

Summarized 2026 ARHOME

	Silver AH 0-20% FPL	Silver AH 21-40% FPL	Silver AH 41-60% FPL	Silver AH 61-80% FPL	Silver AH 81-100% FPL	Silver AH 101-120% FPL	Silver AH 121-138% FPL
On/Off Exchange	ARHOME	ARHOME	ARHOME	ARHOME	ARHOME	ARHOME	ARHOME
Includes BlueCard	No	No	No	No	No	No	No
Individual Deductible	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Family Deductible	NA	NA	NA	NA	NA	NA	NA
Coinsurance	0%	0%	0%	0%	0%	0%	0%
Individual Out-of-Pocket Max	\$0	\$108 (\$27 per quarter)	\$216 (\$54 per quarter)	\$324 (\$81 per quarter)	\$432 (\$108 per quarter)	\$540 (\$135 per quarter)	\$652 (\$163 per quarter)
Family Out-of-Pocket Max	NA	NA	NA	NA	NA	NA	NA
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	\$0	\$4.70 Copay	\$4.70 Copay	\$4.70 Copay	\$4.70 Copay	\$4.70 Copay	\$4.70 Copay
Specialist Office Visit (Consult/Evaluation)	\$0	\$4.70 Copay	\$4.70 Copay	\$4.70 Copay	\$4.70 Copay	\$4.70 Copay	\$4.70 Copay
Mental Health/Substance Abuse OP Office Visit	\$0	\$4.70 Copay	\$4.70 Copay	\$4.70 Copay	\$4.70 Copay	\$4.70 Copay	\$4.70 Copay
Medical Equipment & Supplies	\$0	\$4.70 Copay	\$4.70 Copay	\$4.70 Copay	\$4.70 Copay	\$4.70 Copay	\$4.70 Copay
Maternity and Family Planning	\$0	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins
Urgent Care	\$0	\$4.70 Copay	\$4.70 Copay	\$4.70 Copay	\$4.70 Copay	\$4.70 Copay	\$4.70 Copay
Emergency Room	0%	\$9.40 Copay (Non-Emergency) / \$0 (Emergency)	\$9.40 Copay (Non-Emergency) / \$0 (Emergency)	\$9.40 Copay (Non-Emergency) / \$0 (Emergency)	\$9.40 Copay (Non-Emergency) / \$0 (Emergency)	\$9.40 Copay (Non-Emergency) / \$0 (Emergency)	\$9.40 Copay (Non-Emergency) / \$0 (Emergency)
Inpatient Hospital, MH/SA	\$0	\$0 Copay Per Day after Ded	\$0 Copay Per Day after Ded	\$0 Copay Per Day after Ded	\$0 Copay Per Day after Ded	\$0 Copay Per Day after Ded	\$0 Copay Per Day after Ded
Outpatient Hospital & Surgical Services	0%	\$4.70 Copay (after Ded for Facility only)	\$4.70 Copay (after Ded for Facility only)	\$4.70 Copay (after Ded for Facility only)	\$4.70 Copay (after Ded for Facility only)	\$4.70 Copay (after Ded for Facility only)	\$4.70 Copay (after Ded for Facility only)
High-Tech Imaging	0%	\$4.70 Copay	\$4.70 Copay	\$4.70 Copay	\$4.70 Copay	\$4.70 Copay	\$4.70 Copay
Lab/ X-ray	0%	\$4.70 Copay	\$4.70 Copay	\$4.70 Copay	\$4.70 Copay	\$4.70 Copay	\$4.70 Copay
Rx Tier 1 Preventive	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Rx Tier 2 Generic	\$0	\$4.70 / \$14.10 Copay	\$4.70 / \$14.10 Copay	\$4.70 / \$14.10 Copay	\$4.70 / \$14.10 Copay	\$4.70 / \$14.10 Copay	\$4.70 / \$14.10 Copay
Rx Tier 3 Preferred Brand	\$0	\$4.70 / \$14.10 Copay	\$4.70 / \$14.10 Copay	\$4.70 / \$14.10 Copay	\$4.70 / \$14.10 Copay	\$4.70 / \$14.10 Copay	\$4.70 / \$14.10 Copay
Rx Tier 4 Non-Preferred Brand	\$0	\$9.40 / \$28.20 Copay	\$9.40 / \$28.20 Copay	\$9.40 / \$28.20 Copay	\$9.40 / \$28.20 Copay	\$9.40 / \$28.20 Copay	\$9.40 / \$28.20 Copay
Rx Tier 5 Specialty	0%	\$9.40 Copay	\$9.40 Copay	\$9.40 Copay	\$9.40 Copay	\$9.40 Copay	\$9.40 Copay
Rx Tier 6 Specialty	0%	\$9.40 Copay	\$9.40 Copay	\$9.40 Copay	\$9.40 Copay	\$9.40 Copay	\$9.40 Copay

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).

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.

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