2027

Summary of Benefits

Molina One Care (HMO D-SNP)

Massachusetts H4371-001-000

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

Effective January 1 through December 31, 2027

H4371_27_001_000_MA_SB_M
MA-H4371-1-0-SB-EN-27-S

MOLINA® HEALTHCARE

Introduction

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

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A. Disclaimers



This is a summary of health services covered by Molina One Care (HMO D-SNP) for January 1, 2027. 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.

- Molina One Care (HMO-D-SNP) is offered by Senior Whole Health, LLC, doing business as Molina Healthcare of Massachusetts.
- Molina Healthcare One Care is a Dual Special Needs Plan (D-SNP) that contracts with both Medicare and MassHealth (Medicaid) to provide benefits of both programs to enrollees. Enrollment in the plan depends on the plan's contract renewal with Medicare. This plan is a voluntary program that is available to anyone age 21-64 who qualifies for MassHealth (Medicaid) Standard or CommonHealth and Original Medicare and does not have any other comprehensive health insurance, except Medicare.
- Estate Recovery Awareness: MassHealth is required by federal law to recover money from the estates of certain MassHealth members who 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. For more 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.- 4 p.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.
- To request your preferred language other than English and/or alternate format, call Molina One Care 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 member's 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 One Care Plan?	One Care is a managed care program that combines MassHealth (Medicaid) and Medicare benefits into a single plan with one card and one care team for people aged 21 to 64 at the time of enrollment. With One Care, you'll have a care coordinator to help you manage your care, stay healthy, and access the services you need. People eligible for One Care generally have no or low monthly premiums, no copays, and little to no out-of-pocket costs for most covered services. One Care covers medical care, mental health services, and prescription medications, as well as support for recovery goals, daily tasks, and independent living. Molina One Care (HMO D-SNP) is a One Care Plan that provides benefits of MassHealth (Medicaid) and Medicare to enrollees in the One Care program.
Will I get the same Medicare and MassHealth (Medicaid) benefits in Molina One Care (HMO D-SNP) that I get now?	You'll get most of your covered Medicare and MassHealth (Medicaid) benefits directly from Molina One Care (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. When you enroll in Molina One Care (HMO D-SNP), you and your care team will work together to develop a care plan to address your health and support needs, reflecting your personal preferences and goals. If you're taking any Medicare Part D drugs that Molina One Care (HMO D-SNP) doesn't normally cover, you can get a temporary supply and we'll help you to transition to another drug or get an exception for Molina One Care (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 Molina One Care (HMO D-SNP) and have a contract with us, you can keep going to them. • Providers with an agreement with us are "in-network." Network providers participate in our plan. That means they accept members of our plan and provide services our plan covers. **You must use the providers in Molina One Care (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. • If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of Molina One Care (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. • If you're currently under treatment with a provider that's out of Molina One Care (HMO D-SNP)'s network, or have an established relationship with a provider that's out of Molina One Care (HMO D-SNP)'s network, call Member Services to check about staying connected. To find out if your providers are in the plan's network, call Member Services at the numbers listed at the bottom of this page or read Molina One Care (HMO D-SNP)'s Provider and Pharmacy Directory on the plan's website at MolinaHealthcare.com. If Molina One Care (HMO D-SNP) is new for you, we'll work with you to develop Individualized Care Plan to address your needs.
What's a Molina One Care (HMO D-SNP) care coordinator?	A Molina One Care (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 Molina One Care (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, Molina One Care (HMO D-SNP) will pay for the cost of an out-of-network provider.
Where's Molina One Care (HMO D-SNP) available?	The service area for this plan includes: Bristol, Essex, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, and 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 Molina One Care (HMO D-SNP) to seek services outside of our network or to get services not routinely covered by our network **before** you get the services. Molina One Care (HMO D-SNP) may not cover the service, procedure, item, or drug if you don't get prior authorization. **If you need urgent or emergency care or out-of-area dialysis services, you don't need to get prior authorization first**. Molina One Care (HMO D-SNP) can provide you or your provider with a list of services or procedures that require you to get prior authorization from Molina One Care (HMO D-SNP) before the service is provided. 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. 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 One Care (HMO D-SNP)?	Members won't have to pay monthly premiums, including the Medicare Part B premium, for their health coverage. Some MassHealth (Medicaid) CommonHealth members with higher incomes may need to pay Medicare Part B Premiums. Additionally, if you pay a premium to MassHealth for CommonHealth, you must continue to pay the premium to MassHealth to keep your coverage. For more information, call the MassHealth 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 Molina One Care (HMO D-SNP)?	No. You don't pay deductibles in Molina One Care (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 Molina One Care (HMO D-SNP)?	There's no cost sharing for medical services in Molina One Care (HMO D-SNP), so your annual out-of-pocket costs will be $0.
What's a Long-term Supports (LTS) Coordinator?	A Molina One Care (HMO D-SNP) LTS Coordinator is a person for you to contact and have 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 an LTS Coordinator.

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.* Our plan covers 90 days during a benefit period for an inpatient hospital stay 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. As a Molina One Care Plan, we will coordinate your Medicare and MassHealth (Medicaid) benefits.
	Outpatient hospital services, including observation	$0	*Prior authorization may be required.* As a Molina One Care Plan, we will coordinate your Medicare and MassHealth (Medicaid) benefits.
	Ambulatory surgical center (ASC) services	$0	*Prior authorization may be required.* As a Molina One Care 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 hospital care (Continued)	Doctor or surgeon care	$0	*Prior authorization may be required.* As a Molina One Care Plan, we will coordinate your Medicare and MassHealth (Medicaid) benefits.
You want a doctor	Visits to treat an injury or illness	$0	As a Molina One Care 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: • Pneumonia vaccine • Flu shots, once each flu season in the fall and winter, with additional flu shots if medically necessary • Hepatitis B vaccine if you are at high or intermediate risk of getting Hepatitis B • COVID-19 vaccine • Other vaccines if you are at risk and they meet Medicare Part B coverage rules. We also cover some vaccines under our Part D prescription drug benefit. As a Molina One Care 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. As a Molina One Care Plan, we will coordinate your Medicare and MassHealth (Medicaid) benefits.
	Specialist care	$0	*Prior authorization may be required.* As a Molina One Care 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 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. As a Molina One Care 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 emergency care (Continued)	Urgent care	$0	Urgent care provided in, or out-of-network does not require prior authorization Urgently needed services are provided to treat a non-emergency, unforeseen medical illness, injury, or condition that requires immediate medical care. As a Molina One Care 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.* No authorization is required for outpatient lab services and outpatient X-ray services. As a Molina One Care 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.* *Outpatient Lab services do not require prior authorization.* As a Molina One Care Plan, we will coordinate your Medicare and MassHealth (Medicaid) benefits.
	Screening tests, such as tests to check for cancer	$0	*Prior authorization may be required.* As a Molina One Care 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 hearing/auditory services	Hearing screenings	$0	Routine hearing exams are covered under the MassHealth (Medicaid) benefit. As a Molina One Care 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. MassHealth (Medicaid) does not pay for more than one hearing aid per ear, per member, in a 60-month period *without prior authorization*. As a Molina One Care Plan, we will coordinate your Medicare and MassHealth (Medicaid) benefits.
You need dental care	Dental check-ups and preventive care	$0	Preventive dental services are covered under your MassHealth (Medicaid) benefit. 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. As a Molina One Care 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	You have additional coverage for dental services including emergency care visits, X-rays, extractions and oral surgery under your MassHealth (Medicaid) benefit. As a Molina One Care Plan, we will coordinate your Medicare and MassHealth (Medicaid) benefits.
You need eye care	Eye exams	$0	*Prior authorization may be required.* You may be able to access vision services, including eye exams, through your MassHealth (Medicaid) benefit. As a Molina One Care Plan, we will coordinate your Medicare and MassHealth (Medicaid) benefits.
	Glasses or contact lenses	$0	MassHealth (Medicaid) covers one pair of eyeglass frames or contact lenses per year. As a Molina One Care Plan, we will coordinate your Medicare and MassHealth (Medicaid) benefits.
	Other vision care	$0	
You need behavioral health services	Behavioral health services	$0	• Inpatient visit • Outpatient group therapy visit • Outpatient individual therapy visit • Outpatient couples/family visit As a Molina One Care 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 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 MassHealth (Medicaid) behavioral health benefits include inpatient and outpatient mental health and substance use disorder (SUD) services. Your MassHealth (Medicaid) behavioral health benefits also include community supports designed to prevent hospitalization. As a Molina One Care Plan, we will coordinate your Medicare and MassHealth (Medicaid) benefits.
You need 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. As a Molina One Care Plan, we will coordinate your Medicare and MassHealth (Medicaid) benefits.
