



Ambetter

from Sunshine Health

ambetter.

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YOUR HEALTH. OUR PRIORITY.

*With quality healthcare solutions, Sunshine Health helps residents of Florida live better. And now, it's easier to stay covered with our new Health Insurance Marketplace insurance plan: **Ambetter.***

At Sunshine Health, we believe that nothing is more important than your health. We also believe that you deserve to get the most out of your Marketplace health insurance plan.

That's why we make sure our Ambetter plans fit your health needs and your budget. But our focus doesn't stop there. In fact, our commitment to your well-being extends far

beyond the doctor's office and into your everyday life. Sunshine Health is active in your local community—and we're dedicated to helping you live well.

Our Ambetter plans also offer a wide variety of valuable programs, educational tools and support. With Ambetter from Sunshine Health it's easy to stay in charge of your health. And to lead a healthy, fulfilling life.



Comprehensive Medical Care

Complete medical care that covers all of your Essential Health Benefits.



My Health Pays Program

Earn reward dollars just by staying proactive about your health.



Integrated Care Management

Get well and stay well with preventive care and whole health services.



Extensive Prescription Coverage

Get coverage for your medical prescriptions.



24/7 Nurse Line

Call and talk to a registered nurse 24 hours a day, 7 days a week to ask questions or get advice.



Optional Adult Dental Coverage

Coverage for services such as teeth cleanings, screenings and exams.



Vision Coverage

Pediatric coverage for services such as eye exams and prescription eyewear. Optional adult vision coverage also available.

FROM



To learn more, visit [sunshinehealth.com](https://www.sunshinehealth.com).

Ambetter from Sunshine Health is a Qualified Health Plan issuer in the Florida Health Insurance Marketplace.

Bronze Plan 1 Benefits

Medical Annual Deductible	Individual: \$5,000; Family: \$10,000
Medical Coinsurance	60/40% after annual deductible
Prescription Drug Annual Deductible	Individual: \$500; Family: \$1,000
Prescription Drug Coinsurance	70/30% after annual deductible
Maximum Annual Out-of-pocket	Individual: \$6,350; Family: \$12,700

Emergency Services	You Pay	Subject to Deductible
Emergency Room Services	40% coinsurance after annual deductible	X
Emergency Transportation/Ambulance (Air or Ground)	40% coinsurance after annual deductible	X
Urgent Care	40% coinsurance after annual deductible	X

Provider Services

Annual Well Visit/Screening/Immunization/Well Baby	\$0	
Primary Care Visit to treat an injury or illness and Maternity	40% coinsurance after annual deductible	X
Specialist Visit (e.g. Cardiology, Podiatry, Chiropractic Care)	40% coinsurance after annual deductible	X
Imaging (CT/PET Scans, MRIs)	40% coinsurance after annual deductible	X
X-rays & Diagnostic Imaging	40% coinsurance after annual deductible	X

Inpatient & Outpatient Services

All Inpatient Hospital Services (Includes Mental Health & Substance Abuse and Maternity)	40% coinsurance after annual deductible	X
Outpatient Facility Fee (e.g. Ambulatory Surgery Center)	40% coinsurance after annual deductible	X
Outpatient Surgery Physician/Surgical Services	40% coinsurance after annual deductible	X
Laboratory Outpatient & Professional Services	40% coinsurance after annual deductible	X

Other Medical Services

Mental/Behavioral Health & Substance Abuse Disorder Outpatient Services	40% coinsurance after annual deductible	X
Rehabilitative Speech Therapy/Rehabilitative Occupational & Rehabilitative Physical Therapy	40% coinsurance after annual deductible	X
Skilled Nursing Facility	40% coinsurance after annual deductible	X
Out-of-network Benefits	Not covered except for out-of-area emergencies	NC

Prescription Drugs (Prescription Drugs available by mail order with a 90 day supply.)

Generics	\$25 copay*	
Preferred Brand Drugs	\$50 copay after annual deductible	X
Non-preferred Brand Drugs	\$150 copay after annual deductible	X
Specialty Drugs	30% coinsurance after annual deductible, \$350 maximum per prescription	X

*If the cost of the generic drug is less than the copay, you pay the lesser amount.

Information shown represents a Limited Cost Sharing Plan. This is only a summary of the major benefits provided by our plans.

This is not a contract. Benefits may vary by state. You must meet certain eligibility requirements to purchase this plan.

For help understanding the terms used above, see the *Words to Know* page on AmbetterHealth.com.



ADDITIONAL SERVICES

Member Incentive Program:

Ambetter offers a unique rewards program for our members when they receive annual preventive services. Members can earn reward dollars for these types of services:

- Getting your Annual Wellness Exam.
- Completing your Health Risk Screening.
- Getting an Annual Flu Shot.

Rewards are automatically put onto your Incentive card, so there's nothing extra to do! Then, you can use the reward dollars to help pay for your copays, deductibles and premiums.

Gym Reimbursement Program:

Ambetter promotes healthy lifestyle choices with our members. For those members who want to stay active and use their local health club or gym regularly, Ambetter will reimburse a portion of your monthly dues onto your Member Incentive card. This helps make staying healthy and active more affordable.

24/7 Nurse Line:

Call and talk to a registered nurse 24 hours a day, 7 days a week to ask questions or get advice.