2026

Summary of Benefits

Central Health Dual Access Plan (HMO DSNP)

California H5649-024-000

Serving: Alameda, Contra Costa, Fresno, Imperial, Kern, Kings, Madera, Orange, Placer, San Francisco, San Joaquin, San Mateo, Santa Clara, Solano, Stanislaus, Tulare, and Yolo Counties

Effective January 1 through December 31, 2026

H5649_26_024_CA_SB_M
CA-H5649-24-SB-EN-26-S-V2

CENTRAL HEALTH MEDICARE PLAN

Introduction to the Summary of Benefits

Central Health Dual Access Plan

Thank you for considering Molina Healthcare! Everyone deserves quality care. Since 1980, our members have been able to lean on Molina. Because today, as always, we put your needs first.

This document does not include every benefit and service that we cover or every limitation or exclusion. To get a complete list of services, please refer to the Evidence of Coverage (EOC). A copy of the EOC is located on our website at MolinaHealthcare.com/Medicare. You can also call Member Services at (866) 314-2427, TTY 711 and we will mail you a copy.

To join our plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B and Medicaid by California Department of Health Care Services, and live in our service area. Our service area includes the following counties in California: Alameda, Contra Costa, Fresno, Imperial, Kern, Kings, Madera, Orange, Placer, San Francisco, San Joaquin, San Mateo, Santa Clara, Solano, Stanislaus, Tulare, and Yolo Counties.

Molina has a network of doctors, hospitals, pharmacies, and other providers. Except in emergency situations, if you use providers that are not in our network, we may not pay for those services. If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits or use the Medicare Plan Finder at medicare.gov.

For coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at medicare.gov or get a copy by calling **1-800-MEDICARE (1-800-633-4227).** TTY users should call 1-877-486-2048. If you have any questions, please call our Member Service team at **(866) 314-2427, TTY 711,** 7 days a week, 8 a.m. to 8 p.m., local time.

About Medicare

Medicare is health insurance for people who are 65 years old or older, or who are under 65 years old with certain disabilities.

Original Medicare is a Federal Insurance Program. It pays a fee for your care directly to the doctors and hospitals you visit. Original Medicare does not cover most preventive care and has unpredictable out-of-pocket expenses.

Medicare Part A (Hospital Insurance) covers inpatient care in hospitals, skilled nursing facilities, hospice care, and some home health care services.

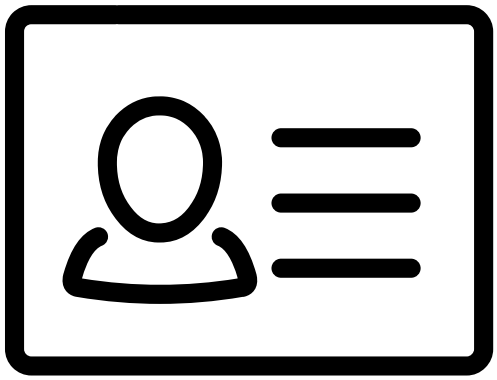
Medicare Part B (Medical Insurance) covers certain doctors' services, outpatient care, medical supplies and preventive services.

Medicare Part C (Medicare Advantage) is an all-in-one alternative to Original Medicare. Medicare Advantage plans include Parts A, B and usually Part D. Some Medicare Advantage plans may have lower out-of-pocket costs than Original Medicare and may cover extra benefits that Original Medicare doesn't – like dental, vision or hearing. Medicare pays a fixed fee to the plan for your care, and then the plan directly pays the doctors and hospitals. Medicare Advantage has predictable out-of-pocket expenses and offers preventive care and care coordination.

Medicare Part D (Prescription Drug Coverage) helps you pay for drugs you get from a pharmacy.

Medicaid Dual Eligibility Coverage Categories

- **Qualified Medicare Beneficiary Plus (QMB+):** Medicaid pays your Medicare Part A and Part B premiums, deductibles, coinsurance, and copayment amounts. You receive Medicaid coverage of Medicare cost share and are eligible for full Medicaid benefits.
- **Specified Low-Income Medicare Beneficiary Plus (SLMB+):** Medicaid pays your Medicare Part B premium and provides full Medicaid benefits.
- **Full-Benefit Dual Eligible (FBDE):** At times, individuals may qualify for both limited coverage of Medicare cost sharing as well as full Medicaid benefits.



