AMBETTER FROM SUPERIOR HEALTHPLAN
WRITTEN DESCRIPTION OF COVERAGE

PROVIDED BY CELTIC INSURANCE FOR AMBETTER FROM SUPERIOR HEALTHPLAN
(Hereafter referred to as "Ambetter from Superior HealthPlan")

READ YOUR POLICY CAREFULLY. This outline of coverage provides a very brief description of the important features of your policy. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth, in detail, the rights and obligations of both you and your insurance company. It is, therefore, important that you READ YOUR POLICY CAREFULLY!

The entity providing this coverage to you is an insurance company, Celtic Insurance Company. Your health insurance policy only provides benefits for services received from preferred *providers*, except as otherwise noted in the *contract* and written description or as otherwise required by law.

An *exclusive provider network* is a group of preferred *physicians* and health care *providers* available to you under an *exclusive provider benefit plan* and directly or indirectly contracted with us to provide medical or health care services to you and all individuals insured under the plan.

For additional information please write or call:
Ambetter from Superior HealthPlan
5900 E. Ben White Blvd.
Austin, TX 78741
1-877-687-1196

Network provider, or *preferred provider*, is the collective group of *physicians* and health care *providers* available to you under this *exclusive provider benefit plan* and directly or indirectly contracted to provide medical or health care services to you. Non-Network, or *non-preferred provider*, is a *physician* or health care *provider*, or an organization of *physicians* or health care *providers*, that does not have a contract with Ambetter from Superior HealthPlan to provide medical care or health care on a preferred benefit basis to you through this health insurance policy. Services received from a *non-network provider* are not covered, except as specifically stated in this policy.

Covered Services and Benefits

The Ambetter from Superior HealthPlan Summary of Benefits and plan brochures for all plan options can be found at the links below. These documents will explain all covered services and benefits, including payment for services of a *preferred provider* and *non-preferred provider*, and *prescription drug* coverage, both generic and name brand after the *deductible* has been met. The summary of benefits will also provide an explanation of your financial responsibility for payment for any premiums, *deductibles*, *copayments*, *coinsurance* or other out-of-pocket expenses for non-covered or non-preferred services. Please note that we will pay the negotiated fee or usual and customary rate to *non-preferred* or *non-network providers*, as explained under the "*eligible service expense*" definition found in your *contract*.

Bronze/Essential Care Plans

Silver/ Balanced Care Plans

Gold/Secure Care Plans

Emergency Care Service and Benefits

Your health insurance policy provides coverage for medical emergencies wherever they occur. In an emergency, always call 911 or go to the nearest *hospital* emergency room (ER).

Anything that could endanger your life (or your unborn child's life, if you're pregnant) without immediate medical attention is considered an emergency situation. Examples of medical emergencies are unusual or excessive bleeding, broken bones, acute abdominal or chest pain, unconsciousness, convulsions, difficult breathing, suspected heart attack, sudden persistent pain, severe or multiple injuries or burns, and poisonings.

If reasonably possible, you should contact the *network provider* or behavioral health practitioner before going to the *hospital* emergency room/treatment room. He/she can help you determine if you need *emergency care* or treatment of an accidental *injury* and recommend that care. If you cannot reach your *provider* and you believe the care you need is an emergency, you should go to the nearest emergency *facility*, whether or not the *facility* is a *preferred*/*network provider*.

If admitted for the emergency condition immediately following the visit, *prior authorization* of the *inpatient hospital* admission will be required, and *inpatient hospital* expenses will apply. All treatment received during the first 48 hours following the onset of a medical emergency will be eligible for *network* benefits. After 48 hours, *network* benefits will be available only if you use *preferred*/*network providers*. If after the first 48 hours of treatment following the onset of a medical emergency, and if you can safely be transferred to the care of a *preferred*/*network provider* but are treated by a *non-network provider*, only out-of-network benefits will be available.

Your policy also covers after-hours care. Sometimes you need medical help for non-life threatening conditions when your *PCP's* office is closed. If this happens, you have options. You can call our 24/7 Nurse Advice Line at 1-877-687-1196. A registered nurse is always available and ready to answer your health questions. You can get medical advice, a diagnosis or a prescription by phone or video by using our Telehealth services 24/7, visit our website for details. You can also go to an *urgent care center*. An *urgent care center* provides fast, hands-on care for *illnesses* or *injuries* that aren't life threatening but still need to be treated within 24 hours. Typically, you will go to an urgent care if your *PCP* cannot get you in for a visit right away. Common urgent care issues include sprains, ear infections, high fevers and flu symptoms or vomiting.

Out-of-Area Service and Benefits

When outside of the *service area*, routine or maintenance care is not covered. However, your health insurance policy covers emergency care out of the *service area*, subject to *deductibles*, *coinsurance* and maximum out of pockets, as listed in the Covered Healthcare Services and Supplies section of your *contract*. A definition of the Ambetter from Superior HealthPlan *service area* is defined within this document.

Insured's Financial Responsibility

The following are the features of your insurance policy with Ambetter from Superior HealthPlan that require you to assume financial responsibility for payment of premiums, *deductibles*, *coinsurance* or any other out-of-pocket expenses for non-covered services. You will be fully responsible for payment for any services that are not *covered service expenses* or are obtained out-of-network, with the exception of emergency services or *prior authorized* out-of-network services including access to *non-preferred providers* when a *preferred provider* is not reasonably available to you.

Premium Payment

PREMIUMS ARE SUBJECT TO CHANGE AT POLICY RENEWAL. Renewal premiums for this policy will increase periodically depending upon your age and policy year.

Each premium is to be paid to us on or before its due date. The initial premium must be paid prior to the coverage *effective date*, although an extension may be provided during the annual Open Enrollment period.

