



Affordable health
insurance plans for
individuals and families.



**Arkansas
BlueCross BlueShield**

An Independent Licensee of the Blue Cross and Blue Shield Association

ARKD02284_BR_04_11_AG

good for
you.

Agent

Important Information About Our Individual Health Insurance Policies

Eligibility:

- This coverage is available to Arkansas residents age 64 and younger. Individuals age 18 or younger may only apply for coverage with a parent, spouse or legal guardian. Children age 18 or younger may apply as an "Individual" only once a year during the open enrollment period. Individuals who are Medicaid or Medicare-eligible are not eligible to apply for this product. For more details, please ask your agent.
- Dependents are covered until age 26. There is no age limit for disabled children (certain rules apply).
- Newborns may be added by completing the Newborn/Adopted Child Change Form. Coverage for the newborn will begin from the moment of birth, if the form is submitted within 90 days of the birth date. If the form is not submitted within 90 days of the birth date, the next opportunity to add the newborn will be during the open enrollment period.
- Adopted children may be added by completing the Newborn/Adopted Child Change Form. Coverage will begin on the date of the filing of the petition for adoption, if the form is submitted within 60 days of the filing of the petition for adoption. Coverage will begin from the moment of birth, if the petition for adoption was filed and the change form is submitted within 60 days of the child's birth. If the form is not submitted within 60 days of the date of the filing of petition for adoption, the next opportunity to add the adopted child will be during the open enrollment period.

Benefit Details:

Drug Formularies

- Each of our individual health insurance plans uses a separate formulary (list of covered drugs). Comprehensive Blue PPO III uses the Value Formulary, which is a low-cost formulary alternative that emphasizes the use of generic drugs and includes select brand-name drugs in most categories of medications. HSA Blue PPO II uses Formulary Two, which is a more comprehensive formulary but it does NOT cover any drugs related to mental health. There is no prescription drug coverage if you use out-of-network pharmacies.

More information on the Value Formulary for Comprehensive Blue PPO III

- Arkansas Blue Cross currently uses step therapy in its Value Formulary. Using generic medications is one way to save money, but many members either have prescriptions for brand-name drugs for the treatment of chronic medical conditions, or are prescribed a brand-name drug for a sudden onset of illness. With step therapy, members work with their doctors to start a medication beginning with the most cost-effective and safest drug available and progressing to other, more costly therapies only if necessary.
- The Value Formulary emphasizes using generic medications first. The Value Formulary uses step therapy on eight drug classes:
 - ACE inhibitors/angiotensin receptor blockers for high blood pressure
 - Statins for high cholesterol
 - Non-steroidal anti-inflammatory drugs
 - Bisphosphonates for osteoporosis
 - Selective serotonin agents for depression
 - Triptans for migraines
 - Nasal steroids
 - Sleep medications

Maternity Benefits

- The **Maternity Benefit** is optional. Benefits are payable once the maternity coverage has been in effect for 12 months. This benefit is available only to the applicant or spouse age 19 or older. Dependents other than a covered spouse cannot purchase the maternity benefit. The maternity benefit covers the mother only. There is no per-pregnancy dollar maximum. If you want to add maternity benefits after your initial application, you may do so only during the open enrollment period or as a result of a qualified life event such as marriage.

Compare our plans.

Our plans give you a wide choice of deductible amounts. Having deductible choices allows you to find the right balance of monthly premium and out-of-pocket costs. As a rule of thumb — the higher the deductible, the lower the premium.

