

2025

# Summary of Benefits

## **Molina Medicare Complete Care Plus (HMO DSNP) a Medicare Medi-Cal Plan**

California H3038-003

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 Plus (HMO D-SNP). 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 Plus (HMO D-SNP). Key terms and their definitions appear in alphabetical order in the last chapter of the *Member Handbook*.

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**If you have questions**, please call Molina Medicare Complete Care Plus (HMO D-SNP) at (855) 665-4627, TTY: 711, Monday-Friday, 8 a.m. - 8 p.m., local time. The call is free. **For more information**, visit [MolinaHealthcare.com/Medicare](http://MolinaHealthcare.com/Medicare).

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## A. Disclaimers



This is a summary of health services covered by Molina Medicare Complete Care Plus (HMO D-SNP) for 1/1/2025. This is only a summary. Please read the *Member Handbook* for the full list of benefits.

- ❖ The 2025 Member Handbook will be available by October 15. An up-to-date copy of the 2025 Member Handbook is always available on our website at [MolinaHealthcare.com/Medicare](http://MolinaHealthcare.com/Medicare). You may also call Member Services at (855) 665-4627, TTY: 711, 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. Please note that our automated phone system may answer your call during weekends and holidays from April 1 to September 30 to ask us to mail you a 2025 Member Handbook.
- ❖ Molina Medicare Complete Care Plus (HMO-DSNP) is a Health Plan with a Medicare Contract and a contract with the state Medicaid program. Enrollment in Molina Medicare Complete Care Plus depends on contract renewal.
- ❖ 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.
- ❖ Eligibility for the Model Benefit or RI Programs under the VBID Model is not assured and will be determined by the MAO after enrollment, based on relevant criteria e.g., clinical diagnoses, eligibility criteria, participation in a disease state management program in the event eligibility of Targeted Enrollees for Model Benefits or RI Programs is not assured or cannot be determined before a Plan Year, as applicable.
- ❖ Medicare approved Molina Medicare Complete Care Plus (HMO D-SNP) to provide lower copayments on Part D Prescription Drugs as part of the Value-Based Insurance Design program. This program lets Medicare try new ways to improve Medicare Advantage plans.
- ❖ For more information about Medicare, you can read the Medicare & You handbook. It has a summary of Medicare benefits, rights, and protections and answers to the most frequently asked questions about Medicare. You can get it 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 Medi-Cal, you can check the California Department of Healthcare Services (DHCS) website ([www.dhcs.ca.gov/](http://www.dhcs.ca.gov/)) or contact the Medi-Cal Office of the Ombudsman 1-888-452-8609, Monday through Friday, between 8:00 a.m. and 5:00 p.m. You can also call the special Ombudsman for people who have both Medicare and Medi-Cal, at 1-855-501-3077, Monday through Friday, between 9:00 a.m. and 5:00 p.m.
- ❖ You can get this document for free in other formats, such as large print, braille, or audio. Call (855) 665-4627, TTY: 711, Monday – Friday, 8 a.m. – 8 p.m., local time. The call is free.
- ❖ This document is available for free in Spanish, Arabic, Armenian, Cambodian, Chinese, Farsi, Hmong, Korean, Lao, Russian, Tagalog and Vietnamese.



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- ❖ To request your preferred language other than English and/or alternate format, call Member Services at (855) 665-4627, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m., local time.
- ❖ We will maintain a record of our member’s preferred language and/or format preferences, and we will keep this information as a standing request for future mailings and communications. This will ensure that our members will not have to make a separate request each time.
- ❖ To change a standing request, call Member Services at (855) 665-4627, TTY: 711, Monday – Friday, 8 a.m. – 8 p.m., 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 Medi-Cal Plan?</b>	A Medicare Medi-Cal Plan is a health plan that contracts with both Medicare and Medi-Cal to provide benefits of both programs to enrollees. It is for people age 21 and older. A Medicare Medi-Cal Plan is an organization made up of doctors, hospitals, pharmacies, providers of Long-term Services and Supports (LTSS), and other providers. It also has care coordinators to help you manage all your providers and services and supports. They all work together to provide the care you need.
<b>Will I get the same Medicare and Medi-Cal benefits in Molina Medicare Complete Care Plus (HMO D-SNP) that I get now?</b>	<p>You will get most of your covered Medicare and Medi-Cal benefits directly from Molina Medicare Complete Care Plus (HMO D-SNP). 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 and care team'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 like In-Home Supportive Services (IHSS), specialty mental health and substance use disorder services, or regional center services.</p> <p>When you enroll in Molina Medicare Complete Care Plus (HMO D-SNP), you and your care team will work together to develop an Individualized Plan of Care or a care plan to address your health and support needs, reflecting your personal preferences and goals.</p> <p>If you are taking any Medicare Part D prescription drugs that Molina Medicare Complete Care Plus (HMO D-SNP) 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 Plus (HMO D-SNP) to cover your drug if medically necessary. For more information, call Member Services at the number listed at the bottom of this page.</p>
<b>Can I go to the same doctors I use now? (continued on the next page)</b>	Often that is the case. If your providers (including doctors, hospitals, therapists, pharmacies, and other health care providers) work with Molina Medicare Complete Care Plus (HMO D-SNP) and have a contract with us, you can keep going to them.



