

2025

# Annual Notice of Changes

**My Choice Wisconsin Partnership  
(HMO D-SNP)**

**Wisconsin H5209-002-000**

Effective January 1 through December 31, 2025

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WI-H5209-002-DSNP-AC-EN-25



## ***My Choice Wisconsin Partnership (HMO D-SNP) offered by Molina Healthcare of Wisconsin, Inc***

### **Annual Notice of Changes for 2025**

You are currently enrolled as a member of My Choice Wisconsin Partnership (HMO D-SNP). Next year, there will be changes to the plan's costs and benefits. ***Please see page 4 for a Summary of Important Costs, including Premium.***

This document tells about the changes to your plan. To get more information about costs, benefits, or rules please review the *Evidence of Coverage*, which is located on our website at [mychoicewi.org](http://mychoicewi.org).

You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

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#### **What to do now**

**1. ASK:** Which changes apply to you

Check the changes to our benefits and costs to see if they affect you.

- Review the changes to medical care costs (doctor, hospital).
- Review the changes to our drug coverage, including coverage restrictions and cost sharing.
- Think about how much you will spend on premiums, deductibles, and cost sharing.
- Check the changes in the 2025 "Drug List" to make sure the drugs you currently take are still covered.
- Compare the 2024 and 2025 plan information to see if any of these drugs are moving to a different cost-sharing tier or will be subject to different restrictions, such as prior authorization, step therapy, or a quantity limit, for 2025.

Check to see if your primary care doctors, specialists, hospitals and other providers, including pharmacies, will be in our network next year.

Check if you qualify for help paying for prescription drugs. People with limited incomes may qualify for "Extra Help" from Medicare.

Think about whether you are happy with our plan.

**2. COMPARE:** Learn about other plan choices

Check coverage and costs of plans in your area. Use the Medicare Plan Finder at the [www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare) website or review the list in the back of your *Medicare & You 2025* handbook. For additional support, contact your State Health Insurance Assistance Program (SHIP) to speak with a trained counselor.

Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.

**3. CHOOSE:** Decide whether you want to change your plan

- If you don't join another plan by December 7, 2024, you will stay in My Choice Wisconsin Partnership (HMO D-SNP).

- To **change to a different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2025**. This will end your enrollment with My Choice Wisconsin Partnership (HMO D-SNP).
- Look in section 3, page 12 to learn more about your choices.
- If you recently moved into or currently live in an institution (like a skilled nursing facility or long-term care hospital), you can switch plans or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for two full months after the month you move out.

**NOTE: If you are eligible to change plans because you are in the Partnership program, you must also contact your local ADRC.** The ADRC contact information can be found in Chapter 2, Section 10 of your *Evidence of Coverage*.

### **Additional Resources**

- This document is available for free in Spanish, Russian, Hmong, Lao and Arabic.
- Please contact our Member Services number at (800) 963-0035 for additional information. (TTY users should call 711.) Hours are 8 a.m. to 8 p.m. CT, 7 days a week. This call is free.
- You can get this document for free in non-English language(s) or other formats, such as large print, braille, or audio. Call (800) 963-0035, (TTY:711). This call is free.
- **Coverage under this plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at [www.irs.gov/Affordable-Care-Act/Individuals-and-Families](http://www.irs.gov/Affordable-Care-Act/Individuals-and-Families) for more information.

### **About My Choice Wisconsin Partnership (HMO D-SNP)**

- 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.
- When this document says “we,” “us,” or “our,” it means Molina Healthcare of Wisconsin, Inc. When it says “plan” or “our plan,” it means My Choice Wisconsin Partnership (HMO D-SNP).

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**Summary of Important Costs for 2025**

The table below compares the 2024 costs and 2025 costs for My Choice Wisconsin Partnership (HMO D-SNP) in several important areas. **Please note this is only a summary of costs.**

