

2024

Annual Notice of Changes

Senior Whole Health (HMO D-SNP), Senior Whole Health NHC (HMO D-SNP) and Senior Whole Health Senior Care Options (SCO)

Massachusetts H2224_001, 003

Serving the following counties: Bristol, Essex, Hampden, Middlesex, Norfolk, Plymouth, Suffolk and Worcester

Effective January 1 through December 31, 2024

Senior Whole Health (HMO D-SNP), Senior Whole Health NHC (HMO D-SNP) and Senior Whole Health Senior Care Options (SCO) offered by Molina Healthcare, Inc., dba Senior Whole Health

Annual Notice of Changes for 2024

You are currently enrolled as a member of Senior Whole Health (HMO D-SNP), Senior Whole Health NHC (Nursing Home Certifiable) (HMO D-SNP) or Senior Whole Health Senior Care Options (SCO). Next year, there will be changes to the plan's benefits. ***Please see page 4 for a Summary of those changes.***

This document tells about the changes to your plan. To get more information about changes, benefits, or rules please review the *Evidence of Coverage*, which is located on our website at SWHMA.com. You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

What to do now

1. ASK: Which changes apply to you

- ☐ Check the changes to our benefits to see if they affect you.
 - Review the changes to Medical care (doctor, hospital).
 - Review the changes to our drug coverage, including authorization requirements
- ☐ Check the changes in the 2024 "Drug List" to make sure the drugs you currently take are still covered.
- ☐ Check to see if your primary care doctors, specialists, hospitals and other providers, including pharmacies will be in our network next year.
- ☐ Think about whether you are happy with our plan.

2. COMPARE: Learn about other plan choices

- ☐ Check coverage and costs of plans in your area. Use the Medicare Plan Finder at www.medicare.gov/plan-compare website or review the list in the back of your *Medicare & You 2024 handbook*.
- ☐ Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.

3. CHOOSE: Decide whether you want to change your plan

- If you don't join another plan by December 7, 2023, you will stay in our Senior Whole Health (HMO D-SNP), Senior Whole Health NHC (HMO D-SNP) or Senior Whole Health Senior Care Options (SCO) Plan.

- To **change to a different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2024**. This will end your enrollment with Senior Whole Health (HMO D-SNP), Senior Whole Health NHC (HMO D-SNP) or Senior Whole Health Senior Care Options (SCO) Plan.
- Look in section 2, page 10 to learn more about your choices.
- If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can switch plans or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

Additional Resources

- This document is available for free in other languages.
- Please contact our Member Services number at (888) 794-7268 (TTY 711) from 8 a.m. to 8 p.m., 7 days a week for additional information. This call is free.
- You can get this document for free in other language(s) or other formats, such as large print, braille, or audio. Call (888) 794-7268, (TTY: 711). The call is free.
- **Coverage under this Plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at www.irs.gov/Affordable-Care-Act/Individuals-and-Families for more information.
- Medicare approved Senior Whole Health to provide lower copayments on Part D Prescription Drugs as part of the Value-Based Insurance Design program. This program lets Medicare try new ways to improve Medicare Advantage plans.

About Senior Whole Health (HMO D-SNP), Senior Whole Health NHC (HMO D-SNP) and Senior Whole Health Senior Care Options (SCO)

- Senior Whole Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, ethnicity, national origin, religion, gender, sex, age, mental or physical disability, health status, receipt of healthcare, claims experience, medical history, genetic information, evidence of insurability, geographic location.
- Senior Whole Health (HMO D-SNP), Senior Whole Health NHC (HMO D-SNP) and Senior Whole Health Senior Care Options (SCO) has a contract with the Massachusetts MassHealth (Medicaid) program. Enrollment depends on contract renewal.

MassHealth is required by federal law to recover money from the estates of certain MassHealth members who are age 55 years or older, and who are any age and are receiving long-term care in a nursing home or other medical institution. For more information about MassHealth estate recovery, please visit www.mass.gov/estaterecovery.
- When this document says "we," "us," or "our," it means Senior Whole Health, LLC. When it says "plan" or "our plan," it means Senior Whole Health (HMO D-SNP), Senior Whole Health NHC (HMO D-SNP) or Senior Whole Health Senior Care Options (SCO).

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Summary of Important Changes for 2024

The table below compares the 2023 costs and 2024 costs for Senior Whole Health (HMO D-SNP), Senior Whole Health NHC (HMO D-SNP) and Senior Care Options (SCO) in several important areas.

