



**2024  
Marketplace  
Open  
Enrollment  
Preview**



# Welcome!

## Here's where we are headed:

1. Introduction	Jason Madrak
2. Marketplace Remarks	Deb Bacon
3. Product Portfolio Review	Doug Stevens
4. Pricing and Competitive Positioning	Brian Plaskow
5. Operational Update	Jim Wadleigh
6. Marketplace Network Overview	Melissa Powell
7. Broker Service Unit Update	Molly Unkelbach
8. Commission and Bonus Review	Jason Madrak
9. East and West Team Updates	Amy Demarco & Fabian Guardarrama

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# Marketplace Remarks

Deb Bacon





# Product Portfolio Review

Doug Stevens



# Our Values

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## **Molina Healthcare's Mission:**

To provide quality health services to financially vulnerable families and individuals covered by government programs.

## **Molina Marketplace:**

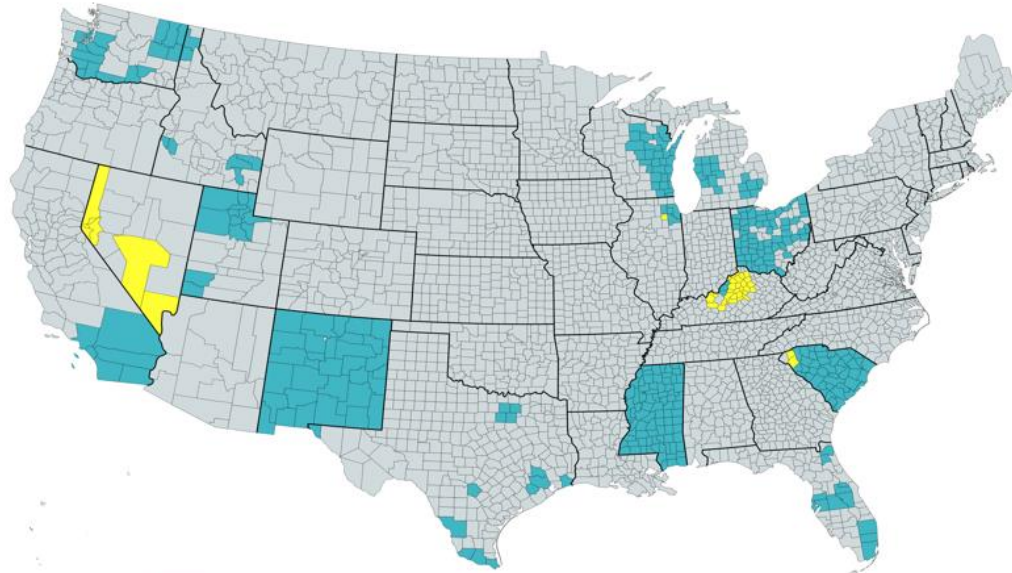
Supports our mission, with our distribution partners by providing valid, competitive products & services that meet the needs of financially vulnerable Individuals and Families earning their enrollment and retention.





# 2024 Molina Marketplace Expansion

32 new counties for 2024, including a new state - Nevada



Current States	Total 2023 Counties	Projected 2024 SAE	Total 2024 Current & SAE
IL	4	1	5
KY	3	22	25
SC	43	2	45
CA	6	N/A	6
ID	7	N/A	7
FL	12	N/A	12
MI	17	N/A	17
OH	63	N/A	63
TX	14	N/A	14
UT	13	N/A	13
WA	18	N/A	18
WI	29	N/A	29
MS	82	Statewide	82
NM	33	Statewide	33
<b>New State</b>			
NV	N/A	7	7
<b>Total</b>	<b>344</b>	<b>32</b>	<b>376</b>

Confidential – Do Not Share Externally



# What's New - Nevada

## Molina will offer Marketplace products in Nevada's State-Based Marketplace for 2024!

Molina will join our 15<sup>th</sup> state for 2024.

We will offer product in seven counties, including:

- ✓ Clark (Las Vegas)
- ✓ Nye
- ✓ Lyon
- ✓ Douglas
- ✓ Washoe (Reno)
- ✓ Storey
- ✓ Carson City



Today –

✓85,801 Nevadans have enrolled during the 2023 Open Enrollment Period, which will ended on 1/15/23.

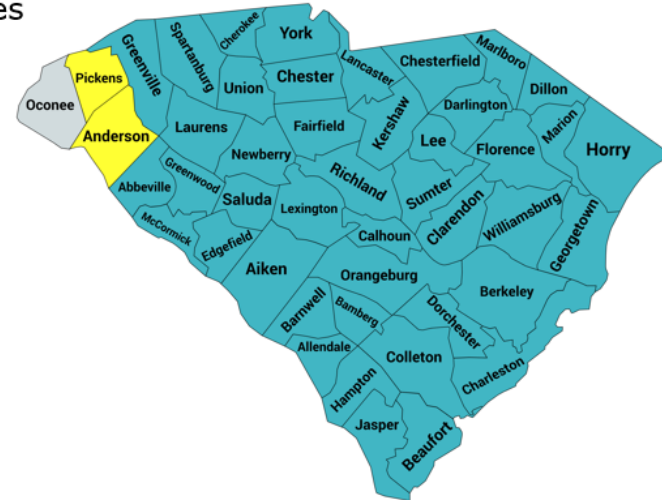




# What's New & MP Initiatives – South Carolina Expansion

Molina is expanding into Pickens and Anderson Counties

Proposed 2024 Counties		
Abbeville	Greenville	York
Aiken	Greenwood	Fairfield
Allendale	Hampton	Sumter
Bamberg	Horry	Florence
Barnwell	Jasper	Union
Beaufort	Kershaw	Georgetown
Berkeley	Lancaster	Williamsburg
Calhoun	Laurens	Pickens
Charleston	Lee	Anderson
Cherokee	Lexington	
Chester	Marion	
Chesterfield	Marlboro	
Clarendon	McCormick	
Colleton	Newberry	
Darlington	Orangeburg	
Dillon	Richland	
Dorchester	Saluda	
Edgefield	Spartanburg	
Current Total: 43		
Expansion: 2		
Proposed Total 45		





## 2024 Molina Marketplace Member Handbook

# Member Handbook

### Member Handbook

- The Molina Marketplace Member Handbook is being refreshed to include new information, including emergency room diversion material and much more.
- Includes key information and direct access to member specific access points
- Contains interactive content, including videos explaining key concepts
- Access is now on the public website and on the broker portal



# Molina Plan Marketing Name Change

What's Changing:

- All plans with the "Core/Constant/Confident Care" nomenclature will be changing to "Molina Gold/Silver/Bronze"

Current Name	New Name
Core Care Bronze	Molina Bronze
Constant Care Silver	Molina Silver
Confident Care Gold	Molina Gold

2023 Plan Name	2024 Plan Name
Constant Care Silver 1 150	Molina Silver 1 150
Constant Care Silver 1 100	Molina Silver 1 100
Core Care Bronze 4	Molina Bronze 4
Core Care Bronze 4 Zero	Molina Bronze 4 Zero
Core Care Bronze 4 LCS	Molina Bronze 4 LCS
Confident Care Gold 8 Zero	Molina Gold 8 Zero
Confident Care Gold 8 LCS	Molina Gold 8 LCS
Constant Care Silver 8 250	Molina Silver 8 250
Constant Care Silver 8 Zero	Molina Silver 8 Zero
Constant Care Silver 8 LCS	Molina Silver 8 LCS



# Molina Plan Marketing Name Change

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## What's Not Changing?

- Are all plan names changing?
  - No, not all product names. Any state that informs Molina of what plan names must be used will not be changing:
    - California: Molina Gold, Molina Silver, Molina Bronze
    - Washington: Molina Cascade, Constant Care Silver
    - New Mexico: Turquoise
- Is the logo changing?
  - No, logos, icons, and color schemes will remain the same and no state plan names are changing
- Are the QHP IDs changing?
  - No, they will remain the same
- When does this go into effect?
  - This will go into effect PY2024





# 2024 Product Portfolio Revisions

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# 2024 Product Portfolio – Value Additions

## MOLINA OFFERS ENHANCED SERVICES & BETTER VALUE!

No Cost	“My Health Perks” Wellness Program with Health Guides and \$100 Gift Card Incentive
No Cost	24/7 Nurse Advice Line
No Cost	24/7 Teladoc Virtual Care Services
No Cost	Annual Wellness Exams
No Cost	Preventive Prescription Drugs
No Cost	Preventive Screenings for Children and Adults
No Cost	Pediatric Vision Services
No Cost	Pediatric Dental Services <i>(CA Only)</i>
Optional	Plans for Purchase with No Cost Adult Vision Services (in select states)*

\*Not Available in CA, WA, NM



## 2024 Product Portfolio – Analytical Approach to Performance

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Benefits were assessed for market competitiveness, regulatory changes, and members experience while shopping, with the end goal of offering a competitively priced premium for 2024.

