

2026

Annual Notice of Change

**Molina Complete Care for MyCare Ohio
(HMO D-SNP)**

Ohio H9955-008-000

Effective January 1 through December 31, 2026

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Molina Complete Care for MyCare Ohio (HMO D-SNP) offered by Molina Healthcare of Ohio, Inc.

Annual Notice of Change for 2026

Introduction

You're currently enrolled as a member of our plan. Next year, there will be some changes to our benefits, coverage, rules, and costs. This *Annual Notice of Change* tells you about the changes and where to find more information about them. To get more information about costs, benefits, or rules please review the *Member Handbook*, which is located on our website at MolinaHealthcare.com/Medicare. Call Member Services at the number at the bottom of the page to get a copy by mail. Key terms and their definitions appear in alphabetical order in the last chapter of your *Member Handbook*.

Additional resources

- This document is available for free in Spanish.
- You can get this Annual Notice of Change for free in other formats, such as large print, braille, or audio. Call (855) 665-4623 (TTY: 711), Hours are October 1 - March 31: 8 a.m. to 8 p.m. local time, 7 days a week. From April 1 - September 30, Monday – Friday, 8 a.m. to 8 p.m. local time. The call is free.
- To request your preferred language other than English and/or alternate format, call Members Services at (855) 665-4623, TTY: 711, Monday – Friday, 8 a.m. – 8 p.m., local time.

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- We will maintain a record of our member's preferred language and/or format preferences, and we will keep this information as a standing request for future mailings and communications. This will ensure that our members will not have to make a separate request each time.
- To change a standing request, call Member Services at (855) 665-4623, TTY: 711, Monday – Friday, 8 a.m. – 8 p.m., local time.



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A. Disclaimers

Molina Healthcare is a C-SNP, D-SNP and HMO plan with a Medicare contract. D-SNP plans have a contract with the state Medicaid program. Enrollment depends on contract renewal.

B. Reviewing your Medicare and Medicaid coverage for next year

It's important to review your coverage now to make sure it will still meet your needs next year. If it doesn't meet your needs, you may be able to leave our plan. Refer to **Section E** for more information on changes to your benefits for next year.

New members to Molina Complete Care for MyCare Ohio (HMO D-SNP): In most instances you'll be enrolled in Molina Complete Care for MyCare Ohio (HMO D-SNP) for your Medicare benefits the 1st day of the month after you request to be enrolled in Molina Complete Care for MyCare Ohio (HMO D-SNP). You may still receive your Medicaid from your previous Medicaid health plan for one additional month. After that, you'll receive your Medicaid services through Molina Complete Care for MyCare Ohio (HMO D-SNP). There will be no gap in your Medicaid coverage. Please call us at the number at the bottom of the page if you have any questions.

If you choose to leave our plan, your Medicare membership will end on the last day of the month in which your request was made. You'll still be in the Medicare and Medicaid programs as long as you're eligible. If you choose to leave our plan to enroll in another integrated MyCare plan, your Medicare and Medicaid membership will end on the last day of the month in which your request was made. If you



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choose to leave our Medicare plan to enroll in a different Medicare plan that isn't integrated with Medicaid, you'll continue to be enrolled with us as a Medicaid-only member as long as you're eligible.

If you leave our plan, you can get information about your:

- Medicare options in the table in **Section G2**.
- Medicaid options in **Section G2**.

B1. Information about Molina Complete Care for MyCare Ohio

- Molina Complete Care for MyCare Ohio is a health plan that contracts with both Medicare and Medicaid to provide benefits of both programs to members.
- When this *Annual Notice of Change* says “we,” “us,” “our,” or “our plan,” it means Molina Complete Care for MyCare Ohio.

B2. Important things to do

- **Check if there are any changes to our benefits and costs that may affect you.**
 - Are there any changes that affect the services you use?
 - Review benefit and cost changes to make sure they'll work for you next year.
 - Refer to **Section E1** for information about benefit and cost changes for our plan.



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- **Check if there are any changes to our drug coverage that may affect you.**
 - Will your drugs be covered? Are they in a different cost-sharing tier? Can you use the same pharmacies? Will there be any changes such as prior authorization, step therapy or quantity limits?
 - Review changes to make sure our drug coverage will work for you next year.
 - Refer to **Section E2** for information about changes to our drug coverage.
 - Your drug costs may have risen since last year.
 - Talk to your doctor about lower cost alternatives that may be available for you; this may save you in annual out-of-pocket costs throughout the year.
 - Keep in mind that your plan benefits determine exactly how much your own drug costs may change.



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- **Check if your providers and pharmacies will be in our network next year.**
 - Are your doctors, including your specialists, in our network? What about your pharmacy? What about the hospitals or other providers you use?
 - Refer to **Section D** for information about our *Provider and Pharmacy Directory*.
- **Think about your overall costs in the plan.**
 - How much will you spend out-of-pocket for the services and drugs you use regularly?
 - How do the total costs compare to other coverage options?
- **Think about whether you're happy with our plan.**

If you decide to stay with Molina Complete Care for MyCare Ohio:

If you want to stay with us next year, it's easy – you don't need to do anything. If you don't make a change, you automatically stay enrolled in Molina Complete Care for MyCare Ohio.

If you decide to change plans:

If you decide other coverage will better meet your needs, you may be able to switch plans (refer to **Section G2** for more information). If you enroll in a new plan, or change to Original Medicare, your new coverage will begin on the first day of the following month.



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C. Changes to our plan name

On January 1, 2026, our plan name changes from Molina Dual Options MyCare Ohio (Medicare-Medicaid Plan) to Molina Complete Care for MyCare Ohio.

You will get a new member identification (ID) card before the end of 2025. Keep your current Molina Dual Options MyCare Ohio card and use it until December 31, 2025.

D. Changes to our network providers and pharmacies

Amounts you pay for your drugs depends on which pharmacy you use. Our plan has a network of pharmacies. In most cases, your prescriptions are covered only if they're filled at one of our network pharmacies.

Our provider and pharmacy networks have changed for 2026.

Please review the 2026 *Provider and Pharmacy Directory* to find out if your providers (primary care provider, specialists, hospitals, etc.) or pharmacy are in our network. An updated *Provider and Pharmacy Directory* is located on our website at MolinaHealthcare.com/Medicare. You may also call Member Services at the numbers at the bottom of the page for updated provider information or to ask us to mail you a *Provider and Pharmacy Directory*.

It's important that you know that we may also make changes to our network during the year. If your provider leaves our plan, you have certain rights and protections. For more information, refer to **Chapter 3**



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of your *Member Handbook* or call *Member Services* at the number at the bottom of the page for help.

E. Changes to benefits and costs for next year

E1. Changes to benefits and costs for medical services

We're changing our coverage for certain medical services and what you pay for these covered medical services next year. The table below describes these changes.

	2025 (this year)	2026 (next year)
Special Supplemental Benefits for the Chronically Ill (SSBCI)- Food and produce	This is not a covered supplemental benefit.	Members who qualify with eligible chronic conditions receive a combined \$230 every month for Food & Produce (SSBCI).
Special Supplemental Benefits for the Chronically Ill (SSBCI)- Transportation for Non-Medical Needs	This is not a covered supplemental benefit.	Members who qualify with eligible chronic conditions receive a combined \$230 allowance every month to access transportation for non-medical needs.



