ambetter. FROM celticare health

2017 Evidence of Coverage

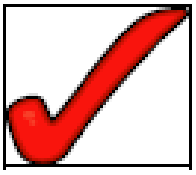
CHP-HIMFY2017

Evidence of Coverage
Ambetter from CeltiCare Health Insurance Plans

Platinum
Secure Care
ConnectorCare
Balanced Care
Essential Care

PROVIDER NETWORK:
"Ambetter from CeltiCare Health"

This health plan **meets Minimum Creditable Coverage standards** and **will satisfy** the individual mandate that you have health insurance.



Ambetter from CeltiCare Health Plan of Massachusetts, Inc., (Ambetter from CeltiCare Health) will accept you into our plan upon referral from the Health Connector regardless of your income, 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.

NOTE: There are no pre-existing condition limitations or exclusions with Ambetter from CeltiCare Health.

INTRODUCTION

Welcome to Ambetter from CeltiCare Health! This *contract* has been prepared by *us* to help explain *your* coverage. Please refer to this *contract* whenever *you* require medical services. It describes:

- How to access medical care.
- What health services are covered by *us*.
- What portion of the health care costs *you* will be required to pay.

This *contract*, the Schedule of Benefits, the application as submitted to the exchange and any amendments or riders attached shall constitute the entire contract under which *covered services* and supplies are provided or paid for by *us*.

This *contract* should be read and re-read in its entirety. Since many of the provisions of this *contract* are interrelated, you should read the entire *contract* to get a full understanding of your coverage. Many words used in the *contract* have special meanings, are *italicized* and are defined for you. Refer to these definitions in the Definitions section for the best understanding of what is being stated. This *contract* also contains exclusions, so please be sure to read this *contract* carefully.

How to Contact Us

Ambetter from CeltiCare Health
200 West Street, Suite 250
Waltham, MA 02451

Normal Business Hours of Operation 8:00 a.m. to 5:00 p.m. EST, Monday through Friday

Member Services: 1-877-687-1186
TTY/TDD: 1-877-941-9234
Fax: 1-877-941-8074
Emergency: 911
24/7 Nurse Advice Line: 1-877-687-1186

Interpreter Services

Ambetter from CeltiCare Health has a free service to help *our members* who speak languages other than English. This service is very important because *you* and your *physician* must be able to talk about *your* medical or behavioral health concerns in a way *you* both can understand. *Our* interpreter services are provided at no cost to *you*. We have representatives that speak Spanish and medical interpreters to assist with other languages. *Members* who are blind or visually impaired and need help with interpretation can call Member Services for an oral interpretation.

To arrange for interpretation services, call Member Services at 1-877-687-1186 (TTY/TDD 1-877-941-9236).

IMPORTANT DEFINITIONS

*These definitions may or may not be applicable to you based on the health insurance plan you have chosen. Your **Schedule of Benefits** will identify the specific benefits you have. If you have any questions, call Member Services. The Member Services contact information is at the bottom of every page in this policy.*

Advanced premium tax credit: The tax credit provided by the Affordable Care Act to help you afford health coverage purchased through the Connector. Advance payments of the tax credit can be used right away to lower your monthly premium costs. If you qualify, you may choose how much advance credit payments to apply to your premiums each month, up to a maximum amount. If the amount of advance credit payments you get for the year is less than the tax credit you're due, you'll get the difference as a refundable credit when you file your federal income tax return. If your advance payments for the year are more than the amount of your credit, you must repay the excess advance payments with your tax return.

Adverse Determination: A determination, based upon a review of information provided, by a carrier or its designated utilization review organization, to deny, reduce, modify or terminate an admission, continued inpatient stay or the availability of any other healthcare services for failure to meet the requirements for coverage based on medical necessity, appropriateness of healthcare setting, and level of care or effectiveness.

Affordable Care Act (ACA): The consolidated Patient Protection and Affordable Care Act and the Health Care and Education Reconciliation Act of 2010. Legislation that enacts broad federal reforms for health insurance and requires the establishments of healthcare exchanges.

Annual Deductible: The annual dollar amount that must be paid by you for certain covered services before Ambetter from CeltiCare Health becomes obligated to pay for covered services. The annual deductible can be for an individual or a family. If you have a family plan, the deductible can be met by eligible costs incurred by any combination of members enrolled under the same family plan. No one member in a family has to pay more than the individual deductible amount.

Annual Out-of-Pocket Expense: The annual dollar amount that you will pay for covered services under an Ambetter from CeltiCare Health plan, not including premiums. Except for applicable prescription drug deductibles and copayments, all other deductibles and copayments will count toward the annual out-of-pocket expense.

Annual Renewal Date: Qualified health plan benefits follow a calendar year; therefore, if a member's effective date is after January, the policy coverage will be for less than one year. For example, if a member signed up for coverage effective on June 1, they would only have six (6) months of coverage before their next renewal.

Appeal: A form of grievance for review of an adverse determination.

Applied Behavior Analysis: The design, implementation, and evaluation of environmental modifications using behavioral stimuli and consequences to produce socially significant improvement in human behavior, including the use of direct observation, measurement, and functional analysis of the relationship between environment and behavior.

Authorized Representative: A person from Ambetter from CeltiCare Health can document who has been authorized by the member in writing to act on the member's behalf with respect to a grievance or internal appeal.

Autism Services Provider: A person, entity, or group that provides treatment of Autism Spectrum Disorders.

Autism Spectrum Disorders: Any of the pervasive developmental disorders as defined by the most recent edition of the *Diagnostic and Statistical Manual of Mental Disorders*, including Autistic Disorder and Pervasive Developmental Disorder(s) not otherwise specified. Clinical evaluations of individuals suspected of having an Autism Spectrum Disorder are generally considered medically necessary and may include neuropsychological evaluations or other tests to diagnose whether an individual has an Autism Spectrum Disorder. Treatment of Autism Spectrum Disorders may include the following care prescribed, provided or ordered for an individual diagnosed with Autism Spectrum Disorders by a licensed physician or a licensed psychologist who determines the care to be medically necessary: habilitative or rehabilitative care; pharmacy care; psychiatric care; psychological care; and therapeutic care.

Behavioral Health Manager: A company, organized under the laws of the Commonwealth of Massachusetts or organized under the laws of another state and qualified to do business in the Commonwealth, which has a contractual arrangement with Ambetter from CeltiCare Health to provide or arrange for the provision of behavioral health services to voluntarily enrolled members of the carrier.

Behavioral Health Services: Emergency, inpatient, intermediate, and outpatient mental health and substance use disorder services for the treatment of mental health and substance use disorders.

Benefit Limit: Day, visit or dollar benefit maximums may apply to certain healthcare services or medical and surgical supplies. Refer to your *Schedule of Benefits* to find any limits that apply to your coverage.

Benefit Year: The period of time beginning on the first day of the month for which a member is eligible for coverage and ending after 12 months. For example, if a member's health insurance plan is effective 01/01/2017, the benefit year will end on 12/31/2017.

Ambetter from CeltiCare Health Designated Tertiary Facility: An Ambetter from CeltiCare Health defined medical center that provides specialized services not available in the community setting.

Ambetter from CeltiCare Health Designated Tertiary Provider: Any participating provider affiliated with an Ambetter from CeltiCare Health Designated Tertiary Facility.

Co-insurance: A form of medical cost-sharing in a health insurance plan that requires an insured person to pay a stated percentage of medical expenses after the deductible amount, if any, was paid.

- Once deductibles and co-insurance are paid, Ambetter from CeltiCare Health is responsible for the rest of the reimbursement for covered benefits up to the allowed charges. The member may also be responsible for any charges in excess of what the insurer determines to be "usual, customary and reasonable."
- Co-insurance rates may differ if services are received from a participating provider (i.e., a provider with whom Ambetter from CeltiCare Health has a contract or an agreement specifying payment levels and other contract requirements) or if received by providers not in Ambetter from CeltiCare Health's network.

- Co-insurance rates may also differ for different types of services.

Complaint: An inquiry made by or on behalf of an Ambetter from CeltiCare Health member to Ambetter from CeltiCare Health or an Ambetter from CeltiCare Health subcontractor that is not explained or resolved to the insured's satisfaction.

Commonwealth Health Insurance Connector Authority: The state's designated Health Insurance Marketplace whose primary responsibility is to facilitate access to affordable health insurance coverage for eligible individuals and small employers. It is also known as the Health Connector.

Copayment (copay): A form of medical cost sharing in a health insurance plan that requires a member to pay a fixed dollar amount when a medical service is received. The insurer is responsible for the rest of the reimbursement.

- There may be separate copayments for different services.
- Deductibles may apply and must be met before copayments for certain services.

Cost-Sharing Reduction (CSR): The federal program which provides federal reductions in cost sharing to a member with a household income at or below a specified percent of the Federal Poverty Level (FPL).

Coverage Effective Date: The date medical coverage becomes effective for a particular member.

Covered Services/Benefits: Healthcare services a member is entitled to receive under the terms of member eligibility with Ambetter from CeltiCare Health (as described in this policy and *Schedule of Benefits*).

Criteria: Written screening procedures, decisions, abstracts, clinical protocols and practice guidelines used by a carrier to determine the medical necessity and appropriateness of healthcare services.

Creditable Coverage: Coverage of an individual under any of the following health plans with no lapse in coverage of more than 63 days: (a) a group health plan; (b) a health plan, including, but not limited to, a health plan issued, renewed, or delivered within or without the Commonwealth to an individual who is enrolled in a qualifying student health insurance program or a qualifying student health program of another state, (c) Part A or Part B of Title XVIII of the Social Security Act; (d) Title XIX of the Social Security Act, other than coverage consisting solely of benefits under section

1928; (e) 10 U.S.C. 55; (f) a medical care program of the Indian Health Service or of a tribal organization; (g) a state health benefits risk pool; (h) a health plan offered under 5 U.S.C. 89; (i) a public health plan as defined in federal regulations authorized by the Public Health Service Act (j) a health benefit plan under the Peace Corps Act (k) coverage for young adults or (l) any other qualifying coverage required by the Health Insurance Portability and Accountability Act (HIPAA) of 1996.

Custodial Care: Assistance provided to a person in performing the basic necessities of life or activities of daily living. The care is not meant to improve health or provide treatment of a disease, illness, accident or injury.

Deductible: A fixed dollar amount during the benefit period – usually a year – that a member pays before the insurer starts to make payments for covered medical services. Plans may have both, per individual and family deductibles. The deductible amount does not include any copayment amounts.

- Some plans may have separate deductibles for specific services. For example, a plan may have a hospitalization deductible per admission.
- Deductibles may differ based on if services are received from an approved provider or if they are received from providers not on the approved list.

Department of Insurance (DOI): The DOI administers the laws of the Commonwealth as they pertain to the protection of the insurance consumer through the regulation of the insurance industry. The DOI monitors financial solvency, licenses insurance companies and producers, and reviews and approves rates and forms.

Diagnostic Lab Tests: Ambetter plans provide coverage for diagnostic lab tests, including the examination or analysis of tissues, liquids or wastes from the body.

Diagnostic X-Ray and Imaging: Medically necessary diagnostic X-rays and high-tech imaging studies, such as Magnetic Resonance Imaging (MRI), Computerized Tomography (CT) and Nuclear Cardiology.

Eligibility Determination: An action, whether adverse or favorable, taken by the Medicaid agency, the Exchange (Health Connector) or a federal agency to determine if someone meets the stipulated requirements for a federal or state benefit.

Eligible Dependent: A lawful spouse or domestic partner (same or opposite sex) of the member, a biological child of the member or other covered dependent, foster children for whom the member has been receiving foster care payments, newborn infants of a dependent, and adoptive children immediately from the date of the filing of a petition to adopt. Dependent child includes stepchild, legally adopted child from the date of

placement in the home, or a disabled adult child of the member or spouse. Dependents are covered up to 26 years of age.

Eligible Employee: An employee who: (1) works on a full-time basis with a normal work week of 30 or more hours, and includes an owner, a sole proprietor or a partner of a partnership; provided, however, that such owner, sole proprietor or partner is included as an employee under a healthcare plan of an eligible small business; and provided, however, that "eligible employee" does not include an employee who works on a temporary or substitute basis, and (2) is hired to work for a period of not less than five (5) months.

Eligible Small Business or Group: Any sole proprietorship, firm, corporation, partnership or association actively engaged in business who, on at least 50 percent of its working days during the preceding year, employed from among one to not more than 50 eligible employees, the majority of whom worked in the Commonwealth; provided, however, that a health carrier may offer health insurance to a business of more than 50 employees in accordance with the provisions of this chapter. In determining the number of eligible employees, a business shall be considered to be one eligible small business or group if: (1) it is eligible to file a combined tax return for purpose of state taxation, or (2) its companies are affiliated companies through the same corporate parent. Except as otherwise specifically provided, provisions of this chapter which apply to an eligible small business shall continue to apply through the end of the rating period in which an eligible insured no longer meets the requirements of this definition. An eligible small business that exists within a Multiple Employer Welfare Arrangement (MEWA) shall be subject to this chapter.

Elective: A planned, non-emergent service, procedure or admission.

Emergency Medical Condition: A medical condition, whether physical or mental, manifesting itself by symptoms of sufficient severity, including severe pain, that the absence of prompt medical attention could reasonably be expected by a prudent layperson who possesses an average knowledge of health and medicine, to result in placing the health of an insured or another person in serious jeopardy, serious impairment to body function or serious dysfunction of a body organ or part, or, with respect to a pregnant woman, as further defined in § 1867(e)(l)(B) of the Social Security Act, 42 U.S.C. § 1395dd(e)(1)(B).

Enrollee: Eligible individuals, eligible employees and eligible dependents enrolled in a QHP and entitled to coverage thereunder.

Essential Community Provider (ECP): Providers that serve predominantly low-income, medically underserved individuals.

Essential Health Benefits (EHB): Benefits that must be provided in any health insurance plan in accordance with the provided benefits categories outlined by the Patient Protection and Affordable Care Act and the Commonwealth of Massachusetts.

Evidence of Coverage (EOC): Any certificate, contract or agreement, including riders, amendments and supplementary inserts, issued to an enrollee specifying the benefits to which the enrollee is entitled through coverage under their Health Insurance Marketplace QHP. This is your *Evidence of Coverage* for your Ambetter from CeltiCare Health plan. This document is also called a policy.

Expedited Internal Appeal: A form of grievance for review of an adverse determination for which a decision is required expeditiously due to the member's health needs, which cannot wait with the standard resolution time. Situations/conditions include: 1) the provider certifying that a delay in receiving the requested service would result in a substantial risk of serious or immediate harm to the member; 2) the member is currently admitted as a patient in a hospital; 3) the member has a terminal illness; or 4) a provider certifies that a delay in receiving durable medical equipment would result in substantial risk of serious or immediate harm to the member.

Experimental/Investigational: Any drugs, procedures, devices and other healthcare services, medical or surgical supplies or treatments determined to be one of the following:

- Not generally accepted or endorsed by healthcare professionals in the medical community as safe and effective in treating the specified condition or illness for which the technology's use is proposed
- Not proven through empirical scientific research to be safe and effective in treating the condition or illness for which the technology's use is proposed.

Extended Care: Skilled inpatient services delivered in an acute rehabilitation hospital, skilled nursing facility or chronic hospital that are provided during the course of a chronic disease or the rehabilitation phase directly following an acute illness.

Facility: A licensed institution providing healthcare services or a healthcare setting, including, but not limited to, hospitals and other licensed inpatient centers, ambulatory surgical or treatment centers, skilled nursing centers, residential treatment centers, diagnostic, laboratory and imaging centers, and rehabilitation and other therapeutic health settings.

Federal Poverty Level (FPL): The minimum amount of gross income an individual or family needs for food, clothing, transportation, shelter, and other necessities as defined in the poverty guidelines issued annually by the U.S. Department of Health and Human Services (HHS). Eligibility for subsidies on the Exchange is defined according to income as a percentage of FPL.

Final Adverse Determination: An adverse determination made after a member has exhausted all remedies available through a carrier's formal internal grievance process.

Formulary: The list of drugs included as part of a health plan's covered benefits.

Grievance: Any oral or written complaint submitted to Ambetter from CeltiCare Health that has been initiated by a member, or the member's authorized representative, concerning any aspect or action of Ambetter from CeltiCare Health relative to the member, including, but not limited to: review of adverse determinations regarding scope of coverage, denial of services, quality of care and administrative operations. (Note: See internal appeal requests for reviews involving a medical necessity determination involving an adverse determination).

Habilitative: Healthcare services that help a person keep, learn or improve skills and functioning for daily living.

Health Benefit Plan: A health insurance plan that provides medical benefits coverage and may include dental, vision and other benefits.

Health Connector: The name commonly used to refer to the Commonwealth Health Insurance Connector Authority.

Health Insurance Marketplace (HIM): The term is used by the federal government to refer to health insurance exchanges. In Massachusetts, the HIM is the Health Connector.

Infertility: The condition of a presumably healthy individual who is unable to conceive or produce conception during a period of one year, if the female is age 35 or younger, or during a period of six months if the female is over the age of 35 years. If a person

conceives but is unable to carry that pregnancy to live birth, the period of time she attempted to conceive prior to achieving that pregnancy shall be included in the calculation of the six (6) month or one (1) year period, as applicable.

In-Network Provider: A provider who, under a contract with the carrier – including a dental or vision carrier – or with its contractor or subcontractor, has agreed to provide health, dental or vision care services to members with an expectation of receiving payment, other than co-insurance, copayments or deductibles, directly or indirectly from the carrier, including a dental or vision carrier. An in-network provider is also known as a participating provider.

Inquiry: Any communication by or on behalf of a member to Ambetter from CeltiCare Health, or an Ambetter from CeltiCare Health subcontractor, that has not been the subject of an adverse determination and that requests redress of an action, omission or policy of Ambetter from CeltiCare Health.

Inpatient: A patient who is a registered bed patient in a hospital or other covered healthcare facility, for medical, behavioral health and substance abuse treatments. A patient who is kept overnight in a hospital for observation is not considered an inpatient even though the patient uses a bed. Observation stays are considered outpatient.

MassHealth: The medical assistance and benefit programs administered by the Commonwealth's Executive Office of Health and Human Services (EOHHS). MassHealth encompasses Medicaid and SCHIP and pays for healthcare for certain low- and medium-income people living in Massachusetts.

Maximum Out-of-Pocket (MOOP): The amount is the sum of the deductible amount, prescription drug deductible amount (if applicable), copayment amount and coinsurance percentage of covered expenses, as shown in the Schedule of Benefits. After the maximum out-of-pocket amount is met for an individual, Buckeye Health Plan pays 100% of eligible service expenses for that individual. The family maximum out-of-pocket amount is two times the individual maximum out-of-pocket amount. For family coverage, the family maximum out-of-pocket amount can be met with the combination of any one or more covered persons' eligible service expenses. A covered person's maximum out-of-pocket will not exceed the individual maximum out-of-pocket amount.

Medical Necessity or Medically Necessary: "Medical necessity" or "medically necessary" shall mean healthcare services that a physician, exercising prudent clinical

judgment, would provide to a patient for the purpose of preventing, evaluating, diagnosing or treating an illness, injury, disease or its symptoms, and that are:

a) in accordance with generally accepted standards of medical practice;
b) clinically appropriate, in terms of type, frequency, extent, site and duration and considered effective for the patient's illness, injury or disease; and
c) not primarily for the convenience of the patient, physician or other healthcare provider, and not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient's illness, injury or disease.

For these purposes, “generally accepted standards of medical practice” means standards that are based on credible scientific evidence published in peer-reviewed medical literature generally recognized by the relevant medical community or otherwise consistent with the standards set forth in policy issues involving clinical judgment.

