

2024 Annual Notice of Changes

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

California H3038-003

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

Effective January 1 through December 31, 2024

Molina Medicare Complete Care Plus (HMO D-SNP) a Medicare Medi-Cal Plan offered by Molina Healthcare of California.

Annual Notice of Changes for 2024

Introduction

You are currently enrolled as a member of our plan. Next year, there will be some changes to our benefits, coverage, rules. This section **or** *Annual Notice of Changes* tells you about the changes and where to find more information about them. To get more information about , benefits, or rules please review the *Member Handbook*, which is located on our website at www.MolinaHealthcare.com/Medicare. Key terms and their definitions appear in alphabetical order in the last chapter of your *Member Handbook*.

Additional resources

- This document is available for free in Spanish, Arabic, Armenian, Cambodian, Chinese, Farsi, French, French Creole, Hindi, Hmong, Italian, German, Japanese, Korean, Laotian, Mien, Polish, Portuguese, Punjabi, Russian, Tagalog, Thai, Ukrainian, and Vietnamese.
- You can get this *Annual Notice of Changes* 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, 8:00 a.m. to 8:00 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.
- We have free interpreter services to answer any questions that you may have about our health or drug plan. To get an interpreter just call us at (855) 665-4627, TTY: 711. Someone that speaks English, Spanish, Arabic, Armenian, Cambodian, Chinese, Farsi, French, French Creole, Hindi, Hmong, Italian, German, Japanese, Korean, Laotian, Mien, Polish, Portuguese, Punjabi, Russian, Tagalog, Thai, Ukrainian, Vietnamese, can help you. This is a free service.



Spanish:

- Contamos con servicios de intérprete gratuitos para responder a cualquier pregunta que pueda tener acerca de nuestro plan de salud o de medicamentos. Para acceder a los servicios de un intérprete, llámenos al (855) 665-4627 TTY: 711. Una persona que habla inglés, español, árabe, armenio, camboyano, chino, farsi, francés, criollo francés, hindi, hmong, italiano, alemán, japonés, coreano, laosiano, mien, polaco, portugués, punjabi, ruso, tagalo, tailandés, ucraniano o vietnamita puede ayudarle. Este es un servicio gratuito.

Arabic:

- نوفر خدمات الترجمة الفورية المجانية للإجابة عن أي أسئلة قد تراودك حول الخطة الصحية أو خطة الأدوية لدينا. للحصول على مترجم فوري، كل ما عليك هو الاتصال بنا على الرقم (855) 665-4627 (TTY: 711) وبالنسبة لمستخدمي هاتف الصم والبكم TTY، فيمكنهم الاتصال على: 711. يمكن أن يساعدك شخص يتحدث الإنجليزية، أو الإسبانية، أو العربية، أو الأرمنية، أو الكمبودية، أو الصينية، أو الفارسية، أو الفرنسية الكريولية، أو الهندية، أو الهونجية أو الإيطالية أو الألمانية أو اليابانية أو الكورية أو اللتوانية أو لغة المين أو البولندية أو البرتغالية أو البنجابية أو الروسية أو التاجولجية أو التايلندية أو الأوكرانية أو الفيتنامية. تقدم هذه الخدمة مجاناً.

Armenian:

- Մենք տրամադրում ենք անվճար բանավոր թարգմանչի ծառայություններ՝ պատասխանելու ցանկացած հարցի առողջապահական կամ դեղերին առնչվող մեր ապահովագրական պլանների վերաբերյալ: Բանավոր թարգմանչի ծառայությունից օգտվելու համար զանգահարե՛ք մեզ (855) 665-4627 TTY: 711 հեռախոսահամարով: Անգլերեն, իսպաներեն, արաբերեն, հայերեն, կհմերեն, չինարեն, պարսկերեն, ֆրանսերեն, ֆրանսիական կրեոլ, հինդի, մոնգոլերեն, իտալերեն, գերմաներեն, ճապոներեն, կորեերեն, լատներեն, մյաո, լեհերեն, պորտուգալերեն, փենջաբի, ռուսերեն, տագալոգ, սլովեներեն, սկրաիներեն կամ վիետնամերեն խոսող յուրաքանչյուր ոք կարող է օգնել Ձեզ: Սա անվճար ծառայություն է:

Cambodianian:

- យើងមានសេវាផ្តល់អ្នកបកប្រែផ្ទាល់មាត់ដោយឥតគិតថ្លៃដើម្បីឆ្លើយសំណួរណាមួយដែលអ្នកអាចនឹងមានអំពីគម្រោងឱសថ ឬគម្រោងសុខភាពរបស់យើង។ ដើម្បីទទួលបានអ្នកបកប្រែផ្ទាល់មាត់ គ្រាន់តែទូរសព្ទមកកាន់យើងតាមលេខ (855) 665-4627 TTY: 711។ នរណាម្នាក់ដែលចេះនិយាយភាសាអង់គ្លេស អេស្ប៉ាញ អាវ៉ាប់ អាមេនី ខ្មែរ ចិន ហ្វីលីពីន បារាំង បារាំងក្រេអូល ហិណ្ឌូ ម៉ង អ៊ីតាលី អាស្ត្រីម៉ង ជប៉ុន កូរ៉េ ឡាវ ម៉ឺន ប៊ូឡាញ ព័រទុយហ្គាល់ ពុនចាប៊ី រុស្ស៊ី តាហ្គាឡុក ថៃ អ៊ុយក្រែន ឬវៀតណាម អាចជួយអ្នកបាន។ សេវានេះមិនគិតថ្លៃនោះទេ។

Chinese:

- 我們有免費的口譯員服務，可回答您對於我們健康或藥物計劃的任何問題。若需要口譯員，聯絡我們即可，請撥打 (855) 665-4627 TTY: 711。講英語、西班牙語、阿拉伯語、亞美尼亞語、柬埔寨語、漢語、波斯語、法語、法語克里奧爾語、北印度語、苗語、意大利語、德語、日語、韓語、老撾語、緬語、波蘭語、葡萄牙語、旁遮普語、俄語、塔加拉族語、泰語、烏克蘭語或越南語的人員可以為您提供幫助。這是免費的服務。

Farsi:

- ما خدمات مترجم شفاهی رایگان داریم تا به هر پرسشی که ممکن است در مورد طرح سلامت یا داروی ما داشته باشید پاسخ دهیم. برای دسترسی به مترجم شفاهی کافی است از طریق شماره (855) 665-4627 (TTY: 711) با ما تماس بگیرید. ما به زبان انگلیسی، اسپانیایی، عربی، ارمنی، کامبوجی، چینی، فارسی، فرانسوی، کریول فرانسوی، هندی، همونگ، ایتالیایی، آلمانی، ژاپنی، کره‌ای، لاوسی، مین، لهستانی، پرتهالی، پنجابی، روسی، تاگالوگ، تایلندی، اوکراینی، یا ویتنامی صحبت می‌کنیم. ما می‌توانیم به شما کمک کنیم. این خدمات رایگان است.



If you have questions, please call Molina Medicare Complete Care Plus (HMO D-SNP) 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 MolinaHealthcare.com/Medicare.

