2027

Summary of Benefits

Molina Medicare Complete Care Plus (HMO D-SNP)

Texas H6515-004-000

Serving: Harris County

Effective January 1 through December 31, 2027

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MOLINA® HEALTHCARE

Introduction

This document is a brief summary of the benefits and services covered by Molina Medicare Complete Care Plus (HMO D-SNP). It includes answers to frequently asked questions, important contact information, an overview of benefits and services offered, and information about your rights as a member of Molina Medicare Complete Care Plus. Key terms and their definitions appear in alphabetical order in the last chapter of the *Member Handbook*.

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A. Disclaimers



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

- The 2027 *Member Handbook* is always available on our website at MolinaHealthcare.com. You may also call Member Services at (866) 856-8699, 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 ask us to mail you a *Member Handbook*.

- Molina Healthcare is a D-SNP plan with a Medicare contract. D-SNP plans have a contract with a state Medicaid program. Enrollment depends on contract renewal.
- For more information about Medicare, you can read the *Medicare & You* handbook. It has a summary of Medicare benefits, rights, and protections and answers to the most frequently asked questions about Medicare. You can get it at the Medicare website (www.medicare.gov) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours per day, 7 days a week. TTY users should call 1-877-486-2048.
- For more information about STAR+PLUS you can check the: STAR+PLUS Medicaid program website www.hhs.texas.gov/services/health/medicaid-chip/medicaid-chip-members/starplus or contact the HHS Office of the Ombudsman at 866- 566-8989 or TTY: 800-735-2989, 8 a.m. - 5 p.m., Monday through Friday.
- You can get this document for free in other formats, such as large print, braille, or audio. Call (866) 856-8699, 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 Member Services at (866) 856-8699, TTY: 711. Hours are October 1 - March 31, 8 a.m. to 8 p.m. local time, 7 days a week. From April 1 - September 30, Monday – Friday, 8 a.m. to 8 p.m. local time.
- We will maintain a record of 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 separate requests each time.
- To change a standing request, call Member Services at (866) 856-8699, 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.

B. Frequently asked questions (FAQ)

The following table lists frequently asked questions.

Frequently Asked Questions	Answers
What's an integrated D-SNP?	An integrated dual eligible special needs plan (D-SNP) is where full-benefit dually eligible members will receive both their Medicare and STAR+PLUS services from a single health care organization. A fully integrated D-SNP plan will cover primary and acute care services, long-term services and supports (LTSS), 180 days of nursing facility coverage and the following Medicaid benefits: • Medicare cost sharing • Behavioral health services • Home health services • Medical equipment, supplies and appliances • Medicaid (STAR+PLUS) Value-Added Services To be eligible for a fully integrated D-SNP program, you must qualify for both Medicare and STAR+PLUS Medicaid and live in an area where a fully integrated D-SNP program is offered.
Will I get the same Medicare and STAR+PLUS benefits in Molina Medicare Complete Care Plus that I get now?	You'll get most of your covered Medicare and STAR+PLUS benefits directly from Molina Medicare Complete Care Plus. You'll work with a team of providers who will help determine what services will best meet your needs. This means that some of the services you get now may change based on your needs, and your doctor and Service Coordinator's assessment. You may also get other benefits outside of your health plan the same way you do now, directly from The Department of State Health Services or Community Based Organizations. When you enroll in Molina Medicare Complete Care Plus, you and your Service Coordinator will work together to develop a Service Plan to address your health and support needs, reflecting your personal preferences and goals. If you're taking any Medicare Part D drugs that Molina Medicare Complete Care Plus doesn't normally cover, you can get a temporary supply and we'll help you to transition to another drug or get an exception for Molina Medicare Complete Care Plus to cover your drug if medically necessary. For more information, call Member Services at the numbers listed at the bottom of this page.

