# Ambetter Balanced Care Comparison Standard Plans

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| In-network Benefits | Balanced Care 1 (2018) | Balanced Care 2 (2018) | Balanced Care 4 (2018) |
|---|---|---|---|
| **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) | $5,500/$11,000 | $6,500/$13,000 | $7,050/$14,100 |
| **Prescription Drug Deductible** (Ind/Fam) | Integrated with medical ded. | Integrated with medical ded. | Integrated with medical ded. |
| **Out-of-pocket Maximum** (Ind/Fam) | $6,500/$13,000 | $6,500/$13,000 | $7,050/$14,100 |
| **PCP Office Visit** | $30 | $30 | $30 |
| **Specialist Office Visit** | $60 | $60 | $60 |
| **Imaging** (CT/PET Scans, MRIs) | 20% after ded. | No charge after ded. | No charge after ded. |
| **X-rays & Diagnostic Imaging** | 20% after ded. | No charge after ded. | No charge after ded. |
| **Urgent Care** | $100 | $100 | $100 |
| **Emergency Room*** | 20% after ded. | No charge after ded. | No charge after ded. |
| **Emergency Transportation*** | 20% after ded. | No charge after ded. | No charge after ded. |
| **Inpatient Facility Fee** | 20% after ded. | No charge after ded. | No charge after ded. |
| **Inpatient Hospital Physician & Surgical Services** | 20% after ded. | No charge after ded. | No charge after ded. |
| **Outpatient Facility Fee** | 20% after ded. | No charge after ded. | No charge after ded. |
| **Outpatient Surgery Physician/Surgical Services** | 20% after ded. | No charge after ded. | No charge after ded. |
| **Labs & Diagnostics** | 20% after ded. | No charge after ded. | No charge after ded. |
| **Mental/Behavioral Health & Substance Use Disorder Outpatient Services** | $30 Copay for office visits; 20% Coinsurance after deductible for all other outpatient services | $30 Copay for office visits; No charge after deductible for all other outpatient services | $30 Copay for office visits; No charge after deductible for all other outpatient services |
| **Rehabilitation Outpatient Services** (Includes Speech, Occupational, Physical Therapy) | 20% after ded. | No charge after ded. | No charge after ded. |
| **Pharmacy**** (Generic / Preferred / Non-preferred / Specialty) | $10 / $50 / 20% after ded. / 20% after ded. | $15 / $50 / No charge after ded. / No charge after ded. | $15 / $50 / No charge after ded. / No charge 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 from Peach State Health Plan is a Qualified Health Plan issuer in the Georgia 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.

Health Insurance Marketplace

AMB17-GA-C-00047-1

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| **Spanish:** | Si usted, o alguien a quien está ayudando, tiene preguntas acerca de Ambetter de Peach State Health Plan, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-877-687-1180 (TTY/TDD 1-877-941-9231). |
| **Vietnamese:** | Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Ambetter from Peach State Health Plan, 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 1-877-687-1180 (TTY/TDD 1-877-941-9231). |
| **Korean:** | 만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Ambetter from Peach State Health Plan 에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 1-877-687-1180 (TTY/TDD 1-877-941-9231)로 전화하십시오. |
| **Chinese:** | 如果您，或是您正在協助的對象，有關於 Ambetter from Peach State Health Plan 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 1-877-687-1180 (TTY/TDD 1-877-941-9231)。 |
| **Gujarati:** | જે તમને અથવા તમે જેમની મદદ કરી રહ્યા હોય તેમને, Ambetter from Peach State Health Plan વિશે કોઈ પ્રશ્ન હોય તો તમને, કોઈ ખર્ચ વિના તમારી ભાષામાં મદદ અને માહિતી પ્રાપ્ત કરવાનો અધિકાર છે. દુભાષિયા સાથે વાત કરવા માટે 1-877-687-1180 (TTY/TDD 1-877-941-9231) ઉપર કૉલ કરો. |
| **French:** | Si vous-même ou une personne que vous aidez avez des questions à propos d'Ambetter from Peach State Health Plan, vous avez le droit de bénéficier gratuitement d'aide et d'informations dans votre langue. Pour parler à un interprète, appelez le 1-877-687-1180 (TTY/TDD 1-877-941-9231). |
| **Amharic:** | እርስዎ ወይም እርሰዎ የሚረዱት ሰው ስለ Ambetter from Peach State Health Plan ግብር ጥያቄ ካለዎት ያለምንም ወጪ በቋንቋዎ ድጋፍ እንዲሁም መረጃ የማግኘት መብት አለዎት፡ ፤ አስተርጓሚ ለማነጋገር በ 1-877-687-1180 (TTY/TDD 1-877-941-9231) ይደውሉ፤ ፤ |
| **Hindi:** | आप या जिसकी आप मदद कर रहे हैं उनके, Ambetter from Peach State Health Plan 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 1-877-687-1180 (TTY/TDD 1-877-941-9231) पर कॉल करें। |
| **French Creole:** | Si oumenm, oubyen yon moun w ap ede, gen kesyon nou ta renmen poze sou Ambetter from Peach State Health Plan, ou gen tout dwa pou w jwenn èd ak enfòmasyon nan lang manman w san sa pa koute w anyen. Pou w pale avèk yon entèprèt, sonnen nimewo 1-877-687-1180 (TTY/TDD 1-877-941-9231). |
| **Russian:** | В случае возникновения у вас или у лица, которому вы помогаете, каких-либо вопросов о программе страхования Ambetter from Peach State Health Plan вы имеете право получить бесплатную помощь и информацию на своем родном языке. Чтобы поговорить с переводчиком, позвоните по телефону 1-877-687-1180 (TTY/TDD 1-877-941-9231). |
| **Arabic:** | إذا كان لديك أو لدى شخص تساعده أسئلة حول Ambetter from Peach State Health Plan، لديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم اتصل بـ 1-877-687-1180 (TTY/TDD 1-877-941-9231). |
| **Portuguese:** | Se você, ou alguém a quem você está ajudando, tem perguntas sobre o Ambetter from Peach State Health Plan, você tem o direito de obter ajuda e informação em seu idioma e sem custos. Para falar com um intérprete, ligue para 1-877-687-1180 (TTY/TDD 1-877-941-9231). |
| **Persian:** | اگر شما، یا کسي که به او کمک مي کنید سؤالي در مورد Ambetter from Peach State Health Plan دارید، از این حق برخوردارید که کمک و اطلاعات را بصورت رایگان به زبان خود دریافت کنید. براي صحبت کردن با مترجم با شماره 1-877-687-1180 (TTY/TDD 1-877-941-9231) تماس بگیرید. |
| **German:** | Falls Sie oder jemand, dem Sie helfen, Fragen zu Ambetter from Peach State Health Plan 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 1-877-687-1180 (TTY/TDD 1-877-941-9231) an. |
| **Japanese:** | Ambetter from Peach State Health Plan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、1-877-687-1180 (TTY/TDD 1-877-941-9231)までお電話ください。 |

## Statement of Non-Discrimination

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

Ambetter from Peach State Health Plan:

- 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 Peach State Health Plan at 1-877-687-1180 (TTY/TDD 1-877-941-9231).

If you believe that Ambetter from Peach State Health Plan 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 from Peach State Health Plan Complaints Department, 1100 Circle 75 Parkway, Suite 1100, Atlanta, GA 30339, 1-877-687-1180 (TTY/TDD 1-877-941-9231), Fax 1-855-678-6982. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Ambetter from Peach State Health Plan 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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