Taking care of kids, seniors and families for over 30 years

Molina Marketplace





Access. Quality. Commitment.



Get a plan that's good for you and your budget

Health care has changed. Now you have more choices. And with Molina Healthcare, you can get a great affordable plan.

Plus, based on your income, you might be able to get help paying for most of your plan, or even all of it.

New: We've reduced our already-low rates!



We help you keep it simple

We offer several different plans, so we can cover every member of your family. Through all the changes life throws your way.

About Molina

Ever since Dr. C. David Molina started our company over 30 years ago, we've been caring for children, families and people with disabilities. And today, we still treat all our members like family.

If you don't have health coverage, you might have to pay extra at tax time. In 2015, the penalty is 2% of your income or \$325 per person. Remember, you may be able to get help paying for health care. So enroll and avoid penalties.

Molina offers a variety of plans to fit your needs

Lower premiums often mean higher deductibles. But this is just an overview. For complete details, see the 2015 Benefits at a Glance in this brochure.

	Monthly Premiums	Co-payments	Deductibles
SILVER	Lower	Lower	Lower
GOLD	Higher	Moderate	Moderate
BRONZE	Lowest	Highest	Higher

Everything you need to stay healthy, close to home

Our hospitals, doctors and other providers are right in the neighborhood. With all the care you need to feel your best.

All our plans cover:

- Free preventive care and wellness services
- Regular office visits
- Lab and radiology testing
- Mental health and substance abuse services
- Emergency services
- Prescription drugs

- Hospital care
- Maternity and newborn care
- Pediatric services, including vision care

Coverage that goes beyond the doctor's office

Besides access to great local doctors, we offer lots of extras to help you stay healthy.



FREE 24-hour Nurse Advice

Got a medical question? Give us a call day or night – our nurses are here for you whenever you need them



FREE Online member services

Change your doctor, order a new ID card, view member benefits and more. Find it all at MyMolina.com, 24 hours a day



FREE Pregnancy program

For the healthiest pregnancy, we give moms-to-be the support they need every step of the way



FREE Dedicated member support

We're here to answer your health care questions Monday to Friday, 8:00 a.m. – 5:00 p.m.



FREE Personal care management

Our skilled health care staff can connect you with counseling or housing, help schedule appointments and get a ride to them, and more



FREE Quality health and wellness programs

Get help managing asthma, diabetes, COPD, high blood pressure and other chronic issues for a higher quality of life

Choose Molina Healthcare. Call (855) 540-1884 or visit MolinaHealthcare.com/Marketplace today.



For more than 30 years, we've been a part of your community. Now we invite you to join our extended family. Call us toll free at **(855) 540-1884.**

MolinaHealthcare.com

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Molina Marketplace 2015 Benefits At-A-Glance

