2026

Annual Notice of Change

Passport Advantage (HMO D-SNP)

Kentucky H1799-003-003

Effective January 1 through December 31, 2026

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PASSPORT
BY MOLINA HEALTHCARE

Passport Advantage (HMO D-SNP) offered by Molina Healthcare of Kentucky, Inc.

Annual Notice of Change for 2026

You're enrolled as a member of Passport Advantage (HMO D-SNP).

This material describes changes to our plan's costs and benefits next year.

- **You have from October 15 – December 7 to make changes to your Medicare coverage for next year.** If you don't join another plan by December 7, 2025, you'll stay in Passport Advantage (HMO D-SNP).
- To change to a **different plan**, visit www.Medicare.gov or review the list in the back of your *Medicare & You* 2026 handbook.
- Note this is only a summary of changes. More information about costs, benefits, and rules is in the *Evidence of Coverage*. Get a copy at MolinaHealthcare.com/Medicare or call Member Services at (844) 859-6152 (TTY users call 711) to get a copy by mail.

More Resources

- This material is available for free in Spanish.
- Call Member Services at (844) 859-6152 (TTY users should call 711) for more information. **Hours are October 1 – March 31:** 8 a.m. to 8 p.m. local time, 7 days a week. **From April 1 – September 30**, Monday – Friday, 8 a.m. – 8 p.m. local time. This call is free.
- You can get this document for free in other language(s) or other formats, such as large print, braille, or audio. Call (844) 859-6152, (TTY:711). This call is free.

About Passport Advantage (HMO D-SNP)

- Molina Healthcare is a C-SNP, D-SNP and HMO plan with a Medicare contract. D-SNP plans have a contract with the state Medicaid program. Enrollment depends on contract renewal. Our plan also has a written agreement with the Kentucky Medicaid program to coordinate your Medicaid benefits.
- When this material says “we,” “us,” or “our,” it means Molina Healthcare of Kentucky, Inc. When it says “plan” or “our plan,” it means Passport Advantage (HMO D-SNP).
- **If you do nothing by December 7, 2025, you’ll automatically be enrolled in** Passport Advantage (HMO D-SNP). Starting January 1, 2026, you'll get your medical and drug coverage through Passport Advantage (HMO D-SNP). Go to Section 3 for more information about how to change plans and deadlines for making a change.

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Summary of Important Costs for 2026

The table below compares the 2025 costs and 2026 costs for Passport Advantage (HMO D-SNP) in several important areas. **Please note this is only a summary of costs**.

	2025 (this year)	2026 (next year)
Monthly plan premium* * Your premium can be higher than this amount. Go to Section 1.1 for details.	$0	**$0**
Primary care office visits	$0 copay per visit	**$0 copay per visit**
Specialist office visits	$0 copay per visit	**$0 copay per visit**
Inpatient hospital stays Includes inpatient acute, inpatient rehabilitation, long-term care hospitals, and other types of inpatient hospital services.	$0 copay The plan covers up to 90 days of inpatient hospital care each benefit period. You also have an additional 60 days of coverage, called lifetime reserve days. These 60 days can be	**$0 copay** **The plan covers up to 90 days of inpatient hospital care each benefit period. You also have an additional 60 days of coverage, called lifetime reserve days.**

	2025 (this year)	2026 (next year)
Inpatient hospital care starts the day you're formally admitted to the hospital with a doctor's order. The day before you're discharged is your last inpatient day.	used only once. We will automatically start applying lifetime reserve days unless you specifically tell us not to (refer to your Evidence of Coverage for more detail on benefit periods).	**These 60 days can be used only once. We will automatically start applying lifetime reserve days unless you specifically tell us not to (refer to your Evidence of Coverage for more detail on benefit periods).**
Part D drug coverage	Part D covered drugs on the formulary will be on one tier. Your cost for a one-month (31-day) supply filled at a network pharmacy with standard cost sharing: **Generic and preferred multi-source drugs:** You pay **$0** per prescription **All other drugs:** You pay **$0** per prescription	**Deductible: $615** **During this stage, you pay $0 cost sharing for drugs on Tier 1 and Tier 6 and the applicable cost of drugs on Tier 2, Tier 3, Tier 4 and Tier 5 until you have reached the yearly deductible.** **Copayment during the Initial Coverage Stage:** **Drug Tier 1:**

	2025 (this year)	2026 (next year)
		$0 copay **Drug Tier 2:** **$0, $1.60, or $5.10 copay for generic drugs (including brand drugs treated as generic)** **$0, $4.90, or $12.65 copay for all other drugs per prescription** **Drug Tier 3:** **$0, $1.60, or $5.10 copay for generic drugs (including brand drugs treated as generic)** **$0, $4.90, or $12.65 copay for all other drugs per prescription**

	2025 (this year)	2026 (next year)
		Drug Tier 4: **$0, $1.60, or $5.10 copay for generic drugs (including brand drugs treated as generic)** **$0, $4.90, or $12.65 copay for all other drugs per prescription** **Drug Tier 5:** **$$0, $1.60, or $5.10 copay for generic drugs (including brand drugs treated as generic)** **$0, $4.90, or $12.65 copay for all other drugs per prescription** **Drug Tier 6:** **$0 copay**

	2025 (this year)	2026 (next year)
		Catastrophic Coverage: **During this payment stage, you pay nothing for your covered Part D drugs.**
Maximum out-of-pocket amount This is the most you'll pay out of pocket for your covered Part A and Part B services. (Go to Section 1.2 for details.)	$9,350 If you are eligible for Medicare cost-sharing assistance under Medicaid, you are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.	**$9,250** **If you are eligible for Medicare cost-sharing assistance under Medicaid, you are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.**

SECTION 1 Changes to Benefits & Costs for Next Year

Section 1.1 Changes to the Monthly Plan Premium

	2025 (this year)	2026 (next year)
Monthly plan premium (You must also continue to pay your Medicare Part B premium unless it is paid for you by Medicaid.)	$0	**$0**

Section 1.2 Changes to Your Maximum Out-of-Pocket Amount

Medicare requires all health plans to limit how much you pay out of pocket for the year. This limit is called the maximum out-of-pocket amount. Once you've paid this amount, you generally pay nothing for covered Part A and Part B services for the rest of the calendar year.

	2025 (this year)	2026 (next year)
Maximum out-of-pocket amount Because our members also get help from Medicaid, very few	$9,350	**$9,250** **Once you have paid $9,250 out of pocket for**

	2025 (this year)	2026 (next year)
members ever reach this out-of-pocket maximum. You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services. Your costs for covered medical services (such as copayments) **count** toward your maximum out-of-pocket amount. Our plan premium and your costs for prescription drugs **don't count** toward your maximum out-of-pocket amount.		**covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services for the rest of the calendar year.**

Section 1.3 Changes to the Provider Network

Our network of providers has changed for next year. Review the 2026 *Provider Directory* at MolinaHealthcare.com/Medicare to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network. Here's how to get an updated *Provider Directory*:

- Visit our website at MolinaHealthcare.com/Medicare.

