

**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2027**

**BlueCare PPO PLUS
Policy Forms: 17-184**

Deductible				
In-Network	\$500		\$500	
Out-of-Network	\$1,000		\$1,000	
Stop Loss Amount:				
In-Network	\$5,000		\$10,000	
Out-of-Network	\$10,000		\$20,000	
Coinsurance				
In-Network	80%/20%		80%/20%	
Out-of-Network	60%/40%		60%/40%	
	Male	Female	Male	Female
Individual				
0-1	\$1,348.85	\$1,348.85	\$1,296.90	\$1,296.90
2-12	\$454.03	\$454.03	\$436.66	\$436.66
13-17	\$454.03	\$702.59	\$436.66	\$675.60
18-24	\$454.03	\$702.59	\$436.66	\$675.60
25-29	\$550.79	\$904.90	\$529.70	\$870.00
30-34	\$618.19	\$1,056.75	\$594.42	\$1,015.99
35-39	\$745.18	\$1,267.35	\$716.56	\$1,218.54
40-44	\$893.39	\$1,452.09	\$858.89	\$1,396.23
45-49	\$1,187.87	\$1,672.77	\$1,142.07	\$1,608.50
50-54	\$1,591.07	\$1,908.47	\$1,529.87	\$1,835.14
55-59	\$2,298.44	\$2,376.60	\$2,210.00	\$2,285.18
60-64	\$3,205.02	\$2,904.17	\$3,081.79	\$2,792.42
65-69	\$4,006.35	\$3,630.24	\$3,852.28	\$3,490.60
Individual and Spouse				
00-24	\$1,088.51	\$1,088.51	\$1,046.74	\$1,046.74
25-29	\$1,370.01	\$1,370.01	\$1,317.30	\$1,317.30
30-34	\$1,576.48	\$1,576.48	\$1,515.77	\$1,515.77
35-39	\$1,894.00	\$1,894.00	\$1,821.10	\$1,821.10
40-44	\$2,207.34	\$2,207.34	\$2,122.46	\$2,122.46
45-49	\$2,602.15	\$2,602.15	\$2,502.17	\$2,502.17
50-54	\$3,246.27	\$3,246.27	\$3,121.46	\$3,121.46
55-59	\$4,335.49	\$4,335.49	\$4,168.60	\$4,168.60
60-64	\$5,664.31	\$5,664.31	\$5,446.46	\$5,446.46
65-69	\$7,080.19	\$7,080.19	\$6,807.92	\$6,807.92
Individual and Child				
00-24	\$1,201.54	\$1,509.28	\$1,155.43	\$1,451.19
25-29	\$1,321.36	\$1,759.51	\$1,270.54	\$1,691.78
30-34	\$1,404.74	\$1,947.44	\$1,350.73	\$1,872.52
35-39	\$1,561.90	\$2,207.88	\$1,501.90	\$2,123.03
40-44	\$1,745.20	\$2,436.62	\$1,678.02	\$2,342.79
45-49	\$1,954.41	\$2,504.88	\$1,879.16	\$2,408.58
50-54	\$2,203.87	\$2,533.16	\$2,119.01	\$2,435.74
55-59	\$2,937.43	\$3,018.63	\$2,824.50	\$2,902.60
60-64	\$3,877.95	\$3,565.92	\$3,728.77	\$3,428.73
65-69	\$4,847.42	\$4,457.43	\$4,660.96	\$4,285.98
Individual, Spouse, and Child				
00-24	\$1,895.15	\$1,895.15	\$1,822.20	\$1,822.20
25-29	\$2,233.63	\$2,233.63	\$2,147.70	\$2,147.70
30-34	\$2,481.89	\$2,481.89	\$2,386.36	\$2,386.36
35-39	\$2,863.95	\$2,863.95	\$2,753.73	\$2,753.73
40-44	\$3,240.96	\$3,240.96	\$3,116.36	\$3,116.36
45-49	\$3,661.97	\$3,661.97	\$3,521.08	\$3,521.08
50-54	\$4,284.49	\$4,284.49	\$4,119.70	\$4,119.70
55-59	\$5,533.04	\$5,533.04	\$5,320.17	\$5,320.17
60-64	\$7,056.57	\$7,056.57	\$6,785.13	\$6,785.13
65-69	\$8,820.61	\$8,820.61	\$8,481.44	\$8,481.44

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Proposed Monthly Bank Draft Rates
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**BlueCare PPO PLUS
Policy Forms: 17-184**

Deductible				
In-Network	\$1,000		\$1,000	
Out-of-Network	\$2,000		\$2,000	
Stop Loss Amount:				
In-Network	\$5,000		\$10,000	
Out-of-Network	\$10,000		\$20,000	
Coinsurance				
In-Network	80%/20%		80%/20%	
Out-of-Network	60%/40%		60%/40%	
	Male	Female	Male	Female
Individual				
0-1	\$1,109.76	\$1,109.76	\$1,067.04	\$1,067.04
2-12	\$373.49	\$373.49	\$359.29	\$359.29
13-17	\$373.49	\$578.20	\$359.29	\$555.85
18-24	\$373.49	\$578.20	\$359.29	\$555.85
25-29	\$453.12	\$744.52	\$435.78	\$715.91
30-34	\$508.55	\$869.59	\$488.96	\$836.06
35-39	\$613.09	\$1,042.59	\$589.42	\$1,002.58
40-44	\$735.05	\$1,194.74	\$706.79	\$1,148.77
45-49	\$977.48	\$1,376.52	\$939.81	\$1,323.63
50-54	\$1,309.18	\$1,570.48	\$1,258.77	\$1,510.09
55-59	\$1,891.25	\$1,955.56	\$1,818.52	\$1,880.40
60-64	\$2,637.40	\$2,389.68	\$2,535.85	\$2,297.88
65-69	\$3,296.63	\$2,987.17	\$3,169.93	\$2,872.33
Individual and Spouse				
00-24	\$895.72	\$895.72	\$861.24	\$861.24
25-29	\$1,127.33	\$1,127.33	\$1,083.97	\$1,083.97
30-34	\$1,297.18	\$1,297.18	\$1,247.27	\$1,247.27
35-39	\$1,558.41	\$1,558.41	\$1,498.50	\$1,498.50
40-44	\$1,816.33	\$1,816.33	\$1,746.46	\$1,746.46
45-49	\$2,141.16	\$2,141.16	\$2,058.89	\$2,058.89
50-54	\$2,671.11	\$2,671.11	\$2,568.44	\$2,568.44
55-59	\$3,567.42	\$3,567.42	\$3,430.14	\$3,430.14
60-64	\$4,660.79	\$4,660.79	\$4,481.54	\$4,481.54
65-69	\$5,826.14	\$5,826.14	\$5,601.89	\$5,601.89
Individual and Child				
00-24	\$988.68	\$1,241.90	\$950.79	\$1,194.09
25-29	\$1,087.23	\$1,447.79	\$1,045.40	\$1,392.12
30-34	\$1,155.84	\$1,602.45	\$1,111.44	\$1,540.76
35-39	\$1,285.13	\$1,816.72	\$1,235.78	\$1,746.74
40-44	\$1,436.06	\$2,004.95	\$1,380.78	\$1,927.80
45-49	\$1,608.13	\$2,061.12	\$1,546.31	\$1,981.81
50-54	\$1,813.49	\$2,084.38	\$1,743.65	\$2,004.16
55-59	\$2,417.05	\$2,483.58	\$2,324.15	\$2,388.07
60-64	\$3,190.81	\$2,933.97	\$3,068.14	\$2,821.24
65-69	\$3,988.58	\$3,667.47	\$3,835.16	\$3,526.47
Individual, Spouse, and Child				
00-24	\$1,559.20	\$1,559.20	\$1,499.29	\$1,499.29
25-29	\$1,837.94	\$1,837.94	\$1,767.11	\$1,767.11
30-34	\$2,042.03	\$2,042.03	\$1,963.48	\$1,963.48
35-39	\$2,356.36	\$2,356.36	\$2,265.76	\$2,265.76
40-44	\$2,666.80	\$2,666.80	\$2,564.15	\$2,564.15
45-49	\$3,013.07	\$3,013.07	\$2,897.18	\$2,897.18
50-54	\$3,525.41	\$3,525.41	\$3,389.89	\$3,389.89
55-59	\$4,552.74	\$4,552.74	\$4,377.57	\$4,377.57
60-64	\$5,806.36	\$5,806.36	\$5,583.08	\$5,583.08
65-69	\$7,258.07	\$7,258.07	\$6,978.81	\$6,978.81

**Arkansas Blue Cross and Blue Shield
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**BlueCare PPO PLUS
Policy Forms: 17-184**

Deductible				
In-Network	\$1,500		\$1,500	
Out-of-Network	\$3,000		\$3,000	
Stop Loss Amount:				
In-Network	\$5,000		\$10,000	
Out-of-Network	\$10,000		\$20,000	
Coinsurance				
In-Network	80%/20%		80%/20%	
Out-of-Network	60%/40%		60%/40%	
	Male	Female	Male	Female
Individual				
0-1	\$998.76	\$998.76	\$960.32	\$960.32
2-12	\$336.22	\$336.22	\$323.13	\$323.13
13-17	\$336.22	\$520.40	\$323.13	\$500.18
18-24	\$336.22	\$520.40	\$323.13	\$500.18
25-29	\$407.92	\$669.98	\$392.21	\$644.34
30-34	\$457.79	\$782.58	\$440.22	\$752.49
35-39	\$551.74	\$938.30	\$530.59	\$902.26
40-44	\$661.49	\$1,075.29	\$636.11	\$1,033.93
45-49	\$879.71	\$1,238.92	\$845.89	\$1,191.24
50-54	\$1,178.19	\$1,413.42	\$1,133.01	\$1,359.06
55-59	\$1,702.06	\$1,760.05	\$1,636.56	\$1,692.29
60-64	\$2,373.59	\$2,150.75	\$2,282.33	\$2,068.13
65-69	\$2,967.02	\$2,688.52	\$2,852.91	\$2,585.05
Individual and Spouse				
00-24	\$806.21	\$806.21	\$775.12	\$775.12
25-29	\$1,014.59	\$1,014.59	\$975.64	\$975.64
30-34	\$1,167.38	\$1,167.38	\$1,122.58	\$1,122.58
35-39	\$1,402.63	\$1,402.63	\$1,348.75	\$1,348.75
40-44	\$1,634.65	\$1,634.65	\$1,571.75	\$1,571.75
45-49	\$1,927.08	\$1,927.08	\$1,852.95	\$1,852.95
50-54	\$2,404.18	\$2,404.18	\$2,311.60	\$2,311.60
55-59	\$3,210.57	\$3,210.57	\$3,087.20	\$3,087.20
60-64	\$4,194.80	\$4,194.80	\$4,033.36	\$4,033.36
65-69	\$5,243.49	\$5,243.49	\$5,041.76	\$5,041.76
Individual and Child				
00-24	\$889.89	\$1,117.78	\$855.70	\$1,074.69
25-29	\$978.50	\$1,303.09	\$940.86	\$1,253.03
30-34	\$1,040.18	\$1,442.21	\$1,000.27	\$1,386.66
35-39	\$1,156.68	\$1,635.08	\$1,112.27	\$1,572.09
40-44	\$1,292.48	\$1,804.50	\$1,242.78	\$1,735.06
45-49	\$1,447.33	\$1,855.05	\$1,391.67	\$1,783.63
50-54	\$1,632.05	\$1,875.88	\$1,569.31	\$1,803.79
55-59	\$2,175.40	\$2,235.39	\$2,091.66	\$2,149.39
60-64	\$2,871.75	\$2,640.67	\$2,761.34	\$2,539.00
65-69	\$3,589.66	\$3,300.67	\$3,451.61	\$3,173.86
Individual, Spouse, and Child				
00-24	\$1,403.17	\$1,403.17	\$1,349.32	\$1,349.32
25-29	\$1,654.02	\$1,654.02	\$1,590.47	\$1,590.47
30-34	\$1,837.94	\$1,837.94	\$1,767.07	\$1,767.07
35-39	\$2,120.82	\$2,120.82	\$2,039.17	\$2,039.17
40-44	\$2,400.07	\$2,400.07	\$2,307.83	\$2,307.83
45-49	\$2,711.82	\$2,711.82	\$2,607.41	\$2,607.41
50-54	\$3,172.94	\$3,172.94	\$3,050.86	\$3,050.86
55-59	\$4,097.35	\$4,097.35	\$3,939.83	\$3,939.83
60-64	\$5,225.79	\$5,225.79	\$5,024.66	\$5,024.66
65-69	\$6,532.14	\$6,532.14	\$6,280.95	\$6,280.95

**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2027**

**BlueCare PPO PLUS
Policy Forms: 17-184**

Deductible		
In-Network	\$2,500	
Out-of-Network	\$5,000	
Stop Loss Amount:		
In-Network	N/A	
Out-of-Network	Unlimited	
Coinsurance		
In-Network	100%/0%	
Out-of-Network	80%/20%	
	Male	Female
Individual		
0-1	\$779.04	\$779.04
2-12	\$262.21	\$262.21
13-17	\$262.21	\$405.82
18-24	\$262.21	\$405.82
25-29	\$318.00	\$522.54
30-34	\$357.00	\$610.36
35-39	\$430.37	\$731.94
40-44	\$516.01	\$838.57
45-49	\$686.03	\$966.20
50-54	\$919.04	\$1,102.39
55-59	\$1,327.53	\$1,372.78
60-64	\$1,851.24	\$1,677.37
65-69	\$2,313.99	\$2,096.90
Individual and Spouse		
00-24	\$628.79	\$628.79
25-29	\$791.32	\$791.32
30-34	\$910.52	\$910.52
35-39	\$1,094.04	\$1,094.04
40-44	\$1,274.91	\$1,274.91
45-49	\$1,503.15	\$1,503.15
50-54	\$1,875.17	\$1,875.17
55-59	\$2,504.25	\$2,504.25
60-64	\$3,271.90	\$3,271.90
65-69	\$4,089.88	\$4,089.88
Individual and Child		
00-24	\$694.00	\$871.74
25-29	\$763.14	\$1,016.28
30-34	\$811.27	\$1,124.77
35-39	\$902.06	\$1,275.30
40-44	\$1,008.02	\$1,407.18
45-49	\$1,128.92	\$1,446.83
50-54	\$1,272.95	\$1,463.15
55-59	\$1,696.77	\$1,743.45
60-64	\$2,239.90	\$2,059.57
65-69	\$2,799.79	\$2,574.41
Individual, Spouse, and Child		
00-24	\$1,094.57	\$1,094.57
25-29	\$1,290.23	\$1,290.23
30-34	\$1,433.61	\$1,433.61
35-39	\$1,654.23	\$1,654.23
40-44	\$1,872.00	\$1,872.00
45-49	\$2,115.10	\$2,115.10
50-54	\$2,474.78	\$2,474.78
55-59	\$3,195.88	\$3,195.88
60-64	\$4,075.89	\$4,075.89
65-69	\$5,095.00	\$5,095.00

Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
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BlueCare PPO PLUS
Policy Forms: 17-184

Optional Riders

Maternity Rider

Deductible	Rate
\$500	\$1,248.83
\$1,000	\$1,140.51
\$1,500	\$1,036.31
\$2,500	\$1,002.48

TMJ

Individual	\$19.26
Individual and Spouse	\$38.36
Individual and Child	\$46.09
Individual, Spouse, Children	\$76.97

Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2027

Blue Solutions PPO

Policy Forms: 17-238 9/04, et al

Deductible		
In-Network	\$750	\$1,500
Out-of-Network	\$1,500	\$3,000
Stop Loss Amount:		
In-Network	\$10,000	\$10,000
Out-of-Network	\$20,000	\$40,000
Coinsurance		
In-Network	80%/20%	80%/20%
Out-of-Network	60%/40%	60%/40%

	Male	Female	Male	Female
Individual				
0-1	\$709.42	\$709.42	\$632.34	\$632.34
2-12	\$238.77	\$238.77	\$212.87	\$212.87
13-17	\$238.77	\$369.60	\$212.87	\$329.43
18-24	\$238.77	\$369.60	\$212.87	\$329.43
25-29	\$289.72	\$476.06	\$258.22	\$424.26
30-34	\$325.16	\$555.97	\$289.79	\$495.49
35-39	\$391.93	\$666.59	\$349.33	\$594.14
40-44	\$469.91	\$763.76	\$418.83	\$680.80
45-49	\$624.92	\$880.09	\$557.02	\$784.46
50-54	\$836.91	\$1,004.03	\$746.04	\$894.90
55-59	\$1,209.12	\$1,250.20	\$1,077.65	\$1,114.33
60-64	\$1,686.04	\$1,527.82	\$1,502.85	\$1,361.79
65-69	\$2,107.64	\$1,909.77	\$1,878.63	\$1,702.16
Individual and Spouse				
00-24	\$572.65	\$572.65	\$510.41	\$510.41
25-29	\$720.73	\$720.73	\$642.43	\$642.43
30-34	\$829.34	\$829.34	\$739.26	\$739.26
35-39	\$996.38	\$996.38	\$888.03	\$888.03
40-44	\$1,161.16	\$1,161.16	\$1,034.99	\$1,034.99
45-49	\$1,368.87	\$1,368.87	\$1,220.12	\$1,220.12
50-54	\$1,707.78	\$1,707.78	\$1,522.21	\$1,522.21
55-59	\$2,280.66	\$2,280.66	\$2,032.82	\$2,032.82
60-64	\$2,979.72	\$2,979.72	\$2,655.95	\$2,655.95
65-69	\$3,724.77	\$3,724.77	\$3,319.91	\$3,319.91
Individual and Child				
00-24	\$632.09	\$793.93	\$563.43	\$707.64
25-29	\$695.04	\$925.67	\$619.59	\$825.14
30-34	\$738.93	\$1,024.46	\$658.68	\$913.16
35-39	\$821.64	\$1,161.48	\$732.49	\$1,035.21
40-44	\$918.10	\$1,281.78	\$818.38	\$1,142.49
45-49	\$1,028.17	\$1,317.72	\$916.45	\$1,174.52
50-54	\$1,159.32	\$1,332.52	\$1,033.33	\$1,187.79
55-59	\$1,545.32	\$1,587.81	\$1,377.37	\$1,415.31
60-64	\$2,039.93	\$1,875.70	\$1,818.31	\$1,671.93
65-69	\$2,549.97	\$2,344.71	\$2,272.82	\$2,089.91
Individual, Spouse, and Child				
00-24	\$996.85	\$996.85	\$888.45	\$888.45
25-29	\$1,174.96	\$1,174.96	\$1,047.28	\$1,047.28
30-34	\$1,305.52	\$1,305.52	\$1,163.60	\$1,163.60
35-39	\$1,506.54	\$1,506.54	\$1,342.80	\$1,342.80
40-44	\$1,704.94	\$1,704.94	\$1,519.65	\$1,519.65
45-49	\$1,926.35	\$1,926.35	\$1,717.03	\$1,717.03
50-54	\$2,253.97	\$2,253.97	\$2,008.95	\$2,008.95
55-59	\$2,910.66	\$2,910.66	\$2,594.34	\$2,594.34
60-64	\$3,712.13	\$3,712.13	\$3,308.71	\$3,308.71
65-69	\$4,640.20	\$4,640.20	\$4,135.92	\$4,135.92

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Blue Solutions PPO

Policy Forms: 17-238 9/04, et al

Individual		
In-Network	\$3,000	\$5,000
Out-of-Network	\$6,000	\$10,000
Stop Loss Amount:		
In-Network	\$10,000	N/A
Out-of-Network	\$20,000	Unlimited
Coinsurance		
In-Network	80%/20%	100%/0%
Out-of-Network	60%/40%	80%/20%

	Male	Female	Male	Female
Individual				
0-1	\$537.26	\$537.26	\$509.14	\$509.14
2-12	\$180.79	\$180.79	\$171.32	\$171.32
13-17	\$180.79	\$279.90	\$171.32	\$265.19
18-24	\$180.79	\$279.90	\$171.32	\$265.19
25-29	\$219.44	\$360.54	\$207.90	\$341.67
30-34	\$246.24	\$420.98	\$233.42	\$398.91
35-39	\$296.88	\$504.83	\$281.26	\$478.36
40-44	\$355.83	\$578.42	\$337.19	\$548.07
45-49	\$473.31	\$666.52	\$448.50	\$631.64
50-54	\$633.85	\$760.40	\$600.65	\$720.58
55-59	\$915.65	\$946.86	\$867.65	\$897.19
60-64	\$1,276.91	\$1,157.06	\$1,209.99	\$1,096.41
65-69	\$1,596.14	\$1,446.28	\$1,512.58	\$1,370.45
Individual and Spouse				
00-24	\$433.70	\$433.70	\$410.94	\$410.94
25-29	\$545.79	\$545.79	\$517.14	\$517.14
30-34	\$628.11	\$628.11	\$595.21	\$595.21
35-39	\$754.54	\$754.54	\$715.04	\$715.04
40-44	\$879.44	\$879.44	\$833.34	\$833.34
45-49	\$1,036.64	\$1,036.64	\$982.34	\$982.34
50-54	\$1,293.38	\$1,293.38	\$1,225.50	\$1,225.50
55-59	\$1,727.23	\$1,727.23	\$1,636.70	\$1,636.70
60-64	\$2,256.60	\$2,256.60	\$2,138.37	\$2,138.37
65-69	\$2,820.81	\$2,820.81	\$2,673.06	\$2,673.06
Individual and Child				
00-24	\$478.78	\$601.30	\$453.65	\$569.71
25-29	\$526.40	\$701.02	\$498.84	\$664.30
30-34	\$559.61	\$775.84	\$530.31	\$735.21
35-39	\$622.32	\$879.58	\$589.71	\$833.43
40-44	\$695.30	\$970.77	\$658.82	\$919.86
45-49	\$778.60	\$997.93	\$737.83	\$945.60
50-54	\$877.98	\$1,009.25	\$831.97	\$956.33
55-59	\$1,170.34	\$1,202.48	\$1,108.94	\$1,139.46
60-64	\$1,544.97	\$1,420.54	\$1,463.96	\$1,346.03
65-69	\$1,931.09	\$1,775.71	\$1,829.93	\$1,682.63
Individual, Spouse, and Child				
00-24	\$754.95	\$754.95	\$715.37	\$715.37
25-29	\$889.89	\$889.89	\$843.21	\$843.21
30-34	\$988.67	\$988.67	\$936.83	\$936.83
35-39	\$1,140.89	\$1,140.89	\$1,081.08	\$1,081.08
40-44	\$1,291.16	\$1,291.16	\$1,223.48	\$1,223.48
45-49	\$1,458.87	\$1,458.87	\$1,382.41	\$1,382.41
50-54	\$1,706.96	\$1,706.96	\$1,617.50	\$1,617.50
55-59	\$2,204.31	\$2,204.31	\$2,088.76	\$2,088.76
60-64	\$2,811.26	\$2,811.26	\$2,663.94	\$2,663.94
65-69	\$3,514.17	\$3,514.17	\$3,329.99	\$3,329.99

**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2027**

**Blue Solutions PPO
Policy Forms: 17-238 9/04, et al**

Optional Riders

Maternity Rider

Deductible	Rate
\$750	\$848.45
\$1,500	\$744.87
\$3,000	\$703.91
\$5,000	\$673.42

TMJ

Individual	\$15.16
Individual and Spouse	\$30.23
Individual and Child	\$36.32
Individual, Spouse, Children	\$60.40

**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2027**

BlueChoice

Policy Forms: 17-247 6/06

In-Network Deductible	\$500		\$500	
In-Network Stop Loss Amount:	\$5,000		\$10,000	
In-Network Coinsurance	80%/20%		80%/20%	
Office Visit Copay	\$30 PCP/\$50 Specialist		\$30 PCP/\$50 Specialist	
RX Benefit	\$10/\$30/\$50		\$10/\$30/\$50	
	Male	Female	Male	Female
Individual				
0-1	\$789.59	\$789.59	\$769.53	\$769.53
2-12	\$265.72	\$265.72	\$259.01	\$259.01
13-17	\$265.72	\$411.31	\$259.01	\$400.81
18-24	\$265.72	\$411.31	\$259.01	\$400.81
25-29	\$322.43	\$529.66	\$314.25	\$516.21
30-34	\$361.79	\$618.61	\$352.55	\$602.81
35-39	\$436.21	\$741.87	\$425.07	\$722.91
40-44	\$522.95	\$849.93	\$509.66	\$828.33
45-49	\$695.36	\$979.32	\$677.65	\$954.36
50-54	\$931.50	\$1,117.40	\$907.78	\$1,088.89
55-59	\$1,345.53	\$1,391.29	\$1,311.29	\$1,355.79
60-64	\$1,876.24	\$1,700.10	\$1,828.45	\$1,656.86
65-69	\$2,345.39	\$2,125.31	\$2,285.72	\$2,071.14
Individual and Spouse				
00-24	\$637.25	\$637.25	\$621.09	\$621.09
25-29	\$802.03	\$802.03	\$781.65	\$781.65
30-34	\$922.89	\$922.89	\$899.40	\$899.40
35-39	\$1,108.88	\$1,108.88	\$1,080.63	\$1,080.63
40-44	\$1,292.27	\$1,292.27	\$1,259.30	\$1,259.30
45-49	\$1,523.43	\$1,523.43	\$1,484.61	\$1,484.61
50-54	\$1,900.58	\$1,900.58	\$1,852.19	\$1,852.19
55-59	\$2,538.30	\$2,538.30	\$2,473.66	\$2,473.66
60-64	\$3,316.25	\$3,316.25	\$3,231.82	\$3,231.82
65-69	\$4,145.26	\$4,145.26	\$4,039.66	\$4,039.66
Individual and Child				
00-24	\$703.44	\$883.52	\$685.47	\$861.06
25-29	\$773.42	\$1,030.04	\$753.75	\$1,003.81
30-34	\$822.38	\$1,140.02	\$801.38	\$1,110.95
35-39	\$914.31	\$1,292.52	\$891.08	\$1,259.67
40-44	\$1,021.70	\$1,426.35	\$995.59	\$1,390.01
45-49	\$1,144.22	\$1,466.32	\$1,115.06	\$1,429.05
50-54	\$1,290.22	\$1,482.99	\$1,257.34	\$1,445.21
55-59	\$1,719.72	\$1,767.05	\$1,675.93	\$1,722.03
60-64	\$2,270.20	\$2,087.47	\$2,212.40	\$2,034.33
65-69	\$2,837.74	\$2,609.44	\$2,765.46	\$2,542.92
Individual, Spouse, and Child				
00-24	\$1,109.39	\$1,109.39	\$1,081.10	\$1,081.10
25-29	\$1,307.76	\$1,307.76	\$1,274.39	\$1,274.39
30-34	\$1,453.04	\$1,453.04	\$1,416.00	\$1,416.00
35-39	\$1,676.60	\$1,676.60	\$1,633.96	\$1,633.96
40-44	\$1,897.46	\$1,897.46	\$1,849.03	\$1,849.03
45-49	\$2,143.77	\$2,143.77	\$2,089.17	\$2,089.17
50-54	\$2,508.33	\$2,508.33	\$2,444.39	\$2,444.39
55-59	\$3,239.26	\$3,239.26	\$3,156.70	\$3,156.70
60-64	\$4,131.10	\$4,131.10	\$4,025.96	\$4,025.96
65-69	\$5,164.06	\$5,164.06	\$5,032.54	\$5,032.54

**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2027**

BlueChoice

Policy Forms: 17-247 6/06

In-Network Deductible	\$1,000		\$1,000	
In-Network Stop Loss Amount:	\$5,000		\$10,000	
In-Network Coinsurance	80%/20%		80%/20%	
Office Visit Copay	\$30 PCP/\$50 Specialist		\$30 PCP/\$50 Specialist	
RX Benefit	\$10/\$30/\$50		\$10/\$30/\$50	
	Male	Female	Male	Female
Individual				
0-1	\$721.91	\$721.91	\$704.08	\$704.08
2-12	\$243.01	\$243.01	\$236.94	\$236.94
13-17	\$243.01	\$376.03	\$236.94	\$366.77
18-24	\$243.01	\$376.03	\$236.94	\$366.77
25-29	\$294.81	\$484.30	\$287.54	\$472.35
30-34	\$330.82	\$565.63	\$322.64	\$551.62
35-39	\$398.82	\$678.32	\$388.94	\$661.53
40-44	\$478.12	\$777.10	\$466.32	\$757.92
45-49	\$635.74	\$895.43	\$620.04	\$873.23
50-54	\$851.66	\$1,021.54	\$830.61	\$996.35
55-59	\$1,230.30	\$1,272.03	\$1,199.85	\$1,240.60
60-64	\$1,715.47	\$1,554.44	\$1,673.10	\$1,515.99
65-69	\$2,144.45	\$1,943.16	\$2,091.45	\$1,895.15
Individual and Spouse				
00-24	\$582.61	\$582.61	\$568.23	\$568.23
25-29	\$733.29	\$733.29	\$715.21	\$715.21
30-34	\$843.76	\$843.76	\$822.91	\$822.91
35-39	\$1,013.83	\$1,013.83	\$988.71	\$988.71
40-44	\$1,181.45	\$1,181.45	\$1,152.29	\$1,152.29
45-49	\$1,392.89	\$1,392.89	\$1,358.47	\$1,358.47
50-54	\$1,737.73	\$1,737.73	\$1,694.77	\$1,694.77
55-59	\$2,320.79	\$2,320.79	\$2,263.40	\$2,263.40
60-64	\$3,032.06	\$3,032.06	\$2,957.08	\$2,957.08
65-69	\$3,789.95	\$3,789.95	\$3,696.27	\$3,696.27
Individual and Child				
00-24	\$643.10	\$807.81	\$627.24	\$787.79
25-29	\$707.13	\$941.83	\$689.68	\$918.56
30-34	\$751.82	\$1,042.36	\$733.24	\$1,016.59
35-39	\$836.01	\$1,181.78	\$815.32	\$1,152.57
40-44	\$934.13	\$1,304.07	\$911.00	\$1,271.92
45-49	\$1,046.16	\$1,340.74	\$1,020.30	\$1,307.57
50-54	\$1,179.60	\$1,355.91	\$1,150.48	\$1,322.36
55-59	\$1,572.33	\$1,615.64	\$1,533.44	\$1,575.67
60-64	\$2,075.69	\$1,908.57	\$2,024.37	\$1,861.44
65-69	\$2,594.53	\$2,385.76	\$2,530.48	\$2,326.83
Individual, Spouse, and Child				
00-24	\$1,014.37	\$1,014.37	\$989.25	\$989.25
25-29	\$1,195.73	\$1,195.73	\$1,166.14	\$1,166.14
30-34	\$1,328.56	\$1,328.56	\$1,295.65	\$1,295.65
35-39	\$1,533.00	\$1,533.00	\$1,495.15	\$1,495.15
40-44	\$1,734.85	\$1,734.85	\$1,691.95	\$1,691.95
45-49	\$1,960.05	\$1,960.05	\$1,911.67	\$1,911.67
50-54	\$2,293.42	\$2,293.42	\$2,236.69	\$2,236.69
55-59	\$2,961.63	\$2,961.63	\$2,888.47	\$2,888.47
60-64	\$3,777.14	\$3,777.14	\$3,683.74	\$3,683.74
65-69	\$4,721.50	\$4,721.50	\$4,604.83	\$4,604.83

**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2027**

BlueChoice

Policy Forms: 17-247 6/06

In-Network Deductible	\$2,500		\$2,500	
In-Network Stop Loss Amount:	\$10,000		N/A	
In-Network Coinsurance	80%/20%		100%/0%	
Office Visit Copay	\$30 PCP/\$50 Specialist		\$30 PCP/\$50 Specialist	
RX Benefit	\$10/\$30/\$50		\$10/\$30/\$50	
	Male	Female	Male	Female
Individual				
0-1	\$573.77	\$573.77	\$627.08	\$627.08
2-12	\$193.14	\$193.14	\$211.02	\$211.02
13-17	\$193.14	\$298.93	\$211.02	\$326.60
18-24	\$193.14	\$298.93	\$211.02	\$326.60
25-29	\$234.28	\$384.92	\$256.03	\$420.59
30-34	\$263.02	\$449.54	\$287.33	\$491.25
35-39	\$316.93	\$539.11	\$346.39	\$589.14
40-44	\$380.01	\$617.67	\$415.31	\$674.99
45-49	\$505.26	\$711.66	\$552.16	\$777.66
50-54	\$676.89	\$811.95	\$739.74	\$887.34
55-59	\$977.80	\$1,011.04	\$1,068.57	\$1,104.86
60-64	\$1,363.52	\$1,235.50	\$1,490.00	\$1,350.08
65-69	\$1,704.42	\$1,544.37	\$1,862.49	\$1,687.72
Individual and Spouse				
00-24	\$463.12	\$463.12	\$506.05	\$506.05
25-29	\$582.86	\$582.86	\$636.92	\$636.92
30-34	\$670.63	\$670.63	\$732.81	\$732.81
35-39	\$805.87	\$805.87	\$880.55	\$880.55
40-44	\$939.09	\$939.09	\$1,026.13	\$1,026.13
45-49	\$1,107.00	\$1,107.00	\$1,209.81	\$1,209.81
50-54	\$1,381.17	\$1,381.17	\$1,509.32	\$1,509.32
55-59	\$1,844.50	\$1,844.50	\$2,015.70	\$2,015.70
60-64	\$2,409.87	\$2,409.87	\$2,633.47	\$2,633.47
65-69	\$3,012.23	\$3,012.23	\$3,291.80	\$3,291.80
Individual and Child				
00-24	\$511.10	\$642.04	\$558.61	\$701.63
25-29	\$562.07	\$748.54	\$614.17	\$818.00
30-34	\$597.60	\$828.40	\$653.03	\$905.31
35-39	\$664.41	\$939.30	\$726.09	\$1,026.44
40-44	\$742.40	\$1,036.50	\$811.27	\$1,132.62
45-49	\$831.46	\$1,065.60	\$908.61	\$1,164.50
50-54	\$937.62	\$1,077.65	\$1,024.55	\$1,177.65
55-59	\$1,249.70	\$1,284.07	\$1,365.64	\$1,403.17
60-64	\$1,649.71	\$1,516.93	\$1,802.85	\$1,657.72
65-69	\$2,062.17	\$1,896.24	\$2,253.48	\$2,072.16
Individual, Spouse, and Child				
00-24	\$806.21	\$806.21	\$881.03	\$881.03
25-29	\$950.37	\$950.37	\$1,038.53	\$1,038.53
30-34	\$1,055.92	\$1,055.92	\$1,153.87	\$1,153.87
35-39	\$1,218.45	\$1,218.45	\$1,331.43	\$1,331.43
40-44	\$1,378.89	\$1,378.89	\$1,506.76	\$1,506.76
45-49	\$1,557.90	\$1,557.90	\$1,702.39	\$1,702.39
50-54	\$1,822.81	\$1,822.81	\$1,991.93	\$1,991.93
55-59	\$2,353.83	\$2,353.83	\$2,572.31	\$2,572.31
60-64	\$3,002.03	\$3,002.03	\$3,280.62	\$3,280.62
65-69	\$3,752.62	\$3,752.62	\$4,100.88	\$4,100.88

**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2027**

BlueChoice

Policy Forms: 17-247 6/06

In-Network Deductible	\$5,000		\$5,000	
In-Network Stop Loss Amount:	N/A		N/A	
In-Network Coinsurance	100%/0%		100%/0%	
Office Visit Copay	\$30 PCP/\$50 Specialist		N/A	
RX Benefit	\$10/\$30/\$50		\$10/\$30/\$50	
	Male	Female	Male	Female
Individual				
0-1	\$458.61	\$458.61	\$377.78	\$377.78
2-12	\$154.36	\$154.36	\$127.14	\$127.14
13-17	\$154.36	\$238.88	\$127.14	\$196.74
18-24	\$154.36	\$238.88	\$127.14	\$196.74
25-29	\$187.24	\$307.67	\$154.25	\$253.43
30-34	\$210.17	\$359.29	\$173.14	\$296.01
35-39	\$253.36	\$430.82	\$208.71	\$355.00
40-44	\$303.66	\$493.64	\$250.22	\$406.70
45-49	\$403.89	\$568.74	\$332.69	\$468.64
50-54	\$541.08	\$648.87	\$445.69	\$534.62
55-59	\$781.46	\$807.99	\$643.78	\$665.73
60-64	\$1,089.69	\$987.35	\$897.78	\$813.49
65-69	\$1,362.08	\$1,234.32	\$1,122.22	\$1,016.87
Individual and Spouse				
00-24	\$370.09	\$370.09	\$304.94	\$304.94
25-29	\$465.84	\$465.84	\$383.76	\$383.76
30-34	\$535.94	\$535.94	\$441.54	\$441.54
35-39	\$643.99	\$643.99	\$530.58	\$530.58
40-44	\$750.46	\$750.46	\$618.28	\$618.28
45-49	\$884.75	\$884.75	\$728.92	\$728.92
50-54	\$1,103.78	\$1,103.78	\$909.38	\$909.38
55-59	\$1,474.14	\$1,474.14	\$1,214.55	\$1,214.55
60-64	\$1,925.93	\$1,925.93	\$1,586.82	\$1,586.82
65-69	\$2,407.36	\$2,407.36	\$1,983.40	\$1,983.40
Individual and Child				
00-24	\$408.52	\$513.07	\$336.58	\$422.75
25-29	\$449.16	\$598.23	\$370.08	\$492.86
30-34	\$477.55	\$662.06	\$393.51	\$545.53
35-39	\$531.01	\$750.70	\$437.50	\$618.51
40-44	\$593.39	\$828.33	\$488.87	\$682.45
45-49	\$664.46	\$851.63	\$547.44	\$701.64
50-54	\$749.24	\$861.24	\$617.34	\$709.62
55-59	\$998.76	\$1,026.23	\$822.88	\$845.49
60-64	\$1,318.46	\$1,212.32	\$1,086.23	\$998.80
65-69	\$1,648.01	\$1,515.38	\$1,357.87	\$1,248.59
Individual, Spouse, and Child				
00-24	\$644.28	\$644.28	\$530.87	\$530.87
25-29	\$759.52	\$759.52	\$625.74	\$625.74
30-34	\$843.80	\$843.80	\$695.24	\$695.24
35-39	\$973.68	\$973.68	\$802.24	\$802.24
40-44	\$1,101.97	\$1,101.97	\$907.83	\$907.83
45-49	\$1,245.05	\$1,245.05	\$1,025.80	\$1,025.80
50-54	\$1,456.73	\$1,456.73	\$1,200.25	\$1,200.25
55-59	\$1,881.16	\$1,881.16	\$1,549.91	\$1,549.91
60-64	\$2,399.22	\$2,399.22	\$1,976.75	\$1,976.75
65-69	\$2,999.08	\$2,999.08	\$2,470.92	\$2,470.92

**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2027**

BlueChoice

Policy Forms: 17-247 6/06

In-Network Deductible	\$10,000		\$10,000	
In-Network Stop Loss Amount:	N/A		N/A	
In-Network Coinsurance	100%/0%		100%/0%	
Office Visit Copay	\$30 PCP/\$50 Specialist		N/A	
RX Benefit	\$10/\$30/\$50		\$10/\$30/\$50	
	Male	Female	Male	Female
Individual				
0-1	\$357.36	\$357.36	\$249.19	\$249.19
2-12	\$120.27	\$120.27	\$83.76	\$83.76
13-17	\$120.27	\$186.22	\$83.76	\$129.85
18-24	\$120.27	\$186.22	\$83.76	\$129.85
25-29	\$145.89	\$239.74	\$101.74	\$167.14
30-34	\$163.74	\$279.94	\$114.17	\$195.26
35-39	\$197.42	\$335.74	\$137.63	\$234.15
40-44	\$236.66	\$384.63	\$165.07	\$268.27
45-49	\$314.64	\$443.23	\$219.49	\$309.15
50-54	\$421.51	\$505.68	\$294.02	\$352.66
55-59	\$608.98	\$629.71	\$424.65	\$439.06
60-64	\$849.12	\$769.40	\$592.24	\$536.63
65-69	\$1,061.42	\$961.77	\$740.30	\$670.79
Individual and Spouse				
00-24	\$288.40	\$288.40	\$201.12	\$201.12
25-29	\$362.96	\$362.96	\$253.16	\$253.16
30-34	\$417.68	\$417.68	\$291.25	\$291.25
35-39	\$501.82	\$501.82	\$349.98	\$349.98
40-44	\$584.79	\$584.79	\$407.92	\$407.92
45-49	\$689.41	\$689.41	\$480.83	\$480.83
50-54	\$860.19	\$860.19	\$599.88	\$599.88
55-59	\$1,148.77	\$1,148.77	\$801.11	\$801.11
60-64	\$1,500.79	\$1,500.79	\$1,046.74	\$1,046.74
65-69	\$1,875.97	\$1,875.97	\$1,308.36	\$1,308.36
Individual and Child				
00-24	\$318.30	\$399.87	\$222.07	\$278.89
25-29	\$350.02	\$466.21	\$244.13	\$325.13
30-34	\$372.17	\$515.96	\$259.53	\$359.84
35-39	\$413.72	\$585.04	\$288.61	\$408.00
40-44	\$462.40	\$645.46	\$322.46	\$450.17
45-49	\$517.81	\$663.61	\$361.11	\$462.80
50-54	\$583.84	\$671.19	\$407.19	\$468.01
55-59	\$778.27	\$799.69	\$542.77	\$557.69
60-64	\$1,027.38	\$944.78	\$716.52	\$658.82
65-69	\$1,284.28	\$1,180.86	\$895.65	\$823.64
Individual, Spouse, and Child				
00-24	\$502.07	\$502.07	\$350.16	\$350.16
25-29	\$591.87	\$591.87	\$412.79	\$412.79
30-34	\$657.49	\$657.49	\$458.62	\$458.62
35-39	\$758.75	\$758.75	\$529.18	\$529.18
40-44	\$858.64	\$858.64	\$598.84	\$598.84
45-49	\$970.20	\$970.20	\$676.68	\$676.68
50-54	\$1,135.14	\$1,135.14	\$791.72	\$791.72
55-59	\$1,465.89	\$1,465.89	\$1,022.34	\$1,022.34
60-64	\$1,869.60	\$1,869.60	\$1,303.89	\$1,303.89
65-69	\$2,337.11	\$2,337.11	\$1,629.95	\$1,629.95

Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2027

BlueChoice

Policy Forms: 17-247 6/06

In-Network Deductible	\$25,000		\$25,000	
In-Network Stop Loss Amount:	N/A		N/A	
In-Network Coinsurance	100%/0%		100%/0%	
Office Visit Copay	\$30 PCP/\$50 Specialist		N/A	
RX Benefit	\$10/\$30/\$50		\$10/\$30/\$50	
	Male	Female	Male	Female
Individual				
0-1	\$292.17	\$292.17	\$170.54	\$170.54
2-12	\$98.32	\$98.32	\$57.45	\$57.45
13-17	\$98.32	\$152.20	\$57.45	\$88.82
18-24	\$98.32	\$152.20	\$57.45	\$88.82
25-29	\$119.25	\$195.95	\$69.62	\$114.40
30-34	\$133.88	\$228.96	\$78.19	\$133.61
35-39	\$161.38	\$274.55	\$94.19	\$160.22
40-44	\$193.55	\$314.55	\$112.96	\$183.51
45-49	\$257.30	\$362.37	\$150.20	\$211.50
50-54	\$344.67	\$413.45	\$201.12	\$241.36
55-59	\$497.85	\$514.78	\$290.57	\$300.54
60-64	\$694.24	\$629.04	\$405.19	\$367.18
65-69	\$867.80	\$786.31	\$506.56	\$459.04
Individual and Spouse				
00-24	\$235.84	\$235.84	\$137.63	\$137.63
25-29	\$296.77	\$296.77	\$173.25	\$173.25
30-34	\$341.45	\$341.45	\$199.28	\$199.28
35-39	\$410.28	\$410.28	\$239.45	\$239.45
40-44	\$478.12	\$478.12	\$279.09	\$279.09
45-49	\$563.73	\$563.73	\$329.04	\$329.04
50-54	\$703.28	\$703.28	\$410.48	\$410.48
55-59	\$939.19	\$939.19	\$548.20	\$548.20
60-64	\$1,227.06	\$1,227.06	\$716.24	\$716.24
65-69	\$1,533.83	\$1,533.83	\$895.29	\$895.29
Individual and Child				
00-24	\$260.27	\$326.89	\$151.93	\$190.76
25-29	\$286.16	\$381.08	\$167.04	\$222.48
30-34	\$304.25	\$421.74	\$177.60	\$246.19
35-39	\$338.33	\$478.33	\$197.50	\$279.18
40-44	\$378.06	\$527.75	\$220.65	\$308.04
45-49	\$423.35	\$542.55	\$247.12	\$316.60
50-54	\$477.38	\$548.78	\$278.63	\$320.28
55-59	\$636.32	\$653.81	\$371.38	\$381.58
60-64	\$840.04	\$772.41	\$490.33	\$450.82
65-69	\$1,049.99	\$965.52	\$612.87	\$563.55
Individual, Spouse, and Child				
00-24	\$410.50	\$410.50	\$239.54	\$239.54
25-29	\$483.92	\$483.92	\$282.49	\$282.49
30-34	\$537.61	\$537.61	\$313.79	\$313.79
35-39	\$620.37	\$620.37	\$362.10	\$362.10
40-44	\$702.07	\$702.07	\$409.73	\$409.73
45-49	\$793.20	\$793.20	\$463.00	\$463.00
50-54	\$928.09	\$928.09	\$541.70	\$541.70
55-59	\$1,198.57	\$1,198.57	\$699.59	\$699.59
60-64	\$1,528.57	\$1,528.57	\$892.14	\$892.14
65-69	\$1,910.74	\$1,910.74	\$1,115.30	\$1,115.30

Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2027

BlueChoice

Policy Forms: 17-247 6/06

In-Network Deductible	\$500		\$500	
In-Network Stop Loss Amount:	\$5,000		\$10,000	
In-Network Coinsurance	80%/20%		80%/20%	
Office Visit Copay	\$30 PCP/\$50 Specialist		\$30 PCP/\$50 Specialist	
RX Benefit	\$10/\$50 Essential Care Formulary		\$10/\$50 Essential Care Formulary	
	Male	Female	Male	Female
Individual				
0-1	\$752.36	\$752.36	\$732.23	\$732.23
2-12	\$253.20	\$253.20	\$246.45	\$246.45
13-17	\$253.20	\$391.92	\$246.45	\$381.47
18-24	\$253.20	\$391.92	\$246.45	\$381.47
25-29	\$307.22	\$504.63	\$298.99	\$491.17
30-34	\$344.78	\$589.41	\$335.53	\$573.71
35-39	\$415.62	\$706.81	\$404.47	\$687.94
40-44	\$498.29	\$809.88	\$484.94	\$788.18
45-49	\$662.57	\$933.10	\$644.84	\$908.21
50-54	\$887.52	\$1,064.58	\$863.78	\$1,036.14
55-59	\$1,282.08	\$1,325.58	\$1,247.77	\$1,290.14
60-64	\$1,787.69	\$1,619.89	\$1,739.89	\$1,576.54
65-69	\$2,234.65	\$2,024.97	\$2,174.91	\$1,970.84
Individual and Spouse				
00-24	\$607.23	\$607.23	\$590.94	\$590.94
25-29	\$764.24	\$764.24	\$743.75	\$743.75
30-34	\$879.28	\$879.28	\$855.77	\$855.77
35-39	\$1,056.53	\$1,056.53	\$1,028.26	\$1,028.26
40-44	\$1,231.18	\$1,231.18	\$1,198.28	\$1,198.28
45-49	\$1,451.49	\$1,451.49	\$1,412.70	\$1,412.70
50-54	\$1,810.88	\$1,810.88	\$1,762.41	\$1,762.41
55-59	\$2,418.49	\$2,418.49	\$2,353.74	\$2,353.74
60-64	\$3,159.70	\$3,159.70	\$3,075.21	\$3,075.21
65-69	\$3,949.60	\$3,949.60	\$3,843.91	\$3,843.91
Individual and Child				
00-24	\$670.23	\$841.83	\$652.30	\$819.31
25-29	\$736.96	\$981.41	\$717.23	\$955.19
30-34	\$783.48	\$1,086.19	\$762.60	\$1,057.17
35-39	\$871.16	\$1,231.56	\$847.85	\$1,198.59
40-44	\$973.42	\$1,359.04	\$947.41	\$1,322.63
45-49	\$1,090.19	\$1,397.17	\$1,060.99	\$1,359.82
50-54	\$1,229.24	\$1,413.01	\$1,196.32	\$1,375.21
55-59	\$1,638.51	\$1,683.62	\$1,594.66	\$1,638.62
60-64	\$2,163.09	\$1,988.94	\$2,105.22	\$1,935.78
65-69	\$2,703.75	\$2,486.26	\$2,631.49	\$2,419.69
Individual, Spouse, and Child				
00-24	\$1,057.13	\$1,057.13	\$1,028.75	\$1,028.75
25-29	\$1,245.99	\$1,245.99	\$1,212.75	\$1,212.75
30-34	\$1,384.43	\$1,384.43	\$1,347.41	\$1,347.41
35-39	\$1,597.47	\$1,597.47	\$1,554.88	\$1,554.88
40-44	\$1,807.91	\$1,807.91	\$1,759.51	\$1,759.51
45-49	\$2,042.63	\$2,042.63	\$1,988.02	\$1,988.02
50-54	\$2,389.95	\$2,389.95	\$2,325.99	\$2,325.99
55-59	\$3,086.26	\$3,086.26	\$3,003.76	\$3,003.76
60-64	\$3,936.19	\$3,936.19	\$3,830.92	\$3,830.92
65-69	\$4,920.27	\$4,920.27	\$4,788.74	\$4,788.74

Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2027

BlueChoice

Policy Forms: 17-247 6/06

In-Network Deductible	\$1,000		\$1,000	
In-Network Stop Loss Amount:	\$5,000		\$10,000	
In-Network Coinsurance	80%/20%		80%/20%	
Office Visit Copay	\$30 PCP/\$50 Specialist		\$30 PCP/\$50 Specialist	
RX Benefit	\$10/\$50 Essential Care Formulary		\$10/\$50 Essential Care Formulary	
	Male	Female	Male	Female
Individual				
0-1	\$684.69	\$684.69	\$666.81	\$666.81
2-12	\$230.43	\$230.43	\$224.47	\$224.47
13-17	\$230.43	\$356.60	\$224.47	\$347.34
18-24	\$230.43	\$356.60	\$224.47	\$347.34
25-29	\$279.56	\$459.18	\$272.31	\$447.25
30-34	\$313.77	\$536.39	\$305.52	\$522.35
35-39	\$378.19	\$643.24	\$368.31	\$626.54
40-44	\$453.43	\$736.98	\$441.66	\$717.75
45-49	\$603.01	\$849.14	\$587.22	\$827.09
50-54	\$807.72	\$968.81	\$786.66	\$943.58
55-59	\$1,166.77	\$1,206.32	\$1,136.36	\$1,174.92
60-64	\$1,626.88	\$1,474.17	\$1,584.55	\$1,435.74
65-69	\$2,033.67	\$1,842.80	\$1,980.66	\$1,794.83
Individual and Spouse				
00-24	\$552.57	\$552.57	\$538.15	\$538.15
25-29	\$695.45	\$695.45	\$677.29	\$677.29
30-34	\$800.25	\$800.25	\$779.35	\$779.35
35-39	\$961.51	\$961.51	\$936.39	\$936.39
40-44	\$1,120.44	\$1,120.44	\$1,091.26	\$1,091.26
45-49	\$1,320.92	\$1,320.92	\$1,286.51	\$1,286.51
50-54	\$1,647.99	\$1,647.99	\$1,605.07	\$1,605.07
55-59	\$2,200.95	\$2,200.95	\$2,143.51	\$2,143.51
60-64	\$2,875.46	\$2,875.46	\$2,800.55	\$2,800.55
65-69	\$3,594.30	\$3,594.30	\$3,500.62	\$3,500.62
Individual and Child				
00-24	\$609.95	\$766.08	\$594.00	\$746.14
25-29	\$670.63	\$893.13	\$653.21	\$869.91
30-34	\$713.01	\$988.54	\$694.43	\$962.76
35-39	\$792.78	\$1,120.68	\$772.16	\$1,091.60
40-44	\$885.90	\$1,236.74	\$862.80	\$1,204.58
45-49	\$992.14	\$1,271.49	\$966.23	\$1,238.39
50-54	\$1,118.72	\$1,285.90	\$1,089.51	\$1,252.40
55-59	\$1,491.11	\$1,532.19	\$1,452.24	\$1,492.34
60-64	\$1,968.47	\$1,810.01	\$1,917.21	\$1,762.87
65-69	\$2,460.59	\$2,262.57	\$2,396.49	\$2,203.60
Individual, Spouse, and Child				
00-24	\$961.97	\$961.97	\$936.87	\$936.87
25-29	\$1,133.96	\$1,133.96	\$1,104.36	\$1,104.36
30-34	\$1,259.95	\$1,259.95	\$1,227.08	\$1,227.08
35-39	\$1,453.78	\$1,453.78	\$1,415.96	\$1,415.96
40-44	\$1,645.24	\$1,645.24	\$1,602.33	\$1,602.33
45-49	\$1,858.86	\$1,858.86	\$1,810.42	\$1,810.42
50-54	\$2,174.93	\$2,174.93	\$2,118.31	\$2,118.31
55-59	\$2,808.67	\$2,808.67	\$2,735.46	\$2,735.46
60-64	\$3,582.13	\$3,582.13	\$3,488.81	\$3,488.81
65-69	\$4,477.71	\$4,477.71	\$4,361.00	\$4,361.00

**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2027**

BlueChoice

Policy Forms: 17-247 6/06

In-Network Deductible	\$2,500		\$2,500	
In-Network Stop Loss Amount:	\$10,000		N/A	
In-Network Coinsurance	80%/20%		100%/0%	
Office Visit Copay	\$30 PCP/\$50 Specialist		\$30 PCP/\$50 Specialist	
RX Benefit	\$10/\$50 Essential Care Formulary		\$10/\$50 Essential Care Formulary	
	Male	Female	Male	Female
Individual				
0-1	\$536.53	\$536.53	\$589.77	\$589.77
2-12	\$180.61	\$180.61	\$198.43	\$198.43
13-17	\$180.61	\$279.50	\$198.43	\$307.22
18-24	\$180.61	\$279.50	\$198.43	\$307.22
25-29	\$219.11	\$359.90	\$240.88	\$395.61
30-34	\$245.86	\$420.40	\$270.21	\$462.02
35-39	\$296.35	\$504.09	\$325.79	\$554.09
40-44	\$355.29	\$577.50	\$390.59	\$634.85
45-49	\$472.44	\$665.43	\$519.38	\$731.51
50-54	\$632.91	\$759.18	\$695.68	\$834.51
55-59	\$914.27	\$945.38	\$1,004.98	\$1,039.15
60-64	\$1,274.91	\$1,155.18	\$1,401.39	\$1,269.81
65-69	\$1,593.63	\$1,444.09	\$1,751.80	\$1,587.40
Individual and Spouse				
00-24	\$432.94	\$432.94	\$476.01	\$476.01
25-29	\$544.98	\$544.98	\$599.10	\$599.10
30-34	\$627.09	\$627.09	\$689.31	\$689.31
35-39	\$753.48	\$753.48	\$828.19	\$828.19
40-44	\$878.03	\$878.03	\$965.18	\$965.18
45-49	\$1,035.12	\$1,035.12	\$1,137.81	\$1,137.81
50-54	\$1,291.41	\$1,291.41	\$1,419.56	\$1,419.56
55-59	\$1,724.74	\$1,724.74	\$1,895.90	\$1,895.90
60-64	\$2,253.37	\$2,253.37	\$2,476.90	\$2,476.90
65-69	\$2,816.60	\$2,816.60	\$3,096.07	\$3,096.07
Individual and Child				
00-24	\$478.01	\$600.37	\$525.38	\$659.94
25-29	\$525.53	\$699.97	\$577.68	\$769.37
30-34	\$558.78	\$774.61	\$614.17	\$851.50
35-39	\$621.30	\$878.30	\$682.88	\$965.40
40-44	\$694.19	\$969.20	\$763.14	\$1,065.38
45-49	\$777.43	\$996.38	\$854.62	\$1,095.24
50-54	\$876.67	\$1,007.67	\$963.67	\$1,107.65
55-59	\$1,168.52	\$1,200.69	\$1,284.45	\$1,319.83
60-64	\$1,542.54	\$1,418.39	\$1,695.72	\$1,559.15
65-69	\$1,928.20	\$1,773.03	\$2,119.51	\$1,948.92
Individual, Spouse, and Child				
00-24	\$753.89	\$753.89	\$828.60	\$828.60
25-29	\$888.57	\$888.57	\$976.79	\$976.79
30-34	\$987.34	\$987.34	\$1,085.27	\$1,085.27
35-39	\$1,139.22	\$1,139.22	\$1,252.31	\$1,252.31
40-44	\$1,289.20	\$1,289.20	\$1,417.15	\$1,417.15
45-49	\$1,456.60	\$1,456.60	\$1,601.17	\$1,601.17
50-54	\$1,704.42	\$1,704.42	\$1,873.46	\$1,873.46
55-59	\$2,200.97	\$2,200.97	\$2,419.40	\$2,419.40
60-64	\$2,807.04	\$2,807.04	\$3,085.62	\$3,085.62
65-69	\$3,508.89	\$3,508.89	\$3,857.08	\$3,857.08

Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2027

BlueChoice

Policy Forms: 17-247 6/06

In-Network Deductible	\$5,000		\$5,000	
In-Network Stop Loss Amount:	N/A		N/A	
In-Network Coinsurance	100%/0%		100%/0%	
Office Visit Copay	\$30 PCP/\$50 Specialist		N/A	
RX Benefit	\$10/\$50 Essential Care Formulary		\$10/\$50 Essential Care Formulary	
	Male	Female	Male	Female
Individual				
0-1	\$421.32	\$421.32	\$348.93	\$348.93
2-12	\$141.78	\$141.78	\$117.39	\$117.39
13-17	\$141.78	\$219.45	\$117.39	\$181.82
18-24	\$141.78	\$219.45	\$117.39	\$181.82
25-29	\$172.07	\$282.60	\$142.47	\$234.11
30-34	\$193.08	\$330.02	\$159.92	\$273.40
35-39	\$232.79	\$395.81	\$192.76	\$327.84
40-44	\$278.97	\$453.46	\$231.12	\$375.62
45-49	\$370.93	\$522.54	\$307.34	\$432.84
50-54	\$496.95	\$596.19	\$411.65	\$493.77
55-59	\$717.95	\$742.32	\$594.64	\$614.81
60-64	\$1,001.11	\$907.09	\$829.21	\$751.37
65-69	\$1,251.35	\$1,133.96	\$1,036.57	\$939.28
Individual and Spouse				
00-24	\$340.01	\$340.01	\$281.65	\$281.65
25-29	\$427.95	\$427.95	\$354.40	\$354.40
30-34	\$492.34	\$492.34	\$407.92	\$407.92
35-39	\$591.65	\$591.65	\$490.03	\$490.03
40-44	\$689.41	\$689.41	\$571.11	\$571.11
45-49	\$812.82	\$812.82	\$673.22	\$673.22
50-54	\$1,014.04	\$1,014.04	\$839.93	\$839.93
55-59	\$1,354.31	\$1,354.31	\$1,121.77	\$1,121.77
60-64	\$1,769.35	\$1,769.35	\$1,465.64	\$1,465.64
65-69	\$2,211.70	\$2,211.70	\$1,831.98	\$1,831.98
Individual and Child				
00-24	\$375.37	\$471.43	\$310.91	\$390.44
25-29	\$412.73	\$549.65	\$341.82	\$455.19
30-34	\$438.75	\$608.31	\$363.43	\$503.77
35-39	\$487.79	\$689.68	\$404.06	\$571.23
40-44	\$545.15	\$761.03	\$451.51	\$630.34
45-49	\$610.48	\$782.37	\$505.68	\$648.09
50-54	\$688.36	\$791.19	\$570.15	\$655.43
55-59	\$917.51	\$942.77	\$760.01	\$780.88
60-64	\$1,211.24	\$1,113.74	\$1,003.27	\$922.51
65-69	\$1,514.08	\$1,392.23	\$1,254.09	\$1,153.14
Individual, Spouse, and Child				
00-24	\$591.94	\$591.94	\$490.33	\$490.33
25-29	\$697.79	\$697.79	\$577.95	\$577.95
30-34	\$775.31	\$775.31	\$642.17	\$642.17
35-39	\$894.53	\$894.53	\$741.01	\$741.01
40-44	\$1,012.36	\$1,012.36	\$838.57	\$838.57
45-49	\$1,143.82	\$1,143.82	\$947.44	\$947.44
50-54	\$1,338.32	\$1,338.32	\$1,108.55	\$1,108.55
55-59	\$1,728.29	\$1,728.29	\$1,431.59	\$1,431.59
60-64	\$2,204.17	\$2,204.17	\$1,825.67	\$1,825.67
65-69	\$2,755.31	\$2,755.31	\$2,282.19	\$2,282.19

Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2027

BlueChoice

Policy Forms: 17-247 6/06

In-Network Deductible	\$10,000		\$10,000	
In-Network Stop Loss Amount:	N/A		N/A	
In-Network Coinsurance	100%/0%		100%/0%	
Office Visit Copay	\$30 PCP/\$50 Specialist		N/A	
RX Benefit	\$10/\$50 Essential Care Formulary		\$10/\$50 Essential Care Formulary	
	Male	Female	Male	Female
Individual				
0-1	\$320.12	\$320.12	\$220.37	\$220.37
2-12	\$107.71	\$107.71	\$74.16	\$74.16
13-17	\$107.71	\$166.66	\$74.16	\$114.74
18-24	\$107.71	\$166.66	\$74.16	\$114.74
25-29	\$130.68	\$214.72	\$90.01	\$147.78
30-34	\$146.75	\$250.77	\$101.04	\$172.62
35-39	\$176.80	\$300.72	\$121.75	\$207.08
40-44	\$211.94	\$344.55	\$145.89	\$237.12
45-49	\$281.85	\$397.01	\$194.10	\$273.24
50-54	\$377.60	\$452.93	\$259.98	\$311.83
55-59	\$545.47	\$563.96	\$375.49	\$388.32
60-64	\$760.51	\$689.19	\$523.63	\$474.48
65-69	\$950.69	\$861.48	\$654.59	\$593.12
Individual and Spouse				
00-24	\$258.28	\$258.28	\$177.85	\$177.85
25-29	\$325.13	\$325.13	\$223.79	\$223.79
30-34	\$374.08	\$374.08	\$257.52	\$257.52
35-39	\$449.50	\$449.50	\$309.45	\$309.45
40-44	\$523.82	\$523.82	\$360.57	\$360.57
45-49	\$617.53	\$617.53	\$425.15	\$425.15
50-54	\$770.41	\$770.41	\$530.37	\$530.37
55-59	\$1,028.90	\$1,028.90	\$708.42	\$708.42
60-64	\$1,344.29	\$1,344.29	\$925.54	\$925.54
65-69	\$1,680.28	\$1,680.28	\$1,156.89	\$1,156.89
Individual and Child				
00-24	\$285.14	\$358.18	\$196.32	\$246.57
25-29	\$313.49	\$417.60	\$215.79	\$287.48
30-34	\$333.33	\$462.09	\$229.47	\$318.22
35-39	\$370.65	\$523.98	\$255.16	\$360.75
40-44	\$414.17	\$578.20	\$285.14	\$398.07
45-49	\$463.79	\$594.42	\$319.36	\$409.19
50-54	\$522.98	\$601.17	\$360.07	\$413.91
55-59	\$697.14	\$716.25	\$480.00	\$493.13
60-64	\$920.29	\$846.14	\$633.58	\$582.59
65-69	\$1,150.28	\$1,057.73	\$791.94	\$728.17
Individual, Spouse, and Child				
00-24	\$449.76	\$449.76	\$309.56	\$309.56
25-29	\$530.09	\$530.09	\$364.97	\$364.97
30-34	\$588.98	\$588.98	\$405.51	\$405.51
35-39	\$679.64	\$679.64	\$467.93	\$467.93
40-44	\$769.10	\$769.10	\$529.52	\$529.52
45-49	\$869.03	\$869.03	\$598.28	\$598.28
50-54	\$1,016.77	\$1,016.77	\$700.02	\$700.02
55-59	\$1,313.04	\$1,313.04	\$904.03	\$904.03
60-64	\$1,674.60	\$1,674.60	\$1,152.93	\$1,152.93
65-69	\$2,093.32	\$2,093.32	\$1,441.21	\$1,441.21

Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2027

BlueChoice

Policy Forms: 17-247 6/06

In-Network Deductible	\$25,000		\$25,000	
In-Network Stop Loss Amount:	N/A		N/A	
In-Network Coinsurance	100%/0%		100%/0%	
Office Visit Copay	\$30 PCP/\$50 Specialist		N/A	
RX Benefit	\$10/\$50 Essential Care Formulary		\$10/\$50 Essential Care Formulary	
	Male	Female	Male	Female
Individual				
0-1	\$254.87	\$254.87	\$141.65	\$141.65
2-12	\$85.80	\$85.80	\$47.70	\$47.70
13-17	\$85.80	\$132.79	\$47.70	\$73.74
18-24	\$85.80	\$132.79	\$47.70	\$73.74
25-29	\$104.07	\$170.94	\$57.89	\$95.04
30-34	\$116.82	\$199.71	\$64.90	\$111.04
35-39	\$140.79	\$239.45	\$78.25	\$133.08
40-44	\$168.81	\$274.34	\$93.84	\$152.55
45-49	\$224.47	\$316.20	\$124.77	\$175.70
50-54	\$300.72	\$360.65	\$167.10	\$200.48
55-59	\$434.41	\$449.09	\$241.44	\$249.62
60-64	\$605.65	\$548.82	\$336.68	\$305.07
65-69	\$757.13	\$686.02	\$420.84	\$381.33
Individual and Spouse				
00-24	\$205.70	\$205.70	\$114.33	\$114.33
25-29	\$258.94	\$258.94	\$143.92	\$143.92
30-34	\$297.95	\$297.95	\$165.64	\$165.64
35-39	\$357.94	\$357.94	\$198.89	\$198.89
40-44	\$417.11	\$417.11	\$231.80	\$231.80
45-49	\$491.77	\$491.77	\$273.37	\$273.37
50-54	\$613.55	\$613.55	\$341.06	\$341.06
55-59	\$819.32	\$819.32	\$455.44	\$455.44
60-64	\$1,070.47	\$1,070.47	\$595.03	\$595.03
65-69	\$1,338.09	\$1,338.09	\$743.75	\$743.75
Individual and Child				
00-24	\$227.04	\$285.23	\$126.22	\$158.55
25-29	\$249.72	\$332.53	\$138.75	\$184.80
30-34	\$265.44	\$367.98	\$147.58	\$204.52
35-39	\$295.07	\$417.23	\$164.09	\$231.94
40-44	\$329.80	\$460.45	\$183.36	\$255.89
45-49	\$369.37	\$473.38	\$205.24	\$263.16
50-54	\$416.45	\$478.71	\$231.47	\$266.05
55-59	\$555.14	\$570.41	\$308.56	\$317.08
60-64	\$732.78	\$673.90	\$407.30	\$374.57
65-69	\$916.03	\$842.28	\$509.17	\$468.21
Individual, Spouse, and Child				
00-24	\$358.10	\$358.10	\$199.08	\$199.08
25-29	\$422.15	\$422.15	\$234.59	\$234.59
30-34	\$469.02	\$469.02	\$260.73	\$260.73
35-39	\$541.16	\$541.16	\$300.87	\$300.87
40-44	\$612.47	\$612.47	\$340.50	\$340.50
45-49	\$692.00	\$692.00	\$384.63	\$384.63
50-54	\$809.66	\$809.66	\$450.04	\$450.04
55-59	\$1,045.66	\$1,045.66	\$581.14	\$581.14
60-64	\$1,333.51	\$1,333.51	\$741.20	\$741.20
65-69	\$1,666.94	\$1,666.94	\$926.52	\$926.52

**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2027**

**BlueChoice
Policy Forms: 17-247 6/06**

Optional Riders

Maternity Rider (\$5,000 Maximum Benefit, 12 Month Waiting Period)

80% In Network Coinsurance	\$683.90
100% In Network Coinsurance	\$744.51

Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2027
Comprehensive Blue PPO I
Policy Forms: 17-259 7-09, et al

	In Network	Out of Network		Drug Copays
Deductible	\$500	\$1,000	Tier 1 (Generic)	\$10
Coinsurance	80%/20%	60%/40%	Tier 2 (Preferred Brands)	\$35
Stop Loss Amount	\$10,000	No Max	Tier 3 (Non-Preferred Brands)	\$70

Primary Insured Medical & Drug Coverage Monthly Bank Draft Premiums

Attained			Attained		
Age	Female	Male	Age	Female	Male
0	\$537.25	\$537.25	35	\$502.27	\$317.96
1	\$537.25	\$537.25	36	\$511.82	\$326.93
2	\$196.91	\$196.91	37	\$520.78	\$336.20
3	\$196.91	\$196.91	38	\$531.51	\$348.10
4	\$196.91	\$196.91	39	\$542.19	\$359.96
5	\$196.91	\$196.91	40	\$552.92	\$371.74
6	\$196.91	\$196.91	41	\$563.63	\$383.65
7	\$196.91	\$196.91	42	\$599.78	\$395.81
8	\$196.91	\$196.91	43	\$614.55	\$414.39
9	\$196.91	\$196.91	44	\$629.61	\$432.60
10	\$196.91	\$196.91	45	\$647.57	\$459.76
11	\$196.91	\$196.91	46	\$662.69	\$487.12
12	\$196.91	\$196.91	47	\$677.13	\$514.54
13	\$212.84	\$196.91	48	\$698.81	\$547.96
14	\$212.84	\$196.91	49	\$720.57	\$581.67
15	\$212.84	\$196.91	50	\$745.33	\$615.12
16	\$235.81	\$196.91	51	\$770.47	\$648.60
17	\$258.77	\$196.91	52	\$795.82	\$681.98
18	\$277.47	\$204.59	53	\$840.37	\$727.46
19	\$296.06	\$204.59	54	\$885.13	\$791.20
20	\$310.61	\$204.59	55	\$929.61	\$857.31
21	\$318.43	\$204.59	56	\$974.11	\$925.67
22	\$326.27	\$204.59	57	\$1,018.58	\$997.07
23	\$334.01	\$204.59	58	\$1,057.56	\$1,064.21
24	\$348.53	\$204.59	59	\$1,096.12	\$1,132.28
25	\$385.16	\$216.58	60	\$1,135.16	\$1,201.23
26	\$390.96	\$229.44	61	\$1,173.77	\$1,271.41
27	\$396.70	\$237.04	62	\$1,212.15	\$1,341.71
28	\$402.51	\$244.95	63	\$1,271.80	\$1,426.46
29	\$408.30	\$252.87	64	\$1,331.10	\$1,511.48
30	\$440.78	\$260.48	65	\$1,492.04	\$1,737.24
31	\$453.60	\$265.95	66	\$1,492.04	\$1,737.24
32	\$466.30	\$276.64	67	\$1,492.04	\$1,737.24
33	\$476.12	\$285.62	68	\$1,492.04	\$1,737.24
34	\$485.65	\$294.34	69	\$1,492.04	\$1,737.24

Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2027
Comprehensive Blue PPO I
Policy Forms: 17-259 7-09, et al

	In Network	Out of Network		Drug Copays
Deductible	\$1,000	\$2,000	Tier 1 (Generic)	\$10
Coinsurance	80%/20%	60%/40%	Tier 2 (Preferred Brands)	\$35
Stop Loss Amount	\$10,000	No Max	Tier 3 (Non-Preferred Brands)	\$70

Primary Insured Medical & Drug Coverage Monthly Bank Draft Premiums

Attained			Attained		
Age	Female	Male	Age	Female	Male
0	\$478.87	\$478.87	35	\$460.64	\$291.40
1	\$478.87	\$478.87	36	\$469.11	\$299.33
2	\$178.14	\$178.14	37	\$477.05	\$307.51
3	\$178.14	\$178.14	38	\$486.51	\$317.96
4	\$178.14	\$178.14	39	\$495.96	\$328.47
5	\$178.14	\$178.14	40	\$505.40	\$338.96
6	\$178.14	\$178.14	41	\$514.92	\$349.42
7	\$178.14	\$178.14	42	\$546.83	\$360.16
8	\$178.14	\$178.14	43	\$559.91	\$376.57
9	\$178.14	\$178.14	44	\$573.20	\$392.69
10	\$178.14	\$178.14	45	\$589.47	\$417.70
11	\$178.14	\$178.14	46	\$602.73	\$442.87
12	\$178.14	\$178.14	47	\$615.55	\$468.20
13	\$192.18	\$178.14	48	\$634.70	\$498.56
14	\$192.18	\$178.14	49	\$653.86	\$529.07
15	\$192.18	\$178.14	50	\$676.18	\$559.43
16	\$214.09	\$178.14	51	\$698.74	\$589.79
17	\$236.12	\$178.14	52	\$721.59	\$620.06
18	\$254.35	\$185.57	53	\$763.06	\$661.15
19	\$272.51	\$185.57	54	\$804.65	\$718.31
20	\$287.06	\$185.57	55	\$846.07	\$777.56
21	\$293.94	\$185.57	56	\$887.39	\$838.81
22	\$300.86	\$185.57	57	\$928.85	\$902.74
23	\$307.73	\$185.57	58	\$963.87	\$963.06
24	\$320.54	\$185.57	59	\$998.63	\$1,024.03
25	\$354.80	\$196.76	60	\$1,033.70	\$1,085.81
26	\$359.86	\$208.79	61	\$1,068.49	\$1,148.74
27	\$365.01	\$216.21	62	\$1,103.06	\$1,211.76
28	\$370.11	\$223.80	63	\$1,156.72	\$1,288.25
29	\$375.19	\$231.48	64	\$1,210.18	\$1,365.11
30	\$405.57	\$238.76	65	\$1,353.44	\$1,566.23
31	\$416.87	\$243.65	66	\$1,353.44	\$1,566.23
32	\$428.10	\$253.15	67	\$1,353.44	\$1,566.23
33	\$436.76	\$261.05	68	\$1,353.44	\$1,566.23
34	\$445.22	\$268.75	69	\$1,353.44	\$1,566.23

Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2027
Comprehensive Blue PPO I
Policy Forms: 17-259 7-09, et al

	In Network	Out of Network		Drug Copays
Deductible	\$2,500	\$5,000	Tier 1 (Generic)	\$10
Coinsurance	100%/0%	80%/20%	Tier 2 (Preferred Brands)	\$35
Stop Loss Amount	Not Applicable	No Max	Tier 3 (Non-Preferred Brands)	\$70

Primary Insured Medical & Drug Coverage Monthly Bank Draft Premiums

Attained			Attained		
Age	Female	Male	Age	Female	Male
0	\$421.65	\$421.65	35	\$419.97	\$265.35
1	\$421.65	\$421.65	36	\$427.36	\$272.29
2	\$159.72	\$159.72	37	\$434.23	\$279.37
3	\$159.72	\$159.72	38	\$442.44	\$288.52
4	\$159.72	\$159.72	39	\$450.68	\$297.66
5	\$159.72	\$159.72	40	\$458.94	\$306.80
6	\$159.72	\$159.72	41	\$467.19	\$315.94
7	\$159.72	\$159.72	42	\$495.04	\$325.34
8	\$159.72	\$159.72	43	\$506.39	\$339.58
9	\$159.72	\$159.72	44	\$518.02	\$353.60
10	\$159.72	\$159.72	45	\$532.54	\$376.54
11	\$159.72	\$159.72	46	\$544.11	\$399.68
12	\$159.72	\$159.72	47	\$555.26	\$422.81
13	\$171.98	\$159.72	48	\$571.92	\$450.14
14	\$171.98	\$159.72	49	\$588.68	\$477.66
15	\$171.98	\$159.72	50	\$608.54	\$504.99
16	\$192.95	\$159.72	51	\$628.63	\$532.30
17	\$214.06	\$159.72	52	\$648.97	\$559.50
18	\$231.81	\$166.94	53	\$687.31	\$596.23
19	\$249.48	\$166.94	54	\$725.84	\$646.94
20	\$264.03	\$166.94	55	\$764.27	\$699.60
21	\$270.00	\$166.94	56	\$802.58	\$753.84
22	\$276.06	\$166.94	57	\$840.98	\$810.48
23	\$282.06	\$166.94	58	\$872.25	\$863.97
24	\$293.19	\$166.94	59	\$903.13	\$918.13
25	\$325.01	\$177.46	60	\$934.44	\$972.91
26	\$329.53	\$188.64	61	\$965.40	\$1,028.65
27	\$333.92	\$195.79	62	\$996.23	\$1,084.50
28	\$338.41	\$203.17	63	\$1,044.16	\$1,153.08
29	\$342.84	\$210.52	64	\$1,091.88	\$1,221.85
30	\$371.10	\$217.62	65	\$1,217.76	\$1,398.94
31	\$380.94	\$221.88	66	\$1,217.76	\$1,398.94
32	\$390.76	\$230.12	67	\$1,217.76	\$1,398.94
33	\$398.30	\$237.07	68	\$1,217.76	\$1,398.94
34	\$405.65	\$243.76	69	\$1,217.76	\$1,398.94

Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2027
Comprehensive Blue PPO I
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	In Network	Out of Network		Drug Copays
Deductible	\$5,000	\$10,000	Tier 1 (Generic)	\$10
Coinsurance	100%/0%	80%/20%	Tier 2 (Preferred Brands)	\$35
Stop Loss Amount	Not Applicable	No Max	Tier 3 (Non-Preferred Brands)	\$70

Primary Insured Medical & Drug Coverage Monthly Bank Draft Premiums

Attained			Attained		
Age	Female	Male	Age	Female	Male
0	\$332.55	\$332.55	35	\$356.49	\$224.77
1	\$332.55	\$332.55	36	\$362.08	\$230.12
2	\$131.04	\$131.04	37	\$367.47	\$235.58
3	\$131.04	\$131.04	38	\$373.79	\$242.66
4	\$131.04	\$131.04	39	\$380.08	\$249.66
5	\$131.04	\$131.04	40	\$386.36	\$256.70
6	\$131.04	\$131.04	41	\$392.75	\$263.65
7	\$131.04	\$131.04	42	\$414.24	\$270.87
8	\$131.04	\$131.04	43	\$422.95	\$281.87
9	\$131.04	\$131.04	44	\$431.81	\$292.66
10	\$131.04	\$131.04	45	\$443.69	\$312.34
11	\$131.04	\$131.04	46	\$452.58	\$332.19
12	\$131.04	\$131.04	47	\$461.21	\$352.03
13	\$140.47	\$131.04	48	\$474.04	\$374.64
14	\$140.47	\$131.04	49	\$486.83	\$397.37
15	\$140.47	\$131.04	50	\$502.91	\$419.95
16	\$160.00	\$131.04	51	\$519.16	\$442.57
17	\$179.52	\$131.04	52	\$535.60	\$465.05
18	\$196.57	\$137.85	53	\$569.25	\$494.96
19	\$213.54	\$137.85	54	\$603.05	\$535.67
20	\$228.09	\$137.85	55	\$636.70	\$577.82
21	\$232.65	\$137.85	56	\$670.25	\$621.24
22	\$237.29	\$137.85	57	\$703.92	\$666.51
23	\$241.91	\$137.85	58	\$729.19	\$709.43
24	\$250.53	\$137.85	59	\$754.24	\$752.77
25	\$278.65	\$147.27	60	\$779.53	\$796.67
26	\$282.03	\$157.17	61	\$804.60	\$841.38
27	\$285.49	\$163.90	62	\$829.43	\$886.07
28	\$288.89	\$170.88	63	\$868.40	\$942.06
29	\$292.30	\$177.93	64	\$907.28	\$998.36
30	\$317.27	\$184.67	65	\$1,006.15	\$1,137.85
31	\$324.87	\$187.86	66	\$1,006.15	\$1,137.85
32	\$332.39	\$194.23	67	\$1,006.15	\$1,137.85
33	\$338.20	\$199.57	68	\$1,006.15	\$1,137.85
34	\$343.88	\$204.69	69	\$1,006.15	\$1,137.85

Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
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	In Network	Out of Network		Drug Copays
Deductible	\$10,000	\$20,000	Tier 1 (Generic)	\$10
Coinsurance	100%/0%	80%/20%	Tier 2 (Preferred Brands)	\$35
Stop Loss Amount	Not Applicable	No Max	Tier 3 (Non-Preferred Brands)	\$70

Primary Insured Medical & Drug Coverage Monthly Bank Draft Premiums

Attained			Attained		
Age	Female	Male	Age	Female	Male
0	\$263.43	\$263.43	35	\$307.24	\$193.35
1	\$263.43	\$263.43	36	\$311.52	\$197.44
2	\$108.78	\$108.78	37	\$315.68	\$201.69
3	\$108.78	\$108.78	38	\$320.54	\$207.02
4	\$108.78	\$108.78	39	\$325.39	\$212.41
5	\$108.78	\$108.78	40	\$330.26	\$217.83
6	\$108.78	\$108.78	41	\$335.13	\$223.22
7	\$108.78	\$108.78	42	\$351.53	\$228.76
8	\$108.78	\$108.78	43	\$358.26	\$237.10
9	\$108.78	\$108.78	44	\$365.09	\$245.45
10	\$108.78	\$108.78	45	\$374.85	\$262.64
11	\$108.78	\$108.78	46	\$381.71	\$279.88
12	\$108.78	\$108.78	47	\$388.31	\$297.18
13	\$116.03	\$108.78	48	\$398.14	\$316.16
14	\$116.03	\$108.78	49	\$408.01	\$335.16
15	\$116.03	\$108.78	50	\$421.11	\$354.15
16	\$134.42	\$108.78	51	\$434.39	\$373.04
17	\$152.80	\$108.78	52	\$447.77	\$391.80
18	\$169.29	\$115.34	53	\$477.80	\$416.49
19	\$185.68	\$115.34	54	\$507.82	\$449.50
20	\$200.23	\$115.34	55	\$537.86	\$483.50
21	\$203.79	\$115.34	56	\$567.78	\$518.54
22	\$207.29	\$115.34	57	\$597.72	\$555.00
23	\$210.85	\$115.34	58	\$618.36	\$589.67
24	\$217.44	\$115.34	59	\$638.81	\$624.72
25	\$242.67	\$123.88	60	\$659.52	\$660.22
26	\$245.35	\$132.72	61	\$680.00	\$696.23
27	\$247.99	\$139.30	62	\$700.37	\$732.24
28	\$250.58	\$145.92	63	\$732.33	\$778.69
29	\$253.22	\$152.59	64	\$764.18	\$825.19
30	\$275.65	\$159.09	65	\$842.21	\$935.61
31	\$281.45	\$161.56	66	\$842.21	\$935.61
32	\$287.20	\$166.38	67	\$842.21	\$935.61
33	\$291.68	\$170.47	68	\$842.21	\$935.61
34	\$296.03	\$174.45	69	\$842.21	\$935.61

Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
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	In Network	Out of Network		Drug Copays
Deductible	\$15,000	\$30,000	Tier 1 (Generic)	\$10
Coinsurance	100%/0%	80%/20%	Tier 2 (Preferred Brands)	\$35
Stop Loss Amount	Not Applicable	No Max	Tier 3 (Non-Preferred Brands)	\$70

