

2016 HEALTH INSURANCE PLANS FOR YOU & YOUR FAMILY



Arkansas
BlueCross BlueShield



LIVE Arkansas BlueCross BlueShield SM 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 and Blue Shield card in your pocket

* Blue Cross and/or Blue Shield Plans exist in every state and every county in the United States and are connected by the BlueCard provider network. Health Market Science (HMS) Provider MasterFile, Q12013 and BCBSA Provider Data Repository (PDR); 92.1% of all actively practicing doctors and specialists are contracted with a Blue Plan.



AMERICA'S HEALTH INSURANCE SYSTEM CONTINUES TO CHANGE

The Affordable Care Act has given Americans more access to quality health insurance than ever before. Arkansas Blue Cross 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.

THE HEALTH INSURANCE LAW & WHAT IT MEANS TO YOU

- 1 YOU CAN'T BE TURNED DOWN.** You'll be able to enroll in a health insurance plan even if you have a pre-existing condition.
- 2 YOU MIGHT SAVE MONEY.** We can tell you if you qualify for financial assistance that will help lower your monthly premiums.
- 3 IT'S REQUIRED BY LAW.** The health care law requires everyone to have health insurance or pay a penalty.
- 4 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 1, 2015 through January 31, 2016.
 - 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 accepted insurance at the lowest price possible.

* Typically, these special circumstances require enrollment into a health plan within 60 days of the life event. An Arkansas Blue Cross agent can make sense of the enrollment process and help walk you through it.

BENEFITS OF OUR HEALTH INSURANCE PLANS

	Gold 500 (MSP)*	Gold 500 with PCP/Rx Copays	Gold 1000 with PCP/Specialist/Rx Copays	Silver 1500 with PCP/Rx Copays	Silver 2500 with PCP/Rx Copays	Silver 2600 (MSP) with PCP/Specialist/Rx Copays*
	YOU PAY	YOU PAY	YOU PAY	YOU PAY	YOU PAY	YOU PAY
Individual Deductible Amount	\$500	\$500	\$1,000	\$1,500	\$2,500	\$2,600
Family Deductible Amount**	\$1,000	\$1,000	\$2,000	\$3,000	\$5,000	\$5,200
Coinsurance	20% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible	30% coinsurance after deductible	20% coinsurance after deductible	30% coinsurance after deductible
Primary Care Physician Office Visit	\$20 copayment	\$20 copayment	\$20 copayment	\$30 copayment	\$25 copayment	\$30 copayment
Specialist Office Visit	20% coinsurance after deductible	20% coinsurance after deductible	\$40 copayment	30% coinsurance after deductible	20% coinsurance after deductible	\$60 copayment
Preventive Services	\$0	\$0	\$0	\$0	\$0	\$0
Prescription Drugs Preventive (Tier 1)	\$0	\$0	\$0	\$0	\$0	\$0
Generic (Tier 2)†	\$15 copayment	\$10 copayment	\$10 copayment	\$20 copayment	\$15 copayment	\$20 copayment
Preferred Brand (Tier 3)†	\$35 copayment	\$35 copayment	\$35 copayment	\$40 copayment	\$40 copayment	\$55 copayment
Non-Preferred Brand (Tier 4)†	\$70 copayment	\$70 copayment	\$70 copayment	\$75 copayment	\$70 copayment	\$90 copayment
Specialty (Tiers 5-6)	20% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible	30% coinsurance after deductible	20% coinsurance after deductible	\$300 copayment
Adult Routine Vision	\$0	\$0	\$0	\$0	\$0	Not Available
Urgent Care	\$40 copayment	\$40 copayment	\$40 copayment	\$60 copayment	\$50 copayment	\$60 copayment
Emergency Room	20% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible	30% coinsurance after deductible	20% coinsurance after deductible	\$300 copayment
Inpatient Hospital	20% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible	\$250 copayment per day	20% coinsurance after deductible	\$300 copayment per day
Individual Annual Limit on Cost Sharing	\$4,500	\$5,000	\$4,500	\$6,850	\$6,850	\$6,850
Family Annual Limit on Cost Sharing**	\$9,000	\$10,000	\$9,000	\$13,700	\$13,700	\$13,700

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

WHY AREN'T THERE 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 and maybe even free. (Note: Information in grid represents in-network benefits.)

