

# Your Quick Start Guide



Last updated: November 2024

[AffinityPlan.com/CHPlus](https://AffinityPlan.com/CHPlus)



# Welcome to Affinity by Molina Healthcare!

As a new member, it's time for your child to start getting the most from their Child Health Plus coverage! Be sure to take these simple steps right away:

**1**

## Look for your child's member ID card inside this packet

- Make sure the information on the card is correct.
- Always keep their ID card with you. Show it every time they get medical care or visit the pharmacy.

**2**

## Download the My Molina® mobile app

- Our My Molina mobile app lets you view, print and send your child's member ID card. You can search for doctors, change your child's PCP and much more. Anytime, anywhere!
- Download the My Molina app today from the Apple App® Store or Google Play®.
- To learn how-to-use the My Molina mobile app and member portal, go to:
  - [MyMolina.com/GettingStartedVideos](https://www.mymolina.com/GettingStartedVideos) *English*
  - [MiMolina.com/VideosDeAyuda](https://www.mimolina.com/VideosDeAyuda) *Spanish*

Thank you for choosing Molina as your child's trusted health plan. We're happy to have you as a member of our health care family.

3

### **Schedule a visit with your child's primary care provider (PCP)**

- Your child should visit their PCP even if they're not sick to get set up as a new patient. Their PCP needs to get to know them and their health history. The more your child's PCP knows, the better they can help your child.
- Their PCP's name, phone number and location is listed on their member ID card.
- If you want to choose a different PCP for your child, you can change providers by using the My Molina mobile app, visiting [MyMolina.com](https://www.mymolina.com) or calling Member Services at (800) 223-7242 (TTY: 711).

# Learn more about your child's health plan

## Want to see a full list of your child's covered benefits and more details about their plan?

- Go to [AffinityPlan.com/CHPMemberHandbook](https://AffinityPlan.com/CHPMemberHandbook) to read the Member Handbook.

## Want to find a doctor near you?

- Go to [MolinaProviderDirectory.com/Affinity](https://MolinaProviderDirectory.com/Affinity) to search our Provider Online Directory.
- All of our doctors are board-certified and reviewed for quality before they can join our network.

## Want to see a list of covered medicines?

- Go to [AffinityPlanFormulary.com/NY/CHP](https://AffinityPlanFormulary.com/NY/CHP), scroll down and click on Pharmacy to see which drugs are preferred and covered.
- For more details, please go to [AffinityPlan.com](https://AffinityPlan.com). (800) 223-7242 (TTY: 711).





## Your child's PCP

Your child's PCP is the main doctor who gives them most of their care. Make sure your child sees their PCP in the first 120 days after enrollment to get set up as a new patient. Your child's PCP should get to know their medical history. Think of their PCP as their medical home and the doctor who knows them best! Once your child is set up as a new member, you'll want them to see their PCP for regular checkups.

## Don't lose their Child Health Plus coverage!

You must renew your child's coverage every year.

You can log in to their account at [info.nystateofhealth.ny.gov](https://info.nystateofhealth.ny.gov).

Or call NY State of Health at (855) 355-5777 (TTY; (800) 662-1220.



If you need help, please call us at (800) 223-7242 (TTY:711)  
or email [HealthPlanRenewals@MolinaHealthcare.com](mailto:HealthPlanRenewals@MolinaHealthcare.com).

