



WELCOME GUIDE

WELCOME

Dear Member:

Welcome to Arkansas Blue Medicare! As our member, your health and wellbeing matter to us – and we want you to take full advantage of the resources, benefits, and support available with your plan.

We're committed to being your healthcare partner and supporting you through every step of your healthcare journey. Ready to meet your health and wellness goals for 2022? Let's get started!

Within your welcome kit you'll find:

- **Welcome Guide** – describes how to complete your member profile, get started using your plan, and redeem Healthy Blue Rewards.
- **Summary of Benefits** – summarizes your health plan benefits and coverage.
- **Plan Documents Flyer** – lists instructions on how to access your evidence of coverage (EOC), provider directory, pharmacy directory, and formulary (drug list).
- **Over-the-Counter (OTC) Catalog** – provides a listing of healthcare products you can order and instructions on how to place your order.
- **Privacy Notice** – explains how your medical information may be used or disclosed.

If you have questions, we're here to help. Call toll-free **844-463-1088 (TTY: 711)**.

October 1 to March 31: We're available seven days a week, 8:00 a.m. to 8:00 p.m. Central, except Thanksgiving and Christmas.

April 1 to September 30: We're available Monday to Friday, 8:00 a.m. to 8:00 p.m. Central.

You can also visit us online at arkbluemedicare.com.

Thank you for choosing us as your health plan. Your trust inspires us to help you make the most of your coverage.

We wish you good health!



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COMPLETE YOUR GETTING STARTED CHECKLIST

1. Check your member ID card – it's your ticket to healthcare!

- a. You'll receive your member ID card in the mail.
- b. Verify the information on the front of the card is correct. If anything looks incorrect, give us a call at the number on the back of the card.
- c. Keep it with you at all times – you'll need it to get care.

2. Choose your primary care provider (PCP).

- a. If you don't already have one, you should choose one from our provider directory.
- b. Go to www.arkansasbluecross.com/findcare to find a PCP in your area. You can also call us at the number on the back of your ID card, and we'll help you choose one.
- c. Choosing a PCP is vital – your PCP will learn your health history, get your health screenings, and prescribe any medications.

3. Be sure to work with your PCP to get your annual wellness and preventive screenings scheduled and completed.

4. Sign up for My Blueprint today – it's our online member portal that gives you 24/7 access to your health plan information!

With My Blueprint, you can:

- a. Find a doctor, hospital, or pharmacy.
- b. View plan coverage and check prescription drug costs.
- c. Review your claims and view your personal health record.

Registering is easy: Have your member ID card with you and go to www.arkbluecross.com/myblueprint. From there, click "Register" and follow the steps.

5. If your plan has a premium, be sure to set up your monthly payment.

We have three ways for you to pay your premium (if your plan has one):

- a. Social Security Administration (SSA) deduction.
- b. Through your bank.
- c. Mailing a check or money order.

You'll simply need your member ID and bank information to get set up. For help, give us a call at the number on the back of your ID card.

6. Sign up for The Wire® to get personalized text notifications to help you stay informed!

After you've registered for My Blueprint, update your notification preferences in the settings. (The service is free, but standard message and data rates may apply depending on your mobile carrier.)

ADDITIONAL DENTAL, VISION, AND HEARING BENEFITS

We understand the importance of how dental, vision, and hearing health contributes to your overall health and wellness, which is why we offer our members additional dental, vision, and hearing benefits beyond those covered by Original Medicare.

With our plan, you can get the following added dental, vision, and hearing benefits.

Dental:

- **\$0 co-pays for preventive dental services (i.e., exams, cleanings, X-rays, and fluoride).**
- **Coverage of basic and major dental services such as fillings, crowns, deep cleanings, dentures (and related services), extractions, and root canals.**
- **\$2,000 annual maximum for covered services.**

Vision:

- **\$0 co-pay for an annual routine vision exam.**
- **Coverage of routine eyewear – contacts, lenses and frames, and upgrades.**
- **Combined \$150 annual maximum for covered services.**

Hearing:

- **\$0 co-pay for an annual routine hearing exam.**
- **Up to \$1,000 every 3 years towards the cost of 2 non-implantable hearing aids (limit 1 hearing aid per ear).**

Be sure to check your evidence of coverage for full details about covered benefits and services.

