2022 Annual Notice of Changes

Molina Dual Options Medicare-Medicaid Plan

South Carolina H2533-001

Serving the following counties: Abbeville, Aiken, Allendale, Anderson, Bamberg, Barnwell, Beaufort, Berkeley, Calhoun, Charleston, Cherokee, Chester, Chesterfield, Clarendon, Colleton, Darlington, Dillon, Dorchester, Edgefield, Fairfield, Florence, Georgetown, Greenville, Greenwood, Hampton, Horry, Jasper, Kershaw, Lancaster, Laurens, Lee, Lexington, Marion, Marlboro, McCormick, Newberry, Oconee, Orangeburg, Pickens, Richland, Saluda, Spartanburg, Sumter, Union, Williamsburg, and York

Effective January 1 through December 31, 2022





Molina Dual Options Medicare-Medicaid offered by Molina Healthcare

ANNUAL NOTICE OF CHANGES FOR 2022

Introduction

You are currently enrolled as a member of Molina Dual Options. Next year, there will be some changes to the plan's benefits, coverage and rules. This document tells you about the changes and where to find more information about them. 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 Medicare-Medicaid Plan is a health plan that contracts with both Medicare and South Carolina Healthy Connections Medicaid to provide benefits of both programs to enrollees.
- * 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.

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 E2 for more information.

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

- If you leave our plan, you can choose to enroll in a different Medicare-Medicaid Plan, or you can go back to getting your Medicare and Healthy Connections Medicaid services separately.
- If you do not want to enroll in a different Medicare-Medicaid Plan, you will have a choice about how to get your Medicare benefits (go to page 8 to find out your options).

B1. Additional resources

- ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al (855) 735-5831, servicio TTY al 711, los 7 días a la semana, de 8:00 a.m. a 8:00 p.m., hora local. La llamada es gratuita.
- You can get this document for free in other formats, such as large print, braille, or audio. Call (855) 735-5831, TTY: 711, 7 days a week, 8 a.m. to 8 p.m., local time. The call is free.
- You can ask that we always send you information in the language or format you need. This is called a standing request. We will keep track of your standing request so you do not need to make separate requests each time we send you information. To get this document in an alternate format or a language other than English, please contact Member Services at (855) 735-5831, TTY: 711, 7 days a week, 8 a.m. to 8 p.m., local time. If you prefer to receive documents like this in the future in a language other than English, please contact the State at (888) 549-0820, TTY: 711, Monday Friday, 8 a.m. to 5 p.m., local time to update your record with the preferred language. A representative can help you make or change a standing request. You can also contact your Care Coordinator for help with standing requests.



B2. Information about Molina Dual Options

- Molina Dual Options is a health plan that contracts with both Medicare and South Carolina Healthy Connections Medicaid to provide benefits of both programs to enrollees.
- Coverage under Molina Dual Options 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 for more information on the individual shared responsibility requirement.
- Molina Dual Options is offered by Molina Healthcare. When this *Annual Notice of Changes* says "we," "us," or "our," it means Molina Healthcare. When it says "the plan" or "our plan," it means Molina Dual Options.

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 D 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?
 - It is important to review the changes to make sure our drug coverage will work for you next year.
 - Look in section D for information about changes to our drug coverage.
- Check to find out 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?
- Think about whether you are happy with our plan.



If you decide to stay with Molina Dual Options:

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 E2 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 E, page 8 to learn more about your choices.

C. Changes to the network providers and pharmacies

Our provider and pharmacy networks have changed for 2022.

We strongly encourage you to **review our current** *Provider and Pharmacy Directory* to find out if your providers or pharmacy are still in our network. An updated Provider and Pharmacy Directory is located on our website listed at the bottom of the page. You may also call Member Services at the number at the bottom of the page 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.

	2021 (this year)	2022 (next year)
Additional Telehealth Services	Prior Authorization is not required.	Prior Authorization may be required.
Mental Health Specialty/ Psychiatric Services	Prior Authorization is not required.	Prior Authorization may be required.
Other Health Care Professional Services	Prior Authorization is not required.	Prior Authorization may be required.
Opioid Treatment Program Services	Prior Authorization is not required.	Prior Authorization may be required.
Outpatient Blood Services	Prior Authorization is not required.	Prior Authorization may be required.
Over-the-counter (OTC) items	Over-the-counter (OTC) allowance does carry over into next period.	Over-the-counter (OTC) allowance does not carry over to the next period.
Podiatry Services	Prior Authorization is not required.	Prior Authorization may be required.
	Preventive Dental services covered up to 2 every year:	Unlimited Preventive Dental coverage, up to \$4,000 every year:
	- Oral Exams	-Oral Exams
	- Cleanings	-Cleanings
	- Fluoride Treatment	-Fluoride Treatment
	X-Ray services are not covered.	-X-Rays
		\$4,000 annual allowance may be used for Preventive and Comprehensive services combined.
		You will receive a My Molina MyChoice debit card loaded with your annual allowance amount that may be used at any dental provider of your choice. Any unused funds will not carry over to the following year.

