# Summary of Benefits and Coverage: What this Plan Covers & What You Pay for Covered Services Ambetter of Oklahoma

Clear Silver: Zero Cost Sharing Plan Variation

The Summary of Benefits and Coverage (SBC) document will help you choose a health <u>plan</u>. The SBC shows you how you and the <u>plan</u> would share the cost for covered health care services. NOTE: Information about the cost of this <u>plan</u> (called the <u>premium</u>) 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://ambetterofoklahoma.com/2023-brochures.html, or call 1-833-492-0679 (TTY 711). For general definitions of common terms, such as <u>allowed amount</u>, <u>balance</u> <u>billing</u>, <u>coinsurance</u>, <u>copayment</u>, <u>deductible</u>, <u>provider</u>, or other <u>underlined</u> terms, see the Glossary. You can view the Glossary at <u>https://www.healthcare.gov/sbc-glossary</u> or call 1-833-492-0679 (TTY 711) to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	<u>Network providers</u> : \$0 Individual / \$0 Family. <u>Out-of-network providers</u> : \$0 Individual / \$0 Family.	See the Common Medical Events chart below for your costs for services this plan covers.
Are there services covered before you meet your <u>deductible</u> ?	Yes.	This <u>plan</u> covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this <u>plan</u> covers certain <u>preventive</u> <u>services</u> without <u>cost sharing</u> and before you meet your <u>deductible</u> . See a list of covered <u>preventive services</u> at <u>https://www.healthcare.gov/coverage/preventive-care-benefits/</u> .
Are there other <u>deductibles</u> for specific services?	No.	You don't have to meet <u>deductibles</u> for specific services.
What is the <u>out-of-pocket limit</u> for this <u>plan</u> ?	Not Applicable.	This <u>plan</u> does not have an <u>out-of-pocket limit</u> on your expenses.
What is not included in the out-of-pocket limit?	Not Applicable.	This <u>plan</u> does not have an <u>out-of-pocket limit</u> on your expenses.
Will you pay less if you use a <u>network provider</u> ?	Yes. See https://ambetterofoklahoma.com/f indadoc or call 1-833-492-0679 (TTY 711) for a list of <u>network</u> providers.	This <u>plan</u> uses a <u>provider</u> <u>network</u> . You will pay less if you use a <u>provider</u> in the <u>plan's</u> <u>network</u> . You will pay the most if you use an <u>out-of-network provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's</u> charge and what your <u>plan</u> pays ( <u>balance billing</u> ). Be aware, your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.
Do you need a <u>referral</u> to see a <u>specialist</u> ?	No.	You can see the <u>specialist</u> you choose without a <u>referral</u> .

What You Will Pay				
Common Medical Event	Services You May Need	Indian Health Care Provider (IHCP) (You will pay the least)	Non-IHCP Provider (You will pay the most)	Limitations, Exceptions, & Other Important Information
lf you visit a boolth	Primary care visit to treat an injury or illness	No charge	No charge	Unlimited Virtual Care Visits received from Ambetter Telehealth covered at No Charge, providers covered in full.
If you visit a health care <u>provider's</u> office	<u>Specialist</u> visit	No charge	No charge	Covered No Limit.
or clinic	Preventive care/screening/ immunization	No charge	No charge	You may have to pay for services that aren't preventive. Ask your <u>provider</u> if the services needed are preventive. Then check what your <u>plan</u> will pay for.
		No charge for laboratory & professional services	No charge for laboratory & professional services	Prior authorization may be required. Covered No Limit. Other places of service may include
	Diagnostic test (x-ray, blood work) Imaging (CT/PET scans, MRIs)	No charge for x-ray & diagnostic imaging	No charge for x-ray & diagnostic imaging	Hospital, Emergency Room, or Outpatient Facility.
If you have a test		No charge for laboratory & professional services and x- ray & diagnostic imaging at other places of service	No charge for laboratory & professional services and x-ray & diagnostic imaging at other places of service	Failure to obtain prior authorization for any service that requires prior authorization will result in a denial of benefits. See your policy for more details.
		No charge	No charge	Prior authorization may be required. Covered No Limit.
If you need drugs to treat your illness or condition	Generic drugs (Tier 1)	Preferred Generic Retail: No charge	Not covered	Prior authorization may be required. <u>Prescription drugs</u> are provided up to 30 days retail and up to 90 days through mail order.
More information about		Generic Retail: No charge		
prescription drug	Preferred brand drugs (Tier 2) Non-preferred brand drugs	Retail: No charge	Not covered	Prior authorization may be required. Prescription drugs are provided up to 30 days
coverage is available at https://ambetterofokla	(Tier 3)	Retail: No charge	Not covered	retail and up to 90 days through mail order.
homa.com/2023formul ary.	Specialty drugs (Tier 4)	Retail: No charge	Not covered	Prior authorization may be required. <u>Prescription drugs</u> are provided up to 30 days retail and up to 30 days through mail order.
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	No charge	No charge	Prior authorization may be required. Covered No Limit.

