

2025

Summary of Benefits

Molina Dual Options MyCare Ohio (Medicare–Medicaid Plan)

Ohio H5280-001

Effective January 1 through December 31, 2025

Introduction

This document is a brief summary of the benefits and services covered by Molina Dual Options MyCare Ohio. It includes answers to frequently asked questions, important contact information, an overview of benefits and services offered, and information about your rights as a member of Molina Dual Options MyCare Ohio. Key terms and their definitions appear in alphabetical order in the last chapter of the *Member Handbook*.

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Molina Dual Options MyCare Ohio (Medicare-Medicaid Plan): **Summary of Benefits 2025**

A. Disclaimers



This is a summary of health services covered by Molina Dual Options MyCare Ohio (Medicare-Medicaid Plan) for 2025. This is only a summary. Please read the Member Handbook for the full list of benefits.

- ❖ An up-to-date copy of the 2025 Member Handbook is available on our website at 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.
- ❖ Molina Dual Options MyCare 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.
- ❖ Under Molina Dual Options MyCare Ohio you can get your Medicare and Medicaid services in one health plan. A Molina Dual Options MyCare Ohio Care Manager will help manage your health care needs.
- ❖ This is not a complete list. The benefit information is a brief summary, not a complete description of benefits. For more information, contact the plan or read the *Member Handbook*.
- ❖ You can get this document 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.
- ❖ 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.



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B. Frequently Asked Questions

The following chart lists frequently asked questions.

Frequently Asked Questions (FAQ)	Answers
What is a MyCare Ohio Plan?	<p>A MyCare Ohio Plan 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.</p> <p>A MyCare Ohio Plan is an organization made up of doctors, hospitals, pharmacies, providers of long-term services, and other providers. It also has care teams and Care Managers to help you manage all your providers and services. They all work together to provide the care you need.</p>
What is a Molina Dual Options MyCare Ohio Care Manager?	<p>A Molina Dual Options MyCare Ohio Care Manager is one main person for you to contact. This person helps manage all your providers and services and makes sure you get what you need.</p>
How do I reach my Molina Dual Options MyCare Ohio Care Manager?	<p>Your Care Manager will tell you their name and phone number. You will get this information after your health assessment is completed. You can also call Member Services at any time to connect with your Care Manager. The number is on the back of your member ID card.</p>
What are long-term services and supports?	<p>Long-term services and supports are help for people who need assistance to do everyday tasks like taking a bath, getting dressed, making food, and taking medicine. Most of these services are provided at your home or in your community but could be provided in a nursing home or hospital.</p>
Will I get the same Medicare and Medicaid benefits in Molina Dual Options MyCare Ohio that I get now?	<p>You will get your covered Medicare and Medicaid benefits directly from Molina Dual Options MyCare Ohio. You will work with a care team who will help determine what services will best meet your needs. This means that some of the services you get now may change. You will get almost all of your covered Medicare and Medicaid benefits directly from Molina Dual Options MyCare Ohio, but you may get some benefits the same way you do now, outside of the plan.</p> <p>When you enroll in Molina Dual Options MyCare Ohio, you and your care team will work together to develop an Individualized Care Plan to address your health and support needs. When you join our plan, if you are taking any Medicare Part D prescription drugs that Molina Dual Options MyCare Ohio does not normally cover, you can get a temporary supply. We will help you get another drug or get an exception for Molina Dual Options MyCare Ohio to cover your drug, if medically necessary.</p>



