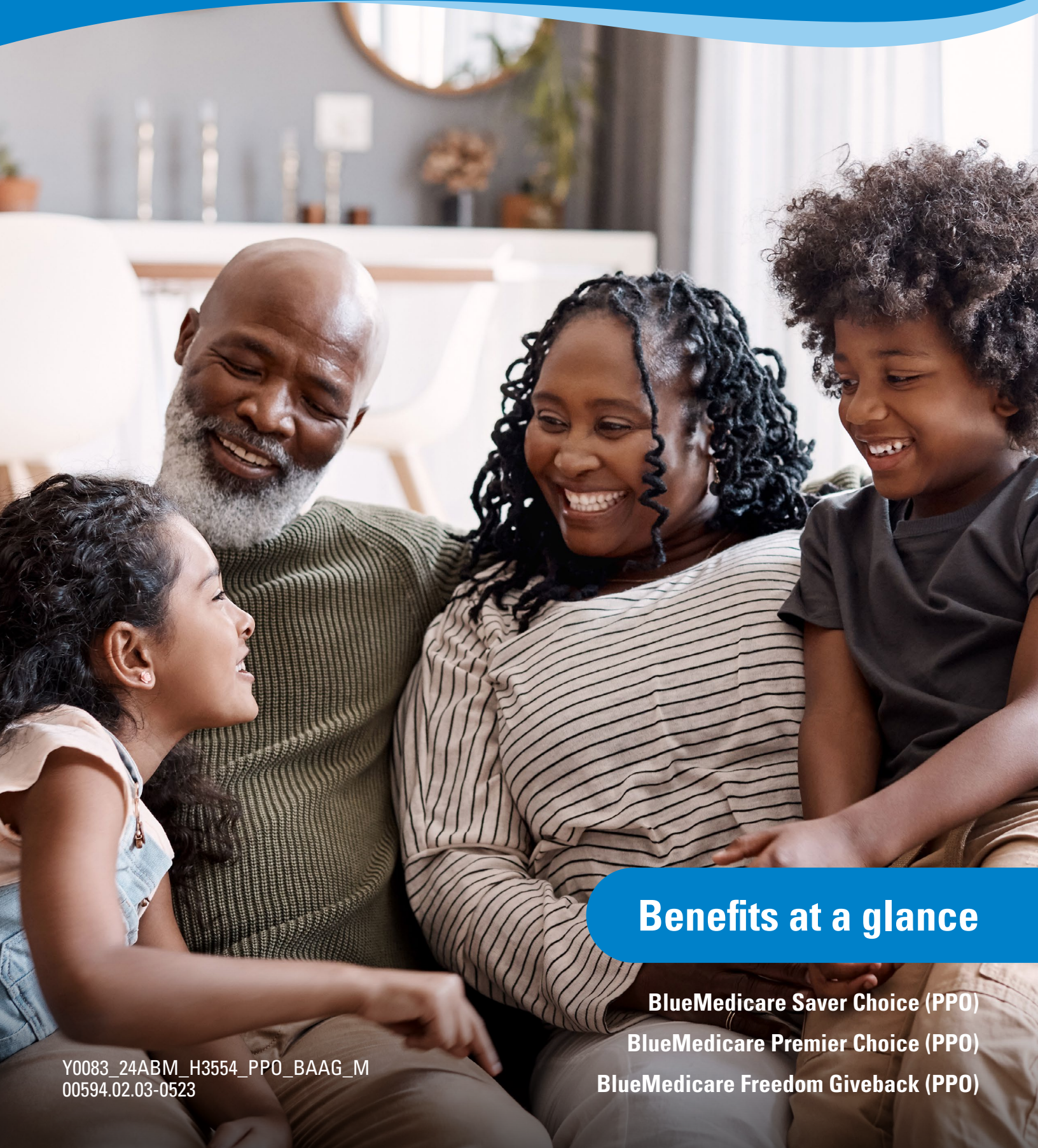




Count on us

available in **68 counties**




Benefits at a glance

- BlueMedicare Saver Choice (PPO)
- BlueMedicare Premier Choice (PPO)
- BlueMedicare Freedom Giveback (PPO)

