



The Summary of Benefits and Coverage (SBC) document will help you choose a health [plan](#). The SBC shows you how you and the [plan](#) would share the cost for covered health care services. NOTE: Information about the cost of this [plan](#) (called the [premium](#)) will be provided separately.

This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, visit <https://Ambetter.SunflowerHealthPlan.com/2021-brochures.html>, or call 1-844-518-9505 (TTY/TDD 1-844-546-9713). For general definitions of common terms, such as [allowed amount](#), [balance billing](#), [coinsurance](#), [copayment](#), [deductible](#), [provider](#), or other underlined terms see the Glossary. You can view the Glossary at <https://www.healthcare.gov/sbc-glossary> or call 1-844-518-9505 (TTY/TDD 1-844-546-9713) to request a copy.

| Important Questions   | Answers  | Why This Matters:   |
|---|--|---|
| What is the overall <a href="#">deductible</a> ?                                | \$0  | See the Common Medical Events chart below for your costs for services this <a href="#">plan</a> covers.   |
| Are there services covered before you meet your <a href="#">deductible</a> ?    | Yes.   | This plan covers items and services even if you haven't yet met the <a href="#">deductible</a> amount   |
| Are there other <a href="#">deductibles</a> for specific services?              | No.  | You don't have to meet <a href="#">deductibles</a> for specific services.   |
| What is the <a href="#">out-of-pocket limit</a> for this <a href="#">plan</a> ? | Not Applicable.  | This <a href="#">plan</a> does not have an <a href="#">out-of-pocket limit</a> on your expenses.  |
| What is not included in the <a href="#">out-of-pocket limit</a> ?               | Not Applicable.  | This <a href="#">plan</a> does not have an <a href="#">out-of-pocket limit</a> on your expenses.  |
| Will you pay less if you use a <a href="#">network provider</a> ?               | Yes. See <a href="#">Find a Provider</a> or call 1-844-518-9505 (TTY/TDD 1-844-546-9713) for a list of <a href="#">network providers</a> . | This <a href="#">plan</a> uses a <a href="#">provider network</a> . You will pay less if you use a <a href="#">provider</a> in the <a href="#">plan's network</a> . You will pay the most if you use an <a href="#">out-of-network provider</a> , and you might receive a bill from a <a href="#">provider</a> for the difference between the <a href="#">provider's</a> charge and what your <a href="#">plan</a> pays ( <a href="#">balance billing</a> ). Be aware, your <a href="#">network provider</a> might use an <a href="#">out-of-network provider</a> for some services (such as lab work). Check with your <a href="#">provider</a> before you get services. |
| Do you need a <a href="#">referral</a> to see a <a href="#">specialist</a> ?    | No.  | You can see the <a href="#">specialist</a> you choose without a <a href="#">referral</a> .  |

