

DATE

MEMBER NAME ADDRESS LINE 1 ADDRESS LINE 2 CITY, STATE ZIP CODE

Dear **MEMBER NAME**:

Thank you for being a member in MCC of VA (Medicaid).

Our records show that you will become eligible for Medicare soon. This makes you dually eligible for Medicaid and Medicare. For coordination of your Medicaid and Medicare coverage, we will enroll you in Molina Medicare Complete Care (HMO D-SNP) starting 07/01/2023. Your Medicaid benefits will continue.

Molina Medicare Complete Care (HMO D-SNP) is a Dual Special Needs Medicare Advantage plan that includes hospital, doctor, and prescription drug coverage.

How to enroll

You will be automatically enrolled and will get your Medicare services through Molina Medicare Complete Care (HMO D-SNP). You do not have to do anything, *unless* you decide you do not want Molina Medicare Complete Care (HMO D-SNP) to provide your Medicare benefits. (See "What if you do not want to join Molina Medicare Complete Care (HMO D-SNP)?)

Shortly, you will receive a new Molina Medicare Complete Care (HMO D-SNP) member ID card in the mail. Please show all of your insurance cards including this card every time you get healthcare services or fill a prescription at a network pharmacy, beginning 07/01/2023.

What happens to your Medicaid plan

You still have your Medicaid coverage and your benefits have not changed. Molina Medicare Complete Care (HMO D-SNP) will work with Medicaid to give you both the Medicare and Medicaid benefits for which you qualify. If you lose your Medicaid coverage, you will no longer qualify for Molina Medicare Complete Care (HMO D-SNP). It is important to keep your Medicaid coverage current.

What if you do not want to join Molina Medicare Complete Care (HMO D-SNP)?

You do not have to keep Molina Medicare Complete Care (HMO D-SNP). Before 07/01/2023 please call us at (800) 424-4495 (TTY: 711), or **complete the enclosed Opt-Out Form and mail it to**:



Molina Medicare Complete Care (HMO D-SNP) Attn: Enrollment Accounting P O BOX 22800 Long Beach, CA 90801

You will still be a member of MCC of VA (Medicaid). You can enroll in a different Medicare Advantage plan or original Medicare.

The costs associated with Molina Medicare Complete Care (HMO D-SNP).

You will get extra help with your prescription drug costs as long as you qualify for Medicaid. Your costs will vary based on your level of Medicaid eligibility, but you will pay no more than:

- \$0 monthly premium, like with your Medicaid MCC of VA plan
- \$0 yearly deductible
- copay per prescription (depending on your level of "Extra Help") for generic and preferred multi-source drugs covered by the plan
- copay per prescription (depending on your level of "Extra Help") for all other drugs covered by the plan.

Like with Medicaid MCC of VA, you will not have any costs for doctor or hospital visits or other non-pharmacy covered benefits with Medicare Molina Medicare Complete Care (HMO D-SNP).

If you think this is incorrect or have questions, please call us. You can reach Member Services at (800) 424-4495 (TTY: 711), Monday - Friday, 8 a.m. to 8 p.m., local time. (from October 1-March 31, 7 days a week).

How to get Medicare services through Molina Medicare Complete Care (HMO D-SNP).

Beginning on the date of your Molina Medicare Complete Care (HMO D-SNP) coverage begins, you must get all of your Medicare health services from Molina Medicare Complete Care (HMO D-SNP) with the exception of emergency or urgently needed services or out of area dialysis services.

Services authorized by Molina Medicare Complete Care (HMO D-SNP) and other services contained in the Evidence of Coverage document (also known as a member contract or subscriber agreement) will be covered. If you go to a provider not in Molina Medicare Complete Care (HMO D-SNP) without authorization, neither Medicare nor Molina Healthcare will pay for Medicare covered services.

Once you are a member of Molina Medicare Complete Care (HMO D-SNP), you have the right to appeal plan decisions about payment or services if you disagree. Please read the Evidence of Coverage from Molina Medicare Complete Care (HMO D-SNP) when you get it to know which plan rules you must follow to get coverage with this plan.

Medicare pays for your prescription drugs now

When you qualify for Medicare, Medicare pays for most of your prescription drugs. You must present both your new Molina Medicare Complete Care (HMO D-SNP) member ID card and Virginia



Medicaid member ID card at the pharmacy when you get new prescriptions for refills. Be aware that you may have copays now even if you did not have copays before.