Cost	2024 (this year)	2025 (next year)
<p><b>Monthly plan premium*</b></p> <p>* Your premium may be higher than this amount. See Section 1.1 for details.</p>	<p>\$0</p>	<p>\$0</p>
<p><b>Doctor office visits</b></p>	<p>Primary care visits: \$0 copay per visit</p> <p>Specialist visits: \$0 copay per visit</p>	<p>Primary care visits: \$0 copay per visit</p> <p>Specialist visits: \$0 copay per visit</p>
<p><b>Inpatient hospital stays</b></p>	<p>\$0 copay</p> <p>The plan covers up to 90 days of inpatient hospital care each benefit period. You also have an additional 60 days of coverage, called lifetime reserve days. These 60 days can be used only once. We will automatically start applying lifetime reserve days unless you specifically tell us not to (refer to your Evidence of Coverage for more detail on benefit periods).</p>	<p>\$0 copay</p> <p>The plan covers up to 90 days of inpatient hospital care each benefit period. You also have an additional 60 days of coverage, called lifetime reserve days. These 60 days can be used only once. We will automatically start applying lifetime reserve days unless you specifically tell us not to (refer to your Evidence of Coverage for more detail on benefit periods).</p>
<p><b>Part D prescription drug coverage</b> (See Section 1.5 for details.)</p>	<p>Deductible: \$0</p> <p>Copayment: \$0</p>	<p>Part D covered drugs on the formulary will be on one tier.</p> <p>Your cost for a one-month (31-day) supply filled at a network pharmacy with standard cost sharing:</p> <p><b>Generic and preferred multi-source drugs:</b> You pay <b>\$0</b> per prescription</p> <p><b>All other drugs:</b> You pay <b>\$0</b> per prescription</p>

Cost	2024 (this year)	2025 (next year)
<b>Maximum out-of-pocket amount</b>	\$8,300	\$9,350
This is the <u>most</u> you will pay out-of-pocket for your covered Part A and Part B services. (See Section 1.2 for details.)	You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.	You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.

**SECTION 1 Changes to Benefits and Costs for Next Year**

**Section 1.1 – Changes to the Monthly Premium**

Cost	2024 (this year)	2025 (next year)
<b>Monthly premium</b>	\$0	\$0
(You must also continue to pay your Medicare Part B premium unless it is paid for you by Medicaid.)		

**Section 1.2 – Changes to Your Maximum Out-of-Pocket Amount**

Medicare requires all health plans to limit how much you pay out of pocket for the year. This limit is called the maximum out-of-pocket amount. Once you reach this amount, you generally pay nothing for covered Part A and Part B services for the rest of the year.

Cost	2024 (this year)	2025 (next year)
<b>Maximum out-of-pocket amount</b>	\$8,300	\$9,350
<b>Because our members also get assistance from Medicaid, very few members ever reach this out-of-pocket maximum.</b>		You are not responsible for paying any out of pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.
You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.		
Your costs for covered medical services (such as copays) count toward your maximum out-of-pocket amount. Your plan premium and your costs for prescription drugs do not count toward your maximum out-of-pocket amount.		

### Section 1.3 – Changes to the Provider and Pharmacy Networks

Amounts you pay for your prescription drugs may depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered *only* if they are filled at one of our network pharmacies.

Updated directories are located on our website at [mychoicewi.org](http://mychoicewi.org). You may also call Member Services for updated provider and/or pharmacy information or to ask us to mail you a directory, which we will mail within three business days.

There are changes to our network of providers for next year. **Please review the 2025 Provider & Pharmacy Directory at [mychoicewi.org](http://mychoicewi.org) to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

There are changes to our network of pharmacies for next year. **Please review the 2025 Provider & Pharmacy Directory at [mychoicewi.org](http://mychoicewi.org) to see which pharmacies are in our network.**

It is important that you know that we may make changes to the hospitals, doctors, specialists (providers), and pharmacies that are a part of your plan during the year. If a mid-year change in our providers affects you, please contact Member Services so we may assist.

### Section 1.4 – Changes to Benefits and Costs for Medical Services

Please note that the *Annual Notice of Changes* tells you about changes to your Medicare benefits and costs.

We are making changes to costs and benefits for certain medical services next year. The information below describes these changes.

Cost	2024 (this year)	2025 (next year)
<b>Worldwide emergency/urgent coverage (Supplemental)</b>	This is not a covered supplemental benefit.	You get up to \$10,000 every calendar year for worldwide emergent/urgent care outside of the United States (U.S.).
<b>Special Supplemental Benefits for the Chronically Ill (SSBCI)- Food and produce</b>	This is not a covered supplemental benefit.	You get \$200 allowance every month for healthy food and produce. Upon approval, your MyChoice Card will be loaded with your allowance to access your benefit. Eligible members receive a debit card with an allowance every month to obtain healthy produce and food, such as vegetables, meat, seafood, dairy products, and water.  Unused allowance does not carry over to next month, and expires at the end of the calendar year.