Grace Period

When an *enrollee* is receiving a premium subsidy:

> Grace Period: A grace period of 90 days will be granted for the payment of each premium due after the first premium. During the grace period, the *contract* continues in force.
>
> If full payment of premium is not received within the grace period, coverage will be terminated as of the last day of the first month during the grace period, if *advanced premium tax credits* are received.
>
> We will continue to pay all appropriate claims for *covered services* rendered to the *enrollee* during the first and second month of the grace period, and may pend claims for *covered services* rendered to the *enrollee* in the third month of the grace period. We will notify Health and Human Services (HHS) of the non-payment of premiums, the *enrollee*, as well as *providers* of the possibility of denied claims when the *enrollee* is in the third month of the grace period. We will continue to collect *advanced premium tax credits* on behalf of the *enrollee* from the Department of the Treasury, and will return the *advanced premium tax credits* on behalf of the *enrollee* for the second and third month of the grace period if the *enrollee* exhausts their grace period as described above. An *enrollee* is not eligible to re-enroll once terminated, unless an *enrollee* have a special enrollment circumstance, such as a marriage or birth in the family or during annual open enrollment periods.

When an *enrollee* is not receiving a premium subsidy:

> Grace Period: A grace period of 60 days will be granted for the payment of each premium due after the first premium. During the grace period, the *contract* continues in force.
>
> Premium payments are due in advance, on a calendar month basis. Monthly payments are due on or before the first day of each month for coverage effective during such month. This provision means that if any required premium is not paid on or before the date it is due, it may be paid during the grace period. During the grace period, the *contract* will stay in force; however, claims may pend for *covered services* rendered to the *enrollee* during the grace period. We will notify the *enrollee*, as well as *providers* of the possibility of denied claims when the *enrollee* is in the grace period.

Deductibles

In addition to your premium, your health insurance policy requires you to pay the amount of the *deductible* from one of the available plan options for each covered person for each calendar year.

The benefits of the plan will be available after satisfaction of the applicable *deductibles* as shown on your *Schedule of Benefits*. The *deductibles* are explained as follows:

Calendar Year *Deductible:* The individual *deductible amount* shown under "Deductibles" on your *Schedule of Benefits* must be satisfied by each participant under your coverage each calendar year.

This *deductible*, unless otherwise indicated, will be applied to all categories of *eligible service expenses* before benefits are available under this *contract*.

The following are exceptions to the *deductibles* described above:

1. If you have several covered dependents, all charges used to apply toward an "individual" *deductible amount* will be applied toward the "family" *deductible amount* shown on your *Schedule of Benefits*.
2. When that family *deductible amount* is reached, no further individual *deductibles* will have to be satisfied for the remainder of that calendar year. No *enrollee* will contribute more than the individual *deductible amounts* to the "family" *deductible amount*.

The *deductible amount* does not include any *copayment amount*.

After the *deductible* is satisfied, regular policy benefits will pay for covered expenses at the *coinsurance* percentage level for covered *inpatient* and outpatient expenses each calendar year. Your health insurance policy payments may be limited by policy exclusions and limitations. You will be responsible for any charge that is left unpaid after Ambetter from Superior HealthPlan has paid up to its policy limits and obligations.

Coinsurance Stop-Loss Amount

Most of your *eligible service expense* payment obligations, including *copayment amounts*, are considered *coinsurance amounts* and are applied to the *coinsurance* stop-loss amount maximum.

Your *coinsurance* stop-loss amount will **not** include:

1. Services, supplies, or charges limited or excluded by the *contract*;
2. Expenses not covered because a benefit maximum has been reached;
3. Any *eligible expenses* paid by the primary plan when Ambetter from Superior HealthPlan is the secondary plan for purposes of coordination of benefits;
4. Any *deductibles*;
5. Penalties applied for failure to receive *authorization*;
6. Any *copayment amounts* paid under the Pharmacy Benefits; or
7. Any remaining unpaid Medical/ Surgical Expense in excess of the benefits provided for covered drugs.

Individual Coinsurance Stop-Loss Amount

When the *coinsurance* amount for the in-network or out-of-network benefits level for an *enrollee* in a calendar year equals the "individual" "*coinsurance* stop-loss amount" shown on your *Schedule of Benefits* for that level, the benefit percentages automatically increase to 100 percent for purposes of determining the benefits available for additional *eligible service expenses* incurred by that *enrollee* for the remainder of that calendar year for that level.

Family Coinsurance Stop-Loss Amount

When the *coinsurance* amount for the in-*network* or non-*network* benefits level for all *enrollees* under your coverage in a calendar year equals the "family" "*coinsurance* stop-loss amount" shown on your *Schedule of Benefits* for that level, the benefit percentages automatically increase to 100% for purposes of determining the benefits available for additional *eligible service expenses* incurred by all family *enrollees* for the remainder of that calendar year for that level. No *enrollee* will be required to contribute more than the individual *coinsurance* amount to the family *coinsurance* stop-loss amount.

Coinsurance Percentage

We will pay the applicable *coinsurance* in excess of the applicable *deductible amount*(s) and *copayment amount*(s) for a service or supply that:

1. Qualifies as a *covered service expense* under one or more benefit provisions; and
2. Is received while the *enrollee's* insurance is in force under the *contract* if the charge for the service or supply qualifies as an *eligible expenses*.

When the annual maximum out-of-pocket amount has been met, additional *covered service expenses* will be provided or payable at 100 percent of the allowable expense.

The amount provided or payable will be subject to:

1. Any specific benefit limits stated in the *contract*;
2. A determination of *eligible service expenses*.
3. Any reduction for expense incurred at a non-*network* provider.

Please refer to the applicable *deductible amount(s), coinsurance,* and *copayment amounts* are shown on your *Schedule of Benefits*.

Changing the Deductible

You may increase the *deductible* to an amount currently available only if enrolled through a special enrollment period. A request for an increase in the *deductible* between the first and 15th day of the month will become effective on the first day of the following month. Requests between the 16th and last day of the month will become effective on the first day of the second following month. Your premium will then be adjusted to reflect this change.

