CA H5810-016

2023
Annual Notice of Changes

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

California CA H5810-016

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

Effective January 1 through December 31, 2023

MOLINA® HEALTHCARE

Your Cal MediConnect plan Molina Dual Options Cal MediConnect Plan Medicare-Medicaid Plan will change. You will be enrolled in the same Medicare and Medi-Cal plans, Molina Medicare Complete Care Plus (HMO D-SNP), provided by the same company that provides your Cal MediConnect plan. These plans will jointly be referred to as the (Medicare Medi-Cal Plans (MMPs or Medi-Medi plans) and is designed to coordinate care for people with both Medicare and Medi-Cal. You will still get the same health care benefits as you do now.

You will continue to get services through Cal MediConnect until December 31, 2022. On January 1, 2023, you will automatically start getting services through the (Medicare Medi-Cal Plans (MMPs or Medi-Medi plans). If you are in a Cal MediConnect plan now, you do not need to do anything to enroll and keep your current benefits.

The (Medicare Medi-Cal Plans (MMPs or Medi-Medi plans) will help you with all of your health care needs and will continue to coordinate your benefits and care. This includes medical and home and community-based services. It also includes medical supplies and medications. The plan will include the doctors you use now or help you find a new doctor that you like. You will start getting letters about this change in October 2022. We will send you integrated member materials, such as one integrated Member ID Card and Member Handbook.

You don’t have to do anything this fall to keep getting your health care from the plan you have now. If you have questions about your coverage in 2022, contact your current Cal MediConnect plan.

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

Annual Notice of Changes for 2023

Introduction

You are currently enrolled as a member of our plan. Next year, there will be some changes to our benefits, coverage, rules, and costs. This Annual Notice of Changes tells you about the changes and where to find more information about them. To get more information about costs, 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.

Table of Contents

A. Disclaimers

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

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

When this *Annual Notice of Changes* says “we,” “us,” “our,” or “our plan,” it means the Medicare Medi-Cal Coordination Plan.

It is important to review your coverage now to make sure it will still meet your needs next year. If it does not meet your needs, you may be able to leave our plan. Refer to section E2 for more information.

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 services in **Section F2**

B1. Additional resources

- ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call (855) 665-4627, TTY: 711, 7 days a week, 8 a.m. to 8 p.m., local time. The call is free.
- ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al (855) 665-4627 (TTY: 711), los 7 días de la semana, de 8 a. m. a 8 p. m., hora local. La llamada es gratuita.

- CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số (855) 665-4627, TTY: 711, 7 ngày 1 tuần, từ 8 giờ sáng đến 8 giờ tối, theo giờ địa phương. Cuộc gọi là miễn phí.
- PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa (855) 665-4627 (TTY: 711), 7 araw sa isang linggo, 8 a.m. hanggang 8 p.m., lokal na oras. Libre ang tawag.
- ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان، اتصل برقم 665-4627 (855) (رقم هاتف الصم والبكم: 711)، على مدى 7 أيام في الأسبوع، من الساعة 8 صباحًا وحتى الساعة 8 مساءً، بالتوقيت المحلي. إن هذا الاتصال مجاني.
- 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 (855) 665-4627 (TTY：711)，全年無休，上午 8 a.m. 至晚上 8 p.m.（當地時間）。此為免付費電話。
- 참고: 영어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 매일 현지 시간 오전 8시~오후 8시 사이에 (855) 665-4627 (TTY: 711) 번으로 전화해 주십시오. 무료 전화입니다.
- ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните (855) 665-4627, телетайп: 711, без выходных, с 8 a.m. до 8 p.m. по местному времени . Звонок бесплатный.
- توجه: اگر به زبان فارسی صحبت می کنید، تسهیلات زبانی، به صورت رایگان برای شما فراهم می باشد. با 665-4627 (855)، TTY: 711، 7 روز هفته، 8 صبح تا 8 بعد از ظهر، به وقت محلی تماس بگیرید. تماس رایگان است.
- ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Զանգահարեք (855) 665-4627, TTY (հեռատիպ)՝ 711, շաբաթը 7 օր, 8 a.m. - 8 p.m.՝ տեղական ժամանակով: Զանգն անվճար է:
- ប្រយ័ត្ន៖ ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ សេវាជំនួយផ្នែកភាសាដោយមិនគិតថ្លៃមានសម្រាប់អ្នក។ ចូរទូរស័ព្ទទៅកាន់លេខ (855) 665-4627, TTY: 711 ហាន 7 ថ្ងៃក្នុងមួយសប្តាហ៍ ពីម៉ោង 8 ព្រឹកដល់ម៉ោង 8 យប់ ម៉ោងនៅក្នុងតំបន់។ ការហៅទូរស័ព្ទមកលេខនេះគឺមិនគិតថ្លៃ។
- 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, 7 days a week, 8 a.m. to 5 p.m., local time to update your record with the preferred language. To get this document in an alternate format, please contact Member Services at (855) 665-4627, TTY: 711, 7 days a week, 8 a.m. to 8 p.m., local time. A representative can help you make or change a standing request. You can also contact your Case Manager for help with standing requests.

