BROKER RESOURCE

Molina 2027 First Looks

Coverage Designed for Individuals with Medicare and Medicaid

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Leadership Message

As we prepare for the upcoming Annual Enrollment Period and the 2027 plan year, I want to **thank you for your continued partnership and commitment to the members and communities we serve**. We deeply appreciate the trust you place in Molina Healthcare and are excited to work alongside you as we prepare for another successful enrollment season.

Looking ahead to 2027, Molina remains focused on expanding access to quality, affordable healthcare while strengthening our Medicare and integrated Medicare-Medicaid offerings. **Our 2027 product portfolio reflects thoughtful enhancements driven by member needs, market insights, regulatory requirements, and valuable feedback from partners like you.** Together, we remain focused on helping beneficiaries access the coverage, care, and support they deserve.

We are pleased to provide you with an early look at Molina's 2027 Medicare product offerings. We hope these materials serve as a valuable resource as you begin preparing your teams, planning your sales strategies, and gearing up for AEP. **We're confident that the enhancements we've made will help make doing business with Molina easier than ever while continuing to deliver value to the members we serve together.**

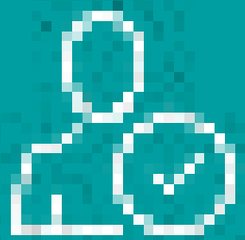
Thank you again for your partnership and for the important role you play in advancing Molina's mission. **We look forward to working together to help more beneficiaries live healthier lives and to making 2027 our most successful year yet.**

ERIC PROCHNOW
VP MEDICARE & MARKETPLACE GROWTH

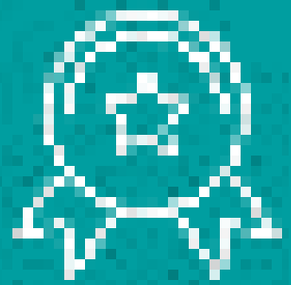
Our Story

Molina Healthcare provides managed health care services across Medicaid, Medicare, and state Marketplaces—focused on provider experience, member experience, improved outcomes, and cost reduction efforts.

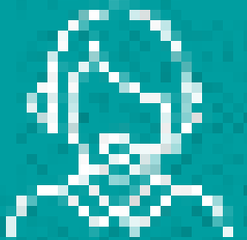
Founded in 1980, in Long Beach; aimed at addressing the disparities in access to quality health care.



For over 40-years we've been improving the lives of our 5.1 million members across the country by pioneering health care services exclusively for those with government-sponsored health care.



Included in the top 100 fastest-growing companies Molina Healthcare is ranked 111 on fortune 500 list.



Our team of over 16,000 employees strives to meet the physical, social and emotional needs of each member and to strengthen the communities we serve.

Organizational Focus

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

2027 Molina Medicare Advantage: *Plan Portfolio*

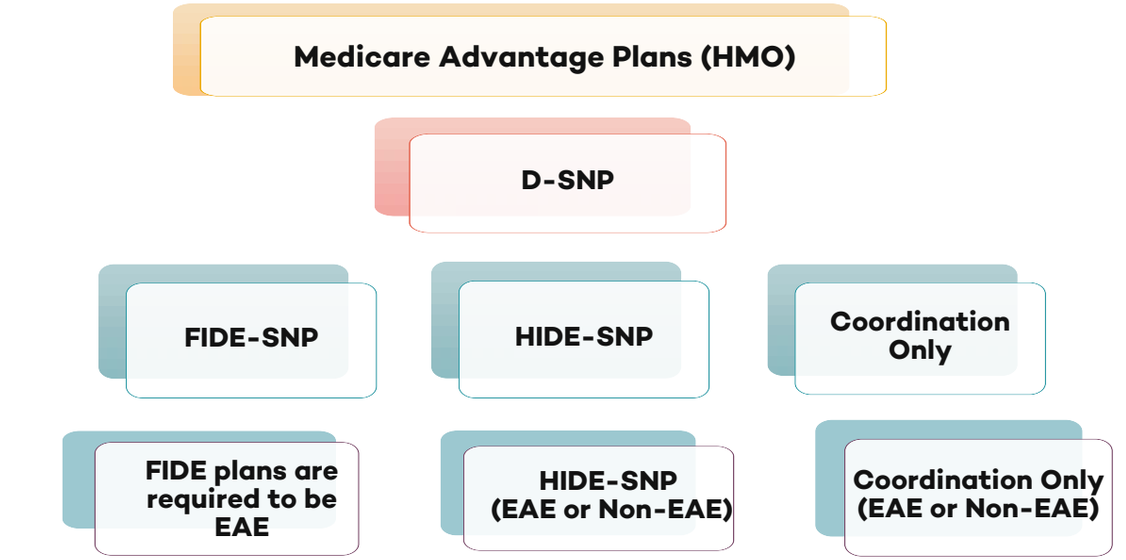
Molina's Medicare strategy is focused on long-term growth by aligning with our core Medicaid business. For brokers, this means prioritizing integrated products that coordinate medical, behavioral, and social care for Dual Eligible (D-SNP) members—where Molina has deep expertise, strong community presence, and a proven model.

Our Medicare growth focus is on:

- D-SNP (Dual Eligible Special Needs Plans)
  - FIDE (Fully Integrated Dual Eligible Plans)
  - HIDE (Highly Integrated Dual Eligible Plans)
  - Coordination Only (limited markets)

These Medicaid-aligned products represent the future of Molina's Medicare business, with focused investment across sales, marketing, and operations.

Beginning in 2027, Molina plans to exit traditional MAPD and General Enrollment products, including C-SNPs tied to MAPD contracts. This shift sharpens our focus on integrated care for Dual Eligible members and supports long-term sustainability.



D-SNP Plan Types:
- **FIDE -** Fully Integrated Dual Eligible
- **HIDE -** Highly Integrated Dual Eligible
- **Coordination Only**

D-SNP Integration Types:
- **EAE-** Exclusively Aligned Enrollment
- **Non-EAE** – Not Exclusively Aligned Enrollment

Types of D-SNPs

There are three main types of D-SNPs, distinguished by the level of integration between Medicare and Medicaid services.

An Applicable Integrated Plan (AIP) is a Medicare Advantage plan designed for people who qualify for both Medicare and Medicaid. It combines both programs into one plan, so members have a single system to manage their healthcare and benefits more easily.

Coordination Only (CO), Highly Integrated Dual Eligible (HIDE), or Fully Integrated Dual Eligible (FIDE) D-SNPs may qualify as AIPs if they meet CMS requirements, including:

- Integrated Coverage Decision letter
- Streamlined Appeals and Grievances processes
- Exclusively Aligned Enrollment (EAE)
- Provision of certain Medicaid benefits

More Integrated

Less Integrated

Fully Integrated Dual Eligible (FIDE) SNP	A FIDE SNP is required to have EAE. This plan provides nearly all Medicaid services. **This is also considered an AIP style plan.**	FIDE SNPs provide coverage of Medicare and Medicaid benefits under a single legal entity. **FIDE SNPs must cover:** • Primary and acute care services • Long-term services and supports (LTSS) • 180 days of nursing facility coverage each plan year • Medicare cost sharing • Behavioral health services • Home health services • Medical equipment, supplies and appliances
Highly Integrated Dual Eligible (HIDE) SNP	A HIDE SNP does not always requre EAE. This why some HIDE SNP plans are not also considered AIP.	HIDE SNPs provide coverage of Medicaid benefits through the D-SNP with an affiliated Medicaid MCO. **HIDE SNPs cover:** • One or both LTSS or behavioral health benefits
Coordination-Only (CO)	This plan provides Medicare - covered services and is required to coordinate the delivery of benefits with the Medicaid program. If a coordination-only SNP plan has EAE, then it also canb be considered an AIP-style plan.	CO SNPs meet the minimum CMS DSNP requirements. **CO SNPs:** • Coordinate the delivery of Medicare and Medicaid services for its enrollees

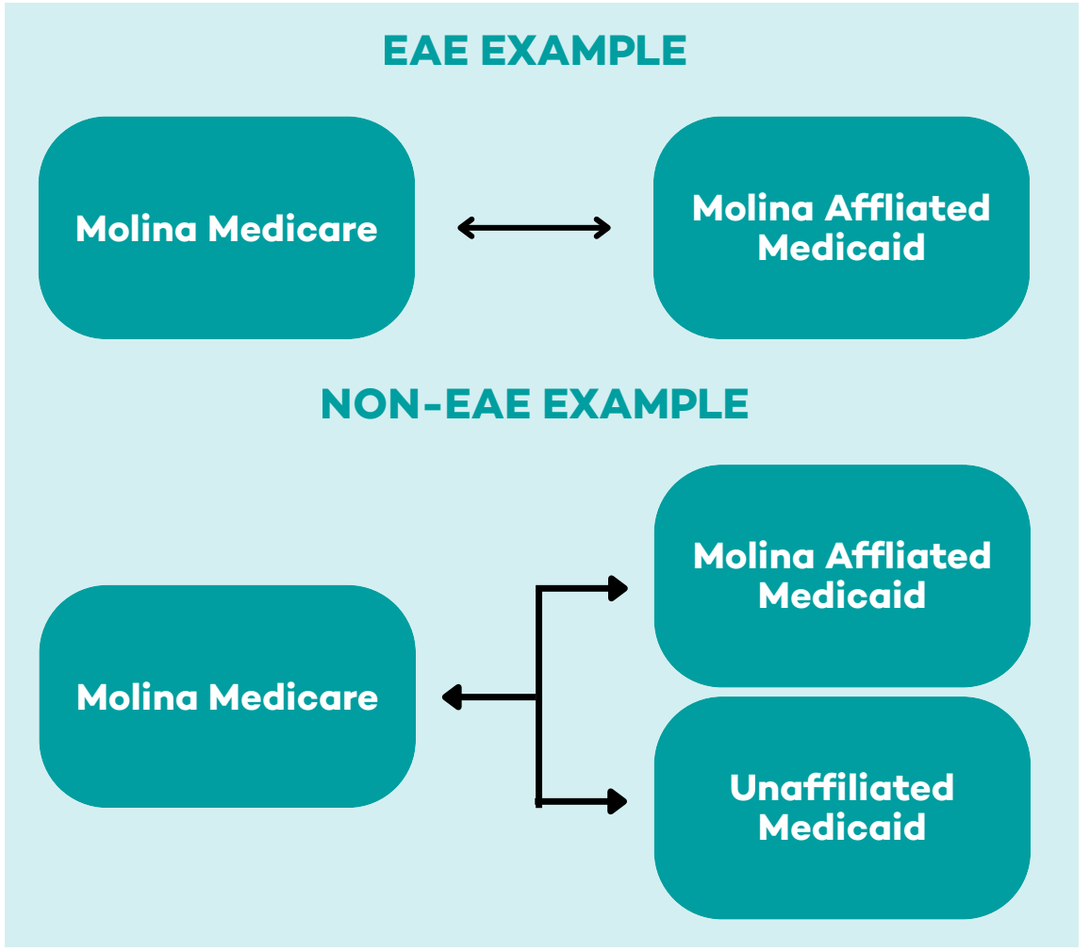
Exclusively Aligned Enrollment

Exclusively Aligned Enrollment (EAE) is a state-level policy that limits D-SNP enrollment to full-benefit dually eligible individuals who receive their Medicaid benefits through:

- The D-SNP, and
- An affiliated Medicaid managed care plan under the same parent organization

The goal of EAE is to align Medicare and Medicaid benefits under one organization, creating more seamless member experience. States commonly use EAE to support fully integrated care, especially for FIDE SNPs.

Note: AIP and EAE Integration requirements improve health care coordination, streamlines access to benefits, and simplifies the alignment between Medicare and Medicaid.



Dual Eligibility & Enrollment in Dual Eligible Special Needs Plans (D-SNPs)

Eligibility knowledge is key to helping individuals access the right coverage. Explore the requirements for Medicare and Medicaid, learn how to identify dual-eligible members, and gain a better understanding of what dual eligibility means.

What does Dual Eligible mean?

Members who are entitled to Medicare and eligible for full or partial Medicaid benefits.

MEDICARE ELIGIBILITY

- Eligible Individuals
- Age 65 or older

OR

- Under age 65 with a qualifying disability
- Intellectual or developmental disabilities
- Cognitive disabilities
- Physical disabilities
- Behavioral health needs
- Chronic medical conditions
- OR
- Any age with End-State Renal Disease (ESRD)

MEDICAID ELIGIBILITY

- Meet income and asset requirements

And

- Member of an eligible group
- Adults with disabilities
- Older adults
- Children and families
- People who are pregnant
- Others

Two Types of Dually Eligible Individuals

Medicaid support is not the same for everyone. Eligibility and assistance levels are influenced by factors such as income and assets. Review the information below to learn more about the benefits Medicaid may provide.

