

You're important to us - we want to get to know you!

The more we know about your health,
the better we are at giving you the service and care you need.

To get the right information, we will place some important calls to you:

1

Days 1-30: Welcome to Molina Call

We will call you during your first 30 days to welcome you to Molina! Our representatives (rep) will ask you if you got your member ID card in the mail. Our rep will also confirm your doctor name and will help you schedule any appointments, if you need help. Please note that from time to time you may hear us call your doctor your "Primary Care Physician" or "PCP" - this means the same thing.

2

Days 1-90: Health Risk Assessment (HRA) Survey

We will call you during your first 90 days for your Health Risk Assessment (HRA). Our rep will ask you questions about your health. Some questions we might ask are what health conditions you currently have and the last time you saw your doctor. The survey lasts about 15-20 minutes. Every year we will call you to complete this survey because your health can change.

If you missed our call OR do not want to wait for our rep to call you, call us at (866) 472-4582 (TTY: 711), Monday - Friday, 8 a.m. to 5 p.m., PST. Let the rep know you are a new member and want to complete your Health Risk Assessment Survey!

3

Days 61+: In-Home Assessment (IHA) Appointment Call

One of our trusted partners, Vitalis will call you after your first 60 days to schedule an appointment for your In-Home Assessment (IHA). This appointment is for a licensed nurse or doctor to go to your home at no cost to you! The visit lasts about 45 to 60 minutes. During the visit you will be given a basic health screening and asked about your medical history. This visit does not replace any check-ups with your doctor or the HRA survey. This visit helps us understand what care and services can help you. We want all members to take advantage of this visit! Once Vitalis tells us they completed the visit, **we will send you a \$25 gift card** 8-12 weeks following your visit as a thank you for being involved in your health care! If there are any issues with your gift card, please contact Member Services.

If you missed the call or want to schedule your appointment, call Vitalis at (844) 491-4763, Monday - Friday, 5 a.m. to 7 p.m., PST. Let them know you are a new member and want to schedule your Molina Healthcare In-Home Assessment visit!

4

Days 90-120: 3-Month Check-in Call

We will call you after your first 90 days to see how your Molina Healthcare membership has been working for you. We want to make sure you are able to see your doctor and receive the care and services you need. Good or bad, we want to know! Hearing from you helps us know what is working and what is not working.

If you don't receive these calls or if you have any questions, please call us at (866) 440-0127 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m., local time. Remember: If your phone number or address changes, let us know!

Helpful Member Resources!

We want to help you get the most out of your plan.

These important resources can make it easier for you to get information you need.



My Molina Online Member Portal

You can sign up for a free online account to [MyMolina.com](https://www.mymolina.com). With this account you can request a new ID card, change or find your doctor, see your service history, get health reminders, and much more! To sign up, visit [MyMolina.com](https://www.mymolina.com) and click on "Create an Account" on the bottom left-hand corner of the page. To sign up you will need your Member ID number which is on the Member ID card we mailed to you. After you enter your member information, you will need to select a user name and password, set your security questions, and finally activate your account to begin using [MyMolina.com](https://www.mymolina.com)! Remember, you are able to use [MyMolina.com](https://www.mymolina.com) from your computer, tablet, or mobile phone.



HealthinHand Mobile App

All the benefits of the Member Portal in a mobile app for your phone! With this app, you can view your Member ID Card, find a doctor or facility near you with Doctor Finder, use the Nurse Advice Line, and more! Visit the Apple App Store or Google Play Store and search for "Molina Healthcare" or "Molina HealthinHand". Before you begin using the HealthinHand mobile app, you will have to sign-in or create an account through [MyMolina.com](https://www.mymolina.com).



Member Services

We care about you and your health! That is why we are always ready to help answer your questions and make sure you are getting the services and care you need. If you have any questions, please call our Member Services at (866) 440-0127 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m., local time and one of our reps can help you right away!

Molina Medicare Options Plus HMO SNP is a Health Plan with a Medicare Contract and a contract with the state Medicaid program. Enrollment in Molina Medicare Options Plus depends on contract renewal. This information is available in other formats, such as Braille, large print, and audio. This information is not a complete description of benefits. Call (866) 440-0127 TTY 711 for more information. Authorization and/or referral may be required.

