

**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2024**

**BlueCare PPO PLUS
Policy Forms: 17-184**

Deductible				
In-Network	\$500		\$500	
Out-of-Network	\$1,000		\$1,000	
Stop Loss Amount:				
In-Network	\$5,000		\$10,000	
Out-of-Network	\$10,000		\$20,000	
Coinsurance				
In-Network	80%/20%		80%/20%	
Out-of-Network	60%/40%		60%/40%	
	Male	Female	Male	Female
Individual				
0-1	\$1,003.06	\$1,003.06	\$964.42	\$964.42
2-12	\$337.64	\$337.64	\$324.72	\$324.72
13-17	\$337.64	\$522.47	\$324.72	\$502.40
18-24	\$337.64	\$522.47	\$324.72	\$502.40
25-29	\$409.59	\$672.92	\$393.90	\$646.97
30-34	\$459.72	\$785.84	\$442.03	\$755.53
35-39	\$554.15	\$942.46	\$532.86	\$906.15
40-44	\$664.36	\$1,079.83	\$638.71	\$1,038.30
45-49	\$883.34	\$1,243.94	\$849.29	\$1,196.14
50-54	\$1,183.18	\$1,419.21	\$1,137.68	\$1,364.69
55-59	\$1,709.21	\$1,767.34	\$1,643.45	\$1,699.35
60-64	\$2,383.39	\$2,159.66	\$2,291.75	\$2,076.56
65-69	\$2,979.29	\$2,699.59	\$2,864.72	\$2,595.75
Individual and Spouse				
00-24	\$809.46	\$809.46	\$778.40	\$778.40
25-29	\$1,018.79	\$1,018.79	\$979.60	\$979.60
30-34	\$1,172.34	\$1,172.34	\$1,127.19	\$1,127.19
35-39	\$1,408.46	\$1,408.46	\$1,354.25	\$1,354.25
40-44	\$1,641.47	\$1,641.47	\$1,578.35	\$1,578.35
45-49	\$1,935.07	\$1,935.07	\$1,860.72	\$1,860.72
50-54	\$2,414.06	\$2,414.06	\$2,321.25	\$2,321.25
55-59	\$3,224.05	\$3,224.05	\$3,099.95	\$3,099.95
60-64	\$4,212.22	\$4,212.22	\$4,050.21	\$4,050.21
65-69	\$5,265.12	\$5,265.12	\$5,062.66	\$5,062.66
Individual and Child				
00-24	\$893.51	\$1,122.37	\$859.23	\$1,079.17
25-29	\$982.62	\$1,308.45	\$944.83	\$1,258.08
30-34	\$1,044.62	\$1,448.20	\$1,004.46	\$1,392.48
35-39	\$1,161.49	\$1,641.87	\$1,116.88	\$1,578.78
40-44	\$1,297.80	\$1,811.97	\$1,247.85	\$1,742.20
45-49	\$1,453.38	\$1,862.73	\$1,397.42	\$1,791.13
50-54	\$1,638.89	\$1,883.76	\$1,575.79	\$1,811.31
55-59	\$2,184.40	\$2,244.78	\$2,100.42	\$2,158.49
60-64	\$2,883.80	\$2,651.76	\$2,772.86	\$2,549.75
65-69	\$3,604.74	\$3,314.73	\$3,466.08	\$3,187.23
Individual, Spouse, and Child				
00-24	\$1,409.31	\$1,409.31	\$1,355.06	\$1,355.06
25-29	\$1,661.02	\$1,661.02	\$1,597.12	\$1,597.12
30-34	\$1,845.63	\$1,845.63	\$1,774.60	\$1,774.60
35-39	\$2,129.75	\$2,129.75	\$2,047.78	\$2,047.78
40-44	\$2,410.11	\$2,410.11	\$2,317.46	\$2,317.46
45-49	\$2,723.20	\$2,723.20	\$2,618.42	\$2,618.42
50-54	\$3,186.13	\$3,186.13	\$3,063.58	\$3,063.58
55-59	\$4,114.60	\$4,114.60	\$3,956.29	\$3,956.29
60-64	\$5,247.55	\$5,247.55	\$5,045.71	\$5,045.71
65-69	\$6,559.37	\$6,559.37	\$6,307.15	\$6,307.15

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**BlueCare PPO PLUS
Policy Forms: 17-184**

Deductible				
In-Network	\$1,000		\$1,000	
Out-of-Network	\$2,000		\$2,000	
Stop Loss Amount:				
In-Network	\$5,000		\$10,000	
Out-of-Network	\$10,000		\$20,000	
Coinsurance				
In-Network	80%/20%		80%/20%	
Out-of-Network	60%/40%		60%/40%	
	Male	Female	Male	Female
Individual				
0-1	\$825.27	\$825.27	\$793.49	\$793.49
2-12	\$277.75	\$277.75	\$267.18	\$267.18
13-17	\$277.75	\$429.97	\$267.18	\$413.35
18-24	\$277.75	\$429.97	\$267.18	\$413.35
25-29	\$336.96	\$553.65	\$324.06	\$532.38
30-34	\$378.18	\$646.66	\$363.61	\$621.73
35-39	\$455.92	\$775.31	\$438.32	\$745.56
40-44	\$546.61	\$888.46	\$525.59	\$854.27
45-49	\$726.90	\$1,023.64	\$698.88	\$984.31
50-54	\$973.56	\$1,167.87	\$936.07	\$1,122.96
55-59	\$1,406.41	\$1,454.24	\$1,352.32	\$1,398.34
60-64	\$1,961.28	\$1,777.07	\$1,885.76	\$1,708.79
65-69	\$2,451.52	\$2,221.38	\$2,357.30	\$2,135.98
Individual and Spouse				
00-24	\$666.09	\$666.09	\$640.45	\$640.45
25-29	\$838.33	\$838.33	\$806.08	\$806.08
30-34	\$964.64	\$964.64	\$927.52	\$927.52
35-39	\$1,158.89	\$1,158.89	\$1,114.34	\$1,114.34
40-44	\$1,350.70	\$1,350.70	\$1,298.74	\$1,298.74
45-49	\$1,592.25	\$1,592.25	\$1,531.07	\$1,531.07
50-54	\$1,986.35	\$1,986.35	\$1,910.00	\$1,910.00
55-59	\$2,652.88	\$2,652.88	\$2,550.80	\$2,550.80
60-64	\$3,465.96	\$3,465.96	\$3,332.66	\$3,332.66
65-69	\$4,332.56	\$4,332.56	\$4,165.80	\$4,165.80
Individual and Child				
00-24	\$735.22	\$923.53	\$707.05	\$887.98
25-29	\$808.51	\$1,076.64	\$777.40	\$1,035.24
30-34	\$859.53	\$1,191.65	\$826.52	\$1,145.77
35-39	\$955.67	\$1,350.99	\$918.97	\$1,298.95
40-44	\$1,067.91	\$1,490.97	\$1,026.80	\$1,433.59
45-49	\$1,195.88	\$1,532.74	\$1,149.90	\$1,473.76
50-54	\$1,348.59	\$1,550.03	\$1,296.65	\$1,490.37
55-59	\$1,797.42	\$1,846.90	\$1,728.33	\$1,775.87
60-64	\$2,372.82	\$2,181.83	\$2,281.60	\$2,097.99
65-69	\$2,966.07	\$2,727.29	\$2,851.99	\$2,622.43
Individual, Spouse, and Child				
00-24	\$1,159.49	\$1,159.49	\$1,114.94	\$1,114.94
25-29	\$1,366.76	\$1,366.76	\$1,314.10	\$1,314.10
30-34	\$1,518.54	\$1,518.54	\$1,460.12	\$1,460.12
35-39	\$1,752.29	\$1,752.29	\$1,684.92	\$1,684.92
40-44	\$1,983.14	\$1,983.14	\$1,906.81	\$1,906.81
45-49	\$2,240.65	\$2,240.65	\$2,154.46	\$2,154.46
50-54	\$2,621.64	\$2,621.64	\$2,520.86	\$2,520.86
55-59	\$3,385.60	\$3,385.60	\$3,255.35	\$3,255.35
60-64	\$4,317.85	\$4,317.85	\$4,151.81	\$4,151.81
65-69	\$5,397.40	\$5,397.40	\$5,189.73	\$5,189.73

**Arkansas Blue Cross and Blue Shield
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**BlueCare PPO PLUS
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Deductible				
In-Network	\$1,500		\$1,500	
Out-of-Network	\$3,000		\$3,000	
Stop Loss Amount:				
In-Network	\$5,000		\$10,000	
Out-of-Network	\$10,000		\$20,000	
Coinsurance				
In-Network	80%/20%		80%/20%	
Out-of-Network	60%/40%		60%/40%	
	Male	Female	Male	Female
Individual				
0-1	\$742.71	\$742.71	\$714.13	\$714.13
2-12	\$250.03	\$250.03	\$240.29	\$240.29
13-17	\$250.03	\$386.99	\$240.29	\$371.96
18-24	\$250.03	\$386.99	\$240.29	\$371.96
25-29	\$303.34	\$498.23	\$291.67	\$479.16
30-34	\$340.43	\$581.96	\$327.37	\$559.58
35-39	\$410.29	\$697.76	\$394.57	\$670.96
40-44	\$491.91	\$799.63	\$473.04	\$768.87
45-49	\$654.19	\$921.31	\$629.04	\$885.85
50-54	\$876.15	\$1,051.07	\$842.55	\$1,010.66
55-59	\$1,265.73	\$1,308.85	\$1,217.01	\$1,258.46
60-64	\$1,765.11	\$1,599.39	\$1,697.23	\$1,537.94
65-69	\$2,206.40	\$1,999.30	\$2,121.54	\$1,922.35
Individual and Spouse				
00-24	\$599.53	\$599.53	\$576.41	\$576.41
25-29	\$754.49	\$754.49	\$725.53	\$725.53
30-34	\$868.11	\$868.11	\$834.80	\$834.80
35-39	\$1,043.06	\$1,043.06	\$1,002.99	\$1,002.99
40-44	\$1,215.59	\$1,215.59	\$1,168.81	\$1,168.81
45-49	\$1,433.06	\$1,433.06	\$1,377.93	\$1,377.93
50-54	\$1,787.85	\$1,787.85	\$1,719.01	\$1,719.01
55-59	\$2,387.52	\$2,387.52	\$2,295.77	\$2,295.77
60-64	\$3,119.42	\$3,119.42	\$2,999.38	\$2,999.38
65-69	\$3,899.28	\$3,899.28	\$3,749.26	\$3,749.26
Individual and Child				
00-24	\$661.76	\$831.22	\$636.33	\$799.18
25-29	\$727.65	\$969.03	\$699.66	\$931.80
30-34	\$773.52	\$1,072.49	\$743.84	\$1,031.18
35-39	\$860.15	\$1,215.91	\$827.13	\$1,169.07
40-44	\$961.14	\$1,341.91	\$924.18	\$1,290.26
45-49	\$1,076.29	\$1,379.49	\$1,034.90	\$1,326.38
50-54	\$1,213.66	\$1,394.98	\$1,167.00	\$1,341.37
55-59	\$1,617.71	\$1,662.33	\$1,555.44	\$1,598.37
60-64	\$2,135.55	\$1,963.71	\$2,053.45	\$1,888.10
65-69	\$2,669.42	\$2,454.51	\$2,566.76	\$2,360.21
Individual, Spouse, and Child				
00-24	\$1,043.46	\$1,043.46	\$1,003.41	\$1,003.41
25-29	\$1,230.00	\$1,230.00	\$1,182.74	\$1,182.74
30-34	\$1,366.76	\$1,366.76	\$1,314.07	\$1,314.07
35-39	\$1,577.13	\$1,577.13	\$1,516.41	\$1,516.41
40-44	\$1,784.79	\$1,784.79	\$1,716.20	\$1,716.20
45-49	\$2,016.62	\$2,016.62	\$1,938.98	\$1,938.98
50-54	\$2,359.53	\$2,359.53	\$2,268.74	\$2,268.74
55-59	\$3,046.96	\$3,046.96	\$2,929.82	\$2,929.82
60-64	\$3,886.12	\$3,886.12	\$3,736.54	\$3,736.54
65-69	\$4,857.57	\$4,857.57	\$4,670.77	\$4,670.77

**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2024**

**BlueCare PPO PLUS
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Deductible		
In-Network	\$2,500	
Out-of-Network	\$5,000	
Stop Loss Amount:		
In-Network	N/A	
Out-of-Network	Unlimited	
Coinsurance		
In-Network	100%/0%	
Out-of-Network	80%/20%	
	Male	Female
Individual		
0-1	\$579.33	\$579.33
2-12	\$194.99	\$194.99
13-17	\$194.99	\$301.78
18-24	\$194.99	\$301.78
25-29	\$236.48	\$388.58
30-34	\$265.48	\$453.89
35-39	\$320.04	\$544.30
40-44	\$383.73	\$623.59
45-49	\$510.16	\$718.51
50-54	\$683.44	\$819.78
55-59	\$987.21	\$1,020.85
60-64	\$1,376.66	\$1,247.37
65-69	\$1,720.78	\$1,559.34
Individual and Spouse		
00-24	\$467.60	\$467.60
25-29	\$588.46	\$588.46
30-34	\$677.10	\$677.10
35-39	\$813.57	\$813.57
40-44	\$948.08	\$948.08
45-49	\$1,117.80	\$1,117.80
50-54	\$1,394.46	\$1,394.46
55-59	\$1,862.26	\$1,862.26
60-64	\$2,433.12	\$2,433.12
65-69	\$3,041.40	\$3,041.40
Individual and Child		
00-24	\$516.08	\$648.26
25-29	\$567.50	\$755.75
30-34	\$603.29	\$836.43
35-39	\$670.82	\$948.37
40-44	\$749.61	\$1,046.44
45-49	\$839.51	\$1,075.92
50-54	\$946.61	\$1,088.06
55-59	\$1,261.79	\$1,296.50
60-64	\$1,665.68	\$1,531.58
65-69	\$2,082.04	\$1,914.44
Individual, Spouse, and Child		
00-24	\$813.96	\$813.96
25-29	\$959.47	\$959.47
30-34	\$1,066.09	\$1,066.09
35-39	\$1,230.15	\$1,230.15
40-44	\$1,392.10	\$1,392.10
45-49	\$1,572.88	\$1,572.88
50-54	\$1,840.35	\$1,840.35
55-59	\$2,376.59	\$2,376.59
60-64	\$3,031.00	\$3,031.00
65-69	\$3,788.86	\$3,788.86

Arkansas Blue Cross and Blue Shield
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BlueCare PPO PLUS
Policy Forms: 17-184

Optional Riders

Maternity Rider

Deductible	Rate
\$500	\$928.68
\$1,000	\$848.13
\$1,500	\$770.65
\$2,500	\$745.49

TMJ

Individual	\$14.32
Individual and Spouse	\$28.53
Individual and Child	\$34.27
Individual, Spouse, Children	\$57.24

**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2024**

**Blue Solutions PPO
Policy Forms: 17-238 9/04, et al**

Deductible		
In-Network	\$750	\$1,500
Out-of-Network	\$1,500	\$3,000
Stop Loss Amount:		
In-Network	\$10,000	\$10,000
Out-of-Network	\$20,000	\$40,000
Coinsurance		
In-Network	80%/20%	80%/20%
Out-of-Network	60%/40%	60%/40%

	Male	Female	Male	Female
Individual				
0-1	\$527.55	\$527.55	\$470.23	\$470.23
2-12	\$177.56	\$177.56	\$158.30	\$158.30
13-17	\$177.56	\$274.85	\$158.30	\$244.97
18-24	\$177.56	\$274.85	\$158.30	\$244.97
25-29	\$215.45	\$354.02	\$192.02	\$315.50
30-34	\$241.81	\$413.44	\$215.50	\$368.47
35-39	\$291.46	\$495.70	\$259.78	\$441.83
40-44	\$349.44	\$567.97	\$311.45	\$506.27
45-49	\$464.72	\$654.47	\$414.22	\$583.36
50-54	\$622.37	\$746.64	\$554.79	\$665.49
55-59	\$899.15	\$929.70	\$801.38	\$828.66
60-64	\$1,253.81	\$1,136.15	\$1,117.58	\$1,012.69
65-69	\$1,567.33	\$1,420.18	\$1,397.03	\$1,265.80
Individual and Spouse				
00-24	\$425.84	\$425.84	\$379.56	\$379.56
25-29	\$535.97	\$535.97	\$477.74	\$477.74
30-34	\$616.74	\$616.74	\$549.74	\$549.74
35-39	\$740.95	\$740.95	\$660.37	\$660.37
40-44	\$863.48	\$863.48	\$769.66	\$769.66
45-49	\$1,017.94	\$1,017.94	\$907.33	\$907.33
50-54	\$1,269.97	\$1,269.97	\$1,131.98	\$1,131.98
55-59	\$1,695.99	\$1,695.99	\$1,511.69	\$1,511.69
60-64	\$2,215.84	\$2,215.84	\$1,975.07	\$1,975.07
65-69	\$2,769.89	\$2,769.89	\$2,468.82	\$2,468.82
Individual and Child				
00-24	\$470.05	\$590.40	\$418.99	\$526.23
25-29	\$516.86	\$688.37	\$460.75	\$613.61
30-34	\$549.50	\$761.83	\$489.82	\$679.06
35-39	\$611.01	\$863.72	\$544.71	\$769.82
40-44	\$682.74	\$953.18	\$608.58	\$849.60
45-49	\$764.59	\$979.91	\$681.52	\$873.42
50-54	\$862.12	\$990.92	\$768.42	\$883.29
55-59	\$1,149.17	\$1,180.76	\$1,024.27	\$1,052.48
60-64	\$1,516.98	\$1,394.85	\$1,352.17	\$1,243.32
65-69	\$1,896.26	\$1,743.63	\$1,690.16	\$1,554.14
Individual, Spouse, and Child				
00-24	\$741.30	\$741.30	\$660.68	\$660.68
25-29	\$873.75	\$873.75	\$778.80	\$778.80
30-34	\$970.84	\$970.84	\$865.30	\$865.30
35-39	\$1,120.33	\$1,120.33	\$998.56	\$998.56
40-44	\$1,267.86	\$1,267.86	\$1,130.07	\$1,130.07
45-49	\$1,432.51	\$1,432.51	\$1,276.85	\$1,276.85
50-54	\$1,676.14	\$1,676.14	\$1,493.94	\$1,493.94
55-59	\$2,164.49	\$2,164.49	\$1,929.26	\$1,929.26
60-64	\$2,760.50	\$2,760.50	\$2,460.50	\$2,460.50
65-69	\$3,450.64	\$3,450.64	\$3,075.64	\$3,075.64

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**Blue Solutions PPO
Policy Forms: 17-238 9/04, et al**

Individual			
In-Network	\$3,000		\$5,000
Out-of-Network	\$6,000		\$10,000
Stop Loss Amount:			
In-Network	\$10,000		N/A
Out-of-Network	\$20,000		Unlimited
Coinsurance			
In-Network	80%/20%		100%/0%
Out-of-Network	60%/40%		80%/20%

	Male	Female	Male	Female
Individual				
0-1	\$399.53	\$399.53	\$378.62	\$378.62
2-12	\$134.44	\$134.44	\$127.40	\$127.40
13-17	\$134.44	\$208.14	\$127.40	\$197.21
18-24	\$134.44	\$208.14	\$127.40	\$197.21
25-29	\$163.18	\$268.11	\$154.61	\$254.08
30-34	\$183.11	\$313.06	\$173.58	\$296.64
35-39	\$220.77	\$375.42	\$209.16	\$355.73
40-44	\$264.61	\$430.14	\$250.75	\$407.57
45-49	\$351.98	\$495.66	\$333.53	\$469.72
50-54	\$471.36	\$565.47	\$446.67	\$535.85
55-59	\$680.91	\$704.12	\$645.22	\$667.19
60-64	\$949.57	\$860.44	\$899.80	\$815.34
65-69	\$1,186.95	\$1,075.51	\$1,124.81	\$1,019.12
Individual and Spouse				
00-24	\$322.52	\$322.52	\$305.59	\$305.59
25-29	\$405.87	\$405.87	\$384.57	\$384.57
30-34	\$467.08	\$467.08	\$442.62	\$442.62
35-39	\$561.11	\$561.11	\$531.73	\$531.73
40-44	\$653.99	\$653.99	\$619.71	\$619.71
45-49	\$770.89	\$770.89	\$730.51	\$730.51
50-54	\$961.81	\$961.81	\$911.33	\$911.33
55-59	\$1,284.44	\$1,284.44	\$1,217.12	\$1,217.12
60-64	\$1,678.10	\$1,678.10	\$1,590.18	\$1,590.18
65-69	\$2,097.67	\$2,097.67	\$1,987.79	\$1,987.79
Individual and Child				
00-24	\$356.04	\$447.15	\$337.35	\$423.66
25-29	\$391.45	\$521.31	\$370.96	\$494.00
30-34	\$416.14	\$576.94	\$394.36	\$546.73
35-39	\$462.78	\$654.10	\$438.54	\$619.78
40-44	\$517.05	\$721.91	\$489.93	\$684.04
45-49	\$579.00	\$742.10	\$548.68	\$703.19
50-54	\$652.91	\$750.52	\$618.69	\$711.17
55-59	\$870.31	\$894.22	\$824.65	\$847.35
60-64	\$1,148.90	\$1,056.37	\$1,088.66	\$1,000.97
65-69	\$1,436.05	\$1,320.49	\$1,360.82	\$1,251.27
Individual, Spouse, and Child				
00-24	\$561.41	\$561.41	\$531.98	\$531.98
25-29	\$661.76	\$661.76	\$627.05	\$627.05
30-34	\$735.21	\$735.21	\$696.67	\$696.67
35-39	\$848.41	\$848.41	\$803.94	\$803.94
40-44	\$960.16	\$960.16	\$909.83	\$909.83
45-49	\$1,084.88	\$1,084.88	\$1,028.01	\$1,028.01
50-54	\$1,269.37	\$1,269.37	\$1,202.84	\$1,202.84
55-59	\$1,639.22	\$1,639.22	\$1,553.29	\$1,553.29
60-64	\$2,090.57	\$2,090.57	\$1,981.02	\$1,981.02
65-69	\$2,613.28	\$2,613.28	\$2,476.32	\$2,476.32

**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2024**

**Blue Solutions PPO
Policy Forms: 17-238 9/04, et al**

Optional Riders

Maternity Rider

Deductible	Rate
\$750	\$630.94
\$1,500	\$553.92
\$3,000	\$523.46
\$5,000	\$500.78

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Individual	\$11.28
Individual and Spouse	\$22.48
Individual and Child	\$27.01
Individual, Spouse, Children	\$44.92

Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2024
BlueChoice
Policy Forms: 17-247 6/06

In-Network Deductible	\$500		\$500	
In-Network Stop Loss Amount:	\$5,000		\$10,000	
In-Network Coinsurance	80%/20%		80%/20%	
Office Visit Copay	\$30 PCP/\$50 Specialist		\$30 PCP/\$50 Specialist	
RX Benefit	\$10/\$30/\$50		\$10/\$30/\$50	
	Male	Female	Male	Female
Individual				
0-1	\$587.17	\$587.17	\$572.25	\$572.25
2-12	\$197.60	\$197.60	\$192.61	\$192.61
13-17	\$197.60	\$305.87	\$192.61	\$298.06
18-24	\$197.60	\$305.87	\$192.61	\$298.06
25-29	\$239.77	\$393.88	\$233.69	\$383.87
30-34	\$269.04	\$460.03	\$262.17	\$448.28
35-39	\$324.38	\$551.68	\$316.10	\$537.59
40-44	\$388.89	\$632.05	\$379.00	\$615.98
45-49	\$517.10	\$728.26	\$503.93	\$709.70
50-54	\$692.70	\$830.95	\$675.06	\$809.74
55-59	\$1,000.59	\$1,034.62	\$975.13	\$1,008.22
60-64	\$1,395.25	\$1,264.26	\$1,359.72	\$1,232.11
65-69	\$1,744.13	\$1,580.47	\$1,699.75	\$1,540.19
Individual and Spouse				
00-24	\$473.88	\$473.88	\$461.87	\$461.87
25-29	\$596.43	\$596.43	\$581.27	\$581.27
30-34	\$686.29	\$686.29	\$668.83	\$668.83
35-39	\$824.61	\$824.61	\$803.60	\$803.60
40-44	\$960.98	\$960.98	\$936.46	\$936.46
45-49	\$1,132.88	\$1,132.88	\$1,104.02	\$1,104.02
50-54	\$1,413.35	\$1,413.35	\$1,377.37	\$1,377.37
55-59	\$1,887.59	\$1,887.59	\$1,839.51	\$1,839.51
60-64	\$2,466.11	\$2,466.11	\$2,403.32	\$2,403.32
65-69	\$3,082.59	\$3,082.59	\$3,004.06	\$3,004.06
Individual and Child				
00-24	\$523.10	\$657.02	\$509.74	\$640.32
25-29	\$575.15	\$765.98	\$560.52	\$746.48
30-34	\$611.56	\$847.77	\$595.94	\$826.14
35-39	\$679.92	\$961.17	\$662.64	\$936.75
40-44	\$759.78	\$1,060.69	\$740.36	\$1,033.67
45-49	\$850.89	\$1,090.42	\$829.20	\$1,062.70
50-54	\$959.46	\$1,102.81	\$935.01	\$1,074.72
55-59	\$1,278.86	\$1,314.05	\$1,246.29	\$1,280.58
60-64	\$1,688.22	\$1,552.33	\$1,645.23	\$1,512.81
65-69	\$2,110.27	\$1,940.49	\$2,056.52	\$1,891.02
Individual, Spouse, and Child				
00-24	\$824.99	\$824.99	\$803.95	\$803.95
25-29	\$972.50	\$972.50	\$947.69	\$947.69
30-34	\$1,080.54	\$1,080.54	\$1,053.00	\$1,053.00
35-39	\$1,246.79	\$1,246.79	\$1,215.08	\$1,215.08
40-44	\$1,411.03	\$1,411.03	\$1,375.02	\$1,375.02
45-49	\$1,594.19	\$1,594.19	\$1,553.59	\$1,553.59
50-54	\$1,865.29	\$1,865.29	\$1,817.75	\$1,817.75
55-59	\$2,408.85	\$2,408.85	\$2,347.46	\$2,347.46
60-64	\$3,072.06	\$3,072.06	\$2,993.87	\$2,993.87
65-69	\$3,840.21	\$3,840.21	\$3,742.40	\$3,742.40

Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2024
BlueChoice
Policy Forms: 17-247 6/06

In-Network Deductible	\$1,000	\$1,000
In-Network Stop Loss Amount:	\$5,000	\$10,000
In-Network Coinsurance	80%/20%	80%/20%
Office Visit Copay	\$30 PCP/\$50 Specialist	\$30 PCP/\$50 Specialist
RX Benefit	\$10/\$30/\$50	\$10/\$30/\$50

