2027

# Summary of Benefits

## Senior Whole Health SCO (HMO D-SNP)

Massachusetts H2224-001-000

Serving: Bristol, Essex, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, Worcester Counties

Effective January 1 through December 31, 2027

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MOLINA® HEALTHCARE

## Senior Whole Health SCO (HMO D-SNP) | 2027 Summary of Benefits

## Introduction

This document is a brief summary of the benefits and services covered by Senior Whole Health SCO (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 Senior Whole Health SCO (HMO D-SNP). Key terms and their definitions appear in alphabetical order in the last chapter of the *Member Handbook (*formerly known as the *Evidence of Coverage* or *EOC)*.

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## A. Disclaimers

This is a summary of health services covered by Senior Whole Health SCO (HMO D-SNP) for January 1, 2026. This is only a summary. Please read the Member Handbook for the full list of benefits. Please call Member Services at (888) 794-7268 (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 to request a copy of the Member Handbook or go to MolinaHealthcare.com.

- Senior Whole Health SCO is offered by Senior Whole Health, LLC., doing business as Molina Healthcare of Massachusetts.
- Molina Healthcare Senior Whole Health SCO is a Dual Special Needs Plan (D-SNP) with a Medicare contract and a contract with the Commonwealth of Massachusetts Medicaid program. Enrollment in the plan depends on the plan's contract renewal with Medicare.
- Estate Recovery Awareness: MassHealth is required by federal law to recover money from the estates of certain MassHealth memberswho are age 55 years or older, and who are any age and are receiving long-term care in a nursing home or other medical institution. Formore information about MassHealth estate recovery, please visit www.mass.gov/estaterecovery.
- 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 MassHealth (Medicaid), you can contact the Office of the Ombudsman by phone at 1-855-781-9898 (Toll Free), videophone (VP) users may call (339) 224-6831, Monday-Friday, 9 a.m.-4p.m.
- You can get this document for free in other formats, such as large print, braille, or audio. Call (888) 794-7268 (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. The call is free.
- This document is available for free in Spanish.
- To request your preferred language other than English and/or alternate format, call Senior Whole Health SCO (HMO D-SNP) Member Services at (888) 794-7268, TTY: 711, 8 a.m. to 8 p.m., local time, 7 days a week, 8 a.m. to 8 p.m., local time. This is available for free.
- We will maintain a record of our members' 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 our members will not have to make a separate request each time.
- To change a standing request, call Member Services at (888) 794-7268, TTY: 711, Monday – Friday, 8 a.m. – 8 p.m., local time.

## B. Frequently asked questions (FAQ)

The following table lists frequently asked questions.

| Frequently Asked Questions | Answers |
|---|---|
| **What's a Senior Care Options (SCO) Plan?** | Senior Care Options (SCO) is a managed care program that combines MassHealth (Medicaid) and Medicare benefits into a single plan with one care and one care team for people ages 65 or older. With SCO, you'll have a care coordinator to help you manage your care, stay healthy, and access the services you need.<br><br>People eligible for SCO generally have no or low monthly premiums, no copays, and little to no out-of-pocket costs for most covered services. SCO covers medical, behavioral health, and prescription medications, plus specialized geriatric support services.<br><br>Senior Whole Health SCO (HMO D-SNP) is a SCO Plan that provides benefits of MassHealth (Medicaid) and Medicare to enrollees in the SCO program. |
| **Will I get the same Medicare and MassHealth (Medicaid) benefits in Senior Whole Health SCO (HMO D-SNP) that I get now?** | You'll get most of your covered Medicare and MassHealth (Medicaid) benefits directly from Senior Whole Health SCO (HMO D-SNP). 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 agency like the Department of Mental Health or the Department of Developmental Services.<br><br>When you enroll in Senior Whole Health SCO (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.<br><br>If you're taking any Medicare Part D drugs that Senior Whole Health SCO (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 Senior Whole Health SCO (HMO D-SNP) to cover your drug if medically necessary. For all other services, you can keep using your doctors and getting your current services for 90 days, or until your assessment and care plan is complete. 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 Senior Whole Health SCO (HMO D-SNP) and have a contract with us, you can keep going to them.<br>• 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 Senior Whole Health SCO (HMO D-SNP)'s network**. If you use providers or pharmacies that aren't in our network, the plan may not pay for these services or drugs.<br>• If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of Senior Whole Health SCO (HMO D-SNP)'s plan. Refer to Chapter 3 (Using the Plan's Coverage for Your Medical Services) in the Member Handbook for detailed information on emergency, out-of-network, and out-of-area coverage.<br>• If you're currently under treatment with a provider that's out of Senior Whole Health SCO (HMO D-SNP)'s network, or have an established relationship with a provider that's out of Senior Whole Health SCO (HMO D-SNP)'s network, call Member Services to check about staying connected.<br>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 Senior Whole Health SCO (HMO D-SNP)'s Provider and Pharmacy Directory on the plan's website at MolinaHealthcare.com.<br>If Senior Whole Health SCO (HMO D-SNP) is new for you, we'll work with you to develop a care plan to address your needs. |
| **What's a Senior Whole Health SCO (HMO D-SNP) care coordinator?** | A Senior Whole Health SCO (HMO D-SNP) 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. In some cases, a county or other agency may administer these services, 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 Senior Whole Health SCO (HMO D-SNP)'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, Senior Whole Health SCO (HMO D-SNP) will pay for the cost of an out-of-network provider. |
| **Where's Senior Whole Health SCO (HMO D-SNP)available?** | The service area for this plan includes: Bristol, Essex, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, Worcester Counties, Massachusetts. You must live in one of these areas to join the plan. |
| **What's prior authorization?** | Prior authorization means an approval from Senior Whole Health SCO (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. Senior Whole Health SCO (HMO D-SNP) may not cover the service, procedure, item, or drug if you don't get prior authorization.<br><br>**If you need urgent or emergency care or out-of-area dialysis services, you don't need to get prior authorization first**. Senior Whole Health SCO (HMO D-SNP) can provide you or your provider with a list of services or procedures that require you to get prior authorization from Senior Whole Health SCO (HMO D-SNP) before the service is provided.<br><br>Refer to **Chapter 3**, of the Member Handbook to learn more about prior authorization. Refer to the Benefits Chart in **Chapter 4** of the Member Handbook to learn which services require a prior authorization.<br><br>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 Senior Whole Health SCO (HMO D-SNP)?** | Members won't have to pay monthly premiums, including the Medicare Part B premium, for their health coverage.<br><br>Some MassHealth (Medicaid) members with higher incomes may need to pay Medicare Part B Premiums. Additionally, if you pay a premium to MassHealth (Medicaid), you must continue to pay the premium to MassHealth (Medicaid) to keep your coverage. For more information, call the MassHealth (Medicaid) Customer Service Center at 1-800-841-2900 or 711 for people who have difficulty with hearing or speaking. You must have special telephone equipment to call it. |
| **Do I pay a deductible as a member of Senior Whole Health SCO (HMO D-SNP)?** | No. You don't pay deductibles in Senior Whole Health SCO (HMO D-SNP). |

