2017 - FL Product Launch

Presenters: Fabian Guardarrama – Director of Sales Jocelyn Castillo – Central/North FL Broker Channel Manager Denis Pujals – South FL Broker Channel Manager



WELCOME BACK TO THE 2016-2017 OEP

AGENDA:

- The Molina mission, "Molina today Molina tomorrow."
- Our story, Our growth, Our progress
- Broker 2016 Performance
- 2017 CMS updates & regulations
- 2017 Renewal plans/ Option Plans
- Network & Provider updates
- Member updates for 2017 (mymolina, id cards, ect)
- Broker Portal Enhancements
- BSU + Care Team
- Questions...
- Closing Remarks.



So it begins...

November 1, 2016: Open Enrollment starts — first day you can enroll in a 2016 Marketplace plan

January 1, 2017: First date 2017 coverage can start

January 31, 2017: 2017 Open Enrollment ends If you don't enroll in a 2017 plan by January 31, 2017, you can't enroll in a health insurance plan for 2017 unless you qualify for a <u>Special Enrollment Period</u>.



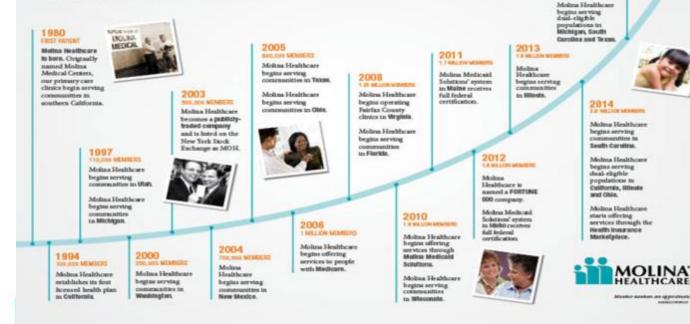
Our Mission Remains -To provide quality healthcare services to people receiving government assistance.



The Molina Story



Molina Healthcare has evolved over the years, but the mission has remained the same—providing those most in need with access to high-quality health care services. It is our story that makes us proud to call ourselves an extended family to the members and communities we serve.





2015

Molina Healthcare

begins serving consumption in the

Commonwealth of Paurta Disc.

What We Do





The Molina Healthcare Story

Taking care of kids, adults, seniors and families for over 35 years

Molina Healthcare was founded by emergency room physician Dr. C. David Molina in 1980. After having breated patients with everyday aliments in the ER because they had no primary care physicians, Dr. Molina opened a clinic especially for them. Today Molina Healthcare continues his mission, serving millions of people through Medicaid, Medicare and the Marketplace, as well as other government-sponsored programs for low-income families and individuals.



9 of 12 Molina plans are





Market Place – What a difference a Year Makes!

- National MP enrollment swells to over 12 million members
- Molina experiencing unprecedented growth from the ACA
 - Added over 750K members
 - 450K from Medicaid expansion
 - 250K from Marketplace growth Molina one of the top 10 carriers in the country
 - 60K growth from the Duals Demonstrations Molina the largest duals carrier in the country
 - Molina continues to focus on core operations striking the right balance between growth and profitability



Molina Marketplace in Florida



2017 Product Changes

- Expanded into 5 New Counties: Pinellas, Polk, Hillsborough, Osceola, and Duval.
- New Standardized Options plans

Grace Period changes from 30 days to 10 days. Termination for non-payment is the last day of the grace period instead of the last day of the prior month.



2016 Broker Performance



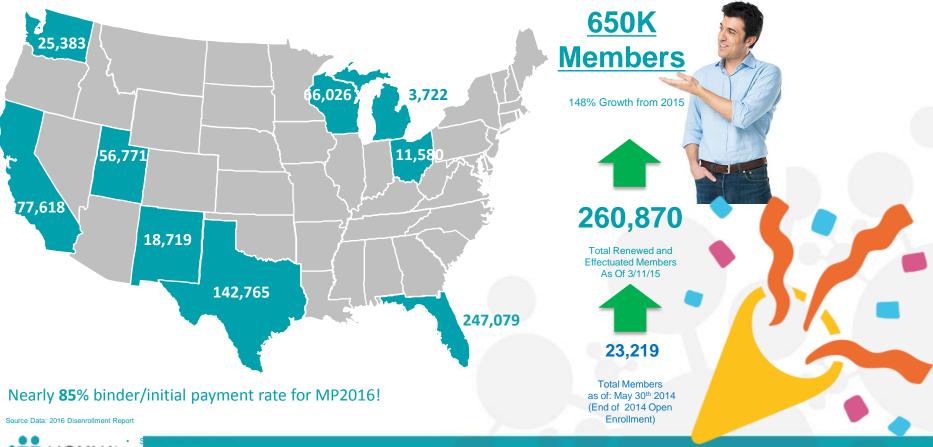
Broker

11

- 1. We provide quality services to our members throughout the processing of their enrollment, billing, customer servicing, and claims-related transactions
- 2. We advocate for the brokers and take ownership for their entire Marketplace experience
- 3. We provide an efficient and positive experience in all broker interactions, including providing the knowledge and self-service tools necessary for brokers to be effective
- 4. We pay competitive compensation and incentives accurately and in a timely manner
- 5. We seek to contract with agencies / brokers who share Molina's values and operate in compliance with Molina policies and with all federal and state regulations



