



## 2022 Summary of Benefits

### **BlueMedicare Value (PFFS) H4213-016-004**

The service area for **BlueMedicare Value (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.
- 

### 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: Cleburne, Jefferson, Lonoke, Pulaski, Saline, and White.

---

## 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](http://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](http://www.arkbluemedicare.com)**
-



## Monthly Premium, Deductible and Limits

	IN-NETWORK	OUT-OF-NETWORK
<b>Monthly plan premium</b>	<b>\$69</b>	
You must continue to pay your Medicare Part B premium.		
<b>Medical deductible</b>	<b>\$0</b>	<b>\$1,000</b>
<b>Maximum out-of-pocket responsibility</b>		<b>\$7,500</b> combined in- and out-of-network
The most you pay for co-pays, coinsurance and other costs for medical services for the year.		



## Covered Medical and Hospital Benefits

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

	<b>IN-NETWORK</b>	<b>OUT-OF-NETWORK</b>
<b>Doctor visits</b>	<p>Primary care physician (PCP): <b>\$30</b> co-pay for each visit</p> <p>Specialist: <b>\$5</b> co-pay for each visit</p> <p>Telehealth:</p> <ul style="list-style-type: none"> <li>• <b>\$0</b> co-pay primary care provider or urgently needed services</li> <li>• <b>\$0</b> co-pay per session for mental health services (individual or group sessions)</li> <li>• <b>\$50</b> co-pay per session for specialist services</li> </ul>	<p>Primary care provider: <b>40%</b> of the total cost</p> <p>Specialist: <b>40%</b> of the total cost</p>
<b>Preventive care</b>	<p><b>Our plan covers many preventive services at no cost when you see an in-network provider including:</b></p> <ul style="list-style-type: none"> <li>• Abdominal aortic aneurysm screening</li> <li>• Alcohol misuse counseling</li> <li>• Annual Wellness Visit</li> <li>• Barium enema</li> <li>• Bone mass measurement</li> <li>• Breast cancer screening (mammogram)</li> <li>• Cardiovascular disease (behavioral therapy)</li> <li>• Cardiovascular screening</li> <li>• Cervical and vaginal cancer screening</li> <li>• Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy)</li> <li>• Depression screening</li> <li>• Diabetes screening</li> <li>• Diabetes self-management training</li> <li>• Digital rectal exam</li> <li>• Electrocardiogram (EKG)</li> <li>• Glaucoma screening</li> <li>• HIV screening</li> </ul>	<b>40%</b> of the total cost


	IN-NETWORK	OUT-OF-NETWORK
<b>Preventive care (continued)</b>	<ul style="list-style-type: none"> <li>• Lung cancer screening</li> <li>• Medical nutrition therapy services</li> <li>• Medicare diabetes prevention program</li> <li>• Obesity screening and counseling</li> <li>• Prostate cancer screening (PSA)</li> <li>• Routine physical exam</li> <li>• Sexually transmitted infections screening and counseling</li> <li>• Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)</li> <li>• Vaccines, including flu shots, hepatitis B shots, and pneumococcal shots</li> <li>• "Welcome to Medicare" preventive visit (one-time)</li> </ul>	<b>40%</b> of the cost

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

<b>EMERGENCY CARE</b>		
	IN-NETWORK	OUT-OF-NETWORK
<b>Emergency room</b>	<b>\$90</b> co-pay for each visit	<b>\$90</b> co-pay for each visit
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"> <li>• <b>20%</b> of the total cost</li> <li>• <b>\$15,000</b> annual limit</li> </ul>	Worldwide emergency care services: <ul style="list-style-type: none"> <li>• <b>20%</b> of the total cost</li> <li>• <b>\$15,000</b> annual limit</li> </ul>
<b>Urgently needed services</b>	<b>\$50</b> co-pay for each visit	<b>\$50</b> co-pay for each visit

## OUTPATIENT CARE AND SERVICES

	IN-NETWORK	OUT-OF-NETWORK
<b>Diagnostic tests/procedures, labs and radiology</b>	Diagnostic tests and procedures: <ul style="list-style-type: none"> <li>• <b>0%</b> of the total cost for a spirometry test</li> <li>• <b>20%</b> of the total cost for all other tests and procedures</li> </ul>	<b>40%</b> of the total cost
	Lab services: <b>\$0</b> co-pay for each visit	<b>40%</b> of the total cost
	Diagnostic mammogram: <b>\$0</b> co-pay	<b>40%</b> of the total cost
	Diagnostic radiology: <ul style="list-style-type: none"> <li>• <b>\$0</b> co-pay for DEXA scan</li> <li>• <b>\$50</b> co-pay for services at a specialist or freestanding radiology clinic</li> <li>• <b>\$340</b> co-pay for services in an outpatient setting</li> </ul>	<b>40%</b> of the total cost
	Radiation therapy: <b>20%</b> of the total cost	<b>40%</b> of the total cost
	X-Rays: <b>20%</b> of the total cost	<b>40%</b> of the total cost
<b>Hearing exams</b>	Medicare-covered hearing exam: <b>\$50</b> co-pay for each visit	<b>40%</b> of the total cost
	Routine hearing exam: <ul style="list-style-type: none"> <li>• <b>\$0</b> co-pay (1 per year)</li> </ul>	Routine hearing exam: <ul style="list-style-type: none"> <li>• <b>\$0</b> co-pay (1 per year)</li> </ul>
	Hearing aid fitting/evaluation: <ul style="list-style-type: none"> <li>• <b>\$0</b> co-pay (includes first year of follow-up provider visits)</li> </ul>	Hearing aid fitting/evaluation: <ul style="list-style-type: none"> <li>• <b>\$0</b> co-pay (includes first year of follow-up provider visits)</li> </ul>
	TruHearing providers must be used.	TruHearing providers must be used.

