

The Schedule of Benefits is a summary of services that may be covered under the plan. Benefits listed are subject to all provisions and limitations as outlined in the Evidence of Coverage (EOC). Please reference the EOC for details regarding the benefits listed below. The member is responsible for deductible, copayment or coinsurance applied to eligible service expenses. An overview of Preventive Services covered with no cost share can be found within your EOC. For services that require prior authorization, network providers must obtain authorization from us prior to providing a service or supply to a member. You should confirm with your provider that they have received prior authorization for a covered service prior to your treatment.

<b>Ambetter Essential Care 10-Expanded Bronze On Exchange Plan</b>		
<b>Benefit</b>	<b>Insured Responsibility (per person)</b>	
	<b>In-Network Providers</b>	<b>Out-of-Network Providers</b>
<b>Annual Deductible per Calendar Year</b>	\$7,200 Individual \$14,400 Family	Not applicable Individual Not applicable Family
<b>Coinsurance For Eligible Expenses (unless otherwise noted)</b>	50% Coinsurance	Not applicable
<b>Out-Of-Pocket Maximum per Calendar Year</b>	\$8,400 Individual \$16,800 Family	Not applicable Individual Not applicable Family
<b>Provider Office Services</b>		
Primary Care Office Visit	50% Coinsurance	Not covered
Specialist Office Visit	50% Coinsurance after deductible	Not covered
Virtual Care Visits received from Ambetter Telehealth (Unlimited)	No charge	Not covered
Preventive Care (including screenings, immunizations and well-baby visits) Covered in accordance with ACA guidelines.	No charge	Not covered
Diagnostic Test* (x-ray)	50% Coinsurance after deductible	Not covered
Diagnostic Test* Lab-work/Other (i.e. EKG, Stress Test)	50% Coinsurance after deductible	Not covered
Imaging Test* (CT/PET scans, MRI)	50% Coinsurance after deductible	Not covered
<b>Prescription Drugs</b>		
Preferred Generic	\$5 Copay	Not covered
Generic*	\$25 Copay	Not covered
Preferred Brand*	50% Coinsurance after deductible	Not covered
Non-Preferred Brand*	50% Coinsurance after deductible	Not covered
Specialty*	50% Coinsurance after deductible	Not covered
Mail Order* (90 day supply)	2.5 Times Retail Cost Sharing	Not covered
<b>Outpatient Services</b>		
Outpatient Facility*	50% Coinsurance after deductible	Not covered
Outpatient Surgery Physician/Surgical Services*	50% Coinsurance after deductible	Not covered
<b>Emergency and Urgent Care Services</b>		
Emergency Room	50% Coinsurance after deductible	50% Coinsurance after deductible
ER Physician Fee	50% Coinsurance after deductible	50% Coinsurance after deductible

75841NH0090010-01-2022 \*Prior authorization may be required – please contact the number listed on your ID card to determine if prior authorization is needed. **Note:** Cost share for covered services is based on place of service. Telehealth services received by a provider other than Ambetter Telehealth will incur the same cost share as an in-person visit.

Emergency Transportation/Ambulance (Air or Ground) Note: Prior authorization is not required for emergency transport, however, all non-emergent transport requires prior authorization.	50% Coinsurance after deductible	50% Coinsurance after deductible
Urgent Care	\$60 Copay	\$60 Copay
<b>Inpatient Hospital Services</b>		
Inpatient Hospital Facility*	50% Coinsurance after deductible	Not covered
Inpatient Hospital Physician and Surgical Services*	50% Coinsurance after deductible	Not covered
<b>Mental Health and Substance Use Disorder Services, including Behavioral Health Treatment</b>		
Mental/Behavioral Health Outpatient Services* (PCP and Other Practitioner visits do not require Prior Authorization)	50% Coinsurance after deductible/Office Visit; 50% Coinsurance after deductible for other outpatient services	Not covered
Mental/Behavioral Health Inpatient Services*	50% Coinsurance after deductible	Not covered
Mental/Behavioral Health Emergency Room	50% Coinsurance after deductible	50% Coinsurance after deductible
Mental/Behavioral Health ER Physician Fee	50% Coinsurance after deductible	50% Coinsurance after deductible
Mental/Behavioral Health Emergency Transportation/Ambulance (Air or Ground) Note: Prior authorization is not required for emergency transport, however, all non-emergent transport requires prior authorization.	50% Coinsurance after deductible	50% Coinsurance after deductible
Mental/Behavioral Health Urgent Care	50% Coinsurance after deductible	50% Coinsurance after deductible
Substance Use Disorder Outpatient Services* (PCP and Other Practitioner visits do not require Prior Authorization)	50% Coinsurance after deductible/Office Visit; 50% Coinsurance after deductible for other outpatient services	Not covered
Substance Use Disorder Inpatient Services*	50% Coinsurance after deductible	Not covered
Substance Use Disorder Emergency Room	50% Coinsurance after deductible	50% Coinsurance after deductible
Substance Use Disorder ER Physician Fee	50% Coinsurance after deductible	50% Coinsurance after deductible
Substance Use Disorder Emergency Transportation/Ambulance (Air or Ground)	50% Coinsurance after deductible	50% Coinsurance after deductible