Frequently asked questions (FAQ) (Continued)

Frequently Asked Questions	Answers
Can I use the same doctors I use now?	This is often the case. If your providers (including doctors, hospitals, therapists, pharmacies, and other health care providers) work with Molina Medicare Complete Care Plus and have a contract with us, you can keep going to them. Providers with an agreement with us are "in-network." Network providers participate in our plan. That means they accept members of our plan and provide services our plan covers. **You must use the providers in Molina Medicare Complete Care Plus's network.** If you use providers or pharmacies that aren't in our network, the plan may not pay for these services or drugs. If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of Molina Medicare Complete Care Plus's plan. • If you are past the 24th week of pregnancy, you can remain under the care of your current OB/GYN through your postpartum checkup within the first six (6) weeks of delivery. • Plan allows enrollees who at the time of enrollment have been diagnosed with and receiving treatment for a terminal illness to remain under the care of their current provider for covered services for up to nine months or until the Service Plan is updated. • Plan allows enrollees receiving LTSS at the time of enrollment to remain under the care of their current provider for covered services for up to six months or until the Service Plan is updated. To find out if your providers are in the plan's network, call Member Services at the numbers listed at the bottom of this page or read Molina Medicare Complete Care Plus's *Provider and Pharmacy Directory* on the plan's website at MolinaHealthcare.com. If your provider is not in the Molina Medicare Complete Care Plus's network, they can visit our website for information on how to join the network. If Molina Medicare Complete Care Plus is new for you, we'll work with you to develop a Service Plan to address your needs.
What's a Molina Medicare Complete Care Plus Service Coordinator?	A Molina Medicare Complete Care Plus Service 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.

Frequently asked questions (FAQ) (Continued)

Frequently Asked Questions	Answers
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 Service Coordinator or care team will work with that agency.
What happens if I need a service but no one in Molina Medicare Complete Care Plus's network can provide it?	Most services will be provided by our network providers. If you need a service that can't be provided within our network, Molina Medicare Complete Care Plus will pay for the cost of an out-of-network provider.
Where's Molina Medicare Complete Care Plus available?	The service area for this plan includes: Harris, Texas. You must live in this area to join the plan.
What's prior authorization?	Prior authorization means an approval from Molina Medicare Complete Care Plus to seek services outside of our network or to get services not routinely covered by our network **before** you get the services. Molina Medicare Complete Care Plus may not cover the service, procedure, item, or drug if you don't get prior authorization. **If you need urgent or emergency care or out-of-area dialysis services, you don't need to get prior authorization first**. Molina Medicare Complete Care Plus can provide you or your provider with a list of services or procedures that require you to get prior authorization from Molina Medicare Complete Care Plus 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 Medicare Complete Care Plus?	No. Because you have STAR+PLUS you won't pay any monthly premiums, including your Medicare Part B premium, for your health coverage.
Do I pay a deductible as a member of Molina Medicare Complete Care Plus?	No. You don't pay deductibles in Molina Medicare Complete Care Plus.

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 Medicare Complete Care Plus?	There's no cost-sharing for medical services in Molina Medicare Complete Care Plus, so your annual out-of-pocket costs will be $0.

C. List of covered services

The following table is a quick overview of what services you may need, your costs, and rules about the benefits.

Health need or concern

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need hospital care	Inpatient hospital stay	$0	You pay $0 for days 1 – 90 of a hospital stay per benefit period. Our plan covers 60 lifetime reserve days. These are extra days that we cover. If your hospital stay is longer than 90 days per benefit period, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days per benefit period. Prior authorization may be required.
	Outpatient hospital services, including observation	$0	Prior authorization rules may apply.
	Ambulatory surgical center (ASC) services	$0	Prior authorization rules may apply.
	Doctor or surgeon care	$0	Prior authorization rules may apply.
You want a doctor	Visits to treat an injury or illness	$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 want a doctor (Continued)	Care to keep you from getting sick, such as flu shots and screenings to check for cancer	$0	Covered Medicare Part B services include: • Pneumonia vaccine • Flu shots, once each flu season in the fall and winter, with additional flu shots if medically necessary • Hepatitis B vaccine if you are at high or intermediate risk of getting Hepatitis B • COVID-19 vaccine • Other vaccines if you are at risk and they meet Medicare Part B coverage rules.
	Wellness visits, such as a physical	$0	Annual wellness visit every 12 months.
	"Welcome to Medicare" (preventive visit one time only)	$0	
	Specialist care	$0	Prior authorization rules may apply.
You need emergency care	Emergency room services	$0	You may get emergency room services whenever you need it, anywhere in the United States or its territories, without prior authorization. Is covered outside the United States and its territories except under limited circumstances. Contact plan for details.

