBID

In the past few years, CMS added other ways that Medicare Advantage plans can offer benefits to members including SSBCI and VBID

Value Based Insurance Design (VBID) provides an additional vehicle for plans to offer these benefits. This model is distinct from SSBCI in that it allows plans to target benefits using Low-Income Status, as well as chronic conditions.

Examples include:

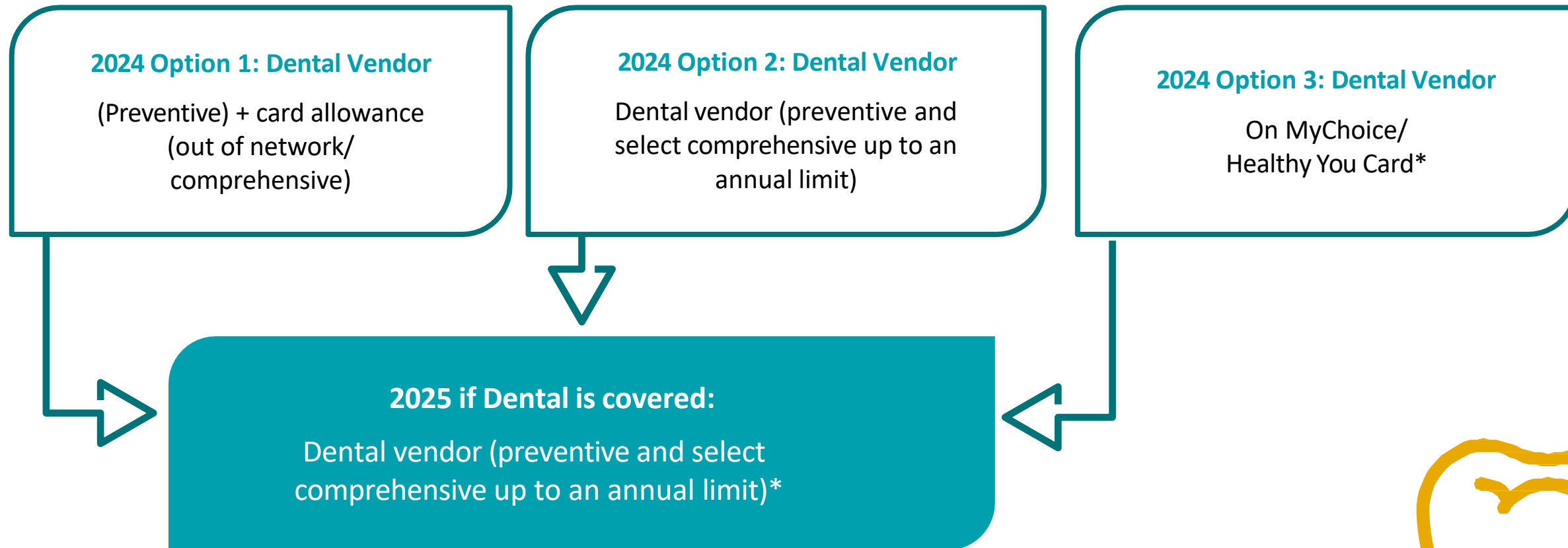
- Part D cost-sharing reduction

For 2025 we filed VBID for Part D Cost Sharing; members who have LIS/Extra Help on VBID eligible plans will pay \$0 copay for prescription drugs within the all tiers of the formulary, in all phases of the benefit.

This is filed on most of our D-SNP plans, and 2 of our C-SNP plans in 2025. There is nothing additional for members to do.

Please note that we cover all Medicare covered benefits, as defined by CMS.

# Molina Dental benefit design changes



- If the vendor was Delta Dental, DentaQuest, SKYGEN it stayed with that vendor, in that market.
- Dental may only be covered by Medicaid on select plans.

See plan specific details as benefits vary by plan

# Central Health Plan Dental benefit design



## MAPD Plans

- Will keep the same Dental design as 2024
  - » Vendor: Delta Dental
- New 2025 PPO Buy-up plan
  - » Add OON coverage and lower copays for additional monthly premium

## D-SNPs and Choice C-SNP Plans

- Two have Dental benefits
- All others have Denti-Cal benefits



See plan specific details as benefits vary by plan

## 2025 Medicare plan changes to Part D

### 2025 Part D reduced cost sharing

Members who have LIS/Extra Help on eligible plans will pay \$0 copay for prescription drugs.

- This is offered on most of our D-SNP plans, and 2 of our C-SNP plans in 2025.
- This will apply to all drugs on all tiers of the formulary, in all phases of the benefit



See plan specific details as benefits vary by plan

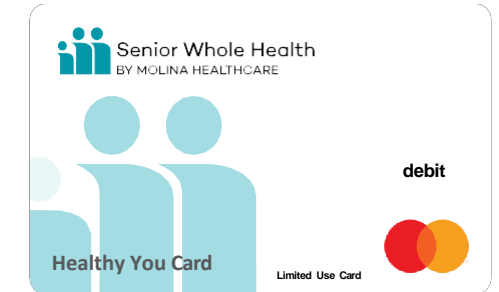
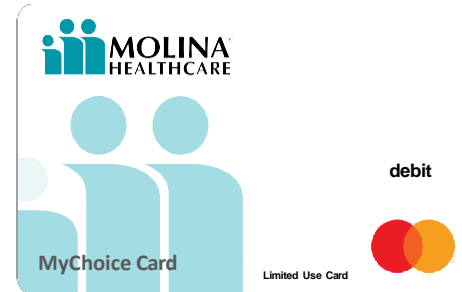
# 2025 Medicare plan changes — Molina MyChoice Card

**New for 2025:** To streamline our benefits administration, we are transitioning card production and the retail network to Nations, ensuring a more efficient and cohesive experience for our members.



## Nations benefits

- Hearing
- Meals
- OTC
- Fitness allowance
- Non-emergency medical transportation
- Bathroom scale
- Food & produce (SSBCI)\*



### Please note:

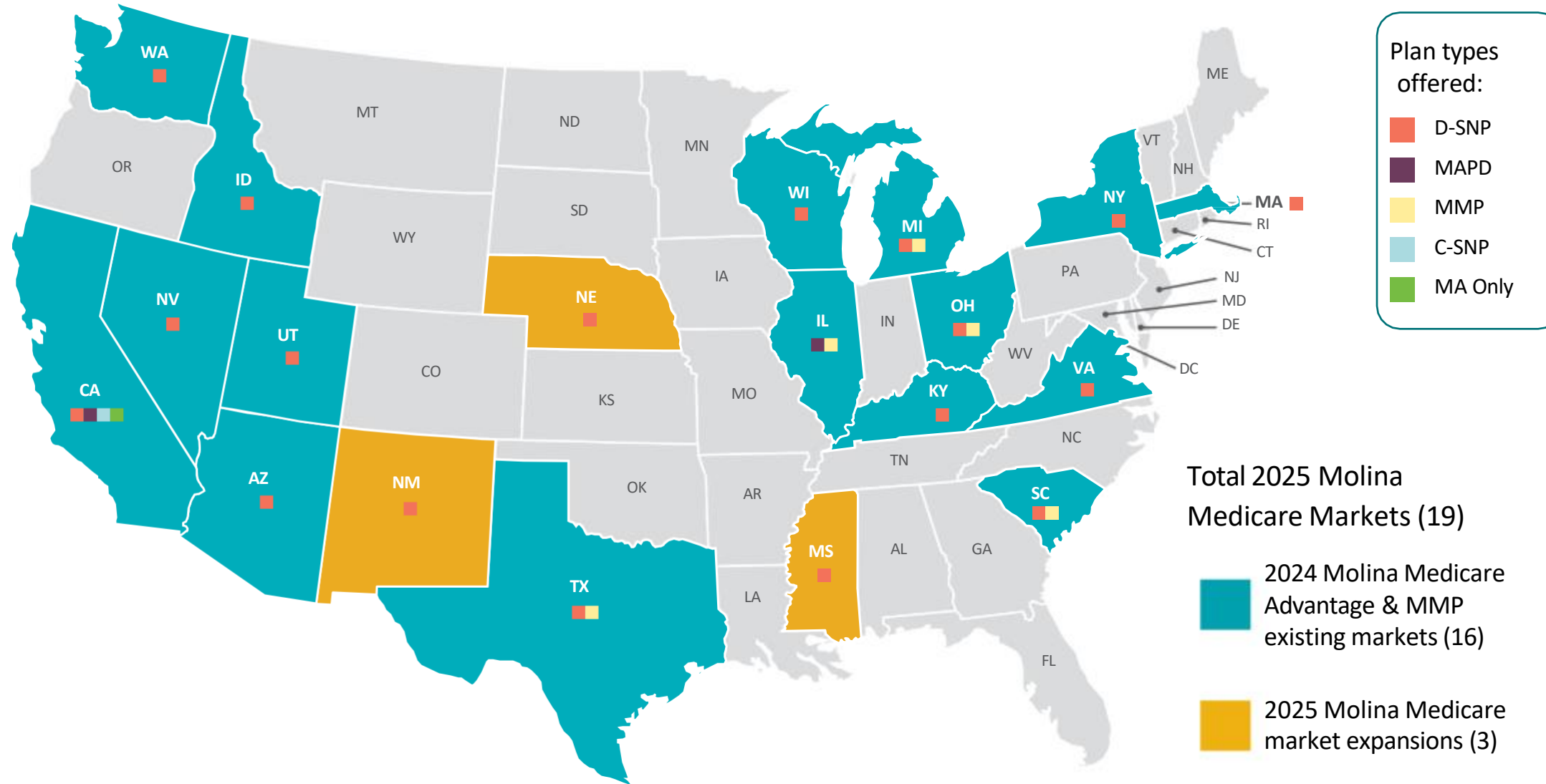
- Healthy You card in Massachusetts and New York markets only
- Benefits Mastercard® Prepaid card in Central Health Plan plans only
- See plan specific details as benefits vary by plan

\*Qualifications needed for SSBCI Benefits

# 2025 States & Featured Market Plans



# 2025 Medicare Footprint




State	2024 Counties	New 2025 Counties	Total
AZ	3		3
CA	5	18	23
ID	22	12	34
IL	46	0	46
KY	75		75
MA	8		8
MI	60		60
MS	0	8	8
NE	0	56	56
NV	2	5	7
NM	0	32	32
NY	9		9
OH	83	5	88
SC	45	1	46
TX	84	3	87
UT	10	14	23
VA	133		133
WA	39		39
WI	36		36
<b>Total</b>	<b>660</b>	<b>154</b>	<b>809</b>

# State coverage

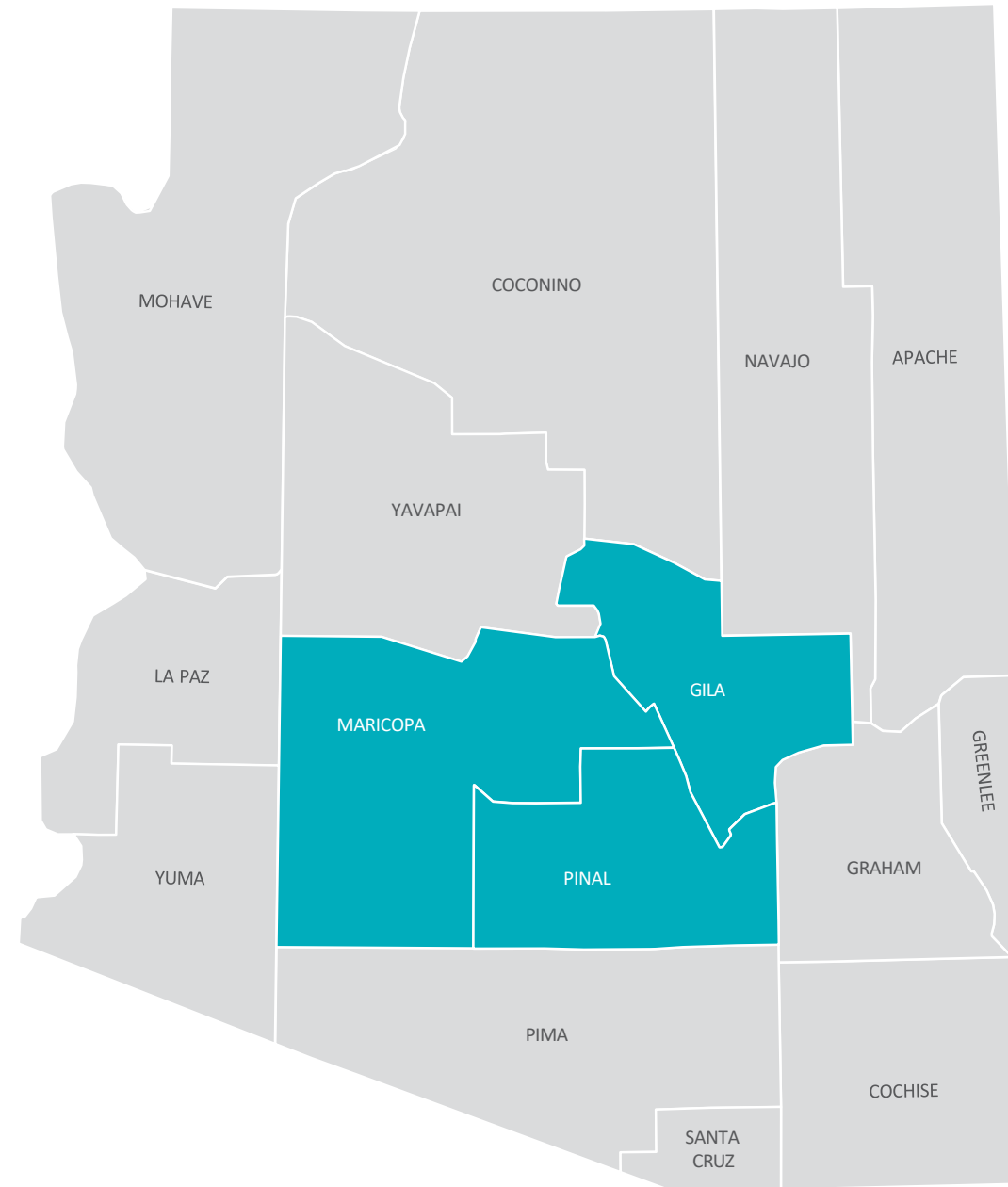
## Arizona

### D-SNP Plan

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

Service area

Gila, Maricopa, Pinal



\*FIDE, HIDE and AIP plans qualify for the new Integrated Care SEP

# 2025 Supplemental Health Benefits offered in Arizona



## MyChoice Card

- OTC + Transportation
- Food and Produce\*\*



## Worldwide Emergency/Urgent Coverage



## Chiropractic



## Fitness



## Personal Emergency Response System (PERS+)



## Vision



## Hearing

\*\*Special Supplemental Benefits for the Chronically Ill (SSBCI) - Members with a valid Health Risk Assessment (HRA) and a confirmed diagnosis of a qualifying chronic condition.

Note: Additional benefits may be available through a D-SNP member's Medicaid.

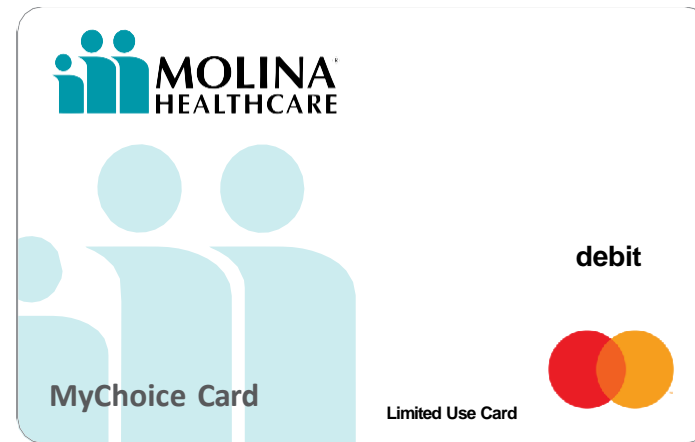
# 2025 Medicare plan changes — Molina Healthcare—MyChoice Card

**New for 2025:** To streamline our benefits administration, we are transitioning card production and the retail network to Nations, ensuring a more efficient and cohesive experience for our members.



## Benefit Allowances

- OTC
- Non-emergency medical transportation
- Food & produce (SSBCI)\*



\*Qualifications needed for SSBCI Benefits

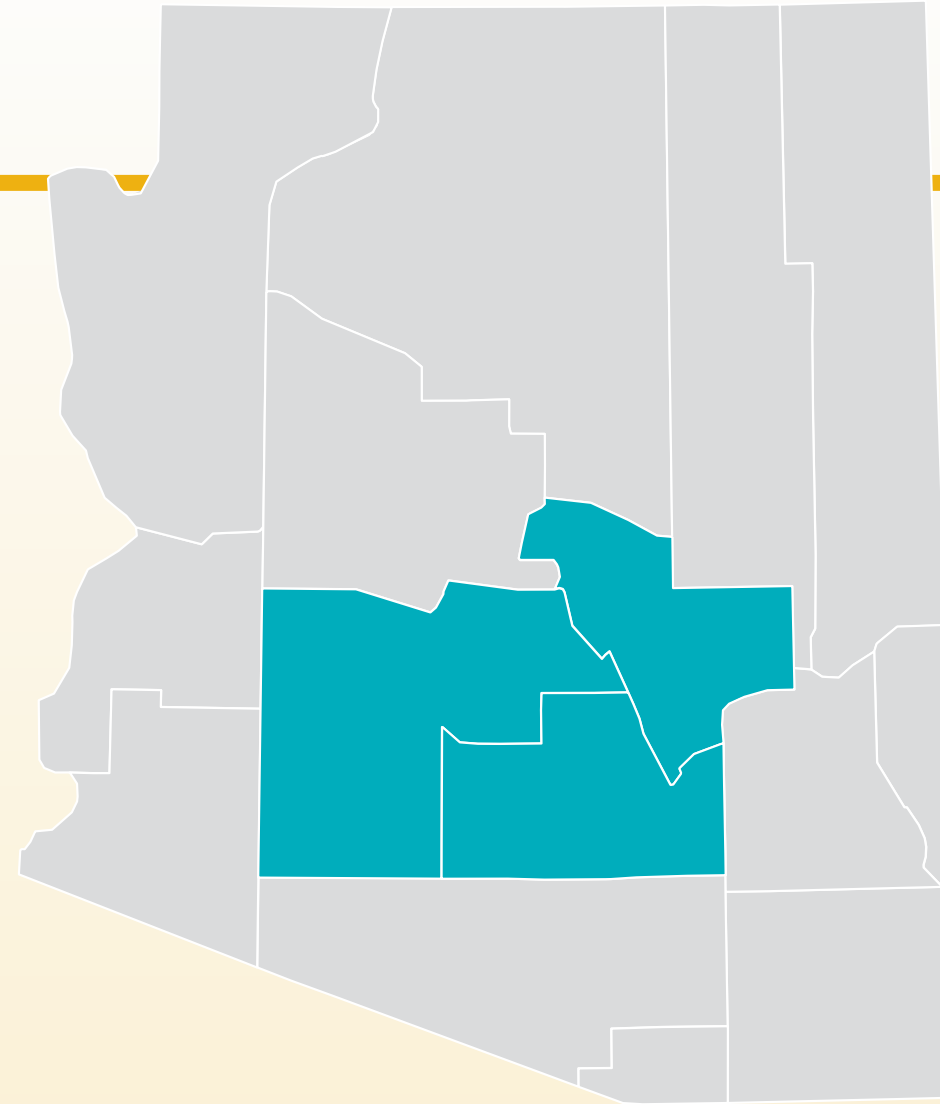
# Plan information — Arizona

<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>
<b>Service area</b>	Gila, Maricopa, Pinal
<b>Premium</b>	\$0
<b>Primary/Specialist Visit</b>	\$0/\$0
<b>Inpatient Acute</b>	\$0
<b>Prescription Deductible</b>	\$0
<b>Maximum Out of Pocket</b>	\$9,350
<b>Extra Benefits</b>	
<b>Chiropractic</b>	12 visits/year
<b>Dental</b>	Preventive services and select comprehensive services up to \$1,000/year through dental vendor
<b>Fitness</b>	The Silver&Fit Program (Fitness Facilities & Home Fitness Kit)
<b>Hearing</b>	Routine hearing exam/year & up to 2 pre-selected hearing aids (both ears)/2 years
<b>Personal Emergency Response System (PERS+)</b>	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)
<b>Vision</b>	Routine eye exam/year & \$200 eyewear allowance/year
<b>Worldwide Emergency/Urgent Coverage</b>	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>	
<b>Food &amp; Produce (SSBCI)</b>	\$90/month (no rollover)
<b>Non-Emergency Medical Transportation</b>	\$40/month (no rollover); combined allowance with OTC
<b>Over-the-Counter</b>	\$40/month (no rollover); combined allowance with Transportation

# Arizona Network Highlights

## Provider Network Highlights:

- Banner Medical Centers
- Banner Hospitals
- Honor Health Medical Centers
- Honor Health Hospitals
- Abrazo/Carondelet/Tenet
- Maricopa Integrated Health System (MIHS) - Valleywise
- Cobre Valley Regional Medical Center



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

## State coverage

### California—Brand and plan consolidation

As integration continues, we are working toward a seamless process for Brand New Day, Central Health Plan and Molina



We will be doing a reband of Brand New Day's Plans under the Central Health Plan logo



You will not have to re-enroll any members to keep commissions



Two teams merging into one large team to serve all members (Member Services, Broker Support, Enrollment, etc.)



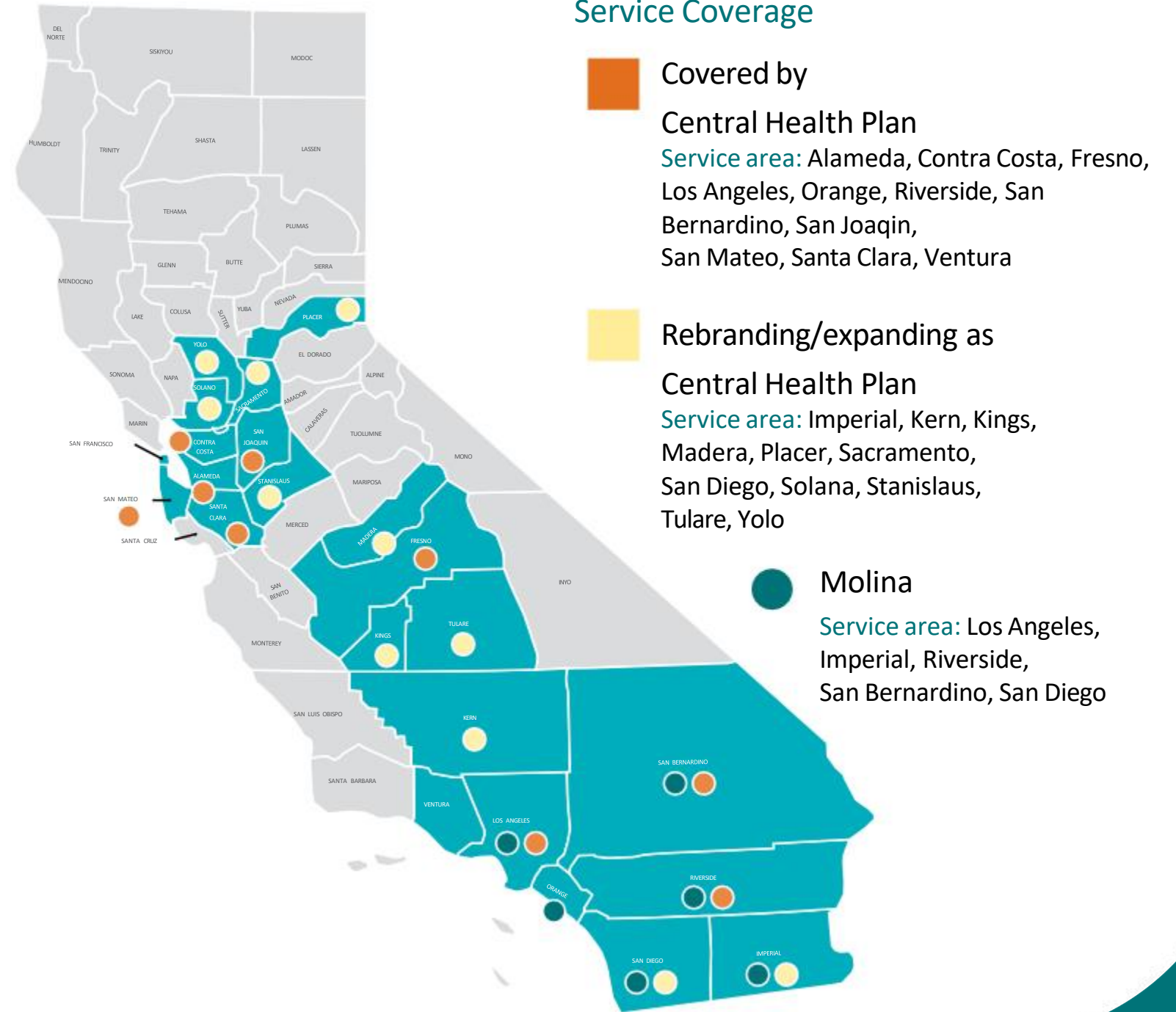
# State coverage

## California plan rebranding

Brand New Day plans are moving under Central Health Plan more than doubling the number of plans available.

In most cases the Brand New Day's plan name "Classic Care", "Embrace Care", "Embrace Choice" are carrying over to Central Health Plan. Helping members to understand that their plan is staying, just rebranded as Central Health Plan.





2025 ANOC will be co-branded with Brand New Day and Central Health Plan logos to help with the transition.

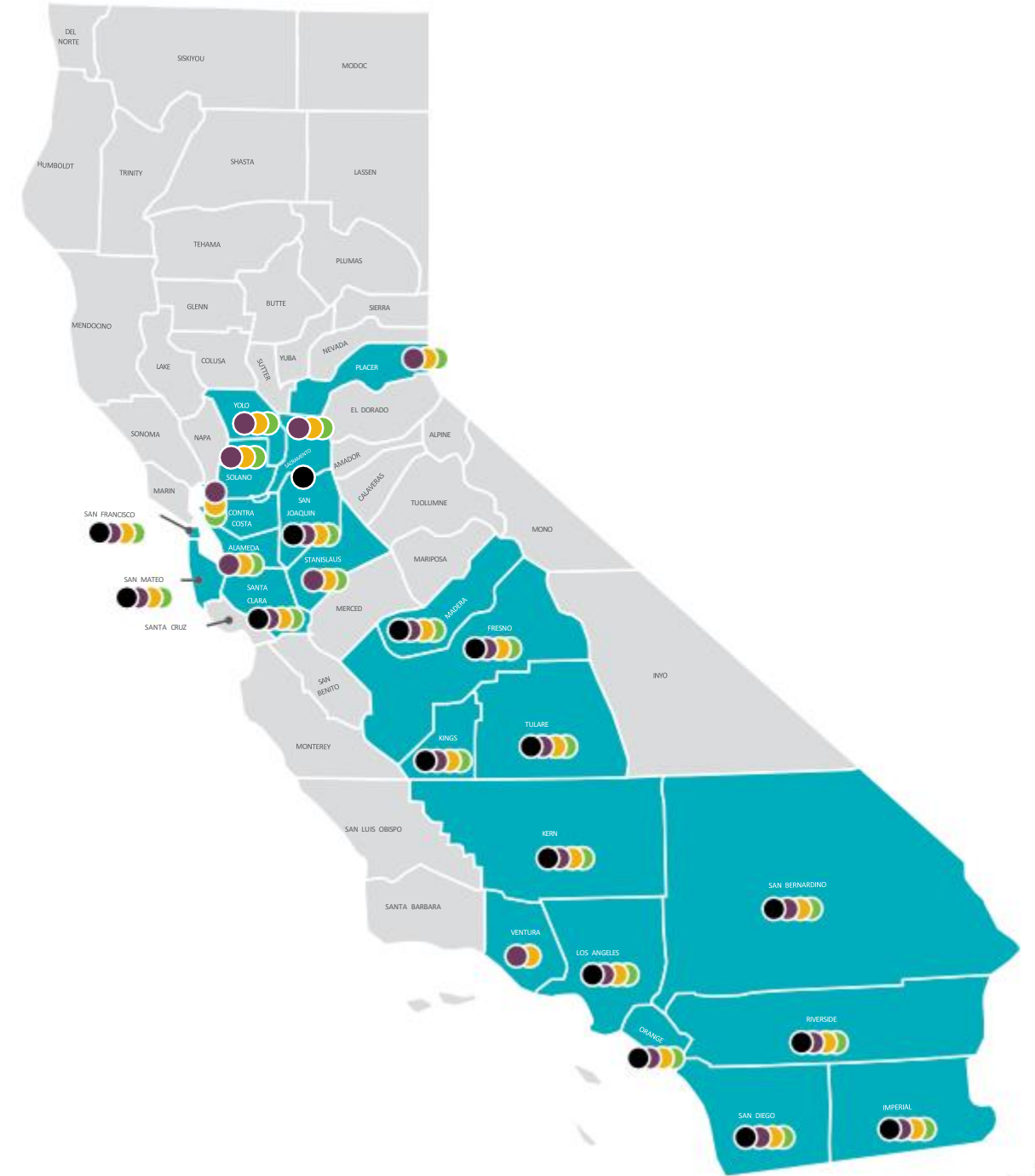


# State coverage

## California—By plan type

### Plan types


-  **MA Only**  
**Service area (16):** Fresno, Imperial, Kern, Kings, Los Angeles, Madera, Orange, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, San Joaquin, San Mateo, Santa Clara, Tulare
-  **MAPD Plans**  
**Service area (23):** Alameda, Contra Costa, Fresno, Imperial, Kern, Kings, Los Angeles, Madera, Orange, Placer, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, San Joaquin, San Mateo, Santa Clara, Solano, Stanislaus, Tulare, Ventura, Yolo
-  **DSNP Plans**  
**Service area (23):** Alameda, Contra Costa, Fresno, Imperial, Kern, Kings, Los Angeles, Madera, Orange, Placer, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, San Joaquin, San Mateo, Santa Clara, Solano, Stanislaus, Tulare, Ventura, Yolo
-  **CSNP Plans**  
**Service area (22):** Alameda, Contra Costa, Fresno, Imperial, Kern, Kings, Los Angeles, Madera, Orange, Placer, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, San Joaquin, San Mateo, Santa Clara, Solano, Stanislaus, Tulare, Yolo



# State coverage details

## Northern & Central California


### MA Only Plan

- 
**Central Health Valor Care Plan (HMO) H5649-030**  
 Service area (16): Fresno, Imperial, Kern, Kings, Los Angeles, Madera, Orange, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, San Joaquin, San Mateo, Santa Clara, Tulare



### MAPD Plans

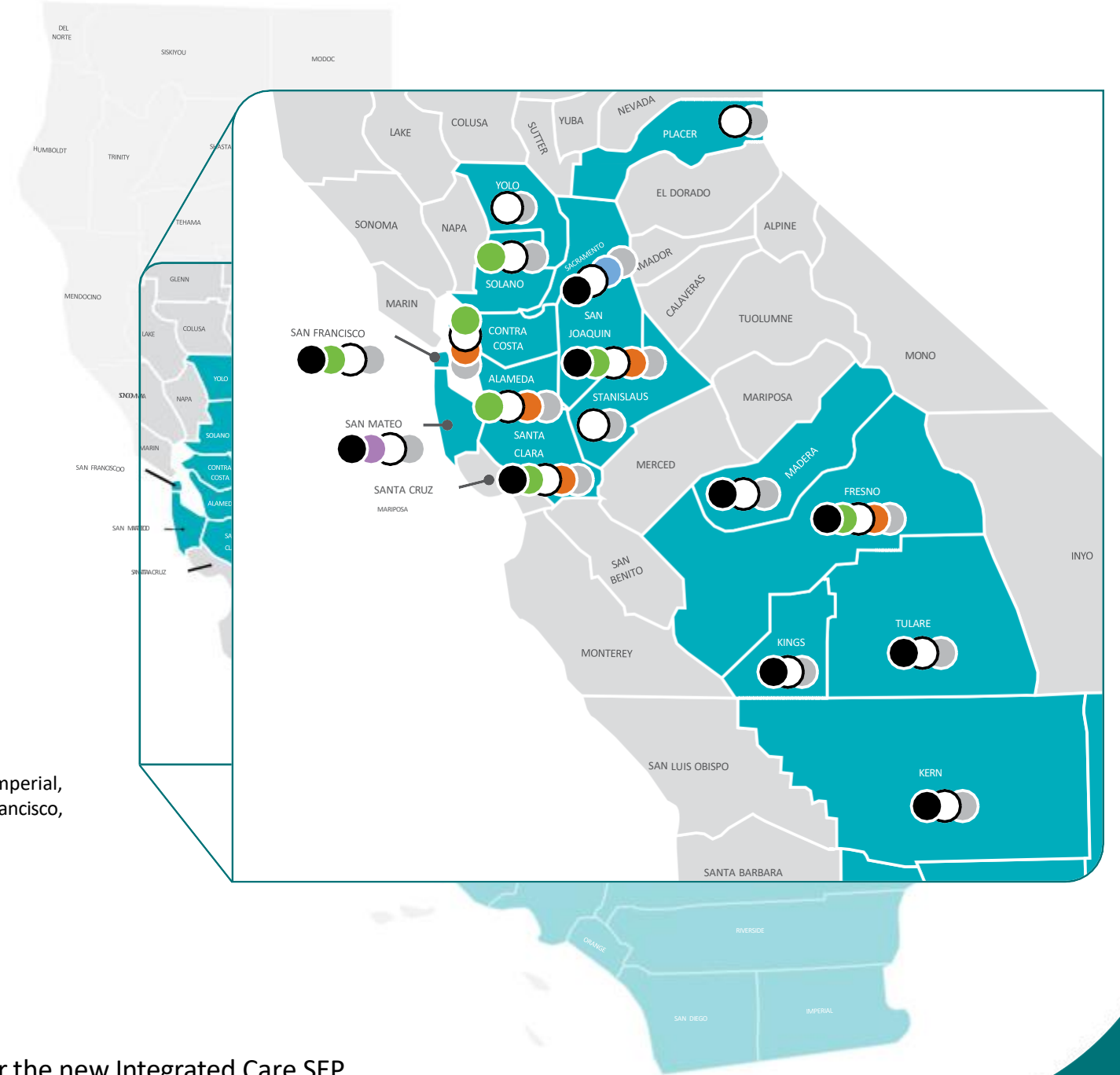
- 
**Central Health San Mateo Medicare Plan (HMO) H5649-018**  
 Service area (1): San Mateo
- 
**Central Health Premier Plan I (HMO) H5649-023**  
 Service area (7): Alameda, Contra Costa, Fresno, San Francisco, San Joaquin, Santa Clara, Solano
- 
**Central Health Classic Care Plan II (HMO) H5649-028**  
 Service area (17): Alameda, Contra Costa, Fresno, Imperial, Kern, Kings, Madera, Placer, Sacramento, San Francisco, San Joaquin, San Mateo, Santa Clara, Solano, Stanislaus, Tulare, Yolo

### DSNP Plan

- 
**Central Health Medi-Medi Plan I (HMO D-SNP) H5649-002 (AIP)\***  
 Service area (5): Los Angeles, Riverside, Sacramento, San Bernardino, San Diego

### CSNP Plans

- 
**Central Health Focus Plan (HMO C-SNP) H5649-006**  
 Service area (8): Alameda, Contra Costa, Fresno, Los Angeles, Orange, San Bernardino, San Joaquin, Santa Clara
- 
**Central Health Embrace Care Plan (HMO C-SNP) H5649-025-002**  
**Central Health Embrace Choice Plan (HMO C-SNP) H5649-026-002**  
 Service area (17): Alameda, Contra Costa, Fresno, Imperial, Kern, Kings, Madera, Placer, Sacramento, San Francisco, San Joaquin, San Mateo, Santa Clara, Solano, Stanislaus, Tulare, Yolo




\*FIDE, HIDE and AIP plans qualify for the new Integrated Care SEP







# State coverage details

## Southern California


### MA Only Plan

-  Central Health Valor Care Plan (HMO) H5649-030  
**Service area (16):** Fresno, Imperial, Kern, Kings, Los Angeles, Madera, Orange, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, San Joaquin, San Mateo, Santa Clara, Tulare




### MAPD Plans

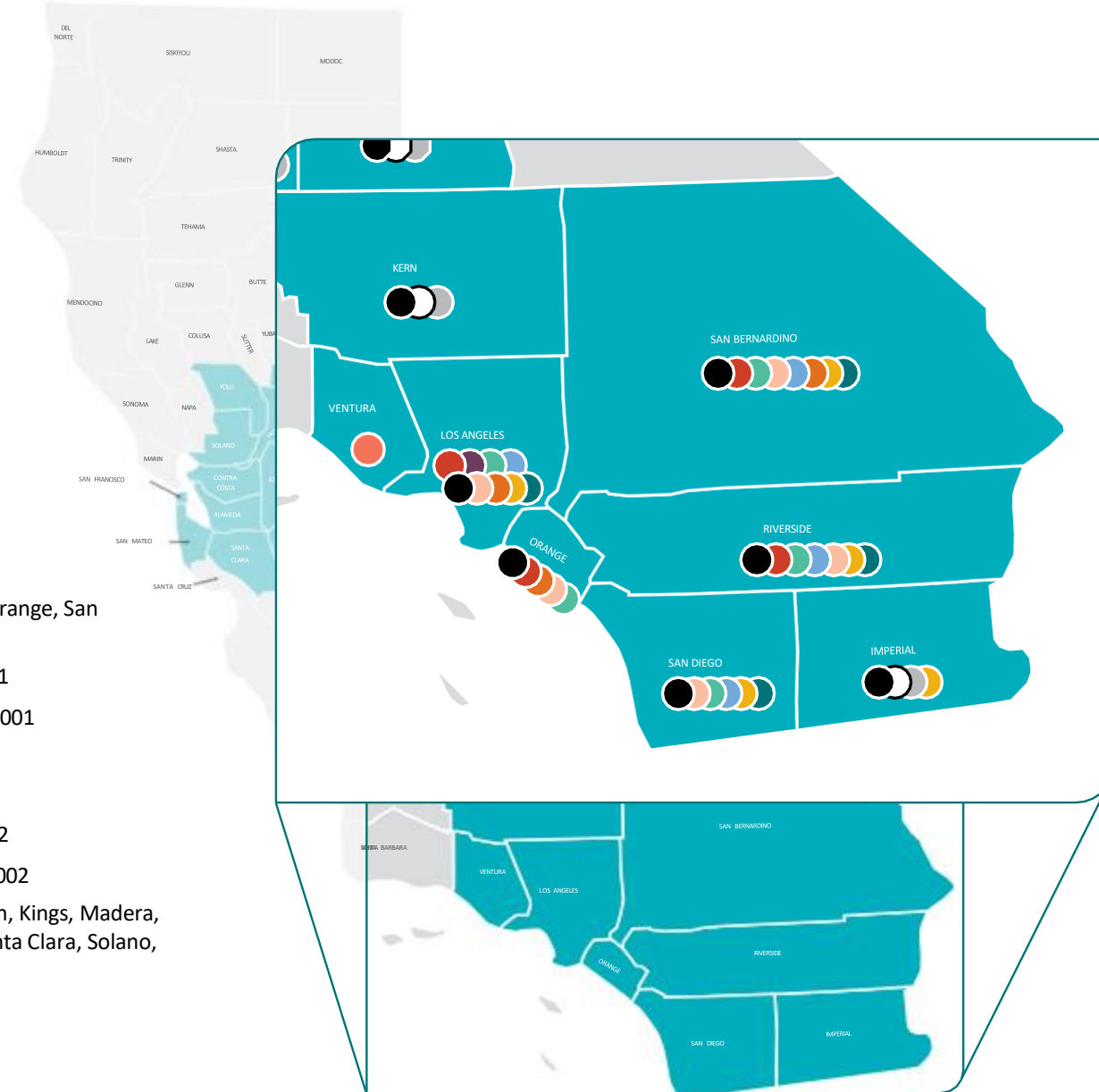
-  Molina Medicare Choice Care (HMO) H5810-014  
**Service area (5):** Los Angeles, Imperial, Riverside, San Bernardino, San Diego
-  Central Health Medicare Plan (HMO) H5649-001  
 Central Health Savings Plan Plan (HMO) H5649-019  
**Service area (4):** Los Angeles, Orange, Riverside, San Bernardino
-  Central Health Ventura Medicare Plan (HMO) H5649-008  
**Service area (1):** Ventura
-  Central Health Jade Plan (HMO) H5649-022  
**Service area (1):** Los Angeles
-  Central Health Classic Care Plan I (HMO) H5649-027  
 Central Health Part B Savings Plan (HMO) H5649-029  
**Service area (5):** Los Angeles, Orange, Riverside, San Bernardino, San Diego
-  Central Health Classic Care Plan II (HMO) H5649-028  
**Service area (17):** Alameda, Contra Costa, Fresno, Imperial, Kern, Kings, Madera, Placer, Sacramento, San Francisco, San Joaquin, San Mateo, Santa Clara, Solano, Stanislaus, Tulare, Yolo

### DSNP Plan

-  Molina Medicare Complete Care Plus (HMO D-SNP) H3038-003 (AIP)\*  
**Service area (4):** Los Angeles, Riverside, San Bernardino, San Diego
-  Central Health Medi-Medi Plan I (HMO D-SNP) H5649-002 (AIP)\*  
**Service area (5):** Los Angeles, Riverside, Sacramento, San Bernardino, San Diego

### CSNP Plans

-  Central Health Focus Plan (HMO C-SNP) H5649-006  
**Service area (8):** Alameda, Contra Costa, Fresno, Los Angeles, Orange, San Bernardino, San Joaquin, Santa Clara
-  Central Health Embrace Care Plan (HMO C-SNP) H5649-025-001  
 Central Health Embrace Choice Plan (HMO C-SNP) H5649-026-001  
**Service area (5):** Los Angeles, Orange, Riverside, San Bernardino, San Diego
-  Central Health Embrace Care Plan (HMO C-SNP) H5649-025-002  
 Central Health Embrace Choice Plan (HMO C-SNP) H5649-026-002  
**Service area (17):** Alameda, Contra Costa, Fresno, Imperial, Kern, Kings, Madera, Placer, Sacramento, San Francisco, San Joaquin, San Mateo, Santa Clara, Solano, Stanislaus, Tulare, Yolo



\*FIDE, HIDE and AIP plans qualify for the new Integrated Care SEP

# 2025 Supplemental Health Benefits offered in California



Acupuncture



Chiropractic



Dental



Fitness



Fitness Allowance



Health Education/Nurse Advice Line, Nutritional Counseling



Hearing



Home & Bathroom Safety Devices and Modifications



In-Home Support Services



Meals



Non-Emergency Medical Transportation



OTC



Transportation for Non-Medical Needs



Personal Emergency Response System (PERS+)



Podiatry



Vision



Worldwide Emergency/ Urgent Coverage



Food & Produce



Bathroom Scale



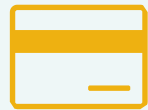
Flex Card/ MyChoice Card

\*\*Special Supplemental Benefits for the Chronically Ill (SSBCI) - Members with a valid Health Risk Assessment (HRA) and a confirmed diagnosis of a qualifying chronic condition.

