




Below is a snapshot of benefits covered by the ARBenefits plan for each of our 2020 Public School Employee (PSE) plan levels. A full schedule of benefits for each plan level is available at [www.ARBenefits.org](http://www.ARBenefits.org).

Questions? Contact EBD Member Services at 1-877-815-1017 x1, or e-mail [AskEBD@dfa.arkansas.gov](mailto:AskEBD@dfa.arkansas.gov)

 <b>Health Advantage</b> <small>An Independent Licensee of the Blue Cross and Blue Shield Association</small>	<b>PREMIUM</b>		<b>CLASSIC</b>		<b>BASIC</b>
	<b>In-Network</b>	<b>Out-of-Network</b>	<b>In-Network</b>	<b>Out-of-Network</b>	<b>In-Network</b>
Individual Deductible	\$750	\$2,000	\$1,750	\$3,000	\$4,000
Family Deductible	\$1,500	\$4,000	\$2,800/\$2,850	\$6,000	\$8,000
Individual Medical Out-Of Pocket Max	\$3,250	N/A	\$6,450	N/A	\$6,450
Family Medical Out-Of Pocket Max	\$6,500	N/A	\$9,675	N/A	\$12,900
	You Pay		You Pay		You Pay
<b>Covered Services</b>	<b>In Network</b>	<b>Out of Network</b>	<b>In Network</b>	<b>Out of Network</b>	<b>In-Network</b>
Physician's Office Visit	\$25 copay	40% after deductible	20% after deductible	40% after deductible	20% after deductible
Specialist's Office Visit	\$50 copay	40% after deductible	20% after deductible	40% after deductible	20% after deductible
Other Physician Services	20% after deductible	40% after deductible	20% after deductible	40% after deductible	20% after deductible
Advanced Imaging (Radiology)	20% after deductible	40% after deductible	20% after deductible	40% after deductible	20% after deductible
Emergency Room Visit & Observation	\$250 copay	0%	20% after deductible	40% after deductible	20% after deductible
In-patient Hospital Services	20% after deductible	40% after deductible	20% after deductible	40% after deductible	20% after deductible
Outpatient Hospital Services	20% after deductible	40% after deductible	20% after deductible	40% after deductible	20% after deductible
Diagnostic Services	20% after deductible	40% after deductible	20% after deductible	40% after deductible	20% after deductible
Urgent Care Center	\$100 copay	0%	20% after deductible	40% after deductible	20% after deductible
Physical Exams/Preventative Care	0%	40% after deductible	0%	40% after deductible	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	20% after deductible
Glucometers	20% after deductible	40% after deductible	20% after deductible	40% after deductible	20% 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 satisfaction of your deductible amount.  
 \* The out-of-pocket maximum includes the deductible, copays and coinsurance amounts you have paid towards 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 24/7 Nurse Hotline (1-866-458-0408). The 24/7 Nurse Hotline is not intended for use during a medical emergency.  
 \* The plan will pay 100 percent for individuals on family coverage when they reach the individual out-of-pocket maximum amount.

<b>Prescription Drugs</b>	<b>PREMIUM</b>	<b>CLASSIC</b>	<b>BASIC</b>
Tier 1 - Generic	\$15 copay	20% after deductible	20% after deductible
Tier 2 - Preferred	\$40 copay	20% after deductible	20% after deductible
Tier 3 - Non-Preferred	\$80 copay	20% after deductible	20% after deductible
Tier 4 - Specialty	\$100 copay	20% after deductible	20% after deductible
Reference Priced Drugs	Plan pays certain amount per unit; the member is responsible for the remaining cost.	Not covered	Not covered
Individual RX Out of Pocket Max	\$3,350	N/A	N/A
Family RX Out of Pocket Max	\$6,700	N/A	N/A

\* Employees on the Classic or Basic plans must meet their plan medical deductible amounts prior to starting 20% coinsurance for covered drugs.