

2027

Summary of Benefits

Molina My Choice Partnership (HMO D-SNP)

Wisconsin H5209-005-001

Serving: Dane, Jefferson, Milwaukee, Ozaukee, Racine, Rock, Walworth, Washington, Waukesha Counties

Effective January 1 through December 31, 2027

Introduction

This document is a brief summary of the benefits and services covered by Molina My Choice Partnership (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 My Choice Partnership (HMO D-SNP). Key terms and their definitions appear in alphabetical order in the last chapter of the *Evidence of Coverage*.

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A. Disclaimers



This is a summary of health services covered by Molina My Choice Partnership (HMO D-SNP) for January 1, 2027. This is only a summary. Please read the *Evidence of Coverage* for the full list of benefits. To get a complete list of services, please call Member Service at (800) 963-0035 (TTY users call 711). Hours are October 1 – March 31, 8 a.m. to 8 p.m. local time, 7 days a week. From April 1 – September 30, Monday – Friday, 8 a.m. to 8 p.m. local time, to request the “Evidence of Coverage,” or visit our website at MolinaHealthcare.com/Medicare/WI.

- ❖ Molina Healthcare is a D-SNP plan with a Medicare contract. D-SNP plans have a contract with the state Medicaid program. Enrollment depends on contract renewal.
- ❖ 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 per day, 7 days a week. TTY users should call 1-877-486-2048.
- ❖ For more information about Family Care Partnership, you can check the State of Wisconsin Department of Health Services website www.dhs.wisconsin.gov/familycare/fcp-index.htm or contact ForwardHealth Member Services at 800-362-3002, TTY: 711 (Wisconsin Relay).
- ❖ You can get this document for free in other formats, such as large print, braille, or audio. Call (800) 963-0035 TTY: 711. Hours are October 1 – March 31, 8 a.m. to 8 p.m. local time, 7 days a week. From April 1 – September 30, Monday – Friday, 8 a.m. to 8 p.m. local time. The call is free.
- ❖ This document is available for free in Arabic, Burmese, Chinese, Hmong, Laotian, Russian, Somali, Spanish, Ukrainian, and Vietnamese. To request your preferred language other than English and/or alternate format, call Member Services at the number at the bottom of this page.
- ❖ We will maintain a record of our members' 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 separate requests each time.
- ❖ To change a standing request, call Member Services at the number at the bottom of this page.

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B. Frequently asked questions (FAQ)

The following table lists frequently asked questions.

Frequently Asked Questions	Answers
What's a Molina My Choice Partnership (HMO D-SNP) Family Care Partnership Fully Integrated Dual Eligible (FIDE) SNP? (this section continued on the next page)	Molina My Choice Partnership (HMO D-SNP) is a specialized Medicare Advantage Plan (a Medicare Special Needs Plan), which means its benefits are designed for people with special health care needs. Molina My Choice Partnership (HMO D-SNP) is designed for people who have Medicare and who are also entitled to assistance from Medicaid. To join Molina My Choice Partnership (HMO D-SNP), you must be entitled to Medicare Part A and be enrolled in Medicare Part B. You are eligible for our plan as long as: • You have both Medicare Part A and Medicare Part B • You live in our geographic service area • You are a United States citizen or are lawfully present in the United States • You meet the special eligibility requirements



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Frequently asked questions (FAQ) (Continued)

Frequently Asked Questions	Answers
	Special eligibility requirements for our plan Our plan is designed to meet the needs of people who receive certain Medicaid benefits. (Medicaid is a joint Federal and state government program that helps with medical costs for certain people with limited income and resources.) To be eligible for our plan you must be eligible for Medicare and enrolled in the Family Care Partnership program with Molina My Choice Partnership. Family Care Partnership is a Medicaid program in Wisconsin. You are eligible for Family Care Partnership with Molina My Choice Partnership if you meet the eligibility requirements. • Be at least 18 years old; • Be a frail elder or an adult with physical or intellectual/developmental disabilities; • Are a resident of our geographic service area; • Are functionally eligible as determined by the Wisconsin Adult Long-term Care Functional Screen. You may have a monthly Medicaid cost share that you must pay to remain eligible for Wisconsin Medicaid and Molina My Choice Partnership. Your county Income Maintenance agency determines your cost share amount. Please call one of our Customer Service Representatives for more information. To find out if you are eligible to join, contact the Aging and Disability Resource Center (ADRC) for your county. You can find a list of the ADRCs and their phone numbers at the end of this booklet. Please remember you must contact the ADRC in your county to enroll. That is the only way to enroll in Molina My Choice Partnership. All members of Partnership are also eligible to receive long-term care benefits which are covered by Medicaid. All of the long-term care services in the Partnership benefit package must be prior approved by your care team.

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Frequently asked questions (FAQ) (Continued)

Frequently Asked Questions	Answers
Will I get the same Medicare and Medicaid benefits in Molina My Choice Partnership (HMO D-SNP) that I get now?	You'll get most of your covered Medicare and Medicaid benefits directly from Molina My Choice Partnership (HMO D-SNP). You'll 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 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, specialty mental health and substance use disorder services, or regional center services. When you enroll in Molina My Choice Partnership (HMO D-SNP), you and your care team will work together to develop a care plan to address your health and support needs, reflecting your personal preferences and goals. If you're taking any Medicare Part D drugs that Molina My Choice Partnership (HMO D-SNP) doesn't normally cover, you can get a temporary supply and we'll help you to transition to another drug or get an exception for Molina My Choice Partnership (HMO D-SNP) to cover your drug if medically necessary. For more information, call Member Services at the numbers in the footer of this document.

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Frequently asked questions (FAQ) (Continued)

Frequently Asked Questions	Answers
Can I use the same doctors I use now?	This is often the case. If your providers (including doctors, hospitals, therapists, pharmacies, and other health care providers) work with Molina My Choice Partnership (HMO D-SNP) and have a contract with us, you can keep going to them. 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 My Choice Partnership (HMO D-SNP)’s network. If you use providers or pharmacies that aren’t 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 My Choice Partnership. • If you're currently under treatment with a provider that's out of Molina My Choice Partnership’s network or have an established relationship with a provider that's out of Molina My Choice Partnership’s network, call Member Services to check about staying connected. To find out if your providers are in the plan’s network, call Member Services at the numbers listed at the bottom of this page or read Molina My Choice Partnership (HMO D-SNP)’s <i>Provider and Pharmacy Directory</i> on the plan’s website at MolinaHealthcare.com/Medicare/WI. If Molina My Choice Partnership (HMO D-SNP) is new for you, we'll work with you to develop a care plan to address your needs.
What's a Molina My Choice Partnership (HMO D-SNP) care team?	A Molina My Choice Partnership (HMO D-SNP) care team are the professionals and friends of family you decide will help you get the services you need.

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Frequently asked questions (FAQ) (Continued)

Frequently Asked Questions	Answers
What are Long-term Services and Supports (LTSS)? (this section continued on the next page)	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 team will work with that agency. All members of Partnership are also eligible to receive long-term services and supports benefits which are covered by Medicaid and listed below. All long-term services and supports in the Partnership benefit package must be prior approved by your care team. • Adaptive Aids (general and vehicle) • Adult Day Care • Assistive Technology/Communication Aids • Care/Case Management (including Assessment and Case Planning) • Consultative Clinical and Therapeutic Services for Caregivers • Consumer Education and Training • Counseling and Therapeutic Resources • Environmental Accessibility Adaptations (Home Modifications) • Financial Management Services • Habilitation Services - o Daily Living Skills Training - o Day Habilitation Services - o Health and Wellness • Housing Counseling • Meals – Home Delivered • Personal Emergency Response System (PERS) Services • Prevocational Services • Relocation Services • Remote Monitoring and Support

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Frequently asked questions (FAQ) (Continued)

Frequently Asked Questions	Answers
	• Residential Services: - o Residential Care Apartment Complex (RCAC) - o Community Based Residential Facility (CBRF) - o Adult Family Home (AFH) • Respite Care (for caregivers and members in non-institutional and institutional settings) • Self-Directed Personal Care • Skilled Nursing Services • Specialized Medical Equipment and Supplies • Supported Employment • Supportive Home Care • Training Services for Unpaid Caregivers • Transportation (Specialized Transportation) • Vehicle modifications • Vocational Futures Planning
What happens if I need a service but no one in Molina My Choice Partnership (HMO D-SNP)'s network can provide it?	Most services will be provided by our network providers. If you need a service that can't be provided within our network, Molina My Choice Partnership (HMO D-SNP) will pay for the cost of an out-of-network provider.
Where's Molina My Choice Partnership (HMO D-SNP) available?	The service area for this plan includes: Dane, Jefferson, Milwaukee, Ozaukee, Racine, Rock, Walworth, Washington, Waukesha Counties, Wisconsin. You must live in one of these areas to join the plan.



