

2025

# Summary of Benefits

## Molina Medicare Complete Care (HMO DSNP)

Virginia H7559-001

Effective January 1 through December 31, 2025

**Introduction**

This document is a brief summary of the benefits and services covered by Molina Medicare Complete Care. 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 Medicare Complete Care. Key terms and their definitions appear in alphabetical order in the last chapter of the *Evidence of Coverage*.

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## A. Disclaimers



This is a summary of health services covered by Molina Medicare Complete Care for 2025. This is only a summary. Please read the Evidence of Coverage for the full list of benefits. The Evidence of Coverage (EOC) provides a complete list of all coverage and services. To get a complete list of services, please call Member Service at (800) 424-4495, TTY: 711, Hours are October 1 - March 31, 8 a.m. – 8 p.m. local time, 7 days a week. From April 1- September 30, Monday – Friday, 8 a.m. – 8 p.m. local time., to request the EOC, or visit our website at [MolinaHealthcare.com/Medicare](http://MolinaHealthcare.com/Medicare).

- ❖ Molina Healthcare is a C-SNP, D-SNP and HMO plan with a Medicare contract. D-SNP plans have a contract with the state Medicaid program. Enrollment depends on contract renewal.
- ❖ In Virginia, 'Cardinal Care' is the Virginia Medicaid program, and 'Cardinal Care Managed Care' is our Medicaid Managed Care program.
- ❖ For more information about Medicare, you can read the *Medicare & You* 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 access it online at the Medicare website ([www.medicare.gov](http://www.medicare.gov)) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.
- ❖ For more information about Molina Medicare Complete Care, you can check the <http://www.dpor.virginia.gov/CIC-Ombudsman> [MolinaHealthcare.com/Medicare](http://MolinaHealthcare.com/Medicare) or contact the Molina Medicare Complete Care Office of the Ombudsman at 1-804-367-2941, TTY: 711, 8 a.m.-5 p.m. Monday-Friday. You can also call the Virginia Office of the State Long Term Care Ombudsman, which advocates for people who have both Medicare and Medicaid, at 1-800-552-5019 (or 711 for Virginia Relay).
- ❖ You can get this document for free in other formats, such as large print, braille, or audio. Call (800) 424-4495, TTY: 711, 7 days a week, 8 a.m.to 8 pm. local time. The call is free.
- ❖ This document is available for free in Spanish.
- ❖ To request your preferred language other than English and/or alternate format, call Member Services at (800) 424-4495, TTY: 711, 8 a.m. to 8 p.m., local time, 7 days a week.
- ❖ 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 (800) 424-4495, TTY: 711, 7 days a week, 8 a.m.to 8 pm. local time.



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## B. Frequently asked questions (FAQ)

The following table lists frequently asked questions.

Frequently Asked Questions	Answers
<b>What is a Medicare Complete Care D-SNP?</b>	<p>Molina Medicare Complete Care is a specialized Medicare Advantage Plan (a Medicare Special Needs Plan), which means its benefits are designed for people with special health care needs. Molina Medicare Complete Care is designed for people who have Medicare and who are also entitled to assistance from Medicaid.</p> <p>To join our plan, you must:</p> <ul style="list-style-type: none"><li>• Have or be eligible for Medicare Parts A and B</li><li>• Be enrolled in Cardinal Care Managed Care Medicaid with the Virginia Department of Medical Assistance Services</li><li>• and live in our service area</li></ul>
<b>Will I get the same Medicare and Cardinal Care Medicaid benefits in Molina Medicare Complete Care that I get now?</b>	<p>You will get most of your covered Medicare and Cardinal Care benefits directly from Molina Medicare Complete Care. 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 based on your needs, and your doctor care manager's or care coordinator's assessment. You may also get other benefits outside of your health plan the same way you do now directly from a State or county agency.</p> <p>When you enroll in Molina Medicare Complete Care, you and your care team will work together to develop an Individualized Care Plan (ICP) that addresses your health and support needs and reflects your personal preferences and goals.</p> <p>If you are taking any Medicare Part D prescription drugs that Molina Medicare Complete Care does not normally cover, you can get a temporary supply and we will help you to transition to another drug or get an exception for Molina Medicare Complete Care to cover your drug if medically necessary. Medicaid may cover drugs through Cardinal Care that are not covered by Medicare. For more information, call Member Services at the numbers listed at the bottom of this page.</p>
<b>Can I use the same health care providers I use now? (continued on the next page)</b>	<p>That is often the case. If your providers (including doctors, hospitals, therapists, pharmacies, and other health care providers) work with Molina Medicare Complete Care and have a contract with us, you can keep using them.</p>