Cost	2024 (this year)	2025 (next year)
		<p>Members who have the following chronic conditions are eligible:                      Chronic alcohol and other drug dependence; Autoimmune disorders; Cancer; Cardiovascular disorders; Chronic heart failure; Dementia; Diabetes; End-stage liver disease; End-stage renal disease (ESRD); Severe hematologic disorders; HIV/AIDS; Chronic lung disorders; Chronic and disabling mental health conditions; Neurologic disorders; and Stroke.</p>
<b>Over-the-counter (OTC) items (Supplemental)</b>	This is not a covered supplemental benefit.	You receive \$100 every month for OTC items. This allowance is combined with transportation benefit.
<b>Transportation non-Emergency (Supplemental)</b>	This is not a covered supplemental benefit.	You receive \$100 allowance every month to access transportation. This allowance is combined with OTC benefit.
<b>Dental services (Supplemental)</b>	This is not a covered supplemental benefit.	<p>We have partnered with a Dental Vendor to give you more options for your routine dental needs. If you use a Provider within our Dental Vendor network, you will get both Preventive and select Comprehensive Dental Services through this vendor.</p> <p>Preventive Dental services includes Oral Exams, Cleanings, Fluoride Treatments, and X-Rays at no cost to you.</p> <p>In addition, you will have \$3,600 for select comprehensive dental services, including dentures. The annual maximum allowance does not apply towards your supplemental preventive services.</p>
<b>Vision care (Supplemental)</b>	This is not a covered supplemental benefit.	We have partnered with a Vision Vendor to give you more value for



Cost	2024 (this year)	2025 (next year)
		<p>your routine vision needs!                      Supplemental Vision services covered include, but not limited to:</p> <ul style="list-style-type: none"> <li>• One routine eye exam every calendar year</li> <li>• An eyewear allowance of \$300</li> </ul> <p>You can use your eyewear allowance to purchase:</p> <ul style="list-style-type: none"> <li>• Contact lenses*</li> <li>• Eyeglasses (lenses and frames)</li> <li>• Eyeglass lenses and/or frames</li> <li>• Upgrades (such as, tinted, U-V, polarized or photochromatic lenses).</li> </ul> <p>*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. You pay \$0 for up to one routine eye exam (and refraction) for eyeglasses every calendar year.</p>
<b>Hearing services (Supplemental)</b>	This is not a covered supplemental benefit.	You get up to 2 pre-selected hearing aids from a plan-approved provider every 2 years for both ears combined. Fitting/evaluation for hearing aids can be done once every calendar year.
<b>Health and wellness education programs</b>	This is not a covered supplemental benefit.	We have programs available to help you manage a diagnosed health condition. Programs include: Asthma management, Depression management, Diabetes management, High blood pressure management, Cardiovascular Disease (CVD) management, Chronic Obstructive Pulmonary Disease (COPD)

Cost	2024 (this year)	2025 (next year)
		management, and Pregnancy program.
<b>Nutrition counseling (Supplemental)</b>	This is not a covered supplemental benefit.	You can get up to 12 individual telephonic nutrition counseling upon request.
<b>Smoking and tobacco use cessation (counseling to stop smoking or tobacco use)</b>	This is not a covered supplemental benefit.	We cover two counseling quit attempts within a 12-month period as a preventive service with no cost to you. Each counseling attempt includes up to four face-to-face visits. You receive 8 additional counseling services every calendar year to help you stop smoking or using tobacco products.
<b>Nurse Advice Line</b>	This is not a covered supplemental benefit.	You have access to a nurse advice line 24 hours a day, 7 days a week to answer questions about a medical condition, or general information about available health resources.
<b>Personal emergency response system (PERS) (Supplemental)</b>	This is not a covered supplemental benefit.	PERS is an in-home medical alarm system that can get you help in an emergency. If you qualify, you will be given a mobile, cellular, or landline device and a small pendant that should be worn at all times. The pendant can be worn on the neck, wrist, or belt. With the press of a button you will be connected to a Caring Center Representative at the monitoring company.
<b>Annual physical exam (Supplemental)</b>	This is not a covered supplemental benefit.	The annual routine physical exam provides coverage for additional physical examination services that can only be rendered by a physician, nurse practitioner, or physician assistant.
<b>VBID Part D</b>	Your cost for a one-month supply filled at a network pharmacy with standard cost sharing:  Generic Drugs:	Part D covered drugs on the formulary will be on one tier.  Your cost for a one-month (31-day) supply filled at a network pharmacy

Cost	2024 (this year)	2025 (next year)
	You pay \$0 All Other Drugs: You pay \$0	with standard cost sharing: Generic and preferred multi-source drugs: You pay \$0 per prescription. All other drugs: You pay \$0 per prescription.
<b>Part B step therapy</b>	The plan had Part B step therapy	See the 2025 Part B Drug (J-Code) step therapy list on our website for changes or call Member Services.

