

2025

# Annual Notice of Changes

## Molina Medicare Complete Care Plus (HMO D-SNP) a Medicare Medi-Cal Plan

California H3038-003-000

Effective January 1 through December 31, 2025





**Molina Medicare Complete Care Plus (HMO D-SNP) a Medicare Medi-Cal Plan offered by Molina Healthcare of California.**

## ***Annual Notice of Changes for 2025***

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### **Introduction**


You are currently enrolled as a member of our plan. Next year, there will be some changes to our benefits, coverage and rules. This *Annual Notice of Changes* tells you about the changes and where to find more information about them. To get more information about benefits or rules please review the *Member Handbook*, which is located on our website at [MolinaHealthcare.com/Medicare](http://MolinaHealthcare.com/Medicare). Key terms and their definitions appear in alphabetical order in the last chapter of your *Member Handbook*.

### **Additional resources**

- This document is available for free in Spanish, Arabic, Armenian, Cambodian, Chinese, Farsi, Hmong, Korean, Lao, Russian, Tagalog and Vietnamese.
- 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, October 1 -March 31, 8 a.m. – 8 p.m. local time, 7 days a week. From April 1- September 30, Monday – Friday, 8 a.m. – 8 p.m. local time. Please note that our automated phone system may answer your call during weekends and holidays from April 1 to September 30. This call is free.
- To request your preferred language other than English and/or alternate format, call Members Services at (855) 665-4627, TTY: 711, Monday – Friday, 8 a.m. – 8 p.m., local time.
- We will maintain a record of our member's 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 a separate request each time.
- To change a standing request, call Member Services at (855) 665-4627, TTY: 711, Monday – Friday, 8 a.m. – 8 p.m., local time.

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OMB Approval 0938-1444 (Expires: June 30, 2026)

 **If you have questions**, please call Molina Medicare Complete Care Plus (HMO D-SNP) at (855) 665-4627, TTY: 711, Monday – Friday, 8 a.m. – 8 p.m. local time. The call is free. **For more information**, visit [MolinaHealthcare.com/Medicare](http://MolinaHealthcare.com/Medicare).

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## A. Disclaimers

- Molina Medicare Complete Care Plus (HMO-DSNP) is a Health Plan with a Medicare contract and a contract with the state Medicaid program. Enrollment in Molina Medicare Complete Care Plus depends on contract renewal.
- 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.
- 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.
- Eligibility for the Model Benefit or RI Programs under the VBID Model is not assured and will be determined by the MAO after enrollment, based on relevant criteria e.g., clinical diagnoses, eligibility criteria, participation in a disease state management program in the event eligibility of Targeted Enrollees for Model Benefits or RI Programs is not assured or cannot be determined before a Plan Year, as applicable.
- Medicare approved Molina Medicare Complete Care Plus (HMO D-SNP) to provide lower copayments on Part D Prescription Drugs as part of the Value-Based Insurance Design program. This program lets Medicare try new ways to improve Medicare Advantage plans.

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## 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 doesn't meet your needs, you may be able to leave our plan. Refer to **Section D** for more information on changes to your benefits for next year.

If you choose to leave our plan, your membership will end on the last day of the month in which your request was made. You will still be in the Medicare and Medi-Cal programs as long as you are eligible.

If you leave our plan, you can get information about your:

- Medicare options in the table in **Section F2**.
- Medi-Cal options and services in **Section F2**.

### B1. Information about Molina Medicare Complete Care Plus (HMO D-SNP)

- Molina Medicare Complete Care Plus (HMO D-SNP) is a health plan that contracts with both Medicare and Medi-Cal to provide benefits of both programs to members.

- Coverage under Molina Medicare Complete Care Plus (HMO D-SNP) 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 [www.irs.gov/Affordable-Care-Act/Individuals-and-Families](http://www.irs.gov/Affordable-Care-Act/Individuals-and-Families) for more information on the individual shared responsibility requirement.
- When this Annual Notice of Changes says “we,” “us,” “our,” or “our plan,” it means the Medicare Medi-Cal Plan.

## B2. 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?
  - Review benefit changes to make sure they will work for you next year.
  - Refer to **Section D1** 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? Can you use the same pharmacies? Will there be any changes such as prior authorization, step therapy or quantity limits?
  - Review changes to make sure our drug coverage will work for you next year.
  - Refer to **Section D2** for information about changes to our drug coverage.
- **Check if your providers and pharmacies will be in our network next year.**
  - Are your doctors, including your specialists, in our network? What about your pharmacy? What about the hospitals or other providers you use?
  - Refer to **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.**

### **If you decide to stay with Molina Medicare Complete Care Plus (HMO D-SNP):**

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 automatically stay enrolled in Molina Medicare Complete Care Plus HMO D-SNP.

### **If you decide to change plans:**

If you decide other coverage will better meet your needs, you may be able to switch plans (refer to **Section F2** for more information). If you enroll in a new plan, or change to Original Medicare, your new coverage will begin on the first day of the following month.



**If you have questions**, please call Molina Medicare Complete Care Plus (HMO D-SNP) at (855) 665-4627, TTY: 711, Monday – Friday, 8 a.m. – 8 p.m. local time. The call is free. **For more information**, visit [MolinaHealthcare.com/Medicare](http://MolinaHealthcare.com/Medicare).

## C. Changes to our network providers and pharmacies

Our provider and pharmacy networks have changed for 2025.

Please review the **2025 Provider and Pharmacy Directory** to find out if your providers or pharmacy are in our network. An updated *Provider and Pharmacy Directory* is located on our website at [MolinaHealthcare.com/Medicare](https://MolinaHealthcare.com/Medicare). You may also call Member Services at the numbers at the bottom of the page for updated provider information or to ask us to mail you a *Provider and Pharmacy Directory*.

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

## D. Changes to benefits for next year

### D1. Changes to benefits for medical services

We're changing our coverage for certain medical services next year. The table below describes these changes.

