



2026 Summary of Benefits

BlueMedicare Value (PFFS) H4213-019

This Summary of Benefits

This is a summary of the benefits for:

- BlueMedicare Value (PFFS)

The benefit information in this document is a summary of what we cover and your cost share. It does not list every service, limitation, or exclusion. To get a complete list of covered services, call us and ask for an “Evidence of Coverage” or “EOC.” You can also find all of our EOCs on our website at www.arkbluemedicare.com.

If you’d like to learn more about the coverage and costs of Original Medicare, review the current “Medicare & You” handbook. You can find 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**.

Plan Eligibility

To join, you must:

- Be entitled to Medicare Part A
- Be enrolled in Medicare Part B
- Live in the plan’s service area

Service Area

The service area for BlueMedicare Value (PFFS) includes the following Arkansas counties: Baxter, Benton, Boone, Carroll, Clark, Cleburne, Conway, Craighead, Crawford, Faulkner, Franklin, Fulton, Garland, Greene, Hot Spring, Izard, Jefferson, Johnson, Logan, Lonoke, Madison, Marion, Newton, Ouachita, Perry, Poinsett, Polk, Pope, Pulaski, Saline, Scott, Searcy, Sebastian, St. Francis, Van Buren, Washington, White, Woodruff, and Yell.

BlueMedicare Value (PFFS) Is a PFFS Plan

A PFFS plan is a private fee-for-service health plan offered by a private insurance company. Our PFFS plans have a network of contracted healthcare providers and facