SUMMARIZED 2025 INDIVIDUAL BENEFIT GRID

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

	Gold Standardized	Silver AH	Silver AH 73% CSR	Silver AH 87% CSR	Silver AH 94% CSR
On/Off Exchange	Both	Both	On	On	On
Includes Blue Card	No	No	No	No	No
Individual Deductible	$1,500	$5,650	$4,725	$1,765	$1,763
Family Deductible	$3,000	$11,300	$9,450	$3,530	$3,526
Individual Out-of-Pocket Max	$7,800	$6,050	$5,050	$2,415	$2,415
Family Out-of-Pocket Max	$15,600	$12,100	$10,100	$4,830	$4,830
Coinsurance	25%	30%	0%	0%	0%
PCP & OP Rehab/Hab Office Visits	$30 Copay	$30 Copay after Ded	$5 Copay after Ded	$5 Copay after Ded	$4.70 Copay
Specialist Office Visit (Consult/Evaluation)	$60 Copay	$45 Copay after Ded	$5 Copay after Ded	$5 Copay after Ded	$4.70 Copay
Mental Health/Substance Abuse OP Office Visit	$30 Copay	$30 Copay after Ded	$5 Copay after Ded	$5 Copay after Ded	$4.70 Copay
Medical Equipment & Supplies	Ded/Coins	$250 Copay after Ded	$250 Copay after Ded	$250 Copay after Ded	$4.70 Copay
Maternity and Family Planning	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins
Urgent Care	$45 Copay	$45 Copay after Ded	$5 Copay after Ded	$5 Copay after Ded	$4.70 Copay
Emergency Room	Ded/Coins	$800 Copay after Ded	$500 Copay after Ded	$240 Copay after Ded	$9.40 Copay (Non-Emergency) / $0 (Emergency)
Inpatient Hospital, MH/SA	Ded/Coins	$800 Copay Per Day after Ded	$500 Copay Per Day after Ded	$240 Copay Per Day after Ded	$0 Copay Per Day after Ded
Outpatient Hospital & Surgical Services	Ded/Coins	$45 Copay after Ded	$5 Copay after Ded	$5 Copay after Ded	$4.70 Copay (after Ded for Facility only)
High-Tech Imaging	Ded/Coins	$500 Copay after Ded	$375 Copay after Ded	$5 Copay	$4.70 Copay
Lab/X-RAY	Ded/Coins	$30 Copay after Ded	$5 Copay after Ded	$5 Copay	$4.70 Copay
Rx Tier 1 Preventive	$0	$0	$0	$0	$0
Rx Tier 2 Generic	$15/$30 Copay*	$100/$200 Copay*	$100/$200 Copay*	$5/$10 Copay*	$4.70/$9.40 Copay*
Rx Tier 3 Preferred Brand	$30/$60 Copay*	$1,000/$2,000 Copay*	$1,000/$2,000 Copay*	$25/$50 Copay*	$4.70/$9.40 Copay*
Rx Tier 4 Non-Preferred Brand	$60/$120 Copay*	$2,000/$4,000 Copay*	$2,000/$4,000 Copay*	$100/$200 Copay*	$9.40/$18.80 Copay*
Rx Tier 5 Specialty	$250 Copay	$6,050 Copay	$5,050 Copay	$2,415 Copay	$9.40 Copay
Rx Tier 6 Specialty	$250 Copay	$6,050 Copay	$5,050 Copay	$2,415 Copay	$9.40 Copay

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.

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

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.

Agents 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).

