



Arkansas
BlueCross BlueShield

An Independent Licensee of the Blue Cross and Blue Shield Association

2026 Small Group Product Guide

For clients with 2-50 employees

Take good care.

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Why Choose Arkansas Blue Cross and Blue Shield?

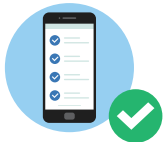
We are here to take good care of you and your employees. When you choose Arkansas Blue Cross, your clients get:



High quality, affordable healthcare options



Support and service to be successful



Tools and services that work for your clients and their employees



A whole-person health mentality

You're focused on making sure Arkansas small businesses have the peace of mind and coverage they need, so they can focus on what matters to them.

We offer the perspective and experience that comes from working with agents and small businesses in the state of Arkansas for more than 75 years.

Take good care.

Service Area & Network Information



Arkansas, you're covered

True Blue PPO is the most comprehensive network in Arkansas



And when you go out of state, you're covered.

BlueCard® PPO national network and 1.7 million in-network U.S. providers

True Blue and BlueCard PPO networks are for Arkansas Blue Cross Blue Shield members only.



100%

of Arkansas hospital systems



97%

of Arkansas providers



1.6 M +

Total members*



25,230

Arkansas physicians and
healthcare professionals*



**As of January 2025

More Employers Choose Blue



Locally rooted advocates

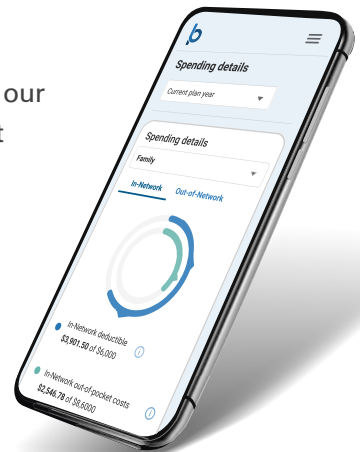
We understand Arkansans because we are Arkansans. Our experienced staff live in Arkansas communities. We train and empower our employees to be true advocates for our members.



Accessible, easy-to-use tools

Supplementing our live, local customer service, every member has access to our member site, Blueprint Portal, as a website and a mobile app. Using Blueprint Portal's self-service offerings, members have 24/7 access to:

- Find key information including claims status, deductible and out-of-pocket costs
- Use and instantly send digital member ID card
- Research and compare covered providers
- Register for Virtual Health



Fully invested in improving Arkansans' health

Since 2001, the Blue & You Foundation for a Healthier Arkansas, a 501(c)(3) wholly funded by Arkansas Blue Cross, has given more than \$50 million to make Arkansas communities healthier, because we care about Arkansans' physical and behavioral health and wellbeing. No other insurer invests as much to improve the health and lives of all Arkansans.



Behavioral health initiatives

Behavioral health clinicians are seeing more demand for behavioral health services than at any point in our lifetimes. At Arkansas Blue Cross, we are focused on solutions by offering many benefits for behavioral health support outlined in our Health Directory.

- All metallic plans include 3 free visits to in-network mental health providers.¹



Personalized services

Arkansas Blue Cross member can now receive in-home or virtual health assessments through Signify Health and Care Connectors Medical Group. There is no cost to the member. This is a free benefit and the program is for targeted members, based on past claims data.

**If you need any additional information on any of these services
contact your agent-broker representative.**

¹ This benefit gives members 100% coverage for in-network providers for their first three behavioral health visits. Members can use telehealth services for their free visits. Eligible plans are Arkansas Blue Cross and Blue Shield metallic plans. Currently, HSA plans, grandfathered and grandmothered plans are not eligible.

Quick Reference Guide

Arkansas Blue Cross Small Group Market Segment

ACA Metallic Plan Options	Arkansas Blue Cross
Funding Type	Fully insured
Employer Size	2 to 50*
Participation Requirements	Yes*
Contribution Requirements	Yes*
Minimum Number FTEs	2 FTEs on State Quarterly Wage report
Medical Underwriting	No
Been in Business for One Year	Yes
Groups in Business less than year	See Underwriting Guidelines
Number of plans you can offer	2**
Effective Dates	1st of the month
HSA options available	Yes
Networks Available - Arkansas Blue Cross - Health Advantage	True Blue PPO + BlueCard PPO Health Advantage
Deadlines Submissions	
New Groups Less Than One Year (with approval)	Financial and group submission by the 15th of each month (may be a paper enrollment)
TES New Groups	Completed online by the end of each month
Ancillary Products (Fully Insured)	
Dental Plans (Group & Voluntary)	Yes
Vision Plans (Group & Voluntary)	Yes
Life Plan Options	Yes
DUO Integrated Supplemental	Yes

* Refer to Underwriting Guidelines for additional information about small group qualifications.

