

2022 Molina Marketplace Benefits At A Glance - California

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Services	Silver 70 HMO			
	Renewal Plans For 2022			
	Cost Sharing Reduction Plans (CSR)			250/Silver 70
	CSR 100/Silver 94	CSR 150/ Silver 87	CSR 200/Silver 73	
Value Basics				
Teladoc Virtual Care Visits 24/7/365	Free	Free	Free	Free
Annual Wellness Visit	Free	Free	Free	Free
Routine Preventive Screenings - Children & Adults	Free	Free	Free	Free
Routine Vision Exams, and Eyewear for Children (Ages 0-18)	Free	Free	Free	Free
Preventive Prescription Drugs	Free	Free	Free	Free
24 Hour Nurse Line	Free	Free	Free	Free
Urgent Care At Same Cost As Primary Physician Visit	Yes	Yes	Yes	Yes
Free Pediatric Preventive and Diagnostic Dental services - cleanings, xrays, and exams	Yes	Yes	Yes	Yes
Benefit and Cost Share Highlights				
Deductible (Ind/Fam)	\$75 / \$150	\$800 / \$1,600	\$3,700 / \$7,400	\$3,700 / \$7,400
Out of Pocket Max (Ind/Fam)	\$800 / \$1,600	\$2,850 / \$5,700	\$6,300 / \$12,600	\$8,200 / \$16,400
Drug Deductible (Ind/Fam)	N/A	N/A	\$10 / \$20	\$10 / \$20
Emergency Room Services	\$50	\$150	\$400	\$400
Hospital / Facility Services				
Hospital & Skilled Nursing Facility Services	10% after ded	15% after ded	20% after ded	20% after ded
Hospital Physician Services	10%	15%	20%	20%
Outpatient Surgery Services	10%	15%	20%	20%
Outpatient Services				
Primary & Urgent Care Services	\$5	\$15	\$35	\$35
Specialist Services	\$8	\$25	\$70	\$70
Mental/Behavioral Health Services	\$5	\$15	\$35	\$35
Imaging & Specialized Radiology	\$50	\$100	\$325	\$325
Rehabilitative Services -ST, OT, PT	\$5	\$15	\$35	\$35
Routine Laboratory Services	\$8	\$20	\$40	\$40
Routine X-Ray & Diagnostic Services	\$8	\$40	\$85	\$85
Prescription Drugs				
Tier 1 - Generic, Preferred Brand	\$3	\$5	\$15 after Rx ded	\$15 after Rx ded
Tier 2 - Non-Preferred Generic, Preferred Brands	\$10	\$25	\$55 after Rx ded	\$55 after Rx ded
Tier 3 - Non-Pref Brand	\$15	\$45	\$85 after Rx ded	\$85 after Rx ded
Tier 4 - Specialty Drugs	10% (max \$150/script)	15% (max \$150/script)	20% (max \$250/script) after Rx ded	20% (max \$250/script) 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 for plan details.

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Services	Minimum Coverage HMO	Bronze 60 HMO	Gold 80 HMO	Platinum 90 HMO
	Renewal Plan For 2022	Renewal Plan For 2022	Renewal Plan For 2022	Renewal Plan For 2022
	Minimum Plan	Bronze Plan	Gold Plan	Platinum Plan
Value Basics				
Teladoc Virtual Care Visits 24/7/365	Free	Free	Free	Free
Annual Wellness Visit	Free	Free	Free	Free
Routine Preventive Screenings - Children & Adults	Free	Free	Free	Free
Routine Vision Exams, and Eyewear for Children (Ages 0-18)	Free	Free	Free	Free
Preventive Prescription Drugs	Free	Free	Free	Free
24 Hour Nurse Line	Free	Free	Free	Free
Urgent Care At Same Cost As Primary Physician Visit	Yes	Yes	Yes	Yes
Free Pediatric Preventive and Diagnostic Dental services - cleanings, xrays, and exams	Yes	Yes	Yes	Yes
Benefit and Cost Share Highlights				
Deductible (Ind/Fam)	\$8,700 / \$17,400	\$6,300 / \$12,600	N/A	N/A
Out of Pocket Max (Ind/Fam)	\$8,700 / \$17,400	\$8,200 / \$16,400	\$8,200 / \$16,400	\$4,500 / \$9,000
Drug Deductible (Ind/Fam)	Comb. w/Med	\$500/\$1,000	N/A	N/A
Emergency Room Services	0% after ded	40% after ded	\$350	\$150
Hospital / Facility Services				
Hospital & Skilled Nursing Facility Services	0% after ded	40% after ded	20%	10%
Hospital Physician Services	0% after ded	40% after ded	20%	10%
Outpatient Surgery Services	0% after ded	40% after ded	20%	10%
Outpatient Services				
Primary & Urgent Care Services	\$0 after ded ded waived first 3 visits*	\$65 after ded ded waived first 3 visits*	\$35	\$15
Specialist Services	0% after ded	\$95 after ded ded waived first 3 visits*	\$65	\$30
Mental/Behavioral Health Services	\$0 after ded ded waived first 3 visits*	\$65 after ded ded waived first 3 visits*	\$35	\$15
Imaging & Specialized Radiology	0% after ded	40% after ded	20%	10%
Rehabilitative Services -ST, OT, PT	0% after ded	\$65	\$35	\$15
Routine Laboratory Services	0% after ded	\$40	\$40	\$15
Routine X-Ray & Diagnostic Services	0% after ded	40% after ded	\$75	\$30
Prescription Drugs				
Tier 1 - Generic, Preferred Brand	0% after ded	\$18 after Rx ded	\$15	\$5
Tier 2 - Non-Preferred Generic, Preferred Brands	0% after ded	40% (max \$500/script) after Rx ded	\$55	\$15
Tier 3 - Non-Pref Brand	0% after ded	40% (max \$500/script) after Rx ded	\$80	\$25
Tier 4 - Specialty Drugs	0% after ded	40% (max \$500/script) after Rx ded	20% (max \$250/script)	10% (max \$250/script)

