

2026

Summary of Benefits

Molina Complete Care for MyCare Ohio (HMO D-SNP)

Ohio H9955-008

Serving: Butler, Clark, Clermont, Clinton, Columbiana, Cuyahoga, Delaware, Franklin, Fulton, Geauga, Greene, Hamilton, Lake, Lorain, Lucas, Madison, Mahoning, Medina, Montgomery, Ottawa, Pickaway, Portage, Stark, Summit, Trumbull, Union, Warren, Wayne, and Wood Counties

Effective January 1 through December 31, 2026

Molina Complete Care for MyCare Ohio (HMO D-SNP): Summary of Benefits 2026

Introduction

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

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Molina Complete Care for MyCare Ohio (HMO D-SNP): Summary of Benefits 2026

A. Disclaimers



This is a summary of health services covered by Molina Complete Care for MyCare Ohio (HMO D-SNP) for 2026. This is only a summary. Please read the *Member Handbook* for the full list of benefits.

- ❖ An up-to-date copy of the 2026 *Member Handbook* is available on our website at MolinaHealthcare.com/Medicare. You may also call Member Services at (855) 655-4623, TTY: 711 to ask us to mail you a 2026 *Member Handbook*. Hours are October 1 – March 31: 8 a.m. to 8 p.m. local time, 7 days a week and from April 1 – September 30: Monday – Friday, 8 a.m. to 8 p.m. local time.
- ❖ 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.
- ❖ Molina Complete Care for MyCare Ohio complies with applicable Federal civil rights laws and doesn't 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, or geographic location.
- ❖ For more information about Medicare, you can read the Medicare & You handbook. It has a summary of Medicare benefits, rights, and protections and answers to the most frequently asked questions about Medicare. You can get it at the Medicare website (www.medicare.gov) or by calling 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.
- ❖ For more information about Medicaid, you can check the Ohio Department of Medicaid website www.medicaid.ohio.gov. You can also call the special Ombudsman for people who have both Medicare and Medicaid at toll-free phone 1-800-282-1206.
- ❖ You can get this document for free in other formats, such as large print, braille, or audio. Call (855) 665-4623, TTY: 711, Hours are October 1 – March 31: 8 a.m. to 8 p.m. local time, 7 days a week and from April 1 – September 30: Monday – Friday, 8 a.m. to 8 p.m. local time.
- ❖ To request your preferred language other than English and/or alternate format, call Member Services at (855) 665-4623, TTY: 711, Hours are October 1 – March 31: 8 a.m. to 8 p.m. local time, 7 days a week and from April 1 – September 30: Monday – Friday, 8 a.m. to 8 p.m. local time.
- ❖ We will retain your language and format preferences on file. This ensures that you will not need to submit a separate request for each future mailing or communication.
- ❖ To change a standing request, call Member Services at (855) 655-4623, TTY: 711, Hours are October 1 - March 31: 8 a.m. to 8 p.m. local time, 7 days a week and from April 1 - September 30: Monday - Friday, 8 a.m. to 8 p.m. local time. 7 days a week, 8 a.m. to 8 p.m., local time.

If you have questions, please call Molina Complete Care for MyCare Ohio at (855) 665-4623, TTY: 711, Hours are October 1 - March 31: 8 a.m. to 8 p.m. local time, 7 days a week and from April 1 - September 30: Monday - Friday, 8 a.m. to 8 p.m. local time. The call is free. **For more information**, visit MolinaHealthcare.com/Medicare.



B. Frequently asked questions (FAQ)

The following table lists frequently asked questions.

| Frequently Asked Questions (FAQ) | Answers |
|---|---|
| What's a MyCare Plan? | MyCare Ohio is a managed care program designed for Ohioans who receive BOTH Medicaid and Medicare benefits. This program has a team approach to coordinating your care based on your needs – a team with you at the center. The MyCare Ohio plan that you choose provides all the same benefits that Medicare and Medicaid offer, including long-term care services and mental/behavioral health services. Plus, your MyCare Ohio plan can include additional services to you. |
| Will I get the same Medicare and Medicaid benefits in Molina Complete Care for MyCare Ohio that I get now? | <p>You'll get most of your covered Medicare and Medicaid benefits directly from Molina Complete Care for MyCare Ohio. You'll work with a team of providers who will help determine what services will best meet your needs. This means that some of the services you get now may change based on your needs, and your doctor and care coordinator assessment. You may also get other benefits outside of your health plan the same way you do now, directly from State or county agency, specialty mental health and substance use disorder services, or regional center services.</p> <p>When you enroll in Molina Complete Care for MyCare Ohio, you and your care coordinator will work together to develop an Individualized Care Plan to address your health and support needs, reflecting your personal preferences and goals.</p> <p>If you're taking any Medicare Part D drugs that Molina Complete Care for MyCare Ohio doesn't normally cover, you can get a temporary supply and we'll help you to transition to another drug or get an exception for Molina Complete Care for MyCare Ohio to cover your drug if medically necessary. For more information, call Member Services at the numbers listed at the bottom of this page.</p> |
| Can I use the same doctors I use now? (continued on the next page) | <p>This is often the case. If your providers (including doctors, hospitals, therapists, pharmacies, and other health care providers) work with Molina Complete Care for MyCare Ohio and have a contract with us, you can keep going to them.</p> <ul style="list-style-type: none"> Providers with an agreement with us are “in-network.” Network providers participate in our plan. That means they accept members of our plan and provide services our plan covers. You must use the providers in Molina Complete Care for MyCare Ohio's network. If you use providers or pharmacies that aren't in our network, the plan may not pay for these services or drugs. |

