



FROM |  coordinated care

A black and white photograph of a woman and a young girl blowing bubbles. The woman is on the left, smiling and holding a bubble wand. The girl is on the right, blowing into a bubble wand. The background is a bright, outdoor setting with trees and a building.

# Your 2020 Member Handbook

Everything you need to know about your plan

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For more information, visit [Ambetter.CoordinatedCareHealth.com](https://www.Ambetter.CoordinatedCareHealth.com)

If this information is not in your primary language, please call 1-877-687-1197 (TTY/TDD 1-877-941-9238).



FROM |  coordinated care.



AMBETTER | FROM COORDINATED CARE

# Welcome to Ambetter from Coordinated Care Corporation!

Thank you for choosing us as your health insurance plan. We're excited to help you take charge of your health and to help you lead a healthier, more fulfilling life.

As our member, you have access to lots of helpful services and resources. This member handbook will help you understand all of them. Inside, you'll find important information about:

- How your plan works
- Payment information
- Where to go for care
- Health management programs
- Pharmacy benefits
- Optional adult vision benefits
- And much more!

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## YOUR HEALTH IS OUR PRIORITY.

If you have questions, we're always ready to help. And don't forget to check out our online video library at [Ambetter.CoordinatedCareHealth.com](https://Ambetter.CoordinatedCareHealth.com). It's full of useful information.

### Member Services:

1-877-687-1197 (TTY/TDD 1-877-941-9238)

[Ambetter.CoordinatedCareHealth.com](https://Ambetter.CoordinatedCareHealth.com)

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# Member Handbook Overview



To request print versions of all informational materials, you can contact Member Services at 1-877-687-1197 (TTY/TDD 1-877-941-9238).

## The Resources You Need. Right Here.

Understanding your health insurance coverage is important. This member handbook explains everything you need to know — so take a look! For information about your specific plan’s covered benefits and cost sharing, check out your *Schedule of Benefits* and *Evidence of Coverage*. You can find both in your online member account.

### **This is your Member Handbook.**

Your Member Handbook provides you with a high-level overview on how to get the most out of your plan. And it helps you better understand your health insurance coverage and services available to you.

Find your Member Handbook and *Evidence of Coverage* at [Ambetter.CoordinatedCareHealth.com](https://www.Ambetter.CoordinatedCareHealth.com) under “For Members”, “Member Materials and Forms”. Or it is also available to you when you login to your online member account under “Reference Materials”.

Login to your online member account at [Member.AmbetterHealth.com](https://www.Member.AmbetterHealth.com)

### ***Schedule of Benefits***

Your *Schedule of Benefits* is a high-level summary of the benefits your plan covers and how much you will have to pay for them.

### ***Evidence of Coverage (EOC)***

Your *Evidence of Coverage* is a detailed listing of the benefits your plan covers, as well as any exclusions the plan has.

### ***Explanation of Benefits (EOB)***

An Explanation of Benefits (EOB) is a statement that we send to members to explain what medical treatments and/or services we paid for on behalf of a member. This shows the amount billed by the provider, the payment made by Coordinated Care, and the member’s financial responsibility pursuant to the terms of the policy. We will send an EOB to a member after we receive and adjudicate a claim on your behalf from a provider. If you need assistance interpreting your Explanation of Benefits, please contact Member Services at 1-877-687-1197 (TTY/TDD 1-877-941-9238).

# How To Contact Us



## How To Contact Us

### Ambetter from Coordinated Care Corporation

1145 Broadway, Suite 300

Tacoma, WA 98402

If you want to talk, we're available Monday through Friday, 8 a.m. to 8 p.m. PST.

Member Services	1-877-687-1197
TTY/TDD	1-877-941-9238
Fax	1-877-941-8078
Make a Payment	1-877-687-1197
Behavioral Health Services	1-877-687-1197
24/7 Nurse Advice Line	1-877-687-1197
Complaints/Grievances	1-877-687-1197
Emergency	911
Website	<a href="http://Ambetter.CoordinatedCareHealth.com">Ambetter.CoordinatedCareHealth.com</a>

#### When you call, have these items ready:

- Your ID
- Your claim number or invoice for billing questions

#### Interpreter Services

Please call Member Services at 1-877-687-1197 (TTY/TDD 1-877-941-9238) for free interpreter services as needed.

# How Your Plan Works

Learn about how to get the most out of your plan. Set up your online member account to get started.



Want more information about our service area and in-network providers? Visit [Ambetter.CoordinatedCareHealth.com](https://Ambetter.CoordinatedCareHealth.com).

## So You Have Health Insurance — Now What?

Having health insurance is exciting. To get the most out of your plan, complete this simple checklist. If you need assistance, call Member Services at 1-877-687-1197 (TTY/TDD 1-877-941-9238). We're available Monday through Friday, 8 a.m. to 8 p.m. PST.

- 1** Set up your secure online member account. Do this by visiting the "For Members" page on [Ambetter.CoordinatedCareHealth.com](https://Ambetter.CoordinatedCareHealth.com). Your member account stores all of your plan's benefits and coverage information in one place. It gives you access to your *Schedule of Benefits* and *Evidence of Coverage*, claims information, this member handbook and more.
- 2** Complete your online Ambetter Wellbeing Survey within the first 90 days of your membership. All you have to do is log in to your online member account. Completing this survey helps you earn 500 points in *myhealthpays*™ rewards! See [page 20](#) to learn more about the *myhealthpays*™ program.
- 3** Enroll in automatic bill pay. Call us or log in to your online member account to sign up. Automatic bill pay automatically withdraws your monthly premium payment from your bank account. It's simple, helpful, convenient and secure.
- 4** Pick your primary care provider (PCP). Just log in to your member account and view a list of Ambetter providers in your area by using the *Provider Directory* available on our website. Remember, your PCP, also known as a personal doctor, is the main doctor you will see for most of your medical care. This includes your checkups, sick visits and other basic health needs.
- 5** Schedule your annual wellness exam with your PCP. After your first checkup, you'll earn 500 points in *myhealthpays*™ rewards! And anytime you need care, call your PCP and make an appointment!





If you have questions about paying your premium, give member services a call at 1-877-687-1197 (TTY/TDD 1-877-941-9238).



Sign up for Paperless Billing to receive your monthly invoices online.

## How Can I Pay My Monthly Bill?

### 1. Pay online (Our recommendation!)

- a. Quick Payment: <https://centene.softtheon.com/Equity/#/search>. Create your online member account on [Ambetter.CoordinatedCareHealth.com](https://Ambetter.CoordinatedCareHealth.com) and enroll in automatic bill payment. You can set up automatic bill pay using your credit card, prepaid debit card, bank debit card or bank account.
- b. You can also pay by credit card, prepaid debit card or bank debit card. Just follow the “pay online” instructions at [Ambetter.CoordinatedCareHealth.com](https://Ambetter.CoordinatedCareHealth.com).
- c. If you have earned My Health Pays® rewards, you can use your rewards to help pay your monthly premiums. Log in to your secure member account at [Member.AmbetterHealth.com](https://Member.AmbetterHealth.com) to learn more about the My Health Pays® program and view your card balance.

### 2. Pay by phone

- a. Pay by Automated Phone. Call us at 1-844-PAY-BETTER (729-2388) and use our Interactive Voice Response (IVR) system. It’s quick and available 24/7!

OR

- b. Call billing services at 1-877-687-1197 (TTY/TDD 1-877-941-9238) between 8 a.m. to 8 p.m. PST. You will have the option to pay using the Interactive Voice Response (IVR) system or by speaking to a billing services representative.

### 3. Pay by mail

- a. Send a check or money order to the address listed on your billing invoice payment coupon. **Be sure to mail your payment at least 7 to 10 days prior to your premium payment due date. Remember to write your member ID number on the check or money order and detach the payment coupon from the billing invoice and mail with your payment.**
- b. Mailing to the correct address will ensure your payments are processed in a timely manner.

#### **Ambetter from Coordinated Care Corporation**

Attn: Billing Services

PO Box 741033

Los Angeles, CA 90074-1033

### 4. Pay with MoneyGram®

- a. MoneyGram® is fast and easy to use when you need to make same day premium payments. MoneyGram offers convenient locations, so you can avoid the stress of making a late payment. Plus, Ambetter covers the MoneyGram fee — so you just pay your premium!