\$500 Blue Medicare Sapphire Card

Be on the Lookout for Your \$500 Blue Medicare Sapphire Card!

Members will receive a \$500 pre-loaded debit card to help reduce out-of-pocket dental, vision, and hearing costs.

To get started:

1. You'll receive your Blue Medicare Sapphire Card in the mail – keep an eye out for it. (The outside of the envelope will say: "Please open immediately and start experiencing the benefits of Blue membership.")
2. You'll need to activate the Card – follow the instructions that are listed on the carrier to which the Card is affixed.
3. That's it! You'll be on your way!



A couple of things to remember about the Card:

- Your Card funds may only be used to offset any out-of-pocket expenses associated with covered dental, vision, and hearing benefits.
- If you join our plan after 1/1/22, you'll receive your Card with the full amount – there's no proration.
- Providers will not be able to determine the available balance on your Card. It's important to check and know the available balance on your Card before using it.
- Card benefit funds may not be converted to cash, and funds will not be approved for cosmetic procedures.
- Member reimbursement is available if the dental, vision, or hearing provider does not accept debit cards or in the unlikely event of card failure.
- Reimbursement requests must include an itemized receipt from the provider and be submitted to the plan within 90 days of the transaction date.
- Unused funds at the end of the benefit year return to the plan, including if you leave the plan before the end of the benefit year.

OVER-THE-COUNTER (OTC) BENEFIT

Get up to \$50 worth of healthcare products every quarter, shipped directly to your door at no additional cost.

Order items such as mobility aids, compression garments, incontinence products, toothpaste, lotions, cleansers, and much more from familiar brands including Curad®, Biotene®, and Remedy®. Friendly customer service representatives are available to answer your questions.

TIPS TO MAKE THE MOST OF YOUR BENEFIT:

- OTC dollars are available to use at the start of each calendar quarter (1/1, 4/1, 7/1, and 10/1).
- The dollars must be used by the end of each calendar quarter (3/31, 6/30, 9/30, and 12/31) or you'll lose them.

ORDERING YOUR OTC ITEMS:

- Call 833-511-9817 and work with a representative to complete your order; or
- Place an online order via secure website at athome.medline.com/arbcb; or
- Complete and mail an order form (included in the catalog).

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PART D SENIOR SAVINGS MODEL

Insulin users get big savings with our insulin program.

- ✓ Members have access to select insulins at a \$0 co-pay for 30-day and 100-day supplies.
- ✓ Rx deductibles will not be applied.
- ✓ Program includes rapid-acting, short-acting, intermediate-acting, and long-acting insulins.

Insulin	30-Day and 100-Day Supplies Cost Share (Retail and Mail-Order)
Basaglar	\$0 co-pay
Humalog & Humalog Mix	\$0 co-pay
Humulin, Humulin N & Humulin R	\$0 co-pay
Lantus	\$0 co-pay
Levemir	\$0 co-pay
Lyumjev	\$0 co-pay
Toujeo	\$0 co-pay
Tresiba	\$0 co-pay

Insulin users can also take advantage of \$0 diabetic supplies from our preferred manufacturers. Please see your evidence of coverage for more details.



This fitness program can help you improve your health and connect you with your community.

Arkansas Blue Medicare members have access to a fitness benefit virtually and at participating SilverSneakers facilities at no cost!

YOU'LL HAVE ACCESS TO:

- Instructor-led group exercise classes
- Exercise equipment
- Options to get active outside of traditional gyms (e.g., recreation centers, malls, and parks)
- Virtual options (below)

ON-DEMAND CLASSES:

- SilverSneakers On-Demand™ fitness classes available 24/7
- SilverSneakers LIVE virtual classes and workshops available throughout the week
- SilverSneakers GO™ mobile app with customizable workout plans

TO GET STARTED, GET YOUR SILVERSNEAKERS ID NUMBER:

- Log onto silversneakers.com/starthere and register with your name, DOB, and ZIP; or
- Download the SilverSneakers Go app and register with your name, DOB, and ZIP; or
- Go to a participating facility and have a staff member verify eligibility; or
- Call 888-423-4632 and have a representative help you complete your registration.