## Frequently asked questions (FAQ) (Continued)

| Frequently Asked Questions | Answers |
|---|---|
| **What's the maximum out-of-pocket amount that I'll pay for medical services as a member of Senior Whole Health SCO (HMO D-SNP)?** | There's no cost sharing for medical services in Senior Whole Health SCO (HMO D-SNP), so your annual out-of-pocket costs will be $0. |
| **What's a Geriatric Support Services Coordinator (GSSC)?** | A Senior Whole Health SCO (HMO D-SNP) GSSC is a person on your care team who is an expert in long-term services and supports and/or recovery services. This person helps you get services that help you live independently in your home. Please tell your care coordinator if you're interested in a referral to a GSSC. |

## 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 | ***Prior authorization may be required.***<br><br>Our plan covers 90 days during a benefit period for an inpatient hospital under your Medicare benefit. A benefit period begins on the first day that you are admitted to a Medicare-covered hospital or skilled nursing facility (SNF). The benefit period ends when you haven't received any inpatient hospital care (or skilled care in a SNF) for 60 days in a row. If you go into a hospital or a SNF after one benefit period ends, a new benefit period begins. There is no limit to the number of benefit periods you can have. We cover additional medically necessary inpatient hospital days under your MassHealth (Medicaid) benefit.<br><br>As a Senior Care Options Plan, we will coordinate your Medicare and MassHealth (Medicaid) benefits. |
| | Outpatient hospital services, including observation | $0 | ***Prior authorization may be required.***<br><br>As a Senior Care Options Plan, we will coordinate your Medicare and MassHealth (Medicaid) benefits. |
| | Ambulatory surgical center (ASC) services | $0 | ***Prior authorization may be required.***<br><br>As a Senior Care Options Plan, we will coordinate your Medicare and MassHealth (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 hospital care (Continued)** | Doctor or surgeon care | $0 | ***Prior authorization may be required.***<br>As a Senior Care Options Plan, we will coordinate your Medicare and MassHealth (Medicaid) benefits. |
| **You want a doctor** | Visits to treat an injury or illness | $0 | As a Senior Care Options Plan, we will coordinate your Medicare and MassHealth (Medicaid) benefits. |
| | Care to keep you from getting sick, such as flu shots and screenings to check for cancer | $0 | Covered Medicare Part B services include:<br>• Pneumonia vaccine<br>• Flu shots, once each flu season in the fall and winter, with additional flu shots if medically necessary<br>• Hepatitis B vaccine if you are at high or intermediate risk of getting Hepatitis B<br>• COVID-19 vaccine<br>• Other vaccines if you are at risk and they meet Medicare Part B coverage rules.<br>We also cover some vaccines under our Part D prescription drug benefit. As a Senior Care Options Plan, we will coordinate your Medicare and MassHealth (Medicaid) benefits. |
| | Wellness visits, such as a physical | $0 | Annual Wellness visit every 12 months. |

