Arkansas Blue MEDICARE

An Independent Licensee of the Blue Cross and Blue Shield Association

2022 Summary of Benefits

BlueMedicare Preferred (PFFS) H4213-017-005

The service area for **BlueMedicare Preferred (PFFS)** includes the following Arkansas counties: Benton, Carroll, Crawford, Faulkner, Franklin, Johnson, Logan, Madison, Perry, Pope, Scott, Sebastian, Washington, and Yell.

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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.
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 Preferred (PFFS)** includes the following Arkansas counties: Benton, Carroll, Crawford, Faulkner, Franklin, Johnson, Logan, Madison, Perry, Pope, Scott, Sebastian, Washington, and Yell.
Which doctors and hospitals 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 more 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 You must continue to pay your Medicare Part B premium.	**$70**	
Medical deductible	**$0**	**$1,000**
Pharmacy (Part D) deductible	**$480** for Tiers 2, 3, 4, and 5	
Maximum out-of-pocket responsibility The most you pay for co-pays, coinsurance and other costs for medical services for the year.		**$7,500** combined in- and out-of-network

Covered Medical and Hospital Benefits

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

	IN-NETWORK	OUT-OF-NETWORK
Doctor visits	Primary care physician (PCP): **$30** co-pay for each visit	Primary care provider: **40%** of the total cost
	Specialist: **$50** co-pay for each visit	Specialist: **40%** of the total cost
	Telehealth: • **$0** co-pay primary care provider or urgently needed services • **$0** co-pay per session for mental health services (individual or group sessions) • **$50** co-pay per session for specialist services	
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 enema • Bone mass measurement • Breast cancer screening (mammogram) • Cardiovascular disease (behavioral therapy) • Cardiovascular screening • Cervical and vaginal cancer screening • Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy) • Depression screening • Diabetes screening • Diabetes self-management training • Digital rectal exam • Electrocardiogram (EKG) • Glaucoma screening • HIV screening	**40%** of the total cost

	IN-NETWORK	OUT-OF-NETWORK
Preventive care (continued)	• Lung cancer screening • Medical nutrition therapy services • Medicare diabetes prevention program • Obesity screening and counseling • Prostate cancer screening (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, and pneumococcal shots • "Welcome to Medicare" preventive visit (one-time) **Any additional preventive services approved by Medicare during the contract year will be covered**	**40%** of the total cost

EMERGENCY CARE		
	IN-NETWORK	**OUT-OF-NETWORK**
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** co-pay for each visit Worldwide emergency care services: • **20%** of the total cost **$15,000** annual limit	**$90** co-pay for each visit Worldwide emergency care services: • **20%** of the total cost • **$15,000** annual limit
Urgently needed services	**$50** co-pay for each visit	**$50** co-pay for each visit

OUTPATIENT CARE AND SERVICES

	IN-NETWORK	OUT-OF-NETWORK
Diagnostic test/procedures, labs and radiology	Diagnostic tests and procedures: • **0%** of the total cost for a spirometry test • **20%** of the total cost for all other tests and procedures	**40%** of the total cost
	Lab services: **$0** co-pay for each visit	**40%** of the total cost
	Diagnostic mammogram: **$0** co-pay	**40%** of the total cost
	Diagnostic radiology: • **$0** co-pay for DEXA scan • **$50** co-pay for services at a specialist or freestanding radiology clinic • **$340** co-pay for services in an outpatient setting	**40%** of the total cost
	Radiation therapy: **20%** of the total cost	**40%** of the total cost
	X-Rays: **20%** of the total cost	**40%** of the total cost
Hearing exams	Medicare-covered hearing exam: **$50** co-pay for each visit	**40%** of the total cost
	Routine hearing exam: • **$0** co-pay (1 per year)	Routine hearing exam: • **$0** co-pay (1 per year)
	Hearing aid fitting/evaluation: • **$0** co-pay (includes first year of follow-up provider visits)	Hearing aid fitting/evaluation: • **$0** co-pay (includes first year of follow-up provider visits)
	TruHearing provider must be used.	TruHearing provider must be used.