**Refer to your Dual option grid for option pairings.

Enrollment requirements for Dual Option For Metallic plans — Minimum of five enrolled; must have at least one enrollee in each plan option.



2026 Small Group Plan Options

Small group plan designs are available on Blueprint for Agents or contact your agent-broker representative for more information.



2026 Arkansas Blue Cross Plan Notes

The ACA's tiered set of metallic plans is based on actuarial value and benefits may vary within plan design from year to year. For 2026, we added some new Arkansas Blue Cross metallic plans and made changes to others. Here are some notes about our Arkansas Blue Cross metallic PPO plans:

- New plan options are available
- All metallic plans have access to BlueCard PPO
- All metallic plans include 3 free visits to in-network mental health providers¹
- HSA deductibles have been indexed as required by the Internal Revenue Service (IRS)
- Increase in the number of dual option pairings. See dual option grid on BPA.

Groups with 2025 plans not on the 2026 grid will be cross-walked to compliant plans for renewal.

Please review the grids to see whats available and changed for 2026 with your clients.

¹ This benefit gives members 100% coverage for in-network providers for their first three behavioral health visits. Members can use telehealth services for their free visits. Eligible plans are Arkansas Blue Cross and Blue Shield metallic plans. Currently, HSA plans, grandfathered and grandmothered plans are not eligible.

2026 Health Advantage Plan Notes

There will be no metallic plan offerings for Health Advantage for 2026.

Grandfathered and grandmother plans can continue but if changes are needed, the plan would get moved to Arkansas Blue Cross.

Other Renewal Information

- SBCs are available after the renewal is marked sold (either by signed contract or by auto renew date) by going to our external site and entering the group number on the SBC page.
- Metallic Schedule of Benefits can be found on Blueprint for Agents under Resources / Group Product Library.
- Dental summaries can be found on Blueprint for Agents under Resources / Group Product Library / Dental Plans at a Glance

Deductible Credit

Arkansas Blue Cross products contain deductibles, which are based on a calendar year. New groups, whose previous coverage contain deductibles on a basis other than calendar year, will be given deductible credit for amounts already accumulated in the calendar year. This credit can only be obtained at the time of enrollment. Note: this only applies to applicants at the time of the original group enrollment; no deductible credit is available to subsequent additions to the group.





Grandfathered High Deductible Health Plan Change

Clients with grandfathered high deductible health plans will have their deductible indexed to comply with IRS regulations. The 2026 limits are increasing from \$1,650 to \$1,700 for individuals and from \$3,300 to \$3,400 for families.

Make sure your clients understand the deductible is increasing due to IRS regulation and that it will not affect grandfathered status.

Note: If you move the client to an even higher deductible, it will cause them to lose grandfathered status and a metallic plan will have to be offered.

Ancillary Updates for 2026



Small Group Dental

Good dental health is important for overall health. You can rely on us to provide your small group clients with dental options that meet all needs and budgets. With flexible and competitive plan options, we have traditional and voluntary plans with services designed to improve your employees' health.

- We offer 15% first-year dental commission on small group dental plans
- Better health outcomes by integrating medical and dental with Dental Xtra
- No waiting periods and maximum rollover allows members to accumulate a portion of their unused benefit dollars for future year
- **New dental plan being offered for 2026. Check BPA for more information.**



Small Group Vision

Arkansas Blue Cross partners with VSP to offer superior vision benefits. VSP ranks No. 1 with customers when it comes to vision, offering a comprehensive network and smarter vision care. Here are some things to know for 2026.

- Traditional and voluntary plans are available
- Rates are the same for small group shelf-rated vision plans
- VSP offers your clients an extensive network of providers in the state and nationwide



USAbLe Life

USAbLe Life offers a broad portfolio of flexible and affordable life, disability and supplemental insurance benefits that enhance health coverage and provide financial stability to your clients and their employees. Choose from a rich selection of core and supplemental insurance benefits for your clients, including group and voluntary life, disability, accident, critical illness and hospital indemnity.

Flexible and affordable options are available. Variable contribution models and coverage levels including employer and employee paid with fast, accurate claims payment.

