

2024

# Molina Marketplace



# Your KY, MI, & OH Molina Broker Rep





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# **About Us**

Molina Healthcare provides managed health care services under Medicaid and Medicare programs and through state insurance marketplaces.

- Ranked 126 in Fortune 500\*
- 5.2 million members\*\*
- Headquartered in Long Beach, CA
- Established in 1980
- 15,000+ employees



<sup>\*</sup>As of July 2023, Source: https://fortune.com/ranking/fortune500/2023/



<sup>\*\*</sup>As of July 2023, Source: Molina Healthcare Reports Second Quarter 2023 Financial Results | Molina Healthcare Inc.

# **2024 Open Enrollment Period**

# Healthcare.gov, Washington HealthplanFinder, Kynect, beWellnm and Nevada Health Link:

✓ November 1, 2022 – January 15, 2023











### **Covered California:**

✓ November 1, 2023 – January 31, 2024
Renewals will start in October



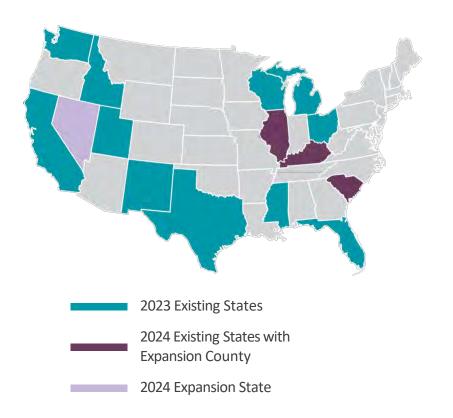
#### **Your Health Idaho:**

October 15, 2023 – December 15, 2024



# **National 2024 Footprint**

### **Service Area**

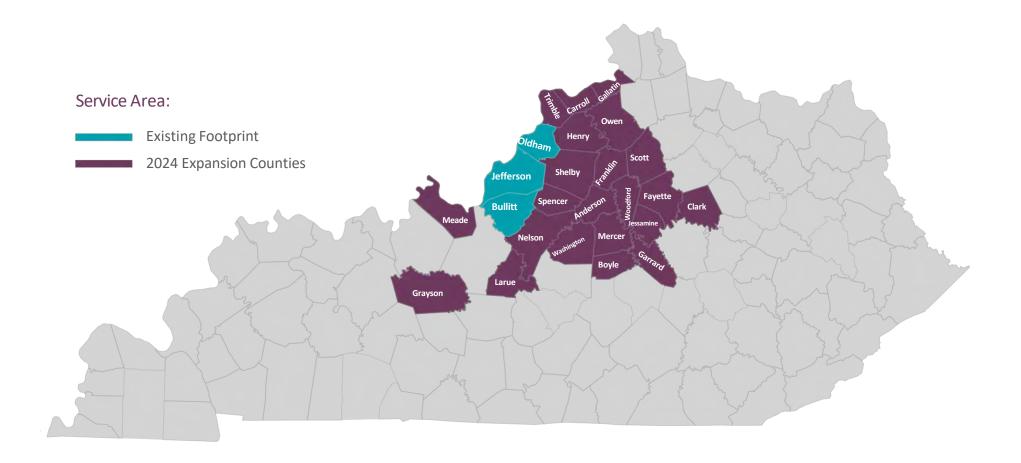


States/ Market	NEW Counties Effective 2024	2023 Existing Counties	Total
CA	0	6	6
FL	0	12	12
ID	0	7	7
IL	1	4	5
KY	22	3	25
MI	0	17	17
MS	Statewide	82	82
NM	Statewide	33	33
NV	7	0	7
ОН	0	63	63
SC	2	43	45
TX	0	14	14
UT	0	13	13
WA	0	18	18
WI	0	29	29
Total	32	344	376



# **State Coverage:**

# Kentucky





# KY Marketplace: Hospitals

# **University of Louisville (UofL Health) Hospitals:**

- UofL Health Frazier Rehab Institute
- UofL Health Jewish Hospital
- UofL Health Abraham Flexner Outpatient Care Center
- UofL Health Rudd Heart and Lung Center
- UofL Health Shelbyville Hospital
- UofL Health Peace Hospital
- UofL Health Mary & Elizabeth Hospital

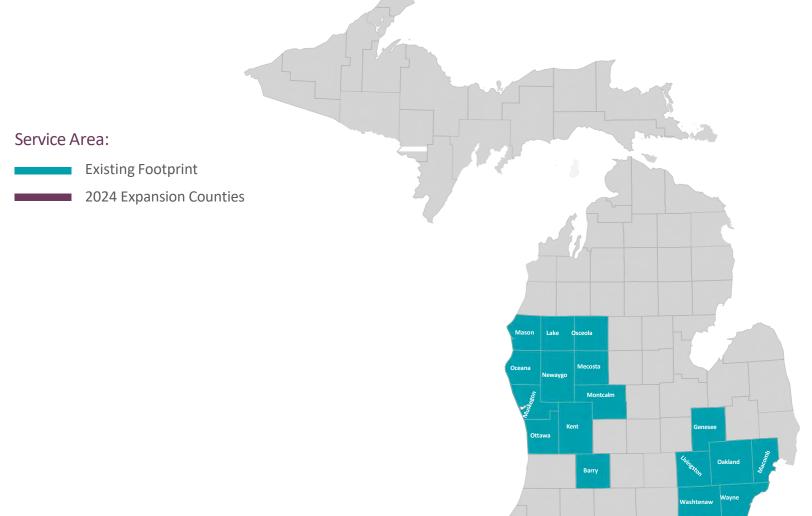
# **Norton Hospitals:**

- Audubon
- Brownsboro
- Children's & Medical Center
- Norton
- Norton Women's and Children's



**State Coverage:** 

Michigan





# MI Marketplace: Hospitals

#### **Barry County:**

- Pennock Hospital
- Spectrum Health Pennock

#### **Calhoun County:**

Select Specialty Hospital - Kalamazoo

#### **Genesee County:**

- Select Specialty Hospital Flint
- Hurley Medical Center
- Genesys Regional Medical Center

#### **Kent County:**

- · Helen Devos Children's Hospital
- Metropolitan Hospital
- Saint Mary's Health Care
- Special Care Hospital
- Spectrum Health and Spectrum Med. Group

