IQ Choice®
Individual Health Plans from QualChoice

Underwritten by QCA Health Plan, Inc.

Benefits-at-a-Glance | 2019 Individual Classic POS Plans

CLASSIC	Gold Classic 2000		Silver Classic 6500	
	In-Network *You Pay*	**Out-of-Network** *You Pay*	**In-Network** *You Pay*	**Out-of-Network** *You Pay*
Individual/Family Deductible*	$2,000/$4,000	$4,000/$8,000	$6,500/$13,000	$13,000/$25,000
Coinsurance	30%	50%	50%	50%
Individual/Family Out-of-Pocket Maximum**	$4,000/$8,000	$8,000/$16,000	$7,350/$14,700	$14,700/$25,000
Preventive Care	No Cost to You	Not Covered	No Cost to You	Not Covered
Primary Care Physician (PCP) Office Visit	$25	Deductible & Coinsurance	$45	Deductible & Coinsurance
Specialty Physician Office Visit	$50	Deductible & Coinsurance	$80	Deductible & Coinsurance
Inpatient Hospital Stay	Deductible & Coinsurance	Deductible & Coinsurance	$800/Day + Deductible	Deductible & Coinsurance
Outpatient	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Urgent Care Center	$60	Deductible & Coinsurance	$100	Deductible & Coinsurance
Emergency Services	$100	$100	Deductible & Coinsurance	Same as In-Network
Pediatric Dental†	Deductible & Coinsurance Dental Check-up: $50	Deductible & Coinsurance	Deductible & Coinsurance Dental Check-up: $80	Deductible & Coinsurance
Prescription Drugs	$10/$35/$65/$200	Not Covered	$20/$80/$100/$350	Not Covered

**All individual deductible amounts count toward satisfaction of the family deductible. An individual will not have to pay more than the individual deductible amount.*

***All individual out-of-pocket amounts will count toward the satisfaction of the family out-of-pocket limit, but an individual will not have to pay more than the individual out-of-pocket limit for covered charges.*

†Plans are available with or without pediatric dental if you have a stand-alone Affordable Care Act certified dental plan. Pediatric dental services are required by the Affordable Care Act.

Note: This is a summary of benefits only. Please see your Policy for full details. To receive maximum benefits, use In-Network providers and facilities.

QualChoice does not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation, or health status in the administration of the plan, including enrollment and benefit determinations.

1810 MK 017 10/2018

IQ Choice® Individual Health Plans from QualChoice

Underwritten by QCA Health Plan, Inc.

Benefits-at-a-Glance | 2019 Individual Classic Saver POS Plans

CLASSIC SAVER	Silver Classic Saver 4000*		Bronze Classic Saver 5000*	
	In-Network You Pay	**Out-of-Network** You Pay	**In-Network** *You Pay*	**Out-of-Network** *You Pay*
Individual/Family Deductible**	$4,000/$8,000	$8,000/$16,000	$5,000/$10,000	$10,000/$20,000
Coinsurance	45%	50%	50%	50%
Individual/Family Out-of-Pocket Maximum***	$5,250/$10,500	$10,500/$21,000	$6,450/$12,900	$12,900/$25,000
Preventive Care	No Cost to You	Not Covered	No Cost to You	Not Covered
Primary Care Physician (PCP) Office Visit	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Specialty Physician Office Visit	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Inpatient Hospital Stay	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Outpatient	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Urgent Care Center	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Emergency Services	Deductible & Coinsurance	Same as In-Network	Deductible & Coinsurance	Same as In-Network
Pediatric Dental†	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
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 have to pay more than the individual deductible amount.*

****All individual out-of-pocket amounts will count toward the satisfaction of the family out-of-pocket limit, but an individual will not have to pay more than the individual out-of-pocket limit for covered charges.*

†Plans are available with or without pediatric dental if you have a stand-alone Affordable Care Act certified dental plan. Pediatric dental services are required by the Affordable Care Act.

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1810 MK 017 10/2018

IQ CHOICE®
Individual Health Plans from QualChoice

Benefits-at-a-Glance | 2019 Individual POS Plans

Underwritten by QCA Health Plan, Inc.

CATASTROPHIC*	In-Network *You Pay*	Out-of-Network *You Pay*
Individual/Family Deductible**	$7,900/$15,800	$12,000/$24,000
Coinsurance	0%	20%
Individual/Family Out-of-Pocket Maximum***	$7,900/$15,800	$15,800/$25,000
Preventive Care	No Cost to You	Not Covered
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
Inpatient Hospital Stay	Deductible	Deductible & Coinsurance
Outpatient	Deductible	Deductible & Coinsurance
Urgent Care Center	Deductible	Deductible & Coinsurance
Emergency Services	Deductible	Same as In-Network
Pediatric Dental†	Deductible	Deductible & Coinsurance
Prescription Drugs	Deductible	Not Covered

*For people under age 30 or those who qualify for a hardship exemption.