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Frequently Asked Questions	Answers
<p><b>Can I use the same health care providers I use now? (continued)</b></p>	<ul style="list-style-type: none"> <li>• Providers with an agreement with us are “in-network.” Network providers participate in our plan. That means they accept members of our plan and provide services our plan covers. <b>You must use the providers in Molina Medicare Complete Care’s network.</b> If you use providers or pharmacies that are not in our network, the plan may not pay for these services or drugs.</li> <li>• If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of Molina Medicare Complete Care’s plan network.</li> <li>• If you are currently under treatment with a provider that is out of Molina Medicare Complete Care’s network, or have an established relationship with a provider that is out of Molina Medicare Complete Care’s network, you can stay connected with your existing provider for a period of time. Call Member Services to check about staying connected.</li> </ul> <p>To find out if your providers are in the plan’s network, call Member Services at the numbers listed at the bottom of this page or read Molina Medicare Complete Care’s <i>Provider and Pharmacy Directory</i> on the plan’s website at <a href="http://MolinaHealthcare.com/Medicare">MolinaHealthcare.com/Medicare</a>.</p> <ul style="list-style-type: none"> <li>• If Molina Medicare Complete Care is new for you, we will work with you to develop Individualized Care Plan to address your needs.</li> </ul>
<p><b>What is a Molina Medicare Complete Care care coordinator or care manager?</b></p>	<p>A Molina Medicare Complete Care care coordinator or care manager is your main contact person at our plan. This person helps to manage all of your providers and services and make sure you get what you need.</p>
<p><b>What are Long-term Services and Supports (LTSS)?</b></p>	<p>Long-Term Services and Supports (LTSS) provide help to people who need assistance to do everyday tasks like taking a bath, getting dressed, making food, and taking medicine. Molina Medicare Complete Care provides LTSS if you are found to be eligible through the LTSS screening process. Often these services are provided at your home or in your community, but they could also be provided in a nursing home or hospital when necessary. In some cases, a county or other agency may provide these services, and your care team will work with that agency.</p>
<p><b>What happens if I need a service but no one in Molina Medicare Complete Care’s network can provide it?</b></p>	<p>Most services will be provided by our network providers. If you need a service that cannot be provided within our network, Molina Medicare Complete Care will cover services provided by an out-of-network provider.</p>
<p><b>Where is Molina Medicare Complete Care available? (continued on the next page)</b></p>	<p>The service area for this plan includes: Accomack, Albemarle, Alexandria City, Alleghany, Amelia, Amherst, Appomattox, Arlington, Augusta, Bath, Bedford, Bland, Botetourt, Bristol City, Brunswick, Buchanan,</p>

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Frequently Asked Questions	Answers
<p><b>Where is Molina Medicare Complete Care available? (continued)</b></p>	<p>Buckingham, Buena Vista City, Campbell, Caroline, Carroll, Charles City, Charlotte, Charlottesville City, Chesapeake City, Chesterfield, Clarke, Colonial Heights City, Covington City, Craig, Culpeper, Cumberland, Danville City, Dickenson, Dinwiddie, Emporia City, Essex, Fairfax, Fairfax City, Falls Church City, Fauquier, Floyd, Fluvanna, Franklin, Franklin City, Frederick, Fredericksburg City, Galax City, Giles, Gloucester, Goochland, Grayson, Greene, Greensville, Halifax, Hampton City, Hanover, Harrisonburg City, Henrico, Henry, Highland, Hopewell City, Isle of Wight, James City, King and Queen, King George, King William, Lancaster, Lee, Lexington City, Loudoun, Louisa, Lunenburg, Lynchburg City, Madison, Manassas City, Manassas Park City, Martinsville City, Mathews, Mecklenburg, Middlesex, Montgomery, Nelson, New Kent, Newport News City, Norfolk City, Northampton, Northumberland, Norton City, Nottoway, Orange, Page, Patrick, Petersburg City, Pittsylvania, Poquoson City, Portsmouth City, Powhatan, Prince Edward, Prince George, Prince William, Pulaski, Radford City, Rappahannock, Richmond, Richmond City, Roanoke, Roanoke City, Rockbridge, Rockingham, Russell, Salem City, Scott, Shenandoah, Smyth, Southampton, Spotsylvania, Stafford, Staunton City, Suffolk City, Surry, Sussex, Tazewell, Virginia Beach City, Warren, Washington, Waynesboro City, Westmoreland, Williamsburg City, Winchester City, Wise, Wythe and York Counties, Virginia. You must live in one of these areas to join the plan.</p> <p>Call Member Services at the numbers listed at the bottom of this page for more information about whether the plan is available where you live.</p>
<p><b>What is prior authorization? (continued on the next page)</b></p>	<p>Prior authorization means that you must get an approval from Molina Medicare Complete Care to seek services outside of our network or to get services not routinely covered by our network <b>before</b> you get the services. Molina Medicare Complete Care may not cover the service, procedure, item, or drug if you don't get prior authorization.</p> <p><b>If you need urgent or emergency care or out-of-area dialysis services, you don't need to get prior authorization first.</b> Molina Medicare Complete Care can provide you or your provider with a list of services or procedures that require you to get prior authorization from Molina Medicare Complete Care before the service is provided.</p> <p>Refer to <b>Chapter 3</b>, of the <i>Evidence of Coverage</i> to learn more about prior authorization. Refer to the Benefits Chart in <b>Chapter 4</b> of the <i>Evidence of Coverage</i> to learn which services require a prior authorization.</p>

