



KENNETH



FROM



REFERRAL NOT REQUIRED

PREMIER

MEMBER: KENNETH SMITH

Subscriber: KENNETH SMITH

Subscriber ID: 72450503

Plan: Clear Silver

Premier Network Coverage Only

RXBIN: 003858RXPCN: A4RXGROUP: 2CZAEffective Date: 01/01/2026

Member ID: U7245050301

COPAYS

PCP: \$5 Copay per visit

Specialist: \$25 Copay per visit

Urgent Care: \$15 Copay per visit

ER: \$0 after ded.

COST SHARES

INN DED Ind/Fam: \$850/\$1,700

OON DED Ind/Fam: n/a

INN MOOP Ind/Fam: \$850/\$1,700

OON MOOP Ind/Fam: n/a

For detailed benefit information, please visit AmbetterHealth.com/copays

AmbetterHealth.com/KY

Member/Provider Services: 1-833-705-2175

(TTY 711)

24/7 Nurse Line: 1-833-705-2175

Numbers below for providers:

Pharmacist Only: 1-833-750-2422

EDI Payor ID: 68069

Medical Claims Address:

Ambetter from

WellCare of Kentucky

Attn: CLAIMS

PO Box 5010

Farmington, MO

63640-5010

AMB25-KY-C-00060

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