

OHIO

Molina Marketplace 2018 Benefits At-A-Glance



MolinaMarketplace.com



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

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)

Silver 250	Gold	Options Bronze	Options Silver 100	Options Silver 150	Options Silver 200	Options Silver 250
\$4,950/\$9,900	\$3,800/\$7,600	\$6,650/\$13,300	\$250/\$500	\$700/\$1,400	\$3,000/\$6,000	\$3,500/\$7,000
\$400/\$800	N/A	Included in Medical deductible	N/A	N/A	\$200/\$400	\$500/\$1,000
\$7,350/\$14,700	\$7,350/\$14,700	\$7,350/\$14,700	\$1,250/\$2,500	\$2,450/\$4,900	\$5,850/\$11,700	\$7,350/\$14,700
\$400 ▲	\$300	40% ▲	5% ▲	20% ▲	20% ▲	20% ▲
\$75	\$60	\$75	\$25	\$40	\$75	\$75
\$30	\$10	\$35	\$5	\$10	\$30	\$30
\$30	\$10	\$35	\$5	\$10	\$30	\$30
\$30	\$10	\$35	\$5	\$10	\$30	\$30
\$75	\$35	\$75	\$10	\$25	\$65	\$65
\$75	\$35	40% ▲	5% ▲	20% ▲	20% ▲	20% ▲
\$75	\$35	40% ▲	5% ▲	20% ▲	20% ▲	20% ▲
40% ▲	20% ▲	40% ▲	5% ▲	20% ▲	20% ▲	20% ▲
\$75	\$35	40% ▲	5% ▲	20% ▲	20% ▲	20% ▲
\$40	\$15	40% ▲	5% ▲	20% ▲	20% ▲	20% ▲
40% ▲	20% ▲	40% ▲	5% ▲	20% ▲	20% ▲	20% ▲
40% ▲	20% ▲	40% ▲	5% ▲	20% ▲	20% ▲	20% ▲
\$20	\$10	\$35	\$3	\$5	\$15	\$15
\$60	\$50	35% ▲	\$5	\$25	\$50	\$50
50% ▲	30%	40% ▲	\$10	\$50	\$100	\$100
50% ▲	30%	45% ▲	25%	30%	40% ▲	40% ▲

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 Ohio, Inc. Agreement and Individual Evidence of Coverage for a detailed description of benefits, exclusions, and limitations.



CHILD EYEGLASSES OR CHILD CONTACT LENSES



HOSPICE

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/MHOQualityGuide.

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).

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