## We Care About Your Health

### How Can I Pay My Monthly Premium?

(Continued)

- b. To find a MoneyGram location near you, visit [MoneyGram.com/BillPayLocations](https://MoneyGram.com/BillPayLocations) or call 1-800-926-9400. Learn more about using MoneyGram to make your Ambetter premium payment by visiting [MoneyGram.com/BillPayment](https://MoneyGram.com/BillPayment).

#### What Happens If I Pay Late?

**Your bill is due before the first day of every month.** For example, if you are paying your premium for June, it will be due May 31.

If you don't pay your premium before its due date, you may enter a grace period. This is the extra time we give you to pay. During a grace period, we may hold — or pend — payment of your claims. During your grace period, you will still have coverage. However, if you don't pay before a grace period ends, you run the risk of losing your coverage. Refer to your *Evidence of Coverage* for grace period details.

### Member Services

We want you to have a great experience with Ambetter. Our Member Services Department is always here for you. We can help you:

- Understand how your plan works
- Learn how to get the care you need
- Find answers to any questions you have about health insurance
- See what your plan does and does not cover
- Pick a PCP that meets your needs
- Get more information about helpful programs, like Care Management
- Find other healthcare providers (like in-network pharmacies and labs)
- Request your member ID or other member materials

You must contact the Washington Health Benefit Exchange by visiting [wahealthplanfinder.org](https://wahealthplanfinder.org) or calling 1-855-923-4633 (TTY: 1-855-627-9604):

- Update your enrollment information such as your date of birth, address, or when reporting an income or life change.
- End your coverage with Ambetter.



Have total or partial hearing loss? Call TTY/TDD 1-877-941-9238 or visit [Ambetter.CoordinatedCareHealth.com](https://Ambetter.CoordinatedCareHealth.com).





If you need help deciding where to go for care, call our 24/7 nurse advice line at 1-877-687-1197 (TTY/TDD 1-877-941-9238). In an emergency, call 911 or go to the nearest emergency room.

## 24/7 Nurse Advice Line

Our free 24/7 nurse advice line makes it easy to get answers to your health questions. You don't even have to leave home! Staffed by registered nurses, our 24/7 nurse advice line runs all day, every day. Call 1-877-687-1197 if you have questions about:

- Your health, medications or a chronic condition
- Whether you should go to the emergency room (ER) or see your PCP
- What to do for a sick child
- How to handle a condition in the middle of the night
- Accessing our online health information library



# Membership & Coverage Information



Be aware of important information on keeping your coverage. You can always access helpful resources and information about your plan. Visit [Ambetter.CoordinatedCareHealth.com](http://Ambetter.CoordinatedCareHealth.com) and take charge of your health.

## Important Coverage Details

Your Ambetter coverage is good for as long as you continue to pay your premium and meet the eligibility requirements\* of the Washington Health Benefit Exchange.

\*In order to maintain Eligibility with a marketplace plan you must:

- Live in the United States
- Be a legal, U.S. Citizen or lawfully present immigrant in the U.S., or U.S. Permanent Resident and Washington Resident within the Ambetter coverage area (lawfully present)
- Not be incarcerated, institutionalized, or emancipated
- Not be covered by Medicaid, Medicare, MMP or similar State or Federal Programs

We do not discriminate against your income, health history, physical or mental condition, previous status as a member, pre-existing conditions and/or expected health or genetic status or on the basis of race, color, national origin, sex, religion, sexual orientation, gender identity, age, disability, or housing status.

If you need information on Dependent Member Coverage, refer to your *Evidence of Coverage*.

## Finding The Right Care

We're proud to offer you quality care. Our local provider network is the group of doctors, hospitals and other healthcare providers who have agreed to provide you with your healthcare services.

To search our online Provider Directory, visit [Ambetter.CoordinatedCareHealth.com/findadoc](http://Ambetter.CoordinatedCareHealth.com/findadoc) and use our **Find a Provider** tool. This tool will have the most up-to-date information about our provider network, including information such as name, address, telephone numbers, hours of operation, professional qualifications, specialty, and board certification. It can help you find a primary care provider (PCP), pharmacy, lab, hospital or specialist. You can narrow your search by:

- Provider specialty
- ZIP code
- Gender
- Languages spoken
- Whether or not they are currently accepting new patients

For more information about a provider's medical school and residency, call Member Services.

A Provider Directory is a listing of providers near you. If you would like a printed copy of this listing, please call Member Services at 1-877-687-1197 (TTY/TDD 1-877-941-9238).



Remember to select an in-network PCP! Check out our *Provider Directory* for a full list of your options and their contact information. It's on the **Find a Provider** page of [Ambetter.CoordinatedCareHealth.com/findadoc](http://Ambetter.CoordinatedCareHealth.com/findadoc).

Refer to your *Evidence of Coverage* for more information on your *Provider Directory*.



Every time you receive care, make sure to stay within the Ambetter network.



Refer to the Health Insurance Terms section to learn more about Copays, Coinsurance and Deductibles.

## Finding The Right Care (Continued)

**In-Network or Network Provider** means a medical practitioner who contracts with us to provide healthcare services to our members. These providers will be identified in the most current list for the Network.

**Out-of-Network or Non-Network Provider** means a medical practitioner who is NOT contracted with us. Services provided by a Non-Network Provider are not covered except as specifically stated in your *Evidence of Coverage*.

## Your Ambetter Member Welcome Packet

When you enroll with Ambetter, you will receive a Member Welcome Packet. Your Welcome Packet includes basic information about the health plan you selected. You will receive your Welcome Packet before your Ambetter health coverage begins.



## Your Ambetter Member ID

Your member ID is proof that you have health insurance with us. And it's very important. Here are some things to keep in mind:

- Keep this card with you at all times
- You will need to present this card anytime you receive healthcare services
- You will receive your Member ID(s) before your Ambetter health coverage begins. If you don't get your Member ID before your coverage begins, call Member Services at 1-877-687-1197 (TTY/TDD 1-877-941-9238). We will send you another card.
- You will not receive your Welcome Packet and Member ID(s) until your first month's premium is paid in full by the due date.

If you need a temporary ID or if you would like to request a Replacement ID, log in to your secure member account.

Here is an example of what a member ID typically looks like.

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**IN NETWORK  
COVERAGE ONLY**

<b>Subscriber:</b> [Jane Doe] <b>Member:</b> [John Doe] <b>Policy #:</b> [XXXXXXXXXX] <b>Member ID #:</b> [XXXXXXXXXXXXXX] <b>Plan:</b> [Ambetter Balanced Care 1] <small>[Line 2 if needed]</small>	<b>Effective Date of Coverage:</b> [XX/XX/XX] <b>RX TIN:</b> 004336 <b>RX CN:</b> ADV <b>GROUP:</b> RX5451
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<b>COPAYS</b> <ul style="list-style-type: none"> <li>PCP: [\$5 coin. after ded.]</li> <li>Specialty: [\$10 coin. after ded.]</li> <li>Rx (Generic/Brand): [\$5/\$25 after Rx ded.]</li> <li>Urgent Care: [20% coin. after ded.]</li> <li>ER: [\$250 copay after ded.]</li> </ul>	<ul style="list-style-type: none"> <li><b>Deductible (Med/Rx):</b> [\$250/\$500]</li> <li><b>Coinsurance (Med/Rx):</b> [50%/30%]</li> </ul>
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Front

**Ambetter.CoordinatedCareHealth.com**

<b>Member/Provider Services:</b> 1-877-687-1197 TTY/TDD: 1-877-941-9238 24/7 Nurse Line: 1-877-687-1197	<b>Medical Claims:</b> Coordinated Care Attn: CLAIMS PO Box 5010 Farmington, MO 63640-5010
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**Numbers below for providers:**  
**Pharmacy Help Desk:** 1-844-432-0701  
**EDI Payor ID:** 68060  
**EDI Help Desk:** Ambetter.CoordinatedCareHealth.com

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If you have an emergency, call 911 or go to the nearest Emergency Room (ER). Emergency services are covered in and out of network, but ER services received from an out-of-network provider may result in greater out of pocket expenses. For more specific coverage information, please review your Evidence of Coverage or visit Ambetter.CoordinatedCareHealth.com.

