

2019

Molina Healthcare of New Mexico, Inc.
Agreement and Individual Evidence of
Coverage

Molina Pediatric Vision Services Rider No. 1

New Mexico

PO Box 3887, Albuquerque, NM 87190

MolinaMarketplace.com



Your Extended Family.

MHNM10102019-A2

This Pediatric Vision Services Rider No. 1 amends and supplements the Molina Healthcare of New Mexico, Inc. Agreement and Individual Evidence of Coverage (also called the “EOC” or “Agreement”) and is issued by Molina Healthcare of New Mexico, Inc. (“**Molina Healthcare**”, “**Molina**”, “**we**” or “**our**”) for the product specified as part of the Agreement.

The following provisions of the Agreement are amended as follows:

1. The Molina Healthcare of New Mexico, Inc. Summary of Benefits and Coverage (SBC) is amended and supplemented by adding the following summary of pediatric vision services to the category of “Outpatient Professional Services” covered under the Agreement:

Outpatient Professional Services (cont’d)	At Participating Provider, You Pay
Pediatric Vision Services (for Members under Age 19 Only)	
Vision Exam (limited to 1 routine eye exam in a 12-month period)	No Charge
Prescription eye glasses <ul style="list-style-type: none"> • Prescription eye glasses (frames & lenses) (limited to 1 pair of prescription eye glasses in a 12-month period) • Lens tinting if certain medical conditions are present • Polycarbonate lenses if certain medical conditions are present • Lenses to prevent double vision • Minor repairs to eyeglasses 	No Charge
Contact lenses (original prescription or replacement) only when Prior Authorized for certain medical conditions	No Charge
Replacement lenses (for lost, broken or deteriorated eye glasses or contact lenses)	No Charge

THE GUIDE ABOVE IS INTENDED TO BE USED TO HELP YOU DETERMINE COVERAGE BENEFITS AND IS A SUMMARY ONLY. THE MOLINA HEALTHCARE OF NEW MEXICO, INC. AGREEMENT AND INDIVIDUAL EVIDENCE OF COVERAGE, AS AMENDED BY THIS PEDIATRIC VISION SERVICES RIDER NO. 1, SHOULD BE CONSULTED FOR A DETAILED DESCRIPTION OF BENEFITS AND LIMITATIONS.”

2. The “Pediatric Vision Services” section under “What is Covered Under My Plan?” is deleted in its entirety and replaced by the following provisions:

“Pediatric Vision Services

Molina Healthcare covers the following vision services for Members under the age of 19:

- One routine eye exam in a 12-month period
- One pair of prescription eye glasses (lenses and frame) no more frequently than once every 12 months (prescription eye glasses may be covered more frequently when an ophthalmologist or optometrist recommends a change in prescription due to a medical condition, including but not limited to, cataracts, diabetes or hypertension)
- Lens tinting if certain medical conditions are present as confirmed by ophthalmologist or optometrist
- Polycarbonate lenses if medical conditions require prescriptions for high power lenses or an eligible Member has monocular vision
- Lenses to prevent double vision
- Minor repairs to prescription eye glasses

Contact lenses (original prescriptions or replacements) are covered only when Prior Authorized for certain medical conditions. We cover the replacement of eyeglasses or contact lenses that are lost, broken or have deteriorated to the point that they have become unusable to eligible Members. Laser corrective surgery is not covered.”

3. All provisions of the Agreement which are not deleted, modified, supplemented or otherwise amended by this Pediatric Vision Services Rider No. 1 remain in full force and effect.
4. The provisions of the Agreement, together with this Pediatric Vision Services Rider No. 1, any other riders or amendments to the Agreement, and any application(s) submitted to Molina Healthcare to obtain coverage under the Agreement, including the applicable rate sheet for this plan, are incorporated into the Agreement by reference, and constitute the legally binding contract between Molina Healthcare, on the one hand, and Subscriber or Member, on the other.
5. Pediatric Vision Services that are obtained by a non-participating provider are not covered. Should You or Your eligible Dependents who are enrolled in this Policy obtain Pediatric Vision Services with a non-participating provider You will be 100% responsible for payment and the payments will not apply to Your Deductible or Annual Out-of-Pocket Maximum for any of these services.



Your Extended Family.

Non-Discrimination Notification Molina Healthcare

Molina Healthcare (Molina) complies with all Federal civil rights laws that relate to healthcare services. Molina offers healthcare services to all members and does not discriminate based on race, color, national origin, ancestry, age, disability, or sex.

Molina also complies with applicable state laws and does not discriminate on the basis of creed, gender, gender expression or identity, sexual orientation, marital status, religion, honorably discharged veteran or military status, or the use of a trained dog guide or service animal by a person with a disability.

