

2025

Annual Notice of Changes

Molina Dual Options MI Health Link Medicare-Medicaid Plan

Michigan H7844-001

Effective January 1 through December 31, 2025

Molina Dual Options MI Health Link Medicare-Medicaid Plan offered by Molina Healthcare of Michigan

Annual Notice of Changes for 2025

Introduction

You are currently enrolled as a member of Molina Dual Options. Next year, there will be changes to the plan's benefits, coverage, and rules. This *Annual Notice of Changes* tells you about the changes and where to find more information about them. To get more information about costs, benefits, or rules please review the *Member Handbook*, which is located on our website at MolinaHealthcare.com/Duals. Key terms and their definitions appear in alphabetical order in the last chapter of the *Member Handbook*.

Table of Contents

A. Disclaimers 4

B. Your rights and responsibilities 4

 B1. Your right to get services and information in a way that meets your needs 4

 B2. Our responsibility to ensure that you get timely access to covered services and drugs 7

 B3. Our responsibility to protect your personal health information (PHI) 7

 B4. Our responsibility to give you information about the plan, its network providers, and your covered services 15

 B5. Inability of network providers to bill you directly 16

 B6. Your right to leave the plan 16

 B7. Your right to make decisions about your health care 16

 B8. Your right to make complaints and to ask us to reconsider decisions we have made 18

 B9. Your responsibilities as a member of the plan 19

C. Reviewing your Medicare and Michigan Medicaid coverage for next year 21

 C1. Additional Resources 22

 C2. Information about Molina Dual Options 22

 C3. Important things to do: 22

D. Changes to the network providers and pharmacies 23

E. Changes to benefits for next year 24

 E1. Changes to benefits for medical services 24

 E2. Changes to prescription drug coverage 24

F. Administrative changes 26


G. How to choose a plan 27

 G1. How to stay in our plan 27

 G2. How to change plans 27

H. How to get help 29

 H1. Getting help from Molina Dual Options 29

 **If you have questions**, please call Molina Dual Options at (855) 735-5604, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m. ET. The call is free. **For more information**, visit MolinaHealthcare.com/Duals.

H2. Getting help from Michigan ENROLLS 30

H3. Getting help from the MI Health Link Ombudsman Program 30

H4. Getting help from the State Health Insurance Assistance Program (SHIP) 30

H5. Getting help from Medicare 30

H6. Getting help from Michigan Medicaid 31

A. Disclaimers

- ❖ Molina Dual Options MI Health Link Medicare-Medicaid Plan is a health plan that contracts with both Medicare and Michigan Medicaid to provide benefits of both programs to enrollees.
 - ❖ Molina complies with all Federal and State laws, regulations, and orders that prohibit discrimination because of race, color, religion, sex, national origin, ancestry, age, physical or mental disability, including, but not limited to, the Federal Civil Rights Act of 1964, the Americans with Disabilities Act of 1990, the Federal Rehabilitation Act of 1973, Title IX of the Education Amendments of 1972, the Age Discrimination Act of 1975, “Elliott-Larsen Civil Rights Act, 1976 PA 453, MCL 37.2101, et seq., and the Persons with Disabilities Civil Rights Act, 1976 PA 220, MCL 37.1101, et seq.”
-

B. Your rights and responsibilities

Introduction

In this chapter, you will find your rights and responsibilities as a member of the plan. We must honor your rights. Key terms and their definitions appear in alphabetical order in the last chapter of the Member Handbook.

B1. Your right to get services and information in a way that meets your needs

You have the right to be treated with dignity, respect, and due consideration for your privacy. To be free from any form of restraint or seclusion a means of coercion, discipline, convenience, or retaliation, as specified in federal regulations on the use of restraints and seclusion. You have the right to be afforded privacy and confidentiality in all aspects of care and for all health care information, unless otherwise required by law. We must ensure that **all** services are provided to you in a culturally competent and accessible manner. We must also tell you about the plan’s benefits and your rights in a way that you can understand. We must tell you about your rights each year that you are in our plan.

- To get information in a way that you can understand, call Member Services at (855) 735-5604, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m. ET or your Care Coordinator at (855) 735-5604, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m. ET. Our plan has free interpreter services available to answer questions in different languages.
 - Our plan can also give you materials in languages other than English including Spanish and Arabic and in formats such as large print, braille, or audio.
 - To request your preferred language other than English and/or alternate format, call Member Services at (855) 735-5604, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m. ET.
 - We will maintain a record of our member’s preferred language and/or format preferences, and we will keep this information as a standing request for future mailings and communications. This will ensure that our members will not have to make a separate request each time.

If you have questions, please call Molina Dual Options at (855) 735-5604, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m. ET. The call is free. **For more information**, visit MolinaHealthcare.com/Duals.



- To change a standing request, call Member Services at (855) 735-5604, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m. ET.

If you are having trouble getting information from our plan because of language problems or a disability and you want to file a complaint, call:

- Medicare at 1-800-MEDICARE (1-800-633-4227). You can call 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.
- You may also file a complaint with Michigan Medicaid. Please refer to Chapter 9 for more information.
- Office of Civil Rights at 1-800-368-1019 or TTY 1-800-537-7697.

A. Su derecho a recibir servicios e información de una manera que cumpla con sus necesidades

Tiene derecho a recibir un trato digno, respetuoso y con la debida consideración a su intimidad. Tiene el derecho de estar libre de cualquier forma de restricción o reclusión que se utilicen como forma de coerción, medida disciplinaria, conveniencia o represalia, según se especifica en otras regulaciones federales sobre el uso de la restricción y la reclusión. Tiene derecho al respeto de la intimidad y la confidencialidad en todos los aspectos de la atención y para toda la información relativa a la atención médica, a menos que la ley disponga de otro modo. Debemos garantizar que **todos** los servicios se proporcionen de manera culturalmente competente y accesible. También debemos informarle acerca de los beneficios del plan y sus derechos de una manera que pueda entender. Debemos informarle acerca de sus derechos cada año que esté en nuestro plan.

- Para obtener información de una forma que sea comprensible para usted, llame al Departamento de Servicios para Miembros al (855) 735-5604, TTY: 711, de lunes a viernes, de 8:00 a. m. a 8:00 p. m., hora del este o llame su Coordinador de Cuidados al (855) 735-5604, TTY: 711, de lunes a viernes, de 8:00 a. m. a 8:00 p. m., hora del este. Nuestro plan ofrece servicios de intérprete gratuitos para responder a preguntas en distintos idiomas
- Nuestro plan también le puede brindar materiales en idiomas distintos al inglés, como el español y el árabe, y en formatos tales como letra grande, sistema braille o audio.
 - Para solicitar su idioma preferido distinto del inglés o un formato alternativo, llame al Departamento de Servicios para Miembros al (855) 735-5604, TTY: 711, de lunes a viernes, de 8:00 a. m. a 8:00 p. m., hora del este.
 - Mantendremos un registro de las preferencias de idiomas o de formato de nuestros miembros y conservaremos esta información como una solicitud permanente para futuras comunicaciones y envíos por correo. Esto garantizará que nuestros miembros no tengan que realizar una solicitud independiente cada vez.
 - Para cambiar una solicitud permanente, llame al Departamento de Servicios para Miembros al (855) 735-5604, TTY: 711, de lunes a viernes, de 8:00 a. m. a 8:00 p. m., hora del este.

If you have questions, please call Molina Dual Options at (855) 735-5604, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m. ET. The call is free. **For more information**, visit MolinaHealthcare.com/Duals.



Si tiene problemas para obtener información de nuestro plan debido a problemas con el idioma o por una discapacidad y desea presentar una queja, llame a:

- Medicare al 1-800-MEDICARE (1-800-633-4227). Puede llamar las 24 horas del día, los 7 días de la semana. Los usuarios de TTY deben llamar al 1-877-486-2048.
- Usted puede presentar una queja ante Michigan Medicaid: Consulte el Capítulo 9 para obtener más información.
- Oficina de Derechos Civiles al 1-800-368-1019 o TTY 1-800-537-7697.

B1. حقك في الحصول على الخدمات والمعلومات بالطريقة التي تلي احتياجاتك

لديك الحق في أن تحظى بمعاملة كريمة تتسم بالاحترام ومراعاة خصوصيتك. وألا تتعرض لأي شكل من أشكال التقييد أو العزلة المستخدمة كوسيلة للإكراه أو العقاب أو المجاملة أو الانتقام على النحو الموضح في اللوائح الفيدرالية حول استخدام القيود والعزلة. لديك الحق في أن تحظى بالخصوصية والسرية خلال جميع جوانب الرعاية وفيما يتعلق بجميع معلومات الرعاية الصحية، ما لم ينص القانون على خلاف ذلك. لديك الحق في التعبير عن رأيك في إدارة وتشغيل النظام المتكامل ومقدمي الخدمات والخطط الصحية. يجب علينا التأكد من تقديم كل الخدمات إليك بطريقة ذات كفاءة ثقافية ويمكن الوصول إليها. يتعين علينا أيضاً إخبارك بشأن مزايا الخطة وكذلك حقوقك بطريقة تستطيع استيعابها. يتعين علينا إخبارك بحقوقك كل عام تكون فيه عضواً بخطتنا.

لديك الحق في عدم التعرض للتمييز على أساس العرق أو الإثنية أو الأصل القومي أو الدين أو الجنس أو العمر أو التوجه الجنسي أو التاريخ الطبي أو المطالبات أو الإعاقة العقلية أو الجسدية أو المعلومات الوراثية أو مصدر الدفع.

- للحصول على معلومات بطريقة تستطيع استيعابها، قم بالاتصال بقسم خدمات الأعضاء على الرقم 735-5604 (855)، وبالنسبة لمستخدمي أجهزة الهواتف النصية: يمكن الاتصال على الرقم 711 من الاثنين إلى الجمعة، من الساعة 8 صباحاً إلى 8 مساءً حسب التوقيت الشرقي القياسي، أو بمنسق الرعاية الخاص بك على الرقم 735-5604 (855)، ولمستخدمي أجهزة الهواتف النصية (TTY) يمكنهم الاتصال على الرقم 711، من الاثنين إلى الجمعة من الساعة 8:30 صباحاً إلى 5 مساءً، حسب التوقيت الشرقي القياسي. وتوفر خطتنا خدمات ترجمة مجانية للإجابة عن الأسئلة بلغات مختلفة.

- يمكن أن توفر لك خطتنا كذلك المواد بلغات أخرى غير اللغة الإنجليزية وتنسيقات مثل الطباعة بأحرف كبيرة أو بطريقة برايل أو بتنسيقات صوتية مجاناً. يمكنك الاتصال على الرقم 735-5604 (855)، وبالنسبة لمستخدمي أجهزة الهواتف النصية (TTY): يمكنهم الاتصال على الرقم 711، من الاثنين إلى الجمعة، من الساعة 8 صباحاً وحتى الساعة 8 مساءً، بالتوقيت الشرقي القياسي. هذا الاتصال مجاني.

- يمكنك أن تطلب منا إرسال المعلومات إليك دائماً باللغة أو التنسيق الذي تطلبه. ويسمى هذا بالطلب الدائم. وسنراعي طلبك الدائم، ما يعني أنك لن تحتاج إلى تقديم طلبات منفصلة في كل مرة نرسل إليك فيها معلومات. للحصول على هذا المستند بلغة أخرى بخلاف الإنجليزية، يرجى الاتصال بالولاية على الرقم 642-3195 (800)، وبالنسبة إلى مستخدمي أجهزة "TTY"، يمكنهم الاتصال بالرقم 711 من الاثنين إلى الجمعة من الساعة 8 صباحاً إلى 7 مساءً بالتوقيت الشرقي القياسي لتحديث سجلك بلغتك المفضلة. وللحصول على هذا المستند بتنسيق مختلف، يرجى الاتصال بخدمات الأعضاء على الرقم 735-5604 (855)، وبالنسبة إلى مستخدمي أجهزة "TTY"، يمكنهم الاتصال بالرقم 711 من الاثنين إلى الجمعة من الساعة 8 صباحاً إلى 8 مساءً بالتوقيت الشرقي القياسي. وسيساعدك أحد ممثلي خدمة العملاء على تقديم طلب دائم أو تغييره. يمكنك كذلك الاتصال بمنسقة رعايتك لمساعدتك فيما يخص طلباتك الدائمة.

If you have questions, please call Molina Dual Options at (855) 735-5604, TTY: 711, Monday

– Friday, 8 a.m. to 8 p.m. ET. The call is free. **For more information**, visit

MolinaHealthcare.com/Duals.



- إذا كنت تواجه صعوبة في الحصول على المعلومات عن طريق خطتنا بسبب مشكلات تتعلق باللغة أو الإعاقة وتود تقديم شكوى بالأمر، فيمكنك الاتصال بالجهات الآتية: خط المساعدة 1-800-MEDICARE لبرنامج Medicare على الرقم 1-800-663-4227. يمكنك الاتصال بنا على مدار 24 ساعة في اليوم، 7 أيام في الأسبوع. بالنسبة إلى مستخدمي أجهزة الهواتف النصية (TTY)، يرجى الاتصال على الرقم 1-877-486-2048. كما يحق لك كذلك التقدم بشكوى ضد Michigan Medicaid. يرجى الاطلاع على الفصل 9 لمعرفة المزيد من المعلومات

B2. Our responsibility to ensure that you get timely access to covered services and drugs

If you have a hard time getting care, contact Member Services at (855) 735-5604, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m. ET. If you are having trouble getting services within a reasonable amount of time, we will work with you to refer you to another provider. If necessary, we may also refer you for out-of-network care if we cannot provide the service within our network.

As a member of our plan:

- You have the right to choose a primary care provider (PCP) in the plan's network. A network provider is a provider who works with the health plan. You also have the right to change the PCP within your health plan. You can find more information about choosing a PCP in Chapter 3.
 - Call Member Services or look in the *Provider and Pharmacy Directory* to learn more about network providers and which doctors are accepting new patients.
- You have the right to use a women's health specialist without getting a referral. A referral is approval from your PCP to use someone that is not your PCP.
- You have the right to get covered services from network providers within a reasonable amount of time.
 - This includes the right to get timely services from specialists.
 - If you cannot get services within a reasonable amount of time, we have to pay for out-of-network care.
- You have the right to get emergency services or care that is urgently needed without prior approval (PA).
- You have the right to get your prescriptions filled at any of our network pharmacies without long delays.
- You have the right to know when you can use an out-of-network provider. To learn about out-of-network providers, refer to Chapter 3.

Chapter 9 tells what you can do if you think you are not getting your services or drugs within a reasonable amount of time. Chapter 9 also tells what you can do if we have denied coverage for your services or drugs and you do not agree with our decision.

B3. Our responsibility to protect your personal health information (PHI)

You have the right to privacy and confidentiality about all of your care and of all health information, unless otherwise required by law. We protect your personal health information (PHI) as required by federal and state laws.

If you have questions, please call Molina Dual Options at (855) 735-5604, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m. ET. The call is free. **For more information**, visit MolinaHealthcare.com/Duals.



Your PHI includes the information you gave us when you enrolled in this plan. It also includes your medical records and other medical and health information.

You have rights related to your information and to control how your PHI is used. We give you a written notice that tells you about these rights. The notice is called the “Notice of Privacy Practice.” The notice also explains how we protect the privacy of your PHI.

How we protect your PHI

We make sure that unauthorized people do not look at or change your records.

Except for the cases noted below, we do not give your PHI to anyone who is not providing your care or paying for your care. If we do, we are required to get written permission from you first. Written permission can be given by you or by someone who has the legal power to make decisions for you.

There are certain cases when we do not have to get your written permission first. These exceptions are allowed or required by law.

- We are required to release PHI to government agencies that are checking on our quality of care. We are required to give Medicare and *Michigan* Medicaid your PHI. If Medicare or *Michigan* Medicaid releases your information for research or other uses, it will be done according to Federal and State laws.
- Molina Healthcare of Michigan holds all Confidential Information in strict confidence and does not to copy, reproduce, sell, transfer, or otherwise dispose of, give or disclose such Confidential Information to third parties other than employees, agents, or First Tier, Downstream or Related Entities of a party who have a need to know in connection with fulfilling their duties to the Member and the Plan.
- Confidential Information for any purposes whatsoever other than the performance of this Contract.

You have a right to look at your medical records

You have the right to look at your medical records and to get a copy of your records.

- We provide the first copy of your medical records free of charge.
- We are allowed to charge you a reasonable fee for making additional copies of your medical records.

You have the right to amend or correct information in your medical records. The correction will become part of your record.

You have the right to know if and how your PHI has been shared with others.

If you have questions or concerns about the privacy of your PHI, call Member Services.

Your Privacy

Your privacy is important to us. We respect and protect your privacy. Molina uses and shares your information to provide you with health benefits. Molina wants to let you know how your information is used or shared.



If you have questions, please call Molina Dual Options at (855) 735-5604, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m. ET. The call is free. **For more information**, visit MolinaHealthcare.com/Duals.

PHI means protected health information. PHI includes your name, member number, race, ethnicity, language needs, or other things that identify you. Molina wants you to know how we use or share your PHI.

Why does Molina use or share our Members' PHI?

- To provide for your treatment
- To pay for your health care
- To review the quality of the care you get
- To tell you about your choices for care
- To run our health plan
- To use or share PHI for other purposes as required or permitted by law.

When does Molina need your written authorization (approval) to use or share your PHI?

Molina needs your written approval to use or share your PHI for purposes not listed above.

What are your privacy rights?

- To look at your PHI
- To get a copy of your PHI
- To amend your PHI
- To ask us to not use or share your PHI in certain ways
- To get a list of certain people or places we have shared your PHI with

How does Molina protect your PHI?

Molina uses many ways to protect PHI across our health plan. This includes PHI in written word, spoken word, or in a computer. Below are some ways Molina protects PHI:

- Molina has policies and rules to protect PHI.
- Molina limits who may see PHI. Only Molina staff with a need to know PHI may use it.
- Molina staff is trained on how to protect and secure PHI.
- Molina staff must agree in writing to follow the rules and policies that protect and secure PHI
- Molina secures PHI in our computers. PHI in our computers is kept private by using firewalls and passwords.

What must Molina do by law?

- Keep your PHI private.
- Give you written information, such as this on our duties and privacy practices about your PHI.
- Follow the terms of our Notice of Privacy Practices.



If you have questions, please call Molina Dual Options at (855) 735-5604, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m. ET. The call is free. **For more information**, visit MolinaHealthcare.com/Duals.

What can you do if you feel your privacy rights have not been protected?

- Call or write Molina and complain.
- Complain to the Department of Health and Human Services.

We will not hold anything against you. Your action would not change your care in any way.

The above is only a summary. Our Notice of Privacy Practices has more information about how we use and share our Members' PHI. Our Notice of Privacy Practices is in the following section of this Member Handbook. It is on our web site at www.molinahealthcare.com. You may also get a copy of our Notice of Privacy Practices by calling our Member Services Department at (855) 735-5604, Monday - Friday, 8 a.m. to 8 p.m. EST. TTY users, please call 711.

NOTICE OF PRIVACY PRACTICES MOLINA HEALTHCARE OF MICHIGAN

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Molina Healthcare of Michigan ("**Molina Healthcare**," "**Molina**," "**we**" or "**our**") uses and shares protected health information about you to provide your health benefits as a Molina Dual Options member. We use and share your information to carry out treatment, payment and health care operations. We also use and share your information for other reasons as allowed and required by law. We have the duty to keep your health information private and to follow the terms of this Notice. The effective date of this Notice is February 1, 2014.

