



ambetter.



FROM **coordinated care**

Essential Care and Bronze Standard Plans

YOUR HEALTH. OUR PRIORITY.

Coordinated Care delivers quality healthcare solutions that help Washington residents live better. And with Ambetter, our Health Insurance Marketplace insurance plan, we offer a variety of affordable options that make it easier to stay healthy—and to stay covered.

At Coordinated Care, we believe that nothing is more important than your health. We also believe that you deserve to get the most out of your health insurance plan.

That's why we make sure our Ambetter plans fit your health needs and your budget. But our focus doesn't stop there. In fact, our commitment to your well-being extends far beyond the doctor's office and into your everyday

life. Coordinated Care is active in your local community—and we're dedicated to helping you live well.

Our Ambetter plans also offer a wide variety of valuable programs, educational tools and support. So, with Ambetter from Coordinated Care, it's easy to stay in charge of your health. And to lead a healthy, fulfilling life.



Comprehensive Medical Care
Complete medical care that covers all of your Essential Health Benefits.



My Health Pays™ Program
Earn reward dollars just by staying proactive about your health.



Integrated Care Management
Get well and stay well with preventive care and whole health services.



Prescription Coverage
Get coverage for your medical prescriptions.



24/7 Nurse Advice Line
Call and talk to a registered nurse 24 hours a day, 7 days a week to ask questions or get medical advice.



Gym Reimbursement Program
Ambetter's gym membership benefits program makes it easier to stay in shape and stay healthy.



Pediatric Vision Coverage
Pediatric coverage for services such as eye exams and prescription eyewear for children through age 19. Optional adult vision coverage also available for an additional charge.



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.

Enroll TODAY !

Call us today at 1-877-687-1197 (TDD/TTY: 1-877-941-9238) or visit us at Ambetter.CoordinatedCareHealth.com.

Essential Care & Bronze Standard Plans (bronze level)

	Essential Care	Bronze Plan
Medical Annual Deductible	Individual: \$6,500; Family: \$13,000	Individual: \$6,000; Family: \$12,000
Medical Coinsurance	100/0% coinsurance after annual deductible	60/40% coinsurance after annual deductible
Prescription Drug Annual Deductible	Rx Deductible integrated with Medical Deductible	Rx Deductible integrated with Medical Deductible
Prescription Drug Coinsurance	Rx Coinsurance integrated with Medical Coinsurance	70/30% coinsurance after annual deductible
Maximum Annual Out-of-Pocket	Individual: \$6,500; Family: \$13,000	Individual: \$6,350; Family: \$12,700

Emergency Services	Your Cost (In-Network Providers only)	Your Cost (In-Network Providers only)
Emergency Room Services	0% coinsurance after annual deductible*	40% coinsurance after annual deductible*
Emergency Transportation/Ambulance (Air or Ground)	0% coinsurance after annual deductible*	40% coinsurance after annual deductible*
Urgent Care	0% coinsurance after annual deductible	40% coinsurance after annual deductible

Provider Services		
Annual Well Visit/Screening/Immunization/Well Baby	No Charge	No Charge
Primary Care Visit to treat an injury or illness and Maternity	0% coinsurance after annual deductible	40% coinsurance after annual deductible
Specialist Visit (e.g. Cardiology, Podiatry, Chiropractic Care)	0% coinsurance after annual deductible	40% coinsurance after annual deductible
Imaging (CT/PET Scans, MRIs)	0% coinsurance after annual deductible	40% coinsurance after annual deductible
X-rays & Diagnostic Imaging	0% coinsurance after annual deductible	40% coinsurance after annual deductible

Inpatient & Outpatient Services		
All Inpatient Hospital Services (Includes Mental Health & Substance Abuse and Maternity)	0% coinsurance after annual deductible	40% coinsurance after annual deductible
Outpatient Facility Fee (e.g. Ambulatory Surgery Center)	0% coinsurance after annual deductible	40% coinsurance after annual deductible
Outpatient Surgery Physician/Surgical Services	0% coinsurance after annual deductible	40% coinsurance after annual deductible
Laboratory Outpatient & Professional Services	0% coinsurance after annual deductible	40% coinsurance after annual deductible

Other Medical Services		
Mental/Behavioral Health & Substance Abuse Disorder Outpatient Services	0% coinsurance after annual deductible	40% coinsurance after annual deductible
Rehabilitative Speech Therapy/Rehabilitative Occupational & Rehabilitative Physical Therapy	0% coinsurance after annual deductible	40% coinsurance after annual deductible
Skilled Nursing Facility	0% coinsurance after annual deductible	40% coinsurance after annual deductible

Pediatric Vision		
Routine Eye Exam (1 visit per year)	100% covered	100% covered
Eyeglasses (frames, 1 item per year)	100% covered	100% covered
Lenses (per pair)	100% covered	100% covered

Prescription Drugs		
Generics	\$20 copay**	\$25 copay**
Preferred Brand Drugs	0% coinsurance after annual deductible	\$50 copay after annual deductible
Non-preferred Brand Drugs	0% coinsurance after annual deductible	Not Applicable
Specialty Drugs	0% coinsurance after annual deductible	30% coinsurance after annual deductible, \$350 maximum per prescription

Optional Services	
Optional Adult Vision coverage also available.	

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

**If the cost of the generic drug is less than the copay, you pay the lesser amount.

Information shown represents a 60% Actuarial Value. This is only a summary of the major benefits provided by our plans. This is not a contract. Benefits may vary by state.

For help understanding the terms used above, see the *Words to Know* page on Ambetter.CoordinatedCareHealth.com.



Adult Vision Benefits *(Optional)*

(Ages 19 years of age and older)

	Your Cost (In-network Providers only)	Out-of-network
Routine Eye Exam (1 visit per year)	100% covered after \$20 copay	Not Covered
Eyeglass Frames or Contacts (in lieu of glasses)	Covered up to \$130 after \$20 copay	Not Covered
Lenses for Eyeglasses (per pair)	100% covered after \$20 copay	Not Covered



ADDITIONAL SERVICES

My Health Pays™ - Earn up to \$125:

Ambetter from Coordinated Care rewards your healthy choices through our My Health Pays incentive program. Earn up to \$125 on your My Health Pays card for:

- Completing your online Welcome Survey (\$50)
- Getting your Annual Wellness Exam (\$50)
- Getting your Annual Flu Vaccine (\$25)

Use your card to pay for out-of-pocket costs such as doctor copays, deductibles or monthly premium payments.

Gym Membership Benefits:

Ambetter's gym membership benefits program makes it easier to stay in shape and stay healthy. With Ambetter, you can:

- Earn \$20 on your My Health Pays card every month you visit the gym of your choice at least eight times.
- Get discounts on gym membership fees at approved locations. Just visit Ambetter.CoordinatedCareHealth.com to find an eligible gym in your area.

Enroll TODAY



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or visit us at Ambetter.CoordinatedCareHealth.com.**

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. This is a solicitation for insurance.