

Silver Plan Cost Sharing Comparison Chart- 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		AR0270001	AR0280001	AR0070003	AR0070033	AR0080003	AR0080004	AR0090003	AR0090004	AR0100003	AR0100004	AR0350001
Office Visits and Outpatient Services												
Primary Care Visit to Treat an Injury or Illness	In Network	\$25 Copay	\$25 Copay	\$75 Copay	\$75 Copay	\$40 Copay	\$50 Copay	\$40 Copay	\$50 Copay	\$40 Copay	\$50 Copay	\$30 Copay
	Out of Network	40% Coinsurance after deductible	40% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance	50% Coinsurance	50% Coinsurance	50% Coinsurance	50% Coinsurance	50% Coinsurance	35% 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
	Out of Network	100% Coinsurance	100% Coinsurance	100% Coinsurance	100% Coinsurance	50% Coinsurance	50% Coinsurance	50% Coinsurance	50% Coinsurance	50% Coinsurance	50% Coinsurance	100% Coinsurance
Other Practitioner Office Visit (Nurse, Physician Assistant)	In Network	\$25 Copay	\$25 Copay	\$150 Copay	\$150 Copay	\$40 Copay	\$50 Copay	\$40 Copay	\$50 Copay	\$40 Copay	\$50 Copay	\$30 Copay
	Out of Network	40% Coinsurance after deductible	40% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance	50% Coinsurance	50% Coinsurance	50% Coinsurance	50% Coinsurance	50% Coinsurance	35% Coinsurance after deductible

Silver 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		AR0270001	AR0280001	AR0070003	AR0070033	AR0080003	AR0080004	AR0090003	AR0090004	AR0100003	AR0100004	AR0350001
Specialist Visit	In Network	\$60 Copay	\$50 Copay	\$150 Copay	\$150 Copay	\$60 Copay	\$75 Copay	\$60 Copay	\$75 Copay	\$60 Copay	\$75 Copay	\$60 Copay
	Out of Network	40% Coinsurance after deductible	40% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance	50% Coinsurance	50% Coinsurance	50% Coinsurance	50% Coinsurance	50% Coinsurance	35% Coinsurance after deductible
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	In Network	30% Coinsurance after deductible	30% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	30% Coinsurance after deductible	20% Coinsurance after deductible	30% Coinsurance after deductible	20% Coinsurance after deductible	30% Coinsurance after deductible	20% Coinsurance after deductible	25% Coinsurance after deductible
	Out of Network	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	45% Coinsurance after deductible
Chiropractic Care	In Network	\$25 Copay	\$25 Copay	\$150 Copay	\$150 Copay	\$60 Copay	\$75 Copay	\$60 Copay	\$75 Copay	\$60 Copay	\$75 Copay	\$30 Copay
	Out of Network	Not Covered	Not Covered	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance	50% Coinsurance	50% Coinsurance	50% Coinsurance	50% Coinsurance	50% Coinsurance	

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Acupuncture	In Network	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	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	Not Covered	Not Covered	Not Covered
Nutritional Counseling	In Network	Not Covered	Not Covered	\$150 Copay	\$150 Copay	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
	Out of Network	Not Covered	Not Covered	50% Coinsurance after deductible	50% 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
	Out of Network	50% Coinsurance	50% Coinsurance	50% Coinsurance	50% Coinsurance	50% Coinsurance	50% Coinsurance	50% Coinsurance	50% Coinsurance	50% Coinsurance	50% Coinsurance	50% Coinsurance

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Pharmacy												
Generic Drugs	In Network	\$15 Copay	\$20 Copay	\$20 Copay	\$20 Copay	\$20 Copay	\$10 Copay	\$20 Copay	\$10 Copay	\$20 Copay	\$10 Copay	\$15 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
Non-Preferred Brand Drugs	In Network	\$90 Copay	\$90 Copay	\$100 Copay	\$100 Copay	\$100 Copay after deductible	\$100 Copay after deductible	\$100 Copay after deductible	\$100 Copay after deductible	\$100 Copay after deductible	\$100 Copay after deductible	\$90 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
Preferred Brand Drugs	In Network	\$55 Copay	\$50 Copay	\$70 Copay	\$70 Copay	\$50 Copay	\$50 Copay	\$50 Copay	\$50 Copay	\$50 Copay	\$50 Copay	\$55 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

