

# Benefits

## WHAT IS COVERED UNDER MY PLAN?

This section tells you what medical services Molina Healthcare covers. In order for a service to be covered, it must be medically necessary. You have the right to appeal a denial, turn to page 46 for information on Independent Medical Review.

Your care must not be experimental or part of a study (investigational). However, you may request experimental or investigational care, turn to page 47 for information. Molina Healthcare also covers routine medical costs for members participating in cancer clinical trials, turn to page 27 for information.

### Preventive Care and Services

Molina Healthcare wants you and your children to stay healthy. Many health problems can be stopped if they are found early. Other problems, like getting measles, can be prevented.

### Preventive Care for Children

These preventive care services are covered and recommended for all children or young adults:

- Complete health history
- Physical exam including growth assessment
- Nutritional health assessment
- Vision screening
- Dental screening
- Topical Fluoride Varnish (for children under 6 years of age, up to three (3) times in a twelve (12) month period)

- Hearing screening
- Immunizations\*
- Laboratory tests, including tests for anemia, diabetes, and urinary tract infections
- Tuberculosis (TB) screening
- Sickle cell trait screening, when appropriate
- Health education
- Meeting with the parent, guardian or emancipated minor regarding the meaning of the exam
- Any service provided by the State of California's Child Health and Disability Prevention Program (CHDP). Please contact your child's PCP for more information about these services.
- Lead blood level testing

Parents or legal guardians of members ages 6 to 72 months are entitled to receive from their PCP; oral or written anticipatory guidance on lead exposure that explains how children can be harmed by exposure to lead, especially disturbed lead-based paint. When your PCP does a blood lead-screening test it is very important to follow-up and get the blood test results.

Contact your PCP for additional questions.

- Child Health and Disability Prevention (CHDP) Services

All Child Health and Disability Prevention (CHDP) services from birth to age 21 are covered, including well child physical exams (including vision and hearing screening in the PCP's office), health and development history, periodic physical examination, developmental

assessment, immunizations, nutritional assessment, speech and hearing screening, specific laboratory procedures and vision screening in accordance with the current Recommendations for Preventive Pediatric Health Care as adopted by the American Academy of Pediatrics, the CHDP Program, the U.S. Preventive Services Task Force, Advisory Committee on Immunization Practices and the American Academy of Family Physicians.

- **Comprehensive Perinatal Services Program (CPSP) Services**

All Comprehensive Perinatal Services Program (CPSP) services, including perinatal, delivery and postnatal care management, health education, nutrition assessment and psychological services are covered. (See also Pregnancy and Maternity Care)

- **Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services**

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services are available for members under the age of 21, including those with special health care needs, are covered.

\*If you take your child to your local health department or the school has given your child any shot(s), make sure to give a copy of the updated shot record (immunization card) to your child's PCP.

## Preventive care for adults

These preventive care services are covered and recommended for all adults:

- History and physical exam

- Blood pressure check
- Cholesterol check
- Breast exam for women as appropriate for age
- Mammogram for women as appropriate for age
- Pap smear for women as appropriate for age and health status including human papilloma virus (HPV) screening test
- Tuberculosis (TB) screening
- Immunizations as appropriate
- Laboratory tests for diagnosis and treatment
- Health education
- Family planning services
- Prenatal and postpartum care

## Maternity care

Molina Healthcare covers these maternity services:

- Prenatal and postpartum care
- Complications of pregnancy
- Alpha Feto Protein (AFP) screening, paid for by the State of California
- Inpatient hospital care for forty-eight (48) hours following a normal vaginal delivery and ninety-six (96) hours following a delivery by Cesarean Section (C-Section) unless Molina Healthcare authorizes an extended stay.

If your doctor, after talking with you, decides to discharge you and your newborn before the 48 or 96 hour time period, Molina Healthcare will cover post discharge services.

Molina Healthcare also offers a follow-up visit by a nurse within forty-eight (48) hours of leaving the

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hospital. This visit includes parent education, training in breast or bottle-feeding, and a visit with the baby and mom to make sure you are doing okay. The nurse will give you and the baby a physical check as needed (any needed maternal or neonatal physical assessments).

You and your doctor will decide whether the follow-up visit will be at your home, at the hospital, or at your doctor's office after considering your family's transportation needs, and any other important factors.

NOTE: Please work with your doctor to be sure that your baby gets all necessary examinations.

## FAMILY PLANNING

Family planning services are provided to Members of childbearing age to help them determine the number and spacing of children. These services include all methods of birth control approved by the Federal Food and Drug Administration. As a member you pick a doctor who is located near you and will give you the services you need. Our Primary Care Physicians and OB/GYN specialist are available for family planning services. For family planning services, you may also pick a doctor or clinic not connected with Molina Healthcare without having to get permission from Molina Healthcare. Molina Healthcare pays the doctor or clinic for the family planning services you get. There is no limitation on the family planning services done outside of Molina Healthcare's network.

Family planning services include:

- Health Education and counseling necessary to make informed choices and to understand contraceptive methods.