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	2025 (this year)	2026 (next year)
Special Supplemental Benefits for the Chronically Ill (SSBCI)- Utilities	This is not a covered supplemental benefit.	Members who qualify with eligible chronic conditions receive a combined \$230 allowance every month to assist with utility bills (electricity, natural gas and water).
Special Supplemental Benefits for the Chronically Ill (SSBCI) - Rent Assistance	This is not a covered supplemental benefit.	Members who qualify with eligible chronic conditions receive a combined \$230 allowance every month to assist with rent, available to members living in approved network of assisted living facilities. Prior authorization may be required.
Pre-funded debit card (Molina Complete Care Card)	You get \$20 every month to spend on plan-approved over-the-counter	You receive a pre-funded Molina Complete Care Card with a combined \$230



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	2025 (this year)	2026 (next year)
	(OTC) items, products, and medications with your MyChoice card.	monthly allowance for OTC items, and SSBCIs for transportation for non-medical needs, and utilities/rent. OTC items may be purchased through debit card or catalogue purchase. Additional Benefits of SSBCI may be accessed through debit card and include Food and Produce, Transportation for Non-Medical Needs, and utilities/rent. Unused allowance does not carry over to the next month.
Worldwide Emergency/Urgent Coverage (Supplemental)	This is not a covered supplemental benefit.	You pay a \$0 copay for worldwide emergency coverage, worldwide urgent coverage and



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	2025 (this year)	2026 (next year)
		worldwide emergency transportation, up to a \$10,000 benefit limit for the calendar year.
Routine Chiropractic Services (Supplemental)	You received 15 visits in each 12-month period as part of your Medicaid benefits.	This is a covered supplemental benefit. You get 12 routine chiropractic visits each year.
Additional Telehealth Benefits	You pay \$0 copayment for certain telehealth services including primary care services.	You pay \$0 copayment for certain telehealth services including Cardiac Rehabilitation Services, Primary Care Physician Services, Chiropractic Services, Occupational Therapy Services, Physician Specialist Services, Individual Sessions for Mental Health Specialty Services, Group Sessions for Mental Health



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	2025 (this year)	2026 (next year)
		Specialty Services, Podiatry Services, Other Health Care Professional, Individual Sessions for Psychiatric Services, Group Sessions for Psychiatric Services, Physical Therapy and Speech-Language Pathology Services, Opioid Treatment Program Services, Individual Sessions for Outpatient Substance Abuse, Group Sessions for Outpatient Substance Abuse.
Transportation for non-emergency services	You get 30 extra one-way trips every year through a Molina Value Added Service Benefit. You get unlimited trips if you use a	You get 104 extra one-way trips each year to plan approved locations through a Molina Value Added Service Benefit.



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	2025 (this year)	2026 (next year)
	wheelchair or if you must go more than 30 miles away to get health care. You also get unlimited trips when going to and from appointments for chemotherapy, radiation, and dialysis.	You get unlimited trips if you use a wheelchair or if you must go more than 30 miles away to get health care. You also get unlimited trips when going to and from appointments for chemotherapy, radiation, and dialysis.
Over-the-counter (OTC) items (Supplemental)	You get \$20 every month for OTC items.	You receive a Molina Complete Care Card, pre-funded with a combined \$230 monthly allowance for OTC items.
Annual Physical Exam	This is not a covered supplemental benefit.	The annual routine physical exam provides coverage for additional physical examination services that can only be rendered by a physician, nurse



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	2025 (this year)	2026 (next year)
		practitioner, or physician assistant.
Acupuncture - Routine	You get unlimited Acupuncture Treatments.	You get 12 Acupuncture Treatments each year.
Home and Bathroom Safety Devices and Modifications (Supplemental)	This is not a covered supplemental benefit.	Benefit is covered as a supplemental benefit. Non-waiver members can get up to \$1,500 for the purchase and installation of Home and Bathroom Safety Devices and Modifications every year. Prior approval from the health plan is needed for these services.
In-Home Safety Assessments (Supplemental)	This is not a covered supplemental benefit.	Benefit is covered as a supplemental benefit. You pay a \$0 copayment. Services and assessments may have limitations. See your Member

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	2025 (this year)	2026 (next year)
		Handbook for information including rules and restrictions.
Meal benefit - Chronic Meals (Supplemental)	This is not a covered supplemental benefit.	This is a covered supplemental benefit. You get 14 meals each month, for 12 months in the calendar year (168 total meals), if you have an eligible chronic condition. This service may require prior approval from the health plan.
Smoking and Tobacco Cessation (Supplemental)	You get 8 additional counseling sessions to stop smoking or tobacco use.	There are no additional counseling sessions.
Dental services	You receive both Preventive and Select Comprehensive Dental Services including Oral Exams, Cleanings, X-Rays, Restorative,	You receive up to a \$6,000 allowance each year for select comprehensive dental services such as Restorative, Endodontics,



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	2025 (this year)	2026 (next year)
	Endodontic, Periodontics, Prosthodontics, Orthodontics, and Surgery Services at no cost to you.	Prosthodontics (removeable), Oral and Maxillofacial Surgery and Adjunctive General Services through a Molina Value Added Service Benefit.
Vision care – eyeglasses and lenses	You get one complete frame and pair of lenses, just lenses or just frames or contact lenses each year.	You get a \$300 allowance each year to purchase contact lenses, eyeglass lenses, eyeglass frames, and/or upgrades such as tinting or polarization of lenses through a Molina Value Added Service Benefit.
Hearing services – hearing aid fitting	Hearing aid fitting isn't covered.	You get a hearing aid fitting each year when necessary through a Molina Value Added Service Benefit.
Hearing Aids	You receive hearing aids, batteries and	You can get 1 hearing aid for each ear (2



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	accessories once every 4 years for conventional hearing aids and once every 5 years for digital/programmable hearing aids.	combined) every two years through a Molina Value Added Service Benefit.
Medicare-covered Observation Services	Prior authorization is not required.	Prior authorization may be required.
Medicare-covered Outpatient Blood Services	Prior authorization may be required.	Prior authorization is not required.
Private duty nursing	Private duty nursing is covered.	Private duty nursing is not covered.
Alzheimer’s safety kit for door and window alerts	Safety kits are not covered.	Molina will provide a door and window alarm sensor to members to monitor the open or closed status of any entrance. Prior approval from the plan may be required.



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Caregiver Connect Program services	Caregiver services are not covered.	<p>Molina offers a Value Added Services Benefit for Community Well and Waiver members. Get a \$75 reward for the completion of a risk assessment completed by the caregiver.</p> <p>Caregivers get access to:</p> <ul style="list-style-type: none"> • 40 additional hours of respite care per calendar year from a network provider. • 8 one-way trips per calendar year to visit a member in a hospital, nursing facility, or intermediate care facility. • Care Coach program for live, telephonic, individualized coaching.



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		<ul style="list-style-type: none"> • An online learning platform for education, training, and support resources. • The Caregiver Essentials Certification program which provides on-demand, expert learning for new caregivers. • Peer support groups facilitated by clinically trained experts to connect with other caregivers. <p>Some services may require prior approval from the plan. See your Member Handbook for more information on the Caregiver Connect Program.</p>
Legal services	Benefit is not covered.	You can get up to \$500 per year of legal



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		services if you (1) want to file a petition for guardianship, or (2) need help with asset protection and financial planning to protect and maintain your home. Prior approval may be needed from the plan. This is a Value Added Service Benefit.
Member Care Grants	Benefit is not covered.	Care Coordinators have the discretion to offer Member Care Grants to meet real-time member needs like emergency housing, utilities assistance, laundry services, and groceries. Prior approval is needed from the plan. This is a Value Added Service Benefit.



