# 2024
# LIMITED DURATION
# HEALTH INSURANCE PLANS

Arkansas
BlueCross BlueShield
An Independent Licensee of the Blue Cross and Blue Shield Association

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Our limited duration plans, Complete, Complete Plus and Short Term, provide affordable coverage designed to cover you for the length of time you need it.

## LIMITED DURATION INSURANCE PLANS CAN HELP WHEN YOU ARE:

- No longer covered by a parent's plan
- Waiting for coverage to start at a new job
- Waiting to become eligible for Medicare
- Waiting for the next open enrollment period
- In-between jobs
- A temporary or seasonal employee
- A recent graduate
- Temporarily without health insurance for any reason

## DIFFERENCES BETWEEN LIMITED DURATION PLANS AND ACA (AFFORDABLE CARE ACT) PLANS

| | **LIMITED DURATION PLANS** (Not ACA-compliant) | **ACA PLANS** |
|---|---|---|
| Can I buy it year-round at any time? | Yes | No |
| Can I be declined because of pre-existing conditions? | Yes | No |
| Does it cover maternity care? | No | Yes |
| Does it cover prescription drugs? | Varies by plan | Yes |
| Can I use a government subsidy to purchase it? | No | Yes |
| Does the plan automatically renew every year? | Varies by plan | Yes |

This chart only provides general information about plan types. The specific details of any particular plan may vary. This coverage is not required to comply with certain federal market requirements for health insurance, principally those contained in the Affordable Care Act. Be sure to check your policy carefully to make sure you are aware of any exclusions or limitations regarding coverage of preexisting conditions or health benefits (such as hospitalization, emergency services, maternity care, preventive care, prescription drugs, and mental health and substance use disorder services). Your policy might also have lifetime and/or annual dollar limits on health benefits. If this coverage expires or you lose eligibility for this coverage, you might have to wait until an open enrollment period to get other health insurance coverage.

# WE GIVE CUSTOMERS CHOICES.

You don't have to wait until the next Open Enrollment Period to shop for health insurance. You can apply for these policies anytime.

## COMPLETE AND COMPLETE PLUS PLANS

Comprehensive coverage that provides the choice of single-term or renewable-term plans.

- **Provide predictable copays for primary care doctors with some plan options also featuring copays for specialists**
- **Feature affordable monthly premiums**
- **Includes prescription drug coverage***

## SHORT TERM PLANS

Basic coverage for 30 to 88 days to protect against catastrophic medical expenses

- **Protect against the high costs of unexpected illness, diseases or accidents with $1 million in benefits per covered member**
- **Feature one simple payment to cover the entire term of the policy**
- **Can be effective almost immediately**

### SINGLE TERM AND RENEWABLE TERM

Complete and Complete Plus plans both give you the option of buying single-term or renewable-term plans. You have the option to renew each type of plan when it expires.

- Single-term plans provide health insurance coverage for less than 12 months. These plans expire one minute before midnight on the last day of the twelfth month of the plan.
- Renewable-term plans provide health insurance coverage that automatically renews each year and provides you a total length of coverage lasting up to 36 months.

*For more details see the plan benefit comparison chart on page 4.