FULL-BENEFIT DUALLY ELIGIBLE INDIVIDUALS

- Qualify for Medicare
- Qualify for full state Medicaid benefits
- May receive financial assistance with Medicare premiums (and in many cases cost sharing)

PARTIAL-BENEFIT DUALLY ELIGIBLE INDIVIDUALS

- Qualify for Medicare
- DO NOT qualify for full Medicaid benefits
- Receive financial benefits assistance with Medicare premiums (and in many cases, cost sharing)

2027 CMS Updates

Scope of Appointment Changes

- **In Person Appointments**
  - A written SOA is required
  - An electronic signature or recorded SOA counts as “in writing”
- **12-Month SOA Validty**
  - An SOA is valid for up to 12 months from:
    - The client’s signature, or
    - Their initial request for information
      - You can use the same SOA for in-person, phone, or virtual appointments within that timeframe as long as the products discussed do not change
- **Plan Year Rules (Important)**
  - If the SOA mentions a specific plan year (e.g., 2026), you must get a new SOA to discuss a different year (e.g., 2027)
  - If the SOA does NOT mention a plan year, you can use it to discuss future plan years within 12 months
- **October 1st Marketing Rule**
  - You can collect SOAs before October 1st for upcoming plans, but you cannot discuss plan details for the new plan until October 1st.

Bottom Line for Brokers:

- **Get the SOA once → use it for up to 12 months**
- **Make sure the product scope stays the same**
- **Watch for plan year wording—it determines if you need a new SOA**

Educational Event Flexibility

PY 2027 allows marketing events immediately after educational sessions with beneficiary notification and opt-out option.

TPMO Disclaimer & Supplemental Benefits

Updated TPMO disclaimers remove SHIP reference; supplemental benefits require full disclosure without misleading claims.

Recording and Superlative Policies

Clear recording retention standards and revised superlative language usage require supporting documentation upon CMS request.

The Federal Timeline

CY 2025 Final Rule - the D-SNP alignment timeline makes intergation the moment. Key compliance milestone for MA organizations with affliated Medicaid MCO overlap.

Apr. 2024
Final rule published

CMS Codifies 422.514(h)

Creates crosswalk and limited exception framework

Objective: stronger Medicare-Medicaid alignment

CY 2025 - 2026
Preparation period

No immedicate compliance change

CMS FAQs and example scenarios issued

Market footprint and product mapping required

CY 2027
Initail alignment rules begin

One D-SNP for full-benefit duals in overlapping services area unless in exception applies

New D-SNP enrollment limited to members enrolled in, or enrolling in, affiliated Medicaid MCO

CY 2030
Fully aligned enrollment - only

D-SNP generally may only enroll individuals aligned with affliated Medicaid MCO

Unaligned members disenrolled from D-SNP

Strategic Implication

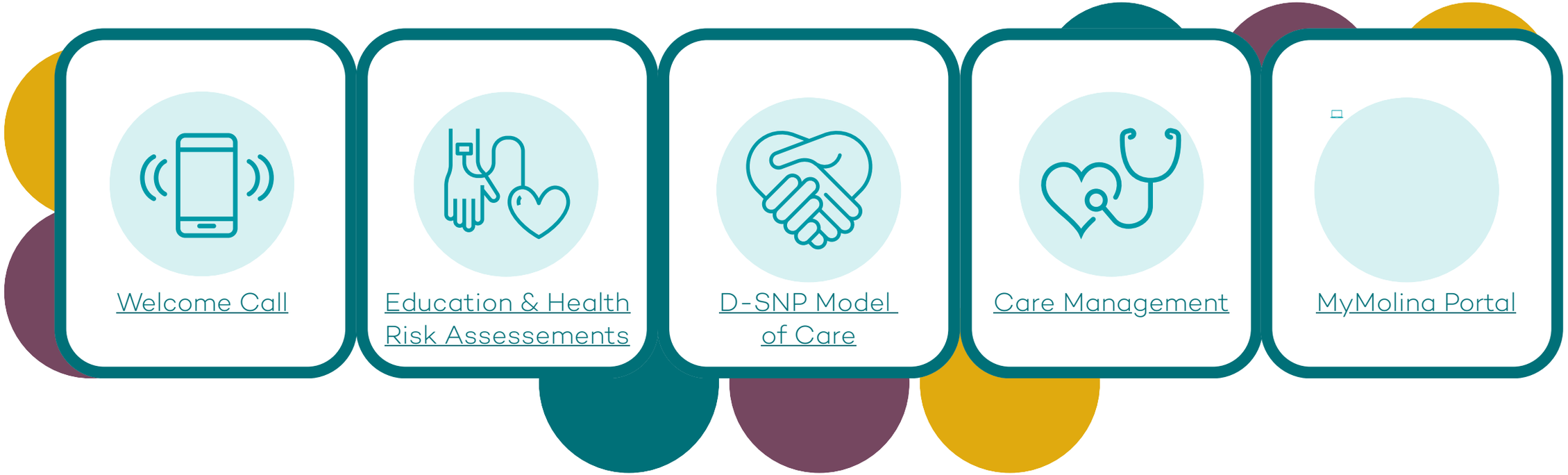
Member aquisition and retention become increasingly tied to Medicaid alignment and state strategy.

Bottom Line: *2027 is the first operational compliance year; 2030 is the major membership-retention enforcement milestone. Restrictions do NOT apply to non-Medicaid MCOs*

Sources: CMS CY2025 MA/PART D Final Rule and CMS 422.514 (h) FAQs; ICRC summary of CY2025 MAPD Final Rule

Member Journey

The Social Security Act requires each Special Needs Plan (SNP) to have a Model of Care (MOC).
The MOC outlines the SNP's structure, processes, resources, and requirements set by the Centers for Medicare and Medicaid Services (CMS) for providing coordinated care and care management to its members.



Welcome Call

The Welcome Call Scheduling Tool is available at the end of the enrollment process on the confirmation screen. It can also be accessed through Broker Market Digital Rooms and Evolve.

Learn More

Please note: the welcome call should be scheduled after the member's proposed effective date.

Member Education

The Medicare Concierge Welcome Call helps new Molina members start their coverage with confidence. During the call, members are welcomed, key information is verified, benefits and pharmacy coverage are reviewed, the Health Risk Assessment (HRA) is completed, and members are connected to helpful resources and next steps to support their care journey.

Review Primary and Secondary coverage & Discuss Medicare and Medicaid coordination.

The concerige team also helps members understand:

- Cost sharing
- Deductibles (DED)
- Low Income Subsidy (LIS)
- Late Enrollment Period (LEP)

Verify PCP Assignment & Verify specialists

The concerige team helps schedule PCP Annual Check Up

Review Benefits

The concerige will go over Dental, vision, hearing, OTC & transportation

Health Risk Assessment

Molina Healthcare is pleased to announce that Health Risk Assessments (HRAs) will be available for brokers to complete on behalf of eligible members in the following markets: **California, Michigan, Nebraska, Ohio, Texas, and Utah, New York*, Washington*.**

The Health Risk Assessment (HRA) helps Molina understand a member's health, daily needs, and what kind of support may be most helpful.

HRA answers allow Molina to tailor care and support to each member, instead of taking a one-size-fits-all approach.

Answering the HRA can help identify health risks early and may help determine eligibility for certain programs or services, if available.

Through one-on-one conversations, often with a broker's support, members feel heard, understood, and supported as they begin their Molina D-SNP coverage.

*HRA pending for Brokers

D-SNP Model of Care

There are three main purposes of the Model of Care according to CMS

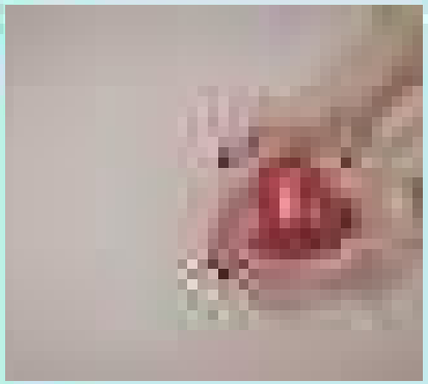
- **Framework**
  - The Model of Care provides the basic framework under which the SNP will meet the needs of each of its enrollees.
- **Quality Improvement**
  - The Model of Care is a vital quality improvement tool and integral component for ensuring the unique needs of each enrollee are identified by the SNP and addressed through the plan's care management practices.
- **Foundation**
  - The Model of Care provides the foundation for promoting SNP quality, care management, and care coordination processes. It also describes how Molina will meet the requirements CMS designates for the SNPs.

Why it matters:

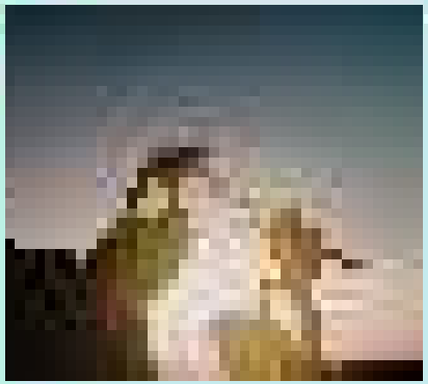
- Helps coordinate care across doctors, specialists, and support services.
- Supports members in accessing the right care and resources based on their individual needs.
- Encourages a person-centered approach, focusing on the whole member—not just their conditions.

Care Management

Helps members navigate Medicare and Medicaid through coordinated, person-centered support.



Supports integrated care across physical health, behavioral health, and long-term services.



Identifies barriers to care and provides coordination through phone, in-person, or home visits as needed.

Partners with members, providers, and brokers to support care plans, care transitions, resources, and HRAs.

Molina Member Portal

Everything you need - right in your pocket. The Molina mobile app helps you take care of your health. You can use it any time, any place!

Key features of the Molina mobile app

- **Reminders -** Get alerts about care you need and updates just for you.
- **Digital ID card -** See your member ID card or ask for a new one.
- **Find a doctor and pharmacy -** Look for doctors by type or location or in-network pharmacies. Pick or change your main doctor (PCP).
- **Virtual care and help -** Use Teladoc for virtual visits. Go to MolinaHelpFinder.com for help in your area.
- **Plan info -** Look at your plan details. See your benefits and if you are signed up.
- **Health form and language help -** Fill out your health check. Ask for an interpreter if you need one.
- **Medicine history -** See a list of your past medicines and refills.
- **Your care team -** See who is on your care team, like your doctor or care manager.
- **Care plan and claims -** See services you got approved for. Look at your claim history.
- **Drug info and cost -** Check if a medicine is covered. See how much it costs.
- **Service status -** Check if a service was approved. Download letters about it.
- **Rewards and checkups -** See what health rewards you can get. Track your screenings.

Learn more about the Molina Member Portal & MyMolina App Today.

SSBCI: What to Know

Educate
Explain what SSBCI benefits are and which types the plan may offer

Guide
Direct members to contact Member Services to request SSBCI after their effective date

Refer
Member Services connects members with state Case Managers for clinical assessment

Determine
Care Management validates qualifying diagnosis and submits authorization if approved

Your Role as Sales Agents

- Sales agents must not pre-screen or pre-qualify members for SSBCI, accept verbal statements about chronic conditions, or suggest members will likely qualify based on their statements.
- The **22 chronic conditions** include cardiovascular disorders, diabetes, cancer, chronic heart failure, dementia, and others, but specific diagnosis codes are clinical matters handled exclusively by Care Management.
- Eligibility review happens after enrollment and effective date, led by clinical teams through **clinical assessments and/ or medical claims validation**, not by Sales at the point of enrollment.

2027 SSBCI Updates

Public Transparency

Plans must publicly post SSBCI eligibility criteria online, which includes how to determine if someone is "chronically ill" and how a specific benefit is appropriate for a member.

Eligibility

CMS is reinforcing the 3-part definition of "chronically ill" - all must be met: complex chronic condition, high risk of hospitalization/adverse outcomes, and need for intensive care coordination. Eligibility also requires all plans to document processes such as claim data, HRAs, and/or provider input. Self-attestation is not allowed.

