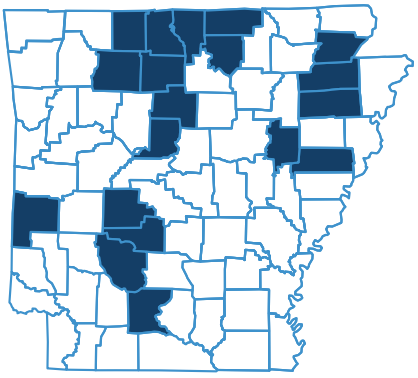
Arkansas Blue MEDICARE

An Independent Licensee of the Blue Cross and Blue Shield Association

2022 PFFS

Medicare Advantage Plans



BlueMedicare Value PFFS
BlueMedicare Preferred PFFS

available in
19 counties

BLUE MEDICARE · VALUE/PREFERRED · Blue PFFS

Y0083_H4213_PFFS_B_2022_BAAG_SK5_M

Plan Benefits	BlueMedicare Value	BlueMedicare Preferred
Monthly premium	$29	$60
Annual medical deductible	$0	$0
Out-of-pocket maximum	$7,500	$7,500
Primary care provider visits	$20 co-pay	$20 co-pay
Specialist visits	$50 co-pay	$50 co-pay
Telehealth	$0 co-pay for PCP and urgent care visits	$0 co-pay for PCP and urgent care visits
Inpatient hospital stay	Days 1-5: $372; days 6-90: $0	Days 1-5: $390; days 6-90: $0
Worldwide emergency/urgent care	20% of the cost; $15,000 annual limit	20% of the cost; $15,000 annual limit
Medicare-covered eye exam	$0 - $50 co-pay, depending on service	$0 - $50 co-pay, depending on service
Medicare-covered eyewear	$50 co-pay	$50 co-pay
Preventive dental services	$0 co-pay	$0 co-pay
Comprehensive dental services	$2,000 annual maximum Coverage for basic and major dental services such as extractions and fillings	$2,000 annual maximum Coverage for basic and major dental services such as extractions and fillings
Routine hearing exam	$0 co-pay	$0 co-pay
Hearing aids	$699 - $999 co-pay per aid (up to 1 hearing aid per ear per year); see EOC for details	$699 - $999 co-pay per aid (up to 1 hearing aid per ear per year); see EOC for details
Fitness membership	$0 co-pay for a SilverSneakers® fitness program membership	$0 co-pay for a SilverSneakers® fitness program membership
Over-the-counter benefit	Not covered	Not covered

Want to learn more?

Call 855-591-9794 | Visit ChooseBlueMedicare.com

Consult the Summary of Benefits (SB) for more information. These are in-network benefits. You pay these amounts if you visit doctors, hospitals, and other providers who have contracted with Arkansas Blue Medicare.

Prescription Drug Coverage				
BlueMedicare Preferred	**Annual pharmacy deductible: $480 for Tiers 2, 3, 4, and 5**			
	Retail		**Mail order**	
	30-day supply	Up to 100-day supply	30-day supply	Up to 100-day supply
Tier 1: Preferred generic	$5 co-pay	$12.50 co-pay	$5 co-pay	$12.50 co-pay
Tier 2: Generic	$20 co-pay	$50 co-pay	$20 co-pay	$50 co-pay
Tier 3: Preferred brand	$47 co-pay	$117.50 co-pay	$47 co-pay	$117.50 co-pay
Tier 4: Non-Preferred drug	41% of the total cost	41% of the total cost	41% of the total cost	41% of the total cost
Tier 5: Specialty tier	25% of the total cost	Not covered	25% of the total cost	Not covered
Coverage periods				
Initial coverage stage	You remain in this stage until your total yearly drug costs (total drug costs paid by you and by the plan) reach $4,430.			
Coverage gap stage	All Tiers: you pay 25% of the total cost.			
Catastrophic coverage stage	After your yearly out-of-pocket drug costs reach $7,050, you pay the greater of: 5% of the cost, or $3.95 co-pay for generic drugs and $9.85 co-pay for all other drugs.			

Blue cares and is always working to be better for you.

Healthy Blue Rewards	You take care of your health, and we take care of you. When you complete eligible healthcare activities like getting your annual wellness visit or a flu shot, we'll send you gift card rewards. You can earn up to $250 in rewards in 2022.
Comprehensive hearing benefits	You'll receive expanded hearing benefits in addition to the standard hearing benefits covered by Original Medicare.
Comprehensive dental benefits	You get comprehensive dental benefits that go far beyond the standard dental benefits covered by Original Medicare.
Nurse24	Arkansas Blue Medicare members get access to the Nurse24 nurse line, which gives you access to a registered nurse 24 hours a day, 7 days a week, 365 days a year. Nurses can provide information on home treatment of minor illnesses and injuries, how to prepare for doctor visits, understanding your prescription drugs, and much more.
SilverSneakers® fitness program	You get a basic fitness center membership, including fitness classes, with no additional cost to you.
My Blueprint	As an Arkansas Blue Medicare member, you get access to My Blueprint, our digital member portal. With My Blueprint, you can view claims information, find a doctor, view policy information, find a pharmacy or check prescription drug costs, and access your SilverSneakers account.
The Wire	Sign up for the Wire, and we'll send you text messages that link you to your own personalized member feed. We'll tell you about cost-saving tips, preventive reminders, ways to maximize your benefits, and much more. It's secure, private, and there's nothing to download.

Want to learn more?

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Consult the Summary of Benefits (SB) for more information. All plans are not available in all counties. Arkansas Blue Medicare is an affiliate of Arkansas Blue Cross and Blue Shield. Arkansas Blue Medicare Plus is the trade name for Arkansas Blue Medicare PFFS plans. Arkansas Blue Medicare offers HMO, PFFS, PPO, and PDP plans with Medicare contracts. Enrollment in Arkansas Blue Medicare depends on contract renewal. SilverSneakers® is a registered trademark of Tivity Health. Tivity Health is an independent company contracted with Arkansas Blue Medicare to provide a fitness benefit to our members. Arkansas Blue Cross and Blue Shield is an Independent Licensee of the Blue Cross and Blue Shield Association.

