



2021 Summary of Benefits

Health Advantage Blue Premier (HMO)

H9699-006

The service area for **Health Advantage Blue Premier (HMO)** includes the following Arkansas counties: Cleburne, Conway, Faulkner, Grant, Lonoke, Perry, Pope, Pulaski, Saline, Van Buren, White and Yell.

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 **1-877-349-9335 (TTY: 711)**.

Understanding the benefits

- Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services that you routinely see a doctor. Visit **www.HAMedicare.com** or call **1-877-349-9335 (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

- 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.
 - 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).
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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.HAMedicare.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 **Health Advantage Blue Premier (HMO)** includes the following Arkansas counties: Cleburne, Conway, Faulkner, Grant, Lonoke, Perry, Pope, Pulaski, Saline, Van Buren, White, Yell.

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, the plan may not pay for these services.

- You can see our plan's provider and pharmacy directories at our website (www.HAMedicare.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 **1-855-591-9795** (TTY: 711).
 - If you are a member of this plan, call us at **1-877-349-9335** (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.HAMedicare.com
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Monthly Premium, Deductible and Limits

Monthly plan premium **\$0**

You must continue to pay your Medicare Part B premium.

Medical deductible

This plan does not have a deductible.

Pharmacy (Part D) deductible **\$250** for Tiers 3, 4 and 5.

Maximum out-of-pocket responsibility **\$6,500**

The most you pay for copays, coinsurance and other costs for medical services for the year.



Covered Medical and Hospital Benefits

Acute inpatient hospital care **\$360** copay per day for days 1-5
\$0 copay per day for days 6-90

A referral is not needed. Prior authorization may be required. See Evidence of Coverage for details.

Outpatient hospital coverage

Outpatient surgery at Outpatient Hospital: **\$285** copay

Outpatient surgery at Ambulatory Surgical Center: **\$275** copay
\$0 copay diagnostic colonoscopy

A referral is not needed. Prior authorization may be required. See Evidence of Coverage for details.

Doctor visits

Primary care provider: **\$0** copay

Specialist: **\$40** copay

Telehealth:

- **\$0** copay primary care provider or urgently needed
- **\$0** copay mental health visit
- **\$40** copay specialist

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 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
- 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)

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

EMERGENCY CARE

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 copay

Worldwide emergency care services:

- **20%** of the cost
- **\$15,000** annual limit

Urgently needed services

- **\$0** copay at primary care physician office
- **\$40** copay at an urgent care facility
- **\$40** copay at specialist office

OUTPATIENT CARE AND SERVICES

Diagnostic services, labs and imaging

Diagnostic mammography: **\$0** copay

Diagnostic radiology – MRI:

- **\$0** copay for DEXA scan
- **\$40** copay at an urgent care facility
- **\$40** copay at specialist or freestanding radiology clinic
- **\$285** copay in outpatient hospital facility

Outpatient lab services: **\$0** copay

Diagnostic tests and procedures:

- **\$0** copay for preventive services
- **20%** of the cost for other services
- **\$0** copay for spirometry
- **\$0** copay for home-based sleep study

X-Rays:

- **\$0** copay at primary care provider, urgent care center, specialist or ER
- **\$25** copay at outpatient or freestanding facility

Radiation therapy **20%** of the cost

A referral is not needed. Prior authorization may be required. See Evidence of Coverage for details.

Hearing

Medicare-covered hearing exam: **\$40** copay

Routine hearing exam:

\$0 copay for routine hearing exams once per year

\$0 copay for hearing aid fitting/evaluation up to 3 times per year

TruHearing provider must be used.



Comprehensive hearing

- Up to **\$1,000** allowance toward the cost of 2 non-implantable hearing aids from the TruHearing Choice catalogue every 3 years (includes 48 batteries per aid and 3 year warranty)

TruHearing provider must be used.