#### **Livingston County:**

- St. Joseph Mercy Livingston Hosp. (Trinity)
- Select Specialty Macomb County Inc DBA Select Specialty Hospital – Pontiac

#### **Macomb County:**

- Ascension Macomb Oakland Macomb
- Beaumont Hospital Troy
- · Harbor Oaks Hospital
- Henry Ford Macomb Hospital
- Select Specialty Hospital
- The Behavioral Center of Michigan

#### **Mason County:**

• Spectrum Health Ludington Hospital

#### **Mecosta County:**

• Spectrum Health Big Rapids Hospital

#### **Montcalm County:**

- Spectrum Health Kelsey Hospital
- Spectrum Health United Hospital

#### **Muskegon County:**

Mercy Health Mercy Campus (Trinity)

#### **Newaygo County:**

· Spectrum Health Gerber Memorial

#### Oakland County:

- Ascension Crittenton
- Ascension Macomb Oakland Oakland
- Ascension Providence Novi
- Beaumont Hospital Farmington Hills
- Beaumont Hospital Royal Oak
- Beaumont Hospital Troy
- Detroit Receiving Hospital
- Harper Hospital
- Havenwyck Hospital
- · Henry Ford Kingswood Hospital
- Henry Ford West Bloomfield Hospital
- Huron Valley Sinai Hospital
- Select Specialty Hospital Macomb Cty.
- Sinai Grace Hospital
- St. Joseph Mercy Oakland Hospital

#### **Oceana County:**

Mercy Health Partners Lakeshore Campus

#### Osceola County:

Spectrum Health Reed City

#### Ottawa County:.

- Spectrum Health Zeeland Comm. Hosp.
- North Ottawa Community Hospital

#### **Saginaw County:**

- Healthsource Saginaw Hospital
- Select Specialty Hospital Saginaw

#### **Saint Clair County:**

- Lake Huron Medical Center
- Ascension River District

#### **Washtenaw County:**

- Select Specialty Hospital Ann Arbor
- St. Joseph Mercy Chelsea
- St. Joseph Mercy Hospital
- University of Michigan Hospitals



# MI Marketplace: Hospitals

#### **Wayne County:**

- Ascension Providence Hospital
- Ascension St. John
- BCA Stonecrest Center
- Beaumont Hospital Dearborn
- Beaumont Hospital Grosse Pointe
- Beaumont Hospital Taylor
- Beaumont Hospital Trenton
- Beaumont Hospital Wayne
- Children's Hospital of Michigan Rehab Unit
- Detroit Receiving Hospital
- Garden City Hospital
- Harper Hospital
- Henry Ford Wyandotte Hospital
- Rehabilitation Institute of Michigan
- Samaritan Behavioral Center
- Select Specialty Hospital Downriver
- Sinai Grace Hospital
- St. Mary Mercy Hospital Livonia (Trinity)

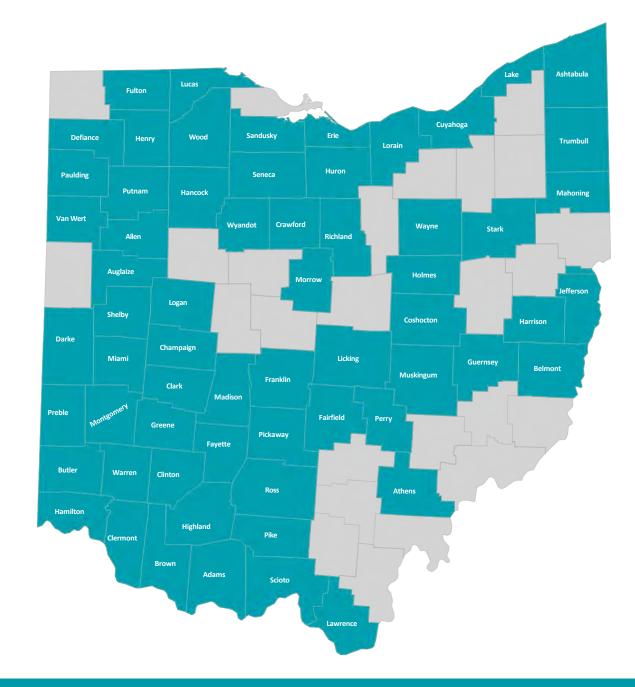


# **State Coverage:** Ohio

#### Service Area:

**Existing Footprint** 

2024 Expansion Counties





# OH Marketplace: Hospitals

#### **Adam County:**

Adams County Regional Medical Ctr

#### **Allen County**

Lima Memorial Hospital

#### **Ashtabula County**

Ashtabula County Medical Center

#### **Auglaize County**

Joint Township District Memorial Hosp.

#### **Belmont County**

- East Ohio Regional Hospital
- Barnesville Hospital

#### **Butler County:**

- · Fort Hamilton Hospital
- Kettering Health Network
- McCullough-Hyde Memorial Hospital
- Mercy Fairfield
- Mercy Health
- West Chester Hospital

#### **Clark County:**

• Springfield Regional Medical Center

#### **Clermont County:**

• Mercy Health – Clermont Hospital

#### **Clinton County:**

- Clinton Memorial Hospital
- Rchp Wilmington Llc

#### **Columbiana County**

The Surgical Hospital At Southwoods

#### **Crawford County**

- Bucyrus Community Hospital
- Galion Community Hospital

#### **Cuyahoga County:**

- Lake Health
- Metro health Medical Center
- Regency Hospital Cleveland East/West
- Select Specialty Hospital Cleveland
- South Pointe Hospital
- Southwest General Health Center
- St Vincent Charity Medical Center

#### **Darke County**

Wayne Healthcare

#### **Erie County**

- Mercy Regional Medical Center
- Mercy Allen Hospital
- Mercy Willard Hospital
- Southwest General Health Center
- · Eden Springs Healthcare Ctr

#### Fairfield County:

- Fairfield Healthcare Professionals, Inc.
- Fairfield Medical Center

#### **Fayette County:**

- Faena Fayette Medical Center
- Genesis Hospital

#### Franklin County:

Arthur G James Cancer Hosp.