Strategic approach was taking in designing the portfolio, including:

- ✓ Understand more of how members shop on enrollment platforms, and how we can feature attractive plan design features
- ✓ Competitor analysis assessed benefits for the 15 lowest cost plans across our major markets to see where we are in-line with market and where we can distinguish ourselves
- ✓ Improving member satisfaction with consistent and familiar plan design features
- ✓ Including plan design features that are marketable to our core demographic



# 2024 Product Portfolio – FFM Silver Portfolio



Consistency in portfolio, with the exciting addition of a new addition of our Silver 12 with Four Free PCP Visits

<b>Silver 1 (Renewal)</b>	<ul style="list-style-type: none"><li>• Consistent plan design, with features members are familiar with cost shares including low copay PCP, specialist and urgent care visits</li><li>• Move to integrated deductible, bringing the plan into parity with a majority of Silver plans</li><li>• Reduction in out of pocket maximums for 2024</li><li>• Routine Adult Vision variant available</li></ul>
<b>Silver 12 with Four Free PCP Visits (New)</b>	<ul style="list-style-type: none"><li>• Low cost option, with focus on assisting members with four free visits with their primary care provider</li><li>• Integrated deductible with copays before deductible on PCP, urgent care visits, and specialists</li><li>• MH and SUD services in parity with PCP cost share structure</li></ul>
<b>Silver 8 (CMS Standard - Renewal)</b>	<ul style="list-style-type: none"><li>• CMS mandated Silver plan design, required to be offered by Molina</li><li>• Minimal changes from 2023 design, mostly impacting deductible and MOOP</li><li>• \$0 integrated deductible for 94% CSR</li></ul>
<b>Silver 9 (Florida Only - Renewal)</b>	<ul style="list-style-type: none"><li>• Plan only available in Miami-Dade &amp; Broward</li><li>• Moved to integrated deductible for 2024</li><li>• Copay before deductible for PCP, Urgent Care, specialists, habilitative and rehabilitative services</li></ul>

# 2024 Product Portfolio – FFM Silver Portfolio



2023 Plan	2024 Plan	Action
Constant Care Silver 1	Molina Silver1	Renewal
Constant Care Silver 1 with Routine Adult Vision	Molina Silver1 with Routine Adult Vision	Renewal
Constant Care Silver 8	Molina Silver 8	Renewal
Constant Care Silver 9	Molina Silver 9*	Renewal
N/A	Molina Silver 12 with Four Free Primary Care Visits	New

Portfolio applies to Florida, Illinois, Michigan, Mississippi, Ohio, South Carolina, Utah, and Wisconsin

\*Florida only





# Silver 1 and Silver 8

	Silver 1				Silver 8			
	Cost Sharing Reduction Plans (CSR)				Cost Sharing Reduction Plans (CSR)			
	Silver 1 100	Silver 1 150	Silver 1 200	Silver 1 250	Silver 8 100	Silver 8 150	Silver 8 200	Silver 8 250
<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 - 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
Plan Options with Adult Vision Services	Yes	Yes	Yes	Yes	No	No	No	No
<b>Benefits and Cost Share Highlights</b>								
Deductible (Ind/Fam)	\$0 / \$0	\$700 / \$1,400	\$3,500 / \$7,000	\$5,000 / \$10,000	\$0 / \$0	\$700 / \$1,400	\$5,700 / \$11,400	\$5,900 / \$11,800
Drug Deductible (Ind/Fam)	\$0 / \$0	Comb.w/Med	Comb.w/Med	Comb.w/Med	\$0 / \$0	Comb.w/Med	Comb.w/Med	Comb.w/Med
Out of Pocket Max (Ind/Fam)	\$1,650 / \$3,300	\$2,750 / \$5,500	\$6,775 / \$13,550	\$7,850 / \$15,700	\$1,800 / \$3,600	\$3,000 / \$6,000	\$7,200 / \$14,400	\$9,100 / \$18,200
Emergency Room Facility	20%	25% after ded	35% after ded	35% after ded	25%	30% after ded	40% after ded	40% after ded
Urgent Care Services	\$5	\$20	\$45	\$45	\$5	\$30	\$60	\$60
<b>Inpatient Services</b>								
Inpatient Facility Fee *Professional Fees May Apply	20%	25% after ded	35% after ded	35% after ded	25%	30% after ded	40% after ded	40% after ded
<b>Outpatient Professional Office Visits Services</b>								
Primary Care	\$0	\$9	\$30	\$30	\$0	\$20	\$40	\$40
Specialty Care	\$10	\$30	\$60	\$60	\$10	\$40	\$80	\$80
Rehabilitative and Habilitative Services	\$10	\$30	\$30	\$30	\$0	\$20	\$40	\$40
Mental / Behavioral Health Services / Substance Abuse Services	\$0	\$9	\$30	\$30	\$0	\$20	\$40	\$40

Services Without Any Deductible



# Silver 1 and Silver 8

	Silver 1				Silver 8			
	Cost Sharing Reduction Plans (CSR)				Cost Sharing Reduction Plans (CSR)			
	Silver 1 100	Silver 1 150	Silver 1 200	Silver 1 250	Silver 8 100	Silver 8 150	Silver 8 200	Silver 8 250
<b>Outpatient Hospital Facility Services</b>								
Outpatient Facility Fee	20%	25% after ded	35% after ded	35% after ded	25%	30% after ded	40% after ded	40% after ded
Outpatient Professional Fee	20%	25% after ded	35% after ded	35% after ded	25%	30% after ded	40% after ded	40% after ded
Advanced Imaging and Specialized Scanning Services	20%	25% after ded	35% after ded	35% after ded	25%	30% after ded	40% after ded	40% after ded
Routine X-Ray and Diagnostic Services	\$30	\$75	\$95	\$95	25%	30% after ded	40% after ded	40% after ded
Laboratory Tests	\$10	\$30	\$60	\$60	25%	30% after ded	40% after ded	40% after ded
<b>Prescription Drugs <sup>1</sup></b>								
Preventive Drugs	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Preferred Generic Drugs	\$0	\$6	\$20	\$29	\$0	\$10	\$20	\$20
Preferred Brand Drugs	\$30	\$65	\$65 after ded	\$65 after ded	\$15	\$20	\$40	\$40
Non-Preferred Drugs	20%	25% after ded	35% after ded	35% after ded	\$50	\$60 after ded	\$80 after ded	\$80 after ded
Specialty Drugs	20%	25% after ded	35% after ded	35% after ded	\$150	\$250 after ded	\$350 after ded	\$350 after ded

Services Without Any Deductible



# Silver 12 with Four Free Primary Care Visits

	Silver 12 with First 4 Primary Care Visits Free			
	Cost Sharing Reduction Plans (CSR)			
	Silver 12 100	Silver 12 150	Silver 12 200	Silver 12 250
<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 Line	Free	Free	Free	Free
Plan Options with Adult Vision Services	No	No	No	No
<b>Benefits and Cost Share Highlights</b>				
Deductible (Ind/Fam)	\$100 / \$200	\$1,300 / \$2,600	\$6,500 / 13,000	\$7,000 / \$14,000
Drug Deductible (Ind/Fam)	Combw/Med	Combw/Med	Combw/Med	Combw/Med
Out of Pocket Max (Ind/Fam)	\$3,150 / \$6,300	\$3,150 / \$6,300	\$7,550 / \$15,100	\$9,450 / \$18,900
Emergency Room Facility	10% after ded	20% after ded	20% after ded	20% after ded
Urgent Care Services	\$3	\$13	\$55	\$60
<b>Inpatient Services</b>				
Inpatient Facility Fee *Professional Fees May Apply	10% after ded	20% after ded	20% after ded	20% after ded
<b>Outpatient Professional Office Visits Services</b>				
Primary Care	\$2**	\$10**	\$35**	\$40**
Specialty Care	\$4	\$15	\$70	\$75
Rehabilitative and Habilitative Services	10% after ded	20% after ded	20% after ded	20% after ded
Mental / Behavioral Health Services / Substance Abuse Services	\$2**	\$10**	\$35**	\$40**

Services Without Any Deductible



# Silver 12 with Four Free Primary Care Visits

	Silver 12 with First 4 Primary Care Visits Free			
	Cost Sharing Reduction Plans (CSR)			
	Silver 12 100	Silver 12 150	Silver 12 200	Silver 12 250
<b>Outpatient Hospital Facility Services</b>				
Outpatient Facility Fee	10% after ded	20% after ded	20% after ded	20% after ded
Outpatient Professional Fee	10% after ded	20% after ded	20% after ded	20% after ded
Advanced Imaging and Specialized Scanning Services	10% after ded	20% after ded	20% after ded	20% after ded
Routine X-Ray and Diagnostic Services	10% after ded	20% after ded	20% after ded	20% after ded
Laboratory Tests	10% after ded	20% after ded	20% after ded	20% after ded
<b>Prescription Drugs <sup>1</sup></b>				
Preventive Drugs	No Charge	No Charge	No Charge	No Charge
Preferred Generic Drugs	\$2	\$5	\$10	\$10
Preferred Brand Drugs	\$20	\$50	\$100	\$100
Non-Preferred Drugs	10% after ded	20% after ded	20% after ded	20% after ded
Specialty Drugs	10% after ded	20% after ded	20% after ded	20% after ded

Services Without Any Deductible



# Silver 9 (Miami Dade & Broward Only)

	Silver 9 (2-Tiered)			
	Cost Sharing Reduction Plans (CSR)			
	Silver 9 100	Silver 9 150	Silver 9 200	Silver 9 250
<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 Line	Free	Free	Free	Free
<b>Benefits and Cost Share Highlights</b>				
Deductible (Ind/Fam)	\$0 / \$0	\$700 / \$1400	\$3,500 / \$7,000	\$5,000 / \$10,000
Drug Deductible (Ind/Fam)	\$0 / \$0	Comb. w/Med	Comb. w/Med	Comb. w/Med
Out of Pocket Max (Ind/Fam)	\$1,625 / \$3,250	\$2,775 / \$5,550	\$6,550 / \$13,100	\$7,800 / \$15,600
Emergency Room Facility	20%	25% after ded	35% after ded	35% after ded
Urgent Care Services	\$5	\$20	\$45	\$45
<b>INPATIENT SERVICES</b>				
Inpatient Facility Fee (TIER 1/CHOICE NETWORK) *Professional Fees May Apply	20%	25% after ded	35% after ded	35% after ded
Inpatient Facility Fee (TIER 2/SELECT NETWORK) *Professional Fees May Apply	40%	50% after ded	50% after ded	50% after ded
<b>Outpatient Professional Office Visits Services</b>				
Primary Care	\$0	\$9	\$30	\$30
Specialty Care	\$10	\$30	\$60	\$60
Rehabilitative and Habilitative Services	\$5	\$9	\$30	\$30
Mental / Behavioral Health Services / Substance Abuse Services	\$0	\$9	\$30	\$30
<b>Outpatient Hospital Facility Services</b>				
Outpatient Facility Fee (TIER 1/CHOICE NETWORK)	20%	25% after ded	35% after ded	35% after ded
Outpatient Facility Fee (TIER 2/SELECT NETWORK)	40%	50% after ded	50% after ded	50% after ded
Outpatient Professional Fee	20%	25% after ded	35% after ded	35% after ded
Advanced Imaging and Specialized Scanning Services (TIER 1/CHOICE NETWORK)	20%	25% after ded	35% after ded	35% after ded
Advanced Imaging and Specialized Scanning Services (TIER 2/SELECT NETWORK)	40%	50% after ded	50% after ded	50% after ded
Routine X- Ray and Diagnostic Services (TIER 1/CHOICE NETWORK)	\$20	\$65	\$95	\$95
Routine X- Ray and Diagnostic Services (TIER 2/SELECT NETWORK)	\$40	\$130	\$190	\$190
Laboratory Tests (TIER 1/CHOICE NETWORK)	\$8	\$25	\$60	\$60
Laboratory Tests (TIER 2/SELECT NETWORK)	\$16	\$50	\$120	\$120
<b>Prescription Drugs<sup>1</sup></b>				
Preventive Drugs	No Charge	No Charge	No Charge	No Charge
Preferred Generic Drugs	\$0	\$5	\$20	\$25
Preferred Brand Drugs	\$30	\$65	\$65 after ded	\$65 after ded
Non-Preferred Drugs	20%	25% after ded	35% after ded	35% after ded
Specialty Drugs	20%	25% after ded	35% after ded	35% after ded

