## **Arkansas 2014 Gold Plan Cost Sharing Comparison Chart- All Regions**

Сотра	ny	Arkansas Blue Sh	Cross and Blue eld							QualChoice Hea	alth Insurance of ansas		B		Cilai t- A						tter of Insas			Blue Cross Blue Shield, A Multi- State Plan
Plan		250001	260001	70004	70005	70010	70011	70016	70017	70022	70023	70028	70029	70034	70035	70040	70041	80001	80002	90001	90002	100001	100002	330001
Service A	rea	All	All	С	С	NE	NE	NW	NW	SC	SC	WC	WC	С	С	NW	NW	C, NW, WC	C, NW, WC	All				
Marketing I	Name:	Gold 500	Gold 1000	Gold Enhanced Plus Statewide Network		Gold Enhanced Plus	Gold Premier Plus	Gold Enhanced Plus Statewide Network		Gold Enhanced Plus	Gold Premier Plus	Gold Enhanced Plus	Gold Premier Plus	Plus Central Arkansas High	Gold Premier Plus Central Arkansas High Value Network	Plus Northwest Arkansas High	Plus Northwest Arkansas High	Ambetter Gold	Ambetter Gold 2	Ambetter Gold 1 + Vision	Ambetter Gold 2 + Vision	Ambetter Gold 1 + Vision + Adult Dental	Ambetter Gold 2 + Vision + Adult Dental	Blue Cross Blue Shield 500, a Multi-State Plan
Deductible (In- Deductible is combined unless otherwise	medical and drug	\$500	\$1,000	\$1000 (medical) / \$0 (drug)	\$500 (medical) / \$0 drug	\$1,000 (medical) / \$0 (drug)	\$500 (medical) / \$0 drug	\$1,000 (medical) / \$0 (drug)	\$500 (medical) / \$0 drug	\$1,000 (medical) / \$0 (drug)	\$500 (medical) / \$0 drug	\$1,000 (medical) / \$0 (drug)	\$500 (medical) / \$0 drug	\$1,000 (medical) / \$0 (drug)	\$500 (medical) / \$0 drug	\$1,000 (medical) / \$0 (drug)	\$500 (medical) / \$0 drug	\$1,500 (medical) / \$1000 (drug)	\$1,000 (medical) / \$500 (drug)	\$1,500 (medical) / \$1000 (drug)	\$1,000 (medical) / \$500 (drug)	\$1,500 (medical) / \$1000 (drug)	\$1,000 (medical) / \$500 (drug)	\$500
MOOP (In-Ne	twork):	\$3,800	\$4,500	\$3,500	\$3,500	\$3,500	\$3,500	\$3,500	\$3,500	\$3,500	\$3,500	\$3,500	\$3,500	\$3,500	\$3,500	\$3,500	\$3,500	\$6,350	\$6,350	\$6,350	\$6,350	\$6,350	\$6,350	\$4,000
Coinsurance (In-	Network):	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%	10%	20%	10%	20%	10%	20%	20%
Office Visits an	d Outpatier	nt Services				-				-	-			-	-					-			-	
Primary Care Visit to	In Network	\$20 Copay	\$20 Copay	\$20 Copay	\$20 Copay	\$20 Copay	\$20 Copay	\$20 Copay	\$20 Copay	\$20 Copay	\$20 Copay	\$20 Copay	\$20 Copay	\$20 Copay	\$20 Copay	\$20 Copay	\$20 Copay	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	\$20 Copay
Treat an Injury or Illness	Out of Network	40% Coinsurance after deductible	40% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	30% 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	40% Coinsurance after deductible
Preventive	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
Care/Screening/Imn unization	Out of Network	Not Covered	40% Coinsurance after deductible	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	30% Coinsurance	40% Coinsurance	30% Coinsurance	40% Coinsurance	30% Coinsurance	40% Coinsurance	Not Covered
Other Practitioner Office Visit (Nurse,	In Network	\$20 Copay	\$20 Copay	\$40 Copay	\$40 Copay	\$40 Copay	\$40 Copay	\$40 Copay	\$40 Copay	\$40 Copay	\$40 Copay	\$40 Copay	\$40 Copay	\$40 Copay	\$40 Copay	\$40 Copay	\$40 Copay	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	\$20 Copay
Physician Assistant)	Out of Network	40% Coinsurance after deductible	40% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	30% 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	40% Coinsurance after deductible