Medical Policy: The criteria that Ambetter from CeltiCare Health follows to determine if healthcare services and medical or surgical supplies are covered by a particular plan. Information about Ambetter from CeltiCare Health’s medical policies can be found on the Ambetter from CeltiCare Health website at: Ambetter.CeltiCareHealthPlan.com.

Member: Person eligible to get healthcare coverage through the Health Connector and who chooses Ambetter from CeltiCare Health for coverage.

Merged Market: Refers to the Commonwealth offering a single merged market with the same health insurance plans available to eligible individuals and small employers through the non-group and Small Group segments.

Neuropsychological Assessment/Evaluation: A systematic evaluation of higher cognitive abilities such as intelligence, academic skill, memory, language, attention, problem-solving ability and visual-motor skills, as well as sensorimotor and personality/ emotional functioning.

Non-Group: Individual health insurance.

Non-Participating Provider: A provider who does not have a contract with Ambetter from CeltiCare Health or with its subcontractor to provide healthcare services to Ambetter members. A non-participating provider is also known as an out-of-network provider.

Nurse Practitioner: A registered nurse who is a graduate of an approved program for the training of nurse practitioners, who has passed the national certifying exam or its equivalent and who is authorized to practice in an expanded role as a nurse practitioner. A nurse practitioner can be selected as a Primary Care Provider (PCP).

Office of Patient Protection (OPP): The office within the Health Policy Commission established to develop regulations and statutory requirements to govern managed care carriers internal grievance and external review procedures.

Open Enrollment: The period during which an eligible individual may enroll in health benefit coverage through the Health Connector.

Out-of-Network Provider: A provider who does not have a contract with Ambetter from CeltiCare Health or with its subcontractor to provide healthcare services to Ambetter from CeltiCare Health members. An out-of-network provider is also known as a non-participating provider.

Out-of-Pocket Maximum (OOP Max): The total co-payment amount a member needs to pay for prescriptions and/or medical services during a benefit year.

Outpatient: A patient who is not a registered bed patient in a hospital or other healthcare facility. A patient who is kept overnight in a hospital solely for observation is also considered an outpatient.

Participating Provider: A provider who, under a contract with the carrier — including a dental or vision carrier — or with its contractor or subcontractor, has agreed to provide health, dental or vision care services to members with an expectation of receiving payment, other than co-insurance, copayments or deductibles, directly or indirectly from the carrier, including a dental or vision carrier. A participating provider is also known as an in-network provider.

Physician and Other Covered Professional Providers: Providers who are accepted to deliver healthcare to Ambetter from CeltiCare Health members include certified registered nurse anesthetists, chiropractors, clinical specialists in psychiatric and mental health nursing, dentists, licensed audiologists, licensed dietitian nutritionists (or a dietitian or a nutritionist, or a dietitian nutritionist, who is licensed or certified by the state in which the provider practices), licensed independent clinical social workers, licensed marriage and family therapists, licensed mental health counselors, licensed speech-

language pathologists, nurse midwives, nurse practitioners, occupational therapists, optometrists, physical therapists, physicians, podiatrists, psychiatric nurse practitioners, psychologists and urgent care centers.

Physician Assistant: A person who is a graduate of an approved program for the training of physician assistants who is supervised by a registered physician and who has passed the physician assistant national certifying exam or its equivalent. A physician assistant can be selected as a Primary Care Provider (PCP).

Preferred Drug List (PDL or formulary): A list of drugs covered by the plan.

Premium: The monthly amount due from the member to pay for plan coverage.

Primary Care Provider (PCP): A provider selected by an Ambetter from CeltiCare Health member (or assigned by Ambetter from CeltiCare Health, if not selected by the member) to provide and coordinate all of the member's healthcare needs, and to initiate and monitor referrals for specialty services when required. A Primary Care Provider may be one of the following practitioner types: family practice, internal medicine, general practice, nurse practitioner, physician assistant or, for female members, obstetrics/gynecology.

Prior Authorization: A request for a certain service, procedure, drug, medical supply or device that requires medical necessity review prior to coverage.

Provider: A provider, other healthcare professional or facility that is licensed, accredited and/or certified to perform specified health services consistent with Massachusetts law and the individual specialty scope of professional practice.

Psychopharmacological: The use of drugs to treat mental and psychological disorders.

Qualified Health Plan (QHP): A health insurance plan that is licensed by the Commonwealth and has received the Health Connector's Seal of Approval as meeting certain standards regarding quality, value and coverage, and is offered through the Health Connector.

Referral: A special kind of pre-approval that must be obtained from a Primary Care Provider by a member prior to the member seeing a specialist. A referral is also known as requiring prior authorization.

Rehabilitation: Services that are provided to restore function lost or impaired as a result of an accidental injury or an illness.

Resident: A natural person living in the Commonwealth, but the confinement of a person in a nursing home, hospital or other institution shall not, by itself, be sufficient to qualify a person as a resident.

Summary of Benefits and Coverage (SBC): The document that describes the covered benefits and cost sharing for a specific health benefit plan.

Service Area: Established by the Health Connector, the area in which Ambetter from CeltiCare Health is certified to provide health and/or dental insurance coverage. No coverage will be provided for healthcare services or medical or surgical supplies that you receive outside of Ambetter's service area except for emergency or urgent care.

Small Group: Group health and/or dental insurance coverage offered by eligible employers.

Special Enrollment Period: A period during which a qualified individual or member who experiences certain triggering events may enroll in, or change enrollment in, a QHP through the Health Connector outside of the initial and annual open enrollment periods.

Speech-Language and Hearing Disorder Services: The plan covers diagnosis and treatment of speech, hearing and language disorders to the extent medically necessary when provided by participating speech-language pathologists and audiologists.

TeleHealth: The delivery of health-related education through telecommunication technologies.

Telemedicine: The use of interactive audio, video or other electronic media for the purpose of diagnosis, consultation or treatment. Telemedicine does not include the use of audio-only telephone, facsimile machine or email.

Temper Mandibular Joint (TMJ) Syndrome: Jaw pain, jaw muscle stiffness, limited movement or locking of the jaw, clicking or popping in the jaw, and a change in how the upper and lower teeth fit together. TMJ may be caused by arthritis, an injury to the jaw causing a fracture or a dislocation of the jaw or by grinding of the teeth or clenching of the jaw.

Terminal Illness: An illness that is likely, within a reasonable degree of medical certainty, to cause one's death within six (6) months.

Urgent Medical Condition: Medical services required promptly to prevent impairment of health due to symptoms that a prudent layperson would believe require immediate attention, but are not life-threatening and do not pose a high risk of permanent damage to an individual's health. Urgent care is appropriately provided in a clinic, physician's office or in a hospital emergency department if a clinic or physician's office is inaccessible. Urgent care does not include emergency services or primary care.

Utilization Review: A set of formal techniques designed to monitor the use of, or evaluate the clinical necessity, appropriateness, efficacy or efficiency of healthcare services, procedures or settings. Such techniques may include, but are not limited to, ambulatory review, prospective review, second opinion, certification, concurrent review, care management, discharge planning or retrospective review.

Wellness Program or Health Management Program: An organized system designed to improve the overall health of participants.

Ambetter from CeltiCare Health

This Evidence of Coverage is Ambetter from CeltiCare Health's contract with you. It is also referred to as your "policy" of insurance. It explains your rights, benefits and responsibilities, and makes it easy for you to make the most of Ambetter from CeltiCare Health as a member. Your specific *Schedule of Benefits* will give you more details on the cost-sharing for your covered benefits.

This policy tells you how to access healthcare services. It also gives you information on your Ambetter from CeltiCare Health benefits and services, such as:

- What Ambetter covers and does not cover
- How to get the care you need and get your prescriptions filled
- What to do if you are unhappy about your plan or coverage
- Eligibility requirements
- The geographic service area of Ambetter
- Materials you will receive from Ambetter
- Paying your premiums

Ambetter from CeltiCare Health (Ambetter) combines the strength of a national company with local 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.CeltiCareHealthPlan.com for more information and services.

TIP: See your *Schedule of Benefits* to find out what you will have to pay for your healthcare services or prescriptions. You may also find your *Schedule of Benefits* on our website, Ambetter.CeltiCareHealthPlan.com.

Minimum Creditable Coverage Standards

Massachusetts Health Care Reform Law requires that Massachusetts residents, 18 years of age and older, have health coverage that meets the Minimum Creditable Coverage Standards set by the Health Connector, unless waived from the health insurance requirement based on affordability or individual hardship. For more information, call the Connector at 1-877-MA-ENROLL or visit the Connector website, www.MAhealthconnector.org.

This health plan meets Minimum Creditable Coverage Standards as part of the Massachusetts Health Care Reform Law and the federal Patient Protection and Affordable Care Act (ACA). When you purchase this plan, you will satisfy the statutory requirement that you have health insurance that meets these standards. Because these standards may change, review your health plan material each year to determine whether your plan meets the latest standards.

If you have questions about this notice, you may contact the Division of Insurance by calling (617) 521-7794 or visiting its website at www.Mass.gov/DOI.

How to Contact Us

Ambetter from CeltiCare Health

200 West St., Suite 250

Waltham, MA 02451

Normal business hours of operation are 8 a.m. - 5 p.m. EST.

Member Services	1-877-687-1186
TDD/TTY Line	1-877-941-9234
Fax	1-855-227-6805
Massachusetts Relay Services	1-866-439-0183
Behavioral Health/Substance Use	1-877-687-1186
24/7 Nurse Advice Line	1-877-687-1186
Complaints and Grievances	1-877-687-1186
Emergency	911
Website	Ambetter.CeltiCareHealthPlan.com

TIP: Please have your Member ID Card ready when you call.

TIP: Call Member Services at 1-877-687-1186 (TDD/TTY 1-877-941-9234) to receive a copy of this evidence of coverage at no charge to you. If there are any changes to the evidence of coverage, we will let members know by email notification, including an insert in any mailed copies of the policy, and posting the latest edition on our website, Ambetter.CeltiCareHealthPlan.com.

Interpreter Services

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Our interpreter services are provided to you at no cost. We have representatives that speak Spanish and other languages. Ambetter members who are blind or visually impaired and need help can call Member Services for an oral interpretation.

TIP: To arrange for interpretation services, call Member Services at 1-877-687-1186 (TDD/TTY 1-877-941-9234).

How Your Plan Works

Covered Regions

Ambetter from CeltiCare Health is a health plan for individuals and Small Group Employees. This means you are covered for benefits as long as you are a Massachusetts resident who resides within the Ambetter from CeltiCare Health covered region and obtain covered services from our "Ambetter from CeltiCare Health Network." You can find more information regarding Ambetter from CeltiCare Health's service area and participating providers on our website at Ambetter.CeltiCareHealthPlan.com. You can also contact the Health Connector Customer Service Center at 1-877-MA-ENROLL or 1-877-623-6765, Monday through Friday from 8 a.m. to 6 p.m. EST. For persons with total or partial hearing loss, please call TTY 1-888-213-8163 or visit www.MAhealthconnector.org.

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 Evidence of Coverage, *Schedule of Benefits* and claims information, all in one place. To create your account, visit the "For Members" page at Ambetter.CeltiCareHealthPlan.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. **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.

4. **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!

Enrollment Information

Involuntary and Voluntary Dis-enrollment Information

Ambetter from CeltiCare Health must notify you on an annual basis of the voluntary and involuntary member dis-enrollment rate. Voluntary dis-enrollment occurs when a member elects to end benefit coverage. Involuntary dis-enrollment occurs when the Health Connector or Ambetter from CeltiCare Health terminates the member's coverage for one of the reasons outlined under the Termination of Coverage section. Please contact Ambetter from CeltiCare Health Member Services at 1-877-687-1186 for more information.

Special Enrollment Period

If you have had a major change in your life, please contact Ambetter from CeltiCare Health Member Services. Some examples of major life changes are:

- You get married or divorced
- You move to a different address outside of Ambetter from CeltiCare Health's service area
- You change your job
- You become pregnant

Life changes might affect your eligibility with Ambetter from CeltiCare Health. Call Health Connector Customer Service (1-877-623-6765) if you move to a new county in Massachusetts or if you move out of the state.

A member may change his/her health plan enrollment or coverage type outside of his/her renewal period only under these specific circumstances:

- Marriage or registered as domestic partner in state or municipality
- Divorce, legal separation, annulment or termination of domestic partnership
- Birth, adoption or placement for adoption of a child
- Dependent spouse required to cover a child by court order
- Death of a spouse or dependent
- Covered dependent reaches the age limit for coverage, making him or her ineligible for coverage
- You, your spouse or eligible dependent moves out of your health plan's service area
- You, your spouse or eligible dependent begins or returns from an unpaid leave of absence
- You, your spouse, or eligible dependent has a change in job status (for example: change from full-time to part-time employment or leaving employment) that affects benefit coverage under the employer's plan, or a plan of your spouse's or eligible dependent's employer

A major life change must be reported to the Health Connector within 30 days of the event.

Newborn, Foster and Adoptive Children Coverage

Coverage is provided for your newborn infant and a newborn infant of a covered dependent up to 96 hours after birth. An additional premium must be paid for coverage to continue for a newborn infant. Coverage is also provided for adoptive

children of a member from the date of the filing of a petition to adopt, and the child has been residing in the home of the member as a foster child for whom the member has been receiving foster care payments or, in all other cases, adoptive children from the date of placement of the child for the purpose of adoption. Any additional premium must be paid for coverage to continue for foster or adopted dependents.

Newborn coverage will include the necessary care and treatment of medically diagnosed congenital birth defects, birth abnormalities or premature birth up to 96 hours after birth. Premium payments must be received to continue coverage.

Notice of the birth or filing a petition to adopt a foster child, or placement of a child for purposes of adoption, must be provided to the Health Connector within 30 days of birth or filing of a petition to adopt. Failure to notify of the birth or of filing a petition to adopt may result in loss of coverage.

For questions related to enrolling your newborn, please contact the Health Connector Customer Service Center at 1-877-MA-ENROLL or 1-877-623-6765, Monday through Friday, from 8 a.m. to 6 p.m. EST. For persons with total or partial hearing loss, please call TTY 1-888-213-8163 or visit www.MAhealthconnector.org.

Domestic Partner Coverage

Ambetter from CeltiCare Health offers domestic partner coverage. Contact Ambetter from CeltiCare Health Member Services for more information regarding domestic partner coverage.

Termination of Coverage

You could be terminated from coverage with Ambetter from CeltiCare Health if:

- You have not paid the required premium

- You commit an act of physical or verbal abuse, or other uncooperative or disruptive behavior, unrelated to your physical or mental condition, that poses a threat to any provider, any member, or the plan or plan employee
- You commit an act of misrepresentation or fraud related to obtaining healthcare services, coverage or payment for healthcare services
- You fail to comply in a material manner with the plan rules
- You fail to provide to Ambetter from CeltiCare Health or the Health Connector the information necessary to show continuing eligibility, or to enable the plan to provide coverage to you under the terms of this policy
- You choose to end coverage by notifying the Health Connector
- You relocate out of the service area

If you have questions about canceling your plan or termination of your coverage, please contact the Health Connector Customer Service Center at 1-877-MA-ENROLL or 1-877-623-6765, Monday through Friday, from 8 a.m. to 6 p.m. EST. For persons with total or partial hearing loss, please call TTY 1-888-213-8163 or visit www.MAhealthconnector.org.

Contributory Plan Termination of Employer Group for Non-Payment of Premium

Any Employer Group which fails to pay its monthly group health insurance premium by the **55**th calendar day following the first day of the coverage month for which payment was due is subject to termination of its group coverage. Any employees participating in the Employer's Group Coverage plan will also have their coverage terminated. Termination is retroactive to the last day of the coverage month for which the premium was paid.

If you have questions about your participation in your Employer Group plan, contact the Health Connector Customer Service Center at 1-877-MA-ENROLL or 1-877-

623-6765, Monday through Friday, from 8 a.m. to 6 p.m. EST. For persons with total or partial hearing loss, please call TTY 1-877-623-7773 or visit www.MAhealthconnector.org.

Notification Requirements

Written notification will be sent by Ambetter from CeltiCare Health to each subscriber, at the last-known address, if Employer Group Coverage terminates due to the non-payment of a premium. Notification will include the date on which the Employer Group plan was terminated and that the termination was for non-payment of the premium (including any additional fees or charges).

Ambetter from CeltiCare Health will honor claims, to the extent covered under the Ambetter from CeltiCare Health plan, for covered healthcare services received by a member or a member's covered dependent, prior to the notification date. Notice of termination will be effective three (3) days after the date on which Ambetter from CeltiCare Health mailed the notice.

THE FOLLOWING CONTINUATION OF COVERAGE PROVISIONS ONLY APPLY TO ENROLLEES BELONGING TO A SMALL GROUP BUSINESS.

Continuation of Healthcare Coverage

If you (the employee/individual), your spouse and/or your dependent (qualified beneficiaries) has a change that would result in a loss of coverage under the Small Group health plan, coverage may be continued for you and/or your qualified beneficiaries. To be eligible for continuation of coverage, your Employer Group must already be participating in Small Group health insurance coverage and you and/or your qualified beneficiaries must live within the plan service area.

Special Enrollment Period: Small Group Employees

For purposes of this provision, “qualifying event” means, with respect to a qualified beneficiary, any of the following events:

- Your employment ends (other than for reasons of gross misconduct) or work hours are reduced
- You are divorced or legally separated
- You become eligible for benefits under Title XVIII of the Social Security Act
- A dependent child ceases to be eligible under the terms of the health benefit plan
- Your retirement coverage from your employer ends due to bankruptcy of the employer

Continuation under this provision ends the earliest of:

- 18 months after the date, if coverage ends due to termination of employment
- 36 months after the date of all other qualifying events, provided the qualifying event is not due to a bankruptcy proceeding affecting a retiree
- The date the employer ceases to provide a health benefit plan
- The date the required premiums are not paid
- The date a qualified beneficiary becomes covered under another health benefit plan that does not include a pre-existing condition limitation or exclusion
- The date the qualified beneficiary becomes eligible for Medicare
- 30 days after the date a qualified beneficiary is no longer disabled

Extension of Continuation of Coverage

Continuation of coverage may be extended in the following instances:

- If the Social Security Administration determines that either you or your qualified beneficiary is disabled, coverage may be extended up to a maximum of 29 months.

- If a qualified beneficiary experiences another qualifying event while receiving 18 months of continuation of coverage, they may be eligible for an additional 18 months of coverage, for a maximum of 36 months.

Continuation of Spousal Coverage

Your divorced or legally separated spouse shall remain eligible and coverage will continue under the health benefit plan so long as your participation in the health plan continues. Eligibility will end the earlier of the remarriage of either you or your spouse, or such time as provided in the judgment of divorce or separation.
If you remarry, your former spouse has the right, if provided in the divorce judgment, to continue to receive the same benefits that are available to you either by means of a rider to the family contract or the issuance of an individual contract. An additional premium may be required.

Continuation After Death or Layoff

If you lose coverage due to an involuntary layoff or death, the coverage under the health plan shall be continued for you, your spouse and dependents for a period of 39 weeks from the date you become ineligible for coverage, or until you and your dependents become eligible for another group health plan, whichever comes first. You, your spouse or dependents will be responsible for payment of the entire premium due.

If you lose coverage due to a plant closing or partial closing, coverage will continue for a period of 90 days from the date you become ineligible for coverage, or until you and your dependents become eligible for another group health plan, whichever comes first. You, your spouse or dependents will be responsible for payment of the entire premium due.

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 the chapter on Membership and Coverage information (page 35) 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 your coverage 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.

Member Services

Our Member Services department can help you understand how Ambetter from CeltiCare Health works, how to get the care you need, and any other questions you might have about health insurance and your needs. **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
- Reporting potential fraud

Health-related calls received after business hours are routed directly to our nurse advice line that is available 24 hours a day, seven (7) days a week, including holidays. Member Service regular office hours are Monday through Friday from 8 a.m. to 5 p.m. EST.