PHI means protected health information. PHI is health information that includes your name, Member number or other identifiers, and is used or shared by Molina.

Why does Molina use or share your PHI?

We use or share your PHI to provide you with health care benefits. Your PHI is used or shared for treatment, payment, and health care operations.

For Treatment

Molina may use or share your PHI to give you, or arrange for, your medical care. This treatment also includes referrals between your doctors or other health care providers. For example, we may share information about your health condition with a specialist. This helps the specialist talk about your treatment with your doctor.

For Payment

Molina may use or share PHI to make decisions on payment. This may include claims, approvals for treatment, and decisions about medical need. Your name, your condition, your treatment, and supplies

If you have questions, please call Molina Dual Options at (855) 735-5604, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m. ET. The call is free. **For more information**, visit MolinaHealthcare.com/Duals.



given may be written on the bill. For example, we may let a doctor know that you have our benefits. We would also tell the doctor the amount of the bill that we would pay.

For Health Care Operations

Molina may use or share PHI about you to run our health plan. For example, we may use information from your claim to let you know about a health program that could help you. We may also use or share your PHI to solve Member concerns. Your PHI may also be used to see that claims are paid right.

Health care operations involve many daily business needs. It includes but is not limited to, the following:

- Improving quality;
- Actions in health programs to help Members with certain conditions (such as asthma);
- Conducting or arranging for medical review;
- Legal services, including fraud and abuse detection and prosecution programs;
- Actions to help us obey laws;
- Address Member needs, including solving complaints and grievances.

We will share your PHI with other companies (“**business associates**”) that perform different kinds of activities for our health plan. We may also use your PHI to give you reminders about your appointments. We may use your PHI to give you information about other treatment, or other health- related benefits and services.

When can Molina use or share your PHI without getting written authorization (approval) from you?

In addition to treatment, payment and health care operations, the law allows or requires Molina to use and share your PHI for several other purposes including the following:

Required by law

We will use or share information about you as required by law. We will share your PHI when required by the Secretary of the Department of Health and Human Services (HHS). This may be for a court case, other legal review, or when required for law enforcement purposes.

Public Health

Your PHI may be used or shared for public health activities. This may include helping public health agencies to prevent or control disease.

Health Care Oversight

Your PHI may be used or shared with government agencies. They may need your PHI for audits.

Research

Your PHI may be used or shared for research in certain cases, such as when approved by a privacy or institutional review board.



If you have questions, please call Molina Dual Options at (855) 735-5604, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m. ET. The call is free. **For more information**, visit MolinaHealthcare.com/Duals.

Legal or Administrative Proceedings

Your PHI may be used or shared for legal proceedings, such as in response to a court order.

Law Enforcement

Your PHI may be used or shared with police for law enforcement purposes, such as to help find a suspect, witness or missing person.

Health and Safety

Your PHI may be shared to prevent a serious threat to public health or safety.

Government Functions

Your PHI may be shared with the government for special functions.

Victims of Abuse, Neglect or Domestic Violence

Your PHI may be shared with legal authorities if we believe that a person is a victim of abuse or neglect.

Workers Compensation

Your PHI may be used or shared to obey Workers Compensation laws.

Other Disclosures

Your PHI may be shared with funeral directors or coroners to help them do their jobs.

When does Molina need your written authorization (approval) to use or share your PHI?

Molina needs your written approval to use or share your PHI for a purpose other than those listed in this Notice. Molina needs your authorization before we disclose your PHI for the following: (1) most uses and disclosures of psychotherapy notes; (2) uses and disclosures for marketing purposes; and (3) uses and disclosures that involve the sale of PHI. You may cancel a written approval that you have given us. Your cancellation will not apply to actions already taken by us because of the approval you already gave to us.

What are your health information rights?

You have the right to:

- **Request Restrictions on PHI Uses or Disclosures (Sharing of Your PHI)**

You may ask us not to share your PHI to carry out treatment, payment or health care operations. You may also ask us not to share your PHI with family, friends or other persons you name who are involved in your health care. However, we are not required to agree to your request. You will need to make your request in writing. You may use Molina's form to make your request.

- **Request Confidential Communications of PHI**

You may ask Molina to give you your PHI in a certain way or at a certain place to help keep your PHI private. We will follow reasonable requests, if you tell us how sharing all or a part of that PHI could



If you have questions, please call Molina Dual Options at (855) 735-5604, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m. ET. The call is free. **For more information**, visit MolinaHealthcare.com/Duals.

put your life at risk. You will need to make your request in writing. You may use Molina's form to make your request.

- **Review and Copy Your PHI**

You have a right to review and get a copy of your PHI held by us. This may include records used in making coverage, claims and other decisions as a Molina Member. You will need to make your request in writing. You may use Molina's form to make your request. We may charge you a reasonable fee for copying and mailing the records. In certain cases we may deny the request. *Important Note: We do not have complete copies of your medical records. If you want to look at, get a copy of, or change your medical records, please contact your doctor or clinic.*

- **Amend Your PHI**

You may ask that we amend (change) your PHI. This involves only those records kept by us about you as a Member. You will need to make your request in writing. You may use Molina's form to make your request. You may file a letter disagreeing with us if we deny the request.

- **Receive an Accounting of PHI Disclosures (Sharing of Your PHI)**

You may ask that we give you a list of certain parties that we shared your PHI with during the six years prior to the date of your request. The list will not include PHI shared as follows:

- for treatment, payment or health care operations;
- to persons about their own PHI;
- sharing done with your authorization;
- incident to a use or disclosure otherwise permitted or required under applicable law;
- PHI released in the interest of national security or for intelligence purposes; or
- as part of a limited data set in accordance with applicable law.

We will charge a reasonable fee for each list if you ask for this list more than once in a 12-month period. You will need to make your request in writing. You may use Molina's form to make your request.

You may make any of the requests listed above, or may get a paper copy of this Notice. Please call Molina Member Services at (855) 735-5604, Monday-Friday, 8 a.m. to 8 p.m. ET. TTY users, please call 711.

What can you do if your rights have not been protected?

You may complain to Molina and to the Department of Health and Human Services if you believe your privacy rights have been violated. We will not do anything against you for filing a complaint. Your care and benefits will not change in any way.

You may file a complaint with us at:

If you have questions, please call Molina Dual Options at (855) 735-5604, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m. ET. The call is free. **For more information**, visit MolinaHealthcare.com/Duals.



Molina Healthcare of Michigan
Attention: Director of Member Services
880 W. Long Lake Road, Suite 600
Troy, MI 48098

Phone: (855) 735-5604, Monday – Friday, 8 a.m. to 8 p.m. ET. TTY users, please call 711

You may file a complaint with the Secretary of the U.S. Department of Health and Human Services at:

U.S. Department of Health & Human Services
Office for Civil Rights – Centralized Case Management Operations
200 Independence Ave., S.W.
Suite 515F, HHH Building
Dallas, TX 75202
(800) 368-1019; (800) 537-7697 (TTY);
(202) 619-3818 (FAX)

What are the duties of Molina?

Molina is required to:

- Keep your PHI private;
- Give you written information such as this on our duties and privacy practices about your PHI;
- Provide you with a notice in the event of any breach of your unsecured PHI;
- Not use or disclose your genetic information for underwriting purposes;
- Follow the terms of this Notice.

This Notice is Subject to Change

Molina reserves the right to change its information practices and terms of this Notice at any time. If we do, the new terms and practices will then apply to all PHI we keep. If we make any material changes, Molina will post the revised Notice on our web site and send the revised Notice, or information about the material change and how to obtain the revised Notice, in our next annual mailing to our members then covered by Molina.

Contact Information

If you have any questions, please contact the following office:

Molina Healthcare of Michigan
Attention: Director of Member Services
880 W. Long Lake Road, Suite 600
Troy, MI 48098

Phone: (855) 735-5604, Monday – Friday, 8 a.m. – 8 p.m. ET. TTY users, please call 711



If you have questions, please call Molina Dual Options at (855) 735-5604, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m. ET. The call is free. **For more information**, visit MolinaHealthcare.com/Duals.

B4. Our responsibility to give you information about the plan, its network providers, and your covered services

You have the right to have all plan options, rules, and benefits fully explained, including through use of a qualified interpreter if needed. You have the right to access an adequate network of primary and specialty providers who are capable of meeting your needs with respect to physical access, and communication and scheduling needs, and are subject to ongoing assessment of clinical quality including required reporting. As a member of Molina Dual Options, you have the right to get information from us. If you do not speak English, we have free interpreter services to answer any questions you may have about our health plan. To get an interpreter, just call us at (855) 735-5604, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m. ET. This is a free service. Our plan also has written materials available in Spanish and Arabic. We can also give you information in large print, braille, or audio. To make a standing request to get materials in a language other than English or in an alternate format now and in the future, please contact Member Services at (855) 735-5604, TTY: 711, Monday - Friday, 8 a.m. to 8 p.m. ET.

If you want information about any of the following, call Member Services:

- How to choose or change plans
- Our plan, including:
 - Financial information
 - How the plan has been rated by plan members
 - The number of appeals made by members
 - How to leave the plan
- Our network providers and our network pharmacies, including:
 - How to choose or change primary care providers
 - Qualifications of our network providers and pharmacies
 - How we pay providers in our network
 - A list of providers and pharmacies in the plan's network, in the *Provider and Pharmacy Directory*. For more detailed information about our providers or pharmacies, call Member Services, or visit our website at MolinaHealthcare.com/Duals.
- Covered services (refer to Chapter 3 and 4) and drugs (refer to Chapter 5 and 6) and about rules you must follow, including:
 - Services and drugs covered by the plan
 - Limits to your coverage and drugs
 - Rules you must follow to get covered services and drugs
- Why something is not covered and what you can do about it (refer to Chapter 9), including asking us to:
 - Put in writing why something is not covered

If you have questions, please call Molina Dual Options at (855) 735-5604, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m. ET. The call is free. **For more information**, visit MolinaHealthcare.com/Duals.



