2027

Summary of Benefits

Molina Medicare Complete Care (HMO D-SNP)

Idaho H5628-013-001

Serving: Ada, Boise, Canyon, Gem, Owyhee Counties

Effective January 1 through December 31, 2027

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MOLINA® HEALTHCARE

Introduction

This document is a brief summary of the benefits and services covered by Molina Medicare Complete Care (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. Key terms and their definitions appear in alphabetical order in the last chapter of the *Evidence of Coverage.*

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A. Disclaimers



This is a summary of health services covered by Molina Medicare Complete Care (HMO D-SNP) for January 1, 2027. This is only a summary. Please read the *Evidence of Coverage* for the full list of benefits. Please call Member Services at (844) 239-4913, TTY: 711to request a copy of the *Evidence of Coverage* or go to MolinaHealthcare.com/Medicare.The Member Services line is open 24/7, if you call after hours, there is an option to leave a voice message. If you need urgent assistance or are in crisis, the IVR will route you to the Nurse Advice Line for additional, live support. Calls to this number are free.

- 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 Molina Medicare Complete Care, you can check the Idaho Department of Health and Welfare: Dual Eligible participants website at healthandwelfare.idaho.gov/services-programs/medicaid-health/medicaidmedicare-participants.
- This document is available for free in Spanish.
- You can get this document for free in other formats, such as large print, braille, or audio. Call (844) 239-4913, TTY: 711, calls to this number are free. The Member Services line is open 24/7, if you call after hours, there is an option to leave a voice message. If you need urgent assistance or are in crisis, the IVR will route you to the Nurse Advice Line for additional, live support.
- To request your preferred language other than English and/or alternate format, call Member Services at (844) 239-4913, TTY: 711, calls to this number are free. The Member Services line is open 24/7, if you call after hours, there is an option to leave a voice message. If you need urgent assistance or are in crisis, the IVR will route you to the Nurse Advice Line for additional, live support.
- We will maintain a record of your preferred language and/or format preferences, and we will keep this information as a standing request for future mailings and communications. This will ensure that you will not have to make separate requests each time.

B. Frequently asked questions (FAQ)

The following table lists frequently asked questions.

Frequently Asked Questions	Answers
What's a Medicare Medicaid Coordinated Plan (MMCP)?	The Medicare Medicaid Coordinated Plan is a voluntary program that integrates both Medicare and Medicaid coverage into one single plan, at no cost to the participant, which means members will have: • One set of comprehensive benefits. One accountable entity to coordinate delivery of services. One care management team to coordinate care. • Receive additional supplemental benefits over and above original Medicare and Medicaid. • Participants Medicare premium is paid by Medicaid. • Participants will have access to the health plans network of providers. This program is for Dual Eligible participants who are 21 years of age or older and are eligible and enrolled in both Medicare (Parts A, B, and D) and Enhanced Medicaid. The Department of Health and Welfare has partnered with Molina Medicare Complete Care to administer the Medicare Medicaid Coordinated Plan.
Will I get the same Medicare and Medicaid benefits in Molina Medicare Complete Care that I get now?	You'll get most of your covered Medicare and Medicaid benefits directly from *Molina Medicare Complete Care*. 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 Idaho Medicaid. When you enroll in Molina Medicare Complete Care, 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. If you're taking any Medicare Part D drugs that Molina Medicare Complete Care 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 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 (FAQ) (Continued)

Frequently Asked Questions	Answers
Can I use the same doctors I use now?)	This is often the case. If your providers (including doctors, hospitals, therapists, pharmacies, and other health care providers) work with Molina Medicare Complete Care 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'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's plan. See Chapter 3 in the *Evidence of Coverage* (Using the plan's coverage for your medical services) for more specific information about emergency, out-of-network, and out of area coverage. • If you're currently under treatment with a provider that's out of Molina Medicare Complete Care's network, or have an established relationship with a provider that's out of Molina Medicare Complete Care's network, call Member Services to check about staying connected. Your provider will be paid as an out-of-network provider for ninety (90) days after your enrollment. 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 Medicare Complete Care's *Provider and Pharmacy Directory* on the plan's website at MolinaHealthcare.com/Medicare. If Molina Medicare Complete Care is new for you, we'll work with you to develop an Individualized Care Plan to address your needs.
What's a Molina Medicare Complete Care 'care coordinator'?	A Molina Medicare Complete Care 'care coordinator' 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 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. Developmental Disability Services and their services and some other LTSS are administered by Idaho Medicaid and your care coordinator or care team will work with that agency.

Frequently asked questions (FAQ) (Continued)

