

Your Quick Start Guide



Last updated: November 2024

MolinaHealthcare.com/IL



Welcome to Molina Healthcare!

As a new member, it's time to start getting the most from your HealthChoice coverage! Be sure to take these simple steps right away:

1

Look for your member ID card inside this packet

- Make sure your information on the card is correct.
- Always keep your ID card with you. Show it every time you get medical care or visit the pharmacy.

2

Download the My Molina® mobile app

- Our My Molina mobile app lets you view, print and send your member ID card. You can search for doctors, change your PCP and much more. Anytime, anywhere!
- Download the My Molina app today from the Apple App® Store or Google Play®.
- To learn how-to-use the My Molina mobile app and member portal, go to:
 - [MyMolina.com/GettingStartedVideos](https://www.mymolina.com/GettingStartedVideos) *English*
 - [MiMolina.com/VideosDeAyuda](https://www.mimolina.com/VideosDeAyuda) *Spanish*

Thank you for choosing Molina as your trusted health plan.
We're happy to have you as a member of our health care family.

3

Schedule a visit with your primary care provider (PCP)

- Visit your PCP even if you're not sick to get set up as a new patient. Your PCP needs to get to know you and your health history. The more your PCP knows, the better they can help you.
- Your PCP's name, phone number and location are listed on your member ID card.
- If you don't want to see the PCP listed on your ID card, you can change providers by using the My Molina mobile app, visiting [MyMolina.com](https://www.mymolina.com) or calling Member Services at (855) 687-7861 (TTY: 711).

4

Fill out and mail the Health Risk Assessment (HRA) form or complete it online

- Mail your completed form back to us in the postage-paid envelope. You can also fill out this form online at [MyMolina.com](https://www.mymolina.com).
- The answers you provide will help us to meet your needs.

Learn more about your health plan

Want to see a full list of your covered benefits and more details about your plan?

- Go to MolinaHealthcare.com/ILMemberHandbook to read your Member Handbook.

Want to find a doctor near you?

- Go to MolinaProviderDirectory.com/IL to search our Provider Online Directory.
- All of our doctors are board-certified and reviewed for quality before they can join our network.

Want to see a list of covered medicines?

- Go to MolinaFormulary.com/IL and click on **Preferred Drug List (PDL)** to see which drugs are preferred and covered for you.
- For more details, please go to MolinaHealthcare.com/IL or call (855) 687-7861 (TTY: 711).

4





Your PCP

Your PCP is the main doctor who gives you most of your care. Make sure to see your PCP right away to get set up as a new patient. Your PCP should get to know you and your medical history. Think of your PCP as your medical home and the doctor who knows you the best! Once you're set up as a new member, you'll want to see your PCP for regular checkups.

Don't lose your Medicaid coverage!

You must renew your coverage every year.

You can log in to your account at Abe.Illinois.gov.

Or call the Department of Human Services at (866) 916-0920.



If you need help, please call us at (800) 834-6154 (TTY: 711) or email HealthPlanRenewals@MolinaHealthcare.com.

Opt-in
to receive
text messages
from Molina
by simply
texting
JOIN to 94870!

Information to keep handy

Member Services	Call Member Services at (855) 687-7861 (TTY: 711) when you have questions about your health plan, benefits or how to get services.
Member portal	Use our member portal to view, print and send your member ID card. Search for doctors, change your PCP and much more at MyMolina.com .
My Molina mobile app	Use our mobile app to manage your health care on your phone or tablet, anytime or anywhere! Download on your phone. Go to the Apple App store or Google Play.
Telehealth (24/7)	Get care over the phone with your telehealth benefit. Speak with your provider to learn more.
Crisis services	Call the 24-hour Behavioral Health Crisis Line at (888) 275-8750 if you're thinking about suicide or have a behavioral health emergency and don't know what to do.

