

# Molina Marketplace 2015 Benefits At-A-Glance

|                                                                                                                                       | Molina Minimum Coverage HMO    | Molina Bronze 60 HMO           | Molina Silver 94 HMO | Molina Silver 87 HMO    | Molina Silver 73 HMO     | Molina Silver 70 HMO     | Molina Gold 80 HMO    | Molina Platinum 90 HMO |
|---------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|--------------------------------|----------------------|-------------------------|--------------------------|--------------------------|-----------------------|------------------------|
| <b>FEATURES</b>                                                                                                                       |                                |                                |                      |                         |                          |                          |                       |                        |
| Annual Deductible (individual/family)                                                                                                 | \$6,600/ \$13,200 <sup>2</sup> | \$5,000/ \$10,000 <sup>1</sup> | \$0                  | \$500/\$1,000           | \$1,600/\$3,200          | \$2,000/\$4,000          | \$0                   | \$0                    |
| Prescription Drug Deductible (individual/family)                                                                                      | N/A                            | N/A                            | \$0                  | \$50/\$100 <sup>2</sup> | \$250/\$500 <sup>2</sup> | \$250/\$500 <sup>2</sup> | \$0                   | \$0                    |
| Pediatric Dental Services                                                                                                             | N/A                            | \$0                            | \$0                  | \$0                     | \$0                      | \$0                      | \$0                   | \$0                    |
| Annual Out-of-Pocket Maximum (individual/family)                                                                                      | \$6,600/\$13,200               | \$6,250/\$12,500               | \$2,250/\$4,500      | \$2,250/\$4,500         | \$5,200/\$10,400         | \$6,250/\$12,500         | \$6,250/\$12,500      | \$4,000/\$8,000        |
| <b>BENEFITS<sup>4</sup></b>                                                                                                           |                                |                                |                      |                         |                          |                          |                       |                        |
| <b>Emergency and Urgent Care</b>                                                                                                      |                                |                                |                      |                         |                          |                          |                       |                        |
| Emergency Room <sup>5</sup>                                                                                                           | \$0 co-pay                     | \$300 co-pay                   | \$25 co-pay          | \$75 co-pay             | \$250 co-pay             | \$250 co-pay             | \$250 co-pay          | \$150 co-pay           |
| Urgent Care                                                                                                                           | \$0 co-pay                     | \$120 co-pay                   | \$6 co-pay           | \$30 co-pay             | \$80 co-pay              | \$90 co-pay              | \$60 co-pay           | \$40 co-pay            |
| <b>Office Visits<sup>3</sup></b>                                                                                                      |                                |                                |                      |                         |                          |                          |                       |                        |
| Preventive Care                                                                                                                       | No Charge                      |                                |                      |                         |                          |                          |                       |                        |
| Prenatal Visits                                                                                                                       |                                |                                |                      |                         |                          |                          |                       |                        |
| Well-child Visits                                                                                                                     |                                |                                |                      |                         |                          |                          |                       |                        |
| Family Planning                                                                                                                       |                                |                                |                      |                         |                          |                          |                       |                        |
| Primary Care                                                                                                                          | \$0 co-pay                     | \$60 co-pay                    | \$3 co-pay           | \$15 co-pay             | \$40 co-pay              | \$45 co-pay              | \$30 co-pay           | \$20 co-pay            |
| Specialty Care                                                                                                                        | \$0 co-pay                     | \$70 co-pay                    | \$5 co-pay           | \$20 co-pay             | \$50 co-pay              | \$65 co-pay              | \$50 co-pay           | \$40 co-pay            |
| Other Practitioner Care                                                                                                               | \$0 co-pay                     | \$60 co-pay                    | \$3 co-pay           | \$15 co-pay             | \$40 co-pay              | \$45 co-pay              | \$30 co-pay           | \$20 co-pay            |