Eligibility Changes:
It is important to read and respond to all mail that comes from Social Security or your state Medicaid office so you can protect your $0 cost share status as a QMB, QMB+, SLMB+, or FBDE beneficiary.

Periodically, as required by CMS, we will check the status of your Medicaid eligibility as well as your dual eligible category. If you lose Medicaid coverage entirely you will be given a grace period so that you can reapply for Medicaid.

If you no longer qualify as a QMB, QMB+, SLMB+, or FBDE beneficiary you may be involuntarily disenrolled from the Plan after a grace period. Your state Medicaid agency will send you notification of your loss of Medicaid or change in Medicaid category. We may also contact you to remind you to reapply for Medicaid as a QMB, QMB+, SLMB+, or FBDE beneficiary. For this reason it is important to let us know whenever your mailing address and/or phone number changes.

Summary of Premiums & Benefits

Central Health Dual Access Plan	
Monthly Premium	$0 per month
Medical Deductible	You pay $0 medical deductible each year.
Maximum Out-of-Pocket Responsibility	$9,250 each year for services you receive from in-network providers. (does not include prescription drugs)

Questions? Please call Central Health Plan at (866) 314-2427, TTY: 711.

Central Health Dual Access Plan	
Inpatient Hospital	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	$0 copay per visit *Prior authorization may be required.*
Ambulatory Surgical Center	$0 copay per visit *Prior authorization may be required.*
Doctor Visits	**Primary Care** $0 per visit **Specialists** $0 per visit
Preventive Care	$0 copay Look for the rows with the apple in the Chapter 4 Medical benefits chart in the Evidence of Coverage. Any additional preventive services approved by Medicare during the plan year will be covered.

Summary of Premiums & Benefits (Continued)

Central Health Dual Access Plan	
Emergency Care	$0 copay
Urgently Needed Services	$0 copay
Diagnostic Services/Labs/ Imaging	**Diagnostic tests and procedures** $0 copay **Lab services** $0 copay **Diagnostic radiology services** (such as MRI, CT scan) $0 copay **Outpatient X-rays** $0 copay **Therapeutic radiology** $0 copay *Prior authorization may be required for some services.* *No authorization is required for outpatient lab services and outpatient x-ray services. Genetic lab testing requires prior authorization.*

Questions? Please call Central Health Plan at (866) 314-2427, TTY: 711.

Central Health Dual Access Plan	
Hearing Services	**Medicare-covered diagnostic hearing and balance exams** $0 copay, 1 every year **Routine hearing exam** $0 copay, 1 every year **Fitting for hearing aid/evaluation** $0 copay,1 every year **Hearing aids** $49 - $1,549 copay Our plan covers up to 2 pre-selected hearing aids covered from a plan approved provider every 3 years.
Dental Services	**Medicare-covered dental services** $0 copay

Central Health Dual Access Plan

Vision Services	Medicare-covered vision services
	• Vision exam to diagnose/treat diseases of the eye (including yearly glaucoma screening):$0 copay • Eyeglasses or contact lenses after cataract surgery: $0 copay **We have partnered with a Vision Vendor to give you more value for your routine vision needs!** Supplemental Vision services covered include, but not limited to: Coverage includes: • One routine eye exam every calendar year • An eyewear allowance You can use your $200 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. $0 copay for up to 1 routine eye exam (and refraction) for eyeglasses every calendar year.

Questions? Please call Central Health Plan at (866) 314-2427, TTY: 711.