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| Frequently Asked Questions (FAQ) | Answers |
|--|---|
| Can I use the same doctors I use now? (continued) | <ul style="list-style-type: none"> • If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of Molina Complete Care for MyCare Ohio's plan. • The plan must ensure member access to any federally qualified health center (FQHC) and/or rural health clinic (RHC), regardless of whether it's an in-network provider. • If you're currently under treatment with a provider that's out of Molina Complete Care for MyCare Ohio's network or have an established relationship with a provider that's out of Molina Complete Care for MyCare Ohio's network, call Member Services to check about staying connected. • To find out if your providers are in the plan's network, call Member Services at the numbers listed at the bottom of this page or read Molina Complete Care for MyCare Ohio's Provider and Pharmacy Directory on the plan's website at MolinaHealthcare.com/Medicare • If Molina Complete Care for MyCare Ohio is new for you, we'll work with you to develop an Individualized Care Plan to address your needs. |
| What's a Molina Complete Care for MyCare Ohio care coordinator? | A Molina Complete Care for MyCare Ohio care coordinator is one main person for you to contact. This person helps to manage all your providers and services and makes sure you get what you need. |
| How do I reach my Molina Complete Care for MyCare Ohio care coordinator? | Your care coordinator will tell you their name and phone number. You can also call Member Services at any time to connect with your care coordinator. The number is on the back of your member ID card. |
| What are Long-term Services and Supports (LTSS)? | Long-term services and supports refers to the services provided to help individuals safely perform daily tasks like bathing, getting dressed, or preparing meals. They can be offered in a home or community-based setting or in a facility like a nursing facility or assisted living facility. They include things like personal care aide services, home delivered meals, memory care, home health nursing and many others. |
| What happens if I need a service but no one in Molina Complete Care for MyCare Ohio's network can provide it? | Most services will be provided by our network providers. If you need a service that can't be provided within our network, Molina Complete Care for MyCare Ohio will pay for the cost of an out-of-network provider. |
| Where's Molina Complete Care for MyCare Ohio available? (continued on the next page) | The service area for this plan includes: Butler, Clark, Clermont, Clinton, Columbiana, Cuyahoga, Delaware, Franklin, Fulton, Geauga, Greene, Hamilton, Lake, Lorain, Lucas, Madison, Mahoning, Medina, Montgomery, Ottawa, Pickaway, Portage, Stark, Summit, Trumbull, |

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|--|--|
| Where's Molina Complete Care for MyCare Ohio available? (continued) | <p>Union, Warren, Wayne, and Wood Counties, Ohio. You must live in one of these areas to join the plan.</p> <p>Our service area will expand to more Ohio counties throughout 2026. By January 1, 2027, our plan will cover all counties in Ohio.</p> <p>If you have questions about what plans are available to you, call the Ohio Medicaid Consumer Hotline at (800) 324-8680, TTY: 711, Monday – Friday, 7 a.m. to 8 p.m. and Saturday, 8 a.m. to 5 p.m. local time.</p> |
| What's prior authorization (PA)? | <p>Prior authorization means an approval from Molina Complete Care for MyCare Ohio to seek services outside of our network or to get services not routinely covered by our network before you get the services. Molina Complete Care for MyCare Ohio may not cover the service, procedure, item, or drug if you don't get prior authorization.</p> <p>If you need urgent or emergency care or out-of-area dialysis services, you don't need to get prior authorization first. Molina Complete Care for MyCare Ohio can provide you or your provider with a list of services or procedures that require you to get prior authorization from Molina Complete Care for MyCare Ohio before the service is provided.</p> <p>Refer to Chapter 3, of the <i>Member Handbook</i> to learn more about PA. Refer to the Benefits Chart in Chapter 4 of the <i>Member Handbook</i> to learn which services require a PA.</p> <p>If you have questions about whether prior authorization is required for specific services, procedures, items, or drugs, call Member Services at the numbers listed at the bottom of this page for help.</p> |
| Do I pay a monthly amount (also called a premium) under Molina Complete Care for MyCare Ohio? | No. Because you have Medicaid you won't pay any monthly premiums, including your Medicare Part B premium, for your health coverage. |
| Do I pay a deductible as a member of Molina Complete Care for MyCare Ohio? | No. You don't pay deductibles in Molina Complete Care for MyCare Ohio. |
| What's the maximum out-of-pocket amount that I'll pay for medical services as a member of plan name? | There's no cost sharing for medical services in Molina Complete Care for MyCare Ohio, so your annual out-of-pocket costs will be \$0. |
| What online and mobile self-services features does Molina Complete Care for MyCare Ohio offer? (continued on the next page) | <p>Online: You can update or view your information online with My Molina. You can find or change providers, view your care plan, and more. To sign up, visit MyMolina.com.</p> <p>Smartphone users: You can use your My Molina user ID and password to sign into the My Molina mobile app. You can view your member ID</p> |

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| Frequently Asked Questions (FAQ) | Answers |
|---|--|
| What online and mobile self-services features does Molina Complete Care for MyCare Ohio offer? (continued) | card, call support services like transportation, and more. Download the app on the iPhone App Store or Google Play at no cost. See Chapter 1 of the <i>Member Handbook</i> to learn more about My Molina or the My Molina mobile app. |

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C. List of covered services

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

| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|---|--|-------------------------------------|--|
| You need hospital care | Inpatient hospital stay | \$0 | You pay \$0 for days 1 - 90 of a hospital stay per benefit period. Our plan also covers 60 "lifetime reserve days." These are "extra" days that we cover. If your hospital stay is longer than 90 days per benefit period, you can use these extra days. Once you have used up these extra 60 days, your Medicaid coverage will cover additional days as medically necessary. Some services need prior authorization. |
| | Outpatient hospital services, including observation | \$0 | Some services need prior authorization. |
| | Ambulatory surgical center (ASC) services | \$0 | Some services need prior authorization. |
| | Doctor or surgeon care | \$0 | Some services need prior authorization. |
| You want a doctor (continued on the next page) | Visits to treat an injury or illness | \$0 | |
| | Care to keep you from getting sick, such as flu shots and screenings to check for cancer | \$0 | Some screenings may need prior authorization. Covered Medicare Part B services include: <ul style="list-style-type: none"> • Pneumonia vaccine • Flu shots, once each flu season in the fall and winter, with additional flu shots if medically necessary |

