



Health Insurance Marketplace

2019 Individual & Family Plans

Why QualChoice is the Quality Choice

QualChoice individual and family plans are the quality choice when shopping for coverage on the Health Insurance Marketplace. We offer a range of plans to meet your needs. Whether you need higher or lower coverage – we have the answer for you!

Many Options for Your Needs

We offer Affordable Care Act health plans (Gold, Silver, Bronze and Catastrophic) designed to meet your special needs. Add our local, personal service and you have the quality choice for health insurance.

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 members 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.

Broad Range of Covered Drugs

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

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. They can help you find the right doctors, handle health problems or improve your fitness.

Health and Fitness Savings

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

*Source: QualChoice Customer Satisfaction Survey, 2017

5 Steps to Quality Health Insurance

STEP 1

Find out where to shop, based on your earnings.

If you are not covered by an employer's plan, your earning level will impact where you shop for insurance. Go to [HealthCare.gov](https://www.healthcare.gov) to see if you can get government help or a tax credit.

If your income is above 400% of the federal poverty level*	Shop for insurance at QualChoice.com or with a broker for the most options.
If your income is up to 400% of the federal poverty level*	You may qualify for government help or a tax credit. Shop on the Health Insurance Marketplace at HealthCare.gov .
If your income is at or below the federal poverty level* and you are not on Medicare	Apply for an Arkansas Works (formerly called Private Option) plan at Access.Arkansas.gov . Or contact Arkansas Medicaid or the Children's Health Insurance Program to learn more.

*The federal poverty level is \$12,140 for an individual. Learn more at www.hhs.gov.

STEP 2

Learn the meaning of insurance terms.

- **Coinsurance:** Your share of the costs of a covered healthcare service, as a percent (for example, 20%) of the allowed amount for the service.
- **Copayment:** A fixed amount (such as \$25) you pay for a covered healthcare service, usually at the time of service. The amount can differ by the type of service.
- **Deductible:** The amount you owe for covered healthcare services before your health insurance plan starts to pay.
- **Out-of-pocket Cost:** The amount you owe for covered healthcare services during a calendar year before your health insurance plan starts to pay 100% of the allowed amount.
- **PCP:** Primary Care Physician, or your family doctor. With the plans listed here, you must use a PCP to direct your care and refer you to any specialists.

STEP 3

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

Complete Coverage

Predictable Costs and Clearly Defined Copayments

Our individual plans provide traditional coverage, with copayments and deductibles, much like in employer-sponsored plans. They're great for budget-minded people who want to know up front what their costs will be for common services — and who need coverage for the unexpected. Deductible and coinsurance apply to less commonly used services.



Gold

- Enhanced coverage for your medical needs
- Preventive care covered at 100%
- Low office visit copayments
- Lowest prescription drug copayment
- Coverage for in-network or out-of-network services



Silver

- Lower costs for balanced coverage
- Preventive care covered at 100%
- Lower premium with higher shared costs (copayments)
- Low prescription drug copayment
- Coverage for in-network or out-of-network services



Silver Saver

- Basic coverage for accidents and illness
- Preventive care covered at 100%
- Low-cost protection for peace of mind
- Coverage for in-network or out-of-network services



Bronze Saver

- Basic coverage for accidents and illness
- Preventive care covered at 100%
- Low-cost protection for peace of mind
- Coverage for in-network or out-of-network services



Catastrophic

- For people under age 30 or those who qualify for a hardship exemption
- Coverage for unexpected illness and injury
- First three primary care visits are free
- Preventive care covered at 100%
- Coverage for in-network or out-of-network services



STEP 4

Choose the plan that's right for you.

	Gold Classic 2000/Gold 2000		Silver Classic Saver 4000/Silver Saver 4000*	
	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	\$4,000/\$8,000	\$8,000/\$16,000
Coinsurance	30%	50%	45%	50%
Individual/Family Out-of-Pocket Limit***	\$4,000/\$8,000	\$8,000/\$16,000	\$5,250/\$10,500	\$10,500/\$21,000
Primary Care Physician (PCP) Office Visit	\$25	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Specialty Physician Office Visit	\$50	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Emergency Services	\$100	\$100	Deductible & Coinsurance	Same as In-Network
Prescription Drugs	\$10/\$35/\$65/\$200	Not Covered	Deductible & Coinsurance	Not Covered

	Silver Classic 6500/Silver 6500		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**	\$6,500/\$13,000	\$13,000/\$25,000	\$5,000/\$10,000	\$10,000/\$20,000
Coinsurance	50%	50%	50%	50%
Individual/Family Out-of-Pocket Limit***	\$7,350/\$14,700	\$14,700/\$25,000	\$6,450/\$12,900	\$12,900/\$25,000
Primary Care Physician (PCP) Office Visit	\$45	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Specialty Physician Office Visit	\$80	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Emergency Services	Deductible & Coinsurance	Same as In-Network	Deductible & Coinsurance	Same as In-Network
Prescription Drugs	\$20/\$80/\$100/\$350	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.

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 Limit***	\$7,900/\$15,800	\$15,800/\$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 & Coinsurance after 3rd visit	Deductible & Coinsurance
Specialty Physician Office Visit	Deductible	Deductible & Coinsurance
Emergency Services	Deductible	Deductible
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.

Benefit Notes

- Some services require pre-authorization (pre-approval) by QualChoice, for both in- and out-of-network benefits.
- Mental Health and Substance Use Disorder: Specialist cost sharing applies to in-network office visit; all other outpatient services are subject to the deductible and coinsurance.
- Transplants and transplant-related services must be coordinated by QualChoice, performed at a QualChoice-approved facility, and are paid at the in-network benefit level.
- Preventive health benefits are meant for early detection of diseases in a member who has no symptoms or has had no findings suggestive of those diseases. Tests or screenings not recommended by the United States Preventive Services Task Force (USPSTF) or approved QualChoice Medical Coverage Policies are not covered as part of the preventive health benefit. Services considered to be preventive are subject to change at any time to align with USPSTF guidelines and QualChoice Medical Coverage Policies.
- Out-of-network services received outside the state of Arkansas for non-emergency health services require pre-authorization.
- Therapy provided and billed by a licensed physical, occupational, or speech therapist: PCP cost sharing applies.
- The following services are not covered out-of-network:
 - Chiropractic
 - Diabetes care management
 - Drug testing
 - Durable medical equipment
 - Genetic testing
 - Habilitative services
 - Infertility (where covered by the plan)
 - Pharmacy
 - Preventive health benefits
 - Rehabilitation services
 - Routine foot care
 - Skilled nursing and inpatient rehabilitation
 - Smoking cessation

Get a quote and review plan features and ***Summary of Benefits and Coverage*** for each plan at [QualChoice.com](https://www.QualChoice.com).



STEP 5

Sign up for coverage today!

- Sign up online at ***HealthCare.gov***, by phone or on paper.
- Sign up during an 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).

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.

To sign up, visit **[HealthCare.gov](https://www.healthcare.gov)** or **[AccessArkansas.gov](https://www.accessarkansas.gov)**.

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.

QualChoice[®]
HEALTH INSURANCE

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 Majōl, kwomaroñ bōk jerbāl in jipañ ilo kajin ñe am ejjelōk wōṇāān. Kaalōk 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

ໂປດຊາວ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ຄ່າ, ແມ່ນມີຮ່ວມໃຫ້ທ່ານ. ໂທ 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 (رقم هاتف 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)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 નિઃશુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-235-7111 (TTY: 711).