

2026

Summary of Benefits

Molina Medicare Complete Care Plus (HMO D-SNP)

Illinois H3093-004

Serving: Cook County

Effective January 1 through December 31, 2026

Introduction

This document is a brief summary of the benefits and services covered by Molina Medicare Complete Care Plus (HMO D-SNP). It includes answers to frequently asked questions, important contact information, an overview of benefits and services offered, and information about your rights as a member of Molina 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 January 1, 2026. This is only a summary. Please read the *Member Handbook* for the full list of benefits.

- ❖ 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.
- ❖ 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 Medicaid, you can check the state department of healthcare services website at <https://hfs.illinois.gov/medicalclients.html>
- ❖ You can get this document for free in other formats, such as large print, braille, or audio. Call (877) 901-8181, TTY: 711, Hours are October 1 - March 31: 8 a.m. to 8 p.m. local time, 7 days a week. From April 1 - September 30, Monday – Friday, 8 a.m. to 8 p.m. local time. The call is free.
- ❖ 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 (877) 901-8181, TTY: 711, Hours are October 1 - March 31: 8 a.m. to 8 p.m. local time, 7 days a week. From April 1 - September 30, Monday – Friday, 8 a.m. to 8 p.m. local time to ask us to mail you a 2026 *Member Handbook*.
- ❖ To request your preferred language other than English and/or alternate format, call Member Services at (877) 901-8181, TTY: 711, Hours are October 1 - March 31: 8 a.m. to 8 p.m. local time, 7 days a week. From April 1 - September 30, Monday – Friday, 8 a.m. to 8 p.m. local time.
- ❖ We will maintain a record of our members' preferred language and/or format preferences, and we will keep this information as a standing request for future mailings and communications. This will ensure that our members will not have to make separate requests each time.
- ❖ To change a standing request, call Member Services at (877) 901-8181, TTY: 711, Hours are October 1 - March 31: 8 a.m. to 8 p.m. local time, 7 days a week. From April 1 - September 30, Monday – Friday, 8 a.m. to 8 p.m. local time.

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B. Frequently asked questions (FAQ)

The following table lists frequently asked questions.

Frequently Asked Questions (FAQ)	Answers
What's an Illinois FIDE SNP?	Illinois Fully Integrated Dual Eligible Special Needs Plan (FIDE SNP) is one of Illinois' managed care programs. This program is for seniors and persons with disabilities who have full Medicaid and Medicare benefits. The Illinois FIDE SNP covers all of your Medicare, Medicare Part D, and extra benefits, in one health plan, with one member identification (ID) card. Illinois FIDE SNPs have care coordinators to help you manage all your health care and long term services and supports. If you join a FIDE SNP, you don't lose any of your Managed Long Term Services and Supports (MLTSS), or Medicare benefits. Every service you have with Medicaid and Medicare is still available, along with access to some additional services. To be eligible to enroll in a FIDE SNP in Illinois, you must be entitled to Medicare Part A, enrolled in Medicare Part B and eligible for full Medicaid benefits. You must also live in the plan's service area (the counties where the plan is offered). The counties that make up the service area are listed under the "Where's the plan available" FAQ in this section of the document.
Will I get the same Medicare and Medicaid benefits in Molina Medicare Complete Care Plus that I get now?	You'll get most of your covered Medicare and Medicaid 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 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. 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.

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Frequently Asked Questions (FAQ)	Answers
Can I use the same doctors I use now?	This is often the case. If your providers (including doctors, hospitals, therapists, pharmacies, and other health care providers) work with Molina Medicare Complete Care Plus and have a contract with us, you can keep going to them. • Providers with an agreement with us are “in-network.” Network providers participate in our plan. That means they accept members of our plan and provide services our plan covers. You must use the providers in Molina 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. • When you first join the plan, you can continue using the providers you use now for 180 days from your eligibility date during your continuity of care period and 90 days if you are coming from another FIDE SNP plan. Please call Member Services to see if additional consideration is required. To find out if your providers are in the plan’s network, call Member Services at the numbers listed at the bottom of this page or read Molina 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 are services provided through a Long-Term Care Facility or through a Home and Community-Based Waiver. Enrollees have the option to get long-term services and supports (LTSS) in the least restrictive setting when appropriate, with a preference for the home and the community, and in accordance with the Enrollee’s wishes and Care Plan.
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.
Where’s Molina Medicare Complete Care Plus available?	The service area for this plan includes: Cook County