# PLAN BENEFIT COMPARISON

| | SHORT TERM | COMPLETE | COMPLETE PLUS |
|---|---|---|---|
| Duration | 30-88 days | Single-term or renewable-term | Single-term or renewable-term |
| Deductible | $500 or $1,000 | $1,000, $2,500, $5,000 or $7,500 | $500, $1,000, $2,500 or $5,000 |
| Coinsurance | 20% | 20% or 30% | 20% |
| Coinsurance Maximum | $2,000 | $3,500 | $2,500 |
| Maximum Policy Benefit | $1,000,000 Per Person | $1,000,000 Per Person | $1,000,000 Per Person |
| Total Prescription Drug Cap* | Not covered | $1,000 per member per policy term | $1,000 per member per policy term |
| Pre-Existing Conditions | Not covered | Covered | Covered |
| Maternity | Not covered | Not covered | Not covered |
| Payment Method | One-time lump payment | Monthly bank draft or autopay | Monthly bank draft or autopay |
| Plan Premium Comparison | $ | $$ | $$$ |
| **What You Pay for Services** | | | |
| Primary Care Physician | Deductible/Coinsurance | $30 copay | $20 copay |
| Specialist | Deductible/Coinsurance | Deductible/Coinsurance | $50 copay |
| Prescription Drugs (Benefits cease after Total Prescription Drug Cap is reached) | Not covered | Deductible/Coinsurance | $20 preferred generic copay, $50 non-preferred generic copay, $75 brand copay |
| Children's Preventive Care | 0% | 0% | 0% |
| Essential Wellness Care | 100% | 0% | 0% |
| Emergency Room | Deductible/Coinsurance | Deductible/Coinsurance | $250 copay |
| Inpatient & Outpatient (Hospital and Surgical)** | Deductible/Coinsurance | Deductible/Coinsurance | Deductible/Coinsurance |
| Mental Health & Substance Abuse | Not covered | $30 copay for 3 covered visits | $20 copay for 3 covered visits |
| Monthly Cost | See page 5 | To get a free quote for Complete or Complete Plus, call your agent. | |

* Total Prescription Drug Cap is the amount Arkansas Blue Cross pays per policy term.

** Excludes Mental Health and Substance Abuse

# CALCULATING SHORT TERM PLAN COSTS

**To get a free quote for Complete or Complete Plus**, visit arkbluecross.com/complete or call your agent.

(Refer to the rate chart at right)

### STEP 1

Find the appropriate deductible heading—$500 or $1,000.

### STEP 2

Choose the type of coverage for which you are applying—Individual; Individual and Spouse; Individual and Child(ren); or Individual, Spouse and Child(ren).

### STEP 3

Find the age of the oldest person to be covered.

### STEP 4

This should lead you to your daily premium.

$_____

### STEP 5

Multiply your daily premium by the number of days of coverage for which you are applying.*

X_____

### STEP 6

Make your online premium payment for this total amount.

$_____

## WHAT HAPPENS WHEN MY POLICY ENDS?

You have the chance to purchase a new policy, which will cover you 30 to 88 days. Once your new policy is effective, you will receive a new ID card in the mail.

## PRE-EXISTING CONDITIONS

Any condition discovered during the previous policy will be considered a pre-existing condition and will NOT be covered by any new Short Term policy.

## PAYMENT METHOD

As with your initial Short Term policy, a one-time payment is submitted up-front (no refunds available).

* When counting the number of days, count the first day of coverage and the last day of coverage (30 minimum/88 maximum). **Coverage begins at 12:01 a.m. on the first day and terminates at 12:00 midnight on the last day of coverage.**

| AGE | $500 DEDUCTIBLE | $1,000 DEDUCTIBLE |
|---|---|---|
| **INDIVIDUAL** | | |
| 00-24 | $3.00 | $2.70 |
| 25-29 | $3.60 | $3.15 |
| 30-34 | $4.05 | $3.55 |
| 35-39 | $4.90 | $4.30 |
| 40-44 | $5.60 | $4.90 |
| 45-49 | $6.90 | $6.05 |
| 50-54 | $8.45 | $7.35 |
| 55-59 | $11.05 | $9.60 |
| 60-64 | $14.00 | $12.15 |
| **INDIVIDUAL AND SPOUSE** | | |
| 00-24 | $5.40 | $4.75 |
| 25-29 | $6.65 | $5.80 |
| 30-34 | $7.60 | $6.60 |
| 35-39 | $9.00 | $7.85 |
| 40-44 | $10.45 | $9.05 |
| 45-49 | $12.20 | $10.60 |
| 50-54 | $15.10 | $13.10 |
| 55-59 | $20.00 | $17.35 |
| 60-64 | $26.00 | $22.50 |
| **INDIVIDUAL AND CHILD(REN)** | | |
| 00-24 | $7.00 | $6.10 |
| 25-29 | $7.60 | $6.65 |
| 30-34 | $8.05 | $7.05 |
| 35-39 | $8.90 | $7.75 |
| 40-44 | $9.80 | $8.50 |
| 45-49 | $10.40 | $9.05 |
| 50-54 | $11.05 | $9.60 |
| 55-59 | $13.85 | $12.00 |
| 60-64 | $17.15 | $14.90 |
| **INDIVIDUAL, SPOUSE AND CHILD(REN)** | | |
| 00-24 | $9.05 | $7.85 |
| 25-29 | $10.55 | $9.20 |
| 30-34 | $11.65 | $10.15 |
| 35-39 | $13.40 | $11.60 |
| 40-44 | $15.10 | $13.10 |
| 45-49 | $17.00 | $14.70 |
| 50-54 | $19.80 | $17.15 |
| 55-59 | $25.40 | $22.00 |
| 60-64 | $32.25 | $27.90 |

