

Marketplace National Regional Benefit Interpretation Document

Benefit Name	EMERGENCY AND URGENT SERVICES
Applicable State	California, Florida, Idaho, Illinois, Kentucky, Michigan, Mississippi, Nevada, New Mexico, Ohio, South Carolina, Texas, Utah, Washington, Wisconsin
Benefit Definition	<p>This policy addresses emergency services and urgently needed services. Please refer to the No Surprises Act for each Marketplace state.</p> <p>Covered benefits are listed in three (3) Sections - A, B and C. All services must be medically necessary. Each benefit plan contains its own specific provisions for coverage, limitations and exclusions as stated in the member's Evidence of Coverage (EOC)/Schedule of Benefits (SOB). If there is a discrepancy between this policy and the member's EOC/SOB, the member's EOC/SOB provision will govern.</p> <p>Essential Health Benefits for Individual and Small Group (Only for Emergency Services)</p> <p>For plan years beginning on or after January 1, 2014, the Affordable Care Act of 2010 (ACA) requires fully insured non-grandfathered individual and small group plans (inside and outside of Exchanges) to provide coverage for ten categories of Essential Health Benefits ("EHBs"). Large group plans (both self-funded and fully insured), and small group ASO plans, are not subject to the requirement to offer coverage for EHBs. However, if such plans choose to provide coverage for benefits which are deemed EHBs (such as maternity benefits), the ACA requires all dollar limits on those benefits to be removed on all Grandfathered and Non-Grandfathered plans. The determination of which benefits constitute EHBs is made on a state by state basis. As such, when using this guideline, it is important to refer to the member specific benefit document to determine benefit coverage.</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> A. FEDERAL/STATE MANDATED REGULATIONS </div> <p>Note: The most current federal/state mandated regulations for each state can be found in the links below.</p> <p>FEDERAL:</p> <p>42 Code of Federal Regulations (CFR) §489.24 Emergency Medical Treatment and Active Labor Act (EMTALA)</p>

H.R. 3590 / Section 2719A Fed. Reg. 37188 (June 28, 2010) Non-grandfathered plans are required to afford members several patient protections.

CALIFORNIA:

[Knox Keene 1300.71.4: Emergency Medical Condition and Post-Stabilization Responsibilities for Medically Necessary Health Care Services](#)

[California Health & Safety Code, Division 2, Chapter 2, Article 7, § 1317](#)

[California Health and Safety Code 1317.1](#)

[California Health and Safety Code 1317.2](#)

[California Health and Safety Code § 1371.4](#)

[California Health and Safety Code § 1345 \(b\), \(h\)](#)

[California Code of Regulations § 1300.67\(g\)](#)

[Cal. Code of Regs., tit. 28, section 1300.67.01 COVID-19 Diagnostic Testing](#)

FLORIDA:

[Fla. Stat. § 641.19](#): Definitions

[Fla. Stat. § 641.513](#): Requirements for providing emergency services and care

[Fla. Admin. Code 690-191.024\(15\)\(a\)](#): Emergency Care

[Fla. Admin. Code 690-191.033\(1\)\(m\)](#): Standards for Subscriber Contracts

KENTUCKY:

[Ky. Rev. Stat. § 304.17A-640](#): Definitions for KRS 304.17A-640 et seq.

[Ky. Rev. Stat. § 304.17A-641](#): Treatment of a stabilized covered person with an emergency medical condition in a nonparticipating hospital's emergency room

[Ky. Rev. Stat. § 304.17A-580](#): Emergency medical conditions and emergency department services

MICHIGAN:

Emergency Room Services

[MCL500.3406k](#)

[MCL500.3519\(3\)](#)

OHIO:

[Ohio Rev. Code § 1751.01\(I\)](#): Health insuring corporation law definitions

[Ohio Rev. Code § 1753.28](#): Emergency services coverage

[Ohio Rev. Code § 3923.65](#): Coverage for emergency services

SOUTH CAROLINA:

[S.C. Code Ann. §38-71-1510](#): Emergency Room Service

[SC ADC 69-22, Section V\(C\)\(1\)](#): Disclosure of out-of-area services cost sharing

[SC §38-71-1530\(D\)](#): Payments to Providers (See also “Allowed Amount” in Definitions.

[45 CFR 147.138 \(b\)](#)

TEXAS:

[Texas Insurance Code, Health Maintenance Organizations, General Provisions, §843.002](#)

[Texas Insurance Code, Preferred Provider Benefit Plans, General Provisions, §1301.155-Emergency Care](#)

[28 TAC 11.506\(9\) Mandatory Contractual Provisions: Group, Individual and Conversion Agreement and Group Certificate](#)

[28 TAC 11.508\(a\)\(1\)\(J\) Mandatory Benefit Standards](#)

[Texas Insurance Code Benefits Provided by Health Maintenance Organizations; Evidence of Coverage; Charges, General Provisions, §1271.155-Emergency Care](#)

Under [Texas Senate Bill 1264](#), an Out-of-Network Provider that rendered Emergency Care, an Out-of-Network facility based Provider that performed Services in an In-Network Facility, and an Out-of-Network diagnostic imaging Provider or laboratory service Provider that performed Services in connection with In-Network care, may not be permitted to bill the Member for an amount greater than the applicable Copayment, Percentage Copayment or Deductible under the Plan. The applicable Copayment, Percentage Copayment and Deductible for such Services will be based on the amount initially determined payable by Molina or a modified amount as determined under Molina’s internal appeal process. However, the Member’s Copayment, Percentage Copayment and Deductible will not be based on any additional amount determined to be owed to the Out-of-Network Provider under Insurance

Code Chapter 1467 (relating to Out-of-Network Claim Dispute Resolution).

UTAH:

Pursuant to § [31A-22-627](#), any form of an emergency medical condition, must be covered in or out of country.

WASHINGTON:

[RCW 48.43.005](#): Definitions.

[RCW 48.43.093](#): Health carrier coverage of emergency medical services—Requirements—Conditions.

[WAC 284-43-5642](#): Essential health benefit categories.

[WAC 284-170-370](#): Hospital emergency service departments and practice groups.

B. STATE MARKET PLAN ENHANCEMENTS

Molina Directive: Urgent Care Services covered and could be essential based on state regulations (Not a part of the ACA's 10 Essential Health Benefits)

C. COVERED BENEFITS

IMPORTANT NOTE: Covered benefits are listed in Sections A, B and C. Always refer to Sections A and B for additional covered benefits not listed in this Section.

Refer to the member's Evidence of Coverage (EOC) and Schedule of Benefits (SOB) to determine coverage eligibility.

EMERGENCY SERVICES
CALIFORNIA:

Emergency Services: Emergency Services are available 24 hours a day, 7 days a week for Members. Members who think they are having an Emergency should call **911** right away and go to the closest Emergency facility. When receiving Emergency Services, Members should bring their Member ID card. Members who do not believe they need Emergency Services but who need medical help should call the 24-hour Nurse Advice Line toll-free or contact their PCP. Members should not go to an emergency room if the condition is not an Emergency.

Behavioral Health Emergency: Molina covers Medically Necessary treatment of a mental health or substance use disorder, including but not limited to,

behavioral health crisis services, provided to an enrollee by a 988 center or mobile crisis team, regardless of whether the service is provided by a Participating Provider or a Non-Participating Provider. Prior Authorization is not required. For services from a Non-Participating Provider, the Member shall pay no more than the same Cost Sharing that the Member would pay for the same Covered Services received from a Participating Provider.

