



# Ambetter Balanced Care Comparison 94 Plans

In-network Benefits	Balanced Care 1 (2019)	Balanced Care 2 (2019)	Balanced Care 3 (2019)	Balanced Care 4 (2019)	Balanced Care 5 (2019)	Balanced Care 11 (2019)
<b>Annual Well Visit/Screening/Immunization/Well Baby</b>	No charge	No charge	No charge	No charge	No charge	No charge
<b>Pediatric Vision-Routine Eye Exam</b> (1 visit per year)	No charge	No charge	No charge	No charge	No charge	No charge
<b>Pediatric Vision-Eyeglasses</b> (frames, 1 per year)	No charge	No charge	No charge	No charge	No charge	No charge
<b>Pediatric Vision-Lenses</b> (per pair)	No charge	No charge	No charge	No charge	No charge	No charge
<b>My Health Pays™ Rewards Program</b>	No charge	No charge	No charge	No charge	No charge	No charge
<b>Medical Deductible</b> (Ind/Fam)	\$0/\$0	\$575/\$1,150	\$200/\$400	\$600/\$1,200	\$675/\$1,350	\$0/\$0
<b>Prescription Drug Deductible</b> (Ind/Fam)	Integrated with medical ded.	Integrated with medical ded.	Integrated with medical ded.	Integrated with medical ded.	Integrated with medical ded.	Integrated with medical ded.
<b>Out-of-pocket Maximum</b> (Ind/Fam)	\$1,075/\$2,150	\$575/\$1,150	\$700/\$1,400	\$600/\$1,200	\$675/\$1,350	\$1,000/\$2,000
<b>PCP Office Visit</b>	No charge	\$1	No charge	No charge	No charge	No charge
<b>Specialist Office Visit</b>	\$10	\$5	\$5	\$5	\$5	\$5
<b>Imaging</b> (CT/PET Scans, MRIs)	20%	No charge after ded.	30% after ded.	No charge after ded.	No charge after ded.	25%
<b>X-rays &amp; Diagnostic Imaging</b>	20%	No charge after ded.	30% after ded.	No charge after ded.	No charge after ded.	No charge for laboratory outpatient & professional services; 25% for x-ray & diagnostic imaging
<b>Urgent Care</b>	\$10	\$10	\$10	\$10	\$10	\$10
<b>Emergency Room*</b>	20%	No charge after ded.	\$50 with ded.	No charge after ded.	No charge after ded.	25%
<b>Emergency Transportation*</b>	20%	No charge after ded.	30% after ded.	No charge after ded.	No charge after ded.	25%
<b>Inpatient Facility Fee</b>	20%	No charge after ded.	\$75 per day with ded.	No charge after ded.	No charge after ded.	25%
<b>Inpatient Hospital Physician &amp; Surgical Services</b>	20%	No charge after ded.	\$50 per stay	No charge after ded.	No charge after ded.	25%
<b>Outpatient Facility Fee</b>	20%	No charge after ded.	30% after ded.	No charge after ded.	No charge after ded.	25%
<b>Outpatient Surgery Physician/Surgical Services</b>	20%	No charge after ded.	30% after ded.	No charge after ded.	No charge after ded.	25%
<b>Labs &amp; Diagnostics</b>	20%	No charge after ded.	30% after ded.	No charge after ded.	No charge after ded.	No charge
<b>Mental/Behavioral Health &amp; Substance Use Disorder Outpatient Services</b>	No charge for office visits; 20% after ded. for all other outpatient services	\$1 for office visits; No charge after ded. for all other outpatient services	No charge for office visits; 30% after ded. for all other outpatient services	No charge for office visits; No charge after ded. for all other outpatient services	No charge for office visits; No charge after ded. for all other outpatient services	No charge for office visits; 25% for all other outpatient services
<b>Rehabilitation Outpatient Services</b> (Includes Speech, Occupational, Physical Therapy)	20%	No charge after ded.	30% after ded.	No charge after ded.	No charge after ded.	25%
<b>Pharmacy**</b> (Generic / Preferred / Non-preferred / Specialty)	No charge / \$25 / 20% / 20%	\$1 / \$25 / No charge after ded. / No charge after ded.	No charge / \$25 / 30% after ded. / 30% after ded.	No charge / \$25 / No charge after ded. / No charge after ded.	No charge / \$25 / No charge after ded. / No charge after ded.	No charge / \$25 / 25% / 25%

\*Eligible Out-of-network expenses are covered at the In-network level. You may be responsible for the difference between the amount billed and the amount we cover.

\*\*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 Major Medical Expense Policy and Schedule of Benefits prior to receiving services. Exclusions and limitations may apply.

Ambetter from Sunshine Health is a Qualified Health Plan issuer in the Florida 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.

