Molina Healthcare of California: Molina Gold 80 HMO

Coverage Period: 01/01/2017 – 12/31/2017

Summary of Benefits and Coverage: What this Plan Covers & What it Costs **Coverage for:** Individual + Family | **Plan Type:** HMO

This is only a summary. If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at www.molinahealthcare.com or by calling 1-888-858-2150.

Important Questions	Answers	Why this Matters:
What is the overall deductible?	Individual **$0** Family of 2 or more **$0**	See the chart starting on page 2 for your costs for services this plan covers.
Are there other deductibles for specific services?	No.	You don't have to meet deductibles for specific services, but see the Common Medical Events chart for other costs for services this plan covers.
Is there an out–of–pocket limit on my expenses?	Yes. **$6,750** Individual **$13,500** Family of 2 or more	The **out-of-pocket limit** is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. This limit helps you plan for health care expenses.
What is not included in the out–of–pocket limit?	Premium and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the **out–of–pocket limit**.
Is there an overall annual limit on what the plan pays?	No.	The Common Medical Events chart describes any limits on what the plan will pay for *specific* covered services, such as office visits.
Does this plan use a network of providers?	Yes. For a list of participating providers, go to www.molinahealthcare.com, or call 1-888-858-2150.	If you use an in-network doctor or other health care **provider**, this plan will pay some or all of the costs of covered services. Be aware, your in-network doctor or hospital may use an out-of-network **provider** for some services. Plans use the term in-network, **preferred**, or participating for **providers** in their **network**. See the chart starting on page 2 for how this plan pays different kinds of **providers**. American Indians have $0 cost-sharing when Covered Services are rendered by an Indian Health Service, Indian Tribe, Tribal Organization, or Urban Indian Organization, or through Referral under contract health services.
Do I need a referral to see a specialist?	Yes. All services except for females members to see an OB/GYN, family planning services, HIV testing and counseling, minor consent services, and services for sexually transmitted diseases.	This plan will pay some or all of the costs to see a **specialist** for covered services but only if you have the plan's permission before you see the **specialist**.
Are there services this plan doesn't cover?	Yes.	Some of the services this plan doesn't cover are listed under Services Your Plan Does NOT Cover. See your policy or plan document for additional information about **excluded services**.

Questions: Call 1-888-858-2150 or visit us at www.molinahealthcare.com If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at www.cms.gov/cciio/ or call 1-888-858-2150 to request a copy.

- **Copayments** are fixed dollar amounts (for example, $15) you pay for covered health care, usually when you receive the service.
- **Coinsurance** is *your* share of the costs of a covered service, calculated as a percent of the **allowed amount** for the service. For example, if the plan's **allowed amount** for an overnight hospital stay is $1,000, your **coinsurance** payment of 20% would be $200. This may change if you haven't met your **deductible**.
- The amount the plan pays for covered services is based on the **allowed amount**. If an out-of-network **provider** charges more than the **allowed amount**, you may have to pay the difference. For example, if an out-of-network hospital charges $1,500 for an overnight stay and the **allowed amount** is $1,000, you may have to pay the $500 difference. (This is called **balance billing**.)
- This plan may encourage you to use participating **providers** by charging you lower **deductibles**, **copayments** and **coinsurance** amounts.

Common Medical Event	Services You May Need	Your Cost If You Use a Participating Provider	Your Cost If You Use an Non-Participating Provider	Limitations & Exceptions
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or	$30 Copay per visit	Not Covered	----------none----------
	Specialist visit	$55 Copay per visit	Not Covered	Prior authorization may be required, or services not covered.
	Other practitioner office visit	$30 Copay per visit	Not Covered	
	Preventive care/screening/immunization	No Charge	Not Covered	----------none----------
If you have a test	Diagnostic test (x-ray, blood work)	$55 Copay – x-ray $35 Copay - lab	Not Covered	----------none----------
	Imaging (CT/PET scans, MRIs)	20% Coinsurance	Not Covered	Prior authorization is required, or services not covered.
If you need drugs to treat your illness or condition More information about **prescription drug coverage** is available at www.molinhealthcare.com.	Generic drugs	$15 Copay	Not Covered	----------none----------
	Preferred brand drugs	$55 Copay	Not Covered	----------none----------
	Non-preferred brand drugs	$75 Copay	Not Covered	----------none----------
	Specialty drugs	20% Coinsurance	Not Covered	Prior authorization is required, or services not covered. Up to $250 per script; Maximum Cost Sharing of $200 for a 30-day supply of oral chemotherapy drugs, deductible does not apply
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery	20% Coinsurance	Not Covered	Prior authorization may be required, or services not covered.
	Physician/surgeon fees	20% Coinsurance	Not Covered	