TIP: For persons with total or partial hearing loss, please call TDD/TTY 1-877-941-9234 or visit Ambetter.CeltiCareHealthPlan.com.

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, seven (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 24/7 Ambetter Nurse Advice Line provides real-time answers to your health-related questions, like the ones below, simply by calling 1-877-687-1186.

- 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

TIP: Sometimes you may not be sure if you need to go to the emergency room. Call our 24/7 Nurse Advice Line at 1-877-687-1186. They can help you decide where to go for care.

Membership and Coverage Information

Your enrollment with Ambetter is good for as long as you continue to meet the eligibility requirements of the Health Connector. Ambetter will accept you into our plan upon enrollment from the Health Connector 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.

For individuals, Massachusetts law limits when you can purchase commercial health insurance, including Ambetter from CeltiCare Health insurance plans. The law applies to individuals and families buying health insurance on their own, separate from an employer's plan.

You can choose to select or change plans during the open enrollment period, November 15, 2016, through January 31, 2017. The dates for open enrollment for subsequent years may change.

- Some people may meet special conditions that will allow them to buy health insurance at any time of the year. You must act within 63 days of losing coverage if you:
    - Became ineligible for an employer's plan and do not qualify for another employer's plan or a government-subsidized plan
    - Became ineligible for your government-subsidized plan
    - Used up all of your COBRA or mini-COBRA benefits
- For more information on open enrollment and qualifying events, visit www.Mass.gov/DOI or www.MAhealthconnector.org for updates, or call the

Health Connector at 1-877-623-6765 (TDD/TTY 1-877-623-7773), Monday through Friday, 8 a.m. to 6 p.m. EST.

Note: If you cancel your current benefit plan at any time outside of the open enrollment periods or renewal month, you may not be able to purchase other insurance with Ambetter from CeltiCare Health, or any other insurance company, until the next open enrollment period. If you are unsure of your options, please contact Member Services before canceling your benefit plan.

You may call the Ambetter Member Services Department Monday through Friday, 8 a.m. to 5 p.m. EST.

For more information on the limited enrollment laws, visit www.Mass.gov/DOI.

Ambetter will accept you into our plan upon enrollment with the Health Insurance Marketplace 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.

TIP: To inquire about our Ambetter Health Connector, enrollment options and specific plan benefits, please visit Ambetter.CeltiCareHealthPlan.com.

Payment Information

Annual Deductible

This is an annual dollar amount that must be paid by you for certain covered services before Ambetter from CeltiCare Health becomes obligated to pay for covered services. See your *Schedule of Benefits* for any deductible applicable to your health plan.

The annual deductible can be for an individual or a family. If you have a family plan, the deductible can be met by eligible costs incurred by any combination of members enrolled under the same family plan. No one member in a family has to pay more than the individual deductible amount.

Annual Out-of-Pocket Expense

This is the annual dollar amount that you will pay for covered services under an Ambetter from CeltiCare Health plan, not including premiums. Except for applicable prescription drug deductibles and copayments, all other deductibles and copayments will count toward the annual out-of-pocket expense. See the *Schedule of Benefits* for your plan for the annual out-of-pocket expense applicable to your health plan.

Copayments

The amount you must pay for a covered service. You may have to pay a copayment to the provider for certain covered services at the time you receive the service. See the *Schedule of Benefits* for your plan for copayments applicable to your health plan.

Note: Providers are not obligated to provide covered services if you fail or refuse to pay required copayments.

Timing of Out-of-Pocket Expenses

Copayments you have paid prior to the start of a benefit year will not be counted toward your annual out-of-pocket expense for your current benefit year. At the start of each new benefit year, your accumulation will become zero and you will start building again toward your annual out-of-pocket expense for that new benefit year.

For purposes of this section, the benefit year is the period of time beginning on the first day of the month for which a member is eligible for coverage and ending after 12 months. For example, if a benefit plan is effective January 1, 2017, the benefit year will end on December 31, 2017.

Premiums

All premiums are to be paid directly to the Health Connector.

Grace Period

There is a 30-day grace period allowed for the payment of each premium after the first premium payment. During this period, coverage will remain in force. If the premium is not paid during the grace period, coverage will terminate at the end of the grace period. This is called a lapse.

For members who receive Advanced Premium Tax Credits (APTCs), after the first premium is paid, a grace period of three (3) months from the premium due date is given for the payment of the premium. Coverage will remain in force during the grace period. If full payment of 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 APTCs are received.

For questions regarding payment of your premiums, please call:

- The Health Connector Customer Service Center at 1-877-MA-ENROLL or 1-877-623-6765, Monday through Friday from 8 a.m. to 6 p.m. EST. For people with partial or total hearing loss, call TTY 1-888-213-8163.

Your Provider Directory

A listing of Ambetter providers is available online at Ambetter.CeltiCareHealthPlan.com. Ambetter has plan physicians, hospitals and other healthcare providers who have agreed to provide you with your healthcare services. You can find our network

providers by visiting our website and using the “Find a Provider” function. There you will have the ability to narrow your search by provider specialty, zip code, gender, whether or not they are currently accepting new patients, and languages spoken. Your search will produce a list of providers based on your search criteria and will give you other information such as address, phone number, office hours and qualifications.

At any time, you can request a printed copy of the *Provider Directory* at no charge by calling Member Services at 1-877-687-1186. Ambetter from CeltiCare Health can also help you pick a Primary Care Provider (PCP). We can make your choice of a PCP effective on the next business day.

Call the PCP’s office if you want to make an appointment. If you need help, call Member Services at 1-877-687-1186. We can help you make the appointment.

Your Member Welcome Packet and Member ID Cards

When you enroll with Ambetter from CeltiCare Health, we will mail a member welcome packet and member ID card to you within five (5) business days of Ambetter from CeltiCare Health’s receipt of your completed enrollment with the Health Connector and after receipt of your initial premium. The welcome packet includes basic information about the health plan you selected and member ID cards for you and anyone else on your plan. We will mail 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.
- 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 1-877-687-1186 (TDD/TTY 1-877- 941-9234). We will send you another card.

Website Information:

Ambetter.CeltiCareHealthPlan.com

Ambetter from CeltiCare Health's website helps you get the answers you need about your health coverage. Our website has resources and features that make it easy to get quality care. Ambetter from CeltiCare Health's website can be accessed at Ambetter.CeltiCareHealthPlan.com. It also gives you information on your Ambetter from CeltiCare Health plan benefits and services such as:

- How to find an in-network provider
- How to pay your premium
- Programs to help you get and stay healthy
- An online member account for you to check the status of your claims
- Online form submission
- Ambetter from CeltiCare Health programs and services
- The quarterly newsletter, *The Better Bulletin*
- Current events and news
- Deductible and Copayment Accumulators
- Notice of Privacy
- Member Rights and Responsibilities

Covered Services
(Medical Service Expense Benefits)

Covered Services Description

Ambetter provides coverage for a broad range of medically necessary medical and behavioral health services to meet your healthcare needs. 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, and authorized by Ambetter from CeltiCare Health when prior authorization is required.

Please refer to your plan's *Schedule of Benefits* and the Excluded Benefits section of this manual for applicable copayments, your deductible and exclusions. Certain services require your provider to obtain prior 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 prior authorization, you may contact Ambetter from CeltiCare Health Member Services at 1-877-687-1186. Additional information regarding authorizations can be found in the *Prior Authorization* section of this manual.

Medical Services

Abortion: The voluntary termination of pregnancy (abortion) is covered, only as permitted under Massachusetts law (i.e., within a certain period of time following conception for defined circumstances), without authorization when performed by a Ambetter from CeltiCare Health participating reproductive health facility or provider. Abortion services by a non-participating provider require prior authorization from Ambetter from CeltiCare Health. Please contact your physician or Ambetter from CeltiCare Health Member Services at 1-877-687-1186 for assistance. Our bilingual staff

is available 24 hours a day, seven (7) days a week to assist you in finding a provider of these services. You may also search our online *Provider Directory* for a listing of providers that perform these services on our website,

Ambetter.CeltiCareHealthPlan.com under "Find a Provider." Your copayment, deductible or co-insurance will be based on the location of the services (e.g., specialist office, clinic, outpatient surgery or inpatient). Refer to the *Schedule of Benefits* for applicable copayment, deductible or co-insurance information.

Allergy Testing: Coverage is provided for allergy testing of a covered person. Allergy testing is covered by Ambetter from CeltiCare Health when prior authorized and determined to be medically necessary.

Ambulance Services: Emergency ambulance ground transportation to the nearest medical facility for emergency care is covered (with applicable copays, the deductible or co-insurance). Ambulance transport to a hospital emergency room in non-emergency situations is not a covered service under Ambetter from CeltiCare Health. Water or air ambulance service is covered when a ground ambulance cannot access you, or because of your emergency medical condition, it is necessary to use water or air ambulance.

Non-emergency ambulance transportation to transport you from one facility to another facility may be covered (with applicable copays, the deductible or co-insurance) if it is medically necessary. Transportation is not covered to or from medical appointments, via ambulance, taxi, chair lift or public transportation.
Non-Ambulance Services includes: Air Carrier, Bus, Military/U.S. Coast Guard Transport, Military/U.S. Coast Guard Transport: Military or U.S. Coast Guard Ambulance, Water Transport, Non-emergency Medical Transport (VAN), Private Vehicle, Secured Medical Transport (VAN), Taxi, Train, Transportation Broker.

Autism Spectrum Disorders:
Coverage will be provided for the screening, diagnosis and treatment of *autism spectrum disorder*. Treatment for *autism spectrum disorder* includes the following types of care prescribed, provided or ordered for an individual diagnosed with *autism spectrum disorder*:

- *Habilitative Care:* Professional counseling and guidance services and treatment programs including, but not limited to, Applied Behavior Analysis supervised by a board-certified behavioral analyst that are necessary to develop, maintain and restore, to the maximum extent practical, the functioning of an individual. Applied Behavior Analysis includes the design, implementation and evaluation of environmental modifications, using behavioral stimuli and consequences, to produce socially significant improvement in human behavior, including the use of direct observation, measurement and functional analysis of the relationship between environment and behavior.
- *Habilitation Services:* For children ages 0 to 21 with a medical diagnosis of autism spectrum disorder, which at a minimum shall include: applied behavioral analysis or other professional or counseling services necessary to develop, maintain and restore the functioning of an individual to the extent possible.
- *Pharmacy Care:* Medications prescribed by a licensed physician and health-related services deemed medically necessary to determine the need or effectiveness of the medications.
- *Psychiatric Care:* Direct or consultative services provided by a psychiatrist licensed in the state in which the psychiatrist practices.
- *Psychological Care*: Direct or consultative services provided by a psychiatrist licensed in the state in which the psychiatrist practices.
- *Therapeutic Care:* Services provided by a licensed or certified speech, occupational or physical therapist or social worker. Speech, occupational and physical therapy related to Autism Spectrum Disorders do not require prior authorization before treatment and do

not count toward any benefit limitations for speech, occupational and physical therapy.

Genetic testing for the diagnosis and treatment of Autism Spectrum Disorders requires prior authorization from Ambetter from CeltiCare Health.

Ambetter from CeltiCare Health works to deliver habilitative, psychiatric and psychological care for the treatment of Autism Spectrum Disorders. You may choose any provider contracted in Ambetter from CeltiCare Health's commercial behavioral health network for the delivery of these services. These services may be subject to prior authorization from Ambetter from CeltiCare Health.

Bariatric Surgery: Bariatric surgeries include procedures that promote weight loss for the treatment of morbid obesity. Bariatric surgery is covered by Ambetter from CeltiCare Health when prior authorized and determined to be medically necessary.

Cardiac Rehabilitation: Outpatient cardiac rehabilitation is covered when it is prescribed by a physician within 12 months of the date you are diagnosed with cardiovascular disease or of a cardiac event, and is provided by a participating provider. Services covered include Phase II (outpatient convalescent phase of the rehabilitation program following hospital discharge) and Phase III (outpatient phase of the program that addresses multiple risk reduction, adjustment to illness and therapeutic exercise). There are no day or dollar limits associated with this service.

Chiropractic Care: Medically necessary chiropractic care is covered. Coverage includes diagnostic lab tests, X-rays (not including MRIs), CT scans and other imaging tests. Coverage also includes outpatient medical care services, including spinal manipulation.

Cleft Lip and Cleft Palate: Repair and treatment of a cleft lip or cleft palate is covered for eligible members under 18. Coverage includes medical, dental, oral and facial surgery, surgical management and follow-up care by oral and plastic surgeons, orthodontic treatment, and structures for orthodontic treatment or prosthetic management therapy, speech therapy, audiology, and nutrition services as deemed medically necessary to the treatment of the cleft lip or cleft palate. Prior authorization is required for all services related to cleft lip and cleft palate repair and treatment.

Clinical Trials for Cancer: Ambetter from CeltiCare Health covers all medically necessary patient care services provided as part of a qualified clinical trial to treat cancer in accordance with the Commonwealth of Massachusetts mandate. A patient care service is a healthcare item or service that is furnished to an individual enrolled in a qualified clinical trial, which is consistent with the usual and customary standard of care for someone with the patient's diagnosis, is consistent with the study protocol for the clinical trial, and would be covered if the patient did not participate in the clinical trial. Patient care services associated with clinical trials may require prior authorization.

Dental – Emergency Services: Ambetter from CeltiCare Health covers emergency dental services related to traumatic injury to sound, natural and permanent teeth caused by a source external to the mouth, AND the emergency services are provided by a physician in a hospital emergency room or operating room within 48 hours of the injury. Emergent/emergency services covered include X-rays and emergency oral surgery related to the repair of damaged tissues and/or the repositioning of displaced or fractured teeth.

Diabetic Service and Supplies: Medically necessary services and supplies used in the treatment of diabetes are covered when prescribed by and obtained by a participating provider and/or when necessary, with prior authorization from Ambetter from CeltiCare Health. Covered services and supplies include, but are not limited to, exams including

podiatric exams; routine foot care such as trimming of nails and corns; laboratory and radiological diagnostic testing; self-management equipment and medical supplies such as urine and/or ketone strips, blood glucose monitor supplies (glucose strips) for the device and syringes or needles; orthotics and diabetic shoes; urinary protein/micro albumin and lipid profiles; educational health and nutritional counseling for self-management, eye examinations, and prescription medication. Please refer to the *Pharmacy* section of this manual to learn how to access our Preferred Drug List (PDL), where you will find complete information on coverage for insulin pens, insulin, oral medications and other diabetic supplies. Your provider may need to obtain prior authorization from Ambetter from CeltiCare Health for certain durable medical equipment (DME) or orthotic and prosthetic devices and procedures, diagnostic testing and services.

Diagnostic X-Rays and Imaging: Medically necessary diagnostic X-rays are covered. High-tech imaging studies, such as Magnetic Resonance Imaging (MRI), Computerized Axial Tomography (CT), Positron Emission Tomography (PET) and Nuclear Cardiology scans require prior authorization.

Dialysis: Dialysis performed at a hospital, a community health center or a free-standing dialysis facility, is covered when provided by a participating provider. Coverage also includes home dialysis when furnished under the direction of a participating provider. Coverage includes all related medical supplies, equipment and services. Coverage for home dialysis includes: non-durable medical supplies (such as dialysis membrane and solution, tubing, and drugs that are needed during dialysis); the cost to install dialysis equipment in the member's home and to maintain or fix the dialysis equipment. When peritoneal dialysis is performed in the home, coverage is provided for the supplies; coverage is not provided for the cost of a person to assist with your dialysis, or the cost for power, water or waste disposal systems.

If you are planning on traveling temporarily out of the area, Ambetter from CeltiCare Health will cover up to 30 days for out-of-service area dialysis. Your provider must obtain prior authorization from Ambetter from CeltiCare Health for these services. Regardless of your age, if you are receiving dialysis or have received a kidney transplant, you may be eligible for Medicare. To obtain information, you may contact the Social Security Administration at 1-800-772-1213.

Durable Medical Equipment (DME) and Supplies: Ambetter from CeltiCare Health covers DME and supplies (including oxygen and respiratory equipment and supplies), which are:

- Made primarily to serve a medical purpose
- Able to stand repeated use
- Not generally useful in the absence of illness or injury
- Appropriate for home use
- Reasonable and necessary to sustain a minimum threshold of independent living

Authorization must be obtained by Ambetter from CeltiCare Health for the rental, purchase, replacement, and/or repair (less any applicable copayments, deductibles or co-insurance). If Ambetter from CeltiCare Health determines that less costly DME exists to meet your needs, you may be responsible for costs above and beyond the amount for the less costly device. Certain DME requires prior authorization from Ambetter from CeltiCare Health by your provider.

DME ordered for a member as part of an authorized home healthcare plan is restricted to equipment that is specifically related to the illness or injury for which the skilled home care plan is required and which is integral to the skilled home health plan of care. DME needed beyond the authorized home healthcare plan of care, or that is received after the authorized home care date span, and exceeds the benefit, is the responsibility of the member.

The following diabetic supplies are accessible through your DME benefit (there is no benefit limit for these diabetic supplies):

- Voice synthesizers
- Glucose monitors
- Visual magnifying aids
- Insulin pumps
- Insulin pump supplies

Early Intervention Services: Ambetter from CeltiCare Health covers all medically necessary care related to early intervention services, including occupational, physical and speech therapy, nursing care and psychological counseling, delivered by certified early intervention specialists, for dependents — from birth until their third (3rd) birthday. There is no maximum benefit for early intervention services, and no copayments, co-insurance or deductibles are required.

Emergency Services: Ambetter from CeltiCare Health covers all medically necessary medical care related to an emergency medical or mental health condition without authorization or referral (less any applicable copayments, the deductible or co-insurance). For further information on emergency services, please refer to the Emergency Services section of this manual.

Extended Care, Skilled Nursing, Acute Rehabilitation, and Chronic Care: Care in an extended facility is covered when medically necessary for up to the day limits outlined in your *Schedule of Benefits* (less any applicable copayments, the deductible or co-insurance). The extended care facility is required to obtain authorization from Ambetter from CeltiCare Health prior to the admission.

Family Planning Services: Family planning services include care, counseling, medical and surgical supplies, and services related to the prevention of conception. These services include:

- Birth control counseling
- Education about family planning
- Examination
- Treatment
- Laboratory examinations and tests
- Medically approved methods and procedures
- Pharmacy supplies and devices
- Sterilization, including tubal ligation and vasectomy

Ambetter from CeltiCare Health covers the following family planning services from a participating physician (PCP, obstetrician or gynecologist), nurse practitioner or certified nurse midwife:

- Routine medical exams
- Diagnostic tests and pregnancy testing
- Birth control counseling
- Genetic counseling
- Prescription contraceptive methods approved by the United States Food and Drug Administration (FDA), including birth control drugs, IUDs, diaphragms, cervical caps, insertion or removal of a levonorgestrel implant system and injection of birth control drugs
- Non-prescription contraceptives when given to you by a participating provider during an office visit

Under your Ambetter from CeltiCare Health prescription drug benefit, prescription contraceptives, such as birth control pills and patches are covered.

Note: You may have to pay a prescription drug copayment for certain prescription contraceptives applicable to your specific plan benefit description. For additional information on prescription drugs, refer to the Pharmacy section of this manual. The copayment for office visits is waived when you have a diagnosis related to family planning.

The following services **are not considered** family planning related services:

- Abortion
- Reversal of voluntary sterilization
- Infertility services (any services, supplies or drugs related to the diagnosis or treatment of infertility)
- Services or fees related to using a surrogate to achieve pregnancy
- Birth control devices, agents or preparations that, by law, do not require a prescription (except when given to you by a participating provider during an office visit)

Gender Identity: Ambetter from CeltiCare Health covers gender identity or gender dysphoria-related treatments, including sexual re-assignment surgery (sex change or reversal of a sex change) and all related drugs and procedures.

