



Molina Dual Options Cal Medi-Connect Plan

Medicare-Medicaid Plan

2020 | Annual Notice Of Changes

California H8677-001

Serving Riverside, San Bernardino and San Diego Counties

Molina Dual Options Cal MediConnect Plan Medicare-Medicaid Plan offered by Molina Healthcare
Annual Notice of Changes for 2020

Introduction

You are currently enrolled as a member of Molina Dual Options. Next year, there will be some changes to the plan's benefits, coverage, and rules. This *Annual Notice of Changes* tells you about the changes and where to find more information about them. Key terms and their definitions appear in alphabetical order in the last chapter of the *Member Handbook*.



If you have questions, please call Molina Dual Options at (855) 665-4627, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m., local time. The call is free. For more information, visit www.MolinaHealthcare.com/Duals.

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A. Disclaimers

- Limitations, copays, and restrictions may apply. For more information, call Molina Dual Options Member Services at (855) 665-4627, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m., local time or read the Molina Dual Options Member Handbook. This means that you may have to pay for some services and that you need to follow certain rules to have Molina Dual Options pay for your services.
- The List of Covered Drugs and/or pharmacy and provider networks may change throughout the year. We will send you a notice before we make a change that affects you.
- Benefits and/or copays may change on January 1 of each year.

B. Reviewing Your Medicare and Medi-Cal Coverage for Next Year

It is important to review your coverage now to make sure it will still meet your needs next year. If it does not meet your needs, you may be able to leave the plan. See section E2 for more information.

If you choose to leave Molina Dual Options, your membership will end on the last day of the month in which your request was made.

If you leave our plan, you will still be in the Medicare and Medi-Cal programs as long as you are eligible.

- You will have a choice about how to get your Medicare benefits (go to page 9 to see your choices).
- You will continue to be enrolled in Molina Healthcare for your Medi-Cal benefits, unless you choose a different Medi-Cal only plan (go to page 10 for more information).

B1. Additional Resources

- **ATTENTION:** If you speak English, language assistance services, free of charge, are available to you. Call (855) 665-4627, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m., local time. The call is free.
- **ATENCIÓN:** si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-665-4627 (TTY: 711).
- **CHÚ Ý:** Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-665-4627 (TTY: 711).
- **PAUNAWA:** Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-855-665-4627 (TTY: 711).
 - ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 4627-665-855-1 (رقم هاتف الصم والبكم: 711).
- You can get this *Annual Notice of Changes* for free in other formats, such as large print, braille, or audio. Call (855) 665-4627, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m., local time. The call is free.

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- You can ask that we always send you information in the language or format you need. This is called a standing request. We will keep track of your standing request so you do not need to make separate requests each time we send you information. To get this document in a language other than English, please contact the State at (800) 541-5555, TTY: 711, Monday – Friday, 8 a.m. to 5 p.m., local time to update your record with the preferred language. To get this document in an alternate format, please contact Member Services at (855) 665-4627, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m., local time. A representative can help you make or change a standing request. You can also contact your Case Manager for help with standing requests.
- Molina Dual Options complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

B2. Information about Molina Dual Options

- Molina Dual Options Cal MediConnect Plan Medicare-Medicaid Plan is a health plan that contracts with both Medicare and Medi-Cal to provide benefits of both programs to enrollees.
- Coverage under Molina Dual Options is qualifying health coverage called “minimum essential coverage.” It satisfies the Patient Protection and Affordable Care Act’s (ACA) individual shared responsibility requirement. Visit the Internal Revenue Service (IRS) website at <https://www.irs.gov/affordable-care-act/individuals-and-families> for more information on the individual shared responsibility requirement.
- Molina Dual Options is offered by Molina Healthcare. When this *Annual Notice of Changes* says “we,” “us,” or “our,” it means Molina Healthcare. When it says “the plan” or “our plan,” it means Molina Dual Options.



