

# 2024

# Annual Notice of Changes

## Molina Dual Options STAR+PLUS Medicare-Medicaid Plan

**Texas H8197-002-002**

Serving the following counties: Bexar, and Harris

**Effective January 1 through December 31, 2024**





**Molina Dual Options STAR+PLUS Medicare-Medicaid Plan offered by Molina Healthcare**

***Annual Notice of Changes for 2024***

---

You are currently enrolled as a member of Molina Dual Options STAR+PLUS MMP. Next year, there will be changes to the plan's benefits, coverage, and rules. This section *or Annual Notice of Changes* tells you about the changes and where to find more information about them. To get more information about, benefits, or rules please review the Member Handbook, which is located on our website at [www.MolinaHealthcare.com/Duals](http://www.MolinaHealthcare.com/Duals). Key terms and their definitions appear in alphabetical order in the last chapter of the Member Handbook.



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

## Table of Contents

<b>A. Disclaimers</b> .....	3
<b>B. Reviewing your Medicare and Texas Medicaid coverage for next year</b> .....	3
B1. Additional resources .....	3
B2. Information about Molina Dual Options STAR+PLUS MMP .....	4
B3. Important things to do: .....	4
<b>C. Changes to the network providers and pharmacies</b> .....	5
<b>D. Changes to benefits for next year</b> .....	5
D1. Changes to benefits for medical services .....	5
D2. Changes to prescription drug coverage .....	7
<b>E. How to choose a plan</b> .....	8
E1. How to stay in our plan .....	8
E2. How to change plans .....	8
<b>F. How to get help</b> .....	10
F1. Getting help from Molina Dual Options STAR+PLUS MMP .....	10
F2. Getting help from the STAR+PLUS help line .....	11
F3. Getting help from the HHSC Office of the Ombudsman .....	11
F4. Getting help from the State Health Insurance Assistance Program (SHIP) .....	11
F5. Getting help from Medicare .....	11
F6. Getting help from Texas Medicaid .....	12



## A. Disclaimers

- ❖ 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.
- ❖ *Your privacy is important to us. We respect and value your privacy. Molina Healthcare Notice of Privacy Practices has information about how we use and share our Members Protected Health Information (PHI). If you would like to get a paper copy of our Notice of Privacy Practices it is available on Molina Healthcare website.*
- ❖ 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 Texas 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 Texas Medicaid programs as long as you are eligible.

- You will have a choice about how to get your Medicare benefits (refer to page 8).
- If you do not want to enroll in a different Medicare-Medicaid plan after you leave Molina Dual Options STAR+PLUS MMP, you will return to getting your Medicare and Texas Medicaid services separately.

### B1. Additional resources

- **ATTENTION:** If you speak English, language assistance services, free of charge, are available to you. Call (866) 856-8699, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m., local time. The call is free.
- **ATENCIÓN:** Si usted habla español, los servicios de asistencia del idioma, sin costo, están disponibles para usted. Llame al (866) 856-8699, servicio TTY al 711, de lunes a viernes, de 8:00 a. m. a 8:00 p. m., hora local. La llamada es gratuita.
- You can get this *Annual Notice of Changes* for free in other formats, such as large print, braille, or audio. Call (866) 856-8699, TTY: 711, Monday – Friday, 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.



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

- To get this document in a language other than English, please contact the State at (800) 252-8263, TTY: 711, Monday – Friday, 8 a.m. to 5 p.m., local time, to update your record with the preferred language. To get this document in an alternate format, please contact Member Services at (866) 856-8699, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m., local time. A representative can help you make or change a standing request. You can also contact your Service Coordinator for help with standing requests.

## **B2. Information about Molina Dual Options STAR+PLUS MMP**

- Molina Dual Options STAR+PLUS MMP is a health plan that contracts with both Medicare and Texas Medicaid to provide benefits of both programs to enrollees.
- Coverage under Molina Dual Options STAR+PLUS MMP 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](http://www.irs.gov/Affordable-Care-Act/Individuals-and-Families) for more information on the individual shared responsibility requirement.
- Molina Dual Options STAR+PLUS MMP 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 STAR+PLUS MMP.

## **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 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*.



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

- **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 STAR+PLUS MMP:**

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 network(s) have changed for 2024.

