

Molina Marketplace Silver 150 Plan -Ohio 2018 Benefit Plan Changes

Standard Plan ID – 64353OH001000205

Changes to Your Plan	2017		2018	
Deductible				
Individual / Family Medical Deductible	\$500 / \$1,000		\$525 / \$1,050	
Annual Out-of-Pocket Maximum				
Individual / Family Out-of-Pocket Maximum	\$2,250 / \$4,500		\$2,450 / \$4,900	
Emergency/Urgent Services				
Emergency Room	\$205	Copayment	\$250	Copayment after deductible
Outpatient Professional Services				
Habilitative/Rehabilitative Services	20%	Coinsurance	\$30	Copayment