	2021 (this year)	2022 (next year)
Comprehensive Dental Services	Comprehensive Dental Services covered (frequency vary by service):	Unlimited Comprehensive Dental coverage, up to \$4,000 every year:
	Oral Exams: Up to 2 every year	-Non-routine
	Scaling: Up to 4 every 24 months	-Diagnostic
	Debridement: Up to 1 every year	-Restorative
	Periodontal Maintenance: Up to 2 every year	-Endodontics
		-Periodontics
	Palliative Emergency Treatment: Up to 4 every year	-Extractions
	Extractions: Up to 1 per tooth per lifetime	-Prosthodontics, Other Oral/ Maxillofacial Surgery, Other Services
	Endodontics/Root canals: Up to 1 per tooth every year	\$4,000 annual allowance may be used for Preventive and
Crowns: Up to 2 every year Dentures (full or partial): Up to set every 3 years Denture adjustments: Up to 4 every year Diagnostic, Restorative and Periodontic services are not covered.	Crowns: Up to 2 every year	Comprehensive services
	Dentures (full or partial): Up to 1 set every 3 years	combined. You will receive a My Molina
	, ,	MyChoice debit card loaded with your annual allowance amount that may be used at any dental
	Periodontic services are not	provider of your choice. Any unused funds will not carry over to the following year.

	2021 (this year)	2022 (next year)
Vision Services (Eye Exams and Eyewear)	Eye exam: Covered up to 1 every year.	Unlimited Vision Services, up to \$300 every year.
(Eye Exams and Eyewear)	Eyewear: \$150 allowance every 2 years. Prior Authorization is not required.	\$300 annual allowance may be used for vision exams and eyewear combined. You will receive a My Molina MyChoice debit card loaded with your annual allowance amount that may be used at any vision provider of your choice. Any unused funds will not carry over to the following year. Prior authorization may be required for select eyewear.

D2. Changes to prescription drug coverage

Changes to our Drug List

An updated List of Covered Drugs is located on our website at www.MolinaHealthcare.com/Duals. You may also call Member Services at (855) 735-5831, TTY: 711, 7 days a week, 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 find out if there will be any restrictions.

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 the number at the bottom of the page or contact your Care Coordinator 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 2022 Member Handbook or call Member Services at the phone number at the bottom of the page.
- If you need help asking for an exception, you can contact Member Services or your Care Coordinator. Refer to Chapter 2 and Chapter 3 of the *Member Handbook* to learn more about how to contact your Care Coordinator.

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.

Changes to prescription drug costs

There are no changes to the amount you pay for prescription drugs in 2022. Read below for more information about your prescription drug coverage.

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

	2021 (this year)	2022 (next year)
Drugs in Tier 1	Your copay for a one-month (31-day) supply is \$0 per prescription .	Your copay for a one-month (31-day) supply is \$0 per prescription .
(generic drugs)		
Cost for a one-month supply of a drug in Tier 1 that is filled at a network pharmacy		
Drugs in Tier 2	Your copay for a one-month	Your copay for a one-month
(brand name drugs)	(31-day) supply is \$0 per prescription.	(31-day) supply is \$0 per prescription.
Cost for a one-month supply of a drug in Tier 2 that is filled at a network pharmacy		
Drugs in Tier 3	Your copay for a one-month (31-day) supply is \$0 per prescription .	Your copay for a one-month (31-day) supply is \$0 per prescription .
(Non-Medicare prescriptions/ Over-The-Counter (OTC) drugs)		
Cost for a one-month supply of a drug in Tier 3 that is filled at a network pharmacy		



E. How to choose a plan

E1. How to stay in our plan

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 Medicare-Medicaid Plan, change to a Medicare Advantage Plan, or change to Original Medicare, you will automatically stay enrolled as a member of our plan for 2022.

E2. How to change plans

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.

