## 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 plans through Medicare, Medicaid and the Health Insurance Marketplace. 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) 540-1984 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) 540-1984.** 

#### MolinaHealthcare.com

Product offered by Molina Healthcare of New Mexico, Inc., a wholly owned subsidiary of Molina Healthcare, Inc. This is a solicitation for insurance and an agent may contact you.



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### Molina Marketplace 2015 Benefits At-A-Glance

	Bronze	Silver 100	Silver 150	Silver 200	Silver 250	Gold		
FEATURES <sup>6</sup>								
Annual Deductible (individual/family)	\$4,500/\$9,000 <sup>2</sup>	\$0	\$250/\$500	\$1,700/\$3,4001	\$2,000/\$4,0001	\$500/\$1,000 <sup>1</sup>		
Prescription Drug Deductible (individual/family)	N/A	\$0	\$0	\$0	\$200/\$400 <sup>3</sup>	\$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								
Emergency and Urgent Care								
Emergency Room <sup>7</sup>	\$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 <sup>4</sup>		* * *	1	* * *				
Preventive Care								
Prenatal Visits								
Well-child Visits	No 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 <sup>8</sup>								
Vison Exam								
Glasses			No	charge				
Contacts								
Prescription Drugs								
Formulary Generic Drugs	\$16 co-pay	\$3 co-pay	\$10 co-pay	\$15 co-pay	\$15 co-pay	\$15 co-pay		
Formulary Preferred Brand Drugs	\$75 co-pay	\$8 co-pay	\$20 co-pay	\$50 co-pay	\$50 co-pay	\$35 co-pay		
Formulary Non Preferred Brand Drugs	40% coinsurance	10% coinsurance	20% coinsurance	30% coinsurance	30% coinsurance	20% coinsurance		
Specialty Drugs	40% coinsurance	10% coinsurance	20% coinsurance	30% coinsurance	30% coinsurance	20 /0 Combarance		
Outpatient Hospital / Facility Services					DO/O COILIDAI ALICO	20% coinsurance		
					5070 comourance			
Laboratory Services	\$30 co-pay	\$0 co-pay	\$10 co-pay	\$25 co-pay	\$25 co-pay			
· · · · · · · · · · · · · · · · · · ·	\$30 co-pay \$75 co-pay	\$0 co-pay \$10 co-pay	\$10 co-pay \$30 co-pay	\$25 co-pay \$55 co-pay		20% coinsurance		
Radiology Services Specialized Scanning Services (CT, MRI, PET			* '		\$25 co-pay	20% coinsurance \$15 co-pay		
Radiology Services Specialized Scanning Services (CT, MRI, PET Scans)	\$75 co-pay	\$10 co-pay	\$30 co-pay	\$55 co-pay	\$25 co-pay \$55 co-pay	20% coinsurance \$15 co-pay \$35 co-pay		
Radiology Services Specialized Scanning Services (CT, MRI, PET Scans)	\$75 co-pay 40% coinsurance	\$10 co-pay 10% coinsurance	\$30 co-pay 20% coinsurance	\$55 co-pay 30% coinsurance	\$25 co-pay \$55 co-pay 30% coinsurance	\$15 co-pay \$35 co-pay 20% coinsurance		
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	\$75 co-pay 40% coinsurance	\$10 co-pay 10% coinsurance	\$30 co-pay 20% coinsurance	\$55 co-pay 30% coinsurance	\$25 co-pay \$55 co-pay 30% coinsurance	\$15 co-pay \$35 co-pay 20% coinsurance		
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	\$75 co-pay 40% coinsurance 40% coinsurance	\$10 co-pay 10% coinsurance 10% coinsurance	\$30 co-pay 20% coinsurance 20% coinsurance	\$55 co-pay 30% coinsurance 30% coinsurance	\$25 co-pay \$55 co-pay 30% coinsurance	\$15 co-pay \$35 co-pay 20% coinsurance		
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	\$75 co-pay 40% coinsurance 40% coinsurance	\$10 co-pay 10% coinsurance 10% coinsurance	\$30 co-pay 20% coinsurance 20% coinsurance	\$55 co-pay 30% coinsurance 30% coinsurance	\$25 co-pay \$55 co-pay 30% coinsurance	\$15 co-pay \$35 co-pay 20% coinsurance		
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	\$75 co-pay 40% coinsurance 40% coinsurance	\$10 co-pay 10% coinsurance 10% coinsurance	\$30 co-pay 20% coinsurance 20% coinsurance	\$55 co-pay 30% coinsurance 30% coinsurance  30% coinsurance	\$25 co-pay \$55 co-pay 30% coinsurance 30% coinsurance	\$15 co-pay \$35 co-pay 20% coinsurance 20% coinsurance		
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 and Non-Emergency Non-Medical Transportation to & from	\$75 co-pay 40% coinsurance 40% coinsurance 40% coinsurance	\$10 co-pay 10% coinsurance 10% coinsurance	\$30 co-pay 20% coinsurance 20% coinsurance  20% coinsurance  No 6	\$55 co-pay 30% coinsurance 30% coinsurance	\$25 co-pay \$55 co-pay 30% coinsurance	\$15 co-pay \$35 co-pay 20% coinsurance 20% coinsurance		
