



FROM



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Product Training - 2019



About Ambetter

- Ambetter health insurance plans are designed to deliver high quality, locally-based healthcare services to our members
- Established to deliver quality health insurance through local, regional and community-based resources, our Ambetter products are offered by the Centene Corporation. Centene is a Fortune **100** company with over 30 years in the managed care industry
- Ambetter is certified as a Qualified Health Plan issuer on the Health Insurance Marketplace



Local, Helpful, Affordable

- Local presence of the health plan – customer service by people that live and work in the community
- Easy to understand and helpful from enrollment through membership
- Ambetter helps our members navigate their healthcare
- Medical management programs
- 24/7 Nurse line



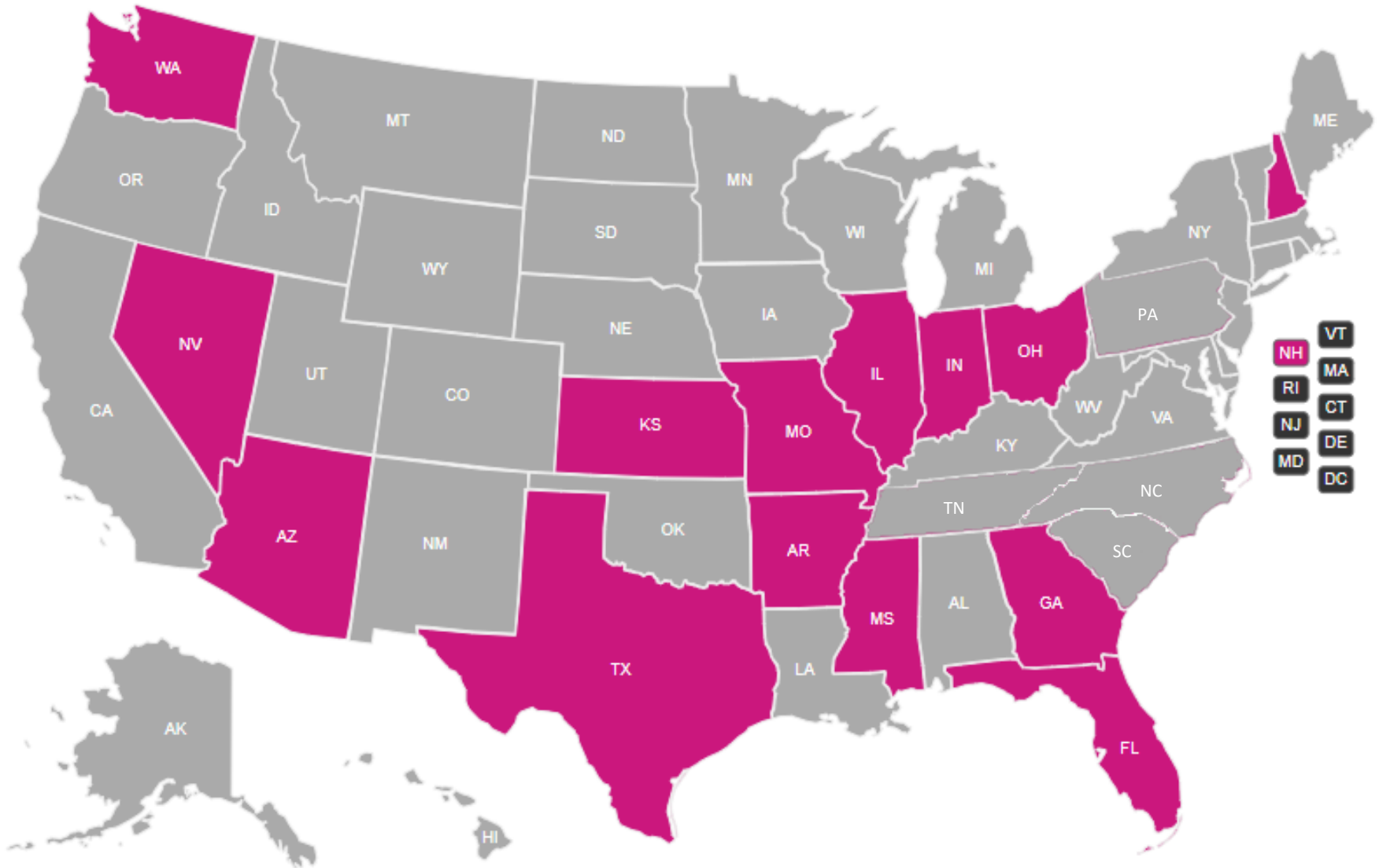


Arizona Complete Health Plan

- **Focus on individuals:** We believe treating people with kindness, respect and dignity empowers healthy decisions and that healthier individuals create more vibrant families and communities
- **Whole health:** We believe in treating the whole person, not just the physical body
- **Active local involvement:** We believe local partnerships enable meaningful, accessible healthcare with local provider relations, medical management and member services staff