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Frequently Asked Questions (FAQ)	Answers
Where's Molina Medicare Complete Care Plus available? (continued)	You must live in this area to join the plan.
What's prior authorization (PA)?	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. Refer to Chapter 3, of the <i>Member Handbook</i> to learn more about prior authorization. Refer to the Benefits Chart in Chapter 4 of the <i>Member Handbook</i> to learn which services require a prior authorization. If you have questions about whether prior authorization is required for specific services, procedures, items, or drugs, call Member Services at the numbers listed at the bottom of this page for help.
What's a referral?	A referral means that your primary care provider (PCP) must give you approval to go to someone that isn't your PCP or use other providers in the plan's network. 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. You don't need a referral to use certain specialists, such as women health specialists. 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 Medicaid you won't pay any Medicare Part B premium, for your health coverage.
Do I pay a deductible?	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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How does this plan coordinate my Medicare and Medicaid benefits?	You'll have a care team that you helped put together. Your care team may include doctors, nurses, counselors, or other health professionals who are there to help you get the care you need. You'll have a care coordinator. This is a person who works with you, with the plan, and with your care providers to make sure you get the care you need.
Can I direct my own care?	You'll be able to direct your own care with help from your care team and care coordinator. The care team and case manager will work with you to come up with a care plan specifically designed to meet your health needs. The care team will be in charge of coordinating the services you need. This means, for example: • Your care team will make sure your doctors know about all medicines you take so they can reduce any side effects. • Your care team will make sure your test results are shared with all your doctors and other providers.

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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 problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need hospital care	Inpatient hospital stay	\$0	You pay \$0 for days 1 – 90 of a hospital stay per benefit period. Our plan also covers 60 "lifetime reserve days." These are "extra" days that we cover. If your hospital stay is longer than 90 days per benefit period, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days per benefit period. Prior authorization may be required.
	Outpatient hospital services, including observation	\$0	
	Ambulatory surgical center (ASC) services	\$0	Some procedures may require prior authorization
	Doctor or surgeon care	\$0	Prior authorization rules may apply
You want a doctor	Visits to treat an injury or illness	\$0	
	Care to keep you from getting sick, such as flu shots and screenings to check for cancer	\$0	Covered Medicare Part B services include: • Pneumonia vaccine • Flu shots, once each flu season in the fall and winter, with additional flu shots if medically necessary • Hepatitis B vaccine if you are at high or intermediate risk of getting Hepatitis B • COVID-19 vaccine

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You want a doctor (continued)			Other vaccines if you are at risk and they meet Medicare Part B coverage rules. We also cover some vaccines under our Part D prescription drug benefit.
	Wellness visits, such as a physical	\$0	Annual wellness visit every 12 months
	“Welcome to Medicare” (preventive visit one time only)	\$0	
	Specialist care	\$0	Prior authorization rules may apply.
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. Is covered outside the United States and its territories under limited circumstances. Contact plan for details.
	Urgent care	\$0	You may get urgent care services whenever you need it, anywhere in the United States or its territories, without prior authorization. Is covered outside the United States and its territories under limited circumstances. Contact plan for details.
You need medical tests	Lab tests and diagnostic procedures, such as blood work	\$0	Outpatient Lab services do not require prior authorization. Prior authorization rules may apply for certain tests.
	Diagnostic radiology services (for example, X-rays or other imaging services, such as CAT scans or MRIs)	\$0	Outpatient X-ray services do not require prior authorization. Prior authorization rules may apply.

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need medical tests (continued)	Screening tests, such as tests to check for cancer	\$0	Prior authorization rules may apply.
You need hearing/auditory services	Hearing screenings	\$0	Our plan covers routine hearing exams.
	Hearing aids	\$0	Fitting/Evaluation for hearing aids are covered based on medical necessity. Our plan covers up to 2 pre-selected hearing aids (both ears) covered from a plan-approved provider every 2 years.
	OTC Hearing aids	\$0	You will receive \$188 combined monthly allowance for OTC hearing aids. OTC hearing aids may be purchased through catalog purchase.
You need dental care (continued on the next page)	Dental check-ups and preventive care	\$0	Medicare-covered dental services: \$0 copay Preventive dental: \$0 office visit copay • Oral exams • Prophylaxis (cleaning) • Fluoride treatment • Dental x-rays Comprehensive dental: \$0 office visit copay All comprehensive dental services listed below are covered up to the annual plan maximum benefit coverage amount of \$4,000: • Extractions • Endodontics

