

NEW MEXICO

# Molina Marketplace 2018 Benefits At-A-Glance



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



## Molina Marketplace 2018 Benefits At-A-Glance

	Bronze	Silver 100
<b>FEATURES (INDIVIDUAL/FAMILY)</b>		
Annual Medical Deductible	\$6,400/\$12,800	N/A
Annual Prescription Drug Deductible	Included in Medical deductible	N/A
Annual Out-of-Pocket Max	\$7,350/\$14,700	\$1,250/\$2,500
<b>BENEFITS<sup>1</sup></b>		
Emergency Room <sup>2</sup>	\$400 ▲	\$175
Urgent Care	\$75 ▲	\$15
PCP Office Visit	\$35	No Charge
Mental Health Services, Outpatient	\$35	No Charge
Substance Abuse Services, Outpatient	\$35	No Charge
Specialist Office Visit	\$80 ▲	\$10
Habilitative Services	40% ▲	\$10
Rehabilitative Services	40% ▲	\$10
Outpatient Surgery	40% ▲	10%
X-rays	\$80 ▲	\$10
Lab Tests	\$40 ▲	\$10
Inpatient Hospital Services	40% ▲	10%
Maternity Care	40% ▲	10%
Tier-1 Generic Drugs	\$20	\$2
Tier-2 Preferred Brand Drugs	\$60 ▲	\$15
Tier-3 Non-Preferred Brand Drugs	50% ▲	20%
Tier-4 Specialty (Oral & Injectable) Drugs	50% ▲	20%

KEY:  co-pay  coinsurance  deductible applies See back cover for details and descriptions.

### FREE benefits for you and your family:



**PREVENTIVE CARE SERVICES**



**PREVENTIVE DRUGS**



**FAMILY PLANNING**  
(including birth control)



**CHILD VISION EXAM**

Silver 150	Silver 200	Silver 250	Gold
\$525/\$1,050	\$2,500/\$5,000	\$4,950/\$9,900	\$3,800/\$7,600
N/A	\$400/\$800	\$400/\$800	N/A
\$2,450/\$4,900	\$5,850/\$11,700	\$7,350/\$14,700	\$7,350/\$14,700
\$250 ▲	\$400 ▲	\$400 ▲	\$300
\$30	\$60	\$75	\$60
\$10	\$20	\$30	\$10
\$10	\$20	\$30	\$10
\$10	\$20	\$30	\$10
\$30	\$60	\$75	\$35
\$30	\$60	\$75	\$35
\$30	\$60	\$75	\$35
20% ▲	40% ▲	40% ▲	20% ▲
\$30	\$65	\$75	\$35
\$10	\$40	\$40	\$15
20% ▲	40% ▲	40% ▲	20% ▲
20% ▲	40% ▲	40% ▲	20% ▲
\$5	\$10	\$20	\$10
\$30	\$60	\$60	\$50
30%	50% ▲	50% ▲	30%
30%	50% ▲	50% ▲	30%

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 New Mexico, Inc. Agreement and Individual Evidence of Coverage for a detailed description of benefits, exclusions, and limitations.



**CHILD EYEGLASSES OR CHILD  
CONTACT LENSES**



**HOSPICE**

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**(855) 540-1984 (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/MHNMQualityGuide](https://MolinaHealthcare.com/MHNMQualityGuide).

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)



<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).

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