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Your Health Application Progress

- Completed: Apply for coverage
- In Progress: Pick health and dental plans
- Next step: Enroll

Your Plan Selection Progress

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Select health and/or dental plans

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Plan Details

[Print Plan Details](#)

Extra Savings

Ambetter from Superior HealthPlan · Ambetter Balanced Care 5 (2019)

- SilverMetal Level: Silver
- EPOPlan type: EPO
- Plan ID: 29418TX0140059

Monthly premium

\$83.06

Was: \$706.06

Deductible

\$1,950 Individual total

\$3,900 Family Total

Out-of-pocket maximum

\$1,950 Individual total

\$3,900 Family Total

Copayments / Coinsurance

- Emergency room care: No charge after deductible
- Generic drugs: No charge
- Primary doctor: No charge
- Specialist doctor: \$5

Estimated total yearly costs

Change

Providers & drugs

See if providers & drugs are covered

Documents

- [Summary of Benefits](#)
- [Plan brochure](#)
- [Provider directory](#)

Dental

- Child dental benefit not included
- Adult dental benefit not included

\$2,010: Typical cost for a healthy pregnancy and normal delivery.

\$1,960: Typical yearly cost for managing type 2 diabetes for one person.

\$1,620: Typical cost for treatment of a simple fracture.

Main Costs

- Health care cost
- Plan covers 87% of total average cost of care

- Yearly premium
- \$997
- [List of covered drugs](#)

Doctors & Hospitals

- **Emergency room care**
 - No charge after deductible
- **Inpatient hospital services (like a hospital stay)**
 - No charge after deductible

Other Services & Prescriptions

- **Preferred brand drugs**
 - \$25
- **X-rays and diagnostic imaging**
 - No charge after deductible
- **Routine eye exam for adults**
 - Benefit not covered
- **Routine eye exam for children**
 - No charge
- **Routine dental care**
 - Benefit not covered

Costs for medical care

Deductible

- \$1,950 Individual total
- \$3,900 Family Total

Out-of-pocket maximum

- \$1,950 Individual total
- \$3,900 Family Total

Primary care doctor visit

- In Network: No charge
- Out of Network: Benefit not covered

Specialist visit

- In Network: \$5
- Out of Network: Benefit not covered

X-rays and diagnostic imaging

- In Network: No charge after deductible
- Out of Network: Benefit not covered

Laboratory outpatient and professional services

- In Network: No charge after deductible
- Out of Network: Benefit not covered

Outpatient facility

- In Network: No charge after deductible
- Out of Network: Benefit not covered

Outpatient professional services

- In Network: No charge after deductible
- Out of Network: Benefit not covered

Hearing aids

[View limits and exclusions: Hearing aids](#)

- In Network: No charge after deductible
- Out of Network: Benefit not covered

Routine eye exam for adults

- Benefit not covered

Routine eye exam for children

[View limits and exclusions: Routine eye exam for children](#)

- In Network: No charge
- Out of Network: Benefit not covered

Eyeglasses for children

[View limits and exclusions: Eyeglasses for children](#)

- In Network: No charge

- Out of Network: Benefit not covered

Health Savings Account eligible planNo

Prescription drug coverage

Generic drugs

- In Network: No charge
- Out of Network: Benefit not covered

Preferred brand drugs

- In Network: \$25
- Out of Network: Benefit not covered

Non-preferred brand drugs

- In Network: No charge after deductible
- Out of Network: Benefit not covered

Specialty drugs

- In Network: No charge after deductible
- Out of Network: Benefit not covered

List of covered drugs[View List of covered drugs](#)

Three month in-network mail order pharmacy benefitYes

Prescription drug deductibleIncluded in plan deductible

Prescription drug out-of-pocket maximumIncluded in plan's out-of-pocket maximum

Access to doctors and hospitals

Provider directory[View: Provider directory](#)

National provider networkNo

Need referral to see a specialistNo

Size of provider network, compared to other plans:

HospitalsAbout the same as other plans in similar areas

Primary Care DoctorsSmaller than other plans in similar areas

PediatriciansSmaller than other plans in similar areas

Hospital services

Emergency room care

- In Network: No charge after deductible
- Out of Network: No charge after deductible

Inpatient doctor and surgical services

- In Network: No charge after deductible
- Out of Network: Benefit not covered

Inpatient hospital services (like a hospital stay)

- In Network: No charge after deductible
- Out of Network: Benefit not covered

Cost and coverage examples

Typical cost for a healthy pregnancy and normal delivery.

- \$2,010

Typical yearly cost for managing type 2 diabetes for one person.

- \$1,960

Typical cost for treatment of a simple fracture.

- \$1,620

Adult dental coverage

Routine dental care

- Benefit not covered

Basic dental care

- Benefit not covered

Major dental care

- Benefit not covered

Orthodontia

- Benefit not covered

Child dental coverage

Check-up

- Benefit not covered

Major dental care

- Benefit not covered

Basic dental care

- Benefit not covered

Medically necessary orthodontia Orthodontic treatment may require pre-approval and must meet the plan's 'medical necessity' criteria.

- Benefit not covered

Medical management programs

Asthma Available

Heart disease Available

Depression Not available

Diabetes Available

High blood pressure and high cholesterol Available

Low back pain Available

Pain management Not available

Pregnancy Not available

Weight loss programs Not available

Other services

Acupuncture

- Benefit not covered

Chiropractic care

[View limits and exclusions: Chiropractic care](#)

- In Network: \$5
- Out of Network: Benefit not covered

Infertility treatment

[View limits and exclusions: Infertility treatment](#)

- In Network: No charge after deductible
- Out of Network: Benefit not covered

Mental/behavioral health outpatient services

- In Network: No charge
- Out of Network: Benefit not covered

Mental/behavioral health inpatient services

- In Network: No charge after deductible
- Out of Network: Benefit not covered

Habilitative services

[View limits and exclusions: Habilitative services](#)

- In Network: No charge after deductible
- Out of Network: Benefit not covered

Bariatric services

- Benefit not covered

Outpatient rehabilitative services

View limits and exclusions: Outpatient rehabilitative services

- In Network: No charge after deductible
- Out of Network: Benefit not covered

Skilled Nursing Facility care

View limits and exclusions: Skilled Nursing Facility care

- In Network: No charge after deductible
- Out of Network: Benefit not covered

Private-duty nursing

- Benefit not covered

Enroll in Ambetter Balanced Care 5 (2019)

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