

SUMMARY OF BENEFITS

Texas

2016

Molina Dual Options STAR+PLUS Medicare-Medicaid Plan

Member Services (866) 856-8699, TTY/TDD 711
Monday - Friday, 8 a.m. - 8 p.m. local time





This is a summary of health services covered by Molina Dual Options STAR+PLUS Medicare-Medicaid Plan for 2016. This is only a summary. Please read the Member Handbook for the full list of benefits.

- ❖ Molina Dual Options STAR+PLUS Medicare-Medicaid Plan is a health plan that contracts with both Medicare and Texas Medicaid to provide benefits of both programs to enrollees. It is for people with both Medicare and Texas Medicaid.
- ❖ Under Molina Dual Options STAR+PLUS MMP you can get your Medicare and Texas Medicaid services in one health plan. A Molina Dual Options STAR+PLUS MMP service 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.
- ❖ Limitations and restrictions may apply. For more information, call Molina Dual Options STAR+PLUS MMP Member Services or read the Molina Dual Options STAR+PLUS MMP Member Handbook.
- ❖ The List of Covered Drugs and/or pharmacy and provider networks may change throughout the year. We will send you a notice before we make a change that affects you.
- ❖ Benefits may change on January 1 of each year.
- ❖ You can get this information for free in other formats, such as large print, braille, or audio. Call (866) 856-8699, TTY/TDD: 711, Monday – Friday, 8 a.m. to 8 p.m., local time. The call is free.
- ❖ You can get this information for free in other languages. Call (866) 856-8699, TTY/TDD: 711, Monday – Friday, 8 a.m. to 8 p.m., local time. The call is free.
- ❖ Usted puede recibir esta información en otros idiomas gratuitamente. Llame al (866) 856-8699, TTY/TDD al 711, lunes a viernes, de 8:00 a.m. a 8:00 p.m., hora local. Esta es una llamada gratuita.



If you have questions, please call Molina Dual Options STAR+PLUS MMP at (866) 856-8699, TTY/TDD: 711, Monday – Friday, 8 a.m. to 8 p.m., local time. The call is free. **For more information**, visit www.MolinaHealthcare.com/Duals.

Molina Dual Options STAR+PLUS MMP: **Summary of Benefits**

The following chart lists frequently asked questions.

Frequently Asked Questions (FAQ)	Answers
What is a Medicare-Medicaid Plan?	A Medicare-Medicaid Plan is an organization made up of doctors, hospitals, pharmacies, providers of long-term services and supports, and other providers. It also has service coordinators to help you manage all your providers and services. They all work together to provide the care you need.
What is a Molina Dual Options STAR+PLUS MMP service coordinator?	A Molina Dual Options STAR+PLUS MMP service 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.
What are long-term services and supports?	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.



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Molina Dual Options STAR+PLUS MMP: Summary of Benefits

Frequently Asked Questions (FAQ)	Answers
Will you get the same Medicare and Texas Medicaid benefits in Molina Dual Options STAR+PLUS MMP that you get now?	<p>You will get your covered Medicare and Texas Medicaid benefits directly from Molina Dual Options STAR+PLUS MMP. 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 Texas Medicaid benefits directly from Molina Dual Options STAR+PLUS MMP, 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 STAR+PLUS MMP, you and your service coordination team will work together to develop an Plan of Care to address your health and support needs. During this time, any providers and/or services you are receiving at the time of enrollment will remain in place for at least up to 90 days or until a Health Risk Assessment is completed and your Plan of Care is updated and agreed upon by you. When you join our plan, if you are taking any Medicare Part D prescription drugs that Molina Dual Options STAR+PLUS MMP 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 STAR+PLUS MMP to cover your drug, if medically necessary.</p>
Can you go to the same doctors you see now?	<p>Often that is the case. If your providers (including doctors, therapists, and pharmacies) work with Molina Dual Options STAR+PLUS MMP and have a contract with us, you can keep going to them. Providers with an agreement with us are “in-network.” You must use the providers in Molina Dual Options STAR+PLUS MMP’s network. If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of Molina Dual Options STAR+PLUS MMP’s plan. If you are past the 24th week of pregnancy, you can remain under the care of your current OB/GYN through your postpartum checkup within the first six (6) weeks of delivery.</p> <p>To find out if your doctors are in the plan’s network, call Member Services or read Molina Dual Options STAR+PLUS MMP’s Provider and Pharmacy Directory.</p> <p>If Molina Dual Options STAR+PLUS MMP is new for you, you can continue seeing the doctors you go to now for at least up to 90 days or until a Health Risk Assessment is completed and your Plan of Care is updated and agreed upon by you.</p>



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Molina Dual Options STAR+PLUS MMP: Summary of Benefits

Frequently Asked Questions (FAQ)	Answers
What happens if you need a service but no one in Molina Dual Options STAR+PLUS MMP'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 STAR+PLUS MMP will pay for the cost of an out-of-network provider.
Where is Molina Dual Options STAR+PLUS MMP available?	The service area for this plan includes: Bexar, Dallas, El Paso, Harris, and Hidalgo Counties, Texas. You must live in one of these areas to join the plan.
Do you pay a monthly amount (also called a premium) under Molina Dual Options STAR+PLUS MMP?	You will not pay any monthly premiums to Molina Dual Options STAR+PLUS MMP for your health coverage.
What is prior authorization?	Prior authorization means that you must get approval from Molina Dual Options STAR+PLUS MMP before you can get a specific service or drug or see an out-of-network provider. Molina Dual Options STAR+PLUS MMP 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.
What is a referral?	A referral means that your primary care provider must give you approval to see someone that is not your primary care provider. If you don't get approval, Molina Dual Options STAR+PLUS MMP may not cover the services. There are certain specialists in which you do not need a referral, such as women's health specialists. For more information on when a referral is necessary, see the Member Handbook.



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Molina Dual Options STAR+PLUS MMP: Summary of Benefits

Frequently Asked Questions (FAQ)	Answers
<p>Who should you contact if you have questions or need help?</p>	<p>If you have general questions or questions about our plan, services, service area, billing, or member cards, please call Molina Dual Options STAR+PLUS MMP Member Services:</p> <p>CALL (866) 856-8699 Calls to this number are free. Monday – Friday, 8 a.m. to 8 p.m., local time. 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>Who should you contact if you have questions or need help? (continued)</p>	<p>If you have questions about your health, please call the Nurse Advice Call line:</p> <p>CALL (888) 275-8750 Calls to this number are free. 24 hours a day, 7 days a week. Nurse Advice Line also has free language interpreter services available for people who do not speak English.</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 Hotline:</p> <p>CALL (800) 818-5837 Calls to this number are free. 24 hours a day, 7 days a week. Free language interpreter services available for people who do not speak English.</p> <p>TTY (866) 735-2929 or 711 for English (866) 833-4703 or 711 for Spanish Calls to this number are free. 24 hours a day, 7 days a week.</p>



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Molina Dual Options STAR+PLUS MMP: Summary of Benefits

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 <u>in-network</u> providers	Limitations, exceptions, & benefit information (rules about benefits)
You want to see 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	Referral requirements may apply. Authorization rules may apply. All female members will have direct access to a women's health specialist, including an obstetrician or gynecologist, within the Provider Network for Covered Services necessary to provide women's routine and preventive health care services. Members with Special Health Care Needs have access to specialists as appropriate for the member's condition and identified needs.
	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	Lab tests, such as blood work	\$0	Referral requirements may apply. Authorization rules may apply. Lab services do not require prior authorization.
	X-rays or other pictures, such as CAT scans	\$0	Referral requirements may apply. Authorization rules may apply. X-ray services do not require 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)
	Screening tests, such as tests to check for cancer	\$0	Referral requirements may apply. Authorization rules may apply.
You need drugs to treat your illness or condition	Generic drugs (no brand name)	\$0 for a 31-day supply.	<p>There may be limitations on the types of drugs covered. Please see Molina Dual Options STAR+PLUS MMP's List of Covered Drugs (Drug List) for more information.</p> <p>A 90-day supply at retail and mail order is available 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>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from Molina Dual Options STAR+PLUS MMP for certain drugs.</p>



