

20 | Benefits At A Glance


21 | Mississippi

For more plans, enhanced services and better value, lean on Molina.

-  **FREE** 24/7 Teladoc virtual care services
-  **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

And much more!


Get more with Molina Healthcare in 2021:

 **FIVE easy ways to pay:** By phone, mail, online, Autopay, and MoneyGram

 Molina Marketplace includes **24/7 Teladoc virtual care services** at no cost, for every plan, in every state! It's never been easier for members to get care, wherever they are.

 With the **Molina Mobile App**, health care is just one click away. Members can now:

- 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.

 Visit **MolinaMarketplace.com** for more details.

**Get the care you need at a price you can afford.
Call today! (833) 946-1037, TTY: 711**



**Ready to Enroll? Visit
MolinaHealthcare.com/Enroll**

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

Services

[Value Basics](#)

[Benefit and Cost Share Highlights](#)

[Outpatient Services](#)

[Hospital / Facility Services](#)

	Core Care Bronze				Constant Care Silver			Confident Care Gold
	Renewal Plans for 2021		New Plans for 2021		Renewal Plans for 2021		New Plans for 2021	Renewal Plans for 2021
	Bronze Plan 1	Bronze Plan 2	Bronze Plan 4	Bronze Plan 5	Silver Plan 1 / 250	Silver Plan 2 / 250	Silver Plan 4 / 250	Gold Plan 1
Teladoc Virtual Care Visits, 24/7	Free	Free	Free	Free	Free	Free	Free	Free
Annual Wellness Visits - Adults	Free	Free	Free	Free	Free	Free	Free	Free
Routine Preventive Screenings - Children & Adults	Free	Free	Free	Free	Free	Free	Free	Free
Routine Vision Exams, and Eye Wear for Children (Ages 0-18)	Free	Free	Free	Free	Free	Free	Free	Free
Preventive Prescription Drugs	Free	Free	Free	Free	Free	Free	Free	Free
24 - Hour Nurse Advice Line	Free	Free	Free	Free	Free	Free	Free	Free
Urgent Care at Same Cost As Primary Physician Visit	✓	✓	✓	✓	✓	✓	✓	✓
Plan Options with Adult Vision Services (ages 19+)*	✓	Not Available	Not Available	Not Available	✓	Not Available	Not Available	✓

Note: This "Benefits At A Glance" is intended to be a summary of covered benefits that lists some features of our plans. It does not list or describe all benefits covered under a specific product or every limitation or exclusion.

*Services are non-EHB, not applicable to any APTC.

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[Constant Care Silver Cost Sharing Reduction Plans](#)

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Services

Value Basics	Benefit and Cost Share Highlights	Outpatient Services	Hospital / Facility Services
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	Core Care Bronze				Constant Care Silver			Confident Care Gold
	Renewal Plans for 2021		New Plans for 2021		Renewal Plans for 2021		New Plans for 2021	Renewal Plans for 2021
	Bronze Plan 1	Bronze Plan 2	Bronze Plan 4	Bronze Plan 5	Silver Plan 1 / 250	Silver Plan 2 / 250	Silver Plan 4 / 250	Gold Plan 1
Medical Deductible (Ind/Fam)	\$6,100 / \$12,200	\$8,000 / \$16,000	\$0 / \$0	\$0 / \$0	\$0 / \$0	\$5,200 / \$10,400	\$7,450 / \$14,900	\$2,925 / \$5,850
Out of Pocket Maximum (Ind/Fam)	\$8,550 / \$17,100	\$8,550 / \$17,100	\$8,550 / \$17,100	\$8,550 / \$17,100	\$8,500 / \$17,000	\$8,150 / \$16,300	\$7,450 / \$14,900	\$6,500 / \$13,000
Drug Deductible (Ind/Fam)	Combined Med / Rx Rx Tiers 2-4	Combined Med / Rx All Rx Tiers	\$3,000 / \$6,000 Rx Tiers 3&4 Only	\$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	Combined Med / Rx Rx Tiers 3&4 Only	Combined Med / Rx Rx Tiers 3&4 Only
Emergency Room Services	50% after ded	50% after ded	\$1,600	\$1,850	\$750	40% after ded	0% after ded	20% after ded