Frequently Asked Questions	Answers
<b>What is prior authorization? (continued)</b>	If you have questions about whether prior authorization is required for specific services, procedures, items, or drugs, call Member Services at the numbers listed at the bottom of this page for help.
<b>Do I pay a monthly amount (also called a premium) under Molina Medicare Complete Care?</b>	No. Because you have Cardinal Care, you will not pay any monthly premiums, including your Medicare Part B premium, for your health coverage.
<b>Do I pay a deductible as a member of Molina Medicare Complete Care?</b>	No. You do not pay deductibles in Molina Medicare Complete Care.
<b>What is the maximum out-of-pocket amount that I will pay for medical services as a member of Molina Medicare Complete Care?</b>	There is no cost sharing for medical services in Molina Medicare Complete Care, so your annual out-of-pocket costs will be \$0. Members who get LTSS, including skilled and custodial nursing facility placement and CCC Plus Waiver Services, may have a monthly patient pay amount as determined by the Virginia Department of Social Services.

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## C. List of covered services

The following table is a quick overview of what services you may need, your costs, and rules about the benefits.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You need hospital care</b>	Inpatient hospital care	<b>\$0</b>	You pay \$0 for days 1 - 90 of a hospital stay per benefit period. Our plan also covers 60 "lifetime reserve days."  These are "extra" days that we cover. If your hospital stay is longer than 90 days per benefit period, you can use these extra days.  But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days per benefit period.  Prior authorization may be required.
	Outpatient hospital services, including observation	<b>\$0</b>	Prior authorization may be required.
	Ambulatory surgical center (ASC) services	<b>\$0</b>	Prior authorization may be required.
	Doctor or surgeon care	<b>\$0</b>	
<b>You want to use a healthcare provider</b>	Visits to treat an injury or illness	<b>\$0</b>	
	Preventive care (care to keep you from getting sick, such as flu shots and screenings to check for cancer)	<b>\$0</b>	Look for the rows with the apple in the Chapter 4 Medical benefits chart in the Evidence of Coverage.  Any additional preventive services approved by Medicare during the plan year will be covered.
	Wellness visits, such as a physical	<b>\$0</b>	
	“Welcome to Medicare” (preventive visit one time only)	<b>\$0</b>	
	Specialist care	<b>\$0</b>	

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p><b>You need emergency care</b></p>	<p>Emergency room services</p>	<p><b>\$0</b></p>	<p>You may use any emergency room if you reasonably believe you need emergency care. You do not need prior authorization, and the hospital does not have to be in-network. Emergency services are not covered outside the U.S. and its territories except under limited circumstances. Contact the plan for details.</p> <p>Worldwide emergency and urgent care coverage and is available to you up to \$10,000 per year as Medicare Supplemental Benefit.</p>
	<p>Urgent care</p>	<p><b>\$0</b></p>	<p>Urgently needed services are not emergency care. You do not need prior authorization and the urgent care center does not have to be in-network. Urgent care is NOT covered outside the U.S. and its territories, except under limited circumstances.</p> <p>Urgently needed services are provided to treat a non-emergency, unforeseen medical illness, injury, or condition that requires immediate medical care.</p> <p>Worldwide emergency and urgent care coverage and is available to you up to \$10,000 per year as Medicare Supplemental Benefit.</p>
<p><b>You need medical tests (continued on the next page)</b></p>	<p>Diagnostic radiology services (for example, X-rays or other imaging services, such as CAT scans or MRIs)</p>	<p><b>\$0</b></p>	<p>Prior authorization may be required for some services.</p> <p>No authorization is required for outpatient lab services and outpatient x-ray services.</p> <p>Genetic lab testing requires prior authorization.</p>

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You need medical tests (continued)</b>	Lab tests and diagnostic procedures, such as blood work	<b>\$0</b>	Prior authorization may be required.
<b>You need hearing/auditory services</b>	Hearing screenings (including routine hearing exams)	<b>\$0</b>	Covered for members under age 21. <b>Medicare-covered diagnostic hearing and balance exams</b> \$0 copay, 1 every year <b>Routine hearing exam</b> \$0 copay, 1 every year <b>Fitting for hearing aid/evaluation</b> \$0 copay, 1 every year <b>Hearing aids</b> \$0 copay Our plan covers up to 2 pre-selected hearing aids covered from a plan approved provider every 2 years.
	Hearing aids (as well as fittings and associated accessories and supplies)	<b>\$0</b>	Routine hearing exam & up to 2 pre-selected hearing aids every 2 years.
<b>You need dental care (continued on the next page)</b>	Dental check-ups and preventive care	<b>\$0</b>	We have partnered with a Dental Vendor to give you more options for your routine dental needs. If you use a Provider within our Dental Vendor, you will get both Preventive and select Comprehensive Dental Services through this vendor. Preventive Dental services includes: <ul style="list-style-type: none"> <li>• Oral Exams</li> <li>• Cleanings</li> <li>• Fluoride Treatments</li> <li>• and X-Rays at no cost to you</li> </ul> In addition, you will have \$500 for select comprehensive dental services, including dentures.
	Restorative and emergency dental care	<b>\$0</b>	

