



# A better future

available in **68 counties**




**Benefits at a glance**

**BlueMedicare Premier (HMO)**

**BlueMedicare Independence (HMO)**

# ARKANSAS BLUE MEDICARE HMO BENEFITS

## Health & Wellness Coverage

| Plan Benefits  | BlueMedicare Premier (HMO)<br>H6158-001 | BlueMedicare Independence (HMO)<br>H6158-003   |
|--|---|--|
| Monthly Premium  | \$0                                     | \$23.40  |
| In-Network Max Out-of-Pocket   | \$5,000                                 | \$4,000  |
| Plan Deductible  | \$0                                     | \$0  |
| Monthly Part B Giveback  | No                                      | No   |
| PCP  | \$0 copay                               | \$0 copay  |
| Specialist   | \$30 copay                              | \$25 copay   |
| Inpatient Hospital   | \$360 copay per day, days 1–5           | \$300 copay per day, days 1–5  |
| ER   | \$120 copay                             | \$120 copay  |
| Outpatient Hospital  | \$295 copay                             | \$275 copay  |
| Labs   | 0%–20% coinsurance                      | 0%–20% coinsurance   |
| X-Rays   | \$0 copay                               | \$0 copay  |
| Diabetic Supplies (preferred)  | \$0 copay<br>(at a network pharmacy)    | \$0 copay<br>(at a network pharmacy)   |
| Blue Medicare Sapphire Card  | \$500 per year                          | \$500 per year   |
| Dental (preventive & comprehensive, including unlimited extractions) | \$2,000 per year                        | \$2,000 per year   |
| Vision (eyewear)   | \$150 per year                          | \$150 per year   |
| Hearing Aids   | \$1,000 per 3 years                     | \$1,000 per 3 years  |
| <b>NEW AND IMPROVED!</b><br>Quarterly Over-the-Counter (OTC)         | \$75                                    | \$150  |
| <b>NEW!</b> Monthly Food & Produce                                   | Not covered                             |  \$25 |
| Transportation   | Not covered                             | \$0 copay (60 one-way trips per year)  |
| Post-Acute Meals   | \$0 copay (14 meals per year)           | \$0 copay (14 meals per year)  |
| SilverSneakers®  | \$0 copay                               | \$0 copay  |
| In-Home Support Services   | \$0 copay (40 hours per year)           | \$0 copay (80 hours per year)  |

Consult the Summary of Benefits (SB) for more information. These are in-network benefits. You pay these amounts when you visit doctors, hospitals, and other providers who have contracted with Arkansas Blue Medicare. Out-of-network services are not covered, except for emergency and urgently needed care. You must use network providers for your care.

## Prescription Drug Coverage

| Plan Benefits                                | BlueMedicare Premier (HMO) H6158-001   | BlueMedicare Independence (HMO) H6158-003   |
|--|--|---|
| Part D Deductible                            | \$100 (T4 & T5)  | \$545 (T2–T5)   |
| Tier 1 (30-day fill)                         | \$0 copay  | \$7 copay   |
| Tier 2 (30-day fill)                         | \$8 copay  | \$20 copay  |
| Tier 3 (30-day fill)                         | \$47 copay   | \$47 copay  |
| Tier 4 (30-day fill)                         | \$100 copay  | \$100 copay   |
| Tier 5 (30-day fill)                         | 31% coinsurance  | 25% coinsurance   |
| Tier 6 (30-day fill)                         | \$0 copay  | \$0 copay   |
| Supplemental Gap Coverage                    | Tier 6: \$0 copay  | Not covered   |
| ED/Weight-Loss Drugs                         | Tier 2   | Not covered   |
| Insulin Products (Tier 3, Tier 4, & Tier 5)* | \$20 copay (30-day supply)   | \$35 copay (30-day supply)  |
| Prescription Drug Coverage Periods           |  |   |
| <b>Deductible Stage</b>                      | You begin in this stage when you fill your first Tier 4 or Tier 5 prescription of the year. You pay the full cost of these drugs until you reach \$100. After that, you only pay your share. | You begin in this stage when you fill your first Tier 2, Tier 3, Tier 4, or Tier 5 prescription of the year. You pay the full cost of these drugs until you reach \$545. After that, you only pay your share. |
| <b>Initial Coverage Stage</b>                | You remain in this stage until your total yearly drug costs (total drug costs paid by you and by our plan) reach \$5,030.  |   |
| <b>Coverage Gap Stage</b>                    | Tier 6: \$0 copay<br>All other tiers: 25% coinsurance  | All tiers: 25% coinsurance  |
| <b>Catastrophic Coverage Stage</b>           | After your yearly out-of-pocket drug costs reach \$8,000, you pay \$0 for your drugs for the rest of the plan year.  |   |

\*The copay amounts for covered insulin products apply through the Deductible, Initial Coverage, and Coverage Gap Stages. The Part D deductible does not apply to covered insulin products.



## 2024 BlueMedicare Premier (HMO) and BlueMedicare Independence (HMO) counties served:

Arkansas, Ashley, Baxter, Benton, Boone, Bradley, Calhoun, Carroll, Clark, Clay, Cleburne, Cleveland, Columbia, Conway, Craighead, Crawford, Crittenden, Cross, Dallas, Drew, Faulkner, Franklin, Fulton, Garland, Grant, Greene, Hempstead, Hot Spring, Independence, Izard, Jackson, Jefferson, Johnson, Lawrence, Lee, Lincoln, Logan, Lonoke, Madison, Marion, Mississippi, Monroe, Montgomery, Nevada, Newton, Ouachita, Perry, Phillips, Pike, Poinsett, Polk, Pope, Prairie, Pulaski, Randolph, Saline, Scott, Searcy, Sebastian, Sharp, St. Francis, Stone, Union, Van Buren, Washington, White, Woodruff, Yell

 Call **1-855-591-9794 (TTY: 711)**

 Visit [www.arkbluemedicare.com](http://www.arkbluemedicare.com)



### October 1 to March 31:

We're available seven days a week from 8:00 a.m. to 8:00 p.m. Central time, except for Thanksgiving Day and Christmas Day.

### April 1 to September 30:

We're available Monday through Friday, 8:00 a.m. to 8:00 p.m. Central time.

