

2026

Summary of Benefits

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

California H3038-004-004

Serving: Sacramento County

Effective January 1 through December 31, 2026

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Molina Medicare Complete Care Plus (HMO D-SNP) | 2026 Summary of Benefits

Introduction

This document is a brief summary of the benefits and services covered by Molina Medicare Complete Care Plus. It includes answers to frequently asked questions, important contact information, an overview of benefits and services offered, and information about your rights as a member of Molina Medicare Complete Care Plus. Key terms and their definitions appear in alphabetical order in the last chapter of the *Member Handbook*.

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A. Disclaimers



This is a summary of health services covered by Molina Medicare Complete Care Plus for 1/1/2026. This is only a summary. Please read the *Member Handbook* for the full list of benefits.

- ❖ The 2026 *Member Handbook* will be available by October 15. An up-to-date copy of the 2026 *Member Handbook* is always available on our website at MolinaHealthcare.com/Medicare. You may also call Member Services at (855) 687-7860, TTY: 711, October 1 – March 31, 8 a.m. – 8 p.m., local time, 7 days a week. From April 1 – September 30, Monday – Friday, 8 a.m. – 8 p.m., local time. Please note that our automated phone system may answer your call during weekends and holidays from April 1 to September 30 to ask us to mail you a 2026 *Member Handbook*.
- ❖ Molina Healthcare is a C-SNP, D-SNP and HMO plan with a Medicare contract. D-SNP plans have a contract with the state Medicaid program. Enrollment depends on contract renewal.
- ❖ Molina Healthcare complies with applicable Federal civil rights laws and doesn't discriminate on the basis of race, ethnicity, national origin, religion, gender, sex, age, mental or physical disability, health status, receipt of healthcare, claims experience, medical history, genetic information, evidence of insurability, geographic location.
- ❖ For more information about **Medicare**, you can read the *Medicare & You* handbook. It has a summary of Medicare benefits, rights, and protections and answers to the most frequently asked questions about Medicare. You can get it at the Medicare website (www.medicare.gov) or by calling 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. For more information about **Medi-Cal**, you can check the California Department of Healthcare Services (DHCS) website (www.dhcs.ca.gov/) or contact the Medi-Cal Office of the Ombudsman 1-888-452-8609, Monday through Friday, between 8:00 a.m. and 5:00 p.m. You can also call the special Ombudsman for people who have both Medicare and Medi-Cal, at 1-855-501-3077, Monday through Friday, between 9:00 a.m. and 5:00 p.m.
- ❖ This document is available for free in Spanish, Arabic, Armenian, Cambodian, Chinese, Farsi, Hmong, Korean, Lao, Russian, Tagalog and Vietnamese.
- ❖ To request your preferred language other than English and/or alternate format, call Member Services at (855) 687-7860, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m., local time.
- ❖ We will maintain a record of our member's preferred language and/or format preferences, and we'll keep this information as a standing request for future mailings and communications. This will ensure that our members will not have to make a separate request each time.
- ❖ To change a standing request, call Member Services at (855) 687-7860, TTY: 711, Monday – Friday, 8 a.m. – 8 p.m., local time.



If you have questions, please call Molina Medicare Complete Care Plus (HMO D-SNP) at (855) 687-7860, TTY: 711, Monday-Friday, 8 a.m. - 8 p.m., local time. The call is free. **For more information**, visit MolinaHealthcare.com/Medicare.

B. Frequently asked questions (FAQ)

The following table lists frequently asked questions.

Frequently Asked Questions	Answers
What's a Medi-Medi Plan?	A Medi-Medi Plan is a health plan that contracts with both Medicare and Medi-Cal to provide benefits of both programs to enrollees. It's for people age 21 and older. A Medi-Medi Plan is an organization made up of doctors, hospitals, pharmacies, providers of Long-term Services and Supports (LTSS), and other providers. It also has care coordinators to help you manage all your providers and services and supports. They all work together to provide the care you need.
Will I get the same Medicare and Medi-Cal benefits in Molina Medicare Complete Care Plus that I get now?	You'll get most of your covered Medicare and Medi-Cal benefits directly from Molina Medicare Complete Care Plus. 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's assessment. You may also get other benefits outside of your health plan the same way you do now, directly from a State or county agency like In-Home Supportive Services (IHSS), specialty mental health and substance use disorder services, or regional center services. When you enroll in Molina Medicare Complete Care Plus, 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 Medicare Complete Care Plus 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 Medicare Complete Care Plus to cover your drug if medically necessary. For more information, call Member Services at the numbers listed at the bottom of this page.
Can I use the same doctors I use now? (continued on the next page)	Often that's the case. If your providers (including doctors, hospitals, therapists, pharmacies, and other health care providers) work with Molina Medicare Complete Care Plus and have a contract with us, you can keep going to them.



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Frequently Asked Questions	Answers
Can I use the same doctors I use now? (continued from previous page)	- Providers with an agreement with us are “in-network.” Network providers participate in our plan. That means they accept members of our plan and provide services our plan covers. You must use the providers in Molina Medicare Complete Care Plus'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 Medicare Complete Care Plus's plan. - If you're currently under treatment with a provider that's out of Molina Medicare Complete Care Plus's network, or have an established relationship with a provider that's out of Molina Medicare Complete Care Plus's network, call Member Services to check about staying connected and ask for continuity of care. To find out if your doctors are in the plan's network, call Member Services at the numbers listed at the bottom of this page or read Molina Medicare Complete Care Plus's <i>Provider and Pharmacy Directory</i> on the plan's website at MolinaHealthcare.com/Medicare. If Molina Medicare Complete Care Plus is new for you, we'll work with you to develop a care plan to address your needs.
What's a Molina Medicare Complete Care Plus care coordinator?	A Molina Medicare Complete Care Plus care coordinator is one main person for you to contact. This person helps to manage all your providers and services and make sure you get what you need.
What are Long-term Services and Supports (LTSS)?	Long-term Services and Supports (LTSS) are help for people who need assistance to do everyday tasks like bathing, toileting, getting dressed, making food, and taking medicine. Most of these services are provided at your home or in your community but could be provided in a nursing home or hospital. In some cases, a county or other agency may administer these services, and your care coordinator or care team will work with that agency.
What's a Multipurpose Senior Services Program (MSSP)?	A MSSP provides on-going care coordination with health care providers beyond what your health plan already provides and can connect you to other needed community services and resources. This program helps you get services that help you live independently in your home.
What happens if I need a service but no one in Molina Medicare Complete Care Plus'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 Medicare Complete Care Plus will pay for the cost of an out-of-network provider.



