



Molina Healthcare of California  
Medi-Cal Program  
Combined Evidence of Coverage and Disclosure Form

ADDENDUM

Changes have been made to your 2012-2013 Medi-Cal Combined Evidence of Coverage (EOC) and Disclosure Form (DF). **Added information is shown as underlined text and deleted information is shown as strike-out text.** Please read these changes and keep this with the EOC/DF you have gotten. These changes are effective January 1, 2014.

If you have any questions about the Medi-Cal EOC/DF booklet, please call Molina Healthcare of California's (Molina Healthcare) Member Services Department, toll-free, at 1 (888) 665-4621 from 7am to 7pm Monday through Friday, use 711 (Telecommunications Relay Service) as needed, or TTY at 1 (800) 479-3310.

Page(s): 24

Section: BENEFITS – What is Covered Under My plan?

**Outpatient Mental Health Services**

**Description:**

Outpatient mental health services are now a covered benefit by Molina. You can call Molina or ask your PCP for the name of a plan mental health provider. These services are for the treatment of mild to moderate mental health conditions which include\*:

- Individual and group mental health evaluation and treatment (psychotherapy)
- Psychological testing, when clinically indicated to evaluate a mental health condition;
- Outpatient laboratory, drugs, supplies, and supplements
- Outpatient services for the purposes of monitoring drug therapy; and
- Psychiatric consultation

You can still get specialty mental health services from the county mental health plans.

**Not Covered:**

Mental health services for relational problems are not covered. This includes counseling for couples or families for conditions listed as relational problems\*.

\* As defined by the *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)*

**Substance Use Disorder Preventive Services**

**Description:**

Alcohol misuse screening services are now a benefit covered by Molina for all members ages 18 and older. These services for alcohol misuse cover\*\*:

**Covered Services:**

- One expanded screening for risky alcohol use per year
- Three 15-minute brief intervention sessions to address risky alcohol use per year

### **Not Covered:**

- Molina does not cover services for major alcohol problems, but you may be referred to the County Alcohol and Drug Program.

\*\* Screening, Brief Intervention, and Referral to Treatment (SBIRT)

**Page(s): 33**

### **Section: BENEFITS – Services that are not Covered by Molina Healthcare or Regular Medi-Cal**

- These services will not be provided by Molina Healthcare or Regular Medi-Cal (fee-for-service program):
- Experimental or investigational drug, device, or procedures (unless approved)
- Cosmetic surgery, except when needed to repair trauma or disease-related disfigurement
- Personal comfort and convenience items
- Private duty nurses (except when medically necessary)
- Elective circumcisions
- Acupuncture and chiropractic services for GMC Counties (Sacramento & San Diego) only – limited to excepted members (this is **not** a benefit for any members in Two Plan Counties (Riverside/San Bernardino), no exceptions.
- Sports physicals required by school or recreational sport
- Completing forms for disability, WIC, DMV
- Speech therapy services\*
- Podiatric Services\*
- Audiology Services **not** performed/prescribed by a physician in a physician office setting\*
- Dental Services\*
- ~~Psychology services (psychiatry services, and all services through county mental health programs will continued to be covered)\*~~
- Services outside the United States, except for emergency services requiring hospitalization in Canada or Mexico.

\*There are exceptions for the services not covered by Molina Healthcare or Medi-Cal which are noted with an asterisk. Please see the section titled “What are the exceptions?” on page 32 for further information.

**Page(s): 35**

### **Section: BENEFITS – What is Not Covered?**

- **Mental Health (Health of your mind or feeling of well-being)**

~~Molina Healthcare does not cover hospital care and most outpatient mental health care. Medi-Cal fee-for-service, or the County Mental Health Department, provides these services. Your doctor may treat some mental health conditions (such as depression).~~

Your PCP does not provide the following services, but may help you get them:

- Psychiatrist services
- Psychiatric inpatient hospital services
- Psychologist services
- Specialty mental health services
- Rehabilitative services
- Marriage counseling services
- Family and child counseling services
- Licensed clinical social worker services

Molina Healthcare does not cover hospital care and specialty mental health care. Medi-Cal fee-for-service, or the County Mental Health Department, provides these services



加州 Molina Healthcare  
Medi-Cal 計劃  
聯合承保證明書和披露權益表格

附錄

我們已對您的 2012-2013 年度 Medi-Cal 聯合承保證明書 (EOC) 和披露權益表格 (DF) 作出更改。我們在新增資訊的下方劃了綫，而刪除的資訊則顯示為劃綫字體。請閱讀下列變化並將其連同您已得到的 EOC/DF 一起保存。