Frequently Asked Questions	Answers
What happens if I need a service but no one in Molina Medicare Complete Care '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 will pay for the cost of an out-of-network provider.
Where's Molina Medicare Complete Care available?	The service area for this plan includes: Ada, Boise, Canyon, Gem, Owyhee Counties, Idaho. You must live in one of these areas to join the plan.
What's prior authorization?	Prior authorization means an approval from Molina Medicare Complete Care 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 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 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 before the service is provided. Refer to **Chapter 3**, of the *Evidence of Coverage* to learn more about prior authorization. Refer to the Benefits Chart in **Chapter 4** of the *Evidence of Coverage* to learn which services require a prior authorization. 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.
Do I pay a monthly amount (also called a premium) under Molina Medicare Complete Care?	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 Medicare Complete Care?	No. You don't pay deductibles in Molina Medicare Complete Care.
What's the maximum out-of-pocket amount that I'll pay for medical services as a member of Molina Medicare Complete Care?	There's no cost-sharing for medical services in Molina Medicare Complete Care, 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	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. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days per benefit period. ***Prior authorization may be required.*** As a Medicare Medicaid Coordinated Plan, we will coordinate your Medicare and Medicaid benefits.
	Outpatient hospital services, including observation	$0	***Prior authorization may be required.*** As a Medicare Medicaid Coordinated Plan, we will coordinate your Medicare and Medicaid benefits.
	Ambulatory surgical center (ASC) services	$0	***Prior authorization may be required.*** As a Medicare Medicaid Coordinated Plan, we will coordinate your Medicare and Medicaid benefits.
	Doctor or surgeon care	$0	***Prior authorization may be required.*** As a Medicare Medicaid Coordinated Plan, we will coordinate your Medicare and Medicaid benefits.
You want a doctor	Visits to treat an injury or illness	$0	***Prior authorization may be required.*** As a Medicare Medicaid Coordinated Plan, we will coordinate your Medicare and Medicaid 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.
	Wellness visits, such as a physical	$0	If you've had Part B for longer than 12 months, you can get an annual wellness visit to develop or update a personalized prevention plan based on your current health and risk factors, This is covered once every 12 months. As a Medicare Medicaid Coordinated Plan, we will coordinate your Medicare and Medicaid benefits.
	"Welcome to Medicare" (preventive visit one time only)	$0	As a Medicare Medicaid Coordinated Plan, we will coordinate your Medicare and Medicaid benefits.
	Specialist care	$0	As a Medicare Medicaid Coordinated Plan, we will coordinate your Medicare and Medicaid 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	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. Emergency services are not covered outside the U.S. and its territories except under limited circumstances. Contact the plan for details. Worldwide emergency and urgent care coverage and is available to you up to $10,000 per year as Medicare Supplemental Benefit. As a Medicare Medicaid Coordinated Plan, we will coordinate your Medicare and Medicaid benefits.
	Urgent care	$0	Urgent care is not emergency care. You do not need a prior authorization and you do not have to be in-network. Urgent care is NOT covered outside the U.S. and its territories, except under limited circumstances. Urgently needed services are provided to treat a non-emergency, unforeseen medical illness, injury, or condition that requires immediate medical care. Worldwide emergency and urgent care coverage and is available to you up to $10,000 per year as Medicare Supplemental Benefit. As a Medicare Medicaid Coordinated Plan, we will coordinate your Medicare and Medicaid 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 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.*** No authorization is required for outpatient lab services and outpatient x-ray services. Genetic lab testing requires prior authorization. As a Medicare Medicaid Coordinated Plan, we will coordinate your Medicare and Medicaid benefits.
	Lab tests and diagnostic procedures, such as blood work	$0	***Prior authorization may be required.*** Genetic lab testing requires prior authorization. As a Medicare Medicaid Coordinated Plan, we will coordinate your Medicare and Medicaid benefits.
You need hearing/ auditory services	Hearing screenings	$0	In addition to Medicare-covered hearing services, you can get a routine hearing test once every calendar year as a Medicare Supplemental Benefit. As a Medicare Medicaid Coordinated Plan, we will coordinate your Medicare and Medicaid benefits.
	Hearing aids	$0	Fittings/ evaluations for hearing aids can be done once every calendar year as a Medicare Supplemental Benefit. Our plan covers up to 2 pre-selected hearing aids from a plan-approved provider every 2 years as a Medicare Supplemental Benefit. You must use the plan vendor to access this benefit. As a Medicare Medicaid Coordinated Plan, we will coordinate your Medicare and Medicaid 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 hearing/ auditory services (Continued)	OTC Hearing Aids	$0	You receive a pre-funded debit card (MyChoice card) with a $153 combined monthly allowance for OTC hearing aids, OTC items, transportation services to plan approved health-related locations, and SSBCIs for food and produce, transportation for non-medical needs, and utilities. OTC hearing aids may be purchased through catalog purchase.
You need dental care	Dental check-ups and preventive care	$0	In general, preventive dental services (such as cleaning, routine dental exams, and dental X-rays) are not covered by Original Medicare. Our plan doesn't provide dental coverage as a Medicare Supplemental Benefit. You can obtain preventive and comprehensive dental services through your Medicaid benefits (Idaho Smiles program). Your Medicaid dental benefit is not managed by our plan. All Medicaid dental services follow Medicaid coverage rules. Services must be provided by the State Medicaid benefits administrator, MCNA. For more information, call MCNA Dental at 1-855-233-6262 (Monday – Friday, 6 a.m. – 6 p.m.), TTY: 1-800-377-3529 or visit the MCNA Idaho website at https://www.mcnaid.net/en/home. You can find a dentist in the MCNA network by using the Online Provider Directory at https://locator.mcna.net.

