2026

Annual Notice of Change

Molina Dual MI Coordinated Health (HMO D-SNP)

Michigan H5926-009-000

Effective January 1 through December 31, 2026

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MI-H5926-9-AC-EN-26-L

Dear Member:

Your Medicare Advantage Plan is Molina Medicare Complete Care (HMO D-SNP*)* and your Michigan Medicaid plan is Michigan Medicaid. In 2026, you will be enrolled in MI Coordinated Health for your Medicare and most of your Medicaid benefits. This plan is provided by Molina Healthcare Inc, which is the same company that currently provides your Medicare Advantage Plan coverage. The MI Coordinated Health program is designed to provide better coordination of your benefits and care for people with both Medicare and Michigan Medicaid and will help you with all your health care needs. It includes medical, dental, vision, hearing, home and community-based services, medical supplies, Medicare Prescription Drug coverage, and Medicaid drugs. You will get one set of member materials, for example one Member ID Card and information on how to view your Member Handbook online or request a printed copy*.*

You don’t have to do anything to keep getting your health care from Molina Healthcare Inc, however, if you have questions about your 2026 coverage, contact your current Medicare Advantage plan at (855) 735-5604, TTY-711. Hours are October 1 – March 31, 8 a.m. to 8 p.m. local time, 7 days a week. From April 1 – September 30, Monday – Friday, 8 a.m. to 8 p.m. local time. You can find more information about your enrollment options in Section G of the enclosed Annual Notice of Change.

Molina Dual MI Coordinated Health (HMO D-SNP) offered by Molina Healthcare of Michigan, Inc

Annual Notice of Change for 2026

Introduction

You're currently enrolled as a member of our plan. Next year, there will be some changes to our benefits, coverage, rules, and costs. This *Annual Notice of Change* tells you about the changes and where to find more information about them. To get more information about costs, benefits, or rules please review the *Member Handbook*, which is located on our website at MolinaHealthcare.com/Medicare. Key terms and their definitions appear in alphabetical order in the last chapter of your *Member Handbook*.

Additional resources

- This document is available for free in Spanish.
- You can get this Annual Notice of Change for free in other formats, such as large print, braille, or audio. Call (855) 735-5604 (TTY: 711), Hours are October 1 - March 31: 8 a.m. to 8 p.m. local time, 7 days a week. From April 1 - September 30, Monday – Friday, 8 a.m. to 8 p.m. local time. The call is free.
- To request your preferred language other than English and/or alternate format, call Members Services at (855) 735-5604, TTY: 711, Monday – Friday, 8 a.m. – 8 p.m., local time.

- We will maintain a record of our member's preferred language and/or format preferences, and we will keep this information as a standing request for future mailings and communications. This will ensure that our members will not have to make a separate request each time.
- To change a standing request, call Member Services at (855) 735-5604, TTY: 711, Monday – Friday, 8 a.m. – 8 p.m., local time.

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A. Disclaimers

Molina Healthcare is a D-SNP plan with a Medicare contract. D-SNP plans have a contract with the state Medicaid program. Enrollment depends on contract renewal. You have the following rights as a member of our plan, and these rights are discussed in detail in the *Member Handbook*.

The right to be treated with dignity and respect.

The right to be afforded privacy and confidentiality in all aspects of care and for all health care information, unless otherwise required by law.

The right to be provided a copy of their medical records, upon request, and to request corrections or amendments to these records, as specified in 45 C.F.R. part 164.

The right not to be discriminated against based on race, ethnicity, national origin, religion, sex, age, sexual orientation, medical or Claims history, mental or physical disability, genetic information, or source of payment.

The right to have all plan options, rules, and benefits fully explained, including through use of a qualified interpreter if needed.

Access to an adequate network of primary and specialty providers who are capable of meeting the Enrollee's needs with respect to physical access, and communication and scheduling needs, and are subject to ongoing assessment of clinical quality including required reporting.

The right to choose a plan and provider at any time in accordance with parameters defined in Regulation, Policy, and this Contract.

The right to have a voice in the governance and operation of the integrated system, provider or health plan, as detailed in this Contract.

The right to participate in all aspects of care, including the right to refuse treatment, and to exercise all rights of Appeal.

Enrollees have a responsibility to be fully involved in maintaining their health and making decisions about their health care, including the right to refuse treatment if desired, and must be appropriately informed and supported to this end.

Specifically, Enrollees must:

Receive a Health Risk Assessment upon Enrollment in a plan and to participate in the development and implementation of the Individual Care Plan. The assessment must include considerations of social, functional, medical, behavioral, wellness and prevention domains, an evaluation of the Enrollee's goals, preferences, strengths and weaknesses, and a plan for managing and coordination Enrollee's care. Enrollees, or authorized representative, also have the right to request a Reassessment by the Integrated Care Team and be fully involved in any such Reassessment.

Receive complete and accurate information on their health and functional status by the Integrated Care Team.

Be provided information on all program services and health care options, including available treatment options and alternatives, presented in a culturally appropriate manner, taking into consideration

the Enrollee's condition and ability to understand. An Enrollee who is unable to participate fully in treatment decisions has the right to designate a representative. This includes the right to have translation services available to make information appropriately accessible.

Information must be available:

- Before Enrollment
- At Enrollment
- At the time an Enrollee's needs necessitate the disclosure and delivery of such information in order to allow the Enrollee to make an informed choice

Be encouraged to involve caregivers or family members in treatment discussions and decisions.

Have Advance Directives explained and to establish them, if the Enrollee so desires, in accordance with 42 C.F.R. §§489.100 and 489.102.

Receive reasonable advance Notice, in writing, of any transfer to another treatment setting and the justification for the transfer.

Be afforded the opportunity file an Appeal if services are denied that he or she thinks are medically indicated, and to be able to ultimately take that Appeal to an independent external system of review.

The right to receive medical and non-medical care from a team that meets the Enrollee's needs, in a manner that is sensitive to the Enrollee's language and culture, and in an appropriate care setting, including the home and community.

The right to be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation.

Each Enrollee is free to exercise their rights and that the exercise of those rights does not adversely affect the way the HIDE SNP and its providers or the State Agency treat the Enrollee.

The right to receive timely information about plan changes. This includes the right to request and obtain the information listed in the orientation materials at least once per year, and the right to receive Notice of any significant change in the information provided in the orientation materials at least thirty (30) calendar days prior to the intended effective date of the change. See 42 C.F.R. § 438.10.

The right to be protected from liability for payment of any fees that are the obligation of the HIDE SNP.

The right to not be charged any cost sharing except as defined in this contract.

Be provided information on how to contact their Care Coordinator.

B. Reviewing your Medicare and Michigan Medicaid (Medicaid) coverage for next year

It's important to review your coverage now to make sure it will still meet your needs next year. If it doesn't meet your needs, you may be able to leave our plan. Refer to **Section E** for more information on changes to your benefits for next year.

If you choose to leave our plan, your membership will end on the last day of the month in which your request was made. You'll still be in

the Medicare and Michigan Medicaid programs as long as you're eligible.

If you leave our plan, you can get information about your:

- Medicare options in the table in **Section G2**.
- Michigan Medicaid and options in **Section G2**.

B1. Information about Molina Dual MI Coordinated Health (HMO D-SNP)

- Molina Dual MI Coordinated Health (HMO D-SNP) is a health plan that contracts with both Medicare and Medicaid to provide benefits of both programs to members.
- When this *Annual Notice of Change* says "we," "us," "our," or "our plan," it means Molina Dual MI Coordinated Health (HMO D-SNP).

B2. Important things to do

- **Check if there are any changes to our benefits and costs that may affect you.**
  - Are there any changes that affect the services you use?
  - Review benefit and changes to make sure they'll work for you next year.
  - Refer to **Section E1** for information about benefit and cost changes for our plan.
- **Check if there are any changes to our drug coverage that may affect you.**

- Will your drugs be covered? Can you use the same pharmacies? Will there be any changes such as prior authorization, step therapy or quantity limits?
- Review changes to make sure our drug coverage will work for you next year.
- Refer to **Section E2** for information about changes to our drug coverage.
- Your drug costs may have risen since last year.
  - Talk to your doctor about lower cost alternatives that may be available for you; this may save you in annual out-of-pocket costs throughout the year.
  - Keep in mind that your plan benefits determine exactly how much your own drug costs may change.

- **Check if your providers and pharmacies will be in our network next year.**
  - Are your doctors, including your specialists, in our network? What about your pharmacy? What about the hospitals or other providers you use?
  - Refer to **Section D** for information about our *Provider and Pharmacy Directory*.

- **Think about your overall costs in the plan.**

- How much will you spend out-of-pocket for the services and drugs you use regularly?
- How do the total costs compare to other coverage options?

- **Think about whether you're happy with our plan.**

If you decide to stay with Molina Dual MI Coordinated Health (HMO D-SNP):

If you want to stay with us next year, it's easy – you don't need to do anything. If you don't make a change, you automatically stay enrolled in Molina Dual MI Coordinated Health (HMO D-SNP).

