Summarized 2026 Individual Benefit Grid

= Plans that include access to the BlueCard network.

= Plans that are elgible for a Health Savings Account (HSA).

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

	Gold Standardized	Gold Classic National HSA	Gold Classic National	Silver AH	Silver AH 73% CSR	Silver AH 87% CSR
On/Off	Both	Off	Both	Both	On	On
Includes BlueCard	No	Yes	Yes	No	No	No
HSA Compatible	No	Yes	No	No	No	No
Individual Deductible	$2,000	$3,400	$5,900	$6,250	$5,250	$2,000
Family Deductible	$4,000	$6,800	$11,800	$12,500	$10,500	$4,000
Coinsurance	25%	0%	40%	30%	0%	0%
Individual Out-of-Pocket Max	$8,200	$3,400	$6,000	$6,450	$5,450	$2,650
Family Out-of-Pocket Max	$16,400	$6,800	$12,000	$12,900	$10,900	$5,300
Non-Essential Health Benefit Deductible	$25,000	Not Applicable	$25,000	$25,000	$25,000	$25,000
PCP & OP Rehab/Hab Office Visits	$30 Copay	Ded/Coins	$0	$30 Copay after Ded	$5 Copay after Ded	$5 Copay after Ded
Specialist Office Visit (Consult/Evaluation)	$60 Copay	Ded/Coins	$70 Copay	$45 Copay after Ded	$5 Copay after Ded	$5 Copay after Ded
Mental Health/Substance Abuse OP Office Visit	$30 Copay	Ded/Coins	$0	$30 Copay after Ded	$5 Copay after Ded	$5 Copay after Ded
Medical Equipment & Supplies	Ded/Coins	Ded/Coins	Ded/50% Coins	$200 Copay after Ded	$200 Copay after Ded	$100 Copay after Ded
Maternity and Family Planning	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins
Urgent Care	$45 Copay	Ded/Coins	$70 Copay	$45 Copay after Ded	$5 Copay after Ded	$5 Copay after Ded
Emergency Room	Ded/Coins	Ded/Coins	$500 Copay after Ded	$200 Copay after Ded	$200 Copay after Ded	$100 Copay after Ded
Inpatient Hospital, MH/SA	Ded/Coins	Ded/Coins	$650 Copay Per Day after Ded	$200 Copay Per Day after Ded	$200 Copay Per Day after Ded	$100 Copay Per Day after Ded
Outpatient Hospital & Surgical Services	Ded/Coins	Ded/Coins	Ded/Coins	$45 Copay after Ded	$5 Copay after Ded	$5 Copay after Ded
High-Tech Imaging	Ded/Coins	Ded/Coins	$250 Copay after Ded	$200 Copay after Ded	$200 Copay after Ded	$5 Copay
Lab/ X-ray	Ded/Coins	Ded/Coins	Ded/Coins	$30 Copay after Ded	$5 Copay after Ded	$5 Copay
Rx Tier 1 Preventive	$0	$0	$0	$0	$0	$0
Rx Tier 2 Generic	$15/45 Copay	Ded/Coins	$20/60 Copay	$100/300 Copay	$100/300 Copay	$5/15 Copay
Rx Tier 3 Preferred Brand	$30/90 Copay	Ded/Coins	$190/570 Copay	$1,000/3,000 Copay	$1,000/3,000 Copay	$14/42 Copay
Rx Tier 4 Non-Preferred Brand	$60/180 Copay	Ded/Coins	$1,500/4,500 Copay	$2,000/6,000 Copay	$2,000/6,000 Copay	$42/126 Copay
Rx Tier 5 Specialty	$250 Copay	Ded/Coins	$4,900 Copay	$6,450 Copay	$5,450 Copay	$2,650 Copay
Rx Tier 6 Specialty	$250 Copay	Ded/Coins	$4,900 Copay	$6,450 Copay	$5,450 Copay	$2,650 Copay

Octave Blue Cross and Blue Shield and Blue Cross Blue Shield is a Qualified Health Plan issuer in the Health Insurance Marketplace.

Off-Exchange Plans: Plans only available if purchased directly from Octave Blue Cross and Blue Shield.

*3 visits free before copay and applies to the first 3 claims submitted in the calendar year for consult and evaluation services in-network if services are from the following category: Outpatient Mental Health Services.

Important Notes

Agents should refer to policy schedules and certificates located on our (Octave Blue Cross) corporate website, or through Blueprint for Agents, for complete benefit descriptions and explanations.

