

2025

Summary of Benefits

Molina Dual Options MI-Health Link Medicare-Medicaid Plan

Michigan H7844-001

Effective January 1 through December 31, 2025

Introduction

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



This is a summary of health services covered by Molina Dual Options MI Health Link Medicare-Medicaid Plan for 2025. This is only a summary. Please read the *Member Handbook* for the full list of benefits.

- ❖ The 2025 Member Handbook will be available by October 15. An up-to-date copy of the 2025 Member Handbook is always available on our website at MolinaHealthcare.com/Duals. You may also call Member Services at (855) 735-5604, TTY: 711, Monday - Friday, 8 a.m. to 8 p.m., EST to ask us to mail you a 2025 Member Handbook.
- ❖ 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 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.
- ❖ **You can also get this document for free in other formats, such as large print, braille, or audio. Call (855) 735-5604, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m., EST. The call is free.**
- ❖ To request your preferred language other than English and/or alternate format, call Member Services at (855) 735-5604, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m., EST.
- ❖ We will maintain a record of our member's preferred language and/or format preferences, and we will keep this information as a standing request for future mailings and communications. This will ensure that our members will not have to make a separate request each time.
- ❖ To change a standing request, call Member Services at (855) 735-5604, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m., EST.



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

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B. Frequently Asked Questions

The following chart lists frequently asked questions.

Frequently Asked Questions (FAQ)	Answers
What is a Medicare-Medicaid Plan?	A Medicare-Medicaid Plan is a health plan that contracts with both Medicare and Michigan Medicaid to provide benefits of both programs to enrollees. It is for people with both Medicare and Michigan 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?	<p>A Care Coordinator is a health professional who will help you get care and services that affect your health and wellbeing. You are assigned a Care Coordinator when you enroll with Molina Dual Options. Your Care Coordinator will get to know you and will work with you, your doctors, and other care givers to make sure everything is working together for you. You can share your health history with your Care Coordinator and set goals for healthy living. Whenever you have a question or a problem about your health or services or care you are getting from us, you can call your Care Coordinator. Your Care Coordinator is your “go-to” person for Molina Dual Options.</p> <p>Our goal in Molina Dual Options is to meet your needs in a way that works for you. This is why we call our program “person-centered.” The person-centered planning process is when you work with your Care Coordinator to create a care plan that is about your goals, choices, and abilities. When you create your care plan, you are welcome to involve people you feel are key to your success, such as family members, friends, or legal representatives.</p>
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 I get the same Medicare and Michigan Medicaid benefits in Molina Dual Options that I get now? (continued on the next page)	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.

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Frequently Asked Questions (FAQ)	Answers
Will I get the same Medicare and Michigan Medicaid benefits in Molina Dual Options that I get now? (continued)	<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 using 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.</p> <p>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>
Can I use the same doctors I use now?	<p>Often that is the case. If your providers (including doctors, therapists, and pharmacies) work with Molina Dual Options and have a contract with us, you can keep using them.</p> <ul style="list-style-type: none"> • Providers with an agreement with us are “in-network.” You must use the providers in Molina Dual Options' network. • If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of Molina Dual Options' plan. <p>To find out if your doctors are in the plan's network, call Member Services or read Molina Dual Options' <i>Provider and Pharmacy Directory</i>, on the plan's website at MolinaHealthcare.com/Duals.</p> <p>If Molina Dual Options is new for you, you can continue using the doctors you use now while your IICSP is being developed.</p>
What happens if I need a service but no one in Molina Dual Options' network can provide it?	<p>Most services will be provided by our network providers. If you need a service that cannot be provided within our network, Molina Dual Options will pay for the cost of an out-of-network provider.</p>
Where is Molina Dual Options available?	<p>The service area for this plan includes: Macomb and Wayne Counties, Michigan. You must live in one of these areas to join the plan.</p>
Do I pay a monthly amount (also called a premium) under Molina Dual Options?	<p>You will not pay any monthly premiums to Molina Dual Options for your health coverage. (You will be required to keep paying any monthly Freedom to Work program premium you have. If you have questions about the Freedom to Work program, contact your local Michigan Department of Health & Human Services (MDHHS) office. You can find contact information for your local MDHHS office by visiting www.michigan.gov/mdhhs/0,5885,7-339-73970_5461---,00.</p>
What is prior authorization (PA)? (continued on the next page)	<p>PA means that you must get approval from Molina Dual Options before you can get a specific service or drug or use an out-of-network provider. Molina Dual Options may not cover the service or drug if you don't get approval. If you need urgent or emergency care or out-of-area dialysis services, you don't need to get approval first.</p> <p>Refer to Chapter 3 of the <i>Member Handbook</i> to learn more about PA.</p>