2022 Summary of Benefits

BlueMedicare Value (PFFS) H4213-016-001

The service area for **BlueMedicare Value (PFFS)** includes the following Arkansas counties: Baxter, Boone, Clark, Conway, Craighead, Fulton, Garland, Greene, Hot Spring, Izard, Marion, Newton, Ouachita, Poinsett, Polk, Searcy, St. Francis, Van Buren, and Woodruff

Y0083_H4213-016-001_PFFS_2022_SB_SK4/6_M

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 **1-877-233-7022** (TTY: 711).
Understanding the Benefits	☐ Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services for which you routinely see a doctor. Visit **www.arkbluemedicare.com** or call **1-877-233-7022** (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.
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/co-insurance may change on January 1, 2023. ☐ Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services provided by a non-contracted provider, the provider must agree to treat you. Except in an emergency or urgent situations, non-contracted providers may deny care. In addition, you will pay a higher cost share for services received by non-contracted providers.

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, **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** or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 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 ▪ be enrolled in Medicare Part B; and ▪ live in **our service area**. The service area for **BlueMedicare Value (PFFS)** includes the following Arkansas counties: Baxter, Boone, Clark, Conway, Craighead, Fulton, Garland, Greene, Hot Spring, Izard, Marion, Newton, Ouachita, Poinsett, Polk, Searcy, St. Francis, Van Buren, and Woodruff
Which doctors and hospitals can I use?	We have a network of doctors, hospitals, and other providers. If you use providers that are not in our network, you will pay a higher cost share for these services. ▪ You can see our plan's provider directory at our website **(www.arkbluemedicare.com**), or you can call us and we will send you a copy of the provider directory.
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 **1-877-233-7022** (TTY: 711). ○ We are available October 1 to March 31, 7 days a week from 8:00 a.m. to 8:00 p.m. Central time, except for Thanksgiving and Christmas. ○ From April 1 to September 30, we are open Monday through Friday, from 8:00 a.m. to 8:00 p.m. Central time. ▪ Or visit our website at **www.arkbluemedicare.com**

Monthly Premium, Deductible and Limits

	IN-NETWORK	OUT-OF-NETWORK
Monthly plan premium You must continue to pay your Medicare Part B premium.	**$29**	
Medical deductible	**$0**	**$1,000**
Maximum out-of-pocket responsibility The most you pay for co-pays, coinsurance and other costs for medical services for the year.		**$7,500** combined in- and out-of-network

Covered Medical and Hospital Benefits

	IN-NETWORK	OUT-OF-NETWORK
Acute inpatient hospital care	**$372** co-pay per day for days 1-5 **$0** co-pay per day for days 6-90	**40%** of the total cost
Outpatient hospital coverage		
Outpatient surgery at Outpatient Hospital:	**$340** co-pay for each visit	**40%** of the total cost
Outpatient surgery at Ambulatory Surgical Center:	**$340** co-pay for each visit	**40%** of the total cost

	IN-NETWORK	OUT-OF-NETWORK
Doctor visits	Primary care physician (PCP): **$20** co-pay for each visit Specialist: **$50** co-pay for each visit Telehealth: • **$0** co-pay primary care provider or urgently needed services • **$0** co-pay per session for mental health services (individual or group sessions)**>** • **$50** co-pay per session for specialist services	Primary care provider: **40%** of the total cost Specialist: **40%** of the total cost
Preventive care	**Our plan covers many preventive services at no cost when you see an in-network provider including:** • 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	**40%** of the total cost

	IN-NETWORK	OUT-OF-NETWORK
Preventive care (continued)	• Lung cancer screening • Medical nutrition therapy services • Medicare diabetes prevention program • Obesity screening and counseling • Prostate cancer screening (PSA) • Routine physical exam • Sexually transmitted infections screening and counseling • Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease) • Vaccines, including flu shots, hepatitis B shots, and pneumococcal shots • "Welcome to Medicare" preventive visit (one-time) **Any additional preventive services approved by Medicare during the contract year will be covered**	**40%** of the total cost

EMERGENCY CARE		
	IN-NETWORK	**OUT-OF-NETWORK**
Emergency room If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for the emergency care.	**$90** co-pay for each visit Worldwide emergency care services: • **20%** of the total cost • **$15,000** annual limit	**$90** co-pay for each visit Worldwide emergency care services: • **20%** of the total cost • **$15,000** annual limit
Urgently needed services	**$50** co-pay for each visit	**$50** co-pay for each visit

OUTPATIENT CARE AND SERVICES		
	IN-NETWORK	**OUT-OF-NETWORK**
Diagnostic tests/procedures, labs and radiology	Diagnostic tests and procedures: • **0%** of the total cost for a spirometry test • **20%** of the total cost for all other tests and procedures	**40%** of the total cost
	Lab services: **$0** co-pay for each visit	**40%** of the total cost
	Diagnostic mammogram: **$0** co-pay	**40%** of the total cost
	Diagnostic radiology: • **$0** co-pay for DEXA scan • **$50** co-pay for services at a specialist or freestanding radiology clinic • **$340** co-pay for services in an outpatient setting	**40%** of the total cost
	Radiation therapy: **20%** of the total cost	**40%** of the total cost
	X-Rays: **20%** of the total cost	**40%** of the total cost
Hearing exams	Medicare-covered hearing exam: **$50** co-pay for each visit	**40%** of the total cost
	Routine hearing exam: • **$0** co-pay (1 per year)	Routine hearing exam: • **$0** co-pay (1 per year)
	Hearing aid fitting/evaluation: • **$0** co-pay (includes first year of follow-up provider visits)	Hearing aid fitting/evaluation: • **$0** co-pay (includes first year of follow-up provider visits)
	TruHearing providers must be used.	TruHearing providers must be used.