**All individual deductible amounts count toward satisfaction of the family deductible. An individual will not have to pay more than the individual deductible amount.

***All individual out-of-pocket amounts will count toward the satisfaction of the family out-of-pocket limit, but an individual will not have to pay more than the individual out-of-pocket limit for covered charges.

†Plans are available with or without pediatric dental if you have a stand-alone Affordable Care Act certified dental plan. Pediatric dental services are required by the Affordable Care Act.

Note: This is a summary of benefits only. Please see your Policy for full details. To receive maximum benefits, use In-Network providers and facilities.

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IQ Choice® Individual Health Plans from QualChoice

Underwritten by QCA Health Plan, Inc.

Benefits-at-a-Glance | 2019 Individual Basic HMO Plans

BASIC	Gold Basic 2000		Silver Basic 6500	
	In-Network *You Pay*	**Out-of-Network** *You Pay*	**In-Network** *You Pay*	**Out-of-Network** *You Pay*
Individual/Family Deductible*	$2,000/$4,000	Not Covered	$6,500/$13,000	Not Covered
Coinsurance	30%	Not Covered	50%	Not Covered
Individual/Family Out-of-Pocket Maximum**	$4,000/$8,000	Not Covered	$7,350/$14,700	Not Covered
Preventive Care	No Cost to You	Not Covered	No Cost to You	Not Covered
Primary Care Physician (PCP) Office Visit	$25	Not Covered	$45	Not Covered
Specialty Physician Office Visit	$50	Not Covered	$80	Not Covered
Inpatient Hospital Stay	Deductible & Coinsurance	Not Covered	$800/Day + Deductible	Not Covered
Outpatient	Deductible & Coinsurance	Not Covered	Deductible & Coinsurance	Not Covered
Urgent Care Center	$60	Not Covered	$100	Not Covered
Emergency Services	$100	$100	Deductible & Coinsurance	Deductible & Coinsurance
Pediatric Dental†	Deductible & Coinsurance Dental Check-up: $50	Not Covered	Deductible & Coinsurance Dental Check-up: $80	Not Covered
Prescription Drugs	$10/$35/$65/$200	Not Covered	$20/$80/$100/$350	Not Covered

**All individual deductible amounts count toward satisfaction of the family deductible. An individual will not have to pay more than the individual deductible amount.*

***All individual out-of-pocket amounts will count toward the satisfaction of the family out-of-pocket limit, but an individual will not have to pay more than the individual out-of-pocket limit for covered charges.*

†Plans are available with or without pediatric dental if you have a stand-alone Affordable Care Act certified dental plan. Pediatric dental services are required by the Affordable Care Act.

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IQ Choice®
Individual Health Plans from QualChoice

Benefits-at-a-Glance | 2019 Individual Basic Saver HMO Plans

Underwritten by QCA Health Plan, Inc.

BASIC SAVER	Silver Basic Saver 4000*		Bronze Basic Saver 5000*	
	In-Network *You Pay*	**Out-of-Network** *You Pay*	**In-Network** *You Pay*	**Out-of-Network** *You Pay*
Individual/Family Deductible**	$4,000/$8,000	Not Covered	$5,000/$10,000	Not Covered
Coinsurance	45%	Not Covered	50%	Not Covered
Individual/Family Out-of-Pocket Maximum***	$5,250/$10,500	Not Covered	$6,450/$12,900	Not Covered
Preventive Care	No Cost to You	Not Covered	No Cost to You	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
Inpatient Hospital Stay	Deductible & Coinsurance	Not Covered	Deductible & Coinsurance	Not Covered
Outpatient	Deductible & Coinsurance	Not Covered	Deductible & Coinsurance	Not Covered
Urgent Care Center	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).*

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Non-Discrimination and Accessibility Notice

QualChoice complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. QualChoice does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

QualChoice:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact Customer Service at (501) 228-7111. If you believe that QualChoice has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

QualChoice Civil Rights Coordinator
QualChoice
P.O. Box 25610
Little Rock, AR 72221-5610
(501) 228-7111
Fax #: 501-707-6729
QCA_COE@qualchoice.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the QualChoice Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-868-1019, 800-537-7697 (TDD). Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