Substance use disorder	Call the 24-hour Behavioral Health Crisis Line (888) 275-8750 if you want help with drug or alcohol use.
Member Handbook	Get the details of how your plan works in your Member Handbook. Visit MolinaHealthcare.com/ILMemberHandbook .
Certificate of Coverage	Go to MolinaHealthcare.com/HealthChoiceILCovered to learn more about your benefits and services.
Health & wellness information	Get information about health and wellness topics at MolinaHealthcare.com/ILHealth .
Provider Online Directory	See a list of our network providers at MolinaProviderDirectory.com/IL .
Rides to and from medical visits	Call (844) 644-6353 to schedule rides to your non-emergency medical visits.

Earn rewards with Molina

We want to help you get the most of your membership. Take a look at some of the great benefits and rewards you have as member. We cover them at no cost to you!



Gift cards for preventive care visits



Rewards for well-baby visits



No-cost eyeglasses every two years



Preventive vision care and dental visits



Up to \$200 in women's health rewards for completing breast and cervical cancer screenings



Expert care from home with virtual health visits and Molina's 24-hour Nurse Advice Line



Molina's Community Connectors help find resources for transportation, housing, job training, education and more

To find out how to earn these rewards, please call (855) 687-7861 (TTY: 711).



Download the My Molina mobile app to see your ID card, find or change a doctor and much more



My Molina Healthy Lifestyles programs with case managers to help you lose weight, stop smoking and more



Up to \$100 in maternal health rewards for completing qualifying prenatal and postpartum visits



What to do when you're sick

Are you feeling sick and not sure what to do?
Don't worry, we're here to help you!



10

What are my options?



PCP

Call your PCP day or night. After hours, on-call staff will return your call.

When you have a minor issue that requires medical care:

- Colds or cough
- Flu
- Regular checkups
- Earache
- Sore throat
- Medicine or refills
- Diarrhea



Virtual health visits or an urgent care center

Teledoc and urgent care centers are a great option if you need care after hours.

When it's not an emergency but you need care right away:

- Severe cold or flu symptoms
- Ear pain
- Sore throat
- Stomach flu or virus
- Wound that needs stitches
- Sprain, strain or deep bruise



Emergency room (ER)

Call 911 or go to the nearest ER.

When you think your life or health is in danger:

- Very bad bleeding
- Very bad stomach pain
- Chest pain or pressure
- Head injury or trauma
- Sudden dizziness or trouble seeing

Notice of Availability - Section 1557
Molina Healthcare - Medicaid

- ENGLISH:** For free language assistance services, and auxiliary aids and services, call 1-855-687-7861 (TTY: 711).
- SPANISH:** Para obtener servicios gratuitos de asistencia lingüística, así como ayudas y servicios auxiliares, llame al 1-855-687-7861 (TTY: 711).
ESPAÑOL
- POLISH:** Aby uzyskać bezpłatną pomoc językową oraz dodatkowe wsparcie i usługi, należy zadzwonić pod numer 1-855-687-7861 (TTY: 711).
POLSKI
- CHINESE:** 如需免费的语言协助服务以及辅助工具和服务，请
中文（简体） 致电 1-855-687-7861 (TTY 用户请拨打 711)。

KOREAN:
한국인

무료 언어 지원 서비스와 보조 지원 및 서비스를 원하시면 1-855-687-7861 (TTY: 711)로 연락 주시기 바랍니다.

TAGALONG:

Para sa libreng serbisyo sa tulong sa wika, at mga auxiliary aid at serbisyo, tumawag sa 1-855-687-7861 (TTY: 711).

ARABIC:
العربية

اتصل على الرقم 1-855-687-7861 (الهاتف النصي 711): لتلقي خدمات المساعدة اللغوية المجانية والخدمات والمساعدات الإضافية.

RUSSIAN:
Русский

Для получения бесплатных услуг языковой помощи, а также вспомогательных средств и услуг, позвоните: 1-855-687-7861 (телетайп: 711).

GUJARATI:
ગુજરાતી

મફત ભાષા સહયોગ સેવાઓ અને સહાયક સાધનો તથા સેવાઓ માટે 1-855-687-7861 (TTY: 711) પર કોલ કરો.

