We have a plan to keep you healthy.



Your Extended Family.

Access. Quality. Commitment.

With the new Health Insurance Exchange, you have a choice. Molina Healthcare is the answer.

Here is why you should join our extended family.

EXPERIENCE YOU CAN TRUST We have more than 30 years of experience caring for individuals and their families. This includes providing health insurance in 10 states for more than 1.8 million members.

FLEXIBILITY YOU WANT Because we offer care through Medicare, BadgerCare, Medicaid SSI and the Health Insurance Marketplace, we can cover each member in your family. This makes it convenient and easy for you and your family.

A COMMITMENT TO YOUR COMMUNITY We provide health education, programs and services to create a healthier community.

About Molina Healthcare.

Our company was created more than 30 years ago by Dr. C. David Molina. Dr. Molina was an emergency room doctor who believed that everyone should have access to high-quality care. Today, we provide medical services through BadgerCare, Medicaid SSI, Medicare and the Health Insurance Marketplace. Because we treat our members like family, we make sure they get the care they need, close to home.

About the Health Insurance Exchange.

The Exchange offers access to health care for everyone. Whether you have had health insurance before or not. Whether you are an individual or have a large family. Whether you are sick or healthy. No matter what, you now have access to affordable Molina Healthcare insurance through the Exchange .



Molina offers a variety of plans to fit your needs.

Molina Healthcare plans are designed to meet your family's unique needs and budget. Talk to family members and friends you trust before you make a decision.

	VALUE	MONTHLY Premiums	CO-PAYMENTS	MAY BE IDEAL FOR:
SILVER	Best	Lower	Lower	Members who want low monthly premiums and co-payment costs.
GOLD	Better	Higher	Moderate	Higher income members who can afford moderate monthly premiums and co-payments.

This is a plan overview. For complete details, see our 2014 Benefits At-A-Glance insert in this brochure.

All of our plans meet the standards of the Affordable Care Act. Each plan includes these essential health benefits:

- Regular office visits
- Lab and radiology testing
- Mental health and drug abuse services
- **Emergency** services

- Prescription drug coverage •
- Hospital care
- Maternity and newborn care

Help recovering from injury

- Free preventive and wellness services .
- Pediatric services, including vision care

Coverage that goes beyond the doctor's office.

We know every member has different needs. That's why we offer more than just access to doctors. We offer a wide range of services for our members, such as:



24-HOUR NURSE ADVICE LINE Call the line, anytime. Our nurses are ready to answer your medical questions.



RIDES TO YOUR MEDICAL APPOINTMENTS We make it easier for you to get to your appointment. We offer our Silver plan members up to 4 low-cost rides per month.



PREGNANCY PROGRAM You have a friend at every stage of pregnancy. With our Motherhood Matters® program, we're here to support you and your baby's health.



PERSONAL CARE MANAGEMENT Our skilled health care staff is here to help you with your chronic medical issues like asthma, diabetes and high blood pressure so you can live a healthier life.



ONLINE MEMBER SERVICES Change your address, phone number, even your primary care doctor. You can also sign up to receive alerts and appointment reminders. It's all at MyMolina.com, 24 hours a day.



DEDICATED CUSTOMER SUPPORT Our friendly staff speaks several different languages. We're here to answer your questions from 8:00 a.m. to 5:00 p.m., Monday through Friday.



QUALITY HEALTH AND WELLNESS PROGRAMS Have an important health screening coming up? We'll remind you. Need help scheduling an appointment or getting there? We can help. We'll also let you know about health events in your area and put you in touch with the right people for social services like counseling and housing assistance.

2014 Benefits At-A-Glance

MOLINA[®] HEALTHCARE

Your Extended Family.



