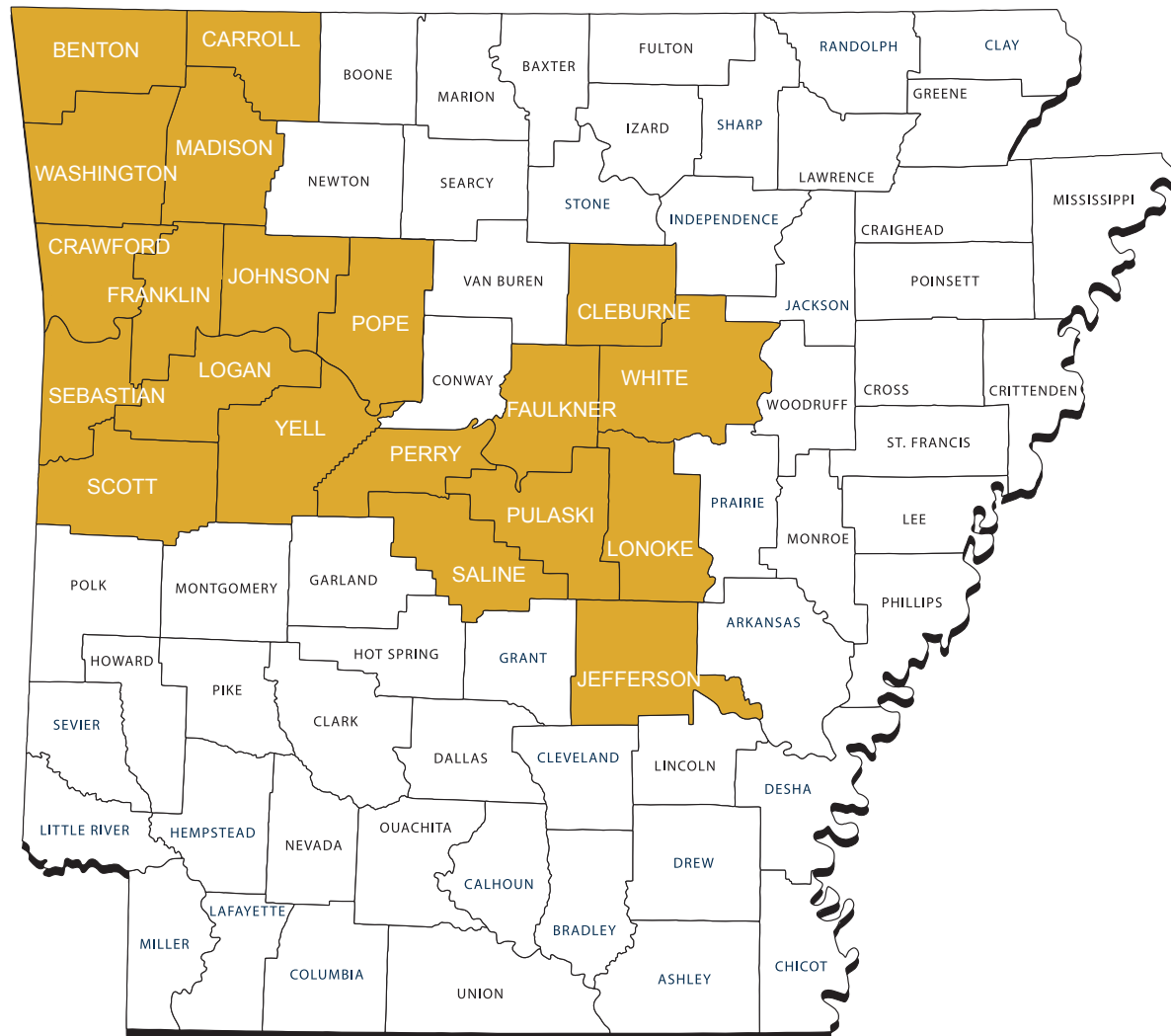


### Service Area

\$0 premiums are offered for the outlined counties below.  
Rates are based on the use and cost of healthcare in each service area.  
You must continue to pay your Medicare Part B premium.

Benton	Franklin	Madison	Scott
Carroll	Jefferson	Perry	Sebastian
Cleburne	Johnson	Pope	Washington
Crawford	Logan	Pulaski	White
Faulkner	Lonoke	Saline	Yell



## BENEFITS AT A GLANCE

### 2020 MEDI-PAK<sup>®</sup> ADVANTAGE (HMO)

Insured by Health Advantage

Become a member of Arkansas Blue Cross and Blue Shield's Medi-Pak Advantage (HMO) plan and get the care you want when you need it. It's the right choice if you're looking for complete coverage and a local network. You'll get:

- \$0 Monthly premium
- \$0 Medical deductible
- \$0 In-network preventive services and annual physical exam\*
- \$0 Fitness program in SilverSneakers<sup>®</sup>
- Worldwide emergency and urgent care coverage

\* If non-routine diagnostics or other types of services are provided during your doctor visits, you may be responsible for copays or coinsurances.

