

Molina Marketplace Benefits At A Glance - Florida

Affordable, quality health coverage for all. Learn more at [ChooseMolina.com](https://www.ChooseMolina.com).

Call today! (833) 543-1893 (TTY: 711)



Included in your plan at NO additional cost!



Teladoc Virtual Care
Visits 24/7/365



Annual Wellness
Visit - Adults



Routine Preventive
Screenings -
Children & Adults



Routine Vision Exams
and Eyewear -
Children (Ages 0-18)



Preventive Prescription
Drugs



24-Hour Nurse
Advice Line

Adult Vision & Dental Services
available with select plan options!

	Molina Bronze Premier with \$0 Medical Deductible	Molina Bronze Standard	Molina Bronze Enhanced 3500	Molina Silver Core 94	Molina Silver Core 87	Molina Silver Core 73	Molina Silver Core 70
BENEFITS AND COST SHARE HIGHLIGHTS							
Deductible (Ind/Fam)	\$0 / \$0	\$7,500 / \$15,000	\$3,500 / \$7,000	\$0 / \$0	\$850 / \$1,700	\$3,500 / \$7,000	\$6,000 / \$12,000
Drug Deductible (Ind/Fam)	\$5,000 / \$10,000	Comb. w/Med	Comb. w/Med	\$0 / \$0	Comb. w/Med	Comb. w/Med	Comb. w/Med
Out of Pocket Max (Ind/Fam)	\$10,350 / \$20,700	\$10,000 / \$20,000	\$9,950 / \$19,900	\$2,125 / \$4,250	\$3,350 / \$6,700	\$8,100 / \$16,200	\$10,150 / \$20,300
Emergency Room Facility	\$1,750	50% after ded	50% after ded	30%	35% after ded	45% after ded	45% after ded
Urgent Care Services	\$50	\$75	\$100	\$2	\$25	\$55	\$60

** Denotes no charge for the first 4 non-preventive office visits for any combination of the indicated visit types. \$ Mail-order is available for non-specialty drugs marked "MAIL" on the formulary. For mail-order Rx, a 90-day supply is provided at three times (3x) the 30-day retail cost-sharing amount.

SERVICES WITHOUT
ANY DEDUCTIBLE

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	Molina Bronze Premier with \$0 Medical Deductible	Molina Bronze Standard	Molina Bronze Enhanced 3500	Molina Silver Core 94	Molina Silver Core 87	Molina Silver Core 73	Molina Silver Core 70
INPATIENT SERVICES							
Inpatient Facility Fee <i>*Professional Fees May Apply</i>	\$1,500/day (max 3 copays)	50% after ded	50% after ded	30%	35% after ded	45% after ded	45% after ded
OUTPATIENT PROFESSIONAL OFFICE VISITS SERVICES							
Primary Care	\$50	\$50	\$50	\$0	\$8	\$30	\$40
Specialty Care	\$125	\$100	\$100 after ded	\$10	\$30	\$60	\$65
Rehabilitative and Habilitative Services	\$90	\$50	50% after ded	\$10	\$30	\$60	\$65
Mental / Behavioral Health Services / Substance Use Disorder Services	\$50	\$50	\$50	\$0	\$8	\$30	\$40
OUTPATIENT HOSPITAL FACILITY SERVICES							
Outpatient Facility Fee	\$1,750	50% after ded	50% after ded	30%	35% after ded	45% after ded	45% after ded
Outpatient Professional Fee	\$600	50% after ded	50% after ded	30%	35% after ded	45% after ded	45% after ded
Advanced Imaging and Specialized Scanning Services	\$1,500	50% after ded	50% after ded	30%	35% after ded	45% after ded	45% after ded
Routine X- Ray and Diagnostic Services	\$150	50% after ded	50% after ded	\$30	\$80	\$100	\$100
Laboratory Tests	\$75	50% after ded	50% after ded	\$10	\$40	\$65	\$90

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PRESCRIPTION DRUGS [§]							
Preventive Drugs	No Charge	No Charge	No charge	No Charge	No Charge	No Charge	No Charge
Preferred Generic Drugs	\$25	\$25	\$25	\$0	\$5	\$15	\$15
Preferred Brand Drugs	\$125 after Rx ded	\$50 after ded	\$100 after ded	\$25	\$65	\$75 after ded	\$75 after ded
Non-Preferred Drugs	50% after Rx ded	\$100 after ded	50% after ded	40%	40% after ded	50% after ded	50% after ded
Specialty Drugs	50% after Rx ded	\$500 after ded	50% after ded	50%	50% after ded	50% after ded	50% after ded