| 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)** | "Welcome to Medicare" (preventive visit one time only) | $0 | Your first annual wellness visit can't take place within 12 months of your "Welcome to Medicare" preventive visit. However, you don't need to have had a "Welcome to Medicare" visit to be covered for annual wellness visits after you've had Part B for 12 months.<br><br>As a Senior Care Options Plan, we will coordinate your Medicare and MassHealth (Medicaid) benefits. |
| | Specialist care | $0 | ***Prior authorization may be required.***<br><br>As a Senior Care Options Plan, we will coordinate your Medicare and MassHealth (Medicaid) benefits. |
| **You need emergency care** | Emergency room services | $0 | Emergency room services provided in or out-of-network do not require prior authorization.<br><br>If you receive emergency care at an out-of network hospital and need inpatient care after your condition is stabilized, you must have your inpatient care at the out-of-network hospital authorized by the plan.<br><br>Worldwide emergency coverage is covered up to $10,000 per year as a Medicare Supplemental Benefit.<br><br>As a Senior Care Options Plan, we will coordinate your Medicare and MassHealth (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 emergency care (Continued)** | Urgent care | $0 | Urgent care provided in or out-of-network does not require prior authorization.<br><br>Urgently needed services are provided to treat a non-emergency, unforeseen medical illness, injury, or condition that requires immediate medical care.<br><br>Our plan covers worldwide emergency and urgent care services up to $10,000 per year as a Medicare Supplemental Benefit. Contact the plan for details.<br><br>As a Senior Care Options Plan, we will coordinate your Medicare and MassHealth (Medicaid) 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 for some services.***<br><br>*No authorization is required for outpatient lab services and outpatient X-ray services.*<br><br>As a Senior Care Options Plan, we will coordinate your Medicare and MassHealth (Medicaid) benefits. |
| | Lab tests and diagnostic procedures, such as blood work | $0 | ***Genetic lab testing requires prior authorization.***<br><br>Outpatient Lab services do not require prior authorization.<br><br>As a Senior Care Options Plan, we will coordinate your Medicare and MassHealth (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 (Continued)** | Screening tests, such as tests to check for cancer | $0 | ***Prior authorization may be required.***<br>As a Senior Care Options Plan, we will coordinate your Medicare and MassHealth (Medicaid) benefits. |
| **You need hearing/auditory services** | Hearing screenings | $0 | Routine hearing exams are covered under the MassHealth (Medicaid) benefit.<br>As a Senior Care Options Plan, we will coordinate your Medicare and MassHealth (Medicaid) benefits. |
| | Hearing aids | $0 | Fittings/evaluations for hearing aids can be done once every calendar year under your MassHealth (Medicaid) benefit. Hearing aids are covered under the MassHealth (Medicaid) benefit.<br>As a Senior Care Options Plan, we will coordinate your Medicare and MassHealth (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 dental care** | Dental check-ups and preventive care | $0 | Plan covers the following dental services:<br>• Diagnostic<br>• Preventive<br>• Restorative Services<br>• Endodontics<br>• Periodontics<br>• Prosthodontics (removable)<br>• Prosthodontics (fixed)<br>• Oral and Maxillofacial Surgery<br>• Adjunctive General Services<br>We have established a partnership with DentaQuest to provide comprehensive dental coverage that aligns with the services offered by MassHealth (Medicaid) benefit, without any annual benefit caps. Services will be covered when they are received from a DentaQuest-affiliated provider.<br>You must use a network provider. To find a dental provider near you, you can search online at MolinaHealthcare.com or call member services for help.<br>As a Senior Care Options Plan, we will coordinate your Medicare and MassHealth (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 dental care (Continued)** | Restorative and emergency dental care | $0 | ***Prior authorization may be required.***<br><br>We have established a partnership with DentaQuest to provide comprehensive dental coverage that aligns with the services offered by MassHealth (Medicaid) benefit, without any annual benefit caps. Services will be covered when they are received from a DentaQuest-affiliated provider.<br><br>Our plan covers additional dental services including emergency care visits, X-rays, extractions and oral surgery under your MassHealth (Medicaid) benefit to find a dental provider near you, you can search online at MolinaHealthcare.com or call member services for help.<br><br>As a Senior Care Options Plan, we will coordinate your Medicare and MassHealth (Medicaid) benefits. |
| **You need eye care** | Eye exams | $0 | ***Prior authorization is not required.***<br><br>You may be able to access additional vision services, including eye exams, through your MassHealth (Medicaid) benefit.<br><br>To find an in-network provider near you, you can search online at MolinaHealthcare.com or call member services for help.<br><br>As a Senior Care Options Plan, we will coordinate your Medicare and MassHealth (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 eye care (Continued)** | Glasses or contact lenses | $0 | MassHealth (Medicaid) covers one pair of eyeglass frames or contact lenses per year.<br><br>In addition to MassHealth (Medicaid), Senior Whole Health SCO (HMO D-SNP) offers an additional $300 allowance every calendar year through your Medicare Supplemental benefit coverage.<br><br>You can use your eyewear allowance to purchase:<br>• Contact lenses<br>• Eyeglasses (lenses and frames)<br>• Eyeglass lenses and/or frames<br>• Upgrades (such as, tinted, U-V, polarized or photochromatic lenses)<br><br>As a Senior Care Options Plan, we will coordinate. |

