

2020

Molina Healthcare of New Mexico, Inc.
Agreement and Individual Evidence of
Coverage

Molina Adult Vision Services Rider No. 1

New Mexico

PO Box 3887, Albuquerque, NM 87190

MolinaMarketplace.com



Your Extended Family.

MHNM101020-A3

This Adult Vision Services Rider No. 1 amends and supplements the Molina Healthcare of New Mexico, Inc. Agreement and Individual Evidence of Coverage (also called the “EOC” or “Agreement”) and is issued by Molina Healthcare of New Mexico, Inc. (“Molina Healthcare”, “Molina”, “we” or “our”) for the product specified as part of the Agreement.

The following provisions of the Agreement are amended as follows:

1. The Molina Healthcare of New Mexico, Inc. Summary of Benefits and Coverage (SBC) is amended and supplemented by adding Adult Vision as an additional covered benefit for those plans where this coverage is provided.
2. The following is a summary of the adult vision services coverage under the Molina Healthcare of New Mexico Marketplace plans providing this coverage:

Outpatient Professional Services (cont'd)	At Participating Provider, You Pay
Adult Routine Vision Services (for Members age 19 and older) Services must be provided by a participating VSP Provider	
Comprehensive Vision Exam (Limited to one each calendar year.)	No Charge
Routine Retinal Screening	Up to \$39
Prescription Glasses <i>Frames</i> <ul style="list-style-type: none"> Limited to 1 pair of frames every calendar year (up to a \$150 allowance) <i>Lenses</i> <ul style="list-style-type: none"> Limited to 1 pair every calendar year Glass or plastic single vision lined bifocal, lined trifocal or lenticular lenses 	No Charge
Prescription Contact Lenses (In lieu of prescription glasses, materials and services are limited to 1 pair of contact lenses up to \$150 every calendar year. Medically Necessary contact lenses for specified medical conditions require Prior Authorization.)	No Charge

THE GUIDE ABOVE IS INTENDED TO BE USED TO HELP YOU DETERMINE COVERAGE BENEFITS AND IS A SUMMARY ONLY. THE MOLINA HEALTHCARE OF NEW MEXICO, INC. AGREEMENT AND INDIVIDUAL EVIDENCE OF COVERAGE, AS AMENDED BY THIS ADULT VISION SERVICES RIDER NO. 1, SHOULD BE CONSULTED FOR A DETAILED DESCRIPTION OF BENEFITS AND LIMITATIONS.”

Adult Routine Vision Services covered under your product, are not Essential Health Benefits under the Affordable Care Act, and not subject to tax credits to reduce your premium. Any cost sharing for these services made by you, will not apply to any plan Deductible or Annual Out-of-Pocket Maximum under your plan.

3. The “Adult Vision Services” section under “What is Covered Under My Plan?” is contains the following provisions:

“Adult Vision Services

We cover the following vision services for Members age 19 and older, when provided by a participating VSP Advantage Preferred Provider. Refer to your [Schedule of Benefits][Summary of Benefits and Coverage] for applicability of coverage under your plan.

- Comprehensive WellVision eye exam once every calendar year.
- Routine retinal screening (copay applies)

- Prescription glasses: frames and lenses, limited to one pair of prescription glasses once every 12 months.
- Covered frames include a limited selection of frames at no cost. Additional frames may be selected by you. Additional costs will apply.
- Prescription glass or plastic lenses: include single vision, lined bifocal, lined trifocal or lenticular lenses.
- Prescription contact lenses: limited to one year supply every 12 months, in lieu of prescription lenses and frames; includes evaluation, fitting and follow-up care.
- Contact lenses in lieu of glasses

Laser corrective surgery is not covered.

4. All provisions of the Agreement which are not deleted, modified, supplemented or otherwise amended by this Adult Vision Services Rider No. 1 remain in full force and effect.
5. The provisions of the Agreement, together with this Adult Vision Services Rider No. 1, any other riders or amendments to the Agreement, and any application(s) submitted to Molina Healthcare to obtain coverage under the Agreement, including the applicable rate sheet for this plan, are incorporated into the Agreement by reference, and constitute the legally binding contract between Molina Healthcare, on the one hand, and Subscriber or Member, on the other.
6. Pediatric Vision Services that are obtained by a non-participating provider are not covered. Should You or Your eligible Dependents who are enrolled in this Policy obtain Adult Vision Services with a non-participating provider You will be 100% responsible for payment and the payments will not apply to Your Deductible or Annual Out-of-Pocket Maximum for any of these services.



Your Extended Family.

Non-Discrimination Notification Molina Healthcare

Molina Healthcare (Molina) complies with all Federal civil rights laws that relate to healthcare services. Molina offers healthcare services to all members and does not discriminate based on race, color, national origin, ancestry, age, disability, or sex.

Molina also complies with applicable state laws and does not discriminate on the basis of creed, gender, gender expression or identity, sexual orientation, marital status, religion, honorably discharged veteran or military status, or the use of a trained dog guide or service animal by a person with a disability.