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Frequently Asked Questions (FAQ)	Answers
Can I use the same doctors I use now?	<p>Often that is the case. If your providers (including doctors, therapists, and pharmacies) work with Molina Dual Options MyCare Ohio and have a contract with us, you can keep using them.</p> <ul style="list-style-type: none"> • Providers with an agreement with us are “in-network.” You must use the providers in Molina Dual Options MyCare Ohio’s network. • If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of Molina Dual Options MyCare Ohio’s network. • You can use out-of-network Federally Qualified Health Centers, Rural Health Clinics, and qualified family planning providers listed in the Provider and <i>Pharmacy Directory</i>. • If you are getting assisted living waiver services or long-term nursing facility services from an out-of-network provider on and before the day you become a member, you can continue to get the services from that out-of-network provider. <p>To find out if your doctors are in the plan’s network, call Member Services or read Molina Dual Options MyCare Ohio’s <i>Provider and Pharmacy Directory</i> on the plan’s website at MolinaHealthcare.com/Duals.</p>
What happens if I need a service but no one in Molina Dual Options MyCare Ohio’s network can provide it?	Most services will be provided by our network providers. If you need a service that cannot be provided within our network, Molina Dual Options MyCare Ohio will pay for the cost of an out-of-network provider.
Where is Molina Dual Options MyCare Ohio available?	The service area for this plan includes: Butler, Clark, Clermont, Clinton, Delaware, Franklin, Greene, Hamilton, Madison, Montgomery, Pickaway, Union, and Warren Counties, Ohio. You must live in one of these areas to join the plan.
Do I pay a monthly amount (also called a premium) under Molina Dual Options MyCare Ohio?	You will not pay any monthly premiums to Molina Dual Options MyCare Ohio for your health coverage.
What is prior authorization (PA)?	<p>PA means that you must get approval from Molina Dual Options MyCare Ohio before you can get a specific service or drug or use an out-of-network provider. Molina Dual Options MyCare Ohio may not cover the service or drug if you don’t get approval. If you need urgent or emergency care or out-of-area dialysis services, you don’t need to get approval first.</p> <p>Refer to Chapter 3, of the Member Handbook to learn more about PA. Refer to the Benefits Chart in Section D of Chapter 4 of the <i>Member Handbook</i> to learn which services require a PA.</p>

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Frequently Asked Questions (FAQ)	Answers
Will I need a referral from my PCP to use other doctors or specialists?	Although you do not need approval (called a referral) from your Primary Care Provider (PCP) to use other providers, it is still important to contact your PCP before you use a specialist or after you have an urgent or emergency department visit. This allows your PCP to manage your care for the best outcomes.
Do I pay a deductible?	No. You do not pay deductibles in Molina Dual Options MyCare Ohio.
Who should I contact if I have questions or need help?	<p>If you have general questions or questions about our plan, services, service area, billing, or Member ID Cards, please call Molina Dual Options MyCare Ohio's Member Services:</p> <p>CALL (855) 665-4623 Calls to this number are free. Monday - Friday, 8 a.m. to 8 p.m., local time. Self-service options are available on weekends, after regular business hours and holidays. Member Services also has free language interpreter services available for people who do not speak English.</p> <p>TTY 711 Calls to this number are free. Monday - Friday, 8 a.m. to 8 p.m., local time</p> <p>If you have questions about your health, please call the 24-Hour Nurse Advice Line:</p> <p>CALL (855) 895-9986 Calls to this number are free. 24 hours a day, 7 days a week.</p> <p>TTY 711 Calls to this number are free. 24 hours a day, 7 days a week.</p> <p>If you need immediate behavioral health services, please call the Behavioral Health Crisis Line:</p> <p>CALL (855) 895-9986 Calls to this number are free. 24 hours a day, 7 days a week.</p> <p>TTY 711 Calls to this number are free. 24 hours a day, 7 days a week.</p>
What online and mobile self-services features does Molina Dual Options MyCare Ohio offer? (continued on the next page)	Online: You can update or view your information online with My Molina. You can find or change providers, view your care plan, and more. To sign up, visit MyMolina.com.

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Frequently Asked Questions (FAQ)	Answers
What online and mobile self-services features does Molina Dual Options MyCare Ohio offer? (continued)	Smartphone users: You can use your My Molina user ID and password to sign into the My Molina mobile app. You can view your member ID card, call support services like transportation, and more. Download the app on the iPhone App Store or Google Play at no cost. See Chapter 1 of the Member Handbook to learn more about My Molina or the My Molina mobile app.

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C. Overview of Services

The following chart is a quick overview of what services you may need, your costs and rules about the benefits.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You want a doctor (This service is continued on the next page)	Visits to treat an injury or illness	\$0	
	Wellness visits, such as a physical	\$0	Annual wellness visit every 12 months.
	Transportation to a doctor’s office	\$0	Up to 30 extra one-way trips, or legs, to plan-approved locations every year. Always covered for members who receive dialysis, chemotherapy, radiation and wheelchair transports. Always covered if you must travel more than 30 miles from your home to get services. To schedule transportation services, call (844) 491-4761 (TTY: 711) at least 48 hours before your appointment. Bus passes are available if you can get to and from the bus stop near your home and near your provider’s office. You can also schedule and manage your trips with the Access2Care mobile app. Visit the iPhone App Store or Google Play and search “A2C” to download. Some transportation services may need health plan approval.
	Specialist care	\$0	If you want to see a specialist, talk to your provider. You do not need a referral to see a network specialist, but your provider can recommend other network providers for you.