| Common Medical Event  | Services You May Need                                  | What You Will Pay  |  | Limitations, Exceptions, & Other Important Information   |
|---|--|--|--|--|
|   |  | Indian Health Care Provider (IHCP)<br>(You will pay the least) | Non-IHCP Provider<br>(You will pay the most) |  |
| If you visit a health care <a href="#">provider's</a> office or clinic  | Primary care visit to treat an injury or illness       | No charge  | Not covered                                  | Virtual Visits from Ambetter Health covered at \$0, <a href="#">providers</a> covered in full. <a href="#">Cost sharing</a> waived at non-IHCP with IHCP <a href="#">referral</a> .  |
|   | <a href="#">Specialist</a> visit                       | No charge  | Not covered                                  | <a href="#">Cost sharing</a> waived at non-IHCP with IHCP <a href="#">referral</a> .   |
|   | <a href="#">Preventive care/screening/immunization</a> | No charge  | Not covered                                  | You may have to pay for services that aren't preventive. Ask your <a href="#">provider</a> if the services needed are preventive. Then check what your <a href="#">plan</a> will pay for. <a href="#">Cost sharing</a> waived at non-IHCP with IHCP <a href="#">referral</a> .                             |
| If you have a test  | <a href="#">Diagnostic test</a> (x-ray, blood work)    | No charge  | Not covered                                  | Prior authorization may be required. Covered No Limit. Failure to obtain prior authorization for any service that requires prior authorization may result in reduction of benefits. See your policy for more details. <a href="#">Cost sharing</a> waived at non-IHCP with IHCP <a href="#">referral</a> . |
|   | Imaging (CT/PET scans, MRIs)                           | No charge  | Not covered                                  | Prior authorization may be required. Covered No Limit.. <a href="#">Cost sharing</a> waived at non-IHCP with IHCP <a href="#">referral</a> .   |
| If you need drugs to treat your illness or condition<br>More information about <a href="#">prescription drug coverage</a> is available at <a href="#">Preferred Drug List</a> . | Generic drugs (Tier 1)                                 | Retail: No charge  | Not covered                                  | <a href="#">Prescription drugs</a> are provided up to 30 days retail and up to 90 days through mail order. <a href="#">Cost sharing</a> waived at non-IHCP with IHCP <a href="#">referral</a> .  |
|   | Preferred brand drugs (Tier 2)                         | Retail: No charge  | Not covered                                  | Prior authorization may be required. <a href="#">Prescription drugs</a> are provided up to 30 days retail and up to 90 days through mail order. <a href="#">Cost sharing</a> waived at non-IHCP with IHCP <a href="#">referral</a> .   |
|   | Non-preferred brand drugs (Tier 3)                     | Retail: No charge  | Not covered                                  | <a href="#">Prescription drugs</a> are provided up to 30 days retail and up to 90 days through mail order. <a href="#">Cost sharing</a> waived at non-IHCP with IHCP <a href="#">referral</a> .  |
|   | <a href="#">Specialty drugs</a> (Tier 4)               | Retail: No charge  | Not covered                                  | Prior authorization may be required. <a href="#">Prescription drugs</a> are provided up to 30 days retail and up to 30 days through mail order. <a href="#">Cost sharing</a> waived at non-IHCP with IHCP <a href="#">referral</a> .   |

| Common Medical Event  | Services You May Need                            | What You Will Pay   |  | Limitations, Exceptions, & Other Important Information  |
|---|--|---|--|---|
|   |  | Indian Health Care Provider (IHCP)<br>(You will pay the least)        | Non-IHCP Provider<br>(You will pay the most) |   |
| If you have outpatient surgery  | Facility fee (e.g., ambulatory surgery center)   | No charge   | Not covered                                  | Prior authorization may be required. Covered No Limit. <a href="#">Cost sharing</a> waived at non-IHCP with IHCP <a href="#">referral</a> .   |
|   | Physician/surgeon fees                           | No charge   | Not covered                                  | Prior authorization may be required. Covered No Limit. <a href="#">Cost sharing</a> waived at non-IHCP with IHCP <a href="#">referral</a> .   |
| If you need immediate medical attention                                   | <a href="#">Emergency room care</a>              | No charge   | No charge                                    | <a href="#">Cost sharing</a> waived at non-IHCP with IHCP <a href="#">referral</a> .  |
|   | <a href="#">Emergency medical transportation</a> | No charge   | No charge                                    | <a href="#">Cost sharing</a> waived at non-IHCP with IHCP <a href="#">referral</a> .  |
|   | <a href="#">Urgent care</a>                      | No charge   | Not covered                                  | <a href="#">Cost sharing</a> waived at non-IHCP with IHCP <a href="#">referral</a> .  |
| If you have a hospital stay   | Facility fee (e.g., hospital room)               | No charge   | Not covered                                  | Prior authorization may be required. Covered No Limit. <a href="#">Cost sharing</a> waived at non-IHCP with IHCP <a href="#">referral</a> .   |
|   | Physician/surgeon fees                           | No charge   | Not covered                                  | Prior authorization may be required. Covered No Limit. <a href="#">Cost sharing</a> waived at non-IHCP with IHCP <a href="#">referral</a> .   |
| If you need mental health, behavioral health, or substance abuse services | Outpatient services                              | No charge / Office Visit; No charge for all other outpatient services | Not covered                                  | Prior authorization may be required. Covered No Limit. (PCP and other practitioner visits do not require prior authorization). <a href="#">Cost sharing</a> waived at non-IHCP with IHCP <a href="#">referral</a> .   |
|   | Inpatient services                               | No charge   | Not covered                                  | Prior authorization may be required. Covered No Limit. <a href="#">Cost sharing</a> waived at non-IHCP with IHCP <a href="#">referral</a> .   |
| If you are pregnant   | Office visits                                    | No charge   | Not covered                                  | Prior authorization not required for deliveries within the standard timeframe per federal regulation, but may be required for other services. <a href="#">Cost-sharing</a> does not apply for <a href="#">preventive services</a> , such as routine pre-natal and post-natal screenings. Depending on the type of services, <a href="#">coinsurance</a> , <a href="#">deductible</a> or <a href="#">copayment</a> may apply. Maternity care may |