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Frequently Asked Questions	Answers
Where's Molina Medicare Complete Care Plus available?	The service area for this plan includes: Sacramento County, California. You must live in this area to join the plan.
What's prior authorization?	Prior authorization means an approval from Molina Medicare Complete Care Plus to seek services outside of our network or to get services not routinely covered by our network before you get the services. Molina Medicare Complete Care Plus 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 Medicare Complete Care Plus can provide you or your provider with a list of services or procedures that require you to get prior authorization from Molina Medicare Complete Care Plus before the service is provided. If you have questions about whether prior authorization is required for specific services, procedures, items, or drugs, call Member Services at the numbers listed at the bottom of this page for help.
What's a referral?	A referral means that your primary care provider (PCP) must give you approval to go to someone that's not your PCP. A referral is different than a prior authorization. If you don't get a referral from your PCP, Molina Medicare Complete Care Plus may not cover the services. Molina Medicare Complete Care Plus can provide you with a list of services that require you to get a referral from your PCP before the service is provided. Refer to the <i>Member Handbook</i> to learn more about when you'll need to get a referral from your PCP.
Do I pay a monthly amount (also called a premium) under Molina Medicare Complete Care Plus?	No. Because you have Medi-Cal, you won't pay any monthly premiums, including your Medicare Part B premium, for your health coverage.
Do I pay a deductible as a member of Molina Medicare Complete Care Plus?	No. You don't pay deductibles in Molina Medicare Complete Care Plus.
What's the maximum out-of-pocket amount that I'll pay for medical services as a member of Molina Medicare Complete Care Plus?	There's no cost sharing for medical services in Molina Medicare Complete Care Plus, 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	Hospital stay	\$0	There's no coinsurance, copayment, or deductible for this benefit. Prior authorizations may be required. As a Medi-Medi Plan, we'll coordinate your Medicare and Medi-Cal benefits.
	Doctor or surgeon care	\$0	Prior authorizations may be required. As a Medi-Medi Plan, we'll coordinate your Medicare and Medi-Cal benefits.
	Outpatient hospital services, including observation	\$0	Prior authorizations may be required. As a Medi-Medi Plan, we'll coordinate your Medicare and Medi-Cal benefits.
	Ambulatory surgical center (ASC) services	\$0	Prior authorizations may be required. As a Medi-Medi Plan, we'll coordinate your Medicare and Medi-Cal benefits.
You want a doctor (continued on the next page)	Visits to treat an injury or illness	\$0	As a Medi-Medi Plan, we'll coordinate your Medicare and Medi-Cal benefits.
	Specialist care	\$0	As a Medi-Medi Plan, we'll coordinate your Medicare and Medi-Cal benefits.
	Wellness visits, such as a physical	\$0	Annual Wellness visit every 12 months. As a Medi-Medi Plan, we'll coordinate your Medicare and Medi-Cal benefits.
	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

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You want a doctor (continued)			• 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. As a Medi-Medi Plan, we'll coordinate your Medicare and Medi-Cal benefits.
	"Welcome to Medicare" (preventive visit one time only)	\$0	As a Medi-Medi Plan, we'll coordinate your Medicare and Medi-Cal 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. You're covered for worldwide emergency and urgent care services up to \$10,000 each calendar year. As a Medi-Medi Plan, we'll coordinate your Medicare and Medi-Cal benefits.
	Urgent care	\$0	You may get urgent care services whenever you need it, anywhere in the United States or its territories, without prior authorization. You're covered for worldwide emergency and urgent care services up to \$10,000 each calendar year.



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need medical tests	Diagnostic radiology services (for example, X-rays or other imaging services, such as CAT scans or MRIs)	\$0	Prior authorizations may be required. As a Medi-Medi Plan, we'll coordinate your Medicare and Medi-Cal benefits.
	Lab tests and diagnostic procedures, such as blood work	\$0	Prior authorizations may be required. Genetic lab testing requires prior authorization. Outpatient Lab services don't require prior authorization. As a Medi-Medi Plan, we'll coordinate your Medicare and Medi-Cal benefits.
You need hearing/auditory services (continued on the next page)	Hearing screenings	\$0	Our plan covers 1 routine hearing exam every year, and 1 fitting / evaluation for hearing aids every calendar year from a plan-approved provider. You must use the plan vendor to access this benefit. As a Medi-Medi Plan, we'll coordinate your Medicare and Medi-Cal benefits.
	Hearing aids	\$0	Our plan covers up to 2 pre-selected hearing aids (both ears) from a plan-approved provider per year. You must use the plan vendor to access this benefit. This coverage is for your Medicare Supplemental Hearing Benefit. We also offer hearing aids through our Over-the-Counter benefit: You can only order these items through a plan approved vendor, not at a retail location. For more information on this OTC benefit, please refer to Chapter 4 of your <i>Member Handbook</i> .



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need hearing/auditory services (continued)			Medi-Cal covers additional hearing aid and audiological services. As a Medi-Medi Plan, we'll coordinate your Medicare and Medi-Cal benefits. You must use the plan vendor to access this benefit.
You need dental care (continued on the next page)	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'll 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'll have \$3,600 for select comprehensive dental services, including dentures. The annual maximum allowance doesn't apply towards your supplemental preventive services. 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.



