2027

Summary of Benefits

Molina Medicare Complete Care Plus (HMO D-SNP) a Medicare-Medi-Cal Plan

California H3038-004-001

Effective January 1 through December 31, 2027

Serving: Los Angeles County

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MOLINA® HEALTHCARE

Molina Medicare Complete Care Plus (HMO D-SNP) (HMO D-SNP) | 2027 Summary of Benefits

Introduction

This document is a brief summary of the benefits and services covered by Molina Medicare Complete Care Plus (HMO D-SNP). 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 Medicare Complete Care Plus (HMO D-SNP). Key terms and their definitions appear in alphabetical order in the last chapter of the *Member Handbook.*

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A. Disclaimers

This is a summary of health services covered by Molina Medicare Complete Care Plus (HMO D-SNP) for January 1, 2027. This is only a summary. Please read the *Member Handbook* for the full list of benefits.

- The 2027 *Member Handbook* will be available by October 15. An up-to-date copy of the 2027 *Member Handbook* is always available on our website at MolinaHealthcare.com/Medicare. You may also call Member Services at (855) 665-4627 (TTY: 711); Hours are October 1 – March 31, 8 a.m. to 8 p.m. local time, 7 days a week. From April 1 – September 30, Monday – Friday, 8 a.m. to 8 p.m. local time. Please note that our automated phone system may answer your call during weekends and holidays from April 1 to September 30 to ask us to mail you a 2027 *Member Handbook*.

- Molina Healthcare is a D-SNP plan with a Medicare contract. D-SNP plans have a contract with the state Medicaid program. Enrollment depends on contract renewal.
- 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), 24 hours per day, 7 days a week. TTY users should call 1-877-486-2048. For more information about **Medi-Cal**, you can check the California Department of Healthcare Services (DHCS) website (www.dhcs.ca.gov/) or contact the Medi-Cal Office of the Ombudsman 1-888-452-8609, Monday through Friday, between 8 a.m. and 5 p.m. You can also call the special Ombudsman for people who have both Medicare and Medi-Cal, at 1-855-501-3077, Monday through Friday, between 9 a.m. and 5 p.m.
- This document is available for free in Arabic, Armenian, Cambodian, Chinese, Farsi, Hmong, Korean, Russian, Spanish, Tagalog, Vietnamese.
- To request your preferred language other than English and/or alternate format, call Member Services at (855) 665-4627, TTY: 711; Hours are October 1 – March 31, 8 a.m. to 8 p.m. local time, 7 days a week. From April 1 – September 30, Monday – Friday, 8 a.m. to 8 p.m. local time.
- We will maintain a record of your preferred language and/or format preferences, and we'll keep this information as a standing request for future mailings and communications. This will ensure you will not have to make a separate request each time.
- To change a standing request, call Member Services at (855) 665-4627 (TTY: 711); Hours are October 1 – March 31, 8 a.m. to 8 p.m. local time, 7 days a week. From April 1 – September 30, Monday – Friday, 8 a.m. to 8 p.m. local time.

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

English

ATTENTION: If you need help in your language call 1-855-687-7860 (TTY: 711). Aids and services for people with disabilities, like documents in braille and large print, are also available. Call 1-855-687-7860 (TTY: 711). These services are free of charge.

العربية(Arabic)

يرجى االنتباه،: إذا احتجت إلى المساعدة بلغتك، فاتصل بـ 1-855-687-7860، (وبالنسبة لمستخدمي الهاتف النصي TTY : مكنهم االتصال على 711)تتوفر أيضًا المساعدات والخدمات لألشخاص ذوي اإلعاقة، مثل المستندات المكتوبة)بطريقة بريل والخط الكبير، اتصل بـ 1-855-687-7860 (وبالنسبة لمستخدمي الهاتف النصي لى TTY يمكنهم االتصال على : 711 هذه الخدمات مجانية.

Հայերեն (Armenian)

ՈՒՇԱԴՐՈՒԹՅՈՒՆ. եթե ձեզ հարկավոր է աջակցություն ձեր լեզվով, ապա զանգահարեք 1-855-687-7860 (711) հեռախոսահամարով: Հաշմանդամություն ունեցող անձանց համար գործում են նաև օժանդակ միջոցներ ու ծառայություններ, օրինակ՝ Բրայլի գրատիպով ու խոշոր տպատառով տրամադրվող նյութեր: Այս դեպքում զանգահարեք 1-855-687-7860 (711) հեռախոսահամարով: Ծառայությունները գործում են անվճար:

ខ្មែរ (Cambodian)

ចំណាំ៖ បើអ្នកត្រូវការជំនួយជាភាសារបស់អ្នក សូមទូរសព្ទទៅលេខ 1-855-687-7860 (TTY: 711)។ ជំនួយ និងសេវាកម្មសម្រាប់ជនពិការ ដូចជាឯកសារសរសេរជាអក្សរផុសសម្រាប់ជនពិការភ្នែក ឬឯកសារសរសេរជាអក្សរពុម្ពធំ ក៏អាចរកបានផងដែរ។ ទូរសព្ទមកលេខ 1-855-687-7860 (TTY: 711)។ សេវាកម្មទាំងនេះមិនគិតថ្លៃឡើយ។

简体中文 (Chinese)

请注意：如果您需要以您的语言提供帮助，请致电 1-855-687-7860 (711)。另外还提供针对残疾人士的辅助工具和服务，例如盲文文件和大字体文件。请致电 1-855-687-7860 (711)。这些服务均免费提供。

فارسی (Farsi)

توجه: اگر می‌خواهید به زبان خود راهنمایی دریافت کنید، با 711) (1-855-687-7860 تماس

بگیرید. کمکها و خدمات مخصوص افراد دارای معلولیت، مانند نسخه‌هایی با خط بریل و چاپ درشت، نیز

موجود است. با 711) (1-855-687-7860 تماس بگیرید. این خدمات رایگان ارائه می‌شوند.

