

100 to 10





Arkansas

BlueCross BlueShield



LIVE BlueCross BlueShield FEARLESS

- Access to more doctors, hospitals and top specialists
- Coverage that's chosen by more doctors for their own families
- A plan that opens doors in all 50 states
- Locations throughout Arkansas to serve you
- The peace of mind that comes with an Arkansas Blue Cross card in your pocket



America's health insurance system is changing. The Affordable Care Act has given more Americans access to quality health care than ever before. Arkansas Blue Cross and Blue Shield is here to help you make sense of the health care law and get you Arkansas' most trusted and accepted insurance at the lowest price possible.



HEALTH INSURANCE LAW & what it means to you.

- You can't be turned down. You'll be able to enroll in a health insurance plan when you apply for it even if you have a pre-existing condition.
- You might save money. We can tell you if you qualify for financial assistance that will help lower your monthly premiums.
- It's required by law. The health care law requires everyone to have health insurance or pay a penalty.
- Enrolling is easy. Each year, there is an Open Enrollment Period (OEP). This is your chance to join or switch to the health plan you really want.
 - The current OEP is November 15, 2014 through February 15, 2015.
 - It's possible to enroll outside the OEP. Significant events such as marriage, childbirth or losing employer coverage might make you eligible.*

FREE RATE QUOTE!

Call 1-800-392-2583 8 a.m. to 5 p.m., Monday – Friday Give us a call today and get Arkansas' most trusted and widely accepted insurance at the absolute lowest price possible.

We're here to help you find the great coverage you deserve at the lowest price possible.

benefits of our health insurance plans

Arkansas Blue Cross and Blue Shield and Blue Cross Blue Shield, Multi-State Plan are Qualified Health Plan issuers in the Health Insurance Marketplace

Available for purchase on the health insurance marketplace and directly from Arkansas Blue Cross

Available only on the health insurance marketplace

	Gold 500 (MSP)	Gold 500	Gold 1000	Silver 1500*	Silver 2000 (MSP)	Silver 2500
	YOU PAY	YOU PAY	YOU PAY	YOU PAY	YOU PAY	YOU PAY
INDIVIDUAL DEDUCTIBLE AMOUNT	\$500	\$500	\$1,000	\$1,500	\$2,000	\$2,500
FAMILY DEDUCTIBLE AMOUNT**	\$1,000	\$1,000	\$2,000	\$3,000	\$4,000	\$5,000
COINSURANCE	20% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible	25% coinsurance after deductible	15% coinsurance after deductible	20% coinsurance after deductible
PRIMARY CARE Physician office visit	\$20 copayment	\$20 copayment	\$20 copayment	\$30 copayment	\$30 copayment	\$25 copayment
PREVENTATIVE SERVICES	\$0	\$0	\$0	\$0	\$0	\$0
PRESCRIPTION DRUGS Preventive (Tier 1)	\$0	\$0	\$0	\$0	\$0	\$0
Generic (Tier 2)	\$10 copayment	\$10 copayment	\$10 copayment	\$15 copayment	\$15 copayment	\$15 copayment
Preferred Brand (Tier 3)	\$35 copayment	\$35 copayment	\$35 copayment	\$40 copayment	\$55 copayment	\$55 copayment
Non-Preferred Brand (Tier 4)	\$70 copayment	\$70 copayment	\$70 copayment	\$70 copayment	\$90 copayment	\$90 copayment
Specialty (Tier 5)	20% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible	25% coinsurance after deductible	\$300 copayment	\$200 copayment
SPECIALIST OFFICE VISIT	20% coinsurance after deductible	20% coinsurance after deductible	\$40 copayment	25% coinsurance after deductible	\$60 copayment	\$60 copayment
ADULT ROUTINE VISION	\$0	\$0	\$0	\$0	Not Available	Not Available
URGENT CARE	20% coinsurance after deductible	20% coinsurance after deductible	\$40 copayment	25% coinsurance after deductible	\$60 copayment	\$60 copayment
EMERGENCY ROOM	20% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible	25% coinsurance after deductible	\$250 copayment	\$150 copayment
INPATIENT HOSPITAL	20% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible	25% coinsurance after deductible	\$250 copayment per day	\$200 copayment per day
INDIVIDUAL ANNUAL LIMIT ON COST SHARING	\$4,000	\$3,800	\$4,500	\$6,600	\$6,300	\$6,300
FAMILY 4 ANNUAL LIMIT ON COST SHARING**	\$8,000	\$7,600	\$9,000	\$13,200	\$12,600	\$12,600

^{*}Not available for the Arkansas Health Care Independence Program. (Private Option)

^{**}For family policies, the deductible and annual limit on cost sharing are aggregate (i.e., expenses for either one family member or a combination of family members can meet the family deductible and/or annual limit on cost sharing).

