

2023

Summary of Benefits

Molina Medicare Complete Care Plus (HMO D-SNP) a Medicare Medi-Cal Plan

California H5810-016

Serving the following counties: Los Angeles, Riverside (partial), San Bernardino (partial), and San Diego

Effective January 1 through December 31, 2023



Introduction

This document is a brief summary of the benefits and services covered by Molina Medicare Complete Care Plus. 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. 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 at (855) 665-4627, TTY: 711, 7 days a week, 8 a.m. to 8 p.m., local time. The call is free. **For more information**, visit www.MolinaHealthcare.com/Medicare.

Molina Medicare Complete Care Plus (HMO D-SNP) a Medicare Med-Cal Plan: **Summary of Benefits**

A. Disclaimers



This is a summary of health services covered by Molina Medicare Complete Care Plus (HMO D-SNP) for 2023. This is only a summary. Please read the Member Handbook for the full list of benefits.

- ❖ The 2023 Member Handbook will be available by October 15. An up-to-date copy of the 2023 Member Handbook is always available on our website at www.MolinaHealthcare.com/Medicare. You may also call Member Services at (855) 665-4627, TTY: 711, 7 days a week, 8 a.m. to 8 p.m., local time to ask us to mail you a 2023 Member Handbook.
- ❖ 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) 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) 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.
- ❖ 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.
- ❖ 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 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) 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, 7 days a week, 8 a.m. to 8 p.m., local time. The call is free.
- ❖ **ATTENTION:** If you speak English, language assistance services, free of charge, are available to you. Call (855) 665-4627, TTY: 711, 7 days a week, 8 a.m. to 8 p.m., local time. The call is free.



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- ❖ ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al (855) 665-4627, servicio TTY al 711, de lunes a viernes, de 8:00 a. m. a 8:00 p. m., hora local. La llamada es gratuita.
- ❖ CHÚ Y: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số (855) 665-4627 (TTY: 711).
- ❖ PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa (855) 665-4627 (TTY: 711).

❖ انتباه: إذا كنت تتحدث اللغة العربية، نوفر لك خدمات المساعدة اللغوية المجانية. اتصل على (855) 735-5604، لمستخدمي أجهزة الهواتف النصية / أجهزة اتصالات المعاقين: 711، من الاثنين إلى الجمعة، من 8 صباحًا إلى 8 مساءً، بالتوقيت الشرقي. هذه المكالمات مجانية.

- ❖ 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電(855) 665-4627 (TTY : 711)。
- ❖ 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. (855) 665-4627 (TTY: 711) 번으로 전화해 주십시오.
- ❖ ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните (855) 665-4627 (телетайп: 711).

❖ توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-855-665-0898 (TTY: 711) تماس بگیرید.

- ❖ ՈՒՇԱԴՐՈՒԹՅՈՒՆՆԵՐ ԵՐԵ խոսում ե՛ք հայերեն, ապա ձեզ անվճար կարող ե՛ն տրամադրվել լեզվական աջակցության ծառայություններ: Զանգահարե՛ք (855) 665-4627 (TTY (հեռաձայն)՝ 711):
- ❖ ប្រយ័ត្ន: បើសិនអ្នកនិយាយភាសាខ្មែរ សេវាជំនួយផ្នែកភាសាដោយមិនគិតថ្លៃល គឺអាចមានសំរាប់បំរើអ្នក។ ចូរទូរស័ព្ទ 1-855-665-4627 (TTY: 711)
- ❖ You can get this document for free in other formats, such as large print, braille or audio. Call (855) 665-4627, TTY: 711, 7 days a week, 8 a.m. to 8 p.m., local time. The call is free.
- ❖ You can ask that we always send you information in the language or format you need. This is called a standing request. We will keep track of your standing request so you do not need to make separate requests each time we send you information.
- ❖ To get this document in a language other than English, please contact the State at (800) 541-5555, TTY: 711, Monday – Friday, 8 a.m. to 5 p.m., local time to update your record with the preferred language. To get this document in an alternate format, please contact Member Services at (855) 665-4627, TTY: 711, 7 days a week, 8 a.m. to 8 p.m., local time. A representative can help you make or change a standing request. You can also contact your Case Manager for help with standing requests.