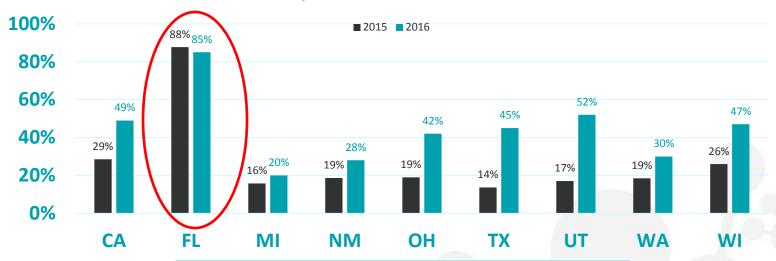
Marketplace Effectuated Membership as of Apr 25, 2016



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MOLINA' HEALTHCARE

Broker Enrollment to Total Enrollment Jan – Apr, 2015 vs. Jan – Mar, 2016



	Variance					
CA	20%	ТХ	31%			
FL	-3%	UT	35%			
MI	4%	WA	11%			
NM	9%	WI	21%			
ОН	23%					

Source Data: Lakshmi's Broker Report. Enrollment is after binder cancellations



Actual vs Potential

Key Point:

Every 1% increase in binder payment rate equates to \$16.2M annualized revenue

State	Jan - Mar Enroll	Paid Binder	Eff
CA	72,135	62,431	87%
FL	181,870	159,686	88%
MI	4,210	3,441	81%
NM	19,015	16,451	87%
ОН	11,651	9,537	82%
ТХ	159,157	129,027	81%
UT	56,261	50,397	90%
WA	25,028	21,234	85%
WI	49,807	44,655	90%
Total	579,134	496,829	86%
Total Jan - Ma	r Jan - I	Mar	Jan - Mar
Enrollment 579,134	Binders 496,8		ectuation Rate: 86%

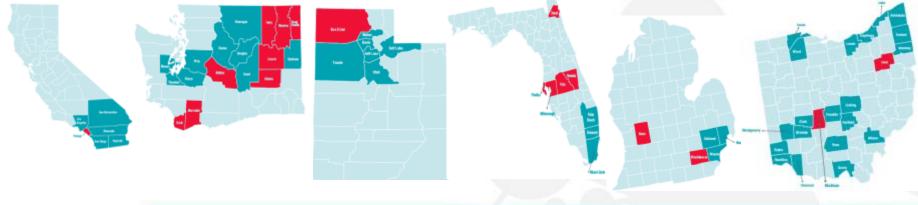
Source Data: 2016 Disenrollment Report. Enrollment is prior to binder cancellations.



Market Expansion for 2017 – All Markets

Expanded Marketplace County Footprint In Six Of Nine Existing States:

СА	WA	UT	MI	FL	тх	WI	ОН	NM
Orange County	SW – Clark, Skamania Spokane Collar – Adams, Lincoln, Ferry, Stevens, Pend Oreille Greater Columbia – Kittitas	Box Elder	Kent, Washtenaw	Duval, Hillsborough, Pinellas, Polk, Osceola	N/A	N/A	Stark, Madison	N/A





Product Portfolio Expansion for 2017 – All Markets

Added CMS Standardized Options Plans In Six of Nine Existing States:

2017 Molina Marketplace - Metal Plans, By Product, By State							
tate Benefit Marketplaces							
State	Catastrophic	Bronze	Silver 100	Silver 150 Silver 200	Silver 250 +	Gold	Platinum
Covered California	CC Standard	CC Standard		CC Standard		CC Standard	CC Std
Washington HBE	Not Available	Molina Marketplace Choice	Molina I	Molina Marketplace Choice			Not Available
New Mexico	Not Available	Molina Marketplace	Moli	ina Marketplace		Molina Marketplace	Not Available
Federally Facilitated Ma State	rkets Catastrophic	Bronze	Silver 100	Silver 150 Silver 200	Silver 250 +	Gold	Platinum
State Utah Michigan Ohio	Catastrophic Not Available	Molina Marketplace Molina Marketplace	Molina I	Silver 150 Silver 200 Marketplace Molina	Silver 250 +	Gold Molina Marketplace	Platinum
Florida Wisconsin		Options - CMS	Market				
		Molina	ce Molina Consumer Choice Molina Marketplace Options - CMS		Molina Consumer Choice	Not Available	
Texas	Not Available	Consumer Choice			Not Available		

Notes:

- 1. Molina Marketplace Options, is the Molina product name for CMS Standardized Options Plans
- 2. Washington standard Silver / Gold Plans have been withdrawn from the Marketplace for 2017 Member Notification 10/1/16



2017 CMS updates & regulations



Continue selling our product by...

- Having valid license to sell insurance with State of Florida
- Disclose:
- Licensed agent in Florida
 - Companies you represent
 - That you will receive a commission
- Having an Errors and Omissions up to date for up to 1 year.
- FFM Certification completed for 2016-2017 OEP.