French:

- Nous disposons de services d'interprétation gratuits pour répondre à toutes les questions que vous pouvez avoir sur notre régime d'assurance maladie ou d'assurance médicaments. Pour profiter de ce service, il suffit de nous appeler au (855) 665-4627 TTY: 711. *Un interlocuteur maîtrisant l'anglais, l'espagnol, l'arabe, l'arménien, le cambodgien, le chinois, le farsi, le français, le créole français, l'hindi, le hmong, l'italien, l'allemand, le japonais, le coréen, le laotien, le mien, le polonais, le portugais, le punjabi, le russe, le tagalog, le thaïlandais, l'ukrainien ou le vietnamien pourra vous aider. Ce service est gratuit.*

Creole:

- Nou gen sèvis entèprèt gratis pou reponn nenpòt kesyon ou ka genyen sou plan sante oswa medikaman nou an. Pou jwenn yon entèprèt jis rele nou nan (855) 665-4627 TTY: 711. *Yon moun ki pale Anglè, Espanyòl, Arab, Amenyen, Kanbòdj, Chinwa, Farsi, Fransè, Fransè Kreyòl, Hindi, Hmong, Italyen, Alman, Japonè, Koreyen, Laosyen, Mien, Polonè, Pòtigè, Punjabi, Ris, Tagalog, Thai, Ukrainian, oswa Vyetnamyen ka ede w. Sa a se yon sèvis gratis.*

Hindi:

- हमारे स्वास्थ्य या औषधि योजना के बारे में आपके हो सकने वाले किसी भी प्रश्न का उत्तर देने के लिए हमारे पास निःशुल्क दुभाषिया सेवाएँ हैं। दुभाषिया प्राप्त करने के लिए बस हमें (855) 665-4627 TTY: 711 पर कॉल करें। अंग्रेजी, स्पैनिश, अरबी, अर्मेनियाई, कम्बोडियाई, चीनी, फ़ारसी, फ्रेंच, फ्रेंच क्रियोल, हिंदी, हमोंग, इतालवी, जर्मन, जापानी, कोरियाई, लाओटियन, मीन, पोलिश, पुर्तगाली, पंजाबी, रूसी, टैगालोग, थाई, यूक्रेनी, या वियतनामी बोलने वाला कोई व्यक्ति आपकी मदद कर सकता है। यह एक निःशुल्क सेवा है।

Hmong:

- Peb muaj cov kev pab cuam txhais lus los teb cov lus nug uas koj muaj txog ntawm peb lub phiag xwm kev noj qab haus huv thiab tshuaj kho mob. Kom tau txais tus kws txhais lus tsuas yog hu rau peb ntawm (855) 665-4627 TTY: 711. *Muaj tus neeg hais lus Askiv, Xab Pees Niv, AsLas Npiv, Asme Nias, Kas Pus Cia, Suav, Fas Lis, Fab Kis, Fab Kis KesLaus, His Du, Hmoob, Is Tas Lij, Yias Lab Mas, Nyiv Pooj, Kaus Lim, Nplog, Co, Paus Lis, Pos Tus Kej, Pa Ca Npi, Lav Xias, Ta Ka Lov, Thaib, Yus Khees los sis Nyab Laj los pab koj. Qhov kev pab cuam no yog pab dawb xwb.*

Italian:

- Disponiamo di servizi di interpretariato gratuiti per rispondere a qualsiasi domanda possa avere sul nostro piano sanitario o farmacologico. Per usufruire di un interprete, ci chiami al numero (855) 665-4627 supporto telescrivente: 711. *Una persona che parla inglese, spagnolo, arabo, armeno, cambogiano, cinese, farsi, francese, creolo francese, hindi, hmong, italiano, tedesco, giapponese, coreano, laotiano, mien, polacco, portoghese, punjabi, russo, tagalog, thailandese, ucraino o vietnamita la aiuterà. Il servizio è gratuito.*

German:

- Wir bieten Ihnen kostenlose Dolmetschdienstleistungen, um alle Ihre Fragen zu unserem Gesundheits- oder Medikamentenplan zu beantworten. Um einen Dolmetscher zu bekommen, rufen Sie uns einfach an unter (855) 665-4627 TTY: 711. *Jemand, der Englisch, Spanisch, Arabisch, Armenisch, Kambodschanisch, Chinesisch, Farsi, Französisch, Französisch-Kreolisch, Hindi, Hmong, Italienisch, Deutsch, Japanisch, Koreanisch, Laotisch, Mien, Polnisch, Portugiesisch, Punjabi, Russisch, Tagalog, Thai, Ukrainisch oder Vietnamesisch spricht, kann Ihnen helfen. Diese Dienstleistung ist kostenlos.*



Japanese:

- 当社の医療保険や処方薬プランに関するご質問にお答えするため、無料の通訳サービスをご利用いただけます。通訳をご希望の方は、(855) 665-4627までお電話ください。TTY: 711。英語またはスペイン語、アラビア語、アルメニア語、カンボジア語、中国語、ベルシャ語、フランス語、クレオール語、ヒンディー語、モン語、イタリア語、ドイツ語、日本語、韓国語、ラオス語、ミエン語、ポーランド語、ポルトガル語、パンジャブ語、ロシア語、タガログ語、タイ語、ウクライナ語、ベトナム語を話せる者がお手伝いいたします。これは無料のサービスです。

Korean:

- 당사는 무료 통역 서비스를 통해 건강 또는 의약품 플랜에 대한 귀하의 질문에 답변해 드립니다. 통역 서비스를 이용하시려면 (855) 665-4627 TTY: 711로 전화하십시오. 영어, 스페인어, 아랍어, 아르메니아어, 캄보디아어, 중국어, 페르시아어, 프랑스어, 프랑스어 크리올어, 힌디어, 몽족어, 이탈리아어, 독일어, 일본어, 한국어, 라오스어, 미엔어, 폴란드어, 포르투갈어, 편자브어, 러시아어, 타갈로그어, 태국어, 우크라이나어 또는 베트남어 지원이 가능합니다. 무료 서비스입니다.

