

ambetter.TM

FROM



sunshine health.TM

2015 Member Handbook

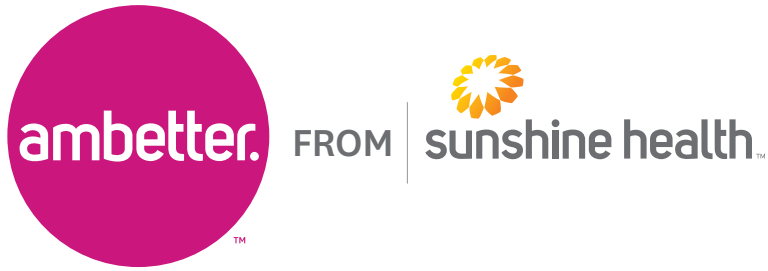


*Get to know
your plan:*

Covered Services
Pharmacy Benefits
Emergency Services
Wellness Programs

For more information, visit

Ambetter.SunshineHealth.com



Thank you for choosing Ambetter from Sunshine Health Plan!

There's nothing more important than your health. And now, it's time for you to take charge of it. As a member of Ambetter from Sunshine Health Plan, there are lots of opportunities to get involved in your care. This Member Handbook will help you understand all of them.

For other details about your plan's benefits, programs and coverage, log in to your secure online member account at Ambetter.SunshineHealth.com and check out your *Schedule of Benefits*.

YOUR HEALTH IS OUR PRIORITY.

And if you have questions, we're always ready to help.
Get in touch with us:

Member Services:

1-877-687-1169 (Relay FL 1-800-955-8770)

Ambetter.SunshineHealth.com

To help you get started, here are a few important highlights.



Create your online **Ambetter member account**. This secure account will give you access to all of your plan's most important information. [Page 7]



Take advantage of our **myhealthpays™ program** and earn reward dollars just for making healthy choices! [Page 27]



Choose your **Primary Care Provider (PCP)**. Our select provider network is designed just for you. Make sure to use in-network providers for all of your healthcare needs. Remember, when a provider is in-network, it means that he/she accepts Ambetter. [Page 16]



Call our **free 24/7 Nurse Advice Line** if you have a question about your health. This helpful resource provides trustworthy feedback from registered nurses — from the comfort of your own home. [Page 9]



Keep up with your **preventive care services**, like your well-visits, flu shots and more. Preventive care can keep you from getting sick, which cuts back on time, money and worry! Your preventive care is always 100% covered when you use an in-network provider. [Page 24]



Take charge of your **health** with our health management programs. To help you lead a healthier life, we offer specialized care for chronic conditions like asthma, diabetes, depression and more. [Page 25]



FROM  **sunshine health™**

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This Member Handbook contains an overview of your healthcare benefits and is designed to make it easy for you to understand your new health plan benefits and services. Your specific *Schedule of Benefits* will give you more details on the cost sharing for your covered benefits.

Ambetter from Sunshine Health (Ambetter) combines the strength of a national company with a local provider network of partnerships with hospitals, primary care physicians and specialty physicians to ensure you get the highest quality of care. You may also visit our website at Ambetter.SunshineHealth.com for more information about our company and our services.

How to Contact Us

Ambetter from Sunshine Health

1301 International Parkway, Fourth Floor, Sunrise, FL 33323

Normal business hours of operation are 8:00 a.m. – 8:00 p.m. EST.

Member Services.....	1-877-687-1169
Relay FL line.....	1-800-955-8770
Fax.....	1-877-941-8070
State Relay Services.....	711
Make a Payment.....	1-877-687-1169
Mental Health/Substance Use Disorders.....	1-877-687-1169
24/7 Nurse Advice Line.....	1-877-687-1169
Complaints and Grievances.....	1-877-687-1169
Emergency.....	911
Website.....	Ambetter.SunshineHealth.com

Interpreter Services

Ambetter has a free service to help our members who speak languages other than English. This service is very important because you and your doctor must be able to talk about your medical or behavioral health concerns in a way you both can understand.

Our interpreter services are provided to you at no cost. We have representatives that speak Spanish, but can also provide medical interpreters for other languages, including sign language.

Ambetter members who are blind or visually impaired and need help with interpretation can call Member Services for oral interpretation.



Call Member Services at 1-877-687-1169 (Relay FL 1-800-955-8770) to receive a copy of this handbook or the Evidence of Coverage at no charge to you. If there are any major changes to the Evidence of Coverage, we will let members know by mailing out an insert with new information and posting the latest edition on our website, Ambetter.SunshineHealth.com.



Please have the following items ready when you call:

- ID card
- Claim number or invoice for billing questions



To arrange interpretation services, call Member Services at 1-877-687-1169 (Relay FL 1-800-955-8770).

How Your Plan Works

What to Do Now That You're Enrolled

- 1 Create your online Secure Member Account.** Your member account provides you access to all of your plan benefit and coverage information, such as your Member Handbook, *Summary of Benefits and Coverage* and claims information, all in one place. To create your account, visit the “For Members” page on Ambetter.SunshineHealth.com.
- 2 Complete your online Ambetter Welcome Survey.** Completing the survey will help us design your plan around your specific needs. When you complete your survey, you can earn \$50 on your My Health Pays™ prepaid Visa® Card. To complete your survey, log in to your online Member Account.
- 3 Enroll in automatic bill pay.** Sign up and your monthly premium payment will be automatically withdrawn from your bank account every month. Automatic bill pay is helpful, convenient and secure. To sign up, call Member Services or log in to your online Member Account.
- 4 Pick your Primary Care Provider (PCP).** Your PCP is the main doctor you will see for most of your medical care. This includes your checkups, sick visits and other basic health needs. To pick your PCP, log in to your online Member Account to see a list of Ambetter providers in your area.
- 5 Schedule your annual wellness exam.** See your PCP each year for an annual exam. After your first checkup, you'll get \$50 on your My Health Pays™ prepaid Visa® card. And anytime you need care, call your PCP and make an appointment!

How Your Plan Works

Payment Information

How can I pay?

Pay Online: Create your online member account on Ambetter.SunshineHealth.com and make payments online. You may also setup automatic bill pay using your prepaid debit card, bank debit card or bank account.

Pay by Phone: Pay over the phone by calling billing services at 1-877-687-1169 between 8 a.m. and 8 p.m. EST. You will have the option to pay using the Interactive Voice Response (IVR) system or by speaking to a billing services representative.

Pay by Mail: Payment can be mailed to the address listed on the billing invoice payment coupon. It is very important that you provide payment by the due date. If your premium payment is not received by this date, Ambetter may not pay providers for your medical and prescription claims.

What are my payment options?

Check or money order: Please detach the payment coupon from the billing invoice and mail it with your check or money order to the address on the coupon. Please remember to write your Member ID on the check or money order.

Debit cards: To pay by prepaid debit or bank debit card:

- Follow the “pay online” instructions at Ambetter.SunshineHealth.com
- Pay over the phone by calling 1-877-687-1169 between 8 a.m. and 8 p.m. EST.
- Fill out the payment coupon with your debit card information and mail it to the address on the coupon.

Automatic Bill Pay: Automatic bill pay can be set up by logging in to the secure member portal at Ambetter.SunshineHealth.com or by calling Billing Services at 1-877-687-1169 between 8 a.m. and 8 p.m. EST.

What happens if I pay late?

Premium payments are due in advance, on a calendar month basis. Monthly payments are due before the first day of each month for coverage effective during that month. This means that if any required premium is not paid before the date it is due, the policy will be subject to a grace period. Refer to your Member Handbook for details on the grace period that applies to you. During the grace period the policy will stay in force, however, claims may pend for covered services provided to the member during the grace period. We will notify the member, as well as providers of the non-payment of premiums and the possibility of denied claims when the member is in the grace period.

If you are terminated for not paying your premium, you are not eligible to enroll with Ambetter again until open enrollment or a special enrollment period.



You can find more information regarding Ambetter’s service area and participating providers on our website at Ambetter.SunshineHealth.com. For persons with total or partial hearing loss, please call Relay FL 1-800-955-8770 or visit Ambetter.SunshineHealth.com.