Emergency Services When Out of Service Area: Members should go to the nearest Emergency room for care when outside the Molina Service Area when they think they are having an Emergency. Please contact Member Services within 24 hours or as soon as possible.

Emergency Services by a Non-Participating Provider: Emergency Services for treatment of an Emergency Medical Condition are subject to Cost Sharing. This is true whether Emergency Services are provided by Participating Providers or Non-Participating Providers. Members should refer to the Cost Sharing for Emergency Services in the Schedule of Benefits.

Important: Except as otherwise required by State Law, when Emergency Services are received from Non-Participating Providers for the treatment of an Emergency Medical Condition, claims for Emergency Services will be paid at Molina's Allowed Amount. A Non-Participating Provider in California may not Balance Bill a Member for the difference between Molina's Allowed Amount and the rate the Provider charges for Emergency Services.

Post-Stabilization Services Rendered by a Non-Participating Provider: Except as set forth below when transfer to a Participating Provider Hospital is appropriate, or when any other benefit exclusions apply, Molina covers Post-Stabilization Services obtained from Non-Participating Providers in accordance with State and Federal law. Covered Post-Stabilization Services, whether from Participating Providers or Non-Participating Providers, are subject to the Cost Sharing for Emergency Services in the Schedule of Benefits at the in-network level. Members are not subject to Balance Billing for Post-Stabilization Services unless they consent to waive Balance Billing protections according to the required process under federal or State Law.

Transfer to a Participating Provider Hospital: Prior Authorization is required to get Hospital services, except in the case of Emergency Services, Post-Stabilization Services, and other exceptions identified in this Agreement. For Members who are admitted to a Non-Participating Provider facility for Emergency Services, Molina will work with the Member and their Provider to provide transportation to a Participating Provider facility. If the Member's coverage terminates during a hospital stay, the services received after the termination date are not Covered Services. If the Member waives Federal Balance Billing protections and refuses

the transfer, additional services provided in the Non-Participating Provider facility are not Covered Services, the Member will be 100% responsible for payments, and the payments will not apply to the Deductible or Annual Out-of-Pocket Maximum.

Emergency Services Outside the United States: Covered Services include Emergency Services while traveling outside of the Service Area. This includes travel outside of the United States. For Emergency Services while traveling outside the United States, Members should use that country's or territory's emergency telephone number or go to the nearest emergency room.

Members who receive Emergency Services while traveling outside the United States will be required to pay the Non-Participating Provider's charges at the time they obtain those services. Members may submit a claim for reimbursement to Molina for charges that they paid for Covered Services received from the Non-Participating Provider.

Members are responsible for ensuring that claims and/or records of such services are appropriately translated. They are also responsible for ensuring that the monetary exchange rate is clearly identified when submitting claims for Emergency Services received outside the United States. Medical records of treatment and service may also be required for proper reimbursement from Molina. Claims for reimbursement for Covered Services should be submitted to the mailing address on the first page of this Agreement.

Claims for reimbursement of Covered Services for Members traveling outside the United States must be verified by Molina before payment can be made. Molina will calculate the Allowed Amount that will be covered for Emergency Services while traveling outside of the Service Area, in accordance with applicable state and federal laws.

Because these services are performed by a Non-Participating Provider, Members will only be reimbursed for the Allowed Amount. The Allowed Amount may be less than the amount the Member was charged by the Non-Participating Provider. Members will not be entitled to reimbursement for charges for health care services or treatment that are not covered under this Agreement.

FLORIDA:
Emergency Services

Emergency Services are available 24 hours a day, 7 days a week for Members. Members who think they are having an Emergency should call 911 right away and go to the closest Emergency facility. When receiving Emergency Services, Members should bring their Member ID card. Members who do not believe they need Emergency Services but who need medical help, should call the 24-hour

Nurse Advice Line toll-free or contact their PCP. Members should not go to an Emergency Room if the condition is not an Emergency.

Emergency Services When Out of Service Area: Members should go to the nearest emergency room for care when outside the Molina Service Area when they think they are having an Emergency. Please contact Customer Support within 24 hours or as soon as possible.

Emergency Services Rendered by a Non-Participating Provider: Emergency Services for treatment of an Emergency Medical Condition are subject to Cost Sharing for both Emergency Services provided by Participating Providers or Non-Participating Providers. Members should refer to the Cost Sharing for Emergency Services in the Schedule of Benefits.

Post-Stabilization Services Rendered by a Non-Participating Provider: Except as set forth below when transfer to a Participating Provider Hospital is appropriate, or when any other benefit exclusions apply, Molina covers Post-Stabilization Services obtained from Non-Participating Providers in accordance with State and Federal law. Covered Post-Stabilization Services, whether from Participating Providers or Non-Participating Providers, are subject to the Cost Sharing for Emergency Services in the Schedule of Benefits at the in-network level. Members are not subject to Balance Billing for Post-Stabilization Services unless they consent to waive Balance Billing protections according to the required process under federal or State Law, as applicable.

Transfer to a Participating Provider Hospital: Prior Authorization is required to get Hospital services, except in the case of Emergency Services, Post-Stabilization Services, and other exceptions identified in this Agreement. For Members who are admitted to a Non-Participating Provider facility for Emergency Services, Molina will work with the Member and their Provider to provide transportation to a Participating Provider facility. If the Member waives Federal Balance Billing protections and refuses the transfer, additional services provided in the Non-Participating Provider facility, including Post-Stabilization Services, are not Covered Services. Non-Covered Services may not be entitled to Balance Billing protections and the provider may balance bill Members for these services. The Member will be 100% responsible for payments, and the payments will not apply to the OOPM.

IDAHO:

Emergency Services

Emergency Services are available twenty-four (24) hours a day, seven (7) days a week for Molina Members. Members who think they are having an Emergency should:

- Call 911 right away.

- Go to the closest hospital or emergency room.

When getting Emergency Services, Members should bring their Member ID card.

Members who are not sure if they need Emergency Services but who need medical help should call their PCP or call the 24-Hour Nurse Advice Line toll-free.

Please do not go to a hospital Emergency room if the condition is not an Emergency.

Emergency Services When Out of the Molina Service Area: Go to the nearest Emergency room for care. Please contact Customer Support within twenty-four (24) hours or as soon as possible.

Emergency Services Rendered by a Non-Participating Provider: Molina covers Emergency Services obtained from Non-Participating Providers in accordance with State and Federal Law. Emergency Services, whether from Participating Providers or Non-Participating Providers, are subject to the Cost Sharing for Emergency Services in the Schedule of Benefits at the in-network level. Members are not subject to Balance Billing for Emergency Services.

Post-Stabilization Services Rendered by a Non-Participating Provider: Except as set forth below, when transfer to a Participating Provider Hospital is appropriate, or when any other benefit exclusions apply, Molina covers Post-Stabilization Services obtained from Non-Participating Providers in accordance with State and Federal law. Covered Post-Stabilization Services, whether from Participating Providers or Non-Participating Providers, are subject to the Cost Sharing for Emergency Services in the Schedule of Benefits at the in-network level. Members are not subject to Balance Billing for Post-Stabilization Services unless they consent to waive Balance Billing protections according to the required process under federal law.

