

2020 Molina Marketplace Benefits At A Glance Ohio



Benefits	Constant Care Silver 1 100	Constant Care Silver 1 150	Constant Care Silver 1 200	Constant Care Silver 1 250	Constant Care Silver 2 100	Constant Care Silver 2 150	Constant Care Silver 2 200	Constant Care Silver 2 250
Office Visit — Preventive Care	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Formulary Preventive Drugs*	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Vision Exam and Eyewear	No Charge on Most Services Pediatric vision services available for members up to age 19. Adult vision services are available.	No Charge on Most Services Pediatric vision services available for members up to age 19. Adult vision services are available.	No Charge on Most Services Pediatric vision services available for members up to age 19. Adult vision services are available.	No Charge on Most Services Pediatric vision services available for members up to age 19. Adult vision services are available.	No Charge on Most Services Pediatric vision services available for members up to age 19. Adult vision services are available.	No Charge on Most Services Pediatric vision services available for members up to age 19.	No Charge on Most Services Pediatric vision services available for members up to age 19.	No Charge on Most Services Pediatric vision services available for members up to age 19.
Medical Deductible, Individual	\$0	\$750	\$3,500	\$6,000	\$0	\$0	\$3,450	\$6,500
Medical Deductible, Family — Entire Family of 2 or more	\$0	\$1,500	\$7,000	\$12,000	\$0	\$0	\$6,900	\$13,000
Rx Deductible, Individual	\$0	\$0	\$1,500	\$1,500	\$0	\$0	Included in Medical deductible	Included in Medical deductible
Rx Deductible, Family — Entire Family of 2 or more	\$0	\$0	\$3,000	\$3,000	\$0	\$0	Included in Medical deductible	Included in Medical deductible
Out of Pocket Maximum, Individual	\$1,500	\$2,700	\$6,500	\$8,150	\$1,200	\$2,700	\$6,500	\$8,150
Out of Pocket Maximum, Family — Entire Family of 2 or more	\$3,000	\$5,400	\$13,000	\$16,300	\$2,400	\$5,400	\$13,000	\$16,300
Emergency Room — Cost-sharing waived if admitted (Inpatient cost-sharing applies).	15%	25% (after ded)	40% (after ded)	40% (after ded)	25%	40%	40% (after ded)	40% (after ded)
Urgent Care	\$0	\$5	\$20	\$25	\$0	\$7	\$20	\$30
Office Visit — Primary Care	\$0	\$5	\$20	\$25	\$0	\$7	\$20	\$30
Office Visit — Specialty Care	\$15	\$30	\$60	\$75	\$10	\$20	\$40	\$75
Inpatient/ Medical / Surgical — Professional and Facility	15%	25% (after ded)	40% (after ded)	40% (after ded)	25%	40%	40% (after ded)	40% (after ded)
Pharmacy (Generic* / Brand* / Non-preferred* / Specialty)	\$0 / \$20 / 15% / 15%	\$5 / \$30 / 40% / 40%	\$12 / \$60 / 40% (after ded) / 40% (after ded)	\$15 / \$60 / 40% (after ded) / 40% (after ded)	\$0 / \$25 / 25% / 25%	\$7 / \$35 / 40% / 40%	\$20 / \$60 / 40% (after ded) / 40% (after ded)	\$25 / \$65 / 50% (after ded) / 50% (after ded)

ded = deductible *Mail-order Rx drugs available for Tier-1: Preferred Generic Drugs, Tier-2: Preferred Brand Drugs, Tier-3: Non-Preferred Brand and Generic Drugs, Tier-5: Preventive Drugs. For mail-order Rx, a 90-day supply is provided at twice the 30-day retail cost-sharing amount.

**Applies to one visit for either PCP, Other Specialist or BH, not one visit for each provider type. This “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. Visit MolinaMarketplace.com for plan details.

Get the care you need at a price you can afford. Lean on Molina.

Call today! (866) 245-1359



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Benefits	Core Care Bronze 1	Core Care Bronze 2	Confident Care Gold 1
Office Visit — Preventive Care	No Charge	No Charge	No Charge
Formulary Preventive Drugs*	No Charge	No Charge	No Charge
Vision Exam and Eyewear	No Charge on Most Services Pediatric vision services available for members up to age 19. Adult vision services are available.	No Charge Pediatric vision services available for members up to age 19.	No Charge on Most Services Pediatric vision services available for members up to age 19. Adult vision services are available.
Medical Deductible, Individual	\$6,800 Combined Med/Rx	\$8,000 Combined Med/Rx	\$2,925 Combined Med/Rx
Medical Deductible, Family — Entire Family of 2 or more	\$13,600 Combined Med/Rx	\$16,000 Combined Med/Rx	\$5,850 Combined Med/Rx
Rx Deductible, Individual	Included in Medical deductible	Included in Medical deductible	Included in Medical deductible
Rx Deductible, Family — Entire Family of 2 or more	Included in Medical deductible	Included in Medical deductible	Included in Medical deductible
Out of Pocket Maximum, Individual	\$8,150	\$8,150	\$6,000
Out of Pocket Maximum, Family — Entire Family of 2 or more	\$16,300	\$16,300	\$12,000
Emergency Room — Cost-sharing waived if admitted (Inpatient cost-sharing applies).	40% (after ded)	50% (after ded)	20% (after ded)
Urgent Care	\$35	40% (after ded)	\$10
Office Visit — Primary Care	\$35	40% ded waived 1st visit, then 40% after deductible**	\$10
Office Visit — Specialty Care	\$85 (after ded)	40% (after ded)	\$50
Inpatient/ Medical / Surgical — Professional and Facility	40% (after ded)	40% (after ded)	20% (after ded)
Pharmacy (Generic* / Brand* / Non-preferred* / Specialty)	\$32 / 40% (after ded) / 50% (after ded) / 50% (after ded)	40% (after ded) / 40% (after ded) / 50% (after ded) / 50% (after ded)	\$10 / \$50 / 30% (after ded) / 30% (after ded)