	2024 (this year)	2025 (next year)
<b>Special Supplemental Benefits for the Chronically Ill (SSBCI)- Food and produce</b>  <b>This section is continued on the next page</b>	<p>You get \$80 allowance every month for healthy food and produce. Upon approval, your MyChoice Card will be loaded with your allowance to access your benefit. Eligible members receive a debit card with an allowance every month to obtain healthy produce and food, such as vegetables, meat, seafood, dairy products, and water.</p> <p>Unused allowance does not carry over to next month, and expires at the end of the calendar year.</p> <p>Members who have the following chronic conditions are eligible: Chronic alcohol and other drug dependence; Autoimmune disorders; Cancer; Cardiovascular disorders; Chronic heart failure; Dementia; Diabetes; End-stage</p>	<p>You get \$75 allowance every month for healthy food and produce. Upon approval, your MyChoice Card will be loaded with your allowance to access your benefit. Eligible members receive a debit card with an allowance every month to obtain healthy produce and food, such as vegetables, meat, seafood, dairy products, and water.</p> <p>Unused allowance does not carry over to next month, and expires at the end of the calendar year.</p> <p>Members who have the following chronic conditions are eligible: Chronic alcohol and other drug dependence; Autoimmune disorders; Cancer; Cardiovascular disorders; Chronic heart failure; Dementia; Diabetes; End-stage</p>

**If you have questions**, please call Molina Medicare Complete Care Plus (HMO D-SNP) at (855) 665-4627, TTY: 711, Monday – Friday, 8 a.m. – 8 p.m. local time. The call is free. **For more information**, visit [MolinaHealthcare.com/Medicare](https://MolinaHealthcare.com/Medicare).





	2024 (this year)	2025 (next year)
	liver disease; End-stage renal disease (ESRD); Severe hematologic disorders; HIV/AIDS; Chronic lung disorders; Chronic and disabling mental health conditions; Neurologic disorders; and Stroke.	liver disease; End-stage renal disease (ESRD); Severe hematologic disorders; HIV/AIDS; Chronic lung disorders; Chronic and disabling mental health conditions; Neurologic disorders; and Stroke.  Eligibility qualification required each year.
<b>Special Supplemental Benefits for the Chronically Ill (SSBCI)- Pest Control, Service Animal Supplies, Non-Medicare-covered Genetic Test Kit, and Mental Health &amp; Wellness Applications</b>	<p>You get \$150 allowance every quarter (3 months) to be used towards the SSBCI benefits. Pest Control, Service Animal Supplies, Non-Medicare-covered Genetic Test Kit, and Mental Health &amp; Wellness Applications share a combined allowance every 3 months, but the maximum allowance amount is total of \$150 per quarter. Any unused funds at the end of each quarter will not carry over to the following quarter.</p> <p>Members who have the following chronic conditions are eligible: Chronic alcohol and other drug dependence; Autoimmune disorders; Cancer; Cardiovascular disorders; Chronic heart failure; Dementia; Diabetes; End-stage liver disease; End-stage renal disease (ESRD); Severe hematologic disorders; HIV/AIDS; Chronic lung disorders; Chronic and disabling mental health conditions; Neurologic disorders; and Stroke.</p>	This is not covered as a supplemental benefit.

**If you have questions**, please call Molina Medicare Complete Care Plus (HMO D-SNP) at (855) 665-4627, TTY: 711, Monday – Friday, 8 a.m. – 8 p.m. local time. The call is free. **For more information**, visit [MolinaHealthcare.com/Medicare](https://MolinaHealthcare.com/Medicare).



	2024 (this year)	2025 (next year)
<b>Over-the-counter (OTC) items (Supplemental)</b>	You get \$320 every quarter (3 months) for OTC items.	You get \$100 every month for OTC items.
<b>Transportation non-Emergency (Supplemental)</b>	This is not covered as a supplemental benefit.	You receive 12 one-way trips through American Logistics.
<b>Vision care (Supplemental)</b>	<p>We have partnered with VSP to give you more value for your routine vision needs!</p> <p>Supplemental Vision services covered include, but not limited to: Coverage includes:</p> <ul style="list-style-type: none"> <li>• One routine eye exam every calendar year</li> <li>• An eyewear allowance of \$500</li> </ul> <p>You can use your eyewear allowance to purchase:</p> <ul style="list-style-type: none"> <li>• Contact lenses*</li> <li>• Eyeglasses (lenses and frames)</li> <li>• Eyeglass lenses and/or frames</li> <li>• Upgrades (such as, tinted, U-V, polarized or photochromatic lenses).</li> </ul> <p>*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.</p> <p>You pay \$0 for up to one routine eye exam (and refraction) for eyeglasses every calendar year.</p>	<p>We have partnered with VSP to give you more value for your routine vision needs!</p> <p>Supplemental Vision services covered include, but not limited to: Coverage includes:</p> <ul style="list-style-type: none"> <li>• One routine eye exam every calendar year</li> <li>• An eyewear allowance of \$200</li> </ul> <p>You can use your eyewear allowance to purchase:</p> <ul style="list-style-type: none"> <li>• Contact lenses*</li> <li>• Eyeglasses (lenses and frames)</li> <li>• Eyeglass lenses and/or frames</li> <li>• Upgrades (such as, tinted, U-V, polarized or photochromatic lenses).</li> </ul> <p>*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.</p> <p>You pay \$0 for up to one routine eye exam (and refraction) for eyeglasses every calendar year.</p>



**If you have questions**, please call Molina Medicare Complete Care Plus (HMO D-SNP) at (855) 665-4627, TTY: 711, Monday – Friday, 8 a.m. – 8 p.m. local time. The call is free. **For more information**, visit [MolinaHealthcare.com/Medicare](https://MolinaHealthcare.com/Medicare).

	2024 (this year)	2025 (next year)
<b>Dental services (Supplemental)</b>	<p>We have partnered with a Dental Vendor to give you more options for your routine dental needs. If you use a Provider within our Dental Vendor network, you will get Preventive Dental Services of Oral Exams, Cleanings, Fluoride Treatments, and X-Rays at no cost to you.</p> <p>In addition, you will have \$1,000 on your MyChoice card for any additional services at this provider. If you chose to utilize a dental provider outside of the Vendor network, any and all services rendered (including any preventive or comprehensive dental services) will only be covered when you use your MyChoice card and only up to the benefit allowance of \$1,000.</p> <p>The MyChoice card is a debit card (not a credit card) and is for the use by the member for your dental needs only. This dental benefit allowance will be loaded to your MyChoice card at the start of your benefit period (annually). At the end of each benefit year, any unused benefit allowance will expire and does not carry over to the following period or plan year. See your Evidence of Coverage (EOC) for additional coverage details.</p>	<p>We have partnered with a Dental Vendor to give you more options for your routine dental needs. If you use a Provider within our Dental Vendor network, you will get both Preventive and select Comprehensive Dental Services through this vendor.</p> <p>Preventive Dental services includes Oral Exams, Cleanings, Fluoride Treatments, and X-Rays at no cost to you.</p> <p>In addition, you will have \$1,000 for select comprehensive dental services, including dentures. The annual maximum allowance does not apply towards your supplemental preventive services.</p> <p>Note: This coverage is for Medicare Supplemental Dental Benefit. Some dental services are available through the Medi-Cal Dental Program. Dental benefits are available in the Medi-Cal Dental Program as fee-for-service. For more information, or if you need help finding a dentist who accepts the Medi-Cal Dental Program, contact the Customer Service Line at 1-800-322-6384 (TTY users call 1-800-735-2922). The call is free.</p> <p>Medi-Cal Dental Services Program representatives are available to assist you from 8:00 a.m. to 5:00 p.m., Monday through Friday. You can also visit the website at <a href="http://dental.dhcs.ca.gov/">dental.dhcs.ca.gov/</a> for more information.</p>

