# Taking care of kids, seniors and families for **over 30 years**

Molina Marketplace





Your Extended Family.



# Access. Quality. Commitment.



## Get a plan that's good for you and your budget

Health care has changed. Now you have more choices. And with Molina Healthcare, you can get a great affordable plan.

Plus, based on your income, you might be able to get help paying for most of your plan, or even all of it.

#### We help you keep it simple

We offer plans through Medicare, Medicaid and the Health Insurance Marketplace. So we can cover every member of your family. Through all the changes life throws your way.

#### **About Molina**

Ever since Dr. C. David Molina started our company over 30 years ago, we've been caring for children, families and people with disabilities. And today, we still treat all our members like family.

#### New: We've reduced our rates!

If you don't have health coverage, you might have to pay extra at tax time. In 2015, the penalty is 2% of your income or \$325 per person. Remember, you may be able to get help paying for health care. So enroll and avoid penalties.



#### Molina offers a variety of plans to fit your needs

Lower premiums often mean higher deductibles. But this is just an overview. For complete details, see the 2015 Benefits at a Glance in this brochure.

	Monthly Premiums	Co-payments	Deductibles
SILVER	Lower	Lower	Lower
GOLD	Higher	Moderate	Moderate
BRONZE	Lowest	Highest	Higher

#### Everything you need to stay healthy, close to home

Our hospitals, doctors and other providers are right in the neighborhood. With all the care you need to feel your best.

#### All our plans cover:

- Free preventive care and wellness services
- Mental health and substance abuse services
- Emergency services
  - Prescription drugs

- Hospital care
- Maternity and newborn care
- Pediatric services, including vision care

- Regular office visits
- Lab and radiology testing
- Coverage that goes beyond the doctor's office

Besides access to great local doctors, we offer lots of extras to help you stay healthy.



#### FREE 24-hour Nurse Advice

Got a medical question? Give us a call day or night – our nurses are here for you whenever you need them



#### **FREE Pregnancy program** For the healthiest pregnancy, we give moms-to-be the support they need every step of the way



**FREE Personal care management** Our skilled health care staff can connect you with counseling or housing, help schedule appointments and get a ride to them, and more



#### **FREE Online member services** Change your doctor, order a new ID card, view member benefits and more. Find it all at MyMolina.com, 24 hours a day



#### **FREE Dedicated member support** We're here to answer your health care questions Monday to Friday, 8:00 a.m. – 5:00 p.m.



**FREE Quality health and wellness programs** Get help managing asthma, diabetes, COPD, high blood pressure and other chronic issues for a higher quality of life

#### Choose Molina Healthcare. Call (855) 540-1983 or visit MolinaHealthcare.com/Marketplace today.



For more than 30 years, we've been a part of your community. Now we invite you to join our extended family. Call us toll free at **(855) 540-1983**.

#### MolinaHealthcare.com

Product offered by Molina Healthcare of Washington, Inc., a wholly owned subsidiary of Molina Healthcare, Inc. This is a solicitation for insurance and an agent may contact you.

Si necesita ayuda para traducir o entender este texto, por favor llame al teléfono.

Если вам не всё понятно в этом документе, позвоните по телефону. Yog xav tau kev pab txhais cov ntaub ntawv no kom koj totaub, hu rau.