Note: Additional benefits maybe available through a D-SNP member's Medicaid.

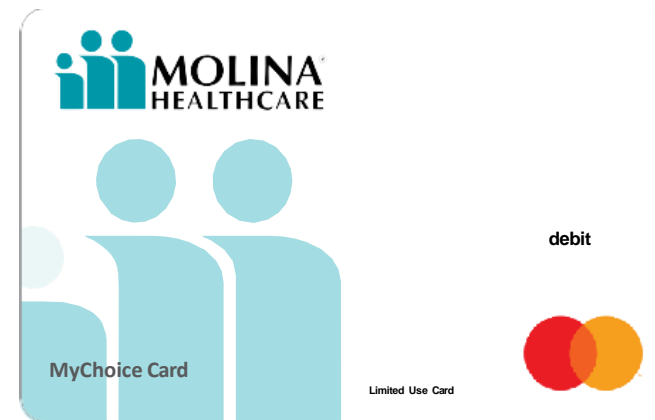
# 2025 Medicare plan changes — Molina MyChoice Card/ Central Health Plan—Flex Card

**New for 2025:** To streamline our benefits administration, we are transitioning all card production and the retail network to Nations, ensuring a more efficient and cohesive experience for our members.



## Benefit Allowances

- OTC Allowance
- Fitness Allowance
- Non-emergency medical transportation
- Bathroom scale
- Food & produce (SSBCI)\*



### Please note:

- Benefits Mastercard® Prepaid card in Central Health Plan plans only
- See plan specific details as benefits vary by plan

\*Qualifications needed for SSBCI Benefits

# Plan information — California

Molina Medicare Choice Care (HMO) H5810-014

Molina Medicare Complete Care Plus (HMO) H3038-003

Plan Name	Molina Medicare Choice Care (HMO)	Molina Medicare Complete Care Plus (HMO D-SNP)
<b>Plan ID and Eligibility</b>	<b>H5810-014-000</b> (All CMS Medicare Eligible)	<b>H3038-003-000</b> (FBDE, SLMB+, QMB+)
<b>Service area</b>	Los Angeles, Imperial, Riverside, San Bernardino, San Diego	Los Angeles, Riverside, San Bernardino, San Diego
<b>Premium</b>	\$0	\$0
<b>Primary/Specialist Visit</b>	\$0/\$40	\$0/\$0
<b>Inpatient Acute</b>	\$325/day (Days 1-6)/\$0 (Days 7-90)	\$0
<b>Prescription Deductible</b>	\$0 (Tiers 1-6)	\$0
<b>Maximum Out of Pocket</b>	\$6,000	\$9,350
<b>Extra Benefits</b>		
<b>Acupuncture</b>	Not Covered	Limited to treatment for a generally recognized medical condition*
<b>Chiropractic</b>	Not Covered	Limited to treatment of the spine by manual manipulation*
<b>Dental</b>	Preventive services and select comprehensive services up to \$1,600/year through dental vendor	Preventive services and select comprehensive services up to \$1,000/year through dental vendor
<b>Fitness</b>	The Silver&Fit Program (Fitness Facilities & Home Fitness Kit)	
<b>Hearing</b>	Routine hearing exam/year & up to 2 pre-selected hearing aids (both ears)/2 years	
<b>Meals</b>	56 meals max/year	2 meals per day, or up to 4 weeks per hospitalization at a 12-week max per calendar year
<b>Non-Emergency Medical Transportation</b>	See below	Medicare covers 12 one-way trips; after medicare, members have Unlimited Transportation for Non-Emergency Medical Needs with prior approval
<b>Personal Emergency Response System (PERS+)</b>	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)*
<b>Vision</b>	Routine eye exam/year & \$200 eyewear allowance/year	
<b>Worldwide Emergency/Urgent Coverage</b>	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>		
<b>Food &amp; Produce (SSBCI)</b>	\$35/month (no rollover)	\$75/month (no rollover)
<b>Non-Emergency Medical Transportation</b>	\$50/month (no rollover); combined allowance with OTC	See above
<b>Over-the-Counter</b>	\$50/month (no rollover); combined allowance with Transportation	\$100/month (no rollover)

\*Benefits covered through Medicaid (MediCal)

# Plan information — California

## Central Health Medicare Plan (HMO) H5649-001

<b>Plan Name</b>	Central Health Medicare Plan (HMO)		
<b>Plan ID and Eligibility</b>	H5649-001-000 (All CMS Medicare Eligible)		
<b>Service area</b>	See map for list of counties	<b>Inpatient Acute</b>	\$0
<b>Premium</b>	\$0	<b>Prescription Deductible</b>	\$0
<b>Primary/Specialist Visit</b>	\$0/\$0	<b>Maximum Out of Pocket</b>	\$1,100
<b>Extra Benefits</b>			
<b>Acupuncture</b>	Unlimited	<b>Meals</b>	112 meals max/year for post surgery/inpatient stay/homebound medical condition; 90 meals max/year for eligible chronic conditions, 30 additional meals/year for \$5 copay/meal
<b>Bathroom Scale (SSBCI)</b>	\$0 copay for a scale is provided to qualifying members with kidney disease or Congestive Heart Failure who do not meet Medicare guidelines for coverage.	<b>Non Medical Transportation (SSBCI)</b>	Eligible members can use up to 50% of their transportation trips for non-medical transportation needs such as grocery stores, fitness clubs, or senior centers.
<b>Chiropractic</b>	Not Covered	<b>Non-Emergency Medical Transportation (NEMT)</b>	12 one-way trips/year
<b>Dental</b>	Preventive and comprehensive services (\$0-\$2,160 copay range, restrictions may apply); optional PPO Dental Buy-Up (\$3,000 max for INN, \$1,500 max for OON)	<b>Personal Emergency Response System (PERS)</b>	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)
<b>Fitness (Gym Membership)</b>	The Silver Sneakers Program (Fitness Facilities and group classes & Home Fitness Kit)	<b>Podiatry</b>	Not Covered
<b>Hearing</b>	Routine hearing exam/year & up to \$2,000 (both ears)/year	<b>Vision</b>	Routine eye exam/year and \$300 eyewear allowance/1 year
<b>Home and Bathroom Safety Devices &amp; Modifications</b>	Benefit maximum of \$250 applies to the purchase/installation of CMS allowed bathroom safety devices. (requires In-Home Safety Assessment)	<b>Worldwide Emergency/Urgent Coverage</b>	Up to \$100,000 each calendar year for emergency transportation, urgent care, emergency care, and post-stabilization care. \$140 copay applies (for care provided outside the United States: reimbursement and other restrictions may apply)
<b>In-Home Support Services</b>	Up to 20 hours/year for assistance with activities of daily living, medication pick-ups, and shopping for groceries or other necessities. Members are eligible following discharge from the hospital or skilled nursing facility or through case management referral.		
<b>Flex Card</b>			
<b>Fitness Allowance</b>	\$40/month to use for gym membership, general access to public sports facilities, group fitness classes, new purchase of qualifying exercise equipment, or to order fitness equipment from the Plan's mail order catalog.		
<b>Food &amp; Produce (SSBCI)</b>	\$20/month (no rollover)		
<b>Over-the-Counter</b>	\$129/quarter(no rollover); OTC benefit includes access to a herbal product catalog		

# Plan information — California

## Central Health Medi-Medi Plan I (HMO) H5649-002

<b>Plan Name</b>	Central Health Medi-Medi Plan I (HMO D-SNP)		
<b>Plan ID and Eligibility</b>	H5649-002-000 (FBDE, SLMB+, QMB+)		
<b>Service area</b>	See map for list of counties	<b>Inpatient Acute</b>	\$0
<b>Premium</b>	\$13.60	<b>Prescription Deductible</b>	\$0
<b>Primary/Specialist Visit</b>	\$0/\$0	<b>Maximum Out of Pocket</b>	\$9,350
<b>Extra Benefits</b>			
<b>Acupuncture</b>	Unlimited	<b>Meals</b>	112 meals max/year for post surgery/inpatient stay/homebound medical condition; 168 meals max/year for eligible chronic conditions
<b>Bathroom Scale (SSBCI)</b>	\$0 copay for a scale is provided to qualifying members with kidney disease or Congestive Heart Failure who do not meet Medicare guidelines for coverage.	<b>Non Medical Transportation (SSBCI)</b>	Eligible members can use up to 50% of their transportation trips for non-medical transportation needs such as grocery stores, fitness clubs, or senior centers.
<b>Chiropractic</b>	Not Covered	<b>Non-Emergency Medical Transportation (NEMT)</b>	24 one-way trips/year
<b>Dental</b>	Preventive services and select comprehensive services up to \$1,000/year through dental vendor	<b>Personal Emergency Response System (PERS)</b>	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)
<b>Fitness (Gym Membership)</b>	The Silver Sneakers Program (Fitness Facilities and group classes & Home Fitness Kit)	<b>Podiatry</b>	Not Covered
<b>Hearing</b>	Routine hearing exam/year & up to \$3,000 hearing aid allowance (both ears)/year	<b>Vision</b>	Routine eye exam/year and \$300 eyewear allowance/1 year
<b>Home and Bathroom Safety Devices &amp; Modifications</b>	Benefit maximum of \$3000 applies to the purchase/installation of CMS allowed bathroom safety devices. (requires In-Home Safety Assessment)	<b>Worldwide Emergency/ Urgent Coverage</b>	Up to \$100,000 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>In-Home Support Services</b>	Up to 20 hours/year for assistance with activities of daily living, medication pick-ups, and shopping for groceries or other necessities. Members are eligible following discharge from the hospital or skilled nursing facility or through case management referral.		
<b>Flex Card</b>			
<b>Fitness Allowance</b>	\$20/month to use for gym membership, general access to public sports facilities, group fitness classes, new purchase of qualifying exercise equipment, or to order fitness equipment from the Plan's mail order catalog.		
<b>Food &amp; Produce (SSBCI)</b>	\$25/month (no rollover)		
<b>Over-the-Counter</b>	\$175/quarter(no rollover); OTC benefit includes access to a herbal product catalog		

# Plan information — California

Central Health Focus Plan (HMO C-SNP) H5649-006

Plan Name		Central Health Focus Plan (HMO C-SNP)	
Plan ID and Eligibility	H5649-006-000 (All CMS Medicare Eligible that meet Chronic Condition criteria: Diabetes, CHF, Cardiovascular Disorders (limited to cardiac arrhythmias, coronary artery disease, peripheral vascular disease and chronic venous thromboembolic disorder))		
Service area	See map for list of counties	Inpatient Acute	\$0
Premium	\$0	Prescription Deductible	\$0
Primary/Specialist Visit	\$0/\$0	Maximum Out of Pocket	\$1,800
Extra Benefits			
Acupuncture	Unlimited	Meals	112 meals max/year for post surgery/inpatient stay/homebound medical condition; 168 meals max/year for eligible chronic conditions
Bathroom Scale (SSBCI)	\$0 copay for a scale is provided to qualifying members with kidney disease or Congestive Heart Failure who do not meet Medicare guidelines for coverage.	Non Medical Transportation (SSBCI)	Eligible members can use up to 50% of their transportation trips for non-medical transportation needs such as grocery stores, fitness clubs, or senior centers.
Chiropractic	Not Covered	Non-Emergency Medical Transportation (NEMT)	24 one-way trips/year
Dental	Preventive and comprehensive services (\$0-\$2,160 copay range, restrictions may apply); optional PPO Dental Buy-Up (\$3,000 max for INN, \$1,500 max for OON)	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)
Fitness (Gym Membership)	The Silver Sneakers Program (Fitness Facilities and group classes & Home Fitness Kit)	Podiatry	12 routine foot care visits/year
Hearing	Routine hearing exam/year & up to \$2,000 hearing aid allowance (both ears)/year	Vision	Routine eye exam/year and \$150 eyewear allowance/1 year
Home and Bathroom Safety Devices & Modifications	Benefit maximum of \$250 applies to the purchase/installation of CMS allowed bathroom safety devices. (requires In-Home Safety Assessment)	Worldwide Emergency/Urgent Coverage	Up to \$100,000 each calendar year for emergency transportation, urgent care, emergency care, and post-stabilization care. \$135 copay applies (for care provided outside the United States: reimbursement and other restrictions may apply)
In-Home Support Services	Up to 20 hours/year for assistance with activities of daily living, medication pick-ups, and shopping for groceries or other necessities. Members are eligible following discharge from the hospital or skilled nursing facility or through case management referral.		
Flex Card			
Fitness Allowance	\$20/month to use for gym membership, general access to public sports facilities, group fitness classes, new purchase of qualifying exercise equipment, or to order fitness equipment from the Plan's mail order catalog.		
Food & Produce (SSBCI)	\$50/month (no rollover)		
Over-the-Counter	\$131/quarter(no rollover)		

# Plan information — California

Central Health Ventura Medicare Plan (HMO) H5649-008

<b>Plan Name</b>	Central Health Ventura Medicare Plan (HMO)		
<b>Plan ID and Eligibility</b>	H5649-008-000 (All CMS Medicare Eligible)		
<b>Service area</b>	See map for list of counties	<b>Inpatient Acute</b>	\$225/day (Days 1-6); \$0 (Days 7-90)
<b>Premium</b>	\$0	<b>Prescription Deductible</b>	\$0
<b>Primary/Specialist Visit</b>	\$0/\$10	<b>Maximum Out of Pocket</b>	\$2,999
<b>Extra Benefits</b>			
<b>Acupuncture</b>	Unlimited	<b>Meals</b>	90 meals max/year for eligible chronic conditions, 30 additional meals/year for \$5 copay/meal
<b>Bathroom Scale (SSBCI)</b>	\$0 copay for a scale is provided to qualifying members with kidney disease or Congestive Heart Failure who do not meet Medicare guidelines for coverage.	<b>Non Medical Transportation (SSBCI)</b>	Eligible members can use up to 50% of their transportation trips for non-medical transportation needs such as grocery stores, fitness clubs, or senior centers.
<b>Chiropractic</b>	Not Covered	<b>Non-Emergency Medical Transportation (NEMT)</b>	12 one-way trips/year
<b>Dental</b>	Preventive and comprehensive services (\$0-\$2,160 copay range, restrictions may apply); optional PPO Dental Buy-Up (\$3,000 max for INN, \$1,500 max for OON)	<b>Personal Emergency Response System (PERS)</b>	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)
<b>Fitness (Gym Membership)</b>	The Silver Sneakers Program (Fitness Facilities and group classes & Home Fitness Kit)	<b>Podiatry</b>	Not Covered
<b>Hearing</b>	Routine hearing exam/year & up to \$2,000 hearing aid allowance (both ears)/year	<b>Vision</b>	Routine eye exam/year and \$300 eyewear allowance/1 year
<b>Home and Bathroom Safety Devices &amp; Modifications</b>	Not Covered	<b>Worldwide Emergency/Urgent Coverage</b>	Up to \$50,000 each calendar year for emergency transportation, urgent care, emergency care, and post-stabilization care. \$125 copay applies (for care provided outside the United States: reimbursement and other restrictions may apply)
<b>In-Home Support Services</b>	Not Covered		
<b>Flex Card</b>			
<b>Fitness Allowance</b>	\$40/month to use for gym membership, general access to public sports facilities, group fitness classes, new purchase of qualifying exercise equipment, or to order fitness equipment from the Plan's mail order catalog.		
<b>Food &amp; Produce (SSBCI)</b>	\$50/month (no rollover)		
<b>Over-the-Counter</b>	\$36/month(no rollover); OTC benefit includes access to a herbal product catalog		

# Plan information — California

## Central Health San Mateo Medicare Plan (HMO) H5649-018

<b>Plan Name</b>	Central Health San Mateo Medicare Plan (HMO)		
<b>Plan ID and Eligibility</b>	H5649-018-000 (All CMS Medicare Eligible)		
<b>Service area</b>	See map for list of counties	<b>Inpatient Acute</b>	\$310/day (Days 1-5); \$0 (Days 6-90)
<b>Premium</b>	\$0	<b>Prescription Deductible</b>	\$0
<b>Primary/Specialist Visit</b>	\$0/\$25	<b>Maximum Out of Pocket</b>	\$6,750
<b>Extra Benefits</b>			
<b>Acupuncture</b>	Unlimited	<b>Meals</b>	90 meals max/year for eligible chronic conditions, 30 additional meals/year for \$5 copay/meal
<b>Bathroom Scale (SSBCI)</b>	\$0 copay for a scale is provided to qualifying members with kidney disease or Congestive Heart Failure who do not meet Medicare guidelines for coverage.	<b>Non Medical Transportation (SSBCI)</b>	Eligible members can use up to 50% of their transportation trips for non-medical transportation needs such as grocery stores, fitness clubs, or senior centers.
<b>Chiropractic</b>	Not Covered	<b>Non-Emergency Medical Transportation (NEMT)</b>	12 one-way trips/year
<b>Dental</b>	Preventive and comprehensive services (\$0-\$2,160 copay range, restrictions may apply); optional PPO Dental Buy-Up (\$3,000 max for INN, \$1,500 max for OON)	<b>Personal Emergency Response System (PERS)</b>	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)
<b>Fitness (Gym Membership)</b>	The Silver Sneakers Program (Fitness Facilities and group classes & Home Fitness Kit)	<b>Podiatry</b>	Not Covered
<b>Hearing</b>	Routine hearing exam/year & up to \$2,000 hearing aid allowance (both ears)/year	<b>Vision</b>	Routine eye exam/year and \$150 eyewear allowance/1 year
<b>Home and Bathroom Safety Devices &amp; Modifications</b>	Not Covered	<b>Worldwide Emergency/Urgent Coverage</b>	Up to \$50,000 each calendar year for emergency transportation, urgent care, emergency care, and post-stabilization care. \$125 copay applies (for care provided outside the United States: reimbursement and other restrictions may apply)
<b>In-Home Support Services</b>	Not Covered		
<b>Flex Card</b>			
<b>Fitness Allowance</b>	\$40/month		
<b>Food &amp; Produce (SSBCI)</b>	\$50/month (no rollover)		
<b>Over-the-Counter</b>	\$100/quarter(no rollover); OTC benefit includes access to a herbal product catalog		

# Plan information — California

## Central Health Savings Plan (HMO) H5649-019

Plan Name		Central Health Savings Plan (HMO)	
<b>Plan ID and Eligibility</b>	H5649-019-000 (All CMS Medicare Eligible)	<b>Part B Premium Reduction</b>	\$120
<b>Service area</b>	See map for list of counties	<b>Inpatient Acute</b>	\$175/day (Days 1-5); \$0 (Days 6-90)
<b>Premium</b>	\$0	<b>Prescription Deductible</b>	\$0
<b>Primary/Specialist Visit</b>	\$0/\$25	<b>Maximum Out of Pocket</b>	\$3,500
Extra Benefits			
<b>Acupuncture</b>	Unlimited	<b>Meals</b>	Not Covered
<b>Bathroom Scale (SSBCI)</b>	Not Covered	<b>Non Medical Transportation (SSBCI)</b>	Not Covered
<b>Chiropractic</b>	Not Covered	<b>Non-Emergency Medical Transportation (NEMT)</b>	Not Covered
<b>Dental</b>	Preventive and comprehensive services (\$0-\$2,160 copay range, restrictions may apply); optional PPO Dental Buy-Up (\$3,000 max for INN, \$1,500 max for OON)	<b>Personal Emergency Response System (PERS)</b>	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)
<b>Fitness (Gym Membership)</b>	The Silver Sneakers Program (Fitness Facilities and group classes & Home Fitness Kit)	<b>Podiatry</b>	Not Covered
<b>Hearing</b>	Routine hearing exam/year (\$0 copay) & up to \$2000 hearing aid allowance/year	<b>Vision</b>	Routine eye exam/year and \$300 eyewear allowance/1 year
<b>Home and Bathroom Safety Devices &amp; Modifications</b>	Not Covered	<b>Worldwide Emergency/ Urgent Coverage</b>	Up to \$50,000 each calendar year for emergency transportation, urgent care, emergency care, and post-stabilization care. \$140 copay applies (for care provided outside the United States: reimbursement and other
<b>In-Home Support Services</b>	Not Covered		
Flex Card			
<b>Fitness Allowance</b>	\$60/month to use for gym membership, general access to public sports facilities, group fitness classes, new purchase of qualifying exercise equipment, or order fitness equipment from plan's mail order catalog.		
<b>Food &amp; Produce (SSBCI)</b>	Not Covered		
<b>Over-the-Counter</b>	\$25/quarter(no rollover); OTC benefit includes access to a herbal product catalog		

<b>Plan Name</b>	Central Health Jade Plan (HMO)		
<b>Plan ID and Eligibility</b>	H5649-022-000 (All CMS Medicare Eligible)		
<b>Service area</b>	See map for list of counties	<b>Inpatient Acute</b>	\$0
<b>Premium</b>	\$0	<b>Prescription Deductible</b>	\$0
<b>Primary/Specialist Visit</b>	\$0/\$0	<b>Maximum Out of Pocket</b>	\$999
<b>Extra Benefits</b>			
<b>Acupuncture</b>	Unlimited	<b>Meals</b>	112 meals max/year for post surgery/inpatient stay/homebound medical condition; 90 meals max/year for eligible chronic conditions, 30 additional meals/year (\$5 copay/meal)
<b>Bathroom Scale (SSBCI)</b>	\$0 copay for a scale is provided to qualifying members with kidney disease or Congestive Heart Failure who do not meet Medicare guidelines for coverage.	<b>Non Medical Transportation (SSBCI)</b>	Eligible members can use up to 50% of their transportation trips for non-medical transportation needs such as grocery stores, fitness clubs, or senior centers.
<b>Chiropractic</b>	Not Covered	<b>Non-Emergency Medical Transportation (NEMT)</b>	24 one-way trips/year
<b>Dental</b>	Preventive and comprehensive services (\$0-\$2,160 copay range, restrictions may apply); optional PPO Dental Buy-Up (\$3,000 max for INN, \$1,500 max for OON)	<b>Personal Emergency Response System (PERS)</b>	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)
<b>Fitness (Gym Membership)</b>	The Silver Sneakers Program (Fitness Facilities and group classes & Home Fitness Kit)	<b>Podiatry</b>	12 routine foot care visits/year
<b>Hearing</b>	Routine hearing exam/year & up to \$3,000 hearing aid allowance (both ears)/year	<b>Vision</b>	Routine eye exam/year and \$300 eyewear allowance/1 year
<b>Home and Bathroom Safety Devices &amp; Modifications</b>	Benefit maximum of \$250 applies to the purchase/installation of CMS allowed bathroom safety devices. (requires In-Home Safety Assessment)	<b>Worldwide Emergency/Urgent Coverage</b>	Up to \$100,000 each calendar year for emergency transportation, urgent care, emergency care, and post-stabilization care. \$50 copay applies (for care provided outside the United States: reimbursement and other restrictions may apply)
<b>In-Home Support Services</b>	Up to 20 hours/year for assistance with activities of daily living, medication pick-ups, and shopping for groceries or other necessities. Members are eligible following discharge from the hospital or skilled nursing facility or through case management referral.		
<b>Flex Card</b>			
<b>Fitness Allowance</b>	\$60/month to use for gym membership, general access to public sports facilities, group fitness classes, new purchase of qualifying exercise equipment, or to order fitness equipment from the Plan's mail order catalog.		
<b>Food &amp; Produce (SSBCI)</b>	\$50/month (no rollover)		
<b>Over-the-Counter</b>	\$159/quarter(no rollover); OTC benefit includes access to a herbal product catalog		

# Plan information — California

Central Health Premier Plan I (HMO C-SNP) H5649-023

<b>Plan Name</b>		Central Health Premier Plan I (HMO)	
<b>Plan ID and Eligibility</b>		H5649-023-000 (All CMS Medicare Eligible)	
<b>Service area</b>	See map for list of counties	<b>Inpatient Acute</b>	\$0/day (Days 1-4); \$100/day (Days 5-10); \$0 (Days 11-90)
<b>Premium</b>	\$0	<b>Prescription Deductible</b>	\$100
<b>Primary/Specialist Visit</b>	\$0/\$0	<b>Maximum Out of Pocket</b>	\$2,999
<b>Extra Benefits</b>			
<b>Acupuncture</b>	Unlimited	<b>Meals</b>	112 meals max/year for post surgery/inpatient stay/homebound medical condition
<b>Bathroom Scale (SSBCI)</b>	Not Covered	<b>Non Medical Transportation (SSBCI)</b>	Not Covered
<b>Chiropractic</b>	Not Covered	<b>Non-Emergency Medical Transportation (NEMT)</b>	12 one-way trips/year
<b>Dental</b>	Preventive and comprehensive services (\$0-\$2,160 copay range, restrictions may apply); optional PPO Dental Buy-Up (\$3,000 max for INN, \$1,500 max for OON)	<b>Personal Emergency Response System (PERS)</b>	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)
<b>Fitness (Gym Membership)</b>	The Silver Sneakers Program (Fitness Facilities and group classes & Home Fitness Kit)	<b>Podiatry</b>	Not Covered
<b>Hearing</b>	Routine hearing exam/year & up to \$2,000 hearing aid allowance (both ears)/year	<b>Vision</b>	Routine eye exam/year and \$300 eyewear allowance/1 year
<b>Home and Bathroom Safety Devices &amp; Modifications</b>	Benefit maximum of \$250 applies to the purchase/installation of CMS allowed bathroom safety devices. (requires In-Home Safety Assessment)	<b>Worldwide Emergency/ Urgent Coverage</b>	Up to \$100,000 each calendar year for emergency transportation, urgent care, emergency care, and post-stabilization care. \$125 copay applies (for care provided outside the United States: reimbursement and other restrictions may apply)
<b>In-Home Support Services</b>	Up to 20 hours/year for assistance with activities of daily living, medication pick-ups, and shopping for groceries or other necessities. Members are eligible following discharge from the hospital or skilled nursing facility or through case management referral.		
<b>Flex Card</b>			
<b>Fitness Allowance</b>	\$20/month to use for gym membership, general access to public sports facilities, group fitness classes, new purchase of qualifying exercise equipment, or to order fitness equipment from the Plan's mail order catalog.		
<b>Food &amp; Produce (SSBCI)</b>	\$50/month (no rollover)		
<b>Over-the-Counter</b>	\$96/quarter(no rollover); OTC benefit includes access to a herbal product catalog		

# Plan information — California

## Central Health Embrace Care Plan (HMO C-SNP) H5649-025-001

<b>Plan Name</b>	Central Health Embrace Care Plan (HMO C-SNP)		
<b>Plan ID and Eligibility</b>	H5649-025-001 (All CMS Medicare Eligible that meet Chronic Condition criteria: Diabetes, CHF, Cardiovascular Disorders (limited to cardiac arrhythmias, coronary artery disease, peripheral vascular disease and chronic venous thromboembolic disorder))		
<b>Service area</b>	See map for list of counties	<b>Inpatient Acute</b>	\$0
<b>Premium</b>	\$0	<b>Prescription Deductible</b>	\$0
<b>Primary/Specialist Visit</b>	\$0/\$0	<b>Maximum Out of Pocket</b>	\$999
<b>Extra Benefits</b>			
<b>Acupuncture</b>	12 visits/year; combined with routine Chiropractic	<b>Meals</b>	168 meals max/year for eligible chronic conditions
<b>Bathroom Scale (SSBCI)</b>	\$0 copay for a scale is provided to qualifying members with kidney disease or Congestive Heart Failure who do not meet Medicare guidelines for coverage.	<b>Non Medical Transportation (SSBCI)</b>	Not Covered
<b>Chiropractic</b>	12 visits/year; combined with routine Acupuncture	<b>Non-Emergency Medical Transportation (NEMT)</b>	24 one-way trips/year
<b>Dental</b>	Preventive and comprehensive services (\$0-\$2,160 copay range, restrictions may apply); optional PPO Dental Buy-Up (\$3,000 max for INN, \$1,500 max for OON)	<b>Personal Emergency Response System (PERS)</b>	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)
<b>Fitness (Gym Membership)</b>	The Silver Sneakers Program (Fitness Facilities and group classes & Home Fitness Kit)	<b>Podiatry</b>	12 routine foot care visits/year
<b>Hearing</b>	Routine hearing exam/year (\$0 copay) & up to 2 hearing aids/3 years (\$49-\$1549 copay range)	<b>Vision</b>	Routine eye exam/year and \$300 eyewear allowance/1 year
<b>Home and Bathroom Safety Devices &amp; Modifications</b>	Not Covered	<b>Worldwide Emergency/Urgent Coverage</b>	Up to \$50,000 each calendar year for emergency transportation, urgent care, emergency care, and post-stabilization care. \$140 copay applies (for care provided outside the United States: reimbursement and other restrictions may apply)
<b>In-Home Support Services</b>	Up to 20 hours/year for assistance with activities of daily living, medication pick-ups, and shopping for groceries or other necessities. Members are eligible following discharge from the hospital or skilled nursing facility or through case management referral.		
<b>Flex Card</b>			
<b>Fitness Allowance</b>	\$40/month to use for gym membership, general access to public sports facilities, group fitness classes, new purchase of qualifying exercise equipment, or to order fitness equipment from the Plan's mail order catalog.		
<b>Food &amp; Produce (SSBCI)</b>	\$15/month (no rollover)		
<b>Over-the-Counter</b>	\$172/quarter(no rollover)		

Plan Name		Central Health Embrace Care Plan (HMO C-SNP)	
<b>Plan ID and Eligibility</b>	H5649-025-002 (All CMS Medicare Eligible that meet Chronic Condition criteria: Diabetes, CHF, Cardiovascular Disorders (limited to cardiac arrhythmias, coronary artery disease, peripheral vascular disease and chronic venous thromboembolic disorder))		
<b>Service area</b>	See map for list of counties	Inpatient Acute	\$0/day (Days 1-5); \$200/day (Days 6-9); \$35/day (Days 10-90)
<b>Premium</b>	\$0	Prescription Deductible	\$0
<b>Primary/Specialist Visit</b>	\$0/\$0	Maximum Out of Pocket	\$2,750
Extra Benefits			
<b>Acupuncture</b>	12 visits/year; combined with routine Chiropractic	<b>Meals</b>	168 meals max/year for eligible chronic conditions
<b>Bathroom Scale (SSBCI)</b>	\$0 copay for a scale is provided to qualifying members with kidney disease or Congestive Heart Failure who do not meet Medicare guidelines for coverage.	<b>Non Medical Transportation (SSBCI)</b>	Not Covered
<b>Chiropractic</b>	12 visits/year; combined with routine Acupuncture	<b>Non-Emergency Medical Transportation (NEMT)</b>	24 one-way trips/year
<b>Dental</b>	Preventive and comprehensive services (\$0-\$2,160 copay range, restrictions may apply); optional PPO Dental Buy-Up (\$3,000 max for INN, \$1,500 max for OON)	<b>Personal Emergency Response System (PERS)</b>	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)
<b>Fitness (Gym Membership)</b>	The Silver Sneakers Program (Fitness Facilities and group classes & Home Fitness Kit)	<b>Podiatry</b>	12 routine foot care visits/year
<b>Hearing</b>	Routine hearing exam/year (\$0 copay) & up to 2 hearing aids/year (\$575-\$2099 copay range)	<b>Vision</b>	Routine eye exam/year and \$300 eyewear allowance/1 year
<b>Home and Bathroom Safety Devices &amp; Modifications</b>	Not Covered	<b>Worldwide Emergency/ Urgent Coverage</b>	Up to \$50,000 each calendar year for emergency transportation, urgent care, emergency care, and post-stabilization care. \$140 copay applies (for care provided outside the United States: reimbursement and other restrictions may apply)
<b>In-Home Support Services</b>	Up to 20 hours/year for assistance with activities of daily living, medication pick-ups, and shopping for groceries or other necessities. Members are eligible following discharge from the hospital or skilled nursing facility or through case management referral.		
Flex Card			
<b>Fitness Allowance</b>	\$60/month to use for gym membership, general access to public sports facilities, group fitness classes, new purchase of qualifying exercise equipment, or to order fitness equipment from the Plan's mail order catalog.		
<b>Food &amp; Produce (SSBCI)</b>	\$40/month (no rollover)		
<b>Over-the-Counter</b>	\$130/quarter(no rollover)		

<b>Plan Name</b>	Central Health Embrace Choice Plan (HMO C-SNP)		
<b>Plan ID and Eligibility</b>	H5649-026-001 (All CMS Medicare Eligible that meet Chronic Condition criteria: Diabetes, CHF, Cardiovascular Disorders (limited to cardiac arrhythmias, coronary artery disease, peripheral vascular disease and chronic venous thromboembolic disorder))		
<b>Service area</b>	See map for list of counties	<b>Inpatient Acute</b>	\$0/day (Days 1-60); \$408/day (Days 61-90) Medicare Defined
<b>Premium</b>	\$13.40	<b>Prescription Deductible</b>	\$590
<b>Primary/Specialist Visit</b>	\$0/0% - 35% coinsurance (Depending on Medicaid Level)	<b>Maximum Out of Pocket</b>	\$7,900
<b>Extra Benefits</b>			
<b>Acupuncture</b>	30 visits/year; combined with routine Chiropractic	<b>Meals</b>	168 meals max/year for eligible chronic conditions
<b>Bathroom Scale (SSBCI)</b>	\$0 Copay	<b>Non Medical Transportation (SSBCI)</b>	Not Covered
<b>Chiropractic</b>	30 visits/year; combined with routine Acupuncture	<b>Non-Emergency Medical Transportation (NEMT)</b>	24 one-way trips/year
<b>Fitness (Gym Membership)</b>	The Silver Sneakers Program (Fitness Facilities and group classes & Home Fitness Kit)	<b>Personal Emergency Response System (PERS)</b>	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)
<b>Hearing</b>	Routine hearing exam/year (\$0 copay) & up to 2 hearing aids/3 years (\$49-\$1,549 copay range)	<b>Podiatry</b>	12 routine foot care visits/year
<b>Home and Bathroom Safety Devices &amp; Modifications</b>	Not Covered	<b>Vision</b>	Routine eye exam/year and \$300 eyewear allowance/1 year
<b>In-Home Support Services</b>	Up to 20 hours/year for assistance with activities of daily living, medication pick-ups, and shopping for groceries or other necessities. Members are eligible following discharge from the hospital or skilled nursing facility or through case management referral.	<b>Worldwide Emergency/ Urgent Coverage</b>	Up to \$50,000 each calendar year for emergency transportation, urgent care, emergency care, and post-stabilization care. \$110 copay applies (for care provided outside the United States: reimbursement and other restrictions may apply)
<b>Flex Card</b>			
<b>Dental</b>	\$62.50/month (rollover monthly)		
<b>Food &amp; Produce (SSBCI)</b>	\$50/month (no rollover)		
<b>Over-the-Counter</b>	\$150/quarter(no rollover)		

