20 Benefits At A Glance 21 Washington





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FREE annual wellness exams



FREE preventive prescription drugs



FREE preventive services and screenings for adults and children



FREE pediatric vision services including frames and lenses



FREE 24-Hour Nurse Advice Line

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



Our **online directory** gives members broad access to doctors, hospitals, pharmacies, vision providers and more.



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Click the links below to compare and contrast different services and plans (including Constant Care Silver Cost Sharing Reduction Plans)

Services

<u>Value Basics</u>	Benefit and Cost Share Highlights	Outpatient Services	Hospital / Facility Services
	Core Care Bronze	Constant Care Silver	Choice Gold
_	Renewal Plans for 2021	Renewal Plans for 2021	Renewal Plans for 2021 Gold Plan 1
_	Bronze Plan 1	Silver Plan 1 / 250	
Teladoc Virtual Care Visits, 24/7	Free	Free	Free
Annual Wellness Visits - Adults	Free	Free	Free
Routine Preventive Screenings - Children & Adults	Free	Free	Free
Routine Vision Exams, and Eye Wear for Children (Ages 0-18)*	Free	Free	Free
Preventive Prescription Drugs	Free	Free	Free
24 - Hour Nurse Advice Line	Free	Free	Free
Urgent Care at Same Cost As Primary Physician Visit	✓	✓	✓

^{*}Frames are a limit of 1 per year.

Click the links below to compare and contrast different services and plans (including Constant Care Silver Cost Sharing Reduction Plans)

Services

<u>Value Basics</u>	Benefit and Cost Share Highlights	Outpatient Services	Hospital / Facility Services
	Core Care Bronze	Constant Care Silver	Choice Gold
	Renewal Plans for 2021	Renewal Plans for 2021	Renewal Plans for 2021
	Bronze Plan 1	Silver Plan 1 / 250	Gold Plan 1
Medical Deductible (Ind/Fam)	\$0 / \$0	\$0 / \$0	\$2,925 / \$5,850
Out of Pocket Maximum (Ind/Fam)	\$8,550 /\$17,100	\$8,000 / \$16,000	\$6,500 / \$13,000
Drug Deductible (Ind/Fam)	\$3,000 / \$6,000 Rx Tiers 3&4 Only	\$800 / \$1,600 Rx Tiers 3&4 Only	Combined Med/Rx Rx Tiers 3&4 Only
Emergency Room Services	\$1,850	\$750	20% after ded

<u>Value Basics</u>	Benefit and Cost Share Highlights	Outpatient Services	Hospital / Facility Services
	Core Care Bronze	Constant Care Silver	Choice Gold
	Renewal Plans for 2021	Renewal Plans for 2021	Renewal Plans for 2021
	Bronze Plan 1	Silver Plan 1 / 250	Gold Plan 1
Primary & Urgent Care Services	\$60	\$30	\$10
Specialist Services	\$150	\$60	\$50
Mental / Behavioral Health Services	\$60	\$30	\$10
Imaging & Specialized Radiology	\$1,000	\$700	20% after ded
Rehabilitative Services -ST, OT, PT	\$80	\$60	\$50
Routine Laboratory Services	\$60	\$45	\$15
Routine X-Ray & Diagnostic Services	\$140	\$80	20% after ded
Tier 1 - Preferred Generic Drugs	\$27	\$20	\$10
Tier 2 - Preferred Brand-Name Drugs	\$130	\$60	\$50
Tier 3 - Non-Pref Brand-Name and Non-Pref Generic Drugs	50% after ded	40% after ded	30% after ded
Tier 4 - All Specialty drugs; Brand-Name and Generic Specialty drugs	50% after ded	40% after ded	30% after ded

<u>Value Basics</u>	<u>Benefit and Cost</u> <u>Share Highlights</u>	Outpatient Services	Hospital / Facility Services
	Core Care Bronze	Constant Care Silver	Choice Gold
	Renewal Plans for 2021	Renewal Plans for 2021	Renewal Plans for 2021
	Bronze Plan 1	Silver Plan 1 / 250	Gold Plan 1
Inpatient Hospital	\$1,500/day (max 2 copays)	\$1,200/day (max 2 copays)	20% after ded
Skilled Nursing Facility Services	\$1,500/day	\$1,200/day	20% after ded
Hospital Physician Services	\$150	\$60	20% after ded
Outpatient Facility / Surgery Services	\$130	\$500	20% after ded

<u>Value Basics</u>	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		
	CSR 100	CSR 150	CSR 200	
Teladoc Virtual Care Visits, 24/7	Free	Free	Free	
Annual Wellness Visits - Adults	Free	Free	Free	
Routine Preventive Screenings - Children & Adults	Free	Free	Free	
Routine Vision Exams, and Eye Wear for Children (Ages 0-18)*	Free	Free	Free	
Preventive Prescription Drugs	Free	Free	Free	
24 - Hour Nurse Advice Line	Free	Free	Free	
Urgent Care at Same Cost As Primary Physician Visit	✓	√	✓	

<u>Value Basics</u>	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			
	CSR 100	CSR 100			
Medical Deductible (Ind/Fam)	\$0 / \$0	\$0 / \$0	\$0 / \$0		
Out of Pocket Maximum (Ind/Fam)	\$1,200 / \$2,400	\$2,800 / \$5,600	\$6,700 / \$13,400		
Drug Deductible (Ind/Fam)	\$0 / \$0	\$150 / \$300 Rx Tiers 3&4 Only	\$350 / \$700 Rx Tiers 3&4 Only		
Emergency Room Services	\$250	\$400	\$750		

<u>Value Basics</u>	Benefit and Cost Share Highlights	Outpatient Services	Hospital / Facility Services
	Constan	t Care Silver - Cost Sharing Reduction	n Plans (CSR)
		Renewal Plans for 2021	
		Silver Plan 1	
	CSR 100	CSR 150	CSR 200
Primary & Urgent Care Services	\$0	\$6	\$30
Specialist Services	\$10	\$30	\$60
Mental / Behavioral Health Services	\$0	\$6	\$30
Imaging & Specialized Radiology	\$50	\$400	\$700
Rehabilitative Services -ST, OT, PT	\$10	\$30	\$60
Routine Laboratory Services	\$5	\$20	\$45
Routine X-Ray & Diagnostic Services	\$15	\$50	\$80
Tier 1 - Preferred Generic Drugs	\$0	\$5	\$20
Tier 2 - Preferred Brand-Name Drugs	\$10	\$25	\$60
Tier 3 - Non-Pref Brand-Name and Non-Pref Generic Drugs	10%	40% after ded	40% after ded
Tier 4 - All Specialty drugs; Brand-Name and Generic Specialty drugs	10%	40% after ded	40% after ded

<u>Value Basics</u>	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		
	CSR 100	CSR 150	CSR 200
Inpatient Hospital	\$600/day (max 2 copays)	\$750/day (max 2 copays)	\$1,200/day (max 2 copays)
Skilled Nursing Facility Services	\$600/day	\$750/day	\$1,200/day
Hospital Physician Services	\$10	\$30	\$60
Outpatient Facility / Surgery Services	\$100	\$350	\$500
Outpatient Facility / Physician Services	\$10	\$50	\$75