



It's all about choice.
It's all about you.

Our new BlueChoice[®] insurance policy provides affordable health coverage that's as individual as you are.



Our new BlueChoice insurance policy lets you tailor a health care plan that fits your life perfectly.

You're making your own unique mark in life. So the important choices and decisions you make have to be right for you and your family — no one else. After all, no one knows your health insurance needs better than you.

At Arkansas Blue Cross and Blue Shield, we understand. That's why we've developed BlueChoice — an affordable PPO health insurance plan that's flexible enough to be tailored to your needs. In fact, it can be as individual as you are.

You can enhance your coverage by adding separate benefits for BlueCare Dental. Or, you can add Critical Illness Coverage or Term Life insurance, underwritten by USABLE Life. You'll find more details on these plans inside this brochure.

How do you customize your coverage? Start by making these choices . . .

The chart on the right outlines four simple steps you may take in tailoring your basic health coverage to meet your specific needs.



For your consideration:

- A deductible is the amount you must pay out of your own pocket before the plan pays eligible expenses. In general, the higher your deductible, the lower your premium.
- Coinsurance options help you to find the right balance of premiums, out-of-pocket costs and predictability for your needs. You can lower your monthly premium by selecting a higher out-of-pocket coinsurance maximum. Out-of-pocket coinsurance maximum is the coinsurance amount you pay after you meet the deductible and before Arkansas Blue Cross begins paying 100% of covered services for the remainder of the calendar year.
- For help in selecting prescription drug benefits, see the page on the right for more information on the two prescription drug plan choices available to you.
- If you're planning to start a family — or add to it — you may want to consider adding coverage for maternity services. Keep in mind the maternity coverage must be in effect for 12 months before maternity benefits will be paid.

No matter how you tailor your coverage, you'll enjoy these benefits:

\$2 million in lifetime benefits per covered member.

Our BlueChoice insurance policy is designed to be affordable and extensive. It provides up to \$2 million in lifetime benefits for each covered family member. Take a look at the chart on the inside of this brochure, and you'll see that you and your covered family members are covered for a wide range of medical services.

Wellness benefits — including physical exams.

You'll appreciate the fact that BlueChoice provides benefits that help to keep you healthy. You're covered for regular physical exams, gynecological exams and much more.

Benefits for children's preventive care.

BlueChoice provides important benefits for children's well-patient care (office visits only) and immunizations. These services are covered at 100%.

Your doctor probably already participates in our extensive True Blue PPO network!

BlueChoice is a preferred provider organization (PPO) insurance plan, which enables members to control costs through the True Blue PPO network of providers. You can lower your out-of-pocket costs by choosing a network provider for your medical care. Considering that more than 6,700 health care providers and 112 hospitals are part of the True Blue PPO network, you can be almost certain your doctor or specialist already participates. What's more, you can see any participating physician without a referral.

Out-of-network coverage: You have the choice to seek care outside the network and still be covered, although you'll be responsible for more of the cost. For **out-of-network** care, the **in-network** deductible is doubled. Once the **out-of-network** deductible is satisfied, any applicable coinsurance and out-of-pocket coinsurance maximum amounts are also doubled for **out-of-network** care. For **out-of-network** care, you are also responsible for any "balance billing," the difference between the provider's bill and the insurance plan's allowed amount. No **out-of-network** expenses satisfy any portion of the **in-network** deductible or coinsurance maximum.



Affordable prescription drug benefits.

One of the most appealing features of BlueChoice is the fact that it includes prescription drug benefits. That can help to dramatically lower your out-of-pocket costs. There are two plans from which to choose. Both are based on formularies (a list of covered prescriptions), which help to control costs.

- **Complete Care.** This plan uses our drug list (formulary), which includes both brand-name and generic drugs. You are responsible for a \$10 copayment for generic drugs, a \$30 copayment for preferred brands and a \$50 copayment for non-preferred brands.
- **Essential Care.** Our Essential Care drug list (formulary) is generic-based, with a very limited number of brand-name drugs. It is designed to provide affordable prescription drug coverage so that our members take the medications they need to stay healthy. You pay a \$10 copayment for generic drugs and a \$50 copayment for the limited number of brand-name drugs.

Important Note: There is no prescription drug coverage if you use **out-of-network** pharmacies.

Add optional maternity benefits.

