



FROM



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2020 Product Training

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
- Ambetter Telehealth
- My Health Pays



Plan Design Philosophy

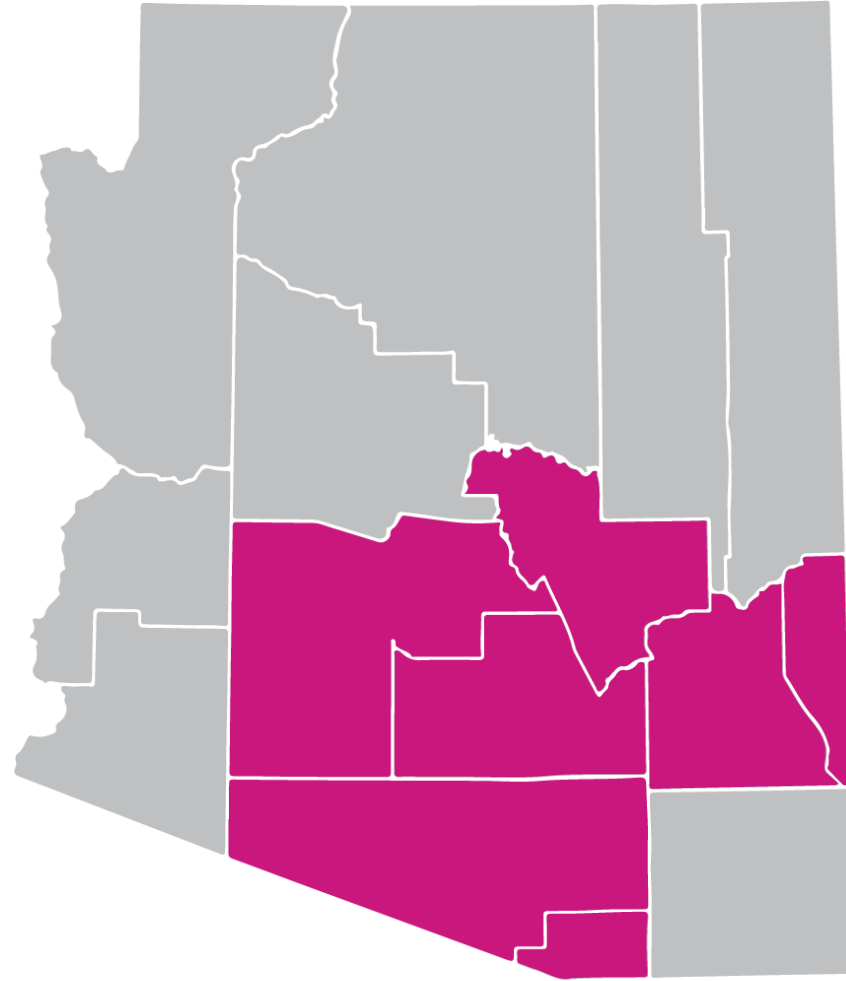
- Focus on offering plans with affordable premiums that will also keep your clients out of pocket costs down
- Maximize cost sharing reductions; Low deductible and copays
- Ambetter's exclusive provider network has strong discounts with select providers



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



2020 County Roster

Gila

Graham

Greenlee

Maricopa

Pima

Pinal

Santa Cruz



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2020 Featured Plans

Plan Tiers

Essential Care (Bronze)

- Low deductibles, but high out of pocket costs

Balanced Care (Silver)

- Best balance of premium and out of pocket costs
- Only plans that qualify for CSR's

Secure Care (Gold)

