

2025

# Annual Notice of Changes

## Molina Dual Options MyCare Ohio (Medicare-Medicaid Plan)

Ohio H5280-001

Effective January 1 through December 31, 2025

**Molina Dual Options MyCare Ohio (Medicare-Medicaid Plan) offered by Molina Healthcare of Ohio**

## ***Annual Notice of Changes for 2025***

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### **Introduction**

You are currently enrolled as a member of Molina Dual Options MyCare Ohio. Next year, there will be changes to the plan's benefits, coverage, and rules. This *Annual Notice of Changes* tells you about the changes and where to find more information about them. To get more information about benefits, or rules please review the Member Handbook, which is located on our website at [MolinaHealthcare.com/Duals](https://MolinaHealthcare.com/Duals). Key terms and their definitions appear in alphabetical order in the last chapter of the *Member Handbook*.

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## A. Disclaimers

- ❖ 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.
- ❖ Your privacy is important to us. We respect and value your privacy. Molina Dual Options MyCare Ohio Notice of Privacy Practices has information about how we use and share our Members Protected Health Information (PHI). If you would like to get a paper copy of our Notice of Privacy Practices, it is available on Molina Dual Options MyCare Ohio website.
- ❖ Molina Dual Options MyCare Ohio (Medicare-Medicaid Plan) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, ethnicity, national origin, religion, gender, sex, age, mental or physical disability, health status, receipt of healthcare, claims experience, medical history, genetic information, evidence of insurability, geographic location.

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## B. Reviewing your Medicare and Medicaid coverage for next year

It is important to review your coverage now to make sure it will still meet your needs next year. If it does not meet your needs, you may be able to leave the plan. Refer to section F2 for more information.

If you leave our plan, you will still be in the Medicare and Medicaid programs as long as you are eligible.

- You will have a choice about how to get your Medicare benefits (refer to section F3).
- You must get your Medicaid benefits from one of the MyCare Ohio managed care plans available in your region (refer to section F3 for additional information).

### B1. Additional resources

- You can get this *Annual Notice of Changes* for free in other formats, such as large print, braille, or audio. Call (855) 665-4623, TTY: 711, Monday - Friday, 8 a.m. to 8 p.m. local time. The call is free.
- This document is available for free in Spanish.
- To request your preferred language other than English and/or alternate format, call Member Services at (855) 665-4623, TTY: 711, Monday - Friday, 8 a.m. to 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) 665-4623, TTY: 711, Monday - Friday, 8 a.m. to 8 p.m. local time.



**If you have questions**, please call Molina Dual Options MyCare Ohio at (855) 665-4623, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m. local time. If you need to speak to your Care Manager, please call (855) 665-4623, TTY: 711, Monday – Friday 8 a.m. to 8 p.m. local time. These calls are free. **For more information**, visit [MolinaHealthcare.com/Duals](https://MolinaHealthcare.com/Duals).

## B2. About Molina Dual Options MyCare Ohio

- Molina Healthcare of Ohio is a health plan that contracts with both Medicare and Ohio Medicaid to provide benefits of both programs to enrollees. It is for people with both Medicare and Medicaid.
- Coverage under Molina Dual Options MyCare Ohio is qualifying health coverage called "minimum essential coverage." It satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Visit the Internal Revenue Service (IRS) website at [www.irs.gov/Affordable-Care-Act/Individuals-and-Families](http://www.irs.gov/Affordable-Care-Act/Individuals-and-Families) for more information on the individual shared responsibility requirement.
- Molina Dual Options MyCare Ohio is offered by Molina Healthcare of Ohio. When this *Annual Notice of Changes* says "we," "us," or "our," it means Molina Healthcare of Ohio. When it says "the plan" or "our plan," it means Molina Dual Options MyCare Ohio.