B2. Information about our plan

- 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 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.

B3. Important things to do

- **Check if there are any changes to our benefits and costs that may affect you.**
  - Are there any changes that affect the services you use?
  - Review benefit and cost changes to make sure they will work for you next year.
  - Refer to **Section F1** for information about benefit and cost 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 (5) tier? Can you use the same pharmacies?
  - Review the changes to make sure our drug coverage will work for you next year.
  - Refer to **Section F2** for information about changes to our drug coverage.
  - Your drug costs may have risen since last year.

  Talk to your doctor about lower cost alternatives drugs that may be available for you; this may save you in annual out-of-pocket costs throughout the year.

  - Keep in mind that your plan benefits determine exactly how much your own drug costs may change.
- **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 D** 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.**

If you decide to stay with Molina Medicare Complete Care Plus (HMO D-SNP)

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.

If you decide to change plans:

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.

C. Changes to our plan name

On January 1, 2023, our plan name changes from Molina Dual Options Cal MediConnect Plan Medicare-Medicaid Plan to Molina Medicare Complete Care Plus (HMO D-SNP) a Medicare Medi-Cal Plan.

Under our plan, you have one card for your Medicare and Medi-Cal services. You must use your membership card when you get any services covered by this plan and for prescription drugs you get at network pharmacies.

D. 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*.

We strongly encourage you to **review our current *Provider and Pharmacy Directory*** to find out if your providers or pharmacy are still 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*.

E. Changes to benefits and costs for next year

E1. Changes to benefits and costs 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.

	2022 (this year)	2023 (next year)
Additional Smoking and Tobacco Use Cessation Services	The plan covers **8 additional counseling services every calendar year** in addition to the coverage offered by Medicare.	Additional Smoking and Tobacco Use Cessation Services **are no longer covered**.

	2022 (this year)	2023 (next year)
Additional Telehealth services	Additional Telehealth services **are not** covered.	Additional Telehealth services **are** covered.
American Logistics	Your transportation services were administered by American Logistics.	American Logistics is no longer a vendor for 2023. You can now use your prepaid MyChoice card to pay for your transportation services from any participating transportation provider.
Annual Physical Exam	Annual Physical Exam **is not** covered.	Annual Physical Exam **is** covered.
Dental Services	Preventive and Comprehensive Dental Services **are not** covered.	Preventive and Comprehensive Dental Services **are** covered. You have a **$4,000** allowance every year for preventive and comprehensive dental services combined. You receive a prepaid debit MyChoice card that may be used toward your supplemental plan benefits. Cosmetic services are not covered by the plan, and you may not use your MyChoice card to pay for it. The allowance is to be used for services not already covered by Original Medicare or Medicaid.
Fitness Benefit	Fitness Benefit **is not** covered.	Fitness Benefit **is** covered.
Food and Produce	Food and Produce allowance **is not** covered.	Food and Produce allowance **may** be covered. Eligibility requirements applicable. For more information, refer to the benefits chart in Chapter 4 of your *Member Handbook*.
Hearing Services	You are covered for 1 hearing exam every year, and fitting/ evaluation for hearing aids 1	You are covered for 1 hearing exam every year, and fitting/ evaluation for hearing aids 1