# Plan information — California

## Central Health Embrace Choice Plan (HMO C-SNP) H5649-026-002

<b>Plan Name</b>	Central Health Embrace Choice Plan (HMO C-SNP)		
<b>Plan ID and Eligibility</b>	H5649-026-002 (All CMS Medicare Eligible that meet Chronic Condition criteria: Diabetes, CHF, Cardiovascular Disorders (limited to cardiac arrhythmias, coronary artery disease, peripheral vascular disease and chronic venous thromboembolic disorder))		
<b>Service area</b>	See map for list of counties	<b>Inpatient Acute</b>	\$0/day (Days 1-60); \$408/day (Days 61-90) Medicare Defined
<b>Premium</b>	\$13.40	<b>Prescription Deductible</b>	\$590
<b>Primary/Specialist Visit</b>	\$0/0% - 35% coinsurance (Depending on Medicaid Level)	<b>Maximum Out of Pocket</b>	\$9,350
<b>Extra Benefits</b>			
<b>Acupuncture</b>	12 visits/year; combined with routine Chiropractic	<b>Meals</b>	168 meals max/year for eligible chronic conditions
<b>Bathroom Scale (SSBCI)</b>	\$0 copay for a scale is provided to qualifying members with kidney disease or Congestive Heart Failure who do not meet Medicare guidelines for coverage.	<b>Non Medical Transportation (SSBCI)</b>	Not Covered
<b>Chiropractic</b>	12 visits/year; combined with routine Acupuncture	<b>Non-Emergency Medical Transportation (NEMT)</b>	12 one-way trips/year
<b>Dental</b>	Not Covered	<b>Personal Emergency Response System (PERS)</b>	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)
<b>Fitness (Gym Membership)</b>	The Silver Sneakers Program (Fitness Facilities and group classes & Home Fitness Kit)	<b>Podiatry</b>	12 routine foot care visits/year
<b>Hearing</b>	Routine hearing exam/year (\$0 copay) & up to 2 hearing aids/3 years (\$49-\$1549 copay range)	<b>Vision</b>	Routine eye exam/year and \$300 eyewear allowance/1 year
<b>Home and Bathroom Safety Devices &amp; Modifications</b>	Not Covered	<b>Worldwide Emergency/ Urgent Coverage</b>	Up to \$50,000 each calendar year for emergency transportation, urgent care, emergency care, and post-stabilization care. \$110 copay applies (for care provided outside the United States: reimbursement and other restrictions may apply)
<b>In-Home Support Services</b>	Up to 20 hours/year for assistance with activities of daily living, medication pick-ups, and shopping for groceries or other necessities. Members are eligible following discharge from the hospital or skilled nursing facility or through case management referral.		
<b>Flex Card</b>			
<b>Fitness Allowance</b>	Not Covered		
<b>Food &amp; Produce (SSBCI)</b>	\$30/month (no rollover)		
<b>Over-the-Counter</b>	\$120/quarter(no rollover); OTC benefit includes access to a herbal product catalog		

# Plan information — California

## Central Health Classic Care Plan I (HMO) H5649-027

<b>Plan Name</b>	Central Health Classic Care Plan I (HMO)		
<b>Plan ID and Eligibility</b>	H5649-027-000 (All CMS Medicare Eligible)		
<b>Service area</b>	See map for list of counties	<b>Inpatient Acute</b>	\$0
<b>Premium</b>	\$0	<b>Prescription Deductible</b>	\$0
<b>Primary/Specialist Visit</b>	\$0/\$0	<b>Maximum Out of Pocket</b>	\$999
<b>Extra Benefits</b>			
<b>Acupuncture</b>	30 visits/year; combined with routine Chiropractic	<b>Meals</b>	168 meals max/year for eligible chronic conditions
<b>Bathroom Scale (SSBCI)</b>	Not Covered	<b>Non Medical Transportation (SSBCI)</b>	Not Covered
<b>Chiropractic</b>	30 visits/year; combined with routine Acupuncture	<b>Non-Emergency Medical Transportation (NEMT)</b>	24 one-way trips/year
<b>Dental</b>	Preventive and comprehensive services (\$0-\$2,160 copay range, restrictions may apply); optional PPO Dental Buy-Up (\$3,000 max for INN, \$1,500 max for OON)	<b>Personal Emergency Response System (PERS)</b>	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)
<b>Fitness (Gym Membership)</b>	The Silver Sneakers Program (Fitness Facilities and group classes & Home Fitness Kit)	<b>Podiatry</b>	Not Covered
<b>Hearing</b>	Routine hearing exam/year (\$0 copay) & up to 2 hearing aids/3 years (\$49-\$1,549 copay range)	<b>Vision</b>	Routine eye exam/year and \$300 eyewear allowance/1 year
<b>Home and Bathroom Safety Devices &amp; Modifications</b>	Not Covered	<b>Worldwide Emergency/Urgent Coverage</b>	Up to \$50,000 each calendar year for emergency transportation, urgent care, emergency care, and post-stabilization care. \$140 copay applies (for care provided outside the United States: reimbursement and other restrictions may apply)
<b>In-Home Support Services</b>	Not Covered		
<b>Flex Card</b>			
<b>Fitness Allowance</b>	\$60/month to use for gym membership, general access to public sports facilities, group fitness classes, new purchase of qualifying exercise equipment, or to order fitness equipment from the Plan's mail order catalog.		
<b>Food &amp; Produce (SSBCI)</b>	\$50/month (no rollover)		
<b>Over-the-Counter</b>	\$150/quarter(no rollover)		

# Plan information — California

## Central Health Classic Care Plan II (HMO) H5649-028

<b>Plan Name</b>	Central Health Classic Care Plan II (HMO)		
<b>Plan ID and Eligibility</b>	H5649-028-000 (All CMS Medicare Eligible)		
<b>Service area</b>	See map for list of counties	<b>Inpatient Acute</b>	\$150/day (Days 1-6); \$0 (Days 7-90)
<b>Premium</b>	\$0	<b>Prescription Deductible</b>	\$100
<b>Primary/Specialist Visit</b>	\$0/\$10	<b>Maximum Out of Pocket</b>	\$2,499
<b>Extra Benefits</b>			
<b>Acupuncture</b>	30 visits/year; combined with routine Chiropractic	<b>Meals</b>	90 meals max/year for eligible chronic conditions, 30 additional meals/year for \$5 copay/meal
<b>Bathroom Scale (SSBCI)</b>	Not Covered	<b>Non Medical Transportation (SSBCI)</b>	Not Covered
<b>Chiropractic</b>	30 visits/year; combined with routine Acupuncture	<b>Non-Emergency Medical Transportation (NEMT)</b>	24 one-way trips/year
<b>Dental</b>	Preventive and comprehensive services (\$0-\$2,160 copay range, restrictions may apply); optional PPO Dental Buy-Up (\$3,000 max for INN, \$1,500 max for OON)	<b>Personal Emergency Response System (PERS)</b>	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)
<b>Fitness (Gym Membership)</b>	The Silver Sneakers Program (Fitness Facilities and group classes & Home Fitness Kit)	<b>Podiatry</b>	Not Covered
<b>Hearing</b>	Routine hearing exam/year (\$0 copay) & up to 2 hearing aids/year (\$575-\$2099 copay range)	<b>Vision</b>	Routine eye exam/year and \$300 eyewear allowance/1 year
<b>Home and Bathroom Safety Devices &amp; Modifications</b>	Not Covered	<b>Worldwide Emergency/Urgent Coverage</b>	Up to \$50,000 each calendar year for emergency transportation, urgent care, emergency care, and post-stabilization care. \$140 copay applies (for care provided outside the United States: reimbursement and other restrictions may apply)
<b>In-Home Support Services</b>	Not Covered		
<b>Flex Card</b>			
<b>Fitness Allowance</b>	\$60/month to use for gym membership, general access to public sports facilities, group fitness classes, new purchase of qualifying exercise equipment, or to order fitness equipment from the Plan's mail order catalog.		
<b>Food &amp; Produce (SSBCI)</b>	\$50/month (no rollover)		
<b>Over-the-Counter</b>	\$129/quarter(no rollover)		

# Plan information — California

## Central Health Classic Care Plan II (HMO) H5649-028

<b>Plan Name</b>	Central Health Classic Care Plan II (HMO)		
<b>Plan ID and Eligibility</b>	H5649-028-000 (All CMS Medicare Eligible)		
<b>Service area</b>	See map for list of counties	<b>Inpatient Acute</b>	\$150/day (Days 1-6); \$0 (Days 7-90)
<b>Premium</b>	\$0	<b>Prescription Deductible</b>	\$100
<b>Primary/Specialist Visit</b>	\$0/\$10	<b>Maximum Out of Pocket</b>	\$2,499
<b>Extra Benefits</b>			
<b>Acupuncture</b>	30 visits/year; combined with routine Chiropractic	<b>Meals</b>	90 meals max/year for eligible chronic conditions, 30 additional meals/year for \$5 copay/meal
<b>Bathroom Scale (SSBCI)</b>	Not Covered	<b>Non Medical Transportation (SSBCI)</b>	Not Covered
<b>Chiropractic</b>	30 visits/year; combined with routine Acupuncture	<b>Non-Emergency Medical Transportation (NEMT)</b>	24 one-way trips/year
<b>Dental</b>	Preventive and comprehensive services (\$0-\$2,160 copay range, restrictions may apply); optional PPO Dental Buy-Up (\$3,000 max for INN, \$1,500 max for OON)	<b>Personal Emergency Response System (PERS)</b>	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)
<b>Fitness (Gym Membership)</b>	The Silver Sneakers Program (Fitness Facilities and group classes & Home Fitness Kit)	<b>Podiatry</b>	Not Covered
<b>Hearing</b>	Routine hearing exam/year (\$0 copay) & up to 2 hearing aids/year (\$575-\$2099 copay range)	<b>Vision</b>	Routine eye exam/year and \$300 eyewear allowance/1 year
<b>Home and Bathroom Safety Devices &amp; Modifications</b>	Not Covered	<b>Worldwide Emergency/Urgent Coverage</b>	Up to \$50,000 each calendar year for emergency transportation, urgent care, emergency care, and post-stabilization care. \$140 copay applies (for care provided outside the United States: reimbursement and other restrictions may apply)
<b>In-Home Support Services</b>	Not Covered		
<b>Flex Card</b>			
<b>Fitness Allowance</b>	\$60/month to use for gym membership, general access to public sports facilities, group fitness classes, new purchase of qualifying exercise equipment, or to order fitness equipment from the Plan's mail order catalog.		
<b>Food &amp; Produce (SSBCI)</b>	\$50/month (no rollover)		
<b>Over-the-Counter</b>	\$129/quarter(no rollover)		

<b>Plan Name</b>		Central Health Valor Care Plan (HMO)	
<b>Plan ID and Eligibility</b>	H5649-030-000 (All CMS Medicare Eligible)	<b>Part B Premium Reduction</b>	\$75
<b>Service area</b>	See map for list of counties	<b>Inpatient Acute</b>	\$285/day (Days 1-6); \$0 (Days 7-90)
<b>Premium</b>	\$0	<b>Prescription Deductible</b>	Not Covered
<b>Primary/Specialist Visit</b>	\$0/\$0	<b>Maximum Out of Pocket</b>	\$4,999
<b>Extra Benefits</b>			
<b>Acupuncture</b>	30 visits/year; combined with routine Chiropractic	<b>Meals</b>	90 meals max/year for eligible chronic conditions, 30 additional meals/year for \$5 copay/meal
<b>Bathroom Scale (SSBCI)</b>	Not Covered	<b>Non Medical Transportation (SSBCI)</b>	Not Covered
<b>Chiropractic</b>	30 visits/year; combined with routine Acupuncture	<b>Non-Emergency Medical Transportation (NEMT)</b>	Not Covered
<b>Dental</b>	Preventive and comprehensive services (\$0-\$2,160 copay range, restrictions may apply); optional PPO Dental Buy-Up (\$3,000 max for INN, \$1,500 max for OON)	<b>Personal Emergency Response System (PERS)</b>	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)
<b>Fitness (Gym Membership)</b>	The Silver Sneakers Program (Fitness Facilities and group classes & Home Fitness Kit)	<b>Podiatry</b>	Not Covered
<b>Hearing</b>	Routine hearing exam/year (\$0 copay) & up to 2 hearing aids/3 years (\$49-\$1549 copay range)	<b>Vision</b>	Routine eye exam/year and \$150 eyewear allowance/1 year
<b>Home and Bathroom Safety Devices &amp; Modifications</b>	Not Covered	<b>Worldwide Emergency/Urgent Coverage</b>	Up to \$50,000 each calendar year for emergency transportation, urgent care, emergency care, and post-stabilization care. \$125 copay applies (for care provided outside the United States: reimbursement and other restrictions may apply)
<b>In-Home Support Services</b>	Not Covered		
<b>Flex Card</b>			
<b>Fitness Allowance</b>	Not Covered		
<b>Food &amp; Produce (SSBCI)</b>	Not Covered		
<b>Over-the-Counter</b>	Not Covered		

# California Network Highlights





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

# State coverage


## Idaho

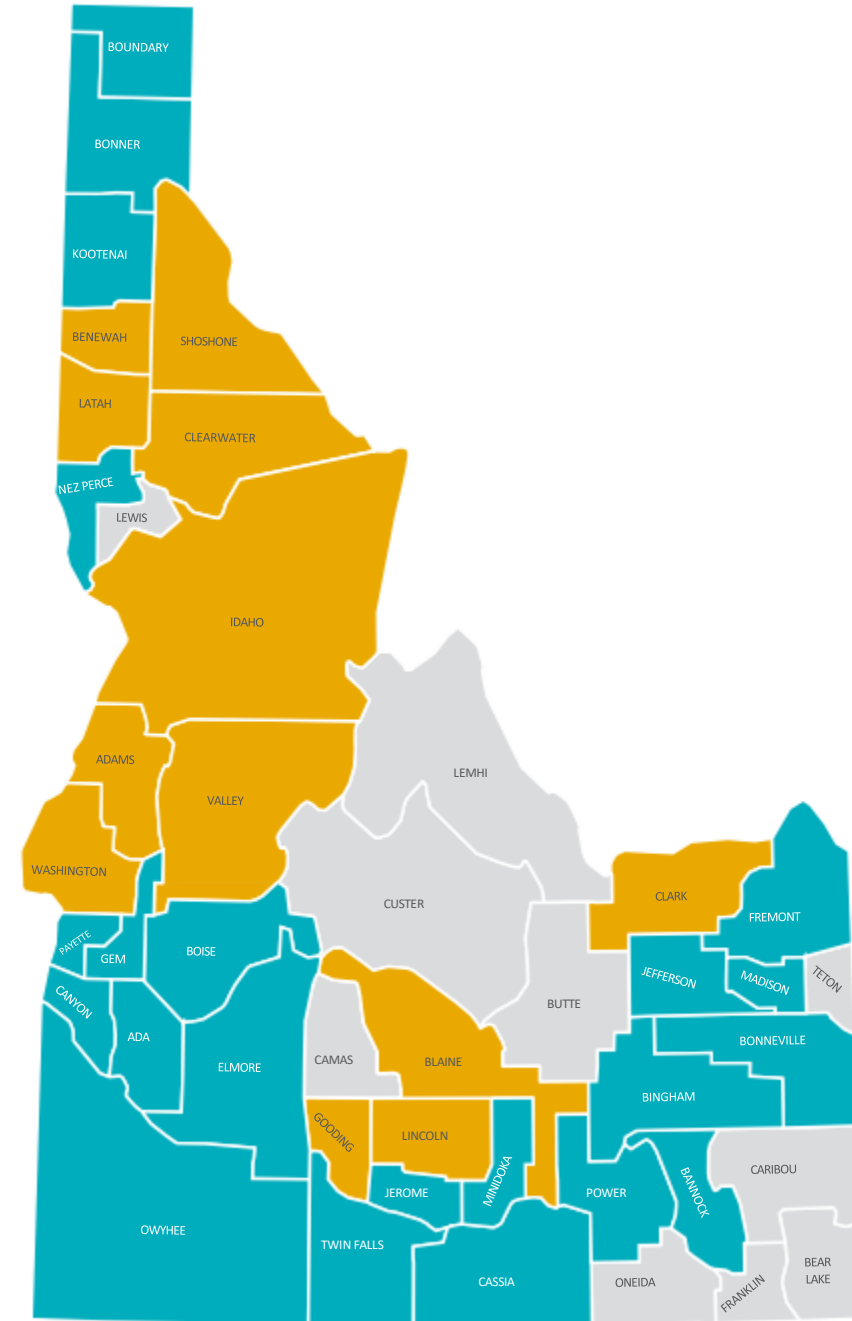
### D-SNP Plans

 Molina Medicare Complete Care (HMO D-SNP) H5628-008 (*FIDE*)\*

 Molina Medicare Complete Care Select (HMO D-SNP) H5628-011

**Service area (34):** Ada, Adams, Bannock, Benewah, Bingham, Blaine, Boise, Bonner, Bonneville, Boundary, Canyon, Cassia, Clark, Clearwater, Elmore, Fremont, Gem, Gooding, Idaho, Jefferson, Jerome, Kootenai, Latah, Lincoln, Madison, Minidoka, Nez Perce, Owyhee, Payette, Power, Shoshone, Twin Falls, Valley, Washington

 New counties for 2025



\*FIDE, HIDE and AIP plans qualify for the new Integrated Care SEP

# 2025 Supplemental Health Benefits offered in Idaho

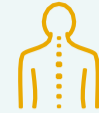


## MyChoice Card

- OTC + Transportation
- Food and Produce\*\*



## Worldwide Emergency/Urgent Coverage



## Chiropractic



## Podiatry



## Meals



## Fitness



## Personal Emergency Response System (PERS+)



## Dental



## Vision



## Hearing

See plan specific details as benefits vary by plan

\*\*Special Supplemental Benefits for the Chronically Ill (SSBCI) - Members with a valid Health Risk Assessment (HRA) and a confirmed diagnosis of a qualifying chronic condition.

Note: Additional benefits may be available through a D-SNP member's Medicaid.

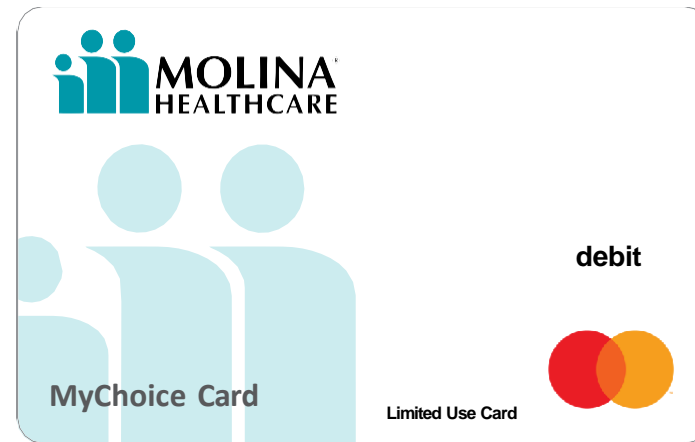
# 2025 Medicare plan changes — Molina Healthcare—MyChoice Card

**New for 2025:** To streamline our benefits administration, we are transitioning card production and the retail network to Nations, ensuring a more efficient and cohesive experience for our members.



## Benefit Allowances

- OTC
- Non-emergency medical transportation
- Food & produce (SSBCI)\*



\*Qualifications needed for SSBCI Benefits

# Plan information — Idaho

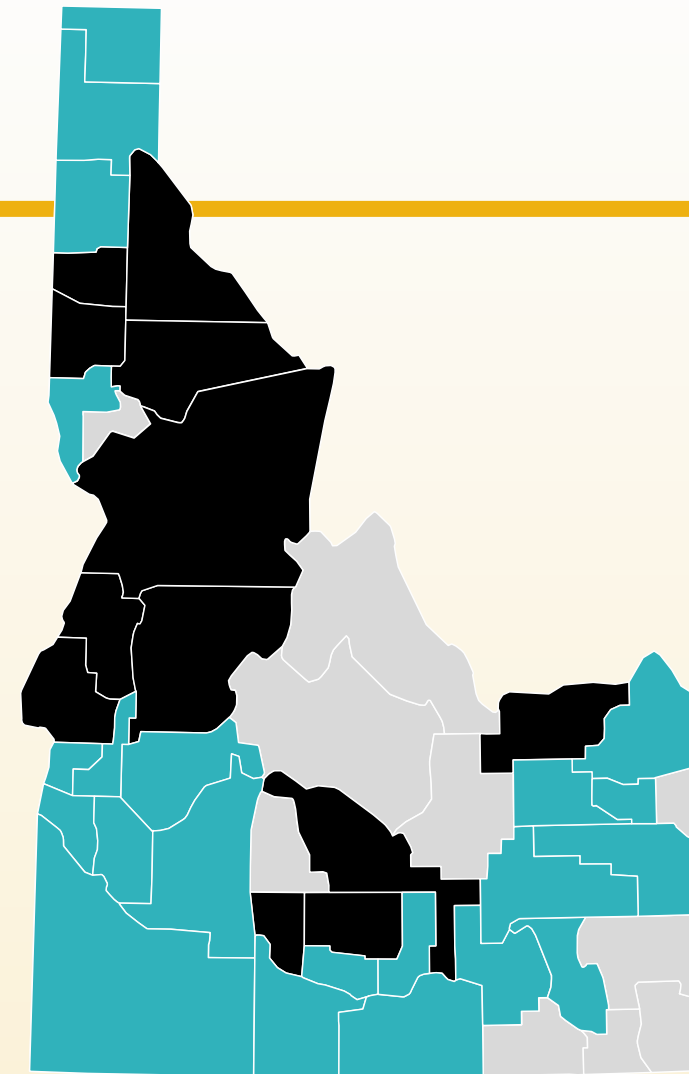
Plan Name	Molina Medicare Complete Care (HMO D-SNP)	Molina Medicare Complete Care Select (HMO D-SNP)
<b>Plan ID and Eligibility</b>	<b>H5628-008-000</b> (FBDE, SLMB+, QMB+)	<b>H5628-011-000</b> (SLMB, QI, QDWI, QMB)
<b>Service area</b>	See map for list of counties	See map for list of counties
<b>Premium</b>	\$0	\$0
<b>Primary/Specialist Visit</b>	\$0/\$0	\$0/\$0 or \$10
<b>Inpatient Acute</b>	\$0	\$0 or \$295/day (Days 1-6) / \$0 (Days 7-90)
<b>Prescription Deductible</b>	\$0	\$0
<b>Maximum Out of Pocket</b>	\$9,350	\$9,350
<b>Extra Benefits</b>		
<b>Chiropractic</b>		20 visits/year
<b>Dental</b>	Preventive and comprehensive dental services provided by the State Medicaid benefits administrator, MCNA (for Idaho Smiles program)*	Preventive services and select comprehensive services up to \$500/year through dental vendor
<b>Fitness</b>		The Silver & Fit Program (Fitness Facilities & Home Fitness Kit)
<b>Hearing</b>		Routine hearing exam/year & up to 2 pre-selected hearing aids (both ears)/2 years
<b>Meals</b>	56 meals max/year for post surgery/inpatient stay/homebound medical condition. Diabetic Wellness Meals 168 meals max/year	56 meals max/year for post surgery/inpatient stay/homebound medical condition
<b>Personal Emergency Response System (PERS+)</b>	PERS may be covered under the A&D waiver for eligible participants (Idaho Medicaid does not cover medical alert systems)	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)
<b>Podiatry</b>		6 routine foot care visits/year
<b>Vision</b>		Routine eye exam/year & \$200 eyewear allowance/year
<b>Worldwide Emergency/Urgent Coverage</b>		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>		
<b>Food &amp; Produce (SSBCI)</b>	\$150/month (no rollover)	\$40/month (no rollover)
<b>Non-Emergency Medical Transportation</b>	\$100/month (no rollover); combined allowance with OTC	\$70/month (no rollover); combined allowance with OTC
<b>Over-the-Counter</b>	\$100/month (no rollover); combined allowance with Transportation	\$70/month (no rollover); combined allowance with Transportation

\*Benefits covered through Medicaid (Idaho Department Health & Welfare)

# Idaho Network Highlights

## Provider Network Highlights:

- Tri-State Memorial
- HCA Hospitals
- Bingham Memorial
- Portneuf Medical Center
- Minidoka Memorial Hospital
- Madison Memorial Hospital
- Mountain View Hospitals
- St. Luke's Hospitals & Doctors
- Saltzer Clinic
- Kootenai Health – Hospitals, Clinics & Doctors
- Cassia Regional Hospital
- St. Joseph Regional Medical Center
- Saint Alphonsus Hospitals & Doctors




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

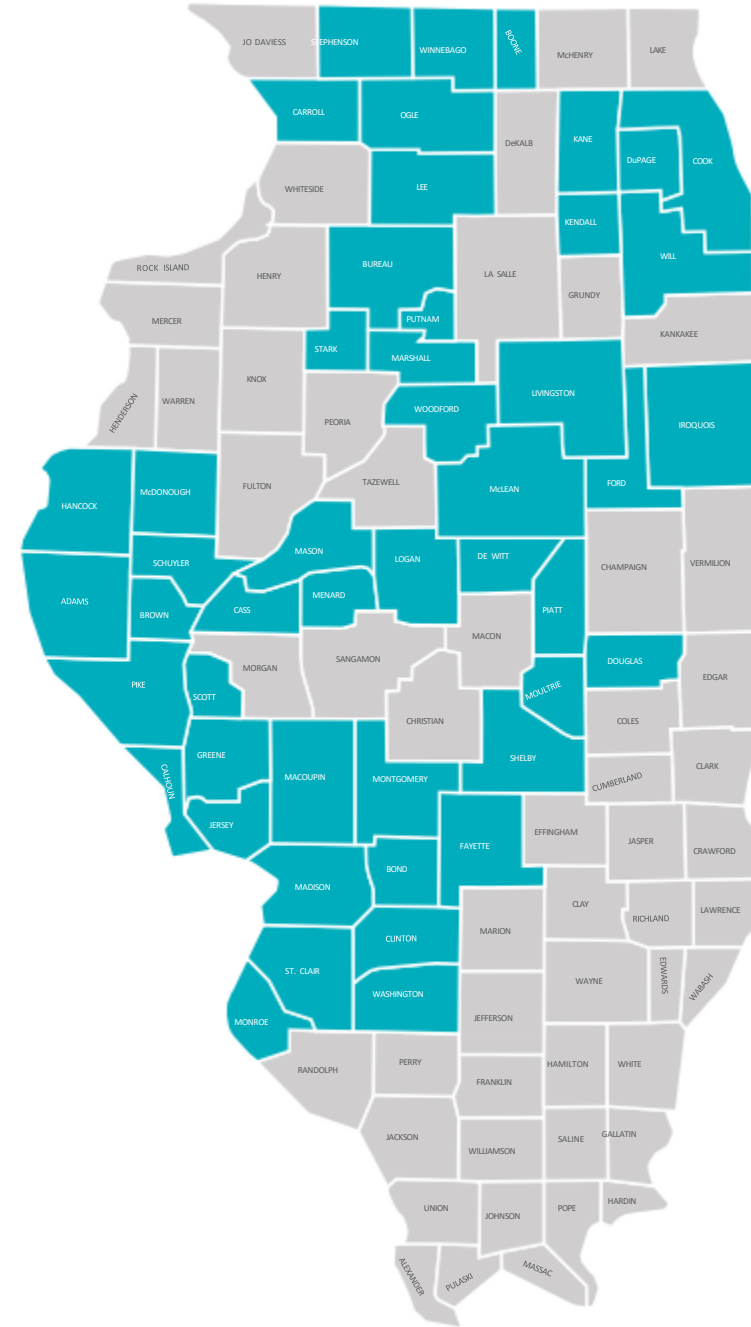
# State coverage

## Illinois

### MAPD Plan

 Molina Medicare Choice Care (HMO) H2715-003

Service area (46): Adams, Bond, Boone, Brown, Bureau, Calhoun, Carroll, Cass, Clinton, Cook, De Witt, Douglas, DuPage, Fayette, Ford, Greene, Hancock, Iroquois, Kane, Kendall, Lee, Livingston, Logan, Macoupin, Madison, Marshall, McDonough, McLean, Menard, Monroe, Montgomery, Moultrie, Ogle, Piatt, Pike, Putnam, Scott, Schuyler, Shelby, St. Clair, Stark, Stephenson, Washington, Will, Winnebago, Woodford



# 2025 Supplemental Health Benefits offered in Illinois



**\$0 RX Copay**



**Worldwide Emergency/Urgent Coverage**



**Fitness**



**Telehealth**



**24-hour Nurse  
Advice Line**



**Smoking & Tobacco  
Use Cessations**



**Annual Physical Exam**



**Nutritional/Dietary Benefits**

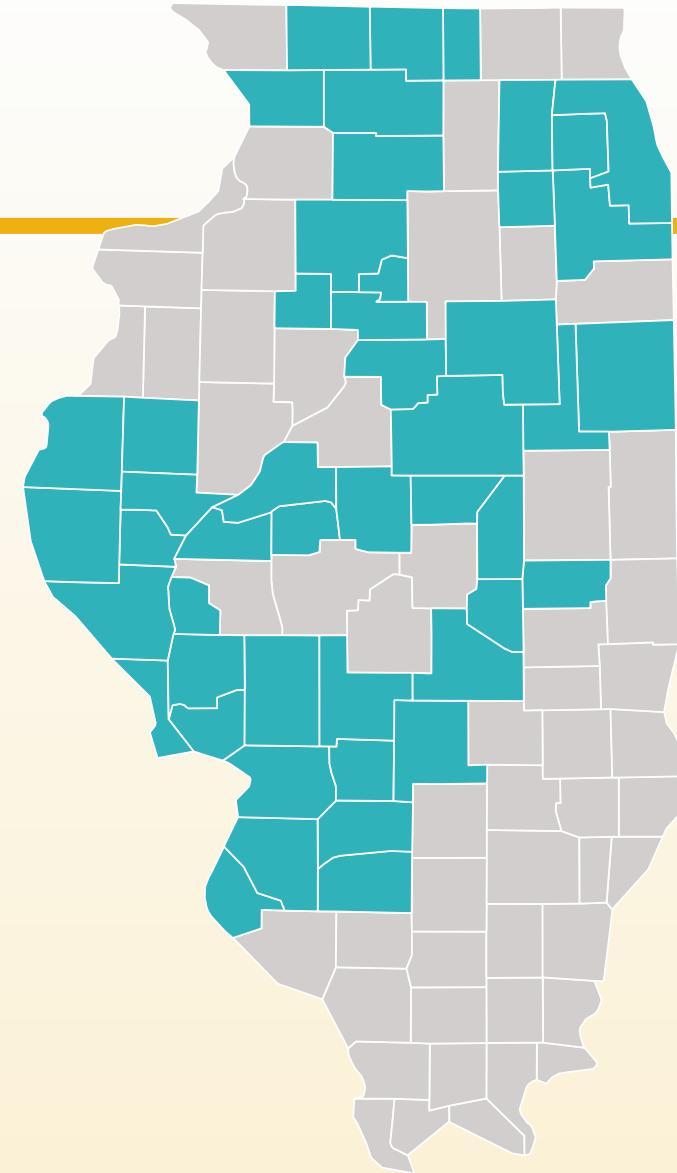
# Plan information — Illinois

<b>Plan Name</b>	<b>Molina Medicare Choice Care (HMO)</b>
<b>Plan ID and Eligibility</b>	<b>H2715-003-000</b> (All CMS Medicare Eligible)
<b>Service area</b>	See map for list of counties
<b>Premium</b>	\$0
<b>Primary/Specialist Visit</b>	\$0/\$40
<b>Inpatient Acute</b>	\$295/day (Days 1-6) /\$0/day (Days 7-90)
<b>Part B Premium Reduction</b>	\$57.60/month
<b>Prescription Deductible</b>	\$0 (Tier 6); \$125 (Tiers 1-5)
<b>Maximum Out of Pocket</b>	\$9,350
<b>Extra Benefits</b>	
<b>Fitness</b>	The Silver&Fit Program (Fitness Facilities & Home Fitness Kit)
<b>Worldwide Emergency/Urgent Coverage</b>	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)

# Illinois Network Highlights

## Provider Network Highlights:

- Access
- Alivio Medical Center
- Blessing Health System
- Esperanza Health Centers
- Holy Cross Hospital
- Humboldt Park Health
- Lawndale Christian Health Center
- Loyola University Health System/Foster McGaw
- McDonough District Hospital
- Mount Sinai Hospital Medical Center
- Mount Sinai Hospital
- OSF HealthCare
- Primecare Community Health
- TCA Health Inc.
- West Suburban Medical Center
- Franciscan Health Olympia Fields
- Advent Health




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


# State coverage

## Kentucky

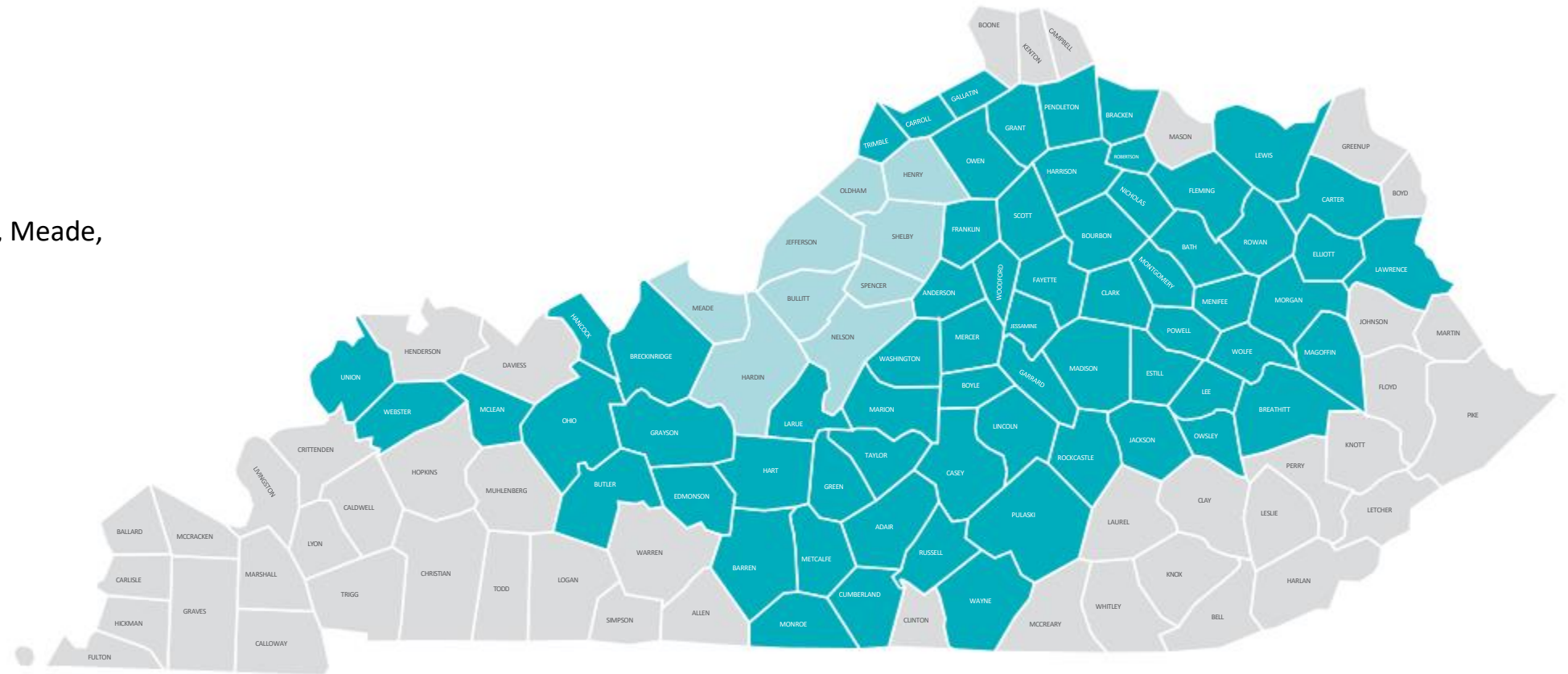
### D-SNP Plan

 Passport Advantage  
(HMO D-SNP) H1799-003-001 (HIDE)\*

Service area (9): Bullitt, Hardin, Henry, Jefferson, Meade, Nelson, Oldham, Shelby, Spencer

 Passport Advantage  
(HMO D-SNP) H1799-003-002 (HIDE)\*

Service area (66): Adair, Anderson, Barren, Bath, Bourbon, Boyle, Bracken, Breathitt, Breckinridge, Butler, Carroll, Carter, Casey, Clark, Cumberland, Edmonson, Elliott, Estill, Fayette, Fleming, Franklin, Gallatin, Garrard, Grant, Grayson, Green, Hancock, Harrison, Hart, Jackson, Jessamine, Larue, Lawrence, Lee, Lewis, Lincoln, Madison, Magoffin, Marion, McLean, Menifee, Mercer, Metcalfe, Monroe, Montgomery, Morgan, Nicholas, Ohio, Owen, Owsley, Pendleton, Powell, Pulaski, Robertson, Rockcastle, Rowan, Russell, Scott, Taylor, Trimble, Union, Washington, Wayne, Webster, Wolfe, Woodford



\*FIDE, HIDE and AIP plans qualify for the new Integrated Care SEP

# 2025 Supplemental Health Benefits offered in Kentucky



## MyChoice Card

- OTC + Transportation
- Food and Produce\*\*



## Worldwide Emergency/Urgent Coverage



## Chiropractic



## Meals



## Fitness



## Personal Emergency Response System (PERS+)



## Dental



## Vision



## Hearing

See plan specific details as benefits vary by plan

\*\*Special Supplemental Benefits for the Chronically Ill (SSBCI) - Members with a valid Health Risk Assessment (HRA) and a confirmed diagnosis of a qualifying chronic condition.

Note: Additional benefits may be available through a D-SNP member's Medicaid.

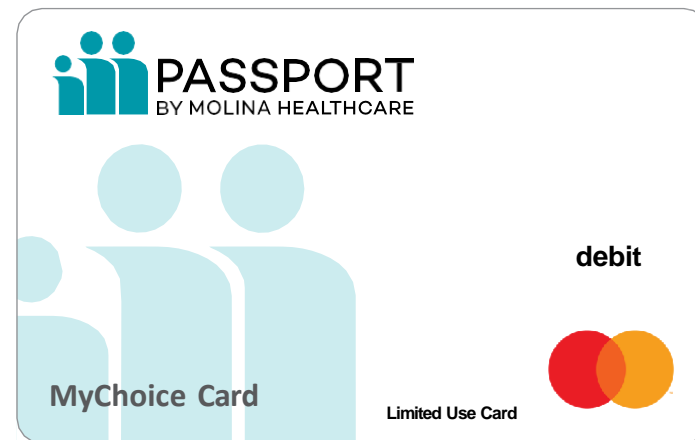
## 2025 Medicare plan changes — Passport—MyChoice Card

**New for 2025:** To streamline our benefits administration, we are transitioning card production and the retail network to Nations, ensuring a more efficient and cohesive experience for our members.



