

2025

Summary of Benefits

Molina Dual Options Medicare-Medicaid Plan

Illinois H8046-001

Effective January 1 through December 31, 2025

Introduction

This document is a brief summary of the benefits and services covered by Molina Dual Options Medicare-Medicaid Plan. It includes answers to frequently asked questions, important contact information, an overview of benefits and services offered, and information about your rights as a member of Molina Dual Options. Key terms and their definitions appear in alphabetical order in the last chapter of the *Member Handbook*.

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Molina Dual Options Medicare-Medicaid Plan: **Summary of Benefits 2025**

A. Disclaimers



This is a summary of health services covered by Molina Dual Options for 2025. This is only a summary. Please read the Member Handbook for the full list of benefits.

- ❖ Molina Dual Options Medicare-Medicaid Plan is a health plan that contracts with both Medicare and Illinois Medicaid to provide benefits of both programs to enrollees.
- ❖ Under Molina Dual Options you can get your Medicare and Medicaid services in one health plan. A Molina Dual Options care coordinator will help manage your health care needs.
- ❖ This is not a complete list. The benefit information is a brief summary, not a complete description of benefits. For more information, contact the plan or read the Molina Dual Options Member Handbook.
- ❖ This document is available for free in other languages and formats like large print, braille, or audio. Call (877) 901-8181, Monday - Friday, 8 a.m. to 8 p.m., local time. The call is free.
- ❖ The 2025 Member Handbook will be available by October 15. An up-to-date copy of the 2025 Member Handbook is always available on our website at MolinaHealthcare.com/Duals. You may also call Member Services at (877) 901-8181, TTY: 711, Monday - Friday, 8 a.m. to 8 p.m., local time to ask us to mail you a 2025 Member Handbook.
- ❖ To request your preferred language other than English and/or alternate format, call Member Services at (877) 901-8181, TTY: 711, Monday - Friday, 8 a.m. to 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 (877) 901-8181, TTY: 711, Monday - Friday, 8 a.m. to 8 p.m., local time.



If you have questions, please call Molina Dual Options at (877) 901-8181, TTY: 711, Monday - Friday, 8 a.m. to 8 p.m., local time. The call is free. **For more information**, visit MolinaHealthcare.com/Duals.

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B. Frequently Asked Questions

The following chart lists frequently asked questions.

Frequently Asked Questions (FAQ)	Answers
What is a Medicare-Medicaid Plan?	A Medicare-Medicaid Plan is a health plan that contracts with both Medicare and Illinois Medicaid to provide benefits of both programs to enrollees. It is for people with both Medicare and Medicaid. A Medicare-Medicaid Plan is an organization made up of doctors, hospitals, pharmacies, providers of long-term services, and other providers. It also has care coordinators to help you manage all your providers and services. They all work together to provide the care you need.
What is a care coordinator Molina Dual Options?	A Molina Dual Options care coordinator is one main person for you to contact. This person helps manage all your providers and services and makes sure you get what you need.
What are long-term services and supports?	Long-term services and supports are services provided through a Long-Term Care Facility or through a Home and Community-Based Waiver. Enrollees have the option to get long-term services and supports (LTSS) in the least restrictive setting when appropriate, with a preference for the home and the community, and in accordance with the Enrollee's wishes and Care Plan.
Will I get the same Medicare and Medicaid benefits in Molina Dual Options that I get now?	<p>You will get your covered Medicare and Medicaid benefits directly from Molina Dual Options. You will work with a team of providers who will help determine what services will best meet your needs. This means that some of the services you get now may change. You will get almost all of your covered Medicare and Medicaid benefits directly from Molina Dual Options, but you may get some benefits the same way you do now, outside of the plan.</p> <p>When you enroll in Molina Dual Options, you and your care team will work together to develop an Individualized Care Plan to address your health and support needs. During this time, you can keep using your doctors and getting your current services for 90 days, or until your care plan is complete. When you join our plan, if you are taking any Medicare Part D prescription drugs that Molina Dual Options does not normally cover, you can get a temporary supply. We will help you get another drug or get an exception for Molina Dual Options to cover your drug, if medically necessary.</p>

