Ambetter Balanced Care Comparison Standard Plans

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In-network Benefits	Balanced Care 3 (2019)	Balanced Care 5 (2019)	Balanced Care 11 (2019)
Annual Well Visit/Screening/Immunization/Well Baby	**No charge**	**No charge**	**No charge**
Pediatric Vision-Routine Eye Exam (1 visit per year)	**No charge**	**No charge**	**No charge**
Pediatric Vision-Eyeglasses (frames, 1 per year)	**No charge**	**No charge**	**No charge**
Pediatric Vision-Lenses (per pair)	**No charge**	**No charge**	**No charge**
My Health Pays™ Rewards Program	**No charge**	**No charge**	**No charge**
Medical Deductible (Ind/Fam)	$3,000/$6,000	$7,350/$14,700	$6,000/$12,000
Prescription Drug Deductible (Ind/Fam)	Integrated with medical ded.	Integrated with medical ded.	Integrated with medical ded.
Out-of-pocket Maximum (Ind/Fam)	$6,750/$13,500	$7,350/$14,700	$7,900/$15,800
PCP Office Visit	$30	$40	$30
Specialist Office Visit	$60	$80	$60
Imaging (CT/PET Scans, MRIs)	30% after ded.	No charge after ded.	40% after ded.
X-rays & Diagnostic Imaging	30% after ded.	No charge after ded.	$30 for laboratory outpatient & professional services; 40% after ded. for x-ray & diagnostic imaging
Urgent Care	$100	$100	$100
Emergency Room*	$600 with ded.	No charge after ded.	40% after ded.
Emergency Transportation*	30% after ded.	No charge after ded.	40% after ded.
Inpatient Facility Fee	$750 per day with ded.	No charge after ded.	40% after ded.
Inpatient Hospital Physician & Surgical Services	$250 per stay	No charge after ded.	40% after ded.
Outpatient Facility Fee	30% after ded.	No charge after ded.	40% after ded.
Outpatient Surgery Physician/Surgical Services	30% after ded.	No charge after ded.	40% after ded.
Labs & Diagnostics	30% after ded.	No charge after ded.	$30
Mental/Behavioral Health & Substance Use Disorder Outpatient Services	$30 for office visits; 30% after ded. for all other outpatient services	$40 for office visits; No charge after ded. for all other outpatient services	$30 for office visits; 40% after ded. for all other outpatient services
Rehabilitation Outpatient Services (Includes Speech, Occupational, Physical Therapy)	30% after ded.	No charge after ded.	40% after ded.
Pharmacy** (Generic / Preferred / Non-preferred / Specialty)	$25 / $50 / 30% after ded. / 30% after ded.	$20 / $60 / No charge after ded. / No charge after ded.	$20 / $50 / 40% after ded. / 40% after ded.

*Eligible Out-of-network expenses are covered at the In-network level. You may be responsible for the difference between the amount billed and the amount we cover.

**Prescription Drugs available by mail order with a 90 day supply.

Our plans do not cover all health care expenses. Covered benefits will vary by state and are for in-network providers only. For comprehensive benefit detail, members should review their Major Medical Expense Policy and Schedule of Benefits prior to receiving services. Exclusions and limitations may apply.
Ambetter of Tennessee is a Qualified Health Plan issuer in the Tennessee Health Insurance Marketplace and does not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation, or health status in the administration of the plan, including enrollment and benefit determinations.

AmbetterofTennessee.com • 1-833-709-4735 (Relay 711)

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Health Insurance Marketplace

