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#### To our Strategic Partners,

At Molina Healthcare, we're grateful to your dedication and support you have given Molina, especially in everchanging times. You're an important part of our mission to help those who need it most. As a trusted partner to the community, your partnership makes it possible for many Molina members to lead healthier lives. Your dedication makes a lasting difference for our beneficiaries, and everyone we serve.

We've made improvements to our plan offerings, market expansion and our services to support you in growing your business with Molina. As one of our Strategic Partners, we are excited to share our advance screening of our 2022 product offerings and market expansion plan with you.

Wishing you a healthy and successful year!

Sincerely,

Tom Wilfong

-Hour WIL

SVP, Medicare Segment



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### **About Molina**

#### **Our Mission**

Our mission is to provide quality health care to people receiving government assistance.

### Our History

Founded in 1980

#### **Total number of members**

• 4,381,052 (as of May 18, 2021)

#### Fortune 500 ranking

• Ranked 155 in Fortune 500 with revenues over \$19B

#### **Our Vision**

We will distinguish ourselves as the low cost, most effective and reliable health plan delivering government-sponsored care.

#### **Our Values**

- Integrity Always
- Absolute Accountability
- Supportive Teamwork
- Honest and Open Communication
- Member and Community Focused



# **Why Members Love Molina**



#### 24 Hour Nurse Advice Line

Members can call anytime, day or night, to speak with a registered nurse about illnesses or injuries (available in both English and Spanish).



# **Nutritional Counseling**

Telephonic nutritional counseling, and referrals for members for a set number of individual in-person or group sessions every calendar year.



#### Medication Management

Provides annual monitoring for patients on persistent medications and medication reconciliation post in-patient discharge.



# Why Members Love Molina - (cont.)



#### **Case Management**

A team of Registered Nurses (RNs) arrange individual services for members whose needs include ongoing medical care, home health care, rehabilitation services, and preventive services in coordination with the member's PCP.



#### **Molina Mobile App**

Members can manage their health care anytime, anywhere: view Member ID Card, find a doctor or facility, use the Nurse Advice Line and more. This is available on both App Store and Google Play.



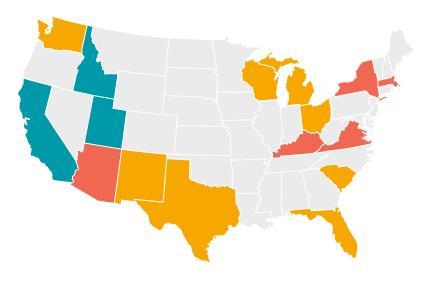
#### **Member Services**

This team helps the member get the most of their plan by assisting them in accessing their benefits (Medicare and Medicaid). Our U.S. based staff can answer any question that a member may have regarding their health plan benefits.



# National Footprint 2022

#### **Service Area**



2021 Existing States
2022 Expansion Counties
2022 Aquisition States

County Growth: 69.5%

State	2021 Existing Counties	2022 Expansion Counties	2022 Aquisition Counties	2022 Total Counties
AZ	0	0	3	3
CA	5	0	0	5
FL	7	10	0	17
ID	21	0	0	21
KY	0	0	16	16
MA	0	0	8	8
MI	41	8	0	49
NM	23	1	0	24
NY	0	0	6	6
ОН	71	10	0	81
SC	43	2	0	45
TX	52	19	0	71
UT	10	0	0	10
VA	0	0	133	133
WA	17	2	0	19
WI	29	4	0	33
Total	319	56	166	541



# **National Benefit Changes**

#### **New for 2022**

#### Flex Card Benefit:

- Flex card preloaded with a set amount depending on the member's eligibility and plan.
- Promote member choice and flexibility within our in-network providers and improve overall quality of life, especially for those with chronic conditions.
- Flexible and convenient debit card that allows members to use it for everything from:
  - » Dental
  - » Vision
  - » OTC Allowance
  - » Transportation
  - » Food & Produce\*

- » Service Animal Supplies\*
- » Pest Control\*
- » Mental Health & Wellness Applications\* (for phone or tablet)
- » Non-Medicare-Covered Genetic Test Kit\*



<sup>\*</sup>Special Supplemental Benefits for the Chronically III (SSBCI)

# National Benefit Changes - (cont.)

#### Part B Buybacks:

Lowers the monthly cost of the members Medicare Part B monthly premium.

#### Part D Senior Savings Program:

- Savings program available on most Molina MAPD plans.
- Helps those members with diabetes save on the monthly insulin prescription costs.



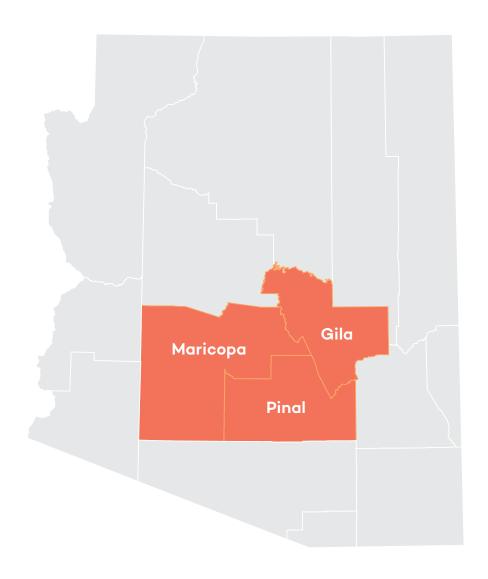
## **Arizona**

#### **Service Area**

2021 Existing Counties
2022 Expansion Counties
2022 Aquisition Counties

#### **2022 Product Offerings:**

• 1 D-SNP





## Arizona - Plan Information

Plan Marketing Name	Molina Medicare Complete Care
Plan Number	H8845-001
Service Area	Gila, Maricopa, Pinal
Plan Type	D-SNP (QMB+, SLMB+, FBDE)
Premium	\$0
Maximum Out of Pocket	\$7,550
Inpatient Copay/Coinsurance	\$0
PCP Copay/Coinsurance	\$0
Specialist Copay/Coinsurance	\$0
Prescription Deductible	\$0
Supplemental Benefits	Hearing, Vision, OTC Allowance, Flex Card* (Service Animal Supplies, Mental Health & Wellness Applications)

<sup>\*</sup>Members with certain chronic conditions. For existing plans, blue indicates a new benefit or service area for 2022.



### **California**

#### **Service Area**

2021

2021 Existing Counties

2022 Expansion Counties

2022 Aquisition Counties

### **2022 Product Offerings\*:**

- 2 D-SNP
- 2 MAPD

\*Service area varies by plan





Plan Marketing Name	Molina Medicare Complete Care
Plan Number	H5810-001
Service Area	Los Angeles, Riverside, San Bernardino, San Diego
Plan Type	D-SNP (QMB, QMB+, SLMB+, FBDE)
Premium	\$0
Maximum Out of Pocket	\$7,550
Inpatient Copay/Coinsurance	\$0
PCP Copay/Coinsurance	\$0
Specialist Copay/Coinsurance	\$0
Prescription Deductible	\$0
Supplemental Benefits	Hearing, Meals, Fitness, Dental, Vision, Transportation, OTC Allowance, Flex Card* (Food & Produce, Service Animal Supplies, Pest Control, Mental Health & Wellness Applications, Non-Medicare-Covered Genetic Test Kit)

<sup>\*</sup>Members with certain chronic conditions. For existing plans, blue indicates a new benefit or service area for 2022.



Plan Marketing Name	Molina Medicare Complete Care
Plan Number	H5810-013
Service Area	Imperial
Plan Type	D-SNP (QMB, QMB+, SLMB+, FBDE)
Premium	\$0
Maximum Out of Pocket	\$7,550
Inpatient Copay/Coinsurance	\$0
PCP Copay/Coinsurance	\$0
Specialist Copay/Coinsurance	\$0
Prescription Deductible	\$0
Supplemental Benefits	Hearing, Meals, Fitness, Dental, Vision, Transportation, OTC Allowance, Flex Card* (Food & Produce, Service Animal Supplies, Pest Control, Mental Health & Wellness Applications, Non-Medicare-Covered Genetic Test Kit)

<sup>\*</sup>Members with certain chronic conditions. For existing plans, blue indicates a new benefit or service area for 2022.