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B3. Important things to do:

- **Check if there are any changes to our benefits that may affect you.**
 - Are there any changes that affect the services you use?
 - It is important to review benefit changes to make sure they will work for you next year.
 - Look in section D for information about benefit changes for our plan.
- **Check if there are any changes to our prescription drug coverage that may affect you.**
 - Will your drugs be covered? Are they in a different tier? Can you continue to use the same pharmacies?
 - It is important to review the changes to make sure our drug coverage will work for you next year.
 - Look in section D2 for information about changes to our drug coverage.
 - Your drug cost may have risen next year.
 - Talk to your doctor about lower cost alternatives that may be available for you; this may save you in annual out-of-pocket costs throughout the year.
 - To get additional information on drug prices, visit <https://go.medicare.gov/drugprices>. These dashboards highlight which manufacturers have been increasing their prices and also show other year-to-year drug price information.
 - Keep in mind that your plan benefits will determine exactly how much your own drug costs may change.
- **Check to see if your providers and pharmacies will be in our network next year.**
 - Are your doctors, including specialists you see regularly, in our network? What about your pharmacy? What about the hospitals or other providers you use?
 - Look in section C for information about our *Provider and Pharmacy Directory*.
- **Think about your overall costs in the plan.**
 - How do the total costs compare to other coverage options?
- **Think about whether you are happy with our plan.**



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If you decide to stay with Molina Dual Options

If you want to stay with us next year, it's easy – you don't need to do anything. If you don't make a change, you will automatically stay enrolled in our plan.

If you decide to change plans:

If you decide other coverage will better meet your needs, you may be able to switch plans (see section E2 for more information). If you enroll in a new plan, your new coverage will begin on the first day of the following month. Look in section E, page 9 to learn more about your choices.

C. Changes to the network providers and pharmacies

Our provider and pharmacy networks has or have changed for 2020.

We strongly encourage you to **review our current *Provider and Pharmacy Directory*** to see if your providers or pharmacy are still in our network. An updated *Provider and Pharmacy Directory* is located on our website at www.MolinaHealthcare.com/Duals. You may also call Member Services at (855) 665-4627, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m., local time for updated provider information or to ask us to mail you a *Provider and Pharmacy Directory*.

It is important that you know that we may also make changes to our network during the year. If your provider does leave the plan, you have certain rights and protections. For more information, see Chapter 3 of your *Member Handbook*.

D. Changes to benefits for next year

D1. Changes to benefits for medical services

We are changing our coverage for certain medical services next year. The following table describes these changes.

	2019 (this year)	2020 (next year)
Genetic Testing	Prior Authorization for genetic testing is not required.	Prior Authorization for genetic testing may be required.
Opioid treatment services	Opioid treatment is not covered	Opioid treatment is covered
Supplemental Preventive and Comprehensive Dental Services	Supplemental Preventive and Comprehensive Dental Services are covered .	Supplemental Preventive and Comprehensive Dental Services are not covered . Members will continue to access dental services, including

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	2019 (this year)	2020 (next year)
		cleanings, fillings, and dentures, are available through the Medi-Cal Dental Program separately.
Supplemental Transportation Services	Supplemental Transportation Services are covered.	Supplemental Transportation Services are not covered. Members will continue to access unlimited round-trips of non-medical transportation through their separate Medi-Cal coverage.

D2. Changes to prescription drug coverage

Changes to our Drug List

An updated *List of Covered Drugs* is located on our website at www.MolinaHealthcare.com/Duals. You may also call Member Services at (855) 665-4627, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m., local time for updated drug information or to ask us to mail you a *List of Covered Drugs*.

The *List of Covered Drugs* is also called the “Drug List.”

We made changes to our Drug List, including changes to the drugs we cover and changes to the restrictions that apply to our coverage for certain drugs.

Review the Drug List to **make sure your drugs will be covered next year** and to see if there will be any restrictions.

If you are affected by a change in drug coverage, we encourage you to:

- Work with your doctor (or other prescriber) to find a different drug that we cover.
 - You can call Member Services at (855) 665-4627, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m., local time or contact your Case Manager to ask for a list of covered drugs that treat the same condition.
 - This list can help your provider find a covered drug that might work for you.
- Work with your doctor (or other prescriber) and ask the plan to make an exception to cover the drug.
 - You can ask for an exception before next year and we will give you an answer within 72 hours after we get your request (or your prescriber’s supporting statement).
 - To learn what you must do to ask for an exception, see Chapter 9 of the *2020 Member Handbook* or call Member Services at (855) 665-4627, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m., local time.

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- If you need help asking for an exception, you can contact Member Services or your Case Manager. See Chapter 2 and Chapter 3 of the *Member Handbook* to learn more about how to contact your Case Manager.

If your formulary exception is approved, you will be notified how long the approval will last. In most cases, approvals are given for one year. You will need to request a new formulary exception once your approval expires.