Coverage Under Other Contract Provisions

Charges for services and supplies that qualify as *covered service expenses* under one benefit provision will not qualify as *covered service expenses* under any other benefit provision of this *contract.*

Health Insurance Policy Limitations and Exclusions

No benefits will be provided or paid for:

1. Any service or supply that would be provided without cost to the *enrollee* or *enrollee* in the absence of insurance covering the charge.
2. Expenses, fees, taxes, or surcharges imposed on the *enrollee* or *enrollee* by a *provider* (including a *hospital*) but that are actually the responsibility of the *provider* to pay.
3. Any services performed by a member of the *enrollee's immediate family*, including someone who is related to an *enrollee* by blood, marriage or adoption or who is normally a member of the *enrollee's* household.
4. Any services not identified and included as *covered service* under the *contract*. You will be fully responsible for payment for any services that are not *covered service expenses*.
5. Any services where other coverage is primary to Ambetter must be first paid by the primary payor prior to consideration for coverage under Ambetter.
6. For any non-*medically necessary* court ordered care for a medical/surgical or mental health/substance use disorder diagnosis, unless required by state law.

Even if not specifically excluded by the *contract*, no benefit will be paid for a service or supply unless it is:

1. Administered or ordered by a *provider*; and
2. *Medically necessary* to the diagnosis or treatment of an *injury* or *illness*, or covered under the Preventive Care Services provision.

Covered service expenses will not include, and no benefits will be provided or paid for any charges that are incurred:

1. For services or supplies that are provided prior to the *effective date* or after the termination date of this *contract*.
2. For any portion of the charges that are in excess of the *eligible expense*.
3. For weight modification, or for surgical treatment of obesity, including wiring of the teeth and all forms of intestinal bypass *surgery*.
4. For cosmetic breast reduction or augmentation, except for the *medically necessary* treatment of Gender Dysphoria.
5. The reversal of sterilization and reversal of vasectomies.
6. For abortion (unless the life of the mother would be endangered if the fetus were carried to term).
7. For treatment of malocclusions, disorders of the temporomandibular joint, or craniomandibular disorders, except as described in *covered service expenses*.
8. For expenses for television, telephone, or expenses for other persons.
9. For marriage, family, or child counseling for the treatment of premarital, marriage, family, or child relationship dysfunctions.
10. For telephone consultations, except those meeting the definition of *telehealth services* or *telemedicine medical services*, or for failure to keep a scheduled appointment.
11. For stand-by availability of a medical practitioner when no treatment is rendered.
12. For *dental service* expenses, including braces for any medical or dental condition, *surgery* and treatment for oral *surgery*, except as expressly provided for under your Dental Benefit Rider, if applicable.
13. For *cosmetic treatment*, except for *reconstructive surgery* for mastectomy or that is

incidental to or follows *surgery* or an *injury* from trauma, infection or diseases of the involved part that was covered under the *contract* or is performed to correct a birth defect.

14. For mental health examinations and services involving:
    a. Services for psychological testing associated with the evaluation and diagnosis of learning disabilities;
    b. Marriage counseling;
    c. Pre-marital counseling;
    d. Court ordered care or testing, or required as a condition of parole or probation. Benefits will be allowed for services that would otherwise be covered under this policy;
    e. Testing of aptitude, ability, intelligence or interest; or
    f. Evaluation for the purpose of maintaining employment. Benefits will be allowed for services that would otherwise be covered under this policy.
15. For charges related to, or in preparation for, tissue or organ transplants, except as expressly provided for under the Transplant Services provision.
16. For eye refractive surgery, when the primary purpose is to correct nearsightedness, farsightedness, or astigmatism.
17. While confined primarily to receive *rehabilitation*, *custodial care*, educational care, or nursing services (unless expressly provided for in this *contract*).
18. For vocational or recreational therapy, vocational *rehabilitation*, outpatient speech therapy, or occupational therapy, except as expressly provided for in this *contract*.
19. For eyeglasses, contact lenses, eye refraction, visual therapy, or for any examination or fitting related to these devices, except as expressly provided in this *contract*.
20. For *experimental* or *investigational treatment(s)* or *unproven services*. The fact that an *experimental* or *investigational treatment* or *unproven service* is the only available treatment for a particular condition will not result in benefits if the procedure is considered to be an *experimental* or *investigational treatment* or *unproven service* for the treatment of that particular condition.
21. For treatment received outside the United States, except for a medical emergency while traveling for up to a maximum of 90 consecutive days.
22. As a result of an *injury* or *illness* arising out of, or in the course of, employment for wage or profit, if the *enrollee is* insured, or is required to be insured, by workers' compensation insurance pursuant to applicable state or federal law. If you enter into a settlement that waives an *enrollee's* right to recover future medical benefits under a workers' compensation law or insurance plan, this exclusion will still apply. In the event that the workers' compensation insurance carrier denies coverage for an *enrollee's* workers' compensation claim, this exclusion will still apply unless that denial is appealed to the proper governmental agency and the denial is upheld by that agency.
23. For fetal reduction *surgery*.
24. Except as specifically identified as a *covered service expense* under the *contract*, services or expenses for alternative treatments, including acupressure, acupuncture, aroma therapy, hypnotism, massage therapy, rolfing, and other forms of alternative treatment as defined by the Office of Alternative Medicine of the National Institutes of Health.
25. As a result of any *injury* sustained during or due to participating, instructing, demonstrating, guiding, or accompanying others in any of the following: professional or Semi-professional sports; intercollegiate sports (not including intramural sports); racing

or speed testing any non-motorized vehicle or conveyance (if the *enrollee* is paid to participate or to instruct); rodeo sports; horseback riding (if the *enrollee* is paid to participate or to instruct); rock or mountain climbing (if the *enrollee* is paid to participate or to instruct); or skiing (if the *enrollee* is paid to participate or to instruct).