Common Medical Event	Services You May Need	Your Cost If You Use a Participating Provider	Your Cost If You Use an Non-Participating Provider	Limitations & Exceptions
If you need immediate medical attention	Emergency room services	$325 Copay per visit	$325 Copay per visit	This cost does not apply, if admitted directly to the hospital for inpatient services (Refer to "If you have a hospital stay", for applicable costs)
	Emergency medical transportation	$250 Copay	$250 Copay	----------none----------
	Urgent care	$30 Copay per visit	$30 Copay per visit	----------none----------
If you have a hospital stay	Facility fee (e.g., hospital room)	20% Coinsurance	Not Covered	Prior authorization is required, or services not covered.
	Physician/surgeon fee	20% Coinsurance	Not Covered	
If you have mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services	$30 Copay per visit (individual, group evaluation, counseling, intensive outpatient, day treatment programs)	Not Covered	Prior authorization may be required, or services not covered.
	Mental/Behavioral health inpatient services	20% Coinsurance	Not Covered	
	Substance use disorder outpatient services	$30 Copay per visit (individual, group evaluation, counseling, intensive outpatient, day treatment programs)	Not Covered	
	Substance use disorder inpatient services	20% Coinsurance	Not Covered	
If you are pregnant	Prenatal and postnatal care	No Charge	Not Covered	----------none----------
	Delivery and all inpatient services	20% Coinsurance	Not Covered	Prior notification is required, for services not covered. Pregnancy termination services are subject to restrictions and state law

Common Medical Event	Services You May Need	Your Cost If You Use a Participating Provider	Your Cost If You Use an Non-Participating Provider	Limitations & Exceptions
If you need help recovering or have other special health needs	Home health care	20% Coinsurance	Not Covered	Limited to: • Up to two (2) hours per visit for visits by a nurse, medical social worker, or physician, occupational, or speech therapist, and up to four (4) hours per visit by a home health aide • Up to one-hundred (100) visits per calendar year (counting all home health visits) Prior authorization is required, or services not covered.
	Rehabilitation services	$30 Copay per visit	Not Covered	Prior authorization is required, or services not covered.
	Habilitation services	$30 Copay per visit	Not Covered	Prior authorization is required, or services not covered.
	Skilled nursing care	20% Coinsurance	Not Covered	Limited to one-hundred (100) days per calendar year. Prior authorization is required, or services not covered.
	Durable medical equipment	20% Coinsurance	Not Covered	Prior authorization is required for durable medical equipment over $500, or services not covered.
	Hospice service	No Charge	Not Covered	Prior notification is required.

Common Medical Event	Services You May Need	Your Cost If You Use a Participating Provider	Your Cost If You Use an Non-Participating Provider	Limitations & Exceptions
If your child needs dental or eye care	Eye exam	No Charge	Not Covered	----------none----------
	Glasses	$0 Copay	Not Covered	• Coverage limited to one pair of prescription eyeglasses (frames and lenses) or contact lenses in lieu of eyeglasses every 12 months. Greater quantities are available for certain kinds of contact lenses.
	Dental check-up	No Charge	Not Covered	Plan pays 100% preventive examinations twice per calendar year. See your policy or plan document for additional information about services.

Excluded Services & Other Covered Services:

Services Your Plan Does NOT Cover (This isn't a complete list. Check your policy or plan document for other excluded services.)

