CA H8677-001

2022 Summary of Benefits

Molina Dual Options Cal MediConnect Medicare-Medicaid Plan

California H8677-001

Serving the following counties: Riverside, San Bernardino and San Diego

Effective January 1 through December 31, 2022

MOLINA® HEALTHCARE

Introduction

This document is a brief summary of the benefits and services covered by Molina Dual Options. 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 Dual Options. 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 Dual Options Medicare-Medicaid Plan for 2022. This is only a summary. Please read the Member Handbook for the full list of benefits.

- The 2022 Member Handbook will be available by October 15. An up-to-date copy of the 2022 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 2022 Member Handbook.
- 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*.
- Molina Healthcare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, ethnicity, national origin, religion, gender, sex, age, mental or physical disability, health status, receipt of healthcare, claims experience, medical history, genetic information, evidence of insurability, geographic location.
- 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 (855) 665-4627, servicio TTY al 711, de lunes a viernes, de 8:00 a. m. a 8:00 p. m., hora local. La llamada es gratuita.
- 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).
- انتباه:إذا كنت تتحدث اللغة العربية، نوفر لك خدمات المساعدة اللغوية المجانية. اتصل على 5604-735 (855)، لمستخدمي أجهزة الهواتف النصية / أجهزة اتصالات المعاقين: 711، من الاثنين إلى الجمعة، من 8 صباحًا إلى 8 مساءً، بالتوقيت الشرقي. هذه المكالمة مجانية.

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.

- You can get this document 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.
- 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.

B. Frequently Asked Questions

The following chart lists frequently asked questions.

Frequently Asked Questions (FAQ)	Answers
What is a Cal MediConnect Plan?	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.
What is a Molina Dual Options Case Manager?	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.
What are Long-Term Services and Supports (LTSS)?	LTSS are for members 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: Community-Based Adult Services (CBAS), and long-term skilled nursing care provided by Nursing Facilities (NF).
Will I get the same Medicare and Medi-Cal benefits in Molina Dual Options that I get now?	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.
Can I go to the same doctors I use now? (This section is continued on the next page)	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.**

Frequently Asked Questions (FAQ)	Answers
Can I go to the same doctors I use now?(continued)	• If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of Molina Dual Options' plan. To find out if your doctors are in the plan's network, call Member Services or read Molina Dual Options' *Provider and Pharmacy Directory* on the plan's website at www.MolinaHealthcare.com/Duals. 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 using the doctors you use now for 12 months.
What happens if I need a service but no one in Molina Dual Options network can provide it?	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.
Where is Molina Dual Options available?	The service area for this plan includes: Los Angeles County, California. You must live in this area to join the plan.
Do I pay a monthly amount (also called a premium) under Molina Dual Options?	You will not pay any monthly premiums to Molina Dual Options for your health coverage.
What is prior authorization?	Prior authorization means that you must get approval from Molina Dual Options before you can get a specific service or drug or use an out-of-network provider. Molina Dual Options may not cover the service or drug if you do not get approval. 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. Refer to Chapter 3, of the *Member Handbook* to learn more about prior authorization. Refer to the Benefits Chart in Section D of Chapter 4 of the *Member Handbook* to learn which services require a prior authorization.
What is a referral?	A referral means that your primary care provider (PCP) must give you approval before you can go to someone that is not your PCP or use other providers in the plan's network. If you don't get approval, Molina Dual Options may not cover the services. You don't need a referral to use certain specialists, such as women's health specialists. Refer to Chapter 3, of the *Member Handbook* to learn more about when you will need to get a referral from your PCP.

Frequently Asked Questions (FAQ)	Answers
Who should I contact if I have questions or need help?	**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:** **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. **TTY** 711 Calls to this number are free. Monday - Friday, 8 a.m. to 8 p.m., local time **If you have questions about your health, please call the Nurse Advice Call line:** **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. **TTY** 711 Calls to this number are free. 24 hours a day, 7 days a week. **If you need immediate behavioral health services, please call the Nurse Advice Call Line:** **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. **TTY** 711 Calls to this number are free. 24 hours a day, 7 days a week.