26. As a result of any *injury* sustained while operating, riding in, or descending from any type of aircraft if the *enrollee* is a pilot, officer, or *enrollee* of the crew of such aircraft or is giving or receiving any kind of training or instructions or otherwise has any duties that require him or her to be aboard the aircraft.
27. As a result of any *injury* sustained while at a *residential treatment facility*.
28. For the following miscellaneous items: in vitro fertilization, artificial insemination (except where required by federal or state law); biofeedback; care or complications resulting from non-*covered services*; chelating agents; domiciliary care; food and food supplements, except for what is indicated in the Medical Foods provision; routine foot care, foot orthotics or corrective shoes; health club memberships, unless otherwise covered; home test kits; care or services provided to a non-*enrollee* biological parent; nutrition or dietary supplements; pre-marital lab work; processing fees; private duty nursing; *rehabilitation* services for the enhancement of job, athletic or recreational performance; routine or elective care outside the *service area*; treatment of spider veins; transportation expenses, unless specifically described in this *contract*;
29. Services of a private duty registered nurse rendered on an outpatient basis.
30. Diagnostic testing, laboratory procedures, screenings, or examinations performed for the purpose of obtaining, maintaining, or monitoring employment.
31. For any medicinal and recreational use of cannabis or marijuana.
32. Vehicle installations (modifications) which may include, but are not limited to: adapted seat devices, door handle replacements, lifting devices, roof extensions and wheelchair securing devices.
33. Surrogacy Arrangement. Health care services, including supplies and medication relating to a Surrogacy Agreement, to a Surrogate, including an *enrollee* acting as a Surrogate or utilizing the services of a Surrogate who may or may not be an *enrollee*, and any child born as a result of a Surrogacy Arrangement. This exclusion applies to all health care services, supplies and medication relating to a Surrogacy Agreement, to a Surrogate including, but not limited to:
    a. Prenatal care;
    b. Intrapartum care (or care provided during delivery and childbirth);
    c. Postpartum care (or care for the Surrogate following childbirth);
    d. Mental Health Services related to the Surrogacy Arrangement;
    e. Expenses relating to donor semen, including collection and preparation for implantation;
    f. Donor gamete or embryos or storage of same relating to a Surrogacy Arrangement;
    g. Use of frozen gamete or embryos to achieve future conception in a Surrogacy Arrangement;
    h. Preimplantation genetic diagnosis relating to a Surrogacy Arrangement;
    i. Any complications of the child or Surrogate resulting from the pregnancy; or
    j. Any other health care services, supplies and medication relating to a Surrogacy Arrangement.
    k. Any and all health care services, supplies or medication provided to any child birthed by a *Surrogate* as a result of a *Surrogacy Arrangement* are also excluded, except where the child is the adoptive child of insureds possessing an active policy with us and/ or the child possesses an active policy with us at the time of birth.
34. For all health care services obtained at an Urgent Care Facility that is a non-network

provider

35. For expenses, services, and treatments from a naprapathic specialist for conditions caused by contracted, injured, spasmed, bruised, and/or otherwise affected myofascial or connective tissue.
36. For expenses, services, and treatments from a naturopathic specialist for treatment of prevention, self-healing and use of natural therapies.
37. Medical necessity of services or supplies, to the extent such services or supplies are provided as part of a hospice care program.
38. Dry needling.

Non-Covered Services and Exclusions:

No benefits will be paid under this benefit provisions for services provided or expenses incurred:

1. For *prescription drug* treatment of erectile dysfunction or any enhancement of sexual performance unless such treatment is listed on the formulary.
2. For weight loss prescription drugs unless otherwise listed on the formulary.
3. For immunization agents otherwise not required by the Affordable Care Act
4. For medication that is to be taken by the *enrollee*, in whole or in part, at the place where it is dispensed.
5. For medication received while the *enrollee* is a patient at an institution that has a facility for dispensing pharmaceuticals.
6. For a refill dispensed more than 12 months from the date of a *physician's* order.
7. For more than the predetermined *managed drug limitations* assigned to certain drugs or classification of drugs.
8. For a *prescription order* that is available in over-the-counter form, or comprised of components that are available in over-the-counter form, and is therapeutically equivalent, except for over-the-counter products that are listed on the formulary.
9. For drugs labeled "Caution - limited by federal law to investigational use" or for investigational or experimental drugs.
10. For any drug that we identify as therapeutic duplication through the Drug Utilization Review program.
11. For more than a 30-day supply when dispensed in any one prescription or refill or for maintenance drugs up to a 90-day supply when dispensed by mail order or a pharmacy that participates in extended day supply network. Specialty drugs and other select drug categories are limited to 30-day supply when dispensed by retail or mail order. Please note that only the 90-day supply is subject to the discounted *cost sharing*. Ambetter permits pharmacies to dispense at mail order discounted *cost sharing* should they request to join our mail order network and except all terms and conditions. Mail orders less than 90 days are subject to the standard *cost sharing* amount.
12. Foreign Prescription Medications, except those associated with an Emergency Medical Condition while you are traveling outside the United States. These exceptions apply only to medications with an equivalent FDA-approved Prescription Medication that would be covered under this document if obtained in the United States.
13. For prevention of any diseases that are not endemic to the United States, such as malaria, and where preventative treatment is related to *enrollee's* vacation during out of country travel. This section does not prohibit coverage of treatment for aforementioned diseases.
14. For medications used for cosmetic purposes.
15. For infertility drugs unless otherwise listed on the formulary.
16. For any controlled substance that exceeds state established maximum morphine equivalents in a particular time period, as established by state laws and regulations.
17. For drugs or dosage amounts determined by Ambetter's Pharmacy and Therapy committee to be ineffective, unproven or unsafe for the indication for which they have been

prescribed, regardless of whether such drugs or dosage amounts have been approved by any governmental regulatory body for that use.

18. For any drug related to dental restorative treatment or treatment of chronic periodontitis, where drug administration occurs at dental practitioner's office.
19. For any drug related to surrogate pregnancy.
20. For any injectable medication or biological product that is not expected to be self-administered by the *enrollee* at *enrollee's* place of residence unless listed on the formulary.
21. For any claim submitted by non-lock-in pharmacy while *enrollee* is in lock-in status. To facilitate appropriate benefit use and prevent opioid overutilization, *enrollee's* participation in lock-in status will be determined by review of pharmacy claims.
22. For any prescription or over the counter version of vitamin(s) unless otherwise included on the formulary.
23. Medication refills where an *enrollee* has more than 15-days' supply of medication on hand.
24. Compound drugs, unless there is at least one ingredient that is an FDA approved drug.

