

# SUMMARY OF BENEFITS

Michigan



2017

## **Molina Dual Options MI Health Link Medicare-Medicaid Plan**

Member Services (855) 735-5604, TTY/TDD: 711  
Monday - Friday, 8 a.m. to 8 p.m., EST



Your Extended Family.





**This is a summary of health services covered by Molina Dual Options MI Health Link Medicare – Medicaid Plan for 2017. This is only a summary. Please read the Member Handbook for the full list of benefits.**

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- ❖ Molina Dual Options MI Health Link Medicare – Medicaid Plan is a health plan that contracts with both Medicare and Michigan Medicaid to provide benefits of both programs to enrollees. It is for people with both Medicare and Medicaid.
- ❖ Under Molina Dual Options you can get your Medicare and Michigan Medicaid services in one health plan. A 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 Member Handbook.
- ❖ Limitations, restrictions, and patient pay amounts may apply. This means that you may have to pay for some services and that you need to follow certain rules to have Molina Dual Options pay for your services. For more information, call Molina Dual Options Member Services or read the Molina Dual Options Member Handbook.
- ❖ The List of Covered Drugs and/or pharmacy and provider networks may change throughout the year. We will send you a notice before we make a change that affects you.
- ❖ Benefits may change on January 1 of each year.
- ❖ You can get this information for free in other languages. Call (855) 735-5604, TTY/TDD: 711, Monday – Friday, 8 a.m. to 8 p.m., EST. The call is free.
- ❖ Puede obtener esta información gratuitamente en otros idiomas. Llame al (855) 735-5604, TTY / TDD al 711, de lunes a viernes, de 8:00 a.m. a 8:00 p.m., EST. La llamada es gratuita.

❖ يمكنك الحصول على هذه المعلومات مجاناً بلغات أخرى. يمكنك الاتصال على الرقم (855) 735-5604، وبالنسبة لمستخدمي أجهزة الهواتف النصية / أجهزة اتصالات المعاقين: يمكنك الاتصال على 711 من الاثنين حتى الجمعة من 8:00 صباحاً حتى 8:00 مساءً كل يوم علماً بأن المكالمات مجانية.



**If you have questions**, please call Molina Dual Options at (855) 735-5604, TTY/TDD: 711, Monday – Friday, 8 a.m. to 8 p.m., EST. The call is free. **For more information**, visit [www.MolinaHealthcare.com/Duals](http://www.MolinaHealthcare.com/Duals).

## Molina Dual Options: **Summary of Benefits**

- ❖ You can also get this information for free in other formats, such as large print, braille, or audio. Call (855) 735-5604, TTY/TDD: 711, Monday – Friday, 8 a.m. to 8 p.m., EST. The call is free.
- ❖ Our plan also has written materials available in Spanish and Arabic translations. Please contact Member Services at (855) 735-5604, TTY/TDD: 711, Monday – Friday, 8 a.m. to 8 p.m., EST to request alternate format materials.
- ❖ Molina Dual Options complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.



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# Molina Dual Options: Summary of Benefits

The following chart lists frequently asked questions.

Frequently Asked Questions (FAQ)	Answers
<b>What is a Medicare-Medicaid Plan?</b>	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.
<b>What is a Care Coordinator?</b>	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.
<b>What are long term supports and services?</b>	Long term supports and services are help for people who need assistance to do everyday tasks like taking a bath, getting dressed, making food, and taking medicine. Most of these services are provided at your home or in your community but could be provided in a nursing home or hospital.
<b>Will you get the same Medicare and Michigan Medicaid benefits in Molina Dual Options that you get now?</b>	<p>You will get your covered Medicare and Michigan 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. If you are currently getting services for mental health, substance use, or intellectual/developmental disability needs, you will continue to get these services the same way you do now.</p> <p>When you enroll in Molina Dual Options, you and your care team will work together to develop an Individual Integrated Care and Supports Plan (IICSP) to address your health and support needs. You can keep seeing your doctors and getting your current services for up to 90 days, or 180 days depending on the service, while your IISCP is being completed. 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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## Molina Dual Options: Summary of Benefits