Cost	2023 (this year)	2024 (next year)
Monthly plan premium	As you are eligible for Medicare cost-sharing assistance under MassHealth (Medicaid), you pay \$0	As you are eligible for Medicare cost-sharing assistance under MassHealth (Medicaid), you pay \$0
Deductible	As you are eligible for Medicare cost-sharing assistance under MassHealth (Medicaid), you pay \$0	As you are eligible for Medicare cost-sharing assistance under MassHealth (Medicaid), you pay \$0
Doctor office visits	As you are eligible for Medicare cost-sharing assistance under MassHealth (Medicaid), you pay \$0	As you are eligible for Medicare cost-sharing assistance under MassHealth (Medicaid), you pay \$0
Inpatient hospital stays	As you are eligible for Medicare cost-sharing assistance under MassHealth (Medicaid), you pay \$0	As you are eligible for Medicare cost-sharing assistance under MassHealth (Medicaid), you pay \$0
Part D prescription drug coverage (See Section 1.5 for details.)	As you are eligible for Low Income Subsidy (LIS) you pay \$0 per prescription	As you are eligible for Low Income Subsidy (LIS) you pay \$0 per prescription
Maximum out-of-pocket amount (See Section 1.2 for details.)	\$0 You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services	\$0 You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services

SECTION 1 Changes to Benefits for Next Year

Section 1.1 – Changes to the Monthly Premium

Cost	2023 (this year)	2024 (next year)
Monthly premium (You must also continue to pay your Medicare Part B premium unless it is paid for you by Medicaid.)	As you are eligible for Medicare cost-sharing assistance under MassHealth (Medicaid), you pay \$0	As you are eligible for Medicare cost-sharing assistance under MassHealth (Medicaid), you pay \$0

Section 1.2 – Changes to Your Maximum Out-of-Pocket Amount

Medicare requires all health plans to limit how much you pay out-of-pocket for the year. This limit is called the maximum out-of-pocket amount. Once you reach this amount, you generally pay nothing for covered Part A and Part B services for the rest of the year.

Cost	2023 (this year)	2024 (next year)
Maximum out-of-pocket amount You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.	\$0 You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services	\$0 You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services

Section 1.3 – Changes to the Provider and Pharmacy Networks

Updated directories are located on our website at SWHMA.com. You may also call Member Services for updated provider and/or pharmacy information or to ask us to mail you a directory, which we will mail within three business days.

There are changes to our network of providers for next year. **Please review the 2024 Provider Directory to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

There are changes to our network of pharmacies for next year. **Please review the 2024 Pharmacy Directory to see which pharmacies are in our network.**

It is important that you know that we may make changes to the hospitals, doctors and specialists (providers), and pharmacies that are a part of your plan during the year. If a mid-year change in our providers affects you, please contact Member Services so we may assist.

Section 1.4 – Changes to Benefits for Medical Services

Please note that the *Annual Notice of Changes* tells you about changes to your Medicare and MassHealth (Medicaid) benefits.

We are making changes to benefits for certain medical services next year. The information below describes these changes.

Cost	2023 (this year)	2024 (next year)
Medicare Supplemental Benefit: Utilities	Benefit is not covered as a Medicare Supplemental Benefit	<p>Benefit is covered as a Special Supplemental Benefits for the Chronically Ill (SSBCI).</p> <p>Direct Member Reimbursement for up to \$150 per quarter to assist with Utility bills (Electricity, Natural Gas, Water & Internet) for those that qualify.</p> <p>Special Supplemental Benefits for the Chronically Ill (SSBCI) require specific chronic conditions to be met for coverage. Members must engage in an assessment to determine eligibility under the benefit for assistance.</p> <p>Plan representatives are available to help with qualifications and submission of reimbursement requests.</p> <p>Quarterly allowances must be used for services rendered in that quarter and do not carry over to next quarter if unused.</p>