Molina Medicare Complete Care Plus (HMO D-SNP) a Medicare Med-Cal Plan: **Summary of Benefits**

B. Frequently asked questions (FAQ)

The following table lists frequently asked questions.

Frequently Asked Questions	Answers
What is a Medicare-Medi-Cal Coordination Plan?	A Medicare-Medi-Cal Coordination 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 65 and older. A Medicare-Medi-Cal Coordination 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, services and supports. They all work together to provide the care you need.
Will I get the same Medicare and Medi-Cal benefits in Molina Medicare Complete Care Plus that I get now?	<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 Support 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, 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 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 to cover your drug if medically necessary. For more information, call Member Services at the numbers listed at the bottom of this page.</p>
Can I go to the same doctors I use now? (this section continued on the next page)	Often that is the case. If your providers (including doctors and pharmacies) 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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Molina Medicare Complete Care Plus (HMO D-SNP) a Medicare Med-Cal Plan: **Summary of Benefits**

Frequently Asked Questions	Answers
<p>Can I go to the same doctors I use now? (continued)</p>	<ul style="list-style-type: none"> • 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. You must use the providers in Molina Medicare Complete Care Plus (HMO D-SNP) network. If you use providers or pharmacies that are not in our network, the plan may not pay for these services or drugs. • 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) plan. <p>To find out if your doctors 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 Plus <i>Provider and Pharmacy Directory</i> on the plan's website at www.MolinaHealthcare.com/Medicare.</p> <p>If Molina Medicare Complete Care Plus (HMO D-SNP) is new for you, we will work with you to develop an Individualized Care Plan to address your needs. You can continue using the doctors you use now for 12 months.</p>
<p>What is a Molina Medicare Complete Care Plus (HMO D-SNP) care coordinator?</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>What are Long-term Services and Supports (LTSS)?</p>	<p>Long-term Services and Supports 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>What is a Multipurpose Senior Services Program (MSSP)?</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>What happens if I need a service but no one in Molina Medicare Complete Care Plus (HMO D-SNP)'s network can provide it?</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
<p>Where is Molina Medicare Complete Care Plus (HMO D-SNP) available?</p>	<p>The service area for this plan includes: Riverside*, San Bernardino*, San Diego and Los Angeles Counties, California. You must live in one of these areas to join the plan.</p> <p>*Denotes partial county. 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>What is prior authorization?</p>	<p>Prior authorization means that you must get approval from Molina Medicare Complete Care Plus (HMO D-SNP) before you can get a specific service or drug or use an out-of-network provider. Molina Medicare Complete Care Plus (HMO D-SNP) may not cover the service or drug if you do not get approval.</p> <p>If you need urgent or emergency care or out-of-area dialysis services, you do not need to get approval first. Molina Medicare Complete Care Plus (HMO D-SNP) can provide you with a list of services or procedures that require you to obtain prior authorization from Molina Medicare Complete Care Plus (HMO D-SNP) before the service is provided.</p> <p>Refer to Chapter 3, of the Member Handbook to learn more about prior authorization. Refer to the Benefits Chart in Section D of Chapter 4 of the Member Handbook to learn which services require a prior authorization.</p>
<p>What is a referral?</p>	<p>A referral means that your primary care provider (PCP) or 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 or care team, Molina Medicare Complete Care Plus (HMO D-SNP) may not cover the services. Molina Medicare Complete Care Plus can provide you with a list of services that require you to get a referral from your PCP or care team before the service is provided.</p> <p>Refer to the Member Handbook to learn more about when you will need to get a referral from your PCP or care team.</p>
<p>Do I pay a monthly amount (also called a premium) under Molina Medicare Complete Care Plus (HMO D-SNP)?</p>	<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>
<p>Do I pay a deductible as a member of Molina Medicare Complete Care Plus (HMO D-SNP)?</p>	<p>No. You do not pay deductibles in Molina Medicare Complete Care Plus (HMO D-SNP).</p>



