

PY2026 ARHOME Appendix C		
Service	0% FPL to 20% FPL	21% FPL to 138% FPL
Office Visits and Outpatient Services		
Physician visit (including PCP/specialist/audiologist/podiatrist visit, excluding preventive services and X-ray)		\$4.70
Preventative Care/Screening/Immunizations/EPSTD	\$0.00	\$0.00
Other Practitioner Office Visit (Nurse, Physician Assistant)	\$0.00	\$4.70
Federally Qualified Health Center (FQHC)	\$0.00	\$4.70
Rural Health Clinic	\$0.00	\$4.70
Ambulatory Surgical Center	\$0.00	\$4.70
Family planning services and supplies (including contraceptives)	\$0.00	\$0.00
Chiropractor	\$0.00	\$4.70
Acupuncture	Not covered	Not covered
Nutritional Counseling	\$0.00	\$4.70
Pharmacy		
Generics	\$0.00	\$4.70
Preferred Brand Drugs	\$0.00	\$4.70
Non-Preferred Brand Drugs	\$0.00	\$9.40
Specialty Drugs (i.e., High-Cost)	\$0.00	\$9.40
Testing and Imaging		
X-rays and Diagnostic Imaging	\$0.00	\$4.70
Imaging (CT/Pet Scans, MRIs)	\$0.00	\$4.70
Laboratory Outpatient and Professional Services	\$0.00	\$4.70
Allergy Testing	\$0.00	\$4.70
Inpatient Services		
All Inpatient Hospital Services (including MH/SUD)	\$0.00	\$0.00
Emergency and Urgent Care		
Emergency Room Services	\$0.00	\$0.00
Non-Emergency Use of the Emergency Department	\$0.00	\$9.40
Emergency Transportation/Ambulance	\$0.00	\$0.00
Urgent Care Centers or Facilities	\$0.00	\$4.70
Durable Medical Equipment		
Durable Medical Equipment	\$0.00	\$4.70
Prosthetic Devices	\$0.00	\$4.70
Orthotic Appliances	\$0.00	\$4.70
Mental and Behavioral Health and Substance Abuse		
All Inpatient Hospital Services (including MH/SUD)	\$0.00	\$0.00
Mental/Behavioral Health and SUD Outpatient Services	\$0.00	\$4.70
Rehabilitation and Habilitation		
Rehabilitative Occupational Therapy	\$0.00	\$4.70
Rehabilitative Speech Therapy	\$0.00	\$4.70
Rehabilitative Physical Therapy	\$0.00	\$4.70
Outpatient Rehabilitation Services	\$0.00	\$4.70
Habilitation Services	\$0.00	\$4.70
Surgery		
Inpatient Physician and Surgical Services	\$0.00	\$0.00
Outpatient Surgery Physician/Surgical Services	\$0.00	\$4.70
Treatments and Therapies		
Chemotherapy	\$0.00	\$4.70
Radiation	\$0.00	\$4.70
Infertility Treatment (except IVF)	Not covered	Not covered
In Vitro Fertilization N/A to HMOs	\$0.00	\$0.00
Infusion Therapy	\$0.00	\$4.70
Hyperalimentation	\$0.00	\$4.70
Vision		
Routine Eye Exam	Not covered	Not covered
Dental		
Basic Dental Services	Not covered	Not covered
Accidental Dental	\$0.00	\$4.70
Orthodontia	Not covered	Not covered
Women's Services		
Delivery and all Inpatient services for maternity care	\$0.00	\$0.00
Prenatal and postnatal care	\$0.00	\$0.00
Other		
Eyeglasses for Adults	Not covered	Not covered
Diabetes Education	\$0.00	\$0.00
Skilled Nursing Facility	\$0.00	\$0.00
Home health Care Services	\$0.00	\$4.70
Private-Duty Nursing	Not covered	Not covered
Hospice Services	\$0.00	\$0.00
End Stage Renal Disease Services (Dialysis)	\$0.00	\$0.00
Hearing Aids	\$0.00	\$0.00
Personal Care	Not covered	Not covered

0%-20% FPL	
Service Specific Deductibles:	
Medical	\$0
Pharmacy	
Total Out-of-Pocket Max (all services combined):	\$0
Quarterly Member Out-of-Pocket Max (all services combined):	\$0

>20%-40% FPL	
Service Specific Deductibles:	
Medical	\$1,907
Pharmacy	
Total Out-of-Pocket Max (all services combined):	\$2,015
Quarterly Member Out-of-Pocket Max (all services combined):	\$27

>40%-60% FPL	
Service Specific Deductibles:	
Medical	\$1,909
Pharmacy	
Total Out-of-Pocket Max (all services combined):	\$2,125
Quarterly Member Out-of-Pocket Max (all services combined):	\$54

>60%-80% FPL	
Service Specific Deductibles:	
Medical	\$1,911
Pharmacy	
Total Out-of-Pocket Max (all services combined):	\$2,235
Quarterly Member Out-of-Pocket Max (all services combined):	\$81

>80%-100% FPL	
Service Specific Deductibles:	
Medical	\$1,913
Pharmacy	
Total Out-of-Pocket Max (all services combined):	\$2,345
Quarterly Member Out-of-Pocket Max (all services combined):	\$108

>100%-120% FPL	
Service Specific Deductibles:	
Medical	\$1,915
Pharmacy	
Total Out-of-Pocket Max (all services combined):	\$2,455
Quarterly Member Out-of-Pocket Max (all services combined):	\$135

>120%-138% FPL	
Service Specific Deductibles:	
Medical	\$1,918
Pharmacy	
Total Out-of-Pocket Max (all services combined):	\$2,570
Quarterly Member Out-of-Pocket Max (all services combined):	\$163