| Common Medical Event   | Services You May Need                     | What You Will Pay  |  | Limitations, Exceptions, & Other Important Information  |
|--|---|--|--|---|
|  |   | Indian Health Care Provider (IHCP)<br>(You will pay the least) | Non-IHCP Provider<br>(You will pay the most) |   |
|  |   |  |  | include tests and services described elsewhere in the SBC (i.e. ultrasound). <a href="#">Cost sharing</a> waived at non-IHCP with IHCP <a href="#">referral</a> .   |
|  | Childbirth/delivery professional services | No charge  | Not covered                                  | Prior authorization may be required. <a href="#">Cost sharing</a> does not apply for <a href="#">preventive services</a> . Depending on the type of services, <a href="#">copayment</a> , <a href="#">coinsurance</a> or <a href="#">deductible</a> may apply.                            |
|  | Childbirth/delivery facility services     | No charge  | Not covered                                  | Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound). <a href="#">Cost sharing</a> waived at non-IHCP with IHCP <a href="#">referral</a> .  |
| If you need help recovering or have other special health needs | <a href="#">Home health care</a>          | No charge  | Not covered                                  | Prior authorization may be required. Note: Limited to 3 educational visits per year. <a href="#">Cost sharing</a> waived at non-IHCP with IHCP <a href="#">referral</a> .   |
|  | <a href="#">Rehabilitation services</a>   | No charge  | Not covered                                  | Prior authorization may be required. No limit per therapy for occupational and physical therapy; speech therapy limited to 1 service per day, up to a maximum benefit of 90 daily services per year. <a href="#">Cost sharing</a> waived at non-IHCP with IHCP <a href="#">referral</a> . |
|  | <a href="#">Habilitation services</a>     | No charge  | Not covered                                  | Prior authorization may be required. Covered No Limit. <a href="#">Cost sharing</a> waived at non-IHCP with IHCP <a href="#">referral</a> .   |
|  | <a href="#">Skilled nursing care</a>      | Not covered  | Not covered                                  | <a href="#">Cost sharing</a> waived at non-IHCP with IHCP <a href="#">referral</a> .  |
|  | <a href="#">Durable medical equipment</a> | No charge  | Not covered                                  | Prior authorization may be required. Covered No Limit. <a href="#">Cost sharing</a> waived at non-IHCP with IHCP <a href="#">referral</a> .   |
|  | <a href="#">Hospice services</a>          | No charge  | Not covered                                  | Prior authorization may be required. Covered No Limit. <a href="#">Cost sharing</a> waived at non-IHCP with IHCP <a href="#">referral</a> .   |

| Common Medical Event                   | Services You May Need      | What You Will Pay  |  | Limitations, Exceptions, & Other Important Information  |
|--|----------------------------|--|--|---|
|  |                            | Indian Health Care Provider (IHCP)<br>(You will pay the least) | Non-IHCP Provider<br>(You will pay the most) |   |
| If your child needs dental or eye care | Children's eye exam        | No charge  | Not covered                                  | Limited to 1 visit per year. <a href="#">Cost sharing</a> waived at non-IHCP with IHCP <a href="#">referral</a> .                     |
|  | Children's glasses         | No charge  | Not covered                                  | Limited to 3 sets of lenses and frames per year. <a href="#">Cost sharing</a> waived at non-IHCP with IHCP <a href="#">referral</a> . |
|  | Children's dental check-up | Not covered  | Not covered                                  | -----None-----  |