Plan Marketing Name	Molina Medicare Choice Care
Plan Number	H5810-014
Service Area	Imperial, Los Angeles, Riverside, San Bernardino, San Diego
Plan Type	MAPD
Premium	\$0
Maximum Out of Pocket	\$7,550
Inpatient Copay/Coinsurance	\$295/day (Days 1-6) \$0/day (Days 7-90)
PCP Copay/Coinsurance	\$0
Specialist Copay/Coinsurance	\$30
Prescription Deductible	\$125
Supplemental Benefits	Hearing, Meals, Fitness, Dental, Vision, Transportation, OTC Allowance, Flex Card* (Food & Produce, Service Animal Supplies, Pest Control, Mental Health & Wellness Applications, Non-Medicare-Covered Genetic Test Kit)

<sup>\*</sup>Members with certain chronic conditions. For existing plans, blue indicates a new benefit or service area for 2022.



Plan Marketing Name	Molina Medicare Choice Care Select
Plan Number	H5810-015
Service Area	Imperial, Los Angeles, Riverside, San Bernardino, San Diego
Plan Type	MAPD
Premium	\$0
Maximum Out of Pocket	\$7,550
Inpatient Copay/Coinsurance	\$450/day (Days 1-4) \$0/day (Days 5-90)
PCP Copay/Coinsurance	\$0
Specialist Copay/Coinsurance	\$50
Prescription Deductible	\$480 (Medicare defined)
Supplemental Benefits	Part B Buyback, Fitness, OTC Allowance

<sup>\*</sup>Members with certain chronic conditions. For existing plans, blue indicates a new benefit or service area for 2022.



## **Florida**

### Service Area

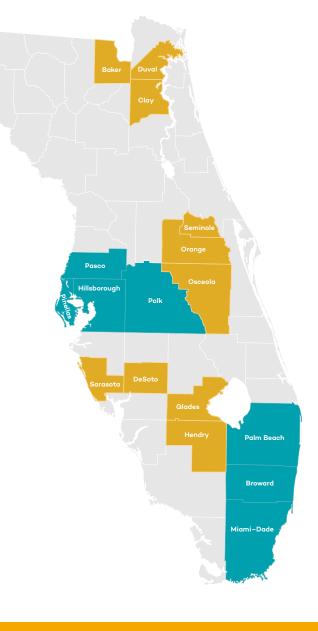
2021 Existing Counties

2022 Expansion Counties

2022 Aquisition Counties

#### **2022 Product Offerings:**

- 1C-SNP
- 2 D-SNP
- 2 MAPD





Plan Marketing Name	Molina Medicare Complete Care
Plan Number	H8130-001
Service Area	Broward, Hillsborough, Miami-Dade, Palm Beach, Pasco, Pinellas, Polk, <b>Baker, Clay, DeSoto, Duval, Glades, Hendry, Orange, Osceola, Sarasota, Seminole</b>
Plan Type	D-SNP (QMB, QMB+, SLMB+, FBDE)
Premium	\$0
Maximum Out of Pocket	\$3,400
Inpatient Copay/Coinsurance	\$0
PCP Copay/Coinsurance	\$0
Specialist Copay/Coinsurance	\$0
Prescription Deductible	\$0
Supplemental Benefits	Hearing, Meals, Fitness, Dental, Vision, Transportation, OTC Allowance, Flex Card* (Food & Produce, Service Animal Supplies, Pest Control, Mental Health & Wellness Applications, Non-Medicare-Covered Genetic Test Kit)

<sup>\*</sup>Members with certain chronic conditions. For existing plans, blue indicates a new benefit or service area for 2022.



Plan Marketing Name	Molina Medicare Connect Care
Plan Number	H8130-008
Service Area	Baker, Broward, Clay, DeSoto, Duval, Glades, Hendry, Hillsborough, Miami-Dade, Orange, Osceola, Palm Beach, Pasco, Pinellas, Polk, Sarasota, Seminole
Plan Type	C-SNP
Premium	\$0
Maximum Out of Pocket	\$7,550
Inpatient Copay/Coinsurance	\$295/day (Days 1-6) \$0/day (Days 7-90)
PCP Copay/Coinsurance	\$0
Specialist Copay/Coinsurance	\$10
Prescription Deductible	\$0
Supplemental Benefits	Hearing, Meals, Fitness, Dental, Vision, Transportation, OTC Allowance, Flex Card* (Food & Produce, Service Animal Supplies, Pest Control, Mental Health & Wellness Applications, Non-Medicare-Covered Genetic Test Kit)

<sup>\*</sup>Members with certain chronic conditions. For existing plans, blue indicates a new benefit or service area for 2022.



Plan Marketing Name	Molina Medicare Complete Care Select
Plan Number	H8130-009
Service Area	Baker, Broward, Clay, DeSoto, Duval, Glades, Hendry, Hillsborough, Miami-Dade, Orange, Osceola, Palm Beach, Pasco, Pinellas, Polk, Sarasota, Seminole
Plan Type	D-SNP (SLMB, QI & QDWI)
Premium	TBD
Maximum Out of Pocket	\$3,400
Inpatient Copay/Coinsurance	\$295/day (Days 1-6) \$0/day (Days 7-90)
PCP Copay/Coinsurance	\$0
Specialist Copay/Coinsurance	\$10
Prescription Deductible \$480 (Medicare defined)	
Supplemental Benefits	Hearing, Meals, Fitness, Dental, Vision, Transportation, OTC Allowance, Flex Card* (Food & Produce, Service Animal Supplies, Pest Control, Mental Health & Wellness Applications, Non-Medicare-Covered Genetic Test Kit)

<sup>\*</sup>Members with certain chronic conditions. For existing plans, blue indicates a new benefit or service area for 2022.



Plan Marketing Name	Molina Medicare Choice Care
Plan Number	H8130-010
Service Area	Baker, Broward, Clay, DeSoto, Duval, Glades, Hendry, Hillsborough, Miami-Dade, Orange, Osceola, Palm Beach, Pasco, Pinellas, Polk, Sarasota, Seminole
Plan Type	MAPD
Premium	\$0
Maximum Out of Pocket	\$7,550
Inpatient Copay/Coinsurance	\$295/day (Days 1-6) \$0/day (Days 7-90)
PCP Copay/Coinsurance	\$0
Specialist Copay/Coinsurance	\$10
Prescription Deductible \$125	
Hearing, Meals, Fitness, Dental, Vision, Transportation, OTC Allowance, Flex Card*  Supplemental Benefits  Produce, Service Animal Supplies, Pest Control, Mental Health & Wellness Applica  Non-Medicare-Covered Genetic Test Kit)	

<sup>\*</sup>Members with certain chronic conditions. For existing plans, blue indicates a new benefit or service area for 2022.



Plan Marketing Name	Molina Medicare Choice Care Select
Plan Number	H8130-011
Service Area	Baker, Broward, Clay, DeSoto, Duval, Glades, Hendry, Hillsborough, Miami-Dade, Orange, Osceola, Palm Beach, Pasco, Pinellas, Polk, Sarasota, Seminole
Plan Type	MAPD
Premium	\$0
Maximum Out of Pocket	\$7,550
Inpatient Copay/Coinsurance	\$450/day (Days 1-4) \$0/day (Days 5-90)
PCP Copay/Coinsurance	\$0
Specialist Copay/Coinsurance	\$50
Prescription Deductible	\$480 (Medicare defined)
Supplemental Benefits	Part B Buyback, Fitness, OTC Allowance

<sup>\*</sup>Members with certain chronic conditions. For existing plans, blue indicates a new benefit or service area for 2022.



### Idaho

#### **Service Area**

2021 Existing Counties
2022 Expansion Counties
2022 Aquisition Counties

#### **2022 Product Offerings\*:**

- 1 D-SNP
- 1 FIDE-SNP
- 2 MAPD



Kootena Boise Bonneville **Elmore** Owyhee Cassia

<sup>\*</sup>Service area varies by plan

Plan Marketing Name	Molina Medicare Complete Care
Plan Number	H5628-008
Service Area	Ada, Bannock, Bingham, Boise, Bonner, Bonneville, Boundary, Canyon, Cassia, Elmore, Fremont, Gem, Jefferson, Kootenai, Madison, Minidoka, Nez Perce, Owyhee, Payette, Power, Twin Falls
Plan Type	FIDE-SNP (QMB+, SLMB+, FBDE)
Premium	\$0
Maximum Out of Pocket	\$7,550
Inpatient Copay/Coinsurance	\$0
PCP Copay/Coinsurance	\$0
Specialist Copay/Coinsurance	\$0
Prescription Deductible	\$0
Supplemental Benefits	Hearing, Meals, Fitness, Flex Card (Dental, Vision, Transportation, OTC Allowance), Flex Card* (Food & Produce, Service Animal Supplies, Pest Control, Mental Health & Wellness Applications, Non-Medicare-Covered Genetic Test Kit)

<sup>\*</sup>Members with certain chronic conditions. For existing plans, blue indicates a new benefit or service area for 2022.



