

# Benefits

## What is Covered Under My Child's Plan? (Benefits)

Molina Healthcare wants your child to stay healthy. Many health problems can be avoided if they are found early. The information in this section summarizes the covered services available to your child under this plan. Also your care must not be experimental or part of a study (investigational). It also tells you the copayments you must pay. The Healthy Families Program will tell you the monthly "Prepayment Fee" (Premium) you must pay, if any. For more information go to the Healthy Families Handbook section "Insurance Premiums".

This Combined Evidence of Coverage and Disclosure Form constitutes 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 134, 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  
200 OceanGate, Suite 100  
Long Beach, California 90802  
1-888-665-4621  
[www.molinahealthcare.com](http://www.molinahealthcare.com)

If you are deaf or hard of hearing, call our dedicated TTY line at 1-800-479-3310.

### Preventive care

Your child pays nothing.

These preventive care services are covered and recommended for all children. Preventive services also include services for the detection of asymptomatic diseases, including, but not limited to:

- Complete health history

- Physical exam including growth assessment
- Nutritional health assessment
- Vision screening
- Hearing screening
- Immunizations (see note below\*)
- Laboratory tests, including tests for anemia, diabetes, and urinary tract infections
- Tuberculin (TB) screening
- Sickle cell trait screening, when appropriate
- Human Immunodeficiency Virus (HIV) testing
- Health education (including education regarding personal health behavior and healthcare, and recommendations regarding the optimal use of health care services.)
- Consultation with the parent, guardian or emancipated minor regarding the meaning of the exam
- Lead blood level testing, when needed
  - Parents or legal guardians of members ages 6 and 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.
- Well-baby care during the first two (2) years of life, including newborn hospital visits, health examinations, and other office visits
- A variety of voluntary family planning services
- Contraceptive services
- Prenatal care
- Sexually Transmitted Disease (STD) testing
- Cytology examinations on a reasonable periodic basis
- Yearly exams (pelvic exam, Pap smear, and breast exam) and any other gynecological service from your primary care provider or an OB/GYN provider in our plan (primary care provider approval not required).
- Medically accepted cancer screening tests including, but not limited to breast, prostate, and cervical cancer screening

\* NOTE: Molina Healthcare will provide all immunizations consistent with the most current version of the Recommended Childhood Immunization Schedule/United States, adopted by the Advisory Committee on Immunization Practices (ACIP). Molina Healthcare will also provide immunizations required for travel as recommended by the ACIP and other age appropriate immunizations as recommended by the ACIP.

## Maternity care

Your child pays nothing.

Molina Healthcare covers these maternity services:

- Prenatal and postpartum care. Coverage for participation in the statewide prenatal testing program administered by the State Department of Health Care Services known as the Expanded Alpha Feto Protein Program
- Complications of pregnancy
- Inpatient hospital care for 48 hours following a normal vaginal delivery and 96 hours following a delivery by Cesarean Section (C-Section) unless Molina Healthcare authorizes an extended stay
- Newborn exams
- Nursery care while the mother is hospitalized.

If your child's doctor, in consultation with you, decides to discharge your child and 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 48 hours of discharge when prescribed by your child's physician. This visit includes parent education, assistance and training in breast or bottle-feeding, and any needed maternal or neonatal physical assessments.

Your child's doctor and you will decide whether the post discharge visit will be at your home, at the hospital, or at your child's doctor's office after considering your family's transportation needs, and any other important factors.

You may choose any of the following for your child's prenatal care:

- Licensed Obstetrician/Gynecologist (OB/GYN)
- Certified Nurse Midwife (CNM)
- Nurse Practitioner

You can make an appointment for prenatal care without seeing your child's PCP first. You must pick an OB/GYN, from the PCP's medical group. If you need help choosing an OB/GYN or if you have any questions, 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, Monday through Friday from 7:00 a.m. to 7:00 p.m. We will be happy to assist you.

Molina Healthcare offers special classes your child can take that give you important information about diet, exercise and other topics related to your child's pregnancy. For more information about these prenatal classes, call 1-800-526-8196, ext. 127532, Monday through Friday, from 8:30 a.m. to 5:30 p.m.

## Family planning

Your child pays nothing.

Molina Healthcare covers a full range of Family Planning Services and counseling services. All FDA approved methods of birth control are covered. Your child does not need a referral to receive Family Planning Services.

Covered family planning services include:

- Birth control pills or Depo Provera shots (birth control pills are covered under the pharmacy benefit)
- Emergency contraceptive drug therapy
- Contraceptive devices, such as IUD, Norplant, Diaphragm
- Pregnancy testing and counseling
- Diagnosis and treatment for sexually transmitted diseases
- Screening, testing and counseling for HIV
- Counseling and surgical procedures for sterilization, as permitted by state and federal law

**Note:** Some hospitals and other providers do not provide one or more of the following services: family planning; contraceptive services, including emergency contraception; sterilization, including tubal ligation at the time of labor and delivery; infertility treatments; or abortion. Call your prospective doctor, medical group, independent practice association (IPA), clinic, or Molina Healthcare's 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) to ensure that you can obtain the health care services that you need.

