

Introduction

Thank you for choosing Molina Healthcare as your child's health plan.

This Member Service Guide booklet is your child's "Combined Evidence of Coverage and Disclosure Form" or "EOC." This booklet tells you how you can get plan services for your child. It also tells you your child's rights and responsibilities as a Molina Healthcare member and how to contact Molina Healthcare. Please read this booklet completely and carefully and keep it in a safe place where you can get to it quickly. If your child has special health care needs, carefully read the sections that apply.

Changes to plan

When there are changes or updates to the Member Services Guide Molina Healthcare will mail you a new one.

Some of the words used in this booklet do not have their usual meaning. Health care companies use these words in a special way. These words are defined in the "Definitions" section of this booklet.

Molina Healthcare Member Services is here to serve you and your child.

Call Molina Healthcare Member Services if you have questions or concerns. Our helpful and friendly bilingual staff will be happy to help you.

If your language is other than English, we offer interpreter services. We can help you choose a doctor, make an appointment, or arrange for an interpreter to be present at your child's appointment. We can also listen and respond to your questions (or complaints!) about your child's benefits, Molina Healthcare, your child's doctor, or any other Molina Healthcare service.

Call us at 1-888-665-4621 between 7:00 AM and 7:00 PM, Monday through Friday. If you are deaf or hard of hearing, call our dedicated TTY line at 1-800-479-3310.

If you move from the address you had when you enrolled with Molina Healthcare or change phone numbers, please contact our Member Services Department to update that information.

Sharing your updated address and phone number with Molina Healthcare will help us get information to you, such as our member newsletters and other materials, or to reach you by phone if we need to contact you.

How will I know that my child is a member of Molina Healthcare?

When your child is enrolled with Molina Healthcare, you will receive a member ID card in the mail. The ID card will list your child's doctor's name and phone number. Please keep this card with you at all times. You must show your child's ID card every time he/she gets healthcare. **If you lose your child's ID card, call Molina Healthcare Member Services toll-free at 1-888-665-4621.** If you are deaf or hard of hearing, call our dedicated TTY line at 1-800-479-3310. We will be happy to send you a new card.

Summary of Major Benefits and Coverage

This chart is intended to be used to help you compare coverage benefits and is a summary only. Please turn to page 14 for a detailed description of covered benefits

NOTE: Members in the Income Category A (see page 23 for more information about Income Categories A, B, and C) shall pay no more than \$5 copayments for applicable covered services, as described in the “Benefits - What is Covered Under My Child’s Plan?” section of the EOC/DF.

Service	Coverage	Copayment/Visit (Income Category A)	Copayment/Visit (Income Categories B & C)
Deductibles (Money people have to pay to get a service)	There are no deductibles in the plan. You must pay a copayment for some services. This booklet has more information about copayments (see page 23). There is a maximum amount of \$250 per family in copayments for any benefit year.	n/a	n/a
Lifetime Maximums	No lifetime maximum limits on benefits apply under this plan.	n/a	n/a
Professional Services (General medical care provided by a licensed medical person)	Shots (Immunizations), periodic health exams, vision exams (with Primary Care Physician), hearing exams.	\$0	\$0
	Prenatal and postpartum care.	\$0	\$0
	Appropriate routine diagnostic testing and lab services. Physician visits in a hospital.	\$0	\$0
	Office visits, allergy tests and treatments.	\$5	\$10
Outpatient Hospital Services (Medical care services outside of the hospital)	Maternity care, diagnostic, therapeutic and surgical services performed at a hospital or outpatient facility, use of operating room, treatment room, ancillary services, surgically implanted devices, and required drugs, radiation therapy, chemotherapy, dialysis, x-ray and laboratory services.	No copayment except: \$5 per visit for emergency health care services (waived if the member is hospitalized)	No copayment except: \$15 per visit for emergency health care services (waived if the member is hospitalized)
	Physical, occupational, and speech therapy.	\$5	\$10
Hospitalization Services	Room and board, maternity and newborn care, use of operating rooms and related ancillary charges, surgically implanted devices, medically needed drugs, x-rays and lab services, chemotherapy, and various diagnostic services.	\$0	\$0
Emergency Health Services	Emergency Room and Urgent Care Center services for an illness or injury requiring immediate diagnosis and treatment.	\$5 (Waived if hospitalized)	\$15 (Waived if hospitalized)
Well Baby Care	Office visits, health examinations, newborn hospital visits, and other office visits.	\$0	\$0
Family Planning Services	Voluntary family planning services	\$0	\$0
Ambulance Services	Use of an ambulance in an emergency situation, or when your child’s PCP requests a transfer from one facility to another.	\$0	\$0

