

2019

SUMMARY OF BENEFITS

Michigan

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



[MolinaHealthcare.com/Duals](https://www.MolinaHealthcare.com/Duals)

Introduction

This document is a brief summary of the benefits and services covered by Molina Dual Options. 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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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.

Molina Dual Options: Summary of Benefits

A. Disclaimers



This is a summary of health services covered by Molina Dual Options Medicare-Medicaid Plan for 2019. This is only a summary. Please read the *Member Handbook* for the full list of benefits.

- ❖ 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.
- ❖ Under Molina Dual Options you can get your Medicare and Medicaid services in one health plan. A Molina Dual Options case manager 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*.
- ❖ ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call (855) 735-5604, TTY/TDD: 711, Monday - Friday, 8 a.m. to 8 p.m., EST. The call is free.
- ❖ ATENCIÓN: Si usted habla español, los servicios de asistencia del idioma, sin costo, están disponibles para usted. Llame al (855) 735-5604, servicio TTY / TDD al 711, de lunes a viernes, de 8:00 a. m. a 8:00 p. m., EST. La llamada es gratuita.
- ❖ انتباه: ا كنت تتحدث اللغة العربية، نوفر لك خدمات المساعدة اللغوية المجانية. اتصل على (855) 735-5604، لمستخدمي أجهزة الهواتف النصية / أجهزة اتصالات المعاقين: 711، من الاثنين إلى الجمعة، من 8 صباحاً إلى 8 مساءً، بالتوقيت الشرقي. هذه المكالمات مجانية.
- ❖ You can also get this document 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.
- ❖ To make a standing request to get materials in a language other than English or in an alternate format now and in the future, please contact Member Services at (877) 901-8181, TTY/TDD: 711, Monday - Friday, 8 a.m. to 8 p.m., local time.
- ❖ 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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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 Michigan 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' 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 supports and services?	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.
Will you get the same Medicare and Michigan Medicaid benefits in Molina Dual Options that you get now? (continued on the next page)	<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.</p>



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Frequently Asked Questions (FAQ)	Answers
Will you get the same Medicare and Michigan Medicaid benefits in Molina Dual Options that you get now? (continued from the previous page)	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 IICSP 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.
Can you go to the same doctors you see 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 going to 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’ s network.• If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of Molina Dual Option's 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>.</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>
What happens if you need a service but no one in Molina Dual Options’ network can provide it?	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.
Where is Molina Dual Options available?	The service area for this plan includes: Macomb and Wayne Counties, Michigan. You must live in one of these areas to join the plan.



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Frequently Asked Questions (FAQ)	Answers
Do you pay a monthly amount (also called a premium) under Molina Dual Options?	You will not pay any monthly premiums to Molina Dual Options for your health coverage.
What is prior authorization?	<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> <p>See Chapter 3 of the <i>Member Handbook</i> to learn more about prior authorization. See the Benefits Chart in Chapter 4 of the <i>Member Handbook</i> to learn which services require a prior authorization.</p>
What is a referral?	<p>A referral means that your primary care provider (PCP) must give you approval before you can see 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 see certain specialists, such as women's health specialists.</p> <p>See Chapter 3 of the <i>Member Handbook</i> to learn more about when you will need to get a referral from your PCP.</p>



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Frequently Asked Questions (FAQ)	Answers
Whom should you contact if you 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 (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>TTY 711 Calls to this number are free. Monday - Friday, 8 a.m. to 8 p.m., EST</p> <p>If you have questions about your health, please call the 24 Hour Nurse Advice line:</p> <p>CALL (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>TTY 711 Calls to this number are free. 24 hours a day, 7 days a week.</p>



