

## Bronze 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	AR0300001	AR0310001	AR0370001	AR0070001	AR0070002	AR0070031	AR0070032	AR0080005	AR0080006	AR0090005	AR0090006	AR0100005	AR0100006	AR0290001	
<b>Office Visits and Outpatient Services</b>															
Primary Care Visit to Treat an Injury or Illness	In Network	\$25 Copay	0% Coinsurance after deductible	\$20 Copay	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	\$30 Copay
	Out of Network	40% Coinsurance after deductible	20% Coinsurance after deductible	70% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	70% 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	No Charge
	Out of Network	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	40% Coinsurance	40% Coinsurance	40% Coinsurance	40% Coinsurance	40% Coinsurance	40% Coinsurance	Not Covered
Other Practitioner Office Visit (Nurse, Physician Assistant)	In Network	\$25 Copay	0% Coinsurance after deductible	\$20 Copay	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	\$30 Copay
	Out of Network	40% Coinsurance after deductible	20% Coinsurance after deductible	70% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	70% Coinsurance after deductible
Specialist Visit	In Network	30% Coinsurance after deductible	0% Coinsurance after deductible	40% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible
	Out of Network	40% Coinsurance after deductible	20% Coinsurance after deductible	70% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	70% Coinsurance after deductible
Outpatient Facility Fee (e.g., Ambulatory)	In Network	30% Coinsurance after deductible	0% Coinsurance after deductible	40% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible

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Surgery Center)	Out of Network	40% Coinsurance after deductible	20% Coinsurance after deductible	70% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	70% Coinsurance after deductible
	In Network	30% Coinsurance after deductible	0% Coinsurance after deductible	40% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible
Chiropractic Care	Out of Network	Not Covered	Not Covered	Not Covered	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	Not Covered
	In Network	Not Covered	Not Covered	Not Covered	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Nutritional Counseling	Out of Network	Not Covered	Not Covered	Not Covered	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
	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	No Charge
Well Child Care	Out of Network	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	60% Coinsurance	60% Coinsurance	60% Coinsurance	60% Coinsurance	60% Coinsurance	60% Coinsurance	Not Covered

**Pharmacy**

Generic Drugs	In Network	\$15 Copay	0% Coinsurance after deductible	\$20 Copay	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	\$25 Copay	\$25 Copay	\$25 Copay	\$25 Copay	\$25 Copay	\$25 Copay	\$20 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	Not Covered

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Non-Preferred Brand Drugs	In Network	30% Coinsurance after deductible	0% Coinsurance after deductible	40% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	\$150 Copay after deductible	\$100 Copay after deductible	\$150 Copay after deductible	\$100 Copay after deductible	\$150 Copay after deductible	\$100 Copay after deductible	40% 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	Not Covered
Preferred Brand Drugs	In Network	30% Coinsurance after deductible	0% Coinsurance after deductible	40% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	\$50 Copay after deductible	\$50 Copay after deductible	\$50 Copay after deductible	\$50 Copay after deductible	\$50 Copay after deductible	\$50 Copay after deductible	40% 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	Not Covered
Specialty Drugs	In Network	30% Coinsurance after deductible	0% Coinsurance after deductible	40% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% 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	70% Coinsurance after deductible
Off Label Prescription Drugs	In Network	Not Covered	Not Covered	Not Covered	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible
	Out of Network	Not Covered	Not Covered	Not Covered	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	70% Coinsurance after deductible

**Testing and Imaging**

X-rays and Diagnostic	In Network	30% Coinsurance after deductible	0% Coinsurance after deductible	40% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible
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Imaging	Out of Network	40% Coinsurance after deductible	20% Coinsurance after deductible	70% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	70% Coinsurance after deductible
	In Network	30% Coinsurance after deductible	0% Coinsurance after deductible	40% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible
Imaging (CT/PET Scans, MRIs)	Out of Network	40% Coinsurance after deductible	20% Coinsurance after deductible	70% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	70% Coinsurance after deductible
	In Network	30% Coinsurance after deductible	0% Coinsurance after deductible	40% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible
Laboratory Outpatient and Professional Services	Out of Network	40% Coinsurance after deductible	20% Coinsurance after deductible	70% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	70% Coinsurance after deductible
	In Network	30% Coinsurance after deductible	0% Coinsurance after deductible	40% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible
Allergy Testing	Out of Network	40% Coinsurance after deductible	20% Coinsurance after deductible	70% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	70% Coinsurance after deductible
	In Network	\$25 Copay	0% Coinsurance after deductible	\$20 Copay	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible

**Inpatient Services**

Inpatient Hospital Services (e.g., Hospital Stay)	Out of Network	50% Coinsurance after deductible	20% Coinsurance after deductible	70% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	70% Coinsurance after deductible
	In Network	30% Coinsurance after deductible	\$0 Copay per Day / 0% 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	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	50% Coinsurance after deductible

