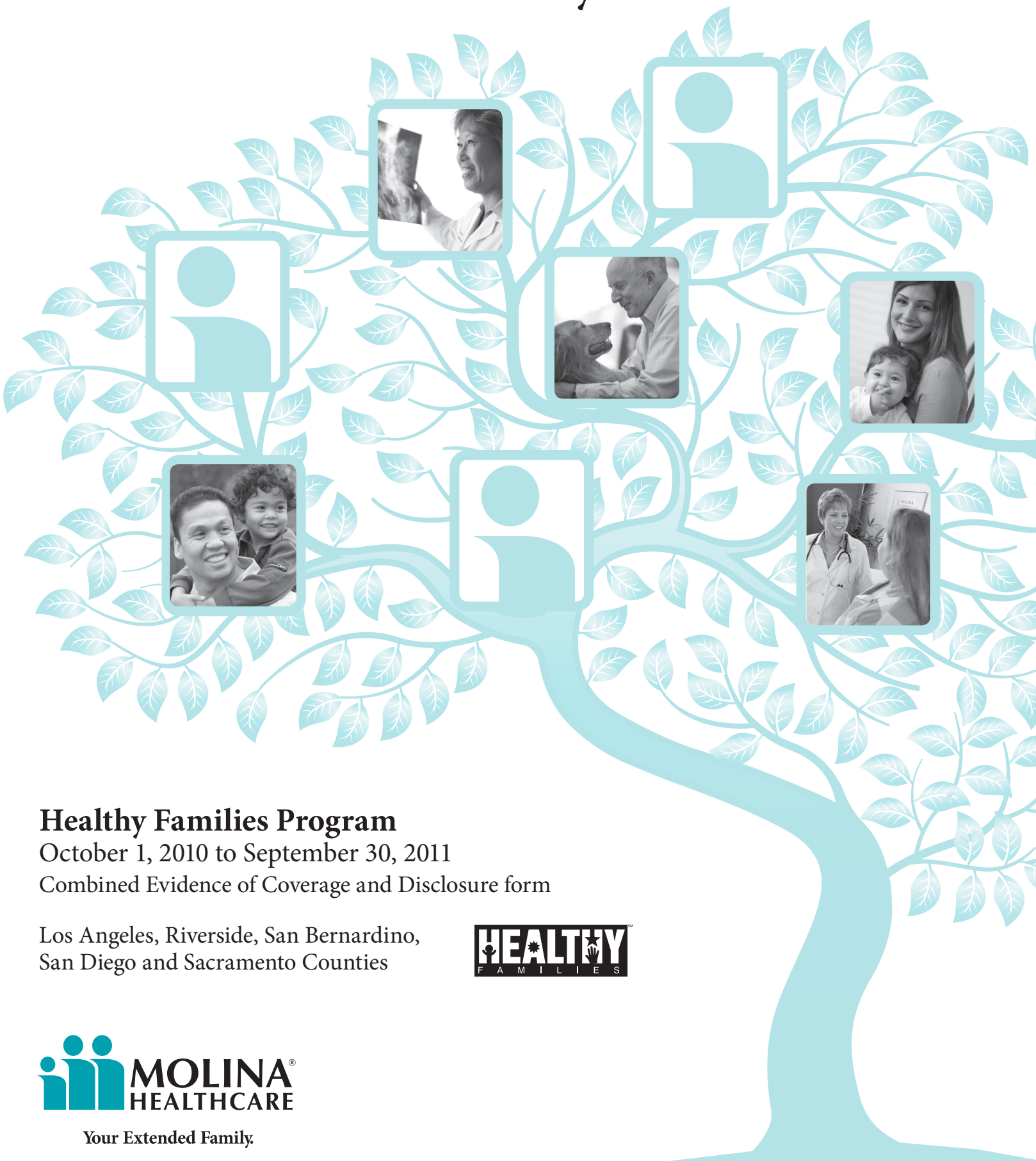


Welcome to the Molina family.