Central Health Dual Access Plan	
Mental Health Services	**Inpatient visit** You pay $0 for days 1 - 90 of an inpatient hospital stay. There is a 190 day lifetime limit for inpatient psychiatric hospital care. The inpatient hospital care limit does not apply to inpatient mental services provided in a general hospital. Our plan also covers 60 "lifetime reserve days." These are "extra" days that we cover. If your hospital stay is longer than 90 days, 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. *Prior authorization may be required.* **Outpatient individual/group therapy visit** $0 copay
Skilled Nursing Facility	You pay $0 for days 1-100 of a skilled nursing facility stay. No prior hospitalization is required. *Prior authorization may be required.*
Physical Therapy	**Physical therapy and speech therapy** $0 copay *Prior authorization may be required.* **Cardiac and pulmonary rehabilitation** $25 copay *Prior authorization may be required.* **Occupational therapy services** $35 copay *Prior authorization may be required.*
Ambulance	$0 copay *Prior authorization required for non-emergent ambulance only.*

Summary of Premiums & Benefits (Continued)

Central Health Dual Access Plan	
Transportation	$0 copay 24 one-way trips every year to plan-approved locations *Prior authorization may be required.*

Medicare Part B Drugs	
Chemotherapy/ Radiation Drugs and other Part B Drugs	Depending on your level of Medicaid coverage you pay $0 copay or 20% of the cost. *Prior authorization may be required.* *Step therapy may be required for certain drugs.*

Questions? Please call Central Health Plan at (866) 314-2427, TTY: 711.

Summary of Drug Coverage

Standard Retail Pharmacy and Mail-Order Pharmacy

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

Copays for drugs may vary based on the level of Extra Help you get. Please contact the plan for more details.

Coverage Stages

Stage 1: Deductible	The deductible is $550. During this stage, you pay $0 cost sharing for drugs on Tier 1 and Tier 6 and the applicable cost of drugs on Tier 2, Tier 3, Tier 4 and Tier 5 until you have reached the yearly deductible.
Stage 2: Initial Coverage	You begin this stage when you fill your first prescription of the year. During this stage, the plan pays its share of the cost of your drugs, and you pay your share of the cost. You stay in this stage until your yearly out-of-pocket reaches total $2,100. If you reside in a long-term care facility, you pay the same as at a retail pharmacy. You may get drugs from an out-of-network pharmacy at the same cost as an in-network pharmacy.
Stage 3: Catastrophic Coverage	After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and/or through mail order) reach $2,100 the plan will pay all of the costs of your drugs.

Summary of Other Benefits

Central Health Dual Access Plan	
Acupuncture	**Medicare-Covered Acupuncture** $0 copay Up to 12 visits in 90 days are covered for chronic lower back pain. Up to eight additional sessions are covered in the same year for those patients demonstrating an improvement. **Routine Acupuncture** $0 copay Our Plan covers unlimited supplemental acupuncture with routine chiropractic services.
Additional Smoking and Tobacco Use Cessation	$0 copay 8 counseling visits offered in addition to Medicare.
Additional Telehealth Services	You pay a $0 copay for certain telehealth services, including: • 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 • Physical Therapy and Speech-Language Pathology Services • Opioid Treatment Program Services • Individual Sessions for Outpatient Substance Abuse • Group Sessions for Outpatient Substance Abuse

Questions? Please call Central Health Plan at (866) 314-2427, TTY: 711.

Central Health Dual Access Plan	
Annual Physical Exam	$0 copay
Chiropractic Care	**Medicare-Covered Chiropractic Services** $0 copay Manipulation of the spine to correct a subluxation (when one or more of the bones of your spine move out of position). **Routine Chiropractic Services** $0 copay Our Plan covers unlimited supplemental chiropractic services with routine acupuncture services.
Dialysis	$0 copay
Fitness Benefit	$0 copay Silver&Fit offers Members access to contracted fitness facilities and Home Fitness Kits for Members who prefer to exercise at home or while traveling.
Foot Care (Podiatry)	**Medicare-Covered Foot Exam and Treatment** $0 copay Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions. **Routine Foot Care** $0 copay Up to 6 visits every year. *Prior authorization may be required.*

Summary of Other Benefits (Continued)

Central Health Dual Access Plan	
Health Education	$0 copay Programs to help you learn to manage your health conditions, including health education, learning materials, health advice, and care tips.
Home Health Care	$0 copay *Prior authorization may be required.*
Meals Benefit	$0 copay 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. *Prior authorization may be required.*
Medical Equipment and Supplies	**Durable Medical Equipment** (such as wheelchairs, oxygen) $0 copay **Prosthetics/Medical Supplies** $0 copay **Diabetic Supplies and Services** $0 copay *Prior authorization may be required for Durable Medical Equipment, Prosthetics/Medical supplies, and Diabetic supplies.* *Prior authorization required for diabetic shoes and inserts.* *Prior authorization not required for preferred manufacturer.*
24-Hour Nurse Advice Line	$0 copay Available 24 hours a day, 7 days a week.

