Arkansas Blue
MEDICARE

An Independent Licensee of the Blue Cross and Blue Shield Association

2025 PPO

Medicare Advantage Plans

available in **65 counties**

BlueMedicare Saver Choice (PPO)

BlueMedicare Premier Choice (PPO)

Y0083_25ABM_H3554_PPO_KIT3_M
00631.03.03-0524

Arkansas Blue
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2025 PPO

Medicare Advantage Plans

Benefits at a glance

BlueMedicare Saver Choice (PPO)

BlueMedicare Premier Choice (PPO)

BlueMedicare Freedom Giveback (PPO)

Y0083_25ABM_H3554_PPO_BAAG_M
00594.03.03-0724

ARKANSAS BLUE MEDICARE PPO BENEFITS

Health & Wellness Coverage

Plan Benefits	BlueMedicare Saver Choice (PPO) H3554-002	BlueMedicare Premier Choice (PPO) H3554-007	BlueMedicare Freedom Giveback (PPO) H3554-011
Monthly Premium	$0	$49	$0
In-Network Max Out-of-Pocket	$6,000	$5,700	$4,500
Plan Deductible	$0	$0	$0
Monthly Part B Giveback	Not applicable	Not applicable	$75
PCP	$0 copay	$0 copay	$0 copay
Specialist	$35 copay	$35 copay	$35 copay
Inpatient Hospital	$375 copay per day, days 1–5	$375 copay per day, days 1–5	$375 copay per day, days 1–5
ER	$125 copay	$125 copay	$125 copay
Outpatient Hospital	$325 copay	$325 copay	$300 copay
Labs	0%–20% coinsurance	0%–20% coinsurance	0%–20% coinsurance
X-Rays	$0 copay	$0 copay	$0 copay
Diabetic Supplies (preferred)	$0 copay (at a network pharmacy)	$0 copay (at a network pharmacy)	$0 copay
Blue Medicare Sapphire Card	Not covered	Not covered	$300 per year
Dental (preventive & comprehensive, including unlimited extractions)	$3,000 per year	$3,000 per year	$3,000 per year
Vision (eyewear)	$150 per year	$250 per year	$150 per year
Hearing Aids	$699/$999 copay	$1,500 per 3 years	$1,000 per 3 years
Quarterly Over-the-Counter (OTC)	$80	$50	$50
Monthly Food & Produce	Not covered	Not covered	Not covered
Transportation	Not covered	Not covered	Not covered
Post-Acute Meals	$0 copay (14 meals per year)	$0 copay (14 meals per year)	$0 copay (14 meals per year)
SilverSneakers®	$0 copay	$0 copay	$0 copay
In-Home Support Services	Not covered	Not covered	$0 copay (40 hours per year)

Consult the Summary of Benefits (SB) for more information. These are in-network benefits. You pay these amounts when you visit doctors, hospitals, and other providers who have contracted with Arkansas Blue Medicare. To accommodate members who travel and may live out-of-state for part of the year, we cover out-of-network out-of-Arkansas services at in-network cost sharing if the services are performed by a provider who participates in the Blue Cross and Blue Shield Association PPO Network Sharing Group. Out-of-network/non-contracted providers are under no obligation to treat plan members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost sharing that applies to out-of-network services.

Prescription Drug Coverage

Plan Benefits	BlueMedicare Saver Choice (PPO) H3554-002	BlueMedicare Premier Choice (PPO) H3554-007	BlueMedicare Freedom Giveback (PPO) H3554-011
Part D Deductible	$250 (T4 & T5)	$0	No Part D coverage
Tier 1 (30-day fill)	$0 copay	$1 copay	
Tier 2 (30-day fill)	$10 copay	$10 copay	
Tier 3 (30-day fill)	$47 copay	$47 copay	
Tier 4 (30-day fill)	43% coinsurance	50% coinsurance	
Tier 5 (30-day fill)	30% coinsurance	33% coinsurance	
Non-Medicare Covered Drugs (Sildenafil, Tadalafil)	Tier 2	Tier 2	
Insulin Products (Tier 3 & Tier 5)*	$35 copay (30-day supply)	$35 copay (30-day supply)	
Prescription Drug Coverage Periods			
Deductible Stage	You begin in this stage when you fill your first Tier 4 or Tier 5 prescription of the year. You pay the full cost of these drugs until you reach $250. After that, you only pay your share.	This plan does not have a deductible; therefore, this stage does not apply.	No Part D coverage
Initial Coverage Stage	You remain in this stage until your yearly out-of-pocket drug costs reach $2,000.		
Catastrophic Coverage Stage	After your yearly out-of-pocket drug costs reach $2,000, you pay $0 for your covered Part D drugs for the rest of the plan year. You may have cost sharing for non-Medicare covered drugs that are included in our enhanced benefit.		

*The copay amount for covered insulin products applies through the Deductible and Initial Coverage Stages. The Part D deductible does not apply to covered insulin products.