Services Without Any Deductible

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	Core Care Bronze				Constant Care Silver			Confident Care Gold
	Renewal Plans for 2021		New Plans for 2021		Renewal Plans for 2021		New Plans for 2021	Renewal Plans for 2021
	Bronze Plan 1	Bronze Plan 2	Bronze Plan 4	Bronze Plan 5	Silver Plan 1 / 250	Silver Plan 2 / 250	Silver Plan 4 / 250	Gold Plan 1
Primary & Urgent Care Services	\$35 after ded	50% after ded	\$30	\$60	\$30	\$30	\$30	\$10
Specialist Services	\$75 after ded	50% after ded	\$90	\$150	\$60	\$65	\$65	\$50
Mental / Behavioral Health Services	\$35 after ded	50% after ded	\$30	\$60	\$30	\$30	\$30	\$10
Imaging & Specialized Radiology	50% after ded	50% after ded	\$1,000	\$1,000	\$700	40% after ded	0% after ded	20% after ded
Rehabilitative Services -ST, OT, PT	50% after ded	50% after ded	\$90	\$80	\$60	40% after ded	0% after ded	\$50
Routine Laboratory Services	50% after ded	50% after ded	\$60	\$60	\$45	\$40	0% after ded	\$15
Routine X-Ray & Diagnostic Services	50% after ded	50% after ded	\$140	\$140	\$80	40% after ded	0% after ded	20% after ded
Tier 1 - Generic Drugs	\$27	50% after ded	\$28	\$27	\$29	\$25	\$25	\$10
Tier 2 - Preferred Brand & Generics Drugs	50% after ded	50% after ded	\$125	\$130	\$60	\$65	\$75	\$50
Tier 3 - Non-Pref Brand & Generic Drugs	50% after ded	50% after ded	50% after ded	50% after ded	40% after ded	50% after ded	0% after ded	30% after ded
Tier 4 - Specialty Drugs	50% after ded	50% after ded	50% after ded	50% after ded	40% after ded	50% after ded	0% after ded	30% after ded

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**Constant Care Silver
Cost Sharing Reduction Plans**

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

Services

Value Basics	Benefit and Cost Share Highlights	Outpatient Services	Hospital / Facility Services
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	Core Care Bronze				Constant Care Silver			Confident Care Gold
	Renewal Plans for 2021		New Plans for 2021		Renewal Plans for 2021		New Plans for 2021	Renewal Plans for 2021
	Bronze Plan 1	Bronze Plan 2	Bronze Plan 4	Bronze Plan 5	Silver Plan 1 / 250	Silver Plan 2 / 250	Silver Plan 4 / 250	Gold Plan 1
Inpatient Hospital	50% after ded	50% after ded	\$1,500/day (max 2 copays)	\$1,500/day (max 2 copays)	\$1,200/day (max 2 copays)	\$1,350/day (max 2 copays)	\$1,500/day (max 2 copays)	20% after ded
Skilled Nursing Facility Services	50% after ded	50% after ded	\$1,500/day	\$1,500/day	\$1,200/day	\$1,350/day	\$1,500/day	20% after ded
Hospital Physician Services	50% after ded	50% after ded	\$90	\$150	\$60	\$65	\$65	20% after ded
Outpatient Surgery Services	50% after ded	50% after ded	\$140	\$130	\$500	40% after ded	0% after ded	20% after ded

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**Constant Care Silver
Cost Sharing Reduction Plans**

Click the links below to compare and contrast different services and plans (including Bronze, Silver and Gold Plans)

Services

[Value Basics](#)

[Benefit and Cost Share Highlights](#)

[Outpatient Services](#)

[Hospital / Facility Services](#)

Constant Care Silver - Cost Sharing Reduction Plans (CSR)									
	Renewal Plans for 2021						New Plans for 2021		
	Silver Plan 1			Silver Plan 2			Silver Plan 4		
	CSR 100	CSR 150	CSR 200	CSR 100	CSR 150	CSR 200	CSR 100	CSR 150	CSR 200
Teladoc Virtual Care Visits, 24/7	Free	Free	Free	Free	Free	Free	Free	Free	Free
Annual Wellness Visits - Adults	Free	Free	Free	Free	Free	Free	Free	Free	Free
Routine Preventive Screenings - Children & Adults	Free	Free	Free	Free	Free	Free	Free	Free	Free
Routine Vision Exams, and Eye Wear for Children (Ages 0-18)	Free	Free	Free	Free	Free	Free	Free	Free	Free
Preventive Prescription Drugs	Free	Free	Free	Free	Free	Free	Free	Free	Free
24 - Hour Nurse Advice Line	Free	Free	Free	Free	Free	Free	Free	Free	Free
Urgent Care at Same Cost As Primary Physician Visit	✓	✓	✓	✓	✓	✓	✓	✓	✓
Plan Options with Adult Vision Services (ages 19+)*	✓	✓	✓	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available

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[Bronze, Silver and Gold Plans](#)