Questions? Please call Central Health Plan at (866) 314-2427, TTY: 711.

Central Health Dual Access Plan	
Opioid Treatment Program Services	$0 copay *Prior authorization required for medication.*
Outpatient Blood Services	$0 copay 3 pint deductible waived
Outpatient Substance Abuse	$0 copay Individual or group therapy visits *Prior authorization may be required.*
Over-the-Counter Items	$0 copay You receive pre-funded debit card (MyChoice card) with a combined $120.00 quarterly allowance for OTC items. OTC hearing aids are covered and included in the combined OTC allowance. Please see the pre-funded debit card (MyChoice card) section for a complete list of benefit and services that are included in the combined allowance.
Personal Emergency Response System (PERS)	$0 copay When authorized, we will provide an in-home device to notify the appropriate personnel in the event of an emergency (e.g., a fall). Case Management review required. *Prior authorization may be required.*

Summary of Other Benefits (Continued)

Central Health Dual Access Plan	
Worldwide Emergency and Urgent Care	$0 copay You are covered for worldwide emergency and urgent care services up to $10,000.
Pre-funded Debit Card (MyChoice Card)	$0 copay You receive a $120 quarterly allowance on a pre-funded debit card that may be used towards select supplemental plan benefits such as: • Over-the-Counter items You have a separate $50 monthly allowance for Food and Produce* Funds are loaded onto the card each month. At the end of each month, any unused allocated funds will not carry out to the following month or plan year. *Eligibility requirements applicable
Special Supplemental Benefits for Chronic Illnesses	$0 copay You receive a $50 monthly allowance on a pre-funded debit card (MyChoice card) that may be used towards select supplemental plan benefits such as: • Food and Produce Please see the Pre-funded Debit Card (MyChoice Card) section for a complete list of benefit and services that are included in the combined allowance. Unused allowance does not carry over to next month. *Prior authorization may be required.* Members must meet the criteria outlined in Chapter 4 of the Evidence of Coverage.

Questions? Please call Central Health Plan at (866) 314-2427, TTY: 711.

Summary of Medicaid-Covered Benefits

What Services are Covered
The chart below shows what services are covered by Medicare and Medicaid. You will see the word "Covered" under the Medicaid column if Medicaid also covers a service that is covered under the Central Health Dual Access Plan Plan. The chart applies only if you are entitled to benefits under your state's Medicaid program. Your cost share varies based on your Medicaid category.

Benefit	Central Health Dual Access Plan	Medi-Cal
IMPORTANT INFORMATION		
Premium and Other Important Information If you get Extra Help from Medicare, your monthly plan premium will be lower or you may pay nothing.	**General** $0 monthly plan premium **In-Network** $9,250 out-of-pocket limit for Medicare-covered services. However, in this plan you will have no cost-sharing responsibility for Medicare-covered services, based on your level of Medicaid eligibility.	Medicaid assistance with premium payments and cost share may vary based on your level of Medicaid eligibility.
Doctor and Hospital Choice (For more information, see Emergency Care and Urgently Needed Care.)	**In-Network** You must go to network doctors, specialists, and hospitals.	You must go to doctors, specialists, and hospitals that accept Medicaid assignment. Referral required for network specialists (for certain benefits).
OUTPATIENT CARE SERVICES		
Acupuncture	Limited coverage	Covered Restrictions may apply
Ambulance Services (Must be medically necessary)	Covered	Covered

Questions? Please call Central Health Plan at (866) 314-2427, TTY: 711.