Please contact [Medicare.gov](https://www.medicare.gov) or **1-800-MEDICARE** to get information on all of your options. USABLE Mutual Insurance Company d/b/a Arkansas Blue Cross and Blue Shield is an Independent Licensee of the Blue Cross and Blue Shield Association. Arkansas Blue Medicare is the marketing name for USABLE PPO Insurance Company and USABLE HMO, Inc. USABLE PPO Insurance Company and USABLE HMO, Inc. are affiliates of Arkansas Blue Cross. Arkansas Blue Medicare offers HMO, PFFS, PPO, and PDP plans with Medicare contracts. Plans are not available in all counties. Enrollment in Arkansas Blue Medicare depends on contract renewal.  
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**NEW!** **Walmart Wellness Benefits Card**


Arkansas Blue Medicare has partnered with Walmart to offer the **Walmart Wellness Benefits Card** for over-the-counter products to our HMO and PPO members.

With this new benefit, you'll get \$50–\$150\* each calendar quarter to spend on over-the-counter (OTC) health-related items. Choose from thousands of items in-store, online, or through our catalog.




**4 ways  
to shop:**

  
**Swipe** your card at  
Walmart & Walmart  
Neighborhood  
Market.

  
**Call** Walmart  
Customer Service.

  
**Go online** to  
Walmart.com  
or use the  
Walmart app.

  
**Mail** an order form  
directly to Walmart.

\*Quarterly allowances vary by plan. Please refer to our plan documents for full details.

The **Walmart Wellness Benefits Card** can be used to purchase Walmart-branded and brand-name health-related products\* like:

- Allergy, sinus, and cold/flu
- Oral health
- Diabetes care
- Digestive health
- Eye and ear care
- First aid
- Foot care
- Incontinence products
- Pain relief
- Supports, braces, and wraps
- Smoking cessation products
- Sun and skin care (non-cosmetic)
- Vitamins

## IMPORTANT:

- Unused funds do NOT roll to the next calendar quarter.
- The **Walmart Wellness Benefits Card** must be activated first before it can be used.



\*Subject to OTC benefit coverage requirements established by the Centers for Medicare & Medicaid Services (CMS).

Please contact **Medicare.gov**, **1-800-MEDICARE**, or your local State Health Insurance Program to get information on all of your options. USABLE Mutual Insurance Company d/b/a Arkansas Blue Cross and Blue Shield is an Independent Licensee of the Blue Cross and Blue Shield Association. Arkansas Blue Medicare is the marketing name for USABLE PPO Insurance Company and USABLE HMO, Inc. USABLE PPO Insurance Company and USABLE HMO, Inc. are affiliates of Arkansas Blue Cross. Arkansas Blue Medicare offers HMO, PFFS, PPO, and PDP plans with Medicare contracts. Enrollment in Arkansas Blue Medicare depends on contract renewal. © 2023 Arkansas Blue Cross and Blue Shield. All rights reserved.



**NEW!**

## Walmart Wellness Benefits Card for Food and Produce

BlueMedicare Independence (HMO)

Arkansas Blue Medicare has partnered with Walmart to offer the **Walmart Wellness Benefits Card** for food and produce to our BlueMedicare Independence (HMO) members with a chronic illness.

Receive **\$25** each month to purchase approved healthy food and fresh produce.



The **Walmart Wellness Benefits Card** for healthy food and fresh produce is a special supplemental benefit for the chronically ill (SSBCI) and only available to members diagnosed with at least one of the following chronic illnesses:

- Autoimmune disorder
- Cancer
- Cardiovascular disorder
- Chronic & disabling mental health condition
- Chronic alcohol & other drug dependence
- Chronic heart failure (CHF)
- Chronic lung disorder
- Dementia
- Diabetes
- End-stage liver disease
- End-stage renal disease (ESRD)
- HIV/AIDS
- Neurologic disorder
- Osteoarthritis
- Osteoporosis
- Severe hematologic disorder
- Stroke



2 ways  
to shop:



### In Store

Visit your local Walmart or Walmart Neighborhood Market store and swipe at checkout.



### Online & App

Log into [Walmart.com](https://www.walmart.com) or the Walmart app and choose store pick up or delivery (must be within nine miles of the store).

## IMPORTANT:

- Members of BlueMedicare Independence (HMO) who qualify will receive one **Walmart Wellness Benefits Card**, which can be used for the monthly healthy food and fresh produce benefit, as well as the quarterly over-the-counter (OTC) benefit. The single card will have two different “purses” that will deduct spent dollars from each benefit’s allowance.
- Unused funds do NOT roll to the next calendar month (for the healthy food and fresh produce benefit) or next calendar quarter (for the OTC benefit).
- The **Walmart Wellness Benefits Card** must be activated first before it can be used.



Please contact [Medicare.gov](https://www.medicare.gov), 1-800-MEDICARE, or your local State Health Insurance Program to get information on all of your options. US Able Mutual Insurance Company d/b/a Arkansas Blue Cross and Blue Shield is an Independent Licensee of the Blue Cross and Blue Shield Association. Arkansas Blue Medicare is the marketing name for US Able PPO Insurance Company and US Able HMO, Inc. US Able PPO Insurance Company and US Able HMO, Inc. are affiliates of Arkansas Blue Cross. Arkansas Blue Medicare offers HMO, PFFS, PPO, and PDP plans with Medicare contracts. Enrollment in Arkansas Blue Medicare depends on contract renewal.

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# BlueMedicare Independence (HMO)



If you receive “Extra Help” for your Part D prescription drugs, our BlueMedicare Independence (HMO) Medicare Advantage plan may be a great option for you.