	Male	Female	Male	Female
Individual				
0-1	\$536.84	\$536.84	\$523.58	\$523.58
2-12	\$180.72	\$180.72	\$176.20	\$176.20
13-17	\$180.72	\$279.63	\$176.20	\$272.75
18-24	\$180.72	\$279.63	\$176.20	\$272.75
25-29	\$219.24	\$360.14	\$213.83	\$351.26
30-34	\$246.01	\$420.63	\$239.93	\$410.20
35-39	\$296.58	\$504.42	\$289.23	\$491.94
40-44	\$355.55	\$577.89	\$346.77	\$563.63
45-49	\$472.77	\$665.88	\$461.09	\$649.37
50-54	\$633.33	\$759.65	\$617.68	\$740.93
55-59	\$914.90	\$945.94	\$892.26	\$922.56
60-64	\$1,275.69	\$1,155.95	\$1,244.18	\$1,127.36
65-69	\$1,594.70	\$1,445.01	\$1,555.29	\$1,409.31
Individual and Spouse				
00-24	\$433.25	\$433.25	\$422.56	\$422.56
25-29	\$545.31	\$545.31	\$531.86	\$531.86
30-34	\$627.46	\$627.46	\$611.95	\$611.95
35-39	\$753.93	\$753.93	\$735.25	\$735.25
40-44	\$878.58	\$878.58	\$856.90	\$856.90
45-49	\$1,035.82	\$1,035.82	\$1,010.21	\$1,010.21
50-54	\$1,292.25	\$1,292.25	\$1,260.30	\$1,260.30
55-59	\$1,725.83	\$1,725.83	\$1,683.16	\$1,683.16
60-64	\$2,254.77	\$2,254.77	\$2,199.01	\$2,199.01
65-69	\$2,818.37	\$2,818.37	\$2,748.70	\$2,748.70
Individual and Child				
00-24	\$478.24	\$600.72	\$466.44	\$585.83
25-29	\$525.85	\$700.39	\$512.87	\$683.08
30-34	\$559.09	\$775.14	\$545.27	\$755.98
35-39	\$621.69	\$878.82	\$606.30	\$857.10
40-44	\$694.66	\$969.76	\$677.46	\$945.85
45-49	\$777.97	\$997.03	\$758.74	\$972.37
50-54	\$877.20	\$1,008.32	\$855.54	\$983.36
55-59	\$1,169.25	\$1,201.45	\$1,140.33	\$1,171.73
60-64	\$1,543.56	\$1,419.29	\$1,505.41	\$1,384.24
65-69	\$1,929.40	\$1,774.15	\$1,881.77	\$1,730.33
Individual, Spouse, and Child				
00-24	\$754.33	\$754.33	\$735.65	\$735.65
25-29	\$889.19	\$889.19	\$867.19	\$867.19
30-34	\$987.97	\$987.97	\$963.50	\$963.50
35-39	\$1,140.00	\$1,140.00	\$1,111.85	\$1,111.85
40-44	\$1,290.11	\$1,290.11	\$1,258.20	\$1,258.20
45-49	\$1,457.57	\$1,457.57	\$1,421.60	\$1,421.60
50-54	\$1,705.48	\$1,705.48	\$1,663.30	\$1,663.30
55-59	\$2,202.39	\$2,202.39	\$2,147.99	\$2,147.99
60-64	\$2,808.84	\$2,808.84	\$2,739.39	\$2,739.39
65-69	\$3,511.10	\$3,511.10	\$3,424.34	\$3,424.34

Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2024
BlueChoice
Policy Forms: 17-247 6/06

In-Network Deductible	\$2,500		\$2,500	
In-Network Stop Loss Amount:	\$10,000		N/A	
In-Network Coinsurance	80%/20%		100%/0%	
Office Visit Copay	\$30 PCP/\$50 Specialist		\$30 PCP/\$50 Specialist	
RX Benefit	\$10/\$30/\$50		\$10/\$30/\$50	
	Male	Female	Male	Female
Individual				
0-1	\$426.68	\$426.68	\$466.32	\$466.32
2-12	\$143.63	\$143.63	\$156.92	\$156.92
13-17	\$143.63	\$222.30	\$156.92	\$242.87
18-24	\$143.63	\$222.30	\$156.92	\$242.87
25-29	\$174.22	\$286.24	\$190.40	\$312.77
30-34	\$195.59	\$334.30	\$213.67	\$365.31
35-39	\$235.68	\$400.90	\$257.59	\$438.11
40-44	\$282.60	\$459.33	\$308.84	\$501.95
45-49	\$375.74	\$529.22	\$410.61	\$578.30
50-54	\$503.36	\$603.80	\$550.10	\$659.86
55-59	\$727.14	\$751.85	\$794.63	\$821.61
60-64	\$1,013.97	\$918.77	\$1,108.03	\$1,003.98
65-69	\$1,267.47	\$1,148.46	\$1,385.03	\$1,255.05
Individual and Spouse				
00-24	\$344.40	\$344.40	\$376.32	\$376.32
25-29	\$433.44	\$433.44	\$473.64	\$473.64
30-34	\$498.71	\$498.71	\$544.95	\$544.95
35-39	\$599.27	\$599.27	\$654.81	\$654.81
40-44	\$698.35	\$698.35	\$763.08	\$763.08
45-49	\$823.22	\$823.22	\$899.66	\$899.66
50-54	\$1,027.10	\$1,027.10	\$1,122.39	\$1,122.39
55-59	\$1,371.65	\$1,371.65	\$1,498.96	\$1,498.96
60-64	\$1,792.08	\$1,792.08	\$1,958.36	\$1,958.36
65-69	\$2,240.02	\$2,240.02	\$2,447.92	\$2,447.92
Individual and Child				
00-24	\$380.07	\$477.45	\$415.41	\$521.76
25-29	\$417.98	\$556.64	\$456.72	\$608.30
30-34	\$444.40	\$616.03	\$485.62	\$673.23
35-39	\$494.08	\$698.50	\$539.95	\$763.31
40-44	\$552.08	\$770.78	\$603.29	\$842.26
45-49	\$618.31	\$792.43	\$675.68	\$865.97
50-54	\$697.25	\$801.38	\$761.90	\$875.75
55-59	\$929.33	\$954.89	\$1,015.55	\$1,043.46
60-64	\$1,226.79	\$1,128.05	\$1,340.67	\$1,232.75
65-69	\$1,533.51	\$1,410.12	\$1,675.78	\$1,540.95
Individual, Spouse, and Child				
00-24	\$599.53	\$599.53	\$655.18	\$655.18
25-29	\$706.74	\$706.74	\$772.29	\$772.29
30-34	\$785.23	\$785.23	\$858.07	\$858.07
35-39	\$906.09	\$906.09	\$990.11	\$990.11
40-44	\$1,025.40	\$1,025.40	\$1,120.49	\$1,120.49
45-49	\$1,158.52	\$1,158.52	\$1,265.97	\$1,265.97
50-54	\$1,355.52	\$1,355.52	\$1,481.28	\$1,481.28
55-59	\$1,750.41	\$1,750.41	\$1,912.87	\$1,912.87
60-64	\$2,232.44	\$2,232.44	\$2,439.60	\$2,439.60
65-69	\$2,790.60	\$2,790.60	\$3,049.58	\$3,049.58

**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2024
BlueChoice**

Policy Forms: 17-247 6/06

In-Network Deductible	\$5,000	\$5,000
In-Network Stop Loss Amount:	N/A	N/A
In-Network Coinsurance	100%/0%	100%/0%
Office Visit Copay	\$30 PCP/\$50 Specialist	N/A
RX Benefit	\$10/\$30/\$50	\$10/\$30/\$50

	Male	Female	Male	Female
Individual				
0-1	\$341.04	\$341.04	\$280.93	\$280.93
2-12	\$114.79	\$114.79	\$94.55	\$94.55
13-17	\$114.79	\$177.64	\$94.55	\$146.30
18-24	\$114.79	\$177.64	\$94.55	\$146.30
25-29	\$139.24	\$228.79	\$114.71	\$188.47
30-34	\$156.29	\$267.18	\$128.75	\$220.12
35-39	\$188.40	\$320.38	\$155.20	\$263.99
40-44	\$225.82	\$367.09	\$186.07	\$302.44
45-49	\$300.35	\$422.93	\$247.40	\$348.50
50-54	\$402.37	\$482.53	\$331.44	\$397.56
55-59	\$581.13	\$600.86	\$478.74	\$495.06
60-64	\$810.34	\$734.24	\$667.62	\$604.95
65-69	\$1,012.90	\$917.89	\$834.53	\$756.19
Individual and Spouse				
00-24	\$275.21	\$275.21	\$226.76	\$226.76
25-29	\$346.42	\$346.42	\$285.38	\$285.38
30-34	\$398.55	\$398.55	\$328.35	\$328.35
35-39	\$478.90	\$478.90	\$394.56	\$394.56
40-44	\$558.07	\$558.07	\$459.78	\$459.78
45-49	\$657.93	\$657.93	\$542.06	\$542.06
50-54	\$820.82	\$820.82	\$676.25	\$676.25
55-59	\$1,096.23	\$1,096.23	\$903.19	\$903.19
60-64	\$1,432.20	\$1,432.20	\$1,180.03	\$1,180.03
65-69	\$1,790.21	\$1,790.21	\$1,474.94	\$1,474.94
Individual and Child				
00-24	\$303.79	\$381.54	\$250.29	\$314.37
25-29	\$334.02	\$444.87	\$275.20	\$366.51
30-34	\$355.13	\$492.33	\$292.63	\$405.67
35-39	\$394.88	\$558.25	\$325.35	\$459.95
40-44	\$441.27	\$615.98	\$363.55	\$507.50
45-49	\$494.12	\$633.31	\$407.10	\$521.77
50-54	\$557.17	\$640.45	\$459.08	\$527.70
55-59	\$742.71	\$763.15	\$611.92	\$628.74
60-64	\$980.46	\$901.53	\$807.77	\$742.75
65-69	\$1,225.53	\$1,126.90	\$1,009.77	\$928.50
Individual, Spouse, and Child				
00-24	\$479.11	\$479.11	\$394.78	\$394.78
25-29	\$564.81	\$564.81	\$465.33	\$465.33
30-34	\$627.48	\$627.48	\$517.01	\$517.01
35-39	\$724.07	\$724.07	\$596.58	\$596.58
40-44	\$819.47	\$819.47	\$675.10	\$675.10
45-49	\$925.87	\$925.87	\$762.83	\$762.83
50-54	\$1,083.29	\$1,083.29	\$892.55	\$892.55
55-59	\$1,398.91	\$1,398.91	\$1,152.58	\$1,152.58
60-64	\$1,784.16	\$1,784.16	\$1,469.99	\$1,469.99
65-69	\$2,230.24	\$2,230.24	\$1,837.48	\$1,837.48

**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2024
BlueChoice**

Policy Forms: 17-247 6/06

In-Network Deductible	\$10,000	\$10,000
In-Network Stop Loss Amount:	N/A	N/A
In-Network Coinsurance	100%/0%	100%/0%
Office Visit Copay	\$30 PCP/\$50 Specialist	N/A
RX Benefit	\$10/\$30/\$50	\$10/\$30/\$50

	Male	Female	Male	Female
Individual				
0-1	\$265.75	\$265.75	\$185.31	\$185.31
2-12	\$89.43	\$89.43	\$62.29	\$62.29
13-17	\$89.43	\$138.48	\$62.29	\$96.56
18-24	\$89.43	\$138.48	\$62.29	\$96.56
25-29	\$108.49	\$178.28	\$75.66	\$124.29
30-34	\$121.76	\$208.17	\$84.90	\$145.20
35-39	\$146.81	\$249.67	\$102.35	\$174.12
40-44	\$175.98	\$286.03	\$122.76	\$199.50
45-49	\$233.98	\$329.60	\$163.23	\$229.89
50-54	\$313.46	\$376.05	\$218.64	\$262.25
55-59	\$452.86	\$468.28	\$315.79	\$326.51
60-64	\$631.44	\$572.16	\$440.41	\$399.06
65-69	\$789.32	\$715.21	\$550.51	\$498.83
Individual and Spouse				
00-24	\$214.47	\$214.47	\$149.56	\$149.56
25-29	\$269.91	\$269.91	\$188.26	\$188.26
30-34	\$310.60	\$310.60	\$216.59	\$216.59
35-39	\$373.17	\$373.17	\$260.27	\$260.27
40-44	\$434.88	\$434.88	\$303.34	\$303.34
45-49	\$512.68	\$512.68	\$357.56	\$357.56
50-54	\$639.67	\$639.67	\$446.10	\$446.10
55-59	\$854.27	\$854.27	\$595.74	\$595.74
60-64	\$1,116.05	\$1,116.05	\$778.40	\$778.40
65-69	\$1,395.04	\$1,395.04	\$972.95	\$972.95
Individual and Child				
00-24	\$236.70	\$297.36	\$165.14	\$207.39
25-29	\$260.28	\$346.69	\$181.54	\$241.78
30-34	\$276.76	\$383.69	\$193.00	\$267.60
35-39	\$307.66	\$435.06	\$214.62	\$303.40
40-44	\$343.86	\$479.99	\$239.80	\$334.76
45-49	\$385.06	\$493.49	\$268.54	\$344.16
50-54	\$434.17	\$499.12	\$302.80	\$348.03
55-59	\$578.76	\$594.68	\$403.63	\$414.72
60-64	\$764.00	\$702.57	\$532.84	\$489.93
65-69	\$955.04	\$878.14	\$666.05	\$612.49
Individual, Spouse, and Child				
00-24	\$373.36	\$373.36	\$260.39	\$260.39
25-29	\$440.14	\$440.14	\$306.97	\$306.97
30-34	\$488.94	\$488.94	\$341.05	\$341.05
35-39	\$564.24	\$564.24	\$393.52	\$393.52
40-44	\$638.52	\$638.52	\$445.32	\$445.32
45-49	\$721.48	\$721.48	\$503.21	\$503.21
50-54	\$844.14	\$844.14	\$588.76	\$588.76
55-59	\$1,090.10	\$1,090.10	\$760.26	\$760.26
60-64	\$1,390.31	\$1,390.31	\$969.63	\$969.63
65-69	\$1,737.97	\$1,737.97	\$1,212.09	\$1,212.09

**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2024
BlueChoice
Policy Forms: 17-247 6/06**

In-Network Deductible	\$25,000	\$25,000
In-Network Stop Loss Amount:	N/A	N/A
In-Network Coinsurance	100%/0%	100%/0%
Office Visit Copay	\$30 PCP/\$50 Specialist	N/A
RX Benefit	\$10/\$30/\$50	\$10/\$30/\$50

	Male	Female	Male	Female
Individual				
0-1	\$217.27	\$217.27	\$126.82	\$126.82
2-12	\$73.12	\$73.12	\$42.72	\$42.72
13-17	\$73.12	\$113.18	\$42.72	\$66.05
18-24	\$73.12	\$113.18	\$42.72	\$66.05
25-29	\$88.68	\$145.72	\$51.77	\$85.07
30-34	\$99.57	\$170.26	\$58.15	\$99.35
35-39	\$120.01	\$204.17	\$70.04	\$119.15
40-44	\$143.93	\$233.92	\$84.01	\$136.47
45-49	\$191.34	\$269.47	\$111.69	\$157.28
50-54	\$256.31	\$307.46	\$149.56	\$179.49
55-59	\$370.22	\$382.81	\$216.08	\$223.49
60-64	\$516.27	\$467.78	\$301.31	\$273.05
65-69	\$645.34	\$584.73	\$376.70	\$341.36
Individual and Spouse				
00-24	\$175.38	\$175.38	\$102.35	\$102.35
25-29	\$220.69	\$220.69	\$128.83	\$128.83
30-34	\$253.91	\$253.91	\$148.19	\$148.19
35-39	\$305.10	\$305.10	\$178.07	\$178.07
40-44	\$355.55	\$355.55	\$207.54	\$207.54
45-49	\$419.21	\$419.21	\$244.69	\$244.69
50-54	\$522.99	\$522.99	\$305.25	\$305.25
55-59	\$698.42	\$698.42	\$407.67	\$407.67
60-64	\$912.49	\$912.49	\$532.62	\$532.62
65-69	\$1,140.62	\$1,140.62	\$665.77	\$665.77
Individual and Child				
00-24	\$193.55	\$243.09	\$112.98	\$141.86
25-29	\$212.80	\$283.39	\$124.22	\$165.44
30-34	\$226.26	\$313.63	\$132.07	\$183.08
35-39	\$251.60	\$355.70	\$146.87	\$207.61
40-44	\$281.14	\$392.46	\$164.09	\$229.08
45-49	\$314.82	\$403.47	\$183.77	\$235.44
50-54	\$355.00	\$408.09	\$207.20	\$238.17
55-59	\$473.20	\$486.20	\$276.17	\$283.76
60-64	\$624.69	\$574.40	\$364.64	\$335.25
65-69	\$780.82	\$718.00	\$455.75	\$419.08
Individual, Spouse, and Child				
00-24	\$305.27	\$305.27	\$178.14	\$178.14
25-29	\$359.87	\$359.87	\$210.07	\$210.07
30-34	\$399.79	\$399.79	\$233.35	\$233.35
35-39	\$461.34	\$461.34	\$269.27	\$269.27
40-44	\$522.09	\$522.09	\$304.69	\$304.69
45-49	\$589.86	\$589.86	\$344.31	\$344.31
50-54	\$690.16	\$690.16	\$402.84	\$402.84
55-59	\$891.31	\$891.31	\$520.25	\$520.25
60-64	\$1,136.71	\$1,136.71	\$663.43	\$663.43
65-69	\$1,420.90	\$1,420.90	\$829.38	\$829.38

**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2024
BlueChoice**

Policy Forms: 17-247 6/06

In-Network Deductible	\$500		\$500	
In-Network Stop Loss Amount:	\$5,000		\$10,000	
In-Network Coinsurance	80%/20%		80%/20%	
Office Visit Copay	\$30 PCP/\$50 Specialist		\$30 PCP/\$50 Specialist	
RX Benefit	\$10/\$50 Essential Care Formulary		\$10/\$50 Essential Care Formulary	
	Male	Female	Male	Female
Individual				
0-1	\$559.49	\$559.49	\$544.52	\$544.52
2-12	\$188.29	\$188.29	\$183.27	\$183.27
13-17	\$188.29	\$291.45	\$183.27	\$283.68
18-24	\$188.29	\$291.45	\$183.27	\$283.68
25-29	\$228.46	\$375.27	\$222.34	\$365.26
30-34	\$256.39	\$438.31	\$249.51	\$426.63
35-39	\$309.07	\$525.61	\$300.78	\$511.58
40-44	\$370.55	\$602.26	\$360.62	\$586.12
45-49	\$492.71	\$693.89	\$479.53	\$675.38
50-54	\$660.00	\$791.67	\$642.34	\$770.51
55-59	\$953.40	\$985.76	\$927.90	\$959.41
60-64	\$1,329.41	\$1,204.62	\$1,293.86	\$1,172.38
65-69	\$1,661.78	\$1,505.85	\$1,617.36	\$1,465.60
Individual and Spouse				
00-24	\$451.56	\$451.56	\$439.44	\$439.44
25-29	\$568.32	\$568.32	\$553.08	\$553.08
30-34	\$653.87	\$653.87	\$636.39	\$636.39
35-39	\$785.67	\$785.67	\$764.65	\$764.65
40-44	\$915.56	\$915.56	\$891.09	\$891.09
45-49	\$1,079.39	\$1,079.39	\$1,050.54	\$1,050.54
50-54	\$1,346.65	\$1,346.65	\$1,310.60	\$1,310.60
55-59	\$1,798.48	\$1,798.48	\$1,750.34	\$1,750.34
60-64	\$2,349.68	\$2,349.68	\$2,286.85	\$2,286.85
65-69	\$2,937.09	\$2,937.09	\$2,858.49	\$2,858.49
Individual and Child				
00-24	\$498.41	\$626.02	\$485.08	\$609.27
25-29	\$548.03	\$729.81	\$533.36	\$710.32
30-34	\$582.63	\$807.74	\$567.10	\$786.15
35-39	\$647.84	\$915.83	\$630.50	\$891.32
40-44	\$723.87	\$1,010.64	\$704.53	\$983.56
45-49	\$810.71	\$1,038.99	\$789.00	\$1,011.22
50-54	\$914.11	\$1,050.77	\$889.63	\$1,022.67
55-59	\$1,218.46	\$1,252.01	\$1,185.86	\$1,218.55
60-64	\$1,608.56	\$1,479.06	\$1,565.53	\$1,439.52
65-69	\$2,010.62	\$1,848.88	\$1,956.89	\$1,799.38
Individual, Spouse, and Child				
00-24	\$786.13	\$786.13	\$765.03	\$765.03
25-29	\$926.57	\$926.57	\$901.85	\$901.85
30-34	\$1,029.52	\$1,029.52	\$1,001.99	\$1,001.99
35-39	\$1,187.94	\$1,187.94	\$1,156.28	\$1,156.28
40-44	\$1,344.43	\$1,344.43	\$1,308.45	\$1,308.45
45-49	\$1,518.98	\$1,518.98	\$1,478.37	\$1,478.37
50-54	\$1,777.27	\$1,777.27	\$1,729.71	\$1,729.71
55-59	\$2,295.07	\$2,295.07	\$2,233.72	\$2,233.72
60-64	\$2,927.11	\$2,927.11	\$2,848.83	\$2,848.83
65-69	\$3,658.92	\$3,658.92	\$3,561.11	\$3,561.11

**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2024
BlueChoice**

Policy Forms: 17-247 6/06

In-Network Deductible	\$1,000		\$1,000	
In-Network Stop Loss Amount:	\$5,000		\$10,000	
In-Network Coinsurance	80%/20%		80%/20%	
Office Visit Copay	\$30 PCP/\$50 Specialist		\$30 PCP/\$50 Specialist	
RX Benefit	\$10/\$50 Essential Care Formulary		\$10/\$50 Essential Care Formulary	
	Male	Female	Male	Female
Individual				
0-1	\$509.16	\$509.16	\$495.87	\$495.87
2-12	\$171.36	\$171.36	\$166.92	\$166.92
13-17	\$171.36	\$265.19	\$166.92	\$258.30
18-24	\$171.36	\$265.19	\$166.92	\$258.30
25-29	\$207.89	\$341.46	\$202.50	\$332.59
30-34	\$233.33	\$398.88	\$227.20	\$388.44
35-39	\$281.23	\$478.34	\$273.89	\$465.92
40-44	\$337.19	\$548.05	\$328.44	\$533.75
45-49	\$448.42	\$631.45	\$436.68	\$615.05
50-54	\$600.66	\$720.45	\$584.99	\$701.68
55-59	\$867.66	\$897.07	\$845.04	\$873.72
60-64	\$1,209.82	\$1,096.26	\$1,178.33	\$1,067.68
65-69	\$1,512.32	\$1,370.38	\$1,472.90	\$1,334.71
Individual and Spouse				
00-24	\$410.91	\$410.91	\$400.19	\$400.19
25-29	\$517.16	\$517.16	\$503.66	\$503.66
30-34	\$595.10	\$595.10	\$579.56	\$579.56
35-39	\$715.02	\$715.02	\$696.34	\$696.34
40-44	\$833.21	\$833.21	\$811.51	\$811.51
45-49	\$982.30	\$982.30	\$956.70	\$956.70
50-54	\$1,225.51	\$1,225.51	\$1,193.60	\$1,193.60
55-59	\$1,636.72	\$1,636.72	\$1,594.01	\$1,594.01
60-64	\$2,138.32	\$2,138.32	\$2,082.61	\$2,082.61
65-69	\$2,672.87	\$2,672.87	\$2,603.20	\$2,603.20
Individual and Child				
00-24	\$453.58	\$569.69	\$441.72	\$554.86
25-29	\$498.71	\$664.17	\$485.75	\$646.90
30-34	\$530.22	\$735.12	\$516.40	\$715.95
35-39	\$589.55	\$833.38	\$574.21	\$811.76
40-44	\$658.79	\$919.69	\$641.61	\$895.77
45-49	\$737.79	\$945.53	\$718.53	\$920.91
50-54	\$831.92	\$956.25	\$810.20	\$931.34
55-59	\$1,108.85	\$1,139.40	\$1,079.95	\$1,109.77
60-64	\$1,463.84	\$1,346.00	\$1,425.72	\$1,310.95
65-69	\$1,829.80	\$1,682.54	\$1,782.13	\$1,638.69
Individual, Spouse, and Child				
00-24	\$715.36	\$715.36	\$696.69	\$696.69
25-29	\$843.26	\$843.26	\$821.25	\$821.25
30-34	\$936.95	\$936.95	\$912.51	\$912.51
35-39	\$1,081.09	\$1,081.09	\$1,052.97	\$1,052.97
40-44	\$1,223.47	\$1,223.47	\$1,191.56	\$1,191.56
45-49	\$1,382.32	\$1,382.32	\$1,346.30	\$1,346.30
50-54	\$1,617.37	\$1,617.37	\$1,575.27	\$1,575.27
55-59	\$2,088.64	\$2,088.64	\$2,034.20	\$2,034.20
60-64	\$2,663.82	\$2,663.82	\$2,594.42	\$2,594.42
65-69	\$3,329.81	\$3,329.81	\$3,243.02	\$3,243.02

Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2024
BlueChoice

Policy Forms: 17-247 6/06

In-Network Deductible	\$2,500		\$2,500	
In-Network Stop Loss Amount:	\$10,000		N/A	
In-Network Coinsurance	80%/20%		100%/0%	
Office Visit Copay	\$30 PCP/\$50 Specialist		\$30 PCP/\$50 Specialist	
RX Benefit	\$10/\$50 Essential Care Formulary		\$10/\$50 Essential Care Formulary	
	Male	Female	Male	Female
Individual				
0-1	\$398.98	\$398.98	\$438.57	\$438.57
2-12	\$134.31	\$134.31	\$147.56	\$147.56
13-17	\$134.31	\$207.85	\$147.56	\$228.46
18-24	\$134.31	\$207.85	\$147.56	\$228.46
25-29	\$162.93	\$267.63	\$179.12	\$294.19
30-34	\$182.83	\$312.62	\$200.94	\$343.58
35-39	\$220.38	\$374.87	\$242.27	\$412.04
40-44	\$264.21	\$429.45	\$290.46	\$472.10
45-49	\$351.33	\$494.84	\$386.23	\$543.98
50-54	\$470.66	\$564.56	\$517.34	\$620.58
55-59	\$679.89	\$703.02	\$747.35	\$772.76
60-64	\$948.08	\$859.04	\$1,042.13	\$944.28
65-69	\$1,185.09	\$1,073.88	\$1,302.71	\$1,180.46
Individual and Spouse				
00-24	\$321.95	\$321.95	\$353.98	\$353.98
25-29	\$405.27	\$405.27	\$445.51	\$445.51
30-34	\$466.33	\$466.33	\$512.61	\$512.61
35-39	\$560.32	\$560.32	\$615.88	\$615.88
40-44	\$652.93	\$652.93	\$717.75	\$717.75
45-49	\$769.76	\$769.76	\$846.12	\$846.12
50-54	\$960.35	\$960.35	\$1,055.65	\$1,055.65
55-59	\$1,282.59	\$1,282.59	\$1,409.87	\$1,409.87
60-64	\$1,675.70	\$1,675.70	\$1,841.92	\$1,841.92
65-69	\$2,094.54	\$2,094.54	\$2,302.37	\$2,302.37
Individual and Child				
00-24	\$355.46	\$446.45	\$390.69	\$490.76
25-29	\$390.81	\$520.52	\$429.59	\$572.14
30-34	\$415.53	\$576.04	\$456.72	\$633.21
35-39	\$462.02	\$653.14	\$507.82	\$717.91
40-44	\$516.23	\$720.74	\$567.50	\$792.26
45-49	\$578.13	\$740.95	\$635.53	\$814.47
50-54	\$651.93	\$749.34	\$716.62	\$823.70
55-59	\$868.96	\$892.88	\$955.17	\$981.48
60-64	\$1,147.10	\$1,054.77	\$1,261.00	\$1,159.45
65-69	\$1,433.88	\$1,318.50	\$1,576.15	\$1,449.30
Individual, Spouse, and Child				
00-24	\$560.63	\$560.63	\$616.18	\$616.18
25-29	\$660.78	\$660.78	\$726.38	\$726.38
30-34	\$734.23	\$734.23	\$807.05	\$807.05
35-39	\$847.17	\$847.17	\$931.27	\$931.27
40-44	\$958.70	\$958.70	\$1,053.86	\$1,053.86
45-49	\$1,083.19	\$1,083.19	\$1,190.70	\$1,190.70
50-54	\$1,267.47	\$1,267.47	\$1,393.18	\$1,393.18
55-59	\$1,636.73	\$1,636.73	\$1,799.17	\$1,799.17
60-64	\$2,087.43	\$2,087.43	\$2,294.60	\$2,294.60
65-69	\$2,609.35	\$2,609.35	\$2,868.28	\$2,868.28