Services Without Any Deductible





# 2024 Product Portfolio – FFM Gold Portfolio

All renewals with consistency in portfolio, keeping simple copay not subject to deductible cost share for office visits



## Gold 1 (Renewal)

- Consistent plan design, with minimal changes from 2023 design
- Kept integrated deductible, while reducing amount (\$1,550/\$3,100)
- Reduction in out of pocket maximums for 2024 to \$8,100/\$16,200
- Lowered rehabilitative and habilitative services copay from \$50 to \$20
- Simple coinsurance structure for IP services
- Routine Adult Vision variant available

## Gold 8 (CMS Standard - Renewal)

- CMS mandated Gold plan design, required to be offered by Molina
- Minimal changes from 2023 design, mostly impacting deductible moving to non-integrated
- \$0 integrated prescription deductible

2023 Plan	2024 Plan	Action
Confident Care Gold 1	Molina Gold 1	Renewal
Confident Care Gold 1 with Routine Adult Vision	Molina Gold 1 with Routine Adult Vision	Renewal
Confident Care Gold 8	Molina Gold 8	Renewal

Portfolio applies to Florida, Illinois, Michigan, Mississippi, Ohio, South Carolina, Utah, and Wisconsin



# Gold 1 and Gold 8

	Gold 1	Gold 8
<b>Value Basics</b>		
Teladoc Virtual Care Visits 24/7/365	Free	Free
Annual Wellness Visit - Adults	Free	Free
Routine Preventive Screenings - Children & Adults	Free	Free
Routine Vision Exams, and Eyewear - Children (Ages 0-18)	Free	Free
Preventive Prescription Drugs	Free	Free
24 Hour Nurse Line	Free	Free
Plan Options with Adult Vision Services	Yes	No
<b>Benefits and Cost Share Highlights</b>		
Deductible (Ind/Fam)	\$1,550 / \$3,100	\$1,500 / \$3,000
Drug Deductible (Ind/Fam)	Combw/Med	Combw/Med
Out of Pocket Max (Ind/Fam)	\$8,100 / \$16,200	\$8,700 / \$17,400
Emergency Room Facility	25% after ded	25% after ded
Urgent Care Services	\$20	\$45
<b>Inpatient Services</b>		
Inpatient Facility Fee *Professional Fees May Apply	25% after ded	25% after ded
<b>Outpatient Professional Office Visits</b>		
Primary Care	\$20	\$30
Specialty Care	\$50	\$60
Rehabilitative and Habilitative Services	\$20	\$30
Mental / Behavioral Health Services / Substance Abuse Services	\$20	\$30

Services Without Any Deductible



# Gold 1 and Gold 8

	Gold 1	Gold 8
<b>Outpatient Hospital Facility Services</b>		
Outpatient Facility Fee	25% after ded	25% after ded
Outpatient Professional Fee	25% after ded	25% after ded
Advanced Imaging and Specialized Scanning Services	25% after ded	25% after ded
Routine X-Ray and Diagnostic Services	25% after ded	25% after ded
Laboratory Tests	\$15	25% after ded
<b>Prescription Drugs <sup>1</sup></b>		
Preventive Drugs	No Charge	No Charge
Preferred Generic Drugs	\$15	\$15
Preferred Brand Drugs	\$50 after ded	\$30
Non-Preferred Drugs	30% after ded	\$60
Specialty Drugs	30% after ded	\$250

Services Without Any Deductible



# 2024 Product Portfolio – FFM Bronze Portfolio



All renewals with consistency in portfolio offered only in Florida and Mississippi markets

## Bronze 4 (Renewal)

- Consistent plan design, with minimal changes from 2023 design
- Kept non-integrated deductible
- Maintained \$0 medical deductible, with no increase in prescription drug deductible
- Low copay for PCP, Urgent Care, and Rehabilitative and Habilitative services
- Simple coinsurance structure for IP services

## Bronze 8 (CMS Standard - Renewal)

- CMS mandated Bronze plan design, required to be offered by Molina
- Minimal changes from 2023 design, mostly just increase in maximum out of pocket
- Integrated prescription deductible (\$7,500/\$15,000)

2023 Plan	2024 Plan	Action
Core Care Bronze 4	Molina Bronze 4	Renewal
Core Care Bronze 8	Molina Bronze 8	Renewal



# Bronze 4 and Bronze 8

	Bronze 4	Bronze 8
<b>Outpatient Professional Office Visits Services</b>		
Primary Care	\$50	\$50
Specialty Care	\$125	\$100
Rehabilitative and Habilitative Services	\$90	\$50
Mental / Behavioral Health Services / Substance Abuse Services	\$50	\$50
<b>Outpatient Hospital Facility Services</b>		
Outpatient Facility Fee	\$1,750	50% after ded
Outpatient Professional Fee	\$600	50% after ded
Advanced Imaging and Specialized Scanning Services	\$1,500	50% after ded
Routine X-Ray and Diagnostic Services	\$150	50% after ded
Laboratory Tests	\$75	50% after ded
<b>Prescription Drugs*</b>		
Preventive Drugs	No Charge	No Charge
Preferred Generic Drugs	\$25	\$25
Preferred Brand Drugs	\$125 after ded	\$50 after ded
Non-Preferred Drugs	50% after Rx ded	\$100 after ded
Specialty Drugs	50% after Rx ded	\$500 after ded

Services Without Any Deductible

	Bronze 4	Bronze 8
<b>Value Basics</b>		
Teladoc Virtual Care Visits 24/7/365	Free	Free
Annual Wellness Visit - Adults	Free	Free
Routine Preventive Screenings - Children & Adults	Free	Free
Routine Vision Exams, and Eyewear - Children (Ages 0-18)	Free	Free
Preventive Prescription Drugs	Free	Free
24 Hour Nurse Line	Free	Free
Plan Options with Adult Vision Services	No	No
<b>Benefits and Cost Share Highlights</b>		
Deductible (Ind/Fam)	\$0 / \$0	\$7,500 / \$15,000
Drug Deductible (Ind/Fam)	\$3,000 / \$6,000	Comb. w/Med
Out of Pocket Max (Ind/Fam)	\$9,400 / \$18,800	\$9,400 / \$18,800
Emergency Room Facility	\$1,750	50% after ded
Urgent Care Services	\$50	\$75
<b>Inpatient Services</b>		
Inpatient Facility Fee *Professional Fees May Apply	\$1,500/day (max 3 copays)	50% after ded



# State Based Portfolios





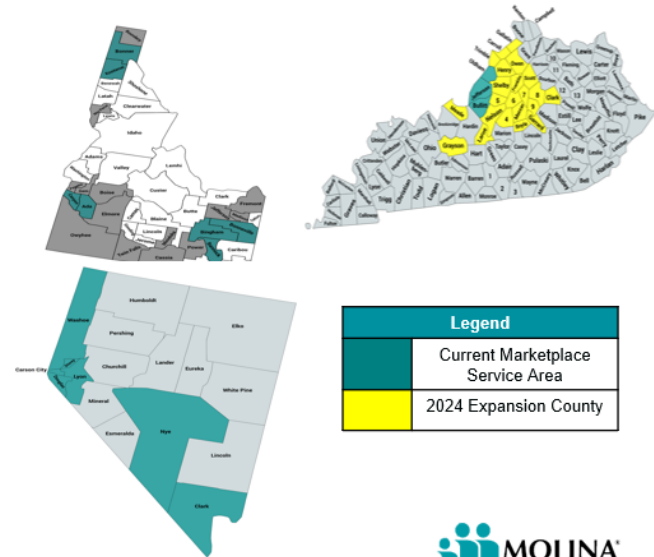
# Idaho, Kentucky, Nevada Strategy

Marketplace State

- **Silver Offerings (4):** Silver 1 (Renewal), Silver 1 with Vision (Renewal), Silver 8, **Silver 12 with First 4 Primary Care Visits Free (Renewal)**
- **Gold Offerings (3):** Gold 1 (Renewal), Gold 1 with Vision (Renewal), Gold 8

**Constant Care Silver 11, which previously followed closely to CMS standard design, is being renewed into our Molina Silver 12 design**

2023 Plan	2024 Plan	Action
Constant Care Silver 1	Molina Silver 1	Renewal
Constant Care Silver 1 with Routine Adult Vision	Molina Silver 1 with Routine Adult Vision	Renewal
Constant Care Silver 11	Molina Silver 12 with First 4 Primary Care Visits Free	Renewal
Confident Care Gold 1	Molina Gold 1	Renewal
Confident Care Gold 1 with Routine Adult Vision	Molina Gold 1 with Routine Adult Vision	Renewal