List of covered services (Continued)

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need emergency care (Continued)	Urgent care	$0	You may get urgent care services whenever you need it, anywhere in the United States or its territories, without prior authorization. Is covered outside the United States and its territories except under limited circumstances. Contact plan for details.
You need medical tests	Diagnostic radiology services (for example, X-rays or other imaging services, such as CAT scans or MRIs)	$0	Outpatient X-ray services do not require prior authorization. Prior authorization rules may apply.
	Lab tests and diagnostic procedures, such as blood work	$0	Prior authorization rules may apply for certain tests. Outpatient Lab services do not require prior authorization.
You need hearing/auditory services	Hearing screenings	$0	
	Hearing aids	$0	Our plan covers up to 2 pre-selected hearing aids covered from a plan-approved provider every 1 year.
	OTC Hearing Aids	$0	You receive a pre-funded debit card (MyChoice card) with $24 combined monthly allowance for OTC hearing aids, OTC items, transportation services to plan approved health-related locations, and SSBCIs for food and produce, transportation for non-medical needs, and utilities. OTC hearing aids may be purchased through catalog purchase

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	Medicare-covered dental services: $0 copay Preventive dental: $0 office visit copay • Oral exams • Prophylaxis (cleaning) • Fluoride treatment • Dental x-rays

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	Comprehensive dental: $0 office visit copay All comprehensive dental services listed below are covered up to the annual plan maximum benefit coverage amount of $500: • Extractions • Endodontics • Restorative services • Intraoral and extraoral incision and drainage Dentures and denture adjustments • Non-routine services such as scaling, full mouth debridement, periodontal maintenance, and palliative emergency treatment • Other services such as deep sedation with oral surgery, and intravenous with oral surgery Prior authorization may be required. HCBS Waiver members may be able to get additional dental benefits. See the HCBS section later in this document for more information.
You need eye care	Eye exams	$0	Medicare-covered vision services. Vision exam to diagnose/treat diseases of the eye (including yearly glaucoma screening): $0 copay. The plan covers routine eye exams every 12 months.

List of covered services (Continued)

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need eye care (Continued)	Glasses or contact lenses	$0	We have partnered with a Vision Vendor to give you more value for your routine vision needs! Supplemental Vision services covered include, but not limited to: • One routine eye exam every calendar year. • An eyewear allowance You can use your $250 eyewear allowance to purchase: • Contact lenses* • Eyeglasses (lenses and frames) • Eyeglass lenses and / or frames • Upgrades (such as, tinted, U-V, polarized or photochromatic lenses). *If you choose contact lenses, your eyewear allowance can also be used to pay down all or a portion of your contact lens fitting fee. You are responsible for paying for any corrective eyewear over the limit of the plan's eyewear allowance. $0 copay for up to one routine eye exam (and refraction) for eyeglasses every calendar year.
	Other vision care	$0	
You need mental or behavioral health services	Mental or behavioral health services	$0	Prior authorization rules may apply. Outpatient group therapy visit. Outpatient individual therapy visit.

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 mental or behavioral health services (Continued)	Inpatient and outpatient care and community-based services for people who need mental health services	$0	Inpatient Visit: You pay $0 for days 1 - 90 of an inpatient hospital stay. There's a 190-day lifetime limit for inpatient psychiatric hospital care. The inpatient hospital care limit does not apply to inpatient mental services provided in a general hospital. Our plan also covers 60 "lifetime reserve days." These are "extra" days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days. Prior authorization may be required. Outpatient individual/group therapy visit: $0 copay The plan will pay for mental health targeted case management and mental health rehabilitation services if medically necessary. Prior authorization rules may apply.
You need substance use disorder services	Substance use disorder services	$0	Individual or group therapy visits. Prior authorization may be required.
You need a place to live with people available to help you	Skilled nursing care	$0	You pay $0 for days 1-100 of a skilled nursing facility stay. **No prior hospitalization is required.** Prior authorization may be required.

List of covered services (Continued)

