AMBETTER HEALTH PRODUCER GUIDE

Ambetter Health policies and procedures for brokers.

2025

AMB24-BK-C-00037

WELCOME!

Health insurance can be complicated for consumers. It's also very personal. Your clients look to you, their producer, for advice to help them make informed decisions. Your expertise and knowledge are vital to helping your clients successfully navigate their individual health insurance options.

Ambetter Health is a product offering designed for those needing individual and family health insurance options. Our plans provide competitive benefits, flexibility, and value while covering your clients' healthcare needs.

The following policy and procedure information will help you sell Ambetter Health plans and understand why Ambetter Health is the best solution for your clients.

TABLE OF CONTENTS

GETTING STARTED WITH AMBETTER HEALTH

WHO IS AMBETTER HEALTH?

Ambetter Health is our suite of plan offerings for individuals and families who may not qualify for Medicaid or other government coverage. We are committed to delivering quality health insurance to our members through local, regional, and community-based resources. Ambetter Health's network of providers also benefit—through enhanced collaboration and strategic care coordination programs.

Ambetter Health is certified as a Qualified Health Plan issuer in the Federally-facilitated Marketplace, as well as State-based Marketplaces. Ambetter Health products are offered by Centene Corporation, a Fortune 500 company with more than 38 years of experience in the Managed Care industry and a robust portfolio of specialty health solutions.

WHO IS CENTENE?

Founded as a single health plan in 1984, Centene Corporation (Centene) has established itself as a national leader in the healthcare services field. Today, through a comprehensive portfolio of innovative solutions, we remain deeply committed to delivering results for our stakeholders: state governments, members, providers, uninsured individuals and families, and other healthcare and commercial organizations.

Centene's core philosophy is that quality healthcare is best delivered locally. Our local approach enables us to provide accessible, high quality and culturally sensitive healthcare services to our members. Our managed care model utilizes integrated programs that can only be delivered effectively by a local staff, resulting in meaningful job creation within the communities we serve.

In addition to operating locally-based health plans in the states we serve, Centene offers a full range of healthcare solutions for the growing number of uninsured Americans. We also contract with our health plans and other healthcare and commercial organizations to provide specialty services such as behavioral health, life and health management, managed vision, telehealth, pharmacy benefits management, and medication adherence.

AMBETTER HEALTH'S COMMITMENT

With Ambetter Health, you and your clients will receive:

- High-quality products with flexible benefits
- Peace of mind from a stable company with a history of growth
- Innovative solutions for the individual health market
- Superior service and leveraged technology

Here are some facts about individual health insurance:

- With the rising cost of group coverage and the decreasing availability of employer-sponsored plans, there is an increasing demand for individual health products.
  - **Off-Exchange** is the term used to describe products that are purchased directly from carriers
  - **ICHRA** – Individual Coverage Health Reimbursement Arrangement – for the term in which an employer funds an individual Health Reimbursement Account for individuals purchasing through the Federally-facilitated Marketplace, State-based Marketplaces, or Ambetter Health directly
  - **QSEHRA** – Qualified Small Employer Health Reimbursement Arrangement – for the term in which certain small employers – generally those with less than 50 employees that don't offer a group health plan—can contribute to their employees' health care costs. A QSEHRA allows small employers to provide non-taxed reimbursement of certain health care expenses, like health insurance premiums and coinsurance, to employees who maintain minimum essential coverage, including an individual Marketplace plan. In many states, QSEHRAs allow small employers to provide their employees additional plan choices without managing group health plan coverage.
- The market for individual health products is growing to include millions of individuals and families.
- Many prime candidates are not even aware that they are eligible for a federal subsidy and that an individual health plan can serve their current health insurance needs.
- Consumers depend on producers to help them purchase the right health plan.

AMBETTER HEALTH PRODUCER SUPPORT

Ambetter Health Account Executives and the Ambetter Health Broker Sales Support team are available to answer questions on a wide range of topics, including information about Ambetter Health plans, commissions and your clients' enrollment status.

AMBETTER HEALTH ACCOUNT EXECUTIVE

Contact an Account Executive at 1-855-700-7985, option 3

- Education of the commission structure and bonus programs
- Product training and training new producers on Ambetter Health tools
- Marketing collateral requests
- Open Enrollment planning and strategic development

AMBETTER HEALTH BROKER SALES SUPPORT

Contact Broker Sales Support at 1-855-700-7985, option 2

- Currently appointed agency looking to contract new producers
- Research member inquires
  - Enrollment status
  - Paid to dates
  - ID card requests
- Commissions
  - Statement requests
  - Research commission discrepancies
  - Electronic Funds Transfer (EFT) enrollment assistance
- Producer web tool support
  - Education on producer web tools
  - Password resets
  - Troubleshooting (e.g., missing members, web tools not working properly)
- Find a Doctor assistance
- Producer demographic changes
- Contracting follow-up

Take advantage of our producer support team's extensive knowledge of our suite of individual health plan offerings so you can do what you do best—providing health insurance solutions to your clients!

PRODUCER COMPLIANCE & RESPONSIBILITIES

Producers are expected to adhere to customary standards of professionalism at all times. A Producer shall not, directly or indirectly, engage in the following activities:

- Encourage or direct an individual to refrain from filing an application for individual coverage with an insurer because of the health status, claims experience, industry, occupation, or geographic location, provided that the individual is located within the insurer's approved service area.
- Encourage or direct an individual to seek individual coverage from another health care service plan, health insurer or the Federally-facilitated Marketplace (FFM) business and/or Federally-facilitated Small Business Health Options Program (FF-SHOP) and State-based Marketplace (SBM) because of the health status, claims experience, industry, occupation, or geographic location, provided that the individual is located within the insurer's approved service area.
- Employ marketing practices that will have the effect of discouraging the enrollment of individuals with significant health needs or discriminate based on an individual's race, color, national origin, present or predicted disability, age, sex, gender identity, sexual orientation, expected length of life, degree of medical dependency, quality of life, or other health conditions.