Increase your wallet share when you place dental, vision, life and disability with Arkansas Blue Cross. Contact your agent-broker representative for more information on ancillary products with Arkansas Blue Cross.

We are now offering the only suite of supplemental insurance products tied exclusively to our Arkansas Blue Cross medical plans through DUO Integrated SupplementalSM.

- Filing an accident, critical illness, or hospital indemnity claim can be complicated and time-consuming. With DUO Integrated Supplemental insurance, we've removed the hassles — no paperwork to file, no added steps to take.



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Small Group Underwriting Guidelines

Refer to the Blueprint for Agents for the full Small Group Underwriting Guidelines Manual.

Small Group Enrollment | New Groups/TES

The following enrollment guidelines define the requirements of Arkansas Blue Cross in regard to the eligibility and validity of employers seeking small group health plan coverage. These guidelines are intended to work in concert within the provisions of the State of Arkansas Insurance Department and other applicable laws and regulations. These guidelines are not legally binding. The controlling terms of the plan are set forth in the certificate incorporated in the Arkansas Blue Cross and Health Advantage policy. Any discrepancies between these guidelines and the certificate will be resolved in favor of the certificate.

New group enrollments are submitted through our Total Enrollment Solution (TES)

Small Group Definition

A “small employer” as defined by state regulation is an employer who has an average of at least two, but not more than fifty employees on business days during the preceding calendar year, and who employs at least two employees on the first day of the plan year. The average total number of employees, without regard to the number of hours each employee works, must be used when determining group size for rating purposes (i. e. the “ATNE method”).

- Groups with up to 50 ATNEs regardless of enrollment count will be rated by the Small Group Underwriting Team and will receive a Small Group plan; prospective Small Groups will all receive a Metallic plan
- Groups with 51 or more ATNEs regardless of enrollment count will be rated by the Large Group Underwriting Team and will receive a Large Group Plan
- Dental and vision groups will follow the associated Medical group classification
- This will result in some Small Groups with over 50 enrolled contracts, and some Large Groups with 2-50 enrolled contracts

ATNE Method Defined

According to federal law and Arkansas state law, the average total number of employees, without regard to the number of hours each employee works, must be used when determining group size for rating purposes (i. e. the “ATNE” method). The Patient Protection and Affordable Care Act (PPACA) defines the term “employee” as typically any person for which the company issues a W-2, regardless of full-time, part-time, or seasonal status or whether or not they have medical coverage. 1099 employees should not be included in the ATNE count.

It is the Arkansas Insurance Department’s position that the average total number of employees an employer employed on business days during the preceding calendar year must be used when determining an employer’s group size. The applicable Federal definition of a small and large employer clearly require the preceding calendar year to be the time period used when determining an employer’s group size, as opposed to the present calendar year. There is an [ATNE Worksheet](#) available to assist groups and agents in this calculation. Underwriting may audit prospective and renewal groups by requesting additional information including an ATNE Worksheet.

Group Validity Requirements

The group must:

- Be a corporation, sole proprietorship, a partnership or a church
- Maintain a company checking account, either in the legal or DBA name
- Be physically located in Arkansas, and the decision maker (owner, CEO, etc.) must reside in Arkansas
 - If these criteria are met but the business has locations or other headquarters outside of Arkansas, we will require a cede letter from the appropriate Blue Cross affiliate
 - If a cede letter is needed, but not received, then only eligible employees who reside in Arkansas may be enrolled in the group
- Withhold and file an Employer's Quarterly Contribution and Wage Report ("State Quarterly Report") with the Arkansas state revenue department.
 - If a minimum of two employees are on the State Quarterly Report, then 1099s will be accepted for employees who receive compensation via commission and whose income comes solely from the group. When submitting the State Quarterly Report, please be sure it is marked to indicate FT, PT, waivers, terminated employees and list any new hires and their date of hire. Additionally, wages and Social Security numbers should not be marked or whited out as the wages are used to help eligibility/participation compliance.
- Provide a signed State Quarterly Report
- Have a minimum of two full-time employees on the State Quarterly Report
- Have no more than fifty percent of the employees enrolling in the same household
- Have been in business for one full year
- Have an Employer Identification Number (Tax ID)
- Not engage in illicit activities or unlawful industry
- Be financially sound
- Maintain good credit score and financial stress score report (obtained from Dun & Bradstreet)
- Enroll and maintain at least two active contracts: According to the Arkansas Insurance Department, a group that does not have at least two active contracts is not a valid group