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Refer to your *Evidence of Coverage* for information on Dependent Member Coverage.



Visit us online at  
[Ambetter.CoordinatedCareHealth.com](http://Ambetter.CoordinatedCareHealth.com).

Our website helps you get the answers you need to get the right care, the right way, including an online member account for you to check the status of your claim, view your *Evidence of Coverage (EOC)* or understand your out-of-pocket costs, copays and progress towards meeting your annual deductible.

## Get Online And Get In Control

Did you know you can always access helpful resources and information about your plan? It's all on our website! Visit [Ambetter.CoordinatedCareHealth.com](http://Ambetter.CoordinatedCareHealth.com) and take charge of your health.

On our website, you can:

- Find a PCP
- Locate other providers, like a pharmacy
- Find health information
- Learn about programs and services that can help you get and stay healthy.

Log into your online member account to:

- Pay your monthly bill
- Print a temporary ID or request a replacement ID
- View your claims status and payment information
- Change your PCP
- Find pharmacy benefit information
- Send us a secure email
- Read your member materials (your *Evidence of Coverage*, *Schedule of Benefits*, this handbook)
- Participate in *myhealthpays*<sup>™</sup> rewards program
- Complete your Wellbeing Survey
- Contact Nurse via web
- Review out-of-pocket costs, copays and progress towards deductibles.





Our plans provide coverage for a wide range of healthcare services. Understand your benefits and coverage included in your Ambetter health plan.

## What Does Your Plan Cover?

We want to meet your healthcare needs. So our plans provide coverage for a wide range of medical and behavioral health services.

For a service to be covered and eligible for reimbursement, it must be:

- Described in your *Evidence of Coverage* and *Schedule of Benefits*
- Medically necessary
- Prescribed by your treating provider or primary care provider (PCP)
- Authorized by us (when required)
  - For example:
    - » Services from or visits to an out-of-network provider
    - » Certain surgical procedures
    - » Inpatient admissions

A complete listing of preventive care services, recommendations and guidelines can be found at [www.wahbexchange.org/new-customers/coverage-basics/](http://www.wahbexchange.org/new-customers/coverage-basics/) or <https://www.healthcare.gov/coverage/preventive-care-benefits/>

The Ambetter Preferred Drug List has a list of covered medications. Read your copy at [Ambetter.CoordinatedCareHealth.com/resources/pharmacy-resources.html](http://Ambetter.CoordinatedCareHealth.com/resources/pharmacy-resources.html)

## Prior Authorization

Prior Authorization is a process of obtaining Ambetter's Authorization for certain services before a Member receives them. See the Prior Authorization section in your *Evidence of Coverage* for more details.

Want to see if a service needs authorizing or check on the status of a service that was submitted for authorization? Call Member Services at 1-877-687-1197 (TTY/TDD 1-877-941-9238). If you do not obtain prior authorization before you receive the services, you may be held responsible for total payment.

You can find information about your specific copayments, cost sharing and deductible in your *Schedule of Benefits*. For a list of exclusions, refer to your *Evidence of Coverage*. Your *Schedule of Benefits* can be found online. Just log in to your online member account.

## What's Not Covered?

We offer many important wellness benefits and health screenings. However, there are still some things that your coverage doesn't include.

Your *Evidence of Coverage* has a full list of coverage limitations and exclusions, plus a list of which healthcare and preventive services are covered on your particular plan.



Note: If a service is not specifically listed as covered, then it is not covered under the Ambetter Health Plan.



To see details of all your preventative care services and other covered services refer to your *Evidence of Coverage*.



Every time you receive care, make sure to stay within the Ambetter network. Remember to use an in-network provider when you get your preventive care services. Use our **Find a Provider** tool on [Ambetter.CoordinatedCareHealth.com](http://Ambetter.CoordinatedCareHealth.com) to see if a provider is in-network.



## How To Get Medical Care When You're Out Of Town

When you're outside of the Washington service area, we do not cover your routine or maintenance care unless the provider is contracted with an Ambetter plan located in that state. However, we do cover emergency care outside of your service area. You can locate Ambetter Providers outside of Washington by searching the relevant state in our Provider directory at [ProviderSearch.AmbetterHealth.com](#).

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 business day. You don't need prior approval for emergency care.

You may have additional financial responsibility if you are out of network. Refer to your *Evidence of Coverage* or call Member Services at 1-877-687-1197 (TTY/TDD 1-877-941-9238) for more information about accessing Ambetter providers outside of the Washington service area.

Use our Find a Provider tool at [Ambetter.CoordinatedCareHealth.com](#) to search for in-network providers in other areas.

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## Provider Billing: What To Expect

After receiving medical care, you may get a bill from your provider. Providers can only bill you for your share of the cost of covered services. This includes your deductible, copayment, cost sharing percentage, and any unauthorized or non-covered services. If you receive a bill from a provider that does not reflect your cost share as listed in your *Schedule of Benefits* or your *Explanation of Benefits*, please contact us right away. You should not be balanced billed by In-Network Providers for **Covered Services** beyond your responsibility.

In cases where a service is denied for reasons that are your responsibility, such as not being eligible on the date of service, or obtaining non-emergent services at a non-network provider without proper authorization, you may be billed for such denials. In addition, these expenses will not be credited to your deductible or maximum out of pocket cost share.

It is a good idea to keep track of your expenses. For your convenience, you may login to our member secure website at [Ambetter.CoordinatedCareHealth.com](#) and then select the Benefits Tab where your year to date cost share is displayed. This information is current within 48 hours of claim payment and is the same information available to our member and provider service agents. The cost share is credited as claims are paid, not by date of service.



## Provider Billing: What To Expect (Continued)

If you have questions about a bill or statement that you received, please contact us.

### **Ambetter from Coordinated Care**

1145 Broadway, Suite 300  
Tacoma, WA 98402

Ambetter Member Services: 1-877-687-1197  
TTY/TDD: 1-877-941-9238  
Fax: 1-877-941-8078

## Know Your Rights under the Balance Billing Protection Act

Beginning January 1, 2020, Washington state law protects you from ‘surprise billing’ or ‘balance billing’ if you receive emergency care or are treated at an in-network hospital or outpatient surgical facility. For more information, please see the Washington Insurance Commissioner’s Consumer Notice of Balance Billing Rights at [www.insurance.wa.gov/sites/default/files/documents/final-consumer-notice-of-surprise-billing-rights.pdf](http://www.insurance.wa.gov/sites/default/files/documents/final-consumer-notice-of-surprise-billing-rights.pdf).

## How To Submit A Claim For Covered Services

Providers will typically submit claims on your behalf, but sometimes you may need to submit claims yourself for covered services. This usually happens if:

- Your provider is not contracted with us
- You have an out-of-area emergency

If you have paid for services we agreed to cover, you can request reimbursement for the amount you paid. We can adjust your deductible, copayment or cost sharing to reimburse you.

To request reimbursement for a covered service, you need a copy of the detailed claim from the provider. You also need to submit an explanation of why you paid for the covered services along with the member reimbursement claim form posted on the health plan website under “For Members”, “Member Materials and Forms”. Send this to us at the following address:

**Coordinated Care**  
Attn: Claims Department  
P.O. Box 5010  
Farmington, MO 63640-3800



## When Do You Need A Referral?

If you have a specific medical problem, condition, injury or disease, you will probably need to see a specialist. A specialist is a provider who is trained in a specific area of healthcare. To see a specialist within our network, you do not need a referral from your PCP.

Some healthcare services received may require a Prior Authorization. Your benefits may be reduced or not covered if Prior Authorization requirements are not met.

**Refer to your *Evidence of Coverage* for more information.**



# Your Primary Care Provider



When you see your PCP, always remember to bring your member ID and a photo ID!



Seeing your PCP for regular checkups helps you find problems early and qualifies you for a reward on your *myhealthpays*™ account.



When you became a member, you may have selected your PCP. If you didn't, we may assign you to a PCP. You can change your PCP at any time. To learn more, visit [Ambetter.CoordinatedCareHealth.com](https://www.Ambetter.CoordinatedCareHealth.com).