## B3. Important things to do:

- **Check if there are any changes to our benefits that may affect you.**
  - Are there any changes that affect the services you use?
  - It is important to review benefit changes to make sure they will work for you next year.
  - Look in section D1 for information about benefit changes for our plan.
- **Check if there are any changes to our prescription drug coverage that may affect you.**
  - Will your drugs be covered? Are they in a different tier? Can you continue to use the same pharmacies? Will there be any changes such as prior authorization, step therapy, or quantity limits?
  - It is important to review the changes to make sure our drug coverage will work for you next year.
  - Look in section D2 for information about changes to our drug coverage.
- **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?
  - Look in section C for information about our *Provider and Pharmacy Directory*.
- **Think about your overall costs in the plan.**
  - How do the total costs compare to other coverage options?



**If you have questions**, please call Molina Dual Options MyCare Ohio at (855) 665-4623, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m. local time. If you need to speak to your Care Manager, please call (855) 665-4623, TTY: 711, Monday – Friday 8 a.m. to 8 p.m. local time. These calls are free. **For more information**, visit [MolinaHealthcare.com/Duals](http://MolinaHealthcare.com/Duals).

- **Think about whether you are happy with our plan.**

**If you decide to stay with Molina Dual Options MyCare Ohio:**

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 will automatically stay enrolled in our plan.

**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 F2 for more information). If you enroll in a new plan, your new coverage will begin on the first day of the following month. Look in section F, to learn more about your choices.

**C. Changes to the network providers and pharmacies**

Our provider and pharmacy networks have changed for 2025.

**Please review the 2025 *Provider and Pharmacy Directory*** to find out if your providers or pharmacy are in our network. An updated *Provider and Pharmacy Directory* is located on our website at [MolinaHealthcare.com/Duals](http://MolinaHealthcare.com/Duals). You may also call Member Services at (855) 665-4623, TTY 711, Monday - Friday, 8 a.m. to 8 p.m. local time for updated provider information or to ask us to mail you a *Provider and Pharmacy Directory*.

It is important that you know that we may also make changes to our network during the year. If your provider does leave the plan, you have certain rights and protections. For more information, refer to Chapter 3 of your *Member Handbook*.

**D. Changes to benefits for next year**

**D1. Changes to benefits for medical services**

We are changing our coverage for certain medical services next year. The table below describes these changes.

	2024 (this year)	2025 (next year)
<b>Over-the-counter (OTC) items (Supplemental)</b>	You get \$60 every quarter for OTC items.	You get \$20 every month for OTC items.

## D2. Changes to prescription drug coverage

### Changes to our *Drug List*

An updated *List of Covered Drugs* is located on our website at [MolinaHealthcare.com/Duals](https://MolinaHealthcare.com/Duals). You may also call Member Services at (855) 665-4623, TTY: 711, Monday - Friday, 8 a.m. to 8 p.m. local time 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*, including changes to the drugs we cover and changes to the restrictions that apply to our coverage for certain drugs.

Review the *Drug List* to **make sure your drugs will be covered next year** and to know if there will be any restrictions.

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 plan 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 are taking, we will send you a notice about the change.

If you are 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 (855) 665-4623, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m. local time or contact your care manager 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 the plan to make an exception to cover the drug.
  - You can ask for an exception before next year and we will 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 the *2025 Member Handbook* or call Member Services at (855) 665-4623, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m. local time.
  - If you need help asking for an exception, you can contact Member Services or your care manager. Refer to Chapter 2 and Chapter 3 of the *Member Handbook* to learn more about how to contact your care manager.
- Ask the plan to cover a temporary supply of the drug.
  - In some situations, we will cover a **temporary** supply of the drug during the first 90 days of the calendar year.
  - This temporary supply will be 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 the *Member Handbook*.)



**If you have questions**, please call Molina Dual Options MyCare Ohio at (855) 665-4623, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m. local time. If you need to speak to your Care Manager, please call (855) 665-4623, TTY: 711, Monday – Friday 8 a.m. to 8 p.m. local time. These calls are free. **For more information**, visit [MolinaHealthcare.com/Duals](https://MolinaHealthcare.com/Duals).

- When you get a temporary supply of a drug, you should talk with your doctor to decide what to do when your temporary supply runs out. You can either switch to a different drug covered by the plan or ask the plan 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.

We currently can immediately remove a brand name drug on our *Drug List* if we replace it with a new generic drug version and with the same or fewer rules as the brand name drug it replaces. Also, when adding a new generic drug, we may also decide to keep the brand name drug on our *Drug List*, but immediately add new rules.

Starting in 2025, we can immediately replace original biological products with certain biosimilars. This means, for instance, if you are taking an original biological product that is being replaced by a biosimilar, you may not get notice of the change 30 days before we make it or get a month's supply of your original biological product at a network pharmacy. If you are taking the original biological product at the time we make the change, you will still get information on the specific change we made, but it may arrive after we make the change.

Some of these drug types may be new to you. For definitions of drug types, please see Chapter 12 of your *Member Handbook*. The Food and Drug Administration (FDA) also provides consumer information on drugs. Refer to the FDA website: [www.fda.gov/drugs/biosimilars/multimedia-education-materials-biosimilars#For%20Patients](http://www.fda.gov/drugs/biosimilars/multimedia-education-materials-biosimilars#For%20Patients). You may also contact Member Services at the number at the bottom of the page or ask your health care provider, prescriber, or pharmacist for more information.

### Changes to prescription drug costs

There are no changes to the amount you pay for prescription drugs in 2025. Read below for more information about your prescription drug coverage.

The following table shows your costs for drugs in each of our three (3) drug tiers.

	2024 (this year)	2025 (next year)
<b>Drugs in Tier 1</b> (Generic drugs)  Cost for a one-month supply of a drug in Tier 1 that is filled at a network pharmacy	Your copay for a one-month (31-day) supply is <b>\$0 per prescription.</b>	Your copay for a one-month (31-day) supply is <b>\$0 per prescription.</b>
<b>Drugs in Tier 2</b> (Brand name drugs)	Your copay for a one-month (31-day) supply is <b>\$0 per prescription.</b>	Your copay for a one-month (31-day) supply is <b>\$0 per prescription.</b>



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	2024 (this year)	2025 (next year)
Cost for a one-month supply of a drug in Tier 2 that is filled at a network pharmacy		
<b>Drugs in Tier 3</b> (Non-Medicare Rx/OTC drugs)  Cost for a one-month supply of a drug in Tier 3 that is filled at a network pharmacy	Your copay for a one-month (31-day) supply is <b>\$0 per prescription.</b>	Your copay for a one-month (31-day) supply is <b>\$0 per prescription.</b>

E. Administrative changes

Description	2024 (this year)	2025 (next year)
We will be utilizing a different vendor to administer your MyChoice card for 2025.	Your MyChoice card was administered by a vendor named WEX.	Your MyChoice card will be administered by NationsBenefits for 2025 (new cards will be shipped to members for 2025).
Mom's Meals and GA Foods are no longer contracted vendors for 2025.	Your meal services were available through three vendors: Mom's Meals, GA Foods, and NationsBenefits.	NationsBenefits is the contracted meals vendor for 2025.

F. How to choose a plan

F1. How to stay in Molina Dual Options MyCare Ohio

We hope to keep you as a member next year.

You do not have to do anything to stay in your health plan. If you do not sign up for a different MyCare Ohio Plan, change to a Medicare Advantage Plan, or change to Original Medicare, your enrollment in Molina Dual Options MyCare Ohio will automatically stay the same for 2025.

F2. How to change to a different MyCare Ohio plan

You can end your membership at any time during the year by enrolling in another Medicare Advantage Plan, enrolling in another Medicare-Medicaid Plan, or moving to Original Medicare.