	IN-NETWORK	OUT-OF-NETWORK
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) • 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 TruHearing provider and hearing aids must be used.	• **$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) • 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 TruHearing provider and hearing aids must be used
Dental	Medicare-covered dental services: • **$50** co-pay for each visit Preventative dental: • Comprehensive oral evaluation: **$0** co-pay (1 per lifetime per dentist) • Oral exam: **$0** co-pay (2 per year) • Cleanings: **$0** co-pay (2 per year) • X-rays: **$0** co-pay (limits vary per service) • Fluoride treatments: Not covered	**40%** of the total cost **50%** of the total cost **50%** of the total cost **50%** of the total cost **50%** of the total cost Not covered

Comprehensive dental

Maximum benefit	BlueMedicare Preferred (PFFS) provides up to $2,000 per calendar year	
Covered Dental Services	Preferred	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 partialdentures	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 reline	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[SM].

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.

Covered dental services are subject to conditions, limitations, exclusions, and maximums. Please seethe EOC for details. Network dentists have agreed to provide services at a negotiated rate. If you see anetwork 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**.

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

Covered Medical and Hospital Benefits

	IN-NETWORK	OUT-OF-NETWORK
Mental health services	Inpatient:	
	• **$320** co-pay per day for days 1-5	**40%** of the total cost
	• **$0** co-pay per day for days 6-90	**40%** of the total cost
	Outpatient:	
	• **$40** co-pay for each individual therapy session	**40%** of the total cost
	• **$40** co-pay for each group therapy session	**40%** of the total cost
Skilled nursing facility (SNF)	Your plan covers up to 100 days in a SNF per benefit period. • **$0** co-pay per day for days 1-20 • **$184** co-pay per day for days 21-100	**40%** of the total cost for days 1-100
Rehabilitation services	Physical therapy:	
	$40 co-pay for each visit	**40%** 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
Ambulance (ground)	**$265** co-pay per trip	**$265** co-pay per trip
Ambulance (air)	**20%** of the total cost per trip	**20%** of the total cost per trip
Transportation	Not covered	Not covered
Medicare Part B drugs	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.)	

Prescription Drug Benefits

BlueMedicare Preferred (PFFS)	**BlueMedicare Preferred (PFFS)** has a **$480** deductible for Tiers 2, 3, 4 and 5 drugs. You pay the full cost of these drugs until you reach **$480**. After that, you only pay your share of the cost. You begin in this stage when you fill your first Tiers 2, 3, 4 or 5 prescription of the year.
Initial coverage stage	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 **$4,430**. Once you reach this amount, you will enter the Coverage Gap. You may get your drugs at network retail pharmacies and from mail-order pharmacies.

	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 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 costs (including what you have paid and what our plan has paid) reach **$4,430.** You stay in this stage until your total yearly drug costs reach **$7,050**. During the coverage gap: • For drugs in all tiers, you pay 25% of the total cost.
Catastrophic coverage stage	After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacies and mail-order) reach **$7,050**, you pay the greater of: • 5% of the total cost, or • $3.95 co-pay for generics (including brand drugs treated as generic) and a $9.85 co-pay for all other drugs. 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	• **$15** co-pay for each visit	• **40%** of the total cost
Diabetic supplies	• **$0** co-pay for diabetic supplies • Lifescan (i.e., OneTouch) and Ascensia (i.e., Contour) are the preferred manufacturers for diabetic supplies. • **$0** co-pay for Continuous Glucose Monitors (CGMs) • Dexcom and Freestyle Libre are the preferred manufacturers for CGMs.	• **20%** of the total cost

	• **20%** of the cost for diabetic therapeutic shoes or inserts	• **20%** of the total cost
Medical equipment / supplies	• Durable medical equipment (like wheelchairs or oxygen): **20%** of the total cost • Medical supplies: **20%** of the total cost • Prosthetics (artificial limbs or braces): **20%** of the total cost	• **20%** of the total cost • **20%** of the total cost • **20%** of the total cost
Outpatient substance abuse services	• Individual therapy sessions: **$40** co-pay for each visit • Group therapy sessions: **$40** co-pay for each visit	• **40%** of the total cost • **40%** of the total cost
Podiatry	• **$50** co-pay for each Medicare-covered visit	• **40%** of the total 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.
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).