

**Arkansas Blue Cross and Blue Shield  
Proposed Monthly Bank Draft Rates  
Effective as of January 1, 2025**

**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%	
	<b>Male</b>	<b>Female</b>	<b>Male</b>	<b>Female</b>
Individual				
0-1	\$1,131.45	\$1,131.45	\$1,087.87	\$1,087.87
2-12	\$380.86	\$380.86	\$366.28	\$366.28
13-17	\$380.86	\$589.35	\$366.28	\$566.71
18-24	\$380.86	\$589.35	\$366.28	\$566.71
25-29	\$462.02	\$759.05	\$444.32	\$729.78
30-34	\$518.56	\$886.43	\$498.61	\$852.24
35-39	\$625.08	\$1,063.09	\$601.07	\$1,022.14
40-44	\$749.40	\$1,218.05	\$720.46	\$1,171.20
45-49	\$996.41	\$1,403.16	\$958.00	\$1,349.25
50-54	\$1,334.63	\$1,600.87	\$1,283.30	\$1,539.37
55-59	\$1,927.99	\$1,993.56	\$1,853.81	\$1,916.87
60-64	\$2,688.46	\$2,436.10	\$2,585.09	\$2,342.36
65-69	\$3,360.64	\$3,045.14	\$3,231.40	\$2,928.01
Individual and Spouse				
00-24	\$913.07	\$913.07	\$878.04	\$878.04
25-29	\$1,149.20	\$1,149.20	\$1,104.99	\$1,104.99
30-34	\$1,322.40	\$1,322.40	\$1,271.47	\$1,271.47
35-39	\$1,588.74	\$1,588.74	\$1,527.59	\$1,527.59
40-44	\$1,851.58	\$1,851.58	\$1,780.38	\$1,780.38
45-49	\$2,182.76	\$2,182.76	\$2,098.89	\$2,098.89
50-54	\$2,723.06	\$2,723.06	\$2,618.37	\$2,618.37
55-59	\$3,636.73	\$3,636.73	\$3,496.74	\$3,496.74
60-64	\$4,751.38	\$4,751.38	\$4,568.64	\$4,568.64
65-69	\$5,939.06	\$5,939.06	\$5,710.68	\$5,710.68
Individual and Child				
00-24	\$1,007.88	\$1,266.03	\$969.21	\$1,217.30
25-29	\$1,108.40	\$1,475.93	\$1,065.77	\$1,419.11
30-34	\$1,178.33	\$1,633.57	\$1,133.03	\$1,570.72
35-39	\$1,310.16	\$1,852.03	\$1,259.84	\$1,780.86
40-44	\$1,463.92	\$2,043.90	\$1,407.57	\$1,965.20
45-49	\$1,639.41	\$2,101.16	\$1,576.29	\$2,020.39
50-54	\$1,848.67	\$2,124.88	\$1,777.49	\$2,043.16
55-59	\$2,464.00	\$2,532.11	\$2,369.27	\$2,434.78
60-64	\$3,252.93	\$2,991.19	\$3,127.79	\$2,876.12
65-69	\$4,066.15	\$3,739.02	\$3,909.74	\$3,595.20
Individual, Spouse, and Child				
00-24	\$1,589.70	\$1,589.70	\$1,528.51	\$1,528.51
25-29	\$1,873.63	\$1,873.63	\$1,801.55	\$1,801.55
30-34	\$2,081.87	\$2,081.87	\$2,001.75	\$2,001.75
35-39	\$2,402.36	\$2,402.36	\$2,309.90	\$2,309.90
40-44	\$2,718.60	\$2,718.60	\$2,614.09	\$2,614.09
45-49	\$3,071.77	\$3,071.77	\$2,953.58	\$2,953.58
50-54	\$3,593.95	\$3,593.95	\$3,455.72	\$3,455.72
55-59	\$4,641.27	\$4,641.27	\$4,462.70	\$4,462.70
60-64	\$5,919.24	\$5,919.24	\$5,691.56	\$5,691.56
65-69	\$7,398.97	\$7,398.97	\$7,114.47	\$7,114.47

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Proposed Monthly Bank Draft Rates  
Effective as of January 1, 2025**

**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%	
	<b>Male</b>	<b>Female</b>	<b>Male</b>	<b>Female</b>
Individual				
0-1	\$930.90	\$930.90	\$895.06	\$895.06
2-12	\$313.30	\$313.30	\$301.38	\$301.38
13-17	\$313.30	\$485.01	\$301.38	\$466.26
18-24	\$313.30	\$485.01	\$301.38	\$466.26
25-29	\$380.09	\$624.52	\$365.54	\$600.52
30-34	\$426.59	\$729.43	\$410.15	\$701.31
35-39	\$514.28	\$874.55	\$494.42	\$840.99
40-44	\$616.58	\$1,002.18	\$592.87	\$963.62
45-49	\$819.94	\$1,154.67	\$788.34	\$1,110.30
50-54	\$1,098.18	\$1,317.36	\$1,055.89	\$1,266.70
55-59	\$1,586.43	\$1,640.38	\$1,525.42	\$1,577.33
60-64	\$2,212.32	\$2,004.53	\$2,127.14	\$1,927.52
65-69	\$2,765.31	\$2,505.72	\$2,659.03	\$2,409.39
Individual and Spouse				
00-24	\$751.35	\$751.35	\$722.43	\$722.43
25-29	\$945.64	\$945.64	\$909.26	\$909.26
30-34	\$1,088.11	\$1,088.11	\$1,046.24	\$1,046.24
35-39	\$1,307.23	\$1,307.23	\$1,256.98	\$1,256.98
40-44	\$1,523.59	\$1,523.59	\$1,464.98	\$1,464.98
45-49	\$1,796.06	\$1,796.06	\$1,727.05	\$1,727.05
50-54	\$2,240.60	\$2,240.60	\$2,154.48	\$2,154.48
55-59	\$2,992.45	\$2,992.45	\$2,877.30	\$2,877.30
60-64	\$3,909.60	\$3,909.60	\$3,759.24	\$3,759.24
65-69	\$4,887.13	\$4,887.13	\$4,699.02	\$4,699.02
Individual and Child				
00-24	\$829.33	\$1,041.74	\$797.55	\$1,001.64
25-29	\$912.00	\$1,214.45	\$876.91	\$1,167.75
30-34	\$969.55	\$1,344.18	\$932.31	\$1,292.43
35-39	\$1,078.00	\$1,523.92	\$1,036.60	\$1,465.22
40-44	\$1,204.60	\$1,681.81	\$1,158.23	\$1,617.09
45-49	\$1,348.95	\$1,728.93	\$1,297.09	\$1,662.40
50-54	\$1,521.21	\$1,748.43	\$1,462.62	\$1,681.14
55-59	\$2,027.49	\$2,083.30	\$1,949.56	\$2,003.18
60-64	\$2,676.54	\$2,461.10	\$2,573.64	\$2,366.53
65-69	\$3,345.73	\$3,076.38	\$3,217.04	\$2,958.10
Individual, Spouse, and Child				
00-24	\$1,307.90	\$1,307.90	\$1,257.65	\$1,257.65
25-29	\$1,541.71	\$1,541.71	\$1,482.30	\$1,482.30
30-34	\$1,712.91	\$1,712.91	\$1,647.02	\$1,647.02
35-39	\$1,976.58	\$1,976.58	\$1,900.59	\$1,900.59
40-44	\$2,236.98	\$2,236.98	\$2,150.88	\$2,150.88
45-49	\$2,527.45	\$2,527.45	\$2,430.23	\$2,430.23
50-54	\$2,957.21	\$2,957.21	\$2,843.53	\$2,843.53
55-59	\$3,818.96	\$3,818.96	\$3,672.03	\$3,672.03
60-64	\$4,870.53	\$4,870.53	\$4,683.24	\$4,683.24
65-69	\$6,088.27	\$6,088.27	\$5,854.02	\$5,854.02

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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%	
	<b>Male</b>	<b>Female</b>	<b>Male</b>	<b>Female</b>
Individual				
0-1	\$837.78	\$837.78	\$805.54	\$805.54
2-12	\$282.03	\$282.03	\$271.05	\$271.05
13-17	\$282.03	\$436.52	\$271.05	\$419.57
18-24	\$282.03	\$436.52	\$271.05	\$419.57
25-29	\$342.17	\$562.00	\$329.00	\$540.49
30-34	\$384.01	\$656.45	\$369.27	\$631.21
35-39	\$462.81	\$787.07	\$445.07	\$756.84
40-44	\$554.87	\$901.98	\$533.59	\$867.29
45-49	\$737.93	\$1,039.24	\$709.56	\$999.24
50-54	\$988.30	\$1,185.61	\$950.40	\$1,140.02
55-59	\$1,427.74	\$1,476.38	\$1,372.79	\$1,419.54
60-64	\$1,991.04	\$1,804.11	\$1,914.48	\$1,734.80
65-69	\$2,488.82	\$2,255.21	\$2,393.10	\$2,168.41
Individual and Spouse				
00-24	\$676.27	\$676.27	\$650.19	\$650.19
25-29	\$851.06	\$851.06	\$818.40	\$818.40
30-34	\$979.23	\$979.23	\$941.65	\$941.65
35-39	\$1,176.57	\$1,176.57	\$1,131.37	\$1,131.37
40-44	\$1,371.19	\$1,371.19	\$1,318.42	\$1,318.42
45-49	\$1,616.49	\$1,616.49	\$1,554.31	\$1,554.31
50-54	\$2,016.69	\$2,016.69	\$1,939.04	\$1,939.04
55-59	\$2,693.12	\$2,693.12	\$2,589.63	\$2,589.63
60-64	\$3,518.71	\$3,518.71	\$3,383.30	\$3,383.30
65-69	\$4,398.39	\$4,398.39	\$4,229.17	\$4,229.17
Individual and Child				
00-24	\$746.47	\$937.62	\$717.78	\$901.48
25-29	\$820.79	\$1,093.07	\$789.22	\$1,051.07
30-34	\$872.53	\$1,209.77	\$839.05	\$1,163.17
35-39	\$970.25	\$1,371.55	\$933.00	\$1,318.71
40-44	\$1,084.17	\$1,513.67	\$1,042.48	\$1,455.41
45-49	\$1,214.06	\$1,556.06	\$1,167.37	\$1,496.16
50-54	\$1,369.01	\$1,573.54	\$1,316.38	\$1,513.07
55-59	\$1,824.78	\$1,875.11	\$1,754.54	\$1,802.96
60-64	\$2,408.90	\$2,215.06	\$2,316.29	\$2,129.78
65-69	\$3,011.11	\$2,768.69	\$2,895.31	\$2,662.32
Individual, Spouse, and Child				
00-24	\$1,177.02	\$1,177.02	\$1,131.85	\$1,131.85
25-29	\$1,387.44	\$1,387.44	\$1,334.13	\$1,334.13
30-34	\$1,541.71	\$1,541.71	\$1,482.27	\$1,482.27
35-39	\$1,779.00	\$1,779.00	\$1,710.51	\$1,710.51
40-44	\$2,013.24	\$2,013.24	\$1,935.87	\$1,935.87
45-49	\$2,274.75	\$2,274.75	\$2,187.17	\$2,187.17
50-54	\$2,661.55	\$2,661.55	\$2,559.14	\$2,559.14
55-59	\$3,436.97	\$3,436.97	\$3,304.84	\$3,304.84
60-64	\$4,383.54	\$4,383.54	\$4,214.82	\$4,214.82
65-69	\$5,479.34	\$5,479.34	\$5,268.63	\$5,268.63

**Arkansas Blue Cross and Blue Shield  
Proposed Monthly Bank Draft Rates  
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**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%	
	<b>Male</b>	<b>Female</b>
Individual		
0-1	\$653.48	\$653.48
2-12	\$219.95	\$219.95
13-17	\$219.95	\$340.41
18-24	\$219.95	\$340.41
25-29	\$266.75	\$438.32
30-34	\$299.46	\$511.99
35-39	\$361.01	\$613.97
40-44	\$432.85	\$703.41
45-49	\$575.46	\$810.48
50-54	\$770.92	\$924.71
55-59	\$1,113.57	\$1,151.52
60-64	\$1,552.87	\$1,407.03
65-69	\$1,941.04	\$1,758.94
Individual and Spouse		
00-24	\$527.45	\$527.45
25-29	\$663.78	\$663.78
30-34	\$763.77	\$763.77
35-39	\$917.71	\$917.71
40-44	\$1,069.43	\$1,069.43
45-49	\$1,260.88	\$1,260.88
50-54	\$1,572.95	\$1,572.95
55-59	\$2,100.63	\$2,100.63
60-64	\$2,744.56	\$2,744.56
65-69	\$3,430.70	\$3,430.70
Individual and Child		
00-24	\$582.14	\$731.24
25-29	\$640.14	\$852.49
30-34	\$680.51	\$943.49
35-39	\$756.68	\$1,069.76
40-44	\$845.56	\$1,180.38
45-49	\$946.97	\$1,213.64
50-54	\$1,067.78	\$1,227.33
55-59	\$1,423.30	\$1,462.45
60-64	\$1,878.89	\$1,727.62
65-69	\$2,348.54	\$2,159.49
Individual, Spouse, and Child		
00-24	\$918.15	\$918.15
25-29	\$1,082.28	\$1,082.28
30-34	\$1,202.55	\$1,202.55
35-39	\$1,387.61	\$1,387.61
40-44	\$1,570.29	\$1,570.29
45-49	\$1,774.21	\$1,774.21
50-54	\$2,075.91	\$2,075.91
55-59	\$2,680.79	\$2,680.79
60-64	\$3,418.97	\$3,418.97
65-69	\$4,273.83	\$4,273.83

**Arkansas Blue Cross and Blue Shield  
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**BlueCare PPO PLUS  
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**Optional Riders**

Maternity Rider

Deductible	Rate
\$500	\$1,047.55
\$1,000	\$956.69
\$1,500	\$869.29
\$2,500	\$840.91

TMJ

Individual	\$16.15
Individual and Spouse	\$32.18
Individual and Child	\$38.66
Individual, Spouse, Children	\$64.57

**Arkansas Blue Cross and Blue Shield  
Proposed Monthly Bank Draft Rates  
Effective as of January 1, 2025**

**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%

	<b>Male</b>	<b>Female</b>	<b>Male</b>	<b>Female</b>
<b>Individual</b>				
0-1	\$595.08	\$595.08	\$530.42	\$530.42
2-12	\$200.29	\$200.29	\$178.56	\$178.56
13-17	\$200.29	\$310.03	\$178.56	\$276.33
18-24	\$200.29	\$310.03	\$178.56	\$276.33
25-29	\$243.03	\$399.33	\$216.60	\$355.88
30-34	\$272.76	\$466.36	\$243.08	\$415.63
35-39	\$328.77	\$559.15	\$293.03	\$498.38
40-44	\$394.17	\$640.67	\$351.32	\$571.07
45-49	\$524.20	\$738.24	\$467.24	\$658.03
50-54	\$702.03	\$842.21	\$625.80	\$750.67
55-59	\$1,014.24	\$1,048.70	\$903.96	\$934.73
60-64	\$1,414.30	\$1,281.58	\$1,260.63	\$1,142.31
65-69	\$1,767.95	\$1,601.96	\$1,575.85	\$1,427.82
<b>Individual and Spouse</b>				
00-24	\$480.35	\$480.35	\$428.14	\$428.14
25-29	\$604.57	\$604.57	\$538.89	\$538.89
30-34	\$695.68	\$695.68	\$620.11	\$620.11
35-39	\$835.79	\$835.79	\$744.90	\$744.90
40-44	\$974.01	\$974.01	\$868.18	\$868.18
45-49	\$1,148.24	\$1,148.24	\$1,023.47	\$1,023.47
50-54	\$1,432.53	\$1,432.53	\$1,276.87	\$1,276.87
55-59	\$1,913.08	\$1,913.08	\$1,705.19	\$1,705.19
60-64	\$2,499.47	\$2,499.47	\$2,227.88	\$2,227.88
65-69	\$3,124.44	\$3,124.44	\$2,784.83	\$2,784.83
<b>Individual and Child</b>				
00-24	\$530.22	\$665.97	\$472.62	\$593.59
25-29	\$583.02	\$776.48	\$519.73	\$692.15
30-34	\$619.84	\$859.34	\$552.52	\$765.98
35-39	\$689.22	\$974.28	\$614.43	\$868.36
40-44	\$770.13	\$1,075.19	\$686.48	\$958.35
45-49	\$862.46	\$1,105.34	\$768.75	\$985.22
50-54	\$972.47	\$1,117.76	\$866.78	\$996.35
55-59	\$1,296.26	\$1,331.90	\$1,155.38	\$1,187.20
60-64	\$1,711.15	\$1,573.39	\$1,525.25	\$1,402.46
65-69	\$2,138.98	\$1,966.81	\$1,906.50	\$1,753.07
<b>Individual, Spouse, and Child</b>				
00-24	\$836.19	\$836.19	\$745.25	\$745.25
25-29	\$985.59	\$985.59	\$878.49	\$878.49
30-34	\$1,095.11	\$1,095.11	\$976.06	\$976.06
35-39	\$1,263.73	\$1,263.73	\$1,126.38	\$1,126.38
40-44	\$1,430.15	\$1,430.15	\$1,274.72	\$1,274.72
45-49	\$1,615.87	\$1,615.87	\$1,440.29	\$1,440.29
50-54	\$1,890.69	\$1,890.69	\$1,685.16	\$1,685.16
55-59	\$2,441.54	\$2,441.54	\$2,176.21	\$2,176.21
60-64	\$3,113.84	\$3,113.84	\$2,775.44	\$2,775.44
65-69	\$3,892.32	\$3,892.32	\$3,469.32	\$3,469.32

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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%

	<b>Male</b>	<b>Female</b>	<b>Male</b>	<b>Female</b>
Individual				
0-1	\$450.67	\$450.67	\$427.08	\$427.08
2-12	\$151.65	\$151.65	\$143.71	\$143.71
13-17	\$151.65	\$234.78	\$143.71	\$222.45
18-24	\$151.65	\$234.78	\$143.71	\$222.45
25-29	\$184.07	\$302.43	\$174.40	\$286.60
30-34	\$206.55	\$353.13	\$195.80	\$334.61
35-39	\$249.03	\$423.47	\$235.93	\$401.26
40-44	\$298.48	\$485.20	\$282.85	\$459.74
45-49	\$397.03	\$559.10	\$376.22	\$529.84
50-54	\$531.69	\$637.85	\$503.84	\$604.44
55-59	\$768.07	\$794.25	\$727.81	\$752.59
60-64	\$1,071.11	\$970.58	\$1,014.97	\$919.70
65-69	\$1,338.88	\$1,213.18	\$1,268.79	\$1,149.57
Individual and Spouse				
00-24	\$363.80	\$363.80	\$344.71	\$344.71
25-29	\$457.82	\$457.82	\$433.79	\$433.79
30-34	\$526.87	\$526.87	\$499.28	\$499.28
35-39	\$632.93	\$632.93	\$599.79	\$599.79
40-44	\$737.70	\$737.70	\$699.03	\$699.03
45-49	\$869.56	\$869.56	\$824.02	\$824.02
50-54	\$1,084.92	\$1,084.92	\$1,027.98	\$1,027.98
55-59	\$1,448.85	\$1,448.85	\$1,372.91	\$1,372.91
60-64	\$1,892.90	\$1,892.90	\$1,793.72	\$1,793.72
65-69	\$2,366.17	\$2,366.17	\$2,242.23	\$2,242.23
Individual and Child				
00-24	\$401.61	\$504.39	\$380.53	\$477.89
25-29	\$441.56	\$588.04	\$418.44	\$557.23
30-34	\$469.41	\$650.79	\$444.84	\$616.71
35-39	\$522.02	\$737.82	\$494.67	\$699.11
40-44	\$583.23	\$814.31	\$552.64	\$771.60
45-49	\$653.11	\$837.09	\$618.91	\$793.20
50-54	\$736.48	\$846.59	\$697.88	\$802.20
55-59	\$981.71	\$1,008.68	\$930.21	\$955.81
60-64	\$1,295.96	\$1,191.59	\$1,228.01	\$1,129.09
65-69	\$1,619.86	\$1,489.51	\$1,535.00	\$1,411.43
Individual, Spouse, and Child				
00-24	\$633.27	\$633.27	\$600.07	\$600.07
25-29	\$746.47	\$746.47	\$707.31	\$707.31
30-34	\$829.32	\$829.32	\$785.84	\$785.84
35-39	\$957.01	\$957.01	\$906.84	\$906.84
40-44	\$1,083.06	\$1,083.06	\$1,026.29	\$1,026.29
45-49	\$1,223.74	\$1,223.74	\$1,159.60	\$1,159.60
50-54	\$1,431.85	\$1,431.85	\$1,356.80	\$1,356.80
55-59	\$1,849.04	\$1,849.04	\$1,752.11	\$1,752.11
60-64	\$2,358.16	\$2,358.16	\$2,234.59	\$2,234.59
65-69	\$2,947.78	\$2,947.78	\$2,793.29	\$2,793.29

**Arkansas Blue Cross and Blue Shield  
Proposed Monthly Bank Draft Rates  
Effective as of January 1, 2025**

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

**Optional Riders**

Maternity Rider

Deductible	Rate
\$750	\$711.70
\$1,500	\$624.82
\$3,000	\$590.46
\$5,000	\$564.88

TMJ

Individual	\$12.72
Individual and Spouse	\$25.36
Individual and Child	\$30.47
Individual, Spouse, Children	\$50.67



**Arkansas Blue Cross and Blue Shield  
Proposed Monthly Bank Draft Rates  
Effective as of January 1, 2025**

**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	
	<b>Male</b>	<b>Female</b>	<b>Male</b>	<b>Female</b>
<b>Individual</b>				
0-1	\$662.33	\$662.33	\$645.50	\$645.50
2-12	\$222.89	\$222.89	\$217.26	\$217.26
13-17	\$222.89	\$345.02	\$217.26	\$336.21
18-24	\$222.89	\$345.02	\$217.26	\$336.21
25-29	\$270.46	\$444.30	\$263.60	\$433.01
30-34	\$303.48	\$518.91	\$295.73	\$505.66
35-39	\$365.90	\$622.30	\$356.56	\$606.40
40-44	\$438.67	\$712.95	\$427.51	\$694.83
45-49	\$583.29	\$821.48	\$568.43	\$800.54
50-54	\$781.37	\$937.31	\$761.47	\$913.39
55-59	\$1,128.67	\$1,167.05	\$1,099.95	\$1,137.27
60-64	\$1,573.84	\$1,426.09	\$1,533.76	\$1,389.82
65-69	\$1,967.38	\$1,782.77	\$1,917.32	\$1,737.33
<b>Individual and Spouse</b>				
00-24	\$534.54	\$534.54	\$520.99	\$520.99
25-29	\$672.77	\$672.77	\$655.67	\$655.67
30-34	\$774.14	\$774.14	\$754.44	\$754.44
35-39	\$930.16	\$930.16	\$906.46	\$906.46
40-44	\$1,083.99	\$1,083.99	\$1,056.33	\$1,056.33
45-49	\$1,277.89	\$1,277.89	\$1,245.33	\$1,245.33
50-54	\$1,594.26	\$1,594.26	\$1,553.67	\$1,553.67
55-59	\$2,129.20	\$2,129.20	\$2,074.97	\$2,074.97
60-64	\$2,781.77	\$2,781.77	\$2,710.94	\$2,710.94
65-69	\$3,477.16	\$3,477.16	\$3,388.58	\$3,388.58
<b>Individual and Child</b>				
00-24	\$590.06	\$741.12	\$574.99	\$722.28
25-29	\$648.77	\$864.03	\$632.27	\$842.03
30-34	\$689.84	\$956.28	\$672.22	\$931.89
35-39	\$766.95	\$1,084.20	\$747.46	\$1,056.65
40-44	\$857.03	\$1,196.46	\$835.13	\$1,165.98
45-49	\$959.80	\$1,229.99	\$935.34	\$1,198.73
50-54	\$1,082.27	\$1,243.97	\$1,054.69	\$1,212.28
55-59	\$1,442.55	\$1,482.25	\$1,405.82	\$1,444.49
60-64	\$1,904.31	\$1,751.03	\$1,855.82	\$1,706.45
65-69	\$2,380.38	\$2,188.87	\$2,319.75	\$2,133.07
<b>Individual, Spouse, and Child</b>				
00-24	\$930.59	\$930.59	\$906.86	\$906.86
25-29	\$1,096.98	\$1,096.98	\$1,068.99	\$1,068.99
30-34	\$1,218.85	\$1,218.85	\$1,187.78	\$1,187.78
35-39	\$1,406.38	\$1,406.38	\$1,370.61	\$1,370.61
40-44	\$1,591.64	\$1,591.64	\$1,551.02	\$1,551.02
45-49	\$1,798.25	\$1,798.25	\$1,752.45	\$1,752.45
50-54	\$2,104.05	\$2,104.05	\$2,050.42	\$2,050.42
55-59	\$2,717.18	\$2,717.18	\$2,647.93	\$2,647.93
60-64	\$3,465.28	\$3,465.28	\$3,377.09	\$3,377.09
65-69	\$4,331.76	\$4,331.76	\$4,221.43	\$4,221.43

