

# 2023 Molina Marketplace Benefits At A Glance - Illinois

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	Constant Care Silver 1			
	Cost Sharing Reduction Plans (CSR)			Constant Care Silver 1 250
	Constant Care Silver 1 100	Constant Care Silver 1 150	Constant Care Silver 1 200	
LCS Plan Variation	n/a	n/a	n/a	Constant Care Silver 1 LCS
<b>Adult Vision Option</b>				
<b>Duplicate plan with Adult Vision under separate plan ID</b> — Embedded routine vision, administered by VSP — Non-EHB. Does not apply to Accumulators — For members age 19 and over	n/a	n/a	n/a	n/a
<b>Benefits and Cost Share Highlights</b>				
Deductible (Ind/Fam)	\$0/\$0	\$750 / \$1,500	\$1,750 / \$3,500	\$2,500 / \$5,000
Drug Deductible (Ind/Fam)	\$0/\$0	\$750 / \$1,500	\$1,750 / \$3,500	\$2,500 / \$5,000
Out of Pocket Max (Ind/Fam)	\$1,400 / \$2,800	\$3,000 / \$6,000	\$7,250 / \$14,500	\$9,100 / \$18,200
Emergency Room Facility	\$350	\$600	\$950	\$950
Urgent Care Services	\$0	\$6	\$30	\$30
<b>Inpatient Services</b>				
Inpatient Facility Fee *Professional Fees May Apply	\$600/day (max 2 copays)	\$750/day (max 2 copays)	\$1,200/day (max 2 copays)	\$1,200/day (max 2 copays)
<b>Outpatient Professional Office Visits Services</b>				
Primary Care	\$0	\$6	\$30	\$30
Specialty Care	\$10	\$30	\$60	\$60
Rehabilitative and Habilitative Services	\$10	\$30	\$60	\$60
Mental / Behavioral Health / Substance Abuse Services	\$0	\$6	\$30	\$30
<b>Outpatient Hospital Facility Services</b>				
Outpatient Facility Fee	25%	30% after ded	50% after ded	50% after ded
Outpatient Professional Fee	25%	30% after ded	50% after ded	50% after ded
Advanced Imaging And Specialized Scanning Services	25%	30% after ded	50% after ded	50% after ded
Routine X- Ray and Diagnostic Services	\$30	\$75	\$95	\$95
Laboratory Tests	\$10	\$30	\$60	\$60
<b>Prescription Drugs</b>				
Tier-1: Preferred Generic Drugs	\$0	\$5	\$25	\$29
Tier-2: Preferred Brand Drugs	\$10	\$25	\$60	\$60
Tier-3: Non-Preferred Brand and Generic Drugs	10%	30% after Rx ded	50% after Rx ded	50% after Rx ded
Tier-4: Brand and Generic Specialty Drugs	10%	30% after Rx ded	50% after Rx ded	50% after Rx ded

Services Without Any Deductible

Note: This “Benefits At A Glance” is intended to be a summary of covered benefits that lists some features of our plans. It does not list or describe all benefits covered under a specific product or every limitation or exclusion. Visit [MolinaMarketplace.com](https://MolinaMarketplace.com) for plan details.

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	Constant Care Silver 1 + Vision			
	Cost Sharing Reduction Plans (CSR)			Constant Care Silver 1 250 + Vision
	Constant Care Silver 1 100 + Vision	Constant Care Silver 1 150 + Vision	Constant Care Silver 1 200 + Vision	
LCS Plan Variation	n/a	n/a	n/a	Constant Care Silver 1 LCS + Vision
<b>Adult Vision Option</b>				
<b>Duplicate plan with Adult Vision under separate plan ID</b> — Embedded routine vision, administered by VSP — Non-EHB. Does not apply to Accumulators — For members age 19 and over	OPTIONAL	OPTIONAL	OPTIONAL	OPTIONAL
<b>Benefits and Cost Share Highlights</b>				
Deductible (Ind/Fam)	\$0/\$0	\$750 / \$1,500	\$5,000 / \$10,000	\$6,000 / \$12,000
Drug Deductible (Ind/Fam)	\$0/\$0	\$0/\$0	\$0/\$0	\$0/\$0
Out of Pocket Max (Ind/Fam)	\$1,400 / \$2,800	\$3,000 / \$6,000	\$7,250 / \$14,500	\$9,100 / \$18,200
Emergency Room Facility	\$350	\$600	\$950	\$950
Urgent Care Services	\$0	\$6	\$50	\$50
<b>Inpatient Services</b>				
Inpatient Facility Fee *Professional Fees May Apply	\$600/day (max 2 copays)	\$750/day (max 2 copays)	\$1,200/day (max 2 copays)	\$1,200/day (max 2 copays)
<b>Outpatient Professional Office Visits Services</b>				
Primary Care	\$0	\$6	\$50	\$50
Specialty Care	\$10	\$30	\$100	\$100
Rehabilitative and Habilitative Services	\$10	\$30	\$100	\$100
Mental / Behavioral Health / Substance Abuse Services	\$0	\$6	\$50	\$50
<b>Outpatient Hospital Facility Services</b>				
Outpatient Facility Fee	25%	30% after ded	50% after ded	50% after ded
Outpatient Professional Fee	25%	30% after ded	50% after ded	50% after ded
Advanced Imaging And Specialized Scanning Services	25%	30% after ded	50% after ded	50% after ded
Routine X- Ray and Diagnostic Services	\$30	\$75	\$95	\$95
Laboratory Tests	\$10	\$30	\$60	\$60
<b>Prescription Drugs</b>				
Tier-1: Preferred Generic Drugs	\$0	\$15	\$40	\$40
Tier-2: Preferred Brand Drugs	\$30	\$45	\$120	\$120
Tier-3: Non-Preferred Brand and Generic Drugs	\$90	\$135	\$360	\$360
Tier-4: Brand and Generic Specialty Drugs	\$270	\$405	\$1,080	\$1,080

