Arkansas 2014 Bronze Plan Cost Sharing Comparison Chart- All Regions

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Co	mpany		Blue Cross and I							Qua	lChoice Health I	nsurance of Arka									Ambetter	of Arkansas			Blue Cross Blue Shield, A Mul State Plan
Plan	Number:	300001	310001	370001	70001	70002	70007	70008	70013	70014	70019	70020	70025	70026	70031	70032	70037	70038	80005	80006	90005	90006	100005	100006	290001
Serv	vice Area:	All	All	All	С	С	NE	NE	NW	NW	SC	SC	WC	WC	С	С	NW	NW	C, NW, WC	C, NW, WC	All				
Marke	eting Name:	Bronze 6200	Bronze 6300	Bronze 5500		Bronze Premier Plus Statewide Network		Bronze Premier Plus		Bronze Premier Plus Statewide Network	Bronze Basic Plus	Bronze Premier Plus	Bronze Basic Plus	Bronze Premier Plus	r Plus Central Arkansas High	Bronze Premier Plus Central Arkansas High Value Network	Plus Northwest Arkansas High	Plus Northwest Arkansas High		Ambetter Bronze 2	Ambetter Bronze 1 + Vision	Ambetter Bronze 2 + Vision	Ambetter Bronze 1 + Vision + Adult Dental	Ambetter Bronze 2 + Vision + Adult Dental	Blue Cross Bl Shield 5000, Multi-State Plan
Deductible is combine	le (In-Network): led medical and drug unless vise indicated.	\$6,200	\$6,300	\$5,500	\$5,000	\$2,500	\$5,000	\$2,500	\$5,000	\$2,500	\$5,000	\$2,500	\$5,000	\$2,500	\$5,000	\$2,500	\$5,000	\$2,500	\$5,000 (medical) / \$500 (drug)	\$6,000	\$5,000 (medical) / \$500 (drug)	\$6,000	\$5,000 (medical) / \$500 (drug)	\$6,000	\$5,000
моор ((In-Network):	\$6,350	\$6,300	\$6,350	\$6,350	\$6,350	\$6,350	\$6,350	\$6,350	\$6,350	\$6,350	\$6,350	\$6,350	\$6,350	\$6,350	\$6,350	\$6,350	\$6,350	\$6,350	\$6,350	\$6,350	\$6,350	\$6,350	\$6,350	\$6,300
Coinsuranc	ce (In-Network):	30%	0%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	40% (medical) / 30% (drug)	40%	40% (medical) / 30% (drug)	40%	40% (medical) / 30% (drug)	40%	50%
Office Visits a	nd Outpatient Se	rvices																							
Primary Care Visit to	In Network	\$25 Copay	No Charge	\$20 Copay	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	\$30 Copay
Treat an Injury or Illiness	Out of Network	50% Coinsurance after deductible	20% Coinsurance after deductible	70% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	70% Coinsurance after deductible
Preventive Care/Screening/Imm	In Network	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge				
Care/Screening/Imm unization	Out of Network	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	60% Coinsurance	60% Coinsurance	60% Coinsurance	60% Coinsurance	60% Coinsurance	60% Coinsurance	Not Covered				
Other Practitioner	In Network	\$25 Copay	0% Coinsurance after deductible	\$20 Copay	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	\$30 Copay
Office Visit (Nurse, Physician Assistant)	Out of Network	50% Coinsurance after deductible	20% Coinsurance after deductible	70% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	70% Coinsurance after deductible
Specialist Visit	In Network	30% Coinsurance after deductible	0% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	50% Coinsurance after deductible
	Out of Network	50% Coinsurance after deductible	20% Coinsurance after deductible	70% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	70% Coinsurance after deductible



