## **Health Advantage**

	In Network							Out of Network					
Plan Name		Deductible		Maximum Out of Pocket			Coincurance	Deductible		Out of Pocket Max		Colimanaa	
	Single	Family	Deductible Type	Single	Family	OOP Type	Coinsurance -	Single	Family	Single	Family	Coinsurance	
HA 2000-100_HDHP_TF	\$2,000	\$4,000	TF	\$2,000	\$4,000	TF	100%	\$4,000	\$8,000	\$8,000	\$16,000	80%	
HA 4000-100_HDHP_E	\$4,000	\$8,000	E	\$4,000	\$8,000	E	100%	\$8,000	\$16,000	\$16,000	\$32,000	80%	
HA 5000-100_HDHP_E	\$5,000	\$10,000	E	\$5,000	\$10,000	E	100%	\$10,000	\$20,000	\$20,000	\$40,000	80%	
HA 6650-100_HDHP_E	\$6,650	\$13,300	E	\$6,650	\$13,300	E	100%	\$13,300	\$26,600	\$26,600	\$53,200	80%	
HA 7000_100_HDHP_E	\$7,000	\$14,000	E	\$7,000	\$14,000	E	100%	\$14,000	\$28,000	\$28,000	\$56,000	80%	
HA 2000-80_HDHP_TF	\$2,000	\$4,000	TF	\$4,000	\$8,000	E	80%	\$6,000	\$12,000	\$12,000	\$24,000	60%	
HA 4000-80_HDHP_E	\$4,000	\$8,000	E	\$6,650	\$13,300	E	80%	\$12,000	\$24,000	\$24,000	\$48,000	60%	
HA 5000-80_HDHP_E	\$5,000	\$10,000	E	\$7,000	\$14,000	E	80%	\$15,000	\$30,000	\$30,000	\$60,000	60%	

Key (The letter at the end of the plan name is shorthand for the deductible type.)

E Embedded deductible (see definition on page 3)

**TF** True Family deductible (see definition on page 3)



The benefit relativity factors are illustrative. Rates and benefits issued on any quote are subject to final underwriting approval by Health Advantage and Arkansas Blue Cross and Blue Shield.

Not intended for pricing purposes. For illustrative purposes only. Actual results may vary.

Large Group Standard plans listed above are creditable to Medicare Part D Coverage.

### **Deductible definitions**

The deductible is a dollar amount that you pay for healthcare services before the health plan begins to pay. Every policy has an individual and family deductible. If you are the only person on your policy, then you will pay for healthcare costs covered by your plan until you meet your individual deductible. Family deductibles work differently.

### **True Family**

### How your true family deductible works

Each family member on your plan will combine covered medical costs to meet the total family deductible. When your family's covered medical costs meet this dollar amount, your health plan will begin to pay a portion of your medical expenses (also called coinsurance).

Example: Bob and Sue Thompson have two children. They have a family deductible of \$2,400. Bob paid \$800 in covered medical expenses. Sue paid \$1,100 in covered medical expenses. Both children total \$500 in covered medical expenses.

Since all covered medical expenses add up to \$2,400, the Thompsons have met their family deductible for that calendar year and the health plan will begin paying coinsurance for all family members.

### Embedded

### How your embedded family deductible works

If you or anyone in your family meets the individual deductible, then your health plan will begin to pay a portion of medical expenses for that person for that calendar year (also called coinsurance). However, when the family deductible is met by any combination of family members, coinsurance will pay on all family members–even in the event when no single family member meets the individual deductible.

Example: Bob and Sue Thompson have one child, Margo. Their family deductible is \$3,000 and the individual deductible is \$1,500. Sue paid \$1,200 in covered healthcare expenses. Bob paid \$1,100 in covered healthcare expenses. Margo paid \$700 in covered healthcare expenses.

None of the Thompson's met the individual deductible. However, their family's total expense is \$3,000 (meeting the family deductible) and the health plan will begin paying coinsurance for all family members. However, if Bob met his individual deductible before the rest of the family had any expenses, then Bob's coinsurance would have kicked in (until the family deductible was met).