Primary Insured Medical & Drug Coverage Monthly Bank Draft Premiums

Attained			Attained		
Age	Female	Male	Age	Female	Male
0	\$225.73	\$225.73	35	\$280.38	\$176.19
1	\$225.73	\$225.73	36	\$284.02	\$179.64
2	\$96.65	\$96.65	37	\$287.44	\$183.11
3	\$96.65	\$96.65	38	\$291.48	\$187.64
4	\$96.65	\$96.65	39	\$295.54	\$192.15
5	\$96.65	\$96.65	40	\$299.61	\$196.61
6	\$96.65	\$96.65	41	\$303.66	\$201.16
7	\$96.65	\$96.65	42	\$317.40	\$205.73
8	\$96.65	\$96.65	43	\$322.98	\$212.77
9	\$96.65	\$96.65	44	\$328.69	\$219.70
10	\$96.65	\$96.65	45	\$337.32	\$235.54
11	\$96.65	\$96.65	46	\$343.08	\$251.38
12	\$96.65	\$96.65	47	\$348.55	\$267.33
13	\$102.75	\$96.65	48	\$356.74	\$284.21
14	\$102.75	\$96.65	49	\$364.98	\$301.24
15	\$102.75	\$96.65	50	\$376.50	\$318.19
16	\$120.45	\$96.65	51	\$388.16	\$335.05
17	\$138.21	\$96.65	52	\$399.92	\$351.91
18	\$154.41	\$103.07	53	\$427.89	\$373.72
19	\$170.48	\$103.07	54	\$455.94	\$402.39
20	\$185.03	\$103.07	55	\$483.94	\$432.04
21	\$187.95	\$103.07	56	\$511.78	\$462.47
22	\$190.91	\$103.07	57	\$539.80	\$494.17
23	\$193.92	\$103.07	58	\$557.92	\$524.38
24	\$199.36	\$103.07	59	\$575.90	\$554.91
25	\$223.09	\$111.13	60	\$594.07	\$585.70
26	\$225.26	\$119.41	61	\$611.99	\$617.09
27	\$227.47	\$125.83	62	\$629.94	\$648.40
28	\$229.70	\$132.31	63	\$658.07	\$689.52
29	\$231.89	\$138.77	64	\$686.16	\$730.72
30	\$252.92	\$145.12	65	\$752.77	\$825.29
31	\$257.75	\$147.18	66	\$752.77	\$825.29
32	\$262.55	\$151.26	67	\$752.77	\$825.29
33	\$266.30	\$154.67	68	\$752.77	\$825.29
34	\$269.92	\$157.97	69	\$752.77	\$825.29

Arkansas Blue Cross and Blue Shield
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	In Network	Out of Network		Drug Copays
Deductible	\$20,000	\$40,000	Tier 1 (Generic)	\$10
Coinsurance	100%/0%	80%/20%	Tier 2 (Preferred Brands)	\$35
Stop Loss Amount	Not Applicable	No Max	Tier 3 (Non-Preferred Brands)	\$70

Primary Insured Medical & Drug Coverage Monthly Bank Draft Premiums

Attained			Attained		
Age	Female	Male	Age	Female	Male
0	\$208.14	\$208.14	35	\$267.88	\$168.21
1	\$208.14	\$208.14	36	\$271.15	\$171.28
2	\$91.00	\$91.00	37	\$274.21	\$174.45
3	\$91.00	\$91.00	38	\$277.93	\$178.54
4	\$91.00	\$91.00	39	\$281.62	\$182.69
5	\$91.00	\$91.00	40	\$285.29	\$186.76
6	\$91.00	\$91.00	41	\$289.02	\$190.81
7	\$91.00	\$91.00	42	\$301.48	\$195.01
8	\$91.00	\$91.00	43	\$306.54	\$201.40
9	\$91.00	\$91.00	44	\$311.72	\$207.64
10	\$91.00	\$91.00	45	\$319.82	\$222.84
11	\$91.00	\$91.00	46	\$325.02	\$238.09
12	\$91.00	\$91.00	47	\$330.00	\$253.35
13	\$96.49	\$91.00	48	\$337.46	\$269.40
14	\$96.49	\$91.00	49	\$344.96	\$285.39
15	\$96.49	\$91.00	50	\$355.68	\$301.39
16	\$113.89	\$91.00	51	\$366.52	\$317.40
17	\$131.44	\$91.00	52	\$377.55	\$333.28
18	\$147.44	\$97.34	53	\$404.56	\$353.74
19	\$163.39	\$97.34	54	\$431.69	\$380.45
20	\$177.94	\$97.34	55	\$458.82	\$408.05
21	\$180.60	\$97.34	56	\$485.75	\$436.41
22	\$183.33	\$97.34	57	\$512.77	\$465.80
23	\$186.00	\$97.34	58	\$529.66	\$493.88
24	\$190.97	\$97.34	59	\$546.53	\$522.34
25	\$213.93	\$105.19	60	\$563.51	\$550.95
26	\$215.94	\$113.22	61	\$580.31	\$580.13
27	\$217.94	\$119.59	62	\$597.11	\$609.29
28	\$219.92	\$125.91	63	\$623.44	\$647.87
29	\$221.87	\$132.35	64	\$649.79	\$686.63
30	\$242.33	\$138.56	65	\$711.01	\$773.87
31	\$246.68	\$140.45	66	\$711.01	\$773.87
32	\$251.07	\$144.18	67	\$711.01	\$773.87
33	\$254.41	\$147.24	68	\$711.01	\$773.87
34	\$257.75	\$150.28	69	\$711.01	\$773.87

Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2027
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	In Network	Out of Network		Drug Copays
Deductible	\$25,000	\$50,000	Tier 1 (Generic)	\$10
Coinsurance	100%/0%	80%/20%	Tier 2 (Preferred Brands)	\$35
Stop Loss Amount	Not Applicable	No Max	Tier 3 (Non-Preferred Brands)	\$70

Primary Insured Medical & Drug Coverage Monthly Bank Draft Premiums

Attained			Attained		
Age	Female	Male	Age	Female	Male
0	\$188.68	\$188.68	35	\$254.00	\$159.35
1	\$188.68	\$188.68	36	\$256.93	\$162.11
2	\$84.74	\$84.74	37	\$259.67	\$164.94
3	\$84.74	\$84.74	38	\$262.88	\$168.55
4	\$84.74	\$84.74	39	\$266.22	\$172.20
5	\$84.74	\$84.74	40	\$269.48	\$175.82
6	\$84.74	\$84.74	41	\$272.75	\$179.44
7	\$84.74	\$84.74	42	\$283.77	\$183.11
8	\$84.74	\$84.74	43	\$288.26	\$188.77
9	\$84.74	\$84.74	44	\$292.89	\$194.39
10	\$84.74	\$84.74	45	\$300.45	\$208.85
11	\$84.74	\$84.74	46	\$305.00	\$223.38
12	\$84.74	\$84.74	47	\$309.45	\$237.88
13	\$89.61	\$84.74	48	\$316.07	\$252.89
14	\$89.61	\$84.74	49	\$322.73	\$267.88
15	\$89.61	\$84.74	50	\$332.62	\$282.88
16	\$106.71	\$84.74	51	\$342.63	\$297.83
17	\$123.88	\$84.74	52	\$352.77	\$312.69
18	\$139.73	\$91.00	53	\$378.83	\$331.63
19	\$155.54	\$91.00	54	\$404.86	\$356.17
20	\$170.09	\$91.00	55	\$430.87	\$381.47
21	\$172.46	\$91.00	56	\$456.83	\$407.38
22	\$174.85	\$91.00	57	\$482.86	\$434.38
23	\$177.24	\$91.00	58	\$498.48	\$460.15
24	\$181.65	\$91.00	59	\$513.98	\$486.22
25	\$203.76	\$98.60	60	\$529.72	\$512.47
26	\$205.60	\$106.37	61	\$545.22	\$539.25
27	\$207.37	\$112.59	62	\$560.71	\$565.94
28	\$209.16	\$118.87	63	\$585.12	\$601.84
29	\$210.90	\$125.22	64	\$609.46	\$637.84
30	\$230.58	\$131.38	65	\$664.83	\$716.82
31	\$234.46	\$133.14	66	\$664.83	\$716.82
32	\$238.32	\$136.35	67	\$664.83	\$716.82
33	\$241.30	\$139.09	68	\$664.83	\$716.82
34	\$244.21	\$141.74	69	\$664.83	\$716.82

Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2027
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	In Network	Out of Network		Drug Copays
Deductible	\$500	\$1,000	Tier 1 (Generic)	\$10
Coinsurance	80%/20%	60%/40%	Tier 2 (Preferred Brands)	\$35
Stop Loss Amount	\$10,000	No Max	Tier 3 (Non-Preferred Brands)	\$70

Spouse Insured Medical & Drug Coverage Monthly Bank Draft Premiums

Attained	Primary is	Primary is	Attained	Primary is	Primary is
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
15	\$196.27	\$212.10	43	\$382.47	\$561.96
16	\$196.27	\$235.06	44	\$394.58	\$597.98
17	\$196.27	\$257.95	45	\$413.03	\$612.69
18	\$203.93	\$276.64	46	\$431.18	\$627.68
19	\$203.93	\$295.23	47	\$458.24	\$645.61
20	\$203.93	\$295.23	48	\$485.58	\$660.61
21	\$203.93	\$309.78	49	\$512.93	\$675.04
22	\$203.93	\$317.61	50	\$546.30	\$696.63
23	\$203.93	\$325.38	51	\$579.92	\$718.30
24	\$203.93	\$333.14	52	\$613.26	\$742.95
25	\$203.93	\$333.14	53	\$646.54	\$768.01
26	\$203.93	\$347.55	54	\$679.80	\$793.31
27	\$215.85	\$384.09	55	\$725.23	\$837.72
28	\$228.68	\$389.85	56	\$788.70	\$882.36
29	\$236.35	\$395.60	57	\$854.56	\$926.79
30	\$244.23	\$401.40	58	\$922.66	\$971.13
31	\$252.17	\$407.14	59	\$993.78	\$1,015.52
32	\$259.73	\$439.62	60	\$1,060.79	\$1,054.39
33	\$265.18	\$452.33	61	\$1,133.91	\$1,096.53
34	\$275.83	\$464.98	62	\$1,208.75	\$1,139.29
35	\$284.82	\$474.79	63	\$1,285.74	\$1,182.13
36	\$293.46	\$484.30	64	\$1,363.92	\$1,224.96
37	\$317.05	\$500.87	65	\$1,450.63	\$1,285.75
38	\$325.99	\$510.33	66	\$1,450.63	\$1,285.75
39	\$335.22	\$519.26	67	\$1,450.63	\$1,285.75
40	\$347.05	\$529.96	68	\$1,450.63	\$1,285.75
41	\$358.86	\$540.61	69	\$1,450.63	\$1,285.75
42	\$370.65	\$551.29			

Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
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	In Network	Out of Network		Drug Copays
Deductible	\$1,000	\$2,000	Tier 1 (Generic)	\$10
Coinsurance	80%/20%	60%/40%	Tier 2 (Preferred Brands)	\$35
Stop Loss Amount	\$10,000	No Max	Tier 3 (Non-Preferred Brands)	\$70

Spouse Insured Medical & Drug Coverage Monthly Bank Draft Premiums

Attained	Primary is	Primary is	Attained	Primary is	Primary is
Age	Female	Male	Age	Female	Male
15	\$177.51	\$191.54	43	\$348.42	\$513.41
16	\$177.51	\$213.50	44	\$359.13	\$545.21
17	\$177.51	\$235.45	45	\$375.41	\$558.24
18	\$184.96	\$253.68	46	\$391.42	\$571.46
19	\$184.96	\$271.81	47	\$416.43	\$587.67
20	\$184.96	\$271.81	48	\$441.60	\$600.93
21	\$184.96	\$286.36	49	\$466.76	\$613.65
22	\$184.96	\$293.19	50	\$497.03	\$632.76
23	\$184.96	\$300.09	51	\$527.50	\$651.88
24	\$184.96	\$306.98	52	\$557.81	\$674.08
25	\$184.96	\$306.98	53	\$588.05	\$696.56
26	\$184.96	\$319.71	54	\$618.24	\$719.36
27	\$196.18	\$353.84	55	\$659.16	\$760.68
28	\$208.15	\$358.89	56	\$716.10	\$802.22
29	\$215.61	\$364.05	57	\$775.18	\$843.55
30	\$223.17	\$369.10	58	\$836.18	\$884.79
31	\$230.80	\$374.21	59	\$899.89	\$926.12
32	\$238.17	\$404.50	60	\$959.96	\$961.03
33	\$242.96	\$415.75	61	\$1,026.09	\$999.35
34	\$252.42	\$426.94	62	\$1,093.79	\$1,038.24
35	\$260.30	\$435.57	63	\$1,163.52	\$1,077.22
36	\$267.89	\$444.00	64	\$1,234.47	\$1,116.28
37	\$290.58	\$459.41	65	\$1,312.93	\$1,171.20
38	\$298.48	\$467.78	66	\$1,312.93	\$1,171.20
39	\$306.66	\$475.68	67	\$1,312.93	\$1,171.20
40	\$317.05	\$485.11	68	\$1,312.93	\$1,171.20
41	\$327.50	\$494.60	69	\$1,312.93	\$1,171.20
42	\$337.92	\$503.98			

Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2027
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	In Network	Out of Network		Drug Copays
Deductible	\$2,500	\$5,000	Tier 1 (Generic)	\$10
Coinsurance	100%/0%	80%/20%	Tier 2 (Preferred Brands)	\$35
Stop Loss Amount	Not Applicable	No Max	Tier 3 (Non-Preferred Brands)	\$70

Spouse Insured Medical & Drug Coverage Monthly Bank Draft Premiums

Attained Age	Primary is Female	Primary is Male	Attained Age	Primary is Female	Primary is Male
15	\$159.23	\$171.42	43	\$315.04	\$465.90
16	\$159.23	\$192.39	44	\$324.40	\$493.66
17	\$159.23	\$213.48	45	\$338.57	\$505.00
18	\$166.40	\$231.18	46	\$352.51	\$516.51
19	\$166.40	\$248.84	47	\$375.42	\$530.98
20	\$166.40	\$248.84	48	\$398.53	\$542.54
21	\$166.40	\$263.39	49	\$421.52	\$553.63
22	\$166.40	\$269.36	50	\$448.83	\$570.26
23	\$166.40	\$275.40	51	\$476.26	\$586.87
24	\$166.40	\$281.35	52	\$503.50	\$606.66
25	\$166.40	\$281.35	53	\$530.76	\$626.71
26	\$166.40	\$292.49	54	\$557.90	\$646.96
27	\$176.94	\$324.26	55	\$594.46	\$685.28
28	\$188.09	\$328.64	56	\$645.04	\$723.78
29	\$195.21	\$333.14	57	\$697.40	\$762.11
30	\$202.61	\$337.51	58	\$751.58	\$800.29
31	\$209.96	\$341.98	59	\$808.00	\$838.62
32	\$217.06	\$370.15	60	\$861.32	\$869.75
33	\$221.28	\$380.00	61	\$920.52	\$904.25
34	\$229.52	\$389.76	62	\$981.38	\$939.37
35	\$236.44	\$397.26	63	\$1,043.96	\$974.57
36	\$242.99	\$404.60	64	\$1,107.75	\$1,009.82
37	\$264.69	\$418.87	65	\$1,178.33	\$1,059.04
38	\$271.58	\$426.17	66	\$1,178.33	\$1,059.04
39	\$278.64	\$433.05	67	\$1,178.33	\$1,059.04
40	\$287.76	\$441.24	68	\$1,178.33	\$1,059.04
41	\$296.84	\$449.50	69	\$1,178.33	\$1,059.04
42	\$305.96	\$457.72			

Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2027
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	In Network	Out of Network		Drug Copays
Deductible	\$5,000	\$10,000	Tier 1 (Generic)	\$10
Coinsurance	100%/0%	80%/20%	Tier 2 (Preferred Brands)	\$35
Stop Loss Amount	Not Applicable	No Max	Tier 3 (Non-Preferred Brands)	\$70

Spouse Insured Medical & Drug Coverage Monthly Bank Draft Premiums

Attained	Primary is	Primary is	Attained	Primary is	Primary is
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
15	\$130.63	\$140.03	43	\$263.00	\$391.73
16	\$130.63	\$159.54	44	\$270.16	\$413.13
17	\$130.63	\$179.15	45	\$281.07	\$421.79
18	\$137.53	\$196.10	46	\$291.83	\$430.69
19	\$137.53	\$213.03	47	\$311.50	\$442.57
20	\$137.53	\$213.03	48	\$331.29	\$451.41
21	\$137.53	\$227.58	49	\$351.07	\$459.93
22	\$137.53	\$232.24	50	\$373.68	\$472.72
23	\$137.53	\$236.76	51	\$396.28	\$485.53
24	\$137.53	\$241.38	52	\$418.84	\$501.46
25	\$137.53	\$241.38	53	\$441.30	\$517.72
26	\$137.53	\$249.94	54	\$463.82	\$534.03
27	\$146.87	\$278.01	55	\$493.61	\$567.67
28	\$156.74	\$281.47	56	\$534.18	\$601.43
29	\$163.50	\$284.89	57	\$576.21	\$634.99
30	\$170.45	\$288.21	58	\$619.46	\$668.49
31	\$177.43	\$291.63	59	\$664.60	\$702.14
32	\$184.21	\$316.60	60	\$707.35	\$727.28
33	\$187.45	\$324.13	61	\$755.83	\$755.90
34	\$193.75	\$331.64	62	\$805.82	\$785.04
35	\$199.03	\$337.48	63	\$857.43	\$814.40
36	\$204.14	\$343.05	64	\$910.08	\$843.82
37	\$224.20	\$355.62	65	\$968.21	\$884.00
38	\$229.54	\$361.25	66	\$968.21	\$884.00
39	\$234.99	\$366.51	67	\$968.21	\$884.00
40	\$242.03	\$372.84	68	\$968.21	\$884.00
41	\$249.01	\$379.15	69	\$968.21	\$884.00
42	\$256.00	\$385.44			

Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2027
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	In Network	Out of Network		Drug Copays
Deductible	\$10,000	\$20,000	Tier 1 (Generic)	\$10
Coinsurance	100%/0%	80%/20%	Tier 2 (Preferred Brands)	\$35
Stop Loss Amount	Not Applicable	No Max	Tier 3 (Non-Preferred Brands)	\$70

Spouse Insured Medical & Drug Coverage Monthly Bank Draft Premiums

Attained Age	Primary is Female	Primary is Male	Attained Age	Primary is Female	Primary is Male
15	\$108.50	\$115.75	43	\$222.70	\$334.35
16	\$108.50	\$134.06	44	\$228.21	\$350.69
17	\$108.50	\$152.48	45	\$236.52	\$357.38
18	\$115.09	\$168.93	46	\$244.83	\$364.21
19	\$115.09	\$185.23	47	\$262.02	\$374.01
20	\$115.09	\$185.23	48	\$279.21	\$380.79
21	\$115.09	\$199.78	49	\$296.49	\$387.33
22	\$115.09	\$203.37	50	\$315.39	\$397.15
23	\$115.09	\$206.89	51	\$334.33	\$406.98
24	\$115.09	\$210.46	52	\$353.28	\$420.03
25	\$115.09	\$210.46	53	\$372.06	\$433.25
26	\$115.09	\$216.96	54	\$390.88	\$446.62
27	\$123.59	\$242.19	55	\$415.44	\$476.59
28	\$132.41	\$244.87	56	\$448.34	\$506.61
29	\$139.00	\$247.50	57	\$482.28	\$536.54
30	\$145.53	\$250.07	58	\$517.22	\$566.39
31	\$152.23	\$252.67	59	\$553.51	\$596.27
32	\$158.73	\$275.10	60	\$588.10	\$616.96
33	\$161.18	\$280.87	61	\$628.31	\$640.96
34	\$166.05	\$286.62	62	\$669.89	\$665.57
35	\$170.14	\$291.06	63	\$712.88	\$690.26
36	\$174.03	\$295.46	64	\$756.90	\$715.17
37	\$192.98	\$306.56	65	\$805.41	\$748.52
38	\$197.03	\$310.91	66	\$805.41	\$748.52
39	\$201.23	\$314.93	67	\$805.41	\$748.52
40	\$206.56	\$319.80	68	\$805.41	\$748.52
41	\$211.96	\$324.66	69	\$805.41	\$748.52
42	\$217.30	\$329.52			

Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
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	In Network	Out of Network		Drug Copays
Deductible	\$15,000	\$30,000	Tier 1 (Generic)	\$10
Coinsurance	100%/0%	80%/20%	Tier 2 (Preferred Brands)	\$35
Stop Loss Amount	Not Applicable	No Max	Tier 3 (Non-Preferred Brands)	\$70

Spouse Insured Medical & Drug Coverage Monthly Bank Draft Premiums

Attained	Primary is	Primary is	Attained	Primary is	Primary is
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
15	\$96.38	\$102.47	43	\$200.70	\$303.09
16	\$96.38	\$120.17	44	\$205.29	\$316.67
17	\$96.38	\$137.91	45	\$212.24	\$322.27
18	\$102.86	\$154.10	46	\$219.13	\$328.00
19	\$102.86	\$170.14	47	\$234.95	\$336.60
20	\$102.86	\$170.14	48	\$250.80	\$342.30
21	\$102.86	\$184.69	49	\$266.78	\$347.74
22	\$102.86	\$187.65	50	\$283.63	\$356.03
23	\$102.86	\$190.58	51	\$300.60	\$364.14
24	\$102.86	\$193.54	52	\$317.47	\$375.56
25	\$102.86	\$193.54	53	\$334.27	\$387.22
26	\$102.86	\$198.98	54	\$351.15	\$398.92
27	\$110.88	\$222.69	55	\$372.87	\$426.89
28	\$119.17	\$224.92	56	\$401.41	\$454.89
29	\$125.56	\$227.05	57	\$431.06	\$482.82
30	\$132.00	\$229.30	58	\$461.37	\$510.67
31	\$138.53	\$231.49	59	\$492.96	\$538.65
32	\$144.84	\$252.44	60	\$523.07	\$556.78
33	\$146.93	\$257.23	61	\$558.78	\$578.29
34	\$150.94	\$262.09	62	\$595.70	\$600.34
35	\$154.31	\$265.75	63	\$634.06	\$622.57
36	\$157.57	\$269.42	64	\$673.38	\$645.03
37	\$175.89	\$279.92	65	\$716.59	\$674.54
38	\$179.32	\$283.46	66	\$716.59	\$674.54
39	\$182.74	\$286.86	67	\$716.59	\$674.54
40	\$187.25	\$290.86	68	\$716.59	\$674.54
41	\$191.75	\$294.93	69	\$716.59	\$674.54
42	\$196.22	\$298.97			

Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
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	In Network	Out of Network		Drug Copays
Deductible	\$20,000	\$40,000	Tier 1 (Generic)	\$10
Coinsurance	100%/0%	80%/20%	Tier 2 (Preferred Brands)	\$35
Stop Loss Amount	Not Applicable	No Max	Tier 3 (Non-Preferred Brands)	\$70

Spouse Insured Medical & Drug Coverage Monthly Bank Draft Premiums

Attained	Primary is	Primary is	Attained	Primary is	Primary is
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
15	\$90.78	\$96.25	43	\$190.46	\$288.45
16	\$90.78	\$113.69	44	\$194.56	\$300.80
17	\$90.78	\$131.15	45	\$200.91	\$305.91
18	\$97.10	\$147.15	46	\$207.18	\$311.07
19	\$97.10	\$163.10	47	\$222.35	\$319.13
20	\$97.10	\$163.10	48	\$237.59	\$324.31
21	\$97.10	\$177.65	49	\$252.77	\$329.29
22	\$97.10	\$180.38	50	\$268.76	\$336.72
23	\$97.10	\$182.99	51	\$284.79	\$344.13
24	\$97.10	\$185.70	52	\$300.73	\$354.83
25	\$97.10	\$185.70	53	\$316.73	\$365.69
26	\$97.10	\$190.63	54	\$332.57	\$376.67
27	\$104.92	\$213.57	55	\$352.94	\$403.67
28	\$112.97	\$215.54	56	\$379.62	\$430.74
29	\$119.29	\$217.54	57	\$407.08	\$457.79
30	\$125.69	\$219.59	58	\$435.34	\$484.71
31	\$132.11	\$221.53	59	\$464.68	\$511.70
32	\$138.36	\$241.87	60	\$492.69	\$528.62
33	\$140.20	\$246.20	61	\$526.30	\$549.06
34	\$143.89	\$250.64	62	\$561.08	\$569.95
35	\$146.95	\$254.01	63	\$597.26	\$590.99
36	\$149.96	\$257.23	64	\$634.39	\$612.34
37	\$167.91	\$267.37	65	\$675.17	\$640.02
38	\$171.01	\$270.65	66	\$675.17	\$640.02
39	\$174.18	\$273.73	67	\$675.17	\$640.02
40	\$178.26	\$277.41	68	\$675.17	\$640.02
41	\$182.32	\$281.05	69	\$675.17	\$640.02
42	\$186.32	\$284.73			

Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
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	In Network	Out of Network		Drug Copays
Deductible	\$25,000	\$50,000	Tier 1 (Generic)	\$10
Coinsurance	100%/0%	80%/20%	Tier 2 (Preferred Brands)	\$35
Stop Loss Amount	Not Applicable	No Max	Tier 3 (Non-Preferred Brands)	\$70

Spouse Insured Medical & Drug Coverage Monthly Bank Draft Premiums

Attained	Primary is	Primary is	Attained	Primary is	Primary is
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
15	\$84.55	\$89.43	43	\$179.07	\$272.23
16	\$84.55	\$106.53	44	\$182.74	\$283.24
17	\$84.55	\$123.65	45	\$188.41	\$287.68
18	\$90.77	\$139.49	46	\$193.97	\$292.29
19	\$90.77	\$155.30	47	\$208.44	\$299.81
20	\$90.77	\$155.30	48	\$222.88	\$304.44
21	\$90.77	\$169.85	49	\$237.44	\$308.83
22	\$90.77	\$172.20	50	\$252.38	\$315.39
23	\$90.77	\$174.57	51	\$267.33	\$322.07
24	\$90.77	\$176.98	52	\$282.27	\$331.90
25	\$90.77	\$176.98	53	\$297.19	\$341.93
26	\$90.77	\$181.37	54	\$312.01	\$352.00
27	\$98.39	\$203.48	55	\$330.95	\$377.98
28	\$106.17	\$205.28	56	\$355.44	\$404.06
29	\$112.40	\$206.99	57	\$380.64	\$430.05
30	\$118.64	\$208.74	58	\$406.51	\$455.96
31	\$125.00	\$210.56	59	\$433.36	\$481.89
32	\$131.20	\$230.15	60	\$459.12	\$497.51
33	\$132.87	\$234.04	61	\$490.35	\$516.63
34	\$136.05	\$237.91	62	\$522.81	\$536.26
35	\$138.84	\$240.89	63	\$556.52	\$555.98
36	\$141.49	\$243.87	64	\$591.24	\$576.08
37	\$159.13	\$253.52	65	\$629.29	\$601.84
38	\$161.80	\$256.51	66	\$629.29	\$601.84
39	\$164.56	\$259.19	67	\$629.29	\$601.84
40	\$168.21	\$262.44	68	\$629.29	\$601.84
41	\$171.87	\$265.76	69	\$629.29	\$601.84
42	\$175.46	\$268.96			

Arkansas Blue Cross and Blue Shield
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Dependent Child(ren) Insured Medical Coverage Monthly Bank Draft Premiums (All Eligible)