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Frequently asked questions (FAQ) (Continued)

Frequently Asked Questions	Answers
What's prior authorization?	Prior authorization means an approval from Molina My Choice Partnership (HMO D-SNP) to seek services outside of our network or to get services not routinely covered by our network before you get the services. Molina My Choice Partnership (HMO D-SNP) may not cover the service, procedure, item, or drug if you don't get prior authorization. If you need urgent or emergency care or out-of-area dialysis services, you don't need to get prior authorization first. Molina My Choice Partnership (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 My Choice Partnership (HMO D-SNP) before the service is provided. Refer to Chapter 3 of the <i>Evidence of Coverage</i> to learn more about prior authorization. Refer to the Benefits Chart in Chapter 4 of the <i>Evidence of Coverage</i> to learn which services require a prior authorization. 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.
Do I pay a monthly amount (also called a premium) under Molina My Choice Partnership (HMO D-SNP)?	No. Because you have Medicaid you won't pay any monthly premiums for your health coverage. However, you must continue to pay your Medicare Part B premium unless your Part B premium is paid for you by Medicaid or another third party.
Do I pay a deductible as a member of Molina My Choice Partnership (HMO D-SNP)?	No. You don't pay deductibles in Molina My Choice Partnership (HMO D-SNP).
What's the maximum out-of-pocket amount that I'll pay for medical services as a member of Molina My Choice Partnership (HMO D-SNP)?	There's no cost-sharing for medical services in Molina My Choice Partnership (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)
You need hospital care	Inpatient hospital stay	\$0	Our plan covers 90 days during a benefit period for an inpatient hospital stay under your Medicare benefit. A benefit period begins on the first day that you are admitted to a Medicare-covered hospital or skilled nursing facility (SNF). The benefit period ends when you are discharged. If you go into a hospital or a SNF after one benefit period ends, a new benefit period begins. There is no limit to the number of benefit periods you can have. You may have coverage for additional inpatient hospital services under your Medicaid benefit. As a Medicare Medicaid Coordinated Plan, we will coordinate your Medicare and Medicaid benefits. <i>Prior authorization may be required.</i>

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List of covered services (Continued)

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 (Continued)	Outpatient hospital services, including observation	\$0	<i>Prior authorization may be required.</i> As a Medicare Medicaid Coordinated Plan, we will coordinate your Medicare and Medicaid benefits.
	Ambulatory surgical center (ASC) services	\$0	<i>Prior authorization may be required.</i> As a Medicare Medicaid Coordinated Plan, we will coordinate your Medicare and Medicaid benefits.
	Doctor or surgeon care	\$0	<i>Prior authorization may be required.</i> As a Medicare Medicaid Coordinated Plan, we will coordinate your Medicare and Medicaid benefits.
You want a doctor	Visits to treat an injury or illness	\$0	As a Medicare Medicaid Coordinated Plan, we will coordinate your Medicare and Medicaid benefits.

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List of covered services (Continued)

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You want a doctor (Continued)	Care to keep you from getting sick, such as flu shots and screenings to check for cancer	\$0	Covered Medicare Part B services include: • Pneumonia vaccine • Flu shots, once each flu season in the fall and winter, with additional flu shots if medically necessary • Hepatitis B vaccine if you are at high or intermediate risk of getting Hepatitis B • COVID-19 vaccine • Other vaccines if you are at risk and they meet Medicare Part B coverage rules. We also cover some vaccines under our Part D prescription drug benefit.
	Wellness visits, such as a physical	\$0	Any additional preventive services approved by Medicare during the contract year will be covered. Contact the plan for more information.

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List of covered services (Continued)

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You want a doctor (Continued)	“Welcome to Medicare” (preventive visit one time only)	\$0	If you’ve had Part B for longer than 12 months, you can get an annual wellness visit to develop or update a personalized prevention plan based on your current health and risk factors, this is covered once every 12 months. We cover the “Welcome to Medicare” preventive visit only within the first 12 months you have Medicare Part B. When you make your appointment, let your doctor’s office know you would like to schedule your “Welcome to Medicare” preventive visit. As a Medicare Medicaid Coordinated Plan, we will coordinate your Medicare and Medicaid benefits.
	Specialist care	\$0	As a Medicare Medicaid Coordinated Plan, we will coordinate your Medicare and Medicaid benefits.



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List of covered services (Continued)

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	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. Emergency services are not covered outside the U.S. and its territories except under limited circumstances. Contact the plan for details. Worldwide emergency and urgent care coverage and is available to you up to \$10,000 per year as Medicare Supplemental Benefit. As a Medicare Medicaid Coordinated Plan, we will coordinate your Medicare and Medicaid benefits.



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List of covered services (Continued)

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)	Urgent care	\$0	Urgent care is not emergency care. You do not need a prior authorization and you do not have to be in-network. Urgent care is NOT covered outside the U.S. and its territories, except under limited circumstances. Urgently needed services are provided to treat a non-emergency, unforeseen medical illness, injury, or condition that requires immediate medical care. Worldwide emergency and urgent care coverage and is available to you up to \$10,000 per year as Medicare Supplemental Benefit.
You need medical tests	Diagnostic radiology services (for example, X-rays or other imaging services, such as CAT scans or MRIs)	\$0	<i>Prior authorization may be required.</i> As a Medicare Medicaid Coordinated Plan, we will coordinate your Medicare and Medicaid benefits.



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List of covered services (Continued)

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need medical tests (Continued)	Lab tests and diagnostic procedures, such as blood work	\$0	<i>Prior authorization may be required.</i> Genetic lab testing requires prior authorization. As a Medicare Medicaid Coordinated Plan, we will coordinate your Medicare and Medicaid benefits.
You need hearing/auditory services	Hearing screenings	\$0	In addition to Medicare-covered hearing services, you can get a routine hearing test once every calendar year as a Medicare Supplemental Benefit. As a Medicare Medicaid Coordinated Plan, we will coordinate your Medicare and Medicaid benefits.



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List of covered services (Continued)

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need hearing/auditory services (Continued)	Hearing aids	\$0	Fittings/evaluations for hearing aids can be done once every calendar year as Medicare Supplemental Benefit. Our plan covers up to 2 pre-selected hearing aids from a plan-approved provider every 2 years as Medicare Supplemental Benefit. You must use the plan vendor to access this benefit. As a Medicare Medicaid Coordinated Plan, we will coordinate your Medicare and Medicaid benefits.



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List of covered services (Continued)

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	Dental check-ups and preventive care	\$0	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 \$6,000 for select comprehensive dental services, including dentures. The annual maximum allowance does not apply towards your supplemental preventive services.
	Restorative and emergency dental care	\$0	Prior authorization may be required. As a Medicare Medicaid Coordinated Plan, we will coordinate your Medicare and Medicaid benefits. Contact the plan for more information.

