Affordable health care. Choose Molina.



Health care made simple

Get a plan that's good for you and your budget

From preventive to emergency care, with Molina, you have more choices. And a great affordable plan.

Plus, based on your income, you might be able to get help paying for most of your plan, or even all of it.

We help you stay covered

We offer plans through Medicare, Medi-Cal and Covered California. So we can cover every member of your family. Through all the changes life throws your way.

About Molina

Ever since our founder, Dr. C. David Molina, opened his first clinic in 1980, it has been our mission to provide high-quality health care to those in need. We are committed to you and today, as always, we treat our members like family.

If you don't have health coverage, you might have to pay extra at tax time. In 2016, the penalty is either 2.5% of your income or \$695 per person, whichever is greater. Remember, you may be able to get help paying for health care. So enroll and avoid penalties.



Molina offers a variety of plans to fit your needs

Lower premiums often mean higher deductibles. But this is just an overview. For complete details, see the 2016 Benefits At-A-Glance in this brochure.

	Bronze	Silver	Gold
Monthly Premiums This is the amount you pay per month for your health plan.	Lowest	Lower	Higher
Copayments These are fixed amounts you pay to providers and facilities for services you receive.	Highest	Low to High	Moderate
Deductibles This is the amount you must pay out of pocket before Molina helps pay for certain services.	Higher	Low to Moderate	None
Services Subject to Deductible For the Silver plans, the medical deductible applies to emergency room, skilled nursing care and inpatient services.	Most	Fewest	None

All our plans cover:



Emergency services and urgent care



Preventive care and wellness services



Regular office visits



Mental health and substance abuse services



Outpatient surgery



Lab and radiology testing



Maternity services



Skilled nursing facilities



Prescription drugs



Mail order pharmacy



Home health care

Coverage that goes beyond the doctors office:

- 24-hour Nurse Advice
- Pregnancy program
- Personal care management
- Online member services
- Dedicated toll-free member support
- Quality health and wellness programs
- Translation services

Everything you need to stay healthy, close to home

Our hospitals, doctors and other providers are right in the neighborhood. With all the care you need to feel your best.

Choose Molina Healthcare.

(855) 540-1968

Molina Marketplace 2016 Benefits At-A-Glance

	Minimum Coverage	Bronze 60 HMO	Silver 94 HMO	Silver 87 HMO	Silver 73 HMO	Silver 70 HM0	Gold 80 HMO	Platinum 90 HM0
Features (Individual/Family)								
Annual Medical Deductible	\$6,850/ \$13,700 ⁴	\$6,000/ \$12,000 ⁵	\$75/ \$150 ⁶	\$550/ \$1,100 ⁶	\$1,900/ \$3,800 ⁶	\$2,250/ \$4,500 ⁶	\$0	\$0
Annual Prescription Drug Deductible	Included in Medical deductible ⁴	\$500/ \$1,000	\$0	\$50/ \$100 ⁷	\$250/ \$500 ⁷	\$250/ \$500 ⁷	\$0	\$0
Annual Out-of-Pocket Max	\$6,850/ \$13,700	\$6,500/ \$13,000	\$2,250/ \$4,500	\$2,250/ \$4,500	\$5,450/ \$10,900	\$6,250/ \$12,500	\$6,200/ \$12,400	\$4,000/ \$8,000

Benefits 1,2													
Emergency Room Facility Fee ³	0%	Δ	100% △	\$30	Δ	\$75	Δ	\$250	Δ	\$250	Δ	\$250	\$150
Emergency Room Physician Fee ³	0%	Δ	100% △	\$25	Δ	\$40	Δ	\$50	Δ	\$50	Δ	20%	10%
Urgent Care	\$0	Δ	\$120 △	\$6		\$30		\$80		\$90		\$60	\$40
PCP Office Visit	\$0	Δ	\$70 △	\$5		\$15		\$40		\$45		\$35	\$20
Mental Health Services, Outpatient	\$0	Δ	\$70 △	\$5		\$15		\$40		\$45		\$35	\$20
Substance Abuse Services, Outpatient	\$0	Δ	\$70 △	\$5		\$15		\$40		\$45		\$35	\$20
Specialist Office Visit	\$0	Δ	\$90 △	\$8		\$25		\$55		\$70		\$55	\$40
Habilitative Services	0%	Δ	\$70	\$5		\$15		\$40		\$45		\$35	\$20
Rehabilitative Services	0%	\triangle	\$70	\$5		\$15		\$40		\$45		\$35	\$20
Outpatient Surgery	0%	\triangle	100% △	10%		15%		20%		20%		20%	10%
X-rays	0%	Δ	100% △	\$8		\$25		\$50		\$65		\$50	\$40
Lab Tests	0%	Δ	\$40	\$8		\$15		\$35		\$35		\$35	\$20
Inpatient Hospital Services	0%	\triangle	100% △	10%	\triangle	15%	Δ	20%	Δ	20%	Δ	20%	10%
Maternity Care	0%	Δ	100% △	10%	Δ	15%	Δ	20%	Δ	20%	Δ	20%	10%
Hospice	No Ch	arge $ riangle$	No Charge	No Ch	arge	No Ch	narge	No Ch	arge	No Ch	arge	No Charge	No Charge
Prescription Drugs Tier-1	\$0	Δ	100% △ up to \$500 per script after Ded.	\$3		\$5		\$15		\$15		\$15	\$5
Prescription Drugs Tier-2	\$0	Δ	100% △ up to \$500 per script after Ded.	\$10		\$20	Δ	\$45	Δ	\$50	Δ	\$50	\$15
Prescription Drugs Tier-3	\$0	Δ	100% △ up to \$500 per script after Ded.	\$15		\$35	Δ	\$70	Δ	\$70	Δ	\$70	\$25
Prescription Drugs Tier-4 ⁸	0%	Δ	100% △ up to \$500 per script after Ded.	10% (\$150	up to per script		\$150 per after Ded.	up to	△ \$250 per after Ded.		△ \$250 per after Ded.	20% up to \$250 per script	10% up to \$250 per script

