



Below is a snapshot of benefits covered by the ARBenefits plan for each of our 2025 Arkansas State Employee plan levels. A full schedule of benefits for each plan level is available [HERE](#). If you have any questions, please contact EBD at 877-815-1017 or email [Ask.EBD@arkansas.gov](mailto:Ask.EBD@arkansas.gov).

|  | PREMIUM              |                      | CLASSIC              |                      | BASIC               |
|--|----------------------|----------------------|----------------------|----------------------|---------------------|
|  | IN-NETWORK           | OUT OF NETWORK       | IN-NETWORK           | OUT OF NETWORK       | IN-NETWORK          |
| INDIVIDUAL DEDUCTIBLE                  | \$500                | \$2,000              | \$2,500              | \$4,000              | \$6,450             |
| FAMILY DEDUCTIBLE                      | \$1,000              | \$4,000              | \$3,300/\$5,000      | \$8,000              | \$12,900            |
| INDIVIDUAL OUT-OF-POCKET MAX (MEDICAL) | \$3,000              | N/A                  | \$6,450              | N/A                  | \$6,450             |
| FAMILY OUT-OF-POCKET MAX (MEDICAL)     | \$6,000              | N/A                  | \$12,900             | N/A                  | \$12,900            |
|  | YOU PAY              |                      | YOU PAY              |                      | YOU PAY             |
| COVERED SERVICES                       | IN-NETWORK           | OUT OF NETWORK       | IN-NETWORK           | OUT OF NETWORK       | IN-NETWORK          |
| PHYSICIAN'S OFFICE VISIT               | \$25 COPAY           | 40% AFTER DEDUCTIBLE | 20% AFTER DEDUCTIBLE | 40% AFTER DEDUCTIBLE | 0% AFTER DEDUCTIBLE |
| SPECIALIST'S OFFICE VISIT              | \$50 COPAY           | 40% AFTER DEDUCTIBLE | 20% AFTER DEDUCTIBLE | 40% AFTER DEDUCTIBLE | 0% AFTER DEDUCTIBLE |
| OTHER PHYSICIAN SERVICES               | 20% AFTER DEDUCTIBLE | 40% AFTER DEDUCTIBLE | 20% AFTER DEDUCTIBLE | 40% AFTER DEDUCTIBLE | 0% AFTER DEDUCTIBLE |
| ADVANCED IMAGING (RADIOLOGY)           | 20% AFTER DEDUCTIBLE | 40% AFTER DEDUCTIBLE | 20% AFTER DEDUCTIBLE | 40% AFTER DEDUCTIBLE | 0% AFTER DEDUCTIBLE |
| ER VIST AND OBSERVATION                | \$250 COPAY          | \$250 COPAY          | 20% AFTER DEDUCTIBLE | 40% AFTER DEDUCTIBLE | 0% AFTER DEDUCTIBLE |
| IN-PATIENT HOSPITAL SERVICES           | 20% AFTER DEDUCTIBLE | 40% AFTER DEDUCTIBLE | 20% AFTER DEDUCTIBLE | 40% AFTER DEDUCTIBLE | 0% AFTER DEDUCTIBLE |
| OUTPATIENT HOSPITAL SERVICES           | 20% AFTER DEDUCTIBLE | 40% AFTER DEDUCTIBLE | 20% AFTER DEDUCTIBLE | 40% AFTER DEDUCTIBLE | 0% AFTER DEDUCTIBLE |
| DIAGNOSTIC SERVICES                    | 20% AFTER DEDUCTIBLE | 40% AFTER DEDUCTIBLE | 20% AFTER DEDUCTIBLE | 40% AFTER DEDUCTIBLE | 0% AFTER DEDUCTIBLE |
| URGENT CARE CENTER                     | \$100 COPAY          | \$100 COPAY          | 20% AFTER DEDUCTIBLE | 40% AFTER DEDUCTIBLE | 0% AFTER DEDUCTIBLE |
| PHYSICAL EXAMS/PREVENTATIVE CARE       | 0%                   | 0%                   | 0%                   | 0%                   | 0%                  |
| IMMUNIZATIONS                          | 0%                   | 0%                   | 0%                   | 0%                   | 0%                  |
| WELL BABY/CHILD CARE VISITS            | 0%                   | 40% AFTER DEDUCTIBLE | 0%                   | 40% AFTER DEDUCTIBLE | 0%                  |
| VISION SCREENING                       | \$50 COPAY           | \$50 COPAY           | \$50 COPAY           | \$50 COPAY           | \$50 COPAY          |
| HEARING SCREENING                      | \$50 COPAY           | \$50 COPAY           | \$50 COPAY           | \$50 COPAY           | \$50 COPAY          |
| INSULIN PUMP                           | 20% AFTER DEDUCTIBLE | 40% AFTER DEDUCTIBLE | 20% AFTER DEDUCTIBLE | 40% AFTER DEDUCTIBLE | 0% AFTER DEDUCTIBLE |
| GLUCOMETERS                            | 20% AFTER DEDUCTIBLE | 40% AFTER DEDUCTIBLE | 20% AFTER DEDUCTIBLE | 40% AFTER DEDUCTIBLE | 0% AFTER DEDUCTIBLE |