All agents and brokers must complete the following actions to sell on the Marketplace in 2017:

- Complete an agent/broker profile on the new Marketplace Learning Management System (MLMS)
- Enroll in the desired Marketplace training (i.e. Individual and/or SHOP) on the MLMS or through a CMS-approved vendor via the CMS Enterprise Portal
- Complete assigned training courses and pass exams through the MLMS or through a CMS-approved vendor via the CMS Enterprise Portal
- Read and accept the applicable Marketplace Agreement(s) on the MLMS
- The new MLMS will replace the previously-used MLN and can be accessed via the Agent Broker Registration Status page on the CMS Enterprise Portal.



Agreement Requirements

Agents Participating in	Must Execute the following agreements
Individual Marketplace	 Individual Marketplace General Agreement Individual Marketplace Privacy and Security Agreement

- Agents and brokers who complete Individual Marketplace training will only be able to execute the associated Agreements on the MLMS after completing the required training modules and exams.
- Agents and brokers must read and accept the terms of the required Agreements in order to become a registered FFM agent or broker.



Special Enrollment Periods

- Regardless of whether you purchase insurance through the exchange or <u>off-exchange</u>, the annual open enrollment window applies. Outside of Nevada, you cannot enroll outside of open enrollment unless you have a <u>qualifying event</u>, such as:
 - Marriage / Divorce
 - Becoming a U.S. citizen,
 - Birth or adoption,
 - Involuntary loss of other health coverage (this includes loss of coverage when health plans exit the market, as was the case with 12 <u>CO-OPs</u> in 2015)
 - Permanent move to an area where new health plans are available (<u>as of July</u> <u>11, 2016</u>, this will only apply in most cases if you already had coverage prior to your move).



4 Additional Special Open Enrollment Triggers

- Individual plan renewing outside of the regular open enrollment. HHS issued a regulation in late May 2014 that included a provision to allow a special open enrollment for people whose health plan is renewing but not terminating outside of regular open enrollment.
- Becoming a United States citizen (this qualifying event only applies within the exchanges carriers selling coverage off-exchange are not required to offer a special enrollment period for people who gain citizenship or lawful presence

- An error or problem with enrollment (or non-enrollment) that was the fault of the exchange, HHS, or an enrollment assister.
- Employer-sponsored coverage reducing benefits such that it no longer provides minimum value, or becomes unaffordable (defined as requiring the employee to pay more than 9.66 percent of income for just the employee's portion of the coverage in 2016).



SEP and Proof of Eligibility

- Starting in 2016, Healthcare.gov will be <u>requiring proof of eligibility for the most</u> <u>common qualifying events</u>.
- Some state-based exchanges were already requiring proof, and health insurance carriers also generally require proof of eligibility when people enroll off-exchange during a special enrollment period.
- ✓ If you experience a qualifying event and wish to enroll in a plan during your special enrollment period, be prepared to provide documentation of the qualifying event.



2017 Renewal plans/ Option Plans



2017 Existing Member Notifications

- Between Oct. 1- Nov. 15, formal renewal letters will be sent advising existing enrollees of premium and plan changes existing.
 - All enrollees who need to update their eligibility information for 2015 will do so through the Healthcare.gov application (similar to reporting a life change).
 - During the open enrollment period, existing enrollees will be able to change plans.
- Molina to send out initial notification mid September and formal notification in October



2017 Effective Dates

- New applications and enrollee plan changes may be submitted 11/1/16 through 1/31/17
- Changes will be consistent with regular effective dates:
 - Change by the 15th, effective first of following month.
 - Changes after the 15th will be effective first of the second following month (individual will retain prior plan for the next month for selections after the 15th).

Date Plan Changed	Effective Date of New Plan
11/1/16 - 12/15/16	1/1/2017
12/16/16 - 1/15/17	2/1/2017
1/16/17 - 1/31/17	3/1/2017



2017 Re-determinations

- The majority of enrollees who do not proactively take action by December 15 will be automatically renewed.
 - Enrollees stay with same plan and product (if available)
 - The majority of enrollees who authorized the FFM to obtain updated income data will have 2017 eligibility established identical to the most recent 2016 determination, including APTC and CSR.
 - Note: If based on new income data, the enrollee has a large income changes, such as above 500% FPL or more than a 50% change, the enrollee will be continued in the same plan for 2016, but APTC and CSR will end 12/31/15.
 - Enrollees who didn't authorize the FFM to obtain updated income data will be renewed in the same plan for 2017, but APTC and CSR will end on 12/31/16.
- Update information in the Marketplace via Healthcare.gov = a new determination for 2017.