- Limited history and physical examination.
- Laboratory tests if medically indicated as part of decision-making process for choice of contraceptive methods.
- Prescription contraceptive supplies, devices, Birth control pills, Depo-Provera and Norplant insertion and removal.
- Follow-up care for complications associated with contraceptive methods issued by the family planning providers.
- Emergency contraception when dispensed by a contracting pharmacist, or by a non-contracted provider, in the event of a medical emergency.
- Voluntary sterilization services, including tubal ligation and vasectomies.
- Pregnancy testing and counseling
- Diagnosis and treatments of sexually transmitted diseases (STDs) if medically indicated.
- Screening, testing and counseling of at-risk individuals for HIV, and referral for treatment.

For information on Family Planning Services available to you in your area, call the State Department of Health Services, Office of Family Planning, toll-free at 1 (800) 942-1054.

Note: Some hospitals and other providers do not provide one or more of the following services that may be covered under your plan contract and that you or your family member might need: family planning, contraceptive services, including emergency contraception, sterilization, including tubal ligation at the time of labor and delivery, or abortion. You should obtain more information

before you enroll. Call your doctor, medical group, or clinic, or call Member Services toll-free at 1 (888) 665-4621 to ensure that you can obtain the health care services that you need.

## Pregnancy terminations

Abortions are legal in California. Most abortions are done in a few hours and you do not need to stay in the hospital. If you do have to stay in the hospital you need approval (prior authorization). This approval is not for the abortion. The approval is simply for the hospital stay. Abortion services include the use of Mifepristone (Mifeprex), commonly known as RU-486. Pregnancy termination (abortion) services do not need to be done within Molina Healthcare's provider network.

## Therapeutic Formulas

If your baby needs a special formula in a true emergency, your doctor may order the special formula and the supplies needed to give it before a request is approved by Molina Healthcare.

Therapeutic Formulas are special formulas for babies/children who have food allergies and/or poor health and who are not able to eat regular food.

This type of formula is covered by Molina Healthcare when it is needed to prevent sickness and promote normal growth.

Your doctor must give your baby/child an exam to make sure that the special formula is needed. You cannot get this formula from the Women, Infants and Children Supplemental Nutrition Program (WIC). Your doctor will send a request for the formula to Molina Healthcare doctors to review.

Molina Healthcare doctors have a list of approved

special formulas and the supplies needed to give them.

If your baby needs a special formula in a true emergency, your doctor may order the special formula and the supplies needed to give it before a request is approved by Molina Healthcare.

## Care in a hospital

You must have an approval to get hospital services. If you get services in a hospital or you are admitted to the hospital for emergency or out-of-area urgent care services, your hospital stay will be covered even if you do not have an approval. Covered hospital services include:

- Room charges (in a room of two (2) or more)
- Meals, including special diets which are medically necessary
- General nursing care, with special duty nursing as medically necessary
- Anesthesia, and general anesthesia and associated facility charges and outpatient services in connection with dental procedures, when the use of a hospital or surgery center is necessary because of an underlying medical condition or clinical status or because of the severity of the dental procedure.
- Surgical procedures
- Operating room, intensive care, cardiac care, and recovery room
- Laboratory and x-ray services
- Medications
- Chemotherapy
- Treatment by x-ray, radium or other radioactive substance

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- Administration of blood and blood products
- Hemodialysis
- Physical therapy, occupational therapy, and speech therapy\*
- Mastectomies, lymph node dissections, and reconstructive surgery and/or prosthetic devices to restore symmetry. The length of stay in the hospital for mastectomies and lymph node dissections will be determined by your doctor after consulting with you. The length of stay will be consistent with sound clinical principles and processes.
- Reconstructive surgery, meaning surgery performed to correct or repair abnormal structures of the body caused by congenital defects, developmental abnormalities, trauma, infection, tumors, or disease to improve function or create a normal appearance to the extent possible
- Discharge planning, including the planning of continuing care

\*Please refer to Page 31-33 for a description of benefit limitations and applicable exceptions.

## Prescription drugs and medications

Prescription drugs and medications are covered when:

- They are prescribed by your doctor or another provider treating you or your child
- They are prescribed or given while you are in an emergency room or hospital
- They are given while you are in a rest home, nursing home, or convalescent hospital and they are prescribed by a Plan Physician in connection with a covered service and obtained through a

plan designated pharmacy.

- They are prescribed by a family planning doctor or other provider whose services do not require an approval.

When you have an emergency and need drugs, Molina Healthcare will provide you with up to a 72 hour supply of the drug to give you time to fill your prescription. You have the right to submit a grievance if you do not get medically needed medications after an emergency visit at one of Molina Healthcare's contracted hospitals.

Prescriptions are covered through pharmacies in network or out of network for emergent or urgent services out of the area.

If you have trouble getting a prescription filled at the pharmacy please do not pay for the prescription. Call Molina Healthcare Member Services toll-free at 1 (888) 665-4621 for assistance. If you are deaf or hard of hearing, call our dedicated TTY line toll-free at 1 (800) 479-3310 or contact us with the California Relay Service by dialing 711.

If you need an interpreter to communicate with the pharmacy about getting your medication, call Molina Healthcare toll-free at 1 (888) 665-4621. You may view a list of pharmacies on Molina Healthcare's website, [www.MolinaHealthcare.com](http://www.MolinaHealthcare.com).

