

# Molina Marketplace Benefits At A Glance - South Carolina

Affordable, quality health coverage for all. Learn more at [ChooseMolina.com](https://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

Adult Vision & Dental Services  
available with select plan options!

	Molina Silver Core 94	Molina Silver Core 87	Molina Silver Core 73	Molina Silver Core 70	Molina Silver Standard 94	Molina Silver Standard 87	Molina Silver Standard 73
BENEFITS AND COST SHARE HIGHLIGHTS							
Deductible (Ind/Fam)	\$0 / \$0	\$850 / \$1,700	\$3,500 / \$7,000	\$6,000 / \$12,000	\$0 / \$0	\$700 / \$1,400	\$3,000 / \$6,000
Drug Deductible (Ind/Fam)	\$0 / \$0	Comb. w/Med	Comb. w/Med	Comb. w/Med	\$0 / \$0	Comb. w/Med	Comb. w/Med
Out of Pocket Max (Ind/Fam)	\$2,125 / \$4,250	\$3,350 / \$6,700	\$8,100 / \$16,200	\$10,150 / \$20,300	\$2,200 / \$4,400	\$3,300 / \$6,600	\$7,400 / \$14,800
Emergency Room Facility	30%	35% after ded	45% after ded	45% after ded	25%	30% after ded	40% after ded
Urgent Care Services	\$2	\$25	\$55	\$60	\$5	\$30	\$60

\*\* 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

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	Molina Silver Core 94	Molina Silver Core 87	Molina Silver Core 73	Molina Silver Core 70	Molina Silver Standard 94	Molina Silver Standard 87	Molina Silver Standard 73
INPATIENT SERVICES							
Inpatient Facility Fee <i>*Professional Fees May Apply</i>	30%	35% after ded	45% after ded	45% after ded	25%	30% after ded	40% after ded
OUTPATIENT PROFESSIONAL OFFICE VISITS SERVICES							
Primary Care	\$0	\$8	\$30	\$40	\$0	\$20	\$40
Specialty Care	\$10	\$30	\$60	\$65	\$10	\$40	\$80
Rehabilitative and Habilitative Services	\$10	\$35	\$60	\$65	\$0	\$20	\$40
Mental / Behavioral Health Services / Substance Use Disorder Services	\$0	\$8	\$30	\$40	\$0	\$20	\$40
OUTPATIENT HOSPITAL FACILITY SERVICES							
Outpatient Facility Fee	30%	35% after ded	45% after ded	45% after ded	25%	30% after ded	40% after ded
Outpatient Professional Fee	30%	35% after ded	45% after ded	45% after ded	25%	30% after ded	40% after ded
Advanced Imaging and Specialized Scanning Services	30%	35% after ded	45% after ded	45% after ded	25%	30% after ded	40% after ded
Routine X- Ray and Diagnostic Services	\$30	\$80	\$100	\$100	25%	30% after ded	40% after ded
Laboratory Tests	\$10	\$40	\$65	\$90	25%	30% after ded	40% after ded

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<b>PRESCRIPTION DRUGS<sup>§</sup></b>							
Preventive Drugs	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Preferred Generic Drugs	\$0	\$5	\$15	\$15	\$0	\$10	\$20
Preferred Brand Drugs	\$25	\$65	\$75 after ded	\$75 after ded	\$15	\$20	\$40
Non-Preferred Drugs	40%	40% after ded	50% after ded	50% after ded	\$50	\$60 after ded	\$80 after ded
Specialty Drugs	50%	50% after ded	50% after ded	50% after ded	\$150	\$250 after ded	\$350 after ded