ARKANSAS BLUE MEDICARE PPO BENEFITS

Health & Wellness Coverage

Plan Benefits	BlueMedicare Saver Choice (PPO) H3554-002	BlueMedicare Premier Choice (PPO) H3554-007	BlueMedicare Freedom Giveback (PPO) H3554-011
Monthly Premium	\$0	\$49	\$0
In-Network Max Out-of-Pocket	\$5,000	\$5,700	\$4,500
Plan Deductible	\$0	\$0	\$0
Monthly Part B Giveback	No	No	 \$75
PCP	\$0 copay	\$0 copay	\$0 copay
Specialist	\$30 copay	\$30 copay	\$35 copay
Inpatient Hospital	\$325 copay per day, days 1–5	\$315 copay per day, days 1–5	\$350 copay per day, days 1–5
ER	\$120 copay	\$120 copay	\$120 copay
Outpatient Hospital	\$295 copay	\$295 copay	\$275 copay
Labs	0%–20% coinsurance	0%–20% coinsurance	0%–20% coinsurance
X-Rays	\$0 copay	\$0 copay	\$0 copay
Diabetic Supplies (preferred)	\$0 copay (at a network pharmacy)	\$0 copay (at a network pharmacy)	\$0 copay (at a network pharmacy)
Blue Medicare Sapphire Card	\$500 per year	\$500 per year	\$300 per year
Dental (preventive & comprehensive, including unlimited extractions)	\$2,000 per year	\$2,000 per year	\$2,000 per year
Vision (eyewear)	\$100 per year	\$200 per year	\$150 per year
Hearing Aids	\$699/\$999 copay	\$1,500 per 3 years	\$1,000 per 3 years
NEW AND IMPROVED! Quarterly Over-the-Counter (OTC)	\$65	\$65	\$50
NEW! Monthly Food & Produce	Not covered	Not covered	Not covered
Transportation	Not covered	Not covered	Not covered
Post-Acute Meals	\$0 copay (14 meals per year)	\$0 copay (14 meals per year)	\$0 copay (14 meals per year)
SilverSneakers®	\$0 copay	\$0 copay	\$0 copay
In-Home Support Services	Not covered	Not covered	\$0 copay (40 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. To accommodate members who travel and may live out-of-state for part of the year, we cover out-of-network out-of-Arkansas services at in-network cost sharing if the services are performed by a provider who participates in the Blue Cross and Blue Shield Association PPO Network Sharing Group. Out-of-network/non-contracted providers are under no obligation to treat plan members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost sharing that applies to out-of-network services.

Prescription Drug Coverage

Plan Benefits	BlueMedicare Saver Choice (PPO) H3554-002	BlueMedicare Premier Choice (PPO) H3554-007	BlueMedicare Freedom Giveback (PPO) H3554-011
Part D Deductible	\$250 (T4 & T5)	\$0	No Part D coverage
Tier 1 (30-day fill)	\$0 copay	\$1 copay	
Tier 2 (30-day fill)	\$15 copay	\$10 copay	
Tier 3 (30-day fill)	\$47 copay	\$47 copay	
Tier 4 (30-day fill)	\$100 copay	\$100 copay	
Tier 5 (30-day fill)	29% coinsurance	33% coinsurance	
Tier 6 (30-day fill)	\$0 copay	\$0 copay	
Supplemental Gap Coverage	Tier 6: \$0 copay	Tier 1: \$1 copay Tier 6: \$0 copay	
ED/Weight-Loss Drugs	Tier 2	Tier 2	
Insulin Products (Tier 3, Tier 4, & Tier 5)*	\$20 copay (30-day supply)	\$35 copay (30-day supply)	
Prescription Drug Coverage Periods			
Deductible Stage	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 \$250. After that, you only pay your share.		No Part D coverage
Initial Coverage Stage	You remain in this stage until your total yearly drug costs (total drug costs paid by you and by our plan) reach \$5,030.		
Coverage Gap Stage	Tier 6: \$0 copay All other tiers: 25% coinsurance	Tier 1: \$1 copay Tier 6: \$0 copay All other tiers: 25% coinsurance	
Catastrophic Coverage Stage	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 Arkansas Blue Medicare PPO 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



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. 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. 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.



2024 Summary of Benefits

BlueMedicare Saver Choice (PPO) H3554-002
BlueMedicare Premier Choice (PPO) H3554-007

This Summary of Benefits

This is a summary of the benefits for:

- BlueMedicare Saver Choice (PPO)
- BlueMedicare Premier Choice (PPO)

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.

