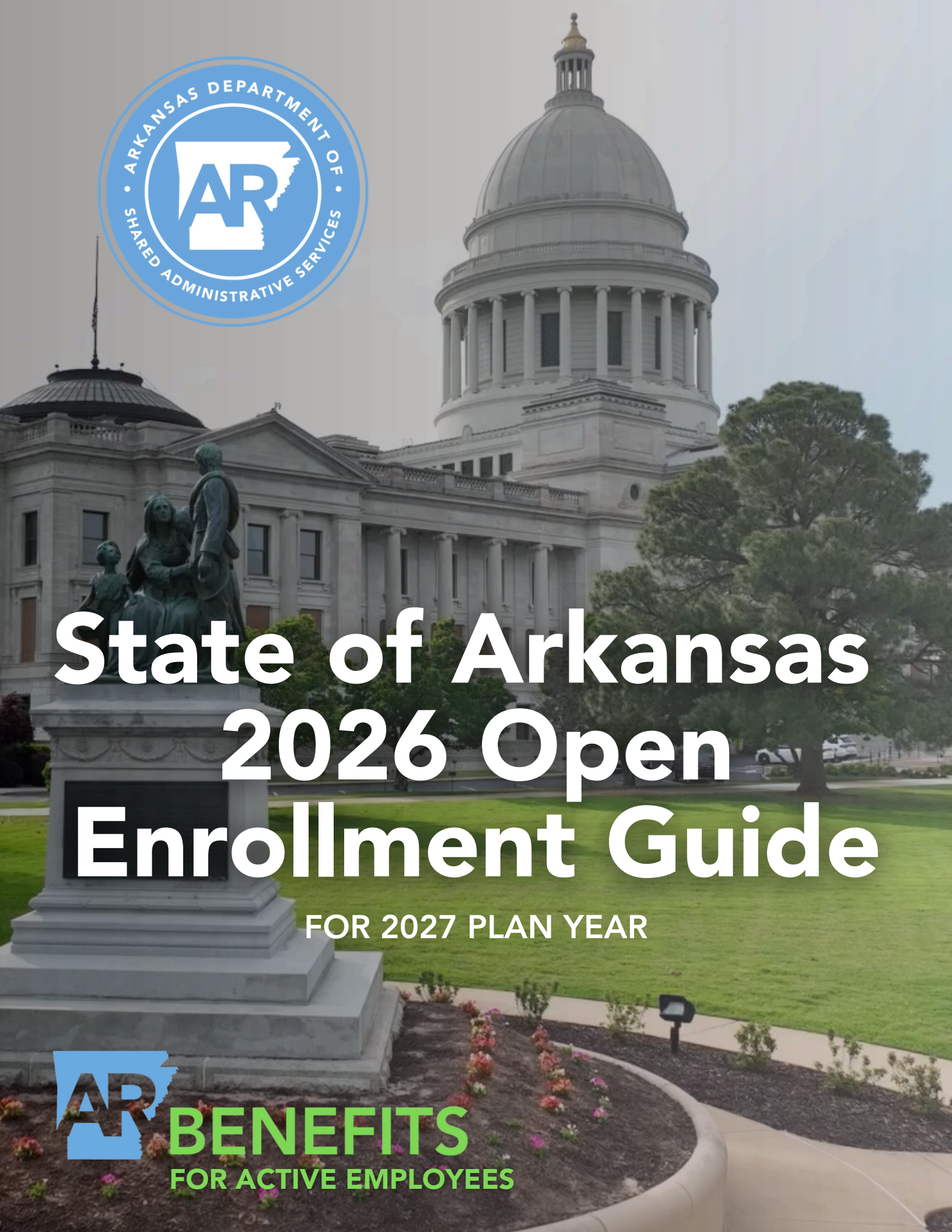


State of Arkansas 2026 Open Enrollment Guide

FOR 2027 PLAN YEAR

AR BENEFITS

FOR ACTIVE EMPLOYEES

Table of Contents

2026 Open Enrollment	2
Eligibility	3
Enrollment	4
Health Insurance Terminology	5
Plan Options & Benefits	6
Summary of Benefits	7
HSA/FSA	8
Voluntary Products	10

AR BENEFITS

2026 Open Enrollment

Open Enrollment is the annual period from **October 1 through October 31** when Arkansas State Employees (ASE) can enroll or make changes to their health insurance plan without a qualifying event.

