

# Benefit Summary

BC 4000-100\_HDHP\_E - (1)



Arkansas  
BlueCross BlueShield

ARKANSAS TECH UNIVERSITY

Effective Date: 01/01/2023

## Descriptions

## Your Portion

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

In-Network	Out-of-Network
\$4,000	\$8,000

**Family Deductible:** If you or anyone in your family meets the individual deductible, then your health plan will begin to pay a portion of medical expenses for that person for that calendar year (also called coinsurance). However, when the family deductible is met by any combination of family members, coinsurance will pay on all family members. *Continues on back page.*

\$8,000	\$16,000
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**Coinsurance:** A percentage of all remaining eligible medical expenses that is your responsibility to pay after your deductible has been satisfied.

**Copayment:** The amount you're required to pay to a preferred provider for covered medical expenses.

## Annual Limit on Cost Sharing

**Annual Limit on Cost Sharing:** The claims amount that you must pay in a calendar year before you're no longer expected to pay deductible or coinsurance for the remainder of the year. The annual limitation on cost sharing is outlined in the Schedule of Benefits.

In-Network	Individual	Family
	\$4,000	\$8,000
Out-of-Network	\$16,000	\$32,000

Service Type**	Your Cost In-network coinsurance	Your Cost Out-of-network coinsurance
<b>Professional Services</b>		
Primary care physician visit	0%	20%
Specialty physician visit	0%	20%
Adult wellness (deductible does not apply in network)	0%	20%
Children's preventive health services (deductible does not apply in network) immunizations covered 100%	0%	20%
Professional fees for inpatient surgical and medical services	0%	20%
Professional fees for outpatient surgical and medical services	0%	20%
<b>Hospital and Other Medical Facility Services</b>		
Hospital visit (inpatient)	0%	20%
Hospital (outpatient) includes surgery, diagnostics and therapeutic care	0%	20%
Emergency room visit	0%	0%
Maternity and obstetrics	0%	20%
<b>Other Services</b>		
Durable medical equipment	0%	20%
Diabetic supplies	0%	20%
Mental health**	0%	20%
Therapeutic services — Physical and occupational**	0%	20%
— Chiropractic	0%	20%
Speech**	0%	20%
Ambulance services — Ground	0%	0%
— Air	0%	0%
Retail pharmacy - Standard with Step w/Prev Rx - subject to deductible	0%	non-covered

\*\*Visit limitations may apply to some service types. Please check your Benefit Certificate.

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## Important Disclaimer from Arkansas Blue Cross and Blue Shield

This document is intended only to highlight your benefits and should not be relied on to fully determine coverage. **Some of the above services are subject to visit, day and/or dollar limits.** Please refer to your Benefit Certificate for a full explanation of your benefits, the limitations of these benefits and the services that are not covered. If this document conflicts in any way with the policy issued to your employer, the policy shall prevail.

## Benefit Summary *continued*

### Family Deductible Details

**Example:** Bob and Sue Thompson have one child, Margo. Their family deductible is \$3,000 and the individual deductible is \$1,500. Sue paid \$1,200 in covered healthcare expenses. Bob paid \$1,100 in covered healthcare expenses. Margo paid \$700 in covered healthcare expenses. None of the Thompson's met the individual deductible. However, their family's total expense \$3,000 (meeting the family deductible) and the health plan will begin paying coinsurance for all family members.

### Other Member Services

**My Blueprint** – your personal online self-service center – allows you access to a wealth of information from the home page of our website at [arkansasbluecross.com](http://arkansasbluecross.com). Access or register for *My Blueprint* through the log in box on the home page.

The **Personal Health Statement (PHS)** lets you know that we have received your claim(s) and shows you how they were paid, including the amount the doctor or hospital charged, the discount for being a member, the amount we paid and any leftover charges you may owe. Your policy features a deductible carry over feature. Check Benefit Certificate for details and restrictions. You can receive your PHS by mail or electronically.

Your **Personal Health Record (PHR)** is a confidential, online medical record that combines health information provided by both you and medical claims submitted to us by the doctors, hospitals and other health care providers you have visited, so you can keep track of your personal health information.

**HealthConnect Blue** — a free health program from Arkansas Blue Cross that provides you with a variety of resources to help you reach your health goals; available through "Health Resources" on *My Blueprint*.



### Questions?

We hope you'll call us with any questions or concerns.


Our office hours are Monday through Friday from 8 a.m. to 4:30 p.m. (CST).

Customer Service Number: **501-378-2010** or **1-800-238-8379**

More information can be found at our website at: [arkansasbluecross.com](http://arkansasbluecross.com)

Local Sales and Service Center: Arkansas Blue Cross and Blue Shield  
601 S. Gaines  
Little Rock, AR 72201



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MPI 3234 11/15

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