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| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|--------------------------------------|--|-------------------------------------|--|
| You want a doctor (continued) | | | <ul style="list-style-type: none"> Hepatitis B vaccine if you are at high or intermediate risk of getting Hepatitis B COVID-19 vaccine Other vaccines if you are at risk and they meet Medicare Part B coverage rules. <p>We also cover some vaccines under our Part D prescription drug benefit.</p> |
| | Wellness visits, such as a physical | \$0 | Annual wellness visit every 12 months. |
| | “Welcome to Medicare” (preventive visit one time only) | \$0 | |
| | Specialist care | \$0 | If you want to see a specialist, talk to your provider. You do not need a referral to see a network specialist, but your provider can recommend other network providers for you. |
| You need emergency care | Emergency room services | | <p>You may get covered emergency medical care whenever you need it, anywhere in the United States or its territories, without prior authorization.</p> <p>Emergency room care is covered outside the United States and its territories under limited circumstances. Contact plan for details.</p> |
| | Urgent care | \$0 | <p>You may get urgent care services whenever you need it, anywhere in the United States or its territories, without prior authorization.</p> <p>Urgent care is covered outside the United States and its territories under limited circumstances. Contact plan for details.</p> |

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| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|--|--|-------------------------------------|--|
| You need medical tests | Diagnostic radiology services (for example, X-rays or other imaging services, such as CAT scans or MRIs) | \$0 | Some services need prior authorization. Outpatient x-ray services do not need prior authorization. |
| | Lab tests and diagnostic procedures, such as blood work | \$0 | Some services need prior authorization. Outpatient lab services don't require prior authorization. Genetic lab testing require prior authorization. |
| You need hearing/auditory services | Hearing screenings | \$0 | You get a routine hearing exam every year and a fitting/evaluation for hearing aids each year when necessary, with a Molina Value-Added Benefit. |
| | Hearing aids | \$0 | Some services need prior authorization. You can get 1 hearing aid for each ear (2 combined) every 2 years above Medicaid coverage with a Molina Value-Added Benefit. Please see your <i>Member Handbook</i> for information including rules and restrictions. |
| You need dental care (continued on the next page) | Dental check-ups and preventive care | \$0 | Periodic oral exams, extractions, preventive services, dentures, and partials are covered according to Ohio Medicaid dental coverage. You get 2 preventive exams each year. Please see your <i>Member Handbook</i> for information including rules and restrictions. |
| | Restorative and emergency dental care | \$0 | With a Molina Value-Added Benefit, you receive up to a \$6,000 annual allowance for select comprehensive |

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| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|---|---------------------------|-------------------------------------|--|
| You need dental care (continued) | | | <p>dental services above Medicaid coverage, including:</p> <ul style="list-style-type: none"> • Restorative • Endodontics • Prosthodontics (removeable) • Oral and Maxillofacial Surgery • Adjunctive General Services <p>Covered when medically necessary. Some services need prior authorization.</p> |
| You need eye care (continued on the next page) | Eye exams | \$0 | We cover one routine eye exam each year. |
| | Glasses or contact lenses | \$0 | <p>You get a \$300 allowance each year, above your Medicaid coverage through a Molina Value-Added Benefit, to purchase:</p> <ul style="list-style-type: none"> • Contact lenses • Eyeglass lenses • Eyeglass frames • Upgrades such as tinting or polarization of lenses <p>IMPORTANT: If you choose to get vision care services or vision care materials that we do not cover, your vision care provider may charge you his or her normal cost for these services or materials. Before giving you vision care services or vision care materials that we do not cover, the vision care provider will give you an estimated cost for each service or material upon your request. You can only be billed by your vision care provider if you agree to pay for the</p> |

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| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|---|---|-------------------------------------|--|
| You need eye care(continued) | | | service and sign a written statement before you get the service. If you get a bill from a provider, you did not agree to pay, call Member Services. |
| | Other vision care | \$0 | |
| You need behavioral health services | Behavioral health services | \$0 | Some services need prior authorization. See your <i>Member Handbook</i> or call Member Services for more information. |
| | Inpatient and outpatient care and community-based services for people who need behavioral health services | \$0 | You pay \$0 for days 1 - 90 of a hospital stay per benefit period. Our plan also covers 60 "lifetime reserve days." These are "extra" days that we cover. If your hospital stay is longer than 90 days per benefit period, you can use these extra days. Once you have used up these extra 60 days, your Medicaid coverage will cover additional days as medically necessary. Outpatient group therapy visit. Outpatient individual therapy visit. Intensive outpatient services and assertive community treatment (ACT). Some services need prior authorization. |
| You need substance use disorder services | Substance use disorder services | \$0 | Some services need prior authorization. |
| You need a place to live with people available to help you (continued on the next page) | Skilled nursing care | \$0 | You pay \$0 for days 1-100 of a skilled nursing facility stay. Your Medicaid coverage will cover additional days as medically necessary. No prior hospitalization is required. |

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| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|---|---|-------------------------------------|--|
| You need a place to live with people available to help you (continued) | | | Some services need prior authorization. |
| | Nursing home care | \$0 | <p>These services are available only if your need for long-term care has been determined by Ohio Medicaid.</p> <p>You may be responsible for paying a “patient liability” for nursing facility or waiver services that are covered through your Medicaid benefit. The County Department of Job and Family Services will determine if your income and certain expenses require you to have a patient liability.</p> <p>Waiver Services must be approved by your Waiver Services Coordinator or care coordinator.</p> <p>Some services need prior authorization.</p> |
| | Adult Foster Care and Group Adult Foster Care | \$0 | <p>These services are available only if your need for long-term care has been determined by Ohio Medicaid.</p> <p>You may be responsible for paying a “patient liability” for nursing facility or waiver services that are covered through your Medicaid benefit. The County Department of Job and Family Services will determine if your income and certain expenses require you to have a patient liability.</p> <p>Waiver Services must be approved by your Waiver Services Coordinator or care coordinator.</p> <p>Some services need prior authorization.</p> |

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|---|---|-------------------------------------|---|
| You need therapy after a stroke or accident | Occupational, physical, or speech therapy | \$0 | Some services need prior authorization. |
| You need help getting to health services | Ambulance services | \$0 | Prior authorization required for non-emergent ambulance only. Air Ambulance services may need prior authorization for non-emergency care |
| | Emergency transportation | \$0 | |
| | Transportation to medical appointments and services | \$0 | You also get 104 one-way trips per year for rides to the doctor, pharmacy, WIC, CDJFS, SSI, and food resources like food pantries or employment offices with flexible options like bus passes, rideshares and mileage reimbursement above Ohio Medicaid coverage as a Molina Value-Added Benefit. Always covered for members who receive dialysis, chemotherapy, radiation, and wheelchair transports. Always covered for wellness visits, community behavioral health, and prenatal and postpartum services. Always covered if you must travel more than 30 miles from your home to get services. Please see your <i>Member Handbook</i> for information including rules and restrictions. |
| You need drugs to treat your illness or condition (continued on the next page) | Medicare Part B drugs | \$0 | Part B drugs include drugs given by your doctor in their office, some oral cancer drugs, and some drugs used with certain medical equipment. Read the <i>Member Handbook</i> for more information on these drugs. Some drugs need prior authorization. |