Get text message reminders to **renew** your coverage. **Text JOIN to 94870.**

## Information to keep handy

|                                   |  |
|-----------------------------------|--|
| <b>Member Services</b>            | Call Member Services at (800) 223-7242 (TTY: 711) when you have questions about child's health plan health plan, benefits or how to get services.  |
| <b>Member portal</b>              | Use our member portal to view, print and send your child's member ID card. Search for doctors, change their PCP and much more at <a href="https://www.mymolina.com">MyMolina.com</a> .                             |
| <b>My Molina mobile app</b>       | Use our mobile app to manage your child's health care on your phone or tablet, anytime or anywhere! Download on your phone. Go to the Apple App store or Google Play.  |
| <b>Virtual urgent care (24/7)</b> | Get urgent care for your child from the comfort of your home with a virtual visit. Go to <a href="https://Member.Teladoc.com/Molina">Member.Teladoc.com/Molina</a> or call 800 TELADOC / (800) 835-2362 (TTY: 711) |
| <b>Crisis services</b>            | Call or text the Suicide & Crisis Lifeline 24/7 at 988 if you believe your child is thinking about suicide or has a behavioral health emergency and you don't know what to do.                                     |

|  |  |
|--|--|
| <b>Substance use disorder</b>            | Call the New York State HOPEline at (877) 8-HOPENY / (877) 846-7369 if you believe your child needs help with drug or alcohol use.                     |
| <b>Member Handbook</b>                   | Get details of how your child's health plan works. Go to <a href="https://AffinityPlan.com/CHPMemberHandbook">AffinityPlan.com/CHPMemberHandbook</a> . |
| <b>Covered services</b>                  | Get to know their benefits and services. Go to <a href="https://AffinityPlan.com/CHPCoveredServices">AffinityPlan.com/CHPCoveredServices</a> .         |
| <b>Health &amp; wellness information</b> | Get information about health and wellness topics at <a href="https://AffinityPlan.com/CHPWellness">AffinityPlan.com/CHPWellness</a> .                  |
| <b>Provider Online Directory</b>         | See a list of our network providers at <a href="https://MolinaProviderDirectory.com/Affinity">MolinaProviderDirectory.com/Affinity</a> .               |
| <b>Rides to and from medical visits</b>  | Call (800) 223-7242 (TTY: 711) to schedule rides for you and your child to non-emergency medical visits.   |

# Earn rewards with Molina

We want to help your child get the most of their membership. Take a look at some of the great benefits and rewards they have as a member. We cover them at no cost to you!

To learn more and find out how to earn these rewards, please call (800) 223-7242 (TTY: 711).



\$20 for oral evaluation/dental services for members 2 years and older



\$25 for a follow-up after emergency department visit for alcohol and other drug abuse or dependence for members 6 years and older



\$25 for a follow-up after emergency department visit for mental illness for members 6 years and older



\$25 for follow-up after hospitalization for mental illness for members 6 years and older



\$25 every four months for HIV viral load suppression





# What to do when they're sick

Is your child feeling sick and you're not sure what to do?



## What are my options?



### **Your child's PCP**

Call your child's PCP day or night. After hours, on-call staff will return your call.

### **When a minor issue that requires medical care:**

- Colds or cough
- Flu
- Regular checkups
- Earache
- Sore throat
- Medicine or refills
- Diarrhea



### **Virtual health visits or an urgent care center**

Teledoc and urgent care centers are a great option if your child needs care after hours.

#### **When it's not an emergency but care right away:**

- Severe cold or flu symptoms
- Ear pain
- Sore throat
- Stomach flu or virus
- Wound that needs stitches
- Sprain, strain or deep bruise



### **Emergency room (ER)**

Call 911 or go to the nearest ER.

#### **When you think your child's life or health is in danger:**

- Very bad bleeding
- Very bad stomach pain
- Chest pain or pressure
- Head injury or trauma
- Sudden dizziness or trouble seeing

You can also call our **24-hour Nurse Advice Line** at (844) 819-5977 to speak to a nurse 24/7.