Plan Marketing Name	Molina Medicare Choice Care
Plan Number	H5628-009
Service Area	Ada, Canyon
Plan Type	MAPD
Premium	\$0
Maximum Out of Pocket	\$5,000
Inpatient Copay/Coinsurance	\$295/day (Days 1-6) \$0/day (Days 7-90)
PCP Copay/Coinsurance	\$0
Specialist Copay/Coinsurance	\$35
Prescription Deductible	\$100
Supplemental Benefits	Hearing, Meals, Fitness, Flex Card (Dental, Vision, Transportation, OTC Allowance), Flex Card* (Food & Produce, Service Animal Supplies, Pest Control, Mental Health & Wellness Applications, Non-Medicare-Covered Genetic Test Kit)

<sup>\*</sup>Members with certain chronic conditions. For existing plans, blue indicates a new benefit or service area for 2022.



Plan Marketing Name	Molina Medicare Choice Care
Plan Number	H5628-010
Service Area	Twin Falls
Plan Type	MAPD
Premium	\$0
Maximum Out of Pocket	\$5,750
Inpatient Copay/Coinsurance	\$295/day (Days 1-6) \$0/day (Days 7-90)
PCP Copay/Coinsurance	\$0
Specialist Copay/Coinsurance	\$30
Prescription Deductible	\$125
Supplemental Benefits	Hearing, Meals, Fitness, Flex Card (Dental, Vision, Transportation, OTC Allowance), Flex Card* (Food & Produce, Service Animal Supplies, Pest Control, Mental Health & Wellness Applications, Non-Medicare-Covered Genetic Test Kit)

<sup>\*</sup>Members with certain chronic conditions. For existing plans, blue indicates a new benefit or service area for 2022.



Plan Marketing Name	Molina Medicare Complete Care Select
Plan Number	H5628-011
Service Area	Ada, Bannock, Bingham, Boise, Bonner, Bonneville, Boundary, Canyon, Cassia, Elmore, Fremont, Gem, Jefferson, Kootenai, Madison, Minidoka, Nez Perce, Owyhee, Payette, Power, Twin Falls
Plan Type	D-SNP (QMB, SLMB, QI, QDWI)
Premium	TBD
Maximum Out of Pocket	\$2,000
Inpatient Copay/Coinsurance	\$295/day (Days 1-6) \$0/day (Days 7-90)
PCP Copay/Coinsurance	\$0
Specialist Copay/Coinsurance	\$10
Prescription Deductible	\$480 (Medicare defined)
Supplemental Benefits	Hearing, Meals, Fitness, Flex Card (Dental, Vision, Transportation, OTC Allowance), Flex Card* (Food & Produce, Service Animal Supplies, Pest Control, Mental Health & Wellness Applications, Non-Medicare-Covered Genetic Test Kit)
Plans with 20% Cost Share for Me	edicare-Covered Benefits – Costs may be as low as \$0, depending Medicaid eligibility



<sup>\*</sup>Members with certain chronic conditions. For existing plans, blue indicates a new benefit or service area for 2022.

# Kentucky

#### **2022 Product Offerings:**

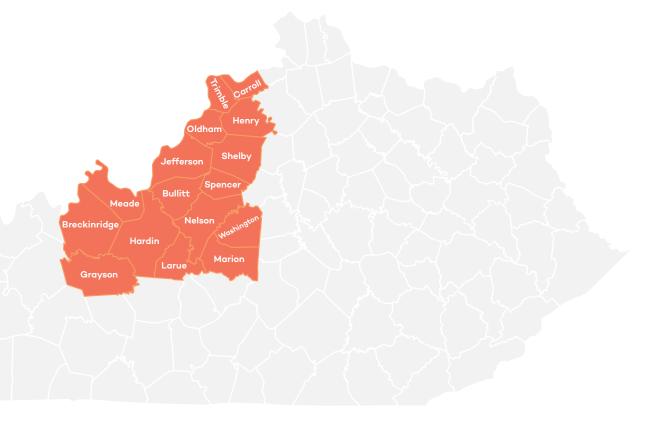
- 1 D-SNP
- 1 MAPD

#### **Service Area**

2021 Existing Counties

2022 Expansion Counties

2022 Aquisition Counties





# Kentucky - Plan Information

Plan Marketing Name	Passport Advantage
Plan Number	H1799-001
Service Area	Breckinridge, Bullitt, Carroll, Grayson, Hardin, Henry, Jefferson, Larue, Marion, Meade, Nelson, Oldham, Shelby, Spencer, Trimble, Washington
Plan Type	D-SNP (QMB+, SLMB+, FBDE)
Premium	\$0
Maximum Out of Pocket	\$7,550
Inpatient Copay/Coinsurance	\$0
PCP Copay/Coinsurance	\$0
Specialist Copay/Coinsurance	\$0
Prescription Deductible	\$0
Supplemental Benefits	Hearing, Meals, Fitness, Dental, Vision, Transportation, OTC Allowance, Flex Card* (Food & Produce, Service Animal Supplies, Pest Control, Mental Health & Wellness Applications, Non-Medicare-Covered Genetic Test Kit)

<sup>\*</sup>Members with certain chronic conditions. For existing plans, blue indicates a new benefit or service area for 2022.



# Kentucky - Plan Information

Plan Marketing Name	Passport Medicare Choice Care
Plan Number	H1799-002
Service Area	Breckinridge, Bullitt, Carroll, Grayson, Hardin, Henry, Jefferson, Larue, Marion, Meade, Nelson, Oldham, Shelby, Spencer, Trimble, Washington
Plan Type	MAPD
Premium	\$0
Maximum Out of Pocket	\$7,550
Inpatient Copay/Coinsurance	\$295/day (Days 1-6) \$0/day (Days 7-90)
PCP Copay/Coinsurance	\$0
Specialist Copay/Coinsurance	\$30
Prescription Deductible	\$125
Supplemental Benefits	Hearing, Meals, Fitness, Dental, Vision, Transportation, OTC Allowance, Flex Card* (Food & Produce, Service Animal Supplies, Pest Control, Mental Health & Wellness Applications, Non-Medicare-Covered Genetic Test Kit)

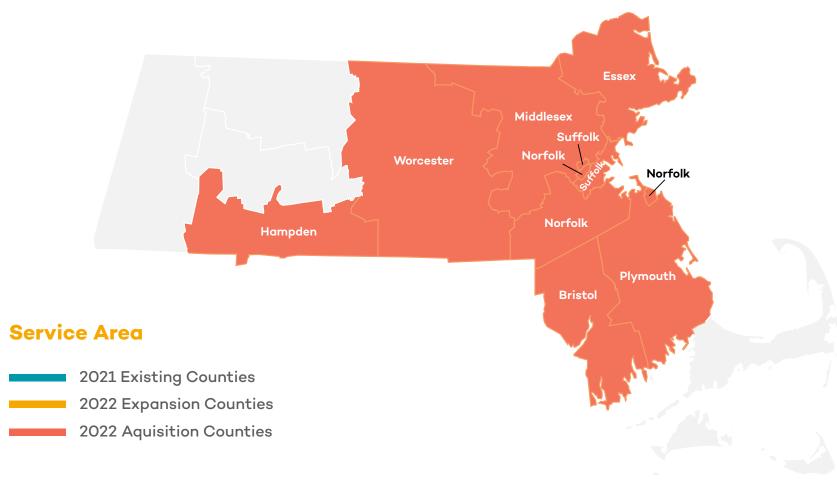
<sup>\*</sup>Members with certain chronic conditions. For existing plans, blue indicates a new benefit or service area for 2022.



## **Massachusetts**

#### **2022 Product Offerings\*:**

- 2 FIDE-SNP
- 1 MAPD



\*Service area varies by plan



## Massachusetts - Plan Information

Plan Marketing Name	Senior Whole Health Medicare Complete Care
Plan Number	H2224-001
Service Area	Bristol, Essex, Hampden, Middlesex, Norfolk, Plymouth, Suffolk, Worcester
Plan Type	FIDE-SNP (QMB+, SLMB+, FBDE)
Premium	\$0
Maximum Out of Pocket	\$7,550
Inpatient Copay/Coinsurance	\$0
PCP Copay/Coinsurance	\$0
Specialist Copay/Coinsurance	\$0
Prescription Deductible	\$0
Supplemental Benefits	Fitness, Vision, OTC Allowance, Flex Card* (Food & Produce), Transportation for Non-medical Needs*

<sup>\*</sup>Members with certain chronic conditions. For existing plans, blue indicates a new benefit or service area for 2022.



