

# 20 | Benefits At A Glance

# 21 | California



# For more plans, enhanced services and better value, lean on Molina.

-  **FREE** 24/7 Teladoc virtual care services
-  **FREE** annual wellness exams
-  **FREE** preventive prescription drugs
-  **FREE** preventive services and screenings for adults and children
-  **FREE** pediatric vision services including frames and lenses
-  **FREE** 24-Hour Nurse Advice Line

**And much more!**


## Get more with Molina Healthcare in 2021:

 **FIVE easy ways to pay:** By phone, mail, online, Autopay, and MoneyGram

 Molina Marketplace includes **24/7 Teladoc virtual care services** at no cost, for every plan, in every state! It's never been easier for members to get care, wherever they are.

 With the **Molina Mobile App**, health care is just one click away. Members can now:

- Tap into all the information they need fast.
- View benefits, find a provider, schedule a Teladoc call—and more.

 Our **online directory** gives members broad access to doctors, hospitals, pharmacies, vision providers and more.

 Visit **MolinaMarketplace.com** for more details.

**Get the care you need at a price you can afford. Call today!**

Click the links below to compare and contrast different services and plans (including Silver Plans)

Services

<a href="#">Value Basics</a>	<a href="#">Benefit and Cost Share Highlights</a>	<a href="#">Outpatient Services</a>	<a href="#">Hospital / Facility Services</a>
------------------------------	---------------------------------------------------	-------------------------------------	----------------------------------------------

	Minimum Coverage HMO	Bronze 60 HMO	Gold 80 HMO	Platinum 90 HMO
	Renewal Plans for 2021	Renewal Plans for 2021	Renewal Plans for 2021	Renewal Plans for 2021
	Minimum Plan	Bronze Plan	Gold Plan	Platinum Plan
<b>Teladoc Virtual Care Visits 24/7/365</b>	Free	Free	Free	Free
<b>Annual Wellness Visit</b>	Free	Free	Free	Free
<b>Routine Preventive Screenings - Children &amp; Adults</b>	Free	Free	Free	Free
<b>Routine Vision Exams, and Eye Wear for Children (Ages 0-18)</b>	Free	Free	Free	Free
<b>Preventive Prescription Drugs</b>	Free	Free	Free	Free
<b>24 Hour Nurse Line</b>	Free	Free	Free	Free
<b>Urgent Care At Same Cost As Primary Physician Visit</b>	✓	✓	✓	✓
<b>Free Pediatric Preventive and Diagnostic Dental services - cleanings, xrays, and exams</b>	✓	✓	✓	✓

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. Visit MolinaMarketplace.com for plan details.

[Silver Plans](#)

Click the links below to compare and contrast different services and plans (including Silver Plans)

Services

<a href="#">Value Basics</a>	<a href="#">Benefit and Cost Share Highlights</a>	<a href="#">Outpatient Services</a>	<a href="#">Hospital / Facility Services</a>
------------------------------	---------------------------------------------------	-------------------------------------	----------------------------------------------

	Minimum Coverage HMO	Bronze 60 HMO	Gold 80 HMO	Platinum 90 HMO
	Renewal Plans for 2021	Renewal Plans for 2021	Renewal Plans for 2021	Renewal Plans for 2021
	Minimum Plan	Bronze Plan	Gold Plan	Platinum Plan
<b>Deductible (Ind/Fam)</b>	\$8,550 / \$17,100	\$6,300 / \$12,600	N/A	N/A
<b>Out of Pocket Max (Ind/Fam)</b>	\$8,550 / \$17,100	\$8,200 / \$16,400	\$8,200 / \$16,400	\$4,500 / \$9,000
<b>Drug Deductible (Ind/Fam)</b>	Comb. w/Med	\$500 / \$1,000	N/A	N/A
<b>Emergency Room Services</b>	0% after ded	40% after ded	\$350	\$150

Services Without Any Deductible

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. Visit MolinaMarketplace.com for plan details.

