# Are you ready to enroll?

**Step 1**
Review all the materials, including the Summary of Benefits enclosed.

**Step 2**
**Review Drug List**
Take a moment to review our drug list to ensure that your medications are covered.
Or, visit us online at
MolinaHealthcare.com/Medicare to review our drug formulary or call us for verification of our drug listing.

**Step 3**
**Choose Your Primary Care Provider (PCP)**
Choose your PCP. You can use our Provider Directory, or visit us online at
MolinaHealthcare.com/Medicare or call us for a list of PCPs near you.

**Step 4**
**Locate your Medicare and Medicaid ID Cards.**
When you are applying, make sure to have your Medicare and Medicaid ID cards available, or some form of proof that you are entitled to Medicare and Medicaid.

**Step 5**
**Complete the Enrollment Form**
Be sure to complete all the sections of the enrollment form. Sign and date the form.
If applying by mail, send the signed copy to:

**Molina Healthcare, Inc**
**Attn: Enrollment Accounting**
**PO BOX 22800**
**Long Beach, CA 90801-9945.**

Keep the yellow copy for your records.

**You are eligible to join Molina Medicare Complete Care HMO SNP, a Medicare Advantage Prescription Drug Special Needs Plan (SNP) if:**

- You reside in the Molina Medicare Complete Care service area; and
- You are entitled to Medicare Part A; and
- You are enrolled in Medicare Part B; and
- You are entitled to full Medicaid; and
- You do not have End Stage Renal Disease (ESRD) with limited exceptions (such as if you develop ESRD when you are already a member of a plan that we offer).

If you have questions about becoming a Molina Medicare Complete Care member, call:
(Molina Medicare # (866) 403-8293 (TTY: 711)
Monday to Saturday, 8 a.m. to 8 p.m. local time.
MolinaHealthcare.com/Medicare

This information is available in other formats such as Braille, large print and audio.