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Frequently Asked Questions (FAQ)	Answers
<p>Whom should you contact if you have questions or need help? (continued from previous page)</p>	<p>If you have questions about behavioral health services and resources, please call the PIHP General Information Line. If you need immediate behavioral health services, please call the Behavioral Health Crisis Line for the local Prepaid Inpatient Health Plan (PIHP).</p> <p>CALL PIHP General Information Line and Behavioral Health Crisis Line For Wayne County residents, please contact Detroit Wayne Mental Health Authority at 1-313-344-9099. Monday - Friday, 8:00 a.m. - 4:30 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. For Macomb County residents, please contact Macomb County Community Mental Health at 1-855-996-2264. Monday - 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. Calls to this number are free. We have free interpreter services for people who do not speak English.</p> <p>TTY Please contact the listed TTY/TDD telephone numbers for: Detroit Wayne Mental Health Authority: 1-800-630-1044, or Macomb County Community Mental Health: 1-800-649-3777.</p> <p>This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it. Calls to this number are free. Monday - Friday, 8:00 a.m. - 5:00 p.m., EST</p>



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Molina Dual Options: **Summary of Benefits**

Frequently Asked Questions (FAQ)	Answers
What is Balance Billing?	Balance billing is prohibited for covered services rendered to Medicaid and Medicare eligible members. Providers may not balance bill for services and supplies furnished to Qualified Medicare Beneficiaries; for them, Medicaid is responsible for deductibles, coinsurance and copayment amounts for Medicare Part A and B covered services.



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Molina Dual Options: Summary of Benefits

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)
<p>You want to see a doctor (This service is continued on the next page)</p>	Visits to treat an injury or illness	\$0	Prior authorization rules do not apply
	Wellness visits, such as a physical	\$0	<p>Prior authorization rules do not apply</p> <p>Annual Wellness visit every 12 months.</p>
	Transportation to a doctor's office	\$0	<p>Prior authorization rules may apply if the trip is over 100 miles.</p> <p>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.</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 want to see a doctor (continued from previous page)			Transportation Services to any health-related locations are covered.
	Specialist care	\$0	Prior authorization rules do not apply Please see your primary care physician for a referral first before going to see a specialist.
	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
You need medical tests (This service is continued on the next page)	Lab tests, such as blood work	\$0	Prior authorization rules may apply for certain tests. Outpatient Lab services do not require prior authorization.
	X-rays or other pictures, such as CAT scans	\$0	Prior authorization rules may apply Outpatient X-ray services do not require 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 medical tests (continued from previous page)	Screening tests, such as tests to check for cancer	\$0	Prior authorization rules may apply
	Generic drugs (no brand name)	\$0 copay for a 31-day supply.	<p>There may be limitations on the types of drugs covered. Please see Molina Dual Options' <i>List of Covered Drugs</i> (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>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>
You need drugs to treat your illness or condition (This service is continued on the next page)		Brand name drugs	\$0 copay for a 31-day supply.



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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)
<p>You need drugs to treat your illness or condition (continued from previous page)</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>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>
	<p>Non-Medicare Rx/Over-the-counter drugs</p>	<p>\$0</p>	<p>There may be limitations on the types of drugs covered. Please see Molina Dual Options' <i>List of Covered Drugs</i> (Drug List) for more information.</p>
	<p>Over-The-Counter (OTC) items</p>	<p>\$0</p>	<p>We cover non-prescription over-the-counter (OTC) products like vitamins, sunscreen, pain relievers, cough/cold medicine, and bandages. You get \$75.00 every 3 months that you can spend on plan-approved items. Your quarterly allowance becomes available to use in January, April, July and</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)
<p>You need drugs to treat your illness or condition (continued from previous page)</p>			<p>October. Any dollar amount that you don't use will carry over into the next 3 months. Be sure to spend all of it before the end of the year because it expires at the end of the calendar year. Shipping will not cost you anything.</p> <p>You do not need a prescription from your doctor to get OTC items.</p>
	Medicare Part B prescription drugs	\$0	<p>Prior authorization rules may apply</p> <p>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 <i>Member Handbook</i> for more information on these drugs.</p>
<p>You need therapy after a stroke or accident</p>	Occupational, physical, or speech therapy	\$0	<p>Prior authorization rules may apply</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)
<p>You need emergency care</p>	<p>Emergency room services</p>	<p>\$0</p>	<p>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. Contact plan for details.</p>
	<p>Ambulance services</p>	<p>\$0</p>	<p>Authorization is not required for emergency transportation. Prior Authorization rules may apply for non-emergency Ambulance services.</p>
	<p>Urgent care</p>	<p>\$0</p>	<p>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. Contact plan for details.</p>
<p>You need hospital care (This service is continued on the next page)</p>	<p>Hospital stay</p>	<p>\$0</p>	<p>Prior authorization rules may apply. Our plan covers an unlimited number of days for an inpatient hospital stay.</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 hospital care (continued from previous page)	Doctor or surgeon care	\$0	Prior authorization rules do not apply Referral requirements may apply
You need help getting better or have special health needs	Rehabilitation services	\$0	Prior authorization rules do not apply.
	Medical equipment for home care	\$0	Prior authorization rules may apply
	Skilled nursing care	\$0	Prior authorization rules may apply
You need eye care	Eye exams	\$0	Exam to diagnose and treat diseases and conditions of the eye. Routine eye exam (1 exam every year)
	Glasses	\$0	Prior authorization is required for contact lenses only. Contact lenses (1 every year) Eyeglasses (frames and lenses) (1 every year) Eyeglass frames (1 every year) Eyeglass lenses (1 every year)
	Low Vision Aid	\$0	The plan will pay for basic and essential low vision aids (such as magnifiers, readers, and certain other low vision aid).



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You need dental care	Dental check-ups, exams, x-rays, cleanings, fillings, tooth extractions, dentures and partial dentures	\$0	<p>Root canals and crowns are not covered.</p> <p>Exams and evaluations are covered once every six months.</p> <p>Cleaning is a covered benefit once every six months.</p> <p>X-rays</p> <ul style="list-style-type: none"> • Bitewing x-rays are a covered benefit only once in a 12-month period. • A panoramic x-ray is a covered benefit once every five years. • A full mouth or complete services of x-rays is a covered benefit once every five years. <p>Complete or partial dentures are covered once every five years.</p>
You need hearing/auditory services (This service is continued on the next page)	Hearing screenings	\$0	<p>Prior authorization rules may apply</p> <p>Referral requirements may apply</p>
	Hearing aid evaluation and fitting	\$0	<p>Prior authorization rules may apply.</p> <p>Referral requirements may apply.</p> <p>Hearing aid fitting/evaluation are offered 2 every year.</p>
	Hearing aids	\$0	<p>Prior authorization rules may apply.</p> <p>Referral requirements may apply.</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 hearing/auditory services (continued from previous page)			<p>Hearing exams and supplies (including hearing aids, maintenance and repair of hearing aids) will be covered for all ages.</p> <p>Hearing aids are covered once every 5 years.</p> <p>Hearing aid batteries are distributed 36 disposable every 6 months.</p>
You have a chronic condition, such as diabetes or heart disease	Services to help manage your disease	\$0	Prior authorization rules do not apply Coverage includes self-management training and disease management program for diabetics.
	Diabetes supplies and services	\$0	Prior authorization rules may apply Benefit includes diabetic monitoring supplies and therapeutic shoes or inserts.
You have a mental health condition	Behavioral health services	\$0	<p>Prior authorization rules may apply Provided through the Prepaid Inpatient Health Plan (PIHP) The Prepaid Inpatient Health Plan must approve admission for a psychiatric inpatient hospital stay.</p> <p>Our plan covers an unlimited number of days for an inpatient hospital stay.</p>