**Please review the 2024 *Provider and Pharmacy Directory*** to find out if your providers or pharmacy are in our network. An updated *Provider and Pharmacy Directory* is located on our website at [www.MolinaHealthcare.com/Duals](http://www.MolinaHealthcare.com/Duals). You may also call Member Services at (866) 856-8699, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m., local time 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 following table describes these changes.

	2023 (this year)	2024 (next year)
<b>Colorectal cancer screening</b>	Coverage for people 50 and older or at high risk of colorectal cancer.	Coverage expanded to people 45 years or older or at high risk of colorectal cancer. Extended coverage details.



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

Molina Dual Options STAR+PLUS MMP ANNUAL NOTICE OF CHANGES FOR 2024

	2023 (this year)	2024 (next year)
<b>Colorectal cancer screening (continued)</b>	For people not at high risk of colorectal cancer, one screening colonoscopy every ten years.	Colonoscopy has no minimum or maximum age limitation and is covered once every 120 months (10 years) for patients not at high risk.
<b>Gift card for members who get their annual flu vaccine</b>	\$25 gift card for members that get an annual flu shot	\$35 incentive for members that get an annual flu shot
<b>Gift card for members who complete their Wellness Visit each year</b>	\$25 gift card for members that complete their wellness visit during the benefit year	\$35 incentive for members that complete their wellness visit during the benefit year
<b>Gift card for members who complete an annual recommended blood pressure test</b>	\$25 gift card for members that get a blood pressure test	\$35 incentive for members that get a blood pressure test
<b>Gift card for members who complete a doctor follow-up visit within 30 days of hospital discharge</b>	\$25 gift card for members in the community that complete a doctor follow-up visit within 30 days of hospital discharge for a mental health condition.	\$35 incentive for members in the community that complete a doctor follow-up visit within 30 days of hospital discharge for a mental health condition.
<b>Lung cancer screening</b>	<p>The plan will pay for lung cancer screening every 12 months if you:</p> <ul style="list-style-type: none"> <li>• Are aged <b>50-77</b>, and</li> <li>• Have a counseling and shared decision-making visit with your doctor or other qualified provider, and</li> </ul> <p>Have smoked at least 1 pack a day for <b>30 years</b> with no signs or symptoms of lung cancer or smoke now or have quit within the last 15 years.</p>	<p>The plan will pay for lung cancer screening every 12 months if you:</p> <ul style="list-style-type: none"> <li>• Are aged <b>50-77</b>, and</li> <li>• Have a counseling and shared decision-making visit with your doctor or other qualified provider, and</li> </ul> <p>Have smoked at least 1 pack a day for <b>20 years</b> with no signs or symptoms of lung cancer or smoke now or have quit within the last 15 years.</p>
<b>\$25 gift card for members after completing a diabetic eye exam each year</b>	Currently enrolled members who complete an annual recommended diabetic eye exam are eligible for a \$25 gift card	Benefit not offered in 2024



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



	2023 (this year)	2024 (next year)
<b>\$25 gift card for Nursing Facility members after completing an A1c blood test each year</b>	Currently enrolled Nursing Facility members who complete a recommended A1c blood test are eligible for a \$25 gift card.	Benefit not offered in 2024

## 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](http://www.MolinaHealthcare.com/Duals). You may also call Member Services at (866) 856-8699, TTY: 711, Monday – Friday, 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, which could include removing or adding drugs, changing 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 (866) 856-8699, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m., local time or contact your Service 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 *2024 Member Handbook* or call Member Services at (866) 856-8699, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m., local time.
  - If you need help asking for an exception, you can contact Member Services or your Service Coordinator. Refer to Chapter 2 and Chapter 3 of the *Member Handbook* to learn more about how to contact your Service Coordinator.

Ask the plan to cover a temporary supply of the drug.

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.



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

**Changes to prescription drug costs**

There are no changes to the amount you pay for prescription drugs in 2024. Read below for more information about your prescription drug coverage.