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 dental care (Continued)	Restorative and emergency dental care	$0	As a Medicare Medicaid Coordinated Plan, we will coordinate your Medicare and Medicaid benefits.
You need eye care	Eye exams	$0	We have partnered with a Vision Vendor to give you more value for your routine vision need! Your Medicare Supplemental Benefit coverage includes: one routine eye exam every calendar year from our supplemental vision provider. To find an in-network routine preventive vision provider close to you, you can: Search online using our supplemental vision provider online search tool at MolinaHealthcare.com/Medicare. Prior authorization not required for eye exams. You may be able to access additional vision exams under your Medicaid benefits if you meet Medicaid criteria. **The following services are provided to eligible Medicaid members through Idaho Medicaid FFS and other IDHW contracts and are not Covered Services under this Contract: non-emergency medical transportation (NEMT), dental, developmental disabilities (DD) waiver, vision, and 1915(i) State Plan Option.** As a Medicare Medicaid Coordinated Plan, we will coordinate your Medicare and Medicaid 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 eye care (Continued)	Glasses or contact lenses	$0	We have partnered with a Vision Vendor to give you more value for your routine vision needs! Your Medicare Supplemental Benefits coverage includes an eyewear allowance of $250 every calendar year. You can use your eyewear allowance to purchase: • Contact lenses • Eyeglasses (frames and lenses) • Eyeglass frames • Eyeglass lenses • 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 lenses fitting fee. You are responsible for paying any corrective eyewear over the limit of the plan's eyewear allowance. To find an in-network routine preventive vision provider close to you, you can: Search online using our supplemental vision provider online search tool at MolinaHealthcare.com/Medicare. Medicare Supplemental Benefits are offered by the plan to help with items or services that are generally not covered by Medicare. All benefits must be used in the plan year and are only available if you are enrolled at the time services are rendered. Your Idaho Medicaid benefits may also include eyeglasses when necessary to treat a medical condition.

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)			As a Medicare Medicaid Coordinated Plan, we will coordinate your Medicare and Medicaid benefits.
	Other vision care	$0	Covered services include: • Medicare-covered vision care such as exams to diagnose and treat diseases and conditions of the eye. • One Medicare-covered glaucoma screening each calendar year if you are at high risk of glaucoma. • One Medicare-covered diabetic retinopathy screening each calendar year if you have diabetes. • One pair of Medicare-covered eyeglasses or contact lenses after each cataract surgery that includes insertion of an intraocular lens. ***Prior authorization may be required.*** As a Medicare Medicaid Coordinated Plan, we will coordinate your Medicare and Medicaid 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 behavioral health services	Behavorial health services	$0	In addition to your Medicare benefits, your Idaho Medicaid benefits include inpatient and outpatient behavioral health care including but not limited to community-based outpatient behavioral health services behavioral health case management services. Community-based outpatient behavioral health services include: • Screening • Evaluation • Diagnostic assessments (including occupational therapy assessments) • Treatment planning • Group and family psychotherapy The services are available to members of the Medicaid Basic and Enhanced plans. ***Prior authorization may be required*** As a Medicare Medicaid Coordinated Plan, we will coordinate your Medicare and Medicaid 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 behavioral health services (Continued)	Inpatient and outpatient care and community-based services for people who need mental health services	$0	In addition to your Medicare benefits, your Idaho Medicaid benefits include inpatient and outpatient behavioral health care including but not limited to community-based outpatient behavioral health services and behavioral health case management services. Community-based outpatient behavioral health services include screening, evaluation, and diagnostic assessments (including occupational therapy assessments), treatment planning, and group and family psychotherapy. The services are available to members of the Medicaid Basic and Enhanced plans. All Community-Based Outpatient Behavioral Health Services are subject to the Limitation of Practice imposed by State Law, Federal Regulations, and according to applicable Department Rules, the Idaho Medicaid Provider Agreement Medicare Medicaid Coordinated Plan as awarded or amended and approved by the Department or its Authorized Agent based upon Medical Necessity. ***Prior authorization may be required*** As a Medicare Medicaid Coordinated Plan, we will coordinate your Medicare and Medicaid benefits.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need substance use disorder services	Substance use disorder services	$0	Medicare covers inpatient and outpatient treatment for substance use disorders (SUD). You also have coverage for some SUD treatment services under your Idaho Medicaid benefit, including Community-Based Rehabilitation and SUD Treatment Services. All Community-Based Outpatient Behavioral Health Services are subject to the Limitation of Practice imposed by State Law, Federal Regulations, and according to applicable Department Rules, the Idaho Medicaid Provider Agreement Medicare Medicaid Coordinated Plan as awarded or amended and approved by the Department or its Authorized Agent based upon Medical Necessity. ***Prior authorization may be required.*** As a Medicare Medicaid Coordinated Plan, we will coordinate your Medicare and Medicaid 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 a place to live with people available to help you	Skilled nursing care	$0	Our plan covers up to 100 days in a skilled nursing facility (SNF) under your Medicare benefit. You pay $0 for days 1-100 of a skilled nursing facility stay. No prior hospitalization is required. Idaho Medicaid will provide Molina Medicare Complete Care with the amount of cost-sharing, if any, that it may assess to the Idaho Medicaid enrollee. ***Prior authorization may be required.*** As a Medicare Medicaid Coordinated Plan, we will coordinate your Medicare and Medicaid 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 a place to live with people available to help you (Continued)	Nursing home care	$0	Medicare doesn't cover custodial care. Custodial care is personal care that does not require the continuing attention of trained medical or paramedical personnel, such as care that helps you with activities of daily living, such as bathing or dressing. You may have additional long-term care facility coverage under your Idaho Medicaid benefits. These services are covered under the Enhanced Plan. Members in long-term care facilities may be required to pay a patient liability for the cost of the long-term care services to the long-term care facility. Idaho Medicaid will provide Molina Medicare Complete Care with the amount of cost-sharing, if any, that it may assess to the Idaho Medicaid enrollee. ***Prior authorization may be required*** As a Medicare Medicaid Coordinated Plan, we will coordinate your Medicare and Medicaid benefits.
	Adult Foster Care and Group Adult Foster Care	$0	Idaho Medicaid will provide Molina Medicare Complete Care with the amount of cost-sharing, if any, that it may assess to the Idaho Medicaid enrollee.
You need therapy after a stroke or accident	Occupational, physical, or speech therapy	$0	***Prior authorization may be required.*** As a Medicare Medicaid Coordinated Plan, we will coordinate your Medicare and Medicaid 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 help getting to health services	Ambulance services	$0	Covered ambulance services include fixed wing, rotary wing, and ground ambulance services, to the nearest appropriate facility that can provide care only if they are furnished to a member whose medical condition is such that other means of transportation could endanger the person's health or if authorized by the plan. Non-emergency transportation by ambulance is appropriate if it is documented that the member's condition is such that other means of transportation could endanger the person's health and that transportation by ambulance is medically required. Prior authorization required for non-emergent ambulance only. As a Medicare Medicaid Coordinated Plan, we will coordinate your Medicare and Medicaid benefits.
	Emergency transportation	$0	You pay a $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 Medicaid Coordinated Plan, we will coordinate your Medicare and Medicaid 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 getting to health services (Continued)	Transportation to medical appointments and services	$0	You receive a pre-funded debit card (MyChoice card) with a combined $153 monthly allowance for transportation services to plan approved health-related locations. Examples of approved plan locations are network providers for medical, pharmacy, dental, vision and hearing. You have additional benefits for transportation to medical appointments and services available through your Idaho Medicaid benefits. Refer to **Section D** for more information. As a Medicare Medicaid Coordinated Plan, we will coordinate your Medicare and Medicaid benefits.
You need drugs to treat your illness or condition	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 *Evidence of Coverage* for more information on these drugs. *Prior authorization rules may apply.* Step therapy may be required for certain drugs. As a Medicare Medicaid Coordinated Plan, we will coordinate your Medicare and Medicaid 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 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 copay; $1.65 copay; $5.80 copay for a 31-day supply. For all other drugs: $0 copay; $5.00 copay; $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'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 *Evidence of Coverage* 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 per prescription. 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 per prescription. 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 per prescription. 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 per prescription. Drug Tier 6 Select Care Drugs: **$0** copay.

