

2022

Summary of Benefits

Molina Dual Options MyCare Ohio Medicare-Medicaid Plan

Ohio H5280-001

Serving the following counties: Butler, Clark, Clermont, Clinton, Delaware, Franklin, Greene, Hamilton, Madison, Montgomery, Pickaway, Union, and Warren

Effective January 1 through December 31, 2022



Medicare-Medicaid Plan: **Summary of Benefits**

Introduction

This document is a brief summary of the benefits and services covered by Molina Dual Options MyCare Ohio. 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 Dual Options MyCare Ohio. 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 Dual Options MyCare Ohio at (855) 665-4623, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m., local time. If you need to speak to your Care Manager, please call (855) 665-4623, TTY: 711, 24 hours a day, 7 days a week. These calls are free. **For more information**, visit www.MolinaHealthcare.com/Duals.

Molina Dual Options Medicare-Medicaid Plan: **Summary of Benefits 2022**

A. Disclaimers



This is a summary of health services covered by Molina Dual Options MyCare Ohio (Medicare-Medicaid Plan) for 2022. This is only a summary. Please read the Member Handbook for the full list of benefits.

- ❖ An up-to-date copy of the 2022 Member Handbook is available on our website at www.MolinaHealthcare.com/Duals. You may also call Member Services at (855) 665-4623, TTY: 711, Monday - Friday, 8 a.m. to 8 p.m., local time to ask us to mail you a 2022 Member Handbook.
- ❖ Molina Dual Options MyCare Ohio is a health plan that contracts with both Medicare and Ohio Medicaid to provide benefits of both programs to enrollees. It is for people with both Medicare and Medicaid.
- ❖ Under Molina Dual Options MyCare Ohio you can get your Medicare and Medicaid services in one health plan. A Molina Dual Options MyCare Ohio Care Manager will help manage your health care needs.
- ❖ This is not a complete list. The benefit information is a brief summary, not a complete description of benefits. For more information, contact the plan or read the *Member Handbook*.
- ❖ 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, language assistance services, free of charge, are available to you. Call 1-855-665-4623 (TTY: 711).**
- ❖ **ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al (855) 665-4623, servicio TTY al 711, de lunes a viernes, de 8:00 a. m. a 8:00 p. m., hora local. La llamada es gratuita.**
- ❖ You can get this document for free in other formats, such as large print, braille, or audio. Call (855) 665-4623, TTY: 711, Monday - Friday, 8 a.m. to 8 p.m., local time. The call is free.
- ❖ 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.



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- ❖ To get this document in a language other than English or in an alternate format, call Member Services at (855) 665-4623, TTY: 711, Monday – Friday, 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 Care Manager for help with standing requests. To permanently change your preferred language or format with your county caseworker, call the Medicaid Hotline at (800) 324-8680, TTY: 711, Monday – Friday, 7 a.m. to 8 p.m. and Saturday, 8 a.m. to 5 p.m., local time to update your record with the preferred language.

 **If you have questions**, please call Molina Dual Options MyCare Ohio at (855) 665-4623, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m., local time. If you need to speak to your Care Manager, please call (855) 665-4623, TTY: 711, 24 hours a day, 7 days a week. These calls are free. **For more information**, visit www.MolinaHealthcare.com/Duals.

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B. Frequently Asked Questions

The following chart lists frequently asked questions.