## Non-Discrimination Tag Line– Section 1557

### Affinity by Molina Healthcare

|                  |  |
|------------------|--|
| English          | ATTENTION: If you speak English, language assistance services, free of charge, are available to you.<br>Call 1-800-223-7242 (TTY: 711).                          |
| Spanish          | ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-223-7242 (TTY: 711).                            |
| Chinese          | 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-223-7242 (TTY: 711)。  |
| Russian          | ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-223-7242 (телетайп: 711).                                 |
| French<br>Creole | ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou.<br>Rele 1-800-223-7242 (TTY: 711).  |
| Korean           | 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-223-7242 (TTY: 711) 번으로 전화해 주십시오.   |
| Italian          | ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-223-7242 (TTY: 711). |
| Yiddish          | טפּור. לאַצפּאָן אָפּ ייִרפּ סעסיוֹרעס פֿיליה אַראַפּשׁ אַיִאָ ראָפּ אָהראָפּ אָנענז, שײַדיאָ טדער ריאַ ביִואַ: מאַזקֶרעמפּיואַ<br>1-800-223-7242 (TTY: 711).    |

|          |   |
|----------|---|
| Bengali  | লক্ষ্য করুন: যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে লিংগুইস্টিক ভাষা সহায়তা পারসেবা উপলব্ধ আছে। ফোন করুন ১-৮০০-২২৩-৭২৪২ (TTY: ৭১১)।                       |
| Polish   | UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-223-7242 (TTY: 711).                             |
| Arabic   | ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-223-7242 (رقم هاتف الصم والبكم: 711).                     |
| French   | ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-223-7242 (ATS: 711).              |
| Urdu     | خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 1-800-223-7242 (TTY: 711).                                      |
| Tagalog  | PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-223-7242 (TTY: 711).   |
| Greek    | ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-800-223-7242 (TTY: 711).  |
| Albanian | KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-800-223-7242 (TTY: 711).                 |
| Nepali   | ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् 1-800-223-7242 (टिटिवाइ: 711) । |



## Non-Discrimination Notice

Affinity by Molina Healthcare (Affinity) complies with all Federal civil rights laws that relate to healthcare services. Affinity offers healthcare services to all members without regard to race, color, national origin, age, disability, or sex. Affinity does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. This includes gender identity, pregnancy and sex stereotyping.

### **To help you talk with us, Affinity provides services free of charge:**

- Aids and services to people with disabilities
  - Skilled sign language interpreters
  - Written material in other formats (large print, audio, accessible electronic formats, Braille)
- Language services to people who speak another language or have limited English skills
  - Skilled interpreters
  - Written material translated in your language

**If you need these services, contact Affinity by Molina Healthcare Member Services at (800) 223-7242 or TTY: 711.**

If you think that Affinity by Molina Healthcare failed to provide these services or treated you differently based on your race, color, national origin, age, disability, or sex, you can file a complaint. You can file a complaint in person, by mail, fax, or email. If you need help writing your complaint,

we will help you. Call our Civil Rights Coordinator at (866) 606-3889, or TTY, 711. Mail your complaint to:

Civil Rights Coordinator  
200 Oceangate  
Long Beach, CA 90802

You can also email your complaint to [civil.rights@molinahealthcare.com](mailto:civil.rights@molinahealthcare.com). Or, fax your complaint to (310) 507-6186.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>. You can mail it to:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201

You can also send it to a website through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>.

If you need help, call 1-800-368-1019; TTY 800-537-7697.

## 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.

Molina Healthcare of New York, Inc. dba “Affinity by Molina Healthcare “ (“**Affinity**”, “**we**” or “**our**”) uses and shares protected health information about you to provide your health benefits. We use and share your information to carry out treatment, payment and health care operations. We also use and share your information for other reasons as allowed and required by law. We have the duty to keep your health information private and to follow the terms of this Notice. The effective date of this Notice is July 1, 2017.

**PHI** stands for these words, protected health information. PHI means health information that includes your name, member number or other identifiers, and is used or shared by Affinity.

### **Why does Molina use or share your PHI?**

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

### **For Treatment**

Affinity 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**

Affinity 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**

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

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

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

We will share your PHI with other companies (“business associates”) that perform different kinds of activities for our health plan. We may also use your PHI to give you reminders about your

appointments. We may use your PHI to give you information about other treatment, or other health-related benefits and services.