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Note: Prior authorization is not required for emergency transport, however, all non-emergent transport requires prior authorization.		
Substance Use Disorder Urgent Care	50% Coinsurance after deductible	50% Coinsurance after deductible
<b>Maternity and Newborn Care</b>		
Prenatal and Postnatal Care (Routine prenatal and postnatal screenings are covered as preventive care services at no charge)	50% Coinsurance	Not covered
Delivery and Inpatient Services*	50% Coinsurance after deductible	Not covered
<b>Other Covered Services</b>		
Home Health Care Services*	50% Coinsurance after deductible	Not covered
Rehabilitation Outpatient Services* Outpatient rehabilitation services are limited to 20 visits per year per therapy (Occupational Therapy, Physical Therapy and Speech Therapy). Note: Limits do not apply when provided for a mental health/substance use disorder diagnosis.	50% Coinsurance after deductible	Not covered
Rehabilitation Inpatient Services* (Including Speech, Occupational and Physical Therapy)	50% Coinsurance after deductible	Not covered
Cardiac Rehabilitation*	50% Coinsurance after deductible	Not covered
Habilitation Services* Habilitation Services are limited to 20 visits per year per therapy (Occupational Therapy, Physical Therapy and Speech Therapy). Note: Habilitation therapy limits do not apply when provided for a mental health/substance use disorder diagnosis.	50% Coinsurance after deductible	Not covered
Skilled Nursing Facility* Limited to 100 days per year in a facility.	50% Coinsurance after deductible	Not covered
Durable Medical Equipment*	50% Coinsurance after deductible	Not covered
Hospice Services*	50% Coinsurance after deductible	Not covered
Accidental Dental*	50% Coinsurance after deductible	Not covered

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Chiropractic Care* Limited to 12 visits per year.	50% Coinsurance after deductible	Not covered
Transplant Benefit* Limited to \$10,000 for transportation & lodging per transplant; \$30,000 for donor search per transplant.	50% Coinsurance after deductible	Not covered
Diabetes Care Management	50% Coinsurance after deductible	Not covered
<b>Vision Services – Pediatric (Children under the age of 19)</b>		
Exam		
Routine eye exam (& Contact lens fitting) Limited to 1 visit per year.	100% Covered	Not covered
Frames		
Eyeglasses (frames) Limited to 1 item per year.	100% Covered	Not covered
Lenses (per pair)		
Prescription lenses (including additional lens options)	100% Covered	Not covered
Contact lenses (in lieu of glasses)	100% Covered	Not covered

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FROM



nh healthy families.

