

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 - Zero Cost Sharing Plan 0% - 20% FPL

Benefit	Insured Responsibility (per person)	
	In-Network Providers	Out-of-Network Providers
Annual Deductible per Calendar Year	\$0 Individual Not applicable Family	\$0 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	0% Coinsurance
Out-of-Pocket Maximum	\$0 per quarter Individual Not applicable Family	\$0 per year Individual Not applicable Family
Provider Office Services		
Primary Care Office Visit	No charge	No charge
Specialist Office Visit	No charge	No charge
Preventive Care (including screenings, immunizations and well-baby visits) Covered in accordance with ACA guidelines.	No charge	No charge
Diagnostic Test* (x-ray)	No charge	No charge
Diagnostic Test* Lab-work/Other (e.g., bloodwork, EKG, Stress Test)	No charge	No charge
Imaging Test* (CT/PET scans, MRI)	No charge	No charge
Prescription Drugs		
Tier 1a: Preferred Generic	No charge	Not covered
Tier 1b: Generic*	No charge	Not covered
Tier 2: Preferred Brand*	No charge	Not covered
Tier 3: Non-Preferred Brand and Non-Preferred Generic*	No charge	Not covered
Tier 4: Specialty*	No charge	Not covered
Mail Order* (90-day supply)	2.5 Times Retail Cost Sharing	Not covered
Outpatient Services		
Outpatient Facility*	No charge	No charge
Outpatient Surgery Physician/Surgical Services*	No charge	No charge
Emergency and Urgent Care Services		
Emergency Room	No charge	No charge
ER Physician Fee	No charge	No charge

*Prior authorization may be required – please contact Member Services at the number listed on your member identification card to determine if prior authorization is needed.

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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
Non-Emergency Use of the Emergency Department	No charge	No charge
Urgent Care	No charge	No charge
Virtual 24/7 Care	No charge	No charge after deductible
Inpatient Hospital Services		
Inpatient Hospital Facility*	No charge	No charge
Inpatient Hospital Physician and Surgical Services*	No charge	No charge
Behavioral Health Treatment: Mental Health and Substance Use Disorder Services		
Behavioral Health Outpatient Services* (PCP and other practitioner office visits do not require prior authorization.)	No charge Note: Cost share will be waived for Behavioral Health screening services.	No charge Note: Cost share will be waived for Behavioral Health screening services.
Behavioral Health Inpatient Services*	No charge	No charge after deductible
Behavioral Health Emergency Room	No charge	No charge
Behavioral Health ER Physician Fee	No charge	No charge
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
Behavioral Health Urgent Care	No charge	No charge
Behavioral Health Laboratory Services*	No charge	No charge
Behavioral Health Habilitation Outpatient Services* (Including speech, occupational and physical therapy)	No charge	No charge
Behavioral Health Habilitation Inpatient Services* (Including speech, occupational and physical therapy)	No charge	No charge
Maternity and Newborn Care		
Prenatal and Postnatal Care	No charge	No charge
Delivery and Inpatient Services*	No charge	No charge
Other Covered Services		
Home Health Care Services* Limited to 50 visits per year.	No charge	No charge
Rehabilitation Outpatient Services* (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.	No charge	No charge
Cardiac Rehabilitation* Limited to 36 visits per year. Note: Limits do not apply when provided for a mental health/substance use disorder diagnosis.	No charge	No charge
Rehabilitation Inpatient Services* (Including speech, occupational and physical therapy)	No charge	No charge

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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	No charge
Habilitation Outpatient Services* (Including speech, occupational and physical therapy) Limited to a combined 30 visit limit per year for outpatient habilitation services; limited to 180 visits per year for developmental services. Note: Limits do not apply when provided for a mental health/substance use disorder diagnosis.	No charge	No charge
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	No charge
Skilled Nursing Facility* Limited to 60 days per year.	No charge	No charge
Durable Medical Equipment*	No charge	No charge
Hospice Services*	No charge	No charge
Respite Care* Available in conjunction with hospice care. Limited to 14 days per year.	No charge	No charge
Chiropractic Care* Limited to a combined 30 visit limit per year (combined for chiropractic care, physical therapy, speech therapy, and occupational therapy).	No charge	No charge
Transplant Benefit* Limited to \$10,000 for transportation & lodging per transplant; \$30,000 for donor search per transplant.	No charge	No charge
Diabetes Care Management	No charge	No charge
Hearing Aids* Limited to 1 pair every 3 years.	No charge	No charge
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

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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 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.

