

Gold Plan Cost Sharing Comparison - Central Region

Company	Arkansas Blue Cross and Blue Shield		QualChoice Health Insurance of Arkansas				Ambetter of Arkansas						Blue Cross Blue Shield, A Multi-State Plan
Plan	AR0250001	AR0260001	AR0070004	AR0070005	AR0070034	AR0070035	AR0080001	AR0080002	AR0090001	AR0090002	AR0100001	AR0100002	AR0330001

Office Visits and Outpatient Services

Primary Care Visit to Treat an Injury or Illness	In Network	\$20 Copay	\$20 Copay	\$20 Copay	\$20 Copay	\$20 Copay	\$20 Copay	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	\$20 Copay
	Out of Network	40% Coinsurance after deductible	40% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	40% Coinsurance after deductible	30% Coinsurance after deductible	40% Coinsurance after deductible	30% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible
Preventive Care/ Screening/Immunization	In Network	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
	Out of Network	Not Covered	40% Coinsurance after deductible	Not Covered	Not Covered	Not Covered	Not Covered	30% Coinsurance	40% Coinsurance	30% Coinsurance	40% Coinsurance	30% Coinsurance	40% Coinsurance	Not Covered
Other Practitioner Office Visit (Nurse, Physician Assistant)	In Network	\$20 Copay	\$20 Copay	\$40 Copay	\$40 Copay	\$40 Copay	\$40 Copay	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	\$20 Copay
	Out of Network	40% Coinsurance after deductible	40% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	40% Coinsurance after deductible	30% Coinsurance after deductible	40% Coinsurance after deductible	30% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible
Specialist Visit	In Network	20% Coinsurance after deductible	\$40 Copay	\$40 Copay	\$40 Copay	\$40 Copay	\$40 Copay	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible
	Out of Network	40% Coinsurance after deductible	40% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	40% Coinsurance after deductible	30% Coinsurance after deductible	40% Coinsurance after deductible	30% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible

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Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	In Network	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible
	Out of Network	40% Coinsurance after deductible	40% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	40% Coinsurance after deductible	30% Coinsurance after deductible	40% Coinsurance after deductible	30% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible
Chiropractic Care	In Network	20% Coinsurance after deductible	20% Coinsurance after deductible	\$40 Copay	\$40 Copay	\$40 Copay	\$40 Copay	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible
	Out of Network	Not Covered	Not Covered	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	40% Coinsurance after deductible	30% Coinsurance after deductible	40% Coinsurance after deductible	30% Coinsurance after deductible	40% Coinsurance after deductible	Not Covered
Nutritional Counseling	In Network	Not Covered	Not Covered	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
	Out of Network	Not Covered	Not Covered	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Well Child Care	In Network	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Well Child Care	Out of Network	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	30% Coinsurance	40% Coinsurance	30% Coinsurance	40% Coinsurance	30% Coinsurance	40% Coinsurance	Not Covered

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Pharmacy

Generic Drugs	In Network	\$10 Copay	\$10 Copay	\$10 Copay	\$10 Copay	\$10 Copay	\$10 Copay	\$10 Copay	\$10 Copay	\$10 Copay	\$10 Copay	\$10 Copay	\$10 Copay	\$10 Copay
	Out of Network	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Non-Preferred Brand Drugs	In Network	\$70 Copay	\$70 Copay	\$75 Copay	\$75 Copay	\$75 Copay	\$75 Copay	\$100 Copay after deductible	\$75 Copay after deductible	\$100 Copay after deductible	\$75 Copay after deductible	\$100 Copay after deductible	\$75 Copay after deductible	\$70 Copay
	Out of Network	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Preferred Brand Drugs	In Network	\$35 Copay	\$35.00 / 0%	\$40 Copay	\$40 Copay	\$40 Copay	\$40 Copay	\$20 Copay after deductible	\$25 Copay after deductible / 0%	\$20 Copay after deductible	\$25 Copay after deductible / 0%	\$20 Copay after deductible	\$25 Copay after deductible / 0%	\$35 Copay
	Out of Network	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Specialty Drugs	In Network	20% Coinsurance after deductible	20% Coinsurance after deductible	\$250 Copay	\$250 Copay	\$250 Copay	\$250 Copay	30% Coinsurance after deductible	40% Coinsurance after deductible	30% Coinsurance after deductible	40% Coinsurance after deductible	30% Coinsurance after deductible	40% Coinsurance after deductible	20% Coinsurance after deductible
	Out of Network	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Off Label Prescription Drugs	In Network	Not Covered	Not Covered	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible
	Out of Network	Not Covered	Not Covered	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	40% Coinsurance after deductible	30% Coinsurance after deductible	40% Coinsurance after deductible	30% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible

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Testing and Imaging

X-rays and Diagnostic Imaging	In Network	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible
	Out of Network	40% Coinsurance after deductible	40% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	40% Coinsurance after deductible	30% Coinsurance after deductible	40% Coinsurance after deductible	30% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible
Imaging (CT/PET Scans, MRIs)	In Network	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible
	Out of Network	40% Coinsurance after deductible	40% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	40% Coinsurance after deductible	30% Coinsurance after deductible	40% Coinsurance after deductible	30% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible
Laboratory Outpatient and Professional Services	In Network	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible
	Out of Network	40% Coinsurance after deductible	40% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	40% Coinsurance after deductible	30% Coinsurance after deductible	40% Coinsurance after deductible	30% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible
Allergy Testing	In Network	\$20 Copay	\$20 Copay	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	\$20 Copay
	Out of Network	40% Coinsurance after deductible	40% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	40% Coinsurance after deductible	30% Coinsurance after deductible	40% Coinsurance after deductible	30% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible

Inpatient Services

Inpatient Hospital Services (e.g., Hospital Stay)	In Network	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible
	Out of Network	40% Coinsurance after deductible	40% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	40% Coinsurance after deductible	30% Coinsurance after deductible	40% Coinsurance after deductible	30% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible

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Emergency and Urgent Care

Emergency Room Services	In Network	20% Coinsurance after deductible	20% Coinsurance after deductible	\$100 Copay	\$100 Copay	\$100 Copay	\$100 Copay	\$250 Copay after deductible	\$250 Copay after deductible	\$250 Copay after deductible	\$250 Copay after deductible	\$250 Copay after deductible	\$250 Copay after deductible	20% Coinsurance after deductible
	Out of Network	20% Coinsurance after deductible	20% Coinsurance after deductible	\$100 Copay	\$100 Copay	\$100 Copay	\$100 Copay	\$250 Copay after deductible	\$250 Copay after deductible	\$250 Copay after deductible	\$250 Copay after deductible	\$250 Copay after deductible	\$250 Copay after deductible	20% Coinsurance after deductible
Emergency Transportation/Ambulance	In Network	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible
	Out of Network	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible
Urgent Care Centers or Facilities	In Network	20% Coinsurance after deductible	20% Coinsurance after deductible	\$100 Copay	\$100 Copay	\$100 Copay	\$100 Copay	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible
	Out of Network	40% Coinsurance after deductible	40% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	40% Coinsurance after deductible	30% Coinsurance after deductible	40% Coinsurance after deductible	30% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible

Durable Medical Equipment

Durable Medical Equipment	In Network	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible
	Out of Network	40% Coinsurance after deductible	40% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	40% Coinsurance after deductible	30% Coinsurance after deductible	40% Coinsurance after deductible	30% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible
Prosthetic Devices	In Network	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	Not Covered
	Out of Network	40% Coinsurance after deductible	40% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	40% Coinsurance after deductible	30% Coinsurance after deductible	40% Coinsurance after deductible	30% Coinsurance after deductible	40% Coinsurance after deductible	Not Covered

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Mental and Behavioral Health and Substance Abuse

