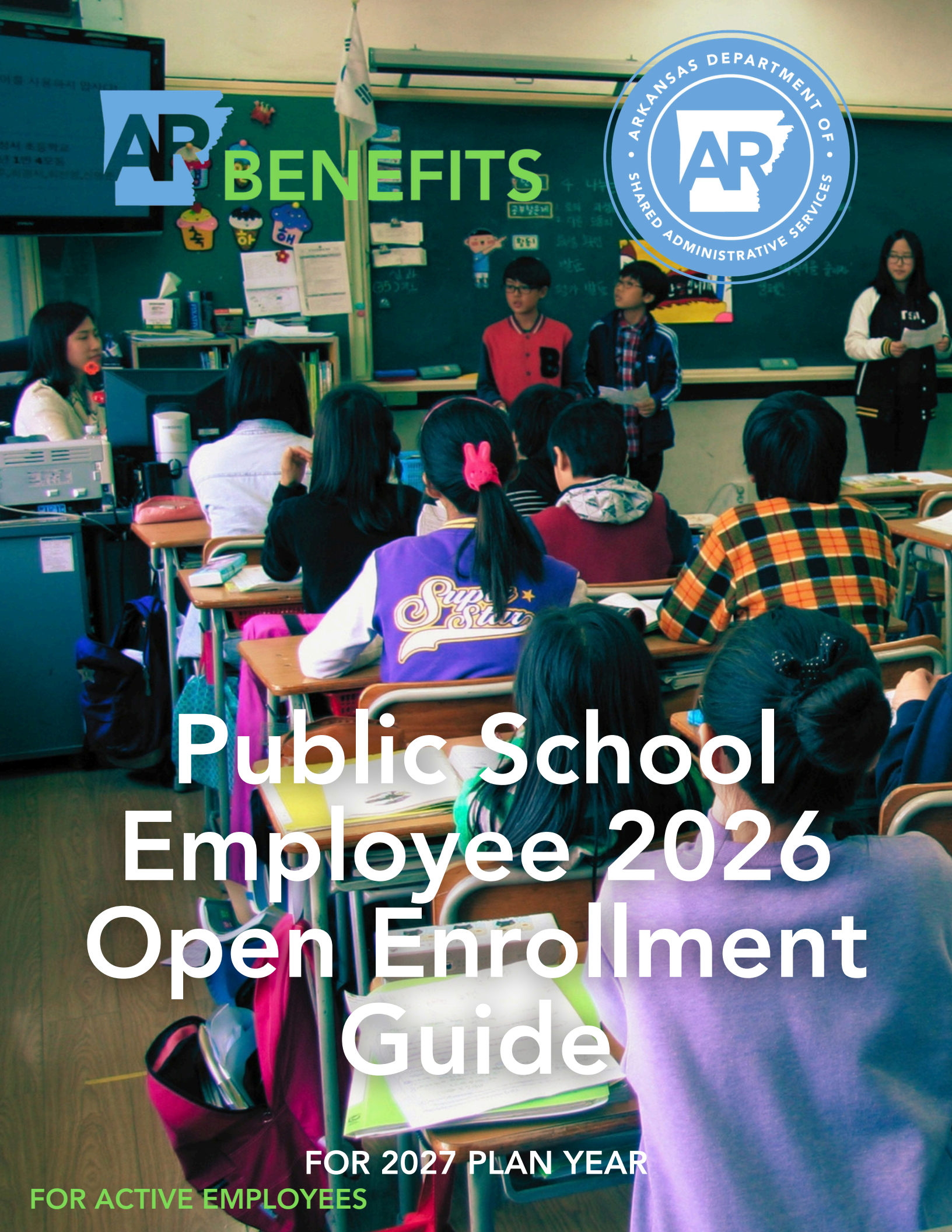

AR BENEFITS
ARKANSAS DEPARTMENT OF SHARED ADMINISTRATIVE SERVICES
Public School Employee 2026 Open Enrollment Guide
FOR 2027 PLAN YEAR
FOR ACTIVE EMPLOYEES

Table of Contents

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

AR BENEFITS

2026 Open Enrollment

Open Enrollment is the annual period from **October 1 - October 31** when Public School Employees (PSE) can enroll or make changes to their health insurance plan or add voluntary products without a qualifying event. During Open Enrollment, employees can make changes for the 2027 plan year, such as:

- Enroll in/cancel coverage
- Add/drop your spouse or dependent
- Change from pre-tax to post-tax deduction
- Change your Plan level (Basic, Classic, Premium)

The easiest and fastest way to enroll is online through the ARBenefits Member Portal. If your health insurance plan will not change for plan year 2026, you do not need to re-enroll online.