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| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|---|---|--|--|
| You need drugs to treat your illness or condition (continued on the next page) | | | Step therapy may be required for certain drugs. |
| | Medicare Part D drugs Tier 1: Preferred Generic Tier 2: Generic Tier 3: Preferred Brand Tier 4: Non-Preferred Drug Tier 5: Specialty Tier Tier 6: Select Care Drugs | Depending on your income and institutional status, you pay the following: For generic drugs (including brand drugs treated as generic): \$0 copay; \$1.60 copay; \$5.10 copay For all other drugs: \$0 copay; \$4.90 copay; \$12.65 copay | There may be limitations on the types of drugs covered. Please refer to Molina Complete Care for MyCare Ohio's <i>List of Covered Drugs</i> (Drug List) for more information. A 100-day supply is available at retail and mail order pharmacies at no additional cost. The plan may require you to first try one drug to treat your condition before it'll cover another drug for that condition. There may be certain drugs that are limited to a 31-day supply. Some drugs have quantity limits. Your provider must get prior authorization from Molina Complete Care for MyCare Ohio for certain drugs. Once you or others on your behalf pay \$2,100 you've reached the catastrophic coverage stage and you pay \$0 for all your Medicare drugs. Read the <i>Member Handbook</i> for more information on this stage. Copayment during the Initial Coverage Stage: Drug Tier 1 Preferred Generic: \$0 copay Drug Tier 2 Generic: \$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 Preferred Brand: \$0, \$1.60, or \$5.10 copay for generic |

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| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|---|---|-------------------------------------|---|
| You need drugs to treat your illness or condition (continued on the next page) | | | drugs (including brand drugs treated as generic) \$0, \$4.90, or \$12.65 copay for all other drugs per prescription. Drug Tier 4 Non-Preferred Drug: \$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 Specialty Tier: \$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 Select Care Drugs: \$0 copay |
| | Non-Medicare Rx/ Over-the-counter drugs | \$0 | There may be limitations on the types of drugs covered. Please refer to Molina Complete Care for MyCare Ohio's <i>List of Covered Drugs</i> (Drug List) for more information. |
| You need help getting better or have special health needs | Rehabilitation services | \$0 | Some rehabilitation services may need prior authorization |
| | Medical equipment for home care, including waiver and supplemental adaptive | \$0 | Some items need prior authorization. Prior authorization not required for preferred manufacturer. |
| | Dialysis services | \$0 | |
| You need foot care | Podiatry services | \$0 | Some services need prior authorization. |
| | Orthotic services | \$0 | |
| You need durable medical equipment (DME) Note: This isn't a complete list of covered DME. For a complete list, contact Member Services | Wheelchairs, crutches, and walkers | \$0 | Prior authorization rules may apply. |
| | Nebulizers | \$0 | Prior authorization rules may apply. |
| | Oxygen equipment and supplies | \$0 | Prior authorization rules may apply. |
| | Incontinence garments | \$0 | Prior authorization rules may apply. |

If you have questions, please call Molina Complete Care for MyCare Ohio at (855) 665-4623, TTY: 711, Hours are October 1 - March 31: 8 a.m. to 8 p.m. local time, 7 days a week and from April 1 - September 30: Monday - Friday, 8 a.m. to 8 p.m. local time. The call is free. **For more information**, visit MolinaHealthcare.com/Medicare.



Molina Complete Care for MyCare Ohio (HMO D-SNP): Summary of Benefits 2026

| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|--|--|-------------------------------------|--|
| or refer to Chapter 4 of the <i>Member Handbook</i> . (continued) | | | |
| You need help living at home (continued on the next page) | Home health services | \$0 | <p>These services are available only if your need for long-term care has been determined by Ohio Medicaid.</p> <p>You may be responsible for paying a “patient liability” for nursing facility or waiver services that are covered through your Medicaid benefit. The County Department of Job and Family Services will determine if your income and certain expenses require you to have a patient liability.</p> <p>Waiver Services must be approved by your Waiver Services Coordinator or care coordinator.</p> <p>All services need prior authorization.</p> |
| | Home services, such as cleaning or housekeeping, or home modifications such as grab bars | \$0 | |
| | Adult day health | \$0 | |
| | Assisted living services | \$0 | <p>These services are available only if your need for long-term care has been determined by Ohio Medicaid.</p> <p>You may be responsible for paying a “patient liability” for nursing facility or waiver services that are covered through your Medicaid benefit. The County Department of Job and Family Services will determine if your income and certain expenses require you to have a patient liability.</p> <p>Waiver Services must be approved by your Waiver Services Coordinator or care coordinator.</p> <p>Some services need prior authorization.</p> <p>As a Value-Added Benefit, you can get up to \$500 annually in financial help when transitioning to a</p> |
| | Community integration services | \$0 | |
| | Enhanced community living services | \$0 | |
| | Home delivered meals | \$0 | |
| | Out-of-home respite | \$0 | |
| | | | |

If you have questions, please call Molina Complete Care for MyCare Ohio at (855) 665-4623, TTY: 711, Hours are October 1 - March 31: 8 a.m. to 8 p.m. local time, 7 days a week and from April 1 - September 30: Monday - Friday, 8 a.m. to 8 p.m. local time. The call is free. **For more information**, visit MolinaHealthcare.com/Medicare.