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Frequently Asked Questions (FAQ)	Answers
What is prior authorization (PA)? (continued)	Refer to the Benefits Chart in Section D of Chapter 4 of the <i>Member Handbook</i> to learn which services require a PA.
What is a referral?	<p>A referral means that your primary care provider (PCP) must give you approval before you can use someone that is not your PCP or use other providers in the plan’s network. If you don’t get approval, Molina Dual Options may not cover the services. You don’t need a referral for certain specialists, such as women’s health specialists.</p> <p>Refer to Chapter 3 of the <i>Member Handbook</i> to learn more about when you will need to get a referral from your PCP.</p>
Do I pay a deductible?	No. You do not pay deductibles in Molina Dual Options.

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Frequently Asked Questions (FAQ)	Answers
Whom should I contact if I have questions or need help?	<p>If you have questions about behavioral health services and resources, please call the PIHP General Information Line.</p> <p>If you need immediate behavioral health services, please call the Behavioral Health Crisis Line in your county for the local Prepaid Inpatient Health Plan (PIHP).</p> <p>CALL PIHP General Information Line For Wayne County residents, please contact Detroit Wayne Integrated Health Network at 1-313-344-9099. Monday - Friday, 8:00 a.m. to 4:30 p.m., EST 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 Medicare benefits for Macomb County residents, please contact Member Services at (800) 665-3072, TTY:711, 7 days a week 8 a.m.-8 p.m. local time. For Medicaid benefits for Macomb County residents, please contact Macomb County Community Mental Health at 1-855-996-2264, Monday - Friday, 8:00 a.m. to 8:00 p.m., EST.</p> <p>Behavioral Health Crisis Lines In the event of a mental health emergency in Wayne 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. In the event of a mental health emergency in Macomb County, please call the 24 hour behavioral health crisis line at 1-586-307-9100. Calls to this number are free. We have free interpreter services for people who do not speak English.</p>

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Frequently Asked Questions (FAQ)	Answers
	<p>TTY Please contact the listed TTY telephone numbers for: Detroit Wayne Integrated Health Network: 1-800-630-1044, or Macomb County Community Mental Health: 711.</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 - Friday, 8:00 a.m. to 5:00 p.m., EST</p>
What is Balance Billing?	<p>Balance Billing is when you receive a bill from your provider for services that should be covered. Balance billing is prohibited for covered services rendered to Medicaid and Medicare eligible members.</p> <p>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.</p>



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

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C. Overview of Services

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

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You want a doctor	Visits to treat an injury or illness	\$0	
	Wellness visits, such as a physical	\$0	Annual Wellness visit every 12 months. Prior authorization rules do not apply.
	Transportation to a doctor’s office	\$0	Prior authorization rules may apply if the trip is over 100 miles. You must call 2 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 2 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: 711, Monday - Friday, 8 a.m. to 8 p.m., EST. Transportation Services to any health-related locations are covered.
	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.

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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	Lab tests, such as blood work	\$0	Prior authorization rules may apply for select Outpatient Lab tests and services.
	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.
You need drugs to treat your illness or condition (This service is continued on the next page)	Generic drugs (no brand name)	\$0 copay for a 31-day supply.	<p>There may be limitations on the types of drugs covered. Please refer to Molina Dual Options' <i>List of Covered Drugs</i> (Drug List) for more information.</p> <p>A 100-day supply 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>
	Brand name drugs	\$0 copay for a 31-day supply.	<p>There may be limitations on the types of drugs covered. Please refer to Molina Dual Options' <i>List of Covered Drugs</i> (Drug List) for more information.</p> <p>A 100-day supply is available at 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</p>