## Pregnancy terminations

Your child pays nothing.

Abortions are legal in California. Abortions are fully paid by Molina Healthcare. Your child does not need to get prior "authorization" or approval. Most abortions are done in a few hours and your child will not need to stay in the hospital. If your child has to stay in the hospital your child will need to get 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 (mifepres), commonly known as RU-486.

**For information on Family Planning Services available to your child in your area, other than Molina Healthcare, call the State Department of Health Services, Office of Family Planning, at 1-800-942-1054 for assistance.**

## Emergency care

For each emergency room visit, your child pays \$5 (waived if hospitalized).

This means a visit to the nearest hospital or other facility that can treat your child's emergency. If your child's PCP directs you to another hospital or facility, it includes a visit to that hospital or facility. Emergencies may involve, but are not limited to:

- Difficulty in breathing
- Seizures
- Unusual or excessive bleeding
- Unconsciousness
- Severe pain
- Possible poisoning or overdose
- Suspected broken bones
- Shock or diabetic shock

## Care in a hospital

Your child pays nothing.

- Your child must have a referral to receive hospital services. If your child is admitted to the hospital as a result of an emergency, your child's hospital stay will be covered even if your child does not have a referral. Covered hospital services include:
  - Room charges (in a room of 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. \*
- *\*This benefit is only available to members under seven years of age; the developmentally disabled, regardless of age; and subscribers whose health is compromised and for whom general anesthesia is medically necessary, regardless of age. Participating health plans shall coordinate such services with the subscriber's participating dental plan. Services of the dentist or oral surgeon are excluded for dental procedures.*
- 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
- Administration of blood and blood products
- Hemodialysis
- Physical, occupational 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 child's 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

## Outpatient services

Please see copay amounts below.

Outpatient Services

- Diagnostic, therapeutic and surgical services performed at a hospital or outpatient facility (\$0)
- Physical, occupational, and speech therapy as medically necessary (\$5)
- Hospital services which can reasonably be provided on an ambulatory basis (\$0)
- Related services and supplies in connection with these services including operating room, treatment room, ancillary services, and medications which are supplied by the hospital or facility for use during the members stay at the facility (\$0)
- 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. (\$0)\*
  - *\*This benefit is only available to members under seven years of age; the developmentally disabled, regardless of age; and subscribers whose health is compromised and for whom general anesthesia is medically necessary, regardless of age. Participating health plans shall coordinate such services with the subscriber's participating*

*dental plan. Services of the dentist or oral surgeon are excluded for dental procedures.*

## Prescription drugs and medications

Your child pays \$5 for a 30 day supply for each prescription of brand name or generic drugs, including tobacco cessation drugs. For maintenance drugs, your child must pay \$5 for a 90 day supply through Molina Healthcare participating pharmacies. Your child pays nothing for contraceptive or inpatient medications. For drugs administered in a doctor's office or outpatient clinic as part of the child's stay in a facility, your child pays nothing.

Prescription drugs and medications are covered when:

- They are prescribed by your child's doctor or another Molina Healthcare provider
- They are given while your child is in an emergency room or hospital
- They are given while your child is 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.

If you need an interpreter to communicate with the pharmacy about getting your medication, call 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

Your child will be provided with the generic version of medications prescribed if available and no medical contraindications exist. If you choose to buy a brand name drug, and a generic version exists, you must pay the retail cost difference between the brand name drug and the generic drug in addition to the normal copayment.

## Tobacco cessation drugs

Molina Healthcare covers one cycle or course of treatment of tobacco cessation drugs per benefit year to help your child stop smoking. Molina Healthcare will also require the member to attend tobacco use cessation classes or programs in conjunction with the cessation drugs.

## Drug formulary

Molina Healthcare uses a list of approved drugs that doctors can prescribe to your child. 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. Drugs are added or taken off the list based on changes in medical practice, medical technology, and the developments of new drugs.

You may ask if a drug is on the formulary by contacting Molina Healthcare Member Services at 1-888-665-4621, Monday through Friday 7:00 a.m. to 7:00 p.m. If you are deaf or hard of hearing, call our dedicated TTY line at 1-800-479-3310. Member Services can also give you a copy of the drug formulary. Remember that just because a drug is on the list does not guarantee that your child's doctor will prescribe it for your child's particular medical condition.

Remember, that if your child's doctor prescribes a drug that is not listed on the Formulary that he or she feels is best for your child, their doctor can ask for it through Molina Healthcare's Pharmacy Department. Molina Healthcare will answer your doctor within 24 hours or one business day. If the request is approved, we will inform your child's doctor. If a request is denied, a letter will be sent to you and your child's doctor explaining the reason for the denial. The letter will include instructions on how to appeal the decision by telephone or in writing by contacting the department noted below:

Molina Healthcare of California  
Attn: Appeals and Grievance Unit  
200 Oceangate, Suite 100  
Long Beach, CA 90802  
1-888-665-4621, FAX 1-562-901-9632  
TTY/TDD: 1-800-479-3310

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

**Approval of Non-formulary Drugs:** In certain instances Molina Healthcare will cover a drug for a specific condition, if alternative formulary drugs have not been effective. For Molina Healthcare to approve a non-formulary drug, your child's doctor must submit evidence that the drug is medically necessary to treat the medical condition.