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

The law allows or requires Affinity 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.

**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 to help find a suspect, witness or missing person.

**Health and Safety** - Your PHI may be shared to prevent a serious threat to public health or safety.

**Government Functions** - Your PHI may be shared with the government for special functions. 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.

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

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

**What are your health information rights?**

You have the right to:

- **Request restrictions on PHI uses or disclosures (sharing of your PHI)** - You may ask us not to share your PHI to carry out treatment, payment or health care operations. You may also ask us not to share your PHI with family, friends or other persons you name who are involved in your health care. However, we are not required to agree to your request. You will need to make your request in writing. You may use Affinity's form to make your request.
- **Request confidential communications of PHI** - You may ask Affinity 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 Affinity's form to make your request.

- **Review and copy your PHI** – You have a right to review and get a copy of your PHI held by us. This may include records used in making coverage, claims and other decisions as a Affinity member. You will need to make your request in writing. You may use Affinity's form to make your request. We may charge you a reasonable fee for copying and mailing the records. In certain cases we may deny the request. Important Note: We do not have complete copies of your medical records. If you want to look at, get a copy of, or change your medical records, please contact your doctor or clinic.
- **Amend Your PHI** – You may ask that we amend (change) your PHI. This involves only those records kept by us about you as a member. You will need to make your request in writing. You may use Affinity's form to make your request. You may file a letter disagreeing with us if we deny the request.
- **Receive an accounting of PHI disclosures (sharing of your PHI)** – You may ask that we give you a list of certain parties that we shared your PHI with during the six years prior to the date of your request. The list will not include PHI shared as follows:
  - for treatment, payment or health care operations;
  - to persons about their own PHI;
  - sharing done with your authorization;
  - incident to a use or disclosure otherwise permitted or required under applicable law;
  - PHI released in the interest of national security or for intelligence purposes; or

- as part of a limited data set in accordance with applicable law.

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

You may make any of the requests listed above, or may get a paper copy of this Notice. Please call our Member

Services Department at (800) 223-7242, TTY 711.

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

You may complain to Affinity 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:

Affinity by Molina Healthcare  
Attention: Manager of Appeals and Grievance  
2900 Exterior St, Suite 202  
Bronx, NY 10463  
Phone: (800) 223-7242, TTY 711

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

Office for Civil Rights – Centralized Case Management Operations

U.S. Department of Health & Human Services

200 Independence Avenue, S.W., Room 509F HHH Bldg.

Washington, D.C. 20201

(800) 368-1019; (800) 537-7697 (TDD)

(202) 619-3818 (FAX)

**What are the duties of Affinity? Affinity is required to:**

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

**This notice is subject to change**

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

## **Contact Information**

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

Affinity by Molina Healthcare

Attention: Appeals and Greivance Department

2900 Exterior St, Suite 202

Bronx, NY 10463

Phone: (800) 223-7242, TTY 711

## Financial Information Privacy Notice

THIS NOTICE DESCRIBES WHAT FINANCIAL INFORMATION ABOUT YOU THE COMPANY COLLECTS, HOW FINANCIAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW THE COMPANY PROTECTS OR SAFEGUARDS THE FINANCIAL INFORMATION. PLEASE REVIEW IT CAREFULLY.

We\* are committed to maintaining the confidentiality of your personal financial information. For the purposes of this notice, “personal financial information” means information

about a member or an applicant for health care coverage that identifies the individual, is not generally publicly available, and is collected from the individual or is obtained in connection with providing health care coverage to the individual.

### Information We Collect

Depending upon the product or service you have with us, we may collect personal financial information about you from the following sources:

- Information we receive from you on applications or other forms, such as name, address, age, medical information and Social Security number;
- Information about your transactions with us, our affiliates or others, such as premium payment and claims history; and
- Information from a consumer reporting agency, such as a consumer’s creditworthiness and credit history.