[Silver Plans](#)

Click the links below to compare and contrast different services and plans (including Silver Plans)

## Services

<a href="#">Value Basics</a>	<a href="#">Benefit and Cost Share Highlights</a>	<a href="#">Outpatient Services</a>	<a href="#">Hospital / Facility Services</a>
------------------------------	---------------------------------------------------	-------------------------------------	----------------------------------------------

	Minimum Coverage HMO	Bronze 60 HMO	Gold 80 HMO	Platinum 90 HMO
	Renewal Plans for 2021	Renewal Plans for 2021	Renewal Plans for 2021	Renewal Plans for 2021
	Minimum Plan	Bronze Plan	Gold Plan	Platinum Plan
<b>Primary &amp; Urgent Care Services</b>	\$0 after ded ded waived first 3 visits*	\$65 after ded ded waived first 3 visits*	\$35	\$15
<b>Specialist Services</b>	0% after ded	\$95 after ded ded waived first 3 visits*	\$65	\$30
<b>Mental / Behavioral Health Services</b>	0% after ded ded waived first 3 visits*	\$65 after ded ded waived first 3 visits*	\$35	\$15
<b>Imaging &amp; Specialized Radiology</b>	\$0 after ded	40% after ded	20%	10%
<b>Rehabilitative Services -ST, OT, PT</b>	\$0 after ded	\$65	\$35	\$15
<b>Routine Laboratory Services</b>	0% after ded	\$40	\$40	\$15
<b>Routine X-Ray &amp; Diagnostic Services</b>	0% after ded	40% after ded	\$75	\$30
<b>Tier 1 - Generic, Preferred Brand</b>	0% after ded	\$18 after Rx ded	\$15	\$5
<b>Tier 2 - Non-Preferred Generic, Preferred Brand</b>	0% after ded	40% (max \$500/script) after Rx ded	\$55	\$15
<b>Tier 3 - Non-Pref Brand</b>	0% after ded	40% (max \$500/script) Rx after ded	\$80	\$25
<b>Tier 4 - Specialty Drugs</b>	0% after ded	40% (max \$500/script) Rx after ded	20% (max \$250/script)	10% (max \$250/script)

### Services Without Any Deductible

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. Visit MolinaMarketplace.com for plan details.

\* Deductible waived for the first 3 non-preventive office visits for any combination of Primary Care, Urgent Care, Mental Health, or Substance Abuse, (and Specialist visits for Bronze

## Silver Plans

Click the links below to compare and contrast different services and plans (including Silver Plans)

Services

<a href="#">Value Basics</a>	<a href="#">Benefit and Cost Share Highlights</a>	<a href="#">Outpatient Services</a>	<a href="#">Hospital / Facility Services</a>
------------------------------	---------------------------------------------------	-------------------------------------	----------------------------------------------

	Minimum Coverage HMO	Bronze 60 HMO	Gold 80 HMO	Platinum 90 HMO
	Renewal Plans for 2021	Renewal Plans for 2021	Renewal Plans for 2021	Renewal Plans for 2021
	Minimum Plan	Bronze Plan	Gold Plan	Platinum Plan
<b>Hospital &amp; Skilled Nursing Facility Services</b>	0% after ded	40% after ded	20%	10%
<b>Hospital Physician Services</b>	0% after ded	40% after ded	20%	10%
<b>Outpatient Surgery Services</b>	0% after ded	40% after ded	20%	10%

Services Without Any Deductible

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. Visit MolinaMarketplace.com for plan details.

[Silver Plans](#)

Click the links below to compare and contrast different services and plans (including Minimum, Bronze, Gold and Platinum Plans)

Services

<a href="#">Value Basics</a>	<a href="#">Benefit and Cost Share Highlights</a>	<a href="#">Outpatient Services</a>	<a href="#">Hospital / Facility Services</a>
------------------------------	---------------------------------------------------	-------------------------------------	----------------------------------------------

Silver 70 HMO				
	Silver Plan 1 - Cost Sharing Reduction Plans (CSR)			250/Silver 70
	CSR 100/Silver 94	CSR 150/Silver 87	CSR 200/Silver 73	
<b>Teladoc Virtual Care Visits 24/7/365</b>	Free	Free	Free	Free
<b>Annual Wellness Visit</b>	Free	Free	Free	Free
<b>Routine Preventive Screenings - Children &amp; Adults</b>	Free	Free	Free	Free
<b>Routine Vision Exams, and Eye Wear for Children (Ages 0-18)</b>	Free	Free	Free	Free
<b>Preventive Prescription Drugs</b>	Free	Free	Free	Free
<b>24 Hour Nurse Line</b>	Free	Free	Free	Free
<b>Urgent Care At Same Cost As Primary Physician Visit</b>	✓	✓	✓	✓
<b>Free Pediatric Preventive and Diagnostic Dental services - cleanings, xrays, and exam</b>	✓	✓	✓	✓

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. Visit MolinaMarketplace.com for plan details.