## Massachusetts - Plan Information

Plan Marketing Name	Senior Whole Health Medicare Complete Care
Plan Number	H2224-003
Service Area	Bristol, Essex, Hampden, Middlesex, Norfolk, Plymouth, Suffolk, Worcester
Plan Type	FIDE-SNP (QMB+, SLMB+, FBDE)
Premium	\$0
Maximum Out of Pocket	\$7,550
Inpatient Copay/Coinsurance	\$0
PCP Copay/Coinsurance	\$0
Specialist Copay/Coinsurance	\$0
Prescription Deductible	\$0
Supplemental Benefits	Fitness, Vision, OTC Allowance, Flex Card* (Food & Produce), Transportation for Non-medical Needs*

<sup>\*</sup>Members with certain chronic conditions. For existing plans, blue indicates a new benefit or service area for 2022.



## Massachusetts - Plan Information

Plan Marketing Name	Senior Whole Health Medicare Choice Care
Plan Number	H2879-002
Service Area	Suffolk
Plan Type	MAPD
Premium	\$0
Maximum Out of Pocket	\$7,550
Inpatient Copay/Coinsurance	\$295/day (Days 1-6) \$0/day (Days 7-90)
PCP Copay/Coinsurance	\$0
Specialist Copay/Coinsurance	\$30
Prescription Deductible	\$125
Supplemental Benefits	Hearing, Meals, Fitness, Dental, Vision, Transportation, OTC Allowance, Flex Card* (Food & Produce, Service Animal Supplies, Pest Control, Mental Health & Wellness Applications, Non-Medicare-Covered Genetic Test Kit)

<sup>\*</sup>Members with certain chronic conditions. For existing plans, blue indicates a new benefit or service area for 2022.



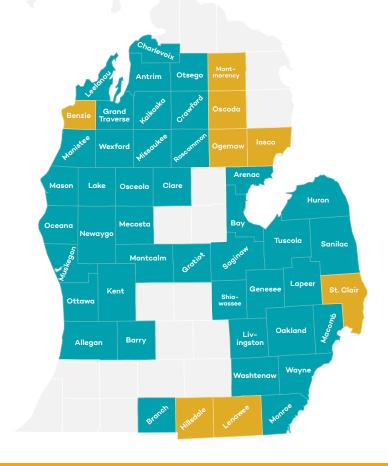
# Michigan

#### **Service Area**

2021 Existing Counties
2022 Expansion Counties
2022 Aquisition Counties

### **2022 Product Offerings:**

- 1 MAPD
- 2 D-SNP





# Michigan - Plan Information

Plan Marketing Name	Molina Medicare Complete Care
Plan Number	H5926-001
Service Area	Allegan, Arenac, Barry, Bay, Clare, Genesee, Gratiot, Huron, Kent, Lake, Lapeer, Livingston, Macomb, Mason, Mecosta, Monroe, Montcalm, Muskegon, Newaygo, Oakland, Oceana, Osceola, Ottawa, Saginaw, Sanilac, Shiawassee, Tuscola, Washtenaw, Wayne, Antrim, Branch, Charlevoix, Crawford, Grand Traverse, Kalkaska, Leelanau, Manistee, Missaukee, Otsego, Roscommon, Wexford, Benzie, Hillsdale, Iosco, Lenawee, Montmorency, Ogemaw, Oscoda, St. Clair
Plan Type	D-SNP (QMB, QMB+, SLMB+, FBDE)
Premium	\$0
Maximum Out of Pocket	\$7,550
Inpatient Copay/Coinsurance	\$0
PCP Copay/Coinsurance	\$0
Specialist Copay/Coinsurance	\$0
Prescription Deductible	\$0
Supplemental Benefits	Hearing, Meals, Fitness, Dental, Vision, Transportation, OTC Allowance, Flex Card* (Food & Produce, Service Animal Supplies, Pest Control, Mental Health & Wellness Applications, Non-Medicare-Covered Genetic Test Kit)

<sup>\*</sup>Members with certain chronic conditions. For existing plans, blue indicates a new benefit or service area for 2022.



## Michigan - Plan Information

Plan Marketing Name	Molina Medicare Complete Care Select
Plan Number	H5926-005
Service Area	Allegan, Arenac, Barry, Bay, Benzie, Clare, Genesee, Gratiot, Hillsdale, Huron, Iosco, Kent, Lake, Lapeer, Lenawee, Livingston, Macomb, Mason, Mecosta, Monroe, Montcalm, Montmorency, Muskegon, Newaygo, Oakland, Oceana, Ogemaw, Osceola, Oscoda, Ottawa, Saginaw, Sanilac, Shiawassee, St. Clair, Tuscola, Washtenaw, Wayne, Antrim, Branch, Charlevoix, Crawford, Grand Traverse, Kalkaska, Leelanau, Manistee, Missaukee, Otsego, Roscommon, Wexford
Plan Type	D-SNP (SLMB, QI & QDWI)
Premium	TBD
Maximum Out of Pocket	\$7,550
Inpatient Copay/Coinsurance	\$295/day (Days 1-6) \$0/day (Days 7-90)
PCP Copay/Coinsurance	\$0
Specialist Copay/Coinsurance	\$20
Prescription Deductible	\$480 (Medicare defined)
Supplemental Benefits	Hearing, Meals, Fitness, Dental, Vision, Transportation, OTC Allowance, Flex Card* (Food & Produce, Service Animal Supplies, Pest Control, Mental Health & Wellness Applications, Non-Medicare-Covered Genetic Test Kit)

<sup>\*</sup>Members with certain chronic conditions. For existing plans, blue indicates a new benefit or service area for 2022.



## Michigan - Plan Information

Plan Marketing Name	Molina Medicare Choice Care
Plan Number	H5926-006
Service Area	Allegan, Arenac, Barry, Bay, Benzie, Clare, Genesee, Gratiot, Hillsdale, Huron, Iosco, Kent, Lake, Lapeer, Lenawee, Livingston, Macomb, Mason, Mecosta, Monroe, Montcalm, Montmorency, Muskegon, Newaygo, Oakland, Oceana, Ogemaw, Osceola, Oscoda, Ottawa, Saginaw, Sanilac, Shiawassee, St. Clair, Tuscola, Washtenaw, Wayne, Antrim, Branch, Charlevoix, Crawford, Grand Traverse, Kalkaska, Leelanau, Manistee, Missaukee, Otsego, Roscommon, Wexford
Plan Type	MAPD
Premium	\$0
Maximum Out of Pocket	\$7,550
Inpatient Copay/Coinsurance	\$295/day (Days 1-6) \$0/day (Days 7-90)
PCP Copay/Coinsurance	\$0
Specialist Copay/Coinsurance	\$30
Prescription Deductible	\$125
Supplemental Benefits	Hearing, Meals, Fitness, Dental, Vision, Transportation, OTC Allowance, Flex Card* (Food & Produce, Service Animal Supplies, Pest Control, Mental Health & Wellness Applications, Non-Medicare-Covered Genetic Test Kit)

<sup>\*</sup>Members with certain chronic conditions. For existing plans, blue indicates a new benefit or service area for 2022.



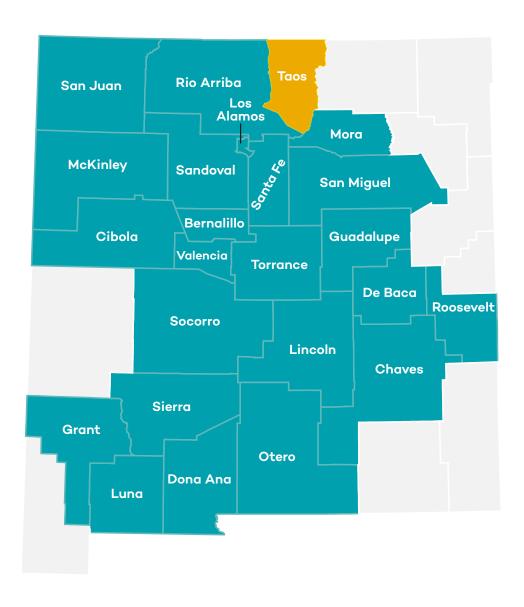
### **New Mexico**

#### **Service Area**

2021 Existing Counties
2022 Expansion Counties
2022 Aquisition Counties

### **2022 Product Offerings:**

3 MAPD





## New Mexico - Plan Information

Plan Marketing Name	Molina Medicare Choice Care
Plan Number	H9082-009
Service Area	Bernalillo, Chaves, Cibola, DeBaca, Dona Ana, Grant, Guadalupe, Lincoln, Los Alamos, Luna, McKinley, Mora, Otero, Rio Arriba, Roosevelt, San Juan, San Miguel, Sandoval, Santa Fe, Sierra, Socorro, Torrance, Valencia, <b>Taos</b>
Plan Type	MAPD
Premium	TBD
Maximum Out of Pocket	\$7,550
Inpatient Copay/Coinsurance	Original Medicare Cost Share
PCP Copay/Coinsurance	20%
Specialist Copay/Coinsurance	20%
Prescription Deductible	\$480 (Medicare defined)
Supplemental Benefits	Hearing, Meals, Fitness, Flex Card (Dental, Vision, Transportation, OTC Allowance), Flex Card* (Food & Produce, Service Animal Supplies, Pest Control, Mental Health & Wellness Applications, Non-Medicare-Covered Genetic Test Kit)

<sup>\*</sup>Members with certain chronic conditions. For existing plans, blue indicates a new benefit or service area for 2022.