How Your Plan Works

Member Services

Our Member Services department is available Monday through Friday from 8:00 a.m. to 8:00 p.m. EST. Our Member Services department can help you understand how Ambetter works, how to get the care you need, and any other questions you might have about health insurance. Calls received after business hours are routed directly to our team that is available 24/7/365, including holidays.

Our Member Services staff can help you with the following:

- Understanding why it is important to have a Primary Care Provider and helping you find one that meets your needs
- Understanding what's covered by your health plan and what's not covered
- Getting more information about our care management and other helpful programs
- Assisting you with finding other healthcare providers, like a participating pharmacy or lab
- Requesting a new Member ID card or other member materials

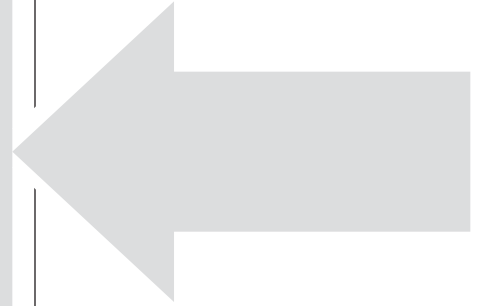
24/7 Nurse Advice Line

With our Nurse Advice Line, free clinical help is available right from your home or anywhere you have telephone access, 24 hours a day, 7 days a week, 365 days a year. By having a registered nurse right at your fingertips, you can relax and get the care you need at the moment you need it. Our 24-hour Ambetter Nurse Advice Line provides real-time answers to your health-related questions, like the ones below, simply by calling 1-877-687-1169.

- Should I go to the emergency room or my PCP?
- Do you have a health information library I can use?
- I have a question about my health.
- I have a question about my medication.
- I need advice about a sick child.

You should call our 24/7 Nurse Advice Line at any time when you have questions about your healthcare, such as the following:

- Concerns or questions about a chronic condition
- Worries about a condition in the middle of the night
- Advice about when to go to the emergency room



Sometimes you may not be sure if you need to go to the emergency room. Call our Nurse Advice Line; they can help you decide where to go for care.

Membership and Coverage Information

Your enrollment with Ambetter will remain active for as long as you continue to meet the eligibility requirements of the Health Insurance Marketplace (HIM). You must also pay your monthly premium to Ambetter from Sunshine Health for your coverage to be active. If you are eligible for Advance Premium Tax Credits (APTCs) from the federal government to assist with your monthly premium payments, those payments are paid directly to your health plan; however, you are responsible for any remaining portion.

Ambetter will accept you into our plan upon enrollment in the HIM regardless of your income, health history, physical or mental condition, age, gender, sexual orientation, religion, physical or mental disability, ethnicity or race, previous status as a member, pre-existing conditions, and/or expected health or genetic status.

Grace Period

When you are receiving a premium subsidy:

After the first premium is paid, a grace period of three months from the premium due date is given for the payment of premium. Coverage will remain in force during the grace period. If full payment of the premium is not received within the grace period, coverage will be terminated as of the last day of the first month during the grace period, if advance premium tax credits are received.

We will continue to pay all appropriate claims for covered services rendered to you during the first month of the grace period, and may pend claims for covered services rendered to you in the second and third month of the grace period. We will notify the U.S. Department of Health and Human Services (HHS) of the non-payment of premiums. You and your healthcare providers will also be notified of the possibility of denied claims when your coverage is in the second and third month of the grace period. We will continue to collect advance premium tax credits on your behalf from the U.S. Department of the Treasury, and will return the advance premium tax credits on your behalf for the second and third month of the grace period if you exhaust your grace period as described above. You are not eligible to re-enroll once terminated, unless you have a special enrollment circumstance, such as a marriage or birth in the family, or during annual open enrollment periods.



To inquire about our Ambetter Health Insurance Marketplace Plan, enrollment options and specific plan benefits, visit Ambetter.SunshineHealth.com.

Membership and Coverage Information

Grace Period, continued.

When you are not receiving a premium subsidy:

Premium payments are due in advance, on a calendar month basis. Monthly payments are due on or before the first day of each month for coverage effective during such month. There is a one (1) month grace period. This provision means that if any required premium is not paid on or before the date it is due, it may be paid during the grace period. During the grace period, the contract will stay in force; however, claims may pend for covered services rendered to you during the grace period. We will notify the U.S. Department of Health and Human Services (HHS), as necessary, of the non-payment of premiums. You and your healthcare providers will also be notified of the possibility of denied claims when you are in the grace period.

Your Provider Directory

A listing of Ambetter doctors, also known as providers, is available online at Ambetter.SunshineHealth.com. Ambetter includes physicians, hospitals and other healthcare providers who have agreed to provide you with your healthcare services. You may search for providers by using the “Find a Provider” tool on our website and selecting the *Ambetter from Sunshine Health* network. You can use the “Find a Provider” tool to help you locate a Primary Care Provider (PCP), a participating pharmacy or laboratory, among other providers. You can narrow your search by:

- Provider specialty
- Zip code
- Gender
- Whether or not they are currently accepting new patients
- Languages spoken
- Provider qualifications (education, certifications)



At any time, you can request a copy of the Provider Directory at no charge by calling Member Services at 1-877-687-1169 (Relay FL 1-800-955-8770). Please note: The website will have the most up-to-date information about our provider network.

Membership and Coverage Information

Your Member Welcome Packet and ID Card

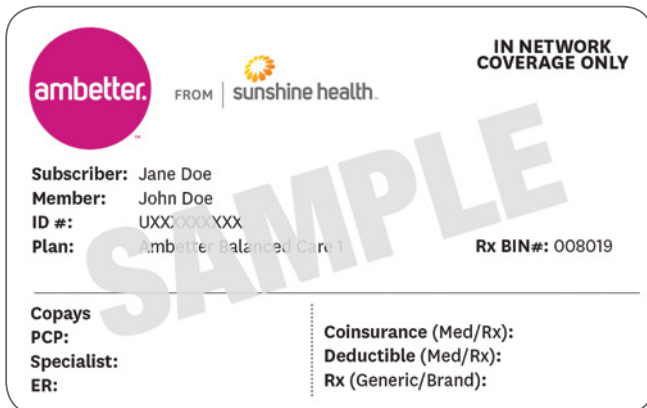
When you enroll with Ambetter, you receive a Member Welcome Packet. The Welcome Packet includes basic information about the health plan that you selected and Member ID cards for you and anyone else on your plan. You will receive your Welcome Packet and Member ID card(s) before your Ambetter health insurance coverage begins.

Important Ambetter Member ID Card Notes

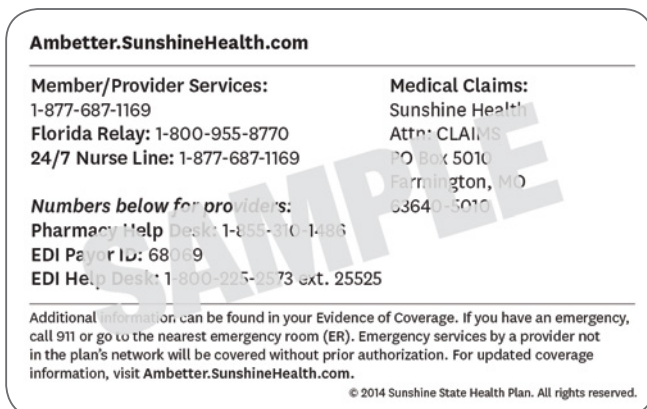
- Please present this card any time you receive healthcare services. This card is proof that you are a member of Ambetter from Sunshine Health Plan.
- You need to keep this card with you at all times.
- If you do not get your Ambetter Member ID card before your coverage begins, please call Member Services at 1-877-687-1169 (Relay FL 1-800-955-8770). We will send you another card.

Sample Ambetter Member ID Card

Below is an example of what an Ambetter Member ID card typically looks like. Please show this card and your driver's license, or other picture identification, every time you seek any service under your Ambetter health plan.