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Transition assistance	Benefit is not covered.	You can get up to \$500 annually in financial help when transitioning to a community setting, including transitions from a nursing facility or transitions from a caregiver’s home to your own home. Prior approval may be needed from the plan. This is a Value Added Service Benefit.
Handheld language translator	Benefit is not covered.	You can get a handheld, digital language translator when residing in a long-term care facility. Prior approval may be needed from the plan. This is a Value Added Service Benefit.
Social Connections Program	Benefit is not covered.	You have access to the Molina Social Connections Program.



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		<p>Chat with someone any time when you're feeling lonely or need help.</p> <p>You can also get a smartphone and phone plan as a way to access services and maintain social connection, if you qualify. This is a Value Added Service Benefit.</p>
Palliative Care	Benefit is not covered.	<p>We cover palliative care if you have a qualifying chronic condition.</p> <p>See your <i>Member Handbook</i> for more information.</p>

E2. Changes to drug coverage

Changes to our *Drug List*

An updated *List of Covered Drugs* is located on our website at MolinaHealthcare.com/Medicare. You may also call Member Services



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at the numbers at the bottom of the page for updated drug information or to ask us to mail you a *List of Covered Drugs*.

The *List of Covered Drugs* is also called the *Drug List*.

We made changes to our *Drug List*, which could include removing or adding drugs, changing drugs we cover and changes to the restrictions that apply to our coverage for certain drugs or moving them to a different cost-sharing tier.

Review the *Drug List* to **make sure your drugs will be covered next year** and to find out if there are any restrictions or if your drug has been moved to a different cost-sharing tier.

Most of the changes in the *Drug List* are new for the beginning of each year. However, we might make other changes that are allowed by Medicare and/or the state that will affect you during the calendar year. We update our online *Drug List* at least monthly to provide the most up to date list of drugs. If we make a change that will affect a drug you're taking, we'll send you a notice about the change.

If you're affected by a change in drug coverage, we encourage you to:

- Work with your doctor (or other prescriber) to find a different drug that we cover.
 - You can call Member Services at the numbers at the bottom of the page or contact your care coordinator to ask for a *List of Covered Drugs* that treat the same condition.
 - This list can help your provider find a covered drug that might work for you.



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- Work with your doctor (or other prescriber) and ask us to make an exception to cover the drug.
 - You can ask for an exception before next year, and we'll give you an answer within 72 hours after we get your request (or your prescriber's supporting statement).
 - To learn what you must do to ask for an exception, refer to **Chapter 9** of your *Member Handbook* or call Member Services at the numbers at the bottom of the page.
 - If you need help asking for an exception, contact Member Services or your care coordinator. Refer to **Chapters 2 and 3** of your *Member Handbook* to learn more about how to contact your care coordinator.
- Ask us to cover a temporary supply of the drug.
 - In some situations, we cover a **temporary** supply of the drug during the first 90 days of the calendar year.
 - This temporary supply is for up to 31 days. (To learn more about when you can get a temporary supply and how to ask for one, refer to **Chapter 5** of your *Member Handbook*.)
 - When you get a temporary supply of a drug, talk with your doctor about what to do when your temporary supply runs out. You can either switch to a different drug our plan covers or ask us to make an exception for you and cover your current drug.

If your formulary exception is approved, you will be notified of how long the approval will last. In most cases, approvals are given for one



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year. You will need to request a new formulary exception once your approval expires.

Changes to drug costs

There are two payment stages for your Medicare Part D drug coverage under our plan. How much you pay depends on which stage you're in when you get a prescription filled or refilled.

These are the two stages:

Stage 1 Initial Coverage Stage	Stage 2 Catastrophic Coverage Stage
<p>During this stage, our plan pays part of the costs of your drugs, and you pay your share. Your share is called the copay.</p> <p>You begin this stage when you fill your first prescription of the year.</p>	<p>During this stage, the plan pays all of the costs of your drugs through December 31, 2026.</p> <p>You begin this stage after you pay a certain amount of out-of-pocket costs.</p>

The Initial Coverage Stage ends when your total out-of-pocket costs for drugs reaches **\$2,100**. At that point, the Catastrophic Coverage Stage begins. Our plan covers all of your drug costs from then until the end of the year. Refer to **Chapter 6** of your *Member Handbook* for more information on how much you'll pay for drugs.

Under the Manufacturer Discount Program, drug manufacturers pay a portion of our plan's full cost for covered Part D brand name drugs and biologics during the Initial Coverage Stage and the Catastrophic Coverage Stage. Discounts paid by manufacturers under the



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Manufacturer Discount program don't count toward out-of-pocket costs.

E3. Stage 1: "Initial Coverage Stage"

During the Initial Coverage Stage, our plan pays a share of the cost of your covered drugs, and you pay your share. Your share is called the copay. The copay depends on what cost-sharing tier the drug is in and where you get it. You pay a copay each time you fill a prescription. If your covered drug costs less than the copay, you pay the lower price.

We moved some of the drugs on our *Drug List* to a lower or higher drug tier. If your drugs move from tier to tier, this could affect your copay. To find out if your drugs are in a different tier, look them up in our *Drug List*.

The following table shows your costs for a one-month supply filled at a network pharmacy with standard copays in each of our six drug tiers. These amounts apply **only** during the time when you're in the Initial Coverage Stage.

Most adult Part D vaccines are covered at no cost to you.

For information about the costs of vaccines, or information about the costs go to **Chapter 6, Section D** of your *Member Handbook*.

	2025 (this year)	2026 (next year)
Drugs in Tier 1	Your copay for a one-month (31-day) supply is \$0 .	Your copay for a one-month (31-day) supply is \$0 .



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	2025 (this year)	2026 (next year)
<p>(Preferred Generic Drugs)</p> <p>Cost for a one-month supply of a drug in Tier 1 that's filled at a network pharmacy</p>		
<p>Drugs in Tier 2 (Generic Drugs)</p> <p>Cost for a one-month supply of a drug in Tier 2 that's filled at a network pharmacy</p>	<p>Your copay for a one-month (31-day) supply is \$0.</p>	<p>Your copay for a one-month (31-day) supply is \$0, \$1.60, or \$5.10 for generic drugs (including brand drugs treated as generic) \$0, \$4.90, or \$12.65 copay for all other drugs per prescription.</p>
<p>Drugs in Tier 3 (Preferred Brand Drugs)</p> <p>Cost for a one-month supply of a drug in Tier 3 that's filled at a network pharmacy</p>	<p>Your copay for a one-month (31-day) supply is \$0.</p>	<p>Your copay for a one-month (31-day) supply is \$0, \$1.60, or \$5.10 for generic drugs (including brand drugs treated as generic) \$0, \$4.90, or \$12.65 copay for all</p>



If you have questions, please call Molina Complete Care for MyCare Ohio (HMO D-SNP) at (855) 665-4623, (TTY: 711), Hours are October 1 - March 31: 8 a.m. to 8 p.m. local time, 7 days a week. From April 1 - September 30, Monday – Friday, 8 a.m. to 8 p.m. local time. The call is free. **For more information**, visit MolinaHealthcare.com/Medicare.

