

Ambetter Value Silver 32:

Zero Cost Sharing Plan Variation



The Summary of Benefits and Coverage (SBC) document will help you choose a health [plan](#). The SBC shows you how you and the [plan](#) would share the cost for covered health care services. NOTE: Information about the cost of this [plan](#) (called the [premium](#)) will be provided separately.

This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, visit <https://ambetter.superiorhealthplan.com/2022-brochures.html>, or call 1-877-687-1196 (Relay Texas/TTY 1-800-735-2989). For general definitions of common terms, such as [allowed amount](#), [balance billing](#), [coinsurance](#), [copayment](#), [deductible](#), [provider](#), or other underlined terms, see the Glossary. You can view the Glossary at <https://www.healthcare.gov/sbc-glossary> or call 1-877-687-1196 (Relay Texas/TTY 1-800-735-2989) to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall <a href="#">deductible</a> ?	\$0 individual / \$0 family.	See the Common Medical Events chart below for your costs for services this <a href="#">plan</a> covers.
Are there services covered before you meet your <a href="#">deductible</a> ?	Yes.	This <a href="#">plan</a> covers items and services even if you haven't yet met the <a href="#">deductible</a> amount.
Are there other <a href="#">deductibles</a> for specific services?	No.	You don't have to meet <a href="#">deductibles</a> for specific services.
What is the <a href="#">out-of-pocket limit</a> for this <a href="#">plan</a> ?	Not Applicable.	This <a href="#">plan</a> does not have an <a href="#">out-of-pocket limit</a> on your expenses.
What is not included in the <a href="#">out-of-pocket limit</a> ?	Not Applicable.	This <a href="#">plan</a> does not have an <a href="#">out-of-pocket limit</a> on your expenses.
Will you pay less if you use a <a href="#">network provider</a> ?	Yes. See <a href="https://ambetter.superiorhealthplan.com/findadoc">https://ambetter.superiorhealthplan.com/findadoc</a> or call 1-877-687-1196 (Relay Texas/TTY 1-800-735-2989) for a list of <a href="#">network providers</a> .	This <a href="#">plan</a> uses a <a href="#">provider network</a> . You will pay less if you use a <a href="#">provider</a> in the <a href="#">plan's network</a> . You will pay the most if you use an <a href="#">out-of-network provider</a> , and you might receive a bill from a <a href="#">provider</a> for the difference between the <a href="#">provider's</a> charge and what your <a href="#">plan</a> pays ( <a href="#">balance billing</a> ). Be aware, your <a href="#">network provider</a> might use an <a href="#">out-of-network provider</a> for some services (such as lab work). Check with your <a href="#">provider</a> before you get services.
Do you need a <a href="#">referral</a> to see a <a href="#">specialist</a> ?	Yes.	This <a href="#">plan</a> will pay some or all of the costs to see a <a href="#">specialist</a> for covered services but only if you have a <a href="#">referral</a> before you see the <a href="#">specialist</a> .

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Indian Health Care Provider (IHCP) & Non-IHCP In-Network Provider (You will pay the least)	Non-IHCP Out-Of-Network Provider (You will pay the most)	
If you visit a health care <a href="#">provider's</a> office or clinic	Primary care visit to treat an injury or illness	No charge	Not covered	Unlimited Virtual Care Visits received from Ambetter Telehealth covered at No Charge, <a href="#">providers</a> covered in full.
	<a href="#">Specialist</a> visit	No charge	Not covered	Covered No Limit.
	<a href="#">Preventive care/screening/immunization</a>	No charge	Not covered	You may have to pay for services that aren't preventive. Ask your <a href="#">provider</a> if the services needed are preventive. Then check what your <a href="#">plan</a> will pay for.
If you have a test	<a href="#">Diagnostic test</a> (x-ray, blood work)	No charge for laboratory & professional services No charge for x-ray & diagnostic imaging No charge for laboratory & professional services and x-ray & diagnostic imaging at other places of service	Not covered	Prior authorization may be required. Covered No Limit. *See Manage Your Healthcare: Prior Authorization section in your policy. Other places of service may include Hospital, Emergency Room, or Outpatient Facility.  Failure to obtain prior authorization for any service that requires prior authorization will result in a denial of benefits. See your policy for more details.
	Imaging (CT/PET scans, MRIs)	No charge	Not covered	Prior authorization may be required. Covered No Limit. *See Manage Your Healthcare: Prior Authorization section in your policy.
If you need drugs to treat your illness or condition More information about <a href="#">prescription drug coverage</a> is available at <a href="https://ambetter.superiorhealthplan.com/2022/formulary">https://ambetter.superiorhealthplan.com/2022/formulary</a> .	Generic drugs (Tier 1)	Preferred Generic Retail: No charge Generic Retail: No charge	Not covered	Prior authorization may be required. <a href="#">Prescription drugs</a> are provided up to 30 days retail and up to 90 days through mail order.
	Preferred brand drugs (Tier 2)	Retail: No charge	Not covered	Prior authorization may be required. <a href="#">Prescription drugs</a> are provided up to 30 days retail and up to 90 days through mail order.
	Non-preferred brand drugs (Tier 3)	Retail: No charge	Not covered	
	<a href="#">Specialty drugs</a> (Tier 4)	Retail: No charge	Not covered	Prior authorization may be required. <a href="#">Prescription drugs</a> are provided up to 30 days retail and up to 30 days through mail order.