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Specialty Drugs	In Network	\$200 Copay	\$200 Copay	\$250 Copay	\$250 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	\$300 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
Off Label Prescription Drugs	In Network	Not Covered	Not Covered	\$100 Copay	\$100 Copay	30% Coinsurance after deductible	20% Coinsurance after deductible	30% Coinsurance after deductible	20% Coinsurance after deductible	30% Coinsurance after deductible	20% Coinsurance after deductible	15% Coinsurance after deductible
	Out of Network	Not Covered	Not Covered	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	35% Coinsurance after deductible
Testing and Imaging												
X-rays and Diagnostic Imaging	In Network	No Charge	No Charge	No Charge	No Charge	\$50 Copay	\$50 Copay	\$50 Copay	\$50 Copay	\$50 Copay	\$50 Copay	No Charge
	Out of Network	40% Coinsurance after deductible	40% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance	50% Coinsurance	50% Coinsurance	50% Coinsurance	50% Coinsurance	50% Coinsurance	35% Coinsurance after deductible

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Imaging (CT/PET Scans, MRIs)	In Network	\$150 Copay	\$150 Copay	No Charge	No Charge	\$150 Copay	\$150 Copay	\$150 Copay	\$150 Copay	\$150 Copay	\$150 Copay	\$200 Copay
	Out of Network	40% Coinsurance after deductible	40% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance	50% Coinsurance	50% Coinsurance	50% Coinsurance	50% Coinsurance	50% Coinsurance	35% Coinsurance after deductible
Laboratory Outpatient and Professional Services	In Network	No Charge	No Charge	No Charge	No Charge	\$50 Copay	\$50 Copay	\$50 Copay	\$50 Copay	\$50 Copay	\$50 Copay	No Charge
	Out of Network	40% Coinsurance after deductible	40% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance	50% Coinsurance	50% Coinsurance	50% Coinsurance	50% Coinsurance	50% Coinsurance	35% Coinsurance after deductible
Allergy Testing	In Network	\$25 Copay	\$25 Copay	\$150 Copay	\$150 Copay	\$60 Copay	\$75 Copay	\$60 Copay	\$75 Copay	\$60 Copay	\$75 Copay	\$30 Copay
	Out of Network	40% Coinsurance after deductible	40% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance	50% Coinsurance	50% Coinsurance	50% Coinsurance	50% Coinsurance	50% Coinsurance	35% Coinsurance after deductible

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Inpatient Services												
Inpatient Hospital Services (e.g., Hospital Stay)	In Network	\$200 Copay per Day	\$250 Copay per Day	\$1200 Copay per Day	\$1200 Copay per Day	\$1000 Copay per Day	\$1000 Copay per Day	\$1000 Copay per Day	\$1000 Copay per Day	\$1000 Copay per Day	\$1000 Copay per Day	\$250 Copay per Day
	Out of Network	40% Coinsurance after deductible	40% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	35% Coinsurance after deductible
Emergency and Urgent Care												
Emergency Room Services	In Network	\$150 Copay	\$175 Copay	\$350 Copay	\$350 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	\$250 Copay
	Out of Network	20% Coinsurance after deductible	20% Coinsurance after deductible	\$350 Copay	\$350 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	15% Coinsurance after deductible
Emergency Transportation/Ambulance	In Network	20% Coinsurance after deductible	20% Coinsurance after deductible	\$150 Copay	\$150 Copay	30% Coinsurance after deductible	20% Coinsurance after deductible	30% Coinsurance after deductible	20% Coinsurance after deductible	30% Coinsurance after deductible	20% Coinsurance after deductible	15% Coinsurance after deductible
	Out of Network	20% Coinsurance after deductible	20% Coinsurance after deductible	\$150 Copay	\$150 Copay	30% Coinsurance after deductible	20% Coinsurance after deductible	30% Coinsurance after deductible	20% Coinsurance after deductible	30% Coinsurance after deductible	20% Coinsurance after deductible	15% Coinsurance after deductible

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Urgent Care Centers or Facilities	In Network	20% Coinsurance after deductible	20% Coinsurance after deductible	\$350 Copay	\$350 Copay	\$100 Copay	\$100 Copay	\$100 Copay	\$100 Copay	\$100 Copay	\$100 Copay	15% Coinsurance after deductible
	Out of Network	40% Coinsurance after deductible	40% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance	50% Coinsurance	50% Coinsurance	50% Coinsurance	50% Coinsurance	50% Coinsurance	35% Coinsurance after deductible
Durable Medical Equipment												
Durable Medical Equipment	In Network	\$25 Copay	\$25 Copay	\$150 Copay	\$150 Copay	\$50 Copay	\$50 Copay	\$50 Copay	\$50 Copay	\$50 Copay	\$50 Copay	\$30 Copay
	Out of Network	40% Coinsurance after deductible	40% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance	50% Coinsurance	50% Coinsurance	50% Coinsurance	50% Coinsurance	50% Coinsurance	35% Coinsurance after deductible
Prosthetic Devices	In Network	20% Coinsurance after deductible	20% Coinsurance after deductible	\$150 Copay	\$150 Copay	\$50 Copay	\$50 Copay	\$50 Copay	\$50 Copay	\$50 Copay	\$50 Copay	15% Coinsurance after deductible
	Out of Network	40% Coinsurance after deductible	40% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance	50% Coinsurance	50% Coinsurance	50% Coinsurance	50% Coinsurance	50% Coinsurance	35% Coinsurance after deductible

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Mental and Behavioral Health and Substance Abuse												
Mental/Behavioral Health Outpatient Services	In Network	\$25 Copay	\$25 Copay	\$150 Copay	\$150 Copay	\$40 Copay	\$50 Copay	\$40 Copay	\$50 Copay	\$40 Copay	\$50 Copay	\$30 Copay
	Out of Network	40% Coinsurance after deductible	40% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance	50% Coinsurance	50% Coinsurance	50% Coinsurance	50% Coinsurance	50% Coinsurance	35% Coinsurance after deductible
Mental/Behavioral Health Inpatient Services	In Network	\$200 Copay	\$250 Copay	\$1,200 Copay	\$1,200 Copay	\$1000 Copay after deductible	\$1000 Copay after deductible	\$1000 Copay after deductible	\$1000 Copay after deductible	\$1000 Copay after deductible	\$1000 Copay after deductible	\$250 Copay
	Out of Network	40% Coinsurance after deductible	40% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	35% Coinsurance after deductible
Substance Abuse Disorder Inpatient Services	In Network	\$200 Copay	\$250 Copay	\$1,200 Copay	\$1,200 Copay	\$1000 Copay after deductible	\$1000 Copay after deductible	\$1000 Copay after deductible	\$1000 Copay after deductible	\$1000 Copay after deductible	\$1000 Copay after deductible	\$250 Copay
	Out of Network	40% Coinsurance after deductible	40% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	35% Coinsurance after deductible

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Substance Abuse Disorder Outpatient Services	In Network	\$25 Copay	\$25 Copay	\$150 Copay	\$150 Copay	\$40 Copay	\$50 Copay	\$40 Copay	\$50 Copay	\$40 Copay	\$50 Copay	\$30 Copay
	Out of Network	40% Coinsurance after deductible	40% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance	50% Coinsurance	50% Coinsurance	50% Coinsurance	50% Coinsurance	50% Coinsurance	35% Coinsurance after deductible
Mental Health Other	In Network	20% Coinsurance after deductible	20% Coinsurance after deductible	\$150 Copay	\$150 Copay	30% Coinsurance after deductible	20% Coinsurance after deductible	30% Coinsurance after deductible	20% Coinsurance after deductible	30% Coinsurance after deductible	20% Coinsurance after deductible	15% Coinsurance after deductible
	Out of Network	40% Coinsurance after deductible	40% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	35% Coinsurance after deductible