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 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

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

The service area is the same for BlueMedicare Saver Choice (PPO) and BlueMedicare Premier Choice (PPO) 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 Saver Choice (PPO) and BlueMedicare Premier Choice (PPO) Are PPOs

A PPO is a preferred provider organization offered by a private insurance company. Our PPOs have a network of contracted healthcare providers and facilities – these are in-network providers. Providers and facilities who are not contracted with our plan are considered out-of-network. As a PPO member, you’ll have the choice of going to an in-network or out-of-network provider or facility. Generally, your out-of-pocket costs for an out-of-network provider will be higher than for one who is in-network.

As a member of our plan, 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

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.

	BlueMedicare Saver Choice (PPO) H3554-002	BlueMedicare Premier Choice (PPO) H3354-007
Monthly Premium, Deductible, and Limits		
Monthly Plan Premium You must continue to pay your Medicare Part B premium.	\$0	\$49
Medical Deductible	This plan does not have a deductible	This plan does not have a deductible
Annual Maximum Out-of-Pocket Costs 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.		
In-network	\$5,000	\$5,700
Combined in- and out-of-network	\$9,550	\$9,550

For members who travel and live out-of-state for part of the year, we cover out-of-network out-of-Arkansas services at in-network cost sharing if the services are performed by a provider who participates in the Blue Cross and Blue Shield Association PPO Network Sharing Group.	BlueMedicare Saver Choice (PPO) H3554-002		BlueMedicare Premier Choice (PPO) H3354-007	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Medical Benefits (benefits that may require prior authorization are noted with an “*”)				
Inpatient Hospital*	\$325 copay per day for days 1–5; \$0 copay per day for days 6–90	40% coinsurance	\$315 copay per day for days 1–5; \$0 copay per day for days 6–90	40% coinsurance

For members who travel and live out-of-state for part of the year, we cover out-of-network out-of-Arkansas services at in-network cost sharing if the services are performed by a provider who participates in the Blue Cross and Blue Shield Association PPO Network Sharing Group.

**BlueMedicare
Saver Choice (PPO)
H3554-002**

**BlueMedicare
Premier Choice (PPO)
H3354-007**

In-Network

Out-of-Network

In-Network

Out-of-Network

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

Outpatient Hospital

Outpatient surgery/non-surgery

\$295 copay

40% coinsurance

\$295 copay

40% coinsurance

Outpatient observation*

\$295 copay

40% coinsurance

\$295 copay

40% coinsurance

Ambulatory Surgical Center (ASC) Services

\$275 copay

40% coinsurance

\$275 copay

40% coinsurance

Doctor Visits

Primary care provider (PCP)

\$0 copay

\$30 copay

\$0 copay

\$20 copay

Specialist

\$30 copay

40% coinsurance

\$30 copay

40% coinsurance

Preventive Care

\$0 copay

40% coinsurance

\$0 copay

40% coinsurance

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.

For members who travel and live out-of-state for part of the year, we cover out-of-network out-of-Arkansas services at in-network cost sharing if the services are performed by a provider who participates in the Blue Cross and Blue Shield Association PPO Network Sharing Group.

**BlueMedicare
Saver Choice (PPO)
H3554-002**

**BlueMedicare
Premier Choice (PPO)
H3354-007**

In-Network

Out-of-Network

In-Network

Out-of-Network

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

	BlueMedicare Saver Choice (PPO) H3554-002		BlueMedicare Premier Choice (PPO) H3354-007	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Emergency Room (ER) If you're admitted to the hospital within 24 hours, you do not have to pay your ER copay.	\$120 copay (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.)		\$120 copay (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.)	
Urgently Needed Services	\$30 copay		\$30 copay	
Diagnostic Services/Labs/Imaging				
Diagnostic test – spirometry*	\$0 copay	40% coinsurance	\$0 copay	40% coinsurance
Diagnostic test – home-based sleep study*	\$0 copay	40% coinsurance	\$0 copay	40% coinsurance
All other diagnostic tests and procedures*	\$100 copay	40% coinsurance	\$100 copay	40% coinsurance
Lab services – genetic testing*	20% coinsurance	40% coinsurance	20% coinsurance	40% coinsurance
All other lab services (except genetic testing)*	0% coinsurance	40% coinsurance	0% coinsurance	40% coinsurance
Radiology – DEXA scan*	\$0 copay	40% coinsurance	\$0 copay	40% coinsurance
Radiology – diagnostic mammogram*	\$25 copay	40% coinsurance	\$25 copay	40% coinsurance
Radiology – ultrasound*	\$25 copay	40% coinsurance	\$25 copay	40% coinsurance
All other diagnostic radiology services*	\$295 copay	40% coinsurance	\$295 copay	40% coinsurance
Radiation therapy*	20% coinsurance	40% coinsurance	20% coinsurance	40% coinsurance
X-rays*	\$0 copay	40% coinsurance	\$0 copay	40% coinsurance

For members who travel and live out-of-state for part of the year, we cover out-of-network out-of-Arkansas services at in-network cost sharing if the services are performed by a provider who participates in the Blue Cross and Blue Shield Association PPO Network Sharing Group.

**BlueMedicare
Saver Choice (PPO)
H3554-002**

**BlueMedicare
Premier Choice (PPO)
H3354-007**

In-Network

Out-of-Network

In-Network

Out-of-Network

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

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.

Hearing Services				
Medicare-covered hearing exams	\$30 copay	40% coinsurance	\$30 copay	40% coinsurance
Routine hearing exam (1 per year)	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Hearing aid fittings/evaluation (1 year of follow-up visits with hearing aid purchase)	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Hearing aids (Advanced / Premium – up to 2 hearing aids per year, 1 per ear)	\$699 / \$999 copay per hearing aid		Not covered	
Hearing aid allowance (up to 2 hearing aids per 3 years, 1 per ear) (combined in-network and out-of-network)	Not covered		\$1,500	

Hearing Services – More Information

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

Dental – Preventive Services				
Exams (up to 2 per calendar year)	\$0 copay	50% coinsurance	\$0 copay	50% coinsurance

For members who travel and live out-of-state for part of the year, we cover out-of-network out-of-Arkansas services at in-network cost sharing if the services are performed by a provider who participates in the Blue Cross and Blue Shield Association PPO Network Sharing Group.

**BlueMedicare
Saver Choice (PPO)
H3554-002**

**BlueMedicare
Premier Choice (PPO)
H3354-007**

In-Network

Out-of-Network

In-Network

Out-of-Network

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

Cleanings (2 per calendar year)	\$0 copay	50% coinsurance	\$0 copay	50% coinsurance
X-rays (1 per calendar year to every 3 calendar years depending on the service)	\$0 copay	50% coinsurance	\$0 copay	50% coinsurance
Fluoride treatments (1 to unlimited per calendar year depending on the service)	Not covered		\$0 copay	50% coinsurance
Dental – Comprehensive Services				
Medicare-covered dental services	\$30 copay	40% coinsurance	\$30 copay	40% coinsurance
Diagnostic services	Not covered		Not covered	
Non-routine services	Not covered		Not covered	
Restorative services (1 per calendar year for BlueMedicare Saver Choice (PPO) and up to 2 per calendar year for BlueMedicare Premier Choice (PPO))	20% coinsurance	50% coinsurance	20% coinsurance	50% coinsurance
Endodontics (1 per calendar year)	Not covered		20% coinsurance	50% coinsurance
Periodontics (up to 2 per calendar year to every 3 calendar years depending on the service)	20% coinsurance	50% coinsurance	20% coinsurance	50% coinsurance
Extractions (unlimited per calendar year)	20% coinsurance	50% coinsurance	20% coinsurance	50% coinsurance

For members who travel and live out-of-state for part of the year, we cover out-of-network out-of-Arkansas services at in-network cost sharing if the services are performed by a provider who participates in the Blue Cross and Blue Shield Association PPO Network Sharing Group.

**BlueMedicare
Saver Choice (PPO)
H3554-002**

**BlueMedicare
Premier Choice (PPO)
H3354-007**

In-Network

Out-of-Network

In-Network

Out-of-Network

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

Prosthodontics/Other oral-maxillofacial surgery/Other services (up to 2 per calendar year to every 5 calendar years depending on the service)

20% coinsurance

50% coinsurance

20% coinsurance

50% coinsurance

Dental annual allowance (combined preventive and comprehensive services, in-network and out-of-network)

\$2,000

\$2,000

Dental – Dental XtraSM

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.

