

## 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 <del>was \$1,731.49</del>	▼
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

- [Summary of benefits and coverages \(PDF\)](#)
- [Drug formulary](#)
- [Provider list](#)
- [Plan brochure](#)



### 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
Urgent care	\$10	\$10
Emergency room	25%	25%
Ambulance	25%	25%
Hospital stay (facility)	25%	25%
Hospital stay (physician)	25%	25%
Outpatient procedure (facility)	25%	25%
Outpatient procedure (physician)	25%	25%
Physical rehabilitation	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
Outpatient services	No charge	No charge
Psychiatric hospital stay	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	<u>Doctor visits</u>	\$10
3	<u>Labs or tests</u>	\$0
31	Prescriptions	\$175
Annual estimate		\$185
Monthly estimate (on average)		\$15 per month