Arkansas Blue MEDICARE

An Independent Licensee of the Blue Cross and Blue Shield Association

2026 PDP

Prescription Drug Plans

BlueMedicare Value Rx (PDP)

BlueMedicare Premier Rx (PDP)

Y0083_26ABM_S5795_PDP_SK4_M
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Arkansas Blue MEDICARE
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2026 Summary of Benefits

BlueMedicare Premier Rx (PDP) S5795-002
BlueMedicare Value Rx (PDP) S5795-003

Y0083_26ABM_S5795-002-003_PDP_SB_SK4_M

This Summary of Benefits

This is a summary of the benefits for:

- BlueMedicare Premier Rx (PDP)
- BlueMedicare Value Rx (PDP)

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 Premier Rx (PDP) and BlueMedicare Value Rx (PDP) and includes all counties in Arkansas.

BlueMedicare Premier Rx (PDP) and BlueMedicare Value Rx (PDP) Are PDPs

A PDP is a prescription drug plan offered by a private insurance company. Our PDPs are an option for your consideration when you're looking for standalone Part D drug coverage because you have medical coverage through another source (e.g., a Medicare Supplement policy).

Our BlueMedicare Premier Rx (PDP) and BlueMedicare Value Rx (PDP) have a network of contracted pharmacies where you can get your covered prescription drugs.

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 Premier Rx (PDP) S5795-002	BlueMedicare Value Rx (PDP) S5795-003
Monthly Premium and Deductible		
Monthly Plan Premium If you have Medicare Part B, you must continue to pay your Part B premium.	$181.20	$52.50
Part D Deductible	This plan does not have a deductible	$615

	BlueMedicare Premier Rx (PDP) S5795-002	BlueMedicare Value Rx (PDP) S5795-003
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	This plan does not have a deductible	$615
Deductible applies to these tiers	Not applicable	Tier 1, Tier 2, Tier 3, Tier 4, and Tier 5

	BlueMedicare Premier Rx (PDP) S5795-002	BlueMedicare Value Rx (PDP) S5795-003
Prescription Drug Benefits		
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 out-of-pocket costs (your payments only) reach $2,100. Once you reach this amount, you will enter the Catastrophic Coverage Stage.		
Standard Retail Pharmacy Cost Shares	**30-Day / 100-Day Supply**	**30-Day / 100-Day Supply**
Tier 1 (Preferred Generic)	$0 copay / $0 copay	$0 copay / $0 copay
Tier 2 (Generic)	$5 copay / $15 copay	$5 copay / $15 copay
Tier 3 (Preferred Brand)	20% coinsurance / 20% coinsurance	19% coinsurance / 19% coinsurance
Tier 4 (Non-Preferred Drug)	34% coinsurance / 34% coinsurance	34% coinsurance / 34% coinsurance
Tier 5 (Specialty Tier)	33% coinsurance / Not covered	25% coinsurance / Not covered
Catastrophic Coverage Stage After your yearly out-of-pocket drug costs (your payments only) reach $2,100, you will enter the Catastrophic Coverage Stage.	You will have no cost sharing for the rest of the plan year	You will have no cost sharing for the rest of the plan year

	BlueMedicare Premier Rx (PDP) S5795-002	BlueMedicare Value Rx (PDP) S5795-003

Prescription Drug Benefits

Prescription Drug Coverage – More Information

- Cost shares for covered insulin products on BlueMedicare Premier Rx (PDP) will be the lesser of a $35 copay or a 20% coinsurance for Tier 3 and 25% coinsurance for Tier 4 and Tier 5 for a 30-day supply.
- Cost shares for covered insulin products on BlueMedicare Value Rx (PDP) will be the lesser of a $35 copay or a 19% coinsurance for Tier 3 and 25% coinsurance for Tier 4 and Tier 5 for a 30-day supply.
- The Part D deductible will not apply to any covered insulin products.
- Cost shares for covered ACIP-approved vaccines will be a $0 copay regardless of the tier. Additionally, the Part D deductible will not apply to any covered ACIP-approved vaccine.
- Cost sharing may differ based on the pharmacy type (e.g., retail, 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 $5.10 copay
  - Brand drugs (on all tiers) – 30-day or 100-day supply: $0, $4.90, or $12.65 copay
  - 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**.

Arkansas Blue Medicare is an affiliate of Arkansas Blue Cross and Blue Shield. Arkansas Blue Medicare offers HMO, PFFS, 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 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 (Drug List) 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, 2027.
- ☐ 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 policy, once your Medicare Advantage coverage starts, you may want to drop your Medigap policy because you will be paying for coverage you cannot use.

Pre-Enrollment Checklist

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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**). From October 1 through March 31, our hours are 8:00 a.m. to 8:00 p.m. Central, seven days a week. From April 1 through September 30, our hours are 8:00 a.m. to 8:00 p.m., Monday through Friday.