Front



Back

Membership and Coverage Information

Website Information

Ambetter from Sunshine Health's Website: Ambetter.SunshineHealth.com

The screenshot shows the website's navigation bar with links for 'Learn More', 'Our Health Plans', 'Health and Wellness', 'For Members', and 'For Providers'. Below the navigation bar is a search bar and a notification banner stating 'Open Enrollment is closed. Have a Special Enrollment need? Call 1-877-687-1169'. The main content area features three large images with text overlays: 'Find the Right Health Plan', 'Learn About Ambetter', and 'Save Money on Healthcare'. At the bottom, there is a footer with the Ambetter logo and a message: 'With quality healthcare solutions, Sunshine Health helps residents of Florida live better. And now, it's easier to stay covered with our Health Insurance Marketplace insurance plan: Ambetter.'

Ambetter's website helps you get the answers when it's convenient for you – so you can get the right care.

On our website, you are able to:

- Find a Primary Care Provider (PCP)
- Locate other providers, like a pharmacy
- Learn about our programs and services
- Find health information and learn about programs that help you get and stay healthy
- Use your online member account to see:
 - Your claims status (healthcare bills) and premium payment information
 - Your member materials (this handbook, your *Evidence of Coverage* and *Schedule of Benefits*)



When searching for a Primary Care Provider, remember to select an in-network provider. An in-network provider is a provider that accepts Ambetter. Your services may not be covered if you go to an out-of-network doctor.

Covered Services (Medical Service Expense Benefits)

Ambetter provides coverage for a broad range of medically necessary medical and behavioral health services to meet your healthcare needs. In order for a service to be covered and eligible for reimbursement, the service must be described in this section, prescribed by your treating provider or Primary Care Provider (PCP), and authorized by Ambetter when prior authorization is required.

Please refer to your plan *Schedule of Benefits* for applicable co-payments, co-insurance, and/or deductible, and exclusions. A list of exclusions can be found in your *Evidence of Coverage* document. Certain services require your provider to get authorization prior to the rendering or delivery of the service. These include but are not limited to: services or visits to a non-participating provider, certain surgical procedures and inpatient admissions. If you would like to obtain or verify the status of a service needing authorization, contact Ambetter Member Services at 1-877-687-1169 (Relay FL 1-800-955-8770). Additional information regarding authorizations can be found in the Prior Authorization section of this handbook.

Your Ambetter plan provides the following coverage:

- Visits to your PCP
- Visits to specialists (prior authorization may be needed)
- Hospital inpatient services
- Hospital outpatient services
- Mental health and substance use disorder services
- Pharmacy services
- Maternity benefits and services
- Preventive healthcare services
- Pediatric routine vision services
- Emergency ambulance transportation
- Emergency services
- Urgent care services (in network)

Your Ambetter plan may also include:

(Please see your *Schedule of Benefits* for more information)

- Routine adult vision services (preventive eye exams, glasses and/or contact lenses)
- Adult dental preventive and basic services
- Three free visits as a part of your benefits (A free visit includes only the actual visit code provided by your PCP. Any labs, radiology (X-rays), minor surgeries or other services provided during the visit will be subject to your deductible and co-insurance. Please note that preventive care visits, such as an annual well-visit exam, are not included as part of the free visits. Preventive care visits are 100 percent covered by Ambetter.)



Prior authorization means receiving approvals to get a service before you visit a doctor, specialist or other provider.

Ambetter covers in-network services only, with the exception of emergency services. If you go to an out-of-network provider without prior approval, you will be responsible for all costs associated with those services. Ambetter has a select, in-network group of providers. We ensure that our contracted providers are skilled and licensed in order to provide the best care to you.

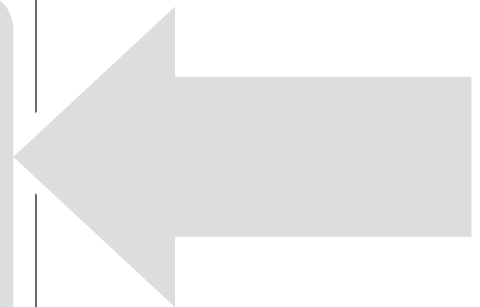
Covered Services (Medical Service Expense Benefits)

Primary Care Provider

A Primary Care Provider (PCP), also known as your personal doctor, is the doctor that manages all aspects of your healthcare and is the primary person to contact with your health questions and concerns. Ambetter believes that seeing your PCP is important. When you enroll with Ambetter you must choose a PCP. You will need to see your PCP on a regular basis to take care of your basic medical needs. You can call your PCP when you are sick and do not know what to do to feel better. As soon as you join Ambetter, you should contact your PCP. If you have never been to your PCP, you should introduce yourself as a new member, and make an appointment for a preventive visit. It is best to not wait until you are sick to meet your doctor for the first time. Seeing your PCP for regular checkups helps you find problems early.

Your PCP will:

- Ensure service is timely
- Work with other doctors when you receive care elsewhere
- Coordinate specialty care with Ambetter
- Provide any ongoing care you need
- Update your medical record, which includes keeping track of all the care that you get from all providers
- Treat all patients the same way
- Conduct regular physical exams as needed
- Provide preventive care visits
- Give you regular immunizations as needed
- Make sure you can contact him/her or another provider at all times
- Discuss what advance directives are and file directives appropriately in your medical record



Covered Services (Medical Service Expense Benefits)

Choosing Your PCP

The *Ambetter Provider Directory* is available online at Ambetter.SunshineHealth.com on the “Find a Provider” page. *The Provider Directory* lists all participating PCPs, along with their addresses, phone numbers and languages (other than English) they may speak.

Ambetter offers members freedom of choice in choosing any available PCP in our network. When you joined Ambetter, you may have selected a PCP. If you did not, we may assign you a PCP. Female members may choose an obstetrician/gynecologist (OB/GYN) to serve as their PCP during their pregnancy, and child members may choose a participating pediatrician as their PCP. Should you receive services from a nurse practitioner, your benefit coverage and co-payment amounts are the same as the coverage and co-payments listed for services provided by other participating providers. Please refer to your specific *Schedule of Benefits* for co-payment information.

Once you have selected a PCP, we recommend that you make an appointment to meet with him/her once your coverage begins. This will give you and your PCP a chance to get to know each other. Your PCP can give you medical care, advice and information about your health. To make an appointment, you need to call your PCP’s office. Remember to take your Member ID card with you every time you see your PCP.

Provider Types That May Serve as PCPs

Providers who may serve as PCPs include family practitioners, general practitioners, pediatricians and internists.

PCP Appointments

You should be able to get an appointment with your PCP in a timely manner for:

- Routine PCP visits within 21 calendar days
- PCP urgent care the same day or within 24 hours
- Non-urgent symptomatic care within 72 hours



If you want to know more about the PCP you would like to select, please call Member Services at 1-877-687-1169 (Relay FL 1-800-955-8770).



If you cannot keep an appointment, please call your PCP’s office to cancel at least 24 hours in advance. If you need to change an appointment, call your PCP’s office as soon as possible. They can make a new appointment for you. If you need help getting an appointment, call Member Services at 1-877-687-1169 (Relay FL 1-800-955-8770).

Covered Services (Medical Service Expense Benefits)

After-Hours Appointments with Your PCP

You can call your PCP's office for information on how to receive care after office hours. If you have an urgent medical problem or question and cannot reach your PCP during normal office hours, you can call our 24/7 Nurse Advice Line at 1-877-687-1169 (Relay FL 1-800-955-8770). If you have an emergency, call 911 or go to the nearest emergency room.

Specialist Appointments

Specialist visits should be provided for:

- Routine visits within 30 calendar days of referral
- Urgent care appointments within 24 business hours of referral

Appointment Type	Access Standard
PCP – Routine Visit	21 calendar days
PCP – Adult Sick Visit	72 hours
PCP – Pediatric Sick Visit	24 hours
Specialist	30 calendar days
Behavioral Health Non-life-threatening Emergency	Within 6 hours
Behavioral Health Urgent Care	48 hours
Behavioral Health Routine Office Visit	10 business days
Urgent Care Providers	24 hours
Emergency Providers	Immediately — 24 hours a day, 7 days a week and without prior authorization
Initial Visit – Pregnant Women	14 calendar days

Changing Your PCP

When you joined Ambetter, you may have selected a PCP. If you would like to change or select a new PCP, visit Ambetter.SunshineHealth.com or call Member Services.



