



Below is a snapshot of benefits covered by the ARBenefits plan for each of our 2021 Arkansas Public School Employee (PSE) plan levels. A full schedule of benefits for each plan level is available at [www.ARBenefits.org](http://www.ARBenefits.org).

Questions? Contact EBD Member Services at 1-877-815-1017 x1, or e-mail [AskEBD@dfa.arkansas.gov](mailto:AskEBD@dfa.arkansas.gov).

 <b>Health Advantage</b> <small>An Independent Licensee of the Blue Cross and Blue Shield Association</small>	<b>PREMIUM</b>		<b>CLASSIC</b>		<b>BASIC</b>
	<b>In-Network</b>	<b>Out-of-Network</b>	<b>In-Network</b>	<b>Out-of-Network</b>	<b>In-Network Only</b>
Individual Deductible	\$750	\$2,000	\$1,750	\$3,000	\$4,000
Family Deductible	\$1,500	\$4,000	\$2,800/\$2,850	\$6,000	\$8,000
Individual Medical Out-Of Pocket Max	\$3,250	N/A	\$6,450	N/A	\$6,450
Family Medical Out-Of Pocket Max	\$6,500	N/A	\$9,675	N/A	\$12,900
	<b>You Pay</b>		<b>You Pay</b>		<b>You Pay</b>
<b>Covered Services</b>	<b>In-Network</b>	<b>Out-of-Network</b>	<b>In-Network</b>	<b>Out-of-Network</b>	<b>In-Network</b>
Physician's Office Visit	\$25 copay	40% after deductible	20% after deductible	40% after deductible	20% after deductible
Specialist's Office Visit	\$50 copay	40% after deductible	20% after deductible	40% after deductible	20% after deductible
Other Physician Services	20% after deductible	40% after deductible	20% after deductible	40% after deductible	20% after deductible
Advanced Imaging (Radiology)	20% after deductible	40% after deductible	20% after deductible	40% after deductible	20% after deductible
Emergency Room Visit & Observation	\$250 copay	0%	20% after deductible	40% after deductible	20% after deductible
In-patient Hospital Services	20% after deductible	40% after deductible	20% after deductible	40% after deductible	20% after deductible
Outpatient Hospital Services	20% after deductible	40% after deductible	20% after deductible	40% after deductible	20% after deductible
Diagnostic Services	20% after deductible	40% after deductible	20% after deductible	40% after deductible	20% after deductible
Urgent Care Center	\$100 copay	0%	20% after deductible	40% after deductible	20% after deductible
Physical Exams/Preventative Care	0%	40% after deductible	0%	40% after deductible	0%
Immunizations	0%	0%	0%	0%	0%
Well Baby/ Child Care visits	0%	40% after deductible	0%	40% after deductible	0%
Vision Screening	\$50 copay	\$50 copay	\$50 copay	\$50 copay	\$50 copay
Hearing Screening	\$50 copay	\$50 copay	\$50 copay	\$50 copay	\$50 copay
Insulin Pump	20% after deductible	40% after deductible	20% after deductible	40% after deductible	20% after deductible
Glucometers	20% after deductible	40% after deductible	20% after deductible	40% after deductible	20% after deductible

- Members must meet their plan's deductible amount before coinsurance begins for covered services.
- The family deductible is the deductible amount for any tier above Employee Only coverage (Employee + Spouse, Employee + Children, Family).
- Copays do not count towards the satisfaction of your deductible amount.
- The out-of-pocket maximum includes the deductible, copays and coinsurance amounts you have paid towards covered in-network services.
- Employees on the Premium plan can have the \$250 ER copay waived if they are referred to the ER by the 24/7 Nurse Hotline. The 24/7 Nurse Hotline is not intended for use during a medical emergency.
- The plan will pay 100 percent for individuals on family coverage when they reach the individual out-of-pocket maximum amount.

<b>Prescription Drugs</b>	<b>PREMIUM</b>	<b>CLASSIC</b>	<b>BASIC</b>
Tier 1 - Generic	\$15 copay	20% after deductible	20% after deductible
Tier 2 - Preferred	\$40 copay	20% after deductible	20% after deductible
Tier 3 - Non-Preferred	\$80 copay	20% after deductible	20% after deductible
Tier 4 - Specialty	\$100 copay	20% after deductible	20% after deductible
Reference Priced Drugs	Plan pays certain amount per unit; the member is responsible for the remaining cost.	Not covered	Not covered
Individual RX Out of Pocket Max	\$3,100	N/A	N/A
Family RX Out of Pocket Max	\$6,200	N/A	N/A

\* Employees on the Classic or Basic plans must meet their plan medical deductible amounts prior to starting 20% coinsurance for covered drugs.

## 2021 OPEN ENROLLMENT - OCTOBER 1- 31, 2020

Open enrollment for the 2021 plan year is October 1-31, 2020 for Public School Employees (PSE). Open enrollment changes must be submitted to EBD no later than October 31. Changes elected during open enrollment are effective 1/1/2021.

If you do not want to make any changes to your ARBenefits health plan, you do not have to submit any forms to EBD. Your current coverage will stay as is for 2021.

Employees who would like to make changes, can elect to change the following during open enrollment:

- Enroll in the plan
- Change plan level (Premium, Classic or Basic)
- Cancel coverage
- Enroll a spouse and/or dependents
- Drop a spouse and/or dependents from your plan

You can submit forms & documents to EBD by fax or mail, however, the quickest way to elect changes for open enrollment is online through the ARBenefits Member Portal at [my.ARBenefits.org](https://my.ARBenefits.org).

The ARBenefitsWell program is a wellness program that allows for a monthly discount when certain wellness criteria are met during the plan year. More information can be found online at <https://www.transform.ar.gov/employee-benefits/wellness/employee-wellness-program-guidelines/>.



## 2021 PSE ACTIVE EMPLOYEE MONTHLY RATES

2021 Plan Year Rates	PREMIUM		CLASSIC		BASIC	
	With Wellness	Without Wellness	With Wellness	Without Wellness	With Wellness	Without Wellness
Employee Only	\$208.46	\$258.46	\$71.02	\$121.02	\$36.26	\$86.26
Employee + Spouse	\$856.20	\$906.20	\$379.62	\$429.62	\$297.78	\$347.78
Employee + Children	\$495.54	\$545.54	\$183.42	\$233.42	\$146.86	\$196.86
Family	\$858.44	\$908.44	\$383.32	\$433.32	\$300.62	\$350.62

## 2021 PSE RETIREE MONTHLY RATES

2021 Plan Year Rates	PREMIUM	CLASSIC	BASIC
	Monthly Retiree Cost	Monthly Retiree Cost	Monthly Retiree Cost
Retiree Only	\$641.14	\$273.30	\$148.50
Retiree + Non-Medicare Spouse	\$1,457.18	\$565.78	\$269.72
Retiree + Children	\$1,192.60	\$469.82	\$238.52
Retiree + Non-Medicare Spouse + Children	\$2,008.64	\$746.20	\$335.72
Retiree + Medicare Primary Spouse	\$795.12	N/A	N/A
Retiree + Medicare Primary Spouse + Children	\$1,346.58	N/A	N/A