

Arkansas Blue Cross and Blue Shield

Group Size 51-500

2026 Large Group Health Plans - PPO

Plan Name	In Network					Out of Network				
	Deductible		Maximum Out of Pocket		Coinsurance	Deductible		Maximum Out of Pocket		Coinsurance
	Single	Family	Single	Family		Single	Family	Single	Family	
BC 5000-100_F	\$5,000	\$10,000	\$5,000	\$10,000	100%	\$15,000	\$30,000	\$30,000	\$60,000	80%
BC 6000-100_F	\$6,000	\$12,000	\$6,000	\$12,000	100%	\$18,000	\$36,000	\$36,000	\$72,000	80%
BC 6500-100_F	\$6,500	\$13,000	\$6,500	\$13,000	100%	\$19,500	\$39,000	\$39,000	\$78,000	80%
BC 7350-100_F	\$7,350	\$14,700	\$7,350	\$14,700	100%	\$22,050	\$44,100	\$44,100	\$88,200	80%
BC 8000-100_F	\$8,000	\$16,000	\$8,000	\$16,000	100%	\$24,000	\$48,000	\$48,000	\$96,000	80%
BC 500-90_F	\$500	\$1,000	\$1,500	\$3,000	90%	\$1,500	\$3,000	\$3,000	\$6,000	70%
BC 750-90_F	\$750	\$1,500	\$1,750	\$3,500	90%	\$2,250	\$4,500	\$4,500	\$9,000	70%
BC 1000-90_F	\$1,000	\$2,000	\$2,000	\$4,000	90%	\$3,000	\$6,000	\$6,000	\$12,000	70%
BC 1250-90_F	\$1,250	\$2,500	\$2,250	\$4,500	90%	\$3,750	\$7,500	\$7,500	\$15,000	70%
BC 1500-90_F	\$1,500	\$3,000	\$2,500	\$5,000	90%	\$4,500	\$9,000	\$9,000	\$18,000	70%
BC 2000-90_F	\$2,000	\$4,000	\$3,000	\$6,000	90%	\$6,000	\$12,000	\$12,000	\$24,000	70%
BC 2500-90_F	\$2,500	\$5,000	\$3,500	\$7,000	90%	\$7,500	\$15,000	\$15,000	\$30,000	70%
BC 3000-90_F	\$3,000	\$6,000	\$4,000	\$8,000	90%	\$9,000	\$18,000	\$18,000	\$36,000	70%
BC 3500-90_F	\$3,500	\$7,000	\$4,500	\$9,000	90%	\$10,500	\$21,000	\$21,000	\$42,000	70%
BC 4000-90_F	\$4,000	\$8,000	\$5,000	\$10,000	90%	\$12,000	\$24,000	\$24,000	\$48,000	70%
BC 5000-90_F	\$5,000	\$10,000	\$6,000	\$12,000	90%	\$15,000	\$30,000	\$30,000	\$60,000	70%
BC 500-80_F_2	\$500	\$1,000	\$2,500	\$5,000	80%	\$1,500	\$3,000	\$3,000	\$6,000	60%
BC 500-80_F_3	\$500	\$1,000	\$3,500	\$7,000	80%	\$1,500	\$3,000	\$4,000	\$8,000	60%
BC 500-80_F_4	\$500	\$1,000	\$4,500	\$9,000	80%	\$1,500	\$3,000	\$5,000	\$10,000	60%
BC 750-80_F_2	\$750	\$1,500	\$2,750	\$5,500	80%	\$2,250	\$4,500	\$4,500	\$9,000	60%
BC 750-80_F_3	\$750	\$1,500	\$3,750	\$7,500	80%	\$2,250	\$4,500	\$5,500	\$11,000	60%

Key			
The letter at the end of the plan name is shorthand for the deductible type.			
F	Fulfillment deductible (see definition on page 9)	2	Deductible + \$2,000
E	Embedded deductible (see definition on page 9)	3	Deductible + \$3,000
		4	Deductible + \$4,000
		5	Deductible + \$5,000
		6	Deductible + \$6,000

Maximum out-of-pocket
All PPO maximum out-of-pocket are embedded.

Mental health visits
Three free visits before member cost sharing applies.

Not intended for pricing purposes. For illustrative purposes only.
Actual results may vary.

Large Group Standard plans listed above are creditable to Medicare Part D Coverage.