Frequently Asked Questions (FAQ)	Answers
<b>Can you go to the same doctors you see now?</b>	<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 going to them. 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> <p>To find out if your doctors are in the plan’s network, call Member Services or read Molina Dual Options’ Provider and Pharmacy Directory.</p> <p>If Molina Dual Options is new for you, you can continue seeing the doctors you go to now while your IICSP is being developed.</p>
<b>What happens if you need a service but no one in Molina Dual Options’ network can provide it?</b>	<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>
<b>Where is Molina Dual Options available?</b>	<p>The service area for this plan includes: Macomb and Wayne Counties, Michigan. You must live in one of these areas to join the plan.</p>
<b>Do you pay a monthly amount (also called a premium) under Molina Dual Options?</b>	<p>You will not pay any monthly premiums to Molina Dual Options for your health coverage.</p>
<b>What is prior authorization?</b>	<p>Prior authorization means that you must get approval from Molina Dual Options before you can get a specific service or drug or see 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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<b>What is a referral?</b>	A referral means that your primary care provider must give you approval to see someone that is not your primary care provider. If you don't get approval, Molina Dual Options may not cover the services. There are certain specialists in which you do not need a referral, such as women's health specialists. For more information on when a referral is necessary, see the Member Handbook.
<b>Whom should you contact if you have questions or need help?</b>	<p><b>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:</b></p> <p><b>CALL</b> (855) 735-5604 Calls to this number are free. Monday – Friday, 8 a.m. to 8 p.m., EST. Self-service options are available on weekends, after regular business hours and weekends. Member Services also has free language interpreter services available for people who do not speak English.</p> <p><b>TTY</b> 711 Calls to this number are free. Monday – Friday, 8 a.m. to 8 p.m., EST.</p>



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## Molina Dual Options: Summary of Benefits

Frequently Asked Questions (FAQ)	Answers
<b>Whom should you contact if you have questions or need help? (continued)</b>	<p><b>If you have questions about your health, please call the 24 Hour Nurse Advice line:</b></p> <p><b>CALL</b> (844) 489-2541 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.</p> <p><b>TTY</b> 711 Calls to this number are free. 24 hours a day, 7 days a week.</p>



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# Molina Dual Options: Summary of Benefits

Frequently Asked Questions (FAQ)	Answers
<p>Whom should you contact if you have questions or need help? (continued)</p>	<p>If you have questions about behavioral health services and resources, please call the <b>PIHP General Information Line</b>. If you need immediate behavioral health services, please call the <b>Behavioral Health Crisis Line for the local Prepaid Inpatient Health Plan (PIHP)</b>.</p> <p><b>CALL     PIHP General Information Line and Behavioral Health Crisis Line</b></p> <p>For Wayne County residents, please contact Detroit Wayne Mental Health Authority at 1-800-241-4949.</p> <p>Monday through Friday, 8:00 a.m. – 8:00 p.m., EST</p> <p>In the event of a mental health emergency in Wayne County, please call the 24 hour behavioral health crisis line at 1-800-241-4949.</p> <p>For Macomb County residents, please contact Macomb County Community Mental Health at 1-855-996-2264.</p> <p>Monday through Friday, 8:00 a.m. – 8:00 p.m., EST</p> <p>In the event of a mental health emergency in Macomb County, please call the 24 hour behavioral health crisis line at 1-855-927-4747</p> <p>Calls to this number are free. We have free interpreter services for people who do not speak English.</p> <p><b>TTY</b>     Please contact the listed TTY/TDD telephone numbers for:</p> <p>Detroit Wayne Mental Health Authority: 1-866-870-2599, or Macomb County Community Mental Health: 1-855-996-2264</p> <p>This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it.</p> <p>Calls to this number are free.</p> <p>Monday through Friday, 8:00 a.m. – 8:00 p.m., EST</p>



