Coverage Period: 01/01/2026 – 12/31/2026 Coverage for: Individual/Family | Plan Type: HMO

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://ambetterhealth.com/en/fl/2026-brochures.html or call 1-877-687-1169 (Relay Florida 1-800-955-8770). 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 1-877-687-1169 (Relay Florida 1-800-955-8770) to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	\$800 individual / \$1,600 family.	Generally, you must pay all of the costs from <u>providers</u> up to the <u>deductible</u> amount before this <u>plan</u> begins to pay. If you have other family members on the <u>plan</u> , each family member must meet their own individual <u>deductible</u> until the total amount of <u>deductible</u> expenses paid by all family members meets the overall family <u>deductible</u> .
Are there services covered before you meet your deductible?	Yes. <u>Preventive care</u> services, primary care, <u>specialist</u> , and <u>urgent care</u> visits, and certain <u>prescription drugs</u> are covered before you meet your <u>deductible</u> (see additional information below).	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 <a href="https://www.healthcare.gov/coverage/preventive-care-benefits/">https://www.healthcare.gov/coverage/preventive-care-benefits/</a> .
Are there other deductibles for specific services?	No.	You don't have to meet <u>deductibles</u> for specific services.
What is the <u>out-of-pocket</u> <u>limit</u> for this <u>plan</u> ?	For <u>network providers</u> : \$7,250 individual / \$14,500 family. Not applicable for <u>out-of-network providers</u> .	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u> , they have to meet their own <u>out-of-pocket limits</u> until the overall family <u>out-of-pocket limit</u> has been met.
What is not included in the out-of-pocket limit?	Premiums, balance-billing charges, penalties for failure to obtain preauthorization for services, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit.
Will you pay less if you use a <u>network provider</u> ?	Yes. See  https://ambetterhealth.com/en/fl/fin dadoc or call 1-877-687-1169 (Relay Florida 1-800-955-8770) for a list of network providers.	This <u>plan</u> uses a <u>provider network</u> . You will pay less if you use a <u>provider</u> in the <u>plan's 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.

Important Questions	Answers	Why This Matters:
Do you need a <u>referral</u> to see a <u>specialist</u> ?	No.	You can see the specialist you choose without a referral.

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All **copayment** and **coinsurance** costs shown in this chart are after your **deductible** has been met, if a **deductible** applies.

		What You Will Pay		Limitations, Exceptions, & Other
Common Medical Event	Services You May Need	Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	Important Information
	Primary care visit to treat an injury or illness	\$35 <u>Copay</u> / visit; <u>deductible</u> does not apply	Not covered	Unlimited Virtual 24/7 Care Visits received from Ambetter's designated telehealth provider covered at No Charge, providers covered in full, deductible does not apply.
If you visit a health care provider's office or clinic	Specialist visit	\$55 <u>Copay</u> / visit; <u>deductible</u> does not apply	Not covered	None
	Preventive care/screening/ immunization	No charge; deductible does not apply	Not covered	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.
If you have a test	<u>Diagnostic test</u> (x-ray, blood work)	\$35 Copay / visit; deductible does not apply for laboratory & professional services 35% Coinsurance for x- ray & diagnostic imaging 35% Coinsurance for laboratory & professional services and x-ray & diagnostic imaging at other places of service	Not covered	Prior authorization may be required. Covered No Limit. Other places of service may include: Hospital, Emergency Room, or Outpatient Facility. Failure to obtain prior authorization for any service that requires prior authorization will result in a denial of benefits.
	Imaging (CT/PET scans, MRIs)	35% Coinsurance	Not covered	Prior authorization may be required. Covered No Limit.
If you need drugs to treat your illness or	Generic drugs	Tier 1a - Preferred Generic Retail: \$3 Copay / prescription;	Not covered	Prior authorization may be required.  Prescription drugs are provided up to 30 days retail and up to 90 days through mail