Unless otherwise permitted in a State's statute, an insurance producer, or other person cannot use or provide – as an incentive for insurance, or in connection with any insurance transaction – any policy or offer any policy to buy, sell, give, or promise to an insured or prospective insured:

- Any employment
- Any shares of stock or other securities
- Any advisory board contract or similar contract, or an agreement, or understanding that offers or provides any special profits
- Any prizes, goods, wares, merchandise, or property totaling more than what is permissible in the state
- Any written representation of Ambetter Health, which includes product design, benefit information, network information, or any overview of Ambetter Health must be approved by Ambetter Health or selected from pre-approved materials

Please refer to your Producer Agreement for additional details regarding producer responsibilities.

As an Ambetter Health Producer, you also agree to:

- Maintain the highest level of ethical conduct in compliance with license requirements
- Maintaining and complying with the most recent certification requirements
- Stay informed on and obey all applicable insurance laws and regulations.

The Producer shall promptly notify Ambetter Health of the initiation of any regulatory investigation or disciplinary proceedings against it or against any of its principal persons or employees relating to any license issued to any such person by the Department of Insurance or any other insurance or managed health care regulatory agency.

The following acts or omissions by the Producer shall constitute a sufficient basis for termination as set out in the Producer Agreement:

- **Termination for Cause.** Centene/Ambetter Health reserves the right to terminate the Agreement for cause. Such termination will be delivered to Producer in writing, and is effective immediately upon dispatch. Cause includes, without limitation, Producer's failure to comply with any provision of the Agreement, whether material or immaterial.
- **Termination for Fraud.** If Producer engages in, or knowingly assists another to commit fraudulent or dishonest activity in connection with the solicitation, enrollment, or renewal of any Member plans (e.g. any unauthorized AOR changes through the FFM or SBM), the Agreement shall terminate effective as of the date on which Producer engaged in or assisted with such activity without regard to when Centene/Ambetter Health learns of the fraudulent or dishonest activity or when Centene/Ambetter Health notifies Producer that the Agreement has been terminated. Centene/Ambetter Health may recover any compensation paid to Producer after Producer engaged in, permitted or knowingly assisted another to commit the fraudulent or dishonest act without regard to when Producer actually earned such compensation.
- **Termination for Unsatisfactory Performance.** In the event that Centene/Ambetter Health or HHS determines that a Producer, sub-producer, producer, agency or any downstream entity has not satisfactorily performed the duties and obligations set forth in the Agreement, Centene/Ambetter Health shall have the right to revoke such duties and obligations and terminate the Agreement immediately.

- **Termination for Loss of License.** If, at any time during the term of the Agreement, Producer does not have, or fails to maintain, a license required to perform services or receive compensation under this Agreement (including if Producer's license is revoked by a licensing or regulatory agency but not including a temporary suspension of Producer's license), it shall be considered a material breach of the Agreement by Producer and the Agreement shall be terminated effective as of the date that Producer first lost, or failed to maintain, the license without regard to when Centene/Ambetter Health learns of the loss of, or failure to maintain, the license or when Centene/Ambetter Health notifies Producer that the Agreement has been terminated. Centene/Ambetter Health may recover any compensation paid to Producer after Producer loses or fails to maintain any such license.
- **Termination upon Cessation of Producer's Business.** This Agreement shall terminate automatically upon Producer's death, dissolution, receivership, insolvency, or bankruptcy.

APPLICATION SERVICES

Producers should at all times:

- Accurately and truthfully represent Ambetter Health products and services.
- Ensure that applicant understands the product they are enrolling in and who their producer is.
- Provide excellent service to your clients.
- Place client needs first.
- Identify client needs and recommend products and services that meet those needs.
- Solicit and sell Ambetter Health products using only Ambetter Health-approved advertising, sales presentations and marketing/enrollment materials.
- Stay in touch with clients and conduct periodic coverage reviews.
- Cooperate in, and participate with, Ambetter Health and/or any government agency regarding all inquiries, investigations and audits resulting from member, provider, Department of Insurance (DOI) or other enforcement and regulatory agency concerns or allegations regarding any type of violations, including misconduct, fraud, or associated sales and marketing misrepresentation issues.
- Producers may serve as translators for their non-English speaking clients. Producers are permitted to proceed with the call without utilizing the Translation Line (Voiance) allowing the Producer to serve as an interpreter for their client.

Failure to satisfy any of the above may result in termination of the Ambetter Health Producer Agreement.

Should the producer have access to confidential financial information, proprietary information, or protected health information (PHI) or individually identifiable health information (IIHI) pertaining to Ambetter Health plans, or any insureds or applicants under any of them, the producer agrees to protect any confidential financial information, proprietary information, PHI, or IIHI in its possession as required under the applicable state and federal privacy laws, including HIPAA privacy regulations and in accordance with the Ambetter Health Notice of Privacy Practices.

CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS) CONSENT AND APPLICATION REVIEW REQUIREMENTS

CMS has resources to help answer questions about the consumer consent and application review requirements. These resources address the most-asked questions about the consumer consent and application review requirements.

Topics covered include:

- When you need to document consumer consent
- Acceptable methods of documenting the application review
- Documenting consent and application review in languages other than English
- An explanation of documenting the required explanation of the attestations

PROHIBITED ACTIVITIES

Any prohibited activities discovered by Ambetter Health will result in issuance of a Notice of Action (NOA) letter and will lead to review, which may result in actions up to and including agent termination, and recoupment and cancelation of commissions. Failure to provide required documentation during an investigation will result in the compliant being deemed substantiated. Fraudulent activity will be reviewed at the agency level and will result in actions up to and including agency termination.

Prohibited Activities Include:

Lack of member review and confirmation of any changes to the application.

The agent must provide proof of consent by either a recording, signed consent form or digital communication (text or email) when enrolling a new member or when there are material changes to an existing member's application, including changes to the Agent of Record (AOR), health plan product or carrier, income, enrollment date, term date or any other change that may affect the member and their access to care. The member must review and agree on the accuracy of the application information before any change is made.