**Arkansas Blue Cross and Blue Shield  
Proposed Monthly Bank Draft Rates  
Effective as of January 1, 2025**

**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	
	<b>Male</b>	<b>Female</b>	<b>Male</b>	<b>Female</b>
<b>Individual</b>				
0-1	\$605.56	\$605.56	\$590.60	\$590.60
2-12	\$203.85	\$203.85	\$198.75	\$198.75
13-17	\$203.85	\$315.42	\$198.75	\$307.66
18-24	\$203.85	\$315.42	\$198.75	\$307.66
25-29	\$247.30	\$406.24	\$241.20	\$396.22
30-34	\$277.50	\$474.47	\$270.64	\$462.71
35-39	\$334.54	\$568.99	\$326.25	\$554.91
40-44	\$401.06	\$651.86	\$391.16	\$635.77
45-49	\$533.28	\$751.11	\$520.11	\$732.49
50-54	\$714.40	\$856.89	\$696.74	\$835.77
55-59	\$1,032.01	\$1,067.02	\$1,006.47	\$1,040.65
60-64	\$1,438.98	\$1,303.91	\$1,403.44	\$1,271.66
65-69	\$1,798.82	\$1,629.97	\$1,754.37	\$1,589.70
<b>Individual and Spouse</b>				
00-24	\$488.71	\$488.71	\$476.65	\$476.65
25-29	\$615.11	\$615.11	\$599.94	\$599.94
30-34	\$707.77	\$707.77	\$690.28	\$690.28
35-39	\$850.43	\$850.43	\$829.36	\$829.36
40-44	\$991.04	\$991.04	\$966.58	\$966.58
45-49	\$1,168.40	\$1,168.40	\$1,139.52	\$1,139.52
50-54	\$1,457.66	\$1,457.66	\$1,421.62	\$1,421.62
55-59	\$1,946.74	\$1,946.74	\$1,898.60	\$1,898.60
60-64	\$2,543.38	\$2,543.38	\$2,480.48	\$2,480.48
65-69	\$3,179.12	\$3,179.12	\$3,100.53	\$3,100.53
<b>Individual and Child</b>				
00-24	\$539.45	\$677.61	\$526.14	\$660.82
25-29	\$593.16	\$790.04	\$578.52	\$770.51
30-34	\$630.65	\$874.36	\$615.06	\$852.75
35-39	\$701.27	\$991.31	\$683.91	\$966.81
40-44	\$783.58	\$1,093.89	\$764.17	\$1,066.92
45-49	\$877.55	\$1,124.65	\$855.86	\$1,096.83
50-54	\$989.48	\$1,137.38	\$965.05	\$1,109.23
55-59	\$1,318.91	\$1,355.24	\$1,286.29	\$1,321.71
60-64	\$1,741.14	\$1,600.96	\$1,698.10	\$1,561.42
65-69	\$2,176.36	\$2,001.24	\$2,122.64	\$1,951.81
<b>Individual, Spouse, and Child</b>				
00-24	\$850.88	\$850.88	\$829.81	\$829.81
25-29	\$1,003.01	\$1,003.01	\$978.19	\$978.19
30-34	\$1,114.43	\$1,114.43	\$1,086.83	\$1,086.83
35-39	\$1,285.92	\$1,285.92	\$1,254.17	\$1,254.17
40-44	\$1,455.24	\$1,455.24	\$1,419.25	\$1,419.25
45-49	\$1,644.14	\$1,644.14	\$1,603.56	\$1,603.56
50-54	\$1,923.78	\$1,923.78	\$1,876.20	\$1,876.20
55-59	\$2,484.30	\$2,484.30	\$2,422.93	\$2,422.93
60-64	\$3,168.37	\$3,168.37	\$3,090.03	\$3,090.03
65-69	\$3,960.52	\$3,960.52	\$3,862.66	\$3,862.66

**Arkansas Blue Cross and Blue Shield  
Proposed Monthly Bank Draft Rates  
Effective as of January 1, 2025**

**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	
	<b>Male</b>	<b>Female</b>	<b>Male</b>	<b>Female</b>
<b>Individual</b>				
0-1	\$481.30	\$481.30	\$526.01	\$526.01
2-12	\$162.01	\$162.01	\$177.01	\$177.01
13-17	\$162.01	\$250.75	\$177.01	\$273.96
18-24	\$162.01	\$250.75	\$177.01	\$273.96
25-29	\$196.52	\$322.88	\$214.77	\$352.80
30-34	\$220.63	\$377.09	\$241.02	\$412.07
35-39	\$265.85	\$452.22	\$290.56	\$494.19
40-44	\$318.77	\$518.12	\$348.37	\$566.20
45-49	\$423.83	\$596.96	\$463.17	\$652.32
50-54	\$567.79	\$681.09	\$620.51	\$744.32
55-59	\$820.21	\$848.09	\$896.34	\$926.78
60-64	\$1,143.76	\$1,036.37	\$1,249.86	\$1,132.49
65-69	\$1,429.71	\$1,295.46	\$1,562.31	\$1,415.70
<b>Individual and Spouse</b>				
00-24	\$388.48	\$388.48	\$424.49	\$424.49
25-29	\$488.92	\$488.92	\$534.27	\$534.27
30-34	\$562.54	\$562.54	\$614.70	\$614.70
35-39	\$675.98	\$675.98	\$738.63	\$738.63
40-44	\$787.74	\$787.74	\$860.75	\$860.75
45-49	\$928.59	\$928.59	\$1,014.82	\$1,014.82
50-54	\$1,158.57	\$1,158.57	\$1,266.06	\$1,266.06
55-59	\$1,547.22	\$1,547.22	\$1,690.83	\$1,690.83
60-64	\$2,021.47	\$2,021.47	\$2,209.03	\$2,209.03
65-69	\$2,526.74	\$2,526.74	\$2,761.25	\$2,761.25
<b>Individual and Child</b>				
00-24	\$428.72	\$538.56	\$468.58	\$588.55
25-29	\$471.48	\$627.89	\$515.18	\$686.16
30-34	\$501.28	\$694.88	\$547.78	\$759.40
35-39	\$557.32	\$787.91	\$609.06	\$861.01
40-44	\$622.75	\$869.44	\$680.51	\$950.07
45-49	\$697.45	\$893.86	\$762.17	\$976.81
50-54	\$786.50	\$903.96	\$859.42	\$987.85
55-59	\$1,048.28	\$1,077.12	\$1,145.54	\$1,177.02
60-64	\$1,383.82	\$1,272.44	\$1,512.28	\$1,390.54
65-69	\$1,729.80	\$1,590.62	\$1,890.28	\$1,738.19
<b>Individual, Spouse, and Child</b>				
00-24	\$676.27	\$676.27	\$739.04	\$739.04
25-29	\$797.20	\$797.20	\$871.14	\$871.14
30-34	\$885.74	\$885.74	\$967.90	\$967.90
35-39	\$1,022.07	\$1,022.07	\$1,116.84	\$1,116.84
40-44	\$1,156.65	\$1,156.65	\$1,263.91	\$1,263.91
45-49	\$1,306.81	\$1,306.81	\$1,428.01	\$1,428.01
50-54	\$1,529.03	\$1,529.03	\$1,670.88	\$1,670.88
55-59	\$1,974.46	\$1,974.46	\$2,157.72	\$2,157.72
60-64	\$2,518.19	\$2,518.19	\$2,751.87	\$2,751.87
65-69	\$3,147.80	\$3,147.80	\$3,439.93	\$3,439.93

**Arkansas Blue Cross and Blue Shield  
Proposed Monthly Bank Draft Rates  
Effective as of January 1, 2025**

**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	
	<b>Male</b>	<b>Female</b>	<b>Male</b>	<b>Female</b>
<b>Individual</b>				
0-1	\$384.69	\$384.69	\$316.89	\$316.89
2-12	\$129.48	\$129.48	\$106.65	\$106.65
13-17	\$129.48	\$200.38	\$106.65	\$165.03
18-24	\$129.48	\$200.38	\$106.65	\$165.03
25-29	\$157.06	\$258.08	\$129.39	\$212.59
30-34	\$176.30	\$301.38	\$145.23	\$248.30
35-39	\$212.52	\$361.39	\$175.07	\$297.78
40-44	\$254.72	\$414.08	\$209.89	\$341.15
45-49	\$338.79	\$477.07	\$279.07	\$393.11
50-54	\$453.87	\$544.29	\$373.86	\$448.45
55-59	\$655.51	\$677.77	\$540.02	\$558.43
60-64	\$914.06	\$828.22	\$753.08	\$682.38
65-69	\$1,142.55	\$1,035.38	\$941.35	\$852.98
<b>Individual and Spouse</b>				
00-24	\$310.44	\$310.44	\$255.79	\$255.79
25-29	\$390.76	\$390.76	\$321.91	\$321.91
30-34	\$449.56	\$449.56	\$370.38	\$370.38
35-39	\$540.20	\$540.20	\$445.06	\$445.06
40-44	\$629.50	\$629.50	\$518.63	\$518.63
45-49	\$742.15	\$742.15	\$611.44	\$611.44
50-54	\$925.88	\$925.88	\$762.81	\$762.81
55-59	\$1,236.55	\$1,236.55	\$1,018.80	\$1,018.80
60-64	\$1,615.52	\$1,615.52	\$1,331.07	\$1,331.07
65-69	\$2,019.36	\$2,019.36	\$1,663.73	\$1,663.73
<b>Individual and Child</b>				
00-24	\$342.68	\$430.38	\$282.33	\$354.61
25-29	\$376.77	\$501.81	\$310.43	\$413.42
30-34	\$400.59	\$555.35	\$330.09	\$457.60
35-39	\$445.42	\$629.71	\$366.99	\$518.82
40-44	\$497.75	\$694.83	\$410.08	\$572.46
45-49	\$557.37	\$714.37	\$459.21	\$588.56
50-54	\$628.49	\$722.43	\$517.84	\$595.25
55-59	\$837.78	\$860.83	\$690.25	\$709.22
60-64	\$1,105.96	\$1,016.93	\$911.16	\$837.82
65-69	\$1,382.40	\$1,271.14	\$1,139.02	\$1,047.35
<b>Individual, Spouse, and Child</b>				
00-24	\$540.44	\$540.44	\$445.31	\$445.31
25-29	\$637.11	\$637.11	\$524.89	\$524.89
30-34	\$707.80	\$707.80	\$583.19	\$583.19
35-39	\$816.75	\$816.75	\$672.94	\$672.94
40-44	\$924.36	\$924.36	\$761.51	\$761.51
45-49	\$1,044.38	\$1,044.38	\$860.47	\$860.47
50-54	\$1,221.95	\$1,221.95	\$1,006.80	\$1,006.80
55-59	\$1,577.97	\$1,577.97	\$1,300.11	\$1,300.11
60-64	\$2,012.53	\$2,012.53	\$1,658.15	\$1,658.15
65-69	\$2,515.71	\$2,515.71	\$2,072.68	\$2,072.68

**Arkansas Blue Cross and Blue Shield  
Proposed Monthly Bank Draft Rates  
Effective as of January 1, 2025**

**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	
	<b>Male</b>	<b>Female</b>	<b>Male</b>	<b>Female</b>
<b>Individual</b>				
0-1	\$299.77	\$299.77	\$209.03	\$209.03
2-12	\$100.88	\$100.88	\$70.26	\$70.26
13-17	\$100.88	\$156.21	\$70.26	\$108.92
18-24	\$100.88	\$156.21	\$70.26	\$108.92
25-29	\$122.38	\$201.10	\$85.34	\$140.20
30-34	\$137.35	\$234.82	\$95.77	\$163.79
35-39	\$165.60	\$281.63	\$115.45	\$196.41
40-44	\$198.51	\$322.64	\$138.47	\$225.04
45-49	\$263.93	\$371.79	\$184.12	\$259.32
50-54	\$353.58	\$424.18	\$246.63	\$295.82
55-59	\$510.83	\$528.22	\$356.21	\$368.30
60-64	\$712.26	\$645.40	\$496.78	\$450.14
65-69	\$890.35	\$806.76	\$620.98	\$562.68
<b>Individual and Spouse</b>				
00-24	\$241.92	\$241.92	\$168.70	\$168.70
25-29	\$304.46	\$304.46	\$212.36	\$212.36
30-34	\$350.36	\$350.36	\$244.31	\$244.31
35-39	\$420.94	\$420.94	\$293.58	\$293.58
40-44	\$490.54	\$490.54	\$342.17	\$342.17
45-49	\$578.30	\$578.30	\$403.33	\$403.33
50-54	\$721.55	\$721.55	\$503.20	\$503.20
55-59	\$963.62	\$963.62	\$671.99	\$671.99
60-64	\$1,258.90	\$1,258.90	\$878.04	\$878.04
65-69	\$1,573.61	\$1,573.61	\$1,097.49	\$1,097.49
<b>Individual and Child</b>				
00-24	\$267.00	\$335.42	\$186.28	\$233.94
25-29	\$293.60	\$391.07	\$204.78	\$272.73
30-34	\$312.19	\$432.80	\$217.70	\$301.85
35-39	\$347.04	\$490.75	\$242.09	\$342.24
40-44	\$387.87	\$541.43	\$270.49	\$377.61
45-49	\$434.35	\$556.66	\$302.91	\$388.21
50-54	\$489.74	\$563.01	\$341.56	\$392.58
55-59	\$652.84	\$670.80	\$455.29	\$467.80
60-64	\$861.79	\$792.50	\$601.04	\$552.64
65-69	\$1,077.29	\$990.54	\$751.30	\$690.89
<b>Individual, Spouse, and Child</b>				
00-24	\$421.15	\$421.15	\$293.72	\$293.72
25-29	\$496.48	\$496.48	\$346.26	\$346.26
30-34	\$551.52	\$551.52	\$384.70	\$384.70
35-39	\$636.46	\$636.46	\$443.89	\$443.89
40-44	\$720.25	\$720.25	\$502.32	\$502.32
45-49	\$813.83	\$813.83	\$567.62	\$567.62
50-54	\$952.19	\$952.19	\$664.12	\$664.12
55-59	\$1,229.63	\$1,229.63	\$857.57	\$857.57
60-64	\$1,568.27	\$1,568.27	\$1,093.74	\$1,093.74
65-69	\$1,960.43	\$1,960.43	\$1,367.24	\$1,367.24

**Arkansas Blue Cross and Blue Shield  
Proposed Monthly Bank Draft Rates  
Effective as of January 1, 2025**

**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	
	<b>Male</b>	<b>Female</b>	<b>Male</b>	<b>Female</b>
<b>Individual</b>				
0-1	\$245.08	\$245.08	\$143.05	\$143.05
2-12	\$82.48	\$82.48	\$48.19	\$48.19
13-17	\$82.48	\$127.67	\$48.19	\$74.50
18-24	\$82.48	\$127.67	\$48.19	\$74.50
25-29	\$100.03	\$164.37	\$58.40	\$95.96
30-34	\$112.31	\$192.05	\$65.59	\$112.07
35-39	\$135.37	\$230.30	\$79.01	\$134.40
40-44	\$162.35	\$263.86	\$94.76	\$153.94
45-49	\$215.83	\$303.96	\$125.99	\$177.41
50-54	\$289.12	\$346.81	\$168.70	\$202.46
55-59	\$417.61	\$431.81	\$243.74	\$252.10
60-64	\$582.35	\$527.66	\$339.88	\$308.00
65-69	\$727.94	\$659.58	\$424.92	\$385.05
<b>Individual and Spouse</b>				
00-24	\$197.83	\$197.83	\$115.45	\$115.45
25-29	\$248.94	\$248.94	\$145.32	\$145.32
30-34	\$286.41	\$286.41	\$167.16	\$167.16
35-39	\$344.15	\$344.15	\$200.86	\$200.86
40-44	\$401.06	\$401.06	\$234.11	\$234.11
45-49	\$472.87	\$472.87	\$276.01	\$276.01
50-54	\$589.93	\$589.93	\$344.32	\$344.32
55-59	\$787.82	\$787.82	\$459.85	\$459.85
60-64	\$1,029.29	\$1,029.29	\$600.80	\$600.80
65-69	\$1,286.62	\$1,286.62	\$750.99	\$750.99
<b>Individual and Child</b>				
00-24	\$218.32	\$274.21	\$127.44	\$160.02
25-29	\$240.04	\$319.66	\$140.12	\$186.62
30-34	\$255.22	\$353.77	\$148.97	\$206.51
35-39	\$283.80	\$401.23	\$165.67	\$234.18
40-44	\$317.13	\$442.69	\$185.09	\$258.40
45-49	\$355.12	\$455.11	\$207.29	\$265.58
50-54	\$400.44	\$460.33	\$233.72	\$268.66
55-59	\$533.77	\$548.43	\$311.52	\$320.08
60-64	\$704.65	\$647.92	\$411.31	\$378.16
65-69	\$880.76	\$809.90	\$514.09	\$472.72
<b>Individual, Spouse, and Child</b>				
00-24	\$344.34	\$344.34	\$200.94	\$200.94
25-29	\$405.93	\$405.93	\$236.96	\$236.96
30-34	\$450.96	\$450.96	\$263.22	\$263.22
35-39	\$520.39	\$520.39	\$303.74	\$303.74
40-44	\$588.92	\$588.92	\$343.69	\$343.69
45-49	\$665.36	\$665.36	\$388.38	\$388.38
50-54	\$778.50	\$778.50	\$454.40	\$454.40
55-59	\$1,005.40	\$1,005.40	\$586.84	\$586.84
60-64	\$1,282.21	\$1,282.21	\$748.35	\$748.35
65-69	\$1,602.78	\$1,602.78	\$935.54	\$935.54

**Arkansas Blue Cross and Blue Shield  
Proposed Monthly Bank Draft Rates  
Effective as of January 1, 2025**

**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	
	<b>Male</b>	<b>Female</b>	<b>Male</b>	<b>Female</b>
<b>Individual</b>				
0-1	\$631.10	\$631.10	\$614.22	\$614.22
2-12	\$212.39	\$212.39	\$206.73	\$206.73
13-17	\$212.39	\$328.76	\$206.73	\$319.99
18-24	\$212.39	\$328.76	\$206.73	\$319.99
25-29	\$257.70	\$423.30	\$250.80	\$412.01
30-34	\$289.21	\$494.41	\$281.45	\$481.24
35-39	\$348.63	\$592.89	\$339.28	\$577.06
40-44	\$417.98	\$679.35	\$406.78	\$661.14
45-49	\$555.78	\$782.71	\$540.91	\$761.83
50-54	\$744.48	\$893.00	\$724.56	\$869.14
55-59	\$1,075.44	\$1,111.94	\$1,046.67	\$1,082.21
60-64	\$1,499.57	\$1,358.81	\$1,459.47	\$1,322.44
65-69	\$1,874.49	\$1,698.60	\$1,824.38	\$1,653.20
<b>Individual and Spouse</b>				
00-24	\$509.36	\$509.36	\$495.69	\$495.69
25-29	\$641.06	\$641.06	\$623.87	\$623.87
30-34	\$737.57	\$737.57	\$717.85	\$717.85
35-39	\$886.24	\$886.24	\$862.53	\$862.53
40-44	\$1,032.75	\$1,032.75	\$1,005.15	\$1,005.15
45-49	\$1,217.55	\$1,217.55	\$1,185.01	\$1,185.01
50-54	\$1,519.02	\$1,519.02	\$1,478.36	\$1,478.36
55-59	\$2,028.69	\$2,028.69	\$1,974.38	\$1,974.38
60-64	\$2,650.44	\$2,650.44	\$2,579.57	\$2,579.57
65-69	\$3,313.04	\$3,313.04	\$3,224.38	\$3,224.38
<b>Individual and Child</b>				
00-24	\$562.21	\$706.15	\$547.17	\$687.26
25-29	\$618.18	\$823.23	\$601.63	\$801.24
30-34	\$657.21	\$911.13	\$639.69	\$886.78
35-39	\$730.76	\$1,033.06	\$711.20	\$1,005.41
40-44	\$816.53	\$1,140.00	\$794.71	\$1,109.46
45-49	\$914.48	\$1,171.98	\$889.99	\$1,140.66
50-54	\$1,031.12	\$1,185.27	\$1,003.50	\$1,153.57
55-59	\$1,374.42	\$1,412.27	\$1,337.65	\$1,374.52
60-64	\$1,814.46	\$1,668.38	\$1,765.92	\$1,623.78
65-69	\$2,267.98	\$2,085.54	\$2,207.37	\$2,029.70
<b>Individual, Spouse, and Child</b>				
00-24	\$886.75	\$886.75	\$862.95	\$862.95
25-29	\$1,045.17	\$1,045.17	\$1,017.29	\$1,017.29
30-34	\$1,161.30	\$1,161.30	\$1,130.24	\$1,130.24
35-39	\$1,340.00	\$1,340.00	\$1,304.28	\$1,304.28
40-44	\$1,516.52	\$1,516.52	\$1,475.93	\$1,475.93
45-49	\$1,713.41	\$1,713.41	\$1,667.60	\$1,667.60
50-54	\$2,004.76	\$2,004.76	\$1,951.11	\$1,951.11
55-59	\$2,588.84	\$2,588.84	\$2,519.64	\$2,519.64
60-64	\$3,301.78	\$3,301.78	\$3,213.48	\$3,213.48
65-69	\$4,127.26	\$4,127.26	\$4,016.93	\$4,016.93

**Arkansas Blue Cross and Blue Shield  
Proposed Monthly Bank Draft Rates  
Effective as of January 1, 2025**

**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	
	<b>Male</b>	<b>Female</b>	<b>Male</b>	<b>Female</b>
<b>Individual</b>				
0-1	\$574.33	\$574.33	\$559.34	\$559.34
2-12	\$193.29	\$193.29	\$188.29	\$188.29
13-17	\$193.29	\$299.13	\$188.29	\$291.36
18-24	\$193.29	\$299.13	\$188.29	\$291.36
25-29	\$234.50	\$385.17	\$228.42	\$375.16
30-34	\$263.20	\$449.94	\$256.28	\$438.16
35-39	\$317.23	\$539.57	\$308.95	\$525.56
40-44	\$380.35	\$618.20	\$370.48	\$602.07
45-49	\$505.82	\$712.28	\$492.58	\$693.78
50-54	\$677.54	\$812.67	\$659.87	\$791.50
55-59	\$978.72	\$1,011.89	\$953.21	\$985.56
60-64	\$1,364.68	\$1,236.58	\$1,329.16	\$1,204.34
65-69	\$1,705.90	\$1,545.79	\$1,661.43	\$1,505.55
<b>Individual and Spouse</b>				
00-24	\$463.51	\$463.51	\$451.41	\$451.41
25-29	\$583.36	\$583.36	\$568.13	\$568.13
30-34	\$671.27	\$671.27	\$653.74	\$653.74
35-39	\$806.54	\$806.54	\$785.47	\$785.47
40-44	\$939.86	\$939.86	\$915.38	\$915.38
45-49	\$1,108.03	\$1,108.03	\$1,079.16	\$1,079.16
50-54	\$1,382.38	\$1,382.38	\$1,346.38	\$1,346.38
55-59	\$1,846.22	\$1,846.22	\$1,798.04	\$1,798.04
60-64	\$2,412.02	\$2,412.02	\$2,349.18	\$2,349.18
65-69	\$3,015.00	\$3,015.00	\$2,936.41	\$2,936.41
<b>Individual and Child</b>				
00-24	\$511.64	\$642.61	\$498.26	\$625.88
25-29	\$562.54	\$749.18	\$547.93	\$729.70
30-34	\$598.09	\$829.22	\$582.50	\$807.59
35-39	\$665.01	\$940.05	\$647.71	\$915.67
40-44	\$743.12	\$1,037.41	\$723.74	\$1,010.43
45-49	\$832.23	\$1,066.56	\$810.50	\$1,038.79
50-54	\$938.41	\$1,078.65	\$913.91	\$1,050.55
55-59	\$1,250.78	\$1,285.24	\$1,218.18	\$1,251.82
60-64	\$1,651.21	\$1,518.29	\$1,608.21	\$1,478.75
65-69	\$2,064.01	\$1,897.91	\$2,010.24	\$1,848.44
<b>Individual, Spouse, and Child</b>				
00-24	\$806.93	\$806.93	\$785.87	\$785.87
25-29	\$951.20	\$951.20	\$926.37	\$926.37
30-34	\$1,056.88	\$1,056.88	\$1,029.31	\$1,029.31
35-39	\$1,219.47	\$1,219.47	\$1,187.75	\$1,187.75
40-44	\$1,380.07	\$1,380.07	\$1,344.08	\$1,344.08
45-49	\$1,559.26	\$1,559.26	\$1,518.63	\$1,518.63
50-54	\$1,824.39	\$1,824.39	\$1,776.90	\$1,776.90
55-59	\$2,355.99	\$2,355.99	\$2,294.58	\$2,294.58
60-64	\$3,004.79	\$3,004.79	\$2,926.51	\$2,926.51
65-69	\$3,756.03	\$3,756.03	\$3,658.13	\$3,658.13