If you decide to change plans:

If you decide other coverage will better meet your needs, you may be able to switch plans (refer to **Section G2** for more information). If you enroll in a new plan, or change to Original Medicare, your new coverage will begin on the first day of the following month.

C. Changes to our plan name

On January 1, 2026, our plan name changes from Molina Medicare Complete Care (HMO D-SNP) to Molina Dual MI Coordinated Health (HMO D-SNP).

You will receive a new plan ID card for the 2026 plan year. This name change will appear in all 2026 member communications.

D. Changes to our network providers and pharmacies

Amounts you pay for your drugs depends on which pharmacy you use. Our plan has a network of pharmacies. In most cases, your prescriptions are covered only if they're filled at one of our network pharmacies.

Our provider and pharmacy networks have changed for 2026.

Please review the 2026 *Provider and Pharmacy Directory* to find out if your providers (primary care provider, specialists, hospitals, etc.) or pharmacy are in our network. An updated *Provider and Pharmacy Directory* is located on our website at MolinaHealthcare.com/Medicare. You may also call Member Services at the numbers at the bottom of the page for updated provider information or to ask us to mail you a *Provider and Pharmacy Directory*.

It's important that you know that we may also make changes to our network during the year. If your provider leaves our plan, you have certain rights and protections. For more information, refer to **Chapter 3** of your *Member Handbook* or call Member Services at the number at the bottom of the page for help.

E. Changes to benefits and costs for next year

E1. Changes to benefits and costs for medical services

We're changing our coverage for certain medical services and what you pay for these covered medical services next year. The table below describes these changes.

	2025 (this year)	2026 (next year)
Special Supplemental Benefits for the Chronically Ill (SSBCI)- Food and produce	Benefit is covered as a Special Supplemental Benefits for the Chronically Ill (SSBCI). Those who qualify receive $125 allowance every month for healthy food and produce. SSBCI coverage is only for members with specific chronic conditions.	Members who qualify with eligible chronic conditions receive $105 allowance every month for Food & Produce (SSBCI). This monthly allowance is **combined** with OTC items, and SSBCIs for transportation for non-medical needs, gas pay-at-the pump, and utilities.
Special Supplemental Benefits for the Chronically Ill (SSBCI)- Transportation for Non-Medical Needs	This is not a covered supplemental benefit.	Members who qualify with eligible chronic conditions receive $105 allowance every month to access transportation for non-medical needs. This monthly allowance is **combined** with OTC items, and SSBCIs for food and produce, gas

	2025 (this year)	2026 (next year)
		pay-at-the-pump, and utilities.
Special Supplemental Benefits for the Chronically Ill (SSBCI)- Utilities	This is not a covered supplemental benefit.	Members who qualify with eligible chronic conditions receive $105 every month to assist with utility bills (electricity, natural gas and water). This monthly allowance is **combined** with OTC items, and SSBCIs for food and produce, transportation for non-medical needs, and gas pay-at-the-pump.
Special Supplemental Benefits for the Chronically Ill (SSBCI)-Pay at Pump	This is not a covered supplemental benefit.	Members who qualify with eligible chronic conditions receive $105 every month to assist with Gas (members pay-at-pump). This monthly allowance is **combined** with OTC

	2025 (this year)	2026 (next year)
		items, and SSBCIs for food and produce, transportation for non-medical needs, and utilities.
Pre-funded debit card (MyChoice card)	You had a MyChoice card with an OTC allowance and a separate SSBCI Food and Produce allowance.	You receive a pre-funded MyChoice debit card with a **combined** allowance for OTC items, and SSBCIs for food and produce, transportation for non-medical needs, gas pay-at-the-pump, and utilities. OTC items may be purchased through debit card or catalogue purchase. Additional Benefits of SSBCI may be accessed through debit card and include Food and Produce, Transportation for

	2025 (this year)	2026 (next year)
		Non-Medical Needs, and General Supports for Living. Unused allowance does not carry over to the next month.
Over-the-counter (OTC) items (Supplemental)	You get $75 every month for OTC items.	You receive a pe-funded MyChoice debit card with $105 **combined** monthly allowance for OTC items, and SSBCIs for food and produce, utilities, gas pay-at-the-pump, and transportation for non-medical needs.
In-Home Safety Assessments	This is not a covered supplemental benefit.	Benefit is covered as a supplemental benefit. You pay a $0 copayment. Please see your Member Handbook for information including rules and restrictions.

	2025 (this year)	2026 (next year)
Home and Bathroom Safety Devices and Modifications	This is not a covered supplemental benefit.	You receive a $3,000 allowance for the purchase and installation of Home and Bathroom Safety Devices and Modifications every year.
Additional Telehealth Benefits	You pay $0 copayment for certain telehealth services including Primary Care Physician Services.	You pay $0 copayment for certain telehealth services including Cardiac Rehabilitation Services, Primary Care Physician Services, Chiropractic Services, Occupational Therapy Services, Physician Specialist Services, Individual Sessions for Mental Health Specialty Services, Group Sessions for Mental Health Specialty Services,

	2025 (this year)	2026 (next year)
		Podiatry Services, Other Health Care Professional, Individual Sessions for Psychiatric Services, Group Sessions for Psychiatric Services, Physical Therapy and Speech-Language Pathology Services, Opioid Treatment Program Services, Individual Sessions for Outpatient Substance Abuse, and Group Sessions for Outpatient Substance Abuse.
Transportation Services -Approved Plan Locations (Supplemental)	You receive 30 one-way trips every year.	You receive unlimited non-emergency medical transportation for medical appointments through Medicaid. You also receive an additional Value Added Benefit

	2025 (this year)	2026 (next year)
		that provides 12 one-way trips for non-medical appointments.
Vision Services (Supplemental)	We have partnered with a Vision Vendor to give you more value for your routine vision needs! Supplemental Vision services covered include, but are not limited to: One routine eye exam every calendar year. An eyewear allowance of $200. You can use your eyewear allowance to purchase: Contact lenses* Eyeglasses (lenses and frames) Eyeglass lenses and/or frames Upgrades (such as, tinted, U-V, polarized	You receive a routine eye exam and one pair of glasses every 2 years through Medicaid. You also receive an additional eye exam and a $250 allowance for eyewear (contacts, lenses, frames)through a Molina Value Added Benefit.

	2025 (this year)	2026 (next year)
	or photochromatic lenses). *If you choose contact lenses, your eyewear allowance can also be used to pay down all or a portion of your contact lens fitting fee. You are responsible for paying for any corrective eyewear over the limit of the plan's eyewear allowance. You pay $0 for up to one routine eye exam (and refraction) for eyeglasses every calendar year.	
Dental services (Supplemental)	We have partnered with a Dental Vendor to give you more options for your routine dental needs. If you use a Provider within our Dental	Periodic oral exams, extractions, preventive services, dentures and partials are covered according to Medicaid dental coverage. Also, you

	2025 (this year)	2026 (next year)
	Vendor, you will get both Preventive and select Comprehensive Dental Services through this vendor. Preventive Dental services includes Oral Exams, Cleanings, Fluoride Treatments, and X-Rays at no cost to you. In addition, you will have $3,600 for select comprehensive dental services, including dentures.	get an additional $4,000 for comprehensive dental services every year above Medicaid coverage. Please see your Member Handbookf or information including rule sand restrictions.
Prescription Hearing Aids (Supplemental)	You get up to 2 pre-selected hearing aids from a plan-approved provider every 2 years for both ears combined.	You get 1 hearing aid throughMedicaid once every 5 years.You get 36 batteries perhearing aid every 6 months.You also get an additional 2 pre-selected hearing aidsthrough Molina

	2025 (this year)	2026 (next year)
		Value AddedBenefit every 2 years
Over-the-counter (OTC) items Hearing Aids (Supplemental)	You get 2 OTC hearing aids every 2 years.	OTC hearing aids are available through the OTC Catalog for members with moderate hearing loss.
Routine Chiropractic Services (Supplemental)	You get 20 Routine Chiropractic visits each year.	Your Molina Michigan Medicaid benefits include 18 Chiropractic visits each year.
Routine Podiatry (Supplemental)	You get 6 Routine Podiatry visits each year.	This is not a covered supplemental benefit.

E2. Changes to drug coverage

Changes to our *Drug List*

An updated *List of Covered Drugs* is located on our website at MolinaHealthcare.com/Medicare. You may also call Member Services at the numbers at the bottom of the page for updated drug information or to ask us to mail you a *List of Covered Drugs*.

The *List of Covered Drugs* is also called the *Drug List*.

We made changes to our *Drug List*, which could include removing or adding drugs, changing drugs we cover and changes to the restrictions that apply to our coverage for certain drugs or moving them to a different cost-sharing tier.

Review the *Drug List* to **make sure your drugs will be covered next year** and to find out if there are any restrictions or if your drug has been moved to a different cost-sharing tier.

Most of the changes in the *Drug List* are new for the beginning of each year. However, we might make other changes are allowed by Medicare and/or the state that will affect you during the calendar year. We update our online *Drug List* at least monthly to provide the most up to date list of drugs. If we make a change that will affect a drug you're taking, we'll send you a notice about the change.