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List of covered services (Continued)

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need eye care	Eye exams	\$0	We have partnered with a Vision Vendor to give you more value for your routine vision need. Your Medicare Supplemental Benefit coverage includes: • One routine eye exam every calendar year from our supplemental vision provider To find an in-network vision provider close to you, you can search online using our vision provider search tool at MolinaHealthcare.com/Medicare/WI. <i>Prior authorization not required for eye exams.</i>

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List of covered services (Continued)

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need eye care (Continued)	Glasses or contact lenses	\$0	We have partnered with a Vision Vendor to give you more value for your routine vision needs. Your Medicare Supplemental Benefits coverage includes an eyewear allowance of \$500 every calendar year. You can use your eyewear allowance to purchase: Contact lenses, Eyeglasses (frames and lenses), Eyeglass frames, Eyeglass lenses, and Upgrades (such as tinted, U-V, polarized or photochromatic lenses. If you choose contact lenses, your eyewear allowance can also be used to pay down all or a portion of your contact lenses fitting fee. You are responsible for paying for any corrective eyewear over the limit of the plan's eyewear allowance. All benefits must be used in the plan year and are only available if you are enrolled at the time services are rendered. You need to use an approved in-network

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List of covered services (Continued)

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need eye care (Continued)			Vision Vendor from the directory. As a Medicare Medicaid Coordinated Plan, we will coordinate your Medicare and Medicaid benefits.
	Other vision care	\$0	Covered services include: • Medicare-covered vision care such as exams to diagnose and treat diseases and conditions of the eye. • One Medicare-covered glaucoma screening each calendar year if you are at high risk of glaucoma • One Medicare-covered diabetic retinopathy screening each calendar year if you have diabetes. • One pair of Medicare-covered eyeglasses or contact lenses after each cataract surgery that includes insertion of an intraocular lens. <i>Prior authorization may be required.</i> As a Medicare Medicaid Coordinated Plan, we will coordinate your Medicare and Medicaid benefits.

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List of covered services (Continued)

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	Mental health services	\$0	<i>Prior authorization is required for some services in this category.</i> Contact the plan for more information.
	Inpatient and outpatient care and community-based services for people who need mental health services	\$0	Community-based outpatient behavioral health services include screening, evaluation, and diagnostic assessments (including occupational therapy assessments), treatment planning, and group and family psychotherapy. <i>Prior Authorization may be required.</i> The services are available to members of the Medicaid Basic and Enhanced plans.
You need substance use disorder services	Substance use disorder services	\$0	Medicare covers inpatient and outpatient treatment for substance use disorders (SUD). Individual or group therapy visits <i>Prior Authorization is required.</i> As a Medicare Medicaid Coordinated Plan, we will coordinate your Medicare and Medicaid benefits.

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List of covered services (Continued)

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need a place to live with people available to help you	Skilled nursing care	\$0	Because you have Medicaid, you are covered for an unlimited number of days. Prior authorization is required. Contact the plan for more information.
	Nursing home care	\$0	Because you have Medicaid, you are covered for an unlimited number of days each benefit period for Medicare skilled or custodial days each benefit period. Medicare days are limited to 100 per benefit period. Prior authorization is required. Contact the plan for more information.
	Adult Foster Care and Group Adult Foster Care	\$0	Prior authorization may be required.
You need therapy after a stroke or accident	Occupational, physical, or speech therapy	\$0	Prior authorization may be required. As a Medicare Medicaid Coordinated Plan, we will coordinate your Medicare and Medicaid benefits.

If you have questions, please call Molina Healthcare at (800) 963-0035, TTY: 711. Hours are October 1 – March 31, 8 a.m. to 8 p.m. local time, 7 days a week. From April 1 – September 30, Monday – Friday, 8 a.m. to 8 p.m. local time. The call is free. **For more information**, visit MolinaHealthcare.com/Medicare/WI.



List of covered services (Continued)

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	Ambulance services	\$0	Covered ambulance services include fixed wing, rotary wing, and ground ambulance services, to the nearest appropriate facility that can provide care only if they are furnished to a member whose medical condition is such that other means of transportation could endanger the person's health or if authorized by the plan. Non-emergency transportation by ambulance is appropriate if it is documented that the member's condition is such that other means of transportation could endanger the person's health and that transportation by ambulance is medically required. Prior authorization required for non-emergent ambulance only. As a Medicare Medicaid Coordinated Plan, we will coordinate your Medicare and Medicaid benefits.

If you have questions, please call Molina Healthcare at (800) 963-0035, TTY: 711. Hours are October 1 – March 31, 8 a.m. to 8 p.m. local time, 7 days a week. From April 1 – September 30, Monday – Friday, 8 a.m. to 8 p.m. local time. The call is free. **For more information**, visit MolinaHealthcare.com/Medicare/WI.



List of covered services (Continued)

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)	Emergency transportation	\$0	You pay a \$0 copay for worldwide emergency coverage, worldwide urgent coverage and worldwide emergency transportation, up to a \$10,000 benefit limit for the calendar year.
	Transportation to medical appointments and services	\$0	You receive a pre-funded debit card (MyChoice card) with \$215 combined monthly allowance for OTC items, OTC hearing aids, transportation services to plan approved health-related locations, and SSBCIs for food and produce, transportation for non-medical needs, and utilities. Examples of approved plan locations are network providers for medical, pharmacy, dental, vision and hearing As a Medicare Medicaid Coordinated Plan, we will coordinate your Medicare and Medicaid benefits.



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List of covered services (Continued)

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need drugs to treat your illness or condition	Medicare Part B 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>Evidence of Coverage</i> for more information on these drugs. <i>Prior authorization may be required.</i> Step therapy may be required for certain drugs.



If you have questions, please call Molina Healthcare at (800) 963-0035, TTY: 711. Hours are October 1 – March 31, 8 a.m. to 8 p.m. local time, 7 days a week. From April 1 – September 30, Monday – Friday, 8 a.m. to 8 p.m. local time. The call is free. **For more information**, visit MolinaHealthcare.com/Medicare/WI.

List of covered services (Continued)

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need drugs to treat your illness or condition (Continued)	Medicare Part D drugs Tier 1: Preferred Generic Tier 2: Generic Tier 3: Preferred Brand Tier 4: Non-Preferred Drug Tier 5: Specialty Tier Tier 6: Select Care Drugs	Depending on your income and institutional status, you pay the following for a 31-day supply: For generic drugs (including brand drugs treated as generic): \$0 copay; \$1.65 copay; \$5.80 copay For all other drugs: \$0 copay; \$5.00 copay; \$14.40 copay Copays for drugs may vary based on the level of Extra Help you get. Please contact the plan for more details.	There may be limitations on the types of drugs covered. Please refer to Molina My Choice Partnership (HMO D-SNP)'s <i>List of Covered Drugs (Drug List)</i> for more information. Once you or others on your behalf pay \$2,400 you've reached the catastrophic coverage stage and you pay \$0 for all your Medicare drugs. Read the <i>Evidence of Coverage</i> for more information on this stage. Copayment during the Initial Coverage Stage: Drug Tier 1 Preferred Generic: \$0 copay Drug Tier 2 Generic: \$0, \$1.65, or \$5.80 copay for generic drugs (including brand drugs treated as generic) \$0, \$5.00, or \$14.40 copay for all other drugs per prescription Drug Tier 3 Preferred Brand: \$0, \$1.65, or \$5.80 copay for generic drugs (including brand drugs treated as generic) \$0, \$5.00, or \$14.40 copay for all other drugs per prescription.

If you have questions, please call Molina Healthcare at (800) 963-0035, TTY: 711. Hours are October 1 – March 31, 8 a.m. to 8 p.m. local time, 7 days a week. From April 1 – September 30, Monday – Friday, 8 a.m. to 8 p.m. local time. The call is free. **For more information**, visit MolinaHealthcare.com/Medicare/WI.



List of covered services (Continued)

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need drugs to treat your illness or condition (Continued)			Drug Tier 4 Non-Preferred Drug: \$0, \$1.65, or \$5.80 copay for generic drugs (including brand drugs treated as generic) \$0, \$5.00, or \$14.40 copay for all other drugs per prescription Drug Tier 5 Specialty Tier: \$0, \$1.65, or \$5.80 copay for generic drugs (including brand drugs treated as generic) \$0, \$5.00, or \$14.40 copay for all other drugs per prescription Drug Tier 6 Select Care Drugs: \$0 copay A 100-day supply is available at a retail and mail order pharmacy at no additional cost. There may be certain drugs that are limited to a 31-day supply. The plan may require you to first try one drug to treat your condition before it'll cover another drug for that condition. Your copay for a one-month (31-day) up to a 100-day supply of each covered insulin product on Tiers 3-5 is \$0.