Laotian:

- ພວກເຮົາມີການບໍລິການນາຍແປພາສາໂດຍບໍ່ເສຍຄ່າເພື່ອຕອບຄໍາຖາມທີ່ທ່ານອາດຈະມີກ່ຽວກັບສະພາບ ທີ່ແຜນ ການຢາຂອງພວກເຮົາ. ເພື່ອໃຫ້ໄດ້ຮັບນາຍແປພາສາພຽງແຕ່ໂທຫາພວກເຮົາທີ່ (855) 665-4627 TTY: 711. ມີຜູ້ ທີ່ເວົ້າໄດ້ ພາສາອັງກິດ, ສະເປນ, ອາຣັບ, ອາເມເນຍ, ກຳປູເຈຍ, ຈີນ, ພາຊີ, ຝຣັ່ງ, ຝຣັ່ງ ເຄຣໂອ, ຮົນ, ມົງ, ອີຕາລີ, ເຢຍລະມັນ, ຍີ່ປຸ່ນ, ເກົາຫຼີ, ລາວ, ມຽນ, ໂປແລນ, ບອກຕຍການ, ບັນຈາບີ, ລັດເຊຍ, ຕາກາລັອກ, ໄທ, ອູແກຣນ ທີ່ ຫວຽດນາມ ເຊິ່ງສາມາດຊ່ວຍທ່ານໄດ້. ການບໍລິການນີ້ແມ່ນບໍ່ເສຍຄ່າ

Mien:

- Yie mbuo liepc duqv maaih faan waac mienh wangv-henh tengx dau waac bun muangx dongh haaix zanc meih qiex naaic taux yie mbuo goux nyei ziux goux wangc siangx sou-gorn a'fai ndie nyei sou-gorn. Liouh lorx faan waac mienh se korh waac lorx taux yie mbuo yiem njiec naaiv (855) 665-4627 TTY: 711. Ninh liepc maaih mienh haih gorngv ang gitv waac, Spanish waac, Arabic waac, Armenian waac, Cambodian waac, Janx-kaeqv waac, Farsi waac, French waac, French Creole waac, Hindi waac, Janx-ba'miuh waac, Italian waac, German waac, Janx yi-bernv waac, Korean waac, Janx-laauv waac, Mienh waac, Polish waac, Portuguese waac, Punjabi waac, Russian waac, Tagalog waac, Janx-taiv waac, Ukrainian waac, a'fai janx Vietnam waac liouh tengx faan waac bun meih. Naaiv se wangv henh tengx faan waac bun muangx hngv.

Polish:

- Oferujemy bezpłatne usługi tłumacza ustnego, który pomoże uzyskać odpowiedzi na wszelkie pytania dotyczące naszego planu ubezpieczenia zdrowotnego albo planu ubezpieczenia lekowego. Aby skorzystać z usługi tłumacza ustnego, proszę do nas zadzwonić pod numer (855) 665-4627, z telefonów tekstowych: 711. Ktoś posługujący się językiem angielskim, hiszpańskim, arabskim, armeńskim, kambodżańskim, chińskim, perskim, francuskim, kreolskim, hindi, hmong, włoskim, niemieckim, japońskim, koreańskim, laotańskim, mien, polskim, portugalskim, pendzabskim, rosyjskim, tagalskim, tajskim, ukraińskim albo wietnamskim może Ci pomóc. Ta usługa jest bezpłatna.



Portuguese:

- Disponibilizamos serviços de intérprete gratuitos para responder a quaisquer perguntas que você possa ter sobre nosso plano de saúde ou de medicamentos. Para solicitar um intérprete, entre em contato conosco pelo telefone (855) 665-4627 TTY: 711. Você pode ser auxiliado por alguém que fale inglês, espanhol, árabe, armênio, cambojano, chinês, farsi, francês, crioulo francês, hindi, hmong, italiano, alemão, japonês, coreano, laosiano, iu mien, polonês, português, punjabi, russo, tagalo, tailandês, ucraniano ou vietnamita. Esse é um serviço gratuito.

Punjabi:

- سائی صحت یا ڈرگ منصوبے دے حوالے نال تہاڈے کسے وی سوالاں دا جواب دین لئی ساڈے مترجم دیاں مفت سروسز موجود نیں۔ مترجم حاصل کرن لئی سانوں (۵۵۸) ۷۲۶۴-۵۶۶ TTY: 177 تے کال کرو۔ کوئی وی انگریزی، ہسپانوی، عربی، آرمینیائی، کمبوڈین، چینی، فارسی، فرانسیسی، کیرول، ہندی، ہمونگ، اطالوی، جرمن، جاپانی، کوریائی، لاؤسی، مین، پولش، پرتگالی، پنجابی، روسی، تگالوگ، تھائی، یوکرینی، یا ویتنامی بولن آلا تہاڈی مدد کر سکتا اے۔ ایہہ اک مفت سروس اے۔

Russian:

- Если у вас возникли какие-либо вопросы о вашем плане медицинского обслуживания или плане с покрытием лекарственных препаратов, для вас предусмотрены бесплатные услуги переводчика. Чтобы воспользоваться услугами переводчика, просто позвоните нам по номеру (855) 665-4627, телетайп: 711. Вам поможет сотрудник, владеющий английским, испанским, арабским, армянским, кхмерским, китайским, фарси, французским, гаитянским креольским, хинди, хмонг-мьенским, итальянским, немецким, японским, корейским, лаосским, мьен, польским, португальским, пенджабским, русским, тагальским, тайским, украинским или вьетнамским языком. Эта услуга предоставляется бесплатно.

Tagalog:

- Mayroon kaming libreng mga serbisyo ng interpreter na makakasagot sa anumang tanong na maaaring mayroon ka tungkol sa aming plano sa kalusugan o gamot. Para makakuha ng interpreter tumawag lang sa (855) 665-4627 TTY: 711. Matutulungan ka ng isang taong nakakapagsalita ng English, Spanish, Arabic, Armenian, Cambodian, Chinese, Farsi, French, French Creole, Hindi, Hmong, Italian, German, Japanese, Korean, Laotian, Mien, Polish, Portuguese, Punjabi, Russian, Tagalog, Thai, Ukrainian, o Vietnamese. Isa itong libreng serbisyo.

Thai:

- เรามีบริการล่ามให้บริการคุณฟรีสำหรับการตอบคำถามต่างๆ ที่เกี่ยวกับสุขภาพและแผนยาของเรา หากต้องการล่ามสามารถโทรหาเราได้ที่(855) 665-4627 TTY: 711. สำหรับคนที่พูดภาษาอังกฤษ สเปน อารบิก อาร์เมเนีย กัมพูชา จีน ฟาร์ซี ฝรั่งเศส ครีโอลฝรั่งเศส ฮินดี ม้ง อิตาลี เยอรมัน ญี่ปุ่น เกาหลี ลาว เมียนมา โปแลนด์ โปรตุเกส ญวน รัสเซีย ตากาล็อก ไทย ภาษาเขมรหรือภาษาเวียดนาม เราสามารถช่วยคุณได้ นี่เป็นบริการฟรีสำหรับคุณ



Ukrainian:

- Ми надаємо безкоштовні послуги перекладача, який допоможе відповісти на будь-які запитання про наш план медичного страхування або план покриття ліків. Щоб отримати послуги перекладача, просто зателефонуйте нам за номером (855) 665-4627, телетайп: 711. Вам може допомогти людина, яка розмовляє англійською, іспанською, арабською, вірменською, кхмерською, китайською, фарсі, французькою, гаїтянською креольською, гінді, хмонг, італійською, німецькою, японською, корейською, лаоською, м'єн, польською, португальською, пенджабською, російською, тагальською, тайською, українською або в'єтнамською мовами. Ця послуга надається безкоштовно.