	2025 (this year)	2026 (next year)
		other drugs per prescription.
<p>Drugs in Tier 4 (Non-Preferred Drugs)</p> <p>Cost for a one-month supply of a drug in Tier 4 that's filled at a network pharmacy</p>	<p>Your copay for a one-month (31-day) supply is \$0.</p>	<p>Your copay for a one-month (31-day) supply is \$0, \$1.60, or \$5.10 for generic drugs (including brand drugs treated as generic) \$0, \$4.90, or \$12.65 copay for all other drugs per prescription.</p>
<p>Drugs in Tier 5 (Specialty Drugs)</p> <p>Cost for a one-month supply of a drug in Tier 5 that's filled at a network pharmacy</p>	<p>Your copay for a one-month (31-day) supply is \$0.</p>	<p>Your copay for a one-month (31-day) supply is \$0, \$1.60, or \$5.10 for generic drugs (including brand drugs treated as generic) \$0, \$4.90, or \$12.65 copay for all other drugs per prescription.</p>
<p>Drugs in Tier 6 (Select Care Drugs)</p>	<p>Your copay for a one-month (31-day) supply is \$0.</p>	<p>Your copay for a one-month (31-day) supply is \$0.</p>



If you have questions, please call Molina Complete Care for MyCare Ohio (HMO D-SNP) at (855) 665-4623, (TTY: 711), Hours are October 1 - March 31: 8 a.m. to 8 p.m. local time, 7 days a week. From April 1 - September 30, Monday – Friday, 8 a.m. to 8 p.m. local time. The call is free. **For more information**, visit MolinaHealthcare.com/Medicare.

	2025 (this year)	2026 (next year)
Cost for a one-month supply of a drug in Tier 6 that's filled at a network pharmacy		

The Initial Coverage Stage ends when your total out-of-pocket costs reach **\$2,100**. At that point the Catastrophic Coverage Stage begins. Refer to **Chapter 6** of your *Member Handbook* for more information about how much you pay for drugs.

E4. Stage 2: "Catastrophic Coverage Stage"

When you reach the out-of-pocket limit **\$2,100** for your drugs, the Catastrophic Coverage Stage begins and you pay nothing for your covered drugs. You stay in the Catastrophic Coverage Stage until the end of the calendar year.

For more information about your costs in the Catastrophic Coverage stage, refer to **Chapter 6**.

F. Administrative changes

	2025 (this year)	2026 (next year)
Your Contract/Plan Benefit Package (PBP) has changed	H5280-001-000	H9955-008-000



If you have questions, please call Molina Complete Care for MyCare Ohio (HMO D-SNP) at (855) 665-4623, (TTY: 711), Hours are October 1 - March 31: 8 a.m. to 8 p.m. local time, 7 days a week. From April 1 - September 30, Monday – Friday, 8 a.m. to 8 p.m. local time. The call is free. **For more information**, visit MolinaHealthcare.com/Medicare.

	2025 (this year)	2026 (next year)
Medicare Prescription Payment Plan	Not applicable	The Medicare Prescription Payment Plan may help you manage your drug costs by spreading them out during the year as monthly payments. To learn more about this program, please contact us at the number at the bottom of the page or visit www.medicare.gov

G. Choosing a plan

G1. Staying in our plan

We hope to keep you as a plan member. You don't have to do anything to stay in our plan. Unless you sign up for a different Medicare plan or change to Original Medicare, you'll automatically stay enrolled as a member of our plan for 2026.

G2. Changing plans

Most people with Medicare can end their membership during certain times of the year. Because you have Medicaid, you can end your membership in our plan any month of the year. Since Molina Complete



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Care for MyCare Ohio covers both Medicare and Medicaid services, your Medicaid coverage is aligned to match your selected MyCare Medicare plan. As long as you're enrolled in this MyCare plan for your Medicare benefits, your Medicaid enrollment will be with Molina Complete Care for MyCare Ohio plan as well.

In addition, you may end your membership in our plan during the following periods:

- The **Open Enrollment Period**, which lasts from October 15 to December 7. If you choose a new plan during this period, your membership in our plan ends on December 31 and your membership in the new plan starts on January 1.
- The **Medicare Advantage (MA) Open Enrollment Period**, which lasts from January 1 to March 31. If you choose a new plan during this period, your membership in the new plan starts the first day of the next month.

There may be other situations when you're eligible to make a change to your enrollment. For example, when:

- you moved out of our service area,
- your eligibility for Medicaid or Extra Help changed, **or**
- you recently moved into or are currently getting care in an institution (like a skilled nursing facility or a long-term care hospital). If you recently moved out of an institution, you can change plans or change to Original Medicare for two full months after the month you move out.

Your Medicare services



If you have questions, please call Molina Complete Care for MyCare Ohio (HMO D-SNP) at (855) 665-4623, (TTY: 711), Hours are October 1 - March 31: 8 a.m. to 8 p.m. local time, 7 days a week. From April 1 - September 30, Monday – Friday, 8 a.m. to 8 p.m. local time. The call is free. **For more information**, visit MolinaHealthcare.com/Medicare.

You have three options for getting your Medicare services listed below any month of the year. You have an additional option listed below during certain times of the year including the **Open Enrollment Period** and the **Medicare Advantage Open Enrollment Period** or other situations described in **Section G2**. By choosing one of these options, you automatically end your membership in our plan. You may also make a selection of a different integrated MyCare Ohio plan in any month of the year. This will result in your membership with us ending, and your enrollment will transfer to the MyCare plan you choose for both your Medicare and Medicaid benefits on the first of the month following when your selection is made.

1. You can change to:

Another plan that provides your Medicare and most or all of your Medicaid benefits and services in one plan, also known as an integrated dual-eligible special needs plan (D-SNP) or a Program of All-inclusive Care for the Elderly (PACE) plan, if you qualify.

Here is what to do:

Call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

For Program of All-inclusive Care for the Elderly (PACE) inquiries, call (800) 266-4346.

If you need help or more information:

- Call the Ohio Senior Health Insurance Information Program (OSHIIP) program at (800) 686-1578 or email oshiipmail@insurance.ohio.gov



If you have questions, please call Molina Complete Care for MyCare Ohio (HMO D-SNP) at (855) 665-4623, (TTY: 711), Hours are October 1 - March 31: 8 a.m. to 8 p.m. local time, 7 days a week. From April 1 - September 30, Monday – Friday, 8 a.m. to 8 p.m. local time. The call is free. **For more information**, visit MolinaHealthcare.com/Medicare.

	<p>Monday - Friday 7:30am - 5:00pm. For more information or to find a local OSHIIP office in your area, please visit www.insurance.ohio.gov/about-us/divisions/oshiip.</p> <p>OR</p> <p>Enroll in a new integrated D-SNP. You'll automatically be disenrolled from our plan when your new plan's coverage begins.</p> <p>Ohio Medicaid will automatically align your Medicaid enrollment to match your plan selection.</p>
<p>2. You can change to:</p> <p>Original Medicare with a separate Medicare drug plan</p>	<p>Here is what to do:</p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"> • Call the Ohio Senior Health Insurance Information Program (OSHIIP) program at (800) 686-1578 or email



If you have questions, please call Molina Complete Care for MyCare Ohio (HMO D-SNP) at (855) 665-4623, (TTY: 711), Hours are October 1 - March 31: 8 a.m. to 8 p.m. local time, 7 days a week. From April 1 - September 30, Monday – Friday, 8 a.m. to 8 p.m. local time. The call is free. **For more information**, visit MolinaHealthcare.com/Medicare.

	<p>oshiipmail@insurance.ohio.gov Monday - Friday 7:30am - 5:00pm. For more information or to find a local OSHIIP office in your area, please visit www.insurance.ohio.gov/about-us/divisions/oshiip.</p> <p>OR</p> <p>Enroll in a new Medicare drug plan.</p> <p>You'll automatically be disenrolled from our plan when your Original Medicare coverage begins.</p> <p>Switching to Original Medicare won't affect your Ohio Medicaid enrollment.</p>
<p>3. You can change to:</p> <p>Original Medicare without a separate Medicare drug plan</p> <p>NOTE: If you switch to Original Medicare and don't enroll in a separate Medicare prescription drug plan, Medicare may enroll you in a drug plan, unless you</p>	<p>Here is what to do:</p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none">• Call the Ohio Senior Health Insurance Information Program



If you have questions, please call Molina Complete Care for MyCare Ohio (HMO D-SNP) at (855) 665-4623, (TTY: 711), Hours are October 1 - March 31: 8 a.m. to 8 p.m. local time, 7 days a week. From April 1 - September 30, Monday – Friday, 8 a.m. to 8 p.m. local time. The call is free. **For more information**, visit MolinaHealthcare.com/Medicare.

tell Medicare you don't want to join.