2025 Arkansas Blue Medicare PPO counties served:

Arkansas, Ashley, Baxter, Benton, Boone, Bradley, Calhoun, Carroll, Clark, Clay, Cleburne, Cleveland, Columbia, Conway, Craighead, Crawford, Crittenden, Cross, Dallas, Drew, Franklin, Fulton, Grant, Greene, Hempstead, Hot Spring, Independence, Izard, Jackson, Jefferson, Johnson, Lawrence, Lee, Lincoln, Logan, Lonoke, Madison, Marion, Mississippi, Monroe, Montgomery, Nevada, Newton, Ouachita, Perry, Phillips, Pike, Poinsett, Polk, Pope, Prairie, Pulaski, Randolph, Scott, Searcy, Sebastian, Sharp, St. Francis, Stone, Union, Van Buren, Washington, White, Woodruff, Yell

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Call **1-855-591-9794** (TTY: **711**)

Visit **www.arkbluemedicare.com**

Scan the **QR code** with your phone's camera

October 1 to March 31:

We're available seven days a week from 8:00 a.m. to 8:00 p.m. Central time, except for Thanksgiving Day and Christmas Day.

April 1 to September 30:

We're available Monday through Friday, 8:00 a.m. to 8:00 p.m. Central time.

Please contact **Medicare.gov** or **1-800-MEDICARE** to get information on all of your options. Arkansas Blue Medicare offers HMO, PFFS, PPO, and PDP plans with Medicare contracts. Plans are not available in all counties. Enrollment in Arkansas Blue Medicare depends on contract renewal. USAble Mutual Insurance Company d/b/a Arkansas Blue Cross and Blue Shield is an Independent Licensee of the Blue Cross and Blue Shield Association. Arkansas Blue Medicare is the marketing name for USAble PPO Insurance Company and USAble HMO, Inc. USAble PPO Insurance Company and USAble HMO, Inc. are affiliates of Arkansas Blue Cross.
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Arkansas Blue MEDICARE
An Independent Licensee of the Blue Cross and Blue Shield Association

Only at Walmart

Walmart Wellness Benefits Card

Arkansas Blue Medicare partners with Walmart to offer the **Walmart Wellness Benefits Card** for over-the-counter products to our HMO and PPO members.

With this benefit, you'll receive **$50–$155*** each calendar quarter to spend on approved over-the-counter (OTC) health-related items. Choose from thousands of items in-store, online, or through our catalog.

The **Walmart Wellness Benefits Card** can be used to purchase Walmart-branded and brand-name health-related products** like:

- Allergy, sinus, and cold/flu
- Oral health
- Diabetes care
- Digestive health
- Eye and ear care
- First aid
- Foot care
- Incontinence products
- Pain relief
- Supports, braces, and wraps
- Smoking cessation products
- Sun and skin care (non-cosmetic)
- Vitamins

4 ways to shop:

Swipe your card at Walmart & Walmart Neighborhood Market.

Call Walmart Customer Service.

Go online to **Walmart.com** or use the Walmart app.

Mail an order form directly to Walmart.

Important:

- The **Walmart Wellness Benefits Card** must be activated before it can be used. When ordering by phone, online, or through the app, you must already have or create a Walmart.com account.
- Allowances are available for members to use at the start of each calendar quarter (January 1, April 1, July 1, and October 1).
- Unused funds at the end of each calendar quarter (March 31, June 30, September 30, and December 31) do NOT roll to the next calendar quarter and return to the plan.

*Quarterly allowances vary by plan. Please refer to our plan documents for full details.
**Subject to OTC benefit coverage requirements established by the Centers for Medicare & Medicaid Services (CMS).

Please contact **Medicare.gov**, **1–800–MEDICARE**, or your local State Health Insurance Program to get information on all of your options. Arkansas Blue Medicare offers HMO, PFFS, PPO, and PDP plans with Medicare contracts. Enrollment in Arkansas Blue Medicare depends on contract renewal. USAble Mutual Insurance Company d/b/a Arkansas Blue Cross and Blue Shield is an Independent Licensee of the Blue Cross and Blue Shield Association. Arkansas Blue Medicare is the marketing name for USAble PPO Insurance Company and USAble HMO, Inc. USAble PPO Insurance Company and USAble HMO, Inc. are affiliates of Arkansas Blue Cross. © 2024 Arkansas Blue Cross and Blue Shield. All rights reserved.

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2025 Summary of Benefits

BlueMedicare Saver Choice (PPO) H3554-002
BlueMedicare Premier Choice (PPO) H3554-007

Y0083_25ABM_H3554-002-007_PPO_SB_SK3_M

This Summary of Benefits

This is a summary of the benefits for:

- BlueMedicare Saver Choice (PPO)
- BlueMedicare Premier Choice (PPO)

The benefit information in this document is a summary of what we cover and your cost share. It does not list every service, limitation, or exclusion. To get a complete list of covered services, call us and ask for an "Evidence of Coverage" or "EOC." You can also find all of our EOCs on our website at **www.arkbluemedicare.com**.

If you'd like to learn more about the coverage and costs of Original Medicare, review the current "Medicare & You" handbook. You can find 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**.

