

Arkansas Blue Cross and Blue Shield

2020 Dual Option Health Plans

Calendar-Year Benefit

Name	Medical Copay Type	Deductibles				Coinsurance		Out of Pocket Maximums				Medical Copays								RX Copays					Deductible Type	TrOOP Type
		IND	IND	FAM	FAM	IN	OUT	IND	IND	FAM	FAM	OT/PT/ST	MH Consult/Eval	IP	OP	ER	UC	PCP	SCP	Gen	Pref	Non Pref	Pref Spec	Spec		
		In-Net	00N	In-Net	00N			In-Net	00N																	
Gold 1000 ESSENTIAL	d	\$1,000	\$2,000	\$2,000	\$4,000	20%	40%	\$7,000	\$28,000	\$14,000	\$56,000	\$30	\$30	n/a	\$200	n/a	\$50	\$30	\$50	\$10	\$40	\$70	\$140	\$280	Fulfillment	Embedded
Silver 2000 ESSENTIAL	d	\$2,000	\$4,000	\$4,000	\$8,000	30%	50%	\$8,150	\$32,600	\$16,300	\$65,200	\$45	\$45	n/a	\$250	n/a	\$90	\$45	n/a	\$25	\$60	\$100	\$200	\$400	Fulfillment	Embedded
Gold 2000 ESSENTIAL	d	\$2,000	\$4,000	\$4,000	\$8,000	20%	40%	\$7,750	\$31,000	\$15,500	\$62,000	\$30	\$30	n/a	\$100	n/a	\$50	\$30	\$50	\$10	\$40	\$70	\$140	\$280	Fulfillment	Embedded
Silver 4000 ELITE	d	\$4,000	\$8,000	\$8,000	\$16,000	30%	50%	\$8,150	\$32,600	\$16,300	\$65,200	\$45	\$45	n/a	\$250	n/a	\$60	\$45	\$60	\$20	\$60	\$100	\$200	\$400	Fulfillment	Embedded
Platinum 250 ELITE		\$250	\$500	\$500	\$1,000	20%	40%	\$1,250	\$5,000	\$2,500	\$10,000	\$20	\$20	n/a	n/a	n/a	\$40	\$20	\$40	\$10	\$30	\$50	\$100	\$200	Fulfillment	Embedded
Gold 2100 HSA		\$2,100	\$4,200	\$4,200	\$8,400	0%	20%	\$2,100	\$8,400	\$4,200	\$16,800	Ded/Coins	Ded/Coins	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	True Family	True Family
Platinum 500 ESSENTIAL		\$500	\$1,000	\$1,000	\$2,000	20%	40%	\$2,000	\$8,000	\$4,000	\$16,000	\$20	\$20	n/a	n/a	n/a	\$40	\$20	\$40	\$10	\$30	\$50	\$100	\$200	Fulfillment	Embedded
Gold 2100 HSA		\$2,100	\$4,200	\$4,200	\$8,400	0%	20%	\$2,100	\$8,400	\$4,200	\$16,800	Ded/Coins	Ded/Coins	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	True Family	True Family
Platinum 500 ESSENTIAL		\$500	\$1,000	\$1,000	\$2,000	20%	40%	\$2,000	\$8,000	\$4,000	\$16,000	\$20	\$20	n/a	n/a	n/a	\$40	\$20	\$40	\$10	\$30	\$50	\$100	\$200	Fulfillment	Embedded
Gold 2800 HSA		\$2,800	\$5,600	\$5,600	\$11,200	0%	20%	\$2,800	\$11,200	\$5,600	\$22,400	Ded/Coins	Ded/Coins	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Embedded	Embedded
Platinum 1000 ELITE		\$1,000	\$2,000	\$2,000	\$4,000	20%	40%	\$2,500	\$10,000	\$5,000	\$20,000	\$30	\$30	n/a	n/a	n/a	\$50	\$30	\$50	\$10	\$30	\$50	\$100	\$200	Fulfillment	Embedded
Gold 2800 HSA		\$2,800	\$5,600	\$5,600	\$11,200	0%	20%	\$2,800	\$11,200	\$5,600	\$22,400	Ded/Coins	Ded/Coins	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Embedded	Embedded
Gold 1000 ELITE	d	\$1,000	\$2,000	\$2,000	\$4,000	20%	40%	\$5,000	\$20,000	\$10,000	\$40,000	\$20	\$20	n/a	\$100	n/a	\$40	\$20	\$40	\$10	\$30	\$50	\$100	\$200	Fulfillment	Embedded
Bronze 5500 ELITE**		\$5,500	\$11,000	\$11,000	\$22,000	50%	50%	\$8,150	\$32,600	\$16,300	\$65,200	\$25	\$25	n/a	n/a	n/a	\$25	n/a	\$25	n/a	n/a	n/a	n/a	n/a	Embedded	Embedded

Deductible Types

Fulfillment - Each family member is subject to the individual deductible until two or three family members have met their individual deductible limit.

Aggregate (True Family) - Each family member is subject to the family deductible until the family deductible limit is met.

Embedded - Each family members is subject to the individual deductible limit until the sum total family deductible limit has been reached.

UNLESS OTHERWISE MENTIONED BELOW, COPAYS ARE NOT SUBJECT TO DEDUCTIBLE

d: (OP) copay refers to surgery physician/services only & is copay, deductible, then coinsurance

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		In-Net	OON	In-Net	OON			In-Net	OON																	
Gold 2000 ELITE	d	\$2,000	\$4,000	\$4,000	\$8,000	20%	40%	\$6,500	\$26,000	\$13,000	\$52,000	\$20	\$20	n/a	\$100	n/a	\$40	\$20	\$40	\$10	\$30	\$50	\$100	\$200	Fulfillment	Embedded
Bronze 6750 HSA**		\$6,750	\$13,500	\$13,500	\$27,000	0%	20%	\$6,750	\$27,000	\$13,500	\$54,000	Ded/Coins	Ded/Coins	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Embedded	Embedded
Silver 3000 ELITE	d	\$3,000	\$6,000	\$6,000	\$12,000	30%	50%	\$8,150	\$32,600	\$16,300	\$65,200	Ded/Coins	Ded/Coins	n/a	\$250	n/a	n/a	n/a	n/a	\$15	\$50	\$85	\$170	\$340	Fulfillment	Embedded
Bronze 6750 HSA**		\$6,750	\$13,500	\$13,500	\$27,000	0%	20%	\$6,750	\$27,000	\$13,500	\$54,000	Ded/Coins	Ded/Coins	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Embedded	Embedded

**Expanded Bronze

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