<p>Medicare Supplemental Benefit: Non-Medical Transportation</p>	<p>Benefit is covered as a Special Supplemental Benefits for the Chronically Ill (SSBCI). Coverage for up to 75 one-way trips per year at no cost for those that qualify.</p> <p>Special Supplemental Benefits for the Chronically Ill (SSBCI) require specific chronic conditions to be met for coverage. See your Evidence of Coverage for information on SSBCI benefit requirements.</p>	<p>Benefit is covered as a Medicare Supplemental Benefit.</p> <p>Coverage for up to 80 one-way trips per year at no cost for all members of the plan.</p> <p>Your MassHealth (Medicaid) benefits are also administered by this Senior Whole Health Plan and include non-emergency transportation for those that qualify.</p> <p>See your Evidence of Coverage for more information on this benefit</p>
<p>Medicare Supplemental Benefit: Worldwide Emergency Coverage</p> <p>Medicare coverage outside the United States is limited.</p> <p>MassHealth (Medicaid) does not cover services provided outside of the U.S. and its territories.</p>	<p>Benefit is covered as a Medicare Supplemental Benefit for up to \$1,000 per year</p> <p>See your Evidence of Coverage for more information on this benefit</p>	<p>Benefit is covered as a Medicare Supplemental Benefit for up to \$10,000 per year</p> <p>See your Evidence of Coverage for more information on this benefit</p>
<p>Medicare Supplemental Benefit: In-Home Support Services</p>	<p>Benefit is covered as a Medicare Supplemental Benefit provided by our Vendor</p>	<p>Benefit is not covered as a Medicare Supplemental Benefit.</p> <p>Your MassHealth (Medicaid) benefits are also administered by your Senior Whole Health Plan. Please contact your Case Manager about MassHealth (Medicaid) benefits that may help you.</p>

Section 1.5 – Changes to Part D Prescription Drug Coverage

Changes to Our “Drug List”

Our list of covered drugs is called a Formulary or “Drug List.” A copy of our “Drug List” is provided electronically.

We made changes to our “Drug List,” which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs or moving them to a different tier. **Review the “Drug List” to make sure your drugs will be covered next year and to see if there will be any restrictions.**

Most of the changes in the “Drug List” are new for the beginning of each year. However, during the year, we might make other changes that are allowed by Medicare rules. For instance, we can immediately remove drugs considered unsafe by the FDA or withdrawn from the market by a product manufacturer. We update our online “Drug List” to provide the most up to date list of drugs.

If you are affected by a change in drug coverage at the beginning of the year or during the year, please review Chapter 5 of your Evidence of Coverage and talk to your doctor to find out your options, such as asking for a temporary supply, applying for an exception and/or working to find a new drug. You can also contact Member Services for more information.

Changes to Prescription Drug Costs

Because you have MassHealth (Medicaid), you are already enrolled in “Extra Help,” also called the Low-Income Subsidy.

There are four **drug payment stages**. The information below shows the changes to the first two stages – the Yearly Deductible Stage and the Initial Coverage Stage. (Most members do not reach the other two stages – the Coverage Gap Stage or the Catastrophic Coverage Stage.)

Changes to the Deductible Stage

Stage	2023 (this year)	2024 (next year)
Stage 1: Yearly Deductible Stage	Because you have MassHealth (Medicaid), you are already enrolled in “Extra Help,” also called the Low-Income Subsidy your deductible is \$0	Because you have MassHealth (Medicaid), you are already enrolled in “Extra Help,” also called the Low-Income Subsidy your deductible is \$0

Changes to Your Cost Sharing in the Initial Coverage Stage

Stage	2023 (this year)	2024 (next year)
Stage 2: Initial Coverage Stage During this stage, the plan pays its share of the cost of your drugs, and you pay your share of the cost. Most adult Part D vaccines are covered at no cost to you.	Because you have MassHealth (Medicaid), you are already enrolled in “Extra Help,” also called the Low-Income Subsidy your cost for a one-month supply filled at a network pharmacy with standard cost sharing: You pay \$0	Because you have MassHealth (Medicaid), you are already enrolled in “Extra Help,” also called the Low-Income Subsidy your cost for a one-month supply filled at a network pharmacy with standard cost sharing: You pay \$0

Changes to your VBID Part D Benefit

Medicare approved Senior Whole Health, LLC to provide Part D Prescription Drug coverage as part of the Value-Based Insurance Design program. This program lets Medicare try new ways to improve Medicare Advantage plans. Under VBID you pay \$0 for all covered Part D prescriptions in all stages of the benefit.

Changes to the Coverage Gap and Catastrophic Coverage Stages

The other two drug coverage stages – the Coverage Gap Stage and the Catastrophic Coverage Stage – are for people with high drug costs. **Most members do not reach the Coverage Gap Stage or the Catastrophic Coverage Stage.**

SECTION 2 Deciding Which Plan to Choose

Section 2.1 – If you want to stay in Senior Whole Health (HMO D-SNP), Senior Whole Health NHC (HMO D-SNP) or Senior Care Options (SCO)

To stay in our plan, you don't need to do anything. If you do not sign up for a different plan or change to Original Medicare by December 7, you will automatically be enrolled in our Senior Whole Health (HMO D-SNP), Senior Whole Health NHC (HMO D-SNP) or Senior Care Options (SCO).