# Idaho, Kentucky, and Nevada

Revised 10/2024

	Silver 1				Silver 12 with First 4 Primary Care Visits Free				Gold 1
	Cost Sharing Reduction Plans (CSR)				Cost Sharing Reduction Plans (CSR)				
	Silver 1 100	Silver 1 150	Silver 1 200	Silver 1 250	Silver 12 100	Silver 12 150	Silver 12 200	Silver 12 250	
<b>Value Basics</b>									
Teladoc Virtual Care Visits 24/7/365	Free	Free	Free	Free	Free	Free	Free	Free	Free
Annual Wellness Visit - Adults	Free	Free	Free	Free	Free	Free	Free	Free	Free
Routine Preventive Screenings - Children & Adults	Free	Free	Free	Free	Free	Free	Free	Free	Free
Routine Vision Exams, and Eyewear - Children (Ages 0-18)	Free	Free	Free	Free	Free	Free	Free	Free	Free
Preventive Prescription Drugs	Free	Free	Free	Free	Free	Free	Free	Free	Free
24 Hour Nurse Line	Free	Free	Free	Free	Free	Free	Free	Free	Free
Plan Options with Adult Vision Services	Yes	Yes	Yes	Yes	No	No	No	No	Yes
<b>Benefits and Cost Share Highlights</b>									
Deductible (Ind/Fam)	\$0 / \$0	\$700 / \$1,400	\$3,500 / \$7,000	\$5,000 / \$10,000	\$100 / \$200	\$1,300 / \$2,600	\$6,500 / 13,000	\$7,000 / \$14,000	\$1,550 / \$3,100
Drug Deductible (Ind/Fam)	\$0 / \$0	Comb. w/Med	Comb. w/Med	Comb. w/Med	Comb. w/Med	Comb. w/Med	Comb. w/Med	Comb. w/Med	Comb. w/Med
Out of Pocket Max (Ind/Fam)	\$1,650 / \$3,300	\$2,750 / \$5,500	\$6,775 / \$13,550	\$7,850 / \$15,700	\$3,150 / \$6,300	\$3,150 / \$6,300	\$7,550 / \$15,100	\$9,450 / \$18,900	\$8,100 / \$16,200
Emergency Room Facility	20%	25% after ded	35% after ded	35% after ded	10% after ded	20% after ded	20% after ded	20% after ded	25% after ded
Urgent Care Services	\$5	\$20	\$45	\$45	\$3	\$13	\$55	\$60	\$20
<b>Inpatient Services</b>									
Inpatient Facility Fee *Professional Fees May Apply	20%	25% after ded	35% after ded	35% after ded	10% after ded	20% after ded	20% after ded	20% after ded	25% after ded
<b>Outpatient Professional Office Visits Services</b>									
Primary Care	\$0	\$9	\$30	\$30	\$2**	\$10**	\$35**	\$40**	\$20
Specialty Care	\$10	\$30	\$60	\$60	\$4	\$15	\$70	\$75	\$50
Rehabilitative and Habilitative Services	\$10	\$30	\$30	\$30	10% after ded	20% after ded	20% after ded	20% after ded	\$20
Mental / Behavioral Health Services / Substance Abuse Services	\$0	\$9	\$30	\$30	\$2**	\$10**	\$35**	\$40**	\$20

Services Without Any Deductible



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# Idaho, Kentucky, and Nevada

Multiplan 2024

	Silver 1				Silver 12 with First 4 Primary Care Visits Free				Gold 1
	Cost Sharing Reduction Plans (CSR)				Cost Sharing Reduction Plans (CSR)				
	Silver 1100	Silver 1150	Silver 1200	Silver 1250	Silver 12100	Silver 12150	Silver 12200	Silver 12250	
<b>Outpatient Hospital Facility Services</b>									
Outpatient Facility Fee	20%	25% after ded	35% after ded	35% after ded	10% after ded	20% after ded	20% after ded	20% after ded	25% after ded
Outpatient Professional Fee	20%	25% after ded	35% after ded	35% after ded	10% after ded	20% after ded	20% after ded	20% after ded	25% after ded
Advanced Imaging and Specialized Scanning Services	20%	25% after ded	35% after ded	35% after ded	10% after ded	20% after ded	20% after ded	20% after ded	25% after ded
Routine X-Ray and Diagnostic Services	\$30	\$75	\$95	\$95	10% after ded	20% after ded	20% after ded	20% after ded	25% after ded
Laboratory Tests	\$10	\$30	\$60	\$60	10% after ded	20% after ded	20% after ded	20% after ded	\$15
<b>Prescription Drugs <sup>1</sup></b>									
Preventive Drugs	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Preferred Generic Drugs	\$0	\$6	\$20	\$29	\$2	\$5	\$10	\$10	\$15
Preferred Brand Drugs	\$30	\$65	\$65 after ded	\$65 after ded	\$20	\$50	\$100	\$100	\$50 after ded
Non-Preferred Drugs	20%	25% after ded	35% after ded	35% after ded	10% after ded	20% after ded	20% after ded	20% after ded	30% after ded
Specialty Drugs	20%	25% after ded	35% after ded	35% after ded	10% after ded	20% after ded	20% after ded	20% after ded	30% after ded

Services Without Any Deductible



# California Marketplace 2024 Strategy

Rectangular Strip

## Impacts on 2024 Portfolio

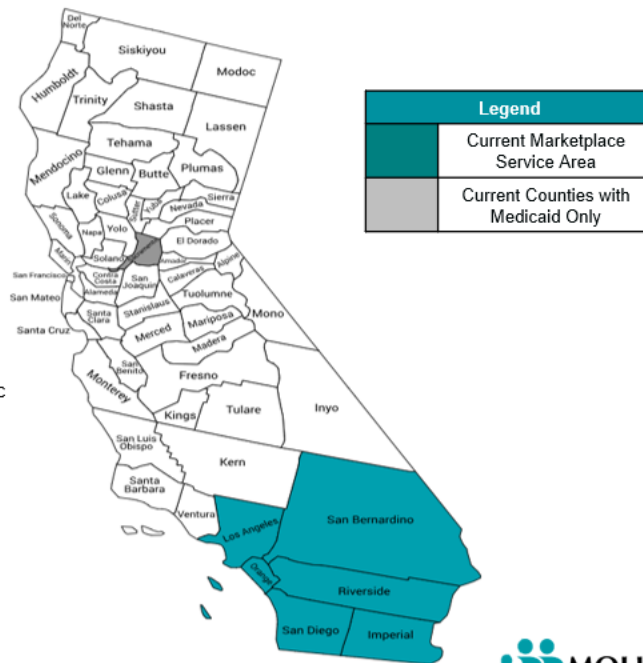
The 2024 portfolio is stable with minimal year-over-year changes.

- No changes to plan names, plan IDs or portfolio plan lineup.
- Minimal changes to cost sharing, driven by the new annual AV calculator.
- No changes to service area.
- The Covered California Board to approve plan designs.
- No deductible on Silver CSRs

## Exchange Requirements

Issuers have nearly identical portfolios on the exchange.

- All issuers must offer standardized Platinum, Gold, Silver, Bronze and Catastrophic plans.
- Non-standardized plans are not allowed on the exchange.
- A Bronze HDHP plan is optional.
- Pediatric dental is required to be included as part of the medical policy.



# California

Rectangular Split

	Minimum Coverage HMO	Bronze 60 HMO	Silver				Gold 80 HMO	Platinum 90 HMO
			Cost Sharing Reduction Plans (CSR)					
			Silver 94 HMO	Silver 87 HMO	Silver 73 HMO	Silver 70 HMO		
<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 - 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
<b>Benefits and Cost Share Highlights</b>								
Deductible (Ind/Fam)	\$9,450 / \$18,900	\$6,300 / \$12,600	N/A	N/A	N/A	\$5,400 / \$10,800	N/A	N/A
Drug Deductible (Ind/Fam)	Comb. w/Med	\$500 / \$1,000	N/A	N/A	N/A	\$150 / \$300	N/A	N/A
Out of Pocket Max (Ind/Fam)	\$9,450 / \$18,900	\$9,100 / \$18,200	\$1,150 / \$2,300	\$3,000 / \$6,000	\$6,100 / \$12,200	\$9,100 / \$18,200	\$8,700 / \$17,400	\$4,500 / \$9,000
Emergency Room Facility	0% after ded	40% after ded	\$50	\$150	\$350	\$450	\$350	\$150
Urgent Care Services	0% after ded *	\$60 after ded *	\$5	\$15	\$35	\$50	\$35	\$15
<b>Inpatient Services</b>								
Inpatient Facility Fee *Professional Fees May Apply	0% after ded	40% after ded	10%	20%	30%	30% after ded	30%	10%
<b>Outpatient Professional Office Visits Services</b>								
Primary Care	0% after ded *	\$60 after ded *	\$5	\$15	\$35	\$50	\$35	\$15
Specialty Care	0% after ded	\$95 after ded *	\$8	\$25	\$85	\$90	\$65	\$30
Rehabilitative and Habilitative Services	0% after ded	\$60	\$5	\$15	\$35	\$50	\$35	\$15
Mental / Behavioral Health Services / Substance Abuse Services	0% after ded *	\$60	\$5	\$15	\$35	\$50	\$35	\$15



# California

2024 Estimated Rates

	Minimum Coverage HMO	Bronze 60 HMO	Silver				Gold 80 HMO	Platinum 90 HMO
			Cost Sharing Reduction Plans (CSR)					
			Silver 94 HMO	Silver 87 HMO	Silver 73 HMO	Silver 70 HMO		
<b>Outpatient Hospital Facility Services</b>								
Outpatient Facility Fee	0% after ded	40% after ded	10%	20%	30%	30%	30%	10%
Outpatient Professional Fee	0% after ded	40% after ded	10%	20%	30%	30%	30%	10%
Advanced Imaging and Specialized Scanning Services	0% after ded	40% after ded	\$50	\$100	\$325	\$325	25%	10%
Routine X-Ray and Diagnostic Services	0% after ded	40% after ded	\$8	\$40	\$95	\$95	\$75	\$30
Laboratory Tests	0% after ded	\$40	\$8	\$20	\$50	\$50	\$40	\$15
<b>Prescription Drugs <sup>1</sup></b>								
Preventive Drugs	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Tier 1 — Preferred Generic Drugs, Low-Cost Preferred Brand Drugs	0% after ded	\$17 after Rx ded	\$3	\$5	\$15	\$19	\$15	\$7
Tier 2 — Non-Preferred Generic Drugs, Preferred Brand Drugs	0% after ded	40% (max \$500/script) after Rx ded	\$10	\$25	\$55	\$60 after Rx ded	\$60	\$16
Tier 3 — Non-Preferred Brand Drugs	0% after ded	40% (max \$500/script) after Rx ded	\$15	\$45	\$85	\$90 after Rx ded	\$85	\$25
Tier 4 — Specialty Drugs	0% after ded	40% (max \$500/script) after Rx ded	10% (max \$150/script)	15% (max \$150/script)	20% (max \$250/script)	20% (max \$250/script) after Rx ded	20% (max \$250/script)	10% (max \$250/script)



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# New Mexico Marketplace 2024 Strategy

Rectangular Group

- **Silver Offerings (1): Clear Cost Silver (New)**
- **Gold Offerings (2): Gold 1 with Low-Cost Generic Drugs (Renewal), Clear Cost Gold (New)**
- **Turquoise Offerings (4): Clear Cost Turquoise 1 with EXTRA SAVINGS (New), Clear Cost Turquoise 2 with EXTRA SAVINGS (New), Clear Cost Turquoise 3 with EXTRA SAVINGS (New), Turquoise 3 with Low Cost Generic Drugs and EXTRA SAVINGS (Renewal)**