Healthy Families Program

October 1, 2010 to September 30, 2011

Combined Evidence of Coverage and Disclosure form

Los Angeles, Riverside, San Bernardino,
San Diego and Sacramento Counties



Your Extended Family.

IMPORTANT

Healthy Families Program (HFP) Changes

Effective November 1, 2009

Copayments

The HFP has increased copayments for applicable covered services for members who are in Income Categories B & C. **This copayment increase does not apply to members in Income Category A. Please refer to the Definitions Section, page 57 of this Combined Evidence of Coverage and Disclosure Form (EOC/DF) booklet, to read more about the HFP Income Categories.**

Your monthly premium and copayments are determined by your income category. For more information about Income Categories A, B, and C go to the HFP website address below or refer to your HFP handbook and read about the HFP Income Categories.

http://www.healthyfamilies.ca.gov/HFProgram/Determine_Premium.aspx

Effective October 1, 2010

New Benefit Year

The HFP has a new benefit year starting October 1, 2010 through September 30, 2011.

Mental Health Care Services and Alcohol and Drug Abuse Treatment Services

The Federal Children's Health Insurance Program Reauthorization Act of 2009 and the Mental Health Parity and Addiction Equity Act of 2008 require the HFP to provide unlimited inpatient days and outpatient visits to all mental health care services and alcohol and drug abuse treatment services.

Effective January 18, 2011

Timely Access to Non-Emergency Health Care Services

The California Department of Managed Health Care (DMHC) adopted new regulations (Title 28, Section 1300.67.2.2) for health plans to provide timely access to non-emergency health care services to members. Health care service plans must comply with these new regulations by January 18, 2011.

Please contact Molina Healthcare's Nurse Advice Line at 1-888-275-8750, 7 days per week, 24 hours per day to access triage or screening services. Molina Healthcare provides or arranges access to covered health care services in a timely manner.



Dear Molina Healthcare Member,

Welcome to **MOLINA Healthcare of California**. You and/or your eligible family members are now part of our caring family. We know how important your good health is to you and we will do all that we can to assist you and your family with your health care needs.

Your membership will stay in effect until you lose your eligibility under the Healthy Families Program or you decide to voluntarily end your membership from Molina Healthcare.

Enclosed you will find:

1. Member Service Guide (“Explanation of Benefits, Evidence of Coverage and Disclosure Form”)
2. Provider Directory
3. Drug Formulary

Separately, you will receive your ID card.

The Member Service Guide contains information on the services available to you as a member of Molina Healthcare, as well as how and where you may obtain the services you need. Please read this booklet as soon as you receive it and pay special attention to the section Accessing Care. Pages 8 through 13 contain the information necessary for you to know in order to access medical services.

Also, enclosed is a copy of Molina Healthcare’s drug list (formulary). The drug formulary can also be found on Molina Healthcare’s internet website (<http://molinahealthcare.com>).

Molina Healthcare is dedicated to preventive care. Please call your Primary Care Physician (PCP) as soon as possible so that you can schedule an appointment for you and your children for an initial health assessment. The initial health assessment should be completed by your PCP within 90 days (3 months) of your enrollment in our plan.

As part of our continuing efforts to ensure that you and/or your family is medically covered, we may have selected a Primary Care Physician for you and/or your family. We hope that you are pleased with the selection you made or the selection made for you. If you prefer to select a new physician, we have a large network for you to choose from. You may select a general or family practitioner for you and your family, or you may select a pediatrician for your child(ren). Please contact our Member Services Department at 1-888-665-4621 or for the deaf or hard of hearing call (TTY) 1-800-479-3310, Monday through Friday, 7:00 a.m. to 7:00 p.m., if you have any questions in regard to this letter.

Once again, thank you for joining Molina Healthcare.