	Lower front-end cost. For low-cost coverage of services like doctor office visits and generic prescription drugs, choose...	Lower monthly premiums. If you prefer a lower monthly premium, and the comfort of knowing you'll be covered when you need it most, choose...	Tax advantages. If you are looking for a health plan with the opportunity for tax advantages, choose...
	Comprehensive Blue PPO III Plans		HSA Blue PPO II Plan
Deductible Amount	\$1,000, \$1,500, \$2,500 OR \$5,000*	\$7,500, \$10,000, \$15,000, \$20,000 OR \$25,000*	\$1,500, \$2,500 OR \$5,000 Individual \$3,000, \$5,000 OR \$10,000 Family**
Maximum Lifetime Benefit	Unlimited.	Unlimited.	Unlimited.
Coinsurance	You pay 20% coinsurance after the deductible has been met.	You pay 0% coinsurance after the deductible has been met.	You pay 0% coinsurance after the deductible has been met.
Calendar-Year Coinsurance Maximum	\$2,000*	Not applicable.	Not applicable.
Primary Care Physician Office Visit (In-network general practitioners, pediatricians, family practitioners and internal medicine doctors.)	You pay a \$30 copayment.	You pay a \$30 copayment.	You pay 0% coinsurance after the deductible has been met.
Specialist Office Visit and Inpatient/Outpatient Services (Hospital and physician.)	You pay 20% coinsurance after the deductible has been met.	You pay 0% coinsurance after the deductible has been met.	You pay 0% coinsurance after the deductible has been met.
Emergency Room (Hospital only.)	You pay a \$200 copayment (waived if admitted). Deductible does not apply.	You pay a \$200 copayment (waived if admitted). Deductible does not apply.	You pay 0% coinsurance after the deductible has been met.
Children's Preventive Care Services (Immunizations and well-patient care.)	You pay 0% coinsurance. Deductible does not apply.	You pay 0% coinsurance. Deductible does not apply.	You pay 0% coinsurance. Deductible does not apply.
Preventive Care Services	You pay 0% coinsurance. Deductible does not apply.	You pay 0% coinsurance. Deductible does not apply.	You pay 0% coinsurance. Deductible does not apply.
Mental Health/ Substance Abuse Benefits	You pay 20% coinsurance after the deductible has been met.	You pay 0% coinsurance after the deductible has been met.	Not covered.
Prescription Drugs (See Benefit Details on Page 2 for more information.)	You pay a \$10 copayment for generic prescription drugs, a \$35 copayment for preferred brand-name prescription drugs and a \$70 copayment for non-preferred brand-name prescription drugs.	You pay a \$10 copayment for generic prescription drugs, a \$35 copayment for preferred brand-name prescription drugs and a \$70 copayment for non-preferred brand-name prescription drugs.	You pay 0% after the deductible has been met (excludes drugs for mental health).
Formulary (drug list)	Value Formulary A low-cost formulary alternative that emphasizes the use of generic drugs and includes select brand-name drugs in most categories of medications.	Value Formulary A low-cost formulary alternative that emphasizes the use of generic drugs and includes select brand-name drugs in most categories of medications.	Formulary Two A more comprehensive formulary but it does not cover any drugs related to mental health.
Optional Maternity Benefits	You pay 20% coinsurance after the deductible has been met. Coinsurance does not apply toward the calendar-year coinsurance maximum.	You pay 0% coinsurance after the deductible has been met.	You pay 0% coinsurance after the deductible has been met.
Tax Advantages Available	No.	No.	With purchase of an HSA.
12-Month Rate Guarantee	Yes.	Yes.	Yes.

* Maximum of 2 deductibles/calendar-year coinsurance maximums per family, per calendar year.

** Aggregate family deductible. Aggregate deductible means the total expenses from family members — in any combination — can be used to meet the deductible.
See Page 2 for important information regarding maternity benefits and out-of-network coverage.

Out-Of-Network Coverage:

- The deductible is doubled.
- The coinsurance increases by 20%.
- With the Comprehensive Blue PPO III \$1,000, \$1,500, \$2,500 or \$5,000 deductibles, the calendar-year coinsurance maximum doubles.
- With the Comprehensive Blue PPO III \$7,500, \$10,000, \$15,000, \$20,000 or \$25,000 deductibles, there is no limit to the calendar-year coinsurance maximum.
- For HSA Blue PPO II, there is no limit to the calendar-year coinsurance maximum.
- Balance billing (the difference between the provider's bill and the Arkansas Blue Cross and Blue Shield allowed amount) must be paid by the policyholder.

Comprehensive Blue PPO III and HSA Blue PPO II have exclusions, limitations and terms under which the insurance policy may be continued or discontinued. The Comprehensive Blue PPO III and HSA Blue PPO II insurance plans are age and sex rated, meaning premiums are based on the age and sex of the oldest covered person. Premiums are also based on whether you choose individual or family coverage and your deductible selection. The Company's determination to provide or refuse coverage will be based upon the answers to the health questions on the application as well as additional verifying medical information the Company may require. Conditions existing prior to the effective date of the Comprehensive Blue PPO III and HSA Blue PPO II insurance policies are not covered until the policy has been in effect for 12 months, except for dependents age 18 or younger. There is NO credit given toward the pre-existing condition period for prior health insurance.