[Minimum, Bronze, Gold and Platinum Plans](#)

Click the links below to compare and contrast different services and plans (including Minimum, Bronze, Gold and Platinum Plans)

Services

<a href="#">Value Basics</a>	<a href="#">Benefit and Cost Share Highlights</a>	<a href="#">Outpatient Services</a>	<a href="#">Hospital / Facility Services</a>
------------------------------	---------------------------------------------------	-------------------------------------	----------------------------------------------

Silver 70 HMO				
Silver Plan 1 - Cost Sharing Reduction Plans (CSR)				250/Silver 70
	CSR 100/Silver 94	CSR 150/Silver 87	CSR 200/Silver 73	
<b>Deductible (Ind/Fam)</b>	\$75 / \$150	\$1,400 / \$2,800	\$3,700 / \$7,400	\$4,000 / \$8,000
<b>Out of Pocket Max (Ind/Fam)</b>	\$1,000 / \$2,000	\$2,850 / \$5,700	\$6,500 / \$13,000	\$8,200 / \$16,400
<b>Drug Deductible (Ind/Fam)</b>	N/A	\$100/\$200	\$275 / \$550	\$300 / \$600
<b>Emergency Room Services</b>	\$50	\$150	\$400	\$400

Services Without Any Deductible

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. Visit MolinaMarketplace.com for plan details.

[Minimum, Bronze, Gold and Platinum Plans](#)



Click the links below to compare and contrast different services and plans (including Minimum, Bronze, Gold and Platinum Plans)

## Services

[Value Basics](#)

[Benefit and Cost Share Highlights](#)

[Outpatient Services](#)

[Hospital / Facility Services](#)

Silver 70 HMO				
	Silver Plan 1 - Cost Sharing Reduction Plans (CSR)			250/Silver 70
	CSR 100/Silver 94	CSR 150/Silver 87	CSR 200/Silver 73	
<b>Primary &amp; Urgent Care Services</b>	\$5	\$15	\$35	\$40
<b>Specialist Services</b>	\$8	\$25	\$75	\$80
<b>Mental / Behavioral Health Services</b>	\$5	\$15	\$35	\$40
<b>Imaging &amp; Specialized Radiology</b>	\$50	\$100	\$325	\$325
<b>Rehabilitative Services -ST, OT, PT</b>	\$5	\$15	\$35	\$40
<b>Routine Laboratory Services</b>	\$8	\$20	\$40	\$40
<b>Routine X-Ray &amp; Diagnostic Services</b>	\$8	\$40	\$85	\$85
<b>Tier 1 - Generic, Preferred Brand</b>	\$3	\$5	\$16 after Rx ded	\$16 after Rx ded
<b>Tier 2 - Non-Preferred Generic, Preferred Brand</b>	\$10	\$25 after Rx ded	\$55 after Rx ded	\$60 after Rx ded
<b>Tier 3 - Non-Pref Brand</b>	\$15	\$45 after Rx ded	\$85 after Rx ded	\$90 after Rx ded
<b>Tier 4 - Specialty Drugs</b>	10% (max \$150/script)	15% (max \$150/script) after Rx ded	20% (max \$250/script) after Rx ded	20% (max \$250/script) after Rx ded

Services Without Any Deductible

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. Visit MolinaMarketplace.com for plan details.

[Minimum, Bronze, Gold and Platinum Plans](#)

Click the links below to compare and contrast different services and plans (including Minimum, Bronze, Gold and Platinum Plans)

**Services**

<a href="#"><u>Value Basics</u></a>	<a href="#"><u>Benefit and Cost Share Highlights</u></a>	<a href="#"><u>Outpatient Services</u></a>	<a href="#"><u>Hospital / Facility Services</u></a>
-------------------------------------	----------------------------------------------------------	--------------------------------------------	-----------------------------------------------------

Silver 70 HMO				
	Silver Plan 1 - Cost Sharing Reduction Plans (CSR)			250/Silver 70
	CSR 100/Silver 94	CSR 150/Silver 87	CSR 200/Silver 73	
<b>Hospital &amp; Skilled Nursing Facility Services</b>	10% after ded	15% after ded	20% after ded	20% after ded
<b>Hospital Physician Services</b>	10%	15%	20%	20%
<b>Outpatient Surgery Services</b>	10%	15%	20%	20%

Services Without Any Deductible

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. Visit MolinaMarketplace.com for plan details.