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You need dental care (continued)</b>			<p>The annual maximum allowance does not apply towards your supplemental preventive services.</p> <p>For more information, please refer to your EOC or contact Member Services at the numbers listed at the bottom of the page.</p> <p>Cardinal Care provides coverage for restorative and emergency dental care. Braces for adults over age 21 are not covered.</p> <p>Contact DentaQuest for coverage information. Call (888) 912-3456 for information or visit <a href="http://www.dentaquest.com/en/members/virginia-medicaid-dental-coverage#accordion-82f12f4b30-item-117cdd34ad">www.dentaquest.com/en/members/virginia-medicaid-dental-coverage#accordion-82f12f4b30-item-117cdd34ad</a></p>
<b>You need eye care (continued on the next page)</b>	Eye exams	<b>\$0</b>	<p>Medicare-covered vision services</p> <ul style="list-style-type: none"> <li>• Vision exam to diagnose/treat diseases of the eye (including yearly glaucoma screening): \$0 copay</li> <li>• Eyeglasses or contact lenses after cataract surgery: \$0 copay</li> </ul> <p>We have partnered with a Vision Vendor to give you more value for your routine vision needs! Supplemental Vision services covered include, but not limited to:</p> <ul style="list-style-type: none"> <li>• One routine eye exam every calendar year</li> <li>• An eyewear allowance of \$200</li> </ul> <p>You can use your eyewear allowance to purchase:</p>
	Glasses or contact lenses	<b>\$0</b>	

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p><b>You need eye care (continued)</b></p>			<ul style="list-style-type: none"> <li>• Contact lenses*</li> <li>• Eyeglasses (lenses and frames)</li> <li>• Eyeglass lenses and / or frames</li> <li>• Upgrades (such as, tinted, U-V, polarized or photochromatic lenses).</li> </ul> <p>*If you choose contact lenses, your eyewear allowance can also be used to pay down all or a portion of your contact lens fitting fee.</p> <p>You are responsible for paying for any corrective eyewear over the limit of the plan’s eyewear allowance.</p> <p>You pay \$0 for up to one routine eye exam (and refraction) for eyeglasses every calendar year.</p> <p>For more information, please refer to your EOC or contact Member Services at the numbers listed at the bottom of the page.</p>
	Other vision care (including diagnosis and treatment for diseases and conditions of the eye)	<b>\$0</b>	
<p><b>You have a mental health condition (continued on the next page)</b></p>	Mental Health Services	<b>\$0</b>	Molina Medicare Complete Care provides coverage for a full range of inpatient and outpatient mental health services, including substance use disorder services.
	Inpatient and outpatient care and community-based services for people who need Mental Health Services	<b>\$0</b>	Molina Medicare Complete Care provides coverage for inpatient and outpatient mental health services including, but not limited to, crisis intervention and psychiatric hospitalization, case management,

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p><b>You have a mental health condition (continued)</b></p>			<p>therapeutic and rehabilitative services, and residential treatment.</p> <p>You pay \$0 for days 1 - 90 of an inpatient hospital stay. There is a 190 day lifetime limit for inpatient psychiatric hospital care. The inpatient hospital care limit does not apply to inpatient mental services provided in a general hospital.</p> <p>Our plan also covers 60 "lifetime reserve days. These are "extra" days that we cover. If your hospital stay is longer than 90 days, you can use these extra days.</p> <p>But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.</p> <p>Prior authorization may be required. Outpatient individual/group therapy visit \$0 copay.</p>
<p><b>You need a substance use disorder service (continued on the next page)</b></p>	<p>Substance use disorder services</p>	<p><b>\$0</b></p>	<p>Through the Cardinal Care Addiction and Recovery Treatment Services (ARTS) program, Molina Medicare Complete Care provides coverage for a full range of addiction treatment services, including outpatient and intensive outpatient services, case management, residential and opioid treatment services.</p> <p>\$0 copay Individual or group therapy visits</p>

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You need a substance use disorder service (continued)</b>			Prior authorization may be required.
<b>You need a place to live with people available to help you</b>	Skilled nursing care	<b>\$0</b>	You pay \$0 for days 1-100 of a skilled nursing facility stay. No prior hospitalization is required. Prior authorization may be required.
	Nursing home care	<b>\$0</b>	Prior authorization may be required.
<b>You need therapy after a stroke or accident</b>	Occupational, physical, or speech therapy	<b>\$0</b>	Prior authorization may be required.
<b>You need help getting to health services</b>	Ambulance services	<b>\$0</b>	Ambulance services for other cases (non-emergent) must be approved by us. In cases that are not emergencies, we may pay for an ambulance.  Your condition must be serious enough that other ways of getting to a place of care could risk your life or health.  Prior authorization required for non-emergent ambulance only.
	Emergency transportation	<b>\$0</b>	In emergency situations includes ground (ambulance) and air (airplane and helicopter) transportation. The transportation will take you to the nearest place that can give you care.
	Transportation to medical appointments and services	<b>\$0</b>	<ul style="list-style-type: none"> <li>• Medical transportation (24 one-way visits)</li> <li>• Non-medical transportation (24 one-way visits)</li> </ul> Prior authorization may be required.
<b>You need drugs to treat your illness or condition (continued on the next page)</b>	Medicare Part B prescription drugs	<b>\$0</b>	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 Evidence of Coverage for more information on these drugs.