Frequently Asked Questions (FAQ)	Answers
What is a MyCare Ohio plan?	A MyCare Ohio Plan is a health plan that contracts with both Medicare and Ohio Medicaid to provide benefits of both programs to enrollees. It is for people with both Medicare and Medicaid. A MyCare Ohio Plan is an organization made up of doctors, hospitals, pharmacies, providers of long-term services, and other providers. It also has care teams and Care Managers to help you manage all your providers and services. They all work together to provide the care you need.
What is a Molina Dual Options MyCare Ohio Care Manager?	A Molina Dual Options MyCare Ohio Care Manager is one main person for you to contact. This person helps manage all your providers and services and makes sure you get what you need.
How do I reach my Molina Dual Options MyCare Ohio Care Manager?	Your Care Manager will tell you his or her name and phone number. You will get this information after your health assessment is completed. You can also call Member Services at any time to connect with your Care Manager. The number is on the back of your member ID card.
What are Long-Term Services and Supports?	Long-term services and supports are help for people who need assistance to do everyday tasks like taking a bath, 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.
Will I get the same Medicare and Medicaid benefits in Molina Dual Options MyCare Ohio that I get now?	You will get your covered Medicare and Medicaid benefits directly from Molina Dual Options MyCare Ohio. You will work with a care team who will help determine what services will best meet your needs. This means that some of the services you get now may change. You will get almost all of your covered Medicare and Medicaid benefits directly from Molina Dual Options MyCare Ohio, but you may get some benefits the same way you do now, outside of the plan. When you enroll in Molina Dual Options MyCare Ohio, you and your care team will work together to develop an Individualized Care Plan to address your health and support needs. When you join our plan, if you are taking any Medicare Part D prescription drugs that Molina Dual Options MyCare Ohio does not normally cover, you can get a temporary supply. We will help you get another drug or get an exception for Molina Dual Options MyCare Ohio to cover your drug, if medically necessary.



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Frequently Asked Questions (FAQ)	Answers
<p>Can I go to the same doctors I use now?</p>	<p>Often that is the case. If your providers (including doctors, therapists, and pharmacies) work with Molina Dual Options MyCare Ohio and have a contract with us, you can keep going to them.</p> <ul style="list-style-type: none"> • Providers with an agreement with us are “in-network.” You must use the providers in Molina Dual Options MyCare Ohio’s network. • If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of Molina Dual Options MyCare Ohio’s network. • You can use out-of-network Federally Qualified Health Centers, Rural Health Clinics, and qualified family planning providers listed in the Provider and <i>Pharmacy Directory</i>. • If you are getting assisted living waiver services or long-term nursing facility services from an out-of-network provider on and before the day you become a member, you can continue to get the services from that out-of-network provider. <p>To find out if your doctors are in the plan’s network, call Member Services or read Molina Dual Options MyCare Ohio’s <i>Provider and Pharmacy Directory</i> on the plan’s website at www.MolinaHealthcare.com/Duals.</p>
<p>What happens if I need a service but no one in Molina Dual Options MyCare Ohio’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 Dual Options MyCare Ohio will pay for the cost of an out-of-network provider.</p>
<p>Where is Molina Dual Options MyCare Ohio available?</p>	<p>The service area for this plan includes: Butler, Clark, Clermont, Clinton, Delaware, Franklin, Greene, Hamilton, Madison, Montgomery, Pickaway, Union and Warren Counties, Ohio. You must live in one of these areas to join the plan.</p>
<p>Do I pay a monthly amount (also called a premium) under Molina Dual Options MyCare Ohio?</p>	<p>You will not pay any monthly premiums to Molina Dual Options MyCare Ohio for your health coverage.</p>
<p>What is prior authorization? (This service is continued on the next page)</p>	<p>Prior authorization means that you must get approval from Molina Dual Options MyCare Ohio before you can get a specific service or drug or use an out-of-network provider. Molina Dual Options MyCare Ohio may not cover the service or drug if you don’t get approval. If you need urgent or emergency care or out-of-area dialysis services, you don't need to get approval first.</p>