- Members must meet their plan's deductible amount before coinsurance begins for covered services.
- The family deductible is the deductible amount for any tier above Employee Only coverage (Employee + Spouse, Employee + Children, Family).
- Copays do not count towards the deductible amount. The out-of-pocket maximum includes the deductible, copays, and coinsurance amounts you have paid toward covered in-network services.
- Employees on the Premium Plan can have the \$250 ER copay waived if they are referred to the ER by the Nurse24 hotline (1-866-458-0408). The Nurse24 hotline is not intended for use during medical emergencies.
- The plan will pay 100% for individuals on family coverage when they reach the individual out-of-pocket maximum amount.
- There is no out-of-network coverage for the Basic Plan.

| PRESCRIPTION DRUGS              |   | PREMIUM     | CLASSIC              | BASIC               |
|---------------------------------|---|-------------|----------------------|---------------------|
| TIER 1 - GENERIC                |   | \$15 COPAY  | 20% AFTER DEDUCTIBLE | 0% AFTER DEDUCTIBLE |
| TIER 2 - PREFERRED              |   | \$40 COPAY  | 20% AFTER DEDUCTIBLE | 0% AFTER DEDUCTIBLE |
| TIER 3 - NON-PREFERRED          |   | \$80 COPAY  | 20% AFTER DEDUCTIBLE | 0% AFTER DEDUCTIBLE |
| TIER 4 - SPECIALTY              |   | \$100 COPAY | 20% AFTER DEDUCTIBLE | 0% AFTER DEDUCTIBLE |
| REFERENCED PRICE DRUGS          | PLAN PAYS CERTAIN AMOUNTS PER UNIT; MEMBER RESPONSIBLE FOR REMAINING COST |             | NOT COVERED          | NOT COVERED         |
| INDIVIDUAL RX OUT-OF-POCKET MAX | \$3,100   |             | N/A                  | N/A                 |
| FAMILY RX OUT-OF-POCKET MAX     | \$6,200   |             | N/A                  | N/A                 |

Employees on the Classic or Basic plans must meet their plan medial deductible amounts prior to starting the 20% coinsurance for covered medications

## 2025 Rates (per payroll)

### Premium



Employee Only: **\$75.90**  
 Employee & Spouse: **\$226.24**  
 Employee & Child(ren): **\$155.28**  
 Employee & Family: **\$297.16**

### Classic



Employee Only: **\$36.21**  
 Employee & Spouse: **\$129.34**  
 Employee & Child(ren): **\$82.31**  
 Employee & Family: **\$166.99**

### Basic



Employee Only: **\$0.00**  
 Employee & Spouse: **\$52.60**  
 Employee & Child(ren): **\$24.64**  
 Employee & Family: **\$63.82**

## 2025 Open Enrollment



Open enrollment for the 2026 plan year is October 1-31, 2025. You can enroll online through the ARBenefits Member Portal at [my.ARBenefits.org](http://my.ARBenefits.org). Changes elected during Open Enrollment are effective 1/1/2026. If you do not want to make any changes to your ARBenefits health plan, you do not need to re-enroll except for an FSA. If you have an FSA, you must re-enroll each year. Your current coverage will stay as is for 2026. Visit our website at [www.transform.ar.gov](http://www.transform.ar.gov) for more information.

### Things you can do during Open Enrollment

- Enroll in the plan
- Change plans between Premium, Classic, Basic
- Drop/add dependents
- Cancel your coverage for the next year