	Bronze	Silver 100	Silver 150	Silver 200	Silver 250	Gold
FEATURES	Di cirizo	0.1101 100	Ciivoi roc	Ciitoi Ess	Silver 255	COLU
Annual Deductible (Individual/Family)	\$4,500/\$9,000 ²	\$0	\$250/\$500 ¹	\$1,700/\$3,4001	\$2,000/\$4,000 ¹	\$500/\$1,000 ¹
Prescription Drug Deductible (Individual/Family)	N/A	\$0	\$0	\$0	\$200/\$400 ³	\$0
Annual Out-of-Pocket Maximum (Individual/Family)	\$6,600/\$13,200	\$2,250/\$4,500	\$2,250/\$4,500	\$5,200/\$10,400	\$6,600/\$13,200	\$6,600/\$13,200
BENEFITS ⁶	+ 5,000 07 + 20,000	, , , , , , , , , , , , , , , , , , , ,	12,200,740,000	40,200,400,000	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	+ 0,000, +00,000
Emergency and Urgent Care Services						
Emergency Room ⁷	\$300 co-pay	\$100 co-pay	\$150 co-pay	\$250 co-pay	\$250 co-pay	\$250 co-pay
Urgent Care	\$75 co-pay	\$15 co-pay	\$30 co-pay	\$60 co-pay	\$75 co-pay	\$60 co-pay
Office Visits ⁴	++++++++++++++++++++++++++++++++++++++	ter to Fay	to so hay	7 - 5 - F - 7	The section	Too to Fuy
Preventive Care						
Prenatal Visit						
Well Child Visit			No C	Charge		
Family Planning						
Primary Care	\$25 co-pay	\$0 co-pay	\$10 co-pay	\$25 co-pay	\$25 co-pay	\$15 co-pay
Specialty Care	\$75 co-pay	\$10 co-pay	\$30 co-pay	\$55 co-pay	\$55 co-pay	\$35 co-pay
Other Practitioner Care	\$75 co-pay	\$10 co-pay	\$30 co-pay	\$55 co-pay	\$55 co-pay	\$35 co-pay
Habilitative Care	40% coinsurance	10% coinsurance	20% coinsurance	30% coinsurance	30% coinsurance	20% coinsurance
Rehabilitative Care	40% coinsurance	10% coinsurance	20% coinsurance	30% coinsurance	30% coinsurance	20% coinsurance
Mental Health Services	\$25 co-pay	\$0 co-pay	\$10 co-pay	\$25 co-pay	\$25 co-pay	\$15 co-pay
Substance Abuse services	\$25 co-pay	\$0 co-pay	\$10 co-pay	\$25 co-pay	\$25 co-pay	\$15 co-pay
Pediatric Vision Services ⁸	The second secon	1 .7	1 .7	1 .7	7 1	1
Vison Exam						
Glasses	_		No c	charge		
Contacts						
Prescription Drugs						
<u> </u>		1				
Formulary Generic Drugs	\$16 co-pay	\$3 co-pay	\$10 co-pay	\$15 co-pay	\$15 co-pay	\$15 co-pay
, ,	\$16 co-pay \$65 co-pay	\$3 co-pay \$8 co-pay	\$10 co-pay \$20 co-pay	\$15 co-pay \$50 co-pay	\$15 co-pay \$50 co-pay	\$15 co-pay \$35 co-pay
Formulary Generic Drugs Formulary Preferred Brand Drugs Formulary Non Preferred Brand Drugs	\$65 co-pay	\$8 co-pay	\$20 co-pay	\$50 co-pay	\$50 co-pay	\$35 co-pay
Formulary Preferred Brand Drugs Formulary Non Preferred Brand Drugs	\$65 co-pay 40% coinsurance	\$8 co-pay 10% coinsurance	\$20 co-pay 20% coinsurance	\$50 co-pay 30% coinsurance	\$50 co-pay 30% coinsurance	\$35 co-pay 20% coinsurance
Formulary Preferred Brand Drugs Formulary Non Preferred Brand Drugs Specialty Drugs	\$65 co-pay	\$8 co-pay	\$20 co-pay	\$50 co-pay	\$50 co-pay	
Formulary Preferred Brand Drugs Formulary Non Preferred Brand Drugs Specialty Drugs Outpatient Hospital / Facility Services	\$65 co-pay 40% coinsurance 40% coinsurance	\$8 co-pay 10% coinsurance 10% coinsurance	\$20 co-pay 20% coinsurance 20% coinsurance	\$50 co-pay 30% coinsurance 30% coinsurance	\$50 co-pay 30% coinsurance 30% coinsurance	\$35 co-pay 20% coinsurance 20% coinsurance