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c	ompany	Arkansas	Blue Cross and E	3lue Shield						Qua	IChoice Health I	nsurance of Arka	nsas								Ambetter (of Arkansas			Blue Cross Blue Shield, A Multi- State Plan
	n Number:	300001	310001	370001	70001	70002	70007	70008	70013	70014	70019	70020	70025	70026	70031	70032	70037	70038	80005	80006	90005	90006	100005	100006	290001
Sei	rvice Area:	All	All	All	С	С	NE	NE	NW	NW	SC	SC	WC	WC	С	С	NW	NW	C, NW, WC	All					
Outpatient Facility Fee (e.g., Ambulator	In Network	30% Coinsurance after deductible	0% Coinsurance after deductible	50% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	50% Coinsurance after deductible														
Surgery Center)	Out of Network	50% Coinsurance after deductible	20% Coinsurance after deductible	70% Coinsurance after deductible	50% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	70% Coinsurance after deductible													
Chiropractic Care	In Network	30% Coinsurance after deductible	No Charge	50% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	50% Coinsurance after deductible														
	Out of Network	Not Covered	Not Covered	Not Covered	50% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	Not Covered													
Nutritional	In Network	Not Covered																							
Counseling	Out of Network	Not Covered																							
Well Child Care	In Network	No Charge																							
	Out of Network	Not Covered	60% Coinsurance	60% Coinsurance	60% Coinsurance	60% Coinsurance	60% Coinsurance	60% Coinsurance	Not Covered																
Well Baby Visits and	In Network	No Charge																							
Care	Out of Network	Not Covered	60% Coinsurance	60% Coinsurance	60% Coinsurance	60% Coinsurance	60% Coinsurance	60% Coinsurance	Not Covered																
Pharmacy																									
Generic Drugs	In Network	\$15 Copay	0% Coinsurance after deductible	\$20 Copay	50% Coinsurance after deductible	\$25 Copay	\$20 Copay																		
3	Out of Network	Not Covered																							



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Co	mpany	Arkansas	Blue Cross and E	Blue Shield						Qua	IChoice Health II	nsurance of Arka	insas								Ambetter	of Arkansas			Blue Cross Blue Shield, A Multi- State Plan
Plan	Number:	300001	310001	370001	70001	70002	70007	70008	70013	70014	70019	70020	70025	70026	70031	70032	70037	70038	80005	80006	90005	90006	100005	100006	290001
Sen	vice Area:	All	All	All	С	С	NE	NE	NW	NW	SC	SC	WC	WC	С	С	NW	NW	C, NW, WC	All					
Preferred Brand Drugs	In Network	30% Coinsurance after deductible	0% Coinsurance after deductible	50% Coinsurance after deductible	\$50 Copay after deductible	50% Coinsurance after deductible																			
51457	Out of Network	Not Covered																							
Non-Preferred Brand	In Network	30% Coinsurance after deductible	0% Coinsurance after deductible	50% Coinsurance after deductible	\$150 Copay after deductible	\$100 Copay after deductible	\$150 Copay after deductible	\$100 Copay after deductible	\$150 Copay after deductible	\$100 Copay after deductible	50% Coinsurance after deductible														
Drugs	Out of Network	Not Covered																							
Specialty Drugs	In Network	30% Coinsurance after deductible	0% Coinsurance after deductible	50% Coinsurance after deductible	30% Coinsurance after deductible	40% Coinsurance after deductible	30% Coinsurance after deductible	40% Coinsurance after deductible	30% Coinsurance after deductible	40% Coinsurance after deductible	50% Coinsurance after deductible														
	Out of Network	Not Covered	70% Coinsurance after deductible																						
Off Label Prescription	In Network	Not Covered	Not Covered	Not Covered	50% Coinsurance after deductible	Varies according to tier	Not Covered																		
Drugs	Out of Network	Not Covered	Not Covered	Not Covered	50% Coinsurance after deductible	Varies according to tier	Varies according to tier	Varies according to tier	Not Covered																
Testing and In	naging																								
X-rays and Diagnostic	In Network	30% Coinsurance after deductible	0% Coinsurance after deductible	50% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	50% Coinsurance after deductible														
Imaging	Out of Network	50% Coinsurance after deductible	20% Coinsurance after deductible	70% Coinsurance after deductible	50% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	70% Coinsurance after deductible													
Imaging (CT/PET Scans, MRIs)	In Network	30% Coinsurance after deductible	0% Coinsurance after deductible	50% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	50% Coinsurance after deductible														
Scans, MRIs)	Out of Network	50% Coinsurance after deductible	20% Coinsurance after deductible	70% Coinsurance after deductible	50% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	70% Coinsurance after deductible													



