

SUMMARIZED 2023 INDIVIDUAL BENEFIT GRID

	Gold Plan HSA1	Gold Plan Standardized	Silver Plan 1	Silver Plan 1 73% CSR	Silver Plan 1 87% CSR	Silver Plan 1 94% CSR	Silver Plan 2	Silver Plan 2 73% CSR	Silver Plan 2 87% CSR	Silver Plan 2 94% CSR	Silver Plan HSA1	Silver Plan HSA1 73% CSR	Silver Plan H1 87% CSR	Silver Plan H1 94% CSR
On/Off Exchange	Both	Both	Both	On	On	On	Both	On	On	On	Both	On	On	On
Includes Blue Card	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Individual Deductible	\$3,525	\$2,000	\$3,350	\$3,300	\$1,125	\$350	\$6,750	\$5,600	\$1,550	\$400	\$3,975	\$3,475	\$1,600	\$580
Family Deductible	\$7,050	\$4,000	\$6,700	\$6,600	\$2,250	\$700	\$13,500	\$11,200	\$3,100	\$800	\$7,950	\$6,950	\$3,200	\$1,160
Individual Out-of-Pocket Max	\$3,525	\$8,700	\$8,950	\$7,250	\$2,750	\$750	\$8,550	\$7,250	\$2,800	\$875	\$6,380	\$5,875	\$1,600	\$580
Family Out-of-Pocket Max	\$7,050	\$17,400	\$17,900	\$14,500	\$5,500	\$1,500	\$17,100	\$14,500	\$5,600	\$1,750	\$12,760	\$11,750	\$3,200	\$1,160
Rx Individual Deductible	See med ded	See med ded	\$700	\$700	\$275	\$100	\$1,800	\$1,400	\$375	\$115	See med ded	See med ded	See med ded	See med ded
Rx Family Deductible	See med ded	See med ded	\$1,400	\$1,400	\$550	\$200	\$3,600	\$2,800	\$750	\$230	See med ded	See med ded	See med ded	See med ded
Coinsurance	0%	25%	40%	40%	35%	20%	40%	40%	40%	20%	20%	10%	0%	0%
PCP & OP Rehab/Hab Office Visits	Ded/Coins	\$30 Copay	2 @ \$0, then \$35 Copay	2 @ \$0, then \$30 Copay	2 @ \$0, then \$13 Copay	2 @ \$0, then \$13 Copay	\$0	\$0	\$0	\$0	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins
Specialist Office Visit (Consult/Evaluation)	Ded/Coins	\$60 Copay	\$95 Copay	\$90 Copay	\$35 Copay	\$26 Copay	\$80 Copay	\$70 Copay	\$24 Copay	\$10 Copay	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins
Mental Health/Substance Abuse OP Office Visit	Ded/Coins	\$30 Copay	2 @ \$0, then \$35 Copay	2 @ \$0, then \$30 Copay	2 @ \$0, then \$13 Copay	2 @ \$0, then \$13 Copay	\$0	\$0	\$0	\$0	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins
Medical Equipment & Supplies	Ded/Coins	Ded/Coins	Ded/50% Coins	Ded/50% Coins	Ded/50% Coins	Ded/50% Coins	Ded/50% Coins	Ded/50% Coins	Ded/50% Coins	Ded/50% Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins
Maternity and Family Planning	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins
Urgent Care	Ded/Coins	\$45 Copay	\$95 Copay	\$90 Copay	\$35 Copay	\$26 Copay	\$80 Copay	\$70 Copay	\$24 Copay	\$10 Copay	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins
Emergency Room	Ded/Coins	Ded/Coins	\$575 Copay after Ded	\$500 Copay after Ded	\$150 Copay after Ded	\$75 Copay after Ded	\$600 Copay after Ded	\$500 Copay after Ded	\$350 Copay after Ded	\$60 Copay after Ded	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins
Inpatient Hospital, MH/SA	Ded/Coins	Ded/Coins	\$575 Copay /Day after Ded	\$500 Copay /Day after Ded	\$150 Copay /Day after Ded	\$75 Copay /Day after Ded	\$750 Copay /Day after Ded	\$650 Copay /Day after Ded	\$400 Copay /Day after Ded	\$60 Copay /Day after Ded	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins
Outpatient Hospital & Surgical Services	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coin	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins
High-Tech Imaging	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	\$350 Copay after Ded	\$250 Copay after Ded	\$200 Copay after Ded	\$25 Copay after Ded	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins
Lab/X-RAY	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins
Rx Tier 1 Preventive	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Rx Tier 2 Generic	Ded/Coins	\$15/\$30 Copay*	\$25/\$50 Copay*	\$25/\$50 Copay*	\$10/\$20 Copay*	\$10/\$20 Copay*	\$30/\$60 Copay*	\$20/\$40 Copay*	\$5/\$10 Copay*	\$5/\$10 Copay*	\$20/\$40 Copay after Ded*	\$10/\$20 Copay after Ded*	Ded/Coins	Ded/Coins
Rx Tier 3 Preferred Brand	Ded/Coins	\$30/\$60 Copay*	\$80/\$160 Copay after Ded*	\$80/\$160 Copay after Ded*	\$40/\$80 Copay after Ded*	\$30/\$60 Copay after Ded*	\$80/\$160 Copay after Ded*	\$65/\$130 Copay after Ded*	\$30/\$60 Copay after Ded*	\$20/\$40 Copay after Ded*	\$40/\$80 Copay after Ded*	\$30/\$60 Copay after Ded*	Ded/Coins	Ded/Coins
Rx Tier 4 Non-Preferred Brand	Ded/Coins	\$60/\$120 Copay*	\$150/\$300 Copay after Ded*	\$150/\$300 Copay after Ded*	\$80/\$160 Copay after Ded*	\$60/\$120 Copay after Ded*	\$160/\$320 Copay after Ded*	\$130/\$260 Copay after Ded*	\$60/\$120 Copay after Ded*	\$40/\$80 Copay after Ded*	\$80/\$160 Copay after Ded*	\$50/\$100 Copay after Ded*	Ded/Coins	Ded/Coins
Rx Tier 5 Specialty	Ded/Coins	\$250 Copay	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	\$350 Copay after Ded	\$270 Copay after Ded	\$120 Copay after Ded	\$80 Copay after Ded	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins
Rx Tier 6 Specialty	Ded/Coins	\$250 Copay	Ded/50% Coins	Ded/50% Coins	Ded/50% Coins	Ded/40% Coins	\$400 Copay after Ded	\$320 Copay after Ded	\$150 Copay after Ded	\$100 Copay after Ded	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins

Arkansas Blue Cross and Blue Shield and Blue Cross Blue Shield is a Qualified Health Plan issuer in the Health Insurance Marketplace.

Off-Exchange Plans: Plans only available if purchased directly from Arkansas Blue Cross and Blue Shield.

*Second tier is mail order. Three scripts for the cost of two.

Important Notes

Tier 1 and 2 drugs are NOT subject to RX Deductible.

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.

Agents 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).

	Silver Plan 6	Silver Plan 6 73%CSR	Silver Plan 6 87%CSR	Silver Plan 6 94%CSR	Silver Plan Standardized	Silver Plan Standardized 73% CSR	Silver Plan Standardized 87% CSR	Silver Plan Standardized 94% CSR	Bronze Plan 1	Bronze Plan HSA1	Bronze Plan 3	Bronze Plan Standardized
On/Off Exchange	Both	On	On	On	Both	On	On	On	Both	Both	Both	Both
Includes Blue Card	No	No	No	No	No	No	No	No	Yes	Yes	No	No
Individual Deductible	\$0	\$0	\$0	\$0	\$5,800	\$5,700	\$800	\$0	\$8,550	\$7,000	\$3,000	\$9,100
Family Deductible	\$0	\$0	\$0	\$0	\$11,600	\$11,400	\$1,600	\$0	\$17,100	\$14,000	\$6,000	\$18,200
Individual Out-of-Pocket Max	\$8,700	\$7,250	\$2,900	\$890	\$8,900	\$7,200	\$3,000	\$1,700	\$8,550	\$7,000	\$8,800	\$9,100
Family Out-of-Pocket Max	\$17,400	\$14,500	\$5,800	\$1,780	\$17,800	\$14,400	\$6,000	\$3,400	\$17,100	\$14,000	\$17,600	\$18,200
Rx Individual Deductible	\$1,900	\$1,900	\$450	\$360	See med ded	See med ded	See med ded	See med ded	See med ded	See med ded	\$2,900	See med ded
Rx Family Deductible	\$3,800	\$3,800	\$900	\$720	See med ded	See med ded	See med ded	See med ded	See med ded	See med ded	\$5,800	See med ded
Coinsurance	50%	40%	20%	10%	40%	40%	30%	25%	0%	0%	50%	0%
PCP & OP Rehab/Hab Office Visits	2 @\$0, then \$50 Copay	2 @ \$0, then \$50 Copay	2 @ \$0, then \$25 Copay	2 @ \$0, then \$15 Copay	\$40 Copay	\$30 Copay	\$20 Copay	\$0	2 @ \$0, then \$45 Copay	Ded/Coins	\$65 Copay	Subject to Deductible
Specialist Office Visit (Consult/Evaluation)	\$90 Copay	\$90 Copay	\$45 Copay	\$25 Copay	\$80 Copay	\$60 Copay	\$40 Copay	\$10 Copay	\$100 Copay	Ded/Coins	\$130 Copay	Subject to Deductible
Mental Health/Substance Abuse OP Office Visit	2 @ \$0, \$50 Copay	2 @ \$0, then \$50 Copay	2 @ \$0, then \$25 Copay	2 @ \$0, then \$15 Copay	\$40 Copay	\$30 Copay	\$20 Copay	\$0	2 @ \$0, then \$45 Copay	Ded/Coins	2 @ \$0, then \$65 Copay	Subject to Deductible
Medical Equipment & Supplies	Coinsurance	Coinsurance	Coinsurance	Coinsurance	Ded/Coins	Ded/Coins	Ded/Coins	Ded/coins	Ded/Coins	Ded/Coins	Ded/Coins	Subject to Deductible
Maternity and Family Planning	\$30 Copay pre/post care & Coins delivery	\$30 Copay pre/post care & Coins delivery	\$25 Copay pre/post care & Coins delivery	\$15 Copay pre/post care & Coins delivery	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Subject to Deductible
Urgent Care	\$60 Copay	\$50 Copay	\$30 Copay	\$20 Copay	\$60 Copay	\$45 Copay	\$30 Copay	\$5 Copay	Ded/Coins	Ded/Coins	\$130 Copay	Subject to Deductible
Emergency Room	Coinsurance	Coinsurance	Coinsurance	Coinsurance	Ded/Coins	Ded/Coins	Ded/Coins	Coins	Ded/Coins	Ded/Coins	Ded/Coins	Subject to Deductible