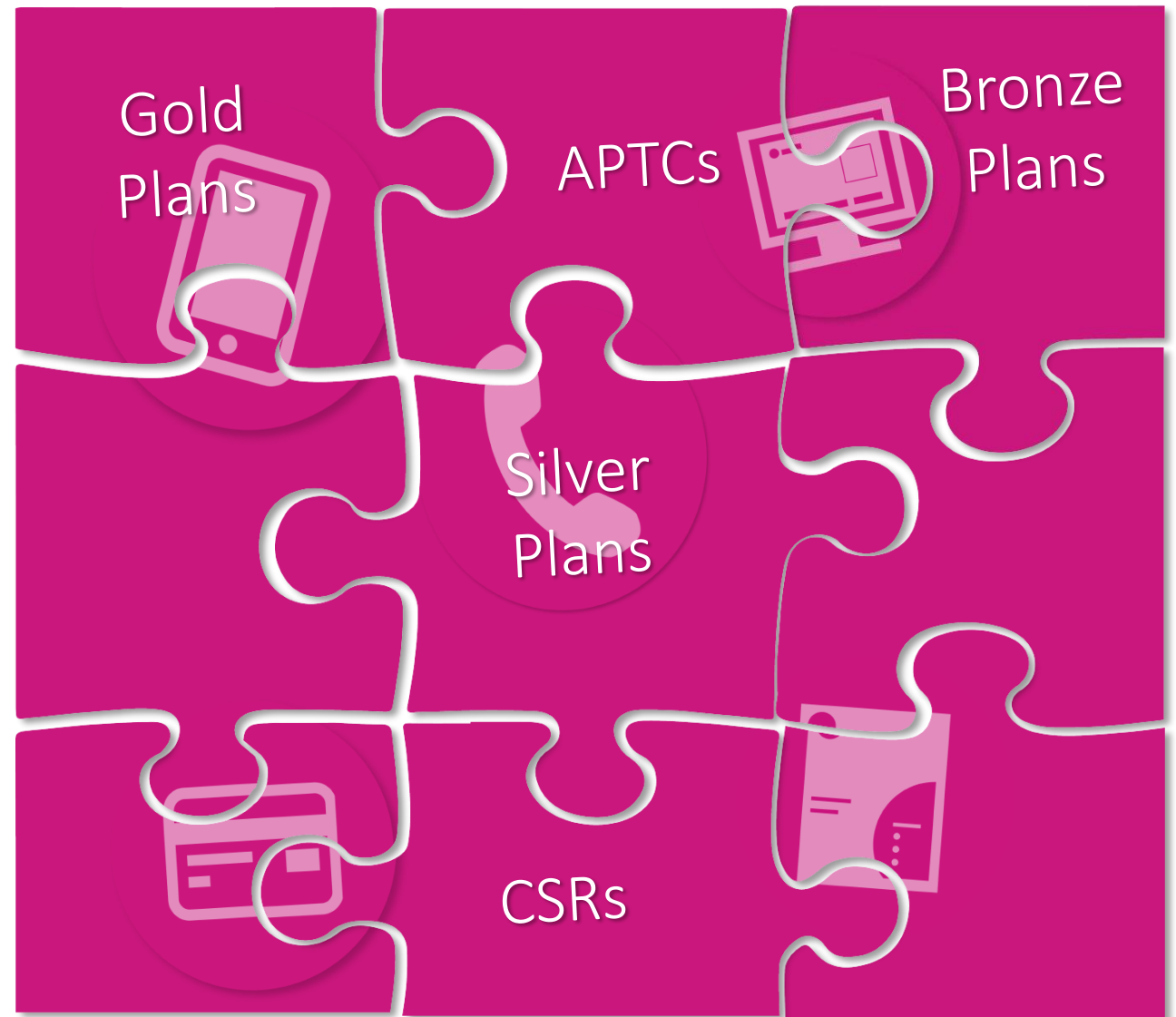
- Highest premiums, but lowest out of pocket costs

Advanced Premium Tax Credits




- Credits taken in advance to lower the cost of premiums. On all plan tiers.

Cost Sharing Reductions

- Lowers costs of out-of-pocket expenses like co-pays, deductibles. Only on silver plan tiers.



2020 Portfolio Overview

	<u>Product I</u> Medical EHB	<u>Product II</u> Medical EHB Plus Adult Vision Plus Adult Dental
 Secure Care (Gold)	<div>SC 5</div>	<div>SC 5</div>
 Balanced Care (Silver)	<div>BC 4</div> <div>BC 9</div> <div> BC 11 <small>\$0 Deductible 87% & 94%</small> </div> <div>BC 12</div> <div>BC 14</div> <div>BC 15</div>	<div>BC 4</div> <div>BC 9</div> <div> BC 11 <small>\$0 Deductible 87% & 94%</small> </div> <div>BC 14</div> <div>BC 15</div>
 Essential Care (Bronze)	<div>EC 1</div> <div>EC 2 HSA</div>	<div>EC 1</div>

* Bold outline denotes new plan for state

Essential Care 2 HSA (2020)

	Essential Care 2 HSA (2020)
Medical Deductible	\$6,750
Medical Coinsurance	0%
Rx Drug Deductible	INT
Rx Coinsurance	INT
MOOP	\$6,750
Emergency Room Services	NCAD
All Inpatient Hospital Services (inc. MHSA)	NCAD
Hospital Physician	NCAD
Urgent Care	NCAD
Primary Care Visit to Treat an Injury or Illness	NCAD
Specialist Visit	NCAD
Mental/BH and Substance Abuse Disorder Outpatient Services	NCAD
Imaging (CT/PET Scans, MRIs)	NCAD
Rehabilitative Speech Therapy	NCAD
Rehabilitative OT/PT	NCAD
Preventive Care/Screening/Immunization	No Charge
Labs	NCAD
X-rays and Diagnostic Imaging	NCAD
Skilled Nursing Facility	NCAD
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	NCAD
Outpatient Surgery Physician/Surgical Services	NCAD
Drugs	Essential Care 2 HSA (2020)
Generics	NCAD
Preferred Brand Drugs	NCAD
Non-Preferred Brand Drugs	NCAD
Specialty Drugs (i.e. high-cost)	NCAD

Balanced Care 11 (2020)

	Base Silver	73% CSR	87% CSR	94% CSR
Medical Deductible	\$6,000	\$3,250	\$0	\$0
Medical Coinsurance	40%	40%	40%	25%
Rx Drug Deductible	INT	INT	INT	INT
Rx Coinsurance	50%	50%	50%	35%
MOOP	\$8,100	\$6,500	\$2,700	\$1,050
Emergency Room Services	40% AD	40% AD	40%	25%
All Inpatient Hospital Services (inc. MHSA)	40% AD	40% AD	40%	25%
Urgent Care	\$60	\$50	\$10	\$10
Hospital Physician	40% AD	40% AD	40%	25%
Primary Care Visit to Treat an Injury or Illness	\$30	\$20	\$8	No Charge
Specialist Visit	\$60	\$50	\$15	\$5
Mental/BH and Substance Abuse Disorder Outpatient Services	\$30 Copay/Office Visit; 40% AD for all other outpatient services	\$20 Copay/Office Visit; 40% AD for all other outpatient services	\$8 Copay/Office Visit; 40% for all other outpatient services	No charge/Office Visit; 25% for all other outpatient services
Imaging (CT/PET Scans, MRIs)	40% AD	40% AD	40%	25%
Rehabilitative Speech Therapy	40% AD	40% AD	40%	25%
Rehabilitative OT/PT	40% AD	40% AD	40%	25%
Preventive Care/Screening/Immunization	No Charge	No Charge	No Charge	No Charge
Labs	\$30	\$25	\$20	No Charge
X-rays and Diagnostic Imaging	40% AD	40% AD	40%	25%
Skilled Nursing Facility	40% AD	40% AD	40%	25%
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	40% AD	40% AD	40%	25%
Outpatient Surgery Physician/Surgical Services	40% AD	40% AD	40%	25%
Drugs	Base Silver	73% CSR	87% CSR	94% CSR
Generics	\$20	\$20	\$8	No Charge
Preferred Brand Drugs	\$50	\$50	\$30	\$25
Non-Preferred Brand Drugs	50% AD	50% AD	50%	35%
Specialty Drugs (i.e. high-cost)	50% AD	50% AD	50%	35%

Balanced Care 12 (2020)

	Base Silver	73% CSR	87% CSR	94% CSR
Medical Deductible	\$6,500	\$3,850	\$950	\$0
Medical Coinsurance	40%	40%	40%	25%
Rx Drug Deductible	INT	INT	INT	INT
Rx Coinsurance	50%	50%	50%	50%
MOOP	\$8,150	\$6,500	\$1,850	\$1,400
Emergency Room Services	40% AD	40% AD	40% AD	25%
All Inpatient Hospital Services (inc. MHSA)	40% AD	40% AD	40% AD	25%
Urgent Care	\$55	\$55	\$20	\$10
Hospital Physician	40% AD	40% AD	40% AD	25%
Primary Care Visit to Treat an Injury or Illness	\$35	\$25	\$10	No Charge
Specialist Visit	\$70	\$60	\$30	\$10
Mental/BH and Substance Abuse Disorder Outpatient Services	\$35 Copay/Office Visit; 40% AD for all other outpatient services	\$25 Copay/Office Visit; 40% AD for all other outpatient services	\$10 Copay/Office Visit; 40% AD for all other outpatient services	No charge/Office Visit; 25% for all other outpatient services
Imaging (CT/PET Scans, MRIs)	40% AD	40% AD	40% AD	25%
Rehabilitative Speech Therapy	40% AD	40% AD	40% AD	25%
Rehabilitative OT/PT	40% AD	40% AD	40% AD	25%
Preventive Care/Screening/Immunization	No Charge	No Charge	No Charge	No Charge
Labs	\$35	\$25	\$15	No Charge
X-rays and Diagnostic Imaging	40% AD	40% AD	40% AD	25%
Skilled Nursing Facility	40% AD	40% AD	40% AD	25%
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	40% AD	40% AD	40% AD	25%
Outpatient Surgery Physician/Surgical Services	40% AD	40% AD	40% AD	25%
Drugs	Base Silver	73% CSR	87% CSR	94% CSR
Generics	\$25	\$25	\$10	No Charge
Preferred Brand Drugs	\$60	\$60	\$35	\$30
Non-Preferred Brand Drugs	50% AD	50% AD	50% AD	50%
Specialty Drugs (i.e. high-cost)	50% AD	50% AD	50% AD	50%

Balanced Care 14 (2020)



	Base Silver	73% CSR	87% CSR	94% CSR
Medical Deductible	\$0	\$0	\$0	\$0
Medical Coinsurance	50%	50%	40%	30%
Rx Drug Deductible	INT	INT	INT	INT
Rx Coinsurance	50%	50%	40% & 50%	40%
MOOP	\$8,150	\$6,500	\$2,700	\$1,400
Emergency Room Services	50%	50%	40%	30%
All Inpatient Hospital Services (inc. MHSA)	50%	50%	40%	30%
Urgent Care	\$60	\$60	\$20	\$10
Hospital Physician	50%	50%	40%	30%
Primary Care Visit to Treat an Injury or Illness	\$45	\$45	\$15	No charge
Specialist Visit	\$95	\$95	\$30	\$15
Mental/BH and Substance Abuse Disorder Outpatient Services	\$45 Copay/Office Visit; 50% for all other outpatient services	\$45 Copay/Office Visit; 50% for all other outpatient services	\$15 Copay/Office Visit; 40% for all other outpatient services	No charge/Office Visit; 30% for all other outpatient services
Imaging (CT/PET Scans, MRIs)	50%	50%	40%	30%
Rehabilitative Speech Therapy	50%	50%	40%	30%
Rehabilitative OT/PT	50%	50%	40%	30%
Preventive Care/Screening/Immunization	No Charge	No Charge	No Charge	No Charge
Labs	\$45	\$45	\$15	No charge
X-rays and Diagnostic Imaging	50%	50%	40%	30%
Skilled Nursing Facility	50%	50%	40%	30%
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	50%	50%	40%	30%
Outpatient Surgery Physician/Surgical Services	50%	50%	40%	30%
Drugs	Base Silver	73% CSR	87% CSR	94% CSR
Generics	\$36	\$36	\$15	No charge
Preferred Brand Drugs	50%	50%	40%	30%
Non-Preferred Brand Drugs	50%	50%	50%	40%
Specialty Drugs (i.e. high-cost)	50%	50%	50%	40%