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 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 Medicare Complete Care's List of Covered Drugs (Drug List) for more information. You receive a pre-funded debit card (MyChoice card) with a $153 combined monthly allowance for OTC items, OTC hearing aids, transportation services to plan approved health-related locations, and SSBCIs for food and produce and transportation for non-medical needs. As a Medicare Medicaid Coordinated Plan, we will coordinate your Medicare and Medicaid benefits.
You need help getting better or have special health needs	Rehabilitation services	$0	As a Medicare Medicaid Coordinated Plan, we will coordinate your Medicare and Medicaid benefits.
	Medical equipment for home care	$0	As a Medicare Medicaid Coordinated Plan, we will coordinate your Medicare and Medicaid benefits.
	Dialysis services	$0	As a Medicare Medicaid Coordinated Plan, we will coordinate your Medicare and Medicaid benefits.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need foot care	Podiatry services	$0	Medicare covered services include: • Diagnosis and the medical or surgical treatment of injuries and diseases of the feet (such as hammer toe or heel spurs) • Routine foot care for members with certain medical conditions affecting the lower limbs We also cover up to 4 routine foot care visits every year as a Medicare Supplemental Benefit. ***Prior authorization may be required.*** You may have coverage of additional podiatrist services based on Medicaid criteria and for treatment of certain acute foot conditions under your Medicaid benefit. As a Medicare Medicaid Coordinated Plan, we will coordinate your Medicare and Medicaid benefits.
	Orthotic services	$0	As a Medicare Medicaid Coordinated Plan, we will coordinate your Medicare and Medicaid 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 *Evidence of Coverage*.	Wheelchairs, crutches, and walkers	$0	***Prior authorization may be required.*** As a Medicare Medicaid Coordinated Plan, we will coordinate your Medicare and Medicaid benefits.
	Nebulizers	$0	***Prior authorization may be required.*** As a Medicare Medicaid Coordinated Plan, we will coordinate your Medicare and Medicaid 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 *Evidence of Coverage*. (Continued)	Oxygen equipment and supplies	$0	***Prior authorization may be required.*** As a Medicare Medicaid Coordinated Plan, we will coordinate your Medicare and Medicaid benefits.
You need help living at home	Home health services	$0	***Prior authorization may be required.*** As a Medicare Medicaid Coordinated Plan, we will coordinate your Medicare and Medicaid 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)	Home services, such as cleaning or housekeeping, or home modifications such as grab bars	$0	Home services, such as cleaning or housekeeping, or home modifications such as grab bars are not covered by Medicare. These kinds of services may be available to you if you qualify for the Aged & Disabled (A&D) Waiver. A&D Waiver participants may qualify to receive: • Homemaker services (which help with things like laundry, errands, meal preparation, and other routine housekeeping tasks if no one else in the household can help); and/or • Environmental accessibility adaptations (which are minor home modifications such as installing ramps or widening doorways). Your care coordinator can help you obtain more information about these services and whether you qualify. ***Prior authorization may be required.*** Idaho Medicaid will provide Molina Medicare Complete Care with the amount of cost-sharing, if any, that it may assess to the Idaho Medicaid enrollee. As a Medicare Medicaid Coordinated Plan, we will coordinate your Medicare, Medicaid, and any A&D Waiver services you qualify to receive.