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Molina Dual Options STAR+PLUS MMP: Summary of Benefits

Health need or problem	Services you may need	Your costs for <u>in-network</u> providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need drugs to treat your illness or condition (continued)</p>	<p>Brand name drugs</p>	<p>\$0 for a 31-day supply.</p>	<p>There may be limitations on the types of drugs covered. Please see Molina Dual Options STAR+PLUS MMP's List of Covered Drugs (Drug List) for more information.</p> <p>A 90 day supply is available at 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>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from Molina Dual Options STAR+PLUS MMP for certain drugs.</p>
	<p>Non-Medicare Rx/Over-the-counter drugs</p>	<p>\$0</p>	<p>There may be limitations on the types of drugs covered. Please see Molina Dual Options STAR+PLUS MMP's List of Covered Drugs (Drug List) for more information.</p> <p>A 72-hour supply of emergency, Medicaid prescriptions is available from network pharmacies when a medication is needed without delay and prior authorization (PA) is not available.</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 drugs to treat your illness or condition (continued)	Medicare Part B prescription drugs	\$0	Authorization rules may apply. Part B drugs include drugs given by your doctor in his or her office, some oral cancer drugs, and some drugs used with certain medical equipment. Read the Member Handbook for more information on these drugs.
	Over-the-counter items	\$0	\$20 monthly allowance for plan-approved non-prescription over-the-counter (OTC) health and wellness items. Please visit www.MolinaHealthcare.com/Duals to see our list of covered over-the-counter items.
You need therapy after a stroke or accident	Occupational, physical, or speech therapy	\$0	Referral requirements may apply. Authorization rules may apply.
You need emergency care	Emergency room services	\$0	You may get emergency room services whenever you need it, anywhere in the United States or its territories, without prior authorization. Not covered outside the U.S. and its territories except under limited circumstances. Contact plan for details.
	Ambulance services	\$0	Authorization rules may apply.
	Urgent care	\$0	You may get urgent care services whenever you need it, anywhere in the United States or its territories, without prior authorization. Not covered outside the U.S. and its territories except under limited circumstances. Contact plan for details.



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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 hospital care	Hospital stay	\$0	Authorization rules may apply. Our plan covers an additional 30 days inpatient hospital stay per benefit period in addition to Medicare's coverage for a total of 120 days.
	Doctor or surgeon care	\$0	Referral requirements may apply. Authorization rules may apply.
You need help getting better or have special health needs	Rehabilitation services	\$0	Authorization rules may apply. Cardiac and Pulmonary Rehabilitation Services
	Medical equipment for home care	\$0	Authorization rules may apply.
	Skilled nursing care	\$0	Authorization rules may apply. Our plan covers an unlimited number of days in a Skilled Nursing Facility (SNF).
You need eye care	Eye exams	\$0	Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening). Plan covers 1 routine eye exam every year.
	Glasses or contact lenses	\$0	The plan will pay for one pair of glasses or contact lenses every two years. Eyeglasses or contact lenses after cataract surgery