- This requirement will not be satisfied by providing an old consent. The member must review and confirm the accuracy of any proposed change before it is submitted, and the agent must have the ability to supply proof.
- Any enrollment generated from an online advertisement, form or social media lead requires the agent to conduct a thorough assessment with the member and the agent must have the ability to provide proof of review and confirmation by the member of the enrollment.
- Soliciting and submitting changes to an existing Ambetter Health member's application who is locked in with another agent is prohibited. In certain circumstances a member may have a valid reason that warrants an AOR or plan change. The new agent must make changes that are in the best interest of the member and reviewed and confirmed by the member. The AOR lock policy will prevent payment of these enrollments unless the member formally requests an AOR change through the Member Services phone number located on the back of their card. Only the member can request the AOR change.

  CMS Guidance:
  CMS Statement on Agent and Broker Marketplace Activity
  CMS 2024 Payment Notice
  CMS FAQ Application or Plan Changes
  CMS FAQ Consent and Review of Accuracy
  CMS FAQ Document Every Change
  CMS FAQ Advertisements
  CMS FAQ Changing NPN

Misrepresentation, misleading prospective members or implying inaccurate plan offerings, incentives or monetary gifts in any form.

- In all cases, the agent must correct any misperception regarding benefits and clarify the accurate benefits to the member. During the sales process, including when purchasing leads from a third party, the agent and agency are responsible for clarifying accurate plan offerings and ensuring the consumer understands they will not receive cash, gift cards or monetary gifts for enrolling in the plan.
- Agents must ensure the member knows they are enrolling in Marketplace health insurance and not in a government program to receive direct monetary support. Advanced Premium Tax Credit (APTC) and Cost-sharing Reduction (CSR) subsidies are used for health plan premiums and costs, and cannot be directly used for rent, groceries or other household expenses.
- All wellness benefits rewards must be described as earned.

Fabricating or falsifying member eligibility information, including documentation, recordings and digital proof.

This includes leading the member to agree or answer an eligibility question to receive a desired result or inaccurately estimating income on the member's behalf to qualify or increase APTC subsidies. All application fields must be accurate at the time of submission.

This list is not all inclusive. Any other form of fraudulent activity will result in actions up to and including agent termination.

AGENT OF RECORD (AOR) RULE

Beginning with Jan. 1, 2025 effective date policies, Ambetter Health will rely solely on the Center for Medicare & Medicaid Services (CMS) AOR process for plan year 2025 and beyond.

Per CMS Press Release, July 19, 2024:

"Starting on July 19, 2024, CMS will block an agent or broker from making changes to a consumer's FFM enrollment unless the agent is already associated with the consumer's enrollment. Today's new steps build on CMS' previous work to protect consumers on the FFM by

suspending and terminating agents and brokers who perform unauthorized Marketplace activity.

An agent or broker who is not already associated with a consumer's enrollment must now take additional steps to update a consumer's Marketplace enrollment, even with their consent. Unassociated or "new" agents and brokers will be required to conduct a three-way call with the consumer and the Marketplace Call Center or to direct the consumer to submit the change themselves through HealthCare.gov or via an approved Classic Direct Enrollment or Enhanced Direct Enrollment partner website with a consumer pathway."

CMS Statement on System Changes to Stop Unauthorized Agent and Broker Marketplace Activity

COMMISSION CHARGEBACK

Monthly reviews are conducted of commissions paid to Ambetter Health brokers. These reviews are to identify policies which have been retroactively canceled or termed. In accordance with the Ambetter Health Producer Agreement sections 4.4.1, 4.4.2 and 4.7, Ambetter Health will chargeback* the overpayment of unearned commissions. This chargeback will be reflected on monthly compensation statements.
*Recoupment of the unearned commission payments for retroactively canceled or termed policies.

BOOKS AND RECORDS, AUDIT

Producer must maintain adequate books and records in accordance with applicable law and standards within the health care insurance industry. Producer hereby agrees to keep correct records and books of account of all transactions under this and all previous contracts with Centene/Ambetter Health. The Producer shall hold any records and other property of Centene/Ambetter Health, relating to transactions by or for Centene/Ambetter Health, which at any time shall come into Producer's possession or control and shall surrender them to Centene/Ambetter Health on demand. The Producer shall, as often as requested, provide to a designated representative of Centene/Ambetter Health, all such books and records for such examination as the designated representative may desire to make, and shall in all ways cooperate and assist in such examination.

HHS INSPECTION

Producer agrees to permit access to the Secretary of HHS or the Office of Inspector General of the HHS (or their designees) to evaluate through audit, inspection or other means, Producer's books, contracts or other electronic systems, including medical records and documentation related to a qualified health plan issued through a Marketplace until ten (10) years from the final date of the Agreement period pursuant to 45 CFR §156.705.

Ambetter Health may audit the producer's records. The producer agrees to permit the company to inspect and audit all information and records related to services the producer performs for the company under this agreement. The company must give the producer reasonable notice and conduct the inspection and audit during regular business hours. Comply with the rules and regulations of Ambetter Health relating to the completion and submission of applications for coverage under Ambetter Health plans.

SALES MATERIALS, ADVERTISING AND BROKER PORTAL

All Ambetter Health sales materials are made available to the producer via the Account Executive or the broker portal. The producer is expected to use all current sales materials and is responsible for ensuring he or she has the most up-to-date information. Materials designed for producer education or reference shall not be shared with external audiences, including clients, without prior Ambetter Health permission.

All printed collateral, applications, and sales literature that Ambetter Health may furnish to the producer shall remain the property of Ambetter Health, subject at all times to its control and shall be returned to Ambetter Health upon demand.

ADVERTISING AND PRINTED MATERIAL

Producer will not use Centene/Ambetter Health's or any of its affiliates' trademark, service mark, name or symbols, either presently or hereafter, without the express written permission of a duly authorized representative of Centene/Ambetter Health, and will cease any and all such use immediately upon the termination of this Agreement or withdrawal by Centene/Ambetter Health of such permission. Producer agrees not to use, share, host, post, publish or distribute any printed matter, including but not limited to circulars and advertisements, or any electronic media, including but not limited to Internet web pages or links thereto, referring to Centene/Ambetter Health without prior written approval. Any printed materials and supplies Centene/Ambetter Health may furnish are Centene/Ambetter Health property and must be promptly returned to Centene/Ambetter Health upon request. All electronic media must be promptly removed and shut down upon request.