- Change a decision we made
- Pay for a bill you got

B5. Inability of network providers to bill you directly

Doctors, hospitals, and other providers in our network cannot make you pay for covered services. They also cannot charge you if we pay for less than the provider charged us. To learn what to do if a network provider tries to charge you for covered services, refer to Chapter 7.

B6. Your right to leave the plan

No one can make you stay in our plan if you do not want to.

- You also have the right to choose a plan and provider at any time, including a plan outside of the Demonstration, and have that choice be effective the first calendar day of the following month when that application is received before the last five (5) calendar days of the month. Applications received during the last five (5) calendar days of the month will result in Enrollments with an effective date the first calendar day of the next month after the following month. For example, an application received on March 28th will only be effective May 1st.
- You have the right to get most of your health care services through Original Medicare or a Medicare Advantage plan.
- You can get your Medicare Part D prescription drug benefits from a prescription drug plan or from a Medicare Advantage plan.
- Refer to Chapter 10 for more information about when you can join a new Medicare Advantage or prescription drug benefit plan.
- If there is another MI Health Link plan in your service area, you may also change to a different MI Health Link plan and continue to get coordinated Medicare and Michigan Medicaid benefits.
- You can get your Michigan Medicaid benefits through Michigan's original (fee-for-service) Medicaid.

B7. Your right to make decisions about your health care

Your right to know your treatment options and make decisions about your health care

You have the right to participate in all aspects of care, including the right to refuse treatment, and to exercise all rights of appeal. You have the right to have a voice in the governance and operation of the integrated system, provider, or health plan. You have the right to be free from any form of restraint or seclusion as a means of coercion, discipline, convenience, or retaliation, as specified in federal regulations on the use of restraints and seclusion. You have the right to get full information from your doctors and other health care providers. Your providers must explain your condition and your treatment choices in a way that you can understand. You have the right to:

- **Know your choices.** You have the right to be told about all the kinds of treatment.

If you have questions, please call Molina Dual Options at (855) 735-5604, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m. ET. The call is free. **For more information**, visit MolinaHealthcare.com/Duals.



- **Know the risks.** You have the right to be told about any risks involved. You must be told in advance if any service or treatment is part of a research experiment. You have the right to refuse experimental treatments.
- **Get a second opinion.** You have the right to use another doctor before deciding on treatment.
- **Say “no.”** You have the right to refuse any treatment. This includes the right to leave a hospital or other medical facility, even if your doctor advises you not to. You also have the right to stop taking a drug. If you refuse treatment or stop taking a drug, you will not be dropped from the plan. However, if you refuse treatment or stop taking a drug, you accept full responsibility for what happens to you.
- **Ask us to explain why a provider denied care.** You have the right to get an explanation from us if a provider has denied care that you believe you should get.
- **Ask us to cover a service or drug that was denied or is usually not covered.** This is called a coverage decision. Chapter 9 tells how to ask the plan for a coverage decision.

Your right to say what you want to happen if you are unable to make health care decisions for yourself

You may call Molina Dual Options to get information regarding State law on Advance Directives and changes to Advance Directive laws.

Sometimes people are unable to make health care decisions for themselves. Before that happens to you, you can:

- Fill out a written form to **give someone the right to make health care decisions for you.**
- **Give your doctors written instructions** about how you want them to handle your health care if you become unable to make decisions for yourself.

The legal document that you can use to give your directions is called an advance directive. There are different types of advance directives and different names for them. Examples are a psychiatric advance directive and a durable power of attorney for health care.

Now is a good time to write down your advance directives because you can make your wishes known while you are healthy. Your doctor’s office has an advance directive you fill out to tell your doctor what you want done. Your advance directive often includes a do-not-resuscitate order. Some people do this after talking to their doctor about their health status. It gives written notice to health care workers who may be treating you should you stop breathing or your heart stops. Your doctor can help you with this if you are interested.

You do not have to use an advance directive, but you can if you want to. Here is what to do:

- **Get the form.** You can get a form from your doctor, a lawyer, a legal services agency, or a social worker. Organizations that give people information about Medicare or Michigan Medicaid may also have advance directive forms. You can also contact Member Services to ask for the forms.

If you have questions, please call Molina Dual Options at (855) 735-5604, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m. ET. The call is free. **For more information**, visit MolinaHealthcare.com/Duals.



- **Fill it out and sign the form.** The form is a legal document. You should consider having a lawyer help you prepare it.
- **Give copies to people who need to know about it.** You should give a copy of the form to your doctor. You should also give a copy to the person you name as the one to make decisions for you. You may also want to give copies to close friends or family members. Keep a copy at home.
- If you are going to be hospitalized and you have signed an advance directive, **take a copy of it to the hospital.**

The hospital will ask you whether you have signed an advance directive form and whether you have it with you.

If you have not signed an advance directive form, the hospital has forms available and will ask if you want to sign one.

Remember, it is your choice to fill out an advance directive or not.

What to do if your instructions are not followed

In Michigan, your advance directive has binding effect on doctors and hospitals. However, if you believe that a doctor or a hospital did not follow the instructions in your advance directive, you may file a complaint with the Michigan Department of Licensing and Regulatory Affairs, Bureau of Community and Health Systems at **1-800-882-6006**.

B8. Your right to make complaints and to ask us to reconsider decisions we have made

Chapter 9 tells what you can do if you have any problems or concerns about your covered services or care. For example, you could ask us to make a coverage decision, make an appeal to us to change a coverage decision, or make a complaint.

You have the right to get information about appeals and complaints that other members have filed against our plan. To get this information, call Member Services.

What to do if you believe you are being treated unfairly or you would like more information about your rights

If you believe you have been treated unfairly - and it is **not** about discrimination for the reasons listed in Chapter 11 - or you would like more information about your rights, you can get help by calling:

- Member Services.
- The State Health Insurance Assistance Program (SHIP). In Michigan, the SHIP is called the Medicare/Medicaid Assistance Program (MMAAP). For details about this organization and how to contact it, refer to Chapter 2.
- Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY 1-877-486-2048. (You can also read or download "Medicare Rights & Protections," found on the Medicare website at www.medicare.gov/Pubs/pdf/11534-Medicare-Rights-and-Protections.pdf.)



If you have questions, please call Molina Dual Options at (855) 735-5604, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m. ET. The call is free. **For more information**, visit MolinaHealthcare.com/Duals.

- The MI Health Link Ombudsman program. For details about this organization and how to contact it, refer to Chapter 2. The phone number for the MI Health Link Ombudsman program is 1-888-746-6456, Monday – Friday, 8:30 a.m. to 5 p.m., EST.

B9. Your responsibilities as a member of the plan

As a member of the plan, you have a responsibility to do the things that are listed below. If you have any questions, call Member Services.

- **Read the *Member Handbook*** to learn what is covered and what rules you need to follow to get covered services and drugs. For details about your:
 - Covered services, refer to Chapters 3 and 4. Those chapters tell you what is covered, what is not covered, what rules you need to follow, and what you pay.
 - Covered drugs, refer to Chapters 5 and 6.
- **Tell us about any other health or prescription drug coverage** you have. We are required to make sure you are using all of your coverage options when you get health care. Please call Member Services if you have other coverage.
- **Tell your doctor and other health care providers** that you are enrolled in our plan. Show your Member ID Card whenever you get services or drugs.
- **Help your doctors** and other health care providers give you the best care.
 - Give them the information they need about you and your health. Learn as much as you can about your health problems. Follow the treatment plans and instructions that you and your providers agree on.
 - Make sure your doctors and other providers know about all of the drugs you are taking. This includes prescription drugs, over-the-counter drugs, vitamins, and supplements.
 - If you have any questions, be sure to ask. Your doctors and other providers must explain things in a way you can understand. If you ask a question and you do not understand the answer, ask again.
- **Be considerate.** We expect all our members to respect the rights of other patients. We also expect you to act with respect in your doctor's office, hospitals, and other providers' offices.
- **Pay what you owe.** As a plan member, you are responsible for these payments:
 - Medicare Part A and Medicare Part B premiums. For almost all Molina Dual Options members, *Michigan* Medicaid pays for your Part A premium and for your Part B premium.
 - *Any Freedom to Work program premium you have.* If you have questions about the Freedom to Work program, contact your local Michigan Department of Health & Human Services (MDHHS) office. You can find contact information for your local MDHHS office by visiting www.michigan.gov/mdhhs/0,5885,7-339-73970_5461---,00.
- **Tell us if you move.** If you are going to move, it is important to tell us right away. Call Member Services.

If you have questions, please call Molina Dual Options at (855) 735-5604, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m. ET. The call is free. **For more information**, visit MolinaHealthcare.com/Duals.



