Summarized 2026 Individual Benefit Grid

= Plans that are elgible for a Health Savings Account (HSA).

Arkansas BlueCross BlueShield
An Independent Licensee of the Blue Cross and Blue Shield Association

	Gold Standardized	Gold Value	Gold Classic HSA	Silver AH	Silver AH 73% CSR	Silver AH 87% CSR	Silver AH 94% CSR	Silver Standardized
On/Off	Both	Both	Off	Both	On	On	On	Both
Includes BlueCard	No	No	No	No	No	No	No	No
HSA Compatible	No	No	Yes	No	No	No	No	No
Individual Deductible	$2,000	$0	$3,400	$6,350	$5,250	$2,000	$1,918	$6,000
Family Deductible	$4,000	$0	$6,800	$12,700	$10,500	$4,000	$3,836	$12,000
Coinsurance	25%	50%	0%	30%	0%	0%	0%	40%
Individual Out-of-Pocket Max	$8,200	$6,300	$3,400	$6,550	$5,450	$2,650	$2,570	$8,900
Family Out-of-Pocket Max	$16,400	$12,600	$6,800	$13,100	$10,900	$5,300	$5,140	$17,800
Non-Essential Health Benefit Deductible	$25,000	$25,000	Not Applicable	$25,000	$25,000	$25,000	$25,000	$25,000
PCP & OP Rehab/Hab Office Visits	$30 Copay	3@$0, then $40 Copay*	Ded/Coins	$30 Copay after Ded	$5 Copay after Ded	$5 Copay after Ded	$4.70 Copay	$40 Copay
Specialist Office Visit (Consult/Evaluation)	$60 Copay	$80 Copay	Ded/Coins	$45 Copay after Ded	$5 Copay after Ded	$5 Copay after Ded	$4.70 Copay	$80 Copay
Mental Health/Substance Abuse OP Office Visit	$30 Copay	3@$0, then $40 Copay*	Ded/Coins	$30 Copay after Ded	$5 Copay after Ded	$5 Copay after Ded	$4.70 Copay	$40 Copay
Medical Equipment & Supplies	Ded/Coins	Coins	Ded/Coins	$200 Copay after Ded	$200 Copay after Ded	$100 Copay after Ded	$4.70 Copay	Ded/Coins
Maternity and Family Planning	Ded/Coins	$30 Copay Pre/Post Care & Coins Delivery	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins
Urgent Care	$45 Copay	$70 Copay	Ded/Coins	$45 Copay after Ded	$5 Copay after Ded	$5 Copay after Ded	$4.70 Copay	$60 Copay
Emergency Room	Ded/Coins	Coins	Ded/Coins	$200 Copay after Ded	$200 Copay after Ded	$100 Copay after Ded	$9.40 Copay (Non-Emergency) / $0 (Emergency)	Ded/Coins
Inpatient Hospital, MH/SA	Ded/Coins	Coins	Ded/Coins	$200 Copay Per Day after Ded	$200 Copay Per Day after Ded	$100 Copay Per Day after Ded	$0 Copay Per Day after Ded	Ded/Coins
Outpatient Hospital & Surgical Services	Ded/Coins	Coins	Ded/Coins	$45 Copay after Ded	$5 Copay after Ded	$5 Copay after Ded	$4.70 Copay (after Ded for Facility only)	Ded/Coins
High-Tech Imaging	Ded/Coins	Coins	Ded/Coins	$200 Copay after Ded	$200 Copay after Ded	$5 Copay	$4.70 Copay	Ded/Coins
Lab/ X-ray	Ded/Coins	$40 Copay Lab; Coins X-Ray	Ded/Coins	$30 Copay after Ded	$5 Copay after Ded	$5 Copay	$4.70 Copay	Ded/Coins
Rx Tier 1 Preventive	$0	$0	$0	$0	$0	$0	$0	$0
Rx Tier 2 Generic	$15/45 Copay	$30/90 Copay	Ded/Coins	$100/300 Copay	$100/300 Copay	$5/15 Copay	$4.70/14.10 Copay	$20/60 Copay
Rx Tier 3 Preferred Brand	$30/90 Copay	$280/840 Copay	Ded/Coins	$1,000/3,000 Copay	$1,000/3,000 Copay	$14/42 Copay	$4.70/14.10 Copay	$40/120 Copay
Rx Tier 4 Non-Preferred Brand	$60/180 Copay	$1,500/4,500 Copay	Ded/Coins	$2,000/6,000 Copay	$2,000/6,000 Copay	$42/126 Copay	$9.40/28.20Copay	$80/240 Copay after Ded
Rx Tier 5 Specialty	$250 Copay	$4,900 Copay	Ded/Coins	$6,550 Copay	$5,450 Copay	$2,650 Copay	$9.40 Copay	$350 Copay after Ded
Rx Tier 6 Specialty	$250 Copay	$4,900 Copay	Ded/Coins	$6,550 Copay	$5,450 Copay	$2,650 Copay	$9.40 Copay	$350 Copay after Ded

Arkansas Blue Cross and Blue Shield and Blue Cross Blue Shield is a Qualified Health Plan issuer in the Health Insurance Marketplace.