If you're affected by a change in drug coverage, we encourage you to:

- Work with your doctor (or other prescriber) to find a different drug that we cover.
  - You can call Member Services at the numbers at the bottom of the page or contact your care coordinator to ask for a *List of Covered Drugs* that treat the same condition.
  - This list can help your provider find a covered drug that might work for you.
- Work with your doctor (or other prescriber) and ask us to make an exception to cover the drug.

- You can ask for an exception before next year, and we'll give you an answer within 72 hours after we get your request (or your prescriber's supporting statement).
- To learn what you must do to ask for an exception, refer to **Chapter 9** of your *Member Handbook* or call Member Services at the numbers at the bottom of the page.
- If you need help asking for an exception, contact Member Services or your care coordinator. Refer to **Chapters 2 and 3** of your *Member Handbook* to learn more about how to contact your care coordinator.

- Ask us to cover a temporary supply of the drug.
  - In some situations, we cover a **temporary** supply of the drug during the first 90 days of the calendar year.
  - This temporary supply is for up to 31 days. (To learn more about when you can get a temporary supply and how to ask for one, refer to **Chapter 5** of your *Member Handbook*.)
  - When you get a temporary supply of a drug, talk with your doctor about what to do when your temporary supply runs out. You can either switch to a different drug our plan covers or ask us to make an exception for you and cover your current drug.

If your formulary exception is approved, you will be notified how long the approval will last. In most cases, approvals are given for one year. You will need to request a new formulary exception once your approval expires.

Changes to drug costs

There are two payment stages for your Medicare Part D drug coverage under our plan. How much you pay depends on which stage you're in when you get a prescription filled or refilled. These are the two stages:

Stage 1 Initial Coverage Stage	Stage 2 Catastrophic Coverage Stage
During this stage, our plan pays part of the costs of your drugs, and you pay your share. Your share is called the copay. You begin this stage when you fill your first prescription of the year.	During this stage, the plan pays all of the costs of your drugs through December 31, 2026. You begin this stage after you pay a certain amount of out-of-pocket costs.

The Initial Coverage Stage ends when your total out-of-pocket costs for drugs reaches $2,100. At that point, the Catastrophic Coverage Stage begins. Our plan covers all of your drug costs from then until the end of the year. Refer to **Chapter 6** of your *Member Handbook* for more information on how much you'll pay for drugs.

Under the Manufacturer Discount Program, drug manufacturers pay a portion of our plan's full cost for covered Part D brand name drugs and biologics during the Initial Coverage Stage and the Catastrophic Coverage Stage. Discounts paid by manufacturers under the

Manufacturer Discount program don't count toward out-of-pocket costs.

E3. Stage 1: "Initial Coverage Stage"

During the Initial Coverage Stage, our plan pays a share of the cost of your covered drugs, and you pay your share. Your share is called the copay. The copay depends on what cost-sharing tier the drug is in and where you get it. You pay a copay each time you fill a prescription. If your covered drug costs less than the copay, you pay the lower price.

We moved some of the drugs on our *Drug List* to a lower or higher drug tier. If your drugs move from tier to tier, this could affect your copay. To find out if your drugs are in a different tier, look them up in our *Drug List*.

The following table shows your costs for a one-month supply filled at a network pharmacy with standard copays in each of our six drug tiers. These amounts apply **only** during the time when you're in the Initial Coverage Stage.

Most adult Part D vaccines are covered at no cost to you.

For information about the costs of vaccines, or information about the costs go to **Chapter 6, Section D** of your *Member Handbook*.

	2025 (this year)	2026 (next year)
Drugs in Tier 1	Your copay for a one-month (31-day) supply is $0.	Your copay for a one-month (31-day) supply is $0.

	2025 (this year)	2026 (next year)
(Preferred Generic Drugs) Cost for a one-month supply of a drug in Tier 1 that's filled at a network pharmacy		
Drugs in Tier 2 (Generic Drugs) Cost for a one-month supply of a drug in Tier 2 that's filled at a network pharmacy	You pay $0, $1.60, or $4.90 copay for generic drugs (including brand drugs treated as generic) $0, $4.80, or $12.15 copay for all other drugs per prescription. Your cost for a one-month mail-order prescription is $0, $1.60, or $4.90 copay for generic drugs (including brand drugs treated as generic) $0, $4.80, or $12.15 copay for all other drugs per prescription.	Your copay for a one-month (31-day) supply is $0.

	2025 (this year)	2026 (next year)
Drugs in Tier 3 (Preferred Brand Drugs) Cost for a one-month supply of a drug in Tier 3 that's filled at a network pharmacy	You pay $0, $1.60, or $4.90 copay for generic drugs (including brand drugs treated as generic) $0, $4.80, or $12.15 copay for all other drugs per prescription. Your cost for a one-month mail-order prescription is $0, $1.60, or $4.90 copay for generic drugs (including brand drugs treated as generic) $0, $4.80, or $12.15 copay for all other drugs per prescription. You pay $35 per month supply of each covered insulin product on this tier.	Your copay for a one-month (31-day) supply is $0, $1.60, or $5.10 for generic drugs (including brand drugs treated as generic) $0, $4.90, or $12.65 copay for all other drugs per prescription.
Drugs in Tier 4 (Non-Preferred Drugs)	You pay $0, $1.60, or $4.90 copay for generic drugs	Your copay for a one-month (31-day) supply is $0, $1.60, or

	2025 (this year)	2026 (next year)
Cost for a one-month supply of a drug in Tier 4 that's filled at a network pharmacy	(including brand drugs treated as generic) $0, $4.80, or $12.15 copay for all other drugs per prescription. Your cost for a one-month mail-order prescription is $0, $1.60, or $4.90 copay for generic drugs (including brand drugs treated as generic) $0, $4.80, or $12.15 copay for all other drugs per prescription.	$5.10 for generic drugs (including brand drugs treated as generic) $0, $4.90, or $12.65 copay for all other drugs per prescription.
Drugs in Tier 5 (Specialty Drugs) Cost for a one-month supply of a drug in Tier 5 that's filled at a network pharmacy	You pay $0, $1.60, or $4.90 copay for generic drugs (including brand drugs treated as generic) $0, $4.80, or $12.15 copay for all other drugs per prescription. Your cost for a one-month mail-order	Your copay for a one-month (31-day) supply is $0, $1.60, or $5.10 for generic drugs (including brand drugs treated as generic) $0, $4.90, or $12.65 copay for all other drugs per prescription.

	2025 (this year)	2026 (next year)
	prescription is $0, $1.60, or $4.90 copay for generic drugs (including brand drugs treated as generic) $0, $4.80, or $12.15 copay for all other drugs per prescription.	
Drugs in Tier 6 (Select Care Drugs) Cost for a one-month supply of a drug in Tier 6 that's filled at a network pharmacy	You pay $0 Once you have paid $2,000 out of pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage).	Your copay for a one-month (31-day) supply is $0.

The Initial Coverage Stage ends when your total out-of-pocket costs reach **$2,100**. At that point the Catastrophic Coverage Stage begins. Refer to **Chapter 6** of your *Member Handbook* for more information about how much you pay for drugs.

E4. Stage 2: "Catastrophic Coverage Stage"

When you reach the out-of-pocket limit **$2,100** for your drugs, the Catastrophic Coverage Stage begins and you pay nothing for your covered drugs. You stay in the Catastrophic Coverage Stage until the end of the calendar year.

For more information about your costs in the Catastrophic Coverage stage, refer to **Chapter 6**.

F. Administrative changes

We are making administrative changes for next year. The information in the table below describes these changes.

	2025 (this year)	2026 (next year)
Your Contract/Plan Benefit Package (PBP) has changed	H5926-001-000	**H5926-009-000**
Your Plan Deeming Period has changed	180 days	**90 days**
Best Buy Health / Critical Signal Technologies (CST) is no longer the contracted vendor for 2026.	Your PERS benefits were administered by Best Buy Health / Critical Signal Technologies (CST).	**Medical Guardian is the contracted PERS vendor for 2026.**
Medicare Prescription Payment Plan	The Medicare Prescription Payment Plan is a payment option that began this year and can help you manage your out-of-pocket costs for	**The Medicare Prescription Payment Plan may help you manage your drug costs by spreading them out during the year as**

	2025 (this year)	2026 (next year)
	drugs covered by our plan by spreading them across the calendar year (January-December).	**monthly payments. To learn more about this program, please contact us at the number at the bottom of the page or visit www.medicare.gov**
Special Supplemental Benefits for the Chronically Ill (SSBCI)	If you are diagnosed with an eligible chronic condition(s) and meet certain criteria, you may be eligible for special supplemental benefits for the chronically ill. Eligible chronic conditions include: • Chronic alcohol and other drug dependence • Autoimmune disorders • Cancer	**If you are diagnosed with an eligible chronic condition(s) and meet certain criteria, you may be eligible for special supplemental benefits for the chronically ill. Eligible chronic conditions include:** • **Cardiovascular disorders** • **Chronic heart failure** • **Dementia**