- **If you move outside of our service area, you cannot stay in this plan.** Only people who live in our service area can get Molina Dual Options. Chapter 1 tells about our service area.
- We can help you figure out whether you are moving outside our service area. During a special enrollment period, you can switch to Original Medicare or enroll in a Medicare health or prescription drug plan in your new location. We can let you know if we have a plan in your new area.
- Also, be sure to let Medicare and Michigan Medicaid know your new address when you move. Refer to Chapter 2 for phone numbers for Medicare and Michigan Medicaid.
- **If you move within our service area, we still need to know.** We need to keep your membership record up to date and know how to contact you.
- Call Member Services for help if you have questions or concerns.
- Enrollees age 55 and older who are getting long-term care services may be subject to estate recovery upon their death. For more information, you may:
 - Contact your Care Coordinator, **or**
 - Call the Beneficiary Helpline at 1-800-642-3195, **or**
 - Visit the website at www.michigan.gov/estaterecovery, **or**
 - Email questions to MDHHS-EstateRecovery@michigan.gov

You have the responsibility to be fully involved in maintaining your health and making decisions about your health care, including the right to refuse treatment if desired, and must be appropriately informed and supported to this end. Specifically, you must:

- Receive a Health Risk Assessment upon Enrollment in our plan and to participate in the development and implementation of the Individual Integrated Care and Supports Plan. The assessment will include considerations of social, functional, medical, behavioral, wellness and prevention domains, an evaluation of your goals, preferences, strengths and weaknesses, and a plan for managing and coordination your care. You or an authorized representative, also have the right to request a Reassessment by the Integrated Care Team and be fully involved in any such Reassessment.
- Receive complete and accurate information on your health and functional status by the Integrated Care Team. Be provided information on all program services and health care options, including available treatment options and alternatives, presented in a culturally appropriate manner, taking into consideration your condition and ability to understand. If you are unable to participate fully in treatment decisions, you have the right to designate a representative. This includes the right to have translation services available to make information appropriately accessible. Information must be available:
 - Before Enrollment
 - At Enrollment
 - When your needs necessitate the disclosure and delivery of such information in order to allow you to make an informed choice
- Be encouraged to involve caregivers or family members in treatment discussions and decisions.

If you have questions, please call Molina Dual Options at (855) 735-5604, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m. ET. The call is free. **For more information**, visit MolinaHealthcare.com/Duals.



- Have Advance Directives explained and to establish them.
- Receive reasonable advance notice, in writing, of any transfer to another treatment setting and the justification for the transfer.
- Be afforded the opportunity file an Appeal if services are denied that you think are medically indicated, and to be able to ultimately take that Appeal to an independent external system of review.
- You have the right to receive medical and non-medical care from a team that meets your needs, in a manner that is sensitive to your language and culture, and in an appropriate care setting, including the home and community.
- You have the right to be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation.
- You are free to exercise your rights and that the exercise of those rights does not adversely affect the way the health plan and its providers or the State Agency treat you.
- You have the right to receive timely information about plan changes. This includes the right to request and obtain the information listed in the orientation materials at least once per year, and the right to receive notice of any significant change in the information provided in the orientation materials at least thirty (30) calendar days prior to the intended effective date of the change.
- You have the right to be protected from liability for payment of any fees that are the obligation of the health plan.
- You have the right not to be charged any cost sharing for services.
- You have the right to be provided information on how to contact your Care Coordinator.

C. Reviewing your Medicare and Michigan Medicaid coverage for next year

It is important to review your coverage now to make sure it will still meet your needs next year. If it does not meet your needs, you may be able to leave the plan. Refer to section G2 for more information.

If you leave our plan, you will still be in the Medicare and Michigan Medicaid programs as long as you are eligible.

- You will have a choice about how to get your Medicare benefits (refer to Section G).
- If you do not want to enroll in a different Medicare-Medicaid Plan after you leave Molina Dual Options, you will return to getting your Medicare and Michigan Medicaid services separately.



If you have questions, please call Molina Dual Options at (855) 735-5604, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m. ET. The call is free. **For more information**, visit MolinaHealthcare.com/Duals.

C1. Additional Resources

- You can also get this document for free in other formats, such as large print, braille, or audio. Call (855) 735-5604, TTY: 711, Monday - Friday, 8 a.m. to 8 p.m. ET. The call is free.
- This document is available for free in Spanish and Arabic.
- To request your preferred language other than English and/or alternate format, call Member Services at (855) 735-5604, TTY: 711, Monday - Friday, 8 a.m. to 8 p.m. ET.
- We will maintain a record of our member's preferred language and/or format preferences, and we will keep this information as a standing request for future mailings and communications. This will ensure that our members will not have to make a separate request each time.
- To change a standing request, call Member Services at (855) 735-5604, TTY: 711, Monday - Friday, 8 a.m. to 8 p.m. ET.

C2. Information about Molina Dual Options

- Molina Dual Options is a health plan that contracts with both Medicare and Michigan Medicaid to provide benefits of both programs to enrollees.
- Coverage under Molina Dual Options is qualifying health coverage called "minimum essential coverage." It satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Visit the Internal Revenue Service (IRS) website at www.irs.gov/Affordable-Care-Act/Individuals-and-Families for more information on the individual shared responsibility requirement.
- Molina Dual Options is offered by Molina Healthcare. When this Annual Notice of Changes says "we," "us," or "our," it means Molina Healthcare. When it says "the plan" or "our plan," it means Molina Dual Options.

C3. Important things to do:

- **Check if there are any changes to our benefits that may affect you.**
 - Are there any changes that affect the services you use?
 - It is important to review benefit changes to make sure they will work for you next year.
 - Refer to section E1 for information about benefit changes for our plan.
- **Check if there are any changes to our prescription drug coverage that may affect you.**

If you have questions, please call Molina Dual Options at (855) 735-5604, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m. ET. The call is free. **For more information**, visit MolinaHealthcare.com/Duals.



- Will your drugs be covered? Are they in a different tier? Can you continue to use the same pharmacies? Will there be any changes such as prior authorization, step therapy, or quantity limits?
- It is important to review the changes to make sure our drug coverage will work for you next year.
- Refer to section E2 for information about changes to our drug coverage.
- **Check if your providers and pharmacies will be in our network next year.**
 - Are your doctors, including your specialists, in our network? What about your pharmacy? What about the hospitals or other providers you use?
 - Refer to section D for information about our *Provider and Pharmacy Directory*.
- **Think about your overall costs in the plan.**
 - How do the total costs compare to other coverage options?
- **Think about whether you are happy with our plan.**

If you decide to stay with Molina Dual Options:

If you want to stay with us next year, it's easy – you don't need to do anything. If you don't make a change, you will automatically stay enrolled in our plan.

If you decide to change plans:

If you decide other coverage will better meet your needs, you may be able to switch plans (refer to section G2 for more information). If you enroll in a new plan, your new coverage will begin on the first day of the following month. Refer to in section G2 to learn more about your choices.

D. Changes to the network providers and pharmacies

Our provider and pharmacy networks have changed for 2025.

Please review the 2025 *Provider and Pharmacy Directory* to find out if your providers or pharmacy are in our network. An updated *Provider and Pharmacy Directory* is located on our website at MolinaHealthcare.com/Duals. You may also call Member Services at (855) 735-5604, TTY: 711, Monday - Friday, 8 a.m. to 8 p.m. ET for updated provider information or to ask us to mail you a *Provider and Pharmacy Directory*.

It is important that you know that we may also make changes to our network during the year. If your provider does leave the plan, you have certain rights and protections. For more information, see Chapter 3 of your *Member Handbook*.



If you have questions, please call Molina Dual Options at (855) 735-5604, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m. ET. The call is free. **For more information**, visit MolinaHealthcare.com/Duals.

E. Changes to benefits for next year

E1. Changes to benefits for medical services

We are changing our coverage for certain health care services next year. The table below describes these changes.

	2024 (this year)	2025 (next year)
Over-the-counter (OTC) items (Supplemental)	You get \$75 every quarter (3 months) for OTC items.	You get \$25 every month for OTC items.

E2. Changes to prescription drug coverage

Changes to our Drug List

An updated *List of Covered Drugs* is located on our website at MolinaHealthcare.com/Duals. You may also call Member Services at (855) 735-5604, TTY: 711, Monday - Friday, 8 a.m. to 8 p.m. ET for updated drug information or to ask us to mail you a *List of Covered Drugs*.

The *List of Covered Drugs* is also called the “*Drug List*.”


We made changes to our *Drug List*, including changes to the drugs we cover and changes to the restrictions that apply to our coverage for certain drugs.

Review the *Drug List* to **make sure your drugs will be covered next year** and to find out if there will be any restrictions.

Most of the changes in the *Drug List* are new for the beginning of each year. However, we might make other changes are allowed by Medicare and/or the state that will affect you during the plan year. We update our online *Drug List* at least monthly to provide the most up to date list of drugs. If we make a change that will affect a drug you are taking, we will send you a notice about the change.

If you are affected by a change in drug coverage, we encourage you to:

- Work with your doctor (or other prescriber) to find a different drug that we cover.
 - You can call Member Services at (855) 735-5604, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m. ET or contact your Care Coordinator to ask for a list of covered drugs that treat the same condition.
 - This list can help your provider find a covered drug that might work for you.
- Work with your doctor (or other prescriber) and ask the plan to make an exception to cover the drug.
 - You can ask for an exception before next year and we will give you an answer within 72 hours after we get your request (or your prescriber’s supporting statement).

 If you have questions, please call Molina Dual Options at (855) 735-5604, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m. ET. The call is free. For more information, visit MolinaHealthcare.com/Duals.

- To learn what you must do to ask for an exception, refer to Chapter 9 of the *2025 Member Handbook* or call Member Services at (855) 735-5604, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m. ET.
- If you need help asking for an exception, you can contact Member Services or your Care Coordinator. Refer to Chapter 2 and Chapter 3 of the *Member Handbook* to learn more about how to contact your Care Coordinator.
- Ask the plan to cover a temporary supply of the drug.
 - In some situations, we will cover a **temporary** supply of the drug during the first 90 days of the calendar year.
 - This temporary supply will be for up to 31 days. (To learn more about when you can get a temporary supply and how to ask for one, refer to Chapter 5 of the *Member Handbook*.)
 - When you get a temporary supply of a drug, you should talk with your doctor to decide what to do when your temporary supply runs out. You can either switch to a different drug covered by the plan or ask the plan to make an exception for you and cover your current drug.

If your formulary exception is approved, you will be notified how long the approval will last. In most cases, approvals are given for one year. You will need to request a new formulary exception once your approval expires.