Plan Eligibility

To join, you must:

- Be entitled to Medicare Part A
- Be enrolled in Medicare Part B
- Live in the plan's service area

Service Area

The service area is the same for BlueMedicare Saver Choice (PPO) and BlueMedicare Premier Choice (PPO) and includes the following Arkansas counties: Arkansas, Ashley, Baxter, Benton, Boone, Bradley, Calhoun, Carroll, Clark, Clay, Cleburne, Cleveland, Columbia, Conway, Craighead, Crawford, Crittenden, Cross, Dallas, Drew, Franklin, Fulton, Grant, Greene, Hempstead, Hot Spring, Independence, Izard, Jackson, Jefferson, Johnson, Lawrence, Lee, Lincoln, Logan, Lonoke, Madison, Marion, Mississippi, Monroe, Montgomery, Nevada, Newton, Ouachita, Perry, Phillips, Pike, Poinsett, Polk, Pope, Prairie, Pulaski, Randolph, Scott, Searcy, Sebastian, Sharp, St. Francis, Stone, Union, Van Buren, Washington, White, Woodruff, and Yell.

BlueMedicare Saver Choice (PPO) and BlueMedicare Premier Choice (PPO) Are PPOs

A PPO is a preferred provider organization offered by a private insurance company. Our PPOs have a network of contracted healthcare providers and facilities – these are in-network providers. Providers and facilities who are not contracted with our plan are considered out-of-network. As a PPO member, you'll have the choice of going to an in-network or out-of-network provider or facility. Generally, your out-of-pocket costs for an out-of-network provider will be higher than for one who is in-network.

As a member of our plan, you'll be asked to choose a primary care provider (PCP) who will coordinate your care when you need to see a specialist or go to a facility. A referral from your PCP is not required for any service. Some services, however, require a prior authorization, which is approval from our plan in advance of you getting the service. Benefits mentioned in this document that require prior authorization are noted with an asterisk (*).

How to Contact Us

If you're a current member of one of these plans, call us at **1-844-463-1088** (TTY: **711**). If you're not a member of one of these plans, call us at **1-855-591-9794** (TTY: **711**).

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

You can also visit our website at **www.arkbluemedicare.com**.

	BlueMedicare Saver Choice (PPO) H3554-002	BlueMedicare Premier Choice (PPO) H3354-007
Monthly Premium, Deductible, and Limits		
Monthly Plan Premium You must continue to pay your Medicare Part B premium.	$0	$49
Medical Deductible	This plan does not have a deductible.	This plan does not have a deductible.
Annual Maximum Out-of-Pocket Costs It's the most you'll pay out of your own pocket (copays and/or coinsurance) for covered medical services for the year. Once you reach this amount, our plan will pay 100% of your covered medical costs for the rest of the plan year.		
In-network	$6,000	$5,700
Combined in- and out-of-network	$9,550	$9,550

For members who travel and live out-of-state for part of the year, we cover out-of-network out-of-Arkansas services at in-network cost sharing if the services are performed by a provider who participates in the Blue Cross and Blue Shield Association PPO Network Sharing Group.	BlueMedicare Saver Choice (PPO) H3554-002		BlueMedicare Premier Choice (PPO) H3354-007	
	In-Network	**Out-of-Network**	**In-Network**	**Out-of-Network**
Medical Benefits (benefits that may require prior authorization are noted with an "*")				
Inpatient Hospital*	$375 copay per day for days 1–5; $0 copay per day for days 6–90	40% coinsurance	$375 copay per day for days 1–5; $0 copay per day for days 6–90	40% coinsurance

For members who travel and live out-of-state for part of the year, we cover out-of-network out-of-Arkansas services at in-network cost sharing if the services are performed by a provider who participates in the Blue Cross and Blue Shield Association PPO Network Sharing Group.	**BlueMedicare Saver Choice (PPO) H3554-002**		**BlueMedicare Premier Choice (PPO) H3354-007**	
	In-Network	**Out-of-Network**	**In-Network**	**Out-of-Network**
Medical Benefits (benefits that may require prior authorization are noted with an "*")				
Outpatient Hospital				
Outpatient surgery/non-surgery	$325 copay	40% coinsurance	$325 copay	40% coinsurance
Outpatient observation*	$325 copay	40% coinsurance	$325 copay	40% coinsurance
Ambulatory Surgical Center (ASC) Services	$250 copay	40% coinsurance	$250 copay	40% coinsurance
Doctor Visits				
Primary care provider (PCP)	$0 copay	$30 copay	$0 copay	$20 copay
Specialist	$35 copay	40% coinsurance	$35 copay	40% coinsurance
Preventive Care	$0 copay	40% coinsurance	$0 copay	40% coinsurance

Preventive Care – More Information

Services include: Abdominal aortic aneurysm screening, alcohol misuse counseling, Annual Wellness Visit, barium enema, bone mass measurement, breast cancer screening (mammogram), cardiovascular disease (behavioral therapy), cardiovascular screening, cervical and vaginal cancer screening, colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy), depression screening, diabetes screening, diabetes self-management training, digital rectal exam, electrocardiogram (EKG), glaucoma screening, HIV screening, lung cancer screening, medical nutrition therapy services, Medicare diabetes prevention program, obesity screening and counseling, prostate cancer screening (PSA), sexually transmitted infections screening and counseling, tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease), vaccines (including flu, hepatitis B, and pneumococcal shots), and the "Welcome to Medicare" preventive visit (one-time). Any additional preventive services approved by Medicare during the plan year will be covered.