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Frequently Asked Questions (FAQ)	Answers
What is prior authorization? (continued)	Refer to Chapter 3, of the Member Handbook to learn more about prior authorization. Refer to the Benefits Chart in Chapter 4 of the Member Handbook to learn which services require a prior authorization.
Will I need a referral from my PCP to use other doctors or specialists?	Although you do not need approval (called a referral) from your Primary Care Provider (PCP) to use other providers, it is still important to contact your PCP before you use a specialist or after you have an urgent or emergency department visit. This allows your PCP to manage your care for the best outcomes.
Who should I contact if I have questions or need help?	<p>If you have general questions or questions about our plan, services, service area, billing, or Member ID Cards, please call Molina Dual Options MyCare Ohio's Member Services:</p> <p>CALL (855) 665-4623 Calls to this number are free. Monday - Friday, 8 a.m. to 8 p.m., local time. Self-service options are available on weekends, after regular business hours and holidays. Member Services also has free language interpreter services available for people who do not speak English.</p> <p>TTY 711 Calls to this number are free. Monday - Friday, 8 a.m. to 8 p.m., local time</p> <p>If you have questions about your health, please call the 24-Hour Nurse Advice Line:</p> <p>CALL (855) 895-9986 Calls to this number are free. 24 hours a day, 7 days a week.</p> <p>TTY 711 Calls to this number are free. 24 hours a day, 7 days a week.</p> <p>If you need immediate behavioral health services, please call the Behavioral Health Crisis Line:</p> <p>CALL (855) 895-9986 Calls to this number are free. 24 hours a day, 7 days a week.</p> <p>TTY 711 Calls to this number are free. 24 hours a day, 7 days a week.</p>

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Frequently Asked Questions (FAQ)	Answers
What online and mobile self-services features does Molina Dual Options MyCare Ohio offer?	<p>Online: You can update or view your information online with My Molina. You can find or change providers, view your care plan, and more. To sign up, visit MyMolina.com.</p> <p>Smartphone users: You can use your My Molina user ID and password to sign into the Molina Mobile app/My HealthInHand app. You can view your member ID card, call support services like transportation, and more. Download the app on the iPhone App Store or Google Play at no cost.</p> <p>See Chapter 1 of the Member Handbook to learn more about My Molina or the Molina Mobile app/My HealthInHand app.</p>



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C. Overview of Services

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

Health need or problem	Services you may need	Your costs for <u>in-network</u> providers	Limitations, exceptions, & benefit information (rules about benefits)
You want a doctor (This service is continued on the next page)	Visits to treat an injury or illness	\$0	
	Wellness visits, such as a physical	\$0	Annual wellness visit every 12 months.
	Transportation to a doctor’s office	\$0	<p>Up to 30 extra one-way trips, or legs, to plan-approved locations every year.</p> <p>Always covered for members who receive dialysis, chemotherapy, radiation and wheelchair transports.</p> <p>Always covered if you must travel more than 30 miles from your home to get services.</p> <p>To schedule transportation services, call (844) 491-4761 (TTY: 711) at least 2 business days before your appointment.</p> <p>Bus passes are available if you can get to and from the bus stop near your home and near your provider’s office.</p> <p>In some cases, you can get reimbursed (paid back) for the gas used to drive to a medical visit.</p> <p>You can also schedule and manage your trips with the Access2Care mobile app.</p>

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Health need or problem	Services you may need	Your costs for <u>in-network</u> providers	Limitations, exceptions, & benefit information (rules about benefits)
You want a doctor (continued)			Visit the iPhone App Store or Google Play and search “A2C” to download. Some transportation services may need health plan approval.
	Specialist care	\$0	If you want to see a specialist, talk to your provider. You do not need a referral to see a network specialist, but your provider can recommend other network providers for you.
	Care to keep you from getting sick, such as flu shots	\$0	
	COVID-19 testing and vaccines	\$0	Find COVID-19 testing locations online at coronavirus.ohio.gov/wps/portal/gov/covid-19/dashboards/other-resources/testing-ch-centers . Find COVID-19 vaccine providers at vaccine.coronavirus.ohio.gov/ or call the Ohio Department of Health toll-free at (833) 427-5634.
	“Welcome to Medicare” preventive visit (one time only)	\$0	
You need medical tests (This service is continued on the next page)	Lab tests, such as blood work	\$0	Authorization rules may apply for certain tests. Outpatient lab services do not require prior authorization.