Coverage Area





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2019 Portfolio



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Gold






Silver



Bronze






2019 Portfolio

	<i>Pima County Product I Medical EHB</i>	<i>Maricopa County Product II Medical EHB</i>
 Gold	<div>Ambetter Secure Care 4 3 Free PCP Visits</div>	<div>Ambetter Secure Care 4 3 Free PCP Visits</div>
 Silver	<div>Ambetter Balanced Care 4 (2019)</div> <div>Ambetter Balanced Care 9 (2019)</div> <div>Ambetter Balanced Care 11 \$0 Deductible 87% & 94%</div>	<div>Ambetter Balanced Care 4 (2019)</div> <div>Ambetter Balanced Care 9 (2019)</div> <div>Ambetter Balanced Care 11 \$0 Deductible 87% & 94%</div>
 Bronze	<div>Ambetter Essential Care 2 HSA (2019)</div>	<div>Ambetter Essential Care 1 (2019)</div> <div>Ambetter Essential Care 2 HSA (2019)</div>

Black Outline: Indicates new plan for 2019



Essential Care 1 (2019)

	Subj. to Ded.	Essential Care 1 (2019)
Medical Deductible	NA	 \$7,900
Coinsurance	NA	0%
Rx Deductible	NA	INT
Rx Coinsurance	NA	INT
MOOP	NA	 \$7,900
Emergency Room Services	Y	0%
All Inpatient Hospital Services (Inc. MHSA)	Y	0%
Inpatient Surgery Physician/Surgical Services	Y	0%
Urgent Care	Y	0%
Primary Care Visit to Treat an Injury or Illness	Y	0%
Specialist Visit	Y	0%
Mental/BH & Substance Abuse Disorder Outpatient Services	Y	0%
Imaging (CT/PET Scans, MRIs)	Y	0%
Rehabilitative Speech Therapy	Y	0%
Rehabilitative OT/PT	Y	0%
Preventive Care/Screening/Immunization	N	No Charge
Laboratory Outpatient and Professional Services	Y	0%
X-rays and Diagnostic Imaging	Y	0%
Skilled Nursing Facility	Y	0%
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Y	0%
Outpatient Surgery Physician/Surgical Services	Y	0%
Drugs		
Generics	N	 \$20
Preferred Brand Drugs	Y	0%
Non-Preferred Brand Drugs	Y	0%
Specialty Drugs (i.e. high-cost)	Y	0%



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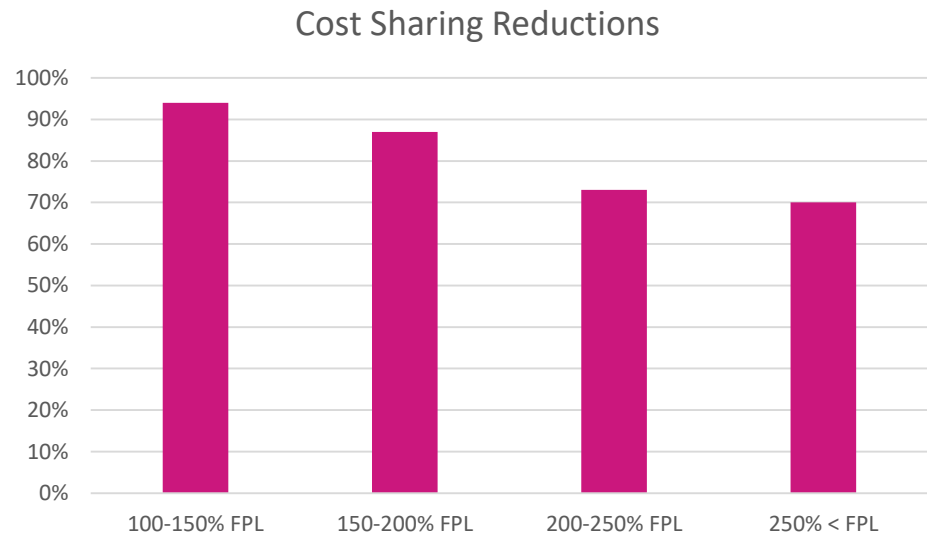
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Essential Care 2 HSA(2019)