更改將從 2014 年 1 月 1 日起生效。

若您就 Medi-Cal EOC/DF 手冊存有任何疑問，請致電 Molina Healthcare of California (Molina Healthcare) 會員服務部，免費熱線：1 (888) 665-4621，客戶服務人員將於週一至週五的上午 7 時至下午 7 時為您服務；如需要電訊轉接服務，請使用 711 或撥打聽障語障專線 1 (800) 479-3310。

頁碼：24

章節：福利 – 我的保險計劃承保哪些服務？

### 門診心理健康服務

#### 描述：

門診心理健康服務現已成為 Molina 的承保福利之一。您可以聯絡 Molina 或查詢您的 PCP 以獲取保險網絡內的心理健康服務提供者名單。這些服務旨在治療輕度到中度的心理健康狀況，其中包括\*：

- 個人和小組心理健康評估和治療（心理治療）
- 心理測試（在臨床表現出需要評估心理健康狀況時）；
- 門診檢驗室、藥物、物品和補充品
- 專門監察藥物治療的門診服務；以及
- 精神狀況檢查

您仍可以享受縣政府提供的心理健康計劃下的心理科健康護理服務

#### 不予承保的服務：

有關人際關係問題的心理健康服務不在承保範圍之內。包括對夫婦或家人關係問題進行的輔導\*。

\*請參考精神疾病診斷與統計手冊 (DSM-IV) 中的定義

### 過量服用某類物質之預防服務

#### 描述：

Molina 現在為所有年滿 18 歲的會員提供酗酒檢查服務福利。酗酒服務範圍包括\*\*：

#### 承保服務：

- 每年一次全面高危酒精使用檢查
- 每年三次時 15 分鐘的簡短談話，指出危險酒精使用的問題嚴重性

## 不予承保的服務：

- Molina 不承保主要酒精問題相關服務，但是您可能可以被轉介到「縣政府酒精及藥物計劃」。

## \*\*檢查、簡短談話及治療轉介 (SBIRT)

頁碼：33

### 章節：福利 - 不在 Molina Healthcare 或 Regular Medi-Cal 承保範圍內的服務

- Molina Healthcare 或 Regular Medi-Cal（付費服務計劃）將不會承保這些服務：
- 實驗用或研究用藥物、設備或程序（除非已經獲得批准）
- 整形手術（於修復外傷或疾病相關的毀容狀況除外）
- 為個人舒適或便捷而進行的醫療項目
- 私人護士（有醫療必要性時除外）
- 選擇性包皮環割
- 為 GMC 各縣（沙加緬度和聖地牙哥）提供的針灸和按摩服務 - 限於特別會員（這**不是**所有參保 Two Plan 之各縣（裡弗賽德/聖貝納迪諾）的會員均可享有的福利），沒有例外。
- 學校要求的運動體檢或康樂運動
- 填寫針對殘障人士、WIC（婦女、嬰兒和兒童）和 DMV（殘疾退伍軍人）的表格
- 言語治療服務\*
- 足病服務\*
- 由**非**醫生辦公室內的醫生執行/指示的聽力服務\*
- 牙科服務\*
- 心理學服務（精神病學服務，以及透過縣精神健康計劃提供的所有服務都將繼續保留在承保範圍內）\*
- 美國境外的服務（加拿大或墨西哥境內需住院治療的急救服務除外）

\* Molina Healthcare 或 Medi-Cal 計劃不承保的服務中也存在例外情況，這些情況以星號標注。請檢視第 32 頁標題為「有哪些例外情況」的章節，以瞭解詳情。

頁碼：35

### 章節：福利 - 不被承保的服務

#### ● 心理健康（您的精神或情緒健康）

Molina Healthcare 不承保住院治療和大部份門診心理健康治療。Medi-Cal 的付費服務或縣政府心理健康部將提供這些服務。您的醫生可能提供某些心理健康治療（例如抑鬱）。

您的 PCP 不提供以下服務，但是可以幫助您獲取這些服務：

- 精神科醫生服務
- 精神科住院服務
- 心理學家服務
- 專業心理健康服務
- 復康服務
- 婚姻諮詢服務
- 家庭和兒童諮詢服務
- 註冊臨床社工服務

Molina Healthcare 不承保住院治療和專業心理健康治療。Medi-Cal 的付費服務或縣政府心理健康部將提供這些服務。