

2023 Molina Marketplace Benefits At A Glance - New Mexico

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	Constant Care Silver 1					
	Cost Sharing Reduction Plans (CSR)			Constant Care Silver 1 250	Cost Sharing Reduction Plans (CSR)	
	Constant Care Silver 1 100	Constant Care Silver 1 150	Constant Care Silver 1 200		Turquoise 1 with EXTRA SAVINGS**	Turquoise 2 with EXTRA SAVINGS**
LCS Plan Variation	n/a	n/a	n/a	Constant Care Silver 1 LCS	n/a	n/a
Benefits and Cost Share Highlights						
Deductible (Ind/Fam)	\$200 / \$400	\$500 / \$1,000	\$1,200 / \$2,400	\$1,250 / \$2,500	\$0 / \$0	\$250 / \$500
Drug Deductible (Ind/Fam)	\$200 / \$400	\$500 / \$1,000	\$1,200 / \$2,400	\$1,250 / \$2,500	\$0 / \$0	\$250 / \$500
Out of Pocket Max (Ind/Fam)	\$1025 / \$2050	\$3,000 / \$6,000	\$6,250 / \$12,500	\$9,000 / \$18,000	\$130 / \$260	\$900 / \$1,800
Emergency Room Facility	\$350	\$600	\$950	\$950	\$130	\$250
Urgent Care Services	25% after ded	30% after ded	40% after ded	40% after ded	5%	5% after ded
Inpatient Services						
Inpatient Facility Fee *Professional Fees May Apply	25% after ded	30% after ded	40% after ded	40% after ded	5%	5% after ded
Outpatient Professional Office Visits Services						
Primary Care	25% after ded	30% after ded	40% after ded	40% after ded	5%	5% after ded
Specialty Care	25% after ded	30% after ded	40% after ded	40% after ded	5%	5% after ded
Rehabilitative and Habilitative Services	25% after ded	30% after ded	40% after ded	40% after ded	5%	5% after ded
Mental / Behavioral Health / Substance Abuse Services	\$0	\$0	\$0	\$0	\$0	\$0
Outpatient Hospital Facility Services						
Outpatient Facility Fee	25% after ded	30% after ded	40% after ded	40% after ded	5%	5% after ded
Outpatient Professional Fee	25% after ded	30% after ded	40% after ded	40% after ded	5%	5% after ded
Advanced Imaging And Specialized Scanning Services	25% after ded	30% after ded	40% after ded	40% after ded	5%	5% after ded
Routine X- Ray and Diagnostic Services	25% after ded	30% after ded	40% after ded	40% after ded	5%	5% after ded
Laboratory Tests	25% after ded	30% after ded	40% after ded	40% after ded	5%	5% after ded
Prescription Drugs						
Tier-1: Preferred Generic Drugs	\$0	\$5	\$30	\$30	\$0	\$0
Tier-2: Preferred Brand Drugs	\$10	\$25	\$75	\$75	\$10	\$10
Tier-3: Non-Preferred Brand and Generic Drugs	10% after Rx ded	30% after Rx ded	50% after Rx ded	50% after Rx ded	10%	10% after ded
Tier-4: Brand and Generic Specialty Drugs	10% after Rx ded	30% after Rx ded	50% after Rx ded	50% after Rx ded	10%	10% 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.

**Qualification based on determination.

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	Confident Care Gold 1		
		Cost Sharing Reduction Plans (CSR)	
	Confident Care Gold 1	Turquoise 3 with EXTRA SAVINGS**	Turquoise 4 with EXTRA SAVINGS**
LCS Plan Variation	Confident Care Gold 1 LCS	n/a	n/a
Benefits and Cost Share Highlights			
Deductible (Ind/Fam)	\$1,500 / \$3,000	\$400 / \$800	\$925 / \$1,850
Drug Deductible (Ind/Fam)	Comb. w/Med	Comb. w/Med	Comb. w/Med
Out of Pocket Max (Ind/Fam)	\$6,850 / \$13,700	\$3,000 / \$6,000	\$3,000 / \$6,000
Emergency Room Facility	\$925	\$250	\$675
Urgent Care Services	20% after ded	10% after ded	20% after ded
Inpatient Services			
Inpatient Facility Fee *Professional Fees May Apply	20% after ded	10% after ded	20% after ded
Outpatient Professional Office Visits Services			
Primary Care	20% after ded	10% after ded	20% after ded
Specialty Care	20% after ded	10% after ded	20% after ded
Rehabilitative and Habilitative Services	20% after ded	10% after ded	20% after ded
Mental / Behavioral Health / Substance Abuse Services	\$0	\$0	\$0
Outpatient Hospital Facility Services			
Outpatient Facility Fee	20% after ded	10% after ded	20% after ded
Outpatient Professional Fee	20% after ded	10% after ded	20% after ded
Advanced Imaging And Specialized Scanning Services	20% after ded	10% after ded	20% after ded
Routine X- Ray and Diagnostic Services	20% after ded	10% after ded	20% after ded
Laboratory Tests	20% after ded	10% after ded	20% after ded
Prescription Drugs			
Tier-1: Preferred Generic Drugs	10% after ded	10% after ded	10% after ded
Tier-2: Preferred Brand Drugs	25% after ded	20% after ded	25% after ded
Tier-3: Non-Preferred Brand and Generic Drugs	50% after ded	40% after ded	50% after ded
Tier-4: Brand and Generic Specialty Drugs	50% after ded	40% after ded	50% after ded

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