**Arkansas Blue Cross and Blue Shield  
Proposed Monthly Bank Draft Rates  
Effective as of January 1, 2025**

**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	
	<b>Male</b>	<b>Female</b>	<b>Male</b>	<b>Female</b>
<b>Individual</b>				
0-1	\$450.05	\$450.05	\$494.71	\$494.71
2-12	\$151.50	\$151.50	\$166.45	\$166.45
13-17	\$151.50	\$234.45	\$166.45	\$257.70
18-24	\$151.50	\$234.45	\$166.45	\$257.70
25-29	\$183.79	\$301.89	\$202.05	\$331.85
30-34	\$206.23	\$352.64	\$226.66	\$387.56
35-39	\$248.59	\$422.85	\$273.28	\$464.78
40-44	\$298.03	\$484.42	\$327.64	\$532.53
45-49	\$396.30	\$558.18	\$435.67	\$613.61
50-54	\$530.90	\$636.82	\$583.56	\$700.01
55-59	\$766.92	\$793.01	\$843.01	\$871.67
60-64	\$1,069.43	\$969.00	\$1,175.52	\$1,065.15
65-69	\$1,336.78	\$1,211.34	\$1,469.46	\$1,331.56
<b>Individual and Spouse</b>				
00-24	\$363.16	\$363.16	\$399.29	\$399.29
25-29	\$457.14	\$457.14	\$502.54	\$502.54
30-34	\$526.02	\$526.02	\$578.22	\$578.22
35-39	\$632.04	\$632.04	\$694.71	\$694.71
40-44	\$736.51	\$736.51	\$809.62	\$809.62
45-49	\$868.29	\$868.29	\$954.42	\$954.42
50-54	\$1,083.27	\$1,083.27	\$1,190.77	\$1,190.77
55-59	\$1,446.76	\$1,446.76	\$1,590.33	\$1,590.33
60-64	\$1,890.19	\$1,890.19	\$2,077.69	\$2,077.69
65-69	\$2,362.64	\$2,362.64	\$2,597.07	\$2,597.07
<b>Individual and Child</b>				
00-24	\$400.96	\$503.60	\$440.70	\$553.58
25-29	\$440.83	\$587.15	\$484.58	\$645.37
30-34	\$468.72	\$649.77	\$515.18	\$714.26
35-39	\$521.16	\$736.74	\$572.82	\$809.80
40-44	\$582.31	\$812.99	\$640.14	\$893.67
45-49	\$652.13	\$835.79	\$716.88	\$918.72
50-54	\$735.38	\$845.26	\$808.35	\$929.13
55-59	\$980.19	\$1,007.17	\$1,077.43	\$1,107.11
60-64	\$1,293.93	\$1,189.78	\$1,422.41	\$1,307.86
65-69	\$1,617.42	\$1,487.27	\$1,777.90	\$1,634.81
<b>Individual, Spouse, and Child</b>				
00-24	\$632.39	\$632.39	\$695.05	\$695.05
25-29	\$745.36	\$745.36	\$819.36	\$819.36
30-34	\$828.21	\$828.21	\$910.35	\$910.35
35-39	\$955.61	\$955.61	\$1,050.47	\$1,050.47
40-44	\$1,081.41	\$1,081.41	\$1,188.75	\$1,188.75
45-49	\$1,221.84	\$1,221.84	\$1,343.11	\$1,343.11
50-54	\$1,429.71	\$1,429.71	\$1,571.51	\$1,571.51
55-59	\$1,846.23	\$1,846.23	\$2,029.46	\$2,029.46
60-64	\$2,354.62	\$2,354.62	\$2,588.31	\$2,588.31
65-69	\$2,943.35	\$2,943.35	\$3,235.42	\$3,235.42

**Arkansas Blue Cross and Blue Shield  
Proposed Monthly Bank Draft Rates  
Effective as of January 1, 2025**

**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	
	<b>Male</b>	<b>Female</b>	<b>Male</b>	<b>Female</b>
<b>Individual</b>				
0-1	\$353.41	\$353.41	\$292.69	\$292.69
2-12	\$118.93	\$118.93	\$98.47	\$98.47
13-17	\$118.93	\$184.08	\$98.47	\$152.51
18-24	\$118.93	\$184.08	\$98.47	\$152.51
25-29	\$144.33	\$237.05	\$119.50	\$196.38
30-34	\$161.96	\$276.83	\$134.14	\$229.33
35-39	\$195.27	\$332.02	\$161.69	\$275.00
40-44	\$234.01	\$380.38	\$193.87	\$315.08
45-49	\$311.14	\$438.32	\$257.80	\$363.08
50-54	\$416.86	\$500.10	\$345.31	\$414.19
55-59	\$602.23	\$622.68	\$498.80	\$515.72
60-64	\$839.76	\$760.89	\$695.57	\$630.27
65-69	\$1,049.67	\$951.20	\$869.50	\$787.89
<b>Individual and Spouse</b>				
00-24	\$285.21	\$285.21	\$236.25	\$236.25
25-29	\$358.97	\$358.97	\$297.28	\$297.28
30-34	\$412.99	\$412.99	\$342.17	\$342.17
35-39	\$496.29	\$496.29	\$411.05	\$411.05
40-44	\$578.30	\$578.30	\$479.06	\$479.06
45-49	\$681.82	\$681.82	\$564.71	\$564.71
50-54	\$850.60	\$850.60	\$704.56	\$704.56
55-59	\$1,136.04	\$1,136.04	\$940.97	\$940.97
60-64	\$1,484.18	\$1,484.18	\$1,229.42	\$1,229.42
65-69	\$1,855.23	\$1,855.23	\$1,536.71	\$1,536.71
<b>Individual and Child</b>				
00-24	\$314.87	\$395.45	\$260.80	\$327.51
25-29	\$346.21	\$461.06	\$286.73	\$381.83
30-34	\$368.04	\$510.27	\$304.86	\$422.58
35-39	\$409.17	\$578.52	\$338.94	\$479.16
40-44	\$457.29	\$638.37	\$378.74	\$528.75
45-49	\$512.09	\$656.27	\$424.18	\$543.64
50-54	\$577.41	\$663.68	\$478.26	\$549.79
55-59	\$769.63	\$790.82	\$637.51	\$655.03
60-64	\$1,016.02	\$934.23	\$841.57	\$773.83
65-69	\$1,270.05	\$1,167.84	\$1,051.96	\$967.29
<b>Individual, Spouse, and Child</b>				
00-24	\$496.53	\$496.53	\$411.31	\$411.31
25-29	\$585.32	\$585.32	\$484.80	\$484.80
30-34	\$650.35	\$650.35	\$538.67	\$538.67
35-39	\$750.36	\$750.36	\$621.58	\$621.58
40-44	\$849.20	\$849.20	\$703.41	\$703.41
45-49	\$959.47	\$959.47	\$794.74	\$794.74
50-54	\$1,122.62	\$1,122.62	\$929.88	\$929.88
55-59	\$1,449.74	\$1,449.74	\$1,200.86	\$1,200.86
60-64	\$1,848.92	\$1,848.92	\$1,531.42	\$1,531.42
65-69	\$2,311.23	\$2,311.23	\$1,914.36	\$1,914.36

**Arkansas Blue Cross and Blue Shield  
Proposed Monthly Bank Draft Rates  
Effective as of January 1, 2025**

**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	
	<b>Male</b>	<b>Female</b>	<b>Male</b>	<b>Female</b>
<b>Individual</b>				
0-1	\$268.52	\$268.52	\$184.86	\$184.86
2-12	\$90.35	\$90.35	\$62.21	\$62.21
13-17	\$90.35	\$139.80	\$62.21	\$96.24
18-24	\$90.35	\$139.80	\$62.21	\$96.24
25-29	\$109.62	\$180.12	\$75.50	\$123.96
30-34	\$123.10	\$210.35	\$84.76	\$144.80
35-39	\$148.31	\$252.25	\$102.13	\$173.70
40-44	\$177.78	\$289.02	\$122.38	\$198.90
45-49	\$236.42	\$333.03	\$162.82	\$229.20
50-54	\$316.74	\$379.93	\$218.08	\$261.57
55-59	\$457.56	\$473.06	\$314.97	\$325.73
60-64	\$637.94	\$578.11	\$439.23	\$398.01
65-69	\$797.47	\$722.63	\$549.09	\$497.52
<b>Individual and Spouse</b>				
00-24	\$216.65	\$216.65	\$149.19	\$149.19
25-29	\$272.73	\$272.73	\$187.72	\$187.72
30-34	\$313.79	\$313.79	\$216.02	\$216.02
35-39	\$377.05	\$377.05	\$259.58	\$259.58
40-44	\$439.40	\$439.40	\$302.46	\$302.46
45-49	\$518.00	\$518.00	\$356.63	\$356.63
50-54	\$646.24	\$646.24	\$444.89	\$444.89
55-59	\$863.07	\$863.07	\$594.24	\$594.24
60-64	\$1,127.63	\$1,127.63	\$776.37	\$776.37
65-69	\$1,409.47	\$1,409.47	\$970.43	\$970.43
<b>Individual and Child</b>				
00-24	\$239.18	\$300.45	\$164.68	\$206.83
25-29	\$262.96	\$350.30	\$181.01	\$241.14
30-34	\$279.60	\$387.61	\$192.49	\$266.93
35-39	\$310.91	\$439.53	\$214.04	\$302.60
40-44	\$347.41	\$485.01	\$239.18	\$333.91
45-49	\$389.04	\$498.61	\$267.89	\$343.24
50-54	\$438.69	\$504.28	\$302.04	\$347.20
55-59	\$584.78	\$600.81	\$402.64	\$413.65
60-64	\$771.96	\$709.77	\$531.47	\$488.69
65-69	\$964.88	\$887.25	\$664.30	\$610.81
<b>Individual, Spouse, and Child</b>				
00-24	\$377.27	\$377.27	\$259.67	\$259.67
25-29	\$444.66	\$444.66	\$306.14	\$306.14
30-34	\$494.05	\$494.05	\$340.15	\$340.15
35-39	\$570.10	\$570.10	\$392.51	\$392.51
40-44	\$645.14	\$645.14	\$444.18	\$444.18
45-49	\$728.96	\$728.96	\$501.86	\$501.86
50-54	\$852.89	\$852.89	\$587.20	\$587.20
55-59	\$1,101.41	\$1,101.41	\$758.32	\$758.32
60-64	\$1,404.70	\$1,404.70	\$967.11	\$967.11
65-69	\$1,755.94	\$1,755.94	\$1,208.93	\$1,208.93

**Arkansas Blue Cross and Blue Shield  
Proposed Monthly Bank Draft Rates  
Effective as of January 1, 2025**

**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	
	<b>Male</b>	<b>Female</b>	<b>Male</b>	<b>Female</b>
<b>Individual</b>				
0-1	\$213.79	\$213.79	\$118.82	\$118.82
2-12	\$71.97	\$71.97	\$40.01	\$40.01
13-17	\$71.97	\$111.39	\$40.01	\$61.86
18-24	\$71.97	\$111.39	\$40.01	\$61.86
25-29	\$87.30	\$143.39	\$48.56	\$79.72
30-34	\$97.99	\$167.52	\$54.44	\$93.14
35-39	\$118.10	\$200.86	\$65.64	\$111.63
40-44	\$141.60	\$230.13	\$78.71	\$127.96
45-49	\$188.29	\$265.23	\$104.66	\$147.38
50-54	\$252.25	\$302.52	\$140.17	\$168.17
55-59	\$364.40	\$376.71	\$202.52	\$209.39
60-64	\$508.04	\$460.37	\$282.41	\$255.90
65-69	\$635.10	\$575.45	\$353.01	\$319.87
<b>Individual and Spouse</b>				
00-24	\$172.55	\$172.55	\$95.90	\$95.90
25-29	\$217.21	\$217.21	\$120.72	\$120.72
30-34	\$249.93	\$249.93	\$138.95	\$138.95
35-39	\$300.25	\$300.25	\$166.84	\$166.84
40-44	\$349.88	\$349.88	\$194.44	\$194.44
45-49	\$412.51	\$412.51	\$229.31	\$229.31
50-54	\$514.67	\$514.67	\$286.09	\$286.09
55-59	\$687.27	\$687.27	\$382.04	\$382.04
60-64	\$897.94	\$897.94	\$499.13	\$499.13
65-69	\$1,122.42	\$1,122.42	\$623.87	\$623.87
<b>Individual and Child</b>				
00-24	\$190.45	\$239.26	\$105.87	\$133.00
25-29	\$209.47	\$278.94	\$116.39	\$155.02
30-34	\$222.66	\$308.68	\$123.79	\$171.56
35-39	\$247.51	\$349.98	\$137.64	\$194.56
40-44	\$276.65	\$386.23	\$153.81	\$214.65
45-49	\$309.84	\$397.08	\$172.16	\$220.75
50-54	\$349.33	\$401.56	\$194.16	\$223.17
55-59	\$465.67	\$478.48	\$258.83	\$265.97
60-64	\$614.68	\$565.29	\$341.66	\$314.20
65-69	\$768.39	\$706.53	\$427.11	\$392.75
<b>Individual, Spouse, and Child</b>				
00-24	\$300.39	\$300.39	\$166.99	\$166.99
25-29	\$354.11	\$354.11	\$196.78	\$196.78
30-34	\$393.42	\$393.42	\$218.71	\$218.71
35-39	\$453.94	\$453.94	\$252.38	\$252.38
40-44	\$513.76	\$513.76	\$285.62	\$285.62
45-49	\$580.47	\$580.47	\$322.64	\$322.64
50-54	\$679.16	\$679.16	\$377.50	\$377.50
55-59	\$877.13	\$877.13	\$487.48	\$487.48
60-64	\$1,118.59	\$1,118.59	\$621.74	\$621.74
65-69	\$1,398.28	\$1,398.28	\$777.19	\$777.19

**Arkansas Blue Cross and Blue Shield  
Proposed Monthly Bank Draft Rates  
Effective as of January 1, 2025**

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

**Optional Riders**

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

80% In Network Coinsurance	\$573.68
100% In Network Coinsurance	\$624.51

**Arkansas Blue Cross and Blue Shield  
Proposed Monthly Bank Draft Rates  
Effective as of January 1, 2025  
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	\$450.66	\$450.66	35	\$421.31	\$266.71
1	\$450.66	\$450.66	36	\$429.33	\$274.23
2	\$165.17	\$165.17	37	\$436.84	\$282.01
3	\$165.17	\$165.17	38	\$445.84	\$291.99
4	\$165.17	\$165.17	39	\$454.80	\$301.94
5	\$165.17	\$165.17	40	\$463.80	\$311.82
6	\$165.17	\$165.17	41	\$472.79	\$321.81
7	\$165.17	\$165.17	42	\$503.11	\$332.01
8	\$165.17	\$165.17	43	\$515.50	\$347.59
9	\$165.17	\$165.17	44	\$528.13	\$362.87
10	\$165.17	\$165.17	45	\$543.21	\$385.66
11	\$165.17	\$165.17	46	\$555.88	\$408.61
12	\$165.17	\$165.17	47	\$568.00	\$431.61
13	\$178.54	\$165.17	48	\$586.19	\$459.65
14	\$178.54	\$165.17	49	\$604.44	\$487.92
15	\$178.54	\$165.17	50	\$625.20	\$515.98
16	\$197.81	\$165.17	51	\$646.29	\$544.06
17	\$217.06	\$165.17	52	\$667.55	\$572.06
18	\$232.75	\$171.61	53	\$704.93	\$610.22
19	\$248.34	\$171.61	54	\$742.46	\$663.68
20	\$260.55	\$171.61	55	\$779.78	\$719.13
21	\$267.11	\$171.61	56	\$817.11	\$776.48
22	\$273.69	\$171.61	57	\$854.42	\$836.37
23	\$280.18	\$171.61	58	\$887.12	\$892.69
24	\$292.36	\$171.61	59	\$919.46	\$949.79
25	\$323.08	\$181.66	60	\$952.21	\$1,007.62
26	\$327.95	\$192.46	61	\$984.59	\$1,066.49
27	\$332.77	\$198.84	62	\$1,016.79	\$1,125.47
28	\$337.64	\$205.47	63	\$1,066.82	\$1,196.55
29	\$342.50	\$212.11	64	\$1,116.57	\$1,267.88
30	\$369.74	\$218.50	65	\$1,251.56	\$1,457.24
31	\$380.49	\$223.09	66	\$1,251.56	\$1,457.24
32	\$391.15	\$232.05	67	\$1,251.56	\$1,457.24
33	\$399.38	\$239.58	68	\$1,251.56	\$1,457.24
34	\$407.37	\$246.90	69	\$1,251.56	\$1,457.24

**Arkansas Blue Cross and Blue Shield**  
**Proposed Monthly Bank Draft Rates**  
**Effective as of January 1, 2025**  
**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	\$401.69	\$401.69	35	\$386.39	\$244.43
1	\$401.69	\$401.69	36	\$393.50	\$251.08
2	\$149.43	\$149.43	37	\$400.16	\$257.95
3	\$149.43	\$149.43	38	\$408.10	\$266.71
4	\$149.43	\$149.43	39	\$416.02	\$275.52
5	\$149.43	\$149.43	40	\$423.94	\$284.32
6	\$149.43	\$149.43	41	\$431.92	\$293.10
7	\$149.43	\$149.43	42	\$458.69	\$302.11
8	\$149.43	\$149.43	43	\$469.66	\$315.87
9	\$149.43	\$149.43	44	\$480.82	\$329.40
10	\$149.43	\$149.43	45	\$494.47	\$350.38
11	\$149.43	\$149.43	46	\$505.59	\$371.50
12	\$149.43	\$149.43	47	\$516.34	\$392.74
13	\$161.21	\$149.43	48	\$532.40	\$418.21
14	\$161.21	\$149.43	49	\$548.48	\$443.80
15	\$161.21	\$149.43	50	\$567.20	\$469.27
16	\$179.59	\$149.43	51	\$586.13	\$494.74
17	\$198.06	\$149.43	52	\$605.29	\$520.12
18	\$213.35	\$155.66	53	\$640.07	\$554.60
19	\$228.59	\$155.66	54	\$674.96	\$602.54
20	\$240.80	\$155.66	55	\$709.71	\$652.24
21	\$246.57	\$155.66	56	\$744.37	\$703.62
22	\$252.37	\$155.66	57	\$779.15	\$757.25
23	\$258.14	\$155.66	58	\$808.52	\$807.84
24	\$268.89	\$155.66	59	\$837.68	\$858.99
25	\$297.61	\$165.04	60	\$867.10	\$910.81
26	\$301.87	\$175.15	61	\$896.28	\$963.59
27	\$306.18	\$181.36	62	\$925.27	\$1,016.46
28	\$310.46	\$187.73	63	\$970.29	\$1,080.62
29	\$314.72	\$194.17	64	\$1,015.13	\$1,145.10
30	\$340.20	\$200.28	65	\$1,135.30	\$1,313.80
31	\$349.68	\$204.39	66	\$1,135.30	\$1,313.80
32	\$359.10	\$212.35	67	\$1,135.30	\$1,313.80
33	\$366.36	\$218.98	68	\$1,135.30	\$1,313.80
34	\$373.46	\$225.44	69	\$1,135.30	\$1,313.80

**Arkansas Blue Cross and Blue Shield**  
**Proposed Monthly Bank Draft Rates**  
**Effective as of January 1, 2025**  
**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	\$353.69	\$353.69	35	\$352.28	\$222.58
1	\$353.69	\$353.69	36	\$358.48	\$228.40
2	\$133.98	\$133.98	37	\$364.24	\$234.34
3	\$133.98	\$133.98	38	\$371.13	\$242.02
4	\$133.98	\$133.98	39	\$378.04	\$249.68
5	\$133.98	\$133.98	40	\$384.97	\$257.35
6	\$133.98	\$133.98	41	\$391.89	\$265.02
7	\$133.98	\$133.98	42	\$415.25	\$272.90
8	\$133.98	\$133.98	43	\$424.77	\$284.85
9	\$133.98	\$133.98	44	\$434.53	\$296.60
10	\$133.98	\$133.98	45	\$446.71	\$315.86
11	\$133.98	\$133.98	46	\$456.41	\$335.26
12	\$133.98	\$133.98	47	\$465.77	\$354.67
13	\$144.26	\$133.98	48	\$479.75	\$377.60
14	\$144.26	\$133.98	49	\$493.80	\$400.67
15	\$144.26	\$133.98	50	\$510.46	\$423.60
16	\$161.86	\$133.98	51	\$527.32	\$446.51
17	\$179.56	\$133.98	52	\$544.37	\$469.32
18	\$194.45	\$140.04	53	\$576.53	\$500.14
19	\$209.27	\$140.04	54	\$608.85	\$542.67
20	\$221.48	\$140.04	55	\$641.09	\$586.84
21	\$226.49	\$140.04	56	\$673.23	\$632.34
22	\$231.57	\$140.04	57	\$705.44	\$679.86
23	\$236.61	\$140.04	58	\$731.67	\$724.72
24	\$245.94	\$140.04	59	\$757.57	\$770.16
25	\$272.63	\$148.85	60	\$783.84	\$816.10
26	\$276.42	\$158.24	61	\$809.81	\$862.85
27	\$280.10	\$164.24	62	\$835.66	\$909.71
28	\$283.87	\$170.42	63	\$875.87	\$967.24
29	\$287.59	\$176.59	64	\$915.90	\$1,024.93
30	\$311.29	\$182.55	65	\$1,021.49	\$1,173.47
31	\$319.54	\$186.12	66	\$1,021.49	\$1,173.47
32	\$327.78	\$193.03	67	\$1,021.49	\$1,173.47
33	\$334.10	\$198.86	68	\$1,021.49	\$1,173.47
34	\$340.27	\$204.48	69	\$1,021.49	\$1,173.47



**Arkansas Blue Cross and Blue Shield**  
**Proposed Monthly Bank Draft Rates**  
**Effective as of January 1, 2025**  
**Comprehensive Blue PPO I**  
**Policy Forms: 17-259 7-09, et al**

	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	\$278.95	\$278.95	35	\$299.03	\$188.54
1	\$278.95	\$278.95	36	\$303.72	\$193.03
2	\$109.92	\$109.92	37	\$308.24	\$197.60
3	\$109.92	\$109.92	38	\$313.55	\$203.55
4	\$109.92	\$109.92	39	\$318.82	\$209.41
5	\$109.92	\$109.92	40	\$324.09	\$215.32
6	\$109.92	\$109.92	41	\$329.45	\$221.15
7	\$109.92	\$109.92	42	\$347.47	\$227.21
8	\$109.92	\$109.92	43	\$354.78	\$236.43
9	\$109.92	\$109.92	44	\$362.21	\$245.49
10	\$109.92	\$109.92	45	\$372.18	\$262.00
11	\$109.92	\$109.92	46	\$379.64	\$278.65
12	\$109.92	\$109.92	47	\$386.88	\$295.30
13	\$117.83	\$109.92	48	\$397.64	\$314.26
14	\$117.83	\$109.92	49	\$408.37	\$333.32
15	\$117.83	\$109.92	50	\$421.86	\$352.27
16	\$134.22	\$109.92	51	\$435.49	\$371.24
17	\$150.58	\$109.92	52	\$449.27	\$390.09
18	\$164.88	\$115.63	53	\$477.50	\$415.19
19	\$179.13	\$115.63	54	\$505.85	\$449.34
20	\$191.34	\$115.63	55	\$534.08	\$484.69
21	\$195.16	\$115.63	56	\$562.23	\$521.12
22	\$199.05	\$115.63	57	\$590.47	\$559.09
23	\$202.92	\$115.63	58	\$611.67	\$595.09
24	\$210.16	\$115.63	59	\$632.68	\$631.45
25	\$233.74	\$123.53	60	\$653.89	\$668.27
26	\$236.58	\$131.84	61	\$674.92	\$705.77
27	\$239.48	\$137.49	62	\$695.75	\$743.26
28	\$242.33	\$143.34	63	\$728.44	\$790.23
29	\$245.19	\$149.25	64	\$761.05	\$837.46
30	\$266.14	\$154.91	65	\$843.99	\$954.46
31	\$272.51	\$157.58	66	\$843.99	\$954.46
32	\$278.81	\$162.93	67	\$843.99	\$954.46
33	\$283.69	\$167.40	68	\$843.99	\$954.46
34	\$288.45	\$171.70	69	\$843.99	\$954.46

**Arkansas Blue Cross and Blue Shield**  
**Proposed Monthly Bank Draft Rates**  
**Effective as of January 1, 2025**  
**Comprehensive Blue PPO I**  
**Policy Forms: 17-259 7-09, et al**

	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	\$220.97	\$220.97	35	\$257.72	\$162.18
1	\$220.97	\$220.97	36	\$261.31	\$165.61
2	\$91.25	\$91.25	37	\$264.80	\$169.18
3	\$91.25	\$91.25	38	\$268.88	\$173.65
4	\$91.25	\$91.25	39	\$272.94	\$178.17
5	\$91.25	\$91.25	40	\$277.03	\$182.72
6	\$91.25	\$91.25	41	\$281.11	\$187.24
7	\$91.25	\$91.25	42	\$294.87	\$191.88
8	\$91.25	\$91.25	43	\$300.52	\$198.88
9	\$91.25	\$91.25	44	\$306.25	\$205.88
10	\$91.25	\$91.25	45	\$314.44	\$220.31
11	\$91.25	\$91.25	46	\$320.19	\$234.78
12	\$91.25	\$91.25	47	\$325.73	\$249.29
13	\$97.33	\$91.25	48	\$333.97	\$265.21
14	\$97.33	\$91.25	49	\$342.25	\$281.14
15	\$97.33	\$91.25	50	\$353.23	\$297.07
16	\$112.76	\$91.25	51	\$364.38	\$312.92
17	\$128.17	\$91.25	52	\$375.59	\$328.65
18	\$142.00	\$96.75	53	\$400.79	\$349.36
19	\$155.76	\$96.75	54	\$425.97	\$377.05
20	\$167.97	\$96.75	55	\$451.17	\$405.57
21	\$170.95	\$96.75	56	\$476.27	\$434.96
22	\$173.89	\$96.75	57	\$501.39	\$465.55
23	\$176.87	\$96.75	58	\$518.70	\$494.63
24	\$182.40	\$96.75	59	\$535.86	\$524.04
25	\$203.56	\$103.91	60	\$553.23	\$553.81
26	\$205.81	\$111.34	61	\$570.40	\$584.02
27	\$208.02	\$116.85	62	\$587.49	\$614.23
28	\$210.20	\$122.40	63	\$614.30	\$653.19
29	\$212.41	\$128.00	64	\$641.02	\$692.20
30	\$231.22	\$133.45	65	\$706.47	\$784.82
31	\$236.08	\$135.52	66	\$706.47	\$784.82
32	\$240.91	\$139.57	67	\$706.47	\$784.82
33	\$244.67	\$143.00	68	\$706.47	\$784.82
34	\$248.32	\$146.33	69	\$706.47	\$784.82

**Arkansas Blue Cross and Blue Shield**  
**Proposed Monthly Bank Draft Rates**  
**Effective as of January 1, 2025**  
**Comprehensive Blue PPO I**  
**Policy Forms: 17-259 7-09, et al**