हिंदी (Hindi)

ध्यान दें: अगर आपको अपनी भाषा में सहायता की आवश्यकता है तो 1-855-687-7860 (TTY: 711) पर कॉल करें। अशक्तता वाले लोगों के लिए सहायता और सेवाएं, जैसे ब्रेल और बडे प्रिंट में भी दस्तावेज़ उपलब्ध हैं। 1-855-687-7860 (TTY: 711) पर कॉल करें। ये सेवाएं निशुल्क हैं।

Hmoob (Hmong)

CEEB TOOM: Yog koj xav tau kev pab txhais koj hom lus hu rau 1-855-687-7860 (TTY: 711). Tsis tas li ntawd, kuj tseem muaj cov kev pab txhawb thiab kev pab cuam rau cov neeg xiam oob qhab, xws li cov ntawv su thiab luam tawm ua tus ntawv loj. Hu rau 1-855-687-7860 (TTY: 711). Cov kev pab cuam no yog pab dawb xwb.

日本語 (Japanese)

注記：日本語での対応が必要な場合は 1-855-687-7860 (711) までお電話ください。点字の資料や文字の拡大表示など、障がいをお持ちの方のためのサービスもご用意しております。 1-855-687-7860 (711)までお電話ください。これらのサービスは無料です

한국어 (Korean)

알림: 귀하의 언어로 도움을 받고 싶으시면 1-855-687-7860 (711)번으로 전화하십시오. 점자나 큰 활자로 된 문서와 같이 장애가 있는 분들을 위한 지원 및 서비스도 이용하실 수 있습니다. 1-855-687-7860 (711)번으로

전화하십시오. 이러한 서비스는 무료로 제공됩니다.

ພາສາລາວ (Laotian)

ປະກາດ: ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອເປັນພາສາຂອງທ່ານໃຫ້ໂທຫາເບີ 1-855-687-7860 (711). ນອກນີ້ຍັງມີຄວາມຊ່ວຍເຫຼືອ ແລະ ການບໍລິການສໍາລັບຄົນພິການ ເຊ່ນ: ເອກະສານທ່ເປັນອັກສອນນູນ ແລະ ມີໂຕພິມໃຫຍ່ ໃຫ້ໂທຫາເບີ 1-855-687-7860 (711). ການບໍລິການເຫ່ານີ້ແມ່ນຟຣີ.

Mien

LONGC HNYOUV JANGX LONGX OC: Beiv taux meih qiemx longc mienh tengx faan benx meih nyei waac nor douc waac daaih lorx taux 1-855-687-7860 (TTY: 711). Liouh lorx jauv-louc tengx aengx caux nzie gong bun taux ninh mbuo wuaaic fangx mienh, beiv taux longc benx nzangc-pokc bun hluo mbiutc aengx caux aamz mborqv benx domh sou se mbenc nzoih bun longc. Douc waac daaih lorx 1-855-687-7860 (TTY: 711). Naaiv deix nzie weih gong-bou jauv-louc se benx wang-henh tengx mv zuqc cuotv nyaanh oc.

ਪੰਜਾਬੀ (Punjabi)

ਧਿਆਨ ਦਓਿ: ਜੇ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਚਿ ਮਦਦ ਦੀ ਲੋੜ ਹੈ ਤਾਂ 1-855-687-7860 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ। ਅਪਾਹਜ ਲੋਕਾਂ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ, ਜਵਿੇ ਕਾਂ ਬ੍ਰੇਲ ਅਤੇ ਮੋਟੀ ਛਪਾਈ ਵਚਿ ਦਸਤਾਵੇਜ਼, ਵੀ ਉਪਲਬਧ ਹਨ। 1-855-687-7860 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ। ਇਹ ਸੇਵਾਵਾਂ ਮੁਫਤ ਹਨ।

Русский (Russian)

ВНИМАНИЕ! Если вам нужна помощь на вашем родном языке, звоните по номеру 1-855-687-7860 (TTY: 711). Также предоставляются средства и услуги для людей с ограниченными возможностями, например документы крупным шрифтом или шрифтом Брайля. Звоните по номеру 1-855-687-7860 (TTY: 711). Такие услуги бесплатны.

Español (Spanish)

ATENCIÓN: si necesita ayuda en su idioma, llame al 1-855-687-7860 (TTY: 711). También ofrecemos asistencia y servicios para personas con discapacidades, como documentos en braille y con letras grandes. Llame al 1-855-687-7860 (TTY: 711). Estos servicios son gratuitos.

Tagalog (Filipino)

ATENSIYON: Kung kailangan mo ng tulong sa iyong wika, tumawag sa 1-855-687-7860 (TTY: 711). Mayroon ding mga tulong at serbisyo para sa mga taong may kapansanan, tulad ng mga dokumento sa braille at malaking print. Tumawag sa 1-855-687-7860 (TTY: 711). Libre ang mga serbisyong ito.

ภาษาไทย (Thai)

โปรดทราบ: หากคุณต้องการความช่วยเหลือเป็นภาษาของคุณ กรุณาโทรศัพท์ไปที่หมายเลข 1-855-687-7860 (711) นอกจากนี้ ยังพร้อมให้ความช่วยเหลือและบริการต่าง ๆ สำหรับบุคคลที่มีความพิการ เช่น เอกสารต่าง ๆ ที่เป็นอักษรเบรลล์และเอกสารที่พิมพ์ด้วยตัวอักษรขนาดใหญ่ กรุณาโทรศัพท์ไปที่หมายเลข 1-855-687-7860 (711) ไม่มีค่าใช้จ่ายสำหรับบริการเหล่านี้

Українська (Ukrainian)

УВАГА! Якщо вам потрібна допомога вашою рідною мовою, телефонуйте на номер 1-855-687-7860 (TTY: 711). Люди з обмеженими можливостями також можуть скористатися допоміжними засобами й послугами, наприклад отримати документи, надруковані шрифтом Брайля та великим шрифтом. Телефонуйте на номер

1-855-687-7860 (TTY: 711). Ці послуги безкоштовні.

Tiếng Việt (Vietnamese)

CHÚ Ý: Nếu quý vị cần trợ giúp bằng ngôn ngữ của mình, vui lòng gọi số 1-855-687-7860 (TTY: 711). Chúng tôi cũng hỗ trợ và cung cấp các dịch vụ dành cho người khuyết tật, như tài liệu bằng chữ nổi Braille và chữ khổ lớn (chữ hoa). Vui lòng gọi số 1-855-687-7860 (TTY: 711). Các dịch vụ này đều miễn phí.

