

# 2018

# SUMMARY OF BENEFITS

## California

**Molina Dual Options  
Cal MediConnect Plan  
Medicare-Medicaid Plan**

Member Services (855) 665-4627, TTY/TDD: 711  
Monday - Friday, 8 a.m. to 8 p.m., local time



[www.MolinaHealthcare.com/Duals](http://www.MolinaHealthcare.com/Duals)

### **This is a summary of health services covered by Molina Dual Options for 2018. This is only a summary. Please read the Member Handbook for the full list of benefits.**

- 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. It is for people with both Medicare and Medi-Cal.
- Under Molina Dual Options you can get your Medicare and Medi-Cal services in one health plan. A Molina Dual Options Case Manager will help manage your health care needs.
- This is not a complete list. The benefit information is a brief summary, not a complete description of benefits. For more information contact the plan or read the Member Handbook.
- Limitations, copays, and restrictions may apply. For more information, call Molina Dual Options Member Services or read the Molina Dual Options Member Handbook.
- 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.
- If you speak English, language assistance services, free of charge, are available to you. Call (855) 665-4627, TTY/TDD: 711, Monday - Friday, 8 a.m. to 8 p.m., local time. The call is free.
- Si usted habla español, los servicios de asistencia del idioma, sin costo, están disponibles para usted. Llame al (855) 665-4627 , servicio TTY / TDD al 711, de lunes a viernes, de 8:00 a. m. a 8:00 p. m., hora local. La llamada es gratuita.
- إذا كنت تتحدث اللغة العربية، نوفر لك خدمات المساعدة اللغوية المجانية. اتصل على (855) 665-4627 ، لمستخدمي أجهزة الهواتف النصية / أجهزة اتصالات المعاقين: 711، من الاثنين إلى الجمعة، من 8 صباحًا إلى 8 مساءً، بالتوقيت المحلي. هذه المكالمات مجانية.
- Kung nagsasalita ka ng Tagalog, may maaari kang kuning mga libreng serbisyo ng tulong sa wika. Tumawag sa (855) 665-4627, TTY/TDD: 711, Lunes – Biyernes, 8 a.m. hanggang 8 p.m., lokal na oras. Libre ang tawag na ito.
- Nếu quý vị nói tiếng Việt, có sẵn dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Hãy gọi (855) 665-4627, TTY/TDD: 711, Thứ Hai – Thứ Sáu, 8 giờ sáng đến 8 giờ tối, giờ địa phương. Cuộc gọi là miễn phí.



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## Molina Dual Options: **Summary of Benefits**

- You can get this document for free in other formats, such as large print, braille or audio. Call (855) 665-4627, TTY/TDD: 711, Monday - Friday, 8 a.m. to 8 p.m., local time. The call is free.
- To make a standing request to get this document in a language other than English or in an alternate format now and in the future, please contact Member Services at (855) 665-4627, TTY/TDD: 711, Monday - Friday, 8 a.m. to 8 p.m., local time.
- 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.



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The following chart lists frequently asked questions.

Frequently Asked Questions (FAQ)	Answers
<b>What is a Cal MediConnect plan?</b>	A Cal MediConnect Plan is an organization made up of doctors, hospitals, pharmacies, providers of long-term services, and other providers. It also has Case Managers to help you manage all your providers and services. They all work together to provide the care you need. Molina Dual Options (Medicare-Medicaid Plan) is a Cal MediConnect Plan that provides benefits of Medi-Cal and Medicare to enrollees.
<b>What is a Molina Dual Options Case Manager?</b>	A Molina Dual Options Case Manager is one main person for you to contact. This person helps manage all your providers and services and makes sure you get what you need.
<b>What are Long-Term Services and Supports (LTSS)?</b>	LTSS are for beneficiaries who need assistance to do everyday tasks like taking a bath, 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. LTSS include the following programs: Multipurpose Senior Services Program (MSSP), Community-Based Adult Services (CBAS), and long-term skilled nursing care provided by Nursing Facilities (NF).
<b>Will you get the same Medicare and Medi-Cal benefits in Molina Dual Options that you get now?</b>	You will get most of your covered Medicare and Medi-Cal benefits directly from Molina Dual Options. You will 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. When you enroll in Molina Dual Options, you and your care team will work together to develop an Individualized Care Plan to address your health and support needs, reflecting your personal preferences and goals. Also, if you are taking any Medicare Part D prescription drugs that Molina Dual Options does not normally cover, you can get a temporary supply and we will help you to transition to another drug or get an exception for Molina Dual Options to cover your drug if medically necessary.