**If you have questions**, please call Molina Medicare Complete Care Plus (HMO D-SNP) at (855) 665-4627, TTY: 711, Monday – Friday, 8 a.m. – 8 p.m. local time. The call is free. **For more information**, visit [MolinaHealthcare.com/Medicare](http://MolinaHealthcare.com/Medicare).



	2024 (this year)	2025 (next year)
<b>Part B step therapy</b>	The plan had Part B step therapy	See the 2025 Part B Drug (J-Code) step therapy list on our website for changes or call Member Services.

## D2. Changes to prescription drug coverage

### Changes to our Drug List

An updated *List of Covered Drugs* is located on our website at [MolinaHealthcare.com/Medicare](https://MolinaHealthcare.com/Medicare). You may also call Member Services at the numbers at the bottom of the page 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*, which could include removing or adding drugs, changing 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 find out if there are any restrictions.

Most of the changes in the *Drug List* are new for the beginning of each year. However, we might make other changes allowed by Medicare and/or the state that will affect you during the plan year. We update our online *Drug List* at least monthly to provide the most up to date list of drugs. If we make a change that will affect a drug you are taking, we will send you a notice about the change.

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 the numbers at the bottom of the page 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 us to make an exception to cover the drug.
  - You can ask for an exception before next year, and we'll 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, refer to **Chapter 9** of your *Member Handbook* or call Member Services at the numbers at the bottom of the page.
  - If you need help asking for an exception, contact Member Services or your Case Manager. Refer to **Chapters 2 and 3** of your *Member Handbook* to learn more about how to contact your Case Manager.
- Ask us to cover a temporary supply of the drug.

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**If you have questions**, please call Molina Medicare Complete Care Plus (HMO D-SNP) at (855) 665-4627, TTY: 711, Monday – Friday, 8 a.m. – 8 p.m. local time. The call is free. **For more information**, visit [MolinaHealthcare.com/Medicare](https://MolinaHealthcare.com/Medicare).



- In some situations, we cover a **temporary** supply of the drug during the first (90) days of the calendar year.
- This temporary supply is for up to 31 days. (To learn more about when you can get a temporary supply and how to ask for one, refer to **Chapter 5** of your *Member Handbook*.)
- When you get a temporary supply of a drug, talk with your doctor about what to do when your temporary supply runs out. You can either switch to a different drug our plan covers or ask us to make an exception for you and cover your current drug.

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.

We currently can immediately remove a brand name drug on our Drug List if we replace it with a new generic drug version and with the same or fewer rules as the brand name drug it replaces. Also, when adding a new generic drug, we may also decide to keep the brand name drug on our Drug List, but immediately add new rules.

Starting in 2025, we can immediately replace original biological products with certain biosimilars. This means, for instance, if you are taking an original biological product that is being replaced by a biosimilar, you may not get notice of the change 30 days before we make it or get a month’s supply of your original biological product at a network pharmacy. If you are taking the original biological product at the time we make the change, you will still get information on the specific change we made, but it may arrive after we make the change.

Some of these drug types may be new to you. For definitions of drug types, please see **Chapter 12** of your Member Handbook. The Food and Drug Administration (FDA) also provides consumer information on drugs. Refer to the FDA website: [www.fda.gov/drugs/biosimilars/multimedia-education-materials-biosimilars#For%20Patients](http://www.fda.gov/drugs/biosimilars/multimedia-education-materials-biosimilars#For%20Patients).

You may also contact Member Services at the number at the bottom of the page or ask your health care provider, prescriber, or pharmacist for more information.

### Changes to prescription drug costs

There are no changes to the amount you pay for prescription drugs in 2025. Read below for more information about your prescription drug coverage.

The following table shows your costs for drugs in our one tier drug tier.

	2024 (this year)	2025 (next year)
<b>Part D Prescription Drugs</b>	Part D covered drugs on the Plan formulary will be on one tier.  Because you have Medi-Cal, you are already enrolled in “Extra	Part D covered drugs on the Plan formulary will be on one tier.  Because you have Medi-Cal, you are already enrolled in “Extra

	2024 (this year)	2025 (next year)
	<p>Help,” also called the Low-Income Subsidy,</p> <p>In 2024, your cost for a prescription filled at a network pharmacy will be \$0 through all stages of the Part D Prescription Drug Benefit with the Value Based Insurance Design (VBID) enhanced benefit.</p>	<p>Help,” also called the Low-Income Subsidy.</p> <p>In 2025, your cost for a prescription filled at a network pharmacy will be \$0 through all stages of the Part D Prescription Drug Benefit with the Value Based Insurance Design (VBID) enhanced benefit.</p>

## E. Administrative changes

We are making administrative changes for next year. The information in the table below describes these changes.

Description	2024 (this year)	2025 (next year)
We will be utilizing a different vendor to administer your MyChoice card for 2025.	Your MyChoice card was administered by a vendor named WEX.	Your MyChoice card will be administered by NationsBenefits for 2025 (new cards will be shipped to members for 2025).
HearUSA is no longer the contracted vendor for 2025.	Your hearing services were administered by HearUSA.	NationsBenefits is the contracted hearing vendor for 2025.

## F. Choosing a plan

### F1. Staying in our plan

We hope to keep you as a plan member. You do not have to do anything to stay in our plan. If you do **not** change to another Medicare plan or change to Original Medicare, you automatically stay enrolled as a member of our plan for 2025.