When medically necessary, Molina Healthcare will authorize a non-formulary drug for your child without first requiring your child to try a formulary drug.

If your child is receiving a drug that is removed from Molina Healthcare's drug formulary, Molina Healthcare will continue to authorize that drug to treat your child's medical condition.

## Contraceptive medications and devices

Molina Healthcare covers all FDA-approved oral and injectable contraceptive medications, emergency contraceptive drug therapy and prescription contraceptive devices, including internally implanted time release contraceptives.

## Physician services

Children 2 years and younger pay nothing. Children older than 2 years, pay \$5 for each visit or home visit. No charge for preventative services. No charge for surgery, anesthesia, radiation, chemotherapy or dialysis treatments. No copay for maternity and family planning 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 child's PCP
- Injections, allergy tests and treatments when provided or referred by your child's PCP
- Physician care in or out of the hospital
- A variety of preventive care services, including health education and consultations
- Podiatry services

If your child is a female member, you may choose to see an Obstetrician/Gynecologist (OB/GYN) in your child's PCP's medical group for routine examinations and prenatal care. You do not need a referral from your child's PCP, but you may ask him or her to recommend the name(s) of an OB/GYN for your child.

## Well-Baby care

Children 2 years and younger pay nothing.

Well-Baby care during the first two years of life, including newborn hospital visits, health examinations and other office visits.

## Vision services

Your child pays nothing.

These vision services are covered:

Eye exams, including eye refractions to determine the need for corrective lenses, and dilated retinal exams.

Cataract spectacles, cataract contact lenses, or intraocular lenses that replace the natural lens of the eye after cata-

ract surgery. Also one pair of conventional eyeglasses or conventional contact lenses is covered if necessary after cataract surgery with insertion of an intraocular lens.

## Hearing aids and services

Your child pays nothing.

These hearing services are covered:

- Audiological evaluation to measure the extent of hearing loss and a hearing aid evaluation to determine the most appropriate make and model of hearing aid.
- Monaural or binaural hearing aids, including ear mold(s), the hearing aid instrument, the initial battery, cords and other ancillary equipment.
- Visits for fitting, counseling, adjustments, repairs, etc. at no charge for a one-year period following the provision of a hearing aid.

**EXCLUSIONS:** The purchase of batteries or other ancillary equipment, except those covered under the terms of the initial hearing aid purchase and charges for a hearing aid which exceeds specifications prescribed for correction of a hearing loss. Replacement parts for hearing aids, repair of hearing aid after the covered one-year warranty period, replacement of a hearing aid more than once in any period of 36 months, and surgically implanted hearing devices.

## Tests and treatments

Your child pays nothing.

These services are covered to properly evaluate, diagnose, treat, and continue care:

- Laboratory tests
- X-ray procedures
- Other medically necessary tests, such as electrocardiograms (EKG) and electroencephalograms (EEG), Magnetic Resonance Imaging (MRI) and CT Scans
- Medically accepted cancer screenings
- Screening, diagnosis, and treatment of breast cancer
- Screening and treatment of Phenylketonuria (PKU)
- For a high risk pregnancy, prenatal diagnosis of genetic disorders of the fetus, if your child's doctor orders it.
- Allergy testing and treatment.

## Cancer clinical trials

Your child pays a \$5 office visit copayment. Your child also pays \$5 for a 30-34 day supply for each prescription of brand name or generic drugs, including tobacco cessation drugs. For maintenance drugs, your child must pay

\$5 for a 90-100 day supply through Molina Healthcare participating pharmacies. Your child pays nothing for inpatient medications.

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

1. Be diagnosed with cancer;
2. Be accepted into an approved clinical trial for cancer;
3. 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 Referral 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 child's doctor for further information.

## Durable medical equipment, such as crutches and wheelchairs

Your child pays nothing.

Durable medical equipment is covered when medically necessary.

- Durable medical equipment is a physical accessory designed to serve a repeated medical purpose in your child's home. It is generally not useful to your child in the absence of illness or injury. It does not include accessories primarily for your child's comfort or convenience.
- If your child needs durable medical equipment, Molina Healthcare will rent or purchase the equipment.
- You must have a prior authorization if the cost of the equipment is greater than \$250 to get durable medical equipment.
- 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

Your child pays nothing.

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 the visually impaired
- Insulin pumps and all related necessary supplies
- Ketone urine testing strips
- Lancets and lancet puncture device
- Pen delivery systems for the administration of insulin
- Pediatric devices to prevent or treat diabetes-related complications
- Syringes for injectable drugs that are not dispensed in pre-filled syringes such as insulin syringes
- Visual aids, excluding eyewear, to assist the visually impaired with the proper dosing of insulin.

## Prosthetic and orthotic devices

Your child pays nothing.

