



## **2018 Individual & Family** Health Insurance Plans

Underwritten by QCA Health Plan, Inc.

### The Quality Choice for Individual & Family Plans

We know that choosing a healthcare plan can be confusing, and one size doesn't fit all. That's why we offer a range of plans with different amounts of coverage. And we make it easy to find the plan that fits your needs.

#### **Choices for Every Arkansan**

We offer a range of Affordable Care Act health plans to meet your special needs. Add our local, personal service and you have the quality choice for health insurance.

You must be a permanent Arkansas resident and a legal resident of the United States or a U.S. citizen. You must use a Primary Care Physician (PCP) to direct your care.

Some plans may not be offered in your area. Visit QualChoice.com to get a quote on a plan in your area.

#### **Great Customer Service**

Our 100% Arkansas-based staff knows healthcare can be confusing. We make it simpler with our personal service. Just ask our members! Nearly 4 out of 5 would recommend us to friends and family.\*

#### Wide Network of Providers

Our broad statewide network offers thousands of doctors, hospitals and other providers across Arkansas. It's easy to find a doctor or hospital at *QualChoice.com*. Plus, you're covered for emergency needs anywhere you travel within the United States.

#### 24-Hour Access

With *My Account* at *QualChoice.com* you can access your records any time. And it's mobile friendly, so you can manage your account on the go! View your claims, drug formulary or benefit booklet. Update your address, order ID cards or print a temporary card. Extras include questions to ask your doctor, a tool to find and compare hospitals and a library of health topics.

#### Health and Wellness Support

Our QCARE programs — such as *Kick the Nic!*, to stop tobacco use — can help you get and stay healthy. Registered nurse care managers can help you get the most from your plan, find the right doctors, handle health issues or improve your health habits.

#### Broad Range of Covered Drugs

Our drug list includes over 1,000 brand name and less costly generic drugs.

#### Health and Fitness Savings

Our QuicRewards program offers members savings on many health products. Things like weight loss programs, vision care, prescription drugs, home safety products and more.

\* Source: QualChoice Customer Satisfaction Survey, 2016

## **3 Steps to Quality Health Insurance**

## STEP 1

## Choose the type of coverage that's right for you.

#### Classic

## In- and Out-of-Network Coverage with Predictable Costs and Copayments

- · Low-cost protection for peace of mind
- Most like an employer-provided plan
- Predictable coverage, with copayments on the most common services
- Deductible and coinsurance on less often-used services
- · Coverage for in-network or out-of-network services

### **Classic Saver**

## In- and Out-of-Network Coverage for the Budget-Minded

- Lower monthly premium with higher shared costs (deductible & coinsurance)
- · Can be used with a Health Savings Account
- Except for preventive care, must meet deductible before benefits are paid
- · Coverage for in-network or out-of-network services

#### Basic

## In-Network Coverage with Predictable Costs and Copayments

- · Low-cost protection for peace of mind
- · Much like an employer-provided plan
- Predictable coverage, with copayments on the most common services
- · Deductible and coinsurance on less often-used services
- In-network coverage only

#### **Basic Saver**

#### In-Network Coverage for the Budget-Minded

- Lower monthly premium with higher shared costs (deductible and coinsurance)
- · Can be used with a Health Savings Account
- Except for preventive care, must meet deductible before benefits are paid
- In-network coverage only

#### Catastrophic

#### **Coverage for Unexpected Illness and Injury**

- For people age 18–29 or who qualify for a hardship exemption (are excused from having to pay a fine for not having health insurance)
- Low premium/high deductible, for young, healthy people
- 3 primary care physician (PCP) visits before deductible applies
- Except for preventive care and first 3 PCP visits, must meet deductible before benefits are paid

#### QuicChoice

#### **Temporary Coverage and Peace of Mind**

- For those between jobs, graduating, or new employees needing temporary coverage
- · Apply online for next-day coverage
- · Coverage for a few weeks to 6 months
- Does not meet Affordable Care Act requirement for all individuals to have health coverage

# **STEP 2** Choose the plan that's right for you.

The plans below include pediatric (children's) dental services as called for by the Affordable Care Act. If you have a stand-alone pediatric dental plan, you may choose a plan without pediatric dental coverage. Call an IQChoice representative at 866.645.1790.