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<b>Spanish:</b>	Si usted, o alguien a quien está ayudando, tiene preguntas acerca de Ambetter de Sunshine Health, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-877-687-1169 (Relay Florida 1-800-955-8770).
<b>French Creole:</b>	Si oumenm, oubyen yon moun w ap ede, gen kesyon nou ta renmen poze sou Ambetter from Sunshine Health, ou gen tout dwa pou w jwenn ed ak enfòmasyon nan lang manman w san sa pa koute w anyen. Pou w pale avèk yon entèprèt, sonnen nimewo 1-877-687-1169 (Relay Florida 1-800-955-8770).
<b>Vietnamese:</b>	Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Ambetter from Sunshine 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 1-877-687-1169 (Relay Florida 1-800-955-8770).
<b>Portuguese:</b>	Se você, ou alguém a quem você está ajudando, tem perguntas sobre o Ambetter from Sunshine Health, você tem o direito de obter ajuda e informação em seu idioma e sem custos. Para falar com um intérprete, ligue para 1-877-687-1169 (Relay Florida 1-800-955-8770).
<b>Chinese:</b>	如果您，或是您正在協助的對象，有關於 Ambetter from Sunshine 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 1-877-687-1169 (Relay Florida 1-800-955-8770)。
<b>French:</b>	Si vous-même ou une personne que vous aidez avez des questions à propos d'Ambetter from Sunshine Health, vous avez le droit de bénéficier gratuitement d'aide et d'informations dans votre langue. Pour parler à un interprète, appelez le 1-877-687-1169 (Relay Florida 1-800-955-8770).
<b>Tagalog:</b>	Kung ikaw, o ang iyong tinutulongan, ay may mga katanungan tungkol sa Ambetter from Sunshine Health, may karapatan ka na makakuha nang tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa 1-877-687-1169 (Relay Florida 1-800-955-8770).
<b>Russian:</b>	В случае возникновения у вас или у лица, которому вы помогаете, каких-либо вопросов о программе страхования Ambetter from Sunshine Health вы имеете право получить бесплатную помощь и информацию на своем родном языке. Чтобы поговорить с переводчиком, позвоните по телефону 1-877-687-1169 (Relay Florida 1-800-955-8770).
<b>Arabic:</b>	إذا كان لديك أو لدى شخص تساعد أسئلة حول Ambetter from Sunshine Health ، لديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم اتصل بـ 1-877-687-1169 (Relay Florida 1-800-955-8770).
<b>Italian:</b>	Se lei, o una persona che lei sta aiutando, avesse domande su Ambetter from Sunshine Health, ha diritto a usufruire gratuitamente di assistenza e informazioni nella sua lingua. Per parlare con un interprete, chiami il 1-877-687-1169 (Relay Florida 1-800-955-8770).
<b>German:</b>	Falls Sie oder jemand, dem Sie helfen, Fragen zu Ambetter from Sunshine 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 1-877-687-1169 (Relay Florida 1-800-955-8770) an.
<b>Korean:</b>	만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Ambetter from Sunshine Health 에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 1-877-687-1169 (Relay Florida 1-800-955-8770) 로 전화하십시오.
<b>Polish:</b>	Jeżeli ty lub osoba, której pomagasz, macie pytania na temat planów za pośrednictwem Ambetter from Sunshine Health, macie prawo poprosić o bezpłatną pomoc i informacje w języku ojczystym. Aby skorzystać z pomocy tłumacza, zadzwoń pod numer 1-877-687-1169 (Relay Florida 1-800-955-8770).
<b>Gujarati:</b>	જો તમને અથવા તમે જેમની મદદ કરી રહ્યા હોય તેમને, Ambetter from Sunshine Health વિશે કોઈ પ્રશ્ન હોય તો તમને, કોઈ ખર્ચ વિના તમારી ભાષામાં મદદ અને માહિતી પ્રાપ્ત કરવાનો અધિકાર છે. દુભાષિયા સાથે વાત કરવા માટે 1-877-687-1169 (Relay Florida 1-800-955-8770) ઉપર કોલ કરો.
<b>Thai:</b>	หากท่านหรือผู้ที่ท่านให้ความช่วยเหลืออยู่ในขณะนี้มีค ำถามเกี่ยวกับ Ambetter from Sunshine Health ท่านมีสิทธิ์ที่จะได้ รับความช่วยเหลือและข ้อมูลในภาษาของท่าน โดยไม่เสียค่าใช้จ่ายใด ๆ ทั้งสิ้น หากต้องการใ้ บริการล่าม กรุณาโทรศัพท์ติดต่อที่หมายเลข 1-877-687-1169 (Relay Florida 1-800-955-8770)

Statement of Non-Discrimination

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

Ambetter from Sunshine 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 Sunshine Health at 1-877-687-1169 (Relay FL 1-800-955-8770).

If you believe that Ambetter from Sunshine 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 Unit Sunshine Health, 1301 International Parkway, Suite 400, Sunrise, Florida 33323, 1-877-687-1169 (Relay Florida 1-800-955-8770), Fax, 1-866-534-5972. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Ambetter from Sunshine 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>.