

2021 Silver Plan Comparison

SILVER PLANS		Medical Deductible (Ind/Fam)	Out-of-pocket Maximum (Ind/Fam)	Preventive Care	PCP Office Visit	Specialist Office Visit	Mental Health Office Visit-Outpatient	Urgent Care	Emergency Room*
STD	Balanced Care 11	\$6,000/\$12,000	\$8,500/\$17,000	No charge	\$30	\$60	\$30	\$60	40% after ded.
	Balanced Care 12	\$6,500/\$13,000	\$8,400/\$16,800	No charge	\$35	\$70	\$35	\$55	40% after ded.
	Balanced Care 24	\$7,450/\$14,900	\$7,450/\$14,900	No charge	\$40	\$80	\$40	\$60	No charge after ded.
	Balanced Care 26	\$5,450/\$10,900	\$8,100/\$16,200	No charge	\$25	\$50	\$25	\$60	30% after ded.
	Balanced Care 28	\$0/\$0 (Rx-\$1,500/\$3,000)	\$8,200/\$16,400	No charge	\$50	\$90	\$50	\$60	50%
	Balanced Care 29	\$5,450/\$10,900	\$8,400/\$16,800	No charge	\$20	35% after ded.	25%	\$60	35% after ded.
73% AV	Balanced Care 11	\$3,300/\$6,600	\$6,600/\$13,200	No charge	\$20	\$50	\$20	\$50	40% after ded.
	Balanced Care 12	\$3,850/\$7,700	\$6,500/\$13,000	No charge	\$25	\$50	\$25	\$55	40% after ded.
	Balanced Care 24	\$5,600/\$11,200	\$5,600/\$11,200	No charge	\$20	\$45	\$20	\$50	No charge after ded.
	Balanced Care 26	\$5,400/\$10,800	\$6,800/\$13,600	No charge	\$15	\$50	\$15	\$50	30% after ded.
	Balanced Care 28	\$0/\$0 (Rx-\$1,500/\$3,000)	\$6,750/\$13,500	No charge	\$30	\$60	\$30	\$50	50%
	Balanced Care 29	\$2,995/\$5,990	\$5,400/\$10,800	No charge	\$15	35% after ded.	20%	\$50	35% after ded.
87% AV	Balanced Care 11	\$0/\$0	\$2,850/\$5,700	No charge	\$10	\$29	\$10	\$10	40%
	Balanced Care 12	\$950/\$1,900	\$2,250/\$4,500	No charge	\$5	\$30	\$5	\$10	40% after ded.
	Balanced Care 24	\$2,150/\$4,300	\$2,150/\$4,300	No charge	No charge	\$5	No charge	\$10	No charge after ded.
	Balanced Care 26	\$600/\$1,200	\$2,700/\$5,400	No charge	\$5	\$15	\$5	\$10	30% after ded.
	Balanced Care 28	\$0/\$0 (Rx-\$500/\$1,000)	\$2,700/\$5,400	No charge	\$10	\$20	\$10	\$10	50%
	Balanced Care 29	\$250/\$500	\$2,700/\$5,400	No charge	\$5	35% after ded.	15%	\$10	35% after ded.
94% AV	Balanced Care 11	\$0/\$0	\$1,075/\$2,150	No charge	No charge	\$5	No charge	\$10	25%
	Balanced Care 12	\$0/\$0	\$1,400/\$2,800	No charge	No charge	\$10	No charge	\$10	25%
	Balanced Care 24	\$675/\$1,350	\$675/\$1,350	No charge	No charge	\$5	No charge	\$10	No charge after ded.
	Balanced Care 26	\$250/\$500	\$900/\$1,800	No charge	\$3	\$10	\$3	\$10	25% after ded.
	Balanced Care 28	\$0/\$0 (Rx-\$100/\$200)	\$1,200/\$2,400	No charge	\$3	\$10	\$3	\$10	25%
	Balanced Care 29	\$0/\$0	\$1,525/\$3,050	No charge	\$3	25%	10%	\$10	25%

*Eligible Out-of-network expenses are covered at the In-network level. You may be responsible for the difference between the amount billed and the amount we cover.

