

Arkansas Blue Medicare Line Card

	HMO			PPO			PFFS	
Plan Name	Premier	Independence	Classic Plus	Saver Choice	Premier Choice	Freedom GB	Value	Preferred
Plan ID	H6158-001	H6158-003	H9699-007	H3554-002	H3554-007	H3554-011	H4213-016	H4213-017
Service Area (counties)	68/75	68/75	23/75	68/75	68/75	68/75	Varies by plan	Varies by plan
Monthly Premium	\$0	\$23.40 (LIS)	\$0	\$0	\$49	\$0	\$29–\$39	\$50–\$90
Monthly Part B Giveback	–	–	–	–	–	\$75	–	–
Medical Deductible	–	–	–	–	–	–	\$1,000 (OON)	\$1,000 (OON)
MOOP	\$5,000	\$4,000	\$6,200	\$5,000	\$5,700	\$4,500	\$7,500	\$7,500
PCP	\$0	\$0	\$0	\$0	\$0	\$0	\$20	\$20
Specialist	\$30	\$25	\$35	\$30	\$30	\$35	\$50	\$50
OT/PT & ST	\$35/\$40	\$35/\$40	\$35/\$40	\$35/\$40	\$35/\$30	\$35/\$40	\$40/\$40	\$40/\$40
Inpatient Acute Hospital	\$360 (1–5)	\$300 (1–5)	\$350 (1–5)	\$325 (1–5)	\$315 (1–5)	\$350 (1–5)	\$390 (1–5)	\$390 (1–5)
ER	\$120	\$120	\$120	\$120	\$120	\$120	\$95	\$95
Urgent Care	\$30	\$30	\$30	\$30	\$30	\$35	\$50	\$50
Tests/Procedures – Spirometry	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Tests/Procedures – HB Sleep Studies	\$0	\$0	\$0	\$0	\$0	\$0	20%	20%
Tests/Procedures – All Other Services	20%	20%	20%	\$100	\$100	20%	20%	20%
Labs – Genetic Testing	20%	20%	20%	20%	20%	20%	20%	20%
Labs – All other services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Radiology – DEXA Scans	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Radiology – Mammograms	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25
Radiology – Ultrasounds	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25
Radiology – All Other Services	\$295	\$275	\$295	\$295	\$295	\$275	\$340	\$340
X-Rays	\$0	\$0	\$0	\$0	\$0	\$0	20%	20%
Outpatient Hospital/ASC	\$295/\$275	\$275/\$250	\$295/\$275	\$295/\$275	\$295/\$275	\$275/\$250	\$340/\$340	\$340/\$340
Ground Ambulance	\$325	\$325	\$325	\$325	\$325	\$325	\$325	\$325
Dental	\$2,000/yr	\$2,000/yr	\$2,000/yr	\$2,000/yr	\$2,000/yr	\$2,000/yr	\$2,000/yr	\$2,000/yr
Eyewear	\$150/yr	\$150/yr	\$100/yr	\$100/yr	\$200/yr	\$150/yr	–	–
Hearing	\$1,000/3 yrs	\$1,000/3 yrs	\$1,000/3 yrs	\$699/\$999	\$1,500/3 yrs	\$1,000/3 yrs	\$699/\$999	\$699/\$999
Post-Acute/Surgery Meals	\$0/14 per yr	\$0/14 per yr	\$0/14 per yr	\$0/14 per yr	\$0/14 per yr	\$0/14 per yr	–	–
Sapphire Card (DVH)	\$500/yr	\$500/yr	–	\$500/yr	\$500/yr	\$300/yr	–	–
Walmart – Quarterly OTC	\$75	\$150	\$50	\$65	\$65	\$50	–	–
Walmart – Monthly Food & Produce	–	\$25	–	–	–	–	–	–
Transportation	–	\$0 / 60 trips	–	–	–	–	–	–
Fitness (SilverSneakers®)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Rx Deductible	\$100 (T4, T5)	\$545 (T2–T5)	\$250 (T3–T5)	\$250 (T4, T5)	\$0	N/A	N/A	\$545 (T2–T5)
Rx Cost Shares	\$0/\$8/\$47/ \$100/31%/\$0	\$7/\$20/\$47/ \$100/25%/\$0	\$3/\$10/\$47/ 36%/29%/\$0	\$0/\$15/\$47/ \$100/29%/\$0	\$1/\$10/\$47/ \$100/33%/\$0	N/A	N/A	\$15/\$20/\$47/ 32%/25%/\$0