Section 2.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change plans for 2024 follow these steps:

Step 1: Learn about and compare your choices

- You can join a different Medicare health plan,
- -- OR -- You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan.

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder (www.medicare.gov/plan-compare), read the *Medicare & You 2024* handbook, call your State Health Insurance Assistance Program (see Section 4), or call Medicare (see Section 6.2).

Step 2: Change your coverage

- To **change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from Senior Whole Health (HMO D-SNP), Senior Whole Health NHC (HMO D-SNP) or Senior Care Options (SCO).
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from Senior Whole Health (HMO D-SNP), Senior Whole Health NHC (HMO D-SNP) or Senior Care Options (SCO).
- To **change to Original Medicare without a prescription drug plan**, you must either:
 - Send us a written request to disenroll. Contact Member Services if you need more information on how to do so.
 - – or – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

If you switch to Original Medicare and do not enroll in a separate Medicare prescription drug plan, Medicare may enroll you in a drug plan unless you have opted out of automatic enrollment.

SECTION 3 Changing Plans

If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 2024.

Are there other times of the year to make a change?

In certain situations, changes are also allowed at other times of the year. Examples include people with MassHealth (Medicaid), those who get “Extra Help” paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area.

Because you have MassHealth (Medicaid), you may be able to end your membership in our plan or switch to a different plan one time during each of the following **Special Enrollment Periods**:

- January to March
- April to June
- July to September

If you enrolled in a Medicare Advantage plan for January 1, 2024, and don’t like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2024.

If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

SECTION 4 Programs That Offer Free Counseling about Medicare and MassHealth (Medicaid)

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In Massachusetts, the SHIP is called Serving the Health Information Needs of Everyone (SHINE).

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. Serving the Health Information Needs of Everyone (SHINE) counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans.

You can call Serving the Health Information Needs of Everyone (SHINE) at (800) 243-4636. To be connected to a local SHINE counselor and schedule an appointment call Mass Options at (800) 243-4636, TTY: 711.

For questions about your MassHealth (Medicaid) benefits, contact MassHealth (Medicaid) at (800) 841-2900 (TTY: 711), Monday -Friday, from 8:00 a.m. to 5:00 p.m. Ask how joining another plan or returning to Original Medicare affects how you get MassHealth (Medicaid) coverage.

You may also contact My Ombudsman for help with your MassHealth (Medicaid) benefits. My Ombudsman is a group that helps individuals, including their families and caregivers, address concerns or questions that may impact their experience with their health plan or the ability to access health plan benefits and services. My Ombudsman works with the member, MassHealth (Medicaid), and the health plan to help resolve concerns and ensure you receive your benefits and rights within your plan. They can help you file a grievance or appeal with our plan. My Ombudsman is neutral. My Ombudsman can be reached at (855) 781-9898 (TTY: 711), Monday - Friday from 9 a.m. to 4 p.m.

To get help in person, visit their office at:

11 Dartmouth Street, Suite 301
Malden, MA 02148

Walk-in hours are Tuesdays and Thursdays from 10 a.m. to 3 p.m. For more information, visit www.myombudsman.org.

SECTION 5 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs. Below we list different kinds of help:

- **“Extra Help” from Medicare.** Because you have Medicaid, you are already enrolled in “Extra Help,” also called the Low-Income Subsidy. “Extra Help” pays some of your prescription drug premiums, annual deductibles and coinsurance. Because you qualify, you do not have a coverage gap or late enrollment penalty. If you have questions about “Extra Help,” call:
 - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;

- The Social Security Office at 1-800-772-1213 between 8 am and 7 pm, Monday through Friday for a representative. Automated messages are available 24 hours a day. TTY users should call, 1-800-325-0778; or
- The Massachusetts MassHealth (Medicaid) Office (applications).
- **Help from your state's pharmaceutical assistance program.** Massachusetts has a program called Prescription Advantage that helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program.
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the HIV Drug Assistance Program (HDAP). For information on eligibility criteria, covered drugs, or how to enroll in the program, please call Community Research Initiative of New England/HDAP at (617) 502-1700.

SECTION 6 Questions?

