



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 VISIT 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](https://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](https://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