

**Blue**  
**is value**

available in  
**75 counties**



**BlueMedicare Value Rx (PDP)**  
**BlueMedicare Premier Rx (PDP)**



# 2023

## Summary of Benefits

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

The service area for **BlueMedicare Premier Rx (PDP)** includes all counties in Arkansas.

## Pre-Enrollment Checklist

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 **1-866-390-3369** (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** or call **1-866-390-3369** (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, 2024.

The benefit information provided is a summary of what we cover and what you pay. To get a complete list of services we cover, call us, and ask for the “Evidence of Coverage.” You may also view the “Evidence of Coverage” for this plan on our website at **www.hamedicare.com**.

If you want to know more about the coverage and costs of Original Medicare, look in the current “Medicare & You” handbook. View it online at **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**.

## Who can join?

To join, you must be entitled to Medicare Part A, and/or enrolled in Medicare Part B, and live in our service area.

The service area for **BlueMedicare Premier Rx (PDP)** includes all counties in Arkansas.

## Which pharmacies can I use?

We have a network of pharmacies. If you use pharmacies that are not in our network, the plan may not pay for these services.

You can see our plan's Pharmacy Directory and Formulary (Drug List) on our website at **[www.arkbluemedicare.com](http://www.arkbluemedicare.com)**, or you can call us, and we will send you a copy of the Pharmacy Directory and Formulary.

## Have questions? Call us.

If you are not a member of this plan, call us at **1-855-591-9794** (TTY: **711**).

If you are a member of this plan, call us at **1-866-390-3369** (TTY: **711**).

October 1 to March 31: We are 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 are available Monday through Friday, 8:00 a.m. to 8:00 p.m. Central.

You can visit our website at **[www.arkbluemedicare.com](http://www.arkbluemedicare.com)**.

Monthly Premium and Deductible	
Monthly Plan Premium	\$151.50
Pharmacy (Part D) Deductible	This plan does not have a deductible.

Prescription Drug Benefits				
Deductible Stage				
This plan does not have a deductible; therefore, this stage does not apply.				
Initial Coverage Stage				
<p>During this stage, the plan pays its share of the total cost of your drugs, and you pay your share of the total cost.</p> <p>You remain in this stage until your total yearly drug costs (total drug costs paid by you and our plan) reach \$4,660. Once you reach this amount, you will enter the Coverage Gap.</p>				
Standard Retail and Mail-Order Pharmacy Cost Shares				
	Standard Retail Pharmacy		Mail-Order Pharmacy	
	30-Day Supply	100-Day Supply	30-Day Supply	100-Day Supply
Tier 1 (Preferred Generic):	\$3 copay	\$9 copay	\$3 copay	\$9 copay
Tier 2 (Generic):	\$10 copay	\$30 copay	\$10 copay	\$30 copay
Tier 3 (Preferred Brand):	\$47 copay	\$141 copay	\$47 copay	\$141 copay
Tier 4 (Non-Preferred Drug):	\$100 copay	\$300 copay	\$100 copay	\$300 copay

Prescription Drug Benefits				
Tier 5 (Specialty Tier):	<b>33%</b> coinsurance	Not covered	<b>33%</b> coinsurance	Not covered
Coverage Gap Stage				
<p>Most Medicare 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 \$4,660. You stay in this stage until your total yearly drug costs reach \$7,400.</p> <p>During the Coverage Gap, you pay the same copays you paid in the Initial Coverage Stage for Tier 1 and Tier 2 drugs and 25% coinsurance for generic and brand drugs on all other tiers.</p>				
Catastrophic Coverage Stage				
<p>After your yearly out-of-pocket drug costs (including drugs purchased through retail pharmacies and mail order) reach \$7,400, you pay the greater of:</p> <ul style="list-style-type: none"> <li>• <b>5%</b> coinsurance, or</li> <li>• a <b>\$4.15</b> copay for generics (including brand drugs treated as generic) and a <b>\$10.35</b> copay for all other drugs.</li> </ul>				
Prescription Drug Benefits – More Information				
<p>Cost sharing may differ based on pharmacy type (e.g., retail, mail-order, long-term care (LTC)) or by fill amount (i.e., 30- or 100-day supply).</p>				

Arkansas Blue Medicare is an affiliate of Arkansas Blue Cross and Blue Shield. Arkansas Blue Medicare is the trade name for Arkansas Blue Medicare PDP. Arkansas Blue Medicare offers HMO, PFFS, PPO, and PDP plans with Medicare contracts. Enrollment in Arkansas Blue Medicare depends on contract renewal.