Balanced Care 15 (2020)

	Base Silver	73% CSR	87% CSR	94% CSR
Medical Deductible	\$2,950	\$2,875	\$1,000	\$200
Medical Coinsurance	40%	40%	40%	30%
Rx Drug Deductible	INT	INT	INT	INT
Rx Coinsurance	50%	50%	50%	40%
MOOP	\$8,150	\$6,500	\$2,400	\$1,350
Emergency Room Services	40% AD	40% AD	40% AD	30% AD
All Inpatient Hospital Services (inc. MHSA)	40% AD	40% AD	40% AD	30% AD
Urgent Care	\$65	\$65	\$20	\$10
Hospital Physician	40% AD	40% AD	40% AD	30% AD
Primary Care Visit to Treat an Injury or Illness	\$30	\$30	\$15	No Charge
Specialist Visit	\$65	\$65	\$30	\$10
Mental/BH and Substance Abuse Disorder Outpatient Services	\$30 Copay/Office Visit; 40% AD for all other outpatient services	\$30 Copay/Office Visit; 40% AD for all other outpatient services	\$15 Copay/Office Visit; 40% AD for all other outpatient services	No charge/Office Visit; 30% AD for all other outpatient services
Imaging (CT/PET Scans, MRIs)	40% AD	40% AD	40% AD	30% AD
Rehabilitative Speech Therapy	40% AD	40% AD	40% AD	30% AD
Rehabilitative OT/PT	40% AD	40% AD	40% AD	30% AD
Preventive Care/Screening/Immunization	No Charge	No Charge	No Charge	No Charge
Laboratory Outpatient and Professional Services	\$30	\$30	\$15	No Charge
X-rays and Diagnostic Imaging	40% AD	40% AD	40% AD	30% AD
Skilled Nursing Facility	40% AD	40% AD	40% AD	30% AD
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	40% AD	40% AD	40% AD	30% AD
Outpatient Surgery Physician/Surgical Services	40% AD	40% AD	40% AD	30% AD
Drugs	Base Silver	73% CSR	87% CSR	94% CSR
Generics	\$15	\$15	\$10	No Charge
Preferred Brand Drugs	\$60	\$60	\$35	\$25
Non-Preferred Brand Drugs	50% AD	50% AD	50% AD	40% AD
Specialty Drugs (i.e. high-cost)	50% AD	50% AD	50% AD	40% AD

Secure Care 5 (2020)

	Secure Care 5 (New 2020)
Medical Deductible	\$1,250
Medical Coinsurance	20%
Rx Drug Deductible	INT
Rx Coinsurance	30%
MOOP	\$5,900
Emergency Room Services	20% AD
All Inpatient Hospital Services (inc. MHSA)	20% AD
Urgent Care	\$35
Hospital Physician	20% AD
Primary Care Visit to Treat an Injury or Illness	\$15
Specialist Visit	\$35
Mental/BH and Substance Abuse Disorder Outpatient Services	\$15 Copay/Office Visit; 20% AD for all other outpatient services
Imaging (CT/PET Scans, MRIs)	20% AD
Rehabilitative Speech Therapy	20% AD
Rehabilitative OT/PT	20% AD
Preventive Care/Screening/Immunization	No Charge
Labs	\$15
X-rays and Diagnostic Imaging	20% AD
Skilled Nursing Facility	20% AD
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	20% AD
Outpatient Surgery Physician/Surgical Services	20% AD
Drugs	Secure Care 5 (2020)
Generics	\$15
Preferred Brand Drugs	\$30
Non-Preferred Brand Drugs	30% AD
Specialty Drugs (i.e. high-cost)	30% AD

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

Adult Vision Buy-up

Ages 19 years of age and older

In-Network Providers Only

Exams and Eyewear

Routine Eye Exam - 1 visit per year	\$0 copay
Eyeglasses (frames) -1 item per year	Covered up to \$130

Lenses (per pair)

Single	100% Covered
Bifocal	
Trifocal	
Lenticular	

Contact Lenses

Contact lenses (in lieu of glasses)	Covered up to \$130
Contact Lens Fitting	100% Covered
Specialty Lens Fitting	Covered up to \$50

Adult Dental Buy-up

- Ages 19 years of age and older

	Subj. to Ded.	Cost for In-network Providers Only	Out-of-Network
Annual Maximum (Dental out-of-pocket maximum does not apply toward any other maximums)	NA	\$1,000 per covered person, per calendar year	Not Covered
Routine Dental (Class 1)			
Routine Oral Exam	N	\$0 copay, subject to annual maximum	Not Covered
Routine Cleaning	N	\$0 copay, subject to annual maximum	Not Covered
X-rays, bite-wings, full-mouth and panoramic film	N	\$0 copay, subject to annual maximum	Not Covered
Basic Dental (Class 2)			
Minor restorative – metal and resin based fillings	N	50% coinsurance, subject to annual maximum	Not Covered
Endodontic therapy	N	50% coinsurance, subject to annual maximum	Not Covered
Periodontics:			
- Scaling and root planing and Periodontal Maintenance	N	50% coinsurance, subject to annual maximum	Not Covered
Simple Extractions	N	50% coinsurance, subject to annual maximum	Not Covered
Prosthodontics:			
- Relines, Rebase, Adjustments & Repairs	N	50% coinsurance, subject to annual maximum	Not Covered
Major Restorative (Class 3)			
Crowns & Bridges	N	50% coinsurance, subject to annual maximum	Not Covered
Dentures	N	50% coinsurance, subject to annual maximum	Not Covered
More complex extractions and surgical services	N	50% coinsurance, subject to annual maximum	Not Covered



