

Arkansas Blue Cross and Blue Shield

2019 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	OON	In-Net	OON			In-Net	OON																	
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 2000 HSA		\$2,000	\$4,000	\$4,000	\$8,000	0%	20%	\$2,000	\$8,000	\$4,000	\$16,000	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	True Family	True Family
Platinum 500 ESSENTIAL		\$500	\$1,000	\$1,000	\$2,000	20%	40%	\$1,500	\$6,000	\$3,000	\$12,000	\$20	\$20	n/a	n/a	n/a	\$40	\$20	\$40	\$10	\$30	\$50	\$100	\$200	Fulfillment	Embedded
Gold 2000 HSA		\$2,000	\$4,000	\$4,000	\$8,000	0%	20%	\$2,000	\$8,000	\$4,000	\$16,000	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	True Family	True Family
Platinum 500 ESSENTIAL		\$500	\$1,000	\$1,000	\$2,000	20%	40%	\$1,500	\$6,000	\$3,000	\$12,000	\$20	\$20	n/a	n/a	n/a	\$40	\$20	\$40	\$10	\$30	\$50	\$100	\$200	Fulfillment	Embedded
Gold 2700 HSA		\$2,700	\$5,400	\$5,400	\$10,800	0%	20%	\$2,700	\$10,800	\$5,400	\$21,600	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%	\$2,000	\$8,000	\$4,000	\$16,000	\$30	\$30	n/a	n/a	n/a	\$50	\$30	\$50	\$10	\$30	\$50	\$100	\$200	Fulfillment	Embedded
Gold 2700 HSA		\$2,700	\$5,400	\$5,400	\$10,800	0%	20%	\$2,700	\$10,800	\$5,400	\$21,600	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%	\$4,000	\$16,000	\$8,000	\$32,000	\$20	\$20	n/a	\$100	n/a	\$40	\$20	\$40	\$10	\$30	\$50	\$100	\$200	Fulfillment	Embedded
Silver 4000 HSA		\$4,000	\$8,000	\$8,000	\$16,000	0%	20%	\$4,000	\$16,000	\$8,000	\$32,000	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
Gold 1500 ELITE	d	\$1,500	\$3,000	\$3,000	\$6,000	20%	40%	\$3,600	\$14,400	\$7,200	\$28,800	\$20	\$20	n/a	\$100	n/a	\$40	\$20	\$40	\$10	\$30	\$50	\$100	\$200	Fulfillment	Embedded
Silver 4000 HSA		\$4,000	\$8,000	\$8,000	\$16,000	0%	20%	\$4,000	\$16,000	\$8,000	\$32,000	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
Gold 1000 ELITE	d	\$1,000	\$2,000	\$2,000	\$4,000	20%	40%	\$4,000	\$16,000	\$8,000	\$32,000	\$20	\$20	n/a	\$100	n/a	\$40	\$20	\$40	\$10	\$30	\$50	\$100	\$200	Fulfillment	Embedded
Bronze 5000 ELITE		\$5,000	\$10,000	\$10,000	\$20,000	50%	50%	\$7,900	\$31,600	\$15,800	\$63,200	\$25	\$25	n/a	n/a	n/a	n/a	\$25	n/a	\$25	n/a	n/a	n/a	n/a	Embedded	Embedded
Gold 2000 ELITE	d	\$2,000	\$4,000	\$4,000	\$8,000	20%	40%	\$6,000	\$24,000	\$12,000	\$48,000	\$20	\$20	n/a	\$100	n/a	\$40	\$20	\$40	\$10	\$30	\$50	\$100	\$200	Fulfillment	Embedded
Bronze 5000 ELITE		\$5,000	\$10,000	\$10,000	\$20,000	50%	50%	\$7,900	\$31,600	\$15,800	\$63,200	\$25	\$25	n/a	n/a	n/a	n/a	\$25	n/a	\$25	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.

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

- a: ER has copay before deductible, then coinsurance
- b: Inpatient and SNF have copay before deductible. Copays are per admit.
- c: Two free visits before member cost-sharing applies (PCP)
- d: Outpatient copay refers to surgery physician/services only & is copay before deductible, then coinsurance

Arkansas Blue Cross and Blue Shield

2019 Dual Option Health Plans

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	OON	In-Net	OON			In-Net	OON																	
Gold 2000 ELITE	d	\$2,000	\$4,000	\$4,000	\$8,000	20%	40%	\$6,000	\$24,000	\$12,000	\$48,000	\$20	\$20	n/a	\$100	n/a	\$40	\$20	\$40	\$10	\$30	\$50	\$100	\$200	Fulfillment	Embedded
Bronze 6500 HSA		\$6,500	\$13,000	\$13,000	\$26,000	0%	20%	\$6,500	\$26,000	\$13,000	\$52,000	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 2500 ELITE	d	\$2,500	\$5,000	\$5,000	\$10,000	20%	40%	\$6,450	\$25,800	\$12,900	\$51,600	Ded/Coins	Ded/Coins	n/a	\$200	n/a	n/a	n/a	n/a	\$10	\$30	\$50	\$100	\$200	Fulfillment	Embedded
Bronze 6500 HSA		\$6,500	\$13,000	\$13,000	\$26,000	0%	20%	\$6,500	\$26,000	\$13,000	\$52,000	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

Deductible Types

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

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

a: ER has copay before deductible, then coinsurance

b: Inpatient and SNF have copay before deductible. Copays are per admit.

c: Two free visits before member cost-sharing applies (PCP)

d: Outpatient copay refers to surgery physician/services only & is copay before deductible, then coinsurance