ILLINOIS:

Emergency Services

Emergency Services are available 24 hours a day, 7 days a week for Members. Members who think they are having an Emergency should call 911 right away and go to the closest Emergency facility. When receiving Emergency Services, Members should bring their Member ID card. Members who do not believe they need Emergency Services, but who need medical help, should call the 24 hour Nurse Advice Line toll-free or contact their PCP. Members should not go to an Emergency room if the condition is not an Emergency.

Emergency Services When Out of Service Area: Members should go to the nearest Emergency room for care when outside the Molina Service Area when

they think they are having an Emergency. Please contact Customer Support within 24 hours or as soon as possible.

Emergency Services Rendered by a Non-Participating Provider: Molina covers Emergency Services obtained from Non-Participating Providers in accordance with State and Federal Law. Emergency Services, whether from Participating Providers or Non-Participating Providers, are subject to the Cost Sharing for Emergency Services in the Schedule of Benefits at the in-network level. Members are not subject to Balance Billing for Emergency Services.

Important: Except as otherwise required by State Law, when Emergency Services are received from Non-Participating Providers for the treatment of an Emergency Medical Condition, claims for Emergency Services will be paid at Molina's Allowed Amount

Post-Stabilization Services Rendered by a Non-Participating Provider: Except as set forth below when transfer to a Participating Provider Hospital is appropriate, or when any other benefit exclusions apply, Molina covers Post-Stabilization Services obtained from Non-Participating Providers in accordance with State and Federal law. Covered Post-Stabilization Services, whether from Participating Providers or Non-Participating Providers, are subject to the Cost Sharing for Emergency Services in the Schedule of Benefits at the in-network level. Members are not subject to Balance Billing for Post-Stabilization Services unless they consent to waive Balance Billing protections according to the required process under federal law or State Law, as applicable.

Transfer to a Participating Provider Hospital: Prior Authorization is required to get Hospital services, except in the case of Emergency Services, Post-Stabilization Services, and other exceptions identified in this Agreement. For Members who are admitted to a Non-Participating Provider facility for Emergency Services, Molina will work with the Member and their Provider to provide transportation to a Participating Provider facility. If the Member's coverage terminates during a Hospital stay, the services received after the termination date are not Covered Services.

If the Member refuses the transfer, additional services provided in the Non-Participating Provider facility, including Post-Stabilization Services, are not Covered Services. Non-Covered Services may not be entitled to Balance Billing protections and the Provider may Balance Bill Members for these services. The Member will be 100% responsible for payments, and the payments will not apply to the Annual Out-of-Pocket Maximum.

Emergency Services for Sexual Assault Victims: Full coverage is provided for examination, testing and treatment of a victim of a sexual offense to the extent

of coverage provided for any other Emergency or accident care. Such coverage shall additionally be provided when establishing that sexual contact did or did not occur, testing for the presence of sexually transmitted disease or infection, or examining and treating any injuries and trauma associated with the sexual offense. The Member will not be responsible for any Cost Sharing.

KENTUCKY:

Emergency Services

Emergency Services are available 24 hours a day, 7 days a week for Members. Members who think they are having an Emergency should call 911 right away and go to the closest Emergency facility. When receiving Emergency Services, Members should bring their Member ID card. Members who do not believe they need Emergency Services, but who need medical help, should call the 24-Hour Nurse Advice Line toll-free or contact their PCP. Members should not go to an Emergency room if the condition is not an Emergency.

Emergency Services When Out of Service Area: Members should go to the nearest Emergency room for care when outside the Passport Service Area when they think they are having an Emergency. Please contact Customer Support within 24 hours or as soon as possible.

Emergency Services by a Non-Participating Provider: Emergency Services for treatment of an Emergency Medical Condition are subject to Cost Sharing for both Emergency Services provided by Participating Providers or Non-Participating Providers. Members should refer to the Cost Sharing for Emergency Services in the Schedule of Benefits.

Important: Except as otherwise required by State Law, when Emergency Services are received from Non-Participating Providers for the treatment of an Emergency Medical Condition, claims for Emergency Services will be paid at Passport's Allowed Amount. Passport may not deny emergency department services and alter the level of coverage or cost-sharing requirements for any condition or conditions that constitute an emergency medical condition as defined by Kentucky law.

Transfer to a Participating Provider Hospital: Prior Authorization is required to get Hospital services, except in the case of Emergency Services, Post Stabilization Services, and other exceptions identified in this Agreement. For Members who are admitted to a Non-Participating Provider facility for Emergency Services, Passport will work with the Member and their Provider to provide transportation to a Participating Provider facility. If the Member's coverage terminates during a Hospital stay, the services received after the termination date are not Covered Services. If the Member waives Federal Balance Billing protections and refuses

the transfer, additional services provided in the Non-Participating Provider facility are not Covered Services. The Member will be 100% responsible for payments, and the payments will not apply to the Annual Maximum Out-of-Pocket.

MICHIGAN:

Emergency Services: Emergency Services are available 24 hours a day, 7 days a week for Members. Members who think they are having an Emergency should call 911 right away and go to the closest Emergency facility. When receiving Emergency Services, Members should bring their Member ID card. Members who do not believe they need Emergency Services, but who need medical help, should call the 24-hour Nurse Advice Line toll-free or contact their PCP. Members should not go to an Emergency room if the condition is not an Emergency. Emergency Services are covered without limiting what constitutes an Emergency Medical Condition solely on the basis of diagnosis codes.

Emergency Services When Out of Service Area: Members should go to the nearest Emergency room for care when outside the Molina Service Area when they think they are having an Emergency. Please contact Customer Support within 24 hours or as soon as possible.

Emergency Services Rendered by a Non-Participating Provider: Molina covers Emergency Services obtained from Non-Participating Providers in accordance with State and Federal Law. Emergency Services, whether from Participating Providers or Non-Participating Providers, are subject to the Cost Sharing for Emergency Services in the Schedule of Benefits. Emergency Services for treatment of an Emergency Medical problem are subject to Cost Sharing. This is true whether from Participating Providers or Non-Participating Providers. See Cost Sharing for Emergency Services in the Schedule of Benefits.

Important: Except as otherwise required by State Law, when Emergency Services are received from Non-Participating Providers for the treatment of an Emergency Medical Condition, claims for Emergency Services will be paid at Molina's Allowed Amount.

Post-Stabilization Services Rendered by a Non-Participating Provider: Except as set forth below when transfer to a Participating Provider Hospital is appropriate, or when any other benefit exclusions apply, Molina covers Post-Stabilization Services obtained from Non-Participating Providers in accordance with State and Federal law. Covered Post-Stabilization Services, whether from Participating Providers or Non-Participating Providers, are subject to the Cost Sharing for Emergency Services in the Schedule of Benefits at the in-network level. Members are not subject to Balance Billing for Post-Stabilization Services unless they

consent to waive Balance Billing protections according to the required process under federal or State Law, as applicable.

Transfer to a Participating Provider Hospital: Prior Authorization is required to get Hospital services, except in the case of Emergency Services, Post-Stabilization Services, and other exceptions identified in this Agreement. For Members who are admitted to a Non-Participating Provider facility for Emergency Services, Molina will work with the Member and their Provider to provide transportation to a Participating Provider facility. If the Member refuses the transfer, additional services provided in the Non-Participating Provider facility, including Post-Stabilization Services, are not Covered Services. Non-Covered Services may not be entitled to Balance Billing protections and the provider may Balance Bill Members for these services. The Member will be 100% responsible for payments, and the payments will not apply to the Annual Maximum Out-of-Pocket.