You can also call our 24/7 Nurse Advice Line, our 24-hour medical advice line, at 1-877-687-1169 (Relay FL 1-800-955-8770) if you are not sure if you have an emergency or not.

Covered Services (Medical Service Expense Benefits)

What to Do if Your Provider Leaves the Ambetter Network

If your PCP is planning to leave the Ambetter provider network, we will send you a notice 30 days before the date a provider intends to leave, or as soon as Ambetter is notified by the provider. **Please contact Member Services at 1-877-687-1169 (Relay FL 1-800-955-8770) as soon as you are aware that your PCP is leaving the Ambetter network so we can help you choose a new PCP.**

If a network provider terminates his or her contract with Sunshine Health or is terminated by us for any reason other than for cause, a member receiving active treatment may continue coverage and care with that network provider when medically necessary, and through completion of treatment of a condition for which the member was receiving care at the time of the termination, until:

1. The member selects another treating provider or during the next open enrollment period, whichever is longer, but not longer than six (6) months after termination of the provider's contracts.
2. A member who is pregnant and who has initiated a course of prenatal care, regardless of the trimester in which care was initiated, completes postpartum care.
3. In addition, if you are terminally ill, you may continue to see your PCP indefinitely.

If you have been seeing a specialist who disenrolls from the Ambetter provider network, please call Member Services at 1-877-687-1169 (Relay FL 1-800-955-8770), and we will work with you to ensure your care continues. We will assist you in locating another specialist within the Ambetter network.

In order to continue to provide coverage as noted above, the PCP or specialist has to agree to:

- Accept reimbursement from Ambetter at the rates prior to giving disenrollment notice as payment in full, and to not impose co-payments that would exceed your co-payments if the provider had not disenrolled.
- Adhere to Ambetter quality assurance standards and to providing necessary medical information related to the care.
- Adhere to Ambetter's policies and procedures, including procedures regarding referrals, authorization requirements and, as applicable, the provision of services pursuant to a treatment plan approved by Ambetter.



Except for emergency services, Ambetter does not provide coverage for care delivered by a non-participating provider. In certain situations, prior authorization may be granted for such services if your PCP requests them. For more information, please see the Providers Not Participating in Our Network section of this manual.

Covered Services (Medical Service Expense Benefits)

Urgent Care

Urgent care is not emergency care. Urgent care is needed when you have an injury or illness that must be treated within 48 hours. It is usually not life-threatening; however, you cannot wait for a routine doctor's office visit.

When you need urgent care, follow these steps:

1. Call your PCP. Your PCP may give you care and directions over the phone or direct you to the appropriate place for care.
2. If it is after hours and you cannot reach your PCP, call our 24/7 Nurse Advice Line at 1-877-687-1169 (Relay FL 1-800-955-8770). You will be able to speak to a nurse. Have your Ambetter Member ID card handy when you call. The nurse may help you over the phone or direct you to other care. You may have to give the nurse your phone number so that he/she can call you back if necessary. During normal office hours, the nurse will assist you with contacting your PCP.

If you are told to see another doctor or to go to the nearest emergency room, bring your Ambetter Member ID card. Ask the doctor to call your PCP or Ambetter so that they are aware of your emergency room visit. Urgent care is only covered when provided by an in-network provider.

Appointment Type	Access Standard
PCP – Routine Visit	21 calendar days
PCP – Adult Sick Visit	72 hours
PCP – Pediatric Sick Visit	24 hours
Specialist	30 calendar days
Behavioral Health Non-life-threatening Emergency	Within 6 hours
Behavioral Health Urgent Care	48 hours
Behavioral Health Routine Office Visit	10 business days
Urgent Care Providers	24 hours
Emergency Providers	Immediately — 24 hours a day, 7 days a week and without prior authorization
Initial Visit – Pregnant Women	14 calendar days

Covered Services (Medical Service Expense Benefits)

Emergency Care

Ambetter covers emergency medical and behavioral health services 24 hours a day, 7 days a week, when provided in or out of the service area. Emergency services are required to treat an accidental injury or an onset of what reasonably appears to be a medical condition. An emergency arises when the lack of medical attention could be expected by a reasonable layperson to result in jeopardy to a member's health, or in the case of a pregnant woman, the health of her or her unborn child.

Emergency Rooms Are for Emergencies

If you can, call your doctor first. If your condition is severe, call 911 or go to the nearest hospital. If you are not sure if it is an emergency, call your PCP. Your PCP will tell you what to do. If your PCP is not available, an on-call doctor can help. There may be a message telling you what to do.

For emergency care, the hospital does not have to be part of the Ambetter from Sunshine Health network. You can use any hospital to receive emergency services. However, you or someone acting on your behalf **MUST** call your PCP and Ambetter within one (1) business day of your admission. This helps your PCP provide or arrange for any follow-up care you may need. Depending on your health plan type, co-payments may apply for emergency care received in an emergency room.

You may obtain emergency behavioral health services by either calling the local pre-hospital emergency medical service system or 911. We do not discourage you from using either phone number if you have an emergency. If you have an emergency behavioral health condition that would be judged by a prudent layperson to require pre-hospital emergency services, please call. You will not be denied coverage for medical and transportation expenses incurred as a result of such an emergency behavioral health condition.



*You can also call our
24/7 Nurse Advice
Line, at 1-877-687-1169.*

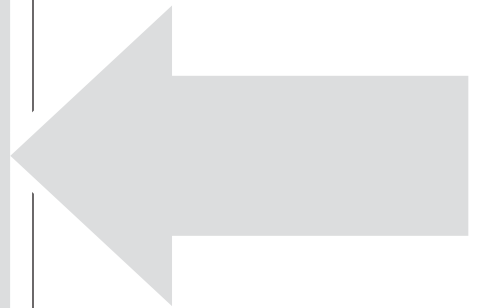
Covered Services (Medical Service Expense Benefits)

When to Go to the Emergency Room

- Broken bones
- Gun or knife wounds
- Bleeding that will not stop
- You are pregnant, and either in labor or bleeding
- Severe chest pain or heart attack
- Drug overdose
- Poisoning
- Bad burns
- Shock (you may sweat, feel thirsty or dizzy or have pale skin)
- Convulsions or seizures
- Trouble breathing
- Suddenly unable to see, move or speak

When NOT to Go to the Emergency Room

- Flu, colds, sore throats and earaches
- A sprain or strain
- A cut or scrape not requiring stitches
- To get more medicine or have a prescription refilled
- Diaper rash



Covered Services (Medical Service Expense Benefits)

How to Get Medical Care When You Are Out of the Service Area

If you are temporarily out of the service area and have a medical or behavioral health emergency, call 911 or go to the nearest emergency room. Be sure to call Ambetter and your PCP to report your emergency within one (1) business day. You do not need prior approval for emergency care.

Routine or maintenance care is not covered outside the service area, but Ambetter will cover emergency care provided in or out of the service area.

Providers Not Participating in Our Network

You should always see a provider who is part of the Ambetter from Sunshine Health network. You should always see a provider who is participating with Ambetter. An appointment with a non-participating provider (a doctor not in Ambetter's network) must be approved by Ambetter prior to receiving non-emergency or non-urgent treatment. Your PCP will need to call Ambetter to obtain the authorization for you if he/she determines the referral to be appropriate.