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Health need or problem	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)			• Restorative services • Intraoral and extraoral incision and drainage Dentures and denture adjustments • Non-routine services such as scaling, full mouth debridement, periodontal maintenance, and palliative emergency treatment • Other services such as deep sedation with oral surgery, and intravenous with oral surgery Prior authorization may be required.
	Restorative and emergency dental care	\$0	Comprehensive dental: \$0 office visit copay All comprehensive dental services listed below are covered up to the annual plan maximum benefit coverage amount of \$4,000: • Extractions • Endodontics • Restorative services • Intraoral and extraoral incision and drainage Dentures and denture adjustments • Non-routine services such as scaling, full mouth debridement, periodontal maintenance, and palliative emergency treatment • Other services such as deep sedation with oral surgery, and intravenous with oral surgery

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need dental care (continued)			Prior authorization may be required
You need eye care	Eye exams	\$0	Routine eye exam: 1 per year and as medically necessary.
	Glasses or contact lenses	\$0	We have partnered with a Vision Vendor to give you more value for your routine vision needs! • One routine eye exam every calendar year • An eyewear allowance You can use your \$300 eyewear allowance to purchase: • Contact lenses* • Eyeglasses (lenses and frames) • Eyeglass lenses and / or frames • Upgrades (such as tinted, U-V, polarized or photochromatic lenses) *If you choose contact lenses, your eyewear allowance can also be used to pay down all or a portion of your contact lens fitting fee. You are responsible for paying for any corrective eyewear over the limit of the plan's eyewear allowance.
	Other vision care	\$0	
You need behavioral health services	Behavioral health services	\$0	
	Inpatient and outpatient care and community-based services for people who need behavioral health services	\$0	Prior authorization rules may apply.
You need substance use disorder services	Substance use disorder services	\$0	Outpatient group therapy visit. Outpatient individual therapy visit. Prior authorization rules may apply.

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need a place to live with people available to help you	Skilled nursing care	\$0	You pay \$0 for days 1-100 of a skilled nursing facility stay. No prior hospitalization is required. Prior authorization may be required.
	Nursing home care	\$0	Individuals eligible for specific waiver programs may qualify for this service. Eligibility is based on a determination of need. Prior authorization rules apply.
You need therapy after a stroke or accident	Occupational, physical, or speech therapy	\$0	Medically necessary physical therapy, occupational therapy, and speech / language therapy services are covered. Prior authorization rules may apply. Referral rules may apply.
You need help getting to health services	Ambulance services	\$0	Ambulance services for emergencies do not require a referral or prior authorization. Prior authorization is required for ambulance services in non-emergency situations.
	Emergency transportation	\$0	You pay a \$0 copay for worldwide emergency coverage, worldwide urgent coverage and worldwide emergency transportation, up to a \$10,000 benefit limit for the calendar year.
	Transportation to medical appointments and services	\$0	You receive a pre-funded debit card (MyChoice card) with a combined \$188 monthly allowance for transportation services to plan approved health-related locations. Examples of approved plan locations are network providers for medical, pharmacy, dental, vision and hearing.

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Health need or problem	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)	Medicare Part B drugs	\$0	Part B drugs include drugs given by your doctor in their office, some oral cancer drugs, and some drugs used with certain medical equipment. Read the Member Handbook for more information on these drugs. Prior authorization rules may apply. Step therapy may be required for certain drugs.
	Medicare Part D drugs Tier 1: Preferred Generic Tier 2: Generic Tier 3: Preferred Brand Tier 4: Non-Preferred Drug Tier 5: Specialty Tier Tier 6: Select Care Drugs	Depending on your income and institutional status, you pay the following: For generic drugs (including brand drugs treated as generic): \$0 copay; \$1.60 copay; \$5.10 copay For all other drugs: \$0 copay; \$4.90 copay; \$12.65 copay	There may be limitations on the types of drugs covered. Please refer to Molina Medicare Complete Care 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 for all drugs per prescription. Drug Tier 3 Preferred Brand: \$0 for all drugs per prescription. Drug Tier 4 Non-Preferred Drug: \$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 5 Specialty Tier: \$0, \$1.60, or \$5.10 copay for generic drugs (including brand drugs treated

