



Your Extended Family.

Molina Healthcare of South Carolina, Inc.
 PO Box 40309, North Charleston, SC 29423

Major Medical Expense Coverage HMO

Policy Form Number MSC01012023

Insured's Name _____

Insured's Policy Number _____

OUTLINE OF COVERAGE

Constant Care Silver 1 100

Read Your Policy Carefully

This outline of coverage provides a very brief description of the important features of your policy. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth in detail the rights and obligations of both you and your insurance company. It is, therefore, important that you **READ YOUR POLICY CAREFULLY!**

Major Medical Expense Coverage

Policies of this category are designed to provide, to persons insured, coverage for major hospital, medical, and surgical expenses incurred as a result of a covered accident or sickness. Coverage is provided for daily hospital room and board, miscellaneous hospital services, surgical services, anesthesia services, in-hospital medical services, and out-of-hospital care, subject to any deductibles, copayment provisions, or other limitations which may be set forth in the policy.

Covered Benefits

Below is a brief description of the benefits contained in the Policy (also called the "EOC" or "Agreement"). Please refer to the Schedule of Benefits for details.

Medical Deductible	\$0
Prescription Drug Deductible	\$0
Out-of-Pocket Maximum	\$1,400 per individual, \$2,800 per family
Preventive Services	No Charge
Emergency Room (cost-sharing waived if admitted to hospital)	\$350 Copayment
Urgent Care	\$0 Copayment
Primary Care Office Visit (includes mental health and substance abuse office visits)	\$0 Copayment
Specialist Office Visit	\$10 Copayment
Habilitative Services	\$10 Copayment
Rehabilitative Services (physical, occupational and speech therapy limited to 30 visits per year per therapy type)	\$10 Copayment
Pediatric Vision (under age 19; limit 1 exam, 1 set of frames, 1 set of lenses per year)	No Charge
Outpatient Surgery, Facility Fee	25% Coinsurance
Outpatient Surgery, Professional Fee	25% Coinsurance
Specialized Scanning Services (CT/PET Scan, MRI)	25% Coinsurance
Radiology Services (X-rays)	\$30 Copayment
Laboratory Tests	\$10 Copayment
Inpatient Hospital, Facility (including maternity, mental health and substance abuse)	\$600 Copayment per day; maximum two Copayments per admission
Inpatient Hospital, Professional (Physician/Surgeon) Fee	\$10 Copayment
Skilled Nursing Facility (limit 60 days per year)	\$600 Copayment per day
Hospice (limit 6 months per episode)	No Charge
Home Health Care (limit 60 visits per year)	No Charge
Tier-1 Preferred Generic Drugs	\$0 Copayment
Tier-2 Preferred Brand Drugs	\$10 Copayment
Tier-3 Non-Preferred Brand and Generic Drugs	10% Coinsurance
Tier-4 Brand and Generic Specialty Drugs	10% Coinsurance



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Exclusions and Limitations

Coverage is for calendar year 2023, subject to timely payment of monthly premiums. Most benefits are limited to Medically Necessary Covered Services provided by Participating Providers contracted with Molina Healthcare. Benefits are limited to enrolled eligible Members. Some benefits require Prior Authorization. Below is a brief description of benefit exclusions. Please refer to the Policy for details and for provisions that may limit, exclude or otherwise qualify payment of the benefits.

- Acupuncture
- Artificial Insemination and Conception by Artificial Means
- Bariatric Surgery
- Certain Exams and Services
- Cosmetic Services (some exceptions apply)
- Custodial Care (some exceptions apply)
- Dental and Orthodontic Services (some exceptions apply)
- Dietitian (exceptions apply for hospice)
- Disposable Supplies (some exceptions apply)
- Erectile Dysfunction Drugs
- Experimental or Investigational Services (some exceptions apply)
- Hair Loss or Growth Treatment
- Infertility Services
- Illegal Occupation
- Intermediate Care (some exceptions apply)
- Items and Services That Are Not Health Care Items and Services
- Male Contraceptives
- Massage Therapy
- Non-Emergent Services Obtained in an Emergency Room
- Oral Nutrition
- Private Duty Nursing
- Residential Care (some exceptions apply)
- Routine Foot Care Items and Services (exceptions apply for Members with diabetes)
- Services Not Approved by the FDA (some exceptions apply)
- Services Performed by Unlicensed People
- Services Provided Outside the United States (or Service Area) (some exceptions apply)
- Services Related to a Non-Covered Service
- Sexual Dysfunction
- Surrogacy
- Travel and Lodging Expenses (some exceptions apply)

Renewal of Coverage

With some exceptions, coverage is guaranteed to renew each year. Members must follow the procedures required by the Marketplace to redetermine eligibility for enrollment every year during the annual open enrollment period. Molina may non-renew coverage if a Member fails to pay timely premiums, commits fraud, or no longer resides in Molina's service area. Molina may non-renew a dependent child who reaches the limiting age of 26. Molina reserves the right to change premiums and benefits annually. At the time of renewal, Molina may modify the Policy for everyone who has it, as long as the modification is consistent with federal and state law and effective on a uniform basis; however, Molina will not decline to renew the Policy simply because of a change in a Member's physical or mental health. Please refer to the Policy for details on eligibility, enrollment, age restrictions, continuation of coverage, renewals, termination and reinstatement.



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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)

تنبيه: إذا كنت تستخدم اللغة العربية، تتاح خدمات المساعدة اللغوية، مجانًا لك. اتصل بقسم خدمات الأعضاء. ورقم الهاتف هذا موجود خلف بطاقة تعريف العضو الخاصة بك. (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)

ՈՒՇԱԴՐՈՒԹՅՈՒՆ. Եթե դուք խոսում եք հայերեն, կարող եք անվճար օգտվել լեզվի օժանդակ ծառայություններից: Չանգահարելք Հանախորդների 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)

توجه! اگر به زبان فارسی صحبت می کنید، خدمات کمک زبانی رایگان در اختیار شما است. با خدمات اعضاء تماس بگیرید. شماره تلفن مربوطه در پشت کارت عضویت شما درج شده است. (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)

អ្នកមានសិទ្ធិទទួលបានព័ត៌មាននេះក្នុងទម្រង់ផ្សេងៗគ្នាដូចជាអូឌីយ៉ូ វីដេអូ ឬព្រឹត្តិបត្រអក្សរធំដោយសារតែតម្រូវការពិសេសឬភាសារបស់អ្នកដោយមិនគិតថ្លៃឡើយ (Cambodian)