| Habilitative Care                                                                                                                     | 0% coinsurance                 | \$60 co-pay                    | \$3 co-pay           | \$15 co-pay             | \$40 co-pay              | \$45 co-pay              | \$30 co-pay           | \$20 co-pay            |
| Rehabilitative Care                                                                                                                   | 0% coinsurance                 | \$60 co-pay                    | \$3 co-pay           | \$15 co-pay             | \$40 co-pay              | \$45 co-pay              | \$30 co-pay           | \$20 co-pay            |
| Mental Health Services                                                                                                                | 0% coinsurance                 | \$60 co-pay                    | \$3 co-pay           | \$15 co-pay             | \$40 co-pay              | \$45 co-pay              | \$30 co-pay           | \$20 co-pay            |
| Substance Abuse services                                                                                                              | 0% coinsurance                 | \$60 co-pay                    | \$3 co-pay           | \$15 co-pay             | \$40 co-pay              | \$45 co-pay              | \$30 co-pay           | \$20 co-pay            |
| <b>Pediatric Vision Services<sup>6</sup></b>                                                                                          |                                |                                |                      |                         |                          |                          |                       |                        |
| Vision Exam                                                                                                                           | No charge                      |                                |                      |                         |                          |                          |                       |                        |
| Glasses                                                                                                                               | \$0 co-pay                     | \$0 co-pay                     | \$0 co-pay           | \$0 co-pay              | \$0 co-pay               | \$0 co-pay               | \$0 co-pay            | \$0 co-pay             |
| Contacts                                                                                                                              | \$0 co-pay                     | \$0 co-pay                     | \$0 co-pay           | \$0 co-pay              | \$0 co-pay               | \$0 co-pay               | \$0 co-pay            | \$0 co-pay             |
| <b>Pediatric Dental Services<sup>6</sup></b>                                                                                          |                                |                                |                      |                         |                          |                          |                       |                        |
| Oral Exam, Preventative - Cleaning, Preventative - X-ray, Sealants per Tooth, Topical Fluoride Application, Space Maintainers - Fixed | No charge                      |                                |                      |                         |                          |                          |                       |                        |
| Amalgam Fill - 1 Surface                                                                                                              | \$0 co-pay                     | \$25 co-pay                    | \$25 co-pay          | \$25 co-pay             | \$25 co-pay              | \$25 co-pay              | \$25 co-pay           | \$25 co-pay            |
| Root Canal - Molar                                                                                                                    | \$0 co-pay                     | \$300 co-pay                   | \$300 co-pay         | \$300 co-pay            | \$300 co-pay             | \$300 co-pay             | \$300 co-pay          | \$300 co-pay           |
| Gingivectomy per Quad                                                                                                                 | \$0 co-pay                     | \$150 co-pay                   | \$150 co-pay         | \$150 co-pay            | \$150 co-pay             | \$150 co-pay             | \$150 co-pay          | \$150 co-pay           |
| Extraction - Single Tooth Exposed Root or Erupt                                                                                       | \$0 co-pay                     | \$65 co-pay                    | \$65 co-pay          | \$65 co-pay             | \$65 co-pay              | \$65 co-pay              | \$65 co-pay           | \$65 co-pay            |
| Extraction - Complete Bony                                                                                                            | \$0 co-pay                     | \$160 co-pay                   | \$160 co-pay         | \$160 co-pay            | \$160 co-pay             | \$160 co-pay             | \$160 co-pay          | \$160 co-pay           |
| Porcelain with Metal Crown                                                                                                            | \$0 co-pay                     | \$300 co-pay                   | \$300 co-pay         | \$300 co-pay            | \$300 co-pay             | \$300 co-pay             | \$300 co-pay          | \$300 co-pay           |
| Orthodontia - Medically Necessary                                                                                                     | \$0 co-pay                     | \$1,000 co-pay                 | \$1,000 co-pay       | \$1,000 co-pay          | \$1,000 co-pay           | \$1,000 co-pay           | \$1,000 co-pay        | \$1,000 co-pay         |
| <b>Prescription Drugs</b>                                                                                                             |                                |                                |                      |                         |                          |                          |                       |                        |
| Formulary Generic Drugs                                                                                                               | \$0 co-pay                     | \$15 co-pay                    | \$3 co-pay           | \$5 co-pay              | \$15 co-pay              | \$15 co-pay              | \$15 co-pay           | \$5 co-pay             |
