2027

Affordable Care Act (ACA) Plans



Health Advantage

An Independent Licensee of the Blue Cross and Blue Shield Association

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Why consider an ACA plan?

You can't be turned down.

Enroll in a health insurance plan even if you have pre-existing conditions during the Open Enrollment Period or if you have a qualifying life event.

You might save money.

We can help you determine if you qualify for financial assistance that will help lower your monthly premiums. The majority of members who buy plans on the Health Insurance Marketplace receive financial assistance.

Enrolling is easy.

Each year, there is an open enrollment period (OEP). This is your chance to join or switch to the health plan you really want. **The OEP for 2027 plans is November 1 to January 15. Enroll by December 15 for coverage to start January 1.** After January 15, any changes are required to be a qualifying life event.*

Essential health benefits are covered.

Our ACA plans cover all essential health benefit categories required by the healthcare law. To learn more, see page 6.

Additional benefits

Digital Tools

In our Blueprint Portal mobile app and website, you'll have 24/7 access to your digital ID card, claims and other helpful benefit information – as well as convenient tools to find providers, estimate treatment and prescription costs, easily contact customer service and much more.

Virtual Healthcare Resources

When you can't get to a provider's office, scheduling a virtual appointment 24/7 with a doctor, therapist or pediatrician is easy.

Wellness Rewards and Discounts

Members receive healthy living rewards and enjoy discounts on a range of health and wellness products including eyeglasses, gym memberships, personal training, hotels, athletic gear, hearing aids and more.

BlueCard Nationwide Coverage

Some plans include BlueCard, allowing members to save money and receive the best healthcare across the U.S. and in many places around the world.



Find out if you qualify for low-cost health insurance

On average, over 81% of our On-Exchange members receive financial assistance. You could save hundreds of dollars each month.**

Call to see if you qualify.

Mental and Behavioral Health Programs

Prioritize your whole health using our mental and behavioral resources and have greater access to providers, programs and solutions.

Flexible Payment Options

Eligible members can pay for out-of-pocket medical and pharmacy expenses over time. No interest, fees or costs to sign up.

*Typically, these special circumstances require enrollment into a health plan within 60 days of the life event. A Health Advantage agent can make sense of the enrollment process and help walk you through it.

**Health Advantage records, as of March 31, 2026.

Key benefits

= Plans that include access to the BlueCard network. Learn more on page 2.

= Plans that are eligible for a Health Savings Account (HSA). Learn more on page 6.

	Platinum Premier National	Platnium Standardized	Platinum Enhanced	Gold Standardized	Gold Premier National
On/Off Exchange	Both	Both	Off	Both	Both
Includes BlueCard	Yes	No	No	No	Yes
HSA Compatible	No	No	No	No	No
Individual Deductible	$2,625	$0	$2,950	$2,500	$4,100
Family Deductible	$5,250	$0	$5,900	$5,000	$8,200
Coinsurance	50%	0%	0%	25%	40%
Individual Out-of-Pocket Max	$3,600	$5,900	$2,950	$8,600	$6,100
Family Out-of-Pocket Max	$7,200	$11,800	$5,900	$17,200	$12,200
Includes Non-Essential Health Benefit Coverage	No	No	Yes	No	No
PCP & OP Rehab/Hab Office Visits	3 @ $0, then $20 Copay*	$20 Copay	Ded/Coins	$30 Copay	3 @ $0, then $25 Copay*
Specialist Office Visit	$75 Copay	$40 Copay	Ded/Coins	$60 Copay	$80 Copay
Mental Health/Substance Abuse OP Office Visit	3 @ $0, then $20 Copay*	$20 Copay	Ded/Coins	$30 Copay	3 @ $0, then $25 Copay*
Medical Equipment & Supplies	Ded/50% Coins	50% Coins	Ded/Coins	Ded/Coins	Ded/50% Coins
Maternity and Family Planning	Ded/Coins	50% Coins	Ded/Coins	Ded/Coins	Ded/Coins
Urgent Care	$75 Copay	$30 Copay	Ded/Coins	$45 Copay	$80 Copay
Emergency Room	$975 Copay after Ded	$250 Copay	Ded/Coins	Ded/Coins	$975 Copay after Ded
Inpatient Hospital, MH/SA	$975 Copay Per Day after Ded	$400 Copay Per Stay	Ded/Coins	Ded/Coins	$975 Copay Per Day after Ded
Outpatient Hospital & Surgical Services	Ded/Coins	$250 Copay	Ded/Coins	Ded/Coins	Ded/Coins
High-Tech Imaging	Ded/Coins	$250 Copay	Ded/Coins	Ded/Coins	Ded/Coins
Lab/X-ray	Ded/Coins	$60 Copay	Ded/Coins	Ded/Coins	Ded/Coins
Rx Tier 1 Preventive	$0	$0	$0	$0	$0
Rx Tier 2 Generic	$25/75 Copay	$10/30 Copay	Ded/Coins	$15/45 Copay	$25/75 Copay
Rx Tier 3 Preferred Brand	$85/255 Copay	$20/60 Copay	$500/1,500 Copay	$30/90 Copay	$85/255 Copay
Rx Tier 4 Non-Preferred Brand	$1,500/4,500 Copay	$60/180 Copay	$1,000/2,950 Copay	$60/180 Copay	$1,500/4,500 Copay
Rx Tier 5 Specialty Drugs	$3,600 Copay	$250 Copay	$2,000 Copay	$250 Copay	$6,100 Copay
Rx Tier 6 Specialty Drugs	$3,600 Copay	$250 Copay	$2,000 Copay	$250 Copay	$6,100 Copay

