












We've reimagined our Medicare Advantage plans so that you get more with Health Advantage.

| | |
|---|--|
|  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 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 | Health Advantage 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 \$25 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. |
|  Comprehensive dental benefits | Health Advantage Blue Premier (HMO) features expanded dental benefits in addition to the standard, preventive dental benefits covered by Original Medicare. See the Summary of Benefits to learn more. |
|  My Blueprint | As a Health Advantage 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:

Grant

Not available in all counties. HMO Partners, Inc. DBA Health Advantage offers HMO plans with a Medicare contract. Enrollment in Health Advantage depends on contract renewal. SilverSneakers® is a registered trademark of Tivity Health. Tivity Health is an independent company contracted with Health Advantage to provide a fitness benefit to our members. Other providers are available in our network. Health Advantage is an affiliate of Arkansas Blue Cross and Blue Shield. 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 HMO Partners, Inc. All rights reserved.



2021 Benefits at a Glance
Health Advantage Medicare Advantage Plans



SALES KIT K



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- ✓ \$0 monthly premium and no annual deductible
- ✓ Fixed limit on annual medical costs
- ✓ Comprehensive dental, vision, hearing and prescription drug coverage
- ✓ Guaranteed physician appointments within the next business day, where applicable
- ✓ Receive select insulin at a stable, predictable copay of \$35 for a 30 day supply

| Plan Benefits | Health Advantage Blue Premier HMO |
|--------------------------------|---|
| Monthly premium | \$0 |
| Annual medical deductible | \$0 |
| Out-of-pocket maximum | \$6,500 |
| 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: \$360; days 6-90: \$0 |
| Worldwide emergency care | 20% of the cost; \$15,000 annual limit |
| Eye exam | \$0 - \$40 copay, depending on service |
| Eyewear | Lenses covered in full, frames up to \$100 allowance (every other year); for more information, see the Summary of Benefits |
| Dental services | 20% of cost |
| 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 | \$25 allowance per quarter |

Want to learn more?

Call 855-591-9795 | Visit [HAmedicare.com](https://www.hamedicare.com)

These are in-network benefits. You pay these amounts if you visit doctors, hospitals and other providers who have contracted with Health Advantage. 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 Health Advantage members, except in emergency situations.

| Prescription Drug Coverage | | | | |
|-----------------------------------|--|----------------------|---------------|----------------------|
| Health Advantage Blue Premier HMO | Annual pharmacy deductible \$250 for Tiers 3, 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 | \$6 |
| Tier 2: Generic | \$10 | \$20 | \$10 | \$20 |
| Tier 3: Preferred brand | \$47 | \$94 | \$47 | \$94 |
| Tier 4: Non-Preferred drug | 48% | 48% | 48% | 48% |
| Tier 5: Specialty tier | 28% | 28% | 28% | 28% |
| Tier 6: Select care drugs tier | \$0 | \$0 | \$0 | \$0 |
| 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 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 | | | |