These are the four ways people usually end membership in our plan:



Change	What to do	
1. You can change to:	Here is what to do:	
A different Medicare-Medicaid Plan	Call South Carolina Healthy Connections Choices at 1-877-552-4642, Monday through Friday from 8 a.m. to 6 p.m. TTY users should call 1-877-552-4670. Tell them you want to leave Molina Dual Options and join a different Medicare-Medicaid Plan. If you are not sure what plan you want to join, they can tell you about other plans in your area. Your coverage with Molina Dual Options will end on the last day of the month that we get your request.	
2. You can change to:	Here is what to do:	
A Medicare health plan, such as a Medicare Advantage Plan or a Program of All-inclusive Care for the Elderly (PACE)	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 State Health Insurance Assistance Program (SHIP) at 1-800-868-9095. TTY users should call 711. In South Carolina, the SHIP is called the Insurance Counseling Assistance and Referrals for Elders (I-CARE) program.	
	You will automatically be disenrolled from Molina Dual Options when your new plan's coverage begins.	
3. You can change to:	Here is what to do:	
Original Medicare with a separate Medicare prescription drug plan	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 State Health Insurance Assistance Program (SHIP) at 1-800-868-9095. TTY users should call 711. In South Carolina, the SHIP is called the Insurance Counseling Assistance and Referrals for Elders (I-CARE) program.	
	You will automatically be disenrolled from Molina Dual Options when your Original Medicare and prescription drug plan coverage begins.	



Change What to do Here is what to do: 4. You can change to: **Original Medicare without a separate** Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 Medicare prescription drug plan hours a day, 7 days a week. TTY users should call 1-877-486-2048. **NOTE**: If you switch to Original Medicare and do not enroll in a separate If you need help or more information: Medicare prescription drug plan, Call the State Health Insurance Assistance Program Medicare may enroll you in a drug plan, (SHIP) at 1-800-868-9095. TTY users should call 711. In unless you tell Medicare you don't want South Carolina, the SHIP is called the Insurance to join. Counseling Assistance and Referrals for Elders (I-CARE) You should only drop prescription drug program. coverage if you have drug coverage You will automatically be disenrolled from Molina Dual from another source, such as employer Options when your Original Medicare and prescription drug or union. If you have questions about plan coverage begins. whether you need drug coverage, call Insurance Counseling Assistance and Referrals for Elders (I-CARE) at 1-800-868-9095. TTY users should call 711.

F. How to get help

F1. Getting help from Molina Dual Options

Questions? We're here to help. Please call Member Services at the number at the bottom of the page. We are available for phone calls 7 days a week, 8 a.m. to 8 p.m., local time.

Your 2022 Member Handbook

The 2022 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.

The 2022 *Member Handbook* will be available by October 15. An up-to-date copy of the *2022 Member Handbook* is available on our website listed at the bottom of the page. You may also call Member Services at the phone number at the bottom of the page to ask us to mail you a *2022 Member Handbook*.



Our website

You can also visit our website listed at the bottom of the page. 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*).

F2. Getting help from the state enrollment broker, South Carolina Healthy Connections Choices

The enrollment broker helps people choose between the different Medicare-Medicaid Plans, enroll, change plans, or disenroll. The enrollment broker is called South Carolina Healthy Connections Choices, and it is not connected with any insurance company or health plan. You can call South Carolina Healthy Connections Choices at 1-877-552-4642, Monday through Friday from 8 a.m. to 6 p.m. TTY users should call 1-877-552-4670.

F3. Getting help from the Healthy Connections Prime Advocate

The Healthy Connections Prime Advocate is an ombudsman program that helps people enrolled in Healthy Connections Prime with service or billing problems. The Healthy Connections Prime Advocate can help you if you are having a problem with Molina Dual Options. The ombudsman's services are free.

- The Healthy Connections Prime Advocate 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.
- The Healthy Connections Prime Advocate makes sure you have information related to your rights and protections and how you can get your concerns resolved.
- The Healthy Connections Prime Advocate is not connected with us or with any insurance company or health plan. The phone number for the Healthy Connections Prime Advocate is 1-844-477-4632.
 TTY users should call 711.

F4. Getting help from the State Health Insurance Assistance Program (SHIP)

You can also call the State Health Insurance Assistance Program (SHIP). The SHIP counselors can help you understand your Medicare-Medicaid Plan choices and answer questions about switching plans. In South Carolina, the SHIP is called the Insurance Counseling Assistance and Referrals for Elders (I-CARE) program. I-CARE is not connected with any insurance company or health plan. The I-CARE phone number is 1-800-868-9095. TTY users should call 711.

F5. 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). 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, go to www.medicare.gov and click on "Find plans.")

Medicare & You 2022

You can read the *Medicare & You 2022* 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) 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.

F6. Getting help from Healthy Connections Medicaid

The phone number for Healthy Connections Medicaid is 1-888-549-0820. This call is free. TTY users should call 1-888-842-3620.

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