

Molina Marketplace Benefits At A Glance - Ohio

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

Adult Vision & Dental Services
available with select plan options!

	Molina Bronze Standard	Molina Bronze Enhanced 3500	Molina Bronze Saver 7000	Molina Silver Core 94	Molina Silver Core 87	Molina Silver Core 73	Molina Silver Core 70
BENEFITS AND COST SHARE HIGHLIGHTS							
Deductible (Ind/Fam)	\$7,500 / \$15,000	\$3,500 / \$7,000	\$7,000 / \$14,000	\$0 / \$0	\$850 / \$1,700	\$3,500 / \$7,000	\$6,000 / \$12,000
Drug Deductible (Ind/Fam)	Comb. w/Med	Comb. w/Med	Comb. w/Med	\$0 / \$0	Comb. w/Med	Comb. w/Med	Comb. w/Med
Out of Pocket Max (Ind/Fam)	\$10,000 / \$20,000	\$9,950 / \$19,900	\$10,200 / \$20,400	\$2,125 / \$4,250	\$3,350 / \$6,700	\$8,100 / \$16,200	\$10,150 / \$20,300
Emergency Room Facility	50% after ded	50% after ded	50% after ded	30%	35% after ded	45% after ded	45% after ded
Urgent Care Services	\$75	\$100	\$125	\$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
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	Molina Bronze Standard	Molina Bronze Enhanced 3500	Molina Bronze Saver 7000	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>	50% after ded	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	\$75	\$0	\$8	\$30	\$40
Specialty Care	\$100	\$100 after ded	\$150 after ded	\$10	\$30	\$60	\$65
Rehabilitative and Habilitative Services	\$50	50% after ded	\$75	\$0	\$8	\$30	\$40
Mental / Behavioral Health Services / Substance Use Disorder Services	\$50	\$50	\$75	\$0	\$8	\$30	\$40
OUTPATIENT HOSPITAL FACILITY SERVICES							
Outpatient Facility Fee	50% after ded	50% after ded	50% after ded	30%	35% after ded	45% after ded	45% after ded
Outpatient Professional Fee	50% after ded	50% after ded	50% after ded	30%	35% after ded	45% after ded	45% after ded
Advanced Imaging and Specialized Scanning Services	50% after ded	50% after ded	50% after ded	30%	35% after ded	45% after ded	45% after ded
Routine X- Ray and Diagnostic Services	50% after ded	50% after ded	50% after ded	\$30	\$80	\$100	\$100
Laboratory Tests	50% after ded	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	\$30	\$0	\$5	\$15	\$15
Preferred Brand Drugs	\$50 after ded	\$100 after ded	\$150 after ded	\$25	\$65	\$75 after ded	\$75 after ded
Non-Preferred Drugs	\$100 after ded	50% after ded	50% after ded	40%	40% after ded	50% after ded	50% after ded
Specialty Drugs	\$500 after ded	50% 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	\$3	\$15	\$35
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 Gold Core 1640	Molina Gold Standard	Molina Gold Enhanced 895
BENEFITS AND COST SHARE HIGHLIGHTS				
Deductible (Ind/Fam)	\$7,000 / \$14,000	\$1,640 / \$3,280	\$2,000 / \$4,000	\$895 / \$1,790
Drug Deductible (Ind/Fam)	Comb. w/Med	Comb. w/Med	\$0	Comb. w/Med
Out of Pocket Max (Ind/Fam)	\$10,600 / \$21,200	\$8,100 / \$16,200	\$8,200 / \$16,400	\$8,700 / \$17,400
Emergency Room Facility	40% after ded	25% after ded	25% after ded	30% after ded
Urgent Care Services	\$60	\$40	\$45	\$40
INPATIENT SERVICES				
Inpatient Facility Fee <i>*Professional Fees May Apply</i>	40% after ded	25% after ded	25% after ded	30% after ded
OUTPATIENT PROFESSIONAL OFFICE VISITS SERVICES				
Primary Care	\$40**	\$25	\$30	\$25
Specialty Care	\$80	\$55	\$60	\$55
Rehabilitative and Habilitative Services	\$40	\$25	\$30	\$25
Mental / Behavioral Health Services / Substance Use Disorder Services	\$40**	\$25	\$30	\$25