		What You	Will Pay		
Common Medical Event	Services You May Need	Indian Health Care Provider (IHCP) (You will pay the least)	Non-IHCP Provider (You will pay the most)	Limitations, Exceptions, & Other Important Information	
	Physician/surgeon fees	No charge	No charge	Prior authorization may be required. Covered No Limit.	
	Emergency room care	No charge	No charge	Covered No Limit.	
If you need immediate medical attention	Emergency medical transportation	No charge	No charge	Covered No Limit. Note: Prior authorization is not required for emergency transport, however, all non-emergent transport requires prior authorization. If you receive service from an out of <u>network</u> ground/water ambulance <u>provider</u> , you may be subject to <u>balance</u> <u>billing</u> .	
	Urgent care	No charge	No charge	Covered No Limit.	
lf you have a hospital	Facility fee (e.g., hospital room)	No charge	No charge	Prior authorization may be required. Covered No Limit.	
stay	Physician/surgeon fees	No charge	No charge	Prior authorization may be required. Covered No Limit.	
If you need mental health, behavioral health, or substance	Outpatient services	No charge	No charge	Prior authorization may be required. Covered No Limit. (Primary care provider (PCP) and other practitioner visits do not require prior authorization).	
abuse services	Inpatient services	No charge	No charge	Prior authorization may be required. Covered No Limit.	
lf you are pregnant	Office visits	No charge No charge		Prior authorization not required for deliveries within the standard timeframe per federal regulation, but may be required for other services. <u>Cost-sharing</u> does not apply for <u>preventive services</u> , such as routine pre-natal and post-natal <u>screenings</u> . Depending on the type of services, <u>coinsurance</u> , <u>deductible</u> or <u>copayment</u> may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound).	

		What You	Will Pay	
Common Medical Event	Services You May Need	Indian Health Care Provider (IHCP) (You will pay the least)	Non-IHCP Provider (You will pay the most)	Limitations, Exceptions, & Other Important Information
	Childbirth/delivery professional services	No charge	No charge	Prior authorization may be required. <u>Cost-</u> <u>sharing</u> does not apply for <u>preventive</u>
	Childbirth/delivery facility services	No charge	No charge	services. Depending on the type of services, copayment, coinsurance or deductible may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound).
	Home health care	No charge	No charge	Prior authorization may be required. Limited to 30 visits per year.
If you need help recovering or have	Rehabilitation services	Outpatient: No charge Inpatient: No charge	Outpatient: No charge Inpatient: No charge	Outpatient: Prior authorization may be required. Per year, a combined 25 visit limit applies for occupational, speech and physical therapy. Note: Limits do not apply when provided for a mental health/substance use disorder diagnosis. Inpatient: Prior authorization may be required. Limited to 30 days per year. Note: Limits do not apply when provided for a mental health/substance use disorder diagnosis.
other special health needs	Habilitation services	Outpatient: No charge Inpatient: No charge	Outpatient: No charge Inpatient: No charge	Outpatient: Prior authorization may be required. Per year, a combined 25 visit limit applies for occupational, speech and physical therapy. Note: Limits do not apply when provided for a mental health/substance use disorder diagnosis. Inpatient: Prior authorization may be required. Limited to 30 days per year. Note: Limits do not apply when provided for a mental health/substance use disorder diagnosis.

		What You	Will Pay	
Common Medical Event	Services You May Need	Indian Health Care Provider (IHCP) (You will pay the least)	Non-IHCP Provider (You will pay the most)	Limitations, Exceptions, & Other Important Information
	Skilled nursing care	No charge	No charge	Prior authorization may be required. Limited to 30 days per year.
	Durable medical equipment	No charge	No charge	Prior authorization may be required. Covered No Limit.
	Hospice services	No charge	No charge	Prior authorization may be required. Covered No Limit.
If your child needs	Children's eye exam	No charge	No charge	Limited to 1 visit per year.
If your child needs dental or eye care	Children's glasses	No charge	No charge	Limited to 1 item per year.
dental of eye cale	Children's dental check-up	Not covered	Not covered	None

## **Excluded Services & Other Covered Services:**

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)				
<ul> <li>Abortion (Except in cases when the life of the mother is endangered)</li> <li>Acupuncture</li> <li>Bariatric surgery</li> <li>Cosmetic surgery</li> <li>Dental care (Adult)</li> </ul>	<ul> <li>Infertility treatment (Note: Coverage is available for diagnosis and services required to correct underlying medical causes of infertility.)</li> <li>Long-term care (Long Term Acute Care is a covered benefit. Long Term Nursing Care/Custodial Care is not a covered benefit.)</li> </ul>	<ul> <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 <u>plan</u> document.)		
Chiropractic care	• Private-duty nursing (Limited to 85 visits per	Routine foot care		
• Hearing aids (Limited to 1 per ear every 4 years.)	year.)			

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 of Oklahoma at 1-833-492-0679 (TTY 711); Oklahoma Insurance Department, 400 NE 50th St. Oklahoma City, OK 73105; Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272); Health Options at 1-800-522-0071; Office of Personnel Management Multi State Plan Program at <a href="https://www.opm.gov/healthcare-insurance/multi-state-plan-program/external-review/">https://www.opm.gov/healthcare-insurance/multi-state-plan-program/external-review/</a>. Other coverage options may be available to you too, including buying individual insurance coverage through the <a href="https://www.HealthCare.gov">Health Insurance Marketplace</a>. For more information about the <a href="https://www.HealthCare.gov">Marketplace</a>, visit <a href="https://www.HealthCare.gov">www.HealthCare.gov</a> or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your <u>plan</u> for a denial of a <u>claim</u>. This complaint is called a <u>grievance</u> or <u>appeal</u>. For more information about your rights, look at the explanation of benefits you will receive for that medical <u>claim</u>. Your <u>plan</u> documents also provide complete information on how to submit a <u>claim</u>, <u>appeal</u>, or a <u>grievance</u> for any reason to your <u>plan</u>. For more information about your rights, this notice, or assistance, contact: Oklahoma Insurance Department, 400 NE 50th St. Oklahoma City, OK 73105 Additionally, a consumer assistance program can help you file your <u>appeal</u>. Contact 800-522-0071.

#### 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? Not Applicable.

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 1-833-492-0679 (TTY 711). Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-833-492-0679 (TTY 711). Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 1-833-492-0679 (TTY 711). Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwiijigo holne' 1-833-492-0679 (TTY 711).

To see examples of how this <u>plan</u> might cover costs for a sample medical situation, see the next section.



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.

