

Molina Marketplace Benefits At A Glance - Illinois

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 Silver Core 94	Molina Silver Core 87	Molina Silver Core 73	Molina Silver Core 70	Molina Silver Core 94 Plus with Rx Copay and Adult Dental and Vision	Molina Silver Core 87 Plus with Rx Copay and Adult Dental and Vision
BENEFITS AND COST SHARE HIGHLIGHTS						
Deductible (Ind/Fam)	\$0 / \$0	\$850 / \$1,700	\$3,500 / \$7,000	\$6,000 / \$12,000	\$0 / \$0	\$850 / \$1,700
Drug Deductible (Ind/Fam)	\$0 / \$0	Comb. w/Med	Comb. w/Med	Comb. w/Med	\$0 / \$0	Comb. w/Med
Out of Pocket Max (Ind/Fam)	\$2,125 / \$4,250	\$3,350 / \$6,700	\$8,100 / \$16,200	\$10,150 / \$20,300	\$2,125 / \$4,250	\$3,350 / \$6,700
Emergency Room Facility	30%	35% after ded	45% after ded	45% after ded	30%	35% after ded
Urgent Care Services	\$2	\$25	\$55	\$60	\$2	\$25

** 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 Silver Core 94	Molina Silver Core 87	Molina Silver Core 73	Molina Silver Core 70	Molina Silver Core 94 Plus with Rx Copay and Adult Dental and Vision	Molina Silver Core 87 Plus with Rx Copay and Adult Dental and Vision
INPATIENT SERVICES						
Inpatient Facility Fee <i>*Professional Fees May Apply</i>	30%	35% after ded	45% after ded	45% after ded	30%	35% after ded
OUTPATIENT PROFESSIONAL OFFICE VISITS SERVICES						
Primary Care	\$0	\$8	\$30	\$40	\$0	\$8
Specialty Care	\$10	\$30	\$60	\$65	\$10	\$30
Rehabilitative and Habilitative Services	\$10	\$35	\$60	\$65	\$10	\$35
Mental / Behavioral Health Services / Substance Use Disorder Services	\$0	\$8	\$30	\$40	\$0	\$8
OUTPATIENT HOSPITAL FACILITY SERVICES						
Outpatient Facility Fee	30%	35% after ded	45% after ded	45% after ded	30%	35% after ded
Outpatient Professional Fee	30%	35% after ded	45% after ded	45% after ded	30%	35% after ded
Advanced Imaging and Specialized Scanning Services	30%	35% after ded	45% after ded	45% after ded	30%	35% after ded
Routine X- Ray and Diagnostic Services	\$30	\$80	\$100	\$100	\$30	\$80
Laboratory Tests	\$10	\$40	\$65	\$90	\$10	\$40

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	Molina Silver Core 94	Molina Silver Core 87	Molina Silver Core 73	Molina Silver Core 70	Molina Silver Core 94 Plus with Rx Copay and Adult Dental and Vision	Molina Silver Core 87 Plus with Rx Copay and Adult Dental and Vision
PRESCRIPTION DRUGS[§]						
Preventive Drugs	No Charge	No Charge				
Preferred Generic Drugs	\$0	\$5	\$15	\$15	\$0	\$10
Preferred Brand Drugs	\$25	\$65	\$75 after ded	\$75 after ded	\$30	\$30
Non-Preferred Drugs	40%	40% after ded	50% after ded	50% after ded	\$90	\$90
Specialty Drugs	50%	50% after ded	50% after ded	50% after ded	\$270	\$270

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	Molina Silver Core 73 Plus with Rx Copay and Adult Dental and Vision	Molina Silver Core 70 Plus with Rx Copay and Adult Dental and Vision	Molina Silver Saver 94 with Four Free PCP or MH Visits	Molina Silver Saver 87 with Four Free PCP or MH Visits	Molina Silver Saver 73 with Four Free PCP or MH Visits	Molina Silver Saver 70 with Four Free PCP or MH Visits
BENEFITS AND COST SHARE HIGHLIGHTS						
Deductible (Ind/Fam)	\$3,500 / \$7,000	\$6,000 / \$12,000	\$190 / \$380	\$1,425 / \$2,850	\$6,500 / \$13,000	\$7,000 / \$14,000
Drug Deductible (Ind/Fam)	Comb. w/Med	Comb. w/Med	Comb. w/Med	Comb. w/Med	Comb. w/Med	Comb. w/Med
Out of Pocket Max (Ind/Fam)	\$8,100 / \$16,200	\$10,150 / \$20,300	\$1,960 / \$3,920	\$3,500 / \$7,000	\$8,450 / \$16,900	\$10,600 / \$21,200
Emergency Room Facility	45% after ded	45% after ded	25% after ded	30% after ded	40% after ded	40% after ded
Urgent Care Services	\$55	\$60	\$6	\$20	\$55	\$60
INPATIENT SERVICES						
Inpatient Facility Fee <i>*Professional Fees May Apply</i>	45% after ded	45% after ded	25% after ded	30% after ded	40% after ded	40% after ded
OUTPATIENT PROFESSIONAL OFFICE VISITS SERVICES						
Primary Care	\$30	\$40	\$3**	\$15**	\$35**	\$40**
Specialty Care	\$60	\$65	\$6	\$30	\$60	\$80
Rehabilitative and Habilitative Services	\$60	\$65	25% after ded	30% after ded	40% after ded	40% after ded
Mental / Behavioral Health Services / Substance Use Disorder Services	\$30	\$40	\$3**	\$15**	\$35**	\$40**

