

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 Arkansas Works. Many Arkansans may qualify for an Arkansas Blue Cross health insurance plan with no monthly premium. With Arkansas Works, 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 healthcare 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.

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 cost sharing increases, 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, area-rated, and tobacco-rated, meaning premiums are based on the age, residence, and tobacco usage 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 requires pre-admission approval for all non-emergent hospital admissions. Out of Area non-emergent hospital admissions are not covered if the service is available in the Policy's Service area. For prior approval please call 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.

Our Company complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-844-662-2276. CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-844-662-2276.

Health Insurance Plans FOR YOU & YOUR FAMILY 2019



LIVE FEARLESS  Arkansas BlueCross BlueShield



Arkansas
BlueCross BlueShield

An Independent Licensee of the Blue Cross and Blue Shield Association



LIVE FEARLESS  Arkansas BlueCross BlueShield

- 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. Out-of-area benefits for AW1 and AWM1 are restricted to urgent or emergent services and/or services that receive prior approval. 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 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, 2018 to December 15, 2018.
 - 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.

KEY BENEFITS

WHY AREN'T THERE RATES ON THIS GRID?

Our qualified health plans are age, tobacco and area-rated, meaning the monthly premium is based on your age, residence, and tobacco usage. Unfortunately, we don't have enough space in this brochure to show all the possible premiums. 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.)

NOTES

	Bronze Plan 1	Bronze Plan 2	Bronze Plan HSA 1	Silver Plan 1	Silver Plan 2	Silver Plan 3
	YOU PAY	YOU PAY	YOU PAY	YOU PAY	YOU PAY	YOU PAY
Preventive Services	\$0	\$0	\$0	\$0	\$0	\$0
Adult Routine Vision	\$0	\$0	\$0	\$0	\$0	\$0
First Two Primary Care Physician Office Visits	\$0	\$0	10% coinsurance after deductible	\$0	\$0	\$0
Primary Care Physician Office Visit (After First Two Visits)	\$40 copay	\$40 copay	10% coinsurance after deductible	\$30 copay	\$35 copay	\$35 copay
Individual Deductible	\$6,600	\$6,300	\$6,400	\$1,850	\$5,000	\$2,600
Family Deductible	\$13,200	\$12,600	\$12,800	\$3,700	\$10,000	\$5,200
Preventive (Tier 1) PRESCRIPTION DRUGS	\$0	\$0	\$0	\$0	\$0	\$0
Generic (Tier 2) † PRESCRIPTION DRUGS	\$25 copay	\$25 copay	\$30 copay after deductible	\$25 copay	\$30 copay	\$20 copay
Individual Drug Deductible	N/A	\$1,500	N/A	\$600	\$1,250	N/A
Family Drug Deductible	N/A	\$3,000	N/A	\$1,200	\$2,500	N/A
Preferred Brand (Tier 3) † PRESCRIPTION DRUGS	50% coinsurance after deductible	50% coinsurance after deductible	\$60 copay after deductible	\$75 copay after deductible	\$80 copay after deductible	\$50 copay after deductible
Non-Preferred Brand (Tier 4) † PRESCRIPTION DRUGS	50% coinsurance after deductible	50% coinsurance after deductible	\$120 copay after deductible	\$150 copay after deductible	\$160 copay after deductible	\$100 copay after deductible
Specialty (Tier 5) PRESCRIPTION DRUGS	50% coinsurance after deductible	50% coinsurance after deductible	\$225 copay after deductible	40% coinsurance after deductible	\$350 copay after deductible	\$250 copay after deductible
Specialty (Tier 6) PRESCRIPTION DRUGS	50% coinsurance after deductible	50% coinsurance after deductible	\$240 copay after deductible	50% coinsurance after deductible	\$400 copay after deductible	\$300 copay after deductible
Individual Annual Cost Sharing Limit	\$7,900	\$7,900	\$6,650	\$7,900	\$7,900	\$7,900
Family Annual Cost Sharing Limit	\$15,800	\$15,800	\$13,300	\$15,800	\$15,800	\$15,800

	Silver Plan 4	Silver Plan HSA1	Gold Plan 1	Gold Plan HSA M1
	YOU PAY	YOU PAY	YOU PAY	YOU PAY
	\$0	\$0	\$0	\$0
	\$0	\$0	\$0	\$0
	\$0	20% coinsurance after deductible	\$0	0% coinsurance after deductible
	\$30 copay	20% coinsurance after deductible	\$30 copay	0% coinsurance after deductible
	\$5,250	\$3,600	\$900	\$3,000
	\$10,500	\$7,200	\$1,800	\$6,000
	\$0	\$0	\$0	\$0
	\$25 copay	\$20 copay after deductible	\$15 copay	0% coinsurance after deductible
	N/A	N/A	\$350	N/A
	N/A	N/A	\$700	N/A
	\$50 copay after deductible	\$40 copay after deductible	\$40 copay after deductible	0% coinsurance after deductible
	\$125 copay after deductible	\$80 copay after deductible	\$100 copay after deductible	0% coinsurance after deductible
	40% coinsurance after deductible	30% coinsurance after deductible	30% coinsurance after deductible	0% coinsurance after deductible
	50% coinsurance after deductible	40% coinsurance after deductible	50% coinsurance after deductible	0% coinsurance after deductible
	\$7,900	\$6,650	\$7,900	\$3,000
	\$15,800	\$13,300	\$15,800	\$6,000

MAKING SENSE OF SECURITY

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.

ESSENTIAL HEALTH BENEFITS*

Our plans cover the essential health benefit categories required by the healthcare 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.

FINANCIAL ASSISTANCE

In 2018: 86.3 percent of Arkansas Blue Cross members who bought plans on the Health Insurance Marketplace received financial assistance and the average amount of that assistance was \$569.05 per month (Arkansas Blue Cross and Blue Shield records, as of June 16, 2018). Call today to see if you qualify.

MAIL ORDER PRESCRIPTIONS

With our individual health plans, you have the option to receive prescription drug deliveries directly to your home or other location that works best for you. Medicine arrives in private, tamper-resistant and temperature-controlled packaging. And, automatic refill options will help you stay on track.

PRIMARY CARE PHYSICIAN (PCP)

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

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.

* Our plans 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.

FIND OUT IF YOU QUALIFY FOR LOW-COST HEALTH INSURANCE

BLUE 365

Arkansas Blue Cross and Blue Shield members get Blue365, a free program that offers discounts on a range of products including eyeglasses, hearing aids, gym memberships, hotels and athletic gear, just for being Blue. To learn more visit blue365deals.com.

HEALTH RISK ASSESSMENT (HRA)

Our goal is to find ways to best serve our members. We offer free online HRAs that help our members understand their health status and identify health risks. The HRAs also help us understand how to better serve our members as a health insurance company.

NEGOTIATED DISCOUNTS

Arkansas Blue Cross and Blue Shield has agreements with thousands of doctors statewide. These doctors make up our provider network. By seeing a doctor in our provider network, you receive discounts on healthcare services. Some examples of these discounts can be seen in the chart below.

Service	Cost	Discounted Cost*
Doctor Visit	\$159.89	\$100.09
Radiology	\$311.07	\$56.41
Mammogram	\$176.14	\$73.57
Colonoscopy	\$1,294.69	\$380.87
Appendectomy	\$11,873.29	\$1,716.14

*The discounts received are based on aggregate data from 1/1/18-6/30/18 from network providers in Zip code 722--. Discounts vary by provider, region and type of service.

Visit arkbluecross.com/shopplans to learn more!



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.