**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2024
BlueChoice**

Policy Forms: 17-247 6/06

In-Network Deductible	\$5,000		\$5,000	
In-Network Stop Loss Amount:	N/A		N/A	
In-Network Coinsurance	100%/0%		100%/0%	
Office Visit Copay	\$30 PCP/\$50 Specialist		N/A	
RX Benefit	\$10/\$50 Essential Care Formulary		\$10/\$50 Essential Care Formulary	
	Male	Female	Male	Female
Individual				
0-1	\$313.31	\$313.31	\$259.48	\$259.48
2-12	\$105.43	\$105.43	\$87.30	\$87.30
13-17	\$105.43	\$163.19	\$87.30	\$135.20
18-24	\$105.43	\$163.19	\$87.30	\$135.20
25-29	\$127.95	\$210.15	\$105.94	\$174.10
30-34	\$143.58	\$245.42	\$118.92	\$203.31
35-39	\$173.11	\$294.34	\$143.34	\$243.79
40-44	\$207.46	\$337.22	\$171.87	\$279.33
45-49	\$275.83	\$388.58	\$228.55	\$321.88
50-54	\$369.56	\$443.35	\$306.13	\$367.19
55-59	\$533.89	\$552.02	\$442.20	\$457.20
60-64	\$744.47	\$674.55	\$616.64	\$558.75
65-69	\$930.56	\$843.26	\$770.83	\$698.48
Individual and Spouse				
00-24	\$252.85	\$252.85	\$209.44	\$209.44
25-29	\$318.24	\$318.24	\$263.55	\$263.55
30-34	\$366.13	\$366.13	\$303.34	\$303.34
35-39	\$439.97	\$439.97	\$364.41	\$364.41
40-44	\$512.68	\$512.68	\$424.70	\$424.70
45-49	\$604.45	\$604.45	\$500.63	\$500.63
50-54	\$754.08	\$754.08	\$624.61	\$624.61
55-59	\$1,007.13	\$1,007.13	\$834.19	\$834.19
60-64	\$1,315.76	\$1,315.76	\$1,089.91	\$1,089.91
65-69	\$1,644.71	\$1,644.71	\$1,362.33	\$1,362.33
Individual and Child				
00-24	\$279.14	\$350.58	\$231.21	\$290.35
25-29	\$306.92	\$408.74	\$254.19	\$338.50
30-34	\$326.28	\$452.37	\$270.27	\$374.63
35-39	\$362.74	\$512.87	\$300.48	\$424.79
40-44	\$405.40	\$565.93	\$335.76	\$468.75
45-49	\$453.98	\$581.80	\$376.05	\$481.95
50-54	\$511.89	\$588.37	\$423.99	\$487.40
55-59	\$682.30	\$701.08	\$565.17	\$580.70
60-64	\$900.73	\$828.22	\$746.07	\$686.02
65-69	\$1,125.93	\$1,035.32	\$932.59	\$857.53
Individual, Spouse, and Child				
00-24	\$440.19	\$440.19	\$364.64	\$364.64
25-29	\$518.90	\$518.90	\$429.79	\$429.79
30-34	\$576.55	\$576.55	\$477.54	\$477.54
35-39	\$665.21	\$665.21	\$551.05	\$551.05
40-44	\$752.84	\$752.84	\$623.59	\$623.59
45-49	\$850.59	\$850.59	\$704.56	\$704.56
50-54	\$995.23	\$995.23	\$824.36	\$824.36
55-59	\$1,285.23	\$1,285.23	\$1,064.59	\$1,064.59
60-64	\$1,639.11	\$1,639.11	\$1,357.64	\$1,357.64
65-69	\$2,048.96	\$2,048.96	\$1,697.13	\$1,697.13

**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2024
BlueChoice**

Policy Forms: 17-247 6/06

In-Network Deductible	\$10,000		\$10,000	
In-Network Stop Loss Amount:	N/A		N/A	
In-Network Coinsurance	100%/0%		100%/0%	
Office Visit Copay	\$30 PCP/\$50 Specialist		N/A	
RX Benefit	\$10/\$50 Essential Care Formulary		\$10/\$50 Essential Care Formulary	
	Male	Female	Male	Female
Individual				
0-1	\$238.05	\$238.05	\$163.88	\$163.88
2-12	\$80.10	\$80.10	\$55.15	\$55.15
13-17	\$80.10	\$123.94	\$55.15	\$85.32
18-24	\$80.10	\$123.94	\$55.15	\$85.32
25-29	\$97.18	\$159.68	\$66.93	\$109.89
30-34	\$109.13	\$186.48	\$75.14	\$128.37
35-39	\$131.48	\$223.63	\$90.54	\$153.99
40-44	\$157.61	\$256.22	\$108.49	\$176.33
45-49	\$209.59	\$295.24	\$144.34	\$203.19
50-54	\$280.80	\$336.82	\$193.33	\$231.89
55-59	\$405.64	\$419.38	\$279.23	\$288.77
60-64	\$565.55	\$512.51	\$389.39	\$352.85
65-69	\$706.98	\$640.63	\$486.78	\$441.06
Individual and Spouse				
00-24	\$192.07	\$192.07	\$132.26	\$132.26
25-29	\$241.78	\$241.78	\$166.42	\$166.42
30-34	\$278.18	\$278.18	\$191.51	\$191.51
35-39	\$334.26	\$334.26	\$230.12	\$230.12
40-44	\$389.54	\$389.54	\$268.14	\$268.14
45-49	\$459.22	\$459.22	\$316.16	\$316.16
50-54	\$572.91	\$572.91	\$394.41	\$394.41
55-59	\$765.13	\$765.13	\$526.81	\$526.81
60-64	\$999.67	\$999.67	\$688.27	\$688.27
65-69	\$1,249.53	\$1,249.53	\$860.31	\$860.31
Individual and Child				
00-24	\$212.04	\$266.36	\$145.99	\$183.36
25-29	\$233.12	\$310.55	\$160.47	\$213.78
30-34	\$247.87	\$343.63	\$170.65	\$236.64
35-39	\$275.63	\$389.65	\$189.75	\$268.26
40-44	\$307.99	\$429.97	\$212.04	\$296.02
45-49	\$344.89	\$442.03	\$237.49	\$304.29
50-54	\$388.91	\$447.06	\$267.77	\$307.80
55-59	\$518.42	\$532.63	\$356.95	\$366.71
60-64	\$684.36	\$629.23	\$471.16	\$433.24
65-69	\$855.39	\$786.57	\$588.92	\$541.50
Individual, Spouse, and Child				
00-24	\$334.46	\$334.46	\$230.20	\$230.20
25-29	\$394.20	\$394.20	\$271.40	\$271.40
30-34	\$437.99	\$437.99	\$301.55	\$301.55
35-39	\$505.41	\$505.41	\$347.97	\$347.97
40-44	\$571.93	\$571.93	\$393.78	\$393.78
45-49	\$646.24	\$646.24	\$444.91	\$444.91
50-54	\$756.11	\$756.11	\$520.57	\$520.57
55-59	\$976.43	\$976.43	\$672.27	\$672.27
60-64	\$1,245.30	\$1,245.30	\$857.37	\$857.37
65-69	\$1,556.68	\$1,556.68	\$1,071.75	\$1,071.75

**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2024
BlueChoice**

Policy Forms: 17-247 6/06

In-Network Deductible	\$25,000		\$25,000	
In-Network Stop Loss Amount:	N/A		N/A	
In-Network Coinsurance	100%/0%		100%/0%	
Office Visit Copay	\$30 PCP/\$50 Specialist		N/A	
RX Benefit	\$10/\$50 Essential Care Formulary		\$10/\$50 Essential Care Formulary	
	Male	Female	Male	Female
Individual				
0-1	\$189.53	\$189.53	\$105.34	\$105.34
2-12	\$63.80	\$63.80	\$35.47	\$35.47
13-17	\$63.80	\$98.75	\$35.47	\$54.84
18-24	\$63.80	\$98.75	\$35.47	\$54.84
25-29	\$77.39	\$127.12	\$43.05	\$70.67
30-34	\$86.87	\$148.51	\$48.26	\$82.57
35-39	\$104.70	\$178.07	\$58.19	\$98.96
40-44	\$125.53	\$204.02	\$69.78	\$113.44
45-49	\$166.92	\$235.13	\$92.78	\$130.66
50-54	\$223.63	\$268.19	\$124.26	\$149.09
55-59	\$323.05	\$333.96	\$179.54	\$185.63
60-64	\$450.39	\$408.13	\$250.36	\$226.86
65-69	\$563.03	\$510.15	\$312.95	\$283.57
Individual and Spouse				
00-24	\$152.97	\$152.97	\$85.02	\$85.02
25-29	\$192.56	\$192.56	\$107.02	\$107.02
30-34	\$221.57	\$221.57	\$123.18	\$123.18
35-39	\$266.18	\$266.18	\$147.91	\$147.91
40-44	\$310.18	\$310.18	\$172.38	\$172.38
45-49	\$365.70	\$365.70	\$203.29	\$203.29
50-54	\$456.27	\$456.27	\$253.63	\$253.63
55-59	\$609.28	\$609.28	\$338.69	\$338.69
60-64	\$796.05	\$796.05	\$442.49	\$442.49
65-69	\$995.05	\$995.05	\$553.08	\$553.08
Individual and Child				
00-24	\$168.84	\$212.11	\$93.86	\$117.91
25-29	\$185.70	\$247.29	\$103.18	\$137.43
30-34	\$197.39	\$273.65	\$109.74	\$152.09
35-39	\$219.42	\$310.27	\$122.02	\$172.48
40-44	\$245.26	\$342.40	\$136.36	\$190.29
45-49	\$274.68	\$352.02	\$152.62	\$195.70
50-54	\$309.69	\$355.99	\$172.13	\$197.85
55-59	\$412.83	\$424.18	\$229.46	\$235.79
60-64	\$544.93	\$501.14	\$302.89	\$278.55
65-69	\$681.20	\$626.36	\$378.64	\$348.18
Individual, Spouse, and Child				
00-24	\$266.30	\$266.30	\$148.04	\$148.04
25-29	\$313.93	\$313.93	\$174.45	\$174.45
30-34	\$348.78	\$348.78	\$193.89	\$193.89
35-39	\$402.43	\$402.43	\$223.74	\$223.74
40-44	\$455.46	\$455.46	\$253.21	\$253.21
45-49	\$514.60	\$514.60	\$286.03	\$286.03
50-54	\$602.09	\$602.09	\$334.66	\$334.66
55-59	\$777.60	\$777.60	\$432.16	\$432.16
60-64	\$991.66	\$991.66	\$551.19	\$551.19
65-69	\$1,239.61	\$1,239.61	\$689.00	\$689.00

**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2024**

**BlueChoice
Policy Forms: 17-247 6/06**

Optional Riders

Maternity Rider (\$5,000 Maximum Benefit, 12 Month Waiting Period)

80% In Network Coinsurance	\$508.58
100% In Network Coinsurance	\$553.64

**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2024**

**Comprehensive Blue PPO I
Policy Forms: 17-259 7-09, et al**

	In Network	Out of Network		Drug Copays
Deductible	\$500	\$1,000	Tier 1 (Generic)	\$10
Coinsurance	80%/20%	60%/40%	Tier 2 (Preferred Brands)	\$35
Stop Loss Amount	\$10,000	No Max	Tier 3 (Non-Preferred Brands)	\$70

Primary Insured Medical & Drug Coverage Monthly Bank Draft Premiums

Attained			Attained		
Age	Female	Male	Age	Female	Male
0	\$399.52	\$399.52	35	\$373.50	\$236.45
1	\$399.52	\$399.52	36	\$380.61	\$243.11
2	\$146.43	\$146.43	37	\$387.27	\$250.01
3	\$146.43	\$146.43	38	\$395.25	\$258.86
4	\$146.43	\$146.43	39	\$403.19	\$267.68
5	\$146.43	\$146.43	40	\$411.17	\$276.44
6	\$146.43	\$146.43	41	\$419.14	\$285.29
7	\$146.43	\$146.43	42	\$446.02	\$294.34
8	\$146.43	\$146.43	43	\$457.00	\$308.15
9	\$146.43	\$146.43	44	\$468.20	\$321.69
10	\$146.43	\$146.43	45	\$481.57	\$341.90
11	\$146.43	\$146.43	46	\$492.80	\$362.25
12	\$146.43	\$146.43	47	\$503.55	\$382.63
13	\$158.28	\$146.43	48	\$519.67	\$407.49
14	\$158.28	\$146.43	49	\$535.85	\$432.55
15	\$158.28	\$146.43	50	\$554.26	\$457.43
16	\$175.36	\$146.43	51	\$572.96	\$482.32
17	\$192.43	\$146.43	52	\$591.80	\$507.14
18	\$206.34	\$152.14	53	\$624.94	\$540.98
19	\$220.16	\$152.14	54	\$658.21	\$588.37
20	\$230.98	\$152.14	55	\$691.30	\$637.53
21	\$236.80	\$152.14	56	\$724.39	\$688.37
22	\$242.63	\$152.14	57	\$757.47	\$741.46
23	\$248.39	\$152.14	58	\$786.45	\$791.39
24	\$259.18	\$152.14	59	\$815.13	\$842.02
25	\$286.42	\$161.05	60	\$844.16	\$893.28
26	\$290.74	\$170.62	61	\$872.86	\$945.47
27	\$295.01	\$176.28	62	\$901.41	\$997.75
28	\$299.33	\$182.16	63	\$945.76	\$1,060.77
29	\$303.64	\$188.04	64	\$989.87	\$1,124.01
30	\$327.78	\$193.70	65	\$1,109.54	\$1,291.88
31	\$337.31	\$197.77	66	\$1,109.54	\$1,291.88
32	\$346.76	\$205.71	67	\$1,109.54	\$1,291.88
33	\$354.06	\$212.39	68	\$1,109.54	\$1,291.88
34	\$361.14	\$218.88	69	\$1,109.54	\$1,291.88

**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2024**

**Comprehensive Blue PPO I
Policy Forms: 17-259 7-09, et al**

		In Network	Out of Network		Drug Copays
Deductible		\$1,000	\$2,000	Tier 1 (Generic)	\$10
Coinsurance		80%/20%	60%/40%	Tier 2 (Preferred Brands)	\$35
Stop Loss Amount		\$10,000	No Max	Tier 3 (Non-Preferred Brands)	\$70

Primary Insured Medical & Drug Coverage Monthly Bank Draft Premiums

Attained				Attained		
<u>Age</u>	<u>Female</u>	<u>Male</u>		<u>Age</u>	<u>Female</u>	<u>Male</u>
0	\$356.11	\$356.11		35	\$342.54	\$216.69
1	\$356.11	\$356.11		36	\$348.85	\$222.59
2	\$132.48	\$132.48		37	\$354.75	\$228.68
3	\$132.48	\$132.48		38	\$361.79	\$236.45
4	\$132.48	\$132.48		39	\$368.81	\$244.26
5	\$132.48	\$132.48		40	\$375.83	\$252.06
6	\$132.48	\$132.48		41	\$382.91	\$259.84
7	\$132.48	\$132.48		42	\$406.64	\$267.83
8	\$132.48	\$132.48		43	\$416.36	\$280.03
9	\$132.48	\$132.48		44	\$426.26	\$292.02
10	\$132.48	\$132.48		45	\$438.36	\$310.62
11	\$132.48	\$132.48		46	\$448.22	\$329.35
12	\$132.48	\$132.48		47	\$457.75	\$348.17
13	\$142.92	\$132.48		48	\$471.99	\$370.75
14	\$142.92	\$132.48		49	\$486.24	\$393.44
15	\$142.92	\$132.48		50	\$502.84	\$416.02
16	\$159.21	\$132.48		51	\$519.62	\$438.60
17	\$175.58	\$132.48		52	\$536.60	\$461.10
18	\$189.14	\$138.00		53	\$567.44	\$491.67
19	\$202.65	\$138.00		54	\$598.37	\$534.17
20	\$213.47	\$138.00		55	\$629.18	\$578.23
21	\$218.59	\$138.00		56	\$659.90	\$623.78
22	\$223.73	\$138.00		57	\$690.74	\$671.32
23	\$228.85	\$138.00		58	\$716.77	\$716.17
24	\$238.38	\$138.00		59	\$742.63	\$761.52
25	\$263.84	\$146.32		60	\$768.71	\$807.46
26	\$267.62	\$155.27		61	\$794.57	\$854.25
27	\$271.44	\$160.78		62	\$820.28	\$901.11
28	\$275.23	\$166.43		63	\$860.18	\$958.00
29	\$279.01	\$172.13		64	\$899.94	\$1,015.16
30	\$301.59	\$177.55		65	\$1,006.47	\$1,164.72
31	\$310.00	\$181.19		66	\$1,006.47	\$1,164.72
32	\$318.35	\$188.25		67	\$1,006.47	\$1,164.72
33	\$324.78	\$194.13		68	\$1,006.47	\$1,164.72
34	\$331.08	\$199.85		69	\$1,006.47	\$1,164.72

**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2024**

**Comprehensive Blue PPO I
Policy Forms: 17-259 7-09, et al**

		In Network	Out of Network		Drug Copays
Deductible	\$2,500	\$5,000		Tier 1 (Generic)	\$10
Coinsurance	100%/0%	80%/20%		Tier 2 (Preferred Brands)	\$35
Stop Loss Amount	Not Applicable	No Max		Tier 3 (Non-Preferred Brands)	\$70

Primary Insured Medical & Drug Coverage Monthly Bank Draft Premiums

Attained			Attained		
Age	Female	Male	Age	Female	Male
0	\$313.56	\$313.56	35	\$312.30	\$197.32
1	\$313.56	\$313.56	36	\$317.80	\$202.48
2	\$118.78	\$118.78	37	\$322.91	\$207.75
3	\$118.78	\$118.78	38	\$329.01	\$214.56
4	\$118.78	\$118.78	39	\$335.14	\$221.35
5	\$118.78	\$118.78	40	\$341.28	\$228.15
6	\$118.78	\$118.78	41	\$347.42	\$234.95
7	\$118.78	\$118.78	42	\$368.13	\$241.93
8	\$118.78	\$118.78	43	\$376.57	\$252.53
9	\$118.78	\$118.78	44	\$385.22	\$262.94
10	\$118.78	\$118.78	45	\$396.02	\$280.02
11	\$118.78	\$118.78	46	\$404.62	\$297.22
12	\$118.78	\$118.78	47	\$412.92	\$314.42
13	\$127.89	\$118.78	48	\$425.31	\$334.75
14	\$127.89	\$118.78	49	\$437.77	\$355.20
15	\$127.89	\$118.78	50	\$452.54	\$375.53
16	\$143.49	\$118.78	51	\$467.49	\$395.84
17	\$159.18	\$118.78	52	\$482.60	\$416.06
18	\$172.38	\$124.15	53	\$511.11	\$443.39
19	\$185.53	\$124.15	54	\$539.76	\$481.09
20	\$196.35	\$124.15	55	\$568.35	\$520.25
21	\$200.79	\$124.15	56	\$596.84	\$560.59
22	\$205.29	\$124.15	57	\$625.39	\$602.71
23	\$209.76	\$124.15	58	\$648.64	\$642.48
24	\$218.03	\$124.15	59	\$671.61	\$682.77
25	\$241.70	\$131.96	60	\$694.89	\$723.49
26	\$245.06	\$140.28	61	\$717.92	\$764.94
27	\$248.32	\$145.60	62	\$740.84	\$806.48
28	\$251.66	\$151.08	63	\$776.48	\$857.48
29	\$254.96	\$156.55	64	\$811.97	\$908.63
30	\$275.96	\$161.83	65	\$905.58	\$1,040.31
31	\$283.28	\$165.00	66	\$905.58	\$1,040.31
32	\$290.58	\$171.12	67	\$905.58	\$1,040.31
33	\$296.18	\$176.29	68	\$905.58	\$1,040.31
34	\$301.65	\$181.27	69	\$905.58	\$1,040.31

**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2024**

**Comprehensive Blue PPO I
Policy Forms: 17-259 7-09, et al**

	In Network	Out of Network		Drug Copays
Deductible	\$5,000	\$10,000	Tier 1 (Generic)	\$10
Coinsurance	100%/0%	80%/20%	Tier 2 (Preferred Brands)	\$35
Stop Loss Amount	Not Applicable	No Max	Tier 3 (Non-Preferred Brands)	\$70

Primary Insured Medical & Drug Coverage Monthly Bank Draft Premiums

Attained			Attained		
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
0	\$247.30	\$247.30	35	\$265.10	\$167.15
1	\$247.30	\$247.30	36	\$269.25	\$171.13
2	\$97.45	\$97.45	37	\$273.26	\$175.18
3	\$97.45	\$97.45	38	\$277.97	\$180.45
4	\$97.45	\$97.45	39	\$282.64	\$185.65
5	\$97.45	\$97.45	40	\$287.31	\$190.89
6	\$97.45	\$97.45	41	\$292.06	\$196.06
7	\$97.45	\$97.45	42	\$308.04	\$201.43
8	\$97.45	\$97.45	43	\$314.52	\$209.60
9	\$97.45	\$97.45	44	\$321.11	\$217.63
10	\$97.45	\$97.45	45	\$329.95	\$232.27
11	\$97.45	\$97.45	46	\$336.56	\$247.03
12	\$97.45	\$97.45	47	\$342.98	\$261.79
13	\$104.46	\$97.45	48	\$352.52	\$278.60
14	\$104.46	\$97.45	49	\$362.03	\$295.49
15	\$104.46	\$97.45	50	\$373.99	\$312.29
16	\$118.99	\$97.45	51	\$386.08	\$329.11
17	\$133.49	\$97.45	52	\$398.29	\$345.82
18	\$146.17	\$102.51	53	\$423.32	\$368.08
19	\$158.81	\$102.51	54	\$448.45	\$398.35
20	\$169.63	\$102.51	55	\$473.48	\$429.69
21	\$173.01	\$102.51	56	\$498.43	\$461.99
22	\$176.46	\$102.51	57	\$523.47	\$495.65
23	\$179.89	\$102.51	58	\$542.26	\$527.56
24	\$186.31	\$102.51	59	\$560.89	\$559.80
25	\$207.22	\$109.52	60	\$579.69	\$592.44
26	\$209.74	\$116.88	61	\$598.33	\$625.68
27	\$212.31	\$121.89	62	\$616.80	\$658.91
28	\$214.83	\$127.08	63	\$645.78	\$700.56
29	\$217.37	\$132.31	64	\$674.69	\$742.43
30	\$235.94	\$137.33	65	\$748.22	\$846.15
31	\$241.58	\$139.69	66	\$748.22	\$846.15
32	\$247.17	\$144.44	67	\$748.22	\$846.15
33	\$251.49	\$148.40	68	\$748.22	\$846.15
34	\$255.71	\$152.21	69	\$748.22	\$846.15

**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2024**

**Comprehensive Blue PPO I
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Deductible	In Network \$10,000	Out of Network \$20,000	Tier 1 (Generic)	\$10
Coinsurance	100%/0%	80%/20%	Tier 2 (Preferred Brands)	\$35
Stop Loss Amount	Not Applicable	No Max	Tier 3 (Non-Preferred Brands)	\$70

Primary Insured Medical & Drug Coverage Monthly Bank Draft Premiums

Attained			Attained		
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
0	\$195.90	\$195.90	35	\$228.47	\$143.78
1	\$195.90	\$195.90	36	\$231.66	\$146.82
2	\$80.90	\$80.90	37	\$234.75	\$149.98
3	\$80.90	\$80.90	38	\$238.37	\$153.95
4	\$80.90	\$80.90	39	\$241.97	\$157.95
5	\$80.90	\$80.90	40	\$245.59	\$161.99
6	\$80.90	\$80.90	41	\$249.21	\$165.99
7	\$80.90	\$80.90	42	\$261.41	\$170.11
8	\$80.90	\$80.90	43	\$266.42	\$176.31
9	\$80.90	\$80.90	44	\$271.50	\$182.52
10	\$80.90	\$80.90	45	\$278.76	\$195.31
11	\$80.90	\$80.90	46	\$283.86	\$208.14
12	\$80.90	\$80.90	47	\$288.77	\$221.00
13	\$86.29	\$80.90	48	\$296.07	\$235.12
14	\$86.29	\$80.90	49	\$303.41	\$249.23
15	\$86.29	\$80.90	50	\$313.15	\$263.36
16	\$99.96	\$80.90	51	\$323.04	\$277.41
17	\$113.62	\$80.90	52	\$332.97	\$291.35
18	\$125.89	\$85.77	53	\$355.31	\$309.72
19	\$138.09	\$85.77	54	\$377.63	\$334.26
20	\$148.91	\$85.77	55	\$399.98	\$359.55
21	\$151.55	\$85.77	56	\$422.23	\$385.61
22	\$154.16	\$85.77	57	\$444.50	\$412.72
23	\$156.80	\$85.77	58	\$459.84	\$438.50
24	\$161.70	\$85.77	59	\$475.06	\$464.58
25	\$180.46	\$92.12	60	\$490.45	\$490.97
26	\$182.46	\$98.70	61	\$505.67	\$517.75
27	\$184.42	\$103.59	62	\$520.83	\$544.53
28	\$186.35	\$108.51	63	\$544.59	\$579.07
29	\$188.31	\$113.47	64	\$568.28	\$613.66
30	\$204.98	\$118.30	65	\$626.31	\$695.76
31	\$209.29	\$120.14	66	\$626.31	\$695.76
32	\$213.57	\$123.73	67	\$626.31	\$695.76
33	\$216.90	\$126.77	68	\$626.31	\$695.76
34	\$220.14	\$129.72	69	\$626.31	\$695.76

**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2024**

**Comprehensive Blue PPO I
Policy Forms: 17-259 7-09, et al**

	In Network	Out of Network		Drug Copays
Deductible	\$15,000	\$30,000	Tier 1 (Generic)	\$10
Coinsurance	100%/0%	80%/20%	Tier 2 (Preferred Brands)	\$35
Stop Loss Amount	Not Applicable	No Max	Tier 3 (Non-Preferred Brands)	\$70

Primary Insured Medical & Drug Coverage Monthly Bank Draft Premiums

Attained			Attained		
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
0	\$167.87	\$167.87	35	\$208.50	\$131.02
1	\$167.87	\$167.87	36	\$211.20	\$133.58
2	\$71.87	\$71.87	37	\$213.75	\$136.16
3	\$71.87	\$71.87	38	\$216.75	\$139.54
4	\$71.87	\$71.87	39	\$219.78	\$142.89
5	\$71.87	\$71.87	40	\$222.80	\$146.21
6	\$71.87	\$71.87	41	\$225.81	\$149.59
7	\$71.87	\$71.87	42	\$236.03	\$152.99
8	\$71.87	\$71.87	43	\$240.18	\$158.23
9	\$71.87	\$71.87	44	\$244.42	\$163.38
10	\$71.87	\$71.87	45	\$250.84	\$175.16
11	\$71.87	\$71.87	46	\$255.13	\$186.95
12	\$71.87	\$71.87	47	\$259.20	\$198.79
13	\$76.41	\$71.87	48	\$265.28	\$211.36
14	\$76.41	\$71.87	49	\$271.42	\$224.01
15	\$76.41	\$71.87	50	\$279.98	\$236.62
16	\$89.57	\$71.87	51	\$288.67	\$249.16
17	\$102.78	\$71.87	52	\$297.39	\$261.69
18	\$114.82	\$76.65	53	\$318.20	\$277.92
19	\$126.78	\$76.65	54	\$339.05	\$299.24
20	\$137.60	\$76.65	55	\$359.88	\$321.28
21	\$139.77	\$76.65	56	\$380.59	\$343.92
22	\$141.98	\$76.65	57	\$401.42	\$367.49
23	\$144.21	\$76.65	58	\$414.89	\$389.96
24	\$148.26	\$76.65	59	\$428.27	\$412.66
25	\$165.91	\$82.64	60	\$441.78	\$435.55
26	\$167.52	\$88.80	61	\$455.11	\$458.89
27	\$169.16	\$93.57	62	\$468.45	\$482.18
28	\$170.82	\$98.40	63	\$489.37	\$512.76
29	\$172.44	\$103.19	64	\$510.26	\$543.41
30	\$188.08	\$107.91	65	\$559.80	\$613.72
31	\$191.67	\$109.45	66	\$559.80	\$613.72
32	\$195.24	\$112.48	67	\$559.80	\$613.72
33	\$198.03	\$115.02	68	\$559.80	\$613.72
34	\$200.72	\$117.47	69	\$559.80	\$613.72