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 and Non-Emergency Non-Medical Transportation to & from Medical Appointments <sup>5</sup>	\$75 co-pay 40% coinsurance 40% coinsurance 40% coinsurance	\$10 co-pay 10% coinsurance 10% coinsurance	\$30 co-pay 20% coinsurance 20% coinsurance  20% coinsurance  No 6	\$55 co-pay 30% coinsurance 30% coinsurance  30% coinsurance  Charge	\$25 co-pay \$55 co-pay 30% coinsurance 30% coinsurance	\$15 co-pay \$35 co-pay 20% coinsurance 20% coinsurance		
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 and Non-Emergency Non-Medical Transportation to & from Medical Appointments <sup>5</sup> SUPPLEMENTAL BENEFITS	\$75 co-pay 40% coinsurance 40% coinsurance 40% coinsurance	\$10 co-pay 10% coinsurance 10% coinsurance	\$30 co-pay 20% coinsurance 20% coinsurance  20% coinsurance  No 6	\$55 co-pay 30% coinsurance 30% coinsurance  30% coinsurance  Charge	\$25 co-pay \$55 co-pay 30% coinsurance 30% coinsurance	\$15 co-pay \$35 co-pay 20% coinsurance 20% coinsurance		
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 and Non-Emergency Non-Medical Transportation to & from Medical Appointments SUPPLEMENTAL BENEFITS 24-Hour Nurse Advice Line	\$75 co-pay 40% coinsurance 40% coinsurance 40% coinsurance	\$10 co-pay 10% coinsurance 10% coinsurance	\$30 co-pay 20% coinsurance 20% coinsurance  20% coinsurance  No 6	\$55 co-pay 30% coinsurance 30% coinsurance  30% coinsurance  Charge	\$25 co-pay \$55 co-pay 30% coinsurance 30% coinsurance	\$15 co-pay \$35 co-pay 20% coinsurance 20% coinsurance 20% coinsurance		
Medical/Surgical, Maternity Care, Mental Health, Substance Abuse, Skilled Nursing Facility Hospice Care Transportation Assistance Emergency Transportation - Ambulance Non-Emergency Medical and Non-Emergency Non-Medical Transportation to & from Medical Appointments* SUPPLEMENTAL BENEFITS 24-Hour Nurse Advice Line Weight control program	\$75 co-pay 40% coinsurance 40% coinsurance 40% coinsurance \$100 co-pay per trip Not Covered	\$10 co-pay 10% coinsurance 10% coinsurance	\$30 co-pay 20% coinsurance 20% coinsurance  No 6  \$150 co-pay per trip	\$55 co-pay 30% coinsurance 30% coinsurance  Charge  \$250 co-pay per trip  Charge	\$25 co-pay \$55 co-pay 30% coinsurance 30% coinsurance	\$15 co-pay \$35 co-pay 20% coinsurance 20% coinsurance		
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 and Non-Emergency Non-Medical Transportation to & from Medical Appointments <sup>2</sup> SUPPLEMENTAL BENEFITS 24-Hour Nurse Advice Line	\$75 co-pay 40% coinsurance 40% coinsurance 40% coinsurance \$100 co-pay per trip Not Covered	\$10 co-pay 10% coinsurance 10% coinsurance	\$30 co-pay 20% coinsurance 20% coinsurance  No 6  \$150 co-pay per trip	\$55 co-pay 30% coinsurance 30% coinsurance  30% coinsurance  Charge	\$25 co-pay \$55 co-pay 30% coinsurance 30% coinsurance	\$15 co-pay \$35 co-pay 20% coinsurance 20% coinsurance 20% coinsurance		

- $^{\rm 1}$  Applies Only to Outpatient Hospital / Facility and Inpatient Hospital / Facility Services
- <sup>2</sup> Combined Medical and Pharmacy Deductible (Waived for preventive care, first three Office Visits and Generic Drugs)
- $^{\rm 3}$  Applies only to Non-Preferred Brand Name drugs and Specialty drugs
- 4 Some Outpatient Professional Services not listed, are not Co-payment based and require a Coinsurance Cost Share
- 5 Non-Emergency Medical and Non-Emergency Non-Medical Transportation are limited to four (4) round trips per month
- <sup>6</sup> Certain benefits require Prior Authorization prior to obtaining services
- <sup>7</sup> This cost does not apply, if admitted directly to the hospital for inpatient services (refer to Inpatient Hospital Services, for applicable Cost sharing for you)
- <sup>8</sup> Applicable to Dependent Children through age 18

This "2015 Benefits At-A-Glance" is intended to be a summary of coverage benefits that lists some features of our plan, and does not list or describe all benefits covered under a specific product or every limitation or exclusion. Please consult the Molina Healthcare of New Mexico, Inc. Agreement and Individual Policy for a detailed description of benefits, exclusions and limitations.