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Frequently Asked Questions (FAQ)	Answers
Can I use the same doctors I use now?	<p>Often that is the case. If your providers (including doctors, therapists, and pharmacies) work with Molina Dual Options and have a contract with us, you can keep using them.</p> <ul style="list-style-type: none"> Providers with an agreement with us are “in-network.” You must use the providers in Molina Dual Options' network. If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of Molina Dual Options' plan. <p>To find out if your doctors are in the plan's network, call Member Services or read Molina Dual Options' <i>Provider and Pharmacy Directory</i> on the plan's website at MolinaHealthcare.com/Duals.</p> <p>If Molina Dual Options is new for you, you can continue using the doctors you use now for 90 days.</p>
What happens if I need a service but no one in Molina Dual Options' network can provide it?	<p>Most services will be provided by our network providers. If you need a service that cannot be provided within our network, Molina Dual Options will pay for the cost of an out-of-network provider.</p>
Where is Molina Dual Options available?	<p>The service area for this plan includes: Adams, Alexander, Bond, Boone, Brown, Bureau, Calhoun, Carroll, Cass, Champaign, Christian, Clark, Clay, Clinton, Coles, Cook, Crawford, Cumberland, De Witt, DeKalb, Douglas, DuPage, Edgar, Edwards, Effingham, Fayette, Ford, Franklin, Fulton, Gallatin, Greene, Grundy, Hamilton, Hancock, Hardin, Henderson, Henry, Iroquois, Jackson, Jasper, Jefferson, Jersey, Jo Daviess, Johnson, Kane, Kankakee, Kendall, Knox, La Salle, Lake, Lawrence, Lee, Livingston, Logan, Macon, Macoupin, Madison, Marion, Marshall, Mason, Massac, McDonough, McHenry, McLean, Menard, Mercer, Monroe, Montgomery, Morgan, Moultrie, Ogle, Peoria, Perry, Piatt, Pike, Pope, Pulaski, Putnam, Randolph, Richland, Rock Island, Saline, Sangamon, Schuyler, Scott, Shelby, St. Clair, Stark, Stephenson, Tazewell, Union, Vermilion, Wabash, Warren, Washington, Wayne, White, Whiteside, Will, Williamson, Winnebago, and Woodford counties, Illinois.</p> <p>You must live in one of these areas to join the plan.</p>
Do I pay a monthly amount (also called a premium) under Molina Dual Options?	<p>You will not pay any monthly premiums to Molina Dual Options for your health coverage.</p>
What is prior authorization (PA)? (continued on the next page)	<p>PA means that you must get approval from Molina Dual Options before you can get a specific service or drug or use an out-of-network provider. Molina Dual Options may not cover the service or drug if you don't get approval. If you need urgent or emergency care or out-of-area dialysis services, you don't need to get approval first.</p>

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Frequently Asked Questions (FAQ)	Answers
What is prior authorization (PA)? (continued)	Refer to Chapter 3, of the <i>Member Handbook</i> to learn more about PA. Refer to the Benefits Chart in Section D of Chapter 4 of the <i>Member Handbook</i> to learn which services require a PA.
What is a referral?	<p>A referral means that your primary care provider (PCP) must give you approval before you can use someone that is not your PCP or use other providers in the plan's network. If you don't get approval, Molina Dual Options may not cover the services. You don't need a referral to use certain specialists, such as women health specialists.</p> <p>Refer to Chapter 3, of the <i>Member Handbook</i> to learn more about when you will need a referral from your PCP.</p>
Do I pay a deductible?	No. You do not pay deductibles in Molina Dual Options.
What is Extra Help?	<p>Extra Help is a Medicare program that helps people with limited income and resources reduce Medicare Part D prescription drug costs, such as premiums, deductibles, and copays. Extra Help is also called the "Low-Income Subsidy", or "LIS."</p> <p>Your prescription drug copays under Molina Dual Options already include the amount of Extra Help you qualify for. For more information about this Extra Help, contact your local Social Security Office, or call Social Security at 1-800-772-1213. TTY users may call 1-800-325-0778.</p>
Who should I contact if I have questions or need help? (continued on the next page)	<p>If you have general questions or questions about our plan, services, service area, billing, or Member ID Cards, please call Molina Dual Options Member Services:</p> <p>CALL (877) 901-8181 Calls to this number are free. Monday - Friday, 8 a.m. to 8 p.m., local time. Assistive technologies, including self-service and voicemail options, are available on holidays, after regular business hours and on Saturdays and Sundays. Member Services also has free language interpreter services available for people who do not speak English.</p> <p>TTY 711 Calls to this number are free. Monday - Friday, 8 a.m. to 8 p.m., local time.</p>