| 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)** | Other vision care | $0 | Covered services include:<br>• Medicare-covered vision care such as exams to diagnose and treat diseases and conditions of the eye<br>• One Medicare-covered glaucoma screening each calendar year if you are at high risk of glaucoma<br>• One Medicare-covered diabetic retinopathy screening each calendar year if you have diabetes<br>• One pair of Medicare-covered eyeglasses or contact lenses after each cataract surgery that includes insertion of an intraocular lens<br>• Medicare-covered corrective lenses / frames (and replacement(s) needed after a cataract removal without a lens implant<br>You may have additional vision care benefits under your MassHealth (Medicaid) benefit, including professional care to diagnose and treat conditions of the eye.<br>As a Senior Care Options Plan, we will coordinate your Medicare and MassHealth (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 behavioral health services** | Behavioral health services | $0 | • Inpatient visit<br>• Outpatient group therapy visit<br>• Outpatient individual therapy visit<br>• Outpatient couples/family visit<br>As a Senior Care Options Plan, we will coordinate your Medicare and MassHealth (Medicaid) benefits. |
| | Inpatient and outpatient care and community-based services for people who need mental health services | $0 | ***Prior authorization may be required.***<br>In addition to your Medicare benefits, your MassHealth behavioral health benefits include inpatient and outpatient mental health and substance use disorder (SUD) services.<br>Your MassHealth behavioral health benefits also include community supports designed to prevent hospitalization.<br>As a Senior Care Options Plan, we will coordinate your Medicare and MassHealth (Medicaid) benefits. |
| **You need a substance use disorder services** | Substance use disorder services | $0 | Covered services include inpatient and outpatient treatment for substance use disorders (SUD). You also have coverage for some SUD treatment and detoxification services under your MassHealth (Medicaid) benefit.<br>As a Senior Care Options Plan, we will coordinate your Medicare and MassHealth (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 a substance use disorder services (Continued)** | Opioid treatment program services | $0 | No prior authorization is required for medications administered in an OPT.<br><br>Members of our plan with opioid use disorder (OUD) can receive coverage of services to treat OUD through an Opioid Treatment Program (OTP), includes:<br><br>• Agonist and antagonist medication-assisted treatment (MAT) medications.<br>• Dispensing and administration of MAT medications (if applicable)<br>• Substance use counseling<br>• Individual and group therapy<br>• Toxicology testing<br>• Intake activities<br>• Periodic assessments<br><br>No prior authorization is required for medications administered in an OPT.<br><br>You may have additional opioid treatment benefits under your MassHealth (Medicaid) benefit.<br><br>As a Senior Care Options Plan, we will coordinate your Medicare and MassHealth (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 a place to live with people available to help you** | Skilled nursing care | $0 | ***Prior authorization may be required.***<br><br>Our plan covers up to 100 days in a skilled nursing facility (SNF) under your Medicare benefit. Additional days are covered under the MassHealth (Medicaid) benefit. We do not require a 3-day hospital stay prior to admission. As a Senior Care Options Plan, we will coordinate your Medicare and MassHealth (Medicaid) benefits. |
| | Nursing home care | $0 | ***Prior authorization may be required.***<br><br>Medicare does not 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.<br><br>You have coverage for institutional long-term nursing home care or long-term services and supports under your MassHealth (Medicaid) benefit.<br><br>Your care coordinator can help you obtain more information about these services and whether you might qualify.<br><br>As a Senior Care Options Plan, we will coordinate your Medicare and MassHealth (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 a place to live with people available to help you (Continued)** | Adult Foster Care and Group Adult Foster Care | $0 | ***Prior authorization may be required.***<br><br>AFC is for members who need daily help with personal care and want to live in a family setting rather than in a nursing home or other facility.<br><br>AFC members live with trained paid caregivers who provide daily care.<br><br>The caregiver provides meals, companionship, personal care assistance, and 24- hour supervision. Caregivers may be individuals, couples or larger families.<br><br>GAFC includes personal care services for eligible members with disabilities who live in GAFC-approved housing. Housing may be an assisted living residence or specially designated public or subsidized housing.<br><br>AFC and GAFC are covered under your MassHealth (Medicaid) benefit.<br><br>As a Senior Care Options Plan, we will coordinate your Medicare and MassHealth (Medicaid) benefits. |
| **You need therapy after a stroke or accident** | Occupational, physical, or speech therapy | $0 | ***Prior authorization may be required.***<br><br>Physical therapy, occupational therapy, and speech and hearing therapy may also be covered under your MassHealth (Medicaid) benefit.<br><br>As a Senior Care Options Plan, we will coordinate your Medicare and MassHealth (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** | Ambulance services | $0 | • 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<br>• 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.<br>***Prior authorization is required for non-emergency ambulance transport except for interfacility transportation.***<br>Refer to "Worldwide emergency/ urgent coverage" in this chart if you need emergency ambulance transport outside the U.S.<br>As a Senior Care Options Plan, we will coordinate your Medicare and MassHealth (Medicaid) benefits. |
| | Emergency transportation | $0 | Our plan covers emergency transportation services as a MassHealth (Medicaid) benefit.<br>As a Senior Care Options Plan, we will coordinate your Medicare and MassHealth (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 have access to **unlimited non-emergency medical transportation** to covered healthcare appointments. You must contact the transportation broker at least **3 days before** your appointment to schedule your ride.<br><br>As a Senior Care Options Plan, we will coordinate your Medicare and MassHealth (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 Member Handbook for more information on these drugs.<br><br>***Prior authorization may be required.***<br><br>Step therapy may be required for certain drugs.<br><br>As a Senior Care Options Plan, we will coordinate your Medicare and MassHealth (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 drugs to treat your illness or Condition (Continued)** | Medicare Part D drugs<br>Tier 1: Preferred Generic<br>Tier 2: Generic<br>Tier 3: Preferred Brand<br>Tier 4: Non-Preferred Drugs<br>Tier 5: Specialty<br>Tier 6: Select Care Drug | **$0 for a 31-day supply.** | There may be limitations on the types of drugs covered. Please refer to Senior Whole Health SCO (HMO D-SNP)'s *List of Covered Drugs (Drug List)* for more information.<br>A 100-day supply is available at a retail and mail order pharmacy at no additional cost. There may be certain drugs that are limited to a 31-day supply.<br>Note: You have prescription drug coverage under Medicare Part D. MassHealth (Medicaid) does not cover any Medicare Part D drugs.<br>As a Senior Care Options Plan, we will coordinate your Medicare and MassHealth (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 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 Senior Whole Health SCO (HMO D-SNP)'s *List of Covered Drugs* (*Drug List*) for more information.<br><br>You get $155 every month on your pre-funded debit card that you can spend on plan-approved OTC items. Any amount that you do not use will not carry over into the next month.<br><br>You do not need a prescription from your doctor to get OTC items through this Medicare Supplemental Benefit.<br><br>This amount is combined with your Special Supplemental Benefits for the Chronically Ill (SSBCI) including Food and Produce*, 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.<br><br>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.<br><br>You can get more information about your pre-funded debit card in this Summary of Benefits and in **Chapter 4** of the *Member Handbook*. |