	2022 (this year)	2023 (next year)
	every 2 years under your Medi-Cal (Medicaid) benefit. If you are told you need hearing aids, you have a hearing aid allowance of $1510 every year for both ears combined under your Medi-Cal (Medicaid) benefit.	every 2 years under your Medi-Cal (Medicaid) benefit. **Our plan covers an additional fitting/evaluation for hearing aids 1 every year**. If you are told you need hearing aids, you have a hearing aid allowance of $1510 every year for both ears combined under your Medi-Cal (Medicaid) benefit. **Our plan covers an additional 2 pre-selected hearing aids from a plan approved provider.**
In-Home Support	In-Home Support **is not** covered.	In-Home Support **is** covered.
March Vision	Your vision benefits were administered by March Vision.	March Vision is no longer a vendor for 2023. You can now use your prepaid MyChoice card to pay for your vision benefits from any participating vision provider.
Maximum Enrollee Out-of-Pocket (MOOP)	No Maximum Enrollee Out-of-Pocket (MOOP) costs.	Maximum Enrollee Out-of-Pocket (MOOP) range from **$0 to $8300.** There is no cost sharing for medical services in Molina Medicare Complete Care Plus (HMO D-SNP), so your annual out-of-pocket costs will be **$0**.
Mental Health and Wellness Applications Allowance	Mental Health and Wellness Applications allowance **is not** covered.	Mental Health and Wellness Applications allowance **may** be covered. Eligibility requirements applicable. For more information, refer to the benefits chart in Chapter 4 of your *Member Handbook*.

	2022 (this year)	2023 (next year)
Non-Medicare-covered Genetic Testing Kit	Non-Medicare-covered Genetic Testing Kit **is not** covered.	Non-Medicare-covered Genetic Testing Kit **may** be covered. Eligibility requirements applicable. For more information, refer to the benefits chart in Chapter 4 of your *Member Handbook*.
Nutritional/Dietary Benefit	Nutritional/Dietary individual sessions are unlimited under your Medi-Cal (Medicaid) benefit.	Nutritional/Dietary individual sessions are unlimited under your Medi-Cal (Medicaid) benefit. **Our plan covers an additional 12 group/individual telephonic sessions.**
Over-the-counter (OTC) items	You have a **$60** allowance every quarter to spend on plan-approved OTC items, products, and medications.	You have a **$400** allowance every quarter to spend on plan-approved OTC items, products, and medications. You receive a prepaid debit MyChoice card that may be used toward your supplemental plan benefits.
Personal Emergency Response System Plus (PERSPlus)	Personal Emergency Response System Plus (PERSPlus) **is not** covered.	Personal Emergency Response System Plus (PERSPlus) **is** covered.
Pest Control	Pest Control **is not** covered.	Pest Control **may** be covered. Eligibility requirements applicable. For more information, refer to the benefits chart in Chapter 4 of your *Member Handbook*.
Supplemental Podiatry services	Supplemental Podiatry services **are not** covered.	Supplemental Podiatry services **are** covered, 12 visits every year.
Service Animal Supplies Allowance	Service Animal Supplies allowance **is not** covered.	Service Animal Supplies allowance **may** be covered. Eligibility requirements applicable. For more information,

