



**ambetter.**

# Balanced Care 87 Plans

**YOUR HEALTH. OUR PRIORITY.**



*Magnolia Health delivers quality healthcare solutions that help Mississippi residents live better. And with Ambetter, our Health Insurance Marketplace insurance plan, we offer a variety of affordable options that make it easier to stay healthy—and to stay covered.*

At Magnolia Health, we believe that nothing is more important than your health. We also believe that you deserve to get the most out of your Marketplace health insurance plan.

That's why we make sure our Ambetter plans fit your health needs and your budget. But our focus doesn't stop there. In fact, our commitment to your well-being extends far

beyond the doctor's office and into your everyday life. Magnolia Health is active in your local community—and we're dedicated to helping you live well.

Our Ambetter plans also offer a wide variety of valuable programs, educational tools and support. With Ambetter from Magnolia Health it's easy to stay in charge of your health. And to lead a healthy, fulfilling life.



**Comprehensive Medical Care**  
Complete medical care that covers all of your Essential Health Benefits.



**My Health Pays™ Program**  
Earn reward dollars just by staying proactive about your health.



**Optional Adult Dental Coverage**  
Coverage for services such as teeth cleanings, screenings and exams.



**Vision Coverage**  
Pediatric coverage for services such as eye exams and prescription eyewear. Optional adult vision coverage also available.



**24/7 Nurse Advice Line**  
Call and talk to a registered nurse 24 hours a day, 7 days a week to ask questions or get medical advice.



**Integrated Care Management**  
Get well and stay well with preventive care and whole health services.



**Gym Reimbursement Program**  
Ambetter's gym membership benefits program makes it easier to stay in shape and stay healthy.



**Prescription Coverage**  
Get coverage for your medical prescriptions.



Ambetter from Magnolia Health is a Qualified Health Plan issuer in the Mississippi 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.

**Enroll TODAY**

**Call us today at 1-877-687-1187 (TDD/TTY: 1-877-941-9235) or visit us at [Ambetter.MagnoliaHealthPlan.com](http://Ambetter.MagnoliaHealthPlan.com).**

# Balanced Care 87 Plans (silver level)

	Balanced Care 5	Balanced Care 6
Medical Annual Deductible	<b>Individual:</b> \$500; <b>Family:</b> \$1,000	<b>Individual:</b> \$250; <b>Family:</b> \$500
Medical Coinsurance	100/0% coinsurance after annual deductible	80/20% coinsurance after annual deductible
Prescription Drug Annual Deductible	<b>Individual:</b> \$100; <b>Family:</b> \$200	<b>Individual:</b> \$100; <b>Family:</b> \$200
Prescription Drug Coinsurance	Not Applicable	80/20% coinsurance after annual deductible
Maximum Annual Out-of-Pocket	<b>Individual:</b> \$2,250; <b>Family:</b> \$4,500	<b>Individual:</b> \$2,250; <b>Family:</b> \$4,500

Emergency Services	Your Cost (In-Network Providers only)	Your Cost (In-Network Providers only)
Emergency Room Services	\$100 copay after annual deductible*	\$75 copay after annual deductible*
Emergency Transportation/Ambulance (Air or Ground)	0% coinsurance after annual deductible*	20% coinsurance after annual deductible*
Urgent Care	\$50 copay	\$50 copay

Provider Services		
Annual Well Visit/Screening/Immunization/Well Baby	No Charge	No Charge
Primary Care Visit to treat an injury or illness and Maternity	\$10 copay	\$15 copay
Specialist Visit (e.g. Cardiology, Podiatry, Chiropractic Care)	\$20 copay	\$25 copay
Imaging (CT/PET Scans, MRIs)	\$50 copay after annual deductible	20% coinsurance after annual deductible
X-rays & Diagnostic Imaging	\$10 copay after annual deductible	20% coinsurance after annual deductible

Inpatient & Outpatient Services		
Inpatient Hospital Services (Includes Mental Health & Substance Abuse and Maternity)	0% coinsurance after annual deductible	20% coinsurance after annual deductible
Inpatient Hospital Fee	\$250 copay per stay after annual deductible	20% coinsurance after annual deductible
Outpatient Facility Fee (e.g. Ambulatory Surgery Center)	\$50 copay after annual deductible	20% coinsurance after annual deductible
Outpatient Surgery Physician/Surgical Services	\$0 coinsurance after annual deductible	20% coinsurance after annual deductible
Laboratory Outpatient & Professional Services	\$10 copay after annual deductible	20% coinsurance after annual deductible