B. Frequently asked questions (FAQ)

The following table lists frequently asked questions.

Frequently Asked Questions	Answers
What's a Medi-Medi Plan?	A Medi-Medi Plan is a health plan that contracts with both Medicare and Medi-Cal to provide benefits of both programs to enrollees. It's for people age 21 and older. A Medi-Medi Plan is an organization made up of doctors, hospitals, pharmacies, providers of Long-term Services and Supports (LTSS), and other providers. It also has Case Managers to help you manage all your providers and services and supports. They all work together to provide the care you need.
Will I get the same Medicare and Medi-Cal benefits in Molina Medicare Complete Care Plus (HMO D-SNP) that I get now?	You'll get most of your covered Medicare and Medi-Cal benefits directly from Molina Medicare Complete Care Plus. 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 team's assessment. You may also get other benefits outside of your health plan the same way you do now, directly from a State or county agency like In-Home Supportive Services (IHSS), specialty mental health and substance use disorder services, or regional center services. When you enroll in Molina Medicare Complete Care Plus (HMO D-SNP), you and your care team will work together to develop a care plan to address your health and support needs, reflecting your personal preferences and goals. If you're taking any Medicare Part D drugs that Molina Medicare Complete Care Plus (HMO D-SNP) 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 Medicare Complete Care Plus (HMO D-SNP) to cover your drug if medically necessary. For more information, call Member Services at the numbers listed at the bottom of this page.

Frequently Asked Questions	Answers
Can I use the same doctors I use now?	Often that's the case. If your providers (including doctors, hospitals, therapists, pharmacies, and other health care providers) work with Molina Medicare Complete Care Plus (HMO D-SNP) and have a contract with us, you can keep going to them. • 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 Medicare Complete Care Plus's network.** If you use providers or pharmacies that aren't in our network, the plan may not pay for these services or drugs. • If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of Molina Medicare Complete Care Plus's plan. • If you're currently under treatment with a provider that's out of Molina Medicare Complete Care Plus's network, or have an established relationship with a provider that's out of Molina Medicare Complete Care Plus's network, call Member Services to check about staying connected and ask for continuity of care. You may be able to continue care with your current doctor and continue with medications that are important for your health for up to 12 months or more after joining Molina Healthcare. Continuity of Care provides access to your current doctors and services even if they are not in Molina Healthcare's network. Generally, you may be able to receive Continuity of Care if you were seeing a non-Molina Healthcare doctor and later were required to join Molina Healthcare. After this time period, you will need to choose a new Molina Healthcare network provider who will continue to provide you services if needed. If you wish to continue seeing your non-Molina Healthcare doctor, please call Molina Healthcare Member Services at (855) 665-4627 (TTY: 711) to request Continuity of Care services. To find out if your doctors are in the plan's network, call Member Services at the numbers listed at the bottom of this page or read Molina Medicare Complete Care Plus's *Provider and Pharmacy Directory* on the plan's website at MolinaHealthcare.com/Medicare. If Molina Medicare Complete Care Plus (HMO D-SNP) is new for you, we'll work with you to develop a care plan to address your needs.

Frequently asked questions (FAQ) (Continued)

Frequently Asked Questions	Answers
What's a Molina Medicare Complete Care Plus (HMO D-SNP) Case Manager?	A Molina Medicare Complete Care Plus (HMO D-SNP) Case Manager is one main person for you to contact. This person helps to manage all your providers and services and make sure you get what you need.
What are Long-term Services and Supports (LTSS)?	Long-term Services and Supports (LTSS) are help for people who need assistance to do everyday tasks like bathing, toileting, getting dressed, making food, and taking medicine. Most of these services are provided at your home or in your community but could be provided in a nursing home or hospital. In some cases, a county or other agency may administer these services, and your Case Manager or care team will work with that agency.
What's a Multipurpose Senior Services Program (MSSP)?	A MSSP provides on-going care coordination with health care providers beyond what your health plan already provides and can connect you to other needed community services and resources. This program helps you get services that help you live independently in your home.
What happens if I need a service but no one in Molina Medicare Complete Care Plus'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 Medicare Complete Care Plus (HMO D-SNP) will pay for the cost of an out-of-network provider.
Where's Molina Medicare Complete Care Plus (HMO D-SNP) available?	The service area for this plan includes: Los Angeles County, California. You must live in this area to join the plan.
What's prior authorization?	Prior authorization means an approval from Molina Medicare Complete Care Plus (HMO D-SNP) to seek services outside of our network or to get services not routinely covered by our network **before** you get the services. Molina Medicare Complete Care Plus (HMO D-SNP) may not cover the service, procedure, item, or drug if you don't get prior authorization. **If you need urgent or emergency care or out-of-area dialysis services, you don't need to get prior authorization first.** Molina Medicare Complete Care Plus (HMO D-SNP) can provide you or your provider with a list of services or procedures that require you to get prior authorization from Molina Medicare Complete Care Plus (HMO D-SNP) before the service is provided. 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.

Frequently asked questions (FAQ) (Continued)

Frequently Asked Questions	Answers
Do I pay a monthly amount (also called a premium) under Molina Medicare Complete Care Plus (HMO D-SNP)?	No. Because you have Medi-Cal, 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 Medicare Complete Care Plus (HMO D-SNP)?	No. You don't pay deductibles in Molina Medicare Complete Care Plus (HMO D-SNP).
What's the maximum out-of-pocket amount that I'll pay for medical services as a member of Molina Medicare Complete Care Plus (HMO D-SNP)?	There's no cost-sharing for medical services in Molina Medicare Complete Care Plus (HMO D-SNP), so your annual out-of-pocket costs will be $0.

