

Congratulations - You're Enrolled in Health Plan!


RAUL GARCIA VALDIVIA

[Print](#)Zip Code: **33135**Effective Date: **January 1, 2019**

December 11, 2018

Based on the information you provided, you qualified for an Premium Subsidy (APTC) in the amount of \$607.00. You qualified for 73% cost-sharing reduction for silver plans.

Name	Date Of Birth	Age	Gender	Tobacco	Subsidy Eligible
RAUL GARCIA VALDIVIA	1964-06-27	54	Male	no	\$607.00

Carrier	 Molina Healthcare of Florida, Inc
Type of Coverage	Individual
Plan Type	HMO
Plan Level	Expanded Bronze
Plan Name	Molina Marketplace Bronze
Monthly Cost without Subsidy	\$637.22
Monthly Subsidy	\$607.00
Your Cost	\$30.22
Additional Information	1-888-560-5716 Find a Provider Plan Brochure Benefits Brochure List of Covered Drugs
Deductible	\$6,400/\$12,800
PCP Office Visit	\$35
Specialist	\$80 AD
Emergency Room Visit	40% AD
Routine Eye Exam for Children	No Charge
X-Rays and Diagnostic Imaging	\$80 AD
Outpatient Surgery	40% AD
Urgent Care Visit	\$75
Inpatient Hospital	40% AD
Prescription Drugs	\$20/40% AD/50% AD/50% AD
In-Network MOOP	\$7,900/\$15,800

AD - After Deductible

MOOP - Maximum Out of Pocket

This summary has been prepared for the convenience of the insured and is not an exact and binding analysis of the coverage. Even though care has been taken in the preparation of this summary, in the event of a discrepancy, the carrier policy and rates will prevail as the sole and binding document. Smoker rates if applicable, are illustrated at the maximum and actual rates may be lower than shown. The Estimated Monthly Premiums with Subsidy assumes that all children listed are enrolling on the health plans and are not enrolled in any other government assisted health program such as Medicare, Medicaid, Tricare or CHIP. *The Estimated Monthly Premiums with Subsidy with an asterisk would only apply if neither the employee nor the spouse have access to affordable and adequate healthcare through their employer.

Consent for Assistance

This information is being provided to me as I am interested in purchasing an individual health insurance plan on the Marketplace. Based upon my income and plan choice I may qualify for an Advance Premium Tax Credit (APTC) to assist with the premium for the plan I choose. I may also qualify for cost-sharing assistance (CSA) which may reduce some of my out-of-pocket costs associated with the plan such as deductibles and copays.

I understand that I am purchasing this plan with the assistance of a licensed agent. The information provided to me is not intended to be legal or tax advice and for advice specific to this situation, I understand I should consult with an attorney or tax professional. I have opted to apply for assistance either in person, electronically or over the phone. I understand by engaging in this transaction I am providing consent for assistance and this consent remains indefinitely unless I choose to revoke such consent in the future either in writing or verbally to my agent listed below.

Please make sure to make your payments on time or your coverage will be terminated and you will not be able to

get new coverage until next years' Open Enrollment. Call your plan's customer service number with your payment transaction number FL00071543734.

If you have questions or need help throughout the year, please feel free to contact me:

Amed Garces
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407-617-5783