Section 6.1 – Getting Help from Senior Whole Health (HMO D-SNP), Senior Whole Health NHC (HMO D-SNP) and Senior Care Options (SCO)

Questions? We're here to help. Please call Member Services at (888) 794-7268 (TTY only call 711). We are available for phone calls 7 days a week, 8 a.m. to 8 p.m., local time. Calls to these numbers are free.

Read your 2024 Evidence of Coverage (it has details about next year's benefits and costs)

This *Annual Notice of Changes* gives you a summary of changes in your benefits for 2024. For details, look in the *2024 Evidence of Coverage* for Senior Whole Health (HMO D-SNP), Senior Whole Health NHC (HMO D-SNP) and Senior Care Options (SCO). The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* is located on our website at [SWHMA.com](https://www.swhma.com). You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

Visit our Website

You can also visit our website at [SWHMA.com](https://www.swhma.com). As a reminder, our website has the most up-to-date information about our provider network (*Provider Directory*) and our *List of Covered Drugs (Formulary/"Drug List")*.

Section 6.2 – Getting Help from Medicare

To get information directly from Medicare:

Call 1-800-MEDICARE (1-800-633-4227)

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Visit the Medicare Website

Visit the Medicare website (www.medicare.gov). It has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area. To view the information about plans, go to www.medicare.gov/plan-compare.

Read *Medicare & You 2024*

Read the *Medicare & You 2024* handbook. Every fall, this document is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this document, you can get it at the Medicare website (<https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf>) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Section 6.3 – Getting Help from MassHealth (Medicaid)

To get information from MassHealth (Medicaid) you can call MassHealth (Medicaid) at (800) 841-2900, Monday - Friday 8:00 a.m. – 5:00 p.m. TTY users should call 711.

Getting Important Plan Materials

How to Get Important Plan Documents

You are important to us! We make it easy for you to get the information you need. Go online to view important plan documents and find a network provider or pharmacy. You can also look up your prescription drugs, anytime, anywhere, from any device. Your **2024** plan documents, like your Member Handbook, Formulary, and Provider/Pharmacy Directory will be available online by **October 15, 2023**.

Get to know your plan documents

- **Member Handbook:** A guide to what's covered under your plan. It has details about your plan benefits and coverage, member rights, and more.
- **Formulary (Drug List):** A list of covered drugs under your plan.
- **Provider/Pharmacy Directory:** A list of network doctors, specialists, and pharmacies with phone numbers and addresses. You can find a network provider or pharmacy using our online directory at **MolinaHealthcare.com/ProviderSearch**.
- **Notice of Privacy Practice:** This notice describes how medical information about you may be used and disclosed and how you can get access to this information. This is located on our website at **https://www.molinahealthcare.com/members/common/en-US/terms_privacy.aspx**.

How to view or request a copy of a plan document



Online at MolinaHealthcare.com/Medicare

View or download a copy of your plan documents online anytime, anywhere. Use any device, like your computer, tablet, or mobile phone. Your **2024** plan documents will be available online by **October 15, 2023**.



Online at MyMolina.com

Visit our self-service member portal to view your plan documents online 24/7, or to find a network provider or pharmacy. Sign in to your My Molina Member Portal or set up an account at **MyMolina.com**. Click "Create an Account" and follow the step-by-step instructions to sign up.



Call toll-free

Let us know if you don't have computer access or if you prefer to have a printed copy of a Member Handbook, Formulary, or Provider/Pharmacy Directory mailed to you. To request a printed copy of a plan document, call Member Services toll-free at **(888) 794-7268 (TTY: 711), Monday - Friday, 8 a.m. to 8 p.m., local time**.

We're here to help

If you have questions about your benefits or need help finding a network provider or pharmacy, or would like to opt-out of mailed materials, please call Member Services toll-free at **(888) 794-7268 (TTY: 711)**.

Form Approved
OMB# 0938-1421



Language Assistance Services

Free aids and services, such as sign language interpreters and written information in alternative formats, are available to you. Call 1-888-794-7268 (TTY: 711).

English:

The enclosed materials are important and should be translated immediately. We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-888-794-7268. Someone who speaks language can help you. This is a free service.

Spanish:

Los materiales adjuntos son importantes y se deben traducir inmediatamente. Contamos con servicios de intérprete gratuitos para responder a cualquier pregunta que pueda tener acerca de nuestro plan de salud o medicamentos. Para obtener un intérprete, llámenos al 1-888-794-7268. Alguien que hable idioma puede ayudarle. Este es un servicio gratuito.