Dental

Medicare-covered dental services:

- **20%** of the cost

Routine dental: Comprehensive oral evaluation:

- **\$0** copay for comprehensive oral evaluation, 1 per lifetime per dentist

Oral exam:

- **\$0** copay (up to 2 per year)

Prophylaxis (cleaning):

- **\$0** copay (up to 2 per year)

X-Rays:

- **\$0** copay (limits vary per service)



Comprehensive dental

| Maximum benefit | | |
|--|---------|---|
| Covered Dental Services | Premier | Benefit Limitations Per Calendar Year |
| Basic Dental Services (Minor Restorative) | | |
| Amalgam restorations (silver fillings) | 50% | 2 per year |
| Composite resin restorations (white fillings) | 50% | |
| Extractions (pulling teeth), simple or surgical | 50% | 2 per year |
| Recementation – crown | 50% | Unlimited |
| Major Dental Services (Endodontics, Periodontics, Prosthodontics, and Oral Surgery) | | |
| Endodontic Therapy (Root canal) | 50% | 1 per year |
| Crowns | 50% | 1 per year |
| Periodontal scaling and root planning (deep cleaning) | 50% | 1 per quadrant every 2 years |
| Periodontal maintenance | 50% | 2 per year |
| Complete or Partial dentures | 50% | 1 set of full or partial dentures every 5 years |
| Complete denture adjustments | 50% | 1 per year |
| Partial denture adjustments | 50% | 2 per year |
| Denture relines (not covered within 6 months of placement) | | 1 per year |

Covered dental services are subject to conditions, limitations, exclusions, and maximums. Please see your Evidence of Coverage for details. Network dentists have agreed to provide services at a negotiated rate. If you see a network dentist, you cannot be billed more than that rate. Benefits received out-of-network are not covered.

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

Health Advantage Blue Premier (HMO) members also have access to **Dental Xtra**, a program for members who are pregnant, have diabetes, coronary artery disease, have suffered a stroke or have been diagnosed with oral cancer, head and neck cancers or Sjögren's syndrome. It provides qualifying members with additional dental benefits, which are paid 100% when using a participating dentist. It won't count toward the maximum dollar amount your dental plan will cover for the calendar year and requires no copayment, coinsurance or deductible. To learn more, visit arkansasdentalblue.com.

Vision

Medicare-covered eye exam: **\$40** copay

Routine eye exam: **\$0** copay (1 per year)

Diabetic retinopathy: **\$0** copay

Glaucoma screening: **\$0** copay



Comprehensive vision

Eye glasses (lenses and frames):

- Glass or plastic single vision, lined bifocal, lined trifocal, or lenticular lenses are **covered in full**
- **Covered in full*** up to the retail allowance of **\$100** every 2 years (\$10 copay may apply)

Contact lenses:

- All contact lenses are in lieu of glasses (lenses and frames). Allowance up to **\$100** (**\$0** - **\$10** copay may apply).

*Covered in full materials and services are less any applicable copay. Based on applicable laws, benefits and savings may vary by location.

To find an in-network vision provider, please visit www.HAMedicare.com.

Mental health services

Inpatient:

- **\$350** copay per day for days 1-5
- **\$0** copay per day for days 6-90

Outpatient:

- **\$40** copay for individual therapy sessions
- **\$40** copay for group therapy sessions

A referral is not needed. Prior authorization may be required. See Evidence of Coverage for details.

Skilled nursing facility (SNF)

Your plan covers up to 100 days in a SNF per benefit period.

- **\$0** copay per day for days 1-20
- **\$184** copay per day for days 21-100

A referral is not needed. Prior authorization may be required. See Evidence of Coverage for details.

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| Rehabilitation services | Physical therapy: \$40 copay Occupational therapy: \$40 copay Speech therapy: \$40 copay Opioid treatment services: \$40 copay Cardiac rehabilitation: \$25 copay Pulmonary rehabilitation: \$15 copay |
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A referral is not needed. Prior authorization may be required. See Evidence of Coverage for details.

