

2018 Ambetter Portfolio Comparison

Plan Name	Medical Deductible (Ind/Fam)	Prescription Drug Deductible (Ind/Fam)	Out-of-pocket Maximum (Ind/Fam)	Annual Well Visit/ Preventive Care	PCP Office Visit	Specialist Office Visit	Imaging (CT/PET Scans, MRIs)	X-rays & Diagnostic Imaging	Urgent Care	Emergency Room*	Emergency Transportation*	Inpatient Facility Fee	Inpatient Hospital Physician & Surgical Services
Secure Care 1 (2018) with 3 Free PCP Visits - Standard	\$1,000/\$2,000	\$500/\$1,000	\$6,350/\$12,700	No charge	20% after ded.	20% after ded.	20% after ded.	20% after ded.	20% after ded.	\$250 after ded.	20% after ded.	20% after ded.	20% after ded.
Balanced Care 1 (2018) - Standard	\$5,500/\$11,000	Integrated with medical ded.	\$6,500/\$13,000	No charge	\$30	\$60	20% after ded.	20% after ded.	\$100	20% after ded.	20% after ded.	20% after ded.	20% after ded.
Balanced Care 1 (2018) - 73% AV	\$3,500/\$7,000	Integrated with medical ded.	\$5,450/\$10,900	No charge	\$25	\$60	20% after ded.	20% after ded.	\$75	20% after ded.	20% after ded.	20% after ded.	20% after ded.
Balanced Care 1 (2018) - 87% AV	\$750/\$1,500	Integrated with medical ded.	\$2,450/\$4,900	No charge	No charge	\$10	20% after ded.	20% after ded.	\$10	20% after ded.	20% after ded.	20% after ded.	20% after ded.
Balanced Care 1 (2018) - 94% AV	\$0/\$0	Integrated with medical ded.	\$950/\$1,900	No charge	No charge	\$10	20%	20%	\$10	20%	20%	20%	20%
Balanced Care 2 (2018) - Standard	\$6,500/\$13,000	Integrated with medical ded.	\$6,500/\$13,000	No charge	\$30	\$60	No charge after ded.	No charge after ded.	\$100	No charge after ded.	No charge after ded.	No charge after ded.	No charge after ded.
Balanced Care 2 (2018) - 73% AV	\$5,000/\$10,000	Integrated with medical ded.	\$5,000/\$10,000	No charge	\$25	\$50	No charge after ded.	No charge after ded.	\$75	No charge after ded.	No charge after ded.	No charge after ded.	No charge after ded.
Balanced Care 2 (2018) - 87% AV	\$1,750/\$3,500	Integrated with medical ded.	\$1,750/\$3,500	No charge	\$1	\$5	No charge after ded.	No charge after ded.	\$10	No charge after ded.	No charge after ded.	No charge after ded.	No charge after ded.
Balanced Care 2 (2018) - 94% AV	\$575/\$1,150	Integrated with medical ded.	\$575/\$1,150	No charge	\$1	\$5	No charge after ded.	No charge after ded.	\$10	No charge after ded.	No charge after ded.	No charge after ded.	No charge after ded.
Balanced Care 3 (2018) - Standard	\$3,000/\$6,000	Integrated with medical ded.	\$6,500/\$13,000	No charge	\$30	\$60	30% after ded.	30% after ded.	\$100	\$600 before ded.	30% after ded.	\$750 per day before ded.	30% after ded.
Balanced Care 3 (2018) - 73% AV	\$1,950/\$3,900	Integrated with medical ded.	\$5,850/\$11,700	No charge	\$25	\$50	30% after ded.	30% after ded.	\$75	\$600 before ded.	30% after ded.	\$750 per day before ded.	30% after ded.
Balanced Care 3 (2018) - 87% AV	\$675/\$1,350	Integrated with medical ded.	\$2,450/\$4,900	No charge	No charge	\$5	30% after ded.	30% after ded.	\$10	\$100 before ded.	30% after ded.	\$200 per day before ded.	30% after ded.
Balanced Care 3 (2018) - 94% AV	\$200/\$400	Integrated with medical ded.	\$600/\$1,200	No charge	No charge	\$5	30% after ded.	30% after ded.	\$10	\$100 before ded.	30% after ded.	\$150 per day before ded.	30% after ded.
Balanced Care 4 (2018) - Standard	\$7,050/\$14,100	Integrated with medical ded.	\$7,050/\$14,100	No charge	\$30	\$60	No charge after ded.	No charge after ded.	\$100	No charge after ded.	No charge after ded.	No charge after ded.	No charge after ded.
Balanced Care 4 (2018) - 73% AV	\$5,250/\$10,500	Integrated with medical ded.	\$5,250/\$10,500	No charge	\$15	\$40	No charge after ded.	No charge after ded.	\$75	No charge after ded.	No charge after ded.	No charge after ded.	No charge after ded.
Balanced Care 4 (2018) - 87% AV	\$1,850/\$3,700	Integrated with medical ded.	\$1,850/\$3,700	No charge	No charge	\$5	No charge after ded.	No charge after ded.	\$10	No charge after ded.	No charge after ded.	No charge after ded.	No charge after ded.
Balanced Care 4 (2018) - 94% AV	\$600/\$1,200	Integrated with medical ded.	\$600/\$1,200	No charge	No charge	\$5	No charge after ded.	No charge after ded.	\$10	No charge after ded.	No charge after ded.	No charge after ded.	No charge after ded.
Balanced Care 10 (2018) - Standard	\$5,000/\$10,000	Integrated with medical ded.	\$6,700/\$13,400	No charge	\$20	\$40	20% after ded.	20% after ded.	\$100	20% after ded.	20% after ded.	20% after ded.	20% after ded.
Balanced Care 10 (2018) - 73% AV	\$4,500/\$9,000	Integrated with medical ded.	\$5,850/\$11,700	No charge	\$10	\$30	20% after ded.	20% after ded.	\$75	20% after ded.	20% after ded.	20% after ded.	20% after ded.
Balanced Care 10 (2018) - 87% AV	\$850/\$1,700	Integrated with medical ded.	\$2,250/\$4,500	No charge	No charge	\$5	20% after ded.	20% after ded.	\$10	20% after ded.	20% after ded.	20% after ded.	20% after ded.
Balanced Care 10 (2018) - 94% AV	\$250/\$500	Integrated with medical ded.	\$595/\$1,190	No charge	No charge	\$5	20% after ded.	20% after ded.	\$10	20% after ded.	20% after ded.	20% after ded.	20% after ded.