		What Yo	ou Will Pay	Limitations Evacutions 9 Other
Common Medical Event	Services You May Need	Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	Limitations, Exceptions, & Other Important Information
condition  More information about		deductible does not apply		order. Mail orders are subject to 2.5x retail cost-sharing amount.
prescription drug coverage is available at https://ambetterhealth.c om/en/fl/2026formulary		Tier 1b - Generic Retail: \$15 Copay / prescription; deductible does not apply		
	Preferred brand drugs	Tier 2 - Retail: \$60 Copay / prescription; deductible does not apply	Not covered	Prior authorization may be required.  Prescription drugs are provided up to 30 days retail and up to 90 days through mail
	Non-preferred brand drugs and Non-preferred generic drugs.	Tier 3 - Retail: 45% Coinsurance	Not covered	order. Mail orders are subject to 2.5x retail cost-sharing amount.
	Specialty drugs	Tier 4 - Retail: 50% Coinsurance	Not covered	Prior authorization may be required.  Prescription drugs are provided up to 30 days retail and up to 30 days through mail order.
If you have outpatient	Facility fee (e.g., ambulatory surgery center)	35% Coinsurance	Not covered	Prior authorization may be required. Covered No Limit.
surgery	Physician/surgeon fees	35% Coinsurance	Not covered	Prior authorization may be required. Covered No Limit.
	Emergency room care	35% Coinsurance	35% Coinsurance	None
If you need immediate medical attention	Emergency medical transportation	35% Coinsurance	35% Coinsurance	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 <a href="network">network</a> ground/water ambulance <a href="provider">provider</a> , you may be subject to <a href="mailto:balance billing">balance billing</a> .
	Urgent care	\$45 <u>Copay</u> / visit; <u>deductible</u> does not apply	Not covered	None
If you have a hospital stay	Facility fee (e.g., hospital room)	35% Coinsurance	Not covered	Prior authorization may be required. Covered No Limit.

		What You Will Pay		Limitations Exceptions & Other	
Common Medical Event	Services You May Need	Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	Limitations, Exceptions, & Other Important Information	
	Physician/surgeon fees	35% Coinsurance	Not covered	Prior authorization may be required. Covered No Limit.	
If you need mental health, behavioral health, or substance abuse services	Outpatient services	Office Visit: \$35 Copay / visit; deductible does not apply; Other Outpatient Services: 35% Coinsurance	Not covered	Prior authorization may be required. Covered No Limit. (Primary Care Provider (PCP) and other practitioner office visits do not require prior authorization.)	
	Inpatient services	35% Coinsurance	Not covered	Prior authorization may be required. Covered No Limit.	
If you are pregnant	Office visits	\$35 <u>Copay</u> / visit; <u>deductible</u> does not apply	Not covered	Prior authorization not required for deliveries within the standard timeframe per federal regulation, but may be required for other services. Cost-sharing does not apply for preventive services, such as routine prenatal and post-natal screenings. Depending on the type of services, coinsurance, deductible or copayment may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e., ultrasound).	
	Childbirth/delivery professional services	35% Coinsurance	Not covered	Prior authorization may be required. Cost- sharing does not apply for preventive services. Depending on the type of services, copayment, coinsurance or deductible may	
	Childbirth/delivery facility services	35% Coinsurance	Not covered	apply. Maternity care may include tests and services described elsewhere in the SBC (i.e., ultrasound).	
If you need help	Home health care	No charge; deductible does not apply	Not covered	Prior authorization may be required. Limited to 20 visits per year.	
recovering or have other special health needs	Rehabilitation services	Outpatient: 35% Coinsurance Inpatient: 35% Coinsurance	Not covered	Outpatient: Prior authorization may be required. Outpatient rehabilitation therapy is limited to a combined 35 visits per year, including chiropractic care. Note: Limits do not apply when provided for a mental	

