

## **ACT NOW: Respond to the Health Insurance Marketplace or you may risk losing your Marketplace health coverage and/or the help you're getting to pay for your Marketplace health coverage.**

You're receiving this letter because the Health Insurance Marketplace informed us that they need some additional information so they can verify eligibility for you and/or members of your household.

Unless you have already heard from the Marketplace that it has the documents it needs, please send the Marketplace a copy of the documents previously requested by going online and uploading them to your Marketplace account, or by mailing them to the Marketplace at the address below. This will allow the Marketplace to process your paperwork faster so you can continue receiving the health coverage, and tax credit and/or cost-sharing reductions, as applicable, that you are eligible for. For more information about the documents the Marketplace needs from you, visit your Marketplace account at [HealthCare.gov](https://www.healthcare.gov) or call 1-800-318-2596 (TTY 711).

### **What should I do next?**

1. Log in to your Marketplace account on [HealthCare.gov](https://www.healthcare.gov), and then select your current application. If you currently have a data matching issue, you will see language in red that says "temporary eligibility" on your Marketplace application. If your application includes this language, you must provide more information.
2. If you still have temporary eligibility on your Marketplace account, look at the previous notices you received from the Marketplace to verify what types of documents you need to submit. Below is a full list of documents for different situations; send only copies of the information needed for your situation.
3. Upload a copy of the documents to your Marketplace account. This is the fastest way to get your documents processed. Use the menu on the left side of your screen to click on "Application Details." On the next screen, you'll see a list of any data matching issues (called "inconsistencies" on the screen) in your application. Follow the steps for each data matching issue to upload the documents needed to fix this issue. If you can't upload your documents, you can mail them to the address below. If you mail documents, be sure to mail a **copy**, and keep the originals for your records.



## Where to send copies of your documents

Health Insurance Marketplace  
**Attn: Supporting Documentation**  
465 Industrial Blvd.  
London, KY 40750

### For more help

- Visit [HealthCare.gov](https://www.healthcare.gov), or call the Marketplace Call Center at 1-800-318-2596 (TTY 711). You can also make an appointment with an assister who can help you. Information is available at [LocalHelp.HealthCare.gov](https://www.localhelp.healthcare.gov).
- Get language assistance services. If you need language assistance in a language other than English, you have the right to get help and information in your language at no cost. Information about how to access these language assistance services is included with this notice, as a separate page. You can also call the Marketplace Call Center to get information on these services.
- Call the Marketplace Call Center to request a reasonable accommodation if you have a disability. These accommodations are available and provided at no cost to you.

Sincerely,

Ambetter from Arizona Complete Health  
1-866-918-4450 (TTY 711)  
[Ambetter.AZcompletehealth.com](https://www.Ambetter.AZcompletehealth.com)

Ambetter from Arizona Complete Health is underwritten by Health Net of Arizona, Inc. (dba Arizona Complete Health), which is a Qualified Health Plan issuer in the Arizona Health Insurance Marketplace. This is a solicitation for insurance. ©2024 Health Net of Arizona, Inc. (dba Arizona Complete Health), [Ambetter.AZcompletehealth.com](https://www.Ambetter.AZcompletehealth.com). If you, or someone you're helping, have questions about Ambetter from Arizona Complete Health, and are not proficient in English, you have the right to get help and information in your language at no cost and in a timely manner. If you, or someone you're helping, have an auditory and/or visual condition that impedes communication, you have the right to receive auxiliary aids and services at no cost and in a timely manner. To receive translation or auxiliary services, please contact Member Services at 1-888-926-5057 (TTY 711). For more information on your right to receive an Ambetter from Arizona Complete Health plan free of discrimination, or your right to receive language, auditory and/or visual assistance services, please visit [Ambetter.AZcompletehealth.com](https://www.Ambetter.AZcompletehealth.com) and scroll to the bottom of the page.

AMB24-AZ-C-00217

## **ACTÚE AHORA: Responda al Mercado de Seguros de Salud o puede correr el riesgo de perder la cobertura médica del Mercado o la ayuda que recibe para pagarla.**

Recibe esta carta porque desde el Mercado de Seguros de Salud nos informaron que necesitan información adicional para verificar su elegibilidad o la de los miembros de su hogar.