Benefit	Central Health Dual Access Plan	Medi-Cal
OUTPATIENT CARE SERVICES (CONTINUED)		
Cardiac and Pulmonary Rehabilitation Services	Covered	Covered
Chiropractic Services	Limited coverage	Covered Restrictions may apply
Dental Services	Covered	Covered Restrictions may apply
Diabetes Programs and Supplies	Covered	Covered
Diagnostic Tests, X-rays, Lab Services, and Radiology Services	Covered	Covered Restrictions may apply
Dialysis Services	Covered	Covered Restrictions may apply
Doctor Office Visits	Covered	Covered
Durable Medical Equipment (Includes wheelchairs, oxygen, etc.)	Covered	Covered Restrictions may apply
Emergency Care	Covered	Covered
Hearing Services	Covered	Covered Restrictions may apply

Summary of Medicaid-Covered Benefits (Continued)

Benefit	Central Health Dual Access Plan	Medi-Cal
OUTPATIENT CARE SERVICES (CONTINUED)		
Home Health Service (Includes medically necessary intermittent skilled nursing care, home health aide services, rehabilitation services, etc.)	Covered	Covered
Outpatient Mental Health Care	Covered	Covered Restrictions may apply
Outpatient Rehabilitation Services (Occupational Therapy, Physical Therapy, Speech and Language Therapy)	Covered	Covered Restrictions may apply
Outpatient Services	Covered	Covered
Outpatient Substance Abuse Care	Covered	Covered
Over-the-Counter Items	Covered	Covered Restrictions may apply
Podiatry Services	Covered	Covered Restrictions may apply
Prosthetic Devices (Includes braces, artificial limbs and eyes, etc.)	Covered	Covered Restrictions may apply
Medical Transportation Services (Routine)	Covered	Covered

Questions? Please call Central Health Plan at (866) 314-2427, TTY: 711.

Benefit	Central Health Dual Access Plan	Medi-Cal
OUTPATIENT CARE SERVICES (CONTINUED)		
Urgently Needed Services (This is NOT emergency care and, in most cases, is out of the service area.)	Covered	Not Covered
Vision Services	Covered	Covered Restrictions may apply
Wellness/Education and other Supplemental Benefit Programs	Covered	Not Covered
INPATIENT CARE		
Inpatient Hospital Care (Includes Substance Abuse and Rehabilitation Services)	Covered	Covered Restrictions may apply
Inpatient Mental Health Care	Covered	Not Covered
Skilled Nursing Facility (SNF) (In a Medicare-certified skilled nursing facility)	Covered	Covered Restrictions may apply
PREVENTIVE SERVICES		
Health/Wellness Education	Covered	Covered
Kidney Disease and Conditions	Covered	Covered Restrictions may apply
Preventive Services	Covered	Covered

Summary of Medicaid-Covered Benefits (Continued)

Benefit	Central Health Dual Access Plan	Medi-Cal
HOSPICE		
Hospice	Covered	Covered
PRESCRIPTION DRUG BENEFITS		
Outpatient Prescription Drugs	Covered	Covered Restrictions may apply

Questions? Please call Central Health Plan at (866) 314-2427, TTY: 711.

For Members who are entitled to full benefits under Medicaid, listed below are additional benefits that you may be entitled to. These are additional Medicaid benefits that are covered by your state Medicaid program but may not be covered under the Central Health Dual Access Plan Plan:

ADDITIONAL MEDICAID BENEFITS	
BENEFITS	**MEDI-CAL COVERAGE**
AIDS Waiver Program	Covered Restrictions may apply
Blood and Blood Derivatives	Covered
Chronic Dialysis Services	Covered Restrictions may apply
Community-Based Adult Services (CBAS)	Covered
Comprehensive Perinatal Services Program (Preventive services)	Covered
Early & Periodic Screening, Diagnosis, and Treatment (EPSDT)	Covered
Enteral Formula	Covered
Family Nurse Practitioner	Covered
Family Planning Services and Supplies	Covered
Federally Qualified Health Center Services (FQHC)	Covered
Home and Community Care for functionally disabled elderly (waiver only)	Covered
Intermediate Care Facility	Covered
Licensed Midwife Services	Covered

Summary of Medicaid-Covered Benefits (Continued)

ADDITIONAL MEDICAID BENEFITS	
BENEFITS	**MEDI-CAL COVERAGE**
Nurse Anesthetist Services	Covered
Nurse Midwife	Covered
Personal Care Services	Covered Restrictions may apply
Psychology Services	Covered Restrictions may apply
Rehabilitation Facilities	Covered
Respiratory Care for Ventilator-Dependent Patients	Covered
Rural Health Clinic Services (RHC)	Covered
Special Duty Nursing Services	Covered
Sign Language Interpreter Services	Covered
Transplants	Covered

Questions? Please call Central Health Plan at (866) 314-2427, TTY: 711.

