

## Welcome Kit Packet

Dear Member,

Thank you for joining Molina Dual Options Medicare-Medicaid Plan! Your health is important to us, and we're here to help you feel your best. This is your **New Member Welcome Kit**. It includes valuable information about your plan benefits, network of providers, formulary (drug list) and more.

Inside you'll find:

### Accessing Your Member Handbook Notice

- This notice explains where to get a copy of your Member Handbook. It also gives you a summary of some of the important information in your Member Handbook.

### Summary of Benefits

- This booklet explains your benefits in an easy-to-follow chart. **This document contains important information about your plan. Please keep it in a safe place.**

### Provider Directory & Formulary Notice

- This notice tells you where to find your doctors, hospitals, pharmacies and more. It also tells you how to get a copy of your Provider/Pharmacy Directory and Formulary.

### Mail Order Prescription Service Notice

- This notice explains how you can get your long-term medications sent directly to your home by signing up for our mail order prescription service.

### Balance Billing Letter

- This letter explains what you do and do not have to pay as a member of our plan. It also tells you about your rights regarding balancing billing from providers.

***To learn more about your coverage, or to access your plan materials online, please visit our website at [MolinaHealthcare.com/Duals](https://MolinaHealthcare.com/Duals).***

**We are here to help!** For questions or assistance, please call our 24-Hour Nurse Advice Line or Member Services:

### 24-Hour Nurse Advice Line

- If you have any **medical** questions, please call our 24-Hour Nurse Advice Line at (888) 275-8750, TTY/TDD: 711. Our highly trained nurses are available 24 hours a day, 7 days a week (including holidays) to help you make informed decisions about your health.

### Member Services

- For other questions or assistance, please call our Member Services Department at (855) 735-5831, TTY/TDD: 711, 7 days a week, 8 a.m. to 8 p.m., local time.

**Again, thank you for joining Molina Dual Options! We look forward to serving you!**

Sincerely,  
Molina Dual Options

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. You can get this document for free in other formats, such as large print, braille, or audio. Call (855) 735-5831, TTY/TDD: 711, 7 days a week, 8 a.m. to 8 p.m., local time. The call is free.

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

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

- Aids and services to people with disabilities
  - Skilled sign language interpreters
  - Written material in other formats (large print, audio, accessible electronic formats, Braille)
- Language services to people who speak another language or have limited English skills
  - Skilled interpreters
  - Written material translated in your language
  - Material that is simply written in plain language

If you need these services, contact Molina Member Services at (855) 735-5831; TTY/TDD: 711, 7 days a week, 8 a.m. to 8 p.m., local time.

If you think that Molina failed to provide these services or treated you differently based on your race, color, national origin, age, disability, or sex, you can file a complaint. You can file a complaint in person, by mail, fax, or email. If you need help writing your complaint, we will help you. Call our Civil Rights Coordinator at (866) 606-3889, or TTY, 711. Mail your complaint to:

Civil Rights Coordinator  
200 Oceangate  
Long Beach, CA 90802

You can also email your complaint to [civil.rights@molinahealthcare.com](mailto:civil.rights@molinahealthcare.com). Or, fax your complaint to (562) 499-0610.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>. You can mail it to:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201

You can also send it to a website through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>.

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

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English	ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-855-735-5831 (TTY: 711).
Spanish	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-735-5831 (TTY: 711).
Arabic	ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-855-735-5831 (رقم هاتف الصم والبكم: 711).
Portuguese	ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-855-735-5831 (TTY: 711).
Russian	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-735-5831 (телетайп: 711).
Vietnamese	CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-735-5831 (TTY: 711).
Brazilian Portuguese	ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-855-735-5831 (TTY: 711).
Mandarin	注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-855-735-5831 (TTY: 711)。
Falam	RALRINNAK: Falam (Laizo) `ong na thiam asile, man lo tein `onglettu bawmh le hna`uan seknak nangmah hrangah aum. ah ko aw 1-855-735-5831 (TTY: 711).
Hindi	ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-855-735-5831 (TTY: 711) पर कॉल करें।
Korean	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-735-5831 (TTY: 711) 번으로 전화해 주십시오.
Chin	THEIHDING: Lai holh na thiam asi ah cun, holh let tu a lak in kan in hlan piak lai. 1-855-735-5831 (TTY: 711) ah in rak hlat te.
French	ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-735-5831 (TTY : 711).
Karen	ဟ်သး-နမ့ၢ်ကတိၤကညိၣ်ကျိၣ်,ကျိၣ်အတၢ်ဆိၣ်ထွဲမၤစၢၤအတၢ်ဖိးတၢ်မၤတဖၣ်,တၢ်ဒီးန့ၢ်ဟ့ၣ်ကလိတဖၣ်န့ၢ်ဝဲဒၣ်လၢနဂီၢ်. ကိးယီၤ (၁-၈၅၅-၇၃၅-၅၈၃၁) (TTY: ၇၁၁).
Amharic	ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 1-855-735-5831 (መስማት ለተሳናቸው፡ 711)፡፡
Burmese	သတိပြုရန် - အကယ်၍ သင်သည် မြန်မာစကား ကို ပြောပါက၊ ဘာသာစကား အကူအညီ၊ အခမဲ့၊ သင့်အတွက် စီစဉ်ဆောင်ရွက်ပေးပါမည်။ ဖုန်းနံပါတ် 1-855-735-5831 (TTY: 711) သို့ ခေါ်ဆိုပါ။