



2023

Summary of Benefits

BlueMedicare Freedom Giveback (PPO) H3554-011

The service area for **BlueMedicare Freedom Giveback (PPO)** includes the following Arkansas counties: Arkansas, Ashley, Baxter, Benton, Boone, Bradley, Calhoun, Carroll, Clark, Clay, Cleburne, Cleveland, Columbia, Conway, Craighead, Crawford, Crittenden, Cross, Dallas, Drew, Faulkner, Franklin, Fulton, Garland, Grant, Greene, Hempstead, Hot Spring, Independence, IZard, Jackson, Jefferson, Johnson, Lawrence, Lee, Lincoln, Logan, Lonoke, Madison, Marion, Mississippi, Monroe, Montgomery, Nevada, Newton, Ouachita, Perry, Pike, Poinsett, Polk, Pope, Prairie, Pulaski, Randolph, Saline, Scott, Searcy, Sebastian, Sharp, St. Francis, Stone, Union, Van Buren, Washington, White, Woodruff, 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 **1-844-201-4934** (TTY: **711**).

Understanding the Benefits

- The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit **www.arkbluemedicare.com** or call **1-844-201-4934** (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

- 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/coinsurance may change on January 1, 2024.
- Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services, the provider must agree to treat you. Except in an emergency or urgent situation, 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 at **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, seven days a week. TTY users should call **1-877-486-2048**.

Who can join?

To join, you must be entitled to Medicare Part A, enrolled in Medicare Part B, and live in our service area.

The service area for **BlueMedicare Freedom Giveback Choice (PPO)** includes the following Arkansas counties: Arkansas, Ashley, Baxter, Benton, Boone, Bradley, Calhoun, Carroll, Clark, Clay, Cleburne, Cleveland, Columbia, Conway, Craighead, Crawford, Crittenden, Cross, Dallas, Drew, Faulkner, Franklin, Fulton, Garland, Grant, Greene, Hempstead, Hot Spring, Independence, Izard, Jackson, Jefferson, Johnson, Lawrence, Lee, Lincoln, Logan, Lonoke, Madison, Marion, Mississippi, Monroe, Montgomery, Nevada, Newton, Ouachita, Perry, Pike, Poinsett, Polk, Pope, Prairie, Pulaski, Randolph, Saline, Scott, Searcy, Sebastian, Sharp, St. Francis, Stone, Union, Van Buren, Washington, White, Woodruff, and Yell.

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, the plan may not pay for these services.

You can see our plan's Provider Directory on our website at 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 **1-844-201-4934** (TTY: **711**).

October 1 to March 31: We are available seven days a week from 8:00 a.m. to 8:00 p.m. Central, except for Thanksgiving and Christmas.

April 1 to September 30: We are available Monday through Friday, 8:00 a.m. to 8:00 p.m. Central.

You can visit our website at www.arkbluemedicare.com.

Monthly Premium, Deductible, and Limits	
<p>Monthly Plan Premium</p> <p>You must continue to pay your Medicare Part B premium.</p>	\$0
Part B Premium Reduction	This plan offers a \$50 giveback every month in your Social Security check.
Medical Deductible	This plan does not have a deductible.
<p>Maximum Out-of-Pocket Responsibility</p> <p>The most you pay for copays, coinsurance, and other costs for medical services for the year.</p>	<p>In-network: \$4,500</p> <p>Combined in- and out-of-network: \$8,950</p>

Covered Medical and Hospital Benefits		
	In-Network	Out-of-Network
Acute Inpatient Hospital Coverage	<p>\$350 copay per day for days 1–5 \$0 copay per day for days 6–90 \$0 copay per day for days 91 and beyond</p> <p>Prior authorization may be required. See the Evidence of Coverage (EOC) for details.</p>	40% coinsurance
Outpatient Hospital Coverage		
Outpatient surgery/non-surgery at an outpatient hospital:	\$275 copay	40% coinsurance
Outpatient observation:	\$275 copay	40% coinsurance

Covered Medical and Hospital Benefits		
	In-Network	Out-of-Network
	Prior authorization may be required. See the EOC for details.	
Ambulatory Surgical Center (ASC) Services	\$0 copay for a diagnostic colonoscopy at an ASC \$250 copay for all other services	40% coinsurance 40% coinsurance
Doctor Visits Primary care provider (PCP): Specialist:	\$0 copay \$35 copay	\$20 copay 40% coinsurance
Preventive Care Abdominal aortic aneurysm screening, alcohol misuse counseling, the 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, lung cancer	\$0 copay	40% coinsurance