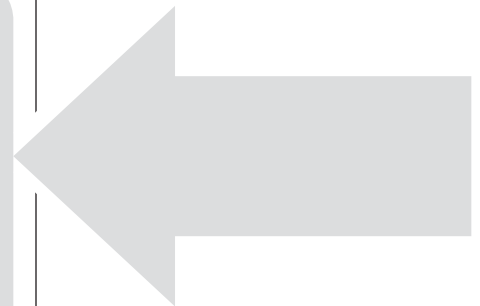
If Ambetter approves your appointment with a non-participating provider, your co-payment and deductible will be the same as if a participating provider provided the service. However, if you fail to get prior authorization from Ambetter for a service, or services, from a non-participating provider, no benefit, coverage or reimbursement will be made by Ambetter. You will be financially responsible for payment of the service(s) from the non-participating provider. Ambetter will notify you when the authorization is approved. For emergency care given by non-participating providers, please refer to the Emergency Care section of this handbook.

Referrals

You may need to see a certain provider for specific medical issues, conditions, injuries and/or diseases. Talk to your PCP first. Your PCP will refer you to a participating specialist who can diagnose and/or treat your specific issue. Do not go to a specialist without being referred by your PCP. The specialist will not be able to see you without approval from your PCP. Please note that there are some services that you may go directly to a provider without a referral. A listing of these services is available on our website Ambetter.SunshineHealth.com. To ensure that you will not be responsible for payment, always make sure you have a referral from your PCP before you seek care from a specialist.



If you are not sure if a provider is in the Ambetter network, call Member Services at 1-877-687-1169 (Relay FL 1-800-955-8770).



Covered Services (Medical Service Expense Benefits)

PCP Coordination of Care to Specialists

When medically necessary care is needed beyond the scope of what your PCP can provide, he/she is encouraged to initiate and coordinate the care members receive from specialist providers. Paper referrals are not required.

The following are services that may require a referral from your PCP:

- Specialist services, including standing or ongoing referrals to a specific provider
- Diagnostic tests (X-ray and lab)
- High tech imaging (CT scans, MRIs, PET scans, etc.); requires prior authorization from Ambetter
- Scheduled outpatient hospital services
- Planned inpatient admission; requires prior authorization from Ambetter
- Clinic services
- Renal dialysis (kidney disease); requires prior authorization from Ambetter
- Durable Medical Equipment (DME); requires prior authorization from Ambetter
- Home healthcare; requires prior authorization from Ambetter



If Ambetter does not grant prior authorization, we will notify you and your provider, and provide information regarding the appeal process. Refer to the Member Inquiry, Appeals and Grievances section of this manual for more information.

Covered Services (Medical Service Expense Benefits)

Preventive Care Benefits

Healthier lifestyle choices inspire healthier lives — and with Ambetter, it's easier for you to play an active role in reaching your best health. That's why we cover certain preventive care services at 100 percent. This way, you can lead a healthy, fulfilling life and stay in charge of your health.

Below is a list of preventive services covered by your Ambetter plan. When you receive these services, be sure to use an in-network provider. An in-network provider is a provider that is participating with the Ambetter from Sunshine Health Plan network. Use our “Find a Provider” tool to find an Ambetter provider. **Services included as part of preventive care are listed below.**

For All Adults:

- Annual wellness exams
- Blood pressure screenings
- Cholesterol screenings
- Immunizations and vaccines, like the flu vaccine, as recommended by the Center for Disease Control and Prevention (CDC)

For Women:

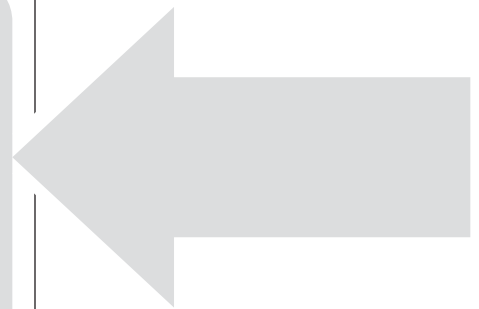
- Annual well-woman exams
- Mammography exams
- Pregnancy-related services, such as:
 - RH incompatibility screenings
 - Gestational diabetes screenings
 - Iron deficiency screenings
 - Breastfeeding support and supplies

For Infants, Children and Adolescents:

- Well-child visits
- Immunizations and vaccines, as recommended by the Center for Disease Control and Prevention (CDC)
- Newborn screenings, like a hearing screening and a PKU (Phenylketonuria) screening
- Developmental screening for children under three (3)
- Obesity screening and counseling

Please refer to your *Evidence of Coverage*, located on our website, for a full outline of covered preventive care services. This is located in your online secure member account.

Ambetter covers preventive services that are recommended by the United States Preventive Services Task Force as a Grade A or B, immunizations and vaccines recommended by the CDC, women's preventive care supported by the Health Resources and Services Administration (HRSA), and the schedule of wellness visits for infants, children and adolescents recommended by the American Academy of Pediatrics.



Health Management

Ambetter is committed to providing quality healthcare to you and your family. Our primary goal is to provide you with quality healthcare to keep you and your family healthy and help you or a family member with any illness or disability.

Care Management

We understand that some members may need help managing their care. Ambetter offers our members with complex medical or behavioral health needs care management services that are member-centered, family-focused, and culturally competent. Our Care Managers are registered nurses or social workers. They can help you:

- Better understand and manage your health condition
- Coordinate services
- Locate community resources

A Care Manager will work with you and your doctor to help you get the care you need. If you have a severe medical condition, the Care Manager will work with you, your PCP and providers to develop a plan of care that meets your needs.

Disease Management Programs

Ambetter uses a nationally recognized disease management company to offer disease management services to members with chronic conditions. This disease management company provides telephonic outreach, education and support to help eligible members learn how to control their condition more effectively, have fewer complications, and better understand their condition to live a healthier lifestyle. Ambetter also offers behavioral health services, including depression management programs.

Ambetter offers a Disease Management Program for these conditions:

- Asthma – child and adult
- Coronary Artery Disease (heart disease) – adult only
- Depression
- Diabetes – child and adult
- Hypertension (high blood pressure) and High Cholesterol
- Low Back Pain
- Tobacco Cessation



If you feel that you could benefit from care management services, please call Member Services at 1-877-687-1169 (Relay FL 1-800-955-8770).



Quitting smoking is the most important thing you can do for your health. We understand how hard it can be to quit, so we are here to help. Ambetter offers a tobacco cessation program designed for people who are ready to quit smoking. The program provides you with the support and information you need to quit once and for all.

Health Management

Family Planning Services

Family planning services are directly related to the prevention of conception. These services include: birth control counseling, education about family planning, examination and treatment, laboratory examinations and tests, medically approved methods and procedures, pharmacy supplies and devices. (Abortion is not considered a family planning service.)

When You Are Pregnant

Keep these important points in mind if you are pregnant now or want to become pregnant:

- Go to the doctor as soon as you think you are pregnant. It is important for you and your baby's health to see a doctor as early as possible. Seeing your doctor early will help your baby get off to a good start. It is even better to see your doctor before you get pregnant, so you can prepare for pregnancy.
- Maintain healthy lifestyle habits, which include exercising, eating balanced and healthy meals, and resting for 8–10 hours a night.
- Do not use tobacco, alcohol, or drugs now or while you're pregnant.

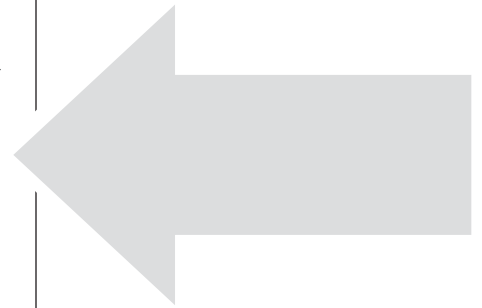
TIP: Please let us know if you are pregnant. We would like to help you take care of yourself and your baby during your pregnancy. Be sure to visit our website, Ambetter.SunshineHealth.com, to complete a Notification of Pregnancy form.

Start Smart for Your Baby®

Start Smart for Your Baby (Start Smart) is our special program for women who are pregnant. We want to help you take care of yourself and your baby throughout your pregnancy and your baby's infancy. Information will be given by mail and telephone.



*Please call us
at 1-877-687-1169
(Relay FL 1-800-955-8770)
as soon as you learn you
are pregnant.*



Ambetter Wellness Programs

Ambetter's *my*healthpays™ Program

Ambetter encourages members to receive annual preventive services through our unique rewards program.