Lock-in program

To help improve *enrollee* safety decrease overutilization and abuse, certain *enrollees* identified through our Lock-in Program, may be locked into a specific pharmacy for the duration of their participation in the lock-in program. *Enrollees* locked into a specific pharmacy will be able to obtain their medication(s) only at specified location. Ambetter pharmacy, together with Medical Management will review *enrollee* profiles and using specific criteria, will recommend *enrollees* for participation in lock-in program. *Enrollees* identified for participation in lock-in program and associated providers will be notified of *enrollee* participation in the program via mail. Such communication will include information on duration of participation, pharmacy to which *enrollee* is locked-in, and any appeals rights.

Prior Authorization Requirements for Services

Some medical, pharmaceutical and behavioral health *covered services* require *prior authorization*. In general, *network providers* do not need to obtain *authorization* from Ambetter from Superior HealthPlan prior to providing a service or supply to an *enrollee*. However, there are some *covered services* for which you must obtain the *prior authorization*.

For services or supplies that require *prior authorization*, as shown on the *Schedule of Benefits*, you must obtain *prior authorization* from us before you or your *dependent enrollee*:

1. Receive a service or supply from a *non-network provider*;
2. Are admitted into a *network facility* by a *non-network provider*; or
3. Receive a service or supply from a *network provider* to which you or your *dependent enrollee* were referred by a *non-network provider*.

To obtain *prior authorization* or to confirm that a *network provider* has obtained *prior authorization*, contact Ambetter from Superior HealthPlan by telephone at the telephone number listed on your *member* identification card before the service or supply is provided to the *enrollee*. Failure to comply with the prior authorization requirements may result in benefits being reduced or not covered. In cases of emergency, benefits will not be reduced for failure to comply with *prior authorization* requirements. However, you must contact us as soon as reasonably possible after the emergency occurs. Please see your *contract* and *Schedule of Benefits* for specific details.

Continuity of Treatment In The Event of Termination of a Preferred Provider's Participation in the Plan

Under the No Surprises Act, if an *enrollee* is receiving a *covered service* with respect to an *network provider* or *facility* and: (1) the contractual relationship with the *provider* or *facility* is terminated, such that the *provider* or *facility* is no longer in network; or (2) benefits are terminated because of a change in the terms of the participation of the *provider* or *facility*, as it pertains to the benefit the *enrollee* is receiving, then we will: (1) notify each enrollee who is a *continuing care patient* on a timely basis of the termination and their right to elect continued transitional care from the provider or facility; (2) provide the individual with an opportunity to notify the health plan of the individual's need for transitional care; and (3) permit the individual to elect to continue to have their benefits for the course of treatment relating to the individual's status as a continuing care patient during the period beginning on the date on which the above notice is provided and ending on the earlier of (i) the 90-day period beginning on such date; or the (ii) date on which such individual is no longer a continuing care patient with respect to their *provider* or *facility*.

Non-Emergency Services

If you are traveling outside of the Texas service area you may be able to access *providers* in another state if there is an Ambetter plan located in that state. You can locate Ambetter *providers* outside of Texas by searching the relevant state in our *provider* directory at https://guide.ambetterhealth.com. Not all states have Ambetter plans. If you intend to seek care from an Ambetter *provider* outside of the service area, you may be required to obtain *prior authorization* from the originating Ambetter state for non-emergency services. Contact Member Services at the phone number on your *enrollee* identification card for further information.

Complaint Procedures

You may file a *complaint* regarding any aspect of the plan. We will not take any action against you due solely that you, your representative or your *provider* files a *complaint* against us.

You must send your *complaint* in writing to the address below. You can call Member Services at 1-877-687-1196 (Relay Texas/TTY 1-800-735-2989) for assistance.

You should send your written *complaint* to:
Ambetter from Superior HealthPlan Complaint Department
5900 E. Ben White Blvd.
Austin, TX 78741
Fax: 1-866-683-5369

Expedited *Complaints*: If your *complaint* concerns an emergency or a situation in which you may be forced to leave the hospital prematurely, we will resolve it no later than 72 hours from the time that we receive it. Within 72 hours, you will get a letter with the resolution to your complaint.

Non-Expedited (Standard) *Complaints*: If the *complaint* is not expedited, you will get the resolution within thirty (30) calendar days of the date we receive the *complaint*.

Appealing a *Complaint* Resolution: If you aren't satisfied with the resolution to your *complaint*, you can request an *appeal* of the *complaint* resolution. You must do so within 90 days from the date of the incident. In response to your *complaint appeal*, we will hold a complaint appeal panel at a location in your area. A complaint appeal panel includes our staff, provider(s) and member(s). You will receive a hearing packet five days before the appeal panel hearing. You may attend the hearing, have someone represent you at the hearing or have a representative attend the hearing with you. The panel will make a recommendation for the final decision on your *complaint*. You will receive our final decision within 30 days of your *complaint appeal* request.

Retaliation Prohibited

1. We will not take any retaliatory action, including refusal to renew coverage, against you because you or person acting on your behalf has filed a *complaint* against us or *appealed* a decision made by us.
2. We shall not engage in any retaliatory action, including terminating or refusal to renew a *contract*, against a *provider*, because the *provider* has, on your behalf, reasonably filed a *complaint* against us or has *appealed* a decision made by us.

Access to OB/GYN Services
Female members shall have direct access to an OB/GYN (who is an exclusive provider) for female services.

Network Information

A current list of preferred *providers*, including names, locations of *physicians* and health care *providers* and which preferred *providers* are not accepting new patients can be found by visiting and using our Find a Provider tool: Ambetter.SuperiorHealthPlan.com/findadoc

This tool will have the most up-to-date information about our *provider network*. It can help you find a *Primary Care Provider* (*PCP*), pharmacy, lab, *hospital* or *specialist*. The search can be narrowed by:

- Provider specialty
- ZIP code
- Gender
- Languages spoken
- Whether or not he/she is currently accepting new patients

You can find all of the information listed below on our website using the Find a Provider tool. You can also call Member Services to get information on *providers'* medical school and residency information.

- Name, address, telephone numbers
- Professional qualifications
- Specialty
- Board certification status

A non-electronic copy may be obtained free of charge by contacting Member Services at 1-877-687-1196 (Relay Texas/TTY 1-800-735-2989).