Notice of Discrimination Grievance Procedures

It is the policy of QualChoice not to discriminate on the basis of race, color, national origin, sex, age or disability. QualChoice has adopted an internal grievance procedure providing for prompt and equitable resolution of complaints alleging any action prohibited by Section 1557 of the Affordable Care Act (42 U.S.C. 18116) and its implementing regulations at 45 CFR part 92, issued by the U.S. Department of Health and Human Services. Section 1557 prohibits discrimination on the basis of race, color, national origin, sex, age or disability in certain health programs and activities. Section 1557 and its implementing regulations may be examined in the office of the QualChoice Civil Rights Coordinator, who has been designated to coordinate the efforts of QualChoice to comply with Section 1557 (the "Section 1557 Coordinator"):

QualChoice Civil Rights Coordinator
QualChoice
P.O. Box 25610
Little Rock, AR 72221-5610
(501) 228-7111
Fax #: 501-707-6729
QCA_COE@qualchoice.com

Any person who believes someone has been subjected to discrimination on the basis of race, color, national origin, sex, age or disability may file a grievance under this procedure. It is against the law for QualChoice to retaliate against anyone who opposes discrimination, files a grievance, or participates in the investigation of a grievance.

Procedure:

- Grievances must be submitted to the Section 1557 Coordinator within sixty (60) days of the date the person filing the grievance becomes aware of the alleged discriminatory action.
- A complaint must be in writing, containing the name and address of the person filing it. The complaint must state the problem or action alleged to be discriminatory and the remedy or relief sought.
- The Section 1557 Coordinator (or her/his designee) shall conduct an investigation of the complaint. This investigation may be informal, but it will be thorough, affording all interested persons an opportunity to submit evidence relevant to the complaint. The Section 1557 Coordinator will maintain the files and records of QualChoice relating to such grievances. To the extent possible, and in accordance with applicable law, the Section 1557 Coordinator will take appropriate steps to preserve the confidentiality of files and records relating to grievances and will share them only with those who have a need to know.
- The Section 1557 Coordinator will issue a written decision on the grievance, based on a preponderance of the evidence, no later than thirty (30) days after its filing, including a notice to the complainant of their right to pursue further administrative or legal remedies.
- The person filing the grievance may appeal the decision of the Section 1557 Coordinator by writing to the Vice President Corporate Responsibility within fifteen (15) days of receiving the Section 1557 Coordinator's decision. The Vice President Corporate Responsibility shall issue a written decision in response to the appeal no later than thirty (30) days after its filing.

The availability and use of this grievance procedure does not prevent a person from pursuing other legal or administrative remedies, including filing a complaint of discrimination on the basis of race, color, national origin, sex, age or disability in court or with the U.S. Department of Health and Human Services, Office for Civil Rights. A person can file a complaint of discrimination electronically through the Office for Civil Rights Complaint Portal, which is available at: https://ocrportal.hhs.gov/ocr/portal/lobby.jsf , or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201.

Complaint forms are available at: http://www.hhs.gov/ocr/office/file/index.html. Such complaints must be filed within 180 days of the date of the alleged discrimination. QualChoice will make appropriate arrangements to ensure that individuals with disabilities and individuals with limited English proficiency are provided auxiliary aids and services or language assistance services, respectively, if needed to participate in this grievance process. Such arrangements may include, but are not limited to, providing qualified interpreters, providing taped cassettes of material for individuals with low vision, or assuring a barrier-free location for the proceedings. The Section 1557 Coordinator will be responsible for such arrangements.

QualChoice offers help for members with limited English proficiency (LEP). The following statement is printed in the top languages used in Arkansas, as required by the Federal government:

ATTENTION: Language assistance services, free of charge, are available to you. Call 1-800-235-7111 (TTY: 711).

Spanish
ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-235-7111 (TTY: 711).

Vietnamese
CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-235-7111 (TTY: 711).

Marshallese
LALE: Ñe kwōj kōnono Kajin Ṃajōḷ, kwomaroñ bōk jerbal in jipañ ilo kajin ṇe aṃ ejjeḷọk wōṇāān. Kaalọk 1-800-235-7111 (TTY: 711).

Chinese
注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-235-7111 (TTY: 711).

Lao
ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຣ 1-800-235-7111 (TTY: 711).

Tagalog
PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-235-7111 (TTY: 711).

Arabic
ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-235-7111 (رقمهاتف الصم والبكم: 711).

German
ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-235-7111 (TTY: 711).

French
ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-235-7111 (ATS: 711).

Hmong
LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-800-235-7111 (TTY: 711).

Korean
주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-235-7111 (TTY: 711) 번으로 전화해 주십시오.

Portuguese
ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-235-7111 (TTY: 711).

Japanese
注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-235-7111 (TTY: 711)s まで、お電話にてご連絡ください。

Hindi
ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-235-7111 (TTY: 711) पर कॉल करें।

Gujarati
સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-235-7111 (TTY: 711).