You can earn rewards for:

- Completing your online Ambetter Welcome Survey
- Your annual wellness exam with your Primary Care Provider
- Your annual flu vaccine

Rewards are automatically put on your My Health Pays™ rewards card once they are earned, so there's nothing extra to do! You can then use your reward dollars to help pay for your co-pays, deductibles and monthly premiums. Additional information can be found on our website, Ambetter.SunshineHealth.com.

Ambetter's Gym Reimbursement Program

Ambetter promotes healthy lifestyle choices, like using a gym or health club on a regular basis. To help make it more affordable for our members who want to stay healthy and active, Ambetter will reimburse members that regularly use their health club or gym. A portion of your monthly dues will be reimbursed onto your My Health Pays™ rewards card. For additional details on this program, visit Ambetter.SunshineHealth.com.

Certain fitness programs may also qualify for reimbursement. Check the *Schedule of Benefits* for your particular health plan for the specific amounts that you can get reimbursed. To receive your reimbursement, you must file your claim no later than three (3) months after the benefit year for which you are requesting the benefit.

Behavioral Health Services

Mental Health and Substance Use Disorder Services

All mental health and substance use disorder benefits are provided on a non-discriminatory basis to all enrollees for the diagnosis and medically necessary active treatment of mental, emotional and substance abuse disorders. Deductible, co-payments and treatment limits for behavioral health services will be applied in the same manner as physical health services.

You may choose any provider in Ambetter's behavioral health network. And, you do not need a referral from your PCP.

While medication management visits do not require prior authorization for participating providers, some behavioral health services may require prior authorization. Please refer to your *Evidence of Coverage*, or contact Member Services, for further details.

Pharmacy Benefits

Pharmacy Program

Ambetter provides appropriate, high-quality and cost-effective drug therapy to all Ambetter members. Ambetter works with providers and pharmacists to ensure that medications used to treat a variety of conditions and diseases are covered. Ambetter covers prescription medications and certain over-the-counter medications when ordered by an Ambetter provider. But, the pharmacy program does not cover all medications. Some medications require prior authorization or have limitations on dosage, maximum quantities or age requirements. Please see your *Evidence of Coverage* or call Member Services.

If you want more information about our Pharmacy Program, visit our website at Ambetter.SunshineHealth.com or call Member Services at 1-877-687-1169 (Relay FL 1-800-955-8770).

Preferred Drug List

The Ambetter Preferred Drug List (PDL) is the list of all drugs Ambetter covers. The PDL applies to drugs you receive at retail pharmacies and our mail-order pharmacy. The Ambetter PDL is continually evaluated by the Ambetter Pharmacy and Therapeutics (P&T) Committee to promote appropriate and cost-effective use of medications. The committee consists of physicians, pharmacists and other healthcare professionals representing local interests and selected with the guidance of the Ambetter medical staff.

Over-the-Counter Medications and Items

The Ambetter PDL covers a variety of over-the-counter (OTC) medications. All covered OTCs appear in the Ambetter PDL with an “OTC with Rx” designation. OTC with Rx means that Ambetter PDL OTCs are covered when you have a prescription from a licensed provider that meets all the legal requirements for a prescription.



For the most current Ambetter Preferred Drug List (PDL) visit Ambetter.SunshineHealth.com or call Member Services at 1-877-687-1169 (Relay FL 1-800-955-8770).

Pharmacy Benefits

Filling a Prescription

You can have your prescriptions filled at a participating pharmacy or by Ambetter's mail-order pharmacy.

If you decide to have your prescription filled at a participating retail pharmacy, you can locate a pharmacy near you by using the Ambetter Provider Directory available on the [Ambetter.SunshineHealth.com](https://www.Ambetter.SunshineHealth.com) "Find a Provider" page. You may also call a Member Services Representative to help you find a pharmacy. At the pharmacy, you will need to provide the pharmacist with your prescription and your Ambetter Member ID card.

Ambetter also offers a 90-day supply [three (3) month supply] of maintenance medications by mail or from certain participating retail pharmacies for specific benefit plans. These drugs are used to treat long-term conditions or illnesses, such as high blood pressure, asthma and diabetes. You can find a list of covered medications that can be mailed directly to you on our website at [Ambetter.SunshineHealth.com](https://www.Ambetter.SunshineHealth.com).

If you need to transfer a current prescription, or have your doctor phone a prescription, directly to our mail-order pharmacy, call RxDirect at 1-800-785-4197.

Adult Dental Benefits

Ambetter offers an optional adult dental package that can be purchased in addition to your current health plan. The additional dental benefit package provides members with coverage for basic preventive care, such as X-rays and cleanings, and some restorative care, like fillings and minor extractions.

The dental package can be purchased for a minimal monthly charge. The product does have an annual maximum for the year that applies to all covered services and co-payments for certain types of services. There is a six-month waiting period from the date of enrollment for coverage on restorative care. Members must visit an in-network provider. You will be financially responsible for payment of the service(s) if you see an out-of-network provider.

Please see your *Schedule of Benefits* for your specific monthly premium and co-payment amounts.

Vision Benefits

Routine Vision

Routine eye exams, prescription eyeglasses and contact lenses are covered for all children under age 19, and may be available for adults age 19 and older. For information regarding your specific co-payments and/or deductible, please refer to your specific plan information listed in your *Schedule of Benefits*.

Utilization Management

Prior Authorization for Services

Prior authorization means pre-approval for services. Prior authorization is necessary for services that must be approved by Ambetter before you get the service. Check with your PCP, the ordering provider or Ambetter Member Services to see if the service requires authorization. When a prior authorization request from your provider is received by Ambetter, it is reviewed by our nurses and doctors. We will let you and your doctor know if the service is approved or denied. Information about the review process, including the time frames for making a decision and notifying you and your provider of the decision, is located in the following Utilization Review section.

Utilization Review

Ambetter has a utilization review program that reviews medical services, medical and surgical supplies, some drugs and other services to determine if the services are covered under your plan, are medically necessary and are provided in the most clinically appropriate manner. The following methods are used to accomplish this goal.

Prospective Utilization Review

Proposed services are reviewed and approved prior to the service being performed. An initial determination will be made once the health plan has received all necessary information. "Necessary information" includes the results of any face-to-face clinical evaluation (including diagnostic testing) or second opinion that may be required. We will notify you and your provider by written confirmation to let you know if the services have been approved or denied. If your service(s) or benefit(s) is denied and you disagree with the decision, you may follow the instructions that will be provided with the letter explaining your appeal rights.

Concurrent Utilization Review

This process is used to review ongoing services or treatment plans as they occur and to determine when treatment is no longer medically necessary. (e.g., the ongoing review of an inpatient stay or admission). This process includes discharge planning to ensure services you need after your discharge are arranged and provided to you.



You can also visit [Ambetter.SunshineHealth.com](https://www.Ambetter.SunshineHealth.com) to check authorization and benefit coverage.

Utilization Management

Retrospective Utilization Review

Ambetter may perform a retrospective review to assure the information provided at the time of authorization was correct and complete, or instances where authorization and/or timely notification was not obtained by Ambetter prior to services being rendered due to special circumstances.

Service Reconsideration

When your provider is first informed that a service has been denied, Ambetter will offer your provider the opportunity to ask for the service to be reconsidered by Ambetter's Medical Director. If the denial is not reversed, you or your authorized representative (including provider) may request an internal appeal. The reconsideration process is not a prerequisite to a grievance or internal appeal.

Adverse Determination Notices

A denial of services based on medical necessity is an adverse determination. An adverse determination is defined as "a determination by Ambetter, based upon a review of information provided, that denies, reduces, modifies or terminates a healthcare service for failure to meet the requirements for coverage based on medical necessity, appropriateness of healthcare setting, and level of care or effectiveness."

In the event an adverse determination is made, you will be provided written notification of the determination within the specified time frames listed for a prospective, concurrent or retrospective review. The written adverse determination notification will include detailed information about the reason for the determination, as well as time frames for submitting an internal appeal of the decision.