You should only drop prescription drug coverage if you have drug coverage from another source, such as an employer or union. If you have questions about whether you need drug coverage, call the Ohio Senior Health Insurance Information Program (OSHIIP) at (800) 686-1578 or email oshiipmail@insurance.ohio.gov Monday - Friday 7:30am - 5:00pm. For more information or to find a local OSHIIP office in your area, please visit www.insurance.ohio.gov/about-us/divisions/oshiip.

(OSHIIP) program at (800) 686-1578 or email oshiipmail@insurance.ohio.gov Monday - Friday 7:30am - 5:00pm. For more information or to find a local OSHIIP office in your area, please visit www.insurance.ohio.gov/about-us/divisions/oshiip.

You'll automatically be disenrolled from our plan when your Original Medicare coverage begins.

Switching to Original Medicare won't affect your Ohio Medicaid enrollment.

4. You can change to:

Any Medicare health plan during certain times of the year including the **Open Enrollment Period** and the **Medicare Advantage Open Enrollment Period** or other situations described in **Section A**.

Here is what to do:

Call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

For Program of All-Inclusive Care for the Elderly (PACE) inquiries, call (800) 266-4346.



If you have questions, please call Molina Complete Care for MyCare Ohio (HMO D-SNP) at (855) 665-4623, (TTY: 711), Hours are October 1 - March 31: 8 a.m. to 8 p.m. local time, 7 days a week. From April 1 - September 30, Monday – Friday, 8 a.m. to 8 p.m. local time. The call is free. **For more information**, visit MolinaHealthcare.com/Medicare.

If you need help or more information:

- Call the Ohio Senior Health Insurance Information Program (OSHIIP) program at (800) 686-1578 or email oshiipmail@insurance.ohio.gov Monday - Friday 7:30am - 5:00pm. For more information or to find a local OSHIIP office in your area, please visit www.insurance.ohio.gov/about-us/divisions/oshiip.

OR

Enroll in a new Medicare plan.

You're automatically disenrolled from our Medicare plan when your new plan's coverage begins.

Your Medicaid won't be affected by switching Medicare plans, unless you're choosing a PACE program. If you choose PACE coverage, then your Medicaid will be covered through PACE.

Your Medicaid services



If you have questions, please call Molina Complete Care for MyCare Ohio (HMO D-SNP) at (855) 665-4623, (TTY: 711), Hours are October 1 - March 31: 8 a.m. to 8 p.m. local time, 7 days a week. From April 1 - September 30, Monday – Friday, 8 a.m. to 8 p.m. local time. The call is free. **For more information**, visit MolinaHealthcare.com/Medicare.

For questions about how to get your Medicaid services after you leave our plan, contact the Ohio Medicaid Hotline at 1-800-324-8680, Monday through Friday from 7:00 am to 8:00 pm and Saturday from 8:00 am to 5:00 pm. TTY users should call the Ohio Relay Service at 7-1-1. Ask how joining another plan or returning to Original Medicare affects how you get your Medicaid coverage.

H. Getting help

H1. Our plan

We're here to help if you have any questions. Call Member Services at the numbers at the bottom of the page during the days and hours of operation listed. These calls are toll-free.

Read your *Member Handbook*

Your *Member Handbook* is a legal, detailed description of our plan's benefits. It has details about benefits and costs for 2026. It explains your rights and the rules to follow to get services and drugs we cover.

The Member Handbook for 2026 will be available by October 15. An up-to-date copy of the *Member Handbook* is available on our website at MolinaHealthcare.com/Medicare. You may also call Member Services at the numbers at the bottom of the page to ask us to mail you a *Member Handbook* for 2026.

Our website

You can visit our website at MolinaHealthcare.com/Medicare. As a reminder, our website has the most up-to-date information about our



If you have questions, please call Molina Complete Care for MyCare Ohio (HMO D-SNP) at (855) 665-4623, (TTY: 711), Hours are October 1 - March 31: 8 a.m. to 8 p.m. local time, 7 days a week. From April 1 - September 30, Monday – Friday, 8 a.m. to 8 p.m. local time. The call is free. **For more information**, visit MolinaHealthcare.com/Medicare.

provider and pharmacy network (*Provider and Pharmacy Directory*) and our *Drug List (List of Covered Drugs)*.

H2. Ohio Senior Health Insurance Information Program (OSHIIP)

You can also call the state health insurance program (SHIP). In Ohio the SHIP is called the Ohio Senior Health Insurance Information Program (OSHIIP). OSHIIP can help you understand your plan choices and answer questions about switching plans. OSHIIP isn't connected with us or with any insurance company or health plan. OSHIIP has trained counselors in every county and services are free. OSHIIP phone number is (800) 686-1578 (TTY: 711). For more information or to find a local OSHIIP office in your area, please visit www.insurance.ohio.gov/about-us/divisions/oshiip.

H3. MyCare Ohio Ombudsperson

The Ombudsperson Program can help you if you have a problem with our plan. The ombudsperson's services are free and available in all languages. The Ombudsperson Program:

- works as an advocate on your behalf. They can answer questions if you have a problem or complaint and can help you understand what to do.
- makes sure you have information related to your rights and protections and how you can get your concerns resolved.
- isn't connected with us or with any insurance company or health plan. The phone number for the Ombudsperson Program is (614) 644-2651.



If you have questions, please call Molina Complete Care for MyCare Ohio (HMO D-SNP) at (855) 665-4623, (TTY: 711), Hours are October 1 - March 31: 8 a.m. to 8 p.m. local time, 7 days a week. From April 1 - September 30, Monday – Friday, 8 a.m. to 8 p.m. local time. The call is free. **For more information**, visit MolinaHealthcare.com/Medicare.

H4. Medicare

To get information directly from Medicare, call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

- chat live at www.Medicare.gov/talk-to-someone
- write to Medicare at PO Box 1270, Lawrence, KS 66044.

Medicare's Website

You can visit the Medicare website (www.medicare.gov). If you choose to disenroll from our plan and enroll in another Medicare plan, the Medicare website has information about costs, coverage, and quality ratings to help you compare plans.

You can find information about Medicare plans available in your area by using Medicare Plan Finder on Medicare's website. (For information about plans, refer to www.medicare.gov and click on “Find plans.”)

Medicare & You 2026

You can read the *Medicare & You 2026* handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. This handbook is also available in Spanish, Chinese, and Vietnamese.

If you don't have a copy of this booklet, you can get it at the Medicare website (www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf) or by calling 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.



If you have questions, please call Molina Complete Care for MyCare Ohio (HMO D-SNP) at (855) 665-4623, (TTY: 711), Hours are October 1 - March 31: 8 a.m. to 8 p.m. local time, 7 days a week. From April 1 - September 30, Monday – Friday, 8 a.m. to 8 p.m. local time. The call is free. **For more information**, visit MolinaHealthcare.com/Medicare.

H5. Quality Improvement Organization (QIO)

Our state has an organization called QIO. This is a group of doctors and other health care professionals who help improve the quality of care for people with Medicare. The QIO is an independent organization. It's not connected with our plan.