For members with growing families, BlueChoice provides the option of adding a maternity rider — which pays \$5,000 per pregnancy. Benefits are payable once the maternity coverage has been in effect for 12 months. Maternity benefits do not apply to the out-of-pocket coinsurance maximum. This rider can be added (subject to medical underwriting) or dropped at any time.

**So many benefits.
So many reasons to make
BlueChoice your choice. Apply today!**

BlueChoice benefits summary

Here's an at-a-glance look at the key benefits:

Basic Provisions:

- Choice of deductible
- \$2 million lifetime maximum
- Calendar year deductible
- Deductible carryover
- Calendar year benefit period (Jan. 1 – Dec. 31)
- Dependents covered until age 19 or age 25 if child is full-time student; no age limit for disabled children (certain rules apply)

Hospital Benefits:

- Operation and recovery rooms (includes outpatient surgery)
- Semi-private room and board
- Intensive care
- Required diagnostic X-ray and lab tests
- Anesthesia services
- Drugs and supplies
- Emergency Room

Outpatient Benefits:

- Physician outpatient care
- Surgery
- Radiological therapy
- Injectable chemotherapy
- Emergency room visits
- Outpatient X-ray and lab tests
- Drugs and supplies

Prescription Benefits:

- Choice of two plans

Physician Benefits:

- Office visits
- In-hospital visits
- Surgery
- Outpatient X-ray and lab tests
- Durable medical equipment

Children's Preventive Care:

- Well-patient services (office visits only) covered 100%

Children's Immunizations:

- Covered 100%

Wellness Benefits:

- Physical exams
- Routine gynecological exams and more
- Up to a \$500 annual maximum (per person) in benefits
- Copayments and deductibles do not apply; applicable coinsurance does apply

NOTE: Our BlueChoice insurance policy does not provide coverage for mental health services, including treatment for alcoholism, drug addiction, and psychiatric conditions.

Since applications for BlueChoice take time to process and you are not guaranteed coverage, we advise you to keep your current coverage in effect until we notify you that your new coverage is active.

Preexisting Condition Exclusion Period — Treatment of Preexisting Conditions or diseases, until this policy has been in effect continuously for twelve (12) months, are not covered. This means a condition or disease which causes symptoms, before the effective date, that would have caused an ordinarily prudent person to seek diagnosis, care, or treatment. This also applies to aggravations of such conditions or diseases. **There is NO credit given toward the preexisting condition period for prior health insurance.**

The “Blue” in BlueChoice is your assurance of reliability.

● We're strong, stable and experienced.

We've been serving our fellow Arkansans for more than 50 years — combining experience, financial stability, and local presence.

● We're a local company, with a community focus.

You can also count on us to keep you informed about the health care issues affecting your life. We are “Arkansans serving Arkansans.”

● We're committed to providing responsive, helpful customer service.

When you call, you'll talk to an experienced customer service representative, not a machine. You also have 24/7 access to helpful customer service on our website at www.ArkansasBlueCross.com.



For answers to your questions,
call your local independent agent.

BLUE Choice
Arkansas Blue Cross and Blue Shield
An Independent Licensee of the Blue Cross and Blue Shield Association

What else do you need? Enhance your

Add dental coverage with BlueCare Dental, a separate insurance policy.

Regular dental care is vital to maintaining the health of your teeth and gums. But as you may well know, the cost of dental care can be significant — especially for families. But with BlueCare Dental, you can bring the cost of ongoing dental care back within reach. This coverage gives you the freedom to use any dentist you wish — however, when you use dentists who contract with Arkansas Blue Cross and Blue Shield, you will not be billed for charges in excess of our allowable charges, up to the benefit year maximum.

Here's a sampling of some of the many services covered by BlueCare Dental:

- **Preventive Care** — including initial and periodic exams, fluoride treatments, X-rays and more.
- **Minor Restorative Care** — including fillings and simple extractions.
- **Major Restorative Care** — including root canals, oral surgery, bridges and more.

Affordable BlueCare Dental rates for you and your family:

Monthly Premium	
Individual under 19	\$17.30
Individual age 19 through 64	\$27.60
Individual and spouse	\$55.20
Individual and child(ren)	\$54.00
Individual, spouse and child(ren)	\$81.60

Limitations and exclusions apply. Please contact your local independent agent for more information.

Consider Term Life insurance for greater peace of mind.

USable Life* is pleased to introduce Life Solutions — a term life insurance program for Arkansas Blue Cross and Blue Shield individual policyowners. Life Solutions can enhance your existing life coverage — at a price you can afford. All benefits are paid regardless of other life insurance that you may have.