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FROM



arkansas health & wellness.

If you, or someone you are helping, have questions about Ambetter from Arkansas Health & Wellness, and are not proficient in English, you have the right to get help and information in your language at no cost and in a timely manner. If you, or someone you are helping, have an auditory and/or visual condition that impedes communication, you have the right to receive auxiliary aids and services at no cost and in a timely manner. To receive translation or auxiliary services, please contact [Member Services] at [1-877-617-0390 (TTY 1-877-617-0392)].

Spanish	Si usted, o alguien a quien está ayudando, tiene preguntas acerca de Ambetter from Arkansas Health & Wellness y no domina el inglés, tiene derecho a obtener ayuda e información en su idioma sin costo alguno y de manera oportuna. Si usted, o alguien a quien está ayudando, tiene un impedimento auditivo o visual que le dificulta la comunicación, tiene derecho a recibir ayuda y servicios auxiliares sin costo alguno y de manera oportuna. Para recibir servicios auxiliares o de traducción, comuníquese con [Servicios para Miembros] al [1-877-617-0390 (TTY 1-877-617-0392)].
Vietnamese	Nếu quý vị hoặc người mà quý vị đang giúp đỡ có câu hỏi về Ambetter from Arkansas Health & Wellness và không thành thạo tiếng Anh, quý vị có quyền được trợ giúp và nhận thông tin bằng ngôn ngữ của mình miễn phí và kịp thời. Nếu quý vị hoặc người mà quý vị đang giúp đỡ mắc bệnh về thính giác và/hoặc thị giác gây cản trở giao tiếp, quý vị có quyền được nhận các hỗ trợ và dịch vụ phụ trợ miễn phí và kịp thời. Để nhận dịch vụ thông dịch hoặc dịch vụ phụ trợ, vui lòng liên hệ bộ phận [Dịch Vụ Thành Viên] theo số [1-877-617-0390 (TTY 1-877-617-0392)].
Marshallese	Ñe kwe, ako juon armij eo kwoj jibañ e, ewōr am kajitok kake Ambetter from Arkansas Health & Wellness, im ejjab eman Kajin Pälle, ewōr am jimwe in bukot jibañ im kōmelele ko ilo kajin eo am ilo ejelok onean im ilo juon ien eo emokaj. Ñe kwe, ako juon armij eo kwoj jibañ e, ewōr am nañinmej eo ilo kōnaan im/ako loelakjān im ej kōmman an ben am kōnaan ippāñ ro jot, ewōr am jimwe in bōk kein jibañ im jermal ko ilo ejelok onean im ilo juon ien eo emokaj. Ñan bōk jermal in ukok ako jibañ, jouj topar [Jermal an Ro Uwaan] ilo [1-877-617-0390 (TTY 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，且不精通英語，您有權利免費並及時以您的母語獲幫助和訊息。如果您，或您正在協助的對象有聽力和/或視力上的問題，阻礙了溝通，您有權利免費並及時獲得輔助支援與服務。若要取得翻譯或輔助服務，請聯絡[會員服務部]，電話是 [1-877-617-0390 (TTY 1-877-617-0392)]。
Laotian	ຖ້າຫາກທ່ານ ຫຼື ຜູ້ໃດຜູ້ໜຶ່ງທີ່ທ່ານກຳລັງໃຫ້ການຊ່ວຍເຫຼືອ, ມີຄຳຖາມກ່ຽວກັບ Ambetter from Arkansas Health & Wellness, ແລະ ບໍ່ຊ່ຽວຊານພາສາອັງກິດ, ທ່ານມີສິດໄດ້ຮັບການຊ່ວຍເຫຼືອ ແລະ ຂໍ້ມູນທີ່ເປັນພາສາຂອງທ່ານໂດຍບໍ່ມີຄ່າໃຊ້ຈ່າຍ ແລະ ທັນເວລາ. ຖ້າຫາກທ່ານ ຫຼື ຜູ້ໃດຜູ້ໜຶ່ງທີ່ທ່ານກຳລັງໃຫ້ການຊ່ວຍເຫຼືອ, ມີສະພາບທາງການໄດ້ຍິນ ແລະ/ຫຼື ການເບິ່ງເຫັນທີ່ຂັດຂວາງການສື່ສານ, ທ່ານມີສິດໄດ້ຮັບການຊ່ວຍເຫຼືອ ແລະ ການບໍລິການເສີມໂດຍບໍ່ມີຄ່າໃຊ້ຈ່າຍ ແລະ ທັນເວລາ. ເພື່ອໃຫ້ໄດ້ຮັບການບໍລິການແປພາສາ ຫຼື ບໍລິການເສີມ, ກະລຸນາຕິດຕໍ່ຫາ [Member Services (ການບໍລິການສະມາຊິກ)] ໄດ້ທີ່ [1-877-617-0390 (TTY 1-877-617-0392)].