- Call Member Services at (844) 859-6152 (TTY users call 711) to get current provider information or to ask us to mail you a *Provider Directory*.

We can make changes to the hospitals, doctors, and specialists (providers) that are a part of our plan during the year. If a mid-year change in our providers affects you, call Member Services at (844) 859-6152 (TTY users call 711) for help. For more information on your rights when a network provider leaves our plan, go to Chapter 3, Section 2.3 of your *Evidence of Coverage*.

Section 1.4 Changes to the Pharmacy Network

Amounts you pay for your prescription drugs can depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered *only* if they are filled at one of our network pharmacies.

Our network of pharmacies has changed for next year. Review the 2026 *Pharmacy Directory* at MolinaHealthcare.com/Medicare to see which pharmacies are in our network. Here's how to get an updated *Pharmacy Directory*:

- Visit our website at MolinaHealthcare.com/Medicare.
- Call Member Services at (844) 859-6152 (TTY users call 711) to get current pharmacy information or to ask us to mail you a *Pharmacy Directory*.

We can make changes to the pharmacies that are part of our plan during the year. If a mid-year change in our pharmacies affects you, call Member Services at (844) 859-6152 (TTY users call 711) for help.

Section 1.5 Changes to Benefits & Costs for Medical Services

The Annual Notice of Change tells you about changes to your Medicare benefits and costs.

	2025 (this year)	2026 (next year)
Special Supplemental Benefits for the Chronically Ill (SSBCI)- Food and produce	Benefit is covered as a Special Supplemental Benefits for the Chronically Ill (SSBCI). Those who qualify receive $48 allowance every month for healthy food and produce. SSBCI coverage is only for members with specific chronic conditions.	**Members who qualify with eligible chronic conditions receive a combined $125 every month for Food & Produce (SSBCI).**
Special Supplemental Benefits for the Chronically Ill (SSBCI)- Utilities	This is not a covered supplemental benefit.	**Members who qualify with eligible chronic conditions receive a combined $125 every month to assist with utility bills (electricity, natural gas and water).**

	2025 (this year)	2026 (next year)
Special Supplemental Benefits for the Chronically Ill (SSBCI)- Transportation for Non-Medical Needs	This is not a covered supplemental benefit.	**Members who qualify with eligible chronic conditions receive a combined $125 allowance every month to access transportation for non-medical needs.**
Pre-funded debit card (MyChoice card)	You had a MyChoice pre-funded debit card with a combined OTC and Transportation services allowance and a separate SSBCI Food and Produce allowance.	**You receive a MyChoice pre-funded debit card with a combined $125 monthly allowance for OTC items, OTC hearing aids, transportation services to plan approved health-related locations, SSBCIs for food and produce, transportation for non-medical needs and utilities.**

	2025 (this year)	2026 (next year)
		Transportation services may be accessed through debit card. OTC items may be purchased through debit card or catalogue purchase. OTC hearing aids may be purchased through catalogue purchase. Additional Benefits of SSBCI may be accessed through debit card and include Food and Produce, Transportation for Non-Medical Needs, and General Supports for Living. Unused allowance does not carry over to the next month.
Additional Telehealth Benefits	You pay $0 copayment for certain telehealth	**You pay $0 copayment for certain telehealth**

	2025 (this year)	2026 (next year)
	services including Primary Care Physician Services.	**services including Cardiac Rehabilitation Services, Primary Care Physician Services, Chiropractic Services, Occupational Therapy Services, Physician Specialist Services, Individual Sessions for Mental Health Specialty Services, Group Sessions for Mental Health Specialty Services, Podiatry Services, Other Health Care Professional, Individual Sessions for Psychiatric Services, Group Sessions for Psychiatric Services, Physical Therapy and Speech-Language**

	2025 (this year)	2026 (next year)
		Pathology Services, Opioid Treatment Program Services, Individual Sessions for Outpatient Substance Abuse, and Group Sessions for Outpatient Substance Abuse.
Personal emergency response system (PERS) (Supplemental)	Under this benefit, the plans case manager will identify which members qualify. You get an in-home medical alarm system that can get you help in an emergency.	**If you are on a Molina Kentucky Medicaid plan, your benefits include a Personal emergency response system (PERS) available to members who qualify. Please see your Evidence of Coverage (EOC) for more information on the benefit.**
OTC Hearing Aids	You get 2 OTC hearing aids every 2 years.	**You receive a MyChoice pre-funded debit card with a**

	2025 (this year)	2026 (next year)
		combined $125 monthly allowance for OTC items, OTC hearing aids.
Transportation Services for Approved Plan Locations (Supplemental)	You receive $50 allowance every month to access transportation. This allowance is combined with OTC benefit.	**You receive a MyChoice pre-funded debit card with a combined $125 monthly allowance for transportation services to plan approved health-related locations. Examples of approved plan locations are network providers for medical, pharmacy, dental, vision and hearing.**
Over-the-counter (OTC) items (Supplemental)	You get $50 every month for OTC items. This allowance is	**You receive MyChoice pre-funded debit card with a combined $125**

	2025 (this year)	2026 (next year)
	combined with Transportation Services benefit.	**monthly allowance for OTC items.**

Section 1.6 Changes to Part D Drug Coverage

Changes to Our Drug List

Our list of covered drugs is called a formulary or Drug List. A copy of our Drug List is provided electronically.

We made changes to our Drug List, which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs, or moving them to a different cost-sharing tier. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier.**

Most of the changes in the Drug List are new for the beginning of each year. However, we might make other changes that are allowed by Medicare rules that will affect you during the calendar 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 your access to a drug you're taking, we'll send you a notice about the change.

If you're affected by a change in drug coverage at the beginning of the year or during the year, review Chapter 9 of your *Evidence of Coverage* and

talk to your prescriber to find out your options, such as asking for a temporary supply, applying for an exception, and/or working to find a new drug. Call Member Services at (844) 859-6152 (TTY users call 711) for more information.

Section 1.7 Changes to Prescription Drug Benefits & Costs

Do you get Extra Help to pay for your drug coverage costs?

If you're in a program that helps pay for your drugs (Extra Help), **the information about costs for Part D drugs may not apply to you.** We sent you a separate material, called the *Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs,* which tells about your drug costs. If you get Extra Help and you don’t get this material by September 30, call Member Services at (844) 859-6152 (TTY users call 711) and ask for the *LIS Rider*.

Drug Payment Stages

There are 3 **drug payment stages:** the Yearly Deductible Stage, the Initial Coverage Stage, and the Catastrophic Coverage Stage. The Coverage Gap Stage and the Coverage Gap Discount Program no longer exist in the Part D benefit.

- ***Stage 1: Yearly Deductible***

You start in this payment stage each calendar year. During this stage, you pay the full cost of your Part D drugs until you reach the yearly deductible.

- ***Stage 2: Initial Coverage***

Once you pay the yearly deductible, you move to the Initial Coverage Stage. In this stage, our plan pays its share of the cost of your drugs, and

you pay your share of the cost. You generally stay in this stage until your year-to-date Out-of-Pocket costs reach $2,100.

- ***Stage 3: Catastrophic Coverage***

This is the third and final drug payment stage. In this stage, you pay nothing for your covered Part D drugs. You generally stay in this stage for the rest of the calendar year.

The Coverage Gap Discount Program has been replaced by the Manufacturer Discount Program. Under the Manufacturer Discount Program, drug manufacturers pay a portion of our plan's full cost for covered Part D brand name drugs and biologics during the Initial Coverage Stage and the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program don't count toward out-of-pocket costs.

The table shows your cost per prescription during this stage.

	2025 (this year)	**2026 (next year)**
Yearly Deductible	$0	**$615** **During this stage, you pay $0 cost sharing for drugs on Tier 1 and Tier 6 and the applicable cost of drugs on Tier 2, Tier 3, Tier 4 and Tier 5 until you have**

	2025 (this year)	2026 (next year)
		reached the yearly deductible.

Drug Costs in Stage 2: Initial Coverage

The table shows your cost per prescription for a one-month supply filled at a network pharmacy with standard cost sharing.

Most adult Part D vaccines are covered at no cost to you. For more information about the costs of vaccines, or information about the costs, go to Chapter 6 of your *Evidence of Coverage*.

Once you've paid $2,100 out of pocket for covered Part D drugs, you'll move to the next stage (the Catastrophic Coverage Stage).

	2025 (this year)	2026 (next year)
Tier 1 (Preferred Generic Drugs): We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different	Part D covered drugs on the formulary will be on one tier. Your cost for a one-month (31-day) supply filled at a network pharmacy with standard cost sharing:	**$0 copay of the total cost**

	2025 (this year)	2026 (next year)
tier, look them up on the Drug List.	**Generic and preferred multi-source drugs:** You pay **$0** per prescription. **All other drugs:** You pay **$0** per prescription. You pay **$0** per prescription. Once you have paid $2,000 out of pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage). Your cost shares are $0 in the Catastrophic Coverage Stage)	
Tier 2 (Generic Drugs):	Part D covered drugs on the formulary will be on one tier.	**$0, $1.60, or $5.10 for generic drugs (including brand**

	2025 (this year)	2026 (next year)
	Your cost for a one-month supply filled at a network pharmacy with standard cost sharing: **Generic and preferred multi-source drugs:** You pay **$0** per prescription. **All other drugs:** You pay **$0** per prescription. Once you have paid $2,000 out of pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage). Your cost shares are $0 in the Catastrophic Coverage Stage)	**drugs treated as generic)** **$0, $4.90, or $12.65 copay for all other drugs per prescription.**

	2025 (this year)	2026 (next year)
Tier 3 (Preferred Brand Drugs):	Part D covered drugs on the formulary will be on one tier. Your cost for a one-month supply filled at a network pharmacy with standard cost sharing: **Generic and preferred multi-source drugs:** You pay **$0** per prescription. **All other drugs:** You pay **$0** per prescription. Once you have paid $2,000 out of pocket for Part D drugs, you will move to the next stage (the Catastrophic	**$0, $1.60, or $5.10 for generic drugs (including brand drugs treated as generic)** **$0, $4.90, or $12.65 copay for all other drugs per prescription.**

	2025 (this year)	2026 (next year)
	Coverage Stage). Your cost shares are $0 in the Catastrophic Coverage Stage)	
Tier 4 (Non-Preferred Drugs):	Part D covered drugs on the formulary will be on one tier. Your cost for a one-month supply filled at a network pharmacy with standard cost sharing: **Generic and preferred multi-source drugs:** You pay **$0** per prescription. **All other drugs:** You pay **$0** per prescription. Once you have paid $2,000 out of pocket for Part D drugs, you	**$0, $1.60, or $5.10 for generic drugs (including brand drugs treated as generic)** **$0, $4.90, or $12.65 copay for all other drugs per prescription.**

	2025 (this year)	2026 (next year)
	will move to the next stage (the Catastrophic Coverage Stage). Your cost shares are $0 in the Catastrophic Coverage Stage)	
Tier 5 (Specialty Drugs):	Part D covered drugs on the formulary will be on one tier. Your cost for a one-month supply filled at a network pharmacy with standard cost sharing: **Generic and preferred multi-source drugs:** You pay **$0** per prescription. **All other drugs:** You pay **$0** per prescription.	**$0, $1.60, or $5.10 for generic drugs (including brand drugs treated as generic)** **$0, $4.90, or $12.65 copay for all other drugs per prescription.**

	2025 (this year)	2026 (next year)
	Once you have paid $2,000 out of pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage). Your cost shares are $0 in the Catastrophic Coverage Stage)	
Tier 6 (Select Care Drugs):	Part D covered drugs on the formulary will be on one tier. Your cost for a one-month supply filled at a network pharmacy with standard cost sharing: **Generic and preferred multi-source drugs:** You pay **$0** per prescription.	**$0 of the total cost**

	2025 (this year)	2026 (next year)
	All other drugs: You pay **$0** per prescription. Once you have paid $2,000 out of pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage). Your cost shares are $0 in the Catastrophic Coverage Stage)	

Changes to your VBID Part D Benefit

In 2025, Passport Advantage (HMO D-SNP) participated in the Value Based Insurance Design (VBID) Model, but this program is going away this year. As a part of the Part D benefit of the VBID Model, Passport Advantage (HMO D-SNP) offered elimination of cost-sharing for Part D drugs. Because this program has ended, members may have cost-sharing on all Part D drugs in all coverage phases. For more information, call Member Services if you have questions.

Changes to the Catastrophic Coverage Stage

For specific information about your costs in the Catastrophic Coverage Stage, go to Chapter 6, Section 6, in your *Evidence of Coverage*.

SECTION 2 Administrative Changes

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

	2025 (this year)	2026 (next year)
Dentaquest is no longer the contracted vendor for 2026.	Your dental services were administered by Dentaquest.	**Your dental services will include both preventive and select comprehensive services and be administered by SKYGEN for 2026.**
Medicare Prescription Payment Plan	Not applicable	**The Medicare Prescription Payment Plan is a new payment option that works with your current drug coverage, and it can help you manage your drug costs by spreading them across monthly**

	2025 (this year)	2026 (next year)
		payments that vary throughout the year (January – December). **To learn more about this payment option, please contact us at (844) 859-6152 (TTY: 711) or visit Medicare.gov**
Your Contract/Plan Benefit Package (PBP) has changed	H1799-003-001	**H1799-003-003**
Special Supplemental Benefits for the Chronically Ill (SSBCI)	If you are diagnosed with an eligible chronic condition(s) and meet certain criteria, you may be eligible for special supplemental benefits for the chronically ill. Eligible chronic conditions include:	**If you are diagnosed with an eligible chronic condition(s) and meet certain criteria, you may be eligible for special supplemental benefits for the chronically ill. Eligible chronic conditions include:**

