Marketplace

20 Benefits At A Glance 21 Utah



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Value Bas	<u>sics</u>		<u>and Cost</u> lighlights	<u>Out</u>	patient Servic	es <u>Ho</u>	Hospital / Facility Services		
		Core Car	e Bronze		Constant Care Silver				
	Renewal Plo	ans for 2021	New Plans	s for 2021	Renewal Plo	ans for 2021	New Plans for 2021	Renewal Plans for 2021	
	Bronze Plan 1	Bronze Plan 2	Bronze Plan 4	Bronze Plan 5	Silver Plan 1 / 250	Silver Plan 2 / 250	Silver Plan 4 / 250	Gold Plan 1	
Teladoc Virtual Care Visits, 24/7	Free	Free	Free	Free	Free	Free	Free	Free	
Annual Wellness Visits - Adults	Free	Free	Free	Free	Free	Free	Free	Free	
Routine Preventive Screenings - Children & Adults	Free	Free	Free	Free	Free	Free	Free	Free	
Routine Vision Exams, and Eye Wear for Children (Ages 0-18)	Free	Free	Free	Free	Free	Free	Free	Free	
Preventive Prescription Drugs	Free	Free	Free	Free	Free	Free	Free	Free	
24 - Hour Nurse Advice Line	Free	Free	Free	Free	Free	Free	Free	Free	
Urgent Care at Same Cost As Primary Physician Visit	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	
Plan Options with Adult Vision Services (ages 19+)*	~	Not Available	Not Available	Not Available	\checkmark	Not Available	Not Available	\checkmark	

Note: This "Benefits At A Glance" is intended to be a summary of covered benefits that lists some features of our plans. It does not list or describe all benefits covered under a specific product or every limitation or exclusion. *Services are non-EHB, not applicable to any APTC.

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Constant Care Silver Cost Sharing Reduction Plans

<u>Value Basics</u>			<u>and Cost</u> Highlights	Out	patient Servic	es	Hospital / Facility Services		
	Core Care Bronze					onstant Care	Silver	Confident Care Gold	
	Renewal Plo	ans for 2021	New Plans	Plans for 2021 Renewal P		ans for 2021	New Plans for 2021	Renewal Plans for 2021	
	Bronze Plan 1	Bronze Plan 2	Bronze Plan 4	Bronze Plan 5	Silver Plan 1 / 250	Silver Plan 2 250	/ Silver Plan 4 / 250	Gold Plan 1	
Medical Deductible (Ind/Fam)	\$6,100 / \$12,200	\$8,000 / \$16,000	\$0 / \$O	\$0 / \$0	\$0 / \$O	\$5,200 / \$10,4	00 \$7,450 / \$14,900	\$2,925 / \$5,850	
Out of Pocket Maximum (Ind/Fam)	\$8,550 / \$17,100	\$8,550 / \$17,100	\$8,550 / \$17,100	\$8,550 / \$17,100	\$8,500 / \$17,000	\$8,150 / \$16,30	00 \$7,450 / \$14,900	\$6,500 / \$13,000	
Drug Deductible (Ind/Fam)	Combined Med / Rx Rx Tiers 2-4	Combined Med / Rx All Rx Tiers	\$3,000 / \$6,000 Rx Tiers 3&4 Only	\$3,000 / \$6,000 Rx Tiers 3&4 Only	\$800 / \$1,600 Rx Tiers 3&4 Only	Combined Me / Rx Rx Tiers 3&4 O	/ Rx	Combined Med / Rx Rx Tiers 3&4 Only	
Emergency Room Services	50% after ded	50% after ded	\$1,600	\$1,850	\$750	40% after de	d 0% after ded	20% after ded	