Criteria Requirement

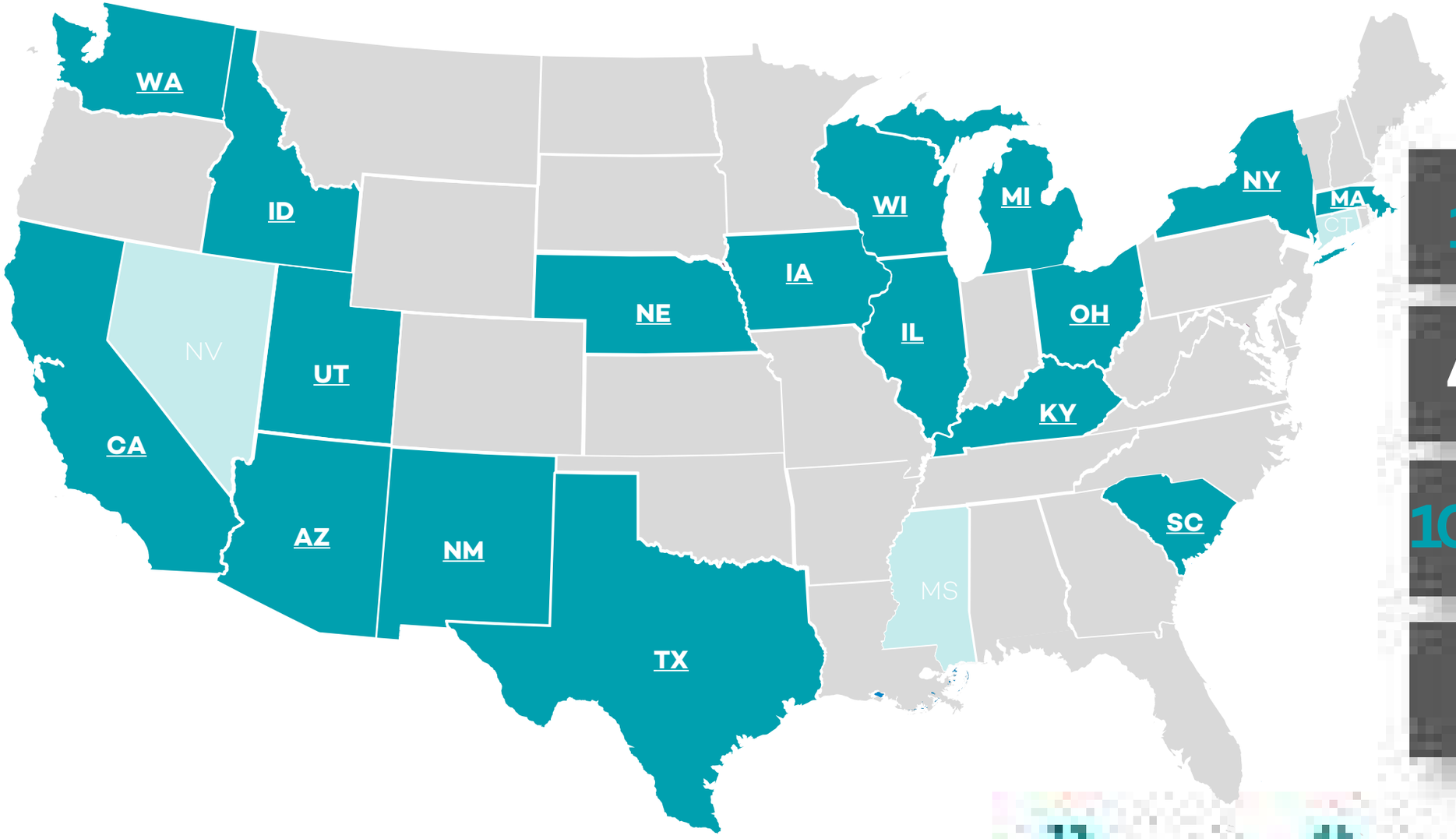
Plans must document why the member qualifies and why the benefits help. This was guidance in the past - now it's explicitly regulation.

Debit/Flex Card Rules are now codified

If plans use cards for SSBCI (food, utilities, OTC, etc.), they must:

- Enable real-time transaction controls to ensure purchases are limited to eligible items/services at the point of sale.
- Restrict card usage to approved or in-network vendors.
- Provide clear member instructions, customer support, and detailed Explanation of Benefits (EOB) reporting.

Our National Footprint



17 states with a Molina D-SNP

43 dual-eligible plans across 19 contracts

100% of the portfolio is D-SNP

3 market exits: CT, MS, NV

ARIZONA MAP

SERVICE AREA & PRODUCTS

Plans: Molina Medicare Complete Care (HMO D-SNP) H8845-001-000 (HIDE)
Service Area: Gila, Maricopa, Pinal

Eligibility

Molina Medicare Complete Care (HMO D-SNP)
H8845-001-000

Highly Integrated Dual Eligible (HIDE)

Molina must provide, either directly or through a companion Medicaid managed care plan, long-term services and supports (LTSS) or behavioral health (BH) services, as well as other Medicaid services to its dual eligible members. Other Medicaid benefits may be administered under a separate Medicaid plan, which may be Molina or another Medicaid plan. The Medicaid and Medicare service area of a HIDE D-SNP must overlap and be the same.

Medicaid Eligibility: FBDE, SLMB+, QMB+

Program	Benefit Level	Coverage Details
Full Medicaid (Full Dual)	The member qualifies for full Medicaid benefits along with Medicare.	Medicaid helps pay Medicare costs, provides Long-Term Services and Supports (LTSS), and covers additional Medicaid healthcare services. This is the highest level of assistance.
SLMB Plus	The member qualifies for SLMB and full Medicaid.	Medicaid pays the Part B premium and the member also receives full Medicaid benefits.
QMB Plus	The member qualifies for both QMB and full Medicaid.	Medicaid pays the member's Medicare Part A and Part B premiums, deductibles, copays, and coinsurance and has full medicaid benefits. Medicare providers cannot bill members for Medicare-covered cost-sharing expenses.

MyChoice Pre-Funded Debit Card

Members can access Supplemental & SSBCI benefits using **the MyChoice Card, a pre-funded debit card administered through our trusted partner, NationsBenefits.**

Funds are provided on a monthly basis and are non-refundable and do not accumulate or roll over, so members are encouraged to use their full benefit each month.

The pre-funded card allows members to easily pay for approved items and services—delivering greater convenience, flexibility, and value.

SCAN

Benefits Pro Portal
NATIONS BENEFITS

SUPPLEMENTAL OVER THE COUNTER (OTC):

•Allergy, flu and cold medicine
•Pain relievers
•Fever reducers
•First aid items
•Vitamins and supplements
•Dental and denture care products
•And more

HEALTHY FOOD ALLOWANCE (SSBCI*):

- Beverages
- Bread, grains and flour, baking and cooking mixes
- Processed cereal products
- Fruits, vegetables, nuts and seeds
- Meat, poultry and seafood
- Dairy and dairy substitutes
- Prepared and preserved food

Use the NationsBenefits Portal or app to view your benefits, shop approved products, find participating stores, check your balance, and manage transactions.

Learn More about the app and portal

Special Supplemental Benefits for the Chronically Ill (SSBCI) might be available to a member if they have any of the following conditions: chronic heart failure, cardiovascular disorders, diabetes, cancer and end-stage liver disease, and individuals who are at high risk for hospitalization or other adverse health outcomes, and require extensive care coordination. And Other eligible conditions not listed. Eligibility for this benefit cannot be guaranteed based solely on the member's condition. All applicable eligibility requirements must be met before the benefit is provided. For details, please contact Molina Member Services.

NETWORK HIGHLIGHTS

Check In-Network Providers Before Advising Members

Use Molina Provider Online Directory (POD) for a complete and current list of participating providers.

POD can confirm provider participation, specialty, and plan specific network details.

AZ Provider Directory

CALIFORNIA MAP

Plans: Molina Medicare Complete Care Plus (HMO D-SNP) H3038-004-001 (Coordination Only - EAE)

- **Service Area:** Los Angeles

Plans: Molina Medicare Complete Care Plus (HMO D-SNP) H3038-004-002 (Coordination Only- EAE)

- **Service Area:** Riverside, San Bernardino

SERVICE AREA & PRODUCTS

Plans: Molina Medicare Complete Care Plus (HMO D-SNP) H3038-004-003 (Coordination Only - EAE)

- **Service Area:** San Diego

Plans: Molina Medicare Complete Care Plus (HMO D-SNP) H3038-004-004 (Coordination Only - EAE)

- **Service Area:** Sacramento

California Update: Brand Transition

New Name. Same Trusted Care.

- **Market Exit**
  - CHP exits the Medicare Advantage market for Plan Year 2027
  - Current coverage ends December 31, 2026
  - Care and benefits continue through year-end 2026

- **Member Transition**
  - Formal non-renewal notices will follow CMS timelines
  - Members will have SEP rights for 2027 plan selection
  - Options may include the Molina D-SNP EAE (for eligible members in participating service areas), another Medicare Advantage plan, or Original Medicare with Part D coverage

- **Broker Guidance**
  - Follow all CMS marketing, SEP requirements, and applicable timelines
  - Confirm Molina plan availability by service area before discussing plan options
  - Guide members through plan selection and enrollment before year-end

New Name. Same Trusted Care.

Eligibility

MOLINA MEDICARE COMPLETE CARE PLUS (HMO D-SNP)
H3038-004-001
H3038-004-002
H3038-004-003
H3038-004-004

Full Dual Coordination Only

This type of plan limits enrollment to aid categories with Medicare Parts A & B, and Medicare cost-sharing to cover Medicare services. Medicaid benefits may be administered under a separate Medicaid plan, which may be provided by Molina (dual citizen) or another Medicaid plan.

EAE (Exclusively Aligned Enrollment): A rule that ensures the company providing your Medicare plan also operates your affiliated Medicaid managed care plan.

Medicaid Eligibility: FBDE, SLMB+, QMB+

Program	Benefit Level	Coverage Details
Full Medicaid (Full Dual)	The member qualifies for full Medicaid benefits along with Medicare.	Medicaid helps pay Medicare costs, provides Long-Term Services and Supports (LTSS), and covers additional Medicaid healthcare services. This is the highest level of assistance.
SLMB Plus	The member qualifies for SLMB and full Medicaid.	Medicaid pays the Part B premium and the member also receives full Medicaid benefits.
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Learn More

Benefits Pro Portal
NATIONS BENEFITS

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- Allergy, flu and cold medicine
- Pain relievers
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- First aid items
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- Dental and denture care products
- And more

HEALTHY FOOD ALLOWANCE (SSBCI*):
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- Bread, grains and flour, baking and cooking mixes
- Processed cereal products
- Fruits, vegetables, nuts and seeds
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NETWORK HIGHLIGHTS

CA Provider Directory

Check In-Network Providers Before Advising Members

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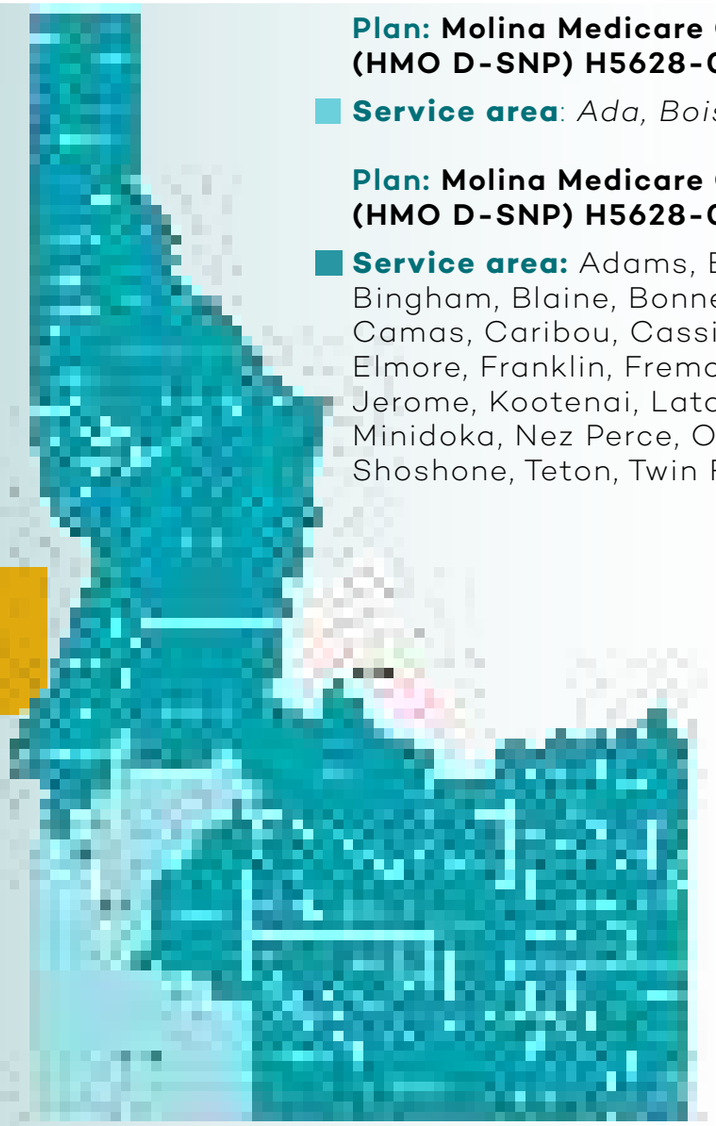
IDAHO MAP

SERVICE AREA & PRODUCTS



Plan: Molina Medicare Complete Care (HMO D-SNP) H5628-013-001 (FIDE)

Service area: *Ada, Boise, Canyon, Gem, Owyhee*

Plan: Molina Medicare Complete Care (HMO D-SNP) H5628-013-002 (FIDE)

Service area: Adams, Bannock, Bear Lake, Benewah, Bingham, Blaine, Bonner, Bonneville, Boundary, Butte, Camas, Caribou, Cassia, Clark, Clearwater, Custer, Elmore, Franklin, Fremont, Gooding, Idaho, Jefferson, Jerome, Kootenai, Latah, Lewis, Lincoln, Madison, Minidoka, Nez Perce, Oneida, Payette, Power, Shoshone, Teton, Twin Falls, Valley, Washington

Eligibility

MOLINA MEDICARE COMPLETE CARE (HMO D-SNP)
H5628-013-001
H5628-013-002

Fully Integrated Dual Eligible (FIDE)

A dually eligible individual who receives fully integrated Medicare and virtually all Medicaid benefits from Molina, including LTSS (if they qualify) and BH services under one contract. Members get all their benefits under one contract. FIDE D-SNPs must operate with exclusively aligned enrollment, i.e., the member must have both their Medicaid and Medicare with the same managed care plan (or its parent organization). The Medicaid and Medicare service area of FIDE D-SNP must overlap and be the same.