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FROM

arkansas
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Tagalog	Kung ikaw, o ang iyong tinutulongan, ay may mga katanungan tungkol sa Ambetter from Arkansas Health & Wellness, at hindi ka mahusay sa Ingles, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika nang walang gastos at sa maagap na paraan. Kung ikaw, o ang iyong tinutulongan, ay may kondisyon sa pandinig at/o pannikin na nakakaapekto sa komunikasyon, may karapatan kang makatanggap ng mga karagdagang tulong at serbisyo nang walang gastos at sa maagap na paraan. Para makatanggap ng mga serbisyo sa pagsasalin o mga karagdagang serbisyo, mangyaring makipag-ugnayan sa [Mga Serbisyo para sa Miyembro] sa [1-877-617-0390 (TTY 1-877-617-0392)].
Arabic	إذا كان لديك أو لدى شخص تساعد أسئلة حول Ambetter from Arkansas Health & Wellness، ولم تكن بارعًا باللغة الإنكليزية، فلديك الحق في الحصول على المساعدة والمعلومات بلغتك من دون أي تكلفة وفي الوقت المناسب. إذا كنت أنت أو أي شخص تساعد تعاني من حالة سمعية و/أو بصرية تعيق التواصل، فلديك الحق في تلقي مساعدات وخدمات إضافية من دون أي تكلفة وفي الوقت المناسب. لتلقي خدمات الترجمة أو خدمات إضافية، يرجى الاتصال بـ [خدمات الأعضاء] على [1-877-617-0390 (TTY 1-877-617-0392)].
German	Falls Sie oder jemand, dem Sie helfen, Fragen zu Ambetter from Arkansas Health & Wellness hat und nicht Englisch spricht, haben Sie das Recht, kostenlos und zeitnah Hilfe und Informationen in Ihrer Sprache zu erhalten. Falls Sie oder jemand, dem Sie helfen, eine Hör- und/oder Sehbeeinträchtigung hat, die die Kommunikation beeinflusst, haben Sie das Recht, kostenlos und zeitnah zusätzliche Hilfe und Dienstleistungen zu erhalten. Um eine Übersetzung oder zusätzliche Dienstleistungen zu erhalten, wenden Sie sich an den [Kundendienst] unter [1-877-617-0390 (TTY 1-877-617-0392)].
French	Si vous-même ou une personne que vous aidez avez des questions à propos d'Ambetter from Arkansas Health & Wellness et que vous ne maîtrisez pas l'anglais, vous pouvez bénéficier gratuitement et en temps utile d'aide et d'informations dans votre langue. Si vous-même ou une personne que vous aidez souffrez d'un trouble auditif ou visuel qui entrave la communication, vous pouvez bénéficier gratuitement et en temps utile d'aides et de services auxiliaires. Pour profiter de services de traduction ou de services auxiliaires, veuillez contacter [Services aux membres] au [1-877-617-0390 (TTY 1-877-617-0392)].
Hmong	Yog tias koj, los sis ib tug neeg twg uas koj tab tom muab kev pab, muaj cov lus nug hais txog Ambetter from Arkansas Health & Wellness, thiab tsis paub lus Askiv zoo heev, koj muaj cai tau txais kev pab thiab tej ntaub ntauv qhia paub ua koj hom lus yam tsis tau them dab tsi li thiab kom tau raws sij hawm. Yog tias koj, los sis ib tug neeg twg uas koj tab tom pab, muaj tsos mob txog kev hnov lus thiab/los sis kev pom kev uas cuam tshuam txog kev sib txuas lus, koj muaj cai kom tau txais cov kev pab thiab cov kev pab cuam ntxiv yam tsis tau them dab tsi li thiab kom tau raws sij hawm. Txhawm rau kom tau txais cov kev pab cuam txhais ntauv los sis kev pab ntxiv, thov tiv tauj [Member Services (Cov Chaw Muab Kev Pab Cuam Tswv Cuab)] tau ntawm [1-877-617-0390 (TTY 1-877-617-0392)].
Korean	귀하 또는 귀하의 도움을 받는 분이 Ambetter from Arkansas Health & Wellness에 대한 질문이 있는 경우 영어에 능숙하지 않으시면 해당 언어로 시의적절하게 무료 지원과 정보를 받을 권리가 있습니다. 귀하 또는 귀하의 도움을 받는 분이 청각 및/또는 시각적으로 의사소통에 장애가 있는 경우 시의적절하게 무료 보조 도구 및 서비스를 받을 권리가 있습니다. 번역 또는 보조 서비스를 받으시려면 [1-877-617-0390(TTY 1-877-617-0392)]번으로 [가입자 서비스부]에 연락해주시십시오.