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Cor	mpany	Arkansas	Blue Cross and E	Blue Shield						Qua	IChoice Health II	isurance of Arka	nsas								Ambetter (of Arkansas			Blue Cross Blue Shield, A Multi- State Plan
	Number:	300001	310001	370001	70001	70002	70007	70008	70013	70014	70019	70020	70025	70026	70031	70032	70037	70038	80005	80006	90005	90006	100005	100006	290001
Serv	ice Area:	All	All	All	С	С	NE	NE	NW	NW	SC	SC	WC	WC	С	С	NW	NW	C, NW, WC	All					
Laboratory Outpatient and	In Network	30% Coinsurance after deductible	0% Coinsurance after deductible	50% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	50% Coinsurance after deductible														
Professional Services	Out of Network	50% Coinsurance after deductible	20% Coinsurance after deductible	70% Coinsurance after deductible	50% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	70% Coinsurance after deductible													
Allergy Testing	In Network	\$25 Copay	0% Coinsurance after deductible	\$20 Copay	50% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	50% Coinsurance after deductible													
- G, G	Out of Network	50% Coinsurance after deductible	20% Coinsurance after deductible	70% Coinsurance after deductible	50% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	70% Coinsurance after deductible													
Inpatient Servi	ices																								
Inpatient Hospital Services (e.g.,	In Network	30% Coinsurance after deductible	0% Coinsurance after deductible	50% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	50% Coinsurance after deductible														
Hospital Stay)	Out of Network	50% Coinsurance after deductible	20% Coinsurance after deductible	70% Coinsurance after deductible	50% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	70% Coinsurance after deductible													
Emergency and	d Urgent Care																								
Emergency Room Services	In Network	30% Coinsurance after deductible	0% Coinsurance after deductible	50% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	50% Coinsurance after deductible														
Services	Out of Network	30% Coinsurance after deductible	0% Coinsurance after deductible	50% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	50% Coinsurance after deductible														
Emergency Transportation/Amb	In Network	30% Coinsurance after deductible	0% Coinsurance after deductible	50% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	50% Coinsurance after deductible														
ulance	Out of Network	30% Coinsurance after deductible	0% Coinsurance after deductible	50% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	50% Coinsurance after deductible														
Urgent Care Centers	In Network	30% Coinsurance after deductible	0% Coinsurance after deductible	50% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	50% Coinsurance after deductible														
or Facilities	Out of Network	50% Coinsurance after deductible	20% Coinsurance after deductible	70% Coinsurance after deductible	50% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	70% Coinsurance after deductible													



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Co	nmpany	Arkansas	Blue Cross and E	3lue Shield						Qua	IChoice Health II	nsurance of Arka	nsas								Ambetter	of Arkansas			Blue Cross Blue Shield, A Multi- State Plan
	Number:	300001	310001	370001	70001	70002	70007	70008	70013	70014	70019	70020	70025	70026	70031	70032	70037	70038	80005	80006	90005	90006	100005	100006	290001
	vice Area:	All	All	All	С	С	NE	NE	NW	NW	SC	SC	WC	WC	С	С	NW	NW	C, NW, WC	All					
Durable Medi	cal Equipment																								
Durable Medical Equipment	In Network	30% Coinsurance after deductible	No Charge	50% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	50% Coinsurance after deductible														
Equipment	Out of Network	50% Coinsurance after deductible	20% Coinsurance after deductible	70% Coinsurance after deductible	50% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	70% Coinsurance after deductible													
Prosthetic Devices	In Network	30% Coinsurance after deductible	0% Coinsurance after deductible	50% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	50% Coinsurance after deductible														
Prostnetic Devices	Out of Network	50% Coinsurance after deductible	20% Coinsurance after deductible	70% Coinsurance after deductible	50% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	70% Coinsurance after deductible													
Mental and Be	ehavioral Health a	nd Substa	nce Abuse																						
Mental/Behavioral	In Network	30% Coinsurance after deductible	0% Coinsurance after deductible	50% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	50% Coinsurance after deductible														
Health Outpatient Services	Out of Network	50% Coinsurance after deductible	20% Coinsurance after deductible	70% Coinsurance after deductible	50% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	70% Coinsurance after deductible													
Mental/Behavioral Health Inpatient	In Network	30% Coinsurance after deductible	0% Coinsurance after deductible	50% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	50% Coinsurance after deductible														
Services	Out of Network	50% Coinsurance after deductible	20% Coinsurance after deductible	70% Coinsurance after deductible	50% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	70% Coinsurance after deductible													
Substance Abuse Disorder Inpatient	In Network	30% Coinsurance after deductible	0% Coinsurance after deductible	50% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	50% Coinsurance after deductible														
Services	Out of Network	50% Coinsurance after deductible	20% Coinsurance after deductible	70% Coinsurance after deductible	50% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	70% Coinsurance after deductible													
Substance Abuse Disorder Outpatient	In Network	30% Coinsurance after deductible	0% Coinsurance after deductible	50% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	50% Coinsurance after deductible														
Services	Out of Network	50% Coinsurance after deductible	20% Coinsurance after deductible	70% Coinsurance after deductible	50% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	70% Coinsurance after deductible													