# NEGOTIATED DISCOUNTS

Arkansas Blue Cross 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.

# NEED MORE COVERAGE?

### DENTAL OR VISION COVERAGE

We sell separate plans to help you keep your dental and vision costs low. We even have a dental plan that includes vision coverage. Just call your agent to learn more.

# HAVE QUESTIONS?

### CONTACT YOUR AGENT.

# IMPORTANT INFORMATION

## ABOUT OUR SHORT TERM INSURANCE POLICY

**Eligibility:** You are eligible for our Short Term plan if you are a permanent resident of Arkansas and *between* the ages of six months and 65. You are **NOT** eligible if:

- You are covered by Medicaid or Medicare or any other health insurance. (Our Short Term plan does not coordinate benefits with any other health insurer.)
- You are pregnant.
- Within the past five years, you received consultation or treatment for any of the conditions identified on the application.

Eligible **dependents** must be permanent residents of Arkansas and must be between the ages of 6 months and age 19.

Policy Form # 17-231

**Pre-existing Conditions Exclusion Period:** Pre-existing conditions or diseases are NOT covered. A pre-existing condition or disease is one that causes symptoms, before the effective date of the policy, that would have caused an ordinarily prudent person to seek diagnosis, care or treatment. This also applies to aggravations of such conditions or diseases. There is NO credit given toward the pre-existing condition exclusion for prior insurance.

**Excluded Benefits:** The following services are NOT covered:

- Pregnancy/childbirth (complications are covered)
- Prescription drugs
- Mental health/substance abuse
- Outpatient physical/occupational/speech therapy
- Transplants
- Infertility
- Adult routine care
- Hospice
- Vision (refractory, eyeglasses, etc.)
- Pre-existing conditions
- Services that are not medically necessary
- Services or supplies received outside the United States
- Other limits and exclusions apply as written in the policy contract

**Policy terms and termination:** If your temporary need for coverage continues beyond your original coverage period, you may apply for a **new** Short Term policy.

**Any condition that manifested during the term of the previous policy will be considered a pre-existing condition and will NOT be covered by the subsequent Short Term policy.**

This policy does **not** provide continuous coverage for any other Arkansas Blue Cross individually underwritten policies, including any you apply for while your Short Term policy is in effect. A policy is issued based on the status of the applicant(s) at the time the policy is effective. No changes are allowed to the policy once it has been issued. We may terminate the policy only if you have furnished fraudulent information or if you misuse your identification card. If we terminate this policy, we will give you 10 days' written notice. We will not refund any part of your premium. **Once you have been accepted and payment has been received, the premium will not be refunded for any reason.**

**Extension of Benefits:** If you are hospitalized for a covered condition when your policy ends, you may be eligible for an extension of benefits. This extension applies only to the condition for which you are hospitalized, and covers related hospital and physician services. Benefits may be extended until the earlier of the date you reach any applicable benefit maximum or the date following your discharge from the hospital. Under no circumstances, can benefits be extended more than 60 days from the original termination date of your policy.

# IMPORTANT INFORMATION

## ABOUT OUR COMPLETE & COMPLETE PLUS INSURANCE POLICIES

A Complete or Complete Plus Single Term is a short term, limited-term health insurance policy that provides health insurance coverage for a Term of less than 12 months after the Policy Effective Date; the Policy Term expires at 11:59 on the last day of the twelfth month. THIS POLICY IS NON-RENEWABLE.