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Rehabilitation and Habilitation													
Rehabilitative Occupational and Rehabilitative Physical Therapy	In Network	\$25 Copay	\$25 Copay	\$150 Copay	\$150 Copay	\$50 Copay	\$50 Copay	\$50 Copay	\$50 Copay	\$50 Copay	\$50 Copay	\$50 Copay	\$30 Copay
	Out of Network	Not Covered	Not Covered	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance	50% Coinsurance	50% Coinsurance	50% Coinsurance	50% Coinsurance	50% Coinsurance	50% Coinsurance	Not Covered
Rehabilitative Speech Therapy	In Network	\$25 Copay	\$25 Copay	\$150 Copay	\$150 Copay	\$50 Copay	\$50 Copay	\$50 Copay	\$50 Copay	\$50 Copay	\$50 Copay	\$50 Copay	\$30 Copay
	Out of Network	Not Covered	Not Covered	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance	50% Coinsurance	50% Coinsurance	50% Coinsurance	50% Coinsurance	50% Coinsurance	50% Coinsurance	Not Covered
Outpatient Rehabilitation Services	In Network	\$25 Copay	\$25 Copay	\$150 Copay	\$150 Copay	\$50 Copay	\$50 Copay	\$50 Copay	\$50 Copay	\$50 Copay	\$50 Copay	\$50 Copay	\$30 Copay
	Out of Network	Not Covered	Not Covered	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance	50% Coinsurance	50% Coinsurance	50% Coinsurance	50% Coinsurance	50% Coinsurance	50% Coinsurance	Not Covered

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Habilitation Services	In Network	\$25 Copay	\$25 Copay	\$150 Copay	\$150 Copay	\$50 Copay	\$50 Copay	\$50 Copay	\$50 Copay	\$50 Copay	\$50 Copay	\$30 Copay
	Out of Network	Not Covered	Not Covered	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance	50% Coinsurance	50% Coinsurance	50% Coinsurance	50% Coinsurance	50% Coinsurance	Not Covered
Surgery												
Inpatient Physician and Surgical Services	In Network	20% Coinsurance after deductible	20% Coinsurance after deductible	No Charge	No Charge	30% Coinsurance after deductible	20% Coinsurance after deductible	30% Coinsurance after deductible	20% Coinsurance after deductible	30% Coinsurance after deductible	20% Coinsurance after deductible	15% Coinsurance after deductible
	Out of Network	40% Coinsurance after deductible	40% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	35% Coinsurance after deductible
Outpatient Surgery Physician/Surgical Services	In Network	30% Coinsurance after deductible	30% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	30% Coinsurance after deductible	20% Coinsurance after deductible	30% Coinsurance after deductible	20% Coinsurance after deductible	30% Coinsurance after deductible	20% Coinsurance after deductible	25% Coinsurance after deductible
	Out of Network	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	45% Coinsurance after deductible

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Reconstructive Surgery	In Network	20% Coinsurance after deductible	20% Coinsurance after deductible	\$1,200 Copay	\$1,200 Copay	30% Coinsurance after deductible	20% Coinsurance after deductible	30% Coinsurance after deductible	20% Coinsurance after deductible	30% Coinsurance after deductible	20% Coinsurance after deductible	15% Coinsurance after deductible
	Out of Network	Not Covered	Not Covered	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	Not Covered
Gastric Electrical Stimulation	In Network	20% Coinsurance after deductible	20% Coinsurance after deductible	\$150 Copay	\$150 Copay	30% Coinsurance after deductible	20% Coinsurance after deductible	30% Coinsurance after deductible	20% Coinsurance after deductible	30% Coinsurance after deductible	20% Coinsurance after deductible	15% Coinsurance after deductible
	Out of Network	40% Coinsurance after deductible	40% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	35% Coinsurance after deductible