Covered Medical and Hospital Benefits		
	In-Network	Out-of-Network
<p>screening, medical nutrition therapy services, Medicare diabetes prevention program, obesity screening and counseling, prostate cancer screening (PSA), 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), and the "Welcome to Medicare" preventive visit (one-time)</p> <p>Any additional preventive services approved by Medicare during the contract year will be covered.</p>		
<p>Emergency Care</p> <p>If you are admitted to the hospital within 24 hours, you do not have to pay your ER copay (does not apply to worldwide ER or worldwide urgent care services).</p> <p>Worldwide emergency or urgent care services:</p>	<p>\$110 copay</p> <p>20% coinsurance \$15,000 annual coverage limit</p>	<p>\$110 copay</p> <p>20% coinsurance \$15,000 annual coverage limit</p>
<p>Urgently Needed Services</p>	<p>\$35 copay</p>	<p>\$35 copay</p>

Covered Medical and Hospital Benefits		
	In-Network	Out-of-Network
Worldwide emergency or urgent care services:	20% coinsurance \$15,000 annual coverage limit	20% coinsurance \$15,000 annual coverage limit
Diagnostic Services/Labs/Imaging		
Diagnostic tests and procedures:	0% coinsurance for a spirometry test 0% coinsurance for a home-based sleep study 20% coinsurance for all other tests and procedures	40% coinsurance
Lab services:	\$0 copay	40% coinsurance
Diagnostic radiology:	\$0 copay for a diagnostic mammogram \$0 copay for a DEXA scan \$35 copay for services in a professional office or freestanding radiology clinic \$275 copay for services in an outpatient location	40% coinsurance
Therapeutic (radiation) radiology:	20% coinsurance	40% coinsurance
X-rays:	\$15 copay	40% coinsurance
	Prior authorization may be required. See the EOC for details.	

Covered Medical and Hospital Benefits

	In-Network	Out-of-Network
Hearing Services		
Medicare-covered hearing exam:	\$35 copay	40% coinsurance
Routine hearing exam:	\$0 copay (1 per year)	\$0 copay (1 per year)
Hearing aid fittings/evaluation:	\$0 copay (includes first year of follow-up provider visits)	\$0 copay (includes first year of follow-up provider visits)
Hearing aids:	Up to \$1,000 every 3 years towards the cost of 2 non-implantable hearing aids (limit 1 hearing aid per ear) Included with hearing aids: First year of provider follow-up visits, 80 batteries per hearing aid for non-rechargeable models, 60-day trial period, and 3-year warranty	Up to \$1,000 every 3 years towards the cost of 2 non-implantable hearing aids (limit 1 hearing aid per ear) Included with hearing aids: First year of provider follow-up visits, 80 batteries per hearing aid for non-rechargeable models, 60-day trial period, and 3-year warranty

Hearing Services – More Information

TruHearing providers and hearing aids must be used.

Covered Medical and Hospital Benefits		
	In-Network	Out-of-Network
Dental Services – Preventive Dental		
Comprehensive oral evaluation:	\$0 copay (1 per lifetime per dentist)	50% coinsurance (1 per lifetime per dentist)
Oral exams:	\$0 copay (2 per year)	50% coinsurance (2 per year)
Cleanings:	\$0 copay (2 per year)	50% coinsurance (2 per year)
X-rays:	\$0 copay (limits vary per service)	50% coinsurance (limits vary per service)
Fluoride treatments:	\$0 copay (2 per year)	50% coinsurance (2 per year)
Dental Services – Comprehensive Dental		
Medicare-covered dental services:	\$35 copay	40% coinsurance
Fillings (white and silver):	50% coinsurance (2 per year)	50% coinsurance (2 per year)
Extractions:	50% coinsurance (2 per year)	50% coinsurance (2 per year)
Root canals:	50% coinsurance (1 per year)	50% coinsurance (1 per year)
Crowns:	50% coinsurance (1 per year)	50% coinsurance (1 per year)
Re-cementation of crowns:	50% coinsurance (unlimited)	50% coinsurance (unlimited)