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Frequently Asked Questions (FAQ)	Answers
<p><b>Can you go to the same doctors you see now?</b></p>	<p>Often that is the case. If your providers (including doctors and pharmacies) work with Molina Dual Options and have a contract with us, you can keep going to them. Providers who have an agreement with us are “in-network.” You must use the providers in Molina Dual Options’ network. If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of Molina Dual Options’ plan.</p> <p>To find out if your doctors are in the plan’s network, call Member Services or read Molina Dual Options’ <i>Provider and Pharmacy Directory</i>.</p> <p>If Molina Dual Options is new for you, we will work with you to develop an Individualized Care Plan to address your needs. You can continue seeing the doctors you go to now for 12 months. .</p>
<p><b>What happens if you need a service but no one in Molina Dual Options’s network can provide it?</b></p>	<p>Most services will be provided by our network providers. If you need a service that cannot be provided within our network, Molina Dual Options will pay for the cost of an out-of-network provider.</p>
<p><b>Where is Molina Dual Options available?</b></p>	<p>The service area for this plan includes: Riverside*, San Bernardino* and San Diego Counties, California. You must live in one of these areas to join the plan.</p> <p>* Denotes partial county. Call Member Services for more information about whether the plan is available where you live.</p>
<p><b>Do you pay a monthly amount (also called a premium) under Molina Dual Options?</b></p>	<p>You will not pay any monthly premiums to Molina Dual Options for your health coverage.</p>
<p><b>What is prior authorization?</b></p>	<p>Prior authorization means that you must get approval from Molina Dual Options before you can get a specific service or drug or see an out-of-network provider. Molina Dual Options may not cover the service or drug if you do not get approval.</p> <p>If you need urgent or emergency care or out-of-area dialysis services, you do not need to get approval first. Molina Dual Options can provide you with a list of services or procedures that require you to obtain prior authorization from Molina Dual Options before the service is provided.</p>



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## Molina Dual Options: **Summary of Benefits**

<b>Frequently Asked Questions (FAQ)</b>	<b>Answers</b>
<b>What is a referral?</b>	A referral means that your primary care provider must give you approval to see someone that is not your primary care provider. If you don't get approval, Molina Dual Options may not cover the services. There are certain specialists in which you do not need a referral, such as women's health specialists. For more information on when a referral is necessary, see the Member Handbook.



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## Molina Dual Options: Summary of Benefits

Frequently Asked Questions (FAQ)	Answers
<p><b>Who should you contact if you have questions or need help?</b></p>	<p><b>If you have general questions or questions about our plan, services, service area, billing, or Member ID cards, please call Molina Dual Options Member Services:</b></p> <p>CALL (855) 665-4627            Calls to this number are free. Monday - Friday, 8 a.m. to 8 p.m., local time.            Assistive technologies, including self-service and voicemail options, are available on holidays, after regular business hours and on Saturdays and Sundays.            Member Services also has free language interpreter services available for people who do not speak English.</p> <p>TTY 711            Calls to this number are free. Monday - Friday, 8 a.m. to 8 p.m., local time</p> <p><b>If you have questions about your health, please call the Nurse Advice Call line:</b></p> <p>CALL (888) 275-8750            Calls to this number are free. 24 hours a day, 7 days a week. Nurse Advice Call Line also has free language interpreter services available for people who do not speak English.</p> <p>TTY 711            Calls to this number are free. 24 hours a day, 7 days a week.</p> <p><b>If you need immediate behavioral health services, please call the Nurse Advice Call Line:</b></p> <p>CALL (888) 275-8750            Calls to this number are free. 24 hours a day, 7 days a week.            Nurse Advice Call Line also has free language interpreter services available for people who do not speak English.</p> <p>TTY 711            Calls to this number are free. 24 hours a day, 7 days a week.</p>



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## Molina Dual Options: **Summary of Benefits**

