# Arkansas Blue Cross and Blue Shield 2020 Dual Option Health Plans

# **Calendar-Year Benefit**

Name	Madical	Deductibles C				Coins	urance	0	ut of Pocke	t Maximu	ms	Medical Copays										RX Copa				
	Medical Copay	IND	IND	FAM	FAM	IN	OUT	IND II	IND	IND FAM	FAM	OT/ PT/ ST	MH Consult/ Eval	IP	0P	ER	uc					Non	Pref		Deductible Type	TrOOP Type
	Туре	In-Net	OON	In-Net	OON			In-Net	OON	In-Net	OON							PCP	SCP	Gen	Pref	Pref	Spec	Spec		
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
													1													
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
	l	1		1			1					1	ı			1		ı					ı			
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		<b>0</b> E00	Ø1 000	Ø1 000	<b>#2.000</b>	200/	400/	<b>#2.000</b>	<b>00.000</b>	<b>#4.000</b>	<b>#10.000</b>	000	фоо	/-	/ -	/-	040	<b>#20</b>	040	Φ1 O	000	ΦΕ0	<b>0100</b>	фара	Fulfillment	Fbdd-d
		\$500	\$1,000	\$1,000	\$2,000	20%	40%	\$2,000	\$8,000	\$4,000	\$16,000	\$20 Ded/Coins	\$20 Ded/Coins	n/a	n/a	n/a	\$40	\$20	\$40	\$10	\$30	\$50	\$100	\$200		Embedded
Gold 2100 HSA		\$2,100	\$4,200	\$4,200	\$8,400	0%	20%	\$2,100	\$8,400	\$4,200	\$16,800	Dea/Coins	Dea/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
		. , ,	, , , , , , ,	1.77.2.2	, , , , , ,			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		7.77	, , ,					,		,	,	, ,		•	, ,	,		
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
Silver 4500 HSA		\$4,500	\$9,000	\$9,000	\$18,000	0%	20%	\$4,500	\$18,000	\$9,000	\$36,000	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.

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



# Arkansas Blue Cross and Blue Shield 2020 Dual Option Health Plans

# **Calendar-Year Benefit**

Name	Medical Copay Type	Deductibles				Coins	urance	0	ut of Pocke	t Maximu	ms		Medical Copays									RX Copa	ıys			
		IND	IND	FAM	FAM			IND	IND	FAM	FAM	OT/	МН									Non	Pref		Deductible	Tr00P
		In-Net	OON	In-Net	OON	IN	OUT	In-Net	OON	In-Net	OON	PT/ ST	Consult/ Eval	IP	OP	ER	UC	PCP	SCP	Gen	Pref	Pref	Spec	Spec	Туре	Туре
Gold 1500 ELITE	d	\$1,500	\$3,000	\$3,000	\$6,000	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 4500 HSA		\$4,500	\$9,000	\$9,000	\$18,000	0%	20%	\$4,500	\$18,000	\$9,000	\$36,000	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%	\$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	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%	\$6,500	\$26,000	\$13,000	\$52,000	\$20	\$20	n/a	\$100	n/a	\$40	\$20	\$40	\$10	\$30	\$50	\$100	\$200	Fulfillment	Embedded
Bronze 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	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%	\$6,500	\$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

<sup>\*\*</sup>Expanded Bronze

## **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

