

2008 Plan Year Schedule of Benefit

Behavioral Health & Substance Abuse Services

Covered Benefits and Services*	ARHealth			ARHealth HD PPO	
	In-Network Copayment	In-Network Coinsurance	Out-of-Network Charges	In-Network Coinsurance	Out-of-Network Coinsurance
Deductible - Individual	-	\$0	\$1,000	\$1,250	\$3,000
Deductible - Family	-	\$0	\$2,000	\$2,500	\$6,000
* Subject to same deductible as medical plan					
Annual Coinsurance Limit - Individual (after deductible)	-	\$1,000	\$1,250	\$2,500	\$5,000
Annual Coinsurance Limit - Family (after deductible)	-	\$2,000	\$1,875	\$5,000	\$10,000
Initial Behavioral Health Benefit	\$0	0%	Not Covered	0%	Not Covered
* Must call Arkansas Help Line at 1-866-378-1645					
Traditional Out-Patient Services	\$25	0%	\$25 copay + 25% coins.	20%	40%
In-Patient Services	\$250	10%	\$300 copay + 35% coins.	20%	40%
* Copayment charged per admission for the POS Plan					
Out-Patient Services (partial hospital / day treatment)	\$0	25%	\$0 copay + 25% coins.	20%	40%
Out-Patient Services (Intensive Out-patient)	\$0	0%	\$125 copay + 45% coins.	20%	40%
* Out-of-Network copayment applies to first visits only					
Residential Treatment	\$0	10%	35% coins.	20%	40%