SILVEL MISS-100	Sliver Niss-150	Sliver NiSS-200	511ver 1v155-250	Gold MGS-001		
\$0	\$0	\$1,500/\$3,000 ¹	\$1,700/\$3,400 ¹	\$250/\$500 ¹		
\$0	\$0	\$0	\$200/\$400 ²	\$0		
\$2,250/\$4,500	\$2,250/\$4,500	\$5,200/\$10,400	\$6,350/\$12,700	\$6,350/\$12,700		
No Charge						
\$0 co-pay	\$15 co-pay	\$30 co-pay	\$40 co-pay	\$20 co-pay		
\$10 co-pay	\$40 co-pay	\$60 co-pay	\$65 co-pay	\$50 co-pay		
\$10 co-pay	\$40 co-pay	\$60 co-pay	\$65 co-pay	\$50 co-pay		
10% coinsurance	25% coinsurance	30% coinsurance	30% coinsurance	20% coinsuranc		
10% coinsurance	25% coinsurance	30% coinsurance	30% coinsurance	20% coinsuranc		
\$10 co-pay	\$40 co-pay	\$60 co-pay	\$65 co-pay	\$50 co-pay		
\$10 co-pay	\$40 co-pay	\$60 co-pay	\$65 co-pay	\$50 co-pay		
\$100 co-pay	\$150 co-pay	\$250 co-pay	\$250 co-pay	\$250 co-pay		
\$15 co-pay	\$30 co-pay	\$60 co-pay	\$75 co-pay	\$60 co-pay		
		No Charge				
\$3 co-pay	\$10 co-pay	\$20 co-pay	\$20 co-pay	\$20 co-pay		
\$8 co-pay	\$20 co-pay	\$40 co-pay	\$55 co-pay	\$50 co-pay		
10% coinsurance	25% coinsurance	30% coinsurance	30% coinsurance	20% coinsurance		
10% coinsurance	25% coinsurance	30% coinsurance	30% coinsurance	20% coinsurance		
\$0 co-pay	\$15 co-pay	\$30 co-pay	\$40 co-pay	\$20 co-pay		
			* 7	\$50 co-pay		
10% coinsurance	25% coinsurance	30% coinsurance	30% coinsurance	20% coinsurance		
10% coinsurance	25% coinsurance	30% coinsurance	30% coinsurance	20% coinsurance		
10% coinsurance	25% coinsurance	30% coinsurance	30% coinsurance	20% coinsuranc		
		0% coinsurance				
\$100 co-pay per trip	\$150 co-pay per trip	\$250 co-pay per trip	\$250 co-pay per trip	\$250 co-pay per t		
	\$10 co-pay per	\$10 co-pay per	\$10 co-pay per	Not Covered		
\$5 co-pay per round trip	round trip	round trip	round trip	Not Covered		
		No Charge				
	\$0 \$2,250/\$4,500 \$2,250/\$4,500 \$0 co-pay \$10 co-pay	\$0 \$0 \$0 \$0 \$2,250/\$4,500 \$2,250/\$4,500 \$2,250/\$4,500 \$2,250/\$4,500 \$0 co-pay \$15 co-pay \$10 co-pay \$40 co-pay \$10 co-pay \$150 co-pay \$10 co-pay \$150 co-pay \$100 co-pay \$10 co-pay \$100 co-pay \$25% coinsurance \$100 co-pay \$20 co-pay \$10 coinsurance 25% coinsurance \$0 co-pay \$15 co-pay \$10 co-pay \$40 co-pay \$10 co-pay \$10 co-pay \$10 co-pay \$20 co-pay \$10 co-pay \$15 co-pay \$10 co-pay \$40 co-pay \$10 co-pay \$40 co-pay <td< td=""><td>\$0 \$0 \$1,500/\$3,000' \$0 \$0 \$0 \$2,250/\$4,500 \$2,250/\$4,500 \$5,200/\$10,400 \$2,250/\$4,500 \$2,250/\$4,500 \$5,200/\$10,400 \$0 \$2,250/\$4,500 \$5,200/\$10,400 \$0 \$2,250/\$4,500 \$5,200/\$10,400 \$0 \$2,250/\$4,500 \$5,200/\$10,400 \$0 \$2,250/\$4,500 \$5,200/\$10,400 \$0 \$2,250/\$4,500 \$5,200/\$10,400 \$0 \$2,250/\$4,500 \$5,200/\$10,400 \$0 \$2,250/\$4,500 \$5,200/\$10,400 \$0 \$0 \$20 \$10 \$20 \$20 \$10 \$20 \$20 \$10 \$20 \$20 \$10 \$20 \$20 \$10 \$20 \$30 \$10 \$20 \$20 \$10 \$20 \$20 \$10 \$20 \$20 \$10 \$20 \$20 \$20 \$20 \$20 \$20</td><td>S0 S0 \$1,500/\$3,000¹ \$1,700/\$3,400¹ \$0 \$0 \$0 \$0 \$200/\$400² \$2,250/\$4,500 \$2,250/\$4,500 \$5,200/\$10,400 \$6,350/\$12,700 \$0 \$0 \$5,200/\$10,400 \$6,350/\$12,700 \$0 \$2,250/\$4,500 \$2,250/\$4,500 \$5,200/\$10,400 \$6,350/\$12,700 \$0 \$0 \$2,250/\$4,500 \$5,200/\$10,400 \$6,350/\$12,700 \$0 \$0 \$5,200/\$10,400 \$6,350/\$12,700 \$10 \$0<-pay</td> \$40 \$60 \$6,350/\$12,700 \$10 \$0<-pay</td<>	\$0 \$0 \$1,500/\$3,000' \$0 \$0 \$0 \$2,250/\$4,500 \$2,250/\$4,500 \$5,200/\$10,400 \$2,250/\$4,500 \$2,250/\$4,500 \$5,200/\$10,400 \$0 \$2,250/\$4,500 \$5,200/\$10,400 \$0 \$2,250/\$4,500 \$5,200/\$10,400 \$0 \$2,250/\$4,500 \$5,200/\$10,400 \$0 \$2,250/\$4,500 \$5,200/\$10,400 \$0 \$2,250/\$4,500 \$5,200/\$10,400 \$0 \$2,250/\$4,500 \$5,200/\$10,400 \$0 \$2,250/\$4,500 \$5,200/\$10,400 \$0 \$0 \$20 \$10 \$20 \$20 \$10 \$20 \$20 \$10 \$20 \$20 \$10 \$20 \$20 \$10 \$20 \$30 \$10 \$20 \$20 \$10 \$20 \$20 \$10 \$20 \$20 \$10 \$20 \$20 \$20 \$20 \$20 \$20	S0 S0 \$1,500/\$3,000 ¹ \$1,700/\$3,400 ¹ \$0 \$0 \$0 \$0 \$200/\$400 ² \$2,250/\$4,500 \$2,250/\$4,500 \$5,200/\$10,400 \$6,350/\$12,700 \$0 \$0 \$5,200/\$10,400 \$6,350/\$12,700 \$0 \$2,250/\$4,500 \$2,250/\$4,500 \$5,200/\$10,400 \$6,350/\$12,700 \$0 \$0 \$2,250/\$4,500 \$5,200/\$10,400 \$6,350/\$12,700 \$0 \$0 \$5,200/\$10,400 \$6,350/\$12,700 \$10 \$0<-pay		

1. Applies Only to Outpatient Hospital/Facility and Inpatient Hospital/Facility Services

2. Applies only to Non-Preferred Brand Name drugs and Specialty drugs

3. Some Outpatient Professional Services not listed, are not Co-payment based and require a Coinsurance Cost Share

4. Non-Emergency Medical Transportation services are limited to four (4) round trips per month

5. Certain benefits require Prior Authorization prior to obtaining services

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)

7. Applicable to Dependent Children through age 18



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 (888) 560-2043.



MolinaHealthcare.com

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