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need a place to live with people available to help you (Continued)	Nursing home care	$0	Long-term Nursing Facility stays are unlimited based upon medical necessity as established by the Health and Human Services Commission (HHSC). Prior authorization rules may apply.
You need therapy after a stroke or accident	Occupational, physical, or speech therapy	$0	Prior authorization rules may apply.
You need help getting to health services	Ambulance services	$0	Prior authorization required for non-emergent ambulance only.
	Emergency transportation	$0	You pay a $0 copay for worldwide emergency coverage, worldwide urgent coverage, and worldwide emergency transportation, up to a $10,000 benefit limit for the calendar year.
	Transportation to medical appointments and services	$0	You receive a pre-funded debit card (MyChoice card) with a combined $24 combined monthly allowance for transportation services to plan approved health-related locations. Examples of approved plan locations are network providers for medical, pharmacy, dental, vision and hearing.
You 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.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need drugs to treat your illness or condition (Continued)	Medicare Part D drugs Tier 1: Preferred Generic Tier 2: Generic Tier 3: Preferred Brand Tier 4: Non-Preferred Drug Tier 5: Specialty Tier Tier 6: Select Care Drugs	Depending on your income and institutional status, you pay the following for a *31-day* supply: For generic drugs (including brand drugs treated as generic): $0 copay; $1.65 copay; or $5.80 copay For all other drugs: $0 copay; $5.00 copay; or $14.40 copay Copays for drugs may vary based on the level of Extra Help you get. Please contact the plan for more details.	There may be limitations on the types of drugs covered. Please refer to Molina Medicare Complete Care Plus's *List of Covered Drugs* (*Drug List*) for more information. Once you or others on your behalf pay $2,400 you've reached the catastrophic coverage stage and you pay $0 for all your Medicare drugs. Read the *Member Handbook* for more information on this stage. Copayment during the Initial Coverage Stage: **Drugs in Tier 1 (Preferred Generic Drugs)**: Your copay for a one-month (31-day) supply is $0. **Drugs in Tier 2 (Generic Drugs)**: Your copay for a one-month (31-day) supply is $0, $1.65, or $5.80 for generic drugs (including brand drugs treated as generic); $0, $5.00, or $14.40 copay for all other drugs per prescription. Your costs depend on the level of Extra Help you receive. **Drugs in Tier 3 (Preferred Brand Drugs)**: Your copay for a one-month (31-day) supply is $0, $1.65, or $5.80 for generic drugs (including brand drugs treated as generic); $0, $5.00, or $14.40 copay for all other drugs per prescription. Your costs depend on the level of Extra Help you receive. Your copay for a one-month (31-day) supply of each covered insulin product is $0.

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)			**Drugs in Tier 4 (Non-Preferred Drugs)**: Your copay for a one-month (31-day) supply is $0, $1.65, or $5.80 for generic drugs (including brand drugs treated as generic); $0, $5.00, or $14.40 copay for all other drugs per prescription. Your costs depend on the level of Extra Help you receive. Your copay for a one-month (31-day) supply of each covered insulin product is $0. **Drugs in Tier 5 (Specialty Drugs)**: Your copay for a one-month (31-day) supply is $0, $1.65, or $5.80 for generic drugs (including brand drugs treated as generic); $0, $5.00, or $14.40 copay for all other drugs per prescription. Your costs depend on the level of Extra Help you receive. Your copay for a one-month (31-day) supply of each covered insulin product is $0. **Drugs in Tier 6 (Select Care Drugs)**: Your copay for a one-month (31-day) supply is $0.
	Over-the-Counter (OTC) drugs	$0	You receive a pre-funded debit card (MyChoice card) with a combined $24 monthly allowance for OTC items.
You need help getting better or have special health needs	Rehabilitation services	$0	Prior authorization rules may apply.
	Medical equipment for home care	$0	Prior authorization rules may apply.
	Dialysis services	$0	Prior authorization rules may apply.
You need foot care	Podiatry services	$0	6 visits per year.

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 (Continued)	Orthotic services	$0	Prior authorization rules may apply.
	Wheelchairs, crutches, and walkers	$0	Prior authorization rules may apply.
You need durable medical equipment (DME) **Note:** This isn't a complete list of covered DME. For a complete list, contact Member Services or refer to **Chapter 4** of the *Member Handbook*.	Nebulizers	$0	Prior authorization rules may apply.
	Oxygen equipment and supplies	$0	Prior authorization rules may apply.
You need help living at home	Home health services	$0	Prior authorization rules may apply.
	Home services, such as cleaning or housekeeping, or home modifications such as grab bars	$0	Prior authorization rules may apply.
	Adult day health, or other support services	$0	Prior authorization rules may apply. These benefits may be available based on medical or functional necessity.
	Services to help you live on your own (home health care services or personal care attendant services)	$0	Prior authorization rules may apply. These benefits may be available based on medical or functional necessity.