## 2024 Standardized Plans

- During the 2020 legislative session, the New Mexico State Legislature passed HB 100 to give the [beWellnm](#) Board of Directors the authority to establish Standardized Health Plans.
- All individual market health insurance issuers offering Qualified Health Plans (QHPs) on the New Mexico Health Insurance Exchange during the 2024 Plan Year are required to offer Standardized Health Plans adopted by [beWellnm](#).
- For the 2024 Plan Year, the Board of Directors established one Silver Standardized Health Plan; one Gold Standardized Health Plan; and Turquoise variants of the applicable Standardized Health Plans for qualifying individuals and families
- All copay cost share structure

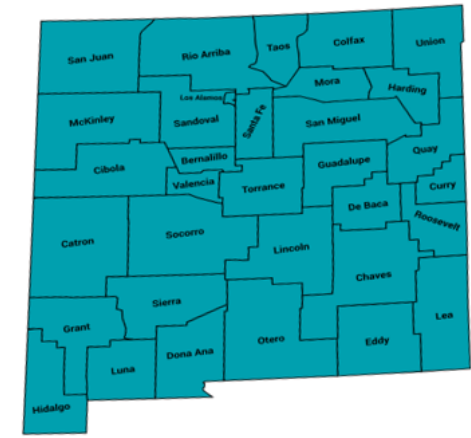
## Turquoise Plans

- Molina will continue to offer Turquoise plans as required under the New Mexico Health Insurance Marketplace Affordability Program
- Plans will adhere to the SOPA variations outlined by the state
- Clear Cost Turquoise designs are also new for this year, as standardized plans from OSI

## Gold 1 with Low-Cost Generic Drugs

- Due to pricing considerations with the NM standard plans, Molina will be offering a non-standardized gold plan (renewed from last year)
- Plan highlights include coinsurance structure for OP and IP services, as well preferred and specialty drugs

Legend	
	Current Marketplace Service Area
	Current Counties with Medicaid Only



# New Mexico

	Gold 1		Clear Cost Silver				Clear Cost Gold	
	Gold 1 On Exchange with Low Cost Generic Drugs	Turquoise 3 with Low Cost Generic Drugs and EXTRA SAVINGS	Clear Cost Silver 73	Clear Cost Silver On Exchange	Clear Cost Turquoise 1 with EXTRA SAVINGS	Clear Cost Turquoise 2 with EXTRA SAVINGS	Clear Cost Gold On Exchange	Clear Cost Turquoise 3 with EXTRA SAVINGS
<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 - 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
<b>Benefits and Cost Share Highlights</b>								
Deductible (Ind/Fam)	\$1,550 / \$3,100	\$500 / \$1,000	\$4,500 / \$9,000	\$5,000 / \$10,000	\$0 / \$0	\$100 / \$200	\$3,000 / \$6,000	\$500 / \$1,000
Drug Deductible (Ind/Fam)	Comb. w/Med	Comb. w/Med	Comb. w/Med	Comb. w/Med	Comb. w/Med	Comb. w/Med	Comb. w/Med	Comb. w/Med
Out of Pocket Max (Ind/Fam)	\$8,100 / \$16,200	\$3,000 / \$6,000	\$7,450 / \$14,900	\$8,950 / \$17,900	\$200 / \$400	\$1,000 / \$2,000	\$5,300 / \$10,600	\$2,400 / \$4,800
Emergency Room Facility	25%	10%	\$255 after ded	\$300 after ded	\$30	\$40 after ded	\$150 after ded	\$75 after ded
Urgent Care Services	\$20	\$10	\$90	\$100	\$3	\$10	\$60	\$20
<b>Inpatient Services</b>								
Inpatient Facility Fee *Professional Fees May Apply	25% after ded	10% after ded	\$255 after ded	\$300 after ded	\$30	\$40 after ded	\$150 after ded	\$75 after ded
<b>Outpatient Professional Office Visits Services</b>								
Primary Care	\$20	\$10	\$40	\$50	\$0	\$5	\$20	\$7
Specialty Care	\$50	\$25	\$90	\$100	\$3	\$10	\$60	\$20
Rehabilitative and Habilitative Services	\$20	\$10	\$40	\$50	\$0	\$5	\$20	\$7



# New Mexico

Trade Secrets and Confidential Information

	Gold 1		Clear Cost Silver				Clear Cost Gold	
	Gold 1 On Exchange with Low Cost Generic Drugs	Turquoise 3 with Low Cost Generic Drugs and EXTRA SAVINGS	Clear Cost Silver 73	Clear Cost Silver On Exchange	Clear Cost Turquoise 1 with EXTRA SAVINGS	Clear Cost Turquoise 2 with EXTRA SAVINGS	Clear Cost Gold On Exchange	Clear Cost Turquoise 3 with EXTRA SAVINGS
<b>Outpatient Hospital Facility Services</b>								
Outpatient Facility Fee	25% after ded	10% after ded	\$250	\$300	\$5	\$35	\$125	\$60
Outpatient Professional Fee	25% after ded	10% after ded	\$250	\$300	\$5	\$35	\$125	\$60
Advanced Imaging and Specialized Scanning Services	25% after ded	10% after ded	\$90	\$100	\$3	\$10	\$60	\$20
Routine X-Ray and Diagnostic Services	25% after ded	10% after ded	\$90	\$100	\$3	\$10	\$60	\$20
Laboratory Tests	\$15	10% after ded	\$90	\$100	\$3	\$10	\$60	\$20
<b>Prescription Drugs <sup>4</sup></b>								
Preventive Drugs	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Tier-1: Preferred Generic	\$15	\$5	\$30	\$35	\$0	\$3	\$20	\$5
Tier-2: Preferred Brand and Non-Preferred Generic	\$50 after ded	\$35 after ded	\$45	\$50	\$3	\$10	\$30	\$10
Tier-3: Preferred Specialty	30% after ded	20% after ded	\$95	\$100	\$10	\$25	\$75	\$50
Tier-4: Non-Preferred Brand	30% after ded	20% after ded	\$205 after ded	\$250 after ded	\$15	\$50 after ded	\$100 after ded	\$100 after ded
Tier-5: Non-Preferred Specialty	30% after ded	20% after ded	\$240	\$250	\$25	\$65	\$190	\$125



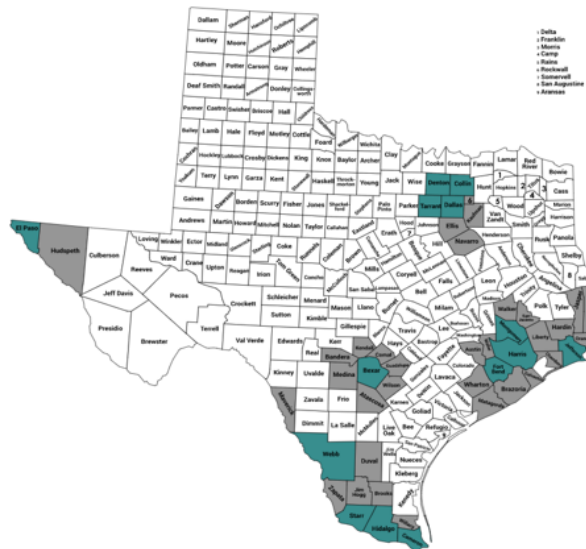
# Texas Marketplace 2024 Strategy

Regular Strip

**Silver Offerings (4):** Silver 1 (Renewal), Silver 1 with Vision (Renewal), Silver 3 (Renewal), Silver 8 (Renewal), **Silver 12 with First 4 Primary Care Visits Free (New)**

**Gold Offerings (3):** Gold 1 (Renewal), Gold 1 with Vision (Renewal), Gold 8 (Renewal)

2023 Plan	2024 Plan	Action
Constant Care Silver 1	Molina Silver 1	Renewal
Constant Care Silver 1 with Routine Adult Vision	Molina Silver 1 with Routine Adult Vision	Renewal
Constant Care Silver 3	Molina Silver 3	Renewal
Constant Care Silver 8	Molina Silver 8	Renewal
N/A	Molina Silver 12 with First 4 Primary Care Visits Free	New
Confident Care Gold 1	Molina Gold 1	Renewal
Confident Care Gold 1 with Routine Adult Vision	Molina Gold 1 with Routine Adult Vision	Renewal







# Texas – Silver 1 & Silver 8

Rectangular Snip

TX 2024 MP Plans (Consumer Choice Plans)	Silver 1				Silver 8			
	Cost Sharing Reduction Plans (CSR)				Cost Sharing Reduction Plans (CSR)			
	Silver 1 100	Silver 1 150	Silver 1 200	Silver 1	Silver 8 100	Silver 8 150	Silver 8 200	Silver 8
<b>Outpatient Hospital Facility Services</b>								
Outpatient Facility Fee	20%	25% after ded	35% after ded	35% after ded	25%	30% after ded	40% after ded	40% after ded
Outpatient Professional Fee	20%	25% after ded	35% after ded	35% after ded	25%	30% after ded	40% after ded	40% after ded
Advanced Imaging and Specialized Scanning Services	20%	25% after ded	35% after ded	35% after ded	25%	30% after ded	40% after ded	40% after ded
Routine X-Ray and Diagnostic Services	\$30	\$75	\$95	\$95	25%	30% after ded	40% after ded	40% after ded
Laboratory Tests	\$10	\$30	\$60	\$60	25%	30% after ded	40% after ded	40% after ded
<b>Prescription Drugs<sup>1</sup></b>								
Preventive Drugs	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Preferred Generic Drugs	\$0	\$6	\$20	\$29	\$0	\$10	\$20	\$20
Preferred Brand Drugs	\$30	\$65	\$65 after ded	\$65 after ded	\$15	\$20	\$40	\$40
Non-Preferred Drugs	20%	25% after ded	35% after ded	35% after ded	\$50	\$60 after ded	\$80 after ded	\$80 after ded
Specialty Drugs	20%	25% after ded	35% after ded	35% after ded	\$150	\$250 after ded	\$350 after ded	\$350 after ded