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need drugs to treat your illness or condition (continued)			<p>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>
	Non-Medicare Rx/ Over-the-counter drugs	\$0	There may be limitations on the types of drugs covered. Please refer to Molina Dual Options' <i>List of Covered Drugs</i> (Drug List) for more information.
	Over-the-Counter (OTC) items	\$0	<p>We cover non-prescription Over-the-Counter (OTC) products like vitamins, sunscreen, pain relievers, cough/cold medicine, and bandages.</p> <p>You get \$25 every month that you can spend on plan-approved items.</p> <p>The \$25 you get every month expires at the end of the month. It does not rollover to the next month.</p> <p>You do not need a prescription from your doctor to get OTC items.</p>
	Medicare Part B prescription drugs	\$0	<p>Part B drugs include drugs given by your doctor in their office, some oral cancer drugs, and some drugs used with certain medical equipment.</p> <p>Read the Member Handbook for more information on these drugs.</p> <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)
You need drugs to treat your illness or condition (continued)	Step therapy	\$0	Step therapy may be required for certain drugs.
You need therapy after a stroke or accident	Occupational, physical, or speech therapy	\$0	Prior authorization rules may apply.
You need emergency care	Emergency room services	\$0	<p>You may get covered emergency medical care whenever you need it, anywhere in the United States or its territories, without prior authorization.</p> <p>Emergency medical care is not covered outside the United States and its territories except under limited circumstances. Contact plan for details.</p>
	Ambulance services	\$0	<p>Prior authorization is not required for emergency transportation.</p> <p>Prior authorization rules may apply for non-emergency Ambulance services.</p>
	Urgent care	\$0	<p>You may get urgent care services whenever you need it, anywhere in the United States or its territories, without prior authorization.</p> <p>Urgent medical care is not covered outside the United States and its territories except under limited circumstances. Contact plan for details.</p>
You need hospital care	Hospital stay	\$0	<p>Our plan covers an unlimited number of days for an inpatient hospital stay if medically necessary.</p> <p>Prior authorization rules may apply.</p>
	Doctor or surgeon care	\$0	Prior authorization rules may apply.

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help getting better or have special health needs	Rehabilitation services	\$0	Prior authorization rules may apply.
	Medical equipment for home care	\$0	Prior authorization rules may apply.
	Skilled nursing care	\$0	Prior authorization rules may apply. There is no limit to the number of days covered by the plan each Skilled Nursing Facility (SNF) stay.
You need eye care	Eye exams	\$0	Exam to diagnose and treat diseases and conditions of the eye. Routine eye exam (1 exam every 2 years)
	Glasses	\$0	<ul style="list-style-type: none"> • Contact lenses (1 every year) • Eyeglasses (frames and lenses) (1 every year) • Eyeglass frames (1 every year) • Eyeglass lenses (1 every year) <p>Prior authorization is required for contract lenses, Eyeglasses (frames and lenses), Eyeglass lenses, Eyeglass frames.</p>
	Low Vision Aid	\$0	The plan will pay for basic and essential low vision aids (such as magnifiers, readers, and certain other low vision aids).
You need dental care (This service is continued on the next page)	Dental check-ups, exams, x-rays, cleanings, fillings, tooth extractions, dentures and partial dentures, sealants, indirect restorations (crowns), root canal therapy/ re-treatment of previous root canal, comprehensive	\$0	<p>Molina Dual Options will pay for the following services:</p> <ul style="list-style-type: none"> • Exams and evaluations are covered once every six months. • Cleaning is a covered benefit once every six months.

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need dental care (continued)	periodontal evaluation, scaling in presence of inflammation, periodontal scaling and root planning, and other periodontal maintenance		<ul style="list-style-type: none"> • Silver diamine fluoride treatment is a covered benefit with a maximum of 6 applications per lifetime. • X-rays • 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 series of x-rays is a covered benefit once every five years. • Complete or partial dentures are covered once every five years. • Sealants are covered once every three years, if criteria are met • Indirect restorations (crowns) are covered once every 5 years per tooth, if criteria are met • Root canal therapy/re-treatment of previous root canal • Comprehensive periodontal evaluation • Scaling in presence of inflammation • Periodontal scaling and root planning • Other periodontal maintenance <p>Prior authorization rules may apply for dental care.</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	Hearing screenings	\$0	Referral requirements may apply. Prior authorization rules may apply.
	Hearing aid evaluation and fitting	\$0	Hearing aid fitting/evaluation are offered 2 every year. Referral requirements may apply. Prior authorization rules may apply.
	Hearing aids	\$0	Hearing exams and supplies (including hearing aids, maintenance and repair of hearing aids) will be covered for all ages. Hearing aids are covered once every 5 years. 36 batteries per hearing aid are distributed every 6 months. Referral requirements may apply. Prior authorization rules may apply.
You have a chronic condition, such as diabetes or heart disease	Services to help manage your disease	\$0	Coverage includes self-management training and disease management program for diabetics. Prior authorization rules do not apply.
	Diabetes supplies and services	\$0	Benefit includes diabetic monitoring supplies and therapeutic shoes or inserts. Prior authorization rules may apply.
You have a mental health condition	Behavioral health services	\$0	Provided through the Prepaid Inpatient Health Plan (PIHP) The Prepaid Inpatient Health Plan must approve admission for a psychiatric inpatient hospital stay. Our plan covers an unlimited number of days for an inpatient hospital stay if medically necessary. Prior authorization rules may apply.