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You need drugs to treat your illness or condition (continued)			as generic) \$0, \$4.90, or \$12.65 copay for all other drugs per prescription. Drug Tier 6 Select Care Drugs: \$0 copay A 100-day supply is available at a retail and mail order pharmacy at no additional cost. The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition. There may be certain drugs that are limited to a 31-day supply. Some drugs have quantity limits. Your provider must get prior authorization from Molina Medicare Complete Care Plus for certain drugs.
	Over-the-Counter (OTC) items	\$0	You receive a pre-funded debit card (MyChoice card) with a combined \$188 monthly allowance for OTC items, transportation services to plan approved health-related locations, SSBCIs for food and produce and utilities.
You need help getting better or have special health needs	Rehabilitation services	\$0	Prior authorization rules may apply.
	Medical equipment for home care	\$0	Prior authorization rules may apply.
	Dialysis services	\$0	
You need foot care	Podiatry services	\$0	6 visits per year.
	Orthotic services	\$0	Prior authorization rules may apply.

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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 authorization rules may apply.
	Nebulizers	\$0	Prior authorization rules may apply.
	Oxygen equipment and supplies	\$0	Prior authorization rules may apply.
You need help living at home (continued on the next page)	Home health services	\$0	Prior authorization rules may apply.
	Home services, such as cleaning or housekeeping, or home modifications such as grab bars	\$0	The care team and case manager will work with you to come up with a care plan specifically designed to meet your health needs. Enrollment in state waiver program required. Eligibility for waiver services is determined by the State of Illinois. Authorization and eligibility rules apply.
	Adult day services or other support services Meals brought to your home	\$0	Individuals eligible for specific waiver programs may qualify for this service. Eligibility is based on determination of need. Individuals eligible for specific waiver programs may qualify for this service, commonly called Home Delivered Meals. Prior authorization rules apply.
	Day habilitation services	\$0	Enrollment in state waiver program required. Eligibility for waiver services is determined by the State of Illinois. Authorization and eligibility rules apply.

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Health need or problem	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 to help you live on your own (home health care services or personal care attendant services)	\$0	The care team and case manager will work with you to come up with a care plan specifically designed to meet your health needs. Enrollment in state waiver program required. Eligibility for waiver services is determined by the State of Illinois. Authorization and eligibility rules apply.
Additional services (continued on the next page)	Chiropractic services, only manual manipulation of the spine consistent with Medicare coverage guidelines.	\$0	20 visits per year.
	Family Planning Services	\$0	Covered benefits include: • Yearly exam for females 12 to 55 years of age, which includes a breast exam, pelvic exam, and pap smear. • Pregnancy testing. • Contraceptive-related services such as the insertion of intrauterine devices (IUD) and the implantable contraceptive; permanent methods of birth control, including tubal ligation, transcervical sterilization, and vasectomy. • Contraceptive supplies, such as birth control pills, rings, patches, and emergency contraception.
	Pre-funded debit card (MyChoice card)	\$0	You receive a pre-funded debit card that may be used toward select supplemental plan benefits such as: • Food and produce*

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Additional services (continued on the next page)			• Utilities* • Over-the-Counter items • Non-emergency medical transportation Funds are loaded onto the card each month. At the end of each month, any unused allocated funds will not carry over to the following month or plan year. If you don't use all of your monthly benefit amount, the remaining balance will expire and not rollover to the next benefit period. *Eligibility requirements applicable For additional information, please refer to your <i>Member Handbook</i>.
	Special Supplemental Benefits for the Chronically Ill (SSBCI)	\$0	Members who qualify with eligible chronic conditions receive \$188 every month for food and produce and utilities. We provide 75 one-way trips per year for non-medical transportation* as an SSBCI. This monthly allowance is combined with OTC items, and transportation services to plan approved health-related locations. Unused allowance does not carry over to the next month. Prior authorization may be required
	Special Supplemental Benefits for the Chronically Ill (SSBCI) – Utilities	\$0	Members who qualify with eligible chronic conditions receive \$188 every month to assist with utility bills (electricity, natural gas, and water).

If you have questions, please call Molina Medicare Complete Care Plus at (877) 901-8181, TTY: 711, Hours are October 1 - March 31: 8 a.m. to 8 p.m. local time, 7 days a week. From April 1 - September 30, Monday – Friday, 8 a.m. to 8 p.m., local time. The call is free. **For more information**, visit MolinaHealthcare.com/Medicare.



