

# Get a health insurance plan that's good for you and your budget.

WASHINGTON



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Molina Marketplace 2019

# Molina Marketplace 2019 Benefits At A Glance

	Choice Silver 100	Choice Silver 150	Choice Silver 200	Choice Silver 250	Choice Gold
<b>FEATURES (INDIVIDUAL/FAMILY)</b>					
Annual Medical Deductible	N/A	\$750/\$1,500	\$3,300/\$6,600	\$5,350/\$10,700	\$2,925/\$5,850
Annual Prescription Drug Deductible	N/A	N/A	\$400/\$800	\$400/\$800	N/A
Annual Out-of-Pocket Max	\$1,400/\$2,800	\$2,600/\$5,200	\$6,300/\$12,600	\$7,900/\$15,800	\$5,000/\$10,000
<b>BENEFITS<sup>1</sup></b>					
Emergency Room <sup>2</sup>	10%	20% ▲	30% ▲	30% ▲	20% ▲
Urgent Care	\$10	\$20	\$50	\$50	\$35
PCP Office Visit <sup>3</sup>	No Charge	\$10	\$20	\$30	\$10
Mental Health Services, Outpatient	No Charge	\$10	\$20	\$30	\$10
Substance Abuse Services, Outpatient	No Charge	\$10	\$20	\$30	\$10
Specialist Office Visit	\$15	\$30	\$60	\$75	\$50
Habilitative Services	\$15	\$30	\$60	\$75	\$50
Rehabilitative Services	\$15	\$30	\$60	\$75	\$50
Outpatient Surgery	10%	20% ▲	30% ▲	30% ▲	20% ▲
X-rays	\$10	\$30	\$65	\$75	\$35
Lab Tests	\$10	\$10	\$40	\$40	\$15
Inpatient Hospital Services	10%	20% ▲	30% ▲	30% ▲	20% ▲
Maternity Care	10%	20% ▲	30% ▲	30% ▲	20% ▲
Tier-1 Lower-Cost Generic and Brand Name Drugs <sup>4</sup>	\$2	\$5	\$10	\$20	\$10
Tier-2 Preferred Generic and Brand Name Drugs <sup>4</sup>	\$15	\$30	\$60	\$60	\$50
Tier-3 Non-Preferred Brand Name Drugs <sup>4</sup>	20%	30%	40% ▲	40% ▲	30%
Tier-4 Generic and Brand Name Specialty Drugs <sup>4</sup>	20%	30%	40% ▲	40% ▲	30%

KEY:  Co-pay  Coinsurance  Deductible applies See back cover for details and descriptions.

# Benefits for you and your family-without cost sharing:

Molina makes it easy to stay healthy with:

**PCP visits with low co-pays and no deductible** to take care of your health — for less

**Urgent care with reduced co-pays and no deductible** for affordable after-hours care

**Wellness and other preventive services at no extra charge** to help you stop problems before they start

**24-Hour Nurse Advice Line** for peace of mind, anytime — at no extra charge

**Child routine vision exam and eye wear at no extra charge** one exam per year includes eye glasses or contacts

**And more!**

Good health is important to you, and you are important to us.

## All our plans cover:



Regular doctor office visits



Prescription drugs and mail order pharmacy<sup>5</sup>



Emergency services and urgent care



Maternity services



Lab and radiology testing



Mental health and substance abuse services



Outpatient surgery



Skilled nursing facilities



Home health care

**Open Enrollment ends 12/15. Call today!**  
**(866) 659-2638.**



Everyone in our company has the same job:

# Taking care of you.

For information on our Quality Improvement Program and the programs and services we offer to our members, please view the Guide to Accessing Quality Health Care at [MolinaHealthcare.com/MHWQualityGuide](https://MolinaHealthcare.com/MHWQualityGuide).

We help communities stay healthy too. As part of our mission to be of service, Molina Healthcare is committed to giving back. We believe in investing our time and resources to help local communities. Our corporate social responsibility initiatives include volunteerism, partnerships with local nonprofits, micro-grants, donations, sustainability efforts and more.

Check out what we're doing in your neighborhood at [MolinaHealthcare.com/SocialResponsibility](https://MolinaHealthcare.com/SocialResponsibility).



This "2019 Benefits At A Glance" is intended to be a summary of covered benefits that lists some features of our plan. It does not list or describe all benefits covered under a specific product or every limitation or exclusion. Please consult the Molina Healthcare of Washington, Inc. Agreement and Individual Policy for a detailed description of benefits, exclusions, and limitations.

<sup>1</sup> Deductible does not apply unless indicated. Certain benefits require Prior Authorization prior to obtaining services.

<sup>2</sup> This cost is waived if admitted directly to the hospital for Inpatient Services (refer to Inpatient Hospital Services for applicable cost sharing information).

<sup>3</sup> If you are seen in a hospital-based clinic, outpatient hospital Cost Sharing may apply.

<sup>4</sup> Coupons or any other form of third-party prescription drug cost sharing assistance will not apply toward any deductibles or annual out-of-pocket limits.

<sup>5</sup> Does not apply to Tier-4.

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