	2025 (this year)	2026 (next year)
	• Chronic alcohol and other drug dependence • Autoimmune disorders • Cancer • Cardiovascular disorders • Chronic heart failure • Dementia • Diabetes • End-stage liver disease • End-stage renal disease (ESRD) • Severe hematologic disorders • HIV/AIDS • Chronic lung disorders	• **Cardiovascular disorders** • **Chronic heart failure** • **Dementia** • **Diabetes mellitus** • **Chronic lung disorders** • **Chronic kidney disease (CKD)** • **Chronic alcohol use disorder and other substance use disorders (SUDs)** • **Cancer** • **Autoimmune disorders** • **Overweight, obesity, and metabolic syndrome**

	2025 (this year)	2026 (next year)
	• Chronic and disabling mental health conditions • Neurologic disorders • Stroke	• **Chronic gastrointestinal disease** • **Severe hematologic disorders** • **HIV/AIDS** • **Chronic and disabling mental health conditions** • **Neurologic disorders** • **Stroke** • **Post-organ transplantation** • **Immunodeficiency and Immunosuppressive disorders** • **Conditions associated with cognitive impairment**

	2025 (this year)	2026 (next year)
		• **Conditions with functional challenges** • **Chronic conditions that impair vision, hearing (deafness), taste, touch, and smell** • **Conditions that require continued therapy services in order for individuals to maintain or retain functioning**

SECTION 3 How to Change Plans

To stay in Passport Advantage (HMO D-SNP), you don’t need to do anything. Unless you sign up for a different plan or change to Original Medicare by December 7, you'll automatically be enrolled in our Passport Advantage (HMO D-SNP).

If you want to change plans for 2026, follow these steps:

- **To change to a different Medicare health plan**, enroll in the new plan. You'll be automatically disenrolled from Passport Advantage (HMO D-SNP).
- **To change to Original Medicare with Medicare drug coverage**, enroll in the new Medicare drug plan. You'll be automatically disenrolled from Passport Advantage (HMO D-SNP).
- **To change to Original Medicare without a drug plan**, you can send us a written request to disenroll. Call Member Services at (844) 859-6152 (TTY users call 711) for more information on how to do this. Or call **Medicare** at 1-800-MEDICARE (1-800-633-4227) and ask to be disenrolled. TTY users can call 1-877-486-2048. If you don't enroll in a Medicare drug plan, you may pay a Part D late enrollment penalty (go to Chapter 1, Section 4.4 of your *Evidence of Coverage.*).
- **To learn more about Original Medicare and the different types of Medicare plans**, visit www.Medicare.gov, check the *Medicare & You 2026* handbook, call your State Health Insurance Assistance Program (go to Section 6), or call 1-800-MEDICARE (1-800-633-4227).

Section 3.1 Deadlines for Changing Plans

People with Medicare can make changes to their coverage from **October 15 – December 7** each year.

If you enrolled in a Medicare Advantage plan for January 1, 2026, and don't like your plan choice, you can switch to another Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare

(with or without separate Medicare drug coverage) between January 1 – March 31, 2026.

Section 3.2 Are there other times of the year to make a change?

In certain situations, people may have other chances to change during the year. Examples include people who:

- Have Medicaid
- Get Extra Help paying for their drugs
- Have or are leaving employer coverage
- Move out of our plan's service area

Because you have Medicaid, you can end your membership in our plan by choosing one of the following Medicare options in any month of the year:

o Original Medicare *with* a separate Medicare prescription drug plan,

o Original Medicare *without* a separate Medicare prescription drug plan (If you choose this option, Medicare may enroll you in a drug plan, unless you have opted out of automatic enrollment.), or

o If eligible, an integrated D-SNP that provides your Medicare and most or all of your Medicaid benefits and services in one plan.

If you recently moved into or currently live in an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare

(with or without separate Medicare drug coverage) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for 2 full months after the month you move out.

SECTION 4 Get Help Paying for Prescription Drugs

You may qualify for help paying for prescription drugs. Different kinds of help are available:

- **Extra Help from Medicare.** People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs, including monthly drug plan premiums, yearly deductibles, and coinsurance. Also, people who qualify won't have a late enrollment penalty. To see if you qualify, call:
  - 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048, 24 hours a day, 7 days a week.
  - Social Security at 1-800-772-1213 between 8 a.m. and 7 p.m., Monday – Friday for a representative. Automated messages are available 24 hours a day. TTY users can call, 1-800-325-0778.
  - Your State Medicaid Office.
- **Help from your state's pharmaceutical assistance program (SPAP).** Kentucky has a program called Kentucky Prescription Assistance Program (KPAP) that helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health

Insurance Assistance Program (SHIP). To get the phone number for your state, visit shiphelp.org, or call 1-800-MEDICARE.

- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible people living with HIV/AIDS have access to life-saving HIV medications. To be eligible for the ADAP operating in your State, you must meet certain criteria, including proof of state residence and HIV status, low income as defined by the state, and uninsured/ under-insured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the Kentucky AIDS Drug Assistance Program (KADAP). For information on eligibility criteria, covered drugs, how to enroll in the program, or if you're currently enrolled, how to continue getting help, call (866) 510-0005. Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.
- **The Medicare Prescription Payment Plan.** The Medicare Prescription Payment Plan is a payment option that works with your current drug coverage to help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January - December). Anyone with a Medicare drug plan or Medicare health plan with drug coverage (like a Medicare Advantage plan with drug coverage) can use this payment option. **This payment option might help you manage your expenses, but it doesn’t save you money or lower your drug costs.**
- Extra Help from Medicare and help from your SPAP and ADAP, for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan. All members are eligible to participate the Medicare Prescription Payment Plan, regardless of

income level. To learn more about this payment option, call us at (844) 859-6152 (TTY users call 711) or visit www.Medicare.gov.

SECTION 5 Questions?

Section 5.1 Get Help from Passport Advantage (HMO D-SNP)

- **Call Member Services at (844) 859-6152. (TTY only, call 711.)**

We're available for phone calls Hours are October 1 - March 31, 8 a.m. to 8 p.m. local time, 7 days a week. From April 1 - September 30, Monday – Friday, 8 a.m. to 8 p.m. local time. Calls to these numbers are free.

- **Read your 2026 *Evidence of Coverage***

This *Annual Notice of Change* gives you a summary of changes in your benefits and costs for 2026. For details, go to the 2026 *Evidence of Coverage* for Passport Advantage (HMO D-SNP). The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. Get the *Evidence of Coverage* on our website at MolinaHealthcare.com/Medicare or call Member Services at (844) 859-6152 (TTY users call 711) to ask us to mail you a copy.

- **Visit MolinaHealthcare.com/Medicare**

Our website has the most up-to-date information about our provider network (*Provider Directory/Pharmacy Directory*) and our *List of Covered Drugs (formulary/Drug List).*

Section 5.2 Get Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In Kentucky, the SHIP is called Kentucky State Health Insurance Assistance Program (SHIP).

Call Kentucky State Health Insurance Assistance Program (SHIP) to get personalized health insurance counseling. They can help you understand your Medicare and Medicaid plan choices and answer questions about switching plans. Call Kentucky State Health Insurance Assistance Program (SHIP) at SHIP Hotline at (877) 293-7447 (option #2) or call DAIL at (502) 564-6930 and ask for a SHIP counselor. Learn more about Kentucky State Health Insurance Assistance Program (SHIP) by visiting (https://chfs.ky.gov/agencies/dail/Pages/ship.aspx).