Formulary Preferred Brand Drugs Formulary Non Preferred Brand Drugs Specialty Drugs Outpatient Hospital / Facility Services Laboratory Services	\$65 co-pay 40% coinsurance 40% coinsurance	\$8 co-pay 10% coinsurance 10% coinsurance \$0 co-pay	\$20 co-pay 20% coinsurance 20% coinsurance	\$50 co-pay 30% coinsurance 30% coinsurance	\$50 co-pay 30% coinsurance 30% coinsurance \$25 co-pay	\$35 co-pay 20% coinsurance 20% coinsurance \$15 co-pay
Formulary Preferred Brand Drugs Formulary Non Preferred Brand Drugs Specialty Drugs Outpatient Hospital / Facility Services Laboratory Services Radiology Services	\$65 co-pay 40% coinsurance 40% coinsurance	\$8 co-pay 10% coinsurance 10% coinsurance	\$20 co-pay 20% coinsurance 20% coinsurance	\$50 co-pay 30% coinsurance 30% coinsurance	\$50 co-pay 30% coinsurance 30% coinsurance	\$35 co-pay 20% coinsurance 20% coinsurance \$15 co-pay \$35 co-pay
Formulary Preferred Brand Drugs Formulary Non Preferred Brand Drugs Specialty Drugs Outpatient Hospital / Facility Services Laboratory Services Radiology Services Specialized Scanning Services (CT, MRI, PET Scans)	\$65 co-pay 40% coinsurance 40% coinsurance \$30 co-pay \$75 co-pay	\$8 co-pay 10% coinsurance 10% coinsurance \$0 co-pay \$10 co-pay	\$20 co-pay 20% coinsurance 20% coinsurance \$10 co-pay \$30 co-pay	\$50 co-pay 30% coinsurance 30% coinsurance \$25 co-pay \$55 co-pay	\$50 co-pay 30% coinsurance 30% coinsurance \$25 co-pay \$55 co-pay	\$35 co-pay 20% coinsurance 20% coinsurance \$15 co-pay \$35 co-pay 20% coinsurance
Formulary Preferred Brand Drugs Formulary Non Preferred Brand Drugs Specialty Drugs Outpatient Hospital / Facility Services Laboratory Services Radiology Services Specialized Scanning Services (CT, MRI, PET Scans) Medical/Surgical Services	\$65 co-pay 40% coinsurance 40% coinsurance \$30 co-pay \$75 co-pay 40% coinsurance	\$8 co-pay 10% coinsurance 10% coinsurance \$0 co-pay \$10 co-pay 10% coinsurance	\$20 co-pay 20% coinsurance 20% coinsurance \$10 co-pay \$30 co-pay 20% coinsurance	\$50 co-pay 30% coinsurance 30% coinsurance \$25 co-pay \$55 co-pay 30% coinsurance	\$50 co-pay 30% coinsurance 30% coinsurance \$25 co-pay \$55 co-pay 30% coinsurance	\$35 co-pay 20% coinsurance 20% coinsurance \$15 co-pay \$35 co-pay 20% coinsurance
Formulary Preferred Brand Drugs Formulary Non Preferred Brand Drugs Specialty Drugs Outpatient Hospital / Facility Services Laboratory Services	\$65 co-pay 40% coinsurance 40% coinsurance \$30 co-pay \$75 co-pay 40% coinsurance	\$8 co-pay 10% coinsurance 10% coinsurance \$0 co-pay \$10 co-pay 10% coinsurance	\$20 co-pay 20% coinsurance 20% coinsurance \$10 co-pay \$30 co-pay 20% coinsurance	\$50 co-pay 30% coinsurance 30% coinsurance \$25 co-pay \$55 co-pay 30% coinsurance	\$50 co-pay 30% coinsurance 30% coinsurance \$25 co-pay \$55 co-pay 30% coinsurance	\$35 co-pay 20% coinsurance 20% coinsurance \$15 co-pay \$35 co-pay 20% coinsurance 20% coinsurance