	Silver Value	Silver Value 73%CSR	Silver Value 87%CSR	Silver Value 94%CSR	Silver Standardized	Silver Standardized 73% CSR	Silver Standardized 87% CSR	Silver Standardized 94% CSR	Bronze Value	Bronze Exp Standardized
On/Off Exchange	Both	On	On	On	Both	On	On	On	Both	Both
Includes Blue Card	No	No	No	No	No	No	No	No	No	No
Individual Deductible	$0	$0	$0	$0	$5,000	$3,000	$500	$0	$5,900	$7,500
Family Deductible	$0	$0	$0	$0	$10,000	$6,000	$1,000	$0	$11,800	$15,000
Individual Out-of-Pocket Max	$9,100	$6,925	$2,750	$925	$8,000	$6,400	$3,000	$2,000	$8,800	$9,200
Family Out-of-Pocket Max	$18,200	$13,850	$5,500	$1,850	$16,000	$12,800	$6,000	$4,000	$17,600	$18,400
Coinsurance	50%	50%	20%	10%	40%	40%	30%	25%	50%	50%
PCP & OP Rehab/Hab Office Visits	3@$0, then $70 Copay**	3@$0, then $70 Copay**	3@$0, then $25 Copay**	3@$0, then $15 Copay**	$40 Copay	$40 Copay	$20 Copay	$0	$65 Copay	$50 Copay
Specialist Office Visit (Consult/Evaluation)	$95 Copay	$95 Copay	$45 Copay	$25 Copay	$80 Copay	$80 Copay	$40 Copay	$10 Copay	$130 Copay	$100 Copay
Mental Health/Substance Abuse OP Office Visit	3@$0, then $70 Copay**	3@$0, then $70 Copay**	3@$0, then $25 Copay**	3@$0, then $15 Copay**	$40 Copay	$40 Copay	$20 Copay	$0	3@$0, then $65 Copay**	$50 Copay
Medical Equipment & Supplies	Coinsurance	Coinsurance	Coinsurance	Coinsurance	Ded/Coins	Ded/Coins	Ded/Coins	Coinsurance	Ded/Coins	Ded/Coins
Maternity and Family Planning	$30 Copay pre/post care & Coins delivery	$30 Copay pre/post care & Coins delivery	$25 Copay pre/post care & Coins delivery	$15 Copay pre/post care & Coins delivery	Ded/Coins	Ded/Coins	Ded/Coins	Cosinsurance	Ded/Coins	Ded/Coins
Urgent Care	$70 Copay	$70 Copay	$30 Copay	$20 Copay	$60 Copay	$60 Copay	$30 Copay	$5 Copay	$130 Copay	$75 Copay
Emergency Room	Coinsurance	Coinsurance	Coinsurance	Coinsurance	Ded/Coins	Ded/Coins	Ded/Coins	Coinsurance	Ded/Coins	Ded/Coins
Inpatient Hospital,MH/SA	Coinsurance	Coinsurance	Coinsurance	Coinsurance	Ded/Coins	Ded/Coins	Ded/Coins	Coinsurance	Coinsurance	Ded/Coins
Outpatient Hospital & Surgical Services	Coinsurance	Coinsurance	Coinsurance	Coinsurance	Ded/Coins	Ded/Coins	Ded/Coins	Coinsurance	Ded/Coins	Ded/Coins
High-Tech Imaging	Coinsurance	Coinsurance	Coinsurance	Coinsurance	Ded/Coins	Ded/Coins	Ded/Coins	Coinsurance	Ded/Coins	Ded/Coins
Lab/ X-RAY	$70 Copay Lab; Coins X-Ray	$70 Copay Lab; Coins X-Ray	$25 Copay Lab; Coins X-Ray	$15 Copay Lab; Coins X-Ray	Ded/Coins	Ded/Coins	Ded/Coins	Coinsurance	$60 Copay Lab; Ded/Coins X-Ray	Ded/Coins
Rx Tier 1 Preventive	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Rx Tier 2 Generic	$35/$70 Copay*	$35/$70 Copay*	$30/$60 Copay*	$15/$30 Copay*	$20/$40 Copay*	$20/$40 Copay*	$10/$20 Copay*	$0	$30/$60 Copay*	$25/$50 Copay*
Rx Tier 3 Preferred Brand	$280/$560 Copay	$280/$560 Copay	$280/$560 Copay	$280/$560 Copay	$40/$80 Copay*	$40/$80 Copay*	$20/$40 Copay*	$15/$30 Copay*	$160/$320 Copay*	$50/$100 Copay after Ded*
Rx Tier 4 Non-Preferred Brand	$1,600/$3,200 Copay	$1,600/$3,200 Copay	$1,600/$3,200 Copay	$450/$900 Copay	$80/$160 Copay after Ded*	$80/$160 Copay after Ded*	$60/$120 Copay after Ded*	$50/$100 Copay*	$1,600/$3,200 Copay*	$100/$200 Copay after Ded*
Rx Tier 5 Specialty	$5,000 Copay	$5,000 Copay	$2,750 Copay	$925 Copay	$350 Copay after Ded	$350 Copay after Ded	$250 Copay after Ded	$150 Copay	$5,000 Copay	$500 Copay after Ded
Rx Tier 6 Specialty	$5,000 Copay	$5,000 Copay	$2,750 Copay	$925 Copay	$350 Copay after Ded	$350 Copay after Ded	$250 Copay after Ded	$150 Copay	$5,000 Copay	$500 Copay after Ded

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.

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.

** "3 visits @$0 before copay" applies to the first 3 claims for any of the following services in the calendar year: Primary Care Physician visits, Outpatient Rehabilitation Services Outpatient Habilitation Services, Outpatient Mental Health Services and Medications provided in the PCP's office.

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.

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