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Frequently Asked Questions	Answers
<p><b>Can I go to the same doctors 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 Plus (HMO D-SNP)'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 Plus (HMO D-SNP)'s plan.</li> <li>• If you are currently under treatment with a provider that is out of Molina Medicare Complete Care Plus (HMO D-SNP)'s network, or have an established relationship with a provider that is out of Molina Medicare Complete Care Plus (HMO D-SNP)'s network, call Member Services to check about staying connected and ask for continuity of care.</li> </ul> <p>To find out if your doctors are in the plan's network, call Member Services at the bottom of this page or read Molina Medicare Complete Care Plus (HMO D-SNP)'s <i>Provider and Pharmacy Directory</i> on the plan's website at <a href="http://MolinaHealthcare.com/Medicare">MolinaHealthcare.com/Medicare</a>.</p> <p>If Molina Medicare Complete Care Plus (HMO D-SNP) is new for you, we will work with you to develop an Individualized Plan of Care <i>or</i> a care plan to address your needs.</p>
<p><b>What is a Molina Medicare Complete Care Plus (HMO D-SNP) care coordinator?</b></p>	<p>A Molina Medicare Complete Care Plus (HMO D-SNP) care coordinator is one main person for you to contact. This person helps to manage all 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) are help for people who need assistance to do everyday tasks like bathing, toileting, getting dressed, making food, and taking medicine. Most of these services are provided at your home or in your community but could be provided in a nursing home or hospital. In some cases, a county or other agency may administer these services, and your care coordinator or care team will work with that agency.</p>
<p><b>What is a Multipurpose Senior Services Program (MSSP)?</b></p>	<p>A MSSP provides on-going care coordination with health care providers beyond what your health plan already provides and can connect you to other needed community services and resources. This program helps you get services that help you live independently in your home.</p>
<p><b>What happens if I need a service but no one in Molina Medicare Complete Care Plus (HMO D-SNP)'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 Plus (HMO D-SNP) will pay for the cost of an out-of-network provider.</p>



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Frequently Asked Questions	Answers
<b>Where is Molina Medicare Complete Care Plus (HMO D-SNP) available?</b>	<p>The service area for this plan includes: Los Angeles, Riverside, San Bernardino, and San Diego Counties, California. 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>
<b>What is prior authorization?</b>	<p>Prior authorization means an approval from Molina Medicare Complete Care Plus (HMO D-SNP) 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 Plus (HMO D-SNP) 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 Plus (HMO D-SNP) 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 Plus (HMO D-SNP) before the service is provided. 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.</p>
<b>What is a referral?</b>	<p>A referral means that your primary care provider (PCP) <i>or</i> care team must give you approval to go to someone that is not your PCP. A referral is different than a prior authorization. If you don't get a referral from your PCP <i>or</i> care team, Molina Medicare Complete Care Plus (HMO D-SNP) may not cover the services. Molina Medicare Complete Care Plus (HMO D-SNP) can provide you with a list of services that require you to get a referral from your PCP <i>or</i> care team before the service is provided.</p> <p>Refer to the <i>Member Handbook</i> to learn more about when you will need to get a referral from your PCP <i>or</i> care team.</p>
<b>Do I pay a monthly amount (also called a premium) under Molina Medicare Complete Care Plus (HMO D-SNP)?</b>	<p>No. Because you have Medi-Cal, you will not pay any monthly premiums, including your Medicare Part B premium, for your health coverage.</p>
<b>Do I pay a deductible as a member of Molina Medicare Complete Care Plus (HMO D-SNP)?</b>	<p>No. You do not pay deductibles in Molina Medicare Complete Care Plus (HMO D-SNP).</p>



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Frequently Asked Questions	Answers
<b>What is the maximum out-of-pocket amount that I will pay for medical services as a member of Molina Medicare Complete Care Plus (HMO D-SNP)?</b>	There is no cost sharing for medical services in Molina Medicare Complete Care Plus (HMO D-SNP), so your annual out-of-pocket costs will be \$0.



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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>	Hospital stay	<b>\$0</b>	There is no coinsurance, copayment, or deductible for this benefit. Prior authorizations may be required. As a Medicare Medi-Cal Plan, we will coordinate your Medicare and Medi-Cal benefits.
	Doctor or surgeon care	<b>\$0</b>	Prior authorizations may be required. As a Medicare Medi-Cal Plan, we will coordinate your Medicare and Medi-Cal benefits.
	Outpatient hospital services, including observation	<b>\$0</b>	Prior authorizations may be required. As a Medicare Medi-Cal Plan, we will coordinate your Medicare and Medi-Cal benefits.
	Ambulatory surgical center (ASC) services	<b>\$0</b>	Prior authorizations may be required. As a Medicare Medi-Cal Plan, we will coordinate your Medicare and Medi-Cal benefits.
<b>You want a doctor (continued on the next page)</b>	Visits to treat an injury or illness	<b>\$0</b>	As a Medicare Medi-Cal Plan, we will coordinate your Medicare and Medi-Cal benefits.
	Specialist care	<b>\$0</b>	As a Medicare Medi-Cal Plan, we will coordinate your Medicare and Medi-Cal benefits.
	Wellness visits, such as a physical	<b>\$0</b>	Annual Wellness visit every 12 months. As a Medicare Medi-Cal Plan, we will coordinate your Medicare and Medi-Cal benefits.
	Care to keep you from getting sick, such as flu shots and screenings to check for cancer	<b>\$0</b>	As a Medicare Medi-Cal Plan, we will coordinate your Medicare and Medi-Cal benefits.