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	Hospital stay	$0	There's no coinsurance, copayment, or deductible for this benefit. *Prior authorization may be required.* As a Medi-Medi Plan, we'll coordinate your Medicare and Medi-Cal benefits.
	Doctor or surgeon care	$0	*Prior authorization may be required.* As a Medi-Medi Plan, we'll coordinate your Medicare and Medi-Cal benefits.
	Outpatient hospital services, including observation	$0	*Prior authorization may be required.* As a Medi-Medi Plan, we'll coordinate your Medicare and Medi-Cal benefits.
	Ambulatory surgical center (ASC) services	$0	*Prior authorization may be required.* As a Medi-Medi Plan, we'll coordinate your Medicare and Medi-Cal benefits.
You want a doctor	Visits to treat an injury or illness	$0	As a Medi-Medi Plan, we'll coordinate your Medicare and Medi-Cal benefits.
	Specialist care	$0	As a Medi-Medi Plan, we'll coordinate your Medicare and Medi-Cal benefits.
	Wellness visits, such as a physical	$0	Annual Wellness visit every 12 months. As a Medi-Medi Plan, we'll coordinate your Medicare and Medi-Cal benefits.

List of covered services (Continued)

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)	Care to keep you from getting sick, such as flu shots and screenings to check for cancer	$0	Covered Medicare Part B services include: • Pneumonia vaccine • Flu shots, once each flu season in the fall and winter, with additional flu shots if medically necessary • 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. We also cover some vaccines under our Part D prescription drug benefit. As a Medi-Medi Plan, we'll coordinate your Medicare and Medi-Cal benefits.
	"Welcome to Medicare" (preventive visit one time only)	$0	As a Medi-Medi Plan, we'll coordinate your Medicare and Medi-Cal benefits.
You need emergency care	Emergency room services	$0	You may get covered emergency medical care whenever you need it, anywhere in the United States or its territories, without prior authorization. You're covered for worldwide emergency and urgent care services up to $10,000 each calendar year. As a Medi-Medi Plan, we'll coordinate your Medicare and Medi-Cal benefits.

List of covered services (Continued)

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need emergency care (Continued)	Urgent care	$0	You may get urgent care services whenever you need it, anywhere in the United States or its territories, without prior authorization. You're covered for worldwide emergency and urgent care services up to $10,000 each calendar year.
You need medical tests	Diagnostic radiology services (for example, X-rays or other imaging services, such as CAT scans or MRIs)	$0	*Prior authorization may be required.* As a Medi-Medi Plan, we'll coordinate your Medicare and Medi-Cal benefits.
	Lab tests and diagnostic procedures, such as blood work	$0	*Prior authorization may be required.* Genetic lab testing requires prior authorization. Outpatient Lab services don't require prior authorization. As a Medi-Medi Plan, we'll coordinate your Medicare and Medi-Cal benefits.
You need hearing/auditory services	Hearing screenings	$0	Our plan covers 1 routine hearing exam every year, and 1 fitting / evaluation for hearing aids every calendar year from a plan-approved provider. You must use the plan vendor to access this benefit. As a Medi-Medi Plan, we'll coordinate your Medicare and Medi-Cal benefits.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need hearing/auditory services (Continued)	Hearing aids	$0	Our plan covers up to 2 pre-selected hearing aids (both ears) from a plan-approved provider per year. You must use the plan vendor to access this benefit. This coverage is for your Medicare Supplemental Hearing Benefit. We also offer hearing aids through our Over-the-Counter benefit: • You can only order these items through a plan approved vendor, not at a retail location. For more information on this OTC benefit, please refer to **Chapter 4** of your *Member Handbook*. Medi-Cal covers additional hearing aid and audiological services. As a Medi-Medi Plan, we'll coordinate your Medicare and Medi-Cal benefits. You must use the plan vendor to access this benefit.

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	Dental check-ups and preventive care	$0	Medi-Cal covers dental check-ups and preventive care. For more information, or if you need help finding a dentist who accepts the Medi-Cal Dental Program, contact the Customer Service Line at 1-800-322-6384 (TTY users call 1-800-735-2922). The call is free. Medi-Cal Dental Services Program representatives are available to assist you from 8:00 a.m. to 5:00 p.m., Monday through Friday. You can also visit the website at dental.dhcs.ca.gov/ for more information. As a Medicare-Medi-Cal Plan, we'll coordinate your Medicare and Medi-Cal benefits.

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)	Restorative and emergency dental care	$0	Medi-Cal covers dental restorative and emergency dental care for all members. For more information, or if you need help finding a dentist who accepts the Medi-Cal Dental Program, contact the Customer Service Line at 1-800-322-6384 (TTY users call 1-800-735-2922). The call is free. Medi-Cal Dental Services Program representatives are available to assist you from 8:00 a.m. to 5:00 p.m., Monday through Friday. You can also visit the website at dental.dhcs.ca.gov/ for more information. As a Medicare-Medi-Cal Plan, we'll coordinate your Medicare and Medi-Cal benefits.
You need eye care	Eye exams	$0	We have partnered with a Vision Vendor to give you more value for your routine vision needs! Supplemental Vision services covered include, but not limited to: • One routine eye exam every calendar year • An eyewear allowance As a Medicare-Medi-Cal Plan, we'll coordinate your Medicare and Medi-Cal benefits.

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)	Glasses or contact lenses	$0	You can use your $250 eyewear allowance to purchase: • Contact lenses* • Eyeglasses (lenses and frames) • Eyeglass lenses and/or frames • Upgrades (such as, tinted, U-V, polarized or photochromatic lenses) *If you choose contact lenses, your eyewear allowance can also be used to pay down all or a portion of your contact lens fitting fee. You are responsible for paying for any corrective eyewear over the limit of the plan's eyewear allowance. As a Medicare-Medi-Cal Plan, we'll coordinate your Medicare and Medi-Cal benefits.
	Other vision care	$0	As a Medicare-Medi-Cal Plan, we'll coordinate your Medicare and Medi-Cal benefits.
You need mental health services	Mental health services	$0	There's a 190-day lifetime limit for inpatient psychiatric hospital care. The inpatient hospital care limit doesn't apply to inpatient mental services provided in a general hospital. You can receive outpatient group therapy visit and outpatient individual therapy visit. *Prior authorization may be required.* As a Medicare-Medi-Cal Plan, we'll coordinate your Medicare and Medi-Cal benefits.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need mental health services (Continued)	Inpatient and outpatient care and community-based services for people who need mental health services	$0	As a Medicare-Medi-Cal Plan, we'll coordinate your Medicare and Medi-Cal benefits.
You need substance use disorder services	Substance use disorder services	$0	You can receive individual or group outpatient substance abuse therapy visits. *Prior authorization may be required.* As a Medicare-Medi-Cal Plan, we'll coordinate your Medicare and Medi-Cal benefits.
You need a place to live with people available to help you	Skilled nursing care	$0	For days 1-100 of a skilled nursing facility stay. **No prior hospitalization is required.** *Prior authorization may be required.* Medi-Cal also covers Skilled Nursing Facility services. As a Medicare-Medi-Cal Plan, we'll coordinate your Medicare and Medi-Cal benefits.
	Nursing home care	$0	Medicare doesn't cover custodial care. Long Term Care (LTC) Facility Services are a Medi-Cal benefit. As a Medicare-Medi-Cal Plan, we'll coordinate your Medicare and Medi-Cal benefits.