## Section 1.5 – Changes to Part D Prescription Drug Coverage

### Changes to Our Drug List

Our list of covered drugs is called a Formulary or Drug List. A copy of our Drug List is provided electronically.

We made changes to our Drug List, which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs or moving them to a different cost-sharing tier. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier.**

Most of the changes in the Drug List are new for the beginning of each year. However, we might make other changes that are allowed by Medicare rules that will affect you during the plan year. We update our online Drug List at least monthly to provide the most up-to-date list of drugs. If we make a change that will affect your access to a drug you are taking, we will send you a notice about the change.

If you are affected by a change in drug coverage at the beginning of the year or during the year, please review Chapter 9 of your *Evidence of Coverage* and talk to your doctor to find out your options, such as asking for a temporary supply, applying for an exception, and/or working to find a new drug. You can also contact Member Services for more information.

We currently can immediately remove a brand name drug on our Drug List if we replace it with a new generic drug version with the same or fewer restrictions as the brand name drug it replaces. Also, when adding a new generic, we may also decide to keep the brand name drug on our Drug List, but immediately add new restrictions or both.

Starting in 2025, we can immediately replace original biological products with certain biosimilars. This means, for instance, if you are taking an original biological product that is being replaced by a biosimilar, you may not get notice of the change 30 days before we make it or get a month’s supply of your original biological product at a network pharmacy. If you are taking the original biological product at the time we make the change, you will still get information on the specific change we made, but it may arrive after we make the change.

Some of these drug types may be new to you. For definitions of drug types, please see Chapter 12 of your Evidence of Coverage. The Food and Drug Administration (FDA) also provides consumer information on drugs. See FDA website: <https://www.fda.gov/drugs/biosimilars/multimedia-education-materials-biosimilars#For%20Patients>.

You may also contact Member Services or ask your health care provider, prescriber, or pharmacist for more information.

**Changes to Prescription Drug Benefits and Costs**

**Note:** If you are in a program that helps pay for your drugs (“Extra Help”), **the information about costs for Part D prescription drugs may not apply to you.** We sent you a separate insert, called the “Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs” (also called the Low-Income Subsidy Rider or the LIS Rider), which tells you about your drug costs. If you receive “Extra Help” and you haven’t received this insert by September 30, please call Member Services and ask for the LIS Rider.

Beginning in 2025, there are three **drug payment stages:** the Yearly Deductible Stage, the Initial Coverage Stage, and the Catastrophic Coverage Stage. The Coverage Gap Stage and the Coverage Gap Discount Program will no longer exist in the Part D benefit.

The Coverage Gap Discount Program will also be replaced by the Manufacturer Discount Program. Under the Manufacturer Discount Program, drug manufacturers pay a portion of the plan’s full cost for covered Part D brand name drugs and biologics during the Initial Coverage Stage and the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program do not count toward out-of-pocket costs.

**Changes to the Deductible Stage**

Stage	2024 (this year)	2025 (next year)
<b>Stage 1: Yearly Deductible Stage</b>	Because we have no deductible, this payment stage does not apply to you.	Because we have no deductible, this payment stage does not apply to you.

**Changes to Your Cost Sharing in the Initial Coverage Stage**

Stage	2024 (this year)	2025 (next year)
<p><b>Stage 2: Initial Coverage Stage</b></p> <p>During this stage, the plan pays its share of the cost of your drugs, and <b>you pay your share of the cost.</b></p> <p>The costs in this row are for a one-month (31-day) supply when you fill your prescription at a network pharmacy that provides standard cost-sharing.</p> <p>For information about the costs for a long-term supply or for mail-order prescriptions, look in Chapter 6, Section 5 of your <i>Evidence of Coverage</i>.</p> <p>We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.</p>	<p>Your cost for a one month supply filled at a network pharmacy with standard cost sharing:</p> <p><b>Generic Drugs:</b> You pay \$0</p> <p><b>All Other Drugs:</b> You pay \$0</p>	<p>Part D covered drugs on the formulary will be on one tier.</p> <p>Your cost for a one-month supply filled at a network pharmacy with standard cost sharing:</p> <p><b>Generic and preferred multi-source drugs:</b> You pay <b>\$0</b> per prescription.</p> <p><b>All other drugs:</b> You pay <b>\$0</b> per prescription.</p> <p>Once you have paid \$2,000 out of pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage). Your cost shares are \$0 in the</p>

Stage	2024 (this year)	2025 (next year)
Most adult Part D vaccines are covered at no cost to you		Catastrophic Coverage Stage)

Medicare approved My Choice Wisconsin Partnership (HMO D-SNP) to provide Part D Prescription Drug coverage as part of the Value-Based Insurance Design program. This program lets Medicare try new ways to improve Medicare Advantage plans. Under VBID you pay \$0 for all covered Part D prescriptions in all stages of the benefit.