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	Acupuncture	$0	Medicare-covered acupuncture: $0 copay Up to 12 visits in 90 days are covered for chronic lower back pain. Up to eight additional sessions are covered in the same year for those patients demonstrating an improvement Routine Acupuncture $0 copay Up to 20 visits every year for routine services.
	Chiropractic services	$0	
	Counseling Services	$0	
	Diabetes supplies and services	$0	Benefit includes diabetes monitoring supplies and therapeutic shoes or inserts. Prior authorization rules may apply.
	Fitness Benefit	$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.
	Home Telemonitoring for Certain Chronic Diseases	$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)
Additional services (Continued)	Pre-funded debit card (MyChoice card)	$0	You receive a $24 combined monthly allowance on a pre-funded debit card that may be used towards select supplemental plan benefits such as: • Over-the-Counter items • Transportation (Non-Emergency) • Food and Produce* • Transportation non-medical needs* • Utilities* Funds are loaded onto the card each month. At the end of each month, any unused allocated funds will not carry out to the following month or plan year. *Eligibility requirements applicable
	Kidney Disease Education	$0	
	Outpatient Blood Services	$0	Prior authorization rules may apply.
	Partial Hospitalization	$0	Prior authorization rules may apply.
	Personal Emergency Response System (PERS)	$0	When authorized, we will provide an in-home device to notify the appropriate personnel in the event of an emergency such as a fall. Prior authorization rules may apply.
	Prosthetic services	$0	Prior authorization rules may apply.
	Radiation therapy	$0	Prior authorization rules may apply.
	Services to help manage your disease	$0	Coverage includes self-management training and disease management program for diabetics.

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)	Smoking Cessation	$0	8 counseling visits offered in addition to Medicare.
	Special Supplemental Benefits for the Chronically Ill (SSBCI)	$0	You receive a $24 combined monthly allowance on a pre-funded debit card that may be used towards select supplemental plan benefits such as: • Food and Produce • Utility Bills (Electricity and Natural Gas, Water) • Transportation for Non-Medical Needs Please see the Pre-funded Debit Card (MyChoice Card) section for a complete list of benefit and services that are included in the combined allowance. Unused allowance does not carry over to next month. Prior authorization may be required. Members must meet the criteria outlined in Chapter 4 of the Evidence of Coverage.
	Worldwide Emergency Coverage	$0	You are covered for worldwide emergency and urgent care services up to $10,000.
	Medicare-covered Chiropractic	$0	
	Home Delivered Meals	$0	Standard meal cycle is a 2-week menu with a total of 28 delivered meals, based on member needs. Maximum of 56 meals and 4 weeks per year. Must meet criteria approved by the plan. Prior authorization may be required.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
STAR+PLUS Home and Community-Based Services (STAR+PLUS HCBS) program (for eligible members)	Respite Care (short-term care)	$0	Up to 30 visits of Respite services. Prior authorization required.
	Adult Foster Care	$0	The plan covers 24-hour living arrangements in a foster home if you have physical, mental, or emotional limitations or if you are unable to continue functioning independently in your own home. The plan may pay for the following services if medically or functionally necessary, and maybe other services not listed here: • Meal preparation • Housekeeping • Personal care • Nursing tasks • Supervision • Companion services • Daily living assistance • Transportation Prior authorization rules may apply.
	Adaptive Aids and Medical Supplies	$0	Prior authorization rules may apply.
	Cognitive Rehabilitation Therapy	$0	The plan covers services that help you learn or re-learn cognitive skills. These skills may have been lost or altered as a result of damage to brain cells or brain chemistry. Prior authorization rules may apply.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
STAR+PLUS Home and Community-Based Services (STAR+PLUS HCBS) program (for eligible members) (Continued)	Dental Services	$0	The plan covers the following services to help preserve your teeth and meet your medical needs up to $5,000 per year. If the services of an oral surgeon are required, you can get an additional $5,000 per year. The plan may pay for the following services if medically or functionally necessary, and maybe other services not listed here: • Emergency dental treatment • Preventive dental treatment • Therapeutic dental treatment (restoration, maintenance, etc.) • Orthodontic dental treatment
	Employment Assistance	$0	Prior authorization rules may apply.
	Financial Management Services	$0	Prior authorization rules may apply.
	Home Delivered Meals	$0	Meals are limited based on member needs. Must meet criteria approved by the plan. Prior authorization rules may apply.
	Minor Home Modifications	$0	Subject to a $7,500 lifetime limit and $300 annually for repairs. Prior authorization rules may apply.