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)	Adult Foster Care and Group Adult Foster Care	$0	Medicare doesn't cover Adult Foster Care and Group Adult Foster care. This is a Medi-Cal benefit. As a Medicare-Medi-Cal Plan, we'll coordinate your Medicare and Medi-Cal benefits.
You need therapy after a stroke or accident	Occupational, physical, or speech therapy	$0	As a Medicare-Medi-Cal Plan, we'll coordinate your Medicare and Medi-Cal benefits.
You need help getting to health services	Ambulance services	$0	As a Medicare-Medi-Cal Plan, we'll coordinate your Medicare and Medi-Cal benefits.
	Emergency transportation	$0	You pay $0 copay for worldwide emergency coverage, worldwide urgent coverage and worldwide emergency transportation, up to a $10,000 benefit limit for the calendar year. As a Medicare-Medi-Cal Plan, we'll coordinate your Medicare and Medi-Cal benefits.
	Transportation to medical appointments and services	$0	Transportation services are unlimited under your Medi-Cal benefit. Information may be required from your provider. As a Medicare-Medi-Cal Plan, we'll coordinate your Medicare and Medi-Cal benefits.

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	Medicare Part B drugs	$0 **Your pharmacy must bill remaining 20% cost share to Medi-Cal Plan.** **See your *Member Handbook* for additional information.**	Part B drugs include drugs given by your doctor in their office, some oral cancer drugs, and some drugs used with certain medical equipment. Read the *Member Handbook* for more information on these drugs. *Prior authorization may be required.* *Part B drugs may be subject to step therapy.*

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)	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**; **$1.65**; **$5.80** copay for a 31-day supply. For all other drugs: **$0**; **$5.00**; **$14.40** copay for a 31-day supply. Copays for drugs may vary based on the level of Extra Help you get. Please contact the plan for more details.	There may be limitations on the types of drugs covered. Please refer to Molina Medicare Complete Care Plus's List of Covered Drugs (Drug List) for more information. Once you or others on your behalf pay **$2,400** you've reached the catastrophic coverage stage and you pay $0 for all your Medicare drugs. Read the *Member Handbook* for more information on this stage. Copayment during the Initial Coverage Stage: Drug Tier 1 Preferred Generic: **$0** copay. Drug Tier 2 Generic: **$0**; **$1.65**; **$5.80** copay for generic drugs (including brand drugs treated as generic) and **$0**; **$5.00**; **$14.40** copay for all other drugs. Drug Tier 3 Preferred Brand: **$0**; **$1.65**; **$5.80** copay for generic drugs (including brand drugs treated as generic) and **$0**; **$5.00**; **$14.40** copay for all other drugs. Drug Tier 4 Non-Preferred Drug: **$0**; **$1.65**; **$5.80** copay for generic drugs (including brand drugs treated as generic) and **$0**; **$5.00**; **$14.40** copay for all other drugs. Drug Tier 5 Specialty Tier: **$0**; **$1.65**; **$5.80** copay for generic drugs (including brand drugs treated as generic) and **$0**; **$5.00**; **$14.40** copay for all other drugs.

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)			Drug Tier 6 Select Care Drugs: **$0** copay. There may be certain drugs that are limited to a 31-day supply. The plan may require you to first try one drug to treat your condition before it'll cover another drug for that condition. Some drugs have quantity limits.

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)	Over-the-counter (OTC) drugs	$0	There may be limitations on the types of drugs covered. Please refer to Molina Molina Medicare Complete Care Plus (HMO D-SNP)'s *List of Covered Drugs* (*Drug List*) for more information. You get $133 every month on your pre-funded debit card that you can spend on plan-approved items which includes access to a health and wellness herbal catalog. Any amount that you do not use will not carry over into the next month. You do not need a prescription from your doctor to get OTC items through this Medicare Supplemental Benefit. This amount is combined with your Special Supplemental Benefits for the Chronically Ill (SSBCI) including Food and Produce*, Transportation for Non-Medical Needs and Utilities*. If you don't use all of your monthly benefit allowance, the remaining balance will expire and not rollover to the next benefit period. You must show your pre-funded debit card to participating providers to receive approved health-related items at retailers. Your pre-funded debit card is required to access this benefit. You can get more information about your pre-funded debit card in this Summary of Benefits and in **Chapter 4** of the *Member Handbook.*

List of covered services (Continued)

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help getting better or have special health needs	Rehabilitation services	$0	*Prior authorization may be required.* As a Medicare-Medi-Cal Plan, we'll coordinate your Medicare and Medi-Cal benefits.
	Medical equipment for home care	$0	*Prior authorization may be required.* As a Medicare-Medi-Cal Plan, we'll coordinate your Medicare and Medi-Cal benefits.
	Dialysis services	$0	As a Medicare-Medi-Cal Plan, we'll coordinate your Medicare and Medi-Cal benefits.
You need foot care	Podiatry services	$0	*Prior authorization may be required.* Routine podiatry isn't covered as a Medicare Supplemental Benefit. You're covered for podiatry services under your Medi-Cal benefits when medically necessary. As a Medicare-Medi-Cal Plan, we'll coordinate your Medicare and Medi-Cal benefits.
	Orthotic services	$0	As a Medicare-Medi-Cal Plan, we'll coordinate your Medicare and Medi-Cal benefits.
You need durable medical equipment (DME) **Note: This isn't a complete list of covered DME. For a complete list, contact Member Services or refer to Chapter 4 of the *Member Handbook.***	Wheelchairs, crutches, and walkers	$0	*Prior authorization may be required.* As a Medicare-Medi-Cal Plan, we'll coordinate your Medicare and Medi-Cal benefits.
	Nebulizers	$0	*Prior authorization may be required.* As a Medicare-Medi-Cal Plan, we'll coordinate your Medicare and Medi-Cal benefits.