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Treatments and Therapies												
Chemotherapy	In Network	20% Coinsurance after deductible	20% Coinsurance after deductible	\$150 Copay	\$150 Copay	30% Coinsurance after deductible	20% Coinsurance after deductible	30% Coinsurance after deductible	20% Coinsurance after deductible	30% Coinsurance after deductible	20% Coinsurance after deductible	15% Coinsurance after deductible
	Out of Network	40% Coinsurance after deductible	40% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	35% Coinsurance after deductible
Radiation	In Network	20% Coinsurance after deductible	20% Coinsurance after deductible	\$150 Copay	\$150 Copay	30% Coinsurance after deductible	20% Coinsurance after deductible	30% Coinsurance after deductible	20% Coinsurance after deductible	30% Coinsurance after deductible	20% Coinsurance after deductible	15% Coinsurance after deductible
	Out of Network	40% Coinsurance after deductible	40% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	35% Coinsurance after deductible
Infertility Treatment	In Network	20% Coinsurance after deductible	20% Coinsurance after deductible	Not Covered	Not Covered	30% Coinsurance after deductible	20% Coinsurance after deductible	30% Coinsurance after deductible	20% Coinsurance after deductible	30% Coinsurance after deductible	20% Coinsurance after deductible	15% Coinsurance after deductible
	Out of Network	Not Covered	Not Covered	Not Covered	Not Covered	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	Not Covered

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Plan		AR0270001	AR0280001	AR0070003	AR0070033	AR0080003	AR0080004	AR0090003	AR0090004	AR0100003	AR0100004	AR0350001
Infusion Therapy	In Network	20% Coinsurance after deductible	20% Coinsurance after deductible	\$150 Copay	\$150 Copay	30% Coinsurance after deductible	20% Coinsurance after deductible	30% Coinsurance after deductible	20% Coinsurance after deductible	30% Coinsurance after deductible	20% Coinsurance after deductible	15% Coinsurance after deductible
	Out of Network	40% Coinsurance after deductible	40% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	35% Coinsurance after deductible
Vision												
Routine Eye Exam for Children	In Network	20% Coinsurance after deductible	20% Coinsurance after deductible	\$150 Copay	\$150 Copay	\$20 Copay	\$20 Copay	\$20 Copay	\$20 Copay	\$20 Copay	\$20 Copay	15% Coinsurance after deductible
	Out of Network	40% Coinsurance after deductible	40% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	\$20 Copay	\$20 Copay	\$20 Copay	\$20 Copay	\$20 Copay	\$20 Copay	35% Coinsurance after deductible
Routine Eye Exam (Adult)	In Network	Not Covered	Not Covered	\$150 Copay	\$150 Copay	Not Covered	Not Covered	\$20 Copay	\$20 Copay	\$20 Copay	\$20 Copay	Not Covered
	Out of Network	Not Covered	Not Covered	50% Coinsurance after deductible	50% Coinsurance after deductible	Not Covered	Not Covered	\$20 Copay	\$20 Copay	\$20 Copay	\$20 Copay	Not Covered

Silver 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		AR0270001	AR0280001	AR0070003	AR0070033	AR0080003	AR0080004	AR0090003	AR0090004	AR0100003	AR0100004	AR0350001
Adult Frames or Lenses	In Network	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	\$20 Copay	\$20 Copay	\$20 Copay	\$20 Copay	Not Covered
	Out of Network	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	\$20 Copay	\$20 Copay	\$20 Copay	\$20 Copay	Not Covered
Eye Glasses for Children	In Network	20% Coinsurance after deductible	20% Coinsurance after deductible	\$150 Copay	\$150 Copay	\$20 Copay	\$20 Copay	\$20 Copay	\$20 Copay	\$20 Copay	\$20 Copay	15% Coinsurance after deductible
	Out of Network	40% Coinsurance after deductible	40% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	\$20 Copay	\$20 Copay	\$20 Copay	\$20 Copay	\$20 Copay	\$20 Copay	35% Coinsurance after deductible
Dental												
Basic Dental Care - Adult	In Network	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