Sincerely,

Hilario Wilson
Director, Member Service



Information on a Computer Record of Vaccines

Vaccines are very important for health, but keeping track of them can be difficult, especially if a person has seen more than one doctor. An immunization registry stores vaccine (or "shot") records electronically. You have the right to choose if you want your or your child's shot record shared in a California Immunization registry. Please read this form to help you decide. If you have questions, please call the Help Desk at **(619) 692-5656**.

How Does a Registry Help You?

- Helps to make sure that a person doesn't miss any shots or get too many shots
- Reminds you by mail or telephone when you or your child needs shots
- Allows you to get a new copy of the shot record from the doctor quickly
- Makes sure your child has all of the shots needed to start child care or school

How Does a Registry Help Your Health Care Team?

Doctors, nurses, health plans, and public health agencies may use the registry to:

- See which shots you or your child needs
- Remind you about the shots you or your child needs
- Help protect you, your child, and the public from diseases

Schools, child care centers, family child care homes, WIC programs, foster care agencies, and welfare departments may use the registry to:

- See which shots are needed for children in their programs
- Make sure that these children have all of the shots needed to start child care or school

What Information Can Be Shared in a Registry?

Registry shot records include:

- A person's name, sex and place of birth
- parents' or guardians' names (for child under 18 years of age)
- other information allowed by law to help identify a person
- details about shots given to you or your child

Only doctors, nurses, health plans, and public health departments may see a person's address or phone number in the registry. Other programs cannot see a person's address or phone number. The information in the registry is protected like other private medical information.

Your Rights as a Patient/Parent

It's your legal right to agree or refuse at any time share your or your child's shot records in a registry.

If you DO want your or your child's records in the registry, you don't have to do anything. You have the legal right to look at your shot records, to know who has seen the records, and to have your doctor change any mistakes in the records.

If you DO NOT want your or your child's immunization information shared in the registry, please request a "SDIR Stop/Start Sharing Request" from the clinic staff.



Immunization Registry Notice to Patients and Parents

Immunizations or 'shots' prevent serious diseases. Keeping track of shots you have received can be hard. It's especially hard if more than one doctor gave them. Today, doctors use a secure computer system called an *immunization registry* to keep track of shots. If you change doctors, your new doctor can use the registry to see the shot record. It's your right to choose if you want shot records shared in the *California Immunization Registry*.

How Does a Registry Help You?

- Keeps track of all shots, so you don't miss any or get too many
- Sends reminders when you or your child need shots
- Gives you a copy of the shot record from the doctor
- Can show proof about shots needed to start child care, school, or a new job

How Does a Registry Help Your Health Care Team?

Doctors, nurses, health plans, and public health agencies use the registry to:

- See which shots are needed
- Remind you about shots needed
- Prevent disease in your community
- Help with record-keeping

Can Schools or Other Programs See the Registry?

Yes, but this is limited. Schools, child care, and other agencies allowed under California law may:

- See which shots children in their programs need
- Make sure children have all shots needed to start child care or school

What Information Can Be Shared in a Registry?

- patient's name, sex, and birth place
- parents' or guardians' names
- limited information to identify patients
- details about a patient's shots

What's entered in the registry is treated like other private medical information. Misuse of the registry can be punished by law. Under California law, only your doctor's office, health plan, or public health department may see your address and phone number.

Patient and Parent Rights

It's your legal right to ask:

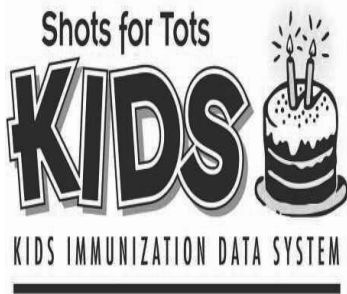
- not to share your (or your child's) registry shot records with others besides your doctor*
- not to get shot appointment reminders from your doctor's office
- to look at a copy of your or your child's shot records
- who has seen the records or to have the doctor change any mistakes

If you DO want your or your child's records in the registry, do nothing. You're all done.

If you DO NOT want your doctor's office to share your immunization information in the registry: Please request an "Immunization Registry Refusal Form" from your doctor's office.

For more information about your rights, call (866) 434-8774 (toll-free).

* By law, public health officials can also look at the registry in the case of a public health emergency.



**PROVIDER'S DISCLOSURE TO
PATIENT OR
PARENT/GUARDIAN ON
IMMUNIZATION RECORD
SHARING**

(per Health & Safety Code Section 120440)

SHOTS FOR TOTS KIDS
909 12th Street
Suite 200
Sacramento, CA 95814

Your health care provider, Molina Healthcare of California, uses a computer system that helps keep track of your child's immunizations (shots). Your doctor can use this computer system to: **(1)** share information about your child's shots with other doctors or clinics that your child may visit, **(2)** give the right shots at the right time and, **(3)** remind you when a shot is needed.

Molina will share some information on your child with the Shots for Tots KIDS (Kids Immunization Registry Data System) and the state health department, unless you refuse to allow it. Shots for Tots KIDS may share this information with other doctors, clinics, or hospitals your child goes to for care, **if** they ask for it. The only information Molina will share with Shots for Tots KIDS is:

Your child's name, your child's birthplace, vaccines he or she has received, any serious reaction he or she had to a vaccine, your address and telephone number, and other non-medical information if needed to make sure it is the correct person's record.

The doctors, clinics or hospitals which get this information can use it **only** to:

Help decide which vaccines your child needs;
Send or telephone a reminder when a vaccine is due;
Tally numbers of patients who are or are not up-to-date on their vaccines (without patient names, addresses, etc., included).

Shots for Tots KIDS may also share the same information, **without your address or phone number**, with the following, if they request it: schools, child care centers, WIC supplemental food clinics, the CalWORKs public assistance program, health care plans, and other persons or entities when disclosure is otherwise specifically authorized by law. These persons and entities can use that information **only** for the reasons listed above, and (a) for schools or child care centers, to help you prove your child has had the vaccines required for entry, (b) for WIC clinics, to let you know if your child has vaccine doses due, and (c) for health care plans, to help process insurance payments.

All of these people and groups listed above who ask for and get this information are required by law to keep it confidential and use it only for the reasons listed above. Also, you have these rights:

To refuse to have us share any of this information now or at any time;
To refuse to get reminder notices when vaccines are due;
To look at your child's record and correct any errors;
To get the names and addresses of anyone with whom this information is shared.

If you have additional questions, please call Shots for Tots KIDS at **(916) 447-7063, extension 332** or **Molina Healthcare Member Services** at **(888) 665-4621**.

Getting Started

Frequently Asked Questions

Q: What is a Primary Care Doctor?

A: Your primary care doctor is the doctor that you choose to see regularly to follow your medical care. It is best to call your primary care doctor now, even if you are healthy, and schedule an appointment for the first check-up visit. You see your primary care doctor before you or your child actually gets sick. A primary care doctor is also sometimes called a “PCP” or Primary Care Physician.

Q: How Do I Change Doctors?

A: First, use your Provider Directory to choose a new Molina Healthcare doctor. Then, simply call Molina Healthcare Member Services toll-free at **1 (888) 665-4621**. We’ll change doctors for you and send you a new ID card. Or you may go to the Molina Healthcare website at www.molinahealthcare.com. Log in as a member and choose the tab “Find a Provider”. Here you will be able to use the Electronic Provider Directory. Once you have selected a doctor you can make your request online and the Member Services Department will process your request and send confirmation by e-mail.

Q: How Do I Get to See a Specialist?

A: Your primary care doctor will refer you to any specialists that you may need to see. Once they’ve checked you or your child’s health and determined which type or specialty care is needed, they will make a referral for you.

Q: What Do I Do When the Pharmacy Tells Me Molina Does Not Cover My Prescription?

A: Your prescription may need prior approval from Molina. Please call your doctor and he/she will submit a request for approval. You can also call the Member Services Department toll-free at **1 (888) 665-4621** for help in getting your prescription approved.

Q: What’s an Emergency?

A: A visit to a hospital emergency room is needed for life-threatening conditions, or those that could reasonably be expected to result in:

- Placing the patient’s health in jeopardy
- Serious impairment to bodily functions
- Serious dysfunction of any bodily organ or part

For medical treatment of non-emergency conditions, such as common colds, ear infections, sore throats, shots, medical tests, etc., you should see your primary care doctor. (If you are not sure, please look in the Member Services Guide for additional information on emergency services.)

Q: Whom Do I Call for Help?

A: You can call Molina Healthcare Member Services for answers to your questions or to ask for information about pregnancy, asthma, diabetes or other health concerns. Call toll-free **1 (888) 665-4621, Monday - Friday, 7:00am - 7:00pm**. If you’re deaf or hard of hearing, call our TTY line at 1 (800) 479-3310.

Q: What Coverage Do I Have When I am Outside of Molina Healthcare’s Service Area?

A: Molina Healthcare provides coverage for emergency or urgent care when you are away from our service area. Go to the nearest emergency room for care. Please contact Molina Healthcare within twenty-four (24) hours or when medically reasonable of getting emergency care.

Please contact Molina Healthcare’s Member Services Department at 1 (888) 665-4621, Monday through Friday from 7:00am to 7:00pm. Our toll-free number for the deaf or hard of hearing is 1 (800) 479-3310. Outside of regular business hours, you may contact our Nurse Advice Line day or night at 1 (800) 357-0163.

Help for Non-English Speaking Molina Healthcare Members

Why did I get this card?

As a Molina Healthcare member, we provide interpreter services if you need them. You have access to interpreter services on a twenty four (24) hour basis. An interpreter request card is sent to all new members after initial enrollment with Molina Healthcare.

You do not need to have a friend or relative act as your interpreter. You may wish to say things that you do not wish to share with a friend or relative. Using an interpreter may be better for you.

Keep this card in your wallet. If Molina Healthcare has wrong information about your language needs, please call Member Services toll-free at 1(888) 665-4621.

What is printed on the card?

The English side of this card says what language you speak. It also lets staff know that Molina Healthcare will pay for your interpreter. The card tells staff how to get you an interpreter.

The English text reads as follows:

Hello. I speak SPANISH. I need an interpreter. My health care plan, Molina, will pay for an interpreter if you do not have one here. Please call 1(888) 665-4621 and state, "I have a Molina patient and I need an interpreter."

How do I use the card?

Show this card to staff at the following places:

- Your Molina Healthcare doctor's office or clinic
- Labs, clinics, or other medical service offices
- The pharmacy where you get your medicine
- The Emergency Room at a hospital

Show the English side of the card to the person helping you. The office or pharmacy may have a staff person who speaks your language. If they do not, they will call a telephone interpreter service. You will be able to discuss and get the information you need using the telephone interpreter. This is called Language Line Services.

It may take a few minutes but do not worry. Help is coming.

Call us if you have any questions.

Member Services toll-free at:

1 (888) 665-4621

Health Education toll-free at:

1 (800) 526-8196, ext. 127532

Monday through Friday, 8:30 a.m. to 5:30 p.m.

Your Privacy

Dear Molina Healthcare Member:

Your privacy is important to us. We respect and protect your privacy. Molina Healthcare uses and shares your information to provide you with health benefits. Molina Healthcare wants to let you know how your information is used or shared.

PHI stands for these words, protected health information PHI means health information that includes your name, member number or other identifiers, and is used or shared by Molina Healthcare.

Why does Molina Healthcare use or share our members' PHI?

- To provide for your treatment
- To pay for your health care
- To review the quality of the care you get
- To tell you about your choices for care
- To run our health plan
- To share PHI for other purposes as required or permitted by law.

What are your privacy rights?

- To look at your PHI
- To get a copy of your PHI
- To amend your PHI
- To ask us to not use or share your PHI in certain ways

What must Molina Healthcare do by law?