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You need drugs to treat your illness or condition (continued)</b>			Prior authorization may be required. Your pharmacy must bill remaining 20% cost share to Cardinal Care. For information refer to the handbook.
	Medicare Part D prescription drugs  Tier 1: Covered Generic and brand name	<b>\$0 for a 31-day supply.</b>  <b>Copays for prescription drugs may vary based on the level of Extra Help you get. Please contact the plan for more details.</b>	There may be limitations on the types of drugs covered. Please refer to Molina Medicare Complete Care's List of Covered Drugs (Drug List) for more information.
	Over-the-Counter (OTC) drugs	<b>\$0</b>	There may be limitations on the types of drugs covered. Please refer to Molina Medicare Complete Care's List of Covered Drugs (Drug List) for more information.  \$50 allowance every month for OTC items.  Unused allowance does carry not over to the next month. You must use your MyChoice card to get the benefit and services.
<b>You need help getting better or have special health needs (continued on the next page)</b>	Rehabilitation services	<b>\$0</b>	
	Medical equipment for home care	<b>\$0</b>	Prior authorization may be required. Prior authorization not required for preferred manufacturer.

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>You need help getting better or have special health needs (continued)</b>	Dialysis services	<b>\$0</b>	Prior authorization required only if using dialysis services out-of-network.
<b>You need foot care</b>	Podiatry services	<b>\$0</b>	<p><b>Medicare-Covered Foot Exam and Treatment</b> \$0 copay Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions.</p> <p><b>Routine Foot Care</b> \$0 copay Up to 6 visits every year Prior authorization may be required.</p>
	Orthotic services	<b>\$0</b>	<p>Diabetic shoes/inserts are covered.</p> <p>Prior authorization not required for preferred manufacturer.</p>
<p><b>You need durable medical equipment (DME)</b></p> <p><b>Note:</b> This is not a complete list of covered DME. For a complete list, contact Member Services or refer to Chapter 4 of the <i>Evidence of Coverage</i>.</p>	Wheelchairs, crutches, walkers, nebulizers, oxygen equipment and supplies	<b>\$0</b>	<p>Molina Medicare Complete Care provides coverage for wheelchairs, crutches and walkers, as well as a wide range of other DME items.</p> <p>DME coverage is based on medical necessity and has no maximum benefit limits.</p> <p>Prior authorization may be required.</p> <p>Prior authorization is not required for preferred manufacturer.</p>
<b>You need help living at home (continued on the next page)</b>	Home health services	<b>\$0</b>	<p>Molina Medicare Complete Care covers home health services, including nursing care, rehabilitation therapies and home aide services.</p> <p>Additionally, the Commonwealth Coordinated Care Plus (CCC Plus) Waiver provides coverage for other</p>

**?** **If you have questions**, please call Molina Medicare Complete Care at (800) 424-4495, TTY:711, 7 days a week, 8 a.m. – 8 p.m., local time. The call is free. **For more information**, visit [MolinaHealthcare.com/Medicare](http://MolinaHealthcare.com/Medicare).



Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help living at home (continued)			<p>long-term services and supports such as private-duty nursing services.</p> <p>Consult with your Molina Medicare Complete Care care team to request a LTSS screening for the CCC Plus Waiver. Prior authorization may be required.</p>
	Home services, such as cleaning or housekeeping, or home modifications such as grab bars	\$0	Home modifications may be covered by Cardinal Care through the CCC Plus Waiver. Modifications may be made to your primary residence or primary vehicle and must enable you to function with greater independence. Speak with your care team to learn more.
	Adult Day Health Services	\$0	Molina Medicare Complete Care provides these services if you are found to be eligible through the LTSS screening process.
Additional services (continued on the next page)	Additional Telehealth Services	\$0	Includes Primary Care Physician Services, Physician Specialist Services, and for Opioid Treatment Program Services.
	Chiropractic services	\$0	<p><b>Medicare-Covered Chiropractic Services</b> \$0 copay</p> <p>Manipulation of the spine to correct a subluxation (when one or more of the bones of your spine move out of position).</p> <p><b>Routine Chiropractic Services</b> \$0 copay</p> <p>Up to 12 visits every year for routine services</p>
	Diabetes supplies and services	\$0	

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<b>Additional services (continued)</b>	Fitness Benefit	<b>\$0</b>	Members access to contracted fitness facilities and Home Fitness Kits for Members who prefer to exercise at home or while traveling.
	Health Education	<b>\$0</b>	Programs to help you learn to manage your health conditions, including health education, learning materials, health advice, and care tips.
	Meals Benefit		Standard meal cycle is a 2-week menu with a total of 28 delivered meals, based on member need. Maximum of 56 meals and 4 weeks per year. Must meet criteria approved by the plan. Prior authorization may be required.
	Prosthetic services	<b>\$0</b>	Prior authorization may be required.
	Radiation therapy	<b>\$0</b>	Prior authorization may be required.
	Special Supplemental Benefits for Chronic Illness	<b>\$0</b>	\$50 allowance every month for food and produce. Unused allowance does not carry over to the next month. Prior authorization may be required.
	24-Hour Nurse Advice Line	<b>\$0</b>	Available 24 hours a day, 7 days a week.