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Post Application & 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

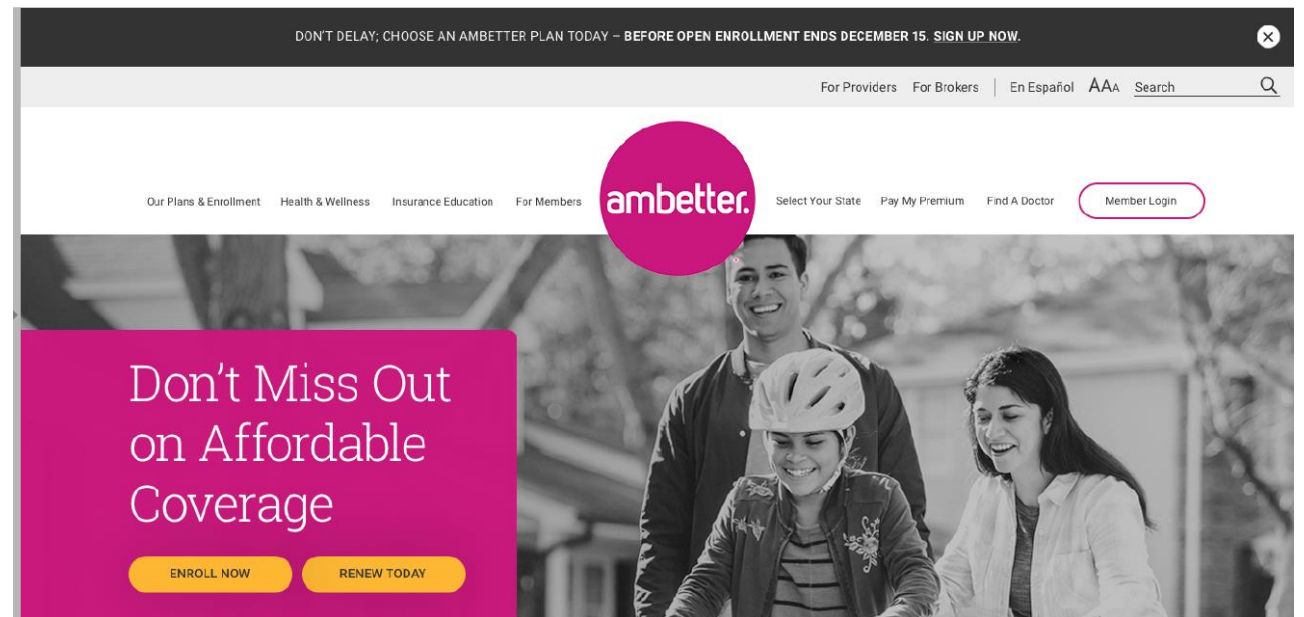
Welcome Packet

-  **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®



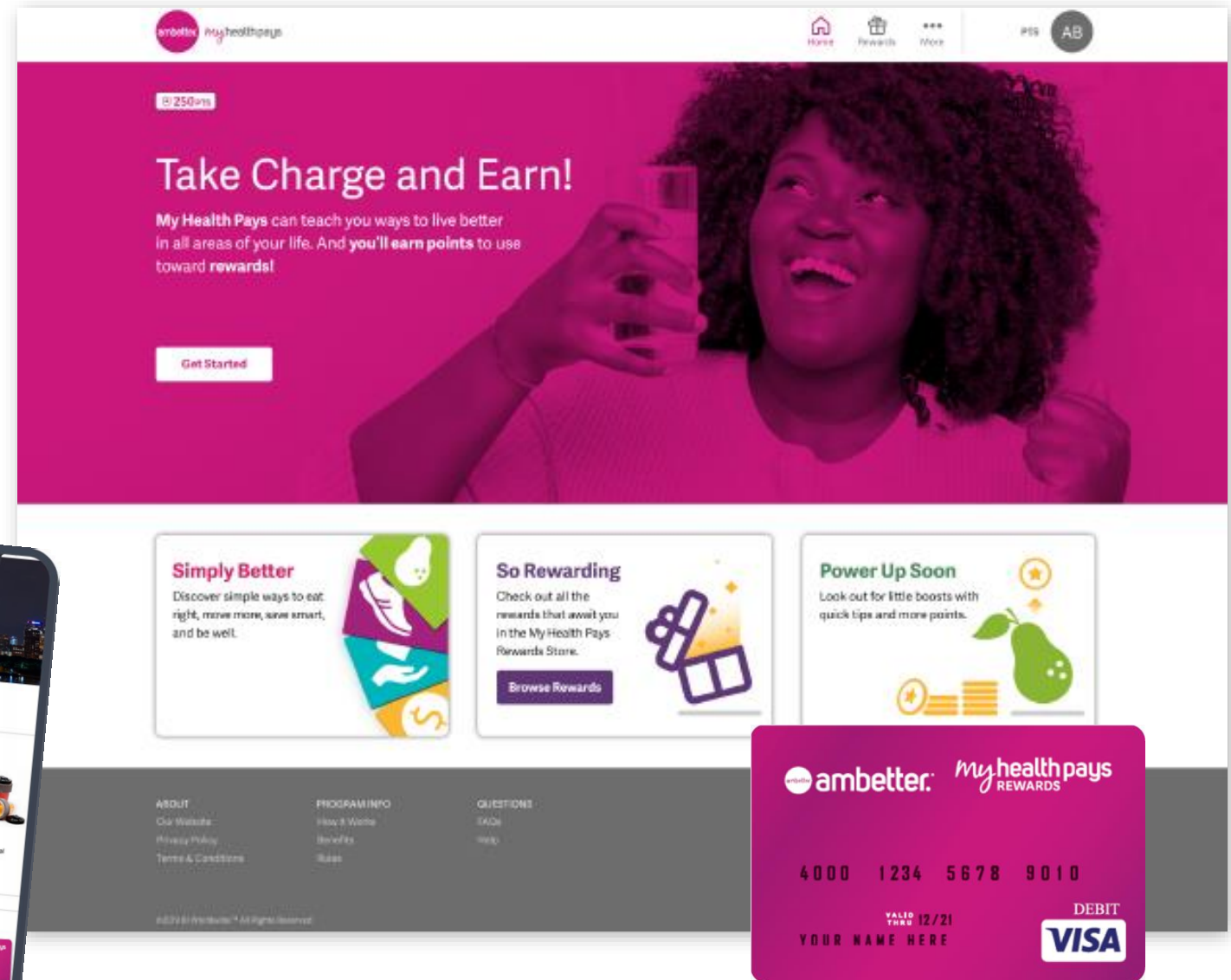
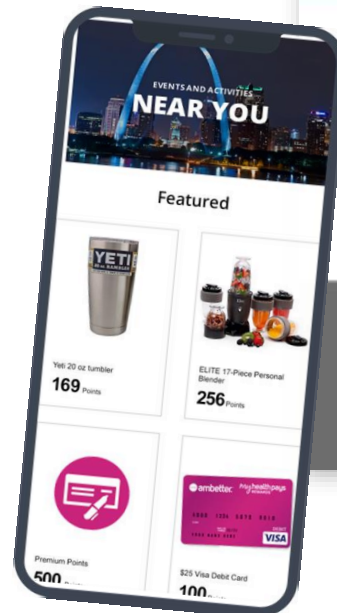
Ambetter's Value Added Benefits

- My Health Pays Program
- Ambetter Telehealth
- Health Management Programs



My Health Pays®

- Visit member portal to log in
- Earn points on healthy activities and behaviors
- Use points to shop our online rewards store
- Convert points into dollars to pay healthcare-related costs
- Starting in 2020, members can earn up to \$500 in rewards!



Funds expire 90 days after termination of insurance coverage. Rewards program is subject to change. My Health Pays rewards can't be used for pharmacy copays.

This card is issued by The Bancorp Bank pursuant to a license from Visa U.S.A. Inc. The Bancorp Bank; Member FDIC. Card cannot be used everywhere Visa debit cards are accepted. See Cardholder Agreement for complete usage restrictions.

My Health Pays®

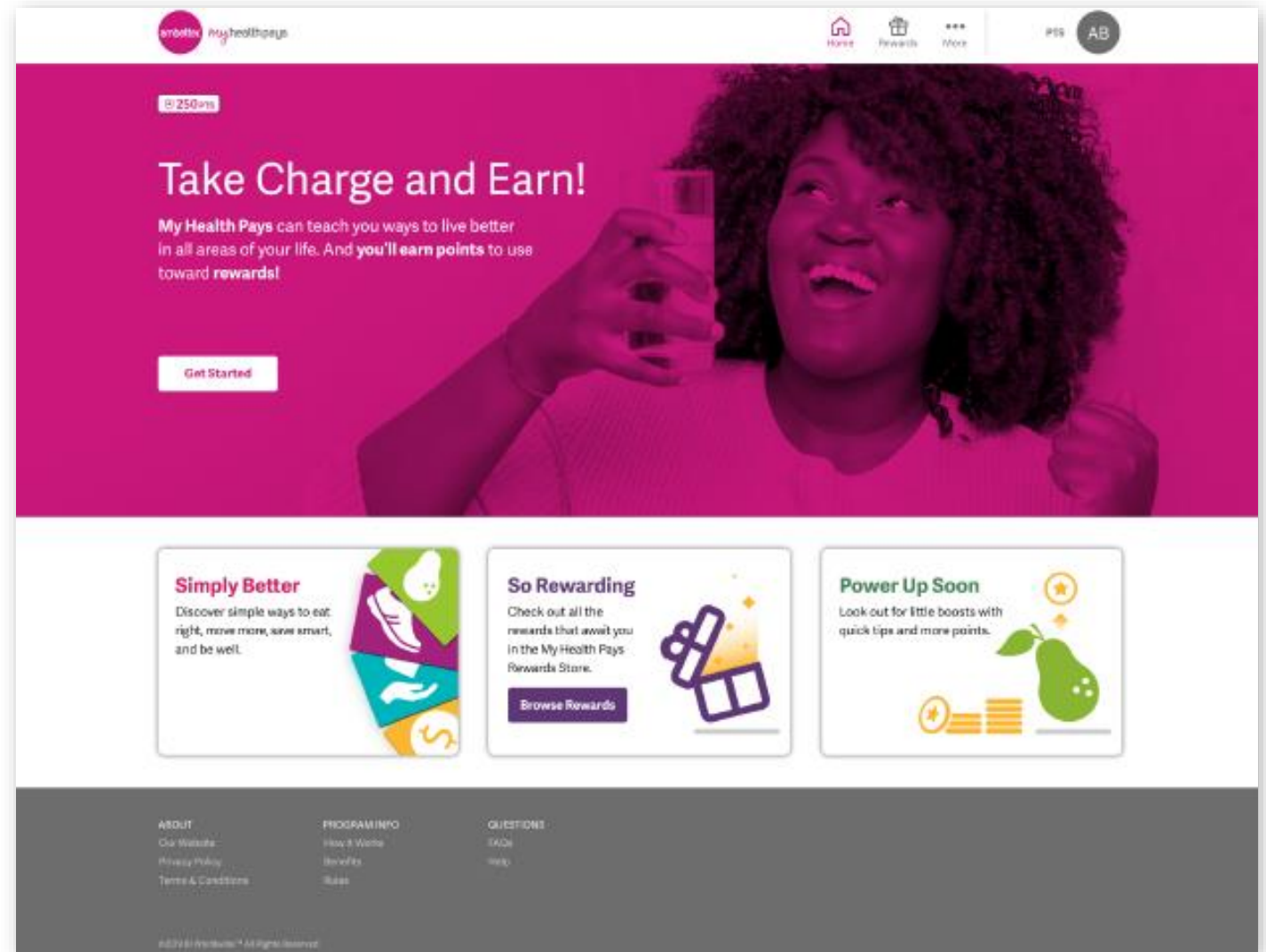
Use member rewards to pay for:

Healthcare-related costs, such as:

- Doctor copays (not pharmacy co-pays)
- Deductibles
- Coinsurance

Monthly bills such as:

- Utilities (gas, electric, water)
- Telecommunications (cell phone bill)
- Transportation
- Education
- Rent
- Childcare



Ambetter Telehealth

24-Hour help for
non-emergency issues

Connect to experts
regardless of
physical location

Avoid long wait
times at
physician offices

Reduce cost of
health care
when a members
PCP or clinic is
not available

Good for
outlying or
rural areas

New for 2020!
\$0 PCP copay
*except HSA plans

How to Register



Online at www.teladoc.com/ambetter



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



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

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

[Doctors/Pharmacies](#)
[Pay Bill](#)
[Rewards](#)
[Coverage](#)
[Claims](#)

Miranda

Hi, Miranda!
 Status: Active

My Health Pays

You can earn up to ### rewards points this year.

[Rewards](#)

Pay your premium

Your total balance is \$204.

Your monthly premium is due at the end of the month.

[Make a Payment](#)

Find a Provider

Use our search tool to find in-network doctors and specialists in your area.

[Search Providers](#)

ID Cards

Member ID: U0000000-01
 Plan Name: Balanced Care Plan 1
 Effective Date of Coverage: 1/1/2020

[View All ID Cards](#)

Your 2020 plan has more ways to earn rewards!

[View your 2020 plan](#)

2019 Coverage At-A-Glance

Want to see more? Click below for a deep dive into your plan.

[Plan details](#)

Maximum Out-of-Pocket

\$8,000/year

The amount of money you pay before your insurance starts to pay.

Deductible

\$6,000/year

The amount of money you pay before your insurance starts to pay.

PCP Copay

\$10/visit

You will be charged this amount whenever you go see your PCP.

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FROM



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Find a Provider & Formulary

Finding a Provider


DON'T DELAY; CHOOSE AN AMBETTER PLAN TODAY – BEFORE OPEN ENROLLMENT ENDS DECEMBER 15. [SIGN UP NOW.](#)

For Providers For Brokers | En Español AA Search

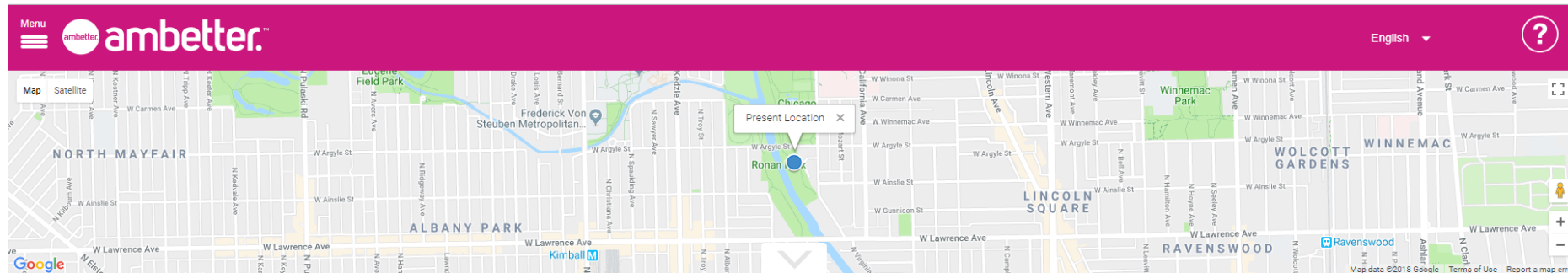
Our Plans & Enrollment Health & Wellness Insurance Education For Members **ambetter.** Select Your State Pay My Premium Find A Doctor Member Login

Don't Miss Out
on Affordable
Coverage

ENROLL NOW RENEW TODAY



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

2825 results within 200 miles

Updated: 09/18/2019

 Print Page

 Filter Results

Primary Care Provider X

1	Nancy E Fuegner, PNP Practitioner 23.89 miles	Mercy Clinic East Communities <i>Mercy Clinic East Communities</i> 107 Piper Hill Drive Suite 130 Saint Peters, MO 63376	(636) 928-5950
2	Bachar Malek, MD Practitioner 153.76 miles	Indiana Exceptional Medical Care, LLC <i>Indiana Exceptional Medical Care LLC</i> 4972 Lincoln Avenue Suite 101 Evansville, IN 47715	(812) 402-3700
3	Matthew A Broom, MD Practitioner 2.12 miles	SLUCare Dept of Pediatric Endocrinology <i>SLUCare Dept of Pediatric Endocrinology</i> 1465 South Grand Boulevard Saint Louis, MO 63104 Show All Locations	(314) 268-6492
4	Isam S Hawatmeh, MD Practitioner 6.27 miles	Sam Hawatmeh MD <i>Sam Hawatmeh MD1</i> 6651 Chippewa Street Suite 202 Saint Louis, MO 63109	(314) 645-8200
5	Robert Parker Pierce, MD Practitioner 96.80 miles	Fulton Family Health Associates PC <i>Fulton Family Health Associates</i> 2613 Fairway Drive Suite C Fulton, MO 65251	(573) 642-1990

Additional Search Options

Provider Details

Network: **Missouri**

Location: **Click to Update**

[← Return to Results](#)



Matthew Broom, MD

Practitioner

(314) 268-6492

Print Page

Public Transportation

Driving Directions

Add / Remove Favorite

Slucare Dept Of Pediatric Endocrinology ▼

Slucare Dept Of Pediatric Endocrinology

1465 South Grand Boulevard

Saint Louis, MO 63104

Practice Details

Location Hours: Sun, Sat (Closed)

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

Open Weekends: No

Fax: (314) 268-4116

After-hours Phone: (314) 577-5648

County: Saint Louis City

Accessible to People with Disabilities: Yes ⓘ

Patient Types

Accepting New Patients: Yes

Age Limitations: 0 yr(s) - 18 yr(s)

Gender Limitation: None

Provider Details

Gender: Male

Specialties:

Pediatrics

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

Hospital Affiliations: ⓘ

• SSM Cardinal Glennon Childrens Hospital

• SSM ST Marys Health Center

• SSM St Marys Health Center

Additional Practitioner Languages: None

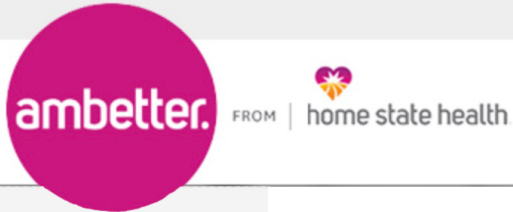
National Provider Identifier: 1114967767

Finding a Medication

DON'T DELAY; CHOOSE AN AMBETTER PLAN TODAY – BEFORE OPEN ENROLLMENT ENDS DECEMBER 15. [SIGN UP NOW.](#)



For Providers For Brokers | En Español AA Search



Our Plans & Enrollment Health & Wellness Insurance Education For Members | Pay My Premium Find a Doctor [Member Login](#)

[Facebook](#) [Tweet](#) [Email](#) [ShareThis](#)

Pharmacy Resources

We are committed to providing appropriate, high-quality, and cost-effective drug therapy to all Ambetter members.

- [2019 Preferred Drug List \(PDF\)](#)
- [Participating Network Pharmacies for 90-Day Extended Supply Prescriptions \(PDF\)](#)
- [90-Day Extended Supply Medications \(PDF\)](#)
- [Homescripts Overview \(PDF\)](#)

Forms

- [Download Prescription Claim Reimbursement Form - English \(PDF\)](#)
- [Download Prescription Claim Reimbursement Form - Spanish \(PDF\)](#)
- [Download Homescripts Enrollment Form - English \(PDF\)](#)
- [Download Homescripts Enrollment Form - Spanish \(PDF\)](#)

Searching on the Formulary List

The image is a screenshot of a web browser displaying a PDF document titled "2019_mo_formulary.pdf". The browser's address bar shows the URL "ambetter.homestatehealth.com/content/dam/centene/home-state-health/ambetter/pdfs/...". A search bar is visible in the browser window, containing the text "Medication here", with its expand/collapse icons circled in green. A green oval with the text "Control + F" is overlaid on the left side of the PDF viewer. The PDF content features the "ambetter. FROM home state health." logo at the top right, followed by the title "2019 Prescription Drug List" in large grey font, and the text "Effective September 1, 2019" in smaller font below it. The bottom of the PDF shows a blurred image of pharmacy shelves.

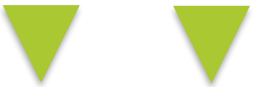
Prescription Tiers

- 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.

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 rtl MAX day(s) supply,180 rtl 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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Thank You!!