

Get a health insurance plan  
**that's good for you and your budget.**

CALIFORNIA



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**Molina Marketplace 2019**

# Molina Marketplace 2019 Benefits At A Glance

	Minimum Coverage	Bronze 60 HMO	Silver 94 HMO	Silver 87 HMO	Silver 73 HMO
<b>FEATURES (INDIVIDUAL/FAMILY)</b>					
Annual Medical Deductible	\$7,900/\$15,800 <sup>3</sup>	\$6,300/\$12,600 <sup>4</sup>	\$75/\$150 <sup>5</sup>	\$650/\$1,300 <sup>5</sup>	\$2,200/\$4,400 <sup>5</sup>
Annual Prescription Drug Deductible	Included in Medical deductible <sup>3</sup>	\$500/\$1,000	\$0	\$50/\$100 <sup>6</sup>	\$175/\$350 <sup>7</sup>
Annual Out-of-Pocket Max	\$7,900/\$15,800	\$7,550/\$15,100	\$1,000/\$2,000	\$2,600/\$5,200	\$6,300/\$12,600
<b>BENEFITS<sup>1</sup></b>					
Emergency Room <sup>2</sup>	No Charge ▲	100% ▲	\$50	\$100	\$350
Urgent Care	No Charge ▲	\$75 ▲	\$5	\$15	\$35
PCP Office Visit	No Charge ▲	\$75 ▲	\$5	\$15	\$35
Mental Health Services, Outpatient	No Charge ▲	\$75 ▲	\$5	\$15	\$35
Substance Abuse Services, Outpatient	No Charge ▲	\$75 ▲	\$5	\$15	\$35
Specialist Office Visit	No Charge ▲	\$105 ▲	\$8	\$25	\$75
Habilitative Services	No Charge ▲	\$75	\$5	\$15	\$35
Rehabilitative Services	No Charge ▲	\$75	\$5	\$15	\$35
Outpatient Surgery	No Charge ▲	100% ▲	10%	15%	20%
X-rays	No Charge ▲	100% ▲	\$8	\$30	\$75
Lab Tests	No Charge ▲	\$40	\$8	\$15	\$35
Inpatient Hospital Services	No Charge ▲	100% ▲	10% ▲	15% ▲	20% ▲
Maternity Care	No Charge ▲	100% ▲	10% ▲	15% ▲	20% ▲
Hospice	No Charge ▲	No Charge	No Charge	No Charge	No Charge
Tier-1 Lower-Cost Generic and Brand Name Drugs <sup>8,9</sup>	No Charge ▲	100% ▲ up to \$500 per script after deductible	\$3	\$5	\$15 ▲
Tier-2 Preferred Generic and Brand Name Drugs <sup>8,9</sup>	No Charge ▲	100% ▲ up to \$500 per script after deductible	\$10	\$20 ▲	\$50 ▲
Tier-3 Non-Preferred Brand Name Drugs <sup>8,9</sup>	No Charge ▲	100% ▲ up to \$500 per script after deductible	\$15	\$35 ▲	\$75 ▲
Tier-4 Generic and Brand Name Specialty Drugs <sup>8,9</sup>	No Charge ▲	100% ▲ up to \$500 per script after deductible	10% up to \$150 per script	15% ▲ up to \$150 per script after deductible	20% ▲ up to \$250 per script after deductible

KEY:  Co-pay  Coinsurance  Deductible applies See back cover for details and descriptions.

## Molina makes it easy to stay healthy with:

**PCP visits with low co-pays,** to take care of your health — for less

**Urgent care with reduced co-pays,** for affordable after-hours treatment

**Wellness and other preventive services at no extra charge** to help you stop problems before they start

Silver 70 HMO	Gold 80 HMO	Platinum 90 HMO
\$2,500/\$5,000 <sup>5</sup>	\$0	\$0
\$200/\$400 <sup>7</sup>	\$0	\$0
\$7,550/\$15,100	\$7,200/\$14,400	\$3,350/\$6,700
\$350	\$325	\$150
\$40	\$30	\$15
\$40	\$30	\$15
\$40	\$30	\$15
\$40	\$30	\$15
\$80	\$55	\$30
\$40	\$30	\$15
\$40	\$30	\$15
20%	20%	10%
\$75	\$55	\$30
\$35	\$35	\$15
20% ▲	20%	10%
20% ▲	20%	10%
No Charge	No Charge	No Charge
\$15 ▲	\$15	\$5
\$55 ▲	\$55	\$15
\$80 ▲	\$75	\$25
20% ▲ up to \$250 per script after deductible	20% up to \$250 per script	10% up to \$250 per script

Good health is important to you, and you are important to us.

### All our plans cover:



Regular doctor office visits



Prescription drugs and mail order pharmacy<sup>10</sup>



Emergency services and urgent care



Maternity services



Lab and radiology testing



Mental health and substance abuse services



Outpatient surgery



Skilled nursing facilities



Home health care

## Open Enrollment ends 1/15. Call today! (866) 772-4190

**24-Hour Nurse Advice Line** for peace of mind, anytime — at no extra charge

**Child routine vision exam and eye wear at no extra charge** one exam per year includes eye glasses or contacts... **and more!**

# 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](https://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](https://MolinaHealthcare.com/SocialResponsibility).



## Open Enrollment ends 1/15. Call today! (866) 772-4190.

This "2019 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.

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

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

<sup>3</sup> 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.

<sup>4</sup> 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.

<sup>5</sup> Applies only to Emergency Transport, Inpatient Services, and Skilled Nursing.

<sup>6</sup> Applies only to Prescription Drugs Tier-2, Prescription Drugs Tier-3, and Prescription Drugs Tier-4.

<sup>7</sup> Applies to all drug tiers.

<sup>8</sup> Maximum Cost Sharing of \$200 for a 30-day supply of oral chemotherapy drugs, deductible does not apply.

<sup>9</sup> Coupons or any other form of third-party prescription drug cost sharing assistance will not apply toward any deductibles or annual out-of-pocket limits.

<sup>10</sup> Does not apply to Tier-4.

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