- Chiropractic care
- Cosmetic surgery
- Dental care (Adult)
- Hearing aids
- Infertility treatment
- Long-term care
- Non-emergency care when traveling outside the U.S.
- Private-duty nursing
- Routine eye care (Adult)
- Routine foot care
- Weight loss programs

Other Covered Services (This isn't a complete list. Check your policy or plan document for other covered services and your costs for these services.)

- Acupuncture
- Bariatric Surgery

Your Rights to Continue Coverage:

Federal and State laws may provide protections that allow you to keep this health insurance coverage as long as you pay your **premium**. There are exceptions, however, such as if:

- You commit fraud
- The insurer stops offering services in the State
- You move outside the coverage area

For more information on your rights to continue coverage, contact the insurer at 1-888-858-2150. You may also contact your state insurance department at 1-888-466-2219.

Your Grievance and Appeals Rights:

If you have a complaint or are dissatisfied with a denial of coverage for claims under your plan, you may be able to **appeal** or file a **grievance**. For questions about your rights, this notice, or assistance, you can contact: 1-888-858-2150. Additionally, a consumer assistance program can help you file your appeal. Contact 1-888-466-2219.

Does this Coverage Provide Minimum Essential Coverage?

The Affordable Care Act requires most people to have health care coverage that qualifies as "minimum essential coverage." **This plan or policy does provide minimum essential coverage.**

Does this Coverage Meet the Minimum Value Standard?

The Affordable Care Act establishes a minimum value standard of benefits of a health plan. The minimum value standard is 60% (actuarial value). **This health coverage does meet the minimum value standard for the benefits it provides.**

Language Access Services:

[Spanish (Español): Para obtener asistencia en Español, llame al [1-888-858-2150].]

[Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa [1-888-858-2150].]

[Chinese (中文): 如果需要中文的帮助，请拨打这个号码 [1-888-858-2150].]

[Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwiijigo holne' [1-888-858-2150].]

To see examples of how this plan might cover costs for a sample medical situation, see the next page.

About these Coverage Examples:

These examples show how this plan might cover medical care in given situations. Use these examples to see, in general, how much financial protection a sample patient might get if they are covered under different plans.

This is not a cost estimator.

Don't use these examples to estimate your actual costs under this plan. The actual care you receive will be different from these examples, and the cost of that care will also be different.

See the next page for important information about these examples.

Having a baby
(normal delivery)

- **Amount owed to providers:** $7,540
- **Plan pays** $6,050
- **Patient pays** $1,490

Sample care costs:

Hospital charges (mother)	$2,700
Routine obstetric care	$2,100
Hospital charges (baby)	$900
Anesthesia	$900
Laboratory tests	$500
Prescriptions	$200
Radiology	$200
Vaccines, other preventive	$40
Total	**$7,540**

Patient pays:

Deductibles	$0
Copays	$450
Coinsurance	$890
Limits or exclusions	$150
Total	**$1,490**

Managing type 2 diabetes
(routine maintenance of a well-controlled condition)

- **Amount owed to providers:** $5,400
- **Plan pays** $4,030
- **Patient pays** $1,370

Sample care costs:

Prescriptions	$2,900
Medical Equipment and Supplies	$1,300
Office Visits and Procedures	$700
Education	$300
Laboratory tests	$100
Vaccines, other preventive	$100
Total	**$5,400**

Patient pays:

Deductibles	$0
Copays	$1,040
Coinsurance	$250
Limits or exclusions	$80
Total	**$1,370**

Questions and answers about the Coverage Examples:

What are some of the assumptions behind the Coverage Examples?

- Costs don't include **premiums**.
- Sample care costs are based on national averages supplied by the U.S. Department of Health and Human Services, and aren't specific to a particular geographic area or health plan.
- The patient's condition was not an excluded or preexisting condition.
- All services and treatments started and ended in the same coverage period.
- There are no other medical expenses for any member covered under this plan.
- Out-of-pocket expenses are based only on treating the condition in the example.
- The patient received all care from in-network **providers**. If the patient had received care from out-of-network **providers**, costs would have been higher.

What does a Coverage Example show?