2017 Marketplace Product – Universal Benefit Changes

Benefit Administration Changes

- > Grace Period for Non-APTC Members
 - FL & UT Reduction to 10 Days
 - FL, OH, UT, WI, Termination effective last day of the Grace Period

2017 Grace Period Requirements by State Non-APTC							
State	State Non-APTC Grace Period Claim Payment Termination Effective Date for Non-Payment						
State		Changes for	2017				
CA	one month	Adjudicate payment	The last day of the one-month grace period				
FL	10 days	Adjudicate payment	The last day of the 10 day grace period.				
мі	one month	Adjudicate payment	The last day of the one-month grace period				
NM	one month	Adjudicate payment	The last day of the one-month of the grace period.				
он*	10 days	Adjudicate payment (for services received in 10-day GP)	The last day of the 10-day grace period				
тх	one month	Adjudicate payment	The last day of the month <u>prior to</u> the beginning of the grace period				
UT	10 days	Adjudicate payment	The last day of the 10 day grace period.				
WA	one month	Adjudicate payment	The last day of the month prior to the beginning of the grace period				
wi*	10 days	Adjudicate payment (for services received in 10-day GP)	The last day of the 10-day grace period				



2017 Marketplace Product – Universal Benefit Changes

Benefit Administration Changes

- > Office Visit Copayment No more Copayment Stacking
 - 2014-16
 - Where multiple services occur "within a single office visit", but where a benefit had differing member cost share, (i.e. OV-\$10, Lab-\$15, Radiology \$20), not the aggregate \$45, but the highest copay \$20 would be applied (Copayment Stacking)
 - 2017 -
 - The Office Visit Cost Share will apply for all services within a single office visit (regardless of whether multiple services are performed). This will eliminate member and provider confusion on collection or cost share responsibility, and reduce contact center calls and appeals
- ID Cards
 - All Markets New advisory on front of ID Card "Cost Shares are a summary only. Visit <u>www.mymolina.com</u> for plan details"
 - This will help drive people to register for My Molina and their benefit plan & coverage
 - Molina Options Bronze For PCP/Other Practitioner ID Card will now show separate cost share for:
 - PCP & Other Practitioner (first 3 visits): \$45
 - PCP & Other Practitioner (After first 3 visits) \$45
 - Ohio will now reflect "On Exchange" on the face of the ID Card



Molina Marketplace – 2017 Renewal Plan Highlights

Overall -

We continue to be very excited about our renewal portfolio

- a. With minimal changes to current plan cost shares, to promote retention and minimize impact on pricing position
 - ✓ Tweaks only to OOPM, Deductible, Emergency Room or Rx to maintain required Actuarial Value.
- b. Bronze Plan Deductible Positioning will support better access to care
 - This high Deductible plan, now waives the Deductible for all Primary Care office visits, Other Practitioner office visits, Mental Health office visits, and Substance Abuse office visits. This improves member access to the most frequently used services.
- c. Silver 250 Plan No more Pharmacy Deductible.
- d. Emergency transportation benefit Changing from Copay to Coinsurance.
- e. Pharmacy benefits
 - ✓ Non-Preferred Brand Drugs and Specialty Drugs coinsurance increased for all plans



2017 Marketplace Product – FFM Plan Design Revisions

2016	2017
\$5,000/\$10,000	\$6,650 / \$13,300
\$6,850 / \$13,700	\$7,150 / \$14,300
\$300 (after ded)	\$350 (after ded)
\$25 (after ded)	\$35
\$25 (after ded)	\$35
\$75 (after ded)	\$80 (after ded)
\$25 (after ded)	\$35
\$75 (after ded)	\$80 (after ded)
\$30 (after ded)	\$35 (after ded)
\$15 40% (after ded) 40% (after ded)	\$33 50% (after ded) 50% (after ded)
\$25 (after ded)	\$35
\$100 Copay (after ded)	40% (after ded)
\$75 (after ded)	\$80 (after ded)
	\$5,000/\$10,000 \$6,850 / \$13,700 \$300 (after ded) \$25 (after ded) \$25 (after ded) \$75 (after ded) \$75 (after ded) \$75 (after ded) \$30 (after ded) \$30 (after ded) \$15 40% (after ded) \$25 (after ded) \$15 \$100 Copay (after ded)



2017 Marketplace Product – FFM Plan Design Revisions

Silver 100 Plan	2016	2017
Out of Pocket Maximum - Reduced	\$1,500 / \$3,000	\$1,250 / \$2,500
Emergency Room - Increased	\$100	\$150
 Rx – Increased Tier 3 Drugs – Formulary Non-Preferred Brand Drugs Tier 4 Drugs – Formulary Specialty Drugs 	10% 10%	20% 20%
Emergency Transportation - Revised	\$100	10%
Silver 150 Plan	2016	2017
Medical Deductible - Increased	\$450 / \$900	\$500 / \$1,000
Emergency Room - Increased	\$150	\$205
 Rx – increased Tier 3 Drugs – Formulary Non-Preferred Brand Drugs Tier 4 Drugs – Formulary Specialty Drugs 	20% 20%	30% 30%
Emergency Transportation	\$150	20%
Silver 200 Plan	2016	2017
Medical Deductible - Increased	\$2,000 / \$4,000	\$2,275 / \$4,550
Out of Pocket Maximum – Increased	\$5,450 / \$10,900	\$5,700 / \$11,400
Emergency Room Copay - Increased	\$300	\$400
 Rx – increased Tier 3 Drugs – Formulary Non-Preferred Brand Drugs Tier 4 Drugs – Formulary Specialty Drugs 	30% 30%	40% 40%
Emergency Transportation - Revised	\$250	30%



