

## Ambetter Balanced Care 11 - EPO

Because you qualify for a Cost Sharing Reduction (CSR), [Silver plans](#) like this one are an especially good value.

- 
- ✓ Cheaper doctor visits
  - ✓ Cheaper hospital visits
  - ✓ Cheaper prescriptions
  - ✓ Lower deductibles
  - ✓ Lower out-of-pocket max



### Plan costs

Click the down arrow to learn more about each of these.

|                          |   |   |
|--------------------------|---|---|
| Monthly premium          | \$0.00 per month <small>was \$1,731.49</small>  | ▼ |
| Deductible (Health + Rx) | \$0 per person  | ▼ |
| Out-of-pocket max        | \$1,150 per person  | ▼ |
| Network type             | EPO   | ▼ |
| Metal tier               | Silver  | ▼ |
| Overall rating           | 3   | ▼ |
| Official documents       | <a href="#"> Summary of benefits and coverages (PDF)</a><br><a href="#"> Drug formulary</a><br><a href="#"> Provider list</a><br><a href="#"> Plan brochure</a> |   |



### Doctor visits

This applies to doctor visits when you have a condition or symptom. For preventive care visits, such as annual checkups, visits are free.

#### Tier Selector

In network



Before deductible is met

After deductible is met

Primary care visit

No charge

No  
charge



|                       |           |           |
|-----------------------|-----------|-----------|
| Specialist visit      | \$5       | \$5       |
| Preventive care visit | No charge | No charge |



## Prescription drugs

Prescription coverage is based on which category a drug falls into. To see how this plan categorizes prescriptions, browse its [drug formulary](#). Note that prior authorization may be required for some prescriptions. Some plans may have a separate Rx deductible. Please confirm details in the [Summary of Benefits and Coverages](#).

### Tier Selector

In network

Before deductible is met

After deductible is met

|         |           |           |
|---------|-----------|-----------|
| Generic | No charge | No charge |
|---------|-----------|-----------|

|       |      |      |
|-------|------|------|
| Brand | \$25 | \$25 |
|-------|------|------|

|                     |     |     |
|---------------------|-----|-----|
| Non-preferred Brand | 35% | 35% |
|---------------------|-----|-----|

|           |     |     |
|-----------|-----|-----|
| Specialty | 35% | 35% |
|-----------|-----|-----|



## Labs & imaging

These are tests your doctor may run when diagnosing a condition.

### Tier Selector

In network

Before deductible is met

After deductible is met

|        |     |     |
|--------|-----|-----|
| X-rays | 25% | 25% |
|--------|-----|-----|

|                      |     |     |
|----------------------|-----|-----|
| Imaging (CT/PET/MRI) | 25% | 25% |
|----------------------|-----|-----|

|            |           |           |
|------------|-----------|-----------|
| Blood work | No charge | No charge |
|------------|-----------|-----------|



## Hospital & emergency

To see which hospitals, ERs, and Urgent Care centers are part of this plan's network, browse the [provider list](#).

### Tier Selector

In network



|   | Before deductible is met | After deductible is met |
|---|--------------------------|-------------------------|
| <b>Urgent care</b>                      | \$10                     | \$10                    |
| <b>Emergency room</b>                   | 25%                      | 25%                     |
| <b>Ambulance</b>                        | 25%                      | 25%                     |
| <b>Hospital stay (facility)</b>         | 25%                      | 25%                     |
| <b>Hospital stay (physician)</b>        | 25%                      | 25%                     |
| <b>Outpatient procedure (facility)</b>  | 25%                      | 25%                     |
| <b>Outpatient procedure (physician)</b> | 25%                      | 25%                     |
| <b>Physical rehabilitation</b>          | No charge                | No charge               |



## Mental health & substance abuse

All plans cover behavioral health treatment (such as psychotherapy or counseling), mental and behavioral health inpatient services, and substance use treatment.

### Tier Selector

In network



|                                  | Before deductible is met | After deductible is met |
|----------------------------------|--------------------------|-------------------------|
| <b>Outpatient services</b>       | No charge                | No charge               |
| <b>Psychiatric hospital stay</b> | 25%                      | 25%                     |

## Pregnancy & birth



Every plan covers services provided before and after your child is born.

#### Tier Selector

In network



|                                | Before deductible is met | After deductible is met |
|--------------------------------|--------------------------|-------------------------|
| Well baby care                 | No charge                | No charge               |
| Labor, delivery, hospital stay | 25%                      | 25%                     |



#### Free preventive care

Every plan includes over 74 preventive care services that are completely free on day one. These services keep you healthy before you become sick, including routine check-ups, counseling, screenings, and immunizations.

Adults

Women

Children

Abdominal aortic aneurysm one-time screening



Alcohol misuse screening and counseling



Aspirin use



Blood pressure screening



Cholesterol screening



Colorectal cancer screening



Depression screening



Diabetes screening



Diet counseling



Falls prevention



Hepatitis B screening



Hepatitis C screening



HIV screening



Immunization vaccines



Lung cancer screening



Obesity screening and counseling



Sexually transmitted infection (STI) prevention counseling



Statin preventive medication



Syphilis screening

Tobacco Use counseling

Tuberculosis screening



### Estimated all-in costs

We estimate that your total annual out-of-pocket costs will be \$185, based on:

- This **plan's** monthly premium costs x 12 months
- Your healthcare usage estimate of **Medium** applied to this plan's deductible and copayments.



This plan has the **lowest** annual out-of-pocket estimate of all 29 plans available to you.

### Estimate breakdown

This **does not limit** what you can use — it's just an estimate of what you might use.

|                               |                  |                |
|-------------------------------|------------------|----------------|
| 12                            | Monthly premiums | \$0            |
| 5                             | Doctor visits    | \$10           |
| 3                             | Labs or tests    | \$0            |
| 31                            | Prescriptions    | \$175          |
| <b>Annual estimate</b>        |                  | <b>\$185</b>   |
| Monthly estimate (on average) |                  | \$15 per month |