#### Excluded Services & Other Covered Services:

| Services Your <a href="#">Plan</a> Generally Does NOT Cover (Check your policy or <a href="#">plan</a> document for more information and a list of any other <a href="#">excluded services</a> .)           |   |  |
|---|---|--|
| <ul style="list-style-type: none"> <li>Abortion (Unless the procedure is necessary to preserve the life of the mother)</li> <li>Acupuncture</li> <li>Bariatric surgery</li> <li>Cosmetic surgery</li> </ul> | <ul style="list-style-type: none"> <li>Dental care</li> <li>Hearing aids</li> <li>Long-term care</li> </ul> | <ul style="list-style-type: none"> <li>Non-emergency care when traveling outside the U.S.</li> <li>Routine eye care (Adult)</li> <li>Weight loss programs</li> </ul> |
| Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your <a href="#">plan</a> document.)  |   |  |
| <ul style="list-style-type: none"> <li>Chiropractic care</li> <li>Infertility treatment (Limited to diagnosis and treatment of cause of infertility.)</li> </ul>  | <ul style="list-style-type: none"> <li>Private-duty nursing</li> </ul>                                      | <ul style="list-style-type: none"> <li>Routine foot care (Related to diabetes treatment)</li> </ul>  |

**Your Rights to Continue Coverage:** There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: Ambetter from Sunflower Health [Plan](#) at 1-844-518-9505 (TTY/TDD 1-844-546-9713); Kansas Insurance Department, 420 SW 9th Street Topeka, KS 66612, Phone No. 1-785-296-3071. Other coverage options may be available to you too, including buying individual insurance coverage through the [Health Insurance Marketplace](#). For more information about the [Marketplace](#), visit [www.HealthCare.gov](http://www.HealthCare.gov) or call 1-800-318-2596.

**Your Grievance and Appeals Rights:** There are agencies that can help if you have a complaint against your [plan](#) for a denial of a [claim](#). This complaint is called a [grievance](#) or [appeal](#). For more information about your rights, look at the explanation of benefits you will receive for that medical [claim](#). Your [plan](#) documents also provide complete information to submit a [claim](#), [appeal](#), or a [grievance](#) for any reason to your [plan](#). For more information about your rights, this notice, or assistance, contact: Kansas Insurance Department, 420 SW 9th Street Topeka, KS 66612, Phone No. 1-785-296-3071. Additionally, a consumer assistance program can help you file your [appeal](#). Contact 1-800-432-2484.

**Does this plan provide Minimum Essential Coverage? Yes.**

[Minimum Essential Coverage](#) generally includes [plans](#), [health insurance](#) available through the [Marketplace](#) or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of [Minimum Essential Coverage](#), you may not be eligible for the [premium tax credit](#).

**Does this plan meet Minimum Value Standards? Yes.**

If your [plan](#) doesn't meet the [Minimum Value Standards](#), you may be eligible for a [premium tax credit](#) to help you pay for a [plan](#) through the [Marketplace](#).

#### **Language Access Services:**

Spanish (Español): Para obtener asistencia en Español, llame al 1-844-518-9505 (TTY/TDD 1-844-546-9713).

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-844-518-9505 (TTY/TDD 1-844-546-9713).

Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 1-844-518-9505 (TTY/TDD 1-844-546-9713).

Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijigo holne' 1-844-518-9505 (TTY/TDD 1-844-546-9713).

*To see examples of how this [plan](#) might cover costs for a sample medical situation, see the next section.*

## About these Coverage Examples:



**This is not a cost estimator.** Treatments shown are just examples of how this [plan](#) might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your [providers](#) charge, and many other factors. Focus on the [cost sharing](#) amounts ([deductibles](#), [copayments](#) and [coinsurance](#)) and [excluded services](#) under the [plan](#). Use this information to compare the portion of costs you might pay under different health [plans](#). Please note these coverage examples are based on self-only coverage.

### Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

|   |     |
|---|-----|
| ■ The <a href="#">plan's</a> overall <a href="#">deductible</a> | \$0 |
| ■ <a href="#">Specialist copayment</a>                          | \$0 |
| ■ Hospital (facility) <a href="#">copayment</a>                 | \$0 |
| ■ Other <a href="#">coinsurance</a>                             | 0%  |

This EXAMPLE event includes services like:

[Specialist](#) office visits (*prenatal care*)  
 Childbirth/Delivery Professional Services  
 Childbirth/Delivery Facility Services  
[Diagnostic tests](#) (*ultrasounds and blood work*)  
[Specialist](#) visit (*anesthesia*)

|                    |          |
|--------------------|----------|
| Total Example Cost | \$12,700 |
|--------------------|----------|