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need dental care (continued on the next page)			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.
	Restorative and emergency dental care	\$0	You have the following preventive services: Oral Exams, Cleanings, Fluoride Treatments, Dental X-Rays (Periapicals, Bitewings, and Panoramic). You have a \$3,600 allowance every year for comprehensive dental services. A contracted provider in our dental network must be used for all dental services. See your <i>Member Handbook</i> for additional coverage details. Note: This coverage is for your Medicare Supplemental Dental Benefit. Some dental services are available through the Medi-Cal Dental Program. Dental benefits are available in the Medi-Cal Dental Program as fee-for-service. For more information, or if you need help finding a dentist who accepts the Medi-Cal Dental Program, contact the Customer Service Line at 1-800-322-6384 (TTY users call 1-800-735-2922). The call is free. Medi-Cal Dental Services Program representatives are available to assist you from 8:00 a.m. to 5:00 p.m., Monday through Friday.



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need dental care (continued)			You can also visit the website at dental.dhcs.ca.gov/ for more information. As a Medicare-Medi-Cal Plan, we'll coordinate your Medicare and Medi-Cal benefits.
You need eye care	Eye exams	\$0	One routine eye exam (and refraction) for eyeglasses every calendar year. Our plan provides an additional allowance of \$250 every year for routine eyewear and eye exams under your supplemental vision benefit. As a Medicare-Medi-Cal Plan, we'll coordinate your Medicare and Medi-Cal benefits.
	Glasses or contact lenses	\$0	Our plan provides an additional \$250 allowance every year for routine eyewear. • Contact lenses • Eyeglasses (frames and lenses) • Upgrades As a Medicare-Medi-Cal Plan, we'll coordinate your Medicare and Medi-Cal benefits.
	Other vision care	\$0	As a Medicare-Medi-Cal Plan, we'll coordinate your Medicare and Medi-Cal benefits.
You need mental health services (continued on the next page)	Mental health services	\$0	There's a 190 day lifetime limit for inpatient psychiatric hospital care. The inpatient hospital care limit doesn't apply to inpatient mental services provided in a general hospital. You can receive outpatient group therapy visit and outpatient individual therapy visit. Prior authorization may be required.

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need mental health services (continued)			As a Medicare-Medi-Cal Plan, we'll coordinate your Medicare and Medi-Cal benefits.
	Inpatient and outpatient care and community-based services for people who need mental health services	\$0	As a Medicare-Medi-Cal Plan, we'll coordinate your Medicare and Medi-Cal benefits.
You need substance use disorder services	Substance use disorder services	\$0	You can receive individual or group outpatient substance abuse therapy visits. Prior authorizations may be required. As a Medicare-Medi-Cal Plan, we'll coordinate your Medicare and Medi-Cal benefits.
You need a place to live with people available to help you	Skilled nursing care	\$0	For days 1-100 of a skilled nursing facility stay. No prior hospitalization is required. <i>Prior authorization may be required.</i> Medi-Cal also covers Skilled Nursing Facility services. As a Medicare-Medi-Cal Plan, we'll coordinate your Medicare and Medi-Cal benefits.
	Nursing home care	\$0	Medicare doesn't cover custodial care. Long Term Care (LTC) Facility Services are a Medi-Cal benefit. As a Medicare-Medi-Cal Plan, we'll coordinate your Medicare and Medi-Cal benefits.
	Adult Foster Care and Group Adult Foster Care	\$0	Medicare doesn't cover Adult Foster Care and Group Adult Foster care. This is a Medi-Cal benefit. As a Medicare-Medi-Cal Plan, we'll coordinate your Medicare and Medi-Cal benefits.



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need therapy after a stroke or accident	Occupational, physical, or speech therapy	\$0	As a Medicare-Medi-Cal Plan, we'll coordinate your Medicare and Medi-Cal benefits.
You need help getting to health services	Ambulance services	\$0	As a Medicare-Medi-Cal Plan, we'll coordinate your Medicare and Medi-Cal benefits.
	Emergency transportation	\$0	You pay \$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	Transportation services are unlimited under your Medi-Cal benefit. Information may be required from your provider. As a Medicare-Medi-Cal Plan, we'll coordinate your Medicare and Medi-Cal benefits
You need drugs to treat your illness or condition (continued on the next page)	Medicare Part B drugs	\$0 Your pharmacy must bill remaining 20% cost share to Medi-Cal Plan. See your <i>Member Handbook</i> for additional information.	Part B drugs include drugs given by your doctor in their office, some oral cancer drugs, and some drugs used with certain medical equipment. Read the <i>Member Handbook</i> for more information on these drugs. Prior authorizations may be required. Step therapy may be required for certain drugs.
	Medicare Part D drugs Tier 1: Preferred Generic	Depending on your income and	There may be limitations on the types of drugs covered. Please refer to Molina Medicare Complete Care



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need drugs to treat your illness or condition (continued on the next page)	Tier 2: Generic Tier 3: Preferred Brand Tier 4: Non-Preferred Drug Tier 5: Specialty Tier Tier 6: Select Care Drugs	institutional status, you pay the following: For generic drugs (including brand drugs treated as generic): \$0 copay; \$1.60 copay; \$4.00 copay; \$5.10 copay for a 31-day supply For all other drugs: \$0 copay; \$4.90 copay; \$12.65 copay for a 31-day supply Copays for drugs may vary based on the level of Extra Help you get. Please contact the plan for more details.	Plus's List of Covered Drugs (Drug List) for more information. Once you or others on your behalf pay \$2,100 you've reached the catastrophic coverage stage and you pay \$0 for all your Medicare drugs. Read the <i>Member Handbook</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, \$1.60, or \$4.00 copay for all other drugs per prescription. Drug Tier 3 Preferred Brand: \$0, \$1.60, or \$5.10 copay for generic drugs (including brand drugs treated as generic) \$0, \$4.90, or \$12.65 copay for all other drugs per prescription. Drug Tier 4 Non-Preferred Drug: \$0, \$1.60, or \$5.10 copay for generic (including brand drugs treated as generic) \$0, \$4.90, or \$12.65 copay for all other drugs per prescription. Drug Tier 5 Specialty Tier: \$0, \$1.60, or \$5.10 copay for generic drugs (including brand drugs treated as generic) \$0, \$4.90, or \$12.65 copay for all other drugs per prescription. Drug Tier 6 Select Care Drugs: \$0 copay. 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