URDU:

اردو

زبان کی مفت معاونتی سروسز، معاونتی امداد اور سروسز کے لیے،
1-855-687-7861 (TTY: 711) پر کال کریں۔

VIETNAMESE:

Tiếng Việt

Để sử dụng dịch vụ hỗ trợ ngôn ngữ miễn phí cũng như các dịch vụ và tính năng hỗ trợ thêm, hãy gọi 1-855-687-7861 (TTY: 711).

ITALIAN:

Italiano

Per i servizi di assistenza gratuiti in italiano nonché per supporti e servizi ausiliari, chiamare 1-855-687-7861 (TTY: 711).

HINDI:

हिंदी

नःशुल्क भाषा सहायता सेवाओं और सहायक ऐड एवं सेवाओं के लिए 1-855-687-7861 (TTY: 711) पर कॉल करें।

FRENCH:

Français

Pour bénéficier de services d'assistance linguistique gratuits, ainsi que de services et aides complémentaires, appelez le 1-855-687-7861 (ATS: 711).

GREEK:

Ελληνικά

Για δωρεάν υπηρεσίες γλωσσικής υποστήριξης, καθώς και βοηθητικά μέσα και υπηρεσίες, καλέστε στο 1-855-687-7861 (TTY: 711).

GERMAN:

Deutsch

Kostenlose Sprachassistentendienste, Hilfsmittel und Dienstleistungen erhalten Sie unter 1-855-687-7861 (TTY: 711).

Non-Discrimination Notice

Molina Healthcare complies with applicable Federal civil rights laws and does not discriminate on the basis of age, color, disability, national origin (including limited English proficiency), race, or sex. Discrimination on the basis of sex includes sex characteristics, intersex traits, pregnancy or related conditions, sexual orientation, gender identity, and sex stereotypes.

To help you effectively communicate with us, Molina Healthcare provides services free of charge and in a timely manner:

- Molina Healthcare provides reasonable modifications and appropriate aids and services to people with disabilities. This includes: (1) Qualified interpreters (including qualified sign language interpreters). (2) Written Information in other formats, such as large print, audio, accessible electronic formats, and Braille.
- Molina Healthcare provides language services to people who speak another language or have limited English skills. This includes: (1) Qualified oral interpreters. (2) Information translated in your language.

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact Molina Member Services at 1-855-687-7861 or TTY/TDD: 711, Monday to Friday, 8:00 a.m. to 5:00 p.m., local time.

If you believe we have failed to provide these services or have discriminated in another way on the basis of age, color, disability, national origin, race, or sex, you can file a grievance with our Civil Rights Coordinator. You can file a grievance by phone, mail, email, or online. If you need

help writing your grievance, we will help you. You may obtain our grievance procedure by visiting our website at: <https://www.molinahealthcare.com/members/common/en-US/Notice-of-Nondiscrimination.aspx>

Call our Civil Rights Coordinator at 1-866-606-3889, TTY/TDD: 711 or submit your grievance to:

Civil Rights Unit
200 Oceangate
Long Beach, CA 90802

Email: Civil.Rights@MolinaHealthcare.com

Website: <https://MolinaHealthcare.Alertline.com>

You can also file a civil rights complaint (grievance) with the U.S. Department of Health and Human Services, Office for Civil Rights, online through the Office for Civil Rights Complaint Portal at: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

Phone: 1-800-368-1019

TTY/TDD: 800-537-7697

Complaint forms are available here: <https://www.hhs.gov/sites/default/files/ocr-cr-complaint-form-package.pdf>

Protecting Your Privacy

Your privacy is important to us. We respect and protect your privacy. Molina uses and shares your information to provide you with health benefits. We want to let you know how your information is used or shared.

Your Protected Health Information

PHI means protected health information. PHI is health information that includes your name, member number or other identifiers, and is used or shared by Molina.

Why does Molina use or share our Members' PHI?

- To provide for your treatment
- To pay for your health care
- To review the quality of the care you get
- To tell you about your choices for care
- To run our health plan
- To use or share PHI for other purposes as required or permitted by law.

When does Molina need your written authorization (approval) to use or share your PHI?
Molina needs your written approval to use or share your PHI for purposes not listed above.

What are your privacy rights?

- To look at your PHI
- To get a copy of your PHI
- To amend your PHI

- To ask us to not use or share your PHI in certain ways
- To get a list of certain people or places we have given your PHI

How does Molina protect your PHI?

Molina uses many ways to protect PHI across our health plan. This includes PHI in written word, spoken word, or in a computer. Below are some ways Molina protects PHI:

- Molina has policies and rules to protect PHI.
- Molina limits who may see PHI. Only Molina staff with a need to know PHI may use it.
- Molina staff is trained on how to protect and secure PHI.
- Molina staff must agree in writing to follow the rules and policies that protect and secure PHI
- Molina secures PHI in our computers. PHI in our computers is kept private by using fire walls and passwords.

What must Molina do by law?

- Keep your PHI private.
- Give you written information, such as this on our duties and privacy practices about your PHI.
- Follow the terms of our Notice of Privacy Practices.

What can you do if you feel your privacy rights have not been protected?

- Call or write Molina and complain.
- Complain to the Department of Health and Human Services.

We will not hold anything against you. Your action would not change your care in any way.

The above is only a summary. Our Notice of Privacy Practices has more information about how we use and share our Members' PHI. Our Notice of Privacy Practices is in the following section of this document. It is on our web site at www.molinahealthcare.com. You may also get a copy of our Notice of Privacy Practices by calling our Member Services Department at (855) 687-7861.

Notice of Privacy Practices Molina Healthcare of Illinois

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Molina Healthcare of Illinois (“**Molina Healthcare**”, “**Molina**”, “**we**” or “**our**”) uses and shares protected health information about you to provide your health benefits. We use and share your information to carry out treatment, payment and health care operations. We also use and share your information for other reasons as allowed and required by law. We have the duty to keep your health information private and to follow the terms of this Notice. The effective date of this Notice is July 1, 2014.

PHI stands for these words, Protected Health Information. PHI means health information that includes your name, Member number or other identifiers, and is used or shared by Molina.

Why does Molina use or share your PHI?

We use or share your PHI to provide you with health care benefits. Your PHI is used or shared for treatment, payment, and health care operations.

For Treatment

Molina may use or share your PHI to give you, or arrange for, your medical care. This treatment also includes referrals between your doctors or other health care providers. For example, we may share information about your health condition with a specialist. This helps the specialist talk about your treatment with your doctor.

For Payment

Molina may use or share PHI to make decisions on payment. This may include claims, approvals for treatment, and decisions about medical need. Your name, your condition, your treatment, and supplies given may be written on the bill. For example, we may let a doctor know that you have our benefits. We would also tell the doctor the amount of the bill that we would pay.

For Health Care Operations

Molina may use or share PHI about you to run our health plan. For example, we may use information from your claim to let you know about a health program that could help you. We may also use or share your PHI to solve Member concerns. Your PHI may also be used to see that claims are paid right.

Health care operations involve many daily business needs. It includes but is not limited to, the following:

- Improving quality;
- Actions in health programs to help Members with certain conditions (such as asthma);
- Conducting or arranging for medical review;
- Legal services, including fraud and abuse detection and prosecution programs;

- Actions to help us obey laws;
- Address Member needs, including solving complaints and grievances.

We will share your PHI with other companies (“business associates”) that perform different kinds of activities for our health plan. We may also use your PHI to give you reminders about your appointments. We may use your PHI to give you information about other treatment, or other health-related benefits and services. When can Molina use or share your PHI without getting written authorization (approval) from you? The law allows or requires Molina to use and share your PHI for several other purposes including the following:

Required by law

We will use or share information about you as required by law. We will share your PHI when required by the Secretary of the Department of Health and Human Services (HHS). This may be for a court case, other legal review, or when required for law enforcement purposes.