You are not financially responsible for inpatient services you got prior to receiving an adverse determination notice; however, you may be financially responsible for services you get one calendar day or more past the date you received the adverse determination notice.

Utilization Management

Review Criteria

Criteria is established and periodically evaluated and updated with appropriate involvement from providers who are members of the Ambetter Utilization Management Committee. Utilization review decisions are made in accordance with currently accepted medical or healthcare practices, taking into account special circumstances of each case. An Ambetter Medical Director reviews all potential medical necessity denial decisions.

For more information about the review process, including the time frames for making a decision, and notifying you and your provider of the decision, please refer to our website at [Ambetter.SunshineHealth.com](https://www.Ambetter.SunshineHealth.com) or contact Member Services at 1-877-687-1169 (Relay FL 1-800-955-8770).

NOTE: Ambetter takes steps to ensure that decisions regarding the provision of healthcare services are based solely on appropriateness of care and services, and the existence of coverage. Ambetter has policies in place to ensure that:

- **Decision making is based only on appropriateness of care and service, and existence of coverage**
- **The organization does not specifically reward practitioners or other individuals for issuing denials of coverage or service care**
- **Financial incentives for decision makers do not encourage decisions that result in underutilization; a member or the treating providers may obtain the criteria used to make a specific adverse determination by contacting the Medical Management Department at 1-877-687-1169 (Relay FL 1-800-955-8770)**

Member Inquiry, Appeals, and Grievances

We hope our members will always be happy with Ambetter from Sunshine Health and our providers. Ambetter has steps for handling any problems you may have. We offer our members the following processes to achieve satisfaction:

- Internal inquiry process
- Internal grievance process
- Internal appeal process
- External review by an independent review organization
- You may also submit a grievance directly to the Florida Department of Insurance

Ambetter maintains records of each grievance/appeal filed by a member or by the member's authorized representative, and responses thereto, for a period of 10 years and not less than seven years – which records shall be subject to inspection by the Florida Department of Insurance. Please refer to your *Evidence of Coverage* or plan website for instructions on how to file a grievance or appeal.

Filing a grievance will not affect your healthcare services. We want to know your concerns so we can improve our services. To file a grievance, call Member Services at 1-877-687-1169 (Relay FL 1-800-955-8770). You can also write a letter and mail or fax your grievance to Ambetter from Sunshine Health at 1-877-941-8070. Be sure to include:

- Your first and last name
- Your Member ID number
- Your address and telephone number
- Why you are unhappy (with as much specific information as possible)
- Any supporting documentation
- What you would like to have happen (desired outcome)

If you are unhappy with a decision made by Ambetter from Sunshine Health, you may file an appeal. Instructions on how to file an appeal will be included in the letter you receive containing the decision.

Please contact Ambetter from Sunshine Health Member Services at 1-877-687-1169 (Relay FL 1-800-955-8770) if you have questions about the appeals process.

Submitting a Claim: Contracted providers will submit claims on your behalf. In the event you need to file a claim, the information is provided below.

Initial paper claims may be submitted to:

Ambetter from Sunshine Health
P.O. Box 5010
Farmington, MO 63640-5010

Fraud, Waste and Abuse Program

Ambetter is serious about finding and reporting fraud and abuse. Our staff is available to talk to you about this and can be contacted at:

Sunshine Health

Compliance Department

1301 International Parkway, Fourth Floor

Sunrise, FL 33323

Fraud, Waste and Abuse Hotline: 1-866-685-8664

The Fraud, Waste and Abuse Hotline is answered by an independent third party and is available 24 hours a day, 7 days a week. Fraud means that a member, provider, or another person is knowingly misusing the Ambetter program resources, including:

- Loaning, selling or giving your benefit ID card to someone other than yourself
- Misusing benefits
- Wrongful billing by a provider
- Any action to defraud the program

Your healthcare benefits are given to you based on your eligibility for the program. You must not share your benefits with anyone. Providers must report any misuse of benefits to Ambetter. If you misuse your benefits, you could lose them altogether. Legal action can be taken against you if you misuse your benefits.

Abuse is defined as practices that are inconsistent with sound fiscal, business or medical practices, and result in unnecessary cost to the health plan. This includes billing for services that are not covered or medically necessary, or that fail to meet professionally recognized standards for healthcare. Abuse also includes enrollee and provider practices that result in unnecessary cost to the health plan. In the case of abuse, there is no conspiracy or malicious intent to deceive.

Your safety and well-being are very important to us. If you or your family has any concerns, please call us right away. If you think a provider, member or another person is misusing the program's resources, tell us immediately. We will take action against anyone who does this. Ambetter is serious about finding and reporting fraud, waste and abuse. Call Ambetter's Fraud, Waste and Abuse Hotline at 1-866-685-8664. You do not need to give your name.

Member Rights

Members, legal guardians and legally authorized surrogates have certain rights and responsibilities. It is important that you know your rights and responsibilities. For the full list of rights and responsibilities, please see your *Evidence of Coverage*.

Information

You have the right to request the following information from your PCP about your health, treatment and any known test results:

- The right to view your medical records
- The right to be informed of changes within the Ambetter network
- The right to information about Ambetter and its health plans
- The right to a current list of Ambetter providers
- The right to select your PCP
- The right to talk to your PCP about new uses of technology; you can also ask Ambetter for information on our quality plan, how members use the plan and how we review new technology

Ambetter will protect your oral, written or electronic personal health information across the organization.

Respect and Dignity

- You have the right to receive considerate, respectful care at all times.
- You have the right to receive assistance in a prompt, courteous and responsible manner.
- You have the right to be treated with dignity when receiving care.
- You have the right to be free from harassment by the health plan or providers if there are any business disagreements between the plan and provider.
- You have the right to select a health plan or switch health plans, within the Health Insurance Marketplace (HIM) guidelines, without any threats or harassment.
- You have the right to privacy.

Access

You have the right to have access to qualified health professionals. This includes:

- The right to access treatment or services that is medically necessary, regardless of age, race, creed, sex, sexual preference, national origin or religion
- The right to access medically necessary, emergency services 24 hours a day and 7 days a week
- The right to seek a second medical opinion from a participating provider at no cost to you
- If you have a disability, you have the right to receive information in a different format in compliance with the Americans with Disabilities Act

Member Rights

Informed Consent

Members, or their legal guardians or representatives, have the right to join in decision making about their healthcare. This includes working on any treatment plans and making care decisions. You, as the member, should know any possible risks or problems related to recovery and the likelihood of success. You shall not receive any treatment without consent freely given by you, or your legally authorized surrogate or decision maker, and you have the right to be informed of your care options.

You have the right to know who is approving and who is performing the procedures or treatment. All likely treatment, and the nature of the problem should be explained clearly. You have the right to a candid discussion on appropriate clinically or medically necessary treatment options for your condition, regardless of cost or benefit coverage.

Grievances

You have the right to file an appeal or grievance if you have had an unsatisfactory experience with Ambetter or with any of our participating providers, or if you disagree with certain decisions made by Ambetter.

External Review

You have the right to request an independent external review with the Florida Department of Insurance for appeals or grievances not resolved to your satisfaction by Ambetter.

Rights and Responsibilities Policies

Members have a right to make recommendations regarding the organization's Member Rights and Responsibilities policies.

Your Privacy

At Ambetter, your privacy is important. We have policies in place to protect your health records. Ambetter protects all oral, written and electronic Protected Health Information (PHI) across the organization. We follow Health Insurance Portability and Accessibility (HIPAA) requirements and have a Notice of Privacy Practices. We are required to notify you about these practices every year. This notice describes how your medical information may be used and disclosed, and how you can get access to this information. Please review it carefully. If you need more information or would like the complete notice, please visit [Ambetter.SunshineHealth.com](https://www.Ambetter.SunshineHealth.com).

Member Rights

Refusal of Treatment

You may refuse treatment to the extent that the law allows. You are responsible for your actions if treatment is refused or if the PCP's instructions are not followed. You should discuss all concerns about treatment with your PCP. Your PCP can discuss different treatment plans with you, and if there is more than one treatment plan that may help you, your legal representative or guardian will be the final decision maker.