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need drugs to treat your illness or condition (continued)			before it'll cover another drug for that condition. Some drugs have quantity limits. Your provider must get prior authorization from Molina Medicare Complete Care Plus for certain drugs.
	Over-the-counter (OTC) drugs	\$0	There may be limitations on the types of drugs covered. Please refer to Molina Medicare Complete Care Plus <i>List of Covered Drugs (Drug List)</i> for more information. We cover non-prescription over-the-counter (OTC) products like vitamins, sunscreen, pain relievers, cough/cold medicine, and bandages. You get \$45 each month for OTC items which includes access to a health and wellness herbal catalog. OTC items and OTC hearing allowances are provided through a pre-funded debit card (MyChoice card). Your monthly allowance becomes available to use in January. Any dollar amount that you don't use won't carry over into the next month. You don't need a prescription from your doctor to get OTC items.
You need help getting better or have special health needs (continued on the next page)	Rehabilitation services	\$0	Prior authorizations may be required. As a Medicare-Medi-Cal Plan, we'll coordinate your Medicare and Medi-Cal benefits.
	Medical equipment for home care	\$0	Prior authorizations may be required. As a Medicare-Medi-Cal Plan, we'll coordinate your Medicare and Medi-Cal benefits.



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help getting better or have special health needs (continued)	Dialysis services	\$0	As a Medicare-Medi-Cal Plan, we'll coordinate your Medicare and Medi-Cal benefits.
You need foot care	Podiatry services	\$0	Prior authorizations may be required. Routine podiatry isn't covered as a Medicare Supplemental Benefit. You're covered for podiatry services under your Medi-Cal benefits when medically necessary. As a Medicare-Medi-Cal Plan, we'll coordinate your Medicare and Medi-Cal benefits.
	Orthotic services	\$0	As a Medicare-Medi-Cal Plan, we'll coordinate your Medicare and Medi-Cal 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 refer to Chapter 4 of the <i>Member Handbook</i>.	Wheelchairs, crutches, and walkers	\$0	Prior authorizations may be required. As a Medicare-Medi-Cal Plan, we'll coordinate your Medicare and Medi-Cal benefits.
	Nebulizers	\$0	Prior authorizations may be required. As a Medicare-Medi-Cal Plan, we'll coordinate your Medicare and Medi-Cal benefits.
	Oxygen equipment and supplies	\$0	Prior authorizations may be required. As a Medicare-Medi-Cal Plan, we'll coordinate your Medicare and Medi-Cal benefits.
You need help living at home (continued on the next page)	Home health services	\$0	Prior authorizations may be required. As a Medicare-Medi-Cal Plan, we'll coordinate your Medicare and Medi-Cal benefits.
	Home services, such as cleaning or housekeeping, or home modifications such as grab bars	\$0	Home services, such as cleaning, housekeeping, or home modifications, may be available outside of our plan if you qualify for In-Home Supportive



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help living at home (continued on the next page)			services (IHSS) or a Home and Community-Based waiver program. IHSS is provided by county agencies. These programs help qualified individuals to obtain services so they can remain safely in their own homes. Your Case Manager can help you obtain more information about these programs and whether you might qualify. As a Medicare-Medi-Cal Plan, we'll coordinate your Medicare and Medi-Cal benefits.
	Adult day health, Community Based Adult Services (CBAS), or other support services	\$0	CBAS is covered under your Medicaid benefits. CBAS is an outpatient, facility-based service program that delivers skilled nursing care, social services, therapies, personal care, family/caregiver training and support, meals and transportation to eligible Medi-Cal beneficiaries. Your Case Manager can help you obtain information about CBAS and whether you might qualify. As a Medicare-Medi-Cal Plan, we'll coordinate your Medicare and Medi-Cal benefits.
	Day habilitation services	\$0	Medicare doesn't cover Day habilitation services. This is a Medi-Cal benefit. As a Medicare-Medi-Cal Plan, we'll coordinate your Medicare and Medi-Cal benefits.
	Services to help you live on your own (home health care)	\$0	Personal care services may be available outside of our plan if you qualify for In-Home Supportive



If you have questions, please call Molina Medicare Complete Care Plus (HMO D-SNP) at (855) 687-7860, TTY: 711, Monday-Friday, 8 a.m. - 8 p.m., local time. The call is free. **For more information**, visit MolinaHealthcare.com/Medicare.

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)	services or personal care attendant services)		Services (IHSS). IHSS is provided by county agencies. The program helps qualified individuals to obtain services so they can remain safely in their own homes. Your Case Manager can help you obtain more information about IHSS and whether you might qualify. As a Medicare-Medi-Cal Plan, we'll coordinate your IHSS services with your Medicaid benefits if you qualify for them.
Additional services (continued on the next page)	Acupuncture services	\$0	Includes Medicare-covered acupuncture and routine, unlimited acupuncture each year. Prior authorizations may be required.
	Additional Telehealth	\$0	This service includes: • 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



If you have questions, please call Molina Medicare Complete Care Plus (HMO D-SNP) at (855) 687-7860, TTY: 711, Monday-Friday, 8 a.m. - 8 p.m., local time. The call is free. **For more information**, visit MolinaHealthcare.com/Medicare.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued on the next page)			- Physical Therapy and Speech-Language Pathology Services - Opioid Treatment Program Services - Individual Sessions for Outpatient Substance Abuse - Group Sessions for Outpatient Substance Abuse As a Medicare-Medi-Cal Plan, we'll coordinate your Medicare and Medi-Cal benefits.
	California Integrated Care Management (CICM)	\$0	CICM applies to Members who may be eligible to receive ECM if criteria is met. This includes populations such as: - Adults Experiencing Homelessness, - Adults At Risk for Avoidable Hospital or Emergency Department Utilization - Adults with Serious Mental Health and/or Substance Use Disorder (SUD) Needs - Adults Transitioning from Incarceration - Adults Living in the Community and At Risk for Long-Term Care (LTC) Institutionalization - Adult Nursing Facility Residents Transitioning to the Community - Adults who are Pregnant or Postpartum and Subject to Racial and Ethnic Disparities



If you have questions, please call Molina Medicare Complete Care Plus (HMO D-SNP) at (855) 687-7860, TTY: 711, Monday-Friday, 8 a.m. - 8 p.m., local time. The call is free. **For more information**, visit MolinaHealthcare.com/Medicare.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued on the next page)			Adults with Documented Dementia Needs. More information on eligibility criteria can be found in the <i>Member Handbook</i>.
	Chiropractic services	\$0	As a Medicare-Medi-Cal Plan, we'll coordinate your Medicare and Medi-Cal benefits.
	Diabetes supplies and services	\$0	Prior authorizations may be required. As a Medicare-Medi-Cal Plan, we'll coordinate your Medicare and Medi-Cal benefits.
	Fitness Benefit	\$0	Members access to contracted fitness facilities and Home Fitness Kits for Members who prefer to exercise at home or while traveling. Your Fitness Benefit is a Medicare Supplemental Benefit.
	Health Education	\$0	Programs to help you learn to manage your health conditions, including health education, learning materials, health advice, and care tips.
	Herbal Catalog	\$0	Products in the catalog are covered through your over-the-counter (OTC) allowance. You can only order these items through a plan approved vendor, but not at a retail location.
	Meal Benefit	\$0	You are eligible for 2 different meal programs if you have a qualifying chronic condition. If you have a qualifying chronic condition, you are eligible to receive 14 meals each month, for 12 months (168 total meals). Meal delivery is included 1 time per month.

If you have questions, please call Molina Medicare Complete Care Plus (HMO D-SNP) at (855) 687-7860, TTY: 711, Monday-Friday, 8 a.m. - 8 p.m., local time. The call is free. **For more information**, visit MolinaHealthcare.com/Medicare.



Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued on the next page)			You are eligible to receive 2 meals a day, for 14 days immediately following surgery or inpatient hospitalization, or for a medical condition or potential medical condition that requires you to remain at home for a period of time. This benefit can be used up to 4 weeks a year (56 total meals). As a Medicare-Medi-Cal Plan, we'll coordinate your Medicare and any Medi-Cal or waiver services.
	Prosthetic services	\$0	Prior authorizations may be required. As a Medicare-Medi-Cal Plan, we'll coordinate your Medicare and Medi-Cal benefits.
	Radiation therapy	\$0	Prior authorizations may be required. As a Medicare-Medi-Cal Plan, we'll coordinate your Medicare and Medi-Cal benefits.
	Services to help manage your disease	\$0	See the description for the specific service(s) recommended by your provider(s). As a Medicare-Medi-Cal Plan, we'll coordinate your Medicare and Medi-Cal benefits.
	Special Supplemental Benefits for Chronic Illnesses (SSBCI)	\$0	Receive \$45 allowance on your pre-funded debit card (MyChoice card) every month for the following benefits: • Food and produce Unused allowance doesn't carry over to the next month. Members must complete a Health Risk Assessment and meet the criteria to qualify.

If you have questions, please call Molina Medicare Complete Care Plus (HMO D-SNP) at (855) 687-7860, TTY: 711, Monday-Friday, 8 a.m. - 8 p.m., local time. The call is free. **For more information**, visit MolinaHealthcare.com/Medicare.



Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued)			Eligibility is outlined in Chapter 4 of the <i>Member Handbook</i> .
	24-Hour Nurse Advice Line	\$0	Available 24 hours a day, 7 days a week.

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 Medicare Complete Care Plus *Member Handbook*. If you don't have a *Member Handbook*, call Molina Medicare Complete Care Plus 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.



If you have questions, please call Molina Medicare Complete Care Plus (HMO D-SNP) at (855) 687-7860, TTY: 711, Monday-Friday, 8 a.m. - 8 p.m., local time. The call is free. **For more information**, visit MolinaHealthcare.com/Medicare.

D. Benefits covered outside of Molina Medicare Complete Care Plus

There are some services that you can get that aren't covered by Molina Medicare Complete Care Plus but are covered by Medicare, Medi-Cal, or a State or county agency. This is not a complete list. Call Member Services at the numbers listed at the bottom of this page to find out about these services.

Other services covered by Medicare, Medi-Cal, or a State Agency	Your costs
Certain dental services Dental Managed Care (DMC) member contact information can be found at www.dental.dhcs.ca.gov/Contact_Us/DMC_Member_Contact_Information/DMCMemberContactInformation . For Medi-Cal Dental Fee-for-Service, contact Medi-Cal Dental at 1-800-322-6384 or visit the website at smilecalifornia.org or sonriecalifornia.org .	\$0
Certain hospice care services covered outside of Molina Medicare Complete Care Plus	\$0
California Community Transitions (CCT) pre-transition coordination services and post-transition services	\$0
Psychosocial rehabilitation	\$0
Rest home room and board	\$0
Targeted case management	\$0



If you have questions, please call Molina Medicare Complete Care Plus (HMO D-SNP) at (855) 687-7860, TTY: 711, Monday-Friday, 8 a.m. - 8 p.m., local time. The call is free. **For more information**, visit MolinaHealthcare.com/Medicare.

E. Services that Molina Medicare Complete Care Plus, Medicare, and Medi-Cal 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 Medicare Complete Care Plus, Medicare, and Medi-Cal don't cover	
Cosmetic surgery or other cosmetic work, unless it's needed because of an accidental injury or to improve a part of the body that isn't shaped right. However, we pay for reconstruction of a breast after a mastectomy and for treating the other breast to match it.	Surgical treatment for morbid obesity, except when medically necessary and Medicare pays for it.
Elective or voluntary enhancement procedures or services (including weight loss, hair growth, sexual performance, athletic performance, cosmetic purposes, anti-aging and mental performance), except when medically necessary.	Personal items in your room at a hospital or a nursing facility, such as a telephone or television.
Private duty nurses (for adults)	Full-time nursing care in your home.
A private room in a hospital, except when medically necessary	Fees charged by your immediate relatives or members of your household.
Naturopath services	
Specialty Mental Health Services	Our Plan does not provide Medi-Cal specialty mental health or county substance use disorder services, but these services are available to you through the county mental health plan for your county.