2017 Marketplace Product – FFM Plan Design Revisions

Silver 250 Plan	2016	2017
Medical Deductible - Increased	\$2,000 / \$4,000	\$2,400 / \$4,800
Rx deductible - Eliminated	\$200 / \$400	\$0
Out of Pocket Maximum- Increased	\$6,850 / \$13,700	\$7,150 / \$14,300
Emergency Room Copay – Increased	\$300	\$400
 Rx – Increased, but without deductible Tier 3 Drugs – Formulary Non-Preferred Brand Drugs Tier 4 Drugs – Formulary Specialty Drugs 	30% (after Rx ded) 30% (after Rx ded)	40% 40%
Emergency Transportation - Revised	\$250	30%

Gold Plan	2016	2017
Medical Deductible - Increased	\$500 / \$1,000	\$1,025 / \$2,050
Out of Pocket Maximum – Increased	\$6,850 / \$13,700	\$7,150 / \$14,300
Emergency Room - Increased	\$250	\$300
 Rx – increased, Tier 3 Drugs – Formulary Non-Preferred Brand Drugs Tier 4 Drugs – Formulary Specialty Drugs 	20% 20%	30% 30%
Emergency Transportation - Revised	\$250	20%



New 2017 Portfolio – "Molina Options" Overall –

- We are excited to introduce "Molina Options", which are 2017 "CMS Standard Plan Designs"
- Molina Options:
 - Supports our strategy to work closely with CMS on choice and comparability
 - Allows Molina to introduce CMS national standard Silver and Bronze plans in FL
 - Expands choices to your clients to an additional six metal plans
 - Will be highlighted on Healthcare.gov
 - Provides choice in Plan Designs
 - Molina options Bronze
 - ✓ <u>Deductible is waived for the First Three Primary Care Visits</u>, and for all Outpatient MH/SA Services, Preventive Services, Preventive Drugs, Pediatric Vision, Generic Drugs



New 2017 Portfolio – "Molina Options"

CMS Standard Silver Plans – Benefit Design Variance

Silver Plan	Benefit Driver	Molina Options Silver Plans	Molina Renewal Silver Plans
Silver 250% FPL	Deductible	Higher	Lower
	ООР Мах	Higher	Lower
	РСР	Higher	Lower
	SPEC	Higher	Lower
	Coinsurance	Lower	Higher
	Generic Rx	Even	Even
Silver 200% FPL CSR	Deductible	Higher	Lower
	ООР Мах	Even	Even
	РСР	Higher	Lower
	SPEC	Higher	Lower
	Coinsurance	Lower	Higher
	Generic Rx	Even	Even
Silver 150% FPL CSR	Deductible	Higher	Lower
	ООР Мах	Lower	Higer
	РСР	Even	Even
	SPEC	Lower	Higher
	Coinsurance	Even	Even
Silver 100% FPL CSR	Deductible	Higher	None
	OOP Max	Even	Even
	РСР	Higher	Lower
	SPEC	Higher	Lower
	Coinsurance	Lower	Higher
	Generic Rx	Higher	Lower

Comparing Silver Plans: Molina Options plans have:

- Higher Deductibles, PCP and Specialty Copays, than our Renewal Portfolio
- But allow for plan choice, determined on Individual need
- Allow you more flexibility options for new business

Molina 2017 Benefits At-A-Glance: NEW "MOLINA OPTIONS" PLANS

	Options Bronze	Options Silver 100	Options Silver 150	Options Silver 200	Options Silver 250	
Features (individual/family)						
Medical Deductible	\$C CE0/\$12 2001	\$250/\$500 ²	\$700/\$1400 ²	\$3,000/\$6,000 ²	\$3,500/\$7,000 ²	
Prescription Drug Deductible	\$6,650/\$13,300 ¹	N/A	N/A	N/A	N/A	
Annual Out-of-Pocket Maximum	\$7,150/\$14,300	\$1,250/\$2,500	\$2,000/\$4,000	\$5,700/\$11,400	\$7,150/\$14,300	
Benefits ³						
Emergency and Urgent Care Serv	ices					
Emergency Room ⁴	50% coins ▲	\$100 copay 🔺	\$150 copay 🔺	\$300 copay 🔺	\$400 copay 🔺	
Urgent Care	50% coins ▲	\$25 copay	\$40 copay	\$75 copay	\$75 copay	
Outpatient Professional Services	and Office Visits ⁵					
Preventive Care						
Prenatal Visit	7	No Charge				
Well Child Visit	no Glaige					
Family Planning						
	\$45 copay or					
Primary Care	50% coins ▲ ⁷	\$5 copay	\$10 copay	\$30 copay	\$30 copay	
Specialty Care	50% coins ▲	\$10 copay	\$30 copay	\$55 copay	\$55 copay	
	\$45 copay or					
Other Practitioner Care	50% coins ▲7	\$5 copay	\$10 copay	\$30 copay	\$30 copay	
Habilitative Care	50% coins ▲	5% coins 🔺	20% coins 🔺	20% coins 🔺	20% coins 🔺	
Rehabilitative Care	50% coins 🔺	5% coins 🔺	20% coins 🔺	20% coins 🔺	20% coins 🔺	
Mental Health Services	\$45 copay	\$5 copay	\$10 copay	\$30 copay	\$30 copay	
Substance Abuse services	\$45 copay	\$5 copay	\$10 copay	\$30 copay	\$30 copay	
Pediatric Vision Services ⁶						
Vision Exam	_					
Glasses	No charge					
Contacts						
 Deductible Applies Combined medical and pharmacy deductible (waived for mental health/substance abuse office visits, and first thre Medical deductible applies only to outpatient hospital / fa outpatient professional), emergency record habilitative an medical equipment, emergency medical transportation (Certain benefits require prior authorization prior to obtain 	e primary care/other practitioner office cility and inpatient hospital / facility ser nd rehabilitative services, radiology an ambulance)	visits) hospi vices (does not apply to 5. Som d lab services, durable 6. Appl 7. For ti	ital services for applicable cost sha e outpatient professional services r icable to dependent children under he first three primary care/other pra	ot listed require coinsurance rathe	r than a copayment. s \$45 copay with deductible	