Habilitation Services and Devices: Ambetter from CeltiCare Health covers health care services and devices that help a person keep, learn or improve skills and functioning for daily living. Examples of covered services include physical, occupational and speech therapies, developmental services and durable medical equipment for developmental delay, developmental disability, developmental speech or language disorder, developmental coordination disorder and mixed developmental disorder.

Hearing Aids for Children: Ambetter from CeltiCare Health covers the full cost of one (1) hearing aid per hearing impaired ear for members who are 21 years of age or younger, every 36 months, with a written statement from the treating physician that the hearing aids are medically necessary. Coverage includes all related services prescribed by a licensed audiologist or hearing instrument specialist, including the hearing aid, evaluation, fitting, adjustments and medical supplies, including ear molds. Prior authorization is required for all services related to hearing aids for children. Coverage is limited to $2,000 for one hearing aid for each hearing impaired ear for members 21 years of age or younger.

Home Healthcare: Home healthcare nursing and other therapeutic services are covered in your place of residence (including a homeless shelter, other temporary residence or a community setting) when:

- A physician certifies that:
    - Service(s) are medically necessary
    - You are homebound and not able to leave your residence, or leaving your residence to receive care and/or services requires substantial efforts
    - Services are part of your individual plan of care, with defined medical goals
- Prior authorization is obtained from Ambetter from CeltiCare Health by your provider

Services covered include skilled nursing, home infusion, physical therapy, occupational therapy, speech therapy, medical social work, nutritionists, home health aide services, durable medical equipment and medical and surgical supplies.
Durable Medical Equipment (DME), provided in conjunction with a home healthcare service, does not apply toward the annual DME benefit limits outlined in the covered services descriptions.

Home healthcare services provided in a hospital, nursing facility, intermediate care facility for the mentally retarded or any other institutional facility providing medical, nursing, rehabilitative or related care are not covered by Ambetter from CeltiCare Health. Homemaker, respite, heavy cleaning or household repairs are not covered home healthcare services.

Hormone Replacement Therapy: Coverage is provided for outpatient services for peri- and post-menopausal women, including outpatient prescription drugs or devices which have been approved by the United States Food and Drug Administration (FDA) under the same terms and conditions as for such other prescription drugs or devices.

Hospice: Hospice is a coordinated, integrated program developed by a multi-disciplinary team of professionals to provide end-of-life care, which is primarily focused on relieving pain *and* symptoms specifically related to the terminally ill diagnosis of members with a life expectancy of six (6) months or less. Most Hospice services are provided at home by a licensed certified Hospice provider, under the direction of an attending physician, who may be the member's primary care physician or the Hospice medical director. Hospice services are provided under a plan of care designed by the multi-disciplinary team to meet the needs of members who are terminally ill, as well as their families.

Hospice services include skilled nursing, homemaker and home health aide services, physician services, physical, occupational and speech therapy, medical social services, volunteer services, nutritional, spiritual, psychosocial/supportive services and bereavement counseling. Hospice includes drugs and biologicals (medical products made from natural sources, such as vaccines, blood and blood products, human cells and tissues, etc.) related to the management of the terminal illness, to relieve pain, provide hydration and to deliver enterals as a primary source of nutrition. Durable

medical equipment and medical supplies are also included in Hospice when related to the management of the terminal illness.

To receive coverage for Hospice, requirements include, but are not limited to, the following:

- A physician must submit written documentation that the member is terminally ill and has a life expectancy of six (6) months or less, and is no longer seeking curative treatment for their terminal diagnosis
- Prior authorization has been obtained from Ambetter from CeltiCare Health for services to be delivered through a contracted Hospice provider

Hospital Admissions and Stays for Acute Medical and/or Surgical Care: Ambetter from CeltiCare Health covers medically necessary admissions and hospital stays in a licensed hospital, so long as the care and services received are covered services and medically necessary (less any applicable copayments, the deductible or co-insurance). Certain admissions require your provider or the facility to obtain prior authorization from Ambetter from CeltiCare Health; all elective or scheduled admissions require prior authorization from Ambetter from CeltiCare Health by your provider before admission.

Hypodermic Syringes or Needles: Ambetter from CeltiCare Health covers medically necessary hypodermic syringes or needles. Refer to the Preferred Drug List (PDL) for your plan benefit.

Imaging: Diagnostic imaging, such as CT/PET scans and MRIs, are covered when the service is prior authorized and the service is performed by a participating provider.

Immunizations and Vaccinations: Medically necessary immunizations and vaccinations are covered when provided by a participating provider.

Infertility Treatment: Coverage is provided for the diagnosis and treatment of infertility, including, but not limited to, diagnostic procedures or testing; FDA-approved oral and injectable medications; artificial insemination; egg and inseminated egg procurement and placement; in-vitro fertilization; gamete or zygote intra-fallopian transfers; intracytoplasmic sperm injection; sperm and egg cryopreservation, preparation or thawing, assisted hatching, evaluation or storage; banking of sperm or inseminated eggs while the member is under active infertility treatment. Infertility treatment requires prior authorization from Ambetter from CeltiCare Health.

Inpatient Hospital Services: Coverage is provided for costs associated with the services received as part of a hospital stay of at least one night. Coverage is provided for physician and surgical costs associated with procedures performed as part of a hospital stay of at least one night. Observation stays are not considered part of an inpatient hospital stay.

Laboratory Services: Ambetter from CeltiCare Health covers medically necessary diagnostic testing in an office, outpatient hospital or independent diagnostic or laboratory facility (less any applicable copayments, the deductible or co-insurance). Certain diagnostic tests require your provider to obtain prior authorization before services are rendered, such as breast, ovarian, colorectal or melanoma genetic testing.

Maternity Services: Ambetter from CeltiCare Health covers outpatient and inpatient pre- and post-partum care, including exams, prenatal diagnosis of genetic disorders, laboratory and radiology diagnostic testing, health education, nutritional counseling, risk assessment, childbirth classes and hospital stays for delivery or other medically necessary reasons (less any applicable copayments, the deductible or co-insurance). This does not include costs that are associated with achieving pregnancy through surrogacy (having a gestational carrier), or costs associated with a planned home birth. Certain prenatal genetic tests may require prior authorization.

An inpatient stay is covered for at least 48 hours following a vaginal delivery, and for at least 96 hours following a Caesarean delivery. Ambetter from CeltiCare Health also covers one home healthcare visit following your delivery by a registered nurse, physician, nurse midwife, nurse practitioner or physician assistant, and additional home healthcare visits if medically necessary. Other maternity benefits include parent education, assistance, training in breast or bottle feeding, and the performance of any necessary and appropriate clinical tests.

Prenatal and Postnatal Care: Ambetter from CeltiCare Health covers the costs associated with prenatal and postnatal treatment, services, and medical and surgical supplies. Medical care is provided for any female member, and services must be provided by a participating provider. This does not include costs that are associated with achieving pregnancy through surrogacy (having a gestational carrier).

Coverage includes:

- Semi-private room and board and medical services during the time the mother is an inpatient in a hospital
- Nursery charges for the newborn
- An inpatient stay that is no less than 48 hours for a vaginal delivery and 96 hours for a Caesarean Section
- Delivery of one, or more than one baby
- Prenatal and postnatal medical care provided by a physician or nurse midwife
- Pediatrician charges when one has been requested to attend the delivery due to suspected complications
- Childbirth classes (which must be paid by you in advance, and then will be reimbursed by Ambetter from CeltiCare Health)

NOTE: No benefits are provided for home births, except for an emergency or unplanned delivery that occurs at home prior to being admitted to a hospital or for maternity services furnished outside of Massachusetts.

Medical Formulas: Non-prescription enteral formula, special medical formulas or low-protein food products are covered when ordered by your physician, when they are medically necessary and when prior authorized by Ambetter from CeltiCare Health:

- Malabsorption caused by Crohn's disease, ulcerative colitis, gastro esophageal reflux, gastrointestinal motility or chronic intestinal pseudo-obstruction
- Inherited diseases of amino acids and organic acids
- Phenylketonuria, tyrosinemia, homocystinuria, maple syrup urine disease, propionic acidemia or methylmalonic academia
- Pregnant women with phenylketonuria

Medical Supplies: Ambetter from CeltiCare Health covers the cost of certain types of medical supplies. You must obtain these from a participating provider. Certain medical supplies may require prior authorization from Ambetter from CeltiCare Health by your provider. Medical supplies include:

- Ostomy supplies
- Tracheostomy supplies
- Catheter supplies
- Oxygen supplies
- Supplies for insulin pumps

Mental Health: See Behavioral Health Services section.

Neuropsychological Assessment and Psychological Testing Services: These services may be provided by a behavioral health provider with prior authorization.

Newborn/Dependent Care: Care and treatment of medically diagnosed congenital defects, birth abnormalities or premature birth are covered for the first 96 hours. After 96 hours, coverage continues for enrolled newborns.

Nutritional Counseling: Medical nutritional counseling is counseling services to prevent and treat illnesses by promoting healthy eating habits, scientifically evaluating your diet and making suggestions for diet modification. Nutritional screening helps to identify if you are at risk and offer preventive or therapeutic dietary therapy to produce a positive result in the role nutrition plays in improving health outcomes. Nutritional counseling is covered for chronic disease states in which dietary adjustment has a therapeutic role, when it is prescribed by your physician and furnished by a participating provider. Nutritional counseling services provided in a home healthcare setting require prior authorization from Ambetter from CeltiCare Health.

Off-Label Uses of Prescription Drugs for Cancer and HIV/AIDS: Ambetter from CeltiCare Health will cover drugs for the treatment of cancer or HIV/AIDS:

- when the off-label use of the drug has not been approved by the FDA for that indication
- if the drug is recognized for treatment of the condition in one of the standard reference compendia, in the medical literature or by the Commissioner of the Division of Insurance (unless contraindicated by the FDA for the treatment of the condition it will be used. Your provider is required to obtain prior authorization from Ambetter from CeltiCare Health for the off-label use of drugs for cancer and HIV/AIDS treatment)

Your provider is required to obtain prior authorization from Ambetter from CeltiCare Health for the off-label use of drugs for cancer and HIV/AIDS treatment.

Office Visits: Office visits to see your participating Ambetter from CeltiCare Health Primary Care Provider (PCP), specialist, nurse or physician assistant is covered (less any applicable copayments, the deductible or co-insurance). Your PCP may need to obtain prior authorization from Ambetter from CeltiCare Health for office visits or services by certain specialist providers prior to the visit or services being rendered.

Oral Chemotherapy: Coverage is provided for prescribed, orally administered chemotherapy that kills or slows the growth of cancer in a manner not less favorable than coverage for intravenous chemotherapy. Prior authorization is required, except when prescribed by an oncologist.

Orthotics: Non-dental braces and other mechanical or molded devices are covered by Ambetter from CeltiCare Health when medically necessary to support or correct any defects of form or function of the human body due to surgery, disease or injury. Arch supports, shoe inserts, and therapeutic and molded shoes (not attached to a brace), and inserts are covered for diabetics only, and must be prescribed by a participating podiatrist or other qualified provider; and furnished by a participating podiatrist, orthotist, prosthetist or pedorthist. Certain orthotic devices require prior authorization from Ambetter from CeltiCare Health before receiving related orthotic services. Orthotics are covered (less any applicable copayments, the deductible or co-insurance).

Outpatient Facility: Treatments that occur at a medical facility, such as an ambulatory surgery center, when the member is treated but is not a registered bed patient, are covered. This does not include removal of wisdom teeth — whether or not they are embedded in the bone.

Outpatient Surgery Physician/Surgical Services: Covered treatments that occur at a medical facility and are performed by a participating surgeon, physician or medical

professionals providing surgical services are covered. This does not include removal of wisdom teeth — whether or not they are embedded in the bone.

Pediatric Dental Services: Ambetter from CeltiCare Health covers one complete initial oral exam, periodic oral exams (two per 12 month period), tooth cleanings (two per 12 month period), x-rays, fluoride treatments (two per 12 month period), sealants, root canal treatments, space maintainers, oral surgery, anesthesia, crowns, fillings, preventative and diagnostic services, basic covered services, and major restorative services provided by a dentist for an eligible child under the age of 19 who is a covered person. Orthodontia is excluded, other than medically necessary orthodontia.

Members will be allowed to obtain any covered pediatric dental services from any licensed dental provided located in Massachusetts, members should expect to pay the total amount of the covered services and file a claim with Ambetter of CeltiCare for reimbursement. The claims forms and appropriate instructions are located on the Ambetter website or may be obtained by calling member services at 1- 877-687-1186. Covered services will be based on billed amounts less any applicable cost sharing. Please refer to your schedule of benefits for more details regarding covered services and applicable cost sharing.

Pediatric Specialty Services: Ambetter from CeltiCare Health covers pediatric specialty care services when provided by an Ambetter from CeltiCare Health network provider who has expertise in specialty pediatrics.

Podiatry: Ambetter from CeltiCare Health covers non-routine podiatry care, service, treatment and/or procedures from a participating physician or podiatrist. Routine foot care is only covered for members with systemic circulatory disease (such as diabetes). This coverage includes: *diagnostic lab tests*; diagnostic x-rays; surgery and necessary

postoperative care; and other *medically necessary* foot care such as treatment for hammertoe and osteoarthritis.

Prescription Drugs: Costs for prescription medications are covered, including generic drugs, preferred brand drugs, non-preferred brand drugs and specialty drugs with specific guidelines, as explained in the *Pharmacy* section of this manual. Drugs that are considered experimental are not included. See the *Pharmacy* section for more details.

Preventive and Primary Healthcare Services for Children: Ambetter from CeltiCare Health covers immunizations and preventive services that are medically necessary, based on the recommendations made by the Advisory Committee on Immunization Practices (ACIP) and the Massachusetts Health Quality Partners (MHQP). The following services are covered for an enrolled child from the date of birth through six (6) years of age:

- Physical exam, history, measurement, sensory screening, neuropsychiatric evaluation and development screening and assessment at the following intervals:
    - Six (6) times during the child's first (1st) year after birth
    - Three (3) times during the next year
    - Annually until age six (6)
- Hereditary and metabolic screening at birth
- Newborn hearing screening test prior to discharge from the hospital or birthing center
- Immunizations, tuberculin tests, hematocrit, hemoglobin, blood lead screening or other blood tests and urinalysis as recommended by the physician

You can find a list of all children's preventive healthcare services that Ambetter from CeltiCare Health covers at Ambetter.CeltiCareHealthPlan.com.

Preventive Healthcare Services: Routine exams and services, performed by your participating primary care, obstetric, family, nurse practitioner or other participating healthcare professional to keep you healthy, are covered by Ambetter from CeltiCare Health. There are no copayments for preventive healthcare services, which include, but are not limited to, general health and/or annual gynecological exams, immunizations, laboratory and radiology diagnostic testing, hearing exam and/or screening, cytologic (PAP smear) screening, health education, nutritional counseling and mammography (at least a baseline mammogram for women between the ages of 35 and 40; a mammogram on an annual basis for women 40 years of age and older). Adult preventive healthcare visits are limited to one (1) visit during the benefit year. Ambetter from CeltiCare Health covers immunizations and preventive services that are medically necessary, based on the recommendations made by the Advisory Committee on Immunization Practices (ACIP) and the Massachusetts Health Quality Partners (MHQP). You can find a list of all adult preventive healthcare services Ambetter from CeltiCare Health covers at Ambetter.CeltiCareHealthPlan.com.

Prosthetic Devices: Ambetter from CeltiCare Health covers prosthetic devices, such as breast prosthesis and artificial limb devices to replace, in whole or in part, an arm or a leg, including evaluation, fabrication and fitting from a participating provider when prior authorized by Ambetter from CeltiCare Health. Scalp hair prosthetics (wigs) worn for hair loss suffered as a result of the treatment of any form of cancer or leukemia are covered. Coverage is provided for scalp hair prosthesis based on medical necessity and when prior authorized by Ambetter from CeltiCare Health.

Psychopharmacological Services: This benefit will be covered in a manner identical to all other medical services.

Radiation and Chemotherapy: Radiation and/or chemotherapy are covered when services are provided by an Ambetter from CeltiCare Health participating provider.

Certain radiation and chemotherapy treatments may require prior authorization by Ambetter from CeltiCare Health before treatment.

Radiology Services: Ambetter from CeltiCare Health covers medically necessary diagnostic testing in an office, outpatient hospital or independent diagnostic radiology facility (less any applicable copayments, the deductible or co-insurance). Radiology services performed for preventive purposes have no deductibles, copayments or co-insurance. Certain high-tech diagnostic imaging procedures, such as CT, MRI, PET and Nuclear Cardiac scans, require your provider to obtain authorization from Ambetter from CeltiCare Health prior to the services being rendered.

Reconstructive Surgery: Coverage is provided for surgeries meant to improve or give you back bodily function or to correct a functional physical impairment that was caused by: a birth defect; a prior surgical procedure or disease; or an accidental injury. It also includes surgery that is done to correct a deformity or disfigurement that was caused by an accidental injury.

Respiratory Therapy Services: Coverage is provided when furnished by an in-network provider. Some examples are: Postural drainage and chest percussion.

Skilled Nursing Services: Coverage is provided for medically necessary inpatient treatment, services and medical and surgical supplies received at a skilled nursing facility up to 100 days per benefit year when prior authorized by Ambetter from CeltiCare Health.

Speech-Language and Hearing Disorder Services: The plan covers diagnosis and treatment of speech, hearing and language disorders when determined medically necessary by Ambetter from CeltiCare Health and provided by participating speech-language pathologists and audiologists. This coverage includes: diagnostic tests,

including hearing exams and tests; speech/language therapy; and medical care to diagnose or treat speech, hearing and language disorders.. No benefits are provided when these services are furnished in a school-based setting. Speech-language and hearing disorder services require prior authorization by Ambetter from CeltiCare Health.

Substance Abuse Services: See the Behavioral Health Services section.

Surgery: Ambetter from CeltiCare Health covers medically necessary surgery performed in an office, hospital or ambulatory surgery center (less any applicable copayments, the deductible or co-insurance). Cosmetic surgery is only covered if the surgery is required to restore bodily function, or to correct a functional physical impairment following an accidental injury, prior surgical procedure or congenital/birth defect. Certain surgical procedures may require authorization prior to the service being performed, including, but not limited to, an elective surgery performed at a hospital as an inpatient; surgery at or by a non-participating provider; surgical procedures which are potentially cosmetic, such as blepharoplasty, breast reconstruction, breast reduction, mastectomy for gynecomastia, treatment of varicose veins; other surgeries such as transplants and bariatric surgery. For additional information regarding authorization, please refer to the Prior Authorization section of this manual.

Telemedicine: Diagnosis, consultation or treatment done through remote communications are covered and subject to the same prior authorization requirements as any other medically necessary office visit.

Therapy – Outpatient Physical and Occupational: Ambetter from CeltiCare Health covers short-term physical and occupational therapy in an office, outpatient hospital or free-standing outpatient rehabilitation facility when received through a participating provider and authorization is obtained from Ambetter from CeltiCare Health by your treating provider. Physical therapy and occupational therapy have a combined benefit

limit of 60 visits per benefit year. Covered therapy services include diagnostic evaluation and therapeutic intervention that are designed to improve, develop, correct, rehabilitate or prevent the worsening of functions that have been lost, impaired or reduced as a result of acute or chronic medical conditions, congenital anomalies or injuries.

TMJ Syndrome: Coverage for the treatment of TMJ is provided when diagnostic X-rays or imaging, such as an MRI, support the diagnosis of TMJ. Services related to the diagnosis and treatment of TMJ may require prior authorization by Ambetter from CeltiCare Health.