List of covered services (Continued)

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need durable medical equipment (DME) **Note: This isn't a complete list of covered DME. For a complete list, contact Member Services or refer to Chapter 4 of the *Member Handbook. (Continued)***	Oxygen equipment and supplies	$0	*Prior authorization may be required.* As a Medicare-Medi-Cal Plan, we'll coordinate your Medicare and Medi-Cal benefits.
You need help living at home	Home health services	$0	*Prior authorization may be required.* As a Medicare-Medi-Cal Plan, we'll coordinate your Medicare and Medi-Cal benefits.
	Home services, such as cleaning or housekeeping, or home modifications such as grab bars	$0	Home services, such as cleaning, housekeeping, or home modifications, may be available outside of our plan if you qualify for In-Home Supportive services (IHSS) or a Home and Community-Based waiver program. IHSS is provided by county agencies. These programs help qualified individuals to obtain services so they can remain safely in their own homes. Your Case Manager can help you obtain more information about these programs and whether you might qualify. As a Medicare-Medi-Cal Plan, we'll coordinate your Medicare and Medi-Cal benefits.

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)	Adult day health, Community Based Adult Services (CBAS), or other support services	$0	CBAS is covered under your Medicaid benefits. CBAS is an outpatient, facility-based service program that delivers skilled nursing care, social services, therapies, personal care, family/caregiver training and support, meals and transportation to eligible Medi-Cal beneficiaries. Your Case Manager can help you obtain information about CBAS and whether you might qualify. As a Medicare-Medi-Cal Plan, we'll coordinate your Medicare and Medi-Cal benefits.
	Day habilitation services	$0	Medicare doesn't cover Day habilitation services. This is a Medi-Cal benefit. As a Medicare-Medi-Cal Plan, we'll coordinate your Medicare and Medi-Cal benefits.

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)	Services to help you live on your own (home health care services or personal care attendant services)	$0	Personal care services may be available outside of our plan if you qualify for In-Home Supportive Services (IHSS). IHSS is provided by county agencies. The program helps qualified individuals to obtain services so they can remain safely in their own homes. Your Case Manager can help you obtain more information about IHSS and whether you might qualify. As a Medicare-Medi-Cal Plan, we'll coordinate your IHSS services with your Medicaid benefits if you qualify for them.
Additional services	Acupuncture -Routine (Supplemental)	$0	Includes Medicare-covered acupuncture and routine, unlimited acupuncture each year. *Prior authorization may be required.*

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (Continued)	Additional telehealth services	$0	You pay a $0 copay for certain telehealth services, including: • Cardiac Rehabilitation Services • Primary Care Physician Services • Chiropractic Services • Occupational Therapy Services • Physician Specialist Services • Individual Sessions for Mental Health Specialty Services • Group Sessions for Mental Health Specialty Services • Podiatry Services • Other Health Care Professional • Individual Sessions for Psychiatric Services • Group Sessions for Psychiatric Services • Physical Therapy and Speech-Language Pathology Services • Opioid Treatment Program Services • Individual Sessions for Outpatient Substance Abuse • Group Sessions for Outpatient Substance Abuse As a Medicare-Medi-Cal Plan, we'll coordinate your Medicare and Medi-Cal benefits.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (Continued)	Annual Physical Exam (Supplemental)	$0	For more information on this benefit, please refer to **Chapter 4** of your *Member Handbook*. As a Medi-Medi Plan, we'll coordinate your Medicare and Medi-Cal benefits.
	California Integrated Care Management (CICM)	$0	CICM applies to Members who may be eligible to receive ECM if criteria is met. This includes populations such as: • Adults Experiencing Homelessness, • Adults At Risk for Avoidable Hospital or Emergency Department Utilization • Adults with Serious Mental Health and/or Substance Use Disorder (SUD) Needs • Adults Transitioning from Incarceration • Adults Living in the Community and At Risk for Long-Term Care (LTC) Institutionalization • Adult Nursing Facility Residents Transitioning to the Community • Adults who are Pregnant or Postpartum and Subject to Racial and Ethnic Disparities • Adults with Documented Dementia Needs. More information on eligibility criteria can be found in the *Member Handbook*.

List of covered services (Continued)