	IN-NETWORK	OUT-OF-NETWORK
Hearing aids	• **$699** co-pay per aid for Advanced Aids (up to 1 hearing aid per ear per year) • **$999** co-pay per aid for Premium Aids (up to 1 hearing aid per ear per year) • Included with hearing aids: First year of provider follow-up visits, 80 batteries per aid for non-rechargeable models, 60-day trial period, and 3-year warranty TruHearing providers and hearing aids must be used.	• **$699** co-pay per aid for Advanced Aids (up to 1 hearing aid per ear per year) • **$999** co-pay per aid for Premium Aids (up to 1 hearing aid per ear per year) • Included with hearing aids: First year of provider follow-up visits, 80 batteries per aid for non-rechargeable models, 60-day trial period, and 3-year warranty TruHearing providers and hearing aids must be used.
Dental	Medicare-covered dental services: • **$50** co-pay for each visit Preventive dental: • Comprehensive oral evaluation: **$0** co-pay (1 per lifetime per dentist) • Oral exam: **$0** co-pay (2 per year) • Cleanings: **$0** co-pay (2 per year) • X-rays: **$0** co-pay (limits vary per service) • Fluoride treatments: Not covered	**40%** of the total cost **50%** of the total cost **50%** of the total cost **50%** of the total cost **50%** of the total cost Not covered

Comprehensive dental

Maximum benefit	BlueMedicare Value (PFFS) provides up to $2,000 per calendar year	
Covered Dental Services	Value	Benefit Limitations Per Calendar Year
Basic Dental Services (Minor Restorative)		
Silver fillings	IN-NETWORK: 50% OUT-OF-NETWORK: 50% of the total cost	1 per year
White fillings	IN-NETWORK: 50% OUT-OF-NETWORK: 50% of the total cost	
Extractions	IN-NETWORK: $20 co-pay OUT-OF-NETWORK: 50% of the total cost	2 per year
Major Dental Services (Endodontics, Periodontics, Prosthodontics, and Oral Surgery)		
Root canals	Not covered	Not covered
Crowns	Not covered	Not covered
Deep cleanings	IN-NETWORK: 50% of the total cost OUT-OF-NETWORK: 50% of the total cost	1 per quadrant every 2 years, not to exceed 4 unique quadrants every 2 years
Periodontal maintenance	IN-NETWORK: 50% of the total cost OUT-OF-NETWORK: 50% of the total cost	2 per year
Complete or partial dentures	Not covered	Not covered
Complete or partial denture adjustments	IN-NETWORK: $20 co-pay OUT-OF-NETWORK: 50% of the total cost	2 per year
Complete or partial denture reline	IN-NETWORK: 50% of the total cost OUT-OF-NETWORK: 50% of the total cost	1 upper and 1 lower every 3 years
Complete or partial denture rebase	Not covered	Not covered
Denture repairs (after 6 months of placement)	IN-NETWORK: 50% of the total cost OUT-OF-NETWORK: 50% of the total cost	2 per year with up to 5 total in 5 years

You pay a $0 co-pay for Dental Xtra[SM].

Dental Xtra is a program for members who have diabetes, coronary artery disease (CAD), have suffered a stroke, or have been diagnosed with oral cancer, head and neck cancers, or Sjögren's syndrome. The program provides qualifying members with enhanced dental benefits when using a participating dentist. To learn more, visit **www.arkansasdentalblue.com.**

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

Benefits received out-of-network are subject to any in-network benefit maximums, limitations, and/or exclusions. You may be billed by the out-of-network provider for any amount greater than the paymentmade by Arkansas Blue Medicare to the provider.

To find an in-network dental provider, please visit **www.arkbluemedicare.com**.

Vision	Medicare-covered eye exam: **$50** co-pay for each visit	**40%** of the total cost
	Medicare-covered eyewear: **$50** co-pay	**40%** of the total cost
	Diabetic retinopathy: **$0** co-pay (for the first exam, then the specialist co-pay will apply for additional exams)	**40%** of the total cost
	Glaucoma screening: **$0** co-pay	**40%** of the total cost

Covered Medical and Hospital Benefits

	IN-NETWORK	OUT-OF-NETWORK
Mental health services	Inpatient:	
	• **$320** co-pay per day for days 1-5	**40%** of the total cost
	• **$0** co-pay per day for days 6-90	**40%** of the total cost
	Outpatient:	
	• **$40** co-pay for each individual therapy session**>**	**40%** of the total cost
	• **$40** co-pay for each group therapy session	**40%** of the total cost
Skilled nursing facility (SNF)	Your plan covers up to 100 days in a SNF per benefit period. • **$0** co-pay per day for days 1-20 • **$178** co-pay per day for days 21-100	**40%** of the total cost for days 1-100
Rehabilitation services	Physical therapy:	
	$40 co-pay for each visit	**40%** of the total cost

	Occupational therapy: **$40** co-pay for each visit	**40%** of the total cost
	Speech therapy: **$40** co-pay for each visit	**40%** of the total cost
	Opioid treatment services: **$50** co-pay for each visit	**40%** of the total cost
	Cardiac rehabilitation: **$45** co-pay for each visit	**40%** of the total cost
	Pulmonary rehabilitation: **$30** co-pay for each visit	**40%** of the total cost
Ambulance (ground)	**$265** co-pay per trip	**$265** co-pay per trip
Ambulance (air)	**20%** of the total cost per trip	**20%** of the total cost per trip
Transportation	Not covered	Not covered
Medicare Part B drugs	Chemotherapy/Radiation drugs **20%** of the total cost	**40%** of the total cost
	Other Medicare Part B drugs: **20%** of the total cost	**40%** of the total cost
	Step therapy is required. (In some cases, the plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition.)	

Additional Medical Benefits

	IN-NETWORK	**OUT-OF-NETWORK**
Chiropractic services	• **$15** co-pay for each visit	• **40%** of the total cost
Diabetic supplies	• **$0** co-pay for diabetic supplies • Lifescan (i.e., OneTouch) and Ascensia (i.e., Contour) are the preferred manufacturers for diabetic supplies. • **$0** co-pay for Continuous Glucose Monitors (CGMs)	• **20%** of the total cost

	• Dexcom and Freestyle Libre are the preferred manufacturers for CGMs. • **20%** of the total cost for diabetic therapeutic shoes or inserts	• **20%** of the total cost
Medical equipment / supplies	• Durable medical equipment (like wheelchairs or oxygen): **20%** of the total cost • Medical supplies: **20%** of the total cost • Prosthetics (artificial limbs or braces): **20%** of the total cost	• **20%** of the total cost • **20%** of the total cost • **20%** of the total cost
Outpatient substance abuse services	• Individual therapy sessions: **$40** co-pay for each visit • Group therapy sessions: **$40** co-pay for each visit	• **40%** of the total cost • **40%** of the total cost
Podiatry	• **$50** co-pay for each Medicare-covered visit	• **40%** of the total cost