**Emergency and Urgent Care**





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Mental Health Other	In Network	30% Coinsurance after deductible	0% Coinsurance after deductible	40% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	No Charge
	Out of Network	40% Coinsurance after deductible	20% Coinsurance after deductible	70% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	Not Covered

**Rehabilitation and Habilitation**

Rehabilitative Occupational and Rehabilitative Physical Therapy	In Network	30% Coinsurance after deductible	0% Coinsurance after deductible	40% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible
	Out of Network	Not Covered	Not Covered	Not Covered	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	Not Covered
Rehabilitative Speech Therapy	In Network	30% Coinsurance after deductible	0% Coinsurance after deductible	40% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible
	Out of Network	Not Covered	Not Covered	Not Covered	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	Not Covered
Outpatient Rehabilitation Services	In Network	30% Coinsurance after deductible	0% Coinsurance after deductible	40% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible
	Out of Network	Not Covered	Not Covered	Not Covered	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	Not Covered
Habilitation Services	In Network	30% Coinsurance after deductible	0% Coinsurance after deductible	40% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible

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Rehabilitation Services	Out of Network	Not Covered	Not Covered	Not Covered	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	Not Covered

**Surgery**

Inpatient Physician and Surgical Services	In Network	30% Coinsurance after deductible	0% Coinsurance after deductible	40% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible
	Out of Network	40% Coinsurance after deductible	20% Coinsurance after deductible	70% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	70% Coinsurance after deductible
Outpatient Surgery Physician/Surgical Services	In Network	30% Coinsurance after deductible	0% Coinsurance after deductible	40% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible
	Out of Network	40% Coinsurance after deductible	20% Coinsurance after deductible	70% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	70% Coinsurance after deductible
Reconstructive Surgery	In Network	30% Coinsurance after deductible	0% Coinsurance after deductible	40% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible
	Out of Network	Not Covered	Not Covered	Not Covered	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	70% Coinsurance after deductible
Gastric Electrical Stimulation	In Network	30% Coinsurance after deductible	0% Coinsurance after deductible	40% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible
	Out of Network	40% Coinsurance after deductible	20% Coinsurance after deductible	70% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	70% Coinsurance after deductible

**Treatments and Therapies**

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<b>Chemotherapy</b>	In Network	30% Coinsurance after deductible	0% Coinsurance after deductible	40% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible
	Out of Network	40% Coinsurance after deductible	20% Coinsurance after deductible	70% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	70% Coinsurance after deductible
<b>Radiation</b>	In Network	30% Coinsurance after deductible	0% Coinsurance after deductible	40% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	No Charge
	Out of Network	40% Coinsurance after deductible	20% Coinsurance after deductible	70% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	70% Coinsurance after deductible
<b>Infertility Treatment</b>	In Network	30% Coinsurance after deductible	0% Coinsurance after deductible	40% Coinsurance after deductible	Not Covered	Not Covered	Not Covered	Not Covered	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible
	Out of Network	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	Not Covered
<b>Infusion Therapy</b>	In Network	30% Coinsurance after deductible	0% Coinsurance after deductible	40% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible
	Out of Network	40% Coinsurance after deductible	20% Coinsurance after deductible	70% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	70% Coinsurance after deductible

**Vision**

<b>Routine Eye Exam for Children</b>	In Network	30% Coinsurance after deductible	0% Coinsurance after deductible	40% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	\$20 Copay	\$20 Copay	\$20 Copay	\$20 Copay	\$20 Copay	\$20 Copay	40% Coinsurance after deductible
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**Bronze 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		AR0300001	AR0310001	AR0370001	AR0070001	AR0070002	AR0070031	AR0070032	AR0080005	AR0080006	AR0090005	AR0090006	AR0100005	AR0100006	AR0290001
	Out of Network	40% Coinsurance after deductible	20% Coinsurance after deductible	70% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	\$20 Copay	\$20 Copay	\$20 Copay	\$20 Copay	\$20 Copay	\$20 Copay	70% Coinsurance after deductible
Routine Eye Exam (Adult)	In Network	30% Coinsurance after deductible	0% Coinsurance after deductible	40% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	Not Covered	Not Covered	\$20 Copay	\$20 Copay	\$20 Copay	\$20 Copay	No Charge
	Out of Network	Not Covered	Not Covered	Not Covered	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% 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	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	Not Covered	Not Covered	Not Covered	\$20 Copay	\$20 Copay	\$20 Copay	\$20 Copay	Not Covered
Eye Glasses for Children	In Network	30% Coinsurance after deductible	0% Coinsurance after deductible	40% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	\$20 Copay	\$20 Copay	\$20 Copay	\$20 Copay	\$20 Copay	\$20 Copay	40% Coinsurance after deductible
	Out of Network	40% Coinsurance after deductible	20% Coinsurance after deductible	70% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	\$20 Copay	\$20 Copay	\$20 Copay	\$20 Copay	\$20 Copay	\$20 Copay	70% 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	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	Not Covered