If you have any questions, please contact our Customer Service at **1-866-390-3369**. (TTY users should call **711**.) Hours are 8:00 a.m.–8:00 p.m. Central, seven days a week, from October 1–March 31, except for Thanksgiving and Christmas. From April 1 to September 30, we are open Monday–Friday, 8:00 a.m.–8:00 p.m. Central.

**ATTENTION:** If you speak Spanish, language assistance services, free of charge, are available to you. Call **1-866-390-3369** (TTY: **711**).











# 2023

## Summary of Benefits

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

The service area for **BlueMedicare Value Rx (PDP)** includes all counties in Arkansas.

## Pre-Enrollment Checklist

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 **1-866-390-3369** (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 **1-866-390-3369** (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 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, 2024.

The benefit information provided is a summary of what we cover and what you pay. To get a complete list of services we cover, call us, and ask for the “Evidence of Coverage.” You may also view the “Evidence of Coverage” for this plan on our website at **[www.arkbluemedicare.com](http://www.arkbluemedicare.com)**.

If you want to know more about the coverage and costs of Original Medicare, look in the current “Medicare & You” handbook. View 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**.

## Who can join?

To join, you must be entitled to Medicare Part A, and/or enrolled in Medicare Part B, and live in our service area.

The service area for **BlueMedicare Value Rx (PDP)** includes all counties in Arkansas.

## Which pharmacies can I use?

We have a network of pharmacies. If you use pharmacies that are not in our network, the plan may not pay for these services.

You can see our plan's Pharmacy Directory and Formulary (Drug List) on our website at **[www.arkbluemedicare.com](http://www.arkbluemedicare.com)**, or you can call us, and we will send you a copy of the Pharmacy Directory and Formulary.

## Have questions? Call us.

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If you are a member of this plan, call us at **1-866-390-3369** (TTY: **711**).

October 1 to March 31: We are 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 are available Monday through Friday, 8:00 a.m. to 8:00 p.m. Central.

You can visit our website at **[www.arkbluemedicare.com](http://www.arkbluemedicare.com)**.

Monthly Premium and Deductible	
Monthly Plan Premium	\$53.10
Pharmacy (Part D) Deductible	\$495 for Tier 3, Tier 4, and Tier 5

Prescription Drug Benefits				
Deductible Stage				
<p><b>\$495</b> deductible for Tier 3 (Preferred Brand), Tier 4 (Non-Preferred Drug), and Tier 5 (Specialty Tier) drugs</p> <p>You begin in this stage when you fill your first Tier 3, Tier 4, or Tier 5 prescription of the year. You pay the full cost of these drugs until you reach \$495. After that, you only pay your share of the total cost.</p>				
Initial Coverage Stage (after you pay your deductible, if applicable)				
<p>During this stage, the plan pays its share of the total cost of your drugs, and you pay your share of the total cost.</p> <p>You remain in this stage until your total yearly drug costs (total drug costs paid by you and our plan) reach \$4,660. Once you reach this amount, you will enter the Coverage Gap.</p>				
Standard Retail and Mail-Order Pharmacy Cost Shares				
	Standard Retail Pharmacy		Mail-Order Pharmacy	
	30-Day Supply	100-Day Supply	30-Day Supply	100-Day Supply
Tier 1 (Preferred Generic):	\$6 copay	\$18 copay	\$6 copay	\$18 copay
Tier 2 (Generic):	\$10 copay	\$30 copay	\$10 copay	\$30 copay

Prescription Drug Benefits				
Tier 3 (Preferred Brand):	<b>\$45</b> copay	<b>\$135</b> copay	<b>\$45</b> copay	<b>\$135</b> copay
Tier 4 (Non-Preferred Drug):	<b>45%</b> coinsurance	<b>45%</b> coinsurance	<b>45%</b> coinsurance	<b>45%</b> coinsurance
Tier 5 (Specialty Tier):	<b>25%</b> coinsurance	Not covered	<b>25%</b> coinsurance	Not covered
Coverage Gap Stage				
<p>Most Medicare 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 \$4,660. You stay in this stage until your total yearly drug costs reach \$7,400.</p> <p>During the Coverage Gap, you pay 25% coinsurance for generic and brand drugs on all tiers.</p>				
Catastrophic Coverage Stage				
<p>After your yearly out-of-pocket drug costs (including drugs purchased through retail pharmacies and mail order) reach \$7,400, you pay the greater of:</p> <ul style="list-style-type: none"> <li>• <b>5%</b> coinsurance, or</li> <li>• a <b>\$4.15</b> copay for generics (including brand drugs treated as generic) and a <b>\$10.35</b> copay for all other drugs.</li> </ul>				
Prescription Drug Benefits – More Information				
<p>Cost sharing may differ based on pharmacy type (e.g., retail, mail-order, long-term care (LTC)) or by fill amount (i.e., 30- or 100-day supply).</p>				

