



Your Extended Family.

Exceptions for Out-of-Network (OON) Coverage

Molina Medicare Options Plus HMO SNP will reimburse members for coverage charges on Part D drug expenses incurred at out-of-network pharmacies (or providers), when the following situations occur:

Member is traveling outside his or her Part D plan's service area; runs out of or loses his or her covered Part D drug(s) or becomes ill and needs a covered Part D drug; and cannot access a network pharmacy.

Member must fill a prescription for a covered Part D drug in a timely manner, and that particular covered Part D drug (e.g. an orphan drug or other specialty pharmaceutical typically shipped directly from manufacturers or special vendors) is not regularly stocked at accessible network retail or mail-order pharmacies.

Member cannot obtain a covered Part D drug in a timely manner within his or her service area because, for example, there is no network pharmacies within a reasonable driving distance that provides 24-hour-a-day/7-day-per-week service.

Member is provided covered Part D drugs dispensed by an OON institution-based pharmacy while he or she is a patient in an emergency department, provider-based clinic, outpatient surgery, or other outpatient setting.

During any State or Federal disaster declaration or other public health emergency declaration in which Molina Healthcare members are evacuated or otherwise displaced from their place of residence and cannot reasonably be expected to obtain covered Part D drugs at a network pharmacy.

In unforeseen circumstances in which normal distribution channels are unavailable, Molina Healthcare will apply OON policies to facilitate access to medications.

Member is getting a vaccine that is medically necessary but is not covered by Medicare Part B, which is appropriately dispensed and administered in a physician office.

Member's Responsibility

Member must meet at least one of the situations defined by the above section.

Before accessing covered Part D drugs through an OON pharmacy, it is the member's responsibility to contact Molina Healthcare's Member Service Department to verify if there is a network pharmacy in the member's area where he/she can fill the prescription.

Unless dispensed as a transition or emergency supply, member and/or prescriber must also verify that Prior authorization was obtained if utilization management controls apply to the medication. If prior authorization is not obtained, member will not be reimbursed for the medication.

In the event that a member uses an OON pharmacy due to one or more of the qualifying reasons, the pharmacy may not be able to submit the claim directly to Molina Healthcare. In this event, member will be required to pay the OON pharmacy's U&C price at the point-of-sale and submit a written request for reimbursement to Molina Healthcare.

Note: Please refer to the Evidence of Coverage or call Member Service (888) 665-1328, October 1 – March 31 - 7 days a week, 8 a.m. - 8 p.m., local time, April 1 – September 30 - Monday – Friday 8 a.m. – 8 p.m., local time. TTY users should call 711 for more information on initial coverage determinations.

If member uses an OON pharmacy, the member may be financially responsible for the sum of:

Any deductible or cost-sharing (relative to the plan allowance);

Any differential between the OON pharmacy's (or provider's) usual and customary prices and Molina Healthcare's negotiated in-network charge for the prescription

Exclusions

Molina Healthcare will not reimburse for any prescriptions that are filled by pharmacies outside of the United States and territories, even for a medical emergency.

Molina Healthcare will not reimburse for any prescriptions where Prior Authorization was not obtained prior to dispensing (if Prior Authorization requirements or other utilization management controls applied to the prescription and it was not part of a transition or emergency supply).

Any fee or charge for vaccine administration falls entirely outside the Part D cost sharing structure and will not be included as part of the beneficiaries' True Out-of-Pocket (TrOOP) costs.

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.



Your Extended Family

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.