[MolinaHealthcare.com/Medicare](https://www.molinahealthcare.com/Medicare)



Your Extended Family.

H9082_19_MA_231_NMSNP SimpleBen_C 9/5/18

Welcome to Molina Medicare Options Plus HMO SNP

A Simple Guide to Your 2019 Benefits

Get Started Today!

[MolinaHealthcare.com/Medicare](https://www.molinahealthcare.com/Medicare)








Your Extended Family.




H9082-007




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As a Molina Healthcare member, you have access to the following benefits:

Your health is important to us and we are always here to help! If you have any questions about the information provided below or need assistance with any of these benefits you can call us at (866) 440-0127 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m., local time.

What are my benefits?	How do I use my benefits?
<div>Dental Services (Supplemental)</div> <div></div>	<p>We partner with Avesis to give you dental coverage in addition to what you may get through Original Medicare. You pay a \$0 copay to see a participating dentist for covered preventive services and you can spend up to \$2,500 every year on covered comprehensive dental services, including dentures.</p> <p>To find a participating dentist: Call our Member Services department at the number listed above – OR – you can search online at MolinaHealthcare.com/ProviderSearch</p>
<div>Doctor Office Visits</div> <div></div>	<p>You pay a 0% or 20% coinsurance to see your primary care doctor and a 0% or 20% coinsurance when you see a specialist.</p> <p>To schedule a doctor office visit: Call your doctor’s office and ask to schedule an appointment – OR – our Member Services department at the number listed above and one of our representatives can help schedule your appointment!</p>
<div>Fitness Benefit (Supplemental)</div> <div></div>	<p>We partner with American Specialty Health, Inc. to offer the FitnessCoach® benefit. You have a \$0 copay and \$0 gym membership fee to access participating fitness facilities*. If you want to exercise at home instead, you can order up to 2 Home Fitness Kits every year. Most home kits include a DVD, instructional booklet and quick start guide.</p> <p>*<u>Note</u>: Gym membership is limited to basic membership packages only. You may have to pay extra for additional services.</p> <p>To find a participating fitness center or to enroll in the Home Fitness program: Call our Member Services department at the number listed above.</p>
<div>Hearing Services (Supplemental)</div> <div></div>	<p>We partner with Avesis to give you hearing coverage in addition to what you may get through Original Medicare. You have a \$0 copay for 1 routine hearing exam per year.</p> <p>To find a participating audiologist or hearing specialist: Call our Member Services department at the number listed above – OR – you can search online at MolinaHealthcare.com/ProviderSearch</p>
<div>Meal Benefit (Supplemental)</div> <div></div>	<p>We partner with Mom’s Meals to offer this benefit. You must meet special requirements for this benefit. If you qualify, you have a \$0 copay to receive 28 meals delivered to your home for 2 weeks after a hospital or Skilled Nursing Facility (SNF) stay. You can qualify for up to 4 weeks or 56 meals each year with additional plan approval.</p> <p>Your Case Manager or doctor will decide if you qualify for this benefit. If you qualify, your Case Manager will coordinate this benefit for you. To learn more, contact your Case Manager for more information!</p>

