# 20 Benefits At A Glance 21 New Mexico



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**FREE** preventive prescription drugs



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- Tap into all the information they need fast.
- View benefits, find a provider, schedule a Teladoc call—and more.



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**Value Basics** 

Benefit and Cost Share Highlights

**Outpatient Services** 

**Hospital / Facility Services** 

	Core Care Bronze				Confident Care Gold	
	Renewal Plans for 2021		New Plans for 2021		Renewal Plans for 2021	New Plans for 2021
-	Bronze Plan 1	Bronze Plan 2	Bronze Plan 4	Bronze Plan 5	Gold Plan 1	Gold Plan 2
Teladoc Virtual Care Visits 24/7/365	Free	Free	Free	Free	Free	Free
Annual Wellness Visit - Adults	Free	Free	Free	Free	Free	Free
Routine Preventive Screenings - Children & Adults	Free	Free	Free	Free	Free	Free
Routine Vision Exams, and Eye Wear for Children (Ages 0-18)	Free	Free	Free	Free	Free	Free
Preventive Prescription Drugs	Free	Free	Free	Free	Free	Free
24 Hour Nurse Line	Free	Free	Free	Free	Free	Free
Urgent Care At Same Cost As Primary Physician Visit	<b>√</b>	✓	✓	✓	✓	<b>√</b>
Plan Options with Adult Vision Services	<b>√</b>	Not Available	Not Available	Not Available	V	Not Available

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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**Outpatient Services** 

**Hospital / Facility Services** 

		Core Care Bronze				Confident Care Gold	
	Renewal Plans for 2021		New Plans for 2021		Renewal Plans for 2021	New Plans for 2021	
	Bronze Plan 1	Bronze Plan 2	Bronze Plan 4	Bronze Plan 5	Gold Plan 1	Gold Plan 2	
Deductible (Ind/Fam)	\$6,100 / \$12,200	\$8,000 / \$16,000	\$0 / \$0	\$0 / \$0	\$2,925 / \$5,850	\$3,500 / \$7,000	
Out of Pocket Max (Ind/Fam)	\$8,550 / \$17,100	\$8,550 / \$17,100	\$8,550 / \$17,100	\$8,550 / \$17,100	\$6,500 / \$13,000	\$4,500 / \$9,000	
Drug Deductible (Ind/Fam)	Combined Med / Rx Rx Tiers 2-4	Combined Med / Rx All Rx Tiers	\$3,000 / \$6,000 Rx Tiers 3&4 Only	\$3,000 / \$6,000 Rx Tiers 3&4 Only	Combined Med / Rx Rx Tiers 3&4 Only	Combined Med / Rx Rx Tiers 3&4 Only	
Emergency Room Services	50% after ded	50% after ded	\$1,750	\$1,850	20% after ded	20% after ded	

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**Outpatient Services** 

**Hospital / Facility Services** 

	Core Care Bronze				Confident Care Gold	
_	Renewal Plans for 2021		New Plans for 2021		Renewal Plans for 2021	New Plans for 2021
_	Bronze Plan 1	Bronze Plan 2	Bronze Plan 4	Bronze Plan 5	Gold Plan 1	Gold Plan 2
Primary & Urgent Care Services	\$35 after ded	50% after ded	\$30	\$60	\$10	\$15
Specialist Services	\$75 after ded	50% after ded	\$90	\$150	\$50	\$50
Mental / Behavioral Health Services	\$35 after ded	50% after ded	\$30	\$60	\$10	\$15
Imaging & Specialized Radiology	50% after ded	50% after ded	\$1,000	\$1,000	20% after ded	20% after ded
Rehabilitative Services -ST, OT, PT	\$35 after ded	50% after ded	\$30	\$60	\$10	\$15
Routine Laboratory Services	50% after ded	50% after ded	\$60	\$60	\$15	\$15
Routine X-Ray & Diagnostic Services	50% after ded	50% after ded	\$140	\$140	20% after ded	20% after ded
Tier 1 - Preferred Generic Drugs	\$27	50% after ded	\$28	\$27	\$10	\$10
Tier 2 - Preferred Brand Drugs	50% after ded	50% after ded	\$125	\$130	\$50	\$50
Tier 3 - Non-Pref Brand & Generic Drugs	50% after ded	50% after ded	50% after ded	50% after ded	30% after ded	30% after ded
Tier 4 - Specialty Drugs	50% after ded	50% after ded	50% after ded	50% after ded	30% after ded	30% after ded

Services Without Any Deductible

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**Constant Care Silver Plans** 