	Subj. to Ded.	Essential Care 2 HSA (2019)
Medical Deductible	NA	\$6,550
Coinsurance	NA	0%
Rx Deductible	NA	INT
Rx Coinsurance	NA	INT
MOOP	NA	\$6,550
Emergency Room Services	Y	0%
All Inpatient Hospital Services (Inc. MHSA)	Y	0%
Inpatient Surgery Physician/Surgical Services	Y	0%
Urgent Care	Y	0%
Primary Care Visit to Treat an Injury or Illness	Y	0%
Specialist Visit	Y	0%
Mental/BH & Substance Abuse Disorder Outpatient Services	Y	0%
Imaging (CT/PET Scans, MRIs)	Y	0%
Rehabilitative Speech Therapy	Y	0%
Rehabilitative OT/PT	Y	0%
Preventive Care/Screening/Immunization	N	Free
Laboratory Outpatient and Professional Services	Y	0%
X-rays and Diagnostic Imaging	Y	0%
Skilled Nursing Facility	Y	0%
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Y	0%
Outpatient Surgery Physician/Surgical Services	Y	0%
Drugs		
Generics	Y	0%
Preferred Brand Drugs	Y	0%
Non-Preferred Brand Drugs	Y	0%
Specialty Drugs (i.e. high-cost)	Y	0%


















Cost Sharing Reductions (CSR)

- Cost Sharing Reductions lower out-of-pocket expenses by raising the actuarial value (AV) of your clients plan. That means CSR's lower copays, deductibles, and maximum out-of-pocket costs.
 - **More than 250% FPL = 70% AV (No CSRs)**
 - **200-250% FPL = 73% AV**
 - **150-200% FPL = 87% AV**
 - **100-150% FPL = 94% AV**





Balanced Care 11 (2019)







	Subj. to Ded.	Balanced Care 11 (2019) (70%)	Balanced Care 11 (2019) (73%)	Balanced Care 11 (2019) (87%)	Balanced Care 11 (2019) (94%)
 Medical Deductible	NA	\$6,000	\$2,625	 \$0	 \$0
Coinsurance	NA	40%	40%	40%	25%
Rx Deductible	NA	INT	INT	INT	INT
Rx Coinsurance	NA	INT	INT	INT	INT
MOOP	NA	 \$7,900	\$6,300	\$2,600	 \$1,000
Emergency Room Services	Y	40%	40%	40%	25%
All Inpatient Hospital Services (Inc. MHSA)	Y	40%	40%	40%	25%
Urgent Care	N	\$100	\$75	\$10	\$10
 Primary Care Visit to Treat an Injury or Illness	N	 \$30	\$20	\$7	 \$0
 Specialist Visit	N	 \$60	\$40	\$10	 \$5
 Mental/BH & Substance Abuse Disorder Outpatient Services	N	 \$30	\$20	 \$7	 \$0
Imaging (CT/PET Scans, MRIs)	Y	40%	40%	40%	25%
Rehabilitative Speech Therapy	Y	40%	40%	40%	25%
Rehabilitative OT/PT	Y	40%	40%	40%	25%
Preventive Care/Screening/Immunization	N	Free	Free	Free	Free
Laboratory Outpatient and Professional Services	Y	\$30	\$25	\$20	Free
X-rays and Diagnostic Imaging	Y	40%	40%	40%	25%
Skilled Nursing Facility	Y	40%	40%	40%	25%
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Y	40%	40%	40%	25%
Outpatient Surgery Physician/Surgical Services	Y	40%	40%	40%	25%
Drugs					
Generics	N	 \$20	\$20	\$7	 \$0
Preferred Brand Drugs	N	\$50	\$50	\$30	\$25
Non-Preferred Brand Drugs	Y	40%	40%	40%	25%
Specialty Drugs (i.e. high-cost)	Y	40%	40%	40%	25%



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Balanced Care 4 (2019)

	Subj. to Ded.	Balanced Care 4 (2019) (70%)	Balanced Care 4 (2019) (73%)	Balanced Care 4 (2019) (87%)	Balanced Care 4 (2019) (94%)
Medical Deductible	NA	\$7,050	\$5,325	\$1,850	 \$600
Coinsurance	NA	0%	0%	0%	0%
Rx Deductible	NA	INT	INT	INT	INT
Rx Coinsurance	NA	INT	INT	INT	INT
MOOP	NA	\$7,050	\$5,325	\$1,850	 \$600
Emergency Room Services	Y	0%	0%	0%	0%
All Inpatient Hospital Services (Inc. MHSA)	Y	0%	0%	0%	0%
Inpatient Surgery Physician/Surgical Services	Y	0%	0%	0%	0%
Urgent Care	N	\$100	\$75	\$10	\$10
Primary Care Visit to Treat an Injury or Illness	N	 \$30	\$15	\$0	 \$0
Specialist Visit	N	\$60	\$45	\$5	\$5
Mental/BH & Substance Abuse Disorder Outpatient Services	N	\$30	\$15	\$0	\$0
Imaging (CT/PET Scans, MRIs)	Y	0%	0%	0%	0%
Rehabilitative Speech Therapy	Y	0%	0%	0%	0%
Rehabilitative OT/PT	Y	0%	0%	0%	0%
Preventive Care/Screening/Immunization	N	Free	Free	Free	Free
Laboratory Outpatient and Professional Services	Y	0%	0%	0%	0%
X-rays and Diagnostic Imaging	Y	0%	0%	0%	0%
Skilled Nursing Facility	Y	0%	0%	0%	0%
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Y	0%	0%	0%	0%
Outpatient Surgery Physician/Surgical Services	Y	0%	0%	0%	0%
Drugs					
Generics	N	 \$15	\$15	\$0	 \$0
Preferred Brand Drugs	N	\$50	\$50	\$25	\$25
Non-Preferred Brand Drugs	Y	0%	0%	0%	0%
Specialty Drugs (i.e. high-cost)	Y	0%	0%	0%	0%



Balanced Care 9 (2019)

	Subj. to Ded.	Balanced Care 9 (2019) (70%)	Balanced Care 9 (2019) (73%)	Balanced Care 9 (2019) (87%)	Balanced Care 9 (2019) (94%)
Medical Deductible	NA	\$4,200	\$3,300	\$925	 \$50
Coinsurance	NA	20%	20%	15%	10%
Rx Deductible	NA	INT	INT	INT	INT
Rx Coinsurance	NA	50%	INT	INT	INT
MOOP	NA	\$7,150	\$6,300	\$2,550	 \$1,850
Emergency Room Services	N	\$400	\$250	\$75	\$25
All Inpatient Hospital Services (Inc. MHSA)	Y	20%	20%	15%	10%
Urgent Care	N	\$50	\$50	\$50	\$15
Primary Care Visit to Treat an Injury or Illness	N	\$30	\$30	\$15	 \$3
Specialist Visit	N	\$50	\$50	\$20	\$5
Mental/BH & Substance Abuse Disorder Outpatient Services	N	\$30	\$30	\$15	\$3
Imaging (CT/PET Scans, MRIs)	N	\$250	\$250	\$100	\$75
Rehabilitative Speech Therapy	N	\$50	\$50	\$15	\$3
Rehabilitative OT/PT	N	\$50	\$50	\$15	\$3
Preventive Care/Screening/Immunization	N	No charge	No charge	No charge	No charge
Laboratory Outpatient and Professional Services	N	\$20	\$20	\$15	\$3
X-rays and Diagnostic Imaging	N	\$50	\$50	\$20	\$5
Skilled Nursing Facility	Y	20%	20%	15%	10%
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Y	20%	20%	15%	10%
Outpatient Surgery Physician/Surgical Services	Y	20%	20%	15%	10%
Drugs					
Generics	N	 \$20	 \$20	 No charge	 No charge
Preferred Brand Drugs	Y	\$40	\$40	\$25	\$25
Non-Preferred Brand Drugs	Y	\$70	\$70	\$40	\$40
Specialty Drugs (i.e. high-cost)	Y	50%	20%	15%	10%



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Secure Care 4 (2019)

	Subject to Deductible	SC 4
Medical Deductible	NA	\$1,400
Medical Coinsurance	NA	10%
Rx Deductible	NA	INT
Rx Coinsurance	NA	50%
MOOP	NA	\$5,750
Emergency Room Services	Y	\$150
All Inpatient Hospital Services (inc. MHSA)	Y	\$375*
Urgent Care	N	\$50
Primary Care Visit to Treat an Injury or Illness	N	\$10
Specialist Visit	N	\$30
Mental/BH and Substance Abuse Disorder Outpatient Services	N	\$10 Copay/Office Visit; deductible does not apply; No charge for all other services
Imaging (CT/PET Scans, MRIs)	Y	\$250
Rehabilitative Speech Therapy	Y	\$60
Rehabilitative OT/PT	Y	\$60
Preventive Care/Screening/Immunization	N	No charge
Laboratory Outpatient and Professional Services	Y	\$0
X-rays and Diagnostic Imaging	Y	\$60
Skilled Nursing Facility	Y	\$375*
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Y	10%
Outpatient Surgery Physician/Surgical Services	Y	10%
Drugs		
Generics	N	\$15
Preferred Brand Drugs	N	\$50
Non-Preferred Brand Drugs	Y	\$70
Specialty Drugs (i.e. high-cost)	Y	50%