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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	Dental check-ups	\$0	<p>Authorization rules may apply.</p> <p>Preventive dental services:</p> <ul style="list-style-type: none"> ▪ up to 2 oral exam(s) every year ▪ up to 2 cleaning(s) every year ▪ 1 fluoride treatment(s) every year ▪ 1 dental x-ray(s) every year <p>Our plan pays up to \$1,000 every year for most dental services.</p> <p>Members in a Nursing Facility are eligible for only the following dental benefits: Up to \$250 per year for dental check-ups, x-rays, and cleaning for Members age 21 and older.</p> <p>Dental Services for waiver members (The annual cost cap of this service is \$5,000 per waiver plan year. Exceptions to the \$5,000 cap may be made up to an additional \$5,000 per waiver plan year when the services of an oral surgeon are required.)</p>
You need hearing/auditory services	Hearing screenings	\$0	
	Hearing aids	\$0	<p>Authorization rules may apply.</p> <p>Limit: One hearing aid every 5 years from the month it is dispensed, either the left or the right may be reimbursed but not both in the same 5 year period.</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 have a chronic condition, such as diabetes or heart disease	Services to help manage your disease	\$0	Diabetes self-management training.
	Diabetes supplies and services	\$0	Authorization rules may apply. Diabetes monitoring supplies Therapeutic shoes or inserts
You have a mental health condition	Mental or behavioral health services	\$0	Outpatient group therapy visit Outpatient individual therapy visit
You have a substance abuse problem	Substance abuse services	\$0	Authorization rules may apply. Group therapy visit Individual therapy visit
You need long-term mental health services	Inpatient care for people who need mental health care	\$0	Authorization rules may apply. Our plan covers an unlimited number of days for an inpatient hospital stay.
You need durable medical equipment (DME)	Wheelchairs	\$0	Authorization rules may apply.
	Canes	\$0	Authorization rules may apply.
	Crutches	\$0	Authorization rules may apply.
	Walkers	\$0	Authorization rules may apply.
	Oxygen	\$0	Authorization rules may apply.
You need help living at home	Meals brought to your home	\$0	Authorization rules may apply. Plan covers 32 meals delivered for 11 days after getting out of the hospital or discharged from a Nursing Facility.
	Home services, such as cleaning or housekeeping	\$0	Authorization rules may apply.



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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)
	Changes to your home, such as ramps and wheelchair access	\$0	Authorization rules may apply. Subject to a \$7500 lifetime limit and \$300 annually for repairs. This service is provided only to members enrolled in the HCBS STAR+PLUS Waiver.
	Personal care assistant (You may be able to employ your own assistant. Call Member Services for more information.)	\$0	Authorization rules may apply.
	Training to help you get paid or unpaid jobs	\$0	Authorization rules may apply. This service is provided only to members enrolled in the HCBS STAR+PLUS Waiver.
	Home health care services	\$0	Referral requirements may apply. Authorization rules may apply.
	Adult day services or other support services	\$0	Authorization rules may apply.
You need a place to live with people available to help you	Assisted living or other housing services	\$0	Authorization rules may apply. This service is provided only to members enrolled in the HCBS STAR+PLUS Waiver.
	Nursing home care	\$0	Authorization rules may apply. Our plan covers an unlimited number of days in a Nursing Facility.



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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)
Your caregiver needs some time off	Respite care	\$0	<p>Authorization rules may apply.</p> <p>Up to 30 days OR 720 hours of Respite care services for Waiver members.</p> <p>Plan covers Home Visits up to an extra 8 hours respite services per calendar year for non-HCBS STAR+PLUS Waiver (non-SPW) Members age 21 and older. Authorization required.</p>



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Molina Dual Options STAR+PLUS MMP: Summary of Benefits

Other services that Molina Dual Options STAR+PLUS MMP covers

This is not a complete list. Call Member Services or read the Member Handbook to find out about other covered services.

Other services covered by Molina Dual Options STAR+PLUS MMP	Your costs for <i>in-network</i> providers
Podiatry Services	\$0
Prosthetic/Medical Supplies	\$0 Authorization rules may apply.
End-Stage Renal Disease	\$0
Chiropractic Care	\$0
Partial Hospitalization	\$0 Authorization rules may apply.
Ambulatory Surgical Center (ACS) Services	\$0 Authorization rules may apply. Referral requirements may apply.
Outpatient Blood Services	\$0 Authorization rules may apply.
Kidney Disease Education	\$0
Personal Grooming Kit - one time for new Nursing Facility Members within 30 days of confirmed enrollment.	\$0
Personal Blanket- one time for new Nursing Facility Members within 30 days of confirmed enrollment.	\$0
Wheelchair/Walker Accessory- one time for new Nursing Facility Members within 30 days of confirmed enrollment.	\$0
Personal Emergency Response System (ERS)	\$0 Authorization rules may apply.
Weight Watchers program	\$0
Nutritional Counseling over the phone	\$0
Short Term Phone Help	\$0
Smoking Cessation	\$0



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Other services covered by Molina Dual Options STAR+PLUS MMP	Your costs for <i>in-network</i> providers
Community First Choice Services (CFC) for those that qualify, services include: <ul style="list-style-type: none"> • Personal Assistance Services (PAS) • Habilitation • Emergency Response Services (ERS) • Support Management 	\$0 Authorization rules may apply

Benefits covered *outside* of Molina Dual Options STAR+PLUS MMP

This is not a complete list. Call Member Services to find out about other services not covered by Molina Dual Options STAR+PLUS MMP but available through Medicare or Texas Medicaid.