Additional:

1. Coverage for Emergency Room Care in hospital and, as required under the NSA, in an independent freestanding emergency department (Citation)
2. Must cover emergency services without limiting what constitutes an emergency medical condition solely based on diagnosis codes
3. Air Ambulance Services (Citation)
 - a. Applies to covered air ambulance services when provided by a non-participating provider
 - b. Surprise Billing Protections
 - i. cost-sharing requirements must be the same as in-network requirements
 - ii. cost-sharing requirements are calculated based on the lesser of the billed amount and the “qualifying payment amount”
 - iii. cost-sharing must be applied to in-network deductible and out-of-pocket maximums
 - iv. direct payment to provider is required and is determined based on the “out-of-network rate”

MISSISSIPPI:

Emergency Services: Emergency Services are available 24 hours a day, 7 days a week for Members. Members who think they are having an Emergency should call 911 right away and go to the closest Emergency facility. When receiving Emergency Services, Members should bring their Member ID card. Members who do not believe they need Emergency Services but who need medical help, should call the 24-Hour Nurse Advice Line toll-free or contact their PCP.

Members should not go to an Emergency room if the condition is not an Emergency.

Emergency Services When Out of Service Area: Members should go to the nearest Emergency room for care when outside the Molina Service Area when they think they are having an Emergency. Please contact Customer Support within 24 hours or as soon as possible.

Emergency Services Rendered by a Non-Participating Provider: Molina covers Emergency Services obtained from Non-Participating Providers in accordance with State and Federal Law. Emergency Services, whether from Participating Providers or Non-Participating Providers, are subject to the Cost Sharing for Emergency Services in the Schedule of Benefits at the in-network level. Members are not subject to Balance Billing for Emergency Services.

Important: Except as otherwise required by State Law, when Emergency Services are received from Non-Participating Providers for the treatment of an Emergency Medical Condition, claims for Emergency Services will be paid at Molina's Allowed Amount

Post-Stabilization Services Rendered by a Non-Participating Provider: Except as set forth below when transfer to a Participating Provider Hospital is appropriate, or when any other benefit exclusions apply, Molina covers Post-Stabilization Services obtained from Non-Participating Providers in accordance with State and Federal law. Covered Post-Stabilization Services, whether from Participating Providers or Non-Participating Providers, are subject to the Cost Sharing for Emergency Services in the Schedule of Benefits at the in-network level. Members are not subject to Balance Billing for Post-Stabilization Services unless they consent to waive Balance Billing protections according to the required process under federal or State Law, as applicable.

Mandatory Transfer to a Participating Provider Hospital: Prior Authorization is required to get Hospital services, except in the case of Emergency Services, Post-Stabilization Services, and other exceptions identified in this Agreement. For Members who are admitted to a Non-Participating Provider facility for Emergency Services, Molina will work with the Member and their Provider to provide transportation to a Participating Provider facility. If the Member's coverage terminates during a Hospital stay, the services received after the termination date are not Covered Services. If the Member refuses the transfer, additional services provided in the Non-Participating Provider facility, including Post-Stabilization Services, are not Covered Services. Non-Covered Services may not be entitled to Balance Billing protections and the provider may balance bill Members for these services. The Member will be 100% responsible for

payments, and the payments will not apply to the Annual Out-of-Pocket Maximum.

NEVADA:

Emergency Services

Emergency Services are available 24 hours a day, 7 days a week for Members. Members who think they are having an Emergency should call 911 right away and go to the closest Emergency facility. When receiving Emergency Services, Members should bring their Member ID card. Members who do not believe they need Emergency Services, but who need medical help, should call the 24-Hour Nurse Advice Line toll-free or contact their PCP. Members should not go to an Emergency room if the condition is not an Emergency.

Emergency Services When Out of Service Area: Members should go to the nearest Emergency room for care when outside the Molina Service Area when they think they are having an Emergency. Please contact Customer Support within 24 hours or as soon as possible.

Emergency Services Rendered by a Non-Participating Provider: Emergency Services for treatment of an Emergency Medical Condition are subject to Cost Sharing for both Emergency Services provided by Participating Providers and Non-Participating Providers. Members should refer to the Cost Sharing for Emergency Services in the Schedule of Benefits.

Important: Except as otherwise required by State Law, when Emergency Services are received from Non-Participating Providers for the treatment of an Emergency Medical Condition, claims for Emergency Services will be paid at Molina's Allowed Amount.

Post-Stabilization Services Rendered by a Non-Participating Provider: Except as set forth below when transfer to a Participating Provider Hospital is appropriate, or when any other benefit exclusions apply, Molina covers Post-Stabilization Services obtained from Non-Participating Providers in accordance with State and Federal law. Covered Post-Stabilization Services, whether from Participating Providers or Non-Participating Providers, are subject to the Cost Sharing for Emergency Services in the Schedule of Benefits at the in-network level. Members are not subject to Balance Billing for Post-Stabilization Services unless they consent to waive Balance Billing protections according to the required process under federal or State Law, as applicable.

Transfer to a Participating Provider Hospital: Prior Authorization is required to get Hospital services, except in the case of Emergency Services, Post-Stabilization Services, and other exceptions identified in this Agreement. For Members who are admitted to a Non-Participating Provider facility for Emergency Services,

Molina will work with the Member and their Provider to provide transportation to a Participating Provider facility. If the Member refuses the transfer, additional services provided in the Non-Participating Provider facility, including Post-Stabilization Services, are not Covered Services. Non-Covered Services may not be entitled to Balance Billing protections and the provider may Balance Bill Members for these services. The Member will be 100% responsible for payments, and the payments will not apply to the Annual Out-of-Pocket Maximum.

Additional:

2. An out-of-network emergency facility that provides medically necessary emergency services to a covered person shall:

(a) When possible, notify the third party that provides coverage for the covered person not later than 8 hours after the covered person presents at the out-of-network emergency facility to receive medically necessary emergency services; and

(b) Notify the third party that the condition of the covered person has stabilized to such a degree that the person may be transferred to an in-network emergency facility not later than 24 hours after the person's emergency medical condition is stabilized. Not later than 24 hours after the third party receives such notice, the third party shall arrange for the transfer of the person to such a facility.

NEW MEXICO:

Emergency Services: Emergency Services are available 24 hours a day, 7 days a week for Members. Members who think they are having an Emergency should call 911 right away and go to the closest Emergency facility. When receiving Emergency Services, Members should bring their Member ID card. Members who do not believe they need Emergency Services, but who need medical help, should call the 24-Hour Nurse Advice Line toll-free or contact their PCP.

Emergency Services When Out of Service Area: Members should go to the nearest Emergency room for care when outside of the Molina Service Area when they think they are having an Emergency. Please contact Member Services within 24 hours or as soon as possible to notify Molina.

Emergency Services Rendered by a Non-Participating Provider: Molina covers Emergency Services obtained from Non-Participating Providers in accordance with State and Federal Law. Emergency Services, whether from Participating Providers or Non-Participating Providers, are subject to the Cost Sharing for Emergency Services in the Summary of Benefits and Coverage at the in-network level. Members are not subject to Balance Billing for Emergency Services.

Important: Except as otherwise required by State Law, when Emergency Services are received from Non-Participating Providers for the treatment of an Emergency Medical Condition, claims for Emergency Services will be paid at Molina's Covered Amount.

