

It is your responsibility to pay any copays, coinsurance or deductible related to any non-essential health benefit despite any participation in a federal or state government run program that offers subsidies or premium assistance. Payments related to non-essential health benefits will not count toward the maximum out of pocket benefit. For services that require prior authorization, network providers must obtain authorization from us prior to providing a service or supply to a member. You should confirm with your provider that they have received prior authorization for a covered service prior to your treatment.

The Schedule of Benefits is a summary of services that may be covered under the plan. Benefits listed are subject to all provisions and limitations as outlined in the Evidence of Coverage (EOC). Please reference the EOC for details regarding the benefits listed below. The member is responsible for deductible, copayment or coinsurance applied to eligible service expenses. An overview of Preventive Services covered with no cost share can be found within your EOC.

Pursuant to the Federal No Surprises Act, you are only required to pay the in-network cost sharing for non-network emergency care, including air ambulance services; for certain ancillary services provided by non-network providers at in-network facilities; and for covered services by a non-network provider at an in-network facility when you do not provide informed consent. Charges you incur for services from a non-network provider that fall in the scenarios listed above will accumulate towards your in-network deductible and/or maximum out-of-pocket amount. Please refer to your EOC for further information.

Connected Silver (QualChoiceLife) - 94% AV Level Silver Plan 21% - 40% FPL		
Benefit	Insured Responsibility (per person)	
	In-Network Providers	Out-of-Network Providers
Annual Deductible per Calendar Year	\$0 Individual Not applicable Family	\$7,500 Individual Not applicable Family
Prescription Drug Deductible per Calendar Year	\$0 Individual Not applicable Family	Not applicable Individual Not applicable Family
Coinsurance For Eligible Expenses (unless otherwise noted)	0% Coinsurance	50% Coinsurance
Out-Of-Pocket Maximum per Quarter	\$27 per quarter Individual Not applicable Family	\$3,125 per quarter Individual Not applicable Family
Provider Office Services		
Primary Care Office Visit	\$4.70 Copay	50% Coinsurance
Specialist Office Visit	\$4.70 Copay	50% Coinsurance
Other Practitioner Office Visit	\$4.70 Copay	50% Coinsurance
Preventive Care (including screenings, immunizations and well-baby visits) Covered in accordance with ACA guidelines.	No charge	50% Coinsurance
Diagnostic Test* (x-ray)	\$4.70 Copay	50% Coinsurance
Diagnostic Test* Lab-work/Other (i.e. EKG, Stress Test)	\$4.70 Copay	50% Coinsurance
Imaging Test* (CT/PET scans, MRI)	\$4.70 Copay	50% Coinsurance
Prescription Drugs		
Preferred Generic	\$4.70 Copay	Not covered
Generic*	\$4.70 Copay	Not covered
Preferred Brand*	\$4.70 Copay	Not covered
Non-Preferred Brand*	\$9.40 Copay	Not covered
Specialty*	\$9.40 Copay	Not covered
Mail Order* (90 day supply)	2.5 Times Retail Cost Sharing	Not covered
Outpatient Services		
Outpatient Facility*	\$4.70 Copay	50% Coinsurance after deductible
Outpatient Surgery Physician/Surgical Services*	\$4.70 Copay	50% Coinsurance after deductible
Emergency and Urgent Care Services		
Emergency Room	No charge	No charge
ER Physician Fee	No charge	No charge
Emergency Transportation/Ambulance (Air, Water or Ground) Note: Prior authorization is not	No charge	No charge

*Prior authorization may be required –
please contact the number listed on your ID card to determine if prior authorization is needed.
Note: Cost share for covered services is based on place of service.