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Compa	ny	Arkansas Blue Shi	Cross and Blue eld							QualChoice Hea Arka	llth Insurance of Insas									Ambe Arka	tter of Insas			Blue Cross Blue Shield, A Multi- State Plan
Plan		250001	260001	70004	70005	70010	70011	70016	70017	70022	70023	70028	70029	70034	70035	70040	70041	80001	80002	90001	90002	100001	100002	330001
Service A	rea	All	All	С	С	NE	NE	NW	NW	SC	SC	WC	WC	С	С	NW	NW	C, NW, WC	All					
Specialist Visit	In Network	20% Coinsurance after deductible	\$40 Copay	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible														
	Out of Network	40% Coinsurance after deductible	40% 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	40% Coinsurance after deductible														
Outpatient Facility Fee (e.g.,	In Network	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible															
Ambulatory Surgery Center)	Out of Network	40% Coinsurance after deductible	40% 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	40% Coinsurance after deductible														
Chiropractic Care	In Network	20% Coinsurance after deductible	20% Coinsurance after deductible	\$40 Copay	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible													
Cimopiaetic care	Out of Network	Not Covered	Not Covered	30% Coinsurance after deductible	40% Coinsurance after deductible	30% Coinsurance after deductible	40% Coinsurance after deductible	30% Coinsurance after deductible	40% Coinsurance after deductible	Not Covered														
Nutritional Counseling (See	In Network	Not Covered																						
notes at bottom)	Out of Network	Not Covered																						
Well Child Care	In Network	No Charge																						
Well Cilliu Care	Out of Network	Not Covered	30% Coinsurance	40% Coinsurance	30% Coinsurance	40% Coinsurance	30% Coinsurance	40% Coinsurance	Not Covered															
Pharmacy																								
	In Network	\$10 Copay																						
Generic Drugs	Out of Network	Not Covered																						

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Compar	ny		Cross and Blue							QualChoice Hea Arka	llth Insurance of Insas									Ambe Arka	tter of insas			Blue Cross Blue Shield, A Multi- State Plan
Plan		250001	260001	70004	70005	70010	70011	70016	70017	70022	70023	70028	70029	70034	70035	70040	70041	80001	80002	90001	90002	100001	100002	330001
Service Ar	rea	All	All	С	С	NE	NE	NW	NW	SC	SC	WC	WC	С	С	NW	NW	C, NW, WC	All					
Preferred Brand	In Network	\$35 Copay	\$35.00	\$40 Copay	\$20 Copay after deductible	\$25 Copay after deductible / 0%	\$20 Copay after deductible	\$25 Copay after deductible / 0%	\$20 Copay after deductible	\$25 Copay after deductible / 0%	\$35 Copay													
Drugs	Out of Network	Not Covered																						
Non-Preferred Brand	In Network	\$70 Copay	\$70 Copay	\$75 Copay	\$100 Copay after deductible	\$75 Copay after deductible	\$100 Copay after deductible	\$75 Copay after deductible	\$100 Copay after deductible	\$75 Copay after deductible	\$70 Copay													
Drugs	Out of Network	Not Covered																						
Specialty Drugs	In Network	20% Coinsurance after deductible	20% Coinsurance after deductible	\$250 Copay	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	20% Coinsurance after deductible													
Specially Diags	Out of Network	Not Covered																						
Off Label Prescription	In Network	Not Covered	Not Covered	20% Coinsurance after deductible	Varies according to tier	Varies according to tier	Varies according to tier	Varies according to tier	Varies according to tier	Varies according to tier	Not Covered													
Drugs	Out of Network	Not Covered	Not Covered	30% Coinsurance after deductible	Varies according to tier	Varies according to tier	Varies according to tier	Varies according to tier	Varies according to tier	Varies according to tier	Not Covered													
Testing and Ima	aging																							
X-rays and Diagnostic	In Network	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible															
Imaging	Out of Network	40% Coinsurance after deductible	40% 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	40% Coinsurance after deductible														
Imaging (CT/PET	In Network	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible															
Scans, MRIs)	Out of Network	40% Coinsurance after deductible	40% 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	40% Coinsurance after deductible														