Post-Stabilization Services Rendered by a Non-Participating Provider: Except as set forth below when transfer to a Participating Provider Hospital is appropriate, or when any other benefit exclusions apply, Molina covers Post-Stabilization Services obtained from Non-Participating Providers in accordance with State and Federal law. Covered Post-Stabilization Services, whether from Participating Providers or Non-Participating Providers, are subject to the Cost Sharing for Emergency Services in the Summary of Benefits and Coverage at the in-network level.

Transfer to a Participating Provider Hospital: Prior Authorization is required to get Hospital services, except in the case of Emergency Services, Post-Stabilization Services, and other exceptions identified in this Agreement. For Members who are admitted to a Non-Participating Provider facility for Emergency Services, Molina will work with the Member and their Provider to provide transportation to a Participating Provider facility. If the Member refuses the transfer, additional services provided in the Non-Participating Provider facility, including Post-Stabilization Services, are not Covered Services. Non-Covered Services may not be entitled to Balance Billing protections and the provider may balance bill Members for these services. The Member will be 100% responsible for payments, and the payments will not apply to the Annual Out-of-Pocket Maximum.

OHIO:

Emergency Services: Emergency Services are available 24 hours a day, 7 days a week for Members. Members who think they are having an Emergency should call 911 right away and go to the closest Hospital or Emergency room. When getting Emergency Services, Members should bring their Member ID card. Members who do not believe they need Emergency Services but who need medical help, should call their PCP, or call the 24-hour Nurse Advice Line toll-free. Members should not go to an Emergency room if the condition is not an Emergency.

Emergency Services When Out of Service Area: Members should go to the nearest Emergency room for care when outside the Molina Service Area when they think they are having an Emergency. Please contact Customer Support within 24 hours or as soon as possible.

Emergency Services Rendered by a Non-Participating Provider: Molina covers Emergency Services obtained from Non-Participating Providers in accordance with State and Federal Law. Emergency Services, whether from Participating Providers or Non-Participating Providers, are subject to the Cost Sharing for Emergency Services in the Schedule of Benefits at the in-network level. Members are not subject to Balance Billing for Emergency Services.

Post-Stabilization Services Rendered by a Non-Participating Provider: Except as set forth below when transfer to a Participating Provider Hospital is appropriate, or when any other benefit exclusions apply, Molina covers Post-Stabilization Services obtained from Non-Participating Providers in accordance with State and Federal law. Covered Post-Stabilization Services, whether from Participating Providers or Non-Participating Providers, are subject to the Cost Sharing for Emergency Services in the Schedule of Benefits at the in-network level. Members are not subject to Balance Billing for Post-Stabilization Services unless they consent to waive Balance Billing protections according to the required process under federal or State Law, as.

Transfer to a Participating Provider Hospital: Prior Authorization is required to get Hospital services, except in the case of Emergency Services, Post-Stabilization Services, and other exceptions as identified in this Agreement. For Members who are admitted to a Non-Participating Provider facility for Emergency Services, Molina will work with the Member and their Provider to provide transportation to a Participating Provider facility. If the Member refuses the transfer, additional services provided in the Non-Participating Provider facility, including Post-Stabilization Services, are not Covered Services. Non-Covered Services may not be entitled to balance billing protections and the provider may Balance Bill Members for these services. The Member will be 100% responsible for payments, and the payments will not apply to the Annual Out-of-Pocket Maximum.

SOUTH CAROLINA:

Emergency Services: Emergency Services are available 24 hours a day, 7 days a week for Members. Members who think they are having an Emergency should call 911 right away and go to the closest Emergency facility. When receiving Emergency Services, Members should bring their Member ID card. Members who do not believe they need Emergency Services but who need medical help, should call the 24-hour Nurse Advice Line toll-free or contact their PCP. Members should not go to an Emergency room if the condition is not an Emergency.

Emergency Services When Out of Service Area: Members should go to the nearest Emergency room for care when outside the Molina Service Area when they think they are having an Emergency. Please contact Member Services

within 24 hours or as soon as possible. Members should refer to the Cost Sharing for Emergency Services in the Schedule of Benefits.

Emergency Services Rendered by a Non-Participating Provider: Molina covers Emergency Services obtained from Non-Participating Providers in accordance with State and Federal Law. Emergency Services, whether from Participating Providers or Non-Participating Providers, are subject to the Cost Sharing for Emergency Services in the Schedule of Benefits at the in-network level. Members are not subject to Balance Billing for Emergency Services.

Important: Except as otherwise required by State Law, when Emergency Services are received from Non-Participating Providers for the treatment of an Emergency Medical Condition, claims for Emergency Services will be paid at Molina's Allowed Amount. Non-Participating Providers may not Balance Bill Members for the difference between Molina's Allowed Amount and the rate that they charge for Emergency Services and associated Post-Stabilization Services.

Post-Stabilization Services Rendered by a Non-Participating Provider: Except as set forth below when transfer to a Participating Provider Hospital is appropriate, or when any other benefit exclusions apply, Molina covers Post-Stabilization Services obtained from Non-Participating Providers in accordance with State and Federal law. Covered Post-Stabilization Services, whether from Participating Providers or Non-Participating Providers, are subject to the Cost Sharing for Emergency Services in the Schedule of Benefits at the in-network level. Members are not subject to Balance Billing for Post-Stabilization Services unless they consent to waive Balance Billing protections according to the required process under federal or State Law, as applicable.

Transfer to a Participating Provider Hospital: Prior Authorization is required to get hospital services, except in the case of Emergency Services, Post-Stabilization Services, and other exceptions identified in this Agreement. For Members who are admitted to a Non-Participating Provider facility for Emergency Services, Molina will work with the Member and their Provider to provide transportation to a Participating Provider facility. If the Member refuses the transfer, additional services provided in the Non-Participating Provider facility, including Post-Stabilization Services, are not Covered Services. Non-Covered Services may not be entitled to Balance Billing protections and the provider may balance bill Members for these services. The Member will be 100% responsible for payments, and the payments will not apply to the Annual Out-of-Pocket Maximum.

TEXAS:

Emergency Services: Emergency Services are available 24 hours a day, 7 days a week for Members. Members who think they are having an Emergency should call 911 right away and go to the closest Emergency facility. When receiving Emergency Services, Members should bring their Member ID card. Members who do not believe they need Emergency Services, but who need medical help, should call the 24-Hour Nurse Advice Line toll-free or contact their PCP. Members should not go to an Emergency room if the condition is not an Emergency.

Emergency Services When Out of Service Area: Members should go to the nearest emergency room for care when outside the Molina Service Area when they think they are having an Emergency. Please contact Customer Support within 24 hours or as soon as possible.

Emergency Services Rendered by a Non-participating Provider: Molina covers Emergency Services obtained from Non-Participating Providers in accordance with State and Federal Law. Emergency Services, whether from Participating Providers or Non-Participating Providers, are subject to the Cost Sharing for Emergency Services in the Schedule of Benefits at the in-network level. Members are not subject to Balance Billing for Emergency Services.

Important: Except as otherwise required by State Law, when Emergency Services are received from Non-Participating Providers for the treatment of an Emergency Medical Condition, claims for Emergency Services will be paid at Molina's In network Amount.

