

Molina Marketplace Benefits At A Glance - New Mexico

Affordable, quality health coverage for all. Learn more at ChooseMolina.com

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



	Molina Gold with Low Cost Generic Rx		Molina Clear Cost Silver Plan			
	Molina Gold On Exchange Low Cost Generic Rx	Molina Turquoise 3 Low Cost Generic Rx EXTRA SAVINGS	Molina Clear Cost Silver 73	Molina Clear Cost Silver On Exchange	Molina Clear Cost Turquoise 1 EXTRA SAVINGS	Molina Clear Cost Turquoise 2 EXTRA SAVINGS
		Molina Native American Gold LCS EXTRA SAVINGS				
VALUE BASICS						
Teladoc Virtual Care Visits 24/7/365	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Annual Wellness Visit - Adults	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Routine Preventive Screenings - Children & Adults	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Routine Vision Exams and Eyewear - Children (Ages 0-18)	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Preventive Prescription Drugs	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
24-Hour Nurse Advice Line	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
BENEFITS AND COST SHARE HIGHLIGHTS						
Deductible (Ind/Fam)	\$1,550 / \$3,100	\$500 / \$1,000	\$4,500 / \$9,000	\$4,800 / \$9,600	\$0 / \$0	\$90 / \$180
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	\$3,000 / \$6,000	\$6,800 / \$13,600	\$8,400 / \$16,800	\$200 / \$400	\$900 / \$1,800
Emergency Room Facility	25%	10%	\$255 with ded	\$300 with ded	\$30	\$40 with ded
Urgent Care Services	\$20	\$10	\$90	\$100	\$3	\$10

[§]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 Gold On Exchange Low Cost Generic Rx	Molina Turquoise 3 Low Cost Generic Rx EXTRA SAVINGS	Molina Clear Cost Silver 73	Molina Clear Cost Silver On Exchange	Molina Clear Cost Turquoise 1 EXTRA SAVINGS	Molina Clear Cost Turquoise 2 EXTRA SAVINGS
		Molina Native American Gold LCS EXTRA SAVINGS				
INPATIENT SERVICES						
Inpatient Facility Fee <i>*Professional Fees May Apply</i>	25% after ded	10% after ded	\$255 per visit with ded	\$300 per visit with ded	\$30 per visit	\$40 per visit with ded
OUTPATIENT PROFESSIONAL OFFICE VISITS SERVICES						
Primary Care	\$20	\$10	\$40	\$50	\$0	\$5
Specialty Care	\$50	\$25	\$90	\$100	\$3	\$10
Rehabilitative and Habilitative Services	\$20	\$10	\$40	\$50	\$0	\$5
Mental / Behavioral Health Services / Substance Use Disorder Services	\$0	\$0	\$0	\$0	\$0	\$0
OUTPATIENT HOSPITAL FACILITY SERVICES						
Outpatient Facility Fee	25% after ded	10% after ded	\$250	\$300	\$5	\$35
Outpatient Professional Fee	25% after ded	10% after ded	\$250	\$300	\$5	\$35
Advanced Imaging and Specialized Scanning Services	25% after ded	10% after ded	\$90	\$100	\$3	\$10
Routine X- Ray and Diagnostic Services	25% after ded	10% after ded	\$90	\$100	\$3	\$10
Laboratory Tests	\$15	\$10	\$90	\$100	\$3	\$10

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		Molina Native American Gold LCS EXTRA SAVINGS				
PRESCRIPTION DRUGS §						
Preventive Drugs	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Tier-1: Preferred Generic	\$15	\$5	\$30	\$35	\$0	\$3
Tier-2: Preferred Brand and Non-Preferred Generic	\$50 after ded	\$35 after ded	\$45	\$50	\$3	\$10
Tier-3: Preferred Specialty	25% after ded	15% after ded	\$95	\$100	\$10	\$25
Tier-4: Non-Preferred Brand	28% after ded	18% after ded	\$205 with ded	\$250 with ded	\$15	\$50 with ded
Tier-5: Non-Preferred Specialty	30% after ded	20% after ded	\$240	\$250	\$25	\$65

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	Molina Silver with Low Cost Generic Drugs			
	Molina Silver 73 Low Cost Generic Rx	Molina Silver On Exchange Low Cost Generic Rx	Molina Silver Low Cost Generic Rx Turquoise 1 EXTRA SAVINGS	Molina Silver Low Cost Generic Rx Turquoise 2 EXTRA SAVINGS
VALUE BASICS				
Teladoc Virtual Care Visits 24/7/365	No Charge	No Charge	No Charge	No Charge
Annual Wellness Visit - Adults	No Charge	No Charge	No Charge	No Charge
Routine Preventive Screenings - Children & Adults	No Charge	No Charge	No Charge	No Charge
Routine Vision Exams and Eyewear - Children (Ages 0-18)	No Charge	No Charge	No Charge	No Charge
Preventive Prescription Drugs	No Charge	No Charge	No Charge	No Charge
24-Hour Nurse Advice Line	No Charge	No Charge	No Charge	No Charge
BENEFITS AND COST SHARE HIGHLIGHTS				
Deductible (Ind/Fam)	\$4,250 / \$8,500	\$4,500 / \$9,000	\$0 / \$0	\$80 / \$160
Drug Deductible (Ind/Fam)	Comb. w/Med	Comb. w/Med	Comb. w/Med	Comb. w/Med
Out of Pocket Max (Ind/Fam)	\$6,775 / \$13,550	\$8,400 / \$16,800	\$195 / \$390	\$875 / \$1,750
Emergency Room Facility	\$250 after ded	\$300 after ded	\$30	\$40 after ded
Urgent Care Services	\$65	\$65	\$3	\$10