<b>Peg is Having a E</b> (9 months of in-network pre-na hospital deliver	ital care and a		Managing Joe's Typ (a year of routine in-network cal condition)	
The plan's overall deductible	\$0		The plan's overall deductib	le
Specialist coinsurance	0%	)	Specialist coinsurance	
Hospital (facility) coinsurance	<u>e</u> 0%	)	Hospital (facility) coinsurar	<u>1ce</u>
Other <u>coinsurance</u>	0%	)	Other <u>coinsurance</u>	
This EXAMPLE event includes a <u>Specialist</u> office visits (prenatal ca Childbirth/Delivery Professional Se Childbirth/Delivery Facility Service <u>Diagnostic tests</u> (ultrasounds and <u>Specialist</u> visit (anesthesia)	re) ervices es		This EXAMPLE event includes <u>Primary care physician</u> office vis disease education) <u>Diagnostic tests</u> (blood work) <u>Prescription drugs</u> <u>Durable medical equipment</u> (glu	sits (
Total Example Cost	\$12,700	)	Total Example Cost	

	In	this	example,	Peg	would	pay
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\$0
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\$0
\$0

Managing Joe's Type 2 Diabetes (a year of routine in-network care of a well-controlled			
condition)			
The plan's overall deductib	<u>le</u> \$0		
Specialist coinsurance	0%		
■ Hospital (facility) <u>coinsurance</u> 0%			
■ Other <u>coinsurance</u> 0%			
This EXAMPLE event includes services like:			
Primary care physician office vis	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:

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Cost Sharing				
Deductibles	\$0			
Copayments	\$0			
Coinsurance	\$0			
What isn't cove	ered			
Limits or exclusions	\$0			
The total Joe would pay is	\$0			

### **Mia's Simple Fracture**

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

\$0	The plan's overall deductible	\$0
%	Specialist coinsurance	0%
%	Hospital (facility) <u>coinsurance</u>	0%
%	Other <u>coinsurance</u>	0%
	This EXAMPLE event includes services li	ke:
	Emergency room care (including medical su	pplies)
	Diagnostic tests (x-ray)	
	Durable medical equipment (crutches)	

Renabilitation services	(pnysical therapy)

Total Example Cost	\$2,800
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### In this example, Mia would pay:

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ng
\$0
\$0
\$0
vered
\$0
\$0