The above summary of benefits is provided for informational purposes only and is not a complete list of benefits. For a complete list and more information about your benefits, you can read the Molina Medicare Complete Care *Evidence of Coverage*. If you don't have an *Evidence of Coverage*, call Molina Medicare Complete Care Member Services at the numbers listed at the bottom of this page to get one. If you have questions, you can also call Member Services or visit [Molinahealthcare.com/Medicare](http://Molinahealthcare.com/Medicare).

## D. Benefits covered outside of Molina Medicare Complete Care

There are some services that you can get that are not covered by Molina Medicare Complete Care but are covered by Medicare, Medicaid, or a State or county agency. This is not a complete list. Call Member Services at the numbers listed at the bottom of this page to find out about these services.

Other services covered directly by Medicare or Medicaid	Your costs
Colorectal Cancer Screening	\$0
Developmental disability support coordination	\$0
HIV Testing and Treatment Counseling	\$0
Immunizations	\$0
Mammograms	\$0
Medicare covered Acupuncture	\$0 Up to 12 visits in 90 days are covered for chronic lower back pain. Up to eight additional sessions are covered in the same year for those patients demonstrating an improvement.
Medicare – covered Chiropractic	\$0 Manipulation of the spine to correct a subluxation (when one or more of the bones of your spine move out of position).
Pap Smears	\$0
Private Duty Nursing	\$0
Telemedicine Services	\$0
Transportation to building independence (BI), community living (CL), and family and individual supports (FIS) waiver services	\$0
Tobacco Cessation	\$0



**If you have questions**, please call Molina Medicare Complete Care at (800) 424-4495, TTY:711, 7 days a week, 8 a.m. – 8 p.m., local time. The call is free. **For more information**, visit [MolinaHealthcare.com/Medicare](http://MolinaHealthcare.com/Medicare).

## **E. Services that Molina Medicare Complete Care, Medicare, and Medicaid do not cover**

This is not a complete list. Call Member Services at the numbers listed at the bottom of this page to find out about other excluded services.

### **Services Molina Medicare Complete Care, Medicare, and Medicaid do not cover**

Nursing services provided in a Christian Science Sanatorium

Services provided under the Virginia Medicaid Waivers for Intellectual and Developmental Disabilities (Building Independence waiver, Family and Individual Supports waiver, or Community Living waiver)



**If you have questions**, please call Molina Medicare Complete Care at (800) 424-4495, TTY:711, 7 days a week, 8 a.m. – 8 p.m., local time. The call is free. **For more information**, visit [MolinaHealthcare.com/Medicare](https://MolinaHealthcare.com/Medicare).

## F. Your rights as a member of the plan

As a member of Molina Medicare Complete Care, 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 *Evidence of Coverage*. 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 medical condition, health status, receipt of health services, claims experience, medical history, disability (including mental impairment), marital status, age, sex (including sex stereotypes and gender identity) sexual orientation, national origin, race, color, religion, creed, or public assistance
  - Get information in other languages and formats (for example, large print, braille, or audio) free of charge
  - Be free from any form of physical restraint or seclusion
- **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 language and format you can understand. This includes the right to get 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 coordinator
- **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 during the year
  - 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 health care provider advises against it
  - Stop taking medicine, even if your health care provider advises against it
  - Ask for a second opinion. Molina Medicare Complete Care will pay for the cost of your second opinion visit
  - Make your health care wishes known in an advance directive
- **You have the right to timely access to care that does not have any communication or physical access barriers.** This includes the right to:



**If you have questions**, please call Molina Medicare Complete Care at (800) 424-4495, TTY:711, 7 days a week, 8 a.m. – 8 p.m., local time. The call is free. **For more information**, visit [MolinaHealthcare.com/Medicare](https://MolinaHealthcare.com/Medicare).

- Get timely medical care
- 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 health care providers and your health plan
- **You have the right to seek emergency and urgent care when you need it.** This means you have the right to:
  - Get emergency and care services, 24 hours a day, 7 days a week, without prior authorization
  - Use 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. No personal health information will be released to anyone without your consent, unless required by law.
  - Have privacy during treatment
- **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. You also have the right to appeal certain decisions made by us or our providers.
  - File a complaint with the Virginia Department of Medical Assistance Services Member Helpline at 1-804-786-6145 (hearing impaired members contact Virginia Relay at 711). The Molina Medicare Complete Care website [MolinaHealthcare.com/Medicare](http://MolinaHealthcare.com/Medicare) has complaint forms and instructions available online.
  - 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 *Evidence of Coverage*. If you have questions, you can call Molina Medicare Complete Care Member Services at the numbers listed at the bottom of this page.