**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2024**

**Comprehensive Blue PPO I
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	In Network	Out of Network		Drug Copays
Deductible	\$20,000	\$40,000	Tier 1 (Generic)	\$10
Coinsurance	100%/0%	80%/20%	Tier 2 (Preferred Brands)	\$35
Stop Loss Amount	Not Applicable	No Max	Tier 3 (Non-Preferred Brands)	\$70

Primary Insured Medical & Drug Coverage Monthly Bank Draft Premiums

Attained			Attained		
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
0	\$154.78	\$154.78	35	\$199.20	\$125.09
1	\$154.78	\$154.78	36	\$201.64	\$127.37
2	\$67.67	\$67.67	37	\$203.91	\$129.73
3	\$67.67	\$67.67	38	\$206.67	\$132.77
4	\$67.67	\$67.67	39	\$209.42	\$135.85
5	\$67.67	\$67.67	40	\$212.14	\$138.88
6	\$67.67	\$67.67	41	\$214.93	\$141.89
7	\$67.67	\$67.67	42	\$224.19	\$145.02
8	\$67.67	\$67.67	43	\$227.95	\$149.77
9	\$67.67	\$67.67	44	\$231.80	\$154.41
10	\$67.67	\$67.67	45	\$237.84	\$165.72
11	\$67.67	\$67.67	46	\$241.70	\$177.06
12	\$67.67	\$67.67	47	\$245.41	\$188.40
13	\$71.76	\$67.67	48	\$250.95	\$200.34
14	\$71.76	\$67.67	49	\$256.53	\$212.22
15	\$71.76	\$67.67	50	\$264.50	\$224.13
16	\$84.70	\$67.67	51	\$272.57	\$236.03
17	\$97.74	\$67.67	52	\$280.75	\$247.83
18	\$109.64	\$72.38	53	\$300.84	\$263.06
19	\$121.50	\$72.38	54	\$321.01	\$282.92
20	\$132.32	\$72.38	55	\$341.20	\$303.45
21	\$134.31	\$72.38	56	\$361.22	\$324.53
22	\$136.34	\$72.38	57	\$381.32	\$346.39
23	\$138.32	\$72.38	58	\$393.88	\$367.27
24	\$142.01	\$72.38	59	\$406.42	\$388.44
25	\$159.09	\$78.22	60	\$419.06	\$409.71
26	\$160.59	\$84.20	61	\$431.54	\$431.41
27	\$162.07	\$88.94	62	\$444.04	\$453.09
28	\$163.55	\$93.64	63	\$463.61	\$481.78
29	\$164.99	\$98.41	64	\$483.21	\$510.62
30	\$180.20	\$103.04	65	\$528.74	\$575.48
31	\$183.44	\$104.45	66	\$528.74	\$575.48
32	\$186.71	\$107.21	67	\$528.74	\$575.48
33	\$189.19	\$109.49	68	\$528.74	\$575.48
34	\$191.67	\$111.75	69	\$528.74	\$575.48

**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2024**

**Comprehensive Blue PPO I
Policy Forms: 17-259 7-09, et al**

Deductible	In Network \$25,000	Out of Network \$50,000	Tier 1 (Generic)	Drug Copays
Coinsurance	100%/0%	80%/20%	Tier 2 (Preferred Brands)	\$10
Stop Loss Amount	Not Applicable	No Max	Tier 3 (Non-Preferred Brands)	\$35
				\$70

Primary Insured Medical & Drug Coverage Monthly Bank Draft Premiums

Attained			Attained		
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
0	\$140.31	\$140.31	35	\$188.88	\$118.50
1	\$140.31	\$140.31	36	\$191.06	\$120.55
2	\$63.02	\$63.02	37	\$193.10	\$122.65
3	\$63.02	\$63.02	38	\$195.49	\$125.34
4	\$63.02	\$63.02	39	\$197.97	\$128.05
5	\$63.02	\$63.02	40	\$200.39	\$130.75
6	\$63.02	\$63.02	41	\$202.83	\$133.43
7	\$63.02	\$63.02	42	\$211.02	\$136.16
8	\$63.02	\$63.02	43	\$214.36	\$140.37
9	\$63.02	\$63.02	44	\$217.80	\$144.55
10	\$63.02	\$63.02	45	\$223.43	\$155.31
11	\$63.02	\$63.02	46	\$226.82	\$166.12
12	\$63.02	\$63.02	47	\$230.12	\$176.90
13	\$66.64	\$63.02	48	\$235.04	\$188.07
14	\$66.64	\$63.02	49	\$240.00	\$199.20
15	\$66.64	\$63.02	50	\$247.35	\$210.36
16	\$79.36	\$63.02	51	\$254.80	\$221.48
17	\$92.12	\$63.02	52	\$262.33	\$232.52
18	\$103.91	\$67.67	53	\$281.71	\$246.62
19	\$115.67	\$67.67	54	\$301.06	\$264.86
20	\$126.49	\$67.67	55	\$320.41	\$283.68
21	\$128.25	\$67.67	56	\$339.72	\$302.95
22	\$130.03	\$67.67	57	\$359.08	\$323.02
23	\$131.81	\$67.67	58	\$370.69	\$342.19
24	\$135.09	\$67.67	59	\$382.23	\$361.58
25	\$151.53	\$73.32	60	\$393.93	\$381.09
26	\$152.89	\$79.10	61	\$405.45	\$401.00
27	\$154.21	\$83.72	62	\$416.97	\$420.86
28	\$155.54	\$88.40	63	\$435.12	\$447.55
29	\$156.84	\$93.11	64	\$453.22	\$474.34
30	\$171.47	\$97.70	65	\$494.40	\$533.06
31	\$174.35	\$99.00	66	\$494.40	\$533.06
32	\$177.22	\$101.40	67	\$494.40	\$533.06
33	\$179.44	\$103.43	68	\$494.40	\$533.06
34	\$181.60	\$105.40	69	\$494.40	\$533.06

**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2024**

Comprehensive Blue PPO I

Policy Forms: 17-259 7-09, et al

	In Network	Out of Network		Drug Copays
Deductible	\$500	\$1,000	Tier 1 (Generic)	\$10
Coinsurance	80%/20%	60%/40%	Tier 2 (Preferred Brands)	\$35
Stop Loss Amount	\$10,000	No Max	Tier 3 (Non-Preferred Brands)	\$70

Spouse Insured Medical & Drug Coverage Monthly Bank Draft Premiums

Attained	Primary is	Primary is	Attained	Primary is	Primary is
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
15	\$145.96	\$157.73	43	\$284.42	\$417.89
16	\$145.96	\$174.80	44	\$293.42	\$444.68
17	\$145.96	\$191.82	45	\$307.15	\$455.62
18	\$151.65	\$205.72	46	\$320.64	\$466.76
19	\$151.65	\$219.55	47	\$340.77	\$480.11
20	\$151.65	\$219.55	48	\$361.10	\$491.26
21	\$151.65	\$230.37	49	\$381.44	\$501.99
22	\$151.65	\$236.20	50	\$406.25	\$518.05
23	\$151.65	\$241.97	51	\$431.25	\$534.16
24	\$151.65	\$247.74	52	\$456.04	\$552.49
25	\$151.65	\$247.74	53	\$480.80	\$571.13
26	\$151.65	\$258.46	54	\$505.52	\$589.94
27	\$160.51	\$285.63	55	\$539.32	\$622.96
28	\$170.06	\$289.91	56	\$586.51	\$656.15
29	\$175.75	\$294.19	57	\$635.49	\$689.20
30	\$181.62	\$298.50	58	\$686.13	\$722.17
31	\$187.52	\$302.77	59	\$739.02	\$755.19
32	\$193.14	\$326.92	60	\$788.85	\$784.08
33	\$197.19	\$336.37	61	\$843.22	\$815.43
34	\$205.12	\$345.78	62	\$898.88	\$847.23
35	\$211.80	\$353.06	63	\$956.12	\$879.07
36	\$218.22	\$360.15	64	\$1,014.27	\$910.93
37	\$235.77	\$372.46	65	\$1,078.75	\$956.15
38	\$242.41	\$379.50	66	\$1,078.75	\$956.15
39	\$249.28	\$386.13	67	\$1,078.75	\$956.15
40	\$258.08	\$394.10	68	\$1,078.75	\$956.15
41	\$266.86	\$402.01	69	\$1,078.75	\$956.15
42	\$275.63	\$409.96			

**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2024**

Comprehensive Blue PPO I

Policy Forms: 17-259 7-09, et al

	In Network	Out of Network		Drug Copays
Deductible	\$1,000	\$2,000	Tier 1 (Generic)	\$10
Coinsurance	80%/20%	60%/40%	Tier 2 (Preferred Brands)	\$35
Stop Loss Amount	\$10,000	No Max	Tier 3 (Non-Preferred Brands)	\$70

Spouse Insured Medical & Drug Coverage Monthly Bank Draft Premiums

Attained	Primary is	Primary is	Attained	Primary is	Primary is
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
15	\$132.01	\$142.44	43	\$259.10	\$381.79
16	\$132.01	\$158.77	44	\$267.06	\$405.44
17	\$132.01	\$175.09	45	\$279.17	\$415.13
18	\$137.54	\$188.64	46	\$291.07	\$424.96
19	\$137.54	\$202.13	47	\$309.68	\$437.01
20	\$137.54	\$202.13	48	\$328.39	\$446.88
21	\$137.54	\$212.95	49	\$347.10	\$456.34
22	\$137.54	\$218.03	50	\$369.62	\$470.55
23	\$137.54	\$223.16	51	\$392.27	\$484.77
24	\$137.54	\$228.29	52	\$414.81	\$501.27
25	\$137.54	\$228.29	53	\$437.30	\$518.00
26	\$137.54	\$237.75	54	\$459.74	\$534.94
27	\$145.89	\$263.13	55	\$490.18	\$565.68
28	\$154.79	\$266.89	56	\$532.52	\$596.55
29	\$160.34	\$270.73	57	\$576.45	\$627.30
30	\$165.96	\$274.48	58	\$621.82	\$657.97
31	\$171.63	\$278.28	59	\$669.20	\$688.71
32	\$177.11	\$300.80	60	\$713.87	\$714.66
33	\$180.67	\$309.16	61	\$763.04	\$743.17
34	\$187.71	\$317.49	62	\$813.39	\$772.08
35	\$193.57	\$323.90	63	\$865.24	\$801.05
36	\$199.22	\$330.17	64	\$918.01	\$830.11
37	\$216.08	\$341.64	65	\$976.35	\$870.96
38	\$221.96	\$347.85	66	\$976.35	\$870.96
39	\$228.04	\$353.73	67	\$976.35	\$870.96
40	\$235.77	\$360.74	68	\$976.35	\$870.96
41	\$243.54	\$367.80	69	\$976.35	\$870.96
42	\$251.29	\$374.78			

**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2024**

Comprehensive Blue PPO I

Policy Forms: 17-259 7-09, et al

	In Network	Out of Network		Drug Copays
Deductible	\$2,500	\$5,000	Tier 1 (Generic)	\$10
Coinsurance	100%/0%	80%/20%	Tier 2 (Preferred Brands)	\$35
Stop Loss Amount	Not Applicable	No Max	Tier 3 (Non-Preferred Brands)	\$70

Spouse Insured Medical & Drug Coverage Monthly Bank Draft Premiums

Attained Age	Primary is Female	Primary is Male	Attained Age	Primary is Female	Primary is Male
15	\$118.42	\$127.48	43	\$234.27	\$346.46
16	\$118.42	\$143.07	44	\$241.23	\$367.11
17	\$118.42	\$158.75	45	\$251.77	\$375.54
18	\$123.74	\$171.91	46	\$262.14	\$384.09
19	\$123.74	\$185.05	47	\$279.18	\$394.86
20	\$123.74	\$185.05	48	\$296.37	\$403.46
21	\$123.74	\$195.87	49	\$313.47	\$411.70
22	\$123.74	\$200.31	50	\$333.78	\$424.07
23	\$123.74	\$204.80	51	\$354.16	\$436.43
24	\$123.74	\$209.23	52	\$374.42	\$451.14
25	\$123.74	\$209.23	53	\$394.70	\$466.06
26	\$123.74	\$217.51	54	\$414.87	\$481.10
27	\$131.58	\$241.14	55	\$442.07	\$509.60
28	\$139.87	\$244.40	56	\$479.68	\$538.23
29	\$145.17	\$247.74	57	\$518.62	\$566.74
30	\$150.67	\$251.00	58	\$558.91	\$595.13
31	\$156.12	\$254.32	59	\$600.87	\$623.64
32	\$161.41	\$275.25	60	\$640.52	\$646.79
33	\$164.55	\$282.58	61	\$684.54	\$672.44
34	\$170.68	\$289.84	62	\$729.79	\$698.56
35	\$175.82	\$295.41	63	\$776.33	\$724.72
36	\$180.70	\$300.87	64	\$823.77	\$750.95
37	\$196.84	\$311.49	65	\$876.25	\$787.56
38	\$201.95	\$316.91	66	\$876.25	\$787.56
39	\$207.21	\$322.03	67	\$876.25	\$787.56
40	\$213.99	\$328.12	68	\$876.25	\$787.56
41	\$220.74	\$334.26	69	\$876.25	\$787.56
42	\$227.52	\$340.37			

**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2024**

Comprehensive Blue PPO I

Policy Forms: 17-259 7-09, et al

Deductible	In Network \$5,000	Out of Network \$10,000	Tier 1 (Generic)	Drug Copays \$10
Coinsurance	100%/0%	80%/20%	Tier 2 (Preferred Brands)	\$35
Stop Loss Amount	Not Applicable	No Max	Tier 3 (Non-Preferred Brands)	\$70

Spouse Insured Medical & Drug Coverage Monthly Bank Draft Premiums

Attained Age	Primary is Female	Primary is Male	Attained Age	Primary is Female	Primary is Male
15	\$97.15	\$104.13	43	\$195.57	\$291.30
16	\$97.15	\$118.64	44	\$200.90	\$307.22
17	\$97.15	\$133.22	45	\$209.02	\$313.66
18	\$102.27	\$145.82	46	\$217.01	\$320.28
19	\$102.27	\$158.42	47	\$231.65	\$329.11
20	\$102.27	\$158.42	48	\$246.36	\$335.69
21	\$102.27	\$169.24	49	\$261.07	\$342.02
22	\$102.27	\$172.70	50	\$277.89	\$351.53
23	\$102.27	\$176.07	51	\$294.69	\$361.06
24	\$102.27	\$179.50	52	\$311.46	\$372.91
25	\$102.27	\$179.50	53	\$328.17	\$385.00
26	\$102.27	\$185.87	54	\$344.91	\$397.12
27	\$109.22	\$206.75	55	\$367.08	\$422.15
28	\$116.56	\$209.32	56	\$397.24	\$447.24
29	\$121.59	\$211.86	57	\$428.49	\$472.21
30	\$126.76	\$214.33	58	\$460.66	\$497.12
31	\$131.94	\$216.87	59	\$494.23	\$522.14
32	\$136.98	\$235.43	60	\$526.02	\$540.83
33	\$139.39	\$241.03	61	\$562.07	\$562.12
34	\$144.07	\$246.62	62	\$599.24	\$583.80
35	\$148.00	\$250.95	63	\$637.61	\$605.61
36	\$151.80	\$255.10	64	\$676.78	\$627.50
37	\$166.72	\$264.45	65	\$720.00	\$657.39
38	\$170.69	\$268.63	66	\$720.00	\$657.39
39	\$174.74	\$272.55	67	\$720.00	\$657.39
40	\$179.98	\$277.25	68	\$720.00	\$657.39
41	\$185.17	\$281.95	69	\$720.00	\$657.39
42	\$190.37	\$286.62			

**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2024**

**Comprehensive Blue PPO I
Policy Forms: 17-259 7-09, et al**

		In Network	Out of Network		Drug Copays
Deductible		\$10,000	\$20,000	Tier 1 (Generic)	\$10
Coinsurance		100%/0%	80%/20%	Tier 2 (Preferred Brands)	\$35
Stop Loss Amount		Not Applicable	No Max	Tier 3 (Non-Preferred Brands)	\$70

Spouse Insured Medical & Drug Coverage Monthly Bank Draft Premiums

Attained	Primary is	Primary is	Attained	Primary is	Primary is
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
15	\$80.69	\$86.08	43	\$165.60	\$248.63
16	\$80.69	\$99.70	44	\$169.70	\$260.79
17	\$80.69	\$113.38	45	\$175.89	\$265.76
18	\$85.58	\$125.62	46	\$182.07	\$270.84
19	\$85.58	\$137.75	47	\$194.86	\$278.13
20	\$85.58	\$137.75	48	\$207.64	\$283.17
21	\$85.58	\$148.57	49	\$220.48	\$288.04
22	\$85.58	\$151.24	50	\$234.54	\$295.34
23	\$85.58	\$153.86	51	\$248.62	\$302.65
24	\$85.58	\$156.51	52	\$262.71	\$312.35
25	\$85.58	\$156.51	53	\$276.68	\$322.19
26	\$85.58	\$161.34	54	\$290.66	\$332.12
27	\$91.90	\$180.10	55	\$308.95	\$354.41
28	\$98.47	\$182.10	56	\$333.40	\$376.73
29	\$103.37	\$184.05	57	\$358.64	\$398.99
30	\$108.23	\$185.97	58	\$384.63	\$421.19
31	\$113.20	\$187.90	59	\$411.62	\$443.42
32	\$118.04	\$204.57	60	\$437.34	\$458.79
33	\$119.86	\$208.86	61	\$467.24	\$476.65
34	\$123.48	\$213.14	62	\$498.16	\$494.95
35	\$126.52	\$216.44	63	\$530.12	\$513.30
36	\$129.41	\$219.71	64	\$562.86	\$531.83
37	\$143.50	\$227.97	65	\$598.94	\$556.63
38	\$146.52	\$231.20	66	\$598.94	\$556.63
39	\$149.64	\$234.19	67	\$598.94	\$556.63
40	\$153.60	\$237.82	68	\$598.94	\$556.63
41	\$157.62	\$241.43	69	\$598.94	\$556.63
42	\$161.59	\$245.04			

**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2024**

Comprehensive Blue PPO I

Policy Forms: 17-259 7-09, et al

	In Network	Out of Network		Drug Copays
Deductible	\$15,000	\$30,000	Tier 1 (Generic)	\$10
Coinsurance	100%/0%	80%/20%	Tier 2 (Preferred Brands)	\$35
Stop Loss Amount	Not Applicable	No Max	Tier 3 (Non-Preferred Brands)	\$70

Spouse Insured Medical & Drug Coverage Monthly Bank Draft Premiums

Attained Age	Primary is Female	Primary is Male	Attained Age	Primary is Female	Primary is Male
15	\$71.68	\$76.20	43	\$149.25	\$225.39
16	\$71.68	\$89.36	44	\$152.66	\$235.49
17	\$71.68	\$102.55	45	\$157.83	\$239.65
18	\$76.49	\$114.59	46	\$162.95	\$243.91
19	\$76.49	\$126.53	47	\$174.72	\$250.31
20	\$76.49	\$126.53	48	\$186.51	\$254.55
21	\$76.49	\$137.35	49	\$198.39	\$258.59
22	\$76.49	\$139.55	50	\$210.92	\$264.76
23	\$76.49	\$141.73	51	\$223.53	\$270.79
24	\$76.49	\$143.93	52	\$236.09	\$279.28
25	\$76.49	\$143.93	53	\$248.58	\$287.96
26	\$76.49	\$147.97	54	\$261.12	\$296.65
27	\$82.46	\$165.61	55	\$277.29	\$317.46
28	\$88.62	\$167.26	56	\$298.51	\$338.27
29	\$93.38	\$168.85	57	\$320.55	\$359.05
30	\$98.17	\$170.52	58	\$343.10	\$379.75
31	\$103.01	\$172.15	59	\$366.59	\$400.57
32	\$107.70	\$187.72	60	\$388.98	\$414.04
33	\$109.26	\$191.28	61	\$415.53	\$430.05
34	\$112.24	\$194.90	62	\$442.99	\$446.44
35	\$114.75	\$197.62	63	\$471.50	\$462.96
36	\$117.18	\$200.34	64	\$500.76	\$479.67
37	\$130.80	\$208.15	65	\$532.89	\$501.62
38	\$133.34	\$210.79	66	\$532.89	\$501.62
39	\$135.89	\$213.32	67	\$532.89	\$501.62
40	\$139.24	\$216.29	68	\$532.89	\$501.62
41	\$142.59	\$219.32	69	\$532.89	\$501.62
42	\$145.91	\$222.32			

**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2024**

Comprehensive Blue PPO I

Policy Forms: 17-259 7-09, et al

	In Network	Out of Network		Drug Copays
Deductible	\$20,000	\$40,000	Tier 1 (Generic)	\$10
Coinsurance	100%/0%	80%/20%	Tier 2 (Preferred Brands)	\$35
Stop Loss Amount	Not Applicable	No Max	Tier 3 (Non-Preferred Brands)	\$70

Spouse Insured Medical & Drug Coverage Monthly Bank Draft Premiums

Attained Age	Primary is Female	Primary is Male	Attained Age	Primary is Female	Primary is Male
15	\$67.51	\$71.58	43	\$141.63	\$214.50
16	\$67.51	\$84.55	44	\$144.68	\$223.69
17	\$67.51	\$97.52	45	\$149.40	\$227.48
18	\$72.21	\$109.42	46	\$154.06	\$231.32
19	\$72.21	\$121.29	47	\$165.36	\$237.32
20	\$72.21	\$121.29	48	\$176.69	\$241.17
21	\$72.21	\$132.11	49	\$187.98	\$244.88
22	\$72.21	\$134.14	50	\$199.87	\$250.40
23	\$72.21	\$136.08	51	\$211.78	\$255.91
24	\$72.21	\$138.10	52	\$223.63	\$263.87
25	\$72.21	\$138.10	53	\$235.53	\$271.95
26	\$72.21	\$141.76	54	\$247.30	\$280.10
27	\$78.03	\$158.82	55	\$262.47	\$300.19
28	\$84.01	\$160.29	56	\$282.30	\$320.31
29	\$88.71	\$161.78	57	\$302.72	\$340.44
30	\$93.47	\$163.30	58	\$323.74	\$360.45
31	\$98.24	\$164.75	59	\$345.57	\$380.53
32	\$102.89	\$179.86	60	\$366.38	\$393.10
33	\$104.25	\$183.08	61	\$391.38	\$408.31
34	\$107.00	\$186.39	62	\$417.24	\$423.84
35	\$109.28	\$188.89	63	\$444.14	\$439.48
36	\$111.51	\$191.28	64	\$471.76	\$455.36
37	\$124.87	\$198.83	65	\$502.08	\$475.95
38	\$127.16	\$201.26	66	\$502.08	\$475.95
39	\$129.52	\$203.55	67	\$502.08	\$475.95
40	\$132.55	\$206.29	68	\$502.08	\$475.95
41	\$135.58	\$209.00	69	\$502.08	\$475.95
42	\$138.56	\$211.73			

**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2024**

Comprehensive Blue PPO I

Policy Forms: 17-259 7-09, et al

	In Network	Out of Network		Drug Copays
Deductible	\$25,000	\$50,000	Tier 1 (Generic)	\$10
Coinsurance	100%/0%	80%/20%	Tier 2 (Preferred Brands)	\$35
Stop Loss Amount	Not Applicable	No Max	Tier 3 (Non-Preferred Brands)	\$70

Spouse Insured Medical & Drug Coverage Monthly Bank Draft Premiums

Attained Age	Primary is Female	Primary is Male	Attained Age	Primary is Female	Primary is Male
15	\$62.88	\$66.51	43	\$133.17	\$202.44
16	\$62.88	\$79.22	44	\$135.89	\$210.63
17	\$62.88	\$91.95	45	\$140.11	\$213.93
18	\$67.50	\$103.73	46	\$144.24	\$217.36
19	\$67.50	\$115.49	47	\$155.01	\$222.95
20	\$67.50	\$115.49	48	\$165.75	\$226.40
21	\$67.50	\$126.31	49	\$176.57	\$229.66
22	\$67.50	\$128.06	50	\$187.68	\$234.54
23	\$67.50	\$129.82	51	\$198.79	\$239.50
24	\$67.50	\$131.61	52	\$209.90	\$246.82
25	\$67.50	\$131.61	53	\$221.01	\$254.28
26	\$67.50	\$134.88	54	\$232.02	\$261.75
27	\$73.17	\$151.32	55	\$246.12	\$281.08
28	\$78.96	\$152.66	56	\$264.32	\$300.47
29	\$83.58	\$153.93	57	\$283.06	\$319.81
30	\$88.23	\$155.23	58	\$302.30	\$339.07
31	\$92.95	\$156.58	59	\$322.27	\$358.36
32	\$97.56	\$171.15	60	\$341.42	\$369.96
33	\$98.81	\$174.04	61	\$364.65	\$384.20
34	\$101.17	\$176.91	62	\$388.78	\$398.79
35	\$103.25	\$179.14	63	\$413.84	\$413.44
36	\$105.21	\$181.34	64	\$439.68	\$428.39
37	\$118.33	\$188.52	65	\$467.96	\$447.56
38	\$120.32	\$190.75	66	\$467.96	\$447.56
39	\$122.38	\$192.74	67	\$467.96	\$447.56
40	\$125.09	\$195.16	68	\$467.96	\$447.56
41	\$127.80	\$197.62	69	\$467.96	\$447.56
42	\$130.48	\$200.01			

Arkansas Blue Cross and Blue Shield
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Dependent Child(ren) Insured Medical Coverage Monthly Bank Draft Premiums (All Eligible)

<u>Deductible</u>	<u>In Network Coinsurance</u>	<u>In Network</u>		<u>Out of Network Coinsurance</u>	<u>One Child</u>	<u>Two Children</u>	<u>All (3+) Children</u>
		<u>Stop Loss Amount</u>					
\$500	80% / 20%	\$10,000		60% / 40%	\$137.27	\$274.56	\$411.85
\$1,000	80% / 20%	\$10,000		60% / 40%	\$121.31	\$242.62	\$363.93
\$2,500	100% / 0%	Not Applicable		80% / 20%	\$105.66	\$211.35	\$317.00
\$5,000	100% / 0%	Not Applicable		80% / 20%	\$81.31	\$162.59	\$243.88
\$10,000	100% / 0%	Not Applicable		80% / 20%	\$62.39	\$124.75	\$187.14
\$15,000	100% / 0%	Not Applicable		80% / 20%	\$52.06	\$104.14	\$156.20
\$20,000	100% / 0%	Not Applicable		80% / 20%	\$47.24	\$94.55	\$141.79
\$25,000	100% / 0%	Not Applicable		80% / 20%	\$41.93	\$83.88	\$125.79

Maternity Rider Coverage Monthly Bank Draft Premiums (All Eligible)

<u>Deductible</u>	<u>In Network Coinsurance</u>	<u>In Network</u>		<u>Out of Network Coinsurance</u>	<u>Maternity Rider</u>
		<u>Stop Loss Amount</u>			
\$500	80% / 20%	No Limit		60% / 40%	\$245.12
\$1,000	80% / 20%	No Limit		60% / 40%	\$231.64
\$2,500	100% / 0%	Not Applicable		80% / 20%	\$224.73
\$5,000	100% / 0%	Not Applicable		80% / 20%	\$194.15
\$10,000	100% / 0%	Not Applicable		80% / 20%	\$76.90
\$15,000	100% / 0%	Not Applicable		80% / 20%	\$51.27
\$20,000	100% / 0%	Not Applicable		80% / 20%	\$38.47
\$25,000	100% / 0%	Not Applicable		80% / 20%	\$25.63

Arkansas Blue Cross and Blue Shield
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Primary Insured Prescription Drug Coverage Monthly Bank Draft Premiums

Tier 1 Copay (Generic)	\$10
Tier 2 Copay (Preferred Brands)	\$35
Tier 3 Copay (Non-Preferred Brands)	\$70