| Formulary Preferred Brand Drugs                                                                                                       | \$0 co-pay                     | \$50 co-pay                    | \$5 co-pay           | \$15 co-pay             | \$35 co-pay              | \$50 co-pay              | \$50 co-pay           | \$15 co-pay            |
| Formulary Non Preferred Brand Drugs                                                                                                   | \$0 co-pay                     | \$75 co-pay                    | \$10 co-pay          | \$25 co-pay             | \$60 co-pay              | \$70 co-pay              | \$70 co-pay           | \$25 co-pay            |
| Specialty Drugs                                                                                                                       | 0% coinsurance                 | 30% coinsurance                | 10% coinsurance      | 15% coinsurance         | 20% coinsurance          | 20% coinsurance          | 20% coinsurance       | 10% coinsurance        |
| <b>Outpatient Hospital / Facility Services</b>                                                                                        |                                |                                |                      |                         |                          |                          |                       |                        |
| Laboratory Services                                                                                                                   | 0% coinsurance                 | 30% coinsurance                | \$3 co-pay           | \$15 co-pay             | \$40 co-pay              | \$45 co-pay              | \$30 co-pay           | \$20 co-pay            |
| Radiology Services                                                                                                                    | 0% coinsurance                 | 30% coinsurance                | \$5 co-pay           | \$20 co-pay             | \$50 co-pay              | \$65 co-pay              | \$50 co-pay           | \$40 co-pay            |
| Specialized Scanning Services (CT, MRI, PET Scans)                                                                                    | 0% coinsurance                 | 30% coinsurance                | 10% coinsurance      | 15% coinsurance         | 20% coinsurance          | 20% coinsurance          | 20% coinsurance       | 10% coinsurance        |
| Medical/Surgical Services                                                                                                             | 0% coinsurance                 | 30% coinsurance                | 10% coinsurance      | 15% coinsurance         | 20% coinsurance          | 20% coinsurance          | 20% coinsurance       | 10% coinsurance        |
| <b>Inpatient Hospital Services</b>                                                                                                    |                                |                                |                      |                         |                          |                          |                       |                        |
| Medical/Surgical, Maternity Care, Mental Health, Substance Abuse, Skilled Nursing Facility                                            | 0% coinsurance                 | 30% coinsurance                | 10% coinsurance      | 15% coinsurance         | 20% coinsurance          | 20% coinsurance          | 20% coinsurance       | 10% coinsurance        |
| Hospice Care                                                                                                                          | 0% coinsurance                 |                                |                      |                         |                          |                          |                       |                        |
| <b>Transportation Assistance</b>                                                                                                      |                                |                                |                      |                         |                          |                          |                       |                        |
| Emergency Transportation - Ambulance                                                                                                  | \$0 co-pay per trip            | \$300 co-pay per trip          | \$25 co-pay per trip | \$75 co-pay per trip    | \$250 co-pay per trip    | \$250 co-pay per trip    | \$250 co-pay per trip | \$150 co-pay per trip  |
| Non-Emergency Medical Transportation (ambulance)                                                                                      | \$0 co-pay per trip            | \$300 co-pay per trip          | \$25 co-pay per trip | \$75 co-pay per trip    | \$250 co-pay per trip    | \$250 co-pay per trip    | \$250 co-pay per trip | \$150 co-pay per trip  |
| <b>SUPPLEMENTAL BENEFITS</b>                                                                                                          |                                |                                |                      |                         |                          |                          |                       |                        |
| 24-Hour Nurse Advice Line                                                                                                             | No Charge                      |                                |                      |                         |                          |                          |                       |                        |
| Weight control program                                                                                                                |                                |                                |                      |                         |                          |                          |                       |                        |
| Motherhood Matters <sup>7</sup> , mothers-to-be program                                                                               |                                |                                |                      |                         |                          |                          |                       |                        |
| Tobacco counseling, smoking cessation program                                                                                         |                                |                                |                      |                         |                          |                          |                       |                        |