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

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued on the next page)			This monthly allowance is combined with OTC items, and SSBCIs for food and produce.
	Diabetes supplies and services	\$0	Benefit includes diabetic monitoring supplies and therapeutic shoes or inserts. Prior authorization rules may apply.
	Prosthetic services	\$0	Quantity limits may apply. Prior authorization rules may apply.
	Assisted living or other housing services	\$0	Only individuals eligible for the Supportive Living Waiver program qualify for this service. Eligibility is based on determination of need. Prior authorization rules apply.
	Respite care	\$0	Individuals eligible for specific waiver programs may qualify for this service. Eligibility is based on determination of need. Prior authorization rules apply.
	Radiation therapy	\$0	Prior authorization rules may apply.
	Services to help manage your disease	\$0	Coverage includes self-management training and disease management program for diabetics.
	Automated Medication Dispensers	\$0	Individuals eligible for specific waiver programs may qualify for this service. Eligibility is based on determination of need. Prior authorization rules apply.
	Electronic Home Monitoring Systems/Personal Emergency Response Systems	\$0	Individuals eligible for specific waiver programs may qualify for this service.

If you have questions, please call Molina Medicare Complete Care Plus at (877) 901-8181, TTY: 711, Hours are October 1 - March 31: 8 a.m. to 8 p.m. local time, 7 days a week. From April 1 - September 30, Monday – Friday, 8 a.m. to 8 p.m., local time. The call is free. **For more information**, visit MolinaHealthcare.com/Medicare.



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

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued)			Eligibility is based on determination of need. Prior authorization rules apply.
	Behavioral Health	\$0	
	Crisis Services (Expanded)	\$0	
	Emergency Dental	\$0	
	Gender-Affirming Services	\$0	Referral requirements may apply. Prior authorization rules may apply.
	Health Education	\$0	
	Institution for Mental Disease (IMD) Services for Individuals 65 or Older	\$0	
	Kidney Disease and Conditions	\$0	\$0 copay for renal dialysis \$0 copay for kidney disease education services
	Meal benefit - Chronic Meals (Supplemental)	\$0	If you have an eligible chronic condition, you can receive 14 meals each month, for 12 months in the calendar year (168 total meals). Must meet criteria approved by the plan.
	Meal benefit - Post-Discharge (Supplemental)	\$0	Meals are provided immediately following each surgery or inpatient hospitalization, or for a COVID diagnosis or at-home quarantine due to a COVID exposure that requires you to remain at home for a period of time. Up to 42 meals a year Must meet criteria approved by the plan.
	Nutritional/Dietary Benefit	\$0	
	Telehealth	\$0	
	Tobacco Cessation Counseling	\$0	

If you have questions, please call Molina Medicare Complete Care Plus at (877) 901-8181, TTY: 711, Hours are October 1 - March 31: 8 a.m. to 8 p.m. local time, 7 days a week. From April 1 - September 30, Monday – Friday, 8 a.m. to 8 p.m., local time. The call is free. **For more information**, visit MolinaHealthcare.com/Medicare.



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

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 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 at (877) 901-8181, TTY: 711, Hours are October 1 - March 31: 8 a.m. to 8 p.m. local time, 7 days a week. From April 1 - September 30, Monday – Friday, 8 a.m. to 8 p.m., local time. The call is free. **For more information**, visit MolinaHealthcare.com/Medicare.

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, Medicaid, or a State or county agency. This isn’t 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 , Medicaid, or a State Agency	Your costs
Certain hospice care services covered outside of Molina Medicare Complete Care Plus	\$0
Certain Medicaid non-emergency transportation	Covered in the Illinois fee-for-service program. \$0.

E. Services that Molina Medicare Complete Care Plus, Medicare, and Medicaid don't cover

This isn't a complete list. Call Member Services at the numbers listed at the bottom of this page to find out about other excluded services.

