

### **Exceptions for Out-of-Network (OON) Coverage**

Molina Dual Options MyCare Ohio (Medicare-Medicaid Plan) will repay members for charges on Part D drugs at out-of-network pharmacies (or providers), if one of the following occurs:

- Member is traveling outside his or her Part D plan's service area; runs out of or loses his or her covered Part D drug(s) or becomes ill and needs a covered Part D drug; and cannot access a network pharmacy
- Member must fill a prescription for a covered Part D drug in a timely manner, and certain covered Part D drug (e.g. an orphan drug or other specialty pharmaceutical typically shipped from manufacturers or special vendors) is not regularly stocked at nearby network retail or mail-order pharmacies
- Member cannot obtain a covered Part D drug in a timely manner within his or her service area because, for example, there is no network pharmacies within a reasonable driving distance that provides 24-hour-a-day/7-day-per-week service
- Member is provided covered Part D drugs dispensed by an OON institution-based pharmacy while he or she is a patient in an emergency department, provider-based clinic, outpatient surgery, or other outpatient setting
- During any State or Federal disaster declaration or other public health emergency declaration in which Molina Dual Options members are evacuated or otherwise displaced from their place of residence and cannot reasonably be expected to obtain covered Part D drugs at a network pharmacy
- In unforeseen circumstances in which normal distribution channels are unavailable, Molina Dual Options will apply OON policies to facilitate access to medications
- Member is getting a vaccine that is medically necessary but is not covered by Medicare Part B, which is appropriately dispensed and administered in a physician office

The Member is responsible for the following:

- Before filling a drug at an out-of-network pharmacy, the member must call Member Services to see if there is a network pharmacy in the area where the prescription can be filled
- Unless given as a transition or emergency supply, the member or doctor must check if prior authorization is needed for the drug
- If prior authorization is not given, the member will not be refunded for the drug
- If a member uses an out-of-network pharmacy due to one or more of the reasons stated above, the pharmacy may not be able to submit the claim to Molina Dual Options
- In this event, the member will need to pay the out-of-network pharmacy's usual and customary price at the point-of-sale and submit a request for refund to Molina Dual Options
- Please refer to the Evidence of Coverage or call Member Services for more information on initial coverage determinations

If the member uses an out-of-network pharmacy, the member may be responsible for the sum of:

- Any deductible or cost-sharing (relative to the plan allowances)

- Any difference between the out-of-network pharmacy's (or provider's) usual and customary prices and Molina Dual Options's negotiated in-network charges for the prescription

#### **Exclusions**

- Molina Dual Options will not issue a refund for any prescriptions that are filled by pharmacies outside of the United States and territories, even for a medical emergency
- Molina Dual Options will not issue a refund for any prescriptions where prior authorization was not granted prior to dispensing (if prior authorization requirements or other utilization management controls are applied to the prescription and it was not part of a transition or emergency supply)
- Any fee or charge for vaccine administration falls entirely outside the Part D cost sharing structure and will not be included as part of the members' True Out-of-Pocket (TrOOP) costs

Molina Dual Options MyCare Ohio (Medicare-Medicaid Plan) is a health plan that contracts with both Medicare and Ohio Medicaid to provide benefits of both programs to enrollees.

You can get this document for free in other formats, such as large print, braille, or audio. Call (855) 665-4623, TTY/TDD: 711, Monday - Friday, 8 a.m. to 8 p.m., local time. The call is free.

Limitations and restrictions may apply. For more information, call Molina Dual Options MyCare Ohio Member Services or read the Molina Dual Options MyCare Ohio Member Handbook. Benefits may change on January 1 of each year.

The List of Covered Drugs and/or pharmacy and provider networks may change throughout the year. We will send you a notice before we make a change that affects you.



Your Extended Family.

**MyCareOhio**  
*Connecting Medicare + Medicaid*

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 discriminate based on 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 (855) 665-4623;  
TTY/TDD: 711, Monday - Friday, 8 a.m. to 8 p.m., local time.

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](mailto: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.

## English

**ATTENTION:** If you speak English, language assistance services, free of charge, are available to you. Call 1-855-665-4623 (TTY: 711).

## Spanish

**ATENCIÓN:** si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-665-4623 (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 1-855-665-4623 (TTY : 711)。

## German

**ACHTUNG:** Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-855-665-4623 (TTY: 711).

## Arabic

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-855-665-4623 (رقم هاتف الصم والبكم: 711).

## Pennsylvania Dutch

Wann du Deutsch Pennsylvania German schwetzsch, kannscht du mitaus Koschte ebber gricke, ass dihr helfft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-855-665-4623 (TTY: 711).

## Russian

**ВНИМАНИЕ:** Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-665-4623 (телетайп: 711).

## French

**ATTENTION:** Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-665-4623 (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 1-855-665-4623 (TTY: 711).

## Cushite (Oromo language)

**XIYYEEFFANNAA:** Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-855-665-4623 (TTY: 711).

## Korean

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-665-4623 (TTY: 711) 번으로 전화해 주십시오.

**Italian**

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-855-665-4623 (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。1-855-665-4623（TTY: 711）まで、お電話にてご連絡ください。

**Dutch**

AANDACHT: Als u nederlands spreekt, kunt u gratis gebruikmaken van de taalkundige diensten. Bel 1-855-665-4623 (TTY: 711).

**Ukrainian**

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-855-665-4623 (телетайп: 711).

**Romanian**

ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-855-665-4623 (TTY: 711).

**Somali**

FIIRO GAAR AH: Hadii aad ku hadasho Ingiriisiga, adeega kaalmada luuqada, oo bilaa lacag ah, ayaa kuu diyaar ah. Lahadal 1-855-665-4623 (TTY: 711).

**Nepali**

ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् 1-855-665-4623 (टिटिवाइ: 711) ।

**Portuguese**

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-855-665-4623 (TTY: 711).

**French Creole**

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-855-665-4623 (TTY: 711).

**Polish**

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-855-665-4623 (TTY: 711).

**Hindi**

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-855-665-4623 (TTY: 711) पर कॉल करें।

**Tagalog**

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-855-665-4623 (TTY: 711).