Spanish:	Si usted, o alguien a quien está ayudando, tiene preguntas acerca de Ambetter of Oklahoma, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-833-492-0679 (TTY 711).
Vietnamese:	Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Ambetter of Oklahoma , 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 1-833-492-0679 (TTY 711).
Chinese:	如果您,或是您正在協助的對象,有關於 Ambetter of Oklahoma 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 1-833-492-0679 (TTY 711)。
Korean:	만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Ambetter of Oklahoma 에 관해서 질문이 있다면 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 1-833-492-0679 (TTY 711)번으로 전화하십시오.
German:	Falls Sie oder jemand, dem Sie helfen, Fragen zu Ambetter of Oklahoma 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 1-833-492-0679 (TTY 711) an.
Arabic:	إذا كان لديك أو لدى شخص تساعده أسئلة حولAmbetter of Oklahoma، لديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم اتصل بـ 1-333-492-0679 (TTY 711).
Burranaa	သင် သို့မဟုတ် သင်ကူညီပေးနေသော တစ်ယောက်ယောက်တွင် Ambetter of Oklahoma နှင့် ပက်သက်ပြီး မေးမြန်းလိုသည်များ ရှိလျှင် အကူအညီ နှင့်
Burmese:	အချက်အလက်များကို သင့်ဘာသာစကားဖြင့် အခမဲ့ ရယူပိုင်ခွင့် သင့်တွင် ရှိပါသည်။ စကားပြန်တစ်ယောက် နှင့် ပြောဆိုရန် 1-833-492-0679 (TTY 711) ကို ဖုန်းဆက်ပါ။
Hmong:	Yog koj, los yog ib tug neeg uas koj pab ntawd, muaj lus nug txog Ambetter of Oklahoma koj muaj cai tau txais tej ntub ntawv no sau ua koj hom lus pub dawb rau koj. Yog koj xav nrog ib tug neeg txhais lus tham, hu rau 1-833-492-0679 (TTY 711)
Tagalog:	Kung ikaw, o ang iyong tinutulangan, ay may mga katanungan tungkol sa Ambetter of Oklahoma, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika nang walang gastos. Upang makausap ang isang tagasalin, tumawag sa 1-833-492-0679 (TTY 711).
French:	Si vous-même ou une personne que vous aidez avez des questions à propos d'Ambetter of Oklahoma, vous avez le droit de bénéficier gratuitement d'aide et d'informations dans votre langue. Pour parler à un interprète, appelez le 1-833-492-0679 (TTY 711).
Laotion:	ຖ້າທ່ານ ຫຼືຄົນທີ່ທ່ານກຳລັງຊ່ວຍເຫຼືອ ມີຄຳຖາມກ່ຽວກັບ Ambetter of Oklahoma, ທ່ານມີສິດທີ່ຈະໄດ້ຮັບການຊ່ວຍເຫຼືອແລະຂໍ້ມູນຂ່າວສານທີ່ເປັນພາສາຂອງທ່ານ ໂດຍບໍ່ມີຄ່າໃຊ້ຈ່າຍ. ເພື່ອຈະເວົ້າກັບນາຍພາສາ ໃຫ້ໂທຫາ 1-833-492-0679 (TTY 711).
Thai:	หากท่านหรือผู้ที่ท่านให้ความช่วยเหลืออยู่ในขณะนี้มีคำถามเกี่ยวกับAmbetter of Oklahoma ท่านมีสิทธิ์ที่จะได้รับความช่วยเหลือและข้อมูลในภาษาของท่าน โดยไม่เสียค่าใช้จ่ายใด ๆ ทั้งสิ้น หากต้องการใช้บริการล่าม กรุณาโทรศัพท์ดิดต่อที่หมายเลข1-833-492-0679 (TTY 711).
Urdu:	اگر Ambetter of Oklahoma کے بار ے میں آپ کے، یا جن کی آپ مدد کر رہے ہیں، ان کے سوالات ہوں تو، آپ کو اپنی زبان میں مفت مدد اور معلومات حاصل کرنے کا حق ہے۔ کسی مترجم سے بات کرنے کے لیے 1-833-492-0670 (TTY 711) پر کال کریں۔
Cherokee:	ႹჅ Dኖ ჅႫႽႼႫႸ ႫႵ Dኖኖ&ႫႸ EGSOኖ Ambetter of Oklahoma, VG Dቶ RႫႽჃT Dኖ RGZႫ4Ⴣ C-ႫႸ ႺಲႹჅႫჃ ႹႽ EG.ኖѲ. ႫႱ&ჍႼჃ ႸႺ DハჃႫႸ ჃჇѲ 1-833-492-0679 (TTY 711)
Persian:	اگر شما، یا کسي که به او کمک مي کنيد سؤالي در مورد Ambetter of Oklahoma داريد، از اين حق برخورداريد که کمک و اطلاعات را بصورت رايگان به زبان خود دريافت کنيد۔ براي صحبت کردن با مترجم با شماره 1-833-492-0679 (TTY 711) تماس بگيريد۔

#### Statement of Non-Discrimination

Ambetter of Oklahoma complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Ambetter of Oklahoma does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Ambetter of Oklahoma:

- 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 of Oklahoma at 1-833-492-0679 (TTY 711).

If you believe that Ambetter of Oklahoma 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 of Oklahoma, Appeals and Grievances, PO Box 10341 Van Nuys CA, 91410, 1-833-492-0679 (TTY 711), Fax 1-833-886-7956. You can file a grievance by mail, fax, or email. If you need help filing a grievance, Ambetter of Oklahoma 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 <u>https://ocrportal.hhs.gov/ocr/portal/lobby.jsf</u>, 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.