\* For more information about limitations and exceptions, see [plan](#) or policy document at <https://api.centene.com/eoc/2022/87226TX007.pdf>.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Indian Health Care Provider (IHCP) & Non-IHCP In-Network Provider (You will pay the least)	Non-IHCP Out-Of-Network Provider (You will pay the most)	
<b>If you have outpatient surgery</b>	Facility fee (e.g., ambulatory surgery center)	No charge	Not covered	Prior authorization may be required. Covered No Limit. *See Manage Your Healthcare: Prior Authorization section in your policy.
	Physician/surgeon fees	No charge	Not covered	Prior authorization may be required. Covered No Limit. *See Manage Your Healthcare: Prior Authorization section in your policy.
<b>If you need immediate medical attention</b>	<a href="#">Emergency room care</a>	No charge	No charge; <a href="#">deductible</a> does not apply	Covered No Limit.
	<a href="#">Emergency medical transportation</a>	No charge	No charge; <a href="#">deductible</a> does not apply	Covered No Limit. Note: Prior authorization is not required for emergency transport, however, all non-emergent transport requires prior authorization.
	<a href="#">Urgent care</a>	No charge	Not covered	Covered No Limit.
<b>If you have a hospital stay</b>	Facility fee (e.g., hospital room)	No charge	Not covered	Prior authorization may be required. Covered No Limit. *See Manage Your Healthcare: Prior Authorization section in your policy.
	Physician/surgeon fees	No charge	Not covered	Prior authorization may be required. Covered No Limit. *See Manage Your Healthcare: Prior Authorization section in your policy.
<b>If you need mental health, behavioral health, or substance abuse services</b>	Outpatient services	No charge	Not covered	Prior authorization may be required. Covered No Limit. *See Manage Your Healthcare: Prior Authorization section in your policy. (PCP and other practitioner visits do not require prior authorization).
	Inpatient services	No charge	Not covered	Prior authorization may be required. Covered No Limit. *See Manage Your Healthcare: Prior Authorization section in your policy.
<b>If you are pregnant</b>	Office visits	No charge	Not covered	Prior authorization not required for deliveries within the standard time frame per federal regulation, but may be required for other services. <a href="#">Cost-sharing</a> does not apply for <a href="#">preventive services</a> , such as routine pre-natal and post-natal <a href="#">screenings</a> . Depending on the type of services, <a href="#">coinsurance</a> , <a href="#">deductible</a> or <a href="#">copayment</a> may

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Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Indian Health Care Provider (IHCP) & Non-IHCP In-Network Provider (You will pay the least)	Non-IHCP Out-Of-Network Provider (You will pay the most)	
				apply. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound). *See Manage Your Healthcare: Prior Authorization section in your policy.
	Childbirth/delivery professional services	No charge	Not covered	Prior authorization may be required. <a href="#">Cost-sharing</a> does not apply for <a href="#">preventive services</a> . Depending on the type of services, <a href="#">copayment</a> , <a href="#">coinsurance</a> or <a href="#">deductible</a> may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound). *See Manage Your Healthcare: Prior Authorization section in your policy.
	Childbirth/delivery facility services	No charge	Not covered	
<b>If you need help recovering or have other special health needs</b>	<a href="#">Home health care</a>	No charge	Not covered	Prior authorization may be required. Limited to 60 visits per year. *See Manage Your Healthcare: Prior Authorization section in your policy.
	<a href="#">Rehabilitation services</a>	No charge	Not covered	Prior authorization may be required. Limited to 35 combined visits per year (combined with chiropractic care). Note: the visit limit does not apply: to treatment or care determined to be <a href="#">medically necessary</a> as a result of and related to an acquired brain injury, for treating developmental delays or for any mental health/substance use disorder diagnosis. *See Manage Your Healthcare: Prior Authorization section in your policy.
	<a href="#">Habilitation services</a>	No charge	Not covered	Prior authorization may be required. Limited to 35 visits per year. Note: This visit limit does not apply when treatment is provided for a mental health/substance use disorder diagnosis or developmental delays. *See Manage Your Healthcare: Prior Authorization section in your policy.
	<a href="#">Skilled nursing care</a>	No charge	Not covered	Prior authorization may be required. Limited to 25 days per year. *See Manage Your Healthcare: Prior Authorization section in your policy.

