

# 2022 Molina Marketplace Benefits At A Glance - Illinois

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Services	Constant Care Silver 1				Constant Care Silver 2			
	New Plans For 2022				New Plans For 2022			
	Silver Plan 1 - Cost Sharing Reduction Plans (CSR)			Silver Plan 1 / 250	Silver Plan 2 - Cost Sharing Reduction Plans (CSR)			Silver Plan 2 / 250
	CSR 100	CSR 150	CSR 200		CSR 100	CSR 150	CSR 200	
<b>Value Basics</b>								
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 for 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
Urgent Care At Same Cost As Primary Physician Visit	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Plan Options with Adult Vision Services	Yes	Yes	Yes	Yes	Not Available	Not Available	Not Available	Not Available
<b>Benefit and Cost Share Highlights</b>								
Deductible (Ind/Fam)	\$0 / \$0	\$0 / \$0	\$0 / \$0	\$0 / \$0	\$0	\$0	\$3,450 Comb. Med/Rx	\$5,200 Comb. Med/Rx
Out of Pocket Max (Ind/Fam)	\$1,200 / \$2,400	\$2,800 / \$5,600	\$6,700 / \$13,400	\$8,500 / \$17,000	\$1,200 / \$2,400	\$2,850 / \$5,700	\$6,700 / \$13,400	\$8,150 / \$16,300
Drug Deductible (Ind/Fam)	\$0 / \$0	\$150 / \$300 Rx Tiers 3&4 Only	\$350 / \$700 Rx Tiers 3&4 Only	\$800 / \$1,600 Rx Tiers 3&4 Only	\$0 / \$0	\$0 / \$0	Comb. w/Med	Comb. w/Med
Emergency Room Services	\$250	\$400	\$750	\$750	25%	40%	40% after ded	40% after ded
<b>Hospital / Facility Services</b>								
Inpatient Hospital	\$600/day (max 2 copays)	\$750/day (max 2 copays)	\$1,200/day (max 2 copays)	\$1,200/day (max 2 copays)	\$300/day (max 2 copays)	\$575/day (max 2 copays)	\$900/day (max 2 copays)	\$1,350/day (max 2 copays)
Skilled Nursing Facility Services	\$600/day	\$750/day	\$1,200/day	\$1,200/day	\$300/day	\$575/day	\$900/day	\$1,350/day
Hospital Physician Services	\$10	\$30	\$60	\$60	\$10	\$30	\$40	\$65
Outpatient Surgery Services	\$100	\$350	\$500	\$500	25%	40%	40% after ded	40% after ded
<b>Outpatient Services</b>								
Primary & Urgent Care Services	\$0	\$6	\$30	\$30	\$0	\$10	\$20	\$30
Specialist Services	\$10	\$30	\$60	\$60	\$10	\$30	\$40	\$65
Mental/Behavioral Health Services	\$0	\$6	\$30	\$30	\$0	\$10	\$20	\$30
Imaging & Specialized Radiology	\$50	\$400	\$700	\$700	25%	40%	40% after ded	40% after ded
Rehabilitative Services -ST, OT, PT	\$10	\$30	\$60	\$60	25%	40%	40% after ded	40% after ded
Routine Laboratory Services	\$5	\$20	\$45	\$45	\$0	\$30	\$30	\$40
Routine X-Ray & Diagnostic Services	\$15	\$50	\$80	\$80	25%	40%	40% after ded	40% after ded
<b>Prescription Drugs</b>								
Tier 1 - Preferred Generic Drugs	\$0	\$5	\$20	\$29	\$0	\$10	\$20	\$25
Tier 2 - Preferred Brand Drugs	\$10	\$25	\$60	\$60	\$15	\$40	\$60	\$65
Tier 3 - Non-Pref Brand & Generic Drugs	10%	40% after ded	40% after ded	40% after ded	25%	40%	40% after ded	50% after ded
Tier 4 - Specialty Drugs	10%	40% after ded	40% after ded	40% after ded	25%	40%	40% after ded	50% after ded

Services Without Any Deductible

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# 2022 Molina Marketplace Benefits At A Glance - Illinois