We currently can immediately remove a brand name drug on our *Drug List* if we replace it with a new generic drug version and with the same or fewer rules as the brand name drug it replaces. Also, when adding a new generic drug, we may also decide to keep the brand name drug on our *Drug List*, but immediately add new rules.

Starting in 2025, we can immediately replace original biological products with certain biosimilars. This means, for instance, if you are taking an original biological product that is being replaced by a biosimilar, you may not get notice of the change 30 days before we make it or get a month's supply of your original biological product at a network pharmacy. If you are taking the original biological product at the time we make the change, you will still get information on the specific change we made, but it may arrive after we make the change.

Some of these drug types may be new to you. For definitions of drug types, please see Chapter 12 of your *Member Handbook*. The Food and Drug Administration (FDA) also provides consumer information on drugs. Refer to the FDA website: www.fda.gov/drugs/biosimilars/multimedia-education-materials-biosimilars#For%20Patients. You may also contact Member Services at the number at the bottom of the page or ask your health care provider, prescriber, or pharmacist for more information.

Changes to prescription drug costs

There are no changes to the amount you pay for prescription drugs in 2025. Read below for more information about your prescription drug coverage.

The following table shows your costs for drugs in each of our three (3) drug tiers.



If you have questions, please call Molina Dual Options at (855) 735-5604, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m. ET. The call is free. **For more information**, visit MolinaHealthcare.com/Duals.

	2024 (this year)	2025 (next year)
Drugs in Tier 1 (generic drugs) Cost for a one-month supply of a drug in Tier 1 that is filled at a network pharmacy	Your copay for a one-month (31-day) supply is \$0 per prescription.	Your copay for a one-month (31-day) supply is \$0 per prescription.
Drugs in Tier 2 (brand name drugs) Cost for a one-month supply of a drug in Tier 2 that is filled at a network pharmacy	Your copay for a one-month (31-day) supply is \$0 per prescription.	Your copay for a one-month (31-day) supply is \$0 per prescription.
Drugs in Tier 3 (Non-Medicare prescriptions/ Over-The-Counter (OTC) drugs) Cost for a one-month supply of a drug in Tier 3 that is filled at a network pharmacy	Your copay for a one-month (31-day) supply is \$0 per prescription.	Your copay for a one-month (31-day) supply is \$0 per prescription.

F. Administrative changes

We are making administrative changes for select benefits for next year. The information in the table below describes these changes.

Description	2024 (this year)	2025 (next year)
We will be utilizing a different vendor to administer your MyChoice card for 2025.	Your MyChoice card was administered by a vendor named WEX.	Your MyChoice card will be administered by NationsBenefits for 2025 (new cards will be shipped to members for 2025).
Mom's Meals and GA Foods are no longer contracted vendors for 2025.	Your meal services were available through three vendors: Mom's Meals, GA Foods, and NationsBenefits.	NationsBenefits is the contracted meals vendor for 2025.

If you have questions, please call Molina Dual Options at (855) 735-5604, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m. ET. The call is free. **For more information**, visit MolinaHealthcare.com/Duals.



G. How to choose a plan

G1. How to stay in our plan

We hope to keep you as a member next year.

You do not have to do anything to stay in your health plan. If you do not sign up for a different Medicare-Medicaid Plan, change to a Medicare Advantage Plan, or change to Original Medicare, you will automatically stay enrolled as a member of our plan for 2025.

G2. How to change plans

You can end your membership at any time during by enrolling in another Medicare Advantage Plan, enrolling in another Medicare-Medicaid Plan, or moving to Original Medicare.

These are the four ways people usually end membership in our plan:



If you have questions, please call Molina Dual Options at (855) 735-5604, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m. ET. The call is free. **For more information**, visit MolinaHealthcare.com/Duals.

<p>1. You can change to:</p> <p>A different Medicare-Medicaid Plan</p>	<p>Here is what to do:</p> <p>Call Michigan ENROLLS toll-free at 1-800-975-7630. Persons with hearing and speech disabilities may call the TTY number at 1-888-263-5897. Office hours are Monday through Friday, 8 AM to 7 PM.</p> <p>Your coverage in our plan will end the last day of the month after you tell us you want to leave.</p>
<p>2. You can change to:</p> <p>A Medicare health plan (such as a Medicare Advantage Plan or a Program of All-inclusive Care for the Elderly (PACE))</p>	<p>Here is what to do:</p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"> • Call the State Health Insurance Assistance Program (SHIP) at 1-800-803-7174. Persons with hearing and speech disabilities may call 711. The call is free. Office hours are Monday through Friday, 8 AM to 5 PM. In Michigan, the SHIP is called the Michigan Medicare Assistance Program (MMAAP). <p>You will automatically be disenrolled from Molina Dual Options when your new plan's coverage begins.</p>
<p>3. You can change to:</p> <p>Original Medicare with a separate Medicare prescription drug plan</p>	<p>Here is what to do:</p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"> • Call the State Health Insurance Assistance Program (SHIP) at 1-800-803-7174. Persons with hearing and speech disabilities may call 711. The call is free. Office hours are Monday through Friday, 8 AM to 5 PM. In Michigan, the SHIP is called the Michigan Medicare Assistance Program (MMAAP). <p>You will automatically be disenrolled from Molina Dual Options when your Original Medicare coverage begins.</p>
<p>4. You can change to:</p>	<p>Here is what to do:</p>



If you have questions, please call Molina Dual Options at (855) 735-5604, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m. ET. The call is free. **For more information**, visit MolinaHealthcare.com/Duals.

<p>Original Medicare without a separate Medicare prescription drug plan</p> <p>NOTE: If you switch to Original Medicare and do not enroll in a separate Medicare prescription drug plan, Medicare may enroll you in a drug plan, unless you tell Medicare you don't want to join.</p> <p>You should only drop prescription drug coverage if you have drug coverage from another source, such as an employer or union. If you have questions about whether you need drug coverage, call MMAP at 1-800-803-7174.</p>	<p>Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"> • Call the State Health Insurance Assistance Program (SHIP) at 1-800-803-7174. Persons with hearing and speech disabilities may call 711. The call is free. Office hours are Monday through Friday, 8 AM to 5 PM. In Michigan, the SHIP is called the Michigan Medicare Assistance Program (MMAP). You will automatically be disenrolled from Molina Dual Options when your Original Medicare coverage begins.
--	---

H. How to get help

H1. Getting help from Molina Dual Options

Questions? We're here to help. Please contact your Care Coordinator or call Member Services at (855) 735-5604, TTY: 711. We are available for phone calls Monday - Friday, 8 a.m. to 8 p.m. ET. Calls to these numbers are free.

Your 2025 Member Handbook

The *2025 Member Handbook* is the legal, detailed description of your plan benefits. It has details about next year's benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs.

The *2025 Member Handbook* will be available by October 15. An up-to-date copy of the *2025 Member Handbook* is always available on our website at MolinaHealthcare.com/Duals. You may also call Member Services at (855) 735-5604, TTY: 711, Monday - Friday, 8 a.m. to 8 p.m. ET to ask us to mail you a *2025 Member Handbook*.

Our website

You can also visit our website at MolinaHealthcare.com/Duals. As a reminder, our website has the most up-to-date information about our provider and pharmacy network (*Provider and Pharmacy Directory*) and our *Drug List (List of Covered Drugs)*.



If you have questions, please call Molina Dual Options at (855) 735-5604, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m. ET. The call is free. **For more information**, visit MolinaHealthcare.com/Duals.

H2. Getting help from Michigan ENROLLS

For questions about your enrollment, call **Michigan ENROLLS** toll-free at **1-800-975-7630**. Persons with hearing and speech disabilities may call the TTY number at 1-888-263-5897. Office hours are Monday through Friday, 8 AM to 7 PM.

H3. Getting help from the MI Health Link Ombudsman Program

The MI Health Link Ombudsman Program can help you if you are having a problem with Molina Dual Options. The ombudsman's services are free.

- The MI Health Link Ombudsman Program works as an advocate on your behalf. They can answer questions if you have a problem or complaint and can help you understand what to do.
- The MI Health Link Ombudsman Program makes sure you have information related to your rights and protections and how you can get your concerns resolved.
- The MI Health Link Ombudsman Program is not connected with us or with any insurance company or health plan. Call 1-888-746-MHLO (1-888-746-6456). Office hours are Monday through Friday, 8 AM to 5 PM ET.

H4. Getting help from the State Health Insurance Assistance Program (SHIP)

You can also call the State Health Insurance Assistance Program (SHIP). The SHIP has trained counselors in every state, and services are free. In Michigan, the SHIP is called the Michigan Medicare Assistance Program (MMAP). MMAP counselors can help you understand your Medicare-Medicaid Plan choices and answer questions about switching plans. MMAP is not connected with us or with any insurance company or health plan.

Call MMAP at 1-800-803-7174. Persons with hearing and speech disabilities may call 711. The call is free. Office hours are Monday through Friday, 8 AM to 5 PM.

H5. Getting help from Medicare

To get information directly from Medicare, you can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Medicare's Website

You can visit the Medicare website (www.medicare.gov). If you choose to disenroll from your Medicare-Medicaid Plan and enroll in a Medicare Advantage plan, the Medicare website has information about costs, coverage, and quality ratings to help you compare Medicare Advantage plans.

You can find information about Medicare Advantage plans available in your area by using the Medicare Plan Finder on the Medicare website. (To view the information about plans, go to www.medicare.gov and click on "Find plans.")



If you have questions, please call Molina Dual Options at (855) 735-5604, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m. ET. The call is free. **For more information**, visit MolinaHealthcare.com/Duals.

Medicare & You 2025

You can read the *Medicare & You 2025* handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare.

If you don't have a copy of this booklet, you can get it at the Medicare website (www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf) 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.

