



Your Extended Family.

Welcome Kit Packet

Dear Member,

Thank you for joining **Molina Medicare Options Plus HMO SNP**! Your health is important to us, and we're here to help you feel your best. This is your **New Member Welcome Kit**. It includes valuable information about your plan benefits, network of providers, formulary (drug list) and more.

Inside you'll find:

Simple Guide to Your New Benefits

- This brochure tells you what you can expect from us during your first few months as a new member. It also gives you a summary of some of your benefits for the 2019 calendar year and how to access them. **This document contains important information about your plan. Please keep it in a safe place.**

Electronic Member Materials Notice

- This notice tells you where to get a copy of your important plan documents like your Evidence of Coverage (EOC), Provider/Pharmacy Directory, and Formulary.

Mail Order Prescription Service Notice

- This notice explains how you can get your long-term medications sent directly to your home by signing up for our mail order prescription service.

We are always here to help! For questions or assistance, please call our 24-Hour Nurse Advice Line or Member Services:

24-Hour Nurse Advice Line

- If you have any **medical** questions, please call our 24-Hour Nurse Advice Line at (844) 526-3188, TTY: 711. Our highly trained nurses are available 24 hours a day, 7 days a week (including holidays) to help you make informed decisions about your health.

Member Services

- For other questions or assistance, please call our Member Services Department at (844) 239-4913, TTY: 711, 7 days a week, 8 a.m. – 8 p.m., local time.

Again, thank you for joining Molina Healthcare! We look forward to serving you!

Sincerely,
Molina Healthcare

Molina Medicare Options Plus HMO SNP is a health plan with a Medicare contract and a contract with the State Medicaid program. Enrollment in Molina Medicare Options Plus depends on contract renewal. This information is available in other formats such as Braille, large print and audio.



Your Extended Family.

Molina Healthcare of Idaho (Molina) complies with all Federal civil rights laws that relate to healthcare services. Molina offers healthcare services to all members without regard to race, color, national origin, age, disability, or sex. Molina does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. This includes gender identity, pregnancy and sex stereotyping.

To help you talk with us, Molina provides services free of charge:

- Aids and services to people with disabilities
 - Skilled sign language interpreters
 - Written material in other formats (large print, audio, accessible electronic formats, Braille)
- Language services to people who speak another language or have limited English skills
 - Skilled interpreters
 - Written material translated in your language
 - Material that is simply written in plain language

If you need these services, contact Molina Member Services at (844) 239-4913; TTY/TDD: 711, Monday – Friday, 8 a.m. to 8 p.m., local time.

If you think that Molina failed to provide these services or treated you differently based on your race, color, national origin, age, disability, or sex, you can file a complaint. You can file a complaint in person, by mail, fax, or email. If you need help writing your complaint, we will help you. Call our Civil Rights Coordinator at (866) 606-3889, or TTY, 711. Mail your complaint to:

Civil Rights Coordinator
200 Oceangate
Long Beach, CA 90802

You can also email your complaint to civil.rights@molinahealthcare.com. Or, fax your complaint to (562) 499-0610.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>. You can mail it to:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

You can also send it to a website through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>.

If you need help, call 1-800-368-1019; TTY 800-537-7697.

English

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call Member Services at 1-844-239-4913 (TTY: 711).

Spanish

ATENCIÓN: Si usted habla español, tiene servicios de asistencia lingüística disponibles sin cargo alguno para usted. Llame al Departamento de Servicios para Miembros al 1-844-239-4913 (TTY: 711).

Chinese

收件人：如果您講韓語，則免費提供語言協助服務。請致電會員服務部，電話：1-844-239-4913 (TTY: 711).

Serbo-Croatian

PAŽNJA: ako govorite srpsko-hrvatski jezik, dostupne su vam besplatne usluge jezične pomoći. Nazovite usluge za članove na broj telefona 1-844-239-4913 (TTY: 711).

Korean

주의 : 한국어를 말할 때 무료로 언어 지원 서비스를 이용할 수 있습니다. 현지 시간으로 월요일부터 금요일까지, 오전 8시부터 오후 8시까지 회원 서비스에 1-844-239-4913 (TTY: 711).

Nepali

सावधानी: यदि तपाईं नेपाली बोल्नुहुन्छ भने, भाषा सहायता सेवाहरु सितैमा तपाईंलाई उपलब्ध छन्। 1-844-239-4913 (TTY: 711) मा सदस्य सेवाहरुको लागि कल गर्नुहोस्।

Vietnamese

LƯU Ý: Nếu quý vị nói tiếng Việt, các dịch vụ hỗ trợ ngôn ngữ có sẵn cho quý vị miễn phí. Gọi cho Dịch Vụ Thành Viên theo số 1-844-239-4913 (TTY: 711).

Arabic

انتباه: إذا كنت من متحدثي اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية مجاناً. يمكن الاتصال بخدمات الأعضاء على الرقم 1-844-239-4913 (TTY: 711).

German

ACHTUNG: Für Deutsch sprechende Personen stehen kostenlose Sprachassistenzsysteme zur Verfügung. Rufen Sie hierzu die Mitgliederbetreuung unter der Rufnummer 1-844-239-4913 (TTY: 711) an.



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Tagalog

PAUNAWA: Kung gumagamit ka ng wikang Tagalog, maaari kang humingi ng mga serbisyo ng tulong sa wika nang libre. Tawagan ang Member Services sa 1-844-239-4913 (TTY: 711).

Russian

ВНИМАНИЕ! Если вы говорите по-русски, вам будут предоставлены услуги переводчика бесплатно. Позвоните в отделение обслуживания клиентов по тел.: 1-844-239-4913 (телетайп: 711).

French

ATTENTION : Si vous parlez français, des services d'assistance linguistique sont gratuitement mis à votre disposition. Contactez les services aux membres au 1-844-239-4913 (TTY: 711).

Japanese

注：日本語をお話しになる場合は、無料の言語支援サービスをご利用いただけます。メンバーサービス1-844-239-4913 (TTY: 711)までお電話ください。

Romanian

ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, în mod gratuit. Apelați serviciile pentru membri la 1-844-239-4913 (TTY: 711).

Bantu

MENYA NEZA: Nimba ukoresha ururimi rw'ikibantu, ubwunganizi bw'urwo rurimi uburonswa ku buntu, . Akura abajewe ivyo bikorwa kuri 1-844-239-4913 (TTY: 711).

Farsi

اگر به زبان فارسی صحبت می‌کنید، خدمات کمک زبانی، به صورت رایگان در دسترس شما قرار دارند. با خدمات اعضاء از طریق شماره 1-844-239-4913 (TTY: 711) تماس بگیرید.