

Arkansas Blue
MEDICARE

An Independent Licensee of the Blue Cross and Blue Shield Association



2021 Summary of Benefits

BlueMedicare Preferred (PFFS) H4213-017-006

Our service area for **BlueMedicare Preferred (PFFS)** includes the following Arkansas counties:
Cleburne, Jefferson, Lonoke, Pulaski, Saline, and White

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.
 - Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
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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, 2022.
 - 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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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**.

Our service area for **BlueMedicare Preferred (PFFS)** includes the following Arkansas counties: Cleburne, Jefferson, Lonoke, Pulaski, Saline, and White

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 will pay a higher cost share 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	\$99	
You must continue to pay your Medicare Part B premium.		
Medical deductible	\$0	\$1,000
Pharmacy (Part D) deductible	\$420 for Tiers 2, 3, 4, and 5.	
Maximum out-of-pocket responsibility		\$7,500 combined in- and out-of-network
The most you pay for copays, coinsurance and other costs for medical services for the year.		



Covered Medical and Hospital Benefits

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

	IN-NETWORK	OUT-OF-NETWORK
Doctor visits	Primary care provider: \$30 copay Specialist: \$50 copay Telehealth: <ul style="list-style-type: none"> • \$0 copay primary care provider or urgently needed services • \$0 copay mental health visit • \$50 copay specialist 	Primary care provider: 40% of the cost Specialist: 40% of the cost
Preventive care	<p>Our plan covers many preventive services at no cost when you see an in-network provider including:</p> <ul style="list-style-type: none"> • Abdominal aortic aneurysm screening • Alcohol misuse counseling • Annual Wellness Visit • Barium enemas • Bone mass measurement • Breast cancer screening (mammogram) • Cardiovascular disease (behavioral therapy) • Cardiovascular screenings • Cervical and vaginal cancer screening • Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy) • Depression screening • Diabetes screenings • Diabetes self-management training • Digital rectal exam • Electrocardiogram • Glaucoma screening • HIV screening • Lung cancer screening • Medical nutrition therapy services 	40% of the cost


	IN-NETWORK	OUT-OF-NETWORK
Preventive care (continued)	<ul style="list-style-type: none"> • Medicare diabetes prevention program • Obesity screening and counseling • Prostate cancer screenings (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, pneumococcal shots • "Welcome to Medicare" preventive visit (one-time) 	40% of the cost

Any additional preventive services approved by Medicare during the contract year will be covered

EMERGENCY CARE		
	IN-NETWORK	OUT-OF-NETWORK
Emergency room	\$90 copay	\$90 copay
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.	Worldwide emergency care services: <ul style="list-style-type: none"> • 20% of the cost • \$15,000 annual limit 	Worldwide emergency care services: <ul style="list-style-type: none"> • 20% of the cost • \$15,000 annual limit
Urgently needed services	\$50 copay	\$50 copay

OUTPATIENT CARE AND SERVICES

	IN-NETWORK	OUT-OF-NETWORK
Diagnostic services, labs and imaging	Diagnostic mammography: \$0 copay	40% of the cost
	Diagnostic radiology – MRI: <ul style="list-style-type: none">• \$0 copay for DEXA scan• \$50 copay at an urgent care facility• \$50 copay at specialist or freestanding radiology clinic• \$340 copay in outpatient hospital facility	40% of the cost
	Outpatient lab services: \$0 copay	40% of the cost
	Diagnostic tests and procedures: <ul style="list-style-type: none">• 20% of the cost• \$0 copay for spirometry	40% of the cost
	X-Rays: 20% of the cost	40% of the cost
	Radiation therapy: 20% of the cost	40% of the cost
Hearing	Medicare-covered hearing exam: \$50 copay	40% of the cost
	Routine hearing exam: <ul style="list-style-type: none">• \$0 copay for routine hearing exams, once per year• \$0 copay for hearing aid fitting/evaluation up to 3 times per year	Not covered
	TruHearing provider must be used.	Not covered

	IN-NETWORK	OUT-OF-NETWORK
 Comprehensive hearing	<ul style="list-style-type: none"> • \$699 copay per aid for Advanced Aids (up to 1 hearing aid per ear per year) • \$999 copay per aid for Premium Aids (up to 1 hearing aid per ear per year) • Includes 48 batteries per aid and 3 year warranty <p>TruHearing provider must be used.</p>	Not covered
Dental	<p>Medicare-covered dental services:</p> <ul style="list-style-type: none"> • \$45 copay <p>Routine dental: Comprehensive oral evaluation:</p> <ul style="list-style-type: none"> • \$0 copay for comprehensive oral evaluation, 1 per lifetime per dentist <p>Oral exam:</p> <ul style="list-style-type: none"> • \$0 copay (up to 2 per year) <p>Prophylaxis (cleaning):</p> <ul style="list-style-type: none"> • \$10 copay (up to 2 per year) <p>X-Rays:</p> <ul style="list-style-type: none"> • \$0 copay (limits vary per service) 	<p>40% of the cost</p> <p>50% of the cost</p> <p>50% of the cost</p> <p>50% of the cost</p> <p>50% of the cost</p>
Vision	<p>Medicare-covered eye exam:</p> <ul style="list-style-type: none"> • \$50 copay <p>Medicare-covered eyewear:</p> <ul style="list-style-type: none"> • \$50 copay <p>Diabetic retinopathy:</p> <ul style="list-style-type: none"> • \$0 copay <p>Glaucoma screening:</p> <ul style="list-style-type: none"> • \$0 copay 	<p>40% of the cost</p> <p>40% of the cost</p> <p>40% of the cost</p> <p>40% of the cost</p>