A menos que ya le hayan notificado que tienen los documentos necesarios, envíe una copia de los documentos previamente solicitados al Mercado. Ingrese en su cuenta del Mercado y cárguelos. O bien, envíelos por correo a la dirección que aparece más abajo. Esto permitirá que el Mercado procese su documentación más rápidamente para que pueda seguir recibiendo la cobertura médica y el crédito fiscal o las reducciones de costo compartido para los cuales es elegible, según corresponda. Para obtener más información sobre los documentos que el Mercado necesita que usted envíe, ingrese en su cuenta del Mercado, en [HealthCare.gov](https://www.healthcare.gov), o llame al 1-800-318-2596 (TTY: 711).

### **¿Qué debo hacer a continuación?**

1. Ingrese en su cuenta del Mercado en [HealthCare.gov](https://www.healthcare.gov) y, luego, seleccione su solicitud actual. Si tiene un problema de coincidencia de datos, en su solicitud del Mercado aparecerá el siguiente texto en rojo: “elegibilidad temporal”. Si en su solicitud se incluye este texto, debe brindar más información.
2. Si aún lee “elegibilidad temporal” en su cuenta del Mercado, mire los avisos anteriores que haya recibido para verificar qué tipos de documentos necesita enviar. Más abajo se encuentra una lista completa de documentos para diferentes situaciones. Envíe solo las copias con información necesaria para su situación.
3. Cargue una copia de los documentos a su cuenta del Mercado. Es la manera más rápida para que se procesen los documentos. Use el menú en la parte izquierda de la pantalla para hacer clic en “Application Details” (Detalles de la solicitud). En la siguiente pantalla, verá una lista de todos los problemas de coincidencia de datos (denominados “inconsistencias” en la pantalla) en su solicitud. Siga los pasos para cargar los documentos necesarios y corregir cada problema de coincidencia de datos. Si no puede cargar los documentos, puede enviarlos por correo a la dirección que aparece más abajo. Si envía los documentos por correo, asegúrese de enviar **copias** y guardar los originales a modo de registro.



## Dónde enviar las copias de los documentos

Health Insurance Marketplace  
**Attn: Supporting Documentation**  
465 Industrial Blvd.  
London, KY 40750

## Cómo obtener más ayuda

- Visite [Healthcare.gov](https://www.healthcare.gov) o llame al Centro de Comunicación del Mercado al 1-800-318-2596 (TTY: 711). También puede programar una cita con un asistente que pueda ayudarle. La información está disponible en [LocalHelp.HealthCare.gov](https://www.LocalHelp.HealthCare.gov).
- Solicite servicios de asistencia lingüística. Si necesita asistencia en un idioma que no sea el inglés, tiene derecho a obtener ayuda e información en su idioma sin costo. La información sobre cómo acceder a estos servicios se incluye en este aviso, en una página por separado. También puede llamar al Centro de Comunicación del Mercado.
- Llame al Centro de Comunicación del Mercado para solicitar una adaptación razonable si tiene alguna discapacidad. Estas adaptaciones están disponibles y se proporcionan sin costo alguno para usted.

Atentamente,

Ambetter from Arizona Complete Health  
1-866-918-4450 (TTY 711)  
[Ambetter.AZcompletehealth.com](https://www.Ambetter.AZcompletehealth.com)

Ambetter from Arizona Complete Health está suscrito por Health Net of Arizona, Inc. (dba Arizona Complete Health), que es un emisor del Plan de salud calificado en el Mercado de seguros de salud de Arizona. Esta es una solicitud de seguro. ©2024 Health Net of Arizona, Inc. (dba Arizona Complete Health), [Ambetter.AZcompletehealth.com](https://www.Ambetter.AZcompletehealth.com). Si usted, o alguien a quien está ayudando, tiene preguntas acerca de Ambetter from Arizona Complete Health y no domina el inglés, tiene derecho a obtener ayuda e información en su idioma sin costo alguno y de manera oportuna. Si usted, o alguien a quien está ayudando, tiene un impedimento auditivo o visual que le dificulta la comunicación, tiene derecho a recibir ayuda y servicios auxiliares sin costo alguno y de manera oportuna. Para recibir servicios de traducción o auxiliares, comuníquese con Servicios para Miembros al 1-888-926-5057 (TTY 711). Para obtener más información sobre su derecho a recibir un plan Ambetter from Arizona Complete Health sin discriminación, o su derecho a recibir servicios de asistencia a lingüística, auditiva y/o visual, visite [Ambetter.AZcompletehealth.com](https://www.Ambetter.AZcompletehealth.com) y desplácese hasta la parte inferior de la página.

## DOCUMENTS NEEDED TO PROVE CITIZENSHIP OR U.S. NATIONAL STATUS

If you want to keep your coverage through the Marketplace, you need to send additional documents proving that you're either a citizen or national, or that you are lawfully present in the U.S. Please keep your original document(s) and send us a copy.

### Documents to Prove Your Status as a U.S. Citizen or U.S. National

**If you're a citizen, you only need a copy of one document from the first list below to prove U.S. citizenship or nationality:**

- U.S. passport
- Certificate of Naturalization (N-550/N-570)
- Certificate of Citizenship (N-560/N-561)
- State-issued Enhanced Driver's License (available in Michigan, New York, Vermont and Washington)
- Document from a Federally recognized Indian Tribe that includes the person's name, the name of the Federally recognized Indian Tribe that issued the document, and shows the person's membership, enrollment or affiliation with the Tribe. Documents you can provide include:
  - A Tribal enrollment card
  - A Certificate of Degree of Indian Blood
  - A Tribal census document
  - Documents on Tribal letterhead signed by a Tribal official

**If you are a U.S. citizen or national but you don't have any of the documents listed above, you need to send copies of documents from the lists below, including one from List A and one from List B OR one from List A and two from List C:**

| List A. Select 1 document                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | List B. 1 document from List B (plus 1 from List A):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>- U.S. public birth certificate</li> <li>- Consular Report of Birth Abroad (FS-240, CRBA)</li> <li>- Certification of Report of Birth (DS-1350)</li> <li>- Certification of Birth Abroad (FS-545)</li> <li>- U.S. Citizen Identification Card (I-197 or the prior version I-179)</li> <li>- Northern Mariana Card (I-873)</li> <li>- Final adoption decree showing the person's name and U.S. place of birth</li> <li>- U.S. Civil Service Employment Record showing employment before June 1, 1976</li> <li>- Military record showing a U.S. place of birth</li> <li>- U.S. medical record from a clinic, hospital, physician, midwife or institution showing a U.S. place of birth</li> <li>- U.S. life, health or other insurance record showing U.S. place of birth</li> <li>- Religious record showing U.S. place of birth recorded in the U.S.</li> <li>- School record showing the child's name and U.S. place of birth</li> <li>- Federal or State census record showing U.S. citizenship or U.S. place of birth</li> </ul> | <ul style="list-style-type: none"> <li>- Driver's license issued by a State or Territory or Identification card issued by the Federal, State, or local government</li> <li>- School identification card</li> <li>- U.S. military card or draft record or Military dependent's identification card</li> <li>- U.S. Coast Guard Merchant Mariner card</li> <li>- Voter Registration Card</li> </ul> <p><b>The documents above must have a photograph or other information such as name, age, sex, race, height, weight, eye color, or address</b></p> <ul style="list-style-type: none"> <li>- For children under 19, a clinic, doctor, hospital, or school record, including preschool or day care records</li> </ul> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <p><b>List C. Or 2 documents from List C (plus 1 from List A):</b></p> <ul style="list-style-type: none"> <li>- Two documents containing consistent information about an applicant's identity, such as employer IDs, high school and college diplomas, marriage certificates, divorce decrees, property deeds or titles</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <ul style="list-style-type: none"> <li>- Documentation of a foreign-born adopted child who received automatic U.S. citizenship (IR3 or IH3)</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |

## **DOCUMENTS NEEDED TO PROVE IMMIGRATION STATUS**

### **Documents to Prove Immigration Status**

**Send us your most recent immigration document that shows your current immigration status. The box below presents several types of documents you can submit. Please keep your original document and send us a copy:**

- Permanent Resident Card, "Green Card" (I-551)
- Reentry Permit (I-327)
- Refugee Travel Document (I-571)
- Employment Authorization Card (I-766)
- Machine Readable Immigrant Visa (with temporary I-551 language)
- Temporary I-551 Stamp (on passport or I-94/I-94A)
- Arrival/Departure Record (I-94/I-94A)
- Arrival/Departure Record in foreign passport (I-94)
- Foreign Passport
- Certificate of Eligibility for Nonimmigrant Student Status (I-20)
- Certificate of Eligibility for Exchange Visitor Status (DS2019)
- Notice of Action (I-797)
- Document indicating membership in a federally recognized Indian tribe or American Indian born in Canada
- Certification from U.S. Department of Health and Human Services (HHS) Office of Refugee Resettlement (ORR)
- Office of Refugee Resettlement (ORR) eligibility letter (if under 18)
- Document indicating withholding of removal
- Administrative order staying removal issued by the Department of Homeland Security

## **DOCUMENTS NEEDED TO PROVE YOUR ANNUAL HOUSEHOLD INCOME FOR 2024**

If you want to keep the help you're receiving to pay for Marketplace coverage, you need to send additional documents proving your household's annual income, including income earned by every member of your household, whether or not they are seeking health coverage. If your expected household income has changed since you submitted your application, please update your information in your Marketplace account on HealthCare.gov, or by calling the Marketplace Call Center at 1-800- 318-2596. The box below presents several types of documents you can submit. You may need to submit more than one document depending on your household's situation (for example, you'll submit multiple documents if your income sources are different than what was included on your last tax return). Please keep your original document(s) and send us a copy.

### **Documents to Prove Your Annual Household Income**

- 1040 Tax Return (Federal or State Versions) - Must contain first and last name, income amount, and tax year.
- W2s and/or 1099s (includes 1099 MISC, 1099G, 1099R, 1099SSA, 1099DIV, 1099S, 1099INT) - Must contain first and last name, income amount, year, and employer name (if applicable).
- Pay Stub - Must contain first and last name, income amount, and pay period or frequency of pay with date of payment. If a pay stub includes overtime, please indicate average overtime amount per paycheck.
- Self-Employment Documentation (includes 1040 Schedule C, most recent quarterly or year-to-date profit and loss statement, self-employment ledger) - Must contain first and last name, company name, and income amount. If submitting a self-employment ledger, include dates covered by the ledger, and the net income from profit/loss.
- Social Security Administration Statements (Social Security Benefits Letter) - Must contain first and last name, benefit amount, and frequency of pay.
- Unemployment Benefits (Unemployment Benefits Letter) - Must contain first and last name, source/agency, benefits amount, and duration (start and end date, if applicable).

The dates on these documents may be from 2024. You can provide recent pay stubs if you don't expect your income to change. If you do expect your income to go up or down in 2025, you can provide other documents, like a document that states when contract work will end or what your new wages will be. If any of your income comes from freelance work, you can fill out a self-employment ledger that includes your expected income.

## **DOCUMENTS NEEDED TO PROVE YOU'RE NOT ENROLLED IN OR ELIGIBLE FOR QUALIFYING EMPLOYER-SPONSORED COVERAGE**

If you want to keep the help you're receiving to pay for Marketplace coverage, you need to send additional documents (examples below) proving that you are neither enrolled in employer-sponsored coverage nor eligible for employer-sponsored coverage that is affordable and meets the minimum value standard. If you're enrolled in employer health coverage or eligible for employer health coverage that's affordable and meets the minimum value standard, you should immediately end your Marketplace coverage with premium tax credits. If you still want a Marketplace plan, you'll have to pay the full price without a tax credit or other savings. The box below presents three types of documents you can submit—you only need to choose one, as relevant. Please keep your original document and send us a copy.

### **Documents to Prove Your Employer-Sponsored Coverage Status**

- Completed Employer Coverage Tool (available at <https://www.healthcare.gov/downloads/employer-coverage-tool.pdf>)
- Letter or other documentation from an employer that includes **one or more of the following**:
  - Statement that the employer doesn't currently offer coverage to the employee (or the employee's family member)
  - Statement that the employer doesn't provide coverage that meets the minimum value standard
  - Statement showing the cost of the employee's share of the premium for the lowest-cost self-only plan that meets the minimum value standard (factoring in wellness incentives), if offered
- Health insurance letter that contains confirmation of health coverage and expiration dates for coverage received outside of the Marketplace

**DOCUMENTS NEEDED TO VERIFY YOU’RE NOT CURRENTLY ENROLLED IN COVERAGE OR  
BENEFITS FROM ANOTHER PUBLIC ENTITY**

If you want to keep the help you’re receiving to pay for Marketplace coverage, you need to send in documents (examples below) to prove you’re not currently enrolled in health coverage from another public entity such as Medicare or Medicaid benefits, or health services through the Veterans Administration or through the Peace Corps. Please keep the original and send us a copy. If you are enrolled in health coverage from another public entity, you should immediately end your Marketplace coverage with premium tax credits. If you are enrolled in health coverage from another public entity and you still want a Marketplace plan, you’ll have to pay the full price without a tax credit or other savings. The box below presents several types of documents you can submit—you only need to choose one, as relevant. Please keep your original document(s) and send us a copy.