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| Ambulance (ground) | \$265 copay |
| Ambulance (air) | 20% of the cost |
| Transportation | Not covered |
| Medicare Part B drugs | 20% of the cost Chemotherapy/Radiation drugs 20% of the cost Other Medicare Part B drugs |



Prescription Drug Benefits

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| Pharmacy (Part D) deductible | Health Advantage Blue Classic (HMO) has a \$250 deductible for Tier 3, 4 and 5 drugs. You pay the full cost of these drugs until you reach \$250. 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 3, 4, and 5. |
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| Initial coverage stage (after you pay your deductible, if applicable) | <p>During this stage, the plan pays its share of the cost of your drugs and you pay your share of the cost.</p> <p>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.</p> <p>You may get your drugs at network retail pharmacies and mail order pharmacies.</p> |
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Health Advantage Blue Premier (HMO)

| | Retail | | Mail order | |
|---------------------------------------|---------------|----------------------|---------------|----------------------|
| | 30-day supply | Up to 100-day supply | 30-day supply | Up to 100-day supply |
| Tier 1: Preferred Generic | \$3 | \$6 | \$3 | \$6 |
| Tier 2: Generic | \$10 | \$20 | \$10 | \$20 |
| Tier 3: Preferred Brand | \$47 | \$94 | \$47 | \$94 |
| Tier 4: Non-Preferred Drug | 48% | 48% | 48% | 48% |
| Tier 5: Specialty Tier | 28% | 28% | 28% | 28% |
| Tier 6: Select Care Drugs Tier | \$0 | \$0 | \$0 | \$0 |

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 year drug costs reach **\$6,550**.

During the coverage gap:

- You pay the same copays that you paid in the initial coverage stage for drugs in Tier 6 (Select Care Drugs Tier).
- For drugs in all other 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 drugs

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



Additional Drug Coverage

Tier 6 Drug Benefit **\$0** copays for specialized drugs aimed at improving medication adherence for certain chronic conditions, such as high blood pressure, high cholesterol, and diabetes. This tier also includes coverage for typically non-covered Medicare drugs for erectile dysfunction and weight loss.



Additional Medical Benefits

Chiropractic services **\$15** copay for Medicare-covered service

Diabetic supplies

- **\$0** copay for diabetic supplies
- **20%** of the cost for diabetic therapeutic shoes or inserts

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| 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 |
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A referral is not needed. Prior authorization may be required. See Evidence of Coverage for details.

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| Outpatient substance abuse services | <ul style="list-style-type: none"> • Individual therapy sessions: \$40 copay • Group therapy sessions: \$40 copay |
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| Podiatry | <ul style="list-style-type: none"> • \$35 copay for each Medicare-covered visit • \$35 copay for routine foot care (up to 6 visits) |
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| Acupuncture | <ul style="list-style-type: none"> • \$0 copay (up to 6 visits) |
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A referral is not needed. Prior authorization may be required. See Evidence of Coverage for details.

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| Therapeutic massage | <ul style="list-style-type: none"> • \$0 copay (up to 6 visits) |
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Get More with Health Advantage

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.



Comprehensive dental benefits

Your plan features expanded dental benefits in addition to the dental benefits covered by Original Medicare.



Comprehensive vision benefits

Your plan features expanded vision benefits in addition to the vision benefits covered by Original Medicare.

Nurse24

Health Advantage 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 a Health Advantage 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.

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| 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. |
| In-Home Support Services | Papa, Inc will provide 40-hours per year for help with the following: support scheduling and attending medical visits, transport to/from physician and pharmacy, technology support with telehealth services, light cleaning, chores, and meal prep in the home or virtually, as appropriate. |
| Over-the-counter benefit | Each quarter, we'll give you a \$25 allowance to spend on over-the-counter drugs. |
| Part D Senior Savings Model | Select insulin is available at a maximum \$35 copay for a 30-days' supply in the deductible, initial coverage, and coverage gap phases of the Part D benefit. |
| Meal benefit | Immediately following surgery or discharge from a Skilled Nursing Facility or inpatient hospital stay, maximum of two (2) meals a day for up to seven (7) days for a maximum of fourteen (14) meals, per enrollee per year as appropriate. |

DISCLAIMERS

HMO Partners, Inc. DBA Health Advantage offers HMO plans with a Medicare contract. Enrollment in Health Advantage depends on contract renewal.

This information is not a complete description of benefits. Call 1-877-349-9335 (TTY: 711) for more information.

If you have any questions please contact our Customer Service at 1-877-349-9335. (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).