## Molina Dual Options: Summary of Benefits

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 <u>in-network</u> providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You want to see a doctor</b>	Visits to treat an injury or illness	\$0	Prior authorization rules do not apply.
	Wellness visits, such as a physical	\$0	Prior authorization rules do not apply. Annual Wellness visit every 12 months.
	Transportation to a doctor's office	\$0	Prior authorization rules do not apply. You must call 3 business days in advance to make transportation arrangements. Urgent trips are available upon approval, if required. An urgent trip is a trip that is less than the 3 business day requirement and must meet an urgent transport exception. For more information on how to obtain approval for urgent trips, call Molina Dual Options Member Services at (855) 735-5604, TTY/TDD: 711, Monday – Friday, 8 a.m. to 8 p.m., EST. Rides limited to covered services.
	Specialist care	\$0	Prior authorization rules do not apply.
	Care to keep you from getting sick, such as flu shots	\$0	Prior authorization rules do not apply.
	"Welcome to Medicare" preventive visit (one time only)	\$0	Prior authorization rules do not apply.
	<b>You need medical tests</b>	Lab tests, such as blood work	\$0



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Health need or problem	Services you may need	Your costs for <u>in-network</u> providers	Limitations, exceptions, & benefit information (rules about benefits)
	X-rays or other pictures, such as CAT scans	\$0	Prior authorization rules may apply. Outpatient X-ray services do not require prior authorization.
	Screening tests, such as tests to check for cancer	\$0	Prior authorization rules may apply.
<b>You need drugs to treat your illness or condition</b>	Generic drugs (no brand name)	\$0 for a 31-day supply.	<p>There may be limitations on the types of drugs covered. Please see Molina Dual Options' List of Covered Drugs (Drug List) for more information.</p> <p>A 90 day supply at retail and mail order pharmacy is available 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>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from Molina Dual Options for certain drugs.</p>



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Health need or problem	Services you may need	Your costs for <u>in-network</u> providers	Limitations, exceptions, & benefit information (rules about benefits)
<p><b>You need drugs to treat your illness or condition (continued)</b></p>	Brand name drugs	\$0 for a 31-day supply.	<p>There may be limitations on the types of drugs covered. Please see Molina Dual Options' List of Covered Drugs (Drug List) for more information.</p> <p>A 90 day supply is available at 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>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from Molina Dual Options for certain drugs.</p>
	Non-Medicare Rx/Over-the-counter (OTC) drugs	\$0	<p>There may be limitations on the types of drugs covered. Please see Molina Dual Options' List of Covered Drugs (Drug List) for more information.</p>
	Over-the-counter (OTC) items	\$0	<p>You pay a \$0 co-pay for a \$15.00 monthly allowance for Over-The-Counter (OTC) Items.</p> <p>Please visit <a href="http://www.MolinaHealthcare.com/Duals">www.MolinaHealthcare.com/Duals</a> to see our list of covered Over-The-Counter (OTC) items.</p>



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Health need or problem	Services you may need	Your costs for <u>in-network</u> providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You need drugs to treat your illness or condition (continued)</b>	Medicare Part B prescription drugs	\$0	Prior authorization rules may apply. Part B drugs include drugs given by your doctor in his or her office, some oral cancer drugs, and some drugs used with certain medical equipment. Read the Member Handbook for more information on these drugs.
<b>You need therapy after a stroke or accident</b>	Occupational, physical, or speech therapy	\$0	Prior authorization rules may apply.
<b>You need emergency care</b>	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. Emergency medical care is not covered outside the U.S. and its territories except under limited circumstances.
	Ambulance services	\$0	Authorization is not required for emergency transportation. Prior Authorization rules may apply for non-emergency Ambulance services.
	Urgent care	\$0	You may get urgent care services whenever you need it, anywhere in the United States or its territories, without prior authorization. Urgent medical care is not covered outside the U.S. and its territories except under limited circumstances.
<b>You need hospital care</b>	Hospital stay	\$0	Prior authorization rules may apply. Our plan covers an unlimited number of days for an inpatient hospital stay.



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Health need or problem	Services you may need	Your costs for <u>in-network</u> providers	Limitations, exceptions, & benefit information (rules about benefits)
	Doctor or surgeon care	\$0	Prior authorization rules do not apply.
<b>You need help getting better or have special health needs</b>	Rehabilitation services	\$0	Prior authorization rules do not apply. Cardiac (heart) rehab services - For a maximum of 2 one-hour sessions per day for up to 36 sessions or up to 36 weeks.
	Medical equipment for home care	\$0	Prior authorization rules may apply.
	Skilled nursing care	\$0	Prior authorization rules may apply.
<b>You need eye care</b>	Eye exams	\$0	Exam to diagnose and treat diseases and conditions of the eye. Routine eye exam (1 every year)
	Glasses	\$0	Contact lenses (1 every year) Eyeglasses (frames and lenses) (1 every year) Eyeglass frames (1 every year) Eyeglass lenses (1 every year)



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<b>You need dental care</b>	Dental check-ups, exams, x-rays, cleanings, fillings, tooth extractions, dentures and partial dentures	\$0	(Root canals and crowns are not covered.) Preventive dental services: <ul style="list-style-type: none"> <li>• Cleaning (for up to 1 every six months)</li> <li>• Dental x-ray(s) (1 every year)</li> <li>• Oral exam (for up to 1 every six months)</li> <li>• Fluoride treatment is covered once every year</li> </ul> Plan covers comprehensive dental services. Authorization rules may apply for comprehensive dental services. Contact the plan for more details.
<b>You need hearing/auditory services</b>	Hearing screenings	\$0	Prior authorization rules do not apply.
<b>You have a chronic condition, such as diabetes or heart disease</b>	Services to help manage your disease	\$0	Prior authorization rules do not apply. Coverage includes diabetes self-management training and disease management program nutritional training for diabetics.
	Diabetes supplies and services	\$0	Prior authorization rules may apply. Benefit includes diabetic monitoring supplies and therapeutic shoes or inserts.



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Health need or problem	Services you may need	Your costs for <u>in-network</u> providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You have a mental health condition</b>	Behavioral health services	\$0	<p>Provided through the Prepaid Inpatient Health Plan (PIHP)</p> <p>Our plan covers an unlimited number of days for an inpatient hospital stay.</p> <p>The Pre-paid Inpatient Health Plan must approve admission for a psychiatric inpatient hospital stay.</p>
<b>You have concerns related to substance use</b>	Substance use services	\$0	<p>Provided through the Prepaid Inpatient Health Plan (PIHP)</p> <p>The Pre-paid Inpatient Health Plan must approve admission for Outpatient Substance Abuse Services.</p> <p>Prior authorization rules may apply.</p> <p>Outpatient group therapy visit.</p> <p>Outpatient individual therapy visit.</p>
<b>You need durable medical equipment (DME)</b>	Wheelchairs	\$0	Prior authorization rules may apply.
	Canes	\$0	Prior authorization rules may apply.
	Crutches	\$0	Prior authorization rules may apply.
	Walkers	\$0	Prior authorization rules may apply.
	Oxygen	\$0	Prior authorization rules may apply.