Mental/Behavioral Health Outpatient Services	In Network	20% Coinsurance after deductible	20% Coinsurance after deductible	\$40 Copay	\$40 Copay	\$40 Copay	\$40 Copay	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible
	Out of Network	40% Coinsurance after deductible	40% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	40% Coinsurance after deductible	30% Coinsurance after deductible	40% Coinsurance after deductible	30% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible
Mental/Behavioral Health Inpatient Services	In Network	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible
	Out of Network	40% Coinsurance after deductible	40% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	40% Coinsurance after deductible	30% Coinsurance after deductible	40% Coinsurance after deductible	30% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible
Substance Abuse Disorder Inpatient Services	In Network	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible
	Out of Network	40% Coinsurance after deductible	40% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	40% Coinsurance after deductible	30% Coinsurance after deductible	40% Coinsurance after deductible	30% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible
Substance Abuse Disorder Outpatient Services	In Network	20% Coinsurance after deductible	20% Coinsurance after deductible	\$40 Copay	\$40 Copay	\$40 Copay	\$40 Copay	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible
	Out of Network	40% Coinsurance after deductible	40% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	40% Coinsurance after deductible	30% Coinsurance after deductible	40% Coinsurance after deductible	30% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible
Mental Health Other	In Network	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible
	Out of Network	40% Coinsurance after deductible	40% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	40% Coinsurance after deductible	30% Coinsurance after deductible	40% Coinsurance after deductible	30% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible

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Rehabilitation and Habilitation

Rehabilitative Occupational and Rehabilitative Physical Therapy	In Network	20% Coinsurance after deductible	20% Coinsurance after deductible	\$40 Copay	\$40 Copay	\$40 Copay	\$40 Copay	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible
	Out of Network	Not Covered	Not Covered	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	40% Coinsurance after deductible	30% Coinsurance after deductible	40% Coinsurance after deductible	30% Coinsurance after deductible	40% Coinsurance after deductible	Not Covered
Rehabilitative Speech Therapy	In Network	20% Coinsurance after deductible	20% Coinsurance after deductible	\$40 Copay	\$40 Copay	\$40 Copay	\$40 Copay	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible
	Out of Network	Not Covered	Not Covered	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	40% Coinsurance after deductible	30% Coinsurance after deductible	40% Coinsurance after deductible	30% Coinsurance after deductible	40% Coinsurance after deductible	Not Covered
Outpatient Rehabilitation Services	In Network	20% Coinsurance after deductible	20% Coinsurance after deductible	\$40 Copay	\$40 Copay	\$40 Copay	\$40 Copay	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible
	Out of Network	Not Covered	Not Covered	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	40% Coinsurance after deductible	30% Coinsurance after deductible	40% Coinsurance after deductible	30% Coinsurance after deductible	40% Coinsurance after deductible	Not Covered
Habilitation Services	In Network	20% Coinsurance after deductible	20% Coinsurance after deductible	\$40 Copay	\$40 Copay	\$40 Copay	\$40 Copay	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible
	Out of Network	Not Covered	Not Covered	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	40% Coinsurance after deductible	30% Coinsurance after deductible	40% Coinsurance after deductible	30% Coinsurance after deductible	40% Coinsurance after deductible	Not Covered

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Inpatient Services

Inpatient Physician and Surgical Services	In Network	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible
	Out of Network	40% Coinsurance after deductible	40% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	40% Coinsurance after deductible	30% Coinsurance after deductible	40% Coinsurance after deductible	30% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible
Outpatient Surgery Physician/Surgical Services	In Network	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible
	Out of Network	40% Coinsurance after deductible	40% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	40% Coinsurance after deductible	30% Coinsurance after deductible	40% Coinsurance after deductible	30% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible
Reconstructive Surgery	In Network	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible
	Out of Network	Not Covered	Not Covered	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	40% Coinsurance after deductible	30% Coinsurance after deductible	40% Coinsurance after deductible	30% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible
Gastric Electrical Stimulation	In Network	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	Not Covered
	Out of Network	40% Coinsurance after deductible	40% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	40% Coinsurance after deductible	30% Coinsurance after deductible	40% Coinsurance after deductible	30% Coinsurance after deductible	40% Coinsurance after deductible	Not Covered

Gold Plan Cost Sharing Comparison - Central Region

Company	Arkansas Blue Cross and Blue Shield		QualChoice Health Insurance of Arkansas				Ambetter of Arkansas						Blue Cross Blue Shield, A Multi-State Plan
Plan	AR0250001	AR0260001	AR0070004	AR0070005	AR0070034	AR0070035	AR0080001	AR0080002	AR0090001	AR0090002	AR0100001	AR0100002	AR0330001

