

Molina Marketplace Benefits At A Glance - Idaho

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



Call today! (833) 543-1893 (TTY: 711)

	Silver 1				Silver 12 with First 4 Primary Care Visits Free				Gold 1
	Cost Sharing Reduction Plans (CSR)				Cost Sharing Reduction Plans (CSR)				
	Silver 1 100	Silver 1 150	Silver 1 200	Silver 1 250	Silver 12 100	Silver 12 150	Silver 12 200	Silver 12 250	
VALUE BASICS									
Teladoc Virtual Care Visits 24/7/365	Free	Free	Free	Free	Free	Free	Free	Free	Free
Annual Wellness Visit - Adults	Free	Free	Free	Free	Free	Free	Free	Free	Free
Routine Preventive Screenings - Children & Adults	Free	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	Free
Preventive Prescription Drugs	Free	Free	Free	Free	Free	Free	Free	Free	Free
24-Hour Nurse Advice Line	Free	Free	Free	Free	Free	Free	Free	Free	Free
Plan Options with Adult Vision Services	Yes	Yes	Yes	Yes	No	No	No	No	Yes
BENEFITS AND COST SHARE HIGHLIGHTS									
Deductible (Ind/Fam)	\$0 / \$0	\$850 / \$1,700	\$3,500 / \$7,000	\$5,750 / \$11,500	\$150 / \$300	\$1,425 / \$2,850	\$6,500 / \$13,000	\$7,000 / \$14,000	\$1,640 / \$3,280
Drug Deductible (Ind/Fam)	\$0 / \$0	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)	\$2,700 / \$5,400	\$2,825 / \$5,650	\$6,775 / \$13,550	\$7,940 / \$15,880	\$3,050 / \$6,100	\$3,050 / \$6,100	\$7,350 / \$14,700	\$9,200 / \$18,400	\$8,100 / \$16,200
Emergency Room Facility	15%	30% after ded	40% after ded	40% after ded	10% after ded	20% after ded	20% after ded	20% after ded	25% after ded
Urgent Care Services	\$5	\$25	\$55	\$55	\$3	\$13	\$55	\$60	\$20

Note: ** 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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INPATIENT SERVICES									
Inpatient Facility Fee <i>*Professional Fees May Apply</i>	15%	30% after ded	40% after ded	40% after ded	10% after ded	20% after ded	20% after ded	20% after ded	25% after ded
OUTPATIENT PROFESSIONAL OFFICE VISITS SERVICES									
Primary Care	\$0	\$8	\$30	\$35	\$2**	\$10**	\$35**	\$40**	\$20
Specialty Care	\$10	\$30	\$60	\$60	\$4	\$15	\$60	\$62.50	\$50
Rehabilitative and Habilitative Services	\$10	\$30	\$30	\$35	10% after ded	20% after ded	20% after ded	20% after ded	\$20
Mental / Behavioral Health Services / Substance Use Disorder Services	\$0	\$8	\$30	\$35	\$2**	\$10**	\$35**	\$40**	\$20
OUTPATIENT HOSPITAL FACILITY SERVICES									
Outpatient Facility Fee	15%	30% after ded	40% after ded	40% after ded	10% after ded	20% after ded	20% after ded	20% after ded	25% after ded
Outpatient Professional Fee	15%	30% after ded	40% after ded	40% after ded	10% after ded	20% after ded	20% after ded	20% after ded	25% after ded
Advanced Imaging and Specialized Scanning Services	15%	30% after ded	40% after ded	40% after ded	10% after ded	20% after ded	20% after ded	20% after ded	25% after ded
Routine X-Ray and Diagnostic Services	\$30	\$75	\$95	\$95	10% after ded	20% after ded	20% after ded	20% after ded	25% after ded
Laboratory Tests	\$10	\$30	\$60	\$75	10% after ded	20% after ded	20% after ded	20% after ded	\$15

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PRESCRIPTION DRUGS^s									
Preventive Drugs	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Preferred Generic Drugs	\$0	\$5	\$15	\$20	\$2	\$5	\$5	\$5	\$15
Preferred Brand Drugs	\$30	\$65	\$75 after ded	\$75 after ded	\$20	\$50	\$100	\$100	\$50 after ded
Non-Preferred Drugs	15%	30% after ded	40% after ded	40% after ded	10% after ded	20% after ded	20% after ded	20% after ded	30% after ded
Specialty Drugs	15%	30% after ded	40% after ded	40% after ded	10% after ded	20% after ded	20% after ded	20% after ded	30% after ded

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