

2024

Summary of Benefits

Molina Medicare Complete Care Plus (HMO D-SNP), a Medicare Medi-Cal Plan

California H3038-003

Serving the following counties: Los Angeles, Riverside, San Bernardino, and San Diego

Effective January 1 through December 31, 2024





Molina Medicare Complete Care Plus (HMO D-SNP) a Medicare Med-Cal Plan: **Summary of Benefits**

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Introduction

This document is a brief summary of the benefits and services covered by Molina Medicare Complete Care Plus (HMO D-SNP). It includes answers to frequently asked questions, important contact information, an overview of benefits and services offered, and information about your rights as a member of Molina Medicare Complete Care Plus (HMO D-SNP). *Key terms and their definitions appear in alphabetical order in the last chapter of the Member Handbook.*

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If you have questions, please call Molina Medicare Complete Care Plus at (855) 665-4627, TTY: 711, 7 days a week, 8 a.m. to 8 p.m., local time. The call is free. **For more information**, visit www.MolinaHealthcare.com/Medicare.

Molina Medicare Complete Care Plus (HMO D-SNP) a Medicare Med-Cal Plan: **Summary of Benefits**

A. Disclaimers



This is a summary of health services covered by Molina Medicare Complete Care Plus (HMO D-SNP) for 1/1/2024. This is only a summary. Please read the *Member Handbook* for the full list of benefits.

- ❖ The 2024 Member Handbook will be available by October 15. An up-to-date copy of the 2024 Member Handbook is always available on our website at www.MolinaHealthcare.com/Medicare. You may also call Member Services at (855) 665-4627, TTY: 711, 7 days a week, local time to ask us to mail you a 2024 Member Handbook.
- ❖ For more information about **Medicare**, you can read the *Medicare & You* handbook. It has a summary of Medicare benefits, rights, and protections and answers to the most frequently asked questions about Medicare. You can get it at the Medicare website (www.medicare.gov) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048. For more information about **Medi-Cal**, you can check the California Department of Healthcare Services (DHCS) website (www.dhcs.ca.gov) or contact the Medi-Cal Office of the Ombudsman 1-888-452-8609, Monday through Friday, between 8:00 a.m. and 5:00 p.m. You can also call the special Ombudsman for people who have both Medicare and Medi-Cal, at 1-855-501-3077, Monday through Friday, between 9:00 a.m. and 5:00 p.m.
- ❖ You can get this document for free in other formats, such as large print, braille, or audio. Call (855) 665-4627, TTY: 711, 7 days a week, local time. The call is free.
- ❖ This document is available for free in Spanish, Arabic, Armenian, Cambodian, Chinese, Farsi, French, French Creole, Hindi, Hmong, Italian, German, Japanese, Korean, Laotian, Mien, Polish, Portuguese, Punjabi, Russian, Tagalog, Thai, Ukrainian, and Vietnamese.

Spanish:

- ❖ Contamos con servicios de intérprete gratuitos para responder a cualquier pregunta que pueda tener acerca de nuestro plan de salud o de medicamentos. Para acceder a los servicios de un intérprete, llámenos al (855) 665-4627 TTY: 711. *Una persona que habla inglés, español, árabe, armenio, camboyano, chino, farsi, francés, criollo francés, hindi, hmong, italiano, alemán, japonés, coreano, laosiano, mien, polaco, portugués, punjabi, ruso, tagalo, tailandés, ucraniano o vietnamita puede ayudarle. Este es un servicio gratuito.*

Arabic:

- ❖ نوفر خدمات الترجمة الفورية المجانية للإجابة عن أي أسئلة قد تراودك حول الخطة الصحية أو خطة الأدوية لدينا. للحصول على مترجم فوري، كل ما عليك هو الاتصال بنا على الرقم (855) 665-4627 وبالنسبة لمستخدمي هاتف الصم والبكم TTY، فيمكنهم الاتصال على: 711. يمكن أن يساعدك شخص يتحدث الإنجليزية، أو الإسبانية، أو العربية، أو الأرمنية، أو الكمبودية، أو الصينية، أو الفارسية، أو الفرنسية، أو الفرنسية الكريولية، أو الهندية، أو الهونجية أو الإيطالية أو الألمانية أو اليابانية أو الكورية أو اللتوانية أو لغة المين أو البولندية أو البرتغالية أو البنجابية أو الروسية أو التاجولوجية أو التايلندية أو الأوكرانية أو الفيتنامية. تقدم هذه الخدمة مجانًا.

Armenian:



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Hindi:

- ❖ हमारे स्वास्थ्य या औषधियोजना के बारे में आपके हो सकने वाले किसी भी प्रश्न का उत्तर देने के लिए हमारे पास निःशुल्क दुभाषिया सेवाएँ हैं। दुभाषिया प्राप्त करने के लिए बस हमें (855) 665-4627 TTY: 711 पर कॉल करें। अंग्रेजी, स्पेनशि, अरबी, अर्मेनियाई, कम्बोडियाई, चीनी, फ़ारसी, फ्रेंच, फ्रेंच क्रियोल, हद्दी, हमोंग, इतालवी, जर्मन, जापानी, कोरियाई, लाओटयिन, मीन, पोलशि, पुर्तगाली, पंजाबी, रूसी, टैगालोग, थाई, यूक्रेनी, या वयितनामी बोलने वाला कोई व्यक्ति आपकी मदद कर सकता है। यह एक निःशुल्क सेवा है।

Hmong:

- ❖ Peb muaj cov kev pab cuam txhais lus los teb cov lus nug uas koj muaj txog ntawm peb lub phiaj xwm kev noj qab haus huv thiab tshuaj kho mob. Kom tau txais tus kws txhais lus tsuas yog hu rau peb ntawm (855) 665-4627 TTY: 711. Muaj tus neeg hais lus Askiv, Xab Pees Niv, AsLas Npiv, Asme Nias, Kas Pus Cia, Suav, Fas Lis, Fab Kis, Fab Kis KesLaus, His Du, Hmoob, Is Tas Lij, Yias Lab Mas, Nyiv Pooj, Kaus Lim, Nplog, Co, Paus Lis, Pos Tus Kej, Pa Ca Npi, Lav Xias, Ta Ka Lov, Thaib, Yus Khees los sis Nyab Laj los pab koj. Qhov kev pab cuam no yog pab dawb xwb.

Italian:

- ❖ Disponiamo di servizi di interpretariato gratuiti per rispondere a qualsiasi domanda possa avere sul nostro piano sanitario o farmacologico. Per usufruire di un interprete, ci chiami al numero (855) 665-4627 supporto telescrivente: 711. Una persona che parla inglese, spagnolo, arabo, armeno, cambogiano, cinese, farsi, francese, creolo francese, hindi, hmong, italiano, tedesco, giapponese, coreano, laotiano, mien, polacco, portoghese, punjabi, russo, tagalog, thailandese, ucraino o vietnamita la aiuterà. Il servizio è gratuito.