Silver 3350 HSA	Silver 3500 with PCP/ Specialist/Rx Copays	Bronze 6200 (MSP)*	Bronze 6300 HSA	Bronze 6350 with PCP/ Rx Copays	Catastrophic ^{††}
YOU PAY	YOU PAY	YOU PAY	YOU PAY	YOU PAY	YOU PAY
\$3,350	\$3,500	\$6,200	\$6,300	\$6,350	\$6,850
\$6,700	\$7,000	\$12,400	\$12,600	\$12,700	\$13,700
0% coinsurance after deductible	30% coinsurance after deductible	50% coinsurance after deductible	0% coinsurance after deductible	50% coinsurance after deductible	0% coinsurance after deductible
0% coinsurance after deductible	\$25 copayment	\$35 copayment	0% coinsurance after deductible	\$25 copayment	\$0 for the first 3 visits, then 0% coinsurance after deductible
0% coinsurance after deductible	\$50 copayment	50% coinsurance after deductible	0% coinsurance after deductible	50% coinsurance after deductible	0% coinsurance after deductible
\$0	\$0	\$0	\$0	\$0	\$0
\$0	\$0	\$0	\$0	\$0	\$0
0% coinsurance after deductible	\$20 copayment	\$25 copayment	0% coinsurance after deductible	\$25 copayment	0% coinsurance after deductible
0% coinsurance after deductible	\$50 copayment	50% coinsurance after deductible	0% coinsurance after deductible	50% coinsurance after deductible	0% coinsurance after deductible
0% coinsurance after deductible	\$90 copayment	50% coinsurance after deductible	0% coinsurance after deductible	50% coinsurance after deductible	0% coinsurance after deductible
0% coinsurance after deductible	\$200 copayment	50% coinsurance after deductible	0% coinsurance after deductible	50% coinsurance after deductible	0% coinsurance after deductible
\$0	\$0	\$0	\$0	\$0	\$0
0% coinsurance after deductible	\$50 copayment	\$70 copayment	0% coinsurance after deductible	\$50 copayment	0% coinsurance after deductible
0% coinsurance after deductible	\$250 copayment	50% coinsurance after deductible	0% coinsurance after deductible	50% coinsurance after deductible	0% coinsurance after deductible
0% coinsurance after deductible	\$250 copayment per day	50% coinsurance after deductible	0% coinsurance after deductible	50% coinsurance after deductible	0% coinsurance after deductible
\$3,350	\$6,850	\$6,850	\$6,300	\$6,850	\$6,850
\$6,700	\$13,700	\$13,700	\$12,600	\$13,700	\$13,700

* MSP plans only offered through the Health Insurance Marketplace.

** 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).

[†] For maintenance drugs in tiers 2-4, if you utilize our mail order program, you will receive a three-month supply of drugs for the cost of a two-month supply.

^{††} The Catastrophic plan is only available to persons under the age of 30, or to persons who have received a waiver from the Federal government.

MAKING SENSE OF SECURITY

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. The monthly premium does not count toward the deductible.

- Individual Deductible = If there is one person on the policy, you have an individual deductible.
- Family Deductible = If there are two or more persons on the policy, you have a family deductible. There are two ways a family can meet its deductible (see example at bottom of page):
 - 1) All family members together meet the family deductible. Then, Arkansas Blue Cross begins paying for covered services at the applicable coinsurance for all family members.
 - 2) One person in the family meets the individual deductible. Then, Arkansas Blue Cross begins paying for covered services at the applicable coinsurance for that person. The rest of the family, in any combination, must then meet the remainder of the family deductible before Arkansas Blue Cross begins paying for covered services at the applicable coinsurance for the rest of the family.

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 for covered services.

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 for covered services.

