

Molina Marketplace Bronze Plan - Ohio 2018 Benefit Plan Changes

Standard Plan ID – 64353OH001000301

Limited Cost Share (LCS)* Plan ID - 64353OH001000303

Changes to Your Plan	2017		2018	
Combined Medical and Pharmacy Deductible	\$6,650 / \$13,300		\$6,400 / \$12,800	
Individual / Family Out-of-Pocket Maximum	\$7,150 / \$14,300		\$7,350 / \$14,700	
Emergency/Urgent Services				
Emergency Room	\$350	Copayment after Deductible	\$400	Copayment after Deductible
Outpatient Hospital / Facility Services				
Laboratory Tests	\$35	Copayment after Deductible	\$40	Copayment after Deductible
Prescription Drug Coverage				
Formulary Generic Drugs	\$33	Copayment	\$20	Copayment
Formulary Preferred Brand Name Drugs	\$65	Copayment after Deductible	\$60	Copayment after Deductible

*LCS Plan - If you are a qualifying American Indian or Alaskan Native, you will have no cost sharing if you obtain covered services from any participating Tribal Health Provider. However, you will be responsible for cost sharing under this product for any covered services not provided by a Participating Tribal Health Provider. Tribal Health Providers include the Indian Health Service, an Indian Tribe, Tribal Organization, or Urban Indian Organization.