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Constant Care Silver - Cost Sharing Reduction Plans (CSR)									
	Renewal Plans for 2021						New Plans for 2021		
	Silver Plan 1			Silver Plan 2			Silver Plan 4		
	CSR 100	CSR 150	CSR 200	CSR 100	CSR 150	CSR 200	CSR 100	CSR 150	CSR 200
Medical Deductible (Ind/Fam)	\$0 / \$0	\$0 / \$0	\$0 / \$0	\$0 / \$0	\$0 / \$0	\$3,450 / \$6,900	\$725 / \$1,450	\$2,150 / \$4,300	\$5,975 / \$11,950
Out of Pocket Maximum (Ind/Fam)	\$1,200 / \$2,400	\$2,800 / \$5,600	\$6,700 / \$13,400	\$1,200 / \$2,400	\$2,850 / \$5,700	\$6,700 / \$13,400	\$725 / \$1,450	\$2,150 / \$4,300	\$5,975 / \$11,950
Drug Deductible (Ind/Fam)	\$0 / \$0	\$150 / \$300 Rx Tiers 3&4 Only	\$350 / \$700 Rx Tiers 3&4 Only	\$0 / \$0	\$0 / \$0	Combined Med / Rx Rx Tiers 3&4 Only	Combined Med / Rx Rx Tiers 3&4 Only	Combined Med / Rx Rx Tiers 3&4 Only	Combined Med / Rx Rx Tiers 3&4 Only
Emergency Room Services	\$250	\$400	\$750	25%	40%	40% after ded	0% after ded	0% after ded	0% after ded

Services Without Any Deductible

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	Renewal Plans for 2021						New Plans for 2021		
	Silver Plan 1			Silver Plan 2			Silver Plan 4		
	CSR 100	CSR 150	CSR 200	CSR 100	CSR 150	CSR 200	CSR 100	CSR 150	CSR 200
Primary & Urgent Care Services	\$0	\$6	\$30	\$0	\$10	\$20	\$0	\$7	\$20
Specialist Services	\$10	\$30	\$60	\$10	\$30	\$40	\$10	\$30	\$60
Mental / Behavioral Health Services	\$0	\$6	\$30	\$0	\$10	\$20	\$0	\$7	\$20
Imaging & Specialized Radiology	\$50	\$400	\$700	25%	40%	40% after ded	0% after ded	0% after ded	0% after ded
Rehabilitative Services -ST, OT, PT	\$10	\$30	\$60	25%	40%	40% after ded	0% after ded	0% after ded	0% after ded
Routine Laboratory Services	\$5	\$20	\$45	\$0	\$30	\$30	0% after ded	0% after ded	0% after ded
Routine X-Ray & Diagnostic Services	\$15	\$50	\$80	25%	40%	40% after ded	0% after ded	0% after ded	0% after ded
Tier 1 - Preferred Generic Drugs	\$0	\$5	\$20	\$0	\$10	\$20	\$0	\$6	\$12
Tier 2 - Preferred Brand Drugs	\$10	\$25	\$60	\$15	\$40	\$60	\$20	\$50	\$70
Tier 3 - Non-Pref Brand & Generic Drugs	10%	40% after ded	40% after ded	25%	40%	40% after ded	0% after ded	0% after ded	0% after ded
Tier 4 - Specialty Drugs	10%	40% after ded	40% after ded	25%	40%	40% after ded	0% after ded	0% after ded	0% after ded

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	Renewal Plans for 2021						New Plans for 2021		
	Silver Plan 1			Silver Plan 2			Silver Plan 4		
	CSR 100	CSR 150	CSR 200	CSR 100	CSR 150	CSR 200	CSR 100	CSR 150	CSR 200
Inpatient Hospital	\$600/day (max 2 copays)	\$750/day (max 2 copays)	\$1,200/day (max 2 copays)	\$300/day (max 2 copays)	\$575/day (max 2 copays)	\$900/day (max 2 copays)	\$100/day (max 2 copays)	\$400/day (max 2 copays)	\$1,200/day (max 2 copays)
Skilled Nursing Facility Services	\$600/day	\$750/day	\$1,200/day	\$300/day	\$575/day	\$900/day	\$100/day	\$400/day	\$1,200/day
Hospital Physician Services	\$10	\$30	\$60	\$10	\$30	\$40	\$10	\$30	\$60
Outpatient Facility / Surgery Services	\$100	\$350	\$500	25%	40%	40% after ded	0% after ded	0% after ded	0% after ded
Outpatient Facility / Physician Services	\$10	\$50	\$75	25%	40%	40% after ded	0% after ded	0% after ded	0% after ded

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