### F2. Changing plans

Most people with Medicare can end their membership during certain times of the year. Because you have Medi-Cal, you can end your membership in our plan any month of the year.

In addition, you may end your membership in our plan during the following periods:

- The **Annual Enrollment Period**, which lasts from October 15 to December 7. If you choose a new plan during this period, your membership in our plan ends on December 31 and your membership in the new plan starts on January 1.
- The **Medicare Advantage (MA) Open Enrollment Period**, which lasts from January 1 to March 31. If you choose a new plan during this period, your membership in the new plan starts the first day of the next month.

There may be other situations when you are eligible to make a change to your enrollment. For example, when:

- you moved out of our service area,
- your eligibility for Medi-Cal or Extra Help changed, **or**
- you recently moved into or are currently receiving care in an institution (like a skilled nursing facility or a long-term care hospital). If you recently moved out of an institution, you can change plans or change to Original Medicare for two full months after the month you move out.

### Your Medicare services

You have three options for getting your Medicare services listed below any month of the year. You have an additional option listed below during certain times of the year including the **Annual Enrollment Period** and the **Medicare Advantage Open Enrollment Period** or other situations described in **Section F2**. By choosing one of these options, you automatically end your membership in our plan.

#### 1. You can change to:

**A Medicare Medi-Cal Plan (Medi-Medi Plan) is a type of Medicare Advantage plan. It is for people who have both Medicare and Medi-Cal, and combines Medicare and Medi-Cal benefits into one plan. Medi-Medi Plans coordinate all benefits and services across both programs, including all Medicare and Medi-Cal covered services.**

**Note:** The term Medi-Medi Plan is the name for integrated dual eligible special needs plans (D-SNPs) in California.

#### 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.

For Program of All-inclusive Care for the Elderly (PACE) inquiries, call 1-855-921-PACE (7223).

If you need help or more information:

- 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., TTY: 711. For more information or to find a local HICAP office in your area, please visit [www.aging.ca.gov/Programs\\_and\\_Services/Medicare\\_Counseling/](http://www.aging.ca.gov/Programs_and_Services/Medicare_Counseling/).

**OR**

Enroll in a new Medi-Medi Plan.

**If you have questions**, please call Molina Medicare Complete Care Plus (HMO D-SNP) at (855) 665-4627, TTY: 711, Monday – Friday, 8 a.m. – 8 p.m. local time. The call is free. **For more information**, visit [MolinaHealthcare.com/Medicare](http://MolinaHealthcare.com/Medicare).



	<p>You will automatically be disenrolled from our plan when your new plan's coverage begins. Your Medi-Cal plan will change to match your Medi-Medi Plan.</p>
<p><b>2. You can change to:</b></p> <p><b>Original Medicare with a separate Medicare prescription drug plan</b></p>	<p><b>Here is what to do:</b></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> <ul style="list-style-type: none"> <li>• 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., TTY: 711. For more information or to find a local HICAP office in your area, please visit <a href="http://www.aging.ca.gov/Programs_and_Services/Medicare_Counseling/">www.aging.ca.gov/Programs_and_Services/Medicare_Counseling/</a>.</li> </ul> <p><b>OR</b></p> <p>Enroll in a new Medicare prescription drug plan.</p> <p>You will automatically be disenrolled from our plan when your Original Medicare coverage begins.</p> <p>Your Medi-Cal plan will not change unless you request a change.</p>
<p><b>3. You can change to:</b></p> <p><b>Original Medicare without a separate Medicare prescription drug plan</b></p> <p><b>NOTE:</b> 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,</p>	<p><b>Here is what to do:</b></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> <ul style="list-style-type: none"> <li>• 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., TTY: 711. For more information or to find a local HICAP office in your area, please visit <a href="http://www.aging.ca.gov/Programs_and_Services/Medicare_Counseling/">www.aging.ca.gov/Programs_and_Services/Medicare_Counseling/</a>.</li> </ul> <p>You will automatically be disenrolled from our plan when your Original Medicare coverage begins.</p>



**If you have questions**, please call Molina Medicare Complete Care Plus (HMO D-SNP) at (855) 665-4627, TTY: 711, Monday – Friday, 8 a.m. – 8 p.m. local time. The call is free. **For more information**, visit [MolinaHealthcare.com/Medicare](http://MolinaHealthcare.com/Medicare).



<p>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 <a href="http://www.aging.ca.gov/Programs_and_Services/Medicare_Counseling/">www.aging.ca.gov/Programs_and_Services/Medicare_Counseling/</a>.</p>	<p>Your Medi-Cal plan will not change unless you request a change.</p>
<p><b>4. You can change to:</b></p> <p><b>Any Medicare health plan</b> during certain times of the year including the <b>Annual Enrollment Period</b> and the <b>Medicare Advantage Open Enrollment Period</b> or other situations described in Section F2.</p>	<p><b>Here is what to do:</b></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> <ul style="list-style-type: none"> <li>• 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., TTY: 711. For more information or to find a local HICAP office in your area, please visit <a href="http://www.aging.ca.gov/Programs_and_Services/Medicare_Counseling/">www.aging.ca.gov/Programs_and_Services/Medicare_Counseling/</a>.</li> </ul> <p><b>OR</b></p> <p>Enroll in a new Medicare plan.</p> <p>You are automatically disenrolled from our Medicare plan when your new plan’s coverage begins.</p> <p>Your Medi-Cal plan may change.</p>

## Your Medi-Cal services

For questions about how to choose a Medi-Cal plan or get your Medi-Cal services after you leave our plan, contact Health Care Options at 1-800-430-4263, Monday – Friday from 8:00 a.m. to 6:00 p.m. TTY users should call 1-800-430-7077. Ask how joining another plan or returning to Original Medicare affects how you get your Medi-Cal coverage.

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## G. Getting help

### G1. Our plan

We’re here to help if you have any questions. Call Member Services at the numbers at the bottom of the page during the days and hours of operation listed. These calls are toll-free.

Read your *Member Handbook*

Your *Member Handbook* is a legal, detailed description of our plan's benefits. It has details about benefits for 2025. It explains your rights and the rules to follow to get services and prescription drugs we cover.

The *Member Handbook* for 2025 will be available by October 15. An up-to-date copy of the *Member Handbook* is available on our website at [molinahealthcare.com/Medicare](http://molinahealthcare.com/Medicare). You may also call Member Services at the numbers at the bottom of the page to ask us to mail you a *Member Handbook* for 2025.