### Benefit Allowances

- OTC
- Non-emergency medical transportation
- Food & produce (SSBCI)\*



\*Qualifications needed for SSBCI Benefits

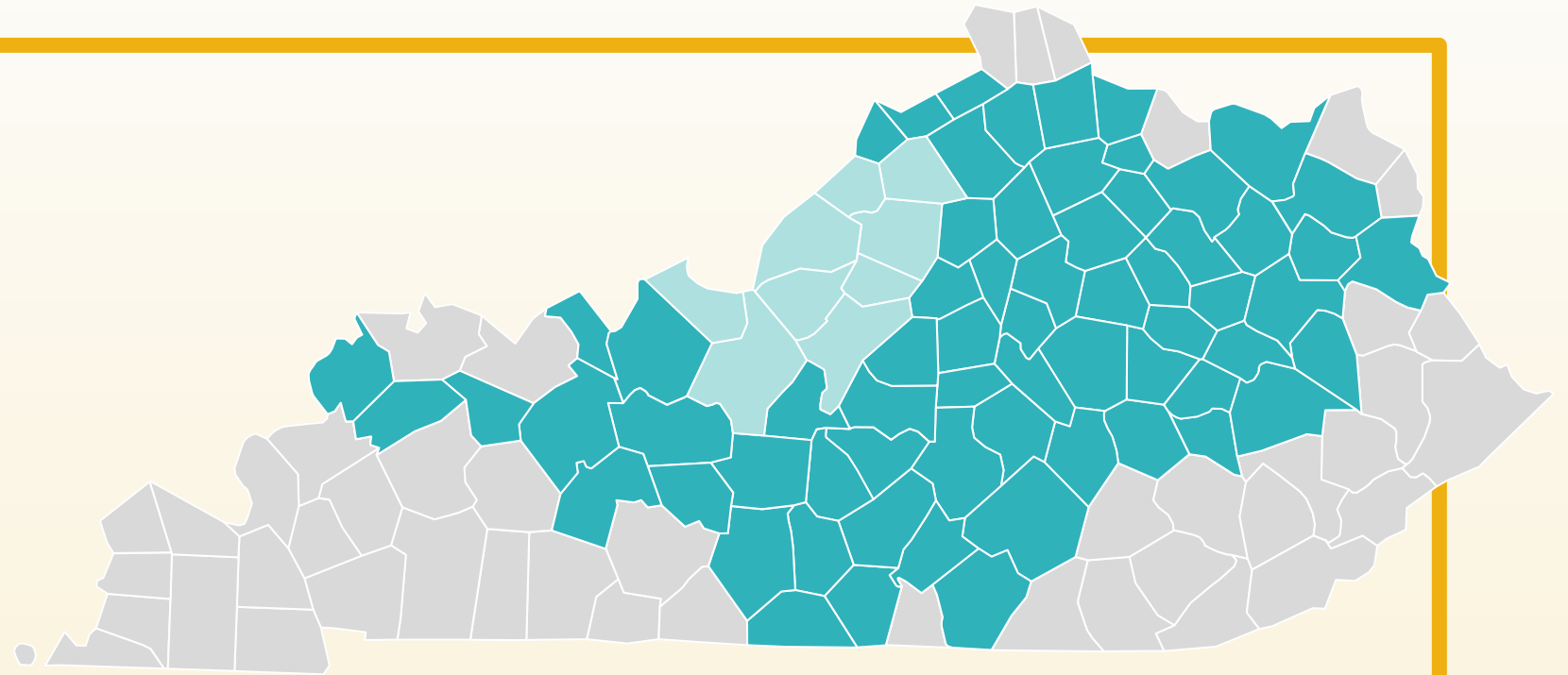
# Plan information — Kentucky

Plan Name	Passport Advantage (HMO D-SNP)	Passport Advantage (HMO D-SNP)
<b>Plan ID and Eligibility</b>	<b>H1799-003-001</b> (FBDE, SLMB+, QMB+)	<b>H1799-003-002</b> (FBDE, SLMB+, QMB+)
<b>Service area</b>	See map for list of counties	See map for list of counties
<b>Premium</b>	\$0	\$0
<b>Primary/Specialist Visit</b>	\$0/\$0	\$0/\$0
<b>Inpatient Acute</b>	\$0	\$0
<b>Prescription Deductible</b>	\$0	\$0
<b>Maximum Out of Pocket</b>	\$9,350	\$9,350
<b>Extra Benefits</b>		
<b>Chiropractic</b>	20 visits/year	
<b>Dental</b>	Preventive services and select comprehensive services up to \$1,600/year through dental vendor	Preventive services and select comprehensive services up to \$500/year through dental vendor
<b>Fitness</b>	The Silver&Fit Program (Fitness Facilities & Home Fitness Kit)	
<b>Hearing</b>	Routine hearing exam/year & up to 2 pre-selected hearing aids (both ears)/2 years	
<b>Meals</b>	56 meals max/year for post surgery/inpatient stay/homebound medical condition	
<b>Personal Emergency Response System (PERS+)</b>	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)	
<b>Vision</b>	Routine eye exam/year & \$200 eyewear allowance/year	
<b>Worldwide Emergency/Urgent Coverage</b>	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>		
<b>Food &amp; Produce (SSBCI)</b>	\$45/month (no rollover)	\$28/month (no rollover)
<b>Non-Emergency Medical Transportation</b>	\$50/month(no rollover); combined allowance with OTC	\$25/month(no rollover); combined allowance with OTC
<b>Over-the-Counter</b>	\$50/month(no rollover); combined allowance with Transportation	\$25/month(no rollover); combined allowance with Transportation

# Kentucky Network Highlights

## Provider Network Highlights:

- University of Louisville Hospital
- Norton Healthcare
- Seven Counties (Behavioral Health)
- University of Louisville Physicians
- U of L Health-Jewish Hospital
- Baptist Health



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

# State coverage

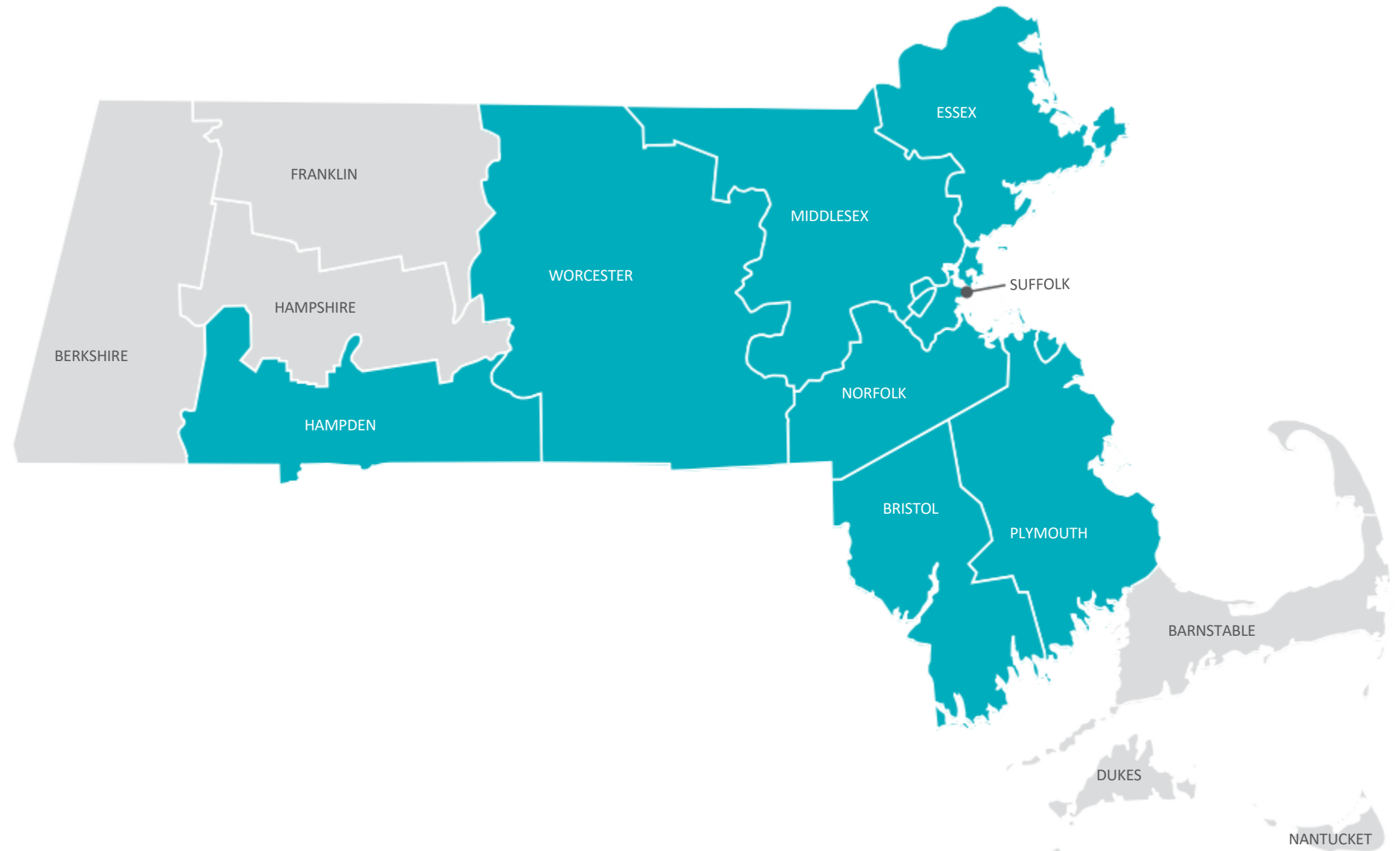
## Massachusetts

### D-SNP Plans

Senior Whole Health  
(HMO D-SNP) H2224-001 (FIDE)\*

Senior Whole Health  
(HMO D-SNP) H2224-003 (FIDE)\*

Service area (8): Bristol, Essex, Hampden, Middlesex, Norfolk, Plymouth, Suffolk, Worcester



\*FIDE, HIDE and AIP plans qualify for the new Integrated Care SEP

# 2025 Supplemental Health Benefits offered in Massachusetts



## MyChoice Card

- OTC + Transportation
- Food and Produce\*\*



## Worldwide Emergency/Urgent Coverage



## Transportation



## Acupuncture



## Utilities



## Podiatry\*



## Meals\*



## Fitness



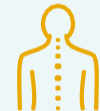
## Vision



## Dental\*



## Personal Emergency Response System (PERS+)\*



## Chiropractic\*



## Hearing\*

See plan specific details as benefits vary by plan

\*\*Special Supplemental Benefits for the Chronically Ill (SSBCI) - Members with a valid Health Risk Assessment (HRA) and a confirmed diagnosis of a qualifying chronic condition.

\*These and other additional benefits may be available through a D-SNP member's Medicaid.

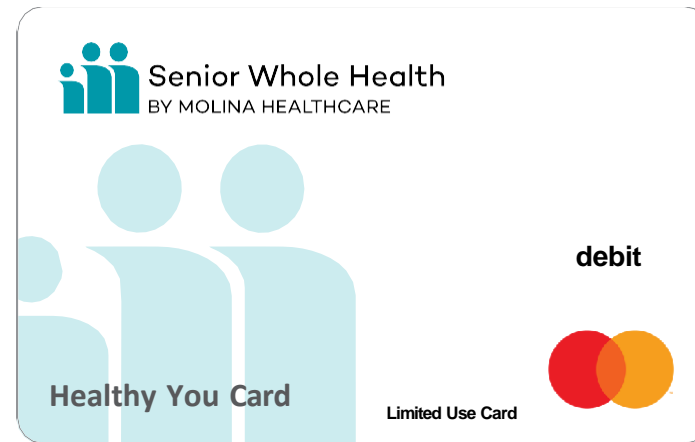
# 2025 Medicare plan changes — Senior Whole Health—Healthy You Card

**New for 2025:** To streamline our benefits administration, we are transitioning card production and the retail network to Nations, ensuring a more efficient and cohesive experience for our members.



## Benefit Allowances

- OTC
- Food & produce (SSBCI)\*



\*Qualifications needed for SSBCI Benefits

# 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</b> (FBDE, SLMB+, QMB+)	<b>H2224-003-000</b> (FBDE, SLMB+, QMB+)
<b>Service area</b>	Bristol, Essex, Hampden, Middlesex, Norfolk, Plymouth, Suffolk, Worcester	
<b>Premium</b>	\$0	\$0
<b>Primary/Specialist Visit</b>	\$0/\$0	\$0/\$0
<b>Inpatient Acute</b>	\$0	\$0
<b>Prescription Deductible</b>	\$0	\$0
<b>Maximum Out of Pocket</b>	\$9,350	\$9,350
<b>Extra Benefits</b>		
<b>Acupuncture</b>	40 visits/year	
<b>Chiropractic*</b>	20 visits/year (musculoskeletal conditions only, covers some X-rays)*	
<b>Dental*</b>	Get preventive dental care and select comprehensive care*	
<b>Fitness</b>	The Silver&Fit Program (Fitness Facilities & Home Fitness Kit)	
<b>Hearing*</b>	Routine hearing exam and 1 hearing aid/ear every 5 years*	
<b>Meals*</b>	Unlimited for those that qualify*	
<b>Non-Emergency Medical Transportation*</b>	80 one-way trips/year (Medicare) used first; once exhausted Unlimited (Medicaid)*	
<b>Personal Emergency Response System (PERS+)*</b>	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)*	
<b>Podiatry*</b>	Coverage includes podiatry office visits, x-rays & surgery, and routine foot care for members with certain medical conditions affecting the lower limbs*	
<b>Vision</b>	Routine eye exam/year & \$200 eyewear allowance/year	
<b>Utilities Reimbursement (SSBCI)</b>	Up to \$100/quarter in member reimbursement for utilities including Electricity, Natural Gas, & Water billed in active members name & address (via paper check)	
<b>Worldwide Emergency/Urgent Coverage</b>	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>Healthy You Card</b>		
<b>Food &amp; Produce (SSBCI)</b>	\$45/month (no rollover)	\$45/month (no rollover)
<b>Over-the-Counter</b>	\$75/month (no rollover)	\$75/month (no rollover)

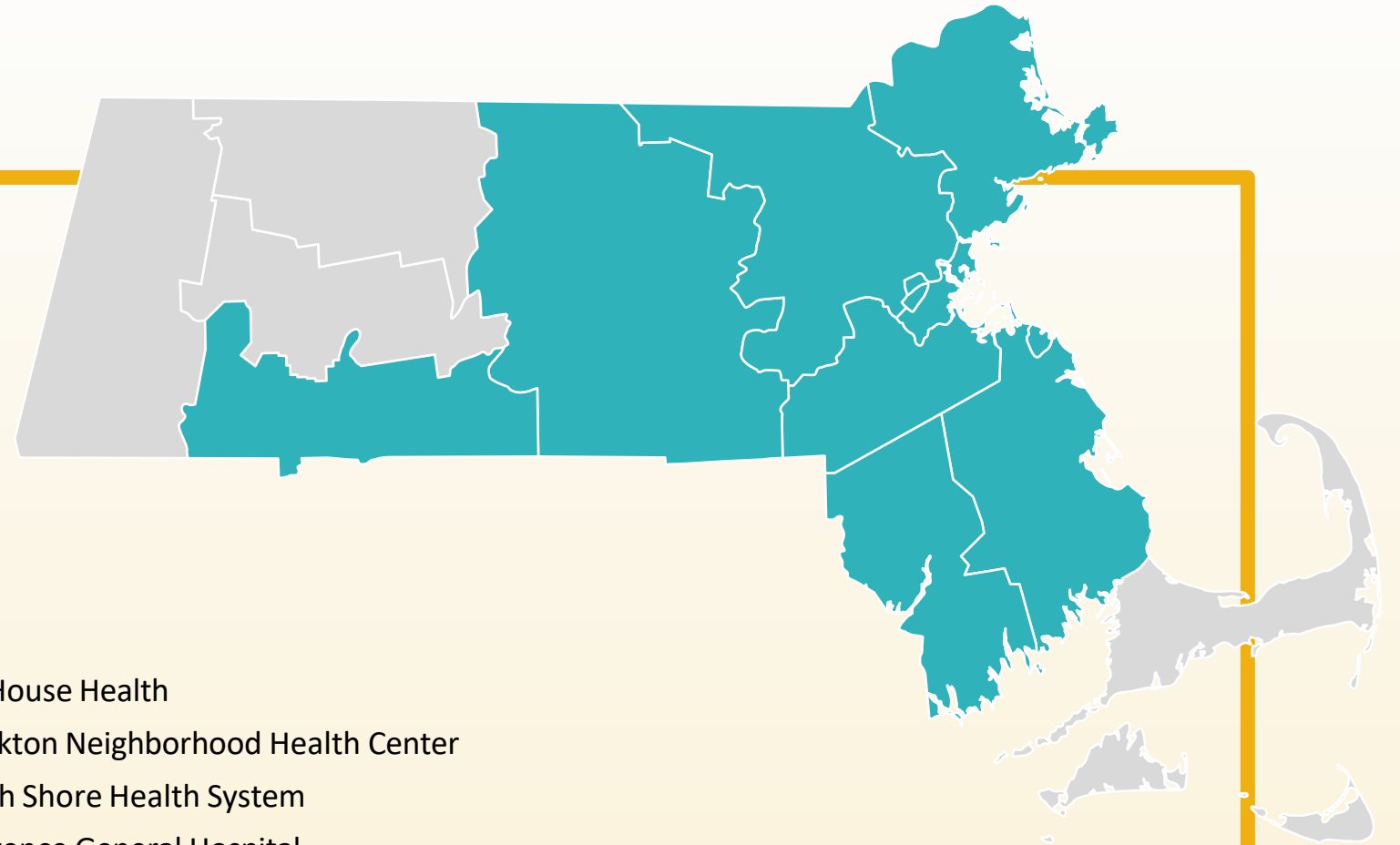
\*Benefits covered through Medicaid (MassHealth)

# Massachusetts Network Highlights

## Provider Network Highlights:

- South Cove Community Health Center
- SMG Hawthorn Medical
- Steward Medical Group
- Signature Medical Group
- Boston Medical Center
- Pratt Medical Group
- Greater Lawrence Family Health Center
- Prima Care, P.C.
- Gather Health
- Cambridge Health Alliance
- Evans Medical Foundation
- Tufts Medical Center Community Care
- Tufts Medical Center

- DotHouse Health
- Brockton Neighborhood Health Center
- South Shore Health System
- Lawrence General Hospital




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

# State coverage

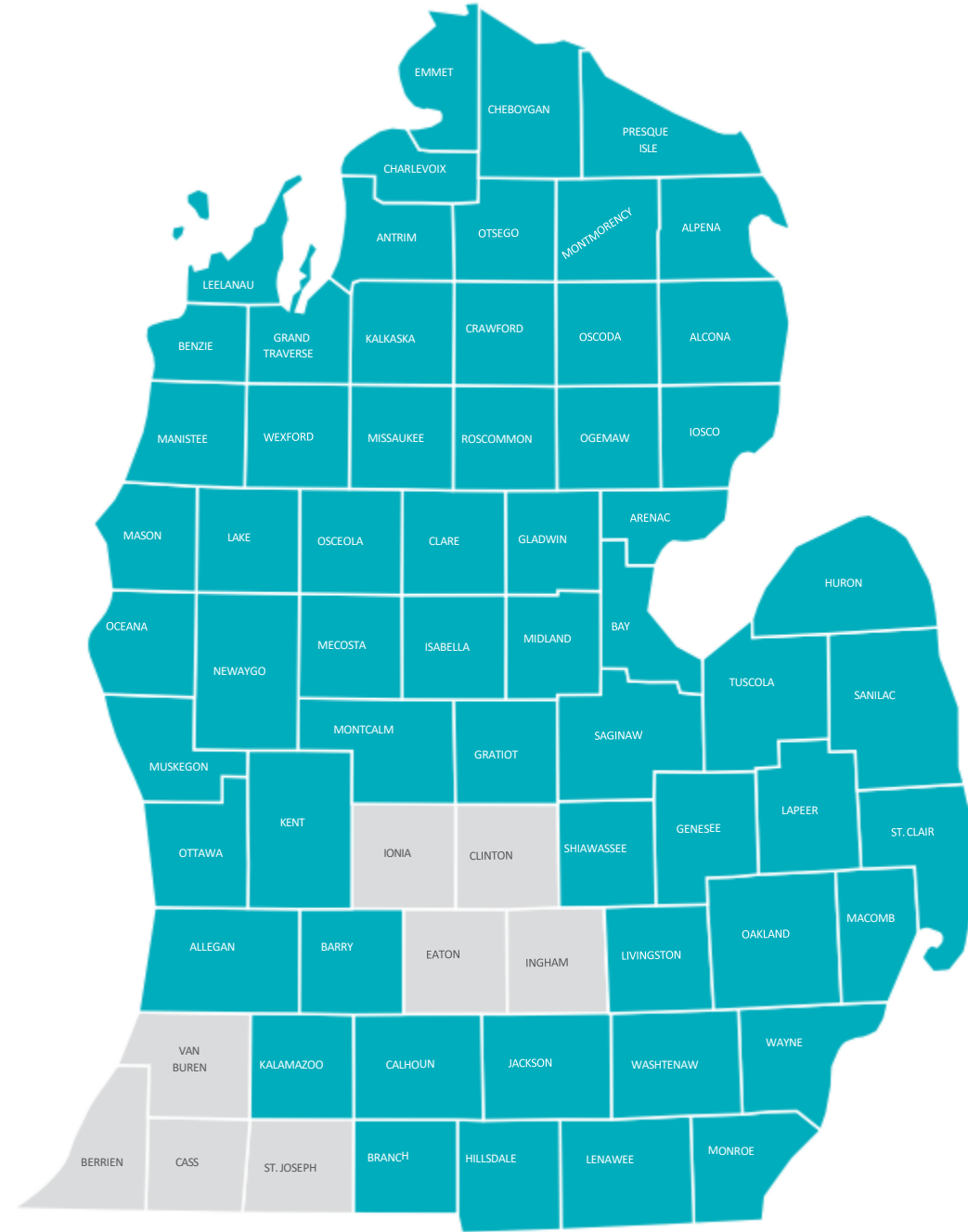
## Michigan

### D-SNP Plans

 Molina Medicare Complete Care (HMO D-SNP) H5926-001

Molina Medicare Complete Care Select (HMO D-SNP) H5926-005

**Service area (60):** Alcona, Allegan, Alpena, Antrim, Arenac, Barry, Bay, Benzie, Branch, Calhoun, Charlevoix, Cheboygan, 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, Presque Isle, Roscommon, Saginaw, Sanilac, Shiawassee, St. Clair, Tuscola, Washtenaw, Wayne, Wexford



# 2025 Supplemental Health Benefits offered in Michigan



## MyChoice Card

- OTC + Transportation
- Food and Produce\*\*



## Worldwide Emergency/Urgent Coverage



## Chiropractic



## Transportation



## Meals



## Fitness



## Personal Emergency Response System (PERS+)



## Dental



## Vision



## Hearing

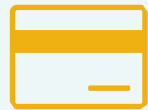
See plan specific details as benefits vary by plan

\*\*Special Supplemental Benefits for the Chronically Ill (SSBCI) - Members with a valid Health Risk Assessment (HRA) and a confirmed diagnosis of a qualifying chronic condition.

Note: Additional benefits may be available through a D-SNP member's Medicaid.

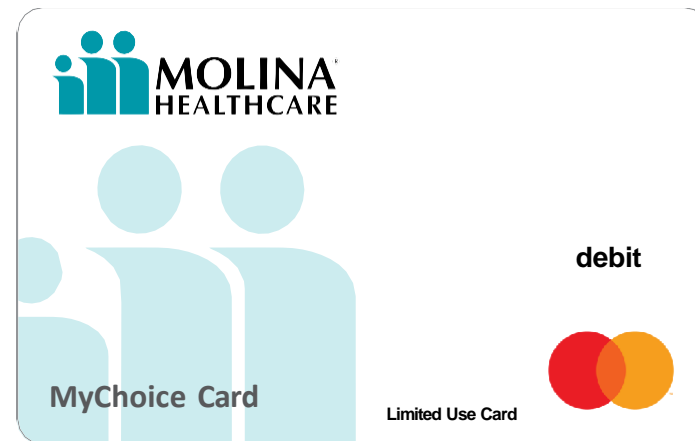
# 2025 Medicare plan changes — Molina Healthcare—MyChoice Card

**New for 2025:** To streamline our benefits administration, we are transitioning card production and the retail network to Nations, ensuring a more efficient and cohesive experience for our members.



## Benefit Allowances

- OTC
- Food & produce (SSBCI)\*



\*Qualifications needed for SSBCI Benefits

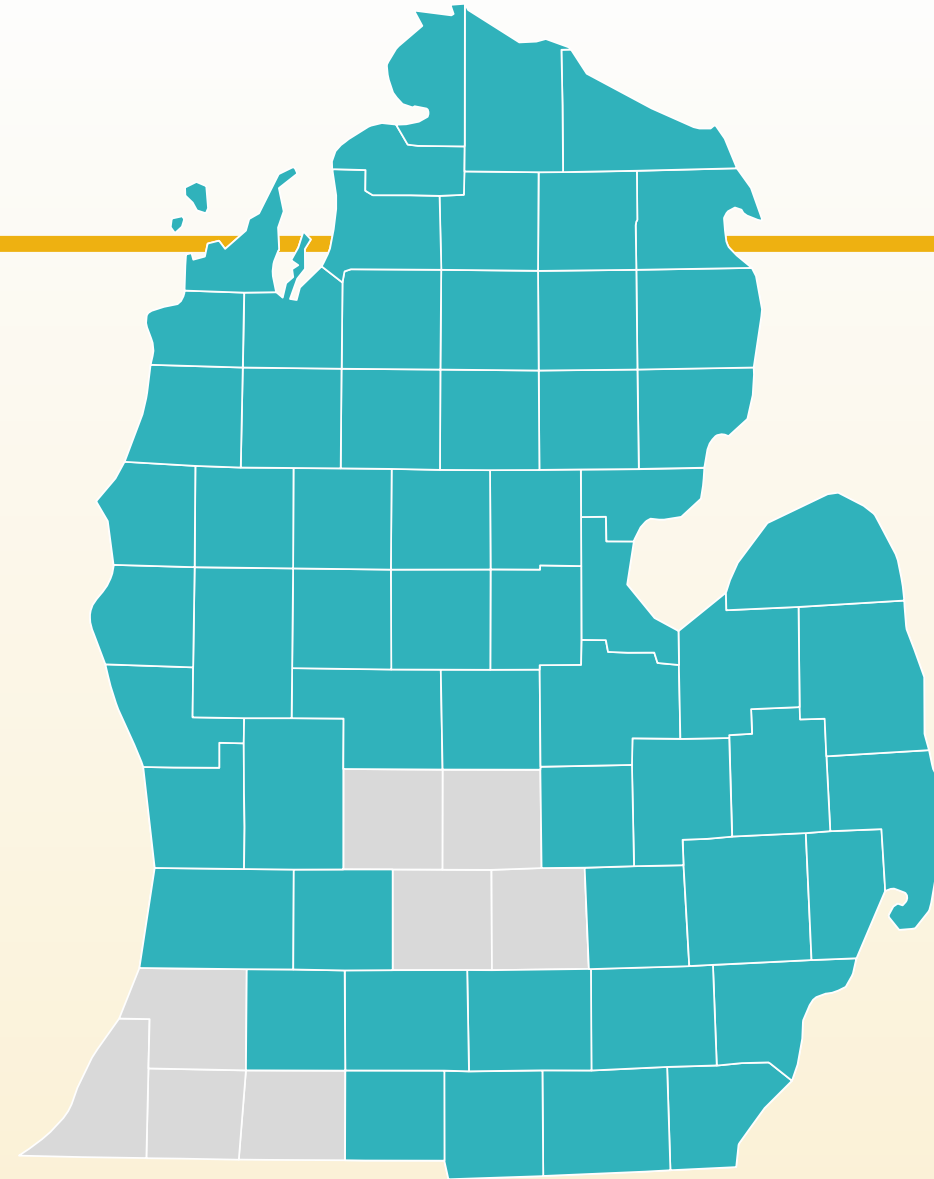
# Plan information — Michigan

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 and QI)
<b>Service area</b>	See map for list of counties	See map for list of counties
<b>Premium</b>	\$0	\$0
<b>Primary/Specialist Visit</b>	\$0/\$0	\$0/\$30
<b>Inpatient Acute</b>	\$0	\$325/day (Days 1-6)/\$0 (Days 7-90)
<b>Prescription Deductible</b>	\$0	\$0
<b>Maximum Out of Pocket</b>	\$9,350	\$9,350
<b>Extra Benefits</b>		
<b>Chiropractic</b>	20 visits/year	
<b>Dental</b>	Preventive services and select comprehensive services up to \$3,600/year through dental vendor	Preventive services and select comprehensive services up to \$2,500/year through dental vendor
<b>Fitness</b>	The Silver&Fit Program (Fitness Facilities & Home Fitness Kit)	
<b>Hearing</b>	Routine hearing exam/year & up to 2 pre-selected hearing aids (both ears)/2 years	
<b>Meals</b>	56 meals max/year for post surgery/inpatient stay/homebound medical condition	
<b>Non-Emergency Medical Transportation</b>	30 one-way trips/year	12 one-way trips/year
<b>Personal Emergency Response System (PERS+)</b>	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)	
<b>Podiatry</b>	6 routine foot care visits/year	Not Covered
<b>Vision</b>	Routine eye exam/year & \$200 eyewear allowance/year	
<b>Worldwide Emergency/Urgent Coverage</b>	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>		
<b>Food &amp; Produce (SSBCI)</b>	\$125/month (no rollover)	\$40/month (no rollover)
<b>Over-the-Counter</b>	\$75/month (no rollover)	\$75/month (no rollover)

# Michigan Network Highlights

## Provider Network Highlights:

- Henry Ford Health System
- Ascension
- Corewell Health-West (Spectrum Health (D-SNP only))
- Tenet
- Trinity Health
- Oak Street Health
- Corewell Health-East (Beaumont Hospital)
- University of Michigan Health
- MyMichigan Health (MidMichigan Health)
- McLaren Flint/Pontiac/Mt Clemens/Karmanos
- All Area Federally Qualified Health Care Centers



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

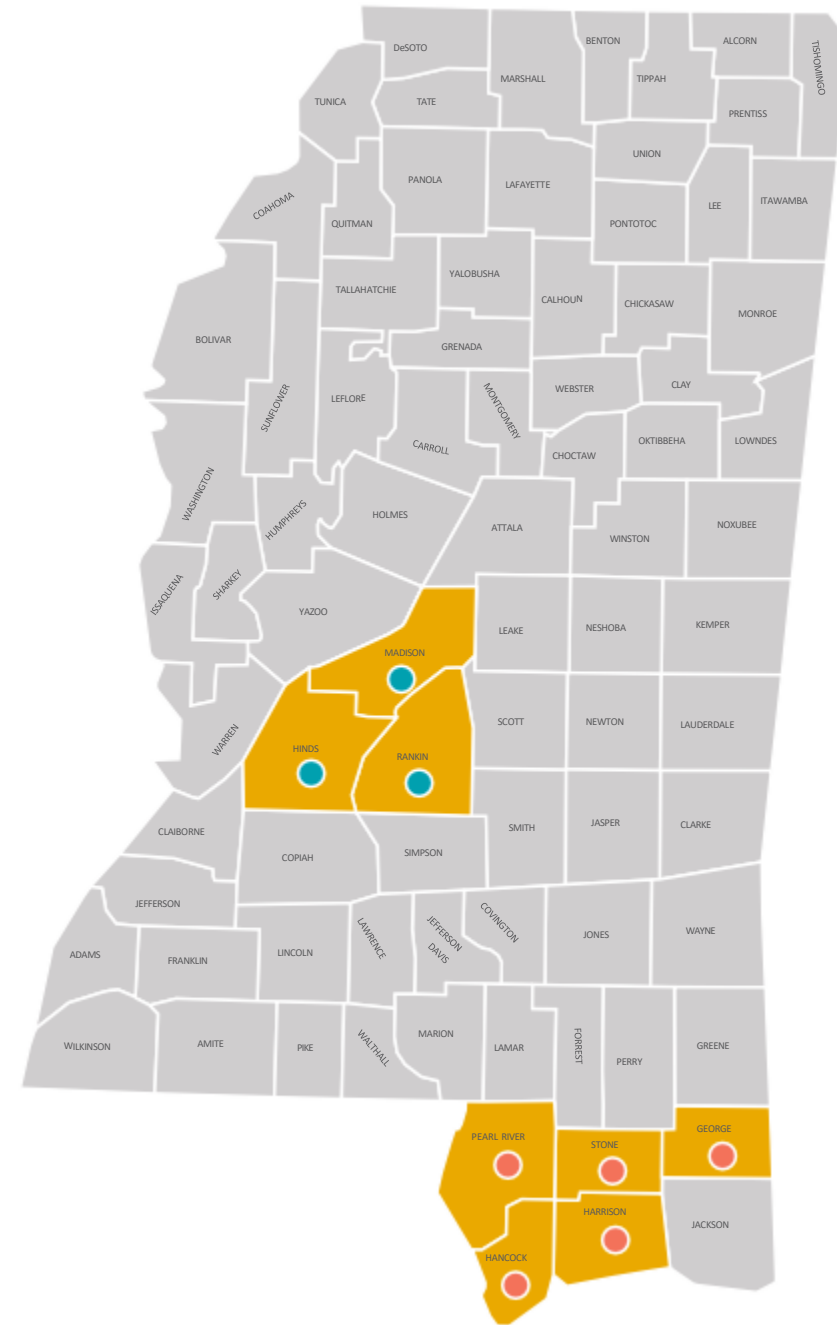
# State coverage

## Mississippi

### D-SNP Plans

- Molina Medicare Complete Care (HMO D-SNP) H8845-004  
 Service area (3): Hinds, Madison, Rankin
- Molina Medicare Complete Care (HMO D-SNP) H8845-005  
 Service area (5): George, Hancock, Harrison, Pearl River, Stone

■ New counties for 2025



# 2025 Supplemental Health Benefits offered in Mississippi



## MyChoice Card

- OTC + Transportation
- Food and Produce\*\*



## Worldwide Emergency/Urgent Coverage



## Chiropractic



## Podiatry



## Meal



## Fitness



## Personal Emergency Response System (PERS+)



## Vision

See plan specific details as benefits vary by plan

\*\*Special Supplemental Benefits for the Chronically Ill (SSBCI) - Members with a valid Health Risk Assessment (HRA) and a confirmed diagnosis of a qualifying chronic condition.

Note: Additional benefits may be available through a D-SNP member's Medicaid.

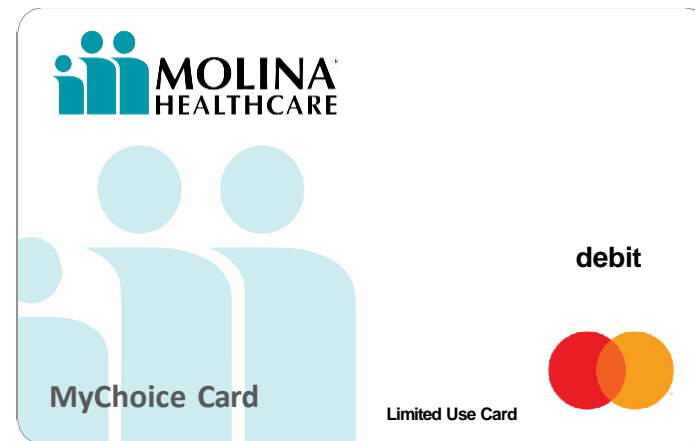
# 2025 Medicare plan changes — Molina Healthcare—MyChoice Card

**New for 2025:** To streamline our benefits administration, we are transitioning card production and the retail network to Nations, ensuring a more efficient and cohesive experience for our members.



## Benefit Allowances

- OTC
- Non-emergency medical transportation
- Food & produce (SSBCI)\*



\*Qualifications needed for SSBCI Benefits

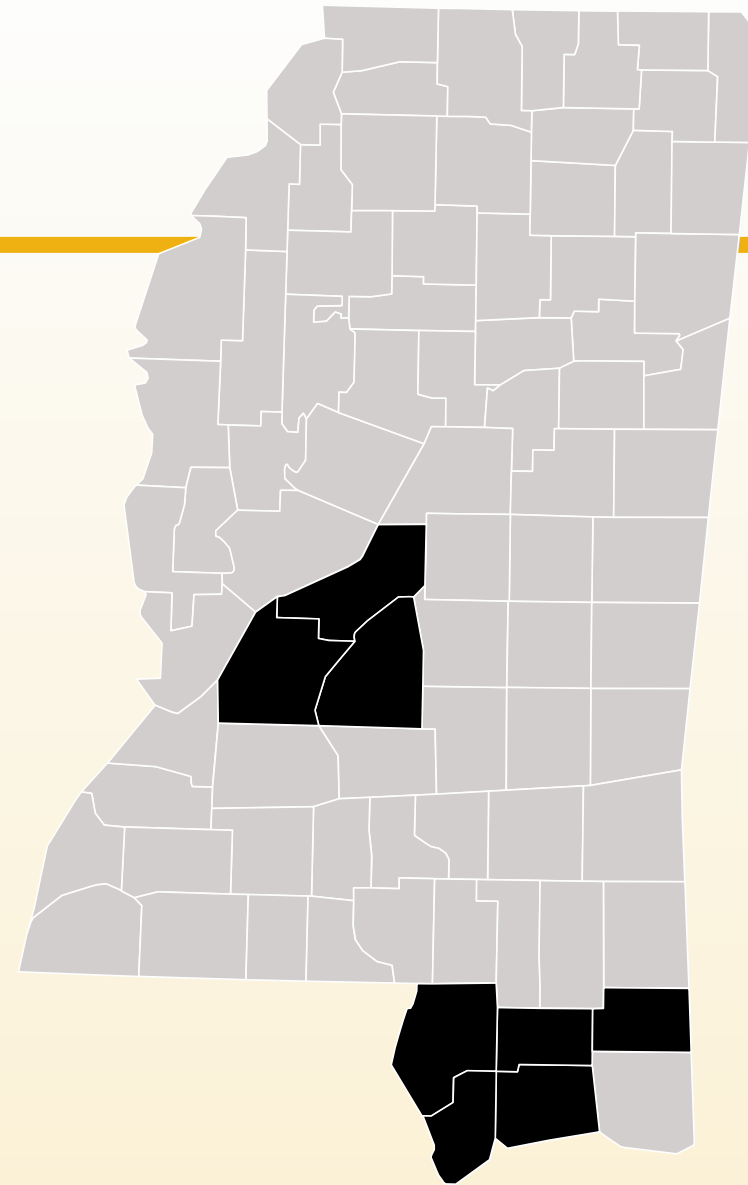
# Plan information — Mississippi

Plan Name	Molina Medicare Complete Care (HMO D-SNP)	Molina Medicare Complete Care (HMO D-SNP)
<b>Plan ID and Eligibility</b>	<b>H8845-004-000</b> (FBDE, QMB+, SLMB+ and QMB)	<b>H8845-005-000</b> (FBDE, QMB+, SLMB+ and QMB)
<b>Service area</b>	Hinds, Madison, Rankin	George, Hancock, Harrison, Pearl River, Stone
<b>Premium</b>	\$0	\$0
<b>Primary/Specialist Visit</b>	\$0/\$0	\$0/\$0
<b>Inpatient Acute</b>	\$0	\$0
<b>Prescription Deductible</b>	\$0	\$0
<b>Maximum Out of Pocket</b>	\$9,350	\$9,350
<b>Extra Benefits</b>		
<b>Chiropractic</b>	12 visits/year	
<b>Dental</b>	Not Covered (For members that qualify, their Medicaid carrier offers Preventive and Comprehensive Coverage)	
<b>Fitness</b>	The Silver&Fit Program (Fitness Facilities & Home Fitness Kit)	
<b>Hearing</b>	Not Covered (For members that qualify, their Medicaid carrier offers exam & hearing aid coverage)	
<b>Meals</b>	56 meals max/year for post surgery/inpatient stay/homebound medical condition	
<b>Personal Emergency Response System (PERS+)</b>	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)	
<b>Podiatry</b>	6 routine foot care visits/year	
<b>Vision</b>	Routine eye exam/year & \$200 eyewear allowance/year	
<b>Worldwide Emergency/Urgent Coverage</b>	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>		
<b>Food &amp; Produce (SSBCI)</b>	\$250/month (no rollover)	\$185/month (no rollover)
<b>Non-Emergency Medical Transportation</b>	\$75/month (no rollover); combined allowance with OTC	\$50/month (no rollover); combined allowance with OTC
<b>Over-the-Counter</b>	\$75/month (no rollover); combined allowance with Transportation	\$50/month (no rollover); combined allowance with Transportation

# Mississippi Network Highlights

## Provider Network Highlights:

- St. Dominic Hospital and Clinics
- Merit Health
- Memorial Health System-Gulfport
- Ochsner Hancock Hospital & Ochsner MS Physician Groups
- Coastal Family Health Center
- Fast Pace Health




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

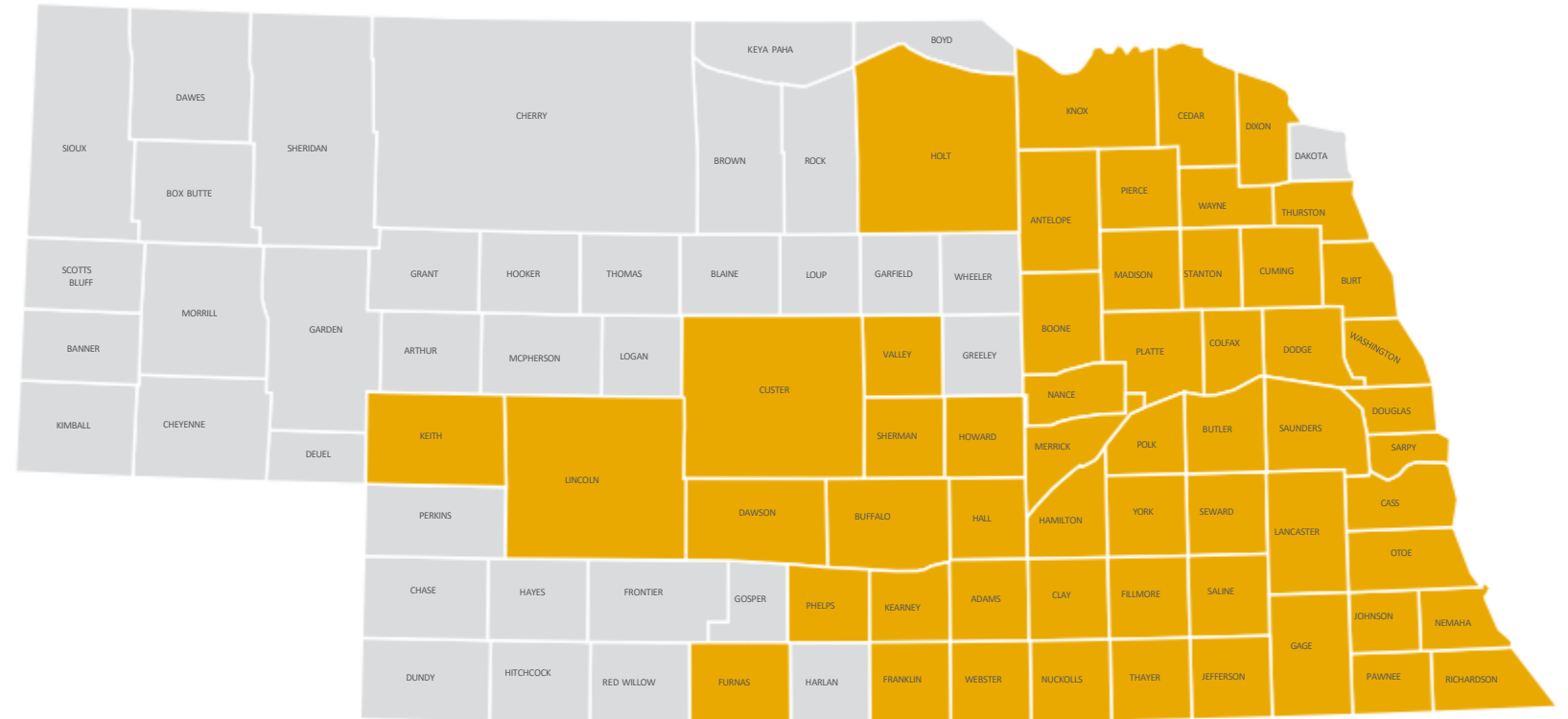
# State coverage


## Nebraska

### D-SNP Plan

 Molina Medicare Complete Care (HMO D-SNP) H2715-005 (HIDE)\*

**Service area (56):** Adams, Antelope, Boone, Buffalo, Burt, Butler, Cass, Cedar, Clay, Colfax, Cuming, Custer, Dawson, Dixon, Dodge, Douglas, Fillmore, Franklin, Furnas, Gage, Hall, Hamilton, Holt, Howard, Jefferson, Johnson, Kearney, Keith, Knox, Lancaster, Lincoln, Madison, Merrick, Nance, Nemaha, Nuckolls, Otoe, Pawnee, Phelps, Pierce, Platte, Polk, Richardson, Saline, Sarpy, Saunders, Seward, Sherman, Stanton, Thayer, Thurston, Valley, Washington, Wayne, Webster, York



 New counties for 2025

\*FIDE, HIDE and AIP plans qualify for the new Integrated Care SEP

# 2025 Supplemental Health Benefits offered in Nebraska

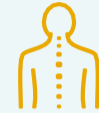


## MyChoice Card

- OTC + Transportation
- Food and Produce\*\*



## Worldwide Emergency/Urgent Coverage



## Chiropractic



## Podiatry



## Meals



## Fitness



## Personal Emergency Response System (PERS+)



## Vision



## Hearing

See plan specific details as benefits vary by plan

\*\*Special Supplemental Benefits for the Chronically Ill (SSBCI) - Members with a valid Health Risk Assessment (HRA) and a confirmed diagnosis of a qualifying chronic condition.