If you have questions, please call Molina Dual Options at (877) 901-8181, TTY: 711, Monday - Friday, 8 a.m. to 8 p.m., local time. The call is free. **For more information**, visit MolinaHealthcare.com/Duals.

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Frequently Asked Questions (FAQ)	Answers
Who should I contact if I have questions or need help? (continued from previous page)	If you have questions about your health, please call the Nurse Advice Call line: CALL (888) 275-8750 Calls to this number are free. 24 hours a day, 7 days a week Nurse Advice Line also has free language interpreter services available for people who do not speak English. TTY 711 Calls to this number are free. Monday - Friday, 8 a.m. to 8 p.m., local time If you need immediate behavioral health, please call the Behavioral Health Crisis Line: CALL (888) 275-8750 Calls to this number are free. 24 hours a day, 7 days a week Behavioral Health Crisis Line also has free language interpreter services available for people who do not speak English. TTY 711 Calls to this number are free. 24 hours a day, 7 days a week



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C. Overview of Services

The following chart is a quick overview of what services you may need, your costs, and rules about the benefits.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You want a doctor	Visits to treat an injury or illness	\$0	
	Wellness visits, such as a physical	\$0	Annual wellness visit every 12 months.
	Transportation to a doctor's office	\$0	Unlimited Transportation Services to any plan approved health-related locations are covered. Prior authorization rules may apply.
	Specialist care	\$0	
	Care to keep you from getting sick, such as flu shots	\$0	
	"Welcome to Medicare" preventive visit (one time only)	\$0	
You need medical tests	Lab tests, such as blood work	\$0	Outpatient Lab services do not require prior authorization. Prior authorization rules may apply for certain tests.
	X-rays or other pictures, such as CAT scans	\$0	Outpatient X-ray services do not require prior authorization. Prior authorization rules may apply.
	Screening tests, such as tests to check for cancer	\$0	Prior authorization rules may apply.
You need drugs to treat your illness or condition (This service is continued on the next page)	Generic drugs (no brand name)	\$0 for a 31-day supply	There may be limitations on the types of drugs covered. Please refer to Molina Dual Options' <i>List of Covered Drugs</i> (Drug List) for more information. A 100-day supply is available at a retail and mail order pharmacy at no additional cost.



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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need drugs to treat your illness or condition (continued)			<p>The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p> <p>There may be certain drugs that are limited to a 31-day supply.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from Molina Dual Options for certain drugs.</p>
	Brand name drugs	\$0 for a 31-day supply.	<p>There may be limitations on the types of drugs covered. Please refer to Molina Dual Options' <i>List of Covered Drugs</i> (Drug List) for more information.</p> <p>A 100-day supply is available at a retail and mail order pharmacy at no additional cost.</p> <p>The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p> <p>There may be certain drugs that are limited to a 31-day supply.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from Molina Dual Options for certain drugs.</p>
	Over-the-Counter (OTC) items	\$0	<p>We cover non-prescription Over-the-Counter (OTC) items like vitamins, sunscreen, pain relievers, cough/cold medicine, and bandages. You get \$60 every 3 months that you can spend on plan-approved items. Your quarterly allowance becomes available to use in January, April, July and October.</p>