CALL	(888) 524-9900
TTY	TTY:711 This number is for people who have difficulty with hearing or speaking. You must have special telephone equipment to call it.
WRITE	Livanta LLC - BFCC-QIO 10820 Guilford Road, Suite 202 Annapolis Junction, MD 20701
WEBSITE	https://www.livantaqio.com/

Contact the QIO for help with:

- questions about your health care rights
- making a complaint about the care you got if you:
 - have a problem with the quality of care such as getting the wrong medication, unnecessary tests or procedures, or a misdiagnosis,
 - think your hospital stay is ending too soon, **or**



If you have questions, please call Molina Complete Care for MyCare Ohio (HMO D-SNP) at (855) 665-4623, (TTY: 711), Hours are October 1 - March 31: 8 a.m. to 8 p.m. local time, 7 days a week. From April 1 - September 30, Monday – Friday, 8 a.m. to 8 p.m. local time. The call is free. **For more information**, visit MolinaHealthcare.com/Medicare.

- think your home health care, skilled nursing facility care, or comprehensive outpatient rehabilitation facility (CORF) services are ending too soon.

H6. Medicaid

Medicaid helps with medical and long-term services and supports costs for people with limited incomes and resources.

You're enrolled in Medicare and in Medicaid. If you have questions about the help you get from Medicaid, call the Ohio Medicaid Hotline 1-800-324-8680 Customer Service: Mon-Fri 7am-8pm and Sat 8am-5pm ET.

CALL	1-800-324-8680 Monday through Friday from 7:00 am to 8:00 pm and Saturday from 8:00 am to 5:00 pm.
TTY	TTY users should call the Ohio Relay Service at 7-1-1.
WRITE	505 South High Street Columbus, Ohio 43215
WEBSITE	www.ohiomh.com/

H7. The Medicare Prescription Payment Plan

The Medicare Prescription Payment Plan is a payment option that may help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January-December) as monthly payments. This program doesn't save you money or lower your drug costs.



If you have questions, please call Molina Complete Care for MyCare Ohio (HMO D-SNP) at (855) 665-4623, (TTY: 711), Hours are October 1 - March 31: 8 a.m. to 8 p.m. local time, 7 days a week. From April 1 - September 30, Monday – Friday, 8 a.m. to 8 p.m. local time. The call is free. **For more information**, visit MolinaHealthcare.com/Medicare.

“Extra Help” from Medicare and help from your state’s pharmaceutical assistance program (SPAP) and the AIDS Drug Assistance Program (ADAP), for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan alone. All enrollees are eligible to participate in this program, regardless of income level. To learn more about this program please contact us at the phone number at the bottom of this page or visit www.medicare.gov.



If you have questions, please call Molina Complete Care for MyCare Ohio (HMO D-SNP) at (855) 665-4623, (TTY: 711), Hours are October 1 - March 31: 8 a.m. to 8 p.m. local time, 7 days a week. From April 1 - September 30, Monday – Friday, 8 a.m. to 8 p.m. local time. The call is free. **For more information**, visit MolinaHealthcare.com/Medicare.

Additional Important Healthcare and Member Resource Information

- **Electronic Notice (ELN) - How to Get Important Documents**
- **Non-Discrimination Notice (NDN) - Section 1557**
- **Notice of Availability (NOA) - Language Assistance Services**
- **Notice of Privacy Practices (NPP)**

How to Get Important Plan Documents



You are important to us! We make it easy for you to get the information you need. Go online to view important plan documents and find a network provider or pharmacy. You can also look up your prescription drugs, anytime, anywhere, from any device. Your 2026 plan documents, like your Evidence of Coverage, Formulary, and Provider/Pharmacy Directory will be available online by October 15, 2025.

Get to know your plan documents

- **Evidence of Coverage (EOC):** A guide to what's covered under your plan. It has details about your plan benefits and coverage, member rights, and more.
- **Formulary (Drug List):** A list of covered drugs under your plan.
- **Provider/Pharmacy Directory:** A list of network doctors, specialists, and pharmacies with phone numbers and addresses. You can find a network provider or pharmacy using our online directory at MolinaProviderDirectory.com/OH.
- **Notice of Privacy Practice:** This notice describes how medical information about you may be used and disclosed and how you can get access to this information. This is located on our website at MolinaHealthcare.com/Members/OH/en-us/mem/hipaa/home.aspx.

How to view or request a copy of a plan document



Online at MolinaHealthcare.com/Duals

View or download a copy of your plan documents online anytime, anywhere. Use any device, like your computer, tablet, or mobile phone. Your 2026 plan documents will be available online by October 15, 2025.



Online at MyMolina.com.

Visit our self-service member portal to view your plan documents online 24/7, or to find a network provider or pharmacy. Sign in to your My Molina Member Portal or set up an account at **MyMolina.com**. Click “Create an Account” and follow the step-by-step instructions to sign up.



Call toll-free

Let us know if you don't have computer access or if you prefer to have a printed copy of an EOC, Formulary, or Provider/Pharmacy Directory mailed to you. To request a printed copy of a plan document, call Member Services toll-free at **the number located on the back of your ID card, Monday - Friday, 8 a.m. to 8 p.m., local time.**

We're here to help

If you have questions about your benefits or need help finding a network provider or pharmacy, call Member Services toll-free **at the number located on the back of your ID card.**

**Non-Discrimination Notice
Section 1557
Molina Healthcare - Medicare**



Molina Healthcare complies with applicable Federal civil rights laws and does not discriminate on the basis of age, color, disability, national origin (including limited English proficiency), race, or sex (consistent with the scope of sex discrimination described at § 92.101(a)).

To help you effectively communicate with us, Molina Healthcare provides services free of charge and in a timely manner:

- Molina Healthcare provides reasonable modifications and appropriate aids and services to people with disabilities. This includes: (1) Qualified interpreters. (2) Information in other formats, such as large print, audio, accessible electronic formats, Braille.
- Molina Healthcare provides language services to people who speak another language or have limited English skills. This includes: (1) Qualified oral interpreters. (2) Information translated in your language.

If you need these services, contact Molina Member Services at 1-855-665-4623, TTY: 711, Hours are October 1 – March 31, 8 a.m. to 8 p.m. local time, 7 days a week. From April 1 – September 30, Monday – Friday, 8 a.m. to 8 p.m. local time.

If you believe we have discriminated on the basis of age, color, disability, national origin, race, or sex, you can file a grievance. You can file a grievance by phone, mail, email, or online. If you need help writing your grievance, we will help you. You may obtain our grievance procedure by visiting our website at [**MolinaHealthcare.com/ Members/Common/en-US/Notice-of-Nondiscrimination.aspx**](https://www.molinahealthcare.com/Members/Common/en-US/Notice-of-Nondiscrimination.aspx)

Call our Civil Rights Coordinator at 1-866-606-3889, TTY/TDD: 711 or submit your grievance to:

Civil Rights Unit

200 Oceangate

Long Beach, CA 90802

Email: Civil.Rights@MolinaHealthcare.com

Website: MolinaHealthcare.Alertline.com

You can also file a civil rights complaint (grievance) with the U.S. Department of Health and Human Services, Office for Civil Rights, online through the Office for Civil Rights Complaint Portal at: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201

Phone: 1-800-368-1019

TTY/TDD: 800-537-7697

Complaint forms are available here: [HHS.gov/sites/default/files/ocr-cr-complaint-form-package.pdf](https://www.hhs.gov/sites/default/files/ocr-cr-complaint-form-package.pdf)

Notice of Availability

We offer free interpreter and translation services to help you understand your health or drug plan. This includes help from someone who speaks your language.

