

# Molina Marketplace Benefits At A Glance - California

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

			Silver				
			Cost Sharing Reduction Plans (CSR)				
			Silver 94 HMO	Silver 87 HMO	Silver 73 HMO		
	Minimum Coverage HMO	Bronze 60 HMO				Gold 80 HMO	Platinum 90 HMO
BENEFITS AND COST SHARE HIGHLIGHTS							
Deductible (Ind/Fam)	\$10,600 / \$21,200	\$5,800 / \$11,600	N/A	\$1,400 / \$2,800	\$5,200 / \$10,400	N/A	N/A
Drug Deductible (Ind/Fam)	Comb. w/Med	\$450 / \$900	N/A	\$50 / \$100	\$50 / \$100	N/A	N/A
Out of Pocket Max (Ind/Fam)	\$10,600 / \$21,200	\$9,800 / \$19,600	\$1,400 / \$2,800	\$3,350 / \$6,700	\$8,100 / \$16,200	\$9,200 / \$18,400	\$5,000 / \$10,000
Emergency Room Facility	0% after ded	40% after ded	\$50	\$200	\$400	\$350	\$175
Urgent Care Services	0% after ded <sup>†</sup>	\$60	\$5	\$15	\$50	\$40	\$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. <sup>†</sup> 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. <sup>†</sup> 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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			Silver				
			Cost Sharing Reduction Plans (CSR)				
	Minimum Coverage HMO	Bronze 60 HMO	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% after ded	30% after ded	30%	10%
OUTPATIENT PROFESSIONAL OFFICE VISITS SERVICES							
Primary Care	0% after ded <sup>+</sup>	\$60	\$5	\$15	\$50	\$40	\$15
Specialty Care	0% after ded	\$95 after ded <sup>+</sup>	\$8	\$25	\$90	\$70	\$30
Rehabilitative and Habilitative Services	0% after ded	\$60	\$5	\$15	\$50	\$40	\$15
Mental / Behavioral Health Services / Substance Use Disorder Services	0% after ded <sup>+</sup>	\$60	\$5	\$15	\$50	\$40	\$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	\$10	\$50	\$95	\$75	\$30
Laboratory Tests	0% after ded	\$50	\$10	\$30	\$50	\$40	\$15

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PRESCRIPTION DRUGS <sup>\$</sup>							
Preventive Drugs	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	\$20	\$3	\$8	\$19	\$18	\$9
Tier-2: Non-Preferred Generic Drugs, Preferred Brand Drugs	0% after ded	40% (max \$500/script) after Rx ded	\$10	\$25 after Rx ded	\$55 after Rx ded	\$60	\$16
Tier-3: Non-Preferred Brand Drugs	0% after ded	40% (max \$500/script) after Rx ded	\$15	\$45 after Rx ded	\$85 after Rx ded	\$85	\$25
Tier-4: Specialty Drugs	0% after ded	40% (max \$500/script) after Rx ded	10% (max \$150/script)	15% (max \$150/script) after Rx ded	20% (max \$250/script) after Rx ded	20% (max \$250/script)	10% (max \$250/script)

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