You need a place to live with people available to help you	Skilled nursing care	$0	***Prior authorization may be required.*** 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 Molina One Care 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)	Nursing home care	$0	***Prior authorization may be required.*** 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. You have coverage for institutional long-term nursing home care or long-term services and supports under your MassHealth (Medicaid) benefit. Your care coordinator can help you obtain more information about these services and whether you might qualify. As a Molina One Care 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.* Adult Foster Care (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. AFC members live with trained paid caregivers who provide daily care. The caregiver provides meals, companionship, personal care assistance, and 24- hour supervision. Caregivers may be individuals, couples or larger families. Group Adult Foster Care (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. AFC and GAFC are covered under your MassHealth (Medicaid) benefit. As a Molina One Care 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.* Physical therapy, occupational therapy, and speech and hearing therapy may also be covered under your MassHealth (Medicaid) benefit. As a Molina One Care 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	*Prior authorization is required for non-emergency ambulance transport except for interfacility transportation.* • 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. As a Molina One Care Plan, we will coordinate your Medicare and MassHealth (Medicaid) benefits
	Emergency transportation	$0	Our plan covers emergency transportation services as a MassHealth (Medicaid) benefit. As a Molina One Care 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 help getting to health services (Continued)	Transportation to medical and non-medical appointments and services	$0	Our plan covers non-emergent medical transportation services as a MassHealth (Medicaid) benefit. **Please call to request a ride at least three (3) days in advance to ensure the appropriate transportation is available for your trip.**
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. *Prior authorization may be required.* Step therapy may be required for certain drugs. As a Molina One Care 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 Tier 1: Preferred Generic Tier 2: Generic Tier 3: Preferred Brand Tier 4: Non-Preferred Drugs Tier 5: Specialty Tier 6: Select Care Drugs	$0 for a 31-day supply.	There may be limitations on the types of drugs covered. Please refer to Molina One Care (HMO D-SNP) 's *List of Covered Drugs (Drug List)* for more information. 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. The plan may require you to first try one drug to treat your condition before it'll cover another drug for that condition. Some drugs have quantity limits. Your provider must get prior authorization from Molina One Care (HMO D-SNP) for certain drugs. Note: You have prescription drug coverage under Medicare Part D. MassHealth (Medicaid) does not cover any Medicare Part D drugs. Over-the-Counter and other drugs covered by MassHealth (Medicaid) may be covered if they are on the Molina One Care Over-the-Counter (OTC) and other drugs list and you have a prescription. As a Molina One Care 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 Molina One Care (HMO D-DNP)'s *List of Covered Drugs (Drug List)* for more information. Over-the-Counter and other drugs covered by MassHealth (Medicaid) may be covered if they are on the Molina One Care Over-the-Counter (OTC) and other drugs list and you have a prescription. As a Molina One Care Plan, we will coordinate your Medicare and MassHealth (Medicaid) benefits.
You need help getting better or have special health needs	Rehabilitation services	$0	*Prior authorization may be required.* Physical therapy, occupational therapy, and speech and hearing therapy may be covered under your MassHealth (Medicaid) benefit. As a Molina One Care 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)	Home infusion therapy	$0	*Prior authorization may be required.* Covered services include, but are not limited to: • Professional services, including nursing services • Patient training and education • Remote monitoring • Monitoring services by a qualified home infusion therapy supplier As a Molina One Care Plan, we will coordinate your Medicare and MassHealth (Medicaid) Benefits.
	Cardiac rehabilitation services	$0	*Prior authorization may be required.* Coverage includes comprehensive programs of cardiac rehabilitation services, including intensive cardiac rehabilitation. As a Molina One Care 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: • High blood pressure (hypertension) • History of abnormal cholesterol and triglyceride levels (dyslipidemia) • Obesity • or a history of high blood sugar (glucose) Tests may also be covered if you meet other requirements, like being overweight and having a family history of diabetes. Based on the results of these tests, you may be eligible for up to two diabetes screenings every 12 months. As a Molina One Care 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.* 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. Your MassHealth (Medicaid) benefit includes coverage of DME, medical supplies, and DME associated with home health care services. As a Molina One Care 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. As a Molina One Care Plan, we will coordinate your Medicare and MassHealth (Medicaid) Benefits.