	Silver Cla	ssic 6500	Gold Classic 2000		
CLASSIC	<b>In-Network</b> You Pay			Out-of-Network You Pay	
Individual/Family Deductible	\$6,500/\$13,000	\$13,000/\$25,000	\$2,000/\$4,000	\$4,000/\$8,000	
Coinsurance	50%	50%	30%	50%	
Individual/Family Out- of-Pocket Maximum	\$7,350/\$14,700	\$14,700/\$25,000	\$3,500/\$7,000	\$7,000/\$14,000	
Primary Care Physician (PCP) Office Visit	\$45	Deductible & Coinsurance	\$25	Deductible & Coinsurance	
Specialty Physician Office Visit	\$80	Deductible & Coinsurance	\$50	Deductible & Coinsurance	
Emergency Services	Deductible & Coinsurance	Deductible & Coinsurance	\$100	\$100	
Pediatric Dental	Deductible & Coinsurance Dental Check-up: \$80	Deductible & Coinsurance	Deductible & Coinsurance Dental Check-up: \$50	Deductible & Coinsurance	
Prescription Drugs	\$20/\$80/\$100/\$350	Not Covered	\$10/\$35/\$65/\$200	Not Covered	

	Bronze Classic Saver 5000*		Silver Classic Saver 4000*		Silver Classic Saver 3500*	
CLASSIC SAVER	<b>In-Network</b>	Out-of-Network	<b>In-Network</b>	Out-of-Network	<b>In-Network</b>	Out-of-Network
	You Pay	You Pay	You Pay	You Pay	You Pay	You Pay
Individual/Family Deductible	\$5,000/\$10,000	\$10,000/\$20,000	\$4,000/\$8,000	\$8,000/\$16,000	\$3,500/\$7,000	\$7,000/\$14,000
Coinsurance	50%	50%	45%	50%	10%	30%
Individual/Family Out- of-Pocket Maximum	\$6,450/\$12,900	\$12,900/\$25,000	\$5,250/\$10,500	\$10,500/\$21,000	\$4,500/\$9,000	\$9,000/\$18,000
Primary Care Physician	Deductible &	Deductible &	Deductible &	Deductible &	Deductible &	Deductible &
(PCP) Office Visit	Coinsurance	Coinsurance	Coinsurance	Coinsurance	Coinsurance	Coinsurance
Specialty Physician	Deductible &	Deductible &	Deductible &	Deductible &	Deductible &	Deductible &
Office Visit	Coinsurance	Coinsurance	Coinsurance	Coinsurance	Coinsurance	Coinsurance
Emergency Services	Deductible &	Deductible &	Deductible &	Deductible &	Deductible &	Deductible &
	Coinsurance	Coinsurance	Coinsurance	Coinsurance	Coinsurance	Coinsurance
Pediatric Dental	Deductible &	Deductible &	Deductible &	Deductible &	Deductible &	Deductible &
	Coinsurance	Coinsurance	Coinsurance	Coinsurance	Coinsurance	Coinsurance
Prescription Drugs	Deductible & Coinsurance	Not Covered	Deductible & Coinsurance	Not Covered	Deductible & Coinsurance	Not Covered

\*HSA-qualified High Deductible Health Plan (HDHP). All individual deductible amounts count toward satisfaction of the family deductible. An individual will not pay more than the individual deductible amount.

The plans below have pediatric (children's) dental services as called for by the Affordable Care Act. If you have a stand-alone pediatric dental plan, you may choose a plan without pediatric dental coverage. Call an IQChoice representative at 866.645.1790.