To help you talk with us, Molina provides services free of charge, in a timely manner:

- Aids and services to people with disabilities
 - Skilled sign language interpreters
 - Written material in other formats (large print, audio, accessible electronic formats, Braille)
- Language services to people who speak another language or have limited English skills
 - Skilled interpreters
 - Written material translated in your language

If you need these services, contact Molina Member Services. The Molina Member Services number is on the back of your Member Identification card. (TTY: 711).

If you think that Molina failed to provide these services or discriminated based on your race, color, national origin, age, disability, or sex, you can file a complaint. You can file a complaint in person, by mail, fax, or email. If you need help writing your complaint, we will help you. Call our Civil Rights Coordinator at (866) 606-3889, or TTY: 711.

Mail your complaint to: Civil Rights Coordinator, 200 Oceangate, Long Beach, CA 90802.

You can also email your complaint to civil.rights@molinahealthcare.com.

You can also file your complaint with Molina Healthcare AlertLine, twenty four hours a day, seven days a week at: <https://molinahealthcare.alertline.com>.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>. You can mail it to:

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

You can also send it to a website through the Office for Civil Rights Complaint Portal at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>.

If you need help, call (800) 368-1019; TTY (800) 537-7697.

You have the right to get this information in a different format, such as audio, Braille, or large font due to special needs or in your language at no additional cost.

Usted tiene derecho a recibir esta información en un formato distinto, como audio, braille, o letra grande, debido a necesidades especiales; o en su idioma sin costo adicional.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call Member Services. The number is on the back of your Member ID card. (English)

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame a Servicios para Miembros. El número de teléfono está al reverso de su tarjeta de identificación del miembro. (Spanish)

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電會員服務。電話號碼載於您的會員證背面。(Chinese)

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Hãy gọi Dịch vụ Thành viên. Số điện thoại có trên mặt sau thẻ ID Thành viên của bạn. (Vietnamese)

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa Mga Serbisyo sa Miyembro. Makikita ang numero sa likod ng iyong ID card ng Miyembro. (Tagalog)

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 회원 서비스로 전화하십시오. 전화번호는 회원 ID 카드 뒷면에 있습니다. (Korean)

فأخذ دوجوم اذه فتاهلها مقرو. عاضدلاً تامدخ مسقب ل صتا. إكل، امجاد، المساعدة اللغوية تامدخ حاتت، تغيير عا تغللا مدختست تنك اذا: مبينتا
(Arabic)

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele Sèvis Manm. W ap jwenn nimewo a sou do kat idantifikasyon manm ou a. (French Creole)

ВНИМАНИЕ: Если вы говорите на русском языке, вы можете бесплатно воспользоваться услугами переводчика. Позвоните в Отдел обслуживания участников. Номер телефона указан на обратной стороне вашей ID-карты участника. (Russian)

ՈՒՇԱՂԴՐՈՒԹՅՈՒՆ. Եթե դուք խոսում եք հայերեն, կարող եք անվճար օգտվել լեզվի օժանդակ ծառայություններից: Չանգահարելք Հաճախորդների սպասարկման բաժին: Հեռախոսի համարը նշված է ձեր Անդամակցության նույնականացման քարտի ետևի մասում: (Armenian)

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。
会員サービスまでお電話ください。電話番号は会員IDカードの裏面に記載されております。
(Japanese)

هرامشد. ديريگب سامتا اضعا تامدخ اب. دننسه امشد سر تسد رد منيز ه نودب، ي نابز. كمت تامدخ، دينكي م تبحصي سراف نابز ه برگا؛ هجوت
(Farsi)

ਧਿਆਨ ਦਿਓ: ਜੇਕਰ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਤੁਹਾਡੇ ਲਈ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਮੁਫਤ ਉਪਲਬਧ ਹਨ। ਮੈਂਬਰ ਸਰਵਿਸਿਜ (Member Services) ਨੂੰ ਫੋਨ ਕਰੋ। ਨੰਬਰ ਤੁਹਾਡੇ Member ID (ਮੈਂਬਰ ਆਈ.ਡੀ.) ਕਾਰਡ ਦੇ ਪਿਛਲੇ ਪਾਸੇ ਹੈ। (Punjabi)

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Wenden Sie sich telefonisch an die Mitgliederbetreuungen. Die Nummer finden Sie auf der Rückseite Ihrer Mitgliedskarte. (German)

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez les Services aux membres. Le numéro figure au dos de votre carte de membre. (French)

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Cov npawb xov tooj nyob tom qab ntawm koj daim npav tswv cuab. (Hmong)

អ្នកមានសិទ្ធិទទួលបានព័ត៌មាននេះក្នុងទម្រង់ផ្សេង ដូចជា ទម្រង់ជាសម្តែង អក្សរស្តាប ទំហំអក្សរធំដោយសារតែតម្រូវការជាពិសេសរបស់អ្នក ឬជាភាសារបស់អ្នកដោយមិនគិតតម្លៃបន្ថែមឡើយ។
(Cambodian)