Silver 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		AR0270001	AR0280001	AR0070003	AR0070033	AR0080003	AR0080004	AR0090003	AR0090004	AR0100003	AR0100004	AR0350001
Routine Dental Services (Adult)	In Network	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
Accidental Dental	In Network	20% Coinsurance after deductible	20% Coinsurance after deductible	\$150 Copay	\$150 Copay	30% Coinsurance after deductible	20% Coinsurance after deductible	30% Coinsurance after deductible	20% Coinsurance after deductible	30% Coinsurance after deductible	20% Coinsurance after deductible	15% Coinsurance after deductible
	Out of Network	40% Coinsurance after deductible	40% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	35% Coinsurance after deductible
Dental Anesthesia	In Network	20% Coinsurance after deductible	20% Coinsurance after deductible	\$150 Copay	\$150 Copay	30% Coinsurance after deductible	20% Coinsurance after deductible	30% Coinsurance after deductible	20% Coinsurance after deductible	30% Coinsurance after deductible	20% Coinsurance after deductible	15% Coinsurance after deductible
	Out of Network	40% Coinsurance after deductible	40% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	35% Coinsurance after deductible

Silver 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		AR0270001	AR0280001	AR0070003	AR0070033	AR0080003	AR0080004	AR0090003	AR0090004	AR0100003	AR0100004	AR0350001
Women's Services												
Delivery and All Inpatient Services for Maternity Care	In Network	20% Coinsurance after deductible	20% Coinsurance after deductible	\$1,200 Copay	\$1,200 Copay	\$1000 Copay after deductible	\$1000 Copay after deductible	\$1000 Copay after deductible	\$1000 Copay after deductible	\$1000 Copay after deductible	\$1000 Copay after deductible	15% Coinsurance after deductible
	Out of Network	40% Coinsurance after deductible	40% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	35% Coinsurance after deductible
Prenatal and Postnatal Care	In Network	20% Coinsurance after deductible	20% Coinsurance after deductible	\$150 Copay	\$150 Copay	\$40 Copay	\$50 Copay	\$40 Copay	\$50 Copay	\$40 Copay	\$50 Copay	15% Coinsurance after deductible
	Out of Network	40% Coinsurance after deductible	40% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance	50% Coinsurance	50% Coinsurance	50% Coinsurance	50% Coinsurance	50% Coinsurance	35% Coinsurance after deductible
Other												
Diabetes Education	In Network	No Charge	No Charge	\$150 Copay	\$150 Copay	\$60 Copay	\$75 Copay	\$60 Copay	\$75 Copay	\$60 Copay	\$75 Copay	No Charge
	Out of Network	40% Coinsurance after deductible	40% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance	50% Coinsurance	50% Coinsurance	50% Coinsurance	50% Coinsurance	50% Coinsurance	35% Coinsurance after deductible

Silver 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		AR0270001	AR0280001	AR0070003	AR0070033	AR0080003	AR0080004	AR0090003	AR0090004	AR0100003	AR0100004	AR0350001
Diabetes Care Management	In Network	20% Coinsurance after deductible	20% Coinsurance after deductible	\$150 Copay	\$150 Copay	\$60 Copay	\$75 Copay	\$60 Copay	\$75 Copay	\$60 Copay	\$75 Copay	15% Coinsurance after deductible
	Out of Network	40% Coinsurance after deductible	40% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance	50% Coinsurance	50% Coinsurance	50% Coinsurance	50% Coinsurance	50% Coinsurance	35% Coinsurance after deductible
Skilled Nursing Facility	In Network	\$200 Copay per Day	\$250 Copay per Day	\$300 Copay per Day	\$300 Copay per Day	\$100 Copay per Day	\$100 Copay per Day	\$100 Copay per Day	\$100 Copay per Day	\$100 Copay per Day	\$100 Copay per Day	\$250 Copay per Day
	Out of Network	40% Coinsurance after deductible	40% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	40% Coinsurance after deductible
Long-Term/Custodial Nursing Home Care	In Network	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	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	Not Covered	Not Covered	Not Covered