\$0 copay

50% coinsurance

\$0 copay

50% coinsurance

The benefits mentioned here are part of a special supplemental program for the chronically ill. Not all members qualify for them.

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.

Vision Services

For members who travel and live out-of-state for part of the year, we cover out-of-network out-of-Arkansas services at in-network cost sharing if the services are performed by a provider who participates in the Blue Cross and Blue Shield Association PPO Network Sharing Group.

**BlueMedicare
Saver Choice (PPO)
H3554-002**

**BlueMedicare
Premier Choice (PPO)
H3354-007**

In-Network

Out-of-Network

In-Network

Out-of-Network

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

Medicare-covered diabetic retinopathy screening	\$0 copay	40% coinsurance	\$0 copay	40% coinsurance
Medicare-covered glaucoma screening	\$0 copay	40% coinsurance	\$0 copay	40% coinsurance
All other Medicare-covered eye exams	\$30 copay	40% coinsurance	\$30 copay	40% coinsurance
Medicare-covered eyewear	\$0 copay	40% coinsurance	\$0 copay	40% coinsurance
Routine eye exam (1 per year)	\$0 copay	40% coinsurance	\$0 copay	40% coinsurance
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	\$0 copay	\$0 copay
Routine eyewear annual allowance (combined in-network and out-of-network)	\$100		\$200	
Mental Health				
Inpatient hospital*	\$325 copay per day for days 1–5; \$0 copay per day for days 6–90	40% coinsurance	\$315 copay per day for days 1–5; \$0 copay per day for days 6–90	40% coinsurance
Outpatient mental health specialty and psychiatric visits (individual and group therapy sessions)	\$35 copay	40% coinsurance	\$35 copay	40% coinsurance
Skilled Nursing Facility (SNF) Services*	\$0 copay per day for days 1–20; \$203 copay per day for days 21–100	40% coinsurance	\$0 copay per day for days 1–20; \$203 copay per day for days 21–100	40% coinsurance

For members who travel and live out-of-state for part of the year, we cover out-of-network out-of-Arkansas services at in-network cost sharing if the services are performed by a provider who participates in the Blue Cross and Blue Shield Association PPO Network Sharing Group.

**BlueMedicare
Saver Choice (PPO)
H3554-002**

**BlueMedicare
Premier Choice (PPO)
H3354-007**

In-Network

Out-of-Network

In-Network

Out-of-Network

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

Rehabilitation/Therapy Services

Physical therapy*

\$40 copay

40% coinsurance

\$30 copay

40% coinsurance

Occupational therapy*

\$35 copay

40% coinsurance

\$35 copay

40% coinsurance

Speech therapy*

\$40 copay

40% coinsurance

\$30 copay

40% coinsurance

Ambulance Services

Ground ambulance

\$325 copay

\$325 copay

\$325 copay

\$325 copay

Air ambulance

20% coinsurance

20% coinsurance

20% coinsurance

20% coinsurance

Transportation (health-related)

Not covered

Not covered

Medicare Part B Drugs

Insulin products (e.g., for an insulin pump)

\$35 copay

40% coinsurance

\$35 copay

40% coinsurance

Chemotherapy/Radiation drugs*

0%–20% coinsurance

40% coinsurance

0%–20% coinsurance

40% coinsurance

Other Part B drugs*

0%–20% coinsurance

40% coinsurance

0%–20% coinsurance

40% coinsurance

**BlueMedicare
Saver Choice (PPO)
H3554-002**

**BlueMedicare
Premier Choice (PPO)
H3554-007**

Prescription Drug Benefits

Deductible Stage

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.

Deductible

\$250

This plan does not have a deductible

Deductible applies to these tiers

Tiers 4 and 5

Not applicable

Initial Coverage Stage

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.

