Ambetter Balanced Care Comparison 94 Plans

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In-network Benefits	Balanced Care 1 (2017)	Balanced Care 2 (2017)	Balanced Care 3 (2017)	Balanced Care 4 (2017)	Balanced Care 10 (2017)
Annual Well Visit/Screening/Immunization/Well Baby	**No charge**	**No charge**	**No charge**	**No charge**	**No charge**
Pediatric Vision-Routine Eye Exam (1 visit per year)	**No charge**	**No charge**	**No charge**	**No charge**	**No charge**
Pediatric Vision-Eyeglasses (frames, 1 per year)	**No charge**	**No charge**	**No charge**	**No charge**	**No charge**
Pediatric Vision-Lenses (per pair)	**No charge**	**No charge**	**No charge**	**No charge**	**No charge**
My Health Pays™ Rewards Program	**No charge**	**No charge**	**No charge**	**No charge**	**No charge**
Medical Deductible (Ind/Fam)	$0/$0	$575/$1,150	$0/$0	$600/$1,200	$250/$500
Prescription Drug Deductible (Ind/Fam)	Integrated with medical ded.	Integrated with medical ded.	Integrated with medical ded.	Integrated with medical ded.	Integrated with medical ded.
Out-of-pocket Maximum (Ind/Fam)	$700/$1,400	$575/$1,150	$425/$850	$600/$1,200	$550/$1,100
PCP Office Visit	$1	$1	No charge	No charge	$1
Specialist Office Visit	$10	$5	$5	$5	$5
Imaging (CT/PET Scans, MRIs)	20% after ded.	No charge after ded.	30% after ded.	No charge after ded.	20% after ded.
X-rays & Diagnostic Imaging	20% after ded.	No charge after ded.	30% after ded.	No charge after ded.	20% after ded.
Urgent Care	$50	$50	$50	$50	$50
Emergency Room*	20% after ded.	No charge after ded.	$25 before ded.	No charge after ded.	20% after ded.
Emergency Transportation*	20% after ded.	No charge after ded.	30% after ded.	No charge after ded.	20% after ded.
Inpatient Facility Fee	20% after ded.	No charge after ded.	$50 per day before ded.	No charge after ded.	20% after ded.
Inpatient Hospital Physician & Surgical Services	20% after ded.	No charge after ded.	30% after ded.	No charge after ded.	20% after ded.
Outpatient Facility Fee	20% after ded.	No charge after ded.	30% after ded.	No charge after ded.	20% after ded.
Outpatient Surgery Physician/Surgical Services	20% after ded.	No charge after ded.	30% after ded.	No charge after ded.	20% after ded.
Labs & Diagnostics	20% after ded.	No charge after ded.	30% after ded.	No charge after ded.	20% after ded.
Mental/Behavioral Health & Substance Use Disorder Outpatient Services	$1	$1	No charge	No charge	$1
Rehabilitation Outpatient Services (Includes Speech, Occupational, Physical Therapy)	20% after ded.	No charge after ded.	30% after ded.	No charge after ded.	20% after ded.
Skilled Nursing Facility	20% after ded.	No charge after ded.	30% after ded.	No charge after ded.	20% after ded.
Pharmacy** (Generic / Preferred / Non-preferred / Specialty)	$1 / $25 / 20% after ded. / 20% after ded.	$1 / $25 / No charge after ded. / No charge after ded.	No charge / $25 / 30% after ded. / 30% after ded.	No charge / $25 / No charge after ded. / No charge after ded.	$1 / $25 / 20% after ded. / 20% after ded.

*Eligible Out-of-network expenses are covered at the In-network level.

**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 Evidence of Coverage and Schedule of Benefits prior to receiving services. Exclusions and limitations may apply.
Ambetter from Coordinated Care is a Qualified Health Plan issuer in the Washington Health Benefit Exchange 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.