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										Bronze	i idii cost siid	ing compans	OII CHAIL- AII I	icgions											
Co	ompany	Arkansas	Blue Cross and E	3lue Shield						Qua	lChoice Health I	nsurance of Arka	ansas								Ambetter (of Arkansas			Blue Cross Blue Shield, A Multi- State Plan
Plar	n Number:	300001	310001	370001	70001	70002	70007	70008	70013	70014	70019	70020	70025	70026	70031	70032	70037	70038	80005	80006	90005	90006	100005	100006	290001
Ser	vice Area:	All	All	All	С	С	NE	NE	NW	NW	SC	SC	WC	WC	С	С	NW	NW	C, NW, WC	All					
Mental Health Other	In Network	30% Coinsurance after deductible	0% Coinsurance after deductible	50% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	50% Coinsurance														
	Out of Network	50% Coinsurance after deductible	20% Coinsurance after deductible	70% Coinsurance after deductible	50% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	70% Coinsurance													
Rehabilitation	and Habilitation																								
Rehabilitative Occupational and	In Network	30% Coinsurance after deductible	0% Coinsurance after deductible	50% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	50% Coinsurance after deductible														
Rehabilitative Physical Therapy	Out of Network	Not Covered	Not Covered	Not Covered	50% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	Not Covered													
Rehabilitative Speech	In Network	30% Coinsurance after deductible	0% Coinsurance after deductible	50% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	50% Coinsurance after deductible														
Therapy	Out of Network	Not Covered	Not Covered	Not Covered	50% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	Not Covered													
Outpatient Rehabilitation	In Network	30% Coinsurance after deductible	0% Coinsurance after deductible	50% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	50% Coinsurance after deductible														
Services	Out of Network	Not Covered	Not Covered	Not Covered	50% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	Not Covered													
Habilitation Services	In Network	30% Coinsurance after deductible	0% Coinsurance after deductible	50% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	50% Coinsurance after deductible														
Trabilitation Set vices	Out of Network	Not Covered	Not Covered	Not Covered	50% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	Not Covered													

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Co	ompany	Arkansas	Blue Cross and E	3lue Shield						Qua	IChoice Health I	nsurance of Arka	nnsas								Ambetter (of Arkansas			Blue Cross Blue Shield, A Multi- State Plan
	n Number: rvice Area:	300001 All	310001 All	370001 All	70001	70002	70007 NE	70008 NF	70013 NW	70014 NW	70019 SC	70020 SC	70025 WC	70026 WC	70031	70032	70037 NW	70038 NW	80005 C, NW, WC	80006 C, NW, WC	90005 C, NW, WC	90006 C, NW, WC	100005 C, NW, WC	100006 C, NW, WC	290001 All
Surgery																			2, , 2	5,111,115	2, , 2	5,,	5,,	5,,	
Inpatient Physician	In Network	30% Coinsurance after deductible	0% Coinsurance after deductible	50% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	50% Coinsurance after deductible														
and Surgical Services	Out of Network	50% Coinsurance after deductible	20% Coinsurance after deductible	70% Coinsurance after deductible	50% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	70% Coinsurance after deductible													
Outpatient Surgery	In Network	30% Coinsurance after deductible	0% Coinsurance after deductible	50% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	50% Coinsurance after deductible														
Physician/Surgical Services	Out of Network	50% Coinsurance after deductible	20% Coinsurance after deductible	70% Coinsurance after deductible	50% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	70% Coinsurance after deductible													
Reconstructive	In Network	30% Coinsurance after deductible	0% Coinsurance after deductible	50% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	50% Coinsurance after deductible														
Surgery	Out of Network	Not Covered	Not Covered	Not Covered	50% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	Not Covered													
Gastric Electrical	In Network	30% Coinsurance after deductible	0% Coinsurance after deductible	50% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	50% Coinsurance after deductible														
Stimulation	Out of Network	50% Coinsurance after deductible	20% Coinsurance after deductible	70% Coinsurance after deductible	50% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	70% Coinsurance after deductible													
Treatments a	nd Therapies																								
Chemotherapy	In Network	30% Coinsurance after deductible	0% Coinsurance after deductible	50% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	50% Coinsurance after deductible														
Girmonia p,	Out of Network	50% Coinsurance after deductible	20% Coinsurance after deductible	70% Coinsurance after deductible	50% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	70% Coinsurance after deductible													
Radiation	In Network	30% Coinsurance after deductible	0% Coinsurance after deductible	50% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	50% Coinsurance after deductible														
- Reduction	Out of Network	50% Coinsurance after deductible	20% Coinsurance after deductible	70% Coinsurance after deductible	50% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	70% Coinsurance after deductible													