required for emergency transport, however, all non-emergent transport requires prior authorization.		
Non-Emergency Use of the Emergency Department	\$9.40 Copay	50% Coinsurance
Urgent Care	\$4.70 Copay	50% Coinsurance
Inpatient Hospital Services		
Inpatient Hospital Facility*	No charge	50% Coinsurance after deductible
Inpatient Hospital Physician and Surgical Services*	No charge	50% Coinsurance after deductible
Mental Health and Substance Use Disorder Services, including Behavioral Health Treatment		
Mental/Behavioral Health Outpatient Services* (PCP and Other Practitioner visits do not require Prior Authorization)	\$4.70 Copay/office visit; No charge for other outpatient services	50% Coinsurance/office visit; 50% Coinsurance for other outpatient services
Mental/Behavioral Health Inpatient Services*	No charge	50% Coinsurance after deductible
Mental/Behavioral Health Emergency Room	No charge	No charge
Mental/Behavioral Health ER Physician Fee	No charge	No charge
Mental/Behavioral Health Emergency Transportation/Ambulance (Air, Water or Ground) Note: Prior authorization is not required for emergency transport, however, all non-emergent transport requires prior authorization.	No charge	No charge
Mental/Behavioral Health Urgent Care	\$4.70 Copay	50% Coinsurance
Substance Use Disorder Outpatient Services* (PCP and Other Practitioner visits do not require Prior Authorization)	\$4.70 Copay/office visit; No charge for other outpatient services	50% Coinsurance/office visit; 50% Coinsurance for other outpatient services
Substance Use Disorder Inpatient Services*	No charge	50% Coinsurance after deductible
Substance Use Disorder Emergency Room	No charge	No charge
Substance Use Disorder ER Physician Fee	No charge	No charge
Substance Use Disorder Emergency Transportation/Ambulance (Air, Water or Ground) Note: Prior authorization is not required for emergency transport, however, all non-emergent transport requires prior authorization.	No charge	No charge
Substance Use Disorder Urgent Care	\$4.70 Copay	50% Coinsurance
Maternity and Newborn Care		
Prenatal and Postnatal Care	No charge	50% Coinsurance
Delivery and Inpatient Services*	No charge	50% Coinsurance after deductible
Other Covered Services		
Home Health Care Services* Limited to 50 visits per year.	\$4.70 Copay	50% Coinsurance
Outpatient Rehabilitation* (Including Speech, Occupational and Physical Therapy) Limited to a combined 30 visit limit per year for outpatient physical therapy, speech therapy, occupational therapy and chiropractic care. Note: Limits do not apply when provided for a mental health/substance use disorder diagnosis.	\$4.70 Copay	50% Coinsurance
Cardiac Rehabilitation* Limited to 36 visits per year. Note: Limits do not apply when provided for a mental health/substance use disorder diagnosis.	\$4.70 Copay	50% Coinsurance
Inpatient Rehabilitation* (Including Speech, Occupational and Physical Therapy)	No charge	50% Coinsurance after deductible

*Prior authorization may be required –
please contact the number listed on your ID card to determine if prior authorization is needed.
Note: Cost share for covered services is based on place of service.

Limited to 60 days per year. Note: Limits do not apply when provided for a mental health/substance use disorder diagnosis.		
Neurological Rehabilitation* Limited to a combined 30 visit limit per year for outpatient physical therapy, speech therapy, occupational therapy and chiropractic care. Note: Limits do not apply when provided for a mental health/substance use disorder diagnosis.	No charge	50% Coinsurance after deductible
Habilitation Outpatient Services* Limited to a combined 30 visit limit per year for outpatient habilitation services; limited to 180 visits per year for developmental services. Note: Habilitation therapy limits do not apply when provided for a mental health/substance use disorder diagnosis.	\$4.70 Copay	50% Coinsurance
Habilitation Inpatient Services* (Including Speech, Occupational, and Physical Therapy) Limited to 60 days per year. Note: Limits do not apply when provided for a mental health/substance use disorder diagnosis.	No charge	50% Coinsurance
Skilled Nursing Facility* Limited to 60 days per year.	\$20 Copay	50% Coinsurance after deductible
Durable Medical Equipment*	\$4.70 Copay	50% Coinsurance
Hospice Services* Respite Care available in conjunction with hospice care. Limited to 14 days per year.	No charge	50% Coinsurance after deductible
Chiropractic Care* Limited to a combined 30 visit limit per year (combined for chiropractic care, physical therapy, speech therapy and occupational therapy).	\$4.70 Copay	50% Coinsurance
Transplant Benefit* Prior authorization may be required. Limited to \$10,000 for transportation & lodging per transplant; \$30,000 for donor search per transplant.	No charge	50% Coinsurance after deductible
Diabetes Care Management	No charge	50% Coinsurance
Hearing Aids* Limited to 1 pair every 3 years.	\$4.70 Copay	50% Coinsurance
Vision Services – Pediatric (Children under the age of 19)		
Exam		
Routine eye exam (& Contact lens fitting) Limited to 1 visit per year.	100% Covered	100% Covered
Standard Frame		
Eyeglasses (frames) Limited to 1 Item per year.	100% Covered	100% Covered
Lenses (per pair)		
Prescription lenses (including additional lens options)	100% Covered	100% Covered
Contact lenses (in lieu of glasses)	100% Covered	100% Covered

Value-add Programs

Ambetter members can earn reward dollars by participating in the My Health Pays™ rewards program. The My Health Pays program rewards you for being more active in your health. Visit Ambetter.ARhealthwellness.com to learn more about the

*Prior authorization may be required –
please contact the number listed on your ID card to determine if prior authorization is needed.
Note: Cost share for covered services is based on place of service.

program and ways to earn and spend rewards. You can also call Member Services at 1-877-617-0390 (TTY/TDD 1-877-617-0392). Rewards programs may vary by the plan you are enrolled in.