These items are covered:

- Prosthetic devices, which substitute for a missing body part, such as artificial arms and legs, or are implanted surgically. Or accessories to restore a method of speaking incident to a laryngectomy.
- Orthotic devices, including corrective appliances, artificial aids, and therapeutic devices that support, align, or prevent or correct deformities to a movable part of the body. Therapeutic footwear for diabetics is covered.

- Services to fit, repair, replace, and maintain prosthetic and orthotic devices.

Molina Healthcare does not cover prosthetic devices for cosmetic purposes, except to restore and achieve symmetry incident to a mastectomy.

## Ambulance

Your child pays nothing.

The use of an ambulance is covered when:

- Your child must go to a hospital or other facility for care in an emergency
- Your child's PCP requests your child's transfer from one hospital or facility to another and we approve it.
- Ambulance transport services provided through the 911 emergency response system.

## Non-emergency medical transportation

Your child pays nothing.

If your child has a condition that keeps you from using ordinary public or private transportation, Molina Healthcare can help. We will provide medical transportation, such as litter and wheelchair vans, if you need it.

If you need medical transportation, please call your child's PCP or Molina Healthcare Member Services for a referral. Your child must have approval to get these services.

## Home health

Your child pays nothing. Exception: For Physical, Occupational or Speech Therapy, your child must pay \$5 for each visit.

These home healthcare services are covered when medically necessary and referred by your child's PCP:

- Part-time skilled nursing services
- Nurse and home health aide visits
- Physical, occupational and speech therapy
- Respiratory therapy

Home Health Services are limited to those medically necessary services that are prescribed by your child's Molina Healthcare doctor.

## Care in a skilled nursing facility

Your child pays nothing.

Skilled nursing facility (SNF) services are covered when medically necessary and referred by your child's PCP.

Covered SNF services include:

- Room and board
- X-ray and laboratory procedures
- Respiratory therapy
- Physician and nursing services
- Medications
- Injections
- Physical, occupational, and speech therapy
- Medical social services
- Medical supplies
- Appliances and equipment ordinarily furnished by a skilled nursing facility

This benefit shall be limited to a maximum of 100 days per benefit year.

## Physical/occupational/speech therapy

Your child pays nothing for therapy performed on an inpatient basis. Your child must pay \$5 for each visit for therapy performed in the home or performed in another outpatient setting.

Physical, occupational, and speech therapy is covered when provided in a medical office or other appropriate outpatient setting, hospital, skilled nursing facility, or home. Molina Healthcare may require periodic evaluations as long as therapy, which is medically necessary, is provided.

## Mental health care

*Your child pays nothing for inpatient mental health care. For outpatient mental health, subscriber children must pay \$5 for each visit, except for outpatient mental health care visits for treatment for Serious Emotional Disturbance (SED) conditions. Your child pays nothing for outpatient mental health care for SED conditions.*

### Inpatient Mental Health Care Services

Mental health care in a participating hospital when ordered and performed by a participating mental health professional.

### Basic Mental Health Care Services (Provided by Molina Healthcare or Molina Healthcare sub-contractor)

Diagnosis and treatment of a mental health condition.

### LIMITATIONS

Basic mental health care services are limited to thirty (30) days per benefit year. Additional days may be authorized by Molina Healthcare. Molina

Healthcare, with the agreement of the subscriber or applicant or other responsible adult if appropriate, may substitute for each day of inpatient hospitalization any of the following:

- 2 days of residential treatment,
- 3 days of day care treatment, or
- 4 outpatient visits.

#### Severe Mental Illness (SMI)

Inpatient mental health care services for the treatment of Severe Mental Illnesses. Examples of SMI include, but are not limited to:

- Schizophrenia
- Schizoaffective disorder
- Bipolar disorder (manic-depressive illness)
- Major depressive disorders
- Panic disorder
- Obsessive-compulsive disorder
- Pervasive developmental disorder or autism
- Anorexia nervosa
- Bulimia nervosa

LIMITATIONS  
Unlimited days.

#### Serious Emotional Disturbance (SED) Services (Provided by the County Mental Health Department)

Diagnosis and treatment for SED condition.

LIMITATIONS  
Unlimited days. On or before day 30; Molina Healthcare may refer the member to their county mental health department for continued treatment of the SED condition. 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 a SED condition.

#### Outpatient Mental Health Care Services

Mental health care services when ordered and performed by a participating Plan mental health provider. These services require prior authorization.

For the Healthy Families Program in San Diego County, behavioral healthcare services are provided through Psychiatric Centers of San Diego (Behav-

ioral Health Care), a contracted, delegated Managed Behavioral Health Organization.

Behavioral Health Care  
Phone: (619) 528-4600  
Fax: (619) 528-4625

Hrs: 9:00AM-5:00PM (Monday-Friday)

For the Healthy Families Program in all other counties in Molina Healthcare's service area, behavioral healthcare services are provided through Comprehensive Care.

