

# 2022 Molina Marketplace Benefits At A Glance - Florida

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Services	Constant Care Silver 1				Constant Care Silver 2			
	Renewal Plans For 2022				Renewal 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	Free	Free	Free	Free	Free	Free	Free	Free
Annual Wellness Visit - Adults	Free	Free	Free	Free	Free	Free	Free	Free
Routine Preventive Screenings - Children & Adults	Free	Free	Free	Free	Free	Free	Free	Free
Routine Vision Exams, and Eyewear for Children (Ages 0–18)	Free	Free	Free	Free	Free	Free	Free	Free
Preventive Prescription Drugs	Free	Free	Free	Free	Free	Free	Free	Free
24 Hour Nurse Line	Free	Free	Free	Free	Free	Free	Free	Free
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	\$0 / \$0	\$3,450/\$6,900 Comb. Med/Rx	\$5,200/\$10,400 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	\$30	\$40	\$65
Mental/Behavioral Health Services	\$0	\$6	\$30	\$30	\$0	\$10	\$20	\$30
Imaging & Specialized Radiology	\$50	\$400	\$700	\$700	25%	40%	40% after ded	40% after ded
Rehabilitative Services -ST, OT, PT	\$10	\$30	\$60	\$60	25%	40%	40% after ded	40% after ded
Routine Laboratory Services	\$5	\$20	\$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	\$20	\$29	\$0	\$10	\$20	\$25
Tier 2 - Preferred Brand Drugs	\$10	\$25	\$60	\$60	\$15	\$40	\$60	\$65
Tier 3 - Non-Pref Brand & Generic Drugs	10%	40% after Rx ded	40% after Rx ded	40% after Rx ded	25%	40%	40% after ded	50% after ded
Tier 4 - Specialty Drugs	10%	40% after Rx ded	40% after Rx ded	40% after Rx ded	25%	40%	40% after ded	50% after ded

Services Without Any Deductible

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Services	Constant Care Silver 4				Constant Care Silver 7			
	Renewal 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	Free	Free	Free	Free	Free	Free	Free	Free
Annual Wellness Visit - Adults	Free	Free	Free	Free	Free	Free	Free	Free
Routine Preventive Screenings - Children & Adults	Free	Free	Free	Free	Free	Free	Free	Free
Routine Vision Exams, and Eyewear for Children (Ages 0-18)	Free	Free	Free	Free	Free	Free	Free	Free
Preventive Prescription Drugs	Free	Free	Free	Free	Free	Free	Free	Free
24 Hour Nurse Line	Free	Free	Free	Free	Free	Free	Free	Free
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 / \$1,450 Comb. Med/Rx	\$2,150 / \$4,300 Comb. Med/Rx	\$5,975 / \$11,950 Comb. Med/Rx	\$7,450 / \$14,900 Comb. Med/Rx	\$0 / \$0	\$0 / \$0	\$0 / \$0	\$0 / \$0
Out of Pocket Max (Ind/Fam)	\$725 / \$1,450	\$2,150 / \$4,300	\$5,975/ \$11,950	\$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	\$250	\$600	\$750	\$1,250
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	\$7	\$20	\$30	\$0	\$5	\$25	\$30
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% after ded	0% after ded	0% after ded	0% after ded	\$10	\$40	\$60	\$60
Routine Laboratory Services	0% after ded	0% after ded	0% after ded	0% after ded	\$20	\$30	\$50	\$50
Routine X-Ray & Diagnostic Services	0% after ded	0% after ded	0% after ded	0% after ded	\$30	\$60	\$100	\$135
Prescription Drugs								
Tier 1 - Preferred Generic Drugs	\$0	\$6	\$12	\$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 - Florida



Services	Constant Care Silver 5 (2-Tiered)			
	New Plans For 2022			
	Silver Plan 5 - Cost Sharing Reduction Plans (CSR)			Silver Plan 5 / 250
	CSR 100	CSR 150	CSR 200	
Value Basics				
Teladoc Virtual Care Visits 24/7/365	Free	Free	Free	Free
Annual Wellness Visit - Adults	Free	Free	Free	Free
Routine Preventive Screenings - Children & Adults	Free	Free	Free	Free
Routine Vision Exams, and Eyewear for Children (Ages 0-18)	Free	Free	Free	Free
Preventive Prescription Drugs	Free	Free	Free	Free
24 Hour Nurse Line	Free	Free	Free	Free
Urgent Care At Same Cost As Primary Physician Visit	Yes	Yes	Yes	Yes
Plan Options with Adult Vision Services	Not Available	Not Available	Not Available	Not Available
Benefit and Cost Share Highlights				
Deductible (Ind/Fam)	\$0 / \$0	\$0 / \$0	\$0 / \$0	\$0 / \$0
Out of Pocket Max (Ind/Fam)	\$1,200 / \$2,400	\$2,850 / \$5,700	\$6,800 / \$13,600	\$8,550 / \$17,100
Drug Deductible (Ind/Fam)	\$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	\$250	\$600	\$750	\$1,250
Hospital / Facility Services				
Inpatient Hospital (TIER 1/CHOICE NETWORK)	\$200/day (max 2 copays)	\$375/day (max 2 copays)	\$600/day (max 2 copays)	\$600/day (max 2 copays)
Inpatient Hospital (TIER 2/SELECT NETWORK)	\$400/day (max 2 copays)	\$750/day (max 2 copays)	\$1,200/day (max 2 copays)	\$1,200/day (max 2 copays)
Skilled Nursing Facility Services (TIER 1/CHOICE NETWORK)	\$200/day	\$375/day	\$600/day	\$600/day
Skilled Nursing Facility Services (TIER 2/SELECT NETWORK)	\$400/day	\$750/day	\$1,200/day	\$1,200/day
Hospital Physician Services	\$10	\$30	\$75	\$90
Outpatient Surgery Services (TIER 1/CHOICE NETWORK)	\$100	\$200	\$300	\$300
Outpatient Surgery Services (TIER 2/SELECT NETWORK)	\$200	\$400	\$600	\$600
Outpatient Services				
Primary & Urgent Care Services	\$0	\$5	\$25	\$30
Specialist Services	\$10	\$30	\$75	\$90
Mental/Behavioral Health Services	\$0	\$5	\$25	\$30
Imaging & Specialized Radiology (TIER 1/CHOICE NETWORK)	\$90	\$325	\$550	\$550
Imaging & Specialized Radiology (TIER 2/SELECT NETWORK)	\$180	\$650	\$1,100	\$1,100
Rehabilitative Services -ST, OT, PT	\$10	\$40	\$60	\$60
Routine Laboratory Services (TIER 1/CHOICE NETWORK)	\$20	\$25	\$50	\$50
Routine Laboratory Services (TIER 2/SELECT NETWORK)	\$40	\$50	\$100	\$100
Routine X-Ray & Diagnostic Services (TIER 1/CHOICE NETWORK)	\$20	\$45	\$90	\$135
Routine X-Ray & Diagnostic Services (TIER 2/SELECT NETWORK)	\$40	\$90	\$180	\$270
Prescription Drugs				
Tier 1 - Preferred Generic Drugs	\$0	\$8	\$25	\$30
Tier 2 - Preferred Brand Drugs	\$10	\$35	\$75	\$100
Tier 3 - Non-Pref Brand & Generic Drugs	10%	10% after Rx ded	40% after Rx ded	40% after Rx ded
Tier 4 - Specialty Drugs	10%	10% after Rx ded	40% after Rx ded	40% after Rx ded

New in 2022

Constant Care Silver 5 is Molina's first tiered benefit plan (available in Broward and Miami-Dade counties only). With cost-sharing that depends on which tier a facility is in, tiered benefit plans help members make cost-effective choices.

Constant Care Silver 5 facilities have two tiers: Choice Network for lower plan cost-sharing services and Select Network for higher plan cost-sharing services.

Before receiving service, members can verify the providers in each tier by going online or calling a number on their ID Card.

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Services	Core Care Bronze	Core Care Bronze	Confident Care Gold
	Renewal Plan For 2022	Renewal Plan For 2022	Renewal Plan For 2022
	Bronze Plan 1	Bronze Plan 4	Gold Plan 1
Value Basics			
Teladoc Virtual Care Visits 24/7/365	Free	Free	Free
Annual Wellness Visit - Adults	Free	Free	Free
Routine Preventive Screenings - Children & Adults	Free	Free	Free
Routine Vision Exams, and Eyewear for Children (Ages 0-18)	Free	Free	Free
Preventive Prescription Drugs	Free	Free	Free
24 Hour Nurse Line	Free	Free	Free
Urgent Care At Same Cost As Primary Physician Visit	Yes	Yes	Yes
Plan Options with Adult Vision Services	Not Available	Not Available	Yes
Benefit and Cost Share Highlights			
Deductible (Ind/Fam)	\$6,100 / \$12,200	\$0 / \$0	\$2,100 / \$4,200
Out of Pocket Max (Ind/Fam)	\$8,550 / \$17,100	\$8,550 / \$17,100	\$8,550 / \$17,100
Drug Deductible (Ind/Fam)	Comb. w/Med	\$3,000 / \$6,000	Combined Med/Rx Rx Tiers 3&4 Only
Emergency Room Services	50% after ded	\$1,750	20% after ded
Hospital / Facility Services			
Inpatient Hospital	50% after ded	\$1,500/day (max 2 copays)	20% after ded
Skilled Nursing Facility Services	50% after ded	\$1,500/day	20% after ded
Hospital Physician Services	50% after ded	\$125	20% after ded
Outpatient Surgery Services	50% after ded	\$1,250	20% after ded
Outpatient Services			
Primary & Urgent Care Services	\$35 after ded	\$50	\$10
Specialist Services	\$75 after ded	\$125	\$50
Mental/Behavioral Health Services	\$35 after ded	\$50	\$10
Imaging & Specialized Radiology	50% after ded	\$1,500	20% after ded
Rehabilitative Services -ST, OT, PT	50% after ded	\$90	\$50
Routine Laboratory Services	50% after ded	\$75	\$15
Routine X-Ray & Diagnostic Services	50% after ded	\$150	20% after ded
Prescription Drugs			
Tier 1 - Preferred Generic Drugs	\$27	\$25	\$10
Tier 2 - Preferred Brand Drugs	50% after ded	\$125	\$50
Tier 3 - Non-Pref Brand & Generic Drugs	50% after ded	50% after Rx ded	30% after ded
Tier 4 - Specialty Drugs	50% after ded	50% after Rx ded	30% after ded

Services Without Any Deductible

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