

2025

Summary of Benefits

Molina Dual Options Medicare-Medicaid Plan

South Carolina H2533-001

Effective January 1 through December 31, 2025



Introduction

This document is a brief summary of the benefits and services covered by Molina Dual Options Medicare Medicaid Plan. 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. Key terms and their definitions appear in alphabetical order in the last chapter of the *Member Handbook*.

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If you have questions, please call Molina Dual Options at (855) 735-5831, TTY: 711, 7 days a week, 8 a.m. to 8 p.m., ET. The call is free. **For more information**, visit MolinaHealthcare.com/Duals.

Molina Dual Options Medicare-Medicaid Plan: **Summary of Benefits 2025**

A. Disclaimers



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

- ❖ The 2025 Member Handbook will be available by October 15. An up-to-date copy of the 2025 Member Handbook is always available on our website at MolinaHealthcare.com. You may also call Member Services at (855) 735-5831, TTY: 711, 7 days a week, 8 a.m. to 8 p.m., ET to ask us to mail you a 2025 Member Handbook.
- ❖ 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.
- ❖ Under Molina Dual Options you can get your Medicare and Healthy Connections Medicaid services in one health plan. A Molina Dual Options care coordinator 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) 735-5831, TTY: 711, 7 days a week, 8 a.m. to 8 p.m., ET. The call is free.
- ❖ This document is available for free in Arabic, Albanian, Bengali, Chinese, Dari, Farsi, French, French Creole, German, Hindi, Italian, Japanese, Korean, Pashto, Polish, Portuguese, Russian, Spanish, Tagalog, Ukrainian, and Vietnamese.
- ❖ To request your preferred language other than English and/or alternate format, call Member Services at (855) 735-5831, TTY: 711, 7 days a week, 8 a.m. to 8 p.m., ET.
- ❖ 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) 735-5831, TTY: 711, 7 days a week, 8 a.m. to 8 p.m., ET.



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B. Frequently Asked Questions

The following chart lists frequently asked questions.

Frequently Asked Questions (FAQ)	Answers
<p>What is a Medicare-Medicaid Plan?</p>	<p>A Medicare-Medicaid Plan is a health plan that contracts with both Medicare and Healthy Connections Medicaid to provide benefits of both programs to enrollees. It is for people with both Medicare and Healthy Connections Medicaid. A Medicare-Medicaid Plan is an organization made up of doctors, hospitals, pharmacies, providers of long-term services, and other providers. It also has care coordinators to help you manage all your providers and services. They all work together to provide the care you need.</p>
<p>What is a Molina Dual Options care coordinator?</p>	<p>A Molina Dual Options care coordinator 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>
<p>What are long-term services and supports?</p>	<p>Long-term services and supports (LTSS) are a variety of services and supports that help people meet their daily needs for assistance and improve the quality of their lives. LTSS are help for people who need assistance to do everyday tasks like taking a bath, getting dressed, and making food. Most of these services are provided at your home or in your community but could be provided in a nursing home or hospital.</p>
<p>Will I get the same Medicare and Medicaid benefits in Molina Dual Options that I get now? (continued on the next page)</p>	<p>You will get your covered Medicare and Healthy Connections Medicaid benefits directly from Molina Dual Options. You will work with a team of providers 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 Healthy Connections Medicaid benefits directly from Molina Dual Options, but you may get some benefits the same way you do now, outside of the plan. This plan also offers services that are not usually covered by Medicare or Healthy Connections Medicaid.</p> <p>When you enroll in Molina Dual Options, you and your care team will work together to develop an Individualized Care Plan (ICP) to address your health and support needs. During this time, you can keep using the providers you use now for 180 days. You can also continue to get the same services and any that were authorized prior to your enrollment in Molina Dual Options.</p>

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Frequently Asked Questions (FAQ)	Answers
Will I get the same Medicare and Medicaid benefits in Molina Dual Options that I get now? (continued)	When you join our plan, if you are taking any Medicare Part D prescription drugs that Molina Dual Options 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 to cover your drug, if medically necessary.
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 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’ network. • If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of Molina Dual Options' plan. <p>To find out if your doctors are in the plan’s network, call Member Services or read Molina Dual Options’ <i>Provider and Pharmacy Directory</i> on the plan's website at MolinaHealthcare.com/Duals.</p> <p>If Molina Dual Options is new for you, you can continue using the doctors you use now for 180 days after you first enroll, even if they are out-of-network. If you need to continue using your out-of-network providers after your first 180 days in our plan, we will only cover that care if the provider enters a single case agreement with us. If you are getting ongoing treatment from an out-of-network provider and think they may need a single case agreement in order to keep treating you, contact Member Services at (855) 735-5831, TTY: 711, 7 days a week, 8 a.m. to 8 p.m., ET.</p>
What happens if I need a service but no one in Molina Dual Options' 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 will pay for the cost of an out-of-network provider.
Where is Molina Dual Options available?	The service area for this plan includes 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, York counties, South Carolina. 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?	You will not pay any monthly premiums to Molina Dual Options for your health coverage.

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Frequently Asked Questions (FAQ)	Answers
What is prior authorization (PA)?	<p>PA means that you must get approval from Molina Dual Options before you can get a specific service or drug or use an out-of-network provider. Molina Dual Options 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 <i>Member Handbook</i> 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>
What is a referral?	<p>A referral means that your primary care provider (PCP) must give you approval before you can use someone who is not your PCP or use other providers in the plan's network. If you don't get approval, Molina Dual Options may not cover the services, and you may be billed for these services. You don't need a referral to use some specialists, such as women's health specialists.</p> <p>Refer to Chapter 3, of the <i>Member Handbook</i> to learn more about when you will need to get a referral from your PCP.</p>
Do I pay a deductible?	No. You do not pay deductibles in Molina Dual Options.
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 Member Services at the number at the bottom of the page.</p> <p>Member Services also has free language interpreter services available for people who do not speak English.</p> <p>If you have questions about your health, please call the Nurse Advice Call line:</p> <p>CALL (844) 800-5155 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) 735-5831 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>

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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	Visits to treat an injury or illness	\$0	
	Wellness visits, such as a physical	\$0	Annual Wellness visit every 12 months.
	Specialist care	\$0	You are encouraged to visit your primary care physician for a referral first before going to see a specialist.
	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 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.
	X-rays or other pictures, such as CAT scans	\$0	Prior authorization rules may apply. Outpatient X-ray services do not require prior authorization.
	Screening tests, such as tests to check for cancer	\$0	Prior authorization rules may apply.
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’ <i>List of Covered Drugs</i> (Drug List) for more information. A 100-day supply is available at a retail and mail order pharmacy at no additional cost.

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need drugs to treat your illness or condition (This service is continued on the next page)</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 for certain drugs.</p>
	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' <i>List of Covered Drugs</i> (Drug List) for more information.</p> <p>A 100-day supply is available at a retail and mail order pharmacy 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 for certain drugs.</p>
	Over-the-Counter drugs	\$0	<p>There may be limitations on the types of drugs covered. Please refer to Molina Dual Options' <i>List of Covered Drugs</i> (Drug List) for more information.</p>
	Non-Medicare prescriptions/ Over-the-Counter (OTC) items	\$0	<p>We cover non-prescription Over-the-Counter (OTC) products like vitamins, sunscreen, pain</p>

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need drugs to treat your illness or condition (continued)			<p>relievers, cough/cold medicine, and bandages.</p> <p>You get \$100 every 3 months that you can spend on plan-approved items.</p> <p>Your quarterly allowance becomes available to use in January, April, July and October. Any dollar amount that you don't use will not carry over into the next 3 months.</p> <p>You do not need a prescription from your doctor to get OTC items.</p>
	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>Prior authorization rules may apply.</p>
	Step Therapy	\$0	Step therapy is covered under Part B.
You need therapy after a stroke or accident	Occupational, physical, or speech therapy	\$0	Prior authorization rules may apply.
	Chiropractic services (only for manual manipulation for certain approved conditions)	\$0	
You need emergency care (This service is continued on the next page)	Emergency room services	\$0	<p>You may get covered emergency medical care whenever you need it, anywhere in the United States or its territories, without prior authorization.</p> <p>Not covered outside the United States and its territories except under limited circumstances. Contact plan for details.</p>
	Ambulance services	\$0	<p>Prior authorization rules may apply for non-emergency Ambulance services.</p> <p>Authorization is not required for emergency transportation.</p>

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need emergency care (continued)	Urgent care	\$0	<p>You may get urgent care services whenever you need it, anywhere in the United States or its territories, without prior authorization.</p> <p>Not covered outside the United States and its territories except under limited circumstances. Contact plan for details.</p>
You need hospital care	Hospital stay	\$0	Prior authorization rules may apply.
	Doctor or surgeon care	\$0	Prior authorization rules may apply.
You need help getting better or have special health needs	Rehabilitation services	\$0	Prior authorization rules may apply.
	Medical equipment for home care	\$0	<p>Prior authorization rules may apply.</p> <p>You must talk to your provider and get a referral for specialized supplies.</p>
	Skilled nursing care	\$0	<p>Medicare-covered stays (for example, rehabilitation) require a prior authorization, and Healthy Connections Medicaid-covered stays (for example, long term skilled nursing facility (SNF) stays) also require prior authorization.</p> <p>You must talk to your provider and get a referral.</p>
You need eye care (This service is continued on the next page)	Treatment for eye injuries or diseases	\$0	
	Initial replacement of lens due to cataract surgery	\$0	
	Vision Services (Eye Exam and Eyewear)	\$0	<p>Molina Dual Options covers up to \$300 annually for vision exams and eyewear combined.</p> <p>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.</p>

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need eye care (continued)			Any unused funds will not carry over to the following year.
You need dental care	Emergency medical procedures by oral surgeons	\$0	Prior authorization rules may apply.
	Dental procedures related to organ transplants, cancer, joint replacement, heart valve replacement, and trauma	\$0	Prior authorization rules may apply.
	Dental Services	\$0	<p>Healthy Connections Medicaid covers Preventive and Comprehensive* services, up to a \$750 allowance every year.</p> <p>In addition to your Healthy Connections Medicaid dental coverage, Molina Dual Options covers up to \$4,000 annually for Preventive and Comprehensive* services combined.</p> <p>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.</p> <p>Any unused funds will not carry over to the following year.</p>
You need foot care	Podiatry services	\$0	Prior authorization rules may apply.
You need hearing/auditory services	Hearing services	\$0	<p>Routine hearing exam (for up to 1 every year)</p> <p>Hearing aid fitting/evaluation (for up to 1 every two years)</p> <p>Hearing aid: Our plan pays up to \$1,500 every year for hearing aids.</p>
	Hearing screenings	\$0	Coverage includes exam to diagnose and treat hearing and balance issues.

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You have a chronic condition, such as diabetes or heart disease	Services to help manage your disease	\$0	Coverage includes self-management training and disease management program for diabetics.
	Diabetes supplies and services	\$0	Prior authorization rules may apply for diabetes supply and services. Benefit includes diabetic monitoring supplies and therapeutic shoes or inserts.
	Cardiac and pulmonary rehabilitation services	\$0	Prior authorization rules may apply.
You have a mental health condition	Mental or behavioral health services	\$0	Prior authorization rules may apply. Outpatient group therapy visit. Outpatient individual therapy visit.
	Partial hospitalization	\$0	Prior authorization rules may apply.
You have a substance abuse problem	Medicare Assisted Treatment	\$0	
	Opioid Treatment Program services	\$0	Prior authorization rules may apply.
	Substance abuse services	\$0	
You need long-term mental health services	Inpatient care for people who need mental health care	\$0	Prior authorization rules may apply.
You need durable medical equipment (DME) (This service is continued on the next page)	Wheelchairs	\$0	Prior authorization rules may apply. You must talk to your provider and get a referral.
	Crutches	\$0	Prior authorization rules may apply. You must talk to your provider and get a referral.
	IV infusion pumps	\$0	Prior authorization rules may apply. You must talk to your provider and get a referral.
	Oxygen equipment and supplies	\$0	Prior authorization rules may apply. You must talk to your provider and get a referral.
	Nebulizers	\$0	Prior authorization rules may apply.

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need durable medical equipment (DME) (continued)			You must talk to your provider and get a referral.
	Walkers	\$0	Prior authorization rules may apply. You must talk to your provider and get a referral.
You need prosthetics	Prosthetic devices	\$0	Prior authorization rules may apply.
You need help living at home (This service is continued on the next page)	Meals brought to your home	\$0	LTSS benefits are offered to all plan members as medically necessary. Prior authorization rules may apply. Meal Benefit - for up to 2 meals every day.
	Homemaker services, such as cleaning or housekeeping	\$0	LTSS benefits are offered to all plan members as medically necessary. Prior authorization rules may apply. You must talk to your provider and get a referral.
	Changes to your home, such as ramps and wheelchair access	\$0	LTSS benefits are offered to all plan members as medically necessary. Prior authorization rules may apply. Environmental modifications benefit has a \$7,500 lifetime limit.
	Personal care services (You may be able to choose your own aide. Call Member Services for more information.)	\$0	LTSS benefits are offered to all plan members as medically necessary. Prior authorization rules may apply. You must talk to your provider and get a referral.
	Home health care services	\$0	Prior authorization rules may apply. Incontinence Supplies: The amount and frequency is based on medical necessity.
	Services to help you live on your own	\$0	Personal Care Services (for up to 50 Medicaid-covered visits per year). Prior authorization rules may apply.
	Adult day services or other support services	\$0	You must talk to your provider and get a referral.

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help living at home (continued)			Prior authorization rules may apply.
You need a place to live with people available to help you	Nursing home care	\$0 or amount based on income	<p>You must talk to your provider and get a referral.</p> <p>Prior authorization rules may apply.</p> <p>These services are available only if your need for long-term care has been determined by Healthy Connections Medicaid.</p> <p>You must contribute toward the cost of this service when your income is more than an allowable amount. This contribution, known as the patient pay amount, is required only for those living in a nursing home. You will not need to pay if you are in the nursing home for short-term rehabilitation.</p>
Your caregiver needs some time off	Respite care	\$0	<p>Respite care can be provided in a Community Residential Care Facility (CRCF), a nursing facility, or at your home. Members are limited to 28 total days of respite care per year. Up to 28 days of respite care can be in a CRCF. Up to 14 days of respite care can be in a nursing facility. Up to 14 days of respite care can be in your home. Respite care may be available based on your situation and availability of provider.</p> <p>The type of care you are qualified to get will depend on your situation.</p> <p>You must talk to your provider and get a referral.</p> <p>Prior authorization rules may apply.</p>

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need care for advanced illness or life-threatening injury	Palliative care	\$0	You must talk to your provider and get a referral. Prior authorization rules may apply.
You need family planning services	Birth control (condoms)	\$0	Family planning supplies are covered only with a prescription.
	Family planning lab and diagnostic tests	\$0	
	Treatment for sexually transmitted infections (STIs)	\$0	
Additional covered services	Education and wellness programs	\$0	
	End-stage renal disease services	\$0	
	Infusion services	\$0	Prior authorization rules may apply.
	Nursing home transition services	\$0	You should talk to your provider and get a referral. Prior authorization rules may apply.
	Preventive services	\$0	
	Services provided at Federally Qualified Health Centers	\$0	
	Targeted case management	\$0	
	Telemedicine	\$0	You should talk to your provider and get a referral.
	Telehealth services	\$0	Additional Telehealth services may be available to you. Visit us online at MolinaHealthcare.com/Duals or call Member Services for assistance in locating Providers offering Telehealth services. Prior authorization rules may apply.

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D. Benefits covered outside of Molina Dual Options

This is not a complete list. Call Member Services to find out about other services not covered by Molina Dual Options but available through Medicare or Healthy Connections Medicaid.

Other services covered by Medicare or Healthy Connections Medicaid Please contact your Care Coordinator for more information.	Your costs
Dental Services	\$0 Through Healthy Connections Medicaid, you are eligible for Diagnostics (oral evaluation and x-rays), preventive care (annual cleaning), restorative care (fillings), and surgical care (extractions/removals) are covered on a fee-for-service basis with a \$0 copay.
Some hospice care services	\$0
Medicare-covered acupuncture for chronic lower back pain	\$0 Prior authorization rules may apply.
Non-emergency medical transportation	\$0

E. Services that Molina Dual Options, Medicare, and Healthy Connections 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, Medicare, or Healthy Connections Medicaid	
Chiropractic care (except manual manipulation for certain approved conditions)	Non-prescription contraceptive supplies
Certain visual procedures such as LASIK	Orthopedic shoes (unless included with brace or for diabetic foot disease). Supportive devices for feet (except for diabetic foot disease)
Cosmetic surgery or cosmetic work	Personal items in your hospital or nursing home room
Elective or voluntary enhancement procedures or services	Private room in hospital
Routine foot care (except for certain approved conditions)	



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Services not covered by Molina Dual Options, Medicare, or Healthy Connections Medicaid	
Experimental medical and surgical treatments, items and drugs	Services not considered “reasonable and necessary”
Full-time nursing care in your home	Services provided to veterans in a VA facility
Naturopath services	Surgical treatment for morbid obesity



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F. Your rights as a member of the plan

As a member of Molina Dual Options, 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 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, 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 used as a means of coercion, discipline, convenience, a perceived safety measure, or retaliation
 - 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
 - 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 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:
 - get timely medical care

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- 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 PA in an emergency
 - use an out-of-network or 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 Member Handbook. If you have questions, you can also call Molina Dual Options Member Services.



If you have questions, please call Molina Dual Options at (855) 735-5831, TTY: 711, 7 days a week, 8 a.m. to 8 p.m., ET. The call is free. **For more information**, visit MolinaHealthcare.com/Duals.

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

If you have a complaint or think Molina Dual Options should cover something we denied, call Molina Dual Options at (855) 735-5831, TTY: 711, 7 days a week, 8 a.m. to 8 p.m., ET. You may be able to appeal our decision.

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

There is a special ombudsman for this program called the Healthy Connections Prime Advocate. The Healthy Connections Prime Advocate does not work for us or Healthy Connections Medicaid. They can help you understand your rights and the appeal process, and they can help you with your appeal. You can reach the Healthy Connections Prime Advocate at 1-844-477-4632. TTY users should call 711.

H. 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 Member Services. Phone numbers are at the bottom of the page and 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.
- You may report fraud to Molina Dual Options through one of the following:
 - Telephone: Call the Molina Dual Options toll-free compliance anti-fraud line at (866) 606-3889.
 - Email: fraudres@scdhhs.gov
 - Online: Report an issue online through a confidential and secure site at <https://MolinaHealthcare.AlertLine.com>.
- Regular Mail
Write (marked confidential) to:
Compliance Officer (CONFIDENTIAL)
Molina Dual Options
PO Box 40309
North Charleston, South Carolina 29423-0309





ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-855-735-5831 (TTY: 711) or speak to your provider.

Spanish:

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos para asistirle en su idioma. También dispone de ayudas y servicios auxiliares gratuitos para proporcionar información en formatos accesibles. Llame al 1-855-735-5831 (los usuarios de TTY pueden llamar al 711) o hable con su proveedor.