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



2018 Ambetter Portfolio Comparison *(continued)*

Plan Name	Outpatient Facility Fee	Outpatient Surgery Physician/Surgical Services	Labs & Diagnostics	Mental/Behavioral Health & Substance Use Disorder Outpatient Office Visit Only	Rehabilitation Outpatient Services (Includes Speech, Occupational, Physical Therapy)	Pediatric Vision-Routine Eye Exam (1 visit per year)	Pediatric Vision-Eyeglasses (frames, 1 per year)	Pediatric Vision-Lenses (per pair)	Pharmacy* (Generic / Preferred / Non-preferred / Specialty)
Secure Care 1 (2018) with 3 Free PCP Visits - Standard	20% after ded.	20% after ded.	20% after ded.	20% after ded.	20% after ded.	100% Covered	100% Covered	100% Covered	\$10 / \$25 after Rx ded. / \$75 after Rx ded. / 30% after Rx ded.
Balanced Care 1 (2018) - Standard	20% after ded.	20% after ded.	20% after ded.	\$30	20% after ded.	100% Covered	100% Covered	100% Covered	\$10 / \$50 / 20% after Rx ded. / 20% after Rx ded.
Balanced Care 1 (2018) - 73% AV	20% after ded.	20% after ded.	20% after ded.	\$25	20% after ded.	100% Covered	100% Covered	100% Covered	\$10 / \$50 / 20% after Rx ded. / 20% after Rx ded.
Balanced Care 1 (2018) - 87% AV	20% after ded.	20% after ded.	20% after ded.	No charge	20% after ded.	100% Covered	100% Covered	100% Covered	No charge / \$25 / 20% after ded. / 20% after ded.
Balanced Care 1 (2018) - 94% AV	20%	20%	20%	No charge	20%	100% Covered	100% Covered	100% Covered	No charge / \$25 / 20% / 20%
Balanced Care 2 (2018) - Standard	No charge after ded.	No charge after ded.	No charge after ded.	\$30	No charge after ded.	100% Covered	100% Covered	100% Covered	\$15 / \$50 / No charge after ded. / No charge after ded.
Balanced Care 2 (2018) - 73% AV	No charge after ded.	No charge after ded.	No charge after ded.	\$25	No charge after ded.	100% Covered	100% Covered	100% Covered	\$15 / \$50 / No charge after ded. / No charge after ded.
Balanced Care 2 (2018) - 87% AV	No charge after ded.	No charge after ded.	No charge after ded.	\$1	No charge after ded.	100% Covered	100% Covered	100% Covered	\$1 / \$25 / No charge after ded. / No charge after ded.
Balanced Care 2 (2018) - 94% AV	No charge after ded.	No charge after ded.	No charge after ded.	\$1	No charge after ded.	100% Covered	100% Covered	100% Covered	\$1 / \$25 / No charge after ded. / No charge after ded.
Balanced Care 3 (2018) - Standard	30% after ded.	30% after ded.	30% after ded.	\$30	30% after ded.	100% Covered	100% Covered	100% Covered	\$25 / \$50 / 30% after ded. / 30% after ded.
Balanced Care 3 (2018) - 73% AV	30% after ded.	30% after ded.	30% after ded.	\$25	30% after ded.	100% Covered	100% Covered	100% Covered	\$25 / \$50 / 30% after ded. / 30% after ded.
Balanced Care 3 (2018) - 87% AV	30% after ded.	30% after ded.	30% after ded.	No charge	30% after ded.	100% Covered	100% Covered	100% Covered	No charge / \$25 / 30% after ded. / 30% after ded.
Balanced Care 3 (2018) - 94% AV	30% after ded.	30% after ded.	30% after ded.	No charge	30% after ded.	100% Covered	100% Covered	100% Covered	No charge / \$25 / 30% after ded. / 30% after ded.
Balanced Care 4 (2018) - Standard	No charge after ded.	No charge after ded.	No charge after ded.	\$30	No charge after ded.	100% Covered	100% Covered	100% Covered	\$15 / \$50 / No charge after ded. / No charge after ded.
Balanced Care 4 (2018) - 73% AV	No charge after ded.	No charge after ded.	No charge after ded.	\$15	No charge after ded.	100% Covered	100% Covered	100% Covered	\$15 / \$50 / No charge after ded. / No charge after ded.
Balanced Care 4 (2018) - 87% AV	No charge after ded.	No charge after ded.	No charge after ded.	No charge	No charge after ded.	100% Covered	100% Covered	100% Covered	No charge / \$25 / No charge after ded. / No charge after ded.
Balanced Care 4 (2018) - 94% AV	No charge after ded.	No charge after ded.	No charge after ded.	No charge	No charge after ded.	100% Covered	100% Covered	100% Covered	No charge / \$25 / No charge after ded. / No charge after ded.
Balanced Care 10 (2018) - Standard	20% after ded.	20% after ded.	20% after ded.	\$20	20% after ded.	100% Covered	100% Covered	100% Covered	\$10 / \$50 / 20% after ded. / 20% after ded.
Balanced Care 10 (2018) - 73% AV	20% after ded.	20% after ded.	20% after ded.	\$10	20% after ded.	100% Covered	100% Covered	100% Covered	\$5 / \$45 / 20% after ded. / 20% after ded.
Balanced Care 10 (2018) - 87% AV	20% after ded.	20% after ded.	20% after ded.	No charge	20% after ded.	100% Covered	100% Covered	100% Covered	No charge / \$25 / 20% after ded. / 20% after ded.
Balanced Care 10 (2018) - 94% AV	20% after ded.	20% after ded.	20% after ded.	No charge	20% after ded.	100% Covered	100% Covered	100% Covered	No charge / \$25 / 20% after ded. / 20% after ded.