**Recently enacted legislation added Section 14131.10 of the W&I Code to exclude several optional benefit categories from coverage under the Medi-Cal program to be implemented on July 1, 2009. The optional benefits indicated are excluded from coverage under the Medi-Cal program, effective July 1, 2009. The optional benefits exclusion policy does not apply to the following beneficiaries: 1) beneficiaries under 21 years of age for services rendered pursuant to EPSDT program; 2) beneficiaries residing in a skilled nursing facility (Nursing Facilities Level A and Level B, including subacute care facilities; 3) beneficiaries who are pregnant (pregnancy-related benefits and services; other benefits and services to treat conditions that, if left untreated, might cause difficulties for the pregnancy); 4) California Children's Services beneficiaries; and 5) beneficiaries enrolled in the Program of All-Inclusive Care for the Elderly. Most claims for excluded optional benefit services billed by a physician or physician group remain reimbursable on or after July 1, 2009. However, these claims will be denied if the rendering provider is not a physician, but one of the optional benefit providers. More information on the reduced benefits and services affected by this new legislation is available on the California Department of Health Care Services Web site at www.dhcs.ca.gov.

Glossary of Terms

Coinsurance
The percentage you pay as your share of the cost for medical services or prescription drugs. For example, if you have 20 percent coinsurance, you pay 20 percent of the cost of your medical bill.

Copay
The fixed amount you pay as your share of the cost of a medical service or supply. For example, you might have a $20 copay every time you see your primary care doctor.

Deductible
The amount you pay for health care services or prescriptions before your insurance begins to pay.

Extra Help
A Medicare program to help people with limited income and resources pay prescription drug program costs, like premiums, deductibles, and coinsurance.

Long-term care
Services and support for people who can't perform basic activities of daily living, like dressing and bathing. Medicare and most health insurance plans do not pay for long-term care.

Medicaid
A state and federal program that provides health coverage to low-income people.

Medicare Advantage
Also known as Part C. A type of Medicare plan offered by a private company approved by Medicare. A Medicare Advantage plan is an alternative to Original Medicare. It provides all of your Part A and Part B benefits and often offers extra benefits, like dental and vision care.

Original Medicare
Medicare Part A (hospital insurance) and Part B (medical insurance). Most people get it when they turn 65. The federal government manages Original Medicare.

Out-of-pocket maximum
The most you have to pay for covered services in one year. Once you reach this amount, your insurance covers 100 percent of your medically necessary care for the rest of the year.

Premium
The money you pay monthly to Medicare or a health care plan for coverage.

Preventive services
Health care to prevent or detect illness at an early stage. Most health plans must cover some important preventive services, like flu shots and blood pressure screening, at no cost to you.

Central Health Medicare Plan is an HMO/HMO SNP plan with a Medicare contract. Enrollment depends on contract renewal.

Notes

Notes

Non-Discrimination Notice – Section 1557
Central Health Plan

CENTRAL HEALTH MEDICARE PLAN

Discrimination is against the law. Central Health Plan follows State and Federal civil rights laws. Central Health Plan 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.

Central Health Plan 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 Central Health Plan between 8:00 a.m. to 8:00 p.m. by calling 1-866-314-2427. 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:

Central Health Plan
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 Central Health Plan 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 Central Health Plan's Civil Rights Coordinator. You can file a grievance by phone, in writing, in person, or electronically:

- **By phone:** Contact Central Health Plan'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:
  Central Health Plan
  Civil Rights Coordinator
  200 Oceangate, Suite 100
  Long Beach, CA 90802

- In person: Visit your doctor's office or Central Health Plan and say you want to file a grievance.
- Electronically: Send an email to **Civil.Rights@MolinaHealthcare.com**. You can also visit Central Health Plan'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 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 (866) 314-2427 (TTY: 711). Aids and services for people with disabilities, like documents in braille and large print, are also available. Call (866) 314-2427 (TTY: 711). These services are free of charge.