German:

- ❖ Wir bieten Ihnen kostenlose Dolmetschdienstleistungen, um alle Ihre Fragen zu unserem Gesundheits- oder Medikamentenplan zu beantworten. Um einen Dolmetscher zu bekommen, rufen Sie uns einfach an unter (855) 665-4627 TTY: 711. Jemand, der Englisch, Spanisch, Arabisch, Armenisch, Kambodschanisch, Chinesisch, Farsi, Französisch, Französisch-Kreolisch, Hindi, Hmong, Italienisch, Deutsch, Japanisch, Koreanisch, Laotisch, Mien, Polnisch, Portugiesisch, Punjabi, Russisch, Tagalog, Thai, Ukrainisch oder Vietnamesisch spricht, kann Ihnen helfen. Diese Dienstleistung ist kostenlos.

Japanese:

- ❖ 当社の医療保険や処方薬プランに関するご質問にお答えするため、無料の通訳サービスをご利用いただけます。通訳をご希望の方は、(855)665-4627までお電話ください。TTY: 711。英語またはスペイン語、アラビア語、アルメニア語、カンボジア語、中国語、ペルシャ語、フランス語、クレオール語、ヒンディー語、モン語、イタリア語、ドイツ語、日本語、韓国語、ラオス語、ミエン語、ポーランド語、ポルトガル語、パンジャブ語、ロシア語、タガログ語、タイ語、ウクライナ語、ベトナム語を話せる者がお手伝いいたします。これは無料のサービスです。

Korean:

- ❖ 당사는 무료 통역 서비스를 통해 건강 또는 의약품 플랜에 대한 귀하의 질문에 답변해 드립니다. 통역 서비스를 이용하시려면 (855) 665-4627 TTY: 711로 전화하십시오. 영어, 스페인어, 아랍어, 아르메니아어, 캄보디아어, 중국어, 페르시아어, 프랑스어, 프랑스어크리올어, 힌디어, 몽족어, 이탈리아어, 독일어, 일본어, 한국어, 라오스어, 미엔어, 폴란드어, 포르투갈어, 펀자브어, 러시아어, 타갈로그어, 태국어, 우크라이나어 또는 베트남어 지원이 가능합니다. 무료 서비스입니다.



If you have questions, please call Molina Medicare Complete Care Plus at (855) 665-4627, TTY: 711, 7 days a week, 8 a.m. to 8 p.m., local time. The call is free. **For more information**, visit www.MolinaHealthcare.com/Medicare.

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- ❖ Если у вас возникли какие-либо вопросы о вашем плане медицинского обслуживания или плане с покрытием лекарственных препаратов, для вас предусмотрены бесплатные услуги переводчика. Чтобы воспользоваться услугами переводчика, просто позвоните нам по номеру (855) 665-4627, телетайп: 711. Вам поможет сотрудник, владеющий английским, испанским, арабским, армянским, кхмерским, китайским, фарси, французским, гаитянским креольским, хинди, хмонг-мьенским, итальянским, немецким, японским, корейским, лаосским, мьен, польским, португальским, пенджабским, русским, тагальским, тайским, украинским или вьетнамским языком. Эта услуга предоставляется бесплатно.

Tagalog:

- ❖ Mayroon kaming libreng mga serbisyo ng interpreter na makakasagot sa anumang tanong na maaaring mayroon ka tungkol sa aming plano sa kalusugan o gamot. Para makakuha ng interpreter tumawag lang sa (855) 665-4627 TTY: 711. *Matutulungan ka ng isang taong nakakapagsalita ng English, Spanish, Arabic, Armenian, Cambodian, Chinese, Farsi, French, French Creole, Hindi, Hmong, Italian, German, Japanese, Korean, Laotian, Mien, Polish, Portuguese, Punjabi, Russian, Tagalog, Thai, Ukrainian, o Vietnamese. Isa itong libreng serbisyo.*

Thai:

- ❖ เรามีบริการล่ามให้บริการคุณฟรีสำหรับการตอบคำถามต่างๆ ที่เกี่ยวกับสุขภาพและแผนยาของเรา หากต้องการล่ามสามารถโทรหาเราได้ที่(855) 665-4627 TTY: 711. สำหรับคนที่พูดภาษาอังกฤษ สเปน อารบิก อาร์เมเนีย กัมพูชา จีน ฟาร์ซี ฝรั่งเศส ครีโอลฝรั่งเศส ฮินดี ม้ง อิตาลี เยอรมัน ญี่ปุ่น เกาหลี ลาว เมียนมา ไบแลนด์ โปรตุเกส ปัญจาบ รัสเซีย ตากาล็อก ไทย ภาษายูเครนหรือภาษาเวียดนาม เราสามารถช่วยคุณได้ นี่เป็นบริการฟรีสำหรับคุณ

Ukrainian:

- ❖ Ми надаємо безкоштовні послуги перекладача, який допоможе відповісти на будь-які запитання про наш план медичного страхування або план покриття ліків. Щоб отримати послуги перекладача, просто зателефонуйте нам за номером (855) 665-4627, телетайп: 711. *Вам може допомогти людина, яка розмовляє англійською, іспанською, арабською, вірменською, кхмерською, китайською, фарсі, французькою, гаїтянською креольською, гінді, хмонг, італійською, німецькою, японською, корейською, лаоською, м'єн, польською, португальською, пенджабською, російською, тагальською, тайською, українською або в'єтнамською мовами. Ця послуга надається безкоштовно.*

Vietnamese:

- ❖ Chúng tôi có các dịch vụ phiên dịch miễn phí để trả lời bất kỳ câu hỏi nào của quý vị về chương trình chăm sóc sức khỏe hoặc chương trình thuốc của chúng tôi. Để có phiên dịch viên, chỉ cần gọi cho chúng tôi theo số (855) 665-4627 TTY: 711. *Sẽ có người nói tiếng Anh, tiếng Tây Ban Nha, tiếng Ả Rập, tiếng Armenia, tiếng Campuchia, tiếng Trung, tiếng Farsi, tiếng Pháp, tiếng Pháp Creole, tiếng Hindi, tiếng Hmong, tiếng Ý, tiếng Đức, tiếng Nhật, tiếng Hàn, tiếng Lào, tiếng Miên, tiếng Ba Lan, tiếng Bồ Đào Nha, tiếng Punjabi, tiếng Nga, tiếng Tagalog, tiếng Thái, tiếng Ukraina hoặc tiếng Việt có thể trợ giúp quý vị. Đây là dịch vụ miễn phí.*
- ❖ You can ask that we always send you information in the language or format you need. This is called a standing request. We will keep track of your standing request so you do not need to make separate requests each time we send you information.



If you have questions, please call Molina Medicare Complete Care Plus at (855) 665-4627, TTY: 711, 7 days a week, 8 a.m. to 8 p.m., local time. The call is free. **For more information**, visit www.MolinaHealthcare.com/Medicare.