- The OH State Univ. Medical Center
- McCullough Hyde Memorial Hospital
- OSU DODD
- Regency Hospital of Columbus
- Select Specialty Hospital Columbus Inc

#### **Fulton County:**

Fulton County Health Center

#### **Greene County:**

- Greene Memorial Hospital (Xenia)
- Kettering Health

#### **Hamilton County:**

- Fort Hamilton Hughes Memorial
- HealthSouth Rehab Hosp. of Cincinnati
- Jewish Hospital
- Kettering Health Network
- Mercy Franciscan Rehabilitation Center
- Mercy Health West Hospital
- Mercy Hospital Anderson
- Mercy Physical Therapy
- Select Specialty Hospital Cincinnati
- Shriners Hospital for Children
- St. Elizabeth Healthcare Edgewood
- The Drake Center
- · University of Cincinnati Medical Center
- West Chester Medical Center

#### **Hancock County:**

• Blanchard Valley Health System

#### **Harrison County**

Harrison Community Hospital

#### **Henry County:**

Henry County Hospital

#### **Highland County**

- Mercy Willard Hospital
- · Greenfield Area Medical Center

#### **Huron County**

Fisher Titus Medical Center

#### **Jefferson County:**

- Jefferson Medical Hospital
- · Trinity Medical Center

#### **Lawrence County**

- Our Lady Of Bellefonte Hospital
- Southern Ohio Medical Center
- Kings Daughter Hospital

#### **Licking County:**

Licking Memorial Hospital

#### **Lorain County:**

- Mercy Allen Hospital
- · Mercy Regional Med. Center

#### **Lucas County:**

- Mercy Health
- Mercy St. Ann's
- Mercy St. Charles
- Mercy St. Vincent
- · Univ. Of Toledo Medical Center



# OH Marketplace: Hospitals

#### **Madison County:**

- Madison Family Health Corp (Prof Group Of Specialists Owned By The Hospital)
- Madison Health
- Madison Health Hospital

#### **Mahoning/Trumbull Counties:**

- Humility Of Mary Health Partners
- Mercy Health
- St. Elizabeth Boardman Hospital (Mahoning)
- St. Elizabeth Youngstown Hospital (Mahoning)
- St. Joseph Warren Hospital (Trumbull)

#### **Marion County**

Wyandot Memorial Hospital

#### **Medina County**

- Southwest General Health Center
- The Bellevue Hospital

#### **Montgomery County:**

- Grandview Medical Center
- Kettering Health System
- Kettering Medical Center
- Lifecare Hospitals Of Dayton
- Southview Medical Center

#### **Morrow County**

Morrow County Hospital

#### **Paulding County:**

Paulding County Hospital

#### **Pickaway County:**

Berger Hospital

#### **Richland County**

Avita Ontario Hospital

#### **Ross/Scioto Counties:**

- ADENA Regional Medical Center
- · Kings Daughter Medical Center
- Portsmouth City Health Department (FQHC)
- Southern Ohio Medical Center

#### **Seneca County**

Mercy Tiffin Hospital

#### **Shelby County**

Wilson Memorial Hospital

#### **Stark County:**

- Mercy Medical Center Canton
- Mercy Professional Care Corp
- Sisters Of Charity Health System

#### **Summit County**

Crystal Clinic Orthopaedic Center Llc (Hosp)

#### **Tuscarawas County**

Trinity Hospital Twin City

#### **Van Wert County:**

Van Wert County Hospital

#### **Warren County**

- West Chester Medical Center Llc
- Southview Hospital
- Kettering Med Cntr Sycamore
- Lifecare Hospitals Of Dayton
- · Clinton Memorial Hospital,
- Mercy Hospital Fairfield

#### **Wayne County**

Wooster Community Acute Hospital

#### **Hospitals in WV available to OH MP Members:**

- Weirton Medical Center
- Wheeling Hospital Inc
- Reynolds Memorial Hospital
- Wetzel County Hospital Inc
- Sistersville General Hospital
- West Virginia University Hospital
- United Hospital Center
- Camden Clark Medical Center
- Jackson General Hospital
- Pleasant Valley Hospital
- Berkeley Medical Center



# **2023 Product Portfolio Revisions**

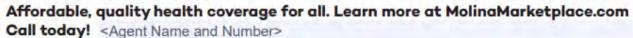


## **Product Portfolio** – Value Basics

- ✓ No Cost 24/7 Telehealth virtual care services through Teladoc
- ✓ No Cost "My Health Perks" wellness program with \$100 incentive
- ✓ No Cost Preventive prescription drugs
- ✓ No Cost Preventive screenings for children and adults
- ✓ No Cost Pediatric vision services
- ✓ No Cost RX Savings Solutions
- ✓ No Cost 24/7 Nurse Advice Line









		Silv	er 1		Silver 8			
	Cost Sh	aring Reduction Pla	ns (CSR)		Cost Sh	aring Reduction Pla	ins (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		A COLUMN			THE RESERVE	1000	10000	-
Teladoc Virtual Care Visits 24/7/365	Free	Free	Free	Free	Free	Free	Free	Free
Annual Wellness Visit - Adults	Free	Free	Free	Free	Free	Free	Free	Free
Routine Preventive Screenings - Children & Adults	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
Preventive Prescription Drugs	Free	Free	Free	Free	Free	Free	Free	Free
24 Hour Nurse Line	Free	Free	Free	Free	Free	Free	Free	Free
Plan Options with Adult Vision Services	Yes	Yes	Yes	Yes	No	No	No	No
Benefits and Cost Share Highlights		-	and the last of the	Annual State of the last		and the same of the	Total Control	The Real Property lies
Deductible (Ind/Fam)	\$0/\$0	\$700 / \$1,400	\$3,500 / \$7,000	\$5,000 / \$10,000	\$0/\$0	\$700 / \$1,400	\$5,700 / \$11,400	\$5,900 / \$11,800
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)	\$1,650 / \$3,300	\$2,750 / \$5,500	\$6,775 / \$13,550	\$7,850 / \$15,700	\$1,800 / \$3,600	\$3,000 / \$6,000	\$7,200 / \$14,400	\$9,100 / \$18,200
Emergency Room Facility	20%	25% after ded	35% after ded	35% after ded	25%	30% after ded	40% after ded	40% after ded
Urgent Care Services	\$5	\$20	\$45	\$45	\$5	\$30	\$60	\$60
Inpatient Services				-			-	
Inpatient Facility Fee *Professional Fees May Apply	20%	25% after ded	35% after ded	35% after ded	25%	30% after ded	40% after ded	40% after ded
<b>Outpatient Professional Office Visits</b>	Services	-		The second second				A Park
Primary Care	\$0	\$9	\$30	\$30	\$0	\$20	\$40	\$40
Specialty Care	\$10	\$30	\$60	\$60	\$10	\$40	\$80	\$80
Rehabilitative and Habilitative Services	\$10	\$30	\$30	\$30	\$0	\$20	\$40	\$40
Mental / Behavioral Health Services / Substance Abuse Services	\$0	\$9	\$30	\$30	\$0	\$20	\$40	\$40

<sup>\*\*</sup> Denotes no charge for the first 4 non-preventive affice 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 two-and-a-half times (2.5x) the 30-day retail cost-sharing amount.