العربية(Arabic)

يرجى الانتباه،: إذا احتجت إلى المساعدة بلغتك، فاتصل ب 314-2427 (866) ، (وبالنسبة لمستخدمي الهاتف النصي TTY : يمكنهم الاتصال على 711). تتوفر أيضًا المساعدات والخدمات للأشخاص ذوي الإعاقة، مثل المستندات المكتوبة بطريقة بريل والخط الكبير، اتصل ب 314-2427 (866) (وبالنسبة لمستخدمي الهاتف النصي TTY : يمكنهم الاتصال على 711). هذه الخدمات مجانية.

Հայերեն (Armenian)

ՈՒՇԱԴՐՈՒԹՅՈՒՆ. եթե ձեզ հարկավոր է աջակցություն ձեր լեզվով, ապա զանգահարեք (866) 314-2427 (711) հեռախոսահամարով: Հաջմանդամություն ունեցող անձանց համար գործում են նաև օժանդակ միջոցներ ու ծառայություններ, օրինակ՝ Բրայլի գրատիպով ու խոշոր տպատառով տրամադրվող նյութեր: Այս դեպքում զանգահարեք (866) 314-2427 (711) հեռախոսահամարով: Ծառայությունները գործում են անվճար:

ខ្មែរ (Cambodian)

ចំណាំ៖ បើអ្នកត្រូវការជំនួយជាភាសារបស់អ្នក សូមទូរសព្ទទៅលេខ (866) 314-2427 (TTY: 711)។ ជំនួយ និងសេវាកម្មសម្រាប់ជនពិការ ដូចជាឯកសារសរសេរជាអក្សរផុសសម្រាប់ជនពិការភ្នែក ឬឯកសារសរសេរជាអក្សរពុម្ពធំ ក៏អាចរកបានផងដែរ។ ទូរសព្ទមកលេខ (866) 314-2427 (TTY: 711)។ សេវាកម្មទាំងនេះមិនគិតថ្លៃឡើយ។

简体中文 (Chinese)

请注意：如果您需要以您的语言提供帮助，请致电 (866) 314-2427 (711)。另外还提供针对残疾人士的辅助工具和服务，例如盲文文件和大字体文件。请致电 (866) 314-2427 (711)。这些服务均免费提供。

فارسی (Farsi)

توجه : اگر می خواهید به زبان خود راهنمایی دریافت کنید، با (711) 314-2427 (866) تماس بگیرید. کمکها و خدمات مخصوص افراد دارای معلولیت، مانند نسخه هایی با خط بریل و چاپ درشت، نیز موجود است. با (711) 314-2427 (866) تماس بگیرید. این خدمات رایگان ارائه می شوند.

हिंदी (Hindi)

ध्यान दें: अगर आपको अपनी भाषा में सहायता की आवश्यकता है तो (866) 314-2427 (TTY: 711) पर कॉल करें। अशक्तता वाले लोगों के लिए सहायता और सेवाएं, जैसे ब्रेल और बडे प्रिंट में भी दस्तावेज़ उपलब्ध हैं। (866) 314-2427 (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 (866) 314-2427 (TTY: 711). Tsis tas li ntawd, kuj tseem muaj cov kev pab txhawb thiab kev pab cuam rau cov neeg xiam oob qhab, xws li cov ntawv su thiab luam tawm ua tus ntawv loj. Hu rau (866) 314-2427 (TTY: 711). Cov kev pab cuam no yog pab dawb xwb.