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Health need or problem	Services you may need	Your costs for <u>in-network</u> providers	Limitations, exceptions, & benefit information (rules about benefits)
You need medical tests (continued)			Some outpatient blood services require prior authorization.
	X-rays or other pictures, such as CAT scans	\$0	Some services need prior authorization. Outpatient X-ray services do not require a prior authorization.
	Screening tests, such as tests to check for cancer	\$0	Some services need prior authorization.
You need drugs to treat your illness or condition (This service is continued on the next page)	Generic drugs (no brand name)	\$0 for a 31-day supply	<p>There may be limitations on the types of drugs covered. Please refer to Molina Dual Options MyCare Ohio's List of Covered Drugs (Drug List) for more information.</p> <p>A 90- day supply is available at retail and mail order pharmacies at no additional cost.</p> <p>The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p> <p>There may be certain drugs that are limited to a 31-day supply.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from Molina Dual Options MyCare Ohio for certain drugs.</p>

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Health need or problem	Services you may need	Your costs for <u>in-network</u> providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need drugs to treat your illness or condition (This service is continued on the next page)</p>	Brand name drugs	\$0 for a 31-day supply	<p>There may be limitations on the types of drugs covered. Please refer to Molina Dual Options MyCare Ohio's <i>List of Covered Drugs</i> (Drug List) for more information.</p> <p>A 90- day supply is available at retail and mail order pharmacies at no additional cost.</p> <p>The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p> <p>There may be certain drugs that are limited to a 31-day supply.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from Molina Dual Options MyCare Ohio for certain drugs.</p>
	Non-Medicare Rx/Over-the-counter drugs	\$0	<p>There may be limitations on the types of drugs covered. Please refer to Molina Dual Options MyCare Ohio's <i>List of Covered Drugs</i> (Drug List) for more information.</p>
	Medicare Part B prescription drugs	\$0	<p>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 Member</p>



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Health need or problem	Services you may need	Your costs for <u>in-network</u> providers	Limitations, exceptions, & benefit information (rules about benefits)
You need drugs to treat your illness or condition (continued)			Handbook for more information on these drugs. Some drugs need prior authorization.
You need therapy after a stroke or accident	Occupational, physical, or speech therapy	\$0	Some services need prior authorization.
You need emergency care	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. Emergency room care is not covered outside the U.S. and its territories except under limited circumstances. Contact plan for details.
	Ambulance services	\$0	Prior authorization required for non-emergent ambulance only. Air Ambulance services may need prior authorization for non-emergency care.
	Urgent care	\$0	You may get urgent care services whenever you need it, anywhere in the United States or its territories, without prior authorization. Urgent care is not covered outside the U.S. and its territories except under limited circumstances. Contact plan for details.



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Health need or problem	Services you may need	Your costs for <u>in-network</u> providers	Limitations, exceptions, & benefit information (rules about benefits)
You need hospital care	Hospital stay	\$0	Some services need prior authorization. Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital. There is no limit to the number of days covered by the plan each hospital stay.
	Doctor or surgeon care	\$0	Some services need prior authorization.
You need help getting better or have special health needs	Rehabilitation services	\$0	Some rehabilitation services need prior authorization.
	Medical equipment at home	\$0	Some items need prior authorization.
	Skilled nursing care	\$0	Some services need prior authorization. There is no limit to the number of days covered by the plan each Skilled Nursing Facility (SNF) stay.
	Acupuncture	\$0	This service is limited to pain management of headaches, lower back pain, neck pain, osteoarthritis of the hip or knee, nausea or vomiting related to pregnancy or chemotherapy, and acute post-operative pain. Some acupuncture services may need prior authorization. Prior authorization is needed for more than 30 treatments per benefit year.



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Health need or problem	Services you may need	Your costs for <u>in-network</u> providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need medicine, equipment, or another item that does not require a prescription (This service is continued on the next page)</p>	<p>Over-the-counter (OTC) items</p>	<p>\$0</p>	<p>We cover non-prescription over-the-counter (OTC) products like vitamins, sunscreen, pain relievers, cough/cold medicine, and bandages.</p> <p>You get \$60 every quarter to spend on plan-approved OTC items. A quarter, or quarterly period, lasts 3 months. Quarterly OTC benefit periods are:</p> <ul style="list-style-type: none"> • January to March • April to June • July to September • October to December. <p>The \$60 you get every 3 months expires at the end of the quarterly period. It does not rollover to the next quarterly period.</p> <p>You do not need a prescription from your doctor to get over-the-counter (OTC) items.</p>
	<p>Transitional Meal Benefit</p>	<p>\$0</p>	<p>You pay \$0 for an extra meal benefit, based on your needs. If you qualify, you can get up to 56 meals over 4 weeks delivered to you.</p> <p>Your Care Manager will tell you if you qualify for this benefit. If you qualify, your Care Manager will enroll you in the</p>