		Silv	er 1		Silver 8			
	Cost Sh	aring Reduction Pla	ns (CSR)		Cost Sh	aring Reduction Pla	ns (CSR)	Silver 8 250
	Silver 1 100	Silver 1 150	Silver 1 200	Silver 1 250	Silver 8 100	Silver 8 150	Silver 8 200	
Outpatient Hospital Facility Services						-		
Outpatient Facility Fee	20%	25% after ded	35% after ded	35% after ded	25%	30% after ded	40% after ded	40% after ded
Outpatient Professional Fee	20%	25% after ded	35% after ded	35% after ded	25%	30% after ded	40% after ded	40% after ded
Advanced Imaging and Specialized Scanning Services	20%	25% after ded	35% after ded	35% 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	\$60	25%	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	No Charge	No Charge	No Charge
Preferred Generic Drugs	\$0	\$6	\$20	\$29	\$0	\$10	\$20	\$20
Preferred Brand Drugs	\$30	\$65	\$65 after ded	\$65 after ded	\$15	\$20	\$40	\$40
Non-Preferred Drugs	20%	25% after ded	35% after ded	35% after ded	\$50	\$60 after ded	\$80 after ded	\$80 after ded
Specialty Drugs	20%	25% after ded	35% after ded	35% after ded	\$150	\$250 after ded	\$350 after ded	\$350 after ded

<sup>&</sup>quot;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 twa-and-a-half times (2.5x) the 30-day retail cost-sharing amount:



		Silver 12 with First 4 P	rimary Care Visits Free			
	Cost	Sharing Reduction Plans	(CSR)			
	Silver 12 100	Silver 12 150	Silver 12 200	Silver 12 250	Gold 1	Gold 8
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 Line	Free	Free	Free	Free	Free	Free
Plan Options with Adult Vision Services	No	No	No	No	Yes	No
Benefits and Cost Share Highlights	Tomas and A					7
Deductible (Ind/Fam)	\$100 / \$200	\$1,300 / \$2,600	\$6,500 / 13,000	\$7,000 / \$14,000	\$1,550 / \$3,100	\$1,500 / \$3,000
Orug 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)	\$3,150 / \$6,300	\$3,150 / \$6,300	\$7,550 / \$15,100	\$9,450 / \$18,900	\$8,100 / \$16,200	\$8,700 / \$17,400
mergency Room Facility	10% after ded	20% after ded	20% after ded	20% after ded	25% after ded	25% after ded
Jrgent Care Services	\$3	\$13	\$55	\$60	\$20	\$45
npatient Services						
npatient Facility Fee Professional Fees May Apply	10% after ded	20% after ded	20% after ded	20% after ded	25% after ded	25% after ded
Outpatient Professional Office Visits S	Services					i
Primary Care	\$2**	\$10**	\$35**	\$40**	\$20	\$30
Specialty Care	\$4	\$15	\$70	\$75	\$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 Abuse Services	\$2**	\$10**	\$35**	\$40**	\$20	\$30



		Silver 12 with First 4 P	rimary Care Visits Free			
	Cost	Sharing Reduction Plans	(CSR)			Gold 8
	Silver 12 100	Silver 12 150	Silver 12 200	Silver 12 250	Gold 1	
Outpatient Hospital Facility Services						
Outpatient Facility Fee	10% 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	25% 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	25% after ded
Routine X-Ray and Diagnostic Services	10% 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	\$15	25% after ded
Prescription Drugs <sup>1</sup>						
Preventive Drugs	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Preferred Generic Drugs	\$2	\$5	\$10	\$10	\$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

<sup>\*\*</sup> 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 two-and-a-half times (2.5x) the 30-day retail cost-sharing amount.



Affordable, quality health coverage for all. Learn more at PassportHealthPlan.com/Marketplace Call today! <Agent Name and Number>

		Silv	ver 1	
	C	ost Sharing Reduction Plans (CS	R)	
	Silver 1 100	Silver 1 150	Silver 1 200	Silver 1 250
Value Basics		2.0	200	0.00
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	\$700 / \$1,400	\$3,500 / \$7,000	\$5,000 / \$10,000
Drug Deductible (Ind/Fam)	\$0/\$0	Comb. w/Med	Comb. w/Med	Comb. w/Med
Out of Pocket Max (Ind/Fam)	\$1,650 / \$3,300	\$2,750 / \$5,500	\$6,775 / \$13,550	\$7,850 / \$15,700
Emergency Room Facility	20%	25% after ded	35% after ded	35% after ded
Urgent Care Services	\$5	\$20	\$45	\$45
Inpatient Services		1000	10.00	2 0000
Inpatient Facility Fee *Professional Fees May Apply	20%	25% after ded	35% after ded	35% after ded
Outpatient Professional Office Visits Services				
Primary Care	\$0	\$9	\$30	\$30
Specialty Care	\$10	\$30	\$60	\$60
Rehabilitative and Habilitative Services	\$0	\$9	\$30	\$30
Mental / Behavioral Health Services / Substance Use Disorder Services	\$0	\$9	\$30	\$30

<sup>\*\*</sup> 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 two-and-a-half times (2.5x) the 30-day retail cost-sharing amount.