# Texas – Silver 12, Gold 1, Gold 8

Rectangular Strip

TX 2024 MP Plans (Consumer Choice Plans)	Silver 12 with First 4 Primary Care Visits Free					
	Cost Sharing Reduction Plans (CSR)					
	Silver 12 100	Silver 12 150	Silver 12 200	Silver 12	Gold 1	Gold 8
<b>Value Basics</b>						
Teladoc Virtual Care Visits 24/7/365	Free	Free	Free	Free	Free	Free
Annual Wellness Visit - Adults	Free	Free	Free	Free	Free	Free
Routine Preventive Screenings - Children & Adults	Free	Free	Free	Free	Free	Free
Routine Vision Exams, and Eyewear - Children (Ages 0-18)	Free	Free	Free	Free	Free	Free
Preventive Prescription Drugs	Free	Free	Free	Free	Free	Free
24 Hour Nurse Line	Free	Free	Free	Free	Free	Free
Plan Options with Adult Vision Services	No	No	No	No	Yes	No
<b>Benefits and Cost Share Highlights</b>						
Deductible (Ind/Fam)	\$100 / \$200	\$1,300 / \$2,600	\$6,500 / 13,000	\$7,000 / \$14,000	\$1,550 / \$3,100	\$1,500 / \$3,000
Drug Deductible (Ind/Fam)	Comb. w/Med	Comb. w/Med	Comb. w/Med	Comb. w/Med	Comb. w/Med	Comb. w/Med
Out of Pocket Max (Ind/Fam)	\$3,150 / \$6,300	\$3,150 / \$6,300	\$7,550 / \$15,100	\$9,450 / \$18,900	\$8,100 / \$16,200	\$8,700 / \$17,400
Emergency Room Facility	10% after ded	20% after ded	20% after ded	20% after ded	25% after ded	25% after ded
Urgent Care Services	\$3	\$13	\$55	\$60	\$20	\$45
<b>Inpatient Services</b>						
Inpatient Facility Fee *Professional Fees May Apply	10% after ded	20% after ded	20% after ded	20% after ded	25% after ded	25% after ded
<b>Outpatient Professional Office Visits Services</b>						
Primary Care	\$2**	\$10**	\$35**	\$40**	\$20	\$30
Specialty Care	\$4	\$15	\$70	\$75	\$50	\$60
Rehabilitative and Habilitative Services	10% after ded	20% after ded	20% after ded	20% after ded	\$20	\$30
Mental / Behavioral Health Services / Substance Abuse Services	\$2**	\$10**	\$35**	\$40**	\$20	\$30



# Texas – Silver 12, Gold 1, Gold 8

Rectangular Snip

TX 2024 MP Plans (Consumer Choice Plans)	Silver 12 with First 4 Primary Care Visits Free				Gold 1	Gold 8
	Cost Sharing Reduction Plans (CSR)					
	Silver 12 100	Silver 12 150	Silver 12 200	Silver 12		
<b>Outpatient Hospital Facility Services</b>						
Outpatient Facility Fee	10% after ded	20% after ded	20% after ded	20% after ded	25% after ded	25% after ded
Outpatient Professional Fee	10% after ded	20% after ded	20% after ded	20% after ded	25% after ded	25% after ded
Advanced Imaging and Specialized Scanning Services	10% after ded	20% after ded	20% after ded	20% after ded	25% after ded	25% after ded
Routine X-Ray and Diagnostic Services	10% after ded	20% after ded	20% after ded	20% after ded	25% after ded	25% after ded
Laboratory Tests	10% after ded	20% after ded	20% after ded	20% after ded	\$15	25% after ded
<b>Prescription Drugs<sup>1</sup></b>						
Preventive Drugs	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Preferred Generic Drugs	\$2	\$5	\$10	\$10	\$15	\$15
Preferred Brand Drugs	\$20	\$50	\$100	\$100	\$50 after ded	\$30
Non-Preferred Drugs	10% after ded	20% after ded	20% after ded	20% after ded	30% after ded	\$60
Specialty Drugs	10% after ded	20% after ded	20% after ded	20% after ded	30% after ded	\$250



# Texas – Silver 3

Rectangular Snip

TX 2024 MP Plans State-Mandated	Silver 3			
	Cost Sharing Reduction Plans (CSR)			
	Silver 3 100	Silver 3 150	Silver 3 200	Silver 3 250
<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 Line	Free	Free	Free	Free
<b>Benefits and Cost Share Highlights</b>				
Deductible (Ind/Fam)	N/A	N/A	N/A	N/A
Drug Deductible (Ind/Fam)	N/A	N/A	N/A	N/A
Out of Pocket Max (Ind/Fam)	\$1,575 / \$3,150	\$2,975 / \$5,950	\$7,550 / \$15,100	\$9,450 / \$18,900
Emergency Room Facility	10%	40%	50%	50%
Urgent Care Services	\$10	\$30	\$60	\$75
<b>Inpatient Services</b>				
Inpatient Facility Fee *Professional Fees May Apply	10%	40%	50%	50%
<b>Outpatient Professional Office Visits Services</b>				
Primary Care	\$0	\$10	\$55	\$55
Specialty Care	\$15	\$50	\$100	\$100
Rehabilitative and Habilitative Services	10%	40%	50%	50%
Mental / Behavioral Health Services / Substance Abuse Services	\$0	\$10	\$55	\$55
<b>Outpatient Hospital Facility Services</b>				
Outpatient Facility Fee	10%	40%	50%	50%
Outpatient Professional Fee	10%	40%	50%	50%
Advanced Imaging and Specialized Scanning Services	10%	40%	50%	50%
Routine X-Ray and Diagnostic Services	\$20	\$60	\$125	\$125
Laboratory Tests	\$10	\$40	\$60	\$60
<b>Prescription Drugs<sup>1</sup></b>				
Preventive Drugs	No Charge	No Charge	No Charge	No Charge
Preferred Generic Drugs	\$5	\$10	\$30	\$30
Preferred Brand Drugs	\$30	\$65	\$150	\$150
Non-Preferred Drugs	20%	40%	50%	50%
Specialty Drugs	20%	40%	50%	50%



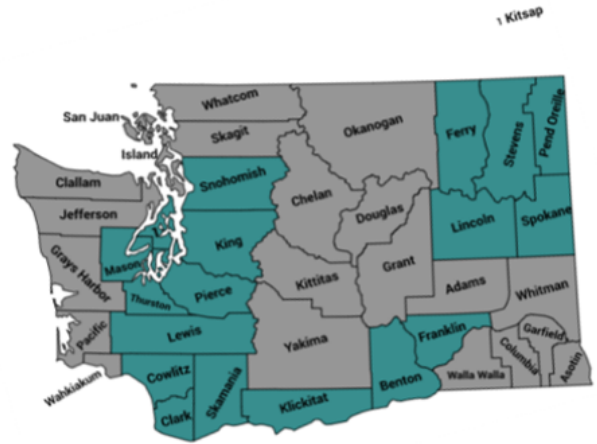
# Washington Marketplace 2024 Strategy

- **Bronze Offerings (1):** Cascade Bronze (Renewal)
- **Silver Offerings (1):** Constant Silver 1 (Renewal), Cascade Silver (Renewal)
- **Gold Offerings (1):** Cascade Gold 1 (Renewal)

## Standard Plan Requirements

**Standard Plan Design:** Design portfolio to distinguish our plans from standard designs  
 Move plans to align with AV constraints

- QHP issuer must offer at least one QHP at the silver level and at least one QHP at the gold level in all counties in which it offers coverage through the Exchange.
- Can only offer one non-standard silver, per regulation
- A non-standard silver plan may not have an actuarial value less than that of the standard silver plan



Legend	
	Current Marketplace Service Area
	Current Counties with Medicaid Only

2023 Plan	2024 Plan	Action
Constant Care Silver 1	Constant Care Silver 1	Renewal
Molina Cascade Bronze	Molina Cascade Bronze	Renewal
Molina Cascade Silver	Molina Cascade Silver	Renewal
Molina Cascade Gold	Molina Cascade Gold	Renewal



# Washington

	Constant Care Silver 1			
	Cost Sharing Reduction Plans (CSR)			
	Constant Care Silver 1 100	Constant Care Silver 1 150	Constant Care Silver 1 200	Constant Care Silver 1 250
<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)	\$1,025 / \$2,050	\$3,150 / \$6,300	\$7,125 / \$14,250	\$7,725 / \$15,450
Emergency Room Facility	20%	25%	35%	35%
Urgent Care Services	\$0	\$6	\$30	\$30
<b>Inpatient Services</b>				
Inpatient Facility Fee *Professional Fees May Apply	20%	25%	35%	35%
<b>Outpatient Professional Office Visits Services</b>				
Primary Care	\$0	\$6	\$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	\$6	\$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	\$75	\$95	\$95
Laboratory Tests	\$10	\$35	\$60	\$60
<b>Prescription Drugs †</b>				
Preventive Drugs	No Charge	No Charge	No Charge	No Charge
Preferred Generic Drugs	\$0	\$7	\$22	\$28
Preferred Brand Drugs	\$10	\$35	\$65 after Rx ded	\$65 after Rx ded
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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# Washington