Attained			Attained		
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
0	\$26.35	\$26.35	35	\$107.72	\$66.65
1	\$26.35	\$26.35	36	\$107.72	\$66.65
2	\$26.35	\$26.35	37	\$107.72	\$66.65
3	\$26.35	\$26.35	38	\$107.72	\$66.65
4	\$26.35	\$26.35	39	\$107.72	\$66.65
5	\$26.35	\$26.35	40	\$107.72	\$66.65
6	\$26.35	\$26.35	41	\$107.72	\$66.65
7	\$26.35	\$26.35	42	\$107.72	\$66.65
8	\$26.35	\$26.35	43	\$107.72	\$66.65
9	\$26.35	\$26.35	44	\$107.72	\$66.65
10	\$26.35	\$26.35	45	\$109.92	\$73.29
11	\$26.35	\$26.35	46	\$109.92	\$79.88
12	\$26.35	\$26.35	47	\$109.92	\$86.48
13	\$26.35	\$26.35	48	\$109.92	\$91.57
14	\$26.35	\$26.35	49	\$109.92	\$96.61
15	\$26.35	\$26.35	50	\$112.43	\$101.70
16	\$37.17	\$26.35	51	\$114.96	\$106.78
17	\$48.02	\$26.35	52	\$117.49	\$111.77
18	\$58.90	\$30.54	53	\$130.80	\$117.22
19	\$69.72	\$30.54	54	\$144.06	\$122.65
20	\$80.54	\$30.54	55	\$157.38	\$128.12
21	\$80.54	\$30.54	56	\$170.63	\$133.54
22	\$80.54	\$30.54	57	\$183.93	\$139.05
23	\$80.54	\$30.54	58	\$187.93	\$144.70
24	\$80.54	\$30.54	59	\$191.91	\$150.35
25	\$92.29	\$34.72	60	\$195.94	\$155.95
26	\$92.29	\$38.88	61	\$199.92	\$161.65
27	\$92.29	\$43.05	62	\$203.94	\$167.23
28	\$92.29	\$47.20	63	\$210.59	\$177.97
29	\$92.29	\$51.38	64	\$217.27	\$188.71
30	\$102.70	\$55.51	65	\$223.93	\$199.46
31	\$102.70	\$55.51	66	\$223.93	\$199.46
32	\$102.70	\$55.51	67	\$223.93	\$199.46
33	\$102.70	\$55.51	68	\$223.93	\$199.46
34	\$102.70	\$55.51	69	\$223.93	\$199.46

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Spouse Insured Prescription Drug Coverage Monthly Bank Draft Premiums

Tier 1 Copay (Generic)	\$10
Tier 2 Copay (Preferred Brands)	\$35
Tier 3 Copay (Non-Preferred Brands)	\$70

Attained Age of Primary	Primary is Female	Primary is Male	Attained Age of Primary	Primary is Female	Primary is Male
15	\$26.35	\$26.35	43	\$66.65	\$107.72
16	\$26.35	\$37.17	44	\$66.65	\$107.72
17	\$26.35	\$48.02	45	\$66.65	\$107.72
18	\$30.54	\$58.90	46	\$66.65	\$107.72
19	\$30.54	\$69.72	47	\$73.29	\$109.92
20	\$30.54	\$69.72	48	\$79.88	\$109.92
21	\$30.54	\$80.54	49	\$86.48	\$109.92
22	\$30.54	\$80.54	50	\$91.57	\$109.92
23	\$30.54	\$80.54	51	\$96.61	\$109.92
24	\$30.54	\$80.54	52	\$101.70	\$112.43
25	\$30.54	\$80.54	53	\$106.78	\$114.96
26	\$30.54	\$80.54	54	\$111.77	\$117.49
27	\$34.72	\$92.29	55	\$117.22	\$130.80
28	\$38.88	\$92.29	56	\$122.65	\$144.06
29	\$43.05	\$92.29	57	\$128.12	\$157.38
30	\$47.20	\$92.29	58	\$133.54	\$170.63
31	\$51.38	\$92.29	59	\$139.05	\$183.93
32	\$55.51	\$102.70	60	\$144.70	\$187.93
33	\$55.51	\$102.70	61	\$154.27	\$194.64
34	\$55.51	\$102.70	62	\$164.51	\$201.60
35	\$55.51	\$102.70	63	\$175.44	\$208.79
36	\$55.51	\$102.70	64	\$187.09	\$216.23
37	\$66.65	\$107.72	65	\$199.46	\$223.93
38	\$66.65	\$107.72	66	\$199.46	\$223.93
39	\$66.65	\$107.72	67	\$199.46	\$223.93
40	\$66.65	\$107.72	68	\$199.46	\$223.93
41	\$66.65	\$107.72	69	\$199.46	\$223.93
42	\$66.65	\$107.72			

Dependent Child(ren) Insured Prescription Drug Coverage Monthly Bank Draft Premiums

Attained Age	One Child	Two Children	All (3+) Children
All Eligible	\$30.15	\$60.25	\$90.38

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Policy Form: Mental Health Parity Rider

	Deductible	\$500	\$1,000
	In Network Coinsurance	80% / 20%	80% / 20%
	In Network Stop Loss Amount	\$10,000	\$10,000
	Out of Network Coinsurance	60% / 40%	60% / 40%
Individual	All Ages	\$128.67	\$113.66
Spouse	All Ages	\$115.81	\$102.34
One Dependent Child	All Ages	\$115.81	\$102.34
Two Dependent Children	All Ages	\$231.58	\$204.64
Three or More Dependent Children	All Ages	\$347.40	\$307.03

	Deductible	\$2,500	\$5,000
	In Network Coinsurance	100% / 0%	100% / 0%
	In Network Stop Loss Amount	Not Applicable	Not Applicable
	Out of Network Coinsurance	80% / 20%	80% / 20%
Individual	All Ages	\$99.05	\$76.15
Spouse	All Ages	\$89.15	\$68.58
One Dependent Child	All Ages	\$89.15	\$68.58
Two Dependent Children	All Ages	\$178.28	\$137.09
Three or More Dependent Children	All Ages	\$267.43	\$205.66

	Deductible	\$10,000	\$15,000
	In Network Coinsurance	100% / 0%	100% / 0%
	In Network Stop Loss Amount	Not Applicable	Not Applicable
	Out of Network Coinsurance	80% / 20%	80% / 20%
Individual	All Ages	\$58.44	\$48.77
Spouse	All Ages	\$52.58	\$43.93
One Dependent Child	All Ages	\$52.58	\$43.93
Two Dependent Children	All Ages	\$105.19	\$87.81
Three or More Dependent Children	All Ages	\$157.80	\$131.75

	Deductible	\$20,000	\$25,000
	In Network Coinsurance	100% / 0%	100% / 0%
	In Network Stop Loss Amount	Not Applicable	Not Applicable
	Out of Network Coinsurance	80% / 20%	80% / 20%
Individual	All Ages	\$44.33	\$39.30
Spouse	All Ages	\$39.89	\$35.38
One Dependent Child	All Ages	\$39.89	\$35.38
Two Dependent Children	All Ages	\$79.70	\$70.72
Three or More Dependent Children	All Ages	\$119.61	\$106.16

**Arkansas Blue Cross and Blue Shield
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	In Network	Out of Network
Deductible	\$500	\$1,000
Coinsurance	80%/20%	60%/40%
Stop Loss Amount	\$10,000	No Max

Primary Insured Medical & Drug Coverage Monthly Bank Draft Premiums

Attained			Attained		
Age	Female	Male	Age	Female	Male
0	\$436.61	\$436.61	35	\$408.18	\$258.41
1	\$436.61	\$436.61	36	\$415.92	\$265.69
2	\$160.00	\$160.00	37	\$423.23	\$273.21
3	\$160.00	\$160.00	38	\$431.93	\$282.87
4	\$160.00	\$160.00	39	\$440.63	\$292.48
5	\$160.00	\$160.00	40	\$449.31	\$302.11
6	\$160.00	\$160.00	41	\$458.05	\$311.75
7	\$160.00	\$160.00	42	\$487.43	\$321.65
8	\$160.00	\$160.00	43	\$499.43	\$336.71
9	\$160.00	\$160.00	44	\$511.66	\$351.54
10	\$160.00	\$160.00	45	\$526.34	\$373.57
11	\$160.00	\$160.00	46	\$538.55	\$395.85
12	\$160.00	\$160.00	47	\$550.32	\$418.18
13	\$172.95	\$160.00	48	\$567.98	\$445.29
14	\$172.95	\$160.00	49	\$585.61	\$472.76
15	\$172.95	\$160.00	50	\$605.69	\$499.92
16	\$191.67	\$160.00	51	\$626.14	\$527.05
17	\$210.29	\$160.00	52	\$646.79	\$554.20
18	\$225.48	\$166.22	53	\$682.94	\$591.21
19	\$240.59	\$166.22	54	\$719.28	\$642.97
20	\$252.38	\$166.22	55	\$755.45	\$696.67
21	\$258.76	\$166.22	56	\$791.63	\$752.30
22	\$265.12	\$166.22	57	\$827.80	\$810.27
23	\$271.43	\$166.22	58	\$859.46	\$864.85
24	\$283.21	\$166.22	59	\$890.86	\$920.20
25	\$313.04	\$175.96	60	\$922.51	\$976.21
26	\$317.73	\$186.45	61	\$953.94	\$1,033.17
27	\$322.44	\$192.64	62	\$985.14	\$1,090.33
28	\$327.15	\$199.06	63	\$1,033.54	\$1,159.24
29	\$331.85	\$205.47	64	\$1,081.75	\$1,228.34
30	\$358.27	\$211.69	65	\$1,212.55	\$1,411.79
31	\$368.64	\$216.14	66	\$1,212.55	\$1,411.79
32	\$378.96	\$224.86	67	\$1,212.55	\$1,411.79
33	\$386.97	\$232.14	68	\$1,212.55	\$1,411.79
34	\$394.73	\$239.22	69	\$1,212.55	\$1,411.79

**Arkansas Blue Cross and Blue Shield
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	In Network	Out of Network
Deductible	\$1,000	\$2,000
Coinsurance	80%/20%	60%/40%
Stop Loss Amount	\$10,000	No Max

Primary Insured Medical & Drug Coverage Monthly Bank Draft Premiums

Attained			Attained		
Age	Female	Male	Age	Female	Male
0	\$389.14	\$389.14	35	\$374.38	\$236.81
1	\$389.14	\$389.14	36	\$381.26	\$243.24
2	\$144.73	\$144.73	37	\$387.67	\$249.88
3	\$144.73	\$144.73	38	\$395.35	\$258.41
4	\$144.73	\$144.73	39	\$403.04	\$266.89
5	\$144.73	\$144.73	40	\$410.74	\$275.45
6	\$144.73	\$144.73	41	\$418.40	\$283.98
7	\$144.73	\$144.73	42	\$444.41	\$292.71
8	\$144.73	\$144.73	43	\$455.02	\$306.01
9	\$144.73	\$144.73	44	\$465.82	\$319.08
10	\$144.73	\$144.73	45	\$479.03	\$339.47
11	\$144.73	\$144.73	46	\$489.86	\$359.94
12	\$144.73	\$144.73	47	\$500.21	\$380.48
13	\$156.14	\$144.73	48	\$515.83	\$405.14
14	\$156.14	\$144.73	49	\$531.42	\$429.98
15	\$156.14	\$144.73	50	\$549.49	\$454.65
16	\$174.05	\$144.73	51	\$567.84	\$479.27
17	\$191.92	\$144.73	52	\$586.44	\$503.89
18	\$206.70	\$150.78	53	\$620.10	\$537.32
19	\$221.46	\$150.78	54	\$653.90	\$583.76
20	\$233.25	\$150.78	55	\$687.53	\$631.86
21	\$238.84	\$150.78	56	\$721.16	\$681.73
22	\$244.50	\$150.78	57	\$754.82	\$733.63
23	\$250.10	\$150.78	58	\$783.28	\$782.59
24	\$260.51	\$150.78	59	\$811.58	\$832.20
25	\$288.35	\$159.88	60	\$840.03	\$882.44
26	\$292.49	\$169.70	61	\$868.36	\$933.43
27	\$296.69	\$175.67	62	\$896.42	\$984.69
28	\$300.80	\$181.88	63	\$940.03	\$1,046.90
29	\$304.96	\$188.06	64	\$983.50	\$1,109.37
30	\$329.63	\$194.07	65	\$1,099.88	\$1,272.84
31	\$338.77	\$198.03	66	\$1,099.88	\$1,272.84
32	\$347.91	\$205.75	67	\$1,099.88	\$1,272.84
33	\$355.00	\$212.18	68	\$1,099.88	\$1,272.84
34	\$361.86	\$218.41	69	\$1,099.88	\$1,272.84

**Arkansas Blue Cross and Blue Shield
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	In Network	Out of Network
Deductible	\$2,500	\$5,000
Coinsurance	100%/0%	80%/20%
Stop Loss Amount	Not Applicable	No Max

Primary Insured Medical & Drug Coverage Monthly Bank Draft Premiums

Attained			Attained		
Age	Female	Male	Age	Female	Male
0	\$342.70	\$342.70	35	\$341.29	\$215.67
1	\$342.70	\$342.70	36	\$347.26	\$221.30
2	\$129.79	\$129.79	37	\$352.86	\$227.07
3	\$129.79	\$129.79	38	\$359.59	\$234.49
4	\$129.79	\$129.79	39	\$366.27	\$241.89
5	\$129.79	\$129.79	40	\$372.97	\$249.30
6	\$129.79	\$129.79	41	\$379.67	\$256.76
7	\$129.79	\$129.79	42	\$402.30	\$264.35
8	\$129.79	\$129.79	43	\$411.53	\$275.91
9	\$129.79	\$129.79	44	\$420.96	\$287.34
10	\$129.79	\$129.79	45	\$432.78	\$306.00
11	\$129.79	\$129.79	46	\$442.23	\$324.79
12	\$129.79	\$129.79	47	\$451.24	\$343.63
13	\$139.73	\$129.79	48	\$464.81	\$365.78
14	\$139.73	\$129.79	49	\$478.42	\$388.18
15	\$139.73	\$129.79	50	\$494.49	\$410.38
16	\$156.90	\$129.79	51	\$510.87	\$432.55
17	\$173.94	\$129.79	52	\$527.40	\$454.69
18	\$188.38	\$135.64	53	\$558.57	\$484.56
19	\$202.77	\$135.64	54	\$589.87	\$525.80
20	\$214.56	\$135.64	55	\$621.11	\$568.47
21	\$219.41	\$135.64	56	\$652.24	\$612.68
22	\$224.32	\$135.64	57	\$683.49	\$658.65
23	\$229.22	\$135.64	58	\$708.79	\$702.10
24	\$238.23	\$135.64	59	\$734.04	\$746.09
25	\$264.17	\$144.17	60	\$759.39	\$790.64
26	\$267.81	\$153.31	61	\$784.58	\$835.88
27	\$271.38	\$159.11	62	\$809.59	\$881.32
28	\$275.01	\$165.08	63	\$848.54	\$937.07
29	\$278.62	\$171.05	64	\$887.34	\$992.95
30	\$301.62	\$176.92	65	\$989.65	\$1,136.89
31	\$309.59	\$180.36	66	\$989.65	\$1,136.89
32	\$317.54	\$187.02	67	\$989.65	\$1,136.89
33	\$323.73	\$192.65	68	\$989.65	\$1,136.89
34	\$329.68	\$198.12	69	\$989.65	\$1,136.89

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	In Network	Out of Network
Deductible	\$5,000	\$10,000
Coinsurance	100%/0%	80%/20%
Stop Loss Amount	Not Applicable	No Max

Primary Insured Medical & Drug Coverage Monthly Bank Draft Premiums

Attained			Attained		
Age	Female	Male	Age	Female	Male
0	\$270.21	\$270.21	35	\$289.69	\$182.69
1	\$270.21	\$270.21	36	\$294.26	\$187.00
2	\$106.47	\$106.47	37	\$298.58	\$191.45
3	\$106.47	\$106.47	38	\$303.74	\$197.18
4	\$106.47	\$106.47	39	\$308.90	\$202.89
5	\$106.47	\$106.47	40	\$314.02	\$208.59
6	\$106.47	\$106.47	41	\$319.18	\$214.30
7	\$106.47	\$106.47	42	\$336.63	\$220.15
8	\$106.47	\$106.47	43	\$343.70	\$229.04
9	\$106.47	\$106.47	44	\$350.94	\$237.80
10	\$106.47	\$106.47	45	\$360.60	\$253.83
11	\$106.47	\$106.47	46	\$367.83	\$269.92
12	\$106.47	\$106.47	47	\$374.81	\$286.13
13	\$114.15	\$106.47	48	\$385.27	\$304.43
14	\$114.15	\$106.47	49	\$395.67	\$322.94
15	\$114.15	\$106.47	50	\$408.72	\$341.27
16	\$130.07	\$106.47	51	\$421.95	\$359.60
17	\$145.92	\$106.47	52	\$435.25	\$377.95
18	\$159.69	\$112.02	53	\$462.61	\$402.24
19	\$173.54	\$112.02	54	\$490.03	\$435.36
20	\$185.33	\$112.02	55	\$517.37	\$469.56
21	\$189.09	\$112.02	56	\$544.69	\$504.88
22	\$192.83	\$112.02	57	\$572.06	\$541.66
23	\$196.56	\$112.02	58	\$592.59	\$576.48
24	\$203.57	\$112.02	59	\$612.97	\$611.76
25	\$226.50	\$119.65	60	\$633.48	\$647.46
26	\$229.26	\$127.74	61	\$653.88	\$683.66
27	\$232.06	\$133.22	62	\$674.17	\$720.03
28	\$234.82	\$138.85	63	\$705.72	\$765.61
29	\$237.65	\$144.53	64	\$737.27	\$811.29
30	\$257.89	\$150.09	65	\$817.65	\$924.73
31	\$264.04	\$152.69	66	\$817.65	\$924.73
32	\$270.16	\$157.86	67	\$817.65	\$924.73
33	\$274.91	\$162.17	68	\$817.65	\$924.73
34	\$279.47	\$166.39	69	\$817.65	\$924.73

**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2024**

**Comprehensive Blue PPO I
Policy Forms: 17-273, et al**

	In Network	Out of Network
Deductible	\$10,000	\$20,000
Coinsurance	100%/0%	80%/20%
Stop Loss Amount	Not Applicable	No Max

Primary Insured Medical & Drug Coverage Monthly Bank Draft Premiums

Attained			Attained		
Age	Female	Male	Age	Female	Male
0	\$214.07	\$214.07	35	\$249.67	\$157.13
1	\$214.07	\$214.07	36	\$253.19	\$160.46
2	\$88.41	\$88.41	37	\$256.47	\$163.88
3	\$88.41	\$88.41	38	\$260.50	\$168.25
4	\$88.41	\$88.41	39	\$264.42	\$172.59
5	\$88.41	\$88.41	40	\$268.37	\$177.03
6	\$88.41	\$88.41	41	\$272.33	\$181.38
7	\$88.41	\$88.41	42	\$285.71	\$185.85
8	\$88.41	\$88.41	43	\$291.15	\$192.70
9	\$88.41	\$88.41	44	\$296.72	\$199.44
10	\$88.41	\$88.41	45	\$304.68	\$213.43
11	\$88.41	\$88.41	46	\$310.24	\$227.46
12	\$88.41	\$88.41	47	\$315.59	\$241.56
13	\$94.31	\$88.41	48	\$323.58	\$256.88
14	\$94.31	\$88.41	49	\$331.62	\$272.40
15	\$94.31	\$88.41	50	\$342.24	\$287.77
16	\$109.28	\$88.41	51	\$353.01	\$303.12
17	\$124.20	\$88.41	52	\$363.92	\$318.44
18	\$137.55	\$93.74	53	\$388.28	\$338.50
19	\$150.90	\$93.74	54	\$412.68	\$365.25
20	\$162.69	\$93.74	55	\$437.09	\$392.89
21	\$165.59	\$93.74	56	\$461.40	\$421.45
22	\$168.46	\$93.74	57	\$485.78	\$451.05
23	\$171.34	\$93.74	58	\$502.57	\$479.19
24	\$176.70	\$93.74	59	\$519.18	\$507.69
25	\$197.29	\$100.68	60	\$535.97	\$536.53
26	\$199.44	\$107.89	61	\$552.64	\$565.77
27	\$201.52	\$113.15	62	\$569.16	\$595.05
28	\$203.68	\$118.54	63	\$595.13	\$632.77
29	\$205.81	\$123.97	64	\$621.03	\$670.56
30	\$224.06	\$129.30	65	\$684.42	\$760.36
31	\$228.74	\$131.31	66	\$684.42	\$760.36
32	\$233.43	\$135.25	67	\$684.42	\$760.36
33	\$237.11	\$138.59	68	\$684.42	\$760.36
34	\$240.62	\$141.77	69	\$684.42	\$760.36

**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2024**

**Comprehensive Blue PPO I
Policy Forms: 17-273, et al**

	In Network	Out of Network
Deductible	\$15,000	\$30,000
Coinsurance	100%/0%	80%/20%
Stop Loss Amount	Not Applicable	No Max

Primary Insured Medical & Drug Coverage Monthly Bank Draft Premiums

Attained			Attained		
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
0	\$183.41	\$183.41	35	\$227.89	\$143.19
1	\$183.41	\$183.41	36	\$230.81	\$145.96
2	\$78.52	\$78.52	37	\$233.59	\$148.79
3	\$78.52	\$78.52	38	\$236.87	\$152.48
4	\$78.52	\$78.52	39	\$240.20	\$156.16
5	\$78.52	\$78.52	40	\$243.49	\$159.78
6	\$78.52	\$78.52	41	\$246.80	\$163.43
7	\$78.52	\$78.52	42	\$257.95	\$167.17
8	\$78.52	\$78.52	43	\$262.45	\$172.88
9	\$78.52	\$78.52	44	\$267.13	\$178.55
10	\$78.52	\$78.52	45	\$274.21	\$191.39
11	\$78.52	\$78.52	46	\$278.84	\$204.29
12	\$78.52	\$78.52	47	\$283.28	\$217.29
13	\$83.45	\$78.52	48	\$289.94	\$230.99
14	\$83.45	\$78.52	49	\$296.62	\$244.82
15	\$83.45	\$78.52	50	\$305.94	\$258.62
16	\$97.93	\$78.52	51	\$315.46	\$272.30
17	\$112.31	\$78.52	52	\$325.01	\$286.00
18	\$125.46	\$83.76	53	\$347.73	\$303.73
19	\$138.53	\$83.76	54	\$370.51	\$327.04
20	\$150.32	\$83.76	55	\$393.26	\$351.11
21	\$152.73	\$83.76	56	\$415.95	\$375.91
22	\$155.14	\$83.76	57	\$438.70	\$401.59
23	\$157.56	\$83.76	58	\$453.40	\$426.13
24	\$162.02	\$83.76	59	\$468.03	\$450.96
25	\$181.35	\$90.26	60	\$482.75	\$476.02
26	\$183.13	\$97.07	61	\$497.42	\$501.43
27	\$184.91	\$102.25	62	\$511.94	\$526.92
28	\$186.71	\$107.50	63	\$534.80	\$560.34
29	\$188.46	\$112.75	64	\$557.62	\$593.82
30	\$205.57	\$117.95	65	\$611.77	\$670.71
31	\$209.45	\$119.64	66	\$611.77	\$670.71
32	\$213.40	\$122.95	67	\$611.77	\$670.71
33	\$216.43	\$125.75	68	\$611.77	\$670.71
34	\$219.40	\$128.37	69	\$611.77	\$670.71

**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2024**

**Comprehensive Blue PPO I
Policy Forms: 17-273, et al**

	In Network	Out of Network
Deductible	\$20,000	\$40,000
Coinsurance	100%/0%	80%/20%
Stop Loss Amount	Not Applicable	No Max

Primary Insured Medical & Drug Coverage Monthly Bank Draft Premiums

Attained			Attained		
Age	Female	Male	Age	Female	Male
0	\$169.16	\$169.16	35	\$217.64	\$136.68
1	\$169.16	\$169.16	36	\$220.38	\$139.21
2	\$73.95	\$73.95	37	\$222.84	\$141.81
3	\$73.95	\$73.95	38	\$225.85	\$145.13
4	\$73.95	\$73.95	39	\$228.86	\$148.43
5	\$73.95	\$73.95	40	\$231.88	\$151.73
6	\$73.95	\$73.95	41	\$234.86	\$155.08
7	\$73.95	\$73.95	42	\$244.95	\$158.50
8	\$73.95	\$73.95	43	\$249.12	\$163.64
9	\$73.95	\$73.95	44	\$253.31	\$168.75
10	\$73.95	\$73.95	45	\$259.95	\$181.09
11	\$73.95	\$73.95	46	\$264.16	\$193.48
12	\$73.95	\$73.95	47	\$268.20	\$205.92
13	\$78.42	\$73.95	48	\$274.25	\$218.90
14	\$78.42	\$73.95	49	\$280.37	\$231.93
15	\$78.42	\$73.95	50	\$289.04	\$244.96
16	\$92.65	\$73.95	51	\$297.92	\$257.92
17	\$106.83	\$73.95	52	\$306.81	\$270.87
18	\$119.77	\$79.11	53	\$328.80	\$287.51
19	\$132.81	\$79.11	54	\$350.79	\$309.20
20	\$144.60	\$79.11	55	\$372.78	\$331.59
21	\$146.80	\$79.11	56	\$394.72	\$354.66
22	\$148.96	\$79.11	57	\$416.72	\$378.57
23	\$151.11	\$79.11	58	\$430.45	\$401.36
24	\$155.18	\$79.11	59	\$444.20	\$424.44
25	\$173.88	\$85.45	60	\$457.91	\$447.80
26	\$175.55	\$92.04	61	\$471.60	\$471.38
27	\$177.15	\$97.16	62	\$485.26	\$495.09
28	\$178.79	\$102.32	63	\$506.62	\$526.50
29	\$180.36	\$107.52	64	\$528.04	\$557.98
30	\$196.94	\$112.67	65	\$577.84	\$628.90
31	\$200.50	\$114.18	66	\$577.84	\$628.90
32	\$204.08	\$117.20	67	\$577.84	\$628.90
33	\$206.82	\$119.70	68	\$577.84	\$628.90
34	\$209.45	\$122.11	69	\$577.84	\$628.90

**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2024**

**Comprehensive Blue PPO I
Policy Forms: 17-273, et al**

	In Network	Out of Network
Deductible	\$25,000	\$50,000
Coinsurance	100%/0%	80%/20%
Stop Loss Amount	Not Applicable	No Max

Primary Insured Medical & Drug Coverage Monthly Bank Draft Premiums

Attained			Attained		
Age	Female	Male	Age	Female	Male
0	\$153.29	\$153.29	35	\$206.42	\$129.50
1	\$153.29	\$153.29	36	\$208.78	\$131.70
2	\$68.86	\$68.86	37	\$211.02	\$134.03
3	\$68.86	\$68.86	38	\$213.68	\$136.98
4	\$68.86	\$68.86	39	\$216.33	\$139.93
5	\$68.86	\$68.86	40	\$219.00	\$142.87
6	\$68.86	\$68.86	41	\$221.63	\$145.81
7	\$68.86	\$68.86	42	\$230.63	\$148.79
8	\$68.86	\$68.86	43	\$234.29	\$153.39
9	\$68.86	\$68.86	44	\$238.02	\$157.93
10	\$68.86	\$68.86	45	\$244.20	\$169.74
11	\$68.86	\$68.86	46	\$247.92	\$181.53
12	\$68.86	\$68.86	47	\$251.53	\$193.40
13	\$72.81	\$68.86	48	\$256.93	\$205.49
14	\$72.81	\$68.86	49	\$262.29	\$217.70
15	\$72.81	\$68.86	50	\$270.34	\$229.88
16	\$86.78	\$68.86	51	\$278.49	\$242.01
17	\$100.66	\$68.86	52	\$286.70	\$254.10
18	\$113.55	\$73.92	53	\$307.85	\$269.53
19	\$126.40	\$73.92	54	\$329.01	\$289.46
20	\$138.19	\$73.92	55	\$350.16	\$309.99
21	\$140.15	\$73.92	56	\$371.26	\$331.11
22	\$142.06	\$73.92	57	\$392.44	\$352.99
23	\$144.03	\$73.92	58	\$405.13	\$373.93
24	\$147.63	\$73.92	59	\$417.76	\$395.11
25	\$165.66	\$80.08	60	\$430.47	\$416.51
26	\$167.14	\$86.46	61	\$443.10	\$438.16
27	\$168.56	\$91.49	62	\$455.67	\$459.88
28	\$169.97	\$96.58	63	\$475.48	\$489.07
29	\$171.44	\$101.70	64	\$495.28	\$518.33
30	\$187.42	\$106.80	65	\$540.26	\$582.55
31	\$190.55	\$108.17	66	\$540.26	\$582.55
32	\$193.71	\$110.82	67	\$540.26	\$582.55
33	\$196.15	\$113.03	68	\$540.26	\$582.55
34	\$198.51	\$115.22	69	\$540.26	\$582.55