For members who travel and live out-of-state for part of the year, we cover out-of-network out-of-Arkansas services at in-network cost sharing if the services are performed by a provider who participates in the Blue Cross and Blue Shield Association PPO Network Sharing Group.	BlueMedicare Saver Choice (PPO) H3554-002		BlueMedicare Premier Choice (PPO) H3354-007	
	In-Network	**Out-of-Network**	**In-Network**	**Out-of-Network**
Medical Benefits (benefits that may require prior authorization are noted with an "*")				
Emergency Room (ER) If you're admitted to the hospital within 24 hours, you do not have to pay your ER copay.	$125 copay (If you receive multiple services at the same location (e.g., the emergency room), you will pay the highest copay amount of all the services provided.)		$125 copay (If you receive multiple services at the same location (e.g., the emergency room), you will pay the highest copay amount of all the services provided.)	
Urgently Needed Services	$30 copay		$30 copay	
Diagnostic Services/Labs/Imaging				
Diagnostic test – spirometry*	$0 copay	40% coinsurance	$0 copay	40% coinsurance
Diagnostic test – home-based sleep study*	$0 copay	40% coinsurance	$0 copay	40% coinsurance
All other diagnostic tests and procedures*	$100 copay	40% coinsurance	$100 copay	40% coinsurance
Lab services – genetic testing*	20% coinsurance	40% coinsurance	20% coinsurance	40% coinsurance
All other lab services (except genetic testing)*	0% coinsurance	40% coinsurance	0% coinsurance	40% coinsurance
Radiology – diagnostic mammogram*	$25 copay	40% coinsurance	$25 copay	40% coinsurance
Radiology – ultrasound*	$25 copay	40% coinsurance	$25 copay	40% coinsurance
All other diagnostic radiology services*	$325 copay	40% coinsurance	$325 copay	40% coinsurance
Radiation therapy*	20% coinsurance	40% coinsurance	20% coinsurance	40% coinsurance
X-rays*	$0 copay	40% coinsurance	$0 copay	40% coinsurance

For members who travel and live out-of-state for part of the year, we cover out-of-network out-of-Arkansas services at in-network cost sharing if the services are performed by a provider who participates in the Blue Cross and Blue Shield Association PPO Network Sharing Group.	**BlueMedicare Saver Choice (PPO) H3554-002**		**BlueMedicare Premier Choice (PPO) H3354-007**	
	In-Network	**Out-of-Network**	**In-Network**	**Out-of-Network**

Medical Benefits (benefits that may require prior authorization are noted with an "*")

Diagnostic Services/Labs/Imaging – More Information

- If you receive multiple services at the same location (e.g., the emergency room or freestanding diagnostic radiology office), you will pay the highest copay amount of all the services provided.
- If the cost share for one service is a copay and the cost share for another service is a coinsurance, you may be asked to pay both the copay and coinsurance.

Hearing Services				
Medicare-covered hearing exams	$35 copay	40% coinsurance	$35 copay	40% coinsurance
Routine hearing exam (1 per year)	$0 copay	$0 copay	$0 copay	$0 copay
Hearing aid fittings/evaluation (1 year of follow-up visits with hearing aid purchase)	$0 copay	$0 copay	$0 copay	$0 copay
Hearing aids (Advanced / Premium – up to 2 hearing aids per year, 1 per ear)	$699 / $999 copay per hearing aid		Not covered	
Hearing aid allowance (up to 2 hearing aids per 3 years, 1 per ear) (combined in-network and out-of-network)	Not covered		$1,500	

Hearing Services – More Information

- TruHearing providers must be used for the routine hearing exam.
- TruHearing hearing aids must also be used.

For members who travel and live out-of-state for part of the year, we cover out-of-network out-of-Arkansas services at in-network cost sharing if the services are performed by a provider who participates in the Blue Cross and Blue Shield Association PPO Network Sharing Group.	**BlueMedicare Saver Choice (PPO) H3554-002**		**BlueMedicare Premier Choice (PPO) H3354-007**	
	In-Network	**Out-of-Network**	**In-Network**	**Out-of-Network**
Medical Benefits (benefits that may require prior authorization are noted with an "*")				
Dental – Preventive Services				
Exams (up to 2 per calendar year)	$0 copay	50% coinsurance	$0 copay	50% coinsurance
Cleanings (2 per calendar year)	$0 copay	50% coinsurance	$0 copay	50% coinsurance
X-rays (1 per calendar year to every 3 calendar years depending on the service)	$0 copay	50% coinsurance	$0 copay	50% coinsurance
Fluoride treatments (1 to unlimited per calendar year depending on the service)	Not covered		$0 copay	50% coinsurance
Dental – Comprehensive Services				
Medicare-covered dental services	$35 copay	40% coinsurance	$35 copay	40% coinsurance
Diagnostic services	Not covered		Not covered	
Non-routine services	Not covered		Not covered	
Restorative services (1 per calendar year for BlueMedicare Saver Choice (PPO) and 1 to unlimited per calendar year depending on the service for BlueMedicare Premier Choice (PPO))	20% coinsurance	50% coinsurance	20% coinsurance	50% coinsurance
Endodontics (1 per calendar year)	Not covered		20% coinsurance	50% coinsurance
Periodontics (up to 2 per calendar year to every 3 calendar years depending on the service)	20% coinsurance	50% coinsurance	20% coinsurance	50% coinsurance