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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 want a doctor (continued)</b>	Covid-19 testing and vaccines	<b>\$0</b>	As a Medicare Medi-Cal Plan, we will coordinate your Medicare and Medi-Cal benefits.
	“Welcome to Medicare” (preventive visit one time only)	<b>\$0</b>	As a Medicare Medi-Cal Plan, we will coordinate your Medicare and Medi-Cal benefits.
<b>You need emergency care</b>	Emergency room services	<b>\$0</b>	<p>You may get covered emergency medical care whenever you need it, anywhere in the United States or its territories, without prior authorization.</p> <p>You are covered for worldwide emergency and urgent care services up to \$10,000 each calendar year.</p> <p>As a Medicare Medi-Cal Plan, we will coordinate your Medicare and Medi-Cal benefits.</p>
	Urgent care	<b>\$0</b>	<p>You may get urgent care services whenever you need it, anywhere in the United States or its territories, without prior authorization.</p> <p>You are covered for worldwide emergency and urgent care services up to \$10,000 each calendar year.</p> <p>As a Medicare Medi-Cal Plan, we will coordinate your Medicare and Medi-Cal benefits.</p>
<b>You need medical tests (continued on the next page)</b>	Diagnostic radiology services (for example, X-rays or other imaging services, such as CAT scans or MRIs)	<b>\$0</b>	<p>Prior authorizations may be required.</p> <p>As a Medicare Medi-Cal Plan, we will coordinate your Medicare and Medi-Cal benefits.</p>
	Lab tests and diagnostic procedures, such as blood work	<b>\$0</b>	<p>Prior authorizations may be required.</p> <p>Genetic lab testing requires prior authorization. Outpatient Lab services do not require 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>			As a Medicare Medi-Cal Plan, we will coordinate your Medicare and Medi-Cal benefits.
<b>You need hearing/auditory services</b>	Hearing screenings	<b>\$0</b>	Our plan covers 1 routine hearing exam every year, and 1 fitting / evaluation for hearing aids every calendar year from a plan-approved provider. You must use the plan vendor to access this benefit.  As a Medicare Medi-Cal Plan, we will coordinate your Medicare and Medi-Cal benefits.
	Hearing aids	<b>\$0</b>	Our plan covers up to 2 pre-selected hearing aids from a plan-approved provider every 2 years. You must use the plan vendor to access this benefit.  This coverage is for your Medicare Supplemental Hearing Benefit. Medi-Cal covers additional hearing aid and audiological services. As a Medicare Medi-Cal Plan, we will coordinate your Medicare and Medi-Cal benefits.  You must use the plan vendor to access this benefit.
<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 Oral Exams, Cleanings, Fluoride Treatments, and X-Rays at no cost to you. In addition, you will have \$1,000 for select comprehensive dental



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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 dental care (continued)</b></p>			<p>services, including dentures. The annual maximum allowance does not apply towards your supplemental preventive services.</p> <p>Note: This coverage is for Medicare Supplemental Dental Benefit. Some dental services are available through the Medi-Cal Dental Program. Dental benefits are available in the Medi-Cal Dental Program as fee-for-service. For more information, or if you need help finding a dentist who accepts the Medi-Cal Dental Program, contact the Customer Service Line at 1-800-322-6384 (TTY users call 1-800-735-2922). The call is free.</p> <p>Medi-Cal Dental Services Program representatives are available to assist you from 8:00 a.m. to 5:00 p.m., Monday through Friday. You can also visit the website at <a href="http://dental.dhcs.ca.gov/">dental.dhcs.ca.gov/</a> for more information.</p>
	<p>Preventive and Comprehensive Dental</p>	<p><b>\$0</b></p>	<p>You have the following preventive services: Oral Exams, Cleanings, Fluoride Treatments, Dental X-Rays (Periapicals, Bitewings, and Panoramic).</p> <p>You have a \$1,000 allowance every year for comprehensive dental services.</p> <p>A contracted provider in our dental network must be used for all dental services.</p> <p>See your Member Handbook for additional coverage details.</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 dental care (continued)</b>			<p>Note: This coverage is for your Medicare Supplemental Dental Benefit. Some dental services are available through the Medi-Cal Dental Program. Dental benefits are available in the Medi-Cal Dental Program as fee-for-service.</p> <p>For more information, or if you need help finding a dentist who accepts the Medi-Cal Dental Program, contact the Customer Service Line at 1-800-322-6384 (TTY users call 1-800-735-2922). The call is free. Medi-Cal Dental Services Program representatives are available to assist you from 8:00 a.m. to 5:00 p.m., Monday through Friday. You can also visit the website at <a href="http://dental.dhcs.ca.gov/">dental.dhcs.ca.gov/</a> for more information.</p> <p>As a Medicare Medi-Cal Plan, we will coordinate your Medicare and Medi-Cal benefits.</p>
<b>You need eye care (continued on the next page)</b>	Eye exams	<b>\$0</b>	<p>One routine eye exam (and refraction) for eyeglasses every calendar year.</p> <p>Our plan provides an additional allowance of \$200 every year for routine eyewear and eye exams under your supplemental vision benefit.</p> <p>As a Medicare Medi-Cal Plan, we will coordinate your Medicare and Medi-Cal benefits.</p>
	Glasses or contact lenses	<b>\$0</b>	<p>Our plan provides an additional \$200 allowance every year for routine eyewear.</p> <ul style="list-style-type: none"> <li>• Contact lenses</li> <li>• Eyeglasses (frames and lenses)</li> </ul>



