

2024

# AFFORDABLE CARE ACT (ACA) PLANS

FOR YOU & YOUR FAMILY



**Health Advantage**

An Independent Licensee of the Blue Cross and Blue Shield Association

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# WHY CONSIDER AN ACA PLAN?



1

### YOU CAN'T BE TURNED DOWN.

You'll be able to enroll in a health benefit plan even if you have a pre-existing condition.

2

### YOU MIGHT SAVE MONEY.

We can tell you if you qualify for financial assistance that will help lower your monthly premiums. The majority of members who buy plans on the Health Insurance Marketplace receive financial assistance.

3

### ENROLLING IS EASY.

Each year, there is an Open Enrollment Period (OEP). This is your chance to join or switch to the health plan you really want.

- The OEP for 2024 is November 1, 2023 to January 15, 2024. Enroll by December 15, 2023 for coverage to start January 1.
- It's possible to enroll outside of OEP. Significant events such as marriage, childbirth or losing employer coverage might make you eligible.\*

4

### ESSENTIAL HEALTH BENEFITS ARE COVERED.

Our plans cover all essential health benefit categories required by the healthcare law. To learn more, see page 7.

FIND OUT IF YOU  
QUALIFY FOR  
LOW-COST  
HEALTH  
PLAN COVERAGE

FREE RATE QUOTE!

CALL 800-392-2583

8 A.M. to 5 P.M., Monday – Friday

Give us a call today and get Arkansas' most trusted and accepted coverage at the lowest price possible.

\*Typically, these special circumstances require enrollment into a health plan within 60 days of the life event. A Health Advantage agent can make sense of the enrollment process and help walk you through it.