Get More with Arkansas Blue Medicare

Healthy Blue Rewards	You take care of your health, and we take care of you. When you complete select healthcare activities like getting your annual wellness visit or a flu shot, we'll send you gift card rewards.
Nurse24	Arkansas Blue Medicare members get access to the Nurse24 nurse advice line 24 hours a day, 7 days a week, 365 days a year. Registered nurses are on hand to provide information on home treatment of minor illnesses and injuries, how to prepare for doctor visits, how to understand your prescription drugs, and much more.
SilverSneakers® Fitness Program	You'll get access to a fitness benefit virtually and at participating SilverSneakers facilities, giving you access to instructor-led group exercise classes, exercise equipment, and options to get active outside of traditional gyms, as well as virtual options.
My Blueprint	As an Arkansas Blue Medicare member, you get access to My Blueprint, our digital member portal. With My Blueprint you can view claims information, find a doctor, view policy information, and access your SilverSneakers account.
The Wire	Sign up for the Wire, and we'll send you text messages that

	link you to your own personalized member feed. We'll tell you about cost-saving tips, preventive reminders, ways to maximize your benefits, and much more. It's secure, private, and there's nothing to download.
Disclaimers	Arkansas Blue Medicare is an affiliate of Arkansas Blue Cross and Blue Shield. Arkansas Blue Medicare Plus is the trade name for Arkansas Blue Medicare PFFS. Arkansas Blue Medicare offers HMO, PFFS, PPO and PDP plans with Medicare contracts. Enrollment in Arkansas Blue Medicare depends on contract renewal. This information is not a complete description of benefits. Call 1-877-233-7022 (TTY: 711) for more information. If you have any questions, please contact Customer Service at 1-877-233-7022. (TTY users should call 711.) Hours are 8:00 a.m. – 8:00 p.m. Central time, 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 time. ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Call 1-844-662-2276 (TTY: 711).

Arkansas Blue MEDICARE

An Independent Licensee of the Blue Cross and Blue Shield Association

2022 Summary of Benefits

BlueMedicare Preferred (PFFS) H4213-017-001

The service area for **BlueMedicare Preferred (PFFS)** includes the following Arkansas counties: Baxter, Boone, Clark, Conway, Craighead, Fulton, Garland, Greene, Hot Spring, Izard, Marion, Newton, Ouachita, Poinsett, Polk, Searcy, St. Francis, Van Buren, and Woodruff.

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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/co-insurance may change on January 1, 2023. ☐ Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services provided by a non-contracted provider, the provider must agree to treat you. Except in an emergency or urgent situations, non-contracted providers may deny care. In addition, you will pay a higher cost share for services received by non-contracted providers.

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Who can join?	To join, you must: ▪ be entitled to Medicare Part A; and ▪ be enrolled in Medicare Part B; and ▪ live in **our service area**. The service area for **BlueMedicare Preferred (PFFS)** includes the following Arkansas counties: Baxter, Boone, Clark, Conway, Craighead, Fulton, Garland, Greene, Hot Spring, Izard, Marion, Newton, Ouachita, Poinsett, Polk, Searcy, St. Francis, Van Buren, and Woodruff.
Which doctors, hospitals, and pharmacies can I use?	We have a network of doctors, hospitals, pharmacies, and other providers. If you use providers that are not in our network, you may pay more for these services. ▪ You can see our plan's provider and pharmacy directories at our website **(www.arkbluemedicare.com**), or you can call us and we will send you a copy of the provider and pharmacy directories.
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 **1-877-233-7022** (TTY: 711). ○ We are available October 1 to March 31, 7 days a week from 8:00 a.m. to 8:00 p.m. Central time, except for Thanksgiving and Christmas. ○ From April 1 to September 30, we are open Monday through Friday, from 8:00 a.m. to 8:00 p.m. Central time. ▪ Or visit our website at **www.arkbluemedicare.com**

Monthly Premium, Deductible and Limits

	IN-NETWORK	OUT-OF-NETWORK
Monthly plan premium You must continue to pay your Medicare Part B premium.	**$60**	
Medical deductible	**$0**	**$1,000**
Pharmacy (Part D) deductible	**$480** for Tiers 2, 3, 4, and 5	
Maximum out-of-pocket responsibility The most you pay for co-pays, coinsurance and other costs for medical services for the year.		**$7,500** combined in- and out-of-network

Covered Medical and Hospital Benefits

	IN-NETWORK	OUT-OF-NETWORK
Acute inpatient hospital care	**$390** co-pay per day for days 1-5 **$0** co-pay per day for days 6-90	**40% of the total cost**
Outpatient hospital coverage		
Outpatient surgery at Outpatient Hospital:	**$340** co-pay for each visit	**40%** of the total cost
Outpatient surgery at Ambulatory Surgical Center:	**$340** co-pay for each visit	**40%** of the total cost

	IN-NETWORK	OUT-OF-NETWORK
Doctor visits	Primary care physician (PCP): **$20** co-pay for each visit	Primary care provider: **40%** of the total cost
	Specialist: **$50** co-pay for each visit	Specialist: **40%** of the total cost
	Telehealth: • **$0** co-pay primary care provider or urgently needed services • **$0** co-pay per session for mental health services (individual or group sessions) • **$50** co-pay per session for specialist services	
Preventive care	**Our plan covers many preventive services at no cost when you see an in-network provider including:** • 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	**40%** of the total cost

	IN-NETWORK	OUT-OF-NETWORK
Preventive care (continued)	• Medicare diabetes prevention program • Obesity screening and counseling • Prostate cancer screening (PSA) • Routine physical exam • Sexually transmitted infections screening and counseling • Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease) • Vaccines, including flu shots, hepatitis B shots, and pneumococcal shots • "Welcome to Medicare" preventive visit (one-time)	**40%** of the total cost
	Any additional preventive services approved by Medicare during the contract year will be covered	
EMERGENCY CARE		
	IN-NETWORK	**OUT-OF-NETWORK**
Emergency room If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for the emergency care.	**$90** co-pay for each visit Worldwide emergency care services: • **20%** of the total cost • **$15,000** annual limit	**$90** co-pay for each visit Worldwide emergency care services: • **20%** of the total cost • **$15,000** annual limit
Urgently needed services	**$50** co-pay for each visit	**$50** co-pay for each visit

OUTPATIENT CARE AND SERVICES

	IN-NETWORK	OUT-OF-NETWORK
Diagnostic test/procedures, labs and radiology	Diagnostic tests and procedures: • **0%** of the total cost for a spirometry test • **20%** of the total cost for all other tests and procedures	**40%** of the total cost
	Lab services: **$0** co-pay for each visit	**40%** of the total cost
	Diagnostic mammogram: **$0** co-pay	**40%** of the total cost
	Diagnostic radiology: • **$0** co-pay for DEXA scan • **$5** co-pay for services at a specialist or freestanding radiology clinic • **$340** co-pay for services in an outpatient setting	**40%** of the total cost
	Radiation therapy: **20%** of the total cost	**40%** of the total cost
	X-Rays: **20%** of the total cost	**40%** of the total cost
Hearing exams	Medicare-covered hearing exam: **$50** co-pay for each visit	**40%** of the total cost
	Routine hearing exam: **$0** co-pay (1 per year)	Routine hearing exam: **$0** co-pay (1 per year)
	Hearing aid fitting/evaluation: **$0** co-pay (includes first year of follow-up provider visits)	Hearing aid fitting/evaluation: **$0** co-pay (includes first year of follow-up provider visits)
	TruHearing provider must be used.	TruHearing provider must be used.

