2024 Molina Marketplace Benefits At A Glance - Mississippi

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MOLINA® HEALTHCARE

			Silver 1				Silver 8			
			Cost Sharing Reduction Plans (CSR)				Cost Sharing Reduction Plans (CSR)			
	Bronze 4	Bronze 8	Silver 1 100	Silver 1 150	Silver 1 200	Silver 1 250	Silver 8 100	Silver 8 150	Silver 8 200	Silver 8 250
Value Basics										
Teladoc Virtual Care Visits 24/7/365	Free	Free	Free	Free	Free	Free	Free	Free	Free	Free
Annual Wellness Visit - Adults	Free	Free	Free	Free	Free	Free	Free	Free	Free	Free
Routine Preventive Screenings - Children & Adults	Free	Free	Free	Free	Free	Free	Free	Free	Free	Free
Routine Vision Exams, and Eyewear - Children (Ages 0-18)	Free	Free	Free	Free	Free	Free	Free	Free	Free	Free
Preventive Prescription Drugs	Free	Free	Free	Free	Free	Free	Free	Free	Free	Free
24 Hour Nurse Line	Free	Free	Free	Free	Free	Free	Free	Free	Free	Free
Plan Options with Adult Vision Services	No	No	Yes	Yes	Yes	Yes	No	No	No	No
Benefits and Cost Share Highlights										
Deductible (Ind/Fam)	$0 / $0	$7,500 / $15,000	$0 / $0	$700 / $1,400	$3,500 / $7,000	$5,000 / $10,000	$0 / $0	$700 / $1,400	$5,700 / $11,400	$5,900 / $11,800
Drug Deductible (Ind/Fam)	$3,000 / $6,000	Comb. w/Med	$0 / $0	Comb. w/Med	Comb. w/Med	Comb. w/Med	$0 / $0	Comb. w/Med	Comb. w/Med	Comb. w/Med
Out of Pocket Max (Ind/Fam)	$9,400 / $18,800	$9,400 / $18,800	$1,650 / $3,300	$2,750 / $5,500	$6,775 / $13,550	$7,850 / $15,700	$1,800 / $3,600	$3,000 / $6,000	$7,200 / $14,400	$9,100 / $18,200
Emergency Room Facility	$1,750	50% after ded	20%	25% after ded	35% after ded	35% after ded	25%	30% after ded	40% after ded	40% after ded
Urgent Care Services	$50	$75	$5	$20	$45	$45	$5	$30	$60	$60
Inpatient Services										
Inpatient Facility Fee *Professional Fees May Apply	"$1,500/day (max 3 copays)"	50% after ded	20%	25% after ded	35% after ded	35% after ded	25%	30% after ded	40% after ded	40% after ded

Services Without Any Deductible

Notes: **Denotes no charge for the first 4 non-preventive office visits for any combination of the indicated visit types. §Mail-order is available for non-specialty drugs marked "MAIL" on the formulary. For mail-order Rx, a 90-day supply is provided at two-and-a-half times (2.5x) the 30-day retail cost-sharing amount.

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			Silver 1				Silver 8			
			Cost Sharing Reduction Plans (CSR)				Cost Sharing Reduction Plans (CSR)			
	Bronze 4	Bronze 8	Silver 1 100	Silver 1 150	Silver 1 200	Silver 1 250	Silver 8 100	Silver 8 150	Silver 8 200	Silver 8 250
Outpatient Professional Office Visits Services										
Primary Care	$50	$50	$0	$9	$30	$30	$0	$20	$40	$40
Specialty Care	$125	$100	$10	$30	$60	$60	$10	$40	$80	$80
Rehabilitative and Habilitative Services	$90	$50	$10	$30	$30	$30	$0	$20	$40	$40
Mental / Behavioral Health Services / Substance Abuse Services	$50	$50	$0	$9	$30	$30	$0	$20	$40	$40
Outpatient Hospital Facility Services										
Outpatient Facility Fee	$1,750	50% after ded	20%	25% after ded	35% after ded	35% after ded	25%	30% after ded	40% after ded	40% after ded
Outpatient Professional Fee	$600	50% after ded	20%	25% after ded	35% after ded	35% after ded	25%	30% after ded	40% after ded	40% after ded
Advanced Imaging and Specialized Scanning Services	$1,500	50% after ded	20%	25% after ded	35% after ded	35% after ded	25%	30% after ded	40% after ded	40% after ded
Routine X-Ray and Diagnostic Services	$150	50% after ded	$30	$75	$95	$95	25%	30% after ded	40% after ded	40% after ded
Laboratory Tests	$75	50% after ded	$10	$30	$60	$60	25%	30% after ded	40% after ded	40% after ded
Prescription Drugs§										
Preventive Drugs	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Preferred Generic Drugs	$25	$25	$0	$6	$20	$29	$0	$10	$20	$20
Preferred Brand Drugs	$125 after ded	$50 after ded	$30	$65	$65 after ded	$65 after ded	$15	$20	$40	$40
Non-Preferred Drugs	50% after Rx ded	$100 after ded	20%	25% after ded	35% after ded	35% after ded	$50	$60 after ded	$80 after ded	$80 after ded
Specialty Drugs	50% after Rx ded	$500 after ded	20%	25% after ded	35% after ded	35% after ded	$150	$250 after ded	$350 after ded	$350 after ded