Molina Complete Care for MyCare Ohio (HMO D-SNP): Summary of Benefits 2026

| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|---|---|-------------------------------------|---|
| You need help living at home (continued) | | | community setting, including transitions from a nursing facility or transitions from a caregiver's home to your own home. Prior approval may be needed from the plan. |
| | Personal emergency response services | \$0 | When authorized, we will give you an in-home device with location detection (GPS), fall detection, and 24/7/365 monitoring. The device notifies the right people when there is an emergency (like a fall). This is covered as a Value-Added Benefit. |
| | Waiver nursing | \$0 | These services are available only if your need for long-term care has been determined by Ohio Medicaid. |
| | Waiver social work counseling | \$0 | |
| | Waiver transportation | \$0 | You may be responsible for paying a "patient liability" for nursing facility or waiver services that are covered through your Medicaid benefit. The County Department of Job and Family Services will determine if your income and certain expenses require you to have a patient liability. Waiver Services must be approved by your Waiver Services Coordinator or care coordinator. All services need prior authorization. |
| | Day habilitation services | \$0 | |
| | Services to help you live on your own (home health care services or personal care attendant services) | \$0 | |
| You need medicine, equipment, or another item that doesn't require a prescription (continued on next page) | Over-the-counter (OTC) items | \$0 | As a Medicare Supplemental Benefit, you have a \$230 allowance every month on your pre-funded debit card (Molina Complete Care Card) to spend on Over-the-Counter (OTC) items. This amount is combined with your Special Supplemental Benefits for the Chronically Ill (SSBCI) including |

If you have questions, please call Molina Complete Care for MyCare Ohio at (855) 665-4623, TTY: 711, Hours are October 1 - March 31: 8 a.m. to 8 p.m. local time, 7 days a week and from April 1 - September 30: Monday - Friday, 8 a.m. to 8 p.m. local time. The call is free. **For more information**, visit MolinaHealthcare.com/Medicare.



Molina Complete Care for MyCare Ohio (HMO D-SNP): Summary of Benefits 2026

| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|---|--|-------------------------------------|--|
| You need medicine, equipment, or another item that doesn't require a prescription (continued) | | | <p>Food and Produce*, Utilities*, Rent Assistance*, and Transportation for Non-Medical Needs*.</p> <p>If you don't use all of your monthly allowance, the remaining balance will expire and won't roll over to the next month.</p> <p>You don't need a prescription from your doctor to get OTC items through this Medicare Supplemental Benefit.</p> <p>You must use your pre-funded debit card (Molina Complete Care Card) to get approved health-related items at retailers.</p> <p>*Eligibility requirements applicable.</p> |
| | In Home Safety Assessment and Home and Bathroom Safety Devices and Modifications | \$0 | <p>Members can get up to \$1,500 for the purchase and installation of Home and Bathroom Safety Devices and Modifications every year.</p> <p>This amount expires at the end of the calendar year.</p> <p>Prior authorization is required.</p> |
| Additional services (continued on next page) | Alzheimer's safety kit for door and window alerts | \$0 | Molina Value-Added Benefit provides a door and window alarm sensor to members to monitor the open or closed status of any entrance. Prior approval from the plan may be required. |
| | Acupuncture services | \$0 | <p>This service is limited to pain management of headaches, lower back pain, neck pain, osteoarthritis of the hip or knee, nausea or vomiting related to pregnancy or chemotherapy, and acute post-operative pain.</p> <p>Some acupuncture services may need prior authorization.</p> |

If you have questions, please call Molina Complete Care for MyCare Ohio at (855) 665-4623, TTY: 711, Hours are October 1 - March 31: 8 a.m. to 8 p.m. local time, 7 days a week and from April 1 - September 30: Monday - Friday, 8 a.m. to 8 p.m. local time. The call is free. **For more information**, visit MolinaHealthcare.com/Medicare.



Molina Complete Care for MyCare Ohio (HMO D-SNP): Summary of Benefits 2026

| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|---|-----------------------------------|-------------------------------------|---|
| Additional services (continued on the next page) | | | Prior authorization is needed for more than 30 treatments per benefit year. |
| | Chiropractic services | \$0 | Up to 12 visits every year for routine services. |
| | Diabetes supplies and services | \$0 | Some services need prior authorization. Benefit includes diabetes monitoring supplies and therapeutic shoes or inserts. Prior authorization not required for preferred manufacturers. |
| | Fitness Benefit | \$0 | Members have access to contracted fitness facilities and Home Fitness Kits. See Chapter 4 in your <i>Member Handbook</i> to learn more. |
| | Health Education | \$0 | Programs to help you learn to manage your health conditions, including: health education, learning materials, health advice, and care tips. |
| | Meal Benefit – Chronic Meals | \$0 | If you have an eligible chronic condition, you can get 14 meals each month, for 12 months in the calendar year (168 total meals). Service may need prior approval from health plan. |
| | Meal Benefit – Transitional Meals | \$0 | <u>You pay \$0 for an extra meal benefit, based on your needs. If you qualify, you can get up to 56 meals over 4 weeks delivered to you.</u> <u>Your care coordinator will tell you if you qualify for this benefit. If you qualify, your care coordinator will enroll you in the program. If you have a chronic illness, ask your doctor if this benefit is right for you. You may qualify if you're going from a hospital or skilled nursing facility and need a</u> |

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Molina Complete Care for MyCare Ohio (HMO D-SNP): Summary of Benefits 2026

| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|---|---|-------------------------------------|---|
| Additional services (continued on the next page) | | | <u>meal benefit while you recover, or if you have a medical condition or potential medical condition that requires you to remain at home for a period of time.</u> <u>Service Authorization Form needed.</u> |
| | Pre-funded debit card (Molina Complete Care Card) | \$0 | <p>\$230 allowance every month on your pre-funded debit card (Molina Complete Care Card) – You receive a pre-funded debit card that may be used toward select supplemental plan benefits such as:</p> <ul style="list-style-type: none"> • Food and produce* • Utilities* • Rent Assistance* • Transportation for Non-Medical Needs* • Over-the-Counter items <p>Funds are loaded onto the card each month. At the end of each month, any unused allocated funds won't carry over to the following month or plan year.</p> <p>*Eligibility requirements applicable</p> <p>This is a combined monthly allowance for Over-the-counter items, and Special Supplemental Benefits for the Chronically Ill (SSBCI) including Food and Produce*, Utilities*, Transportation for Non-Medical Needs*, and Rent Assistance*.</p> <p>Rent assistance is available to members living in an approved network of assisted living facilities.</p> |