Arkansas Blue Cross and Blue Shield

2026 Large Group Health Plans - PPO

Group Size 51-500

Plan Name	In Network					Out of Network				
	Deductible		Maximum Out of Pocket		Coinsurance	Deductible		Maximum Out of Pocket		Coinsurance
	Single	Family	Single	Family		Single	Family	Single	Family	
BC 750-80_F_4	\$750	\$1,500	\$4,750	\$9,500	80%	\$2,250	\$4,500	\$6,500	\$13,000	60%
BC 1000-80_F_2	\$1,000	\$2,000	\$3,000	\$6,000	80%	\$3,000	\$6,000	\$6,000	\$12,000	60%
BC 1000-80_F_3	\$1,000	\$2,000	\$4,000	\$8,000	80%	\$3,000	\$6,000	\$7,000	\$14,000	60%
BC 1000-80_F_4	\$1,000	\$2,000	\$5,000	\$10,000	80%	\$3,000	\$6,000	\$8,000	\$16,000	60%
BC 1250-80_F_2	\$1,250	\$2,500	\$3,250	\$6,500	80%	\$3,750	\$7,500	\$7,500	\$15,000	60%
BC 1250-80_F_3	\$1,250	\$2,500	\$4,250	\$8,500	80%	\$3,750	\$7,500	\$8,500	\$17,000	60%
BC 1250-80_F_4	\$1,250	\$2,500	\$5,250	\$10,500	80%	\$3,750	\$7,500	\$9,500	\$19,000	60%
BC 1500-80_F_2	\$1,500	\$3,000	\$3,500	\$7,000	80%	\$4,500	\$9,000	\$9,000	\$18,000	60%
BC 1500-80_F_3	\$1,500	\$3,000	\$4,500	\$9,000	80%	\$4,500	\$9,000	\$10,000	\$20,000	60%
BC 1500-80_F_4	\$1,500	\$3,000	\$5,500	\$11,000	80%	\$4,500	\$9,000	\$11,000	\$22,000	60%
BC 2000-80_F_2	\$2,000	\$4,000	\$4,000	\$8,000	80%	\$6,000	\$12,000	\$12,000	\$24,000	60%
BC 2000-80_F_3	\$2,000	\$4,000	\$5,000	\$10,000	80%	\$6,000	\$12,000	\$13,000	\$26,000	60%
BC 2000-80_F_4	\$2,000	\$4,000	\$6,000	\$12,000	80%	\$6,000	\$12,000	\$14,000	\$28,000	60%
BC 2500-80_F_2	\$2,500	\$5,000	\$4,500	\$9,000	80%	\$7,500	\$15,000	\$15,000	\$30,000	60%
BC 2500-80_F_3	\$2,500	\$5,000	\$5,500	\$11,000	80%	\$7,500	\$15,000	\$16,000	\$32,000	60%
BC 2500-80_F_4	\$2,500	\$5,000	\$6,500	\$13,000	80%	\$7,500	\$15,000	\$17,000	\$34,000	60%
BC 3000-80_F_2	\$3,000	\$6,000	\$5,000	\$10,000	80%	\$9,000	\$18,000	\$18,000	\$36,000	60%
BC 3000-80_F_3	\$3,000	\$6,000	\$6,000	\$12,000	80%	\$9,000	\$18,000	\$19,000	\$38,000	60%
BC 3000-80_F_4	\$3,000	\$6,000	\$7,000	\$14,000	80%	\$9,000	\$18,000	\$20,000	\$40,000	60%
BC 3500-80_F_2	\$3,500	\$7,000	\$5,500	\$11,000	80%	\$10,500	\$21,000	\$21,000	\$42,000	60%

Key

The letter at the end of the plan name is shorthand for the deductible type.

F	Fulfillment deductible (see definition on page 9)	2	Deductible + \$2,000
E	Embedded deductible (see definition on page 9)	3	Deductible + \$3,000
		4	Deductible + \$4,000
		5	Deductible + \$5,000
		6	Deductible + \$6,000

Maximum out-of-pocket

All PPO maximum out-of-pocket are embedded.

Not intended for pricing purposes. For illustrative purposes only.

Actual results may vary.

Large Group Standard plans listed above are creditable to Medicare Part D Coverage.

Mental health visits

Three free visits before member cost sharing applies.



Arkansas
BlueCross BlueShield

An Independent Licensee of the Blue Cross and Blue Shield Association

Arkansas Blue Cross and Blue Shield

Group Size 51-500

2026 Large Group Health Plans - PPO

Plan Name	In Network					Out of Network				
	Deductible		Maximum Out of Pocket		Coinsurance	Deductible		Maximum Out of Pocket		Coinsurance
	Single	Family	Single	Family		Single	Family	Single	Family	
BC 3500-80_F_3	\$3,500	\$7,000	\$6,500	\$13,000	80%	\$10,500	\$21,000	\$22,000	\$44,000	60%
BC 3500-80_F_4	\$3,500	\$7,000	\$7,500	\$15,000	80%	\$10,500	\$21,000	\$23,000	\$46,000	60%
BC 4000-80_F_2	\$4,000	\$8,000	\$6,000	\$12,000	80%	\$12,000	\$24,000	\$24,000	\$48,000	60%
BC 4000-80_F_3	\$4,000	\$8,000	\$7,000	\$14,000	80%	\$12,000	\$24,000	\$25,000	\$50,000	60%
BC 4000-80_F_4	\$4,000	\$8,000	\$8,000	\$16,000	80%	\$12,000	\$24,000	\$26,000	\$52,000	60%
BC 5000-80_F_2	\$5,000	\$10,000	\$7,350	\$14,700	80%	\$15,000	\$30,000	\$30,000	\$60,000	60%
BC 5000-80_F_3	\$5,000	\$10,000	\$8,150	\$16,300	80%	\$15,000	\$30,000	\$31,150	\$62,300	60%
BC 6000-80_F_2	\$6,000	\$12,000	\$8,000	\$16,000	80%	\$18,000	\$36,000	\$36,000	\$72,000	60%
BC 6500-80_F_2	\$6,500	\$13,000	\$8,500	\$17,000	80%	\$19,500	\$39,000	\$39,000	\$78,000	60%
BC 500-70_F	\$500	\$1,000	\$3,500	\$7,000	70%	\$1,500	\$3,000	\$3,000	\$6,000	50%
BC 750-70_F	\$750	\$1,500	\$3,750	\$7,500	70%	\$2,250	\$4,500	\$4,500	\$9,000	50%
BC 1000-70_F	\$1,000	\$2,000	\$4,000	\$8,000	70%	\$3,000	\$6,000	\$6,000	\$12,000	50%
BC 1250-70_F	\$1,250	\$2,500	\$4,250	\$8,500	70%	\$3,750	\$7,500	\$7,500	\$15,000	50%
BC 1500-70_F	\$1,500	\$3,000	\$4,500	\$9,000	70%	\$4,500	\$9,000	\$9,000	\$18,000	50%
BC 2000-70_F	\$2,000	\$4,000	\$5,000	\$10,000	70%	\$6,000	\$12,000	\$12,000	\$24,000	50%
BC 2500-70_F	\$2,500	\$5,000	\$5,500	\$11,000	70%	\$7,500	\$15,000	\$15,000	\$30,000	50%
BC 3000-70_F	\$3,000	\$6,000	\$6,000	\$12,000	70%	\$9,000	\$18,000	\$18,000	\$36,000	50%
BC 3500-70_F	\$3,500	\$7,000	\$6,500	\$13,000	70%	\$10,500	\$21,000	\$21,000	\$42,000	50%
BC 4000-70_F	\$4,000	\$8,000	\$7,000	\$14,000	70%	\$12,000	\$24,000	\$24,000	\$48,000	50%
BC 5000-70_F	\$5,000	\$10,000	\$8,000	\$16,000	70%	\$15,000	\$30,000	\$30,000	\$60,000	50%