Section 5.3 Get Help from Medicare

- **Call 1-800-MEDICARE (1-800-633-4227)**

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users can call 1-877-486-2048.

- **Chat live with www.Medicare.gov**

You can chat live at www.Medicare.gov/talk-to-someone

- **Write to Medicare**

You can write to Medicare at PO Box 1270, Lawrence, KS 66044

- **Visit www.Medicare.gov**

The official Medicare website has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area.

- **Read *Medicare & You 2026***

The *Medicare & You 2026* handbook is mailed to people with Medicare every fall. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. Get a copy at www.Medicare.gov or by calling 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

Section 5.4 Get Help from Medicaid

Call Department for Medicaid Services at (502) 564-4321
(800) 635-2570 (Toll Free Number).

Additional Important Healthcare and Member Resource Information

- Electronic Notice (ELN) - How to Get Important Documents
- Non-Discrimination Notice (NDN) - Section 1557
- Notice of Availability (NOA) - Language Assistance Services
- Notice of Privacy Practices (NPP)

How to Get Important Plan Documents

PASSPORT BY MOLINA HEALTHCARE

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 2026 plan documents, like your Evidence of Coverage, Formulary, and Provider/Pharmacy Directory will be available online by October 15, 2025.

Get to know your plan documents

- **Evidence of Coverage (EOC):** 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 https://www.molinahealthcare.com/members/common/en-US/terms_privacy.aspx.

How to view or request a copy of a plan document

Online at MolinaHealthcare.com/Medicare
View or download a copy of your plan documents online anytime, anywhere. Use any device, like your computer, tablet, or mobile phone. Your 2026 plan documents will be available online by October 15, 2025.

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 an EOC, Formulary, or Provider/Pharmacy Directory mailed to you. To request a printed copy of a plan document, call Member Services toll-free at **the number located on the back of your ID card, Monday - Friday, 8 a.m. to 8 p.m., local time.**

We’re here to help

If you have questions about your benefits or need help finding a network provider or pharmacy, call Member Services toll-free **at the number located on the back of your ID card.**

Non-Discrimination Notice – Section 1557
Molina Healthcare - Medicare

Passport by 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, Passport provides services free of charge and in a timely manner:

- Passport 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.
- Passport 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/terms_privacy.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: 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: https://www.hhs.gov/sites/default/files/ocr-cr-complaint-form-package.pdf

Notice of Availability

We offer free interpreter and translation services to help you understand your health or drug plan. This includes support from someone who speaks your language.

We also provide free aids and services—such as sign language interpreters and written materials in alternative formats—to ensure everyone can access the information they need. To request these services, please call Member Services at the number listed on your Member ID card.

English

ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call the Member Services number on the back of your ID card or speak to your provider.

Spanish

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos para asistirle en su idioma. También dispone de ayudas y servicios auxiliares gratuitos para proporcionar información en formatos accesibles. Llame al número del Departamento de Servicios para Miembros que figura en el reverso de su tarjeta de identificación o hable con su proveedor.

Simplified Chinese

注意：如果您说 中文，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助 工具和服务，以无障碍格式提供信息。致电 ID 卡背面的客户服务号码或咨询您的服务提 供商。

Traditional Chinese

注意：如果您說 台語，我們可以為您提供免費語言協助服務。也可以免費提供適當的輔 助工具與服務，以無障礙格式提供資訊。請撥打您 ID 卡背面的會員服務部電話號碼或諮詢您的服務提供者。

Russian

ВНИМАНИЕ! Если вы говорите на русском, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также бесплатны. Позвоните по номеру службы поддержки клиентов, указанному на обратной стороне вашей идентификационной карты, или обратитесь к своему поставщику услуг.

Haitian Creole

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd aladispozisyon w gratis pou lang ou pale a. Èd ak sèvis siplemantè apwopriye pou bay enfòmasyon nan fòma aksesib yo disponib gratis tou. Rele nimewo Sèvis Manm ki sou do kat ID ou a oswa pale ak pwofesyonèl swen sante ou a.

Korean

주의:한국어 를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. ID 카드 뒷면에 있는 회원 서비스 번호로 전화하거나 서비스 제공업체에 문의하십시오.

Italian

ATTENZIONE: Se parla italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente strumenti ausiliari e servizi adeguati per fornire informazioni in formati accessibili. Si prega di contattare il numero del Servizio per i membri riportato sul retro della propria tessera identificativa o di rivolgersi al proprio fornitore.

Yiddish

אַבטונג: אויב איר רעדט יידיש, שפּראַך הילף סערוויסעס זענען בארעכטיגט פריי פאר דיר. פּאַסיקע אידס און באַדינונגס פֿאַר צושטעלן אינפֿאָרמאַציע אין צוטריטלעך פֿאָרמאַטירונגען זענען אויך פריי בנימצא. רופט דעם מיטגליד באַדינען נומער אין קריק פֿון דיין ID קאַרטל אָדער רעדט מיט דיין צושטעלער.

Bengali

মনোযোগ দিন: যদি আপনি বাংলা বলেন, তাহলে আপনার জন্য বিনামূল্যে ভাষা সহায়তা পরিষেবাদি উপলব্ধ রয়েছে। অ্যাক্সেসযোগ্য ফরম্যাটে তথ্য প্রদানের জন্য উপযুক্ত সহায়ক সহযোগিতা এবং পরিষেবাদিও বিনামূল্যে উপলব্ধ রয়েছে। আপনার আইডি কার্ডের পিছনে থাকা সদস্য পরিষেবা নম্বরে কল করুন অথবা আপনার প্রদানকারীর সাথে কথা বলুন।

Polish

UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer Działu Obsługi Klienta podany na odwrocie Twojej karty identyfikacyjnej lub porozmawiaj ze swoim dostawcą.

Arabic

تنبيه: إذا كنت تتحدث العربية، فسوف تكون خدمات المساعدة اللغوية متاحة لك مجانًا. كما تتوفر أدوات مساعدة وخدمات إضافية مناسبة لتوفير المعلومات بصيغ يمكن الوصول إليها من دون أية تكلفة. اتصل بقسم خدمات الأعضاء على الرقم المدون على ظهر بطاقة هويتك أو تحدث إلى مقدم الخدمات.

French

ATTENTION : Si vous parlez français, des services d’assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés sont également mis à votre disposition gratuitement pour vous fournir les informations dans des formats accessibles. Appelez les Services aux adhérents au numéro figurant au dos de votre carte d’adhérent, ou adressez-vous à votre prestataire.

Urdu

اردو

توجہ فرمائیں: اگر آپ اردو بولتے ہیں، تو آپ کے لیے مفت لسانی خدمات دستیاب ہیں- قابل رسائی فارمیٹس میں معلومات فراہم کرنے کے لیے مناسب معاون امداد اور خدمات بھی مفت دستیاب ہیں- ممبر سروسز کو اپنے ID کارڈ کی پچھلی جانب موجود نمبر پر کال کریں یا اپنے فراہم کنندہ سے بات کریں-

Tagalog

PAUNAWA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyo ng tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga accessible na format. Tawagan ang numero ng Mga Serbisyo sa Miyembro sa likod ng ID card mo o makipag-usap sa iyong provider.

