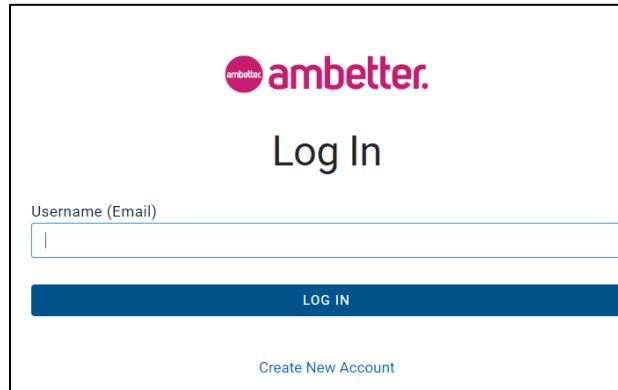




Cuenta de miembro por Internet de Ambetter from Superior HealthPlan

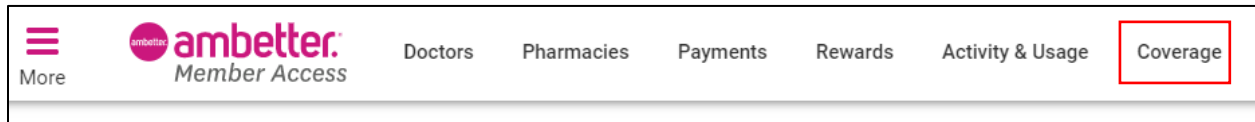
Cómo descargar los documentos del plan

1. Inicie sesión en su [cuenta de miembro en línea](#) con su correo electrónico inscrito.



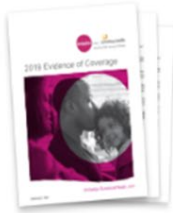
The image shows the Ambetter Log In screen. At the top is the Ambetter logo. Below it is the text "Log In". There is a text input field labeled "Username (Email)". Below the input field is a blue button labeled "LOG IN". At the bottom of the screen is a link that says "Create New Account".

2. Haga clic en “Cobertura” (*Coverage*).



3. Desplácese hacia abajo hasta encontrar “Documentos del plan” (*Plan Documents*). Puede descargar lo siguiente:
 - Resumen de beneficios y cobertura (SBC)
 - Programa de beneficios (SOB)
 - Evidencia de cobertura (EOC) o Póliza de gastos médicos mayores (MMEP)
 - Resumen de la cobertura
 - Información sobre su cobertura
 - Carta sobre cobertura acreditable (LOCC)
 - Puede usarse como verificación de elegibilidad. Siga el paso 4 para obtener más información.
 - Incluye su información de miembro (identificación de miembro y nombre de miembro).

2024 Plan Documents







Evidence of Coverage	Outline of Coverage	Summary of Benefits and Coverage	Schedule of Benefits	Information About Your Coverage
The Evidence of Coverage is a detailed listing of the benefits your plan covers, as well as any exclusions the plan has. Download PDF	The Outline of Coverage provides a brief description of the important features of your individual member contract. Download PDF	The Summary of Benefits and Coverage shows how you and the plan would share the cost for covered health care services. Download PDF	The Schedule of Benefits is a high-level summary of the benefits your plan covers and how much you will have to pay for them. Download PDF	This document provides an overview of your rights and responsibilities, privacy, appeal rights, and more, as an Ambetter member. Download PDF

4. Haga clic en “Descargar una copia de su carta de cobertura” (*Download a copy of your coverage letter*).
5. Se abrirá una nueva ventana para que seleccione la carta que necesita. También se mostrarán los nombres del suscriptor y de los miembros del hogar.

Letter of Creditable Coverage

A Letter of Creditable Coverage is a written certificate that states the period of time one is covered by a health plan.

A Letter of Creditable Coverage will show a future paid date if you have already made a payment for the next month. Payments may take up to 48 hours to process and be reflected on the letter.

Please note that a Letter of Creditable Coverage is not an ID Card and can not be presented to providers as proof of insurance.

I need a letter for:

☐ All Members

☐ Sheila

☐ Konrad

[Download](#)

6. Haga clic en la casilla para seleccionar los miembros correspondientes.

Letter of Creditable Coverage

A Letter of Creditable Coverage is a written certificate that states the period of time one is covered by a health plan.

A Letter of Creditable Coverage will show a future paid date if you have already made a payment for the next month. Payments may take up to 48 hours to process and be reflected on the letter.

Please note that a Letter of Creditable Coverage is not an ID Card and can not be presented to providers as proof of insurance.

I need a letter for:

☒ All Members

☒ Sheila

☒ Konrad

[Download](#)

7. Haga clic en “Descargar” (*Download*).

8. Ejemplo de una carta sobre cobertura acreditable:



FROM



superior
healthplan.

5900 E. Ben White Blvd.
Austin, TX 78741

[Member Name]
[Address 1]
[Address 2]
[City], [State] [Zip Code]

[Date]

This letter serves as verification of health insurance coverage for this member from [Start Date] through [Premium Paid to Date].

[Member Name]
[Member Number]

Please contact Member Services at 1-877-687-1196 (Relay Texas/TTY 1-800-735-2989) from 8 a.m.- 8 p.m local time, Monday – Friday if you have any questions or need assistance.

Thank you,
Ambetter from Superior HealthPlan
1-877-687-1196 (Relay Texas/TTY 1-800-735-2989)
Ambetter.SuperiorHealthPlan.com

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AMB25-TX-C-00058

Si no puede descargar los documentos de su plan a través de la cuenta de miembro en línea de Ambetter Health, llame a Servicios para miembros al 1-877-687-1196 (Relay Texas/TTY: 1-800-735-2989). El horario de atención es de lunes a viernes, de 8:00 a. m. a 8:00 p. m., hora local.

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