

2024 Molina Marketplace Benefits At A Glance - California

Affordable, quality health coverage for all. Learn more at MolinaMarketplace.com

Call today! (833) 582-3130 (TTY: 711)



	Minimum Coverage HMO	Bronze 60 HMO	Silver				Gold 80 HMO	Platinum 90 HMO
			Cost Sharing Reduction Plans (CSR)					
			Silver 94 HMO	Silver 87 HMO	Silver 73 HMO	Silver 70 HMO		
Value Basics								
Teladoc Virtual Care Visits 24/7/365	Free	Free	Free	Free	Free	Free	Free	Free
Annual Wellness Visit - Adults	Free	Free	Free	Free	Free	Free	Free	Free
Routine Preventive Screenings - Children & Adults	Free	Free	Free	Free	Free	Free	Free	Free
Routine Vision Exams, and Eyewear - Children (Ages 0-18)	Free	Free	Free	Free	Free	Free	Free	Free
Preventive Prescription Drugs	Free	Free	Free	Free	Free	Free	Free	Free
24 Hour Nurse Line	Free	Free	Free	Free	Free	Free	Free	Free
Benefits and Cost Share Highlights								
Deductible (Ind/Fam)	\$9,450 / \$18,900	\$6,300 / \$12,600	N/A	N/A	N/A	\$5,400 / \$10,800	N/A	N/A
Drug Deductible (Ind/Fam)	Comb. w/Med	\$500 / \$1,000	N/A	N/A	N/A	\$150 / \$300	N/A	N/A
Out of Pocket Max (Ind/Fam)	\$9,450 / \$18,900	\$9,100 / \$18,200	\$1,150 / \$2,300	\$3,000 / \$6,000	\$6,100 / \$12,200	\$9,100 / \$18,200	\$8,700 / \$17,400	\$4,500 / \$9,000
Emergency Room Facility	0% after ded	40% after ded	\$50	\$150	\$350	\$450	\$350	\$150
Urgent Care Services	0% after ded †	\$60 after ded †	\$5	\$15	\$35	\$50	\$35	\$15
Inpatient Services								
Inpatient Facility Fee *Professional Fees May Apply	0% after ded	40% after ded	10%	20%	30%	30% after ded	30%	10%
Outpatient Professional Office Visits Services								
Primary Care	0% after ded †	\$60 after ded †	\$5	\$15	\$35	\$50	\$35	\$15
Specialty Care	0% after ded	\$95 after ded †	\$8	\$25	\$85	\$90	\$65	\$30
Rehabilitative and Habilitative Services	0% after ded	\$60	\$5	\$15	\$35	\$50	\$35	\$15
Mental / Behavioral Health Services / Substance Abuse Services	0% after ded †	\$60	\$5	\$15	\$35	\$50	\$35	\$15

Services Without Any Deductible

Note: †Mail-order is available for non-specialty drugs marked "MAIL" on the formulary. For mail-order Rx, a 90-day supply is provided at two-and-a-half times (2.5x) the 30-day retail cost-sharing amount.

*Min Cov: Ded is waived for the first three non-preventive office visits for any combination of primary care, urgent care, mental health or substance abuse.

†Bronze: Ded is waived for the first three non-preventive office visits for any combination of primary care, urgent care, or specialist care.

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			Silver 94 HMO	Silver 87 HMO	Silver 73 HMO	Silver 70 HMO		
Outpatient Hospital Facility Services								
Outpatient Facility Fee	0% after ded	40% after ded	10%	20%	30%	30%	30%	10%
Outpatient Professional Fee	0% after ded	40% after ded	10%	20%	30%	30%	30%	10%
Advanced Imaging and Specialized Scanning Services	0% after ded	40% after ded	\$50	\$100	\$325	\$325	25%	10%
Routine X-Ray and Diagnostic Services	0% after ded	40% after ded	\$8	\$40	\$95	\$95	\$75	\$30
Laboratory Tests	0% after ded	\$40	\$8	\$20	\$50	\$50	\$40	\$15
Prescription Drugs [§]								
Preventive Drugs	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Tier 1 — Preferred Generic Drugs, Low-Cost Preferred Brand Drugs	0% after ded	\$17 after Rx ded	\$3	\$5	\$15	\$19	\$15	\$7
Tier 2 — Non-Preferred Generic Drugs, Preferred Brand Drugs	0% after ded	40% (max \$500/script) after Rx ded	\$10	\$25	\$55	\$60 after Rx ded	\$60	\$16
Tier 3 — Non-Preferred Brand Drugs	0% after ded	40% (max \$500/script) after Rx ded	\$15	\$45	\$85	\$90 after Rx ded	\$85	\$25
Tier 4 — Specialty Drugs	0% after ded	40% (max \$500/script) after Rx ded	10% (max \$150/script)	15% (max \$150/script)	20% (max \$250/script)	20% (max \$250/script) after Rx ded	20% (max \$250/script)	10% (max \$250/script)