EAE (Exclusively Aligned Enrollment): A rule that ensures the company providing your Medicare plan also operates your affiliated Medicaid managed care plan.

Medicaid Eligibility: FBDE, SLMB+, QMB+

Program	Benefit Level	Coverage Details
Full Medicaid (Full Dual)	The member qualifies for full Medicaid benefits along with Medicare.	Medicaid helps pay Medicare costs, provides Long-Term Services and Supports (LTSS), and covers additional Medicaid healthcare services. This is the highest level of assistance.
QMB Plus	The member qualifies for both QMB and full Medicaid.	Medicaid pays the member's Medicare Part A and Part B premiums, deductibles, copays, and coinsurance and has full medicaid benefits. Medicare providers cannot bill members for Medicare-covered cost-sharing expenses.
SLMB Plus	The member qualifies for SLMB and full Medicaid.	Medicaid pays the Part B premium and the member also receives full Medicaid benefits.

MyChoice Pre-Funded Debit Card

Members can access Supplemental & SSBCI benefits using the **MyChoice Card, a pre-funded debit card administered through our trusted partner, NationsBenefits.**

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SCAN

Benefits Pro Portal
NATIONS BENEFITS

SUPPLEMENTAL OVER THE COUNTER (OTC):

- Allergy, flu and cold medicine
- Pain relievers
- Fever reducers
- First aid items
- Vitamins and supplements
- Dental and denture care products
- Hearing Aids
- Transportation
- And more

HEALTHY FOOD ALLOWANCE (SSBCI*):

- Beverages
- Bread, grains and flour, baking and cooking mixes
- Processed cereal products
- Fruits, vegetables, nuts and seeds
- Meat, poultry and seafood
- Dairy and dairy substitutes
- Prepared and preserved food

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Learn More about the app and portal

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NETWORK HIGHLIGHTS

ID Provider Directory

Check In-Network Providers Before Advising Members

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ILLINOIS MAP

SERVICE AREA & PRODUCTS

Plans: Molina Medicare Complete Care Plus (HMO D-SNP) H3093-002-000 (FIDE)

Service Area: Statewide

Eligibility

Fully Integrated Dual Eligible (FIDE)

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EAE (Exclusively Aligned Enrollment): A rule that ensures the company providing your Medicare plan also operates your affiliated Medicaid managed care plan.

Medicaid Eligibility: FBDE, SLMB+ QMB+

Program	Benefit Level	Coverage Details
Full Medicaid (Full Dual)	The member qualifies for full Medicaid benefits along with Medicare.	Medicaid helps pay Medicare costs, provides Long-Term Services and Supports (LTSS), and covers additional Medicaid healthcare services. This is the highest level of assistance.
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SCAN

Benefits Pro Portal
NATIONS BENEFITS

SUPPLEMENTAL OVER THE COUNTER (OTC):

- Allergy, flu and cold medicine
- Pain relievers
- Fever reducers
- First aid items
- Vitamins and supplements
- Dental and denture care products
- And more

HEALTHY FOOD ALLOWANCE (SSBCI*):

- Beverages
- Bread, grains and flour, baking and cooking mixes
- Processed cereal products
- Fruits, vegetables, nuts and seeds
- Meat, poultry and seafood
- Dairy and dairy substitutes
- Prepared and preserved food

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NETWORK HIGHLIGHTS

IL Provider Directory

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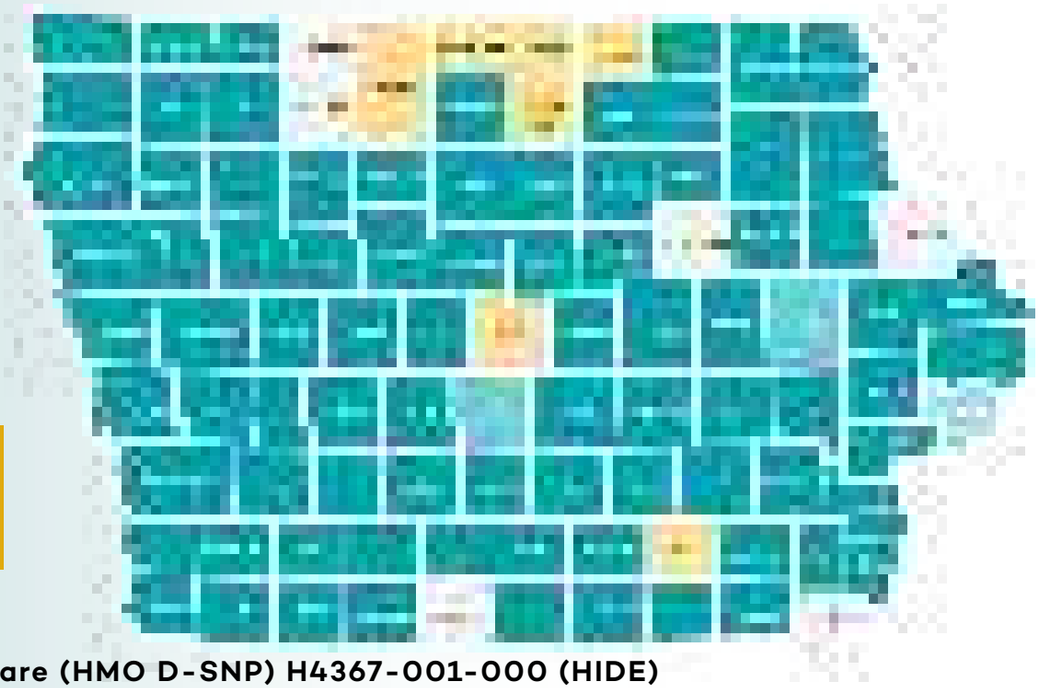
IOWA MAP



SERVICE AREA & PRODUCTS

Market Expansion

Plans: **Molina Medicare Complete Care (HMO D-SNP) H4367-001-000 (HIDE)**
Service Area: Linn, Polk, Scott

Plans: **Molina Medicare Complete Care (HMO D-SNP) H4367-002-000 (HIDE)**
Service Area: Adair, Adams, Allamakee, Appanoose, Audubon, Benton, Boone, Bremer, Buchanan, Buena Vista, Butler, Calhoun, Carroll, Cass, Cedar, Cerro Gordo, Cherokee, Chickasaw, Clarke, Clay, Clayton, Clinton, Crawford, Dallas, Davis, Delaware, Des Moines, Dickinson, Fayette, Floyd, Franklin, Fremont, Greene, Grundy, Guthrie, Hamilton, Hancock, Hardin, Harrison, Henry, Howard, Humboldt, Ida, Iowa, Jackson, Jasper, Jefferson, Johnson, Jones, Keokuk, Kossuth, Louisa, Lucas, Lyon, Madison, Mahaska, Marion, Marshall, Mills, Mitchell, Monona, Monroe, Montgomery, Muscatine, O' Brien, Osceola, Page, Plymouth, Pocahontas, Pottawattamie, Poweshiek, Ringgold, Sac, Shelby, Sioux, Story, Tama, Taylor, Union, Van Buren, Wapello, Warren, Washington, Wayne, Webster, Winnebago, Winneshiek, Woodbury, Worth, Wright

Eligibility

MOLINA MEDICARE COMPLETE CARE (HMO D-SNP)
H4367-001-000
H4367-002-000

Highly Integrated Dual Eligible (HIDE)

Molina must provide, either directly or through a companion Medicaid managed care plan, long-term services and supports (LTSS) or behavioral health (BH) services, as well as other Medicaid services to its dual eligible members. Other Medicaid benefits may be administered under a separate Medicaid plan, which may be Molina or another Medicaid plan. The Medicaid and Medicare service area of a HIDE D-SNP must overlap and be the same.

Medicaid Eligibility: FBDE, SLMB+, QMB+

Program	Benefit Level	Coverage Details
Full Medicaid (Full Dual)	The member qualifies for full Medicaid benefits along with Medicare.	Medicaid helps pay Medicare costs, provides Long-Term Services and Supports (LTSS), and covers additional Medicaid healthcare services. This is the highest level of assistance.
SLMB Plus	The member qualifies for SLMB and full Medicaid.	Medicaid pays the Part B premium and the member also receives full Medicaid benefits.
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SCAN

Benefits Pro Portal
NATIONS BENEFITS

SUPPLEMENTAL OVER THE COUNTER (OTC):

•Allergy, flu and cold medicine
•Pain relievers
•Fever reducers
•First aid items
•Vitamins and supplements
•Dental and denture care products
•And more

HEALTHY FOOD ALLOWANCE (SSBCI*):

- Beverages
- Bread, grains and flour, baking and cooking mixes
- Processed cereal products
- Fruits, vegetables, nuts and seeds
- Meat, poultry and seafood
- Dairy and dairy substitutes
- Prepared and preserved food

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NETWORK HIGHLIGHTS

IA Provider Directory

Check In-Network Providers Before Advising Members

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KENTUCKY MAP

SERVICE AREA & PRODUCTS

Plans: **Passport Advantage (HMO D-SNP) H1799-003-001 (HIDE)**
Service Area: Jefferson

Plans: **Passport Advantage (HMO D-SNP) H1799-003-002 (HIDE)**
Service Area: 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

Plans: **Passport Advantage (HMO D-SNP) H1799-003-003 (HIDE)**
Service Area: Bullitt, Hardin, Henry, Meade, Nelson, Oldham, Shelby, Spencer

Eligibility

Passport Advantage (HMO D-SNP)
H1799-003-001
H1799-003-002
H1799-003-003

Highly Integrated Dual Eligible (HIDE)

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Medicaid Eligibility: FBDE, SLMB+, QMB+

Program	Benefit Level	Coverage Details
Full Medicaid (Full Dual)	The member qualifies for full Medicaid benefits along with Medicare.	Medicaid helps pay Medicare costs, provides Long-Term Services and Supports (LTSS), and covers additional Medicaid healthcare services. This is the highest level of assistance.
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SCAN

Benefits Pro Portal
NATIONS BENEFITS

SUPPLEMENTAL OVER THE COUNTER (OTC):

- Allergy, flu and cold medicine
- Pain relievers
- Fever reducers
- First aid items
- Vitamins and supplements
- Dental and denture care products
- And more

HEALTHY FOOD ALLOWANCE (SSBCI*):

- Beverages
- Bread, grains and flour, baking and cooking mixes
- Processed cereal products
- Fruits, vegetables, nuts and seeds
- Meat, poultry and seafood
- Dairy and dairy substitutes
- Prepared and preserved food

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NETWORK HIGHLIGHTS

KY Provider Directory

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MASSACHUSETTS MAP

SERVICE AREA & PRODUCTS

Plans: **Senior Whole Health SCO (HMO D-SNP) H2224-001-000 (FIDE)**

Plans: **Senior Whole Health SCO NHC (HMO D-SNP) H2224-003-000 (FIDE)**

Plans: **Molina One Care (HMO D-SNP) H4371-001-000 (FIDE)**

Service Area: Bristol, Essex, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, Worcester

Eligibility

SENIOR WHOLE HEALTH SCO (HMO D-SNP)
H2224-001-000
H2224-003-000

MOLINA ONE CARE (HMO D-SNP)
H4371-001-000

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Medicaid Eligibility: FBDE, SLMB+, QMB+

Program	Benefit Level	Coverage Details
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Healthy You Pre-Funded Debit Card

SUPPLEMENTAL BENEFITS BELOW APPLIES SENIOR WHOLE SCO PLANS ONLY

Members can access Supplemental & SSBCI benefits using the **Healthy You Card, a pre-funded debit card administered through our trusted partner, NationsBenefits.**

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SCAN

Benefits Pro Portal
NATIONS BENEFITS

SUPPLEMENTAL OVER THE COUNTER (OTC):

- Allergy, flu and cold medicine
- Pain relievers
- Fever reducers
- First aid items
- Vitamins and supplements
- Dental and denture care products
- And more

HEALTHY FOOD ALLOWANCE (SSBCI*):

- Beverages
- Bread, grains and flour, baking and cooking mixes
- Processed cereal products
- Fruits, vegetables, nuts and seeds
- Meat, poultry and seafood
- Dairy and dairy substitutes
- Prepared and preserved food

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Learn More about the app and portal