## Beneficiaries who receive “Extra Help” may pay less for their covered Part D drugs depending on their level of “Extra Help”:

- No Part D late enrollment penalty
- \$0 Part D deductible
- \$0 Part D portion of a plan premium
- \$0, \$1.55, or \$4.50 copay for generics
- \$0, \$4.60, or \$11.20 copay for brands



## We specially designed our BlueMedicare Independence (HMO) with these extra benefits:

- **NEW for 2024!** \$25 each month for healthy food and fresh produce\*
- \$500 Blue Medicare Sapphire card to help with any out-of-pocket covered dental, vision, and hearing expenses
- Our richest dental benefit with \$2,000 annually, including unlimited extractions
- \$150 per year for eyewear
- \$1,000 for hearing aids every three years
- 60 one-way trips per year at \$0
- \$150 each quarter for OTC products
- 80 hours per year of in-home support services at \$0



## You may be asking yourself, “How does the BlueMedicare Independence (HMO) plan help me if I receive ‘Extra Help?’” Here’s how:

In addition to the extra benefits above, we’ve lowered the costs for your medical care:

- Our lowest MOOP at \$4,000
- \$0 copays for visits to your primary care provider (PCP)
- \$25 copays for visits to specialists

Check out the chart on the backside of this document to see how your Part D prescription drug benefits may change based on your level of “Extra Help.”

While our BlueMedicare Independence (HMO) has a monthly premium of \$23.40 and a Part D deductible of \$545 for Tier 2, Tier 3, Tier 4, and Tier 5 drugs, your “Extra Help” will help reduce these. Please see below for how.

| “Extra Help” Level | Your Monthly Part D Plan Premium        | Your Part D Deductible | Your Drug Copays Until the Catastrophic Stage | Your Drug Copays in the Catastrophic Stage |
|--------------------|---|------------------------|---|--|
| 1                  | \$0                                     | \$0                    | \$4.50 for generics<br>\$11.20 for brands     | No cost sharing for covered drugs          |
| 2                  | \$0                                     | \$0                    | \$1.55 for generics<br>\$4.60 for brands      |  |
| 3                  | \$0                                     | \$0                    | \$0 for generics and brands                   |  |
| 4                  | Not applicable starting January 1, 2024 |                        |   |  |

As a reminder, the above does not include any Medicare Part B premium you may have to pay.



\*The benefit mentioned here is part of a special supplemental program for the chronically ill. Not all members qualify for it.

Please contact [Medicare.gov](https://www.Medicare.gov), 1-800-MEDICARE, or your local State Health Insurance Program to get information on all of your options. USABLE Mutual Insurance Company d/b/a Arkansas Blue Cross and Blue Shield is an Independent Licensee of the Blue Cross and Blue Shield Association. Arkansas Blue Medicare is the marketing name for USABLE PPO Insurance Company and USABLE HMO, Inc. USABLE PPO Insurance Company and USABLE HMO, Inc. are affiliates of Arkansas Blue Cross. Arkansas Blue Medicare offers HMO, PFFS, PPO, and PDP plans with Medicare contracts. Plans are not available in all counties. Enrollment in Arkansas Blue Medicare depends on contract renewal. © 2023 Arkansas Blue Cross and Blue Shield. All rights reserved.



# 2024 Summary of Benefits

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**BlueMedicare Premier (HMO) H6158-001**  
**BlueMedicare Independence (HMO) H6158-003**

## **This Summary of Benefits**

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This is a summary of the benefits for:

- BlueMedicare Premier (HMO)
- BlueMedicare Independence (HMO)

The benefit information in this document is a summary of what we cover and your cost share. It does not list every service, limitation, or exclusion. To get a complete list of covered services, call us and ask for an “Evidence of Coverage” or “EOC.” You can also find all of our EOCs on our website at [www.arkbluemedicare.com](http://www.arkbluemedicare.com).

If you’d like to learn more about the coverage and costs of Original Medicare, review the current “Medicare & You” handbook. You can find it online at [www.medicare.gov](http://www.medicare.gov) or get a copy by calling **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, seven days a week. TTY users should call **1-877-486-2048**.

## **Plan Eligibility**

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To join, you must:

- Be entitled to Medicare Part A
- Be enrolled in Medicare Part B
- Live in the plan’s service area

## **Service Area**

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The service area is the same for BlueMedicare Premier (HMO) and BlueMedicare Independence (HMO) and includes the following Arkansas counties: Arkansas, Ashley, Baxter, Benton, Boone, Bradley, Calhoun, Carroll, Clark, Clay, Cleburne, Cleveland, Columbia, Conway, Craighead, Crawford, Crittenden, Cross, Dallas, Drew, Faulkner, Franklin, Fulton, Garland, Grant, Greene, Hempstead, Hot Spring, Independence, IZard, Jackson, Jefferson, Johnson, Lawrence, Lee, Lincoln, Logan, Lonoke, Madison, Marion,

Mississippi, Monroe, Montgomery, Nevada, Newton, Ouachita, Perry, Phillips, Pike, Poinsett, Polk, Pope, Prairie, Pulaski, Randolph, Saline, Scott, Searcy, Sebastian, Sharp, St. Francis, Stone, Union, Van Buren, Washington, White, Woodruff, and Yell.

## **BlueMedicare Premier (HMO) and BlueMedicare Independence (HMO) Are HMOs**

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An HMO is a health maintenance organization offered by a private insurance company. Our HMOs have a network of contracted healthcare providers and facilities. As a member of one of our HMOs, you’ll be asked to choose a primary care provider (PCP) who will coordinate your care when you need to see a specialist or go to a facility. A referral from your PCP is not required for any service. Some services, however, require a prior authorization, which is approval from our plan in advance of you getting the service. Benefits mentioned in this document that require prior authorization are noted with an asterisk (\*).

## **How to Contact Us**

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If you’re a current member of one of these plans, call us at **1-844-463-1088 (TTY: 711)**. If you’re not a member of one of these plans, call us at **1-855-591-9794 (TTY: 711)**.

**October 1 to March 31:** We’re available seven days a week from 8:00 a.m. to 8:00 p.m. Central, except for Thanksgiving and Christmas.