Comprehensive Care  
Phone: (800) 818-7235  
Fax: (877) 224-7515

Hrs: 24 hrs a day, 7 days a week

#### Basic Mental Health Care Services

- Treatment for members who have experienced family dysfunction or trauma, including child abuse and neglect, domestic violence, substance abuse in the family, divorce, or bereavement.
- Involvement of family members in the treatment to the extent the provider determines it is appropriate for the health and recovery of the member

LIMITATIONS

Basic outpatient mental health care services are limited to twenty (20) visits per benefit year, except that the number of treatment days may be increased when outpatient treatment days are substituted for inpatient hospitalization days as described in the Inpatient Mental Health Care Services benefit description section of this Evidence of Coverage (EOC) booklet.

#### Severe Mental Illness (SMI)

Outpatient mental health care services for the treatment of severe mental illnesses. Examples of SMI include, but are not limited to:

- Schizophrenia
- Schizoaffective disorder
- Bipolar disorder (manic-depressive illness)
- Major depressive disorders
- Panic disorder
- Obsessive-compulsive disorder
- Pervasive developmental disorder or autism

- Anorexia nervosa
- Bulimia nervosa

LIMITATIONS  
Unlimited visits.

#### Serious Emotional Disturbance (SED) Services

Diagnosis and treatment for SED condition provided by the county mental health department.

For members with a Serious Emotional Disturbance (SED) condition, outpatient and related professional services pertaining to the SED condition will be provided by the county mental health department. 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 a SED condition.

The member will remain enrolled in Molina Healthcare and will continue to receive primary care, specialty care, and all other covered services for medical conditions not related to the SED condition from Molina Healthcare. For more information about SED diagnosis and treatment benefits, see “Coordination of Services” on page 30.

LIMITATIONS  
Unlimited visits

## Alcohol and drug abuse

Your child pays nothing for inpatient detoxification and \$5 for outpatient services. For outpatient crisis intervention and treatment, you must pay \$5 for each visit.

The following services are covered:

- Hospitalization for alcoholism or drug abuse as medically needed to remove toxic substances from the system
- Crisis intervention and treatment of alcoholism or drug abuse on an outpatient basis as medically needed. Molina Healthcare offers 20 visits per benefit year.

## Chiropractic and Acupuncture

Your child pays \$5 office visit.

- Chiropractic services are limited to treatment of the spine by means of manual manipulation.
- Acupuncture services are limited to treatment performed to prevent, modify, or alleviate the perception

of severe, persistent, chronic pain resulting from a generally recognized medical condition.

- These services must be provided by a Molina Healthcare Provider. You do not need an authorization or referral. You have direct access to these Providers. For more information, call our Member Services Department toll-free at 1-888-665-4621. Or, if you are deaf or hard of hearing please use our dedicated TTY number at 1-800-479-3310.
- Chiropractic and acupuncture office visits are covered for up to 20 combined visits per benefit year.

## Hospice care

Your child pays nothing.

If your child is 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. Respite is short-term inpatient care provided in order to give relief to a person caring for your child
- Counseling services for your child
- Development of a care plan for your child
- Short term inpatient care
- Pain control
- Symptom management

The hospice benefit is for people who are diagnosed with a terminal illness with a life expectancy of twelve months or less and who choose hospice care instead of the traditional services covered by the plan. The hospice election may be revoked at any time. Please contact Molina Healthcare for further information.

## Indian health services

All eligible Native Americans have the right to access medical services through Indian Health Service facilities. You do not need a referral from your PCP. Molina Healthcare will pay the facilities for covered services.

## Blood and Blood Products

Covered Benefit 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.

## Organ and tissue transplants

Your child pays nothing.

Organ and tissue transplants are covered when medically necessary. The following transplant-related services are covered:

- Reasonable medical and hospital expenses for a donor or individual identified as a prospective donor if the expenses are directly related to the transplant for a member.
- Charges for testing relatives for matching bone marrow transplants. Charges associated with the search and testing of unrelated bone marrow donors through a recognized Donor Registry and charges associated with getting the donor organs through a recognized Donor Transplant Bank, if the expenses are directly related to the anticipated transplant.

## Annual copayment maximum

The maximum copayment amount per benefit year that you pay for health care services is \$250 a family. A benefit year is from July 1 to June 30. Keep all your receipts for copayments you make for health care at the time of service. Let your child's health insurance plan know if you reach the maximum \$250 for the benefit year of coverage. Then you will not have to make any more \$5 copayments for health care services until the next benefit year of coverage.

## Federally Qualified Health Center

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

## American Indian or Alaska Native

You will not be required to pay copayments as long as you have submitted acceptable documentation to the Healthy Families Program.

## Coordination of benefits and other matters

Coverage provided under this program is secondary to all other coverage, except Medi-cal. Benefits paid under this program are determined after benefits have been paid as a result of a member's enrollment in any other health care program.

By enrolling in Molina Healthcare, each member agrees to complete and submit to Molina Healthcare such consents, releases, assignments and any other document reasonably requested by Molina Healthcare in order to assure and obtain reimbursement and to coordinate coverage with other health benefit plans or insurance policies. The payable benefit will be reduced when benefits are available to a member under such other plan or policy whether or not claim is made for the same.