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Health need or problem	Services you may need	Your costs for <u>in-network</u> providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need medicine, equipment, or another item that does not require a prescription (This service is continued on the next page)</p>			<p>program. If you have a chronic illness, ask your doctor if this benefit is right for you. You may qualify if you are going from a hospital or skilled nursing facility and need a meal benefit while you recover, or if you have a medical condition or potential medical condition that requires you to remain at home for a period of time.</p> <p>Service Authorization Form needed.</p>
	<p>Fitness Benefit (The Silver&Fit® Program)</p>	<p>\$0</p>	<p>You get access to a fitness program, with options to meet your exercise needs. Through the Silver&Fit program, you get access to:</p> <ul style="list-style-type: none"> • The Get Started program, which includes an exercise plan to help you begin or progress your workouts • Participating fitness centers in the Silver&Fit network • One Home Fitness Kit per calendar year, with options including a wearable fitness tracker • A library of digital workout videos, with over 8,000 videos on the website or mobile app



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<p>You need medicine, equipment, or another item that does not require a prescription (continued)</p>			<ul style="list-style-type: none"> • Other wellness resources • Live workout classes on Facebook and YouTube • Healthy Aging Coaching over the phone <p>See Chapter 4 of the Member Handbook to learn more about Silver&Fit. Register for the Silver&Fit program at SilverandFit.com.</p>
<p>You need eye care (This service is continued on the next page)</p>	<p>Eye exams</p>	<p>\$0</p>	<p>We cover one routine eye exam every 24 months for members ages 21 to 59.</p> <p>We cover one routine eye exam every 12 months for members age 18 to 20 and age 60 and older.</p>
	<p>Glasses or contact lenses</p>	<p>\$0</p>	<p>We cover one complete frame and pair of lenses, just lenses or just frames or contact lenses:</p> <ul style="list-style-type: none"> • One every 24 months for members ages 21 to 59. • One every 12 months for members age 20 and younger, and age 60 and older. <p>IMPORTANT: If you choose to get vision care services or vision care materials that we do not cover, your</p>

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You need eye care (continued)			vision care provider may charge you his or her normal cost for these services or materials. Before giving you vision care services or vision care materials that we do not cover, the vision care provider will give you an estimated cost for each service or material upon your request. You can only be billed by your vision care provider if you agree to pay for the service and sign a written statement before you get the service. If you get a bill from a provider you did not agree to pay, call Member Services.
You need dental care (This service is continued on the next page)	Dental check-ups	\$0	<p>We cover the following services:</p> <ul style="list-style-type: none"> • Comprehensive oral exam • Preventive oral exams once every 6 months for all members • Dental cleaning once every 6 months for all members • Preventive services including prophylaxis, fluoride, sealants, and space maintainers • Routine radiographs/diagnostic imaging <p>We offer comprehensive dental benefits. Authorization rules may apply for</p>



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Molina Dual Options Medicare-Medicaid Plan: Summary of Benefits 2022

Health need or problem	Services you may need	Your costs for <u>in-network</u> providers	Limitations, exceptions, & benefit information (rules about benefits)
You need dental care (continued)			comprehensive dental services. Call Member Services for more details. Comprehensive dental services include non-routine diagnostic, restorative, endodontic, periodontics, extraction, prosthodontic, orthodontic, and surgery services
You need hearing/auditory services	Hearing screenings	\$0	
	Hearing aids	\$0	Some services need prior authorization. Covered not more than once every 4 years for conventional and 5 years for digital/programmable hearing aids. Two hearing aids may be considered in special circumstances.
You have a chronic condition, such as diabetes or heart disease	Services to help manage your disease	\$0	Services include disease self-management training and healthy eating programs.
	Diabetes supplies and services	\$0	Some services need prior authorization. Benefit includes diabetes monitoring supplies and therapeutic shoes or inserts.
You have a mental health condition	Mental or behavioral health services	\$0	Authorization rules may apply. Outpatient group therapy visit. Outpatient individual therapy visit.
You have a substance abuse problem	Substance use disorder treatment services	\$0	Authorization rules may apply. Outpatient group therapy visit. Outpatient individual therapy visit.