A Complete or Complete Plus Renewable Term is a short term, limited-term health insurance policy that provides health insurance coverage for a Term of less than 12 months after the Policy Effective Date; the Policy Term expires at 11:59 PM on the last day of the twelfth month. Upon expiration of the initial Term, the Policy may be renewed at the option of the policyholder for two subsequent terms, which will allow the Policy to have a duration of no longer than 36 months in total.

**Eligibility:** This coverage is available to Arkansas residents age 64 and younger. Individuals who are eligible for Medicaid or Medicare are not eligible to apply for this plan. For more details, call 1-800-392-2583.

This coverage is **not** required to comply with certain federal market requirements for health insurance, principally those contained in the Affordable Care Act. Be sure to check your policy carefully to make sure you are aware of any exclusions or limitations regarding health benefits (such as hospitalization, emergency services, maternity care, preventive care, prescription drugs, and mental health and substance use disorder services). Your policy might also have lifetime and/or annual dollar limits on health benefits. If this coverage expires or you lose eligibility for this coverage, you might have to wait until an open enrollment period to get other health insurance coverage.
Policy Forms # 17-336, 17-337, 17-338, 17-339

**Out-Of-Network Coverage:** Coverage for care out-of-network will be covered, as follows:

- The deductible is tripled.
- For Complete policies, the coinsurance increases by 20% or 30% after deductible. For Complete Plus policies, the coinsurance increases by 20%.
- There is no limit to the policy coinsurance maximum.
- Balance billing (the difference between the provider's bill and the Arkansas Blue Cross allowed amount) must be paid by the policyholder.

**Prescription Drug Benefits:** Complete and Complete Plus use the Essential Complete Formulary, which is a low-cost formulary (list of drugs) alternative that emphasizes the use of generic drugs and includes select brand-name drugs in most categories of medications. There is no prescription drug coverage if you use out-of-network pharmacies. Maximum of $1,000 per Policy Term per Covered Person.

**Essential Wellness Care:** Essential wellness care is different than standard preventive care services. To learn more about covered services, please review your Complete or Complete Plus policy.

**Exclusions:** Complete and Complete Plus plans have exclusions, limitations and terms under which the insurance policy may be continued or discontinued. The Complete and Complete Plus insurance plans are age and sex-rated, meaning premiums are based on the age and sex of each covered member. Premiums are also based on whether you choose individual or family coverage and the deductible and coinsurance you select. The Company's determination to provide or refuse coverage will be based upon the answers to the health questions on the application as well as additional verifying medical information the Company may require.

**Tobacco Users:** Complete and Complete Plus rates are discounted for nontobacco users. An additional 20 percent will be applied to any standard risk tobacco user's amount of premium.

**Benefits and Services Not Included:** Routine maternity care and obstetrical care; injuries or diseases caused by war; dentistry (except for some oral surgery); eye refractions or eyeglasses, unless needed because of accidental injury; cosmetic surgeries, unless needed because of accidental injury; health interventions not meeting primary coverage criteria - medical or hospital services collectible under Workers Compensation or any law providing benefits for dependents of military personnel; services rendered in government hospitals (unless otherwise required by law); 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.

**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.

**General Coverage Limitations:** Home health care is limited to 40 visits per policy year; outpatient physical therapy, occupational therapy and speech therapy are limited to 30 visits per policy term; ambulance coverage is limited to $2,500 per person per policy max; durable medical equipments is subject to deductible and coinsurance, and a $5,000 policy max. All organ transplants, except kidney and cornea transplants, are subject to prior approval. Spinal manipulation is limited to 6 spinal manipulations per policy term.

**Mental Illness:** Mental illness is limited to 3 office visits per person per Policy Term.

**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.

**Medical Underwriting:** This health insurance is medically underwritten. To be approved for coverage and issued a policy, you must answer health questions and pass medical underwriting. Based on medical underwriting, there may be an additional premium surcharge added. In addition, exclusions related to lifestyle choices (e.g., hazardous hobbies or foreign travel) may be added to your policy.

**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 Complete or Complete Plus 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 are subject to the policy, and some are subject to medical underwriting. Since applications for our Complete and Complete Plus insurance policies take time to process and you are not guaranteed the coverage you request, we advise you to keep your current coverage in effect until we notify you that your application has been approved.