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Compar	ny	Arkansas Blue Shi									alth Insurance of ansas									Ambe Arka	tter of Insas			Blue Cross Blue Shield, A Multi- State Plan
Plan		250001	260001	70004	70005	70010	70011	70016	70017	70022	70023	70028	70029	70034	70035	70040	70041	80001	80002	90001	90002	100001	100002	330001
Service A	rea	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	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible															
Professional Services	Out of Network	40% Coinsurance after deductible	40% 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	40% Coinsurance after deductible														
Allergy Testing	In Network	\$20 Copay	\$20 Copay	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	\$20 Copay													
Allergy resumg	Out of Network	40% Coinsurance after deductible	40% 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	40% Coinsurance after deductible														
Inpatient Service	ces																							
Inpatient Hospital Services (e.g.,	In Network	20% Coinsurance after deductible																						
Hospital Stay)	Out of Network	Coinsurance after deductible	Coinsurance after deductible	Coinsurance after deductible	Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	Coinsurance after deductible	Coinsurance after deductible	Coinsurance after deductible	Coinsurance after deductible	Coinsurance after deductible	Coinsurance after deductible	30% Coinsurance after deductible	Coinsurance after deductible									
Emergency and	Urgent Ca	re																						
Emergency Room	In Network	20% Coinsurance after deductible	20% Coinsurance after deductible	\$100 Copay	\$250 Copay after deductible	20% Coinsurance after deductible																		
Services	Out of Network	20% Coinsurance after deductible	20% Coinsurance after deductible	\$100 Copay	\$250 Copay after deductible	20% Coinsurance after deductible																		
Emergency Transportation/Amb	In Network	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible															
ulance	Out of Network	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible															



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Compar	ny		Cross and Blue ield							QualChoice Hea Arka	ith Insurance of nsas									Ambe Arka	tter of Insas			Blue Cross Blue Shield, A Multi- State Plan
Plan		250001	260001	70004	70005	70010	70011	70016	70017	70022	70023	70028	70029	70034	70035	70040	70041	80001	80002	90001	90002	100001	100002	330001
Service Ar	rea	All	All	С	С	NE	NE	NW	NW	SC	SC	WC	WC	С	С	NW	NW	C, NW, WC	All					
Urgent Care Centers	In Network	20% Coinsurance after deductible	20% Coinsurance after deductible	\$100 Copay	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible													
or Facilities	Out of Network	40% Coinsurance after deductible	40% 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	40% Coinsurance after deductible														
Durable Medica	al Equipme	nt																						
Durable Medical	In Network	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible															
Equipment	Out of Network	40% Coinsurance after deductible	40% 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	40% Coinsurance after deductible														
Prosthetic Devices	In Network	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	Not Covered															
	Out of Network	40% Coinsurance after deductible	40% 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	Not Covered														
Mental and Bel	havioral He	alth and Su	ubstance A	buse																				
Mental/Behavioral Health Outpatient	In Network	20% Coinsurance after deductible	20% Coinsurance after deductible	\$40 Copay	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible													
Services	Out of Network	40% Coinsurance after deductible	40% 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	40% Coinsurance after deductible														
Mental/Behavioral	In Network	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible															
Health Inpatient Services	Out of Network	40% Coinsurance after deductible	40% 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	40% Coinsurance after deductible														