	IN-NETWORK	OUT-OF-NETWORK
Hearing aids	• **$699** co-pay per aid for Advanced Aids (up to 1 hearing aid per ear per year) • **$999** co-pay per aid for Premium Aids (up to 1 hearing aid per ear per year) • Included with hearing aids: First year of provider follow-up visits, 80 batteries per aid for non-rechargeable models, 60-day trial period, and 3-year warranty TruHearing provider and hearing aids must be used.	• **$699** co-pay per aid for Advanced Aids (up to 1 hearing aid per ear per year) • **$999** co-pay per aid for Premium Aids (up to 1 hearing aid per ear per year) • Included with hearing aids: First year of provider follow-up visits, 80 batteries per aid for non-rechargeable models, 60-day trial period, and 3-year warranty TruHearing provider and hearing aids must be used.
Dental	Medicare-covered dental services: • **$50** co-pay for each visit Preventative dental: • Comprehensive oral evaluation: **$0** co-pay (1 per lifetime per dentist) • Oral exam: **$0** co-pay (2 per year) • Cleanings: **$0** co-pay (2 per year) • X-rays: **$0** co-pay (limits vary per service) • Fluoride treatments: Not covered	**40%** of the total cost **50%** of the total cost **50%** of the total cost **50%** of the total cost **50%** of the total cost Not covered

Comprehensive dental

Maximum benefit	BlueMedicare Preferred (PFFS) provides up to $2,000 per calendar year	
Covered Dental Services	Preferred	Benefit Limitations Per Calendar Year
Basic Dental Services (Minor Restorative)		
Silver fillings	IN-NETWORK: 50% OUT-OF-NETWORK: 50% of the total cost	1 per year
White fillings	IN-NETWORK: 50% OUT-OF-NETWORK: 50% of the total cost	
Extractions	IN-NETWORK: $20 co-pay OUT-OF-NETWORK: 50% of the total cost	2 per year

Major Dental Services (Endodontics, Periodontics, Prosthodontics, and Oral Surgery)		
Root canals	Not covered	Not covered
Crowns	Not covered	Not covered
Deep cleanings	IN-NETWORK: 50% of the total cost OUT-OF-NETWORK: 50% of the total cost	1 per quadrant every 2 years, not to exceed 4 unique quadrants every 2 years
Periodontal maintenance	IN-NETWORK: 50% of the total cost OUT-OF-NETWORK: 50% of the total cost	2 per year
Complete or partial dentures	Not covered	Not covered
Complete or partial denture adjustments	IN-NETWORK: $20 co-pay OUT-OF-NETWORK: 50% of the total cost	2 per year
Complete or partial denture reline	IN-NETWORK: 50% of the total cost OUT-OF-NETWORK: 50% of the total cost	1 upper and 1 lower every 3 years
Complete or partial denture rebase	Not covered	Not covered
Denture repairs (after 6 months of placement)	IN-NETWORK: 50% of the total cost OUT-OF-NETWORK: 50% of the total cost	2 per year with up to 5 total in 5 years

You pay a $0 co-pay for Dental Xtra[SM].

Dental Xtra is a program for members who have diabetes, coronary artery disease (CAD), have suffered a stroke, or have been diagnosed with oral cancer, head and neck cancers, or Sjögren's syndrome. The program provides qualifying members with enhanced dental benefits when using a participating dentist. To learn more, visit **www.arkansasdentalblue.com**.

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

Benefits received out-of-network are subject to any in-network benefit maximums, limitations, and/or exclusions. You may be billed by the out-of-network provider for any amount greater than the paymentmade by Arkansas Blue Medicare to the provider.

To find an in-network dental provider, please visit **www.arkbluemedicare.com**.

<Vision	Medicare-covered eye exam: **$50** co-pay for each visit	**40%** of the total cost
	Medicare-covered eyewear: **$50** co-pay	**40%** of the total cost
	Diabetic retinopathy: **$0** co-pay (for the first exam, then the specialist co-pay will apply for additional exams)	**40%** of the total cost
	Glaucoma screening: **$0** co-pay	**40%** of the total cost

Covered Medical and Hospital Benefits

	IN-NETWORK	OUT-OF-NETWORK
Mental health services	Inpatient:	
	• **$320** co-pay per day for days 1-5	**40%** of the total cost
	• **$0** co-pay per day for days 6-90	**40%** of the total cost
	Outpatient:	
	• **$40** co-pay for each individual therapy session	**40%** of the total cost
	• **$40** co-pay for each group therapy session	**40%** of the total cost
Skilled nursing facility (SNF)	Your plan covers up to 100 days in a SNF per benefit period. • **$0** co-pay per day for days 1-20 • **$184** co-pay per day for days 21-100	**40%** of the total cost for days 1-100
Rehabilitation services	Physical therapy:	
	$40 co-pay for each visit	**40%** of the total cost
	Occupational therapy:	
	$40 co-pay for each visit	**40%** of the total cost
	Speech therapy:	
	$40 co-pay for each visit	**40%** of the total cost
	Opioid treatment services: **$50** co-pay for each visit	

	Cardiac rehabilitation: **$45** co-pay for each visit Pulmonary rehabilitation: **$30** co-pay for each visit	**40%** of the total cost **40%** of the total cost **40%** of the total cost
Ambulance (ground)	**$265** co-pay per trip	**$265** co-pay per trip
Ambulance (air)	**20%** of the total cost per trip	**20%** of the total cost per trip
Transportation	Not covered	Not covered
Medicare Part B drugs	Chemotherapy/Radiation drugs **20%** of the total cost Other Medicare Part B drugs: **20%** of the total cost Step therapy is required. (In some cases, the plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition.)	**40%** of the total cos **40%** of the total cost

Prescription Drug Benefits

Pharmacy (Part D) deductible	**BlueMedicare Preferred (PFFS)** has a **$480** deductible for Tiers 2, 3, 4 and 5 drugs. You pay the full cost of these drugs until you reach **$480**. After that, you only pay your share of the cost. You begin in this stage when you fill your first Tiers 2, 3, 4 or 5 prescription of the year.
Initial coverage stage (after you pay your deductible, if applicable)	During this stage, the plan pays its share of the cost of your drugs, and you pay your share of the cost. You remain in this stage until your total yearly drug costs (total drug costs paid by you and our plan) reach **$4,430**. Once you reach this amount, you will enter the Coverage Gap. You may get your drugs at network retail pharmacies and mail-order pharmacies.