	2025 (this year)	2026 (next year)
	• Cardiovascular disorders • Chronic heart failure • Dementia • Diabetes • End-stage liver disease • End-stage renal disease (ESRD) • Severe hematologic disorders • HIV/AIDS • Chronic lung disorders • Chronic and disabling mental health conditions • Neurologic disorders • Stroke	• **Diabetes mellitus** • **Chronic lung disorders** • **Chronic kidney disease (CKD)** • **Chronic alcohol use disorder and other substance use disorders (SUDs)** • **Cancer** • **Autoimmune disorders** • **Overweight, obesity, and metabolic syndrome** • **Chronic gastrointestinal disease** • **Severe hematologic disorders**

	2025 (this year)	2026 (next year)
		• **HIV/AIDS** • **Chronic and disabling mental health conditions** • **Neurologic disorders** • **Stroke** • **Post-organ transplantation** • **Immunodeficiency and Immunosuppressive disorders** • **Conditions associated with cognitive impairment** • **Conditions with functional challenges** • **Chronic conditions that impair vision, hearing**

	2025 (this year)	2026 (next year)
		(deafness), taste, touch, and smell • **Conditions that require continued therapy services in order for individuals to maintain or retain functioning**

G. Choosing a plan

G1. Staying in our plan

We hope to keep you as a plan member. You don't have to do anything to stay in our plan. Unless you sign up for a different Medicare plan or change to Original Medicare, you'll automatically stay enrolled as a member of our plan for 2026.

G2. Changing plans

Most people with Medicare can end their membership during certain times of the year. Because you have Michigan Medicaid MICH plan, you can end your membership in our plan any month of the year.

In addition, you may end your membership in our plan during the following periods:

- The **Open Enrollment Period**, which lasts from October 15 to December 7. If you choose a new plan during this period, your membership in our plan ends on December 31 and your membership in the new plan starts on January 1.
- The **Medicare Advantage (MA) Open Enrollment Period**, which lasts from January 1 to March 31. If you choose a new plan during this period, your membership in the new plan starts the first day of the next month.

There may be other situations when you're eligible to make a change to your enrollment. For example, when:

- you moved out of our service area,
- your eligibility for Michigan Medicaid or Extra Help changed, **or**
- you recently moved into or are currently getting care in an institution (like a skilled nursing facility or a long-term care hospital). If you recently moved out of an institution, you can change plans or change to Original Medicare for two full months after the month you move out.

Your Medicare services

You have three options for getting your Medicare services listed below any month of the year. You have an additional option listed below during certain times of the year including the **Open Enrollment Period** and the **Medicare Advantage Open Enrollment Period** or other situations described in **Section G2**. By choosing one of these options, you automatically end your membership in our plan.

1. You can change to:	Here is what to do:
Another plan that provides your Medicare and most or all of your Medicaid benefits and services in one plan, also known as an integrated dual-eligible special needs plan (D-SNP) or a Program of All-inclusive Care for the Elderly (PACE) plan, if you qualify.	Call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. For Program of All-inclusive Care for the Elderly (PACE) inquiries, call (800) 803-7174. If you need help or more information: • Call MI Options, (800) 803-7174 (TTY: 711), Monday - Friday 8 a.m. to 5 p.m. ET, http://www.michigan.gov/MDHHSMIOptions. For more information or to find a local MI Options office in your area, please visit http://www.michigan.gov/MDHHSMIOptions. **OR** Enroll in a new integrated D-SNP. You'll automatically be disenrolled from our plan when your new

	plan's coverage begins. You can also contact the plan you wish to enroll in directly.
2. You can change to: **Original Medicare with a separate Medicare drug plan** **To apply for Medicaid, complete an application online at** www.michigan.gov/mibridges.	**Here is what to do:** Call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. If you need help or more information: • Call MI Options, (800) 803-7174 (TTY: 711), Monday - Friday 8 a.m. to 5 p.m. ET, http://www.michigan.gov/MDHHSMIOptions. For more information or to find a local MI Options office in your area, please visit http://www.michigan.gov/MDHHSMIOptions. **OR** Enroll in a new Medicare drug plan.

	You'll automatically be disenrolled from our plan when your Original Medicare coverage begins.
3. You can change to: **Original Medicare without a separate Medicare drug plan** **To apply for Medicaid, complete an application online at** www.michigan.gov/mibridges. **NOTE**: If you switch to Original Medicare and don't enroll in a separate Medicare drug plan, Medicare may enroll you in a drug plan, unless you tell Medicare you don't want to join. You should only drop drug coverage if you have drug coverage from another source, such as an employer or union. If you have questions about whether you need drug coverage, call MI Options, (800) 803-7174 (TTY: 711), Monday - Friday 8 a.m. to 5 p.m. ET, http://www.michigan.gov/MDHHSMIOptions.	**Here is what to do:** Call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. If you need help or more information: • Call MI Options, (800) 803-7174 (TTY: 711), Monday - Friday 8 a.m. to 5 p.m. ET, http://www.michigan.gov/MDHHSMIOptions. For more information or to find a local office in your area, please visit http://www.michigan.gov/MDHHSMIOptions. You'll automatically be disenrolled from our plan when your Original Medicare coverage begins.

4. You can change to:	Here is what to do:
Any Medicare health plan during certain times of the year including the **Open Enrollment Period** and the **Medicare Advantage Open Enrollment Period** or other situations described in **Section A**.	Call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. Program of All-Inclusive Care for the Elderly (PACE) inquiries, call (800) 803-7174. If you need help or more information: Call (800) 803-7174 (TTY: 711). In Michigan, the SHIP is called MI Options. **OR** Enroll in a new Medicare plan. You're automatically disenrolled from our Medicare plan when your new plan's coverage begins.

Your Michigan Medicaid services

For questions about how to get your Michigan Medicaid services after you leave our plan, contact the Beneficiary Help Line: 1-800-642-3195 or beneficiarysupport@michigan.gov. For more information log on to www.michigan.gov/mdhhs/assistance-programs/medicaid/portalhome/

beneficiaries/support. Ask how joining another plan or returning to Original Medicare affects how you get your Michigan Medicaid coverage.

H. Getting help

H1. Our plan

We're here to help if you have any questions. Call Member Services at the numbers at the bottom of the page during the days and hours of operation listed. These calls are toll-free.

Read your *Member Handbook*

Your *Member Handbook* is a legal, detailed description of our plan's benefits. It has details about benefits and costs for 2026. It explains your rights and the rules to follow to get services and drugs we cover.

The *Member Handbook* for 2026 will be available by October 15. An up-to-date copy of the *Member Handbook* is available on our website at MolinaHealthcare.com/Medicare. You may also call Member Services at the numbers at the bottom of the page to ask us to mail you a *Member Handbook* for 2026.

Our website

You can visit our website at MolinaHealthcare.com/Medicare. As a reminder, our website has the most up-to-date information about our provider and pharmacy network (*Provider and Pharmacy Directory*) and our *Drug List* (*List of Covered Drugs*).

H2. MI Options

You can also call the state health insurance program (SHIP). In Michigan the SHIP is called the MI Options. MI Options can help you understand your plan choices and answer questions about switching plans. MI Options isn't connected with us or with any insurance company or health plan. MI Options has trained counselors in every county and services are free. MI Options phone number is (800) 803-7174 (TTY: 711). For more information or to find a local MI Options office in your area, please visit http://www.michigan.gov/MDHHSMIOptions.

H3. The MICH Ombudsman

The MICH Ombudsman (MO) serves as an advocate and problem-solver for people enrolled in Michigan's MICH program. MO isn't connected with any insurance company or health plan and all of its services are free and it keeps all information confidential. Call the MO if you have trouble or delay with your MICH plan providing medical care, services, equipment, other benefits, or with the quality of care. MO can also help you learn about MICH and options for care in the community, including your rights. You can call MO if your MICH plan has denied medical care, services, equipment, or other benefits - including help with appeals.

Contact us at our toll-free hotline at:1-888-746-6456

H4. Medicare

To get information directly from Medicare:

- call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.
- chat live at www.Medicare.gov/talk-to-someone
- write to Medicare at PO Box 1270, Lawrence, KS 66044.

Medicare's Website

You can visit the Medicare website (www.medicare.gov). If you choose to disenroll from our plan and enroll in another Medicare plan, the Medicare website has information about costs, coverage, and quality ratings to help you compare plans.

You can find information about Medicare plans available in your area by using Medicare Plan Finder on Medicare's website. (For information about plans, refer to www.medicare.gov and click on “Find plans.”)

Medicare & You 2026

You can read the *Medicare & You 2026* handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. This handbook is also available in Spanish, Chinese, and Vietnamese.