**April 1 to September 30:** We’re available Monday through Friday, 8:00 a.m. to 8:00 p.m. Central.

You can also visit our website at [www.arkbluemedicare.com](http://www.arkbluemedicare.com).

|   | <b>BlueMedicare<br/>Premier (HMO)<br/>H6158-001</b> | <b>BlueMedicare<br/>Independence (HMO)<br/>H6158-003</b> |
|---|---|--|
| <b>Monthly Premium, Deductible, and Limits</b>  |   |  |
| <b>Monthly Plan Premium</b><br>You must continue to pay your Medicare Part B premium.   | \$0   | \$23.40  |
| <b>Medical Deductible</b>   | This plan does not have a deductible                | This plan does not have a deductible                     |
| <b>Annual Maximum Out-of-Pocket Costs</b><br>It's the most you'll pay out of your own pocket (copays and/or coinsurance) for medical services for the year. Once you reach this amount, our plan will pay 100% of your medical costs for the rest of the plan year. | \$5,000   | \$4,000  |

|   | <b>BlueMedicare<br/>Premier (HMO)<br/>H6158-001</b>               | <b>BlueMedicare<br/>Independence (HMO)<br/>H6158-003</b>          |
|---|---|---|
| <b>Medical Benefits (benefits that may require prior authorization are noted with an “*”)</b> |   |   |
| <b>Inpatient Hospital*</b>  | \$360 copay per day for days 1–5; \$0 copay per day for days 6–90 | \$300 copay per day for days 1–5; \$0 copay per day for days 6–90 |
| <b>Outpatient Hospital</b>  |   |   |
| Outpatient surgery/non-surgery  | \$295 copay   | \$275 copay   |
| Outpatient observation*   | \$295 copay   | \$275 copay   |
| <b>Ambulatory Surgical Center (ASC) Services</b>  | \$275 copay   | \$250 copay   |
| <b>Doctor Visits</b>  |   |   |
| Primary care provider (PCP)   | \$0 copay   | \$0 copay   |
| Specialist  | \$30 copay  | \$25 copay  |
| <b>Preventive Care</b>  | \$0 copay   | \$0 copay   |

**BlueMedicare  
Premier (HMO)  
H6158-001**

**BlueMedicare  
Independence (HMO)  
H6158-003**

**Medical Benefits (benefits that may require prior authorization are noted with an “\*”)**

**Preventive Care – More Information**

Services include: Abdominal aortic aneurysm screening, alcohol misuse counseling, Annual Wellness Visit, barium enema, bone mass measurement, breast cancer screening (mammogram), cardiovascular disease (behavioral therapy), cardiovascular screening, cervical and vaginal cancer screening, colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy), depression screening, diabetes screening, diabetes self-management training, digital rectal exam, electrocardiogram (EKG), glaucoma screening, HIV screening, lung cancer screening, medical nutrition therapy services, Medicare diabetes prevention program, obesity screening and counseling, prostate cancer screening (PSA), sexually transmitted infections screening and counseling, tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease), vaccines (including flu, hepatitis B, and pneumococcal shots), and the "Welcome to Medicare" preventive visit (one-time). Any additional preventive services approved by Medicare during the plan year will be covered.

|   | BlueMedicare Premier (HMO)<br>H6158-001   | BlueMedicare Independence (HMO)<br>H6158-003  |
|---|---|---|
| <p><b>Emergency Room (ER)</b><br/>If you're admitted to the hospital within 24 hours, you do not have to pay your ER copay.</p> | <p>\$120 copay<br/><br/>(If you receive multiple services at the same location (e.g., the emergency room), you will pay the highest copay amount of all the services provided.)</p> | <p>\$120 copay<br/><br/>(If you receive multiple services at the same location (e.g., the emergency room), you will pay the highest copay amount of all the services provided.)</p> |
| <p><b>Urgently Needed Services</b></p>  | <p>\$30 copay</p>   | <p>\$30 copay</p>   |
| <p><b>Diagnostic Services/Labs/Imaging</b></p>  |   |   |
| Diagnostic test – spirometry*   | 0% coinsurance  | 0% coinsurance  |
| Diagnostic test – home-based sleep study*   | 0% coinsurance  | 0% coinsurance  |
| All other diagnostic tests and procedures*  | 20% coinsurance   | 20% coinsurance   |
| Lab services – genetic testing*   | 20% coinsurance   | 20% coinsurance   |
| All other lab services (except genetic testing)*  | 0% coinsurance  | 0% coinsurance  |
| Radiology – DEXA scan*  | \$0 copay   | \$0 copay   |
| Radiology – diagnostic mammogram*   | \$25 copay  | \$25 copay  |
| Radiology – ultrasound*   | \$25 copay  | \$25 copay  |
| All other diagnostic radiology services*  | \$295 copay   | \$275 copay   |

|   | <b>BlueMedicare<br/>Premier (HMO)<br/>H6158-001</b> | <b>BlueMedicare<br/>Independence (HMO)<br/>H6158-003</b> |
|---|---|--|
| <b>Medical Benefits (benefits that may require prior authorization are noted with an “*”)</b> |   |  |
| Radiation therapy*  | 20% coinsurance                                     | 20% coinsurance  |
| X-rays*   | \$0 copay   | \$0 copay  |

### Diagnostic Services/Labs/Imaging – More Information

- If you receive multiple services at the same location (e.g., the emergency room or freestanding diagnostic radiology office), you will pay the highest copay amount of all the services provided.
- If the cost share for one service is a copay and the cost share for another service is a coinsurance, you may be asked to pay both the copay and coinsurance.

| <b>Hearing Services</b>  |            |            |
|--|------------|------------|
| Medicare-covered hearing exams   | \$30 copay | \$25 copay |
| Routine hearing exam (1 per year)  | \$0 copay  | \$0 copay  |
| Hearing aid fittings/evaluation (1 year of follow-up visits with hearing aid purchase) | \$0 copay  | \$0 copay  |
| Hearing aid allowance (up to 2 hearing aids per 3 years, 1 per ear)                    | \$1,000    | \$1,000    |

### Hearing Services – More Information

- TruHearing providers must be used for the routine hearing exam.
- TruHearing hearing aids must also be used.