This "2017 Benefits-At-A-Glance" is intended to be a summary of covered benefits that lists some features of our plan. It does not list or describe all benefits covered under a specific product or every limitation or exclusion. Please consult the Agreement and Individual Evidence of Coverage for a detailed description of benefits, exclusions, and limitations.

Molina 2017 Benefits At-A-Glance: NEW "MOLINA OPTIONS" PLANS

Outpatient Hospital / Facility Services	Options Bronze	Options Silver 100	Options Silver 150	Options Silver 200	Options Silver 250
Laboratory Services	50% coins ▲	5% coins ▲	20% coins 🔺	20% coins 🔺	20% coins 🔺
Radiology Services	50% coins 🔺	5% coins ▲	20% coins 🔺	20% coins 🔺	20% coins 🔺
Specialized Scanning Services (CT, MRI, PET Scans)	50% coins ▲	5% coins ▲	20% coins ▲	20% coins ▲	20% coins ▲
Medical/Surgical Services	50% coins ▲	5% coins ▲	20% coins 🔺	20% coins 🔺	20% coins 🔺
Inpatient Hospital Services					
Medical/Surgical, Maternity Care, Mental Health, Substance Abuse, Skilled Nursing Facility	50% coins ▲	5% coins ▲	20% coins ▲	20% coins ▲	20% coins ▲
Hospice Care			No Charge		
Prescription Drugs					
Formulary Generic Drugs	\$35 copay	\$3 copay	\$5 copay	\$10 copay	\$15 copay
Formulary Preferred Brand Drugs	35% coins ▲	\$5 copay	\$25 copay	\$50 copay	\$50 copay
Formulary Non-Preferred Brand Drugs	40% coins 🔺	\$10 copay	\$50 copay	\$100 copay	\$100 copay
Formulary Specialty Drugs	45% coins 🔺	25% coins	30% coins	40% coins	40% coins
Ancillary Services					
Durable Medical Equipment	50% coins 🔺	5% coins ▲	20% coins 🔺	20% coins 🔺	20% coins 🔺
Emergency Transportation - Ambulance	50% coins 🔺	5% coins ▲	20% coins 🔺	20% coins 🔺	20% coins 🔺
Home Healthcare	No Charge 🔺	No Charge	No Charge	No Charge	No Charge
Other Services					
Dialysis	50% coins 🔺	\$15 copay	\$25 copay	\$65 copay	\$65 copay
Supplemental Benefits					
24-Hour Nurse Advice Line					
Weight control program					
Motherhood Matters [®] , mothers-to-be program			No Charge		
Tobacco counseling, smoking cessation program					

▲= Deductible Applies

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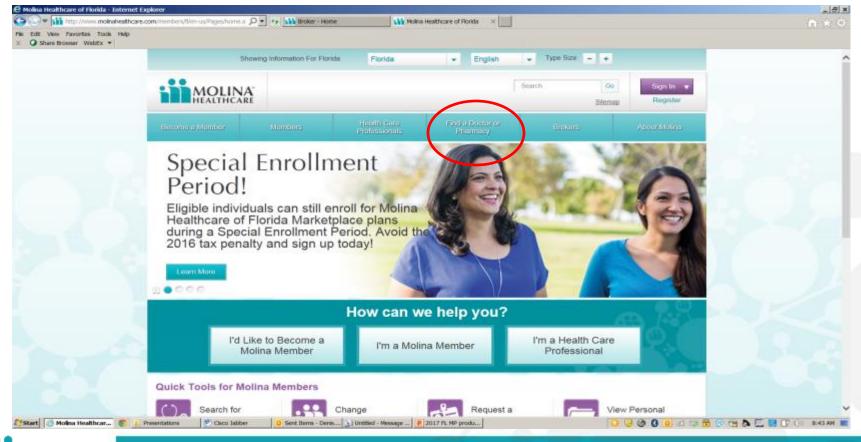


Providers & Networks



To find a Provider- www.molinahealthcare.com

ALTHCARE



Enter Search Information





Miami-Dade County Hospital Network

	Molina Healthcare	Ambetter	FL Blue	Humana	United Healthcare
Baptist Hospital E, W & S	х		х		х
Jackson Memorial	Х	x	Х	x	Х
Jackson (North & South)	X	x	x	x	х
Kendal Regional	x	х	х	x	х
South Miami Hospital	х		x		x
Doctors Hospital	Х		х		x
University of Miami Hospital and Clinics	x	x	x		x
Southern Winds	Х				
Westchester Hospital	х	x	x	x	x
Mercy Hospital Campus Of PGH	х	X	x	х	х
North Shore Hospital	х	x	x	х	
Aventura Hospital	х	x	x	х	
Palmetto General	X	x	x		
Anne Bates Leach Eye	х		x	х	x
Coral Gables Hospital	Х	x	x	x	
Hialeah Hospital	Х		X	x	
Mt. Sinai Hospital	X		x	X	