To learn more about a specific PCP, call 1-877-687-1197 (TTY/TDD 1-877-941-9238). You can also see our provider list on the **Find a Provider** page at [Ambetter.CoordinatedCareHealth.com](https://www.Ambetter.CoordinatedCareHealth.com).

Your primary care provider (PCP), also known as your personal doctor, is the person you should see for all aspects of your healthcare — from your preventive care to your basic health needs and more. Choose your in-network PCP by using our online **Find a Provider** tool.

## What's A Primary Care Provider?

Your primary care provider (PCP) is your main doctor. They are also known as your personal doctor. Your PCP is the person you should see for all aspects of your healthcare — from your preventive care to your basic health needs and more. When you're sick and don't know what to do, you should contact your PCP.

Having a PCP is important. We encourage you to choose a PCP for your primary and preventive care needs. After you pick a PCP, schedule a preventive care visit. Remember, you should get to know your PCP and establish a healthy relationship — get started today!

### Your PCP will:

- Provide preventive care and screenings
- Give you regular physical exams as needed
- Conduct regular immunizations as needed
- Deliver timely service
- Work with other doctors when you receive care somewhere else
- Coordinate specialty care with Ambetter in-network specialists
- Provide any ongoing care you need
- Update your medical record, which includes keeping track of all the care that you get from all of your providers
- Treat all patients the same way with dignity and respect
- 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

## Picking The Right PCP

You can select any available PCP in our network. The choice is up to you! You will be able to choose from:

- Family practitioners
- General practitioners
- Internal medicine
- Nurse practitioners\*
- Physician assistants
- Obstetricians/gynecologists
- Pediatricians (for children)

\*If you choose a nurse practitioner as your PCP, your benefit coverage and copayment amounts are the same as they would be for services from other in-network providers. See your *Schedule of Benefits* for more information.



## Choosing An Adult PCP

As a young adult, having your own healthcare plan means you'll want to make healthy choices. And you need to choose a PCP for adults to replace your pediatrician. Start by choosing an adult primary care provider (PCP) or other healthcare provider. Your adult PCP will replace your pediatrician. So you can take charge of your health with a yearly wellness exam, an annual flu vaccination and other important healthy habits. Call Member Services at 1-877-687-1197 and let us help you find your adult PCP today!

## Making An Appointment With A PCP

To make an appointment with a PCP, call his/her office during business hours and set up a time and date. If you need to cancel or change your appointment, call 24 hours ahead of time. At every appointment, make sure you bring your member ID and a photo ID.

### How long should it take to get an appointment?

It's important for you to be able to schedule appointments when you need medical care. That's why Ambetter has developed a guide to help you understand what to expect when you need an appointment.

- Routine PCP Visits (Preventive) - within 30 calendar days
- Requested PCP Visits - Within 10 business days
- Urgent PCP Visits - Within 48 hours of request

You should not have to wait more than 30 minutes for a scheduled appointment. If the waiting time is expected to exceed 30 minutes, the office should offer you the choice of waiting or rescheduling the appointment.

## Care Around The Clock

Sometimes, you need medical help when your PCP's office is closed. If this happens, don't worry. Just call our 24/7 nurse advice line at 1-877-687-1197 (TTY/TDD 1-877-941-9238). A registered nurse is always available and ready to answer your health questions. In an emergency, call 911 or head straight to the nearest emergency room.

We encourage you to always see a provider who is in network with Ambetter. If you have a problem finding an in-network provider, please call us at 1-877-687-1197 (TTY/TDD 1-877-941-9238). Please refer to your *Schedule of Benefits* to make sure that you understand you may be responsible for all costs associated with care if you choose to see providers outside of your network.



Are you having trouble getting an appointment with your PCP? Do you need help with your follow-up care? Call Member Services: 1-877-687-1197 (TTY/TDD 1-877-941-9238). We're here to help.



You can call your PCP's office for information on receiving after-hours care in your area. If you have an urgent medical problem or question and cannot reach your PCP during normal office hours, you can call the 24/7 Nurse Advice Line at 1-877-687-1197 (TTY/TDD 1-877-941-9238). If you have an emergency, call 911 or go to the nearest emergency room.



If you are not sure where to go for care, call your PCP. If your PCP is not available, call the Nurse Advice Line or check [Ambetter.CoordinatedCareHealth.com](http://Ambetter.CoordinatedCareHealth.com) for where to go for care.



## Selecting A Different PCP

We want you to be happy with the care you receive from our providers. So if you would like to change your PCP for any reason, visit [Ambetter.CoordinatedCareHealth.com](https://Ambetter.CoordinatedCareHealth.com). Log in to your online member account and follow these steps:

1. Click on the “My Health” heart icon on your account home page.
2. On your current health overview page, click “Choose Provider.”
3. Pick a PCP from the list. Make sure you select a PCP who is currently accepting new patients.

To learn more about a specific PCP, call 1-877-687-1197 (TTY/TDD 1-877-941-9238). You can also visit [Ambetter.CoordinatedCareHealth.com](https://Ambetter.CoordinatedCareHealth.com) to see our provider list on our **Find a Provider** web page.

\*If you choose a nurse practitioner or physician assistant as your PCP, your benefit coverage and copayment amounts are the same as they would be for services from other participating providers. Review your *Schedule of Benefits* for more information.

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## What Happens If Your Provider Leaves Our Network?

Please contact Member Services at 1-877-687-1197 (TTY/TDD 1-877-941-9238) as soon as you know that your PCP is leaving. We can help you.

If you have a specialist that disenrolls from our provider network, please call Member Services at 1-877-687-1197 (TTY/TDD 1-877-941-9238). We will work with you to help you.

There are special circumstances which will allow you to continue treatment for a limited time, with a provider who has left the network. You will be able to do this as long as your provider’s termination isn’t for quality-related reasons. Please refer to your *Evidence of Coverage* for details on special circumstances.

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To find another provider or specialist in our network, check out our provider list on the **Find a Provider** page at [Ambetter.CoordinatedCareHealth.com/findadoc](https://Ambetter.CoordinatedCareHealth.com/findadoc).



## What About Providers That Aren't In-Network?

You should always try to see providers that are in our network.

**In-Network or Network Provider** means a medical practitioner who contracts with us to provide healthcare services to our members. These providers will be identified in the most current list for the Network.

**Out-of-Network or Non-Network Provider** means a medical practitioner who is NOT contracted with us. Services provided by a Non-Network Provider are not covered except for emergency services and as specifically stated in your *Evidence of Coverage*.

Refer to your *Evidence of Coverage* for details regarding out-of-network providers, care, services and expenses.

# Where To Go For Care



If you think you are having a medical emergency, call 911 or go to the nearest emergency room.



Call our 24/7 nurse advice line anytime: 1-877-687-1197 (TTY/TDD 1-877-941-9238).

## Get The Right Care At The Right Place

When you need medical care, you need to be able to quickly decide where to go or what to do. Get to know your options! They include:

1. **Calling our 24/7 nurse advice line**
2. **Making an appointment with your primary care provider (PCP)**
3. **Visiting an urgent care center**
4. **Going to the emergency room (ER)**

Your decision will depend on your specific situation. The next section describes each of your options in more detail, so keep reading.

And remember — always make sure your providers are in-network. Using in-network providers can save you money on your healthcare costs. Every time you receive medical care, you will need your member ID.

## What To Do If Your Condition Isn't Serious or Urgent

Call our 24/7 nurse advice line or visit your PCP.

### Call our 24/7 nurse advice line if you need:

- To know whether you should seek medical treatment immediately
- Help caring for a sick child
- Answers to questions about your health

### Visit your PCP if you need:

- Help with medical problems such as colds, flus and fevers
- Treatment for an ongoing health issue like asthma or diabetes
- A general checkup
- Vaccinations
- Advice about your overall health
- Preventive Care or Screenings

### What if you need Emergency Care out of our service area?

Our plan will pay for emergency care while you are out of the country or state.

Learn more about your options at <https://Ambetter.CoordinatedCareHealth.com/resources/handbooks-forms/where-to-go-for-care.html>.

# Health & Wellness Programs



We want to get you healthy, keep you healthy and help you with any illness or disability.