We also provide free aids and services—such as sign language interpreters and written materials in alternative formats—to ensure everyone can access the information they need. To request these services, please call Member Services at (855) 665-4623 (TTY 711) Monday through Friday, 8 a.m. to 8 p.m., local time.

English

ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call (855) 665-4623 (TTY 711) or speak to your provider.

Spanish

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos para asistirle en su idioma. También dispone de ayudas y servicios auxiliares gratuitos para proporcionar información en formatos accesibles. Llame al (855) 665-4623 o hable con su proveedor.

Russian

ВНИМАНИЕ! Если вы говорите на русском, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также бесплатны. Позвоните по номеру (855) 665-4623 (TTY: 711) или обратитесь к своему поставщику услуг.

Haitian Creole

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd aladispozisyon w gratis pou lang ou pale a. Èd ak sèvis siplemantè apwopriye pou bay enfòmasyon nan fòm aksèsib yo disponib gratis tou. Rele nimewo (855) 665-4623 (TTY 711) oswa pale ak pwofesyonèl swen sante ou a.

Arabic

تنبيه: إذا كنت تتحدث العربية، فسوف تكون خدمات المساعدة اللغوية متاحة لك مجانًا. كما تتوفر أدوات مساعدة وخدمات إضافية مناسبة لتوفير المعلومات بصيغ يمكن الوصول إليها من دون أية تكلفة. اتصل بـ (855) 665-4623 (TTY 711) أو تحدث إلى مقدم الخدمات.

French

ATTENTION : Si vous parlez français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés sont également mis à votre disposition gratuitement pour vous fournir les informations dans des formats accessibles. Appelez le (855) 665-4623 (TTY : 711) ou adressez-vous à votre prestataire.

Vietnamese

LƯU Ý: Nếu quý vị nói tiếng Việt, chúng tôi có sẵn các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho quý vị. Ngoài ra, chúng tôi còn có các dịch vụ và phương tiện hỗ trợ khác phù hợp, hoàn toàn miễn phí để cung cấp thông tin theo các định dạng dễ sử dụng. Vui lòng gọi đến số (855) 665-4623 (TTY 711) hoặc trao đổi với nhà cung cấp dịch vụ của quý vị.

Somali

Haddii aad ku hadasho Soomaali, adeegyada caawimaada luuqada oo bilaash ah ayaad heli kartaa. Agabka kaalmaatiga oo sax ah iyo adeegyada xogta ku bixiya qaab la heli karo ayaa sidoo kale lagu heli karaa lacag la'aan. Wac (855) 665-4623 (TTY 711) ama la hadal dhakhtarkaaga.

Ukrainian

УВАГА! Якщо ви розмовляєте українською мовою, вам доступні безкоштовні мовні послуги. Відповідні допоміжні засоби й послуги з надання інформації в доступних форматах також пропонуються безкоштовно. Зателефонуйте на номер (855) 665-4623 (TTY: 711) або зверніться до свого постачальника послуг.

Swahili

KUMBUKA: Ikiwa wewe huzungumza Kiswahili, msaada na huduma za lugha bila malipo unapatikana kwako. Vifaa vya usaidizi vinavyofaa na huduma bila malipo ili kutoa taarifa katika mifumo inayofikiwa zinapatikana pia bila malipo. Piga simu ukitumia (855) 665-4623 (TTY 711) au zungumza na mtoa huduma wako.

Dari

توجه: اگر شما به زبان دری صحبت م یکنید، خدمات کمک زبانی رایگان در دسترس شما قرار دارد. کمک ها و خدمات کمکی مناسب برای فراهم ساختن معلومات در فارمت های قابل دسترس همچنان بصورت رایگان موجود است. با (855) 665-4623 (TTY 711) تماس بگیرید یا با فراهم کننده خود صحبت کنید.

Pashto

پاملرنه: که تاسو په پښتو ژبه باندې خبرې کوئ، نو د ژبې وړیا مرستې خدمات ستاسو لپاره شتون لري. مناسب مرستندویه مرستې او خدمات چې د لاسرسي وړ بڼو کې معلومات چمتو کوي هم وړیا شتون لري. (855) 665-4623 (TTY 711) ته زنگ ووهئ یا له خپل چمتو کونکي سره خبرې وکړئ .

Kinyarwanda

ICYOTONDERWA: Niba uvuga Ikinyarwanda, serivisi z'ubufasha mu ndimi wazihabwa. Serivisi n'inyunganirakumva zitangwa mu buryo bwose zitangwa ku buntu. Hamaraga (855) 665-4623 (TTY 711) cyangwa uvugane n'uguha serivisi.

Tigrinya

አቋልቦ፤ ትግርኛ ትዛረቡ እንተኾይንኩም፣ ናይ ቋንቋ ሓገዝ አገልግሎት ብናጻ ይርከብ። ብተበጻሒ ቅርጺ ሓበሬታ ንምቕራብ ዘድሊ ሓገዝቲ ሓገዛትን አገልግሎታትን እውን ብናጻ ይርከብ። ናብ (855) 665-4623 (TTY 711) ደውሉ ወይ ምስ ወሃቢ አገልግሎትኩም ተዘራረቡ።

Uzbek

DIQQAT: Agar o'zbek tilida gaplashsangiz, sizga bepul til yordami xizmatlari taqdim etiladi. Ma'lumotlarni qulay formatlarda taqdim etish uchun kerakli yordamchi vositalar va xizmatlar ham bepul taqdim etiladi. (855) 665-4623 (TTY 711) raqamiga qo'ng'iroq qiling yoki o'z davolovchi shifokoringizga murojaat eting.

Nepali

सावधान: तपाईं अङ्ग्रेजी बोल्नुहुन्छ भने, निःशुल्क भाषा सहायता सेवाहरू तपाईंका लागि उपलब्ध छन्। उपयुक्त सहायक उपकरण र सेवाहरू पनि जानकारी प्रदान गर्न पहुँचयोग्य ढाँचामा निःशुल्क उपलब्ध छन्।
(855) 665-4623 (TTY 711) मा कल गर्नुहोस् वा आफ्नो प्रदायकसँग कुरा गर्नुहोस्।

NOTICE OF PRIVACY PRACTICES MOLINA HEALTHCARE OF OHIO



THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Molina Healthcare of Ohio, Inc., (“Molina Healthcare”, “Molina”, “we” or “our”) uses and shares protected health information about you to provide your health benefits. We use and share your information to carry out treatment, payment and health care operations. We also use and share your information for other reasons as allowed and required by law. We have the duty to keep your health information private and to follow the terms of this Notice. The effective date of this Notice is January 1, 2026.

PHI means protected health information. PHI is health information that includes your name, Member number or other identifiers, and is used or shared by Molina. PHI includes health information about substance use disorders and biometric information (like a voiceprint).

Why does Molina use or share your PHI?

We use or share your PHI to provide you with health care benefits. Your PHI is used or shared for treatment, payment, and health care operations.

For Treatment

Molina may use or share your PHI to give you, or arrange for, your medical care. This treatment also includes referrals between your doctors or other health care providers. For example, we may share information about your health condition with a specialist. This helps the specialist talk about your treatment with your doctor.

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For Payment

Molina may use or share PHI to make decisions on payment. This may include claims, approvals for treatment, and decisions about medical need. Your name, your condition, your treatment, and supplies given may be written on the bill. For example, we may let a doctor know that you have our benefits. We would also tell the doctor the amount of the bill that we would pay.

For Health Care Operations

Molina may use or share PHI about you to run our health plan(s). For example, we may use information from your claim to let you know about a health program that could help you. We may also use or share your PHI to solve member concerns. Your PHI may also be used to see that claims are paid right.