| <b>Dental – Preventive Services</b>   |                 |                 |
|---|-----------------|-----------------|
| Exams (up to 2 per calendar year)   | \$0 copay       | \$0 copay       |
| Cleanings (2 per calendar year)   | \$0 copay       | \$0 copay       |
| X-rays (1 per calendar year to every 3 calendar years depending on the service) | \$0 copay       | \$0 copay       |
| Fluoride treatments (1 to unlimited per calendar year depending on the service) | \$0 copay       | \$0 copay       |
| <b>Dental – Comprehensive Services</b>  |                 |                 |
| Medicare-covered dental services  | \$30 copay      | \$25 copay      |
| Diagnostic services   | Not covered     | Not covered     |
| Non-routine services  | Not covered     | Not covered     |
| Restorative services (up to 2 per calendar year)                                | 20% coinsurance | 20% coinsurance |



|  | <b>BlueMedicare<br/>Premier (HMO)<br/>H6158-001</b> | <b>BlueMedicare<br/>Independence (HMO)<br/>H6158-003</b> |
|--|---|--|
| <b>Medical Benefits (benefits that may require prior authorization are noted with an “*”)</b>  |   |  |
| Endodontics (1 per calendar year)  | 20% coinsurance                                     | 20% coinsurance  |
| Periodontics (up to 2 per calendar year to every 3 calendar years depending on the service)  | 20% coinsurance                                     | 20% coinsurance  |
| Extractions (unlimited per calendar year)  | 20% coinsurance                                     | 20% coinsurance  |
| Prostodontics/Other oral-maxillofacial surgery/Other services (up to 2 per calendar year to every 5 calendar years depending on the service)   | 20% coinsurance                                     | 20% coinsurance  |
| Dental annual allowance (combined preventive and comprehensive services)   | \$2,000   | \$2,000  |
| <b>Dental – Dental Xtra<sup>SM</sup></b><br>This program is for members who have diabetes, coronary artery disease (CAD), have suffered a stroke, or have been diagnosed with oral cancer, head and neck cancers, or Sjögren’s syndrome. The program provides qualifying members with enhanced dental benefits.<br><br>The benefits mentioned here are part of a special supplemental program for the chronically ill. Not all members qualify for them. | \$0 copay   | \$0 copay  |

**Dental Services – More Information**

- Covered dental services are subject to conditions, limitations, exclusions, and maximums.
- Network dentists have agreed to provide services at a negotiated rate. If you see a network dentist, you cannot be billed more than that rate.
- Benefits received out-of-network are not covered.

| <b>Vision Services</b>                          |            |            |
|---|------------|------------|
| Medicare-covered diabetic retinopathy screening | \$0 copay  | \$0 copay  |
| Medicare-covered glaucoma screening             | \$0 copay  | \$0 copay  |
| All other Medicare-covered eye exams            | \$30 copay | \$25 copay |
| Medicare-covered eyewear                        | \$0 copay  | \$0 copay  |

|   | <b>BlueMedicare Premier (HMO)<br/>H6158-001</b>                      | <b>BlueMedicare Independence (HMO)<br/>H6158-003</b>                 |
|---|--|--|
| <b>Medical Benefits (benefits that may require prior authorization are noted with an “*”)</b>   |  |  |
| Routine eye exam (1 per year)   | \$0 copay  | \$0 copay  |
| Routine eyewear – choice of a pair of contact lenses or eyeglasses (lenses and frames) (1 per year) and upgrades (up to the annual allowance) | \$0 copay  | \$0 copay  |
| Routine eyewear annual allowance  | \$150  | \$150  |
| <b>Mental Health</b>  |  |  |
| Inpatient hospital*   | \$360 copay per day for days 1–5; \$0 copay per day for days 6–90    | \$300 copay per day for days 1–5; \$0 copay per day for days 6–90    |
| Outpatient mental health specialty and psychiatric visits (individual and group therapy sessions)   | \$35 copay   | \$35 copay   |
| <b>Skilled Nursing Facility (SNF) Services*</b>   | \$0 copay per day for days 1–20; \$203 copay per day for days 21–100 | \$0 copay per day for days 1–20; \$203 copay per day for days 21–100 |
| <b>Rehabilitation/Therapy Services</b>  |  |  |
| Physical therapy*   | \$40 copay   | \$40 copay   |
| Occupational therapy*   | \$35 copay   | \$35 copay   |
| Speech therapy*   | \$40 copay   | \$40 copay   |
| <b>Ambulance Services</b>   |  |  |
| Ground ambulance  | \$325 copay  | \$325 copay  |
| Air ambulance   | 20% coinsurance  | 20% coinsurance  |
| <b>Transportation (health-related) (60 one-way trips per year)</b>  | Not covered  | \$0 copay  |
| <b>Medicare Part B Drugs</b>  |  |  |
| Insulin products (e.g., for an insulin pump)  | \$35 copay   | \$35 copay   |
| Chemotherapy/Radiation drugs*   | 0%–20% coinsurance   | 0%–20% coinsurance   |
| Other Part B drugs*   | 0%–20% coinsurance   | 0%–20% coinsurance   |

|   | <b>BlueMedicare<br/>Premier (HMO)<br/>H6158-001</b>  | <b>BlueMedicare<br/>Independence (HMO)<br/>H6158-003</b>  |
|---|--|---|
| <b>Prescription Drug Benefits</b>   |  |   |
| <p><b>Deductible Stage</b><br/>If your plan has a deductible, you'll begin in this stage when you fill your first prescription of the year if it's on a tier to which the deductible applies. You'll pay the full cost of these drugs until you reach the deductible amount. After that, you'll only pay your cost share. If your plan doesn't have a deductible, you'll start in the Initial Coverage Stage.</p> <p>Deductible</p> <p>Deductible applies to these tiers</p>  | <p>\$100</p> <p>Tiers 4 and 5</p>  | <p>\$545</p> <p>Tiers 2–5</p>   |
| <p><b>Initial Coverage Stage</b><br/>During this stage, our plan pays its share of the cost of your drugs, and you pay your share of the cost. You'll stay in this stage until your total yearly drug costs (total drug costs paid by you and our plan) reach \$5,030. Once you reach this amount, you will enter the Coverage Gap Stage.</p> <p><b>Standard Retail Pharmacy Cost Shares</b></p> <p>Tier 1 (Preferred Generic)</p> <p>Tier 2 (Generic)</p> <p>Tier 3 (Preferred Brand)</p> <p>Tier 4 (Non-Preferred Drug)</p> <p>Tier 5 (Specialty Tier)</p> <p>Tier 6 (Select Care Drugs)</p> <p><b>Mail-Order Pharmacy Cost Shares</b></p> <p>Tier 1 (Preferred Generic)</p> <p>Tier 2 (Generic)</p> <p>Tier 3 (Preferred Brand)</p> <p>Tier 4 (Non-Preferred Drug)</p> | <p><b>30-Day / 100-Day Supply</b></p> <p>\$0 copay / \$0 copay</p> <p>\$8 copay / \$16 copay</p> <p>\$47 copay / \$94 copay</p> <p>\$100 copay / \$300 copay</p> <p>31% coinsurance /<br/>Not covered</p> <p>\$0 copay / \$0 copay</p> <p><b>30-Day / 100-Day Supply</b></p> <p>\$0 copay / \$0 copay</p> <p>\$8 copay / \$0 copay</p> <p>\$47 copay / \$94 copay</p> <p>\$100 copay / \$300 copay</p> | <p><b>30-Day / 100-Day Supply</b></p> <p>\$7 copay / \$14 copay</p> <p>\$20 copay / \$40 copay</p> <p>\$47 copay / \$94 copay</p> <p>\$100 copay / \$300 copay</p> <p>25% coinsurance /<br/>Not covered</p> <p>\$0 copay / \$0 copay</p> <p><b>30-Day / 100-Day Supply</b></p> <p>\$7 copay / \$14 copay</p> <p>\$20 copay / \$40 copay</p> <p>\$47 copay / \$94 copay</p> <p>\$100 copay / \$300 copay</p> |