To enroll in a different MyCare Ohio plan, call the Ohio Medicaid Hotline at 1-800-324-8680, Monday through Friday from 7:00 am to 8:00 pm and Saturday from 8:00 am to 5:00 pm. TTY users should call the Ohio Relay Service at 7-1-1. The Hotline will let you know what other plans are available to you.

### F3. If you want to change your membership in Molina Dual Options MyCare Ohio

You can change your membership in our plan by choosing to get your Medicare services separately (you will stay in our plan for your Medicaid services).

#### How you will get Medicare services

You have three options for getting your Medicare services. By choosing one of these options, you will automatically stop getting Medicare services from our plan.

<p><b>1. You can change to:</b></p> <p><b>A Medicare health plan, such as a Medicare Advantage plan, which would include Medicare prescription drug coverage</b></p>	<p><b>Here is what to do:</b></p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"> <li>• Call the Ohio Medicaid Hotline at 1-800-324-8680, Monday through Friday from 7:00 am to 8:00 pm and Saturday from 8:00 am to 5:00 pm. TTY users should call the Ohio Relay Service at 7-1-1.</li> </ul> <p>You will automatically stop getting Medicare services through Molina Dual Options MyCare Ohio when your new plan's coverage begins.</p>
<p><b>2. You can change to:</b></p> <p><b>Original Medicare with a separate Medicare prescription drug plan</b></p>	<p><b>Here is what to do:</b></p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048. You can select a Part D plan at this time.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"> <li>• Call the Ohio Medicaid Hotline at 1-800-324-8680, Monday through Friday from 7:00 am to 8:00 pm and Saturday from 8:00 am to 5:00 pm. TTY users should call the Ohio Relay Service at 7-1-1.</li> </ul> <p>You will automatically stop getting Medicare services through Molina Dual Options MyCare Ohio when your Original Medicare and prescription drug plan coverage begins.</p>



**If you have questions**, please call Molina Dual Options MyCare Ohio at (855) 665-4623, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m. local time. If you need to speak to your Care Manager, please call (855) 665-4623, TTY: 711, Monday – Friday 8 a.m. to 8 p.m. local time. These calls are free. **For more information**, visit [MolinaHealthcare.com/Duals](https://MolinaHealthcare.com/Duals).

### 3. You can change to:

#### **Original Medicare without a separate Medicare prescription drug plan**

**NOTE:** If you switch to Original Medicare and do not enroll in a separate Medicare prescription drug plan, Medicare may enroll you in a drug plan, unless you tell Medicare you don't want to join.

You should only drop prescription 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 your Ohio Senior Health Insurance Information Program (OSHIIP) at (800) 686-1578, Monday – Friday, 7:30 a.m. to 5 p.m. local time.

### Here is what to do:

Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

If you need help or more information:

- Call the Ohio Medicaid Hotline at 1-800-324-8680, Monday through Friday from 7:00 am to 8:00 pm and Saturday from 8:00 am to 5:00 pm. TTY users should call the Ohio Relay Service at 7-1-1.

You will automatically stop getting Medicare services through Molina Dual Options MyCare Ohio when your Original Medicare coverage begins.

## How you will get Medicaid services

You must get your Medicaid benefits from a MyCare Ohio plan. Therefore, even if you don't want to get your Medicare benefits through a MyCare Ohio plan, you must still get your Medicaid benefits from Molina Dual Options MyCare Ohio or another MyCare Ohio managed care plan.

If you do not enroll in a different MyCare Ohio plan, you will remain in our plan to get your Medicaid services.

Your Medicaid services include most long-term services and supports and behavioral health care.

Once you stop getting Medicare services through our plan, you will get a new Member ID Card and a new *Member Handbook* for your Medicaid services.

If you want to switch to a different MyCare Ohio plan to get your Medicaid benefits, call the Ohio Medicaid Hotline at 1-800-324-8680, Monday through Friday from 7:00 am to 8:00 pm and Saturday from 8:00 am to 5:00 pm. TTY users should call the Ohio Relay Service at 7-1-1.