**Changes to the Catastrophic Coverage Stages**

The Catastrophic Coverage Stage is the third and final stage. Beginning in 2025, drug manufacturers pay a portion of the plan’s full cost for covered Part D brand name drugs and biologics during the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program do not count toward out-of-pocket costs.

For specific information about your costs in the Catastrophic Coverage Stage, look at Chapter 6, Section 6, in your *Evidence of Coverage*.

**SECTION 2 Administrative Changes**

We are making administrative changes next year. The information in the table below describes these changes.

Description	2024 (this year)	2025 (next year)
EyeQuest is no longer a contracted vendor for 2025.	Your vision services were administered through EyeQuest.	Your vision services will be administered by VSP for 2025.
DentaQuest is no longer the contracted vendor for 2025.	Your dental services were administered by DentaQuest.	Your dental services will include both preventive and select comprehensive services and be administered by SKYGEN for 2025.

**SECTION 3 Deciding Which Plan to Choose**

**Section 3.1 – If you want to stay in My Choice Wisconsin Partnership (HMO D-SNP)**

**To stay in our plan, you don’t need to do anything.** If you do not sign up for a different plan or change to Original Medicare by December 7, you will automatically be enrolled in our My Choice Wisconsin Partnership (HMO D-SNP).

**Section 3.2 – If you want to change plans**

We hope to keep you as a member next year but if you want to change plans for 2025 follow these steps:

**Step 1: Learn about and compare your choices**

- You can join a different Medicare health plan,
- *OR* - You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan.

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder ([www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare)), read the *Medicare & You 2025* handbook, call your State Health Insurance Assistance Program (see Section 5), or call Medicare (see Section 7.2).

**Step 2: Change your coverage**

- To **change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from My Choice Wisconsin Partnership (HMO D-SNP).
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from My Choice Wisconsin Partnership (HMO D-SNP).
- To **change to Original Medicare without a prescription drug plan**, you must either:
  - Send us a written request to disenroll. Contact Member Services if you need more information on how to do so.
  - – *OR* – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

If you switch to Original Medicare and do **not** enroll in a separate Medicare prescription drug plan, Medicare may enroll you in a drug plan unless you have opted out of automatic enrollment. **If you are changing plans, you must also contact your local Aging and Disability Resource Center (ADRC)**. Please see Chapter 2, Section 10 in the *Evidence of Coverage* for the telephone numbers of the ADRCs. You can also use the following link to find an ADRC in your area: <https://www.dhs.wisconsin.gov/adrc/consumer/index.htm>.

**SECTION 4 Deadline for Changing Plans**

If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 2025.

**Are there other times of the year to make a change?**

In certain situations, changes are also allowed at other times of the year. Examples include people with Medicaid, those who get “Extra Help” paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area.

Because you have My Choice Wisconsin Partnership, you can end your membership in our plan any month of the year. You also have options to enroll in another Medicare plan any month including:

- Original Medicare *with* a separate Medicare prescription drug plan,
- Original Medicare without a separate Medicare prescription drug plan (If you choose this option, Medicare may enroll you in a drug plan, unless you have opted out of automatic enrollment.), or
- If eligible, an integrated D-SNP that provides your Medicare and most or all of your Medicaid benefits and services in one plan.

If you enrolled in a Medicare Advantage plan for January 1, 2025, and don't like your plan choice, you can also switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2025.

If you recently moved into or currently live in an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for two full months after the month you move out.

## SECTION 5 Programs That Offer Free Counseling about Medicare Medicaid

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In Wisconsin, the SHIP is called Medigap Helpline Program.

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. Medigap Helpline Program counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call Medigap Helpline Program at (800) 242-1060. You can learn more about Medigap Helpline Program by visiting their website (<https://longtermcare.wi.gov/Pages/Medigap/Medigap.aspx>).