<sup>1</sup> Combined Medical and Pharmacy Deductible (Deductible waived for preventive, first three office visits and Generic Drugs)

<sup>2</sup> Applies to Preferred Brand Name, Non-Preferred Brand Name and Specialty Drugs

<sup>3</sup> Some Outpatient Professional Services not listed, are not Co-payment based and require a Coinsurance Cost Share

<sup>4</sup> Certain benefits require Prior Authorization prior to obtaining services.

<sup>5</sup> This cost does not apply, if admitted directly to the hospital for inpatient services (refer to Inpatient Hospital Services, for applicable Cost sharing for you)

<sup>6</sup> Applicable to Dependent Children through age 18

<sup>7</sup> Combined Medical, Pharmacy, and Pediatric Dental. (Deductible waived for Hospice and first three (3) office or urgent care visits, including mental health/substance abuse visits)

This "2015 Benefits At-A-Glance" is intended to be a summary of coverage 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. Please consult the Molina Healthcare of California, Inc. Agreement and Individual Policy for a detailed description of benefits, exclusions and limitations.

## Getting the care you need

When you join Molina Healthcare, you will choose a primary care doctor (PCP) from Molina Healthcare's provider network. This is your personal doctor who will provide your care or send you to other doctors (specialists) if needed. Molina Healthcare also has many specialty providers.

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

To view the provider directory online, please visit [www.MolinaHealthcare.com/providersearch](http://www.MolinaHealthcare.com/providersearch) or call (855) 540-1968.

## 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 [www.MolinaHealthcare.com](http://www.MolinaHealthcare.com) or call (855) 540-1968.

## Second Opinions

If you do not agree with your doctor's plan of care for you, you have the right to a second opinion from another Molina Healthcare Provider or Molina Healthcare shall arrange for you to obtain a second opinion outside the network at no cost to you.

## Pharmacy

We cover prescription brand name drugs, non-preferred brand name drugs, generic drugs and specialty (oral and injectable) drugs when such prescription drugs are on the Drug Formulary and obtained through Molina Healthcare's contracted pharmacies.

You can look at our Drug Formulary at [MolinaHealthcare.com](http://MolinaHealthcare.com) or by calling 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 [www.MolinaHealthcare.com](http://www.MolinaHealthcare.com).

## Case Management

If you have difficulty with a chronic medical condition that requires extra, ongoing attention, Molina Healthcare's care management program helps you better manage your condition and live a healthy life. Members with complex health care needs, such as asthma, behavioral health disorders, diabetes, Chronic Obstructive Pulmonary Disease, high blood pressure or high-risk pregnancy, can get personalized attention from your experienced health care staff. How our case managers can help you:

- Provide advice and help through a 24/7 Nurse Advice Line
- Coordinate speech, physical and occupational therapy needs
- Coordinate any durable medical equipment needs
- Coordinate home health visits as needed
- Facilitate communication between all of your healthcare providers when needed
- Coordinate behavioral health needs when appropriate
- Coordinate hospital stay discharge follow-up

## Non Covered Benefits

This "2015 Benefits At-A-Glance" is intended to be a summary of coverage 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. Some examples of non-covered benefits include:

- Cosmetic Surgery
- Hair Loss or Growth Treatment
- Surrogacy



(888) 858-2150

[MolinaHealthcare.com/Marketplace](http://MolinaHealthcare.com/Marketplace)

*Product offered by Molina Healthcare of California, Inc., a wholly owned subsidiary of Molina Healthcare, Inc. This is a solicitation for insurance and an agent may contact you. Covered California is a registered trademark of the state of California.*

41761CAMP0814