



ODI

REFERRAL NOT REQUIRED

SOLUTIONS

**MEMBER:** [Jane Doe]  
**Subscriber:** [John Doe]  
**Policy:** [XXXXXXXXXX] **Member ID:** [XXXXXXXXXXXXXX]  
**Plan:** [Plan name]  
**[Network Name] Network Coverage Only**  
**RXBIN:** 003858 **RXPCN:** A4 **RXGROUP:** 2DMA  
**Effective Date:** [00/00/00]

**COPAYS**

**PCP:** [\$10 copay after ded.]  
**Specialist:** [\$25 coin. after ded.]  
**Urgent Care:** [20% coin. after ded.]  
**ER:** [\$250 copay after ded.]

**COST SHARES**

**INN DED Ind/Fam:** [\$7,965/\$18,000]  
**OON DED Ind/Fam:** [\$22,500/\$45,000]  
**INN MOOP Ind/Fam:** [\$9,200/\$25,000]  
**OON MOOP Ind/Fam:** [\$25,000/\$45,000]

For detailed benefit information, please visit [AmbetterHealth.com/copays](https://AmbetterHealth.com/copays)

**AmbetterHealth.com**

**Member/Provider Services:** 1-833-543-3145 (TTY 711)

**24/7 Nurse Line:** 1-833-543-3145

**Numbers below for providers:**

**Pharmacist Only:** 1-833-750-4158

**EDI Payor ID:** 68069

**Authorizations and Admission Certifications:** 1-844-606-1926

[Centene Vision Services: 1-866-864-9153]

[Centene Dental Services supported by United Concordia: 1-844-621-4581]

**Medical Claims Address:**

Ambetter Health Solutions  
 Attn: CLAIMS  
 PO Box 5010  
 Farmington, MO  
 63640-5010

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