What are my benefits?	How do I use my benefits?
<div>Over-the-Counter (OTC) Items (Supplemental)</div> <div></div>	<p>We partner with Convey to offer this benefit. You have \$235 every quarter (3 months) to spend on plan-approved Over-the-Counter (OTC) items like toothpaste, diabetic socks, vitamins, and other items found in the 2019 <i>OTC Product Catalog</i>. These items are mailed to your home. If you don’t use all of your allowance, the remaining balance will roll over to the next OTC benefit period. Any unused allowance <u>will not</u> roll over to the next benefit year.</p> <p>To order OTC items: Online visit MolinahealthcareOTC.com - OR - Call an OTC Advocate at (866) 420-4010 (TTY: 711), Monday through Friday, 8 a.m. to 11 p.m. EST. - OR - Mail the order form inside of your <i>OTC Product Catalog</i> that was sent to you when you first joined Molina.</p>
<div>Personal Emergency Response System (PERS) (Supplemental)</div> <div></div>	<p><u>You must meet special requirements for this benefit.</u> If you qualify, you can receive an in-home medical alarm system and personal monitoring device for a \$0 copay.</p> <p>Your Case Manager will decide if you qualify for this benefit. If you qualify, your Case Manager will coordinate this benefit for you. To learn more, contact your Case Manager for more information!</p>
<div>Transportation (Supplemental)</div> <div></div>	<p>We partner with Secure Transportation to offer this benefit. You have a \$0 copay for up to 24 one-way trips to plan-approved locations* every year. Plan-approved locations are places where you can get covered medical care and services like your doctor’s office or pharmacy. Your home to your doctor’s office is considered a one-way trip. On average you would use 2 one-way trips for one appointment. This service may not be used for emergencies. If you are having an emergency please call 911.</p> <p>*<u>Note</u>: Fitness facilities are not plan-approved locations.</p> <p>To schedule a pick-up for a routine appointment like an appointment with your doctor: Call our Member Services department at the number listed above at least 3 days before your appointment. Remember, you can schedule up to 30 days in advance!</p> <p>To schedule a pick-up for a trip over 50 miles: If you need to travel over 50 miles for a one-way trip, you need a prior-authorization. Call our Member Services department at the number listed above and one of our representatives can help you with the authorization. To learn more you can also contact your Case Manager.</p>

What are my benefits?	How do I use my benefits?
<div>Vision Care (Supplemental)</div> <div></div>	<p>We partner with March Vision Care to give you vision coverage in addition to what you may get through Original Medicare. You have a \$0 copay for up to 1 routine eye exam per year. You also get a \$150 allowance to spend every year on prescription eyeglasses, contacts, or upgrades (such as tinted, UV, polarized or photo chromatic lenses) at zero cost to you.</p> <p>To find a participating eye doctor: Call our Member Services department at the number listed above – OR – you can search online at Molinahealthcare.com/ProviderSearch</p>
<div>Worldwide Emergency/ Urgent Coverage (Supplemental)</div> <div></div>	<p>We offer worldwide emergency/urgent coverage in addition to what you may get through Original Medicare. If you have a medical emergency when you are outside of the United States, you will be covered up to \$10,000 every year. You will need to pay for the services upfront and file a claim with us after so we can pay you back.</p> <p>To learn about filing a claim for reimbursement after a medical emergency outside of the United States: Call our Member Services department at the number listed above and one of our representatives can help you!</p>
<div>24-Hour Nurse Advice Line</div> <div></div>	<p>We have nurses available 24 hours a day to answer your medical questions in the language you prefer. Nurses should be used for non-emergencies. If you are having an emergency call 911.</p> <p>To speak to a nurse: Call (888) 275-8750 24 hours a day, 7 days a week.</p>

The information provided for the benefits listed above is a summary only. For more information on any of the benefits listed, please refer to Chapter 4, Section 2 (also known as the *Benefits Chart*) of your Evidence of Coverage (EOC).



Your Extended Family.

Molina Healthcare (Molina) complies with all Federal civil rights laws that relate to healthcare services. Molina offers healthcare services to all members without regard to race, color, national origin, age, disability, or sex. Molina does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. This includes gender identity, pregnancy and sex stereotyping.

To help you talk with us, Molina provides services free of charge:

- 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
 - Material that is simply written in plain language

If you need these services, contact Molina Member Services at (800) 665-3086; TTY 711, 7 days a week, 8 a.m. - 8 p.m., local time.

If you think that Molina failed to provide these services or treated you differently 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. Or, fax your complaint to (562) 499-0610.

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, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>.

If you need help, call 1-800-368-1019; TTY 800-537-7697.

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Your Extended Family.

English

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-665-3086 (TTY: 711).

Spanish

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-665-3086 (TTY: 711).

Chinese

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 1-800-665-3086 (TTY : 711)。

Tagalog

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-665-3086 (TTY: 711).