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Health need or problem	Services you may need	Your costs for <u>in-network</u> providers	Limitations, exceptions, & benefit information (rules about benefits)
You want a doctor (continued)	Care to keep you from getting sick, such as flu shots	\$0	
	“Welcome to Medicare” preventive visit (one time only)	\$0	
You need medical tests	COVID-19 testing and vaccines	\$0	
	Lab tests, such as blood work	\$0	Prior authorization rules may apply for certain tests. Outpatient lab services do not require prior authorization. Some outpatient blood services require prior authorization.
	X-rays or other pictures, such as CAT scans	\$0	Some services need prior authorization. Outpatient X-ray services do not require a prior authorization.
	Screening tests, such as tests to check for cancer	\$0	Some services need prior authorization.
You need drugs to treat your illness or condition (This service is continued on the next page)	Generic drugs (no brand name)	\$0 for a 31-day supply	There may be limitations on the types of drugs covered. Please refer to Molina Dual Options MyCare Ohio’s <i>List of Covered Drugs</i> (Drug List) for more information. A 100-day supply is available at retail and mail order pharmacies at no additional cost. The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition. There may be certain drugs that are limited to a 31-day supply. Some drugs have quantity limits.

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Health need or problem	Services you may need	Your costs for <u>in-network</u> providers	Limitations, exceptions, & benefit information (rules about benefits)
You need drugs to treat your illness or condition (continued)			Your provider must get prior authorization from Molina Dual Options MyCare Ohio for certain drugs.
	Brand name drugs	\$0 for a 31-day supply	<p>There may be limitations on the types of drugs covered. Please refer to Molina Dual Options MyCare Ohio's <i>List of Covered Drugs</i> (Drug List) for more information.</p> <p>A 100-day supply is available at retail and mail order pharmacies at no additional cost.</p> <p>The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p> <p>There may be certain drugs that are limited to a 31-day supply.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from Molina Dual Options MyCare Ohio for certain drugs.</p>
	Non-Medicare Rx/ Over-the-counter drugs	\$0	There may be limitations on the types of drugs covered. Please refer to Molina Dual Options MyCare Ohio's <i>List of Covered Drugs</i> (Drug List) for more information.
	Medicare Part B prescription drugs	\$0	<p>Part B drugs include drugs given by your doctor in their office, some oral cancer drugs, and some drugs used with certain medical equipment. Read the Member Handbook for more information on these drugs.</p> <p>Some drugs need prior authorization.</p>
	Step Therapy	\$0	Step Therapy may be required for certain drugs.



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Health need or problem	Services you may need	Your costs for <u>in-network</u> providers	Limitations, exceptions, & benefit information (rules about benefits)
You need therapy after a stroke or accident	Occupational, physical, or speech therapy	\$0	Some services need prior authorization.
You need emergency care	Emergency room services	\$0	You may get covered emergency medical care whenever you need it, anywhere in the United States or its territories, without prior authorization. Emergency room care is not covered outside the U.S. and its territories except under limited circumstances. Contact plan for details.
	Ambulance services	\$0	Prior authorization required for non-emergent ambulance only. Air Ambulance services may need prior authorization for non-emergency care.
	Urgent care	\$0	You may get urgent care services whenever you need it, anywhere in the United States or its territories, without prior authorization. Urgent care is not covered outside the U.S. and its territories except under limited circumstances. Contact plan for details.
You need hospital care	Hospital stay	\$0	Some services need prior authorization. Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital. There is no limit to the number of days covered by the plan each hospital stay.
	Doctor or surgeon care	\$0	Some services need prior authorization.

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Health need or problem	Services you may need	Your costs for <u>in-network</u> providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help getting better or have special health needs	Rehabilitation services	\$0	Some rehabilitation services need prior authorization.
	Medical equipment at home	\$0	Some items need prior authorization.
	Skilled nursing care	\$0	Some services need prior authorization. There is no limit to the number of days covered by the plan each Skilled Nursing Facility (SNF) stay.
	Acupuncture	\$0	This service is limited to pain management of headaches, lower back pain, neck pain, osteoarthritis of the hip or knee, nausea or vomiting related to pregnancy or chemotherapy, and acute post-operative pain. Some acupuncture services may need prior authorization. Prior authorization is needed for more than 30 treatments per benefit year.
You need medicine, equipment, or another item that does not require a prescription (This service is continued on the next page)	Over-the-Counter (OTC) items	\$0	We cover non-prescription Over-the-Counter (OTC) products like vitamins, sunscreen, pain relievers, cough/cold medicine, and bandages. You get \$20 every month to spend on plan-approved OTC items. The \$20 you get every month expires at the end of the month. It does not rollover to the next month. You do not need a prescription from your doctor to get Over-the-Counter (OTC) items.
	Transitional Meal Benefit	\$0	You pay \$0 for an extra meal benefit, based on your needs. If you qualify, you can get up to 56 meals over 4 weeks delivered to you. Your Care Manager will tell you if you qualify for this benefit. If you