		What You Will Pay		Limitations, Exceptions, & Other	
Common Medical Event	Services You May Need	Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	Important Information	
				health/substance use disorder diagnosis. Inpatient: Prior authorization may be required. Limited to 21 days per year. Note: Limits do not apply when provided for a mental health/substance use disorder diagnosis.	
	Habilitation services	Outpatient: 35% Coinsurance Inpatient: 35% Coinsurance	Not covered	Outpatient: Prior authorization may be required. Outpatient habilitation therapy is limited to a combined 35 visits per year, including chiropractic care. Note: Limits do not apply when provided for a mental health/substance use disorder diagnosis. Inpatient: Prior authorization may be required. Limited to 21 days per year. Note: Limits do not apply when provided for a mental health/substance use disorder diagnosis.	
	Skilled nursing care	35% Coinsurance	Not covered	Prior authorization may be required. Limited to 60 days per year.	
	Durable medical equipment	35% Coinsurance	Not covered	Prior authorization may be required. Covered No Limit.	
	Hospice services	35% Coinsurance	Not covered	Prior authorization may be required. Covered No Limit.	
If your shild woods	Children's eye exam	No charge; deductible does not apply	Not covered	Limited to 1 visit per year.	
If your child needs dental or eye care	Children's glasses	No charge; deductible does not apply	Not covered	Limited to 1 item per year.	
	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.)

- Abortion (Except in cases of rape, incest, or when the life of the member is endangered)
- Acupuncture
- Bariatric surgery
- Cosmetic surgery
- Dental care (Adult)

- Dental care (Children)
- Hearing aids
- Infertility treatment
- Long-term care

- Non-emergency care when traveling outside the U.S.
- Private-duty nursing
- Routine eye care (Adult)
- Weight loss programs

### Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)

- Chiropractic care (Limited to a combined 35 visits per year, including outpatient therapy)
- Routine foot care

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 Health at 1-877-687-1169 (Relay Florida 1-800-955-8770); Florida Office of Insurance Regulation, 200 East Gaines Street, Tallahassee, FL, 32399-4288, Phone: 1-877-693-5236; Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272); or 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="health Insurance Marketplace">health Insurance Marketplace</a>. For more information about the <a href="health-labor-318-2596">Marketplace</a>, visit 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 <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: Florida Office of Insurance Regulation, 200 East Gaines Street, Tallahassee, FL, 32399-4288, Phone: 1-877-693-5236.

## 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 the 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 1-877-687-1169 (Relay Florida 1-800-955-8770).

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-877-687-1169 (Relay Florida 1-800-955-8770).

Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 1-877-687-1169 (Relay Florida 1-800-955-8770).

Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwiijigo holne' 1-877-687-1169 (Relay Florida 1-800-955-8770).

To see examples of how this <u>plan</u> 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 <u>plan</u> might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your <u>providers</u> charge, and many other factors. Focus on the <u>cost-sharing</u> amounts (<u>deductibles</u>, <u>copayments</u> and <u>coinsurance</u>) and <u>excluded services</u> under the <u>plan</u>. Use this information to compare the portion of costs you might pay under different health <u>plans</u>. 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 <u>plan's</u> overall <u>deductible</u>	\$800
■ Specialist copayment	\$55
■ Hospital (facility) coinsurance	35%

Other coinsurance

# 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)

<u>Operation</u> voic (unresulted a)

Total Example Cost	\$12,700
In this example, Peg would pay:	
Cost Sharing	
<u>Deductibles</u>	\$800
Copayments	\$500
Coinsurance	\$2,800
What isn't covered	
Limits or exclusions	\$60
The total Peg would pay is	\$4,160

# Managing Joe's Type 2 Diabetes

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

The <u>plan's</u> overall <u>deductible</u>	\$800
■ <u>Specialist</u> <u>copayment</u>	\$55
■ Hospital (facility) coinsurance	35%
■ Other coinsurance	35%

### This EXAMPLE event includes services like:

<u>Primary care physician</u> office visits (including disease education)

Diagnostic tests (blood work)

Prescription drugs

35%

<u>Durable medical equipment</u> (glucose meter)

Total Example Cost	\$5,600
In this example, Joe would pay:	
Cost Sharing	
<u>Deductibles</u>	\$800
Copayments	\$1,400
Coinsurance	\$0
What isn't covered	·
Limits or exclusions	\$20
The total Joe would pay is	\$2,220

