

heath insurance plans for you & your family





- 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 will give 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 new health care laws and get you Arkansas' most trusted and accepted insurance at the lowest price possible.



the new 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 new health care law requires everyone to have health insurance by January 1, 2014, 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 October 1, 2013 through March 31, 2014.
 - It's possible to enroll outside the OEP. Significant events such as marriage, divorce, 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.



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 2000 (MSP)	Silver 2500
DEDUCTIBLE AMOUNT	\$500	\$500	\$1,000	\$2,000	\$2,500
COINSURANCE	You pay 20% coinsurance after the deductible is met until you reach the out-of-pocket maximum.	You pay 20% coinsurance after the deductible is met until you reach the out-of-pocket maximum.	You pay 20% coinsurance after the deductible is met until you reach the out-of-pocket maximum.	You pay 15% coinsurance after the deductible is met until you reach the out-of-pocket maximum.	You pay 20% coinsurance after the deductible is met until you reach the out-of-pocket maximum.
PRIMARY CARE Physician office visit	You pay a \$20 copayment.	You pay a \$20 copayment.	You pay a \$20 copayment.	You pay a \$30 copayment.	You pay a \$25 copayment.
SPECIALIST OFFICE VISIT	You pay 20% coinsurance after the deductible is met until you reach the out-of-pocket maximum.	You pay 20% coinsurance after the deductible is met until you reach the out-of-pocket maximum.	You pay a \$40 copayment.	You pay a \$60 copayment.	You pay a \$60 copayment.
PRESCRIPTION DRUGS	You pay a \$10 copayment for generic prescription drugs, a \$35 copayment for preferred brandname prescription drugs and a \$70 copayment for nonpreferred brandname prescription drugs.	You pay a \$10 copayment for generic prescription drugs, a \$35 copayment for preferred brandname prescription drugs and a \$70 copayment for nonpreferred brandname prescription drugs.	You pay a \$10 copayment for generic prescription drugs, a \$35 copayment for preferred brandname prescription drugs and a \$70 copayment for nonpreferred brandname prescription drugs.	You pay a \$15 copayment for generic prescription drugs, a \$55 copayment for preferred brand- name prescription drugs and a \$90 copayment for non- preferred brand- name prescription drugs.	You pay a \$15 copayment for generic prescription drugs, a \$55 copayment for preferred brand- name prescription drugs and a \$90 copayment for non- preferred brand- name prescription drugs.
OUT-OF-POCKET Maximum	\$4,000	\$3,800	\$4,500	\$6,300	\$6,300

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You may qualify for low-cost insurance.

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.



Silver 3500	Bronze 5000 (MSP)	Bronze 5500	Bronze 6200	Bronze 6300 HSA	Catastrophic*
\$3,500	\$5,000	\$5,500	\$6,200	\$6,300	\$6,350
You pay 20% coinsurance after the deductible is met until you reach the out-of-pocket maximum.	You pay 50% coinsurance after the deductible is met until you reach the out-of-pocket maximum.	You pay 50% coinsurance after the deductible is met until you reach the out-of-pocket maximum.	You pay 30% coinsurance after the deductible is met until you reach the out-of-pocket maximum.	You pay 0% coinsurance after the deductible is met.	You pay 0% coinsurance after the deductible is met.
You pay a \$25 copayment.	You pay a \$30 copayment.	You pay a \$20 copayment.	You pay a \$25 copayment.	You pay 0% coinsurance after the deductible is met.	You pay \$0 for the first 3 visits, then you pay 0% coinsurance after the deductible is met.
You pay a \$50 copayment.	You pay 50% coinsurance after the deductible is met until you reach the out-of-pocket maximum.	You pay 50% coinsurance after the deductible is met until you reach the out-of-pocket maximum.	You pay 30% coinsurance after the deductible is met until you reach the out-of-pocket maximum.	You pay 0% coinsurance after the deductible is met.	You pay 0% coinsurance after the deductible is met.
You pay a \$20 copayment for generic prescription drugs, a \$50 copayment for preferred brandname prescription drugs and a \$90 copayment for non-preferred brandname prescription drugs.	You pay a \$20 copayment for generic prescription drugs, and 50% coinsurance for preferred brandname and nonpreferred brandname prescription drugs after the deductible is met.	You pay a \$20 copayment for generic prescription drugs, and 50% coinsurance for preferred brandname and nonpreferred brandname prescription drugs after the deductible is met until you reach the out-of-pocket maximum.	You pay a \$15 copayment for generic prescription drugs, and 30% coinsurance for preferred brand- name and non- preferred brand-name prescription drugs after the deductible is met until you reach the out-of-pocket maximum.	You pay 0% coinsurance for generic, preferred brand- name and non- preferred brand- name drugs after the deductible is met.	You pay 0% coinsurance for generic, preferred brand-name and non-preferred brand- name drugs after the deductible is met.
\$6,000	\$6,300	\$6,350	\$6,350	\$6,300	\$6,350



It's easy to understand the need for reliable, affordable health insurance. But it's not so easy to understand what it all means for you. To make it easier for you, here are some definitions to terms commonly used by health plans.

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% coinsurance for medical care while the insurance company pays the remaining 80%. Once your out-of-pocket maximum 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.

Deductible

The amount a member must spend on medical expenses before the insurance plan begins to pay. Medical services covered by a copayment will be paid even before a deductible.

Essential health benefits*

Every plan in this brochure covers all 10 essential health benefit categories required by the new health care law.

Out-of-pocket Cost

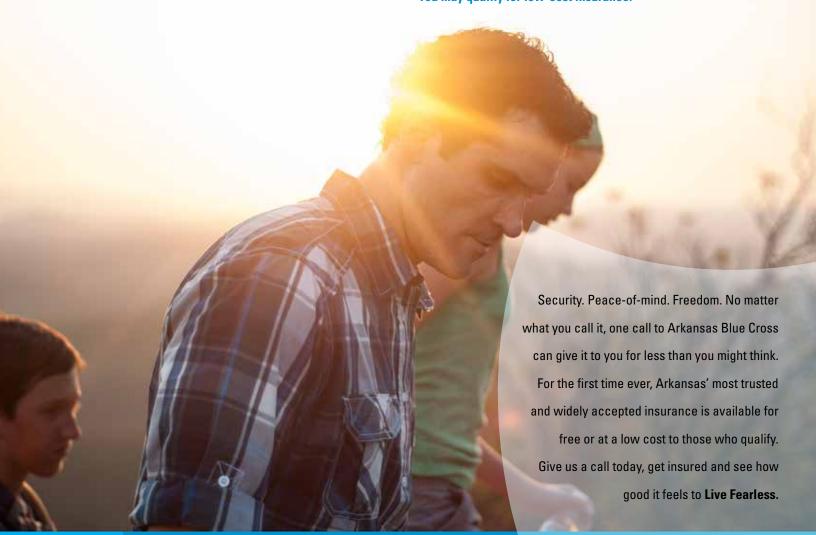
The maximum amount of coinsurance a member is required to spend in a year before the insurance company begins paying 100% of that member's health care expenses.

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arkansasbluecross.com

Beginning January 1, 2014, many Arkansans may be eligible to receive a new 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 Improvement Plan. 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 Improvement Plan, 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 is 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 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% 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 descriptior of the important features of the Arkansa 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.