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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need drugs to treat your illness or condition (continued)			Any dollar amount that you don't use will not carry-over. Be sure to spend all of it before the end of 3 months because it will expire. You do not need a prescription from your doctor to get OTC items.
	Medicare Part B prescription drugs	\$0	Part B drugs include drugs given by your doctor in their office, some oral cancer drugs, and some drugs used with certain medical equipment. Read the <i>Member Handbook</i> for more information on these drugs. Prior authorization rules may apply.
	Step Therapy		Step therapy may be required for certain drugs.
You need therapy after a stroke or accident	Occupational, physical, or speech therapy	\$0	Medically necessary physical therapy, occupational therapy, and speech / language therapy services are covered. Prior authorization rules may apply.
You need emergency care (This service is continued on the next page)	Emergency room services	\$0	You may get covered emergency medical care whenever you need it, anywhere in the United States or its territories, without prior authorization. Not covered outside the United States and its territories except under limited circumstances. Contact plan for details.
	Ambulance services	\$0	Prior authorization rules may apply for non-emergency Ambulance services. Prior authorization is not required for emergency transportation.
	Urgent care	\$0	You may get urgent care services whenever you need it, anywhere in the United States or its territories, without prior authorization.



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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need emergency care (continued)			Not covered outside the United States and its territories except under limited circumstances. Contact plan for details.
You need hospital care	Hospital stay	\$0	Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital. No limit to the number of days covered by the plan each hospital stay. Prior authorization rules may apply.
	Doctor or surgeon care	\$0	Prior authorization rules may apply.
You need help getting better or have special health needs	Rehabilitation services	\$0	Prior authorization rules may apply.
	Medical equipment for home care	\$0	Prior authorization rules may apply.
	Skilled nursing care	\$0	Our plan covers an unlimited number of days in a SNF. No prior hospital stay is required. Prior authorization rules may apply.
You need eye care	Eye exams	\$0	Exam to diagnose and treat diseases and conditions of the eye. Our plan covers routine eye exams.
	Glasses or contact lenses		One pair of eyeglasses (lenses and frames) every two years.
You need dental care (This service is continued on the next page)	Dental check-ups	\$0	No Annual Maximums for fillings, scaling and root planing, denture adjustments. <ul style="list-style-type: none"> • \$600 annual maximum applies to oral exams, x-rays, cleanings, fluoride • \$500 annual maximum for dentures Balance billing for denture services is not allowed. Denture claims will process under the members Medicare benefits of this

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need dental care (continued)			dual program as primary and will be internally coordinated with the members Medicaid benefits of the duals program as secondary.
You need hearing/auditory services	Hearing screenings	\$0	Our plan covers routine hearing exams.
	Hearing aids	\$0	Fitting/Evaluation for hearing aids are covered based on medical necessity. Up to 1 pair of hearing aid(s) every three years.
You have a chronic condition, such as diabetes or heart disease	Services to help manage your disease	\$0	Coverage includes self-management training and disease management program for diabetics.
	Diabetes supplies and services	\$0	Benefit includes diabetic monitoring supplies and therapeutic shoes or inserts. Prior authorization rules may apply.
You have a mental health condition	Mental or behavioral health services	\$0	Outpatient group therapy visit. Outpatient individual therapy visit. Prior authorization rules may apply.
You have a substance abuse problem	Substance abuse services	\$0	Outpatient group therapy visit. Outpatient individual therapy visit. Prior authorization rules may apply.
	Medication Assisted Treatment	\$0	
You need long-term mental health services	Inpatient care for people who need mental health care	\$0	Our plan covers unlimited number of days for inpatient hospital stay. Prior authorization rules may apply.
You need durable medical equipment (DME)	Wheelchairs	\$0	Prior authorization rules may apply.
	Nebulizers	\$0	Prior authorization rules may apply.
	Crutches	\$0	Prior authorization rules may apply.
	Walkers	\$0	Prior authorization rules may apply.
	Oxygen equipment and supplies	\$0	Prior authorization rules may apply.



