

CALIFORNIA

Molina Marketplace 2018 Benefits At-A-Glance



MolinaMarketplace.com



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	Minimum Coverage	Bronze 60 HMO	Silver 94 HMO
FEATURES (INDIVIDUAL/FAMILY)			
Annual Medical Deductible	\$7,350/\$14,700 ³	\$6,300/\$12,600 ⁴	\$75/\$150 ⁵
Annual Prescription Drug Deductible	Included in Medical deductible ³	\$500/\$1,000	\$0
Annual Out-of-Pocket Max	\$7,350/\$14,700	\$7,000/\$14,000	\$1,000/\$2,000
BENEFITS¹			
Emergency Room ²	No Charge ▲	100% ▲	\$50
Urgent Care	No Charge ▲	\$75 ▲	\$5
PCP Office Visit	No Charge ▲	\$75 ▲	\$5
Mental Health Services, Outpatient	No Charge ▲	\$75 ▲	\$5
Substance Abuse Services, Outpatient	No Charge ▲	\$75 ▲	\$5
Specialist Office Visit	No Charge ▲	\$105 ▲	\$8
Habilitative Services	No Charge ▲	\$75	\$5
Rehabilitative Services	No Charge ▲	\$75	\$5
Outpatient Surgery	No Charge ▲	100% ▲	10%
X-rays	No Charge ▲	100% ▲	\$8
Lab Tests	No Charge ▲	\$40	\$8
Inpatient Hospital Services	No Charge ▲	100% ▲	10% ▲
Maternity Care	No Charge ▲	100% ▲	10% ▲
Hospice	No Charge ▲	No Charge	No Charge
Prescription Drugs Tier-1 ⁷	No Charge ▲	100% ▲ up to \$500 per script after deductible	\$3
Prescription Drugs Tier-2 ⁷	No Charge ▲	100% ▲ up to \$500 per script after deductible	\$10
Prescription Drugs Tier-3 ⁷	No Charge ▲	100% ▲ up to \$500 per script after deductible	\$15
Prescription Drugs Tier-4 ⁷	No Charge ▲	100% ▲ up to \$500 per script after deductible	10% up to \$150 per script

KEY:  copay  coinsurance  deductible applies See back cover for details and descriptions.

Benefits for you and your family-without cost sharing:



PREVENTIVE CARE SERVICES



PREVENTIVE DRUGS



FAMILY PLANNING
(including birth control)



CHILD VISION EXAM
(refraction)

Silver 87 HMO	Silver 73 HMO	Silver 70 HMO	Gold 80 HMO	Platinum 90 HMO
\$650/\$1,300 ⁵	\$2,200/\$4,400 ⁵	\$2,500/\$5,000 ⁵	\$0	\$0
\$50/\$100 ⁶	\$130/\$260 ⁶	\$130/\$260 ⁶	\$0	\$0
\$2,450/\$4,900	\$5,850/\$11,700	\$7,000/\$14,000	\$6,000/\$12,000	\$3,350/\$6,700
\$100	\$350	\$350	\$325	\$150
\$10	\$30	\$35	\$25	\$15
\$10	\$30	\$35	\$25	\$15
\$10	\$30	\$35	\$25	\$15
\$10	\$30	\$35	\$25	\$15
\$25	\$75	\$75	\$55	\$30
\$10	\$30	\$35	\$25	\$15
\$10	\$30	\$35	\$25	\$15
15%	20%	20%	20%	10%
\$25	\$75	\$75	\$55	\$30
\$15	\$35	\$35	\$35	\$15
15% ▲	20% ▲	20% ▲	20%	10%
15% ▲	20% ▲	20% ▲	20%	10%
No Charge	No Charge	No Charge	No Charge	No Charge
\$5	\$15 ▲ (deductible applies)	\$15 ▲ (deductible applies)	\$15	\$5
\$20 ▲	\$50 ▲	\$55 ▲	\$55	\$15
\$35 ▲	\$75 ▲	\$80 ▲	\$75	\$25
15% ▲ up to \$150 per script after deductible	20% ▲ up to \$250 per script after deductible	20% ▲ up to \$250 per script after deductible	20% up to \$250 per script	10% up to \$250 per script

This “2018 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.



**CHILD EYEGLASSES OR CHILD
CONTACT LENSES**



**CHILD PREVENTIVE AND DIAGNOSTIC
DENTAL SERVICES**

For over 35 years, health care you can trust.
Choose Molina Healthcare.
(855) 540-1968 (TTY/TDD: 711)

Everyone in our company has the same job: Taking care of you.

For information on our Quality Improvement Program and the programs and services we offer to our members, please view the Guide to Accessing Quality Health Care at MolinaHealthcare.com/MHCQualityGuide.

We help communities stay healthy too. As part of our mission to be of service, Molina Healthcare is committed to giving back. We believe in investing our time and resources to help local communities. Our corporate social responsibility initiatives include volunteerism, partnerships with local nonprofits, micro-grants, donations, sustainability efforts and more.

Check out what we're doing in your neighborhood at
MolinaHealthcare.com/SocialResponsibility



¹ Deductible does not apply unless indicated. Certain benefits require Prior Authorization prior to obtaining services.

² This cost is waived if admitted directly to the hospital for Inpatient Services (refer to Inpatient Hospital Services for applicable Cost sharing information).

³ Combined Medical and Pharmacy Deductible waived for Preventive Care and for the first three non-preventive office visits for any combination of Primary Care, Urgent Care, Mental Health or Substance Abuse.

⁴ Deductible waived for Hospice, Outpatient Rehabilitation, Outpatient Habilitation, Lab Tests, Preventive Care and for the first three non-preventive office visits for any combination of Primary Care, Urgent Care, Mental Health, Substance Abuse, or Specialist Care.

⁵ Applies only to Emergency Transport, Inpatient Services, and Skilled Nursing.

⁶ Applies only to Prescription Drugs Tier-2, Prescription Drugs Tier-3, and Prescription Drugs Tier-4.

⁷ Maximum Cost Sharing of \$200 for a 30-day supply of oral chemotherapy drugs, deductible does not apply.

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