Covered Medical and Hospital Benefits		
	In-Network	Out-of-Network
Deep cleanings:	50% coinsurance (1 per quadrant every 2 years, not to exceed 4 unique quadrants every 2 years)	50% coinsurance (1 per quadrant every 2 years, not to exceed 4 unique quadrants every 2 years)
Periodontal maintenance:	50% coinsurance (2 per year)	50% coinsurance (2 per year)
Complete or partial dentures:	50% coinsurance (1 upper and 1 lowers every 5 years)	50% coinsurance (1 upper and 1 lowers every 5 years)
Complete denture adjustments:	50% coinsurance (1 per year)	50% coinsurance (1 per year)
Complete or partial denture relines:	50% coinsurance (1 upper and 1 lower every 3 years)	50% coinsurance (1 upper and 1 lower every 3 years)
Complete denture rebase:	50% coinsurance (1 per year)	50% coinsurance (1 per year)
Denture repairs (after 6 months of placement):	50% coinsurance (2 per year with up to 5 total in 5 years)	50% coinsurance (2 per year with up to 5 total in 5 years)
	The plan covers up to \$2,000 combined for in-network and out-of-network for preventive and comprehensive dental per year.	The plan covers up to \$2,000 combined for in-network and out-of-network for preventive and comprehensive dental per year.

Covered Medical and Hospital Benefits		
	In-Network	Out-of-Network
<p>Dental Services – Dental XtraSM</p> <p>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 that provides qualifying members with enhanced dental benefits.</p> <p>The benefits mentioned here are part of a special supplemental program for the chronically ill. Not all members qualify for them.</p>	\$0 copay	\$0 copay
<p>Dental Services – More Information</p> <p>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.</p> <p>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.</p> <p>To find an in-network dental provider, please visit www.arkbluemedicare.com.</p>		
<p>Vision Services</p> <p>Medicare-covered diabetic retinopathy:</p> <p>Medicare-covered glaucoma screening:</p>	<p>\$0 copay (for the 1st exam, then the specialist copay will apply for additional exams)</p> <p>\$0 copay</p>	<p>40% coinsurance</p> <p>40% coinsurance</p>

Covered Medical and Hospital Benefits		
	In-Network	Out-of-Network
All other Medicare-covered eye exams:	\$35 copay	40% coinsurance
Routine eye exam:	\$0 copay (1 per year)	40% coinsurance (1 per year)
Medicare-covered eyewear:	\$0 copay	40% coinsurance
Routine eyewear – contact lenses:	\$0 copay (1 per year)	\$0 copay (1 per year)
Routine eyewear – eyeglasses (lenses and frames):	\$0 copay (1 per year)	\$0 copay (1 per year)
Routine eyewear – upgrades:	\$0 copay (included in coverage amount)	\$0 copay (included in coverage amount)
	The plan covers up to \$150 combined in-network and out-of-network for contact lenses, eyeglasses (lenses and frames), and upgrades per year.	The plan covers up to \$150 combined in-network and out-of-network for contact lenses, eyeglasses (lenses and frames), and upgrades per year.
Vision Services – More Information		
To find an in-network vision provider, please visit www.arkbluemedicare.com .		
Mental Health Services		
Inpatient psychiatric hospital coverage:	\$350 copay per day for days 1–5 \$0 copay per day for days 6–90	40% coinsurance
Partial hospitalization:	\$55 copay	40% coinsurance

Covered Medical and Hospital Benefits		
	In-Network	Out-of-Network
<p>Outpatient mental health specialty and psychiatry individual sessions:</p> <p>Outpatient mental health specialty and psychiatry group sessions:</p>	<p>\$35 copay</p> <p>\$35 copay</p> <p>Prior authorization may be required. See the EOC for details.</p>	<p>40% coinsurance</p> <p>40% coinsurance</p>
Skilled Nursing Facility (SNF)	<p>\$0 copay per day for days 1–20 \$196 copay per day for days 21–100</p> <p>Prior authorization may be required. See the EOC for details.</p>	40% coinsurance
Rehabilitation/Therapy Services		
Cardiac rehabilitation:	\$0 copay	40% coinsurance
Intensive cardiac rehabilitation:	\$0 copay	40% coinsurance
Pulmonary rehabilitation:	\$20 copay	40% coinsurance
Supervised exercise therapy (SET) for peripheral artery disease (PAD):	\$0 copay	40% coinsurance
Occupational therapy:	\$35 copay	40% coinsurance
Physical therapy:	\$40 copay	40% coinsurance
Speech therapy:	\$40 copay	40% coinsurance