**Documents to Verify You’re Not Currently Receiving Coverage from Another Public Entity**

- Letter from health insurer including coverage termination date
- Statement of health benefits that provides confirmation of health coverage and expiration dates
- Letter from Veterans Administration that provides confirmation of health coverage and expiration dates
- Letter from Peace Corps that provides confirmation of health coverage and expiration dates
- Letter or statement of Medicare or Medicaid benefits that proves confirmation of health coverage and expiration dates
- Letter or statement of Medicaid or Children’s Health Insurance Program (CHIP) benefits that proves confirmation of health coverage and expiration dates
- Consumers should note that some state Medicaid and/or CHIP programs are known by names specific to that state

## **DOCUMENTS NEEDED TO PROVE YOUR AMERICAN INDIAN OR ALASKA NATIVE STATUS**

If you want to keep the help you're receiving to pay for Marketplace coverage, you need to send additional documents proving your American Indian or Alaska Native status. The box below presents several types of documents you can submit—you only need to choose one, as relevant. Please keep your original document and send us a copy.

### **Documents to Verify Your American Indian or Alaska Native Status**

- Tribal Enrollment/Membership Card
- Authentic document from a tribe declaring membership for an individual
- U.S. American Indian/Alaska Native tribal enrollment or shareholder documentation
  - Enrollment or membership document from a federally-recognized tribe or the Bureau of Indian Affairs (BIA). It must be on tribal letterhead or an enrollment/membership card that contains the tribal seal and/or an official signature
  - Document issued by an Alaska Native village/tribe, or an Alaska Native Corporation Settlement Act (ANCSA) regional or village corporation acknowledging shareholder status
- Certificate of Degree of Indian Blood (CDIB) issued by the BIA or a tribe, if the CDIB includes tribal enrollment information
- Letter from the Marketplace granting a tribal exemption based on tribal membership or Alaska Native shareholder status
- I-872 American Indian Card (Texas and Oklahoma Kickapoo American and Mexican members)