Molina Medicare Complete Care Plus (HMO D-SNP) a Medicare Med-Cal Plan: **Summary of Benefits**

- ❖ To get this document in a language other than English, please contact the State at (800) 541-5555, TTY: 711, Monday – Friday, 8 a.m. to 5 p.m., local time to update your record with the preferred language. To get this document in an alternate format, please contact Member Services at (855) 665-4627, TTY: 711, 7 days a week, 8 a.m. to 8 p.m., local time. A representative can help you make or change a standing request. You can also contact your Case Manager for help with standing requests.
- ❖ Molina Healthcare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, ethnicity, national origin, religion, gender, sex, age, mental or physical disability, health status, receipt of healthcare, claims experience, medical history, genetic information, evidence of insurability, geographic location.
- ❖ **ATTENTION:** If you speak English, Spanish, Arabic, Tagalog, Vietnamese, Armenian, Cambodian, Chinese, Farsi, Korean, Russian, Tagalog, and Vietnamese, language assistance services, free of charge, are available to you. Call (855) 665-4627, TTY: 711, 7 days a week, 8 a.m. to 8 p.m., local time. The call is free.



If you have questions, please call Molina Medicare Complete Care Plus at (855) 665-4627, TTY: 711, 7 days a week, 8 a.m. to 8 p.m., local time. The call is free. **For more information**, visit www.MolinaHealthcare.com/Medicare.

Molina Medicare Complete Care Plus (HMO D-SNP) a Medicare Med-Cal Plan: **Summary of Benefits**

B. Frequently asked questions (FAQ)

The following table lists frequently asked questions.

| Frequently Asked Questions | Answers |
|---|--|
| What is a Medicare Medi-Cal Plan? | A Medicare Medi-Cal Plan is a health plan that contracts with both Medicare and Medi-Cal to provide benefits of both programs to enrollees. It is for people age 65 and older. A Medicare Medi-Cal Plan is an organization made up of doctors, hospitals, pharmacies, providers of Long-term Services and Supports (LTSS), and other providers. It also has Case Managers to help you manage all your providers and services and supports. They all work together to provide the care you need. |
| Will I get the same Medicare and Medi-Cal benefits in Molina Medicare Complete Care Plus (HMO D-SNP) that I get now? | <p>You will get most of your covered Medicare and Medi-Cal benefits directly from Molina Medicare Complete Care Plus (HMO D-SNP). You will work with a team of providers who will help determine what services will best meet your needs. This means that some of the services you get now may change based on your needs, and your doctor and care team's assessment. You may also get other benefits outside of your health plan the same way you do now, directly from a State or county agency like In-Home Support Services (IHSS), specialty mental health and substance use disorder services, or regional center services.</p> <p>When you enroll in Molina Medicare Complete Care Plus (HMO D-SNP), you and your care team will work together to develop an Individualized Plan of Care or a care plan to address your health and support needs, reflecting your personal preferences and goals.</p> <p>If you are taking any Medicare Part D prescription drugs that Molina Medicare Complete Care Plus (HMO D-SNP) does not normally cover, you can get a temporary supply and we will help you to transition to another drug or get an exception for Molina Medicare Complete Care Plus (HMO D-SNP) to cover your drug if medically necessary. For more information, call Member Services at the number listed at the bottom of this page.</p> |
| Can I go to the same doctors I use now? (continued on the next page) | Often that is the case. If your providers (including doctors, hospitals, therapists, pharmacies, and other health care providers) work with Molina Medicare Complete Care Plus (HMO D-SNP) and have a contract with us, you can keep going to them. |



If you have questions, please call Molina Medicare Complete Care Plus at (855) 665-4627, TTY: 711, 7 days a week, 8 a.m. to 8 p.m., local time. The call is free. **For more information**, visit www.MolinaHealthcare.com/Medicare.

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| Frequently Asked Questions | Answers |
|---|---|
| <p>Can I go to the same doctors I use now? (continued)</p> | <ul style="list-style-type: none"> • Providers with an agreement with us are “in-network.” Network providers participate in our plan. That means they accept members of our plan and provide services our plan covers. You must use the providers in Molina Medicare Complete Care Plus (HMO D-SNP) network. If you use providers or pharmacies that are not in our network, the plan may not pay for these services or drugs. • If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of Molina Medicare Complete Care Plus (HMO D-SNP) plan. <p>To find out if your provider is in the plan’s network, call Member Services at the numbers listed at the bottom of this page or read Molina Medicare Complete Care Plus (HMO D-SNP) <i>Provider and Pharmacy Directory</i> on the plan's website at www.MolinaHealthcare.com/Medicare.</p> <p>If Molina Medicare Complete Care Plus (HMO D-SNP) is new for you, we will work with you to develop an Individualized Plan of Care <i>or</i> a care plan to address your needs.</p> |
| <p>What is a Molina Medicare Complete Care Plus (HMO D-SNP) Case Manager?</p> | <p>A Molina Medicare Complete Care Plus (HMO D-SNP) case manager is one main person for you to contact. This person helps to manage all your providers and services and make sure you get what you need.</p> |
| <p>What are Long-term Services and Supports (LTSS)?</p> | <p>Long-term Services and Supports are help for people who need assistance to do everyday tasks like bathing, toileting, getting dressed, making food, and taking medicine. Most of these services are provided at your home or in your community but could be provided in a nursing home or hospital. In some cases, a county or other agency may administer these services, and your Case Manager or care team will work with that agency.</p> |
| <p>What happens if I need a service but no one in Molina Medicare Complete Care Plus (HMO D-SNP)'s network can provide it?</p> | <p>Most services will be provided by our network providers. If you need a service that cannot be provided within our network, Molina Medicare Complete Care Plus (HMO D-SNP) will pay for the cost of an out-of-network provider.</p> |
| <p>Where is Molina Medicare Complete Care Plus (HMO D-SNP) available?</p> | <p>The service area for this plan includes: Riverside, San Bernardino, San Diego and Los Angeles <i>Counties</i>, California. You must live in one of these areas to join the plan.</p> <p>Call Member Services at the numbers listed at the bottom of this page for more information about whether the plan is available where you live.</p> |



If you have questions, please call Molina Medicare Complete Care Plus at (855) 665-4627, TTY: 711, 7 days a week, 8 a.m. to 8 p.m., local time. The call is free. **For more information**, visit www.MolinaHealthcare.com/Medicare.

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| Frequently Asked Questions | Answers |
|---|--|
| What is prior authorization? | <p>Prior authorization means an approval from Molina Medicare Complete Care Plus (HMO D-SNP) to seek services outside of our network or to get services not routinely covered by our network before you get the services. Molina Medicare Complete Care Plus (HMO D-SNP) may not cover the service, procedure, item, or drug if you don't get prior authorization.</p> <p>If you need urgent or emergency care or out-of-area dialysis services, you don't need to get prior authorization first. Molina Medicare Complete Care Plus (HMO D-SNP) can provide you or your provider with a list of services or procedures that require you to get prior authorization from Molina Medicare Complete Care Plus (HMO D-SNP) before the service is provided. If you have questions about whether prior authorization is required for specific services, procedures, items, or drugs, call Member Services at the numbers listed at the bottom of this page or at the numbers in the footer of this document for help.</p> |
| What is a referral? | <p>A referral means that your primary care provider (PCP) or care team must give you approval to go to someone that is not your PCP. A referral is different than a prior authorization. If you don't get a referral from your PCP or care team, Molina Medicare Complete Care Plus (HMO D-SNP) may not cover the services. Molina Medicare Complete Care Plus (HMO D-SNP) can provide you with a list of services that require you to get a referral from your PCP or care team before the service is provided.</p> <p>Refer to the <i>Member Handbook</i> to learn more about when you will need to get a referral from your PCP or care team.</p> |
| Do I pay a monthly amount (also called a premium) under Molina Medicare Complete Care Plus (HMO D-SNP)? | No. Because you have Medi-Cal, you will not pay any monthly premiums, including your Medicare Part B premium, for your health coverage. |
| Do I pay a deductible as a member of Molina Medicare Complete Care Plus (HMO D-SNP)? | No. You do not pay deductibles in Molina Medicare Complete Care Plus (HMO D-SNP). |
| What is the maximum out-of-pocket amount that I will pay for medical services as a member of Molina Medicare Complete Care Plus (HMO D-SNP)? | There is no cost sharing for medical services in Molina Medicare Complete Care Plus (HMO D-SNP), so your annual out-of-pocket costs will be \$0. |
| Do I have a coverage gap for drugs? | No. Because you have Medicaid you will not have a coverage gap stage for your drugs. |



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Molina Medicare Complete Care Plus (HMO D-SNP) a Medicare Med-Cal Plan: **Summary of Benefits**

C. List of covered services

The following table is a quick overview of what services you may need, your costs, and rules about the benefits.

| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|---|---|-------------------------------------|--|
| You need hospital care | Hospital stay | \$0 | There is no coinsurance, copayment, or deductible for this benefit. Prior authorizations may be required. As a Medicare Medi-Cal Plan, we will coordinate your Medicare and Medi-Cal benefits. |
| | Doctor or surgeon care | \$0 | Prior authorizations may be required. As a Medicare Medi-Cal Plan, we will coordinate your Medicare and Medi-Cal benefits. |
| | Outpatient hospital services, including observation | \$0 | Prior authorizations may be required. As a Medicare Medi-Cal Plan, we will coordinate your Medicare and Medi-Cal benefits. |
| | Ambulatory surgical center (ASC) services | \$0 | Prior authorizations may be required. As a Medicare Medi-Cal Plan, we will coordinate your Medicare and Medi-Cal benefits. |
| You want a doctor (continued on the next page) | Visits to treat an injury or illness | \$0 | As a Medicare Medi-Cal Plan, we will coordinate your Medicare and Medi-Cal benefits. |



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Molina Medicare Complete Care Plus (HMO D-SNP) a Medicare Med-Cal Plan: **Summary of Benefits**

| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|---|--|-------------------------------------|--|
| You want a doctor (continued) | Specialist care | \$0 | As a Medicare Medi-Cal Plan, we will coordinate your Medicare and Medi-Cal benefits. |
| | Wellness visits, such as a physical | \$0 | Annual Wellness visit every 12 months. As a Medicare Medi-Cal Plan, we will coordinate your Medicare and Medi-Cal benefits. |
| | Care to keep you from getting sick, such as flu shots and screenings to check for cancer | \$0 | As a Medicare Medi-Cal Plan, we will coordinate your Medicare and Medi-Cal benefits. |
| | Covid-19 testing and vaccines | \$0 | As a Medicare Medi-Cal Plan, we will coordinate your Medicare and Medi-Cal benefits. |
| | “Welcome to Medicare” (preventative visit one time only) | \$0 | As a Medicare Medi-Cal Plan, we will coordinate your Medicare and Medi-Cal benefits. |
| You need emergency care (continued on the next page) | Emergency room services | \$0 | You may get covered emergency medical care whenever you need it, anywhere in the United States or its territories, without prior authorization. You are covered for worldwide emergency and urgent care services up to \$10,000 each calendar year. As a Medicare Medi-Cal Plan, we will coordinate your Medicare and Medi-Cal benefits. |



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Molina Medicare Complete Care Plus (HMO D-SNP) a Medicare Med-Cal Plan: **Summary of Benefits**

| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|--|--|-------------------------------------|---|
| You need emergency care (continued) | Urgent care | \$0 | <p>You may get urgent care services whenever you need it, anywhere in the United States or its territories, without prior authorization.</p> <p>You are covered for worldwide emergency and urgent care services up to \$10,000 each calendar year.</p> <p>As a Medicare Medi-Cal Plan, we will coordinate your Medicare and Medi-Cal benefits.</p> |
| You need medical tests | Diagnostic radiology services (for example, X-rays or other imaging services, such as CAT scans or MRIs) | \$0 | <p>Prior authorizations may be required.</p> <p>As a Medicare Medi-Cal Plan, we will coordinate your Medicare and Medi-Cal benefits.</p> |
| | Lab tests and diagnostic procedures, such as blood work | \$0 | <p>Prior authorizations may be required.</p> <p>Genetic lab testing requires prior authorization. Outpatient Lab services do not require prior authorization.</p> <p>As a Medicare Medi-Cal Plan, we will coordinate your Medicare and Medi-Cal benefits.</p> |
| You need hearing/auditory services (continued on the next page) | Hearing screenings | \$0 | <p>Our plan covers 1 routine hearing exam every year, and 1 fitting /evaluation for hearing aids every calendar year from a plan-approved provider. You must use the plan vendor to access this benefit.</p> |



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Molina Medicare Complete Care Plus (HMO D-SNP) a Medicare Med-Cal Plan: **Summary of Benefits**

| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|--|--------------------------------------|-------------------------------------|--|
| You need hearing/auditory services (continued) | | | As a Medicare Medi-Cal Plan, we will coordinate your Medicare and Medi-Cal benefits. |
| | Hearing aids | \$0 | Our plan covers up to 2 pre-selected hearing aids from a plan-approved provider every 2 years. You must use the plan vendor to access this benefit. This coverage is for your Medicare Supplemental Hearing Benefit. Medi-Cal covers additional hearing aid and audiological services. As a Medicare Medi-Cal Plan, we will coordinate your Medicare and Medi-Cal benefits. You must use the plan vendor to access this benefit. |
| You need dental care (continued on the next page) | Dental check-ups and preventive care | \$0 | See Preventive and Comprehensive Dental below for more information on dental check-ups and preventive care. |
| | Preventive and Comprehensive Dental | \$0 | We have partnered with a Dental Vendor to give you more options for your routine dental needs. If you use a Provider within our Dental Vendor, you will get Preventive Dental Services of oral exams, cleanings, fluoride treatments, and x-rays at no cost to you. In addition, you will have \$1,000 on your |



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Molina Medicare Complete Care Plus (HMO D-SNP) a Medicare Med-Cal Plan: **Summary of Benefits**

| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|--|-----------------------|-------------------------------------|---|
| <p>You need dental care (continued)</p> | | | <p>MyChoice care for any additional services at this provider.</p> <p>If you choose to utilize a dental provider outside of the Vendor network, any and all services rendered (including any preventive or comprehensive dental services) will only be covered when you use your MyChoice card and only up to the benefit allowance of \$1,000.</p> <p>The MyChoice card is a debit card (not a credit card) and is for the use by you as the member for your dental needs only. This dental benefit allowance will be loaded to your MyChoice card at the start of your benefit period (annually). AT the end of each benefit year, any unused benefit allowance will expire and does not carry over to the following period or plan year. See your Member Handbook for additional coverage details.</p> <p>Note: This coverage is for your Medicare Supplemental Dental Benefit. Some dental services are available through the Medi-Cal Dental Program. Dental benefits are available in the Medi-Cal Dental Program as fee-for-service. For more information, or if you need help finding a</p> |



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Molina Medicare Complete Care Plus (HMO D-SNP) a Medicare Med-Cal Plan: **Summary of Benefits**

| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|---|---------------------------|-------------------------------------|--|
| You need dental care (continued) | | | <p>dentist who accepts the Medi-Cal Dental Program, contact the Customer Service Line at 1-800-322-6384 (TTY users call 1-800-735-2922). The call is free. Medi-Cal Dental Services Program representatives are available to assist you from 8:00 a.m. to 5:00 p.m., Monday through Friday. You can also visit the website at dental.dhcs.ca.gov/ for more information.</p> <p>As a Medicare Medi-Cal Plan, we will coordinate your Medicare and Medi-Cal benefits.</p> |
| You need eye care (continued on the next page) | Eye exams | \$0 | <p>One routine eye exam (and refraction) for eyeglasses every calendar year from our supplemental vision provider. To find an in-network routine preventive vision provider close to you, you can.</p> <p>You may be able to access additional optometry services through your Medi-Cal benefits.</p> <p>As a Medicare Medi-Cal Plan, we will coordinate your Medicare and Medi-Cal benefits.</p> |
| | Glasses or contact lenses | \$0 | Our plan provides a Medicare Supplemental Benefit allowance of \$500 |



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Molina Medicare Complete Care Plus (HMO D-SNP) a Medicare Med-Cal Plan: **Summary of Benefits**

| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|--|---|-------------------------------------|---|
| You need eye care (continued) | | | every year for you to use for eyewear at a plan approved vendor. You may be able to access additional eye appliance and low vision aid services through your Medi-Cal benefits. As a Medicare Medi-Cal Plan, we will coordinate your Medicare and Medi-Cal benefits. |
| | Other vision care | \$0 | As a Medicare Medi-Cal Plan, we will coordinate your Medicare and Medi-Cal benefits. |
| You need mental health services | Mental health services | \$0 | There is a 190 day lifetime limit for Medicare-covered inpatient psychiatric hospital care. The inpatient hospital care limit does not apply to inpatient mental services provided in a general hospital. You can receive outpatient group therapy visit and outpatient individual therapy visit. Authorization rules may apply. As a Medicare Medi-Cal Plan, we will coordinate your Medicare and Medi-Cal benefits. |
| | Inpatient and outpatient care and community-based services for people | \$0 | As a Medicare Medi-Cal Plan, we will coordinate your Medicare and Medi-Cal benefits. |



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Molina Medicare Complete Care Plus (HMO D-SNP) a Medicare Med-Cal Plan: **Summary of Benefits**

| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|--|---|-------------------------------------|--|
| You need a substance use disorder services | Substance use disorder services | \$0 | Prior authorizations may be required. As a Medicare Medi-Cal Plan, we will coordinate your Medicare and Medi-Cal benefits. |
| You need a place to live with people available to help you | Skilled nursing care | \$0 | For days 1-100 of a skilled nursing facility stay. No prior hospitalization is required. Prior authorization may be required. Medi-Cal also covers Skilled Nursing Facility services. As a Medicare Medi-Cal Plan, we will coordinate your Medicare and Medi-Cal benefits. |
| | Nursing home care | \$0 | Medicare does not cover custodial care. Long Term Care (LTC) Facility Services are a Medi-Cal benefit. As a Medicare Medi-Cal Plan, we will coordinate your Medicare and Medi-Cal benefits. |
| You need therapy after a stroke or accident | Occupational, physical, or speech therapy | \$0 | As a Medicare Medi-Cal Plan, we will coordinate your Medicare and Medi-Cal benefits. |
| You need help getting to health services (continued on the next page) | Ambulance services | \$0 | As a Medicare Medi-Cal Plan, we will coordinate your Medicare and Medi-Cal benefits. |



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Molina Medicare Complete Care Plus (HMO D-SNP) a Medicare Med-Cal Plan: **Summary of Benefits**

| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|---|---|-------------------------------------|---|
| You need help getting to health services (continued) | Emergency transportation | \$0 | As a Medicare Medi-Cal Plan, we will coordinate your Medicare and Medi-Cal benefits. |
| | Transportation to medical appointments and services | \$0 | Routine transportation services are not covered as a Medicare Supplemental Benefit. You are covered for additional routine transportation services under your Medi-Cal benefits. As a Medicare Medi-Cal Plan, we will coordinate your Medicare and Medi-Cal benefits. |
| You need drugs to treat your illness or condition (continued on the next page) | Medicare Part B prescription drugs | \$0 | Part B drugs include drugs given by your doctor in their office, some oral cancer drugs, and some drugs used with certain medical equipment. Read the <i>Member Handbook</i> for more information on these drugs. Authorization rules may apply. As a Medicare Medi-Cal Plan, we will coordinate your Medicare and Medi-Cal benefits. |
| | Step Therapy | \$0 | Step Therapy may be required for certain drugs. This requirement is for your Medicare benefit. As a Medicare Medi-Cal Plan, we |



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Molina Medicare Complete Care Plus (HMO D-SNP) a Medicare Med-Cal Plan: **Summary of Benefits**

| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|---|--------------------------------------|--|--|
| <p>You need drugs to treat your illness or condition (continued)</p> | | | <p>will coordinate your Medicare and Medicaid benefits.</p> |
| | <p>Generic drugs (no brand name)</p> | <p>\$0 with Low-Income Subsidy/Extra Help for a 31-day supply.</p> | <p>There may be limitations on the types of drugs covered. Please refer to Molina Medicare Complete Care Plus (HMO D-SNP) ’s <i>List of Covered Drugs</i> (Drug List) for more information.</p> <p>Because you have Medi-Cal, you are already enrolled in “Extra Help,” also called the Low-Income Subsidy.</p> <p>In 2024, your cost for a prescription filled at a network pharmacy will be \$0 through all stages of the Part D Prescription Drug Benefit with the Value-Based Insurance Design (VBID)-enhanced benefit.</p> <p>Note: This coverage is for Medicare-covered Part D Prescription Drugs. Remember, you need your Medi-Cal card or Benefits Identification Card (BIC) to access Medi-Cal Rx covered drugs. As a Medicare Medi-Cal Plan, we will coordinate your Medicare and Medi-Cal benefits.</p> <p>Important Message About What You Pay for Vaccines – Some vaccines are considered medical benefits. Other vaccines are considered Part D drugs. You</p> |