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Compar	ıy		Cross and Blue eld							QualChoice Hea Arka										Ambe Arka	tter of ansas			Blue Cross Blue Shield, A Multi- State Plan
Plan		250001	260001	70004	70005	70010	70011	70016	70017	70022	70023	70028	70029	70034	70035	70040	70041	80001	80002	90001	90002	100001	100002	330001
Service Ar	rea	All	All	С	С	NE	NE	NW	NW	SC	SC	WC	WC	С	С	NW	NW	C, NW, WC	All					
Substance Abuse Disorder Inpatient	In Network	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible															
Services	Out of Network	40% Coinsurance after deductible	40% 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	40% Coinsurance after deductible														
Substance Abuse	In Network	20% Coinsurance after deductible	20% Coinsurance after deductible	\$40 Copay	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible													
Disorder Outpatient Services	Out of Network	40% Coinsurance after deductible	40% 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	40% Coinsurance after deductible														
Mental Health Other	In Network	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible															
	Out of Network	40% Coinsurance after deductible	40% 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	40% Coinsurance after deductible														
Rehabilitation a	and Habilita	ation																						
Rehabilitative Occupational and	In Network	20% Coinsurance after deductible	20% Coinsurance after deductible	\$40 Copay	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible													
Rehabilitative Physical Therapy	Out of Network	Not Covered	Not Covered	30% Coinsurance after deductible	40% Coinsurance after deductible	30% Coinsurance after deductible	40% Coinsurance after deductible	30% Coinsurance after deductible	40% Coinsurance after deductible	Not Covered														
Rehabilitative Speech	In Network	20% Coinsurance after deductible	20% Coinsurance after deductible	\$40 Copay	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible													
Therapy	Out of Network	Not Covered	Not Covered	30% Coinsurance after deductible	40% Coinsurance after deductible	30% Coinsurance after deductible	40% Coinsurance after deductible	30% Coinsurance after deductible	40% Coinsurance after deductible	Not Covered														
Outpatient	In Network	20% Coinsurance after deductible	20% Coinsurance after deductible	\$40 Copay	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible													
Rehabilitation Services	Out of Network	Not Covered	Not Covered	30% Coinsurance after deductible	40% Coinsurance after deductible	30% Coinsurance after deductible	40% Coinsurance after deductible	30% Coinsurance after deductible	40% Coinsurance after deductible	Not Covered														

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										Gold Flair	Cost Sharing	companison c	nare All Regio	7113										
Compar			Cross and Blue								alth Insurance of Insas										itter of ansas			Blue Cross Blue Shield, A Mu State Plan
Plan		250001	260001	70004	70005	70010	70011	70016	70017	70022	70023	70028	70029	70034	70035	70040	70041	80001	80002	90001	90002	100001	100002	330001
Service Ar	rea	All	All	С	С	NE	NE	NW	NW	SC	SC	WC	WC	С	С	NW	NW	C, NW, WC	All					
Habilitation Services	In Network	20% Coinsurance after deductible	20% Coinsurance after deductible	\$40 Copay	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible													
naumation services	Out of Network	Not Covered	Not Covered	30% Coinsurance after deductible	40% Coinsurance after deductible	30% Coinsurance after deductible	40% Coinsurance after deductible	30% Coinsurance after deductible	40% Coinsurance after deductible	Not Covered														
Inpatient Service	ces																							
Inpatient Physician	In Network	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible															
and Surgical Services	Out of Network	40% Coinsurance after deductible	40% 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	40% Coinsurance after deductible														
Outpatient Surgery	In Network	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible															
Physician/Surgical Services	Out of Network	40% Coinsurance after deductible	40% 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	40% Coinsurance after deductible														
Reconstructive	In Network	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible															
Surgery	Out of Network	Not Covered	Not Covered	30% Coinsurance after deductible	40% Coinsurance after deductible	30% Coinsurance after deductible	40% Coinsurance after deductible	30% Coinsurance after deductible	40% Coinsurance after deductible	Not Covered														
Gastric Electrical	In Network	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible															
Stimulation	Out of Network	40% Coinsurance after deductible	40% 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	40% Coinsurance after deductible														



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Compar	ny		Cross and Blue ield								ilth Insurance of Insas									Ambe Arka	tter of Insas			Blue Cross Blue Shield, A Multi- State Plan
Plan Service A	ron	<b>250001</b>	<b>260001</b> All	<b>70004</b>	<b>70005</b>	<b>70010</b> NE	<b>70011</b> NE	<b>70016</b> NW	<b>70017</b> NW	<b>70022</b> SC	<b>70023</b> SC	<b>70028</b> WC	<b>70029</b> WC	<b>70034</b>	70035	<b>70040</b> NW	<b>70041</b> NW	80001 C, NW, WC	<b>80002</b> C, NW, WC	90001 C, NW, WC	<b>90002</b> C, NW, WC	100001 C. NW. WC	<b>100002</b> C, NW, WC	330001 All
Treatments and			All	C	C	INE.	NE	INVV	INVV	30	30	WC	WC	C	C	INVV	INVV	C, NVV, WC	C, NVV, VVC	C, NVV, VVC	C, NVV, WC	C, NVV, VVC	C, NVV, VVC	All
	In Network	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible															
Chemotherapy	Out of Network	40% Coinsurance after deductible	40% 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	40% Coinsurance after deductible														
Radiation	In Network	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible															
nadau.	Out of Network	40% Coinsurance after deductible	40% 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	40% Coinsurance after deductible														
Infertility Treatment	In Network	20% Coinsurance after deductible	20% Coinsurance after deductible	Not Covered	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible													
merunty freatment	Out of Network	Not Covered	30% Coinsurance after deductible	40% Coinsurance after deductible	30% Coinsurance after deductible	40% Coinsurance after deductible	30% Coinsurance after deductible	40% Coinsurance after deductible	Not Covered															
Infusion Therapy	In Network	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible															
ппизіон і петару	Out of Network	40% Coinsurance after deductible	40% 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	40% Coinsurance after deductible														
Vision																								
Routine Eye Exam for	In Network	20% Coinsurance after deductible	20% Coinsurance after deductible	\$40 Copay	\$20 Copay	20% Coinsurance after deductible																		
Children	Out of Network	40% Coinsurance after deductible	40% Coinsurance after deductible	30% Coinsurance after deductible	\$20 Copay	40% Coinsurance after deductible																		