| 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.***<br>Physical therapy, occupational therapy, and speech and hearing therapy may be covered under your MassHealth (Medicaid) benefit.<br>As a Senior Care Options Plan, we will coordinate your Medicare and MassHealth (Medicaid) Benefits. |
| | Home infusion therapy | $0 | ***Prior authorization may be required.***<br>Covered services include, but are not limited to:<br>• Professional services, including nursing services<br>• Patient training and education<br>• Remote monitoring<br>• Monitoring services by a qualified home infusion therapy supplier<br>As a Senior Care Options Plan, we will coordinate your Medicare and MassHealth (Medicaid) Benefits. |
| | Cardiac rehabilitation services | $0 | ***Prior authorization may be required.***<br>Coverage includes comprehensive programs of cardiac rehabilitation services, including intensive cardiac rehabilitation.<br>As a Senior Care Options Plan, we will coordinate your Medicare and MassHealth (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 better or have special health needs (Continued)** | Diabetes screening | $0 | We cover this screening (includes fasting glucose tests) if you have any of the following risk factors:<br>• High blood pressure (hypertension)<br>• History of abnormal cholesterol and triglyceride levels (dyslipidemia)<br>• Obesity<br>• Or a history of high blood sugar (glucose)<br>Tests may also be covered if you meet other requirements, like being overweight and having a family history of diabetes.<br>Based on the results of these tests, you may be eligible for up to two diabetes screenings every 12 months.<br>As a Senior Care Options Plan, we will coordinate your Medicare and MassHealth (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 better or have special health needs (Continued)** | Medical equipment for home care | $0 | ***Prior authorization may be required.***<br>See the durable Medical Equipment (DME) section for more information. Some medical equipment and supplies may also be covered under your Home Health Agency Care benefit if you are receiving home health services.<br>Your MassHealth (Medicaid) benefit includes coverage of DME, medical supplies, and DME associated with home health care services.<br>As a Senior Care Options Plan, we will coordinate your Medicare and MassHealth (Medicaid) benefits. |
| | Dialysis services | $0 | Our plan covers dialysis services to treat kidney disease. If you need urgent or emergency out-of-area dialysis services, you can use out-of-network providers without prior authorization.<br>As a Senior Care Options Plan, we will coordinate your Medicare and MassHealth (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 | ***Prior authorization may be required.***<br>Medicare covered services include:<br>• Diagnosis and the medical or surgical treatment of injuries and diseases of the feet (such as hammer toe or heel spurs)<br>• Routine foot care for members with certain medical conditions affecting the lower limbs<br>We cover podiatric care not covered by Medicare under the MassHealth (Medicaid) benefit.<br>There is no coinsurance, copayment, or deductible for members eligible for this benefit.<br>As a Senior Care Options Plan, we will coordinate your Medicare and MassHealth (Medicaid) Benefits. |
| | Orthotic services | $0 | ***Prior authorization may be required.***<br>You may have additional coverage for orthotics under your MassHealth (Medicaid) benefit, including braces (non-dental) and other mechanical or molded devices to support or correct a defect.<br>As a Senior Care Options Plan, we will coordinate your Medicare and MassHealth (Medicaid) Benefits. |
| **You need durable medical equipment (DME)**<br>**Note:** This isn't a complete list of covered DME. For a complete list, contact | Wheelchairs, crutches, and walkers | $0 | ***Prior authorization may be required.***<br>As a Senior Care Options Plan, we will coordinate your Medicare and MassHealth (Medicaid) Benefits. |

| Health need or concern | Services you may need | Your costs for in-network providers | Limitations, exceptions, & benefit information (rules about benefits) |
|---|---|---|---|
| Member Services or refer to **Chapter 4** of the *Member Handbook* | Nebulizers | $0 | ***Prior authorization may be required.***<br>As a Senior Care Options Plan, we will coordinate your Medicare and MassHealth (Medicaid) Benefits. |
| | Oxygen equipment and supplies | $0 | ***Prior authorization may be required.***<br>Your MassHealth (Medicaid) benefit also includes coverage for oxygen and respiratory therapy equipment.<br>As a Senior Care Options Plan, we will coordinate your Medicare and MassHealth (Medicaid) benefits. |
| **You need help living at home** | Home health services | $0 | ***Prior authorization may be required.***<br>Prior to receiving home health services, a doctor must certify that you need home health services and will order home health services to be provided by a home health agency. You must be homebound, which means leaving home is a major effort.<br>Covered services include, but are not limited to:<br>• Part-time or intermittent skilled nursing and home health aide services<br>• Physical therapy, occupational therapy, and speech therapy<br>• Medical and social services<br>• Medical equipment and supplies<br>As a Senior Care Options Plan, we will coordinate your Medicare and MassHealth (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 | ***Prior authorization may be required.***<br><br>Home services, such as cleaning or housekeeping, and home modifications like grab bars are not covered by Medicare. These kinds of services may be available to you if you qualify for community-based services or Frail Elder Waiver (FEW) services. Your care coordinator can help you obtain more information about these services and whether you qualify.<br><br>As a Senior Care Options Plan, we will coordinate any of these additional services you may qualify to receive as part of your MassHealth (Medicaid) benefits. |
| | Adult day health or other support services | $0 | ***Prior authorization may be required.***<br><br>Adult day health services are covered under your MassHealth (Medicaid) benefit. These are center-based services that may include nursing services and health oversight, assistance with activities of daily living, nutritional and dietary services, counseling services, activities and transportation to and from a MassHealth (Medicaid) approved site. Your care coordinator can help you obtain information about adult day health services and whether you might qualify.<br><br>As a Senior Care Options Plan, we will coordinate your Medicare and MassHealth (Medicaid) benefits. |
| | Day habilitation services | $0 | |