I have reviewed the Pre-Enrollment Checklist with a licensed representative. Initial here: _____

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.

☐ **For plans that offer drug coverage:** 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.

☐ **For plans that offer drug coverage:** Review the Formulary (Drug List) to make sure your drugs are covered.

Understanding Important Rules

☐ In addition to your monthly plan premium (if your plan has one), 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, 2027.

☐ **For HMOs that do not offer out-of-network coverage:** Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).

☐ **For PFFS plans that offer out-of-network coverage:** 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 policy, 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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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.

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** or **1-800-MEDICARE** 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 HMO, Inc. USAble HMO, Inc. is an affiliate of Arkansas Blue Cross. Arkansas Blue Medicare offers HMO, PFFS, and PDP plans with Medicare contracts. Enrollment in Arkansas Blue Medicare depends on contract renewal.

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Notice of Availability of Language Assistance and Auxiliary Aids and Services

English: If you have questions or need any plan information in a different language or format (for example, large print), call us at **1-844-463-1088** (TTY: **711**). Hours are 8:00 a.m. to 8:00 p.m. Central, Monday through Friday (April 1 through September 30) and seven days a week (October 1 through March 31). We offer these services at no charge to you.

Spanish: Si tiene preguntas o necesita información del plan en un idioma o formato diferente (por ejemplo, letra grande), llámenos al **1-844-463-1088** (TTY: **711**). El horario de atención es de 8:00 a. m. a 8:00 p. m., hora central, de lunes a viernes (desde el 1.° de abril hasta el 30 de septiembre) y los 7 días de la semana (desde el 1.° de octubre hasta el 31 de marzo). Ofrecemos estos servicios sin cargo para usted.

German: Wenn Sie Fragen haben oder Informationen zu einem Plan in einer anderen Sprache oder einem anderen Format benötigen (z. B. Großdruck), rufen Sie uns an unter **1-844-463-1088** (TTY: **711**). Die Sprechzeiten sind montags bis freitags (1. April bis 30. September) bzw. an allen Wochentagen (1. Oktober bis 31. März) von 8:00 bis 20:00 Uhr CST. Wir bieten Ihnen diese Dienste kostenlos an.

French: Si vous avez des questions ou si vous avez besoin d'informations sur l'un de nos régimes dans une langue ou un format différent (par exemple, en gros caractères), appelez-nous au **1-844-463-1088** (TTY : **711**). Les horaires sont de 8 h à 20 h, heure du Centre, du lundi au vendredi (du 1er avril au 30 septembre) et sept jours sur sept (du 1er octobre au 31 mars). Nous vous proposons ces services gratuitement.

Portuguese: Se tiver dúvidas ou precisar de informações sobre qualquer plano num idioma ou formato diferente (por exemplo, letras grandes), contacte–nos para o número **1-844-463-1088** (TTY: **711**). O horário é das 8:00 a.m. às 8:00 p.m. Central, de sgunda a sexta-feira (de 1 de abril a 30 de setembro) e sete dias por semana (de 1 de outubro a 31 de março). Oferecemos-lhe estes serviços gratuitamente.

Vietnamese: Nếu quý vị có thắc mắc hoặc cần bất kỳ thông tin gì về chương trình bằng một ngôn ngữ hoặc định dạng khác (ví dụ: bản in cỡ chữ lớn), xin gọi cho chúng tôi theo số **1-844-463-1088** (TTY: **711**). Giờ làm việc của chúng tôi là 8:00 sáng đến 8:00 tối theo giờ miền Trung, từ Thứ Hai đến Thứ Sáu (từ 1 tháng 4 đến 30 tháng 9) và bảy ngày một tuần (từ 1 tháng 10 đến 31 tháng 3). Chúng tôi cung cấp các dịch vụ này miễn phí cho quý vị.

Chinese Mandarin: 如果您有疑问，或者需要其他语言或格式（例如大字体）的计划信息，请致电 **1-844-463-1088**（TTY：**711**）。服务时间为美国中部时间周一至周五上午 8:00 至晚上 8:00（4 月 1 日至 9 月 30 日）；每周七天上午 8:00 至晚上 8:00（10 月 1 日至 3 月 31 日）。 我们免费为您提供这些服务。

Chinese Cantonese: 如果您有任何疑問，或需要其他語言或格式（例如大字版）的計劃資訊，請致電 **1-844-463-1088**（聽障專線：**711**）。服務時間為美國中部時間星期一至星期五，上午 8:00 至晚上 8:00（4 月 1 日至 9 月 30 日），以及每週七天（10 月 1 日至 3 月 31 日）。我們免費為您提供這些服務。