H6. Getting help from Michigan Medicaid

Call the Beneficiary Help Line at 1-800-642-3195. Persons with hearing and speech disabilities may call the TTY number at 1-866-501-5656. Office hours are Monday through Friday, 8 AM to 7 PM.



If you have questions, please call Molina Dual Options at (855) 735-5604, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m. ET. The call is free. **For more information**, visit MolinaHealthcare.com/Duals.

Getting Important Plan Materials



How to Get Important Plan Documents

You are important to us! We make it easy for you to get the information you need. Go online to view important plan documents and find a network provider or pharmacy. You can also look up your prescription drugs, anytime, anywhere, from any device. Your **2025** plan documents, like your Member Handbook, Formulary, and Provider/Pharmacy Directory will be available online by **October 15, 2024**.

Get to know your plan documents

- **Member Handbook:** A guide to what's covered under your plan. It has details about your plan benefits and coverage, member rights, and more.
- **Formulary (Drug List):** A list of covered drugs under your plan.
- **Provider/Pharmacy Directory:** A list of network doctors, specialists, and pharmacies with phone numbers and addresses. You can find a network provider or pharmacy using our online directory at MolinaHealthcare.com/ProviderSearch.
- **Notice of Privacy Practice:** This notice describes how medical information about you may be used and disclosed and how you can get access to this information. This is located on our website at MolinaHealthcare.com/members/common/en-US/terms_privacy.aspx.

How to view or request a copy of a plan document



Online at MolinaHealthcare.com/Duals

View or download a copy of your plan documents online anytime, anywhere. Use any device, like your computer, tablet, or mobile phone. Your **2025** plan documents will be available online by **October 15, 2024**.



Online at MyMolina.com

Visit our self-service member portal to view your plan documents online 24/7, or to find a network provider or pharmacy. Sign in to your My Molina Member Portal or set up an account at MyMolina.com. Click "Create an Account" and follow the step-by-step instructions to sign up.



Call toll-free

Let us know if you don't have computer access or if you prefer to have a printed copy of a Member Handbook, Formulary, or Provider/Pharmacy Directory mailed to you. To request a printed copy of a plan document, call Member Services toll-free at **(855) 735-5604 (TTY: 711)**, **Monday - Friday, 8 a.m. to 8 p.m. ET**

We're here to help

If you have questions about your benefits, need help finding a network provider or pharmacy, or would like to opt out of mailed materials, call Member Services toll-free at **(855) 735-5604 (TTY: 711)**

Molina Dual Options MI Health Link Medicare-Medicaid Plan is a health plan that contracts with both Medicare and Michigan Medicaid to provide benefits of both programs to enrollees.

You can get this document for free in other formats, such as large print, braille, or audio. Call **(855) 735-5604 (TTY: 711), Monday – Friday, 8 a.m. to 8 p.m., ET.** The call is free.

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.

Notice of Non-Discrimination and Accessibility



MI Health
Link

Non-Discrimination Notice – Section 1557 Molina Healthcare - Medicare

Molina Healthcare complies with applicable Federal civil rights laws and does not discriminate on the basis of age, color, disability, national origin (including limited English proficiency), race, or sex (consistent with the scope of sex discrimination described at § 92.101(a)).

To help you effectively communicate with us, Molina Healthcare provides services free of charge and in a timely manner:

- Molina Healthcare provides reasonable modifications and appropriate aids and services to people with disabilities. This includes: (1) Qualified interpreters. (2) Information in other formats, such as large print, audio, accessible electronic formats, Braille.
- Molina Healthcare provides language services to people who speak another language or have limited English skills. This includes: (1) Qualified oral interpreters. (2) Information translated in your language.

If you need these services, contact Molina Member Services at 1-800-665-3086 or TTY/TDD: 711, Monday to Friday, 8 a.m. to 8 p.m., local time.

If you believe we have discriminated on the basis of age, color, disability, national origin, race, or sex, you can file a grievance. You can file a grievance by phone, mail, email, or online. If you need help writing your grievance, we will help you. You may obtain our grievance procedure by visiting our website at <https://www.molinahealthcare.com/members/common/en-US/Notice-of-Nondiscrimination.aspx>

Call our Civil Rights Coordinator at 1-866-606-3889, TTY/TDD: 711 or submit your grievance to:

Civil Rights Unit
200 Oceangate
Long Beach, CA 90802
Email: civil.rights@molinahealthcare.com
Website: <https://molinahealthcare.Alertline.com>

You can also file a civil rights complaint (grievance) with the U.S. Department of Health and Human Services, Office for Civil Rights, online through the Office for Civil Rights Complaint Portal at: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
Phone: 1-800-368-1019
TTY/TDD: 800-537-7697

Complaint forms are available here: <http://www.hhs.gov/sites/default/files/ocr-cr-complaint-form-package.pdf>

Medicare Language Assistance Services



We have free interpreter services to answer any questions that you may have about our health or drug plan. To get an interpreter, just call us at (855) 735-5604, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m. ET. Someone who speaks English can help you. This is a free service.

SPANISH

Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al (855) 735-5604, TTY: 711, de lunes a viernes, de 8 a. m. a 8 p. m., hora del este. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

TRADITIONAL CHINESE

我們有免費的口譯員服務，可回答您對於我們健康或藥物計劃的任何問題。若需要口譯員，請撥打(855) 735-5604，TTY: 711，週一至週日，上午8點至晚上8點（美國東部時間）。能說中文的人士會為您提供協助。這是免費的服務。

SIMPLIFIED CHINESE

如果您对我们的健康计划或药品计划有任何疑问，我们可以提供免费的口译服务解答您的疑问。若要获得口译服务，请致电我们，电话：(855) 735-5604，TTY: 711，周一至周五提供服务，服务时间为美国东部时间上午8点至晚上8点。说中文的人士会帮助您。这是免费服务。

TAGALOG

Mayroon kaming libreng serbisyo ng tagapagsalin para sagutin ang anumang katanungan na maaaring mayroon ka tungkol sa aming planong pangkalusugan o plano sa gamot. Para makakuha ng tagapagsalin, tawagan lang kami sa numerong (855) 735-5604, TTY: 711, Lunes – Biyernes, 8 a.m. hanggang 8 p.m. ET. May makakatulong sa inyo na nagsasalita ng Tagalog. Isa itong libreng serbisyo.

FRENCH

Nous assurons gracieusement des services d'interprétariat afin de répondre à toute question que vous pourriez avoir sur votre santé ou plan de traitement. Pour obtenir l'assistance d'un interprète, il suffit de nous appeler au (855) 735-5604, TTY : 711, du lundi au vendredi, de 8 h à 20 h (heure de l'Est). Une personne parlant français pourra vous assister. Ce service est proposé sans frais.

VIETNAMESE

Chúng tôi có các dịch vụ thông dịch miễn phí để trả lời các câu hỏi của quý vị về chương trình sức khỏe hoặc chương trình thuốc của chúng tôi. Để có thông dịch viên, hãy gọi cho chúng tôi theo số (855) 735-5604,

TTY: 711, Thứ Hai – Thứ Sáu, 8 giờ sáng đến 8 giờ tối, Giờ Miền Đông. Sẽ có nhân viên nói tiếng Việt trợ giúp quý vị. Đây là dịch vụ miễn phí.

GERMAN

Wir bieten Ihnen kostenlose Dolmetscherdienste, um Ihre Fragen, die Sie möglicherweise zu unseren Gesundheits- oder Arzneimittelleistungen haben, zu beantworten. Wenn Sie mit einem Dolmetscher sprechen möchten, rufen Sie uns einfach an unter (855) 735-5604, TTY: 711, Montag – Freitag, 8:00 Uhr bis 20:00 Uhr (ET). Jemand, der Deutsch spricht, hilft Ihnen gerne weiter. Dies ist ein kostenloser Dienst.

KOREAN

당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 (855) 735-5604번, TTY: 711번으로 월요일~금요일 오전 8시~오후 8시(동부 시간대)에 문의해 주십시오. 한국어를 하는 담당자가 도와드릴 것입니다. 이 서비스는 무료로 운영됩니다

RUSSIAN

Получить ответы на вопросы о нашем медицинском страховом плане или о плане, покрывающем лекарства по рецепту, вам бесплатно помогут наши устные переводчики. Просто позвоните нам по номеру (855) 735-5604 (TTY: 711). Линия работает с понедельника по пятницу с 8:00 до 20:00 по восточному времени. Вам бесплатно поможет русскоязычный сотрудник.

ARABIC

نوفر خدمات الترجمة الفورية المجانية للإجابة على أي أسئلة قد تراودك حول الخطة الصحية أو خطة الأدوية لدين ا. للحصول على مترجم فوري، كل ما عليك هو الاتصال بنا على الرقم 735-5604 (855)، وبالنسبة إلى مستخدمي أجهزة الهواتف النصية (TTY) يرجى الاتصال على الرقم 711 من الاثنين إلى الجمعة، من الساعة 8 صباحاً حتى الساعة 8 مساءً، بالتوقيت الشرقي، ويمكن لشخص يتحدث اللغة العربية مساعدتك. تقدم هذه الخدمة مجاناً.

ITALIAN

È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario o farmaceutico. Per ottenere un interprete, contattare il numero (855) 735-5604, TTY: 711, dal lunedì al venerdì, dalle 8:00 alle 20:00 ET. Un nostro incaricato che parla italiano fornirà l'assistenza necessaria. È un servizio gratuito

PORTUGUESE

Dispomos de serviços de interpretação gratuitos para responder a possíveis dúvidas que possa ter sobre o nosso plano de saúde ou plano para medicamentos. Para falar com um intérprete, ligue (855) 735-5604, TTY: 711, segunda – sexta, 08h00 até 20h00 ET. Alguém que fala português pode ajudá-lo. Este é um serviço gratuito.