Why aren't there monthly premiums on this grid?

Our qualified health plans are age-, tobacco- and area-rated, meaning the monthly premium is based on your age, residence and tobacco use. Also, depending on your annual income, you may qualify for financial assistance, which would lower your monthly premium. Through government financial assistance, many Arkansans will be able to get a health plan for a very low cost and maybe even free. (Note: Information in the grid represents in-network benefits.)

Key benefits

= Plans that include access to the BlueCard network. Learn more on page 2.

= Plans that are eligible for a Health Savings Account (HSA). Learn more on page 6.

	Gold Enhanced	Silver AH	Silver Standardized	Silver Elite National	Silver Enhanced
On/Off Exchange	Off	Both	Both	Off	Off
Includes BlueCard	No	No	No	Yes	No
HSA Compatible	No	No	No	No	No
Individual Deductible	$4,400	$6,900	$6,400	$3,700	$7,350
Family Deductible	$8,800	$13,800	$12,800	$7,400	$14,700
Coinsurance	0%	30%	40%	20%	0%
Individual Out-of-Pocket Max	$4,400	$7,100	$10,300	$8,400	$7,350
Family Out-of-Pocket Max	$8,800	$14,200	$20,600	$16,800	$14,700
Includes Non-Essential Health Benefit Coverage	Yes	No	No	No	Yes
PCP & OP Rehab/Hab Office Visits	Ded/Coins	$30 Copay after Ded	$40 Copay	$45 Copay	Ded/Coins
Specialist Office Visit	Ded/Coins	$75 Copay after Ded	$80 Copay	$90 Copay	Ded/Coins
Mental Health/Substance Abuse OP Office Visit	Ded/Coins	$30 Copay after Ded	$40 Copay	3 @ $0, then $45 Copay**	Ded/Coins
Medical Equipment & Supplies	Ded/Coins	$200 Copay after Ded	Ded/Coins	Ded/50% Coins	Ded/Coins
Maternity and Family Planning	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins
Urgent Care	Ded/Coins	$75 Copay after Ded	$60 Copay	$90 Copay	Ded/Coins
Emergency Room	Ded/Coins	$200 Copay after Ded	Ded/Coins	Ded/Coins	Ded/Coins
Inpatient Hospital, MH/SA	Ded/Coins	$200 Copay Per Day after Ded	Ded/Coins	Ded/Coins	Ded/Coins
Outpatient Hospital & Surgical Services	Ded/Coins	$45 Copay after Ded	Ded/Coins	$200 Facility Copay, then Ded/Coins	Ded/Coins
High-Tech Imaging	Ded/Coins	$200 Copay after Ded	Ded/Coins	Ded/Coins	Ded/Coins
Lab/X-ray	Ded/Coins	$30 Copay after Ded	Ded/Coins	Ded/Coins	Ded/Coins
Rx Tier 1 Preventive	$0	$0	$0	$0	$0
Rx Tier 2 Generic	Ded/Coins	$125/375 Copay	$20/60 Copay	$30/90 Copay	Ded/Coins
Rx Tier 3 Preferred Brand	$500/1,500 Copay	$1,500/4,500 Copay	$40/120 Copay	$60/180 Copay	$500/1,500 Copay
Rx Tier 4 Non-Preferred Brand	$1,000/3,000 Copay	$3,000/7,100 Copay	$80/240 Copay after Ded	$120/360 Copay	$1,000/3,000 Copay
Rx Tier 5 Specialty Drugs	$2,000 Copay	$7,100 Copay	$350 Copay after Ded	$240 Copay	$2,000 Copay
Rx Tier 6 Specialty Drugs	$2,000 Copay	$7,100 Copay	$350 Copay after Ded	$480 Copay	$2,000 Copay

Key benefits

= Plans that include access to the BlueCard network. Learn more on page 2.

= Plans that are eligible for a Health Savings Account (HSA). Learn more on page 6.

	Bronze National	Bronze Exp Standardized	Bronze Enhanced	Catastrophic HSA	Catastrophic Enhanced
On/Off Exchange	Both	Both	Off	Both	Off
Includes BlueCard	Yes	No	No	No	No
HSA Compatible	Yes	Yes	Yes	Yes	Yes
Individual Deductible	$11,250	$7,500	$11,750	$12,000	$12,000
Family Deductible	$22,500	$15,000	$23,500	$24,000	$24,000
Coinsurance	0%	50%	0%	0%	0%
Individual Out-of-Pocket Max	$11,250	$12,000	$11,750	$12,000	$12,000
Family Out-of-Pocket Max	$22,500	$24,000	$23,500	$24,000	$24,000
Includes Non-Essential Health Benefit Coverage	No	No	Yes	No	Yes
PCP & OP Rehab/Hab Office Visits	3 @ $0, then $50 Copay*	$50 Copay	Ded/Coins	3 @ $0, then Ded*	3 @ $0, then Ded*
Specialist Office Visit	$100 Copay	$100 Copay	Ded/Coins	Ded/Coins	Ded/Coins
Mental Health/Substance Abuse OP Office Visit	3 @ $0, then $50 Copay*	$50 Copay	Ded/Coins	3 @ $0, then Ded*	3 @ $0, then Ded*
Medical Equipment & Supplies	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins
Maternity and Family Planning	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins
Urgent Care	Ded/Coins	$75 Copay	Ded/Coins	Ded/Coins	Ded/Coins
Emergency Room	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins
Inpatient Hospital, MH/SA	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins
Outpatient Hospital & Surgical Services	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins
High-Tech Imaging	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins
Lab/X-ray	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins
Rx Tier 1 Preventive	$0	$0	$0	$0	$0
Rx Tier 2 Generic	$30/90 Copay	$25/75 Copay	Ded/Coins	Ded/Coins	Ded/Coins
Rx Tier 3 Preferred Brand	$210/630 Copay	$50/150 Copay after Ded	$500/1,500 Copay	Ded/Coins	Ded/Coins
Rx Tier 4 Non-Preferred Brand	$1,600/4,800 Copay	$100/300 Copay after Ded	$1,000/3,000 Copay	Ded/Coins	Ded/Coins
Rx Tier 5 Specialty Drugs	$5,000 Copay	$500 Copay after Ded	$2,000 Copay	Ded/Coins	Ded/Coins
Rx Tier 6 Specialty Drugs	$5,000 Copay	$500 Copay after Ded	$2,000 Copay	Ded/Coins	Ded/Coins

Health Advantage is a Qualified Health Plan issuer in the Health Insurance Marketplace.

Off-Exchange Plans: Plans only available if purchased directly from Health Advantage.

*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.

Understanding health insurance

Coinsurance

Coinsurance is your share of the costs, usually after you've met your deductible. For example, if your plan pays 80% for a service, you would pay 20% in coinsurance. With your Health Advantage plan, when you reach your out-of-pocket max, you no longer have to pay coinsurance for covered services.

Copays

Copays are what you pay at the provider or pharmacy. They do not count against your deductible. An example would be paying $25 at a provider's visit or $15 for a prescription. With your Health Advantage plan, when your out-of-pocket max is met, you no longer have to pay copayments for covered services.

Essential Health Benefits (EHBs)*

Our plans cover the Essential Health Benefit (EHB) categories required by healthcare law, based on Affordable Care Act (ACA) benchmark standards established in 2011. Coverage does not include Arkansas state-mandated benefits enacted after 2011 unless required by federal law. Covered EHB categories include Ambulatory Patient Services, Emergency Services, Hospitalization, Pregnancy, Maternity and Newborn Care, Mental Health and Substance Use Disorder, Services, Prescription Drugs, Rehabilitative and Habilitative Services and Devices, Laboratory Services, Preventive and Wellness Services and Pediatric Services.

Non-Essential Health Benefits

Benefits that are in addition to the federal Essential Health Benefits (EHBs), including benefits mandated by state law after December 31, 2011. Arkansas law requires coverage of certain additional benefits, including Bariatric Surgery, Craniofacial Surgery, Acquired Brain Injury treatment, Weight Loss Treatment, and PANS/ PANDAS services.

Inclusion of these benefits can make a policy more expensive. Because of this, Arkansas also allows for health plans to offer an optional plan that only contains EHB coverage. You should review your plan to determine whether your plan includes benefits in addition to the federal EHBs. All plans that are called "Enhanced" have all mandated benefits in addition to the EHBs.