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Molina Dual Options Medicare-Medicaid Plan: **Summary of Benefits 2022**

Health need or problem	Services you may need	Your costs for <u>in-network</u> providers	Limitations, exceptions, & benefit information (rules about benefits)
You need long-term mental health services	Inpatient care for people who need mental health care	\$0	Some services need prior authorization. Inpatient Psychiatric Hospital services are covered at no cost to members. Molina Dual Options MyCare Ohio covers services provided by freestanding or state operated psychiatric hospitals.
	Outpatient care for people who need mental health care	\$0	Outpatient group therapy visit. Outpatient individual therapy visit. Intensive outpatient services and assertive community treatment (ACT).
You need durable medical equipment (DME)	Wheelchairs	\$0	Authorization rules may apply.
	Nebulizers	\$0	Authorization rules may apply.
	Crutches	\$0	Authorization rules may apply.
	Walkers	\$0	Authorization rules may apply.
	Oxygen equipment and supplies	\$0	Authorization rules may apply.
	Incontinence Garments	\$0	Authorization rules may apply.
You need help living at home (This service is continued on the next page)	Meals brought to your home	\$0	These services are available only if your need for long-term care has been determined by Ohio Medicaid. You may be responsible for paying a “patient liability” for nursing facility or waiver services that are covered through your Medicaid benefit. The County
	Home services, such as cleaning or housekeeping	\$0	
	Changes to your home, such as ramps and wheelchair access	\$0	
	Personal care assistant (You may be able to employ your own assistant. Contact your Care Manager or	\$0	

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Molina Dual Options Medicare-Medicaid Plan: **Summary of Benefits 2022**

Health need or problem	Services you may need	Your costs for <u>in-network</u> providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help living at home (continued)	Waiver Services Coordinator for more information.)		Department of Job and Family Services will determine if your income and certain expenses require you to have a patient liability. Waiver Services must be approved by your Waiver Services Coordinator or Care Manager. Some services need prior authorization.
	Community transition services	\$0	
	Home health care services	\$0	
	Services to help you live on your own	\$0	
	Adult day services or other support services	\$0	
You need a place to live with people available to help you	Assisted living	\$0	These services are available only if your need for long-term care has been determined by Ohio Medicaid. You may be responsible for paying a “patient liability” for nursing facility or waiver services that are covered through your Medicaid benefit. The County Department of Job and Family Services will determine if your income and certain expenses require you to have a patient liability. Waiver Services must be approved by your Waiver Services Coordinator or Care Manager. Assisted Living services are limited to one unit per calendar day. Some services need prior authorization.
	Nursing home care	\$0	

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Molina Dual Options Medicare-Medicaid Plan: Summary of Benefits 2022

Health need or problem	Services you may need	Your costs for <u>in-network</u> providers	Limitations, exceptions, & benefit information (rules about benefits)
Your caregiver needs some time off	Respite care	\$0	<p>This service is available only if your need for long-term care has been determined by Ohio Medicaid.</p> <p>You may be responsible for paying a “patient liability” for nursing facility or waiver services that are covered through your Medicaid benefit. The County Department of Job and Family Services will determine if your income and certain expenses require you to have a patient liability.</p> <p>You may be eligible for respite care if you have behavioral health needs that require a certain level of care.</p> <p>Waiver Services must be approved by your Waiver Services Coordinator or Care Manager.</p> <p>Some services need prior authorization.</p>
Additional covered Services (This service is continued on the next page)	Telehealth	\$0	<p>Additional Telehealth services are available to you at no cost. To learn more about covered telehealth services, see Chapter 4 of your Member Handbook. Telehealth services are listed in the “D3. Other Services” benefit chart, under “Physician/provider services, including doctor’s office visits.”</p>