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	Molina Silver Standard 70	Molina Silver Saver 94	Molina Silver Saver 87	Molina Silver Saver 73	Molina Silver Saver 70
BENEFITS AND COST SHARE HIGHLIGHTS					
Deductible (Ind/Fam)	\$6,000 / \$12,000	\$190 / \$380	\$1,425 / \$2,850	\$6,500 / \$13,000	\$7,000 / \$14,000
Drug Deductible (Ind/Fam)	Comb. w/Med	Comb. w/Med	Comb. w/Med	Comb. w/Med	Comb. w/Med
Out of Pocket Max (Ind/Fam)	\$8,900 / \$17,800	\$1,960 / \$3,920	\$3,500 / \$7,000	\$8,450 / \$16,900	\$10,600 / \$21,200
Emergency Room Facility	40% after ded	25% after ded	30% after ded	40% after ded	40% after ded
Urgent Care Services	\$60	\$6	\$20	\$55	\$60
INPATIENT SERVICES					
Inpatient Facility Fee <i>*Professional Fees May Apply</i>	40% after ded	25% after ded	30% after ded	40% after ded	40% after ded
OUTPATIENT PROFESSIONAL OFFICE VISITS SERVICES					
Primary Care	\$40	\$3**	\$15**	\$35**	\$40**
Specialty Care	\$80	\$6	\$30	\$60	\$80
Rehabilitative and Habilitative Services	\$40	25% after ded	30% after ded	40% after ded	40% after ded
Mental / Behavioral Health Services / Substance Use Disorder Services	\$40	\$3**	\$15**	\$35**	\$40**

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	Molina Silver Standard 70	Molina Silver Saver 94	Molina Silver Saver 87	Molina Silver Saver 73	Molina Silver Saver 70
OUTPATIENT HOSPITAL FACILITY SERVICES					
Outpatient Facility Fee	40% after ded	25% after ded	30% after ded	40% after ded	40% after ded
Outpatient Professional Fee	40% after ded	25% after ded	30% after ded	40% after ded	40% after ded
Advanced Imaging and Specialized Scanning Services	40% after ded	25% after ded	30% after ded	40% after ded	40% after ded
Routine X- Ray and Diagnostic Services	40% after ded	25% after ded	30% after ded	40% after ded	40% after ded
Laboratory Tests	40% after ded	25% after ded	30% after ded	40% after ded	40% after ded
PRESCRIPTION DRUGS <sup>§</sup>					
Preventive Drugs	No Charge	No Charge	No Charge	No Charge	No Charge
Preferred Generic Drugs	\$20	\$3	\$5	\$10	\$10
Preferred Brand Drugs	\$40	\$20	\$75	\$100	\$100
Non-Preferred Drugs	\$80 after ded	25% after ded	30% after ded	40% after ded	40% after ded
Specialty Drugs	\$350 after ded	25% after ded	30% after ded	40% after ded	40% after ded

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	Molina Gold Core 1640	Molina Gold Standard	Molina Gold Value
BENEFITS AND COST SHARE HIGHLIGHTS			
Deductible (Ind/Fam)	\$1,640 / \$3,280	\$2,000 / \$4,000	\$2,250 / \$4,500
Drug Deductible (Ind/Fam)	Comb. w/Med	\$0	Comb. w/Med
Out of Pocket Max (Ind/Fam)	\$8,100 / \$16,200	\$8,200 / \$16,400	\$8,000 / \$16,000
Emergency Room Facility	25% after ded	25% after ded	20% after ded
Urgent Care Services	\$40	\$45	\$40
INPATIENT SERVICES			
Inpatient Facility Fee <i>*Professional Fees May Apply</i>	25% after ded	25% after ded	20% after ded
OUTPATIENT PROFESSIONAL OFFICE VISITS SERVICES			
Primary Care	\$25	\$30	\$15
Specialty Care	\$55	\$60	\$60
Rehabilitative and Habilitative Services	\$25	\$30	20% after ded
Mental / Behavioral Health Services / Substance Use Disorder Services	\$25	\$30	\$15

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	Molina Gold Core 1640	Molina Gold Standard	Molina Gold Value
OUTPATIENT HOSPITAL FACILITY SERVICES			
Outpatient Facility Fee	25% after ded	25% after ded	20% after ded
Outpatient Professional Fee	25% after ded	25% after ded	20% after ded
Advanced Imaging and Specialized Scanning Services	25% after ded	25% after ded	20% after ded
Routine X- Ray and Diagnostic Services	25% after ded	25% after ded	20% after ded
Laboratory Tests	\$25	25% after ded	\$40
PRESCRIPTION DRUGS <sup>§</sup>			
Preventive Drugs	No Charge	No Charge	No Charge
Preferred Generic Drugs	\$15	\$15	\$5
Preferred Brand Drugs	\$50 after ded	\$30	\$75 after ded
Non-Preferred Drugs	30% after ded	\$60	50% after ded
Specialty Drugs	40% after ded	\$250	50% after ded

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