



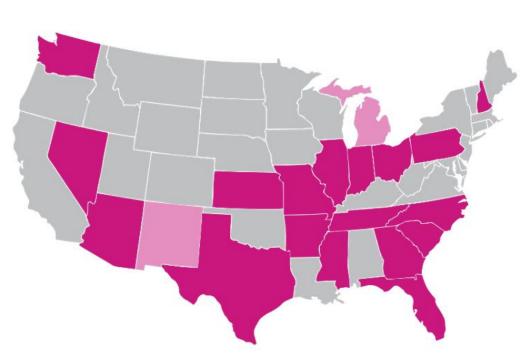
2021 Product Training



Who is Ambetter?

Est. 2013 Ambetter is available in 20 states across the country





Ambetter is offered by

Corporation

Centene

Centene is a Fortune 50 company with over 30 years in the managed care industry

~2MM members

#1 carrier nationally

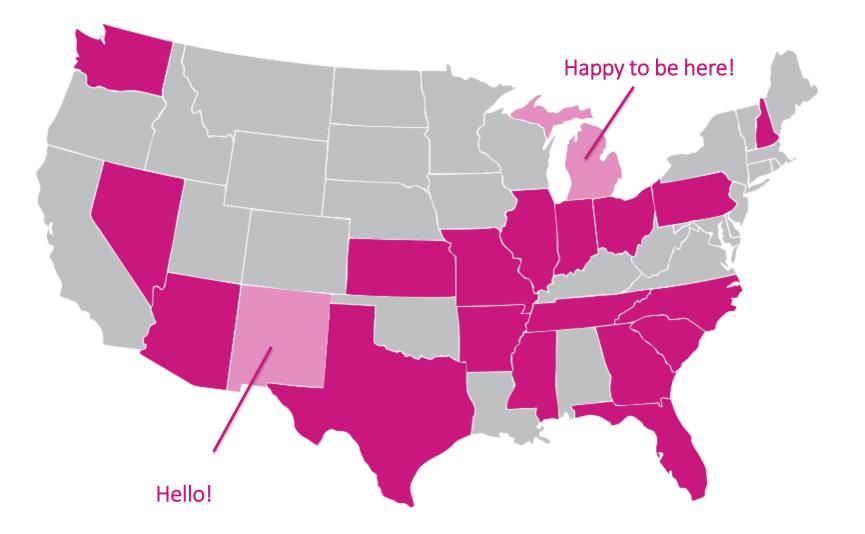
1 in 5 ACA shoppers choose Ambetter Ambetter is certified as a Qualified Health Plan issuer

on the Health Insurance Marketplace

Plans are designed to deliver **high-quality, locally based healthcare** to members

National Coverage Map





NM and MI new for 2021!

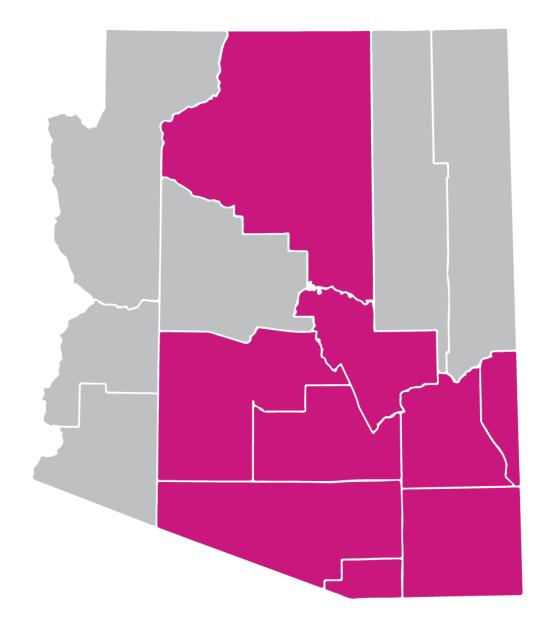


Local, Helpful, Affordable

- 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
- Medical management programs
- Ambetter Telehealth \$0 co-pay (except on HSA plans)
- My Health Pays







2021 Coverage Area Cochise Coconino Gila Graham Greenlee Maricopa Pima Pinal Santa Cruz

Raspberry color indicates new for 2021



2021 Refresh



Ambetter Plans

Comprehensive major medical coverage

- Ambulatory patient services (outpatient services)
- Emergency services
- Hospitalization
- Pregnancy, maternity, and newborn care
- Mental health and substance use disorder services, including behavioral health treatment
- Prescription drugs
- Rehabilitative and habilitative services and devices
- Laboratory services
- Preventive and wellness services and chronic disease management
- Pediatric services, including oral and vision care

Plans must also include the following benefits:

- Birth control coverage
- Breastfeeding coverage

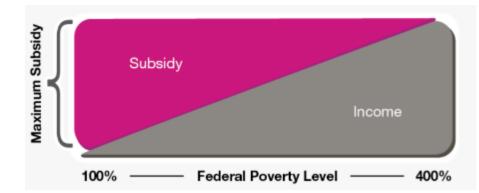




Help Is Available

Assistance is available to lower monthly premiums and some customers will qualify for additional help with out of pocket costs. Eligibility is based on annual household income and family size.

