

Arkansas Long-Term Non-Tobacco Plans

Medical Co-Insurance	All plans are a PPO and have the following:	Prescription Co-pay	Prescription Drug Deductible
100% In-Network / 75% Out-of-Network	Maximum Out-Of-Pocket	\$10 Generic/ \$40 Preferred/ \$65 Non-Preferred	\$0
	\$0 In-Network \$2,500 Out-of-Network		

Age Bands *	Plans A & AA	\$1,000 Deductible \$15/35 Office Visit		
		Male	Female	Female w/ Maternity **
6 months - 4 child only		\$53.46	\$53.46	N/A
5-18 child only		\$53.46	\$53.46	N/A
19-24		\$53.46	\$82.75	\$127.90
25-29		\$64.87	\$106.55	\$178.63
30-34		\$72.80	\$124.46	\$170.92
35-39		\$87.75	\$149.25	\$165.67
40-44		\$105.20	\$171.00	\$174.48
45-49		\$161.98	\$228.14	\$228.58
50-54		\$216.99	\$260.29	\$260.29
55-59		\$313.44	\$324.10	\$324.10
60-64		\$437.08	\$396.04	\$396.04
+1 Dependent Child		\$59.36	\$59.36	N/A
+2 Dep Children		\$118.72	\$118.72	N/A
+3 or more Dep Children		\$178.08	\$178.08	N/A

Age Bands *	Plans B & BB	\$2,500 Deductible \$15/35 Office Visit		
		Male	Female	Female w/ Maternity **
6 months - 4 child only		\$47.72	\$47.72	N/A
5-18 child only		\$47.72	\$47.72	N/A
19-24		\$47.72	\$73.85	\$114.15
25-29		\$57.90	\$95.10	\$159.43
30-34		\$64.97	\$111.08	\$152.54
35-39		\$78.32	\$133.20	\$147.86
40-44		\$93.89	\$152.62	\$155.72
45-49		\$144.57	\$203.61	\$204.01
50-54		\$193.66	\$232.31	\$232.31
55-59		\$279.75	\$289.26	\$289.26
60-64		\$390.09	\$353.47	\$353.47
+1 Dependent Child		\$52.97	\$52.97	N/A
+2 Dep Children		\$105.94	\$105.94	N/A
+3 or more Dep Children		\$158.91	\$158.91	N/A

Age Bands *	Plans C & CC	\$5,000 Deductible \$15/35 Office Visit		
		Male	Female	Female w/ Maternity **
6 months - 4 child only		\$42.13	\$42.13	N/A
5-18 child only		\$42.13	\$42.13	N/A
19-24		\$42.13	\$65.21	\$100.79
25-29		\$51.12	\$83.97	\$140.77
30-34		\$57.37	\$98.08	\$134.69
35-39		\$69.15	\$117.61	\$130.55
40-44		\$82.91	\$134.76	\$137.50
45-49		\$127.65	\$179.79	\$180.13
50-54		\$171.00	\$205.12	\$205.12
55-59		\$247.01	\$255.41	\$255.41
60-64		\$344.44	\$312.10	\$312.10
+1 Dependent Child		\$46.77	\$46.77	N/A
+2 Dep Children		\$93.54	\$93.54	N/A
+3 or more Dep Children		\$140.31	\$140.31	N/A

See Other Side for 12-Month Tobacco Plans

Acceptance is subject to medical underwriting. Rates subject to change. Tobacco user rates do not apply to children under 19. For Arkansas residents only.

The premium for the HIPAA plan is higher than the non-HIPAA plans.

*For children under 6 months old, child only rates are not available; children this age can only be covered as a dependent under a parent's policy.

**Maternity benefits apply only to the applicant and spouse and will not begin for one year. Maternity coverage is not available on the child only plan.

Medical Co-Insurance	All plans are a PPO and have the following:	Prescription Co-pay	Prescription Drug Deductible
100% In-Network / 75% Out-of-Network	Maximum Out-Of-Pocket	\$10 Generic/ \$40 Preferred/ \$65 Non-Preferred	\$0
	\$0 In-Network \$2,500 Out-of-Network		

Age Bands *	Plans A & AA	\$1,000 Deductible \$15/35 Office Visit		
		Male	Female	Female w/ Maternity **
6 months - 4 child only		\$53.46	\$53.46	N/A
5-18 child only		\$53.46	\$53.46	N/A
19-24		\$64.16	\$99.30	\$153.48
25-29		\$77.84	\$127.87	\$214.36
30-34		\$87.36	\$149.35	\$205.10
35-39		\$105.31	\$179.10	\$198.80
40-44		\$126.24	\$205.20	\$209.38
45-49		\$194.38	\$273.77	\$274.29
50-54		\$260.39	\$312.35	\$312.35
55-59		\$376.13	\$388.92	\$388.92
60-64		\$524.49	\$475.25	\$475.25
+1 Dependent Child		\$59.36	\$59.36	N/A
+2 Dep Children		\$118.72	\$118.72	N/A
+3 or more Dep Children		\$178.08	\$178.08	N/A

Age Bands *	Plans B & BB	\$2,500 Deductible \$15/35 Office Visit		
		Male	Female	Female w/ Maternity **
6 months - 4 child only		\$47.72	\$47.72	N/A
5-18 child only		\$47.72	\$47.72	N/A
19-24		\$57.26	\$88.62	\$136.98
25-29		\$69.47	\$114.12	\$191.32
30-34		\$77.97	\$133.29	\$183.05
35-39		\$93.98	\$159.84	\$177.43
40-44		\$112.67	\$183.14	\$186.87
45-49		\$173.49	\$244.34	\$244.81
50-54		\$232.40	\$278.77	\$278.77
55-59		\$335.70	\$347.11	\$347.11
60-64		\$468.11	\$424.16	\$424.16
+1 Dependent Child		\$52.97	\$52.97	N/A
+2 Dep Children		\$105.94	\$105.94	N/A
+3 or more Dep Children		\$158.91	\$158.91	N/A

Age Bands *	Plans C & CC	\$5,000 Deductible \$15/35 Office Visit		
		Male	Female	Female w/ Maternity **
6 months - 4 child only		\$42.13	\$42.13	N/A
5-18 child only		\$42.13	\$42.13	N/A
19-24		\$50.56	\$78.25	\$120.95
25-29		\$61.34	\$100.77	\$168.93
30-34		\$68.84	\$117.69	\$161.63
35-39		\$82.99	\$141.14	\$156.67
40-44		\$99.49	\$161.71	\$165.00
45-49		\$153.18	\$215.74	\$216.16
50-54		\$205.20	\$246.15	\$246.15
55-59		\$296.41	\$306.49	\$306.49
60-64		\$413.33	\$374.52	\$374.52
+1 Dependent Child		\$46.77	\$46.77	N/A
+2 Dep Children		\$93.54	\$93.54	N/A
+3 or more Dep Children		\$140.31	\$140.31	N/A

See Other Side for 12-Month Non-Tobacco Plans

Acceptance is subject to medical underwriting. Rates subject to change. Tobacco user rates do not apply to children under 19. For Arkansas residents only.

The premium for the HIPAA plan is higher than the non-HIPAA plans.

*For children under 6 months old, child only rates are not available; children this age can only be covered as a dependent under a parent's policy.

**Maternity benefits apply only to the applicant and spouse and will not begin for one year. Maternity coverage is not available on the child only plan.