If you have questions, please call Molina Medicare Complete Care Plus (HMO D-SNP) at (855) 687-7860, TTY: 711, Monday-Friday, 8 a.m. - 8 p.m., local time. The call is free. **For more information**, visit MolinaHealthcare.com/Medicare.

F. Your rights as a member of the plan

As a member of Molina Medicare Complete Care Plus, 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 *Member Handbook*. 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 (including sex stereotypes and gender identity), sexual orientation, national origin, race, color, religion, creed, or public assistance
 - Get information in other languages and formats (for example, large print, braille, or audio) free of charge
 - Be free from any form of physical restraint or seclusion
- **You have the right to get information about your health care.** This includes information on treatment and your treatment options. This information should be in a language and format you can understand. This includes the right to get information on:
 - Description of the services we cover
 - How to get services
 - How much services will cost you
 - Names of health care providers
- **You have the right to make decisions about your care, including refusing treatment.** This includes the right to:
 - Choose a primary care provider (PCP) and change your PCP at any time during the year
 - Use a women's health care provider without a referral
 - Get your covered services and drugs quickly
 - Know about all treatment options, no matter what they cost or whether they'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 Medicare Complete Care Plus 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:

If you have questions, please call Molina Medicare Complete Care Plus (HMO D-SNP) at (855) 687-7860, TTY: 711, Monday-Friday, 8 a.m. - 8 p.m., local time. The call is free. **For more information**, visit MolinaHealthcare.com/Medicare.



- Get timely medical care
- Get in and out of a health care provider's office. This means barrier-free access for people with disabilities, in accordance with the Americans with Disabilities Act
- Have interpreters to help with communication with your health care providers and your health plan
- **You have the right to seek emergency and urgent care when you need it.** This means you have the right to:
 - Get emergency services without prior authorization in an emergency
 - Use an out-of-network urgent or emergency care provider, when necessary
- **You have a right to confidentiality and privacy.** This includes the right to:
 - Ask for and get a copy of your medical records in a way that you can understand and to ask for your records to be changed or corrected
 - Have your personal health information kept private
- **You have the right to file a complaint or appeal a denied, delayed, or modified service, please see section G below.** This includes the right to:
 - File a complaint or grievance against us or our providers
 - Appeal certain decisions made by us or our providers
 - File a complaint with the California Department of Managed Health Care (DMHC) through a toll-free phone number **(1-888-466-2219)**, or a TDD line **(1-877-688-9891)** for the hearing and speech impaired. The DMHC website (www.dmhca.ca.gov/) has complaint forms, Independent Medical Review (IMR) application forms, and instructions available online.
 - Ask DMHC for an IMR of Medi-Cal services or items that are medical in nature
 - Ask for a State Hearing
 - Get a detailed reason for why services were denied and ask for free copies of all the information used to make the decision

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

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



If you have questions, please call Molina Medicare Complete Care Plus (HMO D-SNP) at (855) 687-7860, TTY: 711, Monday-Friday, 8 a.m. - 8 p.m., local time. The call is free. **For more information**, visit MolinaHealthcare.com/Medicare.

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

If you have a complaint or think Molina Medicare Complete Care Plus improperly denied, delayed, or modified a service, call Member Services at the numbers listed at the bottom of this page. You may also submit a complaint in writing to:

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

You may be able to appeal our decision.

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

H. What to do if you suspect fraud

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

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

- Call us at Molina Medicare Complete Care Plus Member Services. Phone numbers are the numbers listed at the bottom of this page.
- Or, call the Medi-Cal Customer Service Center at 1-800-541-5555. TTY users may call 1-800-430-7077.
- Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users may call 1-877-486-2048. You can call these numbers for free.



If you have questions, please call Molina Medicare Complete Care Plus (HMO D-SNP) at (855) 687-7860, TTY: 711, Monday-Friday, 8 a.m. - 8 p.m., local time. The call is free. **For more information**, visit MolinaHealthcare.com/Medicare.

If you have general questions or questions about our plan, services, service area, billing, or Member ID Cards, please call Molina Medicare Complete Care Plus Member Services:

(855) 687-7860

Calls to this number are free. Monday – Friday, 8 a.m. – 8 p.m., local time.

Member Services also has free language interpreter services available for non-English speakers.

TTY: 711 Calls to this number are free.

If you have questions about your health:

Call your primary care provider (PCP). Follow your PCP's instructions for getting care when the office is closed. If your PCP's office is closed, you can also call Molina Medicare Complete Care Plus Nurse Advise Line. A nurse will listen to your problem and tell you how to get care. (Example: urgent care, or emergency room).

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

(888) 275-8750

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

Molina Medicare Complete Care Plus also has free language interpreter services available for non-English speakers.

TTY: 711

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



If you have questions, please call Molina Medicare Complete Care Plus (HMO D-SNP) at (855) 687-7860, TTY: 711, Monday-Friday, 8 a.m. - 8 p.m., local time. The call is free. **For more information**, visit MolinaHealthcare.com/Medicare.

Non-Discrimination Notice – Section 1557

Molina Healthcare – Medicare



Discrimination is against the law. Molina Healthcare follows State and Federal civil rights laws. Molina Healthcare does not unlawfully discriminate, exclude people, or treat them differently because of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation.

Molina Healthcare provides:

- Free aids and services in a timely manner to people with disabilities to help them communicate better, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Free language services in a timely manner to people whose primary language is not English, such as:
 - Qualified interpreters
 - Written information in other languages

If you need these services, contact Molina Healthcare between 7:00 a.m. to 7:00 p.m. by calling 1-855-687-7860. If you cannot hear or speak well, please call 711. Upon request, this document can be made available to you in braille, large print, audiocassette, or electronic form. To obtain a copy in one of these alternative formats, please call or write to:

Molina Healthcare
Civil Rights Coordinator
200 Oceangate, Suite 100
Long Beach, CA 90802

By phone: 1-866-606-3889. If you cannot hear or speak well, please call 711.