Key

The letter at the end of the plan name is shorthand for the deductible type.

F	Fulfillment deductible (see definition on page 9)	2	Deductible + \$2,000
E	Embedded deductible (see definition on page 9)	3	Deductible + \$3,000
		4	Deductible + \$4,000
		5	Deductible + \$5,000
		6	Deductible + \$6,000

Maximum out-of-pocket

All PPO maximum out-of-pocket are embedded.

Not intended for pricing purposes. For illustrative purposes only.

Actual results may vary.

Large Group Standard plans listed above are creditable to Medicare Part D Coverage.

Mental health visits

Three free visits before member cost sharing applies.



Arkansas
BlueCross BlueShield

An Independent Licensee of the Blue Cross and Blue Shield Association

Arkansas Blue Cross and Blue Shield

2026 Large Group Health Plans - PPO

Group Size 51-500

Plan Name	In Network					Out of Network				
	Deductible		Maximum Out of Pocket		Coinsurance	Deductible		Maximum Out of Pocket		Coinsurance
	Single	Family	Single	Family		Single	Family	Single	Family	
BC 5000-100_E	\$5,000	\$10,000	\$5,000	\$10,000	100%	\$15,000	\$30,000	\$30,000	\$60,000	80%
BC 6000-100_E	\$6,000	\$12,000	\$6,000	\$12,000	100%	\$18,000	\$36,000	\$36,000	\$72,000	80%
BC 6500-100_E	\$6,500	\$13,000	\$6,500	\$13,000	100%	\$19,500	\$39,000	\$39,000	\$78,000	80%
BC 7350-100_E	\$7,350	\$14,700	\$7,350	\$14,700	100%	\$22,050	\$44,100	\$44,100	\$88,200	80%
BC 8000-100_E	\$8,000	\$16,000	\$8,000	\$16,000	100%	\$24,000	\$48,000	\$48,000	\$96,000	80%
BC 500-90_E	\$500	\$1,000	\$1,500	\$3,000	90%	\$1,500	\$3,000	\$3,000	\$6,000	70%
BC 750-90_E	\$750	\$1,500	\$1,750	\$3,500	90%	\$2,250	\$4,500	\$4,500	\$9,000	70%
BC 1000-90_E	\$1,000	\$2,000	\$2,000	\$4,000	90%	\$3,000	\$6,000	\$6,000	\$12,000	70%
BC 1250-90_E	\$1,250	\$2,500	\$2,250	\$4,500	90%	\$3,750	\$7,500	\$7,500	\$15,000	70%
BC 1500-90_E	\$1,500	\$3,000	\$2,500	\$5,000	90%	\$4,500	\$9,000	\$9,000	\$18,000	70%
BC 2000-90_E	\$2,000	\$4,000	\$3,000	\$6,000	90%	\$6,000	\$12,000	\$12,000	\$24,000	70%
BC 2500-90_E	\$2,500	\$5,000	\$3,500	\$7,000	90%	\$7,500	\$15,000	\$15,000	\$30,000	70%
BC 3000-90_E	\$3,000	\$6,000	\$4,000	\$8,000	90%	\$9,000	\$18,000	\$18,000	\$36,000	70%
BC 3500-90_E	\$3,500	\$7,000	\$4,500	\$9,000	90%	\$10,500	\$21,000	\$21,000	\$42,000	70%
BC 4000-90_E	\$4,000	\$8,000	\$5,000	\$10,000	90%	\$12,000	\$24,000	\$24,000	\$48,000	70%
BC 5000-90_E	\$5,000	\$10,000	\$6,000	\$12,000	90%	\$15,000	\$30,000	\$30,000	\$60,000	70%
BC 500-80_E_2	\$500	\$1,000	\$2,500	\$5,000	80%	\$1,500	\$3,000	\$3,000	\$6,000	60%
BC 500-80_E_3	\$500	\$1,000	\$3,500	\$7,000	80%	\$1,500	\$3,000	\$4,000	\$8,000	60%
BC 500-80_E_4	\$500	\$1,000	\$4,500	\$9,000	80%	\$1,500	\$3,000	\$5,000	\$10,000	60%
BC 750-80_E_2	\$750	\$1,500	\$2,750	\$5,500	80%	\$2,250	\$4,500	\$4,500	\$9,000	60%

Key

The letter at the end of the plan name is shorthand for the deductible type.

F	Fulfillment deductible (see definition on page 9)	2	Deductible + \$2,000
E	Embedded deductible (see definition on page 9)	3	Deductible + \$3,000
		4	Deductible + \$4,000
		5	Deductible + \$5,000
		6	Deductible + \$6,000

Maximum out-of-pocket

All PPO maximum out-of-pocket are embedded.

Not intended for pricing purposes. For illustrative purposes only.

Actual results may vary.

Large Group Standard plans listed above are creditable to Medicare Part D Coverage.

Mental health visits

Three free visits before member cost sharing applies.



