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Product Training - 2019

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

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

Coordinate Care

- **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

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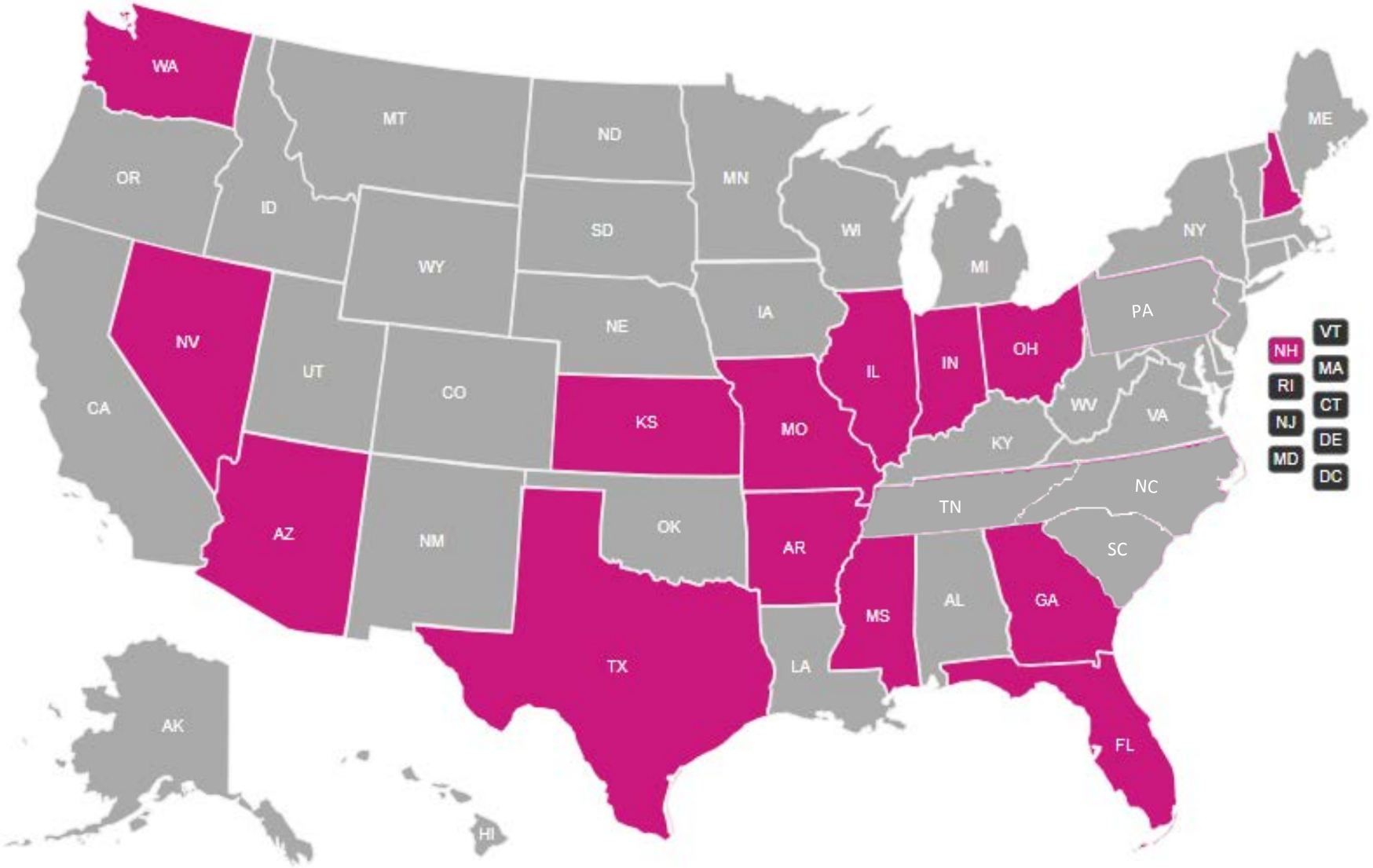
Coverage Area



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2019 Portfolio

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Gold

Silver

2019 Portfolio

	Product I Medical EHB	**Product II** Medical EHB Plus Adult Vision
Gold	Ambetter Secure Care 1 *3 Free PCP Visits*	
Silver	Ambetter Balanced Care 1 (2019) Ambetter Balanced Care 2 (2019) Ambetter Balanced Care 3 (2019) Ambetter Balanced Care 4 (2019)	Ambetter Balanced Care 1 (2019) Ambetter Balanced Care 2 (2019) Ambetter Balanced Care 3 (2019)

Black Outline: Indicates new plan for 2019

Balanced Care 1 (2019)

	Subj. to Ded.	Balanced Care 1 (2019) (70%)	Balanced Care 1 (2019) (73%)	Balanced Care 1 (2019) (87%)	Balanced Care 1 (2019) (94%)
Medical Deductible	NA	**$5,500**	**$3,700**	**$900**	**$0**
Coinsurance	NA	**20%**	**20%**	**20%**	**20%**
Rx Deductible	NA	**INT**	**INT**	**INT**	**INT**
Rx Coinsurance	NA	**INT**	**INT**	**INT**	**INT**
MOOP	NA	**$6,500**	**$6,300**	**$2,600**	**$1,075**
Emergency Room Services	Y	20%	20%	20%	20%
All Inpatient Hospital Services (Inc. MHSA)	Y	20%	20%	20%	20%
Urgent Care	N	$100	$75	$10	$10
Primary Care Visit to Treat an Injury or Illness	N	$30	$25	$0	$0
Specialist Visit	N	$60	$60	$10	$10
Mental/BH & Substance Abuse Disorder Outpatient Services	N	$30	$25	$0	$0
Imaging (CT/PET Scans, MRIs)	Y	20%	20%	20%	20%
Rehabilitative Speech Therapy	Y	20%	20%	20%	20%
Rehabilitative OT/PT	Y	20%	20%	20%	20%
Preventive Care/Screening/Immunization	N	**Free**	**Free**	**Free**	**Free**
Laboratory Outpatient and Professional Services	Y	20%	20%	20%	20%
X-rays and Diagnostic Imaging	Y	20%	20%	20%	20%
Skilled Nursing Facility	Y	20%	20%	20%	20%
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Y	20%	20%	20%	20%
Outpatient Surgery Physician/Surgical Services	Y	20%	20%	20%	20%
Drugs					
Generics	N	$10	$10	$0	$0
Preferred Brand Drugs	N	$50	$50	$25	$25
Non-Preferred Brand Drugs	Y	20%	20%	20%	20%
Specialty Drugs (i.e. high-cost)	Y	20%	20%	20%	20%

Balanced Care 2 (2019)

	Subj. to Ded.	Balanced Care 2 (2019) (70%)	Balanced Care 2 (2019) (73%)	Balanced Care 2 (2019) (87%)	Balanced Care 2 (2019) (94%)
Medical Deductible	NA	**$6,500**	**$5,100**	**$1,750**	**$575**
Coinsurance	NA	**0%**	**0%**	**0%**	**0%**
Rx Deductible	NA	**INT**	**INT**	**INT**	**INT**
Rx Coinsurance	NA	**INT**	**INT**	**INT**	**INT**
MOOP	NA	**$6,500**	**$5,100**	**$1,750**	**$575**
Emergency Room Services	Y	0%	0%	0%	0%
All Inpatient Hospital Services (Inc. MHSA)	Y	0%	0%	0%	0%
Urgent Care	N	$100	$75	$10	$10
Primary Care Visit to Treat an Injury or Illness	N	$30	$25	$1	$1
Specialist Visit	N	$60	$50	$5	$5
Mental/BH & Substance Abuse Disorder Outpatient Services	N	$30	$25	$1	$1
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	$1	$1
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 3 (2019)

	Subj. to Ded.	Balanced Care 3 (2019) (70%)	Balanced Care 3 (2019) (73%)	Balanced Care 3 (2019) (87%)	Balanced Care 3 (2019) (94%)
Medical Deductible	NA	**$3,000**	**$2,300**	**$850**	**$200**
Coinsurance	NA	**30%**	**30%**	**30%**	**30%**
Rx Deductible	NA	**INT**	**INT**	**INT**	**INT**
Rx Coinsurance	NA	**INT**	**INT**	**INT**	**INT**
MOOP	NA	**$6,750**	**$6,300**	**$2,600**	**$700**
Emergency Room Services	Y	$600 with Ded.	$600 with Ded.	$100 with Ded.	$50 with Ded.
All Inpatient Hospital Services (Inc. MHSA)	Y	$750 per day with Ded.	$750 per day with Ded.	$200 per day with Ded.	$150 per day with Ded.
Inpatient Physician Fee	N	$250 copay per stay	$250 copay per stay	$50 copay per stay	$50 copay per stay
Urgent Care	N	$100	$75	$10	$10
Primary Care Visit to Treat an Injury or Illness	N	$30	$25	$0	$0
Specialist Visit	N	$60	$50	$5	$5
Mental/BH & Substance Abuse Disorder Outpatient Services	N	$30	$25	$0	$0
Imaging (CT/PET Scans, MRIs)	Y	30%	30%	30%	30%
Rehabilitative Speech Therapy	Y	30%	30%	30%	30%
Rehabilitative OT/PT	Y	30%	30%	30%	30%
Preventive Care/Screening/Immunization	N	**Free**	**Free**	**Free**	**Free**
Laboratory Outpatient and Professional Services	Y	30%	30%	30%	30%
X-rays and Diagnostic Imaging	Y	30%	30%	30%	30%
Skilled Nursing Facility	Y	30%	30%	30%	30%
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Y	30%	30%	30%	30%
Outpatient Surgery Physician/Surgical Services	Y	30%	30%	30%	30%
Drugs					
Generics	N	$25	$25	$0	$0
Preferred Brand Drugs	N	$50	$50	$25	$25
Non-Preferred Brand Drugs	Y	30%	30%	30%	30%
Specialty Drugs (i.e. high-cost)	Y	30%	30%	30%	30%

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%

Secure Care 1 (2019)

	Subj. to Ded.	Secure Care 1 (2019)
Medical Deductible	NA	**$1,000**
Coinsurance	NA	**20%**
Rx Deductible	NA	**$500**
Rx Coinsurance	NA	**30%**
MOOP	NA	**$6,350**
Emergency Room Services	Y	$250 after Ded.
All Inpatient Hospital Services (Inc. MHSA)	Y	20%
Inpatient Surgery Physician/Surgical Services	Y	20%
Urgent Care	Y	20%
Primary Care Visit to Treat an Injury or Illness	Y	3 free visits, then Ded. & Coin.
Specialist Visit	Y	20%
Mental/BH & Substance Abuse Disorder Outpatient Services	Y	20%
Imaging (CT/PET Scans, MRIs)	Y	20%
Rehabilitative Speech Therapy	Y	20%
Rehabilitative OT/PT	Y	20%
Preventive Care/Screening/Immunization	N	**Free**
Laboratory Outpatient and Professional Services	Y	20%
X-rays and Diagnostic Imaging	Y	20%
Skilled Nursing Facility	Y	20%
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Y	20%
Outpatient Surgery Physician/Surgical Services	Y	20%
Drugs		
Generics	N	$10
Preferred Brand Drugs	Y	$25
Non-Preferred Brand Drugs	Y	$75
Specialty Drugs (i.e. high-cost)	Y	30%, max $350 per script

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

	Subj. to Ded.	Cost for 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	Covered up to $130	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	Covered up to $130	Not Covered
Contact Lens Fitting	N	100% Covered	Not Covered
Specialty Lens Fitting	N	Covered up to $50	Not Covered

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Post Application and Beyond

Post Application

- After submitting an application an enrollment file is sent by the Healthplan Finder to Ambetter
- After we receive 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

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Nutrition

Weight Management

Stress Management

Fitness

Tobacco Cessation

Budget

Credit & Savings

Wellb

Gym/Fitne

Mo um

Doctor Copays

Key Points

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.

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

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

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

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TELADOC.

Quality, affordable healthcare when and where you need it.

You are one ste
to U.S. board-ce

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

Teladoc® is an added bene
network of U.S. board-certi

Request a phone or online vi
doctors can diagnose many o

or on the road. Teladoc
essary.

below to get started.

Date of Birth

Member ID
(Located on your Health Plan ID card.

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.

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

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

Location and Search

Menu ambetter English

Map Satellite

Present Location

NORTH MAYFAIR
ALBANY PARK
LINCOLN SQUARE
WOLCOTT GARDENS
WINNEMAC
RAVENSWOOD

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**
Practitio
0.40 mil

Grady Health System

(404) 616-9355

Detailed Search

3 **Paula**
Practitio
0.40 mil

(404) 616-5800

Enter Name

Type of Provider

4 **Joyce**
Practitio
0.40 mil

(404) 616-4646

Change your Starting Address or Zip Code

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
Find a B
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For Mem
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Member
Health I
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Your Be
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FOR MEMBERS | FOR PROVIDERS | HOW TO ENROLL

ll Ambetter members.

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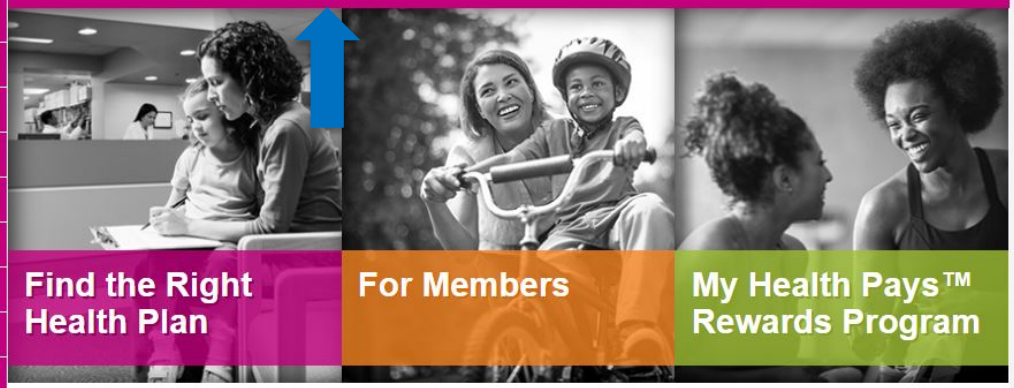
- Pay My Premium
- How to Enroll
- Learn More
- Our Health Plans
- Health & Wellness
- For Members
- For Providers
- For Brokers
- For Navigators
- Newsroom
- Community Events

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

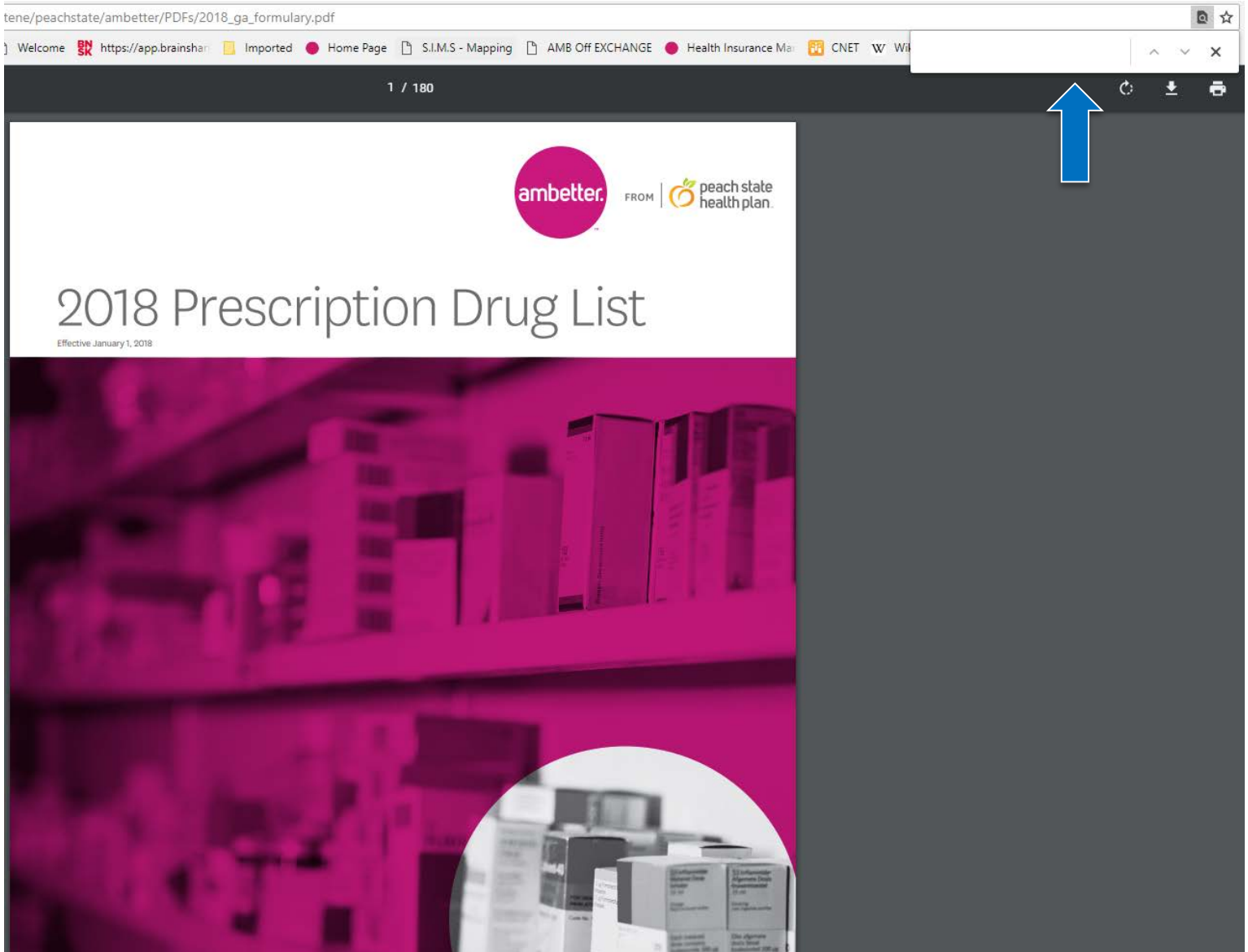
Learn More



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.

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.

Sample Result

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 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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Product Training 2019

Contact us!

- Ambetterhealth.com
- Ambetter Sales Dept **1-855-700-7985**
- Member services can be reached at **1-877-687-1197**
- jegillespie@centene.com or **312-619-3033**

Thank You!