



Are you ready to enroll?

Step 1 Review all the materials, including the Summary of Benefits enclosed.

Step 2 Review Formulary

Take a moment to review our Formulary to ensure that your medications are covered. Or, visit us online at www.MolinaHealthcare.com/Medicare to review our drug formulary or call us for verification of our drug listing.

Step 3 Choose Your Primary Care Provider (PCP)

Choose your PCP. You can use our Provider Directory, or visit us online at www.MolinaHealthcare.com/Medicare or call us for a list of PCPs near you.

Step 4 Locate your Medicare and Medicaid ID Cards When you are applying, make sure to have your Medicare and Medicaid ID cards available, or some form of proof that you are entitled to Medicare and Medicaid.

Step 5 Complete the Enrollment Form

Be sure to complete all the sections of the enrollment form. Sign and date the form. If applying by mail, send the signed copy to:

Molina Healthcare, Inc.
Attn: Membership Accounting
P O BOX 22800 Long Beach, CA
90801-9945.

Keep the yellow copy for your records.

You are eligible to join Molina Medicare Options Plus HMO SNP, a Medicare Advantage Prescription Drug Special Needs Plan (MAPD-SNP) if:

- You reside in the Molina Medicare Options Plus service area; and
- You are entitled to Medicare Part A; and
- You are enrolled in Medicare Part B; and
- You are entitled to Medicaid; and
- You do not have End Stage Renal Disease (ESRD) with limited exceptions (such as if you develop ESRD when you are already a member of a plan that we offer).

If you have questions about becoming a Molina Medicare Options Plus member, call:
(866) 403-8293 (TTY/TTD: 711
7 days a week, 8 a.m. – 8 p.m., local time.

Molina Medicare Options Plus HMO SNP is a Health Plan with a Medicare Contract and a contract with the state Medicaid program. Enrollment in Molina Medicare Options Plus depends on contract renewal.

This plan is available to anyone who has both Medical Assistance from the State and Medicare.

Molina Healthcare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-665-3086 (TTY: 711).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-665-3086 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-665-3086（TTY：711）。

This information is available in other formats such as Braille, large print and audio.