Note: Additional benefits may be available through a D-SNP member's Medicaid.

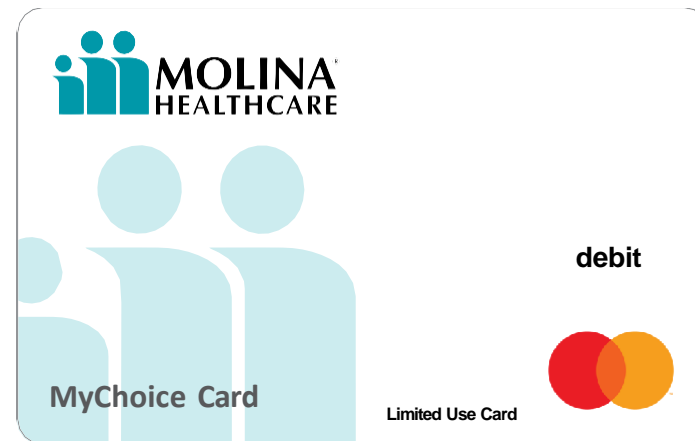
## 2025 Medicare plan changes — Molina Healthcare—MyChoice Card

**New for 2025:** To streamline our benefits administration, we are transitioning card production and the retail network to Nations, ensuring a more efficient and cohesive experience for our members.



### Benefit Allowances

- OTC
- Non-emergency medical transportation
- Food & produce (SSBCI)\*



\*Qualifications needed for SSBCI Benefits

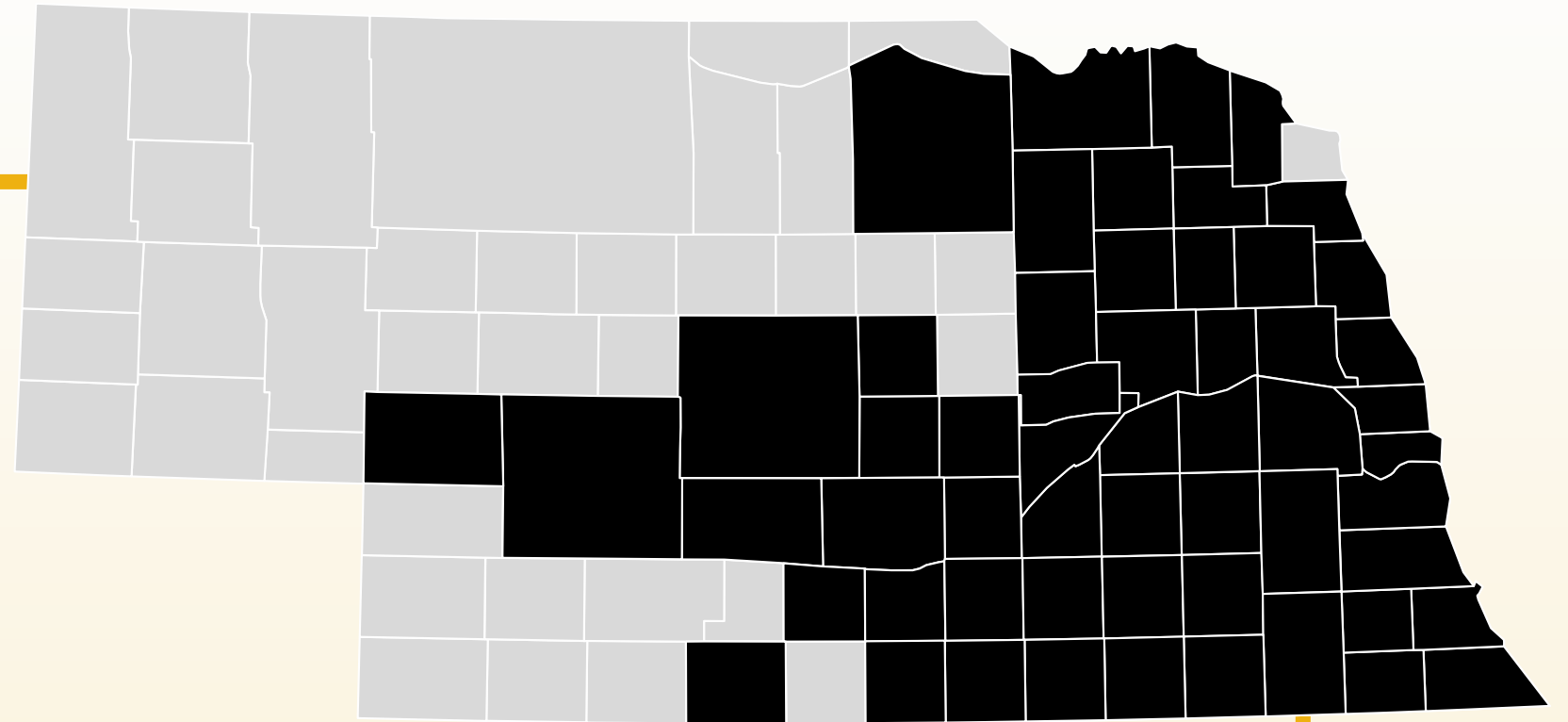
# Plan information — Nebraska

<b>Plan Name</b>	<b>Molina Medicare Complete Care (HMO D-SNP)</b>
<b>Plan ID and Eligibility</b>	<b>H2715-005-000 (FBDE, SLMB+, QMB, QMB+)</b>
<b>Service area</b>	See map for list of counties
<b>Premium</b>	\$0
<b>Primary/Specialist Visit</b>	\$0/\$0
<b>Inpatient Acute</b>	\$0
<b>Prescription Deductible</b>	\$0
<b>Maximum Out of Pocket</b>	\$9,350
<b>Extra Benefits</b>	
<b>Chiropractic</b>	12 visits/year
<b>Dental</b>	Not Covered (For members that qualify, their Medicaid carrier offers Preventive and Comprehensive Coverage)
<b>Fitness</b>	The Silver&Fit Program (Fitness Facilities & Home Fitness Kit)
<b>Hearing</b>	Routine hearing exam/year & up to 2 pre-selected hearing aids (both ears)/2 years
<b>Meals</b>	56 meals max/year for post surgery/inpatient stay/homebound medical condition
<b>Personal Emergency Response System (PERS+)</b>	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)
<b>Podiatry</b>	6 routine foot care visits/year
<b>Vision</b>	Routine eye exam/year & \$200 eyewear allowance/year
<b>Worldwide Emergency/Urgent Coverage</b>	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>	
<b>Non-Emergency Medical Transportation</b>	\$75/month (no rollover); combined allowance with OTC
<b>Food &amp; Produce (SSBCI)</b>	\$150/month (no rollover)
<b>Over-the-Counter</b>	\$75/month (no rollover); combined allowance with Transportation

# Nebraska Network Highlights

## Provider Network Highlights:

- CHI Health
- Bryan Health Connect
- Nebraska Health Partners
- Methodist Health Partners





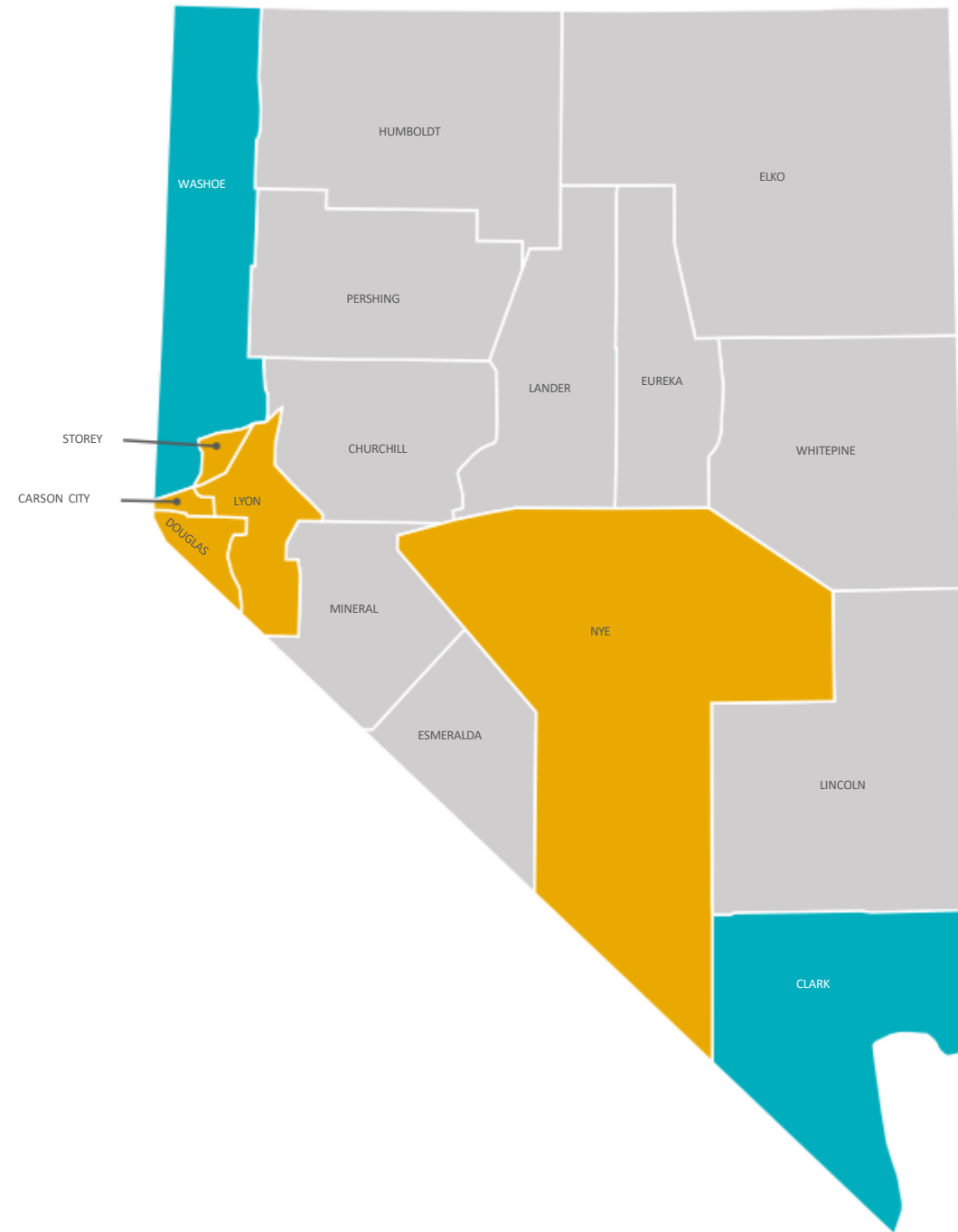
\*For a complete listing of providers, visit our [online provider directory](#).


# State coverage

## Nevada

### D-SNP Plan

-  Molina Medicare Complete Care (HMO D-SNP) H2478-001
-  Service area (7): Carson City, Clark, Douglas, Lyon, Nye, Storey, Washoe



 New counties for 2025

# 2025 Supplemental Health Benefits offered in Nevada



## MyChoice Card

- OTC + Transportation
- Food and Produce\*\*



## Worldwide Emergency/Urgent Coverage



## Podiatry



## Transportation



## Meals



## Fitness



## Personal Emergency Response System (PERS+)



## Dental



## Vision



## Hearing

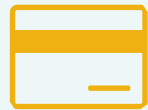
See plan specific details as benefits vary by plan

\*\*Special Supplemental Benefits for the Chronically Ill (SSBCI) - Members with a valid Health Risk Assessment (HRA) and a confirmed diagnosis of a qualifying chronic condition.

Note: Additional benefits may be available through a D-SNP member's Medicaid.

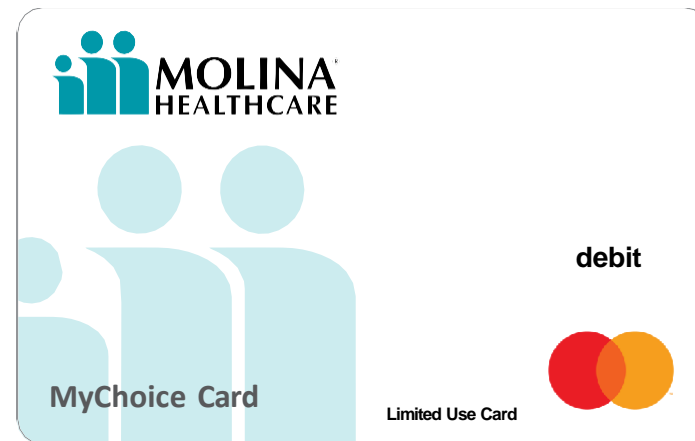
## 2025 Medicare plan changes — Molina Healthcare—MyChoice Card

**New for 2025:** To streamline our benefits administration, we are transitioning card production and the retail network to Nations, ensuring a more efficient and cohesive experience for our members.



### Benefit Allowances

- OTC
- Non-emergency medical transportation
- Food & produce (SSBCI)\*



\*Qualifications needed for SSBCI Benefits

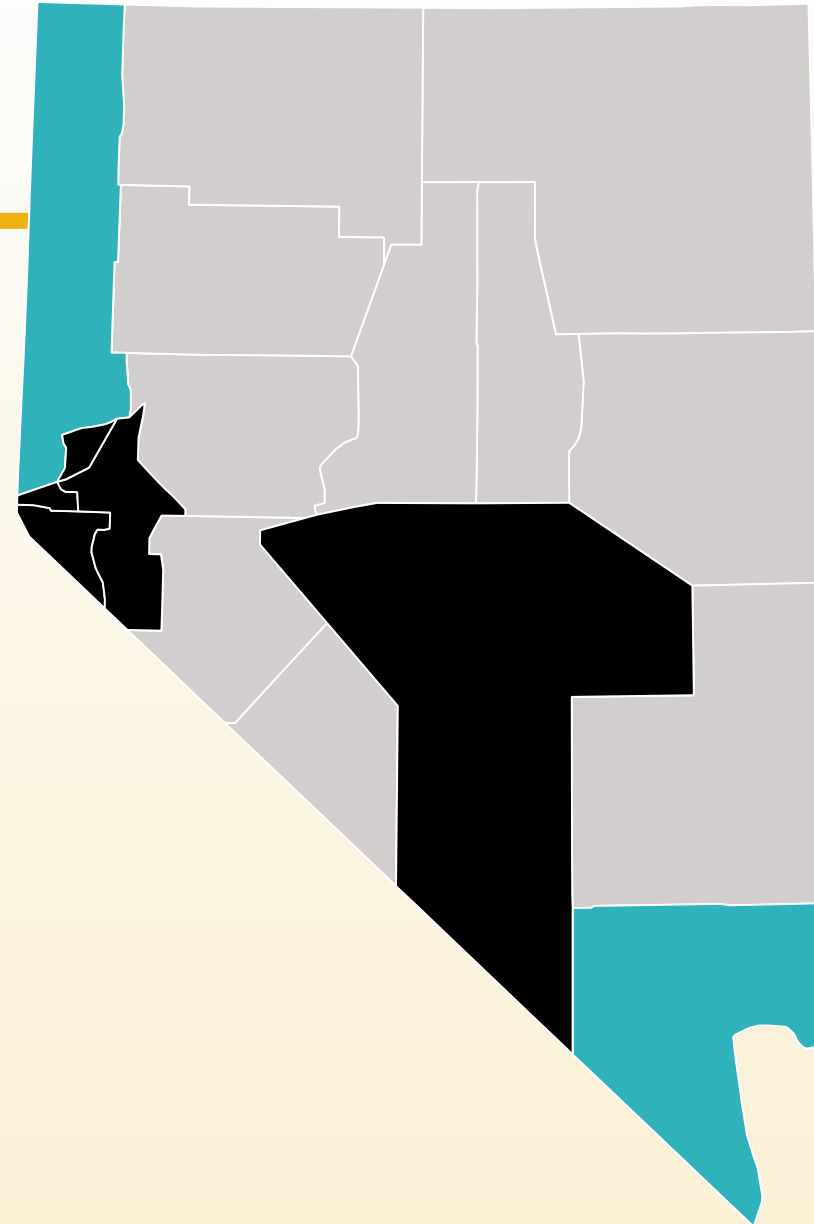
# Plan information — Nevada

<b>Plan Name</b>	<b>Molina Medicare Complete Care (HMO D-SNP)</b>
<b>Plan ID and Eligibility</b>	<b>H2478-001-000 (FBDE, QMB, QMB+)</b>
<b>Service area</b>	Carson City, Clark, Douglas, Lyon, Nye, Storey, Washoe
<b>Premium</b>	\$0
<b>Primary/Specialist Visit</b>	\$0/\$0
<b>Inpatient Acute</b>	\$0
<b>Prescription Deductible</b>	\$0
<b>Maximum Out of Pocket</b>	\$9,350
<b>Extra Benefits</b>	
<b>Dental</b>	Preventive services and select comprehensive services up to \$2,500/year through dental vendor
<b>Fitness</b>	The Silver&Fit Program (Fitness Facilities & Home Fitness Kit)
<b>Hearing</b>	Routine hearing exam/year & up to 2 pre-selected hearing aids (both ears)/2 years
<b>Meals</b>	56 meals max/year for post surgery/inpatient stay/homebound medical condition
<b>Personal Emergency Response System (PERS+)</b>	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)
<b>Podiatry</b>	6 routine foot care visits/year
<b>Vision</b>	Routine eye exam/year & \$200 eyewear allowance/year
<b>Worldwide Emergency/Urgent Coverage</b>	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>	
<b>Food &amp; Produce (SSBCI)</b>	\$60/month (no rollover)
<b>Non-Emergency Medical Transportation</b>	\$60/month(no rollover); combined allowance with OTC
<b>Over-the-Counter</b>	\$60/month (no rollover); combined allowance with Transportation

# Nevada Network Highlights

## Provider Network Highlights:

- Nevada Health Centers
- Community Health Alliance
- Valley Oaks Medical Group
- Calderon Medical Group
- Comprehensive Cancer Centers of Nevada
- The Oncology Institute of Hope and Innovation
- Heart Center of Nevada
- Valley Health Hospital System (the same as Valley Hospital)
- Carson Tahoe Hospital and Physician Clinics
- Prime Healthcare (North Vista and St. Mary's)




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

# State coverage

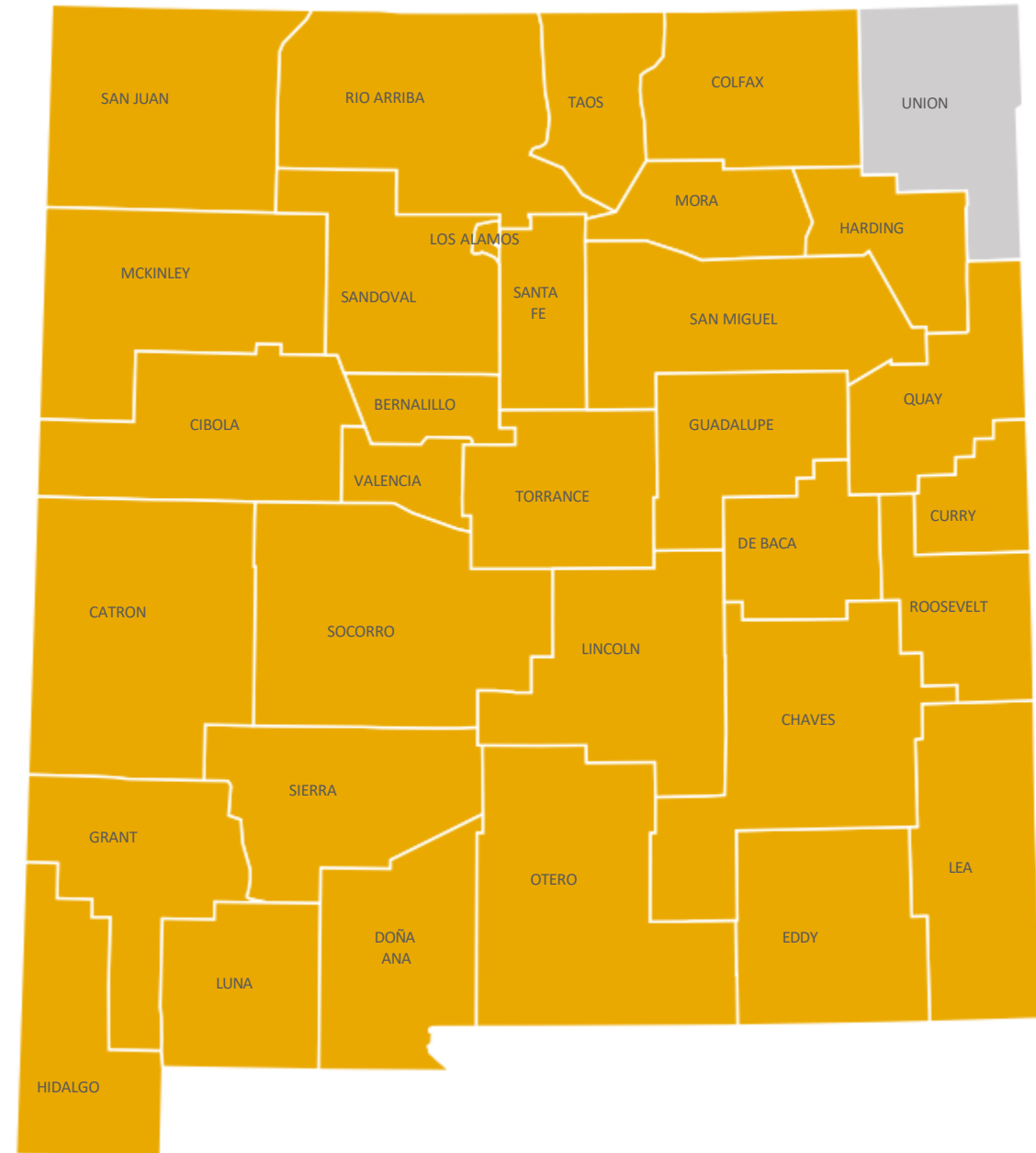
## New Mexico

### D-SNP Plan

 Molina Medicare Complete Care (HMO D-SNP) H8845-006 (*HIDE*)\*

*Service area (32):* Bernalillo, Catron, Chaves, Cibola, Colfax, Curry, DeBaca, Dona Ana, Eddy, Grant, Guadalupe, Harding, Hidalgo, Lea, Lincoln, Los Alamos, Luna, McKinley, Mora, Otero, Quay, Rio Arriba, Roosevelt, Sandoval, San Juan, San Miguel, Santa Fe, Sierra, Socorro, Taos, Torrance, Valencia

 New counties for 2025



\*FIDE, HIDE and AIP plans qualify for the new Integrated Care SEP

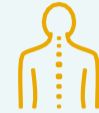
# 2025 Supplemental Health Benefits offered in New Mexico



**MyChoice Card**  
- OTC  
- Food and Produce\*\*



**Worldwide Emergency/Urgent Coverage**



**Chiropractic**



**Transportation**



**Meals**



**Fitness**



**Personal Emergency  
Response System (PERS+)**



**Dental**



**Vision**



**Hearing**

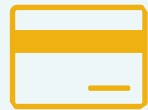
See plan specific details as benefits vary by plan

\*\*Special Supplemental Benefits for the Chronically Ill (SSBCI) - Members with a valid Health Risk Assessment (HRA) and a confirmed diagnosis of a qualifying chronic condition.

Note: Additional benefits may be available through a D-SNP member's Medicaid.

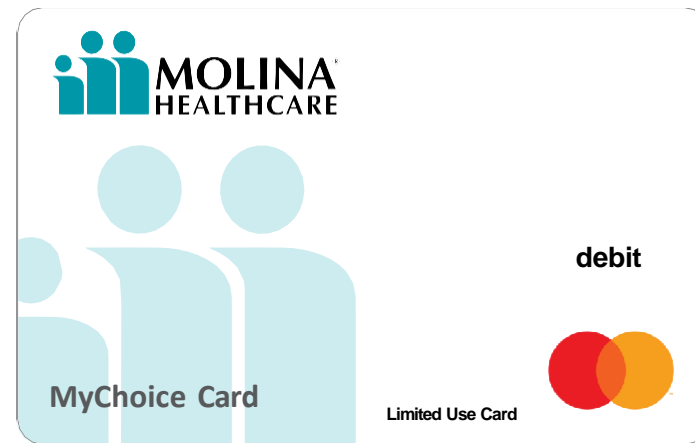
# 2025 Medicare plan changes — Molina Healthcare—MyChoice Card

**New for 2025:** To streamline our benefits administration, we are transitioning card production and the retail network to Nations, ensuring a more efficient and cohesive experience for our members.



## Benefit Allowances

- OTC
- Food & produce (SSBCI)\*



\*Qualifications needed for SSBCI Benefits

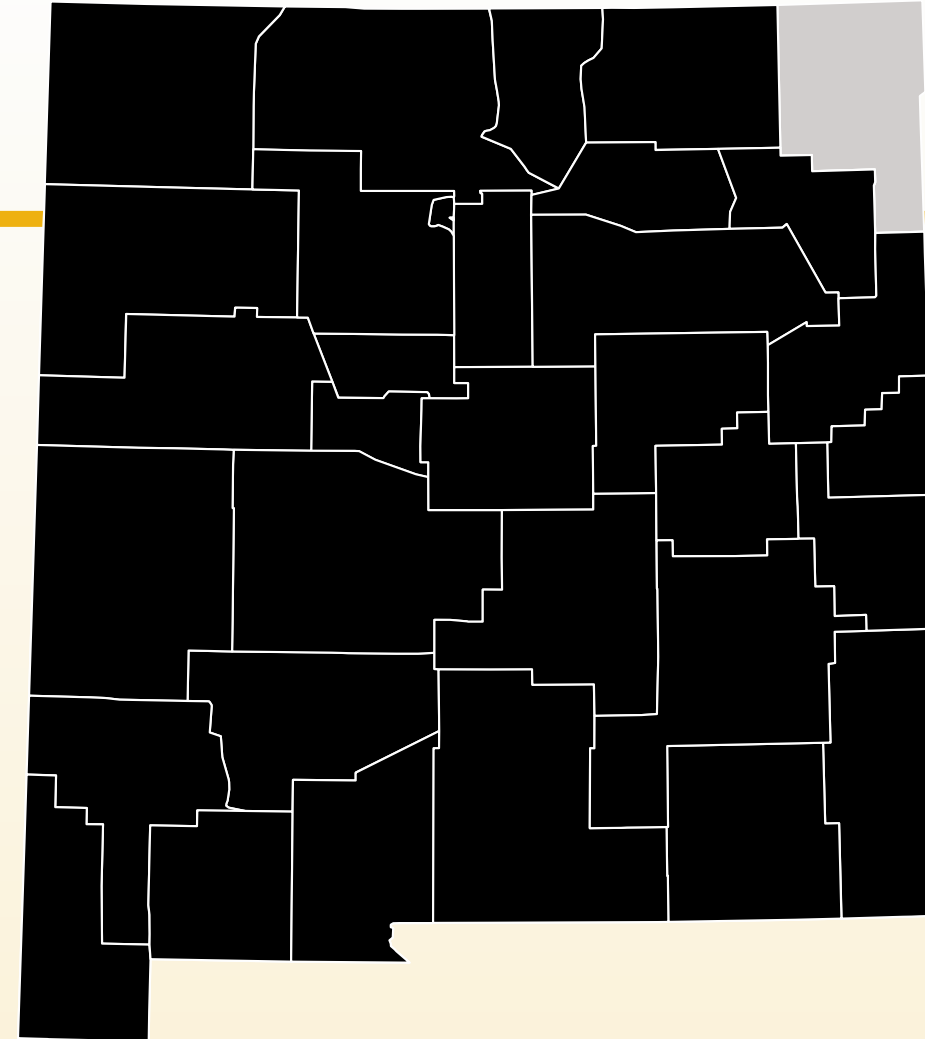
# Plan information — New Mexico

<b>Plan Name</b>	<b>Molina Medicare Complete Care (HMO D-SNP)</b>
<b>Plan ID and Eligibility</b>	<b>H8845-006-000 (FBDE, SLMB+, QMB+)</b>
<b>Service area</b>	See map for list of counties
<b>Premium</b>	\$0
<b>Primary/Specialist Visit</b>	\$0/\$0
<b>Inpatient Acute</b>	\$0
<b>Prescription Deductible</b>	\$0
<b>Maximum Out of Pocket</b>	\$9,350
<b>Extra Benefits</b>	
<b>Chiropractic</b>	12 visits/year
<b>Dental</b>	Preventive services and select comprehensive services up to \$4,000/year through dental vendor
<b>Fitness</b>	The Silver&Fit Program (Fitness Facilities & Home Fitness Kit)
<b>Hearing</b>	Routine hearing exam/year & up to 2 pre-selected hearing aids (both ears)/2 years
<b>Meals</b>	56 meals max/year for post surgery/inpatient stay/homebound medical condition
<b>Non-Emergency Medical Transportation</b>	24 one-way trips/year
<b>Personal Emergency Response System (PERS+)</b>	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)
<b>Vision</b>	Routine eye exam/year & \$300 eyewear allowance/year
<b>Worldwide Emergency/Urgent Coverage</b>	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>	
<b>Food &amp; Produce (SSBCI)</b>	\$50/month (no rollover)
<b>Over-the-Counter</b>	\$55/month (no rollover)

# New Mexico Network Highlights

## Provider Network Highlights:

- Memorial Medical Center
- Lovelace Medical Center
- Gila Regional Medical Center
- University of New Mexico Hospital
- MountainView Regional Medical Center
- Eastern New Mexico Medical Center
- Christus St. Vincent Regional Medical Center




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


# State coverage

## New York


### D-SNP Plans

 Senior Whole Health of New York NHC (HMO D-SNP) H5992-007 (FIDE)\*

Service area (9): Bronx, Kings, Nassau, New York, Orange, Queens, Richmond, Rockland, Westchester

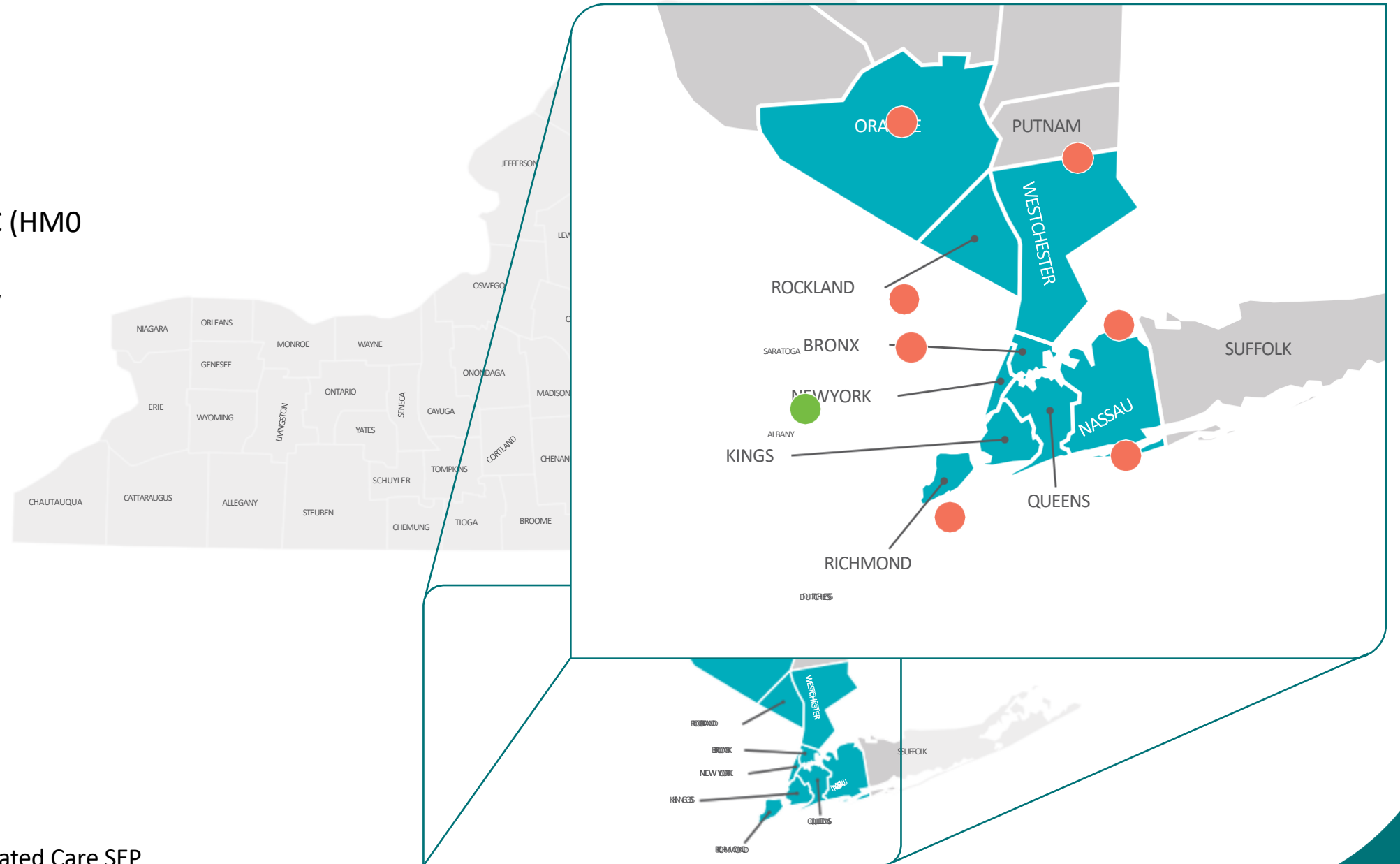
 Senior Whole Health Medicare Complete Care (HMO D-SNP) H5992-009-001 (HIDE)\*

Service area (8): Bronx, Nassau, New York, Orange, Queens, Richmond, Rockland, Westchester

 Senior Whole Health Medicare Complete Care (HMO D-SNP) H5992-009-002 (HIDE)\*

Service area (1): Kings

\*FIDE, HIDE and AIP plans qualify for the new Integrated Care SEP



# 2025 Supplemental Health Benefits offered in New York



**MyChoice Card**

- OTC + Transportation
- Food and Produce\*\*



**Worldwide Emergency/Urgent Coverage**



**Acupuncture**



**Dental**



**Fitness**



**Podiatry\***



**Vision**



**Personal Emergency Response System (PERS+)\***



**Hearing\***



**Meals\***



**Transportation\***

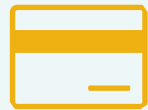
See plan specific details as benefits vary by plan

\*\*Special Supplemental Benefits for the Chronically Ill (SSBCI) - Members with a valid Health Risk Assessment (HRA) and a confirmed diagnosis of a qualifying chronic condition.