### **Our website**

You can visit our website at [MolinaHealthcare.com/Medicare](http://MolinaHealthcare.com/Medicare). 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)*.

### **G2. Health Insurance Counseling and Advocacy Program (HICAP)**

You can also call the State Health Insurance Assistance Program (SHIP). In California, the SHIP is called the Health Insurance Counseling and Advocacy Program (HICAP). HICAP counselors can help you understand your 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 in every county, and services are free. HICAP's phone number is 1-800-434-0222. TTY 711. For more information or to find a local HICAP office in your area, please visit [www.aging.ca.gov/Programs\\_and\\_Services/Medicare\\_Counseling/](http://www.aging.ca.gov/Programs_and_Services/Medicare_Counseling/).

### **G3. Ombuds Program**

The Medicare Medi-Cal Ombuds Program can help you if you have a problem with our plan. The ombudsman's services are free and available in all languages. The Medicare Medi-Cal 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 Medicare Medi-Cal Ombuds Program is 1-855-501-3077.

### **G4. Medicare**

To get information directly from Medicare, 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 ([www.medicare.gov](http://www.medicare.gov)). If you choose to disenroll from our plan and enroll in another Medicare plan, the Medicare website has information about costs, coverage, and quality ratings to help you compare plans.

You can find information about Medicare plans available in your area by using Medicare Plan Finder on Medicare's website. (For information about plans, refer to [www.medicare.gov](http://www.medicare.gov) and click on "Find plans.")



**If you have questions**, please call Molina Medicare Complete Care Plus (HMO D-SNP) at (855) 665-4627, TTY: 711, Monday – Friday, 8 a.m. – 8 p.m. local time. The call is free. **For more information**, visit [MolinaHealthcare.com/Medicare](http://MolinaHealthcare.com/Medicare).

## ***Medicare & You 2025***

You can read the *Medicare & You 2025* 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. This handbook is also available in Spanish, Chinese, and Vietnamese.

If you don't have a copy of this booklet, you can get it at the Medicare website ([www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf](http://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf)) 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.

## **G5. California Department of Managed Health Care**

The California Department of Managed Health Care (DMHC) 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** 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 emergency, 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. 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 **(1-888-466-2219)** and a **TDD line (1-877-688-9891)** for the hearing and speech impaired. The department's internet website **[www.dmhc.ca.gov](http://www.dmhc.ca.gov)** has complaint forms, IMR application forms and instructions online. Refer to **Chapter 9, Section F4** of your *Member Handbook* for more information.

CAH30383EN25



**If you have questions**, please call Molina Medicare Complete Care Plus (HMO D-SNP) at (855) 665-4627, TTY: 711, Monday – Friday, 8 a.m. – 8 p.m. local time. The call is free. **For more information**, visit [MolinaHealthcare.com/Medicare](http://MolinaHealthcare.com/Medicare).

# Getting Important Plan Materials

## How to Get Important Plan Documents

You are important to us! We make it easy for you to get the information you need. Go online to view important plan documents and find a network provider or pharmacy. You can also look up your prescription drugs, anytime, anywhere, from any device. Your **2025** plan documents, like your Member Handbook, Formulary, and Provider/Pharmacy Directory will be available online by **October 15, 2024**.

### Get to know your plan documents

- **Member Handbook:** A guide to what's covered under your plan. It has details about your plan benefits and coverage, member rights, and more.
- **Formulary (Drug List):** A list of covered drugs under your plan.
- **Provider/Pharmacy Directory:** A list of network doctors, specialists, and pharmacies with phone numbers and addresses. You can find a network provider or pharmacy using our online directory at [MolinaHealthcare.com/ProviderSearch](https://www.molinahealthcare.com/ProviderSearch).
- **Notice of Privacy Practice:** This notice describes how medical information about you may be used and disclosed and how you can get access to this information. This is located on our website at [https://www.molinahealthcare.com/members/common/en-US/terms\\_privacy.aspx](https://www.molinahealthcare.com/members/common/en-US/terms_privacy.aspx).

### How to view or request a copy of a plan document



#### Online at [MolinaHealthcare.com/Medicare](https://www.molinahealthcare.com/Medicare)

View or download a copy of your plan documents online anytime, anywhere. Use any device, like your computer, tablet, or mobile phone. Your **2025** plan documents will be available online by **October 15, 2024**.



#### Online at [MyMolina.com](https://www.mymolina.com)

Visit our self-service member portal to view your plan documents online 24/7, or to find a network provider or pharmacy. Sign in to your My Molina Member Portal or set up an account at [MyMolina.com](https://www.mymolina.com). Click "Create an Account" and follow the step-by-step instructions to sign up.



#### Call toll-free

Let us know if you don't have computer access or if you prefer to have a printed copy of a Member Handbook, Formulary, or Provider/Pharmacy Directory mailed to you. To request a printed copy of a plan document, call Member Services toll-free at **(855) 665-4627 (TTY: 711), Monday - Friday, 8 a.m. to 8 p.m., ET**

### We're here to help

If you have questions about your benefits, need help finding a network provider or pharmacy, or would like to opt out of mailed materials, call Member Services toll-free at **(855) 665-4627 (TTY: 711), Monday - Friday, 8 a.m. to 8 p.m., ET**.

**Notice of  
Non-Discrimination  
and Accessibility**



## Non-Discrimination Notice – Section 1557 Molina Healthcare - Medicare

Molina Healthcare (Molina) complies with applicable Federal civil rights laws and does not discriminate on the basis of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation.

To help you effectively communicate with us, Molina Healthcare provides services free of charge and in a timely manner:

- Molina Healthcare provides reasonable modifications and appropriate aids and services to people with disabilities. This includes: (1) Qualified interpreters. (2) Information in other formats, such as large print, audio, accessible electronic formats, Braille.
- Molina Healthcare provides language services to people who speak another language or have limited English skills. This includes: (1) Qualified oral interpreters. (2) Information translated in your language.

If you need these services, contact Molina Member Services at 1-800-665-3086 or TTY/TDD: 711, Monday to Friday, 8 a.m. to 8 p.m., local time.