If you don’t have a copy of this booklet, you can get it at the Medicare website (www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf) or by calling 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

H5. Michigan Medicaid

Michigan Medicaid is a health care program that provides comprehensive health care services to low income adults and children. Services covered by Medicaid are offered through what's called fee-for-service or through Medicaid Health Plans:

- Fee-for-service is the term for Medicaid paid services that aren't provided through a health plan. This means that Medicaid pays for the service. People under fee-for-service will use the MIhealth card to receive services.
- Additional information regarding MIhealth can be found by accessing the following website https://www.michigan.gov/mdhhs/assistance-programs/healthcare/adults/quicklinks/the-mihealth-card.
- Most people must join a health plan. The health plan pays for most of the services. For people that need to join a health plan, Michigan Enrolls will send a letter with more information. After enrollment with a health plan, both the MIhealth card and the health plan card are needed to access services. For additional information regarding joining a health plan, please visit the following website https://www.michigan.gov/mdhhs/-/media/Project/Websites/mdhhs/Folder2/Folder14/Folder1/Folder114/MHP_Service_Area_Listing.pdf?rev=fe2f344f7c46481fb39eb034a8601cd5&hash=D59C718240AE79F1F708D4103AD823A8.

Costs

Enrollees don't have to pay the full cost of covered services; however, a small amount called a co-pay may be required. People age 21 and older may have a co-pay for the services listed in the Beneficiary Co-Payment Requirements. To see a list of co-pay amounts in this chart, please visit https://www.michigan.gov/mdhhs/-/media/Project/Websites/mdhhs/Folder1/Folder60/WebCo-PayTable_11-02-06.pdf?rev=39dfeae1839e4434b66f503f84d63e45&hash=18CE85BF53B120E81739BD1F781CE2B8.

H6. The Medicare Prescription Payment Plan

The Medicare Prescription Payment Plan is a payment option that may help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January-December) as monthly payments. This program doesn't save you money or lower your drug costs.

"Extra Help" from Medicare and help from your state's pharmaceutical assistance program (SPAP) and the AIDS Drug Assistance Program (ADAP), for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan alone. All enrollees are eligible to participate in this program, regardless of income level. To learn more about this program please contact us at the phone number at the bottom of this page or visit www.Medicare.gov.

Additional Important Healthcare and Member Resource Information

- Electronic Notice (ELN) - How to Get Important Documents
- Non-Discrimination Notice (NDN) - Section 1557
- Notice of Availability (NOA) - Language Assistance Services
- Notice of Privacy Practices (NPP)

How to Get Important Plan Documents

You are important to us! We make it easy for you to get the information you need. Go online to view important plan documents and find a network provider or pharmacy. You can also look up your prescription drugs, anytime, anywhere, from any device. Your 2026 plan documents, like your Evidence of Coverage, Formulary, and Provider/Pharmacy Directory will be available online by October 15, 2025.

Get to know your plan documents

- **Evidence of Coverage (EOC):** A guide to what's covered under your plan. It has details about your plan benefits and coverage, member rights, and more.
- **Formulary (Drug List):** A list of covered drugs under your plan.
- **Provider/Pharmacy Directory:** A list of network doctors, specialists, and pharmacies with phone numbers and addresses. You can find a network provider or pharmacy using our online directory at MolinaHealthcare.com/ProviderSearch.

- **Notice of Privacy Practice:** This notice describes how medical information about you may be used and disclosed and how you can get access to this information. This is located on our website at https://www.molinahealthcare.com/members/common/en-US/terms_privacy.aspx.

How to view or request a copy of a plan document

Online at MolinaHealthcare.com/Medicare
View or download a copy of your plan documents online anytime, anywhere. Use any device, like your computer, tablet, or mobile phone. Your 2026 plan documents will be available online by October 15, 2025.

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

Call toll-free
Let us know if you don’t have computer access or if you prefer to have a printed copy of an EOC, Formulary, or Provider/ Pharmacy Directory mailed to you. To request a printed copy of a plan document, call Member Services toll-free at **the number located on the back of your ID card, Monday - Friday, 8 a.m. to 8 p.m., local time.**

We’re here to help

If you have questions about your benefits or need help finding a network provider or pharmacy, call Member Services toll-free **at the number located on the back of your ID card.**

Non-Discrimination Notice
Section 1557
Molina Healthcare - Medicare

Molina Healthcare complies with applicable Federal civil rights laws and does not discriminate on the basis of age, color, disability, national origin (including limited English proficiency), race, or sex (consistent with the scope of sex discrimination described at § 92.101(a)).

To help you effectively communicate with us, Molina Healthcare provides services free of charge and in a timely manner:

- Molina Healthcare provides reasonable modifications and appropriate aids and services to people with disabilities. This includes: (1) Qualified interpreters. (2) Information in other formats, such as large print, audio, accessible electronic formats, Braille.
- Molina Healthcare provides language services to people who speak another language or have limited English skills. This includes: (1) Qualified oral interpreters. (2) Information translated in your language.

If you need these services, contact Molina Member Services at 1-800-665-3086 or TTY/TDD: 711, Monday to Friday, 8 a.m. to 8 p.m., local time.

If you believe we have discriminated on the basis of age, color, disability, national origin, race, or sex, you can file a grievance. You can file a grievance by phone, mail, email, or online. If you need help writing your grievance, we will help you. You may obtain our grievance procedure by visiting our website at **MolinaHealthcare. com/ Members/Common/en-US/Notice-of-Nondiscrimination. aspx**

Call our Civil Rights Coordinator at 1-866-606-3889, TTY/TDD: 711 or submit your grievance to:

Civil Rights Unit
200 Oceangate
Long Beach, CA 90802
Email: Civil.Rights@MolinaHealthcare.com
Website: MolinaHealthcare.Alertline.com

You can also file a civil rights complaint (grievance) with the U.S. Department of Health and Human Services, Office for Civil Rights, online through the Office for Civil Rights Complaint Portal at: https://ocrportal.hhs.gov/ocr/portal/lobby.jsf or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
Phone: 1-800-368-1019
TTY/TDD: 800-537-7697

Complaint forms are available here: **HHS.gov/sites/default/files/ocr-cr-complaint-form-package.pdf**

Notice of Availability

We offer free interpreter and translation services to help you understand your health or drug plan. This includes support from someone who speaks your language.

We also provide free aids and services—such as sign language interpreters and written materials in alternative formats—to ensure everyone can access the information they need. To request these services, please call Member Services at the number listed on your Member ID card.

English

ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call the Member Services number on the back of your ID card or speak to your provider.

Spanish

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos para asistirle en su idioma. También dispone de ayudas y servicios auxiliares gratuitos para proporcionar información en formatos accesibles. Llame al número del Departamento de Servicios para Miembros que figura en el reverso de su tarjeta de identificación o hable con su proveedor.

Simplified Chinese

注意：如果您说 中文，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助 工具和服务，以无障碍格式提供信息。致电 ID 卡背面的客户服务号码或咨询您的服务提 供商。

Traditional Chinese

注意：如果您說 台語，我們可以為您提供免費語言協助服務。也可以免費提供適當的輔 助工具與服務，以無障礙格式提供資訊。請撥打您 ID 卡背面的會員服務部電話號碼或諮詢您的服務提供者。

Russian

ВНИМАНИЕ! Если вы говорите на русском, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также бесплатны. Позвоните по номеру службы поддержки клиентов, указанному на обратной стороне вашей идентификационной карты, или обратитесь к своему поставщику услуг.

Haitian Creole

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd aladispozisyon w gratis pou lang ou pale a. Èd ak sèvis siplemantè apwopriye pou bay enfòmasyon nan fòma aksesib yo disponib gratis tou. Rele nimewo Sèvis Manm ki sou do kat ID ou a oswa pale ak pwofesyonèl swen sante ou a.

Korean

주의:한국어 를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. ID 카드 뒷면에 있는 회원 서비스 번호로 전화하거나 서비스 제공업체에 문의하십시오.

Italian

ATTENZIONE: Se parla italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente strumenti ausiliari e servizi adeguati per fornire informazioni in formati accessibili. Si prega di contattare il numero del Servizio per i membri riportato sul retro della propria tessera identificativa o di rivolgersi al proprio fornitore.

Yiddish

אַבטונג: אויב איר רעדט יידיש, שפראך הילף סערוויסעס זענען בארעבטיגט פריי פאר דיר. פּאַסיקע אידס און באַדינונגס פֿאַר צושטעלן אינפֿאָרמאַציע אין צוטריטלעך פֿאָרמאַטירונגען זענען אויך פריי בנימצא. רופט דעם מיטגליד באַדינען נומער אין קריק פֿון דיין ID קאַרטל אָדער רעדט מיט דיין צושטעלער.

Bengali

মনোযোগ দিন: যদি আপনি বাংলা বলেন, তাহলে আপনার জন্য বিনামূল্যে ভাষা সহায়তা পরিষেবাদি উপলব্ধ রয়েছে। অ্যাক্সেসযোগ্য ফরম্যাটে তথ্য প্রদানের জন্য উপযুক্ত সহায়ক সহযোগিতা এবং পরিষেবাদিও বিনামূল্যে উপলব্ধ রয়েছে। আপনার আইডি কার্ডের পিছনে থাকা সদস্য পরিষেবা নম্বরে কল করুন অথবা আপনার প্রদানকারীর সাথে কথা বলুন।

Polish

UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer Działu Obsługi Klienta podany na odwrocie Twojej karty identyfikacyjnej lub porozmawiaj ze swoim dostawcą.