Vietnamese:

- Chúng tôi có các dịch vụ phiên dịch miễn phí để trả lời bất kỳ câu hỏi nào của quý vị về chương trình chăm sóc sức khỏe hoặc chương trình thuốc của chúng tôi. Để có phiên dịch viên, chỉ cần gọi cho chúng tôi theo số (855) 665-4627 TTY: 711. Sẽ có người nói tiếng Anh, tiếng Tây Ban Nha, tiếng Ả Rập, tiếng Armenia, tiếng Campuchia, tiếng Trung, tiếng Farsi, tiếng Pháp, tiếng Pháp Creole, tiếng Hindi, tiếng Hmong, tiếng Ý, tiếng Đức, tiếng Nhật, tiếng Hàn, tiếng Lào, tiếng Miên, tiếng Ba Lan, tiếng Bồ Đào Nha, tiếng Punjabi, tiếng Nga, tiếng Tagalog, tiếng Thái, tiếng Ukraina hoặc tiếng Việt có thể trợ giúp quý vị. Đây là dịch vụ miễn phí.



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A. Disclaimers

- Molina Medicare Complete Care Plus (HMO-DSNP) is a Health Plan with a Medicare Contract and a contract with the state Medicaid program. Enrollment in Molina Medicare Complete Care Plus depends on contract renewal.
- Molina Healthcare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, ethnicity, national origin, religion, gender, sex, age, mental or physical disability, health status, receipt of healthcare, claims experience, medical history, genetic information, evidence of insurability, geographic location.
- The List of Covered Drugs and/or pharmacy and provider networks may change throughout the year. We will send you a notice before we make a change that affects you.
- Eligibility for the Model Benefit or RI Programs under the VBID Model is not assured and will be determined by the MAO after enrollment, based on relevant criteria e.g., clinical diagnoses, eligibility criteria, participation in a disease state management program in the event eligibility of Targeted Enrollees for Model Benefits or RI Programs is not assured or cannot be determined before a Plan Year, as applicable.
- Medicare approved Molina Medicare Complete Care Plus (HMO D-SNP) to provide lower copayments on Part D Prescription Drugs as part of the Value-Based Insurance Design program. This program lets Medicare try new ways to improve Medicare Advantage plans.

B. Reviewing your Medicare and Medi-Cal coverage for next year

It is important to review your coverage now to make sure it will still meet your needs next year. If it doesn't meet your needs, you may be able to leave our plan. Refer to **Section F2** for more information on changes to your benefits for next year.

If you choose to leave our plan, your membership will end on the last day of the month in which your request was made. You will still be in the Medicare and Medi-Cal programs as long as you are eligible.

If you leave our plan, you can get information about your:

- Medicare options in the table in **Section F2**.
- Medi-Cal options and services in **Section F2**.



B1. Information about Molina Medicare Complete Care Plus (HMO D-SNP)

- Molina Medicare Complete Care Plus (HMO D-SNP) is a health plan that contracts with both Medicare and Medi-Cal to provide benefits of both programs to members.
- Coverage under Molina Medicare Complete Care Plus (HMO D-SNP) is qualifying health coverage called “minimum essential coverage.” It satisfies the Patient Protection and Affordable Care Act’s (ACA) individual shared responsibility requirement. Visit the Internal Revenue Service (IRS) website at www.irs.gov/Affordable-Care-Act/Individuals-and-Families for more information on the individual shared responsibility requirement.
- When this Annual Notice of Changes says “we,” “us,” “our,” or “our plan,” it means the Medicare Medi-Cal Plan.

B2. Important things to do

- Check if there are any changes to our benefits that may affect you.
 - Are there any changes that affect the services you use?
 - Review benefit changes to make sure they will work for you next year.
 - Refer to **Section D1** for information about benefit changes for our plan.
- Check if there are any changes to our prescription drug coverage that may affect you.
 - Will your drugs be covered? Are they in a different cost-sharing tier? Can you use the same pharmacies?
 - Review changes to make sure our drug coverage will work for you next year.
 - Refer to **Section D2** for information about changes to our drug coverage.
- Check if your providers and pharmacies will be in our network next year.
 - Are your doctors, including your specialists, in our network? What about your pharmacy? What about the hospitals or other providers you use?
 - Refer to **Section G1** for information about our Provider and Pharmacy Directory.
- Think about your overall costs in the plan.
 - How much will you spend out-of-pocket for the services and prescription drugs you use regularly?
 - How do the total costs compare to other coverage options?
 - **Think about whether you are happy with our plan.**



<p>If you decide to stay with Molina Medicare Complete Care Plus (HMO D-SNP):</p> <p>If you want to stay with us next year, it's easy – you don't need to do anything. If you don't make a change, you automatically stay enrolled in Molina Medicare Complete Care Plus (HMO D-SNP).</p>	<p>If you decide to change plans:</p> <p>If you decide other coverage will better meet your needs, you may be able to switch plans (refer to Section F2 for more information). If you enroll in a new plan, or change to Original Medicare, your new coverage will begin on the first day of the following month.</p>
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C. Changes to our network providers and pharmacies

We have not made any changes to our network of providers and pharmacies for next year.

However, it's important that you know that we may make changes to our network during the year. If your provider leaves our plan, you have certain rights and protections. For more information, refer to **Chapter 3** of your *Member Handbook*.

Please review the 2024 Provider and Pharmacy Directory to find out if your providers or pharmacy are in our network. An updated Provider and Pharmacy Directory is located on our website at www.MolinaHealthcare.com/Medicare. You may also call Member Services at the numbers at the bottom of the page for updated provider information or to ask us to mail you a *Provider and Pharmacy Directory*.

It's important that you know that we may also make changes to our network during the year. If your provider leaves our plan, you have certain rights and protections. For more information, refer to **Chapter 3** of your *Member Handbook*.

D. Changes to benefits for next year

D1. Changes to benefits for medical services

We're changing our coverage for certain medical services and what you pay for these covered medical services next year. The table below describes these changes.



Medicare Benefit	2023 (this year)	2024 (next year)
Medicare Part D Prescription Drugs	<p>Part D covered drugs on the Plan formulary are on different tiers.</p> <p>Because you have Medi-Cal, you are already enrolled in “Extra Help,” also called the Low-Income Subsidy,</p> <p>In 2023, your cost for a prescription filled at a network pharmacy will depend on your Low-Income Subsidy (LIS) Copay and tier the medication is on.</p>	<p>Part D covered drugs on the Plan formulary will be on one tier.</p> <p>Because you have Medi-Cal, you are already enrolled in “Extra Help,” also called the Low-Income Subsidy.</p> <p>In 2024, your cost for a prescription filled at a network pharmacy will be \$0 through all stages of the Part D Prescription Drug Benefit with the Value Based Insurance Design (VBID) enhanced benefit.</p>
<p>Note: This coverage is for Medicare covered Part D Prescription Drugs. Remember, you need your Medi-Cal card or Benefits Identification Card (BIC) to access Medi-Cal Rx covered drugs.</p>		
Medicare Supplemental Benefit: In-Home Support Services	<p>Benefit is covered as a Medicare Supplemental Benefit for up to 90 hours per year of provided by our Vendor</p>	<p>Benefit is not covered as a Medicare Supplemental Benefit</p>
<p>Note: This coverage is for Medicare Supplemental IHSS benefit. If you need help with your Medi-Cal In-Home Supportive Services (IHSS) benefits, contact your local County Social Services Department. The IHSS program can provide services so that you can remain safely in your own home. IHSS is considered an alternative to out-of-home care, such as nursing homes or board and care facilities. To apply for IHSS, contact your local county IHSS Office.</p>		