Arkansas
BlueCross BlueShield

An Independent Licensee of the Blue Cross and Blue Shield Association

Arkansas Blue Cross and Blue Shield

2026 Large Group Health Plans - PPO

Group Size 51-500

Plan Name	In Network					Out of Network				
	Deductible		Maximum Out of Pocket		Coinsurance	Deductible		Maximum Out of Pocket		Coinsurance
	Single	Family	Single	Family		Single	Family	Single	Family	
BC 750-80_E_3	\$750	\$1,500	\$3,750	\$7,500	80%	\$2,250	\$4,500	\$5,500	\$11,000	60%
BC 750-80_E_4	\$750	\$1,500	\$4,750	\$9,500	80%	\$2,250	\$4,500	\$6,500	\$13,000	60%
BC 1000-80_E_2	\$1,000	\$2,000	\$3,000	\$6,000	80%	\$3,000	\$6,000	\$6,000	\$12,000	60%
BC 1000-80_E_3	\$1,000	\$2,000	\$4,000	\$8,000	80%	\$3,000	\$6,000	\$7,000	\$14,000	60%
BC 1000-80_E_4	\$1,000	\$2,000	\$5,000	\$10,000	80%	\$3,000	\$6,000	\$8,000	\$16,000	60%
BC 1000-80_E_5	\$1,000	\$2,000	\$6,000	\$12,000	80%	\$3,000	\$6,000	\$9,000	\$18,000	60%
BC 1000-80_E_6	\$1,000	\$2,000	\$7,000	\$14,000	80%	\$3,000	\$6,000	\$10,000	\$20,000	60%
BC 1000-80_E_7	\$1,000	\$2,000	\$8,000	\$16,000	80%	\$3,000	\$6,000	\$11,000	\$22,000	60%
BC 1000-80_E_8	\$1,000	\$2,000	\$9,000	\$18,000	80%	\$3,000	\$6,000	\$12,000	\$24,000	60%
BC 1000-80_E_9	\$1,000	\$2,000	\$10,000	\$20,000	80%	\$3,000	\$6,000	\$13,000	\$26,000	60%
BC 1250-80_E_2	\$1,250	\$2,500	\$3,250	\$6,500	80%	\$3,750	\$7,500	\$7,500	\$15,000	60%
BC 1250-80_E_3	\$1,250	\$2,500	\$4,250	\$8,500	80%	\$3,750	\$7,500	\$8,500	\$17,000	60%
BC 1250-80_E_4	\$1,250	\$2,500	\$5,250	\$10,500	80%	\$3,750	\$7,500	\$9,500	\$19,000	60%
BC 1500-80_E_2	\$1,500	\$3,000	\$3,500	\$7,000	80%	\$4,500	\$9,000	\$9,000	\$18,000	60%
BC 1500-80_E_3	\$1,500	\$3,000	\$4,500	\$9,000	80%	\$4,500	\$9,000	\$10,000	\$20,000	60%
BC 1500-80_E_4	\$1,500	\$3,000	\$5,500	\$11,000	80%	\$4,500	\$9,000	\$11,000	\$22,000	60%
BC 1500-80_E_5	\$1,500	\$3,000	\$6,500	\$13,000	80%	\$4,500	\$9,000	\$12,000	\$24,000	60%
BC 1500-80_E_6	\$1,500	\$3,000	\$7,500	\$15,000	80%	\$4,500	\$9,000	\$13,000	\$26,000	60%
BC 1500-80_E_7	\$1,500	\$3,000	\$8,500	\$17,000	80%	\$4,500	\$9,000	\$14,000	\$28,000	60%
BC 1500-80_E_8	\$1,500	\$3,000	\$9,500	\$19,000	80%	\$4,500	\$9,000	\$15,000	\$30,000	60%

Key

The letter at the end of the plan name is shorthand for the deductible type.

F	Fulfillment deductible (see definition on page 9)	2	Deductible + \$2,000
E	Embedded deductible (see definition on page 9)	3	Deductible + \$3,000
		4	Deductible + \$4,000
		5	Deductible + \$5,000
		6	Deductible + \$6,000

Maximum out-of-pocket

All PPO maximum out-of-pocket are embedded.

Not intended for pricing purposes. For illustrative purposes only.

Actual results may vary.

Large Group Standard plans listed above are creditable to Medicare Part D Coverage.

Mental health visits

Three free visits before member cost sharing applies.