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)
STAR+PLUS Home and Community-Based Services (STAR+PLUS HCBS) program (for eligible members) (Continued)	Hearing therapy	$0	The plan may pay for the following services if medically or functionally necessary, and maybe other services not listed here: • Screening and assessment • Development of therapeutic treatment plans • Direct therapeutic intervention • Assistance/training with adaptive aids and augmentative communication devices • Consulting with and training other service providers and family members participating on the service planning team, when appropriate Prior authorization rules may apply.
	Medical Supplies	$0	Prior authorization rules may apply.
	Support Consultation (optional service that offers practical skills training and assistance)	$0	Prior authorization rules may apply.
	Supported Employment Services (assistance provided to sustain competitive employment)	$0	Prior authorization rules may apply.
	Transition Assistance Services	$0	Prior authorization rules may apply.
Community First Choice (CFC) services (for eligible members)	Personal Assistance Services (PAS)	$0	Prior authorization rules may apply.
	Habilitation Services	$0	Prior authorization rules may apply.

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)
Community First Choice (CFC) services (for eligible members) (Continued)	Emergency Response Services (ERS)	$0	Prior authorization rules may apply.
	Support Management (training for members/authorized representatives on how to manage and dismiss their attendants)	$0	Prior authorization rules may apply.
Day Activity and Health Services (DAHS)	Nursing and personal assistance services	$0	Prior authorization rules may apply.
	Therapy extension services	$0	Prior authorization rules may apply.
	Nutrition services	$0	Prior authorization rules may apply.
	Transportation services	$0	Prior authorization rules may apply.
	Other supportive personal assistance services	$0	Prior authorization rules may apply.
STAR+PLUS Nursing Facility Dual Eligible	$500 Dental Services	$0	Up to $500 per year for dental checkups, x-rays, and cleaning for Members 21 years to 100 years. Must be enrolled with Molina at time of service.
	Combined Cup and Phone Holder	$0	Combined Cup and Phone Holder for new Members, within 30 days of confirmed enrollment. Available once.
	Large print digital clock	$0	One large print digital clock for newly enrolled Members within 30 days of confirmed enrollment. One time only.
	Non-slip socks	$0	Non-slip socks for new Members within 30 days of confirmed enrollment. Available one time only.

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)
STAR+PLUS Nursing Facility Dual Eligible (Continued)	Personal blanket	$0	Personal blanket for new Members within 30 days of confirmed enrollment. Available one time only.
	Photo remembrance album	$0	Photo remembrance album for Nursing Facility Members with Alzheimer's. One time only.
	Telephonic and mobile-app based resource	$0	Telephonic and Pyx Health mobile app-based resource to help currently enrolled Members that may have social isolation, feelings of loneliness, depression and anxiety feel supported and connected
	Wheelchair/Walker Accessory tote bag	$0	Wheelchair/Walker Accessory tote bag for new Members within 30 days of confirmed enrollment. Available one time only.
STAR+PLUS Dual Eligible (Not Living in Nursing Home or Facility)	$250 Dental Services	$0	Up to $250 per year for dental checkups, x-rays, and cleaning for Members 21 years to 100 years. Must be enrolled with Molina at time of service.
	24/7 Emergency Response Services	$0	24/7 Emergency Response Services, upon request, for Non-Waiver Members who are ages 21 years to 100 years. Excludes CFC Members.
	Accessory tote bag	$0	Accessory tote bag for new Members. Available one time only and upon request.
	Allergy-free pillowcase & mattress cover	$0	Allergy-free pillowcase & mattress cover for Members with asthma or COPD who are enrolled in Molina's Case Management program for at least 3 months. One a year, upon request.

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)
	Asthma Pest Repellant Wall Plugs	$0	Pest repellant wall plugs for Members with asthma or COPD enrolled in Molina's Case Management for at least 3 months. One per year upon request.
	Body weight scale	$0	Body weight scale for Members with congestive heart failure. Available once a year, upon request.
	Email/Text Opt-In	$0	$15 reward: New Members who opt into email or text communications as head of household. Must remain enrolled with Molina for at least 90 days. One time only, upon request.
	Extra Respite Care	$0	Up to 8 hours of respite care, annually for Non-Waiver Members ages 21 years to 100 years. Must be enrolled with Molina when requested and at time of service.
	Gas Gift Card	$0	$15 gas reward, upon request once a year. Use reward for places like WIC offices, food pantries or community centers for help with Your Texas Benefit application.
	GED Study Guide	$0	Available upon request for currently enrolled members with an IDD diagnosis. Available one time only.
	Home Delivered Meals: Post transition	$0	Up to 10 meals delivered a year for Non-Waiver Members ages 21-100 years after getting discharged from inpatient hospital stay or skilled nursing facility. Upon request.