Medicare Benefit	2023 (this year)	2024 (next year)
<p>Medicare Supplemental Benefit: Routine Dental Services</p>	<p>Benefit is covered as a Medicare Supplemental Benefit</p> <p>Preventive and Comprehensive Dental Services are covered this benefit when you use your MyChoice card.</p> <p>You have a \$4,000 allowance every year for preventive and comprehensive dental services combined.</p> <p>You received a prepaid debit MyChoice card that may be used toward your supplemental plan benefits.</p>	<p>Benefit is covered as a Medicare Supplemental Benefit</p> <p>To give you more options for your routine dental needs in 2024 you may pick one of two options:</p> <ol style="list-style-type: none"> If you use a Provider within our Dental Vendor, you will get the following Preventive Dental Services at no cost to you: <ul style="list-style-type: none"> ■ 2 Oral Exams, ■ 2 Cleanings, ■ 2 Fluoride Treatments ■ Dental X-Rays In addition, you have a \$1,000 allowance every year for comprehensive dental. You may continue to use your MyChoice card for comprehensive dental services. If you chose to utilize a dental provider outside of the Vendor network, all routine dental services will only be covered when you use your \$1,000 yearly allowance when you use your MyChoice card.
<p>Note: This coverage is for Medicare Supplemental Dental Benefit. Some dental services are available through the Medi-Cal Dental Program. Dental benefits are available in the Medi-Cal Dental Program as fee-for-service. For more information, or if you need help finding a dentist who accepts the Medi-Cal Dental Program, contact the Customer Service Line at 1-800-322-6384 (TTY users call 1-800-735-2922). The call is free.</p> <p>Medi-Cal Dental Services Program representatives are available to assist you from 8:00 a.m. to 5:00 p.m., Monday through Friday. You can also visit the website at dental.dhcs.ca.gov/ for more information.</p>		



Medicare Benefit	2023 (this year)	2024 (next year)
Medicare Supplemental Benefit: Routine Hearing Services	Benefit is covered as a Medicare Supplemental Benefit for up to 2 pre-selected hearing aids from a plan approved provider every year. You may use in-network provider to access this benefit.	Benefit is covered as a Medicare Supplemental Benefit for up to 2 pre-selected hearing aids from a plan approved provider every 2 years. You must use HearUSA to access this benefit.
	Note: This coverage is for Medicare Supplemental Hearing Benefit. You are covered for additional hearing aid and audiological services under your Medi-Cal (Medicaid) benefit through the Plan.	
Medicare Supplemental Benefit: Meals Benefit	Benefit is covered as a Medicare Supplemental Benefit. Includes 2 meals a day for 14 days with a total of 28 meals delivered. You may also qualify for an additional 28 meals over 14 days with approval. Plan maximum coverage of 4 weeks, and up to 56 meals every calendar year applies.	Benefit is not covered as a Medicare Supplemental Benefit
	Note: This coverage is for Medicare Supplemental Meals Benefit. Please call Member Services or contact your Case Manager if you need community resources to help with food insecurities. In addition, you can get individual telephonic nutrition counseling upon request under your Nutritional/Dietary counseling benefit with a referral.	
Medicare Supplemental Benefit: Over-the-counter (OTC)	Benefit is covered as a Medicare Supplemental Benefit Coverage includes a \$400 allowance every quarter to spend on plan-approved OTC items. You received a prepaid debit MyChoice card that may be used toward your supplemental OTC benefits.	Benefit is covered as a Medicare Supplemental Benefit Coverage includes a \$320 allowance every quarter to spend on plan-approved OTC items. Your prepaid debit MyChoice card may be used for your supplemental OTC benefits.
	Note: This coverage is for Medicare Supplemental OTC Benefit. Some over-the-counter (OTC) medications and certain vitamins, may be covered by Medi-Cal Rx. Please visit the Medi-Cal Rx website (medi-calrx.dhcs.ca.gov) for more information. You can also call the Medi-Cal Rx Customer Service Center at 800-977-2273.	



Medicare Benefit	2023 (this year)	2024 (next year)
Medicare Supplemental Benefit: Personal Emergency Response System (PERS)	Benefit is covered as a Medicare Supplemental Benefit	Benefit is not covered as a Medicare Supplemental Benefit
	Note: This coverage is for Medicare Supplemental PERS Benefit. Please call Member Services or contact your Case Manager if you need community resources or assistance with Waiver benefits.	
Medicare Supplemental Benefit: Routine Podiatry Services	Benefit is covered as a Medicare Supplemental Benefit for up to 12 visits in the plan year	Benefit is not covered as a Medicare Supplemental Benefit
	Note: This coverage is for Medicare Supplemental Routine Podiatry Benefit. You are covered for additional podiatry services under your Medi-Cal (Medicaid) benefit through the Plan.	
Medicare Supplemental Benefit: Routine Transportation Services	Benefit is covered as a Medicare Supplemental Benefit Coverage includes a \$200 allowance every quarter to spend on routine transportation services. You received a prepaid debit MyChoice card that may be used toward your supplemental OTC benefits.	Benefit is not covered as a Medicare Supplemental Benefit
	Note: This coverage is for Medicare Supplemental Routine Transportation Benefit. You are covered for additional routine transportation services under your Medi-Cal (Medicaid) benefit through the Plan.	

D2. Changes to prescription drug coverage

Changes to our Drug List

You will get a 2024 *List of Covered Drugs* in a separate mailing. An updated *List of Covered Drugs* is located on our website at www.MolinaHealthcare.com/Medicare. You may also call Member Services at the numbers at the bottom of the page for updated drug information or to ask us to mail you a *List of Covered Drugs*. The *List of Covered Drugs* is also called the "Drug List."

We made changes to our Drug List, including changes to the drugs we cover and changes to the restrictions that apply to our coverage for certain drugs.

Review the Drug List to **make sure your drugs will be covered next year** and to find out if there are any restrictions.



If you are affected by a change in drug coverage, we encourage you to:

- Work with your doctor (or other prescriber) to find a different drug that we cover.
 - You can call Member Services at the numbers at the bottom of the page or contact your Case Manager to ask for a list of covered drugs that treat the same condition.
 - This list can help your provider find a covered drug that might work for you.
- Work with your doctor (or other prescriber) and ask us to make an exception to cover the drug.
 - You can ask for an exception before next year, and we'll give you an answer within 72 hours after we get your request (or your prescriber's supporting statement).
 - To learn what you must do to ask for an exception, refer to **Chapter 9** of your *Member Handbook* or call Member Services at the numbers at the bottom of the page.
 - If you need help asking for an exception, contact Member Services or your Case Manager. Refer to **Chapters 2 and 3** of your *Member Handbook* to learn more about how to contact your Case Manager.
- Ask us to cover a temporary supply of the drug.
 - In some situations, we cover a **temporary** supply of the drug during the first (90) days of the calendar year.
 - This temporary supply is for up to (31) days one-month. (To learn more about when you can get a temporary supply and how to ask for one, refer to **Chapter 5** of your *Member Handbook*.)