	Sexual Health/Family Planning	$0	
	Nursing midwife services	$0	
	Abortion 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 foot care	Podiatry services	$0	*Prior authorization may be required.* 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 cover podiatric care not covered by Medicare under the MassHealth (Medicaid) benefit. There is no coinsurance, copayment, or deductible for members eligible for this benefit. As a Molina One Care Plan, we will coordinate your Medicare and MassHealth (Medicaid) Benefits.
	Orthotic services	$0	*Prior authorization may be required.* 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. As a Molina One Care Plan, we will coordinate your Medicare and MassHealth (Medicaid) Benefits.
You need durable medical equipment (DME) **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.* As a Molina One Care 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.* As a Molina One Care Plan, we will coordinate your Medicare and MassHealth (Medicaid) Benefits.
	Oxygen equipment and supplies	$0	*Prior authorization may be required.* Your MassHealth (Medicaid) benefit also includes coverage for oxygen and respiratory therapy equipment. As a Molina One Care 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.* 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. Covered services include, but are not limited to: • Part-time or intermittent skilled nursing and home health aide services • Physical therapy, occupational therapy, and speech therapy • Medical and social services • Medical equipment and supplies As a Molina One Care 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)	Adult day health or other support services	$0	Adult day health or other support services 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 at 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. As a Molina One Care Plan, we will coordinate your Medicare and MassHealth (Medicaid) benefits.
	Day habilitation services	$0	Day habilitation is covered under your MassHealth (Medicaid) benefit. This is a structured, goal-oriented treatment program of medically oriented, therapeutic and habilitation services for members with developmental disabilities. Your care coordinator can help you obtain information about day habilitation services and whether you might qualify. As a Molina One Care 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)	Services to help you live on your own (home health care services or personal care attendant services)	$0	*Prior authorization may be required.* Services include: • Physical assistance with Activities of Daily Living (ADLs), including but not limited to bathing, dressing, grooming, eating, ambulating/ mobility, toileting, transferring, medication administration, and passive range of motion exercise. • Assistance with Instrumental Activities of Daily Living (IADLs), including but not limited to household management tasks, meal preparation, and transportation to medical providers. As a Molina One Care Plan, we will coordinate your Medicare benefits, MassHealth (Medicaid) benefits, and any Frail Elder Waiver services you qualify for.
Additional services	Chiropractic services	$0	*Prior authorization may be required.* Covered services include: • Medically necessary “routine” chiropractic services • Manual manipulation of the spine to correct subluxation You may have additional coverage for chiropractic services under your MassHealth (Medicaid) benefit. As a Molina One Care 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)	Diabetes supplies and services	$0	*Prior authorization may be required for diabetic shoes and inserts.* • Diabetes self-management training • We have a preferred manufacturer for diabetic test strips. • We have an exception request coverage review process for non-preferred brands. As a Molina One Care Plan, we will coordinate your Medicare and MassHealth (Medicaid) Benefits.
	Prosthetic services	$0	*Prior authorization may be required.* Devices (other than dental) that replace all or part of a body part or function. These include but are not limited to: colostomy bags and supplies directly related to colostomy care, pacemakers, braces, prosthetic shoes, artificial limbs, and breast prostheses (including a surgical brassiere after a mastectomy). Includes certain supplies related to prosthetic devices, and repair and/or replacement of prosthetic devices. As a Molina One Care Plan, we will coordinate your Medicare and MassHealth (Medicaid) benefits.
	Radiation therapy	$0	*Prior authorization may be required.* Radiation (radium and isotope) therapy including technician materials and supplies. As a Molina One Care 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)
Additional services (Continued)	Services to help manage your disease	$0	