<b>Spanish:</b>	Si usted, o alguien a quien está ayudando, tiene preguntas acerca de Ambetter de NH Healthy Families, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-844-265-1278 (TTY/TDD 1-855-742-0123).
<b>French:</b>	Si vous-même ou une personne que vous aidez avez des questions à propos d'Ambetter from NH Healthy Families, vous avez le droit de bénéficier gratuitement d'aide et d'informations dans votre langue. Pour parler à un interprète, appelez le 1-844-265-1278 (TTY/TDD 1-855-742-0123).
<b>Chinese:</b>	如果您，或是您正在協助的對象，有關於 Ambetter from NH Healthy Families 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 1-844-265-1278 (TTY/TDD 1-855-742-0123)。
<b>Nepali:</b>	यदि तपाईं वा तपाईंले मद्दत गरिरहनुभएको कोही व्यक्तिसँग Ambetter from NH Healthy Families सम्बन्धी कुनै प्रश्नहरू भएको खण्डमा तपाईंहरूसँग आफ्नै भाषामा निःशुल्क मद्दत र जानकारी प्राप्त गर्ने अधिकार छ। दोभाषेसँग कुरा गर्नका लागि 1-844-265-1278 (TTY/TDD 1-855-742-0123) नम्बरमा कल गर्नुहोस्।
<b>Vietnamese:</b>	Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Ambetter from NH Healthy Families, 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 1-844-265-1278 (TTY/TDD 1-855-742-0123).
<b>Portuguese:</b>	Se você, ou alguém a quem você está ajudando, tem perguntas sobre o Ambetter from NH Healthy Families, você tem o direito de obter ajuda e informação em seu idioma e sem custos. Para falar com um intérprete, ligue para 1-844-265-1278 (TTY/TDD 1-855-742-0123).
<b>Greek:</b>	Εάν εσείς ή κάποιος που βοηθάτε, έχετε ερωτήσεις σχετικά με την Ambetter from NH Healthy Families, έχετε το δικαίωμα να ζητήσετε βοήθεια και πληροφορίες στη γλώσσα σας, χωρίς χρέωση. Για να μιλήσετε με διερμηνέα, καλέστε το 1-844-265-1278 (TTY/TDD 1-855-742-0123).
<b>Arabic:</b>	إذا كان لديك أو لدى شخص تساعد أسئلة حول Ambetter from NH Healthy Families، لديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم اتصل بـ 1-844-265-1278 (TTY/TDD 1-855-742-0123).
<b>Serbo-Croatian:</b>	Ako Vi, ili neko kome pomažete, imate pitanja u vezi Ambetter from NH Healthy Families, imate pravo na besplatnu pomoć i informaciju na sopstvenom jeziku. Ukoliko želite da pričate sa prevodiocem, pozovite broj 1-844-265-1278 (TTY/TDD 1-855-742-0123).
<b>Indonesian:</b>	Jika Anda, atau orang yang Anda bantu, memiliki pertanyaan tentang Ambetter from NH Healthy Families, Anda berhak mendapatkan bantuan dan informasi dalam bahasa Anda tanpa dikenakan biaya. Untuk berbicara dengan juru bicara, hubungi 1-844-265-1278 (TTY/TDD 1-855-742-0123).
<b>Korean:</b>	만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Ambetter from NH Healthy Families 에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 1-844-265-1278 (TTY/TDD 1-855-742-0123) 로 전화하십시오.
<b>Russian:</b>	В случае возникновения у вас или у лица, которому вы помогаете, каких-либо вопросов о программе страхования Ambetter from NH Healthy Families вы имеете право получить бесплатную помощь и информацию на своем родном языке. Чтобы поговорить с переводчиком, позвоните по телефону 1-844-265-1278 (TTY/TDD 1-855-742-0123).
<b>French Creole:</b>	Si oumenm, oubyen yon moun w ap ede, gen kesyon nou ta tenmen poze sou Ambetter from NH Healthy Families, ou gen tout dwa pou w jwenn èd ak enfòmasyon nan lang manman w san sa pa koute w anyen. Pou w pale avèk yon entèprèt, sonnen nimewo 1-844-265-1278 (TTY/TDD 1-855-742-0123).
<b>Bantu:</b>	Niba wowe cyangwa undi muntu wese uri gufasha yaba afite ikibazo kijyanye na Ambetter from NH Healthy Families, ufite uburenganzira bwo guhabwa amakuru mu rurimi wunva utishyuye. Kugira ngo uvugane n'umusobanuzi, Hamagara 1-844-265-1278 (TTY/TDD 1-855-742-0123).
<b>Polish:</b>	Jeżeli ty lub osoba, której pomagasz, macie pytania na temat planów oferowanych za pośrednictwem Ambetter from NH Healthy Families, macie prawo poprosić o bezpłatną pomoc i informacje w języku ojczystym. Aby skorzystać z pomocy tłumacza, zadzwoń pod numer 1-844-265-1278 (TTY/TDD 1-855-742-0123).

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## Statement of Non-Discrimination

Ambetter from NH Healthy Families 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 NH Healthy Families does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Ambetter from NH Healthy Families:

- 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 NH Healthy Families at 1-844-265-1278 (TTY/TDD 1-855-742-0123).

If you believe that Ambetter from NH Healthy Families 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: NH Healthy Families Appeal Department, 2 Executive Park Drive, Bedford, NH 03110, 1-844-265-1278 (TTY/TDD 1-855-742-0123), Fax 1-877-851-3992. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Ambetter from NH Healthy Families 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>.

## Declaración de no discriminación

Ambetter de NH Healthy Families cumple con las leyes federales de derechos civiles aplicables y no discrimina en base a raza, color, origen nacional, edad, discapacidad o sexo. Ambetter de NH Healthy Families no excluye a las personas ni las trata de manera distinta debido a su raza, color, origen nacional, edad, discapacidad o sexo.

Ambetter de NH Healthy Families:

- Ofrece ayudas y servicios gratuitos a personas con discapacidades para que se comuniquen eficazmente con nosotros, como:
  - Intérpretes de lenguaje de señas calificados
  - Información escrita en otros formatos (letra grande, audio, formatos electrónicos accesibles, otros formatos)
- Ofrece servicios gratuitos de idiomas a las personas cuyo idioma principal no es el inglés, tales como:
  - Intérpretes calificados
  - Información escrita en otros idiomas

Si necesita estos servicios, comuníquese con Ambetter de NH Healthy Families al 1-844-265-1278 (TTY/TDD 1-855-742-0123).

Si cree que Ambetter de NH Healthy Families no le ha brindado estos servicios o le ha discriminado de otra manera en base a raza, color, origen nacional, edad, discapacidad o sexo, puede presentar una queja a: NH Healthy Families Appeal Department, 2 Executive Park Drive, Bedford, NH 03110, 1-844-265-1278 (TTY/TDD 1-855-742-0123), Fax 1-877-851-3992. Puede presentar una queja en persona o por correo, fax o correo electrónico. Si necesita ayuda para presentar una queja, Ambetter de NH Healthy Families está disponible para ayudarlo. Además puede presentar un reclamo de derechos civiles al U.S. Department of Health and Human Services (Departamento de Salud y Servicio Humanos de EE.UU.), Office for Civil Rights (Oficina de Derechos Civiles) electrónicamente a través del Portal para reclamos de la Oficina de Derechos Civiles, disponible en <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, o por correo o teléfono en: 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).

Los formularios de reclamo están disponibles en <http://www.hhs.gov/ocr/office/file/index.html>.