- Keep your PHI private.
- Give you written information such as this on our duties and privacy practices about your PHI.
- Follow the terms of our Notice of Privacy Practices

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

- Call or write Molina Healthcare and file a complaint.
- File a complaint with the Department of Health and Human Services.

We will not hold anything against you. Your action would not change your care in any way.

The above is only a summary. Please read the enclosed Notice of Privacy Practices. The Notice has more information about how we use and share your PHI.

We will be happy to answer your questions as member of Molina Healthcare. Please call our Member Services Department at 1-888-665-4621 Monday through Friday, 7:00 a.m. to 7:00 p.m.



This is not a Bill

If you need help understanding the enclosed information in your language, please call Molina Healthcare Member Services at 1-888-665-4621.

Uw Nawqutqhn (ph) št

Եթե դուք կարդիք ունեք հասկանալու ներքնակված տեղեկություն մասին ձեր լեզվով, խնդրո՞ւմ ենք հեռաձայնել Molina Healthcare Member Services 1-888-665-4621 հեռախոսահամարով: (Armenian)

នេះគឺមិនមែនលិខិតទារក្សទេ

បើសិនជាលោកអ្នកចង់យល់ច្បាស់ស្តីពីព័ត៌មានដែលមាននៅក្នុងលិខិតនេះជាភាសាកំណើតរបស់លោកអ្នក សូមលោកអ្នកទូរស័ព្ទមកក្នុងភាសា របស់លោកអ្នក។ Molina Healthcare Member Services លេខ 1-888-665-4621 ។ (Cambodian)

這不是帳單

如果您需要用您的母語來解釋附上的資料，請打電話1-888-665-4621給Molina會員服務部。(Chinese)

هذه ليست فاتورة

Molina Healthcare إذا احتجت للمساعدة لفهم المعلومات المشمولة ضمناً، رجاء الاتصال بخدمات للأعضاء على الرقم 1-888-665-4621 (Arabic)

이것은 청구서가 아닙니다

동봉된 정보를 귀하의 모국어로 이해하기 위해 도움이 필요하면 1-888-665-4621의 Molina Healthcare 회원 서비스로 전화하십시오. (Korean)

Это не счет

Если Вам нужна помощь с переводом на Ваш язык, чтобы понять всю информацию, содержащуюся в пакете документов, пожалуйста, позвоните в отдел обслуживания клиентов компании Molina Healthcare по телефону 1-888-665-4621. (Russian)

Esta no es una cuenta

Si necesita ayuda para entender la información adjunta en su idioma, llame a Servicios al Miembro de Molina Healthcare al 1-888-665-4621. (Spanish)

Hindi ito isang Singil (Bill)

Kung kailangan ninyo ng tulong para maintindihan sa inyong wika ang kalakip na impormasyon, tumawag po lamang sa Mga Serbisyo sa Miyembro ng Pangangalagang Pangkalusugan ng Molina sa 1-888-665-4621. (Tagalog)

Đây không phải là Hóa Đơn

Nếu quý vị cần được giúp để hiểu chi tiết đính kèm bằng ngôn ngữ của quý vị, xin gọi cho Ban Dịch Vụ Thành Viên Molina Healthcare tại số 1-888-665-4621. (Vietnamese)

Daim no tsis yog ib daim Nqi them

Yog koj xav tau kev pab ua koj cov lus kom koj totaub txog cov ntawv uas xa tuaj no, thov hu mus rau Molina Healthcare Lub Chaw Pabcuam Tswvcuab ntawm 1-888-665-4621. (Hmong)

MM-058 Rev 4-03

Notice of Privacy Practices

Molina Healthcare of California

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 California (“Molina” or “we”) uses and shares protected health information about you to provide your health care 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. We have policies in place to obey the law. The effective date of this notice is January 1, 2007.

