

FLORIDA

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



[MolinaMarketplace.com](http://MolinaMarketplace.com)



**Molina Marketplace 2017  
Benefits At-A-Glance**

## Molina Marketplace 2017 Benefits At-A-Glance

	Bronze	Silver 100	Silver 150	Silver 200	Silver 250	Gold
<b>FEATURES (INDIVIDUAL/FAMILY)</b>						
Annual Medical Deductible	\$6,650/\$13,300	N/A	\$500/\$1,000	\$2,275/\$4,550	\$2,400/\$4,800	\$1,025/\$2,050
Annual Prescription Drug Deductible	Included in Medical deductible	N/A	N/A	N/A	N/A	N/A
Annual Out-of-Pocket Max	\$7,150/\$14,300	\$1,250/\$2,500	\$2,250/\$4,500	\$5,700/\$11,400	\$7,150/\$14,300	\$7,150/\$14,300
<b>BENEFITS<sup>1</sup></b>						
Emergency Room <sup>2</sup>	\$350 ▲	\$150	\$205	\$400	\$400	\$300
Urgent Care	\$75 ▲	\$15	\$30	\$60	\$75	\$60
PCP Office Visit	\$35	No Charge	\$10	\$20	\$20	\$15
Mental Health Services, Outpatient	\$35	No Charge	\$10	\$20	\$20	\$15
Substance Abuse Services, Outpatient	\$35	No Charge	\$10	\$20	\$20	\$15
Specialist Office Visit	\$80 ▲	\$10	\$30	\$55	\$55	\$35
Habilitative Services	40% ▲	10%	20%	30%	30%	20%
Rehabilitative Services	40% ▲	10%	20%	30%	30%	20%
Outpatient Surgery	40% ▲	10%	20% ▲	30% ▲	30% ▲	20% ▲
X-rays	\$80 ▲	\$10	\$30	\$55	\$55	\$35
Lab Tests	\$35 ▲	\$10	\$10	\$35	\$35	\$15
Inpatient Hospital Services	40% ▲	10%	20% ▲	30% ▲	30% ▲	20% ▲
Maternity Care	40% ▲	10%	20% ▲	30% ▲	30% ▲	20% ▲
Tier-1 Generic Drugs	\$33	\$2	\$5	\$10	\$10	\$15
Tier-2 Preferred Brand Drugs	\$65 ▲	\$15	\$30	\$55	\$55	\$50
Tier-3 Non-Preferred Brand Drugs	50% ▲	20%	30%	40%	40%	30%
Tier-4 Specialty (Oral & Injectable) Drugs	50% ▲	20%	30%	40%	40%	30%

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

### FREE benefits for you and your family:



**PREVENTIVE CARE SERVICES**



**FAMILY PLANNING**  
(including birth control)



**CHILD VISION EXAM**  
(refraction)



**CHILD EYEGLASSES**  
(lenses and frames)

Options Bronze	Options Silver 100	Options Silver 150	Options Silver 200	Options Silver 250
\$6,650/\$13,300	\$250/\$500	\$700/\$1,400	\$3,000/\$6,000	\$3,500/\$7,000
Included in Medical deductible	N/A	N/A	N/A	N/A
\$7,150/\$14,300	\$1,250/\$2,500	\$2,000/\$4,000	\$5,700/\$11,400	\$7,150/\$14,300
50% ▲	\$100 ▲	\$150 ▲	\$300 ▲	\$400 ▲
50% ▲	\$25	\$40	\$75	\$75
\$45 or 50% ▲ <sup>3</sup>	\$5	\$10	\$30	\$30
\$45	\$5	\$10	\$30	\$30
\$45	\$5	\$10	\$30	\$30
50% ▲	\$15	\$25	\$65	\$65
50% ▲	5% ▲	20% ▲	20% ▲	20% ▲
50% ▲	5% ▲	20% ▲	20% ▲	20% ▲
50% ▲	5% ▲	20% ▲	20% ▲	20% ▲
50% ▲	5% ▲	20% ▲	20% ▲	20% ▲
50% ▲	5% ▲	20% ▲	20% ▲	20% ▲
50% ▲	5% ▲	20% ▲	20% ▲	20% ▲
50% ▲	5% ▲	20% ▲	20% ▲	20% ▲
\$35	\$3	\$5	\$10	\$15
35% ▲	\$5	\$25	\$50	\$50
40% ▲	\$10	\$50	\$100	\$100
45% ▲	25%	30%	40%	40%

This "2017 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 Florida, Inc. Agreement and Individual Evidence of Coverage for a detailed description of benefits, exclusions, and limitations.



**CHILD CONTACT LENSES**  
(instead of glasses)



**HOSPICE**



**PREVENTIVE DRUGS**

For over 35 years, health care you can trust.  
**Choose Molina Healthcare.**  
**(855) 540-1884 (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 <http://MolinaHealthcare.com/MHFQualityGuide>.

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](http://MolinaHealthcare.com/SocialResponsibility)



**MolinaMarketplace.com**



<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> First three visits are \$45 copay. After the first three visits, cost sharing is 50% coinsurance after deductible.

Product offered by Molina Healthcare of Florida, Inc., a wholly owned subsidiary of Molina Healthcare, Inc.