Standard Retail Pharmacy Cost Shares

Tier 1 (Preferred Generic)

30-Day / 100-Day Supply

\$0 copay / \$0 copay

30-Day / 100-Day Supply

\$1 copay / \$2 copay

Tier 2 (Generic)

\$15 copay / \$30 copay

\$10 copay / \$20 copay

Tier 3 (Preferred Brand)

\$47 copay / \$141 copay

\$47 copay / \$141 copay

Tier 4 (Non-Preferred Drug)

\$100 copay / \$300 copay

\$100 copay / \$300 copay

**BlueMedicare
Saver Choice (PPO)
H3554-002**

**BlueMedicare
Premier Choice (PPO)
H3554-007**

Prescription Drug Benefits

Tier 5 (Specialty Tier)	29% coinsurance / Not covered	33% coinsurance / Not covered
Tier 6 (Select Care Drugs)	\$0 copay / \$0 copay	\$0 copay / \$0 copay
Mail-Order Pharmacy Cost Shares	30-Day / 100-Day Supply	30-Day / 100-Day Supply
Tier 1 (Preferred Generic)	\$0 copay / \$0 copay	\$1 copay / \$0 copay
Tier 2 (Generic)	\$15 copay / \$0 copay	\$10 copay / \$0 copay
Tier 3 (Preferred Brand)	\$47 copay / \$141 copay	\$47 copay / \$141 copay
Tier 4 (Non-Preferred Drug)	\$100 copay / \$300 copay	\$100 copay / \$300 copay
Tier 5 (Specialty Tier)	29% coinsurance / Not covered	33% coinsurance / Not covered
Tier 6 (Select Care Drugs)	\$0 copay / \$0 copay	\$0 copay / \$0 copay

Coverage Gap Stage

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.

**BlueMedicare
Saver Choice (PPO)
H3554-002**

**BlueMedicare
Premier Choice (PPO)
H3554-007**

Prescription Drug Benefits

Additional gap coverage (30-Day Supply / 100-Day Supply)	Tier 6 – \$0 copay / \$0 copay	Tier 1 – \$1 copay / \$2 copay (retail) Tier 1 – \$1 copay / \$0 copay (mail order) Tier 6 – \$0 copay / \$0 copay
Catastrophic Coverage Stage 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.	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

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 Saver Choice (PPO) and a \$35 copayment for a 30-day supply on BlueMedicare Premier Choice (PPO) 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.
- 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**.

For members who travel and live out-of-state for part of the year, we cover out-of-network out-of-Arkansas services at in-network cost sharing if the services are performed by a provider who participates in the Blue Cross and Blue Shield Association PPO Network Sharing Group.

**BlueMedicare
Saver Choice (PPO)
H3554-002**

**BlueMedicare
Premier Choice (PPO)
H3554-007**

In-Network

Out-of-Network

In-Network

Out-of-Network

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

Podiatry Services (foot care)

Medicare-covered services

\$35 copay

40% coinsurance

\$25 copay

40% coinsurance

Routine services (6 visits per year)

\$35 copay

40% coinsurance

\$25 copay

40% coinsurance

Medicare-Covered Chiropractic Services

\$20 copay

40% coinsurance

\$20 copay

40% coinsurance

Medical Equipment and Supplies

Durable medical equipment (DME)*

20% coinsurance

20% coinsurance

20% coinsurance

20% coinsurance

Prosthetics*

20% coinsurance

20% coinsurance

20% coinsurance

20% coinsurance

Medical supplies*

20% coinsurance

20% coinsurance

20% coinsurance

20% coinsurance

Diabetic supplies – testing supplies from our preferred manufacturers Lifescan and Roche

\$0 copay
(at a network pharmacy)

20% coinsurance

\$0 copay
(at a network pharmacy)

20% coinsurance

Diabetic supplies – continuous glucose monitors (CGMs) from our preferred manufacturers Dexcom and FreeStyle*

\$0 copay
(at a network pharmacy)

20% coinsurance

\$0 copay
(at a network pharmacy)

20% coinsurance

Diabetic therapeutic shoes or inserts*

20% coinsurance

20% coinsurance

\$0 copay

20% coinsurance

Additional Rehabilitation Services

Cardiac rehabilitation*

\$10 copay

40% coinsurance

\$0 copay

40% coinsurance

Intensive cardiac rehabilitation*

\$10 copay

40% coinsurance

\$0 copay

40% coinsurance

Pulmonary rehabilitation*

\$15 copay

40% coinsurance

\$15 copay

40% coinsurance

For members who travel and live out-of-state for part of the year, we cover out-of-network out-of-Arkansas services at in-network cost sharing if the services are performed by a provider who participates in the Blue Cross and Blue Shield Association PPO Network Sharing Group.