|   | <b>BlueMedicare<br/>Premier (HMO)<br/>H6158-001</b>         | <b>BlueMedicare<br/>Independence (HMO)<br/>H6158-003</b>    |
|---|---|---|
| <b>Prescription Drug Benefits</b>   |   |   |
| Tier 5 (Specialty Tier)   | 31% coinsurance /<br>Not covered                            | 25% coinsurance /<br>Not covered                            |
| Tier 6 (Select Care Drugs)  | \$0 copay / \$0 copay                                       | \$0 copay / \$0 copay                                       |
| <p><b>Coverage Gap Stage</b><br/>           Most Medicare Advantage drug plans have a Coverage Gap (also called the "donut hole"). In the Coverage Gap, there is a temporary change in what you will pay for your drugs. The Coverage Gap begins after your total yearly drug costs (including what you have paid and what our plan has paid) reach \$5,030. You stay in this stage until your total yearly drug costs reach \$8,000. During the Coverage Gap, you pay 25% coinsurance for generic and brand drugs on all tiers, unless your plan offers additional gap coverage.</p> <p>Additional gap coverage (30-Day Supply / 100-Day Supply)</p> | Tier 6 – \$0 copay /<br>\$0 copay                           | Not covered   |
| <p><b>Catastrophic Coverage Stage</b><br/>           After your yearly out-of-pocket drug costs (including drugs purchased through retail pharmacies and mail order) reach \$8,000, you will enter the Catastrophic Coverage Stage.</p>   | You will have no cost sharing for the rest of the plan year | You will have no cost sharing for the rest of the plan year |

**BlueMedicare  
Premier (HMO)  
H6158-001**

**BlueMedicare  
Independence (HMO)  
H6158-003**

**Prescription Drug Benefits**

**Prescription Drug Coverage – More Information**

- Cost shares for covered insulin products will not be more than a \$20 copayment for a 30-day supply on BlueMedicare Premier (HMO) and a \$35 copayment for a 30-day supply on BlueMedicare Independence (HMO) regardless of the tier. Additionally, the Part D deductible will not apply to any covered insulin products.
- Cost shares for covered ACIP-approved vaccines will be a \$0 copayment regardless of the tier. Additionally, the Part D deductible will not apply to any covered ACIP-approved vaccine.
- For BlueMedicare Premier (HMO) only, Tier 2 includes coverage of certain excluded drugs for erectile dysfunction and weight loss, which are not covered by Medicare. Please see the Formulary and EOC for more details.
- Cost sharing may differ based on the pharmacy type (e.g., retail, mail order, long-term care (LTC)) or by fill amount (i.e., 30-day or 100-day supply).
- If you receive Extra Help, you may pay less for your Part D covered drugs depending on your level of Extra Help.
  - Deductible: \$0
  - Generic drugs (on all tiers) – 30-day or 100-day supply: \$0, \$1.55, or \$4.50 copayment
  - Brand drugs (on all tiers) – 30-day or 100-day supply: \$0, \$4.60, or \$11.20 copayment
  - To see if you qualify for Extra Help, please call the Social Security Office at **1-800-772-1213** Monday–Friday, 8 a.m.–7 p.m. TTY users should call **1-800-325-0778**.

**BlueMedicare  
Premier (HMO)  
H6158-001**

**BlueMedicare  
Independence (HMO)  
H6158-003**

**Additional Medical Benefits (benefits that may require prior authorization are noted with an “\*”)**

**Podiatry Services (foot care)**

Medicare-covered services

\$25 copay

\$25 copay

Routine services (6 visits per year)

\$25 copay

\$25 copay

**Medicare-Covered Chiropractic Services**

\$20 copay

\$20 copay

**Medical Equipment and Supplies**

Durable medical equipment (DME)\*

20% coinsurance

20% coinsurance

Prosthetics\*

20% coinsurance

20% coinsurance

|   | <b>BlueMedicare<br/>Premier (HMO)<br/>H6158-001</b> | <b>BlueMedicare<br/>Independence (HMO)<br/>H6158-003</b> |
|---|---|--|
| <b>Additional Medical Benefits (benefits that may require prior authorization are noted with an “**”)</b>       |   |  |
| Medical supplies*   | 20% coinsurance                                     | 20% coinsurance  |
| Diabetic supplies – testing supplies from our preferred manufacturers Lifescan and Roche                        | \$0 copay<br>(at a network pharmacy)                | \$0 copay<br>(at a network pharmacy)                     |
| Diabetic supplies – continuous glucose monitors (CGMs) from our preferred manufacturers Dexcom and Freestyle*   | \$0 copay<br>(at a network pharmacy)                | \$0 copay<br>(at a network pharmacy)                     |
| Diabetic therapeutic shoes or inserts*  | \$0 copay   | \$0 copay  |
| <b>Additional Rehabilitation Services</b>   |   |  |
| Cardiac rehabilitation*   | \$0 copay   | \$0 copay  |
| Intensive cardiac rehabilitation*   | \$0 copay   | \$0 copay  |
| Pulmonary rehabilitation*   | \$15 copay  | \$15 copay   |
| Supervised exercise therapy for peripheral artery disease (PAD)*  | \$0 copay   | \$0 copay  |
| <b>Telehealth</b>   |   |  |
| PCP, specialist, urgently needed, and outpatient mental health (individual and group therapy sessions) services | \$0 copay   | \$0 copay  |