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

	<b>2023 (this year)</b>	<b>2024 (next year)</b>
<p><b>Drugs in Tier 1</b> (generic drugs) Cost for a one-month supply of a drug in Tier 1 that is filled at a network pharmacy</p>	<p>Your copay for a one-month (31-day) supply is <b>\$0 per prescription.</b></p>	<p>Your copay for a one-month (31-day) supply is <b>\$0 per prescription.</b></p>
<p><b>Drugs in Tier 2</b> (brand name drugs) Cost for a one-month supply of a drug in Tier 2 that is filled at a network pharmacy</p>	<p>Your copay for a one-month (31-day) supply is <b>\$0 per prescription.</b></p>	<p>Your copay for a one-month (31-day) supply is <b>\$0 per prescription.</b></p>
<p><b>Drugs in Tier 3</b> (Non-Medicare Rx/OTC drugs) Cost for a one-month supply of a drug in Tier 3 that is filled at a network pharmacy</p>	<p>Your co-pay for a one-month (31-day) supply is <b>\$0 per prescription.</b></p>	<p>Your co-pay for a one-month (31-day) supply is <b>\$0 per prescription.</b></p>

**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 2024.

**E2. How to change plans**

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

<b>1. You can change to:</b>	<b>Here is what to do:</b>
------------------------------	----------------------------

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



<p><b>A different Medicare-Medicaid Plan</b></p>	<p>Call the STAR+PLUS help line at (877) 782-6440, Monday – Friday, 8 a.m. to 6 p.m., central time. TTY users should call 711 or 1-800-735-2989. Tell them you want to leave Molina Dual Options STAR+PLUS MMP 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; OR</p> <p>Send the STAR+PLUS help line a STAR+PLUS Medicare-Medicaid Enrollment Form. You can get the form by calling the STAR+PLUS help line at (877) 782-6440, Monday – Friday, 8 a.m. to 6 p.m., central time if you need them to mail you one.</p> <p>Your coverage with Molina Dual Options STAR+PLUS MMP will end on the last day of the month that we get your request.</p>
<p><b>2. You can change to:</b></p> <p><b>A Medicare health plan, such as a Medicare Advantage plan or a Program of All-inclusive Care for the Elderly (PACE)</b></p>	<p><b>Here is what to do:</b></p> <p>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.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"> <li>• Call the State Health Insurance Assistance Program (SHIP) at 1-800-252-3439. In Texas, the SHIP is called the Health Information Counseling &amp; Advocacy Program of Texas (HICAP).</li> </ul> <p>You will automatically be disenrolled from Molina Dual Options STAR+PLUS MMP when your new plan’s coverage begins.</p>
<p><b>3. You can change to:</b></p> <p><b>Original Medicare with a separate Medicare prescription drug plan</b></p>	<p><b>Here is what to do:</b></p> <p>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.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"> <li>• Call the State Health Insurance Assistance Program (SHIP) at 1-800-252-3439. In Texas, the SHIP is called the Health Information Counseling &amp; Advocacy Program of Texas (HICAP).</li> </ul> <p>You will automatically be disenrolled from Molina Dual Options STAR+PLUS MMP when your Original Medicare coverage begins.</p>



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

<p><b>4. You can change to:</b> <b>Original Medicare without a separate Medicare prescription drug plan</b> <b>NOTE:</b> If you switch to Original Medicare and do not enroll in a separate Medicare prescription drug plan, Medicare may enroll you in a drug plan, unless you tell Medicare you don't want to join.</p> <p>You should only drop prescription drug coverage if you have drug coverage from another source, such as an employer or union. If you have questions about whether you need drug coverage, call the Health Information Counseling &amp; Advocacy Program of Texas (HICAP) at 1-800-252-3439.</p>	<p><b>Here is what to do:</b> 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.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"><li>• Call the State Health Insurance Assistance Program (SHIP) at 1-800-252-3439. In Texas, the SHIP is called the Health Information Counseling &amp; Advocacy Program of Texas (HICAP).</li></ul> <p>You will automatically be disenrolled from Molina Dual Options STAR+PLUS MMP when your Original Medicare coverage begins.</p>
---	---

---

## F. How to get help

### F1. Getting help from Molina Dual Options STAR+PLUS MMP

Questions? We're here to help. Please call Member Services at (866) 856-8699, (TTY only, call 711). We are available for phone calls Monday - Friday, 8 a.m. to 8 p.m., local time. Calls to these numbers are free.