To help you talk with us, Molina provides services free of charge in a timely manner:

- Aids and services to people with disabilities
 - Skilled sign language interpreters
 - Written material in other formats (large print, audio, accessible electronic formats, Braille)
- Language services to people who speak another language or have limited English skills
 - Skilled interpreters
 - Written material translated in your language

If you need these services, contact Molina Member Services. The Molina Member Services number is on the back of your Member Identification card. (TTY: 711).

If you think that Molina failed to provide these services or discriminated based on your race, color, national origin, age, disability, or sex, you can file a complaint. You can file a complaint in person, by mail, fax, or email. If you need help writing your complaint, we will help you. Call our Civil Rights Coordinator at (866) 606-3889, or TTY: 711.

Mail your complaint to: Civil Rights Coordinator, 200 Oceangate, Long Beach, CA 90802.

You can also email your complaint to civil.rights@molinahealthcare.com.

You can also file your complaint with Molina Healthcare AlertLine, twenty four hours a day, seven days a week at: <https://molinahealthcare.alertline.com>.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>. You can mail it to:

U.S. Department of Health and Human Services,
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

You can also send it to a website through the Office for Civil Rights Complaint Portal at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>.

If you need help, call (800) 368-1019; TTY (800) 537-7697.

You have the right to get this information in a different format, such as audio, Braille, or large font due to special needs or in your language at no additional cost.

Usted tiene derecho a recibir esta información en un formato distinto, como audio, braille, o letra grande, debido a necesidades especiales; o en su idioma sin costo adicional.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call Member Services. The number is on the back of your Member ID card. (English)

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame a Servicios para Miembros. El número de teléfono está al reverso de su tarjeta de identificación del miembro. (Spanish)

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電會員服務。電話號碼載於您的會員證背面。(Chinese)

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Hãy gọi Dịch vụ Thành viên. Số điện thoại có trên mặt sau thẻ ID Thành viên của bạn. (Vietnamese)

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa Mga Serbisyo sa Miyembro. Makikita ang numero sa likod ng iyong ID card ng Miyembro. (Tagalog)

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 회원 서비스로 전화하십시오. 전화번호는 회원 ID 카드 뒷면에 있습니다. (Korean)

تنبيه: إذا كنت تستخدم اللغة العربية، تتاح خدمات المساعدة اللغوية، مجاناً، لك. اتصل بقسم خدمات الأعضاء. ورقم الهاتف هذا موجود خلف بطاقة تعريف العضو الخاصة بك. (Arabic)

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele Sèvis Manm. W ap jwenn nimewo a sou do kat idantifikasyon manm ou a. (French Creole)

ВНИМАНИЕ: Если вы говорите на русском языке, вы можете бесплатно воспользоваться услугами переводчика. Позвоните в Отдел обслуживания участников. Номер телефона указан на обратной стороне вашей ID-карты участника. (Russian)

ՈՒՇԱԴՐՈՒԹՅՈՒՆ. Եթե դուք խոսում եք հայերեն, կարող եք անվճար օգտվել լեզվի օժանդակ ծառայություններից: Ձանգահարե՛ք Հաճախորդների սպասարկման բաժին: Հեռախոսի համարը նշված է ձեր Անդամակցության նույնականացման քարտի ետևի մասում: (Armenian)

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。
会員サービスまでお電話ください。電話番号は会員IDカードの裏面に記載されております。
(Japanese)

توجه؛ اگر به زبان فارسی صحبت می‌کنید، خدمات کمک زبانی، بدون هزینه در دسترس شما هستند. با خدمات اعضا تماس بگیرید. شماره تلفن روی پشت کارت شناسایی عضویت شما درج شده است. (Farsi)

ਧਿਆਨ ਦਿਓ: ਜੇਕਰ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਤੁਹਾਡੇ ਲਈ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਮੁਫ਼ਤ ਉਪਲਬਧ ਹਨ। ਮੈਂਬਰ ਸਰਵਿਸਿਜ (Member Services) ਨੂੰ ਫੋਨ ਕਰੋ। ਨੰਬਰ ਤੁਹਾਡੇ Member ID (ਮੈਂਬਰ ਆਈ.ਡੀ.) ਕਾਰਡ ਦੇ ਪਿਛਲੇ ਪਾਸੇ ਹੈ। (Punjabi)

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Wenden Sie sich telefonisch an die Mitgliederbetreuungen. Die Nummer finden Sie auf der Rückseite Ihrer Mitgliedskarte. (German)

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez les Services aux membres. Le numéro figure au dos de votre carte de membre. (French)

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Cov npawb xov tooj nyob tom qab ntawm koj daim npav tswv cuab. (Hmong)