Services Without Any Deductible

Note: [§]Mail-order is available for non-specialty drugs marked "MAIL" on the formulary. For mail-order Rx, a 90-day supply is provided at two-and-a-half times (2.5x) the 30-day retail cost-sharing amount.

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Molina Healthcare (Molina) complies with all Federal civil rights laws that relate to healthcare services. Molina offers healthcare services to all members and does not discriminate based on race, color, national origin, ancestry, age, disability, or sex. Molina also complies with applicable state laws and does not discriminate on the basis of creed, gender, gender expression or identity, sexual orientation, marital status, religion, honorably discharged veteran or military status, or the use of a trained dog guide or service animal by a person with a disability. To help you talk with us, Molina provides services free of charge, in a timely manner: Aids and services to people with disabilities, Skilled sign language interpreters, Written material in other formats (large print, audio, accessible electronic formats, Braille), Language services to people who speak another language or have limited English skills, Skilled interpreters, Written material translated in your language. If you need these services, contact Molina Member Services. The Molina Member Services number is on the back of your Member Identification card. (TTY: 711). If you think that Molina failed to provide these services or discriminated based on your race, color, national origin, age, disability, or sex, you can file a complaint. You can file a complaint in person, by mail, fax, or email. If you need help writing your complaint, we will help you. Call our Civil Rights Coordinator at (866) 606-3889, or TTY: 711. Mail your complaint to: Civil Rights Coordinator, 200 Oceangate, Long Beach, CA 90802. You can also email your complaint to civil.rights@molinahealthcare.com. You can also file your complaint with Molina Healthcare AlertLine, twenty four hours a day, seven days a week at: <https://molinahealthcare.alertline.com>. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>. You can mail it to: U.S. Department of Health and Human Services, 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201. You can also send it to a website through the Office for Civil Rights Complaint Portal at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>. If you need help, call (800) 368-1019; TTY (800) 537-7697. You have the right to get this information in a different format, such as audio, Braille, or large font due to special needs or in your language at no additional cost. Usted tiene derecho a recibir esta información en un formato distinto, como audio, braille, o letra grande, debido a necesidades especiales; o en su idioma sin costo adicional.

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 فالدوجوم اذہ فتاہلہا مقر و .عضدلاً تامدخ مسقب ل صتا .كل ،أناجم ،تیرغلا تدعاسما تامدخ حاتہ ،تیررعا تغللا مدختسد تنك اذل ؛مبیتہ اكب تصاخلا 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: Ձանգահարեք ք Հաճախորդների սպասարկման բաժին: Հեռախոսի համարը նշված է ձեր Անդամանկություն 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	تشیپ یور نفلت هرامش .دیریگب سامت اعضا تامدخ اب .دنتسه امشد سرتسد رد هنیزه نودب ،ی نایز کمک تامدخ ،دینکی م تبخصی سرافن ایز مبرگا ؛مچوت ت سا هدش جرد امشد تیوضعی یاسانش تراک
Punjabi	ਤੁਹਾਨੂੰ ਇਹ ਜਾਣਕਾਰੀ ਬਨਿਾਂ ਕਸਿ ਵਾਧੂ ਕੀਮਤ ਦੇ ਕਸਿ ਵੱਖਰੇ ਫਾਰਮੈਟ ਵਰਿ ਪ੍ਰਾਪਤ ਕਰਨ ਦਾ ਅਧਕਾਰ ਹੈ, ਜਵਿ ਕੀਖਾਸ ਜ਼ਰੂਰਤਾਂ ਕਾਰਨ ਆਡੀਓ, ਬ੍ਰੇਲ, ਜਾਂ ਵੱਡਾ ਫੋਂਟ ਜਾਂ ਫਰਿ ਤੁਹਾਡੀ ਭਾਸ਼ਾ ਵਰਿ।
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 អក្សរសុទ្ធាប ទំហំអក្សរធំជាយសារតែ ម្យ៉ាងការជាពិសេសរបស់អ្នក ឬជាភាសារបស់អ្នកជាយមិនគិតមូលបែនដល់ថ្លៃឡើយ។