		In Network				
<u>Deductible</u>	<u>In Network</u>	<u>Stop Loss</u>	<u>Out of Network</u>	<u>One</u>	<u>Two</u>	<u>All (3+)</u>
	<u>Coinsurance</u>	<u>Amount</u>	<u>Coinsurance</u>	<u>Child</u>	<u>Children</u>	<u>Children</u>
\$500	80% / 20%	\$10,000	60% / 40%	\$184.59	\$369.21	\$553.83
\$1,000	80% / 20%	\$10,000	60% / 40%	\$163.13	\$326.26	\$489.39
\$2,500	100% / 0%	Not Applicable	80% / 20%	\$142.08	\$284.20	\$426.28
\$5,000	100% / 0%	Not Applicable	80% / 20%	\$109.34	\$218.63	\$327.96
\$10,000	100% / 0%	Not Applicable	80% / 20%	\$83.90	\$167.76	\$251.65
\$15,000	100% / 0%	Not Applicable	80% / 20%	\$70.00	\$140.04	\$210.04
\$20,000	100% / 0%	Not Applicable	80% / 20%	\$63.53	\$127.14	\$190.67
\$25,000	100% / 0%	Not Applicable	80% / 20%	\$56.39	\$112.80	\$169.16

Maternity Rider Coverage Monthly Bank Draft Premiums (All Eligible)

		In Network		
<u>Deductible</u>	<u>In Network</u>	<u>Stop Loss</u>	<u>Out of Network</u>	<u>Maternity</u>
	<u>Coinsurance</u>	<u>Amount</u>	<u>Coinsurance</u>	<u>Rider</u>
\$500	80% / 20%	No Limit	60% / 40%	\$329.63
\$1,000	80% / 20%	No Limit	60% / 40%	\$311.49
\$2,500	100% / 0%	Not Applicable	80% / 20%	\$302.21
\$5,000	100% / 0%	Not Applicable	80% / 20%	\$261.08
\$10,000	100% / 0%	Not Applicable	80% / 20%	\$103.40
\$15,000	100% / 0%	Not Applicable	80% / 20%	\$68.94
\$20,000	100% / 0%	Not Applicable	80% / 20%	\$51.72
\$25,000	100% / 0%	Not Applicable	80% / 20%	\$34.46

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Primary Insured Prescription Drug Coverage Monthly Bank Draft Premiums

Tier 1 Copay (Generic)	\$10
Tier 2 Copay (Preferred Brands)	\$35
Tier 3 Copay (Non-Preferred Brands)	\$70

Attained			Attained		
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
0	\$35.43	\$35.43	35	\$144.86	\$89.63
1	\$35.43	\$35.43	36	\$144.86	\$89.63
2	\$35.43	\$35.43	37	\$144.86	\$89.63
3	\$35.43	\$35.43	38	\$144.86	\$89.63
4	\$35.43	\$35.43	39	\$144.86	\$89.63
5	\$35.43	\$35.43	40	\$144.86	\$89.63
6	\$35.43	\$35.43	41	\$144.86	\$89.63
7	\$35.43	\$35.43	42	\$144.86	\$89.63
8	\$35.43	\$35.43	43	\$144.86	\$89.63
9	\$35.43	\$35.43	44	\$144.86	\$89.63
10	\$35.43	\$35.43	45	\$147.81	\$98.55
11	\$35.43	\$35.43	46	\$147.81	\$107.41
12	\$35.43	\$35.43	47	\$147.81	\$116.29
13	\$35.43	\$35.43	48	\$147.81	\$123.13
14	\$35.43	\$35.43	49	\$147.81	\$129.92
15	\$35.43	\$35.43	50	\$151.19	\$136.76
16	\$49.98	\$35.43	51	\$154.58	\$143.59
17	\$64.58	\$35.43	52	\$158.00	\$150.31
18	\$79.21	\$41.07	53	\$175.89	\$157.62
19	\$93.75	\$41.07	54	\$193.73	\$164.93
20	\$108.30	\$41.07	55	\$211.63	\$172.29
21	\$108.30	\$41.07	56	\$229.45	\$179.57
22	\$108.30	\$41.07	57	\$247.33	\$186.98
23	\$108.30	\$41.07	58	\$252.72	\$194.58
24	\$108.30	\$41.07	59	\$258.06	\$202.17
25	\$124.10	\$46.69	60	\$263.48	\$209.71
26	\$124.10	\$52.28	61	\$268.84	\$217.38
27	\$124.10	\$57.89	62	\$274.24	\$224.88
28	\$124.10	\$63.47	63	\$283.19	\$239.32
29	\$124.10	\$69.10	64	\$292.17	\$253.75
30	\$138.11	\$74.65	65	\$301.12	\$268.22
31	\$138.11	\$74.65	66	\$301.12	\$268.22
32	\$138.11	\$74.65	67	\$301.12	\$268.22
33	\$138.11	\$74.65	68	\$301.12	\$268.22
34	\$138.11	\$74.65	69	\$301.12	\$268.22

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Spouse Insured Prescription Drug Coverage Monthly Bank Draft Premiums

Tier 1 Copay (Generic)	\$10
Tier 2 Copay (Preferred Brands)	\$35
Tier 3 Copay (Non-Preferred Brands)	\$70

Attained Age of Primary	Primary is Female	Primary is Male	Attained Age of Primary	Primary is Female	Primary is Male
15	\$35.43	\$35.43	43	\$89.63	\$144.86
16	\$35.43	\$49.98	44	\$89.63	\$144.86
17	\$35.43	\$64.58	45	\$89.63	\$144.86
18	\$41.07	\$79.21	46	\$89.63	\$144.86
19	\$41.07	\$93.75	47	\$98.55	\$147.81
20	\$41.07	\$93.75	48	\$107.41	\$147.81
21	\$41.07	\$108.30	49	\$116.29	\$147.81
22	\$41.07	\$108.30	50	\$123.13	\$147.81
23	\$41.07	\$108.30	51	\$129.92	\$147.81
24	\$41.07	\$108.30	52	\$136.76	\$151.19
25	\$41.07	\$108.30	53	\$143.59	\$154.58
26	\$41.07	\$108.30	54	\$150.31	\$158.00
27	\$46.69	\$124.10	55	\$157.62	\$175.89
28	\$52.28	\$124.10	56	\$164.93	\$193.73
29	\$57.89	\$124.10	57	\$172.29	\$211.63
30	\$63.47	\$124.10	58	\$179.57	\$229.45
31	\$69.10	\$124.10	59	\$186.98	\$247.33
32	\$74.65	\$138.11	60	\$194.58	\$252.72
33	\$74.65	\$138.11	61	\$207.45	\$261.73
34	\$74.65	\$138.11	62	\$221.22	\$271.09
35	\$74.65	\$138.11	63	\$235.93	\$280.78
36	\$74.65	\$138.11	64	\$251.58	\$290.77
37	\$89.63	\$144.86	65	\$268.22	\$301.12
38	\$89.63	\$144.86	66	\$268.22	\$301.12
39	\$89.63	\$144.86	67	\$268.22	\$301.12
40	\$89.63	\$144.86	68	\$268.22	\$301.12
41	\$89.63	\$144.86	69	\$268.22	\$301.12
42	\$89.63	\$144.86			

Dependent Child(ren) Insured Prescription Drug Coverage Monthly Bank Draft Premiums

Attained Age	One Child	Two Children	All (3+) Children
All Eligible	\$40.54	\$81.02	\$121.53

Arkansas Blue Cross and Blue Shield
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Policy Form: Mental Health Parity Rider

	Deductible	\$500	\$1,000
	In Network Coinsurance	80% / 20%	80% / 20%
	In Network Stop Loss Amount	\$10,000	\$10,000
	Out of Network Coinsurance	60% / 40%	60% / 40%
Individual	All Ages	\$173.03	\$152.84
Spouse	All Ages	\$155.73	\$137.62
One Dependent Child	All Ages	\$155.73	\$137.62
Two Dependent Children	All Ages	\$311.41	\$275.18
Three or More Dependent Children	All Ages	\$467.17	\$412.88

	Deductible	\$2,500	\$5,000
	In Network Coinsurance	100% / 0%	100% / 0%
	In Network Stop Loss Amount	Not Applicable	Not Applicable
	Out of Network Coinsurance	80% / 20%	80% / 20%
Individual	All Ages	\$133.20	\$102.41
Spouse	All Ages	\$119.88	\$92.22
One Dependent Child	All Ages	\$119.88	\$92.22
Two Dependent Children	All Ages	\$239.74	\$184.35
Three or More Dependent Children	All Ages	\$359.62	\$276.56

	Deductible	\$10,000	\$15,000
	In Network Coinsurance	100% / 0%	100% / 0%
	In Network Stop Loss Amount	Not Applicable	Not Applicable
	Out of Network Coinsurance	80% / 20%	80% / 20%
Individual	All Ages	\$78.58	\$65.58
Spouse	All Ages	\$70.70	\$59.07
One Dependent Child	All Ages	\$70.70	\$59.07
Two Dependent Children	All Ages	\$141.45	\$118.09
Three or More Dependent Children	All Ages	\$212.20	\$177.17

	Deductible	\$20,000	\$25,000
	In Network Coinsurance	100% / 0%	100% / 0%
	In Network Stop Loss Amount	Not Applicable	Not Applicable
	Out of Network Coinsurance	80% / 20%	80% / 20%
Individual	All Ages	\$59.61	\$52.85
Spouse	All Ages	\$53.65	\$47.58
One Dependent Child	All Ages	\$53.65	\$47.58
Two Dependent Children	All Ages	\$107.17	\$95.09
Three or More Dependent Children	All Ages	\$160.84	\$142.76

Arkansas Blue Cross and Blue Shield
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	In Network	Out of Network
Deductible	\$500	\$1,000
Coinsurance	80%/20%	60%/40%
Stop Loss Amount	\$10,000	No Max

Primary Insured Medical & Drug Coverage Monthly Bank Draft Premiums

Attained			Attained		
Age	Female	Male	Age	Female	Male
0	\$587.12	\$587.12	35	\$548.90	\$347.49
1	\$587.12	\$587.12	36	\$559.31	\$357.29
2	\$215.16	\$215.16	37	\$569.15	\$367.40
3	\$215.16	\$215.16	38	\$580.84	\$380.39
4	\$215.16	\$215.16	39	\$592.54	\$393.31
5	\$215.16	\$215.16	40	\$604.20	\$406.26
6	\$215.16	\$215.16	41	\$615.96	\$419.23
7	\$215.16	\$215.16	42	\$655.46	\$432.53
8	\$215.16	\$215.16	43	\$671.61	\$452.79
9	\$215.16	\$215.16	44	\$688.05	\$472.72
10	\$215.16	\$215.16	45	\$707.78	\$502.36
11	\$215.16	\$215.16	46	\$724.22	\$532.32
12	\$215.16	\$215.16	47	\$740.04	\$562.35
13	\$232.57	\$215.16	48	\$763.78	\$598.80
14	\$232.57	\$215.16	49	\$787.49	\$635.74
15	\$232.57	\$215.16	50	\$814.49	\$672.26
16	\$257.76	\$215.16	51	\$841.98	\$708.73
17	\$282.78	\$215.16	52	\$869.76	\$745.26
18	\$303.20	\$223.53	53	\$918.38	\$795.03
19	\$323.53	\$223.53	54	\$967.25	\$864.62
20	\$339.38	\$223.53	55	\$1,015.88	\$936.84
21	\$347.96	\$223.53	56	\$1,064.54	\$1,011.63
22	\$356.51	\$223.53	57	\$1,113.17	\$1,089.59
23	\$365.00	\$223.53	58	\$1,155.74	\$1,162.99
24	\$380.84	\$223.53	59	\$1,197.98	\$1,237.42
25	\$420.96	\$236.61	60	\$1,240.54	\$1,312.75
26	\$427.27	\$250.72	61	\$1,282.79	\$1,389.33
27	\$433.60	\$259.06	62	\$1,324.76	\$1,466.19
28	\$439.92	\$267.69	63	\$1,389.84	\$1,558.87
29	\$446.25	\$276.30	64	\$1,454.66	\$1,651.78
30	\$481.77	\$284.67	65	\$1,630.57	\$1,898.49
31	\$495.72	\$290.65	66	\$1,630.57	\$1,898.49
32	\$509.60	\$302.37	67	\$1,630.57	\$1,898.49
33	\$520.36	\$312.17	68	\$1,630.57	\$1,898.49
34	\$530.80	\$321.68	69	\$1,630.57	\$1,898.49

Arkansas Blue Cross and Blue Shield
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Comprehensive Blue PPO I
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	In Network	Out of Network
Deductible	\$1,000	\$2,000
Coinsurance	80%/20%	60%/40%
Stop Loss Amount	\$10,000	No Max

Primary Insured Medical & Drug Coverage Monthly Bank Draft Premiums

Attained			Attained		
Age	Female	Male	Age	Female	Male
0	\$523.29	\$523.29	35	\$503.45	\$318.45
1	\$523.29	\$523.29	36	\$512.70	\$327.09
2	\$194.62	\$194.62	37	\$521.32	\$336.02
3	\$194.62	\$194.62	38	\$531.65	\$347.49
4	\$194.62	\$194.62	39	\$541.99	\$358.90
5	\$194.62	\$194.62	40	\$552.35	\$370.41
6	\$194.62	\$194.62	41	\$562.65	\$381.88
7	\$194.62	\$194.62	42	\$597.63	\$393.61
8	\$194.62	\$194.62	43	\$611.88	\$411.51
9	\$194.62	\$194.62	44	\$626.41	\$429.08
10	\$194.62	\$194.62	45	\$644.17	\$456.49
11	\$194.62	\$194.62	46	\$658.72	\$484.02
12	\$194.62	\$194.62	47	\$672.65	\$511.64
13	\$209.96	\$194.62	48	\$693.66	\$544.81
14	\$209.96	\$194.62	49	\$714.62	\$578.21
15	\$209.96	\$194.62	50	\$738.92	\$611.39
16	\$234.06	\$194.62	51	\$763.59	\$644.49
17	\$258.08	\$194.62	52	\$788.61	\$677.61
18	\$277.95	\$202.76	53	\$833.89	\$722.55
19	\$297.80	\$202.76	54	\$879.32	\$785.00
20	\$313.65	\$202.76	55	\$924.54	\$849.68
21	\$321.18	\$202.76	56	\$969.77	\$916.74
22	\$328.78	\$202.76	57	\$1,015.04	\$986.53
23	\$336.31	\$202.76	58	\$1,053.31	\$1,052.38
24	\$350.30	\$202.76	59	\$1,091.36	\$1,119.09
25	\$387.75	\$214.98	60	\$1,129.62	\$1,186.64
26	\$393.31	\$228.19	61	\$1,167.70	\$1,255.21
27	\$398.96	\$236.24	62	\$1,205.44	\$1,324.14
28	\$404.50	\$244.58	63	\$1,264.08	\$1,407.80
29	\$410.09	\$252.89	64	\$1,322.55	\$1,491.80
30	\$443.26	\$260.97	65	\$1,479.06	\$1,711.64
31	\$455.55	\$266.30	66	\$1,479.06	\$1,711.64
32	\$467.84	\$276.68	67	\$1,479.06	\$1,711.64
33	\$477.38	\$285.33	68	\$1,479.06	\$1,711.64
34	\$486.61	\$293.70	69	\$1,479.06	\$1,711.64

Arkansas Blue Cross and Blue Shield
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Comprehensive Blue PPO I

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	In Network	Out of Network
Deductible	\$2,500	\$5,000
Coinsurance	100%/0%	80%/20%
Stop Loss Amount	Not Applicable	No Max

Primary Insured Medical & Drug Coverage Monthly Bank Draft Premiums

Attained			Attained		
Age	Female	Male	Age	Female	Male
0	\$460.84	\$460.84	35	\$458.95	\$290.01
1	\$460.84	\$460.84	36	\$466.98	\$297.59
2	\$174.53	\$174.53	37	\$474.52	\$305.35
3	\$174.53	\$174.53	38	\$483.56	\$315.33
4	\$174.53	\$174.53	39	\$492.54	\$325.28
5	\$174.53	\$174.53	40	\$501.55	\$335.25
6	\$174.53	\$174.53	41	\$510.56	\$345.27
7	\$174.53	\$174.53	42	\$541.00	\$355.47
8	\$174.53	\$174.53	43	\$553.41	\$371.03
9	\$174.53	\$174.53	44	\$566.09	\$386.41
10	\$174.53	\$174.53	45	\$581.98	\$411.49
11	\$174.53	\$174.53	46	\$594.68	\$436.76
12	\$174.53	\$174.53	47	\$606.80	\$462.09
13	\$187.90	\$174.53	48	\$625.05	\$491.87
14	\$187.90	\$174.53	49	\$643.34	\$521.99
15	\$187.90	\$174.53	50	\$664.95	\$551.86
16	\$211.00	\$174.53	51	\$686.98	\$581.67
17	\$233.90	\$174.53	52	\$709.22	\$611.45
18	\$253.32	\$182.40	53	\$751.14	\$651.62
19	\$272.67	\$182.40	54	\$793.22	\$707.07
20	\$288.52	\$182.40	55	\$835.22	\$764.45
21	\$295.05	\$182.40	56	\$877.10	\$823.88
22	\$301.64	\$182.40	57	\$919.12	\$885.72
23	\$308.23	\$182.40	58	\$953.13	\$944.14
24	\$320.35	\$182.40	59	\$987.10	\$1,003.29
25	\$355.24	\$193.85	60	\$1,021.18	\$1,063.19
26	\$360.14	\$206.16	61	\$1,055.05	\$1,124.03
27	\$364.93	\$213.98	62	\$1,088.69	\$1,185.14
28	\$369.82	\$221.99	63	\$1,141.06	\$1,260.10
29	\$374.67	\$230.01	64	\$1,193.24	\$1,335.24
30	\$405.59	\$237.91	65	\$1,330.83	\$1,528.82
31	\$416.31	\$242.54	66	\$1,330.83	\$1,528.82
32	\$427.00	\$251.50	67	\$1,330.83	\$1,528.82
33	\$435.33	\$259.06	68	\$1,330.83	\$1,528.82
34	\$443.33	\$266.41	69	\$1,330.83	\$1,528.82

Arkansas Blue Cross and Blue Shield
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	In Network	Out of Network
Deductible	\$5,000	\$10,000
Coinsurance	100%/0%	80%/20%
Stop Loss Amount	Not Applicable	No Max

Primary Insured Medical & Drug Coverage Monthly Bank Draft Premiums

Attained			Attained		
Age	Female	Male	Age	Female	Male
0	\$363.36	\$363.36	35	\$389.56	\$245.67
1	\$363.36	\$363.36	36	\$395.72	\$251.47
2	\$143.17	\$143.17	37	\$401.52	\$257.45
3	\$143.17	\$143.17	38	\$408.46	\$265.16
4	\$143.17	\$143.17	39	\$415.39	\$272.84
5	\$143.17	\$143.17	40	\$422.29	\$280.51
6	\$143.17	\$143.17	41	\$429.23	\$288.18
7	\$143.17	\$143.17	42	\$452.68	\$296.05
8	\$143.17	\$143.17	43	\$462.20	\$307.99
9	\$143.17	\$143.17	44	\$471.93	\$319.79
10	\$143.17	\$143.17	45	\$484.92	\$341.34
11	\$143.17	\$143.17	46	\$494.63	\$362.97
12	\$143.17	\$143.17	47	\$504.03	\$384.76
13	\$153.50	\$143.17	48	\$518.10	\$409.38
14	\$153.50	\$143.17	49	\$532.08	\$434.27
15	\$153.50	\$143.17	50	\$549.62	\$458.92
16	\$174.91	\$143.17	51	\$567.41	\$483.57
17	\$196.22	\$143.17	52	\$585.30	\$508.25
18	\$214.73	\$150.64	53	\$622.10	\$540.91
19	\$233.37	\$150.64	54	\$658.96	\$585.45
20	\$249.22	\$150.64	55	\$695.72	\$631.43
21	\$254.27	\$150.64	56	\$732.47	\$678.91
22	\$259.30	\$150.64	57	\$769.27	\$728.39
23	\$264.32	\$150.64	58	\$796.88	\$775.21
24	\$273.74	\$150.64	59	\$824.29	\$822.65
25	\$304.59	\$160.88	60	\$851.87	\$870.67
26	\$308.29	\$171.78	61	\$879.29	\$919.33
27	\$312.06	\$179.15	62	\$906.57	\$968.24
28	\$315.77	\$186.72	63	\$949.01	\$1,029.55
29	\$319.58	\$194.35	64	\$991.43	\$1,090.95
30	\$346.79	\$201.82	65	\$1,099.53	\$1,243.51
31	\$355.06	\$205.33	66	\$1,099.53	\$1,243.51
32	\$363.29	\$212.28	67	\$1,099.53	\$1,243.51
33	\$369.68	\$218.07	68	\$1,099.53	\$1,243.51
34	\$375.81	\$223.75	69	\$1,099.53	\$1,243.51

Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2027

Comprehensive Blue PPO I
Policy Forms: 17-273, et al

	In Network	Out of Network
Deductible	\$10,000	\$20,000
Coinsurance	100%/0%	80%/20%
Stop Loss Amount	Not Applicable	No Max

Primary Insured Medical & Drug Coverage Monthly Bank Draft Premiums

Attained			Attained		
Age	Female	Male	Age	Female	Male
0	\$287.87	\$287.87	35	\$335.75	\$211.30
1	\$287.87	\$287.87	36	\$340.48	\$215.78
2	\$118.88	\$118.88	37	\$344.90	\$220.38
3	\$118.88	\$118.88	38	\$350.32	\$226.25
4	\$118.88	\$118.88	39	\$355.58	\$232.09
5	\$118.88	\$118.88	40	\$360.89	\$238.06
6	\$118.88	\$118.88	41	\$366.21	\$243.91
7	\$118.88	\$118.88	42	\$384.20	\$249.92
8	\$118.88	\$118.88	43	\$391.53	\$259.13
9	\$118.88	\$118.88	44	\$399.01	\$268.20
10	\$118.88	\$118.88	45	\$409.72	\$287.02
11	\$118.88	\$118.88	46	\$417.19	\$305.87
12	\$118.88	\$118.88	47	\$424.39	\$324.83
13	\$126.82	\$118.88	48	\$435.13	\$345.44
14	\$126.82	\$118.88	49	\$445.94	\$366.30
15	\$126.82	\$118.88	50	\$460.22	\$386.99
16	\$146.96	\$118.88	51	\$474.70	\$407.62
17	\$167.01	\$118.88	52	\$489.38	\$428.24
18	\$184.96	\$126.06	53	\$522.14	\$455.20
19	\$202.92	\$126.06	54	\$554.94	\$491.16
20	\$218.77	\$126.06	55	\$587.78	\$528.33
21	\$222.67	\$126.06	56	\$620.46	\$566.72
22	\$226.52	\$126.06	57	\$653.24	\$606.54
23	\$230.40	\$126.06	58	\$675.83	\$644.39
24	\$237.61	\$126.06	59	\$698.17	\$682.71
25	\$265.30	\$135.37	60	\$720.75	\$721.49
26	\$268.19	\$145.08	61	\$743.15	\$760.81
27	\$270.99	\$152.16	62	\$765.36	\$800.18
28	\$273.89	\$159.40	63	\$800.29	\$850.90
29	\$276.76	\$166.71	64	\$835.12	\$901.72
30	\$301.30	\$173.87	65	\$920.38	\$1,022.48
31	\$307.59	\$176.57	66	\$920.38	\$1,022.48
32	\$313.90	\$181.87	67	\$920.38	\$1,022.48
33	\$318.85	\$186.37	68	\$920.38	\$1,022.48
34	\$323.57	\$190.64	69	\$920.38	\$1,022.48

Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2027

Comprehensive Blue PPO I

Policy Forms: 17-273, et al

	In Network	Out of Network
Deductible	\$15,000	\$30,000
Coinsurance	100%/0%	80%/20%
Stop Loss Amount	Not Applicable	No Max

Primary Insured Medical & Drug Coverage Monthly Bank Draft Premiums

Attained			Attained		
Age	Female	Male	Age	Female	Male
0	\$246.64	\$246.64	35	\$306.46	\$192.56
1	\$246.64	\$246.64	36	\$310.39	\$196.28
2	\$105.59	\$105.59	37	\$314.13	\$200.08
3	\$105.59	\$105.59	38	\$318.53	\$205.05
4	\$105.59	\$105.59	39	\$323.02	\$210.00
5	\$105.59	\$105.59	40	\$327.44	\$214.87
6	\$105.59	\$105.59	41	\$331.89	\$219.77
7	\$105.59	\$105.59	42	\$346.88	\$224.81
8	\$105.59	\$105.59	43	\$352.94	\$232.48
9	\$105.59	\$105.59	44	\$359.22	\$240.11
10	\$105.59	\$105.59	45	\$368.74	\$257.37
11	\$105.59	\$105.59	46	\$374.96	\$274.72
12	\$105.59	\$105.59	47	\$380.93	\$292.19
13	\$112.22	\$105.59	48	\$389.89	\$310.62
14	\$112.22	\$105.59	49	\$398.88	\$329.21
15	\$112.22	\$105.59	50	\$411.40	\$347.78
16	\$131.70	\$105.59	51	\$424.21	\$366.16
17	\$151.02	\$105.59	52	\$437.05	\$384.60
18	\$168.70	\$112.63	53	\$467.61	\$408.44
19	\$186.28	\$112.63	54	\$498.24	\$439.78
20	\$202.13	\$112.63	55	\$528.83	\$472.15
21	\$205.38	\$112.63	56	\$559.34	\$505.48
22	\$208.61	\$112.63	57	\$589.93	\$540.03
23	\$211.86	\$112.63	58	\$609.71	\$573.04
24	\$217.86	\$112.63	59	\$629.39	\$606.42
25	\$243.86	\$121.36	60	\$649.17	\$640.11
26	\$246.26	\$130.52	61	\$668.89	\$674.29
27	\$248.64	\$137.51	62	\$688.43	\$708.57
28	\$251.07	\$144.56	63	\$719.16	\$753.51
29	\$253.43	\$151.62	64	\$749.85	\$798.53
30	\$276.43	\$158.61	65	\$822.68	\$901.93
31	\$281.65	\$160.89	66	\$822.68	\$901.93
32	\$286.96	\$165.34	67	\$822.68	\$901.93
33	\$291.03	\$169.10	68	\$822.68	\$901.93
34	\$295.03	\$172.62	69	\$822.68	\$901.93

Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2027

Comprehensive Blue PPO I

Policy Forms: 17-273, et al

	In Network	Out of Network
Deductible	\$20,000	\$40,000
Coinsurance	100%/0%	80%/20%
Stop Loss Amount	Not Applicable	No Max

Primary Insured Medical & Drug Coverage Monthly Bank Draft Premiums

Attained			Attained		
Age	Female	Male	Age	Female	Male
0	\$227.48	\$227.48	35	\$292.68	\$183.80
1	\$227.48	\$227.48	36	\$296.36	\$187.21
2	\$99.43	\$99.43	37	\$299.67	\$190.70
3	\$99.43	\$99.43	38	\$303.72	\$195.16
4	\$99.43	\$99.43	39	\$307.77	\$199.60
5	\$99.43	\$99.43	40	\$311.82	\$204.04
6	\$99.43	\$99.43	41	\$315.82	\$208.55
7	\$99.43	\$99.43	42	\$329.41	\$213.15
8	\$99.43	\$99.43	43	\$335.00	\$220.05
9	\$99.43	\$99.43	44	\$340.64	\$226.93
10	\$99.43	\$99.43	45	\$349.56	\$243.52
11	\$99.43	\$99.43	46	\$355.22	\$260.18
12	\$99.43	\$99.43	47	\$360.66	\$276.91
13	\$105.45	\$99.43	48	\$368.79	\$294.36
14	\$105.45	\$99.43	49	\$377.03	\$311.89
15	\$105.45	\$99.43	50	\$388.68	\$329.41
16	\$124.60	\$99.43	51	\$400.62	\$346.83
17	\$143.65	\$99.43	52	\$412.59	\$364.26
18	\$161.05	\$106.39	53	\$442.16	\$386.63
19	\$178.58	\$106.39	54	\$471.72	\$415.79
20	\$194.43	\$106.39	55	\$501.29	\$445.89
21	\$197.41	\$106.39	56	\$530.81	\$476.91
22	\$200.30	\$106.39	57	\$560.38	\$509.09
23	\$203.20	\$106.39	58	\$578.84	\$539.73
24	\$208.67	\$106.39	59	\$597.34	\$570.75
25	\$233.82	\$114.89	60	\$615.78	\$602.17
26	\$236.07	\$123.77	61	\$634.18	\$633.87
27	\$238.22	\$130.66	62	\$652.54	\$665.76
28	\$240.43	\$137.60	63	\$681.27	\$708.00
29	\$242.53	\$144.58	64	\$710.08	\$750.32
30	\$264.84	\$151.51	65	\$777.05	\$845.71
31	\$269.61	\$153.55	66	\$777.05	\$845.71
32	\$274.43	\$157.60	67	\$777.05	\$845.71
33	\$278.11	\$160.96	68	\$777.05	\$845.71
34	\$281.65	\$164.20	69	\$777.05	\$845.71

Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2027

Comprehensive Blue PPO I

Policy Forms: 17-273, et al

	In Network	Out of Network
Deductible	\$25,000	\$50,000
Coinsurance	100%/0%	80%/20%
Stop Loss Amount	Not Applicable	No Max

Primary Insured Medical & Drug Coverage Monthly Bank Draft Premiums

Attained			Attained		
Age	Female	Male	Age	Female	Male
0	\$206.14	\$206.14	35	\$277.59	\$174.14
1	\$206.14	\$206.14	36	\$280.77	\$177.12
2	\$92.59	\$92.59	37	\$283.77	\$180.23
3	\$92.59	\$92.59	38	\$287.35	\$184.20
4	\$92.59	\$92.59	39	\$290.92	\$188.18
5	\$92.59	\$92.59	40	\$294.50	\$192.13
6	\$92.59	\$92.59	41	\$298.04	\$196.08
7	\$92.59	\$92.59	42	\$310.14	\$200.08
8	\$92.59	\$92.59	43	\$315.06	\$206.27
9	\$92.59	\$92.59	44	\$320.09	\$212.37
10	\$92.59	\$92.59	45	\$328.38	\$228.27
11	\$92.59	\$92.59	46	\$333.38	\$244.10
12	\$92.59	\$92.59	47	\$338.24	\$260.07
13	\$97.91	\$92.59	48	\$345.50	\$276.33
14	\$97.91	\$92.59	49	\$352.71	\$292.75
15	\$97.91	\$92.59	50	\$363.53	\$309.13
16	\$116.70	\$92.59	51	\$374.49	\$325.45
17	\$135.36	\$92.59	52	\$385.54	\$341.71
18	\$152.70	\$99.40	53	\$413.99	\$362.45
19	\$169.97	\$99.40	54	\$442.43	\$389.24
20	\$185.82	\$99.40	55	\$470.87	\$416.85
21	\$188.46	\$99.40	56	\$499.25	\$445.24
22	\$191.03	\$99.40	57	\$527.73	\$474.68
23	\$193.67	\$99.40	58	\$544.80	\$502.84
24	\$198.51	\$99.40	59	\$561.78	\$531.32
25	\$222.77	\$107.68	60	\$578.87	\$560.10
26	\$224.76	\$116.26	61	\$595.85	\$589.21
27	\$226.67	\$123.04	62	\$612.76	\$618.42
28	\$228.56	\$129.87	63	\$639.38	\$657.67
29	\$230.54	\$136.76	64	\$666.01	\$697.00
30	\$252.02	\$143.61	65	\$726.52	\$783.37
31	\$256.23	\$145.46	66	\$726.52	\$783.37
32	\$260.48	\$149.02	67	\$726.52	\$783.37
33	\$263.77	\$151.99	68	\$726.52	\$783.37
34	\$266.94	\$154.94	69	\$726.52	\$783.37

Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2027

Comprehensive Blue PPO I
Policy Forms: 17-273, et al

	In Network	Out of Network
Deductible	\$500	\$1,000
Coinsurance	80%/20%	60%/40%
Stop Loss Amount	\$10,000	No Max

Spouse Insured Medical & Drug Coverage Monthly Bank Draft Premiums

Attained	Primary is	Primary is	Attained	Primary is	Primary is
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
15	\$214.46	\$231.75	43	\$417.95	\$614.13
16	\$214.46	\$256.91	44	\$431.19	\$653.48
17	\$214.46	\$281.89	45	\$451.36	\$669.56
18	\$222.82	\$302.30	46	\$471.20	\$685.98
19	\$222.82	\$322.64	47	\$500.80	\$705.55
20	\$222.82	\$322.64	48	\$530.62	\$721.96
21	\$222.82	\$338.49	49	\$560.63	\$737.74
22	\$222.82	\$347.07	50	\$596.95	\$761.31
23	\$222.82	\$355.59	51	\$633.73	\$784.97
24	\$222.82	\$364.04	52	\$670.19	\$811.91
25	\$222.82	\$364.04	53	\$706.51	\$839.29
26	\$222.82	\$379.80	54	\$742.90	\$866.92
27	\$235.88	\$419.82	55	\$792.52	\$915.50
28	\$249.92	\$426.08	56	\$861.87	\$964.25
29	\$258.25	\$432.38	57	\$933.86	\$1,012.78
30	\$266.86	\$438.69	58	\$1,008.36	\$1,061.30
31	\$275.49	\$444.97	59	\$1,086.03	\$1,109.84
32	\$283.82	\$480.46	60	\$1,159.18	\$1,152.22
33	\$289.84	\$494.33	61	\$1,239.12	\$1,198.27
34	\$301.50	\$508.17	62	\$1,321.02	\$1,245.07
35	\$311.28	\$518.90	63	\$1,405.02	\$1,291.82
36	\$320.74	\$529.32	64	\$1,490.50	\$1,338.65
37	\$346.51	\$547.35	65	\$1,585.27	\$1,405.19
38	\$356.22	\$557.74	66	\$1,585.27	\$1,405.19
39	\$366.34	\$567.47	67	\$1,585.27	\$1,405.19
40	\$379.25	\$579.15	68	\$1,585.27	\$1,405.19
41	\$392.16	\$590.81	69	\$1,585.27	\$1,405.19
42	\$405.05	\$602.46			

Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2027

Comprehensive Blue PPO I
Policy Forms: 17-273, et al

	In Network	Out of Network
Deductible	\$1,000	\$2,000
Coinsurance	80%/20%	60%/40%
Stop Loss Amount	\$10,000	No Max

Spouse Insured Medical & Drug Coverage Monthly Bank Draft Premiums

Attained Age	Primary is Female	Primary is Male	Attained Age	Primary is Female	Primary is Male
15	\$193.98	\$209.30	43	\$380.73	\$561.07
16	\$193.98	\$233.38	44	\$392.42	\$595.85
17	\$193.98	\$257.29	45	\$410.26	\$610.03
18	\$202.11	\$277.17	46	\$427.78	\$624.52
19	\$202.11	\$297.06	47	\$455.10	\$642.24
20	\$202.11	\$297.06	48	\$482.55	\$656.74
21	\$202.11	\$312.91	49	\$510.13	\$670.66
22	\$202.11	\$320.35	50	\$543.09	\$691.55
23	\$202.11	\$327.97	51	\$576.48	\$712.41
24	\$202.11	\$335.44	52	\$609.56	\$736.63
25	\$202.11	\$335.44	53	\$642.56	\$761.26
26	\$202.11	\$349.32	54	\$675.59	\$786.16
27	\$214.31	\$386.74	55	\$720.35	\$831.32
28	\$227.50	\$392.27	56	\$782.60	\$876.58
29	\$235.57	\$397.88	57	\$847.07	\$921.80
30	\$243.85	\$403.39	58	\$913.83	\$966.90
31	\$252.17	\$409.02	59	\$983.42	\$1,012.12
32	\$260.29	\$442.09	60	\$1,049.05	\$1,050.26
33	\$265.56	\$454.39	61	\$1,121.32	\$1,092.12
34	\$275.90	\$466.59	62	\$1,195.38	\$1,134.64
35	\$284.55	\$475.99	63	\$1,271.49	\$1,177.15
36	\$292.88	\$485.26	64	\$1,349.01	\$1,219.86
37	\$317.63	\$502.08	65	\$1,434.87	\$1,279.92
38	\$326.20	\$511.22	66	\$1,434.87	\$1,279.92
39	\$335.06	\$519.89	67	\$1,434.87	\$1,279.92
40	\$346.51	\$530.12	68	\$1,434.87	\$1,279.92
41	\$357.87	\$540.44	69	\$1,434.87	\$1,279.92
42	\$369.29	\$550.78			

Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2027

Comprehensive Blue PPO I

Policy Forms: 17-273, et al

	In Network	Out of Network
Deductible	\$2,500	\$5,000
Coinsurance	100%/0%	80%/20%
Stop Loss Amount	Not Applicable	No Max

Spouse Insured Medical & Drug Coverage Monthly Bank Draft Premiums

Attained Age	Primary is Female	Primary is Male	Attained Age	Primary is Female	Primary is Male
15	\$174.01	\$187.32	43	\$344.30	\$509.13
16	\$174.01	\$210.33	44	\$354.48	\$539.44
17	\$174.01	\$233.25	45	\$370.03	\$551.87
18	\$181.84	\$252.58	46	\$385.18	\$564.49
19	\$181.84	\$272.01	47	\$410.29	\$580.30
20	\$181.84	\$272.01	48	\$435.47	\$592.93
21	\$181.84	\$287.86	49	\$460.76	\$605.09
22	\$181.84	\$294.36	50	\$490.48	\$623.23
23	\$181.84	\$300.92	51	\$520.53	\$641.39
24	\$181.84	\$307.43	52	\$550.24	\$663.01
25	\$181.84	\$307.43	53	\$579.96	\$684.95
26	\$181.84	\$319.60	54	\$609.70	\$707.09
27	\$193.27	\$354.41	55	\$649.67	\$748.93
28	\$205.59	\$359.24	56	\$704.91	\$790.92
29	\$213.34	\$364.10	57	\$762.14	\$832.82
30	\$221.37	\$368.90	58	\$821.35	\$874.60
31	\$229.39	\$373.75	59	\$883.04	\$916.45
32	\$237.24	\$404.56	60	\$941.21	\$950.45
33	\$241.85	\$415.23	61	\$1,005.96	\$988.19
34	\$250.82	\$425.94	62	\$1,072.49	\$1,026.55
35	\$258.41	\$434.16	63	\$1,140.84	\$1,064.96
36	\$265.63	\$442.17	64	\$1,210.51	\$1,103.55
37	\$289.24	\$457.73	65	\$1,287.70	\$1,157.35
38	\$296.75	\$465.75	66	\$1,287.70	\$1,157.35
39	\$304.49	\$473.26	67	\$1,287.70	\$1,157.35
40	\$314.46	\$482.21	68	\$1,287.70	\$1,157.35
41	\$324.40	\$491.20	69	\$1,287.70	\$1,157.35
42	\$334.32	\$500.23			

Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2027

Comprehensive Blue PPO I

Policy Forms: 17-273, et al

	In Network	Out of Network
Deductible	\$5,000	\$10,000
Coinsurance	100%/0%	80%/20%
Stop Loss Amount	Not Applicable	No Max

Spouse Insured Medical & Drug Coverage Monthly Bank Draft Premiums

Attained Age	Primary is Female	Primary is Male	Attained Age	Primary is Female	Primary is Male
15	\$142.72	\$152.97	43	\$287.39	\$428.12
16	\$142.72	\$174.39	44	\$295.21	\$451.49
17	\$142.72	\$195.74	45	\$307.21	\$460.97
18	\$150.23	\$214.27	46	\$318.89	\$470.65
19	\$150.23	\$232.79	47	\$340.37	\$483.60
20	\$150.23	\$232.79	48	\$362.01	\$493.34
21	\$150.23	\$248.64	49	\$383.70	\$502.63
22	\$150.23	\$253.74	50	\$408.29	\$516.63
23	\$150.23	\$258.70	51	\$433.10	\$530.63
24	\$150.23	\$263.80	52	\$457.72	\$548.02
25	\$150.23	\$263.80	53	\$482.27	\$565.79
26	\$150.23	\$273.10	54	\$506.89	\$583.65
27	\$160.44	\$303.85	55	\$539.47	\$620.39
28	\$171.33	\$307.63	56	\$583.77	\$657.22
29	\$178.69	\$311.35	57	\$629.67	\$693.94
30	\$186.28	\$315.03	58	\$676.99	\$730.53
31	\$193.84	\$318.74	59	\$726.34	\$767.27
32	\$201.30	\$346.02	60	\$772.99	\$794.77
33	\$204.87	\$354.19	61	\$826.06	\$826.07
34	\$211.79	\$362.45	62	\$880.68	\$857.93
35	\$217.58	\$368.79	63	\$936.96	\$889.89
36	\$223.13	\$374.91	64	\$994.52	\$922.10
37	\$245.09	\$388.63	65	\$1,058.14	\$966.10
38	\$250.83	\$394.72	66	\$1,058.14	\$966.10
39	\$256.81	\$400.53	67	\$1,058.14	\$966.10
40	\$264.44	\$407.47	68	\$1,058.14	\$966.10
41	\$272.11	\$414.39	69	\$1,058.14	\$966.10
42	\$279.79	\$421.19			

Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2027

Comprehensive Blue PPO I

Policy Forms: 17-273, et al

	In Network	Out of Network
Deductible	\$10,000	\$20,000
Coinsurance	100%/0%	80%/20%
Stop Loss Amount	Not Applicable	No Max

Spouse Insured Medical & Drug Coverage Monthly Bank Draft Premiums

Attained Age	Primary is Female	Primary is Male	Attained Age	Primary is Female	Primary is Male
15	\$118.51	\$126.42	43	\$243.35	\$365.41
16	\$118.51	\$146.54	44	\$249.35	\$383.30
17	\$118.51	\$166.61	45	\$258.48	\$390.57
18	\$125.70	\$184.61	46	\$267.51	\$398.02
19	\$125.70	\$202.51	47	\$286.30	\$408.76
20	\$125.70	\$202.51	48	\$305.11	\$416.16
21	\$125.70	\$218.36	49	\$324.03	\$423.30
22	\$125.70	\$222.24	50	\$344.60	\$434.08
23	\$125.70	\$226.13	51	\$365.39	\$444.77
24	\$125.70	\$229.98	52	\$386.07	\$459.03
25	\$125.70	\$229.98	53	\$406.58	\$473.50
26	\$125.70	\$237.13	54	\$427.12	\$488.09
27	\$135.01	\$264.74	55	\$454.09	\$520.86
28	\$144.74	\$267.64	56	\$489.98	\$553.62
29	\$151.82	\$270.47	57	\$527.02	\$586.31
30	\$159.06	\$273.29	58	\$565.27	\$619.00
31	\$166.31	\$276.21	59	\$604.94	\$651.68
32	\$173.45	\$300.65	60	\$642.66	\$674.16
33	\$176.20	\$306.91	61	\$686.65	\$700.49
34	\$181.49	\$313.25	62	\$732.13	\$727.30
35	\$185.95	\$318.12	63	\$779.00	\$754.29
36	\$190.22	\$322.87	64	\$827.17	\$781.54
37	\$210.88	\$335.03	65	\$880.19	\$817.97
38	\$215.30	\$339.75	66	\$880.19	\$817.97
39	\$219.89	\$344.19	67	\$880.19	\$817.97
40	\$225.71	\$349.52	68	\$880.19	\$817.97
41	\$231.61	\$354.80	69	\$880.19	\$817.97
42	\$237.45	\$360.10			

Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2027

Comprehensive Blue PPO I

Policy Forms: 17-273, et al

	In Network	Out of Network
Deductible	\$15,000	\$30,000
Coinsurance	100%/0%	80%/20%
Stop Loss Amount	Not Applicable	No Max

Spouse Insured Medical & Drug Coverage Monthly Bank Draft Premiums

Attained Age	Primary is Female	Primary is Male	Attained Age	Primary is Female	Primary is Male
15	\$105.32	\$111.94	43	\$219.32	\$331.25
16	\$105.32	\$131.42	44	\$224.34	\$346.12
17	\$105.32	\$150.71	45	\$232.01	\$352.18
18	\$112.34	\$168.35	46	\$239.49	\$358.41
19	\$112.34	\$185.97	47	\$256.77	\$367.85
20	\$112.34	\$185.97	48	\$274.08	\$374.09
21	\$112.34	\$201.82	49	\$291.53	\$380.09
22	\$112.34	\$205.03	50	\$309.88	\$389.08
23	\$112.34	\$208.25	51	\$328.48	\$397.95
24	\$112.34	\$211.51	52	\$346.96	\$410.46
25	\$112.34	\$211.51	53	\$365.31	\$423.17
26	\$112.34	\$217.45	54	\$383.72	\$435.99
27	\$121.13	\$243.47	55	\$407.48	\$466.51
28	\$130.27	\$245.80	56	\$438.71	\$497.11
29	\$137.25	\$248.19	57	\$471.03	\$527.63
30	\$144.26	\$250.61	58	\$504.20	\$558.10
31	\$151.32	\$253.02	59	\$538.66	\$588.63
32	\$158.33	\$275.96	60	\$571.57	\$608.37
33	\$160.61	\$281.16	61	\$610.61	\$631.99
34	\$164.96	\$286.46	62	\$651.04	\$656.09
35	\$168.71	\$290.47	63	\$692.85	\$680.32
36	\$172.28	\$294.49	64	\$735.88	\$704.87
37	\$192.19	\$305.85	65	\$783.11	\$737.18
38	\$195.90	\$309.80	66	\$783.11	\$737.18
39	\$199.70	\$313.47	67	\$783.11	\$737.18
40	\$204.66	\$317.91	68	\$783.11	\$737.18
41	\$209.51	\$322.31	69	\$783.11	\$737.18
42	\$214.44	\$326.80			

Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2027

Comprehensive Blue PPO I

Policy Forms: 17-273, et al

	In Network	Out of Network
Deductible	\$20,000	\$40,000
Coinsurance	100%/0%	80%/20%
Stop Loss Amount	Not Applicable	No Max

Spouse Insured Medical & Drug Coverage Monthly Bank Draft Premiums

Attained	Primary is	Primary is	Attained	Primary is	Primary is
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
15	\$99.20	\$105.16	43	\$208.13	\$315.17
16	\$99.20	\$124.32	44	\$212.62	\$328.74
17	\$99.20	\$143.38	45	\$219.53	\$334.32
18	\$106.10	\$160.79	46	\$226.40	\$339.96
19	\$106.10	\$178.26	47	\$243.00	\$348.78
20	\$106.10	\$178.26	48	\$259.63	\$354.39
21	\$106.10	\$194.11	49	\$276.30	\$359.91
22	\$106.10	\$197.04	50	\$293.71	\$367.98
23	\$106.10	\$199.95	51	\$311.21	\$376.12
24	\$106.10	\$202.91	52	\$328.65	\$387.82
25	\$106.10	\$202.91	53	\$346.07	\$399.68
26	\$106.10	\$208.34	54	\$363.46	\$411.62
27	\$114.64	\$233.47	55	\$385.69	\$441.18
28	\$123.49	\$235.58	56	\$414.84	\$470.69
29	\$130.35	\$237.79	57	\$444.85	\$500.25
30	\$137.40	\$240.01	58	\$475.78	\$529.65
31	\$144.34	\$242.17	59	\$507.83	\$559.20
32	\$151.23	\$264.34	60	\$538.42	\$577.67
33	\$153.25	\$269.10	61	\$575.17	\$600.07
34	\$157.27	\$273.96	62	\$613.20	\$622.84
35	\$160.69	\$277.58	63	\$652.61	\$645.80
36	\$163.90	\$281.16	64	\$693.32	\$669.15
37	\$183.54	\$292.18	65	\$737.88	\$699.47
38	\$186.83	\$295.75	66	\$737.88	\$699.47
39	\$190.29	\$299.15	67	\$737.88	\$699.47
40	\$194.76	\$303.12	68	\$737.88	\$699.47
41	\$199.24	\$307.18	69	\$737.88	\$699.47
42	\$203.64	\$311.18			

Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2027

Comprehensive Blue PPO I

Policy Forms: 17-273, et al

	In Network	Out of Network
Deductible	\$25,000	\$50,000
Coinsurance	100%/0%	80%/20%
Stop Loss Amount	Not Applicable	No Max

Spouse Insured Medical & Drug Coverage Monthly Bank Draft Premiums

Attained	Primary is	Primary is	Attained	Primary is	Primary is
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
15	\$92.38	\$97.67	43	\$195.68	\$297.48
16	\$92.38	\$116.47	44	\$199.70	\$309.52
17	\$92.38	\$135.10	45	\$205.87	\$314.42
18	\$99.16	\$152.46	46	\$211.93	\$319.45
19	\$99.16	\$169.71	47	\$227.76	\$327.70
20	\$99.16	\$169.71	48	\$243.59	\$332.70
21	\$99.16	\$185.56	49	\$259.53	\$337.46
22	\$99.16	\$188.15	50	\$275.78	\$344.70
23	\$99.16	\$190.74	51	\$292.15	\$351.96
24	\$99.16	\$193.36	52	\$308.53	\$362.71
25	\$99.16	\$193.36	53	\$324.77	\$373.64
26	\$99.16	\$198.14	54	\$340.99	\$384.66
27	\$107.42	\$222.42	55	\$361.66	\$413.08
28	\$116.08	\$224.43	56	\$388.38	\$441.56
29	\$122.85	\$226.32	57	\$415.94	\$469.91
30	\$129.64	\$228.21	58	\$444.29	\$498.26
31	\$136.51	\$230.14	59	\$473.60	\$526.69
32	\$143.38	\$251.64	60	\$501.68	\$543.68
33	\$145.18	\$255.79	61	\$535.91	\$564.59
34	\$148.71	\$260.00	62	\$571.37	\$586.01
35	\$151.76	\$263.29	63	\$608.15	\$607.61
36	\$154.65	\$266.50	64	\$646.08	\$629.50
37	\$173.89	\$277.11	65	\$687.74	\$657.74
38	\$176.83	\$280.31	66	\$687.74	\$657.74
39	\$179.86	\$283.30	67	\$687.74	\$657.74
40	\$183.80	\$286.81	68	\$687.74	\$657.74
41	\$187.78	\$290.39	69	\$687.74	\$657.74
42	\$191.73	\$293.98			

Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2027
Comprehensive Blue PPO I
Policy Forms: 17-273, et al

Dependent Child(ren) Insured Medical Coverage Monthly Bank Draft Premiums (All Eligible)

	In Network	In Network Stop Loss	Out of Network	One	Two	All (3+)
<u>Deductible</u>	<u>Coinsurance</u>	<u>Amount</u>	<u>Coinsurance</u>	<u>Child</u>	<u>Children</u>	<u>Children</u>
\$500	80% / 20%	\$10,000	60% / 40%	\$201.77	\$403.49	\$605.24
\$1,000	80% / 20%	\$10,000	60% / 40%	\$178.27	\$356.55	\$534.82
\$2,500	100% / 0%	Not Applicable	80% / 20%	\$155.28	\$310.58	\$465.87
\$5,000	100% / 0%	Not Applicable	80% / 20%	\$119.46	\$238.93	\$358.37
\$10,000	100% / 0%	Not Applicable	80% / 20%	\$91.64	\$183.31	\$274.97
\$15,000	100% / 0%	Not Applicable	80% / 20%	\$76.51	\$153.03	\$229.52
\$20,000	100% / 0%	Not Applicable	80% / 20%	\$69.43	\$138.96	\$208.40
\$25,000	100% / 0%	Not Applicable	80% / 20%	\$61.60	\$123.26	\$184.90

Maternity Rider Coverage Monthly Bank Draft Premiums (All Eligible)

	In Network	In Network Stop Loss	Out of Network	Maternity
<u>Deductible</u>	<u>Coinsurance</u>	<u>Amount</u>	<u>Coinsurance</u>	<u>Rider</u>
\$500	80% / 20%	No Limit	60% / 40%	\$360.21
\$1,000	80% / 20%	No Limit	60% / 40%	\$340.38
\$2,500	100% / 0%	Not Applicable	80% / 20%	\$330.26
\$5,000	100% / 0%	Not Applicable	80% / 20%	\$285.31
\$10,000	100% / 0%	Not Applicable	80% / 20%	\$113.01
\$15,000	100% / 0%	Not Applicable	80% / 20%	\$75.34
\$20,000	100% / 0%	Not Applicable	80% / 20%	\$56.54
\$25,000	100% / 0%	Not Applicable	80% / 20%	\$37.68

Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2027
Comprehensive Blue PPO I
Policy Forms: 17-273, et al

Primary Insured Prescription Drug Coverage Monthly Bank Draft Premiums

Tier 1 Copay (Generic)	\$10
Tier 2 Copay (Preferred Brands)	\$35
Tier 3 Copay (Non-Preferred Brands)	\$70

Attained			Attained		
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
0	\$38.70	\$38.70	35	\$158.31	\$97.94
1	\$38.70	\$38.70	36	\$158.31	\$97.94
2	\$38.70	\$38.70	37	\$158.31	\$97.94
3	\$38.70	\$38.70	38	\$158.31	\$97.94
4	\$38.70	\$38.70	39	\$158.31	\$97.94
5	\$38.70	\$38.70	40	\$158.31	\$97.94
6	\$38.70	\$38.70	41	\$158.31	\$97.94
7	\$38.70	\$38.70	42	\$158.31	\$97.94
8	\$38.70	\$38.70	43	\$158.31	\$97.94
9	\$38.70	\$38.70	44	\$158.31	\$97.94
10	\$38.70	\$38.70	45	\$161.57	\$107.69
11	\$38.70	\$38.70	46	\$161.57	\$117.37
12	\$38.70	\$38.70	47	\$161.57	\$127.13
13	\$38.70	\$38.70	48	\$161.57	\$134.53
14	\$38.70	\$38.70	49	\$161.57	\$142.00
15	\$38.70	\$38.70	50	\$165.21	\$149.46
16	\$54.70	\$38.70	51	\$168.95	\$156.86
17	\$70.58	\$38.70	52	\$172.68	\$164.27
18	\$86.53	\$44.85	53	\$192.24	\$172.28
19	\$102.48	\$44.85	54	\$211.69	\$180.25
20	\$118.33	\$44.85	55	\$231.25	\$188.25
21	\$118.33	\$44.85	56	\$250.76	\$196.28
22	\$118.33	\$44.85	57	\$270.32	\$204.35
23	\$118.33	\$44.85	58	\$276.17	\$212.62
24	\$118.33	\$44.85	59	\$282.08	\$220.91
25	\$135.67	\$50.98	60	\$287.94	\$229.21
26	\$135.67	\$57.16	61	\$293.82	\$237.46
27	\$135.67	\$63.25	62	\$299.73	\$245.72
28	\$135.67	\$69.35	63	\$309.46	\$261.51
29	\$135.67	\$75.45	64	\$319.28	\$277.27
30	\$150.97	\$81.61	65	\$329.11	\$293.14
31	\$150.97	\$81.61	66	\$329.11	\$293.14
32	\$150.97	\$81.61	67	\$329.11	\$293.14
33	\$150.97	\$81.61	68	\$329.11	\$293.14
34	\$150.97	\$81.61	69	\$329.11	\$293.14

Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2027
Comprehensive Blue PPO I
Policy Forms: 17-273, et al

Spouse Insured Prescription Drug Coverage Monthly Bank Draft Premiums

Tier 1 Copay (Generic)	\$10
Tier 2 Copay (Preferred Brands)	\$35
Tier 3 Copay (Non-Preferred Brands)	\$70

