



Your Extended Family.

Molina Healthcare of South Carolina, Inc.
 PO Box 40309, North Charleston, SC 29423

Major Medical Expense Coverage HMO

Policy Form Number **MSC01012024**

Insured's Name _____

Insured's Policy Number _____

OUTLINE OF COVERAGE

Silver 1 100

Read Your Policy Carefully

This outline of coverage provides a very brief description of the important features of your policy. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth in detail the rights and obligations of both you and your insurance company. It is, therefore, important that you **READ YOUR POLICY CAREFULLY!**

Major Medical Expense Coverage

Policies of this category are designed to provide, to persons insured, coverage for major hospital, medical, and surgical expenses incurred as a result of a covered accident or sickness. Coverage is provided for daily hospital room and board, miscellaneous hospital services, surgical services, anesthesia services, in-hospital medical services, and out-of-hospital care, subject to any deductibles, copayment provisions, or other limitations which may be set forth in the policy.

Covered Benefits

Below is a brief description of the benefits contained in the Policy (also called the "EOC" or "Agreement"). Please refer to the Schedule of Benefits for details.

Deductible	\$0
Out-of-Pocket Maximum	\$1,650 per individual, \$3,300 per family
Preventive Services	No Charge
Emergency Room (cost-sharing waived if admitted to hospital)	20% Coinsurance
Urgent Care	\$5 Copayment
Primary Care Office Visit (includes mental health and substance abuse office visits)	\$0 Copayment
Specialist Office Visit	\$10 Copayment
Habilitative Services	\$10 Copayment
Rehabilitative Services (physical, occupational and speech therapy limited to 30 visits per year per therapy type)	\$10 Copayment
Pediatric Vision (under age 19; limit 1 exam, 1 set of frames, 1 set of lenses per year)	No Charge
Outpatient Surgery, Facility Fee	20% Coinsurance
Outpatient Surgery, Professional Fee	20% Coinsurance
Specialized Scanning Services (CT/PET Scan, MRI)	20% Coinsurance
Radiology Services (X-rays)	\$30 Copayment
Laboratory Tests	\$10 Copayment
Inpatient Hospital, Facility (including maternity, mental health and substance abuse)	20% Coinsurance
Inpatient Hospital, Professional (Physician/Surgeon) Fee	20% Coinsurance
Skilled Nursing Facility (limit 60 days per year)	20% Coinsurance
Hospice	No Charge
Home Health Care (limit 60 visits per year)	No Charge
Preferred Generic Drugs	\$0 Copayment
Preferred Brand Drugs	\$30 Copayment
Non-Preferred Drugs	20% Coinsurance
Specialty Drugs	20% Coinsurance



Your Extended Family.

Molina Healthcare of South Carolina, Inc.
PO Box 40309, North Charleston, SC 29423

Major Medical Expense Coverage HMO

Policy Form Number MSC01012024

Insured's Name _____

Insured's Policy Number _____

Exclusions and Limitations

Coverage is for calendar year 2024, subject to timely payment of monthly premiums. Most benefits are limited to Medically Necessary Covered Services provided by Participating Providers contracted with Molina Healthcare. Benefits are limited to enrolled eligible Members. Some benefits require Prior Authorization. Below is a brief description of benefit exclusions. Please refer to the Policy for details and for provisions that may limit, exclude or otherwise qualify payment of the benefits.

- Acupuncture
- Artificial Insemination and Conception by Artificial Means
- Bariatric Surgery
- Certain Exams and Services
- Cosmetic Services (some exceptions apply)
- Custodial Care (some exceptions apply)
- Dental and Orthodontic Services (some exceptions apply)
- Dietitian (exceptions apply for hospice)
- Disposable Supplies (some exceptions apply)
- Erectile Dysfunction Drugs
- Experimental or Investigational Services (some exceptions apply)
- Hair Loss or Growth Treatment
- Infertility Services
- Illegal Occupation
- Intermediate Care (some exceptions apply)
- Items and Services That Are Not Health Care Items and Services
- Male Contraceptives (some exceptions apply)
- Massage Therapy
- Non-Emergent Services Obtained in an Emergency Room
- Oral Nutrition
- Private Duty Nursing
- Residential Care (some exceptions apply)
- Routine Foot Care Items and Services (exceptions apply for Members with diabetes)
- Services Not Approved by the FDA (some exceptions apply)
- Services Performed by Unlicensed People
- Services Provided Outside the United States (or Service Area) (some exceptions apply)
- Services Related to a Non-Covered Service
- Sexual Dysfunction
- Surrogacy
- Travel and Lodging Expenses (some exceptions apply)

Renewal of Coverage

With some exceptions, coverage is guaranteed to renew each year. Members must follow the procedures required by the Marketplace to redetermine eligibility for enrollment every year during the annual open enrollment period. Molina may non-renew coverage if a Member fails to pay timely premiums, commits fraud, or no longer resides in Molina's service area. Molina may non-renew a dependent child who reaches the limiting age of 26. Molina reserves the right to change premiums and benefits annually. At the time of renewal, Molina may modify the Policy for everyone who has it, as long as the modification is consistent with federal and state law and effective on a uniform basis; however, Molina will not decline to renew the Policy simply because of a change in a Member's physical or mental health. Please refer to the Policy for details on eligibility, enrollment, age restrictions, continuation of coverage, renewals, termination and reinstatement.