Services not covered by Molina Medicare Complete Care Plus, Medicare, or Medicaid	
Personal items in your room at a hospital or a nursing facility, such as a telephone or a television.	Full-time nursing care in your home.
Experimental medical and surgical treatments, items, and drugs, unless covered by Medicare or under a Medicare approved clinical research study or by our plan. Experimental treatment and items are those that aren't generally accepted by the medical community.	Naturopath services (the use of natural or alternative treatments).
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, the plan will cover reconstruction of a breast after a mastectomy and for treating the other breast to match it.	Services considered not "reasonable and necessary," according to the standards of Medicare and Medicaid, unless these services are listed by our plan as covered services.
A private room in a hospital, except when it's medically necessary.	Private duty nurses.
Surgical treatment for morbid obesity, except when it's medically necessary and Medicare pays for it.	Radial keratotomy and LASIK surgery.
Biofeedback services	Reversal of sterilization procedures, and non-prescription contraceptive supplies.
Abortions except in the case of a reported rape, incest or when medically necessary to save the life of the mother	Services that are provided in a State Facility operated as a psychiatric hospital as a result of a forensic commitment.
Inpatient hospital custodial care	Services that are provided through a Local Education Agency (LEA).
Services that are provided without a required referral or prior authorization	Services that are provided by a non-affiliated provider and not authorized by the plan.

If you have questions, please call Molina Medicare Complete Care Plus at (877) 901-8181, TTY: 711, Hours are October 1 - March 31: 8 a.m. to 8 p.m. local time, 7 days a week. From April 1 - September 30, Monday – Friday, 8 a.m. to 8 p.m., local time. The call is free. **For more information**, visit MolinaHealthcare.com/Medicare.



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 will tell you about your rights at least once a year. For more information on your rights, please read the *Member Handbook*. Your rights include, but 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 and care coordinator.
- **You have the right to make decisions about your care, including refusing treatment.** This includes the right to:
 - Choose a Primary Care Provider (PCP) and change your PCP at any time during the year.
 - Use a women's health care provider without a referral.
 - Get your covered services and drugs quickly.
 - Know about all treatment options, no matter what they cost or whether they are covered.
 - Refuse treatment, even if your health care provider advises against it.
 - Stop taking medicine, even if your health care provider advises against it.
 - 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.

If you have questions, please call Molina Medicare Complete Care Plus at (877) 901-8181, TTY: 711, Hours are October 1 - March 31: 8 a.m. to 8 p.m. local time, 7 days a week. From April 1 - September 30, Monday – Friday, 8 a.m. to 8 p.m., local time. The call is free. **For more information**, visit MolinaHealthcare.com/Medicare.



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- **You have the right to timely access to care that doesn't have any communication or physical access barriers.** This includes the right to:
 - Get timely medical care.
 - Get in and out of a health care provider's office. This means barrier free access for people with disabilities, in accordance with the Americans with Disabilities Act.
 - Have interpreters to help with communication with your health care providers and your health plan.
- **You have the right to seek emergency and urgent care when you need it.** This means you have the right to:
 - Get emergency services without prior authorization in an emergency.
 - Use an out-of-network, urgent or emergency care provider, when necessary.
- **You have a right to confidentiality and privacy.** This includes the right to:
 - Ask for and get a copy of your medical records in a way that you can understand and to ask for your records to be changed or corrected.
 - Have your personal health information kept private.
 - Have privacy during treatment.
- **You have the right to make complaints about your covered services or care.** This includes the right to:
 - File a complaint or grievance against us or our providers.
 - File a complaint with State of Illinois Fraud Hotline at 1-844-453-7283. You can call the number for free, 24 hours a day, seven (7) days a week. The Illinois website <https://hfs.illinois.gov/oig/reportfraud.html> has complaint forms and instructions available online.
 - Appeal certain decisions made by the Plan.
 - Ask for a State Hearing.
 - Get a detailed reason for why services were denied.

For more information about your rights, you can read the Molina Medicare Complete Care Plus *Member Handbook*. If you have questions, you can also call Molina Medicare Complete Care Plus Member Services at (877) 901-8181, TTY: 711, Hours are October 1 - March 31: 8 a.m. to 8 p.m. local time, 7 days a week. From April 1 - September 30, Monday – Friday, 8 a.m. to 8 p.m. local time. The call is free.

If you have questions, please call Molina Medicare Complete Care Plus at (877) 901-8181, TTY: 711, Hours are October 1 - March 31: 8 a.m. to 8 p.m. local time, 7 days a week. From April 1 - September 30, Monday – Friday, 8 a.m. to 8 p.m., local time. The call is free. **For more information**, visit MolinaHealthcare.com/Medicare.