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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>• Upgrades</li> </ul> <p>As a Medicare Medi-Cal Plan, we will coordinate your Medicare and Medi-Cal benefits.</p>
	Other vision care	<b>\$0</b>	As a Medicare Medi-Cal Plan, we will coordinate your Medicare and Medi-Cal benefits.
<p><b>You need mental health services</b></p>	Mental health services	<b>\$0</b>	<p>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. You can receive outpatient group therapy visit and outpatient individual therapy visit.</p> <p>Prior authorizations may be required. As a Medicare Medi-Cal Plan, we will coordinate your Medicare and Medi-Cal benefits.</p>
	Inpatient and outpatient care and community-based services for people who need mental health services	<b>\$0</b>	As a Medicare Medi-Cal Plan, we will coordinate your Medicare and Medi-Cal benefits.
<p><b>You need a substance use disorder services</b></p>	Substance use disorder services	<b>\$0</b>	<p>You can receive individual or group outpatient substance abuse therapy visits.</p> <p>Prior authorizations may be required. As a Medicare Medi-Cal Plan, we will coordinate your Medicare and Medi-Cal benefits.</p>
<p><b>You need a place to live with people available to help you (continued on the next page)</b></p>	Skilled nursing care	<b>\$0</b>	<p>For days 1-100 of a skilled nursing facility stay. No prior hospitalization is required. Prior authorization may be required.</p> <p>Medi-Cal also covers Skilled Nursing Facility services.</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)
<p><b>You need a place to live with people available to help you (continued)</b></p>			<p>As a Medicare Medi-Cal Plan, we will coordinate your Medicare and Medi-Cal benefits.</p>
	<p>Nursing home care</p>	<p><b>\$0</b></p>	<p>Medicare does not cover custodial care. Long Term Care (LTC) Facility Services are a Medi-Cal benefit.</p> <p>As a Medicare Medi-Cal Plan, we will coordinate your Medicare and Medi-Cal benefits.</p>
<p><b>You need therapy after a stroke or accident</b></p>	<p>Occupational, physical, or speech therapy</p>	<p><b>\$0</b></p>	<p>As a Medicare Medi-Cal Plan, we will coordinate your Medicare and Medi-Cal benefits.</p>
<p><b>You need help getting to health services</b></p>	<p>Ambulance services</p>	<p><b>\$0</b></p>	<p>As a Medicare Medi-Cal Plan, we will coordinate your Medicare and Medi-Cal benefits.</p>
	<p>Emergency transportation</p>	<p><b>\$0</b></p>	<p>As a Medicare Medi-Cal Plan, we will coordinate your Medicare and Medi-Cal benefits.</p>
	<p>Transportation to medical appointments and services</p>	<p><b>\$0</b></p>	<p>You receive 12 one-way trips per year.</p> <p>Transportation services are unlimited under your Medi-Cal benefit.</p> <p>As a Medicare Medi-Cal Plan, we will coordinate your Medicare and Medi-Cal benefits.</p>
<p><b>You need drugs to treat your illness or condition (continued on the next page)</b></p>	<p>Medicare Part B prescription drugs</p>	<p><b>\$0</b></p>	<p>Part B drugs include drugs given by your doctor in their office, some oral cancer drugs, and some drugs used with certain medical equipment. Read the <i>Member Handbook</i> for more information on these drugs.</p> <p>Prior authorizations may be required.</p> <p>Your pharmacy must bill remaining 20% cost share to Medi-Cal Plan. See your Member Handbook for additional information.</p>



**If you have questions**, please call Molina Medicare Complete Care Plus (HMO D-SNP) at (855) 665-4627, TTY: 711, Monday-Friday, 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)
<p><b>You need drugs to treat your illness or condition (continued)</b></p>	<p>Medicare Part D prescription drugs</p> <p>Tier 1: Covered Generic and Brand name</p>	<p><b>\$0 with Low-Income Generic drugs (no brand name) Subsidy/ Extra Help for a 31-day supply.</b></p>	<p>There may be limitations on the types of drugs covered. Please refer to Molina Medicare Complete Care Plus (HMO D-SNP) 's <i>List of Covered Drugs (Drug List)</i> for more information.</p> <p>Because you have Medi-Cal, you are already enrolled in “Extra Help,” also called the Low-Income Subsidy.</p> <p>In 2025, your cost for a prescription filled at a network pharmacy will be \$0 through all stages of the Part D Prescription Drug Benefit with the Value-Based Insurance Design (VBID)-enhanced benefit.</p> <p>Note: This coverage is for Medicare-covered Part D Prescription Drugs. Remember, you need your Medi-Cal card or Benefits Identification Card (BIC) to access Medi-Cal Rx covered drugs.</p> <p>As a Medicare Medi-Cal Plan, we will coordinate your Medicare and Medi-Cal benefits.</p>
	<p>Over-the-counter (OTC) drugs</p>		<p>There may be limitations on the types of drugs covered. Please refer to Molina Medicare Complete Care Plus (HMO D-SNP)'s <i>List of Covered Drugs (Drug List)</i> for more information.</p> <p>We cover non-prescription over-the-counter (OTC) products like vitamins, sunscreen, pain relievers, cough/cold medicine, and bandages.</p> <p>You get \$100 each month to spend on plan-approved items.</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 drugs to treat your illness or condition (continued)</b>			Your monthly allowance becomes available to use in January. Any dollar amount that you don't use will not carry over into the next month. You do not need a prescription from your doctor to get OTC items.
<b>You need help getting better or have special health needs</b>	Rehabilitation services	<b>\$0</b>	Prior authorizations may be required. As a Medicare Medi-Cal Plan, we will coordinate your Medicare and Medi-Cal benefits.
	Medical equipment for home care	<b>\$0</b>	Prior authorizations may be required. As a Medicare Medi-Cal Plan, we will coordinate your Medicare and Medi-Cal benefits.
	Dialysis services	<b>\$0</b>	As a Medicare Medi-Cal Plan, we will coordinate your Medicare and Medi-Cal benefits.
<b>You need foot care</b>	Podiatry services	<b>\$0</b>	Prior authorizations may be required. Routine podiatry is not covered as a Medicare Supplemental Benefit. You are covered for podiatry services under your Medi-Cal benefits when medically necessary.
	Orthotic services	<b>\$0</b>	As a Medicare Medi-Cal Plan, we will coordinate your Medicare and Medi-Cal benefits.
<b>You need durable medical equipment (DME) (continued on the next page)</b>  <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>Member Handbook</i> .	Wheelchairs, crutches, and walkers	<b>\$0</b>	Prior authorizations may be required. As a Medicare Medi-Cal Plan, we will coordinate your Medicare and Medi-Cal benefits.
	Nebulizers	<b>\$0</b>	Prior authorizations may be required. As a Medicare Medi-Cal Plan, we will coordinate your Medicare and Medi-Cal benefits.