Out-of-Pocket Maximum

The out-of-pocket max is the most you'll spend for covered medical services in a year. After you reach this amount, you will no longer have to pay coinsurance or deductibles. (This does not include your monthly premium.)

Primary Care Provider (PCP)

A medical professional who directly provides or coordinates a range of healthcare services for a patient (also known as a family doctor, general practitioner, internal medicine doctor or pediatrician).

Qualifying Life Event

A change in your life that makes you eligible to make changes to your current healthcare plan or enroll in a health plan outside of the open enrollment period. Examples include moving to a new state, losing employer coverage, marriage, divorce or birth of a child.



Health Savings Account (HSA)

A savings account opened with a financial institution like a bank or credit union that allows you to set aside money, pre-tax, for qualified medical expenses. Contributions, interest earned and withdrawals for eligible healthcare costs are all tax-free. Unused funds roll over year to year.

*Our plans do not include pediatric dental services. Pediatric dental coverage is available in the Health Insurance Marketplace and can be purchased as a stand-alone product.

Annual Limit On Cost Sharing

The maximum amount a member is required to spend in a year before the insurance company begins paying 100% of that member's covered health care expenses for the remainder of the year. The monthly premium does not count toward the annual limit on cost sharing.

- **Individual Annual Limit on Cost Sharing**: If there is one person on the policy, you have an individual annual limit on cost sharing.
- **Family Annual Limit on Cost Sharing**: If there are two or more persons on the policy, you have a family annual limit on cost sharing. There are two ways a family can meet its annual limit on cost sharing:

  1. All family members together meet the family annual limit on cost sharing. Then, Health Advantage begins paying 100% of covered services for all family members.
  2. One person in the family meets the individual annual limit on cost sharing. Then, Health Advantage begins paying 100% of that person's covered health expenses. The rest of the family, in any combination, must then meet the remainder of the family annual limit on cost sharing before Health Advantage begins paying 100% of covered services for the rest of the family.

Deductible

The amount a member must spend on medical expenses before the insurance plan begins to pay. The monthly premiums, as well as copays, do not count toward the deductible.

- **Individual Deductible**: If there is one person on the policy, you have an individual deductible.
- **Family Deductible**: If there are two or more persons on the policy, you have a family deductible. There are two ways a family can meet its deductible (see example at bottom of page):

  1. All family members together meet the family deductible. Then, Health Advantage begins paying for covered services at the applicable coinsurance for all family members.
  2. One person in the family meets the individual deductible. Then, Health Advantage begins paying for covered services at the applicable coinsurance for that person. The rest of the family, in any combination, must then meet the remainder of the family deductible before Health Advantage begins paying for covered services at the applicable coinsurance for the rest of the family.

How Does a Family Deductible Work?

EXAMPLE:

A family of three (Mr. Smith, Mrs. Smith and Johnny Smith) has a plan with a $500 individual deductible and $1,000 family deductible. Mr. Smith meets the $500 individual deductible. Health Advantage begins paying for covered services at the applicable coinsurance for Mr. Smith only.

SCENARIO 1

Mrs. Smith **or** Johnny Smith meets the $500 individual deductible. Health Advantage begins paying for covered services at the applicable coinsurance for all family members.

SCENARIO 2

Mrs. Smith and Johnny Smith together reach the remaining $500 of the $1,000 deductible, and Health Advantage begins paying for covered services at the applicable coinsurance for all family members.

When one family member reaches his or her individual deductible, Health Advantage begins paying for covered services at the applicable coinsurance for that person. When the remaining family members reach the remaining portion of the family deductible (either individually or collectively), Health Advantage begins paying for covered services at the applicable coinsurance for all family members.

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 program called ARHOME. Many Arkansans may qualify for a Health Advantage health plan with no monthly premium. With ARHOME, you can see any Health Advantage 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 Health Advantage has built a reputation. We can help you find out if you qualify for a free health plan from Health Advantage.

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 within the state of Arkansas, cost sharing increases and the balance billing (the difference between the provider's bill and the Health Advantage allowed amount) must be paid by the policyholder. Health Advantage 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 meeting primary coverage criteria; 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.

Limitations of Hospital Benefits: Health Advantage requires pre-admission approval for all non-emergent hospital admissions. 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, Health Advantage is entitled to recover 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% of actual medical expenses.

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

To view our language assistance and non-discrimination notice, visit **healthadvantage-hmo.com/notice**.

Questions?

Call us at **800-392-2583** or visit us at one of our ArkansasBlue Welcome Centers. To find your nearest location, visit **healthadvantage-hmo.com/locations**.

ArkansasBlue Welcome Centers

