

SUMMARIZED 2023 ARHOME - Arkansas Blue Cross



	Silver Plan AH1 0-20% FPL	Silver Plan AH1 21-40% FPL	Silver Plan AH1 41-60% FPL	Silver Plan AH1 61-80% FPL	Silver Plan AH1 81-100% FPL	Silver Plan AH1 101-120% FPL	Silver Plan AH1 121-138% FPL
On/Off Exchange	ARHOME	ARHOME	ARHOME	ARHOME	ARHOME	ARHOME	ARHOME
Includes BlueCard	No	No	No	No	No	No	No
Deductible	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Out-of-Pocket Max	\$0	\$108 (\$27 per quarter)	\$216 (\$54 per quarter)	\$324 (\$81 per quarter)	\$432 (\$108 per quarter)	\$540 (\$135 per quarter)	\$652 (\$163 per quarter)
Coinsurance	0%	0%	0%	0%	0%	0%	0%
PCP & OP Rehab/Hab Office Visits	\$0	\$4.70 Copay	\$4.70 Copay	\$4.70 Copay	\$4.70 Copay	\$4.70 Copay	\$4.70 Copay
Specialist Office Visit (Consult/Evaluation)	\$0	\$4.70 Copay	\$4.70 Copay	\$4.70 Copay	\$4.70 Copay	\$4.70 Copay	\$4.70 Copay
Mental Health/ Substance Abuse OP Office Visit	\$0	\$4.70 Copay	\$4.70 Copay	\$4.70 Copay	\$4.70 Copay	\$4.70 Copay	\$4.70 Copay
Medical Equipment & Supplies	\$0	\$4.70 Copay	\$4.70 Copay	\$4.70 Copay	\$4.70 Copay	\$4.70 Copay	\$4.70 Copay
Maternity and Family Planning	\$0	Coins	Coins	Coins	Coins	Coins	Coins
Urgent Care	\$0	\$4.70 Copay	\$4.70 Copay	\$4.70 Copay	\$4.70 Copay	\$4.70 Copay	\$4.70 Copay
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	\$0	\$0	\$0	\$0	\$0
Outpatient Hospital & Surgical Services	0%	\$4.70 Copay	\$4.70 Copay	\$4.70 Copay	\$4.70 Copay	\$4.70 Copay	\$4.70 Copay
High-Tech Imaging	0%	\$4.70 Copay	\$4.70 Copay	\$4.70 Copay	\$4.70 Copay	\$4.70 Copay	\$4.70 Copay
Lab/X-RAY	0%	\$4.70 Copay	\$4.70 Copay	\$4.70 Copay	\$4.70 Copay	\$4.70 Copay	\$4.70 Copay
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 Copay	\$9.40 Copay	\$9.40 Copay	\$9.40 Copay	\$9.40 Copay	\$9.40 Copay
Rx Tier 6 Specialty	0%	\$9.40 Copay	\$9.40 Copay	\$9.40 Copay	\$9.40 Copay	\$9.40 Copay	\$9.40 Copay

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 2023 brochure for more details on these discounts of allowed charges (negotiated discounts) compared to billed charges (what doctors/hospitals charge customers without insurance).

SUMMARIZED 2023 ARHOME - Health Advantage



	Silver Plan AH1 0-20% FPL	Silver Plan AH1 21-40% FPL	Silver Plan AH1 41-60% FPL	Silver Plan AH1 61-80% FPL	Silver Plan AH1 81-100% FPL	Silver Plan AH1 101-120% FPL	Silver Plan AH1 121-138% FPL
On/Off Exchange	ARHOME	ARHOME	ARHOME	ARHOME	ARHOME	ARHOME	ARHOME
Includes BlueCard	No	No	No	No	No	No	No
Deductible	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Out-of-Pocket Max	\$0	\$108 (\$27 per quarter)	\$216 (\$54 per quarter)	\$324 (\$81 per quarter)	\$432 (\$108 per quarter)	\$540 (\$135 per quarter)	\$652 (\$163 per quarter)
Coinsurance	0%	0%	0%	0%	0%	0%	0%
PCP & OP Rehab/Hab Office Visits	\$0	\$4.70 Copay	\$4.70 Copay	\$4.70 Copay	\$4.70 Copay	\$4.70 Copay	\$4.70 Copay
Specialist Office Visit (Consult/Evaluation)	\$0	\$4.70 Copay	\$4.70 Copay	\$4.70 Copay	\$4.70 Copay	\$4.70 Copay	\$4.70 Copay
Mental Health/ Substance Abuse OP Office Visit	\$0	\$4.70 Copay	\$4.70 Copay	\$4.70 Copay	\$4.70 Copay	\$4.70 Copay	\$4.70 Copay
Medical Equipment & Supplies	\$0	\$4.70 Copay	\$4.70 Copay	\$4.70 Copay	\$4.70 Copay	\$4.70 Copay	\$4.70 Copay
Maternity and Family Planning	\$0	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins
Urgent Care	\$0	\$4.70 Copay	\$4.70 Copay	\$4.70 Copay	\$4.70 Copay	\$4.70 Copay	\$4.70 Copay
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	\$0	\$0	\$0	\$0	\$0
Outpatient Hospital & Surgical Services	0%	\$4.70 Copay	\$4.70 Copay	\$4.70 Copay	\$4.70 Copay	\$4.70 Copay	\$4.70 Copay
High-Tech Imaging	0%	\$4.70 Copay	\$4.70 Copay	\$4.70 Copay	\$4.70 Copay	\$4.70 Copay	\$4.70 Copay
Lab/X-RAY	0%	\$4.70 Copay	\$4.70 Copay	\$4.70 Copay	\$4.70 Copay	\$4.70 Copay	\$4.70 Copay
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 Copay	\$9.40 Copay	\$9.40 Copay	\$9.40 Copay	\$9.40 Copay	\$9.40 Copay
Rx Tier 6 Specialty	0%	\$9.40 Copay	\$9.40 Copay	\$9.40 Copay	\$9.40 Copay	\$9.40 Copay	\$9.40 Copay

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