*Deductible waived for the first 3 non-preventive office visits for any combination of Primary Care, Urgent Care, Mental Health, or Substance Abuse (or Specialist visits for Bronze)

Services Without Any Deductible

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English	ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call Member Services. The number is on the back of your Member ID card.
Spanish	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame a Servicios para Miembros. El número de teléfono está al reverso de su tarjeta de identificación del miembro.
Chinese	注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電會員服務。電話號碼載於您的會員證背面。
Vietnamese	CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Hãy gọi Dịch vụ Thành viên. Số điện thoại có trên mặt sau thẻ ID Thành viên của bạn.
Tagalog	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa Mga Serbisyo sa Miyembro. Makikita ang numero sa likod ng iyong ID card ng Miyembro.
Korean	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 회원 서비스로 전화하십시오. 전화번호는 회원 ID 카드 뒷면에 있습니다.
Arabic	فیرعتہ تقاطب فالخ دوجوم اذہ فتاہلا مقرو . عاضدلاً تامدخ مسقب لصتا . اکل ، اناجم ، تیوغللا قدعاسملا تامدخ حاتتہ ، تییرعلا تغللا مدختسد تک اذا ؛ مینتہ اکتب تمصاخلا وضعا
French Creole	ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele Sèvis Manm. W ap jwenn nimewo a sou do kat idantifikasyon manm ou a.
Russian	ВНИМАНИЕ: Если вы говорите на русском языке, вы можете бесплатно воспользоваться услугами переводчика. Позвоните в Отдел обслуживания участников. Номер телефона указан на обратной стороне вашей ID-карты участника.
Armenian	ՈՒՇԱԴՐՈՒԹՅՈՒՆ. Եթե դուք խոսում եք հայերեն, կարող եք անվճար օգտվել լեզվի օժանդակ ծառայություններից: Ձևագրահարկ ք Հաճախորդների սպասարկման բաժին: Հեռախոսի համարը նշված է ձեր Անդամակցության նույնականացման քարտի ետևի մասում:
Japanese	注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。会員サービスまでお電話ください。電話番号は会員IDカードの裏面に記載されております。
Farsi	تشیب یور نفلد هرامش . دیریگد سامت اضعا تامدخ اب . دنتسه امشد سرتسد رد منیزه نودب ،ینابز .کمت تامدخ ،دینکی م تبحصی سرافن ابز .میرگا ؛مچوت .تسا هشد جرد امشد تیوضع ییاسانش تراکا
Punjabi	ਤੁਹਾਨੂੰ ਇਹ ਜਾਣਕਾਰੀ ਬਨਿੰ ਕਸਿ ਵਾਧੂ ਕੀਮਤ ਦੇ ਕਸਿ ਵੱਖਰੇ ਫਾਰਮੈਟ ਵਚਿ ਪ੍ਰਾਪਤ ਕਰਨ ਦਾ ਅਧਕਾਰ ਹੈ, ਜਦਿ ਕਖਿਸ ਜ਼ਰੂਰਤਾਂ ਕਾਰਨ ਆਡੀਓ, ਬ੍ਰੇਲ, ਜਾਂ ਵੱਡਾ ਫੋਟ ਜਾਂ ਫਚਿ ਤੁਹਾਡੀ ਭਾਸ਼ਾ ਵਚਿ।
German	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Wenden Sie sich telefonisch an die Mitgliederbetreuungen. Die Nummer finden Sie auf der Rückseite Ihrer Mitgliedskarte.
French	ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez les Services aux membres. Le numéro figure au dos de votre carte de membre.
Hmong	LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Cov npawb xov tooj nyob tom qab ntawm koj daim npav tswv cuab.
Cambodian	អ្នកមានសិទ្ធិទទួលបានព័ត៌មាននេះក្នុងទម្រង់ផ្សេង ដូចជា ទម្រង់ជាសម្លេង អក្សរសរសេរ ទំហំអក្សរធំជាយសារតែ ម៉ូឌុលភាពជាពិសេសសម្រាប់អ្នក ឬជាភាសាសរសេរអ្នកជាមិនគិតមូលបែនថមឡើយ។