If you believe we have discriminated on the basis of age, color, disability, national origin, race, or sex, you can file a grievance. You can file a grievance by phone, mail, email, or online. If you need help writing your grievance, we will help you. You may obtain our grievance procedure by visiting our website at <https://www.molinahealthcare.com/members/common/en-US/Notice-of-Nondiscrimination.aspx>

Call our Civil Rights Coordinator at 1-866-606-3889, TTY/TDD: 711 or submit your grievance to:

Civil Rights Unit  
200 Oceangate  
Long Beach, CA 90802  
Email: [civil.rights@molinahealthcare.com](mailto:civil.rights@molinahealthcare.com)  
Website: <https://molinahealthcare.Alertline.com>

You can also file a civil rights complaint (grievance) with the U.S. Department of Health and Human Services, Office for Civil Rights, online through the Office for Civil Rights Complaint Portal at: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
Phone: 1-800-368-1019  
TTY/TDD: 800-537-7697

Complaint forms are available here: <http://www.hhs.gov/sites/default/files/ocr-cr-complaint-form-package.pdf>



## **Non-Discrimination Notice – Section 1557 Molina Healthcare - Medicare**

You may also file a civil rights complaint with the California Department of Health Care Services, Office of Civil Rights, by phone, in writing, or electronically:

Deputy Director, Office of Civil Rights  
Department of Health Care Services  
Office of Civil Rights  
P.O. Box 997413, MS 0009  
Sacramento, CA 95899-7413  
Phone: 916-440-7370 (or (711 for Telecommunications Relay Service)  
Email: [CivilRights@dhcs.ca.gov](mailto:CivilRights@dhcs.ca.gov)

Complaint forms are available at: [www.dhcs.ca.gov/Pages/Language\\_Access.aspx](http://www.dhcs.ca.gov/Pages/Language_Access.aspx)





## CALIFORNIA EAE NOTICE OF AVAILABILITY

ATTENTION: If you need help in your language, call 1-855-665-4627 (TTY: 711). Aids and services for people with disabilities, like documents in braille and large print, are also available. Call 1-855-665-4627 (TTY: 711). These services are free.

تنبيه: إذا كنت بحاجة إلى المساعدة بلغتك، فيرجى الاتصال على الرقم 1-855-665-4627 (وبالنسبة لمستخدمي الهاتف النصي "TTY"، فيمكنهم الاتصال على: 711). كما تتوفر أدوات مساعدة وخدمات لذوي الاحتياجات الخاصة، مثل الوثائق بلغة برايل والطباعة بأحرف كبيرة. يُرجى الاتصال على الرقم 1-855-665-4627 (وبالنسبة لمستخدمي الهاتف النصي "TTY"، فيمكنهم الاتصال على: 711). هذه الخدمات مجانية.

ՈՒՇԱԴԻՈՒԹՅՈՒՆ՝ Ձեր լեզվով օգնության դեպքում, գանգահարե՛ք 1-855-665-4627 (TTY՝ 711) հեռախոսահամարով: Հաշմանդամների համար հասանելի են նաև աջակցման ծառայություններ, օրինակ՝ փաստաթղթեր բրայլյան և խոշոր տառերով: Զանգահարե՛ք՝ 1-855-665-4627, (TTY՝ 711): Ծառայությունները գործում են անվճար:

請注意：如果您需要語言方面的協助，請撥打 1-855-665-4627 (TTY: 711)。我們也向身心障礙人士提供輔助及服務，例如點字與大字體文件。請撥打 1-855-665-4627 (TTY: 711)。這些服務均為免費。

ਧਿਆਨ ਦਿਓ: ਜੇਕਰ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ, ਤਾਂ ਇੱਥੇ ਕਾਲ ਕਰੋ 1-855-665-4627 (TTY: 711). ਅਸਮਰਥਤਾਵਾਂ ਵਾਲੇ ਲੋਕਾਂ ਲਈ ਮਦਦ ਅਤੇ ਸੇਵਾਵਾਂ, ਜਿਵੇਂ ਕਿ ਬਰੇਲ ਅਤੇ ਵੱਡੇ ਪ੍ਰਿੰਟ ਵਿੱਚ ਦਸਤਾਵੇਜ਼, ਵੀ ਉਪਲਬਧ ਹਨ। ਕਾਲ ਕਰੋ 1-855-665-4627 (TTY: 711). ਇਹ ਸੇਵਾਵਾਂ ਮੁਫਤ ਹਨ।

ਧਿਆਨ ਦਿਓ: यदि आपको अपनी भाषा में सहायता की आवश्यकता हो, तो 1-855-665-4627 (TTY: 711) पर कॉल करें। वविकलांग लोगों के लिए ब्रेल और बड़े प्रिंट में दस्तावेज जैसी सहायताएं और सेवाएं भी उपलब्ध हैं। 1-855-665-4627 (TTY: 711) पर कॉल करें। ये सेवाएं मुफ्त हैं।

THOV MUAB SIAB RAU: Yog koj xav tau kev pab ua koj hom lus, hu rau 1-855-665-4627 (TTY: 711). Tsis tas li ntawd, kuj tseem muaj cov kev pab thiab cov kev pab cuam rau cov neeg xiam oob qhab, xws li cov ntaub ntawv ua ntawv su thiab cov ntawv loj. Hu rau 1-855-665-4627 (TTY: 711). Lawv cov kev pab cuam yog muab pab dawb xwb.

注記：母国語によるサポートが必要な場合は、1-855-665-4627 (TTY : 711) までご連絡ください。点字による文書や大きな活字で印刷した文書など、障がいのある方への支援やサービスもご利用いただけます。ご利用を希望される場合は、1-855-665-4627 (TTY : 711) までご連絡ください。これらのサービスはいずれも無料です。

주의: 귀하의 언어로 도움이 필요하시면 1-855-665-4627(TTY: 711) 로 문의 바랍니다. 점자 및 큰 글자 문서와 같이 장애가 있는 사용자를 위한 지원 및 서비스도 제공됩니다. 1-855-665-4627(TTY: 711)로 문의 바랍니다. 서비스 이용은 무료입니다.

ຂໍຄວນເອົາໃຈໃສ່: ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອເປັນພາສາຂອາທ່ານ, ໂທໂທຫາ 1-855-665-4627 (TTY: 711). ນອກຈາກນີ້, ຍັງມີການຊ່ວຍເຫຼືອ ແລະ ການບໍລິການສໍາລັບຄົນພິການ ເຊັ່ນ: ເອກະສານທີ່ເປັນຕົວອັກສອນນູນ ແລະ ຕົວພິມຂະໜາດໃຫຍ່. ໂທຫາເບີ 1-855-665-4627 (TTY: 711). ການບໍລິການເຫຼົ່ານີ້ແມ່ນພຣີ.