Arkansas
BlueCross BlueShield

An Independent Licensee of the Blue Cross and Blue Shield Association

Arkansas Blue Cross and Blue Shield

Group Size 51-500

2026 Large Group Health Plans - PPO

Plan Name	In Network					Out of Network				
	Deductible		Maximum Out of Pocket		Coinsurance	Deductible		Maximum Out of Pocket		Coinsurance
	Single	Family	Single	Family		Single	Family	Single	Family	
BC 2000-80_E_2	\$2,000	\$4,000	\$4,000	\$8,000	80%	\$6,000	\$12,000	\$12,000	\$24,000	60%
BC 2000-80_E_3	\$2,000	\$4,000	\$5,000	\$10,000	80%	\$6,000	\$12,000	\$13,000	\$26,000	60%
BC 2000-80_E_4	\$2,000	\$4,000	\$6,000	\$12,000	80%	\$6,000	\$12,000	\$14,000	\$28,000	60%
BC 2000-80_E_5	\$2,000	\$4,000	\$7,000	\$14,000	80%	\$6,000	\$12,000	\$15,000	\$30,000	60%
BC 2000-80_E_6	\$2,000	\$4,000	\$8,000	\$16,000	80%	\$6,000	\$12,000	\$16,000	\$32,000	60%
BC 2000-80_E_7	\$2,000	\$4,000	\$9,000	\$18,000	80%	\$6,000	\$12,000	\$17,000	\$34,000	60%
BC 2000-80_E_8	\$2,000	\$4,000	\$10,000	\$20,000	80%	\$6,000	\$12,000	\$18,000	\$36,000	60%
BC 2500-80_E_2	\$2,500	\$5,000	\$4,500	\$9,000	80%	\$7,500	\$15,000	\$15,000	\$30,000	60%
BC 2500-80_E_3	\$2,500	\$5,000	\$5,500	\$11,000	80%	\$7,500	\$15,000	\$16,000	\$32,000	60%
BC 2500-80_E_4	\$2,500	\$5,000	\$6,500	\$13,000	80%	\$7,500	\$15,000	\$17,000	\$34,000	60%
BC 2500-80_E_5	\$2,500	\$5,000	\$7,500	\$15,000	80%	\$7,500	\$15,000	\$18,000	\$36,000	60%
BC 2500-80_E_6	\$2,500	\$5,000	\$8,500	\$17,000	80%	\$7,500	\$15,000	\$19,000	\$38,000	60%
BC 3000-80_E_2	\$3,000	\$6,000	\$5,000	\$10,000	80%	\$9,000	\$18,000	\$18,000	\$36,000	60%
BC 3000-80_E_3	\$3,000	\$6,000	\$6,000	\$12,000	80%	\$9,000	\$18,000	\$19,000	\$38,000	60%
BC 3000-80_E_4	\$3,000	\$6,000	\$7,000	\$14,000	80%	\$9,000	\$18,000	\$20,000	\$40,000	60%
BC 3000-80_E_5	\$3,000	\$6,000	\$8,000	\$16,000	80%	\$9,000	\$18,000	\$21,000	\$42,000	60%
BC 3000-80_E_6	\$3,000	\$6,000	\$9,000	\$18,000	80%	\$9,000	\$18,000	\$22,000	\$44,000	60%
BC 3000-80_E_7	\$3,000	\$6,000	\$10,000	\$20,000	80%	\$9,000	\$18,000	\$23,000	\$46,000	60%
BC 3500-80_E_2	\$3,500	\$7,000	\$5,500	\$11,000	80%	\$10,500	\$21,000	\$21,000	\$42,000	60%
BC 3500-80_E_3	\$3,500	\$7,000	\$6,500	\$13,000	80%	\$10,500	\$21,000	\$22,000	\$44,000	60%

Key

The letter at the end of the plan name is shorthand for the deductible type.

F	Fulfillment deductible (see definition on page 9)	2	Deductible + \$2,000
E	Embedded deductible (see definition on page 9)	3	Deductible + \$3,000
		4	Deductible + \$4,000
		5	Deductible + \$5,000
		6	Deductible + \$6,000

Maximum out-of-pocket

All PPO maximum out-of-pocket are embedded.

Not intended for pricing purposes. For illustrative purposes only.

Actual results may vary.

Large Group Standard plans listed above are creditable to Medicare Part D Coverage.

Mental health visits

Three free visits before member cost sharing applies.



Arkansas
BlueCross BlueShield

An Independent Licensee of the Blue Cross and Blue Shield Association

Arkansas Blue Cross and Blue Shield

2026 Large Group Health Plans - PPO

Group Size 51-500

Plan Name	In Network					Out of Network				
	Deductible		Maximum Out of Pocket		Coinsurance	Deductible		Maximum Out of Pocket		Coinsurance
	Single	Family	Single	Family		Single	Family	Single	Family	
BC 3500-80_E_4	\$3,500	\$7,000	\$7,500	\$15,000	80%	\$10,500	\$21,000	\$23,000	\$46,000	60%
BC 3500-80_E_5	\$3,500	\$7,000	\$8,500	\$17,000	80%	\$10,500	\$21,000	\$24,000	\$48,000	60%
BC 4000-80_E_2	\$4,000	\$8,000	\$6,000	\$12,000	80%	\$12,000	\$24,000	\$24,000	\$48,000	60%
BC 4000-80_E_3	\$4,000	\$8,000	\$7,000	\$14,000	80%	\$12,000	\$24,000	\$25,000	\$50,000	60%
BC 4000-80_E_4	\$4,000	\$8,000	\$8,000	\$16,000	80%	\$12,000	\$24,000	\$26,000	\$52,000	60%
BC 4000-80_E_5	\$4,000	\$8,000	\$9,000	\$18,000	80%	\$12,000	\$24,000	\$27,000	\$54,000	60%
BC 5000-80_E_2	\$5,000	\$10,000	\$7,350	\$14,700	80%	\$15,000	\$30,000	\$30,000	\$60,000	60%
BC 5000-80_E_3	\$5,000	\$10,000	\$8,150	\$16,300	80%	\$15,000	\$30,000	\$31,150	\$62,300	60%
BC 5000-80_E_4	\$5,000	\$10,000	\$9,000	\$18,000	80%	\$15,000	\$30,000	\$32,000	\$64,000	60%
BC 5000-80_E_5	\$5,000	\$10,000	\$10,000	\$20,000	80%	\$15,000	\$30,000	\$33,000	\$66,000	60%
BC 6000-80_E_2	\$6,000	\$12,000	\$8,000	\$16,000	80%	\$18,000	\$36,000	\$36,000	\$72,000	60%
BC 6000-80_E_3	\$6,000	\$12,000	\$9,000	\$18,000	80%	\$18,000	\$36,000	\$37,000	\$74,000	60%
BC 6500-80_E_2	\$6,500	\$13,000	\$8,500	\$17,000	80%	\$19,500	\$39,000	\$39,000	\$78,000	60%
BC 7000-80_E_2	\$7,000	\$14,000	\$9,000	\$18,000	80%	\$21,000	\$42,000	\$42,000	\$84,000	60%
BC 500-70_E	\$500	\$1,000	\$3,500	\$7,000	70%	\$1,500	\$3,000	\$3,000	\$6,000	50%
BC 750-70_E	\$750	\$1,500	\$3,750	\$7,500	70%	\$2,250	\$4,500	\$4,500	\$9,000	50%
BC 1000-70_E	\$1,000	\$2,000	\$4,000	\$8,000	70%	\$3,000	\$6,000	\$6,000	\$12,000	50%
BC 1250-70_E	\$1,250	\$2,500	\$4,250	\$8,500	70%	\$3,750	\$7,500	\$7,500	\$15,000	50%
BC 1500-70_E	\$1,500	\$3,000	\$4,500	\$9,000	70%	\$4,500	\$9,000	\$9,000	\$18,000	50%
BC 2000-70_E	\$2,000	\$4,000	\$5,000	\$10,000	70%	\$6,000	\$12,000	\$12,000	\$24,000	50%
BC 2500-70_E	\$2,500	\$5,000	\$5,500	\$11,000	70%	\$7,500	\$15,000	\$15,000	\$30,000	50%