Ambetter from Superior HealthPlan Service Area and Number of Enrollees

Service area is any place that is within the counties in the state of Texas that Ambetter has designated as the *service area* for this plan. Ambetter from Superior HealthPlan's service area includes the following counties: Andrews, Aransas, Armstrong, Atascosa, Austin, Bandera, Bastrop, Bell, Bexar, Blanco, Bosque, Brazoria, Brazos, Brewster, Brooks, Brown, Burleson, Burnet, Caldwell, Calhoun, Cameron, Camp, Carson, Castro, Chambers, Cherokee, Coke, Coleman, Collin, Collingsworth, Colorado, Comal, Comanche, Concho, Cooke, Dallam, Dallas, Deaf Smith, Delta, Denton, DeWitt, Donley, Ector, Edwards, El Paso, Ellis, Falls, Fannin, Fayette, Fisher, Fort Bend, Freestone, Frio, Galveston, Gillespie, Goliad, Gonzales, Gray, Grayson, Gregg, Grimes, Guadalupe, Hamilton, Hardin, Harris, Hartley, Hays, Henderson, Hidalgo, Hill, Hood, Houston, Hunt, Irion, Jack, Jackson, Jefferson, Johnson, Kendall, Kerr, Kimble, Kinney, Lampasas, Lavaca, Lee, Leon, Liberty, Limestone, Llano, Madison, Mason, Matagorda, Maverick, McCulloch, McLennan, Medina, Menard, Milam, Mills, Mitchell, Montague, Montgomery, Nacogdoches, Navarro, Nueces, Oldham, Orange, Palo Pinto, Panola, Parker, Parmer, Potter, Rains, Randall, Real, Refugio, Robertson, Rockwall, Runnels, Rusk, San Jacinto, San Saba, Schleicher, Scurry, Sherman, Smith, Somervell, Starr, Sterling, Stonewall, Sutton, Tarrant, Tom Green, Travis, Trinity, Tyler, Val Verde, Van Zandt, Victoria, Walker, Waller, Webb, Wharton, Wheeler, Willacy, Williamson, Wise, Wood, and Zapata.

The number of effectuated members in Ambetter's *service area* under the Celtic EPO license is currently 328,652. Please refer to the table below for a breakdown of effectuated members based on service area.

Service Area	Total Effectuated Members
Aransas	310
Armstrong	27
Atascosa	147
Austin	791
Bandera	579
Bastrop	619
Bell	2731
Bexar	5093
Blanco	442
Bosque	132
Brazoria	2391
Brazos	1834
Brewster	74
Brooks	122
Brown	156
Burleson	295
Burnet	409
Caldwell	354
Calhoun	183
Cameron	13184
Camp	103
Carson	28
Castro	40
Chambers	1654
Cherokee	203
Coke	6
Coleman	29
Collin	2428
Collingsworth	7
Comal	897
Comanche	99
Concho	29
Cooke	370
Dallam	52
Dallas	3359
Deaf Smith	99
Delta	70
Denton	2690
DeWitt	160
Donley	20

Ector	2673
Edwards	99
El Paso	15574
Ellis	323
Falls	105
Fannin	71
Fayette	324
Fisher	16
Fort Bend	6383
Freestone	129
Frio	170
Galveston	1651
Gillespie	2520
Goliad	78
Gonzales	163
Grayson	1295
Gregg	587
Grimes	451
Guadalupe	474
Hamilton	78
Hardin	163
Harris	13505
Hartley	13
Hays	1066
Henderson	593
Hidalgo	49394
Hill	284
Hood	566
Houston	164
Hunt	1982
Irion	59
Jack	93
Jackson	111
Jefferson	459
Johnson	3551
Kendall	1010
Kerr	1765
Kimble	57
Kinney	19
Lampasas	123
Lavaca	123
Lee	229

Leon	150
Liberty	3132
Limestone	126
Llano	206
Madison	193
Mason	222
Matagorda	344
Maverick	204
McCulloch	110
McLennan	1982
Medina	1310
Menard	27
Milam	53
Mills	39
Mitchell	32
Montague	130
Montgomery	2850
Nacogdoches	262
Navarro	352
Nueces	1399
Oldham	6
Orange	747
Palo Pinto	249
Panola	192
Parker	667
Parmer	44
Potter	880
Rains	59
Randall	565
Real	61
Refugio	39
Robertson	225
Rockwall	354
Runnels	19
Rusk	291
San Jacinto	841
San Saba	11
Schleicher	18
Scurry	107
Sherman	11
Smith	1142
Somervell	79

Starr	171
Sterling	7
Stonewall	2
Sutton	28
Tarrant	4673
Tom Green	741
Travis	2903
Trinity	86
Tyler	71
Val Verde	338
Van Zandt	283
Victoria	736
Walker	4971
Waller	4700
Webb	398
Wharton	26
Wheeler	1319
Willacy	1119
Williamson	1221
Wise	185
Wood	717
Zapata	310

Network Demographics

	Provider Type					
Service Area	Primary Care	Pediatrics - Routine/Primary Care	Gynecology (OB/GYN)	Psychiatry	Surgery	Acute General Hospital
Andrews	0	0	1	0	0	1
Aransas	1	1	0	1	1	0
Armstrong	0	0	0	0	0	0
Atascosa	13	4	1	0	1	1
Austin	5	0	0	0	0	1
Bandera	9	0	0	0	0	0
Bastrop	17	3	2	0	8	1
Bell	22	10	5	16	12	2
Bexar	325	98	135	42	224	19
Blanco	1	0	0	0	0	0
Bosque	12	0	0	1	1	1
Brazoria	54	10	11	9	15	4
Brazos	82	11	6	8	32	2
Brewster	7	1	1	0	1	1
Brooks	4	0	0	0	0	0
Brown	5	0	0	0	0	1
Burleson	4	0	0	0	0	1
Burnet	11	2	1	0	6	1
Caldwell	21	1	1	0	2	1
Calhoun	5	0	2	0	1	1
Cameron	98	38	25	15	48	4
Camp	11	1	1	0	2	1
Carson	6	0	0	0	0	0
Castro	1	0	0	0	0	1
Chambers	1	0	0	0	0	2
Cherokee	24	3	1	0	3	2
Coke	0	0	0	0	0	0
Coleman	0	0	0	0	0	0
Collin	219	47	62	29	179	11
Collingsworth	0	0	0	0	0	0
Colorado	5	1	1	2	1	1
Comal	27	4	10	0	7	1
Comanche	10	0	0	0	3	1
Concho	1	0	0	0	0	1
Cooke	10	1	2	0	4	2
Dallam	3	0	0	1	2	1
Dallas	503	63	94	44	260	23
Deaf Smith	4	0	0	0	1	1
Delta	0	0	0	0	0	0
Denton	104	10	22	11	50	7

