

# 2024 Molina Marketplace Benefits At A Glance - Ohio

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|   | Silver 1                           |                   |                    |                    | Silver 8                           |                   |                    |                    |
|---|------------------------------------|-------------------|--------------------|--------------------|------------------------------------|-------------------|--------------------|--------------------|
|   | Cost Sharing Reduction Plans (CSR) |                   |                    |                    | Cost Sharing Reduction Plans (CSR) |                   |                    |                    |
|   | Silver 1 100                       | Silver 1 150      | Silver 1 200       | Silver 1 250       | Silver 8 100                       | Silver 8 150      | Silver 8 200       | Silver 8 250       |
| <b>Value Basics</b>   |                                    |                   |                    |                    |                                    |                   |                    |                    |
| Teladoc Virtual Care Visits 24/7/365                                  | Free                               | Free              | Free               | Free               | Free                               | Free              | Free               | Free               |
| Annual Wellness Visit - Adults  | Free                               | Free              | Free               | Free               | Free                               | Free              | Free               | Free               |
| Routine Preventive Screenings - Children & Adults                     | 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               |
| Preventive Prescription Drugs   | Free                               | Free              | Free               | Free               | Free                               | Free              | Free               | Free               |
| 24 Hour Nurse Advice Line   | Free                               | Free              | Free               | Free               | Free                               | Free              | Free               | Free               |
| Plan Options with Adult Vision Services                               | Yes                                | Yes               | Yes                | Yes                | No                                 | No                | No                 | No                 |
| <b>Benefits and Cost Share Highlights</b>                             |                                    |                   |                    |                    |                                    |                   |                    |                    |
| Deductible (Ind/Fam)  | \$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)   | \$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)   | \$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   | 20%                                | 25% after ded     | 35% after ded      | 35% after ded      | 25%                                | 30% after ded     | 40% after ded      | 40% after ded      |
| Urgent Care Services  | \$5                                | \$20              | \$45               | \$45               | \$5                                | \$30              | \$60               | \$60               |
| <b>Inpatient Services</b>   |                                    |                   |                    |                    |                                    |                   |                    |                    |
| Inpatient Facility Fee<br>*Professional Fees May Apply                | 20%                                | 25% after ded     | 35% after ded      | 35% after ded      | 25%                                | 30% after ded     | 40% after ded      | 40% after ded      |
| <b>Outpatient Professional Office Visits Services</b>                 |                                    |                   |                    |                    |                                    |                   |                    |                    |
| Primary Care  | \$0                                | \$9               | \$30               | \$30               | \$0                                | \$20              | \$40               | \$40               |
| Specialty Care  | \$10                               | \$30              | \$60               | \$60               | \$10                               | \$40              | \$80               | \$80               |
| Rehabilitative and Habilitative Services                              | \$10                               | \$30              | \$30               | \$30               | \$0                                | \$20              | \$40               | \$40               |
| Mental / Behavioral Health Services / Substance Use Disorder Services | \$0                                | \$9               | \$30               | \$30               | \$0                                | \$20              | \$40               | \$40               |

**Services Without Any Deductible**

Notes: \*\*Denotes no charge for the first 4 non-preventive office visits for any combination of the indicated visit types. <sup>8</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.

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|  | Silver 1                           |               |                |                | Silver 8                           |                 |                 |                 |
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|  | Cost Sharing Reduction Plans (CSR) |               |                |                | Cost Sharing Reduction Plans (CSR) |                 |                 |                 |
|  | Silver 1 100                       | Silver 1 150  | Silver 1 200   | Silver 1 250   | Silver 8 100                       | Silver 8 150    | Silver 8 200    | Silver 8 250    |
| <b>Outpatient Hospital Facility Services</b>       |                                    |               |                |                |                                    |                 |                 |                 |
| Outpatient Facility Fee                            | 20%                                | 25% after ded | 35% after ded  | 35% after ded  | 25%                                | 30% after ded   | 40% after ded   | 40% after ded   |
| Outpatient Professional Fee                        | 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 | 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              | \$30                               | \$75          | \$95           | \$95           | 25%                                | 30% after ded   | 40% after ded   | 40% after ded   |
| Laboratory Tests                                   | \$10                               | \$30          | \$60           | \$60           | 25%                                | 30% after ded   | 40% after ded   | 40% after ded   |
| <b>Prescription Drugs<sup>§</sup></b>              |                                    |               |                |                |                                    |                 |                 |                 |
| Preventive Drugs                                   | No Charge                          | No Charge     | No Charge      | No Charge      | No Charge                          | No Charge       | No Charge       | No Charge       |
| Preferred Generic Drugs                            | \$0                                | \$6           | \$20           | \$29           | \$0                                | \$10            | \$20            | \$20            |
| Preferred Brand Drugs                              | \$30                               | \$65          | \$65 after ded | \$65 after ded | \$15                               | \$20            | \$40            | \$40            |
| Non-Preferred Drugs                                | 20%                                | 25% after ded | 35% after ded  | 35% after ded  | \$50                               | \$60 after ded  | \$80 after ded  | \$80 after ded  |
| Specialty Drugs                                    | 20%                                | 25% after ded | 35% after ded  | 35% after ded  | \$150                              | \$250 after ded | \$350 after ded | \$350 after ded |

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# 2024 Molina Marketplace Benefits At A Glance - Ohio



|   | 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             |
| <b>Value Basics</b>   |   |                   |                    |                    |                    |                    |
| 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 Advice Line   | Free  | Free              | Free               | Free               | Free               | Free               |
| Plan Options with Adult Vision Services                               | No  | No                | No                 | No                 | Yes                | No                 |
| <b>Benefits and Cost Share Highlights</b>                             |   |                   |                    |                    |                    |                    |
| 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               |
| <b>Inpatient Services</b>   |   |                   |                    |                    |                    |                    |
| Inpatient Facility Fee<br>*Professional Fees May Apply                | 10% after ded                                   | 20% after ded     | 20% after ded      | 20% after ded      | 25% after ded      | 25% after ded      |
| <b>Outpatient Professional Office Visits Services</b>                 |   |                   |                    |                    |                    |                    |
| 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 Use Disorder Services | \$2**   | \$10**            | \$35**             | \$40**             | \$20               | \$30               |

**Services Without Any Deductible**

Notes: \*\*Denotes no charge for the first 4 non-preventive office visits for any combination of the indicated visit types. <sup>8</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.

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|  | Cost Sharing Reduction Plans (CSR)              |               |               |               |                |               |
|  | Silver 12 100                                   | Silver 12 150 | Silver 12 200 | Silver 12 250 | Gold 1         | Gold 8        |
| <b>Outpatient Hospital Facility Services</b>       |   |               |               |               |                |               |
| 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 |
| <b>Prescription Drugs<sup>§</sup></b>              |   |               |               |               |                |               |
| 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         |

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