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NETWORK HIGHLIGHTS

Check In-Network Providers Before Advising Members

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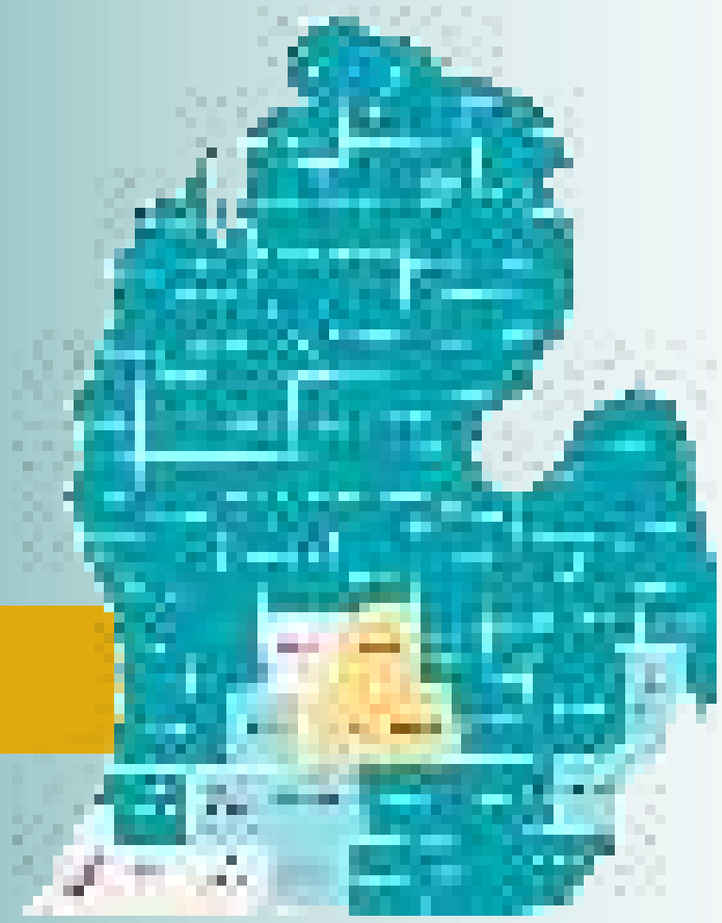
MA Provider Directory

MICHIGAN MAP

SERVICE AREA & PRODUCTS

Market Expansion



Plans: Molina Medicare Complete Care (HMO D-SNP) H5926-001-000 (Coordination Only)

Service Area: Alcona, Allegan, Alpena, Antrim, Arenac, Bay, Benzie, Charlevoix, Cheboygan, Clare, Clinton, Crawford, Eaton, Emmet, Genesee, Gladwin, Grand Traverse, Gratiot, Hillsdale, Huron, Ingham, Iosco, Isabella, Jackson, Kalkaska, Kent, Lake, Lapeer, Leelanau, Lenawee, Livingston, 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, Wexford

Plans: Molina Dual MI Coordinated Health (HMO D-SNP) H5926-008-000 (HIDE - EAE)

Service Area: Macomb, Wayne

Plans: Molina Dual MI Coordinated Health (HMO D-SNP) H5926-009-000 (HIDE - EAE)

Service Area: Barry, Branch, Calhoun, Kalamazoo, Van Buren

Eligibility

Molina Medicare Complete Care (HMO D-SNP)
H5926-001-000

Full Dual Coordination Only

This type of plan limits enrollment to aid categories with Medicare Parts A & B, and Medicare cost-sharing to cover Medicare services. Medicaid benefits may be administered under a separate Medicaid plan, which may be provided by Molina (dual citizen) or another Medicaid plan.

Medicaid Eligibility: FBDE, SLMB+, QMB+

Program	Benefit Level	Coverage Details
Full Medicaid (Full Dual)	The member qualifies for full Medicaid benefits along with Medicare.	Medicaid helps pay Medicare costs, provides Long-Term Services and Supports (LTSS), and covers additional Medicaid healthcare services. This is the highest level of assistance.
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Eligibility

MOLINA DUAL MI COORDINATED HEALTH
H5926-008-000 & H5926-009-000

Highly Integrated Dual Eligible (HIDE)

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EAE (Exclusively Aligned Enrollment): A rule that ensures the company providing your Medicare plan also operates your affiliated Medicaid managed care plan.

Medicaid Eligibility: FBDE, SLMB+, QMB+

Program	Benefit Level	Coverage Details
Full Medicaid (Full Dual)	The member qualifies for full Medicaid benefits along with Medicare.	Medicaid helps pay Medicare costs, provides Long-Term Services and Supports (LTSS), and covers additional Medicaid healthcare services. This is the highest level of assistance.
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SCAN

Benefits Pro Portal
NATIONS BENEFITS

SUPPLEMENTAL OVER THE COUNTER (OTC):

•Allergy, flu and cold medicine
•Pain relievers
•Fever reducers
•First aid items
•Vitamins and supplements
•Dental and denture care products
•And more

HEALTHY FOOD ALLOWANCE (SSBCI*):

- Beverages
- Bread, grains and flour, baking and cooking mixes
- Processed cereal products
- Fruits, vegetables, nuts and seeds
- Meat, poultry and seafood
- Dairy and dairy substitutes
- Prepared and preserved food

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NETWORK HIGHLIGHTS

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POD can confirm provider participation, specialty, and plan specific network details.

MI Provider Directory

NEBRASKA MAP

SERVICE AREA & PRODUCTS

Plans: Molina Medicare Complete Care (HMO D-SNP) H6585-001-000 (HIDE)
Service Area: Douglas, Lancaster, Lincoln,Sarpy

Plans: Molina Medicare Complete Care (HMO D-SNP) H6585-002-000 (HIDE)
Service Area: Adams, Antelope, Boone, Buffalo, Burt, Butler, Cass, Cedar, Clay, Colfax, Cuming, Custer, Dawson, Dixon, Dodge, Fillmore, Franklin, Furnas, Gage, Hall, Hamilton, Holt, Howard, Jefferson, Johnson, Kearney, Keith, Knox, Madison, Merrick, Nance, Nemaha, Nuckolls, Otoe, Pawnee, Phelps, Pierce, Platte, Polk, Richardson, Saline, Saunders, Seward, Sherman, Stanton, Thayer, Thurston, Valley, Washington, Wayne, Webster, York

Eligibility

MOLINA MEDICARE COMPLETE CARE (HMO D-SNP)
H6585-001-000
H6585-002-000

Highly Integrated Dual Eligible (HIDE)

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Medicaid Eligibility: FBDE, SLMB +, QMB+

Program	Benefit Level	Coverage Details
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SCAN

Benefits Pro Portal
NATIONS BENEFITS

SUPPLEMENTAL OVER THE COUNTER (OTC):

- Allergy, flu and cold medicine
- Pain relievers
- Fever reducers
- First aid items
- Vitamins and supplements
- Dental and denture care products
- And more

HEALTHY FOOD ALLOWANCE (SSBCI*)

- Beverages
- Bread, grains and flour, baking and cooking mixes
- Processed cereal products
- Fruits, vegetables, nuts and seeds
- Meat, poultry and seafood
- Dairy and dairy substitutes
- Prepared and preserved food

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NETWORK HIGHLIGHTS

NE Provider Directory

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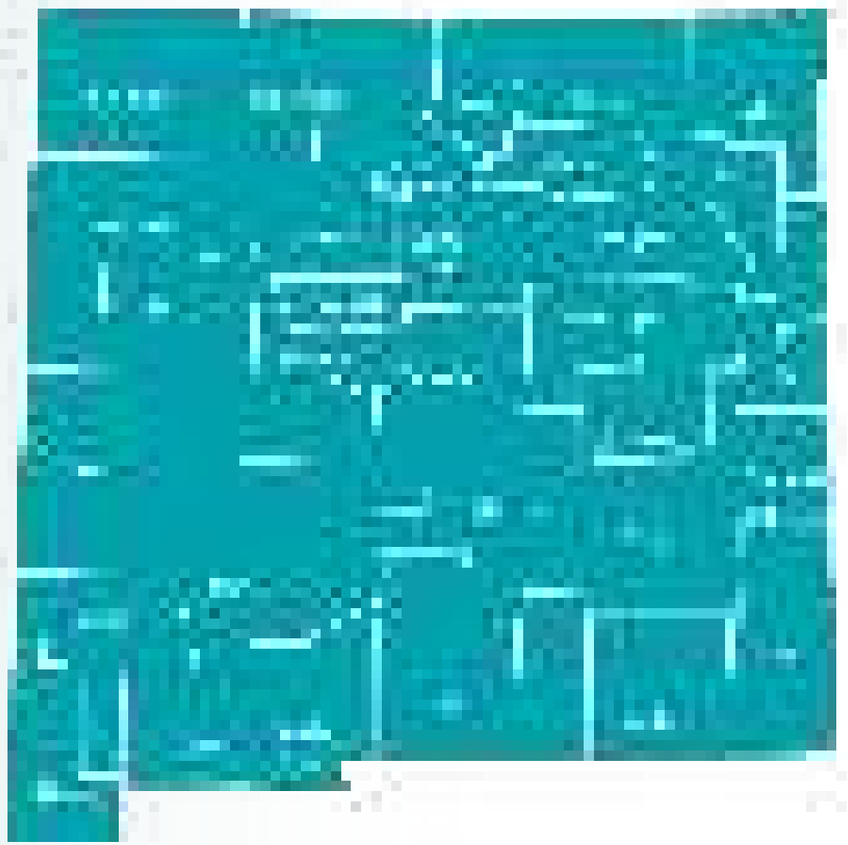
NEW MEXICO MAP

SERVICE AREA & PRODUCTS



Plans: Molina Medicare Complete Care (HMO D-SNP) H7318-001-000 (HIDE)
Service Area: Statewide

Eligibility

Highly Integrated Dual Eligible (HIDE)

Molina must provide, either directly or through a companion Medicaid managed care plan, long-term services and supports (LTSS) or behavioral health (BH) services, as well as other Medicaid services to its dual eligible members. Other Medicaid benefits may be administered under a separate Medicaid plan, which may be Molina or another Medicaid plan. The Medicaid and Medicare service area of a HIDE D-SNP must overlap and be the same.

Medicaid Eligibility: FBDE, SLMB+, QMB+

Program	Benefit Level	Coverage Details
Full Medicaid (Full Dual)	The member qualifies for full Medicaid benefits along with Medicare.	Medicaid helps pay Medicare costs, provides Long-Term Services and Supports (LTSS), and covers additional Medicaid healthcare services. This is the highest level of assistance.
SLMB Plus	The member qualifies for SLMB and full Medicaid.	Medicaid pays the Part B premium and the member also receives full Medicaid benefits.
QMB Plus	The member qualifies for both QMB and full Medicaid.	Medicaid pays the member's Medicare Part A and Part B premiums, deductibles, copays, and coinsurance and has full medicaid benefits. Medicare providers cannot bill members for Medicare-covered cost-sharing expenses.

MyChoice Pre-Funded Debit Card

Members can access Supplemental & SSBCI benefits using the **MyChoice Card, a pre-funded debit card administered through our trusted partner, NationsBenefits.**

Funds are provided on a monthly basis and are non-refundable and do not accumulate or roll over, so members are encouraged to use their full benefit each month.

The pre-funded card allows members to easily pay for approved items and services—delivering greater convenience, flexibility, and value.

SCAN

Benefits Pro Portal
NATIONS BENEFITS

SUPPLEMENTAL OVER THE COUNTER (OTC):
- Allergy, flu and cold medicine
- Pain relievers
- Fever reducers
- First aid items
- Vitamins and supplements
- Dental and denture care products
- And more

HEALTHY FOOD ALLOWANCE (SSBCI*):
- Beverages
- Bread, grains and flour, baking and cooking mixes
- Processed cereal products
- Fruits, vegetables, nuts and seeds
- Meat, poultry and seafood
- Dairy and dairy substitutes
- Prepared and preserved food

Use the NationsBenefits Portal or app to view your benefits, shop approved products, find participating stores, check your balance, and manage transactions.

Learn More about the app and portal

Special Supplemental Benefits for the Chronically Ill (SSBCI) might be available to a member if they have any of the following conditions: chronic heart failure, cardiovascular disorders, diabetes, cancer and end-stage liver disease, and individuals who are at high risk for hospitalization or other adverse health outcomes, and require extensive care coordination. And Other eligible conditions not listed. Eligibility for this benefit cannot be guaranteed based solely on the member's condition. All applicable eligibility requirements must be met before the benefit is provided. For details, please contact Molina Member Services.