## **Disclosure of Information**

We do not disclose personal financial information about our members or former members to any third party, except as required or permitted by law. For example, in the course of our general business practices, we may, as permitted by law, disclose any of the personal financial information that we

collect about you, without your authorization, to the following types of institutions:

- To our corporate affiliates, which include financial service providers, such as other insurers, and non-financial companies, such as data processors;
- To nonaffiliated companies for our everyday business purposes, such as to process your transactions, maintain your account(s), or respond to court orders and legal investigations; and
- To nonaffiliated companies that perform services for us, including sending promotional communications on our behalf.

## **Confidentiality and Security**

We maintain physical, electronic and procedural safeguards, in accordance with applicable state and federal standards, to protect your personal financial information against risks such as loss, destruction or misuse. These measures include computer safeguards, secured files and buildings, and restrictions on who may access your personal financial information. We limit access to nonpublic financial information to those personnel who need to know the information.

## **Questions About this Notice**

If you have any questions about this notice, please contact Affinity by Molina Healthcare Member Services at the toll-free member phone number on your health plan ID card.

## **For purposes of this Financial Information Privacy**

Notice, “we” or “us” refers to the entities listed that are affiliated with Molina Healthcare, Inc.: Molina Healthcare of Arizona,

Inc. an Arizona corporation; Molina Healthcare of California, a California corporation; Molina Healthcare of Florida, Inc., a Florida corporation; Molina Healthcare of Illinois, Inc., an Illinois corporation; Molina Healthcare of Kentucky, Inc., a Kentucky corporation (dba “Passport Health Plan by Molina

Healthcare”); Molina Healthcare of Michigan, Inc., a Michigan corporation; Molina Healthcare of Mississippi, Inc., a Mississippi corporation; Molina Healthcare of New Mexico, Inc., a New Mexico corporation; Molina Healthcare of New York, Inc., a New York corporation (dba “Affinity by Molina Healthcare”); Molina Healthcare of Ohio, Inc., an Ohio corporation; Molina Healthcare of Puerto Rico, Inc., a Puerto Rico and Nevada corporation; Molina Healthcare of South Carolina, Inc., a South Carolina corporation; Molina Healthcare of Texas, Inc., a Texas corporation; Molina Healthcare of Texas Insurance Company, a Texas corporation; Molina Healthcare of Utah, Inc., a Utah corporation; Molina Healthcare of Virginia, LLC., a Virginia limited liability company; Molina Healthcare of Washington, Inc., a Washington corporation; Molina Healthcare of Wisconsin, Inc., a Wisconsin corporation; Florida MHS, Inc. a Florida corporation; Senior Whole Health, LLC, a Delaware

limited liability company; Senior Whole Health of New York, Inc., a New York corporation; 2020 West Broadway LLC, a Delaware limited liability company; AlphaCare Holdings, Inc. a Delaware corporation; Molina Care Connections, LLC, a Texas limited liability company; Molina Healthcare Data Center, Inc., a New Mexico corporation;

Molina Pathways of Texas, Inc., a Texas corporation; Molina Clinical Services, LLC, a Delaware limited liability company; Molina Pathways of Texas, Inc., a Texas corporation; Oceangate Reinsurance, Inc., a Utah corporation; SWH Holdings, Inc. LLC, a Delaware limited liability corporation; Senior Health Holdings, LLC, a Delaware limited liability company; Senior Whole Health Management Company, Inc., a Delaware corporation; and The

Management Group, LLC, a Wisconsin limited liability company.

Affinity complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. You have the right to get this information in a different format, such as audio, Braille, or large font

due to special needs or in your language at no additional cost. ATTENTION: If you speak English language assistance services, free of charge, are available to you. Call Member Services. The number is on the back of your Member ID card. (English) ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame a Servicios para Miembros. El número de teléfono está al reverso de su tarjeta de identificación del miembro. (Spanish)

注意

：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電會員服務。電話號碼載於您的會員證背面。（Chinese）



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