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Molina Medicare Complete Care Plus (HMO D-SNP) a Medicare Med-Cal Plan: **Summary of Benefits**

| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|--|------------------------------|---|---|
| You need drugs to treat your illness or condition (continued) | | | can find these vaccines listed in the plan’s List of Covered Drugs (Formulary). Our plan covers most Part D vaccines at no cost to you. |
| | Brand name drugs | \$0 with Low-Income Subsidy/Extra Help for a 31-day supply. | There may be limitations on the types of drugs covered. Please refer to Molina Medicare Complete Care Plus (HMO D-SNP)’s <i>List of Covered Drugs</i> (Drug List) for more information. Because you have Medi-Cal, you are already enrolled in “Extra Help,” also called the Low-Income Subsidy. In 2024, your cost for a prescription filled at a network pharmacy will be \$0 through all stages of the Part D Prescription Drug Benefit with the Value-Based Insurance Design (VBID)-enhanced benefit. Note: This coverage is for Medicare-covered Part D Prescription Drugs. Remember, you need your Medi-Cal card or Benefits Identification Card (BIC) to access Medi-Cal Rx covered drugs. As a Medicare Medi-Cal Plan, we will coordinate your Medicare and Medi-Cal benefits. |
| | Over-the-counter (OTC) drugs | | There may be limitations on the types of drugs covered. Please refer to Molina |



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Molina Medicare Complete Care Plus (HMO D-SNP) a Medicare Med-Cal Plan: **Summary of Benefits**

| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|---|-----------------------|-------------------------------------|--|
| <p>You need drugs to treat your illness or condition (continued)</p> | | | <p>Medicare Complete Care Plus (HMO D-SNP) a Medicare Medi-Cal Plan’s <i>List of Covered Drugs</i> (Drug List) for more information.</p> <p>We cover non-prescription over-the-counter (OTC) products like vitamins, sunscreen, pain relievers, cough/cold medicine, and bandages. You receive \$320 every 3 months on your prepaid debit MyChoice card that you can spend on plan-approved items. Your quarterly allowance becomes available to use in January, April, July and October. Any dollar amount that you don't use will not carry over into the next 3 months. You do not need a prescription from your doctor to get OTC items through your Medicare supplemental benefit.</p> <p>Note: This coverage is for your Medicare Supplemental OTC Benefit. Some over-the-counter (OTC) medications and certain vitamins may be covered by Medi-Cal Rx. Please visit the Medi-Cal Rx website (medi-calrx.dhcs.ca.gov) for more information. You can also call the Medi-Cal Rx Customer Service Center at 800-977-2273.</p> |



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| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|--|---------------------------------|-------------------------------------|--|
| You need drugs to treat your illness or condition (continued) | | | As a Medicare Medi-Cal Plan, we will coordinate your Medicare and Medi-Cal benefits. |
| You need help getting better or have special health needs | Rehabilitation services | \$0 | Prior authorizations may be required. As a Medicare Medi-Cal Plan, we will coordinate your Medicare and Medi-Cal benefits. |
| | Medical equipment for home care | \$0 | Prior authorizations may be required. As a Medicare Medi-Cal Plan, we will coordinate your Medicare and Medi-Cal benefits. |
| | Dialysis services | \$0 | As a Medicare Medi-Cal Plan, we will coordinate your Medicare and Medi-Cal benefits. |
| You need foot care | Podiatry services | \$0 | Prior authorization may be required. Routine podiatry is not covered as a Medicare Supplemental Benefit. You are covered for additional podiatry services under your Medi-Cal benefits. As a Medicare Medi-Cal Plan, we will coordinate your Medicare and Medi-Cal benefits. |
| | Orthotic services | \$0 | As a Medicare Medi-Cal Plan, we will coordinate your Medicare and Medi-Cal benefits. |



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Molina Medicare Complete Care Plus (HMO D-SNP) a Medicare Med-Cal Plan: **Summary of Benefits**

| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|---|--|-------------------------------------|--|
| <p>You need durable medical equipment (DME)</p> <p>Note: This is not a complete list of covered DME. For a complete list, contact Member Services or refer to Chapter 4 of the Member Handbook.</p> | Wheelchairs, crutches, and walkers | \$0 | Prior authorizations may be required. As a Medicare Medi-Cal Plan, we will coordinate your Medicare and Medi-Cal benefits. |
| | Nebulizers | \$0 | Prior authorizations may be required. As a Medicare Medi-Cal Plan, we will coordinate your Medicare and Medi-Cal benefits. |
| | Oxygen equipment and supplies | \$0 | Prior authorizations may be required. As a Medicare Medi-Cal Plan, we will coordinate your Medicare and Medi-Cal benefits. |
| <p>You need help living at home (continued on the next page)</p> | Home health services | \$0 | Prior authorizations may be required. As a Medicare Medi-Cal Plan, we will coordinate your Medicare and Medi-Cal benefits. |
| | Home services, such as cleaning or housekeeping, or home modifications such as grab bars | \$0 | Home services, such as cleaning, housekeeping, or home modifications, may be available outside of our plan if you qualify for In-Home Supportive services (IHSS) or a Home and Community-Based waiver program. IHSS is provided by county agencies. These programs help qualified individuals to obtain services so they can remain safely in their own homes. Your Case Manager can help you obtain |



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Molina Medicare Complete Care Plus (HMO D-SNP) a Medicare Med-Cal Plan: **Summary of Benefits**

| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|---|---|-------------------------------------|---|
| You need help living at home (continued) | | | more information about these programs and whether you might qualify. As a Medicare Medi-Cal Plan, we will coordinate any of these additional services you may qualify to receive with your Medicare benefits. |
| | Adult day health, Community Based Adult Services (CBAS), or other support services | \$0 | CBAS is covered under your Medicaid benefits. CBAS is an outpatient, facility-based service program that delivers skilled nursing care, social services, therapies, personal care, family/caregiver training and support, meals and transportation to eligible Medi-Cal beneficiaries. Your Case Manager can help you obtain information about CBAS and whether you might qualify. As a Medicare Medi-Cal Plan, we will coordinate your Medicare and Medi-Cal benefits. |
| | Services to help you live on your own (home health care services or personal care attendant services) | \$0 | Personal care services may be available outside of our plan if you qualify for In-Home Supportive Services (IHSS). IHSS is provided by county agencies. The program helps qualified individuals to obtain services so they can remain safely in their own homes. Your Case Manager can help you obtain more information about IHSS and whether you might |



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Molina Medicare Complete Care Plus (HMO D-SNP) a Medicare Med-Cal Plan: **Summary of Benefits**

| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|---|--------------------------------|-------------------------------------|---|
| You need help living at home (continued) | | | qualify. As a Medicare Medi-Cal Plan, we will coordinate your IHSS services with your Medicaid benefits if you qualify for them. |
| Additional services (continued on the next page) | Additional Telehealth | \$0 | Includes Primary Care Physician Services. As a Medicare Medi-Cal Plan, we will coordinate your Medicare and Medi-Cal benefits. |
| | Diabetes supplies and services | \$0 | Prior authorizations may be required. As a Medicare Medi-Cal Plan, we will coordinate your Medicare and Medi-Cal benefits. |
| | Fitness Benefit | \$0 | Members access to contracted fitness facilities and Home Fitness Kits for Members who prefer to exercise at home or while traveling. Your Fitness Benefit is a Medicare Supplemental Benefit. |
| | Health Education | \$0 | Programs to help you learn to manage your health conditions, including health education, learning materials, health advice, and care tips. |
| | Meal Benefit | \$0 | This benefit is not covered by Medicare or as a Medicare supplemental benefit. Please call Member Services or contact your Case Manager if you need community resources to help with food |