NETWORK HIGHLIGHTS

NM Provider Directory

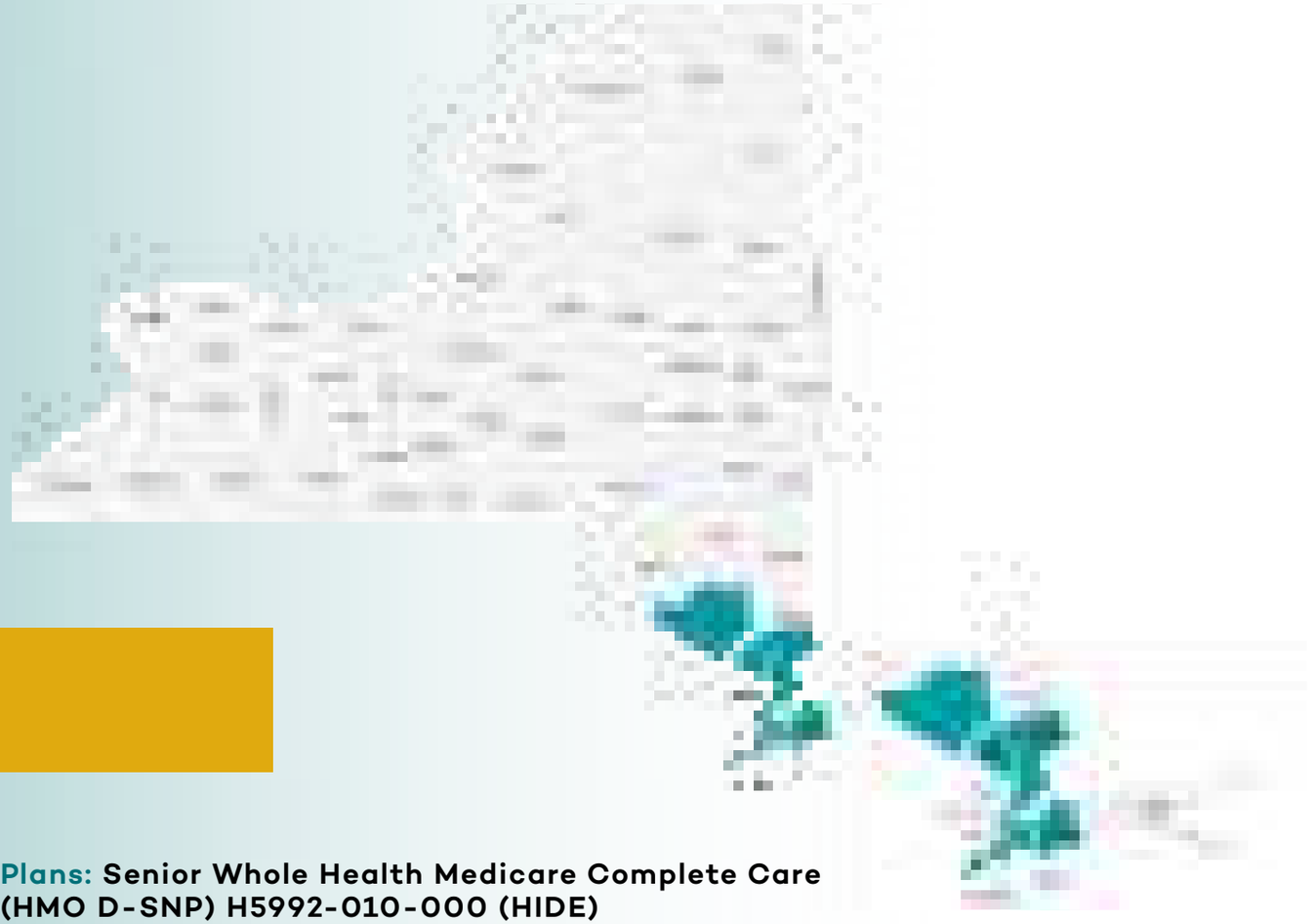
Check In-Network Providers Before Advising Members

Use Molina Provider Online Directory (POD) for a complete and current list of participating providers.

POD can confirm provider participation, specialty, and plan specific network details.

NEW YORK MAP

SERVICE AREA & PRODUCTS



Plans: **Senior Whole Health Medicare Complete Care (HMO D-SNP) H5992-010-000 (HIDE)**

Service Area: Bronx, Kings, Nassau, New York, Orange, Queens, Richmond, Rockland, Westchester

Eligibility

Highly Integrated Dual Eligible (HIDE)

Molina must provide, either directly or through a companion Medicaid managed care plan, long-term services and supports (LTSS) or behavioral health (BH) services, as well as other Medicaid services to its dual eligible members. Other Medicaid benefits may be administered under a separate Medicaid plan, which may be Molina or another Medicaid plan. The Medicaid and Medicare service area of a HIDE D-SNP must overlap and be the same.

Medicaid Eligibility: FBDE, QMB+

Program	Benefit Level	Coverage Details
Full Medicaid (Full Dual)	The member qualifies for full Medicaid benefits along with Medicare.	Medicaid helps pay Medicare costs, provides Long-Term Services and Supports (LTSS), and covers additional Medicaid healthcare services. This is the highest level of assistance.
QMB Plus	The member qualifies for both QMB and full Medicaid.	Medicaid pays the member's Medicare Part A and Part B premiums, deductibles, copays, and coinsurance and has full medicaid benefits. Medicare providers cannot bill members for Medicare-covered cost-sharing expenses.

Healthy You Pre-Funded Debit Card

Members can access Supplemental & SSBCI benefits using the **Healthy You Card, a pre-funded debit card administered through our trusted partner, NationsBenefits.**

Funds are provided on a monthly basis and are non-refundable and do not accumulate or roll over, so members are encouraged to use their full benefit each month.

The pre-funded card allows members to easily pay for approved items and services—delivering greater convenience, flexibility, and value.

SCAN

Benefits Pro Portal
NATIONS BENEFITS

SUPPLEMENTAL OVER THE COUNTER (OTC):

- Allergy, flu and cold medicine
- Pain relievers
- Fever reducers
- First aid items
- Vitamins and supplements
- Dental and denture care products
- And more

HEALTHY FOOD ALLOWANCE (SSBCI*):

- Beverages
- Bread, grains and flour, baking and cooking mixes
- Processed cereal products
- Fruits, vegetables, nuts and seeds
- Meat, poultry and seafood
- Dairy and dairy substitutes
- Prepared and preserved food

Use the NationsBenefits Portal or app to view your benefits, shop approved products, find participating stores, check your balance, and manage transactions.

Learn More about the app and portal

Special Supplemental Benefits for the Chronically Ill (SSBCI) might be available to a member if they have any of the following conditions: chronic heart failure, cardiovascular disorders, diabetes, cancer and end-stage liver disease, and individuals who are at high risk for hospitalization or other adverse health outcomes, and require extensive care coordination. And Other eligible conditions not listed. Eligibility for this benefit cannot be guaranteed based solely on the member's condition. All applicable eligibility requirements must be met before the benefit is provided. For details, please contact Molina Member Services.

NETWORK HIGHLIGHTS

Check In-Network Providers Before Advising Members

Use Molina Provider Online Directory (POD) for a complete and current list of participating providers.

POD can confirm provider participation, specialty, and plan specific network details.

NY Provider Directory

OHIO MAP

Plans: **Molina Complete Care for MyCare Ohio (HMO D-SNP) H9955-008-000 (FIDE)**

Plans: **Molina Complete Care Connect for MyCare Ohio (HMO D-SNP) H9955-009-000 (FIDE)**

Service Area: Statewide

SERVICE AREA & PRODUCTS

Eligibility

Molina Complete Care for MyCare Ohio (HMO D-SNP) H9955-008-000

Molina Complete Care Connect for MyCare Ohio (HMO D-SNP) H9955-009-000

Fully Integrated Dual Eligible (FIDE)

A dually eligible individual who receives fully integrated Medicare and virtually all Medicaid benefits from Molina, including LTSS (if they qualify) and BH services under one contract. Members get all their benefits under one contract. FIDE D-SNPs must operate with exclusively aligned enrollment, i.e., the member must have both their Medicaid and Medicare with the same managed care plan (or its parent organization). The Medicaid and Medicare service area of FIDE D-SNP must overlap and be the same.

EAE (Exclusively Aligned Enrollment): A rule that ensures the company providing your Medicare plan also operates your affiliated Medicaid managed care plan.

Medicaid Eligibility: FBDE, SLMB+, QMB+

Program	Benefit Level	Coverage Details
Full Medicaid (Full Dual)	The member qualifies for full Medicaid benefits along with Medicare.	Medicaid helps pay Medicare costs, provides Long-Term Services and Supports (LTSS), and covers additional Medicaid healthcare services. This is the highest level of assistance.
QMB Plus	The member qualifies for both QMB and full Medicaid.	Medicaid pays the member's Medicare Part A and Part B premiums, deductibles, copays, and coinsurance and has full medicaid benefits. Medicare providers cannot bill members for Medicare-covered cost-sharing expenses.
SLMB Plus	The member qualifies for SLMB and full Medicaid.	Medicaid pays the Part B premium and the member also receives full Medicaid benefits.

Complete Care Pre-Funded Debit Card

Members can access Supplemental & SSBCI benefits using the **Complete Care Card, a pre-funded debit card administered through our trusted partner, NationsBenefits**.

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SCAN

Benefits Pro Portal
NATIONS BENEFITS

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Learn More about the app and portal

SUPPLEMENTAL OVER THE COUNTER (OTC):

- Allergy, flu and cold medicine
- Pain relievers
- Fever reducers
- First aid items
- Vitamins and supplements
- Dental and denture care products
- And more

HEALTHY FOOD ALLOWANCE (SSBCI*):

- Beverages
- Bread, grains and flour, baking and cooking mixes
- Processed cereal products
- Fruits, vegetables, nuts and seeds
- Meat, poultry and seafood
- Dairy and dairy substitutes
- Prepared and preserved food

OTHER BENEFITS (SSBCI*):

- Rent Assistance - Assisted Living Facilities),
- Personal Grooming
- Transportation (Non-Medical Transportation)
- Utilities (Electricity, Natural Gas, & Water)

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NETWORK HIGHLIGHTS

OH Provider Directory

Check In-Network Providers Before Advising Members

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SOUTH CAROLINA MAP

Plans: Molina Medicare Complete Care Plus (HMO D-SNP) H8176-004-001 (HIDE - EAE)
Service Area: Abbeville, Aiken, Allendale, Anderson, Bamberg, Barnwell, Beaufort, Cherokee, Chester,Chesterfield, Clarendon, Colleton, Darlington, Dillon, Edgefield, Florence, Georgetown, Greenville, Greenwood, Hampton, Horry, Jasper, Lancaster, Laurens, Lee, McCormick, Marion, Marlboro, Newberry, Oconee, Orangeburg, Pickens, Spartanburg, Sumter, Union, Williamsburg, York

Plans: Molina Medicare Complete Care Plus (HMO D-SNP) H8176-004-002 (HIDE - EAE)
Service Area: Berkeley, Calhoun, Charleston, Dorchester, Fairfield, Kershaw, Lexington, Richland, Saluda

SERVICE AREA & PRODUCTS

Eligibility

MOLINA MEDICARE COMPLETE CARE PLUS (HMO D-SNP)
H8176-004-001
H8176-004-002

Highly Integrated Dual Eligible (HIDE)

Molina must provide, either directly or through a companion Medicaid managed care plan, long-term services and supports (LTSS) or behavioral health (BH) services, as well as other Medicaid services to its dual eligible members. Other Medicaid benefits may be administered under a separate Medicaid plan, which may be Molina or another Medicaid plan. The Medicaid and Medicare service area of a HIDE D-SNP must overlap and be the same.

EAE (Exclusively Aligned Enrollment): A rule that ensures the company providing your Medicare plan also operates your affiliated Medicaid managed care plan.

