

2023

AFFORDABLE CARE ACT (ACA) PLANS

FOR YOU & YOUR FAMILY



Health Advantage

An Independent Licensee of the Blue Cross and Blue Shield Association

WHY CONSIDER AN ACA PLAN?



1

YOU CAN'T BE TURNED DOWN.

You'll be able to enroll in a health benefit 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. The majority of members who buy plans on the Health Insurance Marketplace receive financial assistance.

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 OEP for 2023 coverage is November 1, 2022 to January 15, 2023.
- It's possible to enroll outside of OEP. Significant events such as marriage, childbirth or losing employer coverage might make you eligible.*

4

ESSENTIAL HEALTH BENEFITS ARE COVERED.

Our plans cover all essential health benefit categories required by the healthcare law. To learn more, see page 7.

**FIND OUT IF YOU
QUALIFY FOR
LOW-COST
HEALTH
PLAN COVERAGE**

FREE RATE QUOTE!

CALL YOUR AGENT

*Typically, these special circumstances require enrollment into a health plan within 60 days of the life event. A Health Advantage agent can make sense of the enrollment process and help walk you through it.

KEY BENEFITS

	HA Silver Standardized (No BlueCard)	HA Gold Plan 2 (No BlueCard)	HA Gold Standardized (No BlueCard)
	YOU PAY	YOU PAY	YOU PAY
Preventive Services	\$0	\$0	\$0
Primary Care Provider Office Visit (After First Two Visits)	\$40 Copay	2 at \$0, then \$30 Copay	\$30 Copay
Individual Deductible	\$5,800	\$0	\$2,000
Family Deductible	\$11,600	\$0	\$4,000
Preventive (Tier 1) PRESCRIPTION DRUGS	\$0	\$0	\$0
Generic (Tier 2)[†] PRESCRIPTION DRUGS	\$20/\$40 Copay	\$25/\$50 Copay	\$15/\$30 Copay
Individual Drug Deductible	See med ded	\$1,250	See med ded
Family Drug Deductible	See med ded	\$2,500	See med ded
Preferred Brand (Tier 3)[†] PRESCRIPTION DRUGS	\$40/\$80 Copay	\$40/\$80 Copay after ded	\$30/\$60 Copay
Non-Preferred Brand (Tier 4)[†] PRESCRIPTION DRUGS	\$80/\$160 Copay after ded	\$100/\$200 Copay after ded	\$60/\$120 Copay
Specialty (Tier 5) PRESCRIPTION DRUGS	\$350 Copay after ded	Ded/40% Coinsurance	\$250 Copay
Specialty (Tier 6) PRESCRIPTION DRUGS	\$350 Copay after ded	Ded/50% Coinsurance	\$250 Copay
Individual Out-of-Pocket Max	\$8,900	\$7,500	\$8,700
Family Out-of-Pocket Max	\$17,800	\$15,000	\$17,400

Health Advantage is a Qualified Health Plan issuer in the Health Insurance Marketplace.



ADDITIONAL BENEFITS

BLUE 365

Health Advantage 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)

We offer free online HRAs that help you understand your current health, spot your health trends and track your health risks.

MAIL ORDER PRESCRIPTIONS

With our individual health plans, you have the option to receive prescription drug deliveries delivered 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.

CALL YOUR AGENT

MAKING SENSE OF SECURITY

COINSURANCE: Coinsurance is your share of the costs, usually after you've met your deductible. For example, if your plan pays 80% for a service, you would pay 20% in coinsurance. With your Health Advantage plan, when you reach your out-of-pocket max, you no longer have to pay coinsurance for covered services.

COPAYMENT: Copays are what you pay at the doctor or pharmacy. They do not count against your deductible. An example would be paying \$25 at a doctor's visit or \$15 for a prescription. With your Health Advantage plan, when your out-of-pocket max 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.

OUT-OF-POCKET MAXIMUM: The out-of-pocket max is the most you'll spend for covered medical services in a year. After you reach this amount, you will no longer have to pay coinsurance or deductibles. (This does not include your monthly premium.)

PRIMARY CARE PROVIDER (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.



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 ARHome. Many Arkansans may qualify for an Health Advantage health plan with no monthly premium. With ARHome, you can see any Health Advantage 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 Health Advantage has built a reputation. We can help you find out if you qualify for a free health plan from Health Advantage.

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 Health Advantage allowed amount) must be paid by the subscriber. Health Advantage qualified health plans have limitations and terms under which the health benefit plan 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 member.

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 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; 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: Health Advantage requires pre-admission approval for all non-emergent hospital admissions. 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, Health Advantage 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 Health Advantage qualified health benefit plans evidence of coverage. The outline is not the evidence of coverage, and only the actual provisions will control. The evidence of coverage itself sets forth in detail the rights and obligations of both you and your health benefit plan. It is, therefore, important that you read the evidence of coverage carefully. Changes to this evidence of coverage only may be made during the annual open enrollment period or as a result of a special enrollment period.

Health Advantage 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.



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