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## G. How to get help

### G1. Getting help from Molina Dual Options MyCare Ohio

Questions? We're here to help. Please call Member Services at (855) 665-4623 (TTY only, call 711). We are available for phone calls Monday - Friday, 8 a.m. to 8 p.m. local time.



**If you have questions**, please call Molina Dual Options MyCare Ohio at (855) 665-4623, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m. local time. If you need to speak to your Care Manager, please call (855) 665-4623, TTY: 711, Monday – Friday 8 a.m. to 8 p.m. local time. These calls are free. **For more information**, visit [MolinaHealthcare.com/Duals](https://MolinaHealthcare.com/Duals).

### **Your 2025 Member Handbook**

The *2025 Member Handbook* is the legal, detailed description of your plan benefits. It has details about next year's benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs.

An up-to-date copy of the *2025 Member Handbook* is available on our website at [MolinaHealthcare.com/Duals](https://MolinaHealthcare.com/Duals). You may also call Member Services at (855) 665-4623, TTY: 711, Monday - Friday, 8 a.m. to 8 p.m. local time to ask us to mail you a *2025 Member Handbook*.

### **Our website**

You can also visit our website at [MolinaHealthcare.com/Duals](https://MolinaHealthcare.com/Duals). 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)*.

## **G2. Getting help from the Ohio Medicaid Consumer Hotline**

The Ohio Department of Medicaid can help you find a Medicaid health care provider, explain Medicaid covered services, obtain Medicaid brochures and publications, and understand Medicaid benefits.

You can call the Ohio Medicaid Consumer Hotline at 1-800-324-8680, Monday through Friday from 7:00 am to 8:00 pm and Saturday from 8:00 am to 5:00 pm. TTY users should call the Ohio Relay Service at 7-1-1.

## **G3. Getting help from the MyCare Ohio Ombudsman**

The MyCare Ohio Ombudsman is an ombudsman program that can help you if you are having a problem with Molina Dual Options MyCare Ohio. The ombudsman's services are free.

- The MyCare Ohio Ombudsman is an ombudsman program that works as an advocate on your behalf. They can answer questions if you have a problem or complaint and can help you understand what to do.
- MyCare Ohio Ombudsman makes sure you have information related to your rights and protections and how you can get your concerns resolved.
- The MyCare Ohio Ombudsman is not connected with us or with any insurance company or health plan.
- The MyCare Ohio Ombudsman helps with concerns about any aspect of care. Help is available to resolve disputes with providers, protect rights, and file complaints or appeals with our plan.
- The MyCare Ohio Ombudsman works together with the Office of the State Long-term Care Ombudsman, which advocates for consumers getting long-term services and supports.



**If you have questions**, please call Molina Dual Options MyCare Ohio at (855) 665-4623, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m. local time. If you need to speak to your Care Manager, please call (855) 665-4623, TTY: 711, Monday – Friday 8 a.m. to 8 p.m. local time. These calls are free. **For more information**, visit [MolinaHealthcare.com/Duals](https://MolinaHealthcare.com/Duals).

The phone number for the MyCare Ohio Ombudsman is 1-800-282-1206. TTY users should call 1-800-750-0750. The MyCare Ohio Ombudsman is available Monday through Friday from 8:00 am to 5:00 pm.

#### **G4. Getting help from Medicare**

To get information directly from Medicare, you can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

##### **Medicare's Website**

You can visit the Medicare website ([www.medicare.gov](http://www.medicare.gov)). If you choose to disenroll from your Medicare-Medicaid Plan and enroll in a Medicare Advantage plan, the Medicare website has information about costs, coverage, and quality ratings to help you compare Medicare Advantage plans.

You can find information about Medicare Advantage plans available in your area by using the Medicare Plan Finder on the Medicare website. (To view the information about plans, refer to [www.medicare.gov](http://www.medicare.gov) and click on "Find plans.")