Key			
The letter at the end of the plan name is shorthand for the deductible type.			
F	Fulfillment deductible (see definition on page 9)	2	Deductible + \$2,000
E	Embedded deductible (see definition on page 9)	3	Deductible + \$3,000
		4	Deductible + \$4,000
		5	Deductible + \$5,000
		6	Deductible + \$6,000

Maximum out-of-pocket
All PPO maximum out-of-pocket are embedded.

Mental health visits
Three free visits before member cost sharing applies.

Not intended for pricing purposes. For illustrative purposes only.
Actual results may vary.

Large Group Standard plans listed above are creditable to Medicare Part D Coverage.

2026 Large Group Health Plans - PPO

Plan Name	In Network					Out of Network				
	Deductible		Maximum Out of Pocket		Coinsurance	Deductible		Maximum Out of Pocket		Coinsurance
	Single	Family	Single	Family		Single	Family	Single	Family	
BC 3000-70_E	\$3,000	\$6,000	\$6,000	\$12,000	70%	\$9,000	\$18,000	\$18,000	\$36,000	50%
BC 3500-70_E	\$3,500	\$7,000	\$6,500	\$13,000	70%	\$10,500	\$21,000	\$21,000	\$42,000	50%
BC 4000-70_E	\$4,000	\$8,000	\$7,000	\$14,000	70%	\$12,000	\$24,000	\$24,000	\$48,000	50%
BC 5000-70_E	\$5,000	\$10,000	\$8,000	\$16,000	70%	\$15,000	\$30,000	\$30,000	\$60,000	50%
BC 7000-70_E	\$7,000	\$14,000	\$10,000	\$20,000	70%	\$21,000	\$42,000	\$63,000	\$126,000	50%
BC 5000-50_E	\$5,000	\$10,000	\$10,000	\$20,000	50%	\$15,000	\$30,000	\$45,000	\$90,000	50%

Key

The letter at the end of the plan name is shorthand for the deductible type.

F	Fulfillment deductible (see definition on page 9)	2	Deductible + \$2,000
E	Embedded deductible (see definition on page 9)	3	Deductible + \$3,000
		4	Deductible + \$4,000
		5	Deductible + \$5,000
		6	Deductible + \$6,000

Maximum out-of-pocket

All PPO maximum out-of-pocket are embedded.

Not intended for pricing purposes. For illustrative purposes only.

Actual results may vary.

Large Group Standard plans listed above are creditable to Medicare Part D Coverage.

Mental health visits

Three free visits before member cost sharing applies.



Arkansas
BlueCross BlueShield

An Independent Licensee of the Blue Cross and Blue Shield Association

Primary / specialist options

	Primary care	Specialty care
Copay 1	\$20	\$40
Copay 2	\$30	\$50
Copay 3	\$35	\$60
Copay 4	\$35	\$70
Copay 5	\$40	\$80
Copay 6	\$45	\$90

Urgent care options

Urgent care 1	\$20 copayment
Urgent care 2	\$30 copayment
Urgent care 3	\$35 copayment
Urgent care 4	\$40 copayment
Urgent care 5	\$45 copayment
Urgent care 6	\$50 copayment
Urgent care 7	\$60 copayment
Urgent care 8	\$70 copayment
Urgent care 9	\$80 copayment
Urgent care 10	\$90 copayment
Urgent care 11	\$100 copayment
Urgent care 12	\$120 copayment
Urgent care 13	\$140 copayment
Urgent care 14	\$160 copayment
Urgent care 15	\$180 copayment

*Urgent care option selected must be equal to the PCP copay, specialist copay or 2x the specialist copay

Emergency room options

Option 1	\$150 copay + deductible and coinsurance
Option 2	Deductible + coinsurance
Option 3	\$250 copay

Benefits

Inpatient Services	Coinsurance after deductible
Outpatient Surgical Services	Coinsurance after deductible
Wellness Included	Yes

Pharmacy options

Copayment	Generic	Brand	Non-preferred brand	Specialty
Plan 1	\$10	\$40	\$60	\$120
Plan 2	\$15	\$35	\$55	\$110
Plan 3	\$15	\$35	\$55	\$250
Plan 4	\$15	\$45	\$65	\$130
Plan 5	\$15	\$45	\$65	\$250
Plan 6	\$15	\$35	\$75	\$150
Plan 7	\$15	\$35	\$75	\$250
Plan 8	\$15	\$55	\$80	\$160
Plan 9	\$15	\$55	\$80	\$250
Plan 10	\$20	\$50	\$70	\$140
Plan 11	\$20	\$50	\$70	\$250
Plan 12	\$30	\$70	\$135	\$270
Plan 13	\$35	\$70	\$120	\$240

Mail order/retail 100-day supply at 3x copay

Option to select 2 pharmacy deductible option of \$100 or \$200 and apply copays

Deductible definitions

The deductible is a dollar amount that you pay for healthcare services before the health plan begins to pay. Every policy has an individual and family deductible. If you are the only person on your policy, then you will pay for healthcare costs covered by your plan until you meet your individual deductible. Family deductibles work differently.