To help you manage your health, we provide several health management programs, which are all included in your plan for free.

## We Make It Easier To Manage Your Health

We are committed to providing quality healthcare for you and your family. We want to get you healthy, keep you healthy and help you with any illness or disability.

To help you manage your health, we provide several programs: Care Management, Health Management and Start Smart for Your Baby®, our healthy pregnancy and family planning program. These helpful programs are all included in your plan.

## Care Management Programs

We understand special health needs and are prepared to help you manage any that you may have. Our Care Management services can help with complex medical or behavioral health needs. If you qualify for Care Management, we will partner you with a care manager. Care managers are registered nurses or social workers that are specially trained to help you:

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

Your care manager will work with you and your doctor to help you get the care you need. If you have a severe medical condition, your care manager will work with you, your primary care provider (PCP) and managing providers to develop a care plan that meets your needs and your caregiver's needs.

If you think you could benefit from our Care Management program, please call Member Services at 1-877-687-1197 (TTY/TDD 1-877-941-9238).

## Health Management Programs

### Healthy Solutions for Life

If you have a chronic condition or specific health problem, our Health Management program, *Healthy Solutions for Life* can help. We partner with a nationally recognized Health Management program to provide Health Management services. These services include telephonic outreach, education and support. We want you to be able to feel confident, understand and manage your condition, and have fewer complications. Refer to your *Evidence of Coverage* for a full list of conditions covered by our Health Management programs and services.

If you think you could benefit from our Health Management programs, please call Member Services at 1-877-687-1197 (TTY/TDD 1-877-941-9238).



Care Management programs help you manage complex health conditions. Disease Management programs help you manage a specific health condition. Have more questions? Call Member Services: 1-877-687-1197 (TTY/TDD 1-877-941-9238).



Are you ready to quit smoking? It's the most important thing you can do for your health. We know how hard it can be to quit, so we are here to help. Our Tobacco Cessation program provides you with the support and information you need to quit once and for all.

## Family Planning Services

Family planning services provide you with the tools and resources needed to anticipate and achieve your desired outcome.

Refer to your *Evidence of Coverage* to review the list of services covered by Family Planning.

## Start Smart For Your Baby®

If you are pregnant, Start Smart for Your Baby® is our special pregnancy program that's designed just for you. Through Start Smart for Your Baby®, you receive the resources and support that can help you during the stages of pregnancy and infancy. Contact Member Services at 1-877-687-1197 (TTY/TDD 1-877-941-9238) to learn more or to sign up.

## myhealthpays® Rewards Program

**Earn up to \$500 this year with myhealthpays®.**

With the new My Health Pays®\*\* program, you'll earn points for completing healthy activities, such as eating right, moving more, saving smart and living well. You can also earn rewards for completing your Wellbeing Survey, visiting your PCP for a wellness exam or receiving your flu vaccine. The more activities you complete, the more points you'll earn! Use your points to shop at the My Health Pays® Rewards Store or convert them to dollars on your My Health Pays® Visa® Prepaid Card to help pay for your monthly premium and other healthcare related items.

**Here is how you can earn myhealthpays® rewards:**

<b>500 Points</b>	Complete your Ambetter Wellbeing Survey during the first 90 days of your 2020 membership. <a href="#">Start the survey now!</a>
<b>500 Points</b>	Get your annual wellness exam with your primary care provider (PCP). <a href="#">Find a PCP.</a>
<b>250 Points</b>	Receive your annual flu vaccine in the fall (9/1-12/31). <a href="#">Schedule it with your PCP.</a>

**And NOW there are new ways to earn rewards!** Set and reach goals at your own pace or complete quick activities to earn rewards. The more activities you complete, the more you earn.



Eat Right



Move More



Be Well



Save Smart



If you're pregnant, let us know as soon as possible! Please call us at 1-877-687-1197 (TTY/TDD 1-877-941-9238) or log in to your secure member account and complete a Notification of Pregnancy form.



# myhealthpays® Rewards Program (Continued)

You can use your rewards<sup>+</sup> to help pay for:

Your healthcare related costs<sup>‡</sup>, such as

- Your monthly premium payments
- Doctor copays
- Deductibles
- Coinsurance
- Utilities (water, electric, gas)

Your monthly bills, such as:

- Telecommunications (cell phone bill)
- Transportation
- Education
- Rent
- Childcare



Sample Card

Beginning on January 1, 2020, My Health Pays® rewards are not redeemable at Walmart and Sam's Club.

\*Consult a tax professional to understand any possible tax implications for the My Health Pays® program.

This card is issued by The Bancorp Bank pursuant to a license from Visa U.S.A Inc. The Bancorp Bank; Member FDIC. Card cannot be used everywhere Visa debit cards are accepted. See Cardholder Agreement for complete usage restrictions.

‡Healthcare-related costs will vary by member and the plan in which you are enrolled.

**†IMPORTANT INFORMATION:** My Health Pays® rewards cannot be used for pharmacy copays. This card is limited to qualifying products and services as listed above. Eligible items up to the amount of your balance will be covered. Any remaining balance will remain on your card. You can use it for future purchases. The card may not be used everywhere Visa debit cards are accepted. See Cardholder Agreement for complete usage restrictions. This card cannot be used at ATMs, and you cannot get cash back. This card may not be used to buy alcohol, tobacco, or firearms products. If you select DEBIT at the point of sale, you will need to provide your PIN. You will select a PIN at the time of card activation. If you select CREDIT, you will not need to provide your PIN; however, you may need to provide your signature. You will only be able to purchase public transportation directly from the agency either in-person or online. Passes can not be purchased through retail locations such as grocery or convenience stores. This card is not a gift card or a gift certificate. You have received this card as a gratuity without the payment of any monetary value or consideration. Funds expire 90 days after termination of insurance coverage.

Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all members. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact us at 1-877-687-1197 (TTY/TDD 1-877-941-9238) and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.

## Don't miss out on the exciting NEW myhealthpays® program and start earning points today!

Log in now and activate your account to start earning more rewards.

1. Log into your online [Ambetter member account](#) or create your account now.
2. Click the My Health Pays® Rewards banner on the home page.
3. Confirm your mailing address. Then, start earning points!

If you already activated your account, log back in to complete healthy activities and keep earning!



Participate in the My Health Pays® program by logging on to your online member account at [Member.AmbetterHealth.com](http://Member.AmbetterHealth.com).





## Mental Health and Substance Use Disorder Services

We're here to help with treatment services for mental health or substance use disorders. If you need mental health or substance use disorder treatment, you may choose any of our participating providers and do not need a referral from your PCP in order to initiate treatment. You can search for in-network Behavioral Health providers by using our [Find a Provider](#) tool at <https://providersearch.ambetterhealth.com/>. Or you can call Member Services at 1-877-687-1197 (TTY/TDD 1-877-941-9238).

In addition, Integrated Care Management is available for all of your healthcare needs, including behavioral health and substance use. Please call 1-877-687-1197 (TTY/TDD 1-877-941-9238) to be referred to a care manager for an assessment.

Ambetter follows the Mental Health Parity and Addiction Equity Act (MHPAEA). We make sure that requirements for behavioral health are the same and not more restrictive than your medical benefits. Some behavioral health services may require authorization. Please refer to your *Evidence of Coverage* or contact Member services for more details.

Learn about coverage for your medications and our Ambetter Formulary, or Preferred Drug List (PDL). You can find it at [Ambetter.CoordinatedCareHealth.com](https://www.Ambetter.CoordinatedCareHealth.com) under “For Members”, “Pharmacy Resources”.

## Coverage For Your Medications

Our pharmacy program provides high-quality, cost-effective medication therapy. We work with providers and pharmacists to ensure that we cover medications used to treat a variety of conditions and diseases. When ordered by a provider, we cover prescription medications and certain over-the-counter medications.

Our pharmacy program does not cover all medications. Some medications require prior authorization or have limitations on age, dosage and maximum quantities. Please refer to the Ambetter Preferred Drug List, or formulary, for a complete list of all covered medications.

For more details on your outpatient prescription drug coverage, read your *Evidence of Coverage* — you can find it on your online member account at [Member.AmbetterHealth.com](https://www.Member.AmbetterHealth.com).