If the independent sales producer creates advertising which includes, but is not limited to, print advertising, broadcast graphics, direct mail, business cards and internet addresses, postings or links, the producer agrees to comply with logo usage guidelines supplied by Ambetter Health.

If the independent sales producer creates advertising in non-threshold languages (other than Spanish) which includes, but is not limited to, print advertising, broadcast graphics, direct mail, business cards and Internet addresses, postings or links, the producer must obtain prior approval from Ambetter Health.

PENALTIES FOR MISUSE OF MATERIALS, ADVERTISING AND THE BROKER PORTAL

Penalties for misuse or noncompliance of these guidelines may follow an escalating range of corrective actions, up to termination with cause. Producer penalties range from education or warning, and may escalate up to and include revocation of authority to sell Ambetter Health products and forfeiture of any future compensation and commissions.

Communications from Ambetter Health- Producers will begin receiving email communications from Ambetter Health upon completion of their appointment contract. If a Producer decides they no longer want to receive email communications from Ambetter Health they have the option to unsubscribe. When a Producer unsubscribes, they will no longer receive Ambetter Health email communications. A Producer also has the option to resubscribe to communications after they have unsubscribed. Producers may still receive direct-mail print communications if they have unsubscribed from Ambetter Health email communications.

In the event that a Producers contract is terminated, they will no longer receive Ambetter Health communications after their termination. Ambetter Health only sends communications to Producers with an active contract.

WEBSITE USAGE

Ambetter Health complies with all requirements of the Federal Gramm-Leach-Bliley Act of 1999. When you conduct business with, for, or on behalf of Ambetter Health, you must comply with all confidentiality laws and regulations and take steps to maintain the security of the personal information about Ambetter Health insureds. Failure to act in accordance with the above could result in a breach of your contract, explicit or implied, with Ambetter Health, and/or violation of federal and state law.

The producer is responsible for ensuring that his or her password is safeguarded. As the user of the website, the producer assumes full risk and responsibility for any and all uses of this site, including the information presented on the site. Ambetter Health will not be liable to the producer or anyone else for any harm to the producer or others resulting from the use of our site and/or the products and services provided through our site.

It is the responsibility of the brokerage firm or individual producers to safeguard appropriate access to the information contained in the website. In addition, the brokerage firm is responsible for promptly notifying Ambetter Health of any changes to its brokerage firm information, including but not limited to, the need to restrict access to its broker portal account. This may occur for various reasons, most commonly when an individual, either employed by or contracted with the brokerage firm, ceases employment or terminates his or her contract with the brokerage firm.

While Ambetter Health will attempt to keep the account activity information contained on, or accessible through, this site both timely and accurate, Ambetter Health makes no guarantees and disclaims any implied warranty or representation about the information's accuracy, relevance, timeliness, completeness or appropriateness for a particular purpose. By using this site and the links accessible through this site, the producer expressly agrees to abide by these brokerage firm and individual producer responsibilities.

Monitoring compliance and addressing deficiencies: To protect applicants, Ambetter Health has instituted processes for tracking, analyzing and investigating individual producer complaints and taking the appropriate corrective action when complaints are verified. This may include suspension or termination of our relationship with the producer involved. This ongoing process of evaluation allows Ambetter Health to identify sales conduct that merits investigation, such as fraud; provision of incorrect, misleading or inaccurate information; or unauthorized contact. Corrective action against the producer will be initiated as required, including, if appropriate, reports of misconduct to state agencies overseeing producer licensure. A designated officer of Ambetter Health will be responsible for determining the corrective action to be taken, potentially including contract termination and/or forfeiture of any future compensation and commissions for the producer. Since noncompliance can range from relatively minor issues to significant ones, and individual to multiple and continued cases of noncompliance, producer-specific corrective action plans will be designed to address the problem(s) and will be tracked to completion.

SELLING AMBETTER HEALTH

AMBETTERHEALTH.COM

Be sure to check AmbetterHealth.com—the fastest and easiest way to get the information you need to sell. A wide range of valuable services is right at your fingertips.

Our easy-to-navigate website offers a number of time-saving services around-the-clock.

- Product Information – Description of plan benefits and features, easy-to-read printable charts and more.
- Pharmacy Resource – For prescription benefit questions or to locate a participating pharmacy.
- Find a Doctor – Locate in-network Ambetter Health providers.

ENROLL.AMBETTERHEALTH.COM

Enroll your clients, whether off-exchange or marketplace, using our shopping and enrollment platform. This is the fastest and most convenient way to enroll your clients.

ELIGIBILITY

Most people are eligible to enroll in health insurance coverage through the Federally-facilitated Marketplace, State-based Marketplaces, or directly with Ambetter Health. To be eligible to enroll in health insurance coverage, the individual and/or family:

- Must live in the United States
- Must be a U.S. citizen or national (or be lawfully present). Learn about eligible immigration statuses on www.healthcare.gov
- Can't be incarcerated

If your client has Medicare coverage, they are not eligible to use the Marketplace to buy a health or dental insurance plan.

ENROLLMENT PERIODS AND EFFECTIVE DATES

There are two different enrollment periods during which you can enroll clients:

- **Open Enrollment:** The Open Enrollment period for a qualified individual is November 1 through January 15. An Application received prior to December 15 will have a coverage Effective Date of January 1. An Application received after December 15 will have a coverage Effective Date of February 1. Note: The Open Enrollment period for State-based Marketplaces can vary. Please confirm with your respective state.
- **Special Enrollment:** Clients can apply for coverage at any time if they experience a qualifying event such as:
  - Relocation to a new zip code, county or state
  - Change in employment
  - Change in marital status
  - Having, adopting or placement of a child
  - Release from incarceration
  - Changes to citizenship or immigration status
  - Aging out of parents' insurance
  - Losing other health coverage as a result of an individual or marketplace plan being discontinued, loss of eligibility for Medicaid or CHIP, or the complete cessation of an employer's contribution or government subsidy to an individual's COBRA continuation coverage
  - Change in eligibility for coverage or help paying for coverage
  - Enrollment or plan error
  - Other life changes

  Note: Voluntarily canceling other health coverage or being terminated from health coverage for not paying your premiums are not considered loss of coverage. Losing coverage that is not minimum essential coverage is also not considered loss of coverage.

