Washington State Health Care Authority

Molina Healthcare of Washington Apple Health Medicare Connect – 2026 Supplemental Benefits

This guide shares an overview of Molina's supplemental benefits (SB) and value-added items and services (VAIS) for their Apple Health Medicare Connect, Medicare Advantage (MA) Dual Eligible Special Needs Plan (D-SNP).

Molina is one out of six Apple Health Medicare Connect (D-SNP) plan options. View the full Apple Health Medicare Connect supplemental benefits guide for links to the other plan's guides.

Use this guide to help clients choose an Apple Health Medicare Connnect MA plan that best fits their needs. Learn more about **Apple Health Medicare Connect**.

Note: This document has not been approved for sharing with clients and should only be used as a resource to assist clients in selecting a plan. Do not share this document with clients.

Legend: Medicare Advantage Contract Numbers

Contract number	Contract Name	Apple Health (Medicaid) Coverage
H5823-010-000	Molina Medicare Complete Care Select (HMO D-SNP)	Specified Low-Income Medicare Beneficiary (SLMB), Qualified Disabled and Working Individuals (QDWI), Qualifying Indvidiuals (QI)
H5823-013-001	Molina Medicare Complete Care (HMO D-SNP)	Full-Benefit Dually Eligible (FBDE), SLMB+, QMB, QMB+
H5823-013-002	Molina Medicare Complete Care (HMO D-SNP)	FBDE, SLMB+, QMB, QMB+

Molina - Supplemental benefits and value-added items and services

Supplemental benefits (SB), include benefits that address social and environmental factors including dental, vision, or other non-medical needs.

Value-added items and services (VAIS) are not covered by Medicare and are offered to clients by their Medicare Advantage (MA) health plan. Common VAIS and SB are found in the table below, visit the plans webpages for a complete list.

SB and VAIS comparison chart

Note: The products and services described are neither offered nor guaranteed under our contract with Apple Health. They are not subject to the Apple Health appeals process. Any disputes regarding these products and services may be subject to the managed care organization (MCO) grievance process.

***Special populations:** See Section 1852(a)(3)(D)(ii) of the Medicare Drug and Health Plan Contract Administration Group

Food security

Plan Name	Contract Number	Benefit Description	Elgibility Criteria
Molina Medicare Complete Care Select (HMO D-SNP)	H5823-010-000	Standard meal cycle is a 2-week menu with a total of 28 delivered meals, based on member need. Maximum of 56 meals and 4 weeks per year. Must meet criteria approved by the plan. $25 per month to purchase healthy foods and produce.**	**Chronic Conditions Eligibility required
Molina Medicare Complete Care (HMO D-SNP)	H5823-013-001	Standard meal cycle is a 2-week menu with a total of 28 delivered meals, based on member need. Maximum of 56 meals and 4 weeks per year. Must meet criteria approved by the plan. $140 per month to purchase healthy foods and produce.**	**Chronic Conditions Eligibility required
Molina Medicare Complete Care (HMO D-SNP)	H5823-013-002	Standard meal cycle is a 2-week menu with a total of 28 delivered meals, based on member need. Maximum of 56 meals and 4 weeks per year. Must meet criteria approved by the plan. $100 per month to purchase healthy foods and produce.**	**Chronic Conditions Eligibility required

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Housing support

Plan Name	Contract Number	Benefit Description	Elgibility Criteria
Molina Medicare Complete Care Select (HMO D-SNP)	H5823-010-000	N/A	N/A
Molina Medicare Complete Care (HMO D-SNP)	H5823-013-001	N/A	N/A
Molina Medicare Complete Care (HMO D-SNP)	H5823-013-002	N/A	N/A

Life transition support/kit

Plan Name	Contract Number	Benefit Description	Elgibility Criteria
Molina Medicare Complete Care Select (HMO D-SNP)	H5823-010-000	N/A	N/A
Molina Medicare Complete Care (HMO D-SNP)	H5823-013-001	N/A	N/A
Molina Medicare Complete Care (HMO D-SNP)	H5823-013-002	N/A	N/A

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Transportation

Plan Name	Contract Number	Benefit Description	Elgibility Criteria
Molina Medicare Complete Care Select (HMO D-SNP)	H5823-010-000	$39 allowance every month for Transportation Services (to any health-related location) combined with the OTC benefit allowance. Unused allowance does not carry over to the next month.	Contact the plan for details.
Molina Medicare Complete Care (HMO D-SNP)	H5823-013-001	N/A	N/A
Molina Medicare Complete Care (HMO D-SNP)	H5823-013-002	N/A	N/A

Fitness/healthy lifestyles (gym membership)

Plan Name	Contract Number	Benefit Description	Elgibility Criteria
Molina Medicare Complete Care Select (HMO D-SNP), Molina Medicare Complete Care (HMO D-SNP), Molina Medicare Complete Care (HMO D-SNP)	H5823-010-000, H5823-013-001, H5823-013-002	Members have access to contracted fitness facilities and Home Fitness Kits.	Contact the plan for details.