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

If you have a complaint or think Molina Medicare Complete Care Plus should cover something we denied, call **Member Services** at (877) 901-8181, TTY/TDD: 711, Hours are October 1 - March 31: 8 a.m. to 8 p.m. local time, 7 days a week. From April 1 - September 30, Monday – Friday, 8 a.m. to 8 p.m. local time. The call is free. You may be able to appeal our decision.

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

Or you can write to Molina Healthcare

Attn: Grievance and Appeals Dept.

P.O. Box 22816

Long Beach, CA 90801-9977

FAX: 562-499-0610

Illinois Medicaid Complaint Process:

- Contact the DHS Help Line: For assistance, call the DHS Help Line at 800-843-6154 (voice), 866-324-5553 (TTY), Monday through Friday, 8:00 a.m. to 5:30 p.m., except state holidays.
- For more detailed information, visit the Illinois Department of Human Services website or contact their office directly. Website: www.dhs.state.il.us/
- The grievance may be filed in any Family Community Resource Center (FCRC) in the state, even if it is filed against a person who does not work in that office. For the FCRC nearest you, please use the DHS Office Locator: <https://www.dhs.state.il.us/page.aspx?module=12>.

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 at (877) 901-8181, TTY: 711, Hours are October 1 - March 31: 8 a.m. to 8 p.m. local time, 7 days a week. From April 1 - September 30, Monday – Friday, 8 a.m. to 8 p.m. local time. The call is free.
- 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 suspect a Medicaid provider (e.g., doctor, hospital, nursing home, personal assistant) or a Managed Care Organization, Illinois Health Connect, First Transit, or DentaQuest of committing fraud, please call 1-844-ILFRAUD/1-844-453-7283.
- You can contact the Medicaid/Welfare Fraud Hotline at 1-844-453-7283/1-844-ILFRAUD or visit <https://hfs.illinois.gov/oig/reportfraud.html>

If you have questions, please call Molina Medicare Complete Care Plus at (877) 901-8181, TTY: 711, Hours are October 1 - March 31: 8 a.m. to 8 p.m. local time, 7 days a week. From April 1 - September 30, Monday – Friday, 8 a.m. to 8 p.m., local time. The call is free. **For more information**, visit MolinaHealthcare.com/Medicare.



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

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

(877) 901-8181

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

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

TTY: 711

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

If you have questions about your health:

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

If your PCP's office is closed, you can also call 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, 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 need immediate behavioral health care, please call the Behavioral Health Crisis Line :

(888) 275-8750

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

Plan name 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 at (877) 901-8181, TTY: 711, Hours are October 1 - March 31: 8 a.m. to 8 p.m. local time, 7 days a week. From April 1 - September 30, Monday – Friday, 8 a.m. to 8 p.m., local time. The call is free. **For more information**, visit MolinaHealthcare.com/Medicare.



Notice of Availability

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

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

English

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

Spanish

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos para asistirle en su idioma. También dispone de ayudas y servicios auxiliares gratuitos para proporcionar información en formatos accesibles. Llame al número del Departamento de Servicios para Miembros que figura en el reverso de su tarjeta de identificación o hable con su proveedor.

Simplified Chinese

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

Traditional Chinese

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

Russian

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

Haitian Creole

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

Korean

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

Italian

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

Yiddish

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

Bengali

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

Polish

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

Arabic

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

French

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

Urdu

اردو

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

Tagalog

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

Greek

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

Albanian

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

German

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

Pennsylvania Dutch

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

Vietnamese

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

Somali

FIIRO GAAR AH: Haddii aad ku hadasho Soomaali, adeegyada caawimaada luuqada oo bilaash ah ayaad heli kartaa. Agabka kaalmaatiga oo sax ah iyo adeegyada xogta ku bixiya qaab la heli karo ayaa sidoo kale lagu heli karaa lacag la'aan. Wac lambarka Adeegyada Macaamiisha ee ku qoran dhabarka danbe ee kaarkaaga aqoonsiga ama la hadal dhakhtarkaaga.