○ copay ○ coinsurance △ deductible applies

Family Planning

Benefits at No Cost to You



Preventive Care Services

(including birth control)



Child Vision Exam (refraction)

Child Eyeglasses (lenses and frames)



Child Contact Lenses (instead of glasses) Child Preventive and Diagno



Child Preventive and Diagnostic Dental Services



² Certain benefits require Prior Authorization prior to obtaining services

This "2016 Benefits At-A-Glance" is intended to be a summary of covered benefits that lists some features of our plan. It does not list or describe all benefits covered under a specific product or every limitation or exclusion. Please consult the Molina Healthcare of California. Agreement and Combined Evidence of Coverage and Disclosure Form for a detailed description of benefits, exclusions, and limitations.





³ This cost is waived if admitted directly to the hospital for Inpatient Services (refer to Inpatient Hospital Services for applicable Cost sharing information)

⁴ Combined Medical, Pharmacy, and Pediatric Dental. Deductible waived for first three non-preventive primary care visits, other practitioner office visits, urgent care, and MH/ SA visits

⁵ Deductible waived for first three non-preventive office, specialist physician visits, urgent care, and MH/SA visits

 $^{^{\}rm 6}$ Applies only to Emergency Room, Emergency Physician, Emergency Transport and Inpatient Services

⁷ Applies only to Tier 2, Tier 3, and Tier 4

⁸ Maximum Cost Sharing of \$200 for a 30-day supply of oral chemotherapy drugs

Getting the care you need

Molina Healthcare has an extensive network of primary care providers, specialists and facilities available to you as a member. To view the network and provider's contact information, please visit the provider online directory at MolinaMarketplace.com or call (855) 540-1968.

If you are away from Molina Healthcare's service area and need emergency care, go to the nearest emergency room.

Authorization Process

Most services are available to you without prior authorization. However, some services do require prior authorization. For a list of covered services that do and do not require prior authorization, please visit MolinaMarketplace.com or call (855) 540-1968.

Pharmacy

We cover prescription generic and brand name drugs, and specialty (oral and injectable) drugs when such prescription drugs are on the Formulary and obtained through Molina's contracted pharmacies. We also offer Mail Order for many drugs on the Formulary, please refer to your Combined Evidence of Coverage and Disclosure Form for more detail.

You can also view our Drug Formulary and Mail Order information at MolinaMarketplace.com or call us at (855) 540-1968.

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. Molina wants to let you know how your information is used or shared.

Why does Molina use or share your Protected Health Information (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 share PHI as required or permitted by law

If you become a Molina Healthcare Member, you will receive Molina Healthcare's full Notice of Privacy Practices. Our Notice of Privacy Practices is also available on our website at MolinaMarketplace.com.

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 shared your PHI with

How does Molina protect your PHI?

Molina protects your PHI in many ways across our health plan. This includes PHI in written word, spoken word, or in a computer. Below are some ways Molina Healthcare protects PHI, including race, ethnicity, and language data:

- 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 firewalls and passwords.

Non-Covered Benefits

This "2016 Benefits At-A-Glance" is intended to be a summary of covered benefits that lists some features of our plan, and does not list or describe all benefits covered under a specific product or every limitation or exclusion. For more details, please access the Combined Evidence of Coverage and Disclosure Form available on MolinaMarketplace.com.

MolinaMarketplace.com





(855) 540-1968

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