Senior activities/clubs

Plan Name	Contract Number	Benefit Description	Elgibility Criteria
Molina Medicare Complete Care Select (HMO D-SNP), Molina Medicare Complete Care (HMO D-SNP), Molina Medicare Complete Care (HMO D-SNP)	H5823-010-000, H5823-013-001, H5823-013-002	N/A	N/A

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Hearing benefits

Plan Name	Contract Number	Benefit Description	Elgibility Criteria
Molina Medicare Complete Care Select (HMO D-SNP), Molina Medicare Complete Care (HMO D-SNP), Molina Medicare Complete Care (HMO D-SNP)	H5823-010-000, H5823-013-001, H5823-013-002	Covers a routine hearing exam, fitting/evaluation per year and up to 2 pre-selected hearing aids every 2 years.	Contact the plan for details.

Vision benefits

Plan Name	Contract Number	Benefit Description	Elgibility Criteria
Molina Medicare Complete Care Select (HMO D-SNP)	H5823-010-000	One routine eye exam every calendar year ($0 copay). An eyewear allowance of $200 to purchase contact lenses, eyeglasses (lenses and frames), eyeglass lenses and/or frames, and upgrades.	Contact the plan for details.
Molina Medicare Complete Care (HMO D-SNP), Molina Medicare Complete Care (HMO D-SNP)	H5823-013-001, H5823-013-002	One routine eye exam every calendar year ($0 copay). An eyewear allowance of $250 to purchase contact lenses, eyeglasses (lenses and frames), eyeglass lenses and/or frames, and upgrades.	Contact the plan for details.

*__Special populations:__ See Section 1852(a)(3)(D)(ii) of the Medicare Drug and Health Plan Contract Administration Group

Dental benefits

Plan Name	Contract Number	Benefit Description	Elgibility Criteria
Molina Medicare Complete Care Select (HMO D-SNP), Molina Medicare Complete Care (HMO D-SNP), Molina Medicare Complete Care (HMO D-SNP)	H5823-010-000, H5823-013-001, H5823-013-002	$0 copay for preventive & comprehensive care. Up to $500 yearly for additional covered comprehensive dental services.	Contact the plan for details.

Pest control/clean up services

Plan Name	Contract Number	Benefit Description	Elgibility Criteria
Molina Medicare Complete Care Select (HMO D-SNP), Molina Medicare Complete Care (HMO D-SNP), Molina Medicare Complete Care (HMO D-SNP)	H5823-010-000, H5823-013-001, H5823-013-002	N/A	N/A

Over-the-counter medications

Plan Name	Contract Number	Benefit Description	Elgibility Criteria
Molina Medicare Complete Care Select (HMO D-SNP)	H5823-010-000	$39 allowance every month for over-the-counter items combined with the transportation benefit allowance. Unused allowance does not carry over to the next month.	Contact the plan for details.
Molina Medicare Complete Care (HMO D-SNP)	H5823-013-001	$40 monthly allowance for over-the-counter items.	Contact the plan for details.
Molina Medicare Complete Care (HMO D-SNP)	H5823-013-002	$30 monthly allowance for over-the-counter items.	Contact the plan for details.

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Cellular phone

Plan Name	Contract Number	Benefit Description	Elgibility Criteria
Molina Medicare Complete Care Select (HMO D-SNP), Molina Medicare Complete Care (HMO D-SNP), Molina Medicare Complete Care (HMO D-SNP)	H5823-010-000, H5823-013-001, H5823-013-002	N/A	N/A

Telehealth resources

Plan Name	Contract Number	Benefit Description	Elgibility Criteria
Molina Medicare Complete Care Select (HMO D-SNP), Molina Medicare Complete Care (HMO D-SNP), Molina Medicare Complete Care (HMO D-SNP)	H5823-010-000, H5823-013-001, H5823-013-002	24/7 Nurse line and virtual visits available to all members with $0 copay.	Contact the plan for details.

Rewards programs

Plan Name	Contract Number	Benefit Description	Elgibility Criteria
Molina Medicare Complete Care Select (HMO D-SNP), Molina Medicare Complete Care (HMO D-SNP), Molina Medicare Complete Care (HMO D-SNP)	H5823-010-000, H5823-013-001, H5823-013-002	N/A	N/A

*__Special populations:__ See Section 1852(a)(3)(D)(ii) of the Medicare Drug and Health Plan Contract Administration Group

Additional services (acupuncture, LGBTQIA+, etc.)

Plan Name	Contract Number	Benefit Description	Elgibility Criteria
Molina Medicare Complete Care Select (HMO D-SNP), Molina Medicare Complete Care (HMO D-SNP), Molina Medicare Complete Care (HMO D-SNP)	H5823-010-000, H5823-013-001, H5823-013-002	12 naturopathic visits a year. 12 individual or group nutritional/dietary sessions every year. Health education programs to help you learn to manage your health conditions. 8 smoking and tobacco use cessation counseling visits per year. Annual physical exam. Worldwide emergency and urgent care services up to $10,000.	Contact the plan for details.

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