For employer groups not required to file a State Quarterly Report, the following documentation is required:

- **"C" Corporation** — Articles of Incorporation, IRS Form 1120 and payroll records
- **"S" Corporation** — Articles of Incorporation, IRS Form 1120 and payroll records
- **Partnership** — Partnership Agreement, IRS Form 1065 and payroll records
- **Church** — IRS Form 941 and payroll records
- **Limited Liability Corporation** — LLC agreement, federal tax return and payroll records
- **Farms** — IRS Form 943 and payroll records

Enrollment Requirements for Dual Option

- **Metallic plans** — Minimum of five enrolled; must have at least one enrollee in each plan option.
- **Non-metallic** (non-ACA) plans — Minimum of ten enrolled; must have at least one enrollee in each plan option



New Groups in Business Less Than One Year

To provide more flexibility and to increase membership growth in our Small Group segment, we will consider approval for those Small Groups in business less than a year. Such groups must meet the following requirements:

- To receive a 1st of the month effective date, all required documents must be submitted no later than the 15th of the prior month
- Must be in operation for at least six (6) months
- Must submit a State Quarterly Report
 - If the group has not filed a State Quarterly Report yet, submit an email with a list of all employees and status on company letterhead, payroll record, and W-4s that match all employees on the payroll record
- Must have a satisfactory D&B financial rating report (gathered by Underwriting)
 - In lieu of a D&B report, the group can submit their latest unaudited financial report that reflects a sound financial status per the underwriter's review
- Must submit IRS form reflecting the current group's EIN (if it is a sale of the company, then we need the old EIN and company name as well as the new one)
- Must submit a copy of the Articles of Incorporation (If business is a purchase or spin-off from an existing company, then we need the Sales Agreement must also be provided)

All information submitted must pass financial review by the Underwriter for acceptance. If the Underwriter grants an exception to write the group, they will also let you know whether the group is eligible to enroll via TES.

The request will be denied if required information is not submitted or is incomplete.

Commonly Owned Business

The Commonly Owned Business form may be requested by the Underwriter. The form must be signed by an officer of the company, legal counsel, authorized representative or CPA.

IMPORTANT: Commonly owned groups may be written separately; however, all persons treated as a single employer under subsection (b), (c), (m), or (o) of section 414 of the Internal Revenue Code of 1986 shall be treated as one employer.

A group listing (Excel sheet) may be obtained from MarketWrite and be used to identify employees with appropriate EIN (Tax ID) numbers for existing groups at renewal. This method is preferred by customer accounts, as it includes the employee's current coverage ID.

Employee Definitions

A **full-time employee** is one that is permanent, working at least 30 hours per week, 48 weeks per year.

An employee must earn federal minimum wages and receive a W-2 form. Individuals who receive compensation through commission and report income by IRS form 1099 may be considered eligible by Arkansas Blue Cross and Health Advantage if they work at least 30 hours per week, 48 weeks per year for the policyholder and whose primary source of income is from that employer.

An employee must be directly employed and compensated for services rendered to the employer.

Part-time, temporary, seasonal and retired employees of the employer are ineligible for group coverage. Honorary positions, such as members of boards, aldermen of municipal groups, volunteers and contracted employees are not considered to be employees. An exception to this rule is for members of the Quorum Court.

Dependent Definition

Lawful spouses, natural children (until they reach the maximum dependent age of the policy) and legally adopted children are considered eligible dependents. Grandchildren residing with an employee, **only** by order of a court, are considered eligible. Foster children or other unrelated children living with an employee are not considered a dependent.

Employee Participation Requirements

There is a two-step requirement to meet participation guidelines:

- **Eligible Employee Requirement** — 75% of all eligible employees must be insured. Eligible employees are defined as those not covered under another comprehensive major medical-type health plan and who waive coverage under the employer's health plan.
- **Overall Rule** — A second requirement of 25% of the total full-time employee population is applied in addition to the "eligible employee requirement." All full-time employees are included in determining this calculation, whether or not they have access to other coverage.

Note: An application must be submitted on all full-time employees (either as enrolling or waiving coverage). Also, employees who are in the waiting period and are **within 90 days** of being eligible are required to submit a completed application or waiver. Effective dates may be staggered (for those with future effective dates) or the group may choose to waive the waiting period and allow all full-time employees to enroll. Minimum of two.