To learn more contact:

2021 Silver Plan Comparison *continued*

SILVER PLANS		X-rays & Diagnostic Imaging	Imaging (CT/PET Scans, MRIs)	Labs	Inpatient Facility Fee	Outpatient Facility Fee	Pharmacy** (Generic/Preferred/Non-preferred/Specialty)
STD	Balanced Care 11	40% after ded.	40% after ded.	\$30	40% after ded.	40% after ded.	\$20 / \$55 / 50% after ded. / 50% after ded.
	Balanced Care 12	40% after ded.	40% after ded.	\$35	40% after ded.	40% after ded.	\$25 / \$60 / 50% after ded. / 50% after ded.
	Balanced Care 24	No charge after ded.	No charge after ded.	\$40	No charge after ded.	No charge after ded.	\$20 / \$60 / No charge after ded. / No charge after ded.
	Balanced Care 26	30% after ded.	30% after ded.	\$25	30% after ded.	30% after ded.	\$25 / \$50 / 50% after ded. / 50% after ded.
	Balanced Care 28	50%	50%	\$50	50%	50%	\$30 / 50% after Rx ded. / 50% after Rx ded. / 50% after Rx ded.
	Balanced Care 29	35% after ded.	35% after ded.	\$35	35% after ded.	35% after ded.	\$35 / \$75 / 50% after ded. / 50% after ded.
73% AV	Balanced Care 11	40% after ded.	40% after ded.	\$25	40% after ded.	40% after ded.	\$20 / \$50 / 50% after ded. / 50% after ded.
	Balanced Care 12	40% after ded.	40% after ded.	\$25	40% after ded.	40% after ded.	\$25 / \$45 / 50% after ded. / 50% after ded.
	Balanced Care 24	No charge after ded.	No charge after ded.	\$30	No charge after ded.	No charge after ded.	\$20 / \$60 / No charge after ded. / No charge after ded.
	Balanced Care 26	30% after ded.	30% after ded.	\$25	30% after ded.	30% after ded.	\$20 / \$45 / 50% after ded. / 50% after ded.
	Balanced Care 28	50%	50%	\$40	50%	50%	\$30 / 50% after Rx ded. / 50% after Rx ded. / 50% after Rx ded.
	Balanced Care 29	35% after ded.	35% after ded.	\$35	35% after ded.	35% after ded.	\$30 / \$75 / 50% after ded. / 50% after ded.
87% AV	Balanced Care 11	40%	40%	\$25	40%	40%	\$10 / \$40 / 50% / 50%
	Balanced Care 12	40% after ded.	40% after ded.	\$15	40% after ded.	40% after ded.	\$10 / \$40 / 50% after ded. / 50% after ded.
	Balanced Care 24	No charge after ded.	No charge after ded.	\$20	No charge after ded.	No charge after ded.	No charge / \$25 / No charge after ded. / No charge after ded.
	Balanced Care 26	30% after ded.	30% after ded.	\$15	30% after ded.	30% after ded.	\$15 / \$40 / 50% after ded. / 50% after ded.
	Balanced Care 28	50%	50%	\$10	50%	50%	\$10 / 50% after Rx ded. / 50% after Rx ded. / 50% after Rx ded.
	Balanced Care 29	35% after ded.	35% after ded.	\$20	35% after ded.	35% after ded.	\$5 / \$50 / 50% after ded. / 50% after ded.
94% AV	Balanced Care 11	25%	25%	No charge	25%	25%	No charge / \$25 / 35% / 35%
	Balanced Care 12	25%	25%	No charge	25%	25%	No charge / \$30 / 50% / 50%
	Balanced Care 24	No charge after ded.	No charge after ded.	\$10	No charge after ded.	No charge after ded.	No charge / \$25 / No charge after ded. / No charge after ded.
	Balanced Care 26	25% after ded.	25% after ded.	\$10	25% after ded.	25% after ded.	\$3 / \$20 / 50% after ded. / 50% after ded.
	Balanced Care 28	25%	25%	\$10	25%	25%	\$3 / 50% after Rx ded. / 50% after Rx ded. / 50% after Rx ded.
	Balanced Care 29	25%	25%	\$3	25%	25%	\$3 / \$15 / 50% / 50%

**Prescription Drugs available by mail order with a 90 day supply.

Our plans do not cover all health care expenses. Covered benefits will vary by state and are for in-network providers only. For comprehensive benefit detail, members should review their Major Medical Expense Policy and Schedule of Benefits prior to receiving services. Exclusions and limitations may apply.

Ambetter from Buckeye Health Plan is underwritten by Buckeye Community Health Plan, Inc., which is a Qualified Health Plan issuer in the Ohio Health Insurance Marketplace. Buckeye Community Health Plan, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Buckeye Community Health Plan, Inc.'s policies have exclusions, limitations, and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, write us (4349 Easton Way, Suite 300, Columbus, OH 43219) or call us at 1-877-687-1189 (TTY/TDD 1-877-941-9236). This is a solicitation for insurance and the phone numbers listed may connect you with a licensed Ambetter agent. AMBETTER® is a trademark exclusively owned by Centene Corporation, the parent company of Buckeye Health Plan.