## **Mia's Simple Fracture**

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

■ The <u>plan's</u> overall <u>deductible</u>	\$800
■ Specialist copayment	\$5
■ Hospital (facility) coinsurance	35%
■ Other <u>coinsurance</u>	35%

#### This EXAMPLE event includes services like:

Emergency room care (including medical supplies)

Diagnostic tests (x-ray)

<u>Durable medical equipment</u> (crutches)

Rehabilitation services (physical therapy)

Total Example Cost	\$2,800	
In this example, Mia would pay:		
Cost Sharing		
<u>Deductibles</u>	\$800	
Copayments	\$200	
Coinsurance	\$600	
What isn't covered		
Limits or exclusions	\$0	
The total Mia would pay is	\$1,600	

The plan would be responsible for the other costs of these EXAMPLE covered services.



English, you have the right to get help and information in your language at no cost and in a timely manner. If you, or someone you're helping, have an auditory and/or visual condition that impedys communication, you have the right to receive auxiliary aids and services at no cost and in a timely manner. To receive translation or auxiliary services, please contact Member Services at 1.877-687-1169 (Relay Florida 1-800-955-8770).  Si usted, o alguien a quien está ayudando, tiene preguntas acerca de Ambetter Health y no domina inglés, tiene derecho a obtener ayuda e información en su idioma sin costo alguno y de manera oportuna. Si usted, o alguien a quien está ayudando, tiene un impedimento auditivo o visual que le dificulta la comunicación, tiene derecho a recibir ayuda y servicios auxiliares sin costo alguno y de manera oportuna. Para recibir servicios auxiliares de traducción, comuniquese con Servicios para Miembros al 1.877-687-1169 (Relay Florida 1-800-955-8770).  Si ou menm, oswa yon moun w ap ede, gen kesyon sou Ambetter Health, epi nou pa mètrize Angle nou gen dwa pou jivene da vie enfomasyon nan lang nou gratis epi nan moman ki apwopriye a. Pou reserva seivis tradikcyon oswa seivis oskiylė yo, tanpri kontakte Sevis Manmy e petible kominikasyon nou, nou gen dwa pou vreserwa asistans ak sevis oskiylė gratis epi nan moma ki apwopriye a. Pou reservas seivis tradikcyon oswa seivis oskiylė yo, tanpri kontakte Sevis Manmy tieng Anh, quý vi od quyèn duyc rut gibų và nhận thóng tin bằng ngôn ngữ của minh miền phí và k thốn quy vi hoặc người mà quý vi dang gibų đỡ rác cầuh hỏi về Ambetter Health và không thành thạo tiếng Anh, quý vi có quyền dược nhan các hỗ trợ và dich vụ phu tro miện phí và ki thời. Nếu quy vi hoặc người mà quý vi dang gibų đỡ rác cầuh và thinh giác và/hoặc thị giác gây xi trời giao tiện, quý vi có quyền dược nhan các hỗ trợ và dich vụ phu tro miện phí và ki thời. Nêu quy vi hoặc người mà nàn thóng tin hệ bộ phận Dịch Vụ Thành Viện theo số 1.877-687-1169 (Relay Florida 1-800-955-8770).  Se tiv		
Spanish: inglés, tiene derecho a obtener ayuda e información en su idioma sin costo alguno y de manera oportuna. Si usted, o alguien a quien está ayudando, tiene un impedimento auditivo o visual que le dificulta la comunicación, tiene derecho a recibir ayuda y servicios auxillares sin costo alguno y de manera oportuna. Para recibir servicios auxillares o de traducción, comuníquese con Servicios para Miembros al 1-877-687-1169 (Relay Florida 1-800-955-8770).  Si ou menm, oswa yon moun w ap ede, gen kesyon sou Ambetter Health, epi nou pa mètrize Angle nou gen dwa pou jwenn èd a k enfomasyon nan lang nou gratis epi nan moman ki apwopriye a. Si o menm, oswa yon moun w ap ede, gen yon pwoblèm pou tande ak/oswa yon pwoblèm pou men, oswa yon moun w ap ede, gen yon pwoblèm pou tande ak/oswa yon pwoblèm pou men, oswa yon moun wa pede, gen yon pwoblèm pou tande ak/oswa yon pwoblèm pou men, oswa yon moun wa pede, gen yon pwoblèm pou tande ak/oswa yon pwoblèm pou men, oswa yon moun wa pede, gen yon pwoblèm pou tande ak/oswa yon pwoblèm pou men, oswa yon moun wa pede, gen yon pwoblèm pou tande ak/oswa yon pwoblèm pou wa han ta moman ki apwopriye a. Si o men, oswa yon moun wa pede, gen yon pwoblèm pou tande ak/oswa yon pwoblèm pou wa han a serva pour persona yon pwoblèm pou men, oswa yon pwoblèm pou wa han a serva pour pour pour pour pour pour pour pour	English:	manner. If you, or someone you're helping, have an auditory and/or visual condition that impedes communication, you have the right to receive auxiliary aids and services at no cost and in a timely manner. To receive translation or auxiliary services, please contact Member Services at
Frenche Creole:	Spanish:	oportuna. Si usted, o alguien a quien está ayudando, tiene un impedimento auditivo o visual que le dificulta la comunicación, tiene derecho a recibir ayuda y servicios auxiliares sin costo alguno y de manera oportuna. Para recibir servicios auxiliares o de traducción, comuníquese con Servicios para
Vietnamese:  tiếng Ánh, quý vị có quyền được trợ giữp và nhận thông tin bằng ngôn ngữ của mình miễn phí và kị thời. Nếu quý vị hoặc người mà quý vị đang giúp đỡ mắc bệnh về thính giác và/hoặc thị giác gây cá trở giao tiếp, quý vị có quyền được nhận các hỗ trợ và dịch vụ phụ trợ miễn phí và kịp thời. Đế nhậ dịch vụ thông dịch hoặc dịch vụ phụ trợ, vui lòng liên hệ bộ phận Dịch Vụ Thành Viện theo số 1-877-687-1169 (Relay Florida 1-800-955-8770).  Se tiver dúvidas acerca da Ambetter Health, ou estiver a ajudar uma pessoa com dúvidas acerca desta, e não dominar o inglês, tem o direito de obter ajuda e informações no seu idioma sem qualquer custo e de forma atempada. Se tiver uma condição visual e/ou auditiva que difículte a comunicação ou estiver a ajudar uma pessoa com uma condição visual e/ou auditiva que difículte a comunicação ou estiver a ajudar uma pessoa com uma condição visual e/ou auditiva que difículte a comunicação ou serviços de assistência sem qualquer custo e de forma atempada. Para receber traduções ou serviços de assistência, contacte serviços de membro através do número 1-877-687-1169 (Relay Florida 1-800-955-8770).  Du 果您,或是您正在協助的對象,有關於 Ambetter Health 方面的問題,且不精通英語,您有權利免費並及時獲得輔助支援與服務。若要取得翻譯或輔助服務 請聯絡會員服務部,電話是 1-877-687-1169 (Relay Florida 1-800-955-8770).  Si vous-même ou une personne que vous aidez avez des questions à propos d'Ambetter Health et que vous ne maîtrisez pas l'anglais, vous pouvez bénéficier gratuitement et en temps utile d'aide e d'informations dans votre langue. Si vous-même ou une personne que vous aidez souffrez d'un trouble auditif ou visuel qui entrave la communication, vous pouvez benéficier gratuitement et en temps utile d'aides et de services auxiliaires. Pour profiter de services de traduction ou de services auxiliaires, veuillez contacter Services auxiliaires. Pour profiter de services de traduction ou de services auxiliaires, veuillez contacter Services auxiliaires. Pour profiter de services de traduction ou de services auxiliaires, veuillez contacter Services auxiliaire	Frenche Creole:	pètibe kominikasyon nou, nou gen dwa pou resevwa asistans ak sèvis oksilyè gratis epi nan moman ki apwopriye a. Pou resevwa sèvis tradiksyon oswa sèvis oksilyè yo, tanpri kontakte Sèvis Manm yo
desta, e não dominar o inglês, tem o direito de obter ajuda e informações no seu idioma sem qualquer custo e de forma atempada. Se tiver uma condição visual e/ou auditiva que dificulte a comunicação ou estiver a ajudar uma pessoa com uma condição deste tipo, tem o direito de receb equipamentos ou serviços de assistência sem qualquer custo e de forma atempada. Para receber traduções ou serviços de assistência, contacte serviços de membro através do número 1-877-687-1169 (Relay Florida 1-800-955-8770).  DA 果您,或是您正在協助的對象,有關於 Ambetter Health 方面的問題,且不精通英語,您有權利免費並及時以您的母語獲幫助和訊息。如果您,或您正在協助的對象有聽力和/或視力上的問題,阻礙了清通,您有權利免費並及時獲得輔助支援與服務。若要取得翻譯或輔助服務請聯絡會員服務部,電話是 1-877-687-1169 (Relay Florida 1-800-955-8770)。  Si vous-même ou une personne que vous aidez avez des questions à propos d'Ambetter Health et que vous ne maîtrisez pas l'anglais, vous pouvez bénéficier gratuitement et en temps utile d'aides et de services auxiliaires. Pour profiter de services de traduction ou de services auxiliaires, veuillez contacter Services aux membres au 1-877-687-1169 (Relay Florida 1-800-955-877  Kung ikaw, o ang iyong tinutulungan, ay may mga katanungan tungkol sa Ambetter Health, at hind ka mahusay sa Ingles, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika nar walang gastos at sa maagap na paraan. Kung ikaw, o ang iyong tinutulungan, ay may kondisyon sa pandinig at/o pannikin na nakakaapekto sa komunikasyon, may karapatan kang makatanggan ng mga karagdagang tulong at serbisyo nang walang gastos at sa maagap na paraan. Para makatanggan ng mga serbisyo sa pagsasalin o mga karagdagang serbisyo, mangyaring makipag-ugnayan sa Mga	Vietnamese:	
Chinese: 權利免費並及時以您的母語獲幫助和訊息。如果您,或您正在協助的對象有聽力和/或視力上的問題,阻礙了溝通,您有權利免費並及時獲得輔助支援與服務。若要取得翻譯或輔助服務請聯絡會員服務部,電話是 1-877-687-1169 (Relay Florida 1-800-955-8770)。  Si vous-même ou une personne que vous aidez avez des questions à propos d'Ambetter Health et que vous ne maîtrisez pas l'anglais, vous pouvez bénéficier gratuitement et en temps utile d'aide ed d'informations dans votre langue. Si vous-même ou une personne que vous aidez souffrez d'un trouble auditif ou visuel qui entrave la communication, vous pouvez bénéficier gratuitement et en temps utile d'aides et de services auxiliaires. Pour profiter de services de traduction ou de services auxiliaires, veuillez contacter Services aux membres au 1-877-687-1169 (Relay Florida 1-800-955-877)  Kung ikaw, o ang iyong tinutulungan, ay may mga katanungan tungkol sa Ambetter Health, at hind ka mahusay sa Ingles, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika nar walang gastos at sa maagap na paraan. Kung ikaw, o ang iyong tinutulungan, ay may kondisyon sa pandinig at/o pannikin na nakakaapekto sa komunikasyon, may karapatan kang makatanggap ng mga karagdagang tulong at serbisyo nang walang gastos at sa maagap na paraan. Para makatanggan ng mga serbisyo sa pagsasalin o mga karagdagang serbisyo, mangyaring makipag-ugnayan sa Mga	Portuguese:	desta, e não dominar o inglês, tem o direito de obter ajuda e informações no seu idioma sem qualquer custo e de forma atempada. Se tiver uma condição visual e/ou auditiva que dificulte a comunicação ou estiver a ajudar uma pessoa com uma condição deste tipo, tem o direito de receber equipamentos ou serviços de assistência sem qualquer custo e de forma atempada. Para receber traduções ou serviços de assistência, contacte serviços de membro através do número
French:  que vous ne maîtrisez pas l'anglais, vous pouvez bénéficier gratuitement et en temps utile d'aide e d'informations dans votre langue. Si vous-même ou une personne que vous aidez souffrez d'un trouble auditif ou visuel qui entrave la communication, vous pouvez bénéficier gratuitement et en temps utile d'aides et de services auxiliaires. Pour profiter de services de traduction ou de services auxiliaires, veuillez contacter Services aux membres au 1-877-687-1169 (Relay Florida 1-800-955-877).  Kung ikaw, o ang iyong tinutulungan, ay may mga katanungan tungkol sa Ambetter Health, at hindi ka mahusay sa Ingles, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika nar walang gastos at sa maagap na paraan. Kung ikaw, o ang iyong tinutulungan, ay may kondisyon sa pandinig at/o pannikin na nakakaapekto sa komunikasyon, may karapatan kang makatanggap ng mga karagdagang tulong at serbisyo nang walang gastos at sa maagap na paraan. Para makatanggan ng mga serbisyo sa pagsasalin o mga karagdagang serbisyo, mangyaring makipag-ugnayan sa Mga	Chinese:	如果您,或是您正在協助的對象,有關於 Ambetter Health 方面的問題,且不精通英語,您有權利免費並及時以您的母語獲幫助和訊息。如果您,或您正在協助的對象有聽力和/或視力上的問題,阻礙了溝通,您有權利免費並及時獲得輔助支援與服務。若要取得翻譯或輔助服務,請聯絡會員服務部,電話是 1-877-687-1169 (Relay Florida 1-800-955-8770)。
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Serbisyo para sa Milyembro sa 1-8//-08/-1109 (kelay Florida 1-800-955-8//0).	Tagalog:	pandinig at/o pannikin na nakakaapekto sa komunikasyon, may karapatan kang makatanggap ng mga karagdagang tulong at serbisyo nang walang gastos at sa maagap na paraan. Para makatanggap

