



# benefit summary

BAXTER COUNTY



**Arkansas**  
**BlueCross BlueShield**

An Independent Licensee of the Blue Cross and Blue Shield Association

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Effective Date:

01/01/2016



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## welcome

Arkansas Blue Cross and Blue Shield is pleased to be your health insurance company. This Benefit Summary gives you an overview of

your health coverage and provides some of the most commonly requested information regarding your health insurance policy. This summary

is not a policy. You will receive a Benefit Certificate that describes, in detail, your complete health insurance policy benefit features.

## important details about your health insurance policy

Most of us are interested in saving money, and when the services of In-network Providers are utilized, you will pay less money out of pocket. Please take a moment to review this important information about your coverage.

**Provider:** Throughout this document, you will see the term health-care "provider." Providers are doctors, hospitals and others who offer medical services, including labs or radiology clinics.

**In-network providers:** These health-care providers are part of a group of participants who have agreed to bill according to our processes and have agreed to participate in our negotiated discounts for medical services. We pass these savings on to

you, resulting in lower out-of-pocket expenses. When in doubt, please check to see that your health-care provider is in your health plan's network.

**Out-of-network providers:** These health-care providers may not offer discounted services to our members and may follow their own billing rules for services. Your out-of-pocket expenses may be greater when you use an out-of-network provider. Your health insurance policy is set up with a higher coinsurance percentage for an out-of-network provider.

Remember, always check the network status of any health-care provider that your doctor may refer you to for additional care. If you are referred to an out-of-network provider by an

in-network provider, you still may have to pay higher costs.

**Medical emergency:** In a medical emergency, go directly to the nearest hospital. We do not subject you to additional charges for using an out-of-network hospital for yourself or a covered family member, although hospitals outside of our network may have higher total charges than an in-network hospital. This can result in higher out-of-pocket costs. Some examples of a medical emergency include a suspected heart attack, stroke or poisoning.

At Arkansas Blue Cross, your continued good health is our main concern.

## how to find an in-network provider

### in Arkansas

For a list of in-network providers, visit us on the Web at: [arkansasbluecross.com](http://arkansasbluecross.com)  
Your Provider Network is: **True Blue**  
or call Customer Service at:  
479-527-2310 or 1-800-817-7726

**Important Note:** For your protection, we want you to know that some doctors and hospitals may require up-front payment of your anticipated portion of the deductible and coinsurance fees.

### outside of Arkansas

On the Web, visit the Blue Cross and Blue Shield Association site at: [bcbs.com/healthtravel/finder.html](http://bcbs.com/healthtravel/finder.html)

Or call the Blue Cross and Blue Shield Association at:  
**1-800-810-BLUE**

**Note:** For some health policies, out-of-state providers may not be included at in-network rates. Check your Benefit Certificate for your policy details.

## dependent benefits

Your older, dependent children can be covered by your health insurance plan until they reach 26 years of age.

### Important Disclaimer from Arkansas Blue Cross and Blue Shield

This document is intended only to highlight your benefits and should not be relied on to fully determine coverage. **Some of the above services are subject to visit, day and/or dollar limits.** Please refer to your Benefit Certificate for a full explanation of your benefits, the limitations of these benefits and the services that are not covered. If this document conflicts in any way with the policy issued to your employer, the policy shall prevail.

**description**

**your portion**

**Individual Deductible:** The total amount of covered medical expenses that you incur before your health insurance policy begins to pay.

**\$600**  
(combination of both in network and out of network)

**Family Deductible – Aggregate:** The total amount of covered medical expenses your family incurs before your health insurance policy begins to pay. You pay a new deductible each calendar year.

**\$1,800**  
(combination of both in network and out of network)

**Coinsurance:** The percentage of the allowable charge for a medical service that becomes your responsibility to pay after your deductible has been satisfied.

**Copayment:** The dollar amount you pay for a doctor’s office visit.

**calendar-year coinsurance maximum:**

	in network	out of network
individual	<b>\$3,500</b>	<b>\$14,000</b>
family	<b>\$10,500</b>	<b>\$42,000</b>

**lifetime maximum:**

**No Lifetime Limitation**

service type*		your cost in-network coinsurance	your cost out-of-network coinsurance
<b>professional services</b>			
primary care physician visit	copayment amount \$35	0%	40%
specialty physician visit (Coinsurance may apply to additional services)	copayment amount \$55	20%	40%
wellness (adult wellness and routine physical)		0%	20%
children’s preventive services (immunizations covered 100%)		0%	20%
professional fees for inpatient surgical and medical services		20%	40%
professional fees for outpatient surgical and medical services		20%	40%
<b>hospital and other medical facility services</b>			
hospital visit (inpatient)		20%	40%
hospital (outpatient) includes surgery, diagnostics and therapeutic care		20%	40%
emergency room visit		20%	20%
maternity and obstetrics		20%	40%
<b>other services</b>			
durable medical equipment		20%	40%
diabetic supplies		20%	40%
mental health		20%	40%
therapeutic services — physical and occupational	copayment amount \$35	0%	40%
— chiropractic	copayment amount \$55	20%	40%
speech	copayment amount \$35	0%	40%
ambulance services — ground: up to \$1,000 per trip		20%	20%
— air: up to \$5,000 (limit one air ambulance trip per year.)		20%	20%

\* Additional fees may apply. Please check your Benefit Certificate.

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**your retail drug coverage**

A pharmacy benefit is an important component of your overall health insurance coverage. Your drug card allows you to obtain medications at discounted prices. The different copayment levels shown on your ID

card are called “tiers.” When referring to these tiers, you’ll notice that **tier one** (generic drugs) and **tier two** (brand-name drugs) require lower copayments than **tier three** brand-name drugs. You may want to ask your doctor if there

is an alternative for a prescription that falls into the more expensive tier three category. Selecting lower-cost drugs (such as generics) is an important way to save money on your overall health-care expenses.

**copayments by tier**

	tier one	tier two	tier three
retail*	\$15.00	\$35.00	\$55.00

**additional benefits / riders**

- Supplemental Accident .....
- Maternity .....
- Mental Health Parity .....
- Wellness .....
- Primary and Specialist Physician Visit Copayment - \$35/\$55 .....
- Check your Benefit Certificate for details on any additional benefits or riders. ....

**messages**

This is a grandfathered health plan, see insert for details.

Your policy features a deductible carry over feature. Check Benefit Certificate for details and restrictions.

HealthConnect Blue — a free health program from Arkansas Blue Cross – provides you with a variety of resources to help you reach your health goals; available through “Health Resources” on My Blueprint.

My Blueprint — your personal online self-service center – allows you access to a wealth of information and can be accessed from the home page of our Web site at [arkansasbluecross.com](http://arkansasbluecross.com).

**questions?**

We hope you will call us with any questions or concerns you have. Our office hours are Monday through Friday from 8 a.m. to 4:30 p.m. (Central Time).

Customer Service Number: 479-527-2310 or 1-800-817-7726

More information can be found at our Web site at: [arkansasbluecross.com](http://arkansasbluecross.com)

Regional Address: Arkansas Blue Cross and Blue Shield  
516 E. Millsap Road  
Suite 103  
Fayetteville, AR 72703



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# NOTICE

## grandfathered health plan

Arkansas Blue Cross and Blue Shield believes this plan is a “grandfathered health plan” under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to Arkansas Blue Cross and Blue Shield at 1-800-238-8379. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform). This website has a table summarizing which protections do and do not apply to grandfathered health plans.



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