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Compar	ny		Cross and Blue							QualChoice Hea Arka	lith Insurance of Insas										tter of Insas			Blue Cross Blue Shield, A Multi- State Plan
Plan		250001	260001	70004	70005	70010	70011	70016	70017	70022	70023	70028	70029	70034	70035	70040	70041	80001	80002	90001	90002	100001	100002	330001
Service Ar	rea	All	All	С	С	NE	NE	NW	NW	SC	SC	WC	WC	С	С	NW	NW	C, NW, WC	C, NW, WC	C, NW, WC	C, NW, WC	C, NW, WC	C, NW, WC	All
Routine Eye Exam	In Network	20% Coinsurance after deductible	20% Coinsurance after deductible	\$40 Copay	Not Covered	Not Covered	\$20 Copay	\$20 Copay	\$20 Copay	\$20 Copay	No Charge													
(Adult)	Out of Network	Not Covered	Not Covered	30% Coinsurance after deductible	Not Covered	Not Covered	\$20 Copay	\$20 Copay	\$20 Copay	\$20 Copay	Not Covered													
Adults Frames or	In Network	Not Covered	Not Covered	Not Covered	\$20 Copay	\$20 Copay	\$20 Copay	\$20 Copay	Not Covered															
Lenses	Out of Network	Not Covered	Not Covered	Not Covered	\$20 Copay	\$20 Copay	\$20 Copay	\$20 Copay	Not Covered															
Eye Glasses for	In Network	20% Coinsurance after deductible	\$20 Copay	\$20 Copay	\$20 Copay	\$20 Copay	\$20 Copay	\$20 Copay	20% Coinsurance after deductible															
Children	Out of Network	40% Coinsurance after deductible	40% Coinsurance after deductible	30% Coinsurance after deductible	\$20 Copay	\$20 Copay	\$20 Copay	\$20 Copay	\$20 Copay	\$20 Copay	40% Coinsurance after deductible													
Dental																								
Routine Dental	In Network	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	No Charge	No Charge	Not Covered															
Services (Adult)	Out of Network	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered															
Basic Dental Care -	In Network	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	50% Coinsurance	50% Coinsurance	Not Covered															
Adult	Out of Network	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered															



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Compai	ny	Arkansas Blue Sh	Cross and Blue eld							QualChoice Hea Arka										Ambe Arka	tter of Insas			Blue Cross Blue Shield, A Multi State Plan
Plan		250001	260001	70004	70005	70010	70011	70016	70017	70022	70023	70028	70029	70034	70035	70040	70041	80001	80002	90001	90002	100001	100002	330001
Service A	rea	All	All	С	С	NE	NE	NW	NW	SC	SC	WC	WC	С	С	NW	NW	C, NW, WC	All					
Accidental Dental	In Network	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible															
Accidental Delital	Out of Network	40% Coinsurance after deductible	40% 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	40% Coinsurance after deductible														
	In Network	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible															
Dental Anesthesia	Out of Network	40% Coinsurance after deductible	40% 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	40% Coinsurance after deductible														
Women's Servi	ces																							
Delivery and All	In Network	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible															
Inpatient Services for Maternity Care	Out of Network	40% Coinsurance after deductible	40% 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	40% Coinsurance after deductible														
Prenatal and	In Network	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible															
Postnatal Care	Out of Network	40% Coinsurance after deductible	40% 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	40% Coinsurance after deductible														
Other																								
Diabetes Education	In Network	No Charge	No Charge	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	No Charge													
Subcres Education	Out of Network	40% Coinsurance after deductible	40% 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	40% Coinsurance after deductible														