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

Health need or problem	Services you may need	Your costs for <u>in-network</u> providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You want to see a doctor</b>	Visits to treat an injury or illness	\$0	
	Wellness visits, such as a physical	\$0	Annual Wellness visit every 12 months.
	Transportation to a doctor’s office	\$0	You will have access to unlimited round-trips of non-medical transportation because of your MediCal coverage. We also offer an extra 30 one-way trips per year for health related purposes at locations not eligible for MediCal-covered non-medical transportation.
	Specialist care	\$0	Please see your primary care physician for a referral first before going to see a specialist.
	Care to keep you from getting sick, such as flu shots	\$0	
	“Welcome to Medicare” preventive visit (one time only)	\$0	
<b>You need medical tests</b>	Lab tests, such as blood work	\$0	Authorization rules may apply. Genetic testing requires prior authorization.  Outpatient Lab services do not require prior authorization.



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Health need or problem	Services you may need	Your costs for <u>in-network</u> providers	Limitations, exceptions, & benefit information (rules about benefits)
	X-rays or other pictures, such as CAT scans	\$0	Authorization rules may apply. Outpatient X-ray services do not require a prior authorization.
	Screening tests, such as tests to check for cancer	\$0	Authorization rules may apply.
<b>You need drugs to treat your illness or condition</b>	Generic drugs (no brand name)	\$0 for a 31-day supply	<p>There may be limitations on the types of drugs covered. Please see Molina Dual Options' List of Covered Drugs (Drug List) for more information.</p> <p>A 90-day supply is available at retail and mail order pharmacy at no additional cost.</p> <p>The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from Molina Dual Options for certain drugs.</p>



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Health need or problem	Services you may need	Your costs for <u>in-network</u> providers	Limitations, exceptions, & benefit information (rules about benefits)
	Brand name drugs	\$0 for a 31-day supply	<p>There may be limitations on the types of drugs covered. Please see Molina Dual Options' List of Covered Drugs (Drug List) for more information.</p> <p>A 90-day supply is available at retail and mail order pharmacy at no additional cost.</p> <p>The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from Molina Dual Options for certain drugs.</p>
	Non-Medicare Rx/OTC Drugs	\$0	There may be limitations on the types of drugs covered. Please see Molina Dual Options' List of Covered Drugs (Drug List) for more information.



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	Over-the-counter (OTC) items	\$0	<p>We cover non-prescription OTC products like vitamins, sunscreen, pain relievers, cough/cold medicine, and bandages. You get \$60.00 every 3 months that you can spend on plan-approved items. Your quarterly allowance becomes available to use in January, April, July and October. Any dollar amount that you don't use will carry over into the next 3 months. Be sure to spend all of it before the end of the year because it expires at the end of the calendar year. Shipping will not cost you anything.</p> <p>You do not need a prescription from your doctor to get OTC items.</p>
	Medicare Part B prescription drugs	\$0	<p>Part B drugs include drugs given by your doctor in his or her office, some oral cancer drugs, and some drugs used with certain medical equipment. Read the Member Handbook for more information on these drugs. Authorization rules may apply.</p>
<b>You need therapy after a stroke or accident</b>	Occupational, physical, or speech therapy	\$0	Authorization rules may apply.



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Health need or problem	Services you may need	Your costs for <u>in-network</u> providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You need emergency care</b>	Emergency room services	\$0	You may get covered emergency medical care whenever you need it, anywhere in the United States or its territories, without prior authorization.  Not covered outside the U.S. and its territories except under limited circumstances. Contact plan for details.
	Ambulance services	\$0	Prior authorization is not required for emergency transportation. Prior Authorization rules may apply for non-emergency Ambulance services.
	Urgent care	\$0	You may get urgent care services whenever you need it, anywhere in the United States or its territories, without prior authorization.  Not covered outside the U.S. and its territories except under limited circumstances. Contact plan for details.
<b>You need hospital care</b>	Hospital stay	\$0	Authorization rules may apply.
	Doctor or surgeon care	\$0	Referral requirements may apply.
<b>You need help getting better or have special health needs</b>	Rehabilitation services	\$0	
	Medical equipment for home care	\$0	Authorization rules may apply.