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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help living at home (This service continued on the next page)	Meals brought to your home	\$0	Individuals eligible for specific waiver programs may qualify for this service, commonly called Home Delivered Meals. Eligibility is based on a determination of need. Prior authorization rules apply.
	Home services, such as non-medical support to assist with activities of daily living including meal preparation, laundry, light housekeeping	\$0	Individuals eligible for specific waiver programs may qualify for this service. Eligibility is based on determination of need. Prior authorization rules apply.
	Changes to your home, such as ramps for wheelchair access	\$0	Individuals eligible for specific waiver programs may qualify for this service. Eligibility is based on determination of need. Prior authorization rules apply.
	Personal care assistant (You may be able to employ your own assistant. Call Member Services for more information.)	\$0	Individuals eligible for specific waiver programs may qualify for this service. Eligibility is based on determination of need. Prior authorization rules apply.
	Services to help you live on your own	\$0	Individuals eligible for specific waiver programs may qualify for this service. Eligibility is based on determination of need. Prior authorization rules apply.
	Adult day services or other support services	\$0	Individuals eligible for specific waiver programs may qualify for this service. Eligibility is based on determination of need.



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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help living at home (continued)			Prior authorization rules apply.
	Automated Medication Dispensers	\$0	Individuals eligible for specific waiver programs may qualify for this service. Eligibility is based on determination of need. Prior authorization rules apply.
	Electronic Home Monitoring Systems/Personal Emergency Response Systems	\$0	Individuals eligible for specific waiver programs may qualify for this service. Eligibility is based on determination of need. Prior authorization rules apply.
You need a place to live with people available to help you	Assisted living or other housing services	\$0	Only individuals eligible for Supportive Living Waiver program qualify for this service. Eligibility is based on determination of need. Prior authorization rules apply.
	Nursing home care	\$0	Individuals eligible for specific waiver programs may qualify for this service. Eligibility is based on a determination of need. Prior authorization rules apply.
Your caregiver needs some time off	Respite care	\$0	Individuals eligible for specific waiver programs may qualify for this service. Eligibility is based on determination of need. Prior authorization rules apply.
Additional covered services (This service is continued on the next page)	Behavioral Health	\$0	
	Chiropractic	\$0	
	Crisis Services (Expanded)	\$0	
	Emergency Dental	\$0	

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional covered services (continued)	Family Planning Services	\$0	
	Gender-Affirming Services	\$0	Referral requirements may apply. Prior authorization rules may apply.
	Health Education	\$0	
	Institution for Mental Disease (IMD) Services for Individuals 65 or Older	\$0	You pay a minimum patient pay amount of \$0 and up to a maximum patient pay amount of \$12,373
	Kidney Disease and Conditions	\$0	\$0 copay for renal dialysis \$0 copay for kidney disease education services
	Meal Benefit	\$0	2 meals a day for 14 days. With additional approval, you may get another 14 days of 2 meals a day. The maximum is 56 meals over 4 weeks. Prior authorization rules may apply.
	Nutritional/Dietary Benefit	\$0	
	Telehealth	\$0	
	Tobacco Cessation Counseling	\$0	



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D. Benefits covered outside of Molina Dual Options

This is not a complete list. Call Member Services to find out about other services not covered by Molina Dual Options but available through Medicare.

Other services covered by Medicare	Your costs
Some hospice care services	\$0

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E. Services that Molina Dual Options, Medicare, and Medicaid do not cover

This is not a complete list. Call Member Services to find out about other excluded services.