Silver 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		AR0270001	AR0280001	AR0070003	AR0070033	AR0080003	AR0080004	AR0090003	AR0090004	AR0100003	AR0100004	AR0350001
Home Health Care Services	In Network	20% Coinsurance after deductible	20% Coinsurance after deductible	\$150 Copay	\$150 Copay	30% Coinsurance after deductible	20% Coinsurance after deductible	30% Coinsurance after deductible	20% Coinsurance after deductible	30% Coinsurance after deductible	20% Coinsurance after deductible	15% Coinsurance after deductible
	Out of Network	40% Coinsurance after deductible	40% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	35% Coinsurance after deductible
Private-Duty Nursing	In Network	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	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	Not Covered	Not Covered	Not Covered
Hospice Services	In Network	20% Coinsurance after deductible	20% Coinsurance after deductible	\$150 Copay	\$150 Copay	30% Coinsurance after deductible	20% Coinsurance after deductible	30% Coinsurance after deductible	20% Coinsurance after deductible	30% Coinsurance after deductible	20% Coinsurance after deductible	15% Coinsurance after deductible
	Out of Network	40% Coinsurance after deductible	40% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	35% Coinsurance after deductible

Silver 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		AR0270001	AR0280001	AR0070003	AR0070033	AR0080003	AR0080004	AR0090003	AR0090004	AR0100003	AR0100004	AR0350001
Dialysis	In Network	20% Coinsurance after deductible	20% Coinsurance after deductible	\$150 Copay	\$150 Copay	30% Coinsurance after deductible	20% Coinsurance after deductible	30% Coinsurance after deductible	20% Coinsurance after deductible	30% Coinsurance after deductible	20% Coinsurance after deductible	15% Coinsurance after deductible
	Out of Network	40% Coinsurance after deductible	40% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	35% Coinsurance after deductible
Transplant	In Network	20% Coinsurance after deductible	20% Coinsurance after deductible	\$1,200 Copay	\$1,200 Copay	\$1000 Copay after deductible	\$1000 Copay after deductible	\$1000 Copay after deductible	\$1000 Copay after deductible	\$1000 Copay after deductible	\$1000 Copay after deductible	15% Coinsurance after deductible
	Out of Network	40% Coinsurance after deductible	40% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	35% Coinsurance after deductible
Routine Foot Care	In Network	Not Covered	Not Covered	\$150 Copay	\$150 Copay	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
	Out of Network	Not Covered	Not Covered	50% Coinsurance after deductible	50% Coinsurance after deductible	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered

Silver 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		AR0270001	AR0280001	AR0070003	AR0070033	AR0080003	AR0080004	AR0090003	AR0090004	AR0100003	AR0100004	AR0350001
Cochlear Implants	In Network	Not Covered	Not Covered	\$150 Copay	\$150 Copay	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
	Out of Network	Not Covered	Not Covered	50% Coinsurance after deductible	50% 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	15% 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	35% Coinsurance after deductible
Inherited Metabolic Disorder - PKU	In Network	20% Coinsurance after deductible	20% Coinsurance after deductible	\$150 Copay	\$150 Copay	30% Coinsurance after deductible	20% Coinsurance after deductible	30% Coinsurance after deductible	20% Coinsurance after deductible	30% Coinsurance after deductible	20% Coinsurance after deductible	15% Coinsurance after deductible
	Out of Network	40% Coinsurance after deductible	40% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	35% Coinsurance after deductible