



Comprehensive Blue PPO

**Choice ...
Affordability ...
Protection ...**

Comprehensive Blue PPO offers everything you're looking for in an individual and family health insurance plan.



**Arkansas
BlueCross BlueShield**

An Independent Licensee of the Blue Cross and Blue Shield Association

ARKF01838_BH_09_09_AG

good for
you.

Agent

Important Information About Comprehensive Blue PPO.

That's *good for you!*

Eligibility

- Available to Arkansas residents age 64 and younger who are **not** on Medicare.
- Dependents are covered until age 19, or age 25 if the child is a full-time student. There is no age limit for disabled children (certain rules apply).
- Newborns may be added by completing the Newborn/Adopted Child Change Form. Coverage for the newborn will begin from the moment of birth, if the form is submitted within 90 days of the birth date. If the form is **not** submitted within 90 days of the birth date, medical underwriting will apply and the effective date of coverage will be subsequent to the approval date.
- Adopted children may be added by completing the Newborn/Adopted Child Change Form. Coverage will begin on the date of the filing of the petition for adoption, if the form is submitted within 60 days of the filing of the petition for adoption. Coverage will begin from the moment of birth, if the petition for adoption was filed and the change form is submitted within 60 days of the child's birth. If the form is **not** submitted within 60 days of the date of the filing of petition for adoption, medical underwriting will apply and the effective date of coverage will be subsequent to the approval date.

Benefit details

- The calendar-year benefit period is January 1 – December 31.
- A policyholder's premium rate is guaranteed for 12 months.
- Expenses incurred toward the deductible during the last 3 months of the calendar year may also be used to satisfy the deductible for the succeeding calendar year.
- Coverage for care **out of network** will be covered, as follows:
 - The deductible is doubled.
 - The coinsurance increases **by** 20%.
 - There is no limit to the calendar-year coinsurance maximum.
 - Balance billing (the difference between the provider's bill and the Arkansas Blue Cross and Blue Shield allowed amount) must be paid by the policyholder.

Optional riders

- The maternity benefit rider is optional. If elected and approved, there will be an additional cost applied to the monthly premium. Benefits are payable once the maternity coverage has been in effect for 12 months. Coverage must remain in force through the entire pregnancy (including post natal visits) for maximum benefits to be received. This benefit is available only to females age 18 or older. Dependents other than a covered spouse **cannot** purchase the maternity rider. The maternity benefit rider covers the mother only. There is no per pregnancy dollar maximum. (See grid for maternity benefits.)
- The mental health parity rider allows benefits for mental illness and substance abuse to be treated as any other medical benefit. Benefits are subject to appropriate deductible, coinsurance, and copay, etc. If elected and approved, there will be an additional cost applied to the monthly premium, and the limited psychiatric and substance abuse benefits, which are part of all Comprehensive Blue PPO policies, would be replaced by the enhanced benefits provided by the rider. This rider can only be added at the time of application.

Need temporary coverage?

Our **Short-Term Blue** is a smart, affordable solution. Highlights include:

- Coverage for catastrophic events* — for as little as 30 days to a maximum of 182 days.
- No monthly premiums — just one payment for the policy coverage period.
- Choose your deductible amount — \$500 or \$1,000.
- \$1,000,000 in benefits per policyholder.

* Treatment for pre-existing conditions or diseases is **not** covered under the Short-Term Blue policy.

Looking for affordable dental benefits?

Here's a sampling of some of the many services covered by **BlueCare Dental**, a separate insurance policy:

- Preventive Care — including initial and periodic exams, fluoride treatments, X-rays and more.
- Minor Restorative Care — including fillings and simple extractions.
- Major Restorative Care — including root canals, oral surgery, bridges and more.





