

# 20 | Benefits At A Glance

# 21 | Ohio

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

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

**FREE** preventive services and screenings for adults and children
- 

**FREE** annual wellness exams
- 


**FREE** pediatric vision services including frames and lenses
- 

**FREE** preventive prescription drugs
- 

**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! (866) 245-1359, 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
<b>Teladoc Virtual Care Visits, 24/7</b>	Free	Free	Free	Free	Free	Free	Free	Free
<b>Annual Wellness Visits - Adults</b>	Free	Free	Free	Free	Free	Free	Free	Free
<b>Routine Preventive Screenings - Children &amp; Adults</b>	Free	Free	Free	Free	Free	Free	Free	Free
<b>Routine Vision Exams, and Eye Wear for Children (Ages 0-18)</b>	Free	Free	Free	Free	Free	Free	Free	Free
<b>Preventive Prescription Drugs</b>	Free	Free	Free	Free	Free	Free	Free	Free
<b>24 - Hour Nurse Advice Line</b>	Free	Free	Free	Free	Free	Free	Free	Free
<b>Urgent Care at Same Cost As Primary Physician Visit</b>	✓	✓	✓	✓	✓	✓	✓	✓
<b>Plan Options with Adult Vision Services (ages 19+)*</b>	✓	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.

Visit MolinaMarketplace.com for plan details.

**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

<a href="#">Value Basics</a>	<a href="#">Benefit and Cost Share Highlights</a>	<a href="#">Outpatient Services</a>	<a href="#">Hospital / Facility Services</a>
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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
<b>Medical Deductible (Ind/Fam)</b>	\$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
<b>Out of Pocket Maximum (Ind/Fam)</b>	\$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
<b>Drug Deductible (Ind/Fam)</b>	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
<b>Emergency Room Services</b>	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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**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

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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
<b>Primary &amp; Urgent Care Services</b>	\$35 after ded	50% after ded	\$30	\$60	\$30	\$30	\$30	\$10
<b>Specialist Services</b>	\$75 after ded	50% after ded	\$90	\$150	\$60	\$65	\$65	\$50
<b>Mental / Behavioral Health Services</b>	\$35 after ded	50% after ded	\$30	\$60	\$30	\$30	\$30	\$10
<b>Imaging &amp; Specialized Radiology</b>	50% after ded	50% after ded	\$1,000	\$1,000	\$700	40% after ded	0% after ded	20% after ded
<b>Rehabilitative Services -ST, OT, PT</b>	50% after ded	50% after ded	\$90	\$80	\$60	40% after ded	0% after ded	\$50
<b>Routine Laboratory Services</b>	50% after ded	50% after ded	\$60	\$60	\$45	\$40	0% after ded	\$15
<b>Routine X-Ray &amp; Diagnostic Services</b>	50% after ded	50% after ded	\$140	\$140	\$80	40% after ded	0% after ded	20% after ded
<b>Tier 1 - Preferred Generic Drugs</b>	\$27	50% after ded	\$28	\$27	\$29	\$25	\$25	\$10
<b>Tier 2 - Preferred Brand Drugs</b>	50% after ded	50% after ded	\$125	\$130	\$60	\$65	\$75	\$50
<b>Tier 3 - Non-Pref Brand &amp; Generic Drugs</b>	50% after ded	50% after ded	50% after ded	50% after ded	40% after ded	50% after ded	0% after ded	30% after ded
<b>Tier 4 - Specialty Drugs</b>	50% after ded	50% after ded	50% after ded	50% after ded	40% after ded	50% after ded	0% after ded	30% after ded

Services Without Any Deductible

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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

<a href="#">Value Basics</a>	<a href="#">Benefit and Cost Share Highlights</a>	<a href="#">Outpatient Services</a>	<a href="#">Hospital / Facility Services</a>
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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
<b>Inpatient Hospital</b>	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
<b>Skilled Nursing Facility Services</b>	50% after ded	50% after ded	\$1,500/day	\$1,500/day	\$1,200/day	\$1,350/day	\$1,500/day	20% after ded
<b>Hospital Physician Services</b>	50% after ded	50% after ded	\$90	\$150	\$60	\$65	\$65	20% after ded
<b>Outpatient Surgery Services</b>	50% after ded	50% after ded	\$140	\$130	\$500	40% after ded	0% after ded	20% after ded