ambetter of Tennessee

Spanish:	Si usted, o alguien a quien está ayudando, tiene preguntas acerca de Ambetter of Tennessee, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-833-709-4735 (Relay 711).
Arabic:	إذا كان لديك أو لدى شخص تساعده أسئلة حول Ambetter of Tennessee، لديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم اتصل بـ 1-833-709-4735 (Relay 711).
Chinese:	如果您，或是您正在協助的對象，有關於Ambetter of Tennessee,方面的問題，您有權利免費以您的母語得到幫助和訊息。如果要與一位翻譯員講話，請撥電話1-833-709-4735 (Relay 711).
Vietnamese:	Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Ambetter of Tennessee, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 1-833-709-4735 (Relay 711).
Korean:	만약 귀하 또는 귀하가 돕고 있는 어떤 사람이Ambetter of Tennessee,에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는[1-833-709-4735 (Relay 711).로 전화하십시오.
French:	Si vous-même ou une personne que vous aidez avez des questions à propos Ambetter of Tennessee, vous avez le droit de bénéficier gratuitement d'aide et d'informations dans votre langue. Pour parler à un interprète, appelez le 1-833-709-4735 (Relay 711).
Laotian:	ຖ້າ ທ່ານ ຫຼື ຄົນ ທ່ານ ກຳ ລັງ ຊ່ວຍ ເຫຼືອ ມີ ຄຳ ຖາມ ກ່ຽວ ກັບ Ambetter of Tennessee, ທ່ານ ມີ ສິດ ທີ່ ຈະ ໄ ດ້ ຮັບ ການ ຊ່ວຍ ເຫຼືອ ແລະ ຂໍ້ ມູນ ຂ່າວ ສານ ເປັນ ພາ ສາ ຂອງ ທ່ານ ໂດຍ ບໍ່ ເສຍ ຄ່າ ໃ ຊ້ ຈ່າຍ. ເພື່ອ ຈະ ເວົ້າ ກັບ ນາຍ ພາ ສາ, ໃ ຫ້ ໂ ທ ຫາ 1-833-709-4735 (Relay 711).
Amharic:	እርስዎ ወይም እርሰዎ የሚረዱት ሰው ስለ Ambetter of Tennessee, ማብር ጥያቄ ካለዎት ያለምንም ወጪ በቋንቋዎ ድጋፍ እንዲሁም መረጃ የማግኘት መብት አለዎት፡፡ ፡ አስተርጓሚ ለማነጋገር በ 1-833-709-4735 (Relay 711). ይደውሉ፡፡ ፡
German:	Falls Sie oder jemand, dem Sie helfen, Fragen zu Ambetter of Tennessee, hat, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 1-833-709-4735 (Relay 711).an.
Gujarati:	જે તમને અથવા તમે જેમની મદદ કરી રહ્યા હોય તેમને, Ambetter of Tennessee, વિશે કોઈ પ્રશ્ન હોય તો તમને, કોઈ ખર્ચ વિના તમારી ભાષામાં મદદ અને માહિતી પ્રાપ્ત કરવાનો અધિકાર છે. દુભાષિયા સાથે વાત કરવા માટે 1-833-709-4735 (Relay 711). ઉપર કૉલ કરો.
Japanese:	Ambetter of Tennessee, について何かご質問がございましたらご連絡ください。ご希望の言語によるサポートや情報を無料でご提供いたします。通訳が必要な場合は、1-833-709-4735 (Relay 711) までお電話ください。
Tagalog:	Kung ikaw, o ang iyong tinutulangan, ay may mga katanungan tungkol sa Ambetter of Tennessee, may karapatan ka na makakuha nang tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa 1-833-709-4735 (Relay 711).
Hindi:	आप या जिसकी आप मदद कर रहे हैं उनके, Ambetter of Tennessee, के बारे में कोई सवाल हों, तो आपको बिना किसी खर्च के अपनी भाषा में मदद और जानकारी प्राप्त करने का अधिकार है। किसी दुभाषिये से बात करने के लिए 1-833-709-4735 (Relay 711) पर कॉल करें।
Russian:	В случае возникновения у вас или у лица, которому вы помогаете, каких-либо вопросов о программе страхования Ambetter of Tennessee, вы имеете право получить бесплатную помощь и информацию на своем родном языке. Чтобы поговорить с переводчиком, позвоните по телефону 1-833-709-4735 (Relay 711).
Persian:	اگر شما، یا کسي که به او کمک مي کنيد سؤالي در مورد Ambetter of Tennessee، داريد، از اين حق برخورداريد که کمک و اطلاعات را بصورت رايگان به زبان خود دريافت کنيد. براي صحبت کردن با مترجم با شماره 1-833-709-4735 (Relay 711) تماس بگيريد.

Statement of Non-Discrimination

Ambetter of Tennessee complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Ambetter of Tennessee does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Ambetter of Tennessee:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact Ambetter of Tennessee at 1-833-709-4735 (Relay 711).

If you believe that Ambetter of Tennessee has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Ambetter of Tennessee, ATTN: Ambetter Grievances and Appeals Department, 12515-8 Research Blvd, Building II, Austin, TX 78759, 1-833-709-4735 (Relay 711), Fax: 1-833-886-7956. You can file a grievance by mail or fax. If you need help filing a grievance, Ambetter of Tennessee is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD).

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.