The fact that a member has double coverage under Molina Healthcare will in no way reduce member's obligation to make all required copayments.

## Third-party liability

The member agrees that, if benefits of this Agreement are provided to treat an injury or illness caused by the wrongful act or omission of another person or third party, provided that the member is made whole for all other damages resulting from the wrongful act or omission before Molina Healthcare is entitled to reimbursement, member shall:

- Reimburse Molina Healthcare for the reasonable cost of services paid by Molina Healthcare to the extent permitted by California Civil Code section 3040 immediately upon collection of damages by him or her, whether by action or law, settlement or otherwise; and
- Fully cooperate with Molina Healthcare effectuation of its lien rights for the reasonable value of services provided by Molina Healthcare to the extent permitted under California Civil Code section 3040. Molina Healthcare's lien may be filed with the person whose act caused the injuries, his or her agent or the court.

Molina Healthcare shall be entitled to payment, reimbursement, and subrogation (recover benefits paid when other insurance provides coverage) in third party recoveries and the member shall cooperate to fully and completely assist in protecting the rights of Molina including providing prompt notification of a case involving possible recovery from a third party.

# What is Not Covered Under My Child's Plan?

## Situations in which Molina Healthcare will not provide coverage

Molina Healthcare will not provide services if:

- a. The service is for someone who is not a Molina Healthcare Member.
- b. The date of the service is before membership begins or after it ends.
- c. The care is not medically necessary, unless otherwise specified.
- d. A referral was not obtained for the service, if required.
- e. Experimental or investigational services, including any treatment, therapy, procedure or drug or drug usage, facility or facility usage, equipment or equipment usage, device or device usage, or supply which is not recognized as being in accordance with generally accepted professional medical standards or for which the safety and effectiveness have not been determined for use in the treatment of a particular illness, injury or medical condition for which the item or service in question is recommended or prescribed. If Molina Healthcare denies coverage based on a determination that the procedure, service, product, drug or device is experimental or investigational, you may request an Independent Medical Review (IMR). For information about the IMR process, please refer to page 34, Independent Medical Review.
- f. Dental care. Molina Healthcare will cover the services of a dentist or an oral surgeon under certain limited circumstances in connection with an emergency.
- g. Cosmetic surgery. This means surgery primarily to change your child's appearance. It includes surgery for a sex-change operation. Surgery is not considered cosmetic if it corrects the result of an injury, corrects a bodily function, or is reconstructive surgery after a mastectomy to restore symmetry.
- h. Drugs or medications for cosmetic purposes.
- i. Patent or over-the-counter medicines, including non-prescription contraceptive jellies, ointments, foams, condoms, etc., medicines not requiring a written prescription order (except insulin and one cycle or course of treatment of tobacco cessation drugs per benefit year), dietary supplements, appetite suppressants or any other diet drugs or medications, unless medically necessary for the treatment of morbid obesity.
- j. Disposable supplies, except colostomy bags and urinary catheters and supplies consistent with Medicare coverage guidelines.
- k. Exercise and hygiene equipment, experimental or research equipment, devices not medical in nature such as sauna baths and elevators, or modifications to the home or automobile, deluxe equipment, or more than one piece of equipment that serves the same function.
- l. Corrective shoes and arch supports, except for therapeutic footwear for diabetics, non-rigid devices such as elastic knee supports, corsets, elastic stockings, and garter belts, dental appliances, electronic voice producing machines, or more than one prosthetic or orthotic device for the same part of the body.
- m. Non-Emergency Transportation by airplane, passenger car, taxi or other form of public conveyance, except as described in non-emergency medical transportation section.
- n. Treatment for infertility. Diagnosis and treatment of infertility is not covered unless provided in conjunction with covered gynecological services. Treatments of medical conditions of the reproductive system are not excluded.
- o. Reversal of a voluntary sterilization.

## Services Molina Healthcare will not cover

Molina Healthcare will not provide coverage for:

- a. Services that are not listed as covered services in this EOC.
- b. Medical services that are received in an emergency care setting for conditions that are not emergencies if you reasonably should have known that an emergency care situation did not exist.
- c. Physical exams, tests, or services that your child must receive in order to begin or continue employment, apply for insurance, apply for a license or school admission, sport clearance or comply with a court order or for any similar purpose.
- d. The routine purchase of eyeglasses or contacts.
- e. Hearing aid batteries or other ancillary equipment, except those covered under the terms of the initial hearing aid purchase and charges for a hearing aid which exceeds specifications prescribed for correction of a hearing loss. Replacement parts for hearing aids, repair of a hearing aid after the covered one-year warranty period, replacement of a hearing aid more than once in any period of 36 months, and surgically implanted hearing devices.

