

**We've reimagined our Medicare Advantage plans so that you get more with Arkansas Blue Medicare.**

|   |  |
|---|--|
|  Healthy Blue Rewards            | You take care of your health, and we take care of you. When you complete select healthcare activities like getting your annual wellness visit or a flu shot, we'll send you gift card rewards. You can earn up to \$235 in rewards in 2021.  |
|  Comprehensive hearing benefits  | You'll receive expanded hearing benefits in addition to the standard, preventive hearing benefits covered by Original Medicare. See the Summary of Benefits to learn more.   |
|  Comprehensive dental benefits   | You get comprehensive dental benefits that go far beyond the standard, preventive dental benefits covered by Original Medicare. See the Summary of Benefits to learn more.   |
|  Comprehensive vision benefits   | You'll also get expanded vision benefits in addition to the standard, preventive vision benefits covered by Original Medicare. See the Summary of Benefits to learn more.  |
|  Nurse24                         | Arkansas Blue Medicare members get access to the Nurse24 nurse line, which gives you access to a registered nurse 24 hours a day, 7 days a week, 365 days a year. Nurses can provide information on home treatment of minor illnesses and injuries, how to prepare for doctor visits, understanding your prescription drugs and much more. |
|  SilverSneakers® fitness program | You get a basic fitness center membership, including fitness classes, with no additional cost to you.  |
|  In-Home support services        | Papa, Inc. will provide 40-hours per year for help scheduling/attending medical visits, transportation to physician/pharmacy, telehealth support, light cleaning, chores, and meal prep.   |
|  Over-the-counter benefit      | Each quarter, we'll give you a \$50 allowance to spend on over-the-counter drugs.  |
|  Meal benefit                  | We offer a meal benefit following an inpatient stay at a hospital or nursing facility.   |
|  My Blueprint                  | As an Arkansas Blue Medicare member, you get access to My Blueprint, our digital member portal. With My Blueprint you can view claims information, find a doctor, view policy information, find a pharmacy or check prescription drug costs and access your SilverSneakers account.  |
|  The Wire                      | Sign up for the Wire, and we'll send you text messages that link you to your own personalized member feed. We'll tell you about cost-saving methods, preventive reminders, way to maximize your benefits and much more. It's secure, HIPAA-compliant and there's nothing to download.  |

Available in these Arkansas counties:

**Benton | Carroll | Crawford | Madison | Sebastian | Washington**

Not available in all counties. Arkansas Blue Medicare is an affiliate of Arkansas Blue Cross and Blue Shield. Arkansas Blue Medicare offers HMO plans with Medicare contracts. Enrollment in Arkansas Blue Medicare depends on contract renewal. SilverSneakers® is a registered trademark of Tivity Health. Tivity Health is an independent company contracted with Arkansas Blue Medicare to provide a fitness benefit to our members. Arkansas Blue Cross and Blue Shield is the trade name of USAble Mutual Insurance Company, an Independent Licensee of the Blue Cross and Blue Shield Association. © 2020 USAble Mutual Insurance Company. All rights reserved.



**2021 Benefits at a Glance**  
BlueMedicare Premier HMO



**SALES KIT A**



H6158\_2021\_BAAG\_SKA\_M

- ✓ \$0 monthly premium and no annual deductible
- ✓ A large network of doctors you know and hospitals you trust
- ✓ No referrals to see in-network doctors
- ✓ Comprehensive dental, vision, hearing and prescription drug coverage
- ✓ Quarterly allowance for Medicare-approved over-the-counter products
- ✓ SilverSneakers® fitness program membership

| Plan Benefits                  | BlueMedicare Premier HMO  |
|--------------------------------|---|
| Monthly premium                | \$0   |
| Annual medical deductible      | \$0   |
| Out-of-pocket maximum          | \$6,700   |
| Primary care provider visits   | \$0 copay   |
| Specialist visits              | \$40 copay  |
| Virtual health                 | \$0 copay for PCP and urgent care visits  |
| Inpatient hospital daily copay | Days 1-5: \$355; days 6-90: \$0   |
| Worldwide emergency care       | 20% of the cost; \$15,000 annual limit  |
| Eye exam                       | \$0 - \$40 copay, depending on service  |
| Eyewear                        | Coverage for lenses and frames (up to \$150 allowance every other year); for more information, see the Summary of Benefits  |
| Dental services                | 20% of the cost for Medicare-covered services   |
| Comprehensive dental services  | Coverage for basic (fillings and extractions) and major (root canals, crowns and oral surgery) dental services; for more information, see the Summary of Benefits |
| Hearing exam                   | \$40 copay for Medicare-covered services  |
| Hearing aids                   | Up to \$1,000 allowance for the cost of 2 non-implantable hearing aids every 3 years; for more information, see the Summary of Benefits                           |
| Fitness membership             | \$0 SilverSneakers® fitness program membership  |
| Over-the-counter benefit       | \$50 allowance per quarter  |

### Want to learn more?

Call 855-591-9794 | Visit [arkbluemedicare.com](https://arkbluemedicare.com)

These are in-network benefits. You pay these amounts if 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. Out-of-network/non-contracted providers are under no obligation to treat BlueMedicare Premier HMO members, except in emergency situations.

| Prescription Drug Coverage     |  |                      |               |                      |
|--------------------------------|--|----------------------|---------------|----------------------|
|                                | Annual pharmacy deductible \$195 for Tiers 4 and 5   |                      |               |                      |
|                                | Retail   |                      | Mail order    |                      |
|                                | 30-day supply  | Up to 100-day supply | 30-day supply | Up to 100-day supply |
| Tier 1: Preferred generic      | \$3  | \$6                  | \$3           | \$0                  |
| Tier 2: Generic                | \$7  | \$14                 | \$7           | \$0                  |
| Tier 3: Preferred brand        | \$47   | \$94                 | \$47          | \$94                 |
| Tier 4: Non-Preferred drug     | \$100  | \$300                | \$100         | \$300                |
| Tier 5: Specialty tier         | 29%  | 29%                  | 29%           | 29%                  |
| Tier 6: Select care drugs tier | \$0  | \$0                  | \$0           | \$0                  |
| Part D Senior Savings Model    | Receive select insulin at a stable, predictable copay of \$35 for a 30 day supply  |                      |               |                      |
| Coverage periods               |  |                      |               |                      |
| Initial coverage stage         | You remain in this stage until your total yearly drug costs (total drug costs paid by you and our plan) reach \$4,130  |                      |               |                      |
| Coverage gap stage             | Tier 6: you pay the same copays in the initial coverage stage<br>All other Tiers: you pay 25% of the cost  |                      |               |                      |
| Catastrophic coverage stage    | After your yearly out-of-pocket drug costs reach \$6,550, you pay the greater of: 5% of the cost, or \$3.70 copay for generic drugs and \$9.20 copay for all other drugs |                      |               |                      |