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (Continued)	Chiropractic services	$0	As a Medicare-Medi-Cal Plan, we'll coordinate your Medicare and Medi-Cal benefits.
	Diabetes supplies and services	$0	*Prior authorization may be required.* As a Medicare-Medi-Cal Plan, we'll coordinate your Medicare and Medi-Cal benefits.
	Fitness (Supplemental)	$0	Silver&Fit offers Members access to contracted fitness facilities and Home Fitness Kits for Members who prefer to exercise at home or while traveling.
	Health Education	$0	Programs to help you learn to manage your health conditions, including health education, learning materials, and care tips.
	Meal benefit - Chronic Meals (Supplemental)	$0	If you have an eligible chronic condition, you can receive 14 meals each month, for 12 months in the calendar year (168 total meals). Must meet criteria approved by the plan. *Prior authorization may be required.*
	Meal benefit - Post-Discharge (Supplemental)	$0	Standard meal cycle is a 2-week menu with a total of 28 delivered meals, based on member needs. Maximum of 56 meals and 4 weeks per year. Must meet criteria approved by the plan. *Prior authorization may be required.*
	Nurse Advice Line	$0	Our Nurse Advice Line is available 24 hours a day and 7 days a week. Call: English (888) 275-8750, TTY: 711. Spanish (866) 648-3537, TTY: 711.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (Continued)	Pre-funded Debit Card (MyChoice Card)	$0	You receive a $133 combined monthly allowance on a pre-funded debit card that may be used towards select supplemental plan benefits such as: • Over-the-Counter items • Food and Produce* • Transportation non-medical needs* • Utilities* Funds are loaded onto the card each month. At the end of each month, any unused allocated funds will not carry out to the following month or plan year. *Eligibility requirements applicable
	Prosthetic services	$0	*Prior authorization may be required.* As a Medicare-Medi-Cal Plan, we'll coordinate your Medicare and Medi-Cal benefits.
	Radiation therapy	$0	*Prior authorization may be required.* As a Medicare-Medi-Cal Plan, we'll coordinate your Medicare and Medi-Cal benefits.
	Services to help manage your disease	$0	See the description for the specific service(s) recommended by your provider(s). As a Medicare-Medi-Cal Plan, we'll coordinate your Medicare and Medi-Cal benefits.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (Continued)	Special Supplemental Benefit for Chronically Ill (Supplemental)*	$0	You receive a $133 combined monthly allowance on a pre-funded debit card that may be used towards select supplemental plan benefits such as: • Food and Produce • Utility Bills (Electricity and Natural Gas, Water) • Transportation for Non-Medical Needs Please see the Pre-funded Debit Card (MyChoice Card) section for a complete list of benefits and services that are included in the combined allowance. Unused allowance does not carry over to next month. *Prior authorization may be required.* Members must meet the criteria outlined in **Chapter 4** of the *Member Handbook.*

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 Medicare Complete Care Plus (HMO D-SNP) *Member Handbook*. If you don't have a *Member Handbook*, call Molina Medicare Complete Care Plus (HMO D-SNP) 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.

D. Benefits covered outside of Molina Medicare Complete Care Plus

There are some services that you can get that aren't covered by Molina Medicare Complete Care Plus (HMO D-SNP) but are covered by Medicare, Medi-Cal, or a State or county agency. This is not 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, Medi-Cal, or a State Agency	Your costs
California Community Transitions (CCT) pre-transition coordination services and post-transition services	$0
Certain dental services Dental Managed Care (Dental MC) member contact information can be found at www.dental.dhcs.ca.gov/Contact_Us/DMC_Member_Contact_Information/DMCMemberContactInformation. For Medi-Cal Dental Fee-for-Service, contact Medi-Cal Dental at 1-800-322-6384 or visit the website at www.smilecalifornia.org or www.sonriecalifornia.org.	$0
Certain hospice care services covered outside of Molina Medicare Complete Care Plus	$0
Psychosocial rehabilitation	$0
Rest home room and board	$0
Targeted case management	$0

E. Services that Molina Medicare Complete Care Plus (HMO-DSNP), Medicare, and Medi-Cal 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 Medicare Complete Care Plus (HMO D-SNP), Medicare, and Medi-Cal don't cover	
Cosmetic surgery or other cosmetic work, unless it's needed because of an accidental injury or to improve a part of the body that isn't shaped right. However, we pay for reconstruction of a breast after a mastectomy and for treating the other breast to match it.	Surgical treatment for morbid obesity, except when medically necessary and Medicare pays for it.
Elective or voluntary enhancement procedures or services (including weight loss, hair growth, sexual performance, athletic performance, cosmetic purposes, anti-aging and mental performance), except when medically necessary.	Personal items in your room at a hospital or a nursing facility, such as a telephone or television.
Private duty nurses (for adults)	Full-time nursing care in your home.
A private room in a hospital, except when medically necessary	Fees charged by your immediate relatives or members of your household.
Naturopath services	
Specialty Mental Health Services	Our Plan does not provide Medi-Cal specialty mental health or county substance use disorder services, but these services are available to you through the county mental health plan for your county.

F. Your rights as a member of the plan

As a member of Molina Medicare Complete Care Plus (HMO D-SNP), 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'll 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, 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 language and format you can understand. This includes the right to get information on:
  - Description of the services we cover
  - How to get services
  - How much services will cost you
  - Names of health care providers
- **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 Medicare Complete Care Plus (HMO D-SNP) will pay for the cost of your second opinion visit
  - Make your health care wishes known in an advance directive
- **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 seek 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
- **You have the right to file a complaint or appeal a denied, delayed, or modified service, please see section G below.** This includes the right to:
  - File a complaint or grievance against us or our providers
  - Appeal certain decisions made by us or our providers
  - File a complaint with the California Department of Managed Health Care (DMHC) through a toll-free phone number (1-888-466-2219), or a TDD line (1-877-688-9891) for the hearing and speech impaired. The DMHC website (www.dmhc.ca.gov/) has complaint forms, Independent Medical Review (IMR) application forms, and instructions available online.
  - Ask DMHC for an IMR of Medi-Cal services or items that are medical in nature
  - Ask for a State Hearing
  - Get a detailed reason for why services were denied and ask for free copies of all the information used to make the decision

For more information about your rights, you can read the *Member Handbook*. If you have questions, you can call Molina Medicare Complete Care Plus (HMO D-SNP) Member Services at the numbers listed at the bottom of this page.
You can also call the special Ombudsman for people who have Medicare and Medi-Cal at 1-855-501-3077, Monday through Friday, between 9 a.m. and 5 p.m., or the Medi-Cal Office of the Ombudsman 1-888-452-8609, Monday through Friday, between 8 a.m. and 5 p.m.

G. How to file a complaint or appeal a denied, delayed, or modified service

If you have a complaint or think Molina Medicare Complete Care Plus improperly denied, delayed, or modified a service, call Member Services at the numbers listed at the bottom of this page. You may also submit a complaint in writing to:

Molina Healthcare
Attn: Grievance and Appeals
P.O. Box 22816
Long Beach, CA 90801-9977
FAX: 562-499-0610

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 Medicare Complete Care Plus Member Services at (855) 665-4627 (TTY: 711), Hours are October 1 – March 31, 8 a.m. to 8 p.m. local time, 7 days a week. From April 1 – September 30, Monday – Friday, 8 a.m. to 8 p.m. local time.