HOW TO FILE A GRIEVANCE

If you believe that Molina Healthcare has failed to provide these services or unlawfully discriminated in another way on the basis of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation, you can file a grievance with Molina Healthcare's Civil Rights Coordinator. You can file a grievance by phone, in writing, in person, or electronically:

- **By phone:** Contact Molina Healthcare's Civil Rights Coordinator between 8:30 a.m. to 5:30 p.m. by calling 1-866-606-3889. Or, if you cannot hear or speak well, please call 711.
- **In writing:** Fill out a complaint form or write a letter and send it to:
Molina Healthcare
Civil Rights Coordinator
200 Oceangate, Suite 100
Long Beach, CA 90802

- In person: Visit your doctor's office or Molina Healthcare and say you want to file a grievance.
- Electronically: Send an email to CivilRights@MolinaHealthcare.com. You can also visit Molina Healthcare's website at MolinaHealthcare.Alertline.com.

OFFICE OF CIVIL RIGHTS – CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

You can also file a civil rights complaint with the California Department of Health Care Services, Office of Civil Rights by phone, in writing, or electronically:

- **By phone:** Call 1-916-440-7370. If you cannot speak or hear well, please call 711 (Telecommunications Relay Service).
- **In writing:** Fill out a complaint form or send a letter to:
Deputy Director, Office of Civil Rights
Department of Health Care Services
Office of Civil Rights
P.O. Box 997413
Sacramento, CA 95899-7413

Complaint forms are available at DHCS.ca.gov/Pages/Language_Access.aspx

- **Electronically:** Send an email to CivilRights@dhcs.ca.gov.

OFFICE OF CIVIL RIGHTS – U.S DEPARTMENT OF HEALTH AND HUMAN SERVICES

If you believe you have been discriminated against on the basis of race, color, national origin, age, disability, or sex, you can file a civil rights complaint (grievance) with the U.S. Department of Health and Human Services, Office for Civil Rights, by phone, in writing, or electronically:

- **By phone:** Call 1-800-368-1019. If you cannot speak or hear well, please call TTY/TDD: 1-800-537-7697.
- **In writing:** Fill out a complaint form or send a letter to:
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

Complaint forms are available at HHS.gov/ocr/office/file/index.html.

- **Electronically:** Visit the Office for Civil Rights Complaint Portal at OCRportal.hhs.gov/ocr/portal/lobby.jsf.

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

English

ATTENTION: If you need help in your language call (855) 687-7860 (TTY: 711). Aids and services for people with disabilities, like documents in braille and large print, are also available. Call (855) 687-7860 (TTY: 711). These services are free of charge.

العربية (Arabic)

يرجى الانتباه: إذا احتجت إلى المساعدة بلغتك، فاتصل بـ (855) 687-7860 ، (وبالنسبة لمستخدمي الهاتف النصي TTY : يمكنهم الاتصال على 711). تتوفر أيضًا المساعدات والخدمات للأشخاص ذوي الإعاقة، مثل المستندات المكتوبة بطريقة بريـل والخط الكبير، اتصل بـ (855) 687-7860 (وبالنسبة لمستخدمي الهاتف النصي TTY : يمكنهم الاتصال على 711). هذه الخدمات مجانية.

Հայերեն (Armenian)

ՈՒՇԱԴՐՈՒԹՅՈՒՆ: Եթե Ձեզ օգնություն է հարկավոր Ձեր լեզվով, գանգահարե՛ք (855) 687-7860 (TTY: 711): Կան նաև օժանդակ միջոցներ ու ծառայություններ հաշմանդամություն ունեցող անձանց համար, օրինակ՝ Բրայլի գրատիպով ու խոշորատառ տպագրված նյութեր: Զանգահարե՛ք (855) 687-7860 (TTY: 711): Այդ ծառայություններն անվճար են:

ខ្មែរ (Cambodian)

ចំណាំ: បើអ្នកត្រូវការជំនួយជាភាសាបស្ចឹម ឬសូមទូរសព្ទទៅលេខ (855) 687-7860 (TTY: 711)។ ជំនួយ និងសេវាកម្មសម្រាប់ជនពិការ ដូចជាឯកសារសរសេរជាអក្សរធំសម្រាប់ជនពិការភ្នែក ឬឯកសារសរសេរជាអក្សរពុម្ពធំ ក៏អាចរកបានផងដែរ។ ទូរសព្ទមកលេខ (855) 687-7860 (TTY: 711)។ សេវាកម្មទាំងនេះមិនគិតថ្លៃឡើយ។

繁體中文 (Chinese)

请注意：如果您需要以您的母语提供帮助，请致电 (855) 687-7860 (TTY: 711)。另外还提供针对残疾人士的帮助和服务，例如盲文和需要较大字体阅读，也是方便取用的。请致电 (855) 687-7860 (TTY: 711)。这些服务都是免费的。

فارسی (Farsi)

توجه : اگر م یخواهید به زبان خود راهنمایی دریافت کنید، با (855) 687-7860 (TTY: 711) ، بگیری د .
کمکها و خدمات مخصوص افراد دارای معلولیت، مانند نسخههای ب ا خط بریل و چاپ درشت، نی ز موجود
است . با (855) 687-7860 (TTY: 711) تماس بگیری د . این خدمات رایگان ارائه م یشون د

हिंदी (Hindi)

ध्यान दें: अगर आपको अपनी भाषा में सहायता की आवश्यकता है तो (855) 687-7860 (TTY: 711)
पर कॉल करें। अशक्तता वाले लोगों के लिए सहायता और सेवाएं, जैसे ब्रेल और बड़े प्रिंट में भी
दस्तावेज़ उपलब्ध हैं। (855) 687-7860 (TTY: 711) पर कॉल करें। ये सेवाएं निशुल्क हैं।

Hmoob (Hmong)

CEEB TOOM: Yog koj xav tau kev pab txhais koj hom lus hu rau (855) 687-7860 (TTY:
711). Muaj cov kev pab txhawb thiab kev pab cuam rau cov neeg xiam oob qhab, xws li
puav leej muaj ua cov ntawv su thiab luam tawm ua tus ntawv loj. Hu rau (855) 687-7860
(TTY: 711). Cov kev pab cuam no yog pab dawb xwb.