Public Health

Your PHI may be used or shared for public health activities. This may include helping public health agencies to prevent or control disease.

Health Care Oversight

Your PHI may be used or shared with government agencies. They may need your PHI for audits.

Research

Your PHI may be used or shared for research in certain cases.

Legal or Administrative Proceedings

Your PHI may be used or shared for legal proceedings, such as in response to a court order.

Law Enforcement

Your PHI may be used or shared with police to help find a suspect, witness or missing person.

Health and Safety

Your PHI may be shared to prevent a serious threat to public health or safety.

Government Functions

Your PHI may be shared with the government for special functions.

Victims of Abuse, Neglect or Domestic Violence

Your PHI may be shared with legal authorities if we believe that a person is a victim of abuse or neglect.

Workers Compensation

Your PHI may be used or shared to obey Workers Compensation laws.

Other Disclosures

Your PHI may be shared with funeral directors or coroners to help them do their jobs.

When does Molina need your written authorization (approval) to use or share your PHI?

Molina needs your written approval to use or share your PHI for a purpose other than those listed in this Notice.

Molina needs your authorization before we disclose your PHI for the following: (1) most uses and disclosures of psychotherapy notes; (2) uses and disclosures for marketing purposes; and (3) uses and disclosures that involve the sale of PHI. You may cancel a written approval that you have given us. Your cancellation will not apply to actions already taken by us because of the approval you already gave to us. What are your health information rights?

You have the right to:

- Request Restrictions on PHI Uses or Disclosures (Sharing of Your PHI)

You may ask us not to share your PHI to carry out treatment, payment or health care operations. You may also ask us not to share your PHI with family, friends or other persons you name who are involved in your health care. However, we are not required to agree to your request. You will need to make your request in writing. You may use Molina's form to make your request.

- Request Confidential Communications of PHI

You may ask Molina to give you your PHI in a certain way or at a certain place to help keep your PHI private. We will follow reasonable requests, if you tell us how sharing all or a part of that PHI could put your life at risk. You will need to make your request in writing. You may use Molina's form to make your request.

- Review and Copy Your PHI

You have a right to review and get a copy of your PHI held by us. This may include records used in making coverage, claims and other decisions as a Molina Member. You will need to make your request in writing. You may use Molina's form to make your request. We may charge you a reasonable fee for copying and mailing the records. In certain cases we may deny the request.

Important Note: We do not have complete copies of your medical records. If you want to look at, get a copy of, or change your medical records, please contact your doctor or clinic.

- Amend Your PHI

You may ask that we amend (change) your PHI. This involves only those records kept by us about you as a Member. You will need to make your request in writing. You may use Molina's form to make your request. You may file a letter disagreeing with us if we deny the request.

- Receive an Accounting of PHI Disclosures (Sharing of Your PHI)

You may ask that we give you a list of certain parties that we shared your PHI with during the six years prior to the date of your request. The list will not include PHI shared as follows:

- for treatment, payment or health care operations;
- to persons about their own PHI;
- sharing done with your authorization;
- incident to a use or disclosure otherwise permitted or required under applicable law;
- PHI released in the interest of national security or for intelligence purposes; or
- as part of a limited data set in accordance with applicable law.

We will charge a reasonable fee for each list if you ask for this list more than once in a 12- month period. You will need to make your request in writing. You may use Molina's form to make your request.

You may make any of the requests listed above, or may get a paper copy of this Notice. Please call our Member Services Department at (855) 687-7861.

What can you do if your rights have not been protected?

You may complain to Molina and to the Department of Health and Human Services if you believe your privacy rights have been violated. We will not do anything against you for filing a complaint. Your care and benefits will not change in any way.