### Enroll Your Way

We want you to pick the plan that's best for you. We're ready to help.

- Enroll online at: [arkansasbluecross.com/Medicare](https://arkansasbluecross.com/Medicare).
- Complete and mail in an enrollment form.
- Call us toll-free at the phone number listed below.
- Contact your agent.

**1-844-298-2444, TTY users call 711**

8 a.m. to 8 p.m. Central time, Monday through Friday, April 1 through September 30

8 a.m. to 8 p.m., Central time, seven days a week, October 1 through March 31

Health Advantage is an HMO plan with a Medicare contract. Enrollment in Health Advantage depends on contract renewal.

## 2020 Medi-Pak Advantage (HMO) Benefits

Summary of most frequently used benefits.

A complete description is available at [arkansasbluecross.com/Medicare](http://arkansasbluecross.com/Medicare) or by calling 1-844-298-2444. TTY users call 711.

Covered Services	Medi-Pak Advantage (HMO)
Out-of-pocket maximum for Medicare-covered medical services	\$5,600
Medical deductible	\$0
Inpatient acute hospital care	Days 1-5: \$330 copay per day; Days 6-90: \$0 copay per day; Days 91+: \$0 copay per day
Skilled nursing facility (in a Medicare-certified skilled nursing facility)	Days 1-20: \$0 copay per day; Days 21-100: \$178 copay per day
Outpatient hospital (non-surgical) services	\$285 copay
Office visits: primary care physicians	\$0 copay
Office visits: specialists	\$40 copay
Outpatient surgery	\$285 copay ambulatory surgical center or hospital
Ambulance services	Ground: \$265 copay; Air: 20% coinsurance
Urgent care within the U.S.	\$40 copay
Emergency care within the U.S.	\$90 copay
Emergency and urgent care outside the U.S. (worldwide)	20% coinsurance, \$15,000 annual limit
Durable medical equipment	20% coinsurance
Annual physical exam: one per year	\$0 copay
Chiropractic care	Medicare-covered services only; \$20 copay
Podiatry	Medicare-covered services only; \$40 copay
Dental	Medicare-covered services only: \$40 copay \$300 annual maximum reimbursement benefit for covered services
Vision	Medicare-covered services only; \$0-\$40 copay (\$0 diabetic retinopathy exams)
Hearing	Medicare-covered services only: \$40 copay \$0 copay for routine hearing exam once every 12 months; \$699 or \$999 copay for one hearing aid per ear per year (depends on type of hearing aid)
SilverSneakers Fitness program	\$0 copay
24 hour nurse hotline	\$0 copay

Benefit for Medicare-Covered Services	Medi-Pak Advantage (HMO)
Preventive Services	<p>\$0 copay</p> <p>Abdominal aortic aneurysm screening, Alcohol misuse screenings &amp; counseling, Bone mass measurements (bone density), Cardiovascular disease screenings, Cardiovascular disease (behavioral therapy), Cervical &amp; vaginal cancer screening, Colorectal cancer screenings, Depression screenings, Diabetes screenings, Diabetes self-management training, Diabetes prevention program, Glaucoma tests, Hepatitis C screening test, HIV screening, Immunizations (including flu, pneumonia and Hepatitis B vaccines), Mammograms (screening), Nutrition therapy services, Obesity screenings &amp; counseling, One-time "Welcome to Medicare" preventive visit, Prostate cancer screenings, Sexually transmitted infections screening &amp; counseling, Tobacco use cessation counseling and Annual "Wellness" visit.</p>

Prescription Drug Coverage		
Formulary Tiers	Copayment/Coinsurance	
	Rx Deductible : \$250 for Tiers 3, 4 and 5	
	Preferred Pharmacy	Standard Pharmacy
Tier 1 Preferred generic	\$3	\$10
Tier 2 Generic	\$13	\$20
Tier 3 Preferred brand	\$40	\$47
Tier 4 Non-preferred	48%	50%
Tier 5 Specialty	28%	28%
Tier 6 Select care	\$0	\$0

Coverage Periods	Copayment/Coinsurance
Initial coverage limit	You pay copays and coinsurances until your total yearly drug costs reach \$4,020
Gap coverage	Generic Drugs - 25% copay of the plan's cost Brand Name Drugs - 25% copay of the plan's cost
Catastrophic coverage	\$6,350: \$3.60 copay for generic drugs \$8.95 copay for all other covered drugs or 5% coinsurance

**These are in-network benefits.** You pay these amounts if you visit doctors, hospitals and other providers who have contracted with Arkansas Blue Cross and Blue Shield Medi-Pak Advantage (HMO). Out-of-network services are not covered, except for emergency and urgently needed care. You must use network providers for your care.

Out-of-network/non-contracted providers are under no obligation to treat Medi-Pak Advantage (HMO) 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.