**Bronze 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		AR0300001	AR0310001	AR0370001	AR0070001	AR0070002	AR0070031	AR0070032	AR0080005	AR0080006	AR0090005	AR0090006	AR0100005	AR0100006	AR0290001	
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	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	Not Covered
Accidental Dental	In Network	30% Coinsurance after deductible	0% Coinsurance after deductible	40% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible
	Out of Network	40% Coinsurance after deductible	20% Coinsurance after deductible	70% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	70% Coinsurance after deductible
Dental Anesthesia	In Network	30% Coinsurance after deductible	0% Coinsurance after deductible	40% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible
	Out of Network	40% Coinsurance after deductible	20% Coinsurance after deductible	70% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	70% Coinsurance after deductible

**Women's Services**

Delivery and All Inpatient Services for Maternity Care	In Network	30% Coinsurance after deductible	0% Coinsurance after deductible	40% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible
	Out of Network	40% Coinsurance after deductible	20% Coinsurance after deductible	70% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	70% Coinsurance after deductible
Prenatal and	In Network	30% Coinsurance after deductible	0% Coinsurance after deductible	40% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible

**Bronze 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		AR0300001	AR0310001	AR0370001	AR0070001	AR0070002	AR0070031	AR0070032	AR0080005	AR0080006	AR0090005	AR0090006	AR0100005	AR0100006	AR0290001
<b>Postnatal Care</b>	In Network	40% Coinsurance after deductible	20% Coinsurance after deductible	70% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	70% Coinsurance after deductible
	Out of Network	40% Coinsurance after deductible	20% Coinsurance after deductible	70% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	70% Coinsurance after deductible

**Other**

<b>Diabetes Education</b>	In Network	No Charge	No Charge	No Charge	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible
	Out of Network	40% Coinsurance after deductible	20% Coinsurance after deductible	70% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	70% Coinsurance after deductible
<b>Diabetes Care Management</b>	In Network	30% Coinsurance after deductible	0% Coinsurance after deductible	40% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible
	Out of Network	40% Coinsurance after deductible	20% Coinsurance after deductible	70% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	70% Coinsurance after deductible
<b>Skilled Nursing Facility</b>	In Network	30% Coinsurance after deductible	\$0 Copay per Day / 0% 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	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	50% Coinsurance after deductible
	Out of Network	50% Coinsurance after deductible	20% Coinsurance after deductible	70% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	60% Coinsurance after deductible	70% Coinsurance after deductible
<b>Long-Term/Custodial Nursing Home Care</b>	In 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
	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

**Bronze 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		AR0300001	AR0310001	AR0370001	AR0070001	AR0070002	AR0070031	AR0070032	AR0080005	AR0080006	AR0090005	AR0090006	AR0100005	AR0100006	AR0290001
Home Health Care Services	In Network	30% Coinsurance after deductible	0% Coinsurance after deductible	40% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible
	Out of Network	40% Coinsurance after deductible	20% Coinsurance after deductible	70% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	70% 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	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	Not Covered	Not Covered	Not Covered
Hospice Services	In Network	30% Coinsurance after deductible	0% Coinsurance after deductible	40% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible
	Out of Network	40% Coinsurance after deductible	20% Coinsurance after deductible	70% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	70% Coinsurance after deductible
Dialysis	In Network	30% Coinsurance after deductible	0% Coinsurance after deductible	40% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	\$30 Copay
	Out of Network	40% Coinsurance after deductible	20% Coinsurance after deductible	70% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	70% Coinsurance after deductible
Cosmetic Surgery	In 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
	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

Bronze 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		AR0300001	AR0310001	AR0370001	AR0070001	AR0070002	AR0070031	AR0070032	AR0080005	AR0080006	AR0090005	AR0090006	AR0100005	AR0100006	AR0290001	
Hearing Aids	In Network	No Charge	No Charge	No Charge	Not Covered	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	No Charge	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	No Charge
Weight Loss Programs	In 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	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	Not Covered
Transplant	In Network	30% Coinsurance after deductible	0% Coinsurance after deductible	40% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible
	Out of Network	40% Coinsurance after deductible	20% Coinsurance after deductible	70% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	70% Coinsurance after deductible
Routine Foot Care	In Network	Not Covered	Not Covered	Not Covered	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	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	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Cochlear Implants	In Network	Not Covered	Not Covered	Not Covered	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	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	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered

Bronze 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		AR0300001	AR0310001	AR0370001	AR0070001	AR0070002	AR0070031	AR0070032	AR0080005	AR0080006	AR0090005	AR0090006	AR0100005	AR0100006	AR0290001	
Treatment for TMJ Disorders	In Network	30% Coinsurance after deductible	0% 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	Not Covered	40% Coinsurance after deductible
	Out of Network	40% Coinsurance after deductible	20% Coinsurance after deductible	70% Coinsurance after deductible	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Inherited Metabolic Disorder - PKU	In Network	30% Coinsurance after deductible	0% Coinsurance after deductible	40% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	Not Covered
	Out of Network	40% Coinsurance after deductible	20% Coinsurance after deductible	70% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	Not Covered