Arabic

تنبيه: إذا كنت تتحدث العربية، فسوف تكون خدمات المساعدة اللغوية متاحة لك مجانًا. كما تتوفر أدوات مساعدة وخدمات إضافية مناسبة لتوفير المعلومات بصيغ يمكن الوصول إليها من دون أية تكلفة. اتصل بقسم خدمات الأعضاء على الرقم المدون على ظهر بطاقة هويتك أو تحدث إلى مقدم الخدمات.

French

ATTENTION : Si vous parlez français, des services d’assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés sont également mis à votre disposition gratuitement pour vous fournir les informations dans des formats accessibles. Appelez les Services aux adhérents au numéro figurant au dos de votre carte d’adhérent, ou adressez-vous à votre prestataire.

Urdu

اردو

توجہ فرمائیں: اگر آپ اردو بولتے ہیں، تو آپ کے لیے مفت لسانی خدمات دستیاب ہیں- قابل رسائی فارمیٹس میں معلومات فراہم کرنے کے لیے مناسب معاون امداد اور خدمات بھی مفت دستیاب ہیں- ممبر سروسز کو اپنے ID کارڈ کی پچھلی جانب موجود نمبر پر کال کریں یا اپنے فراہم کنندہ سے بات کریں-

Tagalog

PAUNAWA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyo ng tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga accessible na format. Tawagan ang numero ng Mga Serbisyo sa Miyembro sa likod ng ID card mo o makipag-usap sa iyong provider.

Greek

ΠΡΟΣΟΧΗ: Εάν μιλάτε Ελληνικά, υπάρχουν διαθέσιμες δωρεάν υπηρεσίες υποστήριξης στη συγκεκριμένη γλώσσα. Διατίθενται δωρεάν κατάλληλα βοηθήματα και υπηρεσίες για παροχή πληροφοριών σε προσβάσιμες μορφές. Καλέστε τον αριθμό των υπηρεσιών Μέλους που βρίσκεται στο πίσω μέρος της κάρτας αναγνωριστικού σας ή απευθυνθείτε στον πάροχό σας.

Albanian

VINI RE: Nëse flisni anglisht, shërbimet falas të ndihmës gjuhësore janë të disponueshme për ju. Gjithashtu, disponohen falas ndihma të përshtatshme dhe shërbime shtesë për të siguruar informacion në formate të aksesueshme. Telefononi Shërbimet ndaj Anëtarëve në numrin që ndodhet në pjesën e pasme të kartës suaj të identitetit ose flisni me ofruesin tuaj të shërbimit.

German

HINWEIS: Wenn Sie Sprache einfügen sprechen, stehen Ihnen kostenlose Sprachassistenzdienste zur Verfügung. Geeignete Hilfsmittel und Dienste für die Übermittlung von Informationen in zugänglicher Form sind ebenfalls kostenlos verfügbar. Rufen Sie die Nummer des Mitgliederservices auf der Rückseite Ihres Ausweises an oder sprechen Sie mit Ihrem Anbieter.

Pennsylvania Dutch

GEB ACHT: Wann du Pennsylvanisch Deitsch schwetzscht, Schprooch Helfe Services sin meeglich mitaus Koscht. Appropriate Auxiliary Aids un Services un Services Information zu gewwe in helfreiche Formats sin aa meeglich mitaus Koscht. Ruf die Member Services Nummer uff die Rickseit vun dei ID Kaart odder Schwetz mit dei Provider.

Vietnamese

LƯU Ý: Nếu quý vị nói tiếng Việt, chúng tôi có sẵn các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho quý vị. Ngoài ra, chúng tôi còn có các dịch vụ và phương tiện hỗ trợ khác phù hợp, hoàn toàn miễn phí để cung cấp thông tin theo các định dạng dễ sử dụng. Vui lòng gọi đến số điện thoại của bộ phận Dịch vụ thành viên có trên mặt sau thẻ ID của quý vị để trao đổi với nhà cung cấp dịch vụ của quý vị.

Somali

FIIRO GAAR AH: Haddii aad ku hadasho Soomaali, adeegyada caawimaada luuqada oo bilaash ah ayaad heli kartaa. Agabka kaalmaatiga oo sax ah iyo adeegyada xogta ku bixiya qaab la heli karo ayaa sidoo kale lagu heli karaa lacag la'aan. Wac lambarka Adeegyada Macaamiisha ee ku qoran dhabarka danbe ee kaarkaaga aqoonsiga ama la hadal dhakhtarkaaga.

Japanese

注意：日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセス可能な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。IDカードの裏面にある会員サービス番号に電話するか、プロバイダーにご相談ください。

Ukrainian

УВАГА! Якщо ви розмовляєте українською мовою, вам доступні безкоштовні мовні послуги. Відповідні допоміжні засоби й послуги з надання інформації в доступних форматах також пропонуються безкоштовно. Зателефонуйте на номер служби підтримки учасників, указаний на звороті вашого посвідчення особи, або зверніться до свого постачальника послуг.

Romanian

ATENȚIE: Dacă vorbiți română, aveți la dispoziție servicii gratuite de asistență lingvistică. Sunt disponibile gratuit ajutoare și servicii auxiliare adecvate pentru furnizarea informațiilor în formate accesibile. Contactați Serviciul pentru Membri la numărul de telefon înscris pe verso-ul cardului de identificare sau adresați-vă furnizorului dumneavoastră.

Amharic

ማስታወሻ፣ አማርኛ የምናገሩ ከሆነ፣ ነፃ የቋንቋ ድጋፍ አገልግሎቶች ለእርስዎ ይኖራል። እንዲሁም፣በሚገኙ ቅርፀቶች መረጃ ለማቅረብ ተገቢ የመርጃ ድጋፎች እና አገልግሎቶች በነፃ ይኖራሉ። በID ካርድዎ ጀርባ ላይ ባለው የአባላት አገልግሎቶች ቁጥር ይደውሉ ወይም አቅራቢዎን ያነጋግሩ።

Thai

หมายเหตุ: หากคุณใช้ภาษา ไทย เรามีบริการความช่วยเหลือด้านภาษาฟรี นอกจากนี้ ยังมีเครื่องมือและบริการช่วยเหลือเพื่อให้ข้อมูลในรูปแบบที่เข้าถึงได้โดยไม่เสียค่าใช้จ่าย โปรดติดต่อหมายเลข ฝ่ายบริการสมาชิกที่ระบุไว้ด้านหลังบัตรประจาตัวของคุณหรือพูดคุยกับผู้ให้บริการของคุณ

Persian

توجه: اگر به زبان فارسی صحبت می‌کنید، خدمات کمک زبانی به صورت رایگان در دسترس شماست. همچنین، خدمات و کمک‌های لازم برای ارائه اطلاعات به صورت‌های مختلف و قابل دسترسی، به صورت رایگان در اختیار شما قرار می‌گیرد. با شماره خدمات اعضا که پشت کارت شناسایی شما درج شده تماس بگیرید یا با ارائهدهنده خود صحبت کنید.

Samoan

FAAMATALAGA: Afai e te tautala faa-Samoa, o loo i ai gagana fesoasoani i gagana e Le totogia mo oe. Fesoasoani fa’aopopo talafeagai ma auaunaga ina ia tuuina atu ai faamatalaga e maua I limits e faigofie ona maua o loo maua foi e le totogia. Vala’au le Auaunaga a Sui Auai i le numera o i taua o lau ID card pe talanoa i lauvrautua.

Ilocano

PAKAAMMO: No agsasaoka iti Ilocano, magun-odam dagiti libre a serbisio ti tulong iti pagsasao. Libre met laeng a magun-odan dagiti maitutop a katulongan ken serbisio a mangipaay iti impormasion kadagiti format a nalaka a ma-access. Tawagam ti numero ti Serbisio para Kadagiti Miembro iti likudan ti ID card-mo wenno makisaritaka iti provider-mo.

Gujarati

ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હો તો મફત ભાષાકીય સહાયતા સેવાઓ તમારા માટે ઉપલબ્ધ છે. યોગ્ય ઑક્ઝિલરી સહાય અને ઍક્સેસિબલ ફૉર્મેટમાં માહિતી પૂરી પાડવા માટેની સેવાઓ પણ વિના મૂલ્યે ઉપલબ્ધ છે. તમારા ID કાર્ડની પાછળ આપેલા સભ્ય સેવાઓ નંબર પર કૉલ કરો અથવા તમારા પ્રદાતા સાથે વાત કરો.

Portuguese

ATENÇÃO: se fala português, tem à sua disposição serviços de assistência linguística gratuitos. Também estão disponíveis, de forma gratuita, ajudas e serviços auxiliares apropriados para fornecer informações em formatos acessíveis. Ligue para o número dos Serviços de apoio aos membros que se encontra no verso do seu cartão de identificação ou fale com o seu prestador de serviços de saúde.