UA ZOO SAIB: Yog tias koj xav tau kev pab ua koj hom lus, ces hu rau 1-855-665-4627 (TTY:711). Dhau li no lawm kuj muaj cov kev pab thiab cov kev pab cuam rau cov neeg uas muaj kev xiam oob qhab, xws li cov ntaub ntawv ua ntawv xuas thiab luam ua tus ntawv loj. Hu rau 1-855-665-4627 (TTY:711).Cov kev pab cuam no yog muab yam tsis xam nqi.

ចំណាំ: ប្រសិនបើអ្នកត្រូវការជំនួយជាភាសារបស់អ្នក សូមទូរសព្ទទៅលេខ 1-855-665-4627 (TTY: 711)។ ជំនួយ និងសេវាកម្មសម្រាប់ជនដែលមានពិការភាព ដូចជាឯកសារជាអក្សរស្នាប និងជាពុម្ពអក្សរធំ ក៏មានផងដែរ។ សូមទូរសព្ទទៅលេខ 1-855-665-4627 (TTY: 711)។ សេវាកម្មទាំងនេះមិនគិតថ្លៃនោះទេ។

توجه: اگر می خواهید راهنمایی ها را به زبان خودتان دریافت کنید، با شماره 1-855-665-4627 (شماره 711 TTY) تماس بگیرید. وسائل و خدمات کمکی مخصوص افراد مبتلا به معلولیت، مانند اسناد به خط بریل و چاپ با حروف درشت نیز در دسترس هستند. برای دریافت این خدمات با شماره 1-855-665-4627 (شماره 711 TTY) تماس بگیرید. این خدمات به صورت رایگان ارائه می شوند.

ВНИМАНИЕ! Если вам необходима информация на вашем языке, позвоните 1-855-665-4627 (TTY: 711). Для людей с инвалидностью также предоставляются услуги и информация в доступном формате — например, документы шрифтом Брайля или крупным шрифтом. Звоните 1-855-665-4627 (TTY: 711). Эти услуги предоставляются бесплатно.

**ATENCIÓN:** Si necesita ayuda en su idioma, llame al 1-855-665-4627 (TTY: 711). También están disponibles ayudas y servicios para personas con discapacidad, como documentos en braille y letra grande. Llame al 1-855-665-4627 (TTY: 711). Estos servicios son gratuitos.

**PAUNAWA:** Kung kailangan mo ng tulong sa iyong wika, tumawag sa 1-855-665-4627 (TTY: 711). Mayroon ding mga tulong at serbisyo para sa mga taong may kapansanan, tulad ng mga dokumento sa braille at malalaking print. Tumawag sa 1-855-665-4627 (TTY: 711). Ang mga serbisyong ito ay libre.

**โปรดทราบ:** หากคุณต้องการความช่วยเหลือเป็นภาษาของคุณ โทร 1-855-665-4627 (TTY: 711) รวมถึงยังมีความช่วยเหลือและบริการสำหรับผู้พิการ เช่น เอกสารอักษรภาษาเบรลล์และตัวพิมพ์ใหญ่อีกด้วย โทร 1-855-665-4627 (TTY: 711) บริการเหล่านี้ไม่มีค่าใช้จ่าย

**УВАГА!** Якщо вам потрібна допомога вашою мовою, телефонуйте за номером 1-855-665-4627 (телетайп: 711). Крім того, ви можете отримати допоміжні засоби й послуги для осіб з особливими потребами, як-от документи, надруковані шрифтом Брайля або великим шрифтом. Телефонуйте за номером 1-855-665-4627 (телетайп: 711). Ці послуги безкоштовні.

**CHÚ Ý:** Nếu cần trợ giúp bằng ngôn ngữ của quý vị, hãy gọi 1-855-665-4627 (TTY: 711). Hiện chúng tôi cũng có sẵn các phương tiện hỗ trợ và dịch vụ dành cho người khuyết tật, như tài liệu bằng chữ nổi và chữ in có lớn. Hãy gọi 1-855-665-4627 (TTY: 711). Những dịch vụ này đều miễn phí.



## **NOTICE OF PRIVACY PRACTICES**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

Molina Healthcare of California (“**Molina**”, “**we**” or “**our**”) uses and shares protected health information about you to provide your health benefits as a Molina Medicare Complete Care Plus (HMO) D-SNP member. We use and share your information to carry out treatment, payment and health care operations. We also use and share your information for other reasons as allowed and required by law. We have the duty to keep your health information private and to follow the terms of this Notice. The effective date of this Notice is September 30, 2022.

**PHI** means protected health information. PHI is health information that includes your name, member number or other identifiers, and is used or shared by Molina.

### **Why does Molina use or share your PHI?**

We use or share your PHI to provide you with health care benefits. Your PHI is used or shared for treatment, payment, and health care operations.

#### **For Treatment**

Molina may use or share your PHI to give you, or arrange for, your medical care. This treatment also includes referrals between your doctors or other health care providers. For example, we may share information about your health condition with a specialist. This helps the specialist talk about your treatment with your doctor.

#### **For Payment**

Molina may use or share PHI to make decisions on payment. This may include claims, approvals for treatment, and decisions about medical need. Your name, your condition, your treatment, and supplies given may be written on the bill. For example, we may let a doctor know that you have our benefits. We would also tell the doctor the amount of the bill that we would pay.

#### **For Health Care Operations**

Molina may use or share PHI about you to run our health plan. For example, we may use information from your claim to let you know about a health program that could help you. We may also use or share your PHI to solve member concerns. Your PHI may also be used to see that claims are paid right.

Health care operations involve many daily business needs. It includes but is not limited to the following:

- Improving quality;
- Actions in health programs to help members with certain conditions (such as asthma);
- Conducting or arranging for medical review;
- Legal services, including fraud and abuse detection and prosecution programs;
- Actions to help us obey laws;
- Address member needs, including solving complaints and grievances.

We will share your PHI with other companies (“**business associates**”) that perform different kinds of activities for our health plan. We may also use your PHI to give you reminders about your appointments. We may use your PHI to give you information about other treatment, or other health-related benefits and services.