Services Without Any Deductible

			<u>and Cost</u> Highlights	Out	patient Servic	es <u>H</u> e	Hospital / Facility Services		
		Core Car	re Bronze		C	onstant Care Si	ver	Confident Care Gold	
	Renewal Ple	ans for 2021	New Plan	s for 2021	Renewal Plo	ans for 2021	New Plans for 2021	Renewal Plans for 2021	
	Bronze Plan 1	Bronze Plan 2	Bronze Plan 4	Bronze Plan 5	Silver Plan 1 / 250	Silver Plan 2 / 250	Silver Plan 4 / 250	Gold Plan 1	
Primary & Urgent Care Services	\$35 after ded	50% after ded	\$30	\$60	\$30	\$30	\$30	\$10	
Specialist Services	\$75 after ded	50% after ded	\$90	\$150	\$60	\$65	\$65	\$50	
Mental / Behavioral Health Services	\$35 after ded	50% after ded	\$30	\$60	\$30	\$30	\$30	\$10	
Imaging & Specialized Radiology	50% after ded	50% after ded	\$1,000	\$1,000	\$700	40% after ded	0% after ded	20% after ded	
Rehabilitative Services -ST, OT, PT	50% after ded	50% after ded	\$90	\$80	\$60	40% after ded	0% after ded	\$50	
Routine Laboratory Services	50% after ded	50% after ded	\$60	\$60	\$45	\$40	0% after ded	\$15	
Routine X-Ray & Diagnostic Services	50% after ded	50% after ded	\$140	\$140	\$80	40% after ded	0% after ded	20% after ded	
Tier 1 - Preferred Generic Drugs	\$27	50% after ded	\$28	\$27	\$29	\$25	\$25	\$10	
Tier 2 - Preferred Brand Drugs	50% after ded	50% after ded	\$125	\$130	\$60	\$65	\$75	\$50	
Tier 3 - Non-Pref Brand & Generic Drugs	50% after ded	50% after ded	50% after ded	50% after ded	40% after ded	50% after ded	0% after ded	30% after ded	
Tier 4 - Specialty Drugs	50% after ded	50% after ded	50% after ded	50% after ded	40% after ded	50% after ded	0% after ded	30% after ded	

Services Without Any Deductible

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Constant Care Silver Cost Sharing Reduction Plans

			<u>: and Cost</u> Highlights	Out	patient Servic	es <u>Ho</u>	<u>Hospital / Facility Services</u>		
		Core Ca	re Bronze		Constant Care Silver				
	Renewal Ple	ans for 2021	New Plan	s for 2021	Renewal Plo	ins for 2021	New Plans for 2021	Renewal Plans for 2021	
	Bronze Plan 1	Bronze Plan 2	Bronze Plan 4	Bronze Plan 5	Silver Plan 1 / 250	Silver Plan 2 / 250	Silver Plan 4 / 250	Gold Plan 1	
Inpatient Hospital	50% after ded	50% after ded	\$1,500/day (max 2 copays)	\$1,500/day (max 2 copays)	\$1,200/day (max 2 copays)	\$1,350/day (max 2 copays)	\$1,500/day (max 2 copays)	20% after ded	
Skilled Nursing Facility Services	50% after ded	50% after ded	\$1,500/day	\$1,500/day	\$1,200/day	\$1,350/day	\$1,500/day	20% after ded	
Hospital Physician Services	50% after ded	50% after ded	\$90	\$150	\$60	\$65	\$65	20% after ded	
Outpatient Surgery Services	50% after ded	50% after ded	\$140	\$130	\$500	40% after ded	0% after ded	20% after ded	

Services Without Any Deductible

<u>Value Basics</u>			efit and Cos re Highlight		<u>Outpatier</u>	nt Services	Hospital / Facility Services		
			Reduction Plar	s (CSR)					
			Renewal Pla	ans for 2021			N	ew Plans for 20	21
		Silver Plan 1			Silver Plan 2			Silver Plan 4	
	CSR 100	CSR 150	CSR 200	CSR 100	CSR 150	CSR 200	CSR 100	CSR 150	CSR 200
Teladoc Virtual Care Visits, 24/7	Free	Free	Free	Free	Free	Free	Free	Free	Free
Annual Wellness Visits - Adults	Free	Free	Free	Free	Free	Free	Free	Free	Free
Routine Preventive Screenings - Children & Adults	Free	Free	Free	Free	Free	Free	Free	Free	Free
Routine Vision Exams, and Eye Wear for Children (Ages 0-18)	Free	Free	Free	Free	Free	Free	Free	Free	Free
Preventive Prescription Drugs	Free	Free	Free	Free	Free	Free	Free	Free	Free
24 - Hour Nurse Advice Line	Free	Free	Free	Free	Free	Free	Free	Free	Free
Urgent Care at Same Cost As Primary Physician Visit	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark
Plan Options with Adult Vision Services (ages 19+)*	\checkmark	\checkmark	\checkmark	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available

Note: This "Benefits At A Glance" is intended to be a summary of covered benefits that lists some features of our plans. It does not list or describe all benefits covered under a specific product or every limitation or exclusion. *Services are non-EHB, not applicable to any APTC.

