ambetter. FROM home state health

2018 Ambetter Portfolio Comparison

Plan Name	Medical Deductible (Ind/Fam)	Prescription Drug Deductible (Ind/Fam)	Out-of-pocket Maximum (Ind/Fam)	Annual Well Visit/ Preventive Care	PCP Office Visit	Specialist Office Visit	Imaging (CT/PET Scans, MRIs)	X-rays & Diagnostic Imaging	Urgent Care	Emergency Room*	Emergency Transportation*	Inpatient Facility Fee	Inpatient Hospital Physician & Surgical Services
Secure Care 1 (2018) with 3 Free PCP Visits - Standard	$1,000/$2,000	$500/$1,000	$6,350/$12,700	No charge	20% after ded.	20% after ded.	20% after ded.	20% after ded.	20% after ded.	$250 after ded.	20% after ded.	20% after ded.	20% after ded.
Balanced Care 1 (2018) - Standard	$5,500/$11,000	Integrated with medical ded.	$6,500/$13,000	No charge	$30	$60	20% after ded.	20% after ded.	$100	20% after ded.	20% after ded.	20% after ded.	20% after ded.
Balanced Care 1 (2018) - 73% AV	$3,500/$7,000	Integrated with medical ded.	$5,450/$10,900	No charge	$25	$60	20% after ded.	20% after ded.	$75	20% after ded.	20% after ded.	20% after ded.	20% after ded.
Balanced Care 1 (2018) - 87% AV	$750/$1,500	Integrated with medical ded.	$2,450/$4,900	No charge	No charge	$10	20% after ded.	20% after ded.	$10	20% after ded.	20% after ded.	20% after ded.	20% after ded.
Balanced Care 1 (2018) - 94% AV	$0/$0	Integrated with medical ded.	$950/$1,900	No charge	No charge	$10	20%	20%	$10	20%	20%	20%	20%
Balanced Care 3 (2018) - Standard	$3,000/$6,000	Integrated with medical ded.	$6,500/$13,000	No charge	$30	$60	30% after ded.	30% after ded.	$100	$600 before ded.	30% after ded.	$750 per day before ded.	30% after ded.
Balanced Care 3 (2018) - 73% AV	$1,950/$3,900	Integrated with medical ded.	$5,850/$11,700	No charge	$25	$50	30% after ded.	30% after ded.	$75	$600 before ded.	30% after ded.	$750 per day before ded.	30% after ded.
Balanced Care 3 (2018) - 87% AV	$675/$1,350	Integrated with medical ded.	$2,450/$4,900	No charge	No charge	$5	30% after ded.	30% after ded.	$10	$100 before ded.	30% after ded.	$200 per day before ded.	30% after ded.
Balanced Care 3 (2018) - 94% AV	$200/$400	Integrated with medical ded.	$600/$1,200	No charge	No charge	$5	30% after ded.	30% after ded.	$10	$100 before ded.	30% after ded.	$150 per day before ded.	30% after ded.
Balanced Care 4 (2018) - Standard	$7,050/$14,100	Integrated with medical ded.	$7,050/$14,100	No charge	$30	$60	No charge after ded.	No charge after ded.	$100	No charge after ded.	No charge after ded.	No charge after ded.	No charge after ded.
Balanced Care 4 (2018) - 73% AV	$5,250/$10,500	Integrated with medical ded.	$5,250/$10,500	No charge	$15	$40	No charge after ded.	No charge after ded.	$75	No charge after ded.	No charge after ded.	No charge after ded.	No charge after ded.
Balanced Care 4 (2018) - 87% AV	$1,850/$3,700	Integrated with medical ded.	$1,850/$3,700	No charge	No charge	$5	No charge after ded.	No charge after ded.	$10	No charge after ded.	No charge after ded.	No charge after ded.	No charge after ded.
Balanced Care 4 (2018) - 94% AV	$600/$1,200	Integrated with medical ded.	$600/$1,200	No charge	No charge	$5	No charge after ded.	No charge after ded.	$10	No charge after ded.	No charge after ded.	No charge after ded.	No charge after ded.
Essential Care 1 (2018) - Standard	$6,800/$13,600	Integrated with medical ded.	$6,800/$13,600	No charge	No charge after ded.	No charge after ded.	No charge after ded.	No charge after ded.	No charge after ded.	No charge after ded.	No charge after ded.	No charge after ded.	No charge after ded.

*Eligible Out-of-network expenses are covered at the In-network level.

