

# SCHEDULE OF BENEFITS

Pre-existing Condition Insurance Plan (PCIP)  
Administered by the Arkansas Comprehensive Health Insurance Pool (CHIP)

*Refer to your Policy Form for a full explanation of your benefits, the limitations on these benefits, and the services that are not covered.*

**BENEFIT DESCRIPTION:**

**Lifetime Maximum Benefit**

Aggregate Lifetime \$1,000,000

**Calendar Year Deductible**

\$1,000

**In-Network - Out of Pocket Maximum**

*Does not include Pre-Certification Penalty or any services subject to a Copay. .*

\$1,000 + Calendar Year Deductible

**Out-of-Network - Out of Pocket Maximum**

*Out-of-Network facilities/providers may bill for balances over the CHIP payment level in addition to the deductible and Co-Insurance amount.*

Unlimited

**Co-Insurance**

**In-Network†**

**Out-of-Network†**

Hospital, Physical Illness

80%

60%

Mental or Nervous Disorders

80%

60%

*Subject to \$4,000 annual limit*

Chemical or Drug Dependency

80%

60%

*Subject to \$4,000 annual limit*

All Other Types of Covered Expenses

80%

60%

† After In-Network Out-of-Pocket Maximum met, In-Network Co-Insurance is paid at 100% and Out-of-Network Coinsurance is paid at 80% for the remainder of the calendar year.

**Wellness Care\***

**In-Network**

**Out-of-Network**

Routine Physical, Well Child or Well Baby Exam  
*(Limit one per year)*

\$25 Copay

Not Covered

Routine Mammography Screening  
*(Limit one for women age 35-39, one every two years for women age 40-49, and one per year for women age 50 and older)*

\$25 Copay

Not Covered

Routine Pap Smear  
*(Limit one per year for women age 18 and older)*

\$25 Copay

Not Covered

Routine Prostate Exam Screening  
*(Limit one per year for men age 50 and older)*

\$25 Copay

Not Covered

**Prescription Drugs\***

Most subject to Copay: \$10 (generic); \$30 (preferred); \$70 (non-preferred).

\* Services for which a Copay is charged are not subject to the Annual Deductible.

**PRE-CERTIFICATION FOR INPATIENT CARE:** For admissions to hospitals and other inpatient facilities, telephone 1-800-451-7302. Failure to Pre-Certify may result in a \$500 penalty being applied.

**Call SPECIAL DELIVERY at 1-800-742-6457** as soon as you become aware of your pregnancy in order to receive free educational materials and coupons by mail that encourage good health practices during your pregnancy. Let us help make your delivery a *Special Delivery*.

**QUESTIONS:** If you have any questions, please call 1-800-285-6477.