Covered Medical and Hospital Benefits		
	In-Network	Out-of-Network
Opioid treatment services:	\$40 copay Prior authorization may be required. See the EOC for details.	40% coinsurance
Ambulance Services		
Ground ambulance:	\$265 copay	\$265 copay
Air ambulance:	20% coinsurance	20% coinsurance
Transportation	Not covered	Not covered
Medicare Part B Drugs		
Chemotherapy/Radiation drugs:	20% coinsurance	40% coinsurance
Other Medicare Part B drugs:	20% coinsurance Prior authorization may be required. See the EOC for details.	40% coinsurance

Additional Benefits		
	In-Network	Out-of-Network
Chiropractic Services	\$20 copay	40% coinsurance
Medical Equipment/Supplies		
Durable medical equipment (DME):	20% coinsurance	20% coinsurance
Prosthetics:	20% coinsurance	20% coinsurance
Medical supplies:	20% coinsurance	20% coinsurance
Diabetic supplies:	\$0 copay for preferred supplies (Lifescan (i.e., OneTouch) and Ascensia (i.e., Contour) are our preferred manufacturers for diabetic supplies)	20% coinsurance
Continuous glucose monitors (CGMs):	\$0 copay (Dexcom and Freestyle are our preferred manufacturers for CGMs)	20% coinsurance
Diabetic therapeutic shoes or inserts:	\$0 copay Prior authorization may be required. See the EOC for details.	20% coinsurance
Outpatient Substance Abuse Services		
Individual sessions:	\$30 copay	40% coinsurance
Group sessions:	\$30 copay	40% coinsurance

Additional Benefits		
	In-Network	Out-of-Network
Podiatry		
Medicare-covered care:	\$35 copay	40% coinsurance
Routine care:	\$35 copay (6 visits per year)	40% coinsurance (6 visits per year)
Home Health Services	\$0 copay Prior authorization may be required. See the EOC for details.	40% coinsurance
Telehealth Services		
PCP, urgently needed, and mental health (individual or group sessions) services:	\$0 copay	Not covered
Specialist services:	\$20 copay	Not covered

Additional Benefits		
	In-Network	Out-of-Network
Wellness Programs		
Additional physical exam:	\$0 copay (1 per year)	40% coinsurance (1 per year)
SilverSneakers® fitness program:	\$0 copay You'll have 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.	Only SilverSneakers participating facilities can be used.
Nurse24:	\$0 copay You'll have access to the Nurse24 nurse advice line 24 hours a day, seven days a week, 365 days a year. Registered nurses can provide information on home treatment of minor illnesses and injuries, how to prepare for doctor visits, and much more.	Only the Nurse24 nurse line can be used.
Over-the-Counter (OTC) Items	\$0 copay \$50 per calendar quarter We have three easy ways to order your items from the convenience and comfort of your home.	Only the in-network benefit can be used.

Additional Benefits		
	In-Network	Out-of-Network
Meals Benefit	<p>\$0 copay (14 meals per year)</p> <p>Immediately following surgery or discharge from an inpatient hospital stay, you can get two nutritious meals per day for seven days delivered to your home.</p>	Only the in-network benefit can be used.
In-Home Support Services	<p>\$0 copay (40 hours per year)</p> <p>Get in-person or virtual help with making medical appointments, transportation, chores, meal prep, companionship, etc.</p>	Only the in-network benefit can be used.
Blue Medicare Sapphire Card	<p>\$300 per year</p> <p>You will receive a pre-loaded Mastercard debit card to help reduce out-of-pocket expenses for in-network and out-of-network covered dental, vision, and hearing services.</p>	<p>\$300 per year</p> <p>You will receive a pre-loaded Mastercard debit card to help reduce out-of-pocket expenses for in-network and out-of-network covered dental, vision, and hearing services.</p>

To accommodate members who travel and may live out-of-state for part of the year, we cover out-of-network out-of-Arkansas services at in-network cost sharing if the services are performed by a provider who participates in the Blue Cross and Blue Shield Association PPO Network Sharing Group.

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 PPO. Arkansas Blue Medicare offers HMO, PFFS, PPO, and PDP plans with Medicare contracts. Enrollment in Arkansas Blue Medicare depends on contract renewal.

If you have any questions, please contact our Customer Service at **1-844-201-4934** (TTY users should call **711**). Hours are 8:00 a.m.–8:00 p.m. Central, 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.

ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Call **1-844-201-4934** (TTY: **711**).