## Generic medications

Generic drugs have the same ingredients as brand drugs. To be FDA (government) approved the generic drug must have the same active ingredient, strength and dosage as the brand drug. Companies

making a generic drug have to prove to the FDA that the drug works just as well and is as safe as the brand drug. If your doctor prescribes a brand name drug and there is a generic available, Molina Healthcare will cover the generic medication. If your doctor indicates that you must have the brand name drug instead of the generic, he/she must submit a prior authorization request to Molina Healthcare's Pharmacy department.

### **Stop-smoking drugs**

Molina Healthcare covers drugs to help you stop smoking. You must also enroll in a stop-smoking program to get them. You can learn more about your choices by calling Molina Healthcare's Health Education Department toll-free at 1 (800) 526-8196 ext. 127532, Monday through Friday. Your PCP helps you decide which stop-smoking drug is best for you. You can get up to a three-month supply.

### **Drug Formulary (Approved Drugs)**

Molina Healthcare uses a list of approved drugs that doctors can prescribe for you. This is called a "Drug Formulary." The list is made up by a group of doctors and pharmacists. They meet every three (3) months to talk about new drugs and changes in health care, such as evaluating the effectiveness of various drugs that may be prescribed for different conditions. Drugs are added or taken off the list based on changes in medical practice, medical technology, and the development of new drugs.

You can look at our Drug Formulary on our web site at [www.molinahealthcare.com](http://www.molinahealthcare.com). You may call Molina Healthcare and ask about a drug. Call toll-free 1 (888) 665-4621, Monday through Friday,

7:00 a.m. through 7:00 p.m. If you are a member of our deaf community, call toll-free 1 (800) 479-3310. You can also ask us to mail you a copy of the Drug Formulary. Remember that just because a drug is on the Drug Formulary does not guarantee that your doctor will prescribe it for your particular medical condition.

Remember, that if your doctor prescribes for you a drug that is not listed on the Drug Formulary that he or she feels is best for you, your doctor can ask for it through Molina Healthcare's Pharmacy Department. Molina Healthcare will let your doctor know within twenty-four (24) hours or one business day. If the request is approved, we will inform your doctor. We will send a letter to you and your doctor stating why the drug was denied.

If you are taking a drug that is no longer on our Drug Formulary, your doctor can ask us to continue covering it. The drug must be safe and effective for your medical condition. Your doctor must write your prescription for the usual amount of the drug for you.

### **Contraceptive medications and devices (birth control choices)**

Molina Healthcare covers all FDA-approved birth control choices. Call Molina Healthcare's Health Education Department toll-free at 1 (800) 526-8196 ext. 127532 if you want to learn more about your choices. Here are some facts to consider:

- A doctor provides some methods such as Depo Provera injections or Norplant. (Norplant is the name for the implants placed under the skin on the inside of your upper arm.) These implants

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release protection all the time.

- Or you can get a prescription from your doctor. These may be for birth control pills or the diaphragm.
- You can get emergency birth control (emergency contraceptive drug therapy) from a pharmacy. It is recommended that you see a doctor before getting it, but it is not necessary. You must take it within seventy-two (72) hours after of sexual intercourse. This should be used if you did not use a birth control method, or if you think you used a method that did not work.

## **Prior Authorization Monthly Prescription Process**

Medicines (drugs) are an important part of health care. They help you get well when you are sick. You need to take drugs safely. You should talk to your doctor to make sure that the drugs you take work well and are safe together.

To be sure that your medicines are safe when taken together, Molina Healthcare needs your doctor to request for you to take more than eight (8) prescription drugs per month. Your doctor will need to fill out a form to approve more than eight (8) in a month. This will help your doctor make sure the drugs you take make you healthy and do not cause any problems.

If you have HIV, AIDS, cancer, or have had a transplant you will not need this form. Molina will tell your doctor if a form needs to be filled out for you.

If you have any questions about your drugs, please ask your doctor. If you have any other questions, call Molina Healthcare's Member Services at (888) 665-4621. If you are deaf or hard of hearing, call our

dedicated TTY line toll-free at 1 (800) 479-3310 or by dialing 711 for the California Relay Service.

## **Physician services**

These services are covered:

- Prevention, diagnosis, and treatment of illness or injury
- Visits to the doctor's office
- Routine pediatric and adult health exams
- Specialist consultations when referred by your PCP (for example, a heart doctor or cancer doctor)
- Injections, allergy tests and treatments when provided or referred by your PCP
- Physician care in or out of the hospital
- A variety of preventive care services, including health education, consultations, CHDP program examinations and well-child care
- If you are a female member, you may also choose to see an Obstetrician/Gynecologist (OB/GYN) in your PCP's network for routine examinations and prenatal care. You do not need an approval from your PCP, but you may ask him or her to recommend the name(s) of an OB/GYN for you.

## **Chiropractic\* (GMC Counties only - limited to excepted members)**

You must have prior authorization for chiropractic care. Chiropractic is for treatment of the spine by means of manual manipulation, and is limited to two (2) treatments per calendar month. X-rays should be provided by your primary care doctor prior to approval.

\*Please refer to Page 31-33 for a description of benefit limitations and applicable exceptions.