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Health need or problem	Services you may need	Your costs for <u>in-network</u> providers	Limitations, exceptions, & benefit information (rules about benefits)
You need medicine, equipment, or another item that does not require a prescription (continued)			qualify, your Care Manager will enroll you in the program. If you have a chronic illness, ask your doctor if this benefit is right for you. You may qualify if you are going from a hospital or skilled nursing facility and need a meal benefit while you recover, or if you have a medical condition or potential medical condition that requires you to remain at home for a period of time. Service Authorization Form needed.
	Fitness Benefit (Silver&Fit®)	\$0	You get a fitness center membership to participating fitness centers. If you are unable to visit a fitness center or prefer to also work out from home, you can select a Home Fitness kit. See Chapter 4 of the Member Handbook to learn more about Silver&Fit. Register for the Silver&Fit program at SilverandFit.com
You need eye care (This service is continued on the next page)	Eye exams	\$0	We cover one routine eye exam every 24 months for members ages 21 to 59. We cover one routine eye exam every 12 months for members age 18 to 20, and age 60 and older.
	Glasses or contact lenses	\$0	We cover one complete frame and pair of lenses, just lenses or just frames or contact lenses: <ul style="list-style-type: none"> • One every 24 months for members ages 21 to 59. • One every 12 months for members age 20 and younger, and age 60 and older.

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Health need or problem	Services you may need	Your costs for <u>in-network</u> providers	Limitations, exceptions, & benefit information (rules about benefits)
You need eye care (continued)			<p>IMPORTANT: If you choose to get vision care services or vision care materials that we do not cover, your vision care provider may charge you his or her normal cost for these services or materials.</p> <p>Before giving you vision care services or vision care materials that we do not cover, the vision care provider will give you an estimated cost for each service or material upon your request.</p> <p>You can only be billed by your vision care provider if you agree to pay for the service and sign a written statement before you get the service. If you get a bill from a provider you did not agree to pay, call Member Services.</p>
You need dental care (This service is continued on the next page)	Dental check-ups	\$0	<p>We cover the following services:</p> <ul style="list-style-type: none"> • Comprehensive oral exam • Preventive oral exams once every 6 months for all members • Dental cleaning once every 6 months for all members • Preventive services including prophylaxis, fluoride for members under age 21 (once every 180 days), sealants, and space maintainers • Routine radiographs/diagnostic imaging (x-rays) <p>We offer comprehensive dental benefits. Authorization rules may apply for comprehensive dental</p>



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Health need or problem	Services you may need	Your costs for <u>in-network</u> providers	Limitations, exceptions, & benefit information (rules about benefits)
You need dental care (continued)			<p>services. Call Member Services for more details.</p> <p>Comprehensive dental services include non-routine diagnostic, restorative, endodontic, periodontic, extraction, prosthodontic, orthodontic, and surgery services</p> <p>Dental X-rays are covered twice annually for all enrollees as a plan covered supplemental.</p>
You need hearing/auditory services	Hearing screenings	\$0	
	Hearing aids	\$0	<p>Some services need prior authorization.</p> <p>Covered not more than once every 4 years for conventional and 5 years for digital/programmable hearing aids.</p> <p>Two hearing aids may be considered in special circumstances.</p>
You have a chronic condition, such as diabetes or heart disease	Services to help manage your disease	\$0	Services include disease self-management training and healthy eating programs.
	Diabetes supplies and services	\$0	<p>Some services need prior authorization.</p> <p>Benefit includes diabetes monitoring supplies and therapeutic shoes or inserts.</p>
You have a mental health condition	Mental health services	\$0	<p>Prior authorization rules may apply.</p> <p>Outpatient group therapy visit.</p> <p>Outpatient individual therapy visit.</p>
You have a substance use problem	Substance use disorder treatment services	\$0	<p>Prior authorization rules may apply.</p> <p>Outpatient group therapy visit.</p> <p>Outpatient individual therapy visit.</p>
You need long-term behavioral health services (This service is continued on the next page)	Inpatient care for people who need mental health and/or substance use care	\$0	<p>Prior authorization rules may apply.</p> <p>Inpatient Psychiatric Hospital services are covered at no cost to members.</p>

