



## Molina Marketplace 2019 Benefits At A Glance

	Choice Silver 100	Choice Silver 150	Choice Silver 200	Choice Silver 250	Choice Gold
<b>FEATURES (INDIVIDUAL/FAMILY)</b>					
Annual Medical Deductible	N/A	\$750/\$1,500	\$3,300/\$6,600	\$5,350/\$10,700	\$2,925/\$5,850
Annual Prescription Drug Deductible	N/A	N/A	\$400/\$800	\$400/\$800	N/A
Annual Out-of-Pocket Max	\$1,400/\$2,800	\$2,600/\$5,200	\$6,300/\$12,600	\$7,900/\$15,800	\$5,000/\$10,000
<b>BENEFITS<sup>1</sup></b>					
Emergency Room <sup>2</sup>	10%	20% ▲	30% ▲	30% ▲	20% ▲
Urgent Care	\$10	\$20	\$50	\$50	\$35
PCP Office Visit	No Charge	\$10	\$20	\$30	\$10
Mental Health Services, Outpatient	No Charge	\$10	\$20	\$30	\$10
Substance Abuse Services, Outpatient	No Charge	\$10	\$20	\$30	\$10
Specialist Office Visit	\$15	\$30	\$60	\$75	\$50
Habilitative Services	\$15	\$30	\$60	\$75	\$50
Rehabilitative Services	\$15	\$30	\$60	\$75	\$50
Outpatient Surgery	10%	20% ▲	30% ▲	30% ▲	20% ▲
X-rays	\$10	\$30	\$65	\$75	\$35
Lab Tests	\$10	\$10	\$40	\$40	\$15
Inpatient Hospital Services	10%	20% ▲	30% ▲	30% ▲	20% ▲
Maternity Care	10%	20% ▲	30% ▲	30% ▲	20% ▲
Tier-1 Lower-Cost Generic and Brand Name Drugs <sup>3</sup>	\$2	\$5	\$10	\$20	\$10
Tier-2 Preferred Generic and Brand Name Drugs <sup>3</sup>	\$15	\$30	\$60	\$60	\$50
Tier-3 Non-Preferred Brand Name Drugs <sup>3</sup>	20%	30%	40% ▲	40% ▲	30%
Tier-4 Generic and Brand Name Specialty Drugs <sup>3</sup>	20%	30%	40% ▲	40% ▲	30%

KEY:  Co-pay  Coinsurance  Deductible applies See back cover for details and descriptions.

**Great benefits at affordable rates.** Count on Molina for advantages like:



PCP visits with low co-pays, no deductible



Wellness and preventive services, no extra charge



Urgent care with reduced co-pays, no deductible



Child vision exam and eye wear, no extra charge

**Open Enrollment ends 12/15. Call today!**

## Don't miss Open Enrollment, November 1 - December 15, 2018. Call today!

This "2019 Benefits At A Glance" is intended to be a summary of covered benefits that lists some features of our plan. It does not list or describe all benefits covered under a specific product or every limitation or exclusion. Please consult the Molina Healthcare of Ohio, Inc. Agreement and Individual Evidence of Coverage for a detailed description of benefits, exclusions, and limitations.

<sup>1</sup> Deductible does not apply unless indicated. Certain benefits require Prior Authorization prior to obtaining services.

<sup>2</sup> This cost is waived if admitted directly to the hospital for Inpatient Services (refer to Inpatient Hospital Services for applicable cost sharing information).

<sup>3</sup> Coupons or any other form of third-party prescription drug cost sharing assistance will not apply toward any deductibles or annual out-of-pocket limits.

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