Covered Medical and Hospital Benefits

	IN-NETWORK	OUT-OF-NETWORK
Mental health services	Inpatient: <ul style="list-style-type: none"> • \$320 copay per day for days 1-5 • \$0 copay per day for days 6-90 	40% of the cost 40% of the cost
	Outpatient: <ul style="list-style-type: none"> • \$40 copay for individual therapy sessions • \$40 copay for group therapy sessions 	<ul style="list-style-type: none"> • Individual therapy sessions: 40% of the cost • Group therapy sessions: 40% of the cost
Skilled nursing facility (SNF)	Your plan covers up to 100 days in a SNF per benefit period. <ul style="list-style-type: none"> • \$0 copay per day for days 1-20 • \$184 copay per day for days 21-100 	40% of the cost for days 1-100
Rehabilitation services	Physical therapy: \$40 copay	40% of the cost
	Occupational therapy: \$40 copay	40% of the cost
	Speech therapy: \$40 copay	40% of the cost
	Opioid treatment services: \$50 copay	40% of the cost
	Cardiac rehabilitation: \$45 copay	40% of the cost
	Pulmonary rehabilitation: \$30 copay	40% of the cost
Ambulance (ground)	\$265 copay	\$265 copay
Ambulance (air)	20% of the cost	20% of the cost
Transportation	Not covered	Not covered
Medicare Part B drugs	Chemotherapy/Radiation drugs: 20% of the cost	40% of the cost
	Other Medicare Part B drugs: 20% of the cost	40% of the cost



Prescription Drug Benefits

Pharmacy (Part D) Deductible This plan has a \$420 deductible for Tier 2, 3, 4, and 5 drugs. You pay the full cost of these drugs until you reach \$420. Then, you only pay your share of the cost. You begin in this stage when you fill your first prescription of the year in Tiers 2, 3, 4, and 5.

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 **\$4,130**. Once you reach this amount, you will enter the Coverage Gap. You may get your drugs at network retail pharmacies and mail order pharmacies.

BlueMedicare Preferred (PFFS)			
	Retail		Mail order
	30-day supply (Preferred Pharmacies)	30-day supply (Standard Pharmacies)	30-day supply
Tier 1: Preferred Generic	\$3	\$10	\$3
Tier 2: Generic	\$13	\$20	\$13
Tier 3: Preferred Brand	\$40	\$47	\$40
Tier 4: Non-Preferred Drug	40%	42%	40%
Tier 5: Specialty Tier	25%	25%	25%
	Up to 100-day supply (Preferred Pharmacies)	Up to 100-day supply (Standard Pharmacies)	Up to 100-day supply
Tier 1: Preferred Generic	\$7.50	\$25	\$7.50
Tier 2: Generic	\$32.50	\$50	\$32.50
Tier 3: Preferred Brand	\$100	\$117.50	\$100
Tier 4: Non-Preferred Drug	40%	42%	40%
Tier 5: Specialty Tier	25%	25%	25%

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 cost (including what you have paid and our plan has paid) reaches **\$4,130**. You stay in this stage until your total out-of-pocket drug costs for the year reach **\$6,550**.

During the coverage gap:

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

Catastrophic coverage stage

After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacies and mail order) reach **\$6,550**, you pay the greater of:

- 5% of the cost, or
- \$3.70 copay for generic (including brand drugs treated as generic) and a \$9.20 copay for all other drug

Plans may offer supplemental benefits in addition to Part C benefits and Part D benefits.



Additional Medical Benefits

	IN-NETWORK	OUT-OF-NETWORK
Chiropractic services	<ul style="list-style-type: none">• \$15 copay for Medicare-covered services	<ul style="list-style-type: none">• 40% of the cost
Diabetic supplies	<ul style="list-style-type: none">• 20% of the cost for diabetic supplies• 20% of the cost for diabetic therapeutic shoes or inserts	<ul style="list-style-type: none">• 20% of the cost for diabetic supplies• 20% of the cost for diabetic therapeutic shoes or inserts
Medical equipment / supplies	<ul style="list-style-type: none">• Durable medical equipment (like wheelchairs or oxygen): 20% of the cost• Medical supplies: 20% of the cost• Prosthetics (artificial limbs or braces): 20% of the cost	<ul style="list-style-type: none">• Durable medical equipment (like wheelchairs or oxygen): 20% of the cost• Medical supplies: 20% of the cost• Prosthetics (artificial limbs or braces): 20% of the cost
Outpatient substance abuse services	<ul style="list-style-type: none">• Individual therapy sessions: \$40 copay• Group therapy sessions: \$40 copay	<ul style="list-style-type: none">• Individual therapy sessions: 40% of the cost• Group therapy sessions: 40% of the cost
Podiatry	<ul style="list-style-type: none">• \$50 copay for each Medicare-covered visit	<ul style="list-style-type: none">• 40% of the 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.



Comprehensive hearing benefits

Your plan features expanded hearing benefits in addition to the hearing 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 methods, preventive reminders, ways to maximize your benefits and much more. It's secure, HIPAA-compliant and there's nothing to download.

Disclaimers

Arkansas Blue Medicare is an affiliate of Arkansas Blue Cross and Blue Shield. Arkansas Blue Medicare offers PFFS 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).