Japanese

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

Ukrainian

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

Romanian

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

Amharic

ማስታወሻ፡ አማርኛ የምናገሩ ከሆነ፣ ነፃ የቋንቋ ድጋፍ አገልግሎቶች ለእርስዎ ይኖራል። እንዲሁም፣ በሚገኙ ቅርፅዎች መረጃ ለማቅረብ ተገቢ የመርጃ ድጋፎች እና አገልግሎቶች በነፃ ይኖራሉ። በID ካርድዎ ጀርባ ላይ ባለው የአባላት አገልግሎቶች ቁጥር ይደውሉ ወይም አቅራቢዎን ያነጋግሩ።

Thai

หมายเหตุ: หากคุณใช้ภาษาไทย เรามีบริการความช่วยเหลือด้านภาษาฟรี นอกจากนี้ ยังมีเครื่องมือและบริการช่วยเหลือเพื่อให้ข้อมูลในรูปแบบที่เข้าถึงได้โดยไม่เสียค่าใช้จ่าย โปรดติดต่อหมายเลขฝ่ายบริการสมาชิกที่ระบุไว้ด้านหลังบัตรประจำตัวของคุณหรือพูดคุยกับผู้ให้บริการของคุณ

Persian

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

Samoan

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

Ilocano

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

Gujarati

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

Portuguese

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

Hindi

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

Khmer

សូមយកចិត្តទុកដាក់៖ ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ សេវាកម្មជំនួយភាសា ឥតគិតថ្លៃគឺមានសម្រាប់អ្នក។ ជំនួយ និងសេវាកម្មដែលជាការជួយដល់សមាសភាព ក្នុងការផ្តល់ព័ត៌មានតាមទម្រង់ដែលអាចចូលប្រើប្រាស់បាន ក៏អាចរកបាន ដោយឥតគិតថ្លៃផងដែរ។ ហៅទូរសព្ទទៅលេខសេវាបម្រើសមាជិកនៅខាងក្រោយកាត ID របស់អ្នក ឬនិយាយទៅកាន់អ្នកផ្តល់សេវារបស់អ្នក។

Laotian

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

Karen

ဟ်သ့ဟ်သး- နမ့ၢ်ကတိၤ ကညီၣ်ကျိၣ် အယိ, တၢ်အိၣ်ဒီး ကျိၣ်တၢ်ဆိၣ်ထွဲမၤစၢၤ လၢတလၢ်ဘျီလၢ်စ့ၤ လၢနဂီၢ်လီၤ. တၢ်အိၣ်ဒီး တၢ်မၤစၢၤတၢ်နီၣ်ဟူၤပီးလီၤဒီး တၢ်မၤစၢၤတၢ်မၤ လၢအကြးအဘၣ် လၢကဟ့ၣ် တၢ်ဂ့ၢ်တၢ်ကျိၣ် လၢတၢ်မၤန့ၢ်အိၣ်သ့တဖၣ် လၢတလၢ်ဘျီလၢ်စ့ၤ လၢနဂီၢ်လီၤ. ကိး ကရၢဖိတၢ်မၤစၢၤတၢ်မၤ အလီၤတဲစိနီၣ်ဂံၢ်လၢ အိၣ်ဖဲနလံာ်အုၣ်သး (ID) ခးက့အလီၤ မ့တမ့ၢ် တဲတၢ်ဒီး ပှၤလၢအဟ့ၣ်နၤတၢ်ကွၢ်ထွဲန့ၣ် တက့ၢ်.

Swahili

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

Serbian

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

Croatian

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

Nepali

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

Yoruba

ÀKÍYÈSÍ: Bí o bá ń sọ èdè Yorùbá, àwọn isẹ̀ ìrànlowọ̀ èdè ọ̀fẹ̀ wà fún ọ. Àwọn ohun èlò ìrànlowọ̀ àti àwọn isẹ̀ tó yẹ láti pèsè àlàyé ní àwọn ọ̀nà tó rọ̀rùn ló wà lófẹ́ẹ́. Pe nọmbà Àwọn isẹ̀ Ọmọ egbé tó wà ní èyìn káàdì ìdánimọ̀ rẹ̀ tàbí bá olùpèsè rẹ̀ sọ̀rọ̀.

Tamil

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

Navajo

SHOOH: Diné bizaad yiniłti', t'áá jiik'ehgo saad bee áká'ánída'awo'ígíí t'áá hadoohkáál nihá kée' hólq. T'áá ajiłii íiyisí át'éeego nihá át'éeego bee haz'ánígíí dóó t'áá ádáhodoonígíí biniiyé t'áá jíik'eh nihá kée' hólq Member Services béesh bee hane'í bikáá' dah naaznil doo ID card ni' dooleel ná'ádoolwołígíí bikáá' nihá át'é.

Shoshone

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

Choctaw

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

Punjabi

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

Syriac

[illegible]



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