For questions about your Medicaid benefits, contact Medicaid Member Services at Department of Health Services (DHS) at (800) 362-3002, 711, Monday - Friday, 8 a.m. - 6 p.m., Central Time. Ask how joining another plan or returning to Original Medicare affects how you get Medicaid coverage.

## SECTION 6 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs. Below we list different kinds of help:

- **“Extra Help” from Medicare.** Because you have Medicaid, you are already enrolled in "Extra Help," also called the Low-Income Subsidy. "Extra Help" pays some of your prescription drug premiums, yearly deductibles, and coinsurance. Because you qualify, you do not have a late enrollment penalty. If you have questions about "Extra Help," call:
  - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;
  - The Social Security Office at 1-800-772-1213 between 8 am and 7 pm, Monday through Friday for a representative. Automated messages are available 24 hours a day. TTY users should call, 1-800-325-0778; or
  - Your State Medicaid Office.

## SECTION 7 Questions?

### Section 7.1 – Getting Help from My Choice Wisconsin Partnership (HMO D-SNP)

Questions? We're here to help. Please call Member Services at (800) 963-0035. (TTY only, call 711.) We are available for phone calls 8 a.m. to 8 p.m. CT, 7 days a week. Calls to these numbers are free.

#### **Read your 2025 Evidence of Coverage (it has details about next year's benefits and costs)**

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2025. For details, look in the *2025 Evidence of Coverage* for My Choice Wisconsin Partnership (HMO D-SNP). The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* is located on our website at [mychoicewi.org](http://mychoicewi.org). You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

#### **Visit our Website**

You can also visit our website at [mychoicewi.org](http://mychoicewi.org). As a reminder, our website has the most up-to-date information about our provider network (*Provider & Pharmacy Directory*) and our *List of Covered Drugs (Formulary/Drug List)*.

### Section 7.2 – Getting Help from Medicare

To get information directly from Medicare:

#### **Call 1-800-MEDICARE (1-800-633-4227)**

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

#### **Visit the Medicare Website**

Visit the Medicare website ([www.medicare.gov](http://www.medicare.gov)). It has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area. To view the information about plans, go to [www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare).

#### **Read Medicare & You 2025**

Read the *Medicare & You 2025* handbook. Every fall, this document is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this document, you can get it at the Medicare website (<https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf>) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

### Section 7.3 – Getting Help from Medicaid

To get information from Medicaid you can call Medicaid Member Services at Department of Health Services (DHS) at (800) 362-3002. TTY users should call 711.





# Getting Important Plan Materials



## How to Get Important Plan Documents

You are important to us! We make it easy for you to get the information you need. Go online to view important plan documents and find a network provider or pharmacy. You can also look up your prescription drugs, anytime, anywhere, from any device. Your **2025** plan documents, like your Evidence of Coverage, Formulary, and Provider/Pharmacy Directory will be available online by **October 15, 2024**.

### Get to know your plan documents

- **Evidence of Coverage (EOC):** A guide to what's covered under your plan. It has details about your plan benefits and coverage, member rights, and more.
- **Formulary (Drug List):** A list of covered drugs under your plan.
- **Provider/Pharmacy Directory:** A list of network doctors, specialists, and pharmacies with phone numbers and addresses. You can find a network provider or pharmacy using our online directory at [mychoicewi.org/partnership/](https://mychoicewi.org/partnership/).
- **Notice of Privacy Practice:** This notice describes how medical information about you may be used and disclosed and how you can get access to this information. This is located on our website at [mychoicewi.org/partnership/](https://mychoicewi.org/partnership/).

### How to view or request a copy of a plan document



#### Online at [mychoicewi.org/partnership/](https://mychoicewi.org/partnership/)

View or download a copy of your plan documents online anytime, anywhere. Use any device, like your computer, tablet, or mobile phone. Your **2025** plan documents will be available online by **October 15, 2024**.



#### Call toll-free

Let us know if you don't have computer access or if you prefer to have a printed copy of an EOC, Formulary, or Provider/Pharmacy Directory mailed to you. To request a printed copy of a plan document, call Member Services toll-free at **(800) 963-0035 (TTY: 711), 8 a.m. to 8 p.m., CT, 7 days a week**.

### We're here to help

If you have questions about your benefits, need help finding a network provider or pharmacy, or would like to opt out of mailed materials, call Member Services toll-free at **(800) 963-0035 (TTY: 711)**. Other Pharmacies/Physicians/Providers are available in our network.