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List of covered services (Continued)

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need drugs to treat your illness or condition (Continued)			Some drugs have quantity limits. Your provider must get prior authorization from Molina My Choice Partnership (HMO D-SNP) for certain drugs.

If you have questions, please call Molina Healthcare at (800) 963-0035, TTY: 711. Hours are October 1 – March 31, 8 a.m. to 8 p.m. local time, 7 days a week. From April 1 – September 30, Monday – Friday, 8 a.m. to 8 p.m. local time. The call is free. **For more information**, visit  MolinaHealthcare.com/Medicare/WI.

List of covered services (Continued)

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need drugs to treat your illness or condition (Continued)	Over-the-counter (OTC) drugs	\$0	You get \$215 every month on your pre-funded debit card that you can spend on plan-approved OTC items and OTC hearing aids. Any amount that you do not use will not carry over into the next month. You do not need a prescription from your doctor to get OTC items through this Medicare Supplemental Benefit. This amount is combined with Transportation Services to Plan Approved locations and your Special Supplemental Benefits for the Chronically Ill (SSBCI) including Food and Produce*, Transportation for non-medical needs*, and Utilities*. If you don't use all of your monthly benefit allowance, the remaining balance will expire and not roll over to the next benefit period. You must show your pre-funded debit card to participating providers to receive approved health-related items at retailers. Your pre-funded debit card is required to access this benefit. You can get more information about your pre-funded debit card in this Summary of Benefits and in

If you have questions, please call Molina Healthcare at (800) 963-0035, TTY: 711. Hours are October 1 – March 31, 8 a.m. to 8 p.m. local time, 7 days a week. From April 1 – September 30, Monday – Friday, 8 a.m. to 8 p.m. local time. The call is free. **For more information**, visit MolinaHealthcare.com/Medicare/WI.



List of covered services (Continued)

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need drugs to treat your illness or condition (Continued)			Chapter 4 of the Member Handbook. There may be limitations on the types of drugs covered. Please refer to Molina My Choice Partnership's <i>List of Covered Drugs (Drug List)</i> for more information.
You need help getting better or have special health needs	Rehabilitation services	\$0	As a Medicare Medicaid Coordinated Plan, we will coordinate your Medicare and Medicaid benefits.
	Medical equipment for home care	\$0	As a Medicare Medicaid Coordinated Plan, we will coordinate your Medicare and Medicaid benefits.
	Dialysis services	\$0	As a Medicare Medicaid Coordinated Plan, we will coordinate your Medicare and Medicaid benefits.
You need foot care	Podiatry services	\$0	Medicare covers foot exams and treatment if you have diabetes-related nerve damage and/or meet certain condition. <i>Prior authorization may be required.</i>
	Orthotic services	\$0	As a Medicare Medicaid Coordinated Plan, we will coordinate your Medicare and Medicaid benefits.

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List of covered services (Continued)

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need durable medical equipment (DME) Note: This isn't a complete list of covered DME. For a complete list, contact Member Services or your care team or refer to Chapter 4 of the <i>Evidence of Coverage</i> .	Wheelchairs, crutches, and walkers	\$0	<i>Prior authorization may be required.</i> As a Medicare Medicaid Coordinated Plan, we will coordinate your Medicare and Medicaid benefits.
	Nebulizers	\$0	<i>Prior authorization may be required.</i> As a Medicare Medicaid Coordinated Plan, we will coordinate your Medicare and Medicaid benefits.
	Oxygen equipment and supplies	\$0	<i>Prior authorization is not required for preferred manufacturer.</i> As a Medicare Medicaid Coordinated Plan, we will coordinate your Medicare and Medicaid benefits.
You need help living at home	Home health services	\$0	As a Medicare Medicaid Coordinated Plan, we will coordinate your Medicare and Medicaid benefits. <i>Prior authorization may be required.</i>



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List of covered services (Continued)

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help living at home (Continued)	Home services, such as cleaning or housekeeping, or home modifications such as grab bars	\$0	Home services, such as cleaning or housekeeping, or home modifications such as grab bars are not covered by Medicare. These kinds of services may be available to you if you qualify for the Aged & Disabled (A&D) Waiver. A&D Waiver participants may qualify to receive: • Homemaker services (which help with things like laundry, errands, meal preparation, and other routine housekeeping tasks if no one else in the household can help); • and/or Environmental accessibility adaptations (which are minor home modifications such as installing ramps or widening doorways) Your care coordinator can help you obtain more information about these services and whether you qualify. <i>Prior authorization may be required.</i> As a Medicare Medicaid Coordinated Plan, we will coordinate your

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List of covered services (Continued)

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help living at home (Continued)			Medicare, Medicaid, and any A&D Waiver services you qualify to receive.
	Adult day health, Community Based Adult Services (CBAS), or other support services	\$0	Prior authorization may be required.
	Day habilitation services	\$0	Daily Living Skills Training and Day Habilitation Services Prior authorization may be required. Contact the plan for more information.
	Services to help you live on your own (home health care services or personal care attendant services)	\$0	Prior authorization may be required. As a Medicare Medicaid Coordinated Plan, we will coordinate your Medicare and Medicaid benefits. Contact the plan for more information.
Additional services	Chiropractic services	\$0	Prior authorization may be required.
	Chiropractic services (Supplemental)	\$0	Up to 20 visits every year for routine services.

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List of covered services (Continued)

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (Continued)	Diabetes supplies and services	\$0	Prior authorization may be required diabetic supplies, diabetic shoes, and inserts. We have a preferred manufacturer for diabetic test strips. <i>Prior authorization is not required for preferred manufacturer.</i>
	Health Education	\$0	Programs to help you learn to manage your health conditions, including health education, learning materials, and care tips.
	Meal benefit – Post-Discharge (Supplemental)	\$0	Standard meal cycle is a 2-week menu with a total of 28 delivered meals, based on member needs. Maximum of 56 meals and 4 weeks per year. Must meet criteria approved by the plan.
	Nutritional/ Dietary Benefit	\$0	12 individual or group sessions every year; individual telephonic nutrition counseling upon request.
	Opioid Services	\$0	<i>Prior authorization may be required.</i>
	Outpatient Blood Services	\$0	3 pint deductible waived.

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List of covered services (Continued)

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (Continued)	Prosthetic services	\$0	<i>Prior authorization may be required.</i> As a Medicare Medicaid Coordination Plan, we will coordinate your Medicare and Medicaid benefits.
	Radiation therapy	\$0	<i>Prior authorization may be required.</i> As a Medicare Medicaid Coordination Plan, we will coordinate your Medicare and Medicaid benefits.
	Services to help manage your disease	\$0	<i>Prior authorization may be required.</i> As a Medicare Medicaid Coordination Plan, we will coordinate your Medicare and Medicaid benefits.

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List of covered services (Continued)

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (Continued)	Pre-funded Debit Card (MyChoice Card)	\$0	You receive a \$215 combined monthly allowance on a pre-funded debit card that may be used towards select supplemental plan benefits such as: • Over-the-Counter items • Transportation (Non-Emergency) • Food and Produce* • Transportation non-medical needs* • Utilities* Funds are loaded onto the card each month. At the end of each month, any unused allocated funds will not carry out to the following month or plan year. *Eligibility requirements applicable
	Smoking and tobacco use cessation services	\$0	8 counseling visits offered in addition to Medicare.