	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	\$189.35	\$189.35	35	\$235.19	\$147.79
1	\$189.35	\$189.35	36	\$238.24	\$150.68
2	\$81.07	\$81.07	37	\$241.11	\$153.59
3	\$81.07	\$81.07	38	\$244.50	\$157.40
4	\$81.07	\$81.07	39	\$247.91	\$161.18
5	\$81.07	\$81.07	40	\$251.32	\$164.92
6	\$81.07	\$81.07	41	\$254.72	\$168.74
7	\$81.07	\$81.07	42	\$266.24	\$172.57
8	\$81.07	\$81.07	43	\$270.92	\$178.48
9	\$81.07	\$81.07	44	\$275.71	\$184.29
10	\$81.07	\$81.07	45	\$282.95	\$197.58
11	\$81.07	\$81.07	46	\$287.79	\$210.87
12	\$81.07	\$81.07	47	\$292.38	\$224.24
13	\$86.19	\$81.07	48	\$299.24	\$238.41
14	\$86.19	\$81.07	49	\$306.16	\$252.69
15	\$86.19	\$81.07	50	\$315.82	\$266.91
16	\$101.04	\$81.07	51	\$325.61	\$281.05
17	\$115.94	\$81.07	52	\$335.46	\$295.19
18	\$129.52	\$86.46	53	\$358.93	\$313.49
19	\$143.00	\$86.46	54	\$382.45	\$337.54
20	\$155.21	\$86.46	55	\$405.94	\$362.40
21	\$157.66	\$86.46	56	\$429.30	\$387.94
22	\$160.15	\$86.46	57	\$452.80	\$414.53
23	\$162.67	\$86.46	58	\$468.00	\$439.87
24	\$167.24	\$86.46	59	\$483.08	\$465.48
25	\$187.14	\$93.21	60	\$498.33	\$491.30
26	\$188.96	\$100.17	61	\$513.36	\$517.63
27	\$190.81	\$105.55	62	\$528.41	\$543.90
28	\$192.68	\$110.99	63	\$552.01	\$578.39
29	\$194.51	\$116.40	64	\$575.57	\$612.96
30	\$212.16	\$121.73	65	\$631.45	\$692.28
31	\$216.21	\$123.46	66	\$631.45	\$692.28
32	\$220.24	\$126.88	67	\$631.45	\$692.28
33	\$223.38	\$129.75	68	\$631.45	\$692.28
34	\$226.42	\$132.51	69	\$631.45	\$692.28

**Arkansas Blue Cross and Blue Shield  
Proposed Monthly Bank Draft Rates  
Effective as of January 1, 2025  
Comprehensive Blue PPO I  
Policy Forms: 17-259 7-09, et al**

	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	\$174.59	\$174.59	35	\$224.70	\$141.10
1	\$174.59	\$174.59	36	\$227.45	\$143.67
2	\$76.33	\$76.33	37	\$230.01	\$146.33
3	\$76.33	\$76.33	38	\$233.13	\$149.76
4	\$76.33	\$76.33	39	\$236.23	\$153.24
5	\$76.33	\$76.33	40	\$239.30	\$156.66
6	\$76.33	\$76.33	41	\$242.44	\$160.05
7	\$76.33	\$76.33	42	\$252.89	\$163.58
8	\$76.33	\$76.33	43	\$257.13	\$168.94
9	\$76.33	\$76.33	44	\$261.47	\$174.17
10	\$76.33	\$76.33	45	\$268.28	\$186.93
11	\$76.33	\$76.33	46	\$272.64	\$199.72
12	\$76.33	\$76.33	47	\$276.82	\$212.52
13	\$80.94	\$76.33	48	\$283.07	\$225.98
14	\$80.94	\$76.33	49	\$289.37	\$239.39
15	\$80.94	\$76.33	50	\$298.35	\$252.82
16	\$95.54	\$76.33	51	\$307.45	\$266.24
17	\$110.25	\$76.33	52	\$316.69	\$279.56
18	\$123.67	\$81.65	53	\$339.35	\$296.73
19	\$137.05	\$81.65	54	\$362.10	\$319.13
20	\$149.26	\$81.65	55	\$384.87	\$342.29
21	\$151.50	\$81.65	56	\$407.46	\$366.07
22	\$153.79	\$81.65	57	\$430.13	\$390.73
23	\$156.03	\$81.65	58	\$444.30	\$414.28
24	\$160.19	\$81.65	59	\$458.44	\$438.16
25	\$179.45	\$88.23	60	\$472.70	\$462.15
26	\$181.14	\$94.98	61	\$486.78	\$486.63
27	\$182.81	\$100.32	62	\$500.87	\$511.09
28	\$184.48	\$105.62	63	\$522.96	\$543.45
29	\$186.11	\$111.01	64	\$545.06	\$575.97
30	\$203.27	\$116.23	65	\$596.42	\$649.14
31	\$206.92	\$117.82	66	\$596.42	\$649.14
32	\$210.61	\$120.94	67	\$596.42	\$649.14
33	\$213.41	\$123.51	68	\$596.42	\$649.14
34	\$216.21	\$126.06	69	\$596.42	\$649.14

**Arkansas Blue Cross and Blue Shield**  
**Proposed Monthly Bank Draft Rates**  
**Effective as of January 1, 2025**  
**Comprehensive Blue PPO I**  
**Policy Forms: 17-259 7-09, et al**

	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	\$158.27	\$158.27	35	\$213.06	\$133.67
1	\$158.27	\$158.27	36	\$215.52	\$135.98
2	\$71.08	\$71.08	37	\$217.82	\$138.35
3	\$71.08	\$71.08	38	\$220.51	\$141.38
4	\$71.08	\$71.08	39	\$223.31	\$144.44
5	\$71.08	\$71.08	40	\$226.04	\$147.48
6	\$71.08	\$71.08	41	\$228.79	\$150.51
7	\$71.08	\$71.08	42	\$238.03	\$153.59
8	\$71.08	\$71.08	43	\$241.80	\$158.34
9	\$71.08	\$71.08	44	\$245.68	\$163.05
10	\$71.08	\$71.08	45	\$252.03	\$175.19
11	\$71.08	\$71.08	46	\$255.85	\$187.38
12	\$71.08	\$71.08	47	\$259.58	\$199.54
13	\$75.17	\$71.08	48	\$265.13	\$212.14
14	\$75.17	\$71.08	49	\$270.72	\$224.70
15	\$75.17	\$71.08	50	\$279.01	\$237.29
16	\$89.52	\$71.08	51	\$287.41	\$249.83
17	\$103.91	\$71.08	52	\$295.91	\$262.29
18	\$117.21	\$76.33	53	\$317.77	\$278.18
19	\$130.47	\$76.33	54	\$339.60	\$298.76
20	\$142.68	\$76.33	55	\$361.42	\$319.99
21	\$144.67	\$76.33	56	\$383.20	\$341.72
22	\$146.67	\$76.33	57	\$405.04	\$364.37
23	\$148.68	\$76.33	58	\$418.14	\$385.99
24	\$152.38	\$76.33	59	\$431.15	\$407.86
25	\$170.92	\$82.70	60	\$444.35	\$429.87
26	\$172.46	\$89.23	61	\$457.35	\$452.33
27	\$173.95	\$94.44	62	\$470.34	\$474.73
28	\$175.45	\$99.71	63	\$490.82	\$504.84
29	\$176.91	\$105.03	64	\$511.23	\$535.05
30	\$193.42	\$110.21	65	\$557.68	\$601.29
31	\$196.67	\$111.68	66	\$557.68	\$601.29
32	\$199.91	\$114.38	67	\$557.68	\$601.29
33	\$202.41	\$116.67	68	\$557.68	\$601.29
34	\$204.85	\$118.90	69	\$557.68	\$601.29

**Arkansas Blue Cross and Blue Shield**  
**Proposed Monthly Bank Draft Rates**  
**Effective as of January 1, 2025**  
**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

**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	\$164.64	\$177.92	43	\$320.82	\$471.38
16	\$164.64	\$197.18	44	\$330.98	\$501.60
17	\$164.64	\$216.38	45	\$346.46	\$513.94
18	\$171.06	\$232.05	46	\$361.68	\$526.51
19	\$171.06	\$247.65	47	\$384.39	\$541.56
20	\$171.06	\$247.65	48	\$407.32	\$554.14
21	\$171.06	\$259.86	49	\$430.26	\$566.24
22	\$171.06	\$266.43	50	\$458.25	\$584.36
23	\$171.06	\$272.94	51	\$486.45	\$602.53
24	\$171.06	\$279.45	52	\$514.42	\$623.21
25	\$171.06	\$279.45	53	\$542.34	\$644.23
26	\$171.06	\$291.54	54	\$570.23	\$665.45
27	\$181.05	\$322.19	55	\$608.35	\$702.70
28	\$191.83	\$327.02	56	\$661.58	\$740.14
29	\$198.25	\$331.84	57	\$716.83	\$777.41
30	\$204.87	\$336.70	58	\$773.95	\$814.61
31	\$211.53	\$341.52	59	\$833.62	\$851.85
32	\$217.87	\$368.77	60	\$889.82	\$884.45
33	\$222.44	\$379.43	61	\$951.16	\$919.80
34	\$231.38	\$390.04	62	\$1,013.94	\$955.67
35	\$238.92	\$398.26	63	\$1,078.51	\$991.60
36	\$246.16	\$406.25	64	\$1,144.10	\$1,027.53
37	\$265.95	\$420.14	65	\$1,216.83	\$1,078.53
38	\$273.44	\$428.08	66	\$1,216.83	\$1,078.53
39	\$281.19	\$435.56	67	\$1,216.83	\$1,078.53
40	\$291.11	\$444.55	68	\$1,216.83	\$1,078.53
41	\$301.02	\$453.47	69	\$1,216.83	\$1,078.53
42	\$310.91	\$462.44			

**Arkansas Blue Cross and Blue Shield**  
**Proposed Monthly Bank Draft Rates**  
**Effective as of January 1, 2025**  
**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

**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	\$148.90	\$160.67	43	\$292.26	\$430.66
16	\$148.90	\$179.09	44	\$301.24	\$457.34
17	\$148.90	\$197.50	45	\$314.90	\$468.27
18	\$155.15	\$212.79	46	\$328.33	\$479.36
19	\$155.15	\$228.00	47	\$349.32	\$492.95
20	\$155.15	\$228.00	48	\$370.42	\$504.08
21	\$155.15	\$240.21	49	\$391.53	\$514.75
22	\$155.15	\$245.94	50	\$416.93	\$530.78
23	\$155.15	\$251.73	51	\$442.48	\$546.82
24	\$155.15	\$257.51	52	\$467.91	\$565.43
25	\$155.15	\$257.51	53	\$493.28	\$584.30
26	\$155.15	\$268.18	54	\$518.59	\$603.41
27	\$164.56	\$296.81	55	\$552.92	\$638.08
28	\$174.61	\$301.05	56	\$600.68	\$672.91
29	\$180.86	\$305.38	57	\$650.24	\$707.59
30	\$187.20	\$309.61	58	\$701.41	\$742.19
31	\$193.60	\$313.90	59	\$754.86	\$776.86
32	\$199.78	\$339.31	60	\$805.24	\$806.14
33	\$203.80	\$348.74	61	\$860.71	\$838.29
34	\$211.74	\$358.13	62	\$917.51	\$870.90
35	\$218.35	\$365.36	63	\$975.99	\$903.59
36	\$224.72	\$372.44	64	\$1,035.52	\$936.37
37	\$243.74	\$385.37	65	\$1,101.32	\$982.44
38	\$250.37	\$392.38	66	\$1,101.32	\$982.44
39	\$257.23	\$399.01	67	\$1,101.32	\$982.44
40	\$265.95	\$406.92	68	\$1,101.32	\$982.44
41	\$274.71	\$414.88	69	\$1,101.32	\$982.44
42	\$283.45	\$422.75			

**Arkansas Blue Cross and Blue Shield**  
**Proposed Monthly Bank Draft Rates**  
**Effective as of January 1, 2025**  
**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

**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	\$133.57	\$143.79	43	\$264.26	\$390.81
16	\$133.57	\$161.39	44	\$272.11	\$414.10
17	\$133.57	\$179.07	45	\$284.00	\$423.61
18	\$139.58	\$193.92	46	\$295.69	\$433.26
19	\$139.58	\$208.73	47	\$314.91	\$445.40
20	\$139.58	\$208.73	48	\$334.30	\$455.10
21	\$139.58	\$220.94	49	\$353.59	\$464.40
22	\$139.58	\$225.95	50	\$376.50	\$478.35
23	\$139.58	\$231.02	51	\$399.50	\$492.29
24	\$139.58	\$236.01	52	\$422.35	\$508.88
25	\$139.58	\$236.01	53	\$445.22	\$525.71
26	\$139.58	\$245.35	54	\$467.98	\$542.68
27	\$148.42	\$272.00	55	\$498.65	\$574.83
28	\$157.78	\$275.68	56	\$541.08	\$607.12
29	\$163.75	\$279.45	57	\$585.00	\$639.28
30	\$169.95	\$283.12	58	\$630.45	\$671.31
31	\$176.11	\$286.87	59	\$677.78	\$703.46
32	\$182.08	\$310.49	60	\$722.50	\$729.58
33	\$185.62	\$318.75	61	\$772.16	\$758.51
34	\$192.53	\$326.94	62	\$823.21	\$787.97
35	\$198.33	\$333.23	63	\$875.70	\$817.49
36	\$203.83	\$339.39	64	\$929.22	\$847.07
37	\$222.03	\$351.36	65	\$988.41	\$888.36
38	\$227.80	\$357.48	66	\$988.41	\$888.36
39	\$233.73	\$363.25	67	\$988.41	\$888.36
40	\$241.38	\$370.12	68	\$988.41	\$888.36
41	\$248.99	\$377.05	69	\$988.41	\$888.36
42	\$256.64	\$383.94			



**Arkansas Blue Cross and Blue Shield**  
**Proposed Monthly Bank Draft Rates**  
**Effective as of January 1, 2025**  
**Comprehensive Blue PPO I**  
**Policy Forms: 17-259 7-09, et al**

	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	\$109.58	\$117.46	43	\$220.60	\$328.59
16	\$109.58	\$133.83	44	\$226.61	\$346.55
17	\$109.58	\$150.28	45	\$235.77	\$353.81
18	\$115.36	\$164.49	46	\$244.79	\$361.28
19	\$115.36	\$178.69	47	\$261.30	\$371.24
20	\$115.36	\$178.69	48	\$277.89	\$378.66
21	\$115.36	\$190.90	49	\$294.49	\$385.80
22	\$115.36	\$194.81	50	\$313.46	\$396.53
23	\$115.36	\$198.61	51	\$332.41	\$407.28
24	\$115.36	\$202.48	52	\$351.33	\$420.64
25	\$115.36	\$202.48	53	\$370.18	\$434.28
26	\$115.36	\$209.66	54	\$389.06	\$447.95
27	\$123.20	\$233.21	55	\$414.06	\$476.18
28	\$131.48	\$236.11	56	\$448.09	\$504.49
29	\$137.15	\$238.97	57	\$483.34	\$532.65
30	\$142.98	\$241.76	58	\$519.62	\$560.75
31	\$148.83	\$244.63	59	\$557.49	\$588.97
32	\$154.52	\$265.57	60	\$593.35	\$610.06
33	\$157.24	\$271.89	61	\$634.02	\$634.07
34	\$162.52	\$278.19	62	\$675.95	\$658.52
35	\$166.95	\$283.08	63	\$719.23	\$683.13
36	\$171.24	\$287.76	64	\$763.41	\$707.82
37	\$188.06	\$298.30	65	\$812.16	\$741.53
38	\$192.54	\$303.02	66	\$812.16	\$741.53
39	\$197.11	\$307.44	67	\$812.16	\$741.53
40	\$203.02	\$312.74	68	\$812.16	\$741.53
41	\$208.87	\$318.04	69	\$812.16	\$741.53
42	\$214.74	\$323.31			

**Arkansas Blue Cross and Blue Shield  
Proposed Monthly Bank Draft Rates  
Effective as of January 1, 2025  
Comprehensive Blue PPO I  
Policy Forms: 17-259 7-09, et al**

	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	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	\$91.02	\$97.10	43	\$186.80	\$280.46
16	\$91.02	\$112.46	44	\$191.42	\$294.17
17	\$91.02	\$127.90	45	\$198.40	\$299.78
18	\$96.54	\$141.70	46	\$205.37	\$305.51
19	\$96.54	\$155.38	47	\$219.80	\$313.73
20	\$96.54	\$155.38	48	\$234.21	\$319.42
21	\$96.54	\$167.59	49	\$248.70	\$324.91
22	\$96.54	\$170.60	50	\$264.56	\$333.14
23	\$96.54	\$173.55	51	\$280.45	\$341.39
24	\$96.54	\$176.54	52	\$296.34	\$352.33
25	\$96.54	\$176.54	53	\$312.10	\$363.43
26	\$96.54	\$181.99	54	\$327.87	\$374.63
27	\$103.66	\$203.15	55	\$348.49	\$399.77
28	\$111.08	\$205.41	56	\$376.08	\$424.95
29	\$116.60	\$207.61	57	\$404.55	\$450.06
30	\$122.08	\$209.77	58	\$433.86	\$475.10
31	\$127.69	\$211.95	59	\$464.31	\$500.17
32	\$133.15	\$230.76	60	\$493.32	\$517.52
33	\$135.21	\$235.60	61	\$527.05	\$537.66
34	\$139.29	\$240.43	62	\$561.93	\$558.30
35	\$142.72	\$244.15	63	\$597.98	\$579.01
36	\$145.98	\$247.84	64	\$634.91	\$599.91
37	\$161.87	\$257.15	65	\$675.60	\$627.88
38	\$165.27	\$260.80	66	\$675.60	\$627.88
39	\$168.79	\$264.17	67	\$675.60	\$627.88
40	\$173.26	\$268.26	68	\$675.60	\$627.88
41	\$177.79	\$272.33	69	\$675.60	\$627.88
42	\$182.27	\$276.41			

**Arkansas Blue Cross and Blue Shield**  
**Proposed Monthly Bank Draft Rates**  
**Effective as of January 1, 2025**  
**Comprehensive Blue PPO I**  
**Policy Forms: 17-259 7-09, et al**

	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	\$80.85	\$85.95	43	\$168.35	\$254.24
16	\$80.85	\$100.80	44	\$172.20	\$265.63
17	\$80.85	\$115.68	45	\$178.03	\$270.33
18	\$86.28	\$129.26	46	\$183.81	\$275.13
19	\$86.28	\$142.72	47	\$197.08	\$282.35
20	\$86.28	\$142.72	48	\$210.38	\$287.13
21	\$86.28	\$154.93	49	\$223.78	\$291.69
22	\$86.28	\$157.41	50	\$237.92	\$298.65
23	\$86.28	\$159.87	51	\$252.15	\$305.45
24	\$86.28	\$162.35	52	\$266.31	\$315.03
25	\$86.28	\$162.35	53	\$280.40	\$324.81
26	\$86.28	\$166.91	54	\$294.55	\$334.62
27	\$93.01	\$186.80	55	\$312.78	\$358.09
28	\$99.97	\$188.67	56	\$336.72	\$381.57
29	\$105.33	\$190.46	57	\$361.58	\$405.00
30	\$110.73	\$192.34	58	\$387.01	\$428.36
31	\$116.20	\$194.18	59	\$413.52	\$451.84
32	\$121.49	\$211.75	60	\$438.77	\$467.04
33	\$123.25	\$215.77	61	\$468.72	\$485.09
34	\$126.61	\$219.85	62	\$499.70	\$503.58
35	\$129.44	\$222.92	63	\$531.86	\$522.22
36	\$132.18	\$225.99	64	\$564.86	\$541.07
37	\$147.54	\$234.80	65	\$601.10	\$565.82
38	\$150.41	\$237.77	66	\$601.10	\$565.82
39	\$153.28	\$240.63	67	\$601.10	\$565.82
40	\$157.06	\$243.98	68	\$601.10	\$565.82
41	\$160.84	\$247.39	69	\$601.10	\$565.82
42	\$164.59	\$250.78			

**Arkansas Blue Cross and Blue Shield  
Proposed Monthly Bank Draft Rates  
Effective as of January 1, 2025  
Comprehensive Blue PPO I  
Policy Forms: 17-259 7-09, et al**

	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	\$76.15	\$80.74	43	\$159.76	\$241.96
16	\$76.15	\$95.37	44	\$163.20	\$252.32
17	\$76.15	\$110.01	45	\$168.52	\$256.60
18	\$81.45	\$123.43	46	\$173.78	\$260.93
19	\$81.45	\$136.81	47	\$186.52	\$267.70
20	\$81.45	\$136.81	48	\$199.30	\$272.04
21	\$81.45	\$149.02	49	\$212.04	\$276.22
22	\$81.45	\$151.31	50	\$225.45	\$282.45
23	\$81.45	\$153.50	51	\$238.89	\$288.67
24	\$81.45	\$155.78	52	\$252.26	\$297.64
25	\$81.45	\$155.78	53	\$265.68	\$306.75
26	\$81.45	\$159.91	54	\$278.96	\$315.95
27	\$88.01	\$179.15	55	\$296.06	\$338.61
28	\$94.77	\$180.80	56	\$318.44	\$361.31
29	\$100.06	\$182.48	57	\$341.47	\$384.01
30	\$105.43	\$184.20	58	\$365.18	\$406.59
31	\$110.82	\$185.83	59	\$389.80	\$429.23
32	\$116.06	\$202.89	60	\$413.28	\$443.42
33	\$117.60	\$206.52	61	\$441.48	\$460.57
34	\$120.70	\$210.25	62	\$470.65	\$478.09
35	\$123.27	\$213.07	63	\$500.99	\$495.74
36	\$125.79	\$215.77	64	\$532.15	\$513.65
37	\$140.85	\$224.28	65	\$566.35	\$536.87
38	\$143.44	\$227.02	66	\$566.35	\$536.87
39	\$146.10	\$229.61	67	\$566.35	\$536.87
40	\$149.52	\$232.70	68	\$566.35	\$536.87
41	\$152.93	\$235.75	69	\$566.35	\$536.87
42	\$156.29	\$238.83			

**Arkansas Blue Cross and Blue Shield**  
**Proposed Monthly Bank Draft Rates**  
**Effective as of January 1, 2025**  
**Comprehensive Blue PPO I**  
**Policy Forms: 17-259 7-09, et al**

	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	\$70.93	\$75.02	43	\$150.21	\$228.35
16	\$70.93	\$89.36	44	\$153.28	\$237.59
17	\$70.93	\$103.72	45	\$158.04	\$241.31
18	\$76.14	\$117.01	46	\$162.70	\$245.18
19	\$76.14	\$130.27	47	\$174.85	\$251.49
20	\$76.14	\$130.27	48	\$186.96	\$255.38
21	\$76.14	\$142.48	49	\$199.17	\$259.06
22	\$76.14	\$144.45	50	\$211.70	\$264.56
23	\$76.14	\$146.44	51	\$224.24	\$270.16
24	\$76.14	\$148.46	52	\$236.77	\$278.41
25	\$76.14	\$148.46	53	\$249.30	\$286.82
26	\$76.14	\$152.15	54	\$261.72	\$295.26
27	\$82.53	\$170.69	55	\$277.62	\$317.06
28	\$89.07	\$172.20	56	\$298.15	\$338.93
29	\$94.28	\$173.63	57	\$319.29	\$360.74
30	\$99.52	\$175.10	58	\$340.99	\$382.47
31	\$104.85	\$176.62	59	\$363.52	\$404.23
32	\$110.05	\$193.06	60	\$385.12	\$417.32
33	\$111.46	\$196.32	61	\$411.33	\$433.37
34	\$114.12	\$199.56	62	\$438.55	\$449.83
35	\$116.47	\$202.07	63	\$466.82	\$466.37
36	\$118.68	\$204.56	64	\$495.96	\$483.23
37	\$133.48	\$212.65	65	\$527.86	\$504.84
38	\$135.72	\$215.17	66	\$527.86	\$504.84
39	\$138.04	\$217.41	67	\$527.86	\$504.84
40	\$141.10	\$220.14	68	\$527.86	\$504.84
41	\$144.16	\$222.92	69	\$527.86	\$504.84
42	\$147.18	\$225.61			

**Arkansas Blue Cross and Blue Shield  
Proposed Monthly Bank Draft Rates  
Effective as of January 1, 2025  
Comprehensive Blue PPO I  
Policy Forms: 17-259 7-09, et al**

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

<u>Deductible</u>	In Network		Out of Network <u>Coinsurance</u>	One <u>Child</u>	Two <u>Children</u>	All (3+) <u>Children</u>
	<u>In Network Coinsurance</u>	<u>Stop Loss Amount</u>				
\$500	80% / 20%	\$10,000	60% / 40%	\$154.84	\$309.70	\$464.57
\$1,000	80% / 20%	\$10,000	60% / 40%	\$136.84	\$273.68	\$410.51
\$2,500	100% / 0%	Not Applicable	80% / 20%	\$119.18	\$238.40	\$357.58
\$5,000	100% / 0%	Not Applicable	80% / 20%	\$91.72	\$183.40	\$275.10
\$10,000	100% / 0%	Not Applicable	80% / 20%	\$70.38	\$140.72	\$211.09
\$15,000	100% / 0%	Not Applicable	80% / 20%	\$58.72	\$117.47	\$176.19
\$20,000	100% / 0%	Not Applicable	80% / 20%	\$53.29	\$106.65	\$159.94
\$25,000	100% / 0%	Not Applicable	80% / 20%	\$47.30	\$94.62	\$141.89

Maternity Rider Coverage Monthly Bank Draft Premiums (All Eligible)

<u>Deductible</u>	In Network		Out of Network <u>Coinsurance</u>	Maternity <u>Rider</u>
	<u>In Network Coinsurance</u>	<u>Stop Loss Amount</u>		
\$500	80% / 20%	No Limit	60% / 40%	\$276.50
\$1,000	80% / 20%	No Limit	60% / 40%	\$261.29
\$2,500	100% / 0%	Not Applicable	80% / 20%	\$253.50
\$5,000	100% / 0%	Not Applicable	80% / 20%	\$219.00
\$10,000	100% / 0%	Not Applicable	80% / 20%	\$86.74
\$15,000	100% / 0%	Not Applicable	80% / 20%	\$57.83
\$20,000	100% / 0%	Not Applicable	80% / 20%	\$43.39
\$25,000	100% / 0%	Not Applicable	80% / 20%	\$28.91