##### **Medicare & You 2025**

You can read Medicare & You 2025 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.

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](http://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf)) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.



**If you have questions**, please call Molina Dual Options MyCare Ohio at (855) 665-4623, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m. local time. If you need to speak to your Care Manager, please call (855) 665-4623, TTY: 711, Monday – Friday 8 a.m. to 8 p.m. local time. These calls are free. **For more information**, visit [MolinaHealthcare.com/Duals](http://MolinaHealthcare.com/Duals).

# Getting Important Plan Materials

## 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 **2025** plan documents, like your Member Handbook, Formulary, and Provider/Pharmacy Directory will be available online by **October 15, 2024**.

### Get to know your plan documents

- **Member Handbook:** 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 **MolinaHealthcare.com/members/common/en-US/terms\_privacy.aspx**.
- **Dental ABC:** An overview of your supplemental dental benefits.

### How to view or request a copy of a plan document



#### Online at MolinaHealthcare.com/Duals

View or download a copy of your plan documents online anytime, anywhere. Use any device, like your computer, tablet, or mobile phone. Your **2025** plan documents will be available online by **October 15, 2024**.



#### 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 a Member Handbook, Formulary, or Provider/Pharmacy Directory mailed to you. To request a printed copy of a plan document, call Member Services toll-free at **(855) 665-4623 (TTY: 711)**, **Monday - Friday, 8 a.m. to 8 p.m., local time**.

### We're here to help

If you have questions about your benefits, need help finding a network provider or pharmacy, or would like to opt out of mailed materials, call Member Services toll-free at **(855) 665-4623 (TTY: 711)**, **Monday – Friday, 8 a.m. to 8 p.m., local time**.

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Molina Healthcare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, ethnicity, national origin, religion, gender, sex, age, mental or physical disability, health status, receipt of healthcare, claims experience, medical history, genetic information, evidence of insurability, geographic location.



# **Notice of Non-Discrimination and Accessibility**



## 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 <https://www.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](mailto:civil.rights@molinahealthcare.com)  
Website: <https://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: <https://www.hhs.gov/sites/default/files/ocr-cr-complaint-form-package.pdf>

# **Medicare Language Assistance Services**



We have free interpreter services to answer any questions that you may have about our health or drug plan. To get an interpreter, just call us at (855) 665-4623, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m. local time. Someone who speaks English can help you. This is a free service.

## **SPANISH**

Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al (855) 665-4623, TTY: 711, de lunes a viernes, de 8 a. m. a 8 p. m., hora local. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

## **TRADITIONAL CHINESE**

我們有免費的口譯員服務，可回答您對於我們健康或藥物計劃的任何問題。若需要口譯員，請撥打 (855) 665-4623，TTY: 711，服務時間為當地時間的週一到週五的上午8點至晚上8點。能說中文的人士會為您提供協助。這是免費的服務。

## **SIMPLIFIED CHINESE**

如果您对我们的健康计划或药品计划有任何疑问，我们可以提供免费的口译服务解答您的疑问。若要获得口译服务，请致电我们，电话：(855) 665-4623，TTY: 711，周一至周五提供服务，服务时间为当地时间上午8点至晚上8点。说中文的人士会帮助您。这是免费服务。

## **TAGALOG**

Mayroon kaming libreng serbisyo ng tagapagsalin para sagutin ang anumang katanungan na maaaring mayroon ka tungkol sa aming planong pangkalusugan o plano sa gamot. Para makakuha ng tagapagsalin, tawagan lang kami sa numerong (855) 665-4623, TTY: 711, Lunes – Biyernes, 8 a.m. hanggang 8 p.m. lokal na oras. May makakatulong sa inyo na nagsasalita ng Tagalog. Isa itong libreng serbisyo.