#### Your 2024 Member Handbook

The *2024 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 *2024 Member Handbook* will be available by October 15. An up-to-date copy of the *2024 Member Handbook* is available on our website at [www.MolinaHealthcare.com/Duals](http://www.MolinaHealthcare.com/Duals). You may also call Member Services at (866) 856-8699, TTY: 711, Monday - Friday, 8 a.m. to 8 p.m., local time to ask us to mail you a *2024 Member Handbook*.

#### Our website

You can also visit our website at [www.MolinaHealthcare.com/Duals](http://www.MolinaHealthcare.com/Duals). 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*).

---

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



## **F2. Getting help from the STAR+PLUS help line**

The STAR+PLUS help line can help you enroll and disenroll in a STAR+PLUS MMP. You can call the STAR+PLUS help line at (877) 782-6440, Monday to Friday, 8 a.m. to 6 p.m., central time.

## **F3. Getting help from the HHSC Office of the Ombudsman**

The HHSC Office of the Ombudsman helps people enrolled in Texas Medicaid with service or billing problems. The ombudsman's services are free.

- The HHSC Office of the Ombudsman 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 HHSC Office of the Ombudsman can help you file a complaint or an appeal with our plan. They can help you if you are having a problem with Molina Dual Options STAR+PLUS MMP.
- The HHSC Office of the Ombudsman makes sure you have information related to your rights and protections and how you can get your concerns resolved.
- The HHSC Office of the Ombudsman is not connected with us or with any insurance company or health plan. The phone number for the HHSC Office of the Ombudsman is 1-866-566-8989.

## **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 Texas, the SHIP is called the Health Information Counseling & Advocacy Program of Texas (HICAP). HICAP is not connected with any insurance company or health plan, and HICAP's services are free.

The HICAP phone number is 1-800-252-3439.

## **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](http://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](http://www.medicare.gov) and click on "Find plans.")



### ***Medicare & You 2024***

You can read the *Medicare & You 2024* 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/Pubs/pdf/10050-medicare-and-you.pdf](http://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf)) 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 Texas Medicaid**

The phone number for Texas Medicaid is 1-800-252-8263. This call is free. TTY users should call 1-800-753-8583 or 7-1-1.

### **Getting help from the Quality Improvement Organization (QIO)**

This is a group of doctors and other health care professionals who help improve the quality of care for people with Medicare. KEPRO is not connected with our plan.

KEPRO

Phone: (888) 315-0636

TTY: 711

Email: [QIOCommunications@kepro.com](mailto:QIOCommunications@kepro.com)

Web: <https://www.keproqio.com/>

TXMMP02ACEN0823



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

# Getting Important Plan Materials







## How to Get Important Plan Documents

You are important to us! We make it easy for you to get the information you need. Go online to view important plan documents and find a network provider or pharmacy. You can also look up your prescription drugs, anytime, anywhere, from any device. Your 2024 plan documents, like your Member Handbook, Formulary, and Provider/Pharmacy Directory will be available online by October 15, 2023.

### Get to know your plan documents

- **Member Handbook:** A guide to what's covered under your plan. It has details about your plan benefits and coverage, member rights, and more.
- **Formulary (Drug List):** A list of covered drugs under your plan.
- **Provider/Pharmacy Directory:** A list of network doctors, specialists, and pharmacies with phone numbers and addresses. You can find a network provider or pharmacy using our online directory at [MolinaHealthcare.com/ProviderSearch](https://www.molinahealthcare.com/ProviderSearch).
- **Notice of Privacy Practice:** **This notice describes how medical information about you may be used and disclosed and how you can get access to this information. This is located on our website at [https://www.molinahealthcare.com/members/common/en-US/terms\\_privacy.aspx](https://www.molinahealthcare.com/members/common/en-US/terms_privacy.aspx)**

### How to view or request a copy of a plan document



**Online:** At [MolinaHealthcare.com/Duals](https://www.molinahealthcare.com/Duals).

View or download a copy of your plan documents online anytime, anywhere. Use any device, like your computer, tablet, or mobile phone. Your 2024 plan documents will be available online by October 15th, 2023.



**Call toll-free.**

Let us know if you don't have computer access or if you prefer to have a printed copy of a Member Handbook, Formulary, or Provider/Pharmacy Directory mailed to you. To request a printed copy of a plan document, call Member Services toll-free at (866) 856-8699, TTY: 711, Monday - Friday, 8 a.m. to 8 p.m., local time.