	Retail		Mail-Order	
	30-day supply	**Up to 100-day supply**	**30-day supply**	**Up to 100-day supply**
Tier 1: Preferred Generic	$5 co-pay	$12.50 co-pay	$5 co-pay	$12.50 co-pay
Tier 2: Generic	$20 co-pay	$50 co-pay	$20 co-pay	$50 co-pay
Tier 3: Preferred Brand	$47 co-pay	$117.50 co-pay	$47 co-pay	$117.50 co-pay
Tier 4: Non-Preferred Drug	41% of the total cost	41% of the total cost	41% of the total cost	41% of the total cost
Tier 5: Specialty Tier	25% of the total cost	Not covered	25% of the total	Not covered

Coverage gap stage

Most Medicare drug plans have a coverage gap (also called the "donut hole"). In the coverage gap, there's a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug costs (including what you have paid and what our plan has paid) reach **$4,430.** You stay in this stage until your total yearly drug costs reach **$7,050**.

During the coverage gap:

- For drugs in all tiers, you pay 25% of the total cost.

Additional Medical Benefits

	IN-NETWORK	OUT-OF-NETWORK
Chiropractic services	• **$15** co-pay for each visit	• **40%** of the total cost
Diabetic supplies	• **$0** co-pay for diabetic supplies • Lifescan (i.e., OneTouch) and Ascensia (i.e., Contour) are the preferred manufacturers for diabetic supplies. • **$0** co-pay for Continuous Glucose Monitors (CGMs) • Dexcom and Freestyle Libre are the preferred manufacturers for CGMs. • **20%** of the cost for diabetic therapeutic shoes or inserts	• **20%** of the total cost **20%** of the total cost
Medical equipment / supplies	• Durable medical equipment (like wheelchairs or oxygen): **20%** of the total cost • Medical supplies: **20%** of the total cost	• **20%** of the total cost • **20%** of the total cost

	• Prosthetics (artificial limbs or braces): **20%** of the total cost	• **20%** of the total cost
Outpatient substance abuse services	• Individual therapy sessions: **$40** co-pay for each visit • Group therapy sessions: **$40** co-pay for each visit	• **40%** of the total cost • **40%** of the total cost
Podiatry	• **$50** co-pay for each Medicare-covered visit	• **40%** of the total cost

Get More with Arkansas Blue Medicare

Healthy Blue Rewards	You take care of your health, and we take care of you. When you complete select healthcare activities like getting your annual wellness visit or a flu shot, we'll send you gift card rewards.
Nurse24	Arkansas Blue Medicare members get access to the Nurse24 nurse advice line 24 hours a day, 7 days a week, 365 days a year. Registered nurses are on hand to provide information on home treatment of minor illnesses and injuries, how to prepare for doctor visits, how to understand your prescription drugs, and much more.
SilverSneakers® Fitness Program	You'll get access to a fitness benefit virtually and at participating SilverSneakers facilities, giving you access to instructor-led group exercise classes, exercise equipment, and options to get active outside of traditional gyms, as well as virtual options.
My Blueprint	As an Arkansas Blue Medicare member, you get access to My Blueprint, our digital member portal. With My Blueprint you can view claims information, find a doctor, view policy information, and access your SilverSneakers account.
The Wire	Sign up for the Wire, and we'll send you text messages that link you to your own personalized member feed. We'll tell you about cost-saving tips, preventive reminders, ways to maximize your benefits, and much more. It's secure, private, and there's nothing to download.
Disclaimers	Arkansas Blue Medicare is an affiliate of Arkansas Blue Cross and Blue Shield. Arkansas Blue Medicare Plus is the trade name for Arkansas Blue Medicare PFFS. Arkansas Blue Medicare offers HMO, PFFS, PPO and PDP plans with Medicare contracts. Enrollment in Arkansas Blue Medicare depends on contract renewal. This information is not a complete description of benefits. Call 1-877-233-7022 (TTY: 711) for more information.

If you have any questions, please contact Customer Service at 1-877-233-7022. (TTY users should call 711.) Hours are 8:00 a.m. – 8:00 p.m. Central time, 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 time.

ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Call 1-844-662-2276 (TTY: 711).

Who can use this form?

People with Medicare who want to join a Medicare Advantage Plan

To join a plan, you must:

- Be a United States citizen or be lawfully present in the U.S.
- Live in the plan's service area

Important: To join a Medicare Advantage Plan, you must also have both:

- Medicare Part A (Hospital Insurance)
- Medicare Part B (Medical Insurance)

When do I use this form?

You can join a plan:

- Between October 15–December 7 each year (for coverage starting January 1)
- Within 3 months of first getting Medicare
- In certain situations where you're allowed to join or switch plans

Visit **Medicare.gov** to learn more about when you can sign up for a plan.

What do I need to complete this form?

- Your Medicare Number (the number on your red, white, and blue Medicare card)
- Your permanent address and phone number

Note: You must complete all items in Section 1. The items in Section 2 are optional — you can't be denied coverage because you don't fill them out.

Reminders:

- If you want to join a plan during fall open enrollment (October 15–December 7), the plan must get your completed form by December 7.
- Your plan will send you a bill for the plan's premium. You can choose to sign up to have your premium payments deducted from your bank account or your monthly Social Security (or Railroad Retirement Board) benefit.

What happens next?

Send your completed and signed form to:

Arkansas Blue Medicare
P.O. Box 3648
Little Rock, AR 72203

Once they process your request to join, they'll contact you.

How do I get help with this form?