Greek

ΠΡΟΣΟΧΗ: Εάν μιλάτε Ελληνικά, υπάρχουν διαθέσιμες δωρεάν υπηρεσίες υποστήριξης στη συγκεκριμένη γλώσσα. Διατίθενται δωρεάν κατάλληλα βοηθήματα και υπηρεσίες για παροχή πληροφοριών σε προσβάσιμες μορφές. Καλέστε τον αριθμό των υπηρεσιών Μέλους που βρίσκεται στο πίσω μέρος της κάρτας αναγνωριστικού σας ή απευθυνθείτε στον πάροχό σας.

Albanian

VINI RE: Nëse flisni anglisht, shërbimet falas të ndihmës gjuhësore janë të disponueshme për ju. Gjithashtu, disponohen falas ndihma të përshtatshme dhe shërbime shtesë për të siguruar informacion në formate të aksesueshme. Telefononi Shërbimet ndaj Anëtarëve në numrin që ndodhet në pjesën e pasme të kartës suaj të identitetit ose flisni me ofruesin tuaj të shërbimit.

German

HINWEIS: Wenn Sie Sprache einfügen sprechen, stehen Ihnen kostenlose Sprachassistenzdienste zur Verfügung. Geeignete Hilfsmittel und Dienste für die Übermittlung von Informationen in zugänglicher Form sind ebenfalls kostenlos verfügbar. Rufen Sie die Nummer des Mitgliederservices auf der Rückseite Ihres Ausweises an oder sprechen Sie mit Ihrem Anbieter.

Pennsylvania Dutch

GEB ACHT: Wann du Pennsylvanisch Deitsch schwetzscht, Schprooch Helfe Services sin meeglich mitaus Koscht. Appropriate Auxiliary Aids un Services un Services Information zu gewwe in helfreiche Formats sin aa meeglich mitaus Koscht. Ruf die Member Services Nummer uff die Rickseit vun dei ID Kaart odder Schwetz mit dei Provider.

Vietnamese

LƯU Ý: Nếu quý vị nói tiếng Việt, chúng tôi có sẵn các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho quý vị. Ngoài ra, chúng tôi còn có các dịch vụ và phương tiện hỗ trợ khác phù hợp, hoàn toàn miễn phí để cung cấp thông tin theo các định dạng dễ sử dụng. Vui lòng gọi đến số điện thoại của bộ phận Dịch vụ thành viên có trên mặt sau thẻ ID của quý vị để trao đổi với nhà cung cấp dịch vụ của quý vị.

Somali

FIIRO GAAR AH: Haddii aad ku hadasho Soomaali, adeegyada caawimaada luuqada oo bilaash ah ayaad heli kartaa. Agabka kaalmaatiga oo sax ah iyo adeegyada xogta ku bixiya qaab la heli karo ayaa sidoo kale lagu heli karaa lacag la'aan. Wac lambarka Adeegyada Macaamiisha ee ku qoran dhabarka danbe ee kaarkaaga aqoonsiga ama la hadal dhakhtarkaaga.

Japanese

注意：日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセス可能な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。IDカードの裏面にある会員サービス番号に電話するか、プロバイダーにご相談ください。

Ukrainian

УВАГА! Якщо ви розмовляєте українською мовою, вам доступні безкоштовні мовні послуги. Відповідні допоміжні засоби й послуги з надання інформації в доступних форматах також пропонуються безкоштовно. Зателефонуйте на номер служби підтримки учасників, указаний на звороті вашого посвідчення особи, або зверніться до свого постачальника послуг.

Romanian

ATENȚIE: Dacă vorbiți română, aveți la dispoziție servicii gratuite de asistență lingvistică. Sunt disponibile gratuit ajutoare și servicii auxiliare adecvate pentru furnizarea informațiilor în formate accesibile. Contactați Serviciul pentru Membri la numărul de telefon înscris pe verso-ul cardului de identificare sau adresați-vă furnizorului dumneavoastră.

Amharic

ማስታወሻ፣ አማርኛ የምናገሩ ከሆነ፣ ነፃ የቋንቋ ድጋፍ አገልግሎቶች ለእርስዎ ይኖራል። እንዲሁም፣በሚገኙ ቅርፀቶች መረጃ ለማቅረብ ተገቢ የመርጃ ድጋፎች

እና አገልግሎቶች በነፃ ይኖራሉ። በID ካርድዎ ጀርባ ላይ ባለው የአባላት አገልግሎቶች ቁጥር ይደውሉ ወይም አቅራቢዎን ያነጋግሩ።

Thai

หมายเหตุ: หากคุณใช้ภาษา ไทย เรามีบริการความช่วยเหลือด้านภาษาฟรี นอกจากนี้ ยังมีเครื่องมือและบริการช่วยเหลือเพื่อให้ข้อมูลในรูปแบบที่เข้าถึงได้โดยไม่เสียค่าใช้จ่าย โปรดติดต่อหมายเลข ฝ่ายบริการสมาชิกที่ระบุไว้ด้านหลังบัตรประจาตัวของคุณหรือพูดคุยกับผู้ให้บริการของคุณ

Persian

توجه: اگر به زبان فارسی صحبت می‌کنید، خدمات کمک زبانی به صورت رایگان در دسترس شماست. همچنین، خدمات و کمک‌های لازم برای ارائه اطلاعات به صورت‌های مختلف و قابل دسترسی، به صورت رایگان در اختیار شما قرار می‌گیرد. با شماره خدمات اعضا که پشت کارت شناسایی شما درج شده تماس بگیرید یا با ارائهدهنده خود صحبت کنید.

Samoan

FAAMATALAGA: Afai e te tautala faa-Samoa, o loo i ai gagana fesoasoani i gagana e Le totogia mo oe. Fesoasoani fa’aopopo talafeagai ma auaunaga ina ia tuuina atu ai faamatalaga e maua l limits e faigofie ona maua o loo maua foi e le totogia. Vala’au le Auaunaga a Sui Auai i le numera o i taua o lau ID card pe talanoa i lauvrautua.

Ilocano

PAKAAMMO: No agsasaoka iti Ilocano, magun-odam dagiti libre a serbisio ti tulong iti pagsasao. Libre met laeng a magun-odan dagiti maitutop a katulongan ken serbisio a mangipaay iti impormasion kadagiti format a nalaka a ma-access. Tawagam ti numero ti Serbisio para Kadagiti Miembro iti likudan ti ID card-mo wenno makisaritaka iti provider-mo.