For each treatment situation, the Coverage Example helps you see how **deductibles**, **copayments**, and **coinsurance** can add up. It also helps you see what expenses might be left up to you to pay because the service or treatment isn't covered or payment is limited.

Does the Coverage Example predict my own care needs?

☒ **No.** Treatments shown are just examples. The care you would receive for this condition could be different based on your doctor's advice, your age, how serious your condition is, and many other factors.

Does the Coverage Example predict my future expenses?

☒ **No.** Coverage Examples are **not** cost estimators. You can't use the examples to estimate costs for an actual condition. They are for comparative purposes only. Your own costs will be different depending on the care you receive, the prices your **providers** charge, and the reimbursement your health plan allows.

Can I use Coverage Examples to compare plans?

✓ **Yes.** When you look at the Summary of Benefits and Coverage for other plans, you'll find the same Coverage Examples. When you compare plans, check the "Patient Pays" box in each example. The smaller that number, the more coverage the plan provides.

Are there other costs I should consider when comparing plans?

✓ **Yes.** An important cost is the **premium** you pay. Generally, the lower your **premium**, the more you'll pay in out-of-pocket costs, such as **copayments**, **deductibles**, and **coinsurance**. You should also consider contributions to accounts such as health savings accounts (HSAs), flexible spending arrangements (FSAs) or health reimbursement accounts (HRAs) that help you pay out-of-pocket expenses.

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English: This notice has important information about your application or coverage with Molina Healthcare. You may need to take action by certain deadlines to keep your health coverage or help with costs. You have the right to get this information in a different format, such as audio, Braille, or large font due to special needs or in your language at no additional cost. Call Member Services at (888) 858-2150, or TTY 711 for the hearing impaired, Monday through Friday 8:00 a.m. - 6:00 p.m. PT.

Spanish: Este aviso contiene información importante acerca de su solicitud o cobertura con Molina Healthcare. Es posible que usted necesite tomar acción antes de determinadas fechas límites para poder conservar su cobertura de salud o recibir ayuda con los costos. Usted tiene derecho a recibir esta información en un formato distinto, como audio, braille, o letra grande, debido a necesidades especiales; o en su idioma sin costo adicional. Comuníquese con nuestro Departamento de Servicios para Miembros al (888) 858-2150, o al servicio TTY al 711 para personas con impedimentos auditivos, de lunes a viernes, de 8:00 a. m. a 6:00 p. m., hora del Pacífico.

Chinese: 本通知提供了關於您申請 Molina Healthcare 或 Molina Healthcare 承保的重要資訊。您可能需要在某些截止日期前採取行動，保持您的健康承保或處理費用。有權因有特殊需要而要求提供這些資訊的不同格式（如音訊、盲文或大字體）或使用您的語言，且無需另付費用。 請在星期一至星期五上午 8:00 至下午 6:00（太平洋時間）撥打 (888) 858-2150 或者 TTY 711（聽障人士專線）聯繫會員服務部。

Vietnamese: Thông báo này có thông tin quan trọng về đơn xin hoặc khoản bao trả của quý vị với Molina Healthcare. Có thể có những ngày quan trọng trong thông báo này. Quý vị có thể cần hành động trước thời hạn nhất định để duy trì bảo hiểm y tế của quý vị hoặc để được trợ giúp với các khoản chi phí. Quý vị có quyền nhận thông tin này ở định dạng khác như âm thanh, hệ thống chữ Braille, hoặc phông chữ lớn do nhu cầu đặc biệt hoặc bằng ngôn ngữ của quý vị mà không chịu thêm khoản phát sinh chi phí nào. Quý vị cũng được cung cấp miễn phí dịch vụ thông dịch viên. Hãy gọi đến Dịch Vụ Thành Viên theo số (888) 858-2150, hoặc TTY 711 dành cho người khiếm thính, thứ Hai đến thứ Sáu, từ 8:00 giờ sáng - 6:00 giờ chiều, PT.