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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 durable medical equipment (DME) (continued)</b>	Oxygen equipment and supplies	<b>\$0</b>	Prior authorizations may be required. As a Medicare Medi-Cal Plan, we will coordinate your Medicare and Medi-Cal benefits.
<b>You need help living at home (continued on the next page)</b>	Home health services	<b>\$0</b>	Prior authorizations may be required. As a Medicare Medi-Cal Plan, we will coordinate your Medicare and Medi-Cal benefits.
	Home services, such as cleaning or housekeeping, or home modifications such as grab bars	<b>\$0</b>	Home services, such as cleaning, housekeeping, or home modifications, may be available outside of our plan if you qualify for In-Home Supportive services (IHSS) or a Home and Community-Based waiver program. IHSS is provided by county agencies. These programs help qualified individuals to obtain services so they can remain safely in their own homes. Your Case Manager can help you obtain more information about these programs and whether you might qualify. As a Medicare Medi-Cal Plan, we will coordinate any of these additional services you may qualify to receive with your Medicare benefits.
	Adult day health, Community Based Adult Services (CBAS), or other support services	<b>\$0</b>	CBAS is covered under your Medicaid benefits. CBAS is an outpatient, facility-based service program that delivers skilled nursing care, social services, therapies, personal care, family/ caregiver training and support, meals and transportation to eligible Medi-Cal beneficiaries.



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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 help living at home (continued)</b></p>			<p>Your Case Manager can help you obtain information about CBAS and whether you might qualify. As a Medicare Medi-Cal Plan, we will coordinate your Medicare and Medi-Cal benefits.</p>
	<p>Services to help you live on your own (home health care services or personal care attendant services)</p>	<p><b>\$0</b></p>	<p>Personal care services may be available outside of our plan if you qualify for In-Home Supportive Services (IHSS). IHSS is provided by county agencies.</p> <p>The program helps qualified individuals to obtain services so they can remain safely in their own homes.</p> <p>Your Case Manager can help you obtain more information about IHSS and whether you might qualify.</p> <p>As a Medicare Medi-Cal Plan, we will coordinate your IHSS services with your Medicaid benefits if you qualify for them.</p>
<p><b>Additional services (continued on the next page)</b></p>	<p>Additional Telehealth</p>	<p><b>\$0</b></p>	<p>Includes Primary Care Physician Services.</p> <p>As a Medicare Medi-Cal Plan, we will coordinate your Medicare and Medi-Cal benefits.</p>
	<p>Diabetes supplies and services</p>	<p><b>\$0</b></p>	<p>Prior authorizations may be required.</p> <p>As a Medicare Medi-Cal Plan, we will coordinate your Medicare and Medi-Cal benefits.</p>
	<p>Fitness Benefit</p>	<p><b>\$0</b></p>	<p>Members access to contracted fitness facilities and Home Fitness Kits for Members who prefer to exercise at home or while traveling.</p> <p>Your Fitness Benefit is a Medicare Supplemental Benefit.</p>



**If you have questions**, please call Molina Medicare Complete Care Plus (HMO D-SNP) at (855) 665-4627, TTY: 711, Monday-Friday, 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)
<b>Additional services (continued on the next page)</b>	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.
	Meal Benefit	<b>\$0</b>	<p>This benefit is not covered by Medicare or as a Medicare supplemental benefit.</p> <p>Please call Member Services or contact your Case Manager if you need community resources to help with food insecurities.</p> <p>In addition, you can get individual telephonic nutrition counseling upon request under your Nutritional/Dietary counseling benefit with a referral.</p> <p>As a Medicare Medi-Cal Plan, we will coordinate your Medicare and any available Medi-Cal or waiver services.</p>
	Personal Emergency Response System (PERS)	<b>\$0</b>	<p>This benefit is not covered by Medicare or as a Medicare supplemental benefit. Please call Member Services or contact your Case Manager if you need community resources or assistance with Waiver benefits.</p> <p>As a Medicare Medi-Cal Plan, we will coordinate your Medicare and any available Medi-Cal or waiver services.</p>
	Prosthetic services	<b>\$0</b>	<p>Prior authorizations may be required.</p> <p>As a Medicare Medi-Cal Plan, we will coordinate your Medicare and Medi-Cal benefits.</p>
	Radiation therapy	<b>\$0</b>	Prior authorizations may be required.



**If you have questions**, please call Molina Medicare Complete Care Plus (HMO D-SNP) at (855) 665-4627, TTY: 711, Monday-Friday, 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)
<b>Additional services (continued)</b>			As a Medicare Medi-Cal Plan, we will coordinate your Medicare and Medi-Cal benefits.
	Services to help manage your disease	<b>\$0</b>	See the description for the specific service(s) recommended by your provider(s). As a Medicare Medi-Cal Plan, we will coordinate your Medicare and Medi-Cal benefits.
	Special Supplemental Benefits for Chronic Illnesses (SSBCI)	<b>\$0</b>	Eligible members receive \$75 allowance every month for the following benefits: <ul style="list-style-type: none"> <li>• Food and produce</li> </ul> Unused allowance does not carry over to the next month. Members must complete a Health Risk Assessment and meet the criteria outlined in Chapter 4 of the Member Handbook.
	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 Plus (HMO D-SNP) *Member Handbook*. If you don't have a *Member Handbook*, call Molina Medicare Complete Care Plus (HMO D-SNP) 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).



**If you have questions**, please call Molina Medicare Complete Care Plus (HMO D-SNP) at (855) 665-4627, TTY: 711, Monday-Friday, 8 a.m. - 8 p.m., local time. The call is free. **For more information**, visit [MolinaHealthcare.com/Medicare](http://MolinaHealthcare.com/Medicare).

