

2023 Molina Marketplace Benefits At A Glance - Mississippi

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	Core Care Bronze 4	Core Care Bronze 8	Constant Care Silver 1			
			Cost Sharing Reduction Plans (CSR)			Constant Care Silver 1 250
			Constant Care Silver 1 100	Constant Care Silver 1 150	Constant Care Silver 1 200	
LCS Plan Variation	Core Care Bronze 4 LCS	Core Care Bronze 8 LCS	n/a	n/a	n/a	Constant Care Silver 1 LCS
Adult Vision Option						
Duplicate plan with Adult Vision under separate plan ID — Embedded routine vision, administered by VSP — Non-EHB. Does not apply to Accumulators — For members age 19 and over	n/a	n/a	OPTIONAL	OPTIONAL	OPTIONAL	OPTIONAL
Benefits and Cost Share Highlights						
Deductible (Ind/Fam)	\$0/\$0	\$7,500 / \$15,000	\$0/\$0	\$750 / \$1,500	\$1,750 / \$3,500	\$2,500 / \$5,000
Drug Deductible (Ind/Fam)	\$3,000 / \$6,000	Comb. w/Med	\$0/\$0	\$750 / \$1,500	\$1,750 / \$3,500	\$2,500 / \$5,000
Out of Pocket Max (Ind/Fam)	\$8,550 / \$17,100	\$9,000 / \$18,000	\$1,400 / \$2,800	\$3,000 / \$6,000	\$7,250 / \$14,500	\$9,100 / \$18,200
Emergency Room Facility	\$1,750	50% after ded	\$350	\$600	\$950	\$950
Urgent Care Services	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Inpatient Services						
Inpatient Facility Fee *Professional Fees May Apply	\$1,500/day (max 2 copays)	50% after ded	\$600/day (max 2 copays)	\$750/day (max 2 copays)	\$1,200/day (max 2 copays)	\$1,200/day (max 2 copays)
Outpatient Professional Office Visits Services						
Primary Care	\$50	\$50	\$0	\$6	\$30	\$30
Specialty Care	\$125	\$100	\$10	\$30	\$60	\$60
Rehabilitative and Habilitative Services	\$90	\$50	\$10	\$30	\$60	\$60
Mental / Behavioral Health / Substance Abuse Services	\$50	\$50	\$0	\$6	\$30	\$30
Outpatient Hospital Facility Services						
Outpatient Facility Fee	\$1,750	50% after ded	25%	30% after ded	50% after ded	50% after ded
Outpatient Professional Fee	\$600	50% after ded	25%	30% after ded	50% after ded	50% after ded
Advanced Imaging And Specialized Scanning Services	\$1,500	50% after ded	25%	30% after ded	50% after ded	50% after ded
Routine X- Ray and Diagnostic Services	\$150	50% after ded	\$30	\$75	\$95	\$95
Laboratory Tests	\$75	50% after ded	\$10	\$30	\$60	\$60
Prescription Drugs						
Tier-1: Preferred Generic Drugs	\$25	\$25	\$0	\$5	\$25	\$29
Tier-2: Preferred Brand Drugs	\$125	\$50 after ded	\$10	\$25	\$60	\$60
Tier-3: Non-Preferred Brand and Generic Drugs	50% after Rx ded	\$100 after ded	10%	30% after Rx ded	50% after Rx ded	50% after Rx ded
Tier-4: Brand and Generic Specialty Drugs	50% after Rx ded	\$500 after ded	10%	30% after Rx ded	50% after Rx ded	50% 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.

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	Constant Care Silver 8					
	Cost Sharing Reduction Plans (CSR)			Constant Care Silver 8 250	Confident Care Gold 1	Confident Care Gold 8
	Constant Care Silver 8 100	Constant Care Silver 8 150	Constant Care Silver 8 200			
LCS Plan Variation	n/a	n/a	n/a	Constant Care Silver 8 LCS	Confident Care Gold 1 LCS	Confident Care Gold 8 LCS
Adult Vision Benefits						
Duplicate plan with Adult Vision under separate plan ID — Embedded routine vision, administered by VSP — Non-EHB. Does not apply to Accumulators — For members age 19 and over	n/a	n/a	n/a	n/a	OPTIONAL	n/a
Benefits and Cost Share Highlights						
Deductible (Ind/Fam)	\$0/\$0	\$800 / \$1,600	\$5,700 / \$ 11,400	\$5,800 / \$ 11,600	\$1,900 / \$3,800	\$2,000 / \$4,000
Drug Deductible (Ind/Fam)	Comb. w/Med	Comb. w/Med	Comb. w/Med	Comb. w/Med	Comb. w/Med	Comb. w/Med
Out of Pocket Max (Ind/Fam)	\$1,700 / \$3,400	\$3,000 / \$6,000	\$7,200 / \$14,400	\$8,900 / \$17,800	\$9,100 / \$18,200	\$8,700 / \$17,400
Emergency Room Facility	25%	30% after ded	40% after ded	40% after ded	25% after ded	25% after ded
Urgent Care Services	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Inpatient Services						
Inpatient Facility Fee *Professional Fees May Apply	25%	30% after ded	40% after ded	40% after ded	25% after ded	25% after ded
Outpatient Professional Office Visits Services						
Primary Care	\$0	\$20	\$30	\$40	\$20	\$30
Specialty Care	\$10	\$40	\$60	\$80	\$50	\$60
Rehabilitative and Habilitative Services	\$0	\$20	\$30	\$40	\$50	\$30
Mental / Behavioral Health / Substance Abuse Services	\$0	\$20	\$30	\$40	\$20	\$30
Outpatient Hospital Facility Services						
Outpatient Facility Fee	25%	30% after ded	40% after ded	40% after ded	25% after ded	25% after ded
Outpatient Professional Fee	25%	30% after ded	40% after ded	40% after ded	25% after ded	25% after ded
Advanced Imaging And Specialized Scanning Services	25%	30% after ded	40% after ded	40% after ded	25% after ded	25% after ded
Routine X- Ray and Diagnostic Services	25%	30% after ded	40% after ded	40% after ded	25% after ded	25% after ded
Laboratory Tests	25%	30% after ded	40% after ded	40% after ded	\$15	25% after ded
Prescription Drugs						
Tier-1: Preferred Generic Drugs	\$0	\$10	\$20	\$20	\$15	\$15
Tier-2: Preferred Brand Drugs	\$15	\$20	\$40	\$40	\$50	\$30
Tier-3: Non-Preferred Brand and Generic Drugs	\$50	\$60 after ded	\$80 after ded	\$80 after ded	30% after ded	\$60
Tier-4: Brand and Generic Specialty Drugs	\$150	\$250 after ded	\$350 after ded	\$350 after ded	30% after ded	\$250

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.

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