**Arkansas Blue Cross and Blue Shield  
Proposed Monthly Bank Draft Rates  
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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	\$29.72	\$29.72	35	\$121.51	\$75.18
1	\$29.72	\$29.72	36	\$121.51	\$75.18
2	\$29.72	\$29.72	37	\$121.51	\$75.18
3	\$29.72	\$29.72	38	\$121.51	\$75.18
4	\$29.72	\$29.72	39	\$121.51	\$75.18
5	\$29.72	\$29.72	40	\$121.51	\$75.18
6	\$29.72	\$29.72	41	\$121.51	\$75.18
7	\$29.72	\$29.72	42	\$121.51	\$75.18
8	\$29.72	\$29.72	43	\$121.51	\$75.18
9	\$29.72	\$29.72	44	\$121.51	\$75.18
10	\$29.72	\$29.72	45	\$123.99	\$82.67
11	\$29.72	\$29.72	46	\$123.99	\$90.10
12	\$29.72	\$29.72	47	\$123.99	\$97.55
13	\$29.72	\$29.72	48	\$123.99	\$103.29
14	\$29.72	\$29.72	49	\$123.99	\$108.98
15	\$29.72	\$29.72	50	\$126.82	\$114.72
16	\$41.93	\$29.72	51	\$129.67	\$120.45
17	\$54.17	\$29.72	52	\$132.53	\$126.08
18	\$66.44	\$34.45	53	\$147.54	\$132.22
19	\$78.64	\$34.45	54	\$162.50	\$138.35
20	\$90.85	\$34.45	55	\$177.52	\$144.52
21	\$90.85	\$34.45	56	\$192.47	\$150.63
22	\$90.85	\$34.45	57	\$207.47	\$156.85
23	\$90.85	\$34.45	58	\$211.99	\$163.22
24	\$90.85	\$34.45	59	\$216.47	\$169.59
25	\$104.10	\$39.16	60	\$221.02	\$175.91
26	\$104.10	\$43.86	61	\$225.51	\$182.34
27	\$104.10	\$48.56	62	\$230.04	\$188.64
28	\$104.10	\$53.24	63	\$237.55	\$200.75
29	\$104.10	\$57.96	64	\$245.08	\$212.86
30	\$115.85	\$62.62	65	\$252.59	\$224.99
31	\$115.85	\$62.62	66	\$252.59	\$224.99
32	\$115.85	\$62.62	67	\$252.59	\$224.99
33	\$115.85	\$62.62	68	\$252.59	\$224.99
34	\$115.85	\$62.62	69	\$252.59	\$224.99

**Arkansas Blue Cross and Blue Shield  
Proposed Monthly Bank Draft Rates  
Effective as of January 1, 2025  
Comprehensive Blue PPO I  
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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

<u>Attained Age of Primary</u>	<u>Primary is Female</u>	<u>Primary is Male</u>	<u>Attained Age of Primary</u>	<u>Primary is Female</u>	<u>Primary is Male</u>
15	\$29.72	\$29.72	43	\$75.18	\$121.51
16	\$29.72	\$41.93	44	\$75.18	\$121.51
17	\$29.72	\$54.17	45	\$75.18	\$121.51
18	\$34.45	\$66.44	46	\$75.18	\$121.51
19	\$34.45	\$78.64	47	\$82.67	\$123.99
20	\$34.45	\$78.64	48	\$90.10	\$123.99
21	\$34.45	\$90.85	49	\$97.55	\$123.99
22	\$34.45	\$90.85	50	\$103.29	\$123.99
23	\$34.45	\$90.85	51	\$108.98	\$123.99
24	\$34.45	\$90.85	52	\$114.72	\$126.82
25	\$34.45	\$90.85	53	\$120.45	\$129.67
26	\$34.45	\$90.85	54	\$126.08	\$132.53
27	\$39.16	\$104.10	55	\$132.22	\$147.54
28	\$43.86	\$104.10	56	\$138.35	\$162.50
29	\$48.56	\$104.10	57	\$144.52	\$177.52
30	\$53.24	\$104.10	58	\$150.63	\$192.47
31	\$57.96	\$104.10	59	\$156.85	\$207.47
32	\$62.62	\$115.85	60	\$163.22	\$211.99
33	\$62.62	\$115.85	61	\$174.02	\$219.55
34	\$62.62	\$115.85	62	\$185.57	\$227.40
35	\$62.62	\$115.85	63	\$197.90	\$235.52
36	\$62.62	\$115.85	64	\$211.04	\$243.91
37	\$75.18	\$121.51	65	\$224.99	\$252.59
38	\$75.18	\$121.51	66	\$224.99	\$252.59
39	\$75.18	\$121.51	67	\$224.99	\$252.59
40	\$75.18	\$121.51	68	\$224.99	\$252.59
41	\$75.18	\$121.51	69	\$224.99	\$252.59
42	\$75.18	\$121.51			

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

<u>Attained Age</u>	<u>One Child</u>	<u>Two Children</u>	<u>All (3+) Children</u>
All Eligible	\$34.01	\$67.96	\$101.95



**Arkansas Blue Cross and Blue Shield  
Proposed Monthly Bank Draft Rates  
Effective as of January 1, 2025  
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Policy Forms: 17-259 7-09, et al**

**Policy Form: Mental Health Parity Rider**

		\$500	\$1,000
	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	\$145.14	\$128.21
Spouse	All Ages	\$130.63	\$115.44
One Dependent Child	All Ages	\$130.63	\$115.44
Two Dependent Children	All Ages	\$261.22	\$230.83
Three or More Dependent Children	All Ages	\$391.87	\$346.33

		\$2,500	\$5,000
	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	\$111.73	\$85.90
Spouse	All Ages	\$100.56	\$77.36
One Dependent Child	All Ages	\$100.56	\$77.36
Two Dependent Children	All Ages	\$201.10	\$154.64
Three or More Dependent Children	All Ages	\$301.66	\$231.98

		\$10,000	\$15,000
	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	\$65.92	\$55.01
Spouse	All Ages	\$59.31	\$49.55
One Dependent Child	All Ages	\$59.31	\$49.55
Two Dependent Children	All Ages	\$118.65	\$99.05
Three or More Dependent Children	All Ages	\$178.00	\$148.61

		\$20,000	\$25,000
	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	\$50.00	\$44.33
Spouse	All Ages	\$45.00	\$39.91
One Dependent Child	All Ages	\$45.00	\$39.91
Two Dependent Children	All Ages	\$89.90	\$79.77
Three or More Dependent Children	All Ages	\$134.92	\$119.75

**Arkansas Blue Cross and Blue Shield  
Proposed Monthly Bank Draft Rates  
Effective as of January 1, 2025**

**Comprehensive Blue PPO I  
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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	\$492.49	\$492.49	35	\$460.43	\$291.48
1	\$492.49	\$492.49	36	\$469.16	\$299.70
2	\$180.48	\$180.48	37	\$477.41	\$308.18
3	\$180.48	\$180.48	38	\$487.22	\$319.08
4	\$180.48	\$180.48	39	\$497.03	\$329.92
5	\$180.48	\$180.48	40	\$506.82	\$340.78
6	\$180.48	\$180.48	41	\$516.68	\$351.65
7	\$180.48	\$180.48	42	\$549.82	\$362.82
8	\$180.48	\$180.48	43	\$563.36	\$379.81
9	\$180.48	\$180.48	44	\$577.15	\$396.53
10	\$180.48	\$180.48	45	\$593.71	\$421.39
11	\$180.48	\$180.48	46	\$607.49	\$446.52
12	\$180.48	\$180.48	47	\$620.76	\$471.71
13	\$195.08	\$180.48	48	\$640.68	\$502.29
14	\$195.08	\$180.48	49	\$660.57	\$533.28
15	\$195.08	\$180.48	50	\$683.22	\$563.91
16	\$216.21	\$180.48	51	\$706.28	\$594.51
17	\$237.21	\$180.48	52	\$729.58	\$625.14
18	\$254.34	\$187.50	53	\$770.36	\$666.89
19	\$271.38	\$187.50	54	\$811.35	\$725.27
20	\$284.68	\$187.50	55	\$852.15	\$785.85
21	\$291.88	\$187.50	56	\$892.96	\$848.59
22	\$299.05	\$187.50	57	\$933.76	\$913.98
23	\$306.17	\$187.50	58	\$969.47	\$975.55
24	\$319.46	\$187.50	59	\$1,004.89	\$1,037.99
25	\$353.11	\$198.48	60	\$1,040.59	\$1,101.17
26	\$358.40	\$210.31	61	\$1,076.05	\$1,165.41
27	\$363.71	\$217.30	62	\$1,111.24	\$1,229.89
28	\$369.02	\$224.54	63	\$1,165.84	\$1,307.62
29	\$374.32	\$231.77	64	\$1,220.21	\$1,385.56
30	\$404.13	\$238.79	65	\$1,367.76	\$1,592.50
31	\$415.83	\$243.81	66	\$1,367.76	\$1,592.50
32	\$427.47	\$253.64	67	\$1,367.76	\$1,592.50
33	\$436.50	\$261.86	68	\$1,367.76	\$1,592.50
34	\$445.25	\$269.84	69	\$1,367.76	\$1,592.50

**Arkansas Blue Cross and Blue Shield  
Proposed Monthly Bank Draft Rates  
Effective as of January 1, 2025**

**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

**Primary Insured Medical & Drug Coverage Monthly Bank Draft Premiums**

Attained			Attained		
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
0	\$438.95	\$438.95	35	\$422.30	\$267.12
1	\$438.95	\$438.95	36	\$430.06	\$274.37
2	\$163.25	\$163.25	37	\$437.29	\$281.86
3	\$163.25	\$163.25	38	\$445.96	\$291.48
4	\$163.25	\$163.25	39	\$454.63	\$301.05
5	\$163.25	\$163.25	40	\$463.32	\$310.71
6	\$163.25	\$163.25	41	\$471.96	\$320.33
7	\$163.25	\$163.25	42	\$501.30	\$330.17
8	\$163.25	\$163.25	43	\$513.26	\$345.18
9	\$163.25	\$163.25	44	\$525.45	\$359.92
10	\$163.25	\$163.25	45	\$540.35	\$382.92
11	\$163.25	\$163.25	46	\$552.56	\$406.01
12	\$163.25	\$163.25	47	\$564.24	\$429.18
13	\$176.12	\$163.25	48	\$581.86	\$457.00
14	\$176.12	\$163.25	49	\$599.44	\$485.02
15	\$176.12	\$163.25	50	\$619.83	\$512.85
16	\$196.33	\$163.25	51	\$640.52	\$540.62
17	\$216.49	\$163.25	52	\$661.51	\$568.39
18	\$233.16	\$170.08	53	\$699.48	\$606.10
19	\$249.80	\$170.08	54	\$737.60	\$658.48
20	\$263.10	\$170.08	55	\$775.53	\$712.74
21	\$269.41	\$170.08	56	\$813.47	\$768.99
22	\$275.79	\$170.08	57	\$851.44	\$827.53
23	\$282.11	\$170.08	58	\$883.54	\$882.76
24	\$293.85	\$170.08	59	\$915.46	\$938.72
25	\$325.25	\$180.34	60	\$947.56	\$995.39
26	\$329.92	\$191.42	61	\$979.51	\$1,052.91
27	\$334.66	\$198.16	62	\$1,011.16	\$1,110.73
28	\$339.30	\$205.16	63	\$1,060.36	\$1,180.90
29	\$343.99	\$212.13	64	\$1,109.39	\$1,251.37
30	\$371.82	\$218.91	65	\$1,240.67	\$1,435.76
31	\$382.13	\$223.38	66	\$1,240.67	\$1,435.76
32	\$392.44	\$232.09	67	\$1,240.67	\$1,435.76
33	\$400.44	\$239.34	68	\$1,240.67	\$1,435.76
34	\$408.18	\$246.37	69	\$1,240.67	\$1,435.76

**Arkansas Blue Cross and Blue Shield  
Proposed Monthly Bank Draft Rates  
Effective as of January 1, 2025**

**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	\$386.56	\$386.56	35	\$384.98	\$243.27
1	\$386.56	\$386.56	36	\$391.71	\$249.62
2	\$146.40	\$146.40	37	\$398.03	\$256.13
3	\$146.40	\$146.40	38	\$405.62	\$264.50
4	\$146.40	\$146.40	39	\$413.15	\$272.85
5	\$146.40	\$146.40	40	\$420.71	\$281.21
6	\$146.40	\$146.40	41	\$428.27	\$289.62
7	\$146.40	\$146.40	42	\$453.80	\$298.18
8	\$146.40	\$146.40	43	\$464.21	\$311.22
9	\$146.40	\$146.40	44	\$474.84	\$324.12
10	\$146.40	\$146.40	45	\$488.18	\$345.17
11	\$146.40	\$146.40	46	\$498.84	\$366.36
12	\$146.40	\$146.40	47	\$509.00	\$387.61
13	\$157.61	\$146.40	48	\$524.31	\$412.60
14	\$157.61	\$146.40	49	\$539.66	\$437.87
15	\$157.61	\$146.40	50	\$557.79	\$462.91
16	\$176.99	\$146.40	51	\$576.26	\$487.92
17	\$196.21	\$146.40	52	\$594.91	\$512.90
18	\$212.50	\$153.00	53	\$630.07	\$546.59
19	\$228.72	\$153.00	54	\$665.37	\$593.11
20	\$242.02	\$153.00	55	\$700.61	\$641.24
21	\$247.49	\$153.00	56	\$735.73	\$691.10
22	\$253.03	\$153.00	57	\$770.98	\$742.96
23	\$258.56	\$153.00	58	\$799.52	\$791.97
24	\$268.72	\$153.00	59	\$828.00	\$841.59
25	\$297.98	\$162.62	60	\$856.59	\$891.84
26	\$302.09	\$172.93	61	\$885.01	\$942.87
27	\$306.11	\$179.48	62	\$913.22	\$994.13
28	\$310.21	\$186.21	63	\$957.16	\$1,057.01
29	\$314.28	\$192.94	64	\$1,000.92	\$1,120.04
30	\$340.23	\$199.57	65	\$1,116.33	\$1,282.41
31	\$349.22	\$203.45	66	\$1,116.33	\$1,282.41
32	\$358.18	\$210.96	67	\$1,116.33	\$1,282.41
33	\$365.17	\$217.31	68	\$1,116.33	\$1,282.41
34	\$371.88	\$223.48	69	\$1,116.33	\$1,282.41

**Arkansas Blue Cross and Blue Shield  
Proposed Monthly Bank Draft Rates  
Effective as of January 1, 2025**

**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

**Primary Insured Medical & Drug Coverage Monthly Bank Draft Premiums**

Attained			Attained		
Age	Female	Male	Age	Female	Male
0	\$304.79	\$304.79	35	\$326.77	\$206.07
1	\$304.79	\$304.79	36	\$331.93	\$210.93
2	\$120.09	\$120.09	37	\$336.80	\$215.95
3	\$120.09	\$120.09	38	\$342.62	\$222.42
4	\$120.09	\$120.09	39	\$348.44	\$228.86
5	\$120.09	\$120.09	40	\$354.22	\$235.29
6	\$120.09	\$120.09	41	\$360.04	\$241.73
7	\$120.09	\$120.09	42	\$379.72	\$248.33
8	\$120.09	\$120.09	43	\$387.70	\$258.35
9	\$120.09	\$120.09	44	\$395.86	\$268.24
10	\$120.09	\$120.09	45	\$406.76	\$286.32
11	\$120.09	\$120.09	46	\$414.91	\$304.47
12	\$120.09	\$120.09	47	\$422.79	\$322.75
13	\$128.76	\$120.09	48	\$434.59	\$343.40
14	\$128.76	\$120.09	49	\$446.32	\$364.28
15	\$128.76	\$120.09	50	\$461.04	\$384.96
16	\$146.72	\$120.09	51	\$475.96	\$405.63
17	\$164.60	\$120.09	52	\$490.97	\$426.33
18	\$180.13	\$126.36	53	\$521.83	\$453.73
19	\$195.75	\$126.36	54	\$552.75	\$491.09
20	\$209.05	\$126.36	55	\$583.59	\$529.66
21	\$213.29	\$126.36	56	\$614.41	\$569.50
22	\$217.51	\$126.36	57	\$645.28	\$610.99
23	\$221.72	\$126.36	58	\$668.44	\$650.27
24	\$229.62	\$126.36	59	\$691.43	\$690.07
25	\$255.49	\$134.96	60	\$714.57	\$730.34
26	\$258.60	\$144.09	61	\$737.58	\$771.16
27	\$261.76	\$150.27	62	\$760.46	\$812.19
28	\$264.87	\$156.62	63	\$796.06	\$863.61
29	\$268.07	\$163.03	64	\$831.64	\$915.13
30	\$290.90	\$169.30	65	\$922.31	\$1,043.09
31	\$297.84	\$172.24	66	\$922.31	\$1,043.09
32	\$304.74	\$178.07	67	\$922.31	\$1,043.09
33	\$310.10	\$182.93	68	\$922.31	\$1,043.09
34	\$315.24	\$187.69	69	\$922.31	\$1,043.09

**Arkansas Blue Cross and Blue Shield  
Proposed Monthly Bank Draft Rates  
Effective as of January 1, 2025**

**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	\$241.47	\$241.47	35	\$281.63	\$177.24
1	\$241.47	\$241.47	36	\$285.60	\$181.00
2	\$99.72	\$99.72	37	\$289.30	\$184.85
3	\$99.72	\$99.72	38	\$293.85	\$189.78
4	\$99.72	\$99.72	39	\$298.27	\$194.68
5	\$99.72	\$99.72	40	\$302.72	\$199.69
6	\$99.72	\$99.72	41	\$307.19	\$204.59
7	\$99.72	\$99.72	42	\$322.28	\$209.64
8	\$99.72	\$99.72	43	\$328.42	\$217.36
9	\$99.72	\$99.72	44	\$334.70	\$224.97
10	\$99.72	\$99.72	45	\$343.68	\$240.75
11	\$99.72	\$99.72	46	\$349.95	\$256.57
12	\$99.72	\$99.72	47	\$355.99	\$272.48
13	\$106.38	\$99.72	48	\$365.00	\$289.77
14	\$106.38	\$99.72	49	\$374.07	\$307.27
15	\$106.38	\$99.72	50	\$386.05	\$324.61
16	\$123.27	\$99.72	51	\$398.19	\$341.92
17	\$140.10	\$99.72	52	\$410.51	\$359.21
18	\$155.16	\$105.74	53	\$437.98	\$381.83
19	\$170.21	\$105.74	54	\$465.50	\$412.00
20	\$183.51	\$105.74	55	\$493.04	\$443.18
21	\$186.78	\$105.74	56	\$520.46	\$475.39
22	\$190.02	\$105.74	57	\$547.96	\$508.78
23	\$193.27	\$105.74	58	\$566.90	\$540.53
24	\$199.31	\$105.74	59	\$585.64	\$572.68
25	\$222.54	\$113.56	60	\$604.58	\$605.21
26	\$224.96	\$121.70	61	\$623.38	\$638.19
27	\$227.31	\$127.63	62	\$642.01	\$671.22
28	\$229.75	\$133.71	63	\$671.31	\$713.76
29	\$232.15	\$139.84	64	\$700.52	\$756.39
30	\$252.74	\$145.85	65	\$772.03	\$857.68
31	\$258.02	\$148.12	66	\$772.03	\$857.68
32	\$263.31	\$152.56	67	\$772.03	\$857.68
33	\$267.46	\$156.33	68	\$772.03	\$857.68
34	\$271.42	\$159.92	69	\$772.03	\$857.68

**Arkansas Blue Cross and Blue Shield  
Proposed Monthly Bank Draft Rates  
Effective as of January 1, 2025**

**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	\$206.88	\$206.88	35	\$257.06	\$161.52
1	\$206.88	\$206.88	36	\$260.36	\$164.64
2	\$88.57	\$88.57	37	\$263.49	\$167.83
3	\$88.57	\$88.57	38	\$267.19	\$172.00
4	\$88.57	\$88.57	39	\$270.95	\$176.15
5	\$88.57	\$88.57	40	\$274.66	\$180.23
6	\$88.57	\$88.57	41	\$278.39	\$184.35
7	\$88.57	\$88.57	42	\$290.97	\$188.57
8	\$88.57	\$88.57	43	\$296.05	\$195.01
9	\$88.57	\$88.57	44	\$301.32	\$201.40
10	\$88.57	\$88.57	45	\$309.31	\$215.89
11	\$88.57	\$88.57	46	\$314.53	\$230.44
12	\$88.57	\$88.57	47	\$319.54	\$245.10
13	\$94.13	\$88.57	48	\$327.05	\$260.56
14	\$94.13	\$88.57	49	\$334.59	\$276.16
15	\$94.13	\$88.57	50	\$345.10	\$291.73
16	\$110.47	\$88.57	51	\$355.84	\$307.15
17	\$126.69	\$88.57	52	\$366.61	\$322.61
18	\$141.52	\$94.48	53	\$392.24	\$342.61
19	\$156.26	\$94.48	54	\$417.94	\$368.90
20	\$169.56	\$94.48	55	\$443.60	\$396.05
21	\$172.28	\$94.48	56	\$469.19	\$424.02
22	\$174.99	\$94.48	57	\$494.85	\$452.99
23	\$177.72	\$94.48	58	\$511.44	\$480.68
24	\$182.75	\$94.48	59	\$527.94	\$508.69
25	\$204.56	\$101.81	60	\$544.54	\$536.95
26	\$206.57	\$109.49	61	\$561.09	\$565.61
27	\$208.57	\$115.34	62	\$577.47	\$594.37
28	\$210.60	\$121.26	63	\$603.26	\$632.06
29	\$212.58	\$127.18	64	\$628.99	\$669.83
30	\$231.88	\$133.05	65	\$690.08	\$756.56
31	\$236.26	\$134.96	66	\$690.08	\$756.56
32	\$240.71	\$138.69	67	\$690.08	\$756.56
33	\$244.13	\$141.85	68	\$690.08	\$756.56
34	\$247.48	\$144.80	69	\$690.08	\$756.56

**Arkansas Blue Cross and Blue Shield  
Proposed Monthly Bank Draft Rates  
Effective as of January 1, 2025**

**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	\$190.81	\$190.81	35	\$245.50	\$154.17
1	\$190.81	\$190.81	36	\$248.59	\$157.03
2	\$83.41	\$83.41	37	\$251.37	\$159.96
3	\$83.41	\$83.41	38	\$254.76	\$163.70
4	\$83.41	\$83.41	39	\$258.16	\$167.43
5	\$83.41	\$83.41	40	\$261.56	\$171.15
6	\$83.41	\$83.41	41	\$264.92	\$174.93
7	\$83.41	\$83.41	42	\$276.31	\$178.79
8	\$83.41	\$83.41	43	\$281.01	\$184.58
9	\$83.41	\$83.41	44	\$285.74	\$190.35
10	\$83.41	\$83.41	45	\$293.22	\$204.27
11	\$83.41	\$83.41	46	\$297.97	\$218.24
12	\$83.41	\$83.41	47	\$302.53	\$232.28
13	\$88.45	\$83.41	48	\$309.35	\$246.92
14	\$88.45	\$83.41	49	\$316.26	\$261.62
15	\$88.45	\$83.41	50	\$326.04	\$276.32
16	\$104.51	\$83.41	51	\$336.05	\$290.93
17	\$120.51	\$83.41	52	\$346.09	\$305.55
18	\$135.10	\$89.24	53	\$370.89	\$324.31
19	\$149.80	\$89.24	54	\$395.69	\$348.78
20	\$163.10	\$89.24	55	\$420.49	\$374.03
21	\$165.59	\$89.24	56	\$445.25	\$400.05
22	\$168.02	\$89.24	57	\$470.06	\$427.03
23	\$170.45	\$89.24	58	\$485.55	\$452.74
24	\$175.04	\$89.24	59	\$501.06	\$478.77
25	\$196.13	\$96.38	60	\$516.53	\$505.12
26	\$198.02	\$103.82	61	\$531.97	\$531.71
27	\$199.82	\$109.60	62	\$547.37	\$558.46
28	\$201.67	\$115.42	63	\$571.47	\$593.89
29	\$203.44	\$121.28	64	\$595.63	\$629.40
30	\$222.15	\$127.09	65	\$651.81	\$709.40
31	\$226.16	\$128.80	66	\$651.81	\$709.40
32	\$230.20	\$132.20	67	\$651.81	\$709.40
33	\$233.29	\$135.02	68	\$651.81	\$709.40
34	\$236.26	\$137.74	69	\$651.81	\$709.40