During ARBenefits Open Enrollment you can:

- Enroll/cancel ARBenefits medical insurance coverage.
- Add/drop your spouse and/or dependent.
- Change from pre-tax to post-tax deduction for the upcoming year.
- Change your plan level (Premium, Basic, Classic, or Basic).

The easiest and fastest way to enroll is online through the ARBenefits Member portal and will take effect beginning January 1, 2027. You can access the Member Portal by going to https://sas.arkansas.gov/employee-benefits/arbenefits-member-portal/.

If you are not making changes to your health coverage for the upcoming year, you do not need to re-enroll online.

You will continue in 2027 with the same coverage you have in 2026.

Voluntary Products Enrollment

- Flexible Spending Account (FSA), Dependent Care FSA, and Limited FSAs **you must enroll** during Open Enrollment **every year**.
  - If you would like access to FSA rollover funds from a 2026 FSA, you must submit an FSA Enrollment (online in the Member Portal or via FA Election Form) to ARBenefits during Open Enrollment.
- Health Savings Account (HSA) for 2027 do not need to enroll or re-enroll. You can enroll and make changes any time of year.
- Update your Colonial Life insurance.

Note: Open Enrollment changes received prior to the first date of Open Enrollment or after the deadline, will not be processed.

All initial submissions to EBD are final.

Eligibility

Employees

State Employees who meet one or more of the following are eligible for health coverage:

1. Regular full-time employees of a participating Department or Constitutional Office who are:
    - In a budgeted position
    - In a position recognized by the General Assembly
    - Not seasonal or temporary
    - Working 1,000 or more hours each year
2. A member of the General Assembly
3. An elected Constitutional Officer
4. An appointed or elected member of a Board or Commission on a full-time, salaried basis

For specific requirements, please access the Supporting Plan Document (SPD).



Dependents

If a dependent is your legal spouse, he or she may join the plan. A dependent spouse who is eligible for group-sponsored coverage under their employer is NOT eligible for coverage through ARBenefits.

You need to submit a completed ARBenefits Spousal Affidavit and a copy of your Marriage Certificate with your election submission.

NOTE: Former spouses are not eligible to join the plan even if there is a court order to include them in a plan.

To add a child as a dependent to your health plan they must be:

- Your birth child, adopted child, stepchild, or you have legal guardianship of the child.
- Under the age of 26.
- If you have a Qualified Medical Child Support Order (QMSCO) under the age of 26 and have a judgement, decree, or order issued under state law.



NOT ELIGIBLE: The following are not eligible to be enrolled as a dependent on the ASE plan: (1) former spouse, the day following the final divorce date; (2) common-law spouse (not recognized in Arkansas); (3) parent; (4) grandparent; (5) step-parent; (6) niece or nephew, etc.; (7) foster child (unless legally adopted); (8) dependent children over the age of 26, unless they have been deemed physically or mentally incapacitated; (9) spouse who is offered group-sponsored coverage through their employer.

Enrollment

The easiest and fastest way to enroll or make changes to your plan during Open Enrollment is online through the ARBenefits Member Portal.

Enrolling through the portal allows you to:

- Receive instant confirmation that your enrollment elections have been received by Employee Benefits Division (EBD).
- See how much your plan will cost each month.
- Upload supporting documentation (birth certificates, marriage licenses, etc.) directly through the portal.
- Receive an alert via email and in the Member Portal from EBD when your submission has been approved or if there is an issue that requires your attention.

How to Enroll



1. Use the ARBenefits Member Portal URL above.
2. Click on Member Login.
3. You can now manage your own password.
4. You no longer need to call to unlock the screen; follow the prompts.
5. You can update your address, email, phone number, etc.
6. Go to the Benefits Management tab and you can submit your request to enroll, make changes to, or cancel your ARBenefits coverage.
7. And more!

- Go to "**Benefits Management**"
- Select your **Enrollment** or **Qualifying Event**
- Complete all the steps in the **Eligibility Wizard**, including uploading your supporting documentation.
- Review your selections and hit "**Submit.**"

If you do not have access to a computer to login to the ARBenefits Member Portal, you can access using your cell phone or you can access at the State Library or at any local library within the state. To find a public library near you, go to library.arkansas.gov.

Health Insurance Terminology

A more extensive list of terms and definitions can be accessed in the glossary section of the ARBenefits Summary Plan Document (SPD). You can also access this document on https://sas.arkansas.gov/employee-benefits.

Coinsurance: The amount you pay after you meet your deductible. For ARBenefits, once you meet your deductible, ARBenefits will pay 80% and you will pay 20% for covered services.

Copay: The fixed amount you pay for medical services such as a doctor's office visit, prescriptions, or an ER visit.

Deductible: The amount you pay before coinsurance begins for covered services.

Out-of-Pocket Maximum: The maximum amount you pay towards covered services for a Plan year. Once reached, ARBenefits will play 100% for covered services for the remainder of the Plan year.

Premium: The monthly amount you pay for health coverage.

Plan Year: The period from January 1 to December 31. Amounts contributed to your deductible and out-of-pocket maximums will reset after this period for the next plan year.

Preventive Care: Services covered by the Plan even if you have not met your deductible.

Third-Party Administrator (TPA): BlueAdvantage is the TPA that processes claims for ARBenefits , effective January 1, 2027. ARBenefits follows the coverage policies for BlueAdvantage.

Voluntary Products: Optional benefits such as life insurance, vision insurance, dental insurance, FSAs and HSAs, Short or Long-Term disability, etc.

ARBenefits Plan Options and Benefits

Benefits Available Under All Plans

Coverage for care
including doctors, hospital stays, prescriptions, rehabilitation

In-network providers
nationwide through BCBS provider network

Access to specialists
without a referral. Some services may require pre-certification

$160 towards a breast pump

24 hour care for emergencies
in or out-of-network

Eligible preventive care covered 100%
no deductible requirement

$1,400 paid for hearing aids towards each ear - every three years

Employee Assistance Program

The Employee Assistance Program offers short term counseling, work-life support, legal, and financial guidance to help you and your family handle various issues that may arise.



Nurse24

Nurse24 is a nurse hotline which is available 24 hours a day, 7 days a week. When you call, you will speak directly with a nurse, who can answer health questions or help you decide if you need to see a doctor or go to the emergency room. Call 1-866-458-0408 to get started. If you are on the Premium Plan and are referred to the ER, then the copay is waived.

Case Management

You can work with a case manager to manage a long term illness or injury to help understand treatment options and your benefit plan. Call 1-800-225-1891 to enroll.

Special Delivery

If you or your dependent are pregnant, you can earn $250 for going through the program. By focusing on prenatal care earlier, you improve the long-term health of your baby. You can register up to 20 weeks of gestation. To enroll, call 1-800-225-1891, ext. 20225

Chronic Condition Management

If you have certain conditions such as asthma, diabetes, or high cholesterol, then you are eligible for the Nurse Coaching Program. Call 1-800-482-8416 to get started.

Access to MyBlueprint Portal

This allows you to find care, view claims, estimate the cost of certain services, and more. Click blueprintportal.com/login to log in or register for an account.

Summary of Benefits

Premium Plan

Deductible
Individual – $500
Family – $1,000

Out of Pocket (medical)
Individual – $3,000
Family – $6,000

Out of Pocket (pharmacy)
Individual – $3,100
Family – $6,200

Plan Type	Premium (per payroll)
Employee only:	$83.31
Employee and Spouse:	$248.33
Employee and Children:	$170.44
Employee and Family:	326.17

Classic Plan

Deductible
Individual – $2,750
Family – $5,500

Out of Pocket (medical & pharmacy)
Individual – $6,450
Family – $12,900

Plan Type	Premium (per payroll)
Employee only:	$39.75
Employee and Spouse:	$141.97
Employee and Children:	$90.35
Employee and Family:	$183.29

Basic Plan

Deductible
Individual – $6,450
Family – $12,900

Out of Pocket (medical & pharmacy)
Individual – $6,450
Family – $12,900

Plan Type	Premium (per payroll)
Employee only:	$0.00
Employee and Spouse:	$57.74
Employee and Children:	$27.05
Employee and Family:	$70.05

HSA vs. FSA

Health Savings Account

A Health Savings Account (HSA) allows you to contribute pre-tax funds to help cover eligible medical expenses.

Beneliance is the Third-Party Administrator. These are contributions that build up with each pay period.

The State contributes $25 for Subscriber Only and $50 for Subscriber plus a Spouse and/or Dependents each month, for an additional $300-$600 contribution in a 12-month period.