Why are there no rates on this grid? Our qualified health plans are age-rated, meaning the monthly premium is based on your age. Unfortunately, we don't have enough space in this brochure to show all the premiums per age and product. Also, depending on your annual income, you may qualify for financial assistance, which would lower your monthly premium. Through government financial assistance, many Arkansans will be able to get a health plan for a very low cost or maybe even free. (Note: Information in grid represents in-network benefits.)

Silver 3500	Bronze 5000	Bronze 5500	Bronze 6200	Bronze 6300 HSA	Catastrophic***
YOU PAY	YOU PAY	YOU PAY	YOU PAY	YOU PAY	YOU PAY
\$3,500	\$5,000	\$5,500	\$6,200	\$6,300	\$6,600
\$7,000	\$10,000	\$11,000	\$12,400	\$12,600	\$13,200
20% coinsurance after deductible	50% coinsurance after deductible	50% coinsurance after deductible	30% coinsurance after deductible	0% coinsurance after deductible	0% coinsurance after deductible
\$25 copayment	\$30 copayment	\$20 copayment	\$25 copayment	0% coinsurance after deductible	\$0 for the first 3 visits, then 0% coinsurance after deductible
\$0	\$0	\$0	\$0	\$0	\$0
\$0	\$0	\$0	\$0	\$0	\$0
\$20 copayment	\$20 copayment	\$20 copayment	\$15 copayment	0% coinsurance after deductible	0% coinsurance after deductible
\$50 copayment	50% coinsurance after deductible	50% coinsurance after deductible	30% coinsurance after deductible	0% coinsurance after deductible	0% coinsurance after deductible
\$90 copayment	50% coinsurance after deductible	50% coinsurance after deductible	30% coinsurance after deductible	0% coinsurance after deductible	0% coinsurance after deductible
\$200 copayment	50% coinsurance after deductible	50% coinsurance after deductible	30% coinsurance after deductible	0% coinsurance after deductible	0% coinsurance after deductible
\$50 copayment	50% coinsurance after deductible	50% coinsurance after deductible	30% coinsurance after deductible	0% coinsurance after deductible	0% coinsurance after deductible
Not Available	\$0	\$0	\$0	\$0	\$0
\$50 copayment	50% coinsurance after deductible	50% coinsurance after deductible	\$40 copayment	0% coinsurance after deductible	0% coinsurance after deductible
\$175 copayment	50% coinsurance after deductible	50% coinsurance after deductible	30% coinsurance after deductible	0% coinsurance after deductible	0% coinsurance after deductible
\$250 copayment per day	50% coinsurance after deductible	50% coinsurance after deductible	30% coinsurance after deductible	0% coinsurance after deductible	0% coinsurance after deductible
\$6,000	\$6,300	\$6,350	\$6,350	\$6,300	\$6,600
\$12,000	\$12,600	\$12,700	\$12,700	\$12,600	\$13,200



Coinsurance

When a member shares a percentage of the cost of medical care with the insurance company. An example would be an insured member paying a 20 percent coinsurance for medical care while the insurance company pays the remaining 80 percent. With your Arkansas Blue Cross plan, when your annual limit on cost sharing is met, you no longer have to pay coinsurance.

Copayment

The amount of money a member pays for medical care at the time the service is provided. An example would be paying \$25 at each doctor's visit or \$15 for each prescription. With your Arkansas Blue Cross plan, when your annual limit on cost sharing is met, you no longer have to pay copayments.

Deductible

The amount a member must spend on medical expenses before the insurance plan begins to pay. Medical services covered by a copayment are paid by the plan even before the deductible is met. If there is one person on the policy, you have an individual deductible. If there are two or more persons on the policy, you have a family deductible. The family deductible is an aggregate deductible, which means the expenses for either one family member or a combination of family members can meet the family deductible.

Essential health benefits*

Every plan in this brochure covers the essential health benefit categories required by the health care law.

