

# 2024 Molina Marketplace Benefits At A Glance - New Mexico

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Call today! (833) 543-1888 (TTY: 711)



	Gold 1		Clear Cost Silver				Clear Cost Gold	
	Gold 1 On Exchange with Low Cost Generic Drugs	Turquoise 3 with Low Cost Generic Drugs and EXTRA SAVINGS	Clear Cost Silver 73	Clear Cost Silver On Exchange	Clear Cost Turquoise 1 with EXTRA SAVINGS	Clear Cost Turquoise 2 with EXTRA SAVINGS	Clear Cost Gold On Exchange	Clear Cost Turquoise 3 with EXTRA SAVINGS
<b>Value Basics</b>								
Teladoc Virtual Care Visits 24/7/365	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge
Annual Wellness Visit - Adults	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge
Routine Preventive Screenings - Children & Adults	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge
Routine Vision Exams, and Eyewear - Children (Ages 0-18)	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge
Preventive Prescription Drugs	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge
24 Hour Nurse Line	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge
<b>Benefits and Cost Share Highlights</b>								
Deductible (Ind/Fam)	\$1,550 / \$3,100	\$500 / \$1,000	\$4,500 / \$9,000	\$5,000 / \$10,000	\$0 / \$0	\$100 / \$200	\$3,000 / \$6,000	\$500 / \$1,000
Drug Deductible (Ind/Fam)	Comb. w/Med	Comb. w/Med	Comb. w/Med	Comb. w/Med	Comb. w/Med	Comb. w/Med	Comb. w/Med	Comb. w/Med
Out of Pocket Max (Ind/Fam)	\$8,100 / \$16,200	\$3,000 / \$6,000	\$7,450 / \$14,900	\$8,950 / \$17,900	\$200 / \$400	\$1,000 / \$2,000	\$5,300 / \$10,600	\$2,400 / \$4,800
Emergency Room Facility	25%	10%	\$255 after ded	\$300 after ded	\$30	\$40 after ded	\$150 after ded	\$75 after ded
Urgent Care Services	\$20	\$10	\$90	\$100	\$3	\$10	\$60	\$20
<b>Inpatient Services</b>								
Inpatient Facility Fee *Professional Fees May Apply	25% after ded	10% after ded	\$255 after ded	\$300 after ded	\$30	\$40 after ded	\$150 after ded	\$75 after ded
<b>Outpatient Professional Office Visits Services</b>								
Primary Care	\$20	\$10	\$40	\$50	\$0	\$5	\$20	\$7
Specialty Care	\$50	\$25	\$90	\$100	\$3	\$10	\$60	\$20
Rehabilitative and Habilitative Services	\$20	\$10	\$40	\$50	\$0	\$5	\$20	\$7
Mental / Behavioral Health Services / Substance Abuse Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

**Services Without Any Deductible**

Note: §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.  
MP-9406

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<b>Outpatient Hospital Facility Services</b>								
Outpatient Facility Fee	25% after ded	10% after ded	\$250	\$300	\$5	\$35	\$125	\$60
Outpatient Professional Fee	25% after ded	10% after ded	\$250	\$300	\$5	\$35	\$125	\$60
Advanced Imaging and Specialized Scanning Services	25% after ded	10% after ded	\$90	\$100	\$3	\$10	\$60	\$20
Routine X-Ray and Diagnostic Services	25% after ded	10% after ded	\$90	\$100	\$3	\$10	\$60	\$20
Laboratory Tests	\$15	10% after ded	\$90	\$100	\$3	\$10	\$60	\$20
<b>Prescription Drugs <sup>§</sup></b>								
Preventive Drugs	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Tier-1: Preferred Generic	\$15	\$5	\$30	\$35	\$0	\$3	\$20	\$5
Tier-2: Preferred Brand and Non-Preferred Generic	\$50 after ded	\$35 after ded	\$45	\$50	\$3	\$10	\$30	\$10
Tier-3: Preferred Specialty	30% after ded	20% after ded	\$95	\$100	\$10	\$25	\$75	\$50
Tier-4: Non-Preferred Brand	30% after ded	20% after ded	\$205 after ded	\$250 after ded	\$15	\$50 after ded	\$100 after ded	\$100 after ded
Tier-5: Non-Preferred Specialty	30% after ded	20% after ded	\$240	\$250	\$25	\$65	\$190	\$125

Services Without Any Deductible

Note: <sup>§</sup>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. MP-9406