*Copay applies per day limited to 3 days per occurrence

Pediatric Vision

Up to 19 years of age

	Subj. to Ded.	Your Cost In-network Providers Only	Out-of-Network
Copayment for Exams and Eyewear	NA	 \$0	Not Covered
Exams and Eyewear			
Routine Eye Exam (1 visit per year)	N	 100% Covered	Not Covered
Eyeglasses (frames) and contacts (1 item per year)	N	100% Covered	Not Covered
Lenses (per pair)			
Single	N	100% Covered	Not Covered
Bifocal	N	100% Covered	Not Covered
Trifocal	N	100% Covered	Not Covered
Lenticular	N	100% Covered	Not Covered
Contact Lenses			
Contact lenses (in lieu of glasses)	N	100% Covered	Not Covered
Contact Lens Fitting	N	100% Covered	Not Covered
Specialty Lens Fitting	N	100% Covered	Not Covered



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Post Application and Beyond

Post Application

- After submitting an application an 834 Enrollment File is sent by the Marketplace to Ambetter
- After we receive the 834 File an applicant can expect to receive a welcome letter and billing statement in about 7 days
- After first payment, members will receive their ID cards in about 7 days

Welcome Packet



Welcome Brochure: Information about our My Health Pays program, a premium rate letter and plan brochure



Start Guide Card: Check list that helps the member with “what’s next” now that they are enrolled with Ambetter

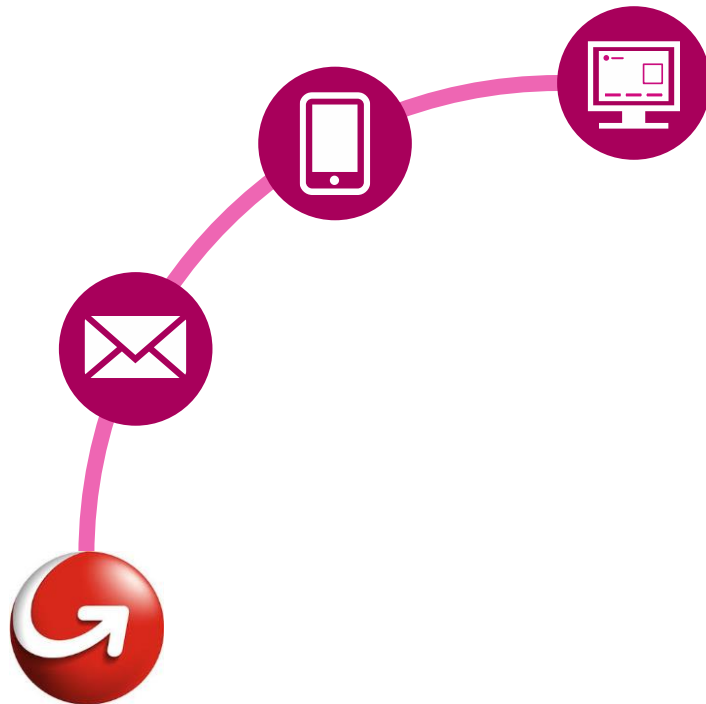


Tip Sheet: Information about a members rights and responsibilities

Payment

A policy is not effective until the first months premium is received!

- Pay Online
- Pay by Phone
- Pay by Mail
- Pay by MoneyGram®



My Health Pays Rewards



Wellbeing Survey	\$50
Well Visit	\$50
Flu Shot	\$25
<hr/>	
TOTAL:	\$125

Monthly Ambetter Premium

Deductibles

Coinsurance

Doctor Copays

Key Points

- Members earn reward dollars for healthy behaviors such as getting an annual physical, flu shot and completing the Wellbeing survey
- There's no cost to get these reward dollars provided that members use an In-network provider
- Balances expire and cards are closed after the member leaves the plan
- All earned rewards are loaded onto the My Health Pays card automatically and cards arrive about 2 weeks from the time the wellness visit claim is paid or other first activity is completed

24/7 Nurse Response Line

- The Nurse Response Line is open 24/7 year round.
- Sometimes, members may not be sure if they need to go to the emergency room. Calling the Nurse Response Line will help members decide if it's a real emergency and if they need care right away.