Other Medical Services		
Mental/Behavioral Health & Substance Abuse Disorder Outpatient Services	\$50 copay after annual deductible	20% coinsurance after annual deductible
Rehabilitative Speech Therapy/Rehabilitative Occupational & Rehabilitative Physical Therapy	\$10 copay after annual deductible	20% coinsurance after annual deductible
Skilled Nursing Facility	\$100 copay per stay after annual deductible	20% coinsurance after annual deductible

Pediatric Vision		
Routine Eye Exam (1 visit per year)	100% covered after \$20 copay	100% covered after \$20 copay
Eyeglasses (frames, 1 item per year)	100% covered after \$20 copay	100% covered after \$20 copay
Lenses (per pair)	100% covered after \$20 copay	100% covered after \$20 copay

Prescription Drugs		
Generics	\$10 copay**	\$10 copay**
Preferred Brand Drugs	\$20 copay after annual prescription drug deductible	\$20 copay after annual prescription drug deductible
Non-preferred Brand Drugs	\$40 copay after annual prescription drug deductible	\$50 copay after annual prescription drug deductible
Specialty Drugs	\$250 copay after annual prescription drug deductible	20% coinsurance after annual prescription drug deductible, \$350 maximum per prescription

Optional Services	
Optional Adult Vision or Adult Vision/Dental coverage also available.	

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

\*\*If the cost of the generic drug is less than the copay, you pay the lesser amount.

Information shown represents a 87% Actuarial Value. This is only a summary of the major benefits provided by our plans. This is not a contract. Benefits may vary by state.

For help understanding the terms used above, see the *Words to Know* page on [Ambetter.MagnoliaHealthPlan.com](http://Ambetter.MagnoliaHealthPlan.com).



# Adult Vision Benefits *(Optional)*

(Ages 19 years of age and older)

	Your Cost (In-network Providers only)	Out-of-network
Routine Eye Exam (1 visit per year)	100% covered after \$20 copay	Not Covered
Eyeglass Frames or Contacts (in lieu of glasses)	Covered up to \$130 after \$20 copay	Not Covered
Lenses for Eyeglasses (per pair)	100% covered after \$20 copay	Not Covered

# Adult Dental Benefits\* *(Optional)*

(Ages 19 years of age and older, does not include Pediatric Dental coverage)

Annual Maximum Dental Benefit**	\$1,000 per covered person per calendar year
---------------------------------	--

Basic Dental (Class 1)	Your Cost (In-network Providers only)	Out-of-network
Routine Oral Exam (1 per 6 months)	No Charge, subject to Annual Maximum	Not Covered
Routine Cleaning (1 per 6 months)	No Charge, subject to Annual Maximum	Not Covered
X-rays (1 per 12 months)	No Charge, subject to Annual Maximum	Not Covered

Comprehensive Dental (Class 2)***	Your Cost (In-network Providers only)	Out-of-network
Basic Services: Fillings (1 per 2 years)	50% coinsurance, subject to Annual Maximum	Not Covered
Periodontics: Scaling & Root Planning (1 per 24 months)	50% coinsurance, subject to Annual Maximum	Not Covered
Oral Surgery: Simple Extractions	50% coinsurance, subject to Annual Maximum	Not Covered
Prosthodontics	50% coinsurance, subject to Annual Maximum	Not Covered

\*If you require coverage for Pediatric Dental please shop on the Health Insurance Marketplace for a stand alone dental plan.

\*\*Dental Annual Maximum Benefit does not apply toward any other maximums.

\*\*\*Please Note: Comprehensive Dental Benefits (Class 2) are subject to a six month waiting period until services can be rendered.



## ADDITIONAL SERVICES

### **My Health Pays™ - Earn up to \$125:**

Ambetter from Magnolia Health rewards your healthy choices through our My Health Pays incentive program. Earn up to \$125 on your My Health Pays card for:

- Completing your online Welcome Survey (\$50)
- Getting your Annual Wellness Exam (\$50)
- Getting your Annual Flu Vaccine (\$25)

Use your card to pay for out-of-pocket costs such as doctor copays, deductibles or monthly premium payments.

### **Gym Membership Benefits:**

Ambetter's gym membership benefits program makes it easier to stay in shape and stay healthy. With Ambetter, you can:

- Earn \$20 on your My Health Pays card every month you visit the gym of your choice at least eight times.
- Get discounts on gym membership fees at approved locations. We've partnered with gyms and health clubs across the country. Just visit [Ambetter.MagnoliaHealthPlan.com](http://Ambetter.MagnoliaHealthPlan.com) to find an eligible gym in your area.

Enroll **TODAY**



**Call us today at 1-877-687-1187 (TDD/TTY: 1-877-941-9235)  
or visit us at [Ambetter.MagnoliaHealthPlan.com](http://Ambetter.MagnoliaHealthPlan.com).**

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 Magnolia 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 Magnolia Health. Policy provisions vary in some states. This is a solicitation for insurance.