Always talk with your doctor before starting an exercise program. Participating locations (“PL”) are not owned or operated by Tivity Health, Inc. or its affiliates. Use of PL facilities and amenities is limited to terms and conditions of PL basic membership. Facilities and amenities vary by PL. Membership includes SilverSneakers instructor-led group fitness classes. Some locations offer members additional classes. Classes vary by location. SilverSneakers and SilverSneakers FLEX are registered trademarks of Tivity Health, Inc. SilverSneakers LIVE, SilverSneakers On-Demand, and SilverSneakers GO are trademarks of Tivity Health, Inc. © 2021 Tivity Health, Inc. All rights reserved.

ALTERNATIVE PAIN MANAGEMENT

Our plan offers routine acupuncture and massage therapy as an option to help manage pain.

Routine Acupuncture:

- Get up to 6 visits per year to see a qualified acupuncture practitioner at a \$0 co-pay.
- The 6 visits are in addition to (or not tied to) the Medicare-covered acupuncture benefit that covers chronic low back pain (cLBP) only.
- No prior authorization or referral is required, but the service must be medically necessary.
- Covered services are limited to examination, needling, and select physical medicine codes.

Massage Therapy:

- Get up to 6 visits per year to see a licensed/trained massage therapy practitioner at a \$0 co-pay.
- Prior authorization is not required, but a referral is required, and the service must be medically necessary.
- Covered services are limited to therapeutic massage.

To find an acupuncture or massage therapy provider, go to our online directory at www.arkansasbluecross.com/findcare.

MEALS TO HELP YOU RECOVER

Nutritious refrigerated meals delivered to your door after a hospital stay.

Balanced nutrition is a key part of recovery. To help you get back on your feet after a hospital stay*, we provide meals from the Mom's Meals home-delivered meal program at no additional cost.

The meals are flavorful and tailored to support proper nutrition and dietary preferences. The meals also support general wellness and are:

- Diabetes-, heart-, and kidney-friendly
- Low in sodium
- Puréed (if needed)
- Vegetarian or gluten-free

Following discharge from a hospital, one of our care managers will place an order for the meals (based on your preferences and dietary needs) and have them shipped to your home at no cost to you. (Meals are refrigerated and should be properly stored until prepared.)

*This meal benefit is available immediately following surgery or discharge from a skilled nursing facility or inpatient hospital stay, with a maximum of 2 meals per day for up to 7 days for a total of 14 meals per member per year.

TELEHEALTH

Non-emergency medical need? Telehealth is available 24/7 on your smartphone or computer.

Get expert medical care anytime, anywhere. Telehealth (powered by MDLIVE) gives you access to medical help when you can't see your primary care doctor in person.

Telehealth:

- ✓ Allows you to see a physician after hours or when you're away from home
- ✓ Typically has an average wait time of less than 10 minutes
- ✓ Allows you to choose from a wide variety of state-licensed, board-certified physicians

Telehealth is NOT for emergencies.

If you have a broken bone, excessive bleeding, dangerously high fever, bad burn, or symptoms of a heart attack or stroke, get to an emergency room as quickly as possible – and don't hesitate to call 911 if needed.

Get Started at myvirtualhealth.com

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Registered nurses are available 24/7 to answer questions and provide trusted health information.

Your plan includes free, confidential telephone access to an experienced nursing staff ready to help you make informed healthcare choices. Bilingual nurses are also available.

Learn more about:

- ✓ Home treatment of minor illness and injury
- ✓ When to call a health professional, and how to effectively communicate with your doctor
- ✓ How to prepare for doctor visits
- ✓ How to make informed decisions about tests, medications, and procedures
- ✓ How to make lifestyle choices to improve your health
- ✓ Understanding your prescription medications and how to make them work for you

CALL TOLL-FREE: 800-318-2384

IN-HOME SUPPORT SERVICES

Papa Inc. connects young adults with older adults for companionship and assistance with everyday tasks, creating a family-on-demand atmosphere.

Our partner, Papa Inc., will provide up to 40 hours per year for help with things like learning and using technology, scheduling and attending medical visits, accessing telehealth support, transportation to the doctor/pharmacy, running errands, light housekeeping, chores, meal prep, and even help with pets.