Tobacco Cessation: Ambetter from CeltiCare Health provides a tobacco cessation program that includes individual telephonic coaching support, educational materials and nicotine supplement coverage. Coverage is also provided for face-to-face counseling services provided by an Ambetter from CeltiCare Health network provider. Members will be considered eligible for the program if they are currently using tobacco in any form and willing to set a quit date within 30 days of enrolling in the program. Members can self-refer to the program, be referred by a provider, or be recommended by a case manager or other health plan program. When prescribed by your doctor, tobacco cessation coverage includes prescription medications such as Chantix (when approved by Ambetter from CeltiCare Health), Zyban, nicotine inhalers and nicotine nasal sprays. Over-the-counter nicotine replacement patches, gums and lozenges are covered without prior approval.

For more information on Ambetter from CeltiCare Health's tobacco cessation program, or to enroll, contact Ambetter from CeltiCare Health at 1-877-687-1186.

Transplant: Non-experimental human organ and stem cell transplants, including bone marrow transplants or transplants for persons who have been diagnosed with metastatic breast cancer, are covered when the specific transplant criteria has been met, Ambetter

from CeltiCare Health has authorized the transplant in advance, and the transplant is provided by a participating provider or a provider approved in advance by Ambetter from CeltiCare Health. Covered transplant services include:

- Recipient transplant evaluation and diagnostic testing
- Human leukocyte antigen testing or histocompatibility locus antigen testing that is necessary to establish a member's bone marrow transplant donor suitability, including the costs of testing for A, B or DR antigens, or any combination thereof, consistent with rules, regulations and criteria established by the department of public health
- Recipient transplant and care
- Donor search costs incurred within an established organ donor registry
- Donor costs if the costs are not covered by other insurance (including donor evaluation, donor preparation, and donor surgery and recovery)

Urgent Care: Medically necessary treatment with a participating provider is covered.

EXCLUDED BENEFITS

Services NOT Covered

The following are examples of excluded services and benefits; this is not intended to be an exhaustive list:

Non-Covered Services	Description
Acupuncture	Benefit coverage is not provided for acupuncture unless authorized as part of a substance abuse program.
Alternative Medicine	Benefit coverage is not provided for alternative medicine, including, but not limited to, homeopathy, naturopathy, traditional Chinese medicine and Ayurveda.
Benefits from Another Source	Benefit coverage is not provided for services and supplies to treat an illness or injury for which you have the right to benefits under other government programs. These include services from: the Veterans Administration for an illness or injury connected to military service; schools; or programs set up by other local, state, federal or foreign laws or regulations that provide or pay for healthcare services and supplies, or that require care or treatment to be furnished in a public facility. No benefit coverage is provided if you could have received governmental benefits by applying for them on time. Additionally, no benefit coverage is provided for services which payment is required to be paid by a Workers' Compensation plan or an employer under state or federal law.
Biofeedback	Benefit coverage is not provided for biofeedback unless authorized for urinary incontinence.
Cosmetic Services and Procedures	No benefit coverage is provided for cosmetic surgery *unless* required to restore bodily function or correct a functional physical impairment following an accidental injury, prior surgical procedure or congenital/birth

Non-Covered Services	Description
	defect.
Custodial and Personal Care Services	Benefit coverage is not provided for care that is furnished mainly to help a person with activities of daily living and does not require day-to-day attention by medically trained persons.
Educational Evaluation, Testing and Treatment Services	Benefit coverage is not provided for educational testing and evaluations.
Excluded Service Locations	Benefit coverage is not provided for services provided to enrollees in jail, prison, a correctional or custodial facility, or in long-term residential treatment.
Exams and Services Required by a Third Party	Benefit coverage is not provided for physical, psychiatric and psychological examinations, drug testing or other testing or services required by a third party, including, but not limited to, employment, insurance, licensing, recreational or sport activities, and court-ordered or school-ordered exams.
Exercise Equipment and Supplies	Benefit coverage is not provided for charges related to the use, rental or purchase of exercise equipment and devices or related supplies.
Experimental or Investigational Procedures and Related Services	Benefit coverage is not provided for healthcare services that are received for or related to care that is determined by Ambetter from CeltiCare Health to be an experimental or investigational service or procedure.

Non-Covered Services	Description
Foot Care	Benefit coverage is not provided for routine foot care services except for diabetics.
Hypnotherapy and Hypnosis	Benefit coverage is not provided for hypnotherapy or hypnosis.
Lodging and Transportation	Benefit coverage is not provided for lodging and non-emergency or unauthorized transportation associated with receiving medical services.
Long-Term Nursing Home Care	Benefit coverage is not provided for long-term or custodial nursing home care.
Massage and Aqua Therapy	Benefit coverage is not provided for massage or relaxation therapy. Aqua therapy is not covered in group sessions or via programs offered at health clubs, gyms, sports clubs, related physical fitness facilities or provided by a personal trainer.
Maternity Services Outside of the Ambetter from CeltiCare Health Service Area	Benefit coverage is not provided for routine maternity services, including prenatal and postpartum care, when you are traveling outside of the Ambetter from CeltiCare Health service area, unless prior authorization has been obtained from Ambetter from CeltiCare Health before services are delivered. Home births that are planned are not covered.
Non-Emergency Care When Traveling Outside the U.S.	Benefit coverage is not provided for any medical treatment or supplies that are provided to you outside the United States unless that treatment or those supplies are provided as part of emergency services.
Non-Participating	Benefit coverage is not provided for services provided by a non-participating provider except those provided due to an emergency

Non-Covered Services	Description
Providers	medical or behavioral health condition, or those prior authorized by Ambetter from CeltiCare Health.
Orthodontics	Benefit coverage is not provided for the prevention or correction of abnormally positioned or aligned teeth.
Other Non-Covered Services	Benefit coverage is not provided for: • Any service or supply that is not described as a covered benefit for your plan type • Any service or supply that is not medically necessary, except voluntary termination of pregnancy, voluntary sterilization, prescription contraceptive medications and preventive health services • A provider's charge for shipping and handling or taxes • A provider's charge to file a claim • A provider's charge for copies of your medical records • Medications, devices, treatments and procedures that have not been demonstrated to be medically effective • Services to accommodate your religious preference; to improve athletic performance; to promote a desired lifestyle; or to improve your appearance or your feelings about your appearance • Services for which there would be no charge in the absence of insurance • Special equipment needed for sports or job purposes • Services or supplies provided by an immediate family member • Services related to, or provided in conjunction with, a non-covered service, such as professional fees, medical equipment, medications and facility charges

Non-Covered Services	Description
	• Services received when not enrolled with Ambetter from CeltiCare Health • Services that can safely and effectively be obtained in a less intensive setting, level of care or for which a more cost-effective alternative exists • Services received outside the service area except as specifically described in this policy • Services provided by non-participating providers, except as specifically allowed in this policy • Services that do not conform to Ambetter from CeltiCare Health's clinical review criteria and guidelines
Personal Comfort and Convenience Items or Services	Benefit coverage is not provided for personal comfort or convenience items or services that are furnished for your personal care or for the convenience of your family. The following items are generally deemed as personal comfort or convenience items: • Air conditioners • Air purifiers • Bath/bathing equipment such as aqua massagers and turbo jets • Bed lifters that are not primarily medical in nature • Beds and mattresses and non-hospital-type adjustable beds • Chair lifts • Computers and/or computer software • Computerized communication devices • Cushions, pads and pillows, except those described as covered • Dehumidifiers • Elevators

Non-Covered Services	Description
	• Electronic or myoelectronic limbs • Heating pads and/or hot water bottles • Home-type bed baths requiring installation • Hospital beds in full, queen and king sizes • Hygienic equipment that does not serve a primary medical purpose • Non-medical equipment otherwise available to the member that does not serve a primary medical purpose • Private room charges greater than the rate for a semi-private room, except when a private room is medically necessary • Pulse tachometers • Replacement or repair of durable medical equipment, or prosthetic or orthotic devices due to loss, intentional damage, negligence or theft • Room humidifiers • Spare or back-up equipment • Special clothing, except medically necessary equipment or devices such as gradient pressure support aids, mastectomy bras, stump socks and therapeutic molded shoes for diabetic foot disease • Whirlpool equipment generally used for soothing or comfort measures • Telephones, radios and televisions • Home-monitoring or medical alert systems
Pre-Implantation Genetic Testing	Benefit coverage is not provided for pre-implantation genetic testing or related services performed on gametes or embryos.
Private Duty Services	Benefit coverage is not provided for private duty services, including, but not limited to, those provided by a nurse (licensed professional nurse or

Non-Covered Services	Description
	registered nurse), nursing assistant, nursing aid, private care attendant or personal care attendant.
Refractive Eye Surgery	Benefit coverage is not provided for eye surgery, including, but not limited to, laser surgery, radial keratotomy, and orthokeratology, to treat conditions such as myopia, hyperopia and astigmatism, which can be corrected by non-surgical means.
Respite Care	Benefit coverage is not provided for respite care, except when provided as part of a hospice program prior authorized by Ambetter from CeltiCare Health.
Reversal of Voluntary Sterilization	Benefit coverage is not provided for the reversal of any voluntary sterilization procedure.
Self-Monitoring Devices	Benefit coverage is not provided for self-monitoring devices, including personal medical response systems, except blood glucose monitoring devices for members with diabetes (insulin-dependent or non-insulin-dependent) and gestational diabetes. Benefit coverage is not provided for peak flow meters used in the monitoring of asthma control.
Snoring Treatments and Procedures	Benefit coverage is not provided for the treatment or reduction of snoring, such as laser-assisted uvulopalatoplasty, somnoplasty and snore guards.

If you have questions about any of these services, call us. We can be reached at 1-877-687-1186 (TDD/TTY 1-877-941-9234). A Member Services representative will help you understand your 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 for your health questions and concerns. Ambetter from CeltiCare Health believes that seeing your PCP is important. When you enroll with Ambetter, you must choose a PCP. This is the doctor you see on a regular basis to take care of your basic medical needs. You should receive all of your basic medical care from your PCP. You can call your PCP when you are sick and do not know what to do. 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 doctor for regular checkups helps you find problems early. Your PCP should provide all of your primary care.

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
- Give you regular physical exams as needed
- Provide preventive care visits
- Conduct 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

Choosing Your PCP

Ambetter offers members the 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 to a PCP. The Ambetter Provider Directory is available online at Ambetter.CeltiCareHealthPlan.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.

As an Ambetter member, you have freedom to choose any participating Ambetter family practice, general practitioner, internal medicine, nurse practitioner or physician assistant for your PCP. Female members may choose a participating obstetrician/gynecologist (OB/GYN), and child members may choose a pediatrician as a PCP. Should you receive services from a nurse practitioner, your benefit coverage and copayment amounts are the same as the coverage and copayments listed for services provided by other participating providers. Please refer to your specific *Schedule of Benefits* for copayment information.

Once you have selected a PCP, Ambetter recommends that you make an appointment to meet with your doctor right away. This will give you and your doctor a chance to get to know each other. Your doctor can give you medical care, advice and information about your health. To make an appointment with your PCP, you need to call your PCP's office. Remember to take your member ID card and valid picture identification with you every time you go to the doctor's office.

Provider Types That May Serve as PCPs

Providers who may serve as PCPs include family practitioners, general practitioners, pediatricians, internists, OB-GYNs, nurse practitioners and physician assistants.

TIP: If you want to know more about the PCP you would like to select, please call Member Services at 1-877-687-1186 (TDD/TTY 1-877-941-9234). You may also see a list of participating providers at Ambetter.CeltiCareHealthPlan.com on the "Find a Provider" page.

Appointments

You should be able to get an appointment with your PCP or specialist in a timely manner.

Appointment Time Frame Standards

Appointment Type	Access Standard
PCP – Urgent Care	Within 48 hours
PCP – Non-Urgent, Symptomatic Care	Within 10 days
PCP – Non-Symptomatic Care	Within 45 calendar days
Specialist – Urgent Care	Within 48 hours
Specialist – Non-Urgent, Symptomatic Care	Within 30 calendar days
Specialist – Non-Symptomatic Care	Within 60 calendar days
Behavioral Health Emergency Services	Immediately — on a 24 hour basis, 7 days a week
Behavioral Health Urgent Services	Within 48 hours
All Other Behavioral Services	Within 14 calendar days
Emergency Providers — Emergency Services (without regard to in-network or out-of-network status of the provider)	Immediately — on a 24 hour basis, 7 days a week

After-Hours Appointments With Your PCP

You can call your PCP's office for information on receiving care after office hours in your area. 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 1-877-687-1186 (TDD/TTY 1-877-941-9234). If you have an emergency, call 911 or go to the nearest emergency room.

IMPORTANT: If you cannot keep an appointment, please call the provider's office to cancel at least 24 hours in advance. If you need to change an appointment, call the provider'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 1-877-687-1186 (TDD/TTY 1-877-941-9234).

TIP: If you have difficulty getting an appointment with or seeing your provider, please call Member Services at 1-877-687-1186 (TDD/TTY 1-877-941-9234).

TIP: Call Ambetter at 1-877-687-1186 (TDD/TTY 1-877-941-9234) so we can assist you with follow-up care and questions.

Changing Your PCP

If you would like to change your PCP or select a new PCP, visit Ambetter.CeltiCareHealthPlan.com or call Member Services at 1-877-687-1186 (TDD/TTY 1-877-941-9234).

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 1-877-687-1186 (TDD/TTY 1-877-941-9234) as soon as you are aware that your PCP is leaving the Ambetter network so we can help you choose a new PCP. Ambetter will permit you to

continue to be covered for health services, consistent with the terms of the Evidence of Coverage, by the PCP for at least 30 days after the PCP is dis-enrolled.

If you are in your second or third trimester of pregnancy when your PCP is dis-enrolled, you may continue to see your PCP until you have delivered your baby and completed your first postpartum visit, provided that your PCP's dis-enrollment from Ambetter is not for quality-related reasons or fraud. If you are terminally ill, you may continue to see your PCP indefinitely with prior authorization.

If you have been seeing a specialist who dis-enrolls from the Ambetter provider network, please call Member Services at 1-877-687-1186 (TDD/TTY 1-877-941-9234), and we will work with you to ensure your care continues. We will assist you with 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 dis-enrollment notice as payment in full, and to not impose copayments that would exceed your copayments if the provider had not dis-enrolled
- Adhere to Ambetter quality assurance standards and to provide necessary medical information related to your care
- Adhere to Ambetter's policies and procedures, including procedures regarding referrals, authorization requirements and, if applicable, the provision of services pursuant to a treatment plan approved by Ambetter

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, yet you

can’t wait for a routine doctor’s office visit. Only go to the emergency room if your doctor tells you to go or you have a life-threatening emergency.

When you need Urgent Care, follow these steps:

- Call your PCP. Your PCP may give you care and directions over the phone or direct you to the appropriate place for care.
- If it is after-hours and you cannot reach your PCP, call our 24/7 Nurse Advice Line at 1-877-687-1186 (TDD/TTY 1-877-941-9234) and you will be connected to a nurse. Have your Ambetter member ID card number ready. The nurse may help you over the phone or direct you to other care. You may have to give the nurse your phone number. 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 hospital’s emergency room, bring your Ambetter member ID card and picture identification. Ask the doctor to call your PCP or Ambetter. Urgent care is only covered when provided by an in-network provider.

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, it is okay if the hospital does not belong to the Ambetter 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 plan type, copayments may apply for emergency care received in an emergency room.

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

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

TIP: You can also call our 24/7 Nurse Advice Line at 1-877-687-1186 (TDD/TTY 1-877-941-9234) if you are not sure if you have an emergency or not.

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

If you are temporarily out of the area and have a medical or behavioral health emergency, call 911 or go to the nearest emergency room. Be sure to call us and 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. 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 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 copayment and deductible will be the same as if a participating provider provided the service. However, if you fail to obtain 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. Refer to the Emergency Care section of this policy if you need emergency service.

REMINDER: 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.

TIP: If you are not sure if a provider is in the Ambetter network, call Member Services at 1-877-687-1186 (TDD/TTY 1-877-941-9234).

Referrals

You may need to see a certain doctor for specific:

- Medical problems
- Conditions
- Injuries
- Diseases

Though you do not need a referral before seeing a specialist, you may need prior approval for a particular service. Talk to your PCP first. He or she will suggest a specialist in the Ambetter network who can diagnose and/or treat your specific problem. The PCP can also get any prior approvals that may be required. Generally, a specialist will not be able to see you without prior approval from Ambetter from CeltiCare Health.

If you have questions about getting prior approval, call Member Services at 1-877-687-1186.

Some conditions may need ongoing care from a specialist. Ambetter from CeltiCare Health will allow your PCP to give a standing authorization to a specialist in the Ambetter from CeltiCare Health network when:

- The specialist in Ambetter from CeltiCare Health's network agrees to a treatment plan for you
- The specialist provides your PCP with updates on your condition and treatment plan
- The specialist's services to be provided are part of the benefits covered by Ambetter from CeltiCare Health

NOTE: If your specialist refers you to another specialist, your specialist may need to get another prior authorization by Ambetter from CeltiCare Health and your PCP.

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 with no cost share. This way, you can lead a healthy, fulfilling life and stay in charge of your health.

Covered service expenses are expanded to include the charges incurred by a member for the following preventive health services if appropriate for that member in accordance with the following recommendations and guidelines:

1. Evidence based items or services that have in effect a rating of A or B in the current recommendations of the United States Preventive Services Task Force;

2. Immunizations that have in effect a recommendation from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention with respect to an individual;
3. Evidence-informed preventive care and screenings for infants, children, and adolescents, in accordance with comprehensive guidelines supported by the Health Resources and Services Administration;
4. Additional preventive care and screenings not included in (1) above, in accordance with comprehensive guidelines supported by the Health Resources and Services Administration for women;
5. Covers without cost sharing:
    a. Screening for *tobacco use*; and
    b. For those who *use tobacco* products, at least two (2) cessation attempts per year. For this purpose, covering a cessation attempt includes coverage for:
        i. Four (4) tobacco cessation counseling sessions of at least ten (10) minutes each (including telephone counseling, group counseling and individual counseling) without prior authorization; and
        ii. All Food and Drug Administration (FDA) approved tobacco cessation medications (including both prescription and over-the-counter medications) for a 90-day treatment regimen when prescribed by a healthcare provider without prior authorization.

Below is a list of some of the 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 CeltiCare Health network. Use the “Find a Provider” tool on our website to find an Ambetter provider. Services included as part of preventive care are listed below:

<u>For All Adults</u>:

- Annual wellness exams

- Blood pressure screenings
- Cholesterol screenings
- Immunizations and vaccines, like the flu vaccine, as recommended by the Centers 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 CDC
- Newborn screenings, like a hearing screening and a Phenylketonuria (PKU) screening
- Developmental screening for children under three (3)
- Obesity screening and counseling

Please refer to the Ambetter from CeltiCare Health website for a full outline of 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 Centers for Disease Control and Prevention (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 from CeltiCare Health is committed to providing quality healthcare for you and your family. Our primary goal is to provide you with quality healthcare to keep you healthy, make you healthier and help you with any illness or disability.

Care Management

We understand some members have special needs. 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 managing providers to develop a plan of care that meets your needs and the caregiver's needs.

TIP: If you feel that you could benefit from care management services, please call Member Services at 1-877-687-1186 (TDD/TTY 1-877-941-9234).

Disease Management Programs

Ambetter has partnered with a nationally recognized disease management company to provide disease management services to members with chronic conditions. This disease management company provides telephonic outreach, education and support

to help members learn how to better understand their condition, control their condition more effectively and have fewer complications. Ambetter also provides depression management programs to members.