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Spanish:	Si usted, o alguien a quien está ayudando, tiene preguntas acerca de Ambetter de Coordinated Care, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-877-687-1197 (TTY/TDD 1-877-941-9238).
Chinese:	如果您，或是您正在協助的對象，有關於 Ambetter from Coordinated Care 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 1-877-687-1197 (TTY/TDD 1-877-941-9238)。
Vietnamese:	Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Ambetter from Coordinated Care, 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 1-877-687-1197 (TTY/TDD 1-877-941-9238).
Korean:	만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Ambetter from Coordinated Care 에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 1-877-687-1197 (TTY/TDD 1-877-941-9238)로 전화하십시오.
Russian:	В случае возникновения у вас или у лица, которому вы помогаете, каких-либо вопросов о программе страхования Ambetter from Coordinated Care вы имеете право получить бесплатную помощь и информацию на своем родном языке. Чтобы поговорить с переводчиком, позвоните по телефону 1-877-687-1197 (TTY/TDD 1-877-941-9238).
Tagalog:	Kung ikaw, o ang iyong tinutulangan, ay may mga katanungan tungkol sa Ambetter from Coordinated Care, may karapatan ka na makakuha nang tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa 1-877-687-1197 (TTY/TDD 1-877-941-9238).
Ukrainian:	В разі виникнення у вас або особи, якій ви допомагаєте, будь-яких запитань щодо програми страхування Ambetter from Coordinated Care ви маєте право отримати безкоштовну допомогу та інформацію на своїй рідній мові. Щоб поговорити з перекладачем, зателефонуйте за номером 1-877-687-1197 (TTY/TDD 1-877-941-9238).
Mon-Khmer, Cambodian:	ប្រសិនលោកអ្នកឬ ឧរណាម្នាក់ដែលអ្នកកំពុងតែជួយមានបញ្ហាអំពី Ambetter from Coordinated Care អ្នកមានសិទ្ធិទទួលបានជំនួយនិងព័ត៌មានជាភាសាលោកអ្នកអាយឥតគិតថ្លៃ។ សូមនិយាយទៅកាន់អ្នកបកប្រែតាមលេខ 1-877-687-1197 (TTY/TDD 1-877-941-9238)
Japanese:	Ambetter from Coordinated Care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、1-877-687-1197 (TTY/TDD 1-877-941-9238) までお電話ください。
Amharic:	እርስዎ ወይም እርሰዎ የሚረዱት ሰው ስለ Ambetter from Coordinated Care ግብር ጥያቄ ካለዎት ያለምንም ወጪ በቋንቋዎ ድጋፍ እንዲሁም መረጃ የማግኘት መብት አለዎት፡፡ ፡ አስተርጓሚ ለማነጋገር በ 1-877-687-1197 (TTY/TDD 1-877-941-9238) ይደውሉ፡፡ ፡
Cushite:	Yoo sii ykn namaa gargaaraa jirtuu wa'ee Ambetter from Coordinated Care (Kuunsaa Qindeeffamaa) irra gaaffi qabaatan ta'ee gargaarsaa fi odeeffanoo afaan ketiin kaffaltii alla argachuuf mirgaa qabdaa. Turjumaana wajiin dubadhuu,1-877-687-1197 irra bilbilli (TTY/TDD 1-877-941-9238).
Arabic:	إذا كان لديك أو لدى شخص تساعده أسئلة حول Ambetter from Coordinated Care، لديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم اتصل بـ 1-877-687-1197 (TTY/TDD 1-877-941-9238).
Punjabi:	ਜੇ ਤੁਹਾਡੇ, ਜਾਂ ਤੁਹਾਡੀ ਮਦਦ ਲੈ ਰਹੇ ਕਿਸੇ ਵਿਅਕਤੀ ਦੇ ਮਨ ਵਿਚ Ambetter from Coordinated Care ਦੇ ਬਾਰੇ ਕੋਈ ਸਵਾਲ ਹਨ. ਤਾਂ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿਚ ਮੁਫਤ ਮਦਦ ਲੈਣ ਦਾ ਪੂਰਾ ਹੱਕ ਹੈ। ਦੁਭਾਸ਼ੀਏ ਨਾਲ ਗੱਲ ਕਰਨ ਲਈ 1-877-687-1197 (TTY/TDD 1-877-941-9238)'ਤੇ ਕਾਲ ਕਰੋ।
German:	Falls Sie oder jemand, dem Sie helfen, Fragen zu Ambetter from Coordinated Care 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 1-877-687-1197 (TTY/TDD 1-877-941-9238) an.
Laotian:	ຖ້າທ່ານ ຫຼືຄົນທີ່ທ່ານກໍາລັງຊ່ວຍເຫຼືອ ມີຄໍາຖາມກ່ຽວກັບ Ambetter from Coordinated Care, ທ່ານມີສິດທີ່ຈະໄດ້ຮັບການຊ່ວຍເຫຼືອແລະຂໍ້ມູນຂ່າວສານທີ່ເປັນພາສາຂອງທ່ານ ໂດຍບໍ່ມີຄ່າໃຊ້ຈ່າຍ. ເພື່ອຈະເວົ້າກັບນາຍພາສາ ໃຫ້ໂທຫາ 1-877-687-1197 (TTY/TDD 1-877-941-9238).

Statement of Non-Discrimination

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

Ambetter from Coordinated Care:

- 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 from Coordinated Care at 1-877-687-1197 (TTY/TDD 1-877-941-9238).

If you believe that Ambetter from Coordinated Care 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: Grievances Coordinator Coordinated Care, 1145 Broadway, Suite 300, Tacoma, WA 98402, 1-877-687-1197 (TTY/TDD 1-877-941-9238), Fax 1-855-218-0588. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Ambetter from Coordinated Care 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*.

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