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You have concerns related to substance use	Substance use services	\$0	Provided through the Prepaid Inpatient Health Plan (PIHP) The Prepaid Inpatient Health Plan must approve admission for Outpatient Substance Abuse Services. Outpatient group therapy visit. Outpatient individual therapy visit. Prior authorization rules may apply.
	Opioid Treatment Program	\$0	Prior authorization rules may apply.
You need durable medical equipment (DME)	Wheelchairs	\$0	Prior authorization rules may apply.
	Nebulizers	\$0	Prior authorization rules may apply.
	Crutches	\$0	Prior authorization rules may apply.
	Walkers	\$0	Prior authorization rules may apply.
	Oxygen equipment and supplies	\$0	Prior authorization rules may apply.
You need help living at home (This service is continued on the next page)	Meals brought to your home	\$0	Limited to 2 meals a day. Prior authorization rules may apply.
	Chore services, such as heavy household chores and mowing and raking	\$0	Services are only available to individuals on the MI Health Link 1915(c) waiver. Prior authorization rules may apply.
	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	Services are only available to individuals on the MI Health Link 1915(c) waiver. Referral requirements may apply. 16 hours every day. Prior authorization rules may apply.
	Fiscal intermediary services to help you control your	\$0	Services are only available to individuals on the MI Health Link 1915(c) waiver.

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help living at home (continued)	budget and choose the staff to work with you		Prior authorization rules may apply.
	Environmental modifications to your home, such as adding ramps and widening doorways	\$0	Services are only available to individuals on the MI Health Link 1915(c) waiver. Prior authorization rules may apply.
	Expanded community living supports to help you complete activities of daily living and instrumental activities of daily living	\$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 rule may apply.
	Personal Emergency Response System (PERS)	\$0	Prior authorization rules may apply.
	Assistive technology	\$0	Services are only available to individuals on the MI Health Link 1915(c) waiver. 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.

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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 a place to live with people available to help you	Nursing home care	A Patient Pay Amount (PPA) may be required.	Services are only available to individuals who meet the Michigan Medicaid Nursing Facility Level of Care Determination standards. Prior authorization rules may apply.
Your caregiver needs some time off	Respite care	\$0	General Services: Up to 14 days every year. All members are eligible for respite services if criteria is met. Respite care is also available to hospice members. Prior authorization rules may apply.
Additional covered services (This service is continued on the next page)	Additional sessions of Smoking and Tobacco Cessation Counseling	\$0	8 visits for Additional sessions of Smoking/Tobacco cessation counseling.
	COVID-19 Home Test Kit	\$0	Up to 8 over-the-counter Covid-19 home test kits per calendar month.
	Doula Services	\$0	Coverage includes prenatal and postpartum visits, 6 visits per pregnancy and attendance at labor and delivery, 1 visit per pregnancy. Doula services must be recommended by a licensed healthcare provider. Additional visits may be approved through the prior authorization process.
	Fitness Benefit	\$0	The Silver&Fit program offers you access to participating fitness centers and the Home Fitness program. Visit SilverandFit.com to find a fitness center and/or to enroll in the Home Fitness program. If you choose to workout at a participating fitness center and you have a caregiver, you can bring them

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional covered services (continued)			with you to help you use the fitness center's services and equipment. If you choose to also work out at home, you can pick one Home Fitness Kit from ten different options, including a fitness activity tracker.
	Group Prenatal Care Services	\$0	The benefit covers 12 group prenatal care sessions every pregnancy.
	Health Education	\$0	
	Home Infusion Therapy	\$0	The plan will pay for home infusion therapy, defined as drugs or biological substances administered into a vein or applied under the skin and provided to you at home.
	Podiatry Services	\$0	Routine foot care (for up to 6 visit(s) every year). Prior authorization rules may apply.