The coverage selected during Open Enrollment will be effective January 1, 2027 (premium rates may change from plan year to plan year.)

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 Product Enrollment

- Verify with your HR who the various providers are for your school district.
- Health Savings Accounts (HSA) for 2027 do not need to enroll or re-enroll. You can enroll or make changes any time during the year.
- Update your Colonial Life insurance.

Note: Any Open Enrollment changes, excluding qualifying events, 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

PSEs are eligible for insurance if they qualify as full-time employees in a position that requires, on average, at least 30 hours per week of the actual performance of duty during the annual school year. Bus drivers are also eligible for coverage if they are considered full-time. Click here to view specific eligibility requirements for bus drivers.



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 *Spousal Affidavit* and a copy of your marriage certificate with your election submission.

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 have legal guardianship of the child
- Under the age of 26
- If you have a Qualified Medical Child Support Order (QMCSO) 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 PSE 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 in or make changes to your plan during Open Enrollment is online through the ARBenefits Member Portal https://sas.arkansas.gov/employee-benefits/arbenefits-member-portal/.

Enrolling through the portal allows you to:

- Receive instant confirmation that your enrollment elections have been received by the Employee Benefits Division (EBD).
- See how much your plan will cost each month with your school district.
- upload supporting documentation 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



- 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 register for the Online Member Portal, you can access one at the State Library or at any public 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 by visiting https://sas.arkansas.gov/employee-benefits.

Coinsurance: The amount you pay after you meet your deductible. 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, prescription, 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 pay 100% for covered services for the remainder of the plan year.

Premium: The monthly amount you pay for health coverage.

Plan Year: The period of time from January 1 - 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): Health Advantage is the TPA that processes claims for ARBenefits. ARBenefits follows the coverage policies of BlueAdvantage.

Voluntary Products: Optional benefits such as life insurance, vision insurance, cancer, 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%
with no deductible requirement

$1,400 paid towards each ear
every three years, towards the cost of hearing aids

Employee Assistance Program



The Employee Assistance Program (EAP) offers short-term counseling (up to three free sessions for each life incident a year), 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, enroll in the Special Delivery program in the first 20 weeks of pregnancy. If you go through the program, you will receive discounts on breast pumps, diapers, formula, free resources, and more. And once you complete the program, you can earn $250. 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 https://blueprintportal.com/login to log in or register for an account.

Summary of Benefits

Premium Plan

Deductible
Individual – $750
Family – $1,500

Out of Pocket (medical)
Individual – $3,250
Family – $6,500

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

Plan Type	Premium
Employee only:	$211.78
Employee and Spouse:	$741.30
Employee and Children:	$479.52
Employee and Family:	$817.60

Classic Plan

Deductible
Individual – $2,000
Family – $5,000

Out of Pocket (medical & pharmacy)
Individual – $6,450
Family – $9,675

Plan Type	Premium
Employee only:	$92.68
Employee and Spouse:	$364.66
Employee and Children:	$219.48
Employee and Family:	$410.94

Basic Plan

Deductible
Individual – $4,000
Family – $8,000

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

Plan Type	Premium
Employee only:	$45.34
Employee and Spouse:	$253.32
Employee and Children:	$146.82
Employee and Family:	$274.86

Voluntary Products

Health Savings Account

Health Savings Accounts (HSA) allow you to contribute pre-tax funds to help cover eligible medical expenses. Beneliace is the Third Party Administrator for the Public School HSAs.

Please Note: Not every district utilizes Beneliance Financial for HSAs. Please talk to your district for further information.



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.

Click here for more information on HSAs

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? 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/

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