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Molina Medicare Complete Care Plus (HMO D-SNP) a Medicare Med-Cal Plan: **Summary of Benefits**

Frequently Asked Questions	Answers
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)?	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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Molina Medicare Complete Care Plus (HMO D-SNP) a Medicare Med-Cal Plan: **Summary of Benefits**

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)
You need hospital care	Hospital stay	\$0	There is no coinsurance, copayment, or deductible for this benefit. Authorization rules may apply.
	Doctor or surgeon care	\$0	Authorization rules may apply.
	Outpatient hospital services, including observation	\$0	Authorization rules may apply.
	Ambulatory surgical center (ASC) services	\$0	Authorization rules may apply.
You want a doctor	Visits to treat an injury or illness	\$0	
	Specialist care	\$0	
	Wellness visits, such as a physical	\$0	Annual Wellness visit every 12 months.
	Care to keep you from getting sick, such as flu shots and screenings to check for cancer	\$0	
	Covid-19 testing and vaccines	\$0	
	“Welcome to Medicare” (preventative visit one time only)	\$0	
You need emergency care (this section continued on the next page)	Emergency room services	\$0	You may get covered emergency medical care whenever you need it, anywhere in the United States or its territories, without prior authorization.



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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)
You need emergency care (continued)			You are covered for worldwide emergency and urgent care services up to \$10,000 each calendar year.
	Urgent care	\$0	You may get urgent care services whenever you need it, anywhere in the United States or its territories, without prior authorization. You are covered for worldwide emergency and urgent care services up to \$10,000 each calendar year.
You need medical tests	Diagnostic radiology services (for example, X-rays or other imaging services, such as CAT scans or MRIs)	\$0	
	Lab tests and diagnostic procedures, such as blood work	\$0	Authorization rules may apply. Genetic lab testing requires prior authorization. Outpatient Lab services do not require prior authorization.
You need hearing/auditory services	Hearing screenings	\$0	Our plan covers 1 routine hearing exam every year, and 1 fitting / evaluation for hearing aids every calendar year.
	Hearing aids	\$0	You have an allowance of \$1510 every calendar year for hearing aids. In addition, our plan also covers 2 pre-selected hearing aids from a plan approved provider every calendar year for both ears combined.



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Molina Medicare Complete Care Plus (HMO D-SNP) a Medicare Med-Cal Plan: **Summary of Benefits**

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
			Authorization rules may apply.
You need dental care (this section continued on the next page)	Dental check-ups and preventive care	\$0	
	Preventive and Comprehensive Dental	\$0	We offer dental benefits such as cleanings, fillings, and dentures. You have a \$4,000 maximum allowance each calendar year for all supplemental comprehensive and preventive dental services combined. You receive a prepaid debit MyChoice card that may be used toward your supplemental plan benefits. Authorization rules may apply.
	Restorative and emergency dental care	\$0	Authorization rules may apply.



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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)
You need dental care (continued)			
You need eye care	Eye exams	\$0	One routine eye exam (and refraction) for eyeglasses every calendar year. Our plan provides an additional allowance of \$500 every year for routine eyewear and eye exams combined under your supplemental vision benefit.
	Glasses or contact lenses	\$0	You have an allowance of \$100 for eyeglasses (frames and lenses) or \$100 for contact lenses every 2 calendar years. Our plan provides an additional \$500 allowance every year for routine eyewear and eye exams combined. You receive a prepaid debit MyChoice card that may be used toward your supplemental plan benefits. <ul style="list-style-type: none"> • Contact lenses • Eyeglasses (frames and lenses) • Upgrades Authorization rules may apply.
	Other vision care	\$0	
You need mental health services (this section continued on the next page)	Mental health services	\$0	There is a 190 day lifetime limit for inpatient psychiatric hospital care. The inpatient hospital care limit does not apply to inpatient mental services