"I went to the doctor. Now I have a follow-up question."

"I'm pregnant and am having stomach pains
What should I do?"

"My son has a fever. Do I need to go to the ER?"





Teladoc

24-Hour

help for Non-
emergency
issues

Connect

to experts
regardless of
location

Avoid

long wait
times

Reduce

costs when
PCP isn't
available

Good

for outlying
areas



How to Register



Online at [Teladoc.com/enter](https://www.teladoc.com/enter)



**By phone at 1-800-Teladoc
(1-800-835-2362)**



**Have ID card ready, will need to
give agent first/last name and DOB**



Quality, affordable healthcare
when and where you need it.

You are one step
to U.S. board-certified



below to get started.

Date of Birth

Member ID

(Located on your Health Plan ID card.)

New to Teladoc?

We've made it quick and easy to set up
your Teladoc account. Complete the fields
below to get started.

Date of Birth

Member ID

(Located on your Health Plan ID card.
Type the full ID, including letters and
numbers.)

BC/BS Plan

Select Plan ▼

First Name

(As displayed on Health Plan ID Card)

Last Name

(As displayed on Health Plan ID Card)

SET UP ACCOUNT

Need help? Please call 1-800-835-2362

24/7/365* access
at a price you can

Teladoc® is an added benefit
network of U.S. board-certified

Request a phone or online visit
doctors can diagnose many conditions

Convenience



We make it easy to talk to a doctor anytime*
and anywhere. Simply log in to your
account or call 1-800-Teladoc for conditions
like:

Savings



Teladoc costs significantly less than an
urgent care and emergency room visit.
Plus, you can use Teladoc from anywhere:
work, home, business trip or on vacation.

Quality



All Teladoc doctors:

- Are U.S. board-certified in internal
medicine, family practice, emergency
medicine or pediatrics.

Returning member?

Health Management Programs

Ambetter offers a Health Management Program for these conditions:

- **Asthma**
- **Coronary Artery Disease (Adult Only)**
- **Depression**
- **Diabetes**
- **Hypertension (high blood pressure)**
- **High Cholesterol**
- **Low Back Pain**
- **Tobacco Cessation**





Member Portal Overview

- Find a primary care provider
- Complete a short questionnaire to earn cash onto their My Health Pays card
- Pay their monthly premium
- Set up the automatic pay option





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Find a Provider and Formulary List

Finding a Provider



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Open Enrollment is closed. Have a Special Enrollment need?
Call us at 1-877-687-1180

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**Find the Right
Health Plan**



For Members



**My Health Pays™
Rewards Program**

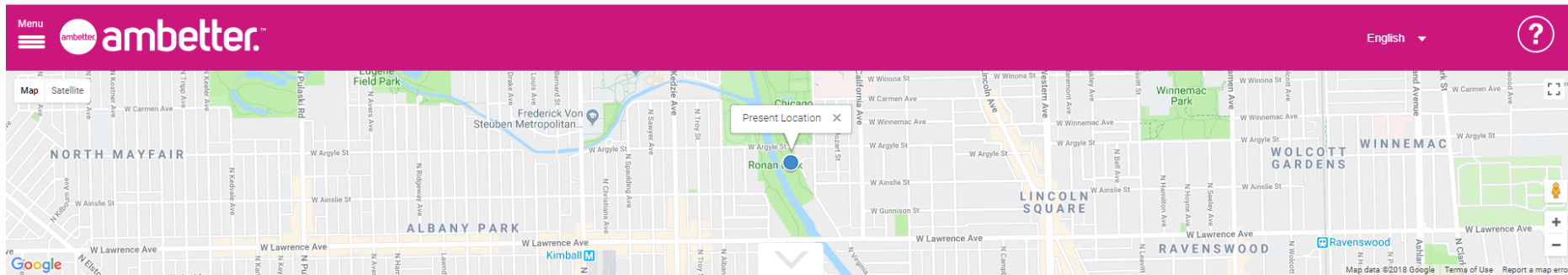
Ambetter from Peach State Health Plan

For years, Peach State Health Plan has delivered healthcare solutions to Georgia residents. And now, it's easier to stay covered with our Health Insurance Marketplace insurance plan: Ambetter.