BASIC	Silver Ba	nsic 6500	Gold Basic 2000		
	<b>In-Network</b> You Pay	<b>Out-of-Network</b> You Pay	<b>In-Network</b> You Pay	<b>Out-of-Network</b> You Pay	
Individual/Family Deductible	\$6,500/\$13,000	Not Covered	\$2,000/\$4,000	Not Covered	
Coinsurance	50%	Not Covered	30%	Not Covered	
Individual/Family Out-of- Pocket Maximum	\$7,350/\$14,700	Not Covered	\$3,500/\$7,000	Not Covered	
Primary Care Physician (PCP) Office Visit	\$45	Not Covered	\$25	Not Covered	
Specialty Physician Office Visit	\$80	Not Covered	\$50	Not Covered	
Emergency Services	Deductible & Coinsurance	Deductible & Coinsurance	\$100	\$100	
Pediatric Dental	Deductible & Coinsurance Dental Check-up: \$80	Not Covered	Deductible & Coinsurance Dental Check-up: \$50	Not Covered	
Prescription Drugs	\$20/\$80/\$100/\$350	Not Covered	\$10/\$35/\$65/\$200	Not Covered	

	Bronze Basic	: Saver 5000*	Silver Basic Saver 3500*		
BASIC SAVER	In-NetworkOut-of-NetworkYou PayYou Pay		<b>In-Network</b> You Pay	Out-of-Network You Pay	
Individual/Family Deductible	\$5,000/\$10,000	Not Covered	\$3,500/\$7,000	Not Covered	
Coinsurance	50%	Not Covered	10%	Not Covered	
Individual/Family Out-of- Pocket Maximum	\$6,450/\$12,900	Not Covered	\$4,500/\$9,000	Not Covered	
Primary Care Physician (PCP) Office Visit	Deductible & Coinsurance	Not Covered	Deductible & Coinsurance	Not Covered	
Specialty Physician Office Visit	Deductible & Coinsurance	Not Covered	Deductible & Coinsurance	Not Covered	
Emergency Services	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	
Pediatric Dental	Deductible & Coinsurance	Not Covered	Deductible & Coinsurance	Not Covered	
Prescription Drugs	Deductible & Coinsurance	Not Covered	Deductible & Coinsurance	Not Covered	

\*HSA-qualified High Deductible Health Plan (HDHP). All individual deductible amounts count toward satisfaction of the family deductible. An individual will not pay more than the individual deductible amount.

The plans below have pediatric (children's) dental services as called for by the Affordable Care Act. If you have a stand-alone pediatric dental plan, you may choose a plan without pediatric dental coverage. Call an IQChoice representative at 866.645.1790 for assistance.

CATASTROPHIC*	<b>In-Network</b> You Pay	<b>Out-of-Network</b> You Pay	
Individual/Family Deductible	\$7,350/\$14,700	\$12,000/\$24,000	
Coinsurance	0%	20%	
Individual/Family Out-of-Pocket Maximum	\$7,350/\$14,700	\$14,700/\$25,000	
Primary Care Physician (PCP) Office Visit Note: First three (3) in-network PCP office visits per calendar year are provided at no cost to you.	Deductible after 3rd visit	Deductible & Coinsurance	
Specialty Physician Office Visit	Deductible	Deductible & Coinsurance	
Emergency Services	Deductible	Deductible	
Pediatric Dental	Deductible	Deductible & Coinsurance	
Prescription Drugs	Deductible	Not Covered	

\*For people age 18-29 or those who qualify for a hardship exemption (are excused from paying a fine for not having health insurance). No Child Only policies.

## **STEP 3** Sign up for coverage today!

- Sign up online at *QualChoice.com*, by phone or on paper.
- Sign up during the Open Enrollment Period (OEP). Dates may vary.
- You may qualify for a Special Enrollment Period (SEP) if you have a qualifying event (a life change such as the birth of a child, marriage or divorce).

Must be a permanent Arkansas resident and a legal resident of the United States or a U.S. citizen. You must use a Primary Care Physician (PCP) to direct your care.

To learn more call 866.645.1790 and ask to speak to an IQChoice Representative.

These policies have exclusions. For costs and complete details of coverage, call your IQChoice Representative, or your insurance broker.