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Health need or problem	Services you may need	Your costs for <u>in-network</u> providers	Limitations, exceptions, & benefit information (rules about benefits)
You need long-term behavioral health services (continued)			Molina Dual Options MyCare Ohio covers services provided by freestanding or state operated psychiatric hospitals.
	Outpatient care for people who need mental health and/or substance use care	\$0	Outpatient group therapy visit. Outpatient individual therapy visit. Intensive outpatient services and assertive community treatment (ACT).
You need durable medical equipment (DME)	Wheelchairs	\$0	Prior authorization rules may apply.
	Nebulizers	\$0	Prior authorization rules may apply.
	Crutches	\$0	Prior authorization rules may apply.
	Walkers	\$0	Prior authorization rules may apply.
	Oxygen equipment and supplies	\$0	Prior authorization rules may apply.
	Incontinence garments	\$0	Prior authorization rules may apply.
You need help living at home	Meals brought to your home	\$0	These services are available only if your need for long-term care has been determined by Ohio Medicaid.
	Home services, such as cleaning or housekeeping	\$0	
	Changes to your home, such as ramps and wheelchair access	\$0	
	Personal care assistant (You may be able to employ your own assistant. Contact your Care Manager or Waiver Services Coordinator for more information.)	\$0	You may be responsible for paying a “patient liability” for nursing facility or waiver services that are covered through your Medicaid benefit. The County Department of Job and Family Services will determine if your income and certain expenses require you to have a patient liability.
	Community transition services	\$0	
	Home health care services	\$0	
	Services to help you live on your own	\$0	Waiver Services must be approved by your Waiver Services Coordinator or Care Manager.
	Adult day services or other support services	\$0	
			All services need prior authorization.

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Health need or problem	Services you may need	Your costs for <u>in-network</u> providers	Limitations, exceptions, & benefit information (rules about benefits)
You need a place to live with people available to help you	Assisted living	\$0	<p>These services are available only if your need for long-term care has been determined by Ohio Medicaid.</p> <p>You may be responsible for paying a “patient liability” for nursing facility or waiver services that are covered through your Medicaid benefit.</p> <p>The County Department of Job and Family Services will determine if your income and certain expenses require you to have a patient liability.</p> <p>Waiver Services must be approved by your Waiver Services Coordinator or Care Manager.</p> <p>Some services need prior authorization.</p>
	Nursing home care	\$0	
Your caregiver needs some time off	Respite care	\$0	<p>This service is available only if your need for long-term care has been determined by Ohio Medicaid.</p> <p>You may be responsible for paying a “patient liability” for nursing facility or waiver services that are covered through your Medicaid benefit. The County Department of Job and Family Services will determine if your income and certain expenses require you to have a patient liability.</p> <p>You may be eligible for respite care if you have behavioral health needs that require a certain level of care.</p> <p>Waiver Services must be approved by your Waiver Services Coordinator or Care Manager.</p> <p>Some services need prior authorization.</p>

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Health need or problem	Services you may need	Your costs for <u>in-network</u> providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional covered Services	Medicare-covered Chiropractic	\$0	
	Telehealth	\$0	<p>Additional Telehealth services are available to you at no cost. To learn more about covered telehealth services, see Chapter 4 of your Member Handbook.</p> <p>Telehealth services are listed in the “D3 Other Services” benefit chart, under “Physician/provider services, including doctor’s office visits.”</p> <p>To find a provider that offers telehealth services, use the Provider and Pharmacy Directory, visit us online at MolinaProviderDirectory.com/OH, or call Member Services.</p> <p>Some services need prior authorization.</p>

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D. Services that Molina Dual Options MyCare Ohio, Medicare, and Medicaid do not cover

This is not a complete list. Call Member Services to find out about other excluded services.

Services not covered by Molina Dual Options MyCare Ohio, Medicare, or Medicaid	
Services considered not “reasonable and necessary,” according to the standards of Medicare and Medicaid, unless these services are listed by our plan as covered services.	Cosmetic surgery or other cosmetic work, unless it is needed because of an accidental injury or to improve a part of the body that is not shaped right. However, the plan will cover reconstruction of a breast after a mastectomy and for treating the other breast to match it.
Experimental medical and surgical treatments, items, and drugs, unless covered by Medicare or under a Medicare-approved clinical research study or by our plan. Experimental treatment and items are those that are not generally accepted by the medical community.	Routine foot care, except for the limited coverage provided according to Medicare and Medicaid guidelines.
Surgical treatment for morbid obesity, except when it is medically needed and Medicare covers it.	A private room in a hospital, except when it is medically needed.