> Individual: \$17,609 → \$51,040 Married Couple: \$23,791 → \$68,960 Family of Four: \$36,156 → \$104,800







2021 Featured Plans

Renewals

Renewals are easy!

Auto-renewals:

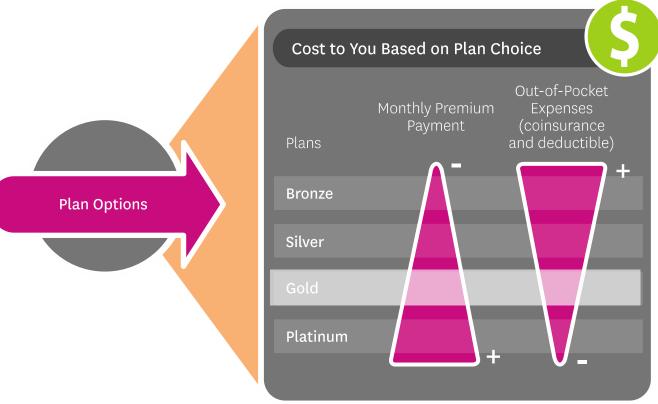
- Members are happy with their plans and want to stay
 - No life changes to report
 - No income changes to report
 - Keep paying premium

If members have life/income changes, they can edit from their Member Portal account!



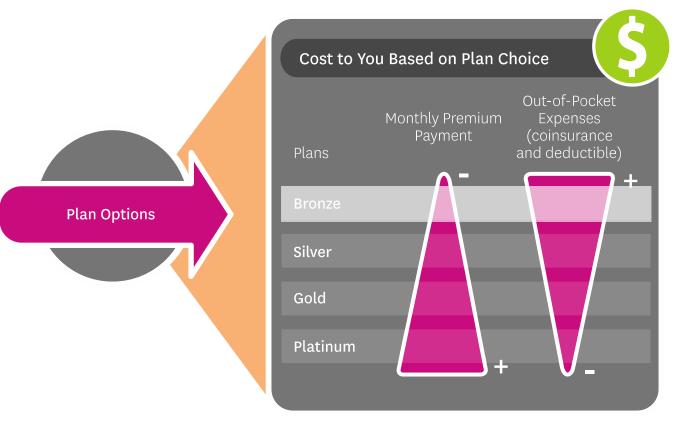






Secure Care (Gold) Plans

- Higher monthly premiums
- Lower deductibles
- May be a good choice if you use a lot of medical services or would rather pay more up front and know that you'll pay less when you get care



Essential Care (Bronze) Plans

- Lowest monthly premium
- High deductibles and out of pocket costs
- Look at silver plans to see if you qualify for cost sharing reductions

Θ

Secure

Care

	Cost to Y	ou Based on Plan C	hoice
	Plans	Monthly Premium Payment	Out-of-Pocket Expenses (coinsurance and deductible)
Plan Options	Bronze		
	Silver		
	Gold		
	Platinum	+	

Balanced Care (Silver) Plans

- Only plan tier that qualifies for both advance premium tax credits and cost sharing reductions
- Best balance of premium and out-of-pocket costs
- Most popular plans for marketplace shoppers

P Balanced Care

Ø

Secure

Care

Essential

Care

2021 Portfolio



	Product I Medical EHB	Product II Medical EHB Plus Adult Vision Plus Adult Dental
Secure Care (Gold)	SC 5	SC 5
Balanced Care (Silver)	BC 4 BC 9 BC 11 \$0 ded at 87 & 94% BC 12 BC 25 HSA BC 26 BC 28 BC 29	BC 4 BC 9 BC 11 \$0 ded at 87 & 94% BC 12 BC 25 HSA BC 26 BC 28
Essential Care (Bronze)	EC 1 EC 2 HSA EC 5	EC 1 EC 2 HSA EC 5

Essential Care 1 (2021) 🗇



Our lowest cost Bronze plan for 2021. Matching deductible and max-out-of-pocket. Features a \$25 generic drug copay.

Plan Highlights	Price
Deductible	\$8,300
Max Out of Pocket	\$8,300
Coinsurance	0% AD
PCP Visit	NCAD
Telehealth/Virtual Care	No Charge
Specialist Visit	NCAD
Lab	NCAD
Generic Drugs	\$25 Co-pay
Preferred Drugs	NCAD

Essential Care 2 HSA (2021) 🗇



HSA eligible Bronze plan for 2021. Matching deductible and max-out-of-pocket.

Plan Highlights	Price	
Deductible	\$6,900	
Max Out of Pocket	\$6,900	
Coinsurance	0%	
PCP Visit	NCAD	
Specialist Visit	NCAD	
Lab	NCAD	
Generic Drugs	NCAD	
Preferred Drugs	NCAD	
Lab Generic Drugs	NCAD NCAD	

Essential Care 2 HSA (2021) 🗇



HSA eligible Bronze plan for 2021. Matching deductible and max-out-of-pocket.

lan Highlights Pric

Ambetter has partnered with Fidelity to offer accounts with:

- No Monthly Fees
- No Account Minimums

Also includes:

- Holistic Wealth and Retirement Planning
- Broad Investment Options

https://www.fidelity.com/go/hsa/ambetter

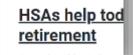


Fidelity = ambetter.

The Fidelity HSA



Is HSA Right for Me?



Preferred Drugs NCAE

Balanced Care 11 (2021) 🐨



Ambetter's most popular plan. \$0 deductible for shoppers who qualify for CSR's in the 87% and 94% actuarial value levels.

Plan Highlights	Base	73%AV	87% AV	94% AV	
Deductible	\$6,000	\$3,300	\$0	\$0	
Max Out of Pocket	\$8,500	\$6,600	\$2,850	\$1,075	
Coinsurance	40%	40%	40%	25%	
Telehealth/Virtual Care	No Charge	No Charge	No Charge	No Charge	
PCP Visits	\$30	\$20	\$10	No Charge	
Specialist Visits	\$60	\$50	\$29	\$5	
Lab	\$30	\$25	\$25	No Charge	
Generic Drugs	\$20	\$20	\$10	No Charge	
Preferred Drugs	\$55	\$50	\$40	\$25	

Balanced Care 12 (2021) 🐨



Traditionally a lower premium than the BC11, and shares a **\$0 deductible** at the 94% actuarial value level. Worth comparing details if you have a consumer who falls in the 94% category.

Plan Highlights	Base	73%AV	87% AV	94% AV
Deductible	\$6 <i>,</i> 500	\$3,850	\$950	\$0
Max Out of Pocket	\$8,400	\$6,500	\$2,250	\$1,400
Coinsurance	40%	40%	40%	25%
Telehealth/Virtual Care	No Charge	No Charge	No Charge	No Charge
PCP Visits	\$35	\$25	\$5	No Charge
Specialist Visits	\$70	\$50	\$30	\$10
Lab	\$35	\$25	\$15	No Charge
Generic Drugs	\$25	\$25	\$10	No Charge
Preferred Drugs	\$60	\$45	\$40	\$30

Balanced Care 29 (2021) 🐨



New to the Ambetter portfolio for 2021. Will have the lowest premium of any silver plan we offer.

	Base	73%AV	87% AV	94% AV
Deductible	\$5 <i>,</i> 450	\$2,995	\$250	\$0
Max Out of Pocket	\$8,400	\$5 <i>,</i> 400	\$2,700	\$1,525
Coinsurance	35%	35%	35%	25%
Telehealth/Virtual Care	No Charge	No Charge	No Charge	No Charge
PCP Visits	\$20	\$15	\$5	\$3
Specialist Visits	35% AD	35% AD	35% AD	25%
Lab	\$35	\$35	\$20	\$3
Generic Rx	\$35	\$30	\$5	\$3
Preferred Rx	\$75	\$75	\$50	\$15



Adult Vision Add-on

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	
Bifocal	100% Covered
Trifocal	100% Covered
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 Add-on

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	Ν	\$0 copay, subject to annual maximum	Not Covered
Routine Cleaning	Ν	\$0 copay, subject to annual maximum	Not Covered
X-rays, bite-wings, full-mouth and panoramic film	Ν	\$0 copay, subject to annual maximum	Not Covered
Basic Dental (Class 2)			
Minor restorative – metal and resin based fillings	Ν	50% coinsurance, subject to annual maximum	Not Covered
Endodontic therapy	Ν	50% coinsurance, subject to annual maximum	Not Covered
Periodontics: - Scaling and root planing and Periodontal Maintenance	Ν	50% coinsurance, subject to annual maximum	Not Covered
Simple Extractions	Ν	50% coinsurance, subject to annual maximum	Not Covered
Prosthodontics: - Relines, Rebase, Adjustments & Repairs	Ν	50% coinsurance, subject to annual maximum	Not Covered
Major Restorative (Class 3)			
Crowns & Bridges	N	50% coinsurance, subject to annual maximum	Not Covered
Dentures	Ν	50% coinsurance, subject to annual maximum	Not Covered
More complex extractions and surgical services	Ν	50% coinsurance, subject to annual maximum	Not Covered

No waiting periods!