\*These and other additional benefits may be available through a D-SNP member's Medicaid.

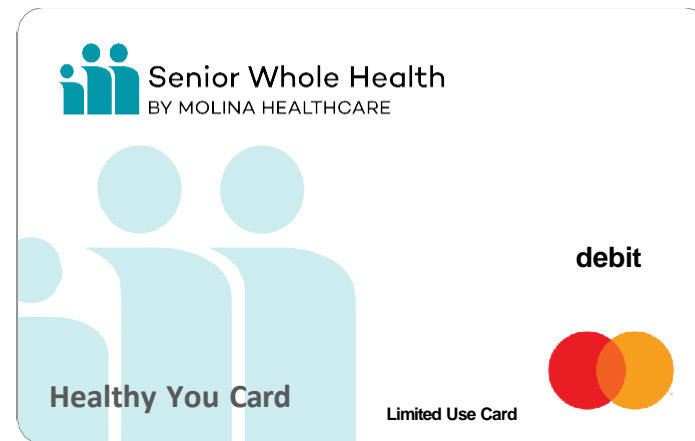
# 2025 Medicare plan changes — Senior Whole Health—Healthy You Card

**New for 2025:** To streamline our benefits administration, we are transitioning card production and the retail network to Nations, ensuring a more efficient and cohesive experience for our members.



## Benefit Allowances

- OTC
- Non-emergency medical transportation
- Food & produce (SSBCI)\*



\*Qualifications needed for SSBCI Benefits

# Plan information — New York

Plan Name	Senior Whole Health of New York NHC (HMO-D-SNP)	Senior Whole Health Complete Care (HMO-D-SNP)
<b>Plan ID and Eligibility</b>	<b>H5992-007-000</b> (FBDE, QMB+)	<b>H5992-009-001 &amp; 5992-009-002</b> (FBDE, QMB+)
<b>Service area</b>	See map for list of counties	See map for list of counties
<b>Premium</b>	\$0	\$0
<b>Primary/Specialist Visit</b>	\$0/\$0	\$0/\$0
<b>Inpatient Acute</b>	\$0	\$0
<b>Prescription Deductible</b>	\$0	\$0
<b>Maximum Out of Pocket</b>	\$9,350	\$9,350
<b>Extra Benefits</b>		
<b>Acupuncture</b>		30 visits/year
<b>Dental</b>	Preventive dental services and select comprehensive services (Coverage matches Medicaid Adult Dental) provided through a dental vendor	
<b>Fitness</b>	The Silver&Fit Program (Fitness Facilities & Home Fitness Kit)	
<b>Hearing</b>	Covered*	Not Covered
<b>Meals</b>	Unlimited to those that qualify*	Not Covered
<b>Personal Emergency Response System (PERS+)</b>	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)*	Not Covered
<b>Podiatry</b>	Up to 4 routine foot care visits/year	12 routine foot care visits/year
<b>Vision</b>	Routine eye exam/year & \$350 eyewear allowance/year	Routine eye exam/year & \$285 eyewear allowance/year
<b>Worldwide Emergency/Urgent Coverage</b>	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>		
<b>Food &amp; Produce (SSBCI)</b>	\$73/month (no rollover)	\$50/month (no rollover)
<b>Non-Emergency Medical Transportation</b>	\$100/month (no rollover); combined allowance with OTC / Unlimited transportation available through Medicaid vendor (one-way trips)*	\$112/month (no rollover); combined allowance with OTC
<b>Over-the-Counter</b>	\$100/month (no rollover); combined allowance with Transportation	\$112/month (no rollover); combined allowance with Transportation

\*Benefits covered through Medicaid (New York State Department of Health)

# New York Network Highlights

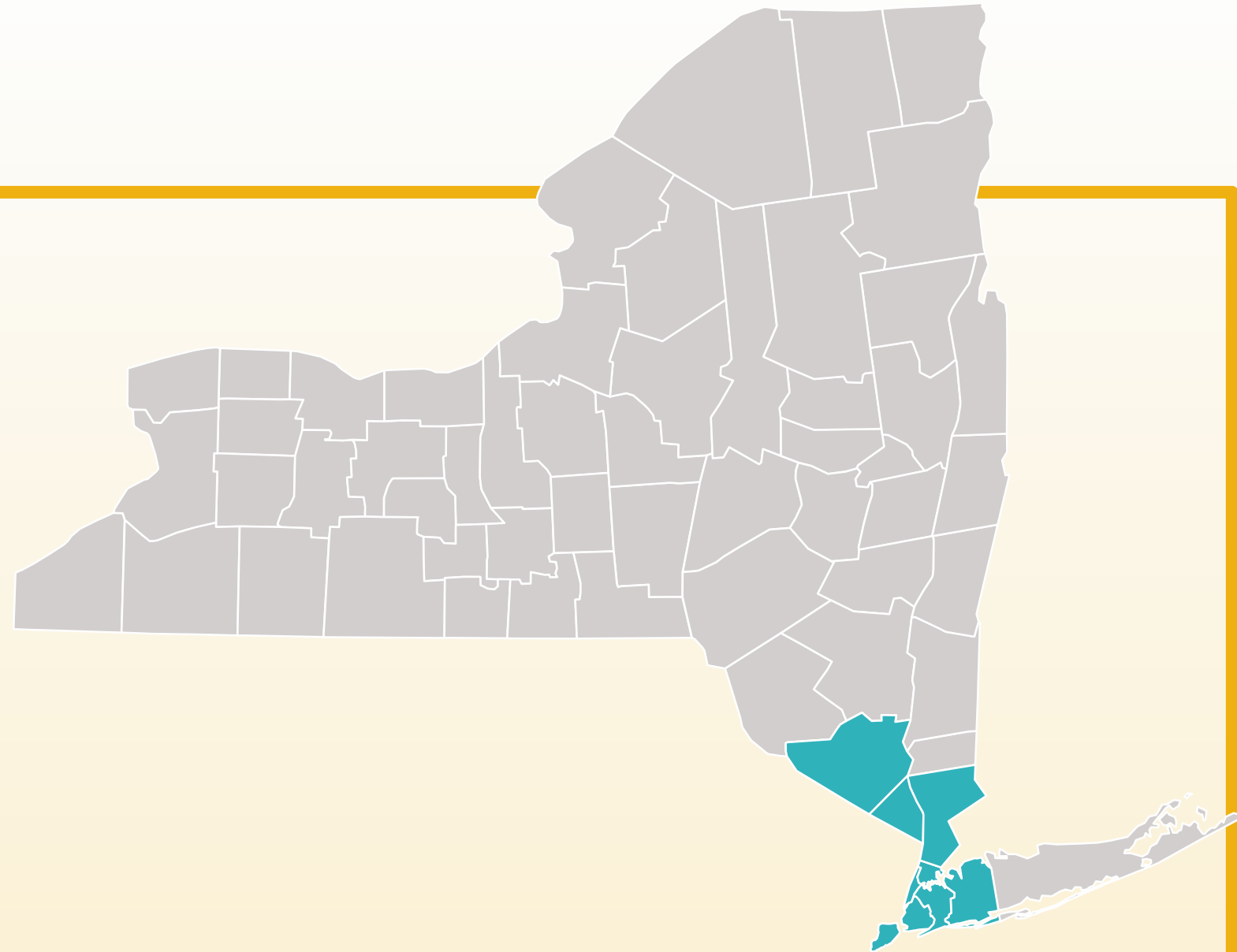
## Provider Network Highlights:

### Hospitals

- Long Island Jewish Hospital
- Bellevue Hospital Center
- Mount Sinai Hospital
- Nyc Health + Hospitals/South Brooklyn Health
- Nyu Langone Hospitals
- Woodhull Medical & Mental Health Center

### 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


### D-SNP Plans

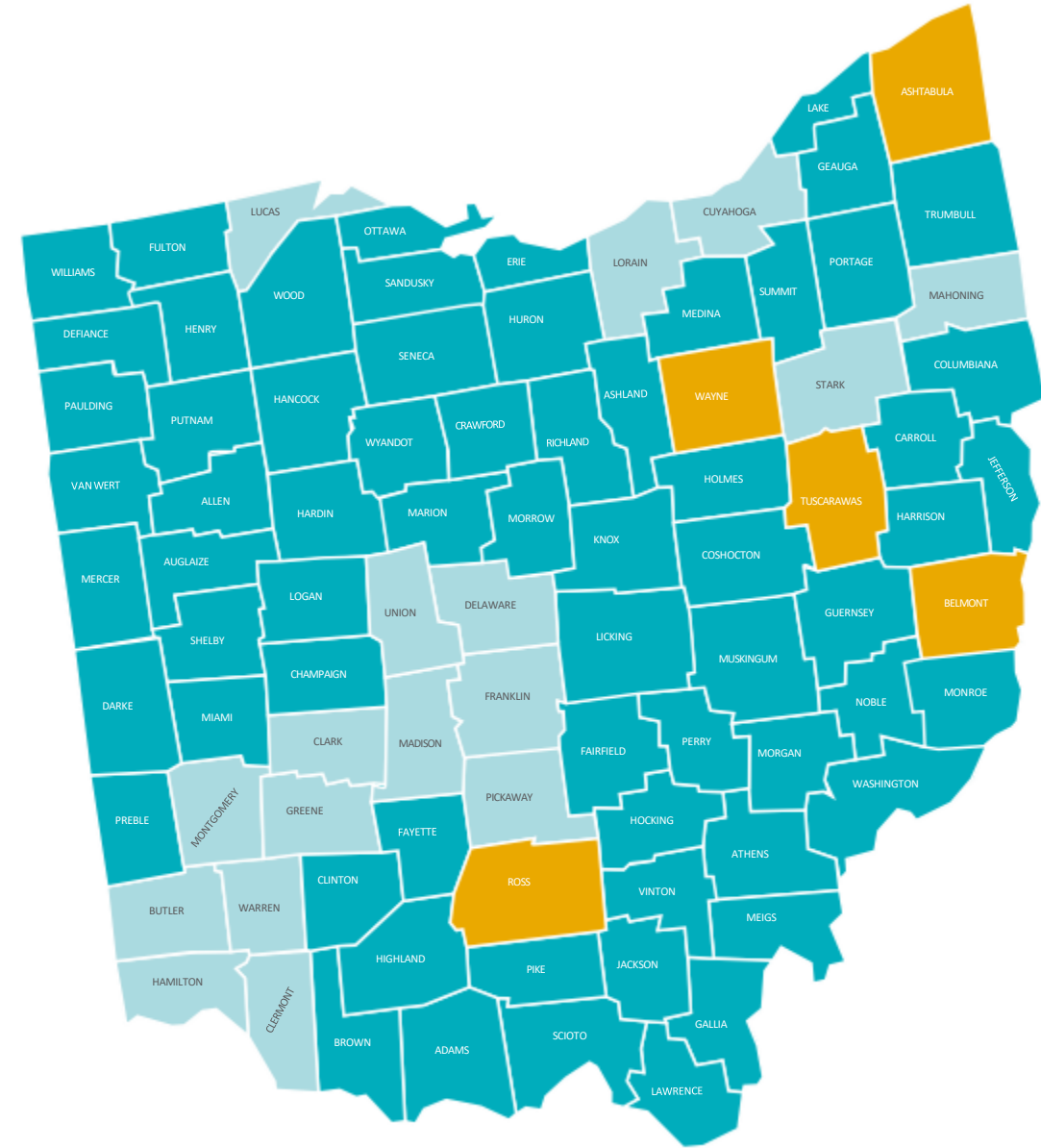
 Molina Medicare Complete Care  
(HMO D-SNP) H9955-006-001

**Service area (17):** Butler, Clark, Clermont, Cuyahoga, Delaware, Franklin, Greene, Hamilton, Lorain, Lucas, Madison, Mahoning, Montgomery, Pickaway, Stark, Union, Warren

 Molina Medicare Complete Care  
(HMO D-SNP) H9955-006-002

**Service area (71):** Adams, Allen, Ashland, Ashtabula, Athens, Auglaize, Belmont, Brown, Carroll, Champaign, Clinton, Columbiana, Coshocton, Crawford, Darke, Defiance, Erie, Fairfield, Fayette, Fulton, Gallia, Geauga, Guernsey, Hancock, Hardin, Harrison, Henry, Highland, Hocking, Holmes, Huron, Jackson, Jefferson, Knox, Lake, Lawrence, Licking, Logan, Marion, Medina, Meigs, Mercer, Miami, Monroe, Morgan, Morrow, Muskingum, Noble, Ottawa, Paulding, Perry, Pike, Portage, Preble, Putnam, Richland, Ross, Sandusky, Scioto, Seneca, Shelby, Summit, Trumbull, Tuscarawas, Van Wert, Vinton, Washington, Wayne, Williams, Wood, Wyandot

 New counties for 2025



# 2025 Supplemental Health Benefits offered in Ohio

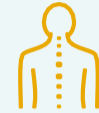


## MyChoice Card

- OTC + Transportation
- Food and Produce\*\*



## Worldwide Emergency/Urgent Coverage



## Chiropractic



## Acupuncture



## Meals



## Fitness



## Personal Emergency Response System (PERS+)



## Dental



## Vision



## Hearing

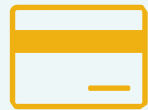
See plan specific details as benefits vary by plan

\*\*Special Supplemental Benefits for the Chronically Ill (SSBCI) - Members with a valid Health Risk Assessment (HRA) and a confirmed diagnosis of a qualifying chronic condition.

Note: Additional benefits may be available through a D-SNP member's Medicaid.

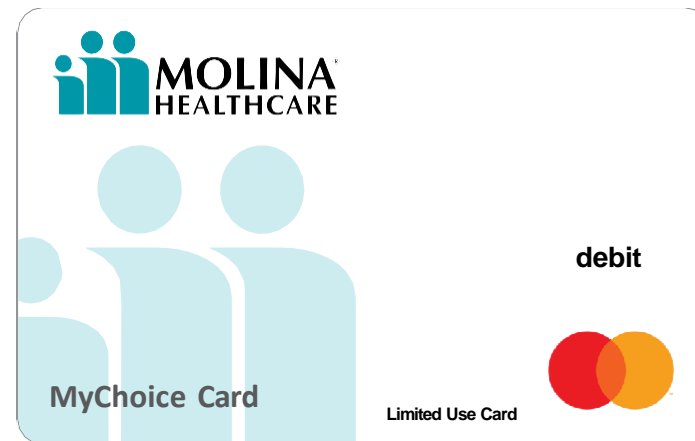
# 2025 Medicare plan changes — Molina Healthcare—MyChoice Card

**New for 2025:** To streamline our benefits administration, we are transitioning card production and the retail network to Nations, ensuring a more efficient and cohesive experience for our members.



## Benefit Allowances

- OTC
- Non-emergency medical transportation
- Food & produce (SSBCI)\*



\*Qualifications needed for SSBCI Benefits

# Plan information — Ohio

Plan Name	Molina Medicare Complete Care (HMO D-SNP)	Molina Medicare Complete Care (HMO D-SNP)
<b>Plan ID and Eligibility</b>	<b>H9955-006-001</b> (FBDE, SLMB+, QMB+)	<b>H9955-006-002</b> (FBDE, SLMB+, QMB+)
<b>Service area</b>	See map for list of counties	See map for list of counties
<b>Premium</b>	\$0	\$0
<b>Primary/Specialist Visit</b>	\$0/\$0	\$0/\$0
<b>Inpatient Acute</b>	\$0	\$0
<b>Prescription Deductible</b>	\$0	\$0
<b>Maximum Out of Pocket</b>	\$9,350	\$9,350
<b>Extra Benefits</b>		
<b>Acupuncture</b>		12 visits/year
<b>Chiropractic</b>		12 visits/year
<b>Dental</b>	Preventive services and select comprehensive services up to \$3,600/year through dental vendor	
<b>Fitness</b>	The Silver&Fit Program (Fitness Facilities & Home Fitness Kit)	
<b>Hearing</b>	Routine hearing exam/year & up to 2 pre-selected hearing aids (both ears)/2 years	
<b>Meals</b>	56 meals max/year for post surgery/inpatient stay/homebound medical condition	
<b>Personal Emergency Response System (PERS+)</b>	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)	
<b>Vision</b>	Routine eye exam/year and \$200 eyewear allowance/year	
<b>Worldwide Emergency/Urgent Coverage</b>	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>		
<b>Food &amp; Produce (SSBCI)</b>	\$62/month (no rollover)	\$37/month (no rollover)
<b>Non-Emergency Medical Transportation</b>	\$65/month (no rollover); combined allowance with OTC	\$50/month (no rollover); combined allowance with OTC
<b>Over-the-Counter</b>	\$65/month (no rollover); combined allowance with Transportation	\$50/month (no rollover); combined allowance with Transportation

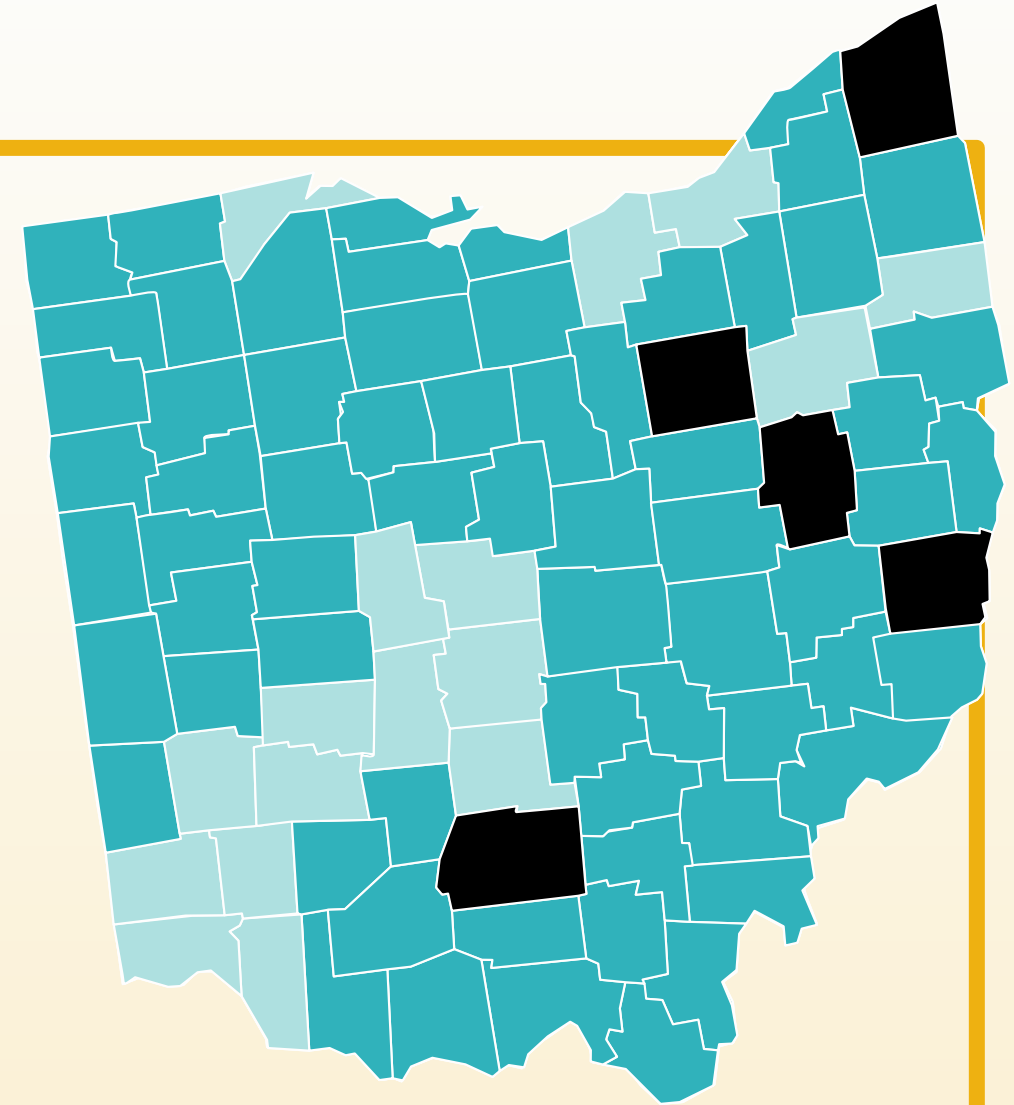
# Ohio Network Highlights

## Hospital Systems:

- James Cancer Hospital (OSU)
- Ohio State University
- OhioHealth
- Mercy Health
- University Hospitals Cleveland
- Cleveland Clinic
- Summa Health System
- Kettering Health Network
- UC Health

## Medical Groups:

- Ohio State University Physicians
- OhioHealth Physician Group
- University Hospital Medical Practices
- Cleveland Clinic
- Mount Carmel Health System
- Summa Physicians
- Mercy Health Physicians
- University of Cincinnati Physicians
- Cleveland Clinic Physicians
- Mount Carmel Physicians





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


# State coverage

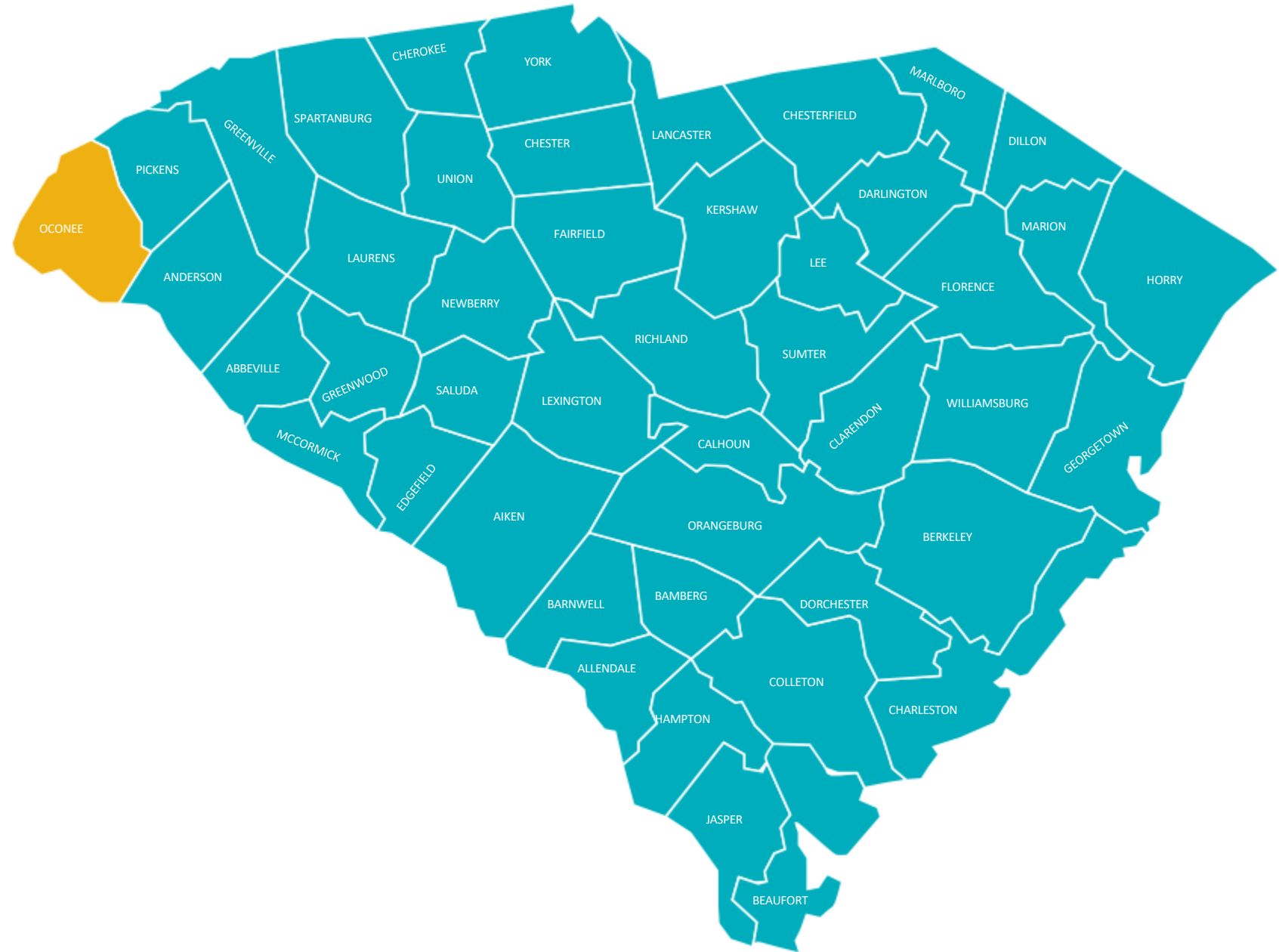
## South Carolina

### D-SNP Plan

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

 Service area (46): Statewide

 New counties for 2025



# 2025 Supplemental Health Benefits offered in South Carolina



## MyChoice Card

- OTC + Transportation
- Food and Produce\*\*



## Worldwide Emergency/Urgent Coverage



## Chiropractic



## Podiatry



## Meals



## Fitness



## Personal Emergency Response System (PERS+)



## Dental



## Vision



## Hearing

See plan specific details as benefits vary by plan

\*\*Special Supplemental Benefits for the Chronically Ill (SSBCI) - Members with a valid Health Risk Assessment (HRA) and a confirmed diagnosis of a qualifying chronic condition.

Note: Additional benefits may be available through a D-SNP member's Medicaid.

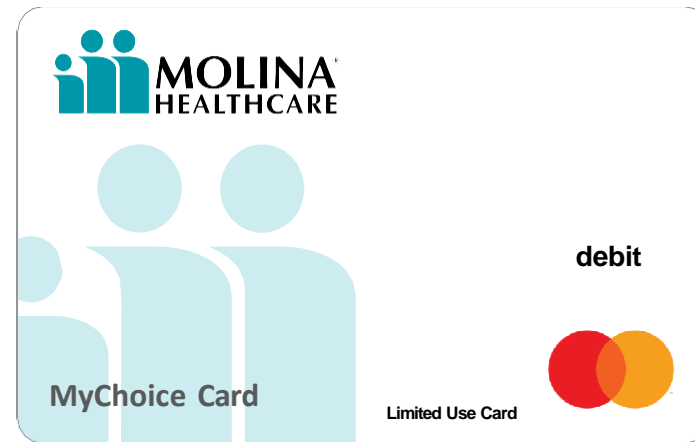
# 2025 Medicare plan changes — Molina Healthcare—MyChoice Card

**New for 2025:** To streamline our benefits administration, we are transitioning card production and the retail network to Nations, ensuring a more efficient and cohesive experience for our members.



## Benefit Allowances

- OTC
- Non-emergency medical transportation
- Food & produce (SSBCI)\*



\*Qualifications needed for SSBCI Benefits

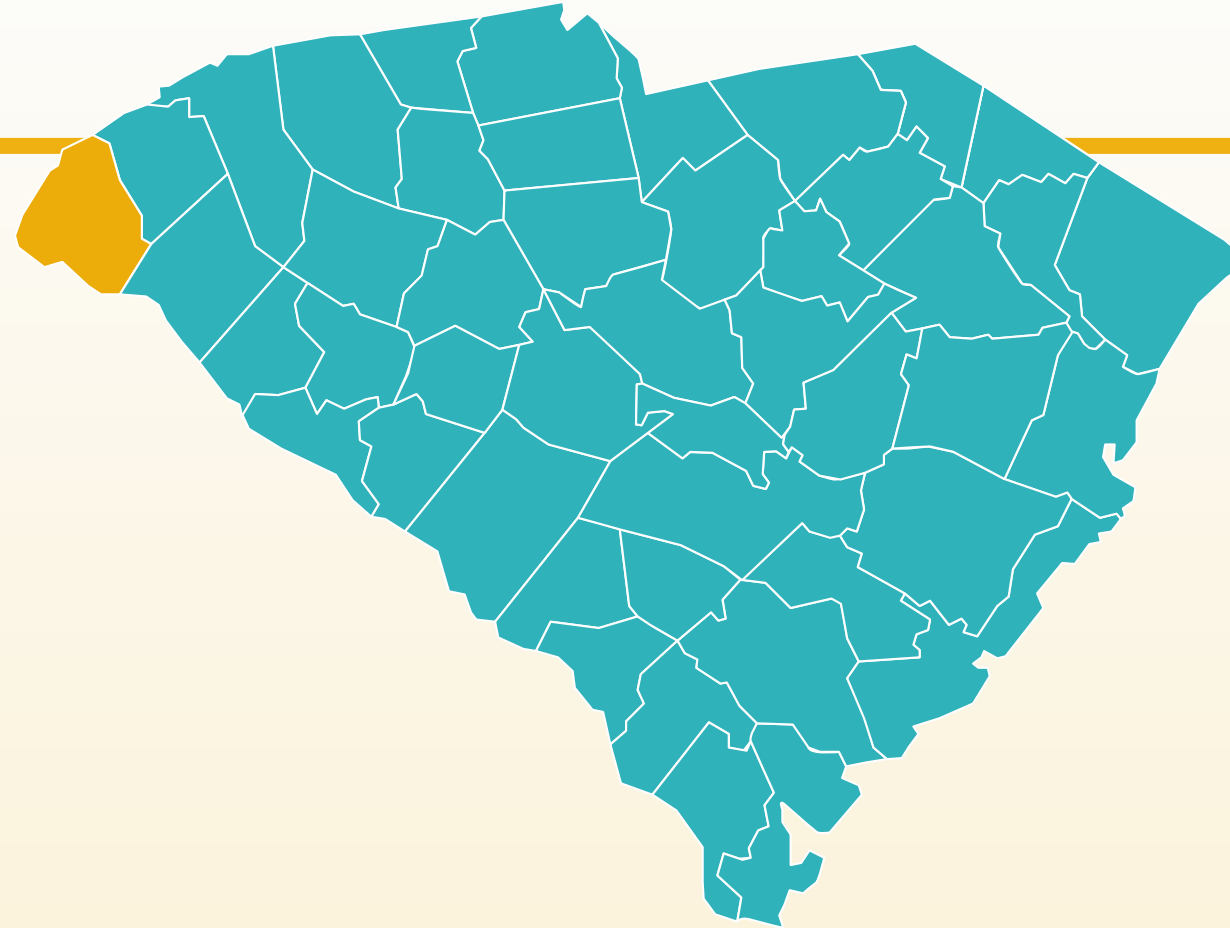
# Plan information — South Carolina

<b>Plan Name</b>	<b>Molina Medicare Complete Care (HMO D-SNP)</b>
<b>Plan ID and Eligibility</b>	<b>H8176-001-000 (FBDE, SLMB+, QMB+)</b>
<b>Service area</b>	See map for list of counties
<b>Premium</b>	\$0
<b>Primary/Specialist Visit</b>	\$0/\$0
<b>Inpatient Acute</b>	\$0
<b>Prescription Deductible</b>	\$0
<b>Maximum Out of Pocket</b>	\$9,350
<b>Extra Benefits</b>	
<b>Chiropractic</b>	20 visits/year
<b>Dental</b>	Preventive services and select comprehensive services up to \$1,000/year through dental vendor
<b>Fitness</b>	The Silver&Fit Program (Fitness Facilities & Home Fitness Kit)
<b>Hearing</b>	Routine hearing exam/year & up to 2 pre-selected hearing aids (both ears)/2 years
<b>Meals</b>	56 meals max/year for post surgery/inpatient stay/homebound medical condition
<b>Personal Emergency Response System (PERS+)</b>	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)
<b>Podiatry</b>	12 routine foot care visits/year
<b>Vision</b>	Routine eye exam/year and \$200 eyewear allowance/year
<b>Worldwide Emergency/Urgent Coverage</b>	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>	
<b>Food &amp; Produce (SSBCI)</b>	\$74/month (no rollover)
<b>Non-Emergency Medical Transportation</b>	\$115/month (no rollover); combined allowance with OTC
<b>Over-the-Counter</b>	\$115/month (no rollover); combined allowance with Transportation

# South Carolina Network Highlights

## Provider Network Highlights:

- Prisma Health
- Roper St. Francis
- McLeod Health
- AnMed Health
- Palmetto Primary Care Physicians
- Liberty Doctors
- Novant Health
- Medical University of South Carolina
- Bon Secours St. Francis Health System
- The Regional Medical Center (TRMC)
- Community Integrated Medical Services, LLC (CIMS)
- Spartanburg Regional Healthcare System




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


# State coverage

## Texas

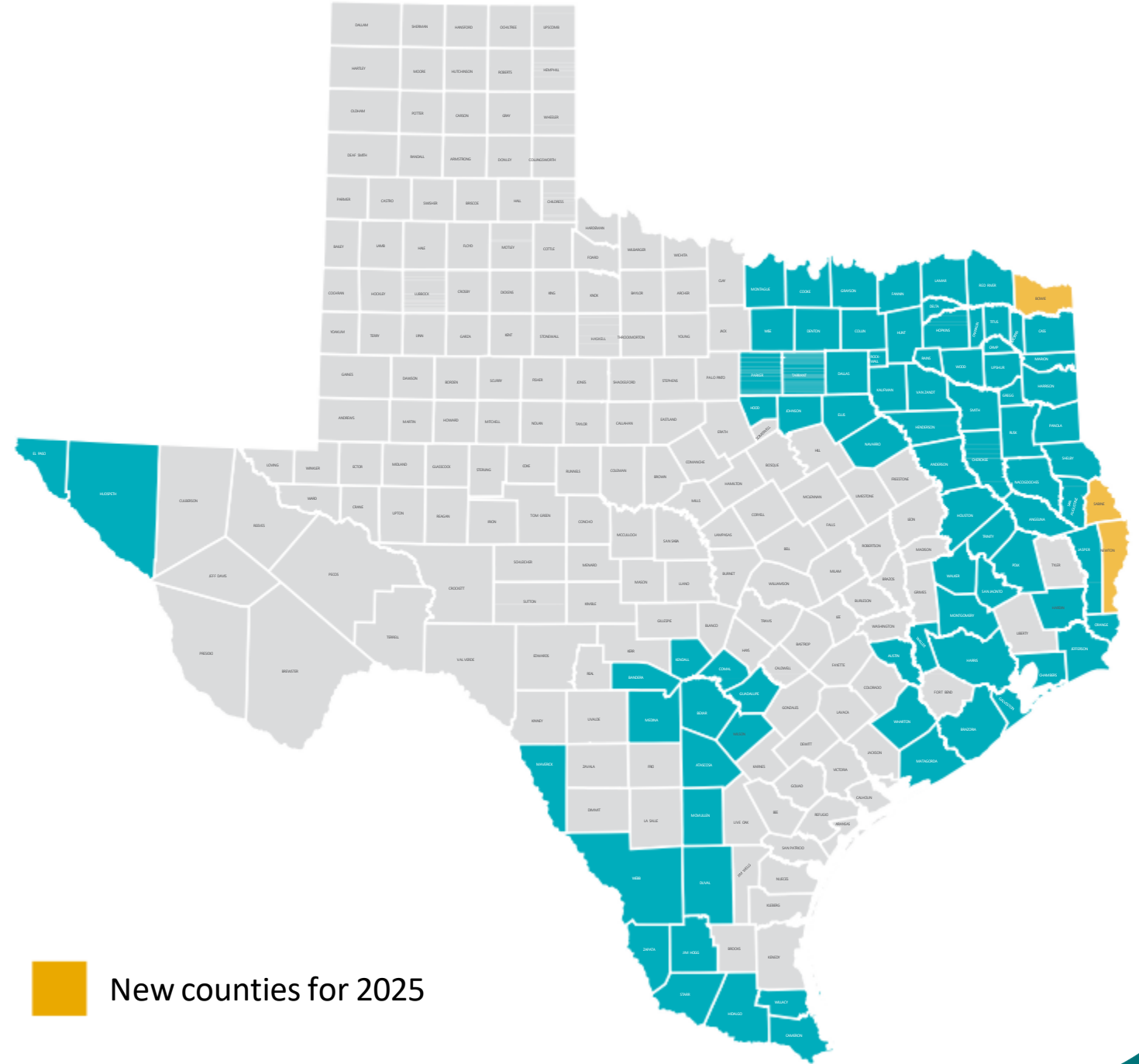
### D-SNP Plans

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

**Service area (84):** 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

 Molina Medicare Complete Care (HMO D-SNP) H2715-002 (HIDE)\*

**Service area (3):** Bowie, Newton, Sabine



\*FIDE, HIDE and AIP plans qualify for the new Integrated Care SEP

# 2025 Supplemental Health Benefits offered in Texas



**MyChoice Card**  
- OTC  
- Food and Produce\*\*



**Worldwide Emergency/Urgent Coverage**



**Podiatry**



**Transportation**



**Acupuncture**



**Meals**



**Fitness**



**Personal Emergency  
Response System (PERS+)**



**Dental**



**Vision**



**Hearing**

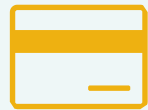
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Note: Additional benefits may be available through a D-SNP member's Medicaid.