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Molina Medicare Complete Care Plus (HMO D-SNP) a Medicare Med-Cal Plan: **Summary of Benefits**

| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|--|---|-------------------------------------|--|
| Additional services (continued) | | | insecurities. In addition, you can get individual telephonic nutrition counseling upon request under your Nutritional/ Dietary counseling benefit with a referral. As a Medicare Medi-Cal Plan, we will coordinate your Medicare and any available Medi-Cal or waiver services. |
| | Medicare covered Chiropractic services | \$0 | Medi-Cal also provides coverage of limited chiropractic services. As a Medicare Medi-Cal Plan, we will coordinate your Medicare and any available Medi-Cal benefits. |
| | Personal Emergency Response System (PERS) | \$0 | This benefit is not covered by Medicare or as a Medicare supplemental benefit. Please call Member Services or contact your Case Manager if you need community resources or assistance with Waiver benefits. As a Medicare Medi-Cal Plan, we will coordinate your Medicare and any available Medi-Cal or waiver services. |
| | Prosthetic services | \$0 | Prior authorizations may be required. As a Medicare Medi-Cal Plan, we will coordinate your Medicare and Medi-Cal benefits. |
| | Radiation therapy | \$0 | Prior authorizations may be required. |



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Molina Medicare Complete Care Plus (HMO D-SNP) a Medicare Med-Cal Plan: **Summary of Benefits**

| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|--|---|-------------------------------------|---|
| Additional services (continued) | | | As a Medicare Medi-Cal Plan, we will coordinate your Medicare and Medi-Cal benefits. |
| | Services to help manage your disease | \$0 | See the description for the specific service(s) recommended by your provider(s). As a Medicare Medi-Cal Plan, we will coordinate your Medicare and Medi-Cal benefits. |
| | Special Supplemental Benefits for Chronic Illnesses (SSBCI) | \$0 | Eligible members receive \$150 allowance every 3 months for the following benefits: <ul style="list-style-type: none"> • Mental health and wellness applications • Support Animal supplies • Pest control • Non-Medicare covered genetic test kits Eligible members receive \$80 allowance every month for food and produce Unused allowance does not carry over to the next quarter. Members must complete a Health Risk Assessment and meet the criteria outlined in Chapter 4 of the Member Handbook. |
| | 24-Hour Nurse Advice Line | \$0 | Available 24 hours a day, 7 days a week. |



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Molina Medicare Complete Care Plus (HMO D-SNP) a Medicare Med-Cal Plan: **Summary of Benefits**

The above summary of benefits is provided for informational purposes only and is not a complete list of benefits. For a complete list and more information about your benefits, you can read the Molina Medicare Complete Care Plus (HMO D-SNP) Member Handbook. If you don't have a Member Handbook, call Molina Medicare Complete Care Plus (HMO D-SNP) Member Services at the bottom of this page to get one. If you have questions, you can also call Member Services or visit www.MolinaHealthcare.com/Medicare.



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Molina Medicare Complete Care Plus (HMO D-SNP) a Medicare Med-Cal Plan: **Summary of Benefits**

D. Benefits covered outside of Molina Medicare Complete Care Plus (HMO D-SNP)

There are some services that you can get that are not covered by Molina Medicare Complete Care Plus (HMO D-SNP) but are covered by Medicare, Medi-Cal, or a State or county agency. This is not a complete list. Additional benefits covered by Medi-Cal outside of our plan are also described in your Member Handbook, including Medi-Cal Dental Program services and Home and Community Based Services Waiver programs for eligible individuals, Call Member Services at the numbers listed at the bottom of this page to find out about these services.

| Other services covered by Medicare, Medi-Cal, or a State Agency | Your costs |
|---|--|
| Medi-Cal Dental Fee-for-Service <i>all counties except Sacramento and San Mateo, and some members in Los Angeles county</i> contact Medi-Cal Dental at 1-800-322-6384 or visit the website at https://smilecalifornia.org/ HPSM Medi-Cal Members, www.hpsm.org/dental , (800) 750-4776 or (650) 616-2133. TTY: 1-800-735-2929 or dial 7-1-1 | \$0 As a Medicare Medi-Cal Plan, we will coordinate your Medicare and Medi-Cal benefits. |
| Certain hospice care services covered outside of Molina Medicare Complete Care Plus (HMO D-SNP) | \$0 As a Medicare Medi-Cal Plan, we will coordinate your Medicare and Medi-Cal benefits. |
| Targeted case management | \$0 Targeted case management is a Medi-Cal benefit that is not covered by Medi-Cal managed care plans. As a Medicare Medi-Cal Plan, we will coordinate your Medicare and Medi-Cal benefits even when they are provided outside the Plan. |
| California Community Transitions (CCT) pre-transition coordination services and post-transition services | \$0 CCT is a program that uses local Lead Organizations to help Medi-Cal beneficiaries who have lived in an inpatient facility for at least 90 consecutive days transition back to a community setting. As a Medicare Medi-Cal Plan, we will coordinate your Medicare and Medi-Cal benefits even when they are provided outside the Plan. |



If you have questions, please call Molina Medicare Complete Care Plus at (855) 665-4627, TTY: 711, 7 days a week, 8 a.m. to 8 p.m., local time. The call is free. **For more information**, visit www.MolinaHealthcare.com/Medicare.

Molina Medicare Complete Care Plus (HMO D-SNP) a Medicare Med-Cal Plan: **Summary of Benefits**

| Other services covered by Medicare, Medi-Cal, or a State Agency | Your costs |
|---|---|
| Specialty Mental Health Services | Our Plan does not provide Medi-Cal specialty mental health or county substance use disorder services, but these services are available to you through the county mental health plan for your county. As a Medicare Medi-Cal Plan, we will coordinate your Medicare and Medi-Cal benefits, even when they are provided outside the Plan. |



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Molina Medicare Complete Care Plus (HMO D-SNP) a Medicare Med-Cal Plan: **Summary of Benefits**

E. Services that Molina Medicare Complete Care Plus (HMO D-SNP), Medicare, and Medi-Cal do not cover

This is not a complete list. Call Member Services or at the numbers listed at the bottom of this page to find out about other excluded services.

| Services Molina Medicare Complete Care Plus (HMO D-SNP), Medicare, or Medi-Cal do not cover | |
|--|---|
| Cosmetic surgery or other cosmetic work, unless it is needed because of an accidental injury or to improve a part of the body that is not shaped right. However, we pay for reconstruction of a breast after a mastectomy and for treating the other breast to match it. | Surgical treatment for morbid obesity, except when medically necessary and Medicare pays for it. |
| Elective or voluntary enhancement procedures or services (including weight loss, hair growth, sexual performance, athletic performance, cosmetic purposes, anti-aging and mental performance), except when medically necessary. | Personal items in your room at a hospital or a nursing facility, such as a telephone or television. |
| Private duty nurses (for adults) | Full-time nursing care in your home. |
| A private room in a hospital, except when medically necessary | Fees charged by your immediate relatives or members of your household. |
| Naturopath services | |