Broward County Hospital Network

	Molina Healthcare	Ambetter	FL. Blue	Humana	United Healthcare
Westside Regional Medical Center	Х	Х	Х	Х	х
University Hospital & Medical Center	х	Х	Х	Х	х
Broward Health Medical Center	х	Х	Х	Х	х
Broward Health Coral Springs	х	Х	Х		х
Broward Health Imperial Point	х	Х	Х		х
Broward Health North	х	Х	Х	Х	х
Memorial Hospital Pembroke	х		Х	Х	х
Northwest Medical Center	х	Х	Х	Х	х
Memorial Hospital West	х		Х	Х	х
Memorial Hospital Miramar	х	Х	Х	Х	х
Plantation General	х	Х	Х	Х	х
Memorial Regional Hospital	х		Х	Х	Х



Palm Beach Hospital Network

Molina Healthcare	Ambetter	FL Blue	Humana	United Healthcare
Х		x	х	х
х				x
х				
х			x	x
x	x			x
x	x			
x				
х	x			
х				
х	x			
X				
х	x	x	x	
x				
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All Marketplace Products: Out of Network / Balance Billing

- The use of non-participating providers including ER and Ambulance may create a situation where members will be balanced billed.
- Members that have been in the State Medicaid program will not be used to this nuance of being a Marketplace member.
- We are currently looking at ancillary providers that may be used by participating providers that are non-participating themselves.
- The member should make reasonable attempts to utilize participating providers.





Member updates for 2017

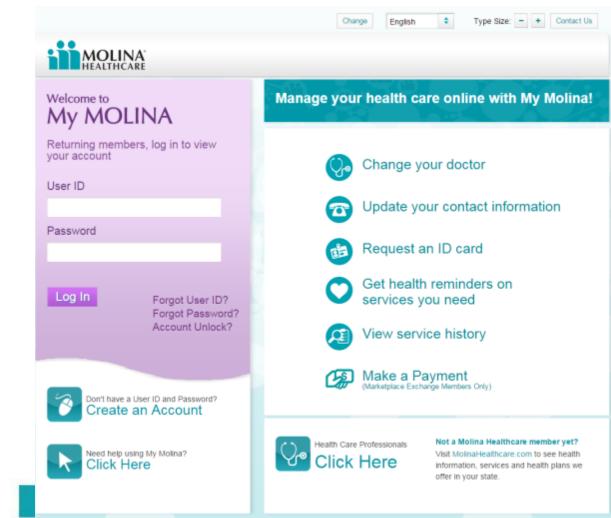


My Molina Site

- 24 hours once application is submitted successfully, Molina will be able to view in our internal member database.
- Member will be able to create an account on Mymolina.com or mimolina.com
- Once they create an account, member will be able to choose a PCP, make initial binder payment, and print ID cards

Note: Please make sure that you enter your NPN# when enrolling onto the Molina Direct or Healthcare.gov site to attach your information to the application.









Need Help Using My Molina?	i tep One: Member lember ID: * ම ast Name: *	r Information	
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Molina Market ID #: 1234563 Member: POT DOB: 01/01/19	7890 TER, HA 991	Plani Molina B	ronze Plan	HINKI.	This card is for identification purposes only and does not prove eligibility for service. Member: Emergencies (24 hrs): when a medical emergency might lead to disability or death, call 911 immediately or get to the nearest emergency room. No prior authorization is required for emergency care. Miembroi Emergencies (24 horas al dia): si una emergencie médica puede resultacan mustre o	
Subscriber Nam Subscriber 10:		67890 R	AR	Y	discapacidad. Rame al 911 inmediatamente o acuda a la sala de emergencias más ceicana. No necesita autorización previa para los servicios de emergencia.	
Provider: POM	FREY, P	OPPY			Remit claims to: Molina Healthcare P.O. Box 22712, Long Banch, CA 90901	
Provider Phone: Provider Group:		000-000			Customer Support Number: (888) 296-7677 24 Hour Nurse Advice Line: (888) 275-8750	
	-	Prescription D			Linea de Consejos de Enfermeras 24 horas al día (español): (866) 648-3537	
Medical Cost: Primary Care:		Generic Drugs:			CV5 Caremark Pharmacy Help Desk: (800) 364-6331	
Specialist Visits		Preferred Brand Drugs:			Provider: Notify the health plan within 24 hours of any inpatient admission at the hospital admission notification phone number.	
Urgent Care:	\$75	Non-Preferred Brand Drugs:	40%		Prior Authorization/Notification of Hospital Admission and Covered Services: (855) 322-4079	
ER Visit:	\$300	Specialty Drugs	40%		MHO-1366 MolinaMarketplace.com	
tion indicate of Dicks	RxBin:	004336 RxPCN:	ADV RxGrp	RX0849		



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Broker Specifics



Have you logged into your Broker Portal?