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SERVICES WITHOUT ANY DEDUCTIBLE

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	Molina Silver Core 73 Plus with Rx Copay and Adult Dental and Vision	Molina Silver Core 70 Plus with Rx Copay and Adult Dental and Vision	Molina Silver Saver 94 with Four Free PCP or MH Visits	Molina Silver Saver 87 with Four Free PCP or MH Visits	Molina Silver Saver 73 with Four Free PCP or MH Visits	Molina Silver Saver 70 with Four Free PCP or MH Visits
OUTPATIENT HOSPITAL FACILITY SERVICES						
Outpatient Facility Fee	45% after ded	45% after ded	25% after ded	30% after ded	40% after ded	40% after ded
Outpatient Professional Fee	45% after ded	45% after ded	25% after ded	30% after ded	40% after ded	40% after ded
Advanced Imaging and Specialized Scanning Services	45% after ded	45% after ded	25% after ded	30% after ded	40% after ded	40% after ded
Routine X- Ray and Diagnostic Services	\$100	\$100	25% after ded	30% after ded	40% after ded	40% after ded
Laboratory Tests	\$65	\$90	25% after ded	30% after ded	40% after ded	40% after ded
PRESCRIPTION DRUGS[§]						
Preventive Drugs	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Preferred Generic Drugs	\$25	\$40	\$3	\$5	\$10	\$10
Preferred Brand Drugs	\$75	\$120	\$20	\$75	\$100	\$100
Non-Preferred Drugs	\$225	\$360	25% after ded	30% after ded	40% after ded	40% after ded
Specialty Drugs	\$675	\$1,080	25% after ded	30% after ded	40% after ded	40% after ded

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	Molina Gold Core 1640	Molina Gold Core 1640 Plus with Rx Copay and Adult Dental and Vision
BENEFITS AND COST SHARE HIGHLIGHTS		
Deductible (Ind/Fam)	\$1,640 / \$3,280	\$1,640 / \$3,280
Drug Deductible (Ind/Fam)	Comb. w/Med	Comb. w/Med
Out of Pocket Max (Ind/Fam)	\$8,100 / \$16,200	\$8,100 / \$16,200
Emergency Room Facility	25% after ded	25% after ded
Urgent Care Services	\$40	\$40
INPATIENT SERVICES		
Inpatient Facility Fee <i>*Professional Fees May Apply</i>	25% after ded	25% after ded
OUTPATIENT PROFESSIONAL OFFICE VISITS SERVICES		
Primary Care	\$25	\$25
Specialty Care	\$55	\$55
Rehabilitative and Habilitative Services	\$25	\$25
Mental / Behavioral Health Services / Substance Use Disorder Services	\$25	\$25

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**SERVICES WITHOUT
ANY DEDUCTIBLE**

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	Molina Gold Core 1640	Molina Gold Core 1640 Plus with Rx Copay and Adult Dental and Vision
OUTPATIENT HOSPITAL FACILITY SERVICES		
Outpatient Facility Fee	25% after ded	25% after ded
Outpatient Professional Fee	25% after ded	25% after ded
Advanced Imaging and Specialized Scanning Services	25% after ded	25% after ded
Routine X- Ray and Diagnostic Services	25% after ded	25% after ded
Laboratory Tests	\$25	\$25
PRESCRIPTION DRUGS[§]		
Preventive Drugs	No Charge	No Charge
Preferred Generic Drugs	\$15	\$10
Preferred Brand Drugs	\$50 after ded	\$40
Non-Preferred Drugs	30% after ded	\$150
Specialty Drugs	40% after ded	\$400

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