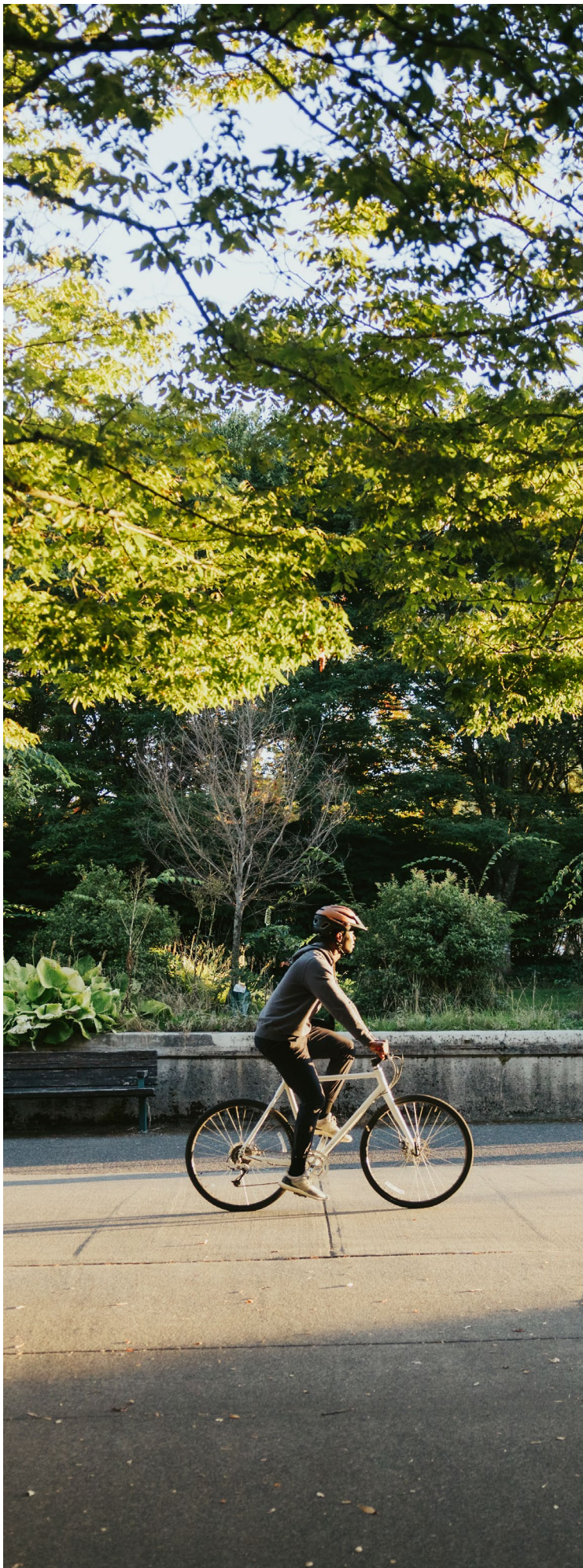
# KEY BENEFITS

	Gold Standardized	Silver AH	Silver Standardized	Bronze Suitcase	Bronze Exp Standardized
On/Off Exchange	Both	Both	Both	Both	Both
Includes Blue Card	No	No	No	Yes	No
Individual Deductible	\$1,500	\$5,400	\$5,900	\$9,250	\$7,500
Family Deductible	\$3,000	\$10,800	\$11,800	\$18,500	\$15,000
Individual Out-of-Pocket Max	\$8,700	\$6,200	\$9,100	\$9,250	\$9,400
Family Out-of-Pocket Max	\$17,400	\$12,400	\$18,200	\$18,500	\$18,800
Coinsurance	25%	30%	40%	0%	50%
PCP & OP Rehab/Hab Office Visits	\$30 Copay	\$30 Copay after ded	\$40 Copay	3 @ \$0, then \$45 Copay	\$50 Copay
Specialist Office Visit (Consult/Evaluation)	\$60 Copay	\$45 Copay after ded	\$80 Copay	\$100 Copay	\$100 Copay
Mental Health/Substance Abuse OP Office Visit	\$30 Copay	\$30 Copay after ded	\$40 Copay	3 @ \$0, then \$45 Copay	\$50 Copay
Medical Equipment & Supplies	Ded/Coins	\$250 Copay after ded	Ded/Coins	Ded/Coins	Ded/Coins
Maternity and Family Planning	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins
Urgent Care	\$45 Copay	\$45 Copay after ded	\$60 Copay	Ded/Coins	\$75 Copay
Emergency Room	Ded/Coins	\$800 Copay after ded	Ded/Coins	Ded/Coins	Ded/Coins
Inpatient Hospital, MH/SA	Ded/Coins	\$800 Copay per day after ded	Ded/Coins	Ded/Coins	Ded/Coins
Outpatient Hospital & Surgical Services	Ded/Coins	\$45 Copay after ded	Ded/Coins	Ded/Coins	Ded/Coins
High-Tech Imaging	Ded/Coins	\$500 Copay after ded	Ded/Coins	Ded/Coins	Ded/Coins
Lab/X-RAY	Ded/Coins	\$30 Copay after ded	Ded/Coins	Ded/Coins	Ded/Coins
Rx Tier 1 Preventive	\$0	\$0	\$0	\$0	\$0
Rx Tier 2 Generic	\$15/\$30 Copay*	\$100/\$200 Copay*	\$20/\$40 Copay*	\$30/\$60 Copay*	\$25/\$50 Copay*
Rx Tier 3 Preferred Brand	\$30/\$60 Copay*	\$1,000/\$2,000 Copay*	\$40/\$80 Copay*	\$210/\$420 Copay*	\$50/\$100 Copay after ded*
Rx Tier 4 Non-Preferred Brand	\$60/\$120 Copay*	\$2,000/\$4,000 Copay*	\$80/\$160 Copay after ded*	\$1,600/\$3,200 Copay*	\$100/\$200 Copay after ded*
Rx Tier 5 Specialty	\$250 Copay	\$6,200 Copay	\$350 Copay after ded	\$5,000 Copay	\$500 Copay after ded
Rx Tier 6 Specialty	\$250 Copay	\$6,200 Copay	\$350 Copay after ded	\$5,000 Copay	\$500 Copay after ded

Health Advantage is a Qualified Health Plan issuer in the Health Insurance Marketplace.

\* For maintenance drugs in tiers 2-4, if you utilize our mail order program, you will receive a three-month supply of drugs for the cost of a two-month supply.





# ADDITIONAL BENEFITS

## BLUE 365

Health Advantage members get Blue365, a free program that offers discounts on a range of products including eyeglasses, hearing aids, gym memberships, hotels and athletic gear, just for being Blue. To learn more, visit [blue365deals.com](https://blue365deals.com).

## HEALTH RISK ASSESSMENT (HRA)

We offer free online HRAs that help you understand your current health, spot your health trends and track your health risks.

## MAIL ORDER PRESCRIPTIONS

With our individual health plans, you have the option to receive prescription drugs delivered directly to your home or other location that works best for you. Medicine arrives in private, tamper-resistant and temperature-controlled packaging. And, automatic refill options will help you stay on track.