Fulfillment

How your fulfillment deductible works

Each family member on your plan has an individual deductible. When two or three family members have met their individual amounts (depending on the plan), then the entire family deductible has been met for that calendar year and your health plan will begin to pay coinsurance.

Example: Bob and Sue Thompson have two children. They have individual deductibles of \$500. Bob paid \$500 in covered medical expenses, which means he met his individual deductible and his health plan will begin to pay his coinsurance, while the rest of his family works toward their individual deductible.

When both of the children also meet the \$500 amount, and three members of the Thompson family have individually paid the \$500 individual deductible amount, the family has met their deductible for that calendar year and the health plan will begin paying coinsurance for all family members.

Embedded

How your embedded family deductible works

If you or anyone in your family meets the individual deductible, then your health plan will begin to pay a portion of medical expenses for that person for that calendar year (also called coinsurance). However, when the family deductible is met by any combination of family members, coinsurance will pay on all family members—even in the event when no single family member meets the individual deductible.

Example: Bob and Sue Thompson have one child, Margo. Their family deductible is \$3,000 and the individual deductible is \$1,500. Sue paid \$1,200 in covered healthcare expenses. Bob paid \$1,100 in covered healthcare expenses. Margo paid \$700 in covered healthcare expenses.

None of the Thompson's met the individual deductible. However, their family's total expense is \$3,000 (meeting the family deductible) and the health plan will begin paying coinsurance for all family members. However, if Bob met his individual deductible before the rest of the family had any expenses, then Bob's coinsurance would have kicked in (until the family deductible was met).

Arkansas Blue Cross and Blue Shield | Health Advantage

2026 Large Group Health Plans - High Deductible Health Plan (HDHP)

Arkansas Blue Cross and Blue Shield

Plan Name	In Network						Out of Network					
	Deductible			Maximum Out of Pocket			Coinsurance	Deductible		Maximum Out of Pocket		Coinsurance
	Single	Family	Deductible Type	Single	Family	OOP Type		Single	Family	Single	Family	
BC 1700-100_HDHP_TF	\$1,700	\$3,400	TF	\$1,700	\$3,400	TF	100%	\$3,400	\$6,800	\$6,800	\$13,600	80%
BC 1750-100_HDHP_TF	\$1,750	\$3,500	TF	\$1,750	\$3,500	TF	100%	\$3,500	\$7,000	\$7,000	\$14,000	80%
BC 2000-100_HDHP_TF	\$2,000	\$4,000	TF	\$2,000	\$4,000	TF	100%	\$4,000	\$8,000	\$8,000	\$16,000	80%
BC 2500-100_HDHP_TF	\$2,500	\$5,000	TF	\$2,500	\$5,000	TF	100%	\$5,000	\$10,000	\$10,000	\$20,000	80%
BC 3400-100_HDHP_E	\$3,400	\$6,800	E	\$3,400	\$6,800	E	100%	\$6,800	\$13,600	\$13,600	\$27,200	80%
BC 3500-100_HDHP_E	\$3500	\$7,000	E	\$3,500	\$7,000	E	100%	\$7,000	\$14,000	\$14,000	\$28,000	80%
BC 4000-100_HDHP_E	\$4000	\$8,000	E	\$4,000	\$8,000	E	100%	\$8,000	\$16,000	\$16,000	\$32,000	80%
BC 5000-100_HDHP_E	\$5,000	\$10,000	E	\$5,000	\$10,000	E	100%	\$10,000	\$20,000	\$20,000	\$40,000	80%
BC 6650-100_HDHP_E	\$6,650	\$13,300	E	\$6,650	\$13,300	E	100%	\$13,300	\$26,600	\$26,600	\$53,200	80%
BC 7000-100_HDHP_E	\$7,000	\$14,000	E	\$7,000	\$14,000	E	100%	\$14,000	\$28,000	\$28,000	\$56,000	80%
BC 8300-100_HDHP_E	\$8,300	\$16,600	E	\$8,300	\$16,600	E	100%	\$16,600	\$33,200	\$49,800	\$99,600	80%
BC 1700-80_HDHP_TF	\$1,700	\$3,400	TF	\$3,400	\$6,800	TF	80%	\$5,100	\$10,200	\$10,200	\$20,400	60%
BC 1750-80_HDHP_TF	\$1,750	\$3,500	TF	\$3,500	\$7,000	TF	80%	\$5,250	\$10,500	\$10,500	\$21,000	60%
BC 2000-80_HDHP_TF	\$2,000	\$4,000	TF	\$4,000	\$8,000	E	80%	\$6,000	\$12,000	\$12,000	\$24,000	60%
BC 2500-80_HDHP_TF	\$2,500	\$5,000	TF	\$5,000	\$10,000	E	80%	\$7,500	\$15,000	\$15,000	\$30,000	60%
BC 3400-80_HDHP_E	\$3,400	\$6,800	E	\$6,800	\$13,600	E	80%	\$10,200	\$20,400	\$20,400	\$40,800	60%
BC 3500-80_HDHP_E	\$3500	\$7,000	E	\$6,325	\$12,650	E	80%	\$10,500	\$21,000	\$21,000	\$42,000	60%
BC 4000-80_HDHP_E	\$4000	\$8,000	E	\$6,650	\$13,300	E	80%	\$12,000	\$24,000	\$24,000	\$48,000	60%
BC 5000-80_HDHP_E	\$5000	\$10,000	E	\$7,000	\$14,000	E	80%	\$15,000	\$30,000	\$30,000	\$60,000	60%
BC 6000-80_HDHP_E	\$6000	\$12,000	E	\$8,000	\$16,000	E	80%	\$18,000	\$36,000	\$36,000	\$72,000	60%
BC 5000-70_HDHP_E	\$5000	\$10,000	E	\$8,000	\$16,000	E	70%	\$15,000	\$30,000	\$30,000	\$60,000	50%
BC 5000-50_HDHP_E	\$5000	\$10,000	E	\$8,000	\$16,000	E	50%	\$15,000	\$30,000	\$30,000	\$60,000	50%