		Silv	ver 1	
		Cost Sharing Reduction Plans (CS	R)	
	Silver 1 100	Silver 1150	Silver 1 200	Silver 1 250
Outpatient Hospital Facility Services				
Outpatient Facility Fee	20%	25% after ded	35% after ded	35% after ded
Outpatient Professional Fee	20%	25% after ded	35% after ded	35% after ded
Advanced Imaging and Specialized Scanning Services	20%	25% after ded	35% after ded	35% after ded
Routine X-Ray and Diagnostic Services	\$30	\$75	\$95	\$95
Laboratory Tests	\$10	\$30	\$60	\$60
Prescription Drugs <sup>5</sup>				
Preventive Drugs	No Charge	No Charge	No Charge	No Charge
Preferred Generic Drugs	\$0	\$6	\$20	\$29
Preferred Brand Drugs	\$30	\$65	\$65 after ded	\$65 after ded
Non-Preferred Drugs	20%	25% after ded	35% after ded	35% after ded
Specialty Drugs	20%	25% after ded	35% after ded	35% after ded

<sup>&</sup>lt;sup>48</sup> 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 two-and-a-half times (2.5x) the 30-day retail cost-sharing amount



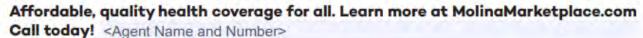
		Silver 12 with First 4 P	rimary Care Visits Free		
	Cost	<b>Sharing Reduction Plans</b>	(CSR)		
	Silver 12 100	Silver 12 150	Silver 12 200	Silver 12 250	Gold 1
Value Basics					
Teladoc Virtual Care Visits 24/7/365	Free	Free	Free	Free	Free
Annual Wellness Visit - Adults	Free	Free	Free	Free	Free
Routine Preventive Screenings - Children & Adults	Free	Free	Free	Free	Free
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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)	\$100 / \$200	\$1,300 / \$2,600	\$6,500 / \$13,000	\$7,000 / \$14,000	\$1,550 / \$3,100
Orug Deductible (Ind/Fam)	Comb. w/Med	Comb. w/Med	Comb. w/Med	Comb. w/Med	Comb. w/Med
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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
npatient Services		-	Total Control	THE RESERVE TO THE PARTY OF THE	
npatient Facility Fee *Professional Fees May Apply	10% after ded	20% after ded	20% after ded	20% after ded	25% after ded
Outpatient Professional Office Visits Services	2000		100000000000000000000000000000000000000	ALC: UNKNOWN	-
Primary Care	\$2**	\$10**	\$35**	\$40**	\$20
Specialty Care	\$4	\$15	\$70	\$75	\$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

<sup>\*\*</sup> 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 two-and-a-half times (2.5 x) the 30-day retail cost-sharing amount.



		Silver 12 with First 4 P	rimary Care Visits Free			
	Cost	Sharing Reduction Plans	(CSR)			
	Silver 12 100	Silver 12 150	Silver 12 200	Silver 12 250	Gold 1	
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	
Prescription Drugs <sup>§</sup>					100	
Preventive Drugs	No Charge	No Charge	No Charge	No Charge	No Charge	
Preferred Generic Drugs	\$2	\$5	\$10	\$10	\$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 dec	

<sup>\*\*</sup> 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 two-and-a-half times (2.5x) the 30-day retail cost-sharing amount.





		Sil	ver 1		Silver 8				
	Cost Sh	aring Reduction Pla	ins (CSR)		Cost Sh	aring Reduction Pla	ns (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				-	The Real Property lies		1000		
Teladoc Virtual Care Visits 24/7/365	Free	Free	Free	Free	Free	Free	Free	Free	
Annual Wellness Visit - Adults	Free	Free	Free	Free	Free	Free	Free	Free	
Routine Preventive Screenings - Children & Adults	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	
Preventive Prescription Drugs	Free	Free	Free	Free	Free	Free	Free	Free	
24 Hour Nurse Advice Line	Free	Free	Free	Free	Free	Free	Free	Free	
Plan Options with Adult Vision Services	Yes	Yes	Yes	Yes	No	No	No	No	
Benefits and Cost Share Highligh	hts		-	The second		The section of	And in column 2 is not a second	Section 1	
Deductible (Ind/Fam)	\$0 / \$0	\$700 / \$1,400	\$3,500 / \$7,000	\$5,000 / \$10,000	\$0/\$0	\$700 / \$1,400	\$5,700 / \$11,400	\$5,900 / \$11,800	
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)	\$1,650 / \$3,300	\$2,750 / \$5,500	\$6,775 / \$13,550	\$7,850 / \$15,700	\$1,800 / \$3,600	\$3,000 / \$6,000	\$7,200 / \$14,400	\$9,100 / \$18,200	
Emergency Room Facility	20%	25% after ded	35% after ded	35% after ded	25%	30% after ded	40% after ded	40% after ded	
Urgent Care Services	\$5	\$20	\$45	\$45	\$5	\$30	\$60	\$60	
Inpatient Services		- 10							
Inpatient Facility Fee *Professional Fees May Apply	20%	25% after ded	35% after ded	35% after ded	25%	30% after ded	40% after ded	40% after ded	
Outpatient Professional Office \	Visits Services						- 4.7	0.0	
Primary Care	\$0	\$9	\$30	\$30	\$0	\$20	\$40	\$40	
Specialty Care	\$10	\$30	\$60	\$60	\$10	\$40	\$80	\$80	
Rehabilitative and Habilitative Services	\$10	\$30	\$30	\$30	\$0	\$20	\$40	\$40	
Mental / Behavioral Health Services / Substance Use Disorder Services	\$0	\$9	\$30	\$30	\$0	\$20	\$40	\$40	



		Silv	ver 1		Silver 8			
	Cost Si	haring Reduction Pla	ns (CSR)	(CSR)		naring Reduction Plan	ns (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
<b>Outpatient Hospital Facility Serv</b>	rices				-	100000	-	
Outpatient Facility Fee	20%	25% after ded	35% after ded	35% after ded	25%	30% after ded	40% after ded	40% after ded
Outpatient Professional Fee	20%	25% after ded	35% after ded	35% after ded	25%	30% after ded	40% after ded	40% after ded
Advanced Imaging and Specialized Scanning Services	20%	25% after ded	35% after ded	35% 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	\$60	25%	30% after ded	40% after ded	40% after ded
Prescription Drugs <sup>1</sup>		7.5	1000					
Preventive Drugs	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Preferred Generic Drugs	\$0	\$6	\$20	\$29	\$0	\$10	\$20	\$20
Preferred Brand Drugs	\$30	\$65	\$65 after ded	\$65 after ded	\$15	\$20	\$40	\$40
Non-Preferred Drugs	20%	25% after ded	35% after ded	35% after ded	\$50	\$60 after ded	\$80 after ded	\$80 after ded
Specialty Drugs	20%	25% after ded	35% after ded	35% after ded	\$150	\$250 after ded	\$350 after ded	\$350 after ded