ded = deductible *Mail-order Rx drugs available for Tier-1: Preferred Generic Drugs, Tier-2: Preferred Brand Drugs, Tier-3: Non-Preferred Brand and Generic Drugs, Tier-5: Preventive Drugs. For mail-order Rx, a 90-day supply is provided at twice the 30-day retail cost-sharing amount.

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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/MHOQualityGuide](https://www.molinahealthcare.com/MHOQualityGuide).

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English	ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call Member Services. The number is on the back of your Member ID card.
Spanish	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame a Servicios para Miembros. El número de teléfono está al reverso de su tarjeta de identificación del miembro.
Chinese	注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電會員服務。電話號碼載於您的會員證背面。
Vietnamese	CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Hãy gọi Dịch vụ Thành viên. Số điện thoại có trên mặt sau thẻ ID Thành viên của bạn.
Tagalog	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa Mga Serbisyo sa Miyembro. Makikita ang numero sa likod ng iyong ID card ng Miyembro.
Korean	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 회원 서비스로 전화하십시오. 전화번호는 회원 ID 카드 뒷면에 있습니다.
Arabic	فیرعت ٱقابط فلد دوجوم اذھ فتاھلا مقرؤ .ءاضءلاً تامدخ مسقبل صتا .كئل ،أناجم ،ٱیوٱللا قد عاسملا تامدخ حائت ،ٱیبرعلا مٱللا مدختست تئكا اذل :مببنتا .كف ٱصاخلا وضعا
French Creole	ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele Sèvis Manm. W ap jwenn nimewo a sou do kat idantifikasyon manm ou a.
Russian	ВНИМАНИЕ: Если вы говорите на русском языке, вы можете бесплатно воспользоваться услугами переводчика. Позвоните в Отдел обслуживания участников. Номер телефона указан на обратной стороне вашей ID-карты участника.
Armenian	ՈՒՇԱԴՐՈՒԹՅՈՒՆ. Եթե դուք խոսում եք հայերեն, կարող եք անվճար օգտվել լեզվի օժանդակ ծառայություններից: Չանգահարել ք Հաճախորդների սպասարկման բաժին: Հեռախոսի համարը նշված է ձեր Անդամակցության նույնականացման քարտի ետևի մասում:
Japanese	注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。会員サービスまでお電話ください。電話番号は会員IDカードの裏面に記載されております。
Farsi	تشبیهی وور نفلده مرامشه دیریگه سامت اضعاء تامدخ اب .دنتسه امشه سرتسد رد هئیزه نودب ،ینابز کمه تامدخ ،دینکیمه تبحصه یراف نابز هبرگا ؛مجوت .تسا مدشه جرد امشه تیوضعه یاسانش تراک
Punjabi	ਤੁਹਾਨੂੰ ਇਹ ਜਾਣਕਾਰੀ ਬਨਿਾਂ ਕਸਿ ਵਾਧੂ ਕੀਮਤ ਦੇ ਕਸਿ ਵੱਖਰੇ ਫਾਰਮੈਟ ਵਚਿ ਪ੍ਰਾਪਤ ਕਰਨ ਦਾ ਅਧਕਾਰ ਹੈ, ਜਵਿ ਕੀਖਾਸ ਜ਼ਰੂਰਤਾਂ ਕਾਰਨ ਆਡੀਓ, ਬ੍ਰੇਲ, ਜਾਂ ਵੱਡਾ ਫੋਂਟ ਜਾਂ ਫਚਿ ਤੁਹਾਡੀ ਭਾਸ਼ਾ ਵਚਿ।
German	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Wenden Sie sich telefonisch an die Mitgliederbetreuungen. Die Nummer finden Sie auf der Rückseite Ihrer Mitgliedskarte.
French	ATTENTION : Si vous parlez français, des services d’aide linguistique vous sont proposés gratuitement. Appelez les Services aux membres. Le numéro figure au dos de votre carte de membre.
Hmong	LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Cov npawb xov tooj nyob tom qab ntawm koj daim npav tswv cuab.
Cambodian	អ្នកមានសិទ្ធិទទួលបានព័ត៌មាននេះក្នុងទម្រង់ផ្សេង ដូចជា ទម្រង់ជាសូល្យដង អក្សរសរសេរ ទំហំអក្សរធំជាយសារតម្រូវការជាពិសេសរបស់អ្នក ឬជាភាសារបស់អ្នកជាយមិនគិតមូលរបស់ថវិកាផ្សេងៗ។