	2022 (this year)	2023 (next year)
		refer to the benefits chart in Chapter 4 of your *Member Handbook*.
Special Supplemental Benefits for Chronically ill	Special Supplemental Benefits for Chronically ill **are not** covered.	Special Supplemental Benefits for Chronically ill **may** be covered. Eligibility requirements applicable. For more information, refer to the benefits chart in Chapter 4 of your *Member Handbook*.
Step Therapy	Step Therapy **is not** required.	Step Therapy **may** be required for certain drugs.
Transportation Services	Transportation services are unlimited under your Medi-Cal (Medicaid) benefit.	Transportation services are unlimited under your Medi-Cal (Medicaid) benefit. **Our plan covers an additional $200 allowance every three months for transportation**. You receive a prepaid debit MyChoice card that may be used toward your supplemental plan benefits.
Vision Services	You are covered for 1 routine eye exam (and refraction) for eyeglasses every calendar year under your Medi-Cal (Medicaid) benefit. You have an allowance of $100 for eyeglasses (frames and lenses) or up to $100 for contact lenses every 2 calendar years under your Medi-Cal (Medicaid) benefit.	You are covered for 1 routine eye exam (and refraction) for eyeglasses every calendar year under your Medi-Cal (Medicaid) benefit. You have an allowance of $100 for eyeglasses (frames and lenses) or up to $100 for contact lenses every 2 calendar years under your Medi-Cal (Medicaid) benefit. **Our plan provides an additional $500 allowance every year for routine eye exams and eyewear combined.**

	2022 (this year)	2023 (next year)
		You receive a prepaid debit MyChoice card that may be used toward your supplemental plan benefits. Cosmetic services are not covered by the plan, and you may not use your MyChoice card to pay for it. The allowance is to be used for services not already covered by Original Medicare or Medicaid.
Worldwide Emergency Coverage	Worldwide Emergency Coverage **is not** covered.	Worldwide Emergency Coverage **is** covered. You are covered for worldwide emergency and urgent care services up to **$10,000** each calendar year.

E2. Changes to prescription drug coverage

Changes to our Drug List

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.

Changes to prescription drug costs

There are three payment stages for your Medicare Part D prescription drug coverage under our plan. How much you pay depends on which stage you are in when you get a prescription filled or refilled. These are the three stages:

Stage 1 Initial Coverage Stage	Stage 2 Coverage Gap Stage	Stage 3 Catastrophic Coverage Stage
During this stage, our plan pays part of the costs of your drugs, and you pay your share. Your share is called the copay. You begin this stage when you fill your first prescription of the year.	During this stage, you pay for the costs of your drugs. You begin this stage after you pay a certain amount of out-of-pocket costs.	During this stage, the plan pays all of the costs of your drugs through December 31, 2023. You begin this stage after you pay a certain amount of out-of-pocket costs.

The Initial Coverage Stage ends when your total out-of-pocket costs for prescription drugs reaches **$4,660**. At that point the Coverage Gap Stage begins. When you have spent a total of **$7,400** in out-of-pocket costs within the calendar year, you will move from the Coverage Gap Stage to the Catastrophic Coverage Stage. The plan covers all of your drug costs from then until the end of the year. Refer to **Chapter 6** of your *Member Handbook* for more information on how much you will pay for prescription drugs.

E3. Stage 1: “Initial Coverage Stage”

During the Initial Coverage Stage, our plan pays a share of the cost of your covered prescription drugs, and you pay your share. Your share is called the copay. The copay depends on what cost-sharing tier

the drug is in and where you get it. You pay a copay each time you fill a prescription. If your covered drug costs less than the copay, you pay the lower price.

The following table shows your costs for drugs in each of our (5) drug tiers. These amounts apply **only** during the time when you're in the Initial Coverage Stage.