Health care operations involve many daily business needs. It includes but is not limited to, the following:

- Improving quality;
- Actions in health programs to help members with certain conditions (such as asthma);
- Conducting or arranging for medical review;
- Legal services, including fraud and abuse detection and prosecution programs;
- Actions to help us obey laws;
- Addressing member needs, including solving complaints and grievances.

We will share your PHI with other companies (“**business associates**”) that perform different kinds of activities for our health plan(s). We may also use your PHI to give you reminders about your appointments.

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We may use your PHI to give you information about other treatment(s), or other health-related benefits and services.

When can we use or share your PHI without getting written authorization (approval) from you?

In addition to treatment, payment and health care operations, the law allows or requires Molina to use and share your PHI for several other purposes including the following:

Required by law

We will use or share information about you as required by law. We will share your PHI when required by the Secretary of the Department of Health and Human Services (HHS). This may be for a court case, other legal review, or when required for law enforcement purposes.

Public Health

Your PHI may be used or shared for public health activities. This may include helping public health agencies to prevent or control disease.

Health Care Oversight

Your PHI may be used or shared with government agencies. They may need your PHI for audits.

Research

Your PHI may be used or shared for research in certain cases, such as when approved by a privacy or institutional review board.

Legal or Administrative Proceedings

Your PHI may be used or shared for legal proceedings, such as in response to a court order.

Law Enforcement

Your PHI may be used or shared with police for law enforcement purposes, such as to help find a suspect, witness or missing person.

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Health and Safety

Your PHI may be shared to prevent a serious threat to public health or safety.

Government Functions

Your PHI may be shared with the government for special functions.

Victims of Abuse, Neglect or Domestic Violence

Your PHI may be shared with legal authorities if we believe that a person is a victim of abuse or neglect.

Workers' Compensation

Your PHI may be used or shared to obey Workers' Compensation laws.

Other Disclosures

Your PHI may be shared with funeral directors or coroners to help them do their jobs.

Additional Restrictions on Use and Disclosure.

Some federal and state laws may require special privacy protections that restrict the use and disclosure of certain types of health information. Such laws may protect the following types of information: alcohol and substance use disorders, biometric information, child or adult abuse or neglect including sexual assault, communicable diseases, genetic information, HIV/AIDS, mental health, minors' information, prescriptions, reproductive health, and sexually transmitted diseases. We will follow the more stringent law, where it applies to us.

Substance Use Disorder (SUD) Information.

Although Molina Healthcare is not a substance use disorder treatment program under federal law (a "SUD Program"), we may receive information from a SUD Program about you. We may not disclose

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SUD information for use in a civil, criminal, administrative, or legislative proceeding against you unless we have (i) your written consent, or (ii) a court order accompanied by a subpoena or other legal requirement compelling disclosure issued after we and you were given notice and an opportunity to be heard.

When does Molina need your written authorization (approval) to use or share your PHI?

Molina needs your written approval to use or share your PHI for a purpose other than those listed in this Notice. Molina needs your authorization before we disclose your PHI for the following: (1) most uses and disclosures of psychotherapy notes; (2) uses and disclosures for marketing purposes; and (3) uses and disclosures that involve the sale of PHI. You may cancel a written approval that you have given us. Your cancellation will not apply to actions already taken by us because of the approval you already gave to us.

What are your health information rights?

You have the right to:

- **Request Restrictions on PHI Uses or Disclosures (Sharing of Your PHI)**

You may ask us not to share your PHI to carry out treatment, payment or health care operations. You may also ask us not to share your PHI with family, friends or other persons you name who are involved in your health care. However, we are not required to agree to your request. You will need to make your request in writing. You may use Molina's form to make your request.

- **Request Confidential Communications of PHI**

You may ask Molina to give you your PHI in a certain way or at a certain place to help keep your PHI private. We will follow reasonable requests, if you tell us how sharing all or a part of that

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PHI could put your life at risk. You will need to make your request in writing. You may use Molina's form to make your request.

- **Review and Copy Your PHI**

You have a right to review and get a copy of your PHI held by us. This may include records used in making coverage, claims and other decisions as a Molina Member. You will need to make your request in writing. You may use Molina's form to make your request. We may charge you a reasonable fee for copying and mailing the records. In certain cases, we may deny the request. *Important Note: We do not have complete copies of your medical records. If you want to look at, get a copy of, or change your medical records, please contact your doctor or clinic.*

- **Amend Your PHI**

You may ask that we amend (change) your PHI. This involves only those records kept by us about you as a member. You will need to make your request in writing. You may use Molina's form to make your request. You may file a letter disagreeing with us if we deny the request.

- **Receive an Accounting of PHI Disclosures (Sharing of Your PHI)**

You may ask that we give you a list of certain parties that we shared your PHI with during the six years prior to the date of your request. The list will not include PHI shared as follows:

- for treatment, payment or health care operations;
- to persons about their own PHI;
- sharing done with your authorization;

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- incident to a use or disclosure otherwise permitted or required under applicable law;
- PHI released in the interest of national security or for intelligence purposes; or
- as part of a limited data set in accordance with applicable law.

We will charge a reasonable fee for each list if you ask for this list more than once in a 12- month period. You will need to make your request in writing. You may use Molina’s form to make your request.

You may make any of the requests listed above or may get a paper copy of this Notice. Please call Molina Member Services at (855) 665-4623, Monday-Friday, 8 a.m. to 8 p.m. local time. TTY/TDD users, please call 711.

What can you do if your rights have not been protected?

You may complain to Molina and to the Department of Health and Human Services if you believe your privacy rights have been violated. We will not do anything against you for filing a complaint. Your care and benefits will not change in any way.

You may file a complaint with us at:

Molina Healthcare of Ohio
Director of Member Services
3000 Corporate Exchange Drive
Columbus, OH 43231
Phone: (855) 665-4623, Monday-Friday, 8 a.m. to 8 p.m. local time.
TTY/TDD users, call 711

You may file a complaint with the Secretary of the U.S. Department of Health and Human Services at:

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U.S. Department of Health and Human Services
Office for Civil Rights – Centralized Case Management Operations
200 Independence Ave., S.W.
Suite 515F, HHH Building Dallas, TX 75202
(800)368-1019; (800) 537-7697 (TDD); (202) 619-3818 (FAX)

What are the duties of Molina?

Molina is required to:

- Keep your PHI private;
- Give you written information such as this on our duties and privacy practices about your PHI;
- Provide you with a notice in the event of any breach of your unsecured PHI;
- Not use or disclose your genetic information for underwriting purposes;
- Follow the terms of this Notice.

This Notice is Subject to Change

Molina reserves the right to change its information practices and terms of this Notice at any time. If we do, the new terms and practices will then apply to all PHI we keep. If we make any material changes, Molina will post the revised Notice on our web site and send the revised Notice, or information about the material change and how to obtain the revised Notice, in our next annual mailing to our members then covered by Molina.

Contact Information

If you have any questions, please contact the following office:

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Molina Healthcare of Ohio

Director of Member Services

3000 Corporate Exchange Drive Columbus, OH 43231

Phone: (855) 665-4623, Monday-Friday, 8 a.m. to 8 p.m. local time.

TTY/TDD users, call 711.

You can get this document for free in other formats, such as large print, braille, or audio. Call (855) 665- 4623, TTY/TDD: 711, Monday – Friday, 8 a.m. to 8 p.m., local time. The call is free.

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PO Box 298
Monroe, WI 53566-0298
Attn: Enrollment Accounting

Important Molina Healthcare Information



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