COMPANIONSHIP

- Play board games
- Watch a movie
- Take a walk

TECHNOLOGY

- How to use computers, smart phones, and tablets
- Help with software
- How to access telehealth services

TRANSPORTATION

- Doctors appointments
- Errands
- Grocery/Pharmacy shopping

HOUSEHOLD NEEDS

- Light housekeeping
- Meal prep
- Organization
- Pet help

“Papa Pals” are enthusiastic and compassionate. They go through a strict vetting process, including background checks, and are covered through Papa Inc.’s liability insurance.

Get started at **888-498-0322 (TTY: 711) OR [joinpapa.com](https://www.joinpapa.com).**



ARKANSAS HEALTHY BLUE MEMBER REWARDS

Our members can earn up to \$250 in gift cards from national and local retailers for participating in eligible healthy activities on their journey to better health.

Receive valuable rewards for healthy activities like:

- ✓ Completing a health risk assessment (HRA)
- ✓ Scheduling and completing your annual wellness checkup
- ✓ Completing recommended preventive care or cancer screenings
- ✓ Completing recommended health actions for diabetic members
- ✓ Completing Arkansas Blue Medicare member surveys on the HealthMine website or app
- ✓ Reading 6 health education articles found on the HealthMine website or app

Registration is required to participate. Visit arkansashealthyblue.healthmine.com to register and see which health actions earn rewards. If you do not have internet access, call Customer Service at 800-960-6360. Maximum annual rewards of \$250 in 2022. One reward per health action per year. Health action dates of service must be in the current plan year. Rewards will be administered once the health action claim is processed. If you have other questions, please call Arkansas Healthy Blue Customer Service at 800-960-6360 Monday - Friday, 8:00 a.m. to 8:00 p.m. Central. HealthMine, Inc., is an independent company that administers supplemental benefits for Arkansas Blue Medicare.

DON'T FORGET TO TAKE ADVANTAGE OF OUR 100-DAY SUPPLY BENEFIT FOR YOUR PRESCRIPTIONS

As a member of our plan, you can get a 100-day supply instead of a 90-day supply. You'll get 10 additional days at no additional cost for most medications.

Our 100-day supply benefit applies to both retail pharmacies and mail-order.

For more information, please refer to your evidence of coverage or give us a call at the number on the back of your ID card.

ONLINE TOOLS – MY BLUEPRINT

Sign up for our member portal and get 24/7 access to help manage your care.

With My Blueprint, you can:

- Find a doctor or hospital
- Estimate your treatment costs
- Review the status of claims and your claims history
- View your personal health record
- Request inpatient medical admission
- View your member ID card or order a replacement
- Pay your premium bill (if applicable)



HOW TO REGISTER FOR MY BLUEPRINT

You'll need your member ID number from your welcome letter or your member ID card.

Go to arkbluecross.com/myblueprint.

Select "**Register**" to get started.

OR

Download and register through our My Blueprint mobile app, available on:



ONLINE TOOLS – THE WIRE

Receive text alerts through our secure messaging platform that sends personalized notifications to your smartphone.

Get connected by calling **855-939-5425**

OR

enrolling through **My Blueprint**.

DOWNLOAD THE MY BLUEPRINT MOBILE APP

Access your health plan information no matter where you are with the My Blueprint mobile app.



BlueListens

Share feedback about our plans and services, and help us create a better member experience!

Join our survey community at arkbluecross.com/bluelistens



WE'RE HERE TO HELP

Help me with:	Call toll-free:
Nurse24 (24-hour nurse advice line)	800-318-2384
In-home support services	888-498-0322
Fitness (SilverSneakers)	888-423-4632
Hearing aids	844-822-1845
Over-the-counter (OTC) items	833-511-9817
Vision	855-492-9028
Telehealth	877-540-2082
Healthy Blue Rewards	800-960-6360
Dental	888-223-4999
Blue Medicare Sapphire Card	877-743-9481





FIND YOUR NEAREST ARKANSAS BLUE WELCOME CENTER:
arkbluecross.com/locations



FIND US ONLINE:



WEBSITE

arkbluemedicare.com



FACEBOOK

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TWITTER

twitter.com/arkbluecross