Hindi

ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। अपने ID कार्ड के पीछे दिए गए सदस्य सेवा नंबर पर कॉल करें या अपने प्रदाता से बात करें।

Khmer

សូមយកចិត្តទុកដាក់៖ ប្រសិនបើអ្នកនិយាយ*ភាសាខ្មែរ*
សេវាកម្មជំនួយភាសាឥតគិតថ្លៃគឺមានសម្រាប់អ្នក។ ជំនួយ
និងសេវាកម្មដែលជាការជួយដ៏សមរម្យ
ក្នុងការផ្តល់ព័ត៌មានតាមទម្រង់ដែលអាចចូលប្រើប្រាស់បាន
ក៏អាចរកបានដោយឥតគិតថ្លៃផងដែរ។
ហៅទូរសព្ទទៅលេខសេវាបម្រើសមាជិកនៅខាងក្រោយកាត ID
របស់អ្នក ឬនិយាយទៅកាន់អ្នកផ្តល់សេវារបស់អ្នក។

Laotian

ເຊີນຊາບ: ຖ້າທ່ານເວົ້າພາສາ ລາວ,
ຈະມີບໍລິການຊ່ວຍດ້ານພາສາແບບບໍ່ເສຍຄ່າໃຫ້ທ່ານ. ມີເຄື່ອງຊ່ວຍ ແລະ
ການບໍລິການແບບບໍ່ເສຍຄ່າທີ່ເໝາະສົມເພື່ອໃຫ້ຂໍ້ມູນໃນຮູບແບບທີ່ສາ
ມາດເຂົ້າເຖິງໄດ້. ໂທຫາເບີບໍລິການສະມາຊິກຢູ່ດ້ານຫຼັງບັດປະຈຳຕົວຂອງທ່ານ
ຫຼື ລົມກັບຜູ້ໃຫ້ບໍລິການຂອງທ່ານ.

Karen

ဟ်သူဉ်ဟ်သး– နမ့်ကတိၤ ကညီကျိာ် အဃိ, တၢ်အိဉ်ဒီး
ကျိာ်တၢ်ဆီဉ်ထွဲမၤစၢၤ လၢတလ၊်ဘူဉ်လ၊်စ့ၤ လၢနဂီၢ်လီၤ. တၢ်အိဉ်ဒီး
တၢ်မၤစၢၤတၢ်နၢ်ဟူပီးလီဒီး တၢ်မၤစၢၤတၢ်မၤ လၢအကြၢးအဘဉ်
လၢကဟ့ဉ် တၢ်ဂ့ၢ်တၢ်ကျိၤ လၢတၢ်မၤနၢ့်အီၤသ့တဖဉ်
လၢတလ၊်ဘူဉ်လ၊်စ့ၤ လၢနဂီၢ်လီၤ. ကိး ကရၢဖိတၢ်မၤစၢၤတၢ်မၤ
အလိတဲစိနိဉ်ဂံၢ်လၢ အိဉ်ဖဲနလံာ်အုဉ်သး (ID) ခးကဲ့အလိၤ မ့တမ့ၢ်
တဲတၢ်ဒီး ပှၤလၢအဟ့ဉ်နၤတၢ်ကွၢ်ထွဲန္ဉ် တကဲ့ၢ်.

Swahili

KUMBUKA: Ikiwa wewe huzungumza Kiswahili, msaada na huduma za lugha bila malipo unapatikana kwako. Vifaa vya usaidizi vinavyofaa na huduma bila malipo ili kutoa taarifa katika mifumo inayofikiwa zinapatikana pia bila malipo. Piga simu kwa nambari ya Huduma za Wanachama iliyo nyuma ya kadi yako ya kitambulisho au zungumza na mtoa huduma wako.

Serbian

PAŽNJA: Ukoliko govorite Srpski, dostupne su vam besplatne usluge jezičke podrške. Dostupne su vam i besplatne odgovarajuće pomoći i usluge za pružanje informacija u formatima za lak pristup. Pozovite broj za usluge za članove koji se nalazi na poleđini vaše ID kartice ili se obratite pružaocu usluge.

Croatian

PAŽNJA: Ako pričate Hrvatski, na raspolaganju su vam besplatne usluge pomoći za jezik. Odgovarajuća pomoćna sredstva i usluge za pružanje informacija u pristupačnim formatima također su dostupne besplatno. Nazovite broj Službe za članove na poleđini vaše osobne iskaznice ili razgovarajte sa svojim pružateljem usluga.

Nepali

सावधान: तपाईं नेपाली भाषा बोल्नुहुन्छ भने तपाईंका लागि नि:शुल्क भाषिक सहायता सेवाहरू उपलब्ध छन्। पहुँचयोग्य ढाँचाहरूमा जानकारी सहायता सेवाहरू उपलब्ध छन्। पहँचयोग्य ढाँचाहरूमा उपलब्ध छन्। ID कार्डको पछाडिपट्टि लेखिएको Member Services नम्बरमा फोन गर्नुहोस्, नभए कुरा गर्नुहोस्।

Yoruba

ÀKÍYÈSÍ: Bí o bá ń sọ èdè Yorùbá, àwọn iṣẹ́ ìrànlọ́wọ́ èdè ọ̀fẹ́ wà fún ọ. Àwọn ohun èlò ìrànlọ́wọ́ àti àwọn iṣẹ́ tó yẹ láti pèsè àlàyé ní àwọn ònà tó rọrùn ló wà lọ́fẹ̀ẹ́. Pe nọ́mbà Àwọn iṣẹ́ Ọmọ ẹgbẹ́ tó wà ní ẹ̀yìn káàdì ìdánimọ̀ rẹ tàbí bá olùpèsè rẹ sọ̀rọ̀.

Tamil

கவனிக்கவும்: நீங்கள் தமிழ் பேசுபவர் என்றால், உங்களுக்கு இலவச மொழி உதவிச் சேவைகள் கிடைக்கும். அணுகல் வசதிக்கேற்ற வடிவங்களில் தகவலை வழங்குவதற்கான தகுந்த, கூடுதல் உதவி அம்சங்களும் சேவைகளும் கூட கட்டணமின்றிக் கிடைக்கும். உங்கள் வழங்குநரிடம் பேச, உங்கள் ஐடி கார்டின் பின்பக்கமுள்ள உறுப்பினர் சேவை மைய எண்ணை அழைக்கவும்.

Navajo

SHOOH: Diné bizaad yiníłti’, t’áá jiik’ehgo saad bee áká’ánída’awo’ígíí t’áá hadoohkáał nihá kéé’ hóló. T’áá ajiłii íiyisí át’éego nihá át’éego bee haz’ánígíí dóó t’áá ádáhodooníígíí biniiyé t’áá jíík’eh nihá kéé’ hóló Member Services béésh bee hane’í bikáá’ dah naaznil doo ID card ni’ dooleeł ná’ádoolwołígíí bikáá’ nihá át’é.

Shoshone

NENKAHI: Uuiss en taikw Sosohni, yu yowk taikwa tuwahntsawaiyn mahhpittsiyahnkuuk en. To kwain tuwahntsawaiyn tes tuwahntsawaiyn uut uutinantuuinkehn uukuup tsa taw natehpop suwait mampittsiyankunk yuyowk nai nimeht. Nimai suun suhmah tuwahntsawaiyn tetehtsep piinak tehpop en nuwaiyn en taikw uhmah natsu tainepeh tes waipeh.

Choctaw

KULLÓSHI: Chi Chahta anumpa ish anumpuli hosh, aiittola towa la hosh chi chiahullo li. Himona, achukma ut ish anumpuli hinla ia, il im anumpuli holisso kapvchi shulush isht ia, towa la hosh chi. Chi ID holisso okpulo bok aiittola na isht ia hosh pisa, il chi isht ia isht iachi pisa.

Punjabi

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਤੁਹਾਡੇ ਲਈ ਮੁਫ਼ਤ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਉਪਲਬਧ ਹੋਣਗੀਆਂ। ਪਹੁੰਚਯੋਗ ਫਾਰਮੈਟਾਂ ਵਿੱਚ ਜਾਣਕਾਰੀ ਪ੍ਰਦਾਨ ਕਰਨ ਲਈ ਢੁਕਵੇਂ ਪੂਰਕ ਸਹਾਇਕ ਸਾਧਨ ਅਤੇ ਸੇਵਾਵਾਂ ਵੀ ਮੁਫ਼ਤ ਵਿੱਚ ਉਪਲਬਧ ਹੋਣਗੀਆਂ। ਤੁਹਾਡੇ ID ਕਾਰਡ ਦੇ ਪਿੱਛੇ ਦਿੱਤੇ ਮੈਂਬਰ ਸਰਵਿਸਿਜ਼ ਨੰਬਰ 'ਤੇ ਕਾਲ ਕਰੋ ਜਾਂ ਤੁਹਾਡੇ ਪ੍ਰਦਾਤਾ ਨਾਲ ਗੱਲ ਕਰੋ।

Syriac

ܫܡܝ ܐܝܬ ܠܟ ܕܡܬܟܠܡ ܣܘܪܝܝܐ ܐܢ ܐܢ ܐܝܬ ܠܟ ܫܘܬܦ ܕܡܬܟܠܡ ܣܘܪܝܝܐ

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This Notice describes the privacy practices of Molina Healthcare's affiliated health plans (referred to herein as "**Molina**", "**we**" or "**our**"). We use and share protected health information ("**PHI**") about you to provide your health benefits as a Molina member. We use and share your PHI to carry out treatment, payment and health care operations. We also use and share your PHI for other reasons as allowed and required by law. We have the duty to keep your health information private and to follow the terms of this Notice. The effective date of this Notice is January 1, 2026.