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E. Your rights as a member of the plan

As a member of Molina Dual Options MyCare Ohio, you have certain rights. You can exercise these rights without being punished. You can also use these rights without losing your health care services. We will tell you about your rights at least once a year. For more information on your rights, please read Chapter 8 of the Member Handbook. Your rights include, but are not limited to, the following:

- **You have a right to respect, fairness and dignity.** This includes the right to:
 - get covered services without concern about race, ethnicity, national origin, religion, gender, gender identity, age, mental or physical disability, sexual orientation, genetic information, ability to pay, or ability to speak English.
 - get information in other formats (e.g., large print, braille, audio).
 - be free from any form of physical restraint or seclusion.
 - not be billed by network providers.
- **You have the right to get information about your health care.** This includes information on treatment and your treatment options. This information should be in a format you can understand. These rights include getting information on:
 - description of the services we cover.
 - how to get services.
 - how much services will cost you.
 - names of health care providers and care managers.
- **You have the right to make decisions about your care, including refusing treatment.** This includes the right to:
 - choose a Primary Care Provider (PCP) and change your PCP at any time during the year.
 - use a women's health care provider without a referral.
 - get your covered services and drugs quickly.
 - know about all treatment options, no matter what they cost or whether they are covered.
 - refuse treatment, even if your doctor advises against it.
 - stop taking medicine.
 - ask for a second opinion. Molina Dual Options MyCare Ohio will pay for the cost of your second opinion visit.
- **You have the right to timely access to care that does not have any communication or physical access barriers.** This includes the right to:

? **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. 19

Molina Dual Options MyCare Ohio (Medicare-Medicaid Plan): **Summary of Benefits 2025**

- get timely medical care.
- get in and out of a health care provider's office. This means barrier-free access for people with disabilities, in accordance with the Americans with Disabilities Act.
- have interpreters to help with communication with your doctors and your health plan.
- **You have the right to emergency and urgent care when you need it.** This means you have the right to:
 - get emergency services without prior approval in an emergency.
 - use an out of network urgent or emergency care provider, when necessary.
- **You have a right to confidentiality and privacy.** This includes the right to:
 - ask for and get a copy of your medical records in a way that you can understand and to ask for your records to be changed or corrected.
 - have your personal health information kept private.
- **You have the right to make complaints about your covered services or care.** This includes the right to:
 - file a complaint or grievance against us or our providers.
 - ask for a state fair hearing.
 - get a detailed reason for why services were denied

For more information about your rights, you can read the Molina Dual Options MyCare Ohio Member Handbook. If you have questions, you can also call Molina Dual Options MyCare Ohio's Member Services.

Molina Dual Options MyCare Ohio (Medicare-Medicaid Plan): **Summary of Benefits 2025**

F. How to file a complaint or appeal a denied service

If you have a complaint or think Molina Dual Options MyCare Ohio should cover something we denied, call Molina Dual Options MyCare Ohio at (855) 665-4623, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m., local time. You may be able to appeal our decision.

For questions about complaints and appeals, you can read Chapter 9 of the Molina Dual Options MyCare Ohio *Member Handbook*. You can also call Molina Dual Options MyCare Ohio's Member Services.

Or you can write to Molina Dual Options MyCare Ohio

Attn: Grievance and Appeals

P.O. Box 22816

Long Beach, CA 90801-9977

Fax: (562) 499-0610



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.

Molina Dual Options MyCare Ohio (Medicare-Medicaid Plan): **Summary of Benefits 2025**

G. What to do if you suspect fraud

Most health care professionals and organizations that provide services are honest. Unfortunately, there may be some who are dishonest.

If you think a doctor, hospital or other pharmacy is doing something wrong, please contact us.

- Call us at Molina Dual Options MyCare Ohio's Member Services. Phone numbers are on the cover of this summary.
- Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week.
- Or, call the Ohio Attorney General's Office at 1-800-282-0515.



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 운영 됩니다.

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 नःशुल्क 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। हृदि बोलने वाला कोई व्यक्ति आपकी मदद कर सकता है। यह एक नःशुल्क 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。



MyCareOhio
Connecting Medicare + Medicaid