Off-Exchange Plans



Ideal for consumers who don't qualify for subsidies

- Lower premiums than on-exchange plans
- Same provider network and formulary
- Enroll thru EDE powered by Health Sherpa at enroll.ambetterhealth.com

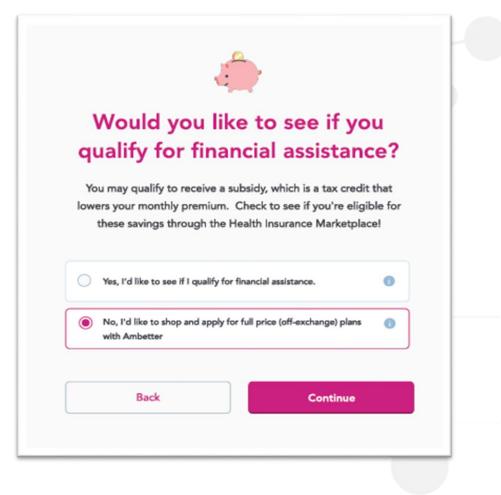
Total of eight plans for 2021!

- Six Silver plans
- Two Gold Plans

Features on some of the plans include:

- HSA participant plans
- Plans are compatible for shoppers with ICHRA
- Deductibles ranging from \$0-6,450
- MOOP ranging from \$5,800-8,400
- Primary care co-pays

All plans have optional Vision and Adult Dental coverage buy-ups!





Find a Provider, Formulary, MHP's and Telehealth

guide.ambetterhealth.com



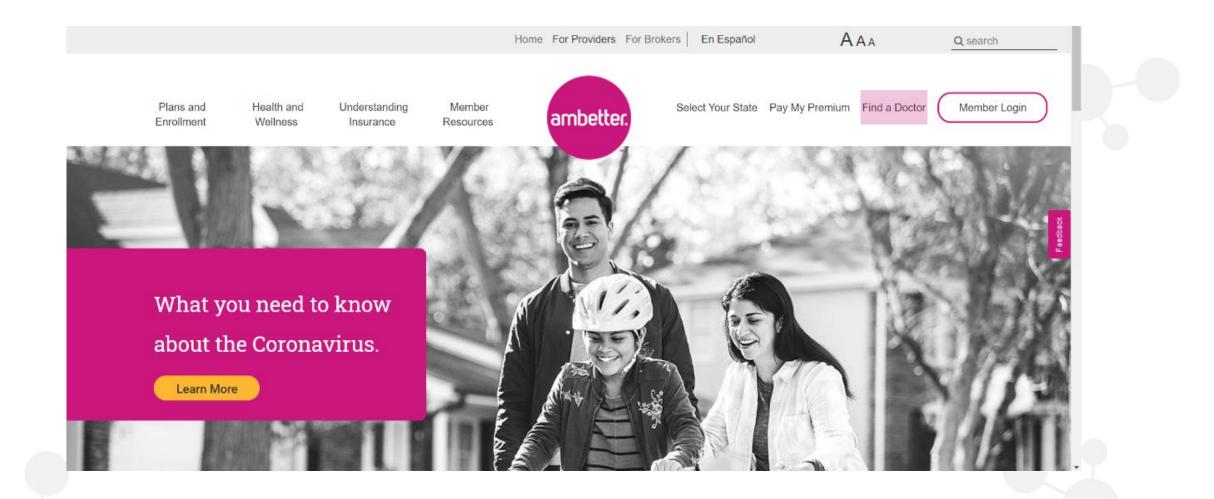
Find in-network care providers near you

Primary Care Physician	Miami, FL 33151, USA	Search	
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or explore feat	ured care in (Miami, FL 33151, USA	×	K				
Primary Care Physicians	Hospitals U	Urgent Care Pharmacles	Pe	diatricians Dentists				
Cr. Tony Abl Internal Medicine 760 NW 62 Stro Miami Shores, ■ Virtual visi Likely acception View profile	et FL is offered	Dr. Rufus Joseph Pediatrics 6777 NW 7th Avenue Suite 2-4 Miami, FL Likely accepting new patients View profile	0 mi.	Dr. Joycelyn J. Lawrence Family Medicine 1100 NW 71st Street Miami, FL Virtual visits offered Likely accepting new patients View profile	1 mi.	Dr. Gloria Burgos Pediatrics 7801 NE 2nd Avenue Miami, FL Likely accepting new patients View profile	1 mi.	>

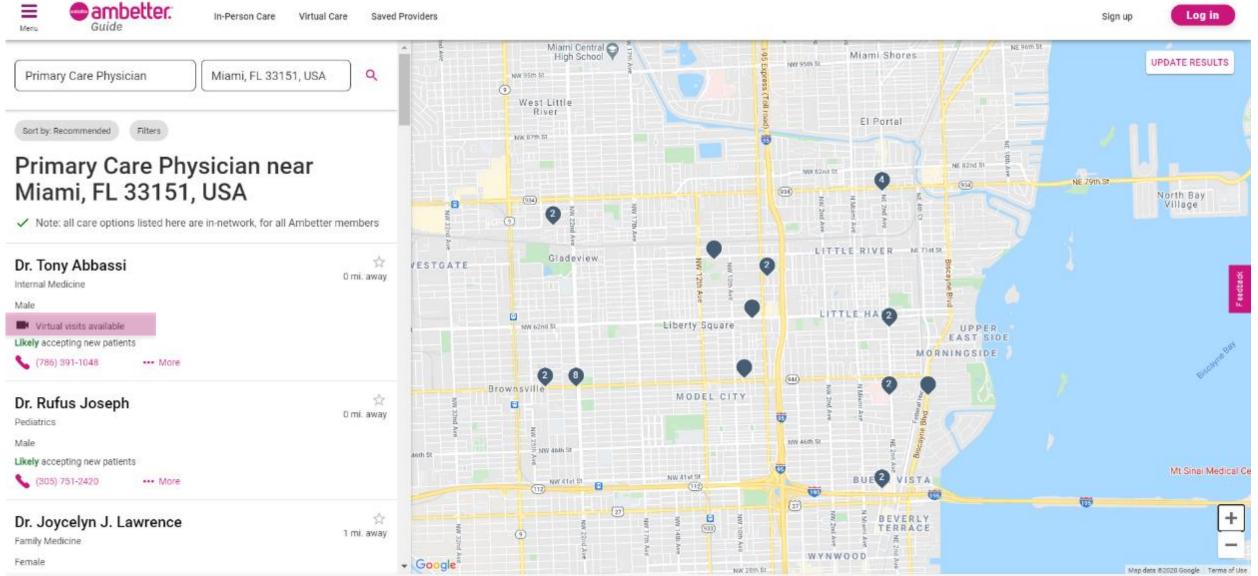
Find a Provider

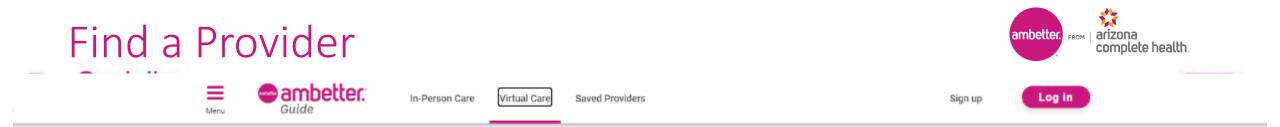




Find a Provider







ENGLISH 🗸

Virtual Care

Ambetter offers members two easy ways to access care from the convenience of your own home.

Find doctors in your area offering Virtual Visits Use this if you: Want the convenience of a provider near you who can also take appointments virtually Are looking for a long-term provider Plan to see this doctor again in the future, either in-person or virtually Speak to a doctor now through Telehealth Use this if you: Need help with a one-time, non-emergency issue Want to talk to a doctor within minutes Don't need the doctor to be near you

Learn more about Virtual Visits with a provider near you 🔗

Learn more about Telehealth powered by Teladoc 🗸 🗸

Find a Provider

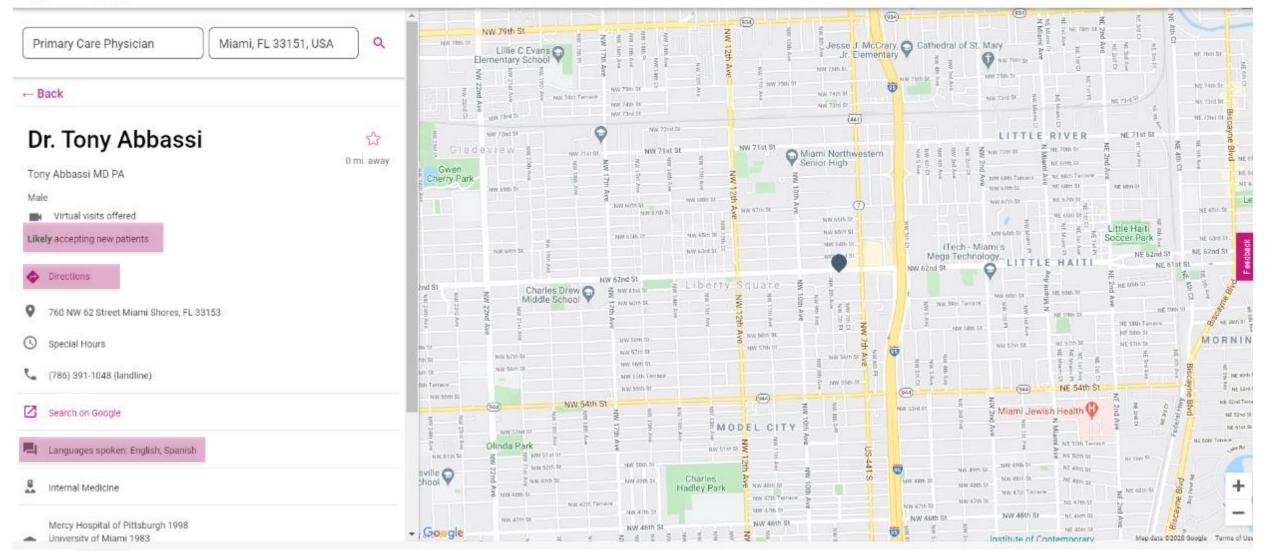




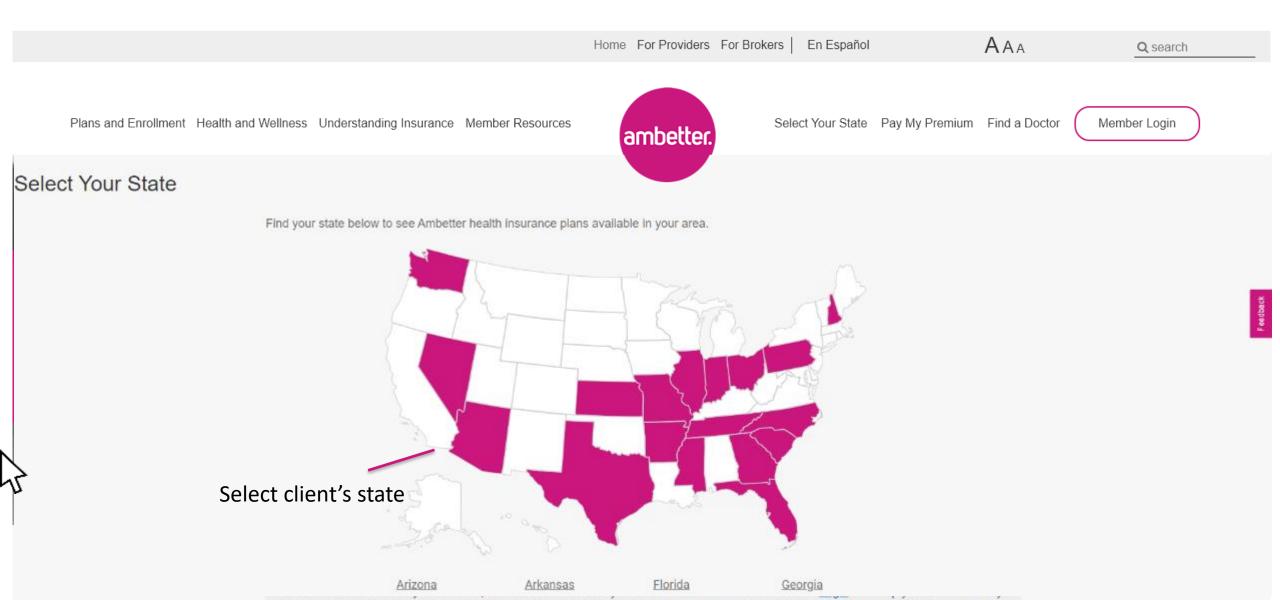
In-Person Care Virtual Care Saved Providers



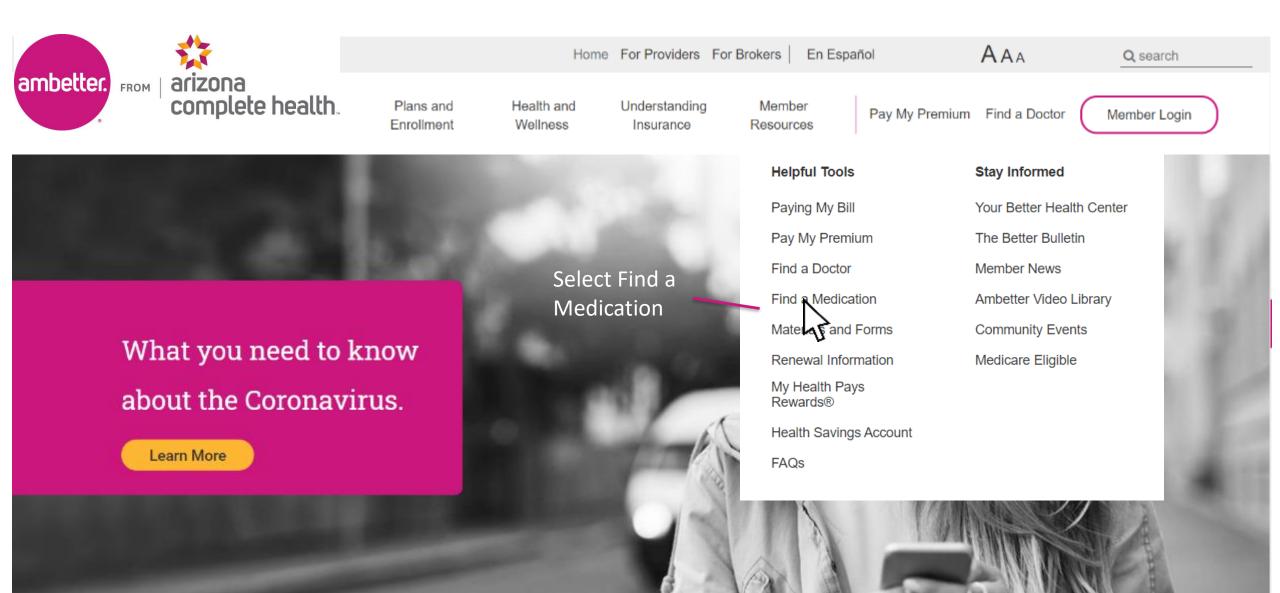
Log in



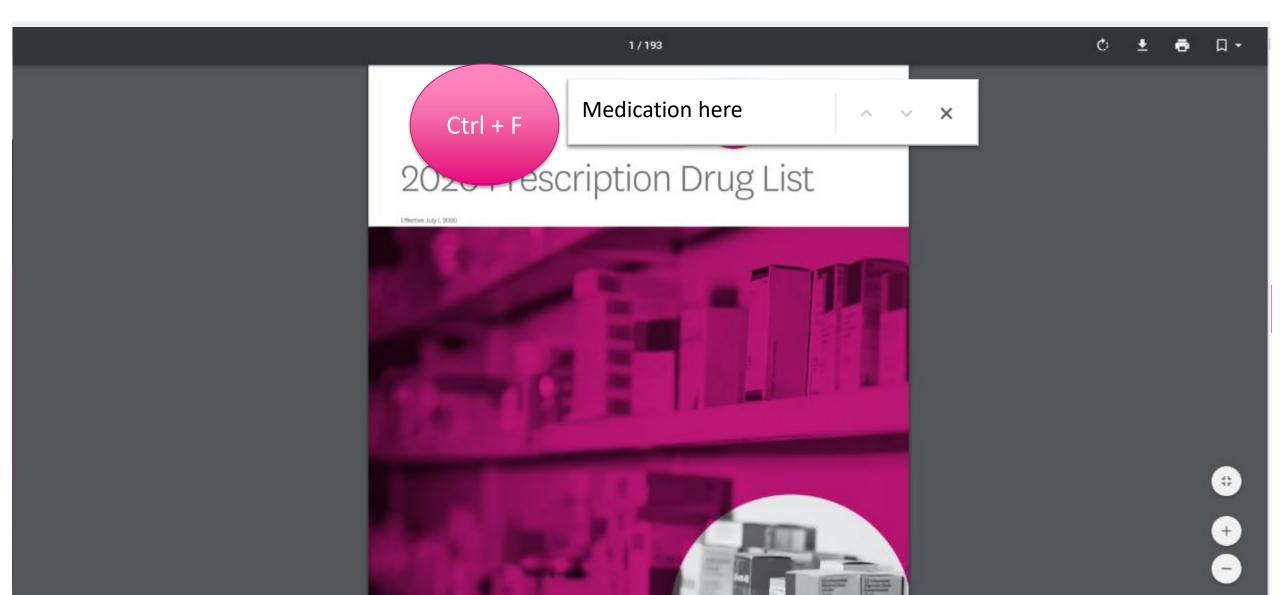














- Tier O No copayment for those drugs that are used for prevention and are mandated by the Affordable Care Act. Select oral contraceptives, vitamin D, folic acid for women of child bearing age, over-the-counter (OTC) aspirin, and smoking cessation products may be covered under this tier. Certain age 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.



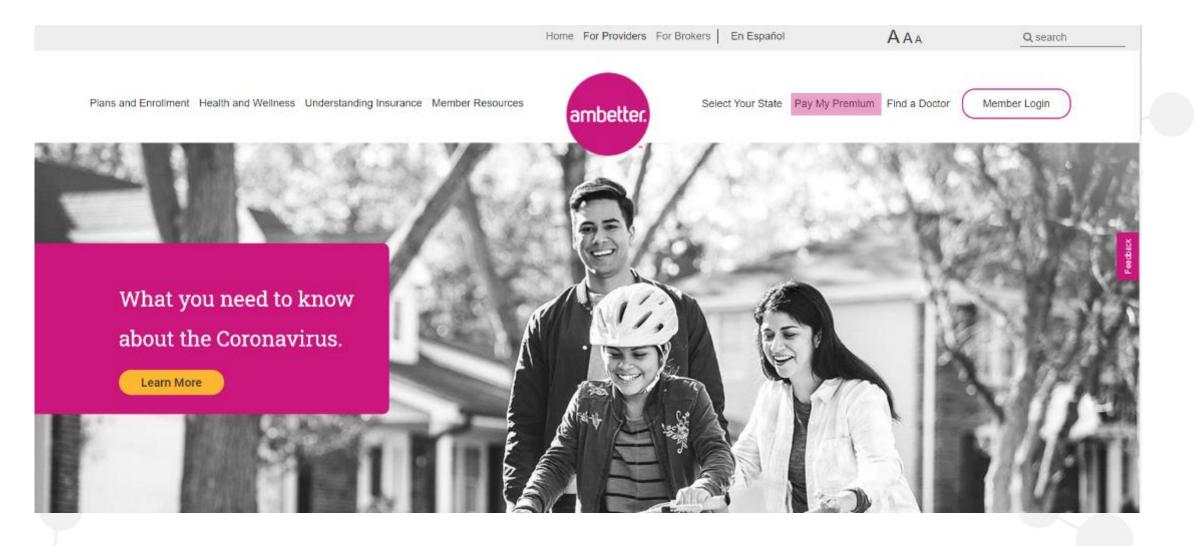
Abbreviation	Term	What it means
AL	Age Limit	Some drugs are only covered for certain ages.
QL	Quantity Limit	Some drugs are only covered for a certain amount.
PA	Prior Authorization	Your doctor must ask for approval from Ambetter before some drugs will be covered.
ST	Step Therapy	In some cases, you must 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.



Drug Name	Drug Tier	Requirements/ Limits
zileuton tb12	1	QL(4 ea daily)
ZYFLO CR TB12 (Use Zileuton)	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 Imt day(s),30 mail MAX day(s) supply,180 mail Imt 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	

Payments





Payments





English -



Quick Payment

Please enter your information below in order to quickly and securely pay your premium. (Note: Only the Policy Holder's information should be entered)

Policy Number Ex. U12345 or R12345

Policy Number

Last Name

Last Name

Zip

Zip

Search





My Health Pays

Doctors Pharmacles Payments Rewards Activity & Usage My Plan 🌒 🗸

ambetter.

YOUR NAME HERE

YALL 12/21

4000

- Members can earn up to \$500 in rewards*!
- Earn points by completing specific health screenings and participating in fun and easy activities
- Focus on eating right, moving more, being well and saving smart
- Use points to shop our online rewards store
- Convert points into dollars to pay healthcare-related costs

*Restrictions apply. Members must qualify for and complete all activities to receive \$500 or more. Visit Member.AmbetterHealth.com for more details. Funds expire immediately 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

Healthcare-related Costs:

- **Doctor Copays**
- Deductibles
- Coinsurance

Monthly Bills:

- Utilities (gas, water, electric) •
- Telecommunications (Cellphone bill) •
- Transportation
- Education
- Rent

*Restrictions apply. Members must qualify for and complete all activities to receive \$500 or more. Visit Member. Ambetter Health.com for more details Funds expire immediately after termination of insurance coverage. Rewards program is subject to change.

My Health Pays rewards can't be used for pharmacy copays.

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-ambetter.

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YOUR NAME HERE

YALD 12/21

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9010



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.

Telehealth - www.teladoc.com/ambetter

ambetter.

TELADOC.

Call Teladoc at: 1-800-835-2362

MEMBER LOGIN

We've connected patients like you with doctors over 2 million times

Speak to a licensed doctor by phone or video in minutes.

Talk to a doctor

USERNAME PASSWORD

Setup your account

RSTNAME

LASTNAME

E



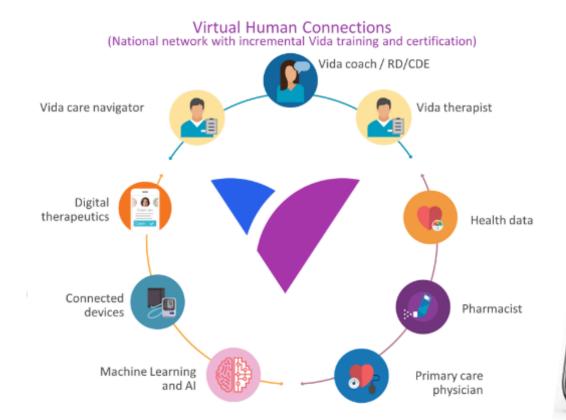


- 24-Hour help for non-emergency issues
- Connect to experts regardless of physical location
- Avoid long wait times at physician offices
- Reduce cost of health care when a members PCP or clinic is not available
- Good for outlying or rural areas, tup your account
- \$0 copay for all plans but HSA plans



Disease Management

- Arrhythmia
- Asthma
- CHF
- COPD
- Depression
- Diabetes

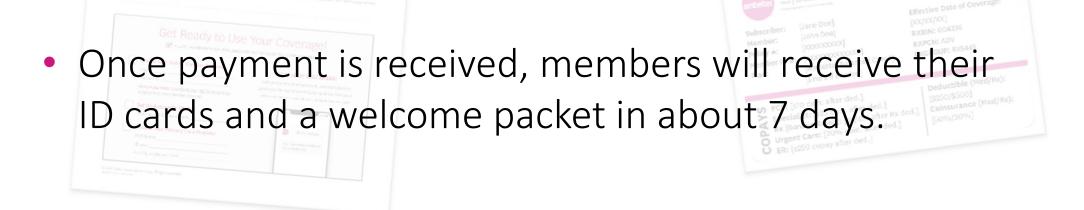






Post Application

 After enrollment members can expect a pre-member letter reminding them to make their payment if payment wasn't collected at time of enrollment.









Website: ambetter.azcompletehealth.com

Member Services: 866-918-4450

Email: brian.j.Morrissey@centene.com