PHI is health information that includes your name, member number or other identifiers, and is used or shared by us. PHI includes health information about substance use disorders and biometric information (like a voiceprint).

Why do we use or share your PHI?

We use or share your PHI to provide you with health care benefits. Your PHI is also used or shared for treatment, payment, and health care operations.

For Treatment

We may use or share your PHI to give you, or arrange for, your medical care. This treatment also includes referrals between your doctors or other health care providers. For example, we may share information about your health condition with a specialist. This helps the specialist talk about your treatment with your doctor.

For Payment

We may use or share PHI to make decisions on payment. This may include claims, approvals for treatment, and decisions about medical need. Your name, your condition, your treatment, and supplies given may be written on the bill. For example, we may let a doctor know that you have our benefits. We would also tell the doctor the amount of the bill that we would pay.

For Health Care Operations

We may use or share PHI about you to run our health plan(s). For example, we may use information from your claim to let you know about a health program that could help you. We may also use or share your PHI to solve your concerns. Your PHI may also be used to see that claims are paid right.

Health care operations involve many daily business needs. It includes but is not limited to, the following:

- Improving quality;
- Actions in health programs to help members with certain conditions (such as asthma);
- Conducting or arranging for medical review;
- Legal services, including fraud and abuse detection and prosecution programs;
- Actions to help us obey laws;
- Addressing member needs, including solving complaints and grievances.

We will share your PHI with other companies ("**business associates**") that perform different kinds of activities for our health plan(s). We may also use your PHI to give you reminders about your appointments.

We may use your PHI to give you information about other treatment(s), or other health-related benefits and services.

When can we use or share your PHI without getting written authorization (approval) from you?

In addition to treatment, payment and health care operations, the law allows or requires Molina to use and share your PHI for several other purposes including the following:

Required by law
We will use or share information about you as required by law. We will share your PHI when required by the Secretary of the Department of Health and Human Services (HHS). This may be for a court case, other legal review, or when required for law enforcement purposes.

Public Health
Your PHI may be used or shared for public health activities. This may include helping public health agencies to prevent or control disease.

Health Care Oversight
Your PHI may be used or shared with government agencies. They may need your PHI for audits.

Research
Your PHI may be used or shared for research in certain cases, such as when approved by a privacy or institutional review board.

Legal or Administrative Proceedings
Your PHI may be used or shared for legal proceedings, such as in response to a court order.

Law Enforcement
Your PHI may be used or shared with police for law enforcement purposes, such as to help find a suspect, witness or missing person.

Health and Safety
Your PHI may be shared to prevent a serious and imminent threat to the health or safety of a person or the public.

Government Functions
Your PHI may be shared with the government for special functions. An example would be to protect the President.

Victims of Abuse, Neglect or Domestic Violence
Your PHI may be shared with legal authorities if we believe that a person is a victim of abuse or neglect.

Workers' Compensation
Your PHI may be used or shared to obey Workers' Compensation laws.

Other Disclosures
Your PHI may be shared with funeral directors or coroners to help them do their jobs.

Additional Restrictions on Use and Disclosure.
Some federal and state laws may require special privacy protections that restrict the use and disclosure of certain types of health information. Such laws may protect the following types of information: alcohol and substance use disorders, biometric information, child or adult abuse or neglect including sexual assault, communicable diseases, genetic information, HIV/AIDS, mental health, minors' information, prescriptions, reproductive health, and sexually transmitted diseases. We will follow the more stringent law, where it applies to us.

Substance Use Disorder (SUD) Information.
Although we are not a substance use disorder treatment program under federal law (a "SUD Program"), we may receive information

from a SUD Program about you. We may not disclose SUD information for use in a civil, criminal, administrative, or legislative proceeding against you unless we have (i) your written consent, or (ii) a court order accompanied by a subpoena or other legal requirement compelling disclosure issued after we and you were given notice and an opportunity to be heard.

When do we need your written authorization (approval) to use or share your PHI?

We need your written approval to use or share your PHI for a purpose other than those listed in this Notice. We need your authorization before we disclose your PHI for the following: (1) most uses and disclosures of psychotherapy notes; (2) uses and disclosures for marketing purposes; and (3) uses and disclosures that involve the sale of PHI. You may cancel a written approval that you have given us. Your cancellation will not apply to actions already taken by us because of the approval you already gave to us.

What are your health information rights?

You have the right to:

- **Request Restrictions on PHI Uses or Disclosures (Sharing of Your PHI)**
  You may ask us not to share your PHI to carry out treatment, payment or health care operations. You may also ask us not to share your PHI with family, friends or other persons you name who are involved in your health care. However, we are not required to agree to your request. You will need to make your request in writing. You may use our form to make your request.

- **Request Confidential Communications of PHI**
  You may ask Molina to give you your PHI in a certain way or at a certain place to help keep your PHI private. We will follow

reasonable requests, if you tell us how sharing all or a part of that PHI could put your life at risk. You will need to make your request in writing. You may use our form to make your request.

- **Review and Copy Your PHI**
  You have a right to review and get a copy of your PHI held by us. This may include records used in making coverage, claims and other decisions about you as our member. You will need to make your request in writing. You may use our form to make your request. We may charge you a reasonable fee for copying and mailing the records. In certain cases, we may deny the request. *Important Note: We do not have complete copies of your medical records. If you want to look at, get a copy of, or change your medical records, please contact your doctor or clinic.*

- **Amend Your PHI**
  You may ask that we amend (change) your PHI. This involves only those records kept by us about you as a member. You will need to make your request in writing. You may use our form to make your request. You may file a letter disagreeing with us if we deny the request.

- **Receive an Accounting of PHI Disclosures (Sharing of Your PHI)**
  You may ask that we give you a list of certain parties that we shared your PHI with during the six years prior to the date of your request. The list will not include PHI shared as follows:

  - for treatment, payment or health care operations;
  - to persons about their own PHI;
  - sharing done with your authorization;

- incident to a use or disclosure otherwise permitted or required under applicable law;
- PHI released in the interest of national security or for intelligence purposes; or
- as part of a limited data set in accordance with applicable law.

We will charge a reasonable fee for each list if you ask for this list more than once in a 12- month period. You will need to make your request in writing. You may use our form to make your request.

You may make any of the requests listed above, or may get a paper copy of this Notice. Please call our Member Services department at the toll-free number on the back of your ID card, 7 days a week, 8 a.m. to 8 p.m., local time. TTY/ TDD users, please call 711.

What can you do if your rights have not been protected?
You may complain to us and to the Department of Health and Human Services if you believe your privacy rights have been violated. We will not do anything against you for filing a complaint. Your care and benefits will not change in any way.

You may file a complaint with us at:

Call Member Services at the toll-free number on the back of your ID card, 7 days a week, 8 a.m. to 8 p.m., local time. TTY/TDD users, please call 711. Or write to us at:

Molina Healthcare
Attn: Appeals and Grievances
P.O. Box 22816
Long Beach, CA 90801-9977

You may file a complaint with the Secretary of the U.S. Department of Health and Human Services at:

U.S. Department of Health & Human Services Office for Civil Rights
200 Independence Ave., S.W. Suite 509F, HHH Building Washington, D.C. 20201
(800) 368-1019; (800) 537-7697 (TDD); (202) 619-3818 (FAX)

What are our duties?
We are required to:

- Keep your PHI private;
- Give you written information such as this on our duties and privacy practices about your PHI;
- Provide you with a notice in the event of any breach of your unsecured PHI;
- Not use or disclose your genetic information for underwriting purposes;
- Follow the terms of this Notice.

This Notice is Subject to Change

We reserve the right to change its information practices and terms of this Notice at any time. If we do, the new terms and practices will then apply to all PHI we keep. If we make any material changes, we will post the revised Notice on our website and send the revised Notice, or information about the material change and how to obtain the revised Notice, in our next annual mailing to our members then covered by us. This Notice is available on our website at MolinaHealthcare.com.

Contact Information
If you have any questions about this Notice, please contact us. Call our Member Services department at the toll-free number on the back of your ID card; 7 days a week, 8 a.m. to 8 p.m., local time. TTY/

TDD users, please call 711. Or write to Molina Member Services, 200 Oceangate, Suite 100, Long Beach, CA 90802.

You can get this document for free in other formats, such as large print, braille, or audio. Call (855) 882-3901, TTY/TDD: 711, 7 days a week, 8 a.m. to 8 p.m., local time. The call is free.

PO Box 298
Monroe, WI 53566-0298
Attn: Enrollment Accounting

Important Molina Healthcare Information

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