

Molina Marketplace Benefits At A Glance - South Carolina

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 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

VALUE BASICS

Teladoc Virtual Care Visits 24/7/365	Free							
Annual Wellness Visit - Adults	Free							
Routine Preventive Screenings - Children & Adults	Free							
Routine Vision Exams and Eyewear - Children (Ages 0-18)	Free							
Preventive Prescription Drugs	Free							
24-Hour Nurse Advice Line	Free							
Plan Options with Adult Vision Services	Yes	Yes	Yes	Yes	No	No	No	No

BENEFITS AND COST SHARE HIGHLIGHTS

Deductible (Ind/Fam)	\$0 / \$0	\$850 / \$1,700	\$3,500 / \$7,000	\$5,750 / \$11,500	\$0 / \$0	\$500 / \$1,000	\$3,000 / \$6,000	\$5,000 / \$10,000
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)	\$2,700 / \$5,400	\$2,825 / \$5,650	\$6,775 / \$13,550	\$7,940 / \$15,880	\$2,000 / \$4,000	\$3,000 / \$6,000	\$6,400 / \$12,800	\$8,000 / \$16,000
Emergency Room Facility	15%	30% after ded	40% after ded	40% after ded	25%	30% after ded	40% after ded	40% after ded
Urgent Care Services	\$5	\$25	\$55	\$55	\$5	\$30	\$60	\$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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	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
INPATIENT SERVICES								
Inpatient Facility Fee <i>*Professional Fees May Apply</i>	15%	30% after ded	40% after ded	40% after ded	25%	30% after ded	40% after ded	40% after ded
OUTPATIENT PROFESSIONAL OFFICE VISITS SERVICES								
Primary Care	\$0	\$8	\$30	\$35	\$0	\$20	\$40	\$40
Specialty Care	\$10	\$30	\$60	\$60	\$10	\$40	\$80	\$80
Rehabilitative and Habilitative Services	\$10	\$30	\$30	\$35	\$0	\$20	\$40	\$40
Mental / Behavioral Health Services / Substance Use Disorder Services	\$0	\$8	\$30	\$35	\$0	\$20	\$40	\$40
OUTPATIENT HOSPITAL FACILITY SERVICES								
Outpatient Facility Fee	15%	30% after ded	40% after ded	40% after ded	25%	30% after ded	40% after ded	40% after ded
Outpatient Professional Fee	15%	30% after ded	40% after ded	40% after ded	25%	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	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	\$75	25%	30% after ded	40% after ded	40% after ded

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PRESCRIPTION DRUGS[§]								
Preventive Drugs	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Preferred Generic Drugs	\$0	\$5	\$15	\$20	\$0	\$10	\$20	\$20
Preferred Brand Drugs	\$30	\$65	\$75 after ded	\$75 after ded	\$15	\$20	\$40	\$40
Non-Preferred Drugs	15%	30% after ded	40% after ded	40% after ded	\$50	\$60 after ded	\$80 after ded	\$80 after ded
Specialty Drugs	15%	30% after ded	40% after ded	40% after ded	\$150	\$250 after ded	\$350 after ded	\$350 after ded

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	Silver 12					
	Cost Sharing Reduction Plans (CSR)			Silver 12 250	Gold 1	Gold 8
	Silver 12 100	Silver 12 150	Silver 12 200			
VALUE BASICS						
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
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	\$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)	\$3,050 / \$6,100	\$3,050 / \$6,100	\$7,350 / \$14,700	\$9,200 / \$18,400	\$8,100 / \$16,200	\$7,800 / \$15,600
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

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	Cost Sharing Reduction Plans (CSR)				Silver 12 250	Gold 1	Gold 8
	Silver 12 100	Silver 12 150	Silver 12 200	Silver 12 250			
INPATIENT SERVICES							
Inpatient Facility Fee <i>*Professional Fees May Apply</i>	10% after ded	20% after ded	20% after ded	20% after ded	20% after ded	25% after ded	25% after ded
OUTPATIENT PROFESSIONAL OFFICE VISITS SERVICES							
Primary Care	\$2**	\$10**	\$35**	\$40**	\$20	\$30	
Specialty Care	\$4	\$15	\$60	\$62.50	\$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	
OUTPATIENT HOSPITAL FACILITY SERVICES							
Outpatient Facility Fee	10% after ded	20% 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	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	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	20% after ded	25% after ded	25% after ded
Laboratory Tests	10% after ded	20% after ded	20% after ded	20% after ded	20% after ded	\$15	25% after ded

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PRESCRIPTION DRUGS[§]						
Preventive Drugs	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Preferred Generic Drugs	\$2	\$5	\$5	\$5	\$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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