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	Skilled nursing care	\$0	Authorization rules may apply. No limit to the number of days covered by the plan each SNF stay. No prior hospital stay is required.
<b>You need eye care</b>	Eye exams	\$0	Up to 1 routine eye exam every year.
	Glasses or contact lenses	\$0	\$100 plan coverage limit for supplemental eyewear every 2 years.
<b>You need hearing or auditory services</b>	Hearing screenings	\$0	1 routine hearing exam every year
	Hearing aids	\$0	1 hearing aid fitting/evaluation every 2 years
<b>You have a chronic condition, such as diabetes or heart disease</b>	Services to help manage your disease	\$0	Diabetes self-management training
	Diabetes supplies and services	\$0	Diabetes monitoring supplies Therapeutic shoes or inserts Authorization rules may apply.
<b>You have a mental health condition</b>	Mental or behavioral health services	\$0	Outpatient group therapy visit. Outpatient individual therapy visit.
<b>You have a substance abuse problem</b>	Substance abuse services	\$0	Outpatient group therapy visit. Outpatient individual therapy visit.
<b>You need long-term mental health services</b>	Inpatient care for people who need mental health care	\$0	Authorization rules may apply.
<b>You need durable medical equipment (DME)</b>	Wheelchairs	\$0	Authorization rules may apply.
	Nebulizers	\$0	Authorization rules may apply.



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Health need or problem	Services you may need	Your costs for <u>in-network</u> providers	Limitations, exceptions, & benefit information (rules about benefits)
	Crutches	\$0	Authorization rules may apply.
	Walkers	\$0	Authorization rules may apply.
	Oxygen equipment and supplies	\$0	Authorization rules may apply.



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Health need or problem	Services you may need	Your costs for <u>in-network</u> providers	Limitations, exceptions, & benefit information (rules about benefits)
<p><b>You need help living at home</b></p>	<p>Long Term Services and Support (LTSS): Community Based Adult Services (CBAS)            The Community Based Adult Services (CBAS) Program is a community - based day health program that provides services to older persons and adults with chronic medical, cognitive, or mental health conditions and/or disabilities that are at risk of needing institutional care.</p> <p>You may receive the following services at a CBAS center:</p> <ul style="list-style-type: none"> <li>• Professional nursing services</li> <li>• Social services or personal care services</li> <li>• Therapeutic activities</li> <li>• One meal per day</li> </ul> <p>Additional Services (as specified in the member's individual Plan of Care):</p> <ul style="list-style-type: none"> <li>• Physical therapy</li> <li>• Occupational therapy</li> <li>• Speech therapy</li> </ul>	<p>\$0</p>	<p>You must meet one of the following diagnostic categories:</p> <ul style="list-style-type: none"> <li>• NF-A level of care or above</li> <li>• Chronic acquired or traumatic brain injury and/or chronic mental health</li> <li>• Alzheimer's disease or other dementia (stage 5,6,or 7)</li> <li>• Mild cognitive impairment, including moderate Alzheimer's (stage 4)</li> <li>• Developmental disability</li> <li>• A physician, nurse practitioner or other health care provider, within his/her scope of practice, has requested CBAS services</li> <li>• Member needs supervision or assistance with two or more of the following activities of daily living; bathing, dressing, self-feeding, toileting, ambulation, transferring, OR money management, assessing resources, meal preparation or transportation</li> </ul>



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	<ul style="list-style-type: none"> <li>• Mental health services</li> <li>• Registered dietician services</li> <li>• Transportation to and from the CBAS center to your home</li> </ul>		<p>Authorization rules may apply.</p> <p>Referral requirements may apply.</p> <p>Molina will work with you, your doctor and your local CBAS center if you need this service.</p>