Laotian: ຖ້າທ່ານມີຄໍາຖາມ ຫຼື ຕ້ອງການຂໍ້ມູນກ່ຽວກັບແຜນປະກັນໃດໜຶ່ງເປັນພາສາ ຫຼື ຮູບແບບອື່ນທີ່ແຕກຕ່າງກັນ (ຕົວຢ່າງ, ຕົວພິມຂະໜາໃຫຍ່), ກະລຸນາໂທຫາພວກເຮົາໄດ້ທີ່ ໝາຍເລກ **1-844-463-1088** (TTY: **711**). ໂມງເຮັດວຽກແມ່ນເວລາ 8:00 ໂມງເຊົ້າ ຫາ 8:00 ໂມງແລງ ຕາມເວລາ ພາກກາງ, ວັນຈັນ ຮອດ ວັນສຸກ (1 ເມສາ ຮອດ 30 ກັນຍາ) ແລະ ເຈັດມື້ຕໍ່ອາທິດ (1 ຕຸລາ ຮອດ 31 ມີນາ). ພວກເຮົາສະເໜີບໍລິການເຫຼົ່ານີ້ໃຫ້ທ່ານໂດຍບໍ່ເສຍຄ່າຫຍັງເລີຍ.

Tagalog: Kung mayroon kang mga tanong o kailangan mo ng anumang impormasyon ng plano sa ibang wika o format (halimbawa, malaking print), tawagan mo kami sa **1-844-463-1088** (TTY: **711**). Ang mga oras ay 8:00 a.m. hanggang 8:00 p.m. Sentral, Lunes hanggang Biyernes (Abril 1 hanggang Setyembre 30) at pitong araw sa isang linggo (Oktubre 1 hanggang Marso 31). Iniaalok namin ang mga serbisyong ito nang walang bayad para sa iyo.

Ilocano: No adda saludsodmo wenno kasapulam ti aniaman nga impormasion ti plano iti sabali a pagsasao wenno pormat (kas pagarigan, dakkel a letra), tawagannakami iti **1-844-463-1088** (TTY: **711**). Dagiti oras ket 8:00 a.m. agingga iti 8:00 p.m. Sentral, Lunes agingga Biernes (Abril 1 agingga iti Setiembre 30) ken pito nga aldaw iti makalawas (Oktubre 1 agingga iti Marso 31). Idiaydiayami dagitoy a serbisio nga awan ti bayadam.

Hindi: यदि आपको प्रश्न हैं या किसी अन्य भाषा या प्रारूप में (उदाहरण के लिए, बड़े अक्षरों में) किसी योजना की जानकारी चाहिए, तो हमें **1-844-463-1088** (*TTY:* **711**) पर कॉल करें। काम के घंटे सेंट्रल समय में, सोमवार से शुक्रवार (अप्रैल 1 से सितंबर 30) और सप्ताह में सात दिन (अक्टूबर 1 से मार्च 31) सुबह 8:00 बजे से शाम 8:00 बजे तक होते हैं। हम आपको यह सेवाएं निःशुल्क प्रदान करते हैं।

Nepali: तपाईंका कुनै प्रश्नहरू भएमा वा कुनै योजनासम्बन्धी जानकारी फरक भाषा वा ढाँचामा (उदाहरणका लागि, ठूलो प्रिन्टमा) चाहिएमा हामीलाई **1-844-463-1088** (TTY: **711**) मा कल गर्नुहोस् । अप्रिल 1 देखि सेप्टेम्बर 30 सम्म सोमबारदेखि शुक्रबार र अक्टोबर 1 देखि मार्च 31 सम्म हप्ताको सातै दिन सेन्ट्रल समय बिहान 8:00 बजेदेखि बेलुका 8:00 बजेसम्म सम्पर्क गर्न सकिने छ । हामी तपाईंलाई यी सेवाहरू निःशुल्क प्रदान गर्दछौँ ।

Telugu: మీకు ఏవైనా ప్రశ్నలు ఉంటే లేదా వేరే భాష లేదా ఫార్మాట్‌లో (ఉదాహరణకు, పెద్ద అక్షరాలతో) ఏదైనా ప్లాన్ సమాచారం అవసరమైతే, మాకు **1-844-463-1088** (TTY: **711**) నంబర్‌కు కాల్ చేయండి. పని వేళలు ఉదయం 8:00 గంటల నుండి రాత్రి 8:00 గంటల వరకు సెంట్రల్, సోమవారం నుండి శుక్రవారం వరకు (ఏప్రిల్ 1 నుండి సెప్టెంబర్ 30 వరకు) మరియు వారానికి ఏడు రోజులు (అక్టోబర్ 1 నుండి మార్చి 31 వరకు). మేము మీకు ఈ సేవలను ఉచితంగా అందిస్తున్నాము.