DeWitt	0	0	0	0	0	0
Donley	1	0	0	0	0	0
Ector	8	2	2	0	5	1
Edwards	0	0	0	0	0	0
El Paso	172	70	50	23	84	9
Ellis	69	13	3	1	14	2
Falls	2	0	0	0	1	1
Fannin	2	0	0	0	1	1
Fayette	8	3	1	1	6	1
Fisher	3	0	0	0	0	1
Fort Bend	182	30	32	8	65	6
Freestone	1	0	0	0	0	1
Frio	3	0	0	0	1	2
Galveston	65	3	2	20	7	1
Gillespie	22	3	1	0	9	1
Goliad	4	0	0	0	0	0
Gonzales	7	1	1	0	2	1
Gray	6	0	0	0	1	1
Grayson	16	3	2	4	11	3
Gregg	53	10	19	0	16	1
Grimes	9	0	0	0	1	1
Guadalupe	9	8	11	0	6	1
Hamilton	5	0	0	0	1	1
Hardin	2	0	0	0	0	0
Harris	869	178	207	152	384	27
Hartley	0	0	0	0	0	0
Hays	71	28	12	1	37	3
Henderson	16	1	3	0	5	2
Hidalgo	265	95	55	14	78	9
Hill	23	0	0	0	5	1
Hood	23	3	1	1	9	1
Houston	5	0	0	0	1	1
Hunt	22	3	2	21	6	1
Irion	0	0	0	0	0	0
Jack	1	0	0	0	0	1
Jackson	3	1	0	0	1	1
Jefferson	60	3	5	9	7	1
Johnson	18	3	9	1	4	1
Kendall	24	4	9	2	24	0
Kerr	34	1	4	0	10	1
Kimble	3	1	0	0	0	0
Kinney	0	0	0	0	0	0
Lampasas	11	1	1	0	0	1
Lavaca	12	0	0	0	1	2
Lee	2	1	0	1	1	0
Leon	3	0	0	0	0	0

Liberty	20	4	0	0	1	1
Limestone	12	0	0	0	1	1
Llano	2	0	0	0	0	0
Madison	3	0	0	0	0	1
Mason	1	1	0	0	0	0
Matagorda	11	2	2	1	3	1
Maverick	10	2	2	0	0	1
McCulloch	7	0	0	0	1	1
McLennan	50	3	15	6	31	2
Medina	13	2	1	0	1	1
Menard	1	0	0	0	0	0
Milam	8	1	0	0	1	0
Mills	2	0	0	0	0	0
Mitchell	1	0	0	0	0	1
Montague	5	0	0	0	1	0
Montgomery	125	20	21	9	44	5
Nacogdoches	19	3	3	1	10	2
Navarro	9	2	3	1	4	1
Nueces	39	41	16	9	51	2
Oldham	0	0	0	0	0	0
Orange	5	0	0	1	0	0
Palo Pinto	10	1	1	0	2	1
Panola	8	2	1	0	1	1
Parker	15	3	4	3	9	1
Parmer	6	0	0	0	0	0
Potter	69	19	10	10	33	1
Rains	1	0	0	0	0	0
Randall	30	1	0	1	9	0
Real	0	0	0	0	0	0
Refugio	0	0	0	0	0	1
Robertson	3	0	0	0	0	0
Rockwall	10	0	2	0	34	1
Runnels	0	0	0	0	0	1
Rusk	18	1	2	0	4	1
San Jacinto	5	1	0	0	0	0
San Saba	0	0	0	0	1	0
Schleicher	0	0	0	0	0	0
Scurry	5	0	0	0	3	1
Sherman	0	0	0	0	0	0
Smith	66	7	11	5	35	4
Somervell	8	0	0	0	2	1
Starr	31	3	0	0	1	1
Sterling	0	0	0	0	0	0
Stonewall	5	0	0	0	0	1
Sutton	1	0	0	0	0	1
Tarrant	356	35	103	45	169	16

Tom Green	68	18	7	9	17	3
Travis	370	99	153	60	237	7
Trinity	3	1	0	0	0	0
Tyler	4	0	0	0	0	1
Val Verde	17	4	2	1	5	1
Van Zandt	2	0	0	0	0	0
Victoria	34	9	9	1	12	3
Walker	10	0	0	0	5	1
Waller	1	1	0	0	0	0
Webb	53	11	9	6	17	2
Wharton	8	4	0	0	0	1
Wheeler	0	0	0	0	0	1
Willacy	13	2	1	1	0	0
Williamson	127	60	43	26	78	5
Wise	22	2	2	3	6	2
Wood	11	0	0	0	2	1
Zapata	5	2	0	0	0	0

Waivers and Local Market Access Plan

A waiver and local market access plan applies to the services provided by the below listed *providers* in each *service area* denoted by an "X."