**Notice of  
Non-Discrimination  
and Accessibility**





## Non-Discrimination Notice – Section 1557 Molina Healthcare - Medicare

My Choice Wisconsin by 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 (consistent with the scope of sex discrimination described at § 92.101(a)).

To help you effectively communicate with us, My Choice Wisconsin provides services free of charge and in a timely manner:

- My Choice Wisconsin provides reasonable modifications and appropriate aids and services to people with disabilities. This includes: (1) Qualified interpreters. (2) Information in other formats, such as large print, audio, accessible electronic formats, Braille.
- My Choice Wisconsin 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 these services, contact My Choice Wisconsin by Molina Healthcare Member Services at 1-800-963-0035 or TTY/TDD: 711, 8 a.m. – 8 p.m. CT, 7 days a week.

If you believe we have discriminated on the basis of age, color, disability, national origin, race, or sex, you can file a grievance. 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](mailto: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: <http://www.hhs.gov/sites/default/files/ocr-cr-complaint-form-package.pdf>

# Medicare Language Assistance Services





**Medicare  
Language Assistance Services**

Free aids and services, such as sign language interpreters and written information in alternative formats are available to you. Call 1-800-963-0035 (TTY: 711).

**English:**

We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-800-963-0035 (TTY: 711). Someone who speaks English can help you. This is a free service.

**Spanish:**

Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-800-963-0035 (TTY: 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Chinese Mandarin:**

如果您对我们的健康计划或药品计划有任何问题，我们可以提供免费的口译服务回答您的问题。若要获得口译服务，请致电我们：1-800-963-0035 (TTY: 711)。说普通话的人士会帮助您。这是免费服务。

**Chinese Cantonese:**

我們有免費的口譯員服務，可回答您對於我們健康或藥物計劃的任何問題。若需要口譯員，請撥打 1-800-963-0035 (TTY: 711) 聯絡我們。能說广东话的人士會為您提供協助。這是免費的服務。

**Tagalog:**

May mga libre kaming serbisyo ng interpreter para sagutin ang anumang posibleng katanungan ninyo tungkol sa aming planong pangkalusugan o plano sa gamot. Para kumuha ng interpreter, tawagan lang kami sa 1-800-963-0035 (TTY: 711). May makakatulong sa inyo na nagsasalita ng Tagalog. Isa itong libreng serbisyo.

**French:**

Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-800-963-0035 (TTY: 711). Un interlocuteur parlant français pourra vous aider. Ce service est gratuit.

**Vietnamese:**

Chúng tôi có các dịch vụ thông dịch miễn phí để trả lời các câu hỏi của quý vị về chương trình sức khỏe hoặc chương trình thuốc của chúng tôi. Để có thông dịch viên, hãy gọi cho chúng tôi theo số 1-800-963-0035 (TTY: 711). Sẽ có nhân viên nói tiếng Việt trợ giúp quý vị. Đây là dịch vụ miễn phí.

**German:**

Unser kostenloser Dolmeterservice beantwortet Ihre Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-800-963-0035 (TTY: 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

**Korean:**

당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-800-963-0035 (TTY: 711)번으로 문의해 주십시오. 한국어를 하는 담당자가 도와드릴 것입니다. 이 서비스는 무료로 운영됩니다.

**Russian:**

Получить ответы на вопросы о нашем медицинском страховом плане или о плане, покрывающем лекарства по рецепту, вам бесплатно помогут наши устные переводчики. Просто позвоните нам по номеру 1-800-963-0035 (TTY: 711). Вам бесплатно поможет русскоязычный сотрудник.

**Arabic:** إننا نقدم خدمات المترجم الفوري المجانية لإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على الرقم (1-800-963-0035 (TTY: 711)). سيقوم شخص يتحدث العربية بمساعدتك. هذه خدمة مجانية.

**Hindi:**

हमारी स्वास्थ्य या दवा योजना के बारे में अगर आपके कुछ सवाल हैं, तो उनके जवाब देने के लिए हमारे पास निःशुल्क दुभाषिया सेवाएँ उपलब्ध हैं। दुभाषिया पाने के लिए, हमें 1-800-963-0035 (TTY: 711) पर कॉल करें। हृदी बोलने वाला कोई व्यक्ति आपकी मदद कर सकता है। यह एक निःशुल्क सेवा है।

**Italian:**

È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario o farmaceutico. Per ottenere un interprete, contattare il numero 1-800-963-0035 (TTY: 711). Un nostro incaricato che parla italiano fornirà l'assistenza necessaria. È un servizio gratuito.