## New Mexico - Plan Information

Plan Marketing Name	Molina Medicare Choice Care Plus
Plan Number	H9082-010
Service Area	Bernalillo, Chaves, Cibola, DeBaca, Dona Ana, Grant, Guadalupe, Lincoln, Los Alamos, Luna, McKinley, Mora, Otero, Rio Arriba, Roosevelt, San Juan, San Miguel, Sandoval, Santa Fe, Sierra, Socorro, Taos, Torrance, Valencia
Plan Type	MAPD
Premium	\$0
Maximum Out of Pocket	\$7,550
Inpatient Copay/Coinsurance	\$295/day (Days 1-6) \$0/day (Days 7-90)
PCP Copay/Coinsurance	\$0
Specialist Copay/Coinsurance	\$10
Prescription Deductible	\$125
Supplemental Benefits	Hearing, Meals, Fitness, Flex Card (Dental, Vision, Transportation, OTC Allowance), Flex Card* (Food & Produce, Service Animal Supplies, Pest Control, Mental Health & Wellness Applications, Non-Medicare-Covered Genetic Test Kit)

<sup>\*</sup>Members with certain chronic conditions. For existing plans, blue indicates a new benefit or service area for 2022.



## New Mexico - Plan Information

Plan Marketing Name	Molina Medicare Choice Care Select
Plan Number	H9082-011
Service Area	Bernalillo, Chaves, Cibola, DeBaca, Dona Ana, Grant, Guadalupe, Lincoln, Los Alamos, Luna, McKinley, Mora, Otero, Rio Arriba, Roosevelt, San Juan, San Miguel, Sandoval, Santa Fe, Sierra, Socorro, Taos, Torrance, Valencia
Plan Type	MAPD
Premium	\$0
Maximum Out of Pocket	\$7,550
Inpatient Copay/Coinsurance	\$450/day (Days 1-4) \$0/day (Days 5-90)
PCP Copay/Coinsurance	\$0
Specialist Copay/Coinsurance	\$40
Prescription Deductible	\$480 (Medicare defined)
Supplemental Benefits	Part B Buyback, Fitness, OTC Allowance

<sup>\*</sup>Members with certain chronic conditions. For existing plans, blue indicates a new benefit or service area for 2022.



### **New York**

#### **Service Area**

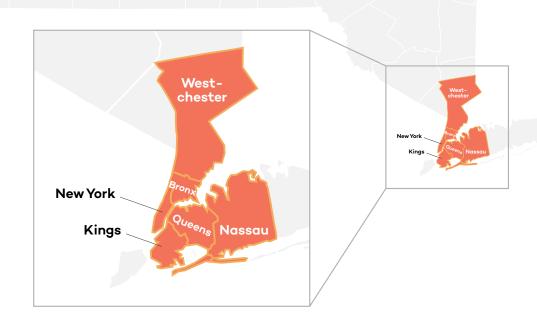
2021 Existing Counties

2022 Expansion Counties

2022 Aquisition Counties

### **2022 Product Offerings:**

- 1 D-SNP
- 1 FIDE-SNP





## New York - Plan Information

Plan Marketing Name	Senior Whole Health of New York Nursing Home Certifiable
Plan Number	H5992-007
Service Area	Bronx, Kings, Nassau, New York, Queens, Westchester
Plan Type	FIDE-SNP (QMB+, SLMB+, FBDE)
Premium	\$0
Maximum Out of Pocket	\$7,550
Inpatient Copay/Coinsurance	\$0
PCP Copay/Coinsurance	\$0
Specialist Copay/Coinsurance	\$0
Prescription Deductible	\$0
Supplemental Benefits	Fitness, Vision, OTC Allowance, Flex Card* (Food & Produce)

<sup>\*</sup>Members with certain chronic conditions. For existing plans, blue indicates a new benefit or service area for 2022.



## New York - Plan Information

Plan Marketing Name	Senior Whole Health Medicare Complete Care
Plan Number	H5992-008
Service Area	Bronx, Kings, Nassau, New York, Queens, Westchester
Plan Type	D-SNP (QMB+, SLMB+, FBDE)
Premium	\$0
Maximum Out of Pocket	\$7,550
Inpatient Copay/Coinsurance	\$0
PCP Copay/Coinsurance	\$0
Specialist Copay/Coinsurance	\$0
Prescription Deductible	\$0
Supplemental Benefits	Fitness, Vision, OTC Allowance, Flex Card* (Food & Produce)

<sup>\*</sup>Members with certain chronic conditions. For existing plans, blue indicates a new benefit or service area for 2022.



### Ohio

#### **Service Area**

2021 Existing Counties2022 Expansion Counties2022 Aquisition Counties

### **2022 Product Offerings:**

- 1D-SNP
- 1 MAPD





### Ohio - Plan Information

Plan Marketing Name	Molina Medicare Complete Care
Plan Number	H9955-001
Service Area	Adams, Auglaize, Brown, Butler, Carroll, Champaign, Clark, Clermont, Clinton, Columbiana, Coshocton, Crawford, Cuyahoga, Darke, Defiance, Delaware, Erie, Fairfield, Fayette, Franklin, Fulton, Gallia, Geauga, Greene, Guernsey, Hamilton, Hardin, Harrison, Henry, Highland, Hocking, Holmes, Jackson, Lake, Lawrence, Licking, Logan, Lorain, Lucas, Madison, Mahoning, Marion, Medina, Meigs, Mercer, Miami, Monroe, Montgomery, Morgan, Morrow, Noble, Ottawa, Paulding, Perry, Pickaway, Pike, Portage, Preble, Putnam, Shelby, Stark, Summit, Trumbull, Union, Van Wert, Vinton, Warren, Washington, Williams, Wood, Wyandot, Allen, Ashland, Athens, Huron, Jefferson, Knox, Muskingum, Richland, Sandusky, Scioto
Plan Type	D-SNP (All Dual)
Premium	TBD
Maximum Out of Pocket	\$7,550
Inpatient Copay/Coinsurance	Original Medicare Cost Share
PCP Copay/Coinsurance	20%
Specialist Copay/Coinsurance	20%
Prescription Deductible	\$480 (Medicare defined)
Supplemental Benefits	Hearing, Meals, Fitness, Flex Card (Dental, Vision, Transportation, OTC Allowance), Flex Card* (Food & Produce, Service Animal Supplies, Mental Health & Wellness Applications, Non-Medicare-Covered Genetic Test Kit)
Plans with 20% Cost Share for Mo	edicare-Covered Benefits - Costs may be as low as \$0 depending Medicaid eligibility

Plans with 20% Cost Share for Medicare-Covered Benefits – Costs may be as low as \$0, depending Medicaid eligibility



<sup>\*</sup>Members with certain chronic conditions. For existing plans, blue indicates a new benefit or service area for 2022.

## Ohio - Plan Information

Plan Marketing Name	Molina Medicare Choice Care
Plan Number	H9955-002
Service Area	Adams, Allen, Ashland, Athens, Auglaize, Brown, Butler, Carroll, Champaign, Clark, Clermont, Clinton, Columbiana, Coshocton, Crawford, Cuyahoga, Darke, Defiance, Delaware, Erie, Fairfield, Fayette, Franklin, Fulton, Gallia, Geauga, Greene, Guernsey, Hamilton, Hardin, Harrison, Henry, Highland, Hocking, Holmes, Huron, Jackson, Jefferson, Knox, Lake, Lawrence, Licking, Logan, Lorain, Lucas, Madison, Mahoning, Marion, Medina, Meigs, Mercer, Miami, Monroe, Montgomery, Morgan, Morrow, Muskingum, Noble, Ottawa, Paulding, Perry, Pickaway, Pike, Portage, Preble, Putnam, Richland, Sandusky, Scioto, Shelby, Stark, Summit, Trumbull, Union, Van Wert, Vinton, Warren, Washington, Williams, Wood, Wyandot
Plan Type	MAPD
Premium	\$0
Maximum Out of Pocket	\$7,550
Inpatient Copay/Coinsurance	\$295/day (Days 1-6) \$0/day (Days 7-90)
PCP Copay/Coinsurance	\$0
Specialist Copay/Coinsurance	\$30
Prescription Deductible	\$125
Supplemental Benefits	Hearing, Meals, Fitness, Flex Card (Dental, Vision, Transportation, OTC Allowance), Flex Card* (Food & Produce, Service Animal Supplies, Pest Control, Mental Health & Wellness Applications, Non-Medicare-Covered Genetic Test Kit)

<sup>\*</sup>Members with certain chronic conditions. For existing plans, blue indicates a new benefit or service area for 2022.