Post-Stabilization Services Rendered by a Non-participating Provider: Except as set forth below when transfer to a Participating Provider Hospital is appropriate, or when any other benefit exclusions apply, Molina covers Post-Stabilization Services obtained from Non-Participating Providers in accordance with State and Federal law. Covered Post-Stabilization Services, whether from Participating Providers or Non-Participating Providers, are subject to the Cost Sharing for Emergency Services in the Schedule of Benefits at the in-network level. Members are not subject to Balance Billing for Post-Stabilization Services.

Services provided within an emergency room that do not meet the definition of Emergency Services are considered non-emergent and will be not covered.

Under Texas Senate Bill 1264, an Out-of-Network Provider that rendered Emergency Care, an Out-of-Network facility-based Provider that performed Services in an In-Network Facility, and an Out-of-Network diagnostic imaging Provider or laboratory service Provider that performed Services in connection with In-Network care, may not be permitted to bill the Member for an amount greater than the applicable Copayment, Percentage Copayment or Deductible

under the Plan. The applicable Copayment, Percentage Copayment and Deductible for such Services will be based on the amount initially determined payable by Molina or a modified amount as determined under Molina's internal appeal process. However, the Member's Copayment, Percentage Copayment and Deductible will not be based on any additional amount determined to be owed to the Out-of-Network Provider under Insurance Code Chapter 1467 (relating to Out-of-Network Claim Dispute Resolution).

Mandatory Transfer to a Participating Provider Hospital: Prior Authorization is required to get Hospital services, except in the case of Emergency Services, Post-Stabilization Services, and other exceptions identified in this Agreement. For Members who are admitted to a Non-Participating Provider facility for Emergency Services, Molina will work with the Member and their Provider to provide transportation to a Participating Provider facility. If the Member's coverage terminates during a Hospital stay, the services received after the termination date are not Covered Services.

If the Member refuses the transfer, additional services provided in the Non-Participating Provider facility, including Post-Stabilization Services, are not Covered Services. Non-Covered Services may not be entitled to Balance Billing protections and the provider may balance bill Members for these services. The Member will be 100% responsible for payments, and the payments will not apply to the Annual Out-of-Pocket Maximum.

UTAH:

Emergency Services: Emergency Services are available twenty-four (24) hours a day, seven (7) days a week for Members. Members who think they are having an Emergency should call 911 right away and go to the closest Hospital or Emergency room. When seeking Emergency Services, Members should bring their Member ID card. Members who do not believe they need Emergency Services but who need medical help, should call their PCP, or call the 24-hour Nurse Advice Line toll-free. Members should not go to an Emergency room if the condition is not an Emergency.

Emergency Services When Out of Service Area: Members should go to the nearest Emergency room for care when outside the Molina Service Area when they think they are having an Emergency. Please contact Customer Support within twenty-four (24) hours or as soon as possible.

Emergency Services Rendered by a Non-Participating Provider: Molina covers Emergency Services obtained from Non-Participating Providers in accordance with State and Federal Law. Emergency Services, whether from Participating Providers or Non-Participating Providers, are subject to the Cost Sharing for

Emergency Services in the Schedule of Benefits at the in-network level. Members are not subject to Balance Billing for Emergency Services.

Post-Stabilization Services Rendered by a Non-Participating Provider: Except as set forth below when transfer to a Participating Provider Hospital is appropriate, or when any other benefit exclusions apply, Molina covers Post-Stabilization Services obtained from Non-Participating Providers in accordance with State and Federal law. Covered Post-Stabilization Services, whether from Participating Providers or Non-Participating Providers, are subject to the Cost Sharing for Emergency Services in the Schedule of Benefits at the in-network level. Members are not subject to Balance Billing for Post-Stabilization Services unless they consent to waive Balance Billing protections according to the required process under federal or State Law, as applicable.

Transfer to a Participating Provider Hospital: Prior Authorization is required to get Hospital services, except in the case of Emergency Services, Post-Stabilization Services, and other exceptions identified in this Agreement. For Members who are admitted to a Non-Participating Provider facility for Emergency Services, Molina will work with the Member and their Provider to provide transportation to a Participating Provider facility. If the Member waives Federal Balance Billing protections and refuses the transfer, additional services provided in the Non-Participating Provider facility, including Post-Stabilization Services, are not Covered Services. Non-Covered Services may not be entitled to Balance Billing protections and the provider may balance bill Members for these services. The Member will be 100% responsible for payments, and the payments will not apply to the Annual Out-of-Pocket Maximum.

WASHINGTON:

Emergency Services and Behavioral Health Emergency Services: Emergency Services are available twenty-four (24) hours a day, seven (7) days a week for Molina Members. Members who think they are having an Emergency should:

- Call 911 right away.
- Go to the closest hospital or emergency room.

When getting Emergency Services, Members should bring their Member ID card.

Members who are not sure if they need Emergency Services but who need medical help should call their PCP or call the 24-Hour Nurse Advice Line toll-free.

Please do not go to a hospital Emergency room if the condition is not an Emergency.

Emergency Services When Out of the Molina Service Area:

Go to the nearest Emergency room for care. Please contact Customer Support within twenty-four (24) hours or as soon as possible.

Emergency Services and Behavioral Health Emergency Services by a Non-Participating Provider: Molina covers Emergency Services and Behavioral Health Emergency Services obtained from Non-Participating Providers in accordance with State and Federal Law. Emergency Services and Behavioral Health Emergency Services, whether from Participating Providers or Non-Participating Providers, are subject to the Cost Sharing for Emergency Services in the Schedule of Benefits.

Important: Except as otherwise required by State Law, when Emergency Services and Behavioral Health Emergency Services are received from Non-Participating Providers for the treatment of an Emergency Medical Condition, claims will be paid at Molina's Allowed Amount.

Transfer to a Participating Provider Hospital: Prior Authorization is required to receive Hospital services, except in the case of Emergency Services and Behavioral Health Emergency Services, and other exceptions identified in this Agreement. For Members who are admitted to a Non-Participating Provider hospital for Emergency Services or Behavioral Health Emergency Services, Molina will work with the Member and their Provider to provide transportation to a Participating Provider facility. If the Member's coverage terminates during a hospital stay, the services received after the termination date are not Covered Services.

If the Member refuses the transfer, additional services provided in the Non-Participating Provider facility are not Covered Services. Non-Covered Services may not be entitled to Balance Billing protections and the provider may balance bill Members for these services. The Member will be 100% responsible for payments, and the payments will not apply to the Deductible or Annual Maximum Out-of-Pocket.

WISCONSIN:

Emergency Services: Emergency Services are available 24 hours a day, 7 days a week for Members. Members who think they are having an Emergency should call 911 right away and go to the closest Emergency facility. When receiving Emergency Services, Members should bring their Member ID card. Members who do not believe they need Emergency Services but who need medical help, should call the 24-hour Nurse Advice Line toll-free or contact their PCP. Members should not go to an Emergency room if the condition is not an Emergency.

Emergency Services When Out of Service Area: Members should go to the nearest Emergency room for care when outside the Molina Service Area when they think they are having an Emergency. Please contact Customer Support within 48 hours or as soon as possible.

Emergency Services Rendered by a Non-Participating Provider: Molina covers Emergency Services obtained from Non-Participating Providers in accordance with State and Federal Law. Emergency Services, whether from Participating Providers or Non-Participating Providers, are subject to the Cost Sharing for Emergency Services in the Schedule of Benefits at the in-network level. Members are not subject to Balance Billing for Emergency Services. Except as otherwise provided in this Agreement, any services (both emergency and non-emergency), supplies, or prescription drugs received outside the United States, US territories and possessions are not covered.