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

There are some services that you can get that aren't covered by Molina One Care (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 Molina One Care (HMO D-SNP)	$0
Psychosocial rehabilitation	$0
Targeted case management	$0
Rest home room and board	$0
Doula Services	$0
Transitional Support Services (TSS) for substance abuse disorders	$0

E. Services that Molina One Care (HMO D-SNP), Medicare, and MassHealth (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 One Care, 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 Molina One Care (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 (including sex stereotypes and gender identity) sexual orientation, national origin, race, color, religion, creed, or public assistance
  - Get information in other languages and formats (for example, large print, braille, or audio) free of charge
  - Be free from any form of physical restraint or seclusion
- **You have the right to get information about your health care.** This includes information on treatment and your treatment options. This information should be in a 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 Long-term Supports (LTS) Coordinator
  - 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 One Care (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 Molina One Care (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 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 Molina One Care (HMO D-SNP) website www.Molinahealthcare.com has complaint forms, and instructions available online.
  - Appeal certain decisions made by Molina One Care.
  - 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 Molina One Care (HMO D-SNP) Member Services at the numbers listed at the bottom of this page.

You can also call My Ombudsman at 1-855-781-9898 (or use MassRelay at 711 to call 1-855-781-9898 or Videophone (VP) 339-224-6831).

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

If you have a complaint or think Molina One Care (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 Molina One Care (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 One 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 (888) 794-7268 (TTY: 711)
- Fax your complaint to (562) 499-0610
- Write to:

  Molina One Care
  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 Molina One Care (HMO D-SNP) Member Services. Phone numbers are the numbers listed at the bottom of this page.
- Or call the 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.

To report suspected fraud, contact Molina One Care's Fraud Hotline at (866) 606-3889.

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 One Care. 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 One Care or your One Care plan, Molina One Care (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 One Care 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 Molina One Care (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 members who require 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 our 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.

Molina One Care (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: 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

אַכטונג: אויב איר רעדט יידיש, שפּראַך הילף סערוויסעס זענען בארעכטיגט 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। 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 និងសេវាកម្មដែលជាការជួយដ៏សមរម្យ ក្នុងការផ្តល់ព័ត៌មានតាមទម្រង់ដែលអាចចូលប្រើប្រាស់បាន ក៏អាចរកបានដោយឥតគិតថ្លៃផងដែរ។ ហៅទូរសព្ទទៅលេខសេវាបម្រើសមាជិកនៅខាងក្រោយកាត ID របស់អ្នក ឬនិយាយទៅកាន់អ្នកផ្តល់សេវារបស់អ្នក។

Laotian

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

Karen

ဟ်သ္ဍာ်ဟ်သး– နမ့ၢ်ကတိၤ ကညီကျိာ် အဃိ, တၢ်အိဉ်ဒီး ကျိာ်တၢ်ဆီဉ်ထွဲမၤစၢၤ လၢတလာ်ဘူဉ်လာ်စ့ၢ် လၢနဂီၢ်လီၤ. တၢ်အိဉ်ဒီး တၢ်မၤစၢၤတၢ်နၢ်ဟူပီးလီဒီး တၢ်မၤစၢၤတၢ်မၤ လၢအကြၢးအဘဉ် လၢကဟ့ဉ် တၢ်ဂ့ၢ်တၢ်ကျိၤ လၢတၢ်မၤနၢ်အီၤသ့တဖဉ် လၢတလာ်ဘူဉ်လာ်စ့ၢ် လၢနဂီၢ်လီၤ. ကိး ကရၢဖိတၢ်မၤစၢၤတၢ်မၤ အလီတဲစီနီဉ် ဂံၢ်လၢ အိဉ်ဖဲနလာ်အုဉ်သး (ID) ခးကဲ့အလိၤ မ့တမ့ၢ် တဲတၢ်ဒီး ပှၤလၢအဟ့ဉ်နၤတၢ်ကွၢ်ထွဲန့ဉ် 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 hadoohkáał 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 .ܐܢܬ ܡܬܟܠܡ ܠܫܢ ܣܘܪܝܝܐ ܐܢ ܐܝܬ ܠܟ ܥܕܪ ܠܫܘܢܝ ܐܢ ܐܝܬ ܠܟ ܥܕܪ :ܫܡ
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