Tamil: உங்களுக்கு ஏதேனும் கேள்விகள் இருப்பின் அல்லது வேறு ஒரு மொழி அல்லது உரு அமைப்பில் (உதாரணமாக, அகலமான அச்செழுத்தில்) திட்டம் பற்றிய தகவல்கள் தேவையென்றால் எங்களை **1-844-463-1088** (TTY: **711**) என்ற எண்ணில் அழைக்கவும். நேரம் காலை 8:00 முதல் மாலை 8:00 வரை. சென்ட்ரல், திங்கள் முதல் வெள்ளி வரை (ஏப்ரல் 1 முதல் செப்டம்பர் 30 வரை) மற்றும் வாரத்தின் ஏழு நாட்களும் (அக்டோபர் 1 முதல் மார்ச் 31 வரை). இந்தச் சேவைகளை நாங்கள் உங்களுக்குக் கட்டணமில்லாமல் வழங்குகிறோம்.

Yiddish:

אויב איר האט פראגעס אדער דארפט סיי וועלכע פלאן אינפארמאציע אין אן אנדערע שפראך אדער פארמאט (צום ביישפיל, גרויסע דרוק), רופט אונז אויף **1-844-463-1088** (TTY: **711**). שעה'ען זענען 8 אינדערפרי ביז 8 ביינאכט צענטראלע צייט, מאנטאג ביז פרייטאג (אפריל 1 ביז סעפטעמבער 30) און זיבן טעג א וואך (אקטאבער 1 ביז מערץ 31). מיר טוען אנבאטן די סערוויסעס פריי פון אפצאל.

Arkansas Blue MEDICARE
An Independent Licensee of the Blue Cross and Blue Shield Association

Non-Discrimination Notice

Our Company complies with applicable federal and state civil rights laws and does not discriminate, exclude, or treat people differently on the basis of race, color, national origin, age, disability, or sex to include discrimination on the basis of sexual orientation and gender identity, sex stereotypes, sex characteristics (including intersex traits), and pregnancy or related conditions.

If you believe that we have failed to provide these language assistance or auxiliary aids and services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex to include discrimination on the basis of sexual orientation and gender identity, sex stereotypes, sex characteristics (including intersex traits), and pregnancy or related conditions, you can file a grievance with:

Civil Rights Coordinator
601 Gaines Street
Little Rock, AR 72201
Phone: **1-844-662-2276** (TTY: **711**)

You can file a grievance in person, by mail, or by email. If you need help filing a grievance, our Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at **https://ocrportal.hhs.gov/ocr/portal/lobby.jsf** or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue SW., Room 509F, HHH Building
Washington, DC 20201
Phone: **1-800-368-1019** (TDD: **1-800-537-7697**)

Complaint forms are available at: **https://www.hhs.gov/ocr/complaints/index.html**

IMPORTANT INFORMATION:

2025 Medicare Star Ratings

Official U.S. Government Medicare Information

Arkansas Blue Medicare - S5795

For 2025, 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.

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 844-280-5833 (toll-free) or 711 (TTY).

INFORMACION IMPORTANTE:

Calificación 2025 de Medicare con Estrellas

Información oficial de Medicare del gobierno de los Estados Unidos

Arkansas Blue Medicare - S5795

En el 2025, Arkansas Blue Medicare - S5795 recibió las siguientes calificaciones de Medicare con estrellas:

Calificación general por estrellas: ★★★☆☆

Calificación de los Servicios de Salud: Servicio no ofrecido

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

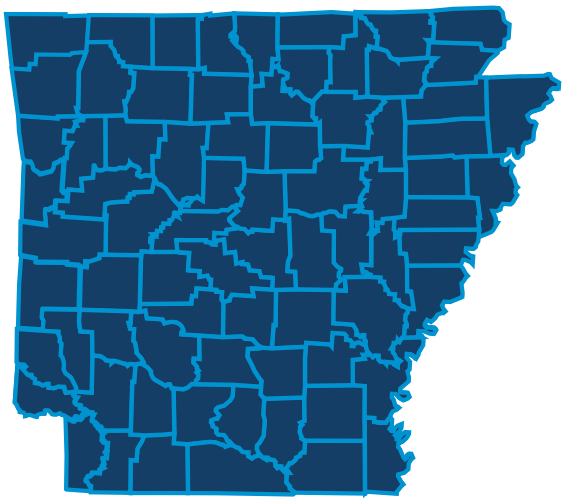
★☆☆☆☆ DEFICIENTE

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 844-280-5833 (número gratuito) o al 711 (TTY).



Arkansas Blue Medicare PDP 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. Currently, we represent <x> organizations, which offer <x> 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 HMO, Inc. USAble HMO, Inc. is an affiliate of Arkansas Blue Cross. Arkansas Blue Medicare offers HMO, PFFS, and PDP plans with Medicare contracts. Enrollment in Arkansas Blue Medicare depends on contract renewal.