- p. Long-term care benefits including long-term skilled nursing care in a licensed facility and respite care are excluded unless Molina Healthcare determines they are less costly, satisfactory alternatives to the basic minimum benefits. This section does not exclude short-term skilled nursing care or hospice benefits.
- q. Custodial care. This means care primarily to assist your child in the activities of daily living, such as help in walking, getting in and out of bed, bathing, dressing, eating or administering drugs. This exclusion does not apply to authorized services for members receiving hospice care.
- r. Vocational rehabilitation.
- s. Faith healing.
- t. Routine foot care. This includes trimming corns, calluses, or nails and the purchase of orthopedic shoes, custom-made shoes, arch supports, shoe inserts, or other devices for the feet. Except when found to be medically necessary, pre-approved and provided by a Molina Healthcare contracted provider.
- u. Items for your child's personal comfort or convenience.
- v. Treatment for any bodily injury or sickness arising from or sustained in the course of any occupation or employment or compensation, profit or gain for which benefits are provided or payable under any worker's compensation benefit plan. Molina Healthcare shall provide services at the time of need, and the member or member's legal guardian shall cooperate to assure that Molina Healthcare is reimbursed for such benefits.
- w. Services which are eligible for reimbursement by insurance or covered under any other insurance or health care service plan. Molina Healthcare shall provide services at the time of need, and the member or member's legal guardian will cooperate to assure that Molina Healthcare is reimbursed for such benefits.

**If your child receives any services that are not covered, you must pay for those services.**

If there is a disaster, epidemic, war, riot, or similar event beyond Molina Healthcare's control, we will arrange Covered Services to the extent reasonable.

If you have any questions about your child's coverage, please call 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 at 1-800-479-3310.

## Education and information about Health and Disease

There is no cost to members for health education services.

Molina Healthcare offers many tools to help keep your children healthy. You may ask for brochures on many topics such as:

- Eating healthy
- Reading the food label to reduce fat in your child's diet
- Reducing stress
- Starting an exercise program
- Choosing a birth control method
- Drug and alcohol use
- Weight Management

We also offer programs to help you manage any current health condition. This can include pregnancy, asthma or diabetes. If you would benefit from these programs, a Molina Healthcare Care Manager may contact you. You can also enroll in any of these programs by calling the Molina Healthcare Health Education Department at 1-800-526-8196 (extension 127532) between 8:30 a.m. and 5:30 p.m. Monday through Friday.

## Interpretive Services and Payment Responsibilities

### Do you speak a language other than English?

Many people do not speak English well or at all. Please tell your child's doctor (PCP) or call Molina Healthcare Member Services if you prefer speaking a language other than English. Molina Healthcare can help you find a doctor that speaks your language or have an interpreter assist you.

Molina Healthcare makes available both telephonic and face-to-face interpretive services to assist you in any of the following:

- Making an appointment.
- Talking with your child's doctor or nurse.
- Getting emergency care in a timely manner.
- Filing a complaint or grievance.
- Getting health education services.
- Getting information from the pharmacist about how your child needs to take their medicine

Interpreter services are free to all Healthy Families members. Tell your child's doctor or anyone working in his or her office if you need interpreter services. If you feel you are not getting the interpreter services you need, you have the right to file a grievance (complaint). To ask for interpreter services or to file a grievance, 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.

## Do you have special needs?

Are you hearing or sight impaired? Molina Healthcare can help you to talk with your child's doctor and us. If you are deaf or hard of hearing, call our TTY line at 1-800-479-3310 or call the California Relay Service at 711 to contact us. It may take some time, but please do not hang up.

## Payment Responsibilities

- There are no copayments for preventative services.
- There are no copayments for members that are determined to be American Indians or Alaska Natives.
- No copayment will be charged to members 24 months of age and younger for well baby care, health examinations and other office visits.

The maximum copayment amount per benefit year that you pay for health care services is \$250 a family. A benefit year is from July 1 to June 30. Keep all your receipts for copayments you make for health care at the time of service. Let your child's health insurance plan know if you reach the maximum \$250 for the benefit year of coverage. Then you will not have to make any more \$5 copayments for health care services until the next benefit year of coverage.

## Member Liabilities

Generally, the only amount a member pays for covered services is the required copayment.

You may have to pay for services you receive that are NOT covered services, such as:

- Non-emergency services received in the emergency room;
- Non-emergency or non-urgent services received outside of Molina Healthcare's service area if you did not get authorization from Molina Healthcare before receiving such services;
- Specialty services you receive if you did not get a required referral or authorization from Molina Healthcare before receiving such services (see page 11, What is a Prior Authorization?);
- Services from a non-participating provider, unless the

services are for situations allowed in this Evidence of Coverage booklet (for example, emergency services, urgent services outside of the plan's service area [see page 12, What if I'm away from Molina Healthcare's service areas and my child needs emergency care?], or specialty services approved by the plan [see page 8, What if my child's doctor or hospital is not with Molina Healthcare?]); or

- Services you received that are greater than the limits described in this Evidence of Coverage booklet unless authorized by Molina Healthcare.

Molina Healthcare is responsible to pay for all covered services including emergency services. You are not responsible to pay a provider for any amount owed by the health plan for any covered service.