In this example, Peg would pay:

| Cost Sharing                |      |
|-----------------------------|------|
| <a href="#">Deductibles</a> | \$0  |
| <a href="#">Copayments</a>  | \$0  |
| <a href="#">Coinsurance</a> | \$0  |
| What isn't covered          |      |
| Limits or exclusions        | \$60 |
| The total Peg would pay is  | \$60 |

### Managing Joe's Type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

|   |     |
|---|-----|
| ■ The <a href="#">plan's</a> overall <a href="#">deductible</a> | \$0 |
| ■ <a href="#">Specialist copayment</a>                          | \$0 |
| ■ Hospital (facility) <a href="#">copayment</a>                 | \$0 |
| ■ Other <a href="#">coinsurance</a>                             | 0%  |

This EXAMPLE event includes services like:

[Primary care physician](#) office visits (*including disease education*)  
[Diagnostic tests](#) (*blood work*)  
[Prescription drugs](#)  
[Durable medical equipment](#) (*glucose meter*)

|                    |         |
|--------------------|---------|
| Total Example Cost | \$5,600 |
|--------------------|---------|

In this example, Joe would pay:

| Cost Sharing                |      |
|-----------------------------|------|
| <a href="#">Deductibles</a> | \$0  |
| <a href="#">Copayments</a>  | \$0  |
| <a href="#">Coinsurance</a> | \$0  |
| What isn't covered          |      |
| Limits or exclusions        | \$20 |
| The total Joe would pay is  | \$20 |

### Mia's Simple Fracture

(in-network emergency room visit and follow up care)

|   |     |
|---|-----|
| ■ The <a href="#">plan's</a> overall <a href="#">deductible</a> | \$0 |
| ■ <a href="#">Specialist copayment</a>                          | \$0 |
| ■ Hospital (facility) <a href="#">copayment</a>                 | \$0 |
| ■ Other <a href="#">coinsurance</a>                             | 0%  |

This EXAMPLE event includes services like:

[Emergency room care](#) (*including medical supplies*)  
[Diagnostic tests](#) (*x-ray*)  
[Durable medical equipment](#) (*crutches*)  
[Rehabilitation services](#) (*physical therapy*)

|                    |         |
|--------------------|---------|
| Total Example Cost | \$2,800 |
|--------------------|---------|

In this example, Mia would pay:

| Cost Sharing                |     |
|-----------------------------|-----|
| <a href="#">Deductibles</a> | \$0 |
| <a href="#">Copayments</a>  | \$0 |
| <a href="#">Coinsurance</a> | \$0 |
| What isn't covered          |     |
| Limits or exclusions        | \$0 |
| The total Mia would pay is  | \$0 |



