

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)



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

	Molina Gold		Clear Cost Silver			
	Gold On Exchange Low Cost Generic Drugs	Turquoise 3 Low Cost Generic Drugs with EXTRA SAVINGS	Clear Cost Silver 73	Clear Cost Silver On Exchange	Clear Cost Turquoise 1 with EXTRA SAVINGS	Clear Cost Turquoise 2 with EXTRA SAVINGS
	Native American Gold LCS Low Cost Generic Drugs	Native American Turquoise 3 LCS Low Cost Generic Drugs EXTRA SAVINGS				
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	\$200 / \$400
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	\$7,500 / \$15,000	\$9,300 / \$18,600	\$250 / \$500	\$1,200 / \$2,400
Emergency Room Facility	25%	10%	\$255 after ded	\$300 after ded	\$30	\$40 after 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

Molina Marketplace Benefits At A Glance - New Mexico



	Molina Gold		Clear Cost Silver			
	Gold On Exchange Low Cost Generic Drugs	Turquoise 3 Low Cost Generic Drugs with EXTRA SAVINGS	Clear Cost Silver 73	Clear Cost Silver On Exchange	Clear Cost Turquoise 1 with EXTRA SAVINGS	Clear Cost Turquoise 2 with EXTRA SAVINGS
	Native American Gold LCS Low Cost Generic Drugs	Native American Turquoise 3 LCS Low Cost Generic Drugs EXTRA SAVINGS				
INPATIENT SERVICES						
Inpatient Facility Fee <i>*Professional Fees May Apply</i>	25% after ded	10% after ded	\$255 per visit after ded	\$300 per visit after ded	\$30 per visit	\$40 per visit after 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

§ 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

Molina Marketplace Benefits At A Glance - New Mexico



Molina Gold		Clear Cost Silver			
Gold On Exchange Low Cost Generic Drugs	Turquoise 3 Low Cost Generic Drugs with EXTRA SAVINGS	Clear Cost Silver 73	Clear Cost Silver On Exchange	Clear Cost Turquoise 1 with EXTRA SAVINGS	Clear Cost Turquoise 2 with EXTRA SAVINGS
Native American Gold LCS Low Cost Generic Drugs	Native American Turquoise 3 LCS Low Cost Generic Drugs EXTRA SAVINGS				

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

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	\$96	\$100	\$10	\$25
Tier-4: Non-Preferred Brand	28% after ded	18% after ded	\$205 after ded	\$250 after ded	\$15	\$50 after ded
Tier-5: Non-Preferred Specialty	30% after ded	20% after ded	\$240	\$250	\$25	\$65

§ 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

Molina Marketplace Benefits At A Glance - New Mexico



	Clear Cost Gold	
	Clear Cost Gold On Exchange	Clear Cost Turquoise 3 with EXTRA SAVINGS
	Native American Clear Cost Gold LCS	Native American Clear Cost Gold Turquoise 3 EXTRA SAVINGS
BENEFITS AND COST SHARE HIGHLIGHTS		
Deductible (Ind/Fam)	\$3,000 / \$6,000	\$700 / \$1,400
Drug Deductible (Ind/Fam)	Comb. w/Med	Comb. w/Med
Out of Pocket Max (Ind/Fam)	\$6,000 / \$12,000	\$2,800 / \$5,600
Emergency Room Facility	\$150 after ded	\$75 after ded
Urgent Care Services	\$60	\$20
INPATIENT SERVICES		
Inpatient Facility Fee <i>*Professional Fees May Apply</i>	\$150 per visit after ded	\$75 per visit after 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

§ 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

Molina Marketplace Benefits At A Glance - New Mexico



	Clear Cost Gold	
	Clear Cost Gold On Exchange	Clear Cost Turquoise 3 with EXTRA SAVINGS
	Native American Clear Cost Gold LCS	Native American Clear Cost Gold Turquoise 3 EXTRA SAVINGS
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
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 after ded	\$100 after ded
Tier-5: Non-Preferred Specialty	\$190	\$125

§ 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. This policy has exclusions, limitations and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, call your insurance agent or Molina Healthcare.

SERVICES WITHOUT ANY DEDUCTIBLE