Service	Coverage	Copayment/Visit (Income Category A)	Copayment/Visit (Income Categories B & C)
Prescription Drug Coverage (Your doctor may be able to get approval for a drug not on the Molina Healthcare “drug list”)	FDA approved contraceptive drugs and devices.	\$0	\$0
	<ul style="list-style-type: none"> • FDA approved drugs prescribed by a doctor that are listed in our drug list or “drug formulary”. • Drugs approved by our medical director. • For brand name or generic drugs: 30 day supply through pharmacies in network or out of network for emergent or urgent services out of the area. 90 day supply of maintenance drugs. 	<ul style="list-style-type: none"> • \$5 per prescription for up to 30 day supply for generic drugs. • \$5 per prescription for up to 90 day supply of maintenance drugs. • No copayment for prescription drugs provided in an inpatient setting. • No copayment for drugs administered in the doctor’s office or in an outpatient facility. 	<ul style="list-style-type: none"> • \$10 copayment per prescription for up to 30 day supply for generic drugs. • \$15 copayment per prescription for up to 30 day supply for brand name drugs unless there is no generic equivalent or if the use of a brand name drug is medically necessary. • \$10 copayment per prescription for up to 90 day supply for maintenance generic drugs purchased through a participating pharmacy. • \$15 copayment per prescription for up to 90 day supply for maintenance brand name drugs purchased through a participating pharmacy unless there is no generic equivalent or if the use of a brand name drug is medically necessary, then the \$10 copayment applies. • No copayment for prescription drugs provided in an inpatient setting. • No copayment for drugs administered in the doctor’s office or in an outpatient facility.

Service	Coverage	Copayment/Visit (Income Category A)	Copayment/Visit (Income Categories B & C)
Durable Medical Equipment (Such as wheel chair, crutches etc...)	Equipment designed to serve a repeated medical purpose.	\$0	\$0
Vision Services	Eye exams and dilated retinal exams	\$0	\$0
	Cataract spectacles and lenses, cataract contact lenses, or intraocular lenses that replace the natural lens of the eye after cataract surgery.	\$0	\$0
Mental Health Care Services	<p>INPATIENT MENTAL HEALTH CARE SERVICES: Mental health care in a participating hospital when ordered and performed by a participating mental health professional for the treatment of a mental health condition.</p> <p>Mental Health Care</p> <ul style="list-style-type: none"> • Diagnosis and treatment of a mental health condition. • This includes, but is not limited to inpatient mental health care services for the treatment of Severe Mental Illnesses (SMI). <p>Serious Emotional Disturbance (SED)</p> <ul style="list-style-type: none"> • Inpatient mental health care services for the treatment of a member determined by the county to have a SED condition. <ul style="list-style-type: none"> - Molina Healthcare shall provide all medically necessary covered services until the county mental health department establishes eligibility for a subscriber child with SED and the county mental health department provides the medically necessary services to treat the SED. - Molina Healthcare and the county mental health department will coordinate services to ensure that medically necessary services and treatment are provided to a member with SED. - The member will remain enrolled in the Healthy Families Program and will continue to receive primary care, specialty care, and all other services for medical conditions not related to the SED from Molina Healthcare. 	<p>\$0</p> <p>\$0</p>	<p>\$0</p> <p>\$0</p>