### **Acupuncture\* ( GMC Counties only - limited to excepted members)**

Acupuncture is covered when all other therapies have been tried and failed.

\*Please refer to Page 31-33 for a description of benefit limitations and applicable exceptions.

### **Vision services**

These vision services are covered by Molina Healthcare:

- Routine eye exams\*. Ask your PCP about eye exams if you have diabetes, glaucoma or other diseases
- Contact lenses when medically necessary

\*Please refer to Page 31-33 for a description of benefit limitations and applicable exceptions.

### **Laboratory, x-ray, and prescribed services**

These services are covered when medically necessary:

- Laboratory tests
- X-ray procedures
- Other medically necessary tests, such as electrocardiograms (EKG) and electroencephalograms (EEG)
- Durable medical equipment, such as crutches and wheelchairs
- Allergy testing and treatment

- Audiology and hearing aids\*
- Blood and blood plasma
- Prosthetic devices (e.g. artificial arms, legs, hands)
- Circumcisions
- Physical therapy, occupational therapy, or speech therapy\*
- Podiatry services\*
- Mastectomies, lymph node dissections, and reconstructive surgery and/or prosthetic devices to restore symmetry
- Reconstructive surgery, meaning surgery performed to correct or repair abnormal structures of the body caused by congenital defects, developmental abnormalities, trauma, infection, tumors, or disease to improve function or create a normal appearance to the extent possible
- Medically accepted cancer screenings
- Screening, diagnosis, and treatment of breast cancer
- Screening and treatment of Phenylketonuria (PKU)

\*Please refer to Page 31-33 for a description of benefit limitations and applicable exceptions.

### **Cancer clinical trials**

Molina Healthcare covers routine medical costs for members participating in cancer clinical trials. You will never be enrolled in a clinical trial without your consent. To qualify for such coverage a member must:

- Be diagnosed with cancer
- Be accepted into an approved clinical trial for cancer

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- Be referred by a contracted Molina Healthcare doctor and have received prior authorization from Molina Healthcare.

Treatment provided must be approved by one of the following: 1) the National Institute of Health, the federal Food and Drug Administration, the U.S. Department of Defense, or the U.S. Department of Veterans Affairs, or 2) involve a drug that is exempt under the federal regulations from a new drug application.

All approvals and authorization requirements that apply to routine care for members not in clinical trials also apply to routine care for members in clinical trials. Contact Molina Healthcare or your PCP for further information.

## **Durable medical equipment, such as crutches and wheelchairs**

- Durable medical equipment is covered when medically necessary.
- Durable medical equipment is a physical accessory designed to serve a repeated medical purpose in your home. It is generally not useful to you in the absence of illness or injury. It does not include accessories primarily for your comfort or convenience.
- If you need durable medical equipment, Molina Healthcare will rent or purchase the equipment.
- You must have a prior authorization to get durable medical equipment if the cost of the equipment is greater than \$250.
- Reasonable repairs, maintenance, delivery and related supplies are also covered. You may be responsible for repairs if they are due to misuse or loss.

- Equipment must be provided through a vendor that is contracted with Molina Healthcare.

## **Covered Equipment Includes (but is not limited to):**

- Oxygen and oxygen equipment
- Blood glucose monitors
- Apnea monitors
- Pulmoaides and related supplies
- Nebulizer machines, face masks, tubing, peak flow meters and related supplies
- Spacer devices for metered dose inhalers
- Colostomy bags, urinary catheters and supplies.

## **Diabetic equipment and supplies**

Molina Healthcare covers the following equipment and supplies for the treatment of diabetes, when medically necessary:

- Blood glucose monitors and blood glucose testing strips
- Blood glucose monitors designed to assist members with low vision or who are blind
- Insulin pumps and all related necessary supplies
- Ketone urine testing strips
- Lancets and lancet puncture device
- Pen delivery systems for the administration of insulin
- Podiatric devices to prevent or treat diabetes-related complications
- Insulin syringes
- Visual aids, excluding eyewear, to assist those with low vision with the proper dosing of insulin.

## Transportation Services

### Emergency Medical Transportation

Emergency transportation (ambulance) or ambulance transport services provided through the “911” emergency response system will be covered in a medical emergency when medically necessary.

### Non-Emergency Medical Transportation

Non-emergency medical transportation to medical facilities is covered when your medical and physical condition does not allow you to take regular means of public or private transportation (car, bus, etc) and you have a written prescription from your doctor. Examples of non-emergency medical transportation include, but are not limited to, litter vans and wheelchair vans.

### Non-Emergency Non-Medical Transportation

Non-emergency non-medical transportation is available if the member is recovering from serious injury or medical procedure that prevents them from driving to medical appointment, they have no other form of transportation available, and the attending physician (Primary Care Physician or specialist appointment is scheduled with) asserts that member requires non-emergency non-medical transportation to and from appointment on specified date.

Non-Emergency non-medical transportation for members to medical services can be supplied by passenger car, taxi cabs, or other forms of public/private transportation. Call at least two-three (2-3) working days before your appointment to arrange transportation.

If you need non-emergency non-medical transportation, please call your PCP or Molina Healthcare’s Member Services Department to see if you qualify for these services. You must have approval to get these services before the services are given.

