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

NEW lower rates!

	Bronze	Silver 100	Silver 150	Silver 200	Silver 250	Gold
FEATURES						
Annual Deductible (individual/family)	$4,500/$9,000[2]	$0	$250/$500[1]	$1,700/$3,400[1]	$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]						
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]						
Preventive Care	No Charge					
Prenatal Visit						
Well Child Visit						
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]						
Vision Exam	No charge					
Glasses						
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	$65 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% coinsurance
Outpatient Hospital / Facility Services						
Laboratory Services	$30 co-pay	$0 co-pay	$10 co-pay	$25 co-pay	$25 co-pay	$15 co-pay
Radiology Services	$75 co-pay	$10 co-pay	$30 co-pay	$55 co-pay	$55 co-pay	$35 co-pay
Specialized Scanning Services (CT, MRI, PET Scans)	40% coinsurance	10% coinsurance	20% coinsurance	30% coinsurance	30% coinsurance	20% coinsurance
Medical/Surgical Services	40% coinsurance	10% coinsurance	20% coinsurance	30% coinsurance	30% coinsurance	20% coinsurance
Inpatient Hospital Services						
Medical/Surgical, Maternity Care, Mental Health, Substance Abuse, Skilled Nursing Facility	40% coinsurance	10% coinsurance	20% coinsurance	30% coinsurance	30% coinsurance	20% coinsurance
Hospice Care	No Charge					
Transportation Assistance						
Emergency Transportation - Ambulance	$100 co-pay per trip	$100 co-pay per trip	$150 co-pay per trip	$250 co-pay per trip	$250 co-pay per trip	$250 co-pay per trip
Non-Emergency Medical and Non-Medical Transportation to & from Medical Appointments[5]	Not Covered	No Charge				Not Covered
Supplemental Benefits						
24-Hour Nurse Advice Line	No Charge					
Weight control program						
Motherhood Matters®, mothers-to-be program						
Tobacco counseling, smoking cessation program						

[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 through age 18

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 Wisconsin, Inc. Agreement and Individual Evidence of Coverage for a detailed description of benefits, exclusions, and limitations.

MOLINA® HEALTHCARE

Getting the care you need

When you join Molina Healthcare, you will choose a primary care doctor (PCP) from Molina Healthcare's provider network. This is your personal doctor who will provide your care or send you to other doctors (specialists) if needed. Molina Healthcare also has many specialty providers.

If you are away from Molina Healthcare's service area and need emergency care, go to the nearest emergency department.

To view the provider directory online, please visit www.MolinaHealthcare.com/providersearch or call (855) 540-1979.

Authorization Process

Most services are available to you without prior authorization. However, some services do require prior authorization. For a list of covered services that do and do not require prior authorization, please visit www.MolinaHealthcare.com or call (855) 540-1979.

Second Opinions

If you do not agree with your doctor's plan of care for you, you have the right to a second opinion from another Molina Healthcare Provider or Molina Healthcare shall arrange for you to obtain a second opinion outside the network at no cost to you.

Pharmacy

We cover prescription brand name drugs, non-preferred brand name drugs, generic drugs and specialty (oral and injectable) drugs when such prescription drugs are on the Drug Formulary and obtained through Molina Healthcare's contracted pharmacies.

You can look at our Drug Formulary at MolinaHealthcare.com or by calling us at (855) 540-1979.

Your Privacy

Your privacy is important to us. We respect and protect your privacy. Molina uses and shares your information to provide you with health benefits. Molina wants to let you know how your information is used or shared.

Why does Molina use or share your Protected Health Information (PHI)?

- To provide for your treatment
- To pay for your health care
- To review the quality of the care you get
- To tell you about your choices for care
- To run our health plan
- To share PHI as required or permitted by law

If you become a Molina Healthcare Member, you will receive Molina Healthcare's full Notice of Privacy Practices. Our Notice of Privacy Practices is also available on our website at www.MolinaHealthcare.com.

Case Management

If you have difficulty with a chronic medical condition that requires extra, ongoing attention, Molina Healthcare's care management program helps you better manage your condition and live a healthy life. Members with complex health care needs, such as asthma, behavioral health disorders, diabetes, Chronic Obstructive Pulmonary Disease, high blood pressure or high-risk pregnancy, can get personalized attention from your experienced health care staff. How our case managers can help you:

- Provide advice and help through a 24/7 Nurse Advice Line
- Coordinate speech, physical and occupational therapy needs
- Coordinate any durable medical equipment needs
- Coordinate home health visits as needed
- Facilitate communication between all of your healthcare providers when needed
- Coordinate behavioral health needs when appropriate
- Coordinate hospital stay discharge follow-up

Non Covered Benefits

This "2015 Benefits At-A-Glance" is intended to be a summary of covered 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. Some examples of non-covered benefits include:

- Cosmetic Surgery
- Hair Loss or Growth Treatment
- Surrogacy

MOLINA® HEALTHCARE

(855) 540-1979
MolinaHealthcare.com/Marketplace

Product offered by Molina Healthcare of Wisconsin, 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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