

2022 Molina Marketplace Benefits At A Glance - Washington

Affordable, Quality Health Coverage for All. Learn more at MolinaMarketplace.com

Call today! (866) 659-2638, TTY: 711



Services	Constant Care Silver - Cost Sharing Reduction Plans (CSR)			
	Constant Care Silver	Renewal Plans For 2022 - Silver Plan 1		
	Renewal Plan for 2022	Silver Plan 1		
	Silver Plan 1 / 250	CSR 100	CSR 150	CSR 200
Value Basics				
Teladoc Virtual Care Visits, 24/7/365	Free	Free	Free	Free
Annual Wellness Visits - 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 Advice Line	Free	Free	Free	Free
Urgent Care at Same Cost As Primary Physician Visit	Yes	Yes	Yes	Yes
Benefit and Cost Share Highlights				
Deductible (Ind/Fam)	\$0 / \$0	\$0 / \$0	\$0 / \$0	\$0 / \$0
Out of Pocket Max (Ind/Fam)	\$8,000 / \$16,000	\$1,200 / \$2,400	\$2,800 / \$5,600	\$6,700 / \$13,400
Drug Deductible (Ind/Fam)	\$800 / \$1,600 Rx Tiers 3&4 Only	\$0 / \$0	\$150 / \$300 Rx Tiers 3&4 Only	\$350 / \$700 Rx Tiers 3&4 Only
Emergency Room Services	\$750	\$250	\$400	\$750
Hospital / Facility Services				
Inpatient Hospital	\$1,200/day (max 2 copays)	\$600/day (max 2 copays)	\$750/day (max 2 copays)	\$1,200/day (max 2 copays)
Skilled Nursing Facility Services	\$1,200/day	\$600/day	\$750/day	\$1,200/day
Hospital Physician Services	\$60	\$10	\$30	\$60
Outpatient Facility / Surgery Services	\$500	\$100	\$350	\$500
Outpatient Facility / Physician Services	\$75	\$10	\$50	\$75
Outpatient Services				
Primary & Urgent Care Services	\$30	\$0	\$6	\$30
Specialist Services	\$60	\$10	\$30	\$60
Mental / Behavioral Health Services	\$30	\$0	\$6	\$30
Specialized Scanning	\$700	\$50	\$400	\$700
Rehabilitative Services -ST, OT, PT	\$60	\$10	\$30	\$60
Routine Laboratory Services	\$45	\$5	\$20	\$45
Routine X-Ray & Diagnostic Services	\$80	\$15	\$50	\$80
Tier 1 - Preferred Generic Drugs	\$20	\$0	\$5	\$10
Tier 2 - Preferred Brand-Name Drugs	\$60	\$10	\$25	\$60
Tier 3 - Non-Pref Brand-Name and Non-Pref Generic Drugs	40% after ded	10%	40% after ded	40% after ded
Tier 4 - All Specialty drugs; Brand-Name and Generic Specialty drugs	40% after ded	10%	40% after ded	40% 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 - Washington



Services	Core Care Bronze	Choice Gold
	Renewal Plan for 2022	Renewal Plan for 2022
	Bronze Plan 1	Gold Plan 1
Value Basics		
Teladoc Virtual Care Visits, 24/7/365	Free	Free
Annual Wellness Visits - Adults	Free	Free
Routine Preventive Screenings - Children & Adults	Free	Free
Routine Vision Exams, and Eyewear for Children (Ages 0-18)	Free	Free
Preventive Prescription Drugs	Free	Free
24 - Hour Nurse Advice Line	Free	Free
Urgent Care at Same Cost As Primary Physician Visit	Yes	Yes
Benefit and Cost Share Highlights		
Deductible (Ind/Fam)	\$3,000 / \$6,000	\$2,100 / \$4,200
Out of Pocket Max (Ind/Fam)	\$8,550 / \$17,100	\$8,550 / \$17,100
Drug Deductible (Ind/Fam)	Combined Med/Rx Rx Tiers 3&4 Only	Combined Med/Rx Rx Tiers 3&4 Only
Emergency Room Services	\$1,850	20% after ded
Hospital / Facility Services		
Inpatient Hospital	\$1,500/day (max 2 copays)	20% after ded
Skilled Nursing Facility Services	\$1,500/day	20% after ded
Hospital Physician Services	\$150	20% after ded
Outpatient Facility / Surgery Services	\$500 after ded	20% after ded
Outpatient Facility / Physician Services	\$250 after ded	20% after ded
Outpatient Services		
Primary & Urgent Care Services	\$60	\$10
Specialist Services	\$150	\$50
Mental / Behavioral Health Services	\$60	\$10
Specialized Scanning	\$1,500	20% after ded
Rehabilitative Services -ST, OT, PT	\$80	\$50
Routine Laboratory Services	\$60	\$15
Routine X-Ray & Diagnostic Services	\$140	20% after ded
Tier 1 - Preferred Generic Drugs	\$27	\$10
Tier 2 - Preferred Brand-Name Drugs	\$130	\$50
Tier 3 - Non-Pref Brand-Name and Non-Pref Generic Drugs	50% after ded	30% after ded
Tier 4 - All Specialty drugs; Brand-Name and Generic Specialty drugs	50% after ded	30% 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.