Services not covered by Molina Dual Options, Medicare, or Medicaid	
All services or supplies that are not medically necessary	Reversal of sterilization procedures, and non-prescription contraceptive supplies
Experimental services and procedures, including drugs	Biofeedback services
Services for the treatment of obesity, unless determined medically necessary	Abortions except in the case of a reported rape, incest or when medically necessary to save the life of the mother
Personal items in your room at a hospital or a skilled nursing facility, such as a telephone or a television	Services that are provided in a State Facility operated as a psychiatric hospital as a result of a forensic commitment
Inpatient hospital custodial care	Services that are provided through a Local Education Agency (LEA)
Elective or voluntary enhancement procedures or services (including weight loss, hair growth, sexual performance, athletic performance, cosmetic purposes, anti-aging and mental performance), except when medically necessary	Services that are provided without a required referral or prior authorization
Cosmetic surgery or procedures, unless because of an accidental injury or to improve a malformed part of the body. However, all stages of reconstruction are covered for a breast after a mastectomy, as well as for the unaffected breast to produce a symmetrical appearance	Services that are provided by a non-affiliated provider and not authorized by the plan.



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F. Your rights as a member of the plan

As a member of Molina Dual Options, you have certain rights. You can exercise these rights without being punished. You can also use these rights without losing your health care services. We will tell you about your rights at least once a year. For more information on your rights, please read the *Member Handbook*. Your rights include, but are not limited to, the following:

- **You have a right to respect, fairness, and dignity.** This includes the right to:
 - Get covered services without concern about race, ethnicity, national origin, religion, gender, age, mental or physical disability, sexual orientation, genetic information, ability to pay, or ability to speak English.
 - Get information in other formats (e.g., large print, braille, audio).
 - Be free from any form of physical restraint or seclusion.
 - Not be billed by providers.
- **You have the right to get information about your health care.** This includes information on treatment and your treatment options. This information should be in a format you can understand. These rights include getting information on:
 - Description of the services we cover
 - How to get services
 - How much services will cost you
 - Names of health care providers and care managers
- **You have the right to make decisions about your care, including refusing treatment.** This includes the right to:
 - Choose a Primary Care Provider (PCP) and change your PCP at any time during the year.
 - Use a women's health care provider without a referral.
 - Get your covered services and drugs quickly.
 - Know about all treatment options, no matter what they cost or whether they are covered.
 - Refuse treatment, even if your doctor advises against it.
 - Stop taking medicine.
 - Ask for a second opinion. Molina Dual Options will pay for the cost of your second opinion visit.
- **You have the right to timely access to care that does not have any communication or physical access barriers.** This includes the right to:
 - Get timely medical care.

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- Get in and out of a health care provider's office. This means barrier free access for people with disabilities, in accordance with the Americans with Disabilities Act.
- Have interpreters to help with communication with your doctors and your health plan.
- **You have the right to emergency and urgent care when you need it.** This means you have the right to:
 - Get emergency services without PA in an emergency.
 - Use an out-of-network urgent or emergency care provider, when necessary.
- **You have a right to confidentiality and privacy.** This includes the right to:
 - Ask for and get a copy of your medical records in a way that you can understand and ask for your records to be changed or corrected.
 - Have your personal health information kept private.
- **You have the right to make complaints about your covered services or care.** This includes the right to:
 - File a complaint or grievance against us or our providers.
 - Ask for a state fair hearing.
 - Get a detailed reason for why services were denied.

For more information about your rights, you can read the Molina Dual Options Member Handbook. If you have questions, you can also call Molina Dual Options Member Services at (877) 901-8181, TTY: 711, Monday - Friday, 8 a.m. to 8 p.m., local time. The call is free.



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G. How to file a complaint or appeal a denied service

If you have a complaint or think Molina Dual Options should cover something we denied, call Molina Dual Options at (877) 901-8181, TTY/TDD: 711, Monday - Friday, 8 a.m. to 8 p.m., local time. The call is free. You may be able to appeal our decision.

For questions about complaints and appeals, you can read Chapter 9 of the Molina Dual Options *Member Handbook*. You can also call Molina Dual Options Member Services.

Or you can write to Molina Healthcare

Attn: Grievance and Appeals Dept.

P.O. Box 22816

Long Beach, CA 90801-9977

FAX: 562-499-0610

H. What to do if you suspect fraud

Most health care professionals and organizations that provide services are honest. Unfortunately, there may be some who are dishonest.