Cambodian:

ឯកសារដែលភ្ជាប់មកជាមួយគ្នា នេះជាឯកសារសំខាន់ និងគួរតែត្រូវបានបកប្រែភ្លាមៗ។ យើងមានសេវាអ្នកបកប្រែឯកភាព ដើម្បីឆ្លើយតបទៅនឹងសំណួរនានា ដែលអ្នកអាចនឹងមានអំពីគម្រោងសុខភាពនិងឱសថរបស់យើង។ ដើម្បីទទួលបានអ្នកបកប្រែ ឬមាត់ភ្ជាប់ ក៏គ្រាន់តែទូរសព្ទមកយើងខ្ញុំតាមលេខ 1-888-794-7268។ មនុស្សម្នាក់ ដែលនិយាយភាសាខ្មែរអាចជួយអ្នកបាន។

Chinese Mandarin:

所附材料非常重要，必须立即翻译。如果您对我们的健康计划或药品计划有任何问题，我们可以提供免费的口译服务回答您的问题。若要获得口译服务，请致电我们：1-888-794-7268。说语言的人士会帮助您。这是免费服务。我们可以为您提供免费帮助和服务，如手语翻译和其他格式的书面信息。

Haitian Creole:

Dokiman ki anekse yo enpòtan e yo ta dwe tradui imedyatman. Nou gen sèvis entèprèt gratis pou reponn nenpòt kesyon ou ka genyen sou plan sante ouwa medikaman nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-888-794-7268. Yon moun ki pale lang ka ede w. Sa a se yon sèvis gratis.

Laotian:

ສິ່ງທີ່ແນມມາແມ່ນມີຄວາມສຳຄັນຫຼາຍ ແລະ ຄວນຈະຖືກແປທັນທີ. ພວກເຮົາມີການບໍລິການນາຍພາສາຟຣີເພື່ອຕອບຄໍາຖາມທີ່ທ່ານອາດຈະມີກ່ຽວກັບແຜນສຸຂະພາບ ຫຼື ການຢາຂອງພວກເຮົາ. ຖ້າຕ້ອງການນາຍແປພາສາ, ພາສາແຕ່ໃດກໍພວກເຮົາທີ່ 1-888-794-7268. ຄົນທີ່ເວົ້າພາສາ ຯ ສ າມາດຊ່ວຍທ່ານໄດ້. ນີ້ແມ່ນການບໍລິການຟຣີ.

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Português:

Os materiais em anexo são importantes e devem ser traduzidos imediatamente. Temos serviços de intérprete gratuitos para responder a quaisquer perguntas que possa ter sobre o nosso plano de saúde ou de medicamentos. Para obter um intérprete, contacte-nos através do número 1-888-794-7268. Alguém que fale idioma pode ajudá-lo. Este serviço é gratuito.

Russian:

Прилагаемые материалы крайне важны и подлежат немедленному переводу. Если у вас возникли какие-либо вопросы о вашем плане медицинского обслуживания или плане с покрытием лекарственных препаратов, для вас предусмотрены бесплатные услуги переводчика. Чтобы воспользоваться услугами переводчика, просто позвоните нам по номеру 1-888-794-7268. Вам поможет сотрудник, владеющий Россией. Эта услуга предоставляется бесплатно.

Vietnamese:

Các tài liệu đính kèm rất quan trọng và cần phải dịch ngay lập tức. Chúng tôi có các dịch vụ phiên dịch miễn phí để trả lời bất kỳ câu hỏi nào của quý vị về chương trình chăm sóc sức khỏe hoặc chương trình thuốc của chúng tôi. Để có phiên dịch viên, chỉ cần gọi cho chúng tôi theo số 1-888-794-7268. Một người nói ngôn ngữ có thể giúp quý vị. Đây là dịch vụ miễn phí.

Chinese Cantonese:

您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-888-794-7268。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog:

Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggagamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-888-794-7268. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French:

Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-888-794-7268. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

German:

Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelpflichtplan. Unsere Dolmetscher erreichen Sie unter 1-888-794-7268. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

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Korean:

당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-888-794-7268 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-888-794-7268. سيقوم شخص جانيمة ممدذهه. اعدتك سمرية بعلا حدثت اام.

Hindi:

हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-888-794-7268 पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

Italian:

È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-888-794-7268. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

French Creole:

Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-888-794-7268. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish:

Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-888-794-7268. Ta usługa jest bezpłatna.

Japanese:

当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-888-794-7268 にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

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