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)
	Infant Car Seat	$0	One infant car seat reward for currently enrolled members in the sixth month of pregnancy through six months following delivery. Available upon request.
	Postpartum Kit	$0	Available to currently enrolled members, upon request, for up to three months following delivery. Available once every year.
	Telephonic and mobile-app based resource	$0	Telephonic and Pyx Health mobile app-based resource to help currently enrolled Members that may have social isolation, feelings of loneliness, depression and anxiety feel supported and connected

The above summary of benefits is provided for informational purposes only and isn't a complete list of benefits. For a complete list and more information about your benefits, you can read the Molina Medicare Complete Care Plus *Member Handbook*. If you don't have a *Member Handbook*, call Molina Medicare Complete Care Plus 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 Medicare Complete Care Plus

There are some services that you can get that aren't covered by Molina Medicare Complete Care Plus but are covered by Medicare, Medicaid, or a State or county agency. This isn't a complete list. Call Member Services at the numbers listed at the bottom of this page to find out about these services.

Other services covered by Medicare, Medicaid, or a State or County Agency	Your costs
Certain hospice care services covered outside of Molina Medicare Complete Care Plus	$0
Pre-admission screening and resident review (PASRR)	$0

E. Services that Molina Medicare Complete Care Plus, Medicare, and 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 Molina Medicare Complete Care Plus, Medicare, and Medicaid don't cover	
Clinical Trials, including experimental medical and surgical treatments, items and drugs, unless covered by Medicare or under a Medicare-approved clinical research study or by our plan.	Cosmetic surgery or other cosmetic work, unless it is needed because of an accidental injury or to improve a part of the body that is not shaped right. However, the plan will cover reconstruction of a breast after a mastectomy and for treating the other breast to match it.
Services considered not reasonable and necessary according to the standards of Medicare and Texas Medicaid, unless these services are listed by our plan as covered services.	A private room in a hospital, except when it is medically necessary
Surgical treatment for morbid obesity, except when it is medically needed and Medicare covers it.	

F. Your rights as a member of the plan

As a member of Molina Medicare Complete Care Plus, 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 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 service coordinator
- **You have the right to make decisions about your care, including refusing treatment.** This includes the right to:
  - Choose a primary care provider (PCP) and change your PCP at any time during the year
  - Use a women's health care provider without a referral
  - Get your covered services and drugs quickly
  - Know about all treatment options, no matter what they cost or whether they're covered
  - Refuse treatment, even if your health care provider advises against it
  - Stop taking medicine, even if your health care provider advises against it
  - Ask for a second opinion. Molina Medicare Complete Care Plus will pay for the cost of your second opinion visit
  - Make your health care wishes known in an advance directive
- **You have the right to timely access to care that doesn't have any communication or physical access barriers.** This includes the right to:
  - Get timely medical care
  - Get in and out of a health care provider's office. This means barrier-free access for people with disabilities, in accordance with the Americans with Disabilities Act

Your rights as a member of the plan (Continued)

- Have interpreters to help with communication with your health care providers and your health plan

- **You have the right to seek emergency and urgent care when you need it.** This means you have the right to:
  - Get emergency services without prior authorization in an emergency
  - Use an out-of-network urgent or emergency care provider, when necessary

- **You have a right to confidentiality and privacy.** This includes the right to:
  - Ask for and get a copy of your medical records in a way that you can understand and to ask for your records to be changed or corrected
  - Have your personal health information kept private
  - Have privacy during treatment

- **You have the right to make complaints about your covered services or care.** This includes the right to:
  - File a complaint or grievance against us or our providers.
  - Ask for an IMR of STAR+PLUS services or items that are medical in nature
  - Appeal certain decisions made by our providers
  - Ask for a State Fair Hearing
  - Get a detailed reason for why services were denied
  - If you've tried to resolve your complaint with Molina Medicare Complete Care Plus and believe the matter remains unresolved, you can contact the HHS Office of the Ombudsman at 1-866-566-8989 and TTY: 1-800-735-2989.

For more information about your rights, you can read Chapter 9 of the *Member Handbook*. If you have questions, you can call Molina Medicare Complete Care Plus Member Services at the numbers listed at the bottom of this page.

You can also call the HHS Office of the Ombudsperson at 1-866-566-8989, 8 a.m. to 6 p.m. Central Time, Monday through Friday.