Key (The letter at the end of the plan name is shorthand for the deductible type.)

E	Embedded deductible (see definition on page 3)
TF	True Family deductible (see definition on page 3)

Maximum out-of-pocket

All HDHP maximum out-of-pocket are embedded.

Not intended for pricing purposes. For illustrative purposes only.
Actual results may vary.

Large Group Standard plans listed above are creditable to Medicare Part D Coverage.

HDHP Preventive Drug List is optional

Arkansas Blue Cross and Blue Shield | Health Advantage

2026 Large Group Health Plans - High Deductible Health Plan (HDHP)

Health Advantage

Plan Name	In Network							Out of Network				
	Deductible			Maximum Out of Pocket			Coinsurance	Deductible		Out of Pocket Max		Coinsurance
	Single	Family	Deductible Type	Single	Family	OOP Type		Single	Family	Single	Family	
HA 2000-100_HDHP_TF	\$2,000	\$4,000	TF	\$2,000	\$4,000	TF	100%	\$4,000	\$8,000	\$8,000	\$16,000	80%
HA 4000-100_HDHP_E	\$4,000	\$8,000	E	\$4,000	\$8,000	E	100%	\$8,000	\$16,000	\$16,000	\$32,000	80%
HA 5000-100_HDHP_E	\$5,000	\$10,000	E	\$5,000	\$10,000	E	100%	\$10,000	\$20,000	\$20,000	\$40,000	80%
HA 6650-100_HDHP_E	\$6,650	\$13,300	E	\$6,650	\$13,300	E	100%	\$13,300	\$26,600	\$26,600	\$53,200	80%
HA 7000-100_HDHP_E	\$7,000	\$14,000	E	\$7,000	\$14,000	E	100%	\$14,000	\$28,000	\$28,000	\$56,000	80%
HA 2000-80_HDHP_TF	\$2,000	\$4,000	TF	\$4,000	\$8,000	E	80%	\$6,000	\$12,000	\$12,000	\$24,000	60%
HA 4000-80_HDHP_E	\$4,000	\$8,000	E	\$6,650	\$13,300	E	80%	\$12,000	\$24,000	\$24,000	\$48,000	60%
HA 5000-80_HDHP_E	\$5,000	\$10,000	E	\$7,000	\$14,000	E	80%	\$15,000	\$30,000	\$30,000	\$60,000	60%

Key (The letter at the end of the plan name is shorthand for the deductible type.)

E	Embedded deductible (see definition on page 3)
TF	True Family deductible (see definition on page 3)

Maximum out-of-pocket

All HDHP maximum out-of-pocket are embedded.

Not intended for pricing purposes. For illustrative purposes only.
Actual results may vary.

Large Group Standard plans listed above are creditable to Medicare Part D Coverage.

HDHP Preventive Drug List is optional



The benefit relativity factors are illustrative. Rates and benefits issued on any quote are subject to final underwriting approval by Health Advantage and Arkansas Blue Cross and Blue Shield.

Arkansas Blue Cross and Blue Shield | Health Advantage

2026 Large Group Health Plans - High Deductible Health Plan (HDHP)

Deductible definitions

The deductible is a dollar amount that you pay for healthcare services before the health plan begins to pay. Every policy has an individual and family deductible. If you are the only person on your policy, then you will pay for healthcare costs covered by your plan until you meet your individual deductible. Family deductibles work differently.

True Family

How your true family deductible works

Each family member on your plan will combine covered medical costs to meet the total family deductible. When your family's covered medical costs meet this dollar amount, your health plan will begin to pay a portion of your medical expenses (also called coinsurance).

Example: Bob and Sue Thompson have two children. They have a family deductible of \$2,400. Bob paid \$800 in covered medical expenses. Sue paid \$1,100 in covered medical expenses. Both children total \$500 in covered medical expenses.

Since all covered medical expenses add up to \$2,400, the Thompsons have met their family deductible for that calendar year and the health plan will begin paying coinsurance for all family members.

Embedded

How your embedded family deductible works

If you or anyone in your family meets the individual deductible, then your health plan will begin to pay a portion of medical expenses for that person for that calendar year (also called coinsurance). However, when the family deductible is met by any combination of family members, coinsurance will pay on all family members—even in the event when no single family member meets the individual deductible.

Example: Bob and Sue Thompson have one child, Margo. Their family deductible is \$3,000 and the individual deductible is \$1,500. Sue paid \$1,200 in covered healthcare expenses. Bob paid \$1,100 in covered healthcare expenses. Margo paid \$700 in covered healthcare expenses.

None of the Thompson's met the individual deductible. However, their family's total expense is \$3,000 (meeting the family deductible) and the health plan will begin paying coinsurance for all family members. However, if Bob met his individual deductible before the rest of the family had any expenses, then Bob's coinsurance would have kicked in (until the family deductible was met).