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Co	mpany	Arkansas	Blue Cross and I	Blue Shield						Qua	IChoice Health II	nsurance of Arka	ansas								Ambetter	of Arkansas			Blue Cross Blue Shield, A Multi- State Plan
Plan	Number:	300001	310001	370001	70001	70002	70007	70008	70013	70014	70019	70020	70025	70026	70031	70032	70037	70038	80005	80006	90005	90006	100005	100006	290001
Ser	vice Area:	All	All	All	С	С	NE	NE	NW	NW	SC	SC	WC	WC	C	С	NW	NW	C, NW, WC	All					
Infertility Treatment	In Network	30% Coinsurance after deductible	0% Coinsurance after deductible	50% Coinsurance after deductible	Not Covered	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	50% Coinsurance after deductible													
	Out of Network	Not Covered	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	Not Covered																
Infusion Therapy	In Network	30% Coinsurance after deductible	0% Coinsurance after deductible	50% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	50% Coinsurance after deductible														
	Out of Network	50% Coinsurance after deductible	20% Coinsurance after deductible	70% Coinsurance after deductible	50% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	70% Coinsurance after deductible													
Vision																									
Routine Eye Exam for	In Network	30% Coinsurance after deductible	0% Coinsurance after deductible	50% Coinsurance after deductible	\$20 Copay	50% Coinsurance after deductible																			
Children	Out of Network	50% Coinsurance after deductible	20% Coinsurance after deductible	70% Coinsurance after deductible	50% Coinsurance after deductible	\$20 Copay	70% Coinsurance after deductible																		
Routine Eye Exam	In Network	30% Coinsurance after deductible	No Charge	50% Coinsurance after deductible	Not Covered	Not Covered	\$20 Copay	\$20 Copay	\$20 Copay	\$20 Copay	No Charge														
(Adult)	Out of Network	Not Covered	Not Covered	Not Covered	50% Coinsurance after deductible	Not Covered	Not Covered	\$20 Copay	\$20 Copay	\$20 Copay	\$20 Copay	Not Covered													
Adults Frames or	In Network	Not Covered	\$20 Copay	\$20 Copay	Not Covered	Not Covered	Not Covered																		
Lenses	Out of Network	Not Covered	\$20 Copay	\$20 Copay	Not Covered	Not Covered	Not Covered																		
Adult Frames or	In Network	Not Covered	\$20 Copay	\$20 Copay	Not Covered																				
Lenses	Out of Network	Not Covered	\$20 Copay	\$20 Copay	Not Covered																				