Inpatient Hospital,MH/SA	Coinsurance	Coinsurance	Coinsurance	Coinsurance	Ded/Coins	Ded/Coins	Ded/Coins	Coins	Ded/Coins	Ded/Coins	Coinsurance	Subject to Deductible
Outpatient Hospital & Surgical Services	Coinsurance	Coinsurance	Coinsurance	Coinsurance	Ded/Coins	Ded/Coins	Ded/Coins	Coins	Ded/Coins	Ded/Coins	Ded/Coins	Subject to Deductible
High-Tech Imaging	Coinsurance	Coinsurance	Coinsurance	Coinsurance	Ded/Coins	Ded/Coins	Ded/Coins	Coins	Ded/Coins	Ded/Coins	Ded/Coins	Subject to Deductible
Lab/ X-RAY	\$50 Copay Lab; Coins X-Ray	\$50 Copay Lab; Coins X-Ray	\$25 Copay Lab; Coins X-Ray	\$15 Copay Lab; Coins X-Ray	Ded/Coins	Ded/Coins	Ded/Coins	Coins	Ded/Coins	Ded/Coins	\$60 Copay Lab; Coins X-Ray	Subject to Deductible
Rx Tier 1 Preventive	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Rx Tier 2 Generic	\$30/\$60 Copay	\$30/\$60 Copay	\$20/\$40 Copay	\$10/\$20 Copay	\$20/\$40 Copay*	\$20/\$40 Copay*	\$10/\$20 Copay*	\$0	\$30/\$60 Copay*	Ded/Coins	\$30/\$60 Copay	Subject to Deductible
Rx Tier 3 Preferred Brand	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	\$40/\$80 Copay*	\$40/\$80 Copay*	\$20/\$40 Copay*	\$15/\$30 Copay*	Ded/Coins	Ded/Coins	Ded/Coins	Subject to Deductible
Rx Tier 4 Non-Preferred Brand	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	\$80/160 Copay after ded*	\$80/160 Copay after ded*	\$60/120 Copay after ded*	\$50/100 Copay*	Ded/Coins	Ded/Coins	Ded/Coins	Subject to Deductible
Rx Tier 5 Specialty	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	\$350 Copay after ded	\$350 Copay after ded	\$250 Copay after Ded	\$150 Copay	Ded/Coins	Ded/Coins	Ded/Coins	Subject to Deductible
Rx Tier 6 Specialty	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	\$350 Copay after ded	\$350 Copay after ded	\$250 Copay after Ded	\$150 Copay	Ded/Coins	Ded/Coins	Ded/Coins	Subject to Deductible

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 Arkansas Blue Cross health insurance plan with no monthly premium. With ARHOME, you can see any Arkansas Blue Cross 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 Arkansas Blue Cross has built a reputation. We can help you find out if you qualify for a free health insurance plan from Arkansas Blue Cross.

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 Arkansas Blue Cross and Blue Shield allowed amount) must be paid by the policyholder. Arkansas Blue Cross qualified health plans have limitations and terms under which the insurance policy 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 covered person.

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 medically necessary; 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: Arkansas Blue Cross requires pre-admission approval for all non-emergent hospital admissions. Out of Area non-emergent hospital admissions are not covered if the service is available in the Policy's Service area. 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, Arkansas Blue Cross 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 Arkansas Blue Cross qualified health plan 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 only may be made during the annual open enrollment period or as a result of a special enrollment period.

Our Company 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.