		Silver 12 with First 4 P	rimary Care Visits Free			
	Cost	Sharing Reduction Plans	(CSR)			
	Silver 12 100	Silver 12 150	Silver 12 200	Silver 12 250	Gold 1	Gold 8
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 Highlight	ts	77777777	72/17/11/11		The state of the s	The second second
Deductible (Ind/Fam)	\$100 / \$200	\$1,300 / \$2,600	\$6,500 / 13,000	\$7,000 / \$14,000	\$1,550 / \$3,100	\$1,500 / \$3,000
Orug 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)	\$3,150 / \$6,300	\$3,150 / \$6,300	\$7,550 / \$15,100	\$9,450 / \$18,900	\$8,100 / \$16,200	\$8,700 / \$17,40
Emergency Room Facility	10% after ded	20% after ded	20% after ded	20% after ded	25% after ded	25% after ded
Jrgent Care Services	\$3	\$13	\$55	\$60	\$20	\$45
npatient Services						
npatient Facility Fee Professional Fees May Apply	10% after ded	20% after ded	20% after ded	20% after ded	25% after ded	25% after ded
Outpatient Professional Office Vi	sits Services					-
Primary Care	\$2**	\$10**	\$35**	\$40**	\$20	\$30
Specialty Care	\$4	\$15	\$70	\$75	\$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

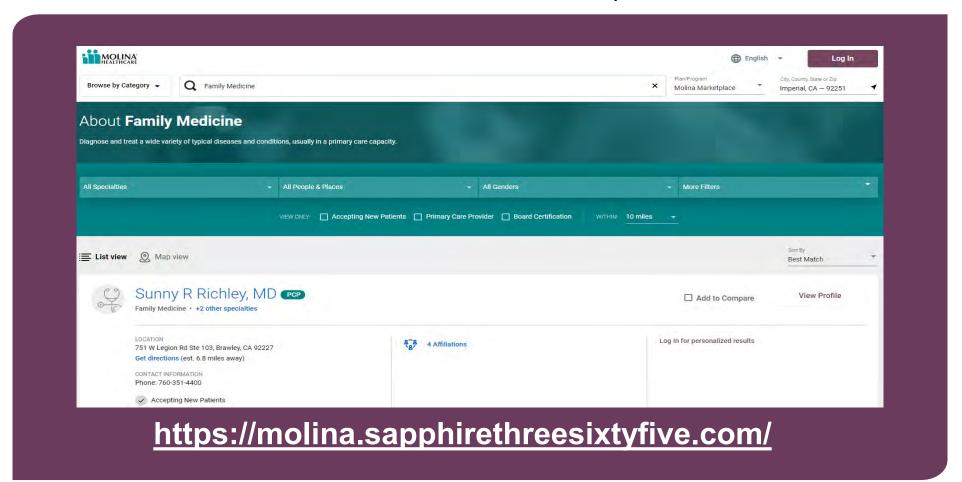


		Silver 12 with First 4 P	rimary Care Visits Free			
	Cost	Sharing Reduction Plans (				
	Silver 12 100	Silver 12 150	Silver 12 200	Silver 12 250	Gold 1	Gold 8
Outpatient Hospital Facility Servi	ces				10000	
Outpatient Facility Fee	10% after ded	20% after ded	20% after ded	20% after ded	25% after ded	25% after ded
Outpatient Professional Fee	10% after ded	20% after ded	20% after ded	20% after ded	25% 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	25% after ded
Routine X-Ray and Diagnostic Services	10% 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	\$15	25% after ded
Prescription Drugs <sup>5</sup>					1700	
Preventive Drugs	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Preferred Generic Drugs	\$2	\$5	\$10	\$10	\$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

# **Provider Online Directory**

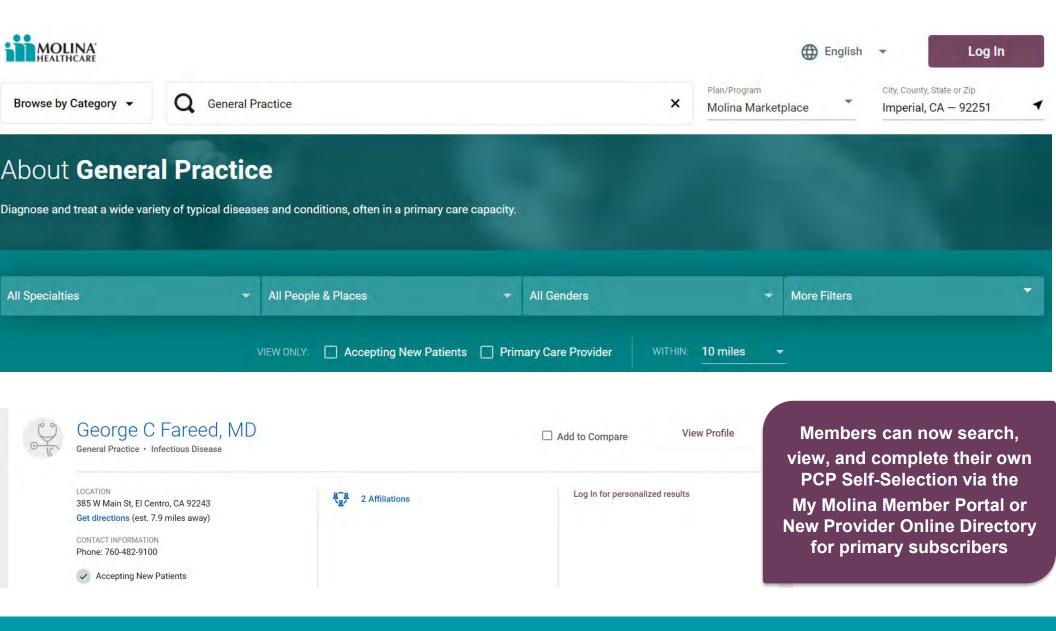
Seamless, user-friendly digital experience for members and brokers available via MolinaMarketplace.com

Select 'Find a Doctor' from the Member drop-down list





# **Provider Online Directory**



# **Member Resources –** Important Member Services Numbers

State	Toll Free Number	State	Toll Free Number
California	(888) 858-2150	New Mexico	(888) 295-7651
Florida	(888) 560-5716	Ohio	(888) 296-7677
Idaho	(833) 657-1981	South Carolina	(855) 885-3176
Illinois	(833) 644-1623	Texas	(888) 560-2025
Kentucky	(833) 644-1621	Utah	(888) 858-3973
Michigan	(888) 560-4087	Washington	(888) 858-3492
Mississippi	(866) 472-9484	Wisconsin	(888) 560-2043
Nevada	(833) 671-0051		



# **Member Wellness Incentive Program**

# My Health Perks

Increased incentive to \$100!