Services	Constant Care Silver 4				Constant Care Silver 7			
	New Plans For 2022				New Plans For 2022			
	Silver Plan 4 - Cost Sharing Reduction Plans (CSR)			Silver Plan 4 / 250	Silver Plan 7 - Cost Sharing Reduction Plans (CSR)			Silver Plan 7 / 250
	CSR 100	CSR 150	CSR 200		CSR 100	CSR 150	CSR 200	
<b>Value Basics</b>								
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 for 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
Urgent Care At Same Cost As Primary Physician Visit	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Plan Options with Adult Vision Services	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available
<b>Benefit and Cost Share Highlights</b>								
Deductible (Ind/Fam)	\$725 Comb. Med/Rx	\$2,150 Comb. Med/Rx	\$5,975 Comb. Med/Rx	\$7,450 Comb. Med/Rx	\$0 / \$0	\$0 / \$0	\$0 / \$0	\$0 / \$0
Out of Pocket Max (Ind/Fam)	\$725 / \$1,450	\$2,150 / \$4,300	\$5,975 / \$11,950	\$7,450 / \$14,900	\$1,200 / \$2,400	\$2,850 / \$5,700	\$6,800 / \$13,600	\$8,550 / \$17,100
Drug Deductible (Ind/Fam)	Comb. w/Med	Comb. w/Med	Comb. w/Med	Comb. w/Med	\$0 / \$0	\$80 / \$160 Rx Tiers 3&4 Only	\$350 / \$700 Rx Tiers 3&4 Only	\$1,350 / \$2,700 Rx Tiers 3&4 Only
Emergency Room Services	0% after ded	0% after ded	0% after ded	0% after ded	\$250	\$600	\$750	\$1,250
<b>Hospital / Facility Services</b>								
Inpatient Hospital	\$100/day (max 2 copays)	\$400/day (max 2 copays)	\$1,200/day (max 2 copays)	\$1,500/day (max 2 copays)	\$200/day (max 2 copays)	\$375/day (max 2 copays)	\$600/day (max 2 copays)	\$600/day (max 2 copays)
Skilled Nursing Facility Services	\$100/day	\$400/day	\$1,200/day	\$1,500/day	\$200/day	\$375/day	\$600/day	\$600/day
Hospital Physician Services	\$10	\$30	\$60	\$65	\$10	\$30	\$75	\$90
Outpatient Surgery Services	0% after ded	0% after ded	0% after ded	0% after ded	\$120	\$120	\$150	\$150
<b>Outpatient Services</b>								
Primary & Urgent Care Services	\$0	\$7	\$20	\$30	\$0	\$5	\$25	\$30
Specialist Services	\$10	\$30	\$60	\$65	\$10	\$30	\$75	\$90
Mental/Behavioral Health Services	\$0	\$7	\$20	\$30	\$0	\$5	\$25	\$30
Imaging & Specialized Radiology	0% after ded	0% after ded	0% after ded	0% after ded	\$100	\$400	\$700	\$700
Rehabilitative Services -ST, OT, PT	0% after ded	0% after ded	0% after ded	0% after ded	\$10	\$40	\$60	\$60
Routine Laboratory Services	0% after ded	0% after ded	0% after ded	0% after ded	\$20	\$30	\$50	\$50
Routine X-Ray & Diagnostic Services	0% after ded	0% after ded	0% after ded	0% after ded	\$30	\$60	\$100	\$135
<b>Prescription Drugs</b>								
Tier 1 - Preferred Generic Drugs	\$0	\$6	\$12	\$25	\$0	\$8	\$25	\$30
Tier 2 - Preferred Brand Drugs	\$20	\$50	\$70	\$75	\$10	\$35	\$75	\$100
Tier 3 - Non-Pref Brand & Generic Drugs	0% after ded	0% after ded	0% after ded	0% after ded	10%	10% after Rx ded	40% after Rx ded	40% after Rx ded
Tier 4 - Specialty Drugs	0% after ded	0% after ded	0% after ded	0% after ded	10%	10% after Rx ded	40% after Rx ded	40% after Rx ded

Services Without Any Deductible

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Services	Confident Care Gold
	New Plan For 2022
	Gold Plan 1
<b>Value Basics</b>	
Teladoc Virtual Care Visits 24/7/365	Free
Annual Wellness Visit - Adults	Free
Routine Preventive Screenings - Children & Adults	Free
Routine Vision Exams, and Eyewear for Children (Ages 0-18)	Free
Preventive Prescription Drugs	Free
24 Hour Nurse Line	Free
Urgent Care At Same Cost As Primary Physician Visit	Yes
Plan Options with Adult Vision Services	Yes
<b>Benefit and Cost Share Highlights</b>	
Deductible (Ind/Fam)	\$2,100 / \$4,200
Out of Pocket Max (Ind/Fam)	\$8,550 / \$17,100
Drug Deductible (Ind/Fam)	Combined Med/Rx Rx Tiers 3&4 Only
Emergency Room Services	20% after ded
<b>Hospital / Facility Services</b>	
Inpatient Hospital	20% after ded
Skilled Nursing Facility Services	20% after ded
Hospital Physician Services	20% after ded
Outpatient Surgery Services	20% after ded
<b>Outpatient Services</b>	
Primary & Urgent Care Services	\$10
Specialist Services	\$50
Mental/Behavioral Health Services	\$10
Imaging & Specialized Radiology	20% after ded
Rehabilitative Services -ST, OT, PT	\$50
Routine Laboratory Services	\$15
Routine X-Ray & Diagnostic Services	20% after ded
<b>Prescription Drugs</b>	
Tier 1 - Preferred Generic Drugs	\$10
Tier 2 - Preferred Brand Drugs	\$50
Tier 3 - Non-Pref Brand & Generic Drugs	30% after ded
Tier 4 - Specialty Drugs	30% after ded

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