### Если у вас или у лица, которому вы помогаете, возникли какие-либо вопросы о программе страхования Ambetter Health, при этом вы недостаточно хорошо владеете английским языком, вы имеете право на бесплатную и своевременную помощь и информацию на своем родном языке. Если у вас или у лица, которому вы помогаете, наблюдается какое-либо нарушение Russian: слуха и/или зрения, которое препятствует коммуникации, вы имеете право на бесплатные и своевременные вспомогательные услуги и помощь. Для получения услуг перевода или вспомогательных услуг обратитесь в отдел обслуживания участников программы страхования по номеру 1-877-687-1169 (Relay Florida 1-800-955-8770). إذا كان لديك أو لدى شخص تساعده أسئلة حول Ambetter Health، ولم تكن بارعًا باللغة الإنكليزية، فلديك الحق في الحصول على المساعدة والمعلومات بلغتك من دون أي تكلفة وفي الوقت المناسب. إذا كنت أنت أو أي شخص تساعده تعاني من حالة سمعية Arabic: و/أو بصرية تعيق التواصل، فلديك الحق في تلقى مساعدات وخدمات إضافية من دون أي تكلُّفة وفي الوقت المناسب. لتلقى خدمات الترجمة أو خدمات إضافية، يرجى الاتصال بـ خدمات الأعضاء على (8770-857-800-168 (Relay Florida 1-800-955) -877. Se Lei o una persona a cui sta fornendo assistenza ha domande su Ambetter Health e non ha una perfetta padronanza della lingua inglese, ha il diritto di ricevere aiuto e informazioni nella Sua lingua gratuitamente e tempestivamente. Se Lei o una persona a cui sta fornendo assistenza presenta una Italian: condizione uditiva e/o visiva che impedisce la comunicazione, ha il diritto di ricevere servizi ausiliari gratuitamente e tempestivamente. Per ricevere una traduzione o un servizio ausiliario, contatti i Servizi per i membri al numero 1-877-687-1169 (Relay Florida 1-800-955-8770). Falls Sie oder jemand, dem Sie helfen, Fragen zu Ambetter Health hat und nicht Englisch spricht, haben Sie das Recht, kostenlos und zeitnah Hilfe und Informationen in Ihrer Sprache zu erhalten. Falls Sie oder jemand, dem Sie helfen, eine Hör- und/oder Sehbeeinträchtigung hat, die die German: Kommunikation beeinflusst, haben Sie das Recht, kostenlos und zeitnah zusätzliche Hilfe und Dienstleistungen zu erhalten. Um eine Übersetzung oder zusätzliche Dienstleistungen zu erhalten, wenden Sie sich an den Kundendienst unter 1-877-687-1169 (Relay Florida 1-800-955-8770). 