Treatments and Therapies

Chemotherapy	In Network	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible
	Out of Network	40% Coinsurance after deductible	40% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	40% Coinsurance after deductible	30% Coinsurance after deductible	40% Coinsurance after deductible	30% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible
Radiation	In Network	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible
	Out of Network	40% Coinsurance after deductible	40% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	40% Coinsurance after deductible	30% Coinsurance after deductible	40% Coinsurance after deductible	30% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible
Infertility Treatment	In Network	20% Coinsurance after deductible	20% Coinsurance after deductible	Not Covered	Not Covered	Not Covered	Not Covered	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible
	Out of Network	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	30% Coinsurance after deductible	40% Coinsurance after deductible	30% Coinsurance after deductible	40% Coinsurance after deductible	30% Coinsurance after deductible	40% Coinsurance after deductible	Not Covered
Infusion Therapy	In Network	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible
	Out of Network	40% Coinsurance after deductible	40% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	40% Coinsurance after deductible	30% Coinsurance after deductible	40% Coinsurance after deductible	30% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible

Gold Plan Cost Sharing Comparison - Central Region

Company	Arkansas Blue Cross and Blue Shield		QualChoice Health Insurance of Arkansas				Ambetter of Arkansas						Blue Cross Blue Shield, A Multi-State Plan
Plan	AR0250001	AR0260001	AR0070004	AR0070005	AR0070034	AR0070035	AR0080001	AR0080002	AR0090001	AR0090002	AR0100001	AR0100002	AR0330001

Vision

Routine Eye Exam for Children	In Network	20% Coinsurance after deductible	20% Coinsurance after deductible	\$40 Copay	\$40 Copay	\$40 Copay	\$40 Copay	\$20 Copay	\$20 Copay	\$20 Copay	\$20 Copay	\$20 Copay	\$20 Copay	No Charge
	Out of Network	40% Coinsurance after deductible	40% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	\$20 Copay	\$20 Copay	\$20 Copay	\$20 Copay	\$20 Copay	\$20 Copay	Not Covered
Routine Eye Exam (Adult)	In Network	20% Coinsurance after deductible	20% Coinsurance after deductible	\$40 Copay	\$40 Copay	\$40 Copay	\$40 Copay	Not Covered	Not Covered	\$20 Copay	\$20 Copay	\$20 Copay	\$20 Copay	No Charge
	Out of Network	Not Covered	Not Covered	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	Not Covered	Not Covered	\$20 Copay	\$20 Copay	\$20 Copay	\$20 Copay	Not Covered
Adults Frames or Lenses	In Network	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	\$20 Copay	\$20 Copay	Not Covered	Not Covered	Not Covered
	Out of Network	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	\$20 Copay	\$20 Copay	Not Covered	Not Covered	Not Covered
Adult Frames or Lenses	In Network	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	\$20 Copay	\$20 Copay	Not Covered
	Out of Network	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	\$20 Copay	\$20 Copay	Not Covered
Eye Glasses for Children	In Network	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	\$20 Copay	\$20 Copay	\$20 Copay	\$20 Copay	\$20 Copay	\$20 Copay	20% Coinsurance after deductible
	Out of Network	40% Coinsurance after deductible	40% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	\$20 Copay	\$20 Copay	\$20 Copay	\$20 Copay	\$20 Copay	\$20 Copay	40% Coinsurance after deductible

Gold Plan Cost Sharing Comparison - Central Region

Company	Arkansas Blue Cross and Blue Shield		QualChoice Health Insurance of Arkansas				Ambetter of Arkansas					Blue Cross Blue Shield, A Multi-State Plan	
Plan	AR0250001	AR0260001	AR0070004	AR0070005	AR0070034	AR0070035	AR0080001	AR0080002	AR0090001	AR0090002	AR0100001	AR0100002	AR0330001

Dental

Basic Dental Care - Adult	In Network	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	50% Coinsurance	50% Coinsurance	Not Covered
	Out of Network	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Routine Dental Services (Adult)	In Network	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	No Charge	No Charge	Not Covered
	Out of Network	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Accidental Dental	In Network	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible
	Out of Network	40% Coinsurance after deductible	40% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	40% Coinsurance after deductible	30% Coinsurance after deductible	40% Coinsurance after deductible	30% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible
Dental Anesthesia	In Network	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible
	Out of Network	40% Coinsurance after deductible	40% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	40% Coinsurance after deductible	30% Coinsurance after deductible	40% Coinsurance after deductible	30% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible

Gold Plan Cost Sharing Comparison - Central Region

Company	Arkansas Blue Cross and Blue Shield		QualChoice Health Insurance of Arkansas				Ambetter of Arkansas						Blue Cross Blue Shield, A Multi-State Plan
Plan	AR0250001	AR0260001	AR0070004	AR0070005	AR0070034	AR0070035	AR0080001	AR0080002	AR0090001	AR0090002	AR0100001	AR0100002	AR0330001

Women's Services

Delivery and All Inpatient Services for Maternity Care	In Network	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible
	Out of Network	40% Coinsurance after deductible	40% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	40% Coinsurance after deductible	30% Coinsurance after deductible	40% Coinsurance after deductible	30% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible
Prenatal and Postnatal Care	In Network	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible
	Out of Network	40% Coinsurance after deductible	40% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	40% Coinsurance after deductible	30% Coinsurance after deductible	40% Coinsurance after deductible	30% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible

Other

Diabetes Education	In Network	No Charge	No Charge	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	No Charge
	Out of Network	40% Coinsurance after deductible	40% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	40% Coinsurance after deductible	30% Coinsurance after deductible	40% Coinsurance after deductible	30% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible
Diabetes Care Management	In Network	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible
	Out of Network	40% Coinsurance after deductible	40% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	40% Coinsurance after deductible	30% Coinsurance after deductible	40% Coinsurance after deductible	30% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible
Skilled Nursing Facility	In Network	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible
	Out of Network	40% Coinsurance after deductible	40% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	40% Coinsurance after deductible	30% Coinsurance after deductible	40% Coinsurance after deductible	30% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible

Gold Plan Cost Sharing Comparison - Central Region

Company		Arkansas Blue Cross and Blue Shield		QualChoice Health Insurance of Arkansas				Ambetter of Arkansas						Blue Cross Blue Shield, A Multi-State Plan
Plan		AR0250001	AR0260001	AR0070004	AR0070005	AR0070034	AR0070035	AR0080001	AR0080002	AR0090001	AR0090002	AR0100001	AR0100002	AR0330001
Home Health Care Services	In Network	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible
	Out of Network	40% Coinsurance after deductible	40% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	40% Coinsurance after deductible	30% Coinsurance after deductible	40% Coinsurance after deductible	30% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible
Hospice Services	In Network	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible
	Out of Network	40% Coinsurance after deductible	40% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	40% Coinsurance after deductible	30% Coinsurance after deductible	40% Coinsurance after deductible	30% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible
Dialysis	In Network	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible
	Out of Network	40% Coinsurance after deductible	40% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	40% Coinsurance after deductible	30% Coinsurance after deductible	40% Coinsurance after deductible	30% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible
Hearing Aids	In Network	No Charge	No Charge	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	No Charge
	Out of Network	No Charge	No Charge	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	No Charge
Transplant	In Network	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible
	Out of Network	40% Coinsurance after deductible	40% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	40% Coinsurance after deductible	30% Coinsurance after deductible	40% Coinsurance after deductible	30% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible

Gold Plan Cost Sharing Comparison - Central Region

Company		Arkansas Blue Cross and Blue Shield		QualChoice Health Insurance of Arkansas				Ambetter of Arkansas						Blue Cross Blue Shield, A Multi-State Plan
Plan		AR0250001	AR0260001	AR0070004	AR0070005	AR0070034	AR0070035	AR0080001	AR0080002	AR0090001	AR0090002	AR0100001	AR0100002	AR0330001
Routine Foot Care	In Network	Not Covered	Not Covered	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
	Out of Network	Not Covered	Not Covered	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Cochlear Implants	In Network	Not Covered	Not Covered	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
	Out of Network	Not Covered	Not Covered	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Treatment for Temporomandibular Joint Disorders	In Network	20% Coinsurance after deductible	20% Coinsurance after deductible	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	20% Coinsurance after deductible
	Out of Network	40% Coinsurance after deductible	40% Coinsurance after deductible	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	40% Coinsurance after deductible
Inherited Metabolic Disorder - PKU	In Network	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	10% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible
	Out of Network	40% Coinsurance after deductible	40% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	40% Coinsurance after deductible	30% Coinsurance after deductible	40% Coinsurance after deductible	30% Coinsurance after deductible	40% Coinsurance after deductible	Not Covered