**CALL 800-392-2583**

**8 a.m. to 5 p.m., Monday – Friday**

# MAKING SENSE OF SECURITY

**COINSURANCE:** Coinsurance is your share of the costs, usually after you've met your deductible. For example, if your plan pays 80% for a service, you would pay 20% in coinsurance. With your Health Advantage plan, when you reach your out-of-pocket max, you no longer have to pay coinsurance for covered services.

**COPAY:** Copays are what you pay at the doctor or pharmacy. They do not count against your deductible. An example would be paying \$25 at a doctor's visit or \$15 for a prescription. With your Health Advantage plan, when your out-of-pocket max is met, you no longer have to pay copayments for covered services.

**ESSENTIAL HEALTH BENEFITS\*:** Our plans cover the essential health benefit categories required by the healthcare law. The essential health benefit categories are: ambulatory patient services, emergency services, hospitalization, pregnancy, maternity and newborn care, mental health and substance use disorder services, prescription drugs, rehabilitative and habilitative services and devices, laboratory services, preventive and wellness services and pediatric services.

**OUT-OF-POCKET MAXIMUM:** The out-of-pocket max is the most you'll spend for covered medical services in a year. After you reach this amount, you will no longer have to pay coinsurance or deductibles. (This does not include your monthly premium.)

**PRIMARY CARE PROVIDER (PCP):** A doctor who directly provides or coordinates a range of healthcare services for a patient (also known as a family doctor, general practitioner, internal medicine doctor or pediatrician).

**QUALIFYING LIFE EVENT:** A change in your life that makes you eligible to make changes to your current plan or enroll in a health plan outside of the Open Enrollment Period. Examples include moving to a new state, losing employer coverage, marriage, divorce or birth of a child.

\* Our plans do not include pediatric dental services. Pediatric dental coverage is available in the Health Insurance Marketplace and can be purchased as a stand-alone product.



Many Arkansans may be eligible to receive a tax credit that could lower their monthly health insurance premium. Some may receive a tax credit so they will have a very low or even \$0 monthly premium. Many Arkansans may be able to get free health insurance through a new program called ARHOME. Many Arkansans may qualify for an Health Advantage health plan with no monthly premium. With ARHOME, you can see any Health Advantage doctor you choose, your preventive care will be covered at no cost to you and you'll receive access to the kind of high-quality healthcare for which Health Advantage has built a reputation. We can help you find out if you qualify for a free health plan from Health Advantage.

The Affordable Care Act (ACA) includes a number of special provisions for American Indians and Alaskan Natives, such as: 1) They can get services from the Indian Health Services, tribal health programs or urban Indian health programs; 2) They may receive services at no cost sharing; and 3) They may have special monthly enrollment periods.

For out-of-network coverage cost sharing increases, and the balance billing (the difference between the provider's bill and the Health Advantage allowed amount) must be paid by the subscriber. Health Advantage qualified health plans have limitations and terms under which the health benefit plan may be continued or discontinued. The plans are age-rated, area-rated, and tobacco-rated, meaning premiums are based on the age, residence, and tobacco usage of the member.

**Benefits and Services Not Included:** Injuries or diseases caused by war; dentistry (except for some oral surgery); eye refractions, eyeglasses for adults unless needed because of accidental injury; cosmetic surgeries, unless needed because of accidental injury; services or supplies not meeting primary coverage criteria; medical or hospital services collectible under Workers Compensation or any law providing benefits for dependents of military personnel; services rendered in government hospitals; 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 nonsurgical) for weight loss. Renewal may be refused by class.

**Limitations of Hospital Benefits:** Health Advantage requires pre-admission approval for all non-emergent hospital admissions. For prior approval please call 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.

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

**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 percent of actual medical expenses.

**IMPORTANT NOTE:** Your premium will be accepted after coverage has been approved. This outline of coverage provides a brief description of the important features of the Our company qualified health benefit plans evidence of coverage. The outline is not the evidence of coverage, and only the actual provisions will control. The evidence of coverage itself sets forth in detail the rights and obligations of both you and your health benefit plan. It is, therefore, important that you read the evidence of coverage carefully. Changes to this evidence of coverage only may be made during the annual open enrollment period or as a result of a special enrollment period.

**Our company complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-844-662-2276. CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-844-662-2276.**



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