



BlueAdvantage Administrators of Arkansas

An Independent Licensee of the Blue Cross and Blue Shield Association

NORTHWEST ARKANSAS COMMUNITY COLLEGE Effective January 1, 2019

| | SELF-INSURED PREFERRED PROVIDER ORGANIZATION | |
|---|---|--|
| | IN-NETWORK | OUT-OF-NETWORK |
| | MEMBER PAYS | |
| Deductible (per Calendar Year) Individual Family (Aggregate) | \$1,000 \$2,750 | |
| Co-insurance | 20% | 40% |
| Out of-Pocket Limits (Annual) after Deductible Individual (Maximum) Family (Maximum) (After out-of-pocket is met, eligible charges paid at 100%. Out-of-pocket calculated individually on a calendar year basis.) | \$2,000 \$6,000 | Unlimited Unlimited |
| Physician Services Primary Care Physician (PCP) office visits Specialist office visits Specialty Services provided by Specialist | \$25 Co-Pay Deductible + 20% Deductible + 20% | Deductible + 40% Deductible + 40% Deductible + 40% |
| Preventive Care Services - Subject to PPACA guidelines 1. Immunizations 2. Well-Baby Care 3. Well Child Care 4. Physical Exam-Adults 5. Routine Gynecological Exam 6. Routine Mammogram (including 3D) | \$0 | Non Covered |
| Inpatient Services/Outpatient Services Inpatient Medical Care (Semi-private room) Diagnostic Testing (Lab & X-ray, Services & procedures outside the PCP's office) Outpatient Surgical Services | Deductible + 20% Deductible + 20% Deductible + 20 % | Deductible + 40% Deductible + 40% Deductible + 40% |
| Pre-notification Required of Hospital Admission | Please call 1-800-451-7302 | |
| Emergency Room Services Emergency Services Non-Emergency Services in ER | Deductible + 20% Non Covered | Deductible + 20% Non Covered |
| Supplemental Accident Endorsement (S.A.E.) (See certificate for limitation) | Deductible waived 20% | Deductible waived 20% |
| Ambulance Services Ground/Water - \$1,000 per trip/no trip limit Air Ambulance - \$20,000 per trip/1 trip per Calendar Year | Deductible + 20% Deductible + 20% | Deductible + 40% Deductible + 40% |

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| Other Services Therapy Occupational/Physical Therapy Combined - Limited to 30 visits per Calendar Year Speech Therapy – Limited to 25 visits per Calendar Year Chiropractic-Combined visit limit with OT/ PT Bariatric Surgery –Must be pre-approved | \$25 Co-pay could apply + Deductible + 20% Deductible + 20% Deductible + 20% Contracted rate w/Roller Weight Loss | \$25 Co-pay could apply + Deductible + 40% Deductible + 40% Deductible + 40% Deductible + 40% |
| Home Health Services Limited to 40 visits per Calendar Year Hospice Organ Transplants (see certification) | Deductible + 20% Pre-authorized thru Medical Management Pre-authorized thru Medical Management | Deductible + 40% |
| Maternity Services Routine Prenatal Outpatient Care Inpatient Maternity Services | Deductible + 20% Deductible + 20% | Deductible + 40% Deductible + 40% |
| Special Delivery Program (Special program to ensure proper care for expectant mothers.) | Please call 1-800-742-6457 | |
| Diabetic Supplies | Deductible waived + 20% | Deductible waived + 40% |
| Durable Medical Equipment & Medical Supplies | Deductible + 20% | Deductible + 40% |
| Mental Health & Substance Abuse –Office Visit All other MH Services | \$25 Co-pay Deductible + 20% | Deductible + 40% Deductible + 40% |
| Prescription Deductible Prescription Drug Card (Maximum 34 day supply per copay) | \$100 per member Tier 1/Generic - \$15 Co-pay Tier 2/Preferred – \$55 Co-pay Tier 3/Non-Preferred – \$125 Co-pay Tier 4/Discount Only | Out-of-Network Pharmacies not covered Effective 1-1-18 Walgreens is no longer In-Network |
| Provider Locator | www.blueadvantagearkansas.com True Blue PPO | |
| Lifetime Maximum | No Limit | |

This document is a brief outline of the services covered by Northwest Arkansas Community College. Your Summary Plan Document completely describe the benefits, limitations, and exclusions under this plan. In the event of any inconsistency between this document and the Summary Plan Document, the Summary Plan Document will prevail.

WELLNESS BENEFIT

The following services are covered, not subject to your deductible or any applicable co-payments, per PPACA guidelines for each covered person.

Adult Routine Physical Exam, Including:

- Initial evaluation
- Examination
- Appropriate lab tests
- PSA tests

Routine Gynecological Examinations, Including:

- Routine pelvic exams
- Routine PAP smears
- Routine mammography (including 3D)

The following child wellness services will be paid as noted within PPACA guidelines.

Preventive Child Care

The Wellness Benefit for preventive child care is for children from birth through age 18, according to PPACA guidelines and covered benefits shown below. Covered preventive child care includes:

- Medical history
- Physical exams
- Routine tests
- Appropriate immunizations
- Lab tests

Link to PPACA guidelines is listed below:

<http://www.arkansasbluecross.com/members/preventive.aspx>