|                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|--------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>English:</b>    | If you, or someone you're helping, have questions about Ambetter from Arizona Complete Health, and are not proficient in English, you have the right to get help and information in your language at no cost and in a timely manner. If you, or someone you're helping, have an auditory and/or visual condition that impedes communication, you have the right to receive auxiliary aids and services at no cost and in a timely manner. To receive translation or auxiliary services, please contact Member Services at 1-888-926-5057 (TTY 711).                                                                                                                                                                                                                                         |
| <b>Spanish:</b>    | Si usted, o alguien a quien está ayudando, tiene preguntas acerca de Ambetter from Arizona Complete Health y no domina el inglés, tiene derecho a obtener ayuda e información en su idioma sin costo alguno y de manera oportuna. Si usted, o alguien a quien está ayudando, tiene un impedimento auditivo o visual que le dificulta la comunicación, tiene derecho a recibir ayuda y servicios auxiliares sin costo alguno y de manera oportuna. Para recibir servicios auxiliares o de traducción, comuníquese con Servicios para Miembros al 1-888-926-5057 (TTY 711).                                                                                                                                                                                                                   |
| <b>Navajo:</b>     | Daa ni, doodaii la'da ni'bineesh'a dzaqadi, be'esdzááh na'idíkid 'aa Ambetter from Arizona Complete Health, dóó bineesh'a góó t'oo 'adee naash'ne di Bilagaana bizaad, ni be'esdzááh la' t'áá 'áko góó bil hánish'áash dzaqadi dóó bika'ashkíid di nihí saad gi 'ádin t'áadoo bááhilinigoo dóó di léi na'alkid lahgo 'át'éego. Dáq ni, doodaii la'da ni'bineesh'a dzaadi, be'esdzááh la nish'j dóó/doodaii na'ach'aah 'ahoosoli eii biniish'laah bil'alnaa'alwo, ni be'esdzááh la' t'aa 'áko góó baa yíltsoós 'ooljee'lahgo 'anaa'niil bika'iishyeed dóó tse'esgizii gi 'adin t'áadoo baahilinigoo dóó di léi na'alkid lahgo 'át'éego. Góó yíltsoós saad náánalahdéé' doodaii 'ooljee'lahgo 'anaa'niil tse'esgizii, t'aa shoodi deistse' 'Anishtah Tse'esgizii gi 1-888-926-5057 (TTY 711). |
| <b>Chinese:</b>    | 如果您或您正在協助的對象有關於 Ambetter from Arizona Complete Health 方面的問題，且不精通英語，您有權利免費並及時以您的母語獲得幫助和訊資訊。如果您或您正在協助的對象有聽力和/或視力上的問題，阻礙了溝通，您有權利免費並及時獲得輔助支援與服務。若要取得翻譯或輔助服務，請聯絡會員服務部，電話是 1-888-926-5057 (TTY 711)。                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>Vietnamese:</b> | Nếu quý vị hoặc người mà quý vị đang giúp đỡ có câu hỏi về Ambetter from Arizona Complete Health và không thành thạo tiếng Anh, quý vị có quyền được trợ giúp và nhận thông tin bằng ngôn ngữ của mình miễn phí và kịp thời. Nếu quý vị hoặc người mà quý vị đang giúp đỡ mắc bệnh về thính giác và/hoặc thị giác gây cản trở giao tiếp, quý vị có quyền được nhận các hỗ trợ và dịch vụ phụ trợ miễn phí và kịp thời. Để nhận dịch vụ thông dịch hoặc dịch vụ phụ trợ, vui lòng liên hệ bộ phận Dịch Vụ Thành Viên theo số 1-888-926-5057 (TTY 711).                                                                                                                                                                                                                                       |
| <b>Arabic:</b>     | إذا كان لديك أو لدى شخص تساعد أسئلة حول Ambetter from Arizona Complete Health، ولم تكن تجيد التحدث باللغة الإنكليزية، فلديك الحق في الحصول على المساعدة والمعلومات بلغتك من دون أي تكلفة وفي الوقت المناسب. إذا كنت تعاني، أنت أو أي شخص تساعد، من حالة سمعية و/أو بصرية تعيق التواصل، فلديك الحق في تلقي مساعدات وخدمات إضافية من دون أي تكلفة وفي الوقت المناسب. لتلقي خدمات الترجمة أو خدمات إضافية، يرجى الاتصال بخدمات الأعضاء على 1-888-926-5057 (TTY 711).                                                                                                                                                                                                                                                                                                                           |
| <b>Tagalog:</b>    | Kung ikaw, o ang iyong tinutulungan, ay may mga katanungan tungkol sa Ambetter from Arizona Complete Health, at hindi ka mahusay sa Ingles, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika nang walang gastos at sa maagap na paraan. Kung ikaw, o ang iyong tinutulungan, ay may kondisyon sa pandinig at/o paningin na nakakaapekto sa komunikasyon, may karapatan kang makatanggap ng mga karagdagang tulong at serbisyo nang walang gastos at sa maagap na paraan. Para makatanggap ng mga serbisyo sa pagsasalin-wika o mga karagdagang serbisyo, mangyaring makipag ugnayan sa Mga Serbisyo para sa Miyembro sa 1-888-926-5057 (TTY 711).                                                                                                                        |

AMB24-AZ-C-00014

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|------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Serbo-Croatian:</b> | <p>Ako Vi, ili neko kome pomažete, imate pitanja u vezi sa Ambetter from Arizona Complete Health, a ne govorite engleski jezik, imate pravo na besplatnu i blagovremenu pomoć i informacije na sopstvenom jeziku. Ako Vi, ili neko kome pomažete, imate neki poremećaj sluha i/ili vida zbog kojeg je onemogućena komunikacija, imate pravo da besplatno i blagovremeno dobijete pomagala i pomoćne usluge. Obratite se odeljenju za pružanje usluga članovima pozivom na broj 1-888-926-5057 (TTY 711) da biste dobili usluge prevoda ili pomoćne usluge.</p> |
| <b>Thai:</b>           | <p>หากคุณหรือคนที่คุณกำลังให้ความช่วยเหลือมีคำถามเกี่ยวกับ Ambetter from Arizona Complete Health และไม่ชำนาญในการใช้ภาษาอังกฤษ<br/> คุณมีสิทธิ์ที่จะขอรับความช่วยเหลือและข้อมูลในภาษาของคุณโดยไม่เสียค่าใช้จ่ายอย่างทันท่วงที<br/> หากคุณหรือคนที่คุณกำลังให้ความช่วยเหลือมีภาวะด้านการฟังและ/หรือการมองเห็นที่เป็นอุปสรรคต่อการสื่อสาร คุณมีสิทธิ์ที่จะขอรับความช่วยเหลือและบริการเสริมโดยไม่เสียค่าใช้จ่ายอย่างทันท่วงที<br/> หากต้องการบริการด้านการแปลหรือบริการเสริม โปรดติดต่อ บริการสำหรับสมาชิก ที่หมายเลข 1-888-926-5057 (TTY 711)</p>                |

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