PHI stands for these words, *protected health information*. PHI means health information that includes your name, member number or other identifiers, and is used or shared by Molina.

Why does Molina use or share your PHI?

We use or share your PHI to provide you with healthcare 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.

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. 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 programs
- Actions to help us obey laws.
- Address member needs, including solving complaints and grievances.

We may also use your PHI to give you reminders about your appointments. We may use your PHI to give you information about other treatment, or other health-related benefits and services.

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

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.

Law Enforcement.

Your PHI may be used or shared with police to help find a suspect, witness or missing person.

Health and Safety.

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

Government Functions.

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

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.

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

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. 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 to 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 fill out a 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 PHI could put your life at risk. You will need to fill out a 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 fill out a 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.

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 fill out a 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, or
- shared prior to April 14, 2003.

We will charge a reasonable fee for each list if you ask for this list more than once in a 12-month period. You must fill out a form to request a list of PHI disclosures.

You may make any of the requests listed above, or may get a paper copy of this Notice. Please call our Director of Member Services at 1-888-665-4621.

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 will not change in anyway.

You may complain to us at:

Director of Member Services
200 Oceangate, Suite 100
Long Beach, CA 90802
1 (888) 665-4621

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

Office for Civil Rights
U.S. Department of Health and Human Services
50 United Nations Plaza - Room 322
San Francisco, CA 94102
(415) 437-8310; (415) 437-8311 (TDD)
(415) 437-8329 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.
- 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, a new notice will be sent to you by US Mail.

Contact Information

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

Director of Member Services
Molina Healthcare of California
200 Oceangate, Suite 100
Long Beach, CA 90802
Phone: 1 (888) 665-4621

left blank intentionally

Welcome to Molina Healthcare!

Here at Molina Healthcare, we'll do all we can to help meet your child's medical needs. We care about your child's health.

October 1, 2010 to September 30, 2011

Member Service Guide: Explanation of Benefits, Evidence of Coverage and Disclosure Form

- Healthy Families Program
- Molina Healthcare
- A Knox-Keene Licensed Prepaid Health Plan

Los Angeles, Riverside, San Bernardino, Sacramento, and San Diego Counties of California

Disclosure

This Combined Evidence of Coverage and Disclosure Form constitute only a summary of the Health Plan's policies and coverage under the Healthy Families Program (HFP). The Health Plan contract and the HFP regulations (California Code of Regulations, Title 10, Chapter 5.8) issued by the California Managed Risk Medical Insurance Board (MRMIB), should be consulted to determine the exact terms and conditions of coverage. These regulations may be viewed on the Internet at <http://www.mrmib.ca.gov>.

Additionally, the HFP regulations require the Health Plan to comply with all the requirements of the Knox-Keene Health Care Service Plan Act of 1975, as amended (California Health and Safety Code, section 1340, et seq.), and the Act's regulations (California Code of Regulations, Title 28). Any provision required to be a benefit of the program by either the Act or the Act's regulations shall be binding on the Health Plan, even if it is not included in the Evidence of Coverage booklet or the Health Plan contract.

Molina Healthcare
Member Services
200 Oceangate, Suite 100
Long Beach, California 90802
1-888-665-4621
www.molinahealthcare.com

If you are deaf or hard of hearing you may contact us through our dedicated TTY line at 1-800-479-3310.

Eligibility and Enrollment

Information about eligibility, enrollment, disenrollment, the starting date of coverage, transfers to another health plan, annual requalification, premium payments, and the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA), is included in the Healthy Families Program Handbook that was mailed to you by the Healthy Families program. If you have questions on these topics or would like another copy of the Handbook, please contact the Healthy Families Program at the following address or toll-free telephone number:

Healthy Families Program
P.O. Box 138005
Sacramento, CA 95813-8005
1-800-880-5305

The deaf or hard of hearing should call the California Relay Service at 711(TTY).

Additional information about the Healthy Families Program is available at the Managed Risk Medical Insurance Board Website at www.mrmib.ca.gov.

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