Important: Except as otherwise required by State Law, when Emergency Services are received from Non-Participating Providers for the treatment of an Emergency Medical Condition, claims for Emergency Services will be paid at Molina's Allowed Amount.

Post-Stabilization Services Rendered by a Non-Participating Provider: Except as set forth below when transfer to a Participating Provider Hospital is appropriate, or when any other benefit exclusions apply, Molina covers Post-Stabilization Services obtained from Non-Participating Providers in accordance with State and Federal law. Covered Post-Stabilization Services, whether from Participating Providers or Non-Participating Providers, are subject to the Cost Sharing for Emergency Services in the Schedule of Benefits at the in-network level. Members are not subject to Balance Billing for Post-Stabilization Services unless they consent to waive Balance Billing protections according to the required process under Federal or State Law.

Transfer to a Participating Provider Hospital: Prior Authorization is required to get Hospital services, except in the case of Emergency Services, Post-Stabilization Services and other exceptions identified in this Agreement. For Members who are admitted to a Non-Participating Provider facility for Emergency Services, Molina will work with the Member and their Provider to provide transportation to a Participating Provider facility.

If the Member refuses the transfer, additional services provided in the Non-Participating Provider facility, including Post-Stabilization Services, are not Covered Services. Non-Covered Services may not be entitled to Balance Billing protections and the provider may balance bill Members for these services. The Member will be 100% responsible for payments, and the payments will not apply to the Annual Maximum Out-of-Pocket.

URGENT CARE SERVICES

CALIFORNIA:

Urgent Care Services: Urgent Care Services are subject to the Cost Sharing in the Schedule of Benefits. Urgent Care Services are those services needed to prevent the serious deterioration of one's health from an unforeseen medical condition or injury. For after-hours or Urgent Care Services, Members should call their PCP or the Nurse Advice Line. Members who are within the Service Area can ask their PCP what Participating Provider urgent care center to use. It is best to find out the name of a Participating Provider urgent care center ahead of time. Members must get Urgent Care Services from a Participating Provider, except that Members who are outside of the Service Area may go to the nearest emergency room for Urgent Care Services.

FLORIDA:

Urgent Care Services: Urgent Care Services are subject to the Cost Sharing in the Schedule of Benefits. Members must get Urgent Care Services from a Participating Provider. Urgent Care Services are those services needed to prevent the serious deterioration of one's health from an unforeseen medical condition or injury. For after hours or Urgent Care Services, Members should call their PCP or the Nurse Advice Line. Members who are within the Service Area can ask their PCP what Participating Provider urgent care center to use. It is best to find out the name of a Participating Provider urgent care center ahead of time. Members who are outside of the Service Area may go to the nearest emergency room.

IDAHO:

Urgent Care Services and After-Hours Care: Urgent Care Services are those services needed to prevent the serious deterioration of one's health from an unforeseen medical condition or injury. Urgent Care Services are subject to the Cost Sharing in the Schedule of Benefits. For after hours or Urgent Care Services Members should call their PCP or the Nurse Advice Line.

Urgent Care Services: Urgent Care Services are those services needed to prevent the serious deterioration of one's health from an unforeseen medical condition or injury. For after hours or Urgent Care Services, Members should call their PCP or the Nurse Advice Line. Members who are outside of the Service Area may go to the nearest Emergency room. Urgent Care Services are subject to the Cost Sharing in the Schedule of Benefits.

ILLINOIS:

Urgent Care Services: Urgent Care Services are subject to the Cost Sharing in the Schedule of Benefits. Members must get Urgent Care Services from a

Participating Provider. Urgent Care Services are those services needed to prevent the serious deterioration of one's health from an unforeseen medical condition or injury. For after hours or Urgent Care Services, Members should call their PCP or the Nurse Advice Line. Members who are within the Service Area can ask their PCP what Participating Provider Urgent Care center to use. It is best to find out the name of a Participating Provider Urgent Care center ahead of time. Members who are outside of the Service Area may go to the nearest emergency room.

RPM: Clarification on 9/23/2022: IL also have urgent care out of network by regulation. Molina can encourage the ER but Molina cannot deny claims for out of service Urgent Care for IL

KENTUCKY:

Urgent Care Services: Urgent Care Services are subject to the Cost Sharing in the Schedule of Benefits. Members must get Urgent Care Services from a Participating Provider. Urgent Care Services are those services needed to prevent the serious deterioration of one's health from an unforeseen medical condition or injury. For after hours or Urgent Care Services, Members should call their PCP or the Nurse Advice Line. Members who are within the Service Area can ask their PCP what Participating Provider urgent care center to use. It is best to find out the name of a Participating Provider urgent care center ahead of time.

MICHIGAN:

Urgent Care Services: Molina covers Urgent Care Services, which are subject to the Cost Sharing in the Schedule of Benefits. Members must get Urgent Care Services from a Participating Provider. Urgent Care Services are those services needed to prevent the serious deterioration of one's health from an unforeseen medical condition or injury. For after hours or Urgent Care Services, Members should call their PCP or the Nurse Advice Line. Members who are within the Service Area can ask their PCP what Participating Provider Urgent Care center to use. It is best to find out the name of a Participating Provider Urgent Care center ahead of time.

MISSISSIPPI:

Urgent Care Services: Urgent Care Services are subject to the Cost Sharing in the Schedule of Benefits. Members must get Urgent Care Services from a Participating Provider. Urgent Care Services are those services needed to prevent the serious deterioration of one's health from an unforeseen medical condition or injury. For after hours or Urgent Care Services, Members should call their PCP or the Nurse Advice Line. Members who are within the Service Area can ask their PCP what Participating Provider urgent care center to use. It is best

to find out the name of a Participating Provider urgent care center ahead of time.

NEVADA:

Urgent Care Services: Urgent Care Services are subject to the Cost Sharing in the Schedule of Benefits. Members must get Urgent Care Services from a Participating Provider. Urgent Care Services are those services needed to prevent the serious deterioration of one's health from an unforeseen medical condition or injury. For after hours or Urgent Care Services, Members should call their PCP or the Nurse Advice Line. Members who are within the Service Area can ask their PCP what Participating Provider Urgent Care center to use. It is best to find out the name of a Participating Provider Urgent Care center ahead of time.

NEW MEXICO:

Urgent Care Services: Urgent Care Services are subject to the Cost Sharing in the Summary of Benefits and Coverage. Urgent Care Services are those services needed to prevent the serious deterioration of one's health from an unforeseen medical condition due to illness or injury. Urgent conditions are not life-threatening but require prompt medical attention to prevent serious deterioration in your health. For after hours or Urgent Care Services, Members should call their PCP or the Nurse Advice Line. Members who are within the Service Area can ask their PCP what Participating Provider urgent care center to use. Members can also call Molina customer service. It is best to find out the name of a Participating Provider urgent care center ahead of time. Members who are outside of the Service Area may go to the nearest emergency room.

OHIO:

Urgent Care Services: Urgent Care Services are subject to the Cost Sharing in the Schedule of Benefits. Members must get Urgent Care Services from a Participating Provider. Urgent Care Services are those services needed to prevent the serious deterioration of one's health from an unforeseen medical condition or injury. For after hours or Urgent Care Services, Members should call their PCP or the Nurse Advice Line. Members who are within the Service Area can ask their PCP what Participating Provider Urgent Care center to use. It is best to find out the name of a Participating Provider Urgent Care center ahead of time. Members who are outside of the Service Area may go to the nearest Emergency Room.

