

**Medical Plan Design Comparison**

Product	Arkansas State Plan		Arkansas State Plan	
	State Plan		State Plan	
Medical Carrier	ARHealth		ARHealth HD PPO	
Plan Name	Arkansas		Arkansas	
Service Area				
Plan Provision	<u>In-Network</u>	<u>Out-of-Network</u>	<u>In-Network</u>	<u>Out-of-Network</u>
Primary Care Physician	Not Required	Not Required	Not Required	Not Required
Referrals to Specialists	Not Required	Not Required	Not Required	Not Required
Deductible (individual/family max)	None	\$1,000/\$2,000	\$1,500/\$3,000	\$3,000/\$6,000
Coinsurance	20%	40%	20%	20% & 40%
Out-of-Pocket Maximum (individual/family max)	\$1,500/\$3,000	\$5,000/\$10,000	\$2,500/\$5,000	\$5,000/\$10,000
Lifetime Maximum		\$1,000,000		\$1,000,000
Office Visit (PCP/Specialist)	\$25/\$35	40% coins. after deductible	20% coins. after deductible	40% coins. after deductible
Diagnostic x-rays & lab services	No Charge		20% coins. after deductible	40% coins. after deductible
High end radiological test	\$250 copay & coinsurance	40% coins. after deductible	20% coins. after deductible	40% coins. after deductible
Emergency Room visit	\$100	\$100	20% coins. after deductible	20% coins. after deductible
Inpatient hospitalization	\$250 copay & coinsurance	40% coins. after deductible	20% coins. after deductible	40% coins. after deductible
Day surgery	\$100 copay & coinsurance	40% coins. after deductible	20% coins. after deductible	40% coins. after deductible
Routine Physical/Gyn Exam	No Charge	Not Covered	20% coins. after deductible	40% coins. after deductible
Routine Eye Exam				
Allergy Injections	20% coinsurance	40% coins. after deductible	20% coins. after deductible	40% coins. after deductible
Maternity Care (Prenatal & post-natal care)	\$25 copay & coinsurance 1st visit only	40% coins. after deductible 1st visit only	20% coins. after deductible	40% coins. after deductible
Mental Health Inpatient	\$250 & 20% coinsurance Up to \$1,000/\$2,000	\$300, deductible (\$1,000/\$2,000) and 35% coins. up to \$1,250/\$1,875	20% coins. after deductible	40% coins. after deductible
Mental Health Outpatient	\$25	\$25 & 25% coinsurance	20% coins. after deductible	40% coins. after deductible
Substance Abuse Inpatient	\$250 & 20% coinsurance Up to \$1,000/\$2,000	\$300, deductible (\$1,000/\$2,000) and 35% coins. up to \$1,250/\$1,875	20% coins. after deductible	40% coins. after deductible
Substance Abuse Outpatient	\$25	\$25 & 25% coinsurance	20% coins. after deductible	40% coins. after deductible
Home Health Care	20% coinsurance	40% coins. after deductible	20% coins. after deductible	40% coins. after deductible
Skilled Nursing Facility				
Short term rehabilitation therapy (physical and occupational)	20% coinsurance	40% coins. after deductible	20% coins. after deductible	40% coins. after deductible
Speech, hearing & language disorder treatment	20% coinsurance	40% coins. after deductible	20% coins. after deductible	40% coins. after deductible
Hospice	20% coinsurance	40% coins. after deductible	20% coins. after deductible	40% coins. after deductible
Chiropractor	\$35 copay & coinsurance	40% coins. after deductible	20% coins. after deductible	40% coins. after deductible
Durable Medical Equipment	20% coins. up to \$10,000 annual maximum	40% coins. after deductible up to \$10,000 annual maximum	20% coins. after deductible up to \$10,000 annual maximum 20% coins. after deductible	40% coins. after deductible up to \$10,000 annual maximum 20% coins. after deductible
<b>Rx Drugs - Retail (30 day supply)</b>				
Generic	\$10 copay			
Brand Preferred	\$30 copay			
Non-Preferred	\$60 copay			
<b>Rx Drugs - Mail Order (90 day supply)</b>				
Generic	\$30 copay			
Brand Preferred	\$90 copay			
Non-Preferred	\$180 copay			
Student Coverage	To age 26, or two calendar years after loss of dependent status, whichever comes first.	To age 26, or two calendar years after loss of dependent status, whichever comes first.	To age 26, or two calendar years after loss of dependent status, whichever comes first.	To age 26, or two calendar years after loss of dependent status, whichever comes first.

**Important Note:**

1. This is a general comparison of benefits and not a contract. If there are any deviations in benefits between the contract and this summary, the contract will prevail.