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Molina Medicare Complete Care Plus (HMO D-SNP) a Medicare Med-Cal Plan: **Summary of Benefits**

F. Your rights as a member of the plan

As a member of Molina Medicare Complete Care Plus (HMO D-SNP), you have certain rights. You can exercise these rights without being punished. You can also use these rights without losing your health care services. We will tell you about your rights at least once a year. For more information on your rights, please read the Member Handbook. Your rights include, but are not limited to, the following:

- **You have a right to respect, fairness, and dignity.** This includes the right to:
 - Get covered services without concern about medical condition, health status, receipt of health services, claims experience, medical history, disability (including mental impairment), marital status, age, sex (including sex stereotypes and gender identity) sexual orientation, national origin, race, color, religion, creed, or public assistance
 - Get information in other languages and formats (for example, large print, braille, or audio) free of charge
 - Be free from any form of physical restraint or seclusion
- **You have the right to get information about your health care.** This includes information on treatment and your treatment options. This information should be in a language and format you can understand. This includes the right to get information on:
 - Description of the services we cover
 - How to get services
 - How much services will cost you
 - Names of health care providers
- **You have the right to make decisions about your care, including refusing treatment.** This includes the right to:
 - Choose a primary care provider (PCP) and change your PCP at any time during the year
 - Use a women's health care provider without a referral
 - Get your covered services and drugs quickly
 - Know about all treatment options, no matter what they cost or whether they are covered
 - Refuse treatment, even if your health care provider advises against it
 - Stop taking medicine, even if your health care provider advises against it



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Molina Medicare Complete Care Plus (HMO D-SNP) a Medicare Med-Cal Plan: **Summary of Benefits**

- Ask for a second opinion. Molina Medicare Complete Care Plus (HMO D-SNP) will pay for the cost of your second opinion visit
- Make your health care wishes known in an advance directive
- **You have the right to timely access to care that does not have any communication or physical access barriers.** This includes the right to:
 - Get timely medical care
 - Get in and out of a health care provider's office. This means barrier free access for people with disabilities, in accordance with the Americans with Disabilities Act
 - Have interpreters to help with communication with your health care providers and your health plan
- **You have the right to seek emergency and urgent care when you need it.** This means you have the right to:
 - Get emergency services without prior authorization in an emergency
 - Use an out-of-network urgent or emergency care provider, when necessary
- **You have a right to confidentiality and privacy.** This includes the right to:
 - Ask for and get a copy of your medical records in a way that you can understand and to ask for your records to be changed or corrected
 - Have your personal health information kept private
- **You have the right to file a complaint or appeal a denied, delayed, or modified service, please see section G below.** This includes the right to:
 - File a complaint or grievance against us or our providers.
 - Appeal certain decisions made by us or our providers
 - File a complaint with the California Department of Managed Health Care (DMHC) through a toll-free phone number **(1-888-466-2219)**, or a TDD line **(1-877-688-9891)** for the hearing and speech impaired. The DMHC website (www.dmhc.ca.gov) has complaint forms, Independent Medical Review (IMR) application forms, and instructions available online.
 - Ask DMHC for an IMR of Medi-Cal services or items that are medical in nature
 - Ask for a State Hearing
 - Get a detailed reason for why services were denied and ask for free copies of all the information used to make the decision



If you have questions, please call Molina Medicare Complete Care Plus at (855) 665-4627, TTY: 711, 7 days a week, 8 a.m. to 8 p.m., local time. The call is free. **For more information**, visit www.MolinaHealthcare.com/Medicare.

Molina Medicare Complete Care Plus (HMO D-SNP) a Medicare Med-Cal Plan: **Summary of Benefits**

For more information about your rights, you can read the *Member Handbook*. If you have questions, you can call Molina Medicare Complete Care Plus (HMO D-SNP) Member Services at the numbers listed at the bottom of this page.

You can also call the special Ombudsman for people who have Medicare and Medi-Cal at 1-855-501-3077, Monday through Friday, between 9:00 a.m. and 5:00 p.m., or the Medi-Cal Office of the Ombudsman 1-888-452-8609, Monday through Friday, between 8:00 a.m. and 5:00 p.m.

G. How to file a complaint or appeal a denied, delayed, or modified service

If you have a complaint or think Molina Medicare Complete Care Plus (HMO D-SNP), a Medicare Medi-Cal Plan improperly denied, delayed, or modified a service, call Member Services the numbers listed at the bottom of this page. You may be able to appeal our decision.

For questions about complaints and appeals, you can read Chapter 9 of the *Member Handbook*. You can also call Molina Medicare Complete Care Plus (HMO D-SNP), a Medicare Medi-Cal Plan Member Services at the numbers listed at the bottom of this page.

Or you can write to Molina Healthcare
Attn: Grievance and Appeals
P.O. Box 22816
Long Beach, CA 90801-9977
FAX: 562-499-0610

H. What to do if you suspect fraud

Most health care professionals and organizations that provide services are honest. Unfortunately, there may be some who are dishonest.

If you think a doctor, hospital or other pharmacy is doing something wrong, please contact us.

- Call us at Molina Medicare Complete Care Plus (HMO D-SNP), a Medicare Medi-Cal Plan Member Services Phone numbers are listed at the bottom of this page.
- Or call the Medi-Cal Customer Service Center at 1-800-841-2900. TTY users may call 1-800-497-4648.
- Or call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users may call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week.



If you have questions, please call Molina Medicare Complete Care Plus at (855) 665-4627, TTY: 711, 7 days a week, 8 a.m. to 8 p.m., local time. The call is free. **For more information**, visit www.MolinaHealthcare.com/Medicare.

Molina Medicare Complete Care Plus (HMO D-SNP) a Medicare Med-Cal Plan: **Summary of Benefits**

If you have general questions or questions about our plan, services, service area, billing, or Member ID Cards, please call Molina Medicare Complete Care Plus (HMO D-SNP) a Medicare Medi-Cal Plan Member Services:

(855) 665-4627

Calls to this number are free. 7 days a week, 8 a.m. to 8 p.m., local time

Member Services also has free language interpreter services available for non-English speakers.

TTY:711 Calls to this number are free.

If you have questions about your health:

- Call your primary care provider (PCP). Follow your PCP's instructions for getting care when the office is closed.
- If your PCP's office is closed, you can also call Molina Medicare Complete Care Plus Nurse Advice Line. A nurse will listen to your problem and tell you how to get care. (Example: urgent care, or emergency room). The numbers for the Molina Medicare Complete Care Plus Nurse Advice Line are:

CAM16SBEN0923



If you have questions, please call Molina Medicare Complete Care Plus at (855) 665-4627, TTY: 711, 7 days a week, 8 a.m. to 8 p.m., local time. The call is free. **For more information**, visit www.MolinaHealthcare.com/Medicare.