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Health need or problem	Services you may need	Your costs for <u>in-network</u> providers	Limitations, exceptions, & benefit information (rules about benefits)
	<p>Long Term Support Services (LTSS): In-Home Supportive Services (IHSS)</p> <p>The In-Home Supportive Services (IHSS) program can provide services so that you can remain safely in your own home. IHSS is considered an alternative to out-of-home care, such as nursing homes or board and care facilities.</p> <p>You may receive the following services from IHSS:</p> <ul style="list-style-type: none"> <li>• Housecleaning</li> <li>• Meal preparation</li> <li>• Laundry</li> <li>• Grocery shopping</li> <li>• Accompaniment to medical appointments</li> <li>• Protective supervision for those who meet criteria</li> </ul>	<p>\$0</p>	<p>In-Home Supportive Services (IHSS): To be eligible, you must be over 65 years of age, or disabled, or blind. Eligibility Criteria</p> <ul style="list-style-type: none"> <li>• The member must physically reside in the United States</li> <li>• The member must also be a California resident.</li> <li>• The member must have a Medi-Cal eligibility determination.</li> <li>• The member must live at home or an abode of their own choosing (acute care hospital, long-term care facilities, and licensed community care facilities are not considered "own home").</li> <li>• The member must submit a Health Care Certification Form.</li> </ul> <p>Authorization rules may apply. Referral requirements may apply. Molina will work with you, your doctor and local IHSS office if you need this service.</p>



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	<p>Long Term Services and Support (LTSS):</p> <p>Multi-Purpose Senior Services Program (MSSP):</p> <ul style="list-style-type: none"> <li>• Adult day care</li> <li>• Housing assistance</li> <li>• Chore and personal care assistance</li> <li>• Protective supervision</li> <li>• Care management</li> <li>• Respite for caregivers</li> <li>• Transportation</li> <li>• Meal services</li> <li>• Delivered meals</li> <li>• Social services</li> <li>• Communications services</li> <li>• Emergency response system</li> <li>• Minor home repairs</li> <li>• Home safety modifications</li> <li>• Home medical equipment</li> </ul>	\$0	<p>You may be eligible if you are 65 years of age or older, live within an MSSP service area, stay within MSSP's cost limitations, appropriate for care management services, currently eligible for Medi-Cal and certified or certifiable for placement in a nursing facility. This certification is determined by MSSP site's staff and it's based upon Medi-Cal criteria for placement. Molina will work with you, your doctor and your local MSSP site if you need this service.</p> <p>Authorization rules may apply.</p>



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	Home health care services	\$0	Authorization rules may apply.
You need a place to live with people available to help you	Long Term Services and Support (LTSS): Long Term Nursing Home Care	\$0	Authorization rules may apply. Referral requirements may apply.
	Nursing home care	\$0	Authorization rules may apply. Referral requirements may apply.
Your caregiver needs some time off	Molina will work with you, your caregiver, and your doctor to identify and coordinate respite for your caregiver	\$0	<p>You may be eligible if you are 65 years of age or older, live within an MSSP service area, stay within MSSP's cost limitations, appropriate for care management services, currently eligible for Medi-Cal and certified or certifiable for placement in a nursing facility. This certification is determined by MSSP site's staff and it's based upon Medi-Cal criteria for placement. Molina will work with you, your doctor and your local MSSP site if you need this service.</p> <p>Authorization rules may apply.</p>



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## Molina Dual Options: **Summary of Benefits**

### **Other services that Molina Dual Options covers**

This is not a complete list. Call Member Services or read the Member Handbook to find out about other covered services.

<b>Other services covered by Molina Dual Options</b>	<b>Your costs for <u>in-network</u> providers</b>
Acupuncture	\$0 copay for two outpatient acupuncture services in any one calendar month
Meal Benefit	\$0 copay Qualifying members get an extra meal benefit of 56 meals delivered over 4 weeks, based on your needs.
Hospice	\$0 copay You must get care from a Medicare-certified hospice. You must consult with your plan before you select hospice.
Chiropractic Services	\$0 copay for chiropractic visits.
Podiatry Services	\$0 copay for podiatry visits.
Prosthetic Devices	\$0 copay for: <ul style="list-style-type: none"><li>• prosthetic devices</li><li>• medical supplies related to prosthetics, splints, and other devices</li></ul> Authorization rules may apply.



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## Molina Dual Options: **Summary of Benefits**

Other services covered by Molina Dual Options	Your costs for <b>in-network</b> providers
Dental Services	<p>\$0 copay for dental services.            One oral exam every 6 months One dental X-ray every year Plan offers additional supplemental comprehensive dental benefits.</p> <p>Authorization rules may apply for comprehensive dental services. Please contact the plan for more details.</p>
Family Planning Services, such as: <ul style="list-style-type: none"> <li>• Pregnancy tests</li> <li>• Birth Control</li> <li>• Sterilization</li> </ul>	<p>\$0 copay for family planning services            You can see any qualified provider. You do not need a Prior Authorization to get these services.</p>



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## Molina Dual Options: **Summary of Benefits**

### **Benefits covered outside of Molina Dual Options**

This is not a complete list. Call Member Services to find out about other services not covered by Molina Dual Options but available through Medicare or Medi-Cal.