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, Home and Community Based Services (HCBS), or other support services	$0	Adult day health services are not covered by Medicare. Adult day health services may be available to you if you qualify for the Aged & Disabled (A&D) Waiver. Your care coordinator can help you obtain more information about these services and whether you qualify. ***Prior authorization may be required.*** Idaho Medicaid will provide Molina Medicare Complete Care with the amount of cost-sharing, if any, that it may assess to the Idaho Medicaid enrollee. As a Medicare Medicaid Coordinated Plan, we will coordinate your Medicare, Medicaid, and any A&D Waiver services you qualify to receive.

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)	Day habilitation services	$0	Day habilitation services help people with acquiring, retaining, or improving self-help, socialization, and adaptive skills. Day habilitation services are not covered by Medicare. Day habilitation services may be available to you if you qualify for the Aged & Disabled (A&D) Waiver. Your care coordinator can help you obtain more information about these services and whether you qualify. ***Prior authorization may be required.*** Members receiving A&D Waiver services may be required to pay a cost participation (cost share) for these services. Idaho Medicaid will provide Molina Medicare Complete Care with the amount of cost-sharing, if any, that it may assess to the Idaho Medicaid enrollee. As a Medicare Medicaid Coordinated Plan, we will coordinate your Medicare, Medicaid, and any A&D Waiver services you qualify to receive.

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, home delivered meals, personal emergency response systems)	$0	Services to help you live on your own, such as personal care attendant services, home delivered meals, and personal emergency response systems (PERS) are not covered by Medicare. You may qualify to receive a meal benefit as a Medicare Supplemental Benefit after an inpatient hospital or skilled nursing facility (SNF) stay or for a medical condition or potential medical condition that requires you to stay at home for a period of time. Your care coordinator will decide if you qualify for this benefit. You can get more information about this benefit in **Chapter 4** of the *Evidence of Coverage*. You may qualify to receive personal care attendant services under your Medicaid benefits. These services are covered under the Enhanced Plan. Your care coordinator can help you get more information about personal care attendant services and whether you qualify. Services to help you live on your own may also be available to you if you qualify for the Aged & Disabled (A&D) Waiver. A&D Waiver participants may qualify to receive: • Attendant care services (which help people with supportive care and completing activities of daily living (ADLs); • Companion services (which help people who cannot stay at home

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)			alone and need someone with them to ensure their safety and well-being); • Home delivered meals (1-2 meals per day for people who cannot prepare meals, are alone for significant parts of the day, and do not have help); and/or • PERS (for people who are alone for significant parts of the day and do not have help). Your care coordinator can help you obtain more information about these A&D Waiver services and whether you qualify. ***Prior authorization may be required.*** Members receiving A&D Waiver services may be required to pay a cost participation (cost share) for these services. Idaho Medicaid will provide Molina Medicare Complete Care with the amount of cost-sharing, if any, that it may access to the Idaho Medicaid enrollee. As a Medicare Medicaid Coordinated Plan, we will coordinate your Medicare, Medicaid, and any A&D Waiver services you qualify to receive.

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	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 Medicaid Coordinated Plan, we will coordinate your Medicare, Medicaid, and any A&D Waiver services you qualify to receive.

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)	Annual Physical Exam (Supplemental)	$0	As a Medicare Medicaid Coordinated Plan, we will coordinate your Medicare, Medicaid, and any A&D Waiver services you qualify to receive.
	Chiropractic services	$0	Medicare only covers manual manipulation of the spine to correct subluxation. You have up to 20 visits every year as a Medicare Supplemental Benefit for manual manipulation treatments of the spine. As a Medicare Medicaid Coordinated Plan, we will coordinate your Medicare, Medicaid, and any A&D Waiver services you qualify to receive.
	Diabetes supplies and services	$0	***Prior authorization may be required for diabetic supplies, diabetic shoes, and inserts.*** We have a preferred manufacturer for diabetic test trips. Prior authorization is not required for preferred manufacturer. Supplies are covered when you have a prescription and fill it at a network retail pharmacy or through the Mail Service Pharmacy program. As a Medicare Medicaid Coordination Plan, we will coordinate your Medicare and Medicaid benefits.
	Diabetes wellness meals (Supplemental)	$0	Members with diabetes that qualify for this additional meal benefit will be eligible for 2 meals per day, up to 12 weeks, maximum of 168 meals. As a Medicare Medicaid Coordination Plan, we will coordinate your Medicare and Medicaid 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)
Additional services (Continued)	Dialysis	$0	As a Medicare Medicaid Coordination Plan, we will coordinate your Medicare and Medicaid 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. As a Medicare Medicaid Coordination Plan, we will coordinate your Medicare and Medicaid benefits.
	Health education	$0	Programs to help you learn to manage your health conditions, including health education, learning materials, and care tips. As a Medicare Medicaid Coordination Plan, we will coordinate your Medicare and Medicaid benefits.
	Meal benefit - Post-Discharge (Supplemental)	$0	Standard meal cycle is a 2-week menu and 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.*** As a Medicare Medicaid Coordination Plan, we will coordinate your Medicare and Medicaid benefits.
	Nurse Advice Line	$0	Our Nurse Advice Line is available 24 hours a day and 7 days a week. Call: (844) 847-9949, TTY: 711. As a Medicare Medicaid Coordination Plan, we will coordinate your Medicare and Medicaid 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)
Additional services (Continued)	Nutrition counseling (Supplemental)	$0	12 individual orgroup sessions every year, individual telephonic nutrition counseling upon request. As a Medicare Medicaid Coordination Plan, we will coordinate your Medicare and Medicaid benefits.
	Opioid Treatment Program Services	$0	***Prior authorization may be required.*** As a Medicare Medicaid Coordination Plan, we will coordinate your Medicare and Medicaid benefits.
	Outpatient blood services	$0	3 pint deductible waived As a Medicare Medicaid Coordination Plan, we will coordinate your Medicare and Medicaid benefits.
	Outpatient substance abuse	$0	There is no coinsurance or copayment for individual or group therapy visits. As a Medicare Medicaid Coordination Plan, we will coordinate your Medicare and Medicaid 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)	Pre-funded debit card (MyChoice Card)	$0	You receive a $153 combined monthly allowance on a pre-funded debit card that may be used towards select supplemental plan benefits such as: • Over-the-Counter items • Transportation (Non-Emergency) • 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 Medicaid Coordination Plan, we will coordinate your Medicare and Medicaid benefits.
	Radiation therapy	$0	***Prior authorization may be required.*** As a Medicare Medicaid Coordination Plan, we will coordinate your Medicare and Medicaid benefits.
	Services to help manage your disease	$0	See the description for the specific service(s) recommended by your provider(s). ***Prior authorization may be required.*** As a Medicare Medicaid Coordination Plan, we will coordinate your Medicare and Medicaid 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)
Additional services (Continued)	Special Supplemental Benefits for the Chronically Ill (Supplemental)*	$0	You receive $153 combined monthly allowance ona pre-funded debit card that may be used towards select supplmental 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 doesn't carry over to next month. ***Prior authorization may be required.*** Members must meet the criteria outlined in **Chapter 4** of the *Evidence of Coverage.* As a Medicare Medicaid Coordination Plan, we will coordinate your Medicare and Medicaid benefits.
	Worldwide Emergency/ Urgent Coverage (Supplemental)	$0	You are covered forworldwide emergency and urgent care services up to $10,000. As a Medicare Medicaid Coordination Plan, we will coordinate your Medicare and Medicaid benefits.