	Molina Cascade Silver					
	Cost Sharing Reduction Plans (CSR)					
	Molina Cascade Bronze	Molina Cascade Silver 100	Molina Cascade Silver 150	Molina Cascade Silver 200	Molina Cascade Silver 250	Molina Cascade Gold
<b>Value Basics</b>						
Teladoc Virtual Care Visits 24/7/365	Free	Free	Free	Free	Free	Free
Annual Wellness Visit - Adults	Free	Free	Free	Free	Free	Free
Routine Preventive Screenings - Children & Adults	Free	Free	Free	Free	Free	Free
Routine Vision Exams, and Eyewear - Children (Ages 0-18)	Free	Free	Free	Free	Free	Free
Preventive Prescription Drugs	Free	Free	Free	Free	Free	Free
24-hour Nurse Advice Line	Free	Free	Free	Free	Free	Free
<b>Benefits and Cost Share Highlights</b>						
Deductible (Ind/Fam)	\$6,000 / \$12,000	\$0 / \$0	\$750 / \$1,500	\$2,500 / \$5,000	\$2,500 / \$5,000	\$600 / \$1,200
Drug Deductible (Ind/Fam)	Comb. w/Med	\$0 / \$0	Comb. w/Med	Comb. w/Med	Comb. w/Med	\$0 / \$0
Out of Pocket Max (Ind/Fam)	\$9,200 / \$18,400	\$1,200 / \$2,400	\$2,500 / \$5,000	\$7,550 / \$15,100	\$9,200 / \$18,400	\$6,100 / \$12,200
Emergency Room Facility	40% after ded	\$150	\$425 after ded	\$800 after ded	\$800 after ded	\$450 after ded
Urgent Care Services	\$100	\$15	\$30	\$65	\$65	\$35
<b>Inpatient Services</b>						
Inpatient Facility Fee *Professional Fees May Apply	40% after ded	\$100/day (max 5 copays)	\$425/day (max 5 copays) after ded	\$800/day (max 5 copays) after ded	\$800/day (max 5 copays) after ded	\$525/day (max 5 copays)
<b>Outpatient Professional Office Visits Services</b>						
Primary Care	\$50 ●	\$5 ●	\$10 ●	\$30 ●	\$30 ●	\$15
Specialty Care	\$100 after ded	\$15	\$30	\$65	\$65	\$40
Rehabilitative and Habilitative Services	40% after ded	\$5	\$20	\$40	\$40	\$25
Mental / Behavioral Health Services / Substance Use Disorder Services	\$50 ●	\$5 ●	\$10 ●	\$30 ●	\$30 ●	\$15
<b>Outpatient Hospital Facility Services</b>						
Outpatient Facility Fee	40% after ded	\$100	\$325 after ded	\$600 after ded	\$600 after ded	\$350 after ded
Outpatient Professional Fee	40% after ded	\$25	\$120 after ded	\$200 after ded	\$200 after ded	\$75 after ded
Advanced Imaging and Specialized Scanning Services	40% after ded	15%	20% after ded	30% after ded	30% after ded	\$300 after ded
Routine X-Ray and Diagnostic Services	40% after ded	\$15	\$40	\$65	\$65	\$30
Laboratory Tests	40% after ded	\$5	\$20	\$40	\$40	\$20

Services Without Any Deductible

\*Mail-order is available for non-specialty drugs marked "MAIL" on the formulary. For mail-order Rx, a 90-day supply is provided at two-and-a-half times (2.5x) the 30-day retail cost-sharing amount. ● Eligible for two visits at \$1 copay, after which stated cost-sharing applies. ● Eligible for two visits at \$1 copay, after which stated cost-sharing applies. This two-visit allowance is shared between Mental / Behavioral Health Services / Substance Use Disorder Services.

31431MP24-WACEN  
230714



# Washington

Rectangular Snip

	Molina Cascade Silver					
	Cost Sharing Reduction Plans (CSR)					
	Molina Cascade Bronze	Molina Cascade Silver 100	Molina Cascade Silver 150	Molina Cascade Silver 200	Molina Cascade Silver 250	Molina Cascade Gold
<b>Prescription Drugs <sup>1</sup></b>						
Preventive Drugs	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Preferred Generic Drugs	\$32	\$5	\$12	\$24	\$25	\$10
Preferred Brand Drugs	40% after ded	\$12	\$35	\$75	\$75	\$60
Non-Preferred Drugs	40% after ded	\$35	\$160	\$250 after ded	\$250 after ded	\$100
Specialty Drugs	40% after ded	\$35	\$160	\$250 after ded	\$250 after ded	\$100





# Pricing and Competitive Positioning

Brian Plaskow



## Marketplace 2024 Pricing – Individual Market Competitive Landscape

*Molina's 2024 rates increased by 3% compared to market average of 6% for states in our geographic footprint*

State	2024 Rate Changes		
	Molina	State Avg	+/- Avg
CA	9%	7%	2%
FL	4%	5%	-1%
ID	0%	-1%	1%
IL	8%	8%	0%
KY	-2%	4%	-6%
MI	6%	9%	-3%
MS	-1%	2%	-3%
NM	1%	7%	-6%
NV	New	2%	NA
OH	5%	7%	-2%
SC	3%	4%	1%
TX	8%	6%	2%
UT	-6%	5%	-11%
WA	6%	7%	-1%
WI	4%	7%	-3%
<b>Total</b>	<b>3%</b>	<b>6%</b>	<b>-3%</b>

*2024 Rate Changes from [ratereview.healthcare.gov](https://www.ratereview.healthcare.gov) – last accessed August 8, 2023*

*State Avg calculated based on simple average of all carriers*

## Marketplace 2024 Pricing – CA Individual Market

*Molina will maintain or improve competitive positioning despite higher than avg rate increase*

California 2024 Rate Changes				
Issuer	+/- Avg	Rate Change	Min	Max
Aetna		-1%	-4%	3%
Anthem		11%	7%	14%
Blue Shield		15%	14%	20%
Chinese Community HPlan		5%	2%	5%
County Santa Clara		7%	6%	11%
HealthNet		8%	3%	13%
Kaiser		7%	7%	9%
LA Care		6%	4%	8%
Molina	<b>2%</b>	<b>9%</b>	5%	14%
Sharp		6%	4%	11%
Sutter		6%	5%	8%
Western Health		5%	-1%	14%
<b>Total</b>		<b>7%</b>		

*2024 Rate Changes from [ratereview.healthcare.gov](https://www.ratereview.healthcare.gov) – last accessed August 8, 2023*

*State Avg calculated based on simple average of all carriers*

## Marketplace 2024 Pricing – FL Individual Market

*Molina rate increase is similar to the statewide average. Average statewide rate increase of 5% is lower than prior year.*

Florida 2024 Rate Changes				
Issuer	+/- Avg	Rate Change	Min	Max
Aetna		6%	-1%	10%
AmeriHealth		16%	0%	20%
AvMed		2%	-4%	9%
Blue		7%	4%	10%
Capital		3%	1%	6%
Celtic		2%	-3%	4%
Cigna		6%	-6%	16%
Florida		6%	-9%	10%
Health		1%	-7%	9%
Health Options		4%	2%	15%
<b>Molina</b>	<b>-1%</b>	<b>4%</b>	<b>0%</b>	<b>5%</b>
Oscar		4%	3%	12%
Sunshine		5%	-9%	9%
UnitedHealthcare		5%	-2%	6%
<b>Total</b>		<b>5%</b>		

*2024 Rate Changes from [ratereview.healthcare.gov](https://www.ratereview.healthcare.gov) – last accessed August 8, 2023*

*State Avg calculated based on simple average of all carriers*

## Marketplace 2024 Pricing – ID Individual Market

*Market-wide rate decreases driven by reinsurance program changes*

Idaho 2024 Rate Changes				
Issuer	+/- Avg	Rate Change	Min	Max
Blue		0%	-11%	8%
<u>Moda</u>		1%	0%	1%
<b>Molina</b>	<b>1%</b>	0%	-1%	1%
Montana		0%	-7%	6%
PacificSource		-5%	-6%	-3%
Regence		-3%	-6%	-2%
SelectHealth		1%	-4%	10%
St Luke's		-3%	-4%	-2%
<b>Total</b>		<b>-1%</b>		

*2024 Rate Changes from [ratereview.healthcare.gov](https://www.ratereview.healthcare.gov) – last accessed August 8, 2023  
State Avg calculated based on simple average of all carriers*



## Marketplace 2024 Pricing – IL Individual Market

*Molina rate increase is similar to the statewide average.*

Illinois 2024 Rate Changes				
Issuer	+/- Avg	Rate Change	Min	Max
Aetna		-3%	-12%	0%
Blue		5%	-12%	10%
Celtic		7%	5%	12%
Cigna		6%	1%	10%
Health		11%	4%	16%
MercyCare		12%	2%	17%
<b>Molina</b>	<b>0%</b>	<b>8%</b>	<b>4%</b>	<b>16%</b>
Oscar		7%	4%	15%
Quartz		14%	0%	25%
SSM		22%	16%	26%
United		3%	-3%	5%
<b>Total</b>		<b>8%</b>		

*2024 Rate Changes from [raterreview.healthcare.gov](https://www.raterreview.healthcare.gov) – last accessed August 8, 2023  
State Avg calculated based on simple average of all carriers*

## Marketplace 2024 Pricing – KY Individual Market

*Molina rate increase is significantly lower than the statewide average*

Kentucky 2024 Rate Changes				
Issuer	+/- Avg	Rate Change	Min	Max
Anthem		9%	-4%	17%
CareSource		11%	5%	17%
Molina	6%	-2%	-3%	6%
<u>Wellcare</u>		-2%	-3%	0%
<b>Total</b>		<b>4%</b>		

*2024 Rate Changes from [ratereview.healthcare.gov](https://www.ratereview.healthcare.gov) – last accessed August 8, 2023  
State Avg calculated based on simple average of all carriers*

## Marketplace 2024 Pricing – MI Individual Market

*Molina rate increase is lower than statewide average*

Michigan 2024 Rate Changes				
Issuer	+/- Avg	Rate Change	Min	Max
Alliance		15%	10%	17%
BlueCare		5%	1%	14%
BCBS		4%	-2%	5%
HealthAlliance		12%	6%	14%
McLaren		16%	11%	20%
Meridian		5%	0%	8%
<b>Molina</b>	<b>-3%</b>	<b>6%</b>	<b>3%</b>	<b>8%</b>
Oscar		4%	3%	7%
Physicians Health		7%	4%	10%
Priority Health		5%	0%	11%
UnitedHealthcare		6%	2%	10%
US Health		19%	12%	22%
<b>Total</b>		<b>9%</b>		

*2024 Rate Changes from [ratereview.healthcare.gov](https://www.ratereview.healthcare.gov) – last accessed August 8, 2023  
State Avg calculated based on simple average of all carriers*

## Marketplace 2024 Pricing – MS Individual Market

*Molina rate increase is lower than statewide average*

Mississippi 2024 Rate Changes				
Issuer	+/- Avg	Rate Change	Min	Max
Ambetter		4%	2%	6%
BCBS		0%	-3%	1%
Cigna		2%	1%	11%
Molina	<b>-3%</b>	-1%	-9%	6%
UnitedHealthcare		1%	-8%	5%
Vantage		8%	5%	11%
<b>Total</b>		<b>2%</b>		

*2024 Rate Changes from [ratereview.healthcare.gov](https://www.ratereview.healthcare.gov) – last accessed August 8, 2023  
State Avg calculated based on simple average of all carriers*

## Marketplace 2024 Pricing – NM Individual Market

*Molina rate increase is lower than statewide average*

New Mexico 2024 Rate Changes				
Issuer	+/- Avg	Rate Change	Min	Max
BCBSNM		6%	4%	13%
<b>Molina</b>	<b>-6%</b>	1%	1%	1%
Presbyterian		10%	6%	13%
Western Sky (Centene)		12%	11%	12%
<b>Total</b>		<b>7%</b>		