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

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D. Services covered outside of Molina Dual Options

This is not a complete list. Call your Care Coordinator or 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
Medicare-covered acupuncture for chronic lower back pain	\$0 Prior Authorization may be required.
Telehealth	\$0

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

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

Services not covered by Molina Dual Options, Medicare, or Michigan Medicaid	
Alternative Therapies	
Cosmetic surgery or cosmetic work	
Worldwide Emergency Coverage	
Infertility services and Elective abortions	
Reversal of sterilization	
Experimental/investigational drugs	
Biological agents, procedures, devices or equipment	

F. Your rights as a member of the plan

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

- **You have a right to respect, fairness and dignity.** This includes the right to:
 - Get covered services without concern about race, ethnicity, national origin, religion, gender, age, mental or physical disability, sexual orientation, genetic information, ability to pay, or ability to speak English
 - Get information in other formats (e.g., large print, braille, audio)
 - Be free from any form of physical restraint or seclusion
 - Not be billed by 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 during the year
 - Use a women's health care provider without a referral
 - Get your covered services and drugs quickly
 - Know about all treatment options, no matter what they cost or whether they are covered
 - Refuse treatment, even if your doctor advises against it
 - Stop taking medicine
 - Ask for a second opinion. Molina Dual Options will pay for the cost of your second opinion visit.
- **You have the right to timely access to care that does not have any communication or physical access barriers.** This includes the right to:
 - Get timely medical care



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

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- Get in and out of a health care provider's office. This means barrier free access for people with disabilities, in accordance with the Americans with Disabilities Act
- Have interpreters to help with communication with your doctors and your health plan
- **You have the right to seek emergency and urgent care when you need it.** This means you have the right to:
 - Get emergency services without PA in an emergency
 - Use an out of network urgent or emergency care provider, when necessary
- **You have a right to confidentiality and privacy.** This includes the right to:
 - Ask for and get a copy of your medical records in a way that you can understand and 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.

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

If you have a complaint or think Molina Dual Options should cover something we denied, call Molina Dual Options at 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

H. 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 secure.ag.state.mi.us/complaints/medicaid.aspx.



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



We have free interpreter services to answer any questions that you may have about our health or drug plan. To get an interpreter, just call us at (855) 735-5604, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m. ET. Someone who speaks English can help you. This is a free service.

SPANISH

Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al (855) 735-5604, TTY: 711, de lunes a viernes, de 8 a. m. a 8 p. m., hora del este. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

TRADITIONAL CHINESE

我們有免費的口譯員服務，可回答您對於我們健康或藥物計劃的任何問題。若需要口譯員，請撥打(855) 735-5604，TTY: 711，週一至週日，上午8 點至晚上8 點（美國東部時間）。能說中文的人士會為您提供協助。這是免費的服務。

SIMPLIFIED CHINESE

如果您对我们的健康计划或药品计划有任何疑问，我们可以提供免费的口译服务解答您的疑问。若要获得口译服务，请致电我们，电话：(855) 735-5604，TTY: 711，周一至周五提供服务，服务时间为美国东部时间上午8 点至晚上8 点。说中文的人士会帮助您。这是免费服务。

TAGALOG

Mayroon kaming libreng serbisyo ng tagapagsalin para sagutin ang anumang katanungan na maaaring mayroon ka tungkol sa aming planong pangkalusugan o plano sa gamot. Para makakuha ng tagapagsalin, tawagan lang kami sa numerong (855) 735-5604, TTY: 711, Lunes – Biyernes, 8 a.m. hanggang 8 p.m. ET. May makakatulong sa inyo na nagsasalita ng Tagalog. Isa itong libreng serbisyo.

FRENCH

Nous assurons gracieusement des services d'interprétariat afin de répondre à toute question que vous pourriez avoir sur votre santé ou plan de traitement. Pour obtenir l'assistance d'un interprète, il suffit de nous appeler au (855) 735-5604, TTY : 711, du lundi au vendredi, de 8 h à 20 h (heure de l'Est). Une personne parlant français pourra vous assister. Ce service est proposé sans frais.

VIETNAMESE

Chúng tôi có các dịch vụ thông dịch miễn phí để trả lời các câu hỏi của quý vị về chương trình sức khỏe hoặc chương trình thuốc của chúng tôi. Để có thông dịch viên, hãy gọi cho chúng tôi theo số (855) 735-5604, TTY: 711, Thứ Hai – Thứ Sáu, 8 giờ sáng đến 8 giờ tối, Giờ Miền Đông. Sẽ có nhân viên nói tiếng Việt trợ giúp quý vị. Đây là dịch vụ miễn phí.