Changes to prescription drug costs

There are no changes to the amount you pay for prescription drugs in 2020. Read below for more information about your prescription drug coverage.

The following table shows your costs for drugs in each of our three (3) drug tiers.

	2019 (this year)	2020 (next year)
<p>Drugs in Tier 1 (Generic Drugs) Cost for a one-month supply of a drug in Tier 1 that is filled at a network pharmacy</p>	<p>Your copay for a one-month (31-day) supply is \$0 per prescription.</p>	<p>Your copay for a one-month (31-day) supply is \$0 per prescription.</p>
<p>Drugs in Tier 2 (Brand name drugs) Cost for a one-month supply of a drug in Tier 2 that is filled at a network pharmacy</p>	<p>Your copay for a one-month (31-day) supply is \$0 per prescription.</p>	<p>Your copay for a one-month (31-day) supply is \$0 per prescription.</p>
<p>Drugs in Tier 3 (Non-Medicare Rx/OTC drugs) Cost for a one-month supply of a drug in Tier 3 that is filled at a network pharmacy</p>	<p>Your copay for a one-month (31-day) supply is \$0 per prescription.</p>	<p>Your copay for a one-month (31-day) supply is \$0 per prescription.</p>

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E. How to choose a plan

E1. How to stay in our plan

We hope to keep you as a member next year.

You do not have to do anything to stay in your health plan. If you do not sign up for a different Cal MediConnect plan, change to a Medicare Advantage Plan, or change to Original Medicare, you will automatically stay enrolled as a member of our plan for 2020.

E2. How to change plans

You can end your membership at any time during the year by enrolling in another Medicare Advantage Plan, enrolling in another Cal MediConnect plan, or moving to Original Medicare.

How you will get Medicare services

You will have three options for getting your Medicare services. By choosing one of these options, you will automatically end your membership in our Cal MediConnect plan:

<p>1. You can change to:</p> <p>A Medicare health plan, such as a Medicare Advantage Plan or, if you meet eligibility requirements and live within the service area, a Program of All-inclusive Care for the Elderly (PACE)</p>	<p>Here is what to do:</p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048</p> <p>For PACE inquiries, call 1-855-921-PACE (7223).</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"> • Call the California Health Insurance Counseling and Advocacy Program (HICAP) at 1-800-434-0222, Monday through Friday from 8:00 a.m. to 5:00 p.m. For more information or to find a local HICAP office in your area, please visit https://www.aging.ca.gov/HICAP/. <p>You will automatically be disenrolled from Molina Dual Options when your new plan's coverage begins.</p>
<p>2. You can change to:</p> <p>Original Medicare with a separate Medicare prescription drug plan</p>	<p>Here is what to do:</p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.</p> <p>If you need help or more information:</p>

If you have questions, please call Molina Dual Options at (855) 665-4627, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m., local time. The call is free. For more information, visit www.MolinaHealthcare.com/Duals.



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<p>3. You can change to: Original Medicare without a separate Medicare prescription drug plan</p> <p>NOTE: If you switch to Original Medicare and do not enroll in a separate Medicare prescription drug plan, Medicare may enroll you in a drug plan, unless you tell Medicare you don't want to join.</p> <p>You should only drop prescription drug coverage if you have drug coverage from another source, such as an employer, or union. If you have questions about whether you need drug coverage, call the California Health Insurance Counseling and Advocacy Program (HICAP) at 1-800-434-0222, Monday through Friday from 8:00 a.m. to 5:00 p.m. For more information or to find a local HICAP office in your area, please visit https://www.aging.ca.gov/HICAP/.</p>	<p>Here is what to do: Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"> • Call the California Health Insurance Counseling and Advocacy Program (HICAP) at 1-800-434-0222, Monday through Friday from 8:00 a.m. to 5:00 p.m. For more information or to find a local HICAP office in your area, please visit https://www.aging.ca.gov/HICAP/. <p>You will automatically be disenrolled from Molina Dual Options when your Original Medicare coverage begins.</p>

How you will get Medi-Cal services

If you leave our Cal MediConnect plan, you will continue to get your Medi-Cal services through Molina Healthcare unless you select a different plan for your Medi-Cal services. Your Medi-Cal services include most long-term services and supports and behavioral health care.