日本語 (Japanese)

注意日本語での対応が必要な場合は (855) 687-7860 (TTY: 711) へお電話ください。点
字の資料や文字の拡大表示など、障がいをお持ちの方のためのサービスも用意していま
す。(855) 687-7860 (TTY: 711)へお電話ください。これらのサービスは無料で提供し
ています。

한국어 (Korean)

유의사항: 귀하의 언어로 도움을 받고 싶으시면 (855) 687-7860 (TTY: 711) 번으로 문의
하십시오. 점자나 큰 활자로 된 문서와 같이 장애가 있는 분들을 위한 도움과 서비스도 이
용 가능합니다. (855) 687-7860 (TTY: 711) 번으로 문의하십시오. 이러한 서비스는 무료
로 제공됩니다.

ພາສາລາວ (Laotian)

ປະກາດ: ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອເປັນພາສາຂອງທ່ານໃຫ້ໂທຫາເບີ (855) 687-7860
(711). ນອກນີ້ຍັງມີຄວາມຊ່ວຍເຫຼືອ ແລະ ການບໍລິການສໍາລັບຄົນພິການ ເຊັ່ນ:
ເອກະສານທີ່ເປັນອັກສອນນູນ ແລະ ມີໂຕພິມໃຫຍ່ ໃຫ້ໂທຫາເບີ (855) 687-7860 (711).
ການບໍລິການເຫຼົ່ານີ້ແມ່ນຟຣີ.

Mien

LONGC HNYOUV JANGX LONGX OC: Beiv taux meih qiemx longc mienh tengx faan benx meih nyei waac nor douc waac daaih lorx taux (855) 687-7860 (TTY: 711). Liouh lorx jauv-louc tengx aengx caux nzie gong bun taux ninh mbuo wuaaic fangx mienh, beiv taux longc benx nzangc-pokc bun hluc mbiutc aengx caux aamz mborqv benx domh sou se mbenc nzoih bun longc. Douc waac daaih lorx (855) 687-7860 (TTY: 711). Naaiv deix nzie weih gong-bou jauv-louc se benx wang-henh tengx mv zuqc cuotv nyaanh oc.

ਪੰਜਾਬੀ (Punjabi)

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ ਤਾਂ (855) 687-7860 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ। ਅਪਾਹਜ ਲੋਕਾਂ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ, ਜਿਵੇਂ ਕਿ ਬ੍ਰੇਲ ਅਤੇ ਮੋਟੀ ਛਪਾਈ ਵਿੱਚ ਦਸਤਾਵੇਜ਼, ਵੀ ਉਪਲਬਧ ਹਨ। (855) 687-7860 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ। ਇਹ ਸੇਵਾਵਾਂ ਮੁਫਤ ਹਨ।

Русский (Russian)

ВНИМАНИЕ! Если вам нужна помощь на вашем родном языке, звоните по номеру (855) 687-7860 (линия TTY: 711). Также предоставляются средства и услуги для людей с ограниченными возможностями, например документы крупным шрифтом или шрифтом Брайля. Звоните по номеру (855) 687-7860 (линия TTY: 711). Такие услуги предоставляются бесплатно.

Español (Spanish)

ATENCIÓN: si necesita ayuda en su idioma, llame al (855) 687-7860 (TTY: 711). También ofrecemos asistencia y servicios para personas con discapacidades, como documentos en braille y con letras grandes. Llame al (855) 687-7860 (TTY: 711). Estos servicios son gratuitos.

Tagalog (Filipino)

ATENSIYON: Kung kailangan mo ng tulong sa iyong wika, tumawag sa (855) 687-7860 (TTY: 711). Mayroon ding mga tulong at serbisyo para sa mga taong may kapansanan, tulad ng mga dokumento sa braille at malaking print. Tumawag sa (855) 687-7860 (TTY: 711). Libre ang mga serbisyonang ito.

ภาษาไทย (Thai)

โปรดทราบ: หากคุณต้องการความช่วยเหลือเป็นภาษาของคุณ กรุณาโทรศัพท์ไปที่หมายเลข (855) 687-7860 (TTY: 711) นอกจากนี้ ยังพร้อมให้ความช่วยเหลือและบริการต่าง ๆ สำหรับบุคคลที่มีความพิการ เช่น เอกสารต่าง ๆ ที่เป็นอักษรเบรลล์และเอกสารที่พิมพ์ด้วยตัวอักษรขนาดใหญ่ กรุณาโทรศัพท์ไปที่หมายเลข (855) 687-7860 (TTY: 711) ไม่มีค่าใช้จ่ายสำหรับบริการเหล่านี้

Українська (Ukrainian)

УВАГА! Якщо вам потрібна допомога вашою рідною мовою, телефонуйте на номер (855) 687-7860 (TTY: 711). Люди з обмеженими можливостями також можуть скористатися допоміжними засобами та послугами, наприклад, отримати документи, надруковані шрифтом Брайля та великим шрифтом. Телефонуйте на номер (855) 687-7860 (TTY: 711). Ці послуги безкоштовні.

Tiếng Việt (Vietnamese)

CHÚ Ý: Nếu quý vị cần trợ giúp bằng ngôn ngữ của mình, vui lòng gọi số (855) 687-7860 (TTY: 711). Chúng tôi cũng hỗ trợ và cung cấp các dịch vụ dành cho người khuyết tật, như tài liệu bằng chữ nổi Braille và chữ khố lớn (chữ hoa). Vui lòng gọi số (855) 687-7860 (TTY: 711). Các dịch vụ này đều miễn phí.