Attained Age of Primary	Primary is Female	Primary is Male	Attained Age of Primary	Primary is Female	Primary is Male
15	\$38.70	\$38.70	43	\$97.94	\$158.31
16	\$38.70	\$54.70	44	\$97.94	\$158.31
17	\$38.70	\$70.58	45	\$97.94	\$158.31
18	\$44.85	\$86.53	46	\$97.94	\$158.31
19	\$44.85	\$102.48	47	\$107.69	\$161.57
20	\$44.85	\$102.48	48	\$117.37	\$161.57
21	\$44.85	\$118.33	49	\$127.13	\$161.57
22	\$44.85	\$118.33	50	\$134.53	\$161.57
23	\$44.85	\$118.33	51	\$142.00	\$161.57
24	\$44.85	\$118.33	52	\$149.46	\$165.21
25	\$44.85	\$118.33	53	\$156.86	\$168.95
26	\$44.85	\$118.33	54	\$164.27	\$172.68
27	\$50.98	\$135.67	55	\$172.28	\$192.24
28	\$57.16	\$135.67	56	\$180.25	\$211.69
29	\$63.25	\$135.67	57	\$188.25	\$231.25
30	\$69.35	\$135.67	58	\$196.28	\$250.76
31	\$75.45	\$135.67	59	\$204.35	\$270.32
32	\$81.61	\$150.97	60	\$212.62	\$276.17
33	\$81.61	\$150.97	61	\$226.71	\$286.03
34	\$81.61	\$150.97	62	\$241.80	\$296.28
35	\$81.61	\$150.97	63	\$257.78	\$306.79
36	\$81.61	\$150.97	64	\$274.91	\$317.73
37	\$97.94	\$158.31	65	\$293.14	\$329.11
38	\$97.94	\$158.31	66	\$293.14	\$329.11
39	\$97.94	\$158.31	67	\$293.14	\$329.11
40	\$97.94	\$158.31	68	\$293.14	\$329.11
41	\$97.94	\$158.31	69	\$293.14	\$329.11
42	\$97.94	\$158.31			

Dependent Child(ren) Insured Prescription Drug Coverage Monthly Bank Draft Premiums

Attained Age	One Child	Two Children	All (3+) Children
All Eligible	\$44.25	\$88.55	\$132.78

Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2027
Comprehensive Blue PPO I
Policy Forms: 17-273, et al

Policy Form: Mental Health Parity Rider

	Deductible	\$500	\$1,000
	In Network Coinsurance	80% / 20%	80% / 20%
	In Network Stop Loss Amount	\$10,000	\$10,000
	Out of Network Coinsurance	60% / 40%	60% / 40%
Individual	All Ages	\$189.08	\$167.04
Spouse	All Ages	\$170.19	\$150.38
One Dependent Child	All Ages	\$170.19	\$150.38
Two Dependent Children	All Ages	\$340.34	\$300.75
Three or More Dependent Children	All Ages	\$510.54	\$451.16

	Deductible	\$2,500	\$5,000
	In Network Coinsurance	100% / 0%	100% / 0%
	In Network Stop Loss Amount	Not Applicable	Not Applicable
	Out of Network Coinsurance	80% / 20%	80% / 20%
Individual	All Ages	\$145.52	\$111.93
Spouse	All Ages	\$131.00	\$100.71
One Dependent Child	All Ages	\$131.00	\$100.71
Two Dependent Children	All Ages	\$261.93	\$201.49
Three or More Dependent Children	All Ages	\$392.98	\$302.22

	Deductible	\$10,000	\$15,000
	In Network Coinsurance	100% / 0%	100% / 0%
	In Network Stop Loss Amount	Not Applicable	Not Applicable
	Out of Network Coinsurance	80% / 20%	80% / 20%
Individual	All Ages	\$85.86	\$71.68
Spouse	All Ages	\$77.31	\$64.52
One Dependent Child	All Ages	\$77.31	\$64.52
Two Dependent Children	All Ages	\$154.57	\$129.07
Three or More Dependent Children	All Ages	\$231.94	\$193.62

	Deductible	\$20,000	\$25,000
	In Network Coinsurance	100% / 0%	100% / 0%
	In Network Stop Loss Amount	Not Applicable	Not Applicable
	Out of Network Coinsurance	80% / 20%	80% / 20%
Individual	All Ages	\$65.12	\$57.76
Spouse	All Ages	\$58.63	\$52.00
One Dependent Child	All Ages	\$58.63	\$52.00
Two Dependent Children	All Ages	\$117.16	\$103.97
Three or More Dependent Children	All Ages	\$175.76	\$155.94

Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2027

Comprehensive Blue PPO III

Policy Forms: 17-276, et al

	In Network	Out of Network		
Deductible	\$1,000	\$2,000	Generic Copay	\$10
Coinsurance	80%/20%	60%/40%	Non-Generics Deductible	\$500
Stop Loss Amount	\$10,000	No Max	Non-Generics Coinsurance	80% / 20%
			Non-Generics Stop Loss Amount Per Script	\$250

Primary Insured Medical & Drug Coverage Monthly Bank Draft Premiums

Attained			Attained		
Age	Female	Male	Age	Female	Male
0	\$320.25	\$320.25	35	\$532.26	\$342.27
1	\$320.25	\$320.25	36	\$546.24	\$351.71
2	\$320.25	\$320.25	37	\$560.16	\$361.07
3	\$320.25	\$320.25	38	\$574.19	\$370.52
4	\$320.25	\$320.25	39	\$588.19	\$379.84
5	\$320.25	\$320.25	40	\$602.10	\$389.30
6	\$320.25	\$320.25	41	\$617.43	\$401.94
7	\$320.25	\$320.25	42	\$632.68	\$414.67
8	\$320.25	\$320.25	43	\$647.98	\$427.27
9	\$320.25	\$320.25	44	\$663.26	\$439.96
10	\$320.25	\$320.25	45	\$680.49	\$458.55
11	\$320.25	\$320.25	46	\$684.03	\$486.86
12	\$320.25	\$320.25	47	\$687.60	\$515.17
13	\$320.25	\$320.25	48	\$692.42	\$542.22
14	\$320.25	\$320.25	49	\$697.32	\$569.11
15	\$320.25	\$320.25	50	\$739.88	\$633.68
16	\$320.25	\$320.25	51	\$764.98	\$691.41
17	\$320.25	\$320.25	52	\$788.82	\$747.77
18	\$320.25	\$320.25	53	\$823.09	\$804.48
19	\$318.16	\$221.38	54	\$853.59	\$857.52
20	\$340.33	\$228.86	55	\$884.07	\$910.51
21	\$352.99	\$236.27	56	\$918.49	\$948.44
22	\$365.68	\$243.69	57	\$958.07	\$991.49
23	\$378.36	\$251.14	58	\$989.34	\$1,034.71
24	\$391.02	\$258.57	59	\$1,020.57	\$1,077.82
25	\$414.86	\$269.01	60	\$1,051.79	\$1,120.94
26	\$418.39	\$274.94	61	\$1,094.75	\$1,183.30
27	\$421.87	\$280.75	62	\$1,137.85	\$1,245.78
28	\$425.38	\$286.69	63	\$1,183.16	\$1,312.77
29	\$428.92	\$292.55	64	\$1,228.52	\$1,379.74
30	\$441.66	\$298.54	65	\$1,317.45	\$1,510.00
31	\$458.90	\$305.31	66	\$1,317.45	\$1,510.00
32	\$476.10	\$312.08	67	\$1,317.45	\$1,510.00
33	\$493.40	\$318.90	68	\$1,317.45	\$1,510.00
34	\$510.60	\$325.67	69	\$1,317.45	\$1,510.00

Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2027

Comprehensive Blue PPO III

Policy Forms: 17-276, et al

	In Network	Out of Network	Generic Copay	\$10
Deductible	\$1,500	\$3,000	Non-Generics Deductible	\$500
Coinurance	80%/20%	60%/40%	Non-Generics Coinurance	80% / 20%
Stop Loss Amount	\$10,000	No Max	nerics Stop Loss Amount Per Script	\$250

Primary Insured Medical & Drug Coverage Monthly Bank Draft Premiums

Attained			Attained		
Age	Female	Male	Age	Female	Male
0	\$296.26	\$296.26	35	\$495.90	\$318.91
1	\$296.26	\$296.26	36	\$508.78	\$327.56
2	\$296.26	\$296.26	37	\$521.56	\$336.16
3	\$296.26	\$296.26	38	\$534.35	\$344.80
4	\$296.26	\$296.26	39	\$547.25	\$353.41
5	\$296.26	\$296.26	40	\$560.03	\$362.04
6	\$296.26	\$296.26	41	\$574.06	\$373.66
7	\$296.26	\$296.26	42	\$588.06	\$385.32
8	\$296.26	\$296.26	43	\$602.09	\$396.92
9	\$296.26	\$296.26	44	\$616.12	\$408.52
10	\$296.26	\$296.26	45	\$632.07	\$426.06
11	\$296.26	\$296.26	46	\$635.29	\$452.49
12	\$296.26	\$296.26	47	\$638.55	\$478.97
13	\$296.26	\$296.26	48	\$643.23	\$504.07
14	\$296.26	\$296.26	49	\$647.74	\$529.16
15	\$296.26	\$296.26	50	\$689.99	\$591.84
16	\$296.26	\$296.26	51	\$713.18	\$645.15
17	\$296.26	\$296.26	52	\$735.06	\$696.99
18	\$296.26	\$296.26	53	\$767.27	\$749.33
19	\$296.71	\$205.11	54	\$795.86	\$797.84
20	\$317.85	\$211.99	55	\$824.37	\$846.34
21	\$329.47	\$218.82	56	\$856.46	\$881.08
22	\$341.07	\$225.64	57	\$893.71	\$920.96
23	\$352.67	\$232.45	58	\$922.68	\$960.95
24	\$364.32	\$239.33	59	\$951.60	\$1,000.88
25	\$387.01	\$249.19	60	\$980.53	\$1,040.82
26	\$390.28	\$254.95	61	\$1,020.19	\$1,098.46
27	\$393.54	\$260.68	62	\$1,059.94	\$1,156.08
28	\$396.76	\$266.36	63	\$1,101.90	\$1,218.23
29	\$400.09	\$272.13	64	\$1,144.05	\$1,280.42
30	\$412.46	\$277.94	65	\$1,226.20	\$1,400.70
31	\$428.25	\$284.14	66	\$1,226.20	\$1,400.70
32	\$444.09	\$290.37	67	\$1,226.20	\$1,400.70
33	\$459.88	\$296.60	68	\$1,226.20	\$1,400.70
34	\$475.64	\$302.79	69	\$1,226.20	\$1,400.70

Comprehensive Blue PPO III
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Primary Insured Medical & Drug Coverage Monthly Bank Draft Premiums

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Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2027

Comprehensive Blue PPO III

Policy Forms: 17-276, et al

	In Network	Out of Network		
Deductible	\$5,000	\$10,000	Generic Copay	\$10
Coinsurance	80%/20%	60%/40%	Non-Generics Deductible	\$500
Stop Loss Amount	\$10,000	No Max	Non-Generics Coinsurance	80% / 20%
			Non-Generics Stop Loss Amount Per Script	\$250

Primary Insured Medical & Drug Coverage Monthly Bank Draft Premiums

Attained			Attained		
Age	Female	Male	Age	Female	Male
0	\$210.45	\$210.45	35	\$366.04	\$235.25
1	\$210.45	\$210.45	36	\$374.76	\$241.13
2	\$210.45	\$210.45	37	\$383.39	\$247.02
3	\$210.45	\$210.45	38	\$392.12	\$252.90
4	\$210.45	\$210.45	39	\$400.82	\$258.74
5	\$210.45	\$210.45	40	\$409.49	\$264.65
6	\$210.45	\$210.45	41	\$418.98	\$272.54
7	\$210.45	\$210.45	42	\$428.47	\$280.38
8	\$210.45	\$210.45	43	\$437.97	\$288.28
9	\$210.45	\$210.45	44	\$447.50	\$296.15
10	\$210.45	\$210.45	45	\$458.97	\$310.01
11	\$210.45	\$210.45	46	\$461.18	\$329.73
12	\$210.45	\$210.45	47	\$463.45	\$349.47
13	\$210.45	\$210.45	48	\$467.09	\$367.89
14	\$210.45	\$210.45	49	\$470.63	\$386.32
15	\$210.45	\$210.45	50	\$511.99	\$442.30
16	\$210.45	\$210.45	51	\$528.03	\$479.63
17	\$210.45	\$210.45	52	\$542.79	\$515.56
18	\$210.45	\$210.45	53	\$567.98	\$551.97
19	\$219.93	\$147.08	54	\$589.40	\$584.62
20	\$237.35	\$151.72	55	\$610.89	\$617.10
21	\$245.23	\$156.44	56	\$634.66	\$640.45
22	\$253.14	\$161.11	57	\$663.67	\$668.87
23	\$260.97	\$165.79	58	\$684.42	\$697.47
24	\$268.87	\$170.48	59	\$705.03	\$726.03
25	\$287.64	\$178.35	60	\$725.72	\$754.49
26	\$289.93	\$183.52	61	\$753.53	\$794.90
27	\$292.20	\$188.61	62	\$781.52	\$835.36
28	\$294.43	\$193.76	63	\$811.71	\$880.28
29	\$296.69	\$198.91	64	\$842.03	\$925.28
30	\$308.18	\$204.08	65	\$900.03	\$1,009.93
31	\$318.83	\$208.38	66	\$900.03	\$1,009.93
32	\$329.51	\$212.67	67	\$900.03	\$1,009.93
33	\$340.31	\$216.91	68	\$900.03	\$1,009.93
34	\$350.93	\$221.16	69	\$900.03	\$1,009.93

Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2027

Comprehensive Blue PPO III

Policy Forms: 17-276, et al

	In Network	Out of Network	
Deductible	\$7,500	\$15,000	Generic Copay
Coinurance	100%/0%	80%/20%	Non-Generics Deductible
Stop Loss Amount	Not Applicable	No Max	Non-Generics Coinsurance
			Non-Generics Stop Loss Amount Per Script

\$10
\$500
80% / 20%
\$250

Primary Insured Medical & Drug Coverage Monthly Bank Draft Premiums

Attained			Attained		
Age	Female	Male	Age	Female	Male
0	\$197.68	\$197.68	35	\$346.70	\$222.85
1	\$197.68	\$197.68	36	\$354.79	\$228.29
2	\$197.68	\$197.68	37	\$362.87	\$233.76
3	\$197.68	\$197.68	38	\$371.00	\$239.23
4	\$197.68	\$197.68	39	\$379.05	\$244.66
5	\$197.68	\$197.68	40	\$387.07	\$250.16
6	\$197.68	\$197.68	41	\$395.92	\$257.49
7	\$197.68	\$197.68	42	\$404.71	\$264.85
8	\$197.68	\$197.68	43	\$413.51	\$272.18
9	\$197.68	\$197.68	44	\$422.34	\$279.43
10	\$197.68	\$197.68	45	\$433.22	\$292.72
11	\$197.68	\$197.68	46	\$435.28	\$311.41
12	\$197.68	\$197.68	47	\$437.39	\$330.18
13	\$197.68	\$197.68	48	\$440.88	\$347.64
14	\$197.68	\$197.68	49	\$444.31	\$365.05
15	\$197.68	\$197.68	50	\$485.45	\$420.07
16	\$197.68	\$197.68	51	\$500.49	\$455.00
17	\$197.68	\$197.68	52	\$514.19	\$488.54
18	\$197.68	\$197.68	53	\$538.32	\$522.56
19	\$208.47	\$138.46	54	\$558.71	\$552.79
20	\$225.39	\$142.82	55	\$579.10	\$582.99
21	\$232.74	\$147.16	56	\$601.67	\$604.67
22	\$240.03	\$151.47	57	\$629.45	\$631.42
23	\$247.34	\$155.82	58	\$648.90	\$658.26
24	\$254.69	\$160.19	59	\$668.34	\$685.12
25	\$272.91	\$167.81	60	\$687.81	\$711.93
26	\$275.01	\$172.90	61	\$713.83	\$749.73
27	\$277.10	\$177.90	62	\$740.06	\$787.61
28	\$279.20	\$183.00	63	\$768.53	\$830.00
29	\$281.32	\$188.06	64	\$797.07	\$872.41
30	\$292.61	\$193.17	65	\$851.43	\$951.89
31	\$302.57	\$197.04	66	\$851.43	\$951.89
32	\$312.54	\$201.07	67	\$851.43	\$951.89
33	\$322.47	\$205.03	68	\$851.43	\$951.89
34	\$332.38	\$209.03	69	\$851.43	\$951.89

Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2027

Comprehensive Blue PPO III

Policy Forms: 17-276, et al

	In Network	Out of Network		
Deductible	\$10,000	\$20,000	Generic Copay	\$10
Coinsurance	100%/0%	80%/20%	Non-Generics Deductible	\$500
Stop Loss Amount	Not Applicable	No Max	Non-Generics Coinsurance	80% / 20%
			Non-Generics Stop Loss Amount Per Script	\$250

Primary Insured Medical & Drug Coverage Monthly Bank Draft Premiums

Attained			Attained		
Age	Female	Male	Age	Female	Male
0	\$180.34	\$180.34	35	\$320.41	\$205.87
1	\$180.34	\$180.34	36	\$327.68	\$210.82
2	\$180.34	\$180.34	37	\$334.86	\$215.71
3	\$180.34	\$180.34	38	\$342.17	\$220.63
4	\$180.34	\$180.34	39	\$349.41	\$225.53
5	\$180.34	\$180.34	40	\$356.66	\$230.45
6	\$180.34	\$180.34	41	\$364.54	\$237.00
7	\$180.34	\$180.34	42	\$372.45	\$243.61
8	\$180.34	\$180.34	43	\$380.32	\$250.16
9	\$180.34	\$180.34	44	\$388.24	\$256.73
10	\$180.34	\$180.34	45	\$398.11	\$269.22
11	\$180.34	\$180.34	46	\$400.04	\$286.58
12	\$180.34	\$180.34	47	\$401.94	\$303.98
13	\$180.34	\$180.34	48	\$405.26	\$320.08
14	\$180.34	\$180.34	49	\$408.51	\$336.15
15	\$180.34	\$180.34	50	\$449.39	\$389.78
16	\$180.34	\$180.34	51	\$463.00	\$421.50
17	\$180.34	\$180.34	52	\$475.27	\$451.86
18	\$180.34	\$180.34	53	\$497.97	\$482.64
19	\$193.02	\$126.69	54	\$516.88	\$509.63
20	\$209.07	\$130.66	55	\$535.90	\$536.58
21	\$215.67	\$134.50	56	\$556.82	\$555.99
22	\$222.24	\$138.43	57	\$582.93	\$580.37
23	\$228.81	\$142.33	58	\$600.71	\$604.94
24	\$235.39	\$146.27	59	\$618.47	\$629.46
25	\$252.82	\$153.50	60	\$636.23	\$653.96
26	\$254.75	\$158.40	61	\$659.88	\$688.36
27	\$256.64	\$163.33	62	\$683.73	\$722.69
28	\$258.50	\$168.24	63	\$709.85	\$761.62
29	\$260.42	\$173.22	64	\$735.93	\$800.49
30	\$271.53	\$178.19	65	\$785.43	\$872.79
31	\$280.38	\$181.74	66	\$785.43	\$872.79
32	\$289.35	\$185.38	67	\$785.43	\$872.79
33	\$298.22	\$188.91	68	\$785.43	\$872.79
34	\$307.12	\$192.44	69	\$785.43	\$872.79

Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2027

Comprehensive Blue PPO III

Policy Forms: 17-276, et al

	In Network	Out of Network		
Deductible	\$15,000	\$30,000	Generic Copay	\$10
Coinsurance	100%/0%	80%/20%	Non-Generics Deductible	\$500
Stop Loss Amount	Not Applicable	No Max	Non-Generics Coinsurance	80% / 20%
			Non-Generics Stop Loss Amount Per Script	\$250

Primary Insured Medical & Drug Coverage Monthly Bank Draft Premiums

Attained			Attained		
Age	Female	Male	Age	Female	Male
0	\$157.33	\$157.33	35	\$285.66	\$183.51
1	\$157.33	\$157.33	36	\$291.80	\$187.70
2	\$157.33	\$157.33	37	\$297.93	\$191.81
3	\$157.33	\$157.33	38	\$304.06	\$196.02
4	\$157.33	\$157.33	39	\$310.17	\$200.24
5	\$157.33	\$157.33	40	\$316.31	\$204.34
6	\$157.33	\$157.33	41	\$323.02	\$209.89
7	\$157.33	\$157.33	42	\$329.69	\$215.48
8	\$157.33	\$157.33	43	\$336.40	\$221.03
9	\$157.33	\$157.33	44	\$343.10	\$226.67
10	\$157.33	\$157.33	45	\$351.75	\$238.11
11	\$157.33	\$157.33	46	\$353.31	\$253.77
12	\$157.33	\$157.33	47	\$355.03	\$269.31
13	\$157.33	\$157.33	48	\$358.08	\$283.66
14	\$157.33	\$157.33	49	\$361.03	\$297.82
15	\$157.33	\$157.33	50	\$401.79	\$349.71
16	\$157.33	\$157.33	51	\$413.37	\$377.18
17	\$157.33	\$157.33	52	\$423.78	\$403.24
18	\$157.33	\$157.33	53	\$444.56	\$429.76
19	\$172.41	\$111.14	54	\$461.65	\$452.49
20	\$187.52	\$114.46	55	\$478.70	\$475.22
21	\$193.09	\$117.84	56	\$497.40	\$491.52
22	\$198.65	\$121.14	57	\$521.25	\$512.84
23	\$204.26	\$124.48	58	\$536.84	\$534.38
24	\$209.80	\$127.80	59	\$552.39	\$555.84
25	\$226.16	\$134.50	60	\$567.96	\$577.26
26	\$227.80	\$139.26	61	\$588.50	\$607.03
27	\$229.49	\$144.04	62	\$609.18	\$636.85
28	\$231.14	\$148.80	63	\$632.05	\$671.04
29	\$232.78	\$153.58	64	\$655.01	\$705.39
30	\$243.63	\$158.46	65	\$698.07	\$768.13
31	\$251.09	\$161.50	66	\$698.07	\$768.13
32	\$258.65	\$164.49	67	\$698.07	\$768.13
33	\$266.23	\$167.57	68	\$698.07	\$768.13
34	\$273.72	\$170.60	69	\$698.07	\$768.13

Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2027

Comprehensive Blue PPO III

Policy Forms: 17-276, et al

	In Network	Out of Network		
Deductible	\$20,000	\$40,000	Generic Copay	\$10
Coinsurance	100%/0%	80%/20%	Non-Generics Deductible	\$500
Stop Loss Amount	Not Applicable	No Max	Non-Generics Coinsurance	80% / 20%
			Non-Generics Stop Loss Amount Per Script	\$250

Primary Insured Medical & Drug Coverage Monthly Bank Draft Premiums

Attained			Attained		
Age	Female	Male	Age	Female	Male
0	\$143.58	\$143.58	35	\$264.78	\$170.09
1	\$143.58	\$143.58	36	\$270.29	\$173.84
2	\$143.58	\$143.58	37	\$275.71	\$177.50
3	\$143.58	\$143.58	38	\$281.21	\$181.23
4	\$143.58	\$143.58	39	\$286.68	\$184.99
5	\$143.58	\$143.58	40	\$292.11	\$188.68
6	\$143.58	\$143.58	41	\$298.11	\$193.68
7	\$143.58	\$143.58	42	\$304.06	\$198.66
8	\$143.58	\$143.58	43	\$310.01	\$203.57
9	\$143.58	\$143.58	44	\$315.97	\$208.56
10	\$143.58	\$143.58	45	\$323.93	\$219.47
11	\$143.58	\$143.58	46	\$325.39	\$234.02
12	\$143.58	\$143.58	47	\$326.86	\$248.51
13	\$143.58	\$143.58	48	\$329.74	\$261.73
14	\$143.58	\$143.58	49	\$332.58	\$274.89
15	\$143.58	\$143.58	50	\$373.13	\$325.71
16	\$143.58	\$143.58	51	\$383.66	\$350.63
17	\$143.58	\$143.58	52	\$392.91	\$374.08
18	\$143.58	\$143.58	53	\$412.56	\$398.05
19	\$160.11	\$101.79	54	\$428.46	\$418.23
20	\$174.59	\$104.80	55	\$444.42	\$438.39
21	\$179.57	\$107.79	56	\$461.79	\$452.84
22	\$184.51	\$110.79	57	\$484.31	\$472.35
23	\$189.45	\$113.75	58	\$498.56	\$492.07
24	\$194.46	\$116.78	59	\$512.82	\$511.71
25	\$210.15	\$123.10	60	\$527.01	\$531.24
26	\$211.68	\$127.84	61	\$545.67	\$558.27
27	\$213.16	\$132.44	62	\$564.39	\$585.26
28	\$214.63	\$137.17	63	\$585.41	\$616.74
29	\$216.16	\$141.84	64	\$606.52	\$648.31
30	\$226.83	\$146.59	65	\$645.62	\$705.33
31	\$233.58	\$149.30	66	\$645.62	\$705.33
32	\$240.25	\$152.02	67	\$645.62	\$705.33
33	\$246.94	\$154.76	68	\$645.62	\$705.33
34	\$253.66	\$157.47	69	\$645.62	\$705.33

Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2027

Comprehensive Blue PPO III

Policy Forms: 17-276, et al

	In Network	Out of Network		
Deductible	\$25,000	\$50,000	Generic Copay	\$10
Coinsurance	100%/0%	80%/20%	Non-Generics Deductible	\$500
Stop Loss Amount	Not Applicable	No Max	Non-Generics Coinsurance	80% / 20%
			Non-Generics Stop Loss Amount Per Script	\$250

Primary Insured Medical & Drug Coverage Monthly Bank Draft Premiums

Attained			Attained		
Age	Female	Male	Age	Female	Male
0	\$132.83	\$132.83	35	\$248.54	\$159.61
1	\$132.83	\$132.83	36	\$253.54	\$163.00
2	\$132.83	\$132.83	37	\$258.45	\$166.35
3	\$132.83	\$132.83	38	\$263.37	\$169.76
4	\$132.83	\$132.83	39	\$268.38	\$173.11
5	\$132.83	\$132.83	40	\$273.35	\$176.46
6	\$132.83	\$132.83	41	\$278.70	\$181.03
7	\$132.83	\$132.83	42	\$284.07	\$185.51
8	\$132.83	\$132.83	43	\$289.48	\$190.03
9	\$132.83	\$132.83	44	\$294.89	\$194.54
10	\$132.83	\$132.83	45	\$302.29	\$204.97
11	\$132.83	\$132.83	46	\$303.63	\$218.60
12	\$132.83	\$132.83	47	\$304.99	\$232.31
13	\$132.83	\$132.83	48	\$307.74	\$244.70
14	\$132.83	\$132.83	49	\$310.44	\$257.04
15	\$132.83	\$132.83	50	\$350.82	\$307.02
16	\$132.83	\$132.83	51	\$360.49	\$329.93
17	\$132.83	\$132.83	52	\$368.86	\$351.42
18	\$132.83	\$132.83	53	\$387.63	\$373.39
19	\$150.55	\$94.57	54	\$402.65	\$391.56
20	\$164.58	\$97.29	55	\$417.72	\$409.74
21	\$169.04	\$99.99	56	\$434.05	\$422.72
22	\$173.50	\$102.70	57	\$455.58	\$440.87
23	\$178.03	\$105.38	58	\$468.76	\$459.10
24	\$182.56	\$108.11	59	\$481.99	\$477.31
25	\$197.77	\$114.27	60	\$495.16	\$495.45
26	\$199.16	\$118.88	61	\$512.30	\$520.33
27	\$200.50	\$123.46	62	\$529.59	\$545.15
28	\$201.88	\$128.06	63	\$549.10	\$574.52
29	\$203.27	\$132.69	64	\$568.77	\$603.88
30	\$213.80	\$137.34	65	\$604.79	\$656.46
31	\$219.92	\$139.85	66	\$604.79	\$656.46
32	\$225.94	\$142.37	67	\$604.79	\$656.46
33	\$232.02	\$144.83	68	\$604.79	\$656.46
34	\$238.05	\$147.28	69	\$604.79	\$656.46

Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2027

Comprehensive Blue PPO III

Policy Forms: 17-276, et al

	In Network	Out of Network		
Deductible	\$1,000	\$2,000	Generic Copay	\$10
Coinsurance	80%/20%	60%/40%	Non-Generics Deductible	\$500
Stop Loss Amount	\$10,000	No Max	Non-Generics Coinsurance	80% / 20%
			Non-Generics Stop Loss Amount Per Script	\$250