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Ca	ompany	Arkansas	Blue Cross and I	3lue Shield						Qua	IChoice Health I	nsurance of Arka	ansas								Ambetter	of Arkansas			Blue Cross Blue Shield, A Multi- State Plan
	n Number:	300001	310001	370001	70001	70002	70007	70008	70013	70014	70019	70020	70025	70026	70031	70032	70037	70038	80005	80006	90005	90006	100005	100006	290001
Ser	rvice Area:	All	All	All	С	С	NE	NE	NW	NW	SC	SC	WC	WC	С	С	NW	NW	C, NW, WC	All					
Eye Glasses for Children	In Network	30% Coinsurance after deductible	0% Coinsurance after deductible	50% Coinsurance after deductible	\$20 Copay	50% Coinsurance after deductible																			
Cinicien	Out of Network	50% Coinsurance after deductible	20% Coinsurance after deductible	70% Coinsurance after deductible	50% Coinsurance after deductible	\$20 Copay	70% Coinsurance after deductible																		
Dental																									
Routine Dental Services (Adult)	In Network	Not Covered	No Charge	No Charge	Not Covered																				
Services (Adult)	Out of Network	Not Covered																							
Basic Dental Care - Adult	In Network	Not Covered	50% Coinsurance	50% Coinsurance	Not Covered																				
Adult	Out of Network	Not Covered																							
Accidental Dental	In Network	30% Coinsurance after deductible	0% Coinsurance after deductible	50% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	50% Coinsurance after deductible														
Accidental Delital	Out of Network	50% Coinsurance after deductible	20% Coinsurance after deductible	70% Coinsurance after deductible	50% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	70% Coinsurance after deductible													
Dental Anesthesia	In Network	30% Coinsurance after deductible	0% Coinsurance after deductible	50% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	50% Coinsurance after deductible														
Dental Allestriesia	Out of Network	50% Coinsurance after deductible	20% Coinsurance after deductible	70% Coinsurance after deductible	50% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	70% Coinsurance after deductible													
Women's Serv	vices																								
Delivery and All Inpatient Services for	In Network	30% Coinsurance after deductible	0% Coinsurance after deductible	50% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	50% Coinsurance after deductible														
Maternity Care	Out of Network	50% Coinsurance after deductible	20% Coinsurance after deductible	70% Coinsurance after deductible	50% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	70% Coinsurance after deductible													



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Co	ompany	Arkansas	Blue Cross and I	Blue Shield						Qua	IlChoice Health I	nsurance of Arka	ansas								Ambetter	of Arkansas			Blue Cross Blue Shield, A Mult State Plan
Plar	n Number:	300001	310001	370001	70001	70002	70007	70008	70013	70014	70019	70020	70025	70026	70031	70032	70037	70038	80005	80006	90005	90006	100005	100006	290001
Ser	vice Area:	All	All	All	С	С	NE	NE	NW	NW	SC	SC	WC	WC	С	С	NW	NW	C, NW, WC	All					
Prenatal and	In Network	30% Coinsurance after deductible	0% Coinsurance after deductible	50% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	50% Coinsurance after deductible														
Postnatal Care	Out of Network	50% Coinsurance after deductible	20% Coinsurance after deductible	70% Coinsurance after deductible	50% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	70% Coinsurance after deductible													
Other																									
Diabetes Education	In Network	No Charge	0% Coinsurance after deductible	No Charge	50% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	50% Coinsurance after deductible													
	In Network	50% Coinsurance after deductible	20% Coinsurance after deductible	70% Coinsurance after deductible	50% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	70% Coinsurance after deductible													
Diabetes Care	In Network	30% Coinsurance after deductible	No Charge	50% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	50% Coinsurance after deductible														
	In Network	50% Coinsurance after deductible	20% Coinsurance after deductible	70% Coinsurance after deductible	50% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	70% Coinsurance after deductible													
Skilled Nursing	In Network	30% Coinsurance after deductible	0% Coinsurance after deductible	50% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	50% Coinsurance after deductible														
	In Network	50% Coinsurance after deductible	20% Coinsurance after deductible	70% Coinsurance after deductible	50% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	70% Coinsurance after deductible													
Home Health Care	In Network	30% Coinsurance after deductible	0% Coinsurance after deductible	50% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	50% Coinsurance after deductible														
Services	In Network	50% Coinsurance after deductible	20% Coinsurance after deductible	70% Coinsurance after deductible	50% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	70% Coinsurance after deductible													
Hospice Services	In Network	30% Coinsurance after deductible	0% Coinsurance after deductible	50% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	50% Coinsurance after deductible														
Trospiec services	In Network	50% Coinsurance after deductible	20% Coinsurance after deductible	70% Coinsurance after deductible	50% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	70% Coinsurance after deductible													