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

If you have a complaint or think Molina Medicare Complete Care Plus 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 Medicare Complete Care Plus Member Services at the numbers listed at the bottom of this page.

Or you can write to Molina Healthcare

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

Once you have gone through the Molina Healthcare complaint process, you can complain to the Health and Human Services Commission (HHSC) by calling toll-free 1-866-566-8989. If you would like to make your complaint in writing, please send it to the following address:

Texas Health and Human Services Commission

Ombudsman Managed Care Assistance Team

P.O. Box 13247
Austin, TX 78711-3247

If you can get on the Internet, you can send your complaint at: hhs.texas.gov/managed-care-help

H. What to do if you suspect fraud

Most health care professionals and organizations that provide services are honest. Unfortunately, there may be some who are dishonest.

If you think a doctor, hospital or other pharmacy is doing something wrong, please contact us.

- Call us at Molina Medicare Complete Care Plus Member Services. Phone numbers are listed at the bottom of this page.
- Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users may call 1-877-486-2048. You can call these numbers for free.
- Or, call the Office of Inspector General (OIG) Hotline at 1-800-436-6184; or visit oig.hhs.texas.gov/ and click "Report Fraud" to complete the online form.
- You may also call Molina Healthcare Alertline (Fraud and Abuse Hotline) at (866) 606-3889, TTY: 711.

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

(866) 856-8699

Calls to this number are free. Hours are October 1 - March 31: 8 a.m. to 8 p.m. local time, 7 days a week. From April 1 - September 30, Monday – Friday, 8 a.m. to 8 p.m. local time.

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

TTY: 711

Calls to this number are free. Hours are October 1 - March 31: 8 a.m. to 8 p.m. local time, 7 days a week. From April 1 - September 30, Monday – Friday, 8 a.m. to 8 p.m. local time.

If you have questions about your health:

Call your primary care provider (PCP). Follow your PCP's instructions for getting care when the office is closed.

If your PCP's office is closed, you can also call Molina Medicare Complete Care Plus's Nurse Line. A nurse will listen to your problem and tell you how to get care. The numbers for the Molina Medicare Complete Care Plus's Nurse Line are:

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

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

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

TTY: 711

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

What to do if you suspect fraud (Continued)

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

(800) 818-5837

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

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

TTY: 711 for English and Spanish

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 at the number listed on your Member ID card.

English

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

Spanish

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

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

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

Simplified Chinese

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

Traditional Chinese

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

Russian

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

Haitian Creole

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

Korean

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

Italian

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

Yiddish

אַבטונג: אויב איר רעדט יידיש, שפּראַך הילף סערוויסעס זענען בארעבטיגט פריי פאר דיר. פֿאַסיקע 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। অয্াক্সেসযোগয্ ফরময্াটে তথয্ পর্দানের জনয্ উপযুক্ত সহায়ক সহযোগিতা এবং পরিষেবাদিও বিনামূলেয্ উপলব্ধ রয়েছে। আপনার আইডি কাডের্র পিছনে থাকা সদসয্ পরিষেবা নমব্রে কল করুন অথবা আপনার পর্দানকারীর সাথে কথা বলুন।

Polish

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

Arabic

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

French

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

Urdu

اردو

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

Tagalog

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

Greek

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

Albanian

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

German

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

Pennsylvania Dutch

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

Vietnamese

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

Somali

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

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

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

Japanese

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

Ukrainian

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

Romanian

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

Amharic

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

Thai

หมายเหตุ: หากคุณใช้ภาษา ไทย เรามีบริการความช่วยเหลือด้านภาษาฟรี นอกจากนี้ ยังมีเครื่องมือและบริการช่วยเหลือเพื่อให้ข้อมูลในรูปแบบที่เข้าถึงได้โดยไม่เสียค่าใช้จ่าย โปรดติดต่อหมายเลข ฝ่ายบริการสมาชิกที่ระบุไว้ด้านหลังบัตรประจำตัวของคุณหรือพูดคุยกับผู้ให้บริการของคุณ

Persian

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

Samoan

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

Ilocano

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

Gujarati

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

Portuguese

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

Hindi

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

Khmer

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

Laotian

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

Karen

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

Swahili

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

Serbian

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

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

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

Croatian

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

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

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

Nepali

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

Yoruba

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

Tamil

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

Navajo

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

Shoshone

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

Choctaw

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

Punjabi

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

Syriac

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