



Plan Benefits	BlueMedicare Value	BlueMedicare Preferred
Monthly premium	\$69	\$100
Annual medical deductible	\$0	\$0
Out-of-pocket maximum	\$7,500	\$7,500
Primary care provider visits	\$30 co-pay	\$30 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 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)	\$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)
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

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.			

## Want to learn more?

Call 855-591-9794 | Visit [ChooseBlueMedicare.com](https://www.chooseblumedicare.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.