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List of covered services (Continued)

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (Continued)	Special Supplemental Benefits for the Chronically Ill	\$0	You receive a combined monthly allowance on a pre-funded debit card that may be used towards select supplemental plan benefits such as: • Food and Produce • Utility Bills (Electricity and Natural Gas, Water) • Transportation for Non-Medical Needs Please see the Pre-funded Debit Card (MyChoiceCard) section for a complete list of benefit and services that are included in the combined allowance. Unused allowance does not carry over to next month. No-Cost Smartphone with Unlimited Data Plan SSBCI-eligible members can receive a no-cost smartphone with unlimited talk, text, and data through Thrive Mobile which is not included in the above combined allowance. There is no monthly service bill while you are enrolled in the plan and eligible for this benefit.

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List of covered services (Continued)

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (Continued)			Prior authorization may be required. Members must meet the criteria outlined in Chapter 4 of the Evidence of Coverage.
	Annual Physical Exam (Supplemental)	\$0	



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List of covered services (Continued)

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (Continued)	Telehealth Services	\$0	You pay \$0 copayment for certain telehealth services including: • Cardiac Rehabilitation Services • Primary Care Physician Services • Chiropractic Services • Occupational Therapy Services • Physician Specialist Services • Individual Sessions for Mental Health Specialty Services • Group Sessions for Mental Health Specialty Services • Podiatry Services • Other Health Care Professional • Individual Sessions for Psychiatric Services • Group Sessions for Psychiatric Services • Physical Therapy and Speech-Language Pathology Services • Opioid Treatment Program Services

If you have questions, please call Molina Healthcare at (800) 963-0035, TTY: 711. Hours are October 1 – March 31, 8 a.m. to 8 p.m. local time, 7 days a week. From April 1 – September 30, Monday – Friday, 8 a.m. to 8 p.m. local time. The call is free. **For more information**, visit MolinaHealthcare.com/Medicare/WI.



List of covered services (Continued)

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (Continued)			- Individual Sessions for Outpatient Substance Abuse - Group Sessions for Outpatient Substance Abuse
	Nurse Advice Line	\$0	Available 24 hours a day, 7 days a week.
	Worldwide Emergency/ Urgent Coverage (Supplemental)	\$0	You are covered for worldwide emergency and urgent care services up to \$10,000.

The above summary of benefits is provided for informational purposes only and isn't a complete list of benefits. For a complete list and more information about your benefits, you can read the Molina My Choice Partnership (HMO D-SNP) *Evidence of Coverage*. If you don't have an *Evidence of Coverage*, call Molina My Choice Partnership (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/WI.



If you have questions, please call Molina Healthcare at (800) 963-0035, TTY: 711. Hours are October 1 – March 31, 8 a.m. to 8 p.m. local time, 7 days a week. From April 1 – September 30, Monday – Friday, 8 a.m. to 8 p.m. local time. The call is free. **For more information**, visit MolinaHealthcare.com/Medicare/WI.

D. Benefits covered outside of Molina My Choice Partnership (HMO D-SNP)

There are some services that you can get that aren't covered by Molina My Choice Partnership (HMO D-SNP) but are covered by Medicare, Medicaid, or a State or county agency. This isn't a complete list. Call Member Services or at the numbers listed at the bottom of this page to find out about these services.

Other services covered by Medicare, Medicaid, or a State Agency	Your costs
Certain hospice care services covered outside of Molina My Choice Partnership (HMO D-SNP)	\$0
ForwardHealth card The following services are not in the Partnership benefit package, but you can get them using your ForwardHealth card: • Behavioral treatment services • Comprehensive community services • Community recovery services • Prenatal care coordination • School-based services	\$0
Psychosocial rehabilitation	\$0
Targeted case management	\$0

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E. Services that Molina My Choice Partnership (HMO D-SNP), Medicare, and Medicaid don't cover

This isn't 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 My Choice Partnership (HMO D-SNP), Medicare, and Medicaid don't cover	
Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory). If you are an Indian member, you are permitted to obtain covered services from out-of-network Indian health care providers.	Normal living expenses like rent or mortgage payments, food, utilities, entertainment, clothing, clothing, furniture, household supplies, and insurance.
Services that your care team hasn't approved or are not included in your care plan.	Personal items in your room at an assisted living facility or a nursing home, such as a telephone or a television.
Services or supports that are not needed to support your outcomes.	Room and board in residential housing.
Guardianship fees.	

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F. Your rights as a member of the plan

As a member of Molina My Choice Partnership (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'll tell you about your rights at least once a year. For more information on your rights, please read the *Evidence of Coverage*. Your rights include, but aren't 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, sexual orientation, national origin, race, color, religion, creed, or public assistance
 - Get information in other languages and formats (for example, large print, braille, or audio) free of charge
 - Be free from any form of physical restraint or seclusion
- **You have the right to get information about your health care.** This includes information on treatment and your treatment options. This information should be in a language and format you can understand. This includes the right to get information on:
 - Description of the services we cover
 - How to get services
 - How much services will cost you
 - Names of health care providers and team
- **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're 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 My Choice Partnership (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 doesn't 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

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Your rights as a member of the plan (Continued)

- 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
 - Have privacy during treatment
- **You have the right to make complaints about your covered services or care.** This includes the right to:
 - File a complaint or grievance against us or our providers.
 - File a complaint with State of Wisconsin Department of Health Services ForwardHealth Member Services at 800-362-3002, TTY: 711 (Wisconsin Relay). The Molina My Choice Partnership (HMO D-SNP) website MolinaHealthcare.com/Medicare/WI has complaint forms, and instructions available online.
 - Appeal certain decisions made by State of Wisconsin Department of Health Services or our providers
 - Ask for a State Hearing
 - Get a detailed reason for why services were denied

For more information about your rights, you can read the *Evidence of Coverage*. If you have questions, you can call Molina My Choice Partnership (HMO D-SNP) Member Services at the numbers listed at the bottom of this page.

You can also call the special Independent Ombudsman for people who have Medicare and Medicaid. For members ages 18 to 59, contact: Disability Rights Wisconsin, Toll Free: 800-928-8778 and TTY: 711 (Wisconsin Relay). For members aged 60 and older, contact: Wisconsin Board on Aging and Long Term Care, Toll Free: 800-815-0015 and TTY: 711 (Wisconsin Relay).



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

If you have a complaint or think Molina My Choice Partnership (HMO D-SNP) should cover something we denied, 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 *Evidence of Coverage*. You can also call Molina My Choice Partnership (HMO D-SNP) Member Services at the numbers listed at the bottom of this page.

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

To file the complaint (grievance):

- Call Member Services at (800) 963-0035 (TTY: 711)
- Fax your complaint to (608) 245-3821
- Write to:

Molina Healthcare

Attn: Appeals & Grievances

P.O. Box 22816 Long Beach, CA 90801-9977



If you have questions, please call Molina Healthcare at (800) 963-0035, TTY: 711. Hours are October 1 – March 31, 8 a.m. to 8 p.m. local time, 7 days a week. From April 1 – September 30, Monday – Friday, 8 a.m. to 8 p.m. local time. The call is free. **For more information**, visit MolinaHealthcare.com/Medicare/WI.

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 My Choice Partnership (HMO D-SNP) Member Services. Phone numbers are the numbers listed at the bottom of this page.
- Or, call the ForwardHealth Customer Service Center at 800-362-3002. TTY users may call 711 (Wisconsin Relay).
- 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.
- Or, call the Wisconsin Department of Health Services Fraud Hotline at 1-877-865-3432. TTY users may call 711 (Wisconsin Relay).

If you have general questions or questions about our plan, services, service area, billing, or Member ID Cards, please call Molina My Choice Partnership (HMO D-SNP) Member Services:

(800) 963-0035

Calls to this number are free. Hours are October 1 – March 31, 8 a.m. to 8 p.m. local time, 7 days a week. From April 1 – September 30, Monday – Friday, 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. Hours are October 1 – March 31, 8 a.m. to 8 p.m. local time, 7 days a week. From April 1 – September 30, Monday – Friday, 8 a.m. to 8 p.m. local time.

If you have questions about your health:

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

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

(888) 275-8750 English, (866) 648-3537 Spanish

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

Molina My Choice Partnership (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.