Tagalog: Ang abisong ito ay may mahalagang impormasyon tungkol sa iyong aplikasyon o pagkakasaklaw sa Molina Healthcare. Maaaring may kailangan kang isagawa bago ang ilang partikular na deadline upang mapanatili ang saklaw sa iyong kalusugan o ang tulong sa mga gastusin. May karapatan kang makuha ang impormasyong ito nang libre sa iba pang format, tulad ng audio, Braille o nang nakasulat sa malaking font dahil sa mga espesyal na pangangailangan o nang nakasulat sa iyong wika. Tawagan ang Member Services sa (888) 858-2150, o sa 711 kung gumagamit ng TTY para sa may kapansanan sa pandinig, Lunes hanggang Biyernes, 08:00 a.m. - 06:00 p.m. PT.

Korean: 본 통지문에는 귀하의 Molina Healthcare 신청 또는 보험에 대한 주요 정보가 포함되어 있습니다. 의료 보험 또는 비용 보조를 위해 특정 기한 내에 조치를 취해야 할 수 있습니다. 귀하는 특수한 상황에 따라 본 정보를 오디오, 점자, 큰 글씨 또는 귀하의 모국어 등의 다른 형태로 받아볼 권리가 있으며, 이 때 추가 비용은 없습니다. 청각 장애인의 경우, 월요일부터 금요일까지 오전 8시부터 오후6시까지 (888) 858-2150번으로 회원 서비스에 전화하시거나 TTY 서비스 이용 시 711번으로 전화하시기 바랍니다.

Armenian: Այս ծանուցումը պարունակում է կարևոր տեղեկություն ձեր դիմումի կամ Molina Healthcare ապահովագրական ծածկույթի մասին: Հնարավոր է, պետք լինի կոնկրետ ժամկետներում քայլեր ձեռնարկել՝ ձեր բժշկական ապահովագրությունը պահպանելու կամ ծախսերի հետ օգնելու հարցում: Դուք իրավունք ունեք ստանալ այս տեղեկատվությունը այլ ձևաչափով, օրինակ՝ աուդիո, Բրայլյան տառատեսակով կամ հատուկ խոշոր տառատեսակով, կամ ձեր լեզվով առանց լրացուցիչ ծախսերի: Զանգահարեք Հաճախորդների սպասարկման բաժին (888) 858-2150 հեռախոսով, կամ լսողության խնդիրներ ունեցող օգտվողները TTY 711, երկուշաբթիից ուրբաթ, 8:00-ից 18:00-ը, կաղաղօվկիանոսյան ժամանակով:

Farsi: این اعلامیه اطلاعات مهمی درباره برنامه شما یا پوشش دهی با Molina Healthcare دارد. ممکن است لازم باشد در سررسیدهای مشخصی برای پوشش سلامت خود یا دریافت کمک از طریق پرداخت هزینه ها اقدام کنید. از این حق برخوردار هستید که این اطلاعات را در فرمت های مختلفی دریافت کنید، از جمله صدا، بریل یا فونت بزرگ به دلیل نیازهای خاص یا به زبان خود بدون دریافت هزینه اضافی. از طریق شماره (888) 858-2150 یا TTY 711 برای افرادی که دچار اختلالات شنوایی هستند، از دوشنبه تا جمعه ساعت 8:00 صبح تا 6:00 بعد از ظهر PT (زمان اقیانوس آرام) با خدمات اعضا تماس بگیرید.

Russian: В этом уведомлении содержится важная информация о вашей заявке или страховом покрытии, предоставляемом компанией Molina Healthcare. Это уведомление может содержать важные даты. Вам, возможно, потребуется предпринять некоторые действия до определенных сроков, чтобы сохранить страховое покрытие или получить помощь с оплатой. В связи с особыми потребностями вы имеете право бесплатно получить эту информацию на своем языке или в другом формате, включая крупный шрифт, шрифт Брайля или аудиоформат. Кроме того, вы можете бесплатно воспользоваться услугами переводчика. Обращайтесь в Отдел обслуживания участников по телефону (888) 858-2150 или 711 (линия TTY для лиц с нарушениями слуха) с понедельника по пятницу, с 8:00 до 18:00 по тихоокеанскому времени.

