

Addendum Sheet to the
2019
Molina Healthcare of California Agreement
and Combined Evidence of Coverage and Disclosure Form

February 20, 2019

Dear Member,

This is important information on changes in your Molina Healthcare of California coverage.

We previously published the Molina Healthcare of California Agreement and Combined Evidence of Coverage and Disclosure Form (EOC) documents which provide information about your coverage as an enrollee in our plan. This update to the EOC reflects a change in Molina Healthcare of California’s enrollment policy. Below you will find updated information describing the new policy. Please keep this information for your reference.

Changes to your EOC

| Where you can find the change in your 2019 EOC | Original Information | Corrected Information | What does this mean for you? |
|--|--|--|--|
| On page 11, in footnote #7 under the section of the Schedule of Benefits titled “Prescription Drug Coverage” | <p>Please refer to the Prescription Drug Coverage section for a description. Maximum Cost Sharing of \$200 for a 30-day supply of oral chemotherapy drugs, deductible does not apply. Please note, Cost Sharing reduction for any prescription drugs obtained by You through the use of a discount card or coupon provided by a prescription drug manufacturer, or any other form of prescription drug third-party Cost Sharing assistance, will not apply toward any Deductible or the Annual Out-of-Pocket Maximum under Your Plan.</p> | <p>Please refer to the Prescription Drug Coverage section for a description. Maximum Cost Sharing of \$200 for a 30-day supply of oral chemotherapy drugs, deductible does not apply. Please note, Cost Sharing reduction for any prescription drugs obtained by You through the use of a discount card or coupon provided by a prescription drug manufacturer, or any other form of prescription drug third-party Cost Sharing assistance, will not apply toward any Deductible or the Annual Out-of-Pocket Maximum under Your Plan.</p> <p>Retail Cost Sharing for covered prescription drugs is limited to be no more than the pharmacy's retail price.</p> | This discloses your right to receive covered prescription drugs at the lesser of the retail price or the applicable Cost Sharing amount disclosed in the Schedule of Benefits for Your plan. |

| Where you can find the change in your 2019 EOC | Original Information | Corrected Information | What does this mean for you? |
|---|---|--|---|
| <p>On page 64, in the section titled “PRESCRIPTION DRUG COVERAGE”</p> | <p>Cost Sharing for Prescription Drugs and Medications The Cost Sharing for prescription drugs and medications is listed on the Schedule of Benefits. Cost Sharing applies to all drugs and medications prescribed by a Participating Provider on an outpatient basis unless such drug therapy is an item of EHB preventive care administered or prescribed by a Participating Provider. This would not be subject to Cost Sharing.</p> | <p>Cost Sharing for Prescription Drugs and Medications The Cost Sharing for prescription drugs and medications is listed on the Schedule of Benefits. Cost Sharing applies to all drugs and medications prescribed by a Participating Provider on an outpatient basis unless such drug therapy is an item of EHB preventive care administered or prescribed by a Participating Provider. This would not be subject to Cost Sharing.</p> <p><i>You are not required to pay more than the retail price for a covered prescription drug. If a pharmacy’s retail price is less than the applicable Copayment or Coinsurance amount listed on the Schedule of Benefits, the retail price You pay for a covered drug will constitute the applicable Cost Sharing. Your retail-price payment will apply to both the Deductible, if any, and the Annual Out-of-Pocket Maximum.</i></p> | <p>This discloses your right to receive covered prescription drugs at the lesser of the retail price or the applicable Cost Sharing amount disclosed in the Schedule of Benefits for Your plan.</p> |

You are not required to take any action in response to this document, but we recommend you keep this information for future reference. If you have any questions please call us at 1 (888) 858-2150, Monday through Friday from 8:00 a.m. to 6:00 p.m.

Molina Healthcare of California is a health plan that contracts with both Medicare and Medi-Cal to provide benefits of both programs to enrollees.

You can get this handbook for free in other languages. Call 1 (888) 858-2150 or TTY 711, Monday through Friday from 8:00 a.m. to 6:00 p.m. The call is free.