If you have questions, please call Molina Healthcare at (800) 963-0035, TTY: 711. Hours are October 1 – March 31, 8 a.m. to 8 p.m. local time, 7 days a week. From April 1 – September 30, Monday – Friday, 8 a.m. to 8 p.m. local time. The call is free. **For more information**, visit  MolinaHealthcare.com/Medicare/WI.

Interpreter Services

English

ATTENTION: If you speak English, language assistance services are available to you free of charge. Call (800) 963-0035 TTY: 711.

Spanish

ATENCIÓN: Si habla español, los servicios de asistencia de idiomas están disponibles sin cargo, llame al (800) 963-0035 TTY: 711.

Hmong

CEEB TOOM: Yog koj hais lus Hmoob, kev pab rau lwm yam lus muaj rau koj dawb xwb. Hu (800) 963-0035 TTY: 711.

Chinese Mandarin

注意：如果您说中文，您可获得免费的语言协助服务。请致电 (800) 963-0035 TTY 文字电话: 711.

Somali

DIGTOONI: Haddii aad ku hadasho afka Soomaaliha, adeegyada caawimada luqadda waxaa lagu heli karaa iyagoo bilaash ah. Wac (800) 963-0035 TTY: 711.

Laotian

ໝາຍເຫດ: ຖ້າທ່ານເວົ້າພາສາລາວ, ທ່ານສາມາດໃຊ້ບໍລິການດາວໂຫລດພາສາໂດຍບໍ່ເສຍຄ່າ. ໂທ (800) 963 - 0035 TTY : 711.

Russian

ВНИМАНИЕ: Если Вы говорите по-русски, Вам будут бесплатно предоставлены услуги переводчика. Позвоните по номеру: (800) 963-0035 TTY: 711.

Vietnamese

LƯU Ý: Nếu bạn nói tiếng Việt, các dịch vụ hỗ trợ ngôn ngữ sẽ được cung cấp miễn phí cho bạn. Gọi (800) 963-0035 TTY: 711.

Burmese

သတိပြုရန် - သင်သည် မြန်မာစကားပြောသူဖြစ်ပါက ဘာသာစကားကူညီရေး ဝန်ဆောင်မှုများကို အခမဲ့ ရရှိနိုင်သည်။ (800) 963-0035 TTY- 711 သို့ ဖုန်းခေါ်ဆိုပါ။

Arabic

تنبيه: إذا كنتم تتحدثون العربية، تتوفر لكم مساعدة لغوية مجانية. اتصلوا بالرقم

هاتف نصي: (800) 963-0035.TTY:711

Serbo-Croatian

PAŽNJA: Ako govorite srpsko-hrvatski imate pravo na besplatnu jezičnu pomoć. Nazovite (800) 963-0035 telefon za gluhe: 711.

Ukrainian

УВАГА: Якщо ви говорите українською мовою, вам доступні безкоштовні послуги мовної підтримки. Зателефонуйте (800) 963-0035 ТТХ: 711.

Molina Healthcare:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
 - Auxiliary aids and services for hearing-impaired and vision-impaired members
- Provides free language access services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Member Services at (800) 963-0035.

Notice of Availability

We offer free interpreter and translation services to help you understand your health or drug plan. This includes support from someone who speaks your language.

We also provide free aids and services—such as sign language interpreters and written materials in alternative formats—to ensure everyone can access the information they need. To request these services, please call Member Services at the number listed on your Member ID card.

English

ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call the Member Services number on the back of your ID card or speak to your provider.

Spanish

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos para asistirle en su idioma.

También dispone de ayudas y servicios auxiliares gratuitos para proporcionar información en formatos accesibles.

Llame al número del Departamento de Servicios para Miembros que figura en el reverso de su tarjeta de identificación o hable con su proveedor.

Simplified Chinese

注意：如果您说 中文，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 ID 卡背面的客户服务号码或咨询您的服务提供商。

Traditional Chinese

注意：如果您說 台語，我們可以為您提供免費語言協助服務。也可以免費提供適當的輔助工具與服務，以無障礙格式提供資訊。請撥打您 ID 卡背面的會員服務部電話號碼或諮詢您的服務提供者。

Russian

ВНИМАНИЕ! Если вы говорите на русском, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также бесплатны. Позвоните по номеру службы поддержки клиентов, указанному на обратной стороне вашей идентификационной карты, или обратитесь к своему поставщику услуг.

Haitian Creole

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd aladispozisyon w gratis pou lang ou pale a. Èd ak sèvis siplemantè apwopriye pou bay enfòmasyon nan fòm aksèsib yo disponib gratis tou. Rele nimewo Sèvis Manm ki sou do kat ID ou a oswa pale ak pwofesyonèl swen sante ou a.

Korean

주의:한국어를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. ID 카드 뒷면에 있는 회원 서비스 번호로 전화하거나 서비스 제공업체에 문의하십시오.

Italian

ATTENZIONE: Se parla italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente strumenti ausiliari e servizi adeguati per fornire informazioni in formati accessibili. Si prega di contattare il numero del Servizio per i membri riportato sul retro della propria tessera identificativa o di rivolgersi al proprio fornitore.

Yiddish

אַכטונג: אויב איר רעדט יידיש, שפראך הילף סערוויסעס זענען בארעכטיגט פריי פאר דיר. פאַסיקע אידס און באַדינונגס פֿאַר צושטעלן אינפֿאָרמאַציע אין צוטריטלעך פֿאַרמאַטירונגען זענען אויך פריי בנימצא. רופט דעם מיטגליד באַדינונג נומער אין קריק פֿון דיין ID קאַרטל אָדער רעדט מיט דיין צושטעלער.

Bengali

মনোযোগ দিন: যদি আপনি বাংলা বলেন, তাহলে আপনার জন্য বিনামূল্যে ভাষা সহায়তা পরিষেবাদি উপলব্ধ রয়েছে। অ্যাক্সেসযোগ্য ফরম্যাটে তথ্য প্রদানের জন্য উপযুক্ত সহায়ক সহযোগিতা এবং পরিষেবাদিও বিনামূল্যে উপলব্ধ রয়েছে। আপনার আইডি কার্ডের পিছনে থাকা সদস্য পরিষেবা নম্বরে কল করুন অথবা আপনার প্রদানকারীর সাথে কথা বলুন।

Polish

UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer Działu Obsługi Klienta podany na odwrocie Twojej karty identyfikacyjnej lub porozmawiaj ze swoim dostawcą.

Arabic

تنبيه: إذا كنت تتحدث العربية، فسوف تكون خدمات المساعدة اللغوية متاحة لك مجانًا. كما تتوفر أدوات مساعدة وخدمات إضافية مناسبة لتوفير المعلومات بصيغ يمكن الوصول إليها من دون أية تكلفة. اتصل بقسم خدمات الأعضاء على الرقم المدون على ظهر بطاقة هويتك أو تحدث إلى مقدم الخدمات.

French

ATTENTION : Si vous parlez français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés sont également mis à votre disposition gratuitement pour vous fournir les informations dans des formats accessibles. Appelez les Services aux adhérents au numéro figurant au dos de votre carte d'adhérent, ou adressez-vous à votre prestataire.

توجہ فرمائیں: اگر آپ اردو بولتے ہیں، تو آپ کے لیے مفت لسانی خدمات دستیاب ہیں۔ قابل رسائی فارمیٹس میں معلومات فراہم کرنے کے لیے مناسب معاون امداد اور خدمات بھی مفت دستیاب ہیں۔ ممبر سروسز کو اپنے ID کارڈ کی پچھلی جانب موجود نمبر پر کال کریں یا اپنے فراہم کنندہ سے بات کریں۔

Tagalog

PAUNAWA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyo ng tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga accessible na format. Tawagan ang numero ng Mga Serbisyo sa Miyembro sa likod ng ID card mo o makipag-usap sa iyang provider.