For members who travel and live out-of-state for part of the year, we cover out-of-network out-of-Arkansas services at in-network cost sharing if the services are performed by a provider who participates in the Blue Cross and Blue Shield Association PPO Network Sharing Group.	**BlueMedicare Saver Choice (PPO) H3554-002**		**BlueMedicare Premier Choice (PPO) H3354-007**	
	In-Network	**Out-of-Network**	**In-Network**	**Out-of-Network**
Medical Benefits (benefits that may require prior authorization are noted with an "*")				
Extractions (unlimited per calendar year)	20% coinsurance	50% coinsurance	20% coinsurance	50% coinsurance
Adjunctive general services (2 per calendar year)	Not covered		20% coinsurance	50% coinsurance
Prosthodontics, removable (up to 2 per calendar year to every 3 calendar years depending on the service for BlueMedicare Saver Choice (PPO) and up to 2 per calendar year to every 5 calendar years depending on the service for BlueMedicare Premier Choice (PPO))	20% coinsurance	50% coinsurance	20% coinsurance	50% coinsurance
Dental annual allowance (combined preventive and comprehensive services, in-network and out-of-network)	$3,000		$3,000	

Dental Services – More Information

- Covered dental services are subject to conditions, limitations, exclusions, and maximums.
- Network dentists have agreed to provide services at a negotiated rate. If you see a network dentist, you cannot be billed more than that rate.

Vision Services				
Medicare-covered diabetic retinopathy screening	$0 copay	40% coinsurance	$0 copay	40% coinsurance
Medicare-covered glaucoma screening	$0 copay	40% coinsurance	$0 copay	40% coinsurance
All other Medicare-covered eye exams	$35 copay	40% coinsurance	$35 copay	40% coinsurance
Medicare-covered eyewear	$0 copay	40% coinsurance	$0 copay	40% coinsurance

For members who travel and live out-of-state for part of the year, we cover out-of-network out-of-Arkansas services at in-network cost sharing if the services are performed by a provider who participates in the Blue Cross and Blue Shield Association PPO Network Sharing Group.	**BlueMedicare Saver Choice (PPO) H3554-002**		**BlueMedicare Premier Choice (PPO) H3354-007**	
	In-Network	**Out-of-Network**	**In-Network**	**Out-of-Network**
Medical Benefits (benefits that may require prior authorization are noted with an "*")				
Routine eye exam (1 per year)	$0 copay	40% coinsurance	$0 copay	40% coinsurance
Routine eyewear – contact lenses and eyeglasses (lenses and frames) (unlimited up to annual allowance) and upgrades (up to the annual allowance)	$0 copay	$0 copay	$0 copay	$0 copay
Routine eyewear annual allowance (combined in-network and out-of-network)	$150		$250	
Mental Health				
Inpatient hospital*	$375 copay per day for days 1–5; $0 copay per day for days 6–90	40% coinsurance	$375 copay per day for days 1–5; $0 copay per day for days 6–90	40% coinsurance
Outpatient mental health specialty and psychiatric visits (individual and group therapy sessions)	$35 copay	40% coinsurance	$35 copay	40% coinsurance
Skilled Nursing Facility (SNF) Services*	$0 copay per day for days 1–20; $214 copay per day for days 21–100	40% coinsurance	$0 copay per day for days 1–20; $214 copay per day for days 21–100	40% coinsurance
Rehabilitation/Therapy Services				
Physical therapy*	$40 copay	40% coinsurance	$40 copay	40% coinsurance
Occupational therapy*	$40 copay	40% coinsurance	$40 copay	40% coinsurance
Speech therapy*	$40 copay	40% coinsurance	$40 copay	40% coinsurance

For members who travel and live out-of-state for part of the year, we cover out-of-network out-of-Arkansas services at in-network cost sharing if the services are performed by a provider who participates in the Blue Cross and Blue Shield Association PPO Network Sharing Group.	**BlueMedicare Saver Choice (PPO) H3554-002**		**BlueMedicare Premier Choice (PPO) H3354-007**	
	In-Network	**Out-of-Network**	**In-Network**	**Out-of-Network**
Medical Benefits (benefits that may require prior authorization are noted with an "*")				
Ambulance Services				
Ground ambulance	$325 copay	$325 copay	$325 copay	$325 copay
Air ambulance	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance
Transportation (health-related)	Not covered		Not covered	
Medicare Part B Drugs				
Insulin products (e.g., for an insulin pump)	$35 copay	40% coinsurance	$35 copay	40% coinsurance
Chemotherapy/Radiation drugs*	0%–20% coinsurance	40% coinsurance	0%–20% coinsurance	40% coinsurance
Other Part B drugs*	0%–20% coinsurance	40% coinsurance	0%–20% coinsurance	40% coinsurance

	BlueMedicare Saver Choice (PPO) H3554-002	BlueMedicare Premier Choice (PPO) H3554-007
Prescription Drug Benefits		
Deductible Stage If your plan has a deductible, you'll begin in this stage when you fill your first prescription of the year if it's on a tier to which the deductible applies. You'll pay the full cost of these drugs until you reach the deductible amount. After that, you'll only pay your cost share. If your plan doesn't have a deductible, you'll start in the Initial Coverage Stage.		
Deductible	$250	This plan does not have a deductible.
Deductible applies to these tiers	Tiers 4 and 5	Not applicable
Initial Coverage Stage During this stage, our plan pays its share of the cost of your drugs, and you pay your share of the cost. You'll stay in this stage until your total yearly drug costs (total drug costs paid by you and our plan) reach $2,000. Once you reach this amount, you will enter the Catastrophic Coverage Stage.		