Services Without Any Deductible

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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](#)

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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
<b>Teladoc Virtual Care Visits, 24/7</b>	Free	Free	Free	Free	Free	Free	Free	Free	Free
<b>Annual Wellness Visits - Adults</b>	Free	Free	Free	Free	Free	Free	Free	Free	Free
<b>Routine Preventive Screenings - Children &amp; Adults</b>	Free	Free	Free	Free	Free	Free	Free	Free	Free
<b>Routine Vision Exams, and Eye Wear for Children (Ages 0-18)</b>	Free	Free	Free	Free	Free	Free	Free	Free	Free
<b>Preventive Prescription Drugs</b>	Free	Free	Free	Free	Free	Free	Free	Free	Free
<b>24 - Hour Nurse Advice Line</b>	Free	Free	Free	Free	Free	Free	Free	Free	Free
<b>Urgent Care at Same Cost As Primary Physician Visit</b>	✓	✓	✓	✓	✓	✓	✓	✓	✓
<b>Plan Options with Adult Vision Services (ages 19+)*</b>	✓	✓	✓	Not Available	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.

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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
<b>Medical Deductible (Ind/Fam)</b>	\$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
<b>Out of Pocket Maximum (Ind/Fam)</b>	\$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
<b>Drug Deductible (Ind/Fam)</b>	\$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
<b>Emergency Room Services</b>	\$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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[Bronze, Silver and Gold Plans](#)



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## Services

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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
<b>Primary &amp; Urgent Care Services</b>	\$0	\$6	\$30	\$0	\$10	\$20	\$0	\$7	\$20
<b>Specialist Services</b>	\$10	\$30	\$60	\$10	\$30	\$40	\$10	\$30	\$60
<b>Mental / Behavioral Health Services</b>	\$0	\$6	\$30	\$0	\$10	\$20	\$0	\$7	\$20
<b>Imaging &amp; Specialized Radiology</b>	\$50	\$400	\$700	25%	40%	40% after ded	0% after ded	0% after ded	0% after ded
<b>Rehabilitative Services -ST, OT, PT</b>	\$10	\$30	\$60	25%	40%	40% after ded	0% after ded	0% after ded	0% after ded
<b>Routine Laboratory Services</b>	\$5	\$20	\$45	\$0	\$30	\$30	0% after ded	0% after ded	0% after ded
<b>Routine X-Ray &amp; Diagnostic Services</b>	\$15	\$50	\$80	25%	40%	40% after ded	0% after ded	0% after ded	0% after ded
<b>Tier 1 - Preferred Generic Drugs</b>	\$0	\$5	\$20	\$0	\$10	\$20	\$0	\$6	\$12
<b>Tier 2 - Preferred Brand Drugs</b>	\$10	\$25	\$60	\$15	\$40	\$60	\$20	\$50	\$70
<b>Tier 3 - Non-Pref Brand &amp; Generic Drugs</b>	10%	40% after ded	40% after ded	25%	40%	40% after ded	0% after ded	0% after ded	0% after ded
<b>Tier 4 - Specialty Drugs</b>	10%	40% after ded	40% after ded	25%	40%	40% after ded	0% after ded	0% after ded	0% after ded

Services Without Any Deductible

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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
<b>Inpatient Hospital</b>	\$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)
<b>Skilled Nursing Facility Services</b>	\$600/day	\$750/day	\$1,200/day	\$300/day	\$575/day	\$900/day	\$100/day	\$400/day	\$1,200/day
<b>Hospital Physician Services</b>	\$10	\$30	\$60	\$10	\$30	\$40	\$10	\$30	\$60
<b>Outpatient Facility / Surgery Services</b>	\$100	\$350	\$500	25%	40%	40% after ded	0% after ded	0% after ded	0% after ded
<b>Outpatient Facility / Physician Services</b>	\$10	\$50	\$75	25%	40%	40% after ded	0% after ded	0% after ded	0% after ded

Services Without Any Deductible

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