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 *Evidence of Coverage*. If you don’t have an *Evidence of Coverage*, call Molina Medicare Complete Care 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

There are some services that you can get that aren't covered by Molina Medicare Complete Care 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
Acupuncture	$0 Available for people with chronic low back pain under certain circumstances.
Dental Services	$0 You can obtain preventive and comprehensive dental services through your Medicaid benefits (Idaho Smiles program). Your Medicaid dental benefits are not managed by our plan. All Medicaid dental services follow Medicaid coverage rules. Services must be provided by the State Medicaid benefits administrator, MCNA. For more information, call MCNA Dental at 1-855-233-6262 (Monday – Friday, 6 a.m. - 6 p.m.), TTY: 1-800-377-3529 or visit the MCNA Idaho web site at https://www.mcnaid.net/en/home. You can find a dentist in the MCNA network by using the Online Provider Directory at https://www.mcnaid.net/en/find-dentist. As a Medicare Medicaid Coordination Plan, we will coordinate your Medicare and Medicaid benefits.
Developmental Disabilities (DD) Services including but not limited to targeted service coordination, adult day health, supported employment, respite care	$0 These are services available to individuals who qualify for the Developmental Disabilities (DD) waiver. Your care coordinator can give you more information about these services and how people qualify to receive them. As a Medicare Medicaid Coordinated Plan, we will coordinate your Medicare, Medicaid, and any Waiver services you are qualified to receive.

Benefits covered outside of Molina Medicare Complete Care (Continued)

Other services covered by Medicare, Medicaid, or a State Agency	Your costs
Intermediate Care Facility Services	$0 These services are Medicaid services covered outside our plan. As a Medicare Medicaid Coordination Plan, we will coordinate your Medicare and Medicaid services.
Non-Emergency Medical Transportation	$0 You have additional non-emergency transportation benefits under your Idaho Medicaid benefits. Your Medicaid non-emergency transportation benefits are not managed by our plan. Idaho Medicaid contracts with Medical Transportation Management, Inc. (MTM) to provide these services. For more information or to schedule a ride, call MTM at 1-877-503-1261 (Monday – Friday, 8 a.m. - 6 p.m.), TTY: 1-888-561-8747. You can also schedule a ride at medicaltrip.net. As a Medicare Medicaid Coordination Plan, we will coordinate your Medicare, Medicaid, and any Waiver services you qualify to receive.
Tribal Federally Qualified Health Centers and Indian Health Service Clinic Services	$0 These services are Medicaid services covered outside our plan. As a Medicare Medicaid Coordination Plan, we will coordinate your Medicare and Medicaid services.

E. Services that Molina Medicare Complete Care, Medicare, and Medicaid do not 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, Medicare, and Medicaid don't cover	
Cosmetic surgery or procedures	Covered in cases of an accidental injury or for improvement of the functioning of a malformed body member. Covered for all stages of reconstruction for a breast after a mastectomy, as well as for the unaffected breast to produce a symmetrical appearance.
Custodial Care Custodial care is personal care that does not require the continuing attention of trained medical or paramedical personnel, such as care that helps you with activities of daily living, such as bathing or dressing.	Covered under Medicaid, restrictions may apply.
Experimental medical and surgical procedures, equipment, and medications. Experimental procedures and items are those items and procedures determined by Original Medicare to not be generally accepted by the medical community.	May be covered by Original Medicare under a Medicare-approved clinical research study or by our plan. (See Chapter 3, Section 5 for more information on clinical research studies.)
Fees charged for care by your immediate relatives or members of your household.	**Not covered under any condition.**
Full-time nursing care in your home	Covered under Medicaid, restrictions may apply.
Homemaker services including basic household assistance, such as light housekeeping or light meal preparation.	Covered under Medicaid, restrictions may apply. Some services may be covered under your supplemental In-Home Support Services benefit. See "In-Home Support Services" in the Medical Benefits Chart above for more information.
Naturopath services (uses natural or alternative treatments).	**Not covered under any condition.**
Orthopedic shoes or supportive devices for the feet	Shoes that are part of a leg brace and are included in the cost of the brace, Orthopedic or therapeutic shoes for people with diabetic foot disease.
Private room in a hospital.	Covered only when medically necessary.