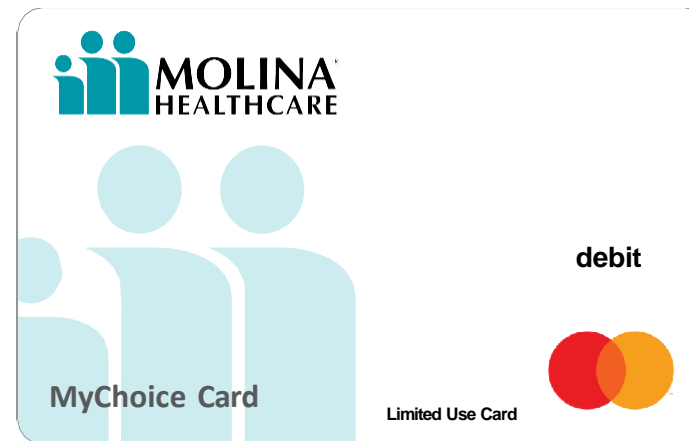
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### Benefit Allowances

- OTC
- Food & produce (SSBCI)\*

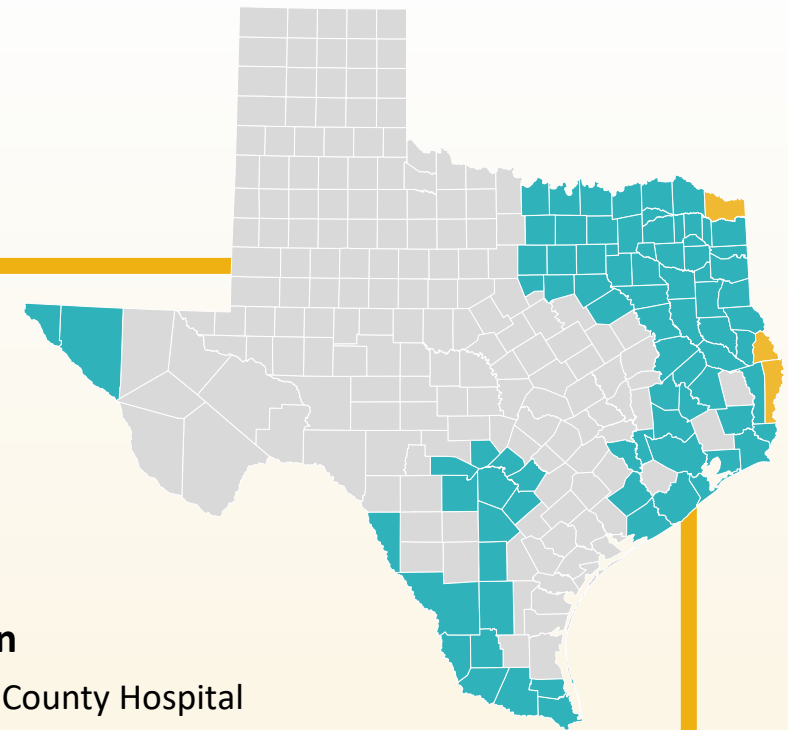


\*Qualifications needed for SSBCI Benefits

# Plan information — Texas

Plan Name	Molina Medicare Complete Care (HMO D-SNP)	Molina Medicare Complete Care (HMO D-SNP)
<b>Plan ID and Eligibility</b>	<b>H7678-001-000</b> (FBDE, SLMB+, QMB, QMB+)	<b>H2715-002-000</b> (FBDE, SLMB+, QMB, QMB+)
<b>Service area</b>	See map for list of counties	Bowie, Newton, Sabine
<b>Premium</b>	\$0	\$0
<b>Primary/Specialist Visit</b>	\$0/\$0	\$0/\$0
<b>Inpatient Acute</b>	\$0	\$0
<b>Prescription Deductible</b>	\$0	\$0
<b>Maximum Out of Pocket</b>	\$9,350	\$9,350
<b>Extra Benefits</b>		
<b>Acupuncture</b>	20 visits/year	
<b>Dental</b>	Preventive services and select comprehensive services up to \$1,000/year through dental vendor	Preventive services and select comprehensive services up to \$3,600/year through dental vendor
<b>Fitness</b>	The Silver&Fit Program (Fitness Facilities & Home Fitness Kit)	
<b>Hearing</b>	Routine hearing exam/year & up to 2 pre-selected hearing aids (both ears)/2 years	
<b>Meals</b>	56 meals max/year for post surgery/inpatient stay/homebound medical condition	
<b>Non-Emergency Medical Transportation</b>	12 one-way trips/year	
<b>Personal Emergency Response System (PERS+)</b>	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)	
<b>Podiatry</b>	12 routine foot care visits/year	
<b>Vision</b>	Routine eye exam/year & \$200 eyewear allowance/year	
<b>Worldwide Emergency/Urgent Coverage</b>	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>		
<b>Food &amp; Produce (SSBCI)</b>	\$35/month (no rollover)	\$48/month (no rollover)
<b>Over-the-Counter</b>	\$30/month (no rollover)	\$30/month (no rollover)

# Texas Network Highlights



## Provider Network Highlights:

### Dallas

- Texas Health Resources
- Methodist Health Systems

### Dallas/Fort Worth Area

- UT Physicians

### East Texas

- UT Health East (Facilities)
- Paris Regional Medical Center

### El Paso

- Sierra Medical Center dba Sierra Memorial Hospital
- Texas Tech Health Science Center
- Texas Tech Physician Associates
- Las Palmas Medical Center
- Del Sol Medical Center

- University Medical Center of El Paso
- Centro San Vicente
- Centro de Salud Familiar La Fe

### Hidalgo/Rio Grand Valley

- Prime Healthcare Systems
- Doctors Hospital at Renaissance
- Rio Grande Regional Hospital
- Cornerstone Regional Hospital
- San Benito Medical Associates
- DHR Physicians Group
- Mission Regional Medical Center
- Knapp Medical Center
- Harlingen Medical Center

### Houston

- Harris County Hospital
- UT Physicians

### San Antonio


- UT Health Physicians
- Baptist Health System aka Baptist Medical Center
- Community Medicine Assoc Partners in Primary Care
- MedFirst Primary Care
- University Health System Hospital


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

# State coverage


## Utah

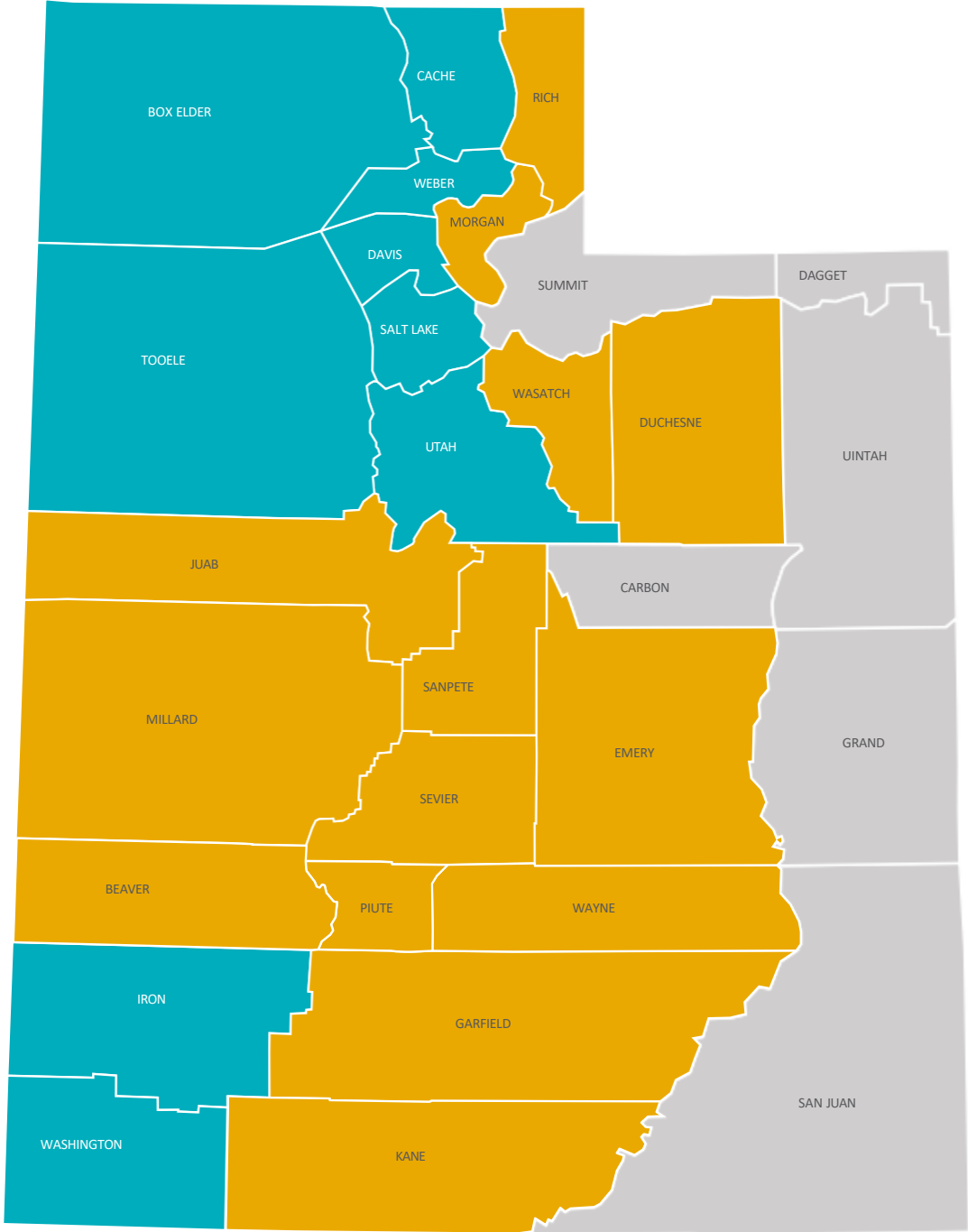
### D-SNP Plans

 Molina Medicare Complete Care (HMO D-SNP) H5628-001

 Molina Medicare Complete Care Select (HMO D-SNP) H5628-012

**Service area (23):** Beaver, Box Elder, Cache, Davis, Duchesne, Emery, Garfield, Iron, Juab, Kane, Millard, Morgan, Piute, Rich, Salt Lake, Sanpete, Sevier, Tooele, Utah, Wasatch, Washington, Wayne, Weber

 New counties for 2025



# 2025 Supplemental Health Benefits offered in Utah



## MyChoice Card

- OTC + Transportation
- Food and Produce\*\*



## Worldwide Emergency/Urgent Coverage



## Acupuncture



## Meals



## Fitness



## Personal Emergency Response System (PERS+)



## Dental



## Vision



## Hearing

See plan specific details as benefits vary by plan

\*\*Special Supplemental Benefits for the Chronically Ill (SSBCI) - Members with a valid Health Risk Assessment (HRA) and a confirmed diagnosis of a qualifying chronic condition.

Note: Additional benefits may be available through a D-SNP member's Medicaid.

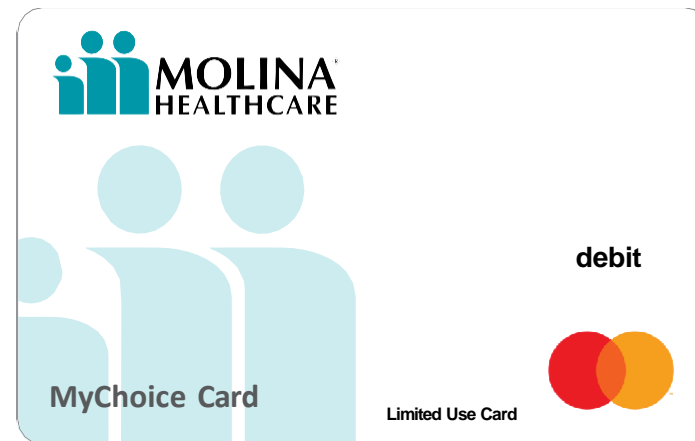
## 2025 Medicare plan changes — Molina Healthcare—MyChoice Card

**New for 2025:** To streamline our benefits administration, we are transitioning card production and the retail network to Nations, ensuring a more efficient and cohesive experience for our members.



### Benefit Allowances

- OTC
- Non-emergency medical transportation
- Food & produce (SSBCI)\*



\*Qualifications needed for SSBCI Benefits

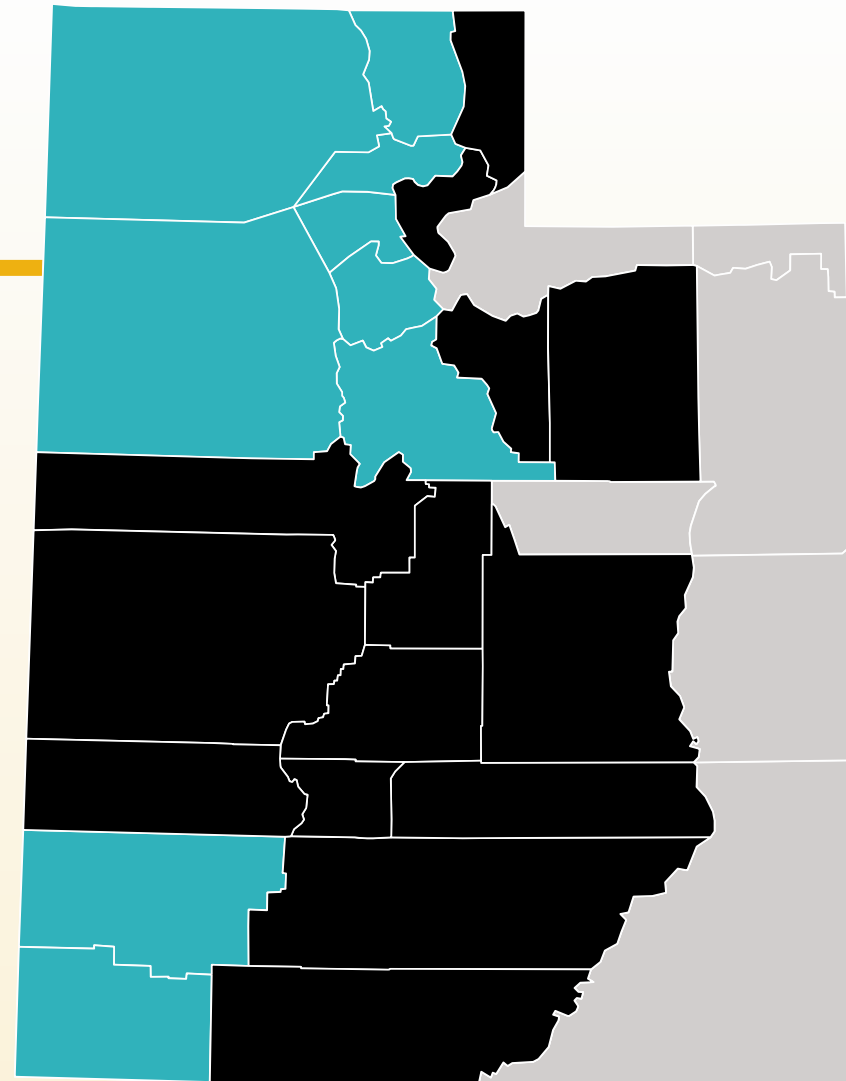
# Plan information — Utah

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</b> (FBDE, SLMB+, QMB+, QMB)	<b>H5628-012-000</b> (SLMB, QI, QDWI)
<b>Service area</b>	See map for list of counties	See map for list of counties
<b>Premium</b>	\$0	\$0
<b>Primary/Specialist Visit</b>	\$0/\$0	\$0/\$30
<b>Inpatient Acute</b>	\$0	\$325/day (Days 1-6)/\$0 (Days 7-90)
<b>Prescription Deductible</b>	\$0	\$0
<b>Maximum Out of Pocket</b>	\$9,350	\$9,350
<b>Extra Benefits</b>		
<b>Acupuncture</b>		12 visits/year
<b>Dental</b>	Preventive services and select comprehensive services up to \$1,150/year through dental vendor	Preventive services and select comprehensive services up to \$500/year through dental vendor
<b>Fitness</b>		The Silver&Fit Program (Fitness Facilities & Home Fitness Kit)
<b>Hearing</b>		Routine hearing exam/year & up to 2 pre-selected hearing aids (both ears)/2 years
<b>Meals</b>		112 meals max/year for post surgery/inpatient stay/homebound medical condition
<b>Personal Emergency Response System (PERS+)</b>		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)
<b>Vision</b>	Routine eye exam/year and \$300 eyewear allowance/year	Routine eye exam/year and \$200 eyewear allowance/year
<b>Worldwide Emergency/Urgent Coverage</b>		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>		
<b>Food &amp; Produce (SSBCI)</b>	\$108/month (no rollover)	\$75/month (no rollover)
<b>Non-Emergency Medical Transportation</b>	\$100/month(no rollover); combined allowance with OTC	\$85/month(no rollover); combined allowance with OTC
<b>Over-the-Counter</b>	\$100/month(no rollover); combined allowance with Transportation	\$85/month (no rollover); combined allowance with Transportation

# Utah Network Highlights

## Provider Network Highlights:

- HCA/MountainStar
- Tanner Clinic
- Premier Family Medicine
- University of Utah
- Revere Health
- Granger Medical
- Ogden Clinic
- Centura Health/Holy Cross
- Canyon View Medical Group
- Exodus
- Mountain West Medical Group
- Intermountain Healthcare




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

# State coverage

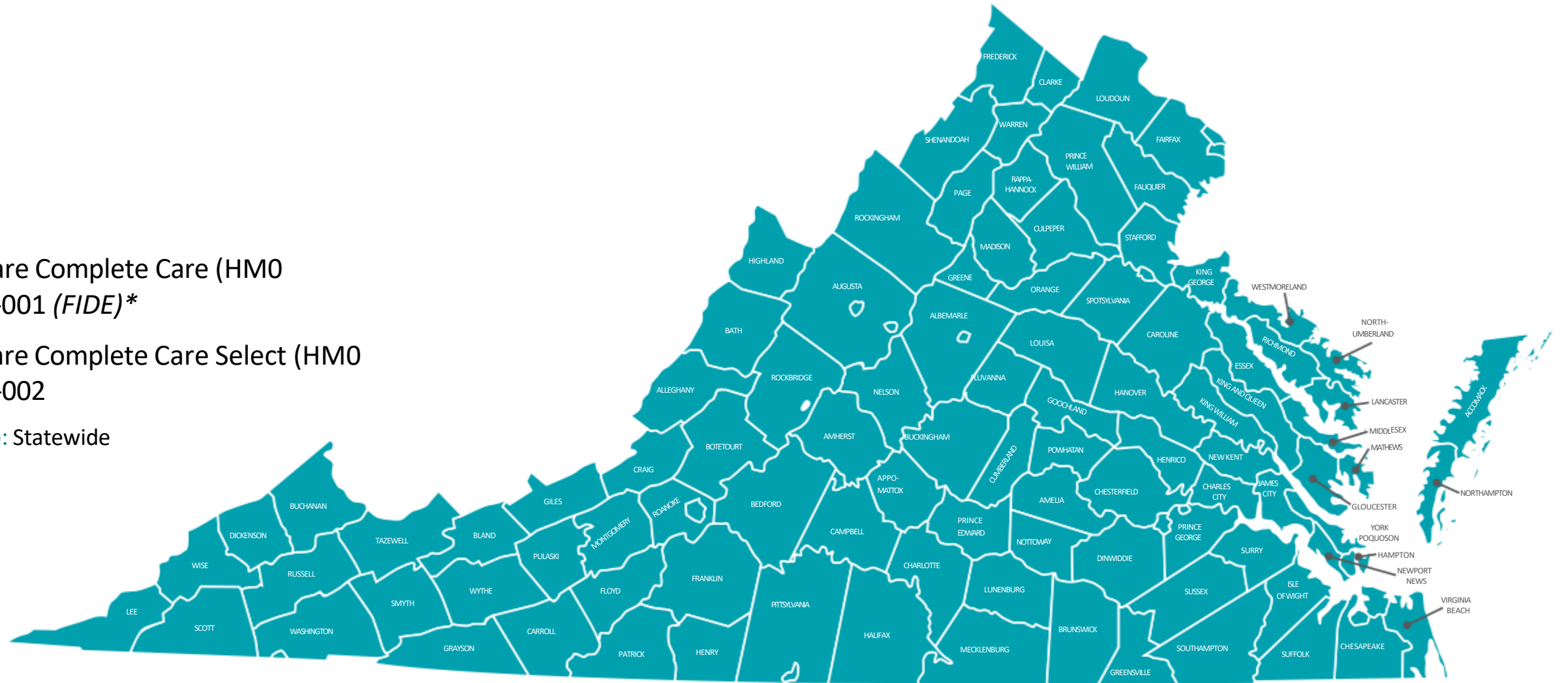
## Virginia

### D-SNP Plans

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

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

Service area (133): Statewide



\*Service Area is statewide and includes counties above and the following cities within the Commonwealth:

Alexandria City, Bristol City, Buena Vista City, Charles City, Charlottesville City, Chesapeake City, Colonial Heights City, Covington City, Danville City, Emporia City, Fairfax City, Falls Church City, Franklin City, Fredericksburg City, Galax City, Hampton City, Harrisonburg City, Hopewell City, Lexington City, Lynchburg City, Martinsville City, Manassas City, Manassas Park City, Newport News City, Norfolk City, Norton City, Petersburg City, Portsmouth City, Poquoson City, Radford City, Richmond City, Roanoke City, Salem City, Staunton City, Suffolk City, Virginia Beach City, Waynesboro City, Williamsburg City, and Winchester City

\*FIDE, HIDE and AIP plans qualify for the new Integrated Care SEP

# 2025 Supplemental Health Benefits offered in Virginia

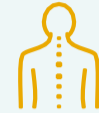


## MyChoice Card

- OTC + Transportation
- Food and Produce\*\*



## Worldwide Emergency/Urgent Coverage



## Chiropractic



## Podiatry



## Acupuncture



## Meals



## Fitness



## Personal Emergency Response System (PERS+)



## Dental



## Vision



## Hearing

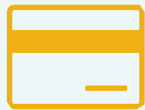
See plan specific details as benefits vary by plan

\*\*Special Supplemental Benefits for the Chronically Ill (SSBCI) - Members with a valid Health Risk Assessment (HRA) and a confirmed diagnosis of a qualifying chronic condition.

Note: Additional benefits may be available through a D-SNP member's Medicaid.

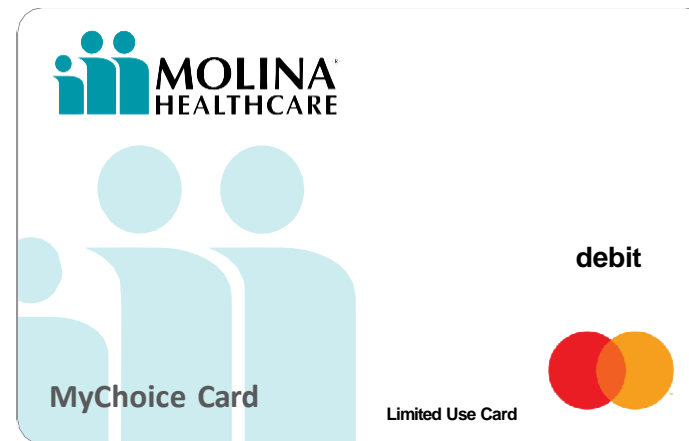
## 2025 Medicare plan changes — Molina Healthcare—MyChoice Card

**New for 2025:** To streamline our benefits administration, we are transitioning card production and the retail network to Nations, ensuring a more efficient and cohesive experience for our members.



### Benefit Allowances

- OTC
- Non-emergency medical transportation
- Food & produce (SSBCI)\*



- See plan specific details as benefits vary by plan

\*Qualifications needed for SSBCI Benefits

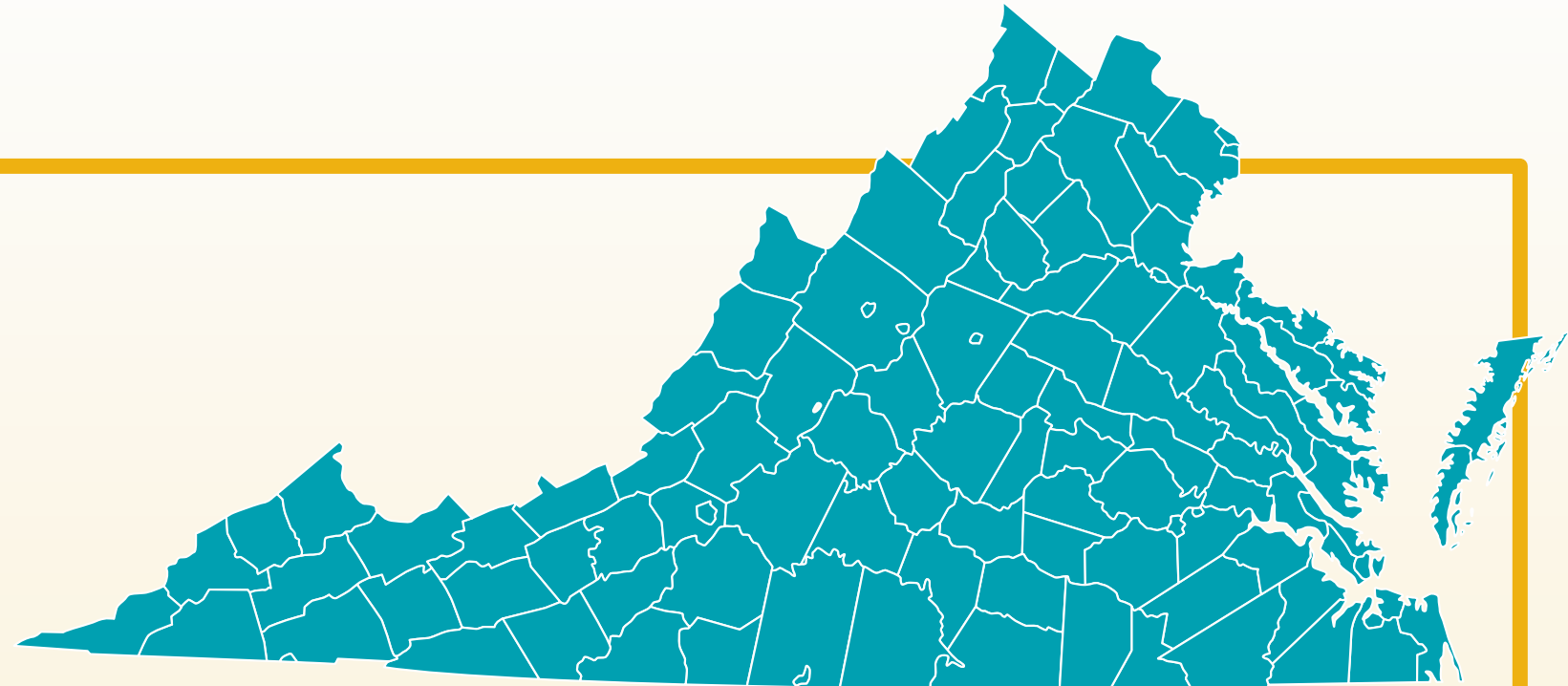
# Plan information — Virginia

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</b> (FBDE, SLMB+, QMB+)	<b>H7559-002-000</b> (SLMB, QMB, QDWI, QI)
<b>Service area</b>	Statewide	Statewide
<b>Premium</b>	\$0	\$0
<b>Primary/Specialist Visit</b>	\$0/\$0	\$0/\$30
<b>Inpatient Acute</b>	\$0	\$0 or \$30/day (Days 1-6)/ \$0/day (Days 7-90)
<b>Prescription Deductible</b>	\$0	\$0
<b>Maximum Out of Pocket</b>	\$9,350	\$9,350
<b>Extra Benefits</b>		
<b>Acupuncture</b>	Not Covered	12 visits/year
<b>Chiropractic</b>		12 visits/year
<b>Dental</b>	Preventive services and select comprehensive services up to \$500/year through dental vendor	
<b>Fitness</b>	The Silver&Fit Program (Fitness Facilities & Home Fitness Kit)	
<b>Hearing</b>	Routine hearing exam/year & up to 2 pre-selected hearing aids (both ears)/2 years	
<b>Meals</b>	56 meals max/year for post surgery/inpatient stay/homebound medical condition	
<b>Non-Emergency Medical Transportation</b>	24 one-way trips/year	See below
<b>Non-Medical Transportation (SSBCI)</b>	24 one-way trips/year	Not covered
<b>Personal Emergency Response System (PERS+)</b>	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)	
<b>Podiatry</b>	6 routine foot care visits/year	
<b>Vision</b>	Routine eye exam/year & \$200 eyewear allowance/year	
<b>Worldwide Emergency/Urgent Coverage</b>	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>		
<b>Food &amp; Produce (SSBCI)</b>	\$50/month (no rollover)	\$20/month (no rollover)
<b>Non-Emergency Medical Transportation</b>	See above	\$40/month (no rollover); combined allowance with OTC
<b>Over-the-Counter</b>	\$50/month (no rollover)	\$40/month (no rollover); combined allowance with Transportation

# Virginia Network Highlights

## Provider Network Highlights:

- HCA Physicians
- Carilion
- Bon Secours
- Loudoun Medical Group
- INOVA Health System
- Ballad Health
- Centra
- ValleyHealth
- The University of Virginia Physicians Group (UVA UPG)
- VCU Health
- HCA
- Gateway
- Riverside Health System




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

# State coverage

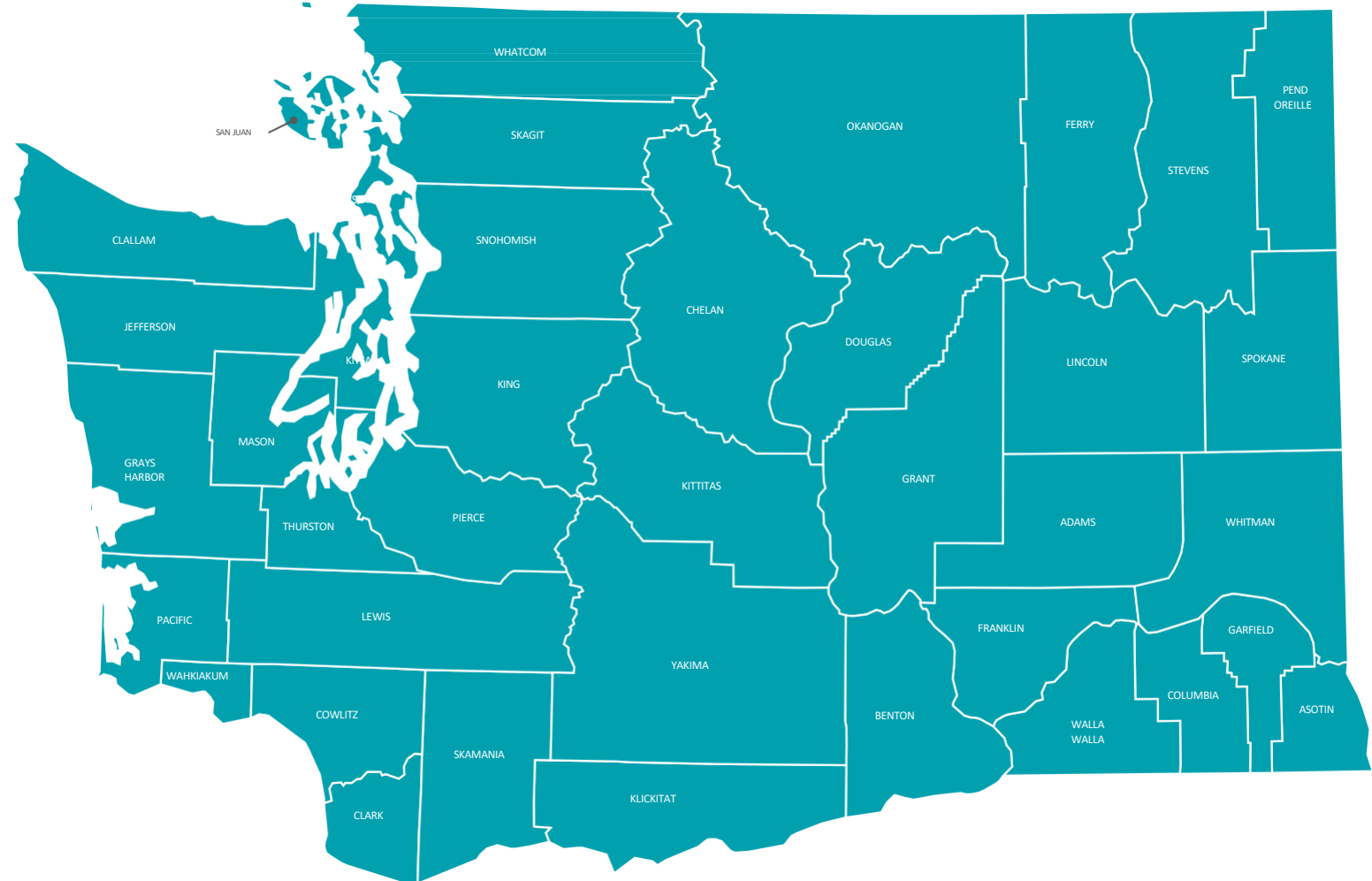
## Washington

### D-SNP Plans

 Molina Medicare Complete Care (HMO D-SNP) H5823-006 (HIDE)\*

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

Service area (39): Statewide



\*FIDE, HIDE and AIP plans qualify for the new Integrated Care SEP

# 2025 Supplemental Health Benefits offered in Washington



## MyChoice Card

- OTC + Transportation
- Food and Produce\*\*



## Worldwide Emergency/Urgent Coverage



## Meals



## Fitness



## PERS



## Dental



## Vision



## Hearing



## Naturopathy

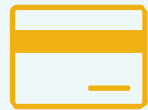
See plan specific details as benefits vary by plan

\*\*Special Supplemental Benefits for the Chronically Ill (SSBCI) - Members with a valid Health Risk Assessment (HRA) and a confirmed diagnosis of a qualifying chronic condition.

Note: Additional benefits may be available through a D-SNP member's Medicaid.

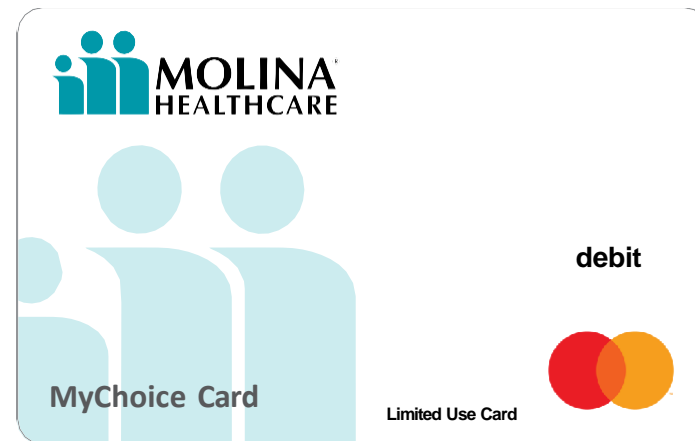
# 2025 Medicare plan changes — Molina Healthcare—MyChoice Card

**New for 2025:** To streamline our benefits administration, we are transitioning card production and the retail network to Nations, ensuring a more efficient and cohesive experience for our members.



## Benefit Allowances

- OTC
- Non-emergency medical transportation
- Food & produce (SSBCI)\*

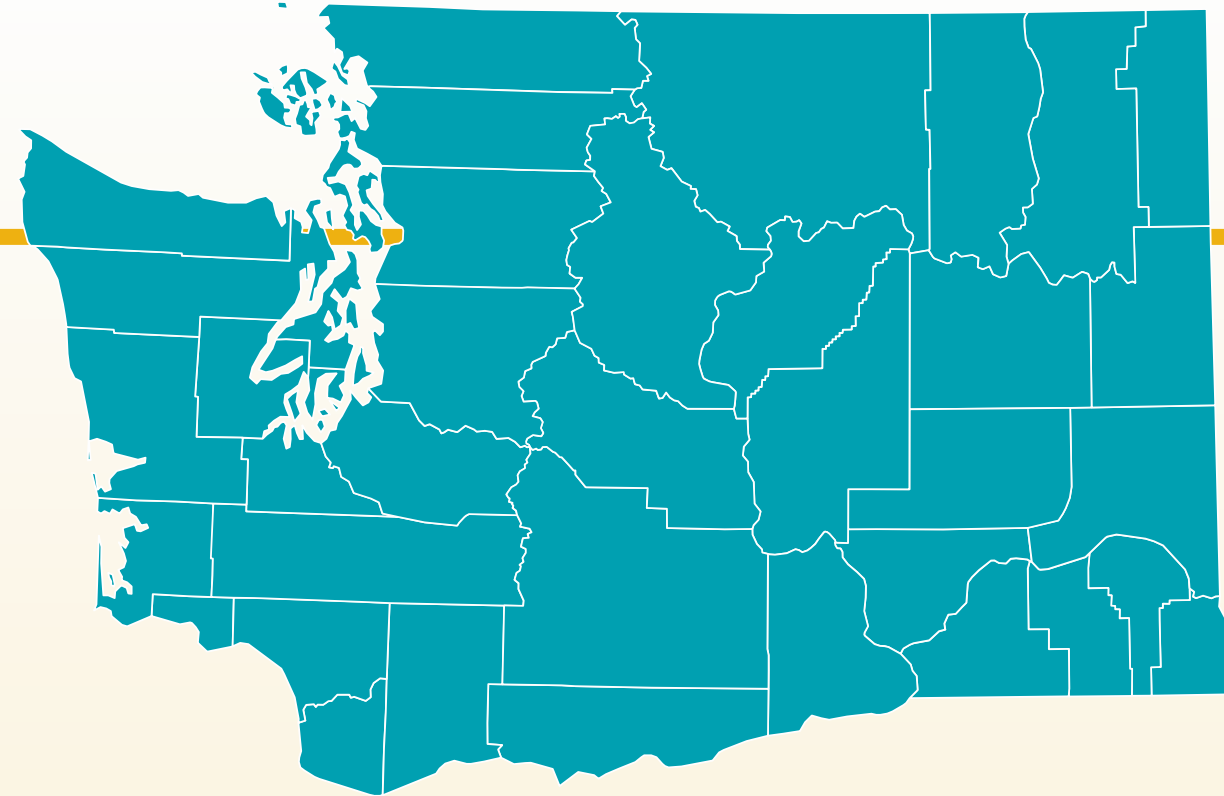


\*Qualifications needed for SSBCI Benefits

# 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)
<b>Service area</b>	Statewide	Statewide
<b>Premium</b>	\$0	\$0
<b>Primary/Specialist Visit</b>	\$0/\$0	\$0/\$30
<b>Inpatient Acute</b>	\$0	\$325/day (Days 1-6) / \$0 (Days 7-90)
<b>Prescription Deductible</b>	\$0	\$0
<b>Maximum Out of Pocket</b>	\$9,350	\$9,350
<b>Extra Benefits</b>		
<b>Dental</b>	Preventive services and select comprehensive services up to \$1,000/year through dental vendor	Preventive services and select comprehensive services up to \$500/year through dental vendor
<b>Fitness</b>	The Silver&Fit Program (Fitness Facilities & Home Fitness Kit)	
<b>Hearing</b>	Routine hearing exam/year & up to 2 pre-selected hearing aids (both ears)/2 years	
<b>Meals</b>	56 meals max/year for post surgery/inpatient stay/homebound medical condition	
<b>Naturopathy</b>	12 visits/year	
<b>Personal Emergency Response System (PERS+)</b>	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)	
<b>Vision</b>	Routine eye exam/year and \$200 eyewear allowance/year	
<b>Worldwide Emergency/Urgent Coverage</b>	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>		
<b>Food &amp; Produce (SSBCI)</b>	\$50/month (no rollover)	\$25/month (no rollover)
<b>Non-Emergency Medical Transportation</b>	\$140/month (no rollover); combined allowance with OTC	\$55/month (no rollover); combined allowance with OTC
<b>Over-the-Counter</b>	\$140/month (no rollover); combined allowance with Transportation	\$55/month (no rollover); combined allowance with Transportation

# Washington Network Highlights



## Provider Network Highlights:

- Columbia Basin Health Association
- Columbia Valley Community Health
- Community Health Association of Spokane (CHAS)
- Community Health of Central Washington
- Confluence Health
- Family Care Network
- International Community Health Services
- Kadlec Regional Medical Center
- Lourdes Hospital
- Newport Hospital & Health Services
- PeaceHealth
- Providence Health & Services
- RCCH Trios Health
- Sea Mar Community Health Center
- Swedish Health Services
- University of Washington Medical Center
- Walla Walla Clinic
- Yakima Neighborhood Health Services


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

# State coverage


## Wisconsin

### My Choice Wisconsin Acquisition

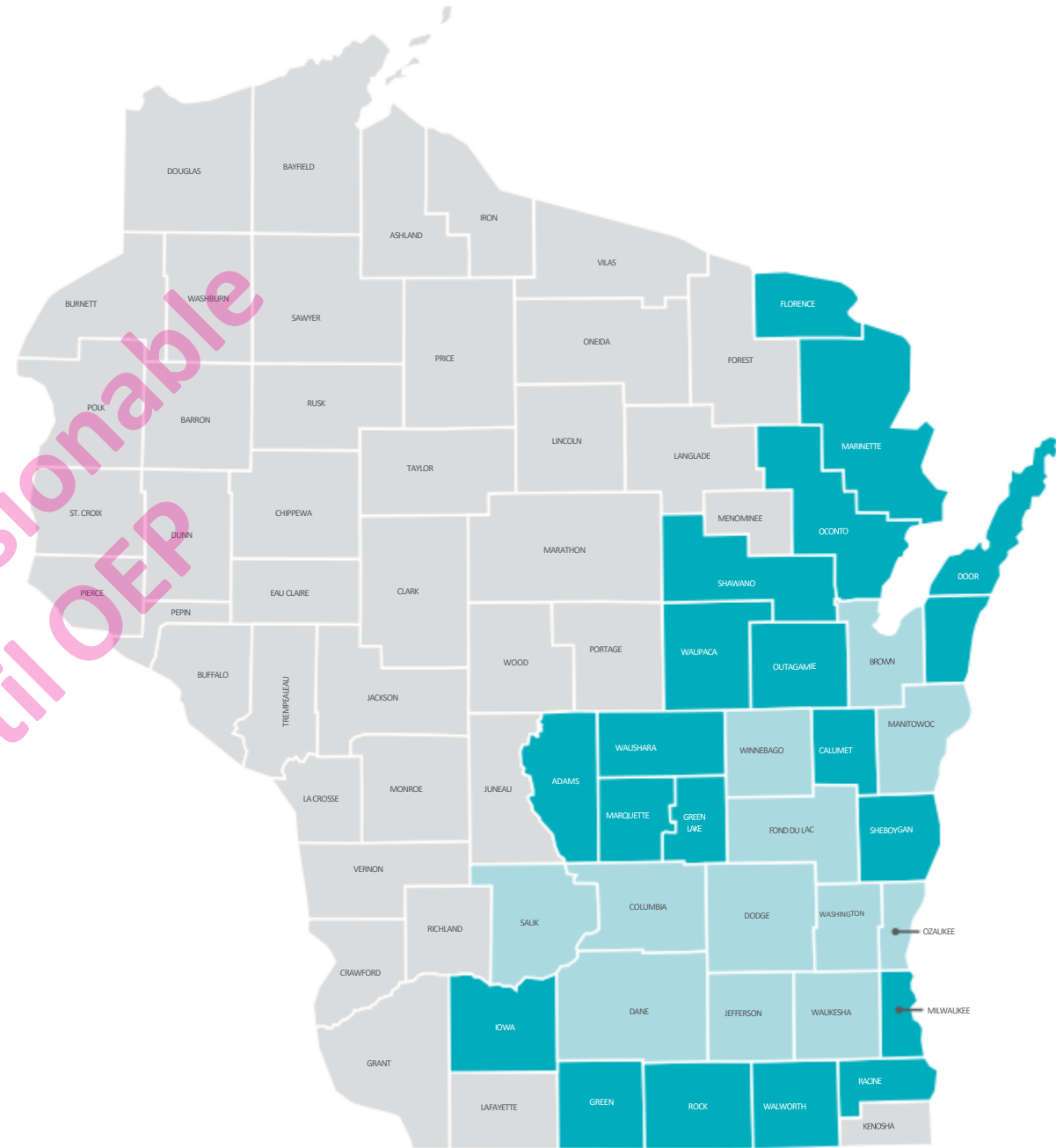
#### D-SNP Plans

 My Choice Wisconsin Medicare Dual Advantage (HMO D-SNP) H5209-004 (*HIDE*)\*

**Service area (32):** 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

 My Choice Wisconsin Partnership (HMO D-SNP) H5209-002 (*FIDE*)\*












**Service area (12):** Brown, Columbia, Dane, Dodge, Fond du Lac, Jefferson, Manitowoc, Ozaukee, Sauk, Washington, Waukesha, Winnebago



\*FIDE, HIDE and AIP plans qualify for the new Integrated Care SEP

# 2025 Supplemental Health Benefits offered in Wisconsin



 <b>MyChoice Card</b> - OTC + Transportation - Food and Produce**	 <b>Chiropractic</b>	 <b>Dental</b>	 <b>Fitness</b>	 <b>Health Education/Nurse Advice Line, Nutritional Counseling</b>	 <b>Worldwide Emergency/Urgent Coverage</b>
 <b>Transportation for Non-Medical Needs</b>	 <b>Hearing</b>	 <b>Vision</b>	 <b>Meals</b>	 <b>Personal Emergency Response System (PERS+)</b>	

See plan specific details as benefits vary by plan

\*\*Special Supplemental Benefits for the Chronically Ill (SSBCI) - Members with a valid Health Risk Assessment (HRA) and a confirmed diagnosis of a qualifying chronic condition.