### **South Carolina**

#### **Service Area**

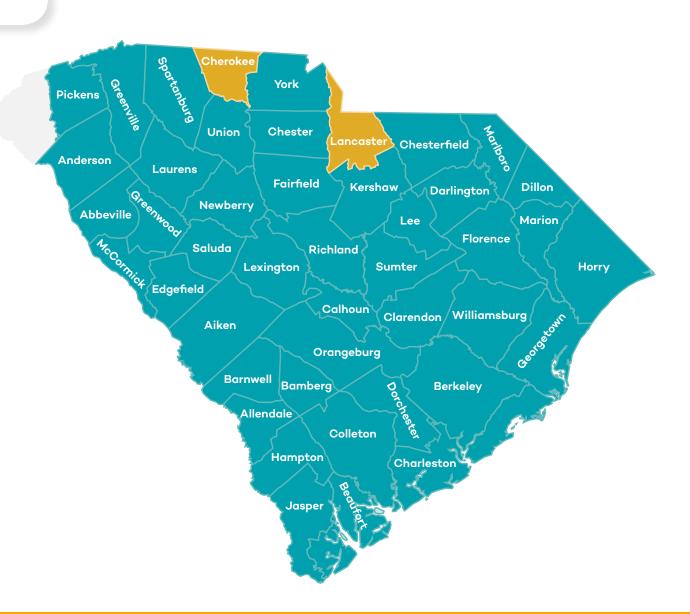
2021 Existing Counties

2022 Expansion Counties

2022 Aquisition Counties

### **2022 Product Offerings:**

- · 1D-SNP
- 1 MAPD





## South Carolina - Plan Information

Plan Marketing Name	Molina Medicare Complete Care
Plan Number	H8176-001
Service Area	Statewide (except Oconee) NEW (2): Cherokee, Lancaster
Plan Type	D-SNP (QMB, QMB+, SLMB+, FBDE)
Premium	\$0
Maximum Out of Pocket	\$7,550
Inpatient Copay/Coinsurance	\$0
PCP Copay/Coinsurance	\$0
Specialist Copay/Coinsurance	\$0
Prescription Deductible	\$0
Supplemental Benefits	Hearing, Meals, Fitness, Flex Card (Dental, Vision, Transportation, OTC Allowance), Flex Card* (Food & Produce, Service Animal Supplies, Mental Health & Wellness Applications, Non-Medicare-Covered Genetic Test Kit)

<sup>\*</sup>Members with certain chronic conditions. For existing plans, blue indicates a new benefit or service area for 2022.



## South Carolina - Plan Information

Plan Marketing Name	Molina Medicare Choice Care
Plan Number	H8176-003
Service Area	Statewide (except Oconee)
Plan Type	MAPD
Premium	\$0
Maximum Out of Pocket	\$7,550
Inpatient Copay/Coinsurance	\$295/day (Days 1-6) \$0/day (Days 7-90)
PCP Copay/Coinsurance	\$0
Specialist Copay/Coinsurance	\$30
Prescription Deductible	\$125
Supplemental Benefits	Hearing, Meals, Fitness, Flex Card (Dental, Vision, Transportation, OTC Allowance), Flex Card* (Food & Produce, Service Animal Supplies, Pest Control, Mental Health & Wellness Applications, Non-Medicare-Covered Genetic Test Kit)

<sup>\*</sup>Members with certain chronic conditions. For existing plans, blue indicates a new benefit or service area for 2022.



### **Texas**

#### **Service Area**

2021 Existing Counties

2022 Expansion Counties

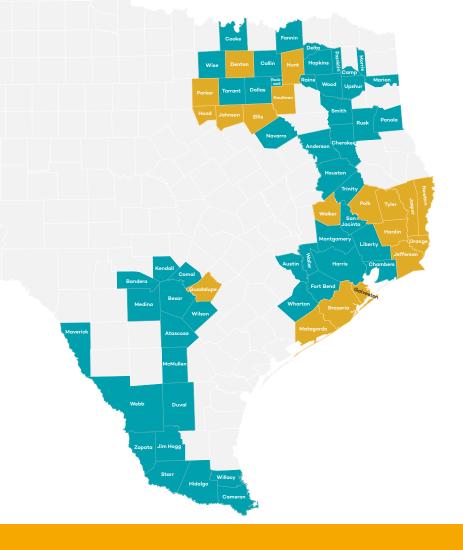
2022 Aquisition Counties



### 2022 Product Offerings\*:

- 1 D-SNP
- 1 I-SNP\*\*
- 2 MAPD

\*\*Not commissionable





<sup>\*</sup>Service area varies by plan

Plan Marketing Name	Molina Medicare Complete Care
Plan Number	H7678-001
Service Area	Anderson, Atascosa, Austin, Bandera, Bexar, Cameron, Camp, Chambers, Cherokee, Collin, Comal, Cooke, Dallas, Delta, Duval, El Paso, Fannin, Fort Bend, Franklin, Harris, Hidalgo, Hopkins, Houston, Hudspeth, Jim Hogg, Kendall, Liberty, Marion, Maverick, McMullen, Medina, Montgomery, Morris, Navarro, Panola, Rains, Rockwall, Rusk, San Jacinto, Smith, Starr, Tarrant, Trinity, Upshur, Waller, Webb, Wharton, Willacy, Wilson, Wise, Wood, Zapata, Brazoria, Denton, Ellis, Galveston, Guadalupe, Hardin, Hood, Hunt, Jasper, Jefferson, Johnson, Kaufman, Matagorda, Newton, Orange, Parker, Polk, Tyler, Walker
Plan Type	D-SNP (QMB, QMB+, SLMB+, FBDE)
Premium	\$0
Maximum Out of Pocket	\$7,550
Inpatient Copay/Coinsurance	\$0
PCP Copay/Coinsurance	\$0
Specialist Copay/Coinsurance	\$0
Prescription Deductible	\$0
Supplemental Benefits	Hearing, Meals, Fitness, Dental, Vision, Transportation, OTC Allowance, Flex Card* (Food & Produce, Service Animal Supplies, Pest Control, Mental Health & Wellness Applications, Non-Medicare-Covered Genetic Test Kit)

<sup>\*</sup>Members with certain chronic conditions. For existing plans, blue indicates a new benefit or service area for 2022.



Plan Marketing Name	Molina Medicare Comfort Care
Plan Number	H7678-003
Service Area	Dallas
Plan Type	I-SNP
Premium	\$0
Maximum Out of Pocket	\$7,550
Inpatient Copay/Coinsurance	Original Medicare Cost Share
PCP Copay/Coinsurance	\$0
Specialist Copay/Coinsurance	20%
Prescription Deductible	\$480 (Medicare defined)
Supplemental Benefits	Hearing, Dental, Vision, Transportation, OTC Allowance, Flex Card* (Food & Produce, Service Animal Supplies, Pest Control, Mental Health & Wellness Applications, Non-Medicare-Covered Genetic Test Kit)

<sup>\*</sup>Members with certain chronic conditions. For existing plans, blue indicates a new benefit or service area for 2022.