- Benefits will be paid directly to the designated beneficiary in one lump sum.
- Premiums are based on the age of the oldest person applying for coverage and increase when that person's age moves to the next age bracket. Your monthly premiums will be billed with your BlueChoice coverage by Arkansas Blue Cross and Blue Shield.
- Your Life Solutions coverage will become effective at the same time as your BlueChoice coverage.

This coverage provides you with an affordable opportunity to bring your overall life insurance protection up to date... while giving your family an extra measure of security.

Life Solutions — Monthly Individual Premiums

Proposed Insured's Age	\$10,000	\$30,000	\$50,000
18-34	\$ 1.00	\$ 3.00	\$ 5.00
35-39	\$ 1.64	\$ 4.92	\$ 8.20
40-44	\$ 2.76	\$ 8.28	\$13.80
45-49	\$ 3.84	\$11.52	\$19.20
50-54	\$ 6.72	\$20.16	\$33.60
55-59	\$12.10	\$36.30	\$60.50
60-64	\$13.44	\$40.32	\$67.20

Life Solutions — Monthly Individual & Spouse Premiums

Proposed Insured's Age	\$10,000	\$30,000	\$50,000
18-34	\$ 2.00	\$ 6.00	\$ 10.00
35-39	\$ 3.28	\$ 9.84	\$ 16.40
40-44	\$ 5.52	\$16.56	\$ 27.60
45-49	\$ 7.68	\$23.04	\$ 38.40
50-54	\$13.44	\$40.32	\$ 67.20
55-59	\$24.20	\$72.60	\$121.00
60-64	\$26.88	\$80.64	\$134.40

LIMITATIONS

In the case of suicide, during the first year of coverage or during the first year of an increase in coverage, benefits are limited to the premiums paid. The life insurance applied for on either the proposed insured or proposed insured/spouse will not become effective unless there has been no change in health of either the proposed insured or spouse between the date the application is signed and the effective date of coverage.

*USable Life is an independent company and operates separately from Arkansas Blue Cross and Blue Shield. USable Life does not sell or service Arkansas Blue Cross and Blue Shield products. USable Life is solely responsible for the term life and critical illness policies referenced here.

coverage with these options and add-ons

Critical Illness Coverage can help protect your savings.

These days, more patients than ever are fully recovering from cancer, heart attacks and other serious illnesses. But recovering from the **cost** is another story. The expenses not covered by traditional health insurance could leave you responsible for thousands of dollars.

USable Life's* Critical Illness Coverage pays a lump sum cash benefit of \$10,000, \$20,000 or \$30,000 upon the first positive diagnosis of a covered critical illness. This benefit can help cover the costs associated with recovering from a serious illness — including home health care, experimental medical care, transportation costs to and from treatment, and more.

While this Critical Illness Coverage is provided under a separate policy, you must also apply for BlueChoice to obtain it. Coverage is available to BlueChoice policyholders and their covered spouse, age 18 through 64.

Affordable rates for Critical Illness Coverage:

	\$10,000		\$20,000		\$30,000	
Per Covered Person	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
18-29	\$ 3.80	\$ 8.68	\$ 7.60	\$ 17.36	\$ 11.40	\$ 26.04
30-39	\$ 6.48	\$ 16.48	\$ 12.96	\$ 32.96	\$ 19.44	\$ 49.44
40-49	\$ 10.80	\$ 30.48	\$ 21.60	\$ 60.96	\$ 32.40	\$ 91.44
50-59	\$ 17.48	\$ 50.48	\$ 34.96	\$ 100.96	\$ 52.44	\$ 151.44
60-64	\$ 24.00	\$ 64.00	\$ 48.00	\$ 128.00	\$ 72.00	\$ 192.00

PRE-EXISTING CONDITIONS LIMITATIONS FOR CERTAIN CONDITIONS:

The benefits of this policy will not be payable for any loss caused by a pre-existing condition during the first 12 months the policy is in force. After this 12-month period, however, loss due to such conditions will be payable unless specifically excluded from coverage. This 12-month period is measured from the effective date of coverage for each insured person. A pre-existing condition means a specified critical illness which is diagnosed or treated within 12 months prior to the effective date of coverage for each insured person. Conditions which are: (a) fully disclosed to us on the application; and (b) not excluded or limited by us are not considered pre-existing conditions.

