



Ambetter Balanced Care Comparison Standard Plans

In-network Benefits	Balanced Care 4 (2019)		Balanced Care 6 (2019)		Balanced Care 7 (2019)		Balanced Care 11 (2019)	
	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
My Health Pays™ Rewards Program	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge
Annual Well Visit/Screening/Immunization/Well Baby	No charge	50%	No charge	50%	No charge	50%	No charge	50%
Pediatric Vision-Routine Eye Exam (1 visit per year)	No charge	Covered up to \$38.50	No charge	Covered up to \$38.50	No charge	Covered up to \$38.50	No charge	Covered up to \$38.50
Pediatric Vision-Eyeglasses (frames, 1 per year)	No charge	Covered up to \$50	No charge	Covered up to \$50	No charge	Covered up to \$50	No charge	Covered up to \$50
Pediatric Vision-Lenses-Single (per pair)	No charge	Covered up to \$37.50	No charge	Covered up to \$37.50	No charge	Covered up to \$37.50	No charge	Covered up to \$37.50
Medical Deductible (Ind/Fam)	\$7,050/\$14,100	\$14,100/\$28,200	\$3,000/\$6,000	\$6,000/\$12,000	\$5,100/\$10,200	\$10,200/\$20,400	\$6,000/\$12,000	\$12,000/\$24,000
Prescription Drug Deductible (Ind/Fam)	Integrated with medical ded.	Not covered	Integrated with medical ded.	Not covered	\$1,000/\$2,000	Not covered	Integrated with medical ded.	Not covered
Out-of-pocket Maximum (Ind/Fam)	\$7,050/\$14,100	\$14,100/\$28,200	\$6,750/\$13,500	\$13,500/\$27,000	\$6,450/\$12,900	\$12,900/\$25,800	\$7,900/\$15,800	\$15,800/\$31,600
PCP Office Visit	\$30	50%	\$30	50%	\$50	50%	\$30	60% after ded.
Specialist Office Visit	\$60	50%	\$60	50%	\$75	50%	\$60	60% after ded.
Imaging (CT/PET Scans, MRIs)	No charge after ded.	50% after ded.	30% after ded.	50% after ded.	\$150	50%	40% after ded.	60% after ded.
X-rays & Diagnostic Imaging	No charge after ded.	50% after ded.	30% after ded.	50% after ded.	\$50	50%	\$30 for laboratory outpatient & professional services; 40% after ded. for x-ray & diagnostic imaging	60% after ded.
Urgent Care	\$100	50%	\$100	50%	\$100	50%	\$100	60% after ded.
Emergency Room	No charge after ded.	No charge after ded.	\$600 with ded.	\$600 with ded.	\$250 after ded.	\$250 after ded.	40% after ded.	40% after ded.
Emergency Transportation	No charge after ded.	No charge after ded.	30% after ded.	30% after ded.	20% after ded.	20% after ded.	40% after ded.	40% after ded.
Inpatient Facility Fee	No charge after ded.	50% after ded.	\$750 per day with ded.	50% after ded.	\$1,000 per day after ded.	50% after ded.	40% after ded.	60% after ded.
Inpatient Hospital Physician & Surgical Services	No charge after ded.	50% after ded.	\$250 per stay	50%	\$300 per stay after ded.	50% after ded.	40% after ded.	60% after ded.
Outpatient Facility Fee	No charge after ded.	50% after ded.	30% after ded.	50% after ded.	20% after ded.	50% after ded.	40% after ded.	60% after ded.
Outpatient Surgery Physician/Surgical Services	No charge after ded.	50% after ded.	30% after ded.	50% after ded.	20% after ded.	50% after ded.	40% after ded.	60% after ded.
Labs & Diagnostics	No charge after ded.	50% after ded.	30% after ded.	50% after ded.	\$50	50%	\$30	60% after ded.
Mental/Behavioral Health & Substance Use Disorder Outpatient Office Visit	\$30 Copay	50%	\$30	50%	\$50	50%	\$30	60% after ded.
Rehabilitation Outpatient Services (Includes Speech, Occupational, Physical Therapy)	No charge after ded.	50% after ded.	30% after ded.	50% after ded.	\$50	50%	40% after ded.	60% after ded.
Pharmacy* (Generic / Preferred / Non-preferred / Specialty)	\$15 / \$50 / No charge after ded. / No charge after ded.	Not covered / Not covered / Not covered / Not covered	\$25 / \$50 / 30% after ded. / 30% after ded.	Not covered / Not covered / Not covered / Not covered	\$10 / \$50 / \$100 after Rx ded. / \$250 after Rx ded.	Not covered / Not covered / Not covered / Not covered	\$20 / \$50 / 40% after ded. / 40% after ded.	Not covered / Not covered / Not covered / Not covered

*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 from Arkansas Health & Wellness is underwritten by Arkansas Health & Wellness, a Qualified Health Plan Issuer in the Arkansas Health Insurance Marketplace. Ambetter from Arkansas Health & Wellness 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.