GERMAN

Wir bieten Ihnen kostenlose Dolmetscherdienste, um Ihre Fragen, die Sie möglicherweise zu unseren Gesundheits- oder Arzneimittelleistungen haben, zu beantworten. Wenn Sie mit einem Dolmetscher sprechen möchten, rufen Sie uns einfach an unter (855) 735-5604, TTY: 711, Montag – Freitag, 8:00 Uhr bis 20:00 Uhr (ET). Jemand, der Deutsch spricht, hilft Ihnen gerne weiter. Dies ist ein kostenloser Dienst.

KOREAN

당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 (855) 735-5604번, TTY: 711번으로 월요일~금요일 오전 8시~오후 8시 (동부 시간대)에 문의해 주십시오. 한국어를 하는 담당자가 도와드릴 것입니다. 이 서비스는 무료로 운영됩니다

RUSSIAN

Получить ответы на вопросы о нашем медицинском страховом плане или о плане, покрывающем лекарства по рецепту, вам бесплатно помогут наши устные переводчики. Просто позвоните нам по номеру (855) 735-5604 (TTY: 711). Линия работает с понедельника по пятницу с 8:00 до 20:00 по восточному времени. Вам бесплатно поможет русскоязычный сотрудник.

ARABIC

نوفر خدمات الترجمة الفورية المجانية للإجابة على أي أسئلة قد تراودك حول الخطة الصحية أو خطة الأدوية لدينا. للحصول على مترجم فوري، كل ما عليك هو الاتصال بنا على الرقم 735-5604 (855)، وبالنسبة إلى مستخدمي أجهزة الهواتف النصية (TTY) يرجى الاتصال على الرقم 711 من الاثنين إلى الجمعة، من الساعة 8 صباحاً حتى الساعة 8 مساءً، بالتوقيت الشرقي، ويمكن لشخص يتحدث اللغة العربية مساعدتك. تقدم هذه الخدمة مجاناً.

ITALIAN

È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario o farmaceutico. Per ottenere un interprete, contattare il numero (855) 735-5604, TTY: 711, dal lunedì al venerdì, dalle 8:00 alle 20:00 ET. Un nostro incaricato che parla italiano fornirà l'assistenza necessaria. È un servizio gratuito

PORTUGUESE

Dispomos de serviços de interpretação gratuitos para responder a possíveis dúvidas que possa ter sobre o nosso plano de saúde ou plano para medicamentos. Para falar com um intérprete, ligue (855) 735-5604, TTY: 711, segunda – sexta, 08h00 até 20h00 ET. Alguém que fala português pode ajudá-lo. Este é um serviço gratuito.

FRENCH CREOLE

Nou gen sèvis entèprèt gratis pou reponn nenpòt kesyon ou ka genyen sou plan sante oswa plan medikaman nou an. Pou jwenn yon entèprèt, jis rele nou nan (855) 735-5604, TTY: 711, Lendi – Vandredi, 8 a.m. rive 8 p.m. ET. Yon moun ki pale kreyòl ayisyen ka ede w. Sa a se yon sèvis gratis.

POLISH

Oferujemy bezpłatne usługi tłumacza, który pomoże uzyskać odpowiedzi na wszelkie pytania dotyczące naszego planu opieki zdrowotnej lub dawkowania leków. Aby uzyskać pomoc tłumacza, wystarczy zadzwonić do nas pod numer (855) 735-5604, TTY: 711. Jest on dostępny od poniedziałku do piątku w godzinach od 8:00 do 20:00 czasu ET. Pomocy udzieli osoba mówiąca po polsku. Ta usługa jest bezpłatna.

HINDI

हमारी स्वास्थ्य या दवा योजना के बारे में अगर आपके कुछ सवाल हैं, तो उनके जवाब देने के लिए हमारे पास निःशुल्क दुभाषिया सेवाएँ उपलब्ध हैं। दुभाषिया पाने के लिए, हमें सोमवार – शुक्रवार, ET के अनुसार सुबह 8 बजे से रात 8 बजे तक (855) 735-5604, TTY: 711 पर कॉल करें। हृदी बोलने वाला कोई व्यक्ति आपकी मदद कर सकता है। यह एक निःशुल्क सेवा है।

JAPANESE

弊社の医療保険プランや処方薬プランについてお問い合わせいただく際に無料の通訳サービスをご利用いただけます。通訳をご希望の場合は、(855) 735-5604 (TTY : 711) までお電話にてご連絡ください (営業時間 : 月～金、午前8時～午後8時 (東部時間))。日本語を話せるスタッフがお手伝いいたします。このサービスは無料でご利用いただけます。



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