Formulary Preferred Brand Drugs Formulary Non Preferred Brand Drugs Specialty Drugs Outpatient Hospital / Facility Services Laboratory Services Radiology Services Specialized Scanning Services (CT, MRI, PET Scans) Medical/Surgical Services Inpatient Hospital Services Medical/Surgical, Maternity Care, Mental Health,	\$65 co-pay 40% coinsurance 40% coinsurance \$30 co-pay \$75 co-pay 40% coinsurance 40% coinsurance	\$8 co-pay 10% coinsurance 10% coinsurance \$0 co-pay \$10 co-pay 10% coinsurance 10% coinsurance	\$20 co-pay 20% coinsurance 20% coinsurance \$10 co-pay \$30 co-pay 20% coinsurance 20% coinsurance	\$50 co-pay 30% coinsurance 30% coinsurance \$25 co-pay \$55 co-pay 30% coinsurance 30% coinsurance	\$50 co-pay 30% coinsurance 30% coinsurance \$25 co-pay \$55 co-pay 30% coinsurance 30% coinsurance	\$35 co-pay 20% coinsurance 20% coinsurance \$15 co-pay \$35 co-pay 20% coinsurance 20% coinsurance
Formulary Preferred Brand Drugs Formulary Non Preferred Brand Drugs Specialty Drugs Outpatient Hospital / Facility Services Laboratory Services Radiology Services Specialized Scanning Services (CT, MRI, PET Scans) Medical/Surgical Services Inpatient Hospital Services Medical/Surgical, Maternity Care, Mental Health, Substance Abuse, Skilled Nursing Facility	\$65 co-pay 40% coinsurance 40% coinsurance \$30 co-pay \$75 co-pay 40% coinsurance 40% coinsurance	\$8 co-pay 10% coinsurance 10% coinsurance \$0 co-pay \$10 co-pay 10% coinsurance 10% coinsurance	\$20 co-pay 20% coinsurance 20% coinsurance \$10 co-pay \$30 co-pay 20% coinsurance 20% coinsurance	\$50 co-pay 30% coinsurance 30% coinsurance \$25 co-pay \$55 co-pay 30% coinsurance 30% coinsurance	\$50 co-pay 30% coinsurance 30% coinsurance \$25 co-pay \$55 co-pay 30% coinsurance 30% coinsurance	\$35 co-pay 20% coinsurance 20% coinsurance \$15 co-pay \$35 co-pay 20% coinsurance 20% coinsurance
Formulary Preferred Brand Drugs Formulary Non Preferred Brand Drugs Specialty Drugs Outpatient Hospital / Facility Services Laboratory Services Radiology Services Specialized Scanning Services (CT, MRI, PET Scans) Medical/Surgical Services Inpatient Hospital Services Medical/Surgical, Maternity Care, Mental Health, Substance Abuse, Skilled Nursing Facility Hospice Care	\$65 co-pay 40% coinsurance 40% coinsurance \$30 co-pay \$75 co-pay 40% coinsurance 40% coinsurance	\$8 co-pay 10% coinsurance 10% coinsurance \$0 co-pay \$10 co-pay 10% coinsurance 10% coinsurance	\$20 co-pay 20% coinsurance 20% coinsurance \$10 co-pay \$30 co-pay 20% coinsurance 20% coinsurance	\$50 co-pay 30% coinsurance 30% coinsurance \$25 co-pay \$55 co-pay 30% coinsurance 30% coinsurance	\$50 co-pay 30% coinsurance 30% coinsurance \$25 co-pay \$55 co-pay 30% coinsurance 30% coinsurance	\$35 co-pay 20% coinsurance \$15 co-pay \$35 co-pay 20% coinsurance 20% coinsurance 20% coinsurance
Formulary Preferred Brand Drugs Formulary Non Preferred Brand Drugs Specialty Drugs Outpatient Hospital / Facility Services Laboratory Services Radiology Services Specialized Scanning Services (CT, MRI, PET Scans) Medical/Surgical Services Inpatient Hospital Services Medical/Surgical, Maternity Care, Mental Health, Substance Abuse, Skilled Nursing Facility Hospice Care Transportation Assistance Emergency Transportation - Ambulance Non-Emergency Medical Transportation to & from	\$65 co-pay 40% coinsurance 40% coinsurance \$30 co-pay \$75 co-pay 40% coinsurance 40% coinsurance	\$8 co-pay 10% coinsurance 10% coinsurance \$0 co-pay \$10 co-pay 10% coinsurance 10% coinsurance	\$20 co-pay 20% coinsurance 20% coinsurance \$10 co-pay \$30 co-pay 20% coinsurance 20% coinsurance No coinsurance	\$50 co-pay 30% coinsurance 30% coinsurance \$25 co-pay \$55 co-pay 30% coinsurance 30% coinsurance charge	\$50 co-pay 30% coinsurance 30% coinsurance \$25 co-pay \$55 co-pay 30% coinsurance 30% coinsurance 30% coinsurance	\$35 co-pay 20% coinsurance 20% coinsurance \$15 co-pay \$35 co-pay 20% coinsurance 20% coinsurance 20% coinsurance