Finding a Primary Care Provider (PCP)

For this plan, you need to see a Primary Care Provider (PCP) who is in the plan network. Since you will still be a member of Virginia Medicaid, you can continue to see your current Primary Care Physician (PCP) for your health care needs with Molina Medicare Complete Care (HMO D-SNP).

Molina Medicare Complete Care (HMO D-SNP) benefits

Enrolling in Molina Medicare Complete Care (HMO D-SNP) will allow us to coordinate all of your Medicare and Medicaid benefits, including your hospital, doctor, and prescription drug needs. You may also get more benefits than original Medicare. Enclosed with this letter is a Summary of Benefits, which will tell you about your additional benefits.

Dual eligible members have several options for Medicare services

- A Dual-Eligible Special Needs Plan, like Molina Medicare Complete Care (HMO D-SNP)
- Another Medicare Advantage Plan offered in your county
- Original Medicare and a Prescription Drug Plan

If you would like to learn more about Molina Medicare Complete Care (HMO D-SNP) now, please call Member Services (800) 424-4495 (TTY: 711). We are open Monday - Friday, 8 a.m. to 8 p.m., local time. (from October 1-March 31, 7 days a week).

A representative will spend time with you on the phone to go over your benefits and tell you if your providers are in their network. You may also visit MolinaHealthcare/medicare to learn more.

Do you need more information on Medicare benefits?

If you would like to speak to someone about selecting a Medicare plan, please call Medicare toll free at (800) 633-4227 (TTY: (877) 486-2048), 24 hours a day, 7 days a week. Or use the Medicare Plan Finder at www.medicare.gov.

You can also contact the **Virginia Insurance Counseling and Assistance Program (VICAP)** at (800) 552-3402. VICAP provides free, unbiased confidential information and assistance with your Medicare choices.

You can also get this information for free in other formats such as large print, audio or online at www.cccplusva.com

You might want to share this letter with someone you trust who knows your healthcare needs.

We value your membership and look forward to continuing to take care of your health care needs through our Molina Medicare Complete Care (HMO D-SNP) Plan.



If you have questions, you can contact Member Services at (800) 424-4495 (TTY: 711), Monday - Friday, 8 a.m. to 8 p.m., local time, (from October 1-March 31, 7 days a week). or in writing at:

Enrollment Accounting P O BOX 22800 Long Beach, CA 90801

Sincerely, Molina Medicare Complete Care (HMO D-SNP)

Enclosures: Summary of Benefits

You can get this document for free in non-English language(s) or other formats, such as large print, braille, or audio. Call (800) 424-4495 TTY:711. The call is free.

Molina Healthcare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, ethnicity, national origin, religion, gender, sex, age, mental or physical disability, health status, receipt of healthcare, claims experience, medical history, genetic information, evidence of insurability, geographic location.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-424-4495 (TTY 711).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-424-4495 (TTY 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-424-4495 (TTY 711) 번으로 전화해 주십시오.

Product offered by Molina Healthcare of Virginia, LLC.

Molina Medicare Complete Care (HMO D-SNP) is a Health Plan with a Medicare Contract and a contract with the state Medicaid program. Enrollment in Molina Medicare Complete depends on contract renewal



Opt-Out Form

To get your Medicare services through Molina Medicare Complete Care (HMO D-SNP), you do not have to do anything.

You will be automatically enrolled on 07/01/2023.

If you **DO NOT** want to get your Medicare benefits through the **Molina Medicare Complete Care** (**HMO D-SNP**) Plan you must notify us prior to 07/01/2023. You can complete and return this form to us in the enclosed postage paid envelope or you can call us at (800) 424-4495 (TTY: 711) Monday - Friday, 8 a.m. to 8 p.m., local time. (from October 1-March 31, 7 days a week).

Name:	
Address:	
City, State, Zip:	
Phone number:	
Membership number:	
Signature:	Date:
the following informat	d representative completing this form for one of our members, please provide ion:
Address:	
Phone number:	
Relationship to enrolle	e
Signature:	Date:

Please call Molina Medicare Complete Care (HMO D-SNP) at (800) 424-4495 (TTY: 711) Monday - Friday, 8 a.m. to 8 p.m., local time. (from October 1-March 31, 7 days a week).