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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)
You need mental health services (continued)			provided in a general hospital. You can receive outpatient group therapy visit and outpatient individual therapy visit. Authorization rules may apply.
	Inpatient and outpatient care and community-based services for people who need mental health services	\$0	
You need a substance use disorder services	Substance use disorder services	\$0	Individual or group outpatient therapy visits. Intensive outpatient service. Authorization rules may apply.
You need a place to live with people available to help you	Skilled nursing care	\$0	For days 1-100 of a skilled nursing facility stay. No prior hospitalization is required. Prior authorization may be required.
	Nursing home care	\$0	
	Adult Foster Care and Group Adult Foster Care	\$0	
You need therapy after a stroke or accident	Occupational, physical, or speech therapy	\$0	Authorization rules may apply.
You need help getting to health services (this section continued on the next page)	Ambulance services	\$0	
	Emergency transportation	\$0	
	Transportation to medical appointments and services	\$0	You have \$200 every quarter (3 months) to spend on Transportation to a health-related location at your discretion



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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)
You need help getting to health services (continued)			on your debit MyChoice card to purchase non-emergency transport to the benefit limit. It does not rollover to the next quarterly period.
You need drugs to treat your illness or condition (this section continued on the next page)	Medicare Part B prescription drugs	\$0	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. Authorization rules may apply.
	Step Therapy	\$0	Step Therapy may be required for certain drugs.
	Tier 1: Preferred Generic drugs	\$0 per prescription.	There may be limitations on the types of drugs covered. Please refer to Molina Medicare Complete Care Plus (HMO D-SNP)'s List of Covered Drugs (Drug List) for more information. Extended-day supplies are available at retail and/or mail order pharmacy locations. The cost sharing amount for extended-day supplies is the same as for a one-month supply.
	Tier 2: Generic drugs	\$0, \$1.45, \$4.15, copay for generic drugs (including	There may be limitations on the types of drugs covered. Please refer to Molina Medicare Complete Care Plus (HMO



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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>You need drugs to treat your illness or condition (this section continued on the next page)</p>		<p>brand drugs treated as generic) per prescription. \$0, \$4.30 to \$10.35 copay for all other drugs per prescription.</p>	<p>D-SNP’s List of Covered Drugs (Drug List) for more information. Extended-day supplies are available at retail and/or mail order pharmacy locations. The cost sharing amount for extended-day supplies is the same as for a one-month supply.</p>
	<p>Tier 3: Preferred Brand drugs</p>	<p>\$0, \$1.45, \$4.15, copay for generic drugs (including brand drugs treated as generic) per prescription. \$0, \$4.30 to \$10.35 copay for all other drugs per prescription.</p>	<p>There may be limitations on the types of drugs covered. Please refer to Molina Medicare Complete Care Plus (HMO D-SNP)’s List of Covered Drugs (Drug List) for more information. Extended-day supplies are available at retail and/or mail order pharmacy locations. The cost sharing amount for extended-day supplies is the same as for a one-month supply.</p>
	<p>Tier 4: Non-Preferred drugs</p>	<p>\$0, \$1.45, \$4.15, copay for generic drugs (including brand drugs treated as generic) per prescription. \$0, \$4.30 to \$10.35 copay for all other drugs per prescription.</p>	<p>There may be limitations on the types of drugs covered. Please refer to Molina Medicare Complete Care Plus (HMO D-SNP)’s List of Covered Drugs (Drug List) for more information. Extended-day supplies are available at retail and/or mail order pharmacy locations. The cost sharing amount for extended-day supplies is the same as for a one-month supply.</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>You need drugs to treat your illness or condition (continued)</p>	<p>Tier 5: Specialty drugs</p>	<p>\$0, \$1.45, \$4.15, copay for generic drugs (including brand drugs treated as generic) per prescription. \$0, \$4.30 to \$10.35 copay for all other drugs per prescription.</p>	<p>There may be limitations on the types of drugs covered. Please refer to Molina Medicare Complete Care Plus (HMO D-SNP)'s List of Covered Drugs (Drug List) for more information. Extended-day supplies are not available for drugs in our Tier 5 Specialty tier.</p>
	<p>Over-the-counter (OTC) drugs</p>	<p>\$0</p>	<p>There may be limitations on the types of drugs covered. Please refer to Molina Medicare Complete Care Plus (HMO D-SNP) a Medicare Medi-Cal Plan's <i>List of Covered Drugs</i> (Drug List) for more information. We cover non-prescription over-the-counter (OTC) products like vitamins, sunscreen, pain relievers, cough/cold medicine, and bandages. You receive \$400 every 3 months on your prepaid debit MyChoice card that you can spend on plan-approved items. Your quarterly allowance becomes available to use in January, April, July and October. Any dollar amount that you don't use will not carry over into the next</p>