Spanish:	Si usted, o alguien a quien está ayudando, tiene preguntas acerca de Ambetter de Arkansas Health & Wellness, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-877-617-0390 (TTY/TDD 1-877-617-0392).
Vietnamese:	Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Ambetter from Arkansas Health & Wellness, 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 1-877-617-0390 (TTY/TDD 1-877-617-0392).
Marshallese:	Ñe kwe, ak bar juon eo kwōj jipaŋe, ewōr an kajitōk kōn Ambetter from Arkansas Health & Wellness, ewōr aṃ jimwe in bōk jipaŋ im melele ko ilo kajin eo aṃ ejjelok wōṇāān. Nan kōnono ippān juon ri-ukōk, kirlōk 1-877-617-0390 (TTY/TDD 1-877-617-0392).
Chinese:	如果您，或是您正在協助的對象，有關於 Ambetter from Arkansas Health & Wellness 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 1-877-617-0390 (TTY/TDD 1-877-617-0392)。
Laotian:	ຖ້າທ່ານ ຫຼືຄົນທີ່ທ່ານກຳລັງຊ່ວຍເຫຼືອ ມີຄຳຖາມກ່ຽວກັບ Ambetter from Arkansas Health & Wellness of Arkansas, ທ່ານມີສິດທີ່ຈະໄດ້ຮັບ ການຊ່ວຍເຫຼືອເປັນພາສາຂອງທ່ານ ໂດຍບໍ່ມີຄ່າໃຊ້ຈ່າຍ. ຕໍ່ສອນຈາກບັນນາທິການ 1-877-617-0390 (TTY/TDD 1-877-617-0392).
Tagalog:	Kung ikaw, o ang iyong tinutulongan, ay may mga katanungan tungkol sa Ambetter from Arkansas Health & Wellness, may karapatan ka na makakuha nang tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa 1-877-617-0390 (TTY/TDD 1-877-617-0392).
Arabic:	إذا كان لديك أو لدى شخص تساعد أسئلة حول Ambetter from Arkansas Health & Wellness، لديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم اتصل بـ 1-877-617-0390 (TTY/TDD 1-877-617-0392).
German:	Falls Sie oder jemand, dem Sie helfen, Fragen zu Ambetter from Arkansas Health & Wellness 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 1-877-617-0390 (TTY/TDD 1-877-617-0392) an.
French:	Si vous-même ou une personne que vous aidez avez des questions à propos d'Ambetter from Arkansas Health & Wellness, vous avez le droit de bénéficier gratuitement d'aide et d'informations dans votre langue. Pour parler à un interprète, appelez le 1-877-617-0390 (TTY/TDD 1-877-617-0392).
Hmong:	Yog koj, los yog tej tus neeg uas koj pab ntawd, muaj lus nug txog Ambetter from Arkansas Health & Wellness, koj muaj cai kom lawv muab cov ntshiab lus qhia uas tau muab sau ua koj hom lus pub dawb rau koj. Yog koj xav nrog ib tug neeg txhais lus tham, hu rau 1-877-617-0390 (TTY/TDD 1-877-617-0392).
Korean:	만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Ambetter from Arkansas Health & Wellness 에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 1-877-617-0390 (TTY/TDD 1-877-617-0392) 로 전화하십시오.
Portuguese:	Se você, ou alguém a quem você está ajudando, tem perguntas sobre o Ambetter from Arkansas Health & Wellness, você tem o direito de obter ajuda e informação em seu idioma e sem custos. Para falar com um intérprete, ligue para 1-877-617-0390 (TTY/TDD 1-877-617-0392).
Japanese:	Ambetter from Arkansas Health & Wellness について何かご質問がございましたらご連絡ください。ご希望の言語によるサポートや情報を無料でご提供いたします。通訳が必要な場合は、1-877-617-0390 (TTY/TDD 1-877-617-0392) までお電話ください。
Hindi:	आप या जिसकी आप मदद कर रहे हैं उनके, Ambetter from Arkansas Health & Wellness 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 1-877-617-0390 (TTY/TDD 1-877-617-0392) पर कॉल करें।
Gujarati:	જે તમને અથવા તમે જેમની મદદ કરી રહ્યા હોય તેમને, Ambetter from Arkansas Health & Wellness વિશે કોઈ પ્રશ્ન હોય તો તમને, કોઈ ખર્ચ વિના તમારી ભાષામાં મદદ અને માહિતી પ્રાપ્ત કરવાનો અધિકાર છે. દુભાષિયા સાથે વાત કરવા માટે 1-877-617-0390 (TTY/TDD 1-877-617-0392) ઉપર કોલ કરો.

Statement of Non-Discrimination

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

Ambetter from Arkansas Health & Wellness:

- 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 Arkansas Health & Wellness at 1-877-617-0390 (TTY/TDD 1-877-617-0392).

If you believe that Ambetter from Arkansas Health & Wellness 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: Ambetter from Arkansas Health & Wellness Appeals Unit, P.O. Box 25538, Little Rock, AR 72221, 1-877-617-0390 (TTY/TDD 1-877-617-0392), Fax 1-866-811-3255. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Ambetter from Arkansas Health & Wellness 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>.