Ambetter offers disease management programs for these conditions:

- Asthma — child and adult
- Coronary Artery Disease (heart disease) — adult only
- Depression
- Diabetes — child and adult
- Hyperlipidemia
- Hypertension (high blood pressure) and high cholesterol
- Low back pain
- Pregnancy
- Tobacco cessation
- TeleCare Management (TCM)

TIP: 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's Tobacco Cessation program is designed for people who have made up their mind and are ready to quit. The program provides you with the support and information you need to quit once and for all.

Family Planning Services

Family planning services are directly related to the prevention of pregnancy. 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 to get your body ready for pregnancy.
- Maintain healthy lifestyle habits. This includes exercising, eating balanced 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 child during your pregnancy. Be sure to visit our website at Ambetter.CeltiCareHealthPlan.com and complete a Notification of Pregnancy Form.

TIP: Please call us at 1-877-687-1186 (TDD/TTY 1-877-941-9234) as soon as you learn you are pregnant.

Pregnancy and Maternity Services

There are things you can do to have a safe pregnancy. See your provider about any medical problems you have such as diabetes and high blood pressure. Do not use tobacco, alcohol or drugs now or while you are pregnant. Ambetter from CeltiCare Health recommends that you see your provider before becoming pregnant if you have experienced the following problems:

- Three (3) or more miscarriages
- Premature birth (this means the baby came before 37 weeks of pregnancy)
- Stillborn baby

If you think you are pregnant, call Member Services.

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 child throughout the pregnancy and infancy. Information will be given by mail and telephone.

Ambetter Wellness Programs

Certain fitness programs qualify for reimbursement. 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.

***Fitness Benefits*:** Ambetter from CeltiCare Health 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 from CeltiCare Health may reimburse a portion, up to 12 months, of your monthly membership dues onto a prepaid rewards card. If you prefer to exercise outdoors, Ambetter from CeltiCare Health will reimburse you for a pair of running shoes.

Exercise Facility: CeltiCare will reimburse members for their monthly membership dues based on the gym or health club they select. If you choose to join a gym or health club, you are not eligible for the running shoe fitness benefit. CeltiCare does not reimburse for annual membership fees, startup fees, costs for club initiation, late fees, or other fees. Members can receive reimbursement for up to 1 full year of monthly membership dues based on the fitness gym or health club they choose. For a complete listing of eligible fitness gyms or health clubs and to determine the reimbursement level, please contact CeltiCare Member Services or visit our website at www.CeltiCareHealthPlan.com. Cannot find your gym or club on our list; call us so we can help. Reimbursement levels for the fitness benefit are as follows :

- Value memberships: Reimbursed up to 12 months per member per benefit year.
- Standard memberships: Reimbursed up to 6 months per member per benefit year.

- Premium memberships: Reimbursed up to 3 months per member per benefit year.

- Qualifications: You must be a member and active participant of the gym or fitness center and demonstrate regular use each month for that you want reimbursement, exercising a minimum of 8 times per month. This benefit is available to individual memberships only and does not cover family memberships. To get your reimbursement, you need to:
  - Send in receipts showing monthly dues payment;
    - Send verification of regular participation at the gym or club for each month that you want reimbursement; and
    - Submit this information and a Wellness claim form to CeltiCare for reimbursement.

Running shoes: CeltiCare will reimburse members for one pair of running shoes once per member per benefit year. If you chose the running shoes fitness benefit you are not eligible for the exercise facility benefit. Members qualify for reimbursement of the cost of their running shoes by completing the activities in one of the bullets listed below. You may select your running shoes from a list of pre-qualified manufacturers and styles. For a complete listing of CeltiCare's approved manufacturers and styles, please contact CeltiCare Member Services or visit our website at www.CeltiCareHealthPlan.com. In order to receive reimbursement for your running shoes, you must complete at least one of the following running activities:

- Complete a full marathon
- Complete two half marathons
- Complete four 5K marathons

Qualifications: You must complete at least one of the above activities in order to be eligible for the benefit. To get your reimbursement you need to:

- Send proof that you completed the running activity, such as sending a screen shot of marathon website with your posted results;
- Select your pair of running shoes from CeltiCare's pre-qualified list of running shoe manufacturers and styles;
- Purchase your running shoes and obtain a receipt; and;
- Submit this information and a Wellness claim form to CeltiCare for reimbursement.

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. For additional details on this program, visit Ambetter.CeltiCareHealthPlan.com or call us at 1-877-687-1186.

Weight Loss Benefit: Ambetter from CeltiCare Health will reimburse members the registration fee, when applicable, and weekly dues for joining a Weight Watchers® program.

- Program: Ambetter from CeltiCare Health will reimburse members for completing a 12-week session of Traditional Weight Watchers® meetings or Weight Watchers At Work program. Reimbursement is limited to one 12-week program per member per benefit year. The Weight Watchers Online, Weight Watchers At Home or other weight loss programs do not qualify for reimbursement. Fees paid for food, books, videos, scales or other items not included as part of the Weight Watchers program are not covered.
- *Qualifications*: You must join an approved Weight Watchers program and complete at least 10 of the 12 weeks of meetings in order to be eligible for the benefit. To get your reimbursement, you need to:
    - Send a copy of your participation card showing you attended at least 10 sessions;
    - Send a receipt showing payment for the 12-week program membership and registration fee, if applicable;
    - Submit this information and a Wellness Claim Form to Ambetter from CeltiCare Health for reimbursement.

Ambetter Rewards Program

Our My Health Pays™ program rewards you for keeping up with your health. Earn rewards for completing certain activities. Your rewards will be added to your My Health Pays™ reward card once they are earned. Additional information can be found on our website, Ambetter.CeltiCareHealthPlan.com.

Ambetter's My Health Pays™ Program

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

- Complete your online Ambetter Welcome Survey during the first 90 days of your Ambetter Membership.
- Complete your annual wellness exam with your primary care provider.
- Get your annual flu vaccine in the fall.

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 copays, deductibles and monthly premiums. Additional information can be found on our website, Ambetter.CeltiCareHealth.com.

Behavioral Health Services

Mental Health and Substance Use Services

All mental health and substance abuse benefits are provided on a non-discriminatory basis to all enrollees for the diagnosis and active treatment of medically necessary mental, emotional and substance use disorders, as described in the most recent edition of the *Diagnostic and Statistical Manual of Mental Disorders,* that are scientifically recognized and approved by the Commissioner of Mental Health in consultation with the Commissioner of the Division of Insurance. Diagnoses known as "V Codes" are eligible expenses only when billed as a supporting diagnosis. Deductible, copayments and treatment limits for behavioral health services will be applied in the same manner as physical health services.

If you need behavioral health services, Ambetter from CeltiCare Health works with Cenpatico® to deliver the appropriate services. You may choose any provider in

Ambetter from CeltiCare Health's Behavioral Health Network and do not need a referral from your PCP to initiate services.

Some inpatient, intermediate and outpatient mental health and substance abuse services are covered in accordance with medical necessity and may be subject to prior authorization. Ambetter from CeltiCare Health uses InterQual® criteria for all mental health medical necessity determinations and American Society of Addictive Medicine (ASAM) guidelines for all substance abuse medical necessity determinations. Services should always be provided in the least restrictive, clinically appropriate setting. Any determination that requested services are not medically necessary will be made by a qualified licensed mental health professional. The medical necessity guidelines can be found at Ambetter from CeltiCare Health's website. Ambetter from CeltiCare Health will offer benefits on a non-discriminatory basis for individuals seeking diagnosis and treatment for mental and emotional disorders following any type of assault or violent act, including rape or an assault with intent to commit rape, when the diagnosis and treatment costs exceed the maximum compensation awarded by the Commonwealth of Massachusetts.

Ambetter from CeltiCare Health will provide coverage to enrollees who are requiring services for the pediatric population by persons with recognized expertise in pediatric psychiatry or pediatric mental health counseling.

Ambetter from CeltiCare Health defines inpatient, intermediate and outpatient mental health and substance abuse services as follows:

Inpatient Mental Health and Substance Abuse Services: 24-hour medically monitored services, delivered in a licensed general hospital, a psychiatric hospital, psychiatric residential treatment facility, or a substance abuse facility, that provide evaluation and treatment for an acute psychiatric condition or substance use diagnosis,

or both. We also provide coverage for crisis stabilization, observation, and residential treatment for mental health or substance use disorders. Coverage is also provided for medically necessary acute treatment services and medically necessary clinical stabilization services for at least 14 consecutive days. Medical necessity is to be determined by the treating clinician in consultation with the patient.

Intermediate Mental Health and Substance Abuse Services: Non-inpatient services are services that provide more intensive and extensive treatment interventions when outpatient services alone are not sufficient to meet the patient's needs. Intermediate care is based on medical necessity; the authorization of benefits does not affect the minimum benefits mandated for inpatient care or outpatient visits for non-biologically based conditions. Intermediate services include, but are not limited to, clinically managed detoxification services, partial hospitalization programs and intensive outpatient programs.

Outpatient Mental Health and Substance Abuse Services: Services provided in-person in an ambulatory care setting, including individual and group therapy services, diagnostic testing, medication management services, applied behavioral analysis, and psychological testing. Outpatient services may be provided in a licensed hospital, a mental health or substance abuse clinic licensed by the Department of Public Health, a public community mental health center, a professional office or home-based services. Such services delivered in such offices or settings are to be rendered by a licensed mental health professional (a licensed physician who specializes in the practice of psychiatry, a licensed psychologist, a licensed independent clinical social worker, a licensed mental health counselor, a marriage and family therapist within the lawful scope of practice for such therapist, or a licensed nurse mental health clinical specialist) acting within the scope of his/her license in the Ambetter from CeltiCare Health Behavioral Health Network.

Criteria: Ambetter from CeltiCare Health utilizes established level of care guidelines and medical necessity criteria, which take into account legal and regulatory requirements such as InterQual and ASAM, when making clinical determinations. The Ambetter from CeltiCare Health Provider Advisory Committee reviews the criteria annually. Committee members consider the current practice guidelines of recognized mental health professional organizations and consumer advocacy groups, current scientific and evidence-based knowledge, and current and acceptable practice standards for behavioral health services when developing and reviewing criteria, and will seek input from outside practitioners and clinical experts within the various departments and business units of Ambetter from CeltiCare Health.

Covered services requiring prior authorization from Ambetter from CeltiCare Health include:

- Inpatient hospitalization for mental health or substance abuse, including detoxification
- Observation bed
- Partial Hospitalization Program (PHP)
- Intensive Outpatient Program (IOP)
- Residential treatment for mental health and substance abuse
- Electroconvulsive Therapy (ECT)
- Psychological testing and neuropsychological testing

Providers participating in Ambetter from CeltiCare Health's Behavioral Health Network do not need to obtain prior authorization from Ambetter from CeltiCare Health for traditional outpatient services, including medication management visits.
Please call Ambetter from CeltiCare Health at 1-866-896-5053 if you need help finding a provider.

Prior authorization is not required for the 14-day period of medically necessary acute treatment and clinical stabilization services (American Society of Addiction Medicine Levels 4, 3.7 and 3.5) for a member obtaining acute treatment services or clinical stabilization services; as long as the facility providing the noted services provides Ambetter from CeltiCare Health with appropriate notification of the admission within 48 hours of admission.

Prior authorization is not required for all other substance use disorder services if the provider is certified or licensed by the Department of Public Health (DPH). Substance use disorder treatment services include the following:

- Acute treatment services;
- Clinical stabilization services;
- Early intervention services for substance use disorder treatment;
- Outpatient services, including medically assisted therapies, intensive outpatient and partial hospitalization services, residential or inpatient services; and
- Medically managed intensive inpatient services.

If COBRA coverage is selected, then all plan benefits will be available. If COBRA is not selected, any premium paid to continue mental health benefits beyond age 19 will continue Chapter 80 benefits* ***only,* *and COBRA eligibility will not be extended.*

Pharmacy Benefits

Pharmacy Program

Ambetter from CeltiCare Health provides high-quality, 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. The pharmacy program does not cover all medications. Some medications require prior authorization or have limitations on age,

dosage and maximum quantities. Please see your *Evidence of Coverage* or call Member Services.

NOTE: If you want more information about our Pharmacy Program, visit our website at Ambetter.CeltiCareHealthPlan.com or call us at 1-877-687-1186 (TDD/TTY 1-877-941-9234).

Preferred Drug List (Formulary)

The Ambetter Preferred Drug List ("PDL" or "formulary") is the list of drugs Ambetter covers. The formulary applies to drugs you receive at retail pharmacies and our mail-order pharmacy. The Ambetter formulary 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 are selected with the guidance of the Ambetter medical staff.

TIP: For the most current Ambetter PDL, call Member Services at 1-877-687-1186 (TDD/TTY 1-877-941-9234) or visit Ambetter.CeltiCareHealthPlan.com.

Prior Authorizations

Some medications listed on the Ambetter from CeltiCare Health formulary may require prior authorization. This means that Ambetter from CeltiCare Health may require additional information from your provider the first time he or she prescribes these medications for you. Ambetter from CeltiCare Health will cover the medication if it is determined that:

- There is a medical reason you need the specific medication
- Depending on the medication, other medications on the formulary have not worked

All reviews are performed by a licensed clinical pharmacist using the criteria established by the Ambetter from CeltiCare Health P&T Committee.

If Ambetter from CeltiCare Health does not grant prior authorization, we will notify you and your provider, and provide information regarding the appeal process. Refer to the *Member Grievances and Appeals* section that follows for more information. If you want more information about our Pharmacy Program, visit our website at Ambetter.CelticareHealthPlan.com or call us at 1-877-687-1186 (TDD/TTY 1-877-941-9234).

Exclusions

The following drug categories are not part of the Ambetter from CeltiCare Health formulary (PDL)**:**

- Experimental or investigational drugs
- Immunizations and vaccines otherwise not required by the Affordable Care Act
- Drug Efficacy Study Implementation (DESI) and Identical, Related and Similar (IRS) drugs that are classified as ineffective
- Infusion therapy and supplies, unless listed on the formulary
- Oxygen, blood and blood plasma
- Oral vitamins and minerals (except those listed on the formulary (PDL))
- Drugs and other agents used for cosmetic purposes or for hair growth
- Erectile dysfunction drugs prescribed to treat impotence, unless covered in the formulary
- Drugs eligible for coverage under Medicare Part D
- Over-the-counter (OTC) drugs (except those listed in the PDL)

Over-the-Counter Medications and Items

The Ambetter formulary covers a variety of over-the-counter (OTC) medications. All covered OTCs appear in the Ambetter formulary with a List of covered over-the-counter

medications designation. OTC with Rx means that Ambetter formulary OTCs are covered when you have a prescription from a licensed provider that meets all the legal requirements for a prescription.

Step Therapy

Some medications listed on the Ambetter formulary may require specific medications to be used before you can receive the prescribed medication, a process known as Step Therapy. If Ambetter has a record that the prescribed medication was tried first, the Step Therapy medications are automatically covered. If Ambetter does not have a record that the prescribed medication was tried, your provider may be required to provide additional information.

If Ambetter does not grant authorization for the prescribed Step Therapy medication, we will notify you and your provider, and provide information regarding the appeals process.

Quantity Limits

To make sure the drugs you take are safe, Ambetter may limit how much of your medication you can get at one time. If your provider feels you have a medical reason for getting a larger amount than is typically prescribed for that medication, he or she can ask for prior authorization from Ambetter.

If Ambetter does not grant prior authorization, we will notify you and your provider, and provide information regarding the appeals process.

Generic Drugs

When generic drugs are available, the brand name drug will not be covered without prior authorization from Ambetter. Generic drugs have the same active ingredient, work the same as brand name drugs, and have lower copayments. If you and your provider

feel a brand name drug is medically necessary, your provider can ask for prior authorization from Ambetter from CeltiCare Health.

We will cover the brand name drug according to our clinical guidelines if there is a medical reason you need the particular brand name drug. If Ambetter does not grant prior authorization, we will notify you and your provider, and provide information regarding the appeals process.

Newly Approved Products

We review new drugs for safety and effectiveness before adding them to the Ambetter formulary (PDL). During this period, access to these medications will be considered through the prior authorization process.

If Ambetter does not grant prior authorization, we will notify you and your provider and provide information regarding the appeals process.

Filling a Prescription

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

If you decide to have your prescription filled at a participating pharmacy, you can locate a pharmacy near you by using the Ambetter Provider Directory, available on the Ambetter.CeltiCareHealthPlan.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, Ambetter.CeltiCareHealthPlan.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.

Mail-Order Pharmacy

Ambetter offers a 90-day supply [three (3)month supply] of maintenance medications by mail, by partnering a mail-order pharmacy. These maintenance medications are used to treat long-term conditions or illnesses. You can find a list of covered maintenance medications on our website at Ambetter.CeltiCareHealthPlan.com. Detailed information on how to order up to a 90-day supply can be found on the website: CeltiCareHealthPlan.com/for-members/plan-information/member-forms/.
If you want more information about our pharmacy program, visit our website at Ambetter.CeltiCareHealthPlan.com or call us at 1-877-687-1186 (TDD/TTY 1-877-941-9234).

Non-Formulary and Tiered Formulary Contraceptives

Under the Affordable Care Act, you have the right to obtain contraceptives that are not listed on the formulary (otherwise known as “non-formulary drugs”) and tiered contraceptives (those found on a formulary tier other than “Tier 0 – no cost share”) at no cost to you on your or your medical practitioner’s request. To exercise this right, please get in touch with your medical practitioner. Your medical practitioner can utilize the usual prior authorization request process. See “Prior Authorization” below for additional details.

Non-Formulary Prescription Drugs

Under the Affordable Care Act, you have the right to request coverage of prescription drugs that are not listed on the plan formulary (otherwise known as “non-formulary drugs”). To exercise this right, please get in touch with your medical practitioner. Your medical practitioner can utilize the usual prior authorization request process. See “Prior Authorization” below for additional details.

Prescription Drug Exception Process

1. Standard exception request

A member, a member’s designee or a member’s prescribing physician may request a standard review of a decision that a drug is not covered by the plan. The request can be made in writing or via telephone. Within 72 hours of the request being received, we will provide the member, the member’s designee or the member’s prescribing physician with our coverage determination. Should the standard exception request be granted, we will provide coverage of the non-formulary drug for the duration of the prescription, including refills.

2. Expedited exception request

A member, a member’s designee or a member’s prescribing physician may request an expedited review based on exigent circumstances. Exigent circumstances exist when a member is suffering from a health condition that may seriously jeopardize the enrollee's life, health, or ability to regain maximum function or when an enrollee is undergoing a current course of treatment using a non-formulary drug. Within 24 hours of the request being received, we will provide the member, the member’s designee or the member’s prescribing physician with our coverage determination. Should the expedited exception request be granted, we will provide coverage of the non-formulary drug for the duration of the exigency.

3. External exception request review

If we deny a request for a standard exception or for an expedited exception, the member, the member's designee or the member's prescribing physician may request that the original exception request and subsequent denial of such request be reviewed by an independent review organization. We will make our determination on the external exception request and notify the member, the member's designee or the member's prescribing physician of our coverage determination no later than 72 hours following receipt of the request, if the original request was a standard exception, and no later than 24 hours following its receipt of the request, if the original request was an expedited exception.

If *we* grant an external exception review of a standard exception request, *we* will provide coverage of the non-formulary drug for the duration of the prescription. If *we* grant an external exception review of an expedited exception request, *we* will provide coverage of the non-formulary drug for the duration of the exigency.

Vision Benefits

Routine Vision

Routine eye exams, prescription eyeglasses and an initial supply of contact lenses are available to children under age 19. Adults age 19 or older are covered for exams every calendar year. For information regarding your specific copayments and/or deductible, please refer to your specific plan information listed in the *Schedule of Benefits*.

Pediatric Vision

Children may receive one (1) routine eye exam and eyewear once per calendar year. Eyewear includes **either** one (1) pair of eyeglasses **or** an initial supply of standard contacts.