You may file a complaint with us at:

Molina Healthcare of Illinois
Attn: Appeals & Grievances
PO Box 182273
Chattanooga, TN 37422
Fax: (855) 502-5128

You may file a complaint with the Secretary of the U.S. Department of Health and Human Services at:

Office for Civil Rights
U.S. Department of Health & Human Services
233 N. Michigan Ave., Suite 240
Chicago, IL 60601
(800) 368-1019; (800) 537-7697 (TDD); (202) 619-3818 (FAX)

What are the duties of Molina?

Molina is required to:

- Keep your PHI private;

- Give you written information such as this on our duties and privacy practices about your PHI;
- Provide you with a notice in the event of any breach of your unsecured PHI;
- Not use or disclose your genetic information for underwriting purposes;
- Follow the terms of this Notice.

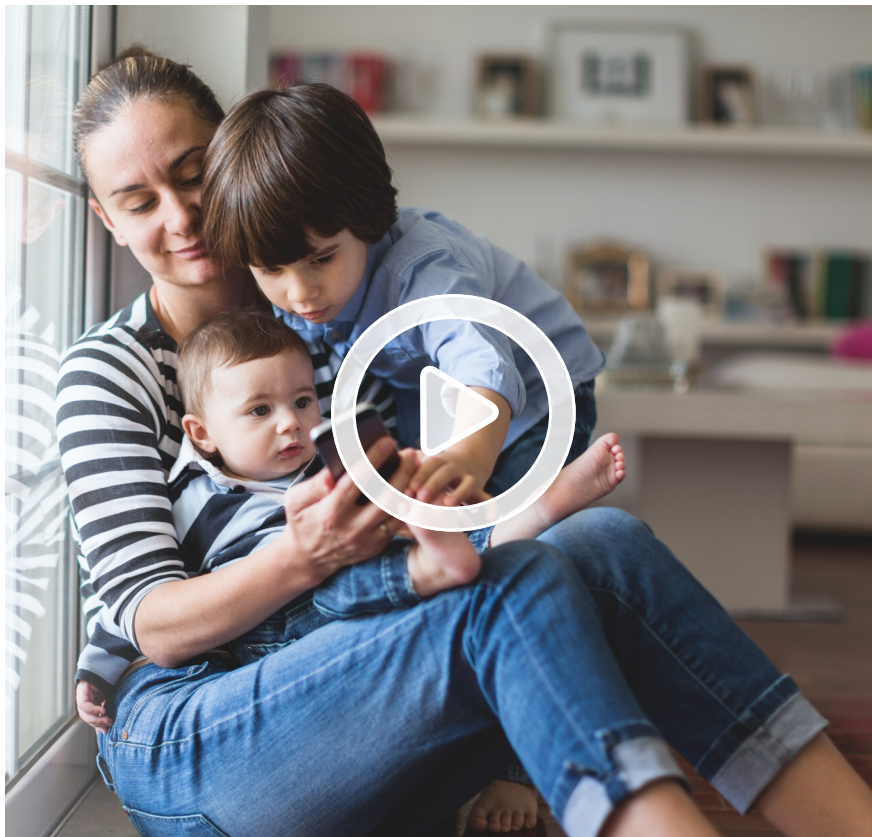
This Notice is Subject to Change

Molina reserves the right to change its information practices and terms of this Notice at any time. If we do, the new terms and practices will then apply to all PHI we keep. If we make any material changes, Molina will post the revised Notice on our web site and send the revised Notice, or information about the material change and how to obtain the revised Notice, in our next annual mailing to our members then covered by Molina.

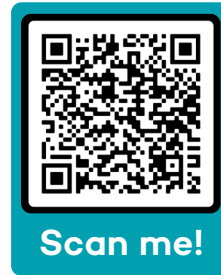
Contact Information

If you have any questions, please contact the following office:

Molina Healthcare of Illinois
Attn: Appeals & Grievances
PO Box 182273
Chattanooga, TN 37422
Fax: (855) 502-5128



Get started as a new member and watch our welcome video!



Scan me!

We make it
simple!

MolinaHealthcare.com/Welcome