### **Minor consent services (Services that do not require a parent’s consent)**

Under California law, members between the ages of 12 and 18 can receive services for the following reasons without permission from their parent or guardian:

- Sexual assault, including rape
- HIV testing
- AIDS treatment
- Drug or alcohol abuse for children, twelve (12) years or older
- Pregnancy
- Abortion (pregnancy termination)
- Family planning
- Sexually transmitted diseases in children twelve (12) years or older
- Outpatient mental health services for children twelve (12) years or older under certain circumstances.

If the member requests, these services will remain confidential between the provider and the member, and will not be shared with the parent or guardian. As a member you pick a doctor who is located near you and will give you the services you need. Our Primary Care Physicians and OB/GYN specialist are available for these services. For these services, you may also pick a doctor or clinic not connected with Molina Healthcare without having to get permission from Molina Healthcare. Molina Healthcare pays

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the doctor or clinic for minor consent services you get. There are no limitations on the minor consent services done outside of Molina Healthcare's network. For more information or call Member Services toll-free at 1 (888) 665-4621.

## Care in a skilled nursing facility

Skilled nursing facility (SNF) services are covered when medically necessary and referred by your PCP. Covered SNF services include:

- Room and board
- Physician and nursing services
- Medications
- Injections

Care in a skilled nursing facility is covered for the month of admission and the following month. You will then be covered by Regular Medi-Cal (fee-for-service program) and you will continue to get care without interruption.

## Home health

These home health care services are covered when medically necessary and referred by your PCP:

- Part-time skilled nursing services
- Nurse visits
- In-home medical care services
- Physical therapy, occupational therapy, or speech therapy\*
- Medical social services
- Home health aid services
- Medical supplies
- Necessary Medical appliances

\*Please refer to Page 31-33 for a description of benefit limitations and applicable exceptions.

## Hospice care

If you are terminally ill, these services are covered:

- A semi-private room in a hospice facility
- The services of a dietician or nutritionist
- Nursing care
- Medical social services
- Home health aide and homemaker services
- Physician services
- Drugs
- Medical supplies and appliances
- Respite care for up to seven (7) days. Respite is short-term inpatient care provided in order to give relief to a person caring for you
- Counseling services for you and your family
- Development of a care plan for you
- Short term inpatient care
- Pain control
- Symptom management
- Physical therapy, occupational therapy, and speech-language pathology when provided for the purpose of symptom control, or to enable the patient to maintain activities of daily living and basic functional skills

The hospice benefit is for people who are diagnosed with a terminal illness (life expectancy of twelve (12) months or less) and who choose hospice care instead of the traditional services covered by the plan. Please contact Molina Healthcare for further information.

If your child has a terminal illness covered by California Children's Services (CCS) and you choose hospice care, your child will no longer be eligible for CCS.

## Indian health services

All eligible Native Americans have the right to access medical services through Indian Health Service facilities. You do not need an approval from your PCP. Molina Healthcare will pay the facilities for covered services. You also have the right not to enroll in a health plan, and the right to disenroll from a health plan without cause. If you need help locating an Indian health clinic, please call Member Services Department toll-free at 1 (888) 665-4621.

## Federally Qualified Health Center

If you want to get care from a Federally Qualified Health Center (FQHC), you can be assigned to an FQHC that has a contract with Molina Healthcare or you can get an approval from your PCP.

## Third party injuries

If a third party (another person) injures you, Molina Healthcare will arrange for Covered Services. DHCS may seek to recover the cost of those services from the third party. DHCS may require that you assist in this regard. If you receive money from the third party, you must pay DHCS for the value of any services provided by Molina Healthcare.

## Healing by Prayer or Spiritual Means

“Healing by prayer or spiritual means” is a covered service when done by a Christian Science Practitioner.

## WHAT IS NOT COVERED?

### Exclusions

Molina Healthcare does not cover some services. Molina Healthcare does not limit benefits covered by Medi-Cal. If you need any of these services, Medi-Cal may disenroll you from Molina

Healthcare. You will still get your Medi-Cal benefits, but from the Regular Medi-Cal (fee-for-service program). Below is a list of those services. For assistance with the Regular Medi-Cal (fee-for-service program) eligibility or benefits, you may contact the Department of Health Care Services Medi-Cal Managed Care Ombudsman toll-free at 1-888-452-8609 or you may contact Molina Healthcare for help.

- **Major Organ Transplants**

Your doctor will decide if you need one. He or she will then help you get the care you need from the Regular Medi-Cal (fee-for-service program) or the California Children Services Program. Major organ transplants are bone marrow transplants, heart transplants, liver transplants, lung transplants, heart/lung transplants, liver/small bowel transplants, and small bowel transplants. If you need a kidney transplant, you may choose to stay with Molina Healthcare.

- **Long Term Care**

Services to members who are hospitalized for longer than the month of admission plus the following month in a skilled nursing, intermediate care, or long term care facility are not covered by Molina Healthcare. These services are covered under Regular Medi-Cal (fee-for-service program). If you need long term care, you will be disenrolled from Molina Healthcare in order to get these services.

