

# Ambetter Balanced Care Comparison Standard Plans

In-network Benefits	Balanced Care 3 (2019)	Balanced Care 11 (2019)
<b>Annual Well Visit/Screening/Immunization/Well Baby</b>	No charge	No charge
<b>Pediatric Vision-Routine Eye Exam</b> (1 visit per year)	No charge	No charge
<b>Pediatric Vision-Eyeglasses</b> (frames, 1 per year)	No charge	No charge
<b>Pediatric Vision-Lenses</b> (per pair)	No charge	No charge
<b>My Health Pays™ Rewards Program</b>	No charge	No charge
<b>Medical Deductible</b> (Ind/Fam)	\$2,750/\$5,500	\$6,000/\$12,000
<b>Prescription Drug Deductible</b> (Ind/Fam)	Integrated with medical ded.	Integrated with medical ded.
<b>Out-of-pocket Maximum</b> (Ind/Fam)	\$7,200/\$14,400	\$7,900/\$15,800
<b>PCP Office Visit</b>	\$30	\$30
<b>Specialist Office Visit</b>	\$60	\$60
<b>Imaging</b> (CT/PET Scans, MRIs)	30% after ded.	40% after ded.
<b>X-rays &amp; Diagnostic Imaging</b>	30% after ded.	\$30 for laboratory outpatient & professional services; 40% after ded. for x-ray & diagnostic imaging
<b>Urgent Care</b>	\$100	\$100
<b>Emergency Room*</b>	\$600 with ded.	40% after ded.
<b>Emergency Transportation*</b>	30% after ded.	40% after ded.
<b>Inpatient Facility Fee</b>	\$750 per day with ded.	40% after ded.
<b>Inpatient Hospital Physician &amp; Surgical Services</b>	\$250 per stay	40% after ded.
<b>Outpatient Facility Fee</b>	30% after ded.	40% after ded.
<b>Outpatient Surgery Physician/Surgical Services</b>	30% after ded.	40% after ded.
<b>Labs &amp; Diagnostics</b>	30% after ded.	\$30
<b>Mental/Behavioral Health &amp; Substance Use Disorder Outpatient Services</b>	\$30 for office visits; 30% after ded. for all other outpatient services	\$30 for office visits; 40% after ded. for all other outpatient services
<b>Rehabilitation Outpatient Services</b> (Includes Speech, Occupational, Physical Therapy)	30% after ded.	40% after ded.
<b>Pharmacy**</b> (Generic / Preferred / Non-preferred / Specialty)	\$25 / \$50 / 30% after ded. / 30% 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 Evidence of Coverage and Schedule of Benefits prior to receiving services. Exclusions and limitations may apply.

Ambetter from Magnolia Health is a Qualified Health Plan issuer in the Mississippi 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.