			In Network			Out of Network				
Plan Name	Deductible		Maximum (	Out of Pocket	Coincurance	Dedı	ıctible	Maximum O	ut of Pocket	Coinsurance
	Single	Family	Single	Family	Coinsurance	Single	Family	Single	Family	Comsurance
HA 5000-100_E	\$5,000	\$10,000	\$5,000	\$10,000	100%	\$15,000	\$30,000	\$30,000	\$60,000	80%
HA 6000-100_E	\$6,000	\$12,000	\$6,000	\$12,000	100%	\$18,000	\$36,000	\$36,000	\$72,000	80%
HA 6500-100_E	\$6,500	\$13,000	\$6,500	\$13,000	100%	\$19,500	\$39,000	\$39,000	\$78,000	80%
HA 7350-100_E	\$7,350	\$14,700	\$7,350	\$14,700	100%	\$22,050	\$44,100	\$44,100	\$88,200	80%
HA 8000-100_E	\$8,000	\$16,000	\$8,000	\$16,000	100%	\$24,000	\$48,000	\$48,000	\$96,000	80%
HA 500-90_E	\$500	\$1,000	\$1,500	\$3,000	90%	\$1,500	\$3,000	\$3,000	\$6,000	70%
HA 750-90_E	\$750	\$1,500	\$1,750	\$3,500	90%	\$2,250	\$4,500	\$4,500	\$9,000	70%
HA 1000-90_E	\$1000	\$2,000	\$2,000	\$4,000	90%	\$3,000	\$6,000	\$6,000	\$12,000	70%
HA 1250-90_E	\$1,250	\$2,500	\$2,250	\$4,500	90%	\$3,750	\$7,500	\$7,500	\$15,000	70%
HA 1500-90_E	\$1,500	\$3,000	\$2,500	\$5,000	90%	\$4,500	\$9,000	\$9,000	\$18,000	70%
HA 2000-90_E	\$2,000	\$4,000	\$3,000	\$6,000	90%	\$6,000	\$12,000	\$12,000	\$24,000	70%
HA 2500-90_E	\$2,500	\$5,000	\$3,500	\$7,000	90%	\$7,500	\$15,000	\$15,000	\$30,000	70%
HA 3000-90_E	\$3,000	\$6,000	\$4,000	\$8,000	90%	\$9,000	\$18,000	\$18,000	\$36,000	70%
HA 3500-90_E	\$3,500	\$7,000	\$4,500	\$9,000	90%	\$10,500	\$21,000	\$21,000	\$42,000	70%
HA 4000-90_E	\$4,000	\$8,000	\$5,000	\$10,000	90%	\$12,000	\$24,000	\$24,000	\$48,000	70%
HA 5000-90_E	\$5,000	\$10,000	\$6,000	\$12,000	90%	\$15,000	\$30,000	\$30,000	\$60,000	70%
HA 500-80_E_2	\$500	\$1,000	\$2,500	\$5,000	80%	\$1,500	\$3,000	\$3,000	\$6,000	60%
HA 500-80_E_3	\$500	\$1,000	\$3,500	\$7,000	80%	\$1,500	\$3,000	\$4,000	\$8,000	60%
HA 500-80_E_4	\$500	\$1,000	\$4,500	\$9,000	80%	\$1,500	\$3,000	\$5,000	\$10,000	60%
HA 750-80_E_2	\$750	\$1,500	\$2,750	\$5,500	80%	\$2,250	\$4,500	\$4,500	\$9,000	60%
HA 750-80_E_3	\$750	\$1,500	\$3,750	\$7,500	80%	\$2,250	\$4,500	\$5,500	\$11,000	60%

#### Key

The letter at the end of the plan name is shorthand for the deductible type.

3

4

Deductible + \$3,000

Deductible + \$4,000

E Embedded deductible (see definition on page 5) 2 Deductible + \$2,000

Maximum out-of-pocket

All POS maximum out-of-pocket are embedded.

Not intended for pricing purposes. For illustrative purposes only. Actual results may vary.

Large Group Standard plans listed above are creditable to Medicare Part D Coverage.