When you get a temporary supply of a drug, talk with your doctor about what to do when your temporary supply runs out. You can either switch to a different drug our plan covers or ask us to make an exception for you and cover your current drug.

Important Message About What You Pay for Vaccines

Our plan covers most Part D vaccines at no cost to you.

Changes to prescription drug costs

We moved all drugs on the Drug List to one tier.

The following table shows your costs for your single Tier drugs in each of our Tier 1 formulary.



	2023 (this year)	2024 (next year)
<p>Part D Prescription Drugs</p> <p>Our plan covers Part D vaccines at no cost to you</p>	<p>Part D covered drugs on the Plan formulary are on different tiers.</p> <p>Because you have Medi-Cal, you are already enrolled in “Extra Help,” also called the Low-Income Subsidy,</p> <p>In 2023, your cost for a prescription filled at a network pharmacy will depend on your Low-Income Subsidy (LIS) Copay and tier the medication is on.</p>	<p>Part D covered drugs on the Plan formulary will be on one tier.</p> <p>Because you have Medi-Cal, you are already enrolled in “Extra Help,” also called the Low-Income Subsidy.</p> <p>In 2024, your cost for a prescription filled at a network pharmacy will be \$0 through all stages of the Part D Prescription Drug Benefit with the Value Based Insurance Design (VBID) enhanced benefit.</p>

E. Administrative changes

We are making administrative changes for next year. The information in the table below describes these changes.

	2023 (this year)	2024 (next year)
Your Contract/ Plan Benefit Package (PBP) has changed.	H5810-016	H3038-003

F. Choosing a plan

F1. Staying in our plan

We hope to keep you as a plan member. You do not have to do anything to stay in our plan. If you do **not** change to another Medicare plan or change to Original Medicare, you automatically stay enrolled as a member of our plan for 2024.

F2. Changing plans

Most people with Medicare can end their membership during certain times of the year. Because you have Medi-Cal, you may be able to end your membership in our plan or switch to a different plan one time during each of the following **Special Enrollment Periods**:

- January to March
- April to June
- July to September

OMB Approval 0938-1444 (Expires: June 30, 2026)



If you have questions, please call Molina Medicare Complete Care Plus (HMO D-SNP) 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 MolinaHealthcare.com/Medicare.

In addition to these three Special Enrollment periods, you may end your membership in our plan during the following periods:

- The **Annual Enrollment Period**, which lasts from October 15 to December 7. If you choose a new plan during this period, your membership in our plan ends on December 31 and your membership in the new plan starts on January 1.
- The **Medicare Advantage (MA) Open Enrollment Period**, which lasts from January 1 to March 31. If you choose a new plan during this period, your membership in the new plan starts the first day of the next month.

There may be other situations when you are eligible to make a change to your enrollment. For example, when:

- you moved out of our service area,
- your eligibility for Medi-Cal or Extra Help changed, **or**
- if you recently moved into, currently are getting care in, or just moved out of a nursing facility or a long-term care hospital.

Your Medicare services

You have three options for getting your Medicare services. By choosing one of these options, you automatically end your membership in our plan.



<p>1. You can change to:</p> <p>Another Medicare health plan, including another Medicare Medi-Cal Plan</p>	<p>Here is what to do:</p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.</p> <p>For Program of All-inclusive Care for the Elderly (PACE) inquiries, call 1-855-921-PACE (7223).</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"> ■ Call the California Health Insurance Counseling and Advocacy Program (HICAP) at 1-800-434-0222, Monday through Friday from 8:00 a.m. to 5:00 p.m. For more information or to find a local HICAP office in your area, please visit www.aging.ca.gov/Programs_and_Services/Medicare_Counseling/. <p>OR</p> <p>Enroll in a new Medicare plan.</p> <p>You will automatically be disenrolled from our plan when your new plan's coverage begins. Your Medi-Cal plan may change.</p>
<p>2. You can change to:</p> <p>Original Medicare with a separate Medicare prescription drug plan</p>	<p>Here is what to do:</p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"> ■ Call the California Health Insurance Counseling and Advocacy Program (HICAP) at 1-800-434-0222, Monday through Friday from 8:00 a.m. to 5:00 p.m. For more information or to find a local HICAP office in your area, please visit www.aging.ca.gov/Programs_and_Services/Medicare_Counseling/. <p>OR</p> <p>Enroll in a new Medicare prescription drug plan.</p> <p>You will automatically be disenrolled from our plan when your Original Medicare coverage begins.</p> <p>Your Medi-Cal plan will not change.</p>



3. You can change to:**Original Medicare without a separate Medicare prescription drug plan**

NOTE: If you switch to Original Medicare and do not enroll in a separate Medicare prescription drug plan, Medicare may enroll you in a drug plan, unless you tell Medicare you don't want to join.

You should only drop prescription drug coverage if you have drug coverage from another source, such as an employer or union. If you have questions about whether you need drug coverage, call the California Health Insurance Counseling and Advocacy Program (HICAP) at 1-800-434-0222, Monday through Friday from 8:00 a.m. to 5:00 p.m. For more information or to find a local HICAP office in your area, please visit www.aging.ca.gov/Programs_and_Services/Medicare_Counseling/.

Here is what to do:

Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

If you need help or more information:

- Call the California Health Insurance Counseling and Advocacy Program (HICAP) at 1-800-434-0222, Monday through Friday from 8:00 a.m. to 5:00 p.m. For more information or to find a local HICAP office in your area, please visit www.aging.ca.gov/Programs_and_Services/Medicare_Counseling/.

You will automatically be disenrolled from our plan when your Original Medicare coverage begins.

Your Medi-Cal plan will not change.

Your Medi-Cal services

For questions about how to choose a Medi-Cal plan or get your Medi-Cal services after you leave our plan, contact Health Care Options at 1-800-430-4263, Monday – Friday from 8:00 a.m. to 6:00 p.m. TTY users should call 1-800-430-7077. Ask how joining another plan or returning to Original Medicare affects how you get your Medi-Cal coverage.

G. Getting help**G1. Our plan**

We're here to help if you have any questions. Call Member Services at the numbers at the bottom of the page during the days and hours of operation listed. These calls are toll-free.



If you have questions, please call Molina Medicare Complete Care Plus (HMO D-SNP) 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 MolinaHealthcare.com/Medicare.

Read your *Member Handbook*

Your *Member Handbook* is a legal, detailed description of our plan's benefits. It has details about benefits and costs for 2024. It explains your rights and the rules to follow to get services and prescription drugs we cover.

The *Member Handbook* for 2024 will be available by October 15. You can also review the separately mailed *Member Handbook* to find out if other benefit or cost changes affect you. An up-to-date copy of the *Member Handbook* is available on our website at www.MolinaHealthcare.com/Medicare. You may also call Member Services at the numbers at the bottom of the page to ask us to mail you a *Member Handbook* for 2024.