Plan Marketing Name	Molina Medicare Choice Care
Plan Number	H7678-004
Service Area	Anderson, Atascosa, Austin, Bandera, Bexar, Brazoria, Cameron, Camp, Chambers, Cherokee, Collin, Comal, Cooke, Dallas, Delta, Denton, Duval, Ellis, El Paso, Fannin, Fort Bend, Franklin, Galveston, Guadalupe, Hardin, Harris, Hidalgo, Hood, Hopkins, Houston, Hudspeth, Hunt, Jasper, Jefferson, Jim Hogg, Johnson, Kaufman, Kendall, Liberty, Marion, Matagorda, Maverick, McMullen, Medina, Montgomery, Morris, Navarro, Newton, Orange, Panola, Parker, Polk, Rains, Rockwall, Rusk, San Jacinto, Smith, Starr, Tarrant, Trinity, Tyler, Upshur, Walker, Waller, Webb, Wharton, Willacy, Wilson, Wise, Wood, Zapata
Plan Type	MAPD
Premium	\$0
Maximum Out of Pocket	\$7,550
Inpatient Copay/Coinsurance	\$295/day (Days 1-6) \$0/day (Days 7-90)
PCP Copay/Coinsurance	\$0
Specialist Copay/Coinsurance	\$30
Prescription Deductible	\$125
Supplemental Benefits	Hearing, Meals, Fitness, Dental, Vision, Transportation, OTC Allowance, Flex Card* (Food & Produce, Service Animal Supplies, Pest Control, Mental Health & Wellness Applications, Non-Medicare-Covered Genetic Test Kit)

<sup>\*</sup>Members with certain chronic conditions. For existing plans, blue indicates a new benefit or service area for 2022.



Plan Marketing Name	Molina Medicare Choice Care Select
Plan Number	H7678-005
Service Area	Anderson, Atascosa, Austin, Bandera, Bexar, Brazoria, Cameron, Camp, Chambers, Cherokee, Collin, Comal, Cooke, Dallas, Delta, Denton, Duval, Ellis, El Paso, Fannin, Fort Bend, Franklin, Galveston, Guadalupe, Hardin, Harris, Hidalgo, Hood, Hopkins, Houston, Hudspeth, Hunt, Jasper, Jefferson, Jim Hogg, Johnson, Kaufman, Kendall, Liberty, Marion, Matagorda, Maverick, McMullen, Medina, Montgomery, Morris, Navarro, Newton, Orange, Panola, Parker, Polk, Rains, Rockwall, Rusk, San Jacinto, Smith, Starr, Tarrant, Trinity, Tyler, Upshur, Walker, Waller, Webb, Wharton, Willacy, Wilson, Wise, Wood, Zapata
Plan Type	MAPD
Premium	\$0
Maximum Out of Pocket	\$7,550
Inpatient Copay/Coinsurance	\$450 /day (Days 1-4) \$0 /day (Days 5-90)
PCP Copay/Coinsurance	\$0
Specialist Copay/Coinsurance	\$50
Prescription Deductible	\$480 (Medicare defined)
Supplemental Benefits	Part B Buyback, Fitness, OTC Allowance

<sup>\*</sup>Members with certain chronic conditions. For existing plans, blue indicates a new benefit or service area for 2022.



## Utah

#### **Service Area**

2021 Existing Counties
2022 Expansion Counties

2022 Aquisition Counties

### **2022 Product Offerings\*:**

- 2 D-SNP
- 1 MAPD

Cache



**Box Elder** Salt Lake Tooele Utah Iron Washington

<sup>\*</sup>Service area varies by plan

## Utah - Plan Information

Plan Marketing Name	Molina Medicare Complete Care
Plan Number	H5628-001
Service Area	Box Elder, Cache, Davis, Iron, Salt Lake, Tooele, Utah, Washington, Weber
Plan Type	D-SNP (QMB, QMB+, SLMB+, FBDE)
Premium	\$0
Maximum Out of Pocket	\$7,550
Inpatient Copay/Coinsurance	\$0
PCP Copay/Coinsurance	\$0
Specialist Copay/Coinsurance	\$0
Prescription Deductible	\$0
Supplemental Benefits	Hearing, Meals, Fitness, Flex Card (Dental, Vision, Transportation, OTC Allowance), Flex Card* (Food & Produce, Service Animal Supplies, Pest Control, Mental Health & Wellness Applications, Non-Medicare-Covered Genetic Test Kit)

<sup>\*</sup>Members with certain chronic conditions. For existing plans, blue indicates a new benefit or service area for 2022.



## Utah - Plan Information

Plan Marketing Name	Molina Medicare Choice Care
Plan Number	H5628-007
Service Area	Box Elder, Cache, Davis, Salt Lake, Summit, Tooele, Utah, Weber
Plan Type	MAPD
Premium	\$0
Maximum Out of Pocket	\$5,400
Inpatient Copay/Coinsurance	\$295/day (Days 1-6) \$0/day (Days 7-90)
PCP Copay/Coinsurance	\$0
Specialist Copay/Coinsurance	\$40
Prescription Deductible	\$0
Supplemental Benefits	Part B Buyback, Hearing, Meals, Fitness, Flex Card (Dental, Vision, Transportation, OTC Allowance), Flex Card* (Food & Produce, Service Animal Supplies, Pest Control, Mental Health & Wellness Applications, Non-Medicare-Covered Genetic Test Kit)

<sup>\*</sup>Members with certain chronic conditions. For existing plans, blue indicates a new benefit or service area for 2022.



## Utah - Plan Information

Plan Marketing Name	Molina Medicare Complete Care Select
Plan Number	H5628-012
Service Area	Box Elder, Cache, Davis, Iron, Salt Lake, Tooele, Utah, Washington, Weber
Plan Type	D-SNP (SLMB, QI & QDWI)
Premium	TBD
Maximum Out of Pocket	\$5,000
Inpatient Copay/Coinsurance	\$295/day (Days 1-6) \$0/day (Days 7-90)
PCP Copay/Coinsurance	\$0
Specialist Copay/Coinsurance	\$10
Prescription Deductible	\$480 (Medicare defined)
Supplemental Benefits	Hearing, Meals, Fitness, Flex Card (Dental, Vision, Transportation, OTC Allowance), Flex Card* (Food & Produce, Service Animal Supplies, Pest Control, Mental Health & Wellness Applications, Non-Medicare-Covered Genetic Test Kit)

<sup>\*</sup>Members with certain chronic conditions. For existing plans, blue indicates a new benefit or service area for 2022.



## Virginia

### **2022 Product Offerings:**

• 1 FIDE-SNP

# **Service Area** 2021 Existing Counties 2022 Expansion Counties 2022 Aquisition Counties Harrisonburg. Hampton Portsmouth



## Virginia - Plan Information

Plan Marketing Name	Molina Medicare Complete Care
Plan Number	H7559-001
Service Area	Statewide
Plan Type	FIDE-SNP (QMB+, SLMB+, FBDE)
Premium	\$0
Maximum Out of Pocket	\$7,550
Inpatient Copay/Coinsurance	\$0
PCP Copay/Coinsurance	\$0
Specialist Copay/Coinsurance	\$0
Prescription Deductible	\$0
Supplemental Benefits	Hearing, Fitness, OTC Allowance, Transportation for Non-medical Needs*

<sup>\*</sup>Members with certain chronic conditions. For existing plans, blue indicates a new benefit or service area for 2022.



## Washington

#### **Service Area**

2021 Existing Counties

2022 Expansion Counties

2022 Aquisition Counties

### **2022 Product Offerings:**

- 2 D-SNP
- 1 MAPD





## Washington - Plan Information

Plan Marketing Name	Molina Medicare Complete Care
Plan Number	H5823-006
Service Area	Adams, Clark, Cowlitz, King, Kitsap, Lewis, Mason, Pierce, Skagit, Snohomish, Spokane, Stevens, Thurston, Walla Walla, Whatcom, Whitman, Yakima, <b>Benton, Franklin</b>
Plan Type	D-SNP (QMB, QMB+, SLMB+, FBDE)
Premium	\$0
Maximum Out of Pocket	\$7,550
Inpatient Copay/Coinsurance	\$0
PCP Copay/Coinsurance	\$0
Specialist Copay/Coinsurance	\$0
Prescription Deductible	\$0
Supplemental Benefits	Hearing, Meals, Fitness, Flex Card (Dental, Vision, Transportation, OTC Allowance), Flex Card* (Food & Produce, Service Animal Supplies, Pest Control, Mental Health & Wellness Applications, Non-Medicare-Covered Genetic Test Kit)

<sup>\*</sup>Members with certain chronic conditions. For existing plans, blue indicates a new benefit or service area for 2022.



## Washington - Plan Information

Plan Marketing Name	Molina Medicare Complete Care Select
Plan Number	H5823-010
Service Area	Adams, Benton, Clark, Cowlitz, Franklin, King, Kitsap, Lewis, Mason, Pierce, Skagit, Snohomish, Spokane, Stevens, Thurston, Walla Walla, Whatcom, Whitman, Yakima
Plan Type	D-SNP (SLMB, QI & QDWI)
Premium	TBD
Maximum Out of Pocket	\$7,550
Inpatient Copay/Coinsurance	\$295/day (Days 1-6) \$0/day (Days 7-90)
PCP Copay/Coinsurance	\$0
Specialist Copay/Coinsurance	\$20
Prescription Deductible	\$250
Supplemental Benefits	Hearing, Meals, Fitness, Flex Card (Dental, Vision, Transportation, OTC Allowance), Flex Card* (Food & Produce, Service Animal Supplies, Pest Control, Mental Health & Wellness Applications, Non-Medicare-Covered Genetic Test Kit)

<sup>\*</sup>Members with certain chronic conditions. For existing plans, blue indicates a new benefit or service area for 2022.