All benefits are displayed as in-network. Refer to policy schedules and certificates for out-of-network benefits.

Members benefit from the negotiated discounts on covered services provided by in-network providers. See the 2026 brochure for more details on these discounts of allowed charges (negotiated discounts) compared to billed charges (what doctors/hospitals charge customers without insurance).

	Silver AH 94% CSR	Silver Standardized	Silver Standardized 73% CSR	Silver Standardized 87% CSR	Silver Standardized 94% CSR	Bronze Exp Standardized	Bronze Value
On/Off	On	Both	On	On	On	Both	Both
Includes BlueCard	No	No	No	No	No	No	No
HSA Compatible	No	No	No	No	No	Yes	Yes
Individual Deductible	$1,918	$6,000	$3,000	$700	$0	$7,500	$6,900
Family Deductible	$3,836	$12,000	$6,000	$1,400	$0	$15,000	$13,800
Coinsurance	0%	40%	40%	30%	25%	50%	50%
Individual Out-of-Pocket Max	$2,570	$8,900	$7,400	$3,300	$2,200	$10,000	$9,800
Family Out-of-Pocket Max	$5,140	$17,800	$14,800	$6,600	$4,400	$20,000	$19,600
Non-Essential Health Benefit Deductible	$25,000	$25,000	$25,000	$25,000	$25,000	$25,000	$25,000
PCP & OP Rehab/Hab Office Visits	$4.70 Copay	$40 Copay	$40 Copay	$20 Copay	$0	$50 Copay	$65 Copay
Specialist Office Visit (Consult/Evaluation)	$4.70 Copay	$80 Copay	$80 Copay	$40 Copay	$10 Copay	$100 Copay	$130 Copay
Mental Health/Substance Abuse OP Office Visit	$4.70 Copay	$40 Copay	$40 Copay	$20 Copay	$0	$50 Copay	3 @ $0, then $65 Copay*
Medical Equipment & Supplies	$4.70 Copay	Ded/Coins	Ded/Coins	Ded/Coins	Coins	Ded/Coins	Ded/Coins
Maternity and Family Planning	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Coins	Ded/Coins	Ded/Coins
Urgent Care	$4.70 Copay	$60 Copay	$60 Copay	$30 Copay	$5 Copay	$75 Copay	$130 Copay
Emergency Room	$9.40 Copay (Non-Emergency) / $0 (Emergency)	Ded/Coins	Ded/Coins	Ded/Coins	Coins	Ded/Coins	Ded/Coins
Inpatient Hospital, MH/SA	$0 Copay Per Day after Ded	Ded/Coins	Ded/Coins	Ded/Coins	Coins	Ded/Coins	Coins
Outpatient Hospital & Surgical Services	$4.70 Copay (after ded for Facility only)	Ded/Coins	Ded/Coins	Ded/Coins	Coins	Ded/Coins	Ded/Coins
High-Tech Imaging	$4.70 Copay	Ded/Coins	Ded/Coins	Ded/Coins	Coins	Ded/Coins	Ded/Coins
Lab/ X-ray	$4.70 Copay	Ded/Coins	Ded/Coins	Ded/Coins	Coins	Ded/Coins	$60 Copay Lab; Ded/Coins X-Ray
Rx Tier 1 Preventive	$0	$0	$0	$0	$0	$0	$0
Rx Tier 2 Generic	$4.70/14.10 Copay	$20/60 Copay	$20/60 Copay	$10/30 Copay	$0	$25/75 Copay	$30/90 Copay
Rx Tier 3 Preferred Brand	$4.70/14.10 Copay	$40/120 Copay	$40/120 Copay	$20/60 Copay	$15/45 Copay	$50/150 Copay after Ded	$160/480 Copay
Rx Tier 4 Non-Preferred Brand	$9.40/28.20 Copay	$80/240 Copay after Ded	$80/240 Copay after Ded	$60/180 Copay after Ded	$50/150 Copay	$100/300 Copay after Ded	$1,600/4,800 Copay
Rx Tier 5 Specialty	$9.40 Copay	$350 Copay after Ded	$350 Copay after Ded	$250 Copay after Ded	$150 Copay	$500 Copay after Ded	$5,000 Copay
Rx Tier 6 Specialty	$9.40 Copay	$350 Copay after Ded	$350 Copay after Ded	$250 Copay after Ded	$150 Copay	$500 Copay after Ded	$5,000 Copay

Many Arkansans may be eligible to receive a tax credit that could lower their monthly health insurance premium. Some may receive a tax credit so they will have a very low or even $0 monthly premium. Many Arkansans may be able to get free health insurance through a new program called ARHOME. Many Arkansans may qualify for an Octave Blue Cross health insurance plan with no monthly premium. With ARHOME, you can see any Octave Blue Cross doctor you choose, your preventive care will be covered at no cost to you and you'll receive access to the kind of high-quality healthcare for which Octave Blue Cross has built a reputation. We can help you find out if you qualify for a free health insurance plan from Octave Blue Cross.