Gujarati

ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હો તો મફત ભાષાકીય સહાયતા સેવાઓ તમારા માટે ઉપલબ્ધ છે. યોગ્ય ઑક્ઝિલરી સહાય અને ઍક્સેસિબલ ફૉર્મેટમાં માહિતી પૂરી પાડવા માટેની સેવાઓ પણ વિના મૂલ્યે ઉપલબ્ધ છે. તમારા ID કાર્ડની પાછળ આપેલા સભ્ય સેવાઓ નંબર પર કૉલ કરો અથવા તમારા પ્રદાતા સાથે વાત કરો.

Portuguese

ATENÇÃO: se fala português, tem à sua disposição serviços de assistência linguística gratuitos. Também estão disponíveis, de forma gratuita, ajudas e serviços auxiliares apropriados para fornecer informações em formatos acessíveis. Ligue para o número dos Serviços de apoio aos membros que se encontra no verso do seu cartão de identificação ou fale com o seu prestador de serviços de saúde.

Hindi

ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। अपने ID कार्ड के पीछे दिए गए सदस्य सेवा नंबर पर कॉल करें या अपने प्रदाता से बात करें।

Khmer

សូមយកចិត្តទុកដាក់៖ ប្រសិនបើអ្នកនិយាយ*ភាសាខ្មែរ*
សេវាកម្មជំនួយភាសាឥតគិតថ្លៃគឺមានសម្រាប់អ្នក។ ជំនួយ
និងសេវាកម្មដែលជាការជួយដ៏សមរម្យ
ក្នុងការផ្តល់ព័ត៌មានតាមទម្រង់ដែលអាចចូលប្រើប្រាស់បាន
ក៏អាចរកបានដោយឥតគិតថ្លៃផងដែរ។
ហៅទូរសព្ទទៅលេខសេវាបម្រើសមាជិកនៅខាងក្រោយកាត ID
របស់អ្នក ឬនិយាយទៅកាន់អ្នកផ្តល់សេវារបស់អ្នក។

Laotian

ເຊີນຊາບ: ຖ້າທ່ານເວົ້າພາສາ ລາວ,
ຈະມີບໍລິການຊ່ວຍດ້ານພາສາແບບບໍ່ເສຍຄ່າໃຫ້ທ່ານ. ມີເຄື່ອງຊ່ວຍ ແລະ
ການບໍລິການແບບບໍ່ເສຍຄ່າທີ່ເໝາະສົມເພື່ອໃຫ້ຂໍ້ມູນໃນຮູບແບບທີ່ສາ
ມາດເຂົ້າເຖິງໄດ້. ໂທຫາເບີບໍລິການສະມາຊິກຢູ່ດ້ານຫຼັງບັດປະຈຳຕົວຂອງທ່ານ
ຫຼື ລົມກັບຜູ້ໃຫ້ບໍລິການຂອງທ່ານ.

Karen

ဟ်သူဉ်ဟ်သး– နမ့်ကတိၤ ကညီကျိာ် အဃိ, တၢ်အိဉ်ဒီး ကျိာ်တၢ်ဆီဉ်ထွဲမၤစၢၤ လၢတလၫ်ဘူဉ်လၫ်စ့ၤ လၢနဂီၢ်လီၤ. တၢ်အိဉ်ဒီး တၢ်မၤစၢၤတၢ်နၢ်ဟူပီးလီဒီး တၢ်မၤစၢၤတၢ်မၤ လၢအကြၢးအဘဉ် လၢကဟ့ဉ် တၢ်ဂ့ၢ်တၢ်ကျိၤ လၢတၢ်မၤနှ့်အီၤသ့တဖဉ် လၢတလၫ်ဘူဉ်လၫ်စ့ၤ လၢနဂီၢ်လီၤ. ကိး ကရၢဖိတၢ်မၤစၢၤတၢ်မၤ အလိတဲစိနီဉ်ဂံၢ်လၢ အိဉ်ဖဲနလံာ်အုဉ်သး (ID) ခးကဲ့အလိၤ မ့တမ့ၢ် တဲတၢ်ဒီး ပှၤလၢအဟ့ဉ်နၤတၢ်ကွၢ်ထွဲနှဉ် တကွၢ်.

Swahili

KUMBUKA: Ikiwa wewe huzungumza Kiswahili, msaada na huduma za lugha bila malipo unapatikana kwako. Vifaa vya usaidizi vinavyofaa na huduma bila malipo ili kutoa taarifa katika mifumo inayofikiwa zinapatikana pia bila malipo. Piga simu kwa nambari ya Huduma za Wanachama iliyo nyuma ya kadi yako ya kitambulisho au zungumza na mtoa huduma wako.

Serbian

PAŽNJA: Ukoliko govorite Srpski, dostupne su vam besplatne usluge jezičke podrške. Dostupne su vam i besplatne odgovarajuće pomoći i usluge za pružanje informacija u formatima za lak pristup. Pozovite broj za usluge za članove koji se nalazi na poleđini vaše ID kartice ili se obratite pružaocu usluge.

Croatian

PAŽNJA: Ako pričate Hrvatski, na raspolaganju su vam besplatne usluge pomoći za jezik. Odgovarajuća pomoćna sredstva i usluge za pružanje informacija u pristupačnim formatima također su dostupne besplatno. Nazovite broj Službe za članove na poleđini vaše osobne iskaznice ili razgovarajte sa svojim pružateljem usluga.

Nepali

सावधान: तपाईं नेपाली भाषा बोल्नुहुन्छ भने तपाईंका लागि नि:शुल्क भाषिक सहायता सेवाहरू उपलब्ध छन्। पहुँचयोग्य ढाँचाहरूमा जानकारी सहायता सेवाहरू उपलब्ध छन्। पहँचयोग्य ढाँचाहरूमा उपलब्ध छन्। ID कार्डको पछाडिपट्टि लेखिएको Member Services नम्बरमा फोन गर्नुहोस्, नभए कुरा गर्नुहोस्।

Yoruba

ÀKÍYÈSÍ: Bí o bá ń sọ èdè Yorùbá, àwọn iṣẹ́ ìrànlọ́wọ́ èdè ọ̀fẹ́ wà fún ọ. Àwọn ohun èlò ìrànlọ́wọ́ àti àwọn iṣẹ́ tó yẹ láti pèsè àlàyé ní àwọn ọ̀nà tó rọrùn ló wà lọ́fẹ̀ẹ́. Pe nọ́mbà Àwọn iṣẹ́ Ọmọ ẹgbẹ́ tó wà ní ẹ̀yìn káàdì ìdánimọ̀ rẹ tàbí bá olùpèsè rẹ sọ̀rọ̀.

Tamil

கவனிக்கவும்: நீங்கள் தமிழ் பேசுபவர் என்றால், உங்களுக்கு இலவச மொழி உதவிச் சேவைகள் கிடைக்கும். அணுகல் வசதிக்கேற்ற வடிவங்களில் தகவலை வழங்குவதற்கான தகுந்த, கூடுதல் உதவி அம்சங்களும் சேவைகளும் கூட கட்டணமின்றிக் கிடைக்கும். உங்கள் வழங்குநரிடம் பேச, உங்கள் ஐடி கார்டின் பின்பக்கமுள்ள உறுப்பினர் சேவை மைய எண்ணை அழைக்கவும்.