If you have questions, please call Molina Medicare Complete Care Plus at (855) 665-4627, TTY: 711, 7 days a week, 8 a.m. to 8 p.m., local time. The call is free. **For more information**, visit www.MolinaHealthcare.com/Medicare.

Molina Medicare Complete Care Plus (HMO D-SNP) a Medicare Med-Cal Plan: **Summary of Benefits**

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
			3 months. You do not need a prescription from your doctor to get OTC items.
You need help getting better or have special health needs	Rehabilitation services	\$0	Authorization rules may apply.
	Medical equipment for home care	\$0	Authorization rules may apply.
	Dialysis services	\$0	
You need foot care	Podiatry services	\$0	12 visits every year for routine foot care. Authorization rules may apply.
	Orthotic services	\$0	
You need durable medical equipment (DME) Note: 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	\$0	Authorization rules may apply.
	Nebulizers	\$0	Authorization rules may apply.
	Oxygen equipment and supplies	\$0	Authorization rules may apply.
You need help living at home	Home health services	\$0	Authorization rules may apply.
	Home services, such as cleaning or housekeeping, or home modifications such as grab bars	\$0	You have access to In-Home Support Services, including cleaning, household chores, meal preparation, and assistance with other instrumental activities of daily living. You have access up to 90 hours every year. Authorization rules may apply.
	Adult day health, Community Based Adult Services (CBAS), or other support services	\$0	CBAS It deliver skilled nursing care, social services, therapies (including occupational, physical, and speech),



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Molina Medicare Complete Care Plus (HMO D-SNP) a Medicare Med-Cal Plan: **Summary of Benefits**

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
			personal care, family/caregiver training and support, nutrition services, transportation, and other services. We pay for CBAS if you meet the eligibility criteria.
	Day habilitation services	\$0	Authorization rules may apply.
	Services to help you live on your own (home health care services or personal care attendant services)	\$0	Includes medically necessary intermittent skilled nursing care, home health aide services, rehabilitation services, etc.
Additional services (this section continued on the next page)	Medicare covered Chiropractic services	\$0	
	Diabetes supplies and services	\$0	Authorization rules may apply.
	Prosthetic services	\$0	Authorization rules may apply.
	Radiation therapy	\$0	Authorization rules may apply.
	Services to help manage your disease	\$0	
	Additional Telehealth	\$0	Includes Primary Care Physician Services.
	Fitness Benefit	\$0	Members access to contracted fitness facilities and Home Fitness Kits for Members who prefer to exercise at home or while traveling.
	Health Education	\$0	Programs to help you learn to manage your health conditions, including health education, learning materials, health advice, and care tips.



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Molina Medicare Complete Care Plus (HMO D-SNP) a Medicare Med-Cal Plan: **Summary of Benefits**

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (this service continued on the next page)	Meal Benefit	\$0	Qualifying members get a maximum meal benefit of 28 meals delivered over 4 weeks, based on your needs. Authorization rules may apply.
	Personal Emergency Response System Plus (PERSPlus)	\$0	When authorized, we will provide an in-home device to notify the appropriate personnel in the event of an emergency (e.g., a fall). Authorization rules may apply.
	Special Supplemental Benefits for Chronic Illnesses (SSBCI)	\$0	Eligible members receive \$150 allowance every 3 months for the following benefits: <ul style="list-style-type: none"> • Mental health and wellness applications • Support Animal supplies • Pest control • Non-Medicare covered genetic test kits \$80 allowance every month for food and produce Unused allowance does not carry over to the next quarter. Members must complete a Health Risk Assessment and meet the criteria outlined in Chapter 4 of the Member Handbook.
	24-Hour Nurse Advice Line	\$0	Available 24 hours a day, 7 days a week.