## **FRENCH**

Nous assurons gracieusement des services d'interprétariat afin de répondre à toute question que vous pourriez avoir sur votre santé ou plan de traitement. Pour obtenir l'assistance d'un interprète, il suffit de nous appeler au (855) 665-4623, TTY : 711, du lundi au vendredi de 8 h à 20 h (heure locale). Une personne parlant français pourra vous assister. Ce service est proposé sans frais.

## VIETNAMESE

Chúng tôi có các dịch vụ thông dịch miễn phí để trả lời các câu hỏi của quý vị về chương trình sức khỏe hoặc chương trình thuốc của chúng tôi. Để có thông dịch viên, hãy gọi cho chúng tôi theo số (855) 665-4623, TTY: 711, Thứ Hai – Thứ Sáu, 8 giờ sáng đến 8 giờ tối, giờ địa phương. Sẽ có nhân viên nói tiếng Việt trợ giúp quý vị. Đây là dịch vụ miễn phí.

## GERMAN

Wir bieten Ihnen kostenlose Dolmetscherdienste, um Ihre Fragen, die Sie möglicherweise zu unseren Gesundheits- oder Arzneimittelleistungen haben, zu beantworten. Wenn Sie mit einem Dolmetscher sprechen möchten, rufen Sie uns einfach an unter (855) 665-4623, TTY: 711, Montag – Freitag, 8:00 Uhr bis 20:00 Uhr (Ortszeit). Jemand, der Deutsch spricht, hilft Ihnen gerne weiter. Dies ist ein kostenloser Dienst.

## KOREAN

당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 (855) 665-4623번, TTY: 711번으로 월요일~금요일 오전 8시~오후 8시(현지 시간)에 문의해 주십시오. 한국어를 하는 담당자가 도와드릴 것입니다. 이 서비스는 무료로 운영됩니다.

## RUSSIAN

Получить ответы на вопросы о нашем медицинском страховом плане или о плане, покрывающем лекарства по рецепту, вам бесплатно помогут наши устные переводчики. Просто позвоните нам по номеру (855) 665-4623 (TTY: 711). Линия работает с понедельника по пятницу с 8:00 до 20:00 по местному времени. Вам бесплатно поможет русскоязычный сотрудник.

## ARABIC

نوفر خدمات الترجمة الفورية المجانية للإجابة على أي أسئلة قد تراودك حول الخطة الصحية أو خطة الأدوية لدينا. للحصول على مترجم فوري، كل ما عليك هو الاتصال بنا على الرقم (855) 665-4623، وبالنسبة إلى مستخدمي أجهزة الهواتف النصية (TTY) يرجى الاتصال على الرقم 711 من الاثنين إلى الجمعة، من الساعة 8 صباحاً حتى الساعة 8 مساءً، بالتوقيت المحلي، ويمكن لشخص يتحدث اللغة العربية مساعدتك. تقدم هذه الخدمة مجاناً.

## ITALIAN

È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario o farmaceutico. Per ottenere un interprete, contattare il numero (855) 665-4623, TTY: 711, dal lunedì al venerdì, dalle 8:00 alle 20:00 ora locale. Un nostro incaricato che parla italiano fornirà l'assistenza necessaria. È un servizio gratuito.

## PORTUGUESE

Dispomos de serviços de interpretação gratuitos para responder a possíveis dúvidas que possa ter sobre o nosso plano de saúde ou plano para medicamentos. Para falar com um intérprete, ligue (855) 665-4623, TTY: 711, segunda – sexta, 08h00 até 20h00 horário local. Alguém que fala português pode ajudá-lo. Este é um serviço gratuito.

## FRENCH CREOLE

Nou gen sèvis entèprèt gratis pou reponn nenpòt kesyon ou ka genyen sou plan sante oswa plan medikaman nou an. Pou jwenn yon entèprèt, jis rele nou nan (855) 665-4623, TTY: 711, Lendi – Vandredi, 8 a.m. rive 8 p.m. lè lokal. Yon moun ki pale kreyòl ayisyen ka ede w. Sa a se yon sèvis gratis.