Call Arkansas Blue Medicare at 1-844-201-4934. TTY users can call 711.

Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

En español: Llame a Arkansas Blue Medicare al 1-844-201-4934/ TTY 711 o a Medicare gratis al 1-800-633-4227 y oprima el 2 para asistencia en español y un representante estará disponible para asistirle.

00149.05.01-0721

2022 Medicare Advantage Enrollment Form

Section 1 - All fields on this page are required (unless marked optional)

Select the plan you want to join:

BlueMedicare Premier (HMO) H6158		
☐ 001	Benton, Carroll, Cleburne, Crawford, Faulkner, Lonoke, Madison, Perry, Pope, Pulaski, Saline, Sebastian, Washington, White, Yell	$0
☐ 002	Baxter, Boone, Conway, Craighead, Franklin, Fulton, Garland, Grant, Greene, Hot Spring, Izard, Jefferson, Johnson, Logan, Marion, Poinsett, Scott, Van Buren	$0
BlueMedicare Saver Choice (PPO) H3554		
☐ 002	Ashley, Baxter, Benton, Boone, Carroll, Clark, Clay, Columbia, Craighead, Crawford, Crittenden, Cross, Fulton, Garland, Greene, Hot Spring, Independence, Izard, Jackson, Lawrence, Madison, Marion, Mississippi, Montgomery, Newton, Ouachita, Poinsett, Polk, Prairie, Randolph, Searcy, Sebastian, Sharp, St. Francis, Stone, Union, Washington, Woodruff	$0
BlueMedicare Value Choice (PPO) H3554		
☐ 003	Benton, Carroll, Cleburne, Conway, Crawford, Faulkner, Grant, Madison, Perry, Pope, Sebastian, Van Buren, Washington, Yell	$29
☐ 004	Ashley, Baxter, Boone, Clark, Columbia, Craighead, Franklin, Fulton, Garland, Greene, Hot Spring, Independence, Izard, Jackson, Johnson, Lawrence, Logan, Marion, Montgomery, Newton, Ouachita, Poinsett, Polk, Prairie, Scott, Searcy, Sharp, St. Francis, Stone, Union, Woodruff	$29
BlueMedicare Premier Choice (PPO) H3554		
☐ 007	Benton, Carroll, Cleburne, Conway, Crawford, Faulkner, Grant, Lonoke, Madison, Perry, Pope, Pulaski, Saline, Sebastian, Van Buren, Washington, White, Yell	$49
☐ 008	Ashley, Baxter, Boone, Clark, Clay, Columbia, Craighead, Crittenden, Cross, Franklin, Fulton, Garland, Greene, Hot Spring, Independence, Izard, Jackson, Jefferson, Johnson, Lawrence, Logan, Marion, Mississippi, Montgomery, Newton, Ouachita, Poinsett, Polk, Prairie, Randolph, Scott, Searcy, Sharp, St. Francis, Stone, Union, Woodruff	$49
BlueMedicareValue (PFFS) H4213-016		
☐ 001	Baxter, Boone, Clark, Conway, Craighead, Fulton, Garland, Greene, Hot Spring, Izard, Marion, Newton, Ouachita, Poinsett, Polk, Searcy, St. Francis, Van Buren, Woodruff	$29
☐ 003	Benton, Carroll, Crawford, Faulkner, Franklin, Johnson, Logan, Madison, Perry, Pope, Scott, Sebastian, Washington, Yell	$29
☐ 004	Cleburne, Jefferson, Lonoke, Pulaski, Saline, White	$69
BlueMedicare Preferred (PFFS) H4213-017		
☐ 001	Baxter, Boone, Clark, Conway, Craighead, Fulton, Garland, Greene, Hot Spring, Izard, Marion, Newton, Ouachita, Poinsett, Polk, Searcy, St. Francis, Van Buren, Woodruff	$59

BlueMedicare Preferred (PFFS) H4213-017		
☐ 005	Benton, Carroll, Crawford, Faulkner, Franklin, Johnson, Logan, Madison, Perry, Pope, Scott, Sebastian, Washington, Yell	$70
☐ 006	Cleburne, Jefferson, Lonoke, Pulaski, Saline, White	$100

FIRST name		LAST name		Middle Initial
Birth Date (MM/DD/YYYY) (/ /)	Sex ☐ M ☐ F	Phone Number ( ) -		
Permanent Residence street address. (Don't enter a P.O. Box.)	City	County	State	ZIP Code
Mailing address, if different from your permanent address (PO Box allowed): Street address:	City		State	ZIP Code

Your Medicare information:

Medicare Number:

_____ - _____ - _____

Answer these important questions:

Will you have other prescription drug coverage (like VA, TRICARE) in addition to Arkansas Blue Medicare?

☐ Yes ☐ No

Name of other coverage:	Member number for this coverage:	Group number for this coverage:

Typically, you may enroll in a Medicare Advantage or Medicare Prescription Drug plan only during the annual enrollment period from October 15 through December 7 of each year. There are exceptions that may allow you to enroll in a Medicare Advantage plan outside of this period.

Please read the following statements carefully and check the box if the statement applies to you. By checking any of the following boxes you are certifying that, to the best of your knowledge, you are eligible for an Enrollment Period. If we later determine that this information is incorrect, you may be disenrolled.

☐ I am new to Medicare.	
☐ I am enrolled in a Medicare Advantage plan and want to make a change during the Medicare Advantage Open Enrollment Period (MA OEP).	
☐ I recently moved outside of the service area for my current plan or I recently moved and this plan is a new option for me. I moved on	M M D D Y Y Y Y
☐ I recently was released from incarceration. I was released on	M M D D Y Y Y Y
☐ I recently returned to the United States after living permanently outside of the U.S. I returned to the U.S. on	M M D D Y Y Y Y
☐ I recently obtained lawful presence status in the United States. I got this status on	M M D D Y Y Y Y
☐ I recently had a change in my Medicaid (newly got Medicaid, had a change in level of Medicaid assistance, or lost Medicaid) on	M M D D Y Y Y Y
☐ I recently had a change in my Extra Help paying for Medicare prescription drug coverage (newly got Extra Help, had a change in the level of Extra Help, or lost Extra Help) on	M M D D Y Y Y Y
☐ I have both Medicare and Medicaid (or my state helps pay for my Medicare premiums) or I get Extra Help paying for my Medicare prescription drug coverage, but I haven't had a change.	
☐ I live in, or recently moved out of a Long-Term Care Facility (for example, a nursing home or long term care facility). I moved/will move into/out of the facility on	M M D D Y Y Y Y
☐ I recently left a PACE program on	M M D D Y Y Y Y
☐ I recently involuntarily lost my creditable prescription drug coverage (coverage as good as Medicare's). I lost my drug coverage on	M M D D Y Y Y Y
☐ I am leaving employer or union coverage on	M M D D Y Y Y Y
☐ I belong to a pharmacy assistance program provided by my state.	
☐ My plan is ending its contract with Medicare, or Medicare is ending its contract with my plan.	
☐ I was enrolled in a plan by Medicare (or my state) and I want to choose a different plan. My enrollment in that plan started on	M M D D Y Y Y Y