Comprehensive Blue PPO Benefits At-A-Glance

Deductible Amount (Maximum of 2 deductibles per family, per calendar year.)	\$500 OR \$1,000**	\$2,500, \$5,000 OR \$10,000**
Maximum Lifetime Benefit	\$5,000,000 per covered member.	\$5,000,000 per covered member.
Coinsurance	You pay 20% coinsurance after the deductible has been met.	You pay 0% coinsurance after the deductible has been met.
Your Out-of-Pocket Coinsurance Maximum (Maximum of 2 calendar-year coinsurance maximums per family, per calendar year.)	\$2,000	Not applicable.
Primary Care Physician Office Visit (In-network general practitioners, pediatricians, family practitioners and internal medicine doctors.)	You pay a \$30 copay.	You pay a \$30 copay.
Specialist Office Visit	You pay a \$60 copay.***	You pay a \$60 copay.***
Inpatient Services (Facility and physician.)	You pay 20% coinsurance after the deductible has been met.	You pay 0% coinsurance after the deductible has been met.
Outpatient Services (Facility and physician.)	You pay 20% coinsurance after the deductible has been met.	You pay 0% coinsurance after the deductible has been met.
Emergency Room (Facility only.)	You pay a \$200 copayment (waived if admitted). Deductible does not apply.	You pay a \$200 copayment (waived if admitted). Deductible does not apply.
Children's Preventive Services (Immunizations and well-patient care [office visits only].)	You pay 0% coinsurance. Deductible does not apply.	You pay 0% coinsurance. Deductible does not apply.
Wellness Services <ul style="list-style-type: none"> • Routine physical exams • Routine gynecological exams • Routine mammograms • Routine PSA tests 	You pay 20% coinsurance. Deductible does not apply. \$500 annual maximum.	You pay 0% coinsurance. Deductible does not apply. \$500 annual maximum.
Psychiatric Conditions/Substance Abuse Benefits	You pay 50% coinsurance after the deductible has been met. \$4,000 annual maximum.	You pay 50% coinsurance after the deductible has been met. \$4,000 annual maximum.
Prescription Drugs	You pay a \$10 copay for generics; \$35 copay for preferred brands; \$70 copay for non-preferred brands.	You pay a \$10 copay for generics; \$35 copay for preferred brands; \$70 copay for non-preferred brands.
Hospice (Subject to prior approval.)	You pay 20% coinsurance after the deductible has been met.	You pay 0% coinsurance after the deductible has been met.
Optional Riders <ul style="list-style-type: none"> • Maternity Benefits (Covered only if Maternity Benefit Rider is added to the policy.) • Mental Health Parity Benefits (Covered only if Mental Health Parity Rider is added to the policy.) <ul style="list-style-type: none"> • Office Visit • Inpatient and Outpatient Services (Some services require prior approval.) 	<p>You pay 20% coinsurance after the deductible has been met. Coinsurance does not apply toward the annual out-of-pocket maximum.</p> <p>You pay a \$60 copay.***</p> <p>You pay 20% coinsurance after the deductible has been met.</p>	<p>You pay 0% coinsurance after the deductible has been met.</p> <p>You pay a \$60 copay.***</p> <p>You pay 0% coinsurance after the deductible has been met.</p>

** Expenses incurred toward the deductible during the last three months of the calendar year also may be used to satisfy the deductible for the succeeding calendar year.

*** The Specialist copayment is designed to cover basic diagnostic tests and evaluations. Advanced diagnostic tests and treatments performed in the Specialist's office will be subject to the deductible and coinsurance. Examples include surgery, chemotherapy and advanced imaging (MRI, CT Scan, PET, nuclear cardiology).

Important Information About the Comprehensive Blue PPO Insurance Policy

Comprehensive Blue PPO has exclusions, limitations and terms under which the insurance policy may be continued or discontinued. The Comprehensive Blue PPO insurance plan is age and sex rated, meaning premiums are based on the age and sex of the oldest covered person. Premiums are also based on whether you choose individual or family coverage and your deductible selection. The Company's determination to provide or refuse coverage will be based upon the answers to the health questions on the application as well as additional verifying medical information the Company may require. Conditions existing prior to the effective date of the Comprehensive Blue PPO insurance policy are **not** covered until the policy has been in effect for 12 months. There is NO credit given toward the pre-existing condition period for prior health insurance.

