

Ambetter Balanced Care Comparison 73 Plans



In-network Benefits	Balanced Care 1 (2017)	Balanced Care 2 (2017)	Balanced Care 3 (2017)	Balanced Care 4 (2017)	Balanced Care 12 (2017)
Annual Well Visit/Screening/Immunization/Well Baby	No charge	No charge	No charge	No charge	No charge
Pediatric Vision-Routine Eye Exam (1 visit per year)	No charge	No charge	No charge	No charge	No charge
Pediatric Vision-Eyeglasses (frames, 1 per year)	No charge	No charge	No charge	No charge	No charge
Pediatric Vision-Lenses (per pair)	No charge	No charge	No charge	No charge	No charge
My Health Pays™ Rewards Program	No charge	No charge	No charge	No charge	No charge
Medical Deductible (Ind/Fam)	\$3,500/\$7,000	\$5,000/\$10,000	\$1,250/\$2,500	\$5,250/\$10,500	\$3,000/\$6,000
Prescription Drug Deductible (Ind/Fam)	Integrated with medical ded.	Integrated with medical ded.	Integrated with medical ded.	Integrated with medical ded.	Integrated with medical ded.
Out-of-pocket Maximum (Ind/Fam)	\$5,450/\$10,900	\$5,000/\$10,000	\$5,700/\$11,400	\$5,250/\$10,500	\$5,700/\$11,400
PCP Office Visit	\$20	\$25	\$25	\$15	\$30
Specialist Office Visit	\$30	\$50	\$50	\$40	\$65
Imaging (CT/PET Scans, MRIs)	20% after ded.	No charge after ded.	30% after ded.	No charge after ded.	20% after ded.
X-rays & Diagnostic Imaging	20% after ded.	No charge after ded.	30% after ded.	No charge after ded.	20% after ded.
Urgent Care	\$75	\$75	\$75	\$75	\$75
Emergency Room*	20% after ded.	No charge after ded.	\$600 before ded.	No charge after ded.	\$300 after ded.
Emergency Transportation*	20% after ded.	No charge after ded.	30% after ded.	No charge after ded.	20% after ded.
Inpatient Facility Fee	20% after ded.	No charge after ded.	\$750 per day before ded.	No charge after ded.	20% after ded.
Inpatient Hospital Physician & Surgical Services	20% after ded.	No charge after ded.	30% after ded.	No charge after ded.	20% after ded.
Outpatient Facility Fee	20% after ded.	No charge after ded.	30% after ded.	No charge after ded.	20% after ded.
Outpatient Surgery Physician/Surgical Services	20% after ded.	No charge after ded.	30% after ded.	No charge after ded.	20% after ded.
Labs & Diagnostics	20% after ded.	No charge after ded.	30% after ded.	No charge after ded.	20% after ded.
Mental/Behavioral Health & Substance Use Disorder Outpatient Services	\$20	\$25	\$25	\$15	\$30
Rehabilitation Outpatient Services (Includes Speech, Occupational, Physical Therapy)	20% after ded.	No charge after ded.	30% after ded.	No charge after ded.	20% after ded.
Skilled Nursing Facility	20% after ded.	No charge after ded.	30% after ded.	No charge after ded.	20% after ded.
Pharmacy** (Generic / Preferred / Non-preferred / Specialty)	\$5 / \$50 / 20% after ded. / 20% after ded.	\$15 / \$50 / No charge after ded. / No charge after ded.	\$25 / \$50 / 30% after ded. / 30% after ded.	\$15 / \$50 / No charge after ded. / No charge after ded.	\$10 / \$50 / \$100 / 40%

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

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

Our plans do not cover all health care expenses. Covered benefits will vary by state and are for in-network providers only. For comprehensive benefit detail, members should review their Evidence of Coverage and Schedule of Benefits prior to receiving services. Exclusions and limitations may apply.

Ambetter Insured by Celtic is a Qualified Health Plan issuer in the Illinois 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 benefits determinations. Our provider network includes select hospitals and clinics in your community, plus a broad network of primary care and specialist physicians. Nonemergency services obtained from providers and offices who do not participate in our provider network are not covered. Please consult our Provider Directory for the most up-to-date listing of providers and facilities in our network.



This is a solicitation for insurance. Ambetter Insured by Celtic is underwritten by Celtic Insurance Company.