Other services covered by Medicare or Texas Medicaid	Your costs
Some hospice care services	\$0
Nonemergency medical transportation services	\$0
Pre-admission screening and resident review (PASRR)	\$0



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Molina Dual Options STAR+PLUS MMP: Summary of Benefits

Benefits *not* covered by Molina Dual Options STAR+PLUS MMP, Medicare, or Texas Medicaid

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

Benefits <i>not</i> covered by Molina Dual Options STAR+PLUS MMP, Medicare, or Texas Medicaid
Acupuncture and Other Alternative Therapies
Transportation
Worldwide Emergency Coverage



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Molina Dual Options STAR+PLUS MMP: Summary of Benefits

Your rights as a member of the plan

As a member of Molina Dual Options STAR+PLUS MMP, 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 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 you can change your PCP at any time
 - See 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 STAR+PLUS MMP 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 medical care timely
 - 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.



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- **You have the right to seek emergency and urgent care when you need it.** This means you have the right to:
 - Get emergency services without prior approval in an emergency
 - See 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 STAR+PLUS MMP Member Handbook. If you have questions, you can also call Molina Dual Options STAR+PLUS MMP Member Services.

If you have a complaint or think we should cover something we denied

If you have a complaint or think Molina Dual Options STAR+PLUS MMP should cover something we denied, call Molina Dual Options STAR+PLUS MMP at (866) 856-8699, TTY/TDD: 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 STAR+PLUS MMP Member Handbook. You can also call Molina Dual Options STAR+PLUS MMP Member Services.

Or you can write to Molina Healthcare
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 STAR+PLUS MMP at (866) 856-8699, TTY/TDD: 711, Monday – Friday, 8 a.m. to 8 p.m., local time. The call is free. **For more information**, visit www.MolinaHealthcare.com/Duals.

Molina Dual Options STAR+PLUS MMP: **Summary of Benefits**

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 STAR+PLUS MMP 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.

Let us know if you think a doctor, dentist, pharmacist at a drug store, other health care providers, or a person getting benefits is doing something wrong. Doing something wrong could be fraud, waste, or abuse, which is against the law. For example, tell us if you think someone is:

- Getting paid for services that weren't given or weren't necessary.
- Not telling the truth about a medical condition to get medical treatment.
- Letting someone else use their Texas Medicaid ID.
- Using someone else's Texas Medicaid ID.
- Not telling the truth about the amount of money or resources he or she has to get benefits.

To report fraud, waste, or abuse, choose one of the following:

- Call the OIG Hotline at 1-800-436-6184;
- Visit <https://oig.hhsc.state.tx.us/> and pick "Click Here to Report Waste, Abuse, and Fraud" to complete the online form; or
- You can report directly to your health plan:
 - MCO's name;
 - MCO's office/director address; and
 - MCO's toll-free number.



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To report fraud, waste, or abuse, gather as much information as possible.

- When reporting about a provider (a doctor, dentist, counselor, etc.), include:
 - Name, address, and phone number of provider
 - Name and address of the facility (hospital, nursing home, home health agency, etc.)
 - Texas Medicaid number of the provider and facility, if you have it
 - Type of provider (doctor, dentist, therapist, pharmacist, etc.)
 - Names and phone numbers of other witnesses who can help in the investigation
 - Dates of events
 - Summary of what happened
- When reporting about someone who gets benefits, include:
 - The person's name
 - The person's date of birth, Social Security Number, or case number if you have it
 - The city where the person lives
 - Specific details about the fraud, waste, or abuse
- You may also call Molina Healthcare Alertline (Fraud and Abuse Hotline) at (866) 606-3889, TTY 711





Member Services (866) 856-8699, TTY/TDD 711
Monday - Friday, 8 a.m. - 8 p.m., local time