Formulary Preferred Brand Drugs Formulary Non Preferred Brand Drugs Specialty Drugs Outpatient Hospital / Facility Services Laboratory Services Radiology Services Specialized Scanning Services (CT, MRI, PET Scans) Medical/Surgical Services Inpatient Hospital Services Medical/Surgical, Maternity Care, Mental Health, Substance Abuse, Skilled Nursing Facility Hospice Care Transportation Assistance Emergency Transportation - Ambulance Non-Emergency Medical Transportation to & from Medical Appointments5	\$65 co-pay 40% coinsurance 40% coinsurance \$30 co-pay \$75 co-pay 40% coinsurance 40% coinsurance 40% coinsurance	\$8 co-pay 10% coinsurance 10% coinsurance \$0 co-pay \$10 co-pay 10% coinsurance 10% coinsurance	\$20 co-pay 20% coinsurance 20% coinsurance \$10 co-pay \$30 co-pay 20% coinsurance 20% coinsurance No coinsurance	\$50 co-pay 30% coinsurance 30% coinsurance \$25 co-pay \$55 co-pay 30% coinsurance 30% coinsurance charge	\$50 co-pay 30% coinsurance 30% coinsurance \$25 co-pay \$55 co-pay 30% coinsurance 30% coinsurance 30% coinsurance	\$35 co-pay 20% coinsurance 20% coinsurance \$15 co-pay \$35 co-pay 20% coinsurance 20% coinsurance 20% coinsurance \$250 co-pay per trip
Formulary Preferred Brand Drugs Formulary Non Preferred Brand Drugs Specialty Drugs Outpatient Hospital / Facility Services Laboratory Services Radiology Services Specialized Scanning Services (CT, MRI, PET Scans) Medical/Surgical Services Inpatient Hospital Services Medical/Surgical, Maternity Care, Mental Health, Substance Abuse, Skilled Nursing Facility Hospice Care Transportation Assistance Emergency Transportation - Ambulance Non-Emergency Medical Transportation to & from Medical Appointments5 SUPPLEMENTAL BENEFITS	\$65 co-pay 40% coinsurance 40% coinsurance \$30 co-pay \$75 co-pay 40% coinsurance 40% coinsurance 40% coinsurance	\$8 co-pay 10% coinsurance 10% coinsurance \$0 co-pay \$10 co-pay 10% coinsurance 10% coinsurance	\$20 co-pay 20% coinsurance 20% coinsurance \$10 co-pay \$30 co-pay 20% coinsurance 20% coinsurance No coinsurance	\$50 co-pay 30% coinsurance 30% coinsurance \$25 co-pay \$55 co-pay 30% coinsurance 30% coinsurance charge	\$50 co-pay 30% coinsurance 30% coinsurance \$25 co-pay \$55 co-pay 30% coinsurance 30% coinsurance 30% coinsurance	\$35 co-pay 20% coinsurance 20% coinsurance \$15 co-pay \$35 co-pay 20% coinsurance 20% coinsurance 20% coinsurance \$250 co-pay per trip