Arkansas Blue Medicare is an affiliate of Arkansas Blue Cross and Blue Shield. Arkansas Blue Medicare is the trade name for Arkansas Blue Medicare PDP. Arkansas Blue Medicare offers HMO, PFFS, PPO, and PDP plans with Medicare contracts. Enrollment in Arkansas Blue Medicare depends on contract renewal.

If you have any questions, please contact our Customer Service at **1-866-390-3369**. (TTY users should call **711**.) Hours are 8:00 a.m.–8:00 p.m. Central, seven days a week, from

October 1–March 31, except for Thanksgiving and Christmas. From April 1 to September 30, we are open Monday–Friday, 8:00 a.m.–8:00 p.m. Central.

ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Call **1-866-390-3369** (TTY: **711**).









# Changes to the BlueMedicare PDP 2023 Summary of Benefits

**This is important information on changes in your BlueMedicare PDP coverage.**

We previously provided you a Summary of Benefits (SB), which provided an overview of coverage as an enrollee in one of our PDPs. This notice is to let you know about change(s) to the SB. Below you will find information describing the change(s). Please keep this information for your reference. Updated SBs can be found on our website at [www.arkbluemedicare.com](http://www.arkbluemedicare.com).

## **Change(s) to the SB**

Impacted Plans	Original Information	Updated Information (found in the Prescription Drug Benefits chart)	What does this mean for you?
BlueMedicare Premier Rx (PDP) S5795-002	New information was added to the SB due to the passage of the Inflation Reduction Act of 2022.	<b>Important Message About What You Pay for Vaccines</b> – Our plan covers most Part D vaccines at no cost to you. Call Customer Service for more information.	Certain adult vaccinations on our Formulary/ Drug List (e.g., the tetanus vaccine) will be covered at a \$0 copay.
BlueMedicare Value Rx (PDP) S5795-003	New information was added to the SB due to the passage of the Inflation Reduction Act of 2022.	<b>Important Message About What You Pay for Vaccines</b> – Our plan covers most Part D vaccines at no cost to you, even if you haven't paid your deductible. Call Customer Service for more information.	Certain adult vaccinations on our Formulary/ Drug List (e.g., the tetanus vaccine) will be covered at a \$0 copay, and the Part D deductible will not apply to these vaccinations.

Impacted Plans	Original Information	Updated Information (found in the Prescription Drug Benefits chart)	What does this mean for you?
BlueMedicare Premier Rx (PDP) S5795-002	New information was added to the SB due to the passage of the Inflation Reduction Act of 2022.	<p><b>Important Message About What You Pay for Insulin</b> – You won’t pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it’s on.</p> <p><b>Getting Help from Medicare – If you chose this plan because you were looking for insulin coverage at \$35 a month or less, it is important to know that you may have other options available to you for 2023 at even lower costs because of changes to the Medicare Part D program. Contact Medicare at 1-800-MEDICARE (1-800-633-4227) 24 hours a day, 7 days a week for help comparing your options. TTY users should call 1-877-486-2048.</b></p> <p><b>Additional Resources to Help</b> – Please contact our Customer Service number at 1-866-390-3369 for additional information. (TTY users should call 711.) Hours are 8:00 a.m. to 8:00 p.m. Central, Monday through Friday (April 1 through September 30). From October 1 through March 31, our hours are 8:00 a.m. to 8:00 p.m. Central, seven days a week.</p>	<p>If you are diabetic, you will pay a \$35 copay for any injectable insulins on our Formulary/Drug List (for a 30-day supply) in the Initial Coverage and Coverage Gap stages.</p> <p>As a reminder, insulin infused by an insulin pump is considered DME and not covered by this plan.</p>