Navajo

SHOOH: Diné bizaad yiníłti', t'áá jiik'ehgo saad bee áká'ánída'awo'ígíí t'áá hadoohkááł nihá kéé' hóló. T'áá ajiłii íiyisí át'éego nihá át'éego bee haz'ánígíí dóó t'áá ádáhodooníígíí biniiyé t'áá jíík'eh nihá kéé' hóló Member Services béésh bee hane'í bikáá' dah naaznil doo ID card ni' dooleeł ná'ádoolwołígíí bikáá' nihá át'é.

Shoshone

NENKAHI: Uuiss en taikw Sosohni, yu yowk taikwa tuwahntsawaiyn mahhpittsiyahnkuuk en. To kwain tuwahntsawaiyn tes tuwahntsawaiyn uut uutinantuuinkehn uukuup tsa taw natehpop suwait mampittsiyankunk yuyowk nai nimeht. Nimai suun suhmah

tuwahntsawaiyn tetehtsep piinak tehpop en nuwaiyn en taikw uhmah natsu tainepeh tes waipeh.

Choctaw

KULLÓSHI: Chi Chahta anumpa ish anumpuli hosh, aiittola towa la hosh chi chiahullo li. Himona, achukma ut ish anumpuli hinla ia, il im anumpuli holisso kapvchi shulush isht ia, towa la hosh chi. Chi ID holisso okpulo bok aiittola na isht ia hosh pisa, il chi isht ia isht iachi pisa.

Punjabi

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਤੁਹਾਡੇ ਲਈ ਮੁਫ਼ਤ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਉਪਲਬਧ ਹੋਣਗੀਆਂ। ਪਹੁੰਚਯੋਗ ਫਾਰਮੈਟਾਂ ਵਿੱਚ ਜਾਣਕਾਰੀ ਪ੍ਰਦਾਨ ਕਰਨ ਲਈ ਢੁਕਵੇਂ ਪੂਰਕ ਸਹਾਇਕ ਸਾਧਨ ਅਤੇ ਸੇਵਾਵਾਂ ਵੀ ਮੁਫ਼ਤ ਵਿੱਚ ਉਪਲਬਧ ਹੋਣਗੀਆਂ। ਤੁਹਾਡੇ ID ਕਾਰਡ ਦੇ ਪਿੱਛੇ ਦਿੱਤੇ ਮੈਂਬਰ ਸਰਵਿਸਿਜ਼ ਨੰਬਰ 'ਤੇ ਕਾਲ ਕਰੋ ਜਾਂ ਤੁਹਾਡੇ ਪ੍ਰਦਾਤਾ ਨਾਲ ਗੱਲ ਕਰੋ।

Syriac

ܫܡܘܥ ܠܟ: ܐܢ ܐܢܬ ܡܬܟܠܡ ܠܫܢ̈ܐ ܣܘܪܝܝܐ ، ܫܢ̈ܐ ܕܠܟ ܥܕ̈ܪ̈ܐ ܕܠܫܢ̈ܐ ܣܘܪܝܝܐ ܡܬܬܡ̈ܝܢ ܠܟ .ܒܚܝܢ̈ܐ ܕܡܬܐܡ̈ܪ̈ܐ ܘܡܬܬܡ̈ܝܢ ܠܟ ܐ̈ܦ ܥܕ̈ܪ̈ܐ ܣܘܪܝܝܐ ܕܡܬܬܡ̈ܝܢ ܠܟ ܒܚܝܢ̈ܐ ܕܡܬܐܡ̈ܪ̈ܐ ܘܡܬܬܡ̈ܝܢ ܠܟ ܐ̈ܦ ܥܕ̈ܪ̈ܐ ܣܘܪܝܝܐ ܕܡܬܬܡ̈ܝܢ ܠܟ ID

NOTICE OF PRIVACY PRACTICES

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.

This Notice describes the privacy practices of Molina Healthcare's affiliated health plans (referred to herein as "**Molina**", "**we**" or "**our**"). We use and share protected health information ("**PHI**") about you to provide your health benefits as a Molina member. We use and share your PHI to carry out treatment, payment and health care operations. We also use and share your PHI 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 January 1, 2026.

PHI is health information that includes your name, member number or other identifiers, and is used or shared by us. PHI includes health information about substance use disorders and biometric information (like a voiceprint).

Why do we use or share your PHI?

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

For Treatment

We 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
We 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
We may use or share PHI about you to run our health plan(s). 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 your 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;
- Addressing 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(s). 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(s), or other health-related benefits and services.

When can we 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 and imminent threat to the health or safety of a person or the public.

Government Functions
Your PHI may be shared with the government for special functions. An example would be to protect the President.

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.

Additional Restrictions on Use and Disclosure.
Some federal and state laws may require special privacy protections that restrict the use and disclosure of certain types of health information. Such laws may protect the following types of information: alcohol and substance use disorders, biometric information, child or adult abuse or neglect including sexual assault, communicable diseases, genetic information, HIV/AIDS, mental health, minors' information, prescriptions, reproductive health, and sexually transmitted diseases. We will follow the more stringent law, where it applies to us.

Substance Use Disorder (SUD) Information.
Although we are not a substance use disorder treatment program under federal law (a "SUD Program"), we may receive information from a SUD Program about you. We may not disclose SUD information for use in a civil, criminal, administrative, or legislative proceeding against you unless we have (i) your written consent, or (ii) a court order accompanied by a subpoena or other legal requirement compelling disclosure issued after we and you were given notice and an opportunity to be heard.

When do we need your written authorization (approval) to use or share your PHI?

We need your written approval to use or share your PHI for a purpose other than those listed in this Notice. We need 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 our 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 our 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 about you as our member. You will need to make your request in writing. You may use our 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 our 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 our 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 our Member Services department at the toll-free number on the back of your ID card, 7 days a week, 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 us 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:

Call Member Services at the toll-free number on the back of your ID card, 7 days a week, 8 a.m. to 8 p.m., local time. TTY/TDD users, please call 711. Or write to us at:

Molina Healthcare
Attn: Appeals and Grievances
P.O. Box 22816
Long Beach, CA 90801-9977

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
200 Independence Ave., S.W. Suite 509F, HHH Building Washington, D.C. 20201
(800) 368-1019; (800) 537-7697 (TDD); (202) 619-3818 (FAX)

What are our duties?
We are 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

We reserve 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, we will post the revised Notice on our website 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 us. This Notice is available on our website at MolinaHealthcare.com.

Contact Information

If you have any questions about this Notice, please contact us.
Call our Member Services department at the toll-free number on the back of your ID card; 7 days a week, 8 a.m. to 8 p.m., local time. TTY/TDD users, please call 711. Or write to Molina Member Services, 200 Oceangate, Suite 100, Long Beach, CA 90802.

You can get this document for free in other formats, such as large print, braille, or audio. Call (855) 882-3901, TTY/TDD: 711, 7 days a week, 8 a.m. to 8 p.m., local time. The call is free.

PO Box 298
Monroe, WI 53566-0298
Attn: Enrollment Accounting

Important Molina Healthcare Information

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