**Online:** At [MyMolina.com](https://www.mymolina.com).

Visit our self-service member portal to view your plan documents online 24/7, or to find a network provider or pharmacy. Sign in to your My Molina Member Portal or set up an account at [MyMolina.com](https://www.mymolina.com). Click "Create an Account" and follow the step-by-step instructions to sign up.

## **Were here to help**

If you have questions about your benefits, need help finding a network provider or pharmacy, or would like to opt out of mailed materials, call Member Services toll-free at (866) 856-8699 TTY: 711.

Molina Dual Options STAR+PLUS MMP is a health plan that contracts with both Medicare and Texas 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 (866) 856-8699, TTY: 711, Monday - Friday, 8 a.m. to 8 p.m., local time. The call is free.

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.



We have free interpreter services to answer any questions that you may have about our health or drug plan. To get an interpreter, just call us at (866) 856-8699, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m. local time. Someone who speaks English can help you. This is a free service.

## **SPANISH**

Contamos con servicios de intérprete gratuitos para responder cualquier pregunta que pueda tener acerca de nuestro plan de salud o medicamentos. Para obtener ayuda de un intérprete, llámenos al (866) 856-8699, TTY: 711, de lunes a viernes, de 8 a. m. a 8 p. m., hora local. Una persona que hable español podrá ayudarle. Este es un servicio gratuito.

## **TRADITIONAL CHINESE**

我們有免費的口譯員服務，可回答您對於我們健康或藥物計劃的任何問題。若需要口譯員，請撥打 (866) 856-8699 聯絡，TTY: 711，服務時間為當地時間的週一到週五的上午 8 點至晚上 8 點。能說中文的人士會為您提供協助。這是免費的服務。

## **SIMPLIFIED CHINESE**

如果您对我们的健康计划或药品计划有任何疑问，我们可以提供免费的口译服务解答您的疑问。若要获得口译服务，请致电我们，电话：(866) 856-8699，TTY: 711，周一至周五提供服务，服务时间为当地时间上午 8 点至晚上 8 点。说中文的人士会帮助您。这是免费服务。

## **TAGALOG**

Mayroon kaming libreng serbisyo ng tagapagsalin para sagutin ang anumang katanungan na maaaring mayroon ka tungkol sa aming health o drug plan. Para makakuha ng tagapagsalin, tawagan lang kami sa numerong (866) 856-8699, TTY: 711, Lunes – Biyernes, 8 a.m. hanggang 8 p.m. lokal na oras. Makatutulong sa iyo ang taong nagsasalita ng Tagalog. Isa itong libreng serbisyo.

## **FRENCH**

Nous assurons gracieusement des services d'interprétariat afin de répondre à toute question que vous pourriez avoir sur votre santé ou plan de traitement. Pour obtenir l'assistance d'un interprète, il suffit de nous appeler au (866) 856-8699, TTY : 711, du lundi au vendredi de 8 h à 20 h (heure locale). Une personne parlant français pourra vous assister. Ce service est proposé sans frais.

## VIETNAMESE

Chúng tôi có các dịch vụ phiên dịch miễn phí để trả lời bất kỳ câu hỏi nào của quý vị về chương trình chăm sóc sức khỏe hoặc chương trình thuốc của chúng tôi. Để có phiên dịch viên, chỉ cần gọi cho chúng tôi theo số (866) 856-8699, TTY: 711, Thứ Hai – Thứ Sáu, 8 giờ sáng đến 8 giờ tối, giờ địa phương. Ai đó nói tiếng Việt có thể trợ giúp bạn. Đây là dịch vụ miễn phí.

## GERMAN

Wir bieten Ihnen kostenlose Dolmetscherdienste, um Ihre Fragen, die Sie möglicherweise zu unseren Gesundheits- oder Arzneimittelleistungen haben, zu beantworten. Wenn Sie mit einem Dolmetscher sprechen möchten, rufen Sie uns einfach an unter (866) 856-8699, TTY: 711, Montag – Freitag, 8:00 Uhr bis 20:00 Uhr (Ortszeit). Jemand, der Deutsch spricht, hilft Ihnen gerne weiter. Dies ist ein kostenloser Dienst.

