

TEXAS

Molina Marketplace 2018 Benefits At-A-Glance



MolinaMarketplace.com



Molina Marketplace 2018 Benefits At-A-Glance

	Choice Bronze	Choice Silver 100	Choice Silver 150	Choice Silver 200	Choice Silver 250	Choice Gold
FEATURES (INDIVIDUAL/FAMILY)						
Annual Medical Deductible	\$6,400/\$12,800	N/A	\$525/\$1,050	\$2,500/\$5,000	\$4,950/\$9,900	\$3,800/\$7,600
Annual Prescription Drug Deductible	Included in Medical deductible	N/A	N/A	\$400/\$800	\$400/\$800	N/A
Annual Out-of-Pocket Max	\$7,350/\$14,700	\$1,250/\$2,500	\$2,450/\$4,900	\$5,850/\$11,700	\$7,350/\$14,700	\$7,350/\$14,700
BENEFITS¹						
Emergency Room ²	\$400 ▲	\$175	\$250 ▲	\$400 ▲	\$400 ▲	\$300
Urgent Care	\$75 ▲	\$15	\$30	\$60	\$75	\$60
PCP Office Visit	\$35	No Charge	\$10	\$20	\$30	\$10
Mental Health Services, Outpatient	\$35	No Charge	\$10	\$20	\$30	\$10
Substance Abuse Services, Outpatient	\$35	No Charge	\$10	\$20	\$30	\$10
Specialist Office Visit	\$80 ▲	\$10	\$30	\$60	\$75	\$35
Habilitative Services	40% ▲	\$10	\$30	\$60	\$75	\$35
Rehabilitative Services	40% ▲	\$10	\$30	\$60	\$75	\$35
Outpatient Surgery	40% ▲	10%	20% ▲	40% ▲	40% ▲	20% ▲
X-rays	\$80 ▲	\$10	\$30	\$65	\$75	\$35
Lab Tests	\$40 ▲	\$10	\$10	\$40	\$40	\$15
Inpatient Hospital Services	40% ▲	10%	20% ▲	40% ▲	40% ▲	20% ▲
Maternity Care	40% ▲	10%	20% ▲	40% ▲	40% ▲	20% ▲
Tier-1 Generic Drugs	\$20	\$2	\$5	\$10	\$20	\$10
Tier-2 Preferred Brand Drugs	\$60 ▲	\$15	\$30	\$60	\$60	\$50
Tier-3 Non-Preferred Brand Drugs	50% ▲	20%	30%	50% ▲	50% ▲	30%
Tier-4 Specialty (Oral & Injectable) Drugs	50% ▲	20%	30%	50% ▲	50% ▲	30%

KEY:  copay  coinsurance  deductible applies See back cover for details and descriptions.

FREE benefits for you and your family:



PREVENTIVE CARE SERVICES



PREVENTIVE DRUGS



FAMILY PLANNING
(including birth control)



CHILD VISION EXAM
(refraction)

Options Silver 100	Options Silver 150	Options Silver 200	Options Silver 250	Silver 100	Silver 150	Silver 200	Silver 250	Gold
\$250/\$500	\$700/\$1,400	\$3,000/\$6,000	\$3,500/\$7,000	N/A	N/A	N/A	N/A	N/A
N/A	N/A	\$200/\$400	\$500/\$1,000	N/A	N/A	N/A	N/A	N/A
\$1,250/\$2,500	\$2,450/\$4,900	\$5,850/\$11,700	\$7,350/\$14,700	\$2,000/\$4,000	\$2,450/\$4,900	\$5,850/\$11,700	\$7,350/\$14,700	\$7,350/\$14,700
5% ▲	20% ▲	20% ▲	20% ▲	\$200	\$450	\$750	\$800	\$450
\$25	\$40	\$75	\$75	\$15	\$30	\$60	\$75	\$60
\$5	\$10	\$30	\$30	No Charge	\$10	\$30	\$40	\$30
\$5	\$10	\$30	\$30	No Charge	\$10	\$30	\$40	\$30
\$5	\$10	\$30	\$30	No Charge	\$10	\$30	\$40	\$30
\$10	\$25	\$65	\$65	\$10	\$50	\$80	\$85	\$70
5% ▲	20% ▲	20% ▲	20% ▲	10%	25%	50%	50%	20%
5% ▲	20% ▲	20% ▲	20% ▲	10%	25%	50%	50%	20%
5% ▲	20% ▲	20% ▲	20% ▲	10%	25%	50%	50%	20%
5% ▲	20% ▲	20% ▲	20% ▲	\$20	\$60	\$90	\$90	\$70
5% ▲	20% ▲	20% ▲	20% ▲	\$10	\$40	\$50	\$50	\$30
5% ▲	20% ▲	20% ▲	20% ▲	10%	25%	50%	50%	20%
5% ▲	20% ▲	20% ▲	20% ▲	10%	25%	50%	50%	20%
\$3	\$5	\$15	\$15	\$5	\$10	\$35	\$35	\$25
\$5	\$25	\$50	\$50	\$15	\$35	\$85	\$85	\$70
\$10	\$50	\$100	\$100	20%	35%	50%	50%	30%
25%	30%	40% ▲	40% ▲	20%	35%	50%	50%	30%

This “2018 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 Texas, Inc. Agreement and Individual Evidence of Coverage for a detailed description of benefits, exclusions, and limitations.



**CHILD EYEGLASSES OR CHILD
CONTACT LENSES**



HOSPICE

For over 35 years, health care you can trust.
Choose Molina Healthcare.
(855) 540-1847 (TTY/TDD: 711)

Everyone in our company has the same job: Taking care of you.

For information on our Quality Improvement Program and the programs and services we offer to our members, please view the Guide to Accessing Quality Health Care at MolinaHealthcare.com/MHTQualityGuide.

We help communities stay healthy too. As part of our mission to be of service, Molina Healthcare is committed to giving back. We believe in investing our time and resources to help local communities. Our corporate social responsibility initiatives include volunteerism, partnerships with local nonprofits, micro-grants, donations, sustainability efforts and more.

Check out what we're doing in your neighborhood at
MolinaHealthcare.com/SocialResponsibility



¹ Deductible does not apply unless indicated. Certain benefits require Prior Authorization prior to obtaining services.

² This cost is waived if admitted directly to the hospital for Inpatient Services (refer to Inpatient Hospital Services for applicable cost sharing information).

Product offered by Molina Healthcare of Texas, Inc., a wholly owned subsidiary of Molina Healthcare, Inc. Molina Healthcare of Texas, Inc. (Molina) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. You have the right to get this information in a different format, such as audio, Braille, or large font due to special needs or in your language at no additional cost. Usted tiene derecho a recibir esta información en un formato distinto, como audio, braille, o letra grande, debido a necesidades especiales; o en su idioma sin costo adicional. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-560-2025 (TTY: 711). CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-560-2025 (TTY: 711).

MolinaMarketplace.com