## 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 living at home (Continued)** | Services to help you live on your own (home health care services or personal care attendant services) | $0 | ***Prior authorization may be required.***<br>Coverage includes:<br>• Companion services<br>• Environmental adaptation services<br>• Grocery shopping/delivery services<br>• Home-delivered meals<br>• Homemaker-assistance<br>• Laundry and cleaning services<br>• Personal care services<br>• Respite services<br>• Home-delivered meals<br>As a Senior Care Options Plan, we will coordinate your Medicare benefits, MassHealth (Medicaid) benefits, and any Frail Elder Waiver (FEW) services you qualify for. |
| **Additional services** | Acupuncture<br>- Routine (Supplemental) | $0 | ***Prior authorization may be required.***<br>Coverage includes:<br>• Up to 12 visits for chronic low back pain in 90 days are covered for Medicare;<br>• 8 additional visits for those demonstrating improvement.<br>• 40 visits/year for other conditions as a Medicare Supplemental benefit.<br>As a Senior Care Options Plan, we will coordinate your Medicare and MassHealth (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)** | Smoking and Tobacco Cessation Counseling | $0 | ***Prior authorization is not required.***<br>Covered services include:<br>Two counseling quit attempts per year<br>Each attempt includes up to four face-to-face visits<br>Plus 8 more visits offered in addition to Medicare as a Medicare Supplemental Benefit.<br>You may have additional coverage of tobacco cessation benefits under your MassHealth (Medicaid) benefit.<br>As a Senior Care Options Plan, we will coordinate your Medicare and MassHealth (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)** | Additional Telehealth Benefits | $0 | You pay a $0 copay for certain telehealth services, including:<br>• Cardiac Rehabilitation Services<br>• Primary Care Physician Services<br>• Chiropractic Services<br>• Occupational Therapy Services<br>• Physician Specialist Services<br>• Individual Sessions for Mental Health Specialty Services<br>• Group Sessions for Mental Health Specialty Services<br>• Podiatry Services<br>• Other Health Care Professional<br>• Individual Sessions for Psychiatric Services<br>• Group Sessions for Psychiatric Services<br>• Physical Therapy and Speech-Language Pathology Services<br>• Opioid Treatment Program Services<br>• Individual Sessions for Outpatient Substance Abuse<br>• Group Sessions for Outpatient Substance Abuse |

| 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 | ***Prior authorization may be required.***<br>Covered services include:<br>• Medically necessary "routine" chiropractic services<br>• Manual manipulation of the spine to correct subluxation<br>You may have additional coverage for chiropractic services under your MassHealth (Medicaid) benefit.<br>As a Senior Care Options Plan, we will coordinate your Medicare and MassHealth (Medicaid) benefits. |
| | Diabetes supplies and services | $0 | ***Prior authorization may be required for diabetic shoes and inserts.***<br>• Diabetes self-management training<br>• We have a preferred manufacturer for diabetic test strips.<br>• We have an exception request coverage review process for non-preferred brands.<br>As a Senior Care Options Plan, we will coordinate your Medicare and MassHealth (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. |
| | Health Education | $0 | Programs to help you learn to manage your health conditions, including health education, learning materials, and care tips. |

## 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)** | Nurse Advice Line | $0 | Our Nurse Advice Line is available 24 hours a day and 7 days a week. Call: English (833) 671-0425 Spanish (866) 648-3537, TTY: 711. |
| | Personal Emergency Response System (PERS) | $0 | ***Prior authorization may be required.***<br>PERS may be available to you if you qualify for Community-Based Services or Frail Elder Waiver services. Your care coordinator can help you obtain more information about these services and whether you qualify.<br>As a Senior Care Options Plan, we will coordinate any of these additional services you may qualify to receive as part of your MassHealth (Medicaid) benefits. |
| | Pre-funded Debit Card (Healthy You card) | $0 | $155 allowance every month on your pre-funded debit card (Healthy You card). This amount is combined with your Over-the-counter items, and Special Supplemental Benefits for the Chronically Ill (SSBCI) including Food and Produce*, and Utilities*.<br>Note: The OTC allowance on your pre-funded debit card (Healthy You card) is a Medicare Supplemental Benefit. Over-the-Counter and other drugs covered by MassHealth (Medicaid) may be covered if they are on the Senior Whole Health SCO (HMO D-SNP) Over-the-Counter (OTC) and other drugs list and you have a prescription.<br>As a Senior Care Options Health Plan, we will coordinate your Medicare and MassHealth (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)** | Prosthetic services | $0 | ***Prior authorization may be required.***<br>Devices (other than dental) that replace all or part of a body part or function.<br>These include but are not limited to:<br>• colostomy bags and supplies directly related to colostomy care<br>• pacemakers<br>• braces<br>• prosthetic shoes<br>• artificial limbs<br>• breast prostheses (including a surgical brassiere after a mastectomy)<br>• includes certain supplies related to prosthetic devices<br>• repair and/or replacement of prosthetic devices.<br>As a Senior Care Options Plan, we will coordinate your Medicare and MassHealth (Medicaid) benefits. |
| | Radiation therapy | $0 | ***Prior authorization may be required.***<br>Radiation (radium and isotope) therapy including technician materials and supplies.<br>As a Senior Care Options Plan, we will coordinate your Medicare and MassHealth (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)** | Services to help manage your disease | $0 | Covered services includes services by a physician or other accredited provider (registered nurse, physician assistant, nurse practitioner, or licensed dietitian)<br><br>As a Senior Care Options Plan, we will coordinate your Medicare and MassHealth (Medicaid) benefits. |
| | Special Supplemental Benefit for Chronically Ill Help with Certain Chronic Conditions (Supplemental)* | $0 | ***Prior authorization may be required.***<br><br>You receive a $155 combined monthly allowance on a pre-funded debit card that may be used towards select supplemental plan benefits such as:<br><br>Food and Produce<br><br>Utility Bills (Electricity and Natural Gas, Water)<br><br>Transportation for Non-Medical Needs<br><br>Please see the Pre-funded Debit Card (Healthy You Card) section for a complete list of benefit and services that are included in the combined allowance. Unused allowance does not carry over to next month.<br><br>Members must meet the criteria outlined in **Chapter 4** of the *Evidence of Coverage*. |