Identity

You have the right to know the name and job title of people giving you care. You also have the right to know which doctor is your PCP.

Language

You have the right to an interpreter when you do not speak or understand the language being spoken by the Provider.

New Technology

Ambetter evaluates new technology, including medical procedures, drugs and devices, and the new application of existing technology, for coverage determination. The Ambetter Medical Director and/or Medical Management staff may periodically identify relevant technological advances for review pertinent to the Ambetter population. The Clinical Policy Committee (CPC) reviews all requests for coverage and makes a determination regarding any benefit changes that are indicated. When a request is received for coverage of new technology that has not been reviewed by the CPC, the Ambetter Medical Director will review the request and make a one-time determination. This new technology request will then be reviewed at the next regularly scheduled CPC meeting.

Member Rights

What Are Your Rights?

The following are your rights with regards to your health records. If you would like to exercise any of the following rights, please contact us.

- You have the right to ask us to give your records only to certain people or groups, and to indicate the reasons for doing so. You also have the right to ask us to stop your records from being given to family members or others who are involved in your healthcare. Please note that while we will try to follow your wishes, the law does not require us to do so.
- You have the right to ask to get confidential communications of your health records. For example, if you believe that you would be harmed if we send your records to your current mailing address, you can ask us to send your health records by other means. Other means might be fax or an alternate address.
- You have the right to request behavioral health records. This information can only be provided with the approval of the treating provider responsible for the condition to which the information relates, or another equally qualified behavioral health professional. Ambetter will notify you upon the release of any medical or behavioral health record information to a medical professional designated by you.
- You have the right to view and get a copy of all the records we keep about you in your designated record set. This consists of anything we use to make decisions about your health, including enrollment, payment, claims processing and medical management records.

You do not have the right to get certain types of health records.

We may decide not to give you the following:

- Information contained in psychotherapy notes
- Information collected in reasonable anticipation of, or for use in, a court case or another legal proceeding
- Information subject to certain federal laws about biological products and clinical laboratories
- In certain situations, we may not let you get a copy of your health records; (You will be informed in writing. You may have the right to have our action reviewed.)

You have the right to ask us to make changes to wrong or incomplete health records we keep about you. These changes are known as amendments. Any request for an amendment must be in writing. You need to give a reason for your change(s). We will get back to you in writing no later than 30 days after we receive your request. If your health information is not maintained on-site, we will respond no later than 60 days after we receive your request. If we need additional time, we may take up to another 30 days. We will inform you of any delays and the date when we will get back to you.

If we make your changes, we will let you know they were made. We will also give your changes to others who we know have your health records and to other persons you name. If we choose not to make your changes, we will let you know why in writing. You will have a right to submit a letter disagreeing with us.

Member Rights

What Are Your Rights, continued:

We have a right to answer your letter. You then have the right to ask that your original request for changes, our denial and your second letter disagreeing with us be put with your health records for future disclosures.

You have the right to receive an accounting of disclosures of your health records. By law, we do not have to give you a list of the following:

- Health records given or used for treatment, payment and healthcare operations purposes
- Health records given to you or others with your written approval
- Information that is incidental to a use or disclosure otherwise permitted
- Health records given to persons involved in your care or for other notification purposes
- Health records used for national security or intelligence purposes
- Health records given to prisons, police, FBI and others who enforce laws, or health oversight agencies
- Health records given or used as part of a limited data set for research, public health, or healthcare operations purposes

To receive an accounting of disclosures, your request must be in writing. We will act on your request within 60 days. If we need more time, we may take up to another 30 days. Your first list will be free. We will give you one free list every 12 months. If you ask for another list within 12 months, we may charge you a fee. We will tell you the fee in advance and give you a chance to take back your request.



If you have any questions about this notice or how we use or share your health records, please call. We can be reached at 1-877-687-1169 (Relay FL 1-800-955-8770) Monday through Friday from 8:00 a.m. to 8:00 p.m. EST.

Member Rights

Using Your Rights

You have a right to receive a copy of this notice at any time. We reserve the right to change the terms of this notice. Any changes in our privacy practices will apply to all the health records that we keep. If we make changes, we will send a new notice to you.

If you believe your privacy rights have been violated, you may write a letter of complaint to:

Privacy Officer
Ambetter from Sunshine Health
1301 International Parkway, Fourth Floor
Sunrise, FL 33323

Phone: 1-877-687-1169
Relay FL: 1-800-955-8770
Fax: 1-877-941-8070

You may also contact the Secretary of the United States Department of Health and Human Services:

Office for Civil Rights – Region IV
U.S. Department of Health and Human Services Government Center
Sam Nunn Atlanta Federal Center, Suite 16T70
61 Forsyth Street, S.W.
Atlanta, GA 30303-8909

Phone: 1-800-368-1019
Relay FL: 1-800-537-7697
Fax: 1-404-562-7881

WE WILL NOT TAKE ANY ACTION AGAINST YOU FOR FILING A PRIVACY COMPLAINT.



**Contact Ambetter
at 1-877-687-1169
(Relay FL 1-800-955-8770)
if you need assistance
exercising your rights.**

Member Responsibilities

All members are responsible for learning how the Ambetter plan works by reading the *Evidence of Coverage*.

Giving Information

You should give accurate and complete information about present conditions, past illnesses, hospitalizations, medications and other matters about your health to Ambetter and your healthcare providers. You should make it known whether you clearly understand your care and what is expected of you. You need to ask questions of your doctor until you understand the care you are receiving. You need to review and understand the information you receive about Ambetter. You need to know the proper use of services covered by Ambetter.

Your Doctor's Advice and Your Treatment Plan

You should follow the treatment plan suggested by your providers of medical care. You should ask questions to make sure that you fully understand your health problems and treatment plan. You should work with your PCP to develop treatment goals. If you do not follow the treatment plan, you have the right to be advised of the likely results of your decision.

Identification Card (ID Card)

It is important that you show your Ambetter Member ID card before you receive care at every appointment.

Emergency Room Use

You should use an emergency room only when you think you have a medical emergency. For all other care, you should call your PCP.

Appointments

You need to keep appointments. If you cannot keep an appointment, you must call to cancel or reschedule. You should schedule appointments during office hours whenever possible.

Primary Care Provider (PCP)

You should know the name of your assigned PCP. You should establish a relationship with your doctor. You may change your PCP verbally or in writing by contacting our Member Services Department at 1-877-687-1169 (Relay FL 1-800-955-8770).

Treatment

You should treat all Ambetter staff, providers and other members with respect and dignity. Any concerns that you have about your care should be expressed to Ambetter in a useful manner.

Member Responsibilities

Changes

You need to tell Ambetter and the Health Insurance Marketplace about any changes in your address, name or telephone number, or any changes in your family. Call Ambetter at 1-877-687-1169 (Relay FL 1-800-955-8770) or visit the Health Insurance Marketplace.

Other Medical Insurance

When you enroll in Ambetter, you need to give all information about any other medical insurance coverage you have. If, at any time, you get other medical coverage besides your Ambetter coverage, you must tell the Health Insurance Marketplace.

Costs

If you access care without following Ambetter rules, you may be responsible for the charges. If applicable, you are responsible to pay your portion of the monthly premium and all co-payments at the time of service.

Advance Directives

All Ambetter adult members have a right to make advance directives for healthcare decisions. This includes planning treatment before you need it. Advance directives are forms you can complete to protect your rights for medical care. It can help your PCP and other providers understand your wishes about your health. Advance directives will not take away your right to make your own decisions, and will work only when you are unable to speak for yourself. Examples of advance directives include:

- Living will
- Healthcare power of attorney
- “Do Not Resuscitate” (DNR) orders

You should not be discriminated against for not having an advance directive. For more information regarding advance directives, as well as a form you can use to designate a Healthcare Proxy, please call Ambetter Member Services at 1-877-687-1169 (Relay FL 1-800-955-8770) or visit our website, Ambetter.SunshineHealth.com.



FROM |  sunshine health™