	BlueMedicare Saver Choice (PPO) H3554-002	BlueMedicare Premier Choice (PPO) H3554-007
Prescription Drug Benefits		
Standard Retail Pharmacy Cost Shares	**30-Day / 100-Day Supply**	**30-Day / 100-Day Supply**
Tier 1 (Preferred Generic)	$0 copay / $0 copay	$1 copay / $2.50 copay
Tier 2 (Generic)	$10 copay / $25 copay	$10 copay / $25 copay
Tier 3 (Preferred Brand)	$47 copay / $141 copay	$47 copay / $141 copay
Tier 4 (Non-Preferred Drug)	43% coinsurance / 43% coinsurance	50% coinsurance / 50% coinsurance
Tier 5 (Specialty Tier)	30% coinsurance / Not covered	33% coinsurance / Not covered
Mail-Order Pharmacy Cost Shares	**30-Day / 100-Day Supply**	**30-Day / 100-Day Supply**
Tier 1 (Preferred Generic)	$0 copay / $0 copay	$1 copay / $0 copay
Tier 2 (Generic)	$10 copay / $0 copay	$10 copay / $0 copay
Tier 3 (Preferred Brand)	$47 copay / $131 copay	$47 copay / $131 copay
Tier 4 (Non-Preferred Drug)	43% coinsurance / 43% coinsurance	50% coinsurance / 50% coinsurance
Tier 5 (Specialty Tier)	30% coinsurance / Not covered	33% coinsurance / Not covered
Catastrophic Coverage Stage After your yearly out-of-pocket drug costs (including drugs purchased through retail pharmacies and mail order) reach $2,000, you will enter the Catastrophic Coverage Stage.	You will have no cost sharing for covered Part D drugs for the rest of the plan year. You may have cost sharing for excluded drugs that are covered under our enhanced benefit.	You will have no cost sharing for covered Part D drugs for the rest of the plan year. You may have cost sharing for excluded drugs that are covered under our enhanced benefit.

	BlueMedicare Saver Choice (PPO) H3554-002	BlueMedicare Premier Choice (PPO) H3554-007

Prescription Drug Benefits

Prescription Drug Coverage – More Information

- Cost shares for covered insulin products will not be more than a $35 copayment for a 30-day supply regardless of the tier. Additionally, the Part D deductible will not apply to any covered insulin products.
- Cost shares for covered ACIP-approved vaccines will be a $0 copayment regardless of the tier. Additionally, the Part D deductible will not apply to any covered ACIP-approved vaccine.
- Tier 2 includes coverage of certain excluded drugs for erectile dysfunction, which are not covered by Medicare. Please see the Formulary and EOC for more details.
- Cost sharing may differ based on the pharmacy type (e.g., retail, mail order, long-term care (LTC)) or by fill amount (i.e., 30-day or 100-day supply).
- If you receive "Extra Help," you may pay less for your Part D covered drugs depending on your level of "Extra Help."
  - Deductible: $0
  - Generic drugs (on all tiers) – 30-day or 100-day supply: $0, $1.60, or $4.90 copayment
  - Brand drugs (on all tiers) – 30-day or 100-day supply: $0, $4.80, or $12.15 copayment
  - To see if you qualify for "Extra Help," please call the Social Security Office at **1-800-772-1213** Monday–Friday, 8:00 a.m.–7:00 p.m. TTY users should call **1-800-325-0778**.

For members who travel and live out-of-state for part of the year, we cover out-of-network out-of-Arkansas services at in-network cost sharing if the services are performed by a provider who participates in the Blue Cross and Blue Shield Association PPO Network Sharing Group.	BlueMedicare Saver Choice (PPO) H3554-002		BlueMedicare Premier Choice (PPO) H3554-007	
	In-Network	**Out-of-Network**	**In-Network**	**Out-of-Network**
Additional Medical Benefits (benefits that may require prior authorization are noted with an "*")				
Podiatry Services (foot care)				
Medicare-covered services	$35 copay	40% coinsurance	$30 copay	40% coinsurance
Routine services (6 visits per year)	$35 copay	40% coinsurance	$30 copay	40% coinsurance
Medicare-Covered Chiropractic Services	$15 copay	40% coinsurance	$15 copay	40% coinsurance
Medical Equipment and Supplies				
Durable medical equipment (DME)*	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance
Prosthetics*	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance
Medical supplies*	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance
Diabetic supplies – testing supplies from our preferred manufacturers Lifescan and Roche	$0 copay (at a network pharmacy)	20% coinsurance	$0 copay (at a network pharmacy)	20% coinsurance
Diabetic supplies – continuous glucose monitors (CGMs) from our preferred manufacturers Dexcom and FreeStyle	$0 copay (at a network pharmacy)	20% coinsurance	$0 copay (at a network pharmacy)	20% coinsurance
Diabetic therapeutic shoes or inserts*	$0 copay	20% coinsurance	$0 copay	20% coinsurance
Additional Rehabilitation Services				
Cardiac rehabilitation	$10 copay	40% coinsurance	$0 copay	40% coinsurance
Intensive cardiac rehabilitation	$10 copay	40% coinsurance	$0 copay	40% coinsurance
Pulmonary rehabilitation*	$15 copay	40% coinsurance	$15 copay	40% coinsurance