|   | <b>BlueMedicare<br/>Premier (HMO)<br/>H6158-001</b> | <b>BlueMedicare<br/>Independence (HMO)<br/>H6158-003</b> |
|---|---|--|
| <b>Extra Benefits</b>   |   |  |
| <p><b>Walmart Wellness Benefits Card – OTC</b><br/>           You'll be able to get over-the-counter (OTC) items from Walmart with our new and improved quarterly OTC benefit. Conveniently shop in-store at your local Walmart, online at <b>Walmart.com</b>, or through the Walmart app using your Walmart Wellness Benefits Card for OTC. (You can also call or mail in your order.) With thousands of products online and in store, an easy-to-use catalog, and a preloaded debit card, accessing your OTC benefit will be quick and easy. (Unused funds at the end of each quarter do not rollover to the next quarter.)</p>   | \$75<br>(per quarter)                               | \$150<br>(per quarter)                                   |
| <p><b>Walmart Wellness Benefits Card – Food &amp; Produce</b><br/>           If you have been diagnosed with a chronic health condition, you may be able to get the Walmart Wellness Benefits Card for food and produce. You can use the preloaded debit card to purchase healthy food and fresh produce from your local Walmart. (Only one debit card will be issued, which will have two separate “purses” on it – one for OTC and the other for food and produce.) This food and produce benefit is a monthly allowance, and unused funds at the end of each month do not rollover to the next month.</p> <p>The benefit mentioned here is part of a special supplemental program for the chronically ill. Not all members qualify for it.</p> | Not covered   | \$25<br>(per month)                                      |
| <p><b>Blue Medicare Sapphire Card</b><br/>           You'll receive a pre-loaded Mastercard debit card to help reduce out-of-pocket expenses for <u>covered</u> dental, vision, and hearing services.</p>   | \$500<br>(per year)                                 | \$500<br>(per year)                                      |

|  | <b>BlueMedicare<br/>Premier (HMO)<br/>H6158-001</b> | <b>BlueMedicare<br/>Independence (HMO)<br/>H6158-003</b> |
|--|---|--|
| <b>Extra Benefits</b>  |   |  |
| <b>In-Home Support Services</b><br>You can get a set number of hours per year for help with activities of daily living (ADLs) (e.g., bathing and dressing) and instrumental activities of daily living (IADLs) (e.g., errands and transportation to appointments). Scheduling your visits is easy and convenient (visits must be in two-hour or four-hour increments). | \$0 copay<br>(40 hours per year)                    | \$0 copay<br>(80 hours per year)                         |
| <b>SilverSneakers®</b><br>You'll have access to a fitness benefit at participating SilverSneakers facilities (instructor-led group exercise classes and exercise equipment), ways to get active outside of traditional gyms, and digital/virtual options. In-home fitness kits are also available.   | \$0 copay   | \$0 copay  |
| <b>24-Hour Nurse Advice Line</b>   | \$0 copay   | \$0 copay  |
| <b>Additional Physical Exam</b><br>This is in addition to the Medicare-covered Annual Wellness Visit.  | \$0 copay   | \$0 copay  |
| <b>Meals Benefit</b><br>Immediately following surgery or discharge from a hospital stay, you can get two nutritious meals per day for seven days (a total of 14 meals per year) delivered to your home.  | \$0 copay   | \$0 copay  |
| <b>Worldwide Emergency/Urgent Care Services</b><br>Up to \$15,000 per year combined for emergency and urgently needed services outside the U.S.  | 20% coinsurance                                     | 20% coinsurance  |

Arkansas Blue Medicare is an affiliate of Arkansas Blue Cross and Blue Shield. Arkansas Blue Medicare offers HMO, PFFS, PPO, and PDP plans with Medicare contracts. Enrollment in Arkansas Blue Medicare depends on contract renewal.



## Pre-Enrollment Checklist

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Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at **1-855-591-9794** (TTY: 711).

### Understanding the Benefits

- The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit [www.arkbluemedicare.com](http://www.arkbluemedicare.com) or call **1-855-591-9794** (TTY: 711) to view a copy of the EOC.
- Review the Provider Directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- Review the Pharmacy Directory to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- Review the Formulary to make sure your drugs are covered.

### Understanding Important Rules

- In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- Benefits, premiums, and/or copayments/coinsurance may change on January 1, 2025.
- Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the Provider Directory).
- Reviewing/Completing this Pre-Enrollment Checklist will not affect your current or future coverage.



## Multi-Language Insert

### Multi-language Interpreter Services

**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-844-463-1088. Someone who speaks English can help you. This is a free service.

**Spanish:** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-844-463-1088. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Chinese Mandarin:** 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-844-463-1088。我们的中文工作人员很乐意帮助您。这是一项免费服务。

**Chinese Cantonese:** 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-844-463-1088。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

**Tagalog:** Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-844-463-1088. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

**French:** Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-844-463-1088. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-844-463-1088 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

**German:** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-844-463-1088. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.



**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-844-463-1088 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

**Russian:** Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-844-463-1088. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

**Arabic:** إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-844-463-1088. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

**Hindi:** हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-844-463-1088 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

**Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-844-463-1088. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

**Portuguese:** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-844-463-1088. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

**French Creole:** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-844-463-1088. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

**Polish:** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który - pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-844-463-1088. Ta usługa jest bezpłatna.

**Japanese:** 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-844-463-1088 にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

## IMPORTANT INFORMATION:

### 2024 Medicare Star Ratings



Official U.S.  
Government  
Medicare  
Information



### Arkansas Blue Medicare - H6158

For 2024, Arkansas Blue Medicare - H6158 received the following Star Ratings from Medicare:

**Overall Star Rating:** ★★★★★  
**Health Services Rating:** ★★★★★  
**Drug Services Rating:** ★★★★★

Every year, Medicare evaluates plans based on a 5-star rating system.

### Why Star Ratings Are Important

Medicare rates plans on their health and drug services.