- **Medi-Cal Home and Community Based Waiver Programs**

These services are provided by the Department of Health Care Services and include In-Home Operations, In-Home Medical Care, Skilled Nursing Facility, Model Waiver and AIDS Waiver.

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## Services that are not covered by Molina Healthcare or Medi-Cal

These services will not be provided by Molina Healthcare or Regular Medi-Cal (fee-for-service program):

- Experimental or investigational drug, device, or procedures (unless approved)
- Cosmetic surgery, except when needed to repair trauma or disease-related disfigurement
- Personal comfort and convenience items
- Private duty nurses (except when medically necessary)
- Elective circumcisions
- Acupuncture and chiropractic services for GMC Counties only - limited to excepted members\* (this is not a benefit for any members in Two Plan Counties (Riverside/San Bernardino), no exceptions)
- Sports physicals required by school or recreational sport
- Completing forms for disability, WIC, DMV
- Speech therapy services\*
- Podiatric Services\*
- Audiology Services not performed/prescribed by a physician in a physician office setting\*
- Optometric and optician services (ophthalmology [doctor services for the eyes] will continue to be covered)\*
- Psychology services (psychiatry services, and all services through county mental health programs

will continued to be covered)\*

- Dental Services\*

\*There are exceptions for the services not covered by Molina Healthcare or Medi-Cal which are noted with an asterisk. Please see the section titled “What are the exceptions?” on page 32 for further information.

## What are the exceptions?

The benefits and services noted with an asterisk will NOT change for Medi-Cal beneficiaries who are:

- Under the age of 21; or
- Living in a skilled nursing facility (Level A or B; this includes subacute care facilities); or
- Pregnant. (If you are pregnant, you can continue to receive pregnancy-related benefits and services. You can also receive other benefits and services listed above to treat conditions that, if left untreated, might cause difficulties for the pregnancy. This includes dental exams, cleanings, and gum treatment. Dental and other benefits and services may also be available up to 60 days after the baby is born;) or
- Receiving benefits through the California Children’s Services program; or
- Receiving benefits through a Program of All-Inclusive Care for the Elderly.

If you do not meet the above exceptions, you can still receive the reduced benefits.

You can still receive some or all of the reduced benefits, and certain dental services if you are:

- Receiving the services through the Genetically Handicapped Persons Program; or
- Receiving the benefits through the county mental health program; or

- Receiving the benefits through the Medicare Part B program; or
- Receiving the services directly from a physician.

You should contact your physician or dentist if you have any questions about these changes.

There are some benefits and services that you can still get if you do not meet the exceptions.

- You can receive the benefits and services noted with an asterisk if an emergency condition occurs and the benefit is required to treat the emergency condition.
- Some medical and surgical services provided by a dentist will continue to be covered. Check with your dentist for more information.
- Some of the benefits and services noted with an asterisk may be provided in hospital outpatient departments and clinics, Federally Qualified Health Centers, Rural Health Clinics, Indian Health Services, adult day health care centers, or through home health agencies. Check with your primary health care provider for an approval.
- Some of the benefits and services noted with an asterisk may be continued if you are 21 years of age and older and began a course of treatment before you turned 21 (medically necessary benefits would be covered for under continuity of care). Check with your primary health care provider for more information.
- Some of the benefits and services noted with an asterisk may be continued if you are undergoing a course of treatment prior to July 1, 2009 that extends past July 1 until such a time as the course of treatment is completed.
- Your county health department may be able to

provide you some of the benefits and services no longer covered by Medi-Cal.

- If you are age 21 or older, only speech therapy services for the treatment of acute conditions for trauma and stroke are available through Molina Healthcare.
- If you are age 21 or older, only podiatric services for diabetic members with peripheral neuropathy are available through Molina Healthcare.

You have the right to appeal a denial. Turn to page 46 for information on an Independent Medical Review and page 47 for information on an Independent Medical Review for Denials of Experimental/Investigational Therapies.

## WHAT MAY NOT BE COVERED?

### Limitations

Molina Healthcare may not cover other services. You will remain a Molina Healthcare member, but Regular Medi-Cal (fee-for-service program) provides this care. We will help you get these services if you need them:

- **California Children's Services (CCS)**  
The CCS program is a State program for children with special needs up to twenty-one (21) years of age. It pays the cost of medical care for those special medical needs. Examples include cleft lip or palate, paralysis, serious eye problems, HIV, Cerebral Palsy, Sickle Cell Disease, and cancer. Your PCP will help you apply for the program if your child is eligible. CCS will let you know if your child is accepted.

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If your child is eligible for CCS care, your child remains a Molina Healthcare member. Your child will have a CCS doctor or doctors for the special needs. Your child's Molina Healthcare doctor gives all other medical care. This means your child will see the Molina Healthcare PCP for all well child exams and shots. Molina Healthcare still provides your child with your other health care.

You can learn more about the CCS Program by calling Molina Healthcare toll-free at **1 (888) 665-4621**.

- **Mental Health (Health of your mind or feeling of well-being)**

Molina Healthcare does not cover hospital care and most outpatient mental health care. Medi-Cal fee-for-service or the County Mental Health Department provides these services. Your doctor may treat some mental health conditions (such as depression).