If you think a doctor, hospital or other pharmacy is doing something wrong, please contact us.

- Call us at Molina Dual Options Member Services at (877) 901-8181, TTY: 711, Monday - Friday, 8 a.m. to 8 p.m., local time. The call is free.
- Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week.
- You can contact the Medicaid/Welfare Fraud Hotline at 1-844-453-7283/1-844-ILFRAUD or visit <https://www.illinois.gov/hfs/oig/Pages/ReportFraud.aspx>



If you have questions, please call Molina Dual Options at (877) 901-8181, TTY: 711, Monday - Friday, 8 a.m. to 8 p.m., local time. The call is free. **For more information**, visit [MolinaHealthcare.com/Duals](https://www.MolinaHealthcare.com/Duals).



We have free interpreter services to answer any questions that you may have about our health or drug plan. To get an interpreter, just call us at (877) 901-8181, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m. local time. Someone who speaks English can help you. This is a free service.

SPANISH

Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al (877) 901-8181, TTY: 711, de lunes a viernes, de 8 a. m. a 8 p. m., hora local. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

TRADITIONAL CHINESE

我們有免費的口譯員服務，可回答您對於我們健康或藥物計劃的任何問題。若需要口譯員，請撥打(877) 901-8181，TTY: 711，服務時間為當地時間的週一到週五的上午8點至晚上8點。能說中文的人士會為您提供協助。這是免費的服務。

SIMPLIFIED CHINESE

如果您对我们的健康计划或药品计划有任何疑问，我们可以提供免费的口译服务解答您的疑问。若要获得口译服务，请致电我们，电话：(877) 901-8181，TTY: 711，周一至周五提供服务，服务时间为当地时间上午8点至晚上8点。说中文的人士会帮助您。这是免费服务。

TAGALOG

Mayroon kaming libreng serbisyo ng tagapagsalin para sagutin ang anumang katanungan na maaaring mayroon ka tungkol sa aming planong pangkalusugan o plano sa gamot. Para makakuha ng tagapagsalin, tawagan lang kami sa numerong (877) 901-8181, TTY: 711, Lunes – Biyernes, 8 a.m. hanggang 8 p.m. lokal na oras. May makakatulong sa inyo na nagsasalita ng Tagalog. Isa itong libreng serbisyo.

FRENCH

Nous assurons gracieusement des services d'interprétariat afin de répondre à toute question que vous pourriez avoir sur votre santé ou plan de traitement. Pour obtenir l'assistance d'un interprète, il suffit de nous appeler au (877) 901-8181, TTY : 711, du lundi au vendredi de 8 h à 20 h (heure locale). Une personne parlant français pourra vous assister. Ce service est proposé sans frais.

VIETNAMESE

Chúng tôi có các dịch vụ thông dịch miễn phí để trả lời các câu hỏi của quý vị về chương trình sức khỏe hoặc chương trình thuốc của chúng tôi. Để có thông dịch viên, hãy gọi cho chúng tôi theo số (877) 901-8181, TTY: 711, Thứ Hai – Thứ Sáu, 8 giờ sáng đến 8 giờ tối, giờ địa phương. Sẽ có nhân viên nói tiếng Việt trợ giúp quý vị. Đây là dịch vụ miễn phí.

GERMAN

Wir bieten Ihnen kostenlose Dolmetscherdienste, um Ihre Fragen, die Sie möglicherweise zu unseren Gesundheits- oder Arzneimittelleistungen haben, zu beantworten. Wenn Sie mit einem Dolmetscher sprechen möchten, rufen Sie uns einfach an unter (877) 901-8181, TTY: 711, Montag – Freitag, 8:00 Uhr bis 20:00 Uhr (Ortszeit). Jemand, der Deutsch spricht, hilft Ihnen gerne weiter. Dies ist ein kostenloser Dienst.

