

**Here for you**

available in **75 counties**



# 2024 Summary of Benefits

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**BlueMedicare Premier Rx (PDP) S5795-002**

**BlueMedicare Value Rx (PDP) S5795-003**

## **This Summary of Benefits**

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This is a summary of the benefits for:

- BlueMedicare Premier Rx (PDP)
- BlueMedicare Value Rx (PDP)

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 Rx (PDP) and BlueMedicare Value Rx (PDP) and includes all counties in Arkansas.

## **BlueMedicare Premier Rx (PDP) and BlueMedicare Value Rx (PDP) Are PDPs**

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A PDP is a prescription drug plan offered by a private insurance company. Our PDPs are an option for your consideration when you’re looking for standalone Part D prescription drug coverage because you have medical coverage through another source (e.g., Medicare Supplement).

Our BlueMedicare Premier Rx (PDP) and BlueMedicare Value Rx (PDP) have a network of contracted pharmacies where you can get your covered prescription drugs.

## **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 Premier Rx (PDP) S5795-002</b>	<b>BlueMedicare Value Rx (PDP) S5795-003</b>
<b>Monthly Premium and Deductible</b>		
<b>Monthly Plan Premium</b> If you have Medicare Part B, you must continue to pay your Part B premium.	\$123.90	\$40.30
<b>Part D Deductible</b>	This plan does not have a deductible	\$495

	<b>BlueMedicare Premier Rx (PDP) S5795-002</b>	<b>BlueMedicare Value Rx (PDP) S5795-003</b>
<b>Prescription Drug Benefits</b>		
<b>Deductible Stage</b> 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	This plan does not have a deductible	\$495
Deductible applies to these tiers	Not applicable	Tiers 3–5

	<b>BlueMedicare Premier Rx (PDP) S5795-002</b>	<b>BlueMedicare Value Rx (PDP) S5795-003</b>
<b>Prescription Drug Benefits</b>		
<p><b>Initial Coverage Stage</b> 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>		
<b>Standard Retail Pharmacy Cost Shares</b>	<b>30-Day / 100-Day Supply</b>	<b>30-Day / 100-Day Supply</b>
Tier 1 (Preferred Generic)	\$0 copay / \$0 copay	\$6 copay / \$18 copay
Tier 2 (Generic)	\$5 copay / \$15 copay	\$10 copay / \$30 copay
Tier 3 (Preferred Brand)	\$47 copay / \$141 copay	\$45 copay / \$135 copay
Tier 4 (Non-Preferred Drug)	\$100 copay / \$300 copay	45% coinsurance / 45% coinsurance
Tier 5 (Specialty Tier)	33% coinsurance / Not covered	25% coinsurance / Not covered
<b>Mail-Order Pharmacy Cost Shares</b>	<b>30-Day / 100-Day Supply</b>	<b>30-Day / 100-Day Supply</b>
Tier 1 (Preferred Generic)	\$0 copay / \$0 copay	\$6 copay / \$18 copay
Tier 2 (Generic)	\$5 copay / \$15 copay	\$10 copay / \$30 copay
Tier 3 (Preferred Brand)	\$47 copay / \$141 copay	\$45 copay / \$135 copay
Tier 4 (Non-Preferred Drug)	\$100 copay / \$300 copay	45% coinsurance / 45% coinsurance
Tier 5 (Specialty Tier)	33% coinsurance / Not covered	25% coinsurance / Not covered

	<b>BlueMedicare Premier Rx (PDP) S5795-002</b>	<b>BlueMedicare Value Rx (PDP) S5795-003</b>
<b>Prescription Drug Benefits</b>		
<p><b>Coverage Gap Stage</b>            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>	<p>Tier 1 – \$0 copay / \$0 copay            Tier 2 – \$5 copay / \$15 copay</p>	<p>Not covered</p>
<p><b>Catastrophic Coverage Stage</b>            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>	<p>You will have no cost sharing for the rest of the plan year</p>	<p>You will have no cost sharing for the rest of the plan year</p>

**BlueMedicare  
Premier Rx (PDP)  
S5795-002**

**BlueMedicare  
Value Rx (PDP)  
S5795-003**

## Prescription Drug Benefits

### Prescription Drug Coverage – More Information

- Cost shares for covered insulin products will not be more than a \$35 copayment for a 30-day supply 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.
- 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**.

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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 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.
- 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 - S5795

For 2024, Arkansas Blue Medicare - S5795 received the following Star Ratings from Medicare:

**Overall Star Rating:** ★★☆☆☆  
**Health Services Rating:** Service not offered  
**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 866-390-3369 (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 - S5795

En el 2024, Arkansas Blue Medicare - S5795 recibió las siguientes calificaciones de Medicare con estrellas:

**Calificación general por estrellas:** ★★★☆☆

**Calificación de los Servicios de Salud:** Servicio no ofrecido

**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.

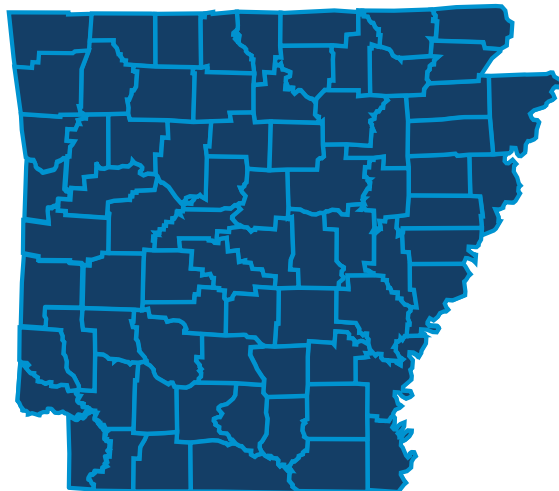
- ★★★★★ EXCELENTE
- ★★★★☆ SUPERIOR AL PROMEDIO
- ★★★☆☆ PROMEDIO
- ★★☆☆☆ DEBAJO DEL PROMEDIO
- ★☆☆☆☆ DEFICIENTE

#### 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 866-390-3369 (número gratuito) o al 711 (teléfono de texto).



## **2024 Arkansas Blue Medicare counties served:**

Arkansas, Ashley, Baxter, Benton, Boone, Bradley, Calhoun, Carroll, Chicot, Clark, Clay, Cleburne, Cleveland, Columbia, Conway, Craighead, Crawford, Crittenden, Cross, Dallas, Desha, Drew, Faulkner, Franklin, Fulton, Garland, Grant, Greene, Hempstead, Hot Spring, Howard, Independence, Izard, Jackson, Jefferson, Johnson, Lafayette, Lawrence, Lee, Lincoln, Little River, Logan, Lonoke, Madison, Marion, Miller, Mississippi, Monroe, Montgomery, Nevada, Newton, Ouachita, Perry, Phillips, Pike, Poinsett, Polk, Pope, Prairie, Pulaski, Randolph, Saline, Scott, Searcy, Sebastian, Sevier, 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.