

Molina Marketplace 2015 Benefits At-A-Glance

	Molina Minimum Coverage HMO	Molina Bronze 60 HMO	Molina Silver 94 HMO	Molina Silver 87 HMO	Molina Silver 73 HMO	Molina Silver 70 HMO	Molina Gold 80 HMO	Molina Platinum 90 HMO
FEATURES								
Annual Deductible (individual/family)	\$6,600/ \$13,200 ⁷	\$5,000/ \$10,000 ¹	\$0	\$500/\$1,000	\$1,600/\$3,200	\$2,000/\$4,000	\$0	\$0
Prescription Drug Deductible (individual/family)	N/A	N/A	\$0	\$50/\$100 ²	\$250/\$500 ²	\$250/\$500 ²	\$0	\$0
Pediatric Dental Services	N/A	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Annual Out-of-Pocket Maximum (individual/family)	\$6,600/\$13,200	\$6,250/\$12,500	\$2,250/\$4,500	\$2,250/\$4,500	\$5,200/\$10,400	\$6,250/\$12,500	\$6,250/\$12,500	\$4,000/\$8,000
BENEFITS⁴								
Emergency and Urgent Care								
Emergency Room ⁵	\$0 co-pay	\$300 co-pay	\$25 co-pay	\$75 co-pay	\$250 co-pay	\$250 co-pay	\$250 co-pay	\$150 co-pay
Urgent Care	\$0 co-pay	\$120 co-pay	\$6 co-pay	\$30 co-pay	\$80 co-pay	\$90 co-pay	\$60 co-pay	\$40 co-pay
Office Visits³								
Preventive Care	No Charge							
Prenatal Visits								
Well-child Visits								
Family Planning								
Primary Care	\$0 co-pay	\$60 co-pay	\$3 co-pay	\$15 co-pay	\$40 co-pay	\$45 co-pay	\$30 co-pay	\$20 co-pay
Specialty Care	\$0 co-pay	\$70 co-pay	\$5 co-pay	\$20 co-pay	\$50 co-pay	\$65 co-pay	\$50 co-pay	\$40 co-pay
Other Practitioner Care	\$0 co-pay	\$60 co-pay	\$3 co-pay	\$15 co-pay	\$40 co-pay	\$45 co-pay	\$30 co-pay	\$20 co-pay
Habilitative Care	0% coinsurance	\$60 co-pay	\$3 co-pay	\$15 co-pay	\$40 co-pay	\$45 co-pay	\$30 co-pay	\$20 co-pay
Rehabilitative Care	0% coinsurance	\$60 co-pay	\$3 co-pay	\$15 co-pay	\$40 co-pay	\$45 co-pay	\$30 co-pay	\$20 co-pay
Mental Health Services	0% coinsurance	\$60 co-pay	\$3 co-pay	\$15 co-pay	\$40 co-pay	\$45 co-pay	\$30 co-pay	\$20 co-pay
Substance Abuse services	0% coinsurance	\$60 co-pay	\$3 co-pay	\$15 co-pay	\$40 co-pay	\$45 co-pay	\$30 co-pay	\$20 co-pay
Pediatric Vision Services⁶								
Vision Exam	No charge							
Glasses	\$0 co-pay	\$0 co-pay	\$0 co-pay	\$0 co-pay	\$0 co-pay	\$0 co-pay	\$0 co-pay	\$0 co-pay
Contacts	\$0 co-pay	\$0 co-pay	\$0 co-pay	\$0 co-pay	\$0 co-pay	\$0 co-pay	\$0 co-pay	\$0 co-pay
Pediatric Dental Services⁶								
Oral Exam, Preventative - Cleaning, Preventative - X-ray, Sealants per Tooth, Topical Fluoride Application, Space Maintainers - Fixed	No charge							
Amalgam Fill - 1 Surface	\$0 co-pay	\$25 co-pay	\$25 co-pay	\$25 co-pay	\$25 co-pay	\$25 co-pay	\$25 co-pay	\$25 co-pay
Root Canal - Molar	\$0 co-pay	\$300 co-pay	\$300 co-pay	\$300 co-pay	\$300 co-pay	\$300 co-pay	\$300 co-pay	\$300 co-pay
Gingivectomy per Quad	\$0 co-pay	\$150 co-pay	\$150 co-pay	\$150 co-pay	\$150 co-pay	\$150 co-pay	\$150 co-pay	\$150 co-pay
Extraction - Single Tooth Exposed Root or Erupt	\$0 co-pay	\$65 co-pay	\$65 co-pay	\$65 co-pay	\$65 co-pay	\$65 co-pay	\$65 co-pay	\$65 co-pay
Extraction - Complete Bony	\$0 co-pay	\$160 co-pay	\$160 co-pay	\$160 co-pay	\$160 co-pay	\$160 co-pay	\$160 co-pay	\$160 co-pay
Porcelain with Metal Crown	\$0 co-pay	\$300 co-pay	\$300 co-pay	\$300 co-pay	\$300 co-pay	\$300 co-pay	\$300 co-pay	\$300 co-pay
Orthodontia - Medically Necessary	\$0 co-pay	\$1,000 co-pay	\$1,000 co-pay	\$1,000 co-pay	\$1,000 co-pay	\$1,000 co-pay	\$1,000 co-pay	\$1,000 co-pay
Prescription Drug⁴								
Formulary Generic Drugs	\$0 co-pay	\$15 co-pay	\$3 co-pay	\$5 co-pay	\$15 co-pay	\$15 co-pay	\$15 co-pay	\$5 co-pay