## Washington - Plan Information

Plan Marketing Name	Molina Medicare Choice Care
Plan Number	H5823-011
Service Area	Adams, Benton, Clark, Cowlitz, Franklin, King, Kitsap, Lewis, Mason, Pierce, Skagit, Snohomish, Spokane, Stevens, Thurston, Walla Walla, Whatcom, Whitman, Yakima
Plan Type	MAPD
Premium	\$0
Maximum Out of Pocket	\$7,550
Inpatient Copay/Coinsurance	\$295/day (Days 1-6) \$0/day (Days 7-90)
PCP Copay/Coinsurance	\$0
Specialist Copay/Coinsurance	\$30
Prescription Deductible	\$125
Supplemental Benefits	Hearing, Meals, Fitness, Flex Card (Dental, Vision, Transportation, OTC Allowance), Flex Card* (Food & Produce, Service Animal Supplies, Pest Control, Mental Health & Wellness Applications, Non-Medicare-Covered Genetic Test Kit)

<sup>\*</sup>Members with certain chronic conditions. For existing plans, blue indicates a new benefit or service area for 2022.



## **Wisconsin**

#### **Service Area**

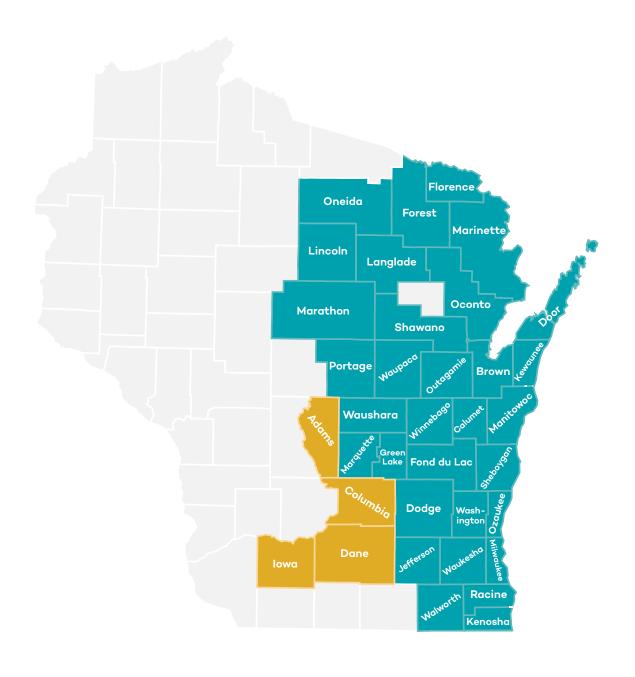
2021 Existing Counties

2022 Expansion Counties

2022 Aquisition Counties

### **2022 Product Offerings:**

- 1 D-SNP
- 1 MAPD





## Wisconsin - Plan Information

Plan Marketing Name	Molina Medicare Complete Care
Plan Number	H2879-001
Service Area	Brown, Calumet, Dodge, Door, Florence, Fond du Lac, Forest, Green Lake, Jefferson, Kenosha, Kewaunee, Langlade, Manitowoc, Marinette, Marquette, Milwaukee, Oconto, Outagamie, Ozaukee, Portage, Racine, Shawano, Sheboygan, Walworth, Washington, Waukesha, Waupaca, Waushara, Winnebago, Adams, Columbia, Dane, Iowa
Plan Type	D-SNP (All Dual)
Premium	TBD
Maximum Out of Pocket	\$3,400
Inpatient Copay/Coinsurance	Original Medicare Cost Share
PCP Copay/Coinsurance	20%
Specialist Copay/Coinsurance	20%
Prescription Deductible	\$480 (Medicare defined)
Supplemental Benefits	Hearing, Meals, Fitness, Dental, Vision, Transportation, OTC Allowance, Flex Card* (Food & Produce, Service Animal Supplies, Mental Health & Wellness Applications, Non-Medicare-Covered Genetic Test Kit)

Plans with 20% Cost Share for Medicare-Covered Benefits – Costs may be as low as \$0, depending Medicaid eligibility



<sup>\*</sup>Members with certain chronic conditions. For existing plans, blue indicates a new benefit or service area for 2022.

## Wisconsin - Plan Information

Plan Marketing Name	Molina Medicare Choice Care
Plan Number	H2879-003
Service Area	Adams, Brown, Calumet, Columbia, Dane, Dodge, Door, Florence, Fond du Lac, Forest, Green Lake, Iowa, Jefferson, Kenosha, Kewaunee, Langlade, Manitowoc, Marinette, Marquette, Milwaukee, Oconto, Outagamie, Ozaukee, Portage, Racine, Shawano, Sheboygan, Walworth, Washington, Waukesha, Waupaca, Waushara, Winnebago
Plan Type	MAPD
Premium	\$0
Maximum Out of Pocket	\$7,550
Inpatient Copay/Coinsurance	\$295/day (Days 1-6) \$0/day (Days 7-90)
PCP Copay/Coinsurance	\$0
Specialist Copay/Coinsurance	\$30
Prescription Deductible	\$125
Supplemental Benefits	Hearing, Meals, Fitness, Dental, Vision, Transportation, OTC Allowance, Flex Card* (Food & Produce, Service Animal Supplies, Pest Control, Mental Health & Wellness Applications, Non-Medicare-Covered Genetic Test Kit)

<sup>\*</sup>Members with certain chronic conditions. For existing plans, blue indicates a new benefit or service area for 2022.



## **Certification Overview 2022**

## Easy certification with Molina

- Leverage your AHIP certification
- If you are new to Molina Medicare, completing your 2022 AHIP certification will complete your 2021 AHIP requirements.



Molina link will give you \$25 off your AHIP certification



### **Broker Services**

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

Hours: 7:00 AM - 6:00 PM Monday - Friday | Broker@MolinaHealthcare.com

#### Eligibility Verification 1-866-440-9788

Our team will check your client's Medicare & Medicaid eligibility with a quick phone call.

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

Our team will record your client's approval for a Scope of Appointment during a 3-5 minute call. You will get an email confirmation of the recorded SOA.

#### Telephonic Enrollment 1-866-714-8996

Our Enrollment Team will capture on a recorded line your client's approval and details to enroll in a Molina plan. You will get an email confirmation of the enrollment.



## Broker Services - (cont.)

#### Electronic Enrollment (DRX) (2021)

This online tool allows you to email an SOA to your client and enroll new members 24/7 all from your laptop or tablet.

## Provider Online Directory

This online tool provides members and brokers with a listing of all Molina contracted providers and their contact details.

## Formulary Online Lookup

This online tool allows members and brokers to check if medications are in the Molina formulary.

### Local Market Support for:

- Strategic planning to grow your Molina business
- Face-to-face and/or virtual trainings
- Event and Promotion Support
- Co-op Opportunities



## **Broker Channel/Sales Managers**



California
Jojo Morales - Medicare Broker Channel Manager
Jojo.Morales@MolinaHealthcare.com
(562) 881-9711



Florida
Eric Smith - Medicare Broker Channel Manager
Eric.Smith@MolinaHealthcare.com
(727) 207-3333



Idaho/Utah
Jim Spencer - Medicare Broker Channel Manager
James.Spencer@MolinaHealthcare.com
(801) 871-9251



## Broker Channel/Sales Managers - (cont.)



Michigan
Fran Dennis - Medicare Market Sales Manager
Fran.Dennis@MolinaHealthcare.com
(248) 270-0425



New Mexico
Sophia Leckie - Medicare Market Sales Manager
Sophia.Leckie@MolinaHealthcare.com
(575) 339-5935



Ohio/Wisconsin
Lytoria Whitfield - Medicare Broker Channel Manager
Lytoria.Whitfield@MolinaHealthcare.com
(330) 418-9262



## Broker Channel/Sales Managers - (cont.)



South Carolina/Texas

Kevin OConnor - Medicare Broker Channel Manager

Kevin.OConnor1@MolinaHealthcare.com

(843) 408-6650



Washington
Kimberlee Modrow - Medicare Market Sales Manager
Kimberlee.Modrow@MolinaHealthcare.com
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