This lets you easily compare plans based on quality and performance.

Star Ratings are based on factors that include:

- Feedback from members about the plan's service and care
- The number of members who left or stayed with the plan
- The number of complaints Medicare got about the plan
- Data from doctors and hospitals that work with the plan

More stars mean a better plan – for example, members may get better care and better, faster customer service.

The number of stars show how well a plan performs.

- ★★★★★ EXCELLENT
- ★★★★☆ ABOVE AVERAGE
- ★★★☆☆ AVERAGE
- ★★☆☆☆ BELOW AVERAGE
- ★☆☆☆☆ POOR

### Get More Information on Star Ratings Online

Compare Star Ratings for this and other plans online at [medicare.gov/plan-compare](https://www.medicare.gov/plan-compare).

### Questions about this plan?

Contact Arkansas Blue Medicare 7 days a week from 8:00 a.m. to 8:00 p.m. Central time at 888-605-0322 (toll-free) or 711 (TTY), from October 1 to March 31. Our hours of operation from April 1 to September 30 are Monday through Friday from 8:00 a.m. to 8:00 p.m. Central time. Current members please call 844-463-1088 (toll-free) or 711 (TTY).

## INFORMACION IMPORTANTE:

### Calificación 2024 de Medicare con Estrellas

Información  
oficial de  
Medicare del  
gobierno de los  
Estados Unidos



#### Arkansas Blue Medicare - H6158

En el 2024, Arkansas Blue Medicare - H6158 recibió las siguientes calificaciones de Medicare con estrellas:

Calificación general por estrellas: ★★★★★☆  
 Calificación de los Servicios de Salud: ★★★★★☆  
 Calificación de los Servicios de Medicamentos: ★★★★★☆

Cada año, Medicare evalúa los planes basándose en un Sistema de Calificación por 5 estrellas.

#### Por qué la Calificación por Estrellas es importante

Medicare califica los planes en base a sus servicios de salud y medicamentos.

Esto le permite comparar fácilmente los planes en base a su calidad y desempeño.

La Calificación por Estrellas se basa en factores que incluyen:

- Opiniones y comentarios de miembros sobre el cuidado y el servicio que proporciona el plan
- El número de miembros que cancelaron o continuaron con el plan
- La cantidad de quejas que recibió Medicare sobre el plan
- Información proporcionada por médicos y hospitales que trabajan con el plan

Más estrellas significan un mejor plan – por ejemplo, los miembros pueden obtener un mejor cuidado y un mejor y más rápido servicio al cliente.

El número de estrellas indica qué tan bien funciona el plan.

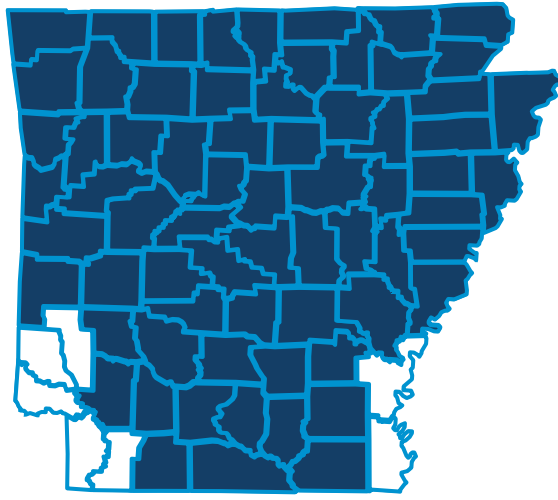
★★★★★ EXCELENTE  
 ★★★★★☆ SUPERIOR AL PROMEDIO  
 ★★★★★☆ PROMEDIO  
 ★★★★★☆ DEBAJO DEL PROMEDIO  
 ★☆☆☆☆ DEFICIENTE

#### Obtenga más información sobre la Calificación por Estrellas en línea

Compare la Calificación por Estrellas de este y otros planes en línea en [es.medicare.gov/plan-compare](https://es.medicare.gov/plan-compare).

#### ¿Preguntas sobre este plan?

Comuníquese con Arkansas Blue Medicare 7 días a la semana de 8:00 a.m. a 8:00 p.m. hora Central a 888-605-0322 (número gratuito) o al 711 (teléfono de texto) del 1 de octubre al 31 de marzo. Nuestro horario de atención de 1 de abril al 30 de septiembre es lunes a viernes de 8:00 a.m. a 8:00 p.m. hora Central. Miembros actuales favor de llamar 844-463-1088 (número gratuito) o al 711 (teléfono de texto).



### **Arkansas Blue Medicare HMO counties served:**

Arkansas, Ashley, Baxter, Benton, Boone, Bradley, Calhoun, Carroll, Clark, Clay, Cleburne, Cleveland, Columbia, Conway, Craighead, Crawford, Crittenden, Cross, Dallas, Drew, Faulkner, Franklin, Fulton, Garland, Grant, Greene, Hempstead, Hot Spring, Independence, Izard, Jackson, Jefferson, Johnson, Lawrence, Lee, Lincoln, Logan, Lonoke, Madison, Marion, Mississippi, Monroe, Montgomery, Nevada, Newton, Ouachita, Perry, Phillips, Pike, Poinsett, Polk, Pope, Prairie, Pulaski, Randolph, Saline, Scott, Searcy, Sebastian, Sharp, St. Francis, Stone, Union, Van Buren, Washington, White, Woodruff, Yell

We do not offer every plan available in your area. Please contact [Medicare.gov](https://www.medicare.gov), **1-800-MEDICARE**, or your local State Health Insurance Program to get information on all of your options. USABLE Mutual Insurance Company d/b/a Arkansas Blue Cross and Blue Shield is an Independent Licensee of the Blue Cross and Blue Shield Association. Arkansas Blue Medicare is the marketing name for USABLE PPO Insurance Company and USABLE HMO, Inc. USABLE PPO Insurance Company and USABLE HMO, Inc. are affiliates of Arkansas Blue Cross. Arkansas Blue Medicare offers HMO, PFFS, PPO, and PDP plans with Medicare contracts. Enrollment in Arkansas Blue Medicare depends on contract renewal. © 2023 Arkansas Blue Cross and Blue Shield. All rights reserved.