Your PCP does not provide the following services:

- Psychiatrist services
- Psychiatric inpatient hospital services
- Psychologist services
- Specialty mental health services
- Rehabilitative services
- Marriage counseling services
- Family and child counseling services
- Licensed clinical social worker services
- **Alcohol and Drug Treatment**  
Molina Healthcare covers "crisis intervention services" and hospital care for acute drug overdose. However, if you need any other alcohol

and drug treatment services, you will be referred to the County alcohol and drug treatment program. This includes detoxification for alcohol or drugs.

- **Dental Services**

Molina Healthcare does not provide your dental services. Dental care may be covered by Regular Medi-Cal. Your PCP will do a dental screening and refer you to a dentist for dental care. Please call Denti-Cal at 1 (800) 322-6384 for dental related coverage and service questions.

- **Treatment of Tuberculosis (TB)**

Your PCP will tell you if you need care for tuberculosis. If you need care, you will be sent to the local health department.

- **Women, Infants and Children (WIC) Supplemental Food Program**

- **Local Education Agency Services**

- **Childhood Lead Poisoning Case Management Services**

- **Most HIV/AIDS and Psychotherapeutic drugs**

- **Prayer or spiritual healing services under specific circumstances**

If you are a Medi-Cal /Medicare Member, it is important that you know that Medicare, not Medi-Cal will pay for most of your prescription drugs. For more information please contact Molina Healthcare Member Services toll-free at 1 (888) 665-4621.

If you are deaf or hard of hearing, call Molina Healthcare's dedicated TTY line toll-free at 1 (800) 479-3310. You can also call Medicare toll-free at 1 (800) MEDICARE. TTY users call toll-free 1 (877) 486-2048. You can also visit the Medicare website at [www.Medicare.gov](http://www.Medicare.gov).

If you have any questions about your coverage,

please call Molina Healthcare toll-free at 1 (888) 665-4621. If you are deaf or hard of hearing, call Molina Healthcare's dedicated TTY line toll-free at 1 (800) 479-3310. Or contact the Department of Health Care Services, Medi-Cal Managed Care Ombudsman Office toll-free at 1 (888) 452-8609.

## WHEN WILL MY MOLINA HEALTHCARE MEMBERSHIP END?

### (Termination of Benefits)

#### Your membership with Molina Healthcare will stop if:

- You are no longer eligible for Medi-Cal.
- You move out of Molina Healthcare's service area.
- You decide to end your membership and disenroll from Molina Healthcare.
- You are incorrectly assigned to Molina Healthcare by the Health Care Options (HCO) Program. HCO is the group within DHCS who is in charge of the Medi-Cal Choice Program.

If you move out of Molina Healthcare's service area or you decided to end your membership with Molina Healthcare, it takes fifteen (15) to forty-five (45) days for your membership to end once you have notified Health Care Options. If you are no longer eligible for Medi-Cal, you will receive information from your eligibility worker.

#### Molina Healthcare may request your disenrollment if:

- You allow someone else to use your Molina Healthcare benefits or member ID card.

- You become abusive or violent which threatens the safety of anyone who works with Molina Healthcare or prevents Molina Healthcare or anyone working with Molina Healthcare to provide care to you or other members.
- There is a breakdown in your relationship with your doctor and Molina Healthcare does not have another doctor for you to see. This may not apply to members refusing medical care.

If Molina Healthcare requests for you to be disenrolled, we will send you a letter letting you know that we are requesting disenrollment. At that time you can appeal the request. Molina Healthcare will let you know at least ten (10) days before the disenrollment is effective.

If you claim that we ended your right to receive covered services because of your health status or requirements for health care services, you may request a review by the Department of Managed Health Care by calling toll-free 1 (800) 400-0815. You may also call the Medi-Cal Ombudsman toll-free at 1 (888) 452-8609 and you may file a request for a Medi-Cal Fair Hearing by calling toll-free 1 (800) 952-5253.

#### How do I disenroll from Molina Healthcare?

You may request disenrollment from Molina Healthcare without cause at any time. The disenrollment would be subject to any restricted disenrollment period.

To request a disenrollment application form, call Health Care Options toll-free at 1 (800) 430-4263 (Spanish-speaking members can call 1 (800) 430-3003). A disenrollment form will be mailed to you. Disenrollment requests are reviewed by the State for

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final determination and take fifteen (15) to forty-five (45) days to process before becoming effective. Your disenrollment application form includes your anticipated effective date of disenrollment. You must continue to receive your medical care from your PCP until your disenrollment is effective.

We want you to be happy with your health care. If you decide to disenroll from Molina Healthcare, please call Molina Healthcare toll-free at 1 (888) 665-4621. We want to know why you have decided to change health plans.

## How do I disenroll quickly?

In some cases, you can ask for the disenrollment process to be done more quickly. The following Members can call Health Care Options toll-free at 1 (800) 430-4263 (Spanish-speaking Members can call toll-free 1 (800) 430-3003). They will assist you with your disenrollment.

- Children who receive services under the Foster Care or Adoption Assistance Programs.
- Members with special health care needs, such as a major organ transplant, who receive these services through fee-for-service Medi-Cal.
- Members of another health plan who were enrolled in another Medi-Cal, Medicare or commercial managed care plan.
- American Indians have the right to disenroll from Molina Healthcare without cause at any time.