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Bronze, Silver and Gold Plans

<u>Value Bas</u>	<u>Benefit and Cost</u> Share Highlights			<u>Outpatien</u>	t Services	Hosp	Hospital / Facility Services				
			Consta	nt Care Silver -	Cost Sharing	Reduction Plan	s (CSR)				
			Renewal Pla	ans for 2021			N	ew Plans for 20	21		
		Silver Plan 1			Silver Plan 2			Silver Plan 4			
	CSR 100	CSR 150	CSR 200	CSR 100	CSR 150	CSR 200	CSR 100	CSR 150	CSR 200		
Medical Deductible (Ind/Fam)	\$0 / \$0	\$0 / \$0	\$0 / \$0	\$0 / \$0	\$0 / \$0	\$3,450 / \$6,900	\$725 / \$1,450	\$2,150 / \$4,300	\$5,975 / \$11,950		
Out of Pocket Maximum (Ind/Fam)	\$1,200 / \$2,400	\$2,800 / \$5,600	\$6,700 / \$13,400	\$1,200 / \$2,400	\$2,850 / \$5,700	\$6,700 / \$13,400	\$725 / \$1,450	\$2,150 / \$4,300	\$5,975 / \$11,950		
Drug Deductible (Ind/Fam)	\$0 / \$0	\$150 / \$300 Rx Tiers 3&4 Only	\$350 / \$700 Rx Tiers 3&4 Only	\$0 / \$0	\$0 / \$0	Combined Med / Rx Rx Tiers 3&4 Only					
Emergency Room Services	\$250	\$400	\$750	25%	40%	40% after ded	0% after ded	0% after ded	0% after ded		

Services Without Any Deductible

Value Bas	<u>Value Basics</u>		<u>Benefit and Cost</u> <u>Share Highlights</u>		Outpatient Services		Hospital / Facility Services				
			Constar	nt Care Silv	er - Cost Sharing	Reduction Plan	is (CSR)	s (CSR)			
			Renewal Pla	ins for 2021	_		Ne	ew Plans for 20	21		
		Silver Plan 1			Silver Plan 2			Silver Plan 4			
	CSR 100	CSR 150	CSR 200	CSR 100	CSR 150	CSR 200	CSR 100	CSR 150	CSR 200		
Primary & Urgent Care Services	\$0	\$6	\$30	\$0	\$10	\$20	\$O	\$7	\$20		
Specialist Services	\$10	\$30	\$60	\$10	\$30	\$40	\$10	\$30	\$60		
Mental / Behavioral Health Services	\$0	\$6	\$30	\$0	\$10	\$20	\$0	\$7	\$20		
Imaging & Specialized Radiology	\$50	\$400	\$700	25%	40%	40% after ded	0% after ded	0% after ded	0% after ded		
Rehabilitative Services -ST, OT, PT	\$10	\$30	\$60	25%	40%	40% after ded	0% after ded	0% after ded	0% after ded		
Routine Laboratory Services	\$5	\$20	\$45	\$0	\$30	\$30	0% after ded	0% after ded	0% after ded		
Routine X-Ray & Diagnostic Services	\$15	\$50	\$80	25%	40%	40% after ded	0% after ded	0% after ded	0% after ded		
Tier 1 - Preferred Generic Drugs	\$0	\$5	\$20	\$0	\$10	\$20	\$O	\$6	\$12		
Tier 2 - Preferred Brand Drugs	\$10	\$25	\$60	\$15	\$40	\$60	\$20	\$50	\$70		
Tier 3 - Non-Pref Brand & Generic Drugs	10%	40% after ded	40% after ded	25%	40%	40% after ded	0% after ded	0% after ded	0% after ded		
Tier 4 - Specialty Drugs	10%	40% after ded	40% after ded	25%	40%	40% after ded	0% after ded	0% after ded	0% after ded		

Services Without Any Deductible

<u>Value Bas</u>	sics		efit and Cos re Highlights		<u>Outpatien</u>	t Services	Hospital / Facility Services		
	Constant Care Silver - Cost Sharing Reduction Plans (CSR)								
			Renewal Pla	ins for 2021			Ne	ew Plans for 20	21
		Silver Plan 1			Silver Plan 2		Silver Plan 4		
	CSR 100	CSR 150	CSR 200	CSR 100	CSR 150	CSR 200	CSR 100	CSR 150	CSR 200
Inpatient Hospital	\$600/day (max 2 copays)	\$750/day (max 2 copays)	\$1,200/day (max 2 copays)	\$300/day (max 2 copays)	\$575/day (max 2 copays)	\$900/day (max 2 copays)	\$100/day (max 2 copays)	\$400/day (max 2 copays)	\$1,200/day (max 2 copays)
Skilled Nursing Facility Services	\$600/day	\$750/day	\$1,200/day	\$300/day	\$575/day	\$900/day	\$100/day	\$400/day	\$1,200/day
Hospital Physician Services	\$10	\$30	\$60	\$10	\$30	\$40	\$10	\$30	\$60
Outpatient Facility / Surgery Services	\$100	\$350	\$500	25%	40%	40% after ded	0% after ded	0% after ded	0% after ded
Outpatient Facility / Physician Services	\$10	\$50	\$75	25%	40%	40% after ded	0% after ded	0% after ded	0% after ded

Services Without Any Deductible