|                    |  |
|--------------------|--|
| <b>Spanish:</b>    | Si usted, o alguien a quien está ayudando, tiene preguntas acerca de Ambetter de Sunflower Health Plan, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-844-518-9505 (TTY/TDD 1-844-546-9713).  |
| <b>Vietnamese:</b> | Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Ambetter from Sunflower Health Plan, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 1-844-518-9505 (TTY/TDD 1-844-546-9713).  |
| <b>Chinese:</b>    | 如果您，或是您正在協助的對象，有關於 Ambetter from Sunflower Health Plan 方面的問題，您有權利免費以您的母語得到幫助和訊息。如果要與一位翻譯員講話，請撥電話 1-844-518-9505 (TTY/TDD 1-844-546-9713)。  |
| <b>German:</b>     | Falls Sie oder jemand, dem Sie helfen, Fragen zu Ambetter from Sunflower Health Plan hat, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 1-844-518-9505 (TTY/TDD 1-844-546-9713711) an.                                |
| <b>Korean:</b>     | 만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Ambetter from Sunflower Health Plan 에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 1-844-518-9505 (TTY/TDD 1-844-546-9713) 로 전화하십시오.   |
| <b>Laotian:</b>    | ຖ້າທ່ານ ຫຼືຄົນທີ່ທ່ານກຳລັງຊ່ວຍເຫຼືອ ມີຄຳຖາມກ່ຽວກັບ Ambetter from Arkansas Health & Wellness of Arkansas, ທ່ານມີສິດທີ່ຈະໄດ້ຮັບການຊ່ວຍເຫຼືອແລະຂໍ້ມູນຂ່າວສານທີ່ເປັນພາສາຂອງທ່ານ ໂດຍບໍ່ມີຄ່າໃຊ້ຈ່າຍ. ເພື່ອຈະເວົ້າກັບນາຍພາສາ ໃຫ້ໂທຫາ 1-844-518-9505 (TTY/TDD 1-844-546-9713).  |
| <b>Arabic:</b>     | إذا كان لديك أو لدى شخص تساعد أسئلة حول Ambetter from Sunflower Health Plan ، لديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم اتصل بـ 1-844-518-9505 (TTY/TDD 1-844-546-9713) .   |
| <b>Tagalog:</b>    | Kung ikaw, o ang iyong tinutulungan, ay may mga katanungan tungkol sa Ambetter from Sunflower Health Plan, may karapatan ka na makakuha nang tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa 1-844-518-9505 (TTY/TDD 1-844-546-9713).                                     |
| <b>Burmese:</b>    | သင် သို့မဟုတ် သင်မှူညီနေသူတစ်ဦးတို့တွင် Ambetter from Sunflower Health Plan အကြောင်း မေးခရုများရှိပါက အခမဲ့အကူအညီ ရယူပိုင်ခွင့်နှင့် သင်၏ဘာသာ စကားဖြင့် အချက်အလက်များကို အခမဲ့ရယူပိုင်ခွင့် ရှိပါသည်။ စကားပြန်တစ်ဦးနှင့် စကားပြောဆိုရန် 1-844-518-9505 (TTY/TDD 1-844-546-9713) ကို ဖုန်းဆက်ပါ။                                |
| <b>French:</b>     | Si vous-même ou une personne que vous aidez avez des questions à propos d'Ambetter from Sunflower Health Plan, vous avez le droit de bénéficier gratuitement d'aide et d'informations dans votre langue. Pour parler à un interprète, appelez le 1-844-518-9505 (TTY/TDD 1-844-546-9713).                                      |
| <b>Japanese:</b>   | Ambetter from Sunflower Health Plan について何かご質問がございましたらご連絡ください。ご希望の言語によるサポートや情報を無料でご提供いたします。通訳が必要な場合は、1-844-518-9505 (TTY/TDD 1-844-546-9713) までお電話ください。   |
| <b>Russian:</b>    | В случае возникновения у вас или у лица, которому вы помогаете, каких-либо вопросов о программе страхования Ambetter from Sunflower Health Plan вы имеете право получить бесплатную помощь и информацию на своем родном языке. Чтобы поговорить с переводчиком, позвоните по телефону 1-844-518-9505 (TTY/TDD 1-844-546-9713). |
| <b>Hmong:</b>      | Yog koj, los yog tej tus neeg uas koj pab ntawd, muaj lus nug txog Ambetter from Sunflower Health Plan, koj muaj cai kom lawv muab cov ntshiab lus qhia uas tau muab sau ua koj hom lus pub dawb rau koj. Yog koj xav nrog ib tug neeg txhais lus tham, hu rau 1-844-518-9505 (TTY/TDD 1-844-546-9713).                        |
| <b>Persian:</b>    | اگر شما، یا کسی که به او کمک می کنید سؤالی در مورد Ambetter from Sunflower Health Plan دارید، از این حق برخوردارید که کمک و اطلاعات را بصورت رایگان به زبان خود دریافت کنید. برای صحبت کردن با مترجم با شماره 1-844-518-9505 (TTY/TDD 1-844-546-9713) تماس بگیرید.   |
| <b>Swahili:</b>    | Ikiwa wewe au mtu mwingine unayemsaidia, ana maswali kuhusu Ambetter from Sunflower Health Plan, una haki ya kupata usaidizi na taarifa kwa lugha yako bila malipo. Ili kuzungumza na mkalimani, piga simu 1-844-518-9505 (TTY/TDD 1-844-546-9713).  |



### Statement of Non-Discrimination

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

Ambetter from Sunflower Health Plan:

- 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 Sunflower Health Plan at 1-844-518-9505 (TTY/TDD 1-844-546-9713)

If you believe that Ambetter from Sunflower Health Plan 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: Ambetter from Sunflower Health Plan Appeals Unit, 8325 Lenexa Dr, Suite 410, Lenexa, KS 66214, 1-844-518-9505 (TTY/TDD 1-844-546-9713), Fax, 1-844-680-5805. You can file a grievance by mail, fax, or email. If you need help filing a grievance, Ambetter from Sunflower Health Plan 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>.