## 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)** | Transportation to non-medical appointments and services (NMT) | $0 | You get up to **80 one-way trips per year** to approved non-medical locations such as:<br>• Grocery stores<br>• Food pantries<br>• Fitness centers<br>• Pharmacies (for OTC items)<br>• Religious services<br>• Senior centers<br>This benefit is available for members who qualify for **Special Supplemental Benefits for the Chronically Ill (SSBCI)**.<br>**Note**: This is a **non-medical transportation** (NMT) benefit. For information on **non-emergency medical transportation (NEMT)** available through MassHealth (Medicaid), see earlier in this document. |
| | Worldwide Emergency/Urgent Coverage (Supplemental) | $0 | $0 copay<br>You are covered for worldwide emergency and urgent care services up to $10,000. |

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 Senior Whole Health SCO (HMO D-SNP) Member Handbook. If you don't have a Member Handbook, call Senior Whole Health SCO (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.

## D. Benefits covered outside of Senior Whole Health SCO (HMO D-SNP)

There are some services that you can get that aren't covered by Senior Whole Health SCO (HMO D-SNP) but are covered by Medicare, MassHealth (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, MassHealth (Medicaid), or a State Agency | Your costs |
|---|---|
| Certain hospice care services covered outside of Senior Care Options | $0 |
| Targeted case management | $0 |
| Rest home room and board | $0 |
| Transitional Support Services (TSS) for substance use disorders | $0 |

## E. Services that Senior Whole Health SCO (HMO D-SNP), Medicare, and MassHealth (Medicaid) don't cover

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

| **Services Senior Whole Health SCO (HMO D-SNP), Medicare, and MassHealth (Medicaid) don't cover** | |
|---|---|
| Experimental medical and surgical procedures, equipment and medications. Experimental procedures and items and procedures that are 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** of your *Member Handbook* for more information on clinical research studies). |
| 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. |
| Personal items in your room at a hospital or a skilled nursing facility, such as a telephone or a television | |

## F. Your rights as a member of the plan

As a member of Senior Whole Health SCO (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 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
  - Choose a Geriatric Supports Services Coordinator (GSSC)
  - 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 (SCO members have $0 cost sharing)
  - 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. Senior Whole Health SCO (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 for covered services within the time frames described in the Member Handbook and to file an appeal if you don't receive your care within those timeframes
- 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 doctors, other providers, and your health plan. Call (888) 794-7268 if you need help with this service.
- Have your *Member Handbook* and any printed materials from Senior Whole Health SCO (HMO D-SNP) translated into your prevalent language, and/or to have these materials read out loud to you if you have trouble seeing or reading. Oral interpretation services will be made available upon request and free of charge
- Be free of any form of physical restraint or seclusion that would be used as a means of coercion, force, discipline, convenience or retaliation.

- **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 about your MassHealth (Medicaid) benefits with My Ombudsman at (855) 781-9898 or by videophone at (339) 224-6831, Monday through Friday, 9:00 a.m. to 4:00 p.m., local time. The ombudsman is an independent program contracted by MassHealth to assist members (and their families, caregivers, representatives, and advocates) with information, issues, or concerns related to Senior Whole Health SCO (HMO D-SNP).
  - Appeal certain decisions made by Molina.
  - Ask for a State Hearing
  - Get a detailed reason for why services were denied

For more information about your rights, you can read the *Member Handbook*. If you have questions, you can call Senior Whole Health SCO (HMO D-SNP) Member Services at the numbers listed at the bottom of this page.

## Your rights as a member of the plan (Continued)

You can also call the special Ombudsman for people who have Medicare and MassHealth (Medicaid) at (855) 781-9898 (TTY:711), Monday – Friday 9 a.m.-4 p.m., or the MassHealth (Medicaid) Office of the Ombudsman at (855) 781-9898 (or use MassRelay at 711 or Videophone (VP) (339) 224-6831), Monday – Friday 9 a.m.-4 p.m.

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

If you have a complaint or think Senior Whole Health SCO (HMO D-SNP) should cover something we denied, call Member Services at the numbers listed at the bottom of this page. You may be able to appeal our decision.