Medicaid Eligibility: FBDE, SLMB+, QMB+

Program	Benefit Level	Coverage Details
Full Medicaid (Full Dual)	The member qualifies for full Medicaid benefits along with Medicare.	Medicaid helps pay Medicare costs, provides Long-Term Services and Supports (LTSS), and covers additional Medicaid healthcare services. This is the highest level of assistance.
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MyChoice Pre-Funded Debit Card

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SCAN

Benefits Pro Portal
NATIONS BENEFITS

SUPPLEMENTAL OVER THE COUNTER (OTC):
- Allergy, flu and cold medicine
- Pain relievers
- Fever reducers
- First aid items
- Vitamins and supplements
- Dental and denture care products
- And more

HEALTHY FOOD ALLOWANCE (SSBCI*):
- Beverages
- Bread, grains and flour, baking and cooking mixes
- Processed cereal products
- Fruits, vegetables, nuts and seeds
- Meat, poultry and seafood
- Dairy and dairy substitutes
- Prepared and preserved food

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NETWORK HIGHLIGHTS

Check In-Network Providers Before Advising Members

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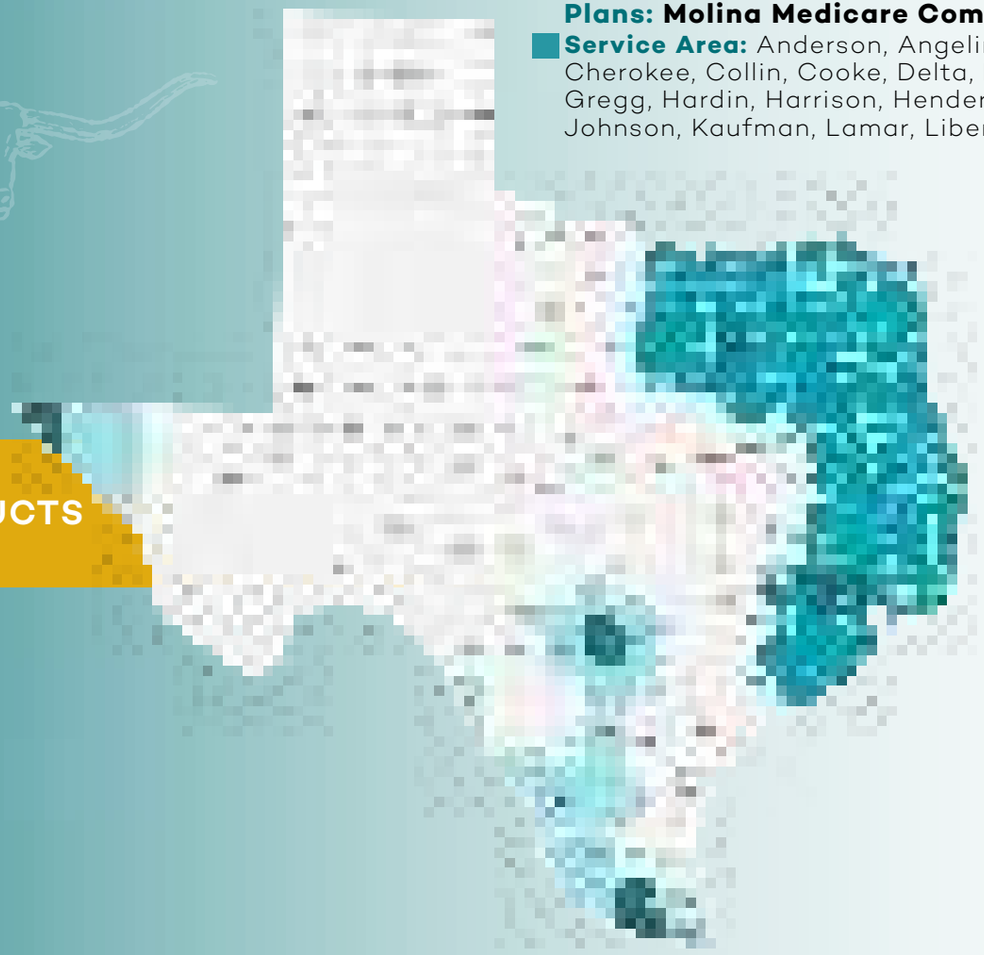
POD can confirm provider participation, specialty, and plan specific network details.

SC Provider Directory

TEXAS MAP

SERVICE AREA & PRODUCTS



Plans: **Molina Medicare Complete Care (HMO D-SNP) H7678-006-001 (HIDE)**
Service Area: Atascosa, Bandera, Cameron, Comal, Duval, Guadalupe, Hudspeth, Jim Hogg, Kendall, McMullen, Maverick, Medina, Starr, Webb, Willacy, Wilson, Zapata

Plans: **Molina Medicare Complete Care (HMO D-SNP) H7678-006-002 (HIDE)**
Service Area: Anderson, Angelina, Austin, Bowie, Brazoria, Camp, Cass, Chambers, Cherokee, Collin, Cooke, Delta, Denton, Ellis, Fannin, Fort Bend, Franklin, Galveston,Grayson, Gregg, Hardin, Harrison, Henderson, Hood, Hopkins, Houston, Hunt, Jasper, Jefferson, Johnson, Kaufman, Lamar, Liberty, Marion, Matagorda,

Montague, Montgomery, Morris, Nacogdoches, Navarro, Newton, Orange, Panola, Parker, Polk, Rains, Red River, Rockwall, Rusk, Sabine, San Augustine, San Jacinto, Shelby, Smith, Tarrant, Titus, Trinity, Tyler, Upshur, Van Zandt, Walker, Waller, Wharton, Wise, Wood

Plans: **Molina Medicare Complete Care Plus (HMO D-SNP) H6515-001-000 (FIDE)**
Service Area: Bexar

Plans: **Molina Medicare Complete Care Plus (HMO D-SNP) H6515-002-000 (FIDE)**
Service Area: Dallas

Plans: **Molina Medicare Complete Care Plus (HMO D-SNP) H6515-003-000 (FIDE)**
Service Area: El Paso

Plans: **Molina Medicare Complete Care Plus (HMO D-SNP) H6515-004-000 (FIDE)**
Service Area: Harris

Plans: **Molina Medicare Complete Care Plus (HMO D-SNP) H6515-005-000 (FIDE)**
Service Area: Hidalgo

Eligibility

Molina Medicare Complete Care Plus (HMO D-SNP)
H6515-001-000 H6515-002-000 H6515-003-000
H6515-004-000 H6515-005-000

Fully Integrated Dual Eligible (FIDE)

A dually eligible individual who receives fully integrated Medicare and virtually all Medicaid benefits from Molina, including LTSS (if they qualify) and BH services under one contract. Members get all their benefits under one contract. FIDE D-SNPs must operate with exclusively aligned enrollment, i.e., the member must have both their Medicaid and Medicare with the same managed care plan (or its parent organization). The Medicaid and Medicare service area of FIDE D-SNP must overlap and be the same.

EAE (Exclusively Aligned Enrollment): A rule that ensures the company providing your Medicare plan also operates your affiliated Medicaid managed care plan.

Medicaid Eligibility: FBDE, SLMB+, QMB+

Program	Benefit Level	Coverage Details
Full Medicaid (Full Dual)	The member qualifies for full Medicaid benefits along with Medicare.	Medicaid helps pay Medicare costs, provides Long-Term Services and Supports (LTSS), and covers additional Medicaid healthcare services. This is the highest level of assistance.
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QMB Plus	The member qualifies for both QMB and full Medicaid.	Medicaid pays the member's Medicare Part A and Part B premiums, deductibles, copays, and coinsurance and has full medicaid benefits. Medicare providers cannot bill members for Medicare-covered cost-sharing expenses.

Eligibility

MOLINA MEDICARE COMPLETE CARE (HMO D-SNP)
H7678-006-001
H7678-006-002

Highly Integrated Dual Eligible (HIDE)

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Medicaid Eligibility: FBDE, SLMB+, QMB+

Program	Benefit Level	Coverage Details
Full Medicaid (Full Dual)	The member qualifies for full Medicaid benefits along with Medicare.	Medicaid helps pay Medicare costs, provides Long-Term Services and Supports (LTSS), and covers additional Medicaid healthcare services. This is the highest level of assistance.
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MyChoice Pre-Funded Debit Card

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SUPPLEMENTAL OVER THE COUNTER (OTC):

•Allergy, flu and cold medicine
•Pain relievers
•Fever reducers
•First aid items
•Vitamins and supplements
•Dental and denture care products
•And more

HEALTHY FOOD ALLOWANCE (SSBCI*):

- Beverages
- Bread, grains and flour, baking and cooking mixes
- Processed cereal products
- Fruits, vegetables, nuts and seeds
- Meat, poultry and seafood
- Dairy and dairy substitutes
- Prepared and preserved food

SCAN

Benefits Pro Portal
NATIONS BENEFITS

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Learn More about the app and portal

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NETWORK HIGHLIGHTS

TX Provider Directory

Check In-Network Providers Before Advising Members

Use Molina Provider Online Directory (POD) for a complete and current list of participating providers.

POD can confirm provider participation, specialty, and plan specific network details.

UTAH MAP

SERVICE AREA & PRODUCTS

Plan: Molina Medicare Complete Care (HMO D-SNP) H5628-001-000 (Coordination Only)

Service area: 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

Eligibility

MOLINA MEDICARE COMPLETE CARE (HMO D-SNP)
H5628-001-000

Full Dual Coordination Only

This type of plan limits enrollment to aid categories with Medicare Parts A & B, and Medicare cost-sharing to cover Medicare services. Medicaid benefits may be administered under a separate Medicaid plan, which may be provided by Molina (dual citizen) or another Medicaid plan.

Medicaid Eligibility: FBDE, SLMB+, QMB+

Program	Benefit Level	Coverage Details
Full Medicaid (Full Dual)	The member qualifies for full Medicaid benefits along with Medicare.	Medicaid helps pay Medicare costs, provides Long-Term Services and Supports (LTSS), and covers additional Medicaid healthcare services. This is the highest level of assistance.
QMB Plus	The member qualifies for both QMB and full Medicaid.	Medicaid pays the member's Medicare Part A and Part B premiums, deductibles, copays, and coinsurance and has full medicaid benefits. Medicare providers cannot bill members for Medicare-covered cost-sharing expenses.
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SCAN

Benefits Pro Portal
NATIONS BENEFITS

SUPPLEMENTAL OVER THE COUNTER (OTC):

•Allergy, flu and cold medicine
•Pain relievers
•Fever reducers
•First aid items
•Vitamins and supplements
•Dental and denture care products
•Hearing Aids
•Transportation
•And more

HEALTHY FOOD ALLOWANCE (SSBCI*):

- Beverages
- Bread, grains and flour, baking and cooking mixes
- Processed cereal products
- Fruits, vegetables, nuts and seeds
- Meat, poultry and seafood
- Dairy and dairy substitutes
- Prepared and preserved food

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Special Supplemental Benefits for the Chronically Ill (SSBCI) might be available to a member if they have any of the following conditions: chronic heart failure, cardiovascular disorders, diabetes, cancer and end-stage liver disease, and individuals who are at high risk for hospitalization or other adverse health outcomes, and require extensive care coordination. And Other eligible conditions not listed. Eligibility for this benefit cannot be guaranteed based solely on the member's condition. All applicable eligibility requirements must be met before the benefit is provided. For details, please contact Molina Member Services.

NETWORK HIGHLIGHTS

UT Provider Directory

Check In-Network Providers Before Advising Members

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POD can confirm provider participation, specialty, and plan specific network details.

WASHINGTON MAP

SERVICE AREA & PRODUCTS

Molina Medicare Complete Care (HMO D-SNP) H5823-013-001 (HIDE)
Service area: King, Pierce, Snohomish

Molina Medicare Complete Care (HMO D-SNP)H5823-013-002 (HIDE)
Service area: Adams, Asotin, Benton, Chelan, Clallam, Clark, Columbia, Cowlitz, Douglas, Ferry, Franklin, Garfield, Grant, Grays Harbor, Island, Jefferson, Kitsap, Kittitas, Klickitat, Lewis, Lincoln, Mason, Okanogan, Pacific, Pend, Oreille, San Juan, Skagit, Skamania, Spokane, Stevens, Thurston, Wahkiakum, Walla Walla, Whatcom, Whitman, Yakima

Molina Medicare Elect (HMO D-SNP) H5823-015-000 (Coordination Only)
Service area: Statewide

Eligibility

Highly Integrated Dual Eligible (HIDE)

Molina must provide, either directly or through a companion Medicaid managed care plan, long-term services and supports (LTSS) or behavioral health (BH) services, as well as other Medicaid services to its dual eligible members. Other Medicaid benefits may be administered under a separate Medicaid plan, which may be Molina or another Medicaid plan. The Medicaid and Medicare service area of a HIDE D-SNP must overlap and be the same.

Medicaid Eligibility: FBDE, SLMB+, QMB+

Program	Benefit Level	Coverage Details
Full Medicaid (Full Dual)	The member qualifies for full Medicaid benefits along with Medicare.	Medicaid helps pay Medicare costs, provides Long-Term Services and Supports (LTSS), and covers additional Medicaid healthcare services. This is the highest level of assistance.
QMB Plus	The member qualifies for both QMB and full Medicaid.	Medicaid pays the member's Medicare Part A and Part B premiums, deductibles, copays, and coinsurance and has full medicaid benefits. Medicare providers cannot bill members for Medicare-covered cost-sharing expenses.
SLMB Plus	The member qualifies for SLMB and full Medicaid.	Medicaid pays the Part B premium and the member also receives full Medicaid benefits.

Eligibility

MOLINA MEDICARE ELECT (HMO D-SNP)*
H5823-015-000

Full Dual Coordination Only

This type of plan limits enrollment to aid categories with Medicare Parts A & B, and Medicare cost-sharing to cover Medicare services. Medicaid benefits may be administered under a separate Medicaid plan, which may be provided by Molina (dual citizen) or another Medicaid plan.

Medicaid Eligibility: SLMB,QI, QDWI, QMB

Program	Benefit Level	Coverage Details
QMB	The member qualifies for partial Medicaid benefits along with Medicare.	Medicare primary payer for covered Medicare services. Medicaid (QMB Program) pays Medicare Part A & B premiums, deductibles, copays, and coinsurance. No full Medicaid benefits.
SLMB		Medicare pays covered Medicare services and member remains responsible for Medicare cost-sharing. Medicaid (SLMB Program) pays Medicare Part B premium only.
QI		Medicare pays covered Medicare services and member remains responsible for Medicare cost-sharing. Medicaid (QI Program) pays Medicare Part B premium only. Member must requalify annually.
QDWI	The member qualifies for disabled individuals.	Medicare pays covered Medicare services. QDWI Program pays Medicare Part A premium only. Does not provide Medicaid benefits and does not qualify the member as dual eligible.