  In general, a qualified individual or enrollee has to notify Ambetter Health within 60 days of a Qualifying Event.

  Regular Coverage Effective Dates: Application Dates between the first and the fifteenth day of any month will have a coverage

Effective Date of the first day of the following month and Application Dates between the sixteenth and the last day of any month will have a coverage Effective Date of the first day of the second following month. Special Enrollment Periods will be effective on the first of the month following plan selection.

Other Coverage Effective Dates: In the case of birth, adoption or placement for adoption, the coverage Effective Date is on the date of birth, adoption or placement for adoption. In the case of marriage, or in the case where a qualified individual loses minimum essential coverage, the coverage Effective Date is on the first day of the following month. If a qualified individual did not receive timely notice of an event that triggers eligibility for a special enrollment period, and otherwise was reasonably unaware that a qualifying event occurred, the Marketplace must allow the qualified individual to select a plan within sixty days of the date that he or she knew, or reasonably should have known, of the occurrence of the triggering event; and at the option of the qualified individual, the Marketplace must provide the earliest effective date that would have been available, based on the applicable qualifying event.

Members of federally recognized tribes and Alaska Native shareholders can enroll in Marketplace coverage any time of the year. There is no limited enrollment period for these groups, and they can change plans as often as once a month.

If a primary policyholder cancels their policy, the coverage for all dependents on the policy is also canceled. If a dependent qualifies for Special Enrollment, they can submit a new application for coverage. Application dates between the first and the fifteenth day of any month will have a coverage effective date of the first day of the following month. Application dates between the sixteenth and the last day of any month will have a coverage effective date of the first day of the second following month.

Learn more about Special Enrollment Periods and other coverage options outside of Open Enrollment on www.AmbetterHealth.com.

REPORTING LIFE & INCOME CHANGES TO THE FEDERALLY-FACILITATED OR STATE-BASED MARKETPLACES

Your client must report a change to the Marketplace or SBM if they:

- Get married or divorced
- Have a child, adopt a child, or place a child for adoption
- Get health coverage through a job or a program like Medicare or Medicaid
- Change their place of residence
- Have a change in disability status
- Gain or lose a dependent
- Become pregnant
- Have a change in income
- Experience other changes that may affect their income and household size
- Other changes to report: change in tax filing status; change of citizenship or immigration status; incarceration or release from incarceration; change in status as an American Indian/Alaska Native or tribal status; correction to name, date of birth, or Social Security number. Contact the Marketplace Call Center or the State-base Marketplace.

REPORTING LIFE CHANGES TO AMBETTER HEALTH (OFF-EXCHANGE)

Your client must report a life change as listed above (except income) to Ambetter Health directly by calling Ambetter Health Member Services, at the number on the member's ID card.

HEALTH COVERAGE FOR SAME-SEX MARRIED COUPLES

Insurance companies that offers health coverage to opposite-sex spouses, must do the same for same-sex spouses.

As long as a couple is married in a jurisdiction with legal authority to authorize the marriage, an insurance company cannot discriminate against them when offering coverage. This means that it must offer to same-sex spouses the same coverage it offers to opposite-sex spouses. This is true regardless of the state the couple lives in, where the insurance company is located, or where the plan is sold, issued, renewed or in effect.

The Marketplace also treats married same-sex couples the same as married opposite-sex couples when they apply for premium tax credits and lower out-of-pocket costs on private insurance plans. This is true in all states. A couple may be eligible for premium tax credits on Marketplace plans as long as married couple file a joint federal tax return for the year they're getting Marketplace coverage. Married couples must file jointly in order to be eligible for tax credits, regardless of gender.

SURROGACY-RELATED SERVICES

Any services or supplies rendered in connection with a member acting as a surrogate mother or seeking care associated with surrogacy or a surrogate pregnancy are not a covered benefit. These services are excluded and not payable by Ambetter Health.*

*This position does not apply to our Ambetter Health plans in Nevada, given mandated coverage requirements in the state. Please refer to the plan documents for additional information.

FEDERALLY-FACILITATED MARKETPLACE (FFM) CERTIFICATION

You must certify with the Federally-facilitated Marketplace (FFM) before selling any Marketplace plans. You must also recertify with the FFM each year. This recertification is necessary to avoid any disruption in commission payments on currently active policies. If commissions are paid to an Agency or Principle, then that Agency or Principle must recertify as well. We will verify your Marketplace certification on the CMS spreadsheet.

We cannot accept any copy of your FFM certification that you receive upon completion. Your NPN must appear on the CMS Certification spreadsheet. If you have completed the certification and you do not appear on the CMS spreadsheet, please contact CMS directly.

STATE-BASED MARKETPLACES

Georgia, Kentucky, New Jersey and Washington

If you're licensed, contracted and appointed in one of these states, you will need to complete your State-based Marketplace certification and annually provide a copy of this certification to Broker Sales Support by October 31.

Nevada, New Mexico, Pennsylvania

If you're licensed, contracted and appointed in one of these states, you will need to complete your State-based Marketplace certification. The states will provide a copy of this certification to Ambetter Health.

Arkansas

If you're licensed, contracted and appointed in the state of Arkansas, you will need to complete your FFM certification AND your Arkansas State-based Marketplace-Federal Platform certification. The state will provide a copy of the State-based Marketplace-Federal Platform certification to Ambetter Health and Ambetter Health will verify your FFM certification.

AMBETTER HEALTH MEMBERSHIP

INITIAL PREMIUM PAYMENTS

In order to effectuate your client's Ambetter Health plan and for them to become an Ambetter Health member, one month's premium must be paid online through a major credit card (Visa, MasterCard, and Discover), debit card, Checking or Savings account. They may also select the Bill Me Later option. Once payment is received, they may begin to use their coverage after the payment has been posted to the member's account and coverage is effectuated. They must keep their plan in good standing by paying their monthly premium each month.

Initial in-full premium payments must be received by midnight on the last calendar day of the effective month for coverage to be effectuated. If the full premium payment is not received on or before the last day of the effective month for processing, the policy will be cancelled. Premiums are billed and paid at the policyholder level; therefore, payments are applied at the policyholder level. All members associated with the policyholder will inherit the enrollment status of the policyholder.