Formulary Preferred Brand Drugs	\$0 co-pay	\$50 co-pay	\$5 co-pay	\$15 co-pay	\$35 co-pay	\$50 co-pay	\$50 co-pay	\$15 co-pay
Formulary Non Preferred Brand Drugs	\$0 co-pay	\$75 co-pay	\$10 co-pay	\$25 co-pay	\$60 co-pay	\$70 co-pay	\$70 co-pay	\$25 co-pay
Specialty Drugs	0% coinsurance	30% coinsurance	10% coinsurance	15% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance	10% coinsurance
Outpatient Hospital / Facility Services								
Laboratory Services	0% coinsurance	30% coinsurance	\$3 co-pay	\$15 co-pay	\$40 co-pay	\$45 co-pay	\$30 co-pay	\$20 co-pay
Radiology Services	0% coinsurance	30% coinsurance	\$5 co-pay	\$20 co-pay	\$50 co-pay	\$65 co-pay	\$50 co-pay	\$40 co-pay
Specialized Scanning Services (CT, MRI, PET Scans)	0% coinsurance	30% coinsurance	10% coinsurance	15% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance	10% coinsurance
Medical/Surgical Services	0% coinsurance	30% coinsurance	10% coinsurance	15% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance	10% coinsurance
Inpatient Hospital Services								
Medical/Surgical, Maternity Care, Mental Health, Substance Abuse, Skilled Nursing Facility	0% coinsurance	30% coinsurance	10% coinsurance	15% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance	10% coinsurance
Hospice Care	0% coinsurance							
Transportation Assistance								
Emergency Transportation - Ambulance	\$0 co-pay per trip	\$300 co-pay per trip	\$25 co-pay per trip	\$75 co-pay per trip	\$250 co-pay per trip	\$250 co-pay per trip	\$250 co-pay per trip	\$150 co-pay per trip
Non-Emergency Medical Transportation (ambulance)	\$0 co-pay per trip	\$300 co-pay per trip	\$25 co-pay per trip	\$75 co-pay per trip	\$250 co-pay per trip	\$250 co-pay per trip	\$250 co-pay per trip	\$150 co-pay per trip
SUPPLEMENTAL BENEFITS								
24-Hour Nurse Advice Line	No Charge							
Weight control program								
Motherhood Matters ⁸ , mothers-to-be program								
Tobacco counseling, smoking cessation program								

¹ Combined Medical and Pharmacy Deductible (Deductible waived for preventive, first three office visits and Generic Drugs)

² Applies to Preferred Brand Name, Non-Preferred Brand Name and Specialty Drugs

³ Some Outpatient Professional Services not listed, are not Co-payment based and require a Coinsurance Cost Share

⁴ Certain benefits require Prior Authorization prior to obtaining services.

⁵ This cost does not apply, if admitted directly to the hospital for inpatient services (refer to Inpatient Hospital Services, for applicable Cost sharing for you)

⁶ Applicable to Dependent Children through age 18

⁷ Combined Medical, Pharmacy, and Pediatric Dental (Deductible waived for Medical Preventive Care, first three Office Visits, and Generic Drugs)

This "2015 Benefits At-A-Glance" is intended to be a summary of coverage 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. Please consult the Molina Healthcare of California, Inc. Agreement and Individual Policy for a detailed description of benefits, exclusions and limitations.



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) 540-1968.

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) 540-1968.

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) 540-1968.

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 coverage 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



MolinaHealthcare.com/Marketplace