

Molina Marketplace Benefits At A Glance - Nevada

Affordable, quality health coverage for all. Learn more at ChooseMolina.com.

Call today! (833) 657-0622 (TTY: 711)



Included in your plan at NO additional cost!



Teladoc Virtual Care
Visits 24/7/365



Annual Wellness
Visit - Adults



Routine Preventive
Screenings -
Children & Adults



Routine Vision Exams
and Eyewear -
Children (Ages 0-18)



Preventive Prescription
Drugs



24-Hour Nurse
Advice Line

	Molina Silver Core 94 Plus with Adult Vision	Molina Silver Core 87 Plus with Adult Vision	Molina Silver Core 73 Plus with Adult Vision	Molina Silver Core 70 Plus with Adult Vision	Molina Gold Core 1640 Plus with Adult Vision
BENEFITS AND COST SHARE HIGHLIGHTS					
Deductible (Ind/Fam)	\$0 / \$0	\$850 / \$1,700	\$3,500 / \$7,000	\$6,000 / \$12,000	\$1,640 / \$3,280
Drug Deductible (Ind/Fam)	\$0 / \$0	Comb. w/Med	Comb. w/Med	Comb. w/Med	Comb. w/Med
Out of Pocket Max (Ind/Fam)	\$2,000 / \$4,000	\$3,195 / \$6,390	\$7,685 / \$15,370	\$8,990 / \$17,980	\$8,100 / \$16,200
Emergency Room Facility	25%	30% after ded	40% after ded	40% after ded	25% after ded
Urgent Care Services	\$2	\$25	\$55	\$60	\$40

§ Mail-order is available for non-specialty drugs marked "MAIL" on the formulary. For mail-order Rx, a 90-day supply is provided at three times (3x) the 30-day retail cost-sharing amount.

SERVICES WITHOUT
ANY DEDUCTIBLE

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INPATIENT SERVICES					
Inpatient Facility Fee <i>*Professional Fees May Apply</i>	25%	30% after ded	40% after ded	40% after ded	25% after ded
OUTPATIENT PROFESSIONAL OFFICE VISITS SERVICES					
Primary Care	\$0	\$8	\$30	\$35	\$25
Specialty Care	\$10	\$30	\$60	\$60	\$55
Rehabilitative and Habilitative Services	\$0	\$30	\$30	\$35	\$25
Mental / Behavioral Health Services / Substance Use Disorder Services	\$0	\$8	\$30	\$35	\$25
OUTPATIENT HOSPITAL FACILITY SERVICES					
Outpatient Facility Fee	25%	30% after ded	40% after ded	40% after ded	25% after ded
Outpatient Professional Fee	25%	30% after ded	40% after ded	40% after ded	25% after ded
Advanced Imaging and Specialized Scanning Services	25%	30% after ded	40% after ded	40% after ded	25% after ded
Routine X- Ray and Diagnostic Services	\$25	\$75	\$95	\$95	25% after ded
Laboratory Tests	\$5	\$35	\$60	\$85	\$25

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PRESCRIPTION DRUGS[§]					
Preventive Drugs	No Charge	No Charge	No Charge	No Charge	No Charge
Preferred Generic Drugs	\$0	\$5	\$15	\$15	\$15
Preferred Brand Drugs	\$25	\$65	\$75 after ded	\$75 after ded	\$50 after ded
Non-Preferred Drugs	25%	30% after ded	40% after ded	50% after ded	30% after ded
Specialty Drugs	25%	30% after ded	40% after ded	50% after ded	40% after ded

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SERVICES WITHOUT
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