**BlueMedicare
Saver Choice (PPO)
H3554-002**

**BlueMedicare
Premier Choice (PPO)
H3554-007**

In-Network

Out-of-Network

In-Network

Out-of-Network

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

Supervised exercise therapy for peripheral artery disease (PAD)*

\$10 copay

40% coinsurance

\$0 copay

40% coinsurance

Telehealth

PCP, specialist, urgently needed, and outpatient mental health (individual and group therapy sessions) services

\$0 copay

Not covered

\$0 copay

Not covered

	BlueMedicare Saver Choice (PPO) H3554-002		BlueMedicare Premier Choice (PPO) H3554-007	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Extra Benefits				
<p>Walmart Wellness Benefits Card – OTC 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 Walmart.com, 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>	\$65 (per quarter)	Only the in-network benefit can be used	\$65 (per quarter)	Only the in-network benefit can be used

	BlueMedicare Saver Choice (PPO) H3554-002		BlueMedicare Premier Choice (PPO) H3554-007	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Extra Benefits				
<p>Walmart Wellness Benefits Card – Food & Produce</p> <p>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		Not covered	
<p>Blue Medicare Sapphire Card</p> <p>You’ll receive a pre-loaded Mastercard debit card to help reduce out-of-pocket expenses (in-network and out-of-network) for <u>covered</u> dental, vision, and hearing services. The annual allowance is combined for in-network and out-of-network services.</p>	\$500		\$500	

	BlueMedicare Saver Choice (PPO) H3554-002		BlueMedicare Premier Choice (PPO) H3554-007	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Extra Benefits				
In-Home Support Services 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).	Not covered		Not covered	
SilverSneakers® 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	Only the in-network benefit can be used	\$0 copay	Only the in-network benefit can be used
24-Hour Nurse Advice Line	\$0 copay	Only the in-network benefit can be used	\$0 copay	Only the in-network benefit can be used
Additional Physical Exam This is in addition to the Medicare-covered Annual Wellness Visit.	\$0 copay	40% coinsurance	\$0 copay	40% coinsurance

	BlueMedicare Saver Choice (PPO) H3554-002		BlueMedicare Premier Choice (PPO) H3554-007	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Extra Benefits				
Meals Benefit 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	Only the in-network benefit can be used	\$0 copay	Only the in-network benefit can be used
Worldwide Emergency/Urgent Care Services 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

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** 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.
- Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services, the provider must agree to treat you. Except in an emergency or urgent situation, non-contracted providers may deny care. In addition, you will pay a higher copay for services received by non-contracted providers.
- 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 panggagamot. 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 대해 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 - H3554

For 2024, Arkansas Blue Medicare - H3554 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 844-201-4934 (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 - H3554

En el 2024, Arkansas Blue Medicare - H3554 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.

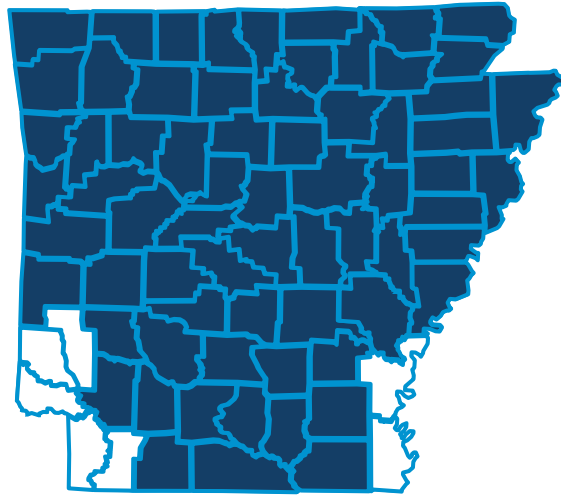
- ★★★★★ EXCELENTE
- ★★★★☆ SUPERIOR AL PROMEDIO
- ★★★☆☆ PROMEDIO
- ★★☆☆☆ DEBAJO DEL PROMEDIO
- ★☆☆☆☆ DEFICIENTE

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.

¿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 septiembre es lunes a viernes de 8:00 a.m. a 8:00 p.m. hora Central. Miembros actuales favor de llamar 844-201-4934 (número gratuito) o al 711 (teléfono de texto).



Arkansas Blue Medicare PPO 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.