**Arkansas Blue Cross and Blue Shield  
Proposed Monthly Bank Draft Rates  
Effective as of January 1, 2025**

**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	\$172.91	\$172.91		35	\$232.84	\$146.07
1	\$172.91	\$172.91		36	\$235.51	\$148.56
2	\$77.67	\$77.67		37	\$238.03	\$151.18
3	\$77.67	\$77.67		38	\$241.03	\$154.51
4	\$77.67	\$77.67		39	\$244.02	\$157.84
5	\$77.67	\$77.67		40	\$247.03	\$161.16
6	\$77.67	\$77.67		41	\$250.00	\$164.47
7	\$77.67	\$77.67		42	\$260.15	\$167.83
8	\$77.67	\$77.67		43	\$264.28	\$173.02
9	\$77.67	\$77.67		44	\$268.49	\$178.14
10	\$77.67	\$77.67		45	\$275.46	\$191.47
11	\$77.67	\$77.67		46	\$279.65	\$204.76
12	\$77.67	\$77.67		47	\$283.73	\$218.15
13	\$82.13	\$77.67		48	\$289.82	\$231.80
14	\$82.13	\$77.67		49	\$295.86	\$245.57
15	\$82.13	\$77.67		50	\$304.95	\$259.31
16	\$97.89	\$77.67		51	\$314.13	\$272.99
17	\$113.55	\$77.67		52	\$323.40	\$286.63
18	\$128.09	\$83.38		53	\$347.26	\$304.03
19	\$142.57	\$83.38		54	\$371.12	\$326.51
20	\$155.87	\$83.38		55	\$394.98	\$349.67
21	\$158.09	\$83.38		56	\$418.78	\$373.49
22	\$160.24	\$83.38		57	\$442.67	\$398.17
23	\$162.46	\$83.38		58	\$456.99	\$421.79
24	\$166.52	\$83.38		59	\$471.23	\$445.69
25	\$186.86	\$90.33		60	\$485.57	\$469.83
26	\$188.53	\$97.53		61	\$499.82	\$494.24
27	\$190.13	\$103.20		62	\$514.00	\$518.75
28	\$191.72	\$108.94		63	\$536.34	\$551.67
29	\$193.38	\$114.72		64	\$558.67	\$584.67
30	\$211.41	\$120.47		65	\$609.42	\$657.11
31	\$214.94	\$122.02		66	\$609.42	\$657.11
32	\$218.50	\$125.01		67	\$609.42	\$657.11
33	\$221.26	\$127.50		68	\$609.42	\$657.11
34	\$223.92	\$129.97		69	\$609.42	\$657.11

**Arkansas Blue Cross and Blue Shield  
Proposed Monthly Bank Draft Rates  
Effective as of January 1, 2025**

**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 Age	Primary is Female	Primary is Male	Attained Age	Primary is Female	Primary is Male
15	\$179.89	\$194.40	43	\$350.58	\$515.14
16	\$179.89	\$215.50	44	\$361.69	\$548.15
17	\$179.89	\$236.46	45	\$378.61	\$561.64
18	\$186.91	\$253.58	46	\$395.25	\$575.41
19	\$186.91	\$270.64	47	\$420.08	\$591.84
20	\$186.91	\$270.64	48	\$445.10	\$605.60
21	\$186.91	\$283.94	49	\$470.27	\$618.84
22	\$186.91	\$291.13	50	\$500.74	\$638.61
23	\$186.91	\$298.28	51	\$531.60	\$658.46
24	\$186.91	\$305.37	52	\$562.17	\$681.06
25	\$186.91	\$305.37	53	\$592.64	\$704.02
26	\$186.91	\$318.58	54	\$623.16	\$727.20
27	\$197.87	\$352.15	55	\$664.78	\$767.94
28	\$209.64	\$357.40	56	\$722.97	\$808.84
29	\$216.62	\$362.69	57	\$783.35	\$849.55
30	\$223.85	\$367.98	58	\$845.85	\$890.24
31	\$231.09	\$373.25	59	\$910.99	\$930.97
32	\$238.08	\$403.03	60	\$972.35	\$966.52
33	\$243.13	\$414.66	61	\$1,039.40	\$1,005.15
34	\$252.91	\$426.27	62	\$1,108.11	\$1,044.40
35	\$261.12	\$435.27	63	\$1,178.56	\$1,083.61
36	\$269.05	\$444.01	64	\$1,250.27	\$1,122.90
37	\$290.65	\$459.12	65	\$1,329.76	\$1,178.71
38	\$298.80	\$467.84	66	\$1,329.76	\$1,178.71
39	\$307.29	\$476.01	67	\$1,329.76	\$1,178.71
40	\$318.12	\$485.80	68	\$1,329.76	\$1,178.71
41	\$328.95	\$495.58	69	\$1,329.76	\$1,178.71
42	\$339.76	\$505.36			

**Arkansas Blue Cross and Blue Shield  
Proposed Monthly Bank Draft Rates  
Effective as of January 1, 2025**

**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	\$162.71	\$175.57	43	\$319.37	\$470.64
16	\$162.71	\$195.76	44	\$329.17	\$499.81
17	\$162.71	\$215.83	45	\$344.13	\$511.71
18	\$169.53	\$232.50	46	\$358.83	\$523.86
19	\$169.53	\$249.18	47	\$381.74	\$538.73
20	\$169.53	\$249.18	48	\$404.77	\$550.89
21	\$169.53	\$262.48	49	\$427.91	\$562.57
22	\$169.53	\$268.72	50	\$455.56	\$580.09
23	\$169.53	\$275.12	51	\$483.57	\$597.59
24	\$169.53	\$281.38	52	\$511.32	\$617.91
25	\$169.53	\$281.38	53	\$538.99	\$638.57
26	\$169.53	\$293.02	54	\$566.70	\$659.45
27	\$179.78	\$324.40	55	\$604.25	\$697.33
28	\$190.83	\$329.04	56	\$656.47	\$735.30
29	\$197.60	\$333.75	57	\$710.55	\$773.23
30	\$204.55	\$338.37	58	\$766.55	\$811.06
31	\$211.52	\$343.10	59	\$824.91	\$848.99
32	\$218.34	\$370.84	60	\$879.97	\$880.98
33	\$222.77	\$381.15	61	\$940.59	\$916.10
34	\$231.43	\$391.39	62	\$1,002.72	\$951.77
35	\$238.69	\$399.28	63	\$1,066.55	\$987.42
36	\$245.68	\$407.05	64	\$1,131.58	\$1,023.25
37	\$266.43	\$421.15	65	\$1,203.60	\$1,073.63
38	\$273.62	\$428.82	66	\$1,203.60	\$1,073.63
39	\$281.05	\$436.10	67	\$1,203.60	\$1,073.63
40	\$290.65	\$444.67	68	\$1,203.60	\$1,073.63
41	\$300.19	\$453.33	69	\$1,203.60	\$1,073.63
42	\$309.76	\$462.01			

**Arkansas Blue Cross and Blue Shield  
Proposed Monthly Bank Draft Rates  
Effective as of January 1, 2025**

**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	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	\$145.96	\$157.13	43	\$288.81	\$427.07
16	\$145.96	\$176.43	44	\$297.34	\$452.49
17	\$145.96	\$195.66	45	\$310.38	\$462.92
18	\$152.53	\$211.88	46	\$323.10	\$473.50
19	\$152.53	\$228.17	47	\$344.16	\$486.77
20	\$152.53	\$228.17	48	\$365.28	\$497.37
21	\$152.53	\$241.47	49	\$386.50	\$507.57
22	\$152.53	\$246.92	50	\$411.43	\$522.78
23	\$152.53	\$252.42	51	\$436.64	\$538.02
24	\$152.53	\$257.88	52	\$461.56	\$556.16
25	\$152.53	\$257.88	53	\$486.49	\$574.56
26	\$152.53	\$268.09	54	\$511.43	\$593.13
27	\$162.13	\$297.29	55	\$544.96	\$628.21
28	\$172.45	\$301.34	56	\$591.30	\$663.44
29	\$178.95	\$305.41	57	\$639.31	\$698.59
30	\$185.69	\$309.44	58	\$688.97	\$733.64
31	\$192.42	\$313.51	59	\$740.72	\$768.74
32	\$199.01	\$339.36	60	\$789.51	\$797.26
33	\$202.87	\$348.31	61	\$843.83	\$828.92
34	\$210.40	\$357.29	62	\$899.63	\$861.10
35	\$216.77	\$364.19	63	\$956.97	\$893.31
36	\$222.82	\$370.91	64	\$1,015.41	\$925.69
37	\$242.62	\$383.95	65	\$1,080.15	\$970.81
38	\$248.92	\$390.68	66	\$1,080.15	\$970.81
39	\$255.41	\$396.98	67	\$1,080.15	\$970.81
40	\$263.77	\$404.48	68	\$1,080.15	\$970.81
41	\$272.11	\$412.02	69	\$1,080.15	\$970.81
42	\$280.43	\$419.60			

**Arkansas Blue Cross and Blue Shield  
Proposed Monthly Bank Draft Rates  
Effective as of January 1, 2025**

**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	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	\$119.71	\$128.32	43	\$241.07	\$359.11
16	\$119.71	\$146.28	44	\$247.63	\$378.72
17	\$119.71	\$164.20	45	\$257.69	\$386.67
18	\$126.02	\$179.74	46	\$267.49	\$394.79
19	\$126.02	\$195.27	47	\$285.51	\$405.66
20	\$126.02	\$195.27	48	\$303.66	\$413.83
21	\$126.02	\$208.57	49	\$321.86	\$421.62
22	\$126.02	\$212.85	50	\$342.49	\$433.37
23	\$126.02	\$217.01	51	\$363.30	\$445.11
24	\$126.02	\$221.29	52	\$383.95	\$459.70
25	\$126.02	\$221.29	53	\$404.54	\$474.60
26	\$126.02	\$229.09	54	\$425.19	\$489.58
27	\$134.59	\$254.87	55	\$452.52	\$520.39
28	\$143.72	\$258.04	56	\$489.69	\$551.29
29	\$149.89	\$261.17	57	\$528.19	\$582.10
30	\$156.25	\$264.25	58	\$567.88	\$612.78
31	\$162.60	\$267.37	59	\$609.27	\$643.61
32	\$168.86	\$290.25	60	\$648.40	\$666.68
33	\$171.86	\$297.11	61	\$692.92	\$692.93
34	\$177.66	\$304.04	62	\$738.74	\$719.66
35	\$182.51	\$309.35	63	\$785.94	\$746.46
36	\$187.17	\$314.49	64	\$834.23	\$773.48
37	\$205.58	\$325.99	65	\$887.59	\$810.38
38	\$210.40	\$331.10	66	\$887.59	\$810.38
39	\$215.41	\$335.97	67	\$887.59	\$810.38
40	\$221.82	\$341.79	68	\$887.59	\$810.38
41	\$228.25	\$347.60	69	\$887.59	\$810.38
42	\$234.69	\$353.30			

**Arkansas Blue Cross and Blue Shield  
Proposed Monthly Bank Draft Rates  
Effective as of January 1, 2025**

**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	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	\$99.41	\$106.05	43	\$204.12	\$306.51
16	\$99.41	\$122.92	44	\$209.16	\$321.52
17	\$99.41	\$139.76	45	\$216.82	\$327.62
18	\$105.44	\$154.86	46	\$224.39	\$333.86
19	\$105.44	\$169.87	47	\$240.15	\$342.88
20	\$105.44	\$169.87	48	\$255.93	\$349.09
21	\$105.44	\$183.17	49	\$271.80	\$355.08
22	\$105.44	\$186.42	50	\$289.07	\$364.12
23	\$105.44	\$189.68	51	\$306.51	\$373.09
24	\$105.44	\$192.92	52	\$323.85	\$385.06
25	\$105.44	\$192.92	53	\$341.05	\$397.19
26	\$105.44	\$198.91	54	\$358.28	\$409.43
27	\$113.26	\$222.07	55	\$380.90	\$436.91
28	\$121.42	\$224.50	56	\$411.01	\$464.39
29	\$127.35	\$226.87	57	\$442.08	\$491.82
30	\$133.42	\$229.24	58	\$474.17	\$519.23
31	\$139.51	\$231.69	59	\$507.44	\$546.64
32	\$145.50	\$252.20	60	\$539.08	\$565.51
33	\$147.80	\$257.45	61	\$575.98	\$587.59
34	\$152.24	\$262.77	62	\$614.14	\$610.08
35	\$155.98	\$266.85	63	\$653.45	\$632.72
36	\$159.57	\$270.84	64	\$693.85	\$655.57
37	\$176.89	\$281.02	65	\$738.32	\$686.13
38	\$180.59	\$284.99	66	\$738.32	\$686.13
39	\$184.45	\$288.71	67	\$738.32	\$686.13
40	\$189.33	\$293.19	68	\$738.32	\$686.13
41	\$194.28	\$297.61	69	\$738.32	\$686.13
42	\$199.18	\$302.06			

**Arkansas Blue Cross and Blue Shield  
Proposed Monthly Bank Draft Rates  
Effective as of January 1, 2025**

**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	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	\$88.34	\$93.89	43	\$183.97	\$277.85
16	\$88.34	\$110.23	44	\$188.18	\$290.33
17	\$88.34	\$126.43	45	\$194.61	\$295.41
18	\$94.23	\$141.22	46	\$200.89	\$300.64
19	\$94.23	\$156.00	47	\$215.38	\$308.57
20	\$94.23	\$156.00	48	\$229.90	\$313.80
21	\$94.23	\$169.30	49	\$244.54	\$318.83
22	\$94.23	\$171.99	50	\$259.94	\$326.37
23	\$94.23	\$174.68	51	\$275.54	\$333.81
24	\$94.23	\$177.42	52	\$291.04	\$344.31
25	\$94.23	\$177.42	53	\$306.44	\$354.96
26	\$94.23	\$182.40	54	\$321.87	\$365.72
27	\$101.62	\$204.22	55	\$341.80	\$391.31
28	\$109.27	\$206.18	56	\$368.00	\$416.98
29	\$115.12	\$208.19	57	\$395.12	\$442.59
30	\$121.01	\$210.21	58	\$422.94	\$468.14
31	\$126.93	\$212.23	59	\$451.84	\$493.76
32	\$132.81	\$231.49	60	\$479.45	\$510.32
33	\$134.73	\$235.85	61	\$512.20	\$530.13
34	\$138.38	\$240.29	62	\$546.11	\$550.35
35	\$141.52	\$243.66	63	\$581.18	\$570.66
36	\$144.51	\$247.03	64	\$617.28	\$591.27
37	\$161.21	\$256.55	65	\$656.89	\$618.36
38	\$164.32	\$259.86	66	\$656.89	\$618.36
39	\$167.51	\$262.94	67	\$656.89	\$618.36
40	\$171.67	\$266.66	68	\$656.89	\$618.36
41	\$175.74	\$270.36	69	\$656.89	\$618.36
42	\$179.87	\$274.12			

**Arkansas Blue Cross and Blue Shield  
Proposed Monthly Bank Draft Rates  
Effective as of January 1, 2025**

**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	\$83.21	\$88.21	43	\$174.58	\$264.37
16	\$83.21	\$104.28	44	\$178.35	\$275.75
17	\$83.21	\$120.27	45	\$184.14	\$280.43
18	\$89.00	\$134.88	46	\$189.91	\$285.16
19	\$89.00	\$149.53	47	\$203.83	\$292.57
20	\$89.00	\$149.53	48	\$217.78	\$297.27
21	\$89.00	\$162.83	49	\$231.77	\$301.90
22	\$89.00	\$165.29	50	\$246.37	\$308.67
23	\$89.00	\$167.73	51	\$261.06	\$315.50
24	\$89.00	\$170.21	52	\$275.68	\$325.32
25	\$89.00	\$170.21	53	\$290.29	\$335.26
26	\$89.00	\$174.76	54	\$304.88	\$345.28
27	\$96.17	\$195.84	55	\$323.53	\$370.07
28	\$103.59	\$197.61	56	\$347.98	\$394.82
29	\$109.34	\$199.46	57	\$373.15	\$419.63
30	\$115.25	\$201.32	58	\$399.10	\$444.28
31	\$121.07	\$203.13	59	\$425.98	\$469.07
32	\$126.86	\$221.74	60	\$451.64	\$484.57
33	\$128.55	\$225.73	61	\$482.47	\$503.35
34	\$131.93	\$229.81	62	\$514.37	\$522.46
35	\$134.79	\$232.85	63	\$547.43	\$541.71
36	\$137.49	\$235.85	64	\$581.57	\$561.30
37	\$153.95	\$245.09	65	\$618.95	\$586.73
38	\$156.72	\$248.08	66	\$618.95	\$586.73
39	\$159.62	\$250.93	67	\$618.95	\$586.73
40	\$163.37	\$254.26	68	\$618.95	\$586.73
41	\$167.12	\$257.66	69	\$618.95	\$586.73
42	\$170.82	\$261.02			



**Arkansas Blue Cross and Blue Shield  
Proposed Monthly Bank Draft Rates  
Effective as of January 1, 2025**

**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	\$77.49	\$81.93	43	\$164.14	\$249.53
16	\$77.49	\$97.69	44	\$167.51	\$259.63
17	\$77.49	\$113.33	45	\$172.68	\$263.74
18	\$83.18	\$127.90	46	\$177.77	\$267.96
19	\$83.18	\$142.36	47	\$191.05	\$274.88
20	\$83.18	\$142.36	48	\$204.32	\$279.08
21	\$83.18	\$155.66	49	\$217.70	\$283.07
22	\$83.18	\$157.83	50	\$231.34	\$289.14
23	\$83.18	\$160.00	51	\$245.07	\$295.23
24	\$83.18	\$162.20	52	\$258.80	\$304.26
25	\$83.18	\$162.20	53	\$272.43	\$313.42
26	\$83.18	\$166.21	54	\$286.02	\$322.66
27	\$90.11	\$186.57	55	\$303.37	\$346.49
28	\$97.37	\$188.25	56	\$325.79	\$370.39
29	\$103.04	\$189.84	57	\$348.90	\$394.18
30	\$108.75	\$191.42	58	\$372.69	\$417.95
31	\$114.51	\$193.04	59	\$397.27	\$441.80
32	\$120.27	\$211.08	60	\$420.82	\$456.06
33	\$121.78	\$214.57	61	\$449.54	\$473.60
34	\$124.75	\$218.10	62	\$479.28	\$491.57
35	\$127.31	\$220.86	63	\$510.13	\$509.67
36	\$129.73	\$223.55	64	\$541.95	\$528.04
37	\$145.86	\$232.44	65	\$576.89	\$551.73
38	\$148.32	\$235.12	66	\$576.89	\$551.73
39	\$150.87	\$237.64	67	\$576.89	\$551.73
40	\$154.17	\$240.58	68	\$576.89	\$551.73
41	\$157.51	\$243.58	69	\$576.89	\$551.73
42	\$160.83	\$246.59			

**Arkansas Blue Cross and Blue Shield**  
**Proposed Monthly Bank Draft Rates**  
**Effective as of January 1, 2025**  
**Comprehensive Blue PPO I**  
**Policy Forms: 17-273, et al**

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

<u>Deductible</u>	In Network		Out of Network <u>Coinsurance</u>	One <u>Child</u>	Two <u>Children</u>	All (3+) <u>Children</u>
	<u>In Network Coinsurance</u>	<u>Stop Loss Amount</u>				
\$500	80% / 20%	\$10,000	60% / 40%	\$169.25	\$338.46	\$507.69
\$1,000	80% / 20%	\$10,000	60% / 40%	\$149.54	\$299.08	\$448.62
\$2,500	100% / 0%	Not Applicable	80% / 20%	\$130.25	\$260.52	\$390.78
\$5,000	100% / 0%	Not Applicable	80% / 20%	\$100.21	\$200.42	\$300.61
\$10,000	100% / 0%	Not Applicable	80% / 20%	\$76.87	\$153.77	\$230.65
\$15,000	100% / 0%	Not Applicable	80% / 20%	\$64.18	\$128.37	\$192.53
\$20,000	100% / 0%	Not Applicable	80% / 20%	\$58.24	\$116.57	\$174.81
\$25,000	100% / 0%	Not Applicable	80% / 20%	\$51.68	\$103.40	\$155.10

Maternity Rider Coverage Monthly Bank Draft Premiums (All Eligible)

<u>Deductible</u>	In Network		Out of Network <u>Coinsurance</u>	Maternity <u>Rider</u>
	<u>In Network Coinsurance</u>	<u>Stop Loss Amount</u>		
\$500	80% / 20%	No Limit	60% / 40%	\$302.15
\$1,000	80% / 20%	No Limit	60% / 40%	\$285.52
\$2,500	100% / 0%	Not Applicable	80% / 20%	\$277.03
\$5,000	100% / 0%	Not Applicable	80% / 20%	\$239.32
\$10,000	100% / 0%	Not Applicable	80% / 20%	\$94.79
\$15,000	100% / 0%	Not Applicable	80% / 20%	\$63.20
\$20,000	100% / 0%	Not Applicable	80% / 20%	\$47.42
\$25,000	100% / 0%	Not Applicable	80% / 20%	\$31.60

**Arkansas Blue Cross and Blue Shield**  
**Proposed Monthly Bank Draft Rates**  
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**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	\$32.46	\$32.46	35	\$132.79	\$82.15
1	\$32.46	\$32.46	36	\$132.79	\$82.15
2	\$32.46	\$32.46	37	\$132.79	\$82.15
3	\$32.46	\$32.46	38	\$132.79	\$82.15
4	\$32.46	\$32.46	39	\$132.79	\$82.15
5	\$32.46	\$32.46	40	\$132.79	\$82.15
6	\$32.46	\$32.46	41	\$132.79	\$82.15
7	\$32.46	\$32.46	42	\$132.79	\$82.15
8	\$32.46	\$32.46	43	\$132.79	\$82.15
9	\$32.46	\$32.46	44	\$132.79	\$82.15
10	\$32.46	\$32.46	45	\$135.53	\$90.33
11	\$32.46	\$32.46	46	\$135.53	\$98.45
12	\$32.46	\$32.46	47	\$135.53	\$106.64
13	\$32.46	\$32.46	48	\$135.53	\$112.85
14	\$32.46	\$32.46	49	\$135.53	\$119.12
15	\$32.46	\$32.46	50	\$138.59	\$125.37
16	\$45.88	\$32.46	51	\$141.72	\$131.58
17	\$59.21	\$32.46	52	\$144.85	\$137.79
18	\$72.59	\$37.62	53	\$161.25	\$144.51
19	\$85.96	\$37.62	54	\$177.57	\$151.20
20	\$99.26	\$37.62	55	\$193.98	\$157.91
21	\$99.26	\$37.62	56	\$210.34	\$164.65
22	\$99.26	\$37.62	57	\$226.75	\$171.41
23	\$99.26	\$37.62	58	\$231.66	\$178.35
24	\$99.26	\$37.62	59	\$236.61	\$185.31
25	\$113.80	\$42.77	60	\$241.53	\$192.27
26	\$113.80	\$47.95	61	\$246.47	\$199.19
27	\$113.80	\$53.05	62	\$251.42	\$206.12
28	\$113.80	\$58.17	63	\$259.59	\$219.36
29	\$113.80	\$63.29	64	\$267.82	\$232.59
30	\$126.64	\$68.46	65	\$276.06	\$245.89
31	\$126.64	\$68.46	66	\$276.06	\$245.89
32	\$126.64	\$68.46	67	\$276.06	\$245.89
33	\$126.64	\$68.46	68	\$276.06	\$245.89
34	\$126.64	\$68.46	69	\$276.06	\$245.89

**Arkansas Blue Cross and Blue Shield**  
**Proposed Monthly Bank Draft Rates**  
**Effective as of January 1, 2025**  
**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

<u>Attained Age of Primary</u>	<u>Primary is Female</u>	<u>Primary is Male</u>	<u>Attained Age of Primary</u>	<u>Primary is Female</u>	<u>Primary is Male</u>
15	\$32.46	\$32.46	43	\$82.15	\$132.79
16	\$32.46	\$45.88	44	\$82.15	\$132.79
17	\$32.46	\$59.21	45	\$82.15	\$132.79
18	\$37.62	\$72.59	46	\$82.15	\$132.79
19	\$37.62	\$85.96	47	\$90.33	\$135.53
20	\$37.62	\$85.96	48	\$98.45	\$135.53
21	\$37.62	\$99.26	49	\$106.64	\$135.53
22	\$37.62	\$99.26	50	\$112.85	\$135.53
23	\$37.62	\$99.26	51	\$119.12	\$135.53
24	\$37.62	\$99.26	52	\$125.37	\$138.59
25	\$37.62	\$99.26	53	\$131.58	\$141.72
26	\$37.62	\$99.26	54	\$137.79	\$144.85
27	\$42.77	\$113.80	55	\$144.51	\$161.25
28	\$47.95	\$113.80	56	\$151.20	\$177.57
29	\$53.05	\$113.80	57	\$157.91	\$193.98
30	\$58.17	\$113.80	58	\$164.65	\$210.34
31	\$63.29	\$113.80	59	\$171.41	\$226.75
32	\$68.46	\$126.64	60	\$178.35	\$231.66
33	\$68.46	\$126.64	61	\$190.17	\$239.93
34	\$68.46	\$126.64	62	\$202.83	\$248.53
35	\$68.46	\$126.64	63	\$216.23	\$257.34
36	\$68.46	\$126.64	64	\$230.60	\$266.52
37	\$82.15	\$132.79	65	\$245.89	\$276.06
38	\$82.15	\$132.79	66	\$245.89	\$276.06
39	\$82.15	\$132.79	67	\$245.89	\$276.06
40	\$82.15	\$132.79	68	\$245.89	\$276.06
41	\$82.15	\$132.79	69	\$245.89	\$276.06
42	\$82.15	\$132.79			

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

<u>Attained Age</u>	<u>One Child</u>	<u>Two Children</u>	<u>All (3+) Children</u>
All Eligible	\$37.12	\$74.28	\$111.38

**Arkansas Blue Cross and Blue Shield  
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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	\$158.60	\$140.12
Spouse	All Ages	\$142.76	\$126.14
One Dependent Child	All Ages	\$142.76	\$126.14
Two Dependent Children	All Ages	\$285.49	\$252.28
Three or More Dependent Children	All Ages	\$428.25	\$378.44

	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	\$122.06	\$93.89
Spouse	All Ages	\$109.88	\$84.48
One Dependent Child	All Ages	\$109.88	\$84.48
Two Dependent Children	All Ages	\$219.71	\$169.02
Three or More Dependent Children	All Ages	\$329.64	\$253.51

	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	\$72.02	\$60.13
Spouse	All Ages	\$64.85	\$54.12
One Dependent Child	All Ages	\$64.85	\$54.12
Two Dependent Children	All Ages	\$129.66	\$108.27
Three or More Dependent Children	All Ages	\$194.56	\$162.41

	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	\$54.62	\$48.45
Spouse	All Ages	\$49.18	\$43.62
One Dependent Child	All Ages	\$49.18	\$43.62
Two Dependent Children	All Ages	\$98.28	\$87.22
Three or More Dependent Children	All Ages	\$147.43	\$130.81