*Prior authorization may be required –
please contact the number listed on your ID card to determine if prior authorization is needed.
Note: Cost share for covered services is based on place of service.

Spanish:	Si usted, o alguien a quien está ayudando, tiene preguntas acerca de Ambetter de Arkansas Health & Wellness, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-877-617-0390 (TTY/TDD 1-877-617-0392).
Vietnamese:	Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Ambetter from Arkansas Health & Wellness, 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 1-877-617-0390 (TTY/TDD 1-877-617-0392).
Marshalllese:	Ñe kwe, ak bar juon eo kwōj jipañe, ewōr an kajitōk kōn Ambetter from Arkansas Health & Wellness, ewōr am jimwe in bōk jipañ im melele ko ilo kajin eo am ejjelōk wōñāān. Ñan kōnono ippān juon ri-ukōk, kirōk 1-877-617-0390 (TTY/TDD 1-877-617-0392).
Chinese:	如果您，或是您正在協助的對象，有關於 Ambetter from Arkansas Health & Wellness 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 1-877-617-0390 (TTY/TDD 1-877-617-0392)。
Laotian:	ຖ້າທ່ານ ຫຼືຄົນທີ່ທ່ານກ່າວວ່າຊ່ວຍເຫຼືອ ມີຄຳຖາມກ່ຽວກັບ Ambetter from Arkansas Health & Wellness of Arkansas, ທ່ານມີອິດທິພົນໄດ້ຮັບການຊ່ວຍເຫຼືອແລະຂໍ້ມູນຂ່າວສານທີ່ເປັນພາສາຂອງທ່ານ ໂດຍບໍ່ມີຄ່າໃຊ້ຈ່າຍ. ເພື່ອຈະເວົ້າກັບນາຍພາສາ ໃຫ້ໂທຫາ 1-877-617-0390 (TTY/TDD 1-877-617-0392).
Tagalog:	Kung ikaw, o ang iyong tinutulangan, ay may mga katanungan tungkol sa Ambetter from Arkansas Health & Wellness, may karapatan ka na makakuha nang tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa 1-877-617-0390 (TTY/TDD 1-877-617-0392).
Arabic:	إذا كان لديك أو لدى شخص تساعد أسئلة حول Ambetter from Arkansas Health & Wellness، لديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم اتصل بـ 1-877-617-0390 (TTY/TDD 1-877-617-0392).
German:	Falls Sie oder jemand, dem Sie helfen, Fragen zu Ambetter from Arkansas Health & Wellness 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 1-877-617-0390 (TTY/TDD 1-877-617-0392) an.
French:	Si vous-même ou une personne que vous aidez avez des questions à propos d'Ambetter from Arkansas Health & Wellness, vous avez le droit de bénéficier gratuitement d'aide et d'informations dans votre langue. Pour parler à un interprète, appelez le 1-877-617-0390 (TTY/TDD 1-877-617-0392).
Hmong:	Yog koj, los yog tej tus neeg uas koj pab ntawd, muaj lus nug txog Ambetter from Arkansas Health & Wellness, koj muaj cai kom lawv muab cov ntshiab lus qhia uas tau muab sau ua koj hom lus pub dawb rau koj. Yog koj xav nrog ib tug neeg txhais lus tham, hu rau 1-877-617-0390 (TTY/TDD 1-877-617-0392).
Korean:	만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Ambetter from Arkansas Health & Wellness 에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 1-877-617-0390 (TTY/TDD 1-877-617-0392) 로 전화하십시오.
Portuguese:	Se você, ou alguém a quem você está ajudando, tem perguntas sobre o Ambetter from Arkansas Health & Wellness, você tem o direito de obter ajuda e informação em seu idioma e sem custos. Para falar com um intérprete, ligue para 1-877-617-0390 (TTY/TDD 1-877-617-0392).
Japanese:	Ambetter from Arkansas Health & Wellness 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、1-877-617-0390 (TTY/TDD 1-877-617-0392) までお電話ください。
Hindi:	आप या जिसकी आप मदद कर रहे हैं उनके, Ambetter from Arkansas Health & Wellness के बारे में कोई सवाल हों, तो आपको बिना किसी खर्च के अपनी भाषा में मदद और जानकारी प्राप्त करने का अधिकार है। किसी दुभाषिये से बात करने के लिए 1-877-617-0390 (TTY/TDD 1-877-617-0392) पर कॉल करें।
Gujarati:	જે તમને અથવા તમે જેમની મદદ કરી રહ્યા છો તેમને, Ambetter from Arkansas Health & Wellness વિશે કોઈ પ્રશ્ન હોય તો તમને, કોઈ ખર્ચ વિના તમારી ભાષામાં મદદ અને માહિતી પ્રાપ્ત કરવાનો અધિકાર છે. દુભાષિયા સાથે વાત કરવા માટે 1-877-617-0390 (TTY/TDD 1-877-617-0392) ઉપર કોલ કરો.