[\*\*Minimum, Bronze, Gold and Platinum Plans\*\*](#)

Molina Healthcare (Molina) complies with all Federal civil rights laws that relate to healthcare services. Molina offers healthcare services to all members and does not discriminate based on race, color, national origin, ancestry, age, disability, or sex. Molina also complies with applicable state laws and does not discriminate on the basis of creed, gender, gender expression or identity, sexual orientation, marital status, religion, honorably discharged veteran or military status, or the use of a trained dog guide or service animal by a person with a disability. To help you talk with us, Molina provides services free of charge, in a timely manner: Aids and services to people with disabilities, Skilled sign language interpreters, Written material in other formats (large print, audio, accessible electronic formats, Braille), Language services to people who speak another language or have limited English skills, Skilled interpreters, Written material translated in your language. If you need these services, contact Molina Member Services. The Molina Member Services number is on the back of your Member Identification card. (TTY: 711). If you think that Molina failed to provide these services or discriminated based on your race, color, national origin, age, disability, or sex, you can file a complaint. You can file a complaint in person, by mail, fax, or email. If you need help writing your complaint, we will help you. Call our Civil Rights Coordinator at (866) 606-3889, or TTY: 711. Mail your complaint to: Civil Rights Coordinator, 200 Oceangate, Long Beach, CA 90802. You can also email your complaint to [civil.rights@molinahealthcare.com](mailto:civil.rights@molinahealthcare.com). You can also file your complaint with Molina Healthcare AlertLine, twenty four hours a day, seven days a week at: <https://molinahealthcare.alertline.com>. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>. You can mail it to: U.S. Department of Health and Human Services, 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201. You can also send it to a website through the Office for Civil Rights Complaint Portal at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>. If you need help, call (800) 368-1019; TTY (800) 537-7697. You have the right to get this information in a different format, such as audio, Braille, or large font due to special needs or in your language at no additional cost. Usted tiene derecho a recibir esta información en un formato distinto, como audio, braille, o letra grande, debido a necesidades especiales; o en su idioma sin costo adicional.

<b>English</b>	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.
<b>Spanish</b>	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.
<b>Chinese</b>	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。
<b>Vietnamese</b>	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.
<b>Tagalog</b>	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.
<b>Korean</b>	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 회원 서비스로 전화하십시오. 전화번호는 회원 ID 카드 뒷면에 있습니다.
<b>Arabic</b>	فجر عت بقا طبر فلخ دوجوم اذ ه فتاهلا مقر . اضدعلا تامدخ مسبق لصتا . لعل ، اناجم ، بيوغلا قد عاسملا تامدخ حاتت ، بغيرعلا مغلا مدختست ذك اذل ؛ ميبنت لكب اصاخلا وضعا .
<b>French Creole</b>	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.
<b>Russian</b>	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.
<b>Armenian</b>	ՈւիճԱՐԴՈՒԹՅՈՒՆ. Եթե դուք խոսում եք հայերեն, կարող եք անվճար օգտվել լեզվի օժանդակ ծառայություններից: Ձանգահարե՛ք Հանձնխորհրդի սպասարկման բաժին: Հեռախոսի համարը նշված է ձեր Անդամակցության նույնականացման քարտի ետևի մասում:
<b>Japanese</b>	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。
<b>Farsi</b>	تشیب یور نفلد ه امشد . دیریگه سامت اضعا تامدخ اب . دنتسه امشد سر تسد رد هئیز ه نودب ، ی نابز کمک تامدخ ، دینکمه تبجص ی سراف نابز ه برگا ؛ هجوت . تسعا ه دش هرد امشد تیوضعی یاسانش تراک
<b>Punjabi</b>	ਤੁਹਾਨੂੰ ਇਹ ਜਾਣਕਾਰੀ ਬਨਿਾਂ ਕਸਿ ਵਾਧੂ ਕੀਮਤ ਦੇ ਕਸਿ ਵੱਖਰੇ ਫਾਰਮੈਟ ਵਚਿ ਪ੍ਰਕਾਪਤ ਕਰਨ ਦਾ ਅਧਕਾਰ ਹੈ, ਜਵਿ ਕਾਿਖਸ ਜ਼ਰੂਰਤਾਂ ਕਾਰਨ ਆਡੀਓ, ਥ੍ਰੇਲ, ਜਾਂ ਵੱਡਾ ਫੋਟ ਜਾਂ ਫਚਿ ਤੁਹਾਡੀ ਭਾਸ਼ਾ ਵਚਿ।
<b>German</b>	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.
<b>French</b>	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.
<b>Hmong</b>	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.
<b>Cambodian</b>	អ្នកមានសិទ្ធិទទួលបានព័ត៌មាននេះក្នុងទម្រង់ផ្សេង ដូចជា ទម្រង់ជាសម្លេង អក្សរសរសេរ ទំហំអក្សរធំជាយសារតែ ម្យ៉ាងការជាពិសេសរបស់អ្នក ឬជាភាសារបស់អ្នកជាយមិនគិតតម្លៃបន្ថែមឡើយ។