**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2024**

**Comprehensive Blue PPO I
Policy Forms: 17-273, et al**

	In Network	Out of Network
Deductible	\$500	\$1,000
Coinsurance	80%/20%	60%/40%
Stop Loss Amount	\$10,000	No Max

Spouse Insured Medical & Drug Coverage Monthly Bank Draft Premiums

Attained	Primary is	Primary is	Attained	Primary is	Primary is
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
15	\$159.48	\$172.34	43	\$310.80	\$456.68
16	\$159.48	\$191.04	44	\$320.65	\$485.95
17	\$159.48	\$209.63	45	\$335.65	\$497.91
18	\$165.70	\$224.80	46	\$350.40	\$510.11
19	\$165.70	\$239.93	47	\$372.41	\$524.68
20	\$165.70	\$239.93	48	\$394.59	\$536.88
21	\$165.70	\$251.72	49	\$416.91	\$548.62
22	\$165.70	\$258.10	50	\$443.91	\$566.14
23	\$165.70	\$264.44	51	\$471.27	\$583.74
24	\$165.70	\$270.72	52	\$498.37	\$603.77
25	\$165.70	\$270.72	53	\$525.39	\$624.13
26	\$165.70	\$282.43	54	\$552.44	\$644.68
27	\$175.42	\$312.19	55	\$589.34	\$680.80
28	\$185.85	\$316.85	56	\$640.93	\$717.06
29	\$192.04	\$321.54	57	\$694.46	\$753.15
30	\$198.45	\$326.23	58	\$749.87	\$789.22
31	\$204.87	\$330.90	59	\$807.62	\$825.33
32	\$211.06	\$357.30	60	\$862.01	\$856.84
33	\$215.54	\$367.61	61	\$921.45	\$891.09
34	\$224.21	\$377.90	62	\$982.36	\$925.89
35	\$231.49	\$385.88	63	\$1,044.82	\$960.65
36	\$238.52	\$393.63	64	\$1,108.39	\$995.48
37	\$257.67	\$407.02	65	\$1,178.87	\$1,044.95
38	\$264.90	\$414.75	66	\$1,178.87	\$1,044.95
39	\$272.42	\$421.99	67	\$1,178.87	\$1,044.95
40	\$282.02	\$430.67	68	\$1,178.87	\$1,044.95
41	\$291.62	\$439.34	69	\$1,178.87	\$1,044.95
42	\$301.21	\$448.01			

**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2024**

**Comprehensive Blue PPO I
Policy Forms: 17-273, et al**

	In Network	Out of Network
Deductible	\$1,000	\$2,000
Coinsurance	80%/20%	60%/40%
Stop Loss Amount	\$10,000	No Max

Spouse Insured Medical & Drug Coverage Monthly Bank Draft Premiums

Attained Age	Primary is Female	Primary is Male	Attained Age	Primary is Female	Primary is Male
15	\$144.25	\$155.65	43	\$283.13	\$417.23
16	\$144.25	\$173.54	44	\$291.82	\$443.09
17	\$144.25	\$191.34	45	\$305.08	\$453.64
18	\$150.29	\$206.11	46	\$318.11	\$464.41
19	\$150.29	\$220.91	47	\$338.42	\$477.60
20	\$150.29	\$220.91	48	\$358.84	\$488.38
21	\$150.29	\$232.70	49	\$379.35	\$498.73
22	\$150.29	\$238.23	50	\$403.86	\$514.26
23	\$150.29	\$243.90	51	\$428.69	\$529.78
24	\$150.29	\$249.45	52	\$453.29	\$547.79
25	\$150.29	\$249.45	53	\$477.83	\$566.11
26	\$150.29	\$259.77	54	\$502.39	\$584.62
27	\$159.38	\$287.59	55	\$535.68	\$618.20
28	\$169.18	\$291.71	56	\$581.97	\$651.86
29	\$175.18	\$295.88	57	\$629.92	\$685.49
30	\$181.34	\$299.98	58	\$679.57	\$719.02
31	\$187.52	\$304.17	59	\$731.30	\$752.65
32	\$193.56	\$328.76	60	\$780.11	\$781.01
33	\$197.49	\$337.90	61	\$833.86	\$812.14
34	\$205.17	\$346.98	62	\$888.93	\$843.77
35	\$211.60	\$353.97	63	\$945.52	\$875.37
36	\$217.80	\$360.86	64	\$1,003.17	\$907.14
37	\$236.20	\$373.36	65	\$1,067.02	\$951.80
38	\$242.57	\$380.16	66	\$1,067.02	\$951.80
39	\$249.16	\$386.61	67	\$1,067.02	\$951.80
40	\$257.67	\$394.21	68	\$1,067.02	\$951.80
41	\$266.13	\$401.89	69	\$1,067.02	\$951.80
42	\$274.61	\$409.58			

**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2024**

**Comprehensive Blue PPO I
Policy Forms: 17-273, et al**

	In Network	Out of Network
Deductible	\$2,500	\$5,000
Coinsurance	100%/0%	80%/20%
Stop Loss Amount	Not Applicable	No Max

Spouse Insured Medical & Drug Coverage Monthly Bank Draft Premiums

Attained	Primary is	Primary is	Attained	Primary is	Primary is
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
15	\$129.40	\$139.30	43	\$256.04	\$378.61
16	\$129.40	\$156.41	44	\$263.60	\$401.14
17	\$129.40	\$173.46	45	\$275.16	\$410.39
18	\$135.22	\$187.83	46	\$286.44	\$419.77
19	\$135.22	\$202.28	47	\$305.11	\$431.53
20	\$135.22	\$202.28	48	\$323.83	\$440.93
21	\$135.22	\$214.07	49	\$342.64	\$449.97
22	\$135.22	\$218.90	50	\$364.74	\$463.46
23	\$135.22	\$223.78	51	\$387.09	\$476.97
24	\$135.22	\$228.62	52	\$409.18	\$493.05
25	\$135.22	\$228.62	53	\$431.29	\$509.36
26	\$135.22	\$237.67	54	\$453.39	\$525.82
27	\$143.74	\$263.56	55	\$483.12	\$556.92
28	\$152.88	\$267.15	56	\$524.20	\$588.16
29	\$158.64	\$270.76	57	\$566.76	\$619.32
30	\$164.62	\$274.33	58	\$610.79	\$650.39
31	\$170.59	\$277.94	59	\$656.67	\$681.51
32	\$176.43	\$300.85	60	\$699.92	\$706.79
33	\$179.85	\$308.79	61	\$748.08	\$734.85
34	\$186.52	\$316.75	62	\$797.54	\$763.39
35	\$192.17	\$322.86	63	\$848.37	\$791.94
36	\$197.53	\$328.82	64	\$900.18	\$820.65
37	\$215.09	\$340.38	65	\$957.58	\$860.64
38	\$220.68	\$346.35	66	\$957.58	\$860.64
39	\$226.43	\$351.93	67	\$957.58	\$860.64
40	\$233.84	\$358.58	68	\$957.58	\$860.64
41	\$241.23	\$365.26	69	\$957.58	\$860.64
42	\$248.61	\$371.98			

**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2024**

**Comprehensive Blue PPO I
Policy Forms: 17-273, et al**

	In Network	Out of Network
Deductible	\$5,000	\$10,000
Coinsurance	100%/0%	80%/20%
Stop Loss Amount	Not Applicable	No Max

Spouse Insured Medical & Drug Coverage Monthly Bank Draft Premiums

Attained	Primary is	Primary is	Attained	Primary is	Primary is
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
15	\$106.13	\$113.76	43	\$213.72	\$318.36
16	\$106.13	\$129.68	44	\$219.53	\$335.74
17	\$106.13	\$145.57	45	\$228.45	\$342.79
18	\$111.72	\$159.34	46	\$237.14	\$349.99
19	\$111.72	\$173.12	47	\$253.11	\$359.63
20	\$111.72	\$173.12	48	\$269.20	\$366.87
21	\$111.72	\$184.91	49	\$285.34	\$373.78
22	\$111.72	\$188.70	50	\$303.62	\$384.19
23	\$111.72	\$192.39	51	\$322.07	\$394.60
24	\$111.72	\$196.18	52	\$340.38	\$407.53
25	\$111.72	\$196.18	53	\$358.64	\$420.75
26	\$111.72	\$203.10	54	\$376.94	\$434.02
27	\$119.32	\$225.95	55	\$401.17	\$461.34
28	\$127.41	\$228.76	56	\$434.12	\$488.73
29	\$132.88	\$231.54	57	\$468.25	\$516.05
30	\$138.52	\$234.27	58	\$503.44	\$543.24
31	\$144.15	\$237.03	59	\$540.13	\$570.58
32	\$149.70	\$257.31	60	\$574.82	\$591.03
33	\$152.36	\$263.40	61	\$614.29	\$614.30
34	\$157.50	\$269.54	62	\$654.91	\$638.00
35	\$161.80	\$274.25	63	\$696.75	\$661.76
36	\$165.93	\$278.80	64	\$739.56	\$685.71
37	\$182.25	\$289.00	65	\$786.87	\$718.42
38	\$186.53	\$293.53	66	\$786.87	\$718.42
39	\$190.97	\$297.84	67	\$786.87	\$718.42
40	\$196.65	\$303.00	68	\$786.87	\$718.42
41	\$202.35	\$308.15	69	\$786.87	\$718.42
42	\$208.06	\$313.21			

**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2024**

**Comprehensive Blue PPO I
Policy Forms: 17-273, et al**

	In Network	Out of Network
Deductible	\$10,000	\$20,000
Coinsurance	100%/0%	80%/20%
Stop Loss Amount	Not Applicable	No Max

Spouse Insured Medical & Drug Coverage Monthly Bank Draft Premiums

Attained	Primary is	Primary is	Attained	Primary is	Primary is
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
15	\$88.13	\$94.02	43	\$180.96	\$271.73
16	\$88.13	\$108.97	44	\$185.43	\$285.03
17	\$88.13	\$123.90	45	\$192.22	\$290.44
18	\$93.47	\$137.28	46	\$198.93	\$295.97
19	\$93.47	\$150.60	47	\$212.90	\$303.97
20	\$93.47	\$150.60	48	\$226.89	\$309.48
21	\$93.47	\$162.39	49	\$240.96	\$314.79
22	\$93.47	\$165.27	50	\$256.26	\$322.80
23	\$93.47	\$168.16	51	\$271.73	\$330.75
24	\$93.47	\$171.03	52	\$287.10	\$341.36
25	\$93.47	\$171.03	53	\$302.35	\$352.12
26	\$93.47	\$176.34	54	\$317.62	\$362.97
27	\$100.41	\$196.87	55	\$337.68	\$387.33
28	\$107.64	\$199.03	56	\$364.37	\$411.69
29	\$112.90	\$201.13	57	\$391.91	\$436.01
30	\$118.28	\$203.23	58	\$420.37	\$460.31
31	\$123.68	\$205.40	59	\$449.86	\$484.61
32	\$128.99	\$223.58	60	\$477.91	\$501.34
33	\$131.03	\$228.24	61	\$510.62	\$520.91
34	\$134.96	\$232.95	62	\$544.45	\$540.85
35	\$138.28	\$236.57	63	\$579.30	\$560.92
36	\$141.46	\$240.11	64	\$615.11	\$581.18
37	\$156.82	\$249.13	65	\$654.54	\$608.27
38	\$160.10	\$252.65	66	\$654.54	\$608.27
39	\$163.52	\$255.95	67	\$654.54	\$608.27
40	\$167.85	\$259.92	68	\$654.54	\$608.27
41	\$172.24	\$263.84	69	\$654.54	\$608.27
42	\$176.58	\$267.78			

**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2024**

**Comprehensive Blue PPO I
Policy Forms: 17-273, et al**

	In Network	Out of Network
Deductible	\$15,000	\$30,000
Coinsurance	100%/0%	80%/20%
Stop Loss Amount	Not Applicable	No Max

Spouse Insured Medical & Drug Coverage Monthly Bank Draft Premiums

Attained	Primary is	Primary is	Attained	Primary is	Primary is
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
15	\$78.32	\$83.24	43	\$163.10	\$246.32
16	\$78.32	\$97.72	44	\$166.83	\$257.38
17	\$78.32	\$112.08	45	\$172.53	\$261.89
18	\$83.54	\$125.19	46	\$178.10	\$266.52
19	\$83.54	\$138.30	47	\$190.94	\$273.55
20	\$83.54	\$138.30	48	\$203.81	\$278.19
21	\$83.54	\$150.09	49	\$216.79	\$282.65
22	\$83.54	\$152.48	50	\$230.44	\$289.33
23	\$83.54	\$154.86	51	\$244.27	\$295.93
24	\$83.54	\$157.29	52	\$258.01	\$305.24
25	\$83.54	\$157.29	53	\$271.67	\$314.68
26	\$83.54	\$161.71	54	\$285.34	\$324.22
27	\$90.09	\$181.05	55	\$303.01	\$346.90
28	\$96.87	\$182.79	56	\$326.24	\$369.66
29	\$102.06	\$184.57	57	\$350.28	\$392.37
30	\$107.28	\$186.36	58	\$374.95	\$415.02
31	\$112.53	\$188.15	59	\$400.57	\$437.73
32	\$117.74	\$205.22	60	\$425.04	\$452.41
33	\$119.44	\$209.09	61	\$454.08	\$469.97
34	\$122.68	\$213.02	62	\$484.14	\$487.90
35	\$125.46	\$216.01	63	\$515.23	\$505.91
36	\$128.11	\$219.00	64	\$547.23	\$524.18
37	\$142.92	\$227.44	65	\$582.35	\$548.19
38	\$145.68	\$230.37	66	\$582.35	\$548.19
39	\$148.50	\$233.10	67	\$582.35	\$548.19
40	\$152.19	\$236.40	68	\$582.35	\$548.19
41	\$155.80	\$239.68	69	\$582.35	\$548.19
42	\$159.46	\$243.01			

**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2024**

**Comprehensive Blue PPO I
Policy Forms: 17-273, et al**

	In Network	Out of Network
Deductible	\$20,000	\$40,000
Coinsurance	100%/0%	80%/20%
Stop Loss Amount	Not Applicable	No Max

Spouse Insured Medical & Drug Coverage Monthly Bank Draft Premiums

Attained	Primary is	Primary is	Attained	Primary is	Primary is
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
15	\$73.77	\$78.20	43	\$154.77	\$234.37
16	\$73.77	\$92.44	44	\$158.11	\$244.46
17	\$73.77	\$106.62	45	\$163.25	\$248.61
18	\$78.90	\$119.57	46	\$168.36	\$252.80
19	\$78.90	\$132.57	47	\$180.70	\$259.37
20	\$78.90	\$132.57	48	\$193.07	\$263.54
21	\$78.90	\$144.36	49	\$205.47	\$267.64
22	\$78.90	\$146.54	50	\$218.41	\$273.64
23	\$78.90	\$148.70	51	\$231.43	\$279.70
24	\$78.90	\$150.90	52	\$244.39	\$288.40
25	\$78.90	\$150.90	53	\$257.35	\$297.22
26	\$78.90	\$154.93	54	\$270.28	\$306.10
27	\$85.26	\$173.62	55	\$286.82	\$328.07
28	\$91.84	\$175.19	56	\$308.49	\$350.02
29	\$96.93	\$176.83	57	\$330.81	\$372.01
30	\$102.17	\$178.48	58	\$353.82	\$393.86
31	\$107.33	\$180.08	59	\$377.64	\$415.84
32	\$112.46	\$196.58	60	\$400.39	\$429.58
33	\$113.96	\$200.12	61	\$427.72	\$446.23
34	\$116.96	\$203.73	62	\$456.00	\$463.18
35	\$119.49	\$206.43	63	\$485.31	\$480.24
36	\$121.89	\$209.09	64	\$515.57	\$497.61
37	\$136.48	\$217.28	65	\$548.72	\$520.15
38	\$138.94	\$219.93	66	\$548.72	\$520.15
39	\$141.51	\$222.45	67	\$548.72	\$520.15
40	\$144.83	\$225.41	68	\$548.72	\$520.15
41	\$148.16	\$228.42	69	\$548.72	\$520.15
42	\$151.44	\$231.40			

**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2024**

**Comprehensive Blue PPO I
Policy Forms: 17-273, et al**

	In Network	Out of Network
Deductible	\$25,000	\$50,000
Coinsurance	100%/0%	80%/20%
Stop Loss Amount	Not Applicable	No Max

Spouse Insured Medical & Drug Coverage Monthly Bank Draft Premiums

Attained	Primary is	Primary is	Attained	Primary is	Primary is
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
15	\$68.70	\$72.64	43	\$145.52	\$221.21
16	\$68.70	\$86.60	44	\$148.50	\$230.17
17	\$68.70	\$100.47	45	\$153.09	\$233.81
18	\$73.74	\$113.38	46	\$157.60	\$237.55
19	\$73.74	\$126.21	47	\$169.37	\$243.69
20	\$73.74	\$126.21	48	\$181.14	\$247.41
21	\$73.74	\$138.00	49	\$193.00	\$250.95
22	\$73.74	\$139.92	50	\$205.08	\$256.33
23	\$73.74	\$141.85	51	\$217.26	\$261.73
24	\$73.74	\$143.80	52	\$229.43	\$269.73
25	\$73.74	\$143.80	53	\$241.52	\$277.86
26	\$73.74	\$147.35	54	\$253.56	\$286.04
27	\$79.89	\$165.40	55	\$268.94	\$307.17
28	\$86.32	\$166.89	56	\$288.82	\$328.36
29	\$91.35	\$168.30	57	\$309.31	\$349.45
30	\$96.41	\$169.70	58	\$330.40	\$370.52
31	\$101.52	\$171.14	59	\$352.19	\$391.67
32	\$106.62	\$187.13	60	\$373.07	\$404.31
33	\$107.96	\$190.22	61	\$398.53	\$419.85
34	\$110.59	\$193.35	62	\$424.89	\$435.79
35	\$112.86	\$195.80	63	\$452.24	\$451.84
36	\$115.01	\$198.18	64	\$480.45	\$468.12
37	\$129.31	\$206.06	65	\$511.43	\$489.12
38	\$131.49	\$208.44	66	\$511.43	\$489.12
39	\$133.75	\$210.67	67	\$511.43	\$489.12
40	\$136.68	\$213.28	68	\$511.43	\$489.12
41	\$139.64	\$215.94	69	\$511.43	\$489.12
42	\$142.58	\$218.61			

Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2024
Comprehensive Blue PPO I
Policy Forms: 17-273, et al

Dependent Child(ren) Insured Medical Coverage Monthly Bank Draft Premiums (All Eligible)

<u>Deductible</u>	In Network	In Network	Out of Network	One	Two	All (3+)
	<u>Coinsurance</u>	<u>Stop Loss Amount</u>	<u>Coinsurance</u>	<u>Child</u>	<u>Children</u>	<u>Children</u>
\$500	80% / 20%	\$10,000	60% / 40%	\$150.04	\$300.05	\$450.08
\$1,000	80% / 20%	\$10,000	60% / 40%	\$132.57	\$265.14	\$397.71
\$2,500	100% / 0%	Not Applicable	80% / 20%	\$115.47	\$230.96	\$346.44
\$5,000	100% / 0%	Not Applicable	80% / 20%	\$88.84	\$177.68	\$266.50
\$10,000	100% / 0%	Not Applicable	80% / 20%	\$68.15	\$136.32	\$204.48
\$15,000	100% / 0%	Not Applicable	80% / 20%	\$56.90	\$113.80	\$170.68
\$20,000	100% / 0%	Not Applicable	80% / 20%	\$51.63	\$103.34	\$154.97
\$25,000	100% / 0%	Not Applicable	80% / 20%	\$45.82	\$91.67	\$137.50

Maternity Rider Coverage Monthly Bank Draft Premiums (All Eligible)

<u>Deductible</u>	In Network	In Network	Out of Network	Maternity
	<u>Coinsurance</u>	<u>Stop Loss Amount</u>	<u>Coinsurance</u>	<u>Rider</u>
\$500	80% / 20%	No Limit	60% / 40%	\$267.86
\$1,000	80% / 20%	No Limit	60% / 40%	\$253.12
\$2,500	100% / 0%	Not Applicable	80% / 20%	\$245.59
\$5,000	100% / 0%	Not Applicable	80% / 20%	\$212.16
\$10,000	100% / 0%	Not Applicable	80% / 20%	\$84.03
\$15,000	100% / 0%	Not Applicable	80% / 20%	\$56.03
\$20,000	100% / 0%	Not Applicable	80% / 20%	\$42.04
\$25,000	100% / 0%	Not Applicable	80% / 20%	\$28.01

Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2024
Comprehensive Blue PPO I
Policy Forms: 17-273, et al

Primary Insured Prescription Drug Coverage Monthly Bank Draft Premiums

Tier 1 Copay (Generic)	\$10
Tier 2 Copay (Preferred Brands)	\$35
Tier 3 Copay (Non-Preferred Brands)	\$70

Attained			Attained		
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
0	\$28.78	\$28.78	35	\$117.72	\$72.83
1	\$28.78	\$28.78	36	\$117.72	\$72.83
2	\$28.78	\$28.78	37	\$117.72	\$72.83
3	\$28.78	\$28.78	38	\$117.72	\$72.83
4	\$28.78	\$28.78	39	\$117.72	\$72.83
5	\$28.78	\$28.78	40	\$117.72	\$72.83
6	\$28.78	\$28.78	41	\$117.72	\$72.83
7	\$28.78	\$28.78	42	\$117.72	\$72.83
8	\$28.78	\$28.78	43	\$117.72	\$72.83
9	\$28.78	\$28.78	44	\$117.72	\$72.83
10	\$28.78	\$28.78	45	\$120.15	\$80.08
11	\$28.78	\$28.78	46	\$120.15	\$87.28
12	\$28.78	\$28.78	47	\$120.15	\$94.54
13	\$28.78	\$28.78	48	\$120.15	\$100.04
14	\$28.78	\$28.78	49	\$120.15	\$105.60
15	\$28.78	\$28.78	50	\$122.86	\$111.14
16	\$40.67	\$28.78	51	\$125.64	\$116.65
17	\$52.49	\$28.78	52	\$128.41	\$122.15
18	\$64.35	\$33.35	53	\$142.95	\$128.11
19	\$76.21	\$33.35	54	\$157.42	\$134.04
20	\$88.00	\$33.35	55	\$171.97	\$139.99
21	\$88.00	\$33.35	56	\$186.47	\$145.97
22	\$88.00	\$33.35	57	\$201.02	\$151.96
23	\$88.00	\$33.35	58	\$205.37	\$158.11
24	\$88.00	\$33.35	59	\$209.76	\$164.28
25	\$100.89	\$37.92	60	\$214.12	\$170.45
26	\$100.89	\$42.51	61	\$218.50	\$176.59
27	\$100.89	\$47.03	62	\$222.89	\$182.73
28	\$100.89	\$51.57	63	\$230.13	\$194.47
29	\$100.89	\$56.11	64	\$237.43	\$206.20
30	\$112.27	\$60.69	65	\$244.73	\$217.99
31	\$112.27	\$60.69	66	\$244.73	\$217.99
32	\$112.27	\$60.69	67	\$244.73	\$217.99
33	\$112.27	\$60.69	68	\$244.73	\$217.99
34	\$112.27	\$60.69	69	\$244.73	\$217.99

Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2024
Comprehensive Blue PPO I
Policy Forms: 17-273, et al

Spouse Insured Prescription Drug Coverage Monthly Bank Draft Premiums

Tier 1 Copay (Generic)	\$10
Tier 2 Copay (Preferred Brands)	\$35
Tier 3 Copay (Non-Preferred Brands)	\$70

<u>Attained Age of Primary</u>	<u>Primary is Female</u>	<u>Primary is Male</u>	<u>Attained Age of Primary</u>	<u>Primary is Female</u>	<u>Primary is Male</u>
15	\$28.78	\$28.78	43	\$72.83	\$117.72
16	\$28.78	\$40.67	44	\$72.83	\$117.72
17	\$28.78	\$52.49	45	\$72.83	\$117.72
18	\$33.35	\$64.35	46	\$72.83	\$117.72
19	\$33.35	\$76.21	47	\$80.08	\$120.15
20	\$33.35	\$76.21	48	\$87.28	\$120.15
21	\$33.35	\$88.00	49	\$94.54	\$120.15
22	\$33.35	\$88.00	50	\$100.04	\$120.15
23	\$33.35	\$88.00	51	\$105.60	\$120.15
24	\$33.35	\$88.00	52	\$111.14	\$122.86
25	\$33.35	\$88.00	53	\$116.65	\$125.64
26	\$33.35	\$88.00	54	\$122.15	\$128.41
27	\$37.92	\$100.89	55	\$128.11	\$142.95
28	\$42.51	\$100.89	56	\$134.04	\$157.42
29	\$47.03	\$100.89	57	\$139.99	\$171.97
30	\$51.57	\$100.89	58	\$145.97	\$186.47
31	\$56.11	\$100.89	59	\$151.96	\$201.02
32	\$60.69	\$112.27	60	\$158.11	\$205.37
33	\$60.69	\$112.27	61	\$168.59	\$212.70
34	\$60.69	\$112.27	62	\$179.81	\$220.33
35	\$60.69	\$112.27	63	\$191.69	\$228.14
36	\$60.69	\$112.27	64	\$204.43	\$236.28
37	\$72.83	\$117.72	65	\$217.99	\$244.73
38	\$72.83	\$117.72	66	\$217.99	\$244.73
39	\$72.83	\$117.72	67	\$217.99	\$244.73
40	\$72.83	\$117.72	68	\$217.99	\$244.73
41	\$72.83	\$117.72	69	\$217.99	\$244.73
42	\$72.83	\$117.72			

Dependent Child(ren) Insured Prescription Drug Coverage Monthly Bank Draft Premiums

Attained Age	One Child	Two Children	All (3+) Children
All Eligible	\$32.91	\$65.85	\$98.74

**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2024
Comprehensive Blue PPO I
Policy Forms: 17-273, et al**

Policy Form: Mental Health Parity Rider

	Deductible	\$500	\$1,000
	In Network Coinsurance	80% / 20%	80% / 20%
	In Network Stop Loss Amount	\$10,000	\$10,000
	Out of Network Coinsurance	60% / 40%	60% / 40%
Individual	All Ages	\$140.60	\$124.22
Spouse	All Ages	\$126.56	\$111.83
One Dependent Child	All Ages	\$126.56	\$111.83
Two Dependent Children	All Ages	\$253.09	\$223.65
Three or More Dependent Children	All Ages	\$379.65	\$335.50

	Deductible	\$2,500	\$5,000
	In Network Coinsurance	100% / 0%	100% / 0%
	In Network Stop Loss Amount	Not Applicable	Not Applicable
	Out of Network Coinsurance	80% / 20%	80% / 20%
Individual	All Ages	\$108.21	\$83.24
Spouse	All Ages	\$97.41	\$74.89
One Dependent Child	All Ages	\$97.41	\$74.89
Two Dependent Children	All Ages	\$194.78	\$149.84
Three or More Dependent Children	All Ages	\$292.23	\$224.74