- **Eyeglasses**

Covered lenses include single vision, lenticular lenses, lined bifocal or lined trifocal, in glass or plastic. Covered lens add-ons include standard polycarbonate lenses, scratch-resistant, UV and anti-reflective coating, fashion and gradient tinting, oversized and glass-grey #3 prescription sunglass lenses. If you require a more complex prescription lens, contact us for prior authorization at (877) 687-1186.

Coverage is also provided for:

- Polycarbonate Lenses • Blended Segment Lenses
- Intermediate Vision Lenses
- Standard Progressives
- Premium Progressives (Varilux®, etc.)
- Photochromic Glass Lenses
- Plastic Photosensitive Lenses (Transitions®)
- Polarized Lenses
- Standard Anti-Reflective (AR) Coating
- Premium AR Coating
- Ultra AR Coating
- Hi-Index Lenses

- **Contact Lenses**

  Coverage includes evaluation, fitting and an initial supply of standard or specialty contact lenses.

- **Other Services**

Coverage includes comprehensive low vision evaluation every 5 years, as well as certain devices- high power spectacles, magnifiers and telescopes and follow up care that includes four visits in any five year period.

For additional information about covered vision services or participating providers, call Member Services at 1-877-687-1186.

Non-Routine Vision

Eye exams for the treatment of medical conditions of the eye are covered when the service is performed by an Ambetter from CeltiCare Health participating provider (optometrist or ophthalmologist). Covered services include office visits, testing and the treatment of eye conditions producing symptoms that, if left untreated, may result in the loss of vision.

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 your doctor and you 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.

TIP: You can also visit Ambetter.CeltiCareHealthPlan.com to check authorization and benefit coverage.

When a prior authorization request from your provider is received by Ambetter, it is reviewed by our nurses and doctors. We will let your doctor and you know if the service is approved or denied.

You may contact our toll free number 1-877-687-1186 or visit our website at Ambetter.CeltiCareHealthPlan.com to obtain an estimate for a proposed admission, procedure or service and the estimated amount you will be responsible to pay for a proposed admission, procedure or service that is a medically necessary covered benefit. Estimates will be based on the information available to us at the time you make your request. All costs are estimated, and the actual amount you pay may vary due to unforeseen services that arise out of the proposed admission, procedure or service.

Healing Utilization Review

Ambetter has a utilization review program that reviews services to ensure the services you receive are the best way to help improve your health condition. Ambetter staff is available during regular business hours at 1-877-687-1186 (TDD/TTY 1-877-941-9234) to answer any questions you may have. Medical services, medical and surgical supplies, some drugs and other services are reviewed to determine if the services are covered by your plan, medically necessary, and provided in the most clinically appropriate and cost-effective manner. The following methods are used to accomplish this goal.

Prospective Utilization Review

Services proposed to be provided 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, we will include information about filing an internal appeal if you do not agree with the decision.

Concurrent Utilization Review

This process is used to review ongoing services or treatment plans as they are occurring and to determine when treatment may no longer be 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.

Retrospective Utilization Review

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

NOTE: 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 (1) calendar day or more past the date you received the adverse determination notice.

Review Criteria

Criteria are established, 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 that are evidence-based. Ambetter reviews each authorization in an objective manner. 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.CeltiCareHealthPlan.com or contact Member Services.

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 1-877-687-1186 (TDD/TTY 1-877-941-9234)

Member Inquiry, Appeals and Grievances

Member Satisfaction

We hope our members will always be happy with us and our providers. If you are not happy with your medical, dental or vision services, please let us know. Ambetter from CeltiCare Health has steps for handling any problems you may have. Ambetter from CeltiCare Health offers our members the following processes to achieve satisfaction:

- Internal inquiry process
- Internal grievance process
- Internal appeal process
- External review by the Office of Patient Protection (OPP)

Ambetter from CeltiCare Health maintains records of each grievance/appeal filed by a member or by the member's authorized representative, and responses thereto, for a period of ten 10 years and not less than seven (7) years, which records shall be subject to inspection by the Commissioner of Insurance and the Massachusetts Health Policy Commission's Office of Patient Protection. Please see the sections below or Ambetter.CeltiCareHealthPlan.com for full procedures and processes.

Internal Inquiry Process

Ambetter from CeltiCare Health offers an internal inquiry process for members. An inquiry allows members the opportunity to voice concerns regarding any action, policy or procedure of Ambetter from CeltiCare Health, an Ambetter from CeltiCare Health affiliate or a healthcare provider. Most inquiries can be resolved immediately. However, if you are not satisfied, or Ambetter from CeltiCare Health has not been able to provide resolution within three (3) business days of your inquiry, you have the right to utilize our formal internal grievance process.

The inquiry process is not to be used for review of a quality of care issue or an adverse determination (denial involving medical necessity). If your concern involves the quality of care you received from an Ambetter from CeltiCare Health provider, Member Services will refer your concern directly to our internal grievance process. If your

concern involves an adverse determination, Member Services will refer your concern directly to our internal appeals process.

Internal Grievance Process

Ambetter from CeltiCare Health wants to fully resolve your problems or concerns. Ambetter from CeltiCare Health will not hold it against you, or treat you differently, if you file a grievance. **A grievance is a formal complaint about actions taken by Ambetter from CeltiCare Health or an Ambetter from CeltiCare Health provider.**

Grievances are any oral or written complaint submitted to Ambetter from CeltiCare Health that has been initiated by you, or your authorized representative, concerning any aspect or action of Ambetter from CeltiCare Health, relative to you, including, but not limited to, review of adverse determinations regarding scope of coverage, denial of services, quality of care and administrative operations. A grievance involving the review of an adverse determination (disagreement with a medical necessity determination) is an appeal, and the steps for an internal appeal are followed.

How to File a Grievance

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 1-877-687-1186 (TDD/TTY 1-877-941-9234). You can also write a letter and mail or fax your grievance to Ambetter from CeltiCare Health at 1-866-614-1951. 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)

You have up to **180 calendar days** to file a grievance. The 180 calendar days start on the date of the situation you are not satisfied with. We would like for you to contact us right away so we can help you with your concern as soon as we can. A grievance may be filed in writing and mailed to the address below, or by fax at 1-866-614-1951. You can also call us at 1-877-687-1186 (TDD/TTY 1-877-941-9234) or file the grievance in person at:

Grievances and Appeals Coordinator
Ambetter from CeltiCare Health
200 West St., Suite 250
Waltham, MA 02451

If you submit your grievance by phone or in person, a Member Services representative will write a summary of your grievance and send you a copy within 48 hours (unless the time limit is waived or extended by a mutual written agreement between you, or your authorized representative, and Ambetter from CeltiCare Health). This summary serves as both a written record of your grievance, as well as an acknowledgement. If you file a written grievance, the appeals and grievance coordinator will send you a letter within 15 business days letting you know that we have received your grievance and letting you know the expected date of resolution.

If someone else is going to file a grievance for you, we must have your written permission for that person to file a grievance or appeal on your behalf. You will need to obtain and fill out an Authorized Representative Form, and return it to us so we will know who you have granted permission to represent you. The Authorized Representative Form can be obtained by calling Member Services at 1-877-687-1186 (TDD/TTY 1-877-941-9234) or by visiting our website at Ambetter.CeltiCareHealthPlan.com.

If you have any proof or information that supports your grievance, you may send it to us and we will add it to your case. You may supply this information to Ambetter from CeltiCare Health by email, fax, in person or other written method. You may also request to receive copies of any documentation that Ambetter from CeltiCare Health used to make the decision about your care, grievance or appeal.

We may need to obtain additional information to review your request. If a signed Authorization to Release Information Form is not included with your grievance, a form will be sent to you for your signature. If a signed authorization is not provided within 30 business days of the request, Ambetter from CeltiCare Health may issue a decision on the grievance without review of some or all of the information. When a signed request is received by your authorized representative, appropriate proof of the designation must be provided.

You can expect a resolution and a written response within 30 business days of your grievance. If Ambetter from CeltiCare Health needs more than 30 business days to resolve the grievance, we will contact you to receive written approval for additional time.

The length of the extension will be mutually agreed upon, and will not last longer than 30 business days from the date of the agreement.
There will be no retaliation against you or your representative for filing a grievance or appeal.

Internal Appeal Process

An internal appeal is a form of grievance for review of an adverse determination. An adverse determination is a decision that was made, based on review of information that was provided, to deny, reduce, modify or terminate an admission, continued inpatient stay or the availability of any other healthcare services for failure to meet the requirements for coverage based on medical necessity, appropriateness of healthcare setting, and level of care or effectiveness. An internal appeal is reviewed as either a standard/non-expedited internal appeal or as an expedited internal appeal. If a decision on an appeal is required immediately, due to your health needs, an expedited appeal may be requested. A member, or a member's authorized representative, may request an expedited external review at the same time as they are requesting an expedited internal appeal. The following outlines the process for each.

Standard/Non-expedited Internal Appeal

Internal Appeal Submission and Acknowledgement

An internal appeal can be filed by you or your authorized representative (with your written consent) up to 180 calendar days after the receipt of an adverse determination letter. An internal appeal may be submitted by calling us at 1-877-687-1186 (TDD/TTY 1-877-941-9234), electronically by fax at 1-866-614-1951, in writing by mail or in person at the address below:

Grievances and Appeals Coordinator
Ambetter from CeltiCare Health
200 West St., Suite 250
Waltham, MA 02451

An internal appeal submitted by phone or in person will be received by a Member Services representative who will write a summary of the internal appeal request and forward a copy to you within 48 hours (unless the time limit is waived or extended by mutual written agreement between you, or your authorized representative, and Ambetter from CeltiCare Health).

An acknowledgement letter will be sent within 5 business days of receipt of the internal appeal.

Internal Appeal Continuation of Care
If you are still receiving the services that are under appeal, and the services are covered services, the services may continue until a decision is made on the internal appeal. Ambetter from CeltiCare Health will pay for the cost of continued services, regardless of the outcome, minus any applicable copays or deductibles. This continuation of coverage or treatment applies only to those services which, at the time of the service initiation, were approved by Ambetter from CeltiCare Health and were not terminated because benefit coverage for the service was exhausted.

Internal Appeal Review
The content of the internal appeal request, including all clinical care aspects involved, will be fully reviewed and documented. You or your authorized representative will have the right to submit comments, documentation, records and other information relevant to the internal appeal in person or in writing. A provider or other appropriate clinical peer of a same or similar specialty will evaluate the medical necessity decision of a final adverse determination.

Ambetter from CeltiCare Health will review, resolve and provide you or your authorized representative, with written notification of the decision for a pre-service expedited appeal no later than 72 hours after receipt of the request for expedited review or a post-service non-expedited internal appeal within 30 calendar days of receipt of the internal appeal, or within 30 calendar days of the submission of a signed authorization for the release of medical records and treatment information.

Internal Appeal Determination Notification
A standard internal appeal is resolved and a written response is sent to you and your authorized representative within: 30 calendar days for pre-service internal appeal, and 30 calendar days of post-service appeals upon receipt of the internal appeal, or if medical information is needed within 30 calendar days of receiving a signed Authorization to Release Medical Records Form. If the internal appeal request was not over-turned or resolved to you or your authorized representative's satisfaction, an external review by an independent external review agency may be requested. The external review agency contracts with the Office of Patient Protection (OPP). Information for pursuing an external review is included in the internal appeal determination letter. If you do not receive a response to your internal appeal within the

time frames outlined, or those that are mutually agreed upon, your appeal will be deemed to be decided in your favor.

The written notification of the resolution of the standard internal appeal will include:

- The specific medical and scientific reasons for the adverse determination
- A discussion of the member's presenting symptoms or condition, diagnosis and treatment interventions, and the specific reasons such medical evidence fails to meet the relevant medical review criteria; other covered alternative treatment, service(s) or medical and surgical supplies if applicable
- Criteria and/or clinical guidelines or standards of care used in making the determination
- Information for obtaining an independent external review through the Office of Patient Protection (OPP), including the time frame for filing
- A copy of the form prescribed by the OPP for the request of an external review

An internal appeal that is not handled in a timely manner will be overturned.

Internal Appeal Reconsideration

Ambetter from CeltiCare Health may offer you or your authorized representative the opportunity for reconsideration of a final adverse determination where relevant medical information:

- Was received too late to review within the 30 calendar day time frame; OR
- Was not received, but is expected to become available within a reasonable time period following the written resolution

When you or your authorized representative chooses to request reconsideration, you or your authorized representative must agree in writing to a new time period for review, but in no event greater than 30 business days from the agreement to reconsider the internal appeal.

Should you or your authorized representative request reconsideration, the time period for requesting an external review will begin on the date of the resolution of the reconsideration.

Expedited Internal Appeal

Expedited Internal Appeal Qualifying Conditions

If a decision on an appeal is required urgently (within 48 hours) due to your health needs, which cannot wait with the standard resolution time, an expedited internal appeal may be requested. An expedited internal appeal may be requested if:

- A provider certifies that a delay in receiving the requested service would result in a substantial risk of serious or immediate harm to you;
- You are currently admitted as a patient in a hospital and the appeal is filed prior to discharge;
- You have a terminal illness; or
- A provider who orders the use of durable medical equipment certifies that its use is medically necessary, a denial of coverage for the equipment would create a substantial risk of serious harm and that the risk is so immediate that receiving the requested equipment should not be delayed. The provider must also specify the immediate and severe harm that would occur if the requested durable medical equipment is not received within 48 hours, and must specify a reasonable time period for Ambetter from CeltiCare Health to provide a response.

The expedited internal appeal will be initiated if it is filed prior to discharge, or by 4 p.m. of the next calendar day following receipt of the adverse determination.

Ambetter from CeltiCare Health will automatically reverse the decision to denying coverage for services or durable medical equipment, pending the outcome of the appeals process.

Expedited Internal Appeal Submission

An expedited internal appeal is requested in the same manner as a standard internal appeal. For an expedited internal appeal in which you are currently an inpatient in a hospital, a healthcare worker or hospital representative may act as your authorized representative without a signed written consent from you.

Expedited Internal Appeal Continuation of Care

If you are currently receiving covered services, you may continue to receive services at Ambetter from CeltiCare Health's expense through the completion of the expedited internal appeal process if the expedited internal appeal is filed timely and was previously authorized by Ambetter from CeltiCare Health.

Expedited Internal Appeal Review
The content of the expedited internal appeal request, including all clinical care aspects involved, will be fully investigated and documented. You or your authorized representative will have the right to submit comments, documentation, records and other information relevant to the expedited internal appeal in person or in writing. A provider or other appropriate clinical peer of a same or similar specialty will evaluate the medical necessity decision of a final adverse determination.

Expedited Internal Appeal Determination Notification
An expedited internal appeal will be reviewed and resolved, and written notification of the decision will be provided to you or your authorized representative:

- Within 48 hours, if a provider certifies in writing that a delay in receiving the requested service would result in a substantial risk of serious or immediate harm
- Before discharge, if you are currently admitted as a patient in a hospital
- Within 72 hours, if you are terminally ill
- Within 48 hours, if a provider who orders the use of durable medical equipment certifies in writing that its use is medically necessary, a denial of coverage for the equipment would create a substantial risk of serious harm, and that the risk is so immediate that receiving the requested equipment should not be delayed; the provider must also specify the immediate and severe harm that would occur if the requested durable medical equipment is not received within 48 hours, and must specify a reasonable time period for Ambetter from CeltiCare Health to provide a response

Written notification of the resolution of the internal expedited appeal will include:

- The specific medical and scientific reasons upon which the adverse determination was based
- A discussion of the member's presenting symptoms or condition, diagnosis and treatment interventions, and the specific reasons such medical evidence fails to meet the relevant medical review criteria
- Other covered alternative treatment, service(s) or medical and surgical supplies, if applicable
- Criteria and/or clinical guidelines or standards of care used in making the determination
- For a final adverse determination, information for obtaining an external review and continuation of services through the OPP, including the time frame for filing.
- A copy of the form prescribed by the Office of Patient Protection (OPP) for requesting an external review

An expedited internal appeal not handled in a timely manner will be overturned.

Expedited Appeal Reconsideration (Conference) – Services for Members with a Terminal Illness

If the expedited internal appeal or expedited external review is not overturned, and you have a terminal illness, you or your authorized representative may request a conference. You or your authorized representative may request the conference in the same manner as an internal appeal. If a conference is requested, it will be scheduled within 10 business days of Ambetter from CeltiCare Health's receipt of the request, unless the provider, after consulting with Ambetter from CeltiCare Health's Medical Director, decides the effectiveness of the requested service(s) would be materially reduced; in which case, the conference will be scheduled within five (5) business days. You and/or your authorized representative may attend the conference. A written determination will be sent to you or your authorized representative following the conference.

External Review

External Review Submission

If you, or your authorized representative, are not satisfied with the final outcome of the internal appeal, expedited internal appeal or expedited external review, an external review of the decision by the Massachusetts Health Policy Commission's Office of Patient Protection (OPP) may be requested.

Members, or a member's authorized representative, can request an external review in the following situations:

- Member receives a final adverse determination
- The benefit/service is a covered benefit/service and is not on the excluded list included in this policy or *Summary of Benefits*

You or your authorized representative may request the external review or the expedited external review. Forms and instructions for submitting the request will be included with the final adverse determination we send. Members do not have to wait for the final adverse determination letter in order to submit a request for an expedited external review; this can be submitted at the same time that the member submits a request for an expedited internal appeal. For non-expedited external reviews, the required forms must be completed then submitted to the Office of Patient Protection (OPP) within four (4) months of the receipt of the final adverse determination we send. Non-expedited external reviews will be completed, and a decision will be sent within 60 calendar days

of the external agency's receipt of the request, unless accepted as an expedited external review.

An expedited external review may be requested if:

- A provider certifies in writing that a delay in receiving the requested service would result in a substantial risk of serious or immediate harm to you
- You are currently admitted as a patient in a hospital
- You are terminally ill
- A provider certifies in writing that a delay in receiving requested durable medical equipment would result in a substantial risk of serious or immediate harm to you
- The member is requesting an expedited external review

The request for an expedited external review can be submitted at the same time that a member, or the member's authorized representative, requests an expedited internal appeal. If the OPP determines that the request qualifies for expedited review, a determination will be made within four (4) business days of the external review agency's receipt of the request.

If the external review relates to the denial of ongoing services, you or your authorized representative may request from the OPP that services continue during the external review process. For non-expedited external reviews, such a request must be made before the end of the second (2nd) business day following the receipt of the final adverse determination letter. If the OPP decides that coverage should continue because substantial harm could occur to you if coverage ended, Ambetter from CeltiCare Health will continue coverage at our expense, minus applicable copays and deductibles.
If you have questions, concerns, would like additional information regarding member rights or have questions about the external review process, you can contact the OPP:

Health Policy Commission
Office of Patient Protection
2 Boylston Street, 6th Floor
Boston, MA 02116
Phone: 1-800-436-7757, Fax: 1-617-624-5046
Email: HPC-OPP@state.ma.us
Website: www.mass.gov/hpc/opp

The following information is also available from the OPP:

- A list of sources of independently published information assessing member satisfaction and evaluating the quality of healthcare services offered by the health plan
- The percentage of providers who voluntarily and involuntarily terminated participation contracts with the health plan during the previous calendar year for which such data has been compiled and the three (3) most common reasons for voluntary and involuntary provider dis-enrollment
- The percentage of premium revenue expended by the health plan for healthcare services provided to members for the most recent year for which information is available
- A report detailing, for the previous calendar year, the total number of: 1) filed grievances, grievances that were approved internally, grievances that were denied internally and grievances that were withdrawn before resolution; and 2) external appeals pursued after exhausting the internal grievance process and the resolution of all such external appeals

External Review Determination Notification

If the external review agency overturns Ambetter from CeltiCare Health's decision, in whole or in part, we will issue a written notice to you or your authorized representative within five (5) business days of receipt of the written decision from the review agency. Such notice to the member shall:

- Acknowledge the decision of the review agency
- Advise you of any additional procedures for obtaining the requested coverage or services
- Advise you of the date by which the payment will be made, or the authorization for services will be issued by Ambetter from CeltiCare Health or the utilization review organization
- Advise you of the name and phone number of the person at Ambetter from CeltiCare Health who will assist you with final resolution of the grievance

Conference for Members with Terminal Illness

If an adverse determination is not overturned during an expedited internal appeal request, or during an expedited external review, from a member with a terminal illness, the member, or member's authorized representative, may request a conference in the same manner as an internal appeal. If a conference is requested, it will be scheduled within 10 business days of Ambetter from CeltiCare Health's receipt of the request unless the provider, after consulting with Ambetter from CeltiCare Health's medical

director, decides the effectiveness of the requested service(s) would be materially reduced; in which case, the conference will be scheduled within five (5) business days. The member and/or the member's authorized representative may attend the conference. A written determination will be sent to the member or member's authorized representative following the conference.