Tobacco Users: The Comprehensive Blue PPO rates provided are discounted non-tobacco user premiums. An additional 20% will be applied to any standard risk tobacco user's amount of premium.

Benefits and Services Not Included: If elected, maternity coverage benefits will not be paid within the first 12 months of coverage. No benefits or services of any kind are provided for maternity care, obstetrical care, in vitro fertilization, artificial insemination, and other infertility-related procedures unless maternity coverage is elected. Conditions existing prior to the effective date of the policy are not covered until the policy has been in effect for 12 months. Injuries or diseases caused by war; dentistry (except for some oral surgery); eye refractions, eyeglasses or hearing aids, unless needed because of accidental injury; cosmetic surgeries, unless needed because of accidental injury; services or supplies not medically necessary; medical or hospital services collectible under Workers Compensation or any law providing benefits for dependents of military personnel; services rendered in government hospitals; intentionally self-inflicted injuries; inpatient services, if they could have been performed safely and adequately on an outpatient basis; services and supplies which are experimental or investigational in nature; benefits provided under Medicare or other government programs (except Medicaid); services of social workers, unless included as part of the daily room and board allowance; radial keratotomy or epikeratophakia or any services performed to correct nearsightedness; hospital and physician services for rest cures; services by an immediate relative (spouse, parents, children, brother, sister, or legal guardian); dietary supplements when used in connection with weight reduction programs. Benefits and services are **not** included for any treatment (surgical or non-surgical) for weight loss. Renewal may be refused by class.

Limitations of Hospital Benefits: Arkansas Blue Cross does not require pre-admission certification for in-state hospital admissions. Notification only is required for out-of-state or **out-of-network** hospital admissions at the time of admission by calling the toll free number on the back of your ID card. Services rendered in a hospital outside of the United States of America will be paid at the sole discretion of the Plan.

General Coverage Limitations: Home health care is limited to 40 visits per calendar year; outpatient physical therapy, occupational therapy and respiratory therapy are limited to 45 visits per calendar year; ambulance coverage is limited to \$2,500 per calendar year; durable medical equipment is limited to \$5,000 per calendar year. All organ transplants, except kidney and cornea transplants, are subject to prior approval. Unless the mental health parity rider is added, basic benefits for psychiatric conditions/substance abuse services are limited to 50% coinsurance with an annual maximum of \$4,000 per calendar year. Spinal manipulation is limited to 6 spinal manipulations per calendar year. The maximum lifetime benefits shall not exceed \$5,000,000 per covered member.

Subrogation: If benefit payments are made for which a third party may be liable, Arkansas Blue Cross is entitled to recovery out of payments made by that third party to the full extent of benefits paid.

Medical Underwriting: This health insurance is underwritten. To be approved for coverage and issued a policy, you must answer health questions and pass medical underwriting. Based on medical underwriting, there may be an additional premium surcharge added or certain medical conditions may be excluded from your coverage or both.

Coordination Against Group and Major Medical Coverage: Benefits for services or supplies available to you under any other group or blanket disability insurance, Union Welfare Plan, employer or employee benefit organization, self-insurance or any other non-regulated group disability benefits plan, major medical policy, or no-fault automobile liability insurance will be coordinated so that the total amount of benefits payable from all these plans combined does not exceed 100% of actual medical expenses.

IMPORTANT NOTE: Your premium will be accepted after coverage has been approved and a billing statement forwarded. This outline of coverage provides a brief description of the important features of the Comprehensive Blue PPO insurance policy. The outline is not the policy, and only the actual policy provisions will control. The policy itself sets forth in detail the rights and obligations of both you and your insurance company. It is, therefore, important that you read the policy carefully.

Since applications for our Comprehensive Blue PPO insurance policy take time to process and you are not guaranteed coverage, we advise you to keep your current coverage in effect until we notify you that your application has been approved.



good for
YOU.