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

Covered benefits 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.

IMPORTANT NOTE: The information shown in this brochure and in any accompanying literature is not intended to provide full details of Ambetter plans and may change at the discretion of Coordinated Care Corporation. Complete terms of coverage are outlined in the Schedule of Benefits and set forth in the applicable Member Contract. In applying for coverage, the primary insured agrees to be bound by the Member Contract. The benefits described in this brochure and any accompanying literature are the standard benefits offered by Ambetter from Coordinated Care. Policy provisions vary in some states.

Ambetter from Coordinated Care is a Qualified Health Plan issuer in the Washington 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.



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>.

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 tinutulongan, 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 tagasalín, 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:	ប្រសិនបើលោកអ្នកឬ មនុស្សម្នាក់ដែលអ្នកកំពុងជួយមានបញ្ហាអំពី Ambetter from Coordinated Care អ្នកមានសិទ្ធិទទួលបានជំនួយនិងព័ត៌មានជាភាសាដើមរបស់លោកអ្នកដោយឥតគិតថ្លៃ។ សូម ទំនាក់ទំនងអ្នកបកប្រែបន្តិចម្តង 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:	አርሰዎ ወይም አርሰዎ የሚርዱት 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 (Kuununsaa Qindeeffamaa) irra gaaffi qabaatan ta'ee gargaarsaa fi odeeffanoo afaan ketiin kaffaltii alla argachuuf mirgaa qabdaa. Turjumaana wajjin dubadhuu, 1-877-687-1197 irra bilbilli (TTY/TDD 1-877-941-9238).
Arabic:	إذا كان لديك أو لدى شخص تساعد 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। ਦੁਬਾਰਾ 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, ທ່ານມີສິດທີ່ຈະໄດ້ຮັບການຊ່ວຍເຫຼືອແລະຂໍ້ມູນ ຂ່າວສານທີ່ເປັນພາສາຂອງທ່ານ ໂດຍບໍ່ມີຄ່າໃຊ້ຈ່າຍ. ຕື່ອຈະເວົ້າກັບພາສາ ໃຫ້ໃຫ້ທ່ານ 1-877-687-1197 (TTY/TDD 1-877-941-9238).