## D. Benefits covered outside of Molina Medicare Complete Care Plus (HMO D-SNP)

There are some services that you can get that are not covered by Molina Medicare Complete Care Plus (HMO D-SNP) but are covered by Medicare, Medi-Cal, 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 by Medicare, Medi-Cal, or a State Agency	Your costs
<p>Medi-Cal Dental Fee-for-Service all counties except Sacramento and San Mateo, and some members in <i>Los Angeles county</i> contact Medi-Cal Dental at 1-800-322-6384 or visit the website at <a href="https://smilecalifornia.org/">https://smilecalifornia.org/</a>                      HPSM Medi-Cal Members, <a href="http://www.hpsm.org/dental">www.hpsm.org/dental</a>, (800) 750-4776 or (650) 616-2133.                      TTY: 1-800-735-2929 or dial 7-1-1</p>	<p>\$0                      As a Medicare Medi-Cal Plan, we will coordinate your Medicare and Medi-Cal benefits.</p>
<p>Certain dental services                      Dental Managed Care (DMC) member contact information can be found at  <a href="http://www.dental.dhcs.ca.gov/Contact_Us/DMC_Member_Contact_Information/DMCMemberContactInformation">www.dental.dhcs.ca.gov/Contact_Us/DMC_Member_Contact_Information/DMCMemberContactInformation</a>.</p>	<p>\$0                      As a Medicare Medi-Cal Plan, we will coordinate your Medicare and Medi-Cal benefits.</p>
<p>Certain hospice care services covered outside of Molina Medicare Complete Care Plus (HMO D-SNP)</p>	<p>\$0                      As a Medicare Medi-Cal Plan, we will coordinate your Medicare and Medi-Cal benefits.</p>
<p>California Community Transitions (CCT) pre-transition coordination services and post-transition services</p>	<p>\$0                      CCT is a program that uses local Lead Organizations to help Medi-Cal beneficiaries who have lived in an inpatient facility for at least 90 consecutive days transition back to a community setting. As a Medicare Medi-Cal Plan, we will coordinate your Medicare and Medi-Cal benefits even when they are provided outside the Plan.</p>
<p>Medicare-covered acupuncture for chronic lower back pain</p>	<p>\$0                      As a Medicare Medi-Cal Plan, we will coordinate your Medicare and Medi-Cal benefits.</p>
<p>Medicare covered chiropractic services (continued on the next page)</p>	<p>\$0                      Medi-Cal also provides coverage of limited chiropractic services.</p>



**If you have questions**, please call Molina Medicare Complete Care Plus (HMO D-SNP) at (855) 665-4627, TTY: 711, Monday-Friday, 8 a.m. - 8 p.m., local time. The call is free. **For more information**, visit [MolinaHealthcare.com/Medicare](http://MolinaHealthcare.com/Medicare).

Other services covered by Medicare, Medi-Cal, or a State Agency	Your costs
Medicare covered chiropractic services (continued)	As a Medicare Medi-Cal Plan, we will coordinate your Medicare and any available Medi-Cal benefits.
Psychosocial rehabilitation	\$0
Rest home room and board	\$0 As a Medicare Medi-Cal Plan, we will coordinate your Medicare and Medi-Cal benefits.
Specialty Mental Health Services	Our Plan does not provide Medi-Cal specialty mental health or county substance use disorder services, but these services are available to you through the county mental health plan for your county. As a Medicare Medi-Cal Plan, we will coordinate your Medicare and Medi-Cal benefits, even when they are provided outside the Plan.
Targeted case management	\$0 Targeted case management is a Medi-Cal benefit that is not covered by Medi-Cal managed care plans. As a Medicare Medi-Cal Plan, we will coordinate your Medicare and Medi-Cal benefits even when they are provided outside the Plan.



**If you have questions**, please call Molina Medicare Complete Care Plus (HMO D-SNP) at (855) 665-4627, TTY: 711, Monday-Friday, 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 Plus (HMO D-SNP), Medicare, and Medi-Cal 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 Plus (HMO D-SNP), Medicare, and Medi-Cal do not cover	
Cosmetic surgery or other cosmetic work, unless it is needed because of an accidental injury or to improve a part of the body that is not shaped right. However, we pay for reconstruction of a breast after a mastectomy and for treating the other breast to match it.	Surgical treatment for morbid obesity, except when medically necessary and Medicare pays for it.
Elective or voluntary enhancement procedures or services (including weight loss, hair growth, sexual performance, athletic performance, cosmetic purposes, anti-aging and mental performance), except when medically necessary.	Personal items in your room at a hospital or a nursing facility, such as a telephone or television.
Private duty nurses (for adults)	Full-time nursing care in your home.
A private room in a hospital, except when medically necessary	Fees charged by your immediate relatives or members of your household.
Naturopath services	



**If you have questions**, please call Molina Medicare Complete Care Plus (HMO D-SNP) at (855) 665-4627, TTY: 711, Monday-Friday, 8 a.m. - 8 p.m., local time. The call is free. **For more information**, visit [MolinaHealthcare.com/Medicare](http://MolinaHealthcare.com/Medicare).



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

As a member of Molina Medicare Complete Care Plus (HMO D-SNP), you have certain rights. You can exercise these rights without being punished. You can also use these rights without losing your health care services. We will tell you about your rights at least once a year. For more information on your rights, please read the *Member Handbook*. Your rights include, but are not limited to, the following:

- **You have a right to respect, fairness, and dignity.** This includes the right to:
  - Get covered services without concern about 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
- **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 Plus (HMO D-SNP) 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:



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- 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 services without prior authorization in an emergency
  - 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
- **You have the right to file a complaint or appeal a denied, delayed, or modified service, please see section G below.** This includes the right to:
  - File a complaint or grievance against us or our providers
  - Appeal certain decisions made by us or our providers
  - File a complaint with the California Department of Managed Health Care (DMHC) through a toll-free phone number **(1-888-466-2219)**, or a TDD line **(1-877-688-9891)** for the hearing and speech impaired. The DMHC website ([www.dmhc.ca.gov](http://www.dmhc.ca.gov)) has complaint forms, Independent Medical Review (IMR) application forms, and instructions available online.
  - Ask DMHC for an IMR of Medi-Cal services or items that are medical in nature
  - Ask for a State Hearing
  - Get a detailed reason for why services were denied and ask for free copies of all the information used to make the decision

For more information about your rights, you can read the *Member Handbook*. If you have questions, you can call Molina Medicare Complete Care Plus (HMO D-SNP) Member Services at the numbers listed at the bottom of this page.