Services Without Any Deductible

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2024 Molina Marketplace Benefits At A Glance - Mississippi

	Silver 12 with First 4 Primary Care Visits Free					
	Cost Sharing Reduction Plans (CSR)					
	Silver 12 100	Silver 12 150	Silver 12 200	Silver 12 250	Gold 1	Gold 8
Value Basics						
Teladoc Virtual Care Visits 24/7/365	Free	Free	Free	Free	Free	Free
Annual Wellness Visit - Adults	Free	Free	Free	Free	Free	Free
Routine Preventive Screenings - Children & Adults	Free	Free	Free	Free	Free	Free
Routine Vision Exams, and Eyewear - Children (Ages 0-18)	Free	Free	Free	Free	Free	Free
Preventive Prescription Drugs	Free	Free	Free	Free	Free	Free
24 Hour Nurse Line	Free	Free	Free	Free	Free	Free
Plan Options with Adult Vision Services	No	No	No	No	Yes	No
Benefits and Cost Share Highlights						
Deductible (Ind/Fam)	$100 / $200	$1,300 / $2,600	$6,500 / 13,000	$7,000 / $14,000	$1,550 / $3,100	$1,500 / $3,000
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)	$3,150 / $6,300	$3,150 / $6,300	$7,550 / $15,100	$9,450 / $18,900	$8,100 / $16,200	$8,700 / $17,400
Emergency Room Facility	10% after ded	20% after ded	20% after ded	20% after ded	25% after ded	25% after ded
Urgent Care Services	$3	$13	$55	$60	$20	$45
Inpatient Services						
Inpatient Facility Fee *Professional Fees May Apply	10% after ded	20% after ded	20% after ded	20% after ded	25% after ded	25% after ded

Services Without Any Deductible

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	Silver 12 with First 4 Primary Care Visits Free					
	Cost Sharing Reduction Plans (CSR)					
	Silver 12 100	Silver 12 150	Silver 12 200	Silver 12 250	Gold 1	Gold 8
Outpatient Professional Office Visits Services						
Primary Care	$2**	$10**	$35**	$40**	$20	$30
Specialty Care	$4	$15	$70	$75	$50	$60
Rehabilitative and Habilitative Services	10% after ded	20% after ded	20% after ded	20% after ded	$20	$30
Mental / Behavioral Health Services / Substance Abuse Services	$2**	$10**	$35**	$40**	$20	$30
Outpatient Hospital Facility Services						
Outpatient Facility Fee	10% after ded	20% after ded	20% after ded	20% after ded	25% after ded	25% after ded
Outpatient Professional Fee	10% after ded	20% after ded	20% after ded	20% after ded	25% after ded	25% after ded
Advanced Imaging and Specialized Scanning Services	10% after ded	20% after ded	20% after ded	20% after ded	25% after ded	25% after ded
Routine X-Ray and Diagnostic Services	10% after ded	20% after ded	20% after ded	20% after ded	25% after ded	25% after ded
Laboratory Tests	10% after ded	20% after ded	20% after ded	20% after ded	$15	25% after ded
Prescription Drugs§						
Preventive Drugs	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Preferred Generic Drugs	$2	$5	$10	$10	$15	$15
Preferred Brand Drugs	$20	$50	$100	$100	$50 after ded	$30
Non-Preferred Drugs	10% after ded	20% after ded	20% after ded	20% after ded	30% after ded	$60
Specialty Drugs	10% after ded	20% after ded	20% after ded	20% after ded	30% after ded	$250

Services Without Any Deductible

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