	Provider Type					
Service Area	**Primary Care**	**Pediatrics - Routine/Primary Care**	**Gynecology (OB/GYN)**	**Psychiatry**	**Surgery**	**Acute General Hospital**
Andrews						
Aransas	X					X
Armstrong					X	
Atascosa						
Austin						
Bandera						
Bastrop						
Bell						
Bexar						
Blanco						
Bosque						
Brazoria						
Brazos						
Brewster		X		X	X	X
Brooks						X
Brown		X	X	X	X	
Burleson						
Burnet						
Caldwell						
Calhoun					X	
Cameron						
Camp						
Carson					X	
Castro					X	
Chambers		X				
Cherokee						
Coke						
Coleman						
Collin						
Collingsworth		X	X	X	X	
Colorado						
Comal						
Comanche					X	
Concho					X	
Cooke						
Dallam		X	X	X	X	
Dallas						

Deaf Smith					X	
Delta						
Denton						
DeWitt						
Donley		X		X	X	
Ector						
Edwards		X		X	X	
El Paso						
Ellis						
Falls						
Fannin						
Fayette						
Fisher		X			X	
Fort Bend						
Freestone						
Frio					X	
Galveston		X				
Gillespie						
Goliad						
Gonzales						
Gray					X	
Grayson						
Gregg						
Grimes						
Guadalupe						
Hamilton						
Hardin						
Harris						
Hartley		X			X	
Hays						
Henderson						
Hidalgo						
Hill						
Hood						
Houston						
Hunt						
Irion					X	
Jack						
Jackson					X	
Jefferson					X	
Johnson						
Kendall						
Kerr						
Kimble		X		X	X	
Kinney					X	

Lampasas					X	
Lavaca						
Lee						
Leon						
Liberty						
Limestone						
Llano						
Madison						
Mason				X	X	
Matagorda					X	
Maverick					X	
McCulloch		X			X	
McLennan						
Medina						
Menard		X			X	
Milam						
Mills					X	
Mitchell					X	
Montague						
Montgomery						
Nacogdoches						
Navarro						
Nueces						
Oldham					X	
Orange					X	
Palo Pinto						
Panola						
Parker						
Parmer					X	
Potter					X	
Rains						
Randall					X	
Real		X			X	X
Refugio						
Robertson						
Rockwall						
Runnels						
Rusk						
San Jacinto						X
San Saba					X	
Schleicher					X	
Scurry					X	
Sherman		X	X	X	X	
Smith						
Somervell						

Starr						
Sterling					X	
Stonewall		X			X	
Sutton		X			X	
Tarrant						
Tom Green					X	
Travis						
Trinity						
Tyler						
Val Verde					X	
Van Zandt		X				
Victoria					X	
Walker						
Waller						
Webb					X	
Wharton						
Wheeler			X	X	X	
Willacy						
Williamson						
Wise						
Wood		X				
Zapata					X	

This access plan may be obtained by contacting Ambetter from Superior HealthPlan at 1-877-687-1196 (Relay Texas/TTY: 1-800-735-2989).

Texas Department of Insurance Notice

- An *exclusive provider benefit plan* provides no benefits for services you receive from out-of-network *providers*, with specific exceptions as described in your policy and below.
- You have the right to an adequate *network* of *preferred providers* (known as "*network providers*").
    - If you believe that the *network* is inadequate, you may file a *complaint* with the Texas Department of Insurance.
- If your insurer *approves* a referral for out-of-network services because no *preferred provider* is available, or if you have received out-of-network *emergency care*, your insurer must, in most cases, resolve the *non-preferred provider's* bill so that you only have to pay any applicable *coinsurance*, *copay*, and *deductible amounts*.
- You may obtain a current directory of *preferred providers* at the following website: Ambetter from Superior HealthPlan or by calling 1-877-687-1196 (Relay Texas/ TTY 1-800-735-2989) for assistance in finding available *preferred providers*. If you relied on materially inaccurate directory information, you may be entitled to have an out-of-network claim paid at the in-network level of benefits.

Guaranteed Renewable

This policy is guaranteed renewable. That means that you have the right to keep the policy in force with the same benefits, except that we may discontinue or terminate the policy if:

1. You fail to pay premiums as required under the policy;
2. You have performed an act or practice that constitutes fraud, or have made an intentional misrepresentation of material fact, relating in any way to the policy, including claims for benefits under the policy; or
3. We stop issuing the policy in Texas, but only if we notify you in advance.

Unless the policy is 'noncancellable,' as defined in the policy, we have the right to raise rates on your policy at each time of renewal, in a manner consistent with the policy and Texas law. If the policy is noncancellable, our right to raise rates is limited by the definition of 'noncancellable' contained in the policy, and by Texas law.

Annually, we may change the rate table used for this policy form. Each premium will be based on the rate table in effect on that premium's due date. The policy plan, and age of covered *enrollees*, type and level of benefits, and place of residence on the premium due date are some of the factors used in determining your premium rates. We have the right to change premiums.

At least 31 days notice of any plan to take an action or make a change permitted by this clause will be delivered to you at your last address as shown in our records. We will make no change in your premium solely because of claims made under this policy or a change in a covered *enrollee's* health. While this policy is in force, we will not restrict coverage already in force. If we discontinue offering and refuse to renew all policies issued on this form, with the same type and level of benefits, for all residents of the state where you reside, we will provide a written notice to you at least 90 days prior to the date that we discontinue coverage.

Annually, we must file this product, the *cost share* and the rates associated with it for approval. Guaranteed renewable means that your plan will be renewed into the subsequent year's approved product on the anniversary date unless terminated earlier in accordance with *contract* terms. You may keep this *contract* (or the new *contract* you are mapped to for the following year, whether associated with a discontinuance or replacement) in force by timely payment of the required premiums. In most cases you will be moved to a new *contract* each year, however, we may decide not to renew the *contract* as of the renewal date if: (1) we decide not to renew all *contracts* issued on this form, with a new *contract* at the same metal level with a similar type and level of benefits, to residents of the state where you then live or (2) there is fraud or an intentional material misrepresentation made by or with the knowledge of an *enrollee* in filing a claim for *covered services*.

In addition to the above, this guarantee for continuity of coverage shall not prevent us from cancelling or non-renewing this *contract* in the following events: (1) non-payment of premium; (2) an *enrollee* fails to pay premiums or contributions in accordance with the terms of this *contract*, including any timeliness requirements; (3) an *enrollee* has performed an act or practice that constitutes fraud or has made an intentional misrepresentation of material fact relating to this *contract*; or (4) a change in federal or state law, no longer permits the continued offering of such coverage, such as CMS guidance related to individuals who are Medicare eligible.