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	Molina Silver Standard 94	Molina Silver Standard 87	Molina Silver Standard 73	Molina Silver Standard 70	Molina Silver Saver 94 with Four Free PCP Visits	Molina Silver Saver 87 with Four Free PCP Visits	Molina Silver Saver 73 with Four Free PCP Visits
BENEFITS AND COST SHARE HIGHLIGHTS							
Deductible (Ind/Fam)	\$0 / \$0	\$700 / \$1,400	\$3,000 / \$6,000	\$6,000 / \$12,000	\$190 / \$380	\$1,425 / \$2,850	\$6,500 / \$13,000
Drug Deductible (Ind/Fam)	\$0 / \$0	Comb. w/Med	Comb. w/Med	Comb. w/Med	Comb. w/Med	Comb. w/Med	Comb. w/Med
Out of Pocket Max (Ind/Fam)	\$2,200 / \$4,400	\$3,300 / \$6,600	\$7,400 / \$14,800	\$8,900 / \$17,800	\$1,960 / \$3,920	\$3,500 / \$7,000	\$8,450 / \$16,900
Emergency Room Facility	25%	30% after ded	40% after ded	40% after ded	25% after ded	30% after ded	40% after ded
Urgent Care Services	\$5	\$30	\$60	\$60	\$6	\$20	\$55
INPATIENT SERVICES							
Inpatient Facility Fee <i>*Professional Fees May Apply</i>	25%	30% after ded	40% after ded	40% after ded	25% after ded	30% after ded	40% after ded
OUTPATIENT PROFESSIONAL OFFICE VISITS SERVICES							
Primary Care	\$0	\$20	\$40	\$40	\$3**	\$15**	\$35**
Specialty Care	\$10	\$40	\$80	\$80	\$6	\$30	\$60
Rehabilitative and Habilitative Services	\$0	\$20	\$40	\$40	25% after ded	30% after ded	40% after ded
Mental / Behavioral Health Services / Substance Use Disorder Services	\$0	\$20	\$40	\$40	\$3**	\$15**	\$35**

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	Molina Silver Standard 94	Molina Silver Standard 87	Molina Silver Standard 73	Molina Silver Standard 70	Molina Silver Saver 94 with Four Free PCP Visits	Molina Silver Saver 87 with Four Free PCP Visits	Molina Silver Saver 73 with Four Free PCP Visits
OUTPATIENT HOSPITAL FACILITY SERVICES							
Outpatient Facility Fee	25%	30% after ded	40% after ded	40% after ded	25% after ded	30% after ded	40% after ded
Outpatient Professional Fee	25%	30% after ded	40% after ded	40% after ded	25% after ded	30% after ded	40% after ded
Advanced Imaging and Specialized Scanning Services	25%	30% after ded	40% after ded	40% after ded	25% after ded	30% after ded	40% after ded
Routine X- Ray and Diagnostic Services	25%	30% after ded	40% after ded	40% after ded	25% after ded	30% after ded	40% after ded
Laboratory Tests	25%	30% after ded	40% after ded	40% after ded	25% after ded	30% after ded	40% after ded
PRESCRIPTION DRUGS [§]							
Preventive Drugs	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Preferred Generic Drugs	\$0	\$10	\$20	\$20	\$3	\$5	\$10
Preferred Brand Drugs	\$15	\$20	\$40	\$40	\$20	\$75	\$100
Non-Preferred Drugs	\$50	\$60 after ded	\$80 after ded	\$80 after ded	25% after ded	30% after ded	40% after ded
Specialty Drugs	\$150	\$250 after ded	\$350 after ded	\$350 after ded	25% after ded	30% after ded	40% after ded

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	Molina Silver Saver 70 with Four Free PCP Visits	Molina Silver Access 94	Molina Silver Access 87	Molina Silver Access 73	Molina Silver Access 70
BENEFITS AND COST SHARE HIGHLIGHTS					
Deductible (Ind/Fam)	\$7,000 / \$14,000	\$0 / \$0	\$775 / \$1,550	\$3,500 / \$7,000	\$5,750 / \$11,500
Drug Deductible (Ind/Fam)	Comb. w/Med	\$0 / \$0	Comb. w/Med	Comb. w/Med	Comb. w/Med
Out of Pocket Max (Ind/Fam)	\$10,600 / \$21,200	\$2,175 / \$4,350	\$3,350 / \$6,700	\$7,500 / \$15,000	\$10,150 / \$20,300
Emergency Room Facility	40% after ded	20%	25% after ded	35% after ded	35% after ded
Urgent Care Services	\$60	\$5	\$20	\$45	\$45
INPATIENT SERVICES					
Inpatient Facility Fee <i>*Professional Fees May Apply</i>	40% after ded				
Inpatient Facility Fee (TIER 1 / CHOICE NETWORK) <i>*Professional Fees May Apply</i>		20%	25% after ded	35% after ded	35% after ded
Inpatient Facility Fee (TIER 2 / SELECT NETWORK) <i>*Professional Fees May Apply</i>		40%	50% after ded	50% after ded	50% after ded
OUTPATIENT PROFESSIONAL OFFICE VISITS SERVICES					
Primary Care	\$40**	\$0	\$9	\$30	\$30
Specialty Care	\$80	\$10	\$30	\$60	\$60
Rehabilitative and Habilitative Services	40% after ded	\$5	\$9	\$30	\$30
Mental / Behavioral Health Services / Substance Use Disorder Services	\$40**	\$0	\$9	\$30	\$30