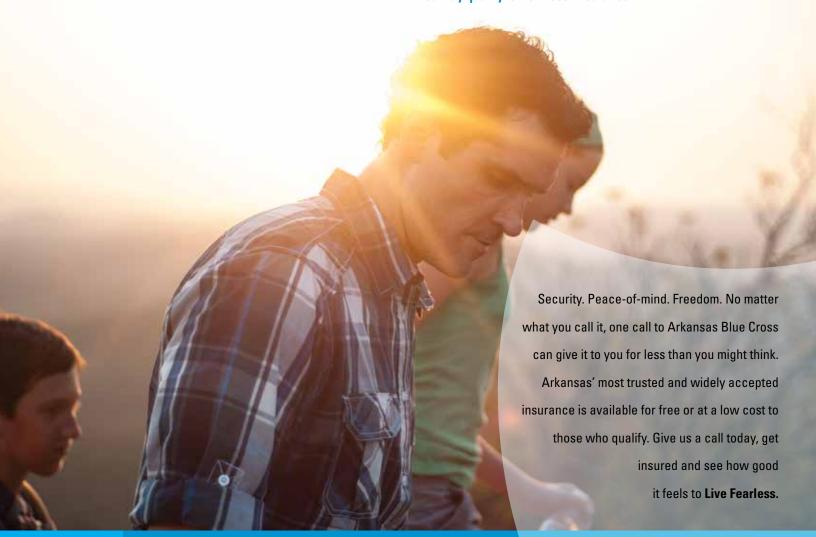
Annual Limit on Cost Sharing

The maximum amount a member is required to spend in a year before the insurance company begins paying 100 percent of that member's covered health care expenses for the remainder of the year. If there is one person on the policy, you have an individual annual limit on cost sharing. If there are two or more people on the policy, you have a family annual limit on cost sharing. The family annual limit on cost sharing is an aggregate annual limit on cost sharing, which means the expenses for either one family member or a combination of family members can meet the family annual limit on cost sharing.

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You may qualify for low-cost insurance.



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arkansasbluecross.com

Many Arkansans may be eligible to receive a tax credit that could lower their monthly health insurance premium. Some may receive a tax credit so they will have a very low or even \$0 monthly premium. Many Arkansans may be able to get free health insurance through a new program called the Arkansas Health Care Independence Program (Private Option). For the first time ever, many Arkansans may qualify for an Arkansas Blue Cross health insurance plan with no monthly premium. With the Arkansas Health Care Independence Program, you can see any Arkansas Blue Cross doctor you choose, your preventive care will be covered at no cost to you, and you'll receive the kind of high quality health care that Arkansas Blue Cross has built a reputation for. We can help you find out if you qualify for a free health insurance plan from Arkansas Blue Cross.

Catastrophic health plans are available to individuals up to age 30. In addition, this plan is available to individuals who are exempt from the individual mandate because no affordable coverage is available or they have a hardship exemption. Catastrophic plans are not eligible for subsidies. Typically, Catastrophic plans have higher deductibles, meaning individuals will be responsible for initial health care costs but will be protected from unexpected high costs due to a major illness or accident (after meeting the deductible). These plans will also provide first-dollar coverage for preventive health services, as well as three annual primary care visits. Once the deductible is met, the catastrophic plan will cover the essential health benefits.

The Affordable Care Act (ACA) includes a number of special provisions for American Indians and Alaskan Natives, such as: 1) They can get services from the Indian Health Services, tribal health programs, or urban Indian health programs; 2) They may receive services at no cost sharing; and 3) They may have special monthly enrollment periods.

For out-of-network coverage the deductible and out-of-pocket maximum are doubled, the coinsurance increases by 20% and the 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. Arkansas Blue Cross qualified health plans have limitations and terms under which the insurance policy may be continued or discontinued. The plans are age rated, meaning premiums are based on the age of the covered person.

Benefits and Services Not Included: Injuries or diseases caused by war; dentistry (except for some oral surgery); eye refractions, eyeglasses for adults 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 keratotomies 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 sale discretion of the Plan.

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.

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 generated. This outline of coverage provides a brief description of the important features of the Arkansas Blue Cross qualified health plan 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 special enrollment period.

Arkansas Blue Cross and Blue Shield does not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation, or health status in the administration of the plan, including enrollment and benefit determinations.

