

2022 Molina Marketplace Benefits At A Glance - New Mexico

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Services	Constant Care Silver 1				Constant Care Silver 2			
	Renewal Plans for 2022				New Plans For 2022			
	Silver Plan 1 - Cost Sharing Reduction Plans (CSR)			Silver Plan 1 / 250	Silver Plan 2 - Cost Sharing Reduction Plans (CSR)			Silver Plan 2 / 250
	CSR 100	CSR 150	CSR 200		CSR 100	CSR 150	CSR 200	
Value Basics								
Teladoc Virtual Care Visits 24/7/365	No Cost	No Cost	No Cost	No Cost	No Cost	No Cost	No Cost	No Cost
Annual Wellness Visit - Adults	No Cost	No Cost	No Cost	No Cost	No Cost	No Cost	No Cost	No Cost
Routine Preventive Screenings - Children & Adults	No Cost	No Cost	No Cost	No Cost	No Cost	No Cost	No Cost	No Cost
Routine Vision Exams, and Eyewear for Children (Ages 0-18)	No Cost	No Cost	No Cost	No Cost	No Cost	No Cost	No Cost	No Cost
Preventive Prescription Drugs	No Cost	No Cost	No Cost	No Cost	No Cost	No Cost	No Cost	No Cost
24 Hour Nurse Line	No Cost	No Cost	No Cost	No Cost	No Cost	No Cost	No Cost	No Cost
Urgent Care At Same Cost As Primary Physician Visit	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Plan Options with Adult Vision Services	Yes	Yes	Yes	Yes	Not Available	Not Available	Not Available	Not Available
Benefit and Cost Share Highlights								
Deductible (Ind/Fam)	\$0 / \$0	\$0 / \$0	\$0 / \$0	\$0 / \$0	\$0	\$0	\$3,450 Comb. Med/Rx	\$5,200 Comb. Med/Rx
Out of Pocket Max (Ind/Fam)	\$1,200 / \$2,400	\$2,800 / \$5,600	\$6,700 / \$13,400	\$8,500 / \$17,000	\$1,200 / \$2,400	\$2,850 / \$5,700	\$6,700 / \$13,400	\$8,150 / \$16,300
Drug Deductible (Ind/Fam)	\$0 / \$0	\$150 / \$300 Rx Tiers 3&4 Only	\$350 / \$700 Rx Tiers 3&4 Only	\$800 / \$1,600 Rx Tiers 3&4 Only	\$0 / \$0	\$0 / \$0	Comb. w/Med	Comb. w/Med
Emergency Room Services	\$250	\$400	\$750	\$750	25%	40%	40% after ded	40% after ded
Hospital / Facility Services								
Inpatient Hospital	\$600/day (max 2 copays)	\$750/day (max 2 copays)	\$1,200/day (max 2 copays)	\$1,200/day (max 2 copays)	\$300/day (max 2 copays)	\$575/day (max 2 copays)	\$900/day (max 2 copays)	\$1,350/day (max 2 copays)
Skilled Nursing Facility Services	\$600/day	\$750/day	\$1,200/day	\$1,200/day	\$300/day	\$575/day	\$900/day	\$1,350/day
Hospital Physician Services	\$10	\$30	\$60	\$60	\$10	\$30	\$40	\$65
Outpatient Surgery Services	\$100	\$350	\$500	\$500	25%	40%	40% after ded	40% after ded
Outpatient Services								
Primary & Urgent Care Services	\$0	\$6	\$30	\$30	\$0	\$10	\$20	\$30
Specialist Services	\$10	\$30	\$60	\$60	\$10	\$35	\$40	\$65
Mental/Behavioral Health Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Imaging & Specialized Radiology	\$50	\$400	\$700	\$700	25%	40%	40% after ded	40% after ded
Rehabilitative Services -ST, OT, PT	\$0	\$6	\$30	\$30	\$0	\$10	\$20	\$30
Routine Laboratory Services	\$6	\$30	\$45	\$45	\$0	\$30	\$30	\$40
Routine X-Ray & Diagnostic Services	\$15	\$50	\$80	\$80	25%	40%	40% after ded	40% after ded
Prescription Drugs								
Tier 1 - Preferred Generic Drugs	\$0	\$5	\$22	\$29	\$0	\$12	\$25	\$25
Tier 2 - Preferred Brand Drugs	\$10	\$25	\$60	\$60	\$15	\$40	\$60	\$65
Tier 3 - Non-Pref Brand & Generic Drugs	10%	40% after ded	40% after ded	40% after ded	25%	40%	40% after ded	50% after ded
Tier 4 - Specialty Drugs	10%	40% after ded	40% after ded	40% after ded	25%	40%	40% after ded	50% after 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.