Service	Coverage	Copayment/Visit (Income Category A)	Copayment/Visit (Income Categories B & C)
Outpatient Alcohol/ Drug Abuse Treatment	Crisis intervention and treatment of alcoholism or drug abuse. Unlimited outpatient visits	\$5	\$10
Home Health Services	Health services provided by health care professionals. Custodial care is not covered.	\$0	\$0
	Physical, Occupational, and Speech therapy. See limitations.	\$5	\$10
Chiropractic and Acupuncture	Chiropractic and acupuncture services, maximum 20 visits per year. Referral/ authorization not required.	\$5	\$10
Hospice Care	When elected by a terminally ill member	\$0	\$0
Orthotics and Prosthetics	Coverage for the initial and replacement of prosthetic devices and installation accessories to restore a method of speaking incident to a laryngectomy. Also includes therapeutic footwear for diabetics and prosthetic devices to restore and achieve symmetry incident to mastectomy.	\$0	\$0
Skilled Nursing Care	When medically necessary. Qualified licensed skilled nursing facility. Benefit limited to 100 days per Benefit Year.	\$0	\$0
Blood and Blood Products	Include the processing, storage, and administration of blood and blood products in an inpatient or outpatient setting and the collection and storage of autologous blood when Medically Necessary.	\$0	\$0
Organ Transplants	Organ and tissue transplants are covered when medically necessary.	\$0	\$0
Reconstructive Surgery	Medically necessary reconstructive surgery to restore and achieve symmetry and surgery performed to correct or repair abnormal structures of the body caused by congenital defects, developmental abnormalities, trauma, infection, tumors, or disease are covered when performed to improve function or create a normal appearance, to the extent possible.	\$0	\$0
Diabetic Care	Copayments for prescriptions as described in the Prescription drug and medication section.	\$5	\$10
Cancer Clinical Trials	Copayments for prescriptions as described in the Prescription drug and medication section.	\$5	\$10
Health Education	Includes education regarding personal health behavior and health care, and recommendations regarding the optimal use of health care services.	\$0	\$0

What Do I Do First?

1. Look at your child's Molina Healthcare member ID card. Check that the name and date of birth are correct. The card will tell you the name of your child's doctor. This person is your child's primary care doctor (PCP).
2. If your child does not have a PCP, choose one from Molina Healthcare's Provider Directory. The Provider Directory lists all of Molina Healthcare's contracted PCPs. To obtain another copy of the Provider Directory, call Molina Healthcare Member Services. If you want to change doctors, you can. Call Molina Healthcare Member Services to let us know your choice.
3. Call your child's PCP and make an appointment for the first check-up visit. This visit will help you and your child's doctor get to know your child's current health condition. If your child needs specialty care, the doctor will arrange it.

school attended, residency completed, and board certification status. We can also tell you which languages your child's doctor speaks.

What is a Primary Care Doctor?

(Primary Care Physician or "PCP")

A primary care doctor is someone who knows your child well and takes care of your child's medical needs. You choose a PCP who you can call when your child is sick and you do not know what to do. You no longer have to go to the emergency room to get medical care for something that is not life-threatening.

You may think your child is healthy and does not need a doctor until he/she is sick. This is not the best time for you to meet a doctor for the first time. Go to your child's Molina Healthcare PCP for regular check-ups, tests and test results, shots and illnesses. Seeing a doctor for check-ups allows any problems to be found early. If your child needs special care, your child's doctor will help get it. Your child's doctor and you will work together to keep your child healthy.

If you would like to know more about your child's PCP or other Molina Healthcare doctors, call Molina Healthcare Member Services at 1-888-665-4621. If you are deaf or hard of hearing, call our dedicated TTY line at 1-800-479-3310.

We can provide you with information about your child's doctor's professional qualifications, such as medical