SOUTH CAROLINA:

Urgent Care Services: Urgent Care Services are subject to the Cost Sharing in the Schedule of Benefits. Members must get Urgent Care Services from a Participating Provider. Urgent Care Services are those services needed to prevent the serious deterioration of one's health from an unforeseen medical

condition or injury. For after hours or Urgent Care Services, Members should call their PCP or the Nurse Advice Line. Members who are within the Service Area can ask their PCP what Participating Provider urgent care center to use. It is best to find out the name of a Participating Provider urgent care center ahead of time. Members who are outside of the Service Area may go to the nearest emergency room.

TEXAS:

Urgent Care Services: Urgent Care Services are subject to the Cost Sharing in the Schedule of Benefits. Members must get Urgent Care Services from a Participating Provider. Urgent Care Services are those services needed to prevent the serious deterioration of one's health from an unforeseen medical condition or injury. For after hours or Urgent Care Services, Members should call their PCP or the Nurse Advice Line. Members who are within the Service Area can ask their PCP what Participating Provider urgent care center to use. It is best to find out the name of a Participating Provider urgent care center ahead of time. Members who are outside of the Service Area may go to the nearest emergency room.

UTAH:

Urgent Care Services: Urgent Care Services are subject to the Cost Sharing in the Schedule of Benefits. Members must get Urgent Care Services from a Participating Provider. Urgent Care Services are those services needed to prevent the serious deterioration of one's health from an unforeseen medical condition or injury. For after hours or Urgent Care Services, Members should call their PCP or the Nurse Advice Line. Members who are within the Service Area can ask their PCP what Participating Provider Urgent Care center to use. It is best to find out the name of a Participating Provider Urgent Care center ahead of time. Members who are outside of the Service Area may go to the nearest Emergency room.

WASHINGTON:

Urgent Care Services and After-Hours Care: Urgent Care Services are those services needed to prevent the serious deterioration of one's health from an unforeseen medical condition or injury. Urgent Care Services are subject to the Cost Sharing in the Schedule of Benefits. Members must get Urgent Care Services from a Participating Provider. For after hours or Urgent Care Services Members should call their PCP or the Nurse Advice Line.

Members who are within the Service Area can ask their PCP what Participating Provider Urgent Care center to use. It is best to find out the name of the Participating Provider Urgent Care center ahead of time.

WISCONSIN:

Urgent Care Services: Urgent Care Services are subject to the Cost Sharing in the Schedule of Benefits. Members must get Urgent Care Services from a Participating Provider. Urgent Care Services are those services needed to prevent the serious deterioration of one's health from an unforeseen medical condition or injury. For after hours or Urgent Care Services, Members should call their PCP or the Nurse Advice Line. Members who are within the Service Area can ask their PCP what Participating Provider urgent care center to use. It is best to find out the name of a Participating Provider urgent care center ahead of time.

MORE INFORMATION

Refer to the Benefit Interpretation Policy titled **Ambulance Transportation**.

D. NOT COVERED

Refer to the member's Evidence of Coverage (EOC) and Schedule of Benefits (SOB) to determine coverage eligibility.

NON-EMERGENT SERVICES OBTAINED IN AN EMERGENCY ROOM

FLORIDA:

Non-Emergent Services Obtained in an Emergency Room: Generally, and unless stated otherwise in this Agreement, services provided within an emergency room by a Participating or Non-Participating Provider, which do not meet the definition of Emergency Services, are not covered.

IDAHO, ILLINOIS, KENTUCKY, MICHIGAN, MISSISSIPPI, NEVADA, NEW MEXICO, OHIO, SOUTH CAROLINA, TEXAS, UTAH, WISCONSIN: (NOT LISTED IN CA EOC)

Non-Emergent Services Obtained in an Emergency Room: Services provided within an emergency room by a Participating or Non-Participating Provider, which do not meet the definition of Emergency Services, are not covered.

WASHINGTON:

Non-Emergency Services Obtained in an Emergency Room: Services provided within an emergency room by a Participating or Non-Participating Provider, which do not meet the definition of Emergency Services, are not covered.

SERVICES PROVIDED OUTSIDE THE UNITED STATES

CALIFORNIA:

Services Provided Outside the United States: Except as otherwise provided in this Agreement, any services, supplies, or prescription drugs received outside the United States are not covered.

FLORIDA, IDAHO, ILLINOIS, KENTUCKY, MICHIGAN, MISSISSIPPI, NEVADA, NEW MEXICO, OHIO, SOUTH CAROLINA, WASHINGTON, WISCONSIN: (NOT IN UT EOC as an objection)

Services Provided Outside the United States: Except as otherwise provided in this Agreement, any services (both emergency and non-emergency), supplies, or prescription drugs received outside the United States are not covered.

TEXAS:

Services Provided Outside the United States: Except as otherwise provided in this Agreement, any services for non-emergency, supplies, or prescription drugs received outside the United States are not covered.

E. DEFINITIONS

[See Glossary](#)

F. POLICY HISTORY/REVISION INFORMATION

Date	Action/Description
4/15/2021	<ul style="list-style-type: none"> Added KY 2022 Drafted Language
5/14/2021	<ul style="list-style-type: none"> Added IL 2022 EOC Language
6/29/2021	<ul style="list-style-type: none"> Added ID 2022 EOC Language
5/12/2023	<ul style="list-style-type: none"> Revised Mandatory Transfer to a Participating Provider Hospital section to account for the fact post-stab must be covered under the NSA unless balance billing protections are waived.
5/12/2023	<ul style="list-style-type: none"> Added Behavioral Health Emergency and Post Stabilization language for CA

	7/1/2023	<ul style="list-style-type: none"> Added NV 2024 EOC Language 																									
Codification	Marketplace Benefit Interpretation Policies Codification																										
Prior Authorization	<p>For the MHI PA Matrix, if a code is NOT listed, it could EITHER be:</p> <ol style="list-style-type: none"> Covered and No PA Required Not Covered <p>You cannot use the MHI PA Matrix to make coverage determinations.</p> <p>PA Lookup Tool</p>																										
Approval	<table> <tr> <th>Departments</th><th>Product</th><th>CIM</th><th>Clinical Management</th></tr> <tr> <td>Date</td><td>1/12/2021</td><td>1/22/2021</td><td>3/24/2021</td></tr> <tr> <td>Revised (for 1/1/2022)</td><td>11/5/2021</td><td>3/16/2022</td><td>11/5/2021</td></tr> <tr> <td>Revised (for 1/1/2023)</td><td>11/15/2022</td><td>3/31/2023</td><td>11/15/2022</td></tr> <tr> <td>Revised (for 1/1/2024)</td><td>12/15/2023</td><td>4/1/2024</td><td>12/8/2023</td></tr> <tr> <td>Revised (for 1/1/2025)</td><td>11/5/2024</td><td>-</td><td>10/31/2024</td></tr> </table>	Departments	Product	CIM	Clinical Management	Date	1/12/2021	1/22/2021	3/24/2021	Revised (for 1/1/2022)	11/5/2021	3/16/2022	11/5/2021	Revised (for 1/1/2023)	11/15/2022	3/31/2023	11/15/2022	Revised (for 1/1/2024)	12/15/2023	4/1/2024	12/8/2023	Revised (for 1/1/2025)	11/5/2024	-	10/31/2024		
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