	IN-NETWORK	OUT-OF-NETWORK
 <b>Hearing aids</b>	<ul style="list-style-type: none"> <li>• <b>\$699</b> co-pay per aid for Advanced Aids (up to 1 hearing aid per ear per year)</li> <li>• <b>\$999</b> co-pay per aid for Premium Aids (up to 1 hearing aid per ear per year)</li> <li>• 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</li> </ul> <p>TruHearing providers and hearing aids must be used.</p>	<ul style="list-style-type: none"> <li>• <b>\$699</b> co-pay per aid for Advanced Aids (up to 1 hearing aid per ear per year)</li> <li>• <b>\$999</b> co-pay per aid for Premium Aids (up to 1 hearing aid per ear per year)</li> <li>• 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</li> </ul> <p>TruHearing providers and hearing aids must be used.</p>
<b>Dental</b>	<p>Medicare-covered dental services:</p> <ul style="list-style-type: none"> <li>• <b>\$50</b> co-pay for each visit</li> </ul> <p>Preventive dental:</p> <ul style="list-style-type: none"> <li>• Comprehensive oral evaluation: <b>\$0</b> co-pay (1 per lifetime per dentist)</li> <li>• Oral exam: <b>\$0</b> co-pay (2 per year)</li> <li>• Cleanings: <b>\$0</b> co-pay (2 per year)</li> <li>• X-rays: <b>\$0</b> co-pay (limits vary per service)</li> <li>• Fluoride treatments: Not covered</li> </ul>	<p><b>40%</b> of the total cost</p> <p><b>50%</b> of the total cost</p> <p><b>50%</b> of the total cost</p> <p><b>50%</b> of the total cost</p> <p><b>50%</b> of the total cost</p> <p>Not covered</p>





## 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 relines

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<sup>SM</sup>.

**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](http://www.arkansasdentalblue.com).

Covered dental services are subject to conditions, limitations, exclusions, and maximums. Please see the EOC 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 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 payment made by Arkansas Blue Medicare to the provider.

To find an in-network dental provider, please visit [www.arkbluemedicare.com](http://www.arkbluemedicare.com).

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



## Covered Medical and Hospital Benefits

	IN-NETWORK	OUT-OF-NETWORK
<b>Mental health services</b>	Inpatient:	
	• <b>\$320</b> co-pay per day for days 1-5	<b>40%</b> of the total cost
	• <b>\$0</b> co-pay per day for days 6-90	<b>40%</b> of the total cost
	Outpatient:	
	• <b>\$40</b> co-pay for each individual therapy session	<b>40%</b> of the total cost
	• <b>\$40</b> co-pay for each group therapy session	<b>40%</b> of the total cost
<b>Skilled nursing facility (SNF)</b>	Your plan covers up to 100 days in a SNF per benefit period. <b>\$0</b> co-pay per day for days 1-20	<b>40%</b> of the total cost for days 1-100
	• <b>\$178</b> co-pay per day for days 21-100	
<b>Rehabilitation services</b>	Physical therapy: <b>\$40</b> co-pay for each visit	<b>40%</b> 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
<b>Ambulance (ground)</b>	\$265 co-pay per trip	\$265 co-pay per trip
<b>Ambulance (air)</b>	20% of the total cost per trip	20% of the total cost per trip
<b>Transportation</b>	Not covered	Not covered
<b>Medicare Part B drugs</b>	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
<b>Chiropractic services</b>	<ul style="list-style-type: none"> <li>\$15 co-pay for each visit</li> </ul>	<ul style="list-style-type: none"> <li>40% of the total cost</li> </ul>
<b>Diabetic supplies</b>	<ul style="list-style-type: none"> <li>\$0 co-pay for diabetic supplies</li> <li>Lifescan (i.e., OneTouch) and Ascensia (i.e., Contour) are the preferred manufacturers for diabetic supplies.</li> <li>\$0 co-pay for Continuous Glucose Monitors (CGMs)</li> <li>Dexcom and Freestyle Libre are the preferred manufacturers for CGMs.</li> </ul>	<ul style="list-style-type: none"> <li>20% of the total cost</li> </ul>

	<ul style="list-style-type: none"> <li>• <b>20%</b> of the total cost for diabetic therapeutic shoes or inserts</li> </ul>	<ul style="list-style-type: none"> <li>• <b>20%</b> of the total cost</li> </ul>
<b>Medical equipment / supplies</b>	<ul style="list-style-type: none"> <li>• Durable medical equipment (like wheelchairs or oxygen): <b>20%</b> of the total cost</li> <li>• Medical supplies: <b>20%</b> of the total cost</li> <li>• Prosthetics (artificial limbs or braces): <b>20%</b> of the total cost</li> </ul>	<ul style="list-style-type: none"> <li>• <b>20%</b> of the total cost</li> <li>• <b>20%</b> of the total cost</li> <li>• <b>20%</b> of the total cost</li> </ul>
<b>Outpatient substance abuse services</b>	<ul style="list-style-type: none"> <li>• Individual therapy sessions: <b>\$40</b> co-pay for each visit</li> <li>• Group therapy sessions: <b>\$40</b> co-pay for each visit</li> </ul>	<ul style="list-style-type: none"> <li>• <b>40%</b> of the total cost</li> <li>• <b>40%</b> of the total cost</li> </ul>
<b>Podiatry</b>	<ul style="list-style-type: none"> <li>• <b>\$50</b> co-pay for each Medicare-covered visit</li> </ul>	<ul style="list-style-type: none"> <li>• <b>40%</b> of the total cost</li> </ul>



## 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).

---