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Covered Specified Critical Illnesses	Percentage of Face Amount
Cancer	100%
Heart Attack	100%
Stroke	100%
End Stage Renal Disease	100%
Major Organ Transplant Surgery	100%
Quadriplegia	100%
Coronary Artery Bypass Surgery*	25%
Balloon Angioplasty, Stent or Laser Relief Obstruction Procedure*	10%
Carcinoma in Situ*	10%

*These benefits are payable only once per insured. If one or more of these benefits are paid, the remaining amount payable will be the original Face Amount reduced by all prior benefit payments. On the policy anniversary following attainment of age 75, the Face Amount will be restated as 50% of the remaining amount payable.

Waiting Period. No benefits will be paid for a specified critical illness diagnosed during the first 30 days following the insured's effective date.

BENEFITS WILL NOT BE PAID FOR:

This policy pays only for loss resulting from specified critical illnesses or surgeries defined in the policy. We will not pay benefits for a specified critical illness or surgery that occurs as a result of the following:

- 1) Conditions other than the specified critical illnesses or surgeries defined in the policy, unless the condition was directly caused or aggravated by the specified critical illness or surgery or the treatment of the specified critical illness or surgery.
- 2) The covered person being diagnosed with a specific critical illness during the waiting period.
- 3) The covered person participating or attempting to participate in an illegal activity.
- 4) The covered person intentionally causing a self-inflicted injury.
- 5) The covered person committing or attempting to commit suicide, whether sane or insane.
- 6) The covered person's involvement in any period of armed conflict, even if it is not declared.
- 7) Surgeries performed outside of the United States or its Territories.
- 8) Other Exclusions: We will not pay the Specified Critical Illness Benefit for the following:
 - a) Cerebral symptoms due to transient ischemic attack (TIA), reversible neurological deficit, migraine, cerebral injury resulting from trauma or hypoxia, and vascular disease affecting the eye, optic nerve, or vestibular functions.
 - b) Melanomas of less than 1.5-mm maximum thickness as determined by histological examination or which are less than Clark Level 3 depth of invasion.
 - c) All hyperkeratoses or basal cell carcinoma of the skin.
 - d) All squamous cell carcinomas of the skin unless there has been spread to other organs.
 - e) Prostatic cancers which are histologically described as TNM Classification T1 (including T1(a) or T1(b), or of other equivalent or lesser classification).

The chart below reflects in-network benefits only. See brochure for “out-of-network coverage”.

STEP 1: Choose your deductible Choose the amount that works best for you.	<input type="checkbox"/> \$500	<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$2,500	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$25,000
	After you meet the deductible, then you begin paying the 20% coinsurance, if applicable.					

STEP 2: Choose your coinsurance or copayments Depending upon the deductible amount you select, you have a choice of coinsurance or copayment options.	CHOOSE: <input type="checkbox"/> 20% coinsurance up to a \$1,000 out-of-pocket coinsurance maximum OR <input type="checkbox"/> 20% coinsurance up to a \$2,000 out-of-pocket coinsurance maximum	CHOOSE: <input type="checkbox"/> 20% coinsurance up to a \$1,000 out-of-pocket coinsurance maximum OR <input type="checkbox"/> 20% coinsurance up to a \$2,000 out-of-pocket coinsurance maximum	CHOOSE: <input type="checkbox"/> No coinsurance OR <input type="checkbox"/> 20% coinsurance up to a \$2,000 out-of-pocket coinsurance maximum	CHOOSE: <input type="checkbox"/> \$30 primary care physician visits copay*/\$50 specialist visits copay** OR <input type="checkbox"/> Physician services subject to deductible	CHOOSE: <input type="checkbox"/> \$30 primary care physician visits copay*/\$50 specialist visits copay** OR <input type="checkbox"/> Physician services subject to deductible	CHOOSE: <input type="checkbox"/> \$30 primary care physician visits copay*/\$50 specialist visits copay** OR <input type="checkbox"/> Physician services subject to deductible
	— YOUR SELECTED DEDUCTIBLE OPTION ALSO INCLUDES —					
	<input checked="" type="checkbox"/> \$30 primary care physician visits copay*/\$50 specialist visits copay**	<input checked="" type="checkbox"/> \$30 primary care physician visits copay*/\$50 specialist visits copay**	<input checked="" type="checkbox"/> \$30 primary care physician visits copay*/\$50 specialist visits copay**	<input checked="" type="checkbox"/> No coinsurance	<input checked="" type="checkbox"/> No coinsurance	<input checked="" type="checkbox"/> No coinsurance

Once you meet the annual out-of-pocket coinsurance maximum — if applicable — BlueChoice pays 100% of covered services for the remainder of the calendar year.