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Molina Dual Options Medicare-Medicaid Plan: **Summary of Benefits 2022**

Health need or problem	Services you may need	Your costs for <u>in-network</u> providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional covered Services (continued)			<p>To find a provider that offers telehealth services, use the Provider and Pharmacy Directory, visit us online at MolinaHealthcare.com/Duals, or call Member Services.</p> <p>Some services need prior authorization.</p>



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Molina Dual Options Medicare-Medicaid Plan: **Summary of Benefits 2022**

D. Services that Molina Dual Options MyCare Ohio, Medicare, and Medicaid do not cover

This is not a complete list. Call Member Services to find out about other excluded services.

Services not covered by Molina Dual Options MyCare Ohio, Medicare, or Medicaid	
Services considered not “reasonable and necessary,” according to the standards of Medicare and Medicaid, unless these services are listed by our plan as covered services.	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, the plan will cover reconstruction of a breast after a mastectomy and for treating the other breast to match it.
Experimental medical and surgical treatments, items, and drugs, unless covered by Medicare or under a Medicare-approved clinical research study or by our plan. Experimental treatment and items are those that are not generally accepted by the medical community.	Chiropractic care, other than diagnostic x-rays and manual manipulation (adjustments) of the spine to correct alignment consistent with Medicare and Medicaid coverage guidelines.
Surgical treatment for morbid obesity, except when it is medically needed and Medicare covers it.	Routine foot care, except for the limited coverage provided according to Medicare and Medicaid guidelines.
A private room in a hospital, except when it is medically needed.	



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E. Your rights as a member of the plan

As a member of Molina Dual Options MyCare Ohio, 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 Chapter 8 of 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 race, ethnicity, national origin, religion, gender, gender identity, age, mental or physical disability, sexual orientation, genetic information, ability to pay, or ability to speak English.
 - Get information in other formats (e.g., large print, braille, audio).
 - Be free from any form of physical restraint or seclusion.
 - Not be billed by network providers.
- **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 format you can understand. These rights include getting information on:
 - Description of the services we cover.
 - How to get services.
 - How much services will cost you.
 - Names of health care providers and Care Managers.
- **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.



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Molina Dual Options Medicare-Medicaid Plan: **Summary of Benefits 2022**

- Refuse treatment, even if your doctor advises against it.
- Stop taking medicine.
- Ask for a second opinion. Molina Dual Options MyCare Ohio will pay for the cost of your second opinion visit.
- **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 doctors and your health plan.
- **You have the right to emergency and urgent care when you need it.** This means you have the right to:
 - Get emergency services without prior approval 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 make complaints about your covered services or care.** This includes the right to:
 - File a complaint or grievance against us or our providers.
 - Ask for a state fair hearing.
 - Get a detailed reason for why services were denied

For more information about your rights, you can read the Molina Dual Options MyCare Ohio Member Handbook. If you have questions, you can also call Molina Dual Options MyCare Ohio Member Services.



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F. How to file a complaint or appeal a denied service

If you have a complaint or think Molina Dual Options MyCare Ohio should cover something we denied, call Molina Dual Options MyCare Ohio at (855) 665-4623, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m., local time. You may be able to appeal our decision.

For questions about complaints and appeals, you can read Chapter 9 of the Molina Dual Options MyCare Ohio *Member Handbook*. You can also call Molina Dual Options MyCare Ohio Member Services.

Or you can write to Molina Dual Options MyCare Ohio

Attn: Grievance and Appeals

P.O. Box 22816

Long Beach, CA 90801-9977

FAX: (562)-499-0610



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G. 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 Dual Options MyCare Ohio Member Services. Phone numbers are on the cover of this summary.
- Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week.
- Or, call the Ohio Attorney General's Office at 1-800-282-0515.

OHD01SBEN0921



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