- Eligibility: Must be enrolled in the Classic or Basic Plan.
- Contributions: Can be adjusted at any time.
- Enrollment: Do not need to re-enroll each year.
- Rollover of Funds: Unused funds rollover year to year.
- Connection to Employer: Continued account access, even if you change jobs.

Flexible Spending Account

An Flexible Spending Account (FSA) allows you to contribute pre-tax funds to help cover eligible medical expenses.

- Eligibility: Can be enrolled in any ARBenefits Plan or in a No Health Plan.
- Contributions: Can only be adjusted during Open Enrollment, new hire period, or if you experience a qualifying event.
- Enrollment: Must submit an FSA Enrollment Form annually.
- Rollover of Funds: Unused funds over $640 do not rollover.
- Connection to Employer: Account access is lost once employment is terminated.

Different Types of FSAs

General Purpose FSA

Used to pay for eligible medical, dental, and vision expenses not covered by your health plan. You must re-enroll each year to participate and to access any rollover funds from the previous year. Funds are provided by the state on January 1 for use during that calendar year. If you spend all the funds, you are still responsible for repaying the full amount you elected for the year through your agreed-upon payroll deductions.

Dependent Care FSA

A pre-tax benefit that allows employees to pay for eligible dependent care services for children under age 13, such as preschool, after-school programs, and childcare. It can also be used for qualifying elder care. Funds are deducted each pay period and accumulate over time. Once you have enough funds in your account, you can submit receipts for reimbursement. You must enroll each year.

Limited Purpose FSA

A pre-tax benefit available to employees who contribute to an HSA. It can only be used for eligible dental and vision expenses. Any unused funds, up to the rollover maximum, will carry over to the following year if you re-enroll in the Limited FSA during the 2027 Open Enrollment period.



Click here for more information on FSAs, HSAs, and access to the Beneliance website.

beneliance

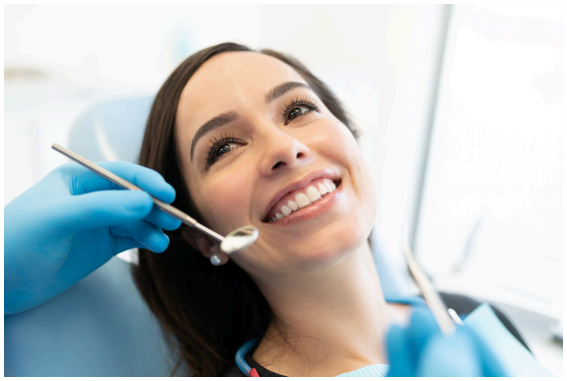
Voluntary Products

The Arkansas State Employees Benefit Advisors (ARSEBA) offers voluntary products to all state employees including vision, dental, cancer, accident, critical illness, short term disability, etc. Click here for more information on ARSEBA.

Delta Dental

ARSEBA offers two dental plans. Delta Dental is the provider for both the Premium and the Base Plans. Plans focus on preventative care and offer both in and out-of-network benefits.

For more plan information and forms, go to: https://www.arseba.com/dental-insurance.





Humana Vision

State employees have a vision plan available to them through ARSEBA, with Humana serving as the provider. The vision plan offers you and your family a benefit plan that covers all routine eye care, including eye exams and eyeglasses (lenses and frames) or contacts.

For more plan information and forms go to: https://www.arseba.com/vision-insurance.

Colonial Life Insurance

How secure is your family's financial future without you? If something happened to you, would your family be able to maintain their way of life? How would they cover ongoing living expenses? Colonial Life's group term life insurance can help provide financial security for your family.

Colonial Life Plan and Enrollment Options





Questions?

Please contact EBD at **1-877-815-1017** or send us an Ask EBD message in the ARBenefits Member Portal. If you would like to make an appointment to speak with us in person, email **ARBenefits.appointment@arkansas.gov** or visit our website, **www.sas.arkansas.gov**, for more information. We are happy to assist you.

Contact us:

Department of Shared Administrative Services
Employee Benefits Division
501 Woodlane Street, Suite 501 | Little Rock, Arkansas 72201

Mailing Address:
P.O. Box 15610 | Little Rock, AR 72231

877-815-1017
Ask.EBD@arkansas.gov | sas.arkansas.gov/employee-benefits/

ARBENEFITS