## What about Transitional Medi-Cal Coverage?

You have the right to apply for Transitional Medi-Cal (TMC) if you lose your cash aid due to higher earnings. TMC is also known as “Medi-Cal for working people.” TMC is only for

principal wage earners or caretaker relatives and their children who lose their regular Medi-Cal benefits because of increased earnings from employment, marriage, or a spouse returning to the home. If you meet the requirements for TMC, you may continue no-cost Medi-Cal coverage for up to twelve (12) months continuously, for a total of twenty-four (24) months.

If you lose your current Medi-Cal eligibility, you should ask your eligibility worker whether you qualify for TMC right away. If you qualify for TMC, you may continue your membership with Molina Healthcare or the health plan of your choice.

## WHAT ARE MY RIGHTS AND RESPONSIBILITIES AS A MOLINA HEALTHCARE MEMBER?

These rights and responsibilities are posted in doctors’ offices and on the Molina Healthcare web site: [www.MolinaHealthcare.com](http://www.MolinaHealthcare.com).

### Your rights

You have the right to:

- Be treated with respect and recognition of your dignity by everyone who works with Molina Healthcare.
- Get information about Molina Healthcare, our providers, our doctors, our services and members’ rights and responsibilities.
- Choose your “main” doctor from Molina Healthcare’s network (This doctor is called your primary care doctor or personal doctor).
- Be informed about your health. If you have an

illness, you have the right to be told about all treatment options regardless of cost or benefit coverage. You have the right to have all your questions about your health answered.

- Help make decisions about your health care. You have the right to refuse medical treatment.
- You have a right to Privacy. We keep your medical records private.\*
- See your medical record including the results of your Initial Health Assessment (IHA). You also have the right to get a copy or, correct, your medical record where legally ok.
- Complain about Molina Healthcare or your care. You can call, fax, e-mail or write to Molina Healthcare Member Services.
- Appeal Molina Healthcare's decisions. You have the right to have someone speak for you during your grievance.
- Ask for a State Fair Hearing by calling toll-free 1 (800) 952-5253. You also have the right to get information on how to get an expedited State Fair hearing quickly.
- Disenroll from Molina Healthcare (Leave the Molina Healthcare Health Plan).
- Ask for a second opinion about your health condition.
- Ask for someone outside Molina Healthcare to look into therapies that are experimental or being done as part of exploration.
- Decide in advance how you want to be cared for in case you have a life-threatening illness or injury.
- Get interpreter services on a 24 hour basis at no

cost to help you talk with your doctor or us if you prefer to speak a language other than English.

- Not be asked to bring a friend or family member with you to act as your interpreter.
- Get information about Molina Healthcare, your providers, or your health in the language you prefer. You also have the right to ask for materials in other formats such as, larger size print, audio, and Braille.
- Ask for a copy of Molina Healthcare's list of approved drugs (drug formulary).
- You have the right to submit a grievance if you do not get medically needed medications after an emergency visit at one of Molina Healthcare's contracted hospitals.
- Get family planning services, treatment for any sexually transmitted disease, emergency care services, from Federally Qualified Health Centers, and/or Indian Health Services. You do not need to get Molina Healthcare's approval first.
- Get minor consent services
- Not to be treated poorly by Molina Healthcare, your doctors or the Department of Health Care Services for acting on any of these rights.
- A right to make recommendations regarding the organization's member rights and responsibilities policies.
- To be free from controls or isolation used to pressure, punish or seek revenge.
- A right to file a grievance or complaint if you believe your linguistic needs were not met by Molina Healthcare.

\*Subject to State and Federal laws

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## Your responsibilities

You have the responsibility to:

- Learn and ask questions about your health benefits. If you have a question about your benefits, call toll-free at **1 (888) 665-4621**.
- Give information to your doctor or Molina Healthcare that is needed to care for you.
- Be active in decisions about your health care.
- Follow the care plans for you that you have agreed on with your doctor(s).
- To keep appointments and be on time. If you are going to be late or can not keep your appointment, call your doctor's office.
- Give your Molina Healthcare and State card when getting medical care. Do not give your card to others. Let Molina Healthcare or the State know about any fraud or wrongdoing.
- A responsibility to understand your health problems and participate in developing mutually agreed-upon treatment goals to the degree possible.

## Be Active In Your Healthcare

Plan ahead

- Schedule your appointments at a good time for you
- Ask for your appointment at a time when the office is least busy if you are worried about waiting too long
- Keep a list of questions you want to ask your doctor
- Refill your prescription before you run out of medicine

Make the most of your doctor visit

- Ask your doctor questions

- Ask about possible side effects of any medication prescribed
- Tell your doctor if you are drinking any teas or taking herbs. Also tell your doctor about any vitamins or over-the-counter medications you are using

Visiting your doctor when you are sick

Try to give your doctor as much information as you can.

- Are you getting worse or are your symptoms staying about the same?
- Have you taken anything?

If you would like more information, please call Molina Healthcare Member Services Department toll-free at 1 (888) 665-4621, Monday through Friday, between 7:00 a.m. and 7:00 p.m.