Spanish:	Si usted, o alguien a quien está ayudando, tiene preguntas acerca de Ambetter de Buckeye Health Plan, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-877-687-1189 (TTY/TDD 1-877-941-9236).
Chinese:	如果您，或是您正在協助的對象，有關於 Ambetter from Buckeye Health Plan 方面的問題，您有權利免費以您的母語得到幫助和訊息。如果要與一位翻譯員講話，請撥電話 1-877-687-1189 (TTY/TDD 1-877-941-9236)。
German:	Falls Sie oder jemand, dem Sie helfen, Fragen zu Ambetter from Buckeye Health Plan hat, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 1-877-687-1189 (TTY/TDD 1-877-941-9236) an.
Arabic:	إذا كان لديك أو لدى شخص تساعد أسئلة حول Ambetter from Buckeye Health Plan، لديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم اتصل بـ 1-877-687-1189 (TTY/TDD 1-877-941-9236).
Pennsylvania Dutch:	Vann du, adda ebbah's du am helfa bisht, ennichi questions hott veyyich Ambetter from Buckeye Health Plan, dann hosht du's recht fa hilf greeya adda may aus finna diveyya in dei shprohch un's kosht nix. Fa shvetza mitt ebbah diveyya, kaw! 1-877-687-1189 (TTY/TDD 1-877-941-9236).
Russian:	В случае возникновения у вас или у лица, которому вы помогаете, каких-либо вопросов о программе страхования Ambetter from Buckeye Health Plan вы имеете право получить бесплатную помощь и информацию на своем родном языке. Чтобы поговорить с переводчиком, позвоните по телефону 1-877-687-1189 (TTY/TDD 1-877-941-9236).
French:	Si vous-même ou une personne que vous aidez avez des questions à propos d'Ambetter from Buckeye Health Plan, vous avez le droit de bénéficier gratuitement d'aide et d'informations dans votre langue. Pour parler à un interprète, appelez le 1-877-687-1189 (TTY/TDD 1-877-941-9236).
Vietnamese:	Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Ambetter from Buckeye Health Plan, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 1-877-687-1189 (TTY/TDD 1-877-941-9236).
Cushite:	Yoo sii ykn namaa gargaaraa jirtuu wa'ee Ambetter from Buckeye Health Plan gaaffi qabaatan ta'ee gargaarsaa fi odeeffanoo afaan ketiin kaffaltii alla argachuuf mirgaa qabdaa. Turjumaana wajiin dubadhuu, 1-877-687-1189 irra bilbilli (TTY/TDD 1-877-941-9236).
Korean:	만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Ambetter from Buckeye Health Plan 에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 1-877-687-1189 (TTY/TDD 1-877-941-9236)로 전화하십시오.
Italian:	Se lei, o una persona che lei sta aiutando, avesse domande su Ambetter from Buckeye Health Plan, ha diritto a usufruire gratuitamente di assistenza e informazioni nella sua lingua. Per parlare con un interprete, chiami il 1-877-687-1189 (TTY/TDD 1-877-941-9236).
Japanese:	Ambetter from Buckeye Health Plan について何かご質問がございましたらご連絡ください。ご希望の言語によるサポートや情報を無料でご提供いたします。通訳が必要な場合は、1-877-687-1189 (TTY/TDD 1-877-941-9236)までお電話ください。
Dutch:	Als u of iemand die u helpt vragen heeft over Ambetter from Buckeye Health Plan, hebt u recht op gratis hulp en informatie in uw taal. Bel 1-877-687-1189 (TTY/TDD (teksttelefoon) 1-877-941-9236) om met een tolk te spreken.
Ukrainian:	В разі виникнення у вас або особи, якій ви допомагаєте, будь-яких запитань щодо програми страхування Ambetter from Buckeye Health Plan ви маєте право отримати безкоштовну допомогу та інформацію на своїй рідній мові. Щоб поговорити з перекладачем, зателефонуйте за номером 1-877-687-1189 (TTY/TDD 1-877-941-9236).
Romanian:	Dacă dvs. sau o persoană pe care o asistați are întrebări despre Ambetter from Buckeye Health Plan, aveți dreptul să obțineți asistență și informații în limba dvs. în mod gratuit. Pentru a vorbi cu un interpret, apălați 1-877-687-1189 (TTY/TDD 1-877-941-9236).

Statement of Non-Discrimination

Ambetter from Buckeye Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Ambetter from Buckeye Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Ambetter from Buckeye Health Plan:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Ambetter from Buckeye Health Plan at 1-877-687-1189 (TTY/TDD 1-877-941-9236).

If you believe that Ambetter from Buckeye Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Buckeye Health Plan at the Appeals Unit, 4349 Easton Way, Suite 400, Columbus, OH 43219, 1-877-687-1189 (TTY/TDD 1-877-941-9236), Fax 1-866-719-5404. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Ambetter from Buckeye Health Plan is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.