	2022 (this year)	2023 (next year)
Drugs in Tier 1 (Preferred Generic drugs) Cost for a one-month supply of a drug in Tier 1 that is filled at a network pharmacy	Your copay for a one-month (31-day) supply is $**0 copay per prescription**.	Your copay for a one-month (31-day) supply is $**0 copay per prescription**.
Drugs in Tier 2 (Generic drugs) Cost for a one-month supply of a drug in Tier 2 that is filled at a network pharmacy	Your copay for a one-month (31-day) supply is $**0 copay per prescription**.	Your copay for a one-month (31-day) supply is $0, $1.45, or $4.15 **copay per prescription.** $0, $4.30, or $10.35 copay for all other drugs per prescription.
Drugs in Tier 3 (Preferred Brand drugs) Cost for a one-month supply of a drug in Tier 3 that is filled at a network pharmacy	Your copay for a one-month (31-day) supply is $**0 copay per prescription.**	Your copay for a one-month (31-day) supply is $0, $1.45, or $4.15 **copay per prescription.** $0, $4.30, or $10.35 copay for all other drugs per prescription.
Drugs in Tier 4 (Non-Preferred drugs) Cost for a one-month supply of a drug in Tier 4 that is filled at a network pharmacy	Your copay for a one-month (31-day) supply is $**0 copay per prescription**.	Your copay for a one-month (31-day) supply is $0, $1.45, or $4.15 **copay per prescription.** $0, $4.30, or $10.35 copay for all other drugs per prescription.
Drugs in Tier 5 (Specialty drugs) Cost for a one-month supply of a drug in Tier 5 that is filled at a network pharmacy	Your copay for a one-month (31-day) supply is $**0 copay per prescription**.	Your copay for a one-month (31-day) supply is $0, $1.45, or $4.15 **copay per prescription.** $0, $4.30, or $10.35 copay for all other drugs per prescription.

The Initial Coverage Stage ends when your total out-of-pocket costs reach **$4,660**. At that point the Coverage Gap Stage begins. Refer to **Chapter 6** of your *Member Handbook* for more information on how much you will pay for prescription drugs.

E4. Stage 2: "Coverage Gap Stage"

During this stage, you pay for the cost of your drugs. When you have spent a total of **$7,400** in out-of-pocket costs within the calendar year, you will move from the Coverage Gap Stage to the Catastrophic Coverage Stage. The plan covers all of your drug costs from then until the end of the year. Refer to **Chapter 6** of your *Member Handbook* for more information how much you pay for prescription drugs.

E5. Stage 3: "Catastrophic Coverage Stage"

When you reach the out-of-pocket limit **$7,400** for your prescription drugs, the Catastrophic Coverage Stage begins. You stay in the Catastrophic Coverage Stage until the end of the calendar year. During this stage, the plan pays all of the costs of your drugs through December 31, 2023.

Important Message About What You Pay for Vaccines

Our plan covers most Part D vaccines at no cost to you. Call Member Services for more information.

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 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 2023.

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

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 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

- 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 home 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.

1. You can change to: **Another Medicare health plan**	**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 For PACE inquiries, call 1-855-921-PACE (7223). 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 Medicare plan when your new plan's coverage begins. Your Medi-Cal plan may change.
2. You can change to: **Original Medicare with a separate Medicare prescription drug plan**	**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/. **OR** Enroll in a new Medicare prescription drug plan. You will automatically be disenrolled from our plan when your Original Medicare coverage begins. Your Medi-Cal plan will not change.
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 get your Medi-Cal services after you leave our plan, contact Health Care Options at 1-844-580-7272, Monday through 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.

Read your *2023 Member Handbook*

Your *Member Handbook* is a legal, detailed description of our plan's benefits. It has details about benefits for 2023. It explains your rights and the rules to follow to get services and prescription drugs we cover.

The Member Handbook for 2023 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 2023.

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 Health Consumer Alliance 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 Health Consumer Alliance 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 Health Consumer Alliance 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 2023

You can read the *Medicare & You 2023* 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. The 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 is responsible for regulating health care service plans. The DMHC Help Center can help you with appeals and complaints about Medi-Cal services. If you have a grievance against your health plan, you should first telephone your health plan at (855) 665-4627, TTY: 711, 7 days a week, 8 a.m. to 8 p.m., local time 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.

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