Health Insurance Marketplace

This is a solicitation for insurance. Ambetter from Home State Health is underwritten by Celtic Insurance Company. © 2017 Home State Health Plan, Inc. All rights reserved.
AMB17-MO-C-00048

ambetter. FROM home state health

2018 Ambetter Portfolio Comparison *(continued)*

Plan Name	Outpatient Facility Fee	Outpatient Surgery Physician/Surgical Services	Labs & Diagnostics	Mental/Behavioral Health & Substance Use Disorder Outpatient Office Visit Only	Rehabilitation Outpatient Services (Includes Speech, Occupational, Physical Therapy)	Pediatric Vision-Routine Eye Exam (1 visit per year)	Pediatric Vision-Eyeglasses (frames, 1 per year)	Pedicatric Vision-Lenses (per pair)	Pharmacy* (Generic / Preferred / Non-preferred / Specialty)
Secure Care 1 (2018) with 3 Free PCP Visits - Standard	20% after ded.	20% after ded.	20% after ded.	20% after ded.	20% after ded.	100% Covered	100% Covered	100% Covered	$10 / $25 after Rx ded. / $75 after Rx ded. / 30% after Rx ded.
Balanced Care 1 (2018) - Standard	20% after ded.	20% after ded.	20% after ded.	$30	20% after ded.	100% Covered	100% Covered	100% Covered	$10 / $50 / 20% after Rx ded. / 20% after Rx ded.
Balanced Care 1 (2018) - 73% AV	20% after ded.	20% after ded.	20% after ded.	$25	20% after ded.	100% Covered	100% Covered	100% Covered	$10 / $50 / 20% after ded. / 20% after ded.
Balanced Care 1 (2018) - 87% AV	20% after ded.	20% after ded.	20% after ded.	No charge	20% after ded.	100% Covered	100% Covered	100% Covered	No charge / $25 / 20% after ded. / 20% after ded.
Balanced Care 1 (2018) - 94% AV	20%	20%	20%	No charge	20%	100% Covered	100% Covered	100% Covered	No charge / $25 / 20% / 20%
Balanced Care 3 (2018) - Standard	30% after ded.	30% after ded.	30% after ded.	$30	30% after ded.	100% Covered	100% Covered	100% Covered	$25 / $50 / 30% after ded. / 30% after ded.
Balanced Care 3 (2018) - 73% AV	30% after ded.	30% after ded.	30% after ded.	$25	30% after ded.	100% Covered	100% Covered	100% Covered	$25 / $50 / 30% after ded. / 30% after ded.
Balanced Care 3 (2018) - 87% AV	30% after ded.	30% after ded.	30% after ded.	No charge	30% after ded.	100% Covered	100% Covered	100% Covered	No charge / $25 / 30% after ded. / 30% after ded.
Balanced Care 3 (2018) - 94% AV	30% after ded.	30% after ded.	30% after ded.	No charge	30% after ded.	100% Covered	100% Covered	100% Covered	No charge / $25 / 30% after ded. / 30% after ded.
Balanced Care 4 (2018) - Standard	No charge after ded.	No charge after ded.	No charge after ded.	$30	No charge after ded.	100% Covered	100% Covered	100% Covered	$15 / $50 / No charge after ded. / No charge after ded.
Balanced Care 4 (2018) - 73% AV	No charge after ded.	No charge after ded.	No charge after ded.	$15	No charge after ded.	100% Covered	100% Covered	100% Covered	$15 / $50 / No charge after ded. / No charge after ded.
Balanced Care 4 (2018) - 87% AV	No charge after ded.	No charge after ded.	No charge after ded.	No charge	No charge after ded.	100% Covered	100% Covered	100% Covered	No charge / $25 / No charge after ded. / No charge after ded.
Balanced Care 4 (2018) - 94% AV	No charge after ded.	No charge after ded.	No charge after ded.	No charge	No charge after ded.	100% Covered	100% Covered	100% Covered	No charge / $25 / No charge after ded. / No charge after ded.
Essential Care 1 (2018) - Standard	No charge after ded.	No charge after ded.	No charge after ded.	No charge after ded.	No charge after ded.	100% Covered	100% Covered	100% Covered	$20 / No charge after ded. / No charge after ded. / No charge after ded.

*Prescription Drugs available by mail order with a 90 day supply.

Covered benefits 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.

IMPORTANT NOTE: The information shown in this brochure and in any accompanying literature is not intended to provide full details of Ambetter plans and may change at the discretion of Home State Health. Complete terms of coverage are outlined in the Schedule of Benefits and set forth in the applicable Member Contract. In applying for coverage, the primary insured agrees to be bound by the Member Contract. The benefits described in this brochure and any accompanying literature are the standard benefits offered by Ambetter from Home State Health. Policy provisions vary in some states.