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arkansas
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Portuguese	Se tiver dúvidas acerca da Ambetter from Arkansas Health & Wellness, ou estiver a ajudar uma pessoa com dúvidas acerca desta, e não dominar o inglês, tem o direito de obter ajuda e informações no seu idioma sem qualquer custo e de forma atempada. Se tiver uma condição visual e/ou auditiva que dificulte a comunicação ou estiver a ajudar uma pessoa com uma condição deste tipo, tem o direito de receber equipamentos ou serviços de assistência sem qualquer custo e de forma atempada. Para receber traduções ou serviços de assistência, contacte [serviços de membro] através do número [1-877-617-0390 (TTY 1-877-617-0392)].
Japanese	ご自身やあなたが介護している他の人が、Ambetter from Arkansas Health & Wellness についてご質問をお持ちの場合、英語に自信がなくても無料かつタイムリーにご希望の言語でヘルプや情報を得ることができます。ご自身や、あなたが介護している他の人の聴覚や視覚の状態のためやり取りが難しい場合でも、無料かつタイムリーに補助サービスを受けることができます。翻訳や補助サービスを受けるには、 [1-877-617-0390 (TTY 1-877-617-0392)]の[メンバーサービス]にご連絡ください。
Hindi	अगर आप या कोई ऐसा व्यक्ति जिसकी आप सहायता कर रहे हैं, के पास Ambetter from Arkansas Health & Wellness से जुड़े प्रश्न हैं और आप दोनों अंग्रेजी में माहिर नहीं हैं, तो आपको अपनी भाषा में मुफ्त और समय पर सहायता और जानकारी प्राप्त करने का अधिकार है. अगर आपको या किसी ऐसे व्यक्ति को जिसकी आप मदद कर रहे हैं, सुनने और/या देखने में समस्या होती है और इससे बातचीत बाधित होती है, तो आपको बिना किसी लागत के और समय पर सहायक सहायता और सेवाएं प्राप्त करने का अधिकार है. अनुवाद या सहायक सेवाएं प्राप्त करने के लिए कृपया [1-877-617-0390 (TTY 1-877-617-0392)] पर [सदस्य सेवाएं] से संपर्क करें.
Gujarati	જો તમને અથવા તમે જેમની મદદ કરી રહ્યા હો એવી કોઈ વ્યક્તિને Ambetter from Arkansas Health & Wellness વિશે પ્રશ્નો હોય અને અંગ્રેજીમાં પ્રવીણ ન હોય, તો તમને કોઈ ખર્ચ કર્યા વિના અને સમયસર તમારી ભાષામાં મદદ તથા માહિતી મેળવવાનો અધિકાર છે. જો તમે અથવા તમે જેમની મદદ કરી રહ્યા હો એવી કોઈ વ્યક્તિ શ્રવણશક્તિ અને/અથવા દૃષ્ટિવિષયક અવસ્થાથી પીડિત હોય કે જે સંચારને અવરોધતી હોય, તો તમને કોઈ ખર્ચ કર્યા વિના અને સમયસર સહાયક સહાય તથા સેવાઓ પ્રાપ્ત કરવાનો અધિકાર છે. અનુવાદ અથવા સહાયક સેવાઓ પ્રાપ્ત કરવા માટે, કૃપા કરીને [1-877-617-0390 (TTY 1-877-617-0392)] પર [સભ્યની સેવાઓ]નો સંપર્ક કરો.

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Statement of Non-Discrimination

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Declaración de No Discriminación

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