Location and Search



Network: **Illinois**

Location: [Click to Update](#)

Find a HealthCare Provider



Quick Name
Search



Detailed
Search



My
Favorites



[Click here](#) for information about out-of-network providers (for example: physicians within the emergency service department) who may treat you at Ambetter participating hospitals, and for information on member financial responsibility at out-of-network providers.



Detailed Search

1

Minesh P Shah, MD

Practitioner
0.40 miles



Grady Health System

Emory Medical Care Foundation
80 Jesse Hill Drive Southeast
Atlanta, GA 30303

(404) 616-7440

2

Eva R Rimler, MD

Practitioner
0.40 miles

Grady Health System

(404) 616-9355

Detailed Search

3

Paula

Practitioner
0.40 miles

(404) 616-5800



4

Joyce

Practitioner
0.40 miles

(404) 616-4646

Search

Additional Search Options

Details



Minesh Shah, MD

Practitioner

(404) 616-7440

Grady Health System

Emory Medical Care Foundation

80 Jesse Hill Drive Southeast
Atlanta, GA 30303



Practice Details

Location Hours: Sun, Sat (Closed)

Mon, Tue, Wed, Thu, Fri (8:00 AM - 5:00 PM)

Open Weekends: No

Fax: (404) 727-3157

County: Fulton

Accessible to People with Disabilities: Yes ⓘ

Patient Types

Accepting New Patients: Yes

Age Limitations: 0 mo(s) - 100 yr(s)

Gender Limitation: None

Provider Details

Gender: Male

Specialties:

Critical Care Medicine

◦ **Board Status:** Not Certified [View Details](#)

Internal Medicine

◦ **Board Status:** Board Certified [View Details](#)

Hospital Affiliations: ⓘ None

Additional Practitioner Languages: English, Gujarati

National Provider Identifier: 1962644922



Finding a Medication

Find a P

Pay My P

Find a B

Insurance

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My Health Pays™ Rewards Program

Ambetter from Peach State Health Plan

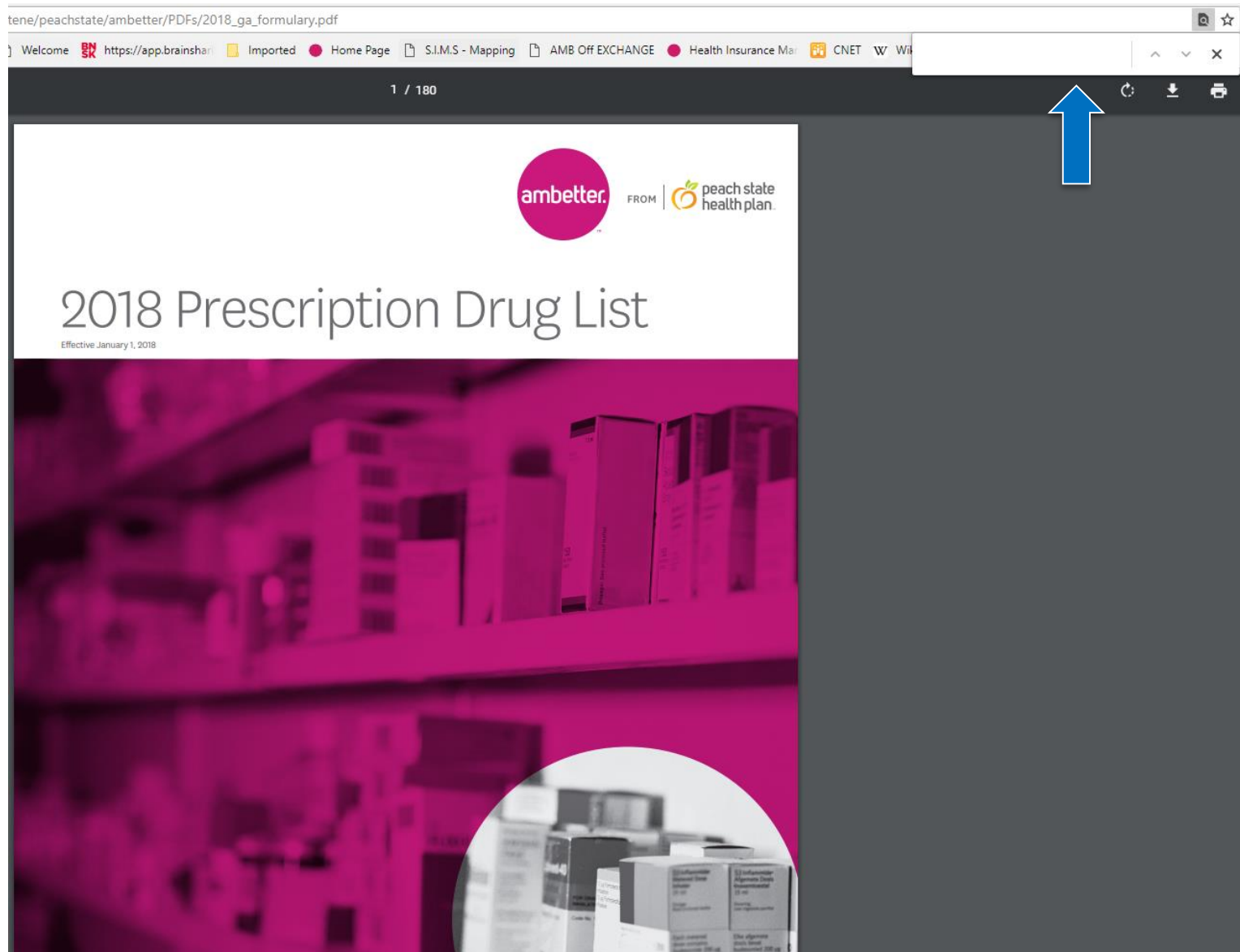
For years, Peach State Health Plan has delivered healthcare solutions to Georgia residents. And now, it's easier to stay covered with our Health Insurance Marketplace insurance plan: Ambetter.