You can also call the Virginia Office of the State Long Term Care Ombudsman for assistance. An “ombudsman” is an advocate who can assist you to resolve problems with plan coverage, plan benefits, health care, behavioral health care and long-term care services and supports. You can contact the Ombudsman at 1-800-552-5019 (TTY users call Virginia Relay at 711).

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

If you have a complaint or think Molina Medicare Complete Care should cover something we denied, call Member Services at the numbers listed at the bottom of this page. You can file a complaint or appeal our decision.

For questions about complaints and appeals, you can read **Chapter 9** of the *Evidence of Coverage*. You can also call Molina Medicare Complete Care Member Services at the numbers listed at the bottom of this page.

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**?** **If you have questions**, please call Molina Medicare Complete Care at (800) 424-4495, TTY:711, 7 days a week, 8 a.m. – 8 p.m., local time. The call is free. **For more information**, visit [MolinaHealthcare.com/Medicare](http://MolinaHealthcare.com/Medicare).

If you have a complaint or think Molina Medicare Complete Care should cover something we denied, call Member Services at (800) 424-4495 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m., local time. You may be able to file a complaint or appeal our decision.

**You may file a complaint (grievance) or someone else may file the complaint (grievance) on your behalf.**

To file the complaint (grievance):

- Call Member Services at (800) 424-4495 (TTY: 711)
- Fax your complaint to (562) 499-0610
- Write to:  
Molina Healthcare  
Attn: Appeals & Grievances  
P.O Box 22816  
Long Beach, CA 90801-9977

## **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, contact us.

- Call us at Molina Medicare Complete Care Member Services. Phone numbers are the numbers listed at the bottom of this page.
- Or, call Virginia Medicaid Managed Care Helpline at 1-800-643-2273. TTY users may call 1-800-817-6608.
- Call Virginia's Medicaid Fraud Control Unit at 1-800-371-0824 or 1-804-371-0779 (TTY users dial 711 for Virginia Relay) or by email at [MFCU\\_mail@oag.state.va.us](mailto:MFCU_mail@oag.state.va.us).
- Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users may call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week.



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**If you have questions**, please call Molina Medicare Complete Care at (800) 424-4495, TTY:711, 7 days a week, 8 a.m. – 8 p.m., local time. The call is free. **For more information**, visit [MolinaHealthcare.com/Medicare](http://MolinaHealthcare.com/Medicare).

**If you have general questions or questions about our plan, services, service area, billing, or Member ID Cards, call Molina Medicare Complete Care Member Services:**

(800) 424-4495

Calls to this number are free. 7 days a week, 8 a.m. – 8 p.m., local time.

Member Services also has free language interpreter services available for non-English speakers.

TTY: 711

Calls to this number are free. 7 days a week, 8 a.m. – 8 p.m., local time.

**If you have questions about your health:**

Call your primary care provider (PCP). Follow your PCP's instructions for getting care when the office is closed.

If your PCP's office is closed, you can also call 24-hour nurse advice line. A nurse will listen to your problem and tell you how to get care. (*Example:* urgent care, emergency room). The numbers for the 24-hour nurse advice line are:

(800) 424-4524

Calls to this number are free. 7 days a week, 24 hours a day.

Molina Medicare Complete Care also has free language interpreter services available for non-English speakers.

TTY: 711

Calls to this number are free. 7 days a week, 24 hours a day.







## Medicare Language Assistance Services

Free aids and services, such as sign language interpreters and written information in alternative formats are available to you. Call 1-800-424-4495 (TTY: 711).

### **English:**

We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-800-424-4495. Someone who speaks English can help you. This is a free service.

### **Spanish:**

Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-800-424-4495. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

### **Chinese Mandarin:**

如果您对我们的健康计划或药品计划有任何问题，我们可以提供免费的口译服务回答您的问题。若要获得口译服务，请致电我们：1-800-424-4495。说普通话的人士会帮助您。这是免费服务。

### **Chinese Cantonese:**

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1-800-424-4495 聯絡我們。能說广东话的人士會為您提供協助。這是免費的服務。

### **Tagalog:**

May mga libre kaming serbisyo ng interpreter para sagutin ang anumang posibleng katanungan ninyo tungkol sa aming planong pangkalusugan o plano sa gamot. Para kumuha ng interpreter, tawagan lang kami sa 1-800-424-4495. May makakatulong sa inyo na nagsasalita ng Tagalog. Isa itong libreng serbisyo.

### **French:**

Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-800-424-4495. Un interlocuteur parlant français pourra vous aider. Ce service est gratuit.

### **Vietnamese:**

Chúng tôi có các dịch vụ thông dịch miễn phí để trả lời các câu hỏi của quý vị về chương trình sức khỏe hoặc chương trình thuốc của chúng tôi. Để có thông dịch viên, hãy gọi cho chúng tôi theo số 1-800-424-4495. Sẽ có nhân viên nói tiếng Việt trợ giúp quý vị. Đây là dịch vụ miễn phí.