## POLISH

Oferujemy bezpłatne usługi tłumacza, który pomoże uzyskać odpowiedzi na wszelkie pytania dotyczące naszego planu opieki zdrowotnej lub dawkowania leków. Aby uzyskać pomoc tłumacza, wystarczy zadzwonić do nas pod numer (855) 665-4623, TTY: 711. Jest on dostępny od poniedziałku do piątku w godzinach od 8:00 do 20:00 czasu lokalnego. Pomocy udzieli osoba mówiąca po polsku. Ta usługa jest bezpłatna.

## HINDI

हमारी स्वास्थ्य या दवा योजना के बारे में अगर आपके कुछ सवाल हैं, तो उनके जवाब देने के लिए हमारे पास निःशुल्क दुभाषिया सेवाएँ उपलब्ध हैं। दुभाषिया पाने के लिए, हमें सोमवार – शुक्रवार, स्थानीय समयानुसार सुबह 8 बजे से रात 8 बजे तक (855) 665-4623, TTY: 711 पर कॉल करें। हर्दिक बोलने वाला कोई व्यक्ति आपकी मदद कर सकता है। यह एक निःशुल्क सेवा है।

## JAPANESE

弊社の医療保険プランや処方薬プランについてお問い合わせいただく際に無料の通訳サービスをご利用いただけます。通訳をご希望の場合は、(855) 665-4623 (TTY : 711) までお電話にてご連絡ください ( 営業時間 : 月～金、午前8時～午後8時 )。日本語を話せるスタッフがお手伝いいたします。このサービスは無料でご利用いただけます。



**NOTICE OF PRIVACY  
PRACTICES  
MOLINA HEALTHCARE OF OHIO**

**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.**

Molina Healthcare of Ohio, Inc. ("**Molina Healthcare**", "**Molina**", "**we**" or "**our**") uses and shares protected health information about you to provide your health benefits. We use and share your information to carry out treatment, payment and health care operations. We also use and share your information 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 March 1, 2014.

**PHI** means *protected health information*. PHI is health information that includes your name, Member number or other identifiers, and is used or shared by Molina.

**Why does Molina use or share your PHI?**

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

**For Treatment**

Molina 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**

Molina 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**

Molina may use or share PHI about you to run our health plan. 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 Member 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;
- Address 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. 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, or other health-related benefits and services.

### **When can Molina 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 threat to public health or safety.

#### **Government Functions**

Your PHI may be shared with the government for special functions.

#### **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 law.

#### **Other Disclosures**

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

### **When does Molina need your written authorization (approval) to use or share your PHI?**



Molina needs your written approval to use or share your PHI for a purpose other than those listed in this Notice. Molina needs 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 Molina's 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 Molina's 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 as a Molina Member. You will need to make your request in writing. You may use Molina's 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 Molina's 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 Molina's 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 Molina Member Services at (855) 665-4623, Monday-Friday, 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 Molina 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:

Molina Healthcare of Ohio  
Director of Member Services  
3000 Corporate Exchange Drive  
Columbus, OH 43231

Phone: (855) 665-4623, Monday-Friday, 8 a.m. to 8 p.m. local time. TTY/TDD users, call 711.

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

U.S. Department of Health and Human Services  
Office for Civil Rights - Centralized Case Management Operations  
200 Independence Ave., S.W.  
Suite 515F, HHH Building  
Dallas, TX 75202

(800)368-1019; (800) 537-7697 (TDD); (202) 619-3818 (FAX)

### **What are the duties of Molina?**

Molina is 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**

**Molina reserves 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, Molina will post the revised Notice on our web site 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 Molina.**

**Contact Information**

If you have any questions, please contact the following office:

Molina Healthcare of Ohio  
Director of Member Services  
3000 Corporate Exchange Drive  
Columbus, OH 43231

Phone: (855) 665-4623, Monday-Friday, 8 a.m. to 8 p.m. local time. TTY/TDD users, call 711.

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.