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# 2023 Molina Marketplace Benefits At A Glance - Illinois



	Constant Care Silver 8				Confident Care Gold 1	Confident Care Gold 8
	Cost Sharing Reduction Plans (CSR)					
	Constant Care Silver 8 100	Constant Care Silver 8 150	Constant Care Silver 8 200	Constant Care Silver 8 250		
LCS Plan Variation	n/a	n/a	n/a	Constant Care Silver 8 LCS	Confident Care Gold 1 LCS	Confident Care Gold 8 LCS
<b>Adult Vision Option</b>						
<b>Duplicate plan with Adult Vision under separate plan ID</b> — Embedded routine vision, administered by VSP — Non-EHB. Does not apply to Accumulators — For members age 19 and over	n/a	n/a	n/a	n/a	OPTIONAL	n/a
<b>Benefits and Cost Share Highlights</b>						
Deductible (Ind/Fam)	\$0/\$0	\$800 / \$1,600	\$5,700 / \$11,400	\$5,800 / \$11,600	\$1,900 / \$3,800	\$2,000 / \$4,000
Drug Deductible (Ind/Fam)	Comb. w/Med	Comb. w/Med	Comb. w/Med	Comb. w/Med	Comb. w/Med	Comb. w/Med
Out of Pocket Max (Ind/Fam)	\$1,700 / \$3,400	\$3,000 / \$6,000	\$7,200 / \$14,400	\$8,900 / \$17,800	\$9,100 / \$18,200	\$8,700 / \$17,400
Emergency Room Facility	25%	30% after ded	40% after ded	40% after ded	25% after ded	25% after ded
Urgent Care Services	\$5	\$30	\$45	\$60	\$20	\$45
<b>Inpatient Services</b>						
Inpatient Facility Fee *Professional Fees May Apply	25%	30% after ded	40% after ded	40% after ded	25% after ded	25% after ded
<b>Outpatient Professional Office Visits Services</b>						
Primary Care	\$0	\$20	\$30	\$40	\$20	\$30
Specialty Care	\$10	\$40	\$60	\$80	\$50	\$60
Rehabilitative and Habilitative Services	\$0	\$20	\$30	\$40	\$50	\$30
Mental / Behavioral Health / Substance Abuse Services	\$0	\$20	\$30	\$40	\$20	\$30
<b>Outpatient Hospital Facility Services</b>						
Outpatient Facility Fee	25%	30% after ded	40% after ded	40% after ded	25% after ded	25% after ded
Outpatient Professional Fee	25%	30% after ded	40% after ded	40% after ded	25% after ded	25% after ded
Advanced Imaging And Specialized Scanning Services	25%	30% after ded	40% after ded	40% after ded	25% after ded	25% after ded
Routine X- Ray and Diagnostic Services	25%	30% after ded	40% after ded	40% after ded	25% after ded	25% after ded
Laboratory Tests	25%	30% after ded	40% after ded	40% after ded	\$15	25% after ded
<b>Prescription Drugs</b>						
Tier-1: Preferred Generic Drugs	\$0	\$10	\$20	\$20	\$15	\$15
Tier-2: Preferred Brand Drugs	\$15	\$20	\$40	\$40	\$50	\$30
Tier-3: Non-Preferred Brand and Generic Drugs	\$50	\$60 after ded	\$80 after ded	\$80 after ded	30% after ded	\$60
Tier-4: Brand and Generic Specialty Drugs	\$150	\$250 after ded	\$350 after ded	\$350 after ded	30% after ded	\$250

Services Without Any Deductible

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