<b>Spanish:</b>	Si usted, o alguien a quien está ayudando, tiene preguntas acerca de Ambetter de Magnolia Health, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-877-687-1187 (TTY/TDD 1-877-941-9235).
<b>Vietnamese:</b>	Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Ambetter from Magnolia Health, 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 1-877-687-1187 (TTY/TDD 1-877-941-9235)..
<b>Chinese:</b>	如果您，或是您正在協助的對象，有關於 Ambetter from Magnolia Health 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 1-877-687-1187 (TTY/TDD 1-877-941-9235)。
<b>French:</b>	Si vous-même ou une personne que vous aidez avez des questions à propos d'Ambetter from Magnolia Health, vous avez le droit de bénéficier gratuitement d'aide et d'informations dans votre langue. Pour parler à un interprète, appelez le 1-877-687-1187 (TTY/TDD 1-877-941-9235).
<b>Arabic:</b>	إذا كان لديك أو لدى شخص تساعده أسئلة حول Ambetter from Magnolia Health، لديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم اتصل بـ 1-877-687-1187 (TTY/TDD 1-877-941-9235).
<b>Choctaw:</b>	Chim ayalhpsah ihokih Chishno kiyokmat kanah ish apila ka, Ambetter from Magnolia Health imma ná ponaklo hachim ashah ihokma. Apila hicha nán annówa ya chim annopa anóli akó hashisha hñah kat. Ahikachih kiyoh. Annopa tishóli imanópolih chinnakma, holhtina yappa ipayah 1-877-687-1187 (TTY/TDD 1-877-941-9235).
<b>Tagalog:</b>	Kung ikaw, o ang iyong tinutulangan, ay may mga katanungan tungkol sa Ambetter from Magnolia Health, may karapatan ka na makakuha nang tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalim, tumawag sa 1-877-687-1187 (TTY/TDD 1-877-941-9235).
<b>German:</b>	Falls Sie oder jemand, dem Sie helfen, Fragen zu Ambetter from Magnolia Health 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 1-877-687-1187 (TTY/TDD 1-877-941-9235) an.
<b>Korean:</b>	만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Ambetter from Magnolia Health 에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 1-877-687-1187 (TTY/TDD 1-877-941-9235) 로 전화하십시오.
<b>Gujarati:</b>	જે તમને અથવા તમે જેમની મદદ કરી રહ્યા હોય તેમને, Ambetter from Magnolia Health વિશે કોઈ પ્રશ્ન હોય તો તમને, કોઈ ખર્ચ વિના તમારી ભાષામાં મદદ અને માહિતી પ્રાપ્ત કરવાનો અધિકાર છે. દુભાષિયા સાથે વાત કરવા માટે 1-877-687-1187 (TTY/TDD 1-877-941-9235) ઉપર કોલ કરો.
<b>Japanese:</b>	Ambetter from Magnolia Health 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、1-877-687-1187 (TTY/TDD 1-877-941-9235) までお電話ください。
<b>Russian:</b>	В случае возникновения у вас или у лица, которому вы помогаете, каких-либо вопросов о программе страхования Ambetter from Magnolia Health вы имеете право получить бесплатную помощь и информацию на своем родном языке. Чтобы поговорить с переводчиком, позвоните по телефону 1-877-687-1187 (TTY/TDD 1-877-941-9235).
<b>Punjabi:</b>	ਜੇ ਤੁਹਾਡੇ, ਜਾਂ ਤੁਹਾਡੀ ਮਦਦ ਲੈ ਰਹੇ ਕਿਸੇ ਵਿਅਕਤੀ ਦੇ ਮਨ ਵਿਚ Ambetter from Magnolia Health ਦੇ ਬਾਰੇ ਕੋਈ ਸਵਾਲ ਹਨ, ਤਾਂ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿਚ ਮੁਫਤ ਮਦਦ ਲੈਣ ਦਾ ਪੂਰਾ ਹੱਕ ਹੈ। ਦੁਭਾਸ਼ੀਏ ਨਾਲ ਗੱਲ ਕਰਨ ਲਈ 1-877-687-1187 (TTY/TDD 1-877-941-9235) 'ਤੇ ਕਾਲ ਕਰੋ।
<b>Italian:</b>	Se lei, o una persona che lei sta aiutando, avesse domande su Ambetter from Magnolia Health, ha diritto a usufruire gratuitamente di assistenza e informazioni nella sua lingua. Per parlare con un interprete, chiami il 1-877-687-1187 (TTY/TDD 1-877-941-9235).
<b>Hindi:</b>	आप या जिसकी आप मदद कर रहे हैं उनके, Ambetter from Magnolia Health 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 1-877-687-1187 (TTY/TDD 1-877-941-9235) पर कॉल करें।

## Statement of Non-Discrimination

Ambetter from Magnolia Health 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 Magnolia Health does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Ambetter from Magnolia Health:

- 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 Magnolia Health at 1-877-687-1187 (TTY/TDD 1-877-941-9235).

If you believe that Ambetter from Magnolia Health 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: Appeals Unit/Appeals Coordinator, 111 E Capitol Street, Suite 500, Jackson, MS 39201, 1-877-687-1187 (TTY/TDD 1-877-941-9235), Fax 1-877-264-6519. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Ambetter from Magnolia Health 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>.