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	Molina Silver with Low Cost Generic Drugs			
	Molina Silver 73 Low Cost Generic Rx	Molina Silver On Exchange Low Cost Generic Rx	Molina Silver Low Cost Generic Rx Turquoise 1 EXTRA SAVINGS	Molina Silver Low Cost Generic Rx Turquoise 2 EXTRA SAVINGS
INPATIENT SERVICES				
Inpatient Facility Fee <i>*Professional Fees May Apply</i>	\$250 after ded	\$300 after ded	\$30	\$40 after ded
OUTPATIENT PROFESSIONAL OFFICE VISITS SERVICES				
Primary Care	\$35	\$40	\$0	\$3
Specialty Care	\$90	\$90	\$3	\$10
Rehabilitative and Habilitative Services	\$35	\$40	\$0	\$3
Mental / Behavioral Health Services / Substance Use Disorder Services	\$0	\$0	\$0	\$0
OUTPATIENT HOSPITAL FACILITY SERVICES				
Outpatient Facility Fee	\$250	\$300	\$15	\$35
Outpatient Professional Fee	\$250	\$300	\$15	\$35
Advanced Imaging and Specialized Scanning Services	\$95 after ded	\$100 after ded	\$3	\$10 after ded
Routine X- Ray and Diagnostic Services	\$90	\$100	\$5	\$10
Laboratory Tests	\$45	\$45	\$3	\$10

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PRESCRIPTION DRUGS §				
Preventive Drugs	No Charge	No Charge	No Charge	No Charge
Tier-1: Preferred Generic	\$20	\$25	\$0	\$2
Tier-2: Preferred Brand and Non-Preferred Generic	\$50	\$55	\$3	\$10
Tier-3: Preferred Specialty	18% after ded	18% after ded	8%	8% after ded
Tier-4: Non-Preferred Brand	20% after ded	20% after ded	10%	10% after ded
Tier-5: Non-Preferred Specialty	22% after ded	22% after ded	12%	12% after ded

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	Molina Clear Cost Gold	
	Molina Clear Cost Gold On Exchange	Molina Clear Cost Turquoise 3 EXTRA SAVINGS
		Molina Native American Clear Cost Turquoise 3 LCS EXTRA SAVINGS
VALUE BASICS		
Teladoc Virtual Care Visits 24/7/365	No Charge	No Charge
Annual Wellness Visit - Adults	No Charge	No Charge
Routine Preventive Screenings - Children & Adults	No Charge	No Charge
Routine Vision Exams and Eyewear - Children (Ages 0-18)	No Charge	No Charge
Preventive Prescription Drugs	No Charge	No Charge
24-Hour Nurse Advice Line	No Charge	No Charge
BENEFITS AND COST SHARE HIGHLIGHTS		
Deductible (Ind/Fam)	\$3,000 / \$6,000	\$500 / \$1,000
Drug Deductible (Ind/Fam)	Comb. w/Med	Comb. w/Med
Out of Pocket Max (Ind/Fam)	\$5,300 / \$10,600	\$2,400 / \$4,800
Emergency Room Facility	\$150 with ded	\$75 with ded
Urgent Care Services	\$60	\$20

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	Molina Clear Cost Gold	
	Molina Clear Cost Gold On Exchange	Molina Clear Cost Turquoise 3 EXTRA SAVINGS
		Molina Native American Clear Cost Turquoise 3 LCS EXTRA SAVINGS
INPATIENT SERVICES		
Inpatient Facility Fee <i>*Professional Fees May Apply</i>	\$150 per visit with ded	\$75 per visit with ded
OUTPATIENT PROFESSIONAL OFFICE VISITS SERVICES		
Primary Care	\$20	\$7
Specialty Care	\$60	\$20
Rehabilitative and Habilitative Services	\$20	\$7
Mental / Behavioral Health Services / Substance Use Disorder Services	\$0	\$0
OUTPATIENT HOSPITAL FACILITY SERVICES		
Outpatient Facility Fee	\$125	\$60
Outpatient Professional Fee	\$125	\$60
Advanced Imaging and Specialized Scanning Services	\$60	\$20
Routine X- Ray and Diagnostic Services	\$60	\$20
Laboratory Tests	\$60	\$20

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	Molina Clear Cost Gold On Exchange	Molina Clear Cost Turquoise 3 EXTRA SAVINGS
		Molina Native American Clear Cost Turquoise 3 LCS EXTRA SAVINGS
PRESCRIPTION DRUGS §		
Preventive Drugs	No Charge	No Charge
Tier-1: Preferred Generic	\$20	\$5
Tier-2: Preferred Brand and Non-Preferred Generic	\$30	\$10
Tier-3: Preferred Specialty	\$75	\$50
Tier-4: Non-Preferred Brand	\$100 with ded	\$100 with ded
Tier-5: Non-Preferred Specialty	\$190	\$125

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