日本語 (Japanese)

注記：日本語での対応が必要な場合は (866) 314-2427 (711) までお電話ください。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ご用意しております。 (866) 314-2427 (711)までお電話ください。これらのサービスは無料です

한국어 (Korean)

알림: 귀하의 언어로 도움을 받고 싶으시면 (866) 314-2427 (711) 번으로 전화하십시오. 점자나 큰 활자로 된 문서와 같이 장애가 있는 분들을 위한 지원 및 서비스도 이용하실 수 있습니다. (866) 314-2427 (711) 번으로 전화하십시오. 이러한 서비스는 무료로 제공됩니다.

ພາສາລາວ (Laotian)

ປະກາດ: ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອເປັນພາສາຂອງທ່ານໃຫ້ໂທຫາເບີ (866) 314-2427 (711). ນອກນີ້ຍັງມີຄວາມຊ່ວຍເຫຼືອ ແລະ ການບໍລິການສໍາລັບຄົນພິການ ເຊັ່ນ: ເອກະສານທີ່ເປັນອັກສອນນູນ ແລະ ມີໂຕພິມໃຫຍ່ ໃຫ້ໂທຫາເບີ (866) 314-2427 (711). ການບໍລິການເຫົ່ານີ້ແມ່ນຟຣີ.

Mien

LONGC HNYOUV JANGX LONGX OC: Beiv taux meih qiemx longc mienh tengx faan benx meih nyei waac nor douc waac daaih lorx taux (866) 314-2427 (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 hluo mbiutc aengx caux aamz mborqv benx domh sou se mbenc nzoih bun longc. Douc waac daaih lorx (866) 314-2427 (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 (866) 314-2427 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ। ਅਪਾਹਜ ਲੋਕਾਂ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ, ਜਿਵੇਂ ਕਿ ਬ੍ਰੇਲ ਅਤੇ ਮੋਟੀ ਛਪਾਈ ਵਿੱਚ ਦਸਤਾਵੇਜ਼, ਵੀ ਉਪਲਬਧ ਹਨ। (866) 314-2427 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ। ਇਹ ਸੇਵਾਵਾਂ ਮੁਫਤ ਹਨ।

Русский (Russian)

ВНИМАНИЕ! Если вам нужна помощь на вашем родном языке, звоните по номеру (866) 314-2427 (TTY: 711). Также предоставляются средства и услуги для людей с ограниченными возможностями, например документы крупным шрифтом или шрифтом Брайля. Звоните по номеру (866) 314-2427 (TTY: 711). Такие услуги бесплатны.

Español (Spanish)

ATENCIÓN: si necesita ayuda en su idioma, llame al (866) 314-2427 (TTY: 711). También ofrecemos asistencia y servicios para personas con discapacidades, como documentos en braille y con letras grandes. Llame al (866) 314-2427 (TTY: 711). Estos servicios son gratuitos.

Tagalog (Filipino)

ATENSIYON: Kung kailangan mo ng tulong sa iyong wika, tumawag sa (866) 314-2427 (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 (866) 314-2427 (TTY: 711). Libre ang mga serbisyong ito.

ภาษาไทย (Thai)

โปรดทราบ: หากคุณต้องการความช่วยเหลือเป็นภาษาของคุณ กรุณาโทรศัพท์ไปที่หมายเลข (866) 314-2427 (711) น อกจากนี้ ยังพร้อมให้ความช่วยเหลือและบริการต่าง ๆ สาหรับบุคคลที่มีความพิการ เช่น เอกสารต่าง ๆ ที่เป็นอักษรเบรลล์และเอกสารที่พิมพ์ด้วยตัวอักษรขนาดใหญ่ กรุณาโทรศัพท์ไปที่หมายเลข (866) 314-2427 (711) ไม่มีค่าใช้จ่ายสาหรับบริการเหล่านี้

Українська (Ukrainian)

УВАГА! Якщо вам потрібна допомога вашою рідною мовою, телефонуйте на номер (866) 314-2427 (TTY: 711). Люди з обмеженими можливостями також можуть скористатися допоміжними засобами й послугами, наприклад отримати документи, надруковані шрифтом Брайля та великим шрифтом. Телефонуйте на номер (866) 314-2427 (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 (866) 314-2427 (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 khổ lớn (chữ hoa). Vui lòng gọi số (866) 314-2427 (TTY: 711). Các dịch vụ này đều miễn phí.

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