Note: Additional benefits may be available through a D-SNP member's Medicaid.

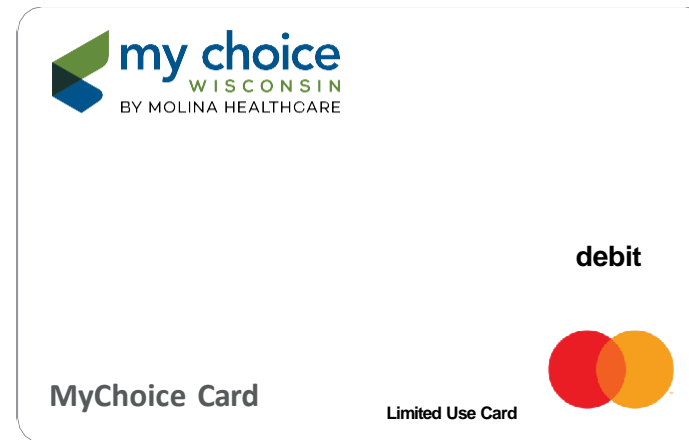
# 2025 Medicare plan changes — My Choice Wisconsin—MyChoice Card

**New for 2025:** To streamline our benefits administration, we are transitioning card production and the retail network to Nations, ensuring a more efficient and cohesive experience for our members.



## Benefit Allowances

- OTC
- Non-emergency medical transportation
- Food & produce (SSBCI)\*



\*Qualifications needed for SSBCI Benefits

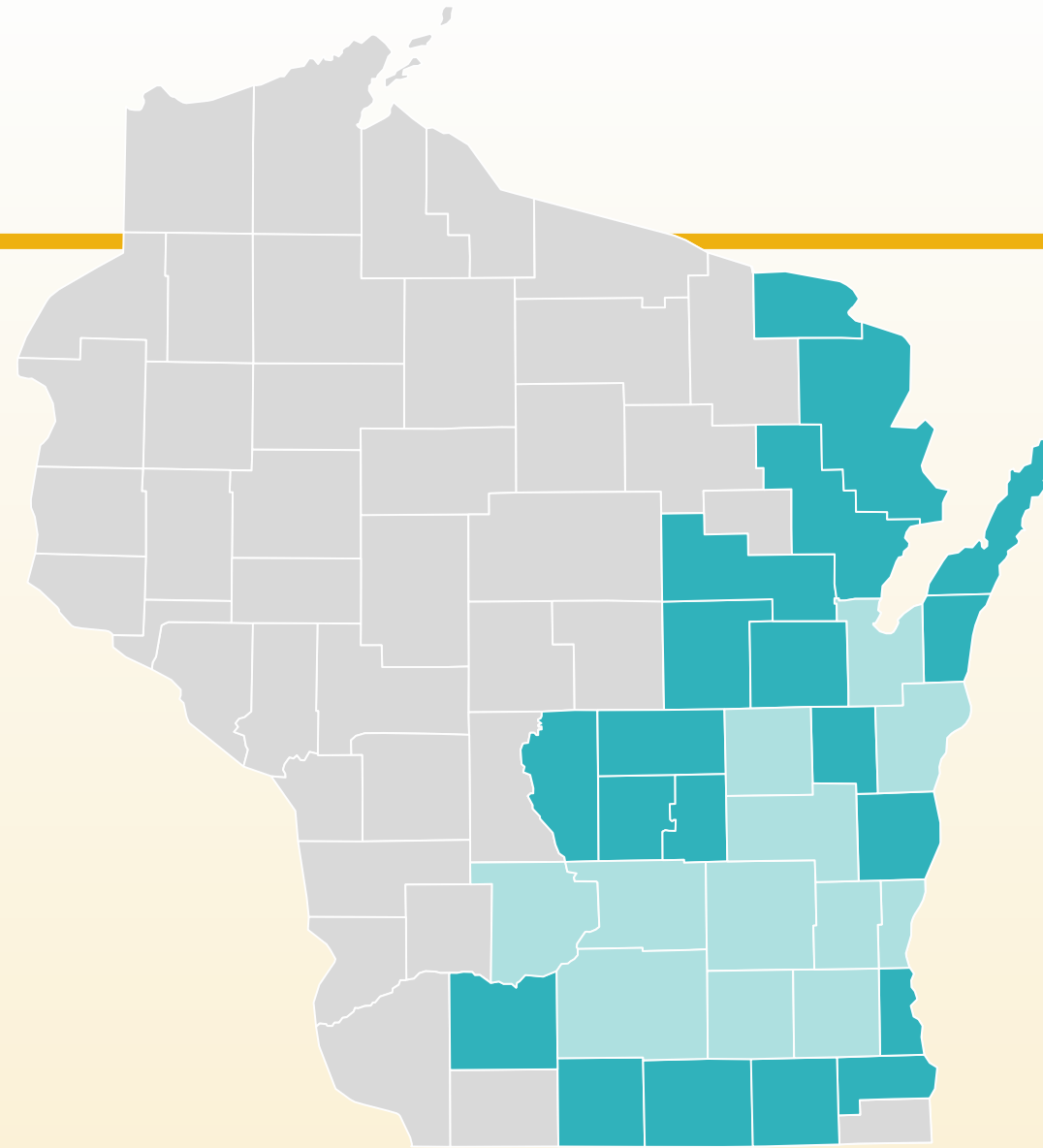
# Plan information — Wisconsin

Plan Name	My Choice Wisconsin Partnership (HMO D-SNP)	My Choice Wisconsin Medicare Dual Advantage (HMO D-SNP)
<b>Plan ID and Eligibility</b>	<b>H5209-002-000</b> (FBDE, SLMB+, QMB+)	<b>H5209-004-000</b> (FBDE, SLMB+, QMB+)
<b>Service area</b>	See map for list of counties	See map for list of counties
<b>Premium</b>	\$0	\$0
<b>Primary/Specialist Visit</b>	\$0/\$0	\$0/\$0
<b>Inpatient Acute</b>	\$0	\$0
<b>Prescription Deductible</b>	\$0	\$0
<b>Maximum Out of Pocket</b>	\$9,350	\$9,350
<b>Extra Benefits</b>		
<b>Chiropractic</b>	Not Covered	12 visits/year
<b>Dental</b>	Preventive services and select comprehensive services up to \$3,600/year through dental vendor	Preventive services and select comprehensive services up to \$2,500/year through dental vendor
<b>Fitness</b>	Not Covered	The Silver&Fit Program (Fitness Facilities & Home Fitness Kit)
<b>Hearing</b>	Routine hearing exam/ear and up to 2 pre-selected hearing aids (both ears)/ 2 years.	
<b>Meals</b>	Not Covered	56 meals max/year for post surgery/inpatient stay/homebound medical condition
<b>Personal Emergency Response System (PERS+)</b>	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)	
<b>Vision</b>	Routine eye exam/year & \$300 eyewear allowance/year	Routine eye exam/year & \$200 eyewear allowance/year
<b>Worldwide Emergency/Urgent Coverage</b>	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>		
<b>Food &amp; Produce (SSBCI)</b>	\$200/month (no rollover)	\$50/month (no rollover)
<b>Non-Emergency Medical Transportation</b>	\$100/month(no rollover); combined allowance with OTC	\$100/month(no rollover); combined allowance with OTC
<b>Over-the-Counter</b>	\$100/month(no rollover); combined allowance with Transportation	\$100/month(no rollover); combined allowance with Transportation

# Wisconsin Network Highlights

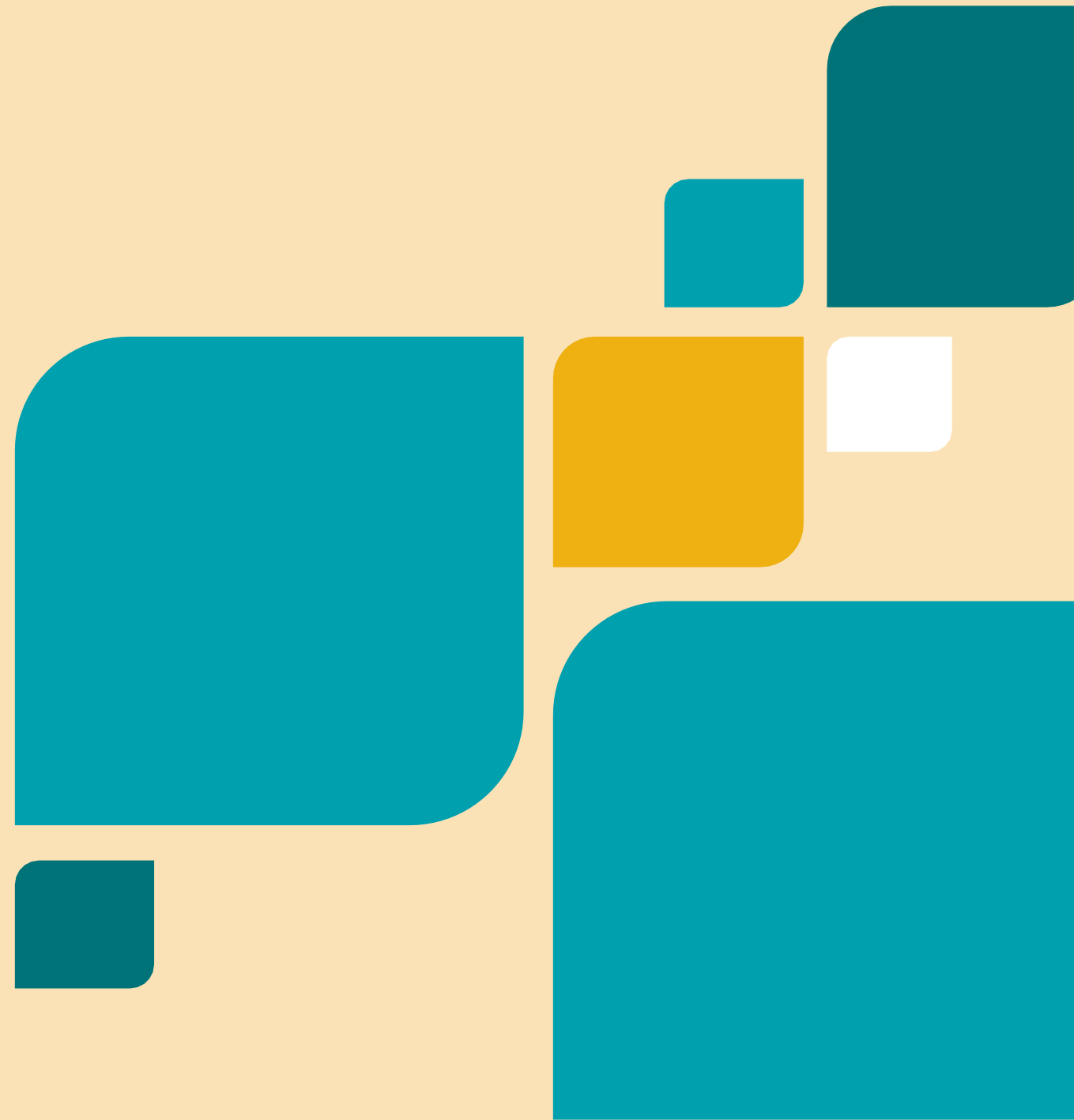
## Provider Network Highlights:

- 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](#).

# The Molina Difference



# The Molina Difference — Health Risk Assessment (HRA)



The Health Risk Assessment is a health-related questionnaire designed to help plans and providers identify high-risk beneficiaries proactively.



Upon enrolling a beneficiary, the broker has the option to assist their client with completing the HRA.

*\*Varies per market based on CM & individual state guidance.*



Utilize the electronic HRA platform to quickly capture electronic HRAs and submit on behalf of the beneficiary.

- For 2024 Effectives – Utilize the legacy Icaro platform
- Coming Soon! – Connecture/DRX

## Did you know?

HRA results help identify specific needs & drive action items such as:

- Program referrals or coordination of community resources.
- Care coordination, or case management.
- Urgent care needs or issues.
- Developing the member's Individualized Care Plan (ICP) and assists the Interdisciplinary Care Team (ICT) better serve our members.

## SSBCI Reminders

- Qualifications needed for SSBCI Benefits
- No pre-screening is performed by any entity other than the Call Center and Care Management.
- No verbal attestation of a chronic condition is accepted. Requires objective validation.

# The Molina Difference

## Care Management

Overview: Our Care Management team guides members through the healthcare system by working together on their health goals, closing care gaps, coordinating among multiple providers, helping with benefit coordination, and connecting them with necessary community resources.

- Promotes the integration of services for members, including behavioral health care and long-term services and supports, to improve the continuity of care.
- Assesses for barriers to care, offers care coordination, and assists members in addressing their concerns.
- Conducts telephonic, face-to-face or home visits as required.
- Collaborates with the member, caregiver, physician, and other healthcare professionals to develop and execute a personalized care management plan that addresses the member's unique needs and goals.
- Monitors the care plan regularly, tracking progress, documenting interventions, and adjusting as needed to ensure effective goal achievement and optimal outcomes.
- Coordinate moving from one healthcare setting to another for example: hospital discharge.
- Secure resources to help members with special health care needs.



# 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

# Broker Resources



## Broker Resources | New & revised dual eligible SEPs in 2025

**New**—Monthly integrated Care SEP will allow dual eligible beneficiaries to elect an integrated DSNP plan (e.g., FIDE, HIDE, AIP) once per month. To allow dually eligible individuals to receive their Medicaid services through an affiliated managed care organization (MCO).

**Revised**—Quarterly Dual/LIS SEP for 2025. The SEP for low-income subsidy eligible individuals is a Part D SEP that allows for a “full-benefit dual eligible individual” or “other low-income subsidy (LIS) eligible individual” to enroll once per month into any standalone prescription drug plan but does not permit enrollment into MAPD or changes between MAPD plans. The SEP may be used once per month with an effective date of the first day of the following month.

	FIDE-SNP Fully Integrated Dual Eligible	HIDE-SNP Highly Integrated Dual Eligible	AIP-SNP Applicable Integrated Plan (i.e., EAE)	All other DSNP Coordination Only (CO) Plans
<b>New:</b> Monthly Integrated Care SEP	✓	✓	✓	✗
<b>Revised:</b> Dual/LIS SEP	Move to PDP only!	Move to PDP only!	Move to PDP only!	Move to PDP only!

# Broker Resources — Molina Agent Center (MAC)

## Training

- Local and national events
- Virtual trainings

## Resources

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

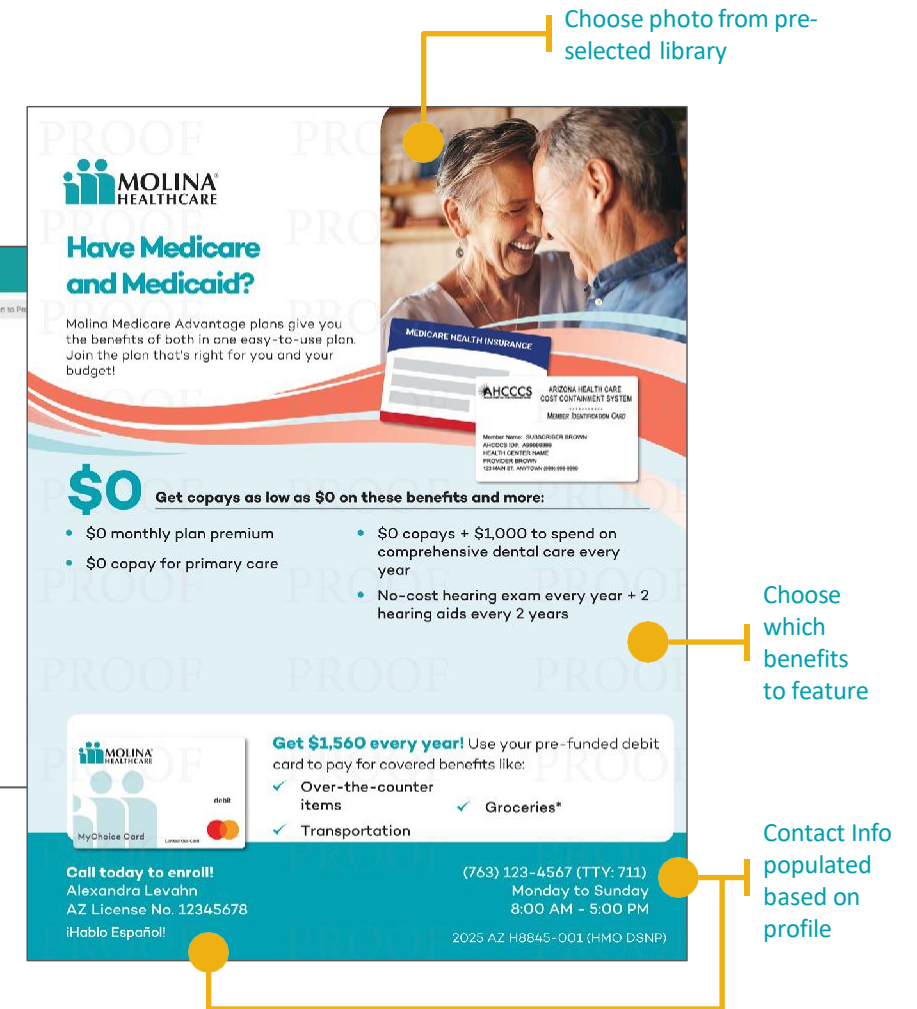
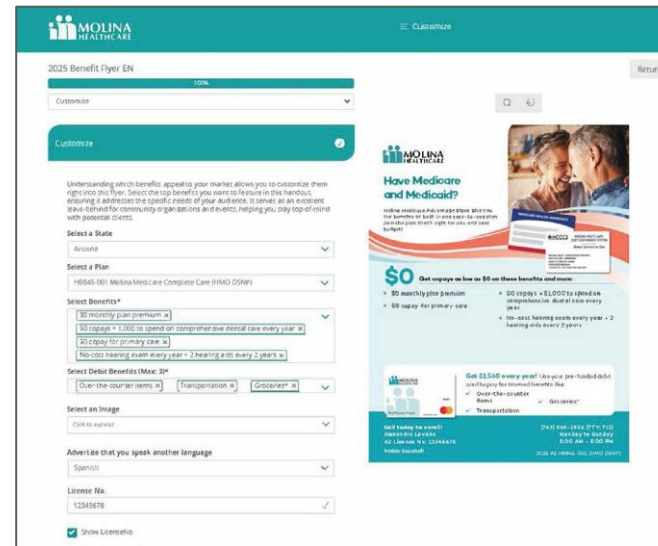
Click here to visit  
[MolinaAgentCenter.com](https://MolinaAgentCenter.com)

The screenshot displays the Molina Agent Center website. The top navigation bar includes the Molina Healthcare logo, a phone number (866) 440-9788, and links for Training, Events, and Resources. The main heading is "Molina Agent Center Resources, Training & Events". Below this is a welcome message and a photo of three people reviewing documents. Two call-to-action buttons are visible: "Broker Portal" and "Sell for Molina". The "Resources" page is also shown, featuring a list of "Agent Toolkits" (2024 Medicare Enrollment Toolkit, 2024 Medicare Enrollment Call Scripts, 2024 Medicare HRA Toolkit) and "Contacts" for the Broker Services Unit (BSU) and Broker Enrollments.

# Broker Resources — Molina Marketing Center highlights

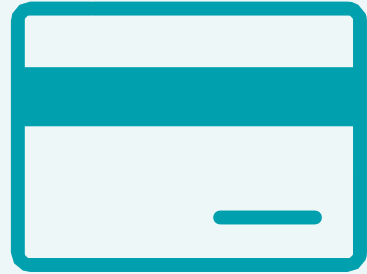
## Self-ordering materials

- 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.
- Materials can be customized with benefits, agents' information, and more
- Agents using Connecture will have their PURLs loaded for QR Code use.
- Select 2025 Marketing Materials will be available for preorder starting on August 12, 2024.
- Watch your Molina communications for more details and availability.



Click here to visit [MolinaMarketingStore.com](https://MolinaMarketingStore.com)

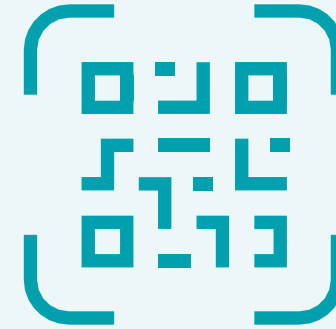
## Broker Resources — Molina Marketing Center key features



Utilize credit cards/  
expense credit funding for  
purchases



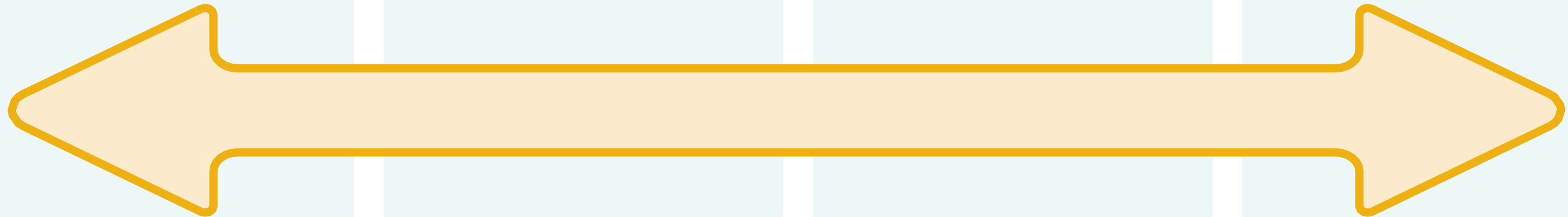
Customize templates  
specific to plan details,  
photography and headlines



Ability to implement QR  
Code functionality



Direct Broker Access  
means faster delivery of  
exactly what  
you want

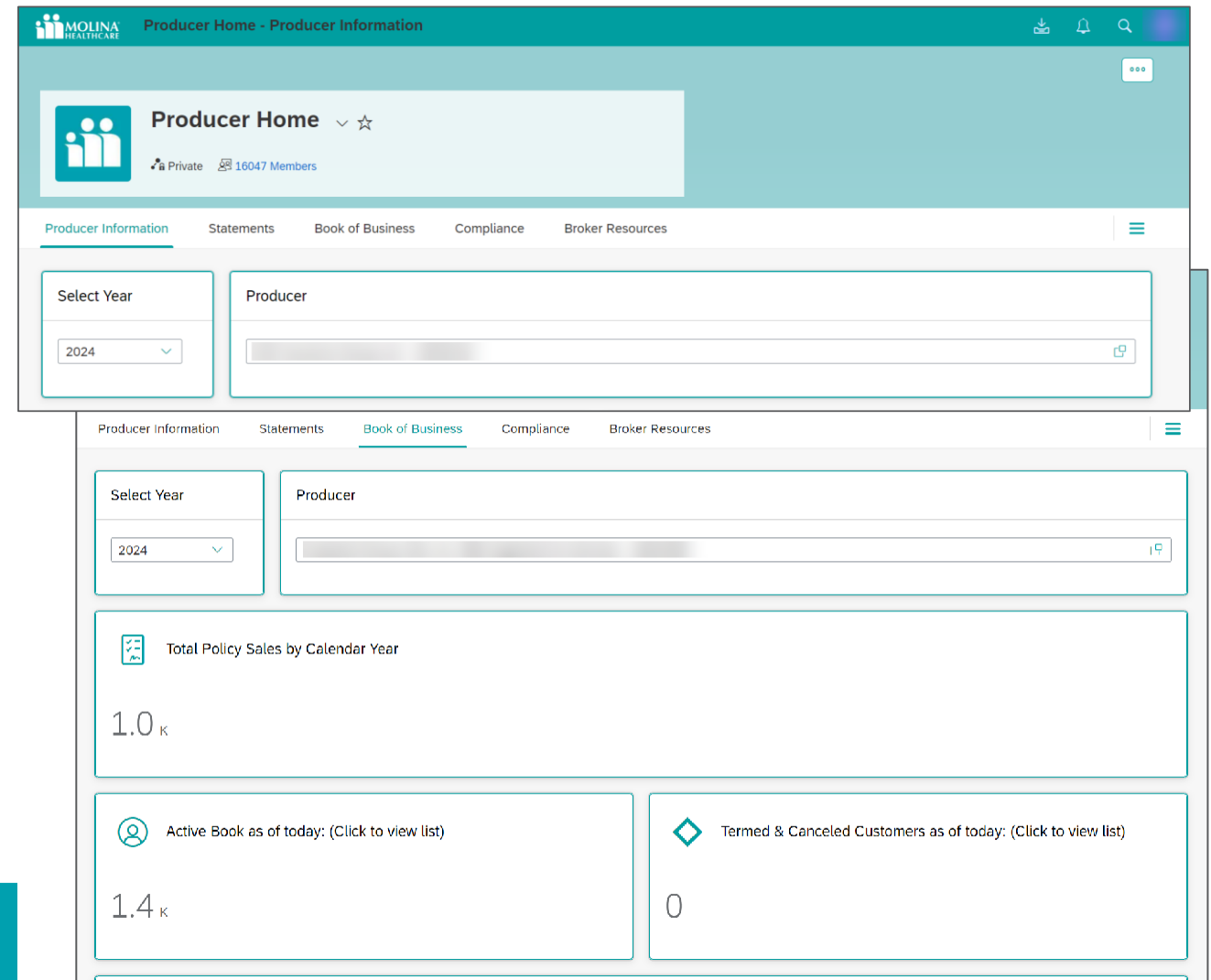


# Broker Resources — Broker Portal

The Molina Broker Portal provides brokers and agencies real-time information related to their Ready-to-Sell Status, commission, Book-of-Business, license & appointments, as well as, tools and resources.

- Access and update Producer profile information
- Access and complete onboarding and recertification cases
- Access commission and HRA statements
- Verify Ready-to-Sell status
- Analyze book of business
- Manage license and certification status
- Quickly access broker resources

Click here to visit  
[MolinaBroker.com](https://MolinaBroker.com)



# Broker Resources — Integrated eligibility check

## Highlights

- Eligibility check at POS with LIS level on the beneficiary profile in Connecture.
- Integrated in the electronic application process and the broker portal.

## Future implementation

- Optum 10/1/24 - Medicaid eligibility check available for all states
  - » \*Exception: CA, MS, NE, NM, UT
- Sunfire & other OEC Platforms

Eligibility

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

Medicare number: [input] [Show](#) Hospital (Part A) effective date: [mm/dd/yyyy] Medical (Part B) effective date: [mm/dd/yyyy]

[Add/edit subsidy](#)

[Check eligibility](#) ✓ 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: [input] [Check eligibility](#) ✓ Medicaid code: QMB in CA  
Date received: 10/01/2024

Effective: September 2022

Sort: Estimated annual cost

**Healthcare co MAPD plan 3** ★★★★★ [Add to compare](#)

Deductible: \$0.00 Out of pocket max: \$3,000.00 Monthly premium: \$0.00

[View details](#) [Add to cart](#)

Add on coverage available in cart

\$ Est. drug cost: \$4,846 Prescriptions: 2 of 3 covered Pharmacy: 1 of 1 covered Total est. annual cost: \$4,726

**Healthcare co MAPD plan 5** ★★★★★ [Add to compare](#)

Deductible: \$0.00 Out of pocket maximum: \$3,000.00 Monthly premium: \$17.00

[View details](#) [Add to cart](#)

Add on coverage available in cart

\$ Est. drug cost: \$4,802 Prescriptions: 2 of 3 covered Pharmacy: 1 of 1 covered Total est. annual cost: \$4,802

**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
- Ability 20MG

[View all](#)

**Pharmacy** [Edit](#)

- Walgreens (primary)
- CVS

**Filters**

## Broker Resources — Broker Services Unit (BSU)

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

**Hours:** 6:00 AM – 6:00 PM Mountain Time,  
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
- Contracting and certification questions
- Commission statements

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



# Broker Resources — Broker training opportunities

## Coming September 2024 to the Molina Agent Center (MAC)

All training opportunities will be published and available for registration via Molina Agent Center - Training Schedule

### Popular training sessions offered by the Molina Healthcare Training Team

- Agency Training for the Molina Broker Portal
- Broker Enrollment Options
- Election periods
- Marketing Store
- Molina Broker Portal
- Provider Online Directory

The screenshot shows the Molina Agent Center website. At the top left is the Molina Healthcare logo. At the top right, there is a contact number: "Need help? (866) 440-9788" and "Hours: Mon-Fri. 6:00 AM-6:00 PM MT". Below this are navigation tabs for "Training", "Events", and "Resources". The main heading is "Molina Agent Center" with the subtitle "Resources, Training & Events". A banner image shows a woman smiling. The main section is titled "Training Schedule". Below this are filters: "Location", "Markets", "In Person / Online", and "Category". There are two links: "Download list of events" and "Switch to Marketplace events". A featured event card for "BROKER OPEN HOUSE" is shown, indicating "49 SPOTS AVAILABLE" and "IN-PERSON". The event details are: DATE: Wednesday, Jul 17, 2024; START TIME: 2:30 amPST; EVENT DESCRIPTION: Join your Molina Market Leader's training to learn more about Molina Healthcare, Inc. in your State.

## Broker Resources — Contracting and certifications

### 1. Complete your AHIP, we will Help

- 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 onboarding

- You will receive an email with instructions on how to log into the Workflow Onboarding system to complete onboarding and Molina certification.

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

- Once your onboarding is completed and processed, you will receive a Welcome Letter email.



# Broker Resources — Enrollment options

## Electronic enrollments through the Molina DRX/Connecture site

- 2024 & 2025 [Broker Link](#)

## Paper enrollments mailed or faxed

- (844) 541-6848

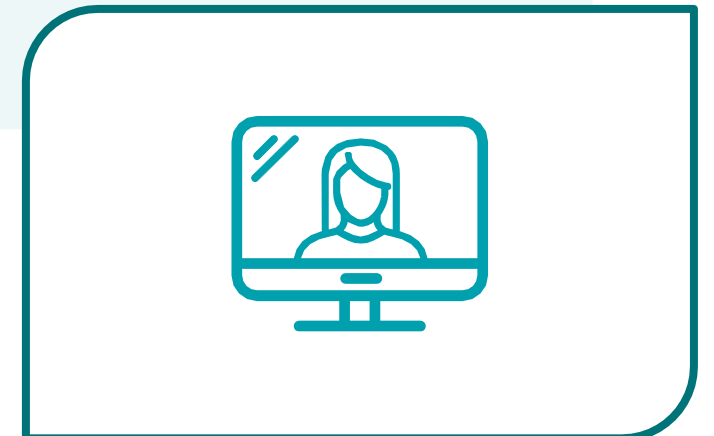


## Third-party enrollment tools & support

- Connecture
- Sunfire

## Highlights

- Multi-language
- Call recording
- HRA
- C-SNP
- Marketplace synergies



To learn more, sign up for the [Enrollment Options](#) training!

## Broker Resources — Important Member Services numbers

State	Member Services Number
Arizona	(800) 424-4509
California	<b>Molina</b> (800) 665-0898 <b>CHP</b> (866) 314-2427
Idaho	(844) 239-4913
Illinois	(833) 306-3394
Kentucky	(844) 859-6152
Massachusetts	(888) 794-7268
Mississippi	(855) 483-8741
Michigan	(800) 665-3072
Nebraska	(855) 483-8728
Nevada	(833) 306-3393

State	Member Services Number
New Mexico	(866) 440-0127
New York	(833) 671-0440
Ohio	(866) 472-4584
South Carolina	(844) 526-3195
Texas	(866) 440-0012
Utah	(888) 665-1328
Virginia	(800) 424-4495
Washington	(800) 665-1029
Wisconsin	(855) 315-5663

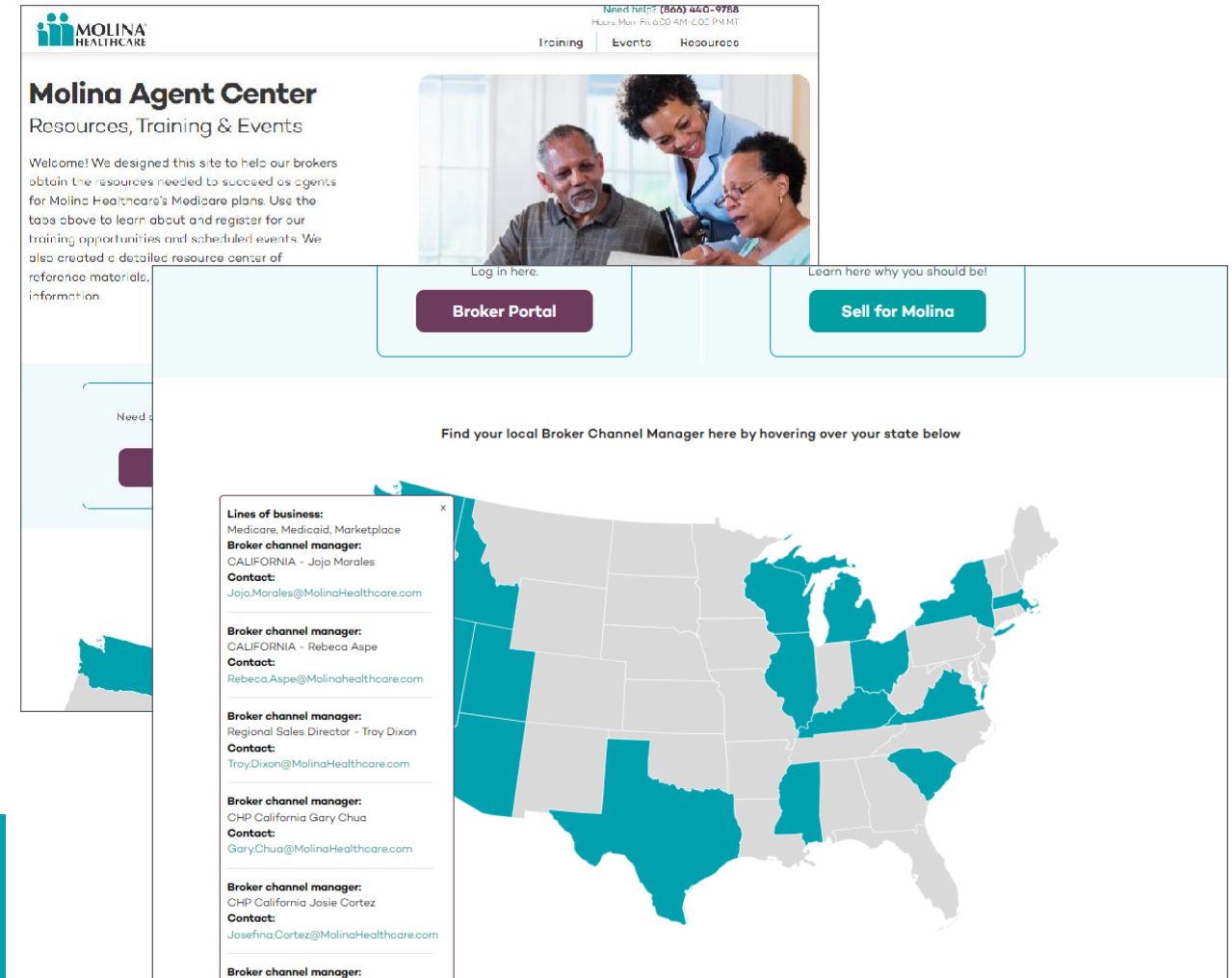
# Broker Resources — Broker Channel Managers providing local support to your agents

Find your local Broker Channel Manager (BCM) by going to the Molina Agent Center ([www.MolinaCenterAgent.com](http://www.MolinaCenterAgent.com))

Our BCMs are ready to help you with:

- Product training and benefit information
- Provider network details
- Local marketing opportunities
- Molina branded marketing supplies and how to order them
- And much, much more!

Navigate to [MolinaAgentCenter.com](http://MolinaAgentCenter.com) and hover of the National Map on the homepage to find the Broker Channel Manager in your area.



# *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](http://MolinaAgentCenter.com)

[MolinaHealthcare.com](http://MolinaHealthcare.com)