## KOREAN

당사는 무료 통역 서비스를 통해 건강 또는 처방약 플랜에 대한 귀하의 질문에 답변해 드립니다. 통역 서비스를 이용하시려면 (866) 856-8699, TTY: 711번으로 월요일~금요일 오전 8시~오후 8시(현지 시간)에 문의하시기 바랍니다. 한국어 통역사가 도움을 드릴 수 있습니다. 무료 서비스입니다.

## RUSSIAN

Если у вас возникли какие-либо вопросы о вашем плане медицинского обслуживания или плане покрытия лекарственных препаратов, для вас предусмотрены бесплатные услуги переводчика. Чтобы воспользоваться услугами переводчика, просто позвоните нам по номеру (866) 856-8699, телетайп: 711 с понедельника по пятницу с 8:00 до 20:00 по местному времени. Вам поможет специалист, говорящий на русском языке. Эта услуга предоставляется бесплатно.

## ARABIC

نوفر خدمات الترجمة الفورية المجانية للإجابة عن أي أسئلة قد تراودك حول الخطة الصحية أو خطة الأدوية لدينا. للحصول على مترجم فوري، كل ما عليك هو الاتصال بنا على الرقم (866) 856-8699، وبالنسبة إلى مستخدمي أجهزة الهواتف النصية (TTY)، يرجى الاتصال على: 711، من الاثنين إلى الجمعة، من الساعة 8 صباحًا حتى الساعة 8 مساءً، بالتوقيت المحلي. ويمكن لشخص يتحدث اللغة العربية مساعدتك. تقدم هذه الخدمة مجانًا.

## ITALIAN

Offriamo un servizio di interpretariato gratuito per rispondere a qualsiasi domanda sul nostro piano sanitario o farmaceutico. Per ottenere un interprete, basta chiamarci al numero (866) 856-8699, TTY: 711, dal lunedì al venerdì, dalle 8.00 alle 20.00 ora locale. Una persona che parla italiano potrà aiutarti. Si tratta di un servizio gratuito.

## PORTUGUESE

Dispomos de serviços de interpretação gratuitos para responder a possíveis dúvidas que possa ter sobre o nosso plano de saúde ou plano para medicamentos. Para falar com um intérprete, ligue (866) 856-8699, TTY: 711, segunda – sexta, 8 a.m. até 8 p.m. horário local. Alguém que fala português pode ajudá-lo. Este é um serviço gratuito.

## **FRENCH CREOLE**

Nou gen sèvis entèprèt gratis pou reponn nenpòt kesyon ou ka genyen sou plan sante oswa plan medikaman nou an. Pou jwenn yon entèprèt, jis rele nou nan (866) 856-8699, TTY: 711, Lendi – Vandredi, 8 a.m. rive 8 p.m. lè lokal. Yon moun ki pale kreyòl ayisyen ka ede w. Sa a se yon sèvis gratis.

## **POLISH**

Oferujemy bezpłatne usługi tłumacza, który pomoże uzyskać odpowiedzi na wszelkie pytania dotyczące naszego planu opieki zdrowotnej lub dawkowania leków. Aby uzyskać pomoc tłumacza, wystarczy zadzwonić do nas pod numer (866) 856-8699, TTY: 711. Jest on dostępny od poniedziałku do piątku w godzinach od 8:00 do 20:00 czasu lokalnego. Pomocy udzieli osoba mówiąca po polski. Ta usługa jest bezpłatna.

## **HINDI**

हम आपके स्वास्थ्य या ड्रग प्लान से जुड़े किसी भी प्रश्न के लिए आपकी सहायता करने के लिए निःशुल्क दुभाषिया सेवाएं प्रदान करते हैं। दुभाषिया को प्राप्त करने के लिए, बस हमें (866) 856-8699, TTY: 711, सोमवार से शुक्रवार, सुबह 8 बजे से रात 8 बजे स्थानीय समय पर कॉल करें। हिंदी बोलने वाला कोई व्यक्ति आपकी सहायता कर सकता/सकती है। यह एक निःशुल्क सेवा है।

## **JAPANESE**

弊社の医療保険プランや処方薬プランについてお問い合わせいただく際に無料の通訳サービスをご利用いただけます。通訳をご希望の場合は、(866) 856-8699 (TTY: 711) までお電話にてご連絡ください (営業時間: 月~金、午前8時~午後8時)。日本語を話せるスタッフがお手伝いいたします。このサービスは無料をご利用いただけます。