User	Name* Enter your user name	ne to the Mo * - Required	
User	Name* Enter your user name		
Pas	ssword * Enter your password		
	Remember User Name		
	LOGIN		
	Having trouble logging in ? <u>Click Here</u>		



Molina Broker Portal – VUE

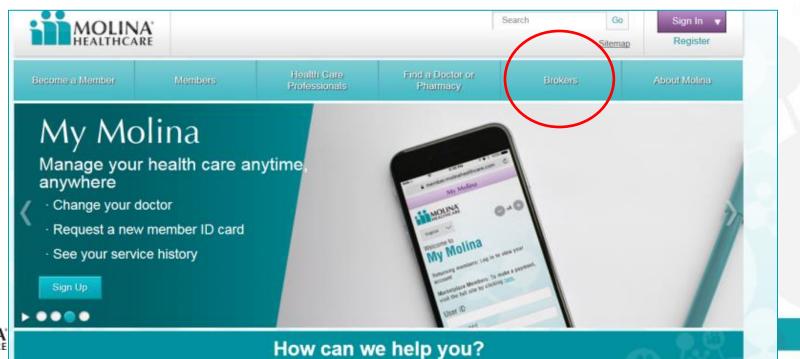
- Passwords reset every 60 days
- Look at your Book of Business (BOB) for policy status and paid through date.
- Enhancements and updates coming!



Broker Information

Welcome to MolinaMarketplace.com –

• Easy Access to Broker Support Tools



Marketing Materials

Marketplace Sales Collateral – Broker Kit



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Marketing Materials

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		CA - Broker Lead Ca	5)			TX - Broker Lead Card *25 sheets per pad (Pad of 5)				
		CA - Posters (Avail. V				TX - Posters (Avail. With approval of BCM)				
		CA - Eligibility Cards (FPL)					TX - Eligibility Cards (FPL)			
		CA - Application Confirmation					TX - Application Confirmation			
QTY EN	QTY SP	FLORIDA		QTY EN	QTY SP	UTAH				
		FL - Benefits At A Gl	ance BAAG				UT - Benefits At A Glance BAAG			
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		FL - Posters (Avail. W	Vith approval of BCM)				UT - Posters (Avail. With approval of BCM)			
		FL - Eligibility Cards	(FPL)				UT - Eligibility Cards (FPL)			
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MP Broker Communication And Resolution Experts Team! (MP BROKER CARE TEAM)



What type of escalated issues will the MP Broker CARE Team work to resolve?



How do I contact the MP Broker Care Team?

Phone #855-885-3179 and choose OPTION 2 Note: <u>This line is for our Broker partners only!</u> This number is not for members to call.

Email Must use Molina Client Escalated Issue Form. The more information you provide will helps us to provide resolution.

Send completed form to us at: mpbrokercareteam@molinahealthcare.com



MP Broker CARE Team

Client Issue Template

Dear Broker Partner:

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For Access to Care issues, please DO NOT fill out this form. Immediately contact the MP Broker CARE Team for assistance at 855-885-3179 - Option # 2

(Our business hours are Monday thru Friday 7:00 am MST - 6:00 pm MST)

Please fill out the below template with as much detail as possible. This will help in research and resolution of your client's issue.

Information Needed	Fill Out Completely
Client Name	
Date of Birth (DOB)	
State	
Subscriber ID	
Full Address	
Phone Number of Client	
Full SSN	
(Please provider as much detail as possible)	
MGA	
Agent Preferred Contact Method (Phone or email)	
Agent Phone Number	
Agent Email	
Agent Name	





What types of escalated issues will team work to resolve?

Access to Care

If your Molina client is seeking immediate medical services and/or medications, <u>you</u> may contact the MP CARE Team. (Please note: Member should always reach out to Member Services)

- Billing Issues
- Claims
- > Enrollments:
- Member Services
- Prior Authorization



BSU (Broker Support Unit)

Ways we can help:

- Marketing Material Distribution
- Broker Communications, i.e., eBlasts
- Process your Molina appointment and contracting to sell our MP products
- CARE Team-Member Look Up/Issues
- Commission Questions/Issues

Broker Support Unit Team:

- Jamie Neslen, Director
- Rhonda Clark-Manager
- Tom Grady, Supervisor Broker Services
- Ilse Galaz, Supervisor Contracting & Onboarding
- Summer Brown, Supervisor Commission Recon



BSU (Broker Support Unit)

Phone #: 1.855.885.3179

Commission Team- #3

Broker Services - #1 <u>mpbrokersupport@molinahealthcare.com</u>

Broker Care Team- # 2 <u>mpbrokercareteam@molinahealthcare.com</u>

MPBrokercommissioninquiry@molinahealthcare.com

Contracting Inquiries - #4 MPBrokerContracting@molinahealthcare.com

Monday through Friday – 8:00 AM to 5:00 PM (CST)







Key Contacts

• Broker Channel Manager of FL:

Central/North FL

Jocelyn Castillo 813-453-7525
 jocelyn.castillo@molinahealthcare.com

South FL

Denis Pujals
 <u>denis.pujals@molinahealthcare.com</u>



Closing Remarks