STEP 3: Choose the prescription drug plan that best meets your needs	<input type="checkbox"/> Complete Care: Our standard drug list (formulary) includes both brand and generic drugs. This plan uses our standard drug list (formulary), which includes both brand-name and generic drugs. You are responsible for a \$10 copayment for generic drugs, \$30 copayment for preferred brands and a \$50 copayment for non-preferred brands. <input type="checkbox"/> Essential Care: Our Essential Care drug list (formulary) is generic-based, with a very limited number of brand-name drugs. You are responsible for a \$10 copayment for generic drugs and a \$50 copayment for the limited number of brand-name drugs. See our website at www.ArkansasBlueCross.com for additional information on our drug benefits.
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STEP 4: If you wish, you may add maternity services	<input type="checkbox"/> Add the maternity rider — Dependents other than a covered spouse cannot purchase the maternity rider. \$5,000 paid per pregnancy, after a 12-month waiting period. No deductible. Applicable coinsurance applies. Does not apply to your out-of-pocket coinsurance maximum.
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NOTE: The primary care physician/specialist copayment covers services performed in the office at 100%.

*The following services are covered under the primary care physician's copay when performed in an **in-network** general practitioner, pediatrician, family practitioner or internal medicine doctor's office and **billed by that physician**:

- Office Visit
- Diagnostic X-Ray
- Lab Work
- Accident or Emergency Medical Care
- Surgery
- Allergy Shots
- Injections

The following services are covered under the specialist copay when performed by an **in-network specialist who performs a **face-to-face exam or consult and bills all services on the same claim**:

- Office Visit
- Lab Work
- Commonly Administered Injections
- Allergy Testing
- Plain Film X-Ray

All other services that are covered by the medical plan and performed by **in-network** doctors **in the office** will be subject to the deductible and coinsurance.

All services performed by **out-of-network** providers are subject to the **out-of-network** deductible and coinsurance.

BlueChoice features an “open access” network. There are no referrals required.

Lift here for ways to enhance your coverage ... and more details.

Important information about BlueChoice.

The BlueChoice health insurance plan has exclusions, limitations and terms under which it may be continued or discontinued. The BlueChoice insurance plan is age and sex rated, meaning premiums are based on the age and sex of the oldest covered person. It is also based on whether you choose individual or family coverage, and your selected benefit options. 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 BlueChoice insurance policy are not covered until the policy has been in effect for 12 months.

Tobacco Users: The BlueChoice rates provided are discounted non-tobacco-user premiums. An additional 20% will be applied to any tobacco-user's health premium.

Benefits and Services Not Included: Maternity coverage (if elected) 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.

Injuries or diseases caused by war; dentistry, (except for some oral surgery); eye refractions, eyeglasses or hearing aids, 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. Renewal may be refused by class.

Limitations of Hospital Benefits: Arkansas Blue Cross and Blue Shield 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 is limited to 45 visits per calendar year; speech therapy is limited to 25 visits per calendar year; ambulance coverage is limited to \$1,000 per year; durable medical equipment is limited to \$5,000 per calendar year. All organ transplants, except kidney and cornea transplants, are subject to prior approval. The maximum lifetime benefits shall not exceed \$2,000,000 per covered person.

Mental Illness Not Covered: Treatment for the following conditions are not covered under BlueChoice: alcoholism, drug addiction, and psychiatric conditions.

Subrogation: If benefit payments are made for which a third party may be liable, Arkansas Blue Cross and Blue Shield 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 underwritten. To be approved for coverage and issued a policy, you must answer health questions and pass medical underwriting.

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 your BlueChoice insurance policy. The outline is not your 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 YOUR POLICY CAREFULLY.

Since applications for our BlueChoice insurance policy take time to process and you are not guaranteed coverage, we advise you to keep your current coverage in effect until we notify you that your new coverage is active. If you do not have health insurance coverage at this time, you may want to consider applying for our Short-Term Blue insurance policy. Assuming you meet the minimum qualifications, you could have Short-Term Blue coverage in place while we are medically underwriting your application for BlueChoice. If you are interested in Short-Term Blue coverage, please call your local independent agent.

Questions?

Call your local independent agent.



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