

SUMMARIZED 2022 ARHOME



| | Silver Plan AH1 0-20% FPL No Blue Card | Silver Plan AH1 21-40% FPL No Blue Card | Silver Plan AH1 41-60% FPL No Blue Card | Silver Plan AH1 61-80% FPL No Blue Card | Silver Plan AH1 81-100% FPL No Blue Card | Silver Plan AH1 101-120% FPL No Blue Card | Silver Plan AH1 121-138% FPL No Blue Card |
|--|--|---|---|---|--|---|---|
| On/Off Exchange | ARHOME | ARHOME | ARHOME | ARHOME | ARHOME | ARHOME | ARHOME |
| Medical Annual Deductible- Individual | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Annual Limitation on Cost Sharing-Individual | \$0 | \$84 (\$21 per quarter) | \$164 (\$41 per quarter) | \$244 (\$61 per quarter) | \$323 (\$80.75 per quarter) | \$381 (\$95.25 per quarter) | \$457 (\$114.25 per quarter) |
| Coinsurance | 0% | 0% | 0% | 0% | 0% | 0% | 0% |
| PCP & OP Rehab/Hab Office Visits | \$0 | \$4.70 | \$4.70 | \$4.70 | \$4.70 | \$4.70 | \$4.70 |
| Specialist Office Visit (Consult/Evaluation) | \$0 | \$4.70 | \$4.70 | \$4.70 | \$4.70 | \$4.70 | \$4.70 |
| Mental Health/ Substance Abuse OP Office Visit | \$0 | \$4.70 | \$4.70 | \$4.70 | \$4.70 | \$4.70 | \$4.70 |
| Medical Equipment & Supplies | \$0 | \$4.70 | \$4.70 | \$4.70 | \$4.70 | \$4.70 | \$4.70 |
| Urgent Care | \$0 | \$4.70 | \$4.70 | \$4.70 | \$4.70 | \$4.70 | \$4.70 |
| Emergency Room | 0% | \$9.40 Copay (Non-Emergency)/\$0 (Emergency) | \$9.40 Copay (Non-Emergency)/\$0 (Emergency) | \$9.40 Copay (Non-Emergency)/\$0 (Emergency) | \$9.40 Copay (Non-Emergency)/\$0 (Emergency) | \$9.40 Copay (Non-Emergency)/\$0 (Emergency) | \$9.40 Copay (Non-Emergency)/\$0 (Emergency) |
| Inpatient Hospital, MH/SA | \$0 | \$0 Copay per Day after deductible | \$0 Copay per Day after deductible | \$0 Copay per Day after deductible | \$0 Copay per Day after deductible | \$0 Copay per Day after deductible | \$0 Copay per Day after deductible |
| Outpatient Hospital & Surgical Services | 0% | \$4.70 Copay (after ded for Facility only) | \$4.70 Copay (after ded for Facility only) | \$4.70 Copay (after ded for Facility only) | \$4.70 Copay (after ded for Facility only) | \$4.70 Copay (after ded for Facility only) | \$4.70 Copay (after ded for Facility only) |
| High-Tech Imaging | 0% | \$4.70 | \$4.70 | \$4.70 | \$4.70 | \$4.70 | \$4.70 |
| Lab/X-RAY | 0% | \$4.70 | \$4.70 | \$4.70 | \$4.70 | \$4.70 | \$4.70 |
| Rx Tier 1 Preventive | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Rx Tier 2 Generic | \$0 | \$4.70/9.40 Copay | \$4.70/9.40 Copay | \$4.70/9.40 Copay | \$4.70/9.40 Copay | \$4.70/9.40 Copay | \$4.70/9.40 Copay |
| Rx Tier 3 Preferred Brand | \$0 | \$4.70/9.40 Copay | \$4.70/9.40 Copay | \$4.70/9.40 Copay | \$4.70/9.40 Copay | \$4.70/9.40 Copay | \$4.70/9.40 Copay |
| Rx Tier 4 Non-Preferred Brand | \$0 | \$9.40/18.80 Copay | \$9.40/18.80 Copay | \$9.40/18.80 Copay | \$9.40/18.80 Copay | \$9.40/18.80 Copay | \$9.40/18.80 Copay |
| Rx Tier 5 Specialty | 0% | \$9.40 | \$9.40 | \$9.40 | \$9.40 | \$9.40 | \$9.40 |
| Rx Tier 6 Specialty | 0% | \$9.40 | \$9.40 | \$9.40 | \$9.40 | \$9.40 | \$9.40 |

Important Notes

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

Agent can refer to policy schedules and certificates located on our (Arkansas Blue Cross) corporate website, or through Blueprint for Agents, for complete benefit descriptions and explanations.

All benefits are displayed as in-network. Refer to policy schedules and certificates for out-of-network benefits.

Members benefit from the negotiated discounts on covered services provided by in-network providers. See the 2022 brochure for more details on these discounts of allowed charges (negotiated discounts) compared to billed charges (what doctors/hospitals charge customers without insurance).