

Molina Marketplace Benefits At A Glance - Mississippi

Affordable, quality health coverage for all. Learn more at ChooseMolina.com.

Call today! (833) 543-1893 (TTY: 711)



Included in your plan at NO additional cost!



Teladoc Virtual Care
Visits 24/7/365



Annual Wellness
Visit - Adults



Routine Preventive
Screenings -
Children & Adults



Routine Vision Exams
and Eyewear -
Children (Ages 0-18)



Preventive Prescription
Drugs



24-Hour Nurse
Advice Line

	Molina Silver Standard 94	Molina Silver Standard 87	Molina Silver Standard 73	Molina Silver Standard 70	Molina Gold Standard
BENEFITS AND COST SHARE HIGHLIGHTS					
Deductible (Ind/Fam)	\$0 / \$0	\$700 / \$1,400	\$3,000 / \$6,000	\$6,000 / \$12,000	\$2,000 / \$4,000
Drug Deductible (Ind/Fam)	\$0 / \$0	Comb. w/Med	Comb. w/Med	Comb. w/Med	\$0
Out of Pocket Max (Ind/Fam)	\$2,200 / \$4,400	\$3,300 / \$6,600	\$7,400 / \$14,800	\$8,900 / \$17,800	\$8,200 / \$16,400
Emergency Room Facility	25%	30% after ded	40% after ded	40% after ded	25% after ded
Urgent Care Services	\$5	\$30	\$60	\$60	\$45

** 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 three times (3x) the 30-day retail cost-sharing amount.

SERVICES WITHOUT
ANY DEDUCTIBLE

Molina Marketplace Benefits At A Glance - Mississippi



	Molina Silver Standard 94	Molina Silver Standard 87	Molina Silver Standard 73	Molina Silver Standard 70	Molina Gold Standard
INPATIENT SERVICES					
Inpatient Facility Fee <i>*Professional Fees May Apply</i>	25%	30% after ded	40% after ded	40% after ded	25% after ded
OUTPATIENT PROFESSIONAL OFFICE VISITS SERVICES					
Primary Care	\$0	\$20	\$40	\$40	\$30
Specialty Care	\$10	\$40	\$80	\$80	\$60
Rehabilitative and Habilitative Services	\$0	\$20	\$40	\$40	\$30
Mental / Behavioral Health Services / Substance Use Disorder Services	\$0	\$20	\$40	\$40	\$30
OUTPATIENT HOSPITAL FACILITY SERVICES					
Outpatient Facility Fee	25%	30% after ded	40% after ded	40% after ded	25% after ded
Outpatient Professional Fee	25%	30% after ded	40% after ded	40% after ded	25% after ded
Advanced Imaging and Specialized Scanning Services	25%	30% after ded	40% after ded	40% after ded	25% after ded
Routine X- Ray and Diagnostic Services	25%	30% after ded	40% after ded	40% after ded	25% after ded
Laboratory Tests	25%	30% after ded	40% after ded	40% after ded	25% after ded

** 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 three times (3x) the 30-day retail cost-sharing amount.

SERVICES WITHOUT
ANY DEDUCTIBLE

Molina Marketplace Benefits At A Glance - Mississippi



	Molina Silver Standard 94	Molina Silver Standard 87	Molina Silver Standard 73	Molina Silver Standard 70	Molina Gold Standard
PRESCRIPTION DRUGS [§]					
Preventive Drugs	No Charge	No Charge	No Charge	No Charge	No Charge
Preferred Generic Drugs	\$0	\$10	\$20	\$20	\$15
Preferred Brand Drugs	\$15	\$20	\$40	\$40	\$30
Non-Preferred Drugs	\$50	\$60 after ded	\$80 after ded	\$80 after ded	\$60
Specialty Drugs	\$150	\$250 after ded	\$350 after ded	\$350 after ded	\$250

** 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 three times (3x) the 30-day retail cost-sharing amount.

SERVICES WITHOUT
ANY DEDUCTIBLE