<b>Other services covered by Medicare or Medi-Cal</b>	<b>Your costs</b>
Some hospice care services	\$0
California Community Transitions (CCT) pre-transition coordination services and post-transition services	\$0
Certain dental services, including cleanings, fillings, and complete dentures	Services that are covered under the Medi-Cal Dental Program are not chargeable to you. However, you are responsible for your share of cost amount, if applicable. You are responsible for paying for services not covered by your plan or by Medi-Cal.



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## Molina Dual Options: **Summary of Benefits**

### **Services that Molina Dual Options, Medicare, and Medi-Cal do not cover**

This is not a complete list. Call Member Services to find out about other excluded services.

<b>Services <u>not</u> covered by Molina Dual Options, Medicare, or Medi-Cal</b>	
All services and/or supplies that are not medically necessary	Experimental or investigational drug, device, or procedures (unless approved)
Cosmetic surgery, except when needed to repair trauma or disease-related disfigurement	Personal items in your room at a hospital or a skilled nursing facility, such as a telephone or a television.
Sports physicals required by school or recreational sport	Completing forms such as disability, WIC, DMV
Personal comfort and convenience items	Services outside the United States, except for emergency services requiring hospitalization in Canada or Mexico
Elective circumcisions	Private duty nurses
A private room in a hospital, except when it is medically needed	Services provided to veterans in Veterans Affairs (VA) facilities



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# Molina Dual Options: **Summary of Benefits**

## **Your rights as a member of the plan**

As a member of Molina Dual Options, 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 will 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 are not limited to, the following:

- **You have a right to respect, fairness and dignity.** This includes the right to:
  - Get covered services without concern about race, ethnicity, national origin, religion, gender, age, mental or physical disability, sexual orientation, genetic information, ability to pay, or ability to speak English
  - Get information in other formats (e.g., large print, braille, and/or audio)
  - Be free from any form of physical restraint or seclusion
  - Not be billed by network providers
  - Have your questions and concerns answered completely and courteously
- **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 format you can understand. These rights include getting 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 managers
- **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 you can change your PCP at any time
  - See 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 are covered



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## Molina Dual Options: **Summary of Benefits**

- Refuse treatment, even if your doctor advises against it
- Stop taking medicine
- Ask for a second opinion. Molina Dual Options will pay for the cost of your second opinion visit.
- Create and apply an advance directive, such as a will or health care proxy.
- **You have the right to timely access to care that does not have any communication or physical access barriers.** This includes the right to:
  - Get medical care timely
  - 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 you communicate with your doctors and your health plan. Call (855) 665-4627, TTY/TDD: 711, Monday - Friday, 8 a.m. to 8 p.m., local time if you need help with this service
- **You have the right to seek emergency and urgent care when you need it.** This means you have the right to:
  - Get emergency services, 24 hours a day, seven days a week, without prior approval in an emergency
  - See 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
- **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. You also have the right to appeal certain decisions made by us or our providers
  - Ask for an Independent Medical Review of Medi-Cal services or items that are medical in nature from the California Department of Managed Health Care
  - Ask for a state fair hearing from the State of California



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## Molina Dual Options: **Summary of Benefits**

- Get a detailed reason for why services were denied

For more information about your rights, you can read the Molina Dual Options Member Handbook. If you have questions, you can also call Molina Dual Options Member Services.

### **If you have a complaint or think we should cover something we denied**

If you have a complaint or think Molina Dual Options should cover something we denied, call Molina Dual Options at (855) 665-4627, TTY/TDD: 711, Monday - Friday, 8 a.m. to 8 p.m., local time. You may be able to appeal our decision.

For questions about complaints and appeals, you can read Chapter 9 of the Molina Dual Options Member Handbook. You can also call Molina Dual Options Member Services.

Or you can write to Molina Healthcare

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

### **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 Dual Options Member Services. Phone numbers are on the cover of this summary.
- Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week.



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