Census Requirements

A complete census of all employees and dependents that plan to seek coverage must be provided in order to develop rates. Requirements are first name, last name, date of birth and gender. If the employee resides out-of-state or is on COBRA, please indicate that status on the census.

Deductible Credit

Arkansas Blue Cross products contain deductibles, which are based on a calendar year. New groups, whose previous coverage contain deductibles on a basis other than calendar year, will be given deductible credit for amounts already accumulated in the calendar year. This credit can only be obtained at the time of enrollment and can be requested by completing the appropriate box on the enrollment application. Note: this only applies to applicants at the time of the original group enrollment; no deductible credit is available to subsequent additions to the group.

Health Advantage has deductibles on certain health plans. These deductibles are based on the contract period, not the calendar year. Health Advantage therefore **does not** provide deductible credit.

MLR and Rating Methodologies

Groups will be rated based on total employees rather than the total employees eligible. This change is in conjunction with the PACE Act, which eliminates the state's authority to set medical-loss ratios (MLR) at a different size level than that of a group size rating.

We will work proactively to help identify groups when preparing renewals. Please keep in mind that the attestation number is now 50 (no longer 100); therefore, we will experience more groups attesting as large. If the group is large, we will work to provide the appropriate rating benefits.

MLR Attestation – Average Total Number of Employees (ATNE)

PPACA defines the number of employees as “the average number of employees employed by the company during the preceding calendar year.” An employee is typically any person for which the company issues a W-2, regardless of full-time, part-time, seasonal status, or whether they have medical coverage.

MLR Attestation – Medical Loss Ratio (MLR)

The determination of Large and Small Groups is based upon the number of employees employed by the employer on business days during the preceding calendar year. The Public Health Services Act §2791(e) provides:

1. The term “**large employer**” means, in connection with a group health plan with respect to a calendar year and a plan year, an employer who employed an average of at least 51 employees on business days during the preceding calendar year and who employs at least 1 employee on the first day of the plan year.
2. The term “**small employer**” means, in connection with a group health plan with respect to a calendar year and a plan year, an employer who employed an average of at least 1 but not more than 50 employees on business days during the preceding calendar year and who employs at least 1 employee on the first day of the plan year.

To calculate the annual average:

1. Add all the monthly employee totals together and then divide by the number of months that the company was in business last year (usually 12 months).
2. Consider all months of the previous calendar year regardless of whether the company had coverage or was in business but did not offer coverage.
3. Use the number of employees at the end of the month as the “monthly value” to calculate the year average. If the company is a newly formed business, calculate the prior year average by using only those months that the company was in business. Use whole numbers only.
 - Groups with an **Average Total Number of Employees** of 50 or less will be handled by Small Group Underwriting
 - Groups with an **Average Total Number of Employees** of 51 or more will be handled by Large Group Underwriting

If a group is rated as Large and the signed contract comes back attesting Small, the rates will be null and void and the group will receive a Small Group plan. If a group is rated as Small and the signed contract comes back attesting Large, rates will be null and void and the group will receive a Large Group Plan.

Additionally, while we have tried to make it as clear as possible, some new groups will require further review.

Renewal Attestation Form

Beginning January 1, 2026 an Arkansas Blue Cross renewal attestation form will be included in your renewal and rates.

The attestation form is to be completed by the group, not the agent.

The form can be printed and filled out by your client and sent back to the agent. The agent then can upload the renewal attestation form in TES like you do with a quarterly wage, prior carrier billing, etc.

Note: *If the agent does not upload the form, they cannot advance or complete their renewal.*

Metallic Composite Rating

For any new and renewal metallic groups, Arkansas Blue Cross and Health Advantage are able to give employers the option of choosing age or composite rating for their health plans.

On initial quoting, you will see both member-level age and composite rating. On renewals and final rates, you will be prompted to select either age or composite rated. This will produce a rating-specific employer application. You can go back and run the alternate rating choice for comparison.

*Please be aware that **composite rates** are based on **final enrollment**, so they are subject to change.*

Ancillary Products

Dental and Vision For Ancillary Products

- Waivers are not required
- State Quarterly Reports are not required
- All plans can be written with at least two employees enrolled
- Contribution requirements: the employer must pay a minimum of 50% for all non-contributory plans. If the plan is Voluntary (Contributory) then the employer may contribute up to 49% of the employee's premium.
- Ancillary products are subject to COBRA, but are not eligible for 120 day state continuation



Let's Get Started.

Take good care.



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