PREMIUM BILLING

Upon initial enrollment, an invoice is generated. After the initial billing, members are placed in a monthly billing mode. Monthly billing is processed between the 6th and 10th of the month.

Members can make multiple partial premium payments if they choose. However, it is the responsibility of the member to ensure full premium payment is received by Ambetter Health on or before the due date. The due date for enrolled members is the last day of each month for coverage effective on the following day. Life changing events are reflected in the next monthly billing cycle including any retroactive adjustments.

PREMIUM PAYMENT OPTIONS

Premium payments are accepted in U.S. currency only. Members have the following payment options available to submit premium payments:

- Auto Bill Pay
- Credit Card
- Debit card
- Prepaid debit card
- eCheck
- Check
- Cashier's check
- Money order
- Cash via Moneygram

Payments are reflected within 48 hours of receipt unless processing errors occur. If a processing error occurs, the details will be routed to Billing Operations for immediate handling.

GRACE PERIODS

Three-month grace period requirements must be applied to all Marketplace policies receiving an Annual Premium Tax Credit (APTC). For policies not receiving an APTC including off-Exchange, Ambetter Health will apply a 60 day* grace period. Grace periods are only applied to enrolled policyholders and are not applicable to initial premium payments. Premiums are billed and paid at the policyholder level; therefore, the grace period is applied at the policyholder level. All members associated with the policyholder will inherit the enrollment status of the policyholder.

- The due date for ongoing premium payments will be the last day of each month for coverage effective on the following day.
- If payment is made timely and later determined to be insufficient, a new received date will be applied when a payment in good standing is received.
- In accordance with the Exchange Final Rule, Ambetter Health will be permitted to terminate coverage for subscribers, and associated members, who fail to pay premiums according to the issuer grace period rules.

*Texas and Washington only offer a 30-day grace period for policies not receiving APTCs.

NEW MEMBER MATERIALS

New members will receive their welcome letter and member ID card when they make their first month's premium payment. They can also print a temporary ID card from their online member account after they've made their first payment.

New members will receive:

- Welcome Letter & ID cards
- Welcome Kit with plan details

AMBETTER HEALTH ONLINE MEMBER ACCOUNT

The tools members need to manage their health can be accessed online. Our easy-to-use secure site gives members access to their health information anytime. Members can:

- Track office visits
- View benefits
- Pay monthly Premium
- Use secure messaging

PRIMARY CARE PHYSICIAN

Members choose a Primary Care Physician (PCP) within the Ambetter Health network. If they do not choose a Primary Care Physician, one will be assigned to them. They may search for a provider on the Ambetter Health website or by logging into their online member account.

All Ambetter Health plans utilize in-network physicians and facilities only. There are no benefits available for out-of-network providers.*

* Except in AR.

PRIOR AUTHORIZATION

Ambetter Health's Prior Authorization Program works with the member's doctor to ensure they receive the most appropriate, cost effective medical care. Before a member receives certain types of treatment, they must call a representative at the number indicated on their ID card for prior authorization. If they receive treatment that is not authorized, their benefit payment may be subject to a penalty.

OUT-OF-NETWORK COVERAGE

Ambetter Health plans do not include out-of-network coverage.* Claims from out-of-network providers for non-emergency services will be denied.

* Except in AR.

CONFIDENTIALITY

All member information is kept confidential and restricted to only authorized personnel having access to the information on a need-to-know basis.

POLICY CHANGES & CANCELLATIONS

For Off-Exchange plans all changes are made by calling Ambetter Health customer service.

For Marketplace plans, minor address changes can be made by Ambetter Health customer service as long as the client remains in the same zip code and county. Changes to an account such as updating a payment method, spelling corrections, email address updates, and new phone numbers can also be made by customer service. For any other changes, including cancellations, members should contact the Marketplace Call Center at 1-800-318-2596 (TTY: 1-855-889-4325) or their State-based Marketplace.

HEALTH & WELLNESS MEMBERSHIP BENEFITS

MY HEALTH PAYS®

Ambetter Health members get rewarded for taking charge of their health! Through our My Health Pays rewards program, they'll earn points for completing healthy activities. My Health Pays provides the tools to help them eat right, move more, save smart, and live well. The more activities they complete, the more points they'll earn.

Members can use their points to shop our online rewards store or convert their points into dollars to pay for healthcare-related costs such as monthly premium*, doctor copays**, deductibles, or coinsurance. They can also use points they convert to pay for monthly bills such as utilities (gas, electric, water), telecommunications (cell phone bill), transportation***, education, rent, or childcare.

Restrictions apply. Funds expire immediately upon termination of insurance coverage. Rewards program is subject to change. Members must qualify for and complete all activities to receive $500 or more. Visit Member.AmbetterHealth.com for more details.

*My Health Pays rewards cannot be used for premium payments in Arizona and Nevada.
**My Health Pays rewards cannot be used for pharmacy copays.
*** Members will only be able to purchase public transportation directly from the agency either in-person or online. Passes cannot be purchased through retail locations such as grocery or convenience stores.

VIRTUAL 24/7 CARE (AMBETTER TELEHEALTH)

Virtual 24/7 Care is convenient, 24-hour access to in-network Ambetter Health providers for non-emergency health issues. It's available for members to use when they're at home, in the office, or even on vacation. Members can get medical advice, a diagnosis, or a prescription by phone or video. They can use Virtual 24/7 Care when they need it or they can schedule an appointment for a time that fits into their schedule.

Contact Virtual 24/7 Care for illnesses such as:

- Colds, flu, and fevers
- Rash, skin conditions
- Sinus problems, allergies
- Upper respiratory infections, bronchitis
- Pink Eye

Members can get more information and set up their account at Teladoc.com/Ambetter Health.

24/7 NURSE ADVICE LINE

Members can talk to a registered nurse at any time—24 hours a day, 7 days a week, 365 days a year.

Our nurse advice line helps members and their family receive the care they need, when they need it. It's staffed with experienced nurses who are ready and eager to help.