Group Size 51-500

			In Network			Out of Network				
Plan Name	Deductible		Maximum Out of Pocket		0	Deductible		Maximum Out of Pocket		0
	Single	Family	Single	Family	- Coinsurance	Single	Family	Single	Family	– Coinsurance
HA 750-80_E_4	\$750	\$1,500	\$4,750	\$9,500	80%	\$2,250	\$4,500	\$6,500	\$13,000	60%
HA 1000-80_E_2	\$1,000	\$2,000	\$3,000	\$6,000	80%	\$3,000	\$6,000	\$6,000	\$12,000	60%
HA 1000-80_E_3	\$1,000	\$2,000	\$4,000	\$8,000	80%	\$3,000	\$6,000	\$7,000	\$14,000	60%
HA 1000-80_E_4	\$1,000	\$2,000	\$5,000	\$10,000	80%	\$3,000	\$6,000	\$8,000	\$16,000	60%
HA 1250-80_E_2	\$1,250	\$2,500	\$3,250	\$6,500	80%	\$3,750	\$7,500	\$7,500	\$15,000	60%
HA 1250-80_E_3	\$1,250	\$2,500	\$4,250	\$8,500	80%	\$3,750	\$7,500	\$8,500	\$17,000	60%
HA 1250-80_E_4	\$1250	\$2,500	\$5,250	\$10,500	80%	\$3,750	\$7,500	\$9,500	\$19,000	60%
HA 1500-80_E_2	\$1500	\$3,000	\$3,500	\$7,000	80%	\$4,500	\$9,000	\$9,000	\$18,000	60%
HA 1500-80_E_3	\$1,500	\$3,000	\$4,500	\$9,000	80%	\$4,500	\$9,000	\$10,000	\$20,000	60%
HA 1500-80_E_4	\$1,500	\$3,000	\$5,500	\$11,000	80%	\$4,500	\$9,000	\$11,000	\$22,000	60%
HA 2000-80_E_2	\$2,000	\$4,000	\$4,000	\$8,000	80%	\$6,000	\$12,000	\$12,000	\$24,000	60%
HA 2000-80_E_3	\$2,000	\$4,000	\$5,000	\$10,000	80%	\$6,000	\$12,000	\$13,000	\$26,000	60%
HA 2000-80_E_4	\$2,000	\$4,000	\$6,000	\$12,000	80%	\$6,000	\$12,000	\$14,000	\$28,000	60%
HA 2500-80_E_2	\$2,500	\$5,000	\$4,500	\$9,000	80%	\$7,500	\$15,000	\$15,000	\$30,000	60%
HA 2500-80_E_3	\$2,500	\$5,000	\$5,500	\$11,000	80%	\$7,500	\$15,000	\$16,000	\$32,000	60%
HA 2500-80_E_4	\$2,500	\$5,000	\$6,500	\$13,000	80%	\$7,500	\$15,000	\$17,000	\$34,000	60%
HA 3000-80_E_2	\$3,000	\$6,000	\$5,000	\$10,000	80%	\$9,000	\$18,000	\$18,000	\$36,000	60%
HA 3000-80_E_3	\$3000	\$6,000	\$6,000	\$12,000	80%	\$9,000	\$18,000	\$19,000	\$38,000	60%
HA 3000-80_E_4	\$3000	\$6,000	\$7,000	\$14,000	80%	\$9,000	\$18,000	\$20,000	\$40,000	60%
HA 3500-80_E_2	\$3500	\$7,000	\$5,500	\$11,000	80%	\$10,500	\$21,000	\$21,000	\$42,000	60%

#### Key

The letter at the end of the plan name is shorthand for the deductible type.

E Embedded deductible (see definition on page 5) 2 Deductible + \$2,000

3 Deductible + \$3,000
4 Deductible + \$4,000

### Maximum out-of-pocket

All POS maximum out-of-pocket are embedded.

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Large Group Standard plans listed above are creditable to Medicare Part D Coverage.



			In Network			Out of Network				
Plan Name	Deductible		Maximum C	out of Pocket	Colinguage	Deductible		Maximum Out of Pocket		0
	Single	Family	Single	Family	- Coinsurance	Single	Family	Single	Family	- Coinsurance
HA 3500-80_E_3	\$3,500	\$7,000	\$6,500	\$13,000	80%	\$10,500	\$21,000	\$22,000	\$44,000	60%
HA 3500-80_E_4	\$3,500	\$7,000	\$7,500	\$15,000	80%	\$10,500	\$21,000	\$23,000	\$46,000	60%
HA 4000-80_E_2	\$4,000	\$8,000	\$6,000	\$12,000	80%	\$12,000	\$24,000	\$24,000	\$48,000	60%
HA 4000-80_E_3	\$4,000	\$8,000	\$7,000	\$14,000	80%	\$12,000	\$24,000	\$25,000	\$50,000	60%
HA 4000-80_E_4	\$4,000	\$8,000	\$8,000	\$16,000	80%	\$12,000	\$24,000	\$26,000	\$52,000	60%
HA 5000-80_E_2	\$5,000	\$10,000	\$7,350	\$14,700	80%	\$15,000	\$30,000	\$30,000	\$60,000	60%
HA 5000-80_E_3	\$5000	\$10,000	\$8,150	\$16,300	80%	\$15,000	\$30,000	\$31,150	\$62,300	60%
HA 6000-80_E_2	\$6000	\$12,000	\$8,000	\$16,000	80%	\$18,000	\$36,000	\$36,000	\$72,000	60%
HA 6500-80_E_2	\$6,500	\$13,000	\$8,500	\$17,000	80%	\$19,500	\$39,000	\$39,000	\$78,000	60%
HA 500-70_E	\$500	\$1,000	\$3,500	\$7,000	70%	\$1,500	\$3,000	\$3,000	\$6,000	50%
HA 750-70_E	\$750	\$1,500	\$3,750	\$7,500	70%	\$2,250	\$4,500	\$4,500	\$9,000	50%
HA 1000-70_E	\$1,000	\$2,000	\$4,000	\$8,000	70%	\$3,000	\$6,000	\$6,000	\$12,000	50%
HA 1250-70_E	\$1,250	\$2,500	\$4,250	\$8,500	70%	\$3,750	\$7,500	\$7,500	\$15,000	50%
HA 1500-70_E	\$1,500	\$3,000	\$4,500	\$9,000	70%	\$4,500	\$9,000	\$9,000	\$18,000	50%
HA 2000-70_E	\$2,000	\$4,000	\$5,000	\$10,000	70%	\$6,000	\$12,000	\$12,000	\$24,000	50%
HA 2500-70_E	\$2,500	\$5,000	\$5,500	\$11,000	70%	\$7,500	\$15,000	\$15,000	\$30,000	50%
HA 3000-70_E	\$3,000	\$6,000	\$6,000	\$12,000	70%	\$9,000	\$18,000	\$18,000	\$36,000	50%
HA 3500-70_E	\$3500	\$7,000	\$6,500	\$13,000	70%	\$10,500	\$21,000	\$21,000	\$42,000	50%
HA 4000-70_E	\$4000	\$8,000	\$7,000	\$14,000	70%	\$12,000	\$24,000	\$24,000	\$48,000	50%
HA 5000-70_E	\$5000	\$10,000	\$8,000	\$16,000	70%	\$15,000	\$30,000	\$30,000	\$60,000	50%