SUPPLEMENTAL BENEFITS DO NOT APPLY TO THIS PLAN.

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SCAN

Benefits Pro Portal
NATIONS BENEFITS

SUPPLEMENTAL OVER THE COUNTER (OTC):

•Allergy, flu and cold medicine
•Pain relievers
•Fever reducers
•First aid items
•Vitamins and supplements
•Dental and denture care products
•Hearing Aids
•Transportation
•And more

HEALTHY FOOD ALLOWANCE (SSBCI*):

- Beverages
- Bread, grains and flour, baking and cooking mixes
- Processed cereal products
- Fruits, vegetables, nuts and seeds
- Meat, poultry and seafood
- Dairy and dairy substitutes
- Prepared and preserved food

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NETWORK HIGHLIGHTS

WA Provider Directory

Check In-Network Providers Before Advising Members

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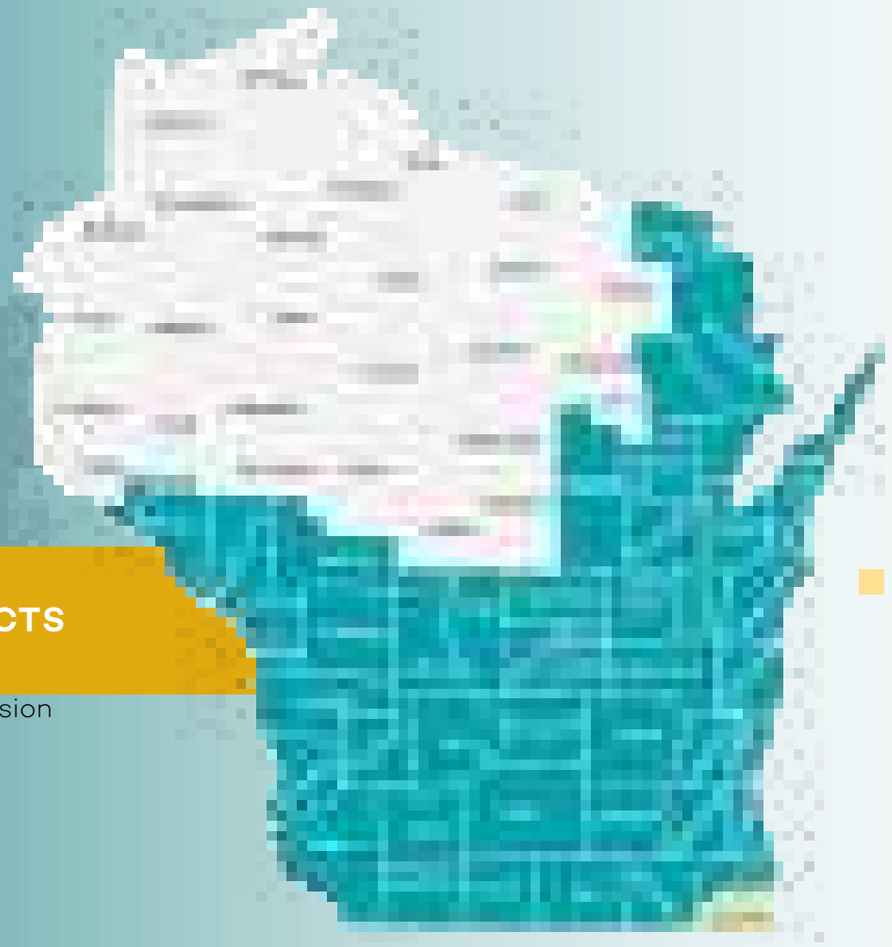
WISCONSIN MAP



SERVICE AREA & PRODUCTS

Market Expansion

Plans: Molina My Choice Dual Advantage (HMO D-SNP) H5209-006-001 (HIDE)
Service Area: Dane, Jefferson, Milwaukee, Ozaukee, Racine, Rock, Walworth, Washington, Waukesha

Plans: Molina My Choice Dual Advantage (HMO D-SNP) H5209-006-002 (HIDE)
Service Area: Adams, Brown, Buffalo, Calumet, Columbia, Crawford, Dodge, Door, Florence, Fond du Lac, Grant, Green, Green Lake, Iowa, Jackson, Juneau, Kenosha, Kewaunee, La Crosse, Lafayette, Manitowoc, Marinette, Marquette, Monroe, Oconto, Outagamie, Pepin, Richland, Sauk, Shawano, Sheboygan, Trempealeau, Vernon, Waupaca, Waushara, Winnebago

Wisconsin Update: Brand Transition

New Name. Same Trusted Care.

- **What's Changing**
  - My Choice Wisconsin plans will transition to Molina Healthcare branding
  - Updated product names, materials, and communications
- **What's Staying the Same**
  - Same benefits and coverage
  - Same provider networks
  - Same commitment to quality care
- **Broker Guidance**
  - More consistent, streamlined experience across Molina markets
  - Easier to support clients with aligned tools and processes

New Name. Same Trusted Care.

Eligibility

MOLINA MY CHOICE DUAL ADVANTAGE (HMO D-SNP)
H5209-006-001
H5209-006-002

Highly Integrated Dual Eligible (HIDE)

Molina must provide, either directly or through a companion Medicaid managed care plan, long-term services and supports (LTSS) or behavioral health (BH) services, as well as other Medicaid services to its dual eligible members. Other Medicaid benefits may be administered under a separate Medicaid plan, which may be Molina or another Medicaid plan. The Medicaid and Medicare service area of a HIDE D-SNP must overlap and be the same.

Medicaid Eligibility: FBDE, SLMB+ QMB+

Program	Benefit Level	Coverage Details
Full Medicaid (Full Dual)	The member qualifies for full Medicaid benefits along with Medicare.	Medicaid helps pay Medicare costs, provides Long-Term Services and Supports (LTSS), and covers additional Medicaid healthcare services. This is the highest level of assistance.
SLMB Plus	The member qualifies for SLMB and full Medicaid.	Medicaid pays the Part B premium and the member also receives full Medicaid benefits.
QMB Plus	The member qualifies for both QMB and full Medicaid.	Medicaid pays the member's Medicare Part A and Part B premiums, deductibles, copays, and coinsurance and has full medicaid benefits. Medicare providers cannot bill members for Medicare-covered cost-sharing expenses.

MyChoice Pre-Funded Debit Card

Members can access Supplemental & SSBCI benefits using the **MyChoice Card, a pre-funded debit card administered through our trusted partner, NationsBenefits.**

Funds are provided on a monthly basis and are non-refundable and do not accumulate or roll over, so members are encouraged to use their full benefit each month.

The pre-funded card allows members to easily pay for approved items and services—delivering greater convenience, flexibility, and value.

SCAN

Benefits Pro Portal
NATIONS BENEFITS

SUPPLEMENTAL OVER THE COUNTER (OTC):

•Allergy, flu and cold medicine
•Pain relievers
•Fever reducers
•First aid items
•Vitamins and supplements
•Dental and denture care products
•And more

HEALTHY FOOD ALLOWANCE (SSBCI*):

- Beverages
- Bread, grains and flour, baking and cooking mixes
- Processed cereal products
- Fruits, vegetables, nuts and seeds
- Meat, poultry and seafood
- Dairy and dairy substitutes
- Prepared and preserved food

Use the NationsBenefits Portal or app to view your benefits, shop approved products, find participating stores, check your balance, and manage transactions.

Learn More about the app and portal

Special Supplemental Benefits for the Chronically Ill (SSBCI) might be available to a member if they have any of the following conditions: chronic heart failure, cardiovascular disorders, diabetes, cancer and end-stage liver disease, and individuals who are at high risk for hospitalization or other adverse health outcomes, and require extensive care coordination. And Other eligible conditions not listed. Eligibility for this benefit cannot be guaranteed based solely on the member's condition. All applicable eligibility requirements must be met before the benefit is provided. For details, please contact Molina Member Services.

NETWORK HIGHLIGHTS

WI Provider Directory

Check In-Network Providers Before Advising Members

Use Molina Provider Online Directory (POD) for a complete and current list of participating providers.

POD can confirm provider participation, specialty, and plan specific network details.

Broker Tools

Broker Portal

Molina Agent Center

Molina Marketing Center

Resources & Enrollments

Broker Support Unit

Broker Portal

EVOLVE BROKER PORTAL

EvolveNXT is a centralized platform designed to support Medicare broker agents and agencies by streamlining key administrative functions, including contracting, certification, commissions, and client record management.

EVOLVE DIGITAL ROOM

The platform helps simplify day-to-day operations so brokers can focus on supporting their clients. Step-by-step guides are available to help brokers navigate EvolveNXT, including resources for onboarding and everyday use.

Guides are available for both individual agents and agencies and can be accessed through a Highspot Digital Room.

Molina Agent Center (MAC)

The Molina Agent Center is the primary site for registering for broker training events. Broker Channel Managers regularly host trainings to share updates on market trends, Molina processes, and best practices. Brokers can join an upcoming training by scanning the QR code on this slide. The MAC link is also available anytime within Broker Resources in the broker portal for easy access.

Molina Marketing Center

The YGS Molina Marketing Store is tailored to enhance Molina's marketing experience through a simple, centralized, and efficient system. It offers a wide array of marketing solutions and services, allowing users to customize materials to align with brand guidelines and personalize materials for target audiences.

Save the Date: CY2027 Pre Order Date is August 24th - 28th.

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' names, and phone numbers, and more.
- Agents using Connecture will have their PURLs loaded for QR code use.
- Watch your Molina communications for more details and availability.

Access Site

Enrollment Resources

Connecture & Sunfire

Molina now offers brokers the flexibility to enroll prospects using either the Connecture or Sunfire enrollment platforms. Brokers may choose the platform they are most comfortable with to support a smooth and efficient enrollment experience.

Both platforms are designed to support Medicare and D-SNP enrollments while meeting compliance requirements.

Step-by-step guides and resources for each platform are available through the QR code for quick reference and support.

Platform Resources

Product Resources

Highspot Market Digital Rooms

Highspot Market Digital Rooms can be accessed by scanning the QR code on this slide or by navigating to Broker Resources within your broker portal.

When opening a digital room for the first time, you will be prompted to sign in using your email. **A password is <u>not</u> required.**

After this one-time sign-in, you'll have ongoing access without needing to re-enter your email each time. **Once signed in, brokers can easily explore and return to a wide range of up-to-date sales tools, guides, and resources whenever needed.**

You need it. We have it.

Broker Support Unit

Hours of Operations
Hours: Mon.-Fri. | 6:00 AM-6:00 PM MT
(866) 440-9788

broker@molinahealthcare.com

The Molina Healthcare Medicare Broker Support Unit (BSU) is a dedicated operations team focused exclusively on supporting our sales agencies and broker partners.

The BSU is committed to providing timely access to the tools, guidance, and resources brokers need to represent Molina products accurately, compliantly, and with confidence. Our goal is to help support your success while ensuring compliance throughout the sales process.

BROKER SERVICE/CARE TEAM

- Eligibility checks
- Enrollment support
- Member access to care issues
- Product, provider and pharmacy help
- Broker Portal
- Book of business (BOB)

COMMISSIONS/CONTRACT TEAM

- Ready-to-sell status
- Contracting and certification questions
- HRAs
- Commission statements
- Licenses and appointments

Broker Enrollments	Enrollment-related questions? Send an email to **MCREnrollment@molinahealthcare.com**. Please include your National Producer Number (NPN), the enrollment confirmation number, and the proposed effective date to ensure timely and accurate assistance.
Broker Contracts	Have questions about contracting? Simply send to **MCRBrokerContracting@molinahealthcare.com**. Please include your National Producer Number (NPN) and upline information in your message.
Broker Commissions	Brokers can use the portal to review commission payments and related details. If you have questions regarding commissions, please send an email to **MCRCommissionInquiry@molinahealthcare.com.**
Care Team	**MedicareBrokerCAREteam@molinahealthcare.com**
Quality Auditor	**qualityauditorteam@molinahealthcare.com**
Sales Oversight & Compliance	**sales_oversight@molinahealthcare.com**

Thank You

As we look ahead to 2027, the work you do continues to have meaningful impact. **Every D-SNP discussion is more than a plan conversation—it's an opportunity to bring clarity, confidence, and respect to individuals navigating both Medicare and Medicaid.**

As a Molina agent, you help turn complexity into understanding. You build trust where it matters most and connect members to coverage designed to bring their care together. **Your guidance helps people feel supported, informed, and valued throughout their healthcare journey.**

Thank you for your commitment, professionalism, and compassion. **Your dedication helps strengthen communities and ensures our members feel supported—not just during enrollment, but every step of the way.**