

2025

Molina Marketplace Benefits At A Glance - Nevada

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	Silver 1			
	Cost Sharing Reduction Plans (CSR)			
	Silver 1 100	Silver 1 150	Silver 1 200	Silver 1
VALUE BASICS				
Teladoc Virtual Care Visits 24/7/365	Free	Free	Free	Free
Annual Wellness Visit - Adults	Free	Free	Free	Free
Routine Preventive Screenings - Children & Adults	Free	Free	Free	Free
Routine Vision Exams and Eyewear - Children (Ages 0-18)	Free	Free	Free	Free
Preventive Prescription Drugs	Free	Free	Free	Free
24-Hour Nurse Advice Line	Free	Free	Free	Free
Plan Options with Adult Vision Services	Yes	Yes	Yes	Yes
BENEFITS AND COST SHARE HIGHLIGHTS				
Deductible (Ind/Fam)	\$0 / \$0	\$850 / \$1,700	\$3,500 / \$7,000	\$5,750 / \$11,500
Drug Deductible (Ind/Fam)	\$0 / \$0	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
Emergency Room Facility	15%	30% after ded	40% after ded	40% after ded
Urgent Care Services	\$5	\$25	\$55	\$55

** 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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	Silver 1			
	Cost Sharing Reduction Plans (CSR)			Silver 1
	Silver 1 100	Silver 1 150	Silver 1 200	
INPATIENT SERVICES				
Inpatient Facility Fee <i>*Professional Fees May Apply</i>	15%	30% after ded	40% after ded	40% after ded
OUTPATIENT PROFESSIONAL OFFICE VISITS SERVICES				
Primary Care	\$0	\$8	\$30	\$35
Specialty Care	\$10	\$30	\$60	\$60
Rehabilitative and Habilitative Services	\$10	\$30	\$30	\$35
Mental / Behavioral Health Services / Substance Use Disorder Services	\$0	\$8	\$30	\$35
OUTPATIENT HOSPITAL FACILITY SERVICES				
Outpatient Facility Fee	15%	30% after ded	40% after ded	40% after ded
Outpatient Professional Fee	15%	30% after ded	40% after ded	40% after ded
Advanced Imaging and Specialized Scanning Services	15%	30% after ded	40% after ded	40% after ded
Routine X-Ray and Diagnostic Services	\$30	\$75	\$95	\$95
Laboratory Tests	\$10	\$30	\$60	\$75

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	Silver 1			
	Cost Sharing Reduction Plans (CSR)			Silver 1
	Silver 1 100	Silver 1 150	Silver 1 200	
PRESCRIPTION DRUGS[§]				
Preventive Drugs	No Charge	No Charge	No Charge	No Charge
Preferred Generic Drugs	\$0	\$5	\$15	\$20
Preferred Brand Drugs	\$30	\$65	\$75 after ded	\$75 after ded
Non-Preferred Drugs	15%	30% after ded	40% after ded	40% after ded
Specialty Drugs	15%	30% after ded	40% after ded	40% after ded

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	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	Gold 1
VALUE BASICS					
Teladoc Virtual Care Visits 24/7/365	Free	Free	Free	Free	Free
Annual Wellness Visit - Adults	Free	Free	Free	Free	Free
Routine Preventive Screenings - Children & Adults	Free	Free	Free	Free	Free
Routine Vision Exams and Eyewear - Children (Ages 0-18)	Free	Free	Free	Free	Free
Preventive Prescription Drugs	Free	Free	Free	Free	Free
24-Hour Nurse Advice Line	Free	Free	Free	Free	Free
Plan Options with Adult Vision Services	No	No	No	No	Yes
BENEFITS AND COST SHARE HIGHLIGHTS					
Deductible (Ind/Fam)	\$150 / \$300	\$1,425 / \$2,850	\$6,500 / \$13,000	\$7,000 / \$14,000	\$1,640 / \$3,280
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)	\$3,050 / \$6,100	\$3,050 / \$6,100	\$7,350 / \$14,700	\$9,200 / \$18,400	\$8,100 / \$16,200
Emergency Room Facility	10% after ded	20% after ded	20% after ded	20% after ded	25% after ded
Urgent Care Services	\$3	\$13	\$55	\$60	\$20

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	Cost Sharing Reduction Plans (CSR)				
	Silver 12 100	Silver 12 150	Silver 12 200	Silver 12	Gold 1
INPATIENT SERVICES					
Inpatient Facility Fee <i>*Professional Fees May Apply</i>	10% after ded	20% after ded	20% after ded	20% after ded	25% after ded
OUTPATIENT PROFESSIONAL OFFICE VISITS SERVICES					
Primary Care	\$2**	\$10**	\$35**	\$40**	\$20
Specialty Care	\$4	\$15	\$60	\$62.50	\$50
Rehabilitative and Habilitative Services	10% after ded	20% after ded	20% after ded	20% after ded	\$20
Mental / Behavioral Health Services / Substance Use Disorder Services	\$2**	\$10**	\$35**	\$40**	\$20
OUTPATIENT HOSPITAL FACILITY SERVICES					
Outpatient Facility Fee	10% after ded	20% after ded	20% after ded	20% after ded	25% after ded
Outpatient Professional Fee	10% after ded	20% after ded	20% after ded	20% 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
Routine X-Ray and Diagnostic Services	10% after ded	20% after ded	20% after ded	20% after ded	25% after ded
Laboratory Tests	10% after ded	20% after ded	20% after ded	20% after ded	\$15

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PRESCRIPTION DRUGS[§]					
Preventive Drugs	No Charge	No Charge	No Charge	No Charge	No Charge
Preferred Generic Drugs	\$2	\$5	\$5	\$5	\$15
Preferred Brand Drugs	\$20	\$50	\$100	\$100	\$50 after ded
Non-Preferred Drugs	10% after ded	20% after ded	20% after ded	20% after ded	30% after ded
Specialty Drugs	10% after ded	20% after ded	20% after ded	20% after ded	30% after ded

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