If you want to choose a different plan for your Medi-Cal services, you need to tell Health Care Options. You can call Health Care Options at 1-844-580-7272, Monday through Friday from 8:00 am to 6:00 pm. TTY users should call 1-800-430-7077.

F. How to get help

F1. Getting help from Molina Dual Options

Questions? We're here to help. Please call Member Services at (855) 665-4627 (TTY only, call 711). We are available for phone calls Monday – Friday, 8 a.m. to 8 p.m., local time. Calls to these numbers are free.

Your 2020 Member Handbook

The *2020 Member Handbook* is the legal, detailed description of your plan benefits. It has details about next year's benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs.

An up-to-date copy of the *2020 Member Handbook* is always available on our website at www.MolinaHealthcare.com/Duals. You may also call Member Services at (855) 665-4627, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m., local time to ask us to mail you a *2020 Member Handbook*.

Our website

You can also visit our website at www.MolinaHealthcare.com/Duals. As a reminder, our website has the most up-to-date information about our provider and pharmacy network (*Provider and Pharmacy Directory*) and our Drug List (*List of Covered Drugs*).

F2. Getting help from the state enrollment broker

Medi-Cal Health Care Options can help you if you have questions about selecting a Cal MediConnect plan or other enrollment issues. You can call Health Care Options at 1-844-580-7272, Monday through Friday from 8:00 am to 6:00 pm. TTY users should call 1-800-430-7077.

F3. Getting help from the Cal MediConnect Ombuds Program

The Cal MediConnect Ombuds Program can help you if you are having a problem with Molina Dual Options. The ombudsman's services are free. The Cal MediConnect Ombuds Program:

- Works as an advocate on your behalf. They can answer questions if you have a problem or complaint and can help you understand what to do.
- Makes sure you have information related to your rights and protections and how you can get your concerns resolved.
- Is not connected with us or with any insurance company or health plan. The phone number for the Cal MediConnect Ombuds Program is 1-855-501-3077.

F4. Getting help from the Health Insurance Counseling and Advocacy Program

You can also call the State Health Insurance Assistance Program (SHIP). In California, the SHIP is called Health Insurance Counseling and Advocacy Program (HICAP). HICAP counselors can help you understand your Cal MediConnect plan choices and answer questions about switching plans. HICAP is not connected with us or with any insurance company or health plan. HICAP has trained counselors



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in every county, and services are free. HICAP's phone number is 1-800-434-0222. For more information or to find a local HICAP office in your area, please visit <https://www.aging.ca.gov/HICAP/>.

F5. Getting help from Medicare

To get information directly from Medicare, you can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Medicare's Website

You can visit the Medicare website (<https://www.medicare.gov/>). If you choose to disenroll from your Cal MediConnect plan and enroll in a Medicare Advantage plan, the Medicare website has information about costs, coverage, and quality ratings to help you compare Medicare Advantage plans. You can find information about Medicare Advantage plans available in your area by using the Medicare Plan Finder on the Medicare website. (To view the information about plans, go to <https://www.medicare.gov/> and click on "Find health & drug plans.")

Medicare & You 2020

You can read the *Medicare & You 2020* Handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this booklet, you can get it at the Medicare website (<https://www.medicare.gov/>) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

F6. Getting help from the California Department of Managed Health Care

The California Department of Managed Health Care is responsible for regulating health care service plans. If you have a grievance against your health plan, you should first telephone your health plan at (855) 665-4627, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m., local time and use your health plan's grievance process before contacting the Department. Utilizing this grievance procedure does not prohibit any potential legal rights or remedies that may be available to you.

If you need help with a grievance involving an urgent issue, a grievance that has not been satisfactorily resolved by your health plan, or a grievance that has remained unresolved for more than 30 days, you may call the department for assistance. For urgent issues, you may call the Department first without filing a grievance with your health plan.

You may also be eligible for an Independent Medical Review (IMR). If you are eligible for IMR, the IMR process will provide an impartial review of medical decisions made by a health plan related to the medical necessity of a proposed service or treatment, coverage decisions for treatments that are experimental or investigational in nature and payment disputes for emergency or urgent medical services.

The Department also has a toll-free telephone number (1-888-HMO-2219) and a TTY line (1-877-688-9891) for the hearing and speech impaired. The Department's Internet Web site <http://www.hmohelp.ca.gov> has complaint forms, IMR application forms and instructions online.

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