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Health need or problem	Services you may need	Your costs for <u>in-network</u> providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You need help living at home</b>	Meals brought to your home	\$0	Services are only available to individuals on the MI Health Link 1915(c) waiver. Prior authorization rules may apply. Limited to 2 meals a day
	Home services, such as cleaning or housekeeping	\$0	Prior authorization rules may apply.
	Changes to your home, such as ramps and wheelchair access	\$0	Services are only available to individuals on the MI Health Link 1915(c) waiver. Prior authorization rules may apply.
	Personal care services (You may be able to choose your own personal care assistant. Call Member Services for more information.)	\$0	Prior authorization rules may apply.
	Home health care services	\$0	Prior authorization rules may apply.
	Adult day services or other support services	\$0	Services are only available to individuals on the MI Health Link 1915(c) waiver. Prior authorization rules may apply. Services are furnished four or more hours per day on a regularly scheduled basis, for one or more days per week, based on your needs.
<b>You need a place to live with people available to help you</b>	Nursing home care	A patient pay amount may be required for non-skilled days of service.	Services are only available to individuals who meet the Michigan Medicaid Nursing Facility Level of Care Determination standards.



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Health need or problem	Services you may need	Your costs for <u>in-network</u> providers	Limitations, exceptions, & benefit information (rules about benefits)
Your caregiver needs some time off	Respite care	\$0	<p>Prior authorization rules may apply.</p> <p>Waiver Service: Services available to individuals on the MI Health Link 1915(c) waiver.</p> <p>General Services: Up to 14 visits every year.</p>



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# Molina Dual Options: Summary of Benefits

## Other services that Molina Dual Options covers

This is not a complete list. Call Member Services or read the Member Handbook to find out about other covered services.

Other services covered by Molina Dual Options	Your costs for <u>in-network</u> providers
Podiatry Services	\$0 Routine foot care (for up to 6 visit(s) every year)
Meal Benefit	\$0 Qualifying members get an extra meal benefit of 56 meals delivered over 4 weeks, based on your needs.

## 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 or Michigan Medicaid.

Other services covered by Medicare or Michigan Medicaid	Your costs
Prepaid Inpatient Health Plan (PIHP) services: Inpatient behavioral health care, outpatient substance use disorder services, and partial hospitalization services	\$0
Some hospice care services	\$0



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## Molina Dual Options: **Summary of Benefits**

### **Services that Molina Dual Options, Medicare, and Michigan Medicaid do not cover**

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

<b>Services <u>not</u> covered by Molina Dual Options, Medicare, or Michigan Medicaid</b>	
Acupuncture and Other Alternative Therapies	
Cosmetic surgery or cosmetic work	
Worldwide Emergency Coverage	



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# Molina Dual Options: Summary of Benefits

## 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 restraint or seclusion
  - Not be billed by network 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
  - See 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 medical care timely
  - 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.



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## Molina Dual Options: **Summary of Benefits**

- **You have the right to seek emergency and urgent care when you need it.** This means you have the right to:
  - Get emergency services without prior approval in an emergency
  - See 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 to 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.



**If you have questions**, please call Molina Dual Options at (855) 735-5604, TTY/TDD: 711, Monday – Friday, 8 a.m. to 8 p.m., EST. The call is free. **For more information**, visit [www.MolinaHealthcare.com/Duals](http://www.MolinaHealthcare.com/Duals).

## Molina Dual Options: **Summary of Benefits**

### **If you have a complaint or think we should cover something we denied**

If you have a complaint or think Molina Dual Options should cover something we denied, call Molina Dual Options at (855) 735-5604, TTY/TDD: 711, Monday – Friday, 8 a.m. to 8 p.m., EST. 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.

Molina Dual Options  
Attn: Grievances and Appeals  
P.O. Box 22816  
Long Beach, CA 90801-9977  
Fax: (562) 499-0610

### **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. Phone numbers are on the cover of this summary.
- 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.
- Or, contact the Michigan Attorney General's Health Care Fraud Division Hotline by phone at (800) 24-ABUSE [800-242-2873], by e-mail at [hcf@michigan.gov](mailto:hcf@michigan.gov) or use the on-line Michigan Medicaid Fraud Complaint Form found at <http://www.michigan.gov/ag/0,1607,7-164-17331-46928--,00.html>.



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**Your Extended Family.**



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Monday - Friday, 8 a.m. to 8 p.m., EST