**Arkansas Blue Cross and Blue Shield  
Proposed Monthly Bank Draft Rates  
Effective as of January 1, 2025**

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

	In Network	Out of Network	Generic Copay	\$10
Deductible	\$1,000	\$2,000	Non-Generics Deductible	\$500
Coinsurance	80%/20%	60%/40%	Non-Generics Coinsurance	80% / 20%
Stop Loss Amount	\$10,000	No Max	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	\$268.64	\$268.64	35	\$446.48	\$287.10
1	\$268.64	\$268.64	36	\$458.21	\$295.01
2	\$268.64	\$268.64	37	\$469.89	\$302.87
3	\$268.64	\$268.64	38	\$481.65	\$310.80
4	\$268.64	\$268.64	39	\$493.40	\$318.62
5	\$268.64	\$268.64	40	\$505.07	\$326.55
6	\$268.64	\$268.64	41	\$517.92	\$337.15
7	\$268.64	\$268.64	42	\$530.72	\$347.83
8	\$268.64	\$268.64	43	\$543.55	\$358.40
9	\$268.64	\$268.64	44	\$556.36	\$369.04
10	\$268.64	\$268.64	45	\$570.81	\$384.65
11	\$268.64	\$268.64	46	\$573.78	\$408.39
12	\$268.64	\$268.64	47	\$576.77	\$432.13
13	\$268.64	\$268.64	48	\$580.83	\$454.83
14	\$268.64	\$268.64	49	\$584.92	\$477.39
15	\$268.64	\$268.64	50	\$620.63	\$531.55
16	\$268.64	\$268.64	51	\$641.69	\$579.97
17	\$268.64	\$268.64	52	\$661.68	\$627.25
18	\$268.64	\$268.64	53	\$690.43	\$674.82
19	\$266.88	\$185.69	54	\$716.02	\$719.31
20	\$285.48	\$191.97	55	\$741.58	\$763.76
21	\$296.10	\$198.19	56	\$770.45	\$795.58
22	\$306.75	\$204.41	57	\$803.65	\$831.69
23	\$317.38	\$210.66	58	\$829.88	\$867.94
24	\$328.00	\$216.89	59	\$856.08	\$904.10
25	\$347.99	\$225.65	60	\$882.27	\$940.27
26	\$350.95	\$230.63	61	\$918.30	\$992.59
27	\$353.87	\$235.51	62	\$954.46	\$1,044.99
28	\$356.82	\$240.48	63	\$992.47	\$1,101.19
29	\$359.78	\$245.40	64	\$1,030.51	\$1,157.37
30	\$370.47	\$250.42	65	\$1,105.11	\$1,266.63
31	\$384.93	\$256.10	66	\$1,105.11	\$1,266.63
32	\$399.37	\$261.78	67	\$1,105.11	\$1,266.63
33	\$413.87	\$267.50	68	\$1,105.11	\$1,266.63
34	\$428.30	\$273.18	69	\$1,105.11	\$1,266.63

**Arkansas Blue Cross and Blue Shield  
Proposed Monthly Bank Draft Rates  
Effective as of January 1, 2025**

**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
Coinsurance	80%/20%	60%/40%	Non-Generics Coinsurance	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	Female	Male	Attained	Female	Male
<u>Age</u>			<u>Age</u>		
0	\$248.51	\$248.51	35	\$415.99	\$267.50
1	\$248.51	\$248.51	36	\$426.79	\$274.76
2	\$248.51	\$248.51	37	\$437.51	\$281.98
3	\$248.51	\$248.51	38	\$448.24	\$289.22
4	\$248.51	\$248.51	39	\$459.06	\$296.45
5	\$248.51	\$248.51	40	\$469.78	\$303.68
6	\$248.51	\$248.51	41	\$481.54	\$313.43
7	\$248.51	\$248.51	42	\$493.29	\$323.21
8	\$248.51	\$248.51	43	\$505.06	\$332.94
9	\$248.51	\$248.51	44	\$516.82	\$342.67
10	\$248.51	\$248.51	45	\$530.19	\$357.40
11	\$248.51	\$248.51	46	\$532.90	\$379.56
12	\$248.51	\$248.51	47	\$535.63	\$401.77
13	\$248.51	\$248.51	48	\$539.56	\$422.83
14	\$248.51	\$248.51	49	\$543.34	\$443.87
15	\$248.51	\$248.51	50	\$578.79	\$496.46
16	\$248.51	\$248.51	51	\$598.24	\$541.16
17	\$248.51	\$248.51	52	\$616.59	\$584.66
18	\$248.51	\$248.51	53	\$643.61	\$628.56
19	\$248.88	\$172.04	54	\$667.59	\$669.25
20	\$266.62	\$177.82	55	\$691.50	\$709.93
21	\$276.37	\$183.55	56	\$718.42	\$739.08
22	\$286.10	\$189.27	57	\$749.67	\$772.53
23	\$295.83	\$194.98	58	\$773.97	\$806.07
24	\$305.60	\$200.76	59	\$798.23	\$839.56
25	\$324.63	\$209.02	60	\$822.49	\$873.07
26	\$327.38	\$213.86	61	\$855.76	\$921.42
27	\$330.11	\$218.67	62	\$889.11	\$969.75
28	\$332.81	\$223.43	63	\$924.31	\$1,021.89
29	\$335.60	\$228.27	64	\$959.66	\$1,074.05
30	\$345.98	\$233.14	65	\$1,028.57	\$1,174.95
31	\$359.22	\$238.34	66	\$1,028.57	\$1,174.95
32	\$372.51	\$243.57	67	\$1,028.57	\$1,174.95
33	\$385.75	\$248.79	68	\$1,028.57	\$1,174.95
34	\$398.98	\$253.99	69	\$1,028.57	\$1,174.95

**Arkansas Blue Cross and Blue Shield  
Proposed Monthly Bank Draft Rates  
Effective as of January 1, 2025**

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

	In Network	Out of Network	Generic Copay	\$10
Deductible	\$2,500	\$5,000	Non-Generics Deductible	\$500
Coinsurance	80%/20%	60%/40%	Non-Generics Coinsurance	80% / 20%
Stop Loss Amount	\$10,000	No Max	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	\$216.38	\$216.38	35	\$367.36	\$236.15
1	\$216.38	\$216.38	36	\$376.59	\$242.38
2	\$216.38	\$216.38	37	\$385.78	\$248.57
3	\$216.38	\$216.38	38	\$394.98	\$254.79
4	\$216.38	\$216.38	39	\$404.25	\$261.01
5	\$216.38	\$216.38	40	\$413.39	\$267.21
6	\$216.38	\$216.38	41	\$423.46	\$275.54
7	\$216.38	\$216.38	42	\$433.53	\$283.94
8	\$216.38	\$216.38	43	\$443.56	\$292.30
9	\$216.38	\$216.38	44	\$453.68	\$300.65
10	\$216.38	\$216.38	45	\$465.38	\$313.91
11	\$216.38	\$216.38	46	\$467.74	\$333.57
12	\$216.38	\$216.38	47	\$470.07	\$353.23
13	\$216.38	\$216.38	48	\$473.60	\$371.85
14	\$216.38	\$216.38	49	\$477.06	\$390.37
15	\$216.38	\$216.38	50	\$512.15	\$440.46
16	\$216.38	\$216.38	51	\$528.91	\$479.15
17	\$216.38	\$216.38	52	\$544.60	\$516.72
18	\$216.38	\$216.38	53	\$569.00	\$554.66
19	\$220.15	\$150.32	54	\$590.25	\$589.39
20	\$236.49	\$155.23	55	\$611.56	\$624.15
21	\$244.82	\$160.19	56	\$635.41	\$648.97
22	\$253.17	\$165.11	57	\$663.55	\$678.12
23	\$261.51	\$170.03	58	\$684.70	\$707.43
24	\$269.87	\$174.95	59	\$705.90	\$736.67
25	\$287.42	\$182.51	60	\$727.06	\$765.81
26	\$289.81	\$187.11	61	\$755.88	\$807.74
27	\$292.17	\$191.64	62	\$784.89	\$849.64
28	\$294.50	\$196.24	63	\$815.66	\$895.36
29	\$296.86	\$200.85	64	\$846.56	\$941.04
30	\$306.93	\$205.48	65	\$906.42	\$1,028.61
31	\$318.26	\$209.97	66	\$906.42	\$1,028.61
32	\$329.62	\$214.47	67	\$906.42	\$1,028.61
33	\$340.99	\$218.95	68	\$906.42	\$1,028.61
34	\$352.30	\$223.44	69	\$906.42	\$1,028.61



**Arkansas Blue Cross and Blue Shield  
Proposed Monthly Bank Draft Rates  
Effective as of January 1, 2025**

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

	In Network	Out of Network	Generic Copay	\$10
Deductible	\$5,000	\$10,000	Non-Generics Deductible	\$500
Coinsurance	80%/20%	60%/40%	Non-Generics Coinsurance	80% / 20%
Stop Loss Amount	\$10,000	No Max	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	\$176.53	\$176.53	35	\$307.05	\$197.33
1	\$176.53	\$176.53	36	\$314.36	\$202.26
2	\$176.53	\$176.53	37	\$321.61	\$207.20
3	\$176.53	\$176.53	38	\$328.93	\$212.13
4	\$176.53	\$176.53	39	\$336.23	\$217.03
5	\$176.53	\$176.53	40	\$343.50	\$221.99
6	\$176.53	\$176.53	41	\$351.46	\$228.61
7	\$176.53	\$176.53	42	\$359.42	\$235.19
8	\$176.53	\$176.53	43	\$367.39	\$241.81
9	\$176.53	\$176.53	44	\$375.38	\$248.41
10	\$176.53	\$176.53	45	\$385.00	\$260.05
11	\$176.53	\$176.53	46	\$386.84	\$276.59
12	\$176.53	\$176.53	47	\$388.75	\$293.14
13	\$176.53	\$176.53	48	\$391.81	\$308.59
14	\$176.53	\$176.53	49	\$394.77	\$324.05
15	\$176.53	\$176.53	50	\$429.47	\$371.02
16	\$176.53	\$176.53	51	\$442.93	\$402.32
17	\$176.53	\$176.53	52	\$455.30	\$432.47
18	\$176.53	\$176.53	53	\$476.44	\$463.01
19	\$184.48	\$123.37	54	\$494.41	\$490.39
20	\$199.10	\$127.26	55	\$512.43	\$517.64
21	\$205.71	\$131.22	56	\$532.37	\$537.23
22	\$212.34	\$135.14	57	\$556.71	\$561.07
23	\$218.91	\$139.06	58	\$574.11	\$585.05
24	\$225.54	\$143.00	59	\$591.40	\$609.01
25	\$241.28	\$149.60	60	\$608.75	\$632.89
26	\$243.20	\$153.94	61	\$632.08	\$666.79
27	\$245.10	\$158.22	62	\$655.56	\$700.72
28	\$246.97	\$162.53	63	\$680.88	\$738.40
29	\$248.86	\$166.85	64	\$706.31	\$776.15
30	\$258.51	\$171.19	65	\$754.97	\$847.17
31	\$267.44	\$174.79	66	\$754.97	\$847.17
32	\$276.40	\$178.40	67	\$754.97	\$847.17
33	\$285.46	\$181.95	68	\$754.97	\$847.17
34	\$294.37	\$185.51	69	\$754.97	\$847.17

**Arkansas Blue Cross and Blue Shield  
Proposed Monthly Bank Draft Rates  
Effective as of January 1, 2025**

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

	In Network	Out of Network	Generic Copay	\$10
Deductible	\$7,500	\$15,000	Non-Generics Deductible	\$500
Coinsurance	100%/0%	80%/20%	Non-Generics Coinsurance	80% / 20%
Stop Loss Amount	Not Applicable	No Max	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	\$165.82	\$165.82	35	\$290.83	\$186.92
1	\$165.82	\$165.82	36	\$297.62	\$191.49
2	\$165.82	\$165.82	37	\$304.39	\$196.08
3	\$165.82	\$165.82	38	\$311.21	\$200.66
4	\$165.82	\$165.82	39	\$317.97	\$205.22
5	\$165.82	\$165.82	40	\$324.69	\$209.83
6	\$165.82	\$165.82	41	\$332.11	\$215.99
7	\$165.82	\$165.82	42	\$339.49	\$222.16
8	\$165.82	\$165.82	43	\$346.87	\$228.30
9	\$165.82	\$165.82	44	\$354.27	\$234.38
10	\$165.82	\$165.82	45	\$363.39	\$245.54
11	\$165.82	\$165.82	46	\$365.12	\$261.22
12	\$165.82	\$165.82	47	\$366.89	\$276.96
13	\$165.82	\$165.82	48	\$369.83	\$291.61
14	\$165.82	\$165.82	49	\$372.69	\$306.22
15	\$165.82	\$165.82	50	\$407.21	\$352.37
16	\$165.82	\$165.82	51	\$419.83	\$381.66
17	\$165.82	\$165.82	52	\$431.31	\$409.80
18	\$165.82	\$165.82	53	\$451.56	\$438.34
19	\$174.87	\$116.14	54	\$468.66	\$463.70
20	\$189.06	\$119.80	55	\$485.76	\$489.03
21	\$195.23	\$123.44	56	\$504.69	\$507.22
22	\$201.34	\$127.05	57	\$528.00	\$529.65
23	\$207.48	\$130.70	58	\$544.32	\$552.17
24	\$213.64	\$134.37	59	\$560.62	\$574.69
25	\$228.92	\$140.76	60	\$576.95	\$597.18
26	\$230.68	\$145.03	61	\$598.78	\$628.90
27	\$232.43	\$149.24	62	\$620.79	\$660.67
28	\$234.20	\$153.50	63	\$644.67	\$696.23
29	\$235.97	\$157.75	64	\$668.60	\$731.80
30	\$245.45	\$162.04	65	\$714.20	\$798.48
31	\$253.80	\$165.28	66	\$714.20	\$798.48
32	\$262.17	\$168.67	67	\$714.20	\$798.48
33	\$270.49	\$171.98	68	\$714.20	\$798.48
34	\$278.81	\$175.34	69	\$714.20	\$798.48

**Arkansas Blue Cross and Blue Shield  
Proposed Monthly Bank Draft Rates  
Effective as of January 1, 2025**

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

	In Network	Out of Network	Generic Copay	\$10
Deductible	\$10,000	\$20,000	Non-Generics Deductible	\$500
Coinsurance	100%/0%	80%/20%	Non-Generics Coinsurance	80% / 20%
Stop Loss Amount	Not Applicable	No Max	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	\$151.28	\$151.28	35	\$268.78	\$172.68
1	\$151.28	\$151.28	36	\$274.88	\$176.83
2	\$151.28	\$151.28	37	\$280.90	\$180.93
3	\$151.28	\$151.28	38	\$287.03	\$185.07
4	\$151.28	\$151.28	39	\$293.10	\$189.18
5	\$151.28	\$151.28	40	\$299.18	\$193.30
6	\$151.28	\$151.28	41	\$305.80	\$198.80
7	\$151.28	\$151.28	42	\$312.43	\$204.34
8	\$151.28	\$151.28	43	\$319.03	\$209.83
9	\$151.28	\$151.28	44	\$325.67	\$215.35
10	\$151.28	\$151.28	45	\$333.94	\$225.83
11	\$151.28	\$151.28	46	\$335.56	\$240.39
12	\$151.28	\$151.28	47	\$337.16	\$254.98
13	\$151.28	\$151.28	48	\$339.95	\$268.49
14	\$151.28	\$151.28	49	\$342.66	\$281.97
15	\$151.28	\$151.28	50	\$376.97	\$326.96
16	\$151.28	\$151.28	51	\$388.38	\$353.55
17	\$151.28	\$151.28	52	\$398.67	\$379.04
18	\$151.28	\$151.28	53	\$417.71	\$404.86
19	\$161.91	\$106.27	54	\$433.58	\$427.49
20	\$175.38	\$109.59	55	\$449.53	\$450.10
21	\$180.91	\$112.82	56	\$467.07	\$466.38
22	\$186.42	\$116.12	57	\$488.98	\$486.83
23	\$191.94	\$119.39	58	\$503.89	\$507.44
24	\$197.45	\$122.69	59	\$518.78	\$528.01
25	\$212.07	\$128.75	60	\$533.68	\$548.56
26	\$213.68	\$132.87	61	\$553.52	\$577.42
27	\$215.27	\$137.01	62	\$573.54	\$606.21
28	\$216.84	\$141.12	63	\$595.44	\$638.87
29	\$218.44	\$145.30	64	\$617.31	\$671.48
30	\$227.76	\$149.47	65	\$658.84	\$732.13
31	\$235.19	\$152.45	66	\$658.84	\$732.13
32	\$242.71	\$155.50	67	\$658.84	\$732.13
33	\$250.15	\$158.46	68	\$658.84	\$732.13
34	\$257.62	\$161.42	69	\$658.84	\$732.13

**Arkansas Blue Cross and Blue Shield  
Proposed Monthly Bank Draft Rates  
Effective as of January 1, 2025**

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

	In Network	Out of Network	Generic Copay	\$10
Deductible	\$15,000	\$30,000	Non-Generics Deductible	\$500
Coinsurance	100%/0%	80%/20%	Non-Generics Coinsurance	80% / 20%
Stop Loss Amount	Not Applicable	No Max	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	\$131.97	\$131.97	35	\$239.63	\$153.92
1	\$131.97	\$131.97	36	\$244.78	\$157.44
2	\$131.97	\$131.97	37	\$249.92	\$160.89
3	\$131.97	\$131.97	38	\$255.06	\$164.42
4	\$131.97	\$131.97	39	\$260.18	\$167.96
5	\$131.97	\$131.97	40	\$265.34	\$171.40
6	\$131.97	\$131.97	41	\$270.97	\$176.06
7	\$131.97	\$131.97	42	\$276.56	\$180.74
8	\$131.97	\$131.97	43	\$282.19	\$185.40
9	\$131.97	\$131.97	44	\$287.81	\$190.13
10	\$131.97	\$131.97	45	\$295.05	\$199.74
11	\$131.97	\$131.97	46	\$296.37	\$212.87
12	\$131.97	\$131.97	47	\$297.81	\$225.90
13	\$131.97	\$131.97	48	\$300.37	\$237.94
14	\$131.97	\$131.97	49	\$302.83	\$249.82
15	\$131.97	\$131.97	50	\$337.04	\$293.35
16	\$131.97	\$131.97	51	\$346.75	\$316.38
17	\$131.97	\$131.97	52	\$355.47	\$338.25
18	\$131.97	\$131.97	53	\$372.91	\$360.50
19	\$144.62	\$93.22	54	\$387.24	\$379.56
20	\$157.30	\$96.01	55	\$401.55	\$398.62
21	\$161.97	\$98.85	56	\$417.23	\$412.30
22	\$166.64	\$101.61	57	\$437.24	\$430.18
23	\$171.34	\$104.41	58	\$450.32	\$448.25
24	\$175.99	\$107.20	59	\$463.36	\$466.25
25	\$189.70	\$112.82	60	\$476.42	\$484.22
26	\$191.08	\$116.82	61	\$493.65	\$509.19
27	\$192.49	\$120.83	62	\$511.00	\$534.21
28	\$193.88	\$124.82	63	\$530.18	\$562.89
29	\$195.26	\$128.83	64	\$549.44	\$591.70
30	\$204.36	\$132.92	65	\$585.56	\$644.34
31	\$210.62	\$135.47	66	\$585.56	\$644.34
32	\$216.96	\$137.98	67	\$585.56	\$644.34
33	\$223.32	\$140.56	68	\$585.56	\$644.34
34	\$229.60	\$143.11	69	\$585.56	\$644.34

**Arkansas Blue Cross and Blue Shield  
Proposed Monthly Bank Draft Rates  
Effective as of January 1, 2025**

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

	In Network	Out of Network	Generic Copay	\$10
Deductible	\$20,000	\$40,000	Non-Generics Deductible	\$500
Coinsurance	100%/0%	80%/20%	Non-Generics Coinsurance	80% / 20%
Stop Loss Amount	Not Applicable	No Max	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	\$120.44	\$120.44	35	\$222.11	\$142.67
1	\$120.44	\$120.44	36	\$226.73	\$145.82
2	\$120.44	\$120.44	37	\$231.28	\$148.89
3	\$120.44	\$120.44	38	\$235.90	\$152.01
4	\$120.44	\$120.44	39	\$240.48	\$155.17
5	\$120.44	\$120.44	40	\$245.04	\$158.27
6	\$120.44	\$120.44	41	\$250.07	\$162.46
7	\$120.44	\$120.44	42	\$255.06	\$166.64
8	\$120.44	\$120.44	43	\$260.05	\$170.75
9	\$120.44	\$120.44	44	\$265.05	\$174.94
10	\$120.44	\$120.44	45	\$271.72	\$184.10
11	\$120.44	\$120.44	46	\$272.94	\$196.30
12	\$120.44	\$120.44	47	\$274.18	\$208.46
13	\$120.44	\$120.44	48	\$276.60	\$219.55
14	\$120.44	\$120.44	49	\$278.97	\$230.59
15	\$120.44	\$120.44	50	\$312.99	\$273.22
16	\$120.44	\$120.44	51	\$321.83	\$294.11
17	\$120.44	\$120.44	52	\$329.58	\$313.79
18	\$120.44	\$120.44	53	\$346.07	\$333.90
19	\$134.31	\$85.38	54	\$359.41	\$350.82
20	\$146.45	\$87.91	55	\$372.79	\$367.73
21	\$150.63	\$90.41	56	\$387.36	\$379.86
22	\$154.77	\$92.93	57	\$406.26	\$396.22
23	\$158.92	\$95.41	58	\$418.21	\$412.76
24	\$163.12	\$97.95	59	\$430.16	\$429.23
25	\$176.28	\$103.26	60	\$442.07	\$445.62
26	\$177.56	\$107.23	61	\$457.72	\$468.29
27	\$178.80	\$111.10	62	\$473.43	\$490.93
28	\$180.03	\$115.06	63	\$491.06	\$517.34
29	\$181.31	\$118.98	64	\$508.76	\$543.82
30	\$190.27	\$122.96	65	\$541.56	\$591.66
31	\$195.93	\$125.23	66	\$541.56	\$591.66
32	\$201.53	\$127.52	67	\$541.56	\$591.66
33	\$207.14	\$129.82	68	\$541.56	\$591.66
34	\$212.77	\$132.09	69	\$541.56	\$591.66

**Arkansas Blue Cross and Blue Shield  
Proposed Monthly Bank Draft Rates  
Effective as of January 1, 2025**

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

	In Network	Out of Network	Generic Copay	\$10
Deductible	\$25,000	\$50,000	Non-Generics Deductible	\$500
Coinsurance	100%/0%	80%/20%	Non-Generics Coinsurance	80% / 20%
Stop Loss Amount	Not Applicable	No Max	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	\$111.42	\$111.42	35	\$208.49	\$133.88
1	\$111.42	\$111.42	36	\$212.68	\$136.73
2	\$111.42	\$111.42	37	\$216.81	\$139.54
3	\$111.42	\$111.42	38	\$220.93	\$142.39
4	\$111.42	\$111.42	39	\$225.13	\$145.20
5	\$111.42	\$111.42	40	\$229.30	\$148.01
6	\$111.42	\$111.42	41	\$233.79	\$151.84
7	\$111.42	\$111.42	42	\$238.29	\$155.61
8	\$111.42	\$111.42	43	\$242.83	\$159.39
9	\$111.42	\$111.42	44	\$247.37	\$163.18
10	\$111.42	\$111.42	45	\$253.56	\$171.94
11	\$111.42	\$111.42	46	\$254.69	\$183.37
12	\$111.42	\$111.42	47	\$255.83	\$194.86
13	\$111.42	\$111.42	48	\$258.15	\$205.26
14	\$111.42	\$111.42	49	\$260.40	\$215.61
15	\$111.42	\$111.42	50	\$294.28	\$257.54
16	\$111.42	\$111.42	51	\$302.39	\$276.74
17	\$111.42	\$111.42	52	\$309.41	\$294.79
18	\$111.42	\$111.42	53	\$325.15	\$313.22
19	\$126.28	\$79.32	54	\$337.76	\$328.45
20	\$138.05	\$81.60	55	\$350.39	\$343.70
21	\$141.80	\$83.87	56	\$364.09	\$354.59
22	\$145.54	\$86.14	57	\$382.16	\$369.81
23	\$149.34	\$88.40	58	\$393.21	\$385.10
24	\$153.13	\$90.68	59	\$404.31	\$400.38
25	\$165.89	\$95.85	60	\$415.35	\$415.60
26	\$167.05	\$99.72	61	\$429.73	\$436.47
27	\$168.18	\$103.57	62	\$444.24	\$457.29
28	\$169.34	\$107.42	63	\$460.60	\$481.93
29	\$170.50	\$111.30	64	\$477.10	\$506.55
30	\$179.34	\$115.21	65	\$507.32	\$550.66
31	\$184.47	\$117.31	66	\$507.32	\$550.66
32	\$189.52	\$119.42	67	\$507.32	\$550.66
33	\$194.62	\$121.49	68	\$507.32	\$550.66
34	\$199.68	\$123.54	69	\$507.32	\$550.66