	Deductible	\$10,000	\$15,000
	In Network Coinsurance	100% / 0%	100% / 0%
	In Network Stop Loss Amount	Not Applicable	Not Applicable
	Out of Network Coinsurance	80% / 20%	80% / 20%
Individual	All Ages	\$63.85	\$53.31
Spouse	All Ages	\$57.49	\$47.98
One Dependent Child	All Ages	\$57.49	\$47.98
Two Dependent Children	All Ages	\$114.95	\$95.98
Three or More Dependent Children	All Ages	\$172.48	\$143.98

	Deductible	\$20,000	\$25,000
	In Network Coinsurance	100% / 0%	100% / 0%
	In Network Stop Loss Amount	Not Applicable	Not Applicable
	Out of Network Coinsurance	80% / 20%	80% / 20%
Individual	All Ages	\$48.42	\$42.95
Spouse	All Ages	\$43.60	\$38.67
One Dependent Child	All Ages	\$43.60	\$38.67
Two Dependent Children	All Ages	\$87.13	\$77.32
Three or More Dependent Children	All Ages	\$130.70	\$115.97

**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2024**

**Comprehensive Blue PPO III
Policy Forms: 17-276, et al**

	In Network	Out of Network	Generic Copay	\$10
Deductible	\$1,000	\$2,000	Non-Generics Deductible	\$500
Coinsurance	80%/20%	60%/40%	Non-Generics Coinsurance	80% / 20%
Stop Loss Amount	\$10,000	No Max	Non-Generics Stop Loss Amount Per Script	\$250

Primary Insured Medical & Drug Coverage Monthly Bank Draft Premiums

Attained			Attained		
Age	Female	Male	Age	Female	Male
0	\$238.15	\$238.15	35	\$395.82	\$254.52
1	\$238.15	\$238.15	36	\$406.22	\$261.53
2	\$238.15	\$238.15	37	\$416.57	\$268.50
3	\$238.15	\$238.15	38	\$427.00	\$275.53
4	\$238.15	\$238.15	39	\$437.41	\$282.46
5	\$238.15	\$238.15	40	\$447.76	\$289.49
6	\$238.15	\$238.15	41	\$459.15	\$298.89
7	\$238.15	\$238.15	42	\$470.50	\$308.36
8	\$238.15	\$238.15	43	\$481.87	\$317.73
9	\$238.15	\$238.15	44	\$493.23	\$327.16
10	\$238.15	\$238.15	45	\$506.04	\$341.00
11	\$238.15	\$238.15	46	\$508.67	\$362.05
12	\$238.15	\$238.15	47	\$511.32	\$383.10
13	\$238.15	\$238.15	48	\$514.92	\$403.22
14	\$238.15	\$238.15	49	\$518.54	\$423.22
15	\$238.15	\$238.15	50	\$550.20	\$471.23
16	\$238.15	\$238.15	51	\$568.88	\$514.16
17	\$238.15	\$238.15	52	\$586.59	\$556.07
18	\$238.15	\$238.15	53	\$612.08	\$598.25
19	\$236.60	\$164.62	54	\$634.77	\$637.69
20	\$253.08	\$170.18	55	\$657.43	\$677.09
21	\$262.50	\$175.70	56	\$683.02	\$705.30
22	\$271.94	\$181.21	57	\$712.45	\$737.32
23	\$281.36	\$186.75	58	\$735.71	\$769.45
24	\$290.78	\$192.28	59	\$758.93	\$801.50
25	\$308.50	\$200.04	60	\$782.16	\$833.57
26	\$311.12	\$204.46	61	\$814.10	\$879.96
27	\$313.71	\$208.79	62	\$846.15	\$926.41
28	\$316.33	\$213.19	63	\$879.85	\$976.23
29	\$318.95	\$217.55	64	\$913.57	\$1,026.03
30	\$328.43	\$222.01	65	\$979.71	\$1,122.90
31	\$341.25	\$227.04	66	\$979.71	\$1,122.90
32	\$354.05	\$232.08	67	\$979.71	\$1,122.90
33	\$366.91	\$237.15	68	\$979.71	\$1,122.90
34	\$379.70	\$242.18	69	\$979.71	\$1,122.90

**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2024**

**Comprehensive Blue PPO III
Policy Forms: 17-276, et al**

	In Network	Out of Network	Generic Copay	\$10
Deductible	\$1,500	\$3,000	Non-Generics Deductible	\$500
Coinsurance	80%/20%	60%/40%	Non-Generics Coinsurance	80% / 20%
Stop Loss Amount	\$10,000	No Max	nerics Stop Loss Amount Per Script	\$250

Primary Insured Medical & Drug Coverage Monthly Bank Draft Premiums

Attained			Attained		
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
0	\$220.31	\$220.31	35	\$368.79	\$237.14
1	\$220.31	\$220.31	36	\$378.36	\$243.58
2	\$220.31	\$220.31	37	\$387.87	\$249.98
3	\$220.31	\$220.31	38	\$397.38	\$256.40
4	\$220.31	\$220.31	39	\$406.97	\$262.81
5	\$220.31	\$220.31	40	\$416.47	\$269.22
6	\$220.31	\$220.31	41	\$426.90	\$277.86
7	\$220.31	\$220.31	42	\$437.32	\$286.53
8	\$220.31	\$220.31	43	\$447.75	\$295.16
9	\$220.31	\$220.31	44	\$458.18	\$303.78
10	\$220.31	\$220.31	45	\$470.03	\$316.84
11	\$220.31	\$220.31	46	\$472.43	\$336.49
12	\$220.31	\$220.31	47	\$474.85	\$356.18
13	\$220.31	\$220.31	48	\$478.33	\$374.85
14	\$220.31	\$220.31	49	\$481.68	\$393.50
15	\$220.31	\$220.31	50	\$513.11	\$440.13
16	\$220.31	\$220.31	51	\$530.36	\$479.75
17	\$220.31	\$220.31	52	\$546.62	\$518.32
18	\$220.31	\$220.31	53	\$570.57	\$557.24
19	\$220.64	\$152.52	54	\$591.84	\$593.31
20	\$236.36	\$157.64	55	\$613.04	\$629.37
21	\$245.01	\$162.72	56	\$636.90	\$655.21
22	\$253.63	\$167.79	57	\$664.60	\$684.87
23	\$262.26	\$172.85	58	\$686.14	\$714.60
24	\$270.92	\$177.98	59	\$707.65	\$744.29
25	\$287.79	\$185.30	60	\$729.16	\$773.99
26	\$290.23	\$189.59	61	\$758.66	\$816.86
27	\$292.65	\$193.86	62	\$788.22	\$859.71
28	\$295.04	\$198.07	63	\$819.43	\$905.93
29	\$297.51	\$202.37	64	\$850.76	\$952.17
30	\$306.72	\$206.69	65	\$911.85	\$1,041.62
31	\$318.46	\$211.30	66	\$911.85	\$1,041.62
32	\$330.24	\$215.93	67	\$911.85	\$1,041.62
33	\$341.98	\$220.56	68	\$911.85	\$1,041.62
34	\$353.71	\$225.17	69	\$911.85	\$1,041.62

**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2024**

**Comprehensive Blue PPO III
Policy Forms: 17-276, et al**

	In Network	Out of Network	Generic Copay	\$10
Deductible	\$2,500	\$5,000	Non-Generics Deductible	\$500
Coinsurance	80%/20%	60%/40%	Non-Generics Coinsurance	80% / 20%
Stop Loss Amount	\$10,000	No Max	Non-Generics Stop Loss Amount Per Script	\$250

Primary Insured Medical & Drug Coverage Monthly Bank Draft Premiums

Attained			Attained		
Age	Female	Male	Age	Female	Male
0	\$191.82	\$191.82	35	\$325.68	\$209.35
1	\$191.82	\$191.82	36	\$333.86	\$214.87
2	\$191.82	\$191.82	37	\$342.01	\$220.36
3	\$191.82	\$191.82	38	\$350.16	\$225.88
4	\$191.82	\$191.82	39	\$358.38	\$231.39
5	\$191.82	\$191.82	40	\$366.48	\$236.89
6	\$191.82	\$191.82	41	\$375.41	\$244.27
7	\$191.82	\$191.82	42	\$384.34	\$251.72
8	\$191.82	\$191.82	43	\$393.23	\$259.13
9	\$191.82	\$191.82	44	\$402.20	\$266.53
10	\$191.82	\$191.82	45	\$412.57	\$278.29
11	\$191.82	\$191.82	46	\$414.66	\$295.72
12	\$191.82	\$191.82	47	\$416.73	\$313.15
13	\$191.82	\$191.82	48	\$419.86	\$329.66
14	\$191.82	\$191.82	49	\$422.92	\$346.07
15	\$191.82	\$191.82	50	\$454.03	\$390.48
16	\$191.82	\$191.82	51	\$468.90	\$424.78
17	\$191.82	\$191.82	52	\$482.80	\$458.09
18	\$191.82	\$191.82	53	\$504.43	\$491.72
19	\$195.17	\$133.26	54	\$523.27	\$522.51
20	\$209.65	\$137.61	55	\$542.17	\$553.32
21	\$217.04	\$142.01	56	\$563.31	\$575.33
22	\$224.44	\$146.37	57	\$588.25	\$601.17
23	\$231.83	\$150.73	58	\$607.00	\$627.15
24	\$239.24	\$155.10	59	\$625.79	\$653.07
25	\$254.80	\$161.80	60	\$644.56	\$678.91
26	\$256.92	\$165.88	61	\$670.11	\$716.08
27	\$259.01	\$169.90	62	\$695.83	\$753.23
28	\$261.08	\$173.97	63	\$723.11	\$793.76
29	\$263.17	\$178.06	64	\$750.50	\$834.25
30	\$272.10	\$182.17	65	\$803.56	\$911.89
31	\$282.15	\$186.15	66	\$803.56	\$911.89
32	\$292.22	\$190.14	67	\$803.56	\$911.89
33	\$302.30	\$194.11	68	\$803.56	\$911.89
34	\$312.32	\$198.09	69	\$803.56	\$911.89

**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2024**

**Comprehensive Blue PPO III
Policy Forms: 17-276, et al**

	In Network	Out of Network	Generic Copay	\$10
Deductible	\$5,000	\$10,000	Non-Generics Deductible	\$500
Coinsurance	80%/20%	60%/40%	Non-Generics Coinsurance	80% / 20%
Stop Loss Amount	\$10,000	No Max	Non-Generics Stop Loss Amount Per Script	\$250

Primary Insured Medical & Drug Coverage Monthly Bank Draft Premiums

Attained			Attained		
Age	Female	Male	Age	Female	Male
0	\$156.50	\$156.50	35	\$272.21	\$174.94
1	\$156.50	\$156.50	36	\$278.69	\$179.31
2	\$156.50	\$156.50	37	\$285.12	\$183.69
3	\$156.50	\$156.50	38	\$291.61	\$188.06
4	\$156.50	\$156.50	39	\$298.08	\$192.40
5	\$156.50	\$156.50	40	\$304.52	\$196.80
6	\$156.50	\$156.50	41	\$311.58	\$202.67
7	\$156.50	\$156.50	42	\$318.64	\$208.50
8	\$156.50	\$156.50	43	\$325.70	\$214.37
9	\$156.50	\$156.50	44	\$332.79	\$220.22
10	\$156.50	\$156.50	45	\$341.31	\$230.54
11	\$156.50	\$156.50	46	\$342.94	\$245.20
12	\$156.50	\$156.50	47	\$344.64	\$259.88
13	\$156.50	\$156.50	48	\$347.35	\$273.58
14	\$156.50	\$156.50	49	\$349.97	\$287.28
15	\$156.50	\$156.50	50	\$380.73	\$328.92
16	\$156.50	\$156.50	51	\$392.67	\$356.67
17	\$156.50	\$156.50	52	\$403.63	\$383.40
18	\$156.50	\$156.50	53	\$422.37	\$410.47
19	\$163.55	\$109.37	54	\$438.31	\$434.74
20	\$176.50	\$112.82	55	\$454.29	\$458.90
21	\$182.36	\$116.33	56	\$471.96	\$476.27
22	\$188.24	\$119.80	57	\$493.54	\$497.41
23	\$194.07	\$123.28	58	\$508.96	\$518.66
24	\$199.94	\$126.77	59	\$524.29	\$539.90
25	\$213.90	\$132.62	60	\$539.67	\$561.07
26	\$215.60	\$136.47	61	\$560.36	\$591.13
27	\$217.28	\$140.27	62	\$581.17	\$621.21
28	\$218.94	\$144.08	63	\$603.62	\$654.61
29	\$220.62	\$147.92	64	\$626.16	\$688.07
30	\$229.18	\$151.77	65	\$669.30	\$751.04
31	\$237.09	\$154.96	66	\$669.30	\$751.04
32	\$245.04	\$158.16	67	\$669.30	\$751.04
33	\$253.07	\$161.31	68	\$669.30	\$751.04
34	\$260.97	\$164.46	69	\$669.30	\$751.04

**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2024**

**Comprehensive Blue PPO III
Policy Forms: 17-276, et al**

	In Network	Out of Network	Generic Copay	\$10
Deductible	\$7,500	\$15,000	Non-Generics Deductible	\$500
Coinsurance	100%/0%	80%/20%	Non-Generics Coinsurance	80% / 20%
Stop Loss Amount	Not Applicable	No Max	Non-Generics Stop Loss Amount Per Script	\$250

Primary Insured Medical & Drug Coverage Monthly Bank Draft Premiums

Attained			Attained		
Age	Female	Male	Age	Female	Male
0	\$147.00	\$147.00	35	\$257.83	\$165.71
1	\$147.00	\$147.00	36	\$263.85	\$169.76
2	\$147.00	\$147.00	37	\$269.85	\$173.83
3	\$147.00	\$147.00	38	\$275.90	\$177.89
4	\$147.00	\$147.00	39	\$281.89	\$181.93
5	\$147.00	\$147.00	40	\$287.85	\$186.02
6	\$147.00	\$147.00	41	\$294.43	\$191.48
7	\$147.00	\$147.00	42	\$300.97	\$196.95
8	\$147.00	\$147.00	43	\$307.51	\$202.39
9	\$147.00	\$147.00	44	\$314.07	\$207.78
10	\$147.00	\$147.00	45	\$322.15	\$217.68
11	\$147.00	\$147.00	46	\$323.69	\$231.58
12	\$147.00	\$147.00	47	\$325.26	\$245.53
13	\$147.00	\$147.00	48	\$327.86	\$258.52
14	\$147.00	\$147.00	49	\$330.40	\$271.47
15	\$147.00	\$147.00	50	\$361.00	\$312.39
16	\$147.00	\$147.00	51	\$372.19	\$338.35
17	\$147.00	\$147.00	52	\$382.37	\$363.30
18	\$147.00	\$147.00	53	\$400.32	\$388.60
19	\$155.03	\$102.96	54	\$415.48	\$411.08
20	\$167.60	\$106.20	55	\$430.64	\$433.54
21	\$173.07	\$109.43	56	\$447.42	\$449.66
22	\$178.49	\$112.63	57	\$468.08	\$469.55
23	\$183.93	\$115.87	58	\$482.55	\$489.51
24	\$189.39	\$119.12	59	\$497.00	\$509.47
25	\$202.94	\$124.78	60	\$511.48	\$529.41
26	\$204.50	\$128.57	61	\$530.84	\$557.54
27	\$206.05	\$132.31	62	\$550.35	\$585.70
28	\$207.62	\$136.08	63	\$571.52	\$617.22
29	\$209.19	\$139.85	64	\$592.73	\$648.76
30	\$217.60	\$143.66	65	\$633.16	\$707.87
31	\$225.00	\$146.53	66	\$633.16	\$707.87
32	\$232.42	\$149.53	67	\$633.16	\$707.87
33	\$239.80	\$152.47	68	\$633.16	\$707.87
34	\$247.17	\$155.45	69	\$633.16	\$707.87

**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2024**

**Comprehensive Blue PPO III
Policy Forms: 17-276, et al**

	In Network	Out of Network	Generic Copay	\$10
Deductible	\$10,000	\$20,000	Non-Generics Deductible	\$500
Coinsurance	100%/0%	80%/20%	Non-Generics Coinsurance	80% / 20%
Stop Loss Amount	Not Applicable	No Max	Non-Generics Stop Loss Amount Per Script	\$250

Primary Insured Medical & Drug Coverage Monthly Bank Draft Premiums

Attained			Attained		
Age	Female	Male	Age	Female	Male
0	\$134.11	\$134.11	35	\$238.28	\$153.08
1	\$134.11	\$134.11	36	\$243.69	\$156.76
2	\$134.11	\$134.11	37	\$249.03	\$160.40
3	\$134.11	\$134.11	38	\$254.46	\$164.07
4	\$134.11	\$134.11	39	\$259.84	\$167.71
5	\$134.11	\$134.11	40	\$265.23	\$171.36
6	\$134.11	\$134.11	41	\$271.10	\$176.24
7	\$134.11	\$134.11	42	\$276.98	\$181.15
8	\$134.11	\$134.11	43	\$282.83	\$186.02
9	\$134.11	\$134.11	44	\$288.72	\$190.91
10	\$134.11	\$134.11	45	\$296.05	\$200.20
11	\$134.11	\$134.11	46	\$297.48	\$213.11
12	\$134.11	\$134.11	47	\$298.90	\$226.05
13	\$134.11	\$134.11	48	\$301.37	\$238.03
14	\$134.11	\$134.11	49	\$303.77	\$249.97
15	\$134.11	\$134.11	50	\$334.19	\$289.86
16	\$134.11	\$134.11	51	\$344.31	\$313.43
17	\$134.11	\$134.11	52	\$353.43	\$336.03
18	\$134.11	\$134.11	53	\$370.31	\$358.92
19	\$143.54	\$94.21	54	\$384.38	\$378.98
20	\$155.48	\$97.15	55	\$398.52	\$399.02
21	\$160.38	\$100.02	56	\$414.07	\$413.46
22	\$165.26	\$102.94	57	\$433.49	\$431.59
23	\$170.16	\$105.84	58	\$446.71	\$449.86
24	\$175.04	\$108.77	59	\$459.91	\$468.09
25	\$188.00	\$114.14	60	\$473.12	\$486.31
26	\$189.43	\$117.79	61	\$490.71	\$511.90
27	\$190.84	\$121.47	62	\$508.46	\$537.42
28	\$192.23	\$125.10	63	\$527.88	\$566.37
29	\$193.65	\$128.81	64	\$547.26	\$595.28
30	\$201.92	\$132.51	65	\$584.08	\$649.05
31	\$208.50	\$135.15	66	\$584.08	\$649.05
32	\$215.17	\$137.86	67	\$584.08	\$649.05
33	\$221.77	\$140.48	68	\$584.08	\$649.05
34	\$228.39	\$143.11	69	\$584.08	\$649.05

**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2024**

**Comprehensive Blue PPO III
Policy Forms: 17-276, et al**

	In Network	Out of Network	Generic Copay	\$10
Deductible	\$15,000	\$30,000	Non-Generics Deductible	\$500
Coinsurance	100%/0%	80%/20%	Non-Generics Coinsurance	80% / 20%
Stop Loss Amount	Not Applicable	No Max	Non-Generics Stop Loss Amount Per Script	\$250

Primary Insured Medical & Drug Coverage Monthly Bank Draft Premiums

Attained			Attained		
Age	Female	Male	Age	Female	Male
0	\$116.99	\$116.99	35	\$212.44	\$136.45
1	\$116.99	\$116.99	36	\$217.01	\$139.57
2	\$116.99	\$116.99	37	\$221.56	\$142.63
3	\$116.99	\$116.99	38	\$226.12	\$145.76
4	\$116.99	\$116.99	39	\$230.66	\$148.90
5	\$116.99	\$116.99	40	\$235.23	\$151.95
6	\$116.99	\$116.99	41	\$240.22	\$156.08
7	\$116.99	\$116.99	42	\$245.18	\$160.23
8	\$116.99	\$116.99	43	\$250.17	\$164.36
9	\$116.99	\$116.99	44	\$255.15	\$168.55
10	\$116.99	\$116.99	45	\$261.57	\$177.07
11	\$116.99	\$116.99	46	\$262.74	\$188.71
12	\$116.99	\$116.99	47	\$264.02	\$200.27
13	\$116.99	\$116.99	48	\$266.29	\$210.94
14	\$116.99	\$116.99	49	\$268.46	\$221.47
15	\$116.99	\$116.99	50	\$298.79	\$260.06
16	\$116.99	\$116.99	51	\$307.41	\$280.48
17	\$116.99	\$116.99	52	\$315.13	\$299.87
18	\$116.99	\$116.99	53	\$330.59	\$319.60
19	\$128.21	\$82.64	54	\$343.30	\$336.49
20	\$139.45	\$85.11	55	\$355.99	\$353.39
21	\$143.59	\$87.63	56	\$369.88	\$365.51
22	\$147.73	\$90.08	57	\$387.62	\$381.37
23	\$151.89	\$92.56	58	\$399.22	\$397.38
24	\$156.02	\$95.03	59	\$410.78	\$413.34
25	\$168.17	\$100.01	60	\$422.36	\$429.27
26	\$169.39	\$103.56	61	\$437.64	\$451.41
27	\$170.64	\$107.12	62	\$453.02	\$473.59
28	\$171.88	\$110.65	63	\$470.02	\$499.01
29	\$173.10	\$114.21	64	\$487.09	\$524.55
30	\$181.17	\$117.84	65	\$519.11	\$571.22
31	\$186.72	\$120.10	66	\$519.11	\$571.22
32	\$192.34	\$122.33	67	\$519.11	\$571.22
33	\$197.98	\$124.61	68	\$519.11	\$571.22
34	\$203.55	\$126.87	69	\$519.11	\$571.22

**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2024**

**Comprehensive Blue PPO III
Policy Forms: 17-276, et al**

	In Network	Out of Network	Generic Copay	\$10
Deductible	\$20,000	\$40,000	Non-Generics Deductible	\$500
Coinsurance	100%/0%	80%/20%	Non-Generics Coinsurance	80% / 20%
Stop Loss Amount	Not Applicable	No Max	Non-Generics Stop Loss Amount Per Script	\$250

Primary Insured Medical & Drug Coverage Monthly Bank Draft Premiums

Attained			Attained		
Age	Female	Male	Age	Female	Male
0	\$106.77	\$106.77	35	\$196.91	\$126.48
1	\$106.77	\$106.77	36	\$201.00	\$129.27
2	\$106.77	\$106.77	37	\$205.04	\$131.99
3	\$106.77	\$106.77	38	\$209.13	\$134.76
4	\$106.77	\$106.77	39	\$213.19	\$137.56
5	\$106.77	\$106.77	40	\$217.24	\$140.31
6	\$106.77	\$106.77	41	\$221.70	\$144.02
7	\$106.77	\$106.77	42	\$226.12	\$147.73
8	\$106.77	\$106.77	43	\$230.54	\$151.37
9	\$106.77	\$106.77	44	\$234.98	\$155.09
10	\$106.77	\$106.77	45	\$240.89	\$163.21
11	\$106.77	\$106.77	46	\$241.97	\$174.02
12	\$106.77	\$106.77	47	\$243.07	\$184.81
13	\$106.77	\$106.77	48	\$245.21	\$194.64
14	\$106.77	\$106.77	49	\$247.31	\$204.42
15	\$106.77	\$106.77	50	\$277.47	\$242.22
16	\$106.77	\$106.77	51	\$285.31	\$260.74
17	\$106.77	\$106.77	52	\$292.18	\$278.18
18	\$106.77	\$106.77	53	\$306.80	\$296.01
19	\$119.07	\$75.69	54	\$318.63	\$311.01
20	\$129.83	\$77.93	55	\$330.49	\$326.00
21	\$133.53	\$80.15	56	\$343.40	\$336.75
22	\$137.20	\$82.38	57	\$360.16	\$351.26
23	\$140.88	\$84.58	58	\$370.75	\$365.92
24	\$144.61	\$86.83	59	\$381.34	\$380.52
25	\$156.27	\$91.54	60	\$391.91	\$395.05
26	\$157.41	\$95.06	61	\$405.78	\$415.15
27	\$158.51	\$98.50	62	\$419.71	\$435.22
28	\$159.60	\$102.00	63	\$435.34	\$458.63
29	\$160.73	\$105.48	64	\$451.03	\$482.11
30	\$168.68	\$109.01	65	\$480.11	\$524.52
31	\$173.70	\$111.02	66	\$480.11	\$524.52
32	\$178.66	\$113.05	67	\$480.11	\$524.52
33	\$183.64	\$115.09	68	\$480.11	\$524.52
34	\$188.63	\$117.10	69	\$480.11	\$524.52

**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2024**

**Comprehensive Blue PPO III
Policy Forms: 17-276, et al**

	In Network	Out of Network	Generic Copay	\$10
Deductible	\$25,000	\$50,000	Non-Generics Deductible	\$500
Coinsurance	100%/0%	80%/20%	Non-Generics Coinsurance	80% / 20%
Stop Loss Amount	Not Applicable	No Max	Non-Generics Stop Loss Amount Per Script	\$250

Primary Insured Medical & Drug Coverage Monthly Bank Draft Premiums

Attained			Attained		
Age	Female	Male	Age	Female	Male
0	\$98.77	\$98.77	35	\$184.83	\$118.69
1	\$98.77	\$98.77	36	\$188.55	\$121.21
2	\$98.77	\$98.77	37	\$192.21	\$123.70
3	\$98.77	\$98.77	38	\$195.86	\$126.23
4	\$98.77	\$98.77	39	\$199.59	\$128.72
5	\$98.77	\$98.77	40	\$203.28	\$131.21
6	\$98.77	\$98.77	41	\$207.26	\$134.61
7	\$98.77	\$98.77	42	\$211.25	\$137.95
8	\$98.77	\$98.77	43	\$215.28	\$141.30
9	\$98.77	\$98.77	44	\$219.30	\$144.66
10	\$98.77	\$98.77	45	\$224.79	\$152.43
11	\$98.77	\$98.77	46	\$225.79	\$162.56
12	\$98.77	\$98.77	47	\$226.80	\$172.75
13	\$98.77	\$98.77	48	\$228.86	\$181.97
14	\$98.77	\$98.77	49	\$230.85	\$191.14
15	\$98.77	\$98.77	50	\$260.88	\$228.32
16	\$98.77	\$98.77	51	\$268.08	\$245.34
17	\$98.77	\$98.77	52	\$274.30	\$261.34
18	\$98.77	\$98.77	53	\$288.25	\$277.68
19	\$111.95	\$70.32	54	\$299.44	\$291.18
20	\$122.38	\$72.34	55	\$310.63	\$304.70
21	\$125.71	\$74.35	56	\$322.77	\$314.35
22	\$129.02	\$76.36	57	\$338.79	\$327.85
23	\$132.39	\$78.37	58	\$348.59	\$341.40
24	\$135.75	\$80.39	59	\$358.43	\$354.94
25	\$147.06	\$84.97	60	\$368.22	\$368.44
26	\$148.09	\$88.40	61	\$380.97	\$386.94
27	\$149.09	\$91.82	62	\$393.83	\$405.40
28	\$150.12	\$95.23	63	\$408.34	\$427.24
29	\$151.15	\$98.67	64	\$422.96	\$449.07
30	\$158.99	\$102.14	65	\$449.75	\$488.17
31	\$163.54	\$104.00	66	\$449.75	\$488.17
32	\$168.02	\$105.87	67	\$449.75	\$488.17
33	\$172.54	\$107.71	68	\$449.75	\$488.17
34	\$177.02	\$109.52	69	\$449.75	\$488.17

**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2024**

**Comprehensive Blue PPO III
Policy Forms: 17-276, et al**

	In Network	Out of Network	Generic Copay	\$10
Deductible	\$1,000	\$2,000	Non-Generics Deductible	\$500
Coinsurance	80%/20%	60%/40%	Non-Generics Coinsurance	80% / 20%
Stop Loss Amount	\$10,000	No Max	Non-Generics Stop Loss Amount Per Script	\$250

