

2025

# Molina Marketplace Benefits At A Glance - Washington

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	Constant Care Silver 1			
	Cost Sharing Reduction Plans (CSR)			Constant Care Silver 1
	Constant Care Silver 1 100	Constant Care Silver 1 150	Constant Care Silver 1 200	
<b>VALUE BASICS</b>				
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
<b>BENEFITS AND COST SHARE HIGHLIGHTS</b>				
Deductible (Ind/Fam)	\$0 / \$0	\$0 / \$0	\$0 / \$0	\$0 / \$0
Drug Deductible (Ind/Fam)	\$0 / \$0	\$150 / \$300	\$900 / \$1,800	\$900 / \$1,800
Out of Pocket Max (Ind/Fam)	\$1,475 / \$2,950	\$3,010 / \$6,020	\$7,275 / \$14,550	\$7,930 / \$15,860
Emergency Room Facility	20%	25%	35%	35%
Urgent Care Services	\$0	\$7	\$30	\$30

<sup>§</sup>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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<b>INPATIENT SERVICES</b>				
Inpatient Facility Fee <i>*Professional Fees May Apply</i>	20%	25%	35%	35%
<b>OUTPATIENT PROFESSIONAL OFFICE VISITS SERVICES</b>				
Primary Care	\$0	\$7	\$30	\$30
Specialty Care	\$10	\$30	\$60	\$60
Rehabilitative and Habilitative Services	\$10	\$30	\$60	\$60
Mental / Behavioral Health Services / Substance Use Disorder Services	\$0	\$7	\$30	\$30
<b>OUTPATIENT HOSPITAL FACILITY SERVICES</b>				
Outpatient Facility Fee	\$250	\$500	\$1,250	\$1,500
Outpatient Professional Fee	\$50	\$125	\$200	\$250
Advanced Imaging and Specialized Scanning Services	\$125	\$400	\$950	\$950
Routine X- Ray and Diagnostic Services	\$30	\$80	\$95	\$95
Laboratory Tests	\$10	\$30	\$60	\$60

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<b>PRESCRIPTION DRUGS<sup>§</sup></b>				
Preventive Drugs	No Charge	No Charge	No Charge	No Charge
Preferred Generic Drugs	\$0	\$8	\$21	\$27
Preferred Brand Drugs	\$10	\$40	\$75	\$75
Non-Preferred Drugs	10%	40% after Rx ded	50% after Rx ded	50% after Rx ded
Specialty Drugs	10%	40% after Rx ded	50% after Rx ded	50% after Rx ded

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