Our website

You can visit our website at www.MolinaHealthcare.com/Medicare. As a reminder, our website has the most up-to-date information about our provider and pharmacy network (*Provider and Pharmacy Directory*) and our Drug List (*List of Covered Drugs*).

G2. Health Insurance Counseling and Advocacy Program (HICAP)

You can also call the State Health Insurance Assistance Program (SHIP). In California, the SHIP is called the Health Insurance Counseling and Advocacy Program (HICAP). HICAP counselors can help you understand your plan choices and answer questions about switching plans. HICAP is not connected with us or with any insurance company or health plan. HICAP has trained counselors in every county, and services are free. HICAP's phone number is 1-800-434-0222. TTY 711. For more information or to find a local HICAP office in your area, please visit www.aging.ca.gov/Programs_and_Services/Medicare_Counseling/.

G3. Ombuds Program

The Medicare Medi-Cal Ombuds Program can help you if you have a problem with our plan. The ombudsman's services are free and available in all languages. The Medicare Medi-Cal Ombuds Program:

- works as an advocate on your behalf. They can answer questions if you have a problem or complaint and can help you understand what to do.
- makes sure you have information related to your rights and protections and how you can get your concerns resolved.
- is not connected with us or with any insurance company or health plan. The phone number for the Medicare Medi-Cal Ombuds Program is 1-888-804-3536.

G4. Medicare

To get information directly from Medicare, call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.



Medicare's Website

You can visit the Medicare website (www.medicare.gov). If you choose to disenroll from our plan and enroll in another Medicare plan, the Medicare website has information about costs, coverage, and quality ratings to help you compare plans.

You can find information about Medicare plans available in your area by using Medicare Plan Finder on Medicare's website. (For information about plans, refer to www.medicare.gov and click on "Find plans.")

Medicare & You 2024

You can read the *Medicare & You 2024* handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. This handbook is also available in Spanish, Chinese, and Vietnamese.

If you don't have a copy of this booklet, you can get it at the Medicare website (www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf) 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.

G5. California Department of Managed Health Care

The California Department of Managed Health Care (DMHC) is responsible for regulating health care service plans. The DMHC Help Center can help you with appeals and complaints about Medical services. If you have a grievance against your health plan, you should first telephone your health plan at (855) 665-4627, TTY: 711 and use your health plan's grievance process before contacting the department. Utilizing this grievance procedure does not prohibit any potential legal rights or remedies that may be available to you. If you need help with a grievance involving an emergency, a grievance that has not been satisfactorily resolved by your health plan, or a grievance that has remained unresolved for more than 30 days, you may call the department for assistance. You may also be eligible for an Independent Medical Review (IMR). If you are eligible for IMR, the IMR process will provide an impartial review of medical decisions made by a health plan related to the medical necessity of a proposed service or treatment, coverage decisions for treatments that are experimental or investigational in nature and payment disputes for emergency or urgent medical services. The department also has a toll-free telephone number **(1-888-466-2219)** and a TDD line **(1-877-688-9891)** for the hearing and speech impaired. The department's internet website www.dmhc.ca.gov has complaint forms, IMR application forms and instructions online.



Getting Important Plan Materials



How to Get Important Plan Documents

You are important to us! We make it easy for you to get the information you need. Go online to view important plan documents and find a network provider or pharmacy. You can also look up your prescription drugs, anytime, anywhere, from any device. Your **2024** plan documents, like your Evidence of Coverage, Formulary, and Provider/Pharmacy Directory will be available online by **October 15, 2023**.

Get to know your plan documents

- **Evidence of Coverage (EOC):** A guide to what's covered under your plan. It has details about your plan benefits and coverage, member rights, and more.
- **Formulary:** A list of covered drugs under your plan.
- **Provider/Pharmacy Directory:** A list of network doctors, specialists, and pharmacies with phone numbers and addresses. You can find a network provider or pharmacy using our online directory at MolinaHealthcare.com/ProviderSearch
- **Notice of Privacy Practice:** This notice describes how medical information about you may be used and disclosed and how you can get access to this information. This is located on our website at https://www.molinahealthcare.com/members/common/en-US/terms_privacy.aspx

How to view or request a copy of a plan document



Online at MolinaHealthcare.com/Medicare

View or download a copy of your plan documents online anytime, anywhere. Use any device, like your computer, tablet, or mobile phone. Your 2024 plan documents will be available online by October 15, 2023.



Online at MyMolina.com.

Visit our self-service member portal to view your plan documents online 24/7, or to find a network provider or pharmacy. Sign in to your My Molina Member Portal or set up an account at MyMolina.com. Click "Create an Account" and follow the step-by-step instructions to sign up.



Call toll-free.

Let us know if you don't have computer access or if you prefer to have a printed copy of an EOC, Formulary, or Provider/Pharmacy Directory mailed to you. To request a printed copy of a plan document, call Member Services toll-free at **(855) 665-4627, TTY: 711, Monday - Friday, 8 a.m. to 8 p.m., local time.**

We're here to help

If you have questions about your benefits or need help finding a network provider or pharmacy, or would like to opt-out of mailed materials, please call Member Services toll-free at **(855) 665-4627, TTY: 711**.

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OMB Approval 0938-1444 (Expires: June 30, 2026)



If you have questions, please call Molina Medicare Complete Care Plus (HMO D-SNP) 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 MolinaHealthcare.com/Medicare.



Language Assistance Services

Free aids and services, such as sign language interpreters, written translations, and written information in alternative formats, are available to you. Call 1-855-665-4627 (TTY: 711).

English:

We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-855-665-4627. Someone who speaks English can help you. This is a free service.

Spanish:

Contamos con servicios de intérprete gratuitos para responder a cualquier pregunta que pueda tener acerca de nuestro plan de salud o medicamentos. Para obtener un intérprete, llámenos al 1-855-665-4627. Alguien que hable Español puede ayudarle. Este es un servicio gratuito.

Chinese Mandarin:

如果您对我们的健康计划或药品计划有任何问题，我们可以提供免费的口译服务回答您的问题。若要获得口译服务，请致电我们：1-855-665-4627。说普通话的人士会帮助您。这是免费服务。

Chinese Cantonese:

我們有免費的口譯員服務，可回答您對於我們健康或藥物計劃的任何問題。若需要口譯員，請撥打1-855-665-4627 聯絡我們。能說广东话的人士會為您提供協助。這是免費的服務。

Tagalog:

May mga libre kaming serbisyo ng interpreter para sagutin ang anumang posible ninyong tanong tungkol sa aming planong pangkalusugan o plano sa gamot. Para kumuha ng interpreter, tawagan lang kami sa 1-855-665-4627. May makakatulong sa inyo na nagsasalita ng Tagalog. Isa itong libreng serbisyo.

Vietnamese:

Chúng tôi có các dịch vụ phiên dịch miễn phí để trả lời bất kỳ câu hỏi nào của quý vị về chương trình chăm sóc sức khỏe hoặc chương trình thuốc của chúng tôi. Để có phiên dịch viên, chỉ cần gọi cho chúng tôi theo số 1-855-665-4627. Một người nói Tiếng Việt có thể giúp quý vị. Đây là dịch vụ miễn phí.