The Affordable Care Act (ACA) includes a number of special provisions for American Indians and Alaskan Natives, such as: 1) They can get services from the Indian Health Services, tribal health programs or urban Indian health programs; 2) They may receive services at no cost sharing; and 3) They may have special monthly enrollment periods.

For out-of-network coverage cost sharing increases, and the balance billing (the difference between the provider's bill and the Octave Blue Cross and Blue Shield allowed amount) must be paid by the policyholder. Octave Blue Cross qualified health plans have limitations and terms under which the insurance policy may be continued or discontinued. The plans are age-rated, area-rated, and tobacco-rated, meaning premiums are based on the age, residence, and tobacco usage of the covered person.

Benefits and Services Not Included: Injuries or diseases caused by war; dentistry (except for some oral surgery); eye refractions, eyeglasses for adults unless needed because of accidental injury; cosmetic surgeries, unless needed because of accidental injury; services or supplies not medically necessary; medical or hospital services collectible under Workers Compensation or any law providing benefits for dependents of military personnel; services rendered in government hospitals; inpatient services, if they could have been performed safely and adequately on an outpatient basis; services and supplies which are experimental or investigational in nature; benefits provided under Medicare or other government programs (except Medicaid); services of social workers, unless included as part of the daily room and board allowance; radial keratotomies or epikeratophakia or any services performed to correct nearsightedness; hospital and physician services for rest cures; services by an immediate relative (spouse, parents, children, brother, sister or legal guardian); dietary supplements when used in connection with weight reduction programs. Benefits and services are not included for any treatment (surgical or nonsurgical) for weight loss. Renewal may be refused by class.

Non-Essential Health Benefits are benefits required to be covered by state law adopted after 2011. These benefits include: Bariatric Surgery, Craniofacial Surgery, Acquired Brain Injury, Weight Loss Treatment, PANS/PANDA.

Non-Essential Health Benefit Deductible (Non-EHB Deductible) refers to a specific combined medical and drug benefit deductible for a treatment that is not considered an essential health benefit which includes: Bariatric Surgery, Craniofacial Surgery, Acquired Brain Injury, Weight Loss Treatment, PANS/PANDA. When the coverage is deemed non-essential the Covered Person's cost-sharing may exceed the annual limitation on cost sharing for both in and out of network values.

Limitations of Hospital Benefits: Octave Blue Cross requires pre-admission approval for all non-emergent hospital admissions. Out of Area non-emergent hospital admissions are not covered if the service is available in the Policy's Service area. For prior approval please call the toll-free number on the back of your ID card. Services rendered in a hospital outside of the United States of America will be paid at the sole discretion of the Plan.

Subrogation: If benefit payments are made for which a third party may be liable, Octave Blue Cross is entitled to recovery out of payments made by that third party to the full extent of benefits paid.

Coordination Against Group and Major Medical Coverage: Benefits for services or supplies available to you under any other group or blanket disability insurance, Union Welfare Plan, employer or employee benefit organization, self-insurance or any other non-regulated group disability benefits plan, major medical policy or no-fault automobile liability insurance will be coordinated so that the total amount of benefits payable from all these plans combined does not exceed 100 percent of actual medical expenses.

IMPORTANT NOTE: Your premium will be accepted after coverage has been approved. This outline of coverage provides a brief description of the important features of the Octave Blue Cross qualified health plan insurance policies. The outline is not the policy, and only the actual policy provisions will control. The policy itself sets forth in detail the rights and obligations of both you and your insurance company. It is, therefore, important that you read the policy carefully. Changes to this policy only may be made during the annual open enrollment period or as a result of a special enrollment period.

Our Company complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-844-662-2276**. CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-844-662-2276**. To view our language assistance and non-discrimination notice, visit **arkansasoctave.com/notice**.

00157.07.03-v102025-1033