Services that Molina Medicare Complete Care, Medicare, and Medicaid do not cover (Continued)

Services Molina Medicare Complete Care, Medicare, and Medicaid don't cover	
Personal items in your room at a hospital or a skilled nursing facility, such as a telephone or a television.	**Not covered under any condition.**
Reversal of sterilization procedures and/or non-prescription contraceptive supplies.	**Not covered under any condition.**
Radial keratotomy, LASIK surgery, and other low vision aids.	This plan offers additional vision coverage. See "Vision care" in the Benefits Chart, Radial keratotomy, LASIK surgery, and other low vision aids. Section 2.1 of this Chapter for more information**.**
Services considered not reasonable and necessary, according to Original Medicare standards	Covered under Medicaid if deemed appropriate and meets service requirements. Restrictions may apply.

F. Your rights as a member of the plan

As a member of Molina Medicare Complete Care, 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 *Evidence of Coverage*. 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 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 Medicare Complete Care 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
  - 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
  - File a complaint with Idaho Medicaid at 1-833-814-8568 or through the Idaho Medicaid Complaint Submission System at medicaidcomplaints.dhw.idaho.gov. The Molina Medicare Complete Care website MolinaHealthcare.com/Medicare has complaint forms, and instructions available online.
  - Ask for an IMR of Medicaid services or items that are medical in nature
  - Appeal certain decisions made by our providers
  - Ask for a State Hearing
  - Get a detailed reason for why services were denied

For more information about your rights, you can read the *Evidence of Coverage*. If you have questions, you can call Molina Medicare Complete Care Member Services at the numbers listed at the bottom of this page. For more information you may also call the Idaho Medicaid Beneficiary Support call center at 1-833-814-8568.

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

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

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

You may file a complaint (grievance) or someone else may file the complaint (grievance) on your behalf.

To file a complaint (grievance)

- Call Member Services at (844) 239-4913
- Fax your complaint to (562) 499-0610
- Or you can write to Molina Complete Care

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

You can make a complaint at any time unless it is about a Part D drug. If the complaint is about a Part D drug, you must make it within 60 calendar days after you had the problem you want to complain about.

You may file an appeal request within 60 days of receiving the coverage decision. You may file your appeal orally or in writing. To appeal a decision about medical coverage:

- Call Member Services at (844) 239-4913
- Fax your appeal to (562) 499-0610
- Or you can write to:

  Molina Medicare Complete Care
  Attn: Grievance and Appeals
  P.O. Box 22816
  Long Beach, CA 90801-9977

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 Member Services. Phone numbers are the numbers listed at the bottom of this page.
  - Or, call the Medicaid Customer Service Center at 208-334-5754.
  - 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.
  - Or, call the Idaho State Medicaid Fraud Hotline 1–866-635-7515 or by email at welfraud@dwh.idaho.gov.

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

(844) 239-4913

Calls to this number are free. Calls to this number are free. The Member Services line is open 24/7, if you call after hours, there is an option to leave a voice message. If you need urgent assistance or are in crisis, the IVR will route you to the Nurse Advice Line for additional, live support.

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

TTY: 711

This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking.

Calls to this number are free. The Member Services line is open 24/7, if you call after hours, there is an option to leave a voice message. If you need urgent assistance or are in crisis, the IVR will route you to the Nurse Advice Line for additional, live support.

What to do if you suspect fraud (Continued)

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

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

(844) 847-9949.

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

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

TTY: 711

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

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

(855) 597-1427

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

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

TTY: 711

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

Additional resources:

24/7 National Suicide Prevention Lifeline: (800) 237-9255

National Suicide and Crisis Lifeline: Dial 988 (1 for veterans)

Crisis Text Line: text the word 'Home' to 741-741

Notice of Availability

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

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

English

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

Spanish

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos para asistirle en su idioma.

También dispone de ayudas y servicios auxiliares gratuitos para proporcionar información en formatos accesibles.

Llame al número del Departamento de Servicios para Miembros que figura en el reverso de su tarjeta de identificación o hable con su proveedor.

Simplified Chinese

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

Traditional Chinese

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

Russian

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

Haitian Creole

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

Korean

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

Italian

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

Yiddish

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

Bengali

মনোযোগ দিন: যদি আপনি বাংলা বলেন, তাহলে আপনার জনয্ বিনামূলেয্ ভাষা সহায়তা পরিষেবাদি উপলব্ধ রয়েছে। অয্াকে্সসযোগয্ ফরময্াটে তথয্ পর্দানের জনয্ উপযুক্ত সহায়ক সহযোগিতা এবং পরিষেবাদিও বিনামূলেয্ উপলব্ধ রয়েছে। আপনার আইডি কাডের্র পিছনে থাকা সদসয্ পরিষেবা নমব্রে কল করুন অথবা আপনার পর্দানকারীর সাথে কথা বলুন।

Polish

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

Arabic

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

French

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

Urdu

اردو

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

Tagalog

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

Greek

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

Albanian

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

German

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

Pennsylvania Dutch

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

Vietnamese

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

Somali

FIIRO GAAR AH: Haddii aad ku hadasho Soomaali, adeegyada caawimaada luuqada oo bilaash ah ayaad heli kartaa.