\* For more information about limitations and exceptions, see [plan](#) or policy document at <https://api.centene.com/eoc/2022/87226TX007.pdf>.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Indian Health Care Provider (IHCP) & Non-IHCP In-Network Provider (You will pay the least)	Non-IHCP Out-Of-Network Provider (You will pay the most)	
	<a href="#">Durable medical equipment</a>	No charge	Not covered	Prior authorization may be required. Covered No Limit. *See Manage Your Healthcare: Prior Authorization section in your policy.
	<a href="#">Hospice services</a>	No charge	Not covered	Prior authorization may be required. Covered No Limit. *See Manage Your Healthcare: Prior Authorization section in your policy.
<b>If your child needs dental or eye care</b>	Children's eye exam	No charge	Not covered	Limited to 1 visit per year.
	Children's glasses	No charge	Not covered	Limited to 1 item per year.
	Children's dental check-up	Not covered	Not covered	-----None-----

#### Excluded Services & Other Covered Services:

##### Services Your [Plan](#) Generally Does NOT Cover (Check your policy or [plan](#) document for more information and a list of any other [excluded services](#).)

- |   |   |  |
|---|---|--|
| <ul style="list-style-type: none"> <li>• Abortion (Except when the life of the mother is endangered if the fetus were carried to term or delivered.)</li> <li>• Acupuncture</li> <li>• Bariatric surgery</li> </ul> | <ul style="list-style-type: none"> <li>• Cosmetic surgery</li> <li>• Dental care</li> <li>• Long-Term Care (Long Term Acute Care is a covered benefit. Long Term Nursing Care/ Custodial Care is not a covered benefit.)</li> </ul> | <ul style="list-style-type: none"> <li>• Non-emergency care when traveling outside the U.S.</li> <li>• Private-duty nursing</li> <li>• Routine eye care (Adult)</li> <li>• Weight loss programs</li> </ul> |
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##### Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your [plan](#) document.)

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|---|--|--|
| <ul style="list-style-type: none"> <li>• Chiropractic care (Limited to 35 combined visits per year (combined with outpatient rehabilitation therapy).)</li> <li>• Hearing aids (Limited to 2 items every 3 years.)</li> </ul> | <ul style="list-style-type: none"> <li>• Infertility treatment (Limited to services for <a href="#">diagnostic tests</a> to find the cause of infertility.)</li> </ul> | <ul style="list-style-type: none"> <li>• Routine foot care (Coverage is limited to diabetes care only.)</li> </ul> |
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**Your Rights to Continue Coverage:** There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: Ambetter from Superior HealthPlan at 1-877-687-1196 (Relay Texas/TTY 1-800-735-2989); Texas Department of Insurance, 333 Guadalupe, Austin, TX 78701, Phone No. 1-800-578-4677. Other coverage options may be available to you too, including buying individual insurance coverage through the [Health Insurance Marketplace](#). For more information about the [Marketplace](#), visit [www.HealthCare.gov](http://www.HealthCare.gov) or call 1-800-318-2596.

\* For more information about limitations and exceptions, see [plan](#) or policy document at <https://api.centene.com/eoc/2022/87226TX007.pdf>.

**Your Grievance and Appeals Rights:** There are agencies that can help if you have a complaint against your [plan](#) for a denial of a [claim](#). This complaint is called a [grievance](#) or [appeal](#). For more information about your rights, look at the explanation of benefits you will receive for that medical [claim](#). Your [plan](#) documents also provide complete information on how to submit a [claim](#), [appeal](#), or a [grievance](#) for any reason to your [plan](#). For more information about your rights, this notice, or assistance, contact: Texas Department of Insurance, 333 Guadalupe, Austin, TX 78701, Phone No. 1-800-578-4677.

**Does this plan provide Minimum Essential Coverage? Yes.**

[Minimum Essential Coverage](#) generally includes [plans](#), [health insurance](#) available through the [Marketplace](#) or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of [Minimum Essential Coverage](#), you may not be eligible for the [premium tax credit](#).

**Does this plan meet Minimum Value Standards? Not Applicable.**

If your [plan](#) doesn't meet the [Minimum Value Standards](#), you may be eligible for a [premium tax credit](#) to help you pay for a [plan](#) through the [Marketplace](#).

**Language Access Services:**

Spanish (Español): Para obtener asistencia en Español, llame al 1-877-687-1196 (Relay Texas/TTY 1-800-735-2989).

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-877-687-1196 (Relay Texas/TTY 1-800-735-2989).

Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 1-877-687-1196 (Relay Texas/TTY 1-800-735-2989).

Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijigo holne' 1-877-687-1196 (Relay Texas/TTY 1-800-735-2989).

*To see examples of how this [plan](#) might cover costs for a sample medical situation, see the next section.*

About these Coverage Examples:



**This is not a cost estimator.** Treatments shown are just examples of how this [plan](#) might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your [providers](#) charge, and many other factors. Focus on the [cost-sharing](#) amounts ([deductibles](#), [copayments](#) and [coinsurance](#)) and [excluded services](#) under the [plan](#). Use this information to compare the portion of costs you might pay under different health [plans](#). Please note these coverage examples are based on self-only coverage.

**Peg is Having a Baby**  
(9 months of in-network pre-natal care and a hospital delivery)

- The [plan's](#) overall [deductible](#) \$0
- [Specialist coinsurance](#) 0%
- Hospital (facility) [coinsurance](#) 0%
- Other [coinsurance](#) 0%

This EXAMPLE event includes services like:

- [Specialist](#) office visits (*prenatal care*)
- Childbirth/Delivery Professional Services
- Childbirth/Delivery Facility Services
- [Diagnostic tests](#) (*ultrasounds and blood work*)
- [Specialist](#) visit (*anesthesia*)

<b>Total Example Cost</b>	<b>\$12,700</b>
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In this example, Peg would pay:

<i>Cost Sharing</i>	
<a href="#">Deductibles</a>	\$0
<a href="#">Copayments</a>	\$0
<a href="#">Coinsurance</a>	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$0
<b>The total Peg would pay is</b>	<b>\$0</b>

**Managing Joe's Type 2 Diabetes**  
(a year of routine in-network care of a well-controlled condition)

- The [plan's](#) overall [deductible](#) \$0
- [Specialist coinsurance](#) 0%
- Hospital (facility) [coinsurance](#) 0%
- Other [coinsurance](#) 0%

This EXAMPLE event includes services like:

- [Primary care physician](#) office visits (*including disease education*)
- [Diagnostic tests](#) (*blood work*)
- [Prescription drugs](#)
- [Durable medical equipment](#) (*glucose meter*)

<b>Total Example Cost</b>	<b>\$5,600</b>
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In this example, Joe would pay:

<i>Cost Sharing</i>	
<a href="#">Deductibles</a>	\$0
<a href="#">Copayments</a>	\$0
<a href="#">Coinsurance</a>	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$0
<b>The total Joe would pay is</b>	<b>\$0</b>

**Mia's Simple Fracture**  
(in-network emergency room visit and follow up care)

- The [plan's](#) overall [deductible](#) \$0
- [Specialist coinsurance](#) 0%
- Hospital (facility) [coinsurance](#) 0%
- Other [coinsurance](#) 0%

This EXAMPLE event includes services like:

- [Emergency room care](#) (*including medical supplies*)
- [Diagnostic tests](#) (*x-ray*)
- [Durable medical equipment](#) (*crutches*)
- [Rehabilitation services](#) (*physical therapy*)

<b>Total Example Cost</b>	<b>\$2,800</b>
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In this example, Mia would pay:

<i>Cost Sharing</i>	
<a href="#">Deductibles</a>	\$0
<a href="#">Copayments</a>	\$0
<a href="#">Coinsurance</a>	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$0
<b>The total Mia would pay is</b>	<b>\$0</b>