© 2020 Ambetter from Arkansas Health & Wellness includes products that are underwritten by Arkansas Health & Wellness Health Plan, Inc., QCA Health Plan, Inc., and QualChoice Life and Health Insurance Company. All rights reserved.

*Prior authorization may be required –
 please contact the number listed on your ID card to determine if prior authorization is needed.
 Note: Cost share for covered services is based on place of service.

Statement of Non-Discrimination

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

Ambetter from Arkansas Health & Wellness:

- 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 Arkansas Health & Wellness at [1-877-617-0390 (TTY 1-877-617-0392)].

If you believe that Ambetter from Arkansas Health & Wellness has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: [Ambetter from Arkansas Health & Wellness Appeals Unit, P.O. Box 25538, Little Rock, AR 72221, 1-877-617-0390 (TTY 1-877-617-0392), Fax 1-866-811-3255.] You can file a grievance by mail, fax, or email. If you need help filing a grievance, Ambetter from Arkansas Health & Wellness is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

© 2020 Ambetter from Arkansas Health & Wellness includes products that are underwritten by Arkansas Health & Wellness Health Plan, Inc., QCA Health Plan, Inc., and QualChoice Life and Health Insurance Company. All rights reserved.

Declaración de no discriminación

*Prior authorization may be required –
please contact the number listed on your ID card to determine if prior authorization is needed.
Note: Cost share for covered services is based on place of service.

Ambetter from Arkansas Health & Wellness cumple con las leyes de derechos civiles federales aplicables y no discrimina basándose en la raza, color, origen nacional, edad, discapacidad, o sexo. Ambetter from Arkansas Health & Wellness no excluye personas o las trata de manera diferente debido a su raza, color, origen nacional, edad, discapacidad, o sexo.

Ambetter from Arkansas Health & Wellness:

- Proporciona ayuda y servicios gratuitos a las personas con discapacidad para que se comuniquen eficazmente con nosotros, tales como:
 - Intérpretes calificados de lenguaje por señas
 - Información escrita en otros formatos (letra grande, audio, formatos electrónicos accesibles, otros formatos)
- Proporciona servicios de idiomas a las personas cuyo lenguaje primario no es el inglés, tales como:
 - Intérpretes calificados
 - Información escrita en otros idiomas

Si necesita estos servicios, comuníquese con Ambetter from Arkansas Health & Wellness a 1-877-617-0390 (TTY/TDD 1-877-617-0392).

Si considera que Ambetter from Arkansas Health & Wellness no le ha proporcionado estos servicios, o en cierto modo le ha discriminado debido a su raza, color, origen nacional, edad, discapacidad o sexo, puede presentar una queja ante: Ambetter from Arkansas Health & Wellness Appeals Unit, P.O. Box 25538, Little Rock, AR 72221, 1-877-617-0390 (TTY/TDD 1-877-617-0392), Fax 1-866-811-3255. Usted puede presentar una queja por correo, fax, o correo electrónico. Si necesita ayuda para presentar una queja, Ambetter from Arkansas Health & Wellness está disponible para brindarle ayuda. También puede presentar una queja de violación a sus derechos civiles ante la Oficina de derechos civiles del Departamento de Salud y Servicios Humanos de Estados Unidos (U.S. Department of Health and Human Services), en forma electrónica a través del portal de quejas de la Oficina de derechos civiles, disponible en <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, o por correo o vía telefónica llamando al: 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).

Los formularios de queja están disponibles en <http://www.hhs.gov/ocr/office/file/index.html>.

© 2020 Ambetter de Arkansas Health & Wellness incluye productos que están asegurados por Arkansas Health & Wellness Health Plan, Inc., QCA Health Plan, Inc., y QualChoice Life and Health Insurance Company. Todos los derechos reservados.

*Prior authorization may be required –
please contact the number listed on your ID card to determine if prior authorization is needed.
Note: Cost share for covered services is based on place of service.