Chinese:

請注意：如果您說中文，我們會為您提供免費的語言協助服務。我們還免費提供適當的輔助工具及服務，以無障礙格式提供資訊。請撥打 1-855-735-5831 (TTY: 711) 或與您的醫療服務提供者聯絡。

Tagalog:

TAWAG-PANSIN: Kung nagsasalita ka ng Tagalog, may mga libreng serbisyo ng tulong sa wika para sa iyo. May mga naaangkop na auxiliary aid at mga serbisyo din para magbigay ng impormasyon sa mga accessible na format nang walang bayad. Tawagan ang 1-855-735-5831 (TTY: 711) o kausapin ang iyong provider.

French:

REMARQUE : si vous parlez français, des services d'aide linguistique gratuits sont disponibles. Des outils et des services auxiliaires adaptés visant à fournir des informations dans un format accessible sont également disponibles gratuitement. Appelez le 1-855-735-5831 (ATS : 711) ou contactez votre prestataire.

Vietnamese:

LƯU Ý: Nếu quý vị nói Tiếng Việt, chúng tôi có cung cấp các dịch vụ hỗ trợ ngôn ngữ miễn phí. Chúng tôi cũng cung cấp miễn phí các phương tiện hỗ trợ và dịch vụ phụ trợ phù hợp để cung cấp thông tin theo những dạng thức dễ tiếp cận. Hãy gọi số 1-855-735-5831 (TTY: 711) hoặc trao đổi với nhà cung cấp của quý vị.

German:

HINWEIS: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzen zur Verfügung. Geeignete Hilfsmittel und Dienste für die Übermittlung von Informationen in zugänglicher Form sind ebenfalls kostenlos verfügbar. Rufen Sie unter 1-855-735-5831 (TTY: 711) an oder wenden Sie sich an Ihren Anbieter.

Korean:

주의: 한국어를 구사하는 경우, 언어 지원 서비스를 무료로 이용할 수 있습니다. 접근 가능한 형식으로 정보를 제공하기 위한 적절한 보조 도구와 서비스도 무료로 이용할 수 있습니다. 1-855-735-5831(TTY: 711)번으로 전화하거나 제공자에게 이야기하시기 바랍니다.

Russian:

Внимание! Если вы говорите на русском, для вас доступна бесплатная помощь переводчика. Также доступны бесплатные соответствующие вспомогательные средства для получения информации в доступном формате. Звоните 1-855-735-5831 (TTY: 711) или поговорите с вашим поставщиком медицинского обслуживания.

Arabic:

تنبيه: إذا كنت تتحدث العربية، فسوف تكون خدمات المساعدة اللغوية متاحة لك مجانًا. كما تتوفر أدوات مساعدة وخدمات إضافية مناسبة لتوفير المعلومات بصيغ يمكن الوصول إليها من دون أية تكلفة. اتصل على الرقم 1-855-735-5831 (الهاتف النصي: 711) أو تحدث إلى مقدم الخدمات.

Italian:

ATTENZIONE: Se parla italiano, sono disponibili servizi di assistenza linguistica a titolo gratuito. Sono inoltre disponibili gratuitamente ausili e servizi adeguati per fornire informazioni in formati accessibili. Chiama il numero 1-855-735-5831 (TTY: 711) o si metta in contatto con il suo fornitore.

Portuguese:

ATENÇÃO: se você fala português, serviços de assistência linguística gratuitos estão à sua disposição. Também estão disponíveis sem custo materiais e serviços auxiliares apropriados para fornecer informações em formatos acessíveis. Ligue para o número 1-855-735-5831 (TTY: 711) ou fale com seu fornecedor de serviços de saúde.

French Creole:

ATANSYON: Si w pale Fransè Kreyòl, sèvis asistans linguistik disponib gratis pou ou. Èd ak sèvis oksilyè apwopriye pou bay enfòmasyon nan fòm aksèsib disponib gratis egalman. Rele 1-855-735-5831 (TTY: 711) oswa pale ak founisè w la.