#### Key

The letter at the end of the plan name is shorthand for the deductible type.

E Embedded deductible (see definition on page 5) 2 Deductible + \$2,000

3 Deductible + \$3,000
4 Deductible + \$4,000

### Maximum out-of-pocket

All POS maximum out-of-pocket are embedded.

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Large Group Standard plans listed above are creditable to Medicare Part D Coverage.



## **Primary / specialty options**

	Primary care	Specialty care
Copay 1	\$20	\$40
Copay 2	\$25	\$50
Copay 3	\$30	\$60
Copay 4	\$35	\$70

### **Urgent care options\***

Urgent care 1	\$40 copayment + coinsurance
Urgent care 2	\$50 copayment + coinsurance
Urgent care 3	\$60 copayment + coinsurance
Urgent care 4	\$70 copayment + coinsurance

\*Urgent care option selected must be equal to or 2x the specialist copay

### **Emergency room options**

	Factor
Option 1	\$100 copay + coinsurance
Option 2	\$200 copay + coinsurance
Option 3	\$250 copay

Benefits	
Inpatient Services	\$200 per admit plus coinsurance after deductible
<b>Outpatient Surgical Services</b>	\$100 copayment plus coinsurance after deductible
Wellness Included	Yes



### Pharmacy options

Copayment	Generic	Brand	Non-preferred brand	Specialty
Plan 1	\$10	\$40	\$60	\$120
Plan 2	\$15	\$45	\$65	\$130
Plan 3	\$15	\$55	\$80	\$250
Plan 4	\$15	\$35	\$55	\$110
Plan 5	\$15	\$35	\$55	\$250
Plan 6	\$15	\$45	\$65	\$250
Plan 7	\$15	\$55	\$80	\$160
Plan 8	\$20	\$50	\$70	\$140
Plan 9	\$20	\$50	\$70	\$250

Voluntary mail-order 2X / 100-day supply retail 3X

**Option to select 2 pharmacy deductible option of \$100 or \$200 and apply copays** Factors range from -1.5% to -2% depending on plan/deductible selection

## **Deductible definition**

### How your embedded family deductible works

If you or anyone in your family meets the individual deductible, then your health plan will begin to pay a portion of medical expenses for that person for that calendar year (also called coinsurance). However, when the family deductible is met by any combination of family members, coinsurance will pay on all family members–even in the event when no single family member meets the individual deductible.

**Example**: Bob and Sue Thompson have one child, Margo. Their family deductible is \$3,000 and the individual deductible is \$1,500. Sue paid \$1,200 in covered healthcare expenses. Bob paid \$1,100 in covered healthcare expenses. Margo paid \$700 in covered healthcare expenses.

None of the Thompson's met the individual deductible. However, their family's total expense is \$3,000 (meeting the family deductible) and the health plan will begin paying coinsurance for all family members. However, if Bob met his individual deductible before the rest of the family had any expenses, then Bob's coinsurance would have kicked in (until the family deductible was met).