For members who travel and live out-of-state for part of the year, we cover out-of-network out-of-Arkansas services at in-network cost sharing if the services are performed by a provider who participates in the Blue Cross and Blue Shield Association PPO Network Sharing Group.	**BlueMedicare Saver Choice (PPO) H3554-002**		**BlueMedicare Premier Choice (PPO) H3554-007**	
	In-Network	**Out-of-Network**	**In-Network**	**Out-of-Network**
Additional Medical Benefits (benefits that may require prior authorization are noted with an "*")				
Supervised exercise therapy for peripheral artery disease (PAD)*	$10 copay	40% coinsurance	$0 copay	40% coinsurance
Telehealth				
PCP, specialist, urgently needed, and outpatient mental health (individual and group therapy sessions) services	$0 copay	Not covered	$0 copay	Not covered

	BlueMedicare Saver Choice (PPO) H3554-002		BlueMedicare Premier Choice (PPO) H3554-007	
	In-Network	**Out-of-Network**	**In-Network**	**Out-of-Network**
Extra Benefits				
Walmart Wellness Benefits Card – OTC You'll be able to get over-the-counter (OTC) items from Walmart with our quarterly OTC benefit. Conveniently shop in-store at your local Walmart, online at **Walmart.com**, or through the Walmart app using your Walmart Wellness Benefits Card for OTC. (You can also call or mail in your order.) With thousands of products online and in store, an easy-to-use catalog, and a preloaded debit card, accessing your OTC benefit will be quick and easy. (Unused funds at the end of each quarter do not rollover to the next quarter.)	$80 (per quarter)	Only the in-network benefit can be used.	$50 (per quarter)	Only the in-network benefit can be used.

	BlueMedicare Saver Choice (PPO) H3554-002		BlueMedicare Premier Choice (PPO) H3554-007	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Extra Benefits				
Walmart Wellness Benefits Card – Food & Produce If you have been diagnosed with a chronic health condition, you may be able to get the Walmart Wellness Benefits Card for food and produce. You can use the preloaded debit card to purchase healthy food and fresh produce from your local Walmart. (Only one debit card will be issued, which will have two separate allowances on it – one for OTC and the other for food and produce.) This food and produce benefit is a monthly allowance, and unused funds at the end of each month do not rollover to the next month. The benefit mentioned here is part of a special supplemental program for chronically ill members with one or more of the following conditions: Cancer, chronic heart failure (CHF), diabetes, osteoporosis, or stroke. (Not all the eligible chronic conditions are listed here.) Even if you have one of the listed chronic conditions, you may not receive the benefit because coverage depends on you being identified as a "chronically ill member" and that you meet the plan's criteria for this benefit.	Not covered		Not covered	

	BlueMedicare Saver Choice (PPO) H3554-002		BlueMedicare Premier Choice (PPO) H3554-007	
	In-Network	**Out-of-Network**	**In-Network**	**Out-of-Network**
Extra Benefits				
Blue Medicare Sapphire Card You'll receive a pre-loaded Mastercard debit card to help reduce out-of-pocket expenses (in-network and out-of-network) for covered dental, vision, and hearing services. The annual allowance is combined for in-network and out-of-network services.	Not covered		Not covered	
In-Home Support Services You can get a set number of hours per year for help with activities of daily living (ADLs) (e.g., bathing and dressing) and instrumental activities of daily living (IADLs) (e.g., errands and transportation to appointments). Scheduling your visits is easy and convenient (visits must be in two-hour or four-hour increments).	Not covered		Not covered	
SilverSneakers® You'll have access to a fitness benefit at participating SilverSneakers facilities (instructor-led group exercise classes and exercise equipment), ways to get active outside of traditional gyms, and digital/virtual options. In-home fitness kits are also available.	$0 copay	Only the in-network benefit can be used.	$0 copay	Only the in-network benefit can be used.

	BlueMedicare Saver Choice (PPO) H3554-002		BlueMedicare Premier Choice (PPO) H3554-007	
	In-Network	**Out-of-Network**	**In-Network**	**Out-of-Network**
Extra Benefits				
24-Hour Nurse Advice Line	$0 copay	Only the in-network benefit can be used.	$0 copay	Only the in-network benefit can be used.
Additional Physical Exam This is in addition to the Medicare-covered Annual Wellness Visit.	$0 copay	40% coinsurance	$0 copay	40% coinsurance
Meals Benefit Immediately following surgery or discharge from a hospital stay, you can get two nutritious meals per day for seven days (a total of 14 meals per year) delivered to your home.	$0 copay	Only the in-network benefit can be used.	$0 copay	Only the in-network benefit can be used.
Worldwide Emergency/Urgent Care Services Up to $15,000 per year combined for emergency and urgently needed services outside the U.S.	20% coinsurance		20% coinsurance	

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

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 **1-855-591-9794** (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 **1-855-591-9794** (TTY: **711**) to view a copy of the EOC.
- ☐ Review the Provider Directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- ☐ 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, 2026.
- ☐ Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services, the provider must agree to treat you. Except in an emergency or urgent situation, non-contracted providers may deny care. In addition, you will pay a higher copay for services received by non-contracted providers.
- ☐ Effect on Current Coverage: If you are currently enrolled in a Medicare Advantage plan, your current Medicare Advantage healthcare coverage will end once your new Medicare Advantage coverage starts. If you have Tricare, your coverage may be affected once your new Medicare Advantage coverage starts. Please contact Tricare for more information. If you have a Medigap plan, once your Medicare Advantage coverage starts, you may want to drop your Medigap policy because you will be paying for coverage you cannot use.