**Portuguese:**

Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-800-963-0035 (TTY: 711). Irá encontrar alguém que fale o idioma português para o ajudar. Este serviço é gratuito.

**French Creole:**

Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa asirans medikaman nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-800-963-0035 (TTY: 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

**Polish:**

Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-800-963-0035 (TTY: 711). Ta usługa jest bezpłatna.

**Japanese:**

当社の健康健康保険と薬品処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-800-963-0035 (TTY: 711) にお電話ください。日本語を話す人が支援いたします。これは無料のサービスです。

**Albanian:**

Ne ofrojmë shërbime interpretimi pa pagesë për t'iu përgjigjur çdo pyetjeje që mund të keni rreth planit tone shëndetësor ose të barnave. Për të marrë një interpret, thjesht na telefononi në 1-800-963-0035 (TTY: 711). Dikush që flet shqip mund t'ju ndihmojë. Ky është një shërbim pa pagesë.

**Laotian:**

ພວກເຮົາມີການບໍລິການນາຍພາສາຟຣີເພື່ອຕອບຄໍາຖາມທີ່ທ່ານອາດຈະມີກ່ຽວກັບສຸຂະພາບ ຫຼື ຜົນການຢາຂອງພວກເຮົາ. ເພື່ອໃຫ້ໄດ້ຮັບນາຍແປພາສາ, ພຽງແຕ່ໂທຫາພວກເຮົາທີ່ 1-800-963-0035 (TTY: 711). ມີຄົນທີ່ເວົ້າພາສາລາວສາມາດຊ່ວຍທ່ານໄດ້. ນີ້ແມ່ນການບໍລິການໂດຍບໍ່ເສຍຄ່າ.

**Hmong:**

Peb muaj cov kev pab cuam kws txhais lus yam tsis xam nqi los teb cov lus nug uas koj muaj hais txog peb lub phiaj xwm kev noj qab haus huv los sis tshuaj kho mob. Yog xav tau ib tug neeg txhais lus, tsuas yog hu rau peb ntawm 1-800-963-0035 (TTY: 711). Ib tug uas hais lus Hmoob pab tau koj. Nov yog ib qho kev pab cuam pub dawb xwb.

**Pennsylvanian Dutch:**

Mir hen koschdelos Iwwersetze Services um eeniche Frooge die du hoscht iwwer en Health odder Drug Blan zu antwadde. Um en Iwwersetzer zu griege, yuscht ruf uns um 1-800-963-0035 (TTY: 711). Epper der Deitsch schwetzt kann dir helfe. Des iss en koschdelos Service.

**Serbo-Croatian:**

Имамо бесплатне услуге преводиоца да одговоримо на сва питања која имате о нашем здравственом плану или плану за лекове. Да бисте добили преводиоца, само нас позовите на број 1-800-963-0035 (TTY: 711). Неко ко говори Српски може вам помоћи. Ово је бесплатна услуга.

**Somali:**

Waxaan haynaa adeegyada turjubaanka bilaashka ah ee kaaga jawaabayo su'aalo walba ee laga yaabo inaad ka qabtid qorshaheena caafimaadka ama daawada. Si aad u heshid turjubaan, kaliya naga soo wac 1-800-963-0035 (TTY: 711). Qof ku hadlaa af Somali ayaa ku caawin kara. Kan waa adeeg bilaash ah.



## NOTICE OF PRIVACY PRACTICES MOLINA HEALTHCARE OF WISCONSIN, INC.

**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 Wisconsin, Inc., "My Choice Wisconsin by Molina Healthcare", ("**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, 2024.

**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. We may use or share your PHI (such as biometric information) to confirm your identity, to provide services to you and 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. An example would be to protect the President.

**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 to 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 1 (888) 999-2404, (TTY/TDD: 711).

**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 Wisconsin, Inc.  
Manager of Member Services  
10201 W. Innovation Dr. #100  
Wauwatosa, WI 53226  
Phone: 1 (888) 999-2404, (TTY/TDD: 711)

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  
200 Independence Avenue, SW Room 509F, HHH Building  
Washington, D.C. 20201  
1 (800) 368-1019; 1 (800) 537-7697 (TDD) 1 (312) 886-1807 (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 Wisconsin, Inc.  
Attention: Manager of Member Services  
10201 W. Innovation Dr. #100  
Wauwatosa, WI 53226  
Phone: 1 (888) 999-2404, (TTY/TDD: 711)