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	Molina Silver Saver 70 with Four Free PCP Visits	Molina Gold Core 1640	Molina Gold Standard	Molina Gold Enhanced 895
OUTPATIENT HOSPITAL FACILITY SERVICES				
Outpatient Facility Fee	40% after ded	25% after ded	25% after ded	30% after ded
Outpatient Professional Fee	40% after ded	25% after ded	25% after ded	30% after ded
Advanced Imaging and Specialized Scanning Services	40% after ded	25% after ded	25% after ded	30% after ded
Routine X- Ray and Diagnostic Services	40% after ded	25% after ded	25% after ded	30% after ded
Laboratory Tests	40% after ded	\$25	25% after ded	\$35
PRESCRIPTION DRUGS [§]				
Preventive Drugs	No Charge	No Charge	No Charge	No Charge
Preferred Generic Drugs	\$10	\$15	\$15	\$10
Preferred Brand Drugs	\$100	\$50 after ded	\$30	\$75 after ded
Non-Preferred Drugs	40% after ded	30% after ded	\$60	40% after ded
Specialty Drugs	40% after ded	40% after ded	\$250	50% after ded

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SERVICES WITHOUT ANY DEDUCTIBLE

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	Molina Bronze Smart Heart Health ①	Molina Silver Smart 94 Heart Health ②	Molina Silver Smart 87 Heart Health ②	Molina Silver Smart 73 Heart Health ②	Molina Silver Smart 70 Heart Health ②	Molina Gold Smart Heart Health ③
BENEFITS AND COST SHARE HIGHLIGHTS						
Deductible (Ind/Fam)	\$4,000 / \$8,000	\$0	\$850 / \$1,700	\$3,500 / \$7,000	\$6,000 / \$12,000	\$1,640 / \$3,280
Drug Deductible (Ind/Fam)	Comb. w/Med	\$0	Comb. w/Med	Comb. w/Med	Comb. w/Med	Comb. w/Med
Out of Pocket Max (Ind/Fam)	\$9,950 / \$19,900	\$2,125 / \$4,250	\$3,350 / \$6,700	\$8,100 / \$16,200	\$10,150 / \$20,300	\$8,100 / \$16,200
Emergency Room Facility	50% after ded	30%	35% after ded	45% after ded	45% after ded	25% after ded
Urgent Care Services	\$100	\$2	\$25	\$55	\$60	\$40
INPATIENT SERVICES						
Inpatient Facility Fee <i>*Professional Fees May Apply</i>	50% after ded	30%	35% after ded	45% after ded	45% after ded	25% after ded
OUTPATIENT PROFESSIONAL OFFICE VISITS SERVICES						
Primary Care	\$50	\$0	\$8	\$30	\$40	\$25
Specialty Care	\$100 after ded	\$10	\$30	\$60	\$65	\$55
Rehabilitative and Habilitative Services	\$50	\$0	\$8	\$30	\$40	\$25
Mental / Behavioral Health Services / Substance Use Disorder Services	\$50	\$0	\$8	\$30	\$40	\$25

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	Molina Bronze Smart Heart Health ①	Molina Silver Smart 94 Heart Health ②	Molina Silver Smart 87 Heart Health ②	Molina Silver Smart 73 Heart Health ②	Molina Silver Smart 70 Heart Health ②	Molina Gold Smart Heart Health ③
OUTPATIENT HOSPITAL FACILITY SERVICES						
Outpatient Facility Fee	50% after ded	30%	35% after ded	45% after ded	45% after ded	25% after ded
Outpatient Professional Fee	50% after ded	30%	35% after ded	45% after ded	45% after ded	25% after ded
Advanced Imaging and Specialized Scanning Services	50% after ded	30%	35% after ded	45% after ded	45% after ded	25% after ded
Routine X- Ray and Diagnostic Services	50% after ded	\$30	\$80	\$100	\$100	25% after ded
Laboratory Tests	50% after ded	\$10	\$40	\$65	\$90	\$25
PRESCRIPTION DRUGS ^{\$}						
Preventive Drugs	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Preferred Generic Drugs	\$25	\$0	\$5	\$15	\$15	\$15
Preferred Brand Drugs	\$100 after ded	\$25	\$65	\$75 after ded	\$75 after ded	\$50 after ded
Non-Preferred Drugs	50% after ded	40%	40% after ded	50% after ded	50% after ded	30% after ded
Specialty Drugs	50% after ded	50%	50% after ded	50% after ded	50% after ded	40% after ded

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