*2024 Rate Changes from [ratereview.healthcare.gov](https://www.ratereview.healthcare.gov) – last accessed August 8, 2023  
State Avg calculated based on simple average of all carriers*

## Marketplace 2024 Pricing – OH Individual Market

*Molina rate increase is lower than statewide average*

Ohio 2024 Rate Changes				
Issuer	+/- Avg	Rate Change	Min	Max
<a href="#">AultCare</a>		9%	6%	13%
Buckeye		7%	4%	10%
CareSource		6%	-2%	15%
Community		12%	9%	15%
Medical		6%	-10%	14%
<b>Molina</b>	<b>-2%</b>	<b>5%</b>	<b>0%</b>	<b>6%</b>
Oscar		4%	2%	7%
Oscar		9%	4%	23%
Paramount		11%	9%	14%
Summa		4%	-5%	12%
The HP W Virginia		8%	8%	8%
UnitedHealthcare		7%	5%	9%
<b>Total</b>		<b>7%</b>		

*2024 Rate Changes from [ratereview.healthcare.gov](http://ratereview.healthcare.gov) – last accessed August 8, 2023  
State Avg calculated based on simple average of all carriers*



## Marketplace 2024 Pricing – SC Individual Market

*Average statewide rate increase of 4% is significantly lower than prior year*

South Carolina 2024 Rate Changes				
Issuer	+/- Avg	Rate Change	Min	Max
Absolute		1%	-6%	8%
BCBS		6%	4%	15%
<u>BlueChoice</u>		2%	1%	3%
Cigna		11%	5%	11%
<b>Molina</b>	<b>-1%</b>	<b>3%</b>	<b>2%</b>	<b>7%</b>
Select		-5%	-6%	1%
<b>Total</b>		<b>4%</b>		

*2024 Rate Changes from [raterreview.healthcare.gov](https://www.raterreview.healthcare.gov) – last accessed August 8, 2023  
State Avg calculated based on simple average of all carriers*

## Marketplace 2024 Pricing – TX Individual Market

*Molina rate increase is similar to statewide average*

Texas 2024 Rate Changes				
Issuer	+/- Avg	Rate Change	Min	Max
Aetna		15%	-10%	32%
Baylor		2%	2%	2%
BCBS		0%	-9%	4%
Celtic		8%	5%	19%
CHRISTUS		-1%	-11%	9%
Cigna		12%	7%	16%
Community First		9%	-7%	19%
Community Health		7%	0%	21%
Imperial		3%	-1%	6%
Moda		9%	3%	12%
<b>Molina</b>	<b>2%</b>	<b>8%</b>	<b>5%</b>	<b>14%</b>
Imperial		3%	-1%	6%
Oscar		3%	-5%	10%
Scott		1%	-6%	5%
UnitedHealthcare		5%	2%	9%
<b>Total</b>		<b>6%</b>		

*2024 Rate Changes from [raterreview.healthcare.gov](https://www.raterreview.healthcare.gov) – last accessed August 8, 2023  
State Avg calculated based on simple average of all carriers*

## Marketplace 2024 Pricing – UT Individual Market

*Molina rate increase is lower than statewide average*

Utah 2024 Rate Changes				
Issuer	+/- Avg	Rate Change	Min	Max
<u>BridgeSpan</u>		7%	6%	9%
Cigna		0%	-2%	4%
Molina	<b>-11%</b>	-6%	-7%	-4%
Regence		9%	5%	16%
SelectHealth		12%	-16%	29%
University		10%	-5%	22%
<b>Total</b>		<b>5%</b>		

*2024 Rate Changes from [ratereview.healthcare.gov](https://www.ratereview.healthcare.gov) – last accessed August 8, 2023  
State Avg calculated based on simple average of all carriers*

## Marketplace 2024 Pricing – WA Individual Market

*Molina rate increase is lower than statewide average*

Washington 2024 Rate Changes				
Issuer	+/- Avg	Rate Change	Min	Max
<u>Asuris</u>		-3%	-6%	-2%
<u>BridgeSpan</u>		14%	14%	15%
Community		3%	2%	3%
Coordinated Care		5%	0%	9%
Kaiser		18%	13%	21%
Kaiser		7%	4%	8%
LifeWise		8%	7%	9%
<b>Molina</b>	<b>-1%</b>	<b>6%</b>	<b>2%</b>	<b>11%</b>
PacificSource		9%	7%	10%
<u>Premera</u>		17%	15%	19%
Providence		5%	4%	5%
Regence OR		6%	3%	8%
Regence		4%	1%	5%
UnitedHealthcare		0%	-1%	0%
<b>Total</b>		<b>7%</b>		

2024 Rate Changes from [ratereview.healthcare.gov](https://www.ratereview.healthcare.gov) – last accessed August 8, 2023  
State Avg calculated based on simple average of all carriers

## Marketplace 2024 Pricing – WI Individual Market

*Molina rate increase is lower than statewide average*

Wisconsin 2024 Rate Changes				
Issuer	+/- Avg	Rate Change	Min	Max
Aspirus		6%	-16%	11%
Chorus		12%	10%	13%
Common Ground		7%	-2%	12%
CompCare		3%	-3%	12%
Dean		8%	-7%	14%
Group Health		16%	-2%	30%
HealthPartners		5%	2%	8%
Medica		4%	-5%	12%
MercyCare		9%	1%	14%
Molina	<b>-3%</b>	4%	-2%	5%
Network Health Plan		1%	-7%	7%
Quartz		5%	-9%	23%
Security		3%	-10%	12%
Wisconsin Physicians		14%	14%	14%
<b>Total</b>		<b>7%</b>		

2024 Rate Changes from [raterreview.healthcare.gov](https://www.raterreview.healthcare.gov) – last accessed August 8, 2023

State Avg calculated based on simple average of all carriers



# Operational Update

Jim Wadleigh





# Marketplace Network Overview

Melissa Powell







# Broker Service Unit Update

Molly Unkelbach



# Marketplace Broker Services Unit

The Molina Healthcare Marketplace Broker Services Unit (BSU) is an operations team entirely dedicated to the support of our sales agencies and brokers. We focus on ensuring you have access to the tools and resources needed to ensure you are selling Molina products compliantly and successfully.

Molly Unkelbach – Director, Broker Services

Kristen Bassingthwaite – Manager, Broker Services

Maria Parrish – Supervisor, Broker Services

# How Does BSU Support You?

General Inquiries  
855-885-3179, option 1  
MPBrokerSupport@MolinaHealthcare.com

Focused on general inquiries and system access issues

- Broker portal login support
- Plan benefit inquiries
- Provider network status
- Molina Marketplace website assistance
- Agency/Broker demographic changes

CARE Team  
855-885-3179, option 2  
MPBrokerCareTeam@MolinaHealthcare.com

Focused on resolving member issues that are escalated to us via the broker. Please note, we are not a replacement for Member Services, however we understand that brokers have a unique relationship with their members

- Research and support resolution of escalated member issues, commonly referred to as "Access to Care"
  - Premium billing issues and grace period status
  - Claims
  - Enrollment or termination status
  - PCP changes
  - ID card requests
  - Member benefit inquiries

Hours of Operation: Monday through Friday, 6 am to 6 pm MST

# How Does BSU Support You?

## Commissions

855-885-3179, option 3

[MPBrokerCommissionInquiry@MolinaHealthcare.com](mailto:MPBrokerCommissionInquiry@MolinaHealthcare.com)

Focused on assisting our partners with understanding and reconciliation of their commissions statements

- Agency commissions statements
- Agent book of business reconciliation
- Agent of Record (AOR) reconciliation
- AOR change requests
  - Send to: [MPAORRequest@MolinaHealthcare.com](mailto:MPAORRequest@MolinaHealthcare.com)

## Contracting

855-885-3179, option 4

[MPBrokerContracting@MolinaHealthcare.com](mailto:MPBrokerContracting@MolinaHealthcare.com)

Focused on contractual needs of our partners

- Onboarding
  - Validation of license status
  - Validation of certification status
  - Oversight of appointments
- Agent/agency terminations
- Agent transfers/releases

Hours of Operation: Monday through Friday, 6 am to 6 pm MST

## What has BSU been working on?

- New broker platform, EvolveNXT
  - Our new platform officially launched 8/15 and provides improved onboarding, a user-friendly broker portal, the ability to request ID cards and PCP changes via the portal, and much, much more
- Transitioned to a new tool for call tracking
  - This allows us to better document our phone interactions to identify trends, which will allow us to pinpoint processes that need improvements or areas our partners need additional training
- Team restructure to ensure you are receiving timely and accurate support, but we aren't done!



# East and West Team Updates

Fabian Guardarrama & Amy DeMarco





## **Eastern Region (FL, IL, KY, MI, MS, OH, SC, WI)**

**Fabian Guardarrama - Director of Sales**

[Fabian.Guardarrama@MolinaHealthcare.com](mailto:Fabian.Guardarrama@MolinaHealthcare.com)

(305) 807-2172



## **Western Region (CA, ID, NM, TX, UT, WA)**

**Amy DeMarco - Director of Sales**

[Amy.DeMarco@MolinaHealthcare.com](mailto:Amy.DeMarco@MolinaHealthcare.com)

(657) 243-7461





## Spanish - All States

**Aldo Loayza** - Marketplace Sales Manager

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(385) 522-3865



## Florida & Mississippi

**Lindsay Scruggs** - Marketplace Sales Manager

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(305) 587-6449



## South Florida & South Carolina

**Tina Moseley Martinez** - Marketplace Sales Manager

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## **Kentucky, Michigan & Ohio**

**Kahassai Tafese - Marketplace Sales Manager**

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## **Illinois & Wisconsin**

**Kristen Nickel - Marketplace Sales Manager**

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## **New Mexico & North Texas**

**Gene Wedgeworth - Marketplace Sales Manager**

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(972) 210-9437



## **South Texas & Nevada**

**Gabriel Arguello - Marketplace Sales Manager**

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(210) 517-4814

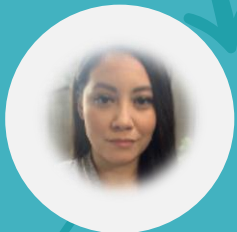


## **Washington**

**Casey Meehan - Marketplace Sales Manager**

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(360) 764-6816



## California

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THANK YOU!