☐ I was affected by an emergency or major disaster (as declared by the Federal Emergency Management Agency (FEMA) or by a Federal, state or local government entity. One of the other statements here applied to me, but I was unable to make my enrollment because of the disaster.

If none of these statements applies to you or you're not sure, please contact Arkansas Blue Medicare at 1-844-201-4934 (TTY users should call 711) to see if you are eligible to enroll. We are open 8 a.m. - 8 p.m. local time, seven days a week from October 1 - March 31, except for Thanksgiving and Christmas. However, from April 1 - September 30, our hours are 8 a.m. - 8 p.m. local time, five days a week.

IMPORTANT: Read and sign below:

- I must keep both Hospital (Part A) and Medical (Part B) to stay in Arkansas Blue Medicare.
- By joining this Medicare Advantage Plan, I acknowledge that Arkansas Blue Medicare will share my information with Medicare, who may use it to track my enrollment, to make payments, and for other purposes allowed by Federal law that authorize the collection of this information (see Privacy Act Statement below).
- Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.
- The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.
- I understand that people with Medicare are generally not covered under Medicare while out of the country, except for limited coverage near the U.S. border.
- I understand that when my Arkansas Blue Medicare coverage begins, I must get all of my medical and prescription drug benefits from Arkansas Blue Medicare. Benefits and services provided by Arkansas Blue Medicare and contained in my Arkansas Blue Medicare "Evidence of Coverage" document (also known as a member contract or subscriber agreement) will be covered. Neither Medicare nor Arkansas Blue Medicare will pay for benefits or services that are not covered.
- I understand that my signature (or the signature of the person legally authorized to act on my behalf) on this application means that I have read and understand the contents of this application. If signed by an authorized representative (as described above), this signature certifies that:
  1. This person is authorized under State law to complete this enrollment, and
  2. Documentation of this authority is available upon request by Medicare.

Signature:	Today's date:
	M M D D Y Y Y Y

If you're the authorized representative, sign above and fill out these fields:	
Name	Address
Phone number	Relationship to enrollee

Office Use Only

Arkansas Blue Medicare/Authorization agent

(individual sales representative /agent who completed the application)

Agent type (select one)

☐ Authorized agent ☐ ABM employee

Sales rep/Agent name	Sales rep/Agent NPN #
Agency/FMO affiliation (if applicable)	Agent ID #

Section 2 - All fields on this page are optional

Answering these questions is your choice. You can't be denied coverage because you don't fill them out.

Select one if you want us to send you information in a language other than English.

☐ Spanish

Select one if you want us to send you information in an accessible format.

☐ Large print

Please contact Arkansas Blue Medicare at 1-844-201-4934 if you need information in an accessible format other than what's listed above. Our office hours are 8 a.m. - 8 p.m. local time, seven days a week from October 1 - March 31, except for Thanksgiving and Christmas. However, from April 1 - September 30, our hours are 8 a.m. - 8 p.m. local time, five days a week. TTY users should call (711).

Do you work?

☐ Yes ☐ No

Does your spouse work?

☐ Yes ☐ No

List your Primary Care Physician (PCP), clinic, or health center:

Paying your plan premiums

You can pay your monthly plan premium (including any late enrollment penalty that you currently have or may owe) by mail or Electronic Funds Transfer (EFT) each month. **You can also choose to pay your premium by having it automatically taken out of your Social Security or Railroad Retirement Board (RRB) benefit each month.**

If you have to pay a Part D-Income Related Monthly Adjustment Amount (Part D-IRMAA), you must pay this extra amount in addition to your plan premium. The amount is usually taken out of your Social Security benefit, or you may get a bill from Medicare (or the RRB). DON'T pay Arkansas Blue Medicare the Part D-IRMAA.

PRIVACY ACT STATEMENT

The Centers for Medicare & Medicaid Services (CMS) collects information from Medicare plans to track beneficiary enrollment in Medicare Advantage (MA) or Prescription Drug Plans (PDP), improve care, and for the payment of Medicare benefits. Sections 1851 and 1860D-1 of the Social Security Act and 42 CFR §§ 422.50, 422.60, 423.30 and 423.32 authorize the collection of this information. CMS may use, disclose and exchange enrollment data from Medicare beneficiaries as specified in the System of Records Notice (SORN) "Medicare Advantage Prescription Drug (MARx)", System No. 09-70-0588. Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.

IMPORTANT INFORMATION:

2022 Medicare Star Ratings

Arkansas Blue Medicare - H4213

For 2022, Arkansas Blue Medicare - H4213 received the following Star Ratings from Medicare:

Overall Star Rating:	★★★½☆
Health Services Rating:	★★★½☆
Drug Services Rating:	★★★½☆

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 Monday through Friday from 8:00 a.m. to 8:00 p.m. Central time at 888-605-0322 (toll-free) or 711. Current members please call 877-233-7022 (toll-free) or 711.

INFORMACION IMPORTANTE:

Calificación 2022 de Medicare con Estrellas

Información oficial de Medicare del gobierno de los Estados Unidos

Arkansas Blue Medicare - H4213

En el 2022, Arkansas Blue Medicare - H4213 recibió las siguientes calificaciones de Medicare con estrellas:

Calificación general por estrellas:	★★★½☆
Calificación de los Servicios de Salud:	★★★½☆
Calificación de los Servicios de Medicamentos:	★★★½☆

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 diversos 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 que 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 **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 para el resto del año es de 1 abril al 30 septiembre lunes a viernes de 8:00 a.m. a 8:00 p.m. hora Central. Miembros actuales favor de llamar 877-233-7022 (número gratuito) o al 711 (teléfono de texto).