C. Overview of Services

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 in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You want a doctor	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.
	Specialist care	$0	
	Care to keep you from getting sick, such as flu shots	$0	
	COVID-19 testing and vaccines	$0	
	"Welcome to Medicare" preventive visit (one time only)	$0	
You need medical tests	Lab tests, such as blood work	$0	Authorization rules may apply. Genetic lab testing requires prior authorization. Outpatient Lab services do not require prior authorization.
	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.

Health need or problem	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 (This service is continued on the next page)	Generic drugs (no brand name)	$0 for a 31-day supply	There may be limitations on the types of drugs covered. Please refer to Molina Dual Options' *List of Covered Drugs* (Drug List) for more information. A 90-day supply is available at retail and mail order pharmacy at no additional cost. The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition. There may be certain drugs that are limited to a 31-day supply. Some drugs have quantity limits. Your provider must get prior authorization from Molina Dual Options for certain drugs.
	Brand name drugs	$0 for a 31-day supply	There may be limitations on the types of drugs covered. Please refer to Molina Dual Options' *List of Covered Drugs* (Drug List) for more information. A 90-day supply is available at retail and mail order pharmacy at no additional cost. The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition. There may be certain drugs that are limited to a 31-day supply.

Health need or problem	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)			Some drugs have quantity limits. Your provider must get prior authorization from Molina Dual Options for certain drugs.
	Over-the-counter (OTC) items	$0	There may be limitations on the types of drugs covered. Please refer to Molina Dual Options' List of Covered Drugs (Drug List) for more information. We cover non-prescription over-the-counter (OTC) products like vitamins, sunscreen, pain relievers, cough/cold medicine, and bandages. You get $60 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 not carry over into the next 3 months. You do not need a prescription from your doctor to get OTC items.
	Medicare Part B prescription 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 problem	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)			Authorization rules may apply.
You need therapy after a stroke or accident	Occupational, physical, or speech therapy	$0	Authorization rules may apply.
You need emergency care	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 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.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need hospital care	Hospital stay	$0	Authorization rules may apply.
	Doctor or surgeon care	$0	Authorization rules may apply.
You need help getting better or have special health needs	Rehabilitation services	$0	Authorization rules may apply.
	Medical equipment for home care	$0	Authorization rules may apply.
	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.
You need eye care	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.
You need hearing or auditory services	Hearing screenings	$0	1 routine hearing exam every year
	Hearing aids	$0	Authorization rules may apply. 1 hearing aid fitting/evaluation every 2 years. $1,510 plan coverage limit for hearing aids every year.
You have a chronic condition, such as diabetes or heart disease	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.
You have a mental health condition	Mental or behavioral health services	$0	Authorization rules may apply. Outpatient group therapy visit. Outpatient individual therapy visit.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You have a substance abuse problem	Substance use disorder services	$0	Authorization rules may apply. Outpatient group therapy visit. Outpatient individual therapy visit.
You need long-term mental health services	Inpatient care for people who need mental health care	$0	Authorization rules may apply.
You need durable medical equipment (DME)	Wheelchairs	$0	Authorization rules may apply.
	Nebulizers	$0	Authorization rules may apply.
	Crutches	$0	Authorization rules may apply.
	Walkers	$0	Authorization rules may apply.
	Oxygen equipment and supplies	$0	Authorization rules may apply.
You need help living at home (This service is continued on the next page)	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 18 years of age or older with chronic or acute medical, cognitive, or mental health conditions and/or disabilities who are at risk of needing institutional care. You may receive the following services at a CBAS center: • An individual assessment;	$0	You must meet one of the following diagnostic categories: • NF-A level of care or above • Organic, acquired, or traumatic brain injury and/or chronic mental illness • Moderate to severe Alzheimer's disease or other Dementia (stage 5, 6,or 7) • Mild Cognitive Impairment, including Moderate Alzheimer's or other Dementia (stage 4) • Developmental Disability