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Molina Complete Care for MyCare Ohio (HMO D-SNP): Summary of Benefits 2026

| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|---|--------------------------------------|-------------------------------------|--|
| Additional services (continued on the next page) | | | Note: Your pre-funded debit card (Molina Complete Care Card) provides allowances for Medicare Supplemental Benefits. You may have additional over-the-counter (OTC) benefits available under your Medicaid benefit. |
| | Nutritional/Dietary Benefit | \$0 | 12 individual or group sessions every year; individual telephonic nutrition counseling upon request. Prior authorization is needed after the first 12 counseling sessions. |
| | Prosthetic services | | Some services need prior authorization. Prior authorization not required for preferred manufacturers. |
| | Radiation therapy | | Some services need prior authorization. |
| | Services to help manage your disease | | Services include disease self-management training and healthy eating programs. |
| | Telehealth | \$0 | Additional Telehealth services are available to you at no cost. To learn more about covered telehealth services, see Chapter 4 of your <i>Member Handbook</i> . Telehealth services are listed in the “D3 Other Services” benefit chart, under “Physician/provider services, including doctor’s office visits.” To find a provider that offers telehealth services, use the Provider and Pharmacy Directory, visit us online at MolinaHealthcare.com/Medicare , or call Member Services. Some services need prior authorization. |

If you have questions, please call Molina Complete Care for MyCare Ohio at (855) 665-4623, TTY: 711, Hours are October 1 - March 31: 8 a.m. to 8 p.m. local time, 7 days a week and from April 1 - September 30: Monday - Friday, 8 a.m. to 8 p.m. local time. The call is free. **For more information**, visit MolinaHealthcare.com/Medicare.



Molina Complete Care for MyCare Ohio (HMO D-SNP): Summary of Benefits 2026

| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|---|-------------------------------------|-------------------------------------|---|
| Additional services (continued on the next page) | Caregiver Connect Program | \$0 | <p>Caregivers get more with Value-Added Benefits. Community Well and Waiver members can get a \$75 reward for the completion of a risk assessment completed by the caregiver. Caregivers get access to:</p> <ul style="list-style-type: none"> • 40 additional hours of respite care per calendar year from a network provider. • 8 one-way trips per calendar year to visit a member in a hospital, nursing facility, or intermediate care facility. • Care Coach program for live, telephonic, individualized coaching. • An online learning platform for education, training, and support resources. • The Caregiver Essentials Certification program which provides on-demand, expert learning for new caregivers. • Peer support groups facilitated by clinically trained experts to connect with other caregivers. <p>Some services may require prior approval from the plan. See your <i>Member Handbook</i> for more information on caregiver support services.</p> |
| | Worldwide Emergency and Urgent Care | \$0 | You are covered for worldwide emergency and urgent care services up to \$10,000. |

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Molina Complete Care for MyCare Ohio (HMO D-SNP): Summary of Benefits 2026

| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|---|------------------------------|-------------------------------------|--|
| Additional services (continued on the next page) | Legal services | \$0 | <p>You can get up to \$500 per year of legal services if you (1) want to file a petition for guardianship, or (2) need help with asset protection and financial planning to protect and maintain your home.</p> <p>This is covered as a Value-Added Benefit.</p> <p>Prior approval may be needed from the plan.</p> |
| | Member Care Grant | \$0 | <p>Care Coordinators have the discretion to offer Member Care Grants to meet real-time member needs like emergency housing, utilities assistance, laundry services, and groceries.</p> <p>This is covered as a Value-Added Benefit.</p> <p>Prior approval is needed from the plan.</p> |
| | Handheld language translator | \$0 | <p>You can get a handheld, digital language translator when residing in a long-term care facility. Prior approval may be needed from the plan.</p> <p>This is covered as a Value-Added Benefit.</p> |
| | Social Connections Program | \$0 | <p>You have access to the Molina Social Connections Program. Chat with someone any time when you're feeling lonely or need help.</p> <p>You can also get a smartphone and phone plan as a way to access services and maintain social connection if you qualify.</p> <p>This is covered as a Value-Added Benefit.</p> |

If you have questions, please call Molina Complete Care for MyCare Ohio at (855) 665-4623, TTY: 711, Hours are October 1 - March 31: 8 a.m. to 8 p.m. local time, 7 days a week and from April 1 - September 30: Monday - Friday, 8 a.m. to 8 p.m. local time. The call is free. **For more information**, visit MolinaHealthcare.com/Medicare.



Molina Complete Care for MyCare Ohio (HMO D-SNP): Summary of Benefits 2026

| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|--|-----------------------|-------------------------------------|--|
| Additional services (continued) | Palliative care | \$0 | <p>\$0 palliative care services for members diagnosed with a qualifying chronic condition, including advance care planning, symptom management, and care coordination.</p> <p>We cover palliative care as an extra Medicare-covered benefit if you have a qualifying chronic condition. See your <i>Member Handbook</i> for more information.</p> |

The above summary of benefits is provided for informational purposes only and isn't a complete list of benefits. For a complete list and more information about your benefits, you can read the Molina Complete Care for MyCare Ohio *Member Handbook*. If you don't have a *Member Handbook*, call Molina Complete Care for MyCare Ohio Member Services at the numbers listed at the bottom of this page to get one. If you have questions, you can also call Member Services or visit MolinaHealthcare.com/Medicare.

If you have questions, please call Molina Complete Care for MyCare Ohio at (855) 665-4623, TTY: 711, Hours are October 1 - March 31: 8 a.m. to 8 p.m. local time, 7 days a week and from April 1 - September 30: Monday - Friday, 8 a.m. to 8 p.m. local time. The call is free. **For more information**, visit MolinaHealthcare.com/Medicare.