#### Molina has launched its new wellness platform called My Health Perks.

#### My Health Perks:

- · Provides access to a suite of wellness programs and information
- · Interactive programs to help manage your care
- \$50 wellness incentive program
- · Access a suite of health tools and programs on topics like:





Smoking cessation



Diabetes management



Managing depression



High blood pressure



Asthma management



Healthy living video library - exercise, diet & nutrition

My Health Perks offers a \$100 gift card to all eligible members (18+) on our health plan who complete the steps below:

- ✓ Complete the My Health Perks Molina Wellness assessment
- ✓ Complete annual physical with PCP



# **RX Savings Solutions**

Rx Savings Solutions (RxSS) is a service that helps members maximize their prescription benefits and lower out-of-pocket costs

- Members will receive an email with details on how to access the new tool that will include:
  - Intro to the RxSS benefit
  - Guidance on how to access this benefit through MyMolina and activation of their account
  - Contact information for RxSS
- Members can also call RxSS at **1-800-268-4476**





# My Molina – Member Portal & Mobile App

# Download the My Molina mobile app!

Get smart health plan access with your smart phone. With My Molina, you can easily see your ID card, print it or send it. Search for new doctors, change your primary care provider and much more. Anytime, anywhere.

Download the My Molina mobile app from the App Store or Google Play.

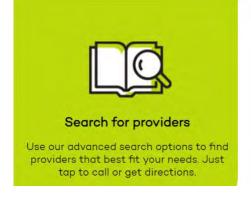


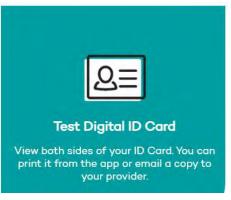






- Easy to navigate
- All your information in one secure place
- Access to digital member ID card, premium payments, medical records and more.







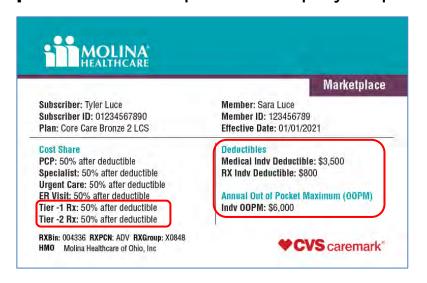




#### **Member ID Card**

### **New ID Card Requirements**

- Regulatory Requirement Added Deductibles and Out of Pocket Maximums
- Simplification Expanded display requirements and cleaner layout for contacts





# **Member Support Functionality**

# **ID Card order requests and PCP Change requests**

Assist your members with requesting new ID cards and PCP changes

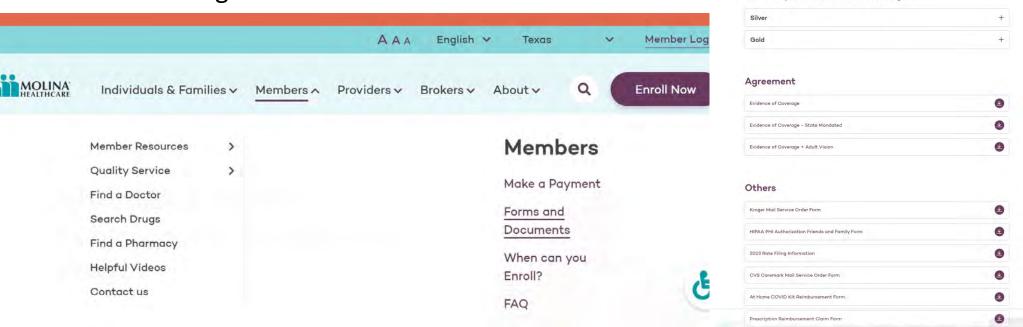
Case Type	Member (D Card Request		
Member Issue	Printery Care Physician Change Request		
Subject		NEVER RECEIVED	
Description			
Membes			

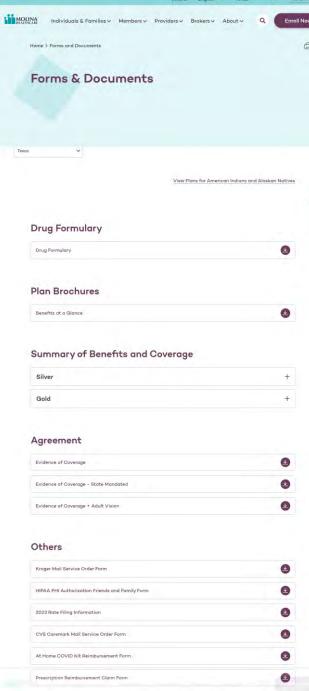


# MolinaMarketplace.com

#### **Resource Hub for 2024 Plan Documents**

- MolinaMarketplace.com is the one-stop-shop website for all Molina's ACA plan information
- Toggle between 2023 and 2024 Plans
- Access SBCs, EOCs, Drug Formularies, Benefits at a Glance guides and Member forms







# **Premium Payment Methods**

# Multiple ways to pay:

Method

# AutoPay

It's fast, easy and convenient!

Sign up for AutoPay through your MyMolina.com

account and never miss a payment. It's stress-free!

#### Online Bill Payment

#### Go to MolinaMarketplace. com

Please allow 3 business days for the payment to post to your account.

#### By Phone

We accept Visa, MasterCard, Discover or electronic check.

Call Molina Customer

Support at (888) 858-2150

Monday – Friday 8 a.m. – 6 p.m. PT.

Please allow 3 business days for the payment to post to your

#### By Mail

Include the payment coupon provided on the invoice notice.
Allow 10-15 days for mailing and processing. Send payment to:

Molina Healthcare PO Box 75159 Chicago, Illinois 60675-5156

#### MoneyGram

MoneyGram
accepts cash
payments. Allow
3 business days
for the payment
to post to your
account. To find
a location, call
(800) 666-3947,
or visit
MoneyGram.com.

