



SILVER + CSR

## Ambetter Balanced Care 32 - 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	\$13.57 per month <small>was \$426.57</small>	
Deductible (Health + Rx)	\$0 per person	
Out-of-pocket max	\$1,575 per person	
Network type	EPO	
Metal tier	Silver	
Overall rating	3	
Official documents	<a href="#">Summary of benefits and coverages (PDF)</a> <a href="#">Drug formulary</a> <a href="#">Provider list</a> <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



<b>Specialist visit</b>	\$5	\$5
<b>Preventive care visit</b>	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**

<b>Generic</b>	No charge	No charge
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<b>Brand</b>	\$20	\$20
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<b>Non-preferred Brand</b>	50%	50%
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<b>Specialty</b>	50%	50%
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## 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**

<b>X-rays</b>	30%	30%
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<b>Imaging (CT/PET/MRI)</b>	30%	30%
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<b>Blood work</b>	No charge	No charge
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## 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>	30%	30%
<b>Ambulance</b>	30%	30%
<b>Hospital stay (facility)</b>	30%	30%
<b>Hospital stay (physician)</b>	30%	30%
<b>Outpatient procedure (facility)</b>	30%	30%
<b>Outpatient procedure (physician)</b>	30%	30%
<b>Physical rehabilitation</b>	30%	30%



## 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

This covers mental health, behavioral health (such as psychotherapy), and substance use treatment (such as rehab) that doesn't require an overnight stay.

**Psychiatric hospital stay** 30% 30%

This covers mental health, behavioral health (such as psychotherapy or counseling), and substance use treatment (such as rehab) that requires an overnight stay.

For instance, staying at a psychiatric hospital overnight, or staying at a rehabilitation facility overnight.



## 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	30%	30%



### 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 \$163, 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 **19th lowest** annual out-of-pocket estimate of all 57 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	\$163
0	Minimal healthcare usage	\$0
	<b>Annual estimate</b>	<b>\$163</b>
	Monthly estimate (on average)	\$14 per month