

# SUMMARIZED 2025 ARHOME - Arkansas Blue Cross



	Silver AH 0-20% FPL	Silver AH 21-40% FPL	Silver AH 41-60% FPL	Silver AH 61-80% FPL	Silver AH 81-100% FPL	Silver AH 101-120% FPL	Silver AH 121-138% FPL
On/Off Exchange	ARHOME	ARHOME	ARHOME	ARHOME	ARHOME	ARHOME	ARHOME
Includes BlueCard	No	No	No	No	No	No	No
Deductible	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Out-of-Pocket Max	\$0	\$108 (\$27 per quarter)	\$216 (\$54 per quarter)	\$324 (\$81 per quarter)	\$432 (\$108 per quarter)	\$540 (\$135 per quarter)	\$652 (\$163 per quarter)
Coinsurance	0%	0%	0%	0%	0%	0%	0%
PCP & OP Rehab/Hab Office Visits	\$0	\$4.70 Copay	\$4.70 Copay	\$4.70 Copay	\$4.70 Copay	\$4.70 Copay	\$4.70 Copay
Specialist Office Visit (Consult/Evaluation)	\$0	\$4.70 Copay	\$4.70 Copay	\$4.70 Copay	\$4.70 Copay	\$4.70 Copay	\$4.70 Copay
Mental Health/ Substance Abuse OP Office Visit	\$0	\$4.70 Copay	\$4.70 Copay	\$4.70 Copay	\$4.70 Copay	\$4.70 Copay	\$4.70 Copay
Medical Equipment & Supplies	\$0	\$4.70 Copay	\$4.70 Copay	\$4.70 Copay	\$4.70 Copay	\$4.70 Copay	\$4.70 Copay
Maternity and Family Planning	\$0	Coinsurance	Coinsurance	Coinsurance	Coinsurance	Coinsurance	Coinsurance
Urgent Care	\$0	\$4.70 Copay	\$4.70 Copay	\$4.70 Copay	\$4.70 Copay	\$4.70 Copay	\$4.70 Copay
Emergency Room	0%	\$9.40 Copay (Non-Emergency)/ \$0 (Emergency)	\$9.40 Copay (Non-Emergency)/ \$0 (Emergency)	\$9.40 Copay (Non-Emergency)/ \$0 (Emergency)	\$9.40 Copay (Non-Emergency)/ \$0 (Emergency)	\$9.40 Copay (Non-Emergency)/ \$0 (Emergency)	\$9.40 Copay (Non-Emergency)/ \$0 (Emergency)
Inpatient Hospital, MH/SA	\$0	\$0 Copay Per Day after Ded	\$0 Copay Per Day after Ded	\$0 Copay Per Day after Ded	\$0 Copay Per Day after Ded	\$0 Copay Per Day after Ded	\$0 Copay Per Day after Ded
Outpatient Hospital & Surgical Services	0%	\$4.70 Copay (after Ded for Facility only)	\$4.70 Copay (after Ded for Facility only)	\$4.70 Copay (after Ded for Facility only)	\$4.70 Copay (after Ded for Facility only)	\$4.70 Copay (after Ded for Facility only)	\$4.70 Copay (after Ded for Facility only)
High-Tech Imaging	0%	\$4.70 Copay	\$4.70 Copay	\$4.70 Copay	\$4.70 Copay	\$4.70 Copay	\$4.70 Copay
Lab/X-RAY	0%	\$4.70 Copay	\$4.70 Copay	\$4.70 Copay	\$4.70 Copay	\$4.70 Copay	\$4.70 Copay
Rx Tier 1 Preventive	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Rx Tier 2 Generic	\$0	\$4.70/\$9.40 Copay*	\$4.70/\$9.40 Copay*	\$4.70/\$9.40 Copay*	\$4.70/\$9.40 Copay*	\$4.70/\$9.40 Copay*	\$4.70/\$9.40 Copay*
Rx Tier 3 Preferred Brand	\$0	\$4.70/\$9.40 Copay*	\$4.70/\$9.40 Copay*	\$4.70/\$9.40 Copay*	\$4.70/\$9.40 Copay*	\$4.70/\$9.40 Copay*	\$4.70/\$9.40 Copay*
Rx Tier 4 Non-Preferred Brand	\$0	\$9.40/\$18.80 Copay*	\$9.40/\$18.80 Copay*	\$9.40/\$18.80 Copay*	\$9.40/\$18.80 Copay*	\$9.40/\$18.80 Copay*	\$9.40/\$18.80 Copay*
Rx Tier 5 Specialty	0%	\$9.40 Copay	\$9.40 Copay	\$9.40 Copay	\$9.40 Copay	\$9.40 Copay	\$9.40 Copay
Rx Tier 6 Specialty	0%	\$9.40 Copay	\$9.40 Copay	\$9.40 Copay	\$9.40 Copay	\$9.40 Copay	\$9.40 Copay

## Important Notes

For maintenance drugs in tiers 2-4, if you utilize our mail order program, you will receive a three-month supply of drugs for the cost of a two-month supply

Agent can 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 2025 brochure for more details on these discounts of allowed charges (negotiated discounts) compared to billed charges (what doctors/hospitals charge customers without insurance).

\*Second tier is mail order. Three scripts for the cost of two.