Formulary Preferred Brand Drugs Formulary Non Preferred Brand Drugs Specialty Drugs Outpatient Hospital / Facility Services Laboratory Services Radiology Services Specialized Scanning Services (CT, MRI, PET Scans) Medical/Surgical Services Inpatient Hospital Services Medical/Surgical, Maternity Care, Mental Health, Substance Abuse, Skilled Nursing Facility Hospice Care Transportation Assistance Emergency Transportation - Ambulance Non-Emergency Medical Transportation to & from Medical Appointments5 SUPPLEMENTAL BENEFITS	\$65 co-pay 40% coinsurance 40% coinsurance \$30 co-pay \$75 co-pay 40% coinsurance 40% coinsurance 40% coinsurance	\$8 co-pay 10% coinsurance 10% coinsurance \$0 co-pay \$10 co-pay 10% coinsurance 10% coinsurance	\$20 co-pay 20% coinsurance 20% coinsurance \$10 co-pay \$30 co-pay 20% coinsurance 20% coinsurance 20% coinsurance No C	\$50 co-pay 30% coinsurance 30% coinsurance \$25 co-pay \$55 co-pay 30% coinsurance 30% coinsurance 30% coinsurance \$250 co-pay per trip	\$50 co-pay 30% coinsurance 30% coinsurance \$25 co-pay \$55 co-pay 30% coinsurance 30% coinsurance 30% coinsurance	\$35 co-pay 20% coinsurance 20% coinsurance \$15 co-pay \$35 co-pay 20% coinsurance 20% coinsurance 20% coinsurance
Formulary Preferred Brand Drugs Formulary Non Preferred Brand Drugs Specialty Drugs Outpatient Hospital / Facility Services Laboratory Services Radiology Services Specialized Scanning Services (CT, MRI, PET Scans) Medical/Surgical Services Inpatient Hospital Services Medical/Surgical, Maternity Care, Mental Health, Substance Abuse, Skilled Nursing Facility Hospice Care Transportation Assistance Emergency Transportation - Ambulance Non-Emergency Medical Transportation to & from Medical Appointments5 SUPPLEMENTAL BENEFITS 24-Hour Nurse Advice Line	\$65 co-pay 40% coinsurance 40% coinsurance \$30 co-pay \$75 co-pay 40% coinsurance 40% coinsurance 40% coinsurance	\$8 co-pay 10% coinsurance 10% coinsurance \$0 co-pay \$10 co-pay 10% coinsurance 10% coinsurance	\$20 co-pay 20% coinsurance 20% coinsurance \$10 co-pay \$30 co-pay 20% coinsurance 20% coinsurance 20% coinsurance No C	\$50 co-pay 30% coinsurance 30% coinsurance \$25 co-pay \$55 co-pay 30% coinsurance 30% coinsurance charge	\$50 co-pay 30% coinsurance 30% coinsurance \$25 co-pay \$55 co-pay 30% coinsurance 30% coinsurance 30% coinsurance	\$35 co-pay 20% coinsurance 20% coinsurance \$15 co-pay \$35 co-pay 20% coinsurance 20% coinsurance 20% coinsurance

- ¹ Applies only to Outpatient Hospital / Facility and Inpatient Hospital / Facility Services
- ² Combined Medical and Pharmacy Deductible (Waived for Preventive Care, first three Office Visits, and Generic Drugs)
- ³ Applies only to Non-Preferred Brand Name Drugs and Specialty Drugs
- 4 Some Outpatient Professional Services not listed require a Coinsurance Cost Share rather than a Copayment
- 5 Non-Emergency Medical and Non-Medical Transportation services are limited to four (4) round trips per month
- ⁶ Certain benefits require Prior Authorization prior to obtaining services.
- ⁷ This cost is waived if admitted directly to the hospital for Inpatient Services (refer to Inpatient Hospital Services for applicable Cost sharing information)
- ⁸ Applicable to Dependent Children up to age 26, or up to age 30 as determined by Florida law

This "2015 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 Florida, Inc. Agreement and Individual Evidence of Coverage for a detailed description of benefits, exclusions, and limitations.