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Compar	ny	Arkansas Blue Shi	Cross and Blue eld							QualChoice Hea Arka											tter of Insas			Blue Cross Blue Shield, A Multi- State Plan
Plan		250001	260001	70004	70005	70010	70011	70016	70017	70022	70023	70028	70029	70034	70035	70040	70041	80001	80002	90001	90002	100001	100002	330001
Service Ar	rea	AII 20%	All 20%	20%	C 20%	NE 20%	NE 20%	NW 20%	NW 20%	SC 20%	SC 20%	WC 20%	WC 20%	20%	C 20%	NW 20%	NW 20%	C, NW, WC	AII 20%					
Diabetes Care	In Network	Coinsurance after deductible																						
Management	Out of Network	40% Coinsurance after deductible	40% 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	40% Coinsurance after deductible														
Skilled Nursing	In Network	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible															
Facility	Out of Network	40% Coinsurance after deductible	40% 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	40% Coinsurance after deductible														
Home Health Care	In Network	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible															
Services	Out of Network	40% Coinsurance after deductible	40% 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	40% Coinsurance after deductible														
Hasnica Sarvicas	In Network	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible															
Hospice Services	Out of Network	40% Coinsurance after deductible	40% 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	40% Coinsurance after deductible														
Distrais	In Network	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible															
Dialysis	Out of Network	40% Coinsurance after deductible	40% 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	40% Coinsurance after deductible														
Hearing Aids	In Network	No Charge	No Charge	Not Covered	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	No Charge													
- Hearing Alas	Out of Network	No Charge	No Charge	Not Covered	30% Coinsurance after deductible	40% Coinsurance after deductible	30% Coinsurance after deductible	40% Coinsurance after deductible	30% Coinsurance after deductible	40% Coinsurance after deductible	No Charge													



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Compar	ny	Arkansas Blue Shi	Cross and Blue							QualChoice Hea Arka	llth Insurance of Insas									Ambe Arka	tter of insas			Blue Cross Blue Shield, A Multi- State Plan
Plan Sonico Ar		250001	260001	70004	70005	70010	70011	70016	70017	70022	70023	70028	70029	70034	70035	70040	70041	80001	80002	90001	90002	100001	100002	330001
Service Ar	ea	AII 20%	All 20%	20%	C 20%	NE 20%	NE 20%	NW 20%	NW 20%	SC 20%	SC 20%	WC 20%	WC 20%	20%	C 20%	NW 20%	NW 20%	C, NW, WC	C, NW, WC 20%	C, NW, WC	C, NW, WC	C, NW, WC	C, NW, WC	All 20%
Transplant	In Network	Coinsurance after deductible																						
	Out of Network	40% Coinsurance after deductible	40% 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	40% Coinsurance after deductible														
Routine Foot Care	In Network	Not Covered																						
Rodulle Foot Care	Out of Network	Not Covered																						
Cochlear Implants	In Network	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible															
Cocinear impiants	Out of Network	40% Coinsurance after deductible	40% 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	40% Coinsurance after deductible														
Treatment for	In Network	20% Coinsurance after deductible	20% Coinsurance after deductible	Not Covered	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible													
Temporomandibular Joint Disorders	Out of Network	40% Coinsurance after deductible	40% Coinsurance after deductible	Not Covered	30% Coinsurance after deductible	40% Coinsurance after deductible	30% Coinsurance after deductible	40% Coinsurance after deductible	30% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible													
Inherited Metabolic	In Network	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	No Charge															
Disorder - PKU	Out of Network	40% Coinsurance after deductible	40% 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	40% Coinsurance after deductible														
Notes	BCBS Notes: Nutritional Cou care manageme	nseling is covered	d under diabetes	QCA Notes: Nutritional Cour	nseling and foot o	are for diabetics	is covered unde	r Diabetes Care N	Management cos	t sharing.								Nutritional cour		for pregnant wo	omen.	r Diabetes Care N	Management cos	t sharing.



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