Japanese: この通知には、Molina Healthcareへのあなたの申請、または補償範囲に関する重要な情報が含まれております。あなたの補償範囲を維持するため、または費用の面で支援させていただくため、特定の日にちまでにあなたに何らかの措置をとっていただく必要性が生じる可能性がございます。あなたには追加の費用を負担することなく、特別な必要性を理由に、音声、展示、またはより大きなフォントを使った異なる形式にて、あるいはあなたが使用している言語にてこの情報を取得していただく権利がございます。メンバーサービスのお問い合せは、月曜日から金曜日まで、午前08:00:00から午後06:00:00（米国太平洋時間）までの間、お電話（(888) 858-2150、耳が不自由な方はTTY 711）にてお受けしております。

Arabic: يحتوي هذا الإشعار على معلومات مهمة حول طلبك أو التغطية الخاصة بك لدى شركة Molina Healthcare. قد يلزم عليك اتخاذ إجراءات معينة بحلول تواريخ بعينها من أجل الحفاظ على التغطية الصحية أو المساعدة في التكاليف. يحق لك الحصول على هذه المعلومات بتنسيق مختلف، مثل التنسيق الصوتي أو بطريقة برايل أو بخط كبير بسبب الاحتياجات الخاصة أو باللغة الخاصة بك بدون أي تكاليف إضافية عليك. اتصل بقسم خدمات الأعضاء على الرقم (888) 858-2150، أو بالنسبة لمستخدمي الهواتف النصية، يمكنهم الاتصال على الرقم 711 للمعاقين سمعيا، من الاثنين إلى الجمعة من الساعة الثامنة صباحا إلى الساعة السادسة بعد الظهر بتوقيت المحيط الهادي.

Punjabi: ਇਸ ਨੋਟਿਸ ਵਿੱਚ Molina Healthcare ਨਾਲ ਤੁਹਾਡੀ ਅਰਜ਼ੀ ਜਾਂ ਕਵਰੇਜ ਬਾਰੇ ਮਹੱਤਵਪੂਰਨ ਜਾਣਕਾਰੀ ਹੈ। ਤੁਹਾਨੂੰ ਆਪਣੀ ਸਿਹਤ ਕਵਰੇਜ ਰੱਖਣ ਜਾਂ ਖਰਚਿਆਂ ਵਿੱਚ ਸਹਾਇਤਾ ਲਈ ਕੁਝ ਆਖਰੀ ਮਿਤੀਆਂ ਮੁਤਾਬਕ ਕਾਰਵਾਈ ਕਰਨ ਦੀ ਲੋੜ ਹੋ ਸਕਦੀ ਹੈ। ਤੁਹਾਨੂੰ ਖ਼ਾਸ ਲੋੜਾਂ ਕਾਰਨ ਇਹ ਜਾਣਕਾਰੀ ਬਿਨਾਂ ਕਿਸੇ ਵਾਧੂ ਖ਼ਰਚ ਦੇ ਕਿਸੇ ਵੱਖਰੇ ਫੌਰਮੈਟ ਵਿੱਚ, ਜਿਵੇਂ ਔਡੀਓ, ਬ੍ਰੇਲ ਜਾਂ ਵੱਡੇ ਫੌਂਟ ਵਿੱਚ ਜਾਂ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਪ੍ਰਾਪਤ ਕਰਨ ਦਾ ਹੱਕ ਹੈ। ਸੋਮਵਾਰ ਤੋਂ ਸ਼ੁੱਕਰਵਾਰ ਸਵੇਰੇ ਸਵੇਰ 08:00 ਵਜੇ ਤੋਂ ਸ਼ਾਮ 6:00 ਵਜੇ PT ਤੱਕ ਮੈਂਬਰ ਸੇਵਾਵਾਂ ਨੂੰ (888) 858-2150 ਤੇ ਫੋਨ ਕਰੋ, ਜਾਂ ਜਿਹਨਾਂ ਵਿਅਕਤੀਆਂ ਨੂੰ ਸੁਣਨ ਵਿੱਚ ਮੁਸ਼ਕਲ ਹੋਵੇ, ਉਹ TTY 711 ਤੇ ਫੋਨ ਕਰਨ।