PRIMARY CARE PHYSICIAN (PCP)

A doctor who directly provides or coordinates a range of health care services for a patient (family doctor, general practice, internal medicine doctor or pediatrician).

SPECIALIST

A doctor that focuses on a specific area of medicine or a group of patients to diagnose, manage, prevent or treat certain types of symptoms or conditions.

HOW DOES A FAMILY DEDUCTIBLE WORK?

When one family member reaches his or her individual deductible, Arkansas Blue Cross begins paying for covered services at the applicable coinsurance for that person. When the remaining family members reach the remaining portion of the family deductible (either individually or collectively), Arkansas Blue Cross begins paying for covered services at the applicable coinsurance for all family members.

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. The monthly premium does not count toward the annual limit on cost sharing.

- Individual Annual Limit on Cost Sharing = If there is one person on the policy, you have an individual annual limit on cost sharing.
- Family Annual Limit on Cost Sharing = If there are two or more persons on the policy, you have a family annual limit on cost sharing. There are two ways a family can meet its annual limit on cost sharing:

1) All family members together meet the family annual limit on cost sharing. Then, Arkansas Blue Cross begins paying 100 percent of covered services for all family members.

2) One person in the family meets the individual annual limit on cost sharing. Then, Arkansas Blue Cross begins paying 100 percent of that person's covered health expenses. The rest of the family, in any combination, must then meet the remainder of the family annual limit on cost sharing before Arkansas Blue Cross begins paying 100 percent of covered services for the rest of the family.

ESSENTIAL HEALTH BENEFITS*

Every plan in this brochure covers the essential health benefit categories required by the health care law. The essential health benefit categories are: ambulatory patient services, emergency services, hospitalization, pregnancy, maternity and newborn care, mental health and substance use disorder services, prescription drugs, rehabilitative and habilitative services and devices, laboratory services, preventive and wellness services and pediatric services.

QUALIFYING LIFE EVENT

A change in your life that makes you eligible to make changes to your current plan or enroll in a health plan outside of the Open Enrollment Period. Examples include moving to a new state, losing employer coverage, marriage, divorce or birth of a child.

* The plans outlined in this brochure do not include pediatric dental services. Pediatric dental coverage is available in the Health Insurance Marketplace and can be purchased as a stand-alone product. Arkansas Blue Cross offers Individual Dental policies that include pediatric dental benefits as required under the Federal Patient Protection and Affordable Care Act.

EXAMPLE:

A family of three (Mr. Smith, Mrs. Smith and Johnny Smith) has a plan with a \$500 individual deductible and \$1,000 family deductible. Mr. Smith meets the \$500 individual deductible. Arkansas Blue Cross begins paying for covered services at the applicable coinsurance for Mr. Smith only.

SCENARIO 1

- Mrs. Smith **or** Johnny Smith meets the \$500 individual deductible. Arkansas Blue Cross begins paying for covered services at the applicable coinsurance for all family members.

SCENARIO 2

- Mrs. Smith **and** Johnny Smith together reach the remaining \$500 of the \$1,000 deductible, and Arkansas Blue Cross begins paying for covered services at the applicable coinsurance for all family members.

A photograph of two men on a boat during sunset. One man is sitting on a stool, wearing a blue t-shirt, camouflage shorts, a white cap, and sunglasses. The other man is standing, wearing a grey t-shirt, khaki shorts, a grey cap, and sunglasses. They are both smiling and looking at each other. A fishing rod is visible in the foreground. The background shows a bright sunset over water with trees in the distance.

FIND OUT IF YOU QUALIFY FOR LOW-COST HEALTH INSURANCE

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 accepted insurance at the lowest price possible.

SECURITY. PEACE OF MIND. **FREEDOM.**

- Access to more doctors, hospitals and top specialists*
- Coverage that's chosen by more doctors for their own families*
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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 access to the kind of high-quality health care for which Arkansas Blue Cross has built a reputation. 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 percent 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; 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 nonsurgical) 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.

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 percent of actual medical expenses.

IMPORTANT NOTE: Your premium will be accepted after coverage has been approved. 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.



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FEARLESS SM