You can also call the special Ombudsman for people who have Medicare and Medi-Cal at 1-855-501-3077, Monday through Friday, between 9:00 a.m. and 5:00 p.m., or the Medi-Cal Office of the Ombudsman 1-888-452-8609, Monday through Friday, between 8:00 a.m. and 5:00 p.m.

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

If you have a complaint or think Molina Medicare Complete Care Plus (HMO D-SNP) improperly denied, delayed, or modified a service, call Member Services at the numbers listed at the bottom of this page. You may be able to appeal our decision.

For questions about complaints and appeals, you can read **Chapter 9** of the *Member Handbook*. You can also call Molina Medicare Complete Care Plus (HMO D-SNP) Member Services at the numbers listed at the bottom of this page.

Or you can write to Molina Healthcare  
Attn: Grievance and Appeals  
P.O. Box 22816  
Long Beach, CA 90801-9977  
FAX: 562-499-0610

## **H. What to do if you suspect fraud**

Most health care professionals and organizations that provide services are honest. Unfortunately, there may be some who are dishonest.

If you think a doctor, hospital or other pharmacy is doing something wrong, please contact us.

- Call us at Molina Medicare Complete Care Plus (HMO D-SNP) Member Services Phone numbers listed at the bottom of this page.
- Or call the Medi-Cal Customer Service Center at 1-800-541-5555. TTY users may call 1-800-430-7077.
- 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 Plus (HMO D-SNP) at (855) 665-4627, TTY: 711, Monday-Friday, 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, please call Molina Medicare Complete Care Plus (HMO D-SNP) Member Services:**

(855) 665-4627

Calls to this number are free. Monday – Friday, 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.

**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 Molina Medicare Complete Care Plus Nurse Advice Line. A nurse will listen to your problem and tell you how to get care. (Example: urgent care, or emergency room).

The numbers for the Molina Medicare Complete Care Plus Nurse Advice Line are:

(888) 275-8750

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

Molina Medicare Complete Care Plus (HMO D-SNP) also has free language interpreter services available for non-English speakers.

TTY:711

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



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## CALIFORNIA EAE NOTICE OF AVAILABILITY

ATTENTION: If you need help in your language, call 1-855-665-4627 (TTY: 711). Aids and services for people with disabilities, like documents in braille and large print, are also available. Call 1-855-665-4627 (TTY: 711). These services are free.

تنبیه: إذا كنت بحاجة إلى المساعدة بلغتك، فيرجى الاتصال على الرقم 1-855-665-4627 (وبالنسبة لمستخدمي الهاتف النصي "TTY"، فيمكنهم الاتصال على: 711). كما تتوفر أدوات مساعدة وخدمات لذوي الاحتياجات الخاصة، مثل الوثائق بلغة برايل والطباعة بأحرف كبيرة. يرجى الاتصال على الرقم 1-855-665-4627 (وبالنسبة لمستخدمي الهاتف النصي "TTY"، فيمكنهم الاتصال على: 711). هذه الخدمات مجانية.

ՈՒՇԱԴԻՆՈՒԹՅՈՒՆ՝ Ձեր լեզվով օգնության դեպքում, զանգահարե՛ք 1-855-665-4627 (TTY՝ 711) հեռախոսահամարով: Հաճանդամների համար հասանելի են նաև աջակցման ծառայություններ, օրինակ՝ փաստաթղթեր բրայլյան և խոշոր տառերով: Զանգահարե՛ք՝ 1-855-665-4627, (TTY՝ 711):  
Ծառայությունները գործում են անվճար:

請注意：如果您需要語言方面的協助，請撥打 1-855-665-4627 (TTY: 711)。我們也向身心障礙人士提供輔助及服務，例如點字與大字體文件。請撥打 1-855-665-4627 (TTY: 711)。這些服務均為免費。

ਧਿਆਨ ਦਿਓ: ਜੇਕਰ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ, ਤਾਂ ਇੱਥੇ ਕਾਲ ਕਰੋ 1-855-665-4627 (TTY: 711). ਅਸਮਰਥਤਾਵਾਂ ਵਾਲੇ ਲੋਕਾਂ ਲਈ ਮਦਦ ਅਤੇ ਸੇਵਾਵਾਂ, ਜਿਵੇਂ ਕਿ ਬਰੇਲ ਅਤੇ ਵੱਡੇ ਪ੍ਰਿੰਟ ਵਿੱਚ ਦਸਤਾਵੇਜ਼, ਵੀ ਉਪਲਬਧ ਹਨ। ਕਾਲ ਕਰੋ 1-855-665-4627 (TTY: 711). ਇਹ ਸੇਵਾਵਾਂ ਮੁਫਤ ਹਨ।

ਧਿਆਨ ਦੇਂ: यदि आपको अपनी भाषा में सहायता की आवश्यकता हो, तो 1-855-665-4627 (TTY: 711) पर कॉल करें। वविकलांग लोगों के लिए ब्रेल और बड़े प्रिंट में दस्तावेज जैसी सहायताएं और सेवाएं भी उपलब्ध हैं। 1-855-665-4627 (TTY: 711) पर कॉल करें। ये सेवाएं मुफ्त हैं।

THOV MUAB SIAB RAU: Yog koj xav tau kev pab ua koj hom lus, hu rau 1-855-665-4627 (TTY: 711). Tsis tas li ntawd, kuj tseem muaj cov kev pab thiab cov kev pab cuam rau cov neeg xiam oob qhab, xws li cov ntaub ntawv ua ntawv su thiab cov ntawv loj. Hu rau 1-855-665-4627 (TTY: 711). Lawv cov kev pab cuam yog muab pab dawb xwb.