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Form Approved
OMB# 0938-1421

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 1-844-463-1088. Someone who speaks English 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 1-844-463-1088. 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 1-844-463-1088。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 1-844-463-1088。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 panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-844-463-1088. 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 1-844-463-1088. 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 quí vị cần thông dịch viên xin gọi 1-844-463-1088 sẽ có nhân viên nói tiếng Việt giúp đỡ quí vị. Đây là dịch vụ miễn phí .

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-844-463-1088. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Form Approved
OMB# 0938-1421

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-844-463-1088 번으로 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 1-844-463-1088. 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 على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-844-463-1088. سيقوم شخص ما يتحدث العربية 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 1-844-463-1088 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 1-844-463-1088. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: 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 1-844-463-1088. 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 1-844-463-1088. 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 1-844-463-1088. 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ございます。通訳をご用命になるには、1-844-463-1088 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:

2025 Medicare Star Ratings

Official U.S. Government Medicare Information

Arkansas Blue Medicare - H3554

For 2025, Arkansas Blue Medicare - H3554 received the following Star Ratings from Medicare:

Overall Star Rating:	★★★☆☆
Health Services Rating:	★★★⯪☆
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**.

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 844-463-1088 (toll-free) or 711 (TTY).

Arkansas Blue MEDICARE

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INFORMACION IMPORTANTE:

Calificación 2025 de Medicare con Estrellas

Información oficial de Medicare del gobierno de los Estados Unidos

Arkansas Blue Medicare - H3554

En el 2025, Arkansas Blue Medicare - H3554 recibió las siguientes calificaciones de Medicare con estrellas:

Calificación general por estrellas:	★★★☆☆
Calificación de los Servicios de Salud:	★★★⯪☆
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.

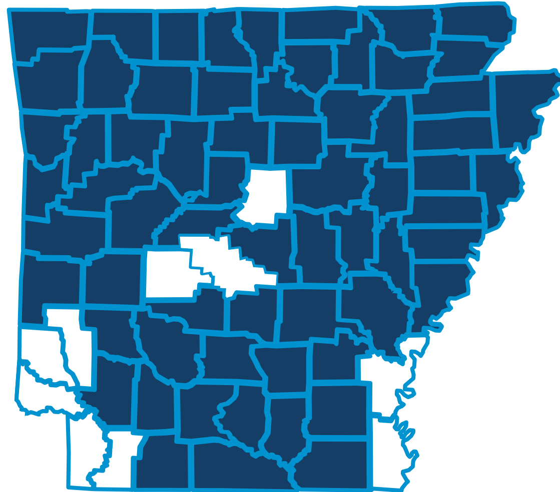
★★★★★	EXCELENTE
★★★★☆	SUPERIOR AL PROMEDIO
★★★☆☆	PROMEDIO
★★☆☆☆	DEBAJO DEL PROMEDIO
★☆☆☆☆	DEFICIENTE

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.

¿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 (TTY) 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 844-463-1088 (número gratuito) o al 711 (TTY).



Arkansas Blue Medicare PPO counties served:

Arkansas, Ashley, Baxter, Benton, Boone, Bradley, Calhoun, Carroll, Clark, Clay, Cleburne, Cleveland, Columbia, Conway, Craighead, Crawford, Crittenden, Cross, Dallas, Drew, Franklin, Fulton, Grant, Greene, Hempstead, Hot Spring, Independence, Izard, Jackson, Jefferson, Johnson, Lawrence, Lee, Lincoln, Logan, Lonoke, Madison, Marion, Mississippi, Monroe, Montgomery, Nevada, Newton, Ouachita, Perry, Phillips, Pike, Poinsett, Polk, Pope, Prairie, Pulaski, Randolph, Scott, Searcy, Sebastian, Sharp, St. Francis, Stone, Union, Van Buren, Washington, White, Woodruff, Yell

We do not offer every plan available in your area. Currently we represent organizations which offer products in your area. Please contact Medicare.gov, **1-800-MEDICARE**, or your local State Health Insurance Program to get information on all of your options. USAble Mutual Insurance Company d/b/a Arkansas Blue Cross and Blue Shield is an Independent Licensee of the Blue Cross and Blue Shield Association. Arkansas Blue Medicare is the marketing name for USAble PPO Insurance Company and USAble HMO, Inc. USAble PPO Insurance Company and USAble HMO, Inc. are affiliates of Arkansas Blue Cross. Arkansas Blue Medicare offers HMO, PFFS, PPO, and PDP plans with Medicare contracts. Enrollment in Arkansas Blue Medicare depends on contract renewal. © 2024 Arkansas Blue Cross and Blue Shield. All rights reserved.