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You have concerns related to substance use	Substance use services	\$0	<p>Prior authorization rules may apply</p> <p>Provided through the Prepaid Inpatient Health Plan (PIHP)</p> <p>The Prepaid Inpatient Health Plan must approve admission for Outpatient Substance Abuse Services.</p> <p>Outpatient group therapy visit.</p> <p>Outpatient individual therapy visit.</p>
You need durable medical equipment (DME) (This service is continued on the next page) You need durable medical equipment (DME) (continued)	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
You need help living at home (This service is continued on the next page)	Meals brought to your home	\$0	<p>Prior authorization rules may apply</p> <p>Services are only available to individuals on the MI Health Link 1915(c) waiver.</p> <p>Limited to 2 meals a day.</p>



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You need help living at home (continued from previous page)	Chore services, such as heavy household chores and mowing and raking	\$0	Prior authorization rules may apply Services are only available to individuals on the MI Health Link 1915(c) waiver.
	Preventive nursing services	\$0	Services are only available to individuals on the MI Health Link 1915(c) waiver. Limited to no more than two hours per visit.
	Private duty nursing services to provide skilled nursing services in your home	\$0	Prior authorization rules may apply Services are only available to individuals on the MI Health Link 1915(c) waiver. Referral requirements may apply Limited to 16 hours every day.
	Fiscal intermediary services to help you control your budget and choose the staff to work with you	\$0	Prior authorization rules may apply Services are only available to individuals on the MI Health Link 1915(c) waiver.
	Environmental modifications to your home, such as adding ramps and widening doorways	\$0	Prior authorization rules may apply Services are only available to individuals on the MI Health Link 1915(c) waiver.



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You need help living at home (continued from previous page)	Expanded community living supports to help you complete activities of daily living and instrumental activities of daily living	\$0	Prior authorization rules may apply Services are only available to individuals on the MI Health Link 1915(c) waiver.
	Personal care services (You may be able to choose your own personal care assistant. Call Member Services for more information.)	\$0	Prior authorization rule may apply Personal care services are only available to individuals on the MI Health Link 1915(c) waiver.
	Personal Emergency Response System (PERS)	\$0	Prior authorization rules may apply
	Assistive technology	\$0	Prior authorization rules may apply Services are only available to individuals on the MI Health Link 1915(c) waiver.
	Home health care services	\$0	Prior authorization rules may apply
	Adult day services or other support services	\$0	Prior authorization rules may apply Services are only available to individuals on the MI Health Link 1915(c) waiver. 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.



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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)
<p>You need a place to live with people available to help you</p>	<p>Nursing home care</p>	<p>A patient pay amount may be required.</p>	<p>Prior authorization rules may apply Services are only available to individuals who meet the Michigan Medicaid Nursing Facility Level of Care Determination standards.</p>
<p>Your caregiver needs some time off</p>	<p>Respite care</p>	<p>\$0</p>	<p>Prior authorization rules may apply General Services: Up to 14 visits every year. Waiver Service: Services available to individuals on the MI Health Link 1915(c) waiver. Respite care is also available to hospice members.</p>



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.

Molina Dual Options: Summary of Benefits

D. 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 in-network 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.
Fitness Benefit	\$0 FitnessCoach [®] offers you access to participating fitness centers or to the Home Fitness Program if you are unable to visit a fitness center, or prefer to work out from home.
Health Education	\$0
Additional sessions of Smoking and Tobacco Cessation Counseling	\$0



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Molina Dual Options: **Summary of Benefits**

E. Services 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

F. 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.

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



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Molina Dual Options: Summary of Benefits

G. 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 network providers
 - Choose a Primary Care Provider (PCP) and change your PCP at any time during the year
 - 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 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:
 - Get timely medical care
 - 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 you with communication with your doctors and your health plan



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- **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.

H. 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 the number at the bottom of the page. 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 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.

Molina Dual Options: **Summary of Benefits**

I. What do you 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. 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 or use the on-line Michigan Medicaid Fraud Complaint Form found at <https://secure.ag.state.mi.us/complaints/medicaid.aspx>.



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