Off-Exchange Plans: Plans only available if purchased directly from Arkansas Blue Cross and Blue Shield.

*3 visits free before copay or deductible applies to the first 3 claims submitted in the calendar year for consult and evaluation services in-network if services are from one of the following categories: Primary Care Physician visits, Outpatient Rehabilitation Services, Outpatient Habilitation Services, Outpatient Mental Health Services and Medications provided in the PCP's office.

**3 visits free before copay and applies to the first 3 claims submitted in the calendar year for consult and evaluation services in-network if services are from the following category: Outpatient Mental Health Services.

Important Notes

Agents should refer to policy schedules and certificates located on our (Arkansas Blue Cross) corporate website, or through Blueprint for Agents, for complete benefit descriptions and explanations.

All benefits are displayed as in-network. Refer to policy schedules and certificates for out-of-network benefits.

Members benefit from the negotiated discounts on covered services provided by in-network providers. See the 2026 brochure for more details on these discounts of allowed charges (negotiated discounts) compared to billed charges (what doctors/hospitals charge customers without insurance).

	Silver Standardized 73% CSR	Silver Standardized 87% CSR	Silver Standardized 94% CSR	Silver Classic HSA	Silver Premier	Bronze Value	Bronze Exp Standardized	Bronze Classic HSA	Catastrophic HSA
On/Off	On	On	On	Off	Off	Both	Both	Off	Both
Includes BlueCard	No	No	No	No	No	No	No	No	No
HSA Compatible	No	No	No	Yes	No	Yes	Yes	Yes	Yes
Individual Deductible	$3,000	$700	$0	$5,300	$3,000	$6,900	$7,500	$7,150	$10,600
Family Deductible	$6,000	$1,400	$0	$10,600	$6,000	$13,800	$15,000	$14,300	$21,200
Coinsurance	40%	30%	25%	0%	20%	50%	50%	0%	0%
Individual Out-of-Pocket Max	$7,400	$3,300	$2,200	$5,300	$7,250	$9,800	$10,000	$7,150	$10,600
Family Out-of-Pocket Max	$14,800	$6,600	$4,400	$10,600	$14,500	$19,600	$20,000	$14,300	$21,200
Non-Essential Health Benefit Deductible	$25,000	$25,000	$25,000	Not Applicable	$25,000	$25,000	$25,000	Not Applicable	$25,000
PCP & OP Rehab/Hab Office Visits	$40 Copay	$20 Copay	$0	Ded/Coins	$45 Copay	$65 Copay	$50 Copay	Ded/Coins	3 @ $0, then Ded*
Specialist Office Visit (Consult/Evaluation)	$80 Copay	$40 Copay	$10 Copay	Ded/Coins	$90 Copay	$130 Copay	$100 Copay	Ded/Coins	Ded/Coins
Mental Health/Substance Abuse OP Office Visit	$40 Copay	$20 Copay	$0	Ded/Coins	3 @ $0, then $45 Copay**	3 @ $0, then $65 Copay**	$50 Copay	Ded/Coins	3 @ $0, then Ded*
Medical Equipment & Supplies	Ded/Coins	Ded/Coins	Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins
Maternity and Family Planning	Ded/Coins	Ded/Coins	Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins
Urgent Care	$60 Copay	$30 Copay	$5 Copay	Ded/Coins	$90 Copay	$130 Copay	$75 Copay	Ded/Coins	Ded/Coins
Emergency Room	Ded/Coins	Ded/Coins	Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins
Inpatient Hospital, MH/SA	Ded/Coins	Ded/Coins	Coins	Ded/Coins	Ded/Coins	Coins	Ded/Coins	Ded/Coins	Ded/Coins
Outpatient Hospital & Surgical Services	Ded/Coins	Ded/Coins	Coins	Ded/Coins	$200 Facility Copay, then Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins
High-Tech Imaging	Ded/Coins	Ded/Coins	Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins
Lab/ X-ray	Ded/Coins	Ded/Coins	Coins	Ded/Coins	Ded/Coins	$60 Copay Lab; Ded/Coins X-Ray	Ded/Coins	Ded/Coins	Ded/Coins
Rx Tier 1 Preventive	$0	$0	$0	$0	$0	$0	$0	$0	$0
Rx Tier 2 Generic	$20/60 Copay	$10/30 Copay	$0	Ded/Coins	$30/90 Copay	$30/90 Copay	$25/75 Copay	Ded/Coins	Ded/Coins
Rx Tier 3 Preferred Brand	$40/120 Copay	$20/60 Copay	$15/45 Copay	Ded/Coins	$60/180 Copay	$160/480 Copay	$50/150 Copay after Ded	Ded/Coins	Ded/Coins
Rx Tier 4 Non-Preferred Brand	$80/240 Copay after Ded	$60/180 Copay after Ded	$50/150 Copay	Ded/Coins	$120/360 Copay	$1,600/4,800 Copay	$100/300 Copay after Ded	Ded/Coins	Ded/Coins
Rx Tier 5 Specialty	$350 Copay after Ded	$250 Copay after Ded	$150 Copay	Ded/Coins	$240 Copay	$5,000 Copay	$500 Copay after Ded	Ded/Coins	Ded/Coins
Rx Tier 6 Specialty	$350 Copay after Ded	$250 Copay after Ded	$150 Copay	Ded/Coins	$480 Copay	$5,000 Copay	$500 Copay after Ded	Ded/Coins	Ded/Coins