|| Ambetter members.



Searching on the Formulary List



Prescription Tiers

- Tier 0** - No copayment for those drugs that are used for prevention and are mandated by the Affordable Care Act. Select oral contraceptives, vitamin D, folic acid for women of child bearing age, over-the-counter (OTC) aspirin, and smoking cessation products may be covered under this tier. Certain age or gender limits apply.
- Tier 1** - Lowest copayment for those drugs that offer the greatest value compared to other drugs used to treat similar conditions. Select over-the-counter (OTC), generic or brand name drugs may be covered under this tier.
- Tier 2** - Medium copayment covers brand name drugs that are generally more affordable, or may be preferred compared to other drugs to treat the same conditions.
- Tier 3** - Highest copayment covers higher cost brand name drugs. This tier may also cover non-specialty drugs that are not on the Preferred Drug List but approval has been granted for coverage.
- Tier 4** - Coverage for this tier is for "specialty" drugs used to treat complex, chronic conditions that may require special handling, storage or clinical management. For members who do not have a Tier 4 plan, these drugs may be covered under Tier 3.

Abbreviations

Abbreviation	Term	What it means
AL	Age Limit	Some drugs are only covered for certain ages.
QL	Quantity Limit	Some drugs are only covered for a certain amount.
PA	Prior Authorization	Your doctor must ask for approval from Ambetter before some drugs will be covered.
ST	Step Therapy	In some cases, you must first try certain drugs before Ambetter covers another drug for your medical condition. For example, if Drug A and Drug B both treat your medical condition, Ambetter may not cover Drug B unless you try Drug A first.
NF	Non-formulary	This product is not covered unless you or your provider request an exception. Alternative medications are listed next to non-covered product
RX/OTC	Prescription and OTC	These drugs are made in both prescription form and Over-the-counter (OTC) form.



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Sample Result



Drug Name	Drug Tier	Requirements/ Limits
<i>zileuton tb12</i>	1	QL(4 ea daily)
ZYFLO CR TB12 (<i>Use Zileuton</i>)	3	QL(4 ea daily)
Selective Phosphodiesterase 4 (PDE4) Inhibitors		
DALIRESP TABS 250 MCG	3	QL(1 ea daily)30 rti MAX day(s) supply,180 rti lmt day(s),30 mail MAX day(s) supply,180 mail lmt day(s),
DALIRESP TABS 500 MCG	3	
Steroid Inhalants		
ALVESCO AERS	3	PA
ASMANEX TWISTHALER 120 METERED DOSES AEPB	2	
ASMANEX TWISTHALER 14 METERED DOSES AEPB	2	
ASMANEX TWISTHALER 30 METERED DOSES AEPB	2	
ASMANEX TWISTHALER 60 METERED DOSES	2	



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Contact us!

- Ambetterhealth.com
- Ambetter Sales Dept **1-855-700-7985**
- Member services can be reached at **1-888-926-5057**
- jegillespie@centene.com or 312-619-3033

Thank You!