Spouse Insured Medical & Drug Coverage Monthly Bank Draft Premiums

Attained	Primary is	Primary is	Attained	Primary is	Primary is
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
19	\$164.62	\$236.60	45	\$341.00	\$506.04
20	\$170.18	\$253.08	46	\$362.05	\$508.67
21	\$175.70	\$262.50	47	\$383.10	\$511.32
22	\$181.21	\$271.94	48	\$403.22	\$514.92
23	\$186.75	\$281.36	49	\$423.22	\$518.54
24	\$192.28	\$290.78	50	\$471.23	\$550.20
25	\$200.04	\$308.50	51	\$514.16	\$568.88
26	\$204.46	\$311.12	52	\$556.07	\$586.59
27	\$208.79	\$313.71	53	\$598.25	\$612.08
28	\$213.19	\$316.33	54	\$637.69	\$634.77
29	\$217.55	\$318.95	55	\$677.09	\$657.43
30	\$222.01	\$328.43	56	\$705.30	\$683.02
31	\$227.04	\$341.25	57	\$737.32	\$712.45
32	\$232.08	\$354.05	58	\$769.45	\$735.71
33	\$237.15	\$366.91	59	\$801.50	\$758.93
34	\$242.18	\$379.70	60	\$833.57	\$782.16
35	\$254.52	\$395.82	61	\$879.96	\$814.10
36	\$261.53	\$406.22	62	\$926.41	\$846.15
37	\$268.50	\$416.57	63	\$976.23	\$879.85
38	\$275.53	\$427.00	64	\$1,026.03	\$913.57
39	\$282.46	\$437.41	65	\$1,122.90	\$979.71
40	\$289.49	\$447.76	66	\$1,122.90	\$979.71
41	\$298.89	\$459.15	67	\$1,122.90	\$979.71
42	\$308.36	\$470.50	68	\$1,122.90	\$979.71
43	\$317.73	\$481.87	69	\$1,122.90	\$979.71
44	\$327.16	\$493.23			

**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2024**

**Comprehensive Blue PPO III
Policy Forms: 17-276, et al**

	In Network	Out of Network	Generic Copay	\$10
Deductible	\$1,500	\$3,000	Non-Generics Deductible	\$500
Coinsurance	80%/20%	60%/40%	Non-Generics Coinsurance	80% / 20%
Stop Loss Amount	\$10,000	No Max	Non-Generics Stop Loss Amount Per Script	\$250

Spouse Insured Medical & Drug Coverage Monthly Bank Draft Premiums

Attained	Primary is	Primary is	Attained	Primary is	Primary is
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
19	\$152.52	\$220.64	45	\$316.84	\$470.03
20	\$157.64	\$236.36	46	\$336.49	\$472.43
21	\$162.72	\$245.01	47	\$356.18	\$474.85
22	\$167.79	\$253.63	48	\$374.85	\$478.33
23	\$172.85	\$262.26	49	\$393.50	\$481.68
24	\$177.98	\$270.92	50	\$440.13	\$513.11
25	\$185.30	\$287.79	51	\$479.75	\$530.36
26	\$189.59	\$290.23	52	\$518.32	\$546.62
27	\$193.86	\$292.65	53	\$557.24	\$570.57
28	\$198.07	\$295.04	54	\$593.31	\$591.84
29	\$202.37	\$297.51	55	\$629.37	\$613.04
30	\$206.69	\$306.72	56	\$655.21	\$636.90
31	\$211.30	\$318.46	57	\$684.87	\$664.60
32	\$215.93	\$330.24	58	\$714.60	\$686.14
33	\$220.56	\$341.98	59	\$744.29	\$707.65
34	\$225.17	\$353.71	60	\$773.99	\$729.16
35	\$237.14	\$368.79	61	\$816.86	\$758.66
36	\$243.58	\$378.36	62	\$859.71	\$788.22
37	\$249.98	\$387.87	63	\$905.93	\$819.43
38	\$256.40	\$397.38	64	\$952.17	\$850.76
39	\$262.81	\$406.97	65	\$1,041.62	\$911.85
40	\$269.22	\$416.47	66	\$1,041.62	\$911.85
41	\$277.86	\$426.90	67	\$1,041.62	\$911.85
42	\$286.53	\$437.32	68	\$1,041.62	\$911.85
43	\$295.16	\$447.75	69	\$1,041.62	\$911.85
44	\$303.78	\$458.18			

**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2024**

**Comprehensive Blue PPO III
Policy Forms: 17-276, et al**

	In Network	Out of Network	Generic Copay	\$10
Deductible	\$2,500	\$5,000	Non-Generics Deductible	\$500
Coinsurance	80%/20%	60%/40%	Non-Generics Coinsurance	80% / 20%
Stop Loss Amount	\$10,000	No Max	Non-Generics Stop Loss Amount Per Script	\$250

Spouse Insured Medical & Drug Coverage Monthly Bank Draft Premiums

Attained	Primary is	Primary is	Attained	Primary is	Primary is
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
19	\$133.26	\$195.17	45	\$278.29	\$412.57
20	\$137.61	\$209.65	46	\$295.72	\$414.66
21	\$142.01	\$217.04	47	\$313.15	\$416.73
22	\$146.37	\$224.44	48	\$329.66	\$419.86
23	\$150.73	\$231.83	49	\$346.07	\$422.92
24	\$155.10	\$239.24	50	\$390.48	\$454.03
25	\$161.80	\$254.80	51	\$424.78	\$468.90
26	\$165.88	\$256.92	52	\$458.09	\$482.80
27	\$169.90	\$259.01	53	\$491.72	\$504.43
28	\$173.97	\$261.08	54	\$522.51	\$523.27
29	\$178.06	\$263.17	55	\$553.32	\$542.17
30	\$182.17	\$272.10	56	\$575.33	\$563.31
31	\$186.15	\$282.15	57	\$601.17	\$588.25
32	\$190.14	\$292.22	58	\$627.15	\$607.00
33	\$194.11	\$302.30	59	\$653.07	\$625.79
34	\$198.09	\$312.32	60	\$678.91	\$644.56
35	\$209.35	\$325.68	61	\$716.08	\$670.11
36	\$214.87	\$333.86	62	\$753.23	\$695.83
37	\$220.36	\$342.01	63	\$793.76	\$723.11
38	\$225.88	\$350.16	64	\$834.25	\$750.50
39	\$231.39	\$358.38	65	\$911.89	\$803.56
40	\$236.89	\$366.48	66	\$911.89	\$803.56
41	\$244.27	\$375.41	67	\$911.89	\$803.56
42	\$251.72	\$384.34	68	\$911.89	\$803.56
43	\$259.13	\$393.23	69	\$911.89	\$803.56
44	\$266.53	\$402.20			

**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2024**

**Comprehensive Blue PPO III
Policy Forms: 17-276, et al**

	In Network	Out of Network	Generic Copay	\$10
Deductible	\$5,000	\$10,000	Non-Generics Deductible	\$500
Coinsurance	80%/20%	60%/40%	Non-Generics Coinsurance	80% / 20%
Stop Loss Amount	\$10,000	No Max	Non-Generics Stop Loss Amount Per Script	\$250

Spouse Insured Medical & Drug Coverage Monthly Bank Draft Premiums

Attained	Primary is	Primary is	Attained	Primary is	Primary is
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
19	\$109.37	\$163.55	45	\$230.54	\$341.31
20	\$112.82	\$176.50	46	\$245.20	\$342.94
21	\$116.33	\$182.36	47	\$259.88	\$344.64
22	\$119.80	\$188.24	48	\$273.58	\$347.35
23	\$123.28	\$194.07	49	\$287.28	\$349.97
24	\$126.77	\$199.94	50	\$328.92	\$380.73
25	\$132.62	\$213.90	51	\$356.67	\$392.67
26	\$136.47	\$215.60	52	\$383.40	\$403.63
27	\$140.27	\$217.28	53	\$410.47	\$422.37
28	\$144.08	\$218.94	54	\$434.74	\$438.31
29	\$147.92	\$220.62	55	\$458.90	\$454.29
30	\$151.77	\$229.18	56	\$476.27	\$471.96
31	\$154.96	\$237.09	57	\$497.41	\$493.54
32	\$158.16	\$245.04	58	\$518.66	\$508.96
33	\$161.31	\$253.07	59	\$539.90	\$524.29
34	\$164.46	\$260.97	60	\$561.07	\$539.67
35	\$174.94	\$272.21	61	\$591.13	\$560.36
36	\$179.31	\$278.69	62	\$621.21	\$581.17
37	\$183.69	\$285.12	63	\$654.61	\$603.62
38	\$188.06	\$291.61	64	\$688.07	\$626.16
39	\$192.40	\$298.08	65	\$751.04	\$669.30
40	\$196.80	\$304.52	66	\$751.04	\$669.30
41	\$202.67	\$311.58	67	\$751.04	\$669.30
42	\$208.50	\$318.64	68	\$751.04	\$669.30
43	\$214.37	\$325.70	69	\$751.04	\$669.30
44	\$220.22	\$332.79			

**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2024**

**Comprehensive Blue PPO III
Policy Forms: 17-276, et al**

	In Network	Out of Network	Generic Copay	\$10
Deductible	\$7,500	\$15,000	Non-Generics Deductible	\$500
Coinsurance	100%/0%	80%/20%	Non-Generics Coinsurance	80% / 20%
Stop Loss Amount	Not Applicable	No Max	Non-Generics Stop Loss Amount Per Script	\$250

Spouse Insured Medical & Drug Coverage Monthly Bank Draft Premiums

Attained	Primary is	Primary is	Attained	Primary is	Primary is
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
19	\$102.96	\$155.03	45	\$217.68	\$322.15
20	\$106.20	\$167.60	46	\$231.58	\$323.69
21	\$109.43	\$173.07	47	\$245.53	\$325.26
22	\$112.63	\$178.49	48	\$258.52	\$327.86
23	\$115.87	\$183.93	49	\$271.47	\$330.40
24	\$119.12	\$189.39	50	\$312.39	\$361.00
25	\$124.78	\$202.94	51	\$338.35	\$372.19
26	\$128.57	\$204.50	52	\$363.30	\$382.37
27	\$132.31	\$206.05	53	\$388.60	\$400.32
28	\$136.08	\$207.62	54	\$411.08	\$415.48
29	\$139.85	\$209.19	55	\$433.54	\$430.64
30	\$143.66	\$217.60	56	\$449.66	\$447.42
31	\$146.53	\$225.00	57	\$469.55	\$468.08
32	\$149.53	\$232.42	58	\$489.51	\$482.55
33	\$152.47	\$239.80	59	\$509.47	\$497.00
34	\$155.45	\$247.17	60	\$529.41	\$511.48
35	\$165.71	\$257.83	61	\$557.54	\$530.84
36	\$169.76	\$263.85	62	\$585.70	\$550.35
37	\$173.83	\$269.85	63	\$617.22	\$571.52
38	\$177.89	\$275.90	64	\$648.76	\$592.73
39	\$181.93	\$281.89	65	\$707.87	\$633.16
40	\$186.02	\$287.85	66	\$707.87	\$633.16
41	\$191.48	\$294.43	67	\$707.87	\$633.16
42	\$196.95	\$300.97	68	\$707.87	\$633.16
43	\$202.39	\$307.51	69	\$707.87	\$633.16
44	\$207.78	\$314.07			

**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2024**

**Comprehensive Blue PPO III
Policy Forms: 17-276, et al**

	In Network	Out of Network	Generic Copay	\$10
Deductible	\$10,000	\$20,000	Non-Generics Deductible	\$500
Coinsurance	100%/0%	80%/20%	Non-Generics Coinsurance	80% / 20%
Stop Loss Amount	Not Applicable	No Max	Non-Generics Stop Loss Amount Per Script	\$250

Spouse Insured Medical & Drug Coverage Monthly Bank Draft Premiums

Attained	Primary is	Primary is	Attained	Primary is	Primary is
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
19	\$94.21	\$143.54	45	\$200.20	\$296.05
20	\$97.15	\$155.48	46	\$213.11	\$297.48
21	\$100.02	\$160.38	47	\$226.05	\$298.90
22	\$102.94	\$165.26	48	\$238.03	\$301.37
23	\$105.84	\$170.16	49	\$249.97	\$303.77
24	\$108.77	\$175.04	50	\$289.86	\$334.19
25	\$114.14	\$188.00	51	\$313.43	\$344.31
26	\$117.79	\$189.43	52	\$336.03	\$353.43
27	\$121.47	\$190.84	53	\$358.92	\$370.31
28	\$125.10	\$192.23	54	\$378.98	\$384.38
29	\$128.81	\$193.65	55	\$399.02	\$398.52
30	\$132.51	\$201.92	56	\$413.46	\$414.07
31	\$135.15	\$208.50	57	\$431.59	\$433.49
32	\$137.86	\$215.17	58	\$449.86	\$446.71
33	\$140.48	\$221.77	59	\$468.09	\$459.91
34	\$143.11	\$228.39	60	\$486.31	\$473.12
35	\$153.08	\$238.28	61	\$511.90	\$490.71
36	\$156.76	\$243.69	62	\$537.42	\$508.46
37	\$160.40	\$249.03	63	\$566.37	\$527.88
38	\$164.07	\$254.46	64	\$595.28	\$547.26
39	\$167.71	\$259.84	65	\$649.05	\$584.08
40	\$171.36	\$265.23	66	\$649.05	\$584.08
41	\$176.24	\$271.10	67	\$649.05	\$584.08
42	\$181.15	\$276.98	68	\$649.05	\$584.08
43	\$186.02	\$282.83	69	\$649.05	\$584.08
44	\$190.91	\$288.72			

**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2024**

**Comprehensive Blue PPO III
Policy Forms: 17-276, et al**

	In Network	Out of Network	Generic Copay	\$10
Deductible	\$15,000	\$30,000	Non-Generics Deductible	\$500
Coinsurance	100%/0%	80%/20%	Non-Generics Coinsurance	80% / 20%
Stop Loss Amount	Not Applicable	No Max	Non-Generics Stop Loss Amount Per Script	\$250

Spouse Insured Medical & Drug Coverage Monthly Bank Draft Premiums

Attained	Primary is	Primary is	Attained	Primary is	Primary is
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
19	\$82.64	\$128.21	45	\$177.07	\$261.57
20	\$85.11	\$139.45	46	\$188.71	\$262.74
21	\$87.63	\$143.59	47	\$200.27	\$264.02
22	\$90.08	\$147.73	48	\$210.94	\$266.29
23	\$92.56	\$151.89	49	\$221.47	\$268.46
24	\$95.03	\$156.02	50	\$260.06	\$298.79
25	\$100.01	\$168.17	51	\$280.48	\$307.41
26	\$103.56	\$169.39	52	\$299.87	\$315.13
27	\$107.12	\$170.64	53	\$319.60	\$330.59
28	\$110.65	\$171.88	54	\$336.49	\$343.30
29	\$114.21	\$173.10	55	\$353.39	\$355.99
30	\$117.84	\$181.17	56	\$365.51	\$369.88
31	\$120.10	\$186.72	57	\$381.37	\$387.62
32	\$122.33	\$192.34	58	\$397.38	\$399.22
33	\$124.61	\$197.98	59	\$413.34	\$410.78
34	\$126.87	\$203.55	60	\$429.27	\$422.36
35	\$136.45	\$212.44	61	\$451.41	\$437.64
36	\$139.57	\$217.01	62	\$473.59	\$453.02
37	\$142.63	\$221.56	63	\$499.01	\$470.02
38	\$145.76	\$226.12	64	\$524.55	\$487.09
39	\$148.90	\$230.66	65	\$571.22	\$519.11
40	\$151.95	\$235.23	66	\$571.22	\$519.11
41	\$156.08	\$240.22	67	\$571.22	\$519.11
42	\$160.23	\$245.18	68	\$571.22	\$519.11
43	\$164.36	\$250.17	69	\$571.22	\$519.11
44	\$168.55	\$255.15			

**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2024**

**Comprehensive Blue PPO III
Policy Forms: 17-276, et al**

	In Network	Out of Network	Generic Copay	\$10
Deductible	\$20,000	\$40,000	Non-Generics Deductible	\$500
Coinsurance	100%/0%	80%/20%	Non-Generics Coinsurance	80% / 20%
Stop Loss Amount	Not Applicable	No Max	Non-Generics Stop Loss Amount Per Script	\$250

Spouse Insured Medical & Drug Coverage Monthly Bank Draft Premiums

Attained	Primary is	Primary is	Attained	Primary is	Primary is
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
19	\$75.69	\$119.07	45	\$163.21	\$240.89
20	\$77.93	\$129.83	46	\$174.02	\$241.97
21	\$80.15	\$133.53	47	\$184.81	\$243.07
22	\$82.38	\$137.20	48	\$194.64	\$245.21
23	\$84.58	\$140.88	49	\$204.42	\$247.31
24	\$86.83	\$144.61	50	\$242.22	\$277.47
25	\$91.54	\$156.27	51	\$260.74	\$285.31
26	\$95.06	\$157.41	52	\$278.18	\$292.18
27	\$98.50	\$158.51	53	\$296.01	\$306.80
28	\$102.00	\$159.60	54	\$311.01	\$318.63
29	\$105.48	\$160.73	55	\$326.00	\$330.49
30	\$109.01	\$168.68	56	\$336.75	\$343.40
31	\$111.02	\$173.70	57	\$351.26	\$360.16
32	\$113.05	\$178.66	58	\$365.92	\$370.75
33	\$115.09	\$183.64	59	\$380.52	\$381.34
34	\$117.10	\$188.63	60	\$395.05	\$391.91
35	\$126.48	\$196.91	61	\$415.15	\$405.78
36	\$129.27	\$201.00	62	\$435.22	\$419.71
37	\$131.99	\$205.04	63	\$458.63	\$435.34
38	\$134.76	\$209.13	64	\$482.11	\$451.03
39	\$137.56	\$213.19	65	\$524.52	\$480.11
40	\$140.31	\$217.24	66	\$524.52	\$480.11
41	\$144.02	\$221.70	67	\$524.52	\$480.11
42	\$147.73	\$226.12	68	\$524.52	\$480.11
43	\$151.37	\$230.54	69	\$524.52	\$480.11
44	\$155.09	\$234.98			

**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2024**

**Comprehensive Blue PPO III
Policy Forms: 17-276, et al**

	In Network	Out of Network	Generic Copay	\$10
Deductible	\$25,000	\$50,000	Non-Generics Deductible	\$500
Coinsurance	100%/0%	80%/20%	Non-Generics Coinsurance	80% / 20%
Stop Loss Amount	Not Applicable	No Max	Non-Generics Stop Loss Amount Per Script	\$250

Spouse Insured Medical & Drug Coverage Monthly Bank Draft Premiums

Attained	Primary is	Primary is	Attained	Primary is	Primary is
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
19	\$70.32	\$111.95	45	\$152.43	\$224.79
20	\$72.34	\$122.38	46	\$162.56	\$225.79
21	\$74.35	\$125.71	47	\$172.75	\$226.80
22	\$76.36	\$129.02	48	\$181.97	\$228.86
23	\$78.37	\$132.39	49	\$191.14	\$230.85
24	\$80.39	\$135.75	50	\$228.32	\$260.88
25	\$84.97	\$147.06	51	\$245.34	\$268.08
26	\$88.40	\$148.09	52	\$261.34	\$274.30
27	\$91.82	\$149.09	53	\$277.68	\$288.25
28	\$95.23	\$150.12	54	\$291.18	\$299.44
29	\$98.67	\$151.15	55	\$304.70	\$310.63
30	\$102.14	\$158.99	56	\$314.35	\$322.77
31	\$104.00	\$163.54	57	\$327.85	\$338.79
32	\$105.87	\$168.02	58	\$341.40	\$348.59
33	\$107.71	\$172.54	59	\$354.94	\$358.43
34	\$109.52	\$177.02	60	\$368.44	\$368.22
35	\$118.69	\$184.83	61	\$386.94	\$380.97
36	\$121.21	\$188.55	62	\$405.40	\$393.83
37	\$123.70	\$192.21	63	\$427.24	\$408.34
38	\$126.23	\$195.86	64	\$449.07	\$422.96
39	\$128.72	\$199.59	65	\$488.17	\$449.75
40	\$131.21	\$203.28	66	\$488.17	\$449.75
41	\$134.61	\$207.26	67	\$488.17	\$449.75
42	\$137.95	\$211.25	68	\$488.17	\$449.75
43	\$141.30	\$215.28	69	\$488.17	\$449.75
44	\$144.66	\$219.30			

**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2024**

**Comprehensive Blue PPO III
Policy Forms: 17-276, et al**

Dependent Child(ren) Insured Medical Coverage Monthly Bank Draft Premiums (All Eligible)

<u>Deductible</u>	<u>In Network Coinsurance</u>	<u>In Network</u>		<u>Out of Network Coinsurance</u>	<u>One Child</u>	<u>Two Children</u>	<u>All (3+) Children</u>
		<u>Stop Loss Amount</u>	<u>Amount</u>				
\$1,000	80% / 20%	\$10,000	60% / 40%	\$212.31	\$424.66	\$636.96	
\$1,500	80% / 20%	\$10,000	60% / 40%	\$194.47	\$388.96	\$583.43	
\$2,500	80% / 20%	\$10,000	60% / 40%	\$165.98	\$331.98	\$497.99	
\$5,000	80% / 20%	\$10,000	60% / 40%	\$130.66	\$261.33	\$391.97	
\$7,500	100% / 0%	Not Applicable	80% / 20%	\$121.16	\$242.32	\$363.47	
\$10,000	100% / 0%	Not Applicable	80% / 20%	\$108.27	\$216.49	\$324.76	
\$15,000	100% / 0%	Not Applicable	80% / 20%	\$91.15	\$182.33	\$273.47	
\$20,000	100% / 0%	Not Applicable	80% / 20%	\$80.93	\$161.82	\$242.73	
\$25,000	100% / 0%	Not Applicable	80% / 20%	\$72.93	\$145.84	\$218.77	

Maternity Rider Coverage Monthly Bank Draft Premiums (All Eligible)

<u>Deductible</u>	<u>In Network Coinsurance</u>	<u>In Network</u>		<u>Out of Network Coinsurance</u>	<u>Maternity Rider</u>
		<u>Stop Loss Amount</u>	<u>Amount</u>		
\$1,000	80% / 20%	No Limit	60% / 40%	\$308.16	
\$1,500	80% / 20%	No Limit	60% / 40%	\$291.35	
\$2,500	80% / 20%	No Limit	60% / 40%	\$274.56	
\$5,000	80% / 20%	No Limit	60% / 40%	\$235.30	
\$7,500	100% / 0%	Not Applicable	80% / 20%	\$140.09	
\$10,000	100% / 0%	Not Applicable	80% / 20%	\$98.05	
\$15,000	100% / 0%	Not Applicable	80% / 20%	\$70.04	
\$20,000	100% / 0%	Not Applicable	80% / 20%	\$56.03	
\$25,000	100% / 0%	Not Applicable	80% / 20%	\$42.04	

**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2024**

**Comprehensive Blue PPO III
Policy Forms: 17-276, et al**

Primary Insured Prescription Drug Coverage Monthly Bank Draft Premiums

Generic Copay	\$10
Non-Generics Deductible	\$500
Non-Generics Coinsurance	80% / 20%
Non-Generics Stop Loss Amount Per Script	\$250

Attained			Attained		
<u>Age</u>	<u>Female</u>	<u>Male</u>	<u>Age</u>	<u>Female</u>	<u>Male</u>
0	\$25.84	\$25.84	35	\$70.96	\$43.89
1	\$25.84	\$25.84	36	\$70.96	\$43.89
2	\$25.84	\$25.84	37	\$70.96	\$43.89
3	\$25.84	\$25.84	38	\$70.96	\$43.89
4	\$25.84	\$25.84	39	\$70.96	\$43.89
5	\$25.84	\$25.84	40	\$70.96	\$43.89
6	\$25.84	\$25.84	41	\$70.96	\$43.89
7	\$25.84	\$25.84	42	\$70.96	\$43.89
8	\$25.84	\$25.84	43	\$70.96	\$43.89
9	\$25.84	\$25.84	44	\$70.96	\$43.89
10	\$25.84	\$25.84	45	\$72.42	\$48.28
11	\$25.84	\$25.84	46	\$72.42	\$52.64
12	\$25.84	\$25.84	47	\$72.42	\$56.97
13	\$25.84	\$25.84	48	\$73.44	\$60.34
14	\$25.84	\$25.84	49	\$74.43	\$63.67
15	\$25.84	\$25.84	50	\$75.45	\$66.97
16	\$25.84	\$25.84	51	\$76.44	\$70.32
17	\$25.84	\$25.84	52	\$77.41	\$73.60
18	\$25.84	\$25.84	53	\$86.15	\$77.22
19	\$45.95	\$20.14	54	\$94.87	\$80.79
20	\$53.02	\$20.14	55	\$103.63	\$84.37
21	\$53.02	\$20.14	56	\$112.34	\$87.96
22	\$53.02	\$20.14	57	\$121.16	\$91.59
23	\$53.02	\$20.14	58	\$123.80	\$95.30
24	\$53.02	\$20.14	59	\$126.45	\$99.03
25	\$60.83	\$22.86	60	\$129.08	\$102.70
26	\$60.83	\$25.61	61	\$131.67	\$106.42
27	\$60.83	\$28.32	62	\$134.39	\$110.17
28	\$60.83	\$31.07	63	\$138.71	\$117.25
29	\$60.83	\$33.82	64	\$143.12	\$124.35
30	\$67.67	\$36.59	65	\$147.50	\$131.40
31	\$67.67	\$36.59	66	\$147.50	\$131.40
32	\$67.67	\$36.59	67	\$147.50	\$131.40
33	\$67.67	\$36.59	68	\$147.50	\$131.40
34	\$67.67	\$36.59	69	\$147.50	\$131.40

**Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2024**

**Comprehensive Blue PPO III
Policy Forms: 17-276, et al**

Spouse Insured Prescription Drug Coverage Monthly Bank Draft Premiums

Generic Copay
Non-Generics Deductible
Non-Generics Coinsurance
Non-Generics Stop Loss Amount Per Script

\$10
\$500
80% / 20%
\$250

<u>Attained Age of Primary</u>	<u>Primary is Female</u>	<u>Primary is Male</u>	<u>Attained Age of Primary</u>	<u>Primary is Female</u>	<u>Primary is Male</u>
19	\$20.14	\$45.95	45	\$48.28	\$72.42
20	\$20.14	\$53.02	46	\$52.64	\$72.42
21	\$20.14	\$53.02	47	\$56.97	\$72.42
22	\$20.14	\$53.02	48	\$60.34	\$73.44
23	\$20.14	\$53.02	49	\$63.67	\$74.43
24	\$20.14	\$53.02	50	\$66.97	\$75.45
25	\$22.86	\$60.83	51	\$70.32	\$76.44
26	\$25.61	\$60.83	52	\$73.60	\$77.41
27	\$28.32	\$60.83	53	\$77.22	\$86.15
28	\$31.07	\$60.83	54	\$80.79	\$94.87
29	\$33.82	\$60.83	55	\$84.37	\$103.63
30	\$36.59	\$67.67	56	\$87.96	\$112.34
31	\$36.59	\$67.67	57	\$91.59	\$121.16
32	\$36.59	\$67.67	58	\$95.30	\$123.80
33	\$36.59	\$67.67	59	\$99.03	\$126.45
34	\$36.59	\$67.67	60	\$102.70	\$129.08
35	\$43.89	\$70.96	61	\$106.42	\$131.67
36	\$43.89	\$70.96	62	\$110.17	\$134.39
37	\$43.89	\$70.96	63	\$117.25	\$138.71
38	\$43.89	\$70.96	64	\$124.35	\$143.12
39	\$43.89	\$70.96	65	\$131.40	\$147.50
40	\$43.89	\$70.96	66	\$131.40	\$147.50
41	\$43.89	\$70.96	67	\$131.40	\$147.50
42	\$43.89	\$70.96	68	\$131.40	\$147.50
43	\$43.89	\$70.96	69	\$131.40	\$147.50
44	\$43.89	\$70.96			

Dependent Child(ren) Insured Prescription Drug Coverage Monthly Bank Draft Premiums

<u>Attained Age</u>	<u>One Child</u>	<u>Two Children</u>	<u>All (3+) Children</u>
All Eligible	\$25.84	\$51.63	\$77.50