Ambetter from Home State Health is a Qualified Health Plan issuer in the Missouri 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

This is a solicitation for insurance. Ambetter from Home State Health is underwritten by Celtic Insurance Company. © 2017 Home State Health Plan, Inc. All rights reserved.
AMB17-MO-C-00048

Spanish:	Si usted, o alguien a quien está ayudando, tiene preguntas acerca de Ambetter de Home State Health, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-855-650-3789 (TTY/TDD 1-877-250-6113).
Chinese:	如果您，或是您正在協助的對象，有關於 Ambetter from Home State Health 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 1-855-650-3789 (TTY/TDD 1-877-250-6113)。
Vietnamese:	Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Ambetter from Home State Health, 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 1-855-650-3789 (TTY/TDD 1-877-250-6113).
Serbo-Croatian:	Ako Vi, ili neko kome pomažete, imate pitanja u vezi Ambetter from Home State Health, imate pravo na besplatnu pomoć i informaciju na sopstvenom jeziku. Ukoliko želite da pričate sa prevodiocem, pozovite broj 1-855-650-3789 (TTY/TDD 1-877-250-6113).
German:	Falls Sie oder jemand, dem Sie helfen, Fragen zu Ambetter from Home State Health 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 1-855-650-3789 (TTY/TDD 1-877-250-6113) an.
Arabic:	إذا كان لديك أو لدى شخص تساعده أسئلة حول Ambetter from Home State Health، لديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم اتصل بـ 1-855-650-3789 (TTY/TDD 1-877-250-6113).
Korean:	만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Ambetter from Home State Health 에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 1-855-650-3789 (TTY/TDD 1-877-250-6113)로 전화하십시오.
Russian:	В случае возникновения у вас или у лица, которому вы помогаете, каких-либо вопросов о программе страхования Ambetter from Home State Health вы имеете право получить бесплатную помощь и информацию на своем родном языке. Чтобы поговорить с переводчиком, позвоните по телефону 1-855-650-3789 (TTY/TDD 1-877-250-6113).
French:	Si vous-même ou une personne que vous aidez avez des questions à propos d'Ambetter from Home State Health, vous avez le droit de bénéficier gratuitement d'aide et d'informations dans votre langue. Pour parler à un interprète, appelez le 1-855-650-3789 (TTY/TDD 1-877-250-6113).
Tagalog:	आप या जिसकी आप मदद कर रहे हैं उनके, Ambetter from Home State Health 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 1-855-650-3789 (TTY/TDD 1-877-250-6113) पर कॉल करें।
Pennsylvania Dutch:	Vann du, adda ebbah's du am helfa bisht, ennichi questions hott veyyich Ambetter from Home State Health, dann hosht du's recht fa hilf greeya adda may aus finna diveyya in dei shprohch un's kosht nix. Fa shvetza mitt ebbah diveyya, kawl 1-855-650-3789 (TTY/TDD 1-877-250-6113).
Persian:	اگر شما، یا کسي که به او کمک مي کنید سؤالي در مورد Ambetter from Home State Health دارید، از این حق برخوردارید که کمک و اطلاعات را بصورت رایگان به زبان خود دریافت کنید. براي صحبت کردن با مترجم با شماره 1-855-650-3789 (TTY/TDD 1-877-250-6113) تماس بگیرید.
Cushite:	Yoo sii ykn namaa gargaaraa jirtuu wa'ee Ambetter from Home State Health irra gaaffi qabaatan ta'ee gargaarsaa fi odeeffanoo afaan ketiin kaffaltii alla argachuuf mirgaa qabdaa. Turjumaana wajiin dubadhuu,1-855-650-3789 irra bilbilli (TTY/TDD 1-877-250-6113).
Portuguese:	Se você, ou alguém a quem você está ajudando, tem perguntas sobre o Ambetter from Home State Health, você tem o direito de obter ajuda e informação em seu idioma e sem custos. Para falar com um intérprete, ligue para 1-855-650-3789 (TTY/TDD 1-877-250-6113).
Amharic:	እርስዎ ወይም እርሰዎ የሚርዱት ሰው ስለ Ambetter from Home State Health ግብር ጥያቄ ካለዎት ያለምንም ወጪ በቋንቋዎ ድጋፍ እንዲሁም መረጃ የማግኘት መብት አለዎት፡ ፡ አስተርጓሚ ለማነጋገር በ 1-855-650-3789 (TTY/TDD 1-877-250-6113). ይደውሉ፡ ፡

Statement of Non-Discrimination

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

Ambetter from Home State Health:

- 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 Home State Health at 1-855-650-3789 (TTY/TDD 1-877-250-6113).

If you believe that Ambetter from Home State Health 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: Grievance/Appeals Home State Health, 16090 Swingley Ridge Road, Suite 500, Chesterfield, MO 63017, 1-855-650-3789 (TTY/TDD 1-877-250-6113), Fax, 1-866-390-4429. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Ambetter from Home State Health 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*.

This is a solicitation for insurance. Ambetter from Home State Health is underwritten by Celtic Insurance Company. © 2017 Home State Health Plan, Inc. All rights reserved.
AMB17-MO-C-00048