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:

Ambetter from CeltiCare Health
Compliance Department
200 West St., Suite 250
Waltham, MA 02451

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 misusing the Ambetter program resources, including:

- Loaning, selling or giving your Ambetter member 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 have 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.

What to Do When You Get a Bill

It is important that you review and understand your certificate of coverage, out-of-pocket costs that you are responsible for in receiving services, and other reimbursement policies associated with your healthcare coverage. If you have any questions, please call Ambetter from CeltiCare Health. Our staff will be happy to answer any questions you may have about your coverage and costs.

Be sure to talk with your doctor about services that are covered and services that are not covered. You will receive a document, called an *Explanation of Benefits*, or EOB, which provides information about the services received by you, what the coverage is for the service(s), and what cost is covered by Ambetter from CeltiCare Health. The EOB shows what your healthcare provider billed Ambetter from CeltiCare Health. The EOB should be kept in a safe place, should you need to reference this information.

If you are responsible for any part of the remaining cost, you will receive a bill from your healthcare provider. Please call Ambetter from CeltiCare Health and speak with our staff when you have any questions about your EOB or a bill for your healthcare services.

Member Responsibilities

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

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 1-877-687-1186 (TDD/TTY 1-877-941-9234).

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.

Changes

You need to tell Ambetter and the Health Insurance Marketplace about any changes to your address, name or telephone number, or any changes in your family. Call Ambetter at 1-877-687-1186 (TDD/TTY 1-877-941-9234) 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 copayments 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 1-877-687-1186 (TDD/TTY 1-877-941-9234) or visit our website at Ambetter.CeltiCareHealthPlan.com.

Member Rights

Members, legal guardians of members and legally authorized surrogates for members 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 (EOC).*

Information: You have the right to request from your PCP information about what might be wrong (to the level known), treatment and any known likely results. Your rights also include:

- The right to view your medical records
- The right to be informed of changes within our 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 provider 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 the plan's 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 Health Insurance Marketplace (HIM) guidelines, without 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 adequate access to qualified health professionals
- The right to access treatment or services that are 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 seven (7) days a week
- If you have a disability, you have the right to receive information in a different format in compliance with the Americans with Disabilities Act

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 should know of 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. You will 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 apply for an independent external review with the Massachusetts 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 the Health Insurance Portability and Accountability (HIPAA) requirements and have a Notice of Privacy Practices. We are required to notify you about these practices every year. If you need more information or would like the complete notice, please visit Ambetter.CeltiCareHealthPlan.com.

THE NOTICE OF PRIVACY PRACTICES BELOW DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

NOTICE OF PRIVACY PRACTICES

Privacy Notices

Effective: July 1, 2011

For help translating or understanding this, please call 1-877-687-1186. If you are hearing impaired, call our TDD/TTY line at 1-877-941-9234.

Si necesita ayuda para traducir o entender este texto, por favor llame al telefono. 1-877-687-1186. TDD/TTY 1-877-941-9234. Interpreter services are provided free of charge to you.

At Ambetter from CeltiCare Health, your privacy is important to us. We will do all we can to protect your health records. By law, we must protect your health records and send you this notice.

This notice tells you how we use your health records. It describes when we can share your records with others. It explains your rights about the use of your health records. It also tells you how to exercise those rights and who can see your health records. This notice does not apply to information that does not identify you.

When we talk about your health records in this notice, it includes any information about all of your health services while you are a member of Ambetter from CeltiCare Health. This includes providing healthcare to you, and also includes payment for your healthcare while you are our member.

Please note: You will also receive a Privacy Notice from the Health Connector outlining their rules for your health records**.** Other health plans and healthcare providers may have other rules when using or sharing your health records. We ask that you obtain a copy of their Privacy Notices and read them carefully.

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 if there is more than one plan that may help you. You will make the final decision.

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 of the area.

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.

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. We can be reached at 1-877-687-1186 (TDD/TTY) 1-877-941-9234.

- You have the right to ask us to give your records only to certain people or groups, and to say for what reasons. 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 make us 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 a 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. Upon release of any medical or behavioral health record information to a medical professional designated by you, Ambetter from CeltiCare Health will notify you that the information was provided to the medical professional.
- 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. It includes 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. 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 to others for six (6) years, beginning on the first day or enrollment with Ambetter from CeltiCare Health. **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, the Federal Bureau of Investigation (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.

How We Use or Share Your Health Records

Here are ways we may use or share your health records:

- To help pay your medical bills given to us by healthcare providers
- To help your healthcare providers give you the proper care; for example, if you are in the hospital, we may give them your records sent to us by your provider
- To help manage your healthcare; for example, we might talk to your provider about a disease or wellness program that could help improve your health
- To help resolve any appeals or grievances filed by you or a healthcare provider with Ambetter from CeltiCare Health or the Commonwealth of Massachusetts
- To assist others who help us provide your health services; we will not share your records with these outside groups unless they agree to protect your records
- For public health or disaster-relief efforts
- To remind you if you have a provider’s visit coming up

- To give you information about other healthcare treatments and programs, such as how to stop smoking or lose weight

State and federal laws may call for us to give your health records to others for the following reasons:

- To state and federal agencies that oversee us, such as the Health Connector or the United States Department of Health and Human Services (HHS)
- For public health actions; for example, the Food and Drug Administration (FDA) may need to check or track medicines and medical device problems
- To public health groups, if we believe there is a serious public health or safety threat
- To a health agency for certain activities; this might include audits, inspections, and licensure or enforcement actions
- To a court or administrative agency
- To law enforcement; for example, records may be used to identify or find someone who is a suspect, fugitive, material witness, or missing person
- To a government person because of child abuse, neglect or violence in your home
- To a coroner or medical examiner to identify a dead person, or help find a cause of death; these may be needed by a funeral director to help them carry out their duties
- For organ transplant purposes
- For special government roles, such as military and veteran activities, national security and intelligence activities, and to help protect the president and others
- For job-related injuries due to your state's worker's compensation laws

If one of the above reasons does not apply, we must obtain your written approval to use or share your health records with others. If you change your mind, you may retract your written approval at any time.

If sharing your health information is not allowed by, or is limited by, a state law, we will obey the law that protects your health information best.

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 have any questions about this notice or how we use or share your health records, please call. We can be reached at 1-877-687-1186 (TDD/TTY 1-877-941-9234), Monday through Friday from 8 a.m. to 5 p.m. EST.

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

Privacy Officer
Ambetter from CeltiCare Health
200 West St., Suite 250
Waltham, MA 02451
Phone: 1-877-687-1186
TDD/TTY: 1-877-941-9234
Fax: 1-855-227-6805

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

Office for Civil Rights – Region I
U.S. Department of Health and Human Services
Government Center
J.F. Kennedy Federal Building - Room 1875
Boston, MA 02203
Voice phone: 1-617-565-1340
Fax: 1-617-565-3809
TDD: 1-617-565-1343

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

Quality Improvement (QI)

Ambetter from CeltiCare Health is committed to providing quality healthcare for you and your family. Our primary goal is to improve your health and help you with any illness or disability. Our program is consistent with the National Committee on Quality Assurance (NCQA) standards and the Institute of Medicine (IOM) priorities. To help promote safe, reliable and quality healthcare, our programs include:

- Conducting a thorough check on providers when they become part of the Ambetter provider network
- Monitoring member access to all types of healthcare services
- Providing programs and educational items about general healthcare and specific diseases
- Sending reminders to members to get annual tests, such as a physical exam, cervical cancer screening, breast cancer screening and immunizations
- Monitoring the quality of care and developing action plans to improve the healthcare you are receiving
- A Quality Improvement Committee, which includes participating providers, to help us develop and monitor our program activities
- Investigating any member concerns regarding care received; for example, if you have a concern about the care you received from your provider or service provided by Ambetter, please contact the Member Services Department

Ambetter from CeltiCare Health believes that getting member input can help make the content and quality of our programs better. We conduct a member survey each year that asks questions about your experience with the healthcare and services you are receiving.

Member Advisory Committee

Ambetter from CeltiCare Health gathers members periodically to give us feedback on our services and programs. If you are interested in participating on the Member Advisory Committee, please let Member Services know.

Authorized Representative Form for Appeals

You have the right to choose someone to represent you during your appeal with Ambetter from CeltiCare Health. To designate a representative, please complete this form and return it to Ambetter from CeltiCare Health. You may revoke this designation at any time by submitting a request to us in writing. Please note, if we do not receive a signed Authorized Representative Form in the time frame for resolving your appeal, your appeal may be dismissed. If any such action is taken, you will be notified in writing.

1. I hereby give permission to *(name of authorized representative)* to act as my Authorized Representative with Ambetter from CeltiCare Health and to share information listed below in Section II regarding my appeal or grievance with Ambetter from CeltiCare Health or its delegate.

2. Ambetter from Celticare Health may share the following information (check all that apply):

   Eligibility notices and information about eligibility for, and access to, my Ambetter from CeltiCare Health benefits
   Information about my medical treatment (including medical and psychiatric records); by giving my representative permission to share my information, I am specifically giving permission to share any information about drug and alcohol treatment that is included in such information
   Other (*specify*):

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3. Ambetter from CeltiCare Health may share information listed in Section II above with the person or organization who is serving as my Authorized Representative.

4. Ambetter from CeltiCare Health may share the information listed in Section II for the timely resolution of my appeal.

5. This permission is good until: __/____/_____ (Date)
6. I understand that I may cancel this permission at any time by sending a letter to:

Ambetter from CeltiCare Health
ATTN: Grievances and Appeals Coordinator
200 West St., Suite 250
Waltham, MA 02451

I have had the opportunity to read and consider this Authorization and agree to its terms.

__/__/_____ _____ _____
Date Printed Name Signature

This form is also available at Ambetter.CeltiCareHealthPlan.com

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AUTHORIZATION FOR THE USE OR DISCLOSURE OF PROTECTED HEALTH INFORMATION

Member Name: _____ Member ID: _____

As described in our Privacy Notice, Ambetter from CeltiCare Health is required by law to obtain your authorization for any use or disclosure of your health records for purposes other than your treatment, the payment for healthcare services provided to you and healthcare operations of Ambetter from CeltiCare Health. In our Privacy Notice, we provided you information about how Ambetter from CeltiCare Health can use or disclose your health records. You have a right to review and receive a copy of our Privacy Notice before signing this Authorization.

I _____, authorize the use and disclosure of my health information as described below:

1. This authorization applies to the following information:
   _____
   _____

2. Permission about specific health information. Only if you choose to share any of the following information, please write your initials on the line**:**
   ___I specifically give permission to share information in my record about HIV antibody and antigen testing, and HIV/AIDS diagnosis or HIV/AIDS treatment.
   ___I specifically give permission to share information in my record about my genetic information.
   ___I specifically give permission to share information in my record about alcohol or drug treatment. If this information is shared, I understand that a specific notice required by 42 CFR, Part 2 shall be included prohibiting the re-disclosure of this confidential information.

3. I authorize the following persons (or class of persons) to receive my health information:

   Name: _____
   Title: _____
   Address: _____
   City/State/Zip: _____
   Phone: _____

4. We are requesting this authorization in order to use or disclose your health information for the following purposes:
   _____
   _____

   ☐ At the request of the Member.

5. This authorization expires: _____

_____*(Date or Event)*

*If no date or event is given, permission will last for one year from the date this is signed.

This form is also available at Ambetter.CeltiCareHealthPlan.com

You may request to inspect or copy the information that Ambetter from CeltiCare Health intends to disclose. You may refuse to sign this Authorization. Ambetter from CeltiCare Health will not condition treatment, payment, enrollment or eligibility for benefits on your providing or refusing to provide this Authorization. Once release of this health information is made to the above-named person or persons, your health information may be subject to re-disclosure by that person or persons. If you have authorized the disclosure of health information to someone who is not legally required to keep it confidential, it may be re-disclosed and may no longer be protected.

You may revoke this authorization at any time. Your revocation must be in writing, signed by you or on your behalf, and delivered to the address at the end of this form. You may deliver your revocation by any means you choose (e.g., personally or by mail), but it will be effective only when we actually receive it. Your revocation will not be effective to the extent that we or others have acted in reliance upon this Authorization.

If you are requesting information for yourself or for a third party, Ambetter from CeltiCare Health may assess appropriate and reasonable fees for the copying of such information. Such fees will comply with all state and federal laws.

AUTHORIZATION

I, _____ have had the full opportunity to read and consider the contents of this authorization, and I confirm that the contents are consistent with my direction to Ambetter from CeltiCare Health. I understand that, by signing this form, I am confirming my authorization that Ambetter from CeltiCare Health may use and/or disclose to the persons and/or organizations named in this form the health information described in this form.

_____ _____

Signature of Member or Legal Representative Date

_____

Print Name

If signing on behalf of an Ambetter from CeltiCare Health plan member, please describe your authority and provide related documentation:

_____

_____

_____

YOU ARE ENTITLED TO A COPY OF THIS AUTHORIZATION AFTER YOU SIGN IT.

For Ambetter from CeltiCare Health Use Only

Name: _____

Title: _____

Signature: _____ **Date:** _____

This form is also available at Ambetter.CeltiCareHealthPlan.com

ambetter. FROM | celticare health

English:	If you, or someone you're helping, has questions about Ambetter from CeltiCare Health, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 1-877-687-1186 (TTY/TDD 1-877-941-9234).
Spanish:	Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Ambetter from CeltiCare Health, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-877-687-1186 (TTY/TDD 1-877-941-9234).
Portuguese:	Se você, ou alguém a quem você está ajudando, tem perguntas sobre o Ambetter from CeltiCare Health, você tem o direito de obter ajuda e informação em seu idioma e sem custos. Para falar com um intérprete, ligue para 1-877-687-1186 (TTY/TDD 1-877-941-9234).
Chinese:	如果您，或是您正在協助的對象，有關於 Ambetter from CeltiCare Health 方面的問題，您有權利免費以您的母語得到幫助和訊息。如果要與一位翻譯員講話，請撥電話 1-877-687-1186 (TTY/TDD 1-877-941-9234)。
French Creole:	Si oumenm oswa yon moun w ap ede gen kesyon konsènan Ambetter from CeltiCare Health , se dwa w pou resevwa asistans ak enfòmasyon nan lang ou pale a, san ou pa gen pou peye pou sa. Pou pale avèk yon entèprèt, rele nan 1-877-687-1186 (TTY/TDD 1-877-941-9234).
Vietnamese:	Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Ambetter from CeltiCare Health , quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 1-877-687-1186 (TTY/TDD 1-877-941-9234).
Russian:	В случае возникновения у вас или у лица, которому вы помогаете, каких-либо вопросов о программе страхования Ambetter from CeltiCare Health вы имеете право получить бесплатную помощь и информацию на своем родном языке. Чтобы поговорить с переводчиком, позвоните по телефону 1-877-687-1186, (TTY/TDD 1-877-941-9234).
Arabic:	إذا كان لديك أو لدى شخص تساعده أسئلة حول Ambetter from CeltiCare Health، لديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم اتصل بـ 1-877-687-1186 (TTY/TDD 1-877-941-9234).
Mon-Khmer, Cambodian:	[illegible] Ambetter from CeltiCare Health [illegible] 1-877-687-1186 (TTY/TDD 1-877-941-9234)។
French:	Si vous-même ou une personne que vous aidez avez des questions à propos d'Ambetter from CeltiCare Health, vous avez le droit de bénéficier gratuitement d'aide et d'informations dans votre langue. Pour parler à un interprète, appelez le 1-877-687-1186 (TTY/TDD 1-877-941-9234).
Italian:	Se tu o qualcuno che stai aiutando avete domande su Ambetter from CeltiCare Health , hai il diritto di ottenere aiuto e informazioni nella tua lingua gratuitamente. Per parlare con un interprete, puoi chiamare 1-877-687-1186 (TTY/TDD 1-877-941-9234).
Korean :	만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Ambetter from CeltiCare Health에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 1-877-687-1186 (TTY/TDD 1-877-941-9234)로 전화하십시오.
Greek:	Εάν εσείς ή κάποιος που βοηθάτε έχετε ερωτήσεις γύρω απο το Ambetter from CeltiCare Health , έχετε το δικαίωμα να λάβετε βοήθεια και πληροφορίες στη γλώσσα σας χωρίς χρέωση.Για να μιλήσετε σε έναν διερμηνέα, καλέστε 1-877-687-1186 (TTY/TDD 1-877-941-9234).
Polish:	Jeśli Ty lub osoba, której pomagasz ,macie pytania odnośnie Ambetter from CeltiCare Health , masz prawo do uzyskania bezpłatnej informacji i pomocy we własnym języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer 1-877-687-1186 (TTY/TDD 1-877-941-9234)
Hindi:	आप या जिसकी आप मदद कर रहे हैं उनके, Ambetter from CeltiCare Health के बारे में कोई सवाल हों, तो आपको बिना किसी खर्च के अपनी भाषा में मदद और जानकारी प्राप्त करने का अधिकार है। किसी दुभाषिये से बात करने के लिए 1-877-687-1186 (TTY/TDD 1-877-941-9234) पर कॉल करें।
Gujarati:	જે તમને અથવા તમે જેમની મદદ કરી રહ્યા હોય તેમને, Ambetter from CeltiCare Health વિશે કોઈ પ્રશ્ન હોય તો તમને, કોઈ ખર્ચ વિના તમારી ભાષામાં મદદ અને માહિતી પ્રાપ્ત કરવાનો અધિકાર છે. દુભાષિયા સાથે વાત કરવા માટે 1-877-687-1186 ઉપર અથવા (TTY/TDD 1-877-941-9234) પર કૉલ કરો.
Lao	ຖ້າທ່ານ, ຫຼືຄົນທີ່ທ່ານກຳລັງຊ່ວຍເຫຼືອ, ມີຄຳຖາມກ່ຽວກັບ Ambetter from CeltiCare Health ທ່ານມີສິດທີ່ຈະໄດ້ຮັບການຊ່ວຍເຫຼືອແລະຂໍ້ມູນຂ່າວສານທີ່ເປັນພາສາຂອງທ່ານບໍ່ມີຄ່າໃຊ້ຈ່າຍ. ການໃຫ້ລົມກັບນາຍພາສາ, ໃຫ້ໂທຫາ 1-877-687-1186 (TTY/TDD 1-877-941-9234).

Statement of Non-Discrimination

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

Ambetter from CeltiCare Health:

- 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 CeltiCare Health at 1-877-687-1186 (TTY/TDD 1-877-941-9234).

If you believe that Ambetter from CeltiCare Health 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: Grievances and Appeals Coordinator, Ambetter from CeltiCare Health, 200 West Street, Suite 250, Waltham, MA 02451-1125, 1-877-687-1186 (TTY/TDD 1-877-941-9234), Fax 1-866-614-1951. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Ambetter from CeltiCare Health 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*.