Spouse Insured Medical & Drug Coverage Monthly Bank Draft Premiums

Attained	Primary is	Primary is	Attained	Primary is	Primary is
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
19	\$221.38	\$318.16	45	\$458.55	\$680.49
20	\$228.86	\$340.33	46	\$486.86	\$684.03
21	\$236.27	\$352.99	47	\$515.17	\$687.60
22	\$243.69	\$365.68	48	\$542.22	\$692.42
23	\$251.14	\$378.36	49	\$569.11	\$697.32
24	\$258.57	\$391.02	50	\$633.68	\$739.88
25	\$269.01	\$414.86	51	\$691.41	\$764.98
26	\$274.94	\$418.39	52	\$747.77	\$788.82
27	\$280.75	\$421.87	53	\$804.48	\$823.09
28	\$286.69	\$425.38	54	\$857.52	\$853.59
29	\$292.55	\$428.92	55	\$910.51	\$884.07
30	\$298.54	\$441.66	56	\$948.44	\$918.49
31	\$305.31	\$458.90	57	\$991.49	\$958.07
32	\$312.08	\$476.10	58	\$1,034.71	\$989.34
33	\$318.90	\$493.40	59	\$1,077.82	\$1,020.57
34	\$325.67	\$510.60	60	\$1,120.94	\$1,051.79
35	\$342.27	\$532.26	61	\$1,183.30	\$1,094.75
36	\$351.71	\$546.24	62	\$1,245.78	\$1,137.85
37	\$361.07	\$560.16	63	\$1,312.77	\$1,183.16
38	\$370.52	\$574.19	64	\$1,379.74	\$1,228.52
39	\$379.84	\$588.19	65	\$1,510.00	\$1,317.45
40	\$389.30	\$602.10	66	\$1,510.00	\$1,317.45
41	\$401.94	\$617.43	67	\$1,510.00	\$1,317.45
42	\$414.67	\$632.68	68	\$1,510.00	\$1,317.45
43	\$427.27	\$647.98	69	\$1,510.00	\$1,317.45
44	\$439.96	\$663.26			

**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2027**

Comprehensive Blue PPO III

Policy Forms: 17-276, et al

	In Network	Out of Network		
Deductible	\$1,500	\$3,000	Generic Copay	\$10
Coinsurance	80%/20%	60%/40%	Non-Generics Deductible	\$500
Stop Loss Amount	\$10,000	No Max	Non-Generics Coinsurance	80% / 20%
			Non-Generics Stop Loss Amount Per Script	\$250

Spouse Insured Medical & Drug Coverage Monthly Bank Draft Premiums

Attained	Primary is	Primary is	Attained	Primary is	Primary is
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
19	\$205.11	\$296.71	45	\$426.06	\$632.07
20	\$211.99	\$317.85	46	\$452.49	\$635.29
21	\$218.82	\$329.47	47	\$478.97	\$638.55
22	\$225.64	\$341.07	48	\$504.07	\$643.23
23	\$232.45	\$352.67	49	\$529.16	\$647.74
24	\$239.33	\$364.32	50	\$591.84	\$689.99
25	\$249.19	\$387.01	51	\$645.15	\$713.18
26	\$254.95	\$390.28	52	\$696.99	\$735.06
27	\$260.68	\$393.54	53	\$749.33	\$767.27
28	\$266.36	\$396.76	54	\$797.84	\$795.86
29	\$272.13	\$400.09	55	\$846.34	\$824.37
30	\$277.94	\$412.46	56	\$881.08	\$856.46
31	\$284.14	\$428.25	57	\$920.96	\$893.71
32	\$290.37	\$444.09	58	\$960.95	\$922.68
33	\$296.60	\$459.88	59	\$1,000.88	\$951.60
34	\$302.79	\$475.64	60	\$1,040.82	\$980.53
35	\$318.91	\$495.90	61	\$1,098.46	\$1,020.19
36	\$327.56	\$508.78	62	\$1,156.08	\$1,059.94
37	\$336.16	\$521.56	63	\$1,218.23	\$1,101.90
38	\$344.80	\$534.35	64	\$1,280.42	\$1,144.05
39	\$353.41	\$547.25	65	\$1,400.70	\$1,226.20
40	\$362.04	\$560.03	66	\$1,400.70	\$1,226.20
41	\$373.66	\$574.06	67	\$1,400.70	\$1,226.20
42	\$385.32	\$588.06	68	\$1,400.70	\$1,226.20
43	\$396.92	\$602.09	69	\$1,400.70	\$1,226.20
44	\$408.52	\$616.12			

**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2027**

Comprehensive Blue PPO III

Policy Forms: 17-276, et al

	In Network	Out of Network		
Deductible	\$2,500	\$5,000	Generic Copay	\$10
Coinsurance	80%/20%	60%/40%	Non-Generics Deductible	\$500
Stop Loss Amount	\$10,000	No Max	Non-Generics Coinsurance	80% / 20%
			Non-Generics Stop Loss Amount Per Script	\$250

Spouse Insured Medical & Drug Coverage Monthly Bank Draft Premiums

Attained	Primary is	Primary is	Attained	Primary is	Primary is
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
19	\$179.21	\$262.46	45	\$374.22	\$554.81
20	\$185.06	\$281.92	46	\$397.66	\$557.62
21	\$190.97	\$291.86	47	\$421.11	\$560.39
22	\$196.84	\$301.81	48	\$443.30	\$564.59
23	\$202.70	\$311.76	49	\$465.38	\$568.73
24	\$208.57	\$321.72	50	\$525.08	\$610.55
25	\$217.58	\$342.65	51	\$571.22	\$630.53
26	\$223.06	\$345.50	52	\$616.00	\$649.24
27	\$228.46	\$348.31	53	\$661.23	\$678.33
28	\$233.95	\$351.09	54	\$702.64	\$703.66
29	\$239.44	\$353.91	55	\$744.08	\$729.06
30	\$244.96	\$365.91	56	\$773.66	\$757.50
31	\$250.32	\$379.41	57	\$808.41	\$791.05
32	\$255.68	\$392.96	58	\$843.36	\$816.26
33	\$261.01	\$406.51	59	\$878.22	\$841.54
34	\$266.37	\$420.00	60	\$912.96	\$866.76
35	\$281.53	\$437.94	61	\$962.94	\$901.12
36	\$288.96	\$448.94	62	\$1,012.89	\$935.69
37	\$296.34	\$459.89	63	\$1,067.39	\$972.38
38	\$303.75	\$470.86	64	\$1,121.84	\$1,009.22
39	\$311.17	\$481.91	65	\$1,226.24	\$1,080.58
40	\$318.56	\$492.81	66	\$1,226.24	\$1,080.58
41	\$328.49	\$504.82	67	\$1,226.24	\$1,080.58
42	\$338.51	\$516.82	68	\$1,226.24	\$1,080.58
43	\$348.47	\$528.78	69	\$1,226.24	\$1,080.58
44	\$358.43	\$540.84			

Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2027

Comprehensive Blue PPO III

Policy Forms: 17-276, et al

	In Network	Out of Network		
Deductible	\$5,000	\$10,000	Generic Copay	\$10
Coinsurance	80%/20%	60%/40%	Non-Generics Deductible	\$500
Stop Loss Amount	\$10,000	No Max	Non-Generics Coinsurance	80% / 20%
			Non-Generics Stop Loss Amount Per Script	\$250

Spouse Insured Medical & Drug Coverage Monthly Bank Draft Premiums

Attained	Primary is	Primary is	Attained	Primary is	Primary is
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
19	\$147.08	\$219.93	45	\$310.01	\$458.97
20	\$151.72	\$237.35	46	\$329.73	\$461.18
21	\$156.44	\$245.23	47	\$349.47	\$463.45
22	\$161.11	\$253.14	48	\$367.89	\$467.09
23	\$165.79	\$260.97	49	\$386.32	\$470.63
24	\$170.48	\$268.87	50	\$442.30	\$511.99
25	\$178.35	\$287.64	51	\$479.63	\$528.03
26	\$183.52	\$289.93	52	\$515.56	\$542.79
27	\$188.61	\$292.20	53	\$551.97	\$567.98
28	\$193.76	\$294.43	54	\$584.62	\$589.40
29	\$198.91	\$296.69	55	\$617.10	\$610.89
30	\$204.08	\$308.18	56	\$640.45	\$634.66
31	\$208.38	\$318.83	57	\$668.87	\$663.67
32	\$212.67	\$329.51	58	\$697.47	\$684.42
33	\$216.91	\$340.31	59	\$726.03	\$705.03
34	\$221.16	\$350.93	60	\$754.49	\$725.72
35	\$235.25	\$366.04	61	\$794.90	\$753.53
36	\$241.13	\$374.76	62	\$835.36	\$781.52
37	\$247.02	\$383.39	63	\$880.28	\$811.71
38	\$252.90	\$392.12	64	\$925.28	\$842.03
39	\$258.74	\$400.82	65	\$1,009.93	\$900.03
40	\$264.65	\$409.49	66	\$1,009.93	\$900.03
41	\$272.54	\$418.98	67	\$1,009.93	\$900.03
42	\$280.38	\$428.47	68	\$1,009.93	\$900.03
43	\$288.28	\$437.97	69	\$1,009.93	\$900.03
44	\$296.15	\$447.50			

Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2027

Comprehensive Blue PPO III

Policy Forms: 17-276, et al

	In Network	Out of Network		
Deductible	\$7,500	\$15,000	Generic Copay	\$10
Coinsurance	100%/0%	80%/20%	Non-Generics Deductible	\$500
Stop Loss Amount	Not Applicable	No Max	Non-Generics Coinsurance	80% / 20%
			Non-Generics Stop Loss Amount Per Script	\$250

Spouse Insured Medical & Drug Coverage Monthly Bank Draft Premiums

Attained	Primary is	Primary is	Attained	Primary is	Primary is
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
19	\$138.46	\$208.47	45	\$292.72	\$433.22
20	\$142.82	\$225.39	46	\$311.41	\$435.28
21	\$147.16	\$232.74	47	\$330.18	\$437.39
22	\$151.47	\$240.03	48	\$347.64	\$440.88
23	\$155.82	\$247.34	49	\$365.05	\$444.31
24	\$160.19	\$254.69	50	\$420.07	\$485.45
25	\$167.81	\$272.91	51	\$455.00	\$500.49
26	\$172.90	\$275.01	52	\$488.54	\$514.19
27	\$177.90	\$277.10	53	\$522.56	\$538.32
28	\$183.00	\$279.20	54	\$552.79	\$558.71
29	\$188.06	\$281.32	55	\$582.99	\$579.10
30	\$193.17	\$292.61	56	\$604.67	\$601.67
31	\$197.04	\$302.57	57	\$631.42	\$629.45
32	\$201.07	\$312.54	58	\$658.26	\$648.90
33	\$205.03	\$322.47	59	\$685.12	\$668.34
34	\$209.03	\$332.38	60	\$711.93	\$687.81
35	\$222.85	\$346.70	61	\$749.73	\$713.83
36	\$228.29	\$354.79	62	\$787.61	\$740.06
37	\$233.76	\$362.87	63	\$830.00	\$768.53
38	\$239.23	\$371.00	64	\$872.41	\$797.07
39	\$244.66	\$379.05	65	\$951.89	\$851.43
40	\$250.16	\$387.07	66	\$951.89	\$851.43
41	\$257.49	\$395.92	67	\$951.89	\$851.43
42	\$264.85	\$404.71	68	\$951.89	\$851.43
43	\$272.18	\$413.51	69	\$951.89	\$851.43
44	\$279.43	\$422.34			

**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2027**

Comprehensive Blue PPO III

Policy Forms: 17-276, et al

	In Network	Out of Network		
Deductible	\$10,000	\$20,000	Generic Copay	\$10
Coinsurance	100%/0%	80%/20%	Non-Generics Deductible	\$500
Stop Loss Amount	Not Applicable	No Max	Non-Generics Coinsurance	80% / 20%
			Non-Generics Stop Loss Amount Per Script	\$250

Spouse Insured Medical & Drug Coverage Monthly Bank Draft Premiums

Attained	Primary is	Primary is	Attained	Primary is	Primary is
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
19	\$126.69	\$193.02	45	\$269.22	\$398.11
20	\$130.66	\$209.07	46	\$286.58	\$400.04
21	\$134.50	\$215.67	47	\$303.98	\$401.94
22	\$138.43	\$222.24	48	\$320.08	\$405.26
23	\$142.33	\$228.81	49	\$336.15	\$408.51
24	\$146.27	\$235.39	50	\$389.78	\$449.39
25	\$153.50	\$252.82	51	\$421.50	\$463.00
26	\$158.40	\$254.75	52	\$451.86	\$475.27
27	\$163.33	\$256.64	53	\$482.64	\$497.97
28	\$168.24	\$258.50	54	\$509.63	\$516.88
29	\$173.22	\$260.42	55	\$536.58	\$535.90
30	\$178.19	\$271.53	56	\$555.99	\$556.82
31	\$181.74	\$280.38	57	\$580.37	\$582.93
32	\$185.38	\$289.35	58	\$604.94	\$600.71
33	\$188.91	\$298.22	59	\$629.46	\$618.47
34	\$192.44	\$307.12	60	\$653.96	\$636.23
35	\$205.87	\$320.41	61	\$688.36	\$659.88
36	\$210.82	\$327.68	62	\$722.69	\$683.73
37	\$215.71	\$334.86	63	\$761.62	\$709.85
38	\$220.63	\$342.17	64	\$800.49	\$735.93
39	\$225.53	\$349.41	65	\$872.79	\$785.43
40	\$230.45	\$356.66	66	\$872.79	\$785.43
41	\$237.00	\$364.54	67	\$872.79	\$785.43
42	\$243.61	\$372.45	68	\$872.79	\$785.43
43	\$250.16	\$380.32	69	\$872.79	\$785.43
44	\$256.73	\$388.24			

Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2027

Comprehensive Blue PPO III

Policy Forms: 17-276, et al

	In Network	Out of Network		
Deductible	\$15,000	\$30,000	Generic Copay	\$10
Coinsurance	100%/0%	80%/20%	Non-Generics Deductible	\$500
Stop Loss Amount	Not Applicable	No Max	Non-Generics Coinsurance	80% / 20%
			Non-Generics Stop Loss Amount Per Script	\$250

Spouse Insured Medical & Drug Coverage Monthly Bank Draft Premiums

Attained	Primary is	Primary is	Attained	Primary is	Primary is
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
19	\$111.14	\$172.41	45	\$238.11	\$351.75
20	\$114.46	\$187.52	46	\$253.77	\$353.31
21	\$117.84	\$193.09	47	\$269.31	\$355.03
22	\$121.14	\$198.65	48	\$283.66	\$358.08
23	\$124.48	\$204.26	49	\$297.82	\$361.03
24	\$127.80	\$209.80	50	\$349.71	\$401.79
25	\$134.50	\$226.16	51	\$377.18	\$413.37
26	\$139.26	\$227.80	52	\$403.24	\$423.78
27	\$144.04	\$229.49	53	\$429.76	\$444.56
28	\$148.80	\$231.14	54	\$452.49	\$461.65
29	\$153.58	\$232.78	55	\$475.22	\$478.70
30	\$158.46	\$243.63	56	\$491.52	\$497.40
31	\$161.50	\$251.09	57	\$512.84	\$521.25
32	\$164.49	\$258.65	58	\$534.38	\$536.84
33	\$167.57	\$266.23	59	\$555.84	\$552.39
34	\$170.60	\$273.72	60	\$577.26	\$567.96
35	\$183.51	\$285.66	61	\$607.03	\$588.50
36	\$187.70	\$291.80	62	\$636.85	\$609.18
37	\$191.81	\$297.93	63	\$671.04	\$632.05
38	\$196.02	\$304.06	64	\$705.39	\$655.01
39	\$200.24	\$310.17	65	\$768.13	\$698.07
40	\$204.34	\$316.31	66	\$768.13	\$698.07
41	\$209.89	\$323.02	67	\$768.13	\$698.07
42	\$215.48	\$329.69	68	\$768.13	\$698.07
43	\$221.03	\$336.40	69	\$768.13	\$698.07
44	\$226.67	\$343.10			

Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2027

Comprehensive Blue PPO III

Policy Forms: 17-276, et al

	In Network	Out of Network		
Deductible	\$20,000	\$40,000	Generic Copay	\$10
Coinsurance	100%/0%	80%/20%	Non-Generics Deductible	\$500
Stop Loss Amount	Not Applicable	No Max	Non-Generics Coinsurance	80% / 20%
			Non-Generics Stop Loss Amount Per Script	\$250

Spouse Insured Medical & Drug Coverage Monthly Bank Draft Premiums

Attained	Primary is	Primary is	Attained	Primary is	Primary is
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
19	\$101.79	\$160.11	45	\$219.47	\$323.93
20	\$104.80	\$174.59	46	\$234.02	\$325.39
21	\$107.79	\$179.57	47	\$248.51	\$326.86
22	\$110.79	\$184.51	48	\$261.73	\$329.74
23	\$113.75	\$189.45	49	\$274.89	\$332.58
24	\$116.78	\$194.46	50	\$325.71	\$373.13
25	\$123.10	\$210.15	51	\$350.63	\$383.66
26	\$127.84	\$211.68	52	\$374.08	\$392.91
27	\$132.44	\$213.16	53	\$398.05	\$412.56
28	\$137.17	\$214.63	54	\$418.23	\$428.46
29	\$141.84	\$216.16	55	\$438.39	\$444.42
30	\$146.59	\$226.83	56	\$452.84	\$461.79
31	\$149.30	\$233.58	57	\$472.35	\$484.31
32	\$152.02	\$240.25	58	\$492.07	\$498.56
33	\$154.76	\$246.94	59	\$511.71	\$512.82
34	\$157.47	\$253.66	60	\$531.24	\$527.01
35	\$170.09	\$264.78	61	\$558.27	\$545.67
36	\$173.84	\$270.29	62	\$585.26	\$564.39
37	\$177.50	\$275.71	63	\$616.74	\$585.41
38	\$181.23	\$281.21	64	\$648.31	\$606.52
39	\$184.99	\$286.68	65	\$705.33	\$645.62
40	\$188.68	\$292.11	66	\$705.33	\$645.62
41	\$193.68	\$298.11	67	\$705.33	\$645.62
42	\$198.66	\$304.06	68	\$705.33	\$645.62
43	\$203.57	\$310.01	69	\$705.33	\$645.62
44	\$208.56	\$315.97			

Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2027

Comprehensive Blue PPO III

Policy Forms: 17-276, et al

	In Network	Out of Network		
Deductible	\$25,000	\$50,000	Generic Copay	\$10
Coinsurance	100%/0%	80%/20%	Non-Generics Deductible	\$500
Stop Loss Amount	Not Applicable	No Max	Non-Generics Coinsurance	80% / 20%
			Non-Generics Stop Loss Amount Per Script	\$250

Spouse Insured Medical & Drug Coverage Monthly Bank Draft Premiums

Attained	Primary is	Primary is	Attained	Primary is	Primary is
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
19	\$94.57	\$88.76	45	\$140.05	\$204.90
20	\$97.29	\$93.28	46	\$147.81	\$206.24
21	\$99.99	\$97.74	47	\$155.70	\$207.60
22	\$102.70	\$102.20	48	\$163.56	\$208.99
23	\$105.38	\$106.73	49	\$171.42	\$210.34
24	\$108.11	\$111.26	50	\$216.97	\$249.36
25	\$114.27	\$115.96	51	\$235.36	\$257.71
26	\$118.88	\$117.35	52	\$252.45	\$264.76
27	\$123.46	\$118.69	53	\$269.56	\$271.78
28	\$128.06	\$120.07	54	\$282.92	\$275.08
29	\$132.69	\$121.46	55	\$296.28	\$278.37
30	\$137.34	\$122.80	56	\$304.44	\$282.98
31	\$139.85	\$128.92	57	\$317.71	\$292.65
32	\$142.37	\$134.94	58	\$330.94	\$302.28
33	\$144.83	\$141.02	59	\$344.13	\$311.94
34	\$147.28	\$147.05	60	\$357.34	\$321.58
35	\$159.61	\$153.13	61	\$377.23	\$335.24
36	\$163.00	\$158.13	62	\$397.00	\$348.88
37	\$166.35	\$163.04	63	\$416.85	\$362.58
38	\$169.76	\$167.96	64	\$436.66	\$376.31
39	\$173.11	\$172.97	65	\$479.77	\$406.44
40	\$176.46	\$177.94	66	\$479.77	\$406.44
41	\$181.03	\$183.29	67	\$479.77	\$406.44
42	\$185.51	\$188.66	68	\$479.77	\$406.44
43	\$190.03	\$194.07	69	\$479.77	\$406.44
44	\$194.54	\$199.48			

**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2027**

**Comprehensive Blue PPO III
Policy Forms: 17-276, et al**

Dependent Child(ren) Insured Medical Coverage Monthly Bank Draft Premiums (All Eligible)

	In Network	In Network Stop Loss	Out of Network	One	Two	All (3+)
<u>Deductible</u>	<u>Coinsurance</u>	<u>Amount</u>	<u>Coinsurance</u>	<u>Child</u>	<u>Children</u>	<u>Children</u>
\$1,000	80% / 20%	\$10,000	60% / 40%	\$285.50	\$571.06	\$856.54
\$1,500	80% / 20%	\$10,000	60% / 40%	\$261.51	\$523.05	\$784.56
\$2,500	80% / 20%	\$10,000	60% / 40%	\$223.21	\$446.42	\$669.66
\$5,000	80% / 20%	\$10,000	60% / 40%	\$175.70	\$351.42	\$527.10
\$7,500	100% / 0%	Not Applicable	80% / 20%	\$162.93	\$325.86	\$488.77
\$10,000	100% / 0%	Not Applicable	80% / 20%	\$145.59	\$291.12	\$436.72
\$15,000	100% / 0%	Not Applicable	80% / 20%	\$122.58	\$245.18	\$367.74
\$20,000	100% / 0%	Not Applicable	80% / 20%	\$108.83	\$217.60	\$326.41
\$25,000	100% / 0%	Not Applicable	80% / 20%	\$98.08	\$196.12	\$294.18

	In Network	In Network Stop Loss	Out of Network	Maternity
<u>Deductible</u>	<u>Coinsurance</u>	<u>Amount</u>	<u>Coinsurance</u>	<u>Rider</u>
\$1,000	80% / 20%	No Limit	60% / 40%	\$414.39
\$1,500	80% / 20%	No Limit	60% / 40%	\$391.78
\$2,500	80% / 20%	No Limit	60% / 40%	\$369.21
\$5,000	80% / 20%	No Limit	60% / 40%	\$316.42
\$7,500	100% / 0%	Not Applicable	80% / 20%	\$188.38
\$10,000	100% / 0%	Not Applicable	80% / 20%	\$131.85
\$15,000	100% / 0%	Not Applicable	80% / 20%	\$94.19
\$20,000	100% / 0%	Not Applicable	80% / 20%	\$75.34
\$25,000	100% / 0%	Not Applicable	80% / 20%	\$56.54

**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2027**

**Comprehensive Blue PPO III
Policy Forms: 17-276, et al**

Primary Insured Prescription Drug Coverage Monthly Bank Draft Premiums

Generic Copay	\$10
Non-Generics Deductible	\$500
Non-Generics Coinsurance	80% / 20%
Non-Generics Stop Loss Amount Per Script	\$250

Attained			Attained		
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
0	\$34.75	\$34.75	35	\$95.41	\$59.03
1	\$34.75	\$34.75	36	\$95.41	\$59.03
2	\$34.75	\$34.75	37	\$95.41	\$59.03
3	\$34.75	\$34.75	38	\$95.41	\$59.03
4	\$34.75	\$34.75	39	\$95.41	\$59.03
5	\$34.75	\$34.75	40	\$95.41	\$59.03
6	\$34.75	\$34.75	41	\$95.41	\$59.03
7	\$34.75	\$34.75	42	\$95.41	\$59.03
8	\$34.75	\$34.75	43	\$95.41	\$59.03
9	\$34.75	\$34.75	44	\$95.41	\$59.03
10	\$34.75	\$34.75	45	\$97.39	\$64.92
11	\$34.75	\$34.75	46	\$97.39	\$70.79
12	\$34.75	\$34.75	47	\$97.39	\$76.61
13	\$34.75	\$34.75	48	\$98.75	\$81.14
14	\$34.75	\$34.75	49	\$100.10	\$85.62
15	\$34.75	\$34.75	50	\$101.46	\$90.05
16	\$34.75	\$34.75	51	\$102.78	\$94.57
17	\$34.75	\$34.75	52	\$104.10	\$98.97
18	\$34.75	\$34.75	53	\$115.85	\$103.83
19	\$61.79	\$27.09	54	\$127.57	\$108.64
20	\$71.30	\$27.09	55	\$139.35	\$113.46
21	\$71.30	\$27.09	56	\$151.07	\$118.28
22	\$71.30	\$27.09	57	\$162.93	\$123.16
23	\$71.30	\$27.09	58	\$166.48	\$128.16
24	\$71.30	\$27.09	59	\$170.05	\$133.18
25	\$81.81	\$30.75	60	\$173.58	\$138.11
26	\$81.81	\$34.44	61	\$177.06	\$143.10
27	\$81.81	\$38.07	62	\$180.71	\$148.15
28	\$81.81	\$41.79	63	\$186.52	\$157.67
29	\$81.81	\$45.48	64	\$192.46	\$167.22
30	\$91.00	\$49.20	65	\$198.35	\$176.69
31	\$91.00	\$49.20	66	\$198.35	\$176.69
32	\$91.00	\$49.20	67	\$198.35	\$176.69
33	\$91.00	\$49.20	68	\$198.35	\$176.69
34	\$91.00	\$49.20	69	\$198.35	\$176.69

**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2027**

**Comprehensive Blue PPO III
Policy Forms: 17-276, et al**

Spouse Insured Prescription Drug Coverage Monthly Bank Draft Premiums

Generic Copay	\$10
Non-Generics Deductible	\$500
Non-Generics Coinsurance	80% / 20%
Non-Generics Stop Loss Amount Per Script	\$250

Attained Age of Primary	Primary is Female	Primary is Male	Attained Age of Primary	Primary is Female	Primary is Male
19	\$27.09	\$61.79	45	\$64.92	\$97.39
20	\$27.09	\$71.30	46	\$70.79	\$97.39
21	\$27.09	\$71.30	47	\$76.61	\$97.39
22	\$27.09	\$71.30	48	\$81.14	\$98.75
23	\$27.09	\$71.30	49	\$85.62	\$100.10
24	\$27.09	\$71.30	50	\$90.05	\$101.46
25	\$30.75	\$81.81	51	\$94.57	\$102.78
26	\$34.44	\$81.81	52	\$98.97	\$104.10
27	\$38.07	\$81.81	53	\$103.83	\$115.85
28	\$41.79	\$81.81	54	\$108.64	\$127.57
29	\$45.48	\$81.81	55	\$113.46	\$139.35
30	\$49.20	\$91.00	56	\$118.28	\$151.07
31	\$49.20	\$91.00	57	\$123.16	\$162.93
32	\$49.20	\$91.00	58	\$128.16	\$166.48
33	\$49.20	\$91.00	59	\$133.18	\$170.05
34	\$49.20	\$91.00	60	\$138.11	\$173.58
35	\$59.03	\$95.41	61	\$143.10	\$177.06
36	\$59.03	\$95.41	62	\$148.15	\$180.71
37	\$59.03	\$95.41	63	\$157.67	\$186.52
38	\$59.03	\$95.41	64	\$167.22	\$192.46
39	\$59.03	\$95.41	65	\$176.69	\$198.35
40	\$59.03	\$95.41	66	\$176.69	\$198.35
41	\$59.03	\$95.41	67	\$176.69	\$198.35
42	\$59.03	\$95.41	68	\$176.69	\$198.35
43	\$59.03	\$95.41	69	\$176.69	\$198.35
44	\$59.03	\$95.41			

Dependent Child(ren) Insured Prescription Drug Coverage Monthly Bank Draft Premiums

Attained Age	One Child	Two Children	All (3+) Children
All Eligible	\$34.75	\$69.43	\$104.22