D. Benefits covered outside of Molina Complete Care for MyCare Ohio

There are some services that you can get that aren’t covered by Molina Complete Care for MyCare Ohio but are covered by Medicare, Medicaid, or a State or county agency. This isn’t a complete list. Call Member Services at the numbers listed at the bottom of this page to find out about these services.

| Other services covered by Medicare, Medicaid, or a State Agency | Your costs |
|---|------------|
| Certain hospice care services covered outside of Molina Complete Care for MyCare Ohio | \$0 |

You may be able to get more services from local, state, or national resources. Check with these organizations if you’re looking for more health and wellness support:

- National Institute of Mental Health (NIMH)
- Mental Health America
- Substance Abuse and Mental Health Services Administration (SAMHSA)
- National Alliance on Mental Illness (NAMI)
- Ohio Department of Mental Health and Addiction Services (MHAS)
- Ohio Department of Job and Family Services (ODJFS)
- Area Agencies on Aging (AAA)

E. Services that Molina Complete Care for MyCare Ohio, Medicare, and Medicaid don't cover

This isn't a complete list. Call Member Services at the numbers listed at the bottom of this page to find out about other excluded services.

| Services Molina Complete Care for MyCare Ohio, Medicare, or Medicaid don't cover | |
|---|--|
| Services considered not “reasonable and necessary,” according to the standards of Medicare and Medicaid, unless these services are listed by our plan as covered services. | Cosmetic surgery or other cosmetic work, unless it is needed because of an accidental injury or to improve a part of the body that's not shaped right. However, the plan will cover reconstruction of a breast after a mastectomy and for treating the other breast to match it. |
| Experimental medical and surgical treatments, items, and drugs, unless covered by Medicare or under a Medicare-approved clinical research study or by our plan. Experimental treatment and items are those that aren't generally accepted by the medical community. | |
| Surgical treatment for morbid obesity, except when it is medically needed and Medicare covers it. | Routine foot care, except for the limited coverage provided according to Medicare and Medicaid guidelines. |
| A private room in a hospital, except when it is medically needed. | |

If you have questions, please call Molina Complete Care for MyCare Ohio at (855) 665-4623, TTY: 711, Hours are October 1 - March 31: 8 a.m. to 8 p.m. local time, 7 days a week and from April 1 - September 30: Monday - Friday, 8 a.m. to 8 p.m. local time. The call is free. **For more information**, visit MolinaHealthcare.com/Medicare.



F. Your rights as a member of the plan

As a member of Molina Complete Care for MyCare Ohio, you have certain rights. You can exercise these rights without being punished. You can also use these rights without losing your health care services. We will tell you about your rights at least once a year. For more information on your rights, please read the *Member Handbook*. Your rights include, but aren't limited to, the following:

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

If you have questions, please call Molina Complete Care for MyCare Ohio at (855) 665-4623, TTY: 711, Hours are October 1 - March 31: 8 a.m. to 8 p.m. local time, 7 days a week and from April 1 - September 30: Monday - Friday, 8 a.m. to 8 p.m. local time. The call is free. **For more information**, visit MolinaHealthcare.com/Medicare.



Molina Complete Care for MyCare Ohio (HMO D-SNP): Summary of Benefits 2026

- **You have the right to timely access to care that doesn't have any communication or physical access barriers.** This includes the right to:
 - Get timely medical care
 - Get in and out of a health care provider's office. This means barrier-free access for people with disabilities, in accordance with the Americans with Disabilities Act
 - Have interpreters to help with communication with your health care providers and your health plan
- **You have the right to emergency and urgent care when you need it.** This means you have the right to:
 - Get emergency services without prior authorization in an emergency
 - Use an out-of-network urgent or emergency care provider, when necessary
- **You have a right to confidentiality and privacy.** This includes the right to:
 - Ask for and get a copy of your medical records in a way that you can understand and to ask for your records to be changed or corrected
 - Have your personal health information kept private
 - Have privacy during treatment
- **You have the right to make complaints about your covered services or care.** This includes the right to:
 - File a complaint or grievance against us or our providers
 - Ask for a State Hearing
 - Get a detailed reason for why services were denied
 - File a complaint with State Department of Managed Health Care at 800-324-8680 and TTY 711.
 - Appeal certain decisions made by the Ohio Department of Medicaid or our providers

For more information about your rights, you can read the *Member Handbook*. If you have questions, you can also call Molina Complete Care for MyCare Ohio Member Services at the numbers listed at the bottom of this page.

You can also call the special Ombudsperson for people who have Medicare and Medicaid at 1-800-282-1206, or the Medicaid Office of the Ombudsperson at 1-800-282-1206.

If you have questions, please call Molina Complete Care for MyCare Ohio at (855) 665-4623, TTY: 711, Hours are October 1 - March 31: 8 a.m. to 8 p.m. local time, 7 days a week and from April 1 - September 30: Monday - Friday, 8 a.m. to 8 p.m. local time. The call is free. **For more information**, visit MolinaHealthcare.com/Medicare.



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

If you have a complaint or think Molina Complete Care for MyCare Ohio should cover something we denied, call Molina Complete Care for MyCare Ohio at the numbers listed at the bottom of this page. You may be able to appeal our decision.

For questions about complaints and appeals, you can read **Chapter 9** of the *Member Handbook*. You can also call Molina Complete Care for MyCare Ohio Member Services at the numbers listed at the bottom of this page.

Or you can write to Molina Complete Care for MyCare Ohio

Attn: Grievance and Appeals

P.O. Box 22816

Long Beach, CA 90801-9977

Fax: (562) 499-0610

You can also file a complaint with the Ohio Department of Medicaid.

If you believe you have been delayed or denied services because of your race, color, national origin, disability, age, sex, or religion, you must file your complaint within 180 days of the date of the incident or treatment.

The Ohio Department of Medicaid's Employee Relations area will investigate your complaint. If it is determined that discrimination occurred, the agency will act to correct it.

Your complaint:

- **Must be filed in writing**, either on paper or electronically, by mail, e-mail, or fax;
- **Must name the health care or social service provider involved**, and **describe the acts or omissions** you believe violated the civil rights laws or regulations;
-AND-
- **Must be filed within 180 days** of when you knew that the act or omission occurred.

Send your complaint:

E-mail: ODM_EEO_EmployeeRelations@medicaid.ohio.gov

Fax: (614) 644-1434

U.S. Mail:

The Ohio Department of Medicaid, Office of Human Resources, Employee Relations

P.O. Box 182709

Columbus, Ohio 43218-2709

You may also contact:

Office for Civil Rights, U.S. Department of Health and Human Services

200 Independence Avenue, SW

H.H.H Building, Room 509-F

Washington, D.C. 20201

(800) 368-1019

<http://www.hhs.gov/ocr>

If you have questions, please call Molina Complete Care for MyCare Ohio at (855) 665-4623, TTY: 711, Hours are October 1 - March 31: 8 a.m. to 8 p.m. local time, 7 days a week and from April 1 - September 30: Monday - Friday, 8 a.m. to 8 p.m. local time. The call is free. **For more information**, visit MolinaHealthcare.com/Medicare.