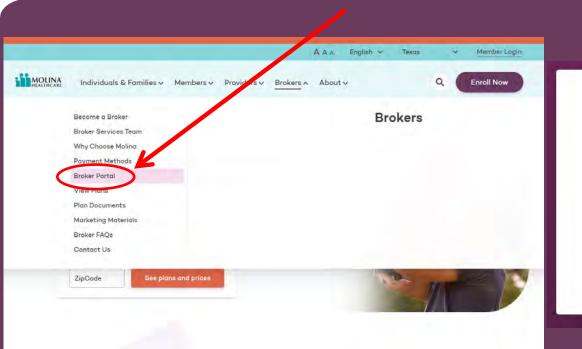
One-time payment option: <a href="https://webpayments.billmatrix.com/MHCInitialPayGuest">https://webpayments.billmatrix.com/MHCInitialPayGuest</a>

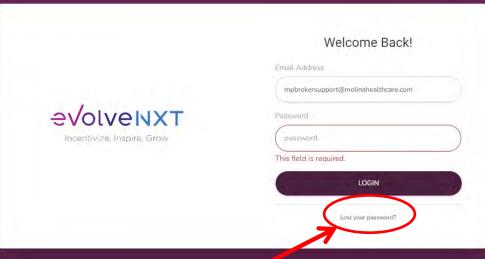
account



# **New Broker Portal!**

### **Easy Access to Broker Support and Member Service Tools**





Account.EvolveNXT.com

You can create or reset your password by using this link, your username is your email address

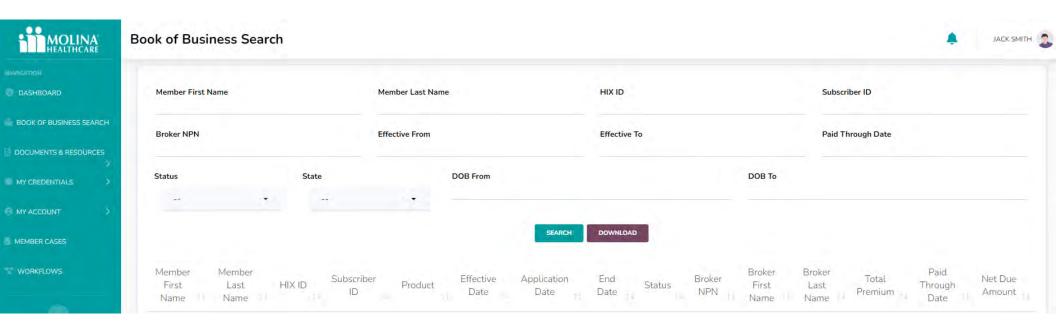


# **Book of Business Search**

#### **Book of Business Search with Member level data**

Filter your Molina BoB by:

- ✓ Effective Date
- ✓ Paid Thru Date
- ✓ Net Due amount
- ✓ Pending Termination date





#### **Broker Recon**

#### **Reconciliation form for online submission**

- ➤ If a policy is showing in your BoB search in your portal and you are still missing commissions you can submit the standard reconciliation form via email to MPBrokercommissioninquiry@MolinaHealthCare.Com
- > You can access the standard reconciliation form below:



# **Broker Bonuses**

New and renewing members are eligible for bonuses based on the tiers below:

New Members		
25-49	\$25	
50-99	\$50	
100+	\$75	

Renewing Members 50+ \$50



- > Bonuses are paid per member per year
- Member must stay active and paid through for 4 months
- New member bonuses are available all year long and will be paid out on a rolling basis 7 months after the effective month
- Renewal bonuses will pay out in July of 2024



## **Broker Resources:**

Main Number: 1-855-885-3179

Hours: 6:00 AM – 6:00 PM MT, Monday – Friday

New Broker Portal: Account.EvolveNXT.com

Broker Services — #1 | MPBrokerSupport@MolinaHealthcare.com

General inquiries, account access issues, member EOC/SBC questions

Broker Care Team — # 2 | MPBrokerCareTeam@MolinaHealthcare.com

Member access to care issues, billing discrepancies, terminations in error

Commission Team — # 3 | MPBrokerCommissionInquiry@MolinaHealthcare.com

Broker Book of Business reconciliation for missing or unpaid policies

Contracting Inquiries — # 4 | MPBrokerContracting@MolinaHealthcare.com

Appointment requests, E&O/license/contact information updates



# Sales Managers – Western Region



Amy DeMarco — Director of Sales Western Region (CA, ID, NM, TX, UT, WA) Amy.DeMarco@MolinaHealthcare.com (657) 243-7461

#### **Sales Managers**



Gene Wedgeworth
New Mexico & North Texas
Gene. Wedgeworth@MolinaHealthcare.com
(972) 210-9437



Andrea Espinoza
California
Andrea.Espinoza@MolinaHealthcare.com
(442) 300-4292



Gabriel Arguello
South Texas & Nevada
Gabriel.Arguello@MolinaHealthcare.com
(210) 517-4814



Rhonda Clarke Idaho & Utah Rhonda.Clarke@MolinaHealthcare.com (385) 707-3981



Casey Meehan
Washington
Casey.Meehan@MolinaHealthcare.com
(360) 764-6816



# Sales Managers – Eastern Region



**Fabian Guardarrama** — Director of Sales Eastern Region (FL, IL, KY, MI, MS, OH, SC, WI) <u>Fabian.Guardarrama@MolinaHealthcare.com</u> (305) 807-2172

**Sales Managers** 



Aldo Loayza
Spanish — All States
Aldo.Loayza@MolinaHealthcare.com
(385) 522-3865



Tina Moseley Martinez
South Florida & South Carolina
Tina.Martinez1@MolinaHealthcare.com
(786) 837-4844



Lindsay Scruggs
Florida & Mississippi
Lindsay.Scruggs@MolinaHealthcare.com
(305) 587-6449



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Kahassai.Tafese@MolinaHealthcare.com
(614) 623-8267



Kristin Nickel
Illinois & Wisconsin
Kristin.Nickel@MolinaHealthcare.com
(262) 229-0955



# Thank you!

200 Oceangate, Suite 100 Long Beach, CA 90802

MolinaMarketplace.com