Greek

ΠΡΟΣΟΧΗ: Εάν μιλάτε Ελληνικά, υπάρχουν διαθέσιμες δωρεάν υπηρεσίες υποστήριξης στη συγκεκριμένη γλώσσα. Διατίθενται δωρεάν κατάλληλα βοηθήματα και υπηρεσίες για παροχή πληροφοριών σε προσβάσιμες μορφές. Καλέστε τον αριθμό των υπηρεσιών Μέλους που βρίσκεται στο πίσω μέρος της κάρτας αναγνωριστικού σας ή απευθυνθείτε στον πάροχό σας.

Albanian

VINI RE: Nëse flisni anglisht, shërbimet falas të ndihmës gjuhësore janë të disponueshme për ju. Gjithashtu, disponohen falas ndihma të përshtatshme dhe shërbime shtesë për të siguruar informacion në formate të aksesueshme. Telefononi Shërbimet ndaj Anëtarëve në numrin që ndodhet në pjesën e pasme të kartës suaj të identitetit ose flisni me ofruesin tuaj të shërbimit.

German

HINWEIS: Wenn Sie Sprache einfügen sprechen, stehen Ihnen kostenlose Sprachassistentendienste zur Verfügung. Geeignete Hilfsmittel und Dienste für die Übermittlung von Informationen in zugänglicher Form sind ebenfalls kostenlos verfügbar. Rufen Sie die Nummer des Mitgliederservices auf der Rückseite Ihres Ausweises an oder sprechen Sie mit Ihrem Anbieter.

Pennsylvania Dutch

GEB ACHT: Wann du Pennsylvanisch Deitsch schwetzsch, Schprooch Hilfe Services sin meeglich mitaus Koscht. Appropriate Auxiliary Aids un Services un Services Information zu gewwe in helfreiche Formats sin aa meeglich mitaus Koscht. Ruf die Member Services Nummer uff die Rickseit vun dei ID Kaart odder Schwetz mit dei Provider.

Vietnamese

LƯU Ý: Nếu quý vị nói tiếng Việt, chúng tôi có sẵn các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho quý vị. Ngoài ra, chúng tôi còn có các dịch vụ và phương tiện hỗ trợ khác phù hợp, hoàn toàn miễn phí để cung cấp thông tin theo các định dạng dễ sử dụng. Vui lòng gọi đến số điện thoại của bộ phận Dịch vụ thành viên có trên mặt sau thẻ ID của quý vị để trao đổi với nhà cung cấp dịch vụ của quý vị.

Somali

FIIRO GAAR AH: Haddii aad ku hadasho Soomaali, adeegyada caawimaada luuqada oo bilaash ah ayaad heli kartaa.

Agabka kaalmaatiga oo sax ah iyo adeegyada xogta ku bixiya qaab la heli karo ayaa sidoo kale lagu heli karaa lacag la'aan.

Wac lambarka Adeegyada Macaamiisha ee ku qoran dhabarka danbe ee kaarkaaga aqoonsiga ama la hadal dhakhtarkaaga.

Japanese

注意：日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセス可能な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。ID カードの裏面にある会員サービス番号に電話するか、プロバイダーにご相談ください。

Ukrainian

УВАГА! Якщо ви розмовляєте українською мовою, вам доступні безкоштовні мовні послуги. Відповідні допоміжні засоби й послуги з надання інформації в доступних форматах також пропонуються безкоштовно. Зателефонуйте на номер служби підтримки учасників, указаний на звороті вашого посвідчення особи, або зверніться до свого постачальника послуг.

Romanian

ATENȚIE: Dacă vorbiți română, aveți la dispoziție servicii gratuite de asistență lingvistică. Sunt disponibile gratuit ajutoare și servicii auxiliare adecvate pentru furnizarea informațiilor în formate accesibile. Contactați Serviciul pentru Membri la numărul de telefon înscris pe verso-ul cardului de identificare sau adresați-vă furnizorului dumneavoastră.

Amharic

ማስታወሻ፡ አማርኛ የምናገሩ ከሆነ፣ ነፃ የቋንቋ ድጋፍ አገልግሎቶች ለእርስዎ ይኖራል። እንዲሁም፣ በሚገኙ ቅርፀቶች መረጃ ለማቅረብ ተገቢ የመርጃ ድጋፎች እና አገልግሎቶች በነፃ ይኖራሉ። በዚህ ካርድዎ ጀርባ ላይ ገለፁ የአገላት አገልግሎቶች ቁጥር ይደውሉ ወይም አቅራቢዎን ያነጋግሩ።

Thai

หมายเหตุ: หากคุณใช้ภาษา ไทย เรามีบริการความช่วยเหลือด้านภาษาฟรี นอกจากนี้ ยังมีเครื่องมือและบริการช่วยเหลือเพื่อให้ข้อมูลในรูปแบบที่เข้าถึงได้โดยไม่เสียค่าใช้จ่าย โปรดติดต่อหมายเลข ฝ่ายบริการสมาชิกที่ระบุไว้ด้านหลังบัตรประจำตัวของคุณหรือพูดคุยกับผู้ให้บริการของคุณ

Persian

توجه: اگر به زبان فارسی صحبت می کنید، خدمات کمک زبانی به صورت رایگان در دسترس شماست. همچنین، خدمات و کمک های لازم برای ارائه اطلاعات به صورت های مختلف و قابل دسترسی، به صورت رایگان در اختیار شما قرار می گیرد. با شماره خدمات اعضا که پشت کارت شناسایی شما درج شده تماس بگیرید یا با ارائه دهنده خود صحبت کنید.

Samoan

FAAMATALAGA: Afai e te tautala faa-Samoa, o loo i ai gagana fesoasoani i gagana e Le totogia mo oe. Fesoasoani fa'aopopo talafeagai ma auaunaga ina ia tuuina atu ai faamatalaga e maua i limits e faigofie ona maua o loo maua foi e le totogia. Vala'au le Auaunaga a Sui Auai i le numeru o i taua o lau ID card pe talanoa i lauvrautua.

Ilocano

PAKAAMMO: No agsasaoka iti Ilocano, magun-odam dagiti libre a serbisio ti tulong iti pagsasao. Libre met laeng a magun-odan dagiti maitutop a katulongan ken serbisio a mangipaay iti impormasion kadagiti format a nalaka a ma-access. Tawagam ti numero ti Serbisio para Kadagiti Miembro iti likudan ti ID card-mo wenno makisaritaka iti provider-mo.

Gujarati

ધ્યાન આપો: જા તમે ગુજરાતી બોલતા હો તો મફત ભાષાકીય સહાયતા સેવાઓ તમારા માટે ઉપલબ્ધ છે. યોગ્ય ઓફિસલરી સહાય અને એક્સેસિબલ ફોર્મેટમાં માહિતી પૂરી પાડવા માટેની સેવાઓ પણ વિના મૂલ્યે ઉપલબ્ધ છે. તમારા ID કાર્ડની પાછળ આપેલા સભ્ય સેવાઓ નંબર પર કોલ કરો અથવા તમારા પરદાતા સાથે વાત કરો.

Portuguese

ATENÇÃO: se fala português, tem à sua disposição serviços de assistência linguística gratuitos. Também estão disponíveis, de forma gratuita, ajudas e serviços auxiliares apropriados para fornecer informações em formatos acessíveis. Ligue para o número dos Serviços de apoio aos membros que se encontra no verso do seu cartão de identificação ou fale com o seu prestador de serviços de saúde.

Hindi

ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। अपने ID कार्ड के पीछे दिए गए सदस्य सेवा नंबर पर कॉल करें या अपने प्रदाता से बात करें।

Khmer

សូមយកចិត្តទុកដាក់៖ ប្រសិនបើអ្នកនិយាយភាសាខ្មែរស្នេហាមួយជំនួយភាសាឥតគិតថ្លៃគឺមានសម្រាប់អ្នក។ ជំនួយ និងសេវាកម្មដែលជាការជួយដ៏សមរម្យ ក្នុងការផ្តល់ព័ត៌មានតាមទម្រង់ដែលអាចចូលប្រើប្រាស់បាន ក៏អាចរកបានដោយឥតគិតថ្លៃផងដែរ។ ហៅទូរសព្ទទៅលេខសេវាបម្រើសមាជិកនៅខាងក្រោយកាត ID របស់អ្នក ឬនិយាយទៅកាន់អ្នកផ្តល់សេវារបស់អ្នក។

Laotian

ເຊີນຊາບ: ຖ້າທ່ານເວົ້າພາສາ ລາວ, ຈະມີບໍລິການຊ່ວຍດ້ານພາສາແບບບໍ່ເສຍຄ່າໃຫ້ທ່ານ. ມີເຄື່ອງຊ່ວຍ ແລະ ການບໍລິການແບບບໍ່ເສຍຄ່າທີ່ເໝາະສົມເພື່ອໃຫ້ຂໍ້ມູນໃນຮູບແບບທີ່ສາມາດເຂົ້າເຖິງໄດ້. ໂທຫາເບີບໍລິການສະມາຊິກຢູ່ດ້ານຫຼັງບັດປະຈຳຕົວຂອງທ່ານ ຫຼື ລົມກັບຜູ້ໃຫ້ບໍລິການຂອງທ່ານ.

Karen

ဟံသုာ်ဟံသး- နမ့ၢ်ကတိၤ ကညီၣ်ကျိၣ် အယိ, တၢ်အိၣ်ဒီး ကျိၣ်တၢ်ဆိၣ်ထွဲမၤစၢၤ လၢတလၢ်ဘျုးလၢ်စၢၤ လၢနဂီၢ်လီၤ. တၢ်အိၣ်ဒီး တၢ်မၤစၢၤတၢ်နီၣ်ဟ့ၣ်ပီးလီၤဒီး တၢ်မၤစၢၤတၢ်မၤ လၢအကြးအဘျုးလၢကဟ့ၣ် တၢ်ဂီၢ်တၢ်ကျိၣ် လၢတၢ်မၤနီၣ်အီၤသတဖျၢၣ် လၢတလၢ်ဘျုးလၢ်စၢၤ လၢနဂီၢ်လီၤ. ကိး ကရၢဖိတၢ်မၤစၢၤတၢ်မၤ အလံာ်တဲစီၣ်နီၣ် ဂီၢ်လၢ အိၣ်ဖဲနလီၤအုၣ်သး (ID) ခးက့အလံာ် မ့တမ့ၢ် တဲတၢ်ဒီး ပုၤလၢအဟ့ၣ်နၤတၢ်ကွၢ်ထွဲန့ၣ် တက့ၢ်.

Swahili

KUMBUKA: Ikiwa wewe huzungumza Kiswahili, msaada na huduma za lugha bila malipo unapatikana kwako. Vifaa vya usaidizi vinavyofaa na huduma bila malipo ili kutoa taarifa katika mifumo inayofikiwa zinapatikana pia bila malipo. Piga simu kwa nambari ya Huduma za Wanachama iliyo nyuma ya kadi yako ya kitambulisho au zungumza na mtoa huduma wako.

Serbian

PAŽNJA: Ukoliko govorite Srpski, dostupne su vam besplatne usluge jezičke podrške. Dostupne su vam i besplatne odgovarajuće pomoći i usluge za pružanje informacija u formatima za lak pristup. Pozovite broj za usluge za članove koji se nalazi na poledini vaše ID kartice ili se obratite pružaocu usluge.

Croatian

PAŽNJA: Ako pričate Hrvatski, na raspolaganju su vam besplatne usluge pomoći za jezik. Odgovarajuća pomoćna sredstva i usluge za pružanje informacija u pristupačnim formatima također su dostupne besplatno. Nazovite broj Službe za članove na poledini vaše osobne iskaznice ili razgovarajte sa svojim pružateljem usluga.

Nepali

सावधान: तपाईं नेपाली भाषा बोल्नुहुन्छ भने तपाईंका लागि निःशुल्क भाषिक सहायता सेवाहरू उपलब्ध छन्। पहुँचयोग्य ढाँचाहरूमा जानकारी प्रदान गर्न उपयुक्त सहायता र सेवाहरू पनि निःशुल्क उपलब्ध छन्। ID कार्डको पछाडिपट्टि लेखिएको Member Services नम्बरमा फोन गर्नुहोस्, नभए डाक्टरसँग कुरा गर्नुहोस्।

Yoruba

ÀKÍYÈSÍ: Bí o bá ń sọ èdè Yorùbá, àwọn isẹ̀ irànlọ̀wọ́ èdè ọ̀fẹ́ wà fún ọ. Àwọn ohun èlò irànlọ̀wọ́ àti àwọn isẹ̀ tó yẹ láti pèsè àlàyé ní àwọn ọ̀nà tó rọ̀rùn ló wà lẹ́fẹ́. Pe nọmbà Àwọn isẹ̀ Ọmọ ẹgbẹ́ tó wà ní èyìn káàdì idánimọ̀ rẹ̀ tàbí bá olùpèsè rẹ̀ sọ̀rọ̀.

Tamil

கவனிக்கவும்: நீங்கள் தமிழ் பேசுபவர் என்றால், உங்களுக்கு இலவச மொழி உதவிச் சேவைகள் கிடைக்கும். அணுகல் வசதிக்கேற்ற வடிவங்களில் தகவலை வழங்குவதற்கான தகுந்த, கூடுதல் உதவி அம்சங்களும் சேவைகளும் கூட கட்டணமின்றிக் கிடைக்கும். உங்கள் வழங்குநரிடம் பேச, உங்கள் ஐடி கார்டின் பின்பக்கமுள்ள உறுப்பினர் சேவை மைய எண்ணை அழைக்கவும்.

SHOOH: Diné bizaad yiniłti, t'áá jiik'ehgo saad bee áká'anída'awo'ígíí t'áá hadoohkáát nihá kée' hólq. T'áá ajiłii iiyisi át'éego nihá át'éego bee haz'anígíí dóó t'áá ádáhoodonígíí biniiyé t'áá jiik'eh nihá kée' hólq Member Services béesh bee hane'í bikáá' dah naaznil doo ID card ni' dooleet ná'ádoolwołígíí bikáá' nihá át'é.

NENKAHI: Uuiss en taikw Sosohni, yu yowk taikwa tuwahntsawaiyn mahhpittsiyahnuuk en. To kwain tuwahntsawaiyn tes tuwahntsawaiyn uut uutinantuinkehn uukuup tsa taw natehpop suwait mampittsiyankunk yuyowk nai nimeht. Nimai suun suhmah tuwahntsawaiyn tetehtsep piinak tehpop en nuwaiyn en taikw uhmah natsu tainepeh tes waipah.

Kullóshi: Chi Chahta anumpa ish anumpuli hosh, aiittola towa la hosh chi chiahullo li. Himona, achukma ut ish anumpuli hinla ia, il im anumpuli holisso kapvchi shulush isht ia, towa la hosh chi. Chi ID holisso okpulo bok aiittola na isht ia hosh pisa, il chi isht ia isht iachi pisa.

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਉਪਲਬਧ ਹੋਣਗੀਆਂ। ਪਹੁੰਚਯੋਗ ਫਾਰਮੈਟਾਂ ਵੱਚ ਜਾਣਕਾਰੀ ਪ੍ਰਦਾਨ ਕਰਨ ਲਈ ਢੁਕਵੇਂ ਪੂਰਕ ਸਹਾਇਕ ਸਾਧਨ ਅਤੇ ਸੇਵਾਵਾਂ ਵੀ ਮੁਫਤ ਵੱਚ ਉਪਲਬਧ ਹੋਣਗੀਆਂ। ਤੁਹਾਡੇ ID ਕਾਰਡ ਦੇ ਪੱਛੇ ਦੱਤੇ ਮੈਂਬਰ ਸਰਵਸਿਜ਼ਿ ਨੰਬਰ 'ਤੇ ਕਾਲ ਕਰੋ ਜਾਂ ਤੁਹਾਡੇ ਪ੍ਰਦਾਤਾ ਨਾਲ ਗੱਲ ਕਰੋ।

[illegible]

