

Molina Marketplace Benefits At A Glance - California

Affordable, quality health coverage for all. Learn more at [ChooseMolina.com](https://www.ChooseMolina.com).

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



	Minimum Coverage HMO	Bronze 60 HMO	Silver					Gold 80 HMO	Platinum 90 HMO
			Cost Sharing Reduction Plans (CSR)						
			Silver 94 HMO	Silver 87 HMO	Silver 73 HMO				
VALUE BASICS									
Teladoc Virtual Care Visits 24/7/365	Free	Free	Free	Free	Free	Free	Free	Free	
Annual Wellness Visit - Adults	Free	Free	Free	Free	Free	Free	Free	Free	
Routine Preventive Screenings - Children & Adults	Free	Free	Free	Free	Free	Free	Free	Free	
Routine Vision Exams and Eyewear - Children (Ages 0-18)	Free	Free	Free	Free	Free	Free	Free	Free	
Preventive Prescription Drugs	Free	Free	Free	Free	Free	Free	Free	Free	
24-Hour Nurse Advice Line	Free	Free	Free	Free	Free	Free	Free	Free	
BENEFITS AND COST SHARE HIGHLIGHTS									
Deductible (Ind/Fam)	\$9,200 / \$18,400	\$5,800 / \$11,600	N/A	N/A	N/A	N/A	N/A	N/A	
Drug Deductible (Ind/Fam)	Comb. w/Med	\$450 / \$900	N/A	N/A	N/A	N/A	N/A	N/A	
Out of Pocket Max (Ind/Fam)	\$9,200 / \$18,400	\$8,850 / \$17,700	\$1,150 / \$2,300	\$3,000 / \$6,000	\$6,100 / \$12,200	\$8,700 / \$17,400	\$4,500 / \$9,000		
Emergency Room Facility	0% after ded	40% after ded	\$50	\$150	\$350	\$330	\$150		
Urgent Care Services	0% after ded [†]	\$60	\$5	\$15	\$35	\$35	\$15		

§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. [†] Min Cov: Ded is waived for the first three non-preventive office visits for any combination of primary care, urgent care, mental health or substance abuse. [†] Bronze: Ded is waived for the first three non-preventive office visits for any combination of primary care, urgent care, or specialist care.

SERVICES WITHOUT ANY DEDUCTIBLE

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	Minimum Coverage HMO	Bronze 60 HMO	Silver				
			Cost Sharing Reduction Plans (CSR)				
			Silver 94 HMO	Silver 87 HMO	Silver 73 HMO	Gold 80 HMO	Platinum 90 HMO
INPATIENT SERVICES							
Inpatient Facility Fee <i>*Professional Fees May Apply</i>	0% after ded	40% after ded	10%	20%	30%	30%	10%
OUTPATIENT PROFESSIONAL OFFICE VISITS SERVICES							
Primary Care	0% after ded †	\$60	\$5	\$15	\$35	\$35	\$15
Specialty Care	0% after ded	\$95 after ded †	\$8	\$25	\$85	\$65	\$30
Rehabilitative and Habilitative Services	0% after ded	\$60	\$5	\$15	\$35	\$35	\$15
Mental / Behavioral Health Services / Substance Use Disorder Services	0% after ded †	\$60	\$5	\$15	\$35	\$35	\$15
OUTPATIENT HOSPITAL FACILITY SERVICES							
Outpatient Facility Fee	0% after ded	40% after ded	10%	20%	30%	30%	10%
Outpatient Professional Fee	0% after ded	40% after ded	10%	20%	30%	30%	10%
Advanced Imaging and Specialized Scanning Services	0% after ded	40% after ded	\$50	\$100	\$325	25%	10%
Routine X- Ray and Diagnostic Services	0% after ded	40% after ded	\$8	\$40	\$95	\$75	\$30
Laboratory Tests	0% after ded	\$40	\$8	\$20	\$50	\$40	\$15

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			Cost Sharing Reduction Plans (CSR)			Silver 94 HMO	Silver 87 HMO			Silver 73 HMO
PRESCRIPTION DRUGS[§]										
Preventive Drugs	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge		
Tier-1: Preferred Generic Drugs, Low-Cost Preferred Brand Drugs	0% after ded	\$19	\$3	\$5	\$15	\$15	\$7			
Tier-2: Non-Preferred Generic Drugs, Preferred Brand Drugs	0% after ded	40% (max \$500/script) after Rx ded	\$10	\$25	\$55	\$60	\$16			
Tier-3: Non-Preferred Brand Drugs	0% after ded	40% (max \$500/script) after Rx ded	\$15	\$45	\$85	\$85	\$25			
Tier-4: Specialty Drugs	0% after ded	40% (max \$500/script) after Rx ded	10% (max \$150/script)	15% (max \$150/script)	20% (max \$250/script)	20% (max \$250/script)	10% (max \$250/script)			

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