Many Arkansans may be eligible to receive a tax credit that could lower their monthly health insurance premium. Some may receive a tax credit so they will have a very low or even $0 monthly premium. Many Arkansans may be able to get free health insurance through a new program called ARHOME. Many Arkansans may qualify for an Arkansas Blue Cross health insurance plan with no monthly premium. With ARHOME, you can see any Arkansas Blue Cross doctor you choose, your preventive care will be covered at no cost to you and you'll receive access to the kind of high-quality healthcare for which Arkansas Blue Cross has built a reputation. We can help you find out if you qualify for a free health insurance plan from Arkansas Blue Cross.

The Affordable Care Act (ACA) includes a number of special provisions for American Indians and Alaskan Natives, such as: 1) They can get services from the Indian Health Services, tribal health programs or urban Indian health programs; 2) They may receive services at no cost sharing; and 3) They may have special monthly enrollment periods.

For out-of-network coverage cost sharing increases, and the balance billing (the difference between the provider's bill and the Arkansas Blue Cross and Blue Shield allowed amount) must be paid by the policyholder. Arkansas Blue Cross qualified health plans have limitations and terms under which the insurance policy may be continued or discontinued. The plans are age-rated, area-rated, and tobacco-rated, meaning premiums are based on the age, residence, and tobacco usage of the covered person.

Benefits and Services Not Included: Injuries or diseases caused by war; dentistry (except for some oral surgery); eye refractions, eyeglasses for adults unless needed because of accidental injury; cosmetic surgeries, unless needed because of accidental injury; services or supplies not medically necessary; medical or hospital services collectible under Workers Compensation or any law providing benefits for dependents of military personnel; services rendered in government hospitals; inpatient services, if they could have been performed safely and adequately on an outpatient basis; services and supplies which are experimental or investigational in nature; benefits provided under Medicare or other government programs (except Medicaid); services of social workers, unless included as part of the daily room and board allowance; radial keratotomies or epikeratophakia or any services performed to correct nearsightedness; hospital and physician services for rest cures; services by an immediate relative (spouse, parents, children, brother, sister or legal guardian); dietary supplements when used in connection with weight reduction programs. Benefits and services are not included for any treatment (surgical or nonsurgical) for weight loss. Renewal may be refused by class.

Non-Essential Health Benefits are benefits required to be covered by state law adopted after 2011. These benefits include: Bariatric Surgery, Craniofacial Surgery, Restorative Reproductive Treatment , Acquired Brain Injury, Weight Loss Treatment, PANS/PANDA.

Non-Essential Health Benefit Deductible (Non-EHB Deductible) refers to a specific combined medical and drug benefit deductible for a treatment that is not considered an essential health benefit which includes: Bariatric Surgery, Craniofacial Surgery, Restorative Reproductive Treatment, Acquired Brain Injury, Weight Loss Treatment, PANS/PANDA. When the coverage is deemed non-essential the Covered Person's cost-sharing may exceed the annual limitation on cost sharing for both in and out of network values.

Limitations of Hospital Benefits: Arkansas Blue Cross requires pre-admission approval for all non-emergent hospital admissions. Out of Area non-emergent hospital admissions are not covered if the service is available in the Policy's Service area. For prior approval please call the toll-free number on the back of your ID card. Services rendered in a hospital outside of the United States of America will be paid at the sole discretion of the Plan.

Subrogation: If benefit payments are made for which a third party may be liable, Arkansas Blue Cross is entitled to recovery out of payments made by that third party to the full extent of benefits paid.

Coordination Against Group and Major Medical Coverage: Benefits for services or supplies available to you under any other group or blanket disability insurance, Union Welfare Plan, employer or employee benefit organization, self-insurance or any other non-regulated group disability benefits plan, major medical policy or no-fault automobile liability insurance will be coordinated so that the total amount of benefits payable from all these plans combined does not exceed 100 percent of actual medical expenses.

IMPORTANT NOTE: Your premium will be accepted after coverage has been approved. This outline of coverage provides a brief description of the important features of the Arkansas Blue Cross qualified health plan insurance policies. The outline is not the policy, and only the actual policy provisions will control. The policy itself sets forth in detail the rights and obligations of both you and your insurance company. It is, therefore, important that you read the policy carefully. Changes to this policy only may be made during the annual open enrollment period or as a result of a special enrollment period.

Our Company complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-844-662-2276**. CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-844-662-2276**. To view our language assistance and non-discrimination notice, visit **arkbluecross.com/notice**.

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