### **When can Molina use or share your PHI without getting written authorization (approval) from you?**

In addition to treatment, payment and health care operations, the law allows or requires Molina to use and share your PHI for several other purposes, including the following:

#### **Required by law.**

We will use or share information about you as required by law. We will share your PHI when required by the Secretary of the Department of Health and Human Services (HHS). This may be for a court case, other legal review, or when required for law enforcement purposes.

#### **Public Health**

Your PHI may be used or shared for public health activities. This may include helping public health agencies to prevent or control disease.

#### **Health Care Oversight**

Your PHI may be used or shared with government agencies. They may need your PHI for audits.

#### **Research**

Your PHI may be used or shared for research in certain cases, such as when approved by a privacy or institutional review board.

#### **Legal or Administrative Proceedings**

Your PHI may be used or shared for legal proceedings, such as in response to a court order.

#### **Law Enforcement**

Your PHI may be used or shared with police for law enforcement purposes, such as to help find a suspect, witness or missing person.

#### **Health and Safety**

PHI may be shared to prevent a serious threat to public health or safety.

#### **Government Functions.**

Your PHI may be shared with the government for special functions, such as national security activities.

#### **Victims of Abuse, Neglect or Domestic Violence.**

Your PHI may be shared with legal authorities if we believe that a person is a victim of abuse or neglect.

## **Workers Compensation.**

Your PHI may be used or shared to obey Workers Compensation laws.

## **Other Disclosures.**

PHI may be shared with funeral directors or coroners to help them to do their jobs.

**When does Molina need your written authorization (approval) to use or share your PHI?** Molina needs your written approval to use or share your PHI for a purpose other than those listed in this Notice. Molina needs your authorization before we disclose your PHI for the following: (1) most uses and disclosures of psychotherapy notes; (2) uses and disclosures for marketing purposes; and (3) uses and disclosures that involve the sale of PHI. You may cancel a written approval that you have given us. Your cancellation will not apply to actions already taken by us because of the approval you already gave to us.

## **What are your health information rights?**

You have the right to:

- **Request Restrictions on PHI Uses or Disclosures (Sharing of Your PHI)**

You may ask us not to share your PHI to carry out treatment, payment or health care operations. You may also ask us to not to share your PHI with family, friends or other persons you name who are involved in your health care. However, we are not required to agree to your request. You will need to make your request in writing. You may use Molina's form to make your request.

- **Request Confidential Communications of PHI**

You may ask Molina to give you your PHI in a certain way or at a certain place to help keep your PHI private. We will follow reasonable confidential communication requests to provide PHI in a particular form or format, if it is readily producible in the requested form and format, or at alternative locations. You may make your request in writing or by electronic transmission, calling Molina Healthcare.

- **Review and Copy Your PHI**

You have a right to review and get a copy of your PHI held by us. This may include records used in making coverage, claims and other decisions as a Molina member. You will need to make your request in writing. You may use Molina's form to make your request. We may charge you a reasonable fee for copying and mailing the records. In certain cases, we may deny the request. Important Note: We do not have complete copies of your medical records. If you want to look at, get a copy of, or change your medical records, please contact your doctor or clinic.

- **Amend Your PHI**

You may ask that we amend (change) your PHI. This involves only those records kept by us about you as a member. You will need to make your request in writing. You may use Molina's form to make your request. You may file a letter disagreeing with us if we deny the request.

- **Receive an Accounting of PHI Disclosures (Sharing of your PHI)**

You may ask that we give you a list of certain parties that we shared your PHI with during the six years prior to the date of your request. The list will not include PHI shared as follows:

- for treatment, payment or health care operations;
- to persons about their own PHI;
- sharing done with your authorization;
- incident to a use or disclosure otherwise permitted or required under applicable law;

- as part of a limited data set in accordance with applicable law; or
- PHI released in the interest of national security or for intelligence purposes.

We will charge a reasonable fee for each list if you ask for this list more than once in a 12- month period. You will need to make your request in writing. You may use Molina's form to request.

You may make any of the requests listed above, or may get a paper copy of this Notice. Please call Molina Member Services at (800) 665-0898, 7 days a week, 8 a.m. to 8 p.m. local time. TTY/TDD users, please call 711.

### **What can you do if your rights have not been protected?**

You may complain to Molina and to the Department of Health and Human Services if you believe your privacy rights have been violated. We will not do anything against you for filing a complaint. Your care and benefits will not change in any way.

You may complain to us at the following:

#### By Phone:

Molina Member Services (800) 665-0898

7 days a week, 8 a.m. to 8 p.m. local time. TTY/TDD users, please call 711.

#### In Writing:

Molina Healthcare of California

Attention: Medicare Appeals and Grievances

P.O. Box 22816

Long Beach, CA 90801

You may file a complaint with the Secretary of the U.S. Department of Health and Human Services at:

Office for Civil Rights

U.S. Department of Health & Human Services

90 7<sup>th</sup> Street, Suite 4-100

San Francisco, CA 94103

(800) 368-1019; (800) 537-7697 (TDD); (415) 437-8329 FAX

### **What are the duties of Molina?**

Molina is required to:

- Keep your PHI private;
- Give you written information such as this on our duties and privacy practices about your PHI;
- Provide you with a notice in the event of any breach of your unsecured PHI;
- Not use or disclose your genetic information for underwriting purposes;
- Follow the terms of this Notice

### **This Notice is Subject to Change**

**Molina reserves the right to change its information practices and terms of this Notice at any time. If we do, the new terms and practices will then apply to all PHI we keep. If we make any material changes, Molina will post the revised Notice on our web site and send the revised Notice, or information about the material change and how to obtain the revised Notice, in our next annual mailing to our members then covered by Molina.**



**Contact Information**

If you have any questions, please contact the following office:

By Phone:

Molina Member Services

(800) 665-0898, 7 days a week, 8 a.m. to 8 p.m. local time. TTY/TDD users, please call 711.

In Writing:

Molina Healthcare of California

Attention: Medicare Appeals and Grievances

P.O. Box 22816

Long Beach, CA 90801

This information is available for free in other languages. Please call our customer service number at (800) 665-0898, TTY/TDD 711, 7 days a week, 8 a.m. - 8 p.m., local time. Esta información está disponible gratuitamente en otros idiomas. Por favor, comuníquese a nuestro número de teléfono para servicio al cliente al (800) 665-0898, TTY/TDD 711, los 7 días de la semana, de 8:00 a.m. a 8:00 p.m., hora local.