HEALTH MANAGEMENT PROGRAMS

If members have a chronic condition, our disease management partner can help provide them with services to help them lead a healthier lifestyle through educational tools and with support. This way, members can control their condition better, understand it more, and have fewer complications. We also provide behavioral health services, including depression management programs.

Ambetter Health offers a Health Management Program for these conditions:

- Asthma (Children and Adult)
- Coronary Artery Disease (Adult Only)
- Depression
- Diabetes (Children and Adult)
- Hypertension (high blood pressure) & High Cholesterol
- Low Back Pain
- Tobacco Cessation

LOCAL AMBETTER HEALTH MARKETS

HEALTH INSURANCE EXCHANGE MODELS

- **Federally-facilitated Marketplace:** The federal government performs all Marketplace functions and consumers enroll through HealthCare.gov.
- **State-based Marketplace:** States are responsible for all marketplace functions. Consumers apply for and enroll in coverage through Marketplace websites established and maintained by the states.
- **State-based Marketplace-Federal Platform:** States may choose to be responsible for a combination of Marketplace functions, including outreach, enrollment assistance, and oversight of participating plans.

Alabama - Ambetter of Alabama
AmbetterofAlabama.com; Member Services: 1-800-442-1623 (TTY 711)
Marketplace Type: Federally-facilitated Marketplace

Arkansas - Ambetter from Arkansas Health & Wellness
Ambetter.ARhealthwellness.com; Member Services: 1-877-617-0390 (TTY: 1-877-617-0392)
Marketplace Type: State-based Marketplace-Federal Platform

Arizona - Ambetter from Arizona Complete Health
Ambetter.AZcompletehealth.com; Member Services: 1-866-918-4450 (TTY 711)
Marketplace Type: Federally-facilitated Marketplace

Delaware - Ambetter Health of Delaware
AmbetterHealthofDelaware.com; Member Services: 1-833-919-3214 (TTY 711)
Marketplace Type: Federally-facilitated Marketplace

Florida - Ambetter Health
AmbetterHealth.com; Member Services: 1-877-687-1169 (Relay Florida: 1-800-955-8770)
Marketplace Type: Federally-facilitated Marketplace

Georgia - Ambetter from Peach State Health Plan
Ambetter.pshpgeorgia.com; Member Services: 1-877-687-1180 (TTY: 1-877-941-9231)
Marketplace Type: State-based Marketplace

Illinois - Ambetter of Illinois
Ambetterofillinois.com; Member Services: 1-855-745-5507 (TTY: 1-844-517-3431)
Marketplace Type: Federally-facilitated Marketplace

Indiana - Ambetter Health
AmbetterHealth.com; Member Services: 1-877-687-1182 (TTY: 1-800-743-3333)
Marketplace Type: Federally-facilitated Marketplace

Iowa - Ambetter Health
AmbetterHealth.com; Member Services: 1-833-919-3213 (TTY 711)
Marketplace Type: Federally-facilitated Marketplace

Kansas - Ambetter from Sunflower Health Plan
Ambetter.SunflowerHealthPlan.com; Member Services: 1-844-518-9505 (TTY: 1-844-546-9713)
Marketplace Type: Federally-facilitated Marketplace

Kentucky - Ambetter from WellCare of Kentucky
Ambetter.WellCareKy.com; Member Services: 1-833-705-2175 (TTY 711)
Marketplace Type: State-based Marketplace

Louisiana - Ambetter from Louisiana Healthcare Connections
Ambetter.LouisianaHealthConnect.com; Member Services: 1-833-635-0450 (TTY 711)
Marketplace Type: Federally-facilitated Marketplace

Michigan - Ambetter from Meridian
AmbetterMeridian.com; Member Services: 1-833-993-2426 (TTY Relay 711)
Marketplace Type: Federally-facilitated Marketplace

Mississippi - Ambetter from Magnolia Health
Ambetter.MagnoliaHealthPlan.com; Member Services: 1-877-687-1187 (Relay 711)
Marketplace Type: Federally-facilitated Marketplace

Missouri - Ambetter from Home State Health
Ambetter.HomeStateHealth.com; Member Services: 1-855-650-3789 (TTY 711)
Marketplace Type: Federally-facilitated Marketplace

Nebraska - Ambetter from Nebraska Total Care
Ambetter.NebraskaTotalCare.com; Member Services: 1- 833-890-0329 (TTY 711)
Marketplace Type: Federally-facilitated Marketplace

Nevada - Ambetter from SilverSummit Healthplan
Ambetter.SilverSummitHealthplan.com; Member Services: 1-866-263-8134 (TTY: 1-855-868-4945)
Marketplace Type: State-based Marketplace

New Hampshire - Ambetter from NH Healthy Families
Ambetter.NHhealthyfamilies.com; Member Services: 1-844-265-1278 (TTY: 1-855-742-0123)
Marketplace Type: Federally-facilitated Marketplace

New Jersey - Ambetter from WellCare of New Jersey
Ambetter.wellcarenewjersey.com; Member Services: 1-844-606-1926 (TTY 711)
Marketplace Type: State-based Marketplace

North Carolina - Ambetter of North Carolina Inc.
AmbetterofNorthCarolina.com; Member Services: 1-833-863-1310 (Relay 711)
Marketplace Type: Federally-facilitated Marketplace

Ohio - Ambetter from Buckeye Health Plan
Ambetter.BuckeyeHealthPlan.com; Member Services: 1-877-687-1189 (TTY: 1-877-941-9236)
Marketplace Type: Federally-facilitated Marketplace

Oklahoma - Ambetter of Oklahoma
AmbetterofOklahoma.com; Member Services: 1-833-492-0679 (TTY 711)
Marketplace Type: Federally-facilitated Marketplace

Pennsylvania - Ambetter from PA Health & Wellness
Ambetter.PAhealthwellness.com; Member Services: 1-833-510-4727 (Relay 711)
Marketplace Type: State-based Marketplace

South Carolina - Ambetter from Absolute Total Care
Ambetter.AbsoluteTotalCare.com; Member Services: 1-833-270-5443 (Relay 711)
Marketplace Type: Federally-facilitated Marketplace

Tennessee - Ambetter of Tennessee
AmbetterofTennessee.com; Member Services: 1-833-709-4735 (Relay 711)
Marketplace Type: Federally-facilitated Marketplace

Texas - Ambetter from Superior HealthPlan
Ambetter.SuperiorHealthPlan.com; Member Services: 1-877-687-1196 (Relay Texas/TTY: 1-800-735-2989)
Marketplace Type: Federally-facilitated Marketplace

Washington - Ambetter from Coordinated Care
Ambetter.CoordinatedCareHealth.com; Member Services: 1-877-687-1197 (TTY: 1-877-941-9238)
Marketplace Type: State-based Marketplace

FREQUENTLY ASKED CONSUMER QUESTIONS

What is a Data Matching Issue (Inconsistency)?
A difference between some information your client includes in their Marketplace application and information CMS has from other trusted data sources.