KOREAN

당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 (877) 901-8181번, TTY: 711번으로 월요일~금요일 오전 8시~오후 8시 (현지 시간)에 문의해 주십시오. 한국어를 하는 담당자가 도와드릴 것입니다. 이 서비스는 무료로 운영 됩니다.

RUSSIAN

Получить ответы на вопросы о нашем медицинском страховом плане или о плане, покрывающем лекарства по рецепту, вам бесплатно помогут наши устные переводчики. Просто позвоните нам по номеру (877) 901-8181 (TTY: 711). Линия работает с понедельника по пятницу с 8:00 до 20:00 по местному времени. Вам бесплатно поможет русскоязычный сотрудник.

ARABIC

نوفر خدمات الترجمة الفورية المجانية للإجابة على أي أسئلة قد تراودك حول الخطة الصحية أو خطة الأدوية لدينا. للحصول على مترجم فوري، كل ما عليك هو الاتصال بنا على الرقم (877) 901-8181، وبالنسبة إلى مستخدمي أجهزة الهواتف النصية (TTY) يرجى الاتصال على الرقم 711 من الاثنين إلى الجمعة، من الساعة 8 صباحاً حتى الساعة 8 مساءً، بالتوقيت المحلي، ويمكن لشخص يتحدث اللغة العربية مساعدتك. تقدم هذه الخدمة مجاناً.

ITALIAN

È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario o farmaceutico. Per ottenere un interprete, contattare il numero (877) 901-8181, TTY: 711, dal lunedì al venerdì, dalle 8:00 alle 20:00 ora locale. Un nostro incaricato che parla italiano fornirà l'assistenza necessaria. È un servizio gratuito.

PORTUGUESE

Dispomos de serviços de interpretação gratuitos para responder a possíveis dúvidas que possa ter sobre o nosso plano de saúde ou plano para medicamentos. Para falar com um intérprete, ligue (877) 901-8181, TTY: 711, segunda – sexta, 08h00 até 20h00 horário local. Alguém que fala português pode ajudá-lo. Este é um serviço gratuito.

FRENCH CREOLE

Nou gen sèvis entèprèt gratis pou reponn nenpòt kesyon ou ka genyen sou plan sante oswa plan medikaman nou an. Pou jwenn yon entèprèt, jis rele nou nan (877) 901-8181, TTY: 711, Lendi – Vandredi, 8 a.m. rive 8 p.m. lè lokal. Yon moun ki pale kreyòl ayisyen ka ede w. Sa a se yon sèvis gratis.

POLISH

Oferujemy bezpłatne usługi tłumacza, który pomoże uzyskać odpowiedzi na wszelkie pytania dotyczące naszego planu opieki zdrowotnej lub dawkowania leków. Aby uzyskać pomoc tłumacza, wystarczy zadzwonić do nas pod numer (877) 901-8181, TTY: 711. Jest on dostępny od poniedziałku do piątku w godzinach od 8:00 do 20:00 czasu lokalnego. Pomocy udzieli osoba mówiąca po polsku. Ta usługa jest bezpłatna.

HINDI

हमारी स्वास्थ्य या दवा योजना के बारे में अगर आपके कुछ सवाल हैं, तो उनके जवाब देने के लिए हमारे पास नःशुल्क दुभाषिया सेवाएँ उपलब्ध हैं। दुभाषिया पाने के लिए, हमें सोमवार – शुक्रवार, स्थानीय समयानुसार सुबह 8 बजे से रात 8 बजे तक (877) 901-8181, TTY: 711 पर कॉल करें। हृदी बोलने वाला कोई व्यक्ति आपकी मदद कर सकता है। यह एक नःशुल्क सेवा है।

JAPANESE

弊社の医療保険プランや処方薬プランについてお問い合わせいただく際に無料の通訳サービスをご利用いただけます。通訳をご希望の場合は、(877) 901-8181 (TTY : 711) までお電話にてご連絡ください (営業時間 : 月 ~ 金、午前8時 ~ 午後8時) 。日本語を話せるスタッフがお手伝いいたします。このサービスは無料でご利用いただけます。