## Ambetter Formulary or Preferred Drug List (PDL).

Our Ambetter Formulary, or Preferred Drug List is the list of prescription drugs we cover. You can find it on our website at [Ambetter.CoordinatedCareHealth.com](https://www.Ambetter.CoordinatedCareHealth.com) under “For Members”, “Pharmacy Resources”.

For more details on our Ambetter Formulary, or Preferred Drug List, read your *Evidence of Coverage*.

## Over-The-Counter (OTC) Medications

We cover a variety of over-the-counter (OTC) medications. You can find a list of covered over-the-counter medications in our formulary — they will be marked as “OTC.” Our formulary covers your prescriptions when they’re from a licensed provider. Your prescription must meet all legal requirements.

## How To Fill A Prescription

Filling a prescription is simple. You can have your prescriptions filled at an in-network retail pharmacy or through our mail-order pharmacy.

If you decide to have your prescription filled at an in-network pharmacy, you can use our *Provider Directory* to find a pharmacy near you. You can access the *Provider Directory* at [Ambetter.CoordinatedCareHealth.com](https://www.Ambetter.CoordinatedCareHealth.com) on the *Find a Provider* page. This tool will let you search for doctors, hospitals, clinics and pharmacies. You can also call our Member Services to help you find a pharmacy. At the pharmacy, you will need to provide the pharmacist with your prescription and your member ID.



For the most current Ambetter Formulary, or for more information about our pharmacy program, visit [Ambetter.CoordinatedCareHealth.com](https://www.Ambetter.CoordinatedCareHealth.com) or call Member Services at 1-877-687-1197 (TTY/TDD 1-877-941-9238).



## How To Fill A Prescription (Continued)

We also offer a three-month (90-day) supply of maintenance medications by mail or from in-network retail pharmacies for specific benefit plans. These drugs treat long-term conditions or illnesses, such as high blood pressure, asthma and diabetes. You can find a list of covered medications on [Ambetter.CoordinatedCareHealth.com](http://Ambetter.CoordinatedCareHealth.com). We can also mail you the list directly.

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## Mail Order Pharmacy

If you have more than one prescription you take regularly, our home delivery program might be right for you. If you elect to enroll, you can get your prescriptions safely delivered right to your door. This service is fast, convenient and is offered at no extra charge to you. You will still be responsible for your regular copays/coinsurance. To enroll for home delivery or for any additional questions, call our mail-order pharmacy at 1-888-239-7690. Alternatively, you can fill out the Homescripts Enrollment Form and mail the form to the address provided at the bottom of the form. The Homescripts Enrollment Form can be found on our Ambetter website. Once on our website, click on the section “For Members,” “Pharmacy Resources.” The Homescripts Enrollment Form will be located under “Forms.”

# Vision Benefits



Remember: Always use in-network providers for your vision care. To view a list of our vision providers, visit [Ambetter.CoordinatedCareHealth.com](https://Ambetter.CoordinatedCareHealth.com).

## Plans with Adult Vision Care

We offer an optional vision care package for adults on the plan 19 years of age and older. Pediatric vision services for children 18 years of age and younger are already included within your plan.

To find out more about vision benefits and services, refer to the *Evidence of Coverage (EOC)* and your *Schedule of Benefits*.





## What Is Utilization Management?

We want to make sure you get the right care and services. Our utilization management process is designed to make sure you get the treatment you need.

We will approve all covered benefits that are medically necessary. Our Utilization Management (UM) Department checks to see if the service needed is a covered benefit. If it is a covered benefit, the UM nurses will review it to see if the service requested meets medical necessity criteria. They do this by reviewing the medical notes and talking with your doctor. Ambetter does not reward practitioners, providers or employees who perform utilization reviews, including those of the delegated entities. Utilization Management's (UM) decision making is based only on appropriateness of care, services and existence of coverage. Ambetter from Coordinated Care Corporation does not specifically reward practitioners or other individuals for issuing denials of coverage. Financial incentives for UM decision makers do not encourage decisions that result in underutilization.

## What Is Prior Authorization?

Sometimes, we need to approve medical services before you receive them. This process is known as prior authorization. Prior authorization means that we have pre-approved a medical service or hospital stay.

To see if a service requires authorization, check with your primary care provider (PCP), the ordering provider or Member Services. When we receive your prior authorization request, our nurses and doctors will review it. We will let you and your doctor know whether the service is approved or denied. If prior authorization is not received on a medical service when one is required, you will be responsible for all charges. Your EOC contains Prior Authorization requirements and details.

## New Technology

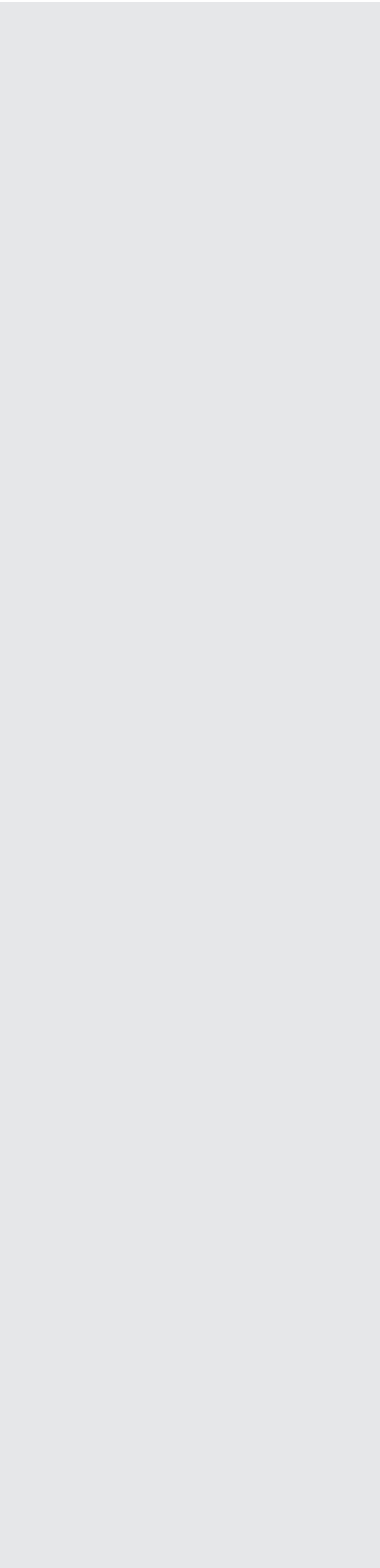
Health technology is always changing and we want to grow with it. If we think a new medical advancement can benefit our members, we evaluate it for coverage. These advancements include:

- New technology
- New medical procedures
- New drugs
- New devices
- New application of existing technology

Sometimes, our medical director and/or medical management staff will identify technological advances that could benefit our members. The Clinical Policy Committee (CPC) reviews requests for coverage and decides whether we should change any of our benefits to include the new technology.

If the CPC doesn't review a request for coverage of new technology, our Medical Director will review the request and make a one-time determination. The CPC may then review the new technology request at a future meeting.

# Quality Improvement Program



To make sure that you get quality care and services, we have a comprehensive Quality Improvement (QI) Program.

We are always happy to share information about our progress and goals with you.

If you would like more information about our QI Program refer to your *Evidence of Coverage*, visit our website at <https://Ambetter.CoordinatedCareHealth.com/qi-program.html> or give us a call at 1-877-687-1197 (TTY/TDD 1-877-941-9238).

# Member Grievance Process



Use the Grievance Process to express a complaint or dissatisfaction about customer service or the quality or availability of a health service.

## If You're Not Happy With Your Care

We hope you will always be happy with our providers and us. But if you aren't, or you aren't able to find answers to your questions, we have steps for you to follow:

- Make an Inquiry
- File a Grievance
- Contact the Insurance Regulator

## How to Make an Inquiry

You should submit an inquiry if you have questions about your benefits, your eligibility, or any other part of your coverage. Examples of an Inquiry could be:

- "Can I make a payment?"
- "Can you help me change my Primary Care Provider?"
- "Why did I receive this bill?"
- "Why did my premium change?"
- "Can I get a copy of my ID?"
- "Can you help me find a Provider?"
- "Is this benefit covered?"
- "When will I get my MyHealth Pays card?"

If you have any questions about your plan, you can first call Member Services at 1-877-687-1197 (TTY/TDD 1-877-941-9238).

## How to File a Grievance

You should submit a Grievance if you have concerns about the quality of medical care you are receiving, if you disagree with a diagnosis, if you are experiencing premium issues, or if you have other serious concerns with your care or coverage.

Examples of a Grievance would be:

- "I had a preventive procedure and they are making me pay out of pocket, when it should have been covered at 100%"
- "I'm in need of home healthcare and I haven't gotten a call back from my Case Coordinator"
- "I did not consent to blood products during surgery but found out they gave me some anyway"
- "My doctor prescribed a medication that I'm allergic to and I've had a terrible reaction"



## How to File a Grievance (Continued)

- “I was told that I was active with the plan, and the plan kept taking premiums out automatically, but now they are going back and saying I had no coverage for 10 months, and now I have over \$100,000.00 in hospital bills”

You may file a grievance, verbally, or in writing, either by mail or by facsimile (fax). If you require assistance in filing a grievance or if you are unable to submit the grievance in writing, you can call Member Services at 1-877-687-1197 (TTY/TDD 1-877-941-9238) to ask for help through the process. We will send you a Grievance Acknowledgment letter after receipt of your written Grievance.

Send your written Grievance form to:

### **Grievances Coordinator**

Coordinated Care  
1145 Broadway, Suite 300  
Tacoma, WA 98402

Phone: 1-877-687-1197 (TTY/TDD 1-877-941-9238)  
Fax: 1-855-218-0588

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## Member Appeal Process

You may ask us to reconsider a decision that we made regarding:

- access to healthcare benefits;
- admission to or continued stay in a healthcare facility;
- claims payment, handling or reimbursement for healthcare services;
- matters pertaining to our contractual relationship with a member;
- cancellation of your benefit coverage by us; or
- any matters specifically required by state law or regulation

For complete information about appealing an adverse benefit determination, please see the Grievances and Appeals Process section of your *Evidence of Coverage*.

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## How to Contact the Insurance Regulator

If you have further questions or concerns, you may contact the Washington State Office of the Insurance Commissioner for additional assistance:

**Washington State Office of the Insurance Commissioner**  
Consumer Protection Division  
P.O. Box 40255  
Olympia, WA 98504-0255  
Toll Free: 1-800-562-6900

<https://www.insurance.wa.gov/complaints-and-fraud/file-a-complaint/>



To request language assistance or to request a material in another language or format, call Member Services at 1-877-687-1197 (TTY/TDD 1-877-941-9238).





## Communication Matters

All of our members are important to us. No matter who you are, we want to make sure we communicate with you the best way that we can. Our members, prospective members, patients, clients and family of members can all use these services.

If you need communication aids or materials related to a grievance, you can get them at no cost. We keep records of each grievance for 10 years.

# Member Rights & Responsibilities



We want to make sure you understand the rights and responsibilities you have as an Ambetter member. For a full list of your specific rights and responsibilities, please see your *Evidence of Coverage*.

As an Ambetter member, you have the right to:

- Be treated with dignity, respect, and privacy. And you deserve the same from doctors in our network and their office staff.
- Receive information about our organization, our services and providers, and your member rights and responsibilities.
- Change your doctor without reason, to know about other doctors who can treat you, and to be told if your doctor is no longer available.
- To voice a complaint or file an appeal about Ambetter or the care we provide.
- Care from qualified health professionals and the right to participate with providers in making decisions about your health care.
- An honest discussion or appropriate treatment options for your condition, regardless of cost or coverage.
- Make recommendations about our member rights and responsibilities policies.

You have the responsibility to:

- Always provide accurate and complete information about your health to Ambetter and your providers so you receive the best care possible.
- Follow instructions and treatments plans you have agreed to with your providers.
- Understand your health problems and work with your providers to develop treatment goals.
- Ask your doctor or Ambetter if you have questions about your care or don't understand your benefits.

For a full list of your rights and responsibilities, please review your *Evidence of Coverage*.



View a full list of your rights in your *Evidence of Coverage*.



If you would like to exercise any of your rights, please contact Member Services at 1-877-687-1197 (TTY/TDD 1-877-941-9238).

## Your Information Is Safe With Us

Your health information is personal so we do everything we can to protect it. Your privacy is also important to us. We have policies in place to protect your health records.

We protect all oral, written and electronic Protected Health Information (PHI). We follow Health Insurance Portability and Accountability Act (HIPAA) requirements and have a Notice of Privacy Practices. We are required to notify you about these practices every year. This notice describes how your medical information may be used and disclosed, and how you can get access to this information. Please review it carefully. If you need more information or would like the complete notice, please visit <https://Ambetter.CoordinatedCareHealth.com/privacy-practices.html> or call Member Services at 1-877-687-1197 (TTY/TDD 1-877-941-9238).

We protect all of your PHI. We follow HIPAA to keep your healthcare information private.

### Language

If you don't speak or understand the language in your area, you have the right to an interpreter.

Language Assistance: <https://Ambetter.CoordinatedCareHealth.com/language-assistance.html>



Understand how your Ambetter health plan works and know what you should do as an Ambetter health plan member.

You are responsible for telling us if your member ID gets lost or stolen, for supplying information that we need in order to provide care and for informing your provider if you cannot follow the prescribed treatment of care recommended to you.

## Here's What You Should Do

Your *Evidence of Coverage* can help you understand how your plan works. Make sure you read it. Here are a couple of key points:

### **Giving Information**

Always provide accurate and complete information about your health. This includes your present conditions, past illnesses, hospitalizations, medications and any other matters. Let us know that you clearly understand your care and what you need to do. Ask your doctor questions until you understand the care you are receiving. You need to review and understand the information you receive about us. Make sure you know how to use the services we cover.

### **Your Doctor's Advice and Your Treatment Plan**

You should follow the treatment plan your medical providers suggest. If you do not agree with the suggested treatment plan, you have the right to obtain a second opinion from another In-Network provider. Ask questions to make sure that you fully understand your health problems and treatment plan. Work with your primary care provider (PCP) to develop treatment goals. If you don't follow your treatment plan, your doctors may tell you the likely results of your decision.

### **Member ID**

At every appointment, always show your Ambetter member ID before you receive care.

### **Appointments**

Make sure you keep your appointments. If you cannot keep an appointment, you should call to cancel or reschedule. Whenever possible, schedule your appointments during office hours.

### **Your PCP**

You should know the name of your PCP and establish a relationship with them. At any time, you can change your PCP by contacting our Member Services Department at 1-877-687-1197 (TTY/TDD 1-877-941-9238).

### **Treatment**

You should treat all of our staff, providers and other members with respect and dignity. Please let us know if you have concerns about your care.

## Health Insurance Terms

We know that health insurance can feel confusing sometimes. To help you out, we included definitions of words and concepts commonly used when talking about health insurance. Check it out!

*Appeal* means a written or verbal request from a Member or the Member's Authorized Representative, that we reconsider an Adverse Benefit Determination or decision we made regarding:

1. access to healthcare benefits;
2. admission to or continued stay in a healthcare Facility;
3. claims payment, handling or reimbursement for healthcare services;
4. matters pertaining to our contractual relationship with a Member;
5. cancellation of your benefit coverage by us; and
6. any matters specifically required by state law or regulation.

Please refer to the Grievance and Appeals Process section of your *Evidence of Coverage* for detailed information about your Appeal rights, including how to file an Appeal and who may file an Appeal on your behalf.

*Copay or Copayment* means the specific dollar amount that you must pay when you receive covered services. Copayments are shown in the *Schedule of Benefits*. Not all covered services have a Copayment.

*Emergency Care or Emergency Services* means a medical screening examination that is within the capability of the emergency department of a hospital, including ancillary services routinely available to the emergency department, as well as further medical examination and treatment to stabilize the patient. See your *Evidence of Coverage* for a complete definition of Emergency Services.

*Evidence of Coverage* is your contract with Ambetter from Coordinated Care Corporation and includes information about the benefits covered under your health plan.

*Grievance* means a written or verbal complaint regarding service delivery issues other than denial of payment for medical services or non-provision of medical services, including:

1. Dissatisfaction with medical care;
2. Waiting time for medical services;
3. Provider or staff attitude or demeanor; or
4. Dissatisfaction with service provided by us.

*Network (Providers and/or Services)* means a group of medical practitioners and facilities who have contracts with us to provide healthcare services to our members. See your *Evidence of Coverage* for a complete definition of Network.

## Health Insurance Terms (Continued)

**Out-of-Network or Non-Network Provider** Out-of-Network or Non-Network Provider means a medical practitioner who is NOT contracted with us. Services provided by a Non-Network Provider are not covered, except as specifically stated in your *Evidence of Coverage*.

**Premium Payment** See the Premiums section in your *Evidence of Coverage* for detailed information on your Premium Payments.

**Preventive Care Services** See your *Evidence of Coverage* for information on your Preventive Care Benefits.

**Primary Care Provider** or PCP means a medical practitioner who gives or directs healthcare services for the member. A PCP supervises, directs and gives initial care and basic medical services to the member and is in charge of the member's ongoing care.

**Prior Authorization** is a process of obtaining Ambetter's Authorization for certain services before a Member receives them. See the Prior Authorization section in your *Evidence of Coverage* for more details.

**Schedule of Benefits** means a summary of the Deductible, Copayment, Coinsurance, Maximum Out-of-Pocket and other limits that apply when you receive Covered Services and supplies. Your *Schedule of Benefits* is available online when you log in to your member account at [Ambetter.CoordinatedCareHealth.com](http://Ambetter.CoordinatedCareHealth.com).

**Urgent Care** is care for a condition that is not an emergency; but is an unforeseen medical illness, injury, or condition that requires immediate care when your Primary Care Provider is unavailable or inaccessible.

**Utilization Management/Utilization Review** means a process used to monitor and evaluate healthcare services. See your *Evidence of Coverage* for a complete definition of Utilization Review.

## Statement of Non-Discrimination

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

### **Ambetter from Coordinated Care Corporation:**

- 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 Coordinated Care Corporation at 1-877-687-1197 (TTY/TDD 1-877-941-9238).

If you believe that Ambetter from Coordinated Care 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 Coordinator Coordinated Care, 1145 Broadway, Suite 300, Tacoma, WA 98402, 1-877-687-1197 (TTY/TDD 1-877-941-9238), Fax 1-855-218-0588. You can file a grievance by mail, fax, or email [WAqualitydept@centene.com](mailto:WAqualitydept@centene.com). If you need help filing a grievance, Ambetter from Coordinated Care 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 a <http://www.hhs.gov/ocr/office/file/index.html>.

<b>Spanish:</b>	Si usted, o alguien a quien está ayudando, tiene preguntas acerca de Ambetter de Coordinated Care Corporation, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-877-687-1197 (TTY/TDD 1-877-941-9238).
<b>Chinese:</b>	如果您·或是您正在協助的對象·有關於 Ambetter from Coordinated Care Corporation 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 1-877-687-1197 (TTY/TDD 1-877-941-9238)。
<b>Vietnamese:</b>	Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Ambetter from Coordinated Care Corporation, 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 1-877-687-1197 (TTY/TDD 1-877-941-9238).
<b>Korean:</b>	만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Ambetter from Coordinated Care Corporation 에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 1-877-687-1197 (TTY/TDD 1-877-941-9238)로 전화하십시오.
<b>Russian:</b>	В случае возникновения у вас или у лица, которому вы помогаете, каких-либо вопросов о программе страхования Ambetter from Coordinated Care Corporation вы имеете право получить бесплатную помощь и информацию на своем родном языке. Чтобы поговорить с переводчиком, позвоните по телефону 1-877-687-1197 (TTY/TDD 1-877-941-9238).
<b>Tagalog:</b>	Kung ikaw, o ang iyong tinutulongan, ay may mga katanungan tungkol sa Ambetter from Coordinated Care Corporation, may karapatan ka na makakuha nang tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa 1-877-687-1197 (TTY/TDD 1-877-941-9238).
<b>Ukrainian:</b>	В разі виникнення у вас або особи, якій ви допомагаєте, будь-яких запитань щодо програми страхування Ambetter from Coordinated Care Corporation ви маєте право отримати безкоштовну допомогу та інформацію на своїй рідній мові. Щоб поговорити з перекладачем, зателефонуйте за номером 1-877-687-1197 (TTY/TDD 1-877-941-9238).
<b>Mon-Khmer, Cambodian:</b>	ប្រសិនបើលោកអ្នកឬ នរណាម្នាក់ដែលអ្នកកំពុងជួយមានបញ្ហាអំពី Ambetter from Coordinated Care Corporation អ្នកមានសិទ្ធិទទួលបានជំនួយនិងព័ត៌មានជាភាសាលោកអ្នកដោយឥតគិតថ្លៃ។ សូមនិយាយទៅកាន់អ្នកបកប្រែភាសាលេខ 1-877-687-1197 (TTY/TDD 1-877-941-9238)
<b>Japanese:</b>	Ambetter from Coordinated Care Corporation 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、1-877-687-1197 (TTY/TDD 1-877-941-9238) までお電話ください。
<b>Amharic:</b>	እርስዎ ወይም እርስዎ የሚርዱት ሰው ስለ Ambetter from Coordinated Care Corporation ግብር ጥያቄ ካለዎት ያለምንም ወጪ በደንብ ይገናኙ እንዲሁም መረጃ የማግኘት መብት አለዎት፤ ፤ እስተርጓሚ ለማነጋገር በ 1-877-687-1197 (TTY/TDD 1-877-941-9238) ይደውሉ፤ ፤
<b>Cushite:</b>	Yoo sii ykn namaa gargaaraa jirtuu wa'ee Ambetter from Coordinated Care Corporation (Kuununsaa Qindeeffamaa) irra gaaffi qabaatan ta'ee gargaarsaa fi odeeffanoo afaan ketiin kaffaltii alla argachuuf mirgaa qabdaa. Turjumaana wajjin dubadhuu, 1-877-687-1197 irra bilbilli (TTY/TDD 1-877-941-9238).
<b>Arabic:</b>	إذا كان لديك أو لدى شخص تساعد أسئلة حول Ambetter from Coordinated Care Corporation، لديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم اتصل بـ 1-877-687-1197 (TTY/TDD 1-877-941-9238).
<b>Punjabi:</b>	ਜੇ ਤੁਹਾਡੇ, ਜਾਂ ਤੁਹਾਡੀ ਮਦਦ ਲੈ ਰਹੇ ਕਿਸੇ ਵਿਅਕਤੀ ਦੇ ਮਨ ਵਿਚ Ambetter from Coordinated Care Corporation ਦੇ ਬਾਰੇ ਕੋਈ ਸਵਾਲ ਹਨ. ਤਾਂ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿਚ ਮੁਫਤ ਮਦਦ ਲੈਣ ਦਾ ਪੂਰਾ ਹੱਕ ਹੈ। ਦੁਭਾਸ਼ੀਏ ਨਾਲ ਗੱਲ ਕਰਨ ਲਈ 1-877-687-1197 (TTY/TDD 1-877-941-9238) ਤੇ ਕਾਲ ਕਰੋ।
<b>German:</b>	Falls Sie oder jemand, dem Sie helfen, Fragen zu Ambetter from Coordinated Care Corporation 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 1-877-687-1197 (TTY/TDD 1-877-941-9238) an.
<b>Laotian:</b>	ຖ້າທ່ານ ຫຼືຄົນທີ່ທ່ານກຳລັງຊ່ວຍເຫຼືອ ມີຄຳຖາມກ່ຽວກັບ Ambetter from Coordinated Care Corporation, ທ່ານມີສິດທີ່ຈະໂດຍບໍ່ຄ່າສອບຖາມຄຳຖາມເຮົາໄດ້ ຂ້າວຂ້າມທີ່ບໍ່ມີຄ່າຂອງທ່ານ ໂດຍບໍ່ມີຄ່າໃຊ້ຈ່າຍ. ເພື່ອຈະຕ້ອງກັບບາຍພາສາ ໃຫ້ໃຫ້ຫາ 1-877-687-1197 (TTY/TDD 1-877-941-9238).