Value Basics

Benefit and Cost Share Highlights

**Outpatient Services** 

**Hospital / Facility Services** 

	Core Care Bronze				Confident Care Gold	
	Renewal Plans for 2021		New Plans for 2021		Renewal Plans for 2021	New Plans for 2021
	Bronze Plan 1	Bronze Plan 2	Bronze Plan 4	Bronze Plan 5	Gold Plan 1	Gold Plan 2
Inpatient Hospital	50% after ded	50% after ded	\$1,500/day (max 2 copays)	\$1,500/day (max 2 copays)	20% after ded	20% after ded
Skilled Nursing Facility Services	50% after ded	50% after ded	\$1,500/day	\$1,500/day	20% after ded	20% after ded
Hospital Physician Services	50% after ded	50% after ded	\$90	\$150	20% after ded	20% after ded
Outpatient Surgery Services	50% after ded	50% after ded	\$140	\$130	20% after ded	20% after ded

Value BasicsBenefit and Cost<br/>Share HighlightsOutpatient ServicesHospital / Facility Services

		Constant Care Silver - Cost S	haring Peduction Plans (CSP)				
	Constant Care Silver - Cost Sharing Reduction Plans (CSR)  Renewal Plans for 2021						
-		Silver Plan 1		C'h Dl 1 / 250			
	CSR 100	CSR 150	CSR 200	Silver Plan 1 / 250			
Teladoc Virtual Care Visits 24/7/365	Free	Free	Free	Free			
Annual Wellness Visit - Adults	Free	Free	Free	Free			
Routine Preventive Screenings - Children & Adults	Free	Free	Free	Free			
Routine Vision Exams, and Eye Wear 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	✓	✓	✓	<b>√</b>			
Plan Options with Adult Vision Services	Not Available	Not Available	Not Available	Not Available			

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Value Basics

Benefit and Cost
Share Highlights

**Outpatient Services** 

**Hospital / Facility Services** 

	Constant Care Silver - Cost Sharing Reduction Plans (CSR)  Renewal Plans for 2021						
		Silver Plan 1		0:h Dl 1 / 050			
	CSR 100	CSR 150	CSR 200	Silver Plan 1 / 250			
Deductible (Ind/Fam)	\$0 / \$0	\$0 / \$0	\$0 / \$0	\$0 / \$0			
Out of Pocket Max (Ind/Fam)	\$1,200 / \$2,400	\$2,800 / \$5,600	\$6,700 / \$13,400	\$8,500 / \$17,000			
Drug Deductible (Ind/Fam)	\$0 / \$0	\$150 / \$300 Rx Tiers 3&4 Only	\$350 / \$700 Rx Tiers 3&4 Only	\$800 / \$1,600 Rx Tiers 3&4 Only			
Emergency Room Services	\$250	\$400	\$750	\$750			

Value BasicsBenefit and Cost<br/>Share HighlightsOutpatient ServicesHospital / Facility Services

		Constant Care Silver - Cost S	Sharing Reduction Plans (CSR)					
	Renewal Plans for 2021							
		Silver Plan 1		Cilver Dlan 1 / 250				
	CSR 100	CSR 150	CSR 200	Silver Plan 1 / 250				
Primary & Urgent Care Services	\$0	\$6	\$30	\$30				
Specialist Services	\$10	\$30	\$60	\$60				
Mental / Behavioral Health Services	\$0	\$6	\$30	\$30				
lmaging & Specialized Radiology	\$50	\$400	\$700	\$700				
Rehabilitative Services -ST, OT, PT	\$0	\$6	\$30	\$30				
Routine Laboratory Services	\$6	\$30	\$45	\$45				
Routine X-Ray & Diagnostic Services	\$15	\$50	\$80	\$80				
Tier 1 - Preferred Generic Drugs	\$0	\$5	\$22	\$29				
Tier 2 - Preferred Brand Drugs	\$10	\$25	\$60	\$60				
Tier 3 – Non-Pref Brand & Generic Drugs	10%	40% after ded	40% after ded	40% after ded				
Tier 4 - Specialty Drugs	10%	40% after ded	40% after ded	40% after ded				

Services Without Any Deductible

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**Bronze and Gold Plans** 

<u>Value Basics</u>	<u>Benefit and Cost</u> <u>Share Highlights</u>	Outpatient Services	Hospital / Facility Services			
Constant Care Silver - Cost Sharing Peduction Plans (CSP)						

	Constant Care Silver - Cost Sharing Reduction Plans (CSR)						
	Renewal Plans for 2021						
			Silver Plan 1 / 250				
	CSR 100	CSR 150	CSR 200	Silver Pidn 1 / 250			
Inpatient Hospital	\$600/day (max 2 copays)	\$750/day (max 2 copays)	\$1,200/day (max 2 copays)	\$1,200/day (max 2 copays)			
Skilled Nursing Facility Services	\$600/day	\$750/day	\$1,200/day	\$1,200/day			
Hospital Physician Services	\$10	\$30	\$60	\$60			
Outpatient Facility / Surgery Services	\$100	\$350	\$500	\$500			