If Molina Healthcare does not pay a non-participating provider for covered services, you do not have to pay the non-participating provider for the cost of the covered services. Covered services are those services that are provided according to this Evidence of Coverage booklet. The non-participating provider must bill Molina Healthcare, not you, for any covered service. But remember, services from a non-participating provider are not "covered services" unless they fall within the situations allowed by this Evidence of Coverage booklet.

If you receive a bill for a covered service from any provider, whether participating or nonparticipating, contact Molina Healthcare's Member Services Department at 1-888-665-4621.

## When Will My Child's Molina Healthcare Membership End?

(Termination of Benefits)

**Your child's membership with Molina Healthcare will stop if:**

- Your child is no longer eligible for the Healthy Families Program.
- You move out of Molina Healthcare's service area.
- You decide to end your child's membership and disenroll from Molina Healthcare.

Please go to the Healthy Families Handbook section "Other Program Information" to learn more information about when your membership with Molina Healthcare will stop.

**Molina Healthcare may request that MRMIB transfer your child's membership to another health plan if:**

- You allow someone else to use your child's Molina Healthcare member ID card.

- You or your child becomes abusive, threatening or violent with any one who works with Molina Healthcare.
- There is a breakdown in your relationship with your child's doctor and Molina Healthcare does not have another doctor for you to see.

If you claim that we ended your child's right to receive covered services because of your child's health status or requirements for healthcare services, you may request a review by the Department of Managed Health Care by calling 1-800-400-0815.

## What are My Child's Rights and Responsibilities as a Molina Healthcare Member?

### Your child's rights

**You and your child have the right to:**

- Be treated with respect and dignity by everyone who works with Molina Healthcare.
- Receive information about Molina Healthcare, our providers, our doctors, our services,
- Choose your child's main doctor from Molina Healthcare's network. This doctor is called primary care physician or PCP (also called your personal doctor).
- Be informed about your child's health. If your child has an illness, you have the right to be told about all treatment options regardless of cost or benefit coverage. You also have the right to have all your questions about your child's health answered.
- Help make decisions about your child's health care. You also have the right to refuse medical treatment.
- Your child has the right to privacy. You have the right to keep your child's medical record private. \*
- See your child's medical record. You also have the right to get a copy of and correct their medical record where legally ok.
- Complain about Molina Healthcare or the care provided to your child. You can call, fax, e-mail or write to Molina Healthcare's Member Services Department. You have the right to have someone represent you during your grievance.
- Appeal Molina Healthcare's decisions. You have the right to have someone represent you during your

grievance.

- Receive a reasonable and timely response to a request for service, including evaluations and referrals.
- Disenroll from Molina Healthcare (Leave the Molina Healthcare Health Plan).
- Ask for a second opinion about your child's health condition.
- Ask for someone outside Molina Healthcare to look into therapies that are experimental or being done as part of an exploration, investigational therapies.
- Ask for an Independent Medical Review.
- Receive interpreter services at no cost to help you talk with your child's doctor or us if you prefer to speak a language other than English. You may also file a grievance if you feel your language needs have not been met.
- Not be asked to bring a friend or family member with you to act as your interpreter.
- Request information about Molina Healthcare, your child's providers, or your child's health in your preferred language.
- Request and receive materials in other formats such as larger size print and Braille.
- Get a copy of Molina Healthcare's list of approved drugs (drug formulary).
- Receive Family Planning Services, treatment for any sexually transmitted disease, emergency care services, services from Federally Qualified Health Centers (FQHCs) and/or Indian Health Services (IHS) without receiving prior approval from Molina Healthcare.
- Access minor consent services.
- The freedom to exercise these rights without negatively affecting how you and your child are treated by Molina Healthcare or its providers.
- Make recommendations regarding the organization's member rights and responsibilities policies.

\*Subject to State and Federal laws

### Your responsibilities

**You have the responsibility to:**

- Learn and ask questions about your child's health benefits. If you have a question about your child's benefits, call 1-888-665-4621. If you are deaf or

hard of hearing, call our dedicated TTY line at 1-800-479-3310.

- Give information to your child's doctor or Molina Healthcare that is needed to care for your child.
- Be active in decisions about your child's health care.
- Follow the care plan that you have agreed on with your child's doctor.
- Keep appointments and be on time. If your child is going to be late or cannot keep appointment, call your child's PCP.
- Pay your "Prepayment Fees" (Premiums) to the Healthy Families Program. Be aware of services requiring a copayment. Maintain a record of copayments made during the benefit year.
- Inform Molina Healthcare of any change of address or any changes to entitlement that could affect continuing eligibility.
- A responsibility to understand their health problems and participate in developing mutually agreed-upon treatment goals to the degree possible.

**If you would like more information, please call Molina Healthcare Health Education Department at 1 (800) 526-8196 extension 127532, Monday through Friday, between 8:30 a.m. and 5:30 p.m.**

## **Be Active In Your Child's Health Care**

### **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 child's doctor
- Refill your child's prescription before you run out of medicine

### **Make the most of your child's doctor's visit**

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

## **Visiting your child's doctor when they are sick**

Try to give your child's doctor as much information as you can.

- Is your child getting worse or are their symptoms staying about the same?
- Have they taken anything?