Tobacco Users: The Comprehensive Blue PPO III and HSA Blue PPO II rates provided are discounted non-tobacco user premiums. An additional 20% will be applied to any standard risk tobacco user's amount of premium.

Benefits and Services Not Included: If elected, maternity coverage benefits will not be paid within the first 12 months of coverage. No benefits or services of any kind are provided for maternity care, obstetrical care, in vitro fertilization, artificial insemination, and other infertility-related procedures unless maternity coverage is elected. Conditions existing prior to the effective date of the policy are not covered until the policy has been in effect for 12 months, except for dependents age 18 or younger. Injuries or diseases caused by war; dentistry (except for some oral surgery); eye refractions, eyeglasses or hearing aids (for HSA Blue PPO II), unless needed because of accidental injury; cosmetic surgeries, unless needed because of accidental injury; services or supplies not medically necessary; medical or hospital services collectible under Workers Compensation or any law providing benefits for dependents of military personnel; services rendered in government hospitals; intentionally self-inflicted injuries; inpatient services, if they could have been performed safely and adequately on an outpatient basis; services and supplies which are experimental or investigational in nature; benefits provided under Medicare or other government programs (except Medicaid); services of social workers, unless included as part of the daily room and board allowance; radial keratotomy or epikeratophakia or any services performed to correct nearsightedness; hospital and physician services for rest cures; services by an immediate relative (spouse, parents, children, brother, sister, or legal guardian); dietary supplements when used in connection with weight reduction programs. Benefits and services are not included for any treatment (surgical or non-surgical) for weight loss. Renewal may be refused by class.

Limitations of Hospital Benefits: Arkansas Blue Cross does not require pre-admission certification for in-state hospital admissions. Notification only is required for out-of-state or out-of-network hospital admissions at the time of admission by calling the toll free number on the back of your ID card. Services rendered in a hospital outside of the United States of America will be paid at the sole discretion of the Plan.

General Coverage Limitations: Home health care is limited to 40 visits per calendar year; outpatient physical therapy, occupational therapy and respiratory therapy are limited to 45 visits per calendar year; ambulance coverage is limited to \$1,000 per trip for ground and water; and \$5,000 per trip for air (one trip per year for air ambulance); durable medical equipment is subject to the deductible and 20% coinsurance, and does **not** apply to the calendar-year coinsurance maximum. All organ transplants, except kidney and cornea transplants, are subject to prior approval. Spinal manipulation is limited to 6 spinal manipulations per calendar year. Hearing aid coverage with Comprehensive Blue PPO III is limited to \$1,400 per ear for each three-year period.

Mental Illness Not Covered with HSA Blue PPO II: HSA Blue PPO II does not provide coverage for mental health services, including treatment for alcoholism, drug addiction and psychiatric conditions. Mental health drugs are also not covered under HSA Blue PPO II. This includes prescriptions which treat such mental health problems as attention deficit disorder, attention deficit-hyperactivity disorder, depression, or insomnia.

Subrogation: If benefit payments are made for which a third party may be liable, Arkansas Blue Cross is entitled to recovery out of payments made by that third party to the full extent of benefits paid.

Medical Underwriting: This health insurance is medically underwritten. To be approved for coverage and issued a policy, you must answer health questions and pass medical underwriting. Based on medical underwriting, there may be an additional premium surcharge added. In addition, exclusions related to medical conditions or lifestyle choices (e.g., hazardous hobbies or foreign travel) may be added to your policy. Medical exclusions cannot be added for dependents age 18 or younger.

Coordination Against Group and Major Medical Coverage: Benefits for services or supplies available to you under any other group or blanket disability insurance, Union Welfare Plan, employer or employee benefit organization, self-insurance or any other non-regulated group disability benefits plan, major medical policy, or no-fault automobile liability insurance will be coordinated so that the total amount of benefits payable from all these plans combined does not exceed 100% of actual medical expenses.

IMPORTANT NOTE: Your premium will be accepted after coverage has been approved and a billing statement forwarded. This outline of coverage provides a brief description of the important features of the Comprehensive Blue PPO III and HSA Blue PPO II insurance policies. The outline is not the policy, 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 the policy carefully. Changes to this policy only may be made during the annual open enrollment period or as a result of a qualified life event.

Since applications for our Comprehensive Blue PPO III and HSA Blue PPO II insurance policies take time to process and you are not guaranteed the coverage you request, we advise you to keep your current coverage in effect until we notify you that your application has been approved.