

Arkansas 2014 Bronze Plan Cost Sharing Comparison Chart- All Regions

Company	Arkansas Blue Cross and Blue Shield			QualChoice Health Insurance of Arkansas														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
Service Area:	All	All	All	C	C	NE	NE	NW	NW	SC	SC	WC	WC	C	C	NW	NW	C, NW, WC	C, NW, WC	C, NW, WC	C, NW, WC	C, NW, WC	C, NW, WC	All
Marketing Name:	Bronze 6200	Bronze 6300	Bronze 5500	Bronze Basic Plus Statewide Network	Bronze Premier Plus Statewide Network	Bronze Basic Plus	Bronze Premier Plus	Bronze Basic Plus Statewide Network	Bronze Premier Plus Statewide Network	Bronze Basic Plus	Bronze Premier Plus	Bronze Basic Plus	Bronze Premier Plus	Bronze Basic Plus Central Arkansas High Value Network	Bronze Premier Plus Central Arkansas High Value Network	Bronze Basic Plus Northwest Arkansas High Value Network	Bronze Premier Plus Northwest Arkansas High Value Network	Ambetter Bronze 1	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 Blue Shield 5000, a Multi-State Plan
Deductible (In-Network): <small>Deductible is combined medical and drug unless otherwise indicated.</small>	\$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
MOOP (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
Coinsurance (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 and Outpatient Services

Service	Arkansas Blue Cross and Blue Shield		QualChoice Health Insurance of Arkansas														Ambetter of Arkansas						Blue Cross Blue Shield, A Multi-State Plan				
Primary Care Visit to Treat an Injury or Illness	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	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	
	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	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/Immunization	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	No Charge	No Charge	No Charge	No Charge	No Charge	
	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	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 Office Visit (Nurse, Physician Assistant)	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	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
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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	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	50% Coinsurance after deductible	
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Bronze Plan Cost Sharing Comparison Chart- All Regions

Company		Arkansas Blue Cross and Blue Shield			QualChoice Health Insurance of Arkansas														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
Service Area:		All	All	All	C	C	NE	NE	NW	NW	SC	SC	WC	WC	C	C	NW	NW	C, NW, WC	C, NW, WC	C, NW, WC	C, NW, WC	C, NW, WC	C, NW, WC	All
Inherited Metabolic Disorder - PKU	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
	In 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	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
Notes	BCBS Notes: Nutritional Counseling is covered under diabetes care management.			QCA Notes: Nutritional Counseling and foot care for diabetics is covered under Diabetes Care Management cost sharing.														Ambetter Notes: Nutritional Counseling and foot care for diabetics is covered under Diabetes Care Management cost sharing. Nutritional counseling is covered for pregnant women Note that 3 free provider visits are allowed in the "Bronze 2" products							