ARBenefits
For Arkansas State and Public School Plan Members

All benefit changes in this newsletter are effective January 1, 2012 and are applicable only to the Arkansas State and Public School employees with medical claims administered by Health Advantage (Gold/Bronze Plan) and QualChoice (Silver Plan). The Summary Plan Description and the Medical Coverage Policies for the State and School are administered by the Department of Finance and Administration, Employee Benefits Division and are available on-line at www.ARBenefits.org.

SUMMARY OF BENEFITS

Benefits available under the ARHealth Plan are the same regardless of the plan name. The difference in the plans is the amount of patient responsibility for the services rendered. **The case management provider for all ARBenefits plans is Arkansas Blue Cross and Blue Shield. Call the Arkansas Blue Cross office in your area to speak with a case manager.**

2012 ARBenefits Summary of Common Services*

	Gold Administered by Health Advantage		Silver Administered by QualChoice		Bronze Administered by Health Advantage
Covered Benefits and Services	**In-Network Copayment**	**In-Network Coinsurance**	**In-Network Copayment**	**In-Network Coinsurance**	**In-Network Coinsurance**
Deductible – Individual	$0	20%	$750	20%	$1,500
Deductible – Family	$0	20%	$1,500	20%	$3,000
Annual Coinsurance Limit – Individual (after deductible)	n/a	$1,500	n/a	$2,000	$2,500
Annual Coinsurance Limit – Family (after deductible)	n/a	$3,000	n/a	$4,000	$5,000
Physician/Specialist Services					
PCP Office Visit	$25	0%	$25	0%	20%
Specialist Office Visit/Specialty Care Services	$35	0%	$50	0%	20%
Other Physician Services provided under Outpatient or Inpatient Care	$0	20%	$0	20%	20%
Hospital Services					
Inpatient Services	$250	20%	$300	20%	20%
Outpatient Services	$100	20%	$150	20%	20%
Diagnostic Services	$0	20%	$0	20%	20%
Emergency Room, Urgent Care Center, Observation	$100	0%	$150	0%	20%

*In-network services are listed above. Out of network coverage is available on all plans, at a reduced benefit level. Refer to the Summary Plan Description at www.arbenefits.org for full coverage details.

Health Advantage
An Independent Licensee of the Blue Cross and Blue Shield Association

www.HealthAdvantage-HMO.com
Phone: 800-482-8416

QualChoice®

www.QualChoice.com
Phone: 855-299-6035

INJECTIONS ADMINISTERED IN THE PHYSICIAN'S OFFICE

The Employee Benefits Division (EBD) has determined that the following injection codes will be considered a part of the physician's office treatment and will not be assessed deductible or coinsurance for member covered under the Gold and Silver plans. **All J codes <u>not</u> listed below will be subject to deductible and/or coinsurance.**

NOTE: Members on the Bronze plan will be assessed the deductible and coinsurance.

1) Antibiotics:

J0120, tetracycline
J0290, J0295, ampicillin
J0456, azithromycin
J0558, J0561, penicillin
J0690, cefazolin
J0692, cefepime
J0694, cefoxitin
J0696, ceftriaxone
J0697, cefuroxime
J0698, cefotaxime
J0710, cephapirin
J0713, ceftazidime
J0715, ceftizoxime
J1364, erythromycin
J1580, gentamicin
J1890, cephalothin
J2460, oxytetracycline
J2510, J2540, penicillin G
J2700, oxacillin
J3000, streptomycin
J3260, tobramycin
J3320, spectinomycin
J3370, vancomycin

2) Antihistamines:

J0945, brompheniramine
J1200, diphenhydramine
J1240, dimenhydrinate
J3410, hydroxyzine

3) Diuretics:

J1120, acetazolamide
J1205, chlorothiazide
J1940, furosemide

4) Antiemetics:

J0780, prochlorperazine
J2405, odansetron
J2550, promethazine
J2765, metoclopramide
J3230, trimethobenzamide

5) Hormones:

J0900, testosterone and estradiol
J1000, depo-estradiol
J1051, J1055, medroxyprogesterone
J1056, medroxyprogesterone/ estradiol
J1060, J1070, J1080, testosterone
J1380, estradiol
J1410, estrogen
J1435, estrone
J2675, progesterone
J3120, J3130, J3140, J3150, testosterone

6) Steroids:

J0702, celestone
J1020, J1030, J1040, methylprednisolone
J1700, J1720, hydrocortisone
J2650, prednisolone
J2920, J2930, methylprednisolone
J3300, J3303, triamcinolone

7) Antipsychotics:

J1630, J1631, haloperidol
J2358, olanzapine-longacting
J2794, risperidone
J3310, perphenazine

8) Muscle relaxers:

J2360, orphenadrine
J2800, methocarbamol

9) Bronchodilators:

J7611, J7613, albuterol, inhalation solution
J7612, J7614, levalbuterol, inhalation solution
J7620, albuterol and ipratropium, inhalation solution
J7644, ipratropium, inhalation solution
J7668, J7669, metaproterenol, inhalation solution

10) Other:

J1610, glucagon
J1642, heparin lock flush
J1815, insulin
J1885, ketorolac
J3420, vitamin B-12

PREVENTIVE SERVICES

The State and School Plan is not a 'grandfathered' plan and will have access to the Preventive Services outlined by the U. S. Preventive Services Task Force and printed in the Arkansas Blue Cross and Blue Shield September 2011 Provider News Letter. In addition to the mandated services, the following additional services will be covered:

1) Pap smears for female members greater than age 65.
2) Mammograms for members less than age 40 with a family history of breast cancer.

SERVICES REQUIRING PRE-CERTIFICATION BY AMERICAN HEALTH HOLDING (AHH) 877-815-1017

The first four items have been italicized to denote these are additions to the pre-certification list.

Long Term Acute Care *– patient must be under case management prior to admission*
Bariatric Surgery *– specific guidelines may be found on the EBD web site www.ARBenefits.org*
Gastric Pacemaker
Behavioral Health *– day treatment, partial hospitalization and residential treatment centers; services by Applied Behavioral Analysts*

Medical Services
Cognitive Rehabilitation
Skilled Nursing Facility
Occupational Therapy
Home Health Services
Inpatient Rehabilitation
Physical Therapy
Speech Therapy
Enteral Feeds

Radiology
Computerized Tomography (CT Scan)
Computerized Tomography – Angiography (CTA Scan)
Magnetic Resonance Imaging (MRI)
Magnetic Resonance Angiography (MRA)
Positron Emission Tomography (PET Scan)

Medical Procedures
IDET (Intradiscal Electrothermal Therapy)
Septoplasty
UPPP, (Uvulopalatopharyngoplasty)
Varicose Vein Treatment
Blepharoplasty and/or Brow Lift
Gynecomastia Reduction
Mammoplasty
Panniculectomy
Rhinoplasty
Scar Revision outside doctor's office

Durable Medical Equipment
Spinal Cord Stimulators (implantation and device)
Continuous Glucose Monitoring Devices
Defibrillator Vests
Power Mobility Devices

MEDICARE PRIMARY RETIREES

Medicare Primary retiree policyholders must be enrolled in the Gold Plan. However, if a member is retired but not Medicare eligible, the retiree and dependents may enroll in any of the three available plans.

If Medicare is the primary coverage the ARBenefits plan will pay as a supplement to Medicare if the service is covered by both Medicare and ARBenefits. If the service is not covered by Medicare, but is a benefit under ARBenefits, the plan will pay as primary and all coverage and payment policies will apply. Medicare covered services that are not covered by the ARBenefits plan will not be paid by the plan.

For a Medicare Primary member, precertification is not required for Medicare covered services except bariatric surgery.

OTHER COVERED SERVICES

All active employees and retirees are eligible for an eye exam every two years, a hearing exam every 36 months and one hearing aid, per ear, every three years.

MATERNITY MANAGEMENT

Members should enroll with American Health Holding at 1-877-815-1017 to complete the maternity management program in order to receive a $250 inpatient credit. Additionally, members' routine maternity care includes one routine ultrasound. Additional ultrasounds will require a benefit exception based on medical criteria.

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BEHAVIORAL HEALTH SERVICES

Effective January 1, 2012, behavioral health coverage will no longer be through LifeSynch. Health Advantage and QualChoice will be administering the benefits along with the medical. Members will access the appropriate carrier's network of behavioral health providers.

Precertification through AHH will not be required for behavioral health services in an office setting, but will be required for day treatment, partial hospitalization and residential treatment centers.

In-network services billed with place of service 11 (office) will be subject to a $25 copayment on the Gold and Silver plans; on the Bronze plan they will be subject to the deductible and coinsurance.

DURABLE MEDICAL EQUIPMENT

Typically DME coverage is determined following Medicare's coverage guidelines. However, the ARBenefits plan covers the following items that are not covered by Medicare:

A4220	Refill kit for implantable insulin pump	E0241	Bathtub wall rail (notify case management)
A4230	Infusion set for external insulin pump, non needle canula type	A4231	Infusion set for external insulin pump, needle type
A4232	Syringe with needle for external insulin pump	E0243	Toilet rail (notify case management)
A4490	Surgical stockings – above knee length	E0244	Raised toilet seat
A4495	Thigh length	E0245	Tub stool or bench
A4500	Below knee length	E0280	Bed cradle
A4510	Full length	E0784	External ambulatory infusion pump
A6530-A6544 &A6549	Gradient compression stockings	E0760	Osteogenesis stimulator, low intensity ultrasound, non invasive