

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	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 <sup>fi</sup> fitness program	You get a basic fitness center membership, including fitness classes, with no additional cost to you.
 In-Home support services	Papa, Inc. will provide 40-hours per year for help scheduling/attending medical visits, transportation to physician/pharmacy, telehealth support, light cleaning, chores, and meal prep.
 My Blueprint	As a member in a Health Advantage Medicare plan, 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.
ADDITIONAL BENEFITS FOR HEALTH ADVANTAGE BLUE PREMIER ONLY	
 Comprehensive vision benefits	You'll also get expanded vision benefits in addition to the standard vision benefits covered by Original Medicare.
 Over-the-counter benefit	Each quarter, we'll give you a \$25 allowance to spend on over-the-counter drugs.
 Meal benefit	We offer up to 14 meals per year following an inpatient stay.

Want to learn more?

Call 855-591-9795 | Visit [ChooseHAMedicare.com](https://www.ChooseHAMedicare.com)

Consult the Summary of Benefits (SB) for more information. Not available in all counties. HMO Partners, Inc. DBA Health Advantage offers HMO plans with a Medicare contract. Enrollment in Health Advantage depends on contract renewal. SilverSneakers<sup>fi</sup> is a registered trademark of Tivity Health. Tivity Health is an independent company contracted with Health Advantage to provide a fitness benefit to our members. Other providers are available in our network. Health Advantage is an affiliate of Arkansas Blue Cross and Blue Shield. Arkansas Blue Cross and Blue Shield is the trade name of USAble Mutual Insurance Company, an Independent Licensee of the Blue Cross and Blue Shield Association. © 2021 HMO Partners, Inc. All rights reserved.



2022 HMO  
Health Advantage Medicare Advantage Plans

trust



Health Advantage Blue Classic HMO  
Health Advantage Blue Premier HMO

available in  
23 counties



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Plan Benefits	Health Advantage Blue Classic HMO	Health Advantage Blue Premier HMO
Monthly premium	\$0	\$0
Annual medical deductible	\$0	\$0
Out-of-pocket maximum	\$6,000	\$6,500
Primary care provider visits	\$0 co-pay and no referrals from your PCP	\$0 co-pay and no referrals from your PCP
Specialist visits	\$40 co-pay	\$40 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: \$375; days 6-90: \$0	Days 1-5: \$385; days 6-90: \$0
Worldwide emergency/urgent care	20% of the cost; \$15,000 annual limit	20% of the cost; \$15,000 annual limit
Routine eye exam	\$0 - \$40 co-pay for Medicare-covered eye exams, depending on service	\$0 co-pay
Eyewear	\$40 co-pay for Medicare-covered eyewear	Coverage for contacts, lenses and frames, and upgrades (combined allowance of up to \$100 every year)
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 deep cleaning, dentures, extractions, and fillings
Routine hearing exam	\$0 co-pay	\$0 co-pay
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)	Up to \$1,000 every 3 years towards the cost of 2 non-implantable hearing aids (limit 1 hearing aid per ear)
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	\$25 allowance per quarter with rollover

## Want to learn more?

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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 Health Advantage. Out-of-network services are not covered, except for emergency and urgently needed care. You must use network providers for your care. Out-of-network/non-contracted providers are under no obligation to treat Health Advantage members, except in emergency situations.

Prescription Drug Coverage				
Health Advantage Blue Classic HMO	Annual pharmacy deductible: \$250 for Tiers 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	\$3 co-pay	\$6 co-pay	\$3 co-pay	\$6 co-pay
Tier 2: Generic	\$13 co-pay	\$26 co-pay	\$13 co-pay	\$26 co-pay
Tier 3: Preferred brand	\$40 co-pay	\$80 co-pay	\$40 co-pay	\$80 co-pay
Tier 4: Non-Preferred drug	45% of the total cost	45% of the total cost	45% of the total cost	45% of the total cost
Tier 5: Specialty tier	28% of the total cost	Not covered	28% of the total cost	Not covered
Tier 6: Select care drugs tier	\$0 co-pay	\$0 co-pay	\$0 co-pay	\$0 co-pay
Health Advantage Blue Premier HMO	Annual pharmacy deductible: \$250 for Tiers 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	\$3 co-pay	\$6 co-pay	\$3 co-pay	\$6 co-pay
Tier 2: Generic	\$10 co-pay	\$20 co-pay	\$10 co-pay	\$20 co-pay
Tier 3: Preferred brand	\$47 co-pay	\$94 co-pay	\$47 co-pay	\$94 co-pay
Tier 4: Non-Preferred drug	45% of the total cost	45% of the total cost	45% of the total cost	45% of the total cost
Tier 5: Specialty tier	28% of the total cost	Not covered	28% of the total cost	Not covered
Tier 6: Select care drugs tier	\$0 co-pay	\$0 co-pay	\$0 co-pay	\$0 co-pay
Senior Savings Model	Receive select insulins at a \$0 co-pay for 30- and 100-day supplies. The pharmacy deductible does not apply.			
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	Tier 6: you pay the same co-pays in the initial coverage stage. All other 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 total cost, or \$3.95 co-pay for generic drugs and \$9.85 co-pay for all other drugs.			