2022 Molina Marketplace Benefits At A Glance - New Mexico



Services	Constant Care Silver 4				Constant Care Silver 7			
	New Plans For 2022				New Plans For 2022			
	Silver Plan 4 - Cost Sharing Reduction Plans (CSR)			Silver Plan 4 / 250	Silver Plan 7 - Cost Sharing Reduction Plans (CSR)			Silver Plan 7 / 250
	CSR 100	CSR 150	CSR 200		CSR 100	CSR 150	CSR 200	
Value Basics								
Teladoc Virtual Care Visits 24/7/365	No Cost	No Cost	No Cost	No Cost	No Cost	No Cost	No Cost	No Cost
Annual Wellness Visit - Adults	No Cost	No Cost	No Cost	No Cost	No Cost	No Cost	No Cost	No Cost
Routine Preventive Screenings - Children & Adults	No Cost	No Cost	No Cost	No Cost	No Cost	No Cost	No Cost	No Cost
Routine Vision Exams, and Eyewear for Children (Ages 0-18)	No Cost	No Cost	No Cost	No Cost	No Cost	No Cost	No Cost	No Cost
Preventive Prescription Drugs	No Cost	No Cost	No Cost	No Cost	No Cost	No Cost	No Cost	No Cost
24 Hour Nurse Line	No Cost	No Cost	No Cost	No Cost	No Cost	No Cost	No Cost	No Cost
Urgent Care At Same Cost As Primary Physician Visit	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Plan Options with Adult Vision Services	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available
Benefit and Cost Share Highlights								
Deductible (Ind/Fam)	\$725 Comb. Med/Rx	\$2,150 Comb. Med/Rx	\$6,100 Comb. Med/Rx	\$7,450 Comb. Med/Rx	\$0 / \$0	\$0 / \$0	\$0 / \$0	\$0 / \$0
Out of Pocket Max (Ind/Fam)	\$725 / \$1,450	\$2,150 / \$4,300	\$6,100 / \$12,200	\$7,450 / \$14,900	\$1,200 / \$2,400	\$2,850 / \$5,700	\$6,800 / \$13,600	\$8,550 / \$17,100
Drug Deductible (Ind/Fam)	Comb. w/Med	Comb. w/Med	Comb. w/Med	Comb. w/Med	\$0 / \$0	\$80 / \$160 Rx Tiers 3&4 Only	\$350 / \$700 Rx Tiers 3&4 Only	\$1,350 / \$2,700 Rx Tiers 3&4 Only
Emergency Room Services	0% after ded	0% after ded	0% after ded	0% after ded	\$350	\$600	\$950	\$1,400
Hospital / Facility Services								
Inpatient Hospital	\$100/day (max 2 copays)	\$400/day (max 2 copays)	\$1,200/day (max 2 copays)	\$1,500/day (max 2 copays)	\$200/day (max 2 copays)	\$375/day (max 2 copays)	\$600/day (max 2 copays)	\$600/day (max 2 copays)
Skilled Nursing Facility Services	\$100/day	\$400/day	\$1,200/day	\$1,500/day	\$200/day	\$375/day	\$600/day	\$600/day
Hospital Physician Services	\$10	\$30	\$60	\$65	\$10	\$30	\$75	\$90
Outpatient Surgery Services	0% after ded	0% after ded	0% after ded	0% after ded	\$120	\$120	\$150	\$150
Outpatient Services								
Primary & Urgent Care Services	\$0	\$7	\$20	\$30	\$0	\$5	\$25	\$30
Specialist Services	\$10	\$30	\$60	\$65	\$10	\$30	\$75	\$90
Mental/Behavioral Health Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Imaging & Specialized Radiology	0% after ded	0% after ded	0% after ded	0% after ded	\$100	\$400	\$700	\$700
Rehabilitative Services -ST, OT, PT	\$0	\$7	\$20	\$30	\$0	\$5	\$25	\$30
Routine Laboratory Services	0% after ded	0% after ded	0% after ded	0% after ded	\$20	\$40	\$50	\$50
Routine X-Ray & Diagnostic Services	0% after ded	0% after ded	0% after ded	0% after ded	\$30	\$100	\$100	\$135
Prescription Drugs								
Tier 1 - Preferred Generic Drugs	\$0	\$6	\$15	\$25	\$0	\$8	\$25	\$30
Tier 2 - Preferred Brand Drugs	\$20	\$50	\$70	\$75	\$10	\$35	\$75	\$100
Tier 3 - Non-Pref Brand & Generic Drugs	0% after ded	0% after ded	0% after ded	0% after ded	10%	10% after Rx ded	40% after Rx ded	40% after Rx ded
Tier 4 - Specialty Drugs	0% after ded	0% after ded	0% after ded	0% after ded	10%	10% after Rx ded	40% after Rx ded	40% after Rx ded

Services Without Any Deductible

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2022 Molina Marketplace Benefits At A Glance - New Mexico



Services	Confident Care Gold
	Renewal Plan For 2022
	Gold Plan 1
Value Basics	
Teladoc Virtual Care Visits 24/7/365	No Cost
Annual Wellness Visit - Adults	No Cost
Routine Preventive Screenings - Children & Adults	No Cost
Routine Vision Exams, and Eyewear for Children (Ages 0-18)	No Cost
Preventive Prescription Drugs	No Cost
24 Hour Nurse Line	No Cost
Urgent Care At Same Cost As Primary Physician Visit	Yes
Plan Options with Adult Vision Services	Yes
Benefit and Cost Share Highlights	
Deductible (Ind/Fam)	\$2,200 / \$4,400
Out of Pocket Max (Ind/Fam)	\$8,550 / \$17,100
Drug Deductible (Ind/Fam)	Combined Med/Rx Rx Tiers 3&4 Only
Emergency Room Services	20% after ded
Hospital / Facility Services	
Inpatient Hospital	20% after ded
Skilled Nursing Facility Services	20% after ded
Hospital Physician Services	20% after ded
Outpatient Surgery Services	20% after ded
Outpatient Services	
Primary & Urgent Care Services	\$10
Specialist Services	\$50
Mental/Behavioral Health Services	\$0
Imaging & Specialized Radiology	20% after ded
Rehabilitative Services -ST, OT, PT	\$10
Routine Laboratory Services	\$15
Routine X-Ray & Diagnostic Services	20% after ded
Prescription Drugs	
Tier 1 - Preferred Generic Drugs	\$10
Tier 2 - Preferred Brand Drugs	\$50
Tier 3 - Non-Pref Brand & Generic Drugs	30% after ded
Tier 4 - Specialty Drugs	30% after ded

Services Without Any Deductible

Form #9317

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