Polish:

UWAGA: Jeśli mówisz w języku Polskim, możesz skorzystać z bezpłatnych usług pomocy językowej. Bez żadnych opłat dostępne są również odpowiednie pomoce i usługi dostarczające informacji w przystępnych formatach. Zadzwoń pod numer 1-855-735-5831 (TTY: 711) lub porozmawiaj ze swoim świadczeniodawcą.

Hindi:

ध्यान दें: अगर आप [हिन्दी] बोलते हैं, तो आपके लिए मुफ्त भाषा सेवाएं उपलब्ध हैं। एक्सेस करने योग्य फ़ॉर्मेट में जानकारी उपलब्ध कराने के लिए उपयुक्त सहायक साधन और सेवाएं भी निःशुल्क उपलब्ध हैं।

1-855-735-5831 (TTY: 711) पर कॉल करें या अपने प्रदाता से बात करें।

Ukrainian:

УВАГА! Якщо ви розмовляєте українською, можете скористатися безкоштовною послугою мовної підтримки. Також ви можете безкоштовно скористатися відповідними допоміжними засобами та послугами для отримання інформації в доступних форматах. Телефонуйте за номером 1-855-735-5831 (TTY: 711) або зверніться до свого постачальника послуг.

Pashto:

پام وکړئ که چیرې تاسو پښتو وایئ، نو د ژبې د وړیا مرستې خدمات تاسو ته شتون لري. د لاسرسي وړ فارمیټونو کې د معلوماتو چمتو کولو لپاره مناسب مرستندویه مرستې او خدمات هم وړیا شتون لري. 1-855-735-5831 ته زنگ ووهئ (TTY: 711) یا خپل چمتو کونکي سره خبرې وکړئ

Bengali:

মনোযোগ দনি: আপনি বাংলা ভাষাতে কথা বললে, বিনামূল্যে ভাষা সহায়তা পরষিবো আপনার জন্য উপলব্ধ রয়েছে। অ্যাক্সেসযোগ্য বিন্যাসে তথ্য প্রদানের জন্য উপযুক্ত সহায়ক সহায়তা ও পরষিবোগুলিও বিনামূল্যে পাওয়া যায়। 1-855-735-5831 (TTY: 711) নম্বরে কল করুন বা আপনার প্রদানকারীর সাথে কথা বলুন।

Farsi:

توجه: در صورت تکلم به زبان فارسی، خدمات کمک زبانی به صورت رایگان در دسترس شماست. همچنین، خدمات و کمک‌های لازم برای ارائه اطلاعات به صورت‌های مختلف و قابل دسترسی، به صورت رایگان در اختیار شما قرار می‌گیرد. با شماره 1-855-735-5831 (کاربران 711 TTY) تماس بگیرید تا با ارائه دهنده خدمات خود مشورت کنید.

Albanian:

VINI RE: Nëse flisni Shqip, janë të disponueshme shërbime falas të asistencës gjuhësore anë të disponueshme për ju. Ndihamat dhe shërbimet e duhura ndihmëse për të ofruar informacion në formate të aksesueshme janë gjithashtu të disponueshme pa pagesë. Telefononi 1-855-735-5831 (TTY: 711) ose flisni me ofruesin tuaj.

Dari:

توجه: اگر شما دری صحبت میکنید، خدمات کمک زبان رایگان برای شما موجود است. کمک‌ها و خدمات کمکی مناسب برای فراهم ساختن معلومات در فارمت‌های قابل دسترس همچنان بصورت رایگان موجود است. به شماره 1-855-735-5831 (TTY: 711) زنگ بزنید یا با فراهم کننده خود صحبت کنید.

Japanese:

注意：日本語をお話しになれる場合、無料の言語補助サービスをご利用になれます。利用可能な形式で情報を提供するための適切な補助器具・サービスも無料をご利用になれます。1-855-735-5831 (TTY: 711)に電話するか、プロバイダーにご相談ください。