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	Molina Silver Saver 70 with Four Free PCP Visits	Molina Silver Access 94	Molina Silver Access 87	Molina Silver Access 73	Molina Silver Access 70
OUTPATIENT HOSPITAL FACILITY SERVICES					
Outpatient Facility Fee	40% after ded				
Outpatient Facility Fee (TIER 1 / CHOICE NETWORK)		20%	25% after ded	35% after ded	35% after ded
Outpatient Facility Fee (TIER 2 / SELECT NETWORK)		40%	50% after ded	50% after ded	50% after ded
Outpatient Professional Fee	40% after ded				
Advanced Imaging and Specialized Scanning Services	40% after ded				
Advanced Imaging and Specialized Scanning Services (TIER 1 / CHOICE NETWORK)		20%	25% after ded	35% after ded	35% after ded
Advanced Imaging and Specialized Scanning Services (TIER 2 / SELECT NETWORK)		40%	50% after ded	50% after ded	50% after ded
Routine X- Ray and Diagnostic Services	40% after ded				
Routine X- Ray and Diagnostic Services (TIER 1 / CHOICE NETWORK)		\$25	\$90	\$95	\$95
Routine X- Ray and Diagnostic Services (TIER 2 / SELECT NETWORK)		\$50	\$180	\$190	\$190
Laboratory Tests	40% after ded				
Laboratory Tests (TIER 1 / CHOICE NETWORK)		\$10	\$45	\$60	\$60
Laboratory Tests (TIER 2 / SELECT NETWORK)		\$20	\$90	\$120	\$120

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	Molina Silver Saver 70 with Four Free PCP Visits	Molina Silver Access 94	Molina Silver Access 87	Molina Silver Access 73	Molina Silver Access 70
PRESCRIPTION DRUGS					
Preventive Drugs	No Charge	No Charge	No Charge	No Charge	No Charge
Preferred Generic Drugs	\$10	\$0	\$5	\$20	\$25
Preferred Brand Drugs	\$100	\$30	\$65	\$65 after ded	\$65 after ded
Non-Preferred Drugs	40% after ded	30%	30% after ded	35% after ded	35% after ded
Specialty Drugs	40% after ded	30%	30% after ded	35% after ded	35% after ded

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	Molina Gold Core 1640	Molina Gold Standard	Molina Gold Enhanced 895
BENEFITS AND COST SHARE HIGHLIGHTS			
Deductible (Ind/Fam)	\$1,640 / \$3,280	\$2,000 / \$4,000	\$895 / \$1,790
Drug Deductible (Ind/Fam)	Comb. w/Med	Comb. w/Med	Comb. w/Med
Out of Pocket Max (Ind/Fam)	\$8,100 / \$16,200	\$8,200 / \$16,400	\$8,700 / \$17,400
Emergency Room Facility	25% after ded	25% after ded	30% after ded
Urgent Care Services	\$40	\$45	\$40
INPATIENT SERVICES			
Inpatient Facility Fee <i>*Professional Fees May Apply</i>	25% after ded	25% after ded	30% after ded
OUTPATIENT PROFESSIONAL OFFICE VISITS SERVICES			
Primary Care	\$25	\$30	\$25
Specialty Care	\$55	\$60	\$55
Rehabilitative and Habilitative Services	\$25	\$30	\$55
Mental / Behavioral Health Services / Substance Use Disorder Services	\$25	\$30	\$25

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	Molina Gold Core 1640	Molina Gold Standard	Molina Gold Enhanced 895
OUTPATIENT HOSPITAL FACILITY SERVICES			
Outpatient Facility Fee	25% after ded	25% after ded	30% after ded
Outpatient Professional Fee	25% after ded	25% after ded	30% after ded
Advanced Imaging and Specialized Scanning Services	25% after ded	25% after ded	30% after ded
Routine X- Ray and Diagnostic Services	25% after ded	25% after ded	30% after ded
Laboratory Tests	\$25	25% after ded	\$35
PRESCRIPTION DRUGS [§]			
Preventive Drugs	No Charge	No Charge	No Charge
Preferred Generic Drugs	\$15	\$15	\$10
Preferred Brand Drugs	\$50 after ded	\$30	\$75 after ded
Non-Preferred Drugs	30% after ded	\$60	40% after ded
Specialty Drugs	40% after ded	\$250	50% after ded

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