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Co	ompany	Arkansas	Blue Cross and E	3lue Shield						Qual	Choice Health II	nsurance of Arka	insas								Ambetter	of Arkansas			Blue Cross Blue Shield, A Multi- State Plan
	n Number: vice Area:	300001 All	310001 All	370001 All	70001	70002	70007 NE	70008 NE	70013 NW	70014 NW	70019 SC	70020 SC	70025	70026	70031	70032	70037 NW	70038 NW	80005	80006	90005	90006 C. NW. WC	100005 C. NW. WC	100006	290001 All
Dialysis	In Network	30% Coinsurance after deductible	0% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	C, NW, WC 40% Coinsurance after deductible	C, NW, WC 40% Coinsurance after deductible	C, NW, WC 40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	C, NW, WC 40% Coinsurance after deductible	\$30 Copay						
	In Network	50% Coinsurance after deductible	20% Coinsurance after deductible	70% Coinsurance after deductible	50% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	70% Coinsurance after deductible													
Hearing Aids	In Network	No Charge	No Charge	No Charge	Not Covered	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	No Charge													
ilearing Alas	In Network	No Charge	No Charge	No Charge	Not Covered	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	No Charge													
Transplant	In Network	30% Coinsurance after deductible	0% Coinsurance after deductible	50% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	50% Coinsurance after deductible														
Transplant	In Network	50% Coinsurance after deductible	20% Coinsurance after deductible	70% Coinsurance after deductible	50% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	70% Coinsurance after deductible													
Routine Foot Care	In Network	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered																	
	In Network	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered																	
Cochlear Implants	In Network	30% Coinsurance after deductible	0% Coinsurance after deductible	50% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	50% Coinsurance after deductible														
Cocileal impants	In Network	50% Coinsurance after deductible	20% Coinsurance after deductible	70% Coinsurance after deductible	50% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	70% Coinsurance after deductible													
Treatment for	In Network	30% Coinsurance after deductible	0% Coinsurance after deductible	50% Coinsurance after deductible	Not Covered	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	50% Coinsurance after deductible													
Temporomandibular Joint Disorders	In Network	50% Coinsurance after deductible	20% Coinsurance after deductible	70% Coinsurance after deductible	Not Covered	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	70% Coinsurance													



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Bronze Plan Cost Sharing Comparison Chart- All Regions

Co	mpany	Arkansas	Blue Cross and E	Blue Shield						Qua	IChoice Health II	nsurance of Arka	nsas								Ambetter (of Arkansas			Blue Cross Blue Shield, A Multi- State Plan
Plan	Number:	300001	310001	370001	70001	70002	70007	70008	70013	70014	70019	70020	70025	70026	70031	70032	70037	70038	80005	80006	90005	90006	100005	100006	290001
Ser	vice Area:	All	All	All	С	С	NE	NE	NW	NW	SC	SC	WC	WC	С	С	NW	NW	C, NW, WC	All					
Inherited Metabolic Disorder - PKU	In Network In Network	30% Coinsurance after deductible 50% Coinsurance after deductible	0% Coinsurance after deductible 20% Coinsurance after deductible	50% Coinsurance after deductible 70% Coinsurance after deductible	50% Coinsurance after deductible 50% Coinsurance after deductible	50% Coinsurance after deductible 50% Coinsurance after deductible	50% Coinsurance after deductible 50% Coinsurance after deductible	50% Coinsurance after deductible 50% Coinsurance after deductible	50% Coinsurance after deductible 50% Coinsurance after deductible	50% Coinsurance after deductible 50% Coinsurance after deductible	50% Coinsurance after deductible 50% Coinsurance after deductible	50% Coinsurance after deductible 50% Coinsurance after deductible	50% Coinsurance after deductible 50% Coinsurance after deductible	50% Coinsurance after deductible 50% Coinsurance after deductible	50% Coinsurance after deductible 50% Coinsurance after deductible	50% Coinsurance after deductible 50% Coinsurance after deductible	50% Coinsurance after deductible 50% Coinsurance after deductible	50% Coinsurance after deductible 50% Coinsurance after deductible	40% Coinsurance after deductible 60% Coinsurance after deductible	40% Coinsurance after deductible 60% Coinsurance after deductible	40% Coinsurance after deductible 60% Coinsurance after deductible	40% Coinsurance after deductible 60% Coinsurance after deductible	40% Coinsurance after deductible 60% Coinsurance after deductible	40% Coinsurance after deductible 60% Coinsurance after deductible	50% Coinsurance after deductible 70% Coinsurance after deductible
Notes	BCBS Notes: Nutritional Counseling is commanagement.	vered under diab		QCA Notes: Nutritional Cour	nseling and foot (care for diabetics	is covered under	Diabetes Care N	Management cos	t sharing.									Nutritional cou	nseling and foot	care for diabetics I for pregnant wo	omen	r Diabetes Care N	lanagement cos	t sharing.



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