Agabka kaalmaatiga oo sax ah iyo adeegyada xogta ku bixiya qaab la heli karo ayaa sidoo kale lagu heli karaa lacag la'aan.

Wac lambarka Adeegyada Macaamiisha ee ku qoran dhabarka danbe ee kaarkaaga aqoonsiga ama la hadal dhakhtarkaaga.

Japanese

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

Ukrainian

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

Romanian

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

Amharic

ማስታወሻ፣ አማርኛ የምናገሩ ከሆነ፣ ነፃ የቋንቋ ድጋፍ አገልግሎቶች ለእርስዎ ይኖራል። እንዲሁም፣በሚገኙ ቅርፀቶች መረጃ ለማቅረብ ተገቢ የመርጃ ድጋፎች እና አገልግሎቶች በነፃ ይኖራሉ። በID ካርድዎ ጀርባ ላይ ባለው የአባላት አገልግሎቶች ቁጥር ይደውሉ ወይም አቅራቢዎን ያነጋግሩ።

Thai

หมายเหตุ: หากคุณใช้ภาษา ไทย เรามีบริการความช่วยเหลือด้านภาษาฟรี นอกจากนี้ ยังมีเครื่องมือและบริการช่วยเหลือเพื่อให้ข้อมูลในรูปแบบที่เข้าถึงได้โดยไม่เสียค่าใช้จ่าย โปรดติดต่อหมายเลข ฝ่ายบริการสมาชิกที่ระบุไว้ด้านหลังบัตรประจำตัวของคุณหรือพูดคุยกับผู้ให้บริการของคุณ

Persian

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

Samoan

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

Ilocano

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

Gujarati

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

Portuguese

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

Hindi

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

Khmer

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

Laotian

ເຊີນຊາບ: ຖ້າທ່ານເວົ້າພາສາ ລາວ, ຈະມີບໍລິການຊ່ວຍດ້ານພາສາແບບບໍ່ເສຍຄ່າໃຫ້ທ່ານ. ມີເຄື່ອງຊ່ວຍ ແລະ ການບໍລິການແບບບໍ່ເສຍຄ່າ ທີ່ເໝາະສົມເພື່ອໃຫ້ຂໍ້ມູນໃນຮູບແບບທີ່ສາມາດເຂົ້າເຖິງໄດ້. ໂທຫາເບີບໍລິການສະມາຊິກຢູ່ດ້ານຫຼັງບັດປະຈຳຕົວຂອງທ່ານ ຫຼື ລົມກັບຜູ້ໃຫ້ບໍລິການຂອງທ່ານ.

Karen

ဟ်သူၢ်ဟ်သး– နမ့ၢ်ကတိၤ ကညီကျာ် အယိ, တၢ်အိၢ်ဒီး ကျာ်တၢ်ဆီၢ်ထွဲမၤစၢၤ လၢတလာ်ဘူၢ်လာ်စ့ၤ လၢနဂီၢ်လီၤ. တၢ်အိၢ်ဒီး တၢ်မၤစၢၤတၢ်နၢ်ဟူပီးလီဒီး တၢ်မၤစၢၤတၢ်မၤ လၢအကြားအဘၢၢ် လၢကဟ့ၢ် တၢ်ဂုၢ်တၢ်ကျိၤ လၢတၢ်မၤနၢ်အီၤသူတဖၢ် လၢတလာ်ဘူၢ်လာ်စ့ၤ လၢနဂီၢ်လီၤ. ကိး ကရၢဖိတၢ်မၤစၢၤတၢ်မၤ အလီတဲစိနီၢ် ဂံၢ်လၢ အိၢ်ဖဲနလာ်အုၢ်သး (ID) ခးက့အလိၤ မ့တမ့ၢ် တဲတၢ်ဒီး ပှၤလၢအဟ့ၢ်နၤတၢ်ကွၢ်ထွဲနှၢ် တက့ၢ်.

Swahili

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

Serbian

PAŽNJA: Ukoliko govorite Srpski, dostupne su vam besplatne usluge jezičke podrške.

Dostupne su vam i besplatne odgovarajuće pomoći i usluge za pružanje informacija u formatima za lak pristup.

Pozovite broj za usluge za članove koji se nalazi na poleđini vaše ID kartice ili se obratite pružaocu usluge.

Croatian

PAŽNJA: Ako pričate Hrvatski, na raspolaganju su vam besplatne usluge pomoći za jezik.

Odgovarajuća pomoćna sredstva i usluge za pružanje informacija u pristupačnim formatima također su dostupne besplatno.

Nazovite broj Službe za članove na poleđini vaše osobne iskaznice ili razgovarajte sa svojim pružateljem usluga.

Nepali

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

Yoruba

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

Tamil

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

Navajo

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

Shoshone

NENKAHI: Uuiss en taikw Sosohni, yu yowk taikwa tuwahntsawaiyn mahhpittsiyahnkuuk en. To kwain tuwahntsawaiyn tes tuwahntsawaiyn uut uutinantuuinkehn uukuup tsa taw natehpop suwait mampittsiyankunk yuyowk nai nimeht. Nimai suun suhmah tuwahntsawaiyn tetehtsep piinak tehpop en nuwaiyn en taikw uhmah natsu tainepeh tes waipeh.

Choctaw

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

Punjabi

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

Syriac

ܫܡܘܥ ܗܘ .ܕܝܠܟ ܐܝܬ ܠܐ ܐܢ ܐܦ ܐܝܬ ܠܟ ܕ


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