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help living at home (continued)	• Professional nursing services; • Physical, occupational and speech therapies; • Mental health services; • Therapeutic activities; • Social services; • Personal care; • A meal; • Nutritional counseling; • Transportation to and from the participant's residence and the CBAS center. • Additional Services (as specified in the member's individual Plan of Care)		• Has one or more chronic or postacute medical, cognitive, or mental health conditions, and a physician, nurse practitioner or other health care provider, within his/her scope of practice, has requested CBAS services • Member needs supervision or assistance with two or more of the following activities of daily living; bathing, dressing, self-feeding, toileting, ambulation, transferring, medication management, and hygiene, OR one activity of daily living already listed and money management, accessing resources, meal preparation, or transportation. Authorization rules may apply. Referral requirements may apply. Molina will work with you, your doctor and your local CBAS center if you need this service.
	Home health care services	$0	Authorization rules may apply.

Health need or problem	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	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.
Additional covered services (This section is continued on the next page)	Acupuncture	$0	Two outpatient acupuncture services in any one calendar month
	Care Plan Optional (CPO) services	$0	CPO services may be available under your Individualized Care Plan. These services give you more help at home, like Personal Emergency Response System and meals. These services can help you live more independently but do **not** replace long-term services and supports (LTSS) that you are authorized to get under Medi-Cal. If you need help or would like to find out how CPO services may help you, contact your care coordinator.
	Meal Benefit	$0 copay	Qualifying members get a maximum meal benefit of 56 meals delivered over 4 weeks, based on your needs. Authorization rules may apply.
	Hospice	$0 copay	You must get care from a Medicare-certified hospice. You must consult with your plan before you select hospice.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional covered services (continued)	Chiropractic Services	$0 copay	
	Podiatry Services	$0 copay	Authorization rules may apply.
	Prosthetic Devices	$0 copay	$0 copay for: • Prosthetic devices. • Medical supplies related to prosthetics, splints, and other devices. Authorization rules may apply.
	Family Planning Services, such as: Pregnancy tests Birth Control Sterilization	$0 copay	For family planning services You can see any qualified provider. You do not need a Prior Authorization to get these services.

D. Services 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.

Other services covered by Medicare or Medi-Cal	Your costs
Some hospice care services	$0
California Community Transitions (CCT) pre-transition coordination services and post-transition services	$0
Certain dental services, such as X-rays, cleanings, fillings, root canals, extractions, crowns, and dentures	Services that are covered under, the Medi-Cal Dental Program, are not chargeable to you. However, you are responsible for your share of the cost amount, if applicable. You are responsible for paying for services not covered by your plan or by the Medi-Cal Dental Program.
Medicare-covered acupuncture for chronic lower back pain	$0 Authorization may be required.

E. 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.

Services not covered by Molina Dual Options, Medicare, or Medi-Cal	
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

F. 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 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 are covered

- 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 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
  - Have interpreters to help you communicate with your doctors and your health plan. Call (855) 665-4627, TTY: 711, Monday - Friday, 8 a.m. to 8 p.m., local time if you need help with this service
- **You have the right to emergency and urgent care when you need it.** This means you have the right to:
  - Get emergency services, 24 hours a day, 7 days a week, without prior approval 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
- **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. with the California Department of Managed Health Care (DMHC). The DMHC has a toll-free phone number **(1-888-466-2219)** and a TDD line **(1-877-688-9891)** for the hearing and speech impaired. The DMHC's website (www.dmhc.ca.gov) has complaint forms, Independent Medical Review (IMR) application forms, and instructions online. 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
- 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.

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

If you have a complaint or think Molina Dual Options should cover something we denied, call Molina Dual Options at (855) 665-4627, TTY: 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

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 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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