Medicare (AZ, FL, ID, IL, KY, MA (MAPD), MI, NV, NY, OH, SC, TX, UT, VA, WA, WI)

Y0050\_23\_49\_LRStateMLI\_C VA MAPD\_SNP\_v2

Form CMS-10802

(Expires 12/31/25)

**German:**

Unser kostenloser Dolmetscherservice beantwortet Ihre Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-800-424-4495. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

**Korean:**

당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-800-424-4495번으로 문의해 주십시오. 한국어를 하는 담당자가 도와드릴 것입니다. 이 서비스는 무료로 운영됩니다.

**Russian:**

Получить ответы на вопросы о нашем медицинском страховом плане или о плане, покрывающем лекарства по рецепту, вам бесплатно помогут наши устные переводчики. Просто позвоните нам по номеру 1-800-424-4495. Вам бесплатно поможет русскоязычный сотрудник.

**Arabic:** إننا نقدم خدمات المترجم الفوري المجانية لإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على الرقم 1-800-424-4495. سيقوم شخص يتحدث العربية بمساعدتك. هذه خدمة مجانية.

**Hindi:**

हमारी स्वास्थ्य या दवा योजना के बारे में अगर आपके कुछ सवाल हैं, तो उनके जवाब देने के लिए हमारे पास निःशुल्क दुभाषिया सेवाएँ उपलब्ध हैं। दुभाषिया पाने के लिए, हमें 1-800-424-4495 पर कॉल करें। हृदी बोलने वाला कोई व्यक्ति आपकी मदद कर सकता है। यह एक निःशुल्क सेवा है।

**Italian:**

È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario o farmaceutico. Per ottenere un interprete, contattare il numero 1-800-424-4495. Un nostro incaricato che parla italiano fornirà l'assistenza necessaria. È un servizio gratuito.

**Portuguese:**

Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-800-424-4495. Irá encontrar alguém que fale o idioma português para o ajudar. Este serviço é gratuito.

**French Creole:**

Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa asirans medikaman nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-800-424-4495. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

**Polish:**

Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polsku, należy zadzwonić pod numer 1-800-424-4495. Ta usługa jest bezpłatna.

Medicare (AZ, FL, ID, IL, KY, MA (MAPD), MI, NV, NY, OH, SC, TX, UT, VA, WA, WI)

Y0050\_23\_49\_LRStateMLI\_C VA MAPD\_SNP\_v2

Form CMS-10802

(Expires 12/31/25)

**Japanese:**

当社の健康健康保険と薬品処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-800-424-4495 にお電話ください。日本語を話す人が支援いたします。これは無料のサービスです。

**Bengali:**

আমাদের স্বাস্থ্য বা ওষুধ বিষয়ক পরিকল্পনা সম্পর্কে আপনার কোনও প্রশ্নের উত্তর দিতে আমাদের কাছে বিনামূল্যে দোভাষীর পরামর্শ রয়েছে। কোনও দোভাষী পতে, আমাদের 1-800-424-4495 নম্বরে ফোন করুন। বাংলা বলতে পারেন এমন কটে আপনাকে সাহায্য করতে পারেন। এটি একটি বিনামূল্যের পরামর্শ।

**Urdu:**

ہم اپنے صحت یا منشیات کے منصوبوں سے متعلق آپ کے کسی بھی سوال کا جواب دینے کے لیے مفت تشریحی خدمات بھی پیش کرتے ہیں۔ اگر آپ کو مترجم کی ضرورت ہے تو براہ کرم 1-800-424-4495 پر کال کریں۔ اردو بولنے والے عملے آپ کی مدد کر سکتے ہیں۔ یہ خدمات مفت ہیں۔

**Farsi:**

های سلامت یا دارویی ما داشته باشید میباید پاسخگویی به سؤالاتی که ممکن است درباره طرح توانید از خدمات ترجمه شفاهی رایگان ما استفاده کنید. برای دسترسی به مترجم شفاهی، کافی است با کند، به شما ما تماس بگیرید. فردی که به زبان فارسی صحبت می 1-800-424-4495 شماره کمک خواهد کرد.

**Telugu:**

మా ఆరోగ్య మరియు ఔషధ ప్రణాళిక గురించి మీకు గల ఏవైనా ప్రశ్నలకు జవాబులు ఇవ్వడానికి మా వద్ద మీకు ఉచిత తర్జుమాదారు సేవలు ఉన్నాయి. ఒక తర్జుమాదారుడిని పొందడానికి, కేవలం 1-800-424-4495 పై మాకు కాల్ చేయండి. తెలుగు మాట్లాడే వ్యక్తి ఎవరైనా ఒకరు మీకు సహాయపడగలుగుతారు.

**Nepali:**

तपाईंसँग हाम्रो स्वास्थ्य वा औषधिसम्बन्धी योजनाका सम्बन्धमा कुनै पनि प्रश्न छ भने त्यसको जवाफ दिनका लागि हामीसँग दोभासे सेवा छ। दोभासे सेवा पाउन हामीलाई 1-800-424-4495 मा कल गरे पुग्छ। नेपाली भाषा बोल्ने व्यक्ति तपाईंलाई मद्दत गर्न सक्नुहुन्छ।