H. What to do if you suspect fraud

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

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

- Call us at Molina Complete Care for MyCare Ohio's Member Services. Phone numbers are listed at the bottom of this page.
- Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call these numbers for free.
- Or, call the Ohio Attorney General's Medicaid Fraud Control Unit at 1-614-466-0722, or the Ohio Attorney General's Help Center at 1-800-282-0515

If you have general questions or questions about our plan, services, service area, billing, or Member ID Cards, please call Molina Complete Care for MyCare Ohio Member Services:

(855) 665-4623

TTY: 711

Calls to this number are free. Hours are October 1 - March 31: 8 a.m. to 8 p.m. local time, 7 days a week and from April 1 - September 30: Monday - Friday, 8 a.m. to 8 p.m. local time.

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

If you have questions about your health:

Call your primary care provider (PCP). Follow your PCP's instructions for getting care when the office is closed.

If your PCP's office is closed, you can also call Molina Complete Care for MyCare Ohio's 24-hour Nurse Advise Line. A nurse will listen to your problem and tell you how to get care. For example, they can tell you if you should go to an urgent care or the emergency room. The numbers for the Molina Complete Care for **MyCare Ohio's 24-hour Nurse Advise Line** are:

English: (855) 895-9986

TTY: 711

Calls to this number are free. 24 hours a day, 7 days a week.

Molina Complete Care for MyCare Ohio also has free language interpreter services available for non-English speakers.

Calls to this number are free. 24 hours a day, 7 days a week.

If you need immediate behavioral health care, please call the Behavioral Health Crisis Line:

(855) 895-9986

TTY: 711

Calls to this number are free. Hours are 24 hours a day, 7 days a week.

Molina Complete Care for MyCare Ohio also has free language interpreter services available for non-English speakers.

If you have questions, please call Molina Complete Care for MyCare Ohio at (855) 665-4623, TTY: 711, Hours are October 1 - March 31: 8 a.m. to 8 p.m. local time, 7 days a week and from April 1 - September 30: Monday - Friday, 8 a.m. to 8 p.m. local time. The call is free. **For more information**, visit MolinaHealthcare.com/Medicare.



Notice of Availability

We offer free interpreter and translation services to help you understand your health or drug plan. This includes help 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 (855) 665-4623 (TTY 711) Monday through Friday, 8 a.m. to 8 p.m., local time.

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 (TTY 711) 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 o hable con su proveedor.

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 (TTY: 711) 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 fòm aksèsib yo disponib gratis tou. Rele nimewo (TTY 711) oswa pale ak pwofesyonèl swen sante ou a.

Arabic

تنبيه: إذا كنت تتحدث العربية، فسوف تكون خدمات المساعدة اللغوية متاحة لك مجاناً. كما تتوفر أدوات مساعدة وخدمات إضافية مناسبة لتوفير المعلومات بصيغ يمكن الوصول إليها من دون أية تكلفة. اتصل ب (TTY 711) 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 le (TTY : 711) ou adressez-vous à votre prestataire.

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 (TTY 711) hoặc trao đổi với nhà cung cấp dịch vụ của quý vị.

Somali

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 (TTY 711) ama la hadal dhakhtarkaaga.

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 (TTY: 711) або зверніться до свого постачальника послуг.

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 ukitumia (TTY 711) au zungumza na mtoa huduma wako.

Dari

توجه: اگر شما به زبان دری صحبت می کنید، خدمات کمک زبانی رایگان در دسترس شما قرار دارد. کمک ها و خدمات کمکی مناسب برای فراهم ساختن معلومات در فارمت های قابل دسترس همچنان بصورت رایگان موجود است. با (TTY 711) تماس بگیرید یا با فراهم کننده خود صحبت کنید.

Pashto

پاملرنه: که تاسو په پښتو ژبه باندې خبرې کوئ، نو د ژبې وړیا مرستې خدمات ستاسو لپاره شتون لري. مناسب مرستندویه مرستې او خدمات چې د لاسرسۍ وړ به و کی معلومات چمتو کوي هم وړیا شتون لري. (TTY 711) ته زنگ ووهئ یا له خپل چمتو کونکي سره خبرې وکړئ .

Kinyarwanda

ICYOTONDERWA: Niba uvuga Ikinyarwanda, serivisi z'ubufasha mu ndimi wazihabwa. Serivisi n'inyunganirakumva zitangwa mu buryo bwose zitangwa ku buntu. Hamaraga (TTY 711) cyangwa uvugane n'uguha serivisi.

Tigrinya

ኢቻልቦ፤ ትግርኛ ትዛረቡ እንተኾይንኩም፣ ናይ ቋንቋ ሓገዝ ኣገልግሎት ብናጻ ይርከብ። ብተበጻሒ ቅርጺ ሓበሬታ ንምቕራብ ዘድሊ ሓገዝቲ ሓገዛትን ኣገልግሎታትን እውን ብናጻ ይርከብ። ናብ (TTY 711) ደውሉ ወይ ምስ ወሃቢ ኣገልግሎትኩም ተዘራረቡ።

Uzbek

DIQQAT: Agar o'zbek tilida gaplashsangiz, sizga bepul til yordami xizmatlari taqdim etiladi. Ma'lumotlarni qulay formatlarda taqdim etish uchun kerakli yordamchi vositalar va xizmatlar ham bepul taqdim etiladi. (TTY 711) raqamiga qo'ng'iroq qiling yoki o'z davolovchi shifokoringizga murojaat eting.

Nepali

सावधान: तपाईं अङ्ग्रेजी बोल्नुहुन्छ भने, निःशुल्क भाषा सहायता सेवाहरू तपाईंका लागि उपलब्ध छन्। उपयुक्त सहायक उपकरण र सेवाहरू पनि जानकारी प्रदान गर्न पहुँचयोग्य ढाँचामा निःशुल्क उपलब्ध छन्। (TTY 711) मा कल गर्नुहोस् वा आफ्नो प्रदायकसँग कुरा गर्नुहोस्।



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