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Molina Medicare Complete Care Plus (HMO D-SNP) a Medicare Med-Cal Plan: **Summary of Benefits**

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 bottom of this page to get one. If you have questions, you can also call Member Services or visit www.MolinaHealthcare.com/Medicare.



If you have questions, please call Molina Medicare Complete Care Plus at (855) 665-4627, TTY: 711, 7 days a week, 8 a.m. to 8 p.m., local time. The call is free. **For more information**, visit www.MolinaHealthcare.com/Medicare.

Molina Medicare Complete Care Plus (HMO D-SNP) a Medicare Med-Cal Plan: **Summary of Benefits**

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 or Medi-Cal	Your costs
Certain hospice care services covered outside of Molina Medicare Complete Care Plus (HMO D-SNP)	\$0
Psychosocial rehabilitation	\$0
Targeted case management	\$0
Rest home room and board	\$0
Medi-Cal Dental Program Medi-Cal Dental Program, contact the Customer Service Line at 1-800-322-6384 (TTY users call 1-800-735-2922)	\$0
California Community Transitions (CCT) pre-transition coordination services and post-transition services	\$0
Medicare-covered acupuncture for chronic lower back pain	\$0



If you have questions, please call Molina Medicare Complete Care Plus at (855) 665-4627, TTY: 711, 7 days a week, 8 a.m. to 8 p.m., local time. The call is free. **For more information**, visit www.MolinaHealthcare.com/Medicare.

Molina Medicare Complete Care Plus (HMO D-SNP) a Medicare Med-Cal Plan: **Summary of Benefits**

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 or 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, or 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.	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	



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Molina Medicare Complete Care Plus (HMO D-SNP) a Medicare Med-Cal Plan: **Summary of Benefits**

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



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Molina Medicare Complete Care Plus (HMO D-SNP) a Medicare Med-Cal Plan: **Summary of Benefits**

- Make your health care wishes known in an advance directive
- Ask for a second opinion. Molina Medicare Complete Care Plus (HMO D-SNP) will pay for the cost of your second opinion visit
- **You have the right to timely access to care that does not have any communication or physical access barriers.** This includes the right to:
 - Get 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 make complaints about your covered services or care.** This includes the right to:
 - File a complaint or grievance against 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) 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
 - Appeal certain decisions made by DMHC or our providers
 - Ask for a State Hearing
 - Get a detailed reason for why services were denied



If you have questions, please call Molina Medicare Complete Care Plus at (855) 665-4627, TTY: 711, 7 days a week, 8 a.m. to 8 p.m., local time. The call is free. **For more information**, visit www.MolinaHealthcare.com/Medicare.

Molina Medicare Complete Care Plus (HMO D-SNP) a Medicare Med-Cal Plan: **Summary of Benefits**

For more information about your rights, you can read the Member Handbook. If you have questions, you can call 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 service

If you have a complaint or think Molina Medicare Complete Care Plus (HMO D-SNP) should cover something we denied, call Member Services 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 are listed at the bottom of this page.
- Or, call the Medi-Cal Customer Service Center at 1-800-841-2900. TTY users may call 1-800-497-4648.
- 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.



If you have questions, please call Molina Medicare Complete Care Plus at (855) 665-4627, TTY: 711, 7 days a week, 8 a.m. to 8 p.m., local time. The call is free. **For more information**, visit www.MolinaHealthcare.com/Medicare.

Molina Medicare Complete Care Plus (HMO D-SNP) a Medicare Med-Cal Plan: **Summary of Benefits**

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) a Medicare Medi-Cal Plan Member Services:

(855) 665-4627

Calls to this number are free. 7 days a week, 8 a.m. to 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 also has free language interpreter services available for non-English speakers.

TTY:711 Calls to this number are free.

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If you have questions, please call Molina Medicare Complete Care Plus at (855) 665-4627, TTY: 711, 7 days a week, 8 a.m. to 8 p.m., local time. The call is free. **For more information**, visit www.MolinaHealthcare.com/Medicare.