Impacted Plans	Original Information	Updated Information (found in the Prescription Drug Benefits chart)	What does this mean for you?
BlueMedicare Value Rx (PDP) S5795-003	New information was added to the SB due to the passage of the Inflation Reduction Act of 2022.	<p><b>Important Message About What You Pay for Insulin</b> – You won’t pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it’s on, even if you haven’t paid your deductible.</p> <p><b>Getting Help from Medicare – If you chose this plan because you were looking for insulin coverage at \$35 a month or less, it is important to know that you may have other options available to you for 2023 at even lower costs because of changes to the Medicare Part D program. Contact Medicare at 1-800-MEDICARE (1-800-633-4227) 24 hours a day, 7 days a week for help comparing your options. TTY users should call 1-877-486-2048.</b></p> <p><b>Additional Resources to Help</b> – Please contact our Customer Service number at 1-866-390-3369 for additional information. (TTY users should call 711.) Hours are 8:00 a.m. to 8:00 p.m. Central, Monday through Friday (April 1 through September 30). From October 1 through March 31, our hours are 8:00 a.m. to 8:00 p.m. Central, seven days a week.</p>	<p>If you are diabetic, you will pay a \$35 copay for any injectable insulins on our Formulary/Drug List (for a 30-day supply) in the Yearly Deductible, Initial Coverage, and Coverage Gap stages.</p> <p>As a reminder, insulin infused by an insulin pump is considered DME and not covered by this plan.</p>

You are not required to take any action in response to this document, but we recommend you keep this information for future reference. If you have any questions, please call us at 1-866-390-3369 (TTY users should call 711). Hours are 8:00 a.m. to 8:00 p.m. Central, Monday through Friday (April 1 through September 30). From October 1 through March 31, our hours are 8:00 a.m. to 8:00 p.m. Central, seven days a week.

Arkansas Blue Medicare offers PDP plans with Medicare contracts. Enrollment in Arkansas Blue Medicare depends on contract renewal.

## 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 1-866-390-3369. Someone who speaks English/Language 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 1-866-390-3369. 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 1-866-390-3369。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 1-866-390-3369。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 panggagamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-866-390-3369. 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 1-866-390-3369. 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 1-866-390-3369 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 1-866-390-3369. 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 1-866-390-3369번으로 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 1-866-390-3369. 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 . سيقوم شخص ما يتحدث العربية 1-866-390-3369 على مترجم فوري، ليس عليك سوى الاتصال بنا على 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 1-866-390-3369 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 1-866-390-3369. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

**Português:** 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 1-866-390-3369. 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 1-866-390-3369. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

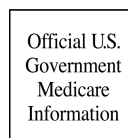
**Polish:** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-866-390-3369. Ta usługa jest bezpłatna.

**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、1-866-390-3369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:

### 2023 Medicare Star Ratings

#### Arkansas Blue Medicare - S5795



For 2023, 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 2023 de Medicare con Estrellas



Información  
oficial de  
Medicare del  
gobierno de los  
Estados Unidos



#### Arkansas Blue Medicare - S5795

En el 2023, Arkansas Blue Medicare - S5795 recibió las siguientes calificaciones de Medicare con estrellas:

Calificación general por estrellas: ★★☆☆☆

Calificación de los Servicios de Salud: El beneficio no es ofrecido por el plan

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

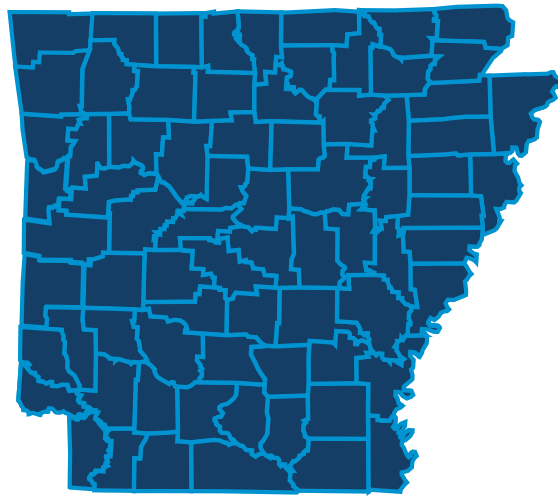
#### Obtenga más información sobre la Calificación por Estrellas en línea

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 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).





### **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. Any information we provide is limited to those plans we do offer in your area. Please contact [Medicare.gov](https://www.medicare.gov) or 1-800-MEDICARE to get information on all of your options. Arkansas Blue Medicare is the marketing name for USABLE Mutual Insurance Company d/b/a Arkansas Blue Cross and Blue Shield, USABLE PPO Insurance Company, and USABLE HMO, Inc. Arkansas Blue Medicare offers HMO, PFFS, PPO, and PDP plans with Medicare contracts. Enrollment in Arkansas Blue Medicare depends on contract renewal. Arkansas Blue Cross and Blue Shield is an Independent Licensee of the Blue Cross and Blue Shield Association. © 2022 Arkansas Blue Cross and Blue Shield. All rights reserved.