Cambodian: ការជូនដំណឹងនេះមានពត៌មានសខាន់អពីការដាក់ពាក្យ ឬការធានារ៉ាបរង់របស់អកជាមយ Molina Healthcare។ អកអាចត្រវការចាត់វធានការតាមកាលបរចេទកណត់ជាកលាកនានាដេម្បរក្សាការធានារ៉ាបរង់សខភាពរបស់អក ឬជនយជាមយថៃចណាយ។ អកមានសទ្ធកង់ការទទួលពត៌មាននេះកង់ទម្រង់មយផ្សង ដចជា អឌយ អក្សរមនស្សពការភែក ឬអក្សរពមធតាមសេចក្តីវការពសេសៗ ឬជាភាសារបស់អកដោយឥតគត់ថៃបនែម។ សមទ្ធរសពមកកានផែកសេវាសមាជកតាមលេខ (888) 858-2150 ឬ TTY 711 សម្រាបអកមានបញាសាប ពថៃចន ដលថៃសក្រ មោង 8:00 ព្រក ដលមោង 6:00 លាច មោង PT ។

Hmong: Tsab ntawv ceebtoom no muaj cov ntsiab lus tseem ceeb ntsig txog koj daim ntawv thov lossis cov kev pab los ntawm Molina Healthcare. Tej zaum yuav muaj cov hnub tseem ceeb hauv tsab ntawv ceebtoom no. Koj yuav tsum tau ua raws li cov hnub teev tseg kom tuav tswj koj cov nyiaj pab khomob lossis pab them cov nqi. Koj muaj cai kom tau txais cov ntaub ntawv no ua lwm yam qauv, xws li ua suab lus, Ua Tus Ntawv Neeg Dig Muag, lossis tus ntawv loj vim tias muaj qhov xav tau tshwj xeeb lossis ua koj hom lus hais yam tsis tau them nqi ntxiv. Kuj tseem muaj kev pab txhais lus pub dawb rau koj thiab. Hu rau Chaw Pabcuam Tswvcuab ntawm (888) 858-2150, lossis TTY 711 txog cov neeg tsis hnov lus, Hnub Monday txog Friday 8:00 sawv ntxov - 6:00 tsaus ntuj PT.

Hindi: इस सूचना में मोलिना हेल्थकेयर (Molina Healthcare) में आपके आवेदन या कवरेज के बारे में महत्वपूर्ण जानकारी है। आपको अपने हेल्थ कवरेज जारी रखने के लिए या खर्च संभालने के लिए निश्चित समय सीमा के अंदर कार्रवाई करने की जरूरत हो सकती है। आपको विशेष आवश्यकता के कारण इस सूचना को ऑडियो ,ब्रेल ,या बड़े फॉण्ट में या आपकी अपनी भाषा में बिना किसी अतिरिक्त कीमत पर प्राप्त करने का अधिकार है। कृपया मेंबर सर्विसेस (Member Services) को सोमवार से शुक्रवार ,माउंटेन टाइम प्रातः8:00 बजे से सायं 6:00 बजे तक (888) 858-2150नंबर पर ,या बधिरों के लिए 711 TTY नंबर पर कॉल करें।

Thai: ประกาศนมขอมลทสาคญเกยวกบการใชหรอความคมครองของคณกบ Molina Healthcare คณควรจะดาเนนการภายในวนทกาหนดไวเพอรกษาความคมครองดานสขภาพหรอความชวยเหลอดานคาใชจายของคณ คณมสทธทจะไดรบขอมลไดหลากหลายรปแบบ อยางเชน ขอมลเสยง อกษรเบรลล หรอตวหนงสอทมขนาดใหญอนเนองมาจากความตองการพเศษหรอในภาษาของคณโดยทไมมคาใชจายเพมเตม ตดตอแผนกบรการสมาชกไดท (888) 858-2150 หรอ TTY 711 สาหรบผทมความบกพรองทางการไดยน วนจนทรถงวนศกร 8:00 น.- 18:00 น. PT.