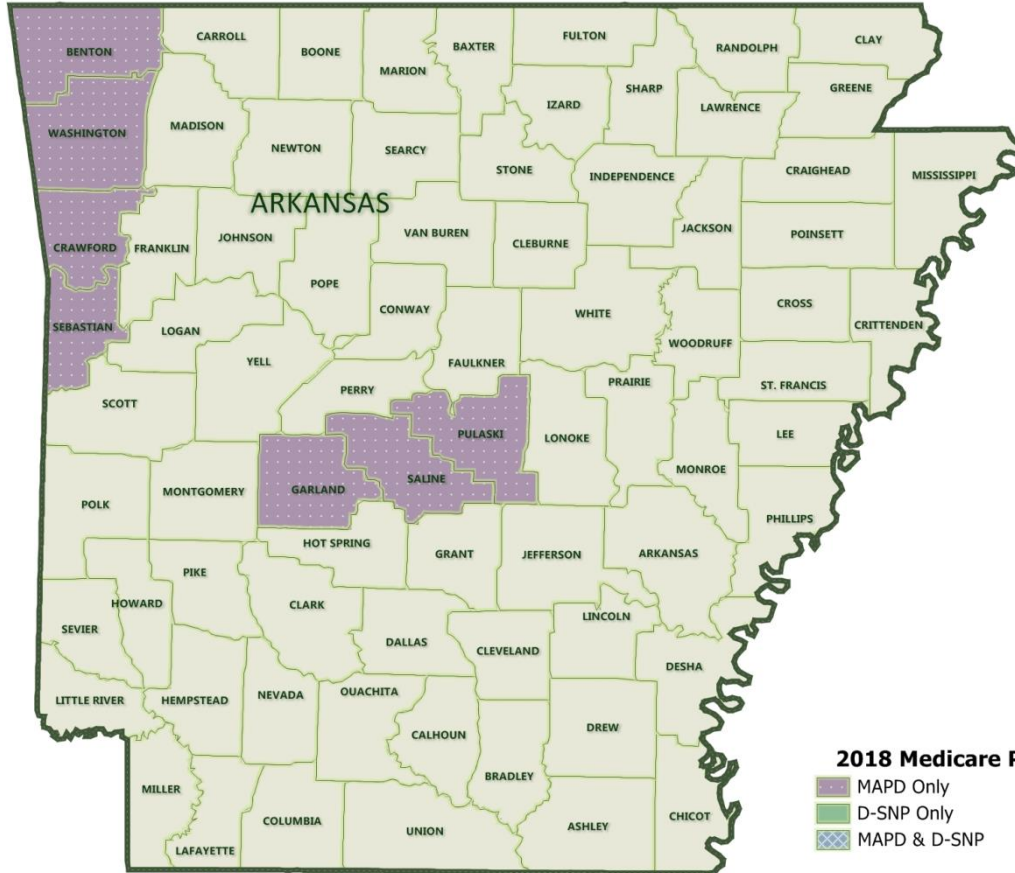


Arkansas





Network

- University of Arkansas (UAMS)
- Baptist Health
- Capella
- AR Health Network (CHI)
- CHS/Premier Care
- Health Partners
- Mercy

Contract: H9630-001 (HMO)

Counties: Benton, Crawford, Sebastian, Washington

BENEFIT OVERVIEW

MOOP (Maximum Out Of Pocket)	\$5,900 In-Network
Inpatient	\$295 Per Day, Days 1 - 6; \$0 Per Day, Days 7 - 90
PCP/SPC-Copay Primary Care Provider/Specialist Copay	\$0 PCP Visits \$40 SPC Visits
RX	Deductible - \$250, only applies to tiers 4-5 Tier 1 - Preferred Generic: \$0 / \$0 Tier 2 - Generic: \$8 / \$24 Tier 3 - Preferred Brand: \$47 / \$141 Tier 4 - Non-Preferred Brand: \$100 / \$300 Tier 5 - Specialty: 28% / 28% Tier 6 - Select Care Drugs: \$0 / \$0
Value Adds	Vision- Routine Covered Services; Maximum Allowance \$100 Every Year Hearing- \$0 Routine exam, Fittings, , Maximum Allowance- \$1,200 Every 3 Years, one hearing aid per year OTC-\$60 Every 3 Months Meal Benefit – 28 meals for 14 day Fitness

Note: Filed benefits only. Pending CMS approval and subject to change.

FOR BROKER USE ONLY

Contract: H9630-002 (HMO)
Counties: Garland, Pulaski, Saline



BENEFIT OVERVIEW

MOOP (Maximum Out Of Pocket)	\$5,900 In-Network
Inpatient	\$295 Per Day, Days 1 - 6; \$0 Per Day, Days 7 - 90
PCP/SPC-Copay Primary Care Provider/Specialist Copay	\$0 PCP Visits \$40 SPC Visits
RX	Deductible - \$250, only applies to tiers 4-5 Tier 1 - Preferred Generic: \$0 / \$0 Tier 2 - Generic: \$8 / \$24 Tier 3 - Preferred Brand: \$47 / \$141 Tier 4 - Non-Preferred Brand: \$100 / \$300 Tier 5 - Specialty: 28% / 28% Tier 6 - Select Care Drugs: \$0 / \$0
Value Adds	Vision- Routine Covered Services; Maximum Allowance \$100 Every Year Dental- \$0 Preventative services, Comprehensive Dental- \$1,000 Every Year Hearing- \$0 Routine exam, Fittings, , Maximum Allowance- \$1,200 Every 3 Years, one hearing aid per year OTC-\$60 Every 3 Months Meal Benefit – 28 meals for 14 day Fitness

Note: Filed benefits only. Pending CMS approval and subject to change.

FOR BROKER USE ONLY

Contract: H9630-003 (HMO)
Counties: Benton, Washington



BENEFIT OVERVIEW

MOOP (Maximum Out Of Pocket)	\$5,900 In-Network
Inpatient	\$295 Per Day, Days 1 - 6; \$0 Per Day, Days 7 - 90
PCP/SPC-Copay Primary Care Provider/Specialist Copay	\$0 PCP Visits \$40 SPC Visits
RX	Deductible - \$0 Tier 1 - Preferred Generic: \$0 / \$0 Tier 2 - Generic: \$8 / \$24 Tier 3 - Preferred Brand: \$47 / \$141 Tier 4 - Non-Preferred Brand: \$100 / \$300 Tier 5 - Specialty: 33% / 33% Tier 6 - Select Care Drugs: \$0 / \$0
Value Adds	Vision- Routine Covered Services; Maximum Allowance \$200 Every Year Dental- \$0 Preventative services, Comprehensive Dental- \$1,000 Every Year Hearing- \$0 Routine exam, Fittings, , Maximum Allowance- \$1,200 Every 3 Years, one hearing aid per year OTC-\$60 Every 3 Months Meal Benefit – 28 meals for 14 day Fitness

Note: Filed benefits only. Pending CMS approval and subject to change.

FOR BROKER USE ONLY