French

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-665-3086 (ATS : 711).

Vietnamese

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-665-3086 (TTY: 711).

German

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-665-3086 (TTY: 711).

Korean

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-665-3086 (TTY: 711) 번으로 전화해 주십시오.

Russian

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-665-3086 (телетайп: 711).

Arabic

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-665-3086 (رقم هاتف الصم

والبكم: 711).

Hindi

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-665-3086 (TTY: 711) पर कॉल करें।

Italian

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-665-3086 (TTY: 711).

Português

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-665-3086 (TTY: 711).

French Creole

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-665-3086 (TTY: 711).

Polish

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-665-3086 (TTY: 711).

Japanese

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。1-800-665-3086（TTY: 711）まで、お電話にてご連絡ください。

Hmong

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-800-665-3086 (TTY: 711).

Farsi

توجه: گریه زبان فارسی گفتگو می‌کند متوجه التزبلی بی‌صورت رطگان برلی ش‌م‌ف‌ر‌ام می‌بیش‌د‌ب‌ا 1-800-665-3086 (TTY: 711) تم‌اس‌ب‌گ‌وی‌د.

Armenian

ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Զանգահարեք 1-800-665-3086 (TTY (հեռատիպ) 711):

Cambodian

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្មើស គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ 1-800-665-3086 (TTY: 711)។

Albanian

KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-800-665-3086 (TTY: 711).

Amharic

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 1-800-665-3086 (መስማት ለተሳናቸው፡ 711)፡

Bengali

লক্ষ্য করুনঃ যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন ১-৮০০-৬৬৫-৩০৮৬ (TTY: ৭১১)।

Cushite (Oromo language)

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-800-665-3086 (TTY: 711).

Dutch

AANDACHT: Als u nederlands spreekt, kunt u gratis gebruikmaken van de taalkundige diensten. Bel 1-800-665-3086 (TTY: 711).

Greek

ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-800-665-3086 (TTY: 711).

Gujarati

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિઃશુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-665-3086 (TTY: 711).

Kru(Bassa language)

Dè dɛ nìà kɛ dyédɛ gbo: ɔ jũ ké m̩ [Bàsòò-wùdù-po-nyò] jũ ní, nìí, à wuɖu kà kò dò po-poò bɛ̀in m̩ gbo kpáa. Dá 1-800-665-3086 (TTY:711)

Ibo

Ige nti: O buru na asu Ibo asusu, enyemaka diri gi site na call 1-800-665-3086 (TTY: 711).

Yoruba

AKIYESI: Ti o ba nso ede Yoruba ofe ni iranlowo lori ede wa fun yin o. E pe ero ibanisoro yi 1-800-665-3086 (TTY: 711).

Laotian

ໂປດຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຂໍ້ອະທິບາຍອັດຕະໂນມັດພາສາ, ໂດຍບໍ່ເສຍຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-800-665-3086 (TTY: 711).

Navajo

Díí baa akó nínízin: Díí saad bee yánílti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éi ná hóló, koji' hódíilnih 1-800-665-3086 (TTY: 711.)

Nepali

ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ ।
फोन गर्नुहोस् 1-800-665-3086 (टिटिवाइ: 711) ।

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-800-665-3086 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

Wann du [Deitsch (Pennsylvania German / Dutch)] schwetzsch, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-800-665-3086 (TTY: 711).

ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-800-665-3086 (TTY: 711).

OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-800-665-3086 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 711).

١٨٠٠:٦٦٦-٣٠٨٦ (٧١١: TTY) ١-٨٠٠-٦٦٦-٣٠٨٦

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-800-665-3086 (TTY: 711).

FAKATOKANGA'I: Kapau 'oku ke Lea-Fakatonga, ko e kau tokoni fakatonu lea 'oku nau fai atu ha tokoni ta'etotongi, pea teke lava 'o ma'u ia. Telefoni mai 1-800-665-3086 (TTY: 711).

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-800-665-3086 (телетайп: 711).

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں
 1-800-665-3086 (TTY: 711)