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Spanish:	Si usted, o alguien a quien está ayudando, tiene preguntas acerca de Ambetter Insured by Celtic, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-855-745-5507 (TTY/TDD 1-866-565-8576).
Polish:	Jeżeli ty lub osoba, której pomagasz, macie pytania na temat Ambetter Insured by Celtic, macie prawo poprosić o bezpłatną pomoc i informacje w języku ojczystym. Aby skorzystać z pomocy tłumacza, zadzwoń pod numer 1-855-745-5507 (TTY/TDD 1-866-565-8576).
Chinese:	如果您，或是您正在協助的對象，有關於 Ambetter Insured by Celtic 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 1-855-745-5507 (TTY/TDD 1-866-565-8576)。
Korean:	만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Ambetter Insured by Celtic 에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 1-855-745-5507 (TTY/TDD 1-866-565-8576) 로 전화하십시오.
Tagalog:	Kung ikaw, o ang iyong tinutulongan, ay may mga katanungan tungkol sa Ambetter Insured by Celtic, may karapatan ka na makakuha nang tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa 1-855-745-5507 (TTY/TDD 1-866-565-8576).
Arabic:	إذا كان لديك أو لدى شخص تساعد أسئلة حول Ambetter Insured by Celtic، لديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم اتصل بـ 1-855-745-5507 (TTY/TDD 1-866-565-8576).
Russian:	В случае возникновения у вас или у лица, которому вы помогаете, каких-либо вопросов о программе страхования Ambetter Insured by Celtic вы имеете право получить бесплатную помощь и информацию на своем родном языке. Чтобы поговорить с переводчиком, позвоните по телефону 1-855-745-5507 (TTY/TDD 1-866-565-8576).
Gujarati:	જે તમને અથવા તમે જેમની મદદ કરી રહ્યા હોય તેમને, Ambetter Insured by Celtic વિશે કોઈ પ્રશ્ન હોય તો તમને, કોઈ ખર્ચ વિના તમારી ભાષામાં મદદ અને માહિતી પ્રાપ્ત કરવાનો અધિકાર છે. દલાલિયા સાથે વાત કરવા માટે 1-855-745-5507 (TTY/TDD 1-866-565-8576) ઉપર કોલ કરો.
Urdu:	اگر Ambetter Insured by Celtic کے بارے میں آپ، یا جن کی آپ مدد کر رہے ہیں ان کے سوالات ہوں تو، آپ کو بلا معاوضہ اپنی زبان میں مدد اور معلومات حاصل کرنے کا حق ہے۔ کسی مترجم سے بات کرنے کے لیے، 1-855-745-5507 (TTY/TDD 1-866-565-8576) پر کال کریں۔
Vietnamese:	Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Ambetter Insured by Celtic, 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 1-855-745-5507 (TTY/TDD 1-866-565-8576).
Italian:	Se lei, o una persona che lei sta aiutando, avesse domande su Ambetter Insured by Celtic, ha diritto a usufruire gratuitamente di assistenza e informazioni nella sua lingua. Per parlare con un interprete, chiami l'1-855-745-5507 (TTY/TDD 1-866-565-8576).
Hindi:	आप या जिसकी आप मदद कर रहे हैं उनके, Ambetter Insured by Celtic के बारे में कोई सवाल हों, तो आपको बिना किसी खर्च के अपनी भाषा में मदद और जानकारी प्राप्त करने का अधिकार है। किसी दुआषिये से बात करने के लिए 1-855-745-5507 (TTY/TDD 1-866-565-8576) पर कॉल करें।
French:	Si vous-même ou une personne que vous aidez avez des questions à propos d'Ambetter Insured by Celtic, vous avez le droit de bénéficier gratuitement d'aide et d'informations dans votre langue. Pour parler à un interprète, appelez le 1-855-745-5507 (TTY/TDD 1-866-565-8576).
Greek:	Εάν εσείς ή κάποιος που βοηθάτε, έχετε ερωτήσεις σχετικά με την Ambetter Insured by Celtic, έχετε το δικαίωμα να ζητήσετε βοήθεια και πληροφορίες στη γλώσσα σας, χωρίς χρέωση. Για να μιλήσετε με διερμηνέα, καλέστε το 1-855-745-5507 (TTY/TDD 1-866-565-8576).
German:	Falls Sie oder jemand, dem Sie helfen, Fragen zu Ambetter Insured by Celtic 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 1-855-745-5507 (TTY/TDD 1-866-565-8576) an.

Statement of Non-Discrimination

Ambetter Insured by Celtic complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Ambetter Insured by Celtic does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Ambetter Insured by Celtic:

- 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 Insured by Celtic at 1-855-745-5507 (TTY/TDD 1-866-565-8576).

If you believe that Ambetter Insured by Celtic 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: Complaints and Grievance Coordinator, 999 Oakmont Plaza Drive, Suite 400, Westmont, IL 60559, 1-855-745-5507 (TTY/TDD 1-866-565-8576), Fax 1-855-519-5699. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Ambetter Insured by Celtic 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>.