귀하 또는 귀하의 도움을 받는 분이 Ambetter Health에 대한 질문이 있는 경우 영어에 능숙하지 않으시면 해당 언어로 시의적절하게 무료 지원과 정보를 받을 권리가 있습니다. 귀하 또는 Korean: 귀하의 도움을 받는 분이 청각 및/또는 시각적으로 의사소통에 장애가 있는 경우 시의적절하게 무료 보조 도구 및 서비스를 받을 권리가 있습니다. 번역 또는 보조 서비스를 받으시려면 1-877-687-1169 (Relay Florida 1-800-955-8770)번으로 가입자 서비스부에 연락해주십시오. Jeśli Ty lub osoba, której pomagasz, macie pytania dotyczące Ambetter Health, ale nie posługujecie się biegle językiem angielskim, macie prawo do uzyskania pomocy i informacji w swoim języku bez dodatkowych kosztów i w odpowiednim czasie. Jeśli Ty lub osoba, której pomagasz, macie problemy Polish: ze słuchem i/lub wzrokiem, które utrudniają komunikację, macie prawo do otrzymania pomocy i usług pomocniczych bez dodatkowych kosztów i w odpowiednim czasie. Aby uzyskać tłumaczenie lub usługi pomocnicze, należy skontaktować się z Usługi członkowskie pod numerem 1-877-687-1169 (Relay Florida 1-800-955-8770). જો તમને અથવા તમે જેમની મદદ કરી રહ્યા હો એવી કોઈ વ્યક્તિને Ambetter Health વિશે પ્રશ્નો હોય અને અંગ્રેજીમાં પ્રવીણ ન હોય. તો તમને કોઈ ખર્ચ કર્યા વિના અને સમયસર તમારી ભાષામાં મદદ તથા માહિતી મેળવવાનો અધિકાર છે. જો તમે અથવા તમે જેમની મદદ કરી રહ્યા હો એવી કોઈ વ્યક્તિ શ્રવણશક્તિ અને/અથવા દૃષ્ટિવિષયક અવસ્થાથી પીડિત હોય કે જે સંયારને અવરોધતી હોય, તો તમને કોઈ ખર્ય કર્યા Gujarati: વિના અને સમયસર સહાયક સહાય તથા સેવાઓ પ્રાપ્ત કરવાનો અધિકાર છે. અનુવાદ અથવા સહાયક સેવાઓ પ્રાપ્ત કરવા માટે, કપા કરીને 1-877-687-1169 (Relay Florida 1-800-955-8770) પર સભ્યની સેવાઓનો સંપર્ક કરો. หากคณหรือคนที่คณกำลังให้ความช่วยเหลือมีคำถามเกี่ยวกับ Ambetter Health และไม่ชำนาญในการใช้ภาษาอังกฤษ คุณมีสิทธิ์ที่จะขอรับความช่วยเหลือและข้อมูลในภาษาของคุณโดยไม่เสียค่าใช้จ่ายอย่างทันท่วงที หากคณหรือคนที่คณกำลังให้ความช่วยเหลือมีภาวะด้านการฟังและ/หรือการมองเห็นที่เป็นอปสรรคต่อการ Thai: สื่อสาร คณมีสิทธิ์ที่จะขอรับความช่วยเหลือและบริการเสริมโดยไม่เสียค่าใช้จ่ายอย่างทันท่วงที หากต้องการบริการด้านการแปลหรือบริการเสริม โปรดติดต่อ บริการสำหรับสมาชิก ที่หมายเลข 1-877-687-1169 (Relay Florida 1-800-955-8770)