Help from the California Department of Managed Health Care

The California Department of Managed Health Care is responsible for regulating health care service plans. If you have a grievance against your health plan, you should first telephone your health plan at **(855) 665-4627 (TTY: 711)** and use your health plan's grievance process before contacting the department. Utilizing this grievance procedure does not prohibit any potential legal rights or remedies that may be available to you. If you need help with a grievance involving an emergency, a grievance that has not been satisfactorily resolved by your health plan, or a grievance that has remained unresolved for more than 30 days, you may call the department for assistance. You may also be eligible for an Independent Medical Review (IMR). If you are eligible for IMR, the IMR process will provide an impartial review of medical decisions made by a health plan related to the medical necessity of a proposed service or treatment, coverage decisions for treatments that are experimental or investigational in nature and payment disputes for emergency or urgent medical services. The department also has a toll-free telephone number **1-888-466-2219** and a TDD line **1-877-688-9891** for the hearing and speech impaired. The department's internet website **www.dmhc.ca.gov** has complaint forms, IMR application forms and instructions online.

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 Medicare Complete Care Plus (HMO D-SNP) Member Services. Phone numbers are the numbers listed at the bottom of this page.
- Or, call the Medi-Cal Customer Service Center at 1-800-541-5555. TTY users may call 1-800-430-7077.
- Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users may call 1-877-486-2048. You can call these numbers for free.

If you have general questions or questions about our plan, services, service area, billing, or Member ID Cards, please call Molina Medicare Complete Care Plus (HMO D-SNP) Member Services:

(855) 665-4627

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. 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.

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. From April 1 – September 30, Monday – Friday, 8 a.m. to 8 p.m. local time.

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 Medicare Complete Care Plus's Nurse Advice Line. A nurse will listen to your problem and tell you how to get care. (Example: urgent care, or emergency room).

The numbers for the Molina Medicare Complete Care Plus's Nurse Advice Line are:

English (888) 275-8750, Spanish (866) 648-3537

Calls to these numbers are free. 24 hours a day, 7 days a week.

Molina Medicare Complete Care Plus (HMO D-SNP) also has free language interpreter services available for non-English speakers.

TTY: 711

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

Non-Discrimination Notice – Section 1557
Molina Healthcare - Medicare

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

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

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

If you need these services, contact Molina Member Services at the phone number on the back of your Member ID card.

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

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

Civil Rights Unit
200 Oceangate
Long Beach, CA 90802
Email: civil.rights@MolinaHealthcare.com
Website: MolinaHealthcare.Alertline.com
You can also file a civil rights complaint (grievance) with the U.S. Department of Health and Human Services, Office for Civil Rights, online through the Office for Civil Rights Complaint Portal at: ocrportal.hhs.gov/ocr/portal/lobby.jsf or by mail or phone at:

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

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

English	For free language assistance services, and auxiliary aids and services, call 1-800-665-1029 (TTY: 711).
Spanish Español	Para obtener servicios gratuitos de asistencia lingüística, así como ayudas y servicios auxiliares, llame al 1-800-665-1029 (TTY: 711).
Chinese 中文 （简体）	如需免费的语言协助服务以及辅助工具和服务，请致电 1-800-665-1029（TTY 用户请拨打 711）。
Vietnamese Tiếng Việt	Để sử dụng dịch vụ hỗ trợ ngôn ngữ miễn phí cũng như các dịch vụ và tính năng hỗ trợ thêm, hãy gọi 1-800-665-1029 (TTY: 711).
Korean 한국인	무료 언어 지원 서비스와 보조 지원 및 서비스를 원하시면1-800-665-1029 (TTY: 711)로 연락 주시기 바랍니다.
Russian Русский	Для получения бесплатных услуг языковой помощи, а также вспомогательных средств и услуг, позвоните: 1-800-665-1029 (телетайп: 711).
Tagalog	Para sa libreng serbisyo sa tulong sa wika, at mga auxiliary aid at serbisyo, tumawag sa 1-800-665-1029 (TTY: 711).
Ukrainian Українська	Для отримання безкоштовної мовної допомоги, допоміжних засобів та послуг телефонуйте за номером 1-800-665-1029 (TTY: 711).
Mon-Khmer Cambodian ខ្មែរ	សម្រាប់សេវាកម្មជំនួយភាសា និងជំនួយផ្នែកស្តាប់ដោយឥតគិតថ្លៃ សូមទូរសព្ទទៅ 1-800-665-1029 (TTY: 711)។
Japanese 日本語	無料の言語サポートや補助器具・サービスをご希望の方は、1-800-665-1029（TTY: 711）までお電話ください。
Amharic አማርኛ	ለነጻ የቋንቋ እርዳታ አገልግሎቶች፣ እና ረዳት እርዳታዎች እና አገልግሎቶች፣ ወደ 1-800-665-1029 (TTY: 711) ይደውሉ።
Cushite Afaan Oromoo	Tajaajiloota hiikkaa afaanii, fi namoota hanqina dhagahuu qabaniif deeggarsa dhageettii meeshaatiinii bilisaan argachuuf, gara 1-800-665-1029 (TTY: 711) tti bilbilaa.
Arabic العربية	لتلقي خدمات المساعدة اللغوية (TTY): 711) اتصل على الرقم 1-800-665-1029 (الهاتف النصي المجانية والخدمات والمساعدات الإضافية.
Panjabi ਪੰਜਾਬੀ	ਮੁਫਤ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ, ਅਤੇ ਸਹਾਇਕ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ ਲਈ, 1-800-665-1029 (TTY: 711) ਤੇ ਕਾਲ ਕਰੋ।

German Deutsch	Kostenlose Sprachassistenzdienste, Hilfsmittel und Dienstleistungen erhalten Sie unter 1-800-665-1029 (TTY: 711).
Laotian ພາສາລາວ	ສໍາລັບການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ ແລະ ອຸປະກອນ ແລະ ການບໍລິການເສີມແບບບໍ່ເສຍຄ່າ, ໃຫ້ໂທ 1-800-665-1029 (TTY: 711).

MOLINA® HEALTHCARE