### Molina Marketplace 2015 Benefits At-A-Glance

FEATURES Annual Deductible (individual/family) Prescription Drug Deductible (individual/family) Annual Out-of-Pocket Maximum (individual/family) BENEFITS <sup>5</sup> Emergency and Urgent Care	Bronze Plan \$4,500/\$9,000 <sup>8</sup> N/A	Silver 100 Plan \$50/\$1001	Silver 150 Plan	Silver 200 Plan	Silver 250 Plan	Comer NA
Annual Deductible (individual/family) Prescription Drug Deductible (individual/family) Annual Out-of-Pocket Maximum (individual/family) BENEFITS <sup>5</sup>		\$50/\$100 <sup>1</sup>				
Prescription Drug Deductible (individual/family) Annual Out-of-Pocket Maximum (individual/family) BENEFITS <sup>5</sup>			\$250/\$500 <sup>1</sup>	\$1,700/\$3,400 <sup>1</sup>	\$2,000/\$4,000 <sup>1</sup>	\$500/\$1,000 <sup>1</sup>
(individual/family) Annual Out-of-Pocket Maximum (individual/family) BENEFITS <sup>5</sup>	N/A					
(individual/family) BENEFITS⁵		\$10/\$20 <sup>2</sup>	\$30/\$60 <sup>2</sup>	\$50/\$100 <sup>2</sup>	\$200/\$400 <sup>2</sup>	\$40/\$80 <sup>2</sup>
BENEFITS <sup>5</sup>	\$6,600/\$13,200	\$2,250/\$4,500	\$2,250/\$4,500	\$5,250/\$10,400	\$6,600/\$13,200	\$6,600/\$13,200
Emergency Room <sup>6</sup>	\$200 co. por	\$100 co. pou	\$150 co. pou	\$250 co. pou	\$250 co. pov	\$250 co. pov
Urgent Care	\$300 co-pay \$75 co-pay	\$100 co-pay \$15 co-pay	\$150 co-pay \$30 co-pay	\$250 co-pay \$60 co-pay	\$250 co-pay \$75 co-pay	\$250 co-pay \$60 co-pay
Difice Visits <sup>3</sup>	\$75 co-pay	\$15 co-pay	\$50 co-pay	\$00 co-pay	\$75 co-pay	\$00 co-pay
Preventive Care Prenatal Visits						
Vell-child Visits			No C	harge		
Family Planning						
Primary Care	\$25 co. pov	\$2 co. por	\$10 co. pov	\$20 co. pou	\$25 co-pay	\$15 co-pay
Specialty Care	\$25 co-pay \$75 co-pay	\$3 co-pay \$8 co-pay	\$10 co-pay \$30 co-pay	\$20 co-pay \$50 co-pay	\$60 co-pay	\$35 co-pay
Other Practitioner Care	\$75 co-pay	\$8 co-pay	\$30 co-pay	\$50 co-pay	\$60 co-pay	\$35 co-pay
Habilitative Care	40% coinsurance	5% coinsurance	20% coinsurance	30% coinsurance	30% coinsurance	20% coinsurance
Rehabilitative Care	40% coinsurance	5% coinsurance	20% coinsurance	30% coinsurance	30% coinsurance	20% coinsurance
Vental Health Services	\$25 co-pay	\$3 co-pay	\$10 co-pay	\$20 co-pay	\$25 co-pay	\$15 co-pay
Substance Abuse services	\$25 co-pay	\$3 co-pay	\$10 co-pay	\$20 co-pay	\$25 co-pay	\$15 co-pay
Pediatric Vision Services <sup>7</sup>	* 7	¥ 7				
Vision Exam						
Glasses			No C	harge		
Contacts						
Low Vision Optical Devices and Services	No Charge	5% coinsurance	5% coinsurance	5% coinsurance	5% coinsurance	5% coinsurance
Prescription Drugs						
Formulary Generic Drugs	\$16 co-pay	\$3 co-pay	\$10 co-pay	\$20 co-pay	\$15 co-pay	\$15 co-pay
Formulary Preferred Brand Drugs	\$65 co-pay	\$8 co-pay	\$20 co-pay	\$50 co-pay	\$55 co-pay	\$35 co-pay
Formulary Non Preferred Brand Drugs	40% coinsurance	5% coinsurance	20% coinsurance	30% coinsurance	30% coinsurance	20% coinsurance
Specialty Drugs	40% coinsurance	5% coinsurance	20% coinsurance	30% coinsurance	30% coinsurance	20% coinsurance
Dutpatient Hospital/Facility Services						
Laboratory Services	\$30 co-pay	\$3 co-pay	\$10 co-pay	\$20 co-pay	\$25 co-pay	\$15 co-pay
Radiology Services	\$75 co-pay	\$8 co-pay	\$30 co-pay	\$50 co-pay	\$60 co-pay	\$35 co-pay
Specialized Scanning Services CT, MRI PET Scans)	40% coinsurance	5% coinsurance	20% coinsurance	30% coinsurance	30% coinsurance	20% coinsurance
Medical/Surgical Services	40% coinsurance	5% coinsurance	20% coinsurance	30% coinsurance	30% coinsurance	20% coinsurance
Inpatient Hospital Services						
Medical/Surgical, Maternity Care, Mental Health, Substance Abuse, Skilled Nursing Facility	40% coinsurance	5% coinsurance	20% coinsurance	30% coinsurance	30% coinsurance	20% coinsurance
Hospice Care			No C	harge		
Transportation Assistance						
Emergency Transportation - Ambulance	\$100 co-pay per trip	\$100 co-pay per trip	\$150 co-pay per trip	\$250 co-pay per trip	\$250 co-pay per trip	\$250 co-pay per trip
Non-Emergency Medical Transportation to and						
rom Medical Appointments <sup>4</sup>	Not Covered	\$1	\$1	\$1	\$1	\$1
IEALTH AND WELLNESS EDUCATION SERVICES	3					
24-Hour Nurse Advice Line						
Weight control program	No Charge					
Motherhood Matters <sup>®</sup> , mothers-to-be program			110 C			

<sup>1</sup> Applies Only to Outpatient Hospital/Facility and Inpatient Hospital/Facility Services

<sup>2</sup> Applies only to Non-Preferred Brand Name drugs 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> Non-Emergency Medical Transportation services are limited to four (4) round trips per month
- <sup>5</sup> Certain benefits require Prior Authorization prior to obtaining services
- <sup>6</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>7</sup> Applicable to Dependent Children through age 18
- <sup>8</sup> Combined Medical and Pharmacy Deductible (Waived for preventive care, first three Office Visits and Generic Drugs)

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 Washington, Inc. Agreement and Individual Policy for a detailed description of benefits, exclusions and limitations.