FRENCH CREOLE

Nou gen sèvis entèprèt gratis pou reponn nenpòt kesyon ou ka genyen sou plan sante oswa plan medikaman nou an. Pou jwenn yon entèprèt, jis rele nou nan (855) 735-5604, TTY: 711, Lendi – Vandredi, 8 a.m. rive 8 p.m. ET. Yon moun ki pale kreyòl ayisyen ka ede w. Sa a se yon sèvis gratis.

POLISH

Oferujemy bezpłatne usługi tłumacza, który pomoże uzyskać odpowiedzi na wszelkie pytania dotyczące naszego planu opieki zdrowotnej lub dawkowania leków. Aby uzyskać pomoc tłumacza, wystarczy zadzwonić do nas pod numer (855) 735-5604, TTY: 711. Jest on dostępny od poniedziałku do piątku w godzinach od 8:00 do 20:00 czasu ET. Pomocy udzieli osoba mówiąca po polsku. Ta usługa jest bezpłatna.

HINDI

हमारी स्वास्थ्य या दवा योजना के बारे में अगर आपके कुछ सवाल हैं, तो उनके जवाब देने के लिए हमारे पास निःशुल्क दुभाषिया सेवाएँ उपलब्ध हैं। दुभाषिया पाने के लिए, हमें सोमवार – शुक्रवार, ET के अनुसार सुबह 8 बजे से रात 8 बजे तक (855) 735-5604, TTY: 711 पर कॉल करें। हृदी बोलने वाला कोई व्यक्ति आपकी मदद कर सकता है। यह एक निःशुल्क सेवा है।

JAPANESE

弊社の医療保険プランや処方薬プランについてお問い合わせいただく際に無料の通訳サービスをご利用いただけます。通訳をご希望の場合は、(855) 735-5604 (TTY : 711) までお電話にてご連絡ください (営業時間 : 月～金、午前8時～午後8時 (東部時間))。日本語を話せるスタッフがお手伝いいたします。このサービスは無料でご利用いただけます。



**NOTICE OF PRIVACY
PRACTICES
MOLINA HEALTHCARE OF
MICHIGAN**

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Molina Healthcare of Michigan, Inc. ("**Molina Healthcare**", "**Molina**", "**we**" or "**our**") uses and shares protected health information about you to provide your health benefits as a Molina Dual Options member. We use and share your information to carry out treatment, payment and health care operations. We also use and share your information for other reasons as allowed and required by law. We have the duty to keep your health information private and to follow the terms of this Notice. The effective date of this Notice is February 1, 2014.

PHI means protected health information. PHI is health information that includes your name, Member number or other identifiers, and is used or shared by Molina.

Why does Molina use or share your PHI?

We use or share your PHI to provide you with health care benefits. Your PHI is used or shared for treatment, payment, and health care operations.

For Treatment

Molina may use or share your PHI to give you, or arrange for, your medical care. This treatment also includes referrals between your doctors or other health care providers. For example, we may share information about your health condition with a specialist. This helps the specialist talk about your treatment with your doctor.

For Payment

Molina may use or share PHI to make decisions on payment. This may include claims, approvals for treatment, and decisions about medical need. Your name, your condition, your treatment, and supplies given may be written on the bill. For example, we may let a doctor know that you have our benefits. We would also tell the doctor the amount of the bill that we would pay.

For Health Care Operations

Molina may use or share PHI about you to run our health plan. For example, we may use information from your claim to let you know about a health program that could help you. We may also use or share your PHI to solve Member concerns. Your PHI may also be used to see that claims are paid right. Health care operations involve many daily business needs. It includes but is not limited to, the following:

- Improving quality;
- Actions in health programs to help Members with certain conditions (such as asthma);
- Conducting or arranging for medical review;

- Legal services, including fraud and abuse detection and prosecution programs;
- Actions to help us obey laws;
- Address Member needs, including solving complaints and grievances.

We will share your PHI with other companies (“**business associates**”) that perform different kinds of activities for our health plan. We may also use your PHI to give you reminders about your appointments. We may use your PHI to give you information about other treatment, or other health-related benefits and services.

When can Molina use or share your PHI without getting written authorization (approval) from you?

In addition to treatment, payment and health care operations, the law allows or requires Molina to use and share your PHI for several other purposes including the following:

Required by law

We will use or share information about you as required by law. We will share your PHI when required by the Secretary of the Department of Health and Human Services (HHS). This may be for a court case, other legal review, or when required for law enforcement purposes.

Public Health

Your PHI may be used or shared for public health activities. This may include helping public health agencies to prevent or control disease.

Health Care Oversight

Your PHI may be used or shared with government agencies. They may need your PHI for audits.

Research

Your PHI may be used or shared for research in certain cases, such as when approved by a privacy or institutional review board.

Legal or Administrative Proceedings

Your PHI may be used or shared for legal proceedings, such as in response to a court order.

Law Enforcement

Your PHI may be used or shared with police for law enforcement purposes, such as to help find a suspect, witness or missing person.

Health and Safety

Your PHI may be shared to prevent a serious threat to public health or safety.

Government Functions

Your PHI may be shared with the government for special functions.

Victims of Abuse, Neglect or Domestic Violence

Your PHI may be shared with legal authorities if we believe that a person is a victim of abuse or neglect.

Workers Compensation

Your PHI may be used or shared to obey Workers Compensation law.

Other Disclosures

Your PHI may be shared with funeral directors or coroners to help them do their jobs.

When does Molina need your written authorization (approval) to use or share your PHI?

Molina needs your written approval to use or share your PHI for a purpose other than those listed in this Notice. Molina needs your authorization before we disclose your PHI for the following: (1) most uses and disclosures of psychotherapy notes; (2) uses and disclosures for marketing purposes; and (3) uses and disclosures that involve the sale of PHI. You may cancel a written approval that you have given us. Your cancellation will not apply to actions already taken by us because of the approval you already gave to us.

What are your health information rights?

You have the right to:

- **Request Restrictions on PHI Uses or Disclosures (Sharing of Your PHI)**

You may ask us not to share your PHI to carry out treatment, payment or health care operations.

You may also ask us not to share your PHI with family, friends or other persons you name who are involved in your health care. However, we are not required to agree to your request. You will need to make your request in writing. You may use Molina's form to make your request.

- **Request Confidential Communications of PHI**

You may ask Molina to give you your PHI in a certain way or at a certain place to help keep your PHI private. We will follow reasonable requests, if you tell us how sharing all or a part of that PHI could put your life at risk. You will need to make your request in writing. You may use Molina's form to make your request.

- **Review and Copy Your PHI**

You have a right to review and get a copy of your PHI held by us. This may include records used in making coverage, claims and other decisions as a Molina Member. You will need to make your request in writing. You may use Molina's form to make your request. We may charge you a reasonable fee for copying and mailing the records. In certain cases we may deny the request. *Important Note: We do not have complete copies of your medical records. If you want to look at, get a copy of, or change your medical records, please contact your doctor or clinic.*

- **Amend Your PHI**

You may ask that we amend (change) your PHI. This involves only those records kept by us about you as a Member. You will need to make your request in writing. You may use Molina's form to make your request. You may file a letter disagreeing with us if we deny the request.

- **Receive an Accounting of PHI Disclosures (Sharing of Your PHI)**

You may ask that we give you a list of certain parties that we shared your PHI with during the six years prior to the date of your request. The list will not include PHI shared as follows:

- for treatment, payment or health care operations;
- to persons about their own PHI;
- sharing done with your authorization;
- incident to a use or disclosure otherwise permitted or required under applicable law;
- PHI released in the interest of national security or for intelligence purposes; or
- as part of a limited data set in accordance with applicable law.

We will charge a reasonable fee for each list if you ask for this list more than once in a 12-month period. You will need to make your request in writing. You may use Molina's form to make your request.

You may make any of the requests listed above, or may get a paper copy of this Notice. Please call Molina Member Services at (855) 735-5604, Monday-Friday, 8 a.m. to 8 p.m. local time. TTY/TDD users, please call 711.

What can you do if your rights have not been protected?

You may complain to Molina and to the Department of Health and Human Services if you believe your privacy rights have been violated. We will not do anything against you for filing a complaint. Your care and benefits will not change in any way.

You may file a complaint with us at:

Molina Healthcare of Michigan
Attention: Director of Member Services
880 W. Long Lake Road, Suite 600
Troy, MI 48098

Phone: (855) 735-5604, Monday-Friday, 8 a.m. to 8 p.m. EST. TTY users, please call 711.

You may file a complaint with the Secretary of the U.S. Department of Health and Human Services at:

U.S. Department of Health and Human Services
Office for Civil Rights – Centralized Case Management Operations
200 Independence Ave., S.W.
Suite 515F, HHH Building
Dallas, TX 75202
(800)368-1019; (800) 537-7697 (TTY);
(202) 619-3818 (FAX)

What are the duties of Molina?

Molina is required to:

- Keep your PHI private;
- Give you written information such as this on our duties and privacy practices about your PHI;
- Provide you with a notice in the event of any breach of your unsecured PHI;
- Not use or disclose your genetic information for underwriting purposes;
- Follow the terms of this Notice.

This Notice is Subject to Change

Molina reserves the right to change its information practices and terms of this Notice at any time. If we do, the new terms and practices will then apply to all PHI we keep. If we make any material changes, Molina will post the revised Notice on our web site and send the revised Notice, or information about the material change and how to obtain the revised Notice, in our next annual mailing to our members then covered by Molina.

Contact Information

If you have any questions, please contact the following office:

Molina Healthcare of Michigan
Attention: Director of Member Services
880 W. Long Lake Road, Suite 600
Troy, MI 48098

Phone: (855) 735-5604, Monday-Friday, 8 a.m. to 8 p.m. EST. TTY users, please call 711.