**Arkansas Blue Cross and Blue Shield  
Proposed Monthly Bank Draft Rates  
Effective as of January 1, 2025**

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

	In Network	Out of Network	Generic Copay	\$10
Deductible	\$1,000	\$2,000	Non-Generics Deductible	\$500
Coinsurance	80%/20%	60%/40%	Non-Generics Coinsurance	80% / 20%
Stop Loss Amount	\$10,000	No Max	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	\$185.69	\$266.88	45	\$384.65	\$570.81
20	\$191.97	\$285.48	46	\$408.39	\$573.78
21	\$198.19	\$296.10	47	\$432.13	\$576.77
22	\$204.41	\$306.75	48	\$454.83	\$580.83
23	\$210.66	\$317.38	49	\$477.39	\$584.92
24	\$216.89	\$328.00	50	\$531.55	\$620.63
25	\$225.65	\$347.99	51	\$579.97	\$641.69
26	\$230.63	\$350.95	52	\$627.25	\$661.68
27	\$235.51	\$353.87	53	\$674.82	\$690.43
28	\$240.48	\$356.82	54	\$719.31	\$716.02
29	\$245.40	\$359.78	55	\$763.76	\$741.58
30	\$250.42	\$370.47	56	\$795.58	\$770.45
31	\$256.10	\$384.93	57	\$831.69	\$803.65
32	\$261.78	\$399.37	58	\$867.94	\$829.88
33	\$267.50	\$413.87	59	\$904.10	\$856.08
34	\$273.18	\$428.30	60	\$940.27	\$882.27
35	\$287.10	\$446.48	61	\$992.59	\$918.30
36	\$295.01	\$458.21	62	\$1,044.99	\$954.46
37	\$302.87	\$469.89	63	\$1,101.19	\$992.47
38	\$310.80	\$481.65	64	\$1,157.37	\$1,030.51
39	\$318.62	\$493.40	65	\$1,266.63	\$1,105.11
40	\$326.55	\$505.07	66	\$1,266.63	\$1,105.11
41	\$337.15	\$517.92	67	\$1,266.63	\$1,105.11
42	\$347.83	\$530.72	68	\$1,266.63	\$1,105.11
43	\$358.40	\$543.55	69	\$1,266.63	\$1,105.11
44	\$369.04	\$556.36			

**Arkansas Blue Cross and Blue Shield  
Proposed Monthly Bank Draft Rates  
Effective as of January 1, 2025**

**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
Coinsurance	80%/20%	60%/40%	Non-Generics Coinsurance	80% / 20%
Stop Loss Amount	\$10,000	No Max	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	\$172.04	\$248.88	45	\$357.40	\$530.19
20	\$177.82	\$266.62	46	\$379.56	\$532.90
21	\$183.55	\$276.37	47	\$401.77	\$535.63
22	\$189.27	\$286.10	48	\$422.83	\$539.56
23	\$194.98	\$295.83	49	\$443.87	\$543.34
24	\$200.76	\$305.60	50	\$496.46	\$578.79
25	\$209.02	\$324.63	51	\$541.16	\$598.24
26	\$213.86	\$327.38	52	\$584.66	\$616.59
27	\$218.67	\$330.11	53	\$628.56	\$643.61
28	\$223.43	\$332.81	54	\$669.25	\$667.59
29	\$228.27	\$335.60	55	\$709.93	\$691.50
30	\$233.14	\$345.98	56	\$739.08	\$718.42
31	\$238.34	\$359.22	57	\$772.53	\$749.67
32	\$243.57	\$372.51	58	\$806.07	\$773.97
33	\$248.79	\$385.75	59	\$839.56	\$798.23
34	\$253.99	\$398.98	60	\$873.07	\$822.49
35	\$267.50	\$415.99	61	\$921.42	\$855.76
36	\$274.76	\$426.79	62	\$969.75	\$889.11
37	\$281.98	\$437.51	63	\$1,021.89	\$924.31
38	\$289.22	\$448.24	64	\$1,074.05	\$959.66
39	\$296.45	\$459.06	65	\$1,174.95	\$1,028.57
40	\$303.68	\$469.78	66	\$1,174.95	\$1,028.57
41	\$313.43	\$481.54	67	\$1,174.95	\$1,028.57
42	\$323.21	\$493.29	68	\$1,174.95	\$1,028.57
43	\$332.94	\$505.06	69	\$1,174.95	\$1,028.57
44	\$342.67	\$516.82			



**Arkansas Blue Cross and Blue Shield  
Proposed Monthly Bank Draft Rates  
Effective as of January 1, 2025**

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

	In Network	Out of Network	Generic Copay	\$10
Deductible	\$2,500	\$5,000	Non-Generics Deductible	\$500
Coinsurance	80%/20%	60%/40%	Non-Generics Coinsurance	80% / 20%
Stop Loss Amount	\$10,000	No Max	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	\$150.32	\$220.15	45	\$313.91	\$465.38
20	\$155.23	\$236.49	46	\$333.57	\$467.74
21	\$160.19	\$244.82	47	\$353.23	\$470.07
22	\$165.11	\$253.17	48	\$371.85	\$473.60
23	\$170.03	\$261.51	49	\$390.37	\$477.06
24	\$174.95	\$269.87	50	\$440.46	\$512.15
25	\$182.51	\$287.42	51	\$479.15	\$528.91
26	\$187.11	\$289.81	52	\$516.72	\$544.60
27	\$191.64	\$292.17	53	\$554.66	\$569.00
28	\$196.24	\$294.50	54	\$589.39	\$590.25
29	\$200.85	\$296.86	55	\$624.15	\$611.56
30	\$205.48	\$306.93	56	\$648.97	\$635.41
31	\$209.97	\$318.26	57	\$678.12	\$663.55
32	\$214.47	\$329.62	58	\$707.43	\$684.70
33	\$218.95	\$340.99	59	\$736.67	\$705.90
34	\$223.44	\$352.30	60	\$765.81	\$727.06
35	\$236.15	\$367.36	61	\$807.74	\$755.88
36	\$242.38	\$376.59	62	\$849.64	\$784.89
37	\$248.57	\$385.78	63	\$895.36	\$815.66
38	\$254.79	\$394.98	64	\$941.04	\$846.56
39	\$261.01	\$404.25	65	\$1,028.61	\$906.42
40	\$267.21	\$413.39	66	\$1,028.61	\$906.42
41	\$275.54	\$423.46	67	\$1,028.61	\$906.42
42	\$283.94	\$433.53	68	\$1,028.61	\$906.42
43	\$292.30	\$443.56	69	\$1,028.61	\$906.42
44	\$300.65	\$453.68			

**Arkansas Blue Cross and Blue Shield  
Proposed Monthly Bank Draft Rates  
Effective as of January 1, 2025**

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

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

**Spouse Insured Medical & Drug Coverage Monthly Bank Draft Premiums**

Attained <u>Age</u>	Primary is <u>Female</u>	Primary is <u>Male</u>	Attained <u>Age</u>	Primary is <u>Female</u>	Primary is <u>Male</u>
19	\$123.37	\$184.48	45	\$260.05	\$385.00
20	\$127.26	\$199.10	46	\$276.59	\$386.84
21	\$131.22	\$205.71	47	\$293.14	\$388.75
22	\$135.14	\$212.34	48	\$308.59	\$391.81
23	\$139.06	\$218.91	49	\$324.05	\$394.77
24	\$143.00	\$225.54	50	\$371.02	\$429.47
25	\$149.60	\$241.28	51	\$402.32	\$442.93
26	\$153.94	\$243.20	52	\$432.47	\$455.30
27	\$158.22	\$245.10	53	\$463.01	\$476.44
28	\$162.53	\$246.97	54	\$490.39	\$494.41
29	\$166.85	\$248.86	55	\$517.64	\$512.43
30	\$171.19	\$258.51	56	\$537.23	\$532.37
31	\$174.79	\$267.44	57	\$561.07	\$556.71
32	\$178.40	\$276.40	58	\$585.05	\$574.11
33	\$181.95	\$285.46	59	\$609.01	\$591.40
34	\$185.51	\$294.37	60	\$632.89	\$608.75
35	\$197.33	\$307.05	61	\$666.79	\$632.08
36	\$202.26	\$314.36	62	\$700.72	\$655.56
37	\$207.20	\$321.61	63	\$738.40	\$680.88
38	\$212.13	\$328.93	64	\$776.15	\$706.31
39	\$217.03	\$336.23	65	\$847.17	\$754.97
40	\$221.99	\$343.50	66	\$847.17	\$754.97
41	\$228.61	\$351.46	67	\$847.17	\$754.97
42	\$235.19	\$359.42	68	\$847.17	\$754.97
43	\$241.81	\$367.39	69	\$847.17	\$754.97
44	\$248.41	\$375.38			

**Arkansas Blue Cross and Blue Shield  
Proposed Monthly Bank Draft Rates  
Effective as of January 1, 2025**

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

	In Network	Out of Network	Generic Copay	\$10
Deductible	\$7,500	\$15,000	Non-Generics Deductible	\$500
Coinsurance	100%/0%	80%/20%	Non-Generics Coinsurance	80% / 20%
Stop Loss Amount	Not Applicable	No Max	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	\$116.14	\$174.87	45	\$245.54	\$363.39
20	\$119.80	\$189.06	46	\$261.22	\$365.12
21	\$123.44	\$195.23	47	\$276.96	\$366.89
22	\$127.05	\$201.34	48	\$291.61	\$369.83
23	\$130.70	\$207.48	49	\$306.22	\$372.69
24	\$134.37	\$213.64	50	\$352.37	\$407.21
25	\$140.76	\$228.92	51	\$381.66	\$419.83
26	\$145.03	\$230.68	52	\$409.80	\$431.31
27	\$149.24	\$232.43	53	\$438.34	\$451.56
28	\$153.50	\$234.20	54	\$463.70	\$468.66
29	\$157.75	\$235.97	55	\$489.03	\$485.76
30	\$162.04	\$245.45	56	\$507.22	\$504.69
31	\$165.28	\$253.80	57	\$529.65	\$528.00
32	\$168.67	\$262.17	58	\$552.17	\$544.32
33	\$171.98	\$270.49	59	\$574.69	\$560.62
34	\$175.34	\$278.81	60	\$597.18	\$576.95
35	\$186.92	\$290.83	61	\$628.90	\$598.78
36	\$191.49	\$297.62	62	\$660.67	\$620.79
37	\$196.08	\$304.39	63	\$696.23	\$644.67
38	\$200.66	\$311.21	64	\$731.80	\$668.60
39	\$205.22	\$317.97	65	\$798.48	\$714.20
40	\$209.83	\$324.69	66	\$798.48	\$714.20
41	\$215.99	\$332.11	67	\$798.48	\$714.20
42	\$222.16	\$339.49	68	\$798.48	\$714.20
43	\$228.30	\$346.87	69	\$798.48	\$714.20
44	\$234.38	\$354.27			

**Arkansas Blue Cross and Blue Shield  
Proposed Monthly Bank Draft Rates  
Effective as of January 1, 2025**

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

	In Network	Out of Network	Generic Copay	\$10
Deductible	\$10,000	\$20,000	Non-Generics Deductible	\$500
Coinsurance	100%/0%	80%/20%	Non-Generics Coinsurance	80% / 20%
Stop Loss Amount	Not Applicable	No Max	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	\$106.27	\$161.91	45	\$225.83	\$333.94
20	\$109.59	\$175.38	46	\$240.39	\$335.56
21	\$112.82	\$180.91	47	\$254.98	\$337.16
22	\$116.12	\$186.42	48	\$268.49	\$339.95
23	\$119.39	\$191.94	49	\$281.97	\$342.66
24	\$122.69	\$197.45	50	\$326.96	\$376.97
25	\$128.75	\$212.07	51	\$353.55	\$388.38
26	\$132.87	\$213.68	52	\$379.04	\$398.67
27	\$137.01	\$215.27	53	\$404.86	\$417.71
28	\$141.12	\$216.84	54	\$427.49	\$433.58
29	\$145.30	\$218.44	55	\$450.10	\$449.53
30	\$149.47	\$227.76	56	\$466.38	\$467.07
31	\$152.45	\$235.19	57	\$486.83	\$488.98
32	\$155.50	\$242.71	58	\$507.44	\$503.89
33	\$158.46	\$250.15	59	\$528.01	\$518.78
34	\$161.42	\$257.62	60	\$548.56	\$533.68
35	\$172.68	\$268.78	61	\$577.42	\$553.52
36	\$176.83	\$274.88	62	\$606.21	\$573.54
37	\$180.93	\$280.90	63	\$638.87	\$595.44
38	\$185.07	\$287.03	64	\$671.48	\$617.31
39	\$189.18	\$293.10	65	\$732.13	\$658.84
40	\$193.30	\$299.18	66	\$732.13	\$658.84
41	\$198.80	\$305.80	67	\$732.13	\$658.84
42	\$204.34	\$312.43	68	\$732.13	\$658.84
43	\$209.83	\$319.03	69	\$732.13	\$658.84
44	\$215.35	\$325.67			

**Arkansas Blue Cross and Blue Shield  
Proposed Monthly Bank Draft Rates  
Effective as of January 1, 2025**

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

	In Network	Out of Network	Generic Copay	\$10
Deductible	\$15,000	\$30,000	Non-Generics Deductible	\$500
Coinsurance	100%/0%	80%/20%	Non-Generics Coinsurance	80% / 20%
Stop Loss Amount	Not Applicable	No Max	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	\$93.22	\$144.62	45	\$199.74	\$295.05
20	\$96.01	\$157.30	46	\$212.87	\$296.37
21	\$98.85	\$161.97	47	\$225.90	\$297.81
22	\$101.61	\$166.64	48	\$237.94	\$300.37
23	\$104.41	\$171.34	49	\$249.82	\$302.83
24	\$107.20	\$175.99	50	\$293.35	\$337.04
25	\$112.82	\$189.70	51	\$316.38	\$346.75
26	\$116.82	\$191.08	52	\$338.25	\$355.47
27	\$120.83	\$192.49	53	\$360.50	\$372.91
28	\$124.82	\$193.88	54	\$379.56	\$387.24
29	\$128.83	\$195.26	55	\$398.62	\$401.55
30	\$132.92	\$204.36	56	\$412.30	\$417.23
31	\$135.47	\$210.62	57	\$430.18	\$437.24
32	\$137.98	\$216.96	58	\$448.25	\$450.32
33	\$140.56	\$223.32	59	\$466.25	\$463.36
34	\$143.11	\$229.60	60	\$484.22	\$476.42
35	\$153.92	\$239.63	61	\$509.19	\$493.65
36	\$157.44	\$244.78	62	\$534.21	\$511.00
37	\$160.89	\$249.92	63	\$562.89	\$530.18
38	\$164.42	\$255.06	64	\$591.70	\$549.44
39	\$167.96	\$260.18	65	\$644.34	\$585.56
40	\$171.40	\$265.34	66	\$644.34	\$585.56
41	\$176.06	\$270.97	67	\$644.34	\$585.56
42	\$180.74	\$276.56	68	\$644.34	\$585.56
43	\$185.40	\$282.19	69	\$644.34	\$585.56
44	\$190.13	\$287.81			

**Arkansas Blue Cross and Blue Shield  
Proposed Monthly Bank Draft Rates  
Effective as of January 1, 2025**

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

	In Network	Out of Network	Generic Copay	\$10
Deductible	\$20,000	\$40,000	Non-Generics Deductible	\$500
Coinsurance	100%/0%	80%/20%	Non-Generics Coinsurance	80% / 20%
Stop Loss Amount	Not Applicable	No Max	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	\$85.38	\$134.31	45	\$184.10	\$271.72
20	\$87.91	\$146.45	46	\$196.30	\$272.94
21	\$90.41	\$150.63	47	\$208.46	\$274.18
22	\$92.93	\$154.77	48	\$219.55	\$276.60
23	\$95.41	\$158.92	49	\$230.59	\$278.97
24	\$97.95	\$163.12	50	\$273.22	\$312.99
25	\$103.26	\$176.28	51	\$294.11	\$321.83
26	\$107.23	\$177.56	52	\$313.79	\$329.58
27	\$111.10	\$178.80	53	\$333.90	\$346.07
28	\$115.06	\$180.03	54	\$350.82	\$359.41
29	\$118.98	\$181.31	55	\$367.73	\$372.79
30	\$122.96	\$190.27	56	\$379.86	\$387.36
31	\$125.23	\$195.93	57	\$396.22	\$406.26
32	\$127.52	\$201.53	58	\$412.76	\$418.21
33	\$129.82	\$207.14	59	\$429.23	\$430.16
34	\$132.09	\$212.77	60	\$445.62	\$442.07
35	\$142.67	\$222.11	61	\$468.29	\$457.72
36	\$145.82	\$226.73	62	\$490.93	\$473.43
37	\$148.89	\$231.28	63	\$517.34	\$491.06
38	\$152.01	\$235.90	64	\$543.82	\$508.76
39	\$155.17	\$240.48	65	\$591.66	\$541.56
40	\$158.27	\$245.04	66	\$591.66	\$541.56
41	\$162.46	\$250.07	67	\$591.66	\$541.56
42	\$166.64	\$255.06	68	\$591.66	\$541.56
43	\$170.75	\$260.05	69	\$591.66	\$541.56
44	\$174.94	\$265.05			

**Arkansas Blue Cross and Blue Shield  
Proposed Monthly Bank Draft Rates  
Effective as of January 1, 2025**

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

	In Network	Out of Network	Generic Copay	\$10
Deductible	\$25,000	\$50,000	Non-Generics Deductible	\$500
Coinsurance	100%/0%	80%/20%	Non-Generics Coinsurance	80% / 20%
Stop Loss Amount	Not Applicable	No Max	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	\$79.32	\$74.45	45	\$117.48	\$171.87
20	\$81.60	\$78.24	46	\$123.99	\$173.00
21	\$83.87	\$81.99	47	\$130.60	\$174.14
22	\$86.14	\$85.73	48	\$137.20	\$175.31
23	\$88.40	\$89.53	49	\$143.79	\$176.44
24	\$90.68	\$93.32	50	\$182.00	\$209.17
25	\$95.85	\$97.27	51	\$197.42	\$216.17
26	\$99.72	\$98.43	52	\$211.77	\$222.09
27	\$103.57	\$99.56	53	\$226.12	\$227.97
28	\$107.42	\$100.72	54	\$237.32	\$230.75
29	\$111.30	\$101.88	55	\$248.53	\$233.50
30	\$115.21	\$103.01	56	\$255.37	\$237.37
31	\$117.31	\$108.14	57	\$266.50	\$245.49
32	\$119.42	\$113.19	58	\$277.60	\$253.56
33	\$121.49	\$118.29	59	\$288.67	\$261.67
34	\$123.54	\$123.35	60	\$299.75	\$269.75
35	\$133.88	\$128.45	61	\$316.43	\$281.21
36	\$136.73	\$132.64	62	\$333.02	\$292.65
37	\$139.54	\$136.77	63	\$349.67	\$304.14
38	\$142.39	\$140.89	64	\$366.28	\$315.66
39	\$145.20	\$145.09	65	\$402.44	\$340.94
40	\$148.01	\$149.26	66	\$402.44	\$340.94
41	\$151.84	\$153.75	67	\$402.44	\$340.94
42	\$155.61	\$158.25	68	\$402.44	\$340.94
43	\$159.39	\$162.79	69	\$402.44	\$340.94
44	\$163.18	\$167.33			

**Arkansas Blue Cross and Blue Shield  
Proposed Monthly Bank Draft Rates  
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**Comprehensive Blue PPO III  
Policy Forms: 17-276, et al**

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

<u>Deductible</u>	<u>In Network Coinsurance</u>	<u>In Network</u>	<u>Out of Network Coinsurance</u>	<u>One Child</u>	<u>Two Children</u>	<u>All (3+) Children</u>
		<u>Stop Loss Amount</u>				
\$1,000	80% / 20%	\$10,000	60% / 40%	\$239.49	\$479.02	\$718.49
\$1,500	80% / 20%	\$10,000	60% / 40%	\$219.36	\$438.75	\$658.11
\$2,500	80% / 20%	\$10,000	60% / 40%	\$187.23	\$374.47	\$561.73
\$5,000	80% / 20%	\$10,000	60% / 40%	\$147.38	\$294.78	\$442.14
\$7,500	100% / 0%	Not Applicable	80% / 20%	\$136.67	\$273.34	\$409.99
\$10,000	100% / 0%	Not Applicable	80% / 20%	\$122.13	\$244.20	\$366.33
\$15,000	100% / 0%	Not Applicable	80% / 20%	\$102.82	\$205.67	\$308.47
\$20,000	100% / 0%	Not Applicable	80% / 20%	\$91.29	\$182.53	\$273.80
\$25,000	100% / 0%	Not Applicable	80% / 20%	\$82.27	\$164.51	\$246.77

<u>Deductible</u>	<u>In Network Coinsurance</u>	<u>In Network</u>	<u>Out of Network Coinsurance</u>	<u>Maternity Rider</u>
		<u>Stop Loss Amount</u>		
\$1,000	80% / 20%	No Limit	60% / 40%	\$347.60
\$1,500	80% / 20%	No Limit	60% / 40%	\$328.64
\$2,500	80% / 20%	No Limit	60% / 40%	\$309.70
\$5,000	80% / 20%	No Limit	60% / 40%	\$265.42
\$7,500	100% / 0%	Not Applicable	80% / 20%	\$158.02
\$10,000	100% / 0%	Not Applicable	80% / 20%	\$110.60
\$15,000	100% / 0%	Not Applicable	80% / 20%	\$79.01
\$20,000	100% / 0%	Not Applicable	80% / 20%	\$63.20
\$25,000	100% / 0%	Not Applicable	80% / 20%	\$47.42



**Arkansas Blue Cross and Blue Shield  
Proposed Monthly Bank Draft Rates  
Effective as of January 1, 2025**

**Comprehensive Blue PPO III  
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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	\$29.15	\$29.15	35	\$80.04	\$49.51
1	\$29.15	\$29.15	36	\$80.04	\$49.51
2	\$29.15	\$29.15	37	\$80.04	\$49.51
3	\$29.15	\$29.15	38	\$80.04	\$49.51
4	\$29.15	\$29.15	39	\$80.04	\$49.51
5	\$29.15	\$29.15	40	\$80.04	\$49.51
6	\$29.15	\$29.15	41	\$80.04	\$49.51
7	\$29.15	\$29.15	42	\$80.04	\$49.51
8	\$29.15	\$29.15	43	\$80.04	\$49.51
9	\$29.15	\$29.15	44	\$80.04	\$49.51
10	\$29.15	\$29.15	45	\$81.69	\$54.46
11	\$29.15	\$29.15	46	\$81.69	\$59.38
12	\$29.15	\$29.15	47	\$81.69	\$64.26
13	\$29.15	\$29.15	48	\$82.84	\$68.06
14	\$29.15	\$29.15	49	\$83.96	\$71.82
15	\$29.15	\$29.15	50	\$85.11	\$75.54
16	\$29.15	\$29.15	51	\$86.22	\$79.32
17	\$29.15	\$29.15	52	\$87.32	\$83.02
18	\$29.15	\$29.15	53	\$97.18	\$87.10
19	\$51.83	\$22.72	54	\$107.01	\$91.13
20	\$59.81	\$22.72	55	\$116.89	\$95.17
21	\$59.81	\$22.72	56	\$126.72	\$99.22
22	\$59.81	\$22.72	57	\$136.67	\$103.31
23	\$59.81	\$22.72	58	\$139.65	\$107.50
24	\$59.81	\$22.72	59	\$142.64	\$111.71
25	\$68.62	\$25.79	60	\$145.60	\$115.85
26	\$68.62	\$28.89	61	\$148.52	\$120.04
27	\$68.62	\$31.94	62	\$151.59	\$124.27
28	\$68.62	\$35.05	63	\$156.46	\$132.26
29	\$68.62	\$38.15	64	\$161.44	\$140.27
30	\$76.33	\$41.27	65	\$166.38	\$148.22
31	\$76.33	\$41.27	66	\$166.38	\$148.22
32	\$76.33	\$41.27	67	\$166.38	\$148.22
33	\$76.33	\$41.27	68	\$166.38	\$148.22
34	\$76.33	\$41.27	69	\$166.38	\$148.22

**Arkansas Blue Cross and Blue Shield  
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**Comprehensive Blue PPO III  
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Spouse Insured Prescription Drug Coverage Monthly Bank Draft Premiums

Generic Copay  
Non-Generics Deductible  
Non-Generics Coinsurance  
Non-Generics Stop Loss Amount Per Script

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

<u>Attained Age of Primary</u>	<u>Primary is Female</u>	<u>Primary is Male</u>	<u>Attained Age of Primary</u>	<u>Primary is Female</u>	<u>Primary is Male</u>
19	\$22.72	\$51.83	45	\$54.46	\$81.69
20	\$22.72	\$59.81	46	\$59.38	\$81.69
21	\$22.72	\$59.81	47	\$64.26	\$81.69
22	\$22.72	\$59.81	48	\$68.06	\$82.84
23	\$22.72	\$59.81	49	\$71.82	\$83.96
24	\$22.72	\$59.81	50	\$75.54	\$85.11
25	\$25.79	\$68.62	51	\$79.32	\$86.22
26	\$28.89	\$68.62	52	\$83.02	\$87.32
27	\$31.94	\$68.62	53	\$87.10	\$97.18
28	\$35.05	\$68.62	54	\$91.13	\$107.01
29	\$38.15	\$68.62	55	\$95.17	\$116.89
30	\$41.27	\$76.33	56	\$99.22	\$126.72
31	\$41.27	\$76.33	57	\$103.31	\$136.67
32	\$41.27	\$76.33	58	\$107.50	\$139.65
33	\$41.27	\$76.33	59	\$111.71	\$142.64
34	\$41.27	\$76.33	60	\$115.85	\$145.60
35	\$49.51	\$80.04	61	\$120.04	\$148.52
36	\$49.51	\$80.04	62	\$124.27	\$151.59
37	\$49.51	\$80.04	63	\$132.26	\$156.46
38	\$49.51	\$80.04	64	\$140.27	\$161.44
39	\$49.51	\$80.04	65	\$148.22	\$166.38
40	\$49.51	\$80.04	66	\$148.22	\$166.38
41	\$49.51	\$80.04	67	\$148.22	\$166.38
42	\$49.51	\$80.04	68	\$148.22	\$166.38
43	\$49.51	\$80.04	69	\$148.22	\$166.38
44	\$49.51	\$80.04			

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

<u>Attained Age</u>	<u>One Child</u>	<u>Two Children</u>	<u>All (3+) Children</u>
All Eligible	\$29.15	\$58.24	\$87.42