注記：母国語によるサポートが必要な場合は、1-855-665-4627 (TTY：711)までご連絡ください。点字による文書や大きな活字で印刷した文書など、障がいのある方への支援やサービスもご利用いただけます。ご利用を希望される場合は、1-855-665-4627 (TTY：711)までご連絡ください。これらのサービスはいずれも無料です。

주의: 귀하의 언어로 도움이 필요하시면 1-855-665-4627(TTY: 711)로 문의 바랍니다. 점자 및 큰 글자 문서와 같이 장애가 있는 사용자를 위한 지원 및 서비스도 제공됩니다. 1-855-665-4627(TTY: 711)로 문의 바랍니다. 서비스 이용은 무료입니다.

ຂ້ອນເອົາໃຈໃສ່: ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອເປັນພາສາຂອາທ່ານ, ໃຫ້ໂທຫາ 1-855-665-4627 (TTY: 711). ນອກຈາກນີ້, ຍັງມີການຊ່ວຍເຫຼືອ ແລະ ການບໍລິການສໍາລັບຄົນພິການ ເຊັ່ນ: ເອກະສານທີ່ເປັນຕົວອັກສອນນູນ ແລະ ຕົວພິມຂະໜາດໃຫຍ່. ໂທຫາເບີ 1-855-665-4627 (TTY: 711). ການບໍລິການເຫຼົ່ານີ້ແມ່ນພຣີ.

UA ZOO SAIB: Yog tias koj xav tau kev pab ua koj hom lus, ces hu rau 1-855-665-4627 (TTY:711). Dhau li no lawm kuj muaj cov kev pab thiab cov kev pab cuam rau cov neeg uas muaj kev xiam oob qhab, xws li cov ntaub ntawv ua ntawv xuas thiab luam ua tus ntawv loj. Hu rau 1-855-665-4627 (TTY:711).Cov kev pab cuam no yog muab yam tsis xam nqi.

ចំណាំ: ប្រសិនបើអ្នកត្រូវការជំនួយជាភាសារបស់អ្នក សូមទូរសព្ទទៅលេខ 1-855-665-4627 (TTY: 711)។ ជំនួយ និងសេវាកម្មសម្រាប់ជនដែលមានពិការភាព ដូចជាឯកសារជាអក្សរស្នាប និងជាពុម្ពអក្សរធំ ក៏មានផងដែរ។ សូមទូរសព្ទទៅលេខ 1-855-665-4627 (TTY: 711)។ សេវាកម្មទាំងនេះមិនគិតថ្លៃនោះទេ។

توجه: اگر می خواهید راهنمایی ها را به زبان خودتان دریافت کنید، با شماره 1-855-665-4627 (شماره 711 TTY) تماس بگیرید. وسائل و خدمات کمکی مخصوص افراد مبتلا به معلولیت، مانند اسناد به خط بریل و چاپ با حروف درشت نیز در دسترس هستند. برای دریافت این خدمات با شماره 1-855-665-4627 (شماره 711 TTY) تماس بگیرید. این خدمات به صورت رایگان ارائه می شوند.

ВНИМАНИЕ! Если вам необходима информация на вашем языке, позвоните 1-855-665-4627 (TTY: 711). Для людей с инвалидностью также предоставляются услуги и информация в доступном формате — например, документы шрифтом Брайля или крупным шрифтом. Звоните 1-855-665-4627 (TTY: 711). Эти услуги предоставляются бесплатно.

**ATENCIÓN:** Si necesita ayuda en su idioma, llame al 1-855-665-4627 (TTY: 711). También están disponibles ayudas y servicios para personas con discapacidad, como documentos en braille y letra grande. Llame al 1-855-665-4627 (TTY: 711). Estos servicios son gratuitos.

**PAUNAWA:** Kung kailangan mo ng tulong sa iyong wika, tumawag sa 1-855-665-4627 (TTY: 711). Mayroon ding mga tulong at serbisyo para sa mga taong may kapansanan, tulad ng mga dokumento sa braille at malalaking print. Tumawag sa 1-855-665-4627 (TTY: 711). Ang mga serbisyong ito ay libre.

**โปรดทราบ:** หากคุณต้องการความช่วยเหลือเป็นภาษาของคุณ โทร 1-855-665-4627 (TTY: 711) รวมถึงยังมีความช่วยเหลือและบริการสำหรับผู้พิการ เช่น เอกสารอักษรภาษาเบรลล์และตัวพิมพ์ใหญ่อีกด้วย โทร 1-855-665-4627 (TTY: 711) บริการเหล่านี้ไม่มีค่าใช้จ่าย

**УВАГА!** Якщо вам потрібна допомога вашою мовою, телефонуйте за номером 1-855-665-4627 (телетайп: 711). Крім того, ви можете отримати допоміжні засоби й послуги для осіб з особливими потребами, як-от документи, надруковані шрифтом Брайля або великим шрифтом. Телефонуйте за номером 1-855-665-4627 (телетайп: 711). Ці послуги безкоштовні.

**CHÚ Ý:** Nếu cần trợ giúp bằng ngôn ngữ của quý vị, hãy gọi 1-855-665-4627 (TTY: 711). Hiện chúng tôi cũng có sẵn các phương tiện hỗ trợ và dịch vụ dành cho người khuyết tật, như tài liệu bằng chữ nổi và chữ in có lớn. Hãy gọi 1-855-665-4627 (TTY: 711). Những dịch vụ này đều miễn phí.