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Korean:

당사는 무료 통역 서비스를 통해 건강 또는 처방약 플랜에 대한 귀하의 질문에 답변해 드립니다. 통역 서비스를 이용하시려면 1-855-665-4627 로 전화하십시오. 한국말 통역사가 도움을 드릴 수 있습니다. 무료 서비스입니다.

Russian:

Если у вас возникли какие-либо вопросы о вашем плане медицинского обслуживания или плане с покрытием лекарственных препаратов, для вас предусмотрены бесплатные услуги переводчика. Чтобы воспользоваться услугами переводчика, просто позвоните нам по номеру 1-855-665-4627. Вам поможет сотрудник, владеющий русским языком. Эта услуга предоставляется бесплатно.

Arabic: نوفر خدمات الترجمة الفورية المجانية للإجابة عن أي أسئلة قد تراودك حول الخطة الصحية أو خطة الأدوية لدينا. وللحصول على مترجم فوري، تفضل بالاتصال بنا على الرقم 1-855-665-4627. ويمكن لشخص يتحدث اللغة مساعدتك. تقدم هذه الخدمة مجاناً.

Hindi:

हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-855-665-4627 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Japanese:

弊社の健康保険や薬剤計画についてご質問がある場合は、無料の通訳サービスをご利用いただけます。通訳サービスを利用するには、1-855-665-4627までお電話ください。日本語の通訳担当者が対応します。これは無料のサービスです。

Armenian:

Մենք ունենք անվճար քարզանհնչական ծառայություններ՝ մեր առողջության կամ դեղերի ծրագրի վերաբերյալ Ձեր ցանկացած հարցին պատասխանելու համար: Թարգմանիչ ստանալու համար պարզապես զանգահարե՛ք մեզ՝ 1-855-665-4627 հեռախոսահամարով: Ինչ-որ մեկին, ով խոսում է հայերեն, կարող է օգնել Ձեզ: Սա անվճար ծառայություն է:

Cambodian:

យើងមានសេវាអ្នកបកប្រែផ្ទៃទាល់មាត់ដោយឥតគិតថ្លៃដើម្បីជួយយើងឱ្យយល់អំពីសំណួរនានា ដល់អ្នកអាចនឹងមានអំពីគម្រោងសុខភាពនិងឱសថរបស់យើង។ ដើម្បីទទួលបានអ្នកបកប្រែ ផ្ទៃទាល់មាត់ម្នាក់ គ្រាន់តែទូរសព្ទមកយើងខ្ញុំតាមលេខ 1-855-665-4627 ។ មនុស្សម្នាក់ដែល និយាយភាសាខ្មែរអាចជួយអ្នកបាន។ សេវាកម្មនេះមិនគិតថ្លៃនោះទេ។

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Persian (Farsi):
يا دارویی ما داشته باشید می توانید از خدمات ترجمه رایگان ما استفاده کنید. برای دسترسی به مترجم شفاهی، کافی است با شماره 1-855-665-4627 با ما تماس بگیرید. فردی که به زبان فارسی صحبت می کند به شما کمک خواهد کرد. این سرویس رایگان است.

Hmong:

Peb muaj cov kev pab cuam pab txhais lus pub dawb los teb cov lus nug uas koj muaj txog peb txoj phiaj xwm kev noj qab haus huv los sis tshuaj.Yog xav tau ib tus neeg txhais lus, tsuas yog hu rau peb ntawm 1-855-665-4627.Ib tus neeg uas hais lus Hmoob tuaj yeem pab koj.Qhov no yog ib qho kev pab cuam pub dawb.

Laotian:

ພວກເຮົາມີການບໍລິການນາຍພາສາພຣີເພື່ອຕອບຄໍາຖາມທີ່ທ່ານອາດຈະມີກ່ຽວກັບແຜນສຸຂະພາບ ຫຼື ການຢາຂອງພວກເຮົາ. ຖ້າຕ້ອງການນາຍແປພາສາ, ພຽງແຕ່ໂທຫາພວກເຮົາທີ່ 1-855-665-4627. ຄົນທີ່ເວົ້າ ພາສາລາວ ສາມາດຊ່ວຍທ່ານໄດ້. ນີ້ແມ່ນການບໍລິການພຣີ.

Mien:

Yie mbuo mv nongc zinh taengx meih mbienv wac daih dau meih,haih doix yie mbuo nyei sinh beih nongx faix bong ndie nyei nyungh nyungc geh naiv.Oix duqv taux taengx meih mbienv wac,kungx zuqc mboqv yie mbuo nyei dienx wac 1-855-665-4627.Haih gorngv mienh wac nyei mienh haih bong taengx zuqc meih.Naiv se yietc nyungc mv nongc zinh nyei bong taengx.

Punjabi:

ਸਾਡੀ ਸਹਿਤ ਜਾਂ ਦਵਾਈ ਯੋਜਨਾ ਬਾਰੇ ਤੁਹਾਡੇ ਕਸਿ ਵੀ ਸਵਾਲ ਦਾ ਜਵਾਬ ਦੇਣ ਲਈ ਸਾਡੇ ਕੋਲ ਮੁਫਤ ਦੁਭਾਸ਼ੀਏ ਸੇਵਾਵਾਂ ਹਨ। ਦੁਭਾਸ਼ੀਏ ਨਾਲ ਸੰਪਰਕ ਕਰਨ ਲਈ, ਸਾਨੂੰ 1-855-665-4627 'ਤੇ ਕਾਲ ਕਰੋ। ਕੋਈ ਵੀਅਕਤੀ ਜੋ ਪੰਜਾਬੀ ਬੋਲਦਾ ਹੈ ਤੁਹਾਡੀ ਮਦਦ ਕਰ ਸਕਦਾ ਹੈ। ਇਹ ਇੱਕ ਮੁਫਤ ਸੇਵਾ ਹੈ।

Thai:

เรามีบริการล่ามแปลภาษาให้ฟรีเพื่อตอบคำถามใดๆ ที่คุณอาจมีเกี่ยวกับแผนด้านสุขภาพหรือยาของเรา หากต้องการรับบริการล่าม เพียงโทรหาเราที่ 1-855-665-4627 คนที่สามารถพูดภาษา ภาษาไทย สามารถช่วยคุณได้ บริการนี้เป็นบริการที่ไม่มีค่าใช้จ่าย

Ukrainian:

У нас є безкоштовні послуги перекладача, щоб відповісти на будь-які питання, які ви можете мати про наш план здоров'я або наркотиків. Щоб отримати інтерпретатор, просто зателефонуйте нам на 1-855-665-4627. Хтось, хто говорить Українська мова, може вам допомогти. Це безкоштовна послуга.

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French:

Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-855-665-4627. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

German:

Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-855-665-4627. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Italian:

È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-855-665-4627. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portugués:

Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-855-665-4627. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole:

Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-855-665-4627. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish:

Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-855-665-4627. Ta usługa jest bezpłatna.