For questions about complaints and appeals, you can read **Chapter 9** of the Member Handbook. You can also call Senior Whole Health SCO (HMO D-SNP) 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 the complaint (grievance):

- Call Member Services at (888) 794-7268 (TTY: 711)
- Fax your complaint to (562) 499-0610
- Write to:

  Molina Healthcare
  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 (888) 794-7268 (TTY: 711)
- Fax your complaint to (562) 499-0610
- Write to:

  Molina Healthcare
  Attn: Appeals & Grievances
  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 Senior Whole Health SCO (HMO D-SNP) Member Services. Phone numbers are listed at the bottom of this page.
- Or, call MassHealth (Medicaid) Customer Service Center at (800) 841-2900. TTY users may call (800) 497-4648.
- 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.

## I. What to do if you want independent help with a complaint or concern

My Ombudsman is an independent program that can help you if you have questions, concerns, or problems related to SCO. You can contact My Ombudsman to get information or assistance. My Ombudsman services are free. My Ombudsman staff:

- can answer your questions or refer you to the right place to find what you need.
- can help you address a problem or concern with SCO or your SCO plan, Senior Whole Health SCO (HMO D-SNP). My Ombudsman staff will listen, investigate the issue, and discuss options with you to help solve the problem.
- help with appeals. An appeal is a formal way of asking your SCO plan, MassHealth (Medicaid), or Medicare to review a decision about your services. My Ombudsman staff can talk with you about how to make an appeal and what to expect during the appeal process.

You can call, write, or visit My Ombudsman at its office.

- Call 1-855-781-9898, Monday through Friday from 9 a.m. to 4 p.m.
    - Use 7-1-1 to call 1-855-781-9898. This number is for people who are deaf, hard of hearing, or speech disabled.
    - Use Videophone (VP) 339-224-6831. This number is for people who are deaf or hard of hearing.
- Email info@myombudsman.org
- Write to or visit the My Ombudsman office at 25 Kingston Street, 4th floor, Boston, MA 02111
    - Please refer to the My Ombudsman website or contact them directly for updated information about location and walk-in hours.
- Visit My Ombudsman online at www.myombudsman.org

**If you have general questions or questions about our plan, services, service area, billing, or Member ID Cards, please call Senior Whole Health SCO (HMO D-SNP) Member Services:**

(888) 794-7268

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 member who requiere translation services.

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.

## What to do if you want independent help with a complaint or concern (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 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 Nurse Advice Line are:

English (833) 671-0425 Spanish (866) 648-3537

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

Senior Whole Health SCO (HMO D-SNP) also has free language interpreter services available for members who require translation services.

TTY: 711

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

**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 (888) 794-7268.

**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: 한국어를 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**

אַכטונג: אויב איר רעדט יידיש, שפּראַך הילף סערוויסעס זענען בארעכטיגט פריי פּאר 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। অয্াকেস্সযোগয্ 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 ທີ່ເໝາະສ້ມເພື່ອໃຫ້ຂໍ້ມູນໃນຮູບແບບທີ່ສາມາດເຂົ້າເຖິງໄດ້. ໂທຫາເບີບໍລິການສະມາຊິກຢູ່ດ້ານຫຼັງບັດປະຈຳຕ້ວຂອງທ່ານ ຫຼື ລ້ມກັບຜູ້ໃຫ້ບໍລິການຂອງທ່ານ.

**Karen**

ဟ်သူဉ်ဟ်သး– နမ့ၢ်ကတိၤ ကညီကျာ် အယိ, တၢ်အိဉ်ဒီး ကျာ်တၢ်ဆီဉ်ထွဲမၤစၢၤ လၢတလာ်ဘူဉ်လာ်စ့ၤ လၢနဂီၢ်လီၤ. တၢ်အိဉ်ဒီး တၢ်မၤစၢၤတၢ်နၢ်ဟူပီးလီဒီး တၢ်မၤစၢၤတၢ်မၤ လၢအကြားအဘဉ် လၢကဟ့ဉ် တၢ်ဂုၢ်တၢ်ကျိၤ လၢတၢ်မၤနၢ်အီၤသ့တဖဉ် လၢတလာ်ဘူဉ်လာ်စ့ၤ လၢနဂီၢ်လီၤ. ကိး ကရၢဖိတၢ်မၤစၢၤတၢ်မၤ အလီတဲစီနီဉ် ဂံၢ်လၢ အိဉ်ဖဲနလာ်အုဉ်သး (ID) ခးက့အလိၤ မ့တမ့ၢ် တဲတၢ်ဒီး ပှၤလၢအဟ့ဉ်နၤတၢ်ကွၢ်ထွဲနှဉ် 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 निःशुल्क 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 ਦੱਤੇ ਮੈਂਬਰ ਸਰਵਸਿਜ਼ ਨੰਬਰ 'ਤੇ ਕਾਲ ਕਰੋ ਜਾਂ ਤੁਹਾਡੇ ਪ੍ਰਦਾਤਾ ਨਾਲ ਗੱਲ ਕਰੋ।

**Syriac**

ܫܡܘܥ ܘܟܪ .ܐܬܘܪܝܬܐ ܠܫܢ ܡܫܬܡܫ ܐܢ ܐܢܬ ܐܢ ܟܬܘܒ ܘܟܪ : ܡܫܬ ܐܬܬ ܐܢ ܐܢ ܟܬܘܒ ܘܟܪ ܫܡܘܥ ܘܟܪ ܐܬܘܪܝܬܐ ܠܫܢ ܡܫܬܡܫ ܐܢ ܐܢܬ ܐܢ ܟܬܘܒ ܘܟܪ ܫܡܘܥ ܘܟܪ ܐܬܘܪܝܬܐ ܠܫܢ ܡܫܬܡܫ ܐܢ ܐܢܬ ܐܢ ܟܬܘܒ ܘܟܪ


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