

## Arkansas 2014 Gold 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	250001	260001	70004	70005	70010	70011	70016	70017	70022	70023	70028	70029	70034	70035	70040	70041	80001	80002	90001	90002	100001	100002	330001
Service Area	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:	Gold 500	Gold 1000	Gold Enhanced Plus Statewide Network	Gold Premier Plus Statewide Network	Gold Enhanced Plus	Gold Premier Plus	Gold Enhanced Plus Statewide Network	Gold Premier Plus Statewide Network	Gold Enhanced Plus	Gold Premier Plus	Gold Enhanced Plus	Gold Premier Plus	Gold Enhanced Plus Central Arkansas High Value Network	Gold Premier Plus Central Arkansas High Value Network	Gold Enhanced Plus Northwest Arkansas High Value Network	Gold Premier Plus Northwest Arkansas High Value Network	Ambetter Gold 1	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-Network): Deductible is combined medical and drug unless otherwise indicated.	\$500	\$1,000	\$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)	\$1,000 (medical) / \$0 (drug)	\$500 (medical) / \$0 (drug)	\$1,500 (medical) / \$1,000 (drug)	\$1,000 (medical) / \$500 (drug)	\$1,500 (medical) / \$1,000 (drug)	\$1,000 (medical) / \$500 (drug)	\$1,500 (medical) / \$1,000 (drug)	\$1,000 (medical) / \$500 (drug)	\$500
MOOP (In-Network):	\$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 and Outpatient Services

Primary Care Visit to Treat an Injury or Illness	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
	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 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
	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	Not Covered	30% Coinsurance	40% Coinsurance	30% Coinsurance	40% Coinsurance	30% Coinsurance	40% Coinsurance
Other Practitioner Office Visit (Nurse, Physician Assistant)	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	\$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
	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	30% Coinsurance after deductible	40% Coinsurance after deductible	30% Coinsurance after deductible	40% Coinsurance after deductible	30% Coinsurance after deductible	40% Coinsurance after deductible

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Service Area	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	
Specialist Visit	In Network	20% Coinsurance after deductible	\$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% Coinsurance after deductible	
	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
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	In Network	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	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	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
Chiropractic Care	In Network	20% Coinsurance after deductible	20% Coinsurance after deductible	\$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% Coinsurance after deductible	
	Out of Network	Not Covered	Not Covered	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	Not Covered
Nutritional Counseling (See notes at bottom)	In 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	Not Covered	Not Covered	Not Covered	
	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	Not Covered	Not Covered	Not Covered	
Well Child Care	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	
	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	30% Coinsurance	40% Coinsurance	30% Coinsurance	40% Coinsurance	30% Coinsurance	40% Coinsurance	Not Covered
<b>Pharmacy</b>																								
Generic Drugs	In Network	\$10 Copay	\$10 Copay	\$10 Copay	\$10 Copay	\$10 Copay	\$10 Copay	\$10 Copay	\$10 Copay	\$10 Copay	\$10 Copay	\$10 Copay	\$10 Copay	\$10 Copay	\$10 Copay	\$10 Copay	\$10 Copay	\$10 Copay	\$10 Copay	\$10 Copay	\$10 Copay	\$10 Copay	\$10 Copay	
	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	Not Covered	Not Covered	Not Covered	















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Service Area		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
Routine Eye Exam (Adult)	In Network	20% Coinsurance after deductible	20% Coinsurance after deductible	\$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	Not Covered	Not Covered	\$20 Copay	\$20 Copay	\$20 Copay	\$20 Copay	No Charge
	Out of Network	Not Covered	Not Covered	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	Not Covered	Not Covered	\$20 Copay	\$20 Copay	\$20 Copay	\$20 Copay	Not Covered
Adults Frames or Lenses	In 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	\$20 Copay	\$20 Copay	\$20 Copay	\$20 Copay	Not Covered
	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	\$20 Copay	\$20 Copay	\$20 Copay	\$20 Copay	Not Covered
Eye Glasses for Children	In Network	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	\$20 Copay	\$20 Copay	\$20 Copay	\$20 Copay	\$20 Copay	\$20 Copay	20% Coinsurance after deductible
	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	\$20 Copay	\$20 Copay	\$20 Copay	\$20 Copay	\$20 Copay	\$20 Copay	40% Coinsurance after deductible

Dental

Routine Dental Services (Adult)	In 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	Not Covered	Not Covered	No Charge	No Charge	Not Covered
	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	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Basic Dental Care - Adult	In 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	Not Covered	Not Covered	50% Coinsurance	50% Coinsurance	Not Covered
	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	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered





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Service Area	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	
Transplant	In Network	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	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	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
Routine Foot Care	In 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	Not Covered	Not Covered	Not Covered	
	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	Not Covered	Not Covered	Not Covered	
Cochlear Implants	In Network	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	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	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	
Treatment for Temporomandibular Joint Disorders	In Network	20% Coinsurance after deductible	20% 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	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	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 after deductible	40% Coinsurance after deductible	30% Coinsurance after deductible	40% Coinsurance after deductible	30% Coinsurance after deductible	40% Coinsurance after deductible	
Inherited Metabolic Disorder - PKU	In Network	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	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	
	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	
Notes	<b>BCBS Notes:</b> Nutritional Counseling is covered under diabetes care management.		<b>QCA Notes:</b> Nutritional Counseling and foot care for diabetics is covered under Diabetes Care Management cost sharing.														<b>Ambetter Notes:</b> 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 for "Gold 2" products							