If this happens, the Marketplace will ask your clients to submit documents to confirm their application information. This may include information about their household income, citizenship, immigration status, eligibility for other types of health coverage, or other items on their application. If your clients don't submit acceptable documents by the deadline stated in the notice, they could lose their Marketplace plan, premium tax credits, and other help with costs.

What is a Deductible?
A deductible is the fixed amount of money that members would need to pay for certain services before their insurance company begins to pay.

What is Coinsurance?
Coinsurance is the percentage members pay, for certain services, then the members' insurance company pays the rest (after deductible is met).

What is Out-of-Pocket Maximum?
Out-of-Pocket Maximum is the most members pay during a plan period (usually a year) before their health insurance plan starts to pay 100% of medical services. This does not include their monthly premiums. It does include co-pays, deductibles, and coinsurance paid by the member.

What is a Premium?
A premium is the amount of money members pay each month in order to have health insurance. Premiums depend on the member's age, whether or not they smoke, and where they live. If they are on Medicaid, they do not pay a premium.

What is a Copayment (Copay)?
A copayment is the set amount of money members pay at the time of a certain medical service. They also might pay this when they pick up a medication. Their co-pay depends on the type of covered service.

What is a Narrow Network Health Plan?
A narrow network (e.g.- Ambetter Select Network, Ambetter Value Network) health plan is a health plan that utilizes a smaller group of health care providers. A narrow network's group of customized providers helps to provide cost-effective in-network health care for members. Members must receive their health care from a provider within the narrow network.

How do members find a local doctor?
Use the Ambetter Guide search tool to find a doctor. The Ambetter Guide allows members to search for doctors in their area. They can search by location, doctor last name, facility name, or by specialty.

Can members find a doctor by their name?
Yes. Members can find a doctor by their last name. Use the Ambetter Guide search tool to find a doctor.

What is the difference between in-network and out-of-network?
An in-network provider is a provider that is contracted with the member's health insurance plan. An out-of-network provider is a provider that is not contracted with the member's health insurance plan. Typically, if members visit an in-network provider, the cost is less than visiting an out-of-network provider.

How do members choose a doctor?
Once members select an insurance plan, they'll be asked to select a doctor. This will happen at the end of the enrollment process.

What is a subsidy?
This is an amount of money, or tax credit, from the government to help reduce a member's monthly premium amount.

How do members find out if they're eligible for a subsidy?
To find out if they're eligible for a subsidy, members need to visit the Federally-facilitated Marketplace or State-based Marketplace.

What are Cost Sharing Reductions?
We refer to Cost Sharing Reductions as Out-of-Pocket Payment Reductions. While subsidies make members' monthly premium payments less expensive, these reductions lower the price of their out-of-pocket payments. These payments can include their copay, coinsurance, and deductible. If the member qualifies, they must enroll in a Silver level plan to receive the Cost Sharing Reductions.

What if the member doesn't have an email address to set up their account?
There are many free email services where members can register for an email account. Some examples are Google (www. google. com), Hotmail (www.hotmail.com), and Yahoo Mail (www.login.yahoo.com).

When is Open Enrollment?
The Open Enrollment period is November 1 through January 15. In most cases, this is when members can buy or make changes to a health insurance plan. State-based Marketplaces may have a different Open Enrollment period, please refer to the State-based Marketplace for additional information.

What is the Federal Poverty Level?
The Federal Poverty Level (FPL) is the set minimum income a family needs for food, clothing, transportation, and shelter. The government decides this level, and it depends on member income and the size of their family. For more information on FPL, visit https://aspe.hhs.gov/poverty-guidelines.

What are Essential Health Benefits (EHBs)?
Essential Health Benefits are a set of health care service categories that must be covered by certain plans. Every health plan in the Federally-facilitated Marketplace or State-based Marketplace must offer these 10 categories of EHBs: Emergency Services, Hospitalization, Outpatient or Ambulatory Services, Various Therapy Services (such as physical therapy) and devices, Preventive and Wellness Services, Prescription Drugs, Maternity and Newborn Care, Laboratory Services, Pediatric Services, and Mental Health and Substance Use Disorder Services.

Who can buy an individual and family plan on a Federally-facilitated Marketplace or State-based Marketplace?
Most people are eligible to enroll in health insurance coverage through the Federally-facilitated Marketplace, State-based Marketplace or directly with Ambetter Health. To be eligible to enroll in health insurance coverage, the individual and/or family:

- Must live in the United States
- Must be a U.S. citizen or national (or be lawfully present). Learn about eligible immigration statuses on www.healthcare.gov
- Can't be incarcerated

If your client has Medicare coverage, they are not eligible to use the Marketplace to buy a health or dental insurance plan.

If a person currently receives health insurance coverage from their employer, they likely will continue to receive this coverage. If employer coverage is considered too expensive, they might be eligible to find coverage through their Marketplace.

How long will it take to enroll in a health plan?
It varies and will depend on a family's needs. On average, it takes between 20-30 minutes to enroll for a health plan.

What do you mean by Gold, Silver, and Bronze?
Plans are offered in different metal tiers such as Gold, Silver, and Bronze. The difference between these plans is how much premium members pay each month and how much they'll pay for certain medical services.

Do members need to give their Social Security number?
Yes. The marketplace will need a member's Social Security number to prove their identity. Our site uses the latest security methods to protect the information they give us. However for direct offering through Ambetter Health, the Social Security number is not required.