

Ambetter from Superior HealthPlan

Consumer choice plan disclosure statement

**This health plan does not include the same level of benefits required in other plans.**

This HMO plan is a consumer choice plan. This plan doesn't include the same level of benefits that are in Texas health plans known as state-mandated plans. This plan does include all health benefits required by the Affordable Care Act.

**To see all benefits offered by this plan, go to the plan's "Summary of Benefits and Coverage."**

<b>Benefit/coverage:</b>	<b>This plan:</b>	<b>A health plan with required benefits (state-mandated plan):</b>
<p><b>Deductible</b> The amount you pay for care before the plan begins to share the cost.</p>	<p>Has deductibles for in-network care.</p>	<p>Has no deductibles for in-network care.</p>
<p><b>Out-of-pocket costs</b> The amount you pay when you receive care, up to an annual limit.</p>	<p>Includes out-of-pocket costs that meet federal requirements but may sometimes be more than in a state-mandated plan.</p>	<p>A copay must be less than 50% of the total cost of the service.  Annual out-of-pocket costs must be capped at 200% of your annual premium cost if you alert the plan.</p>
<p><b>Habilitative and Rehabilitative care</b> Care that helps you improve skills for daily living.</p>	<p>Rehabilitative care has a 35 visit per year limit (combined with chiropractic care);  Habilitative care has a 35 visit per year limit.  Note: The above limits do not apply to treatment or care determined to be medically necessary as a result of and related to an acquired brain injury, for treatment of developmental delays or for services provided to treat a mental health/substance use disorder diagnosis.</p>	<p>Treatment or care determined to be medical necessary is not denied, limited, or terminated if the service meets or exceeds treatment goals for the enrollee.</p>
<p><b>Home Health Care Services</b> Care at the enrollee's home.</p>	<p>Home health care has a 60 visit per year limit</p>	<p>Home health care has a 60 visit per year limit</p>

<b>Skilled Nursing Facility</b> Care that includes physical therapy or intravenous injections that can only be given by a registered nurse or doctor.	Skilled nursing facility has a 25 day per year limit	Skilled nursing facility has a 25 visit per year limit
<b>Chiropractic Care</b> Care that involves neuromuscular treatment in the form of manipulation and adjustment of the tissues of the body.	Chiropractic care has a 35 visit per year limit (combined with outpatient rehabilitative care)	Chiropractic care has a 35 visit per year limit
<b>Routine Eye Exam for Children</b>	Routine eye exam for children has a 1 visit per year limit	Routine eye exam for children has a 1 visit per year limit
<b>Eyeglasses for Children</b>	Eyeglasses for children have a 1 item per year limit	Eye glasses for children has a 1 item per year limit

**If you want a plan with all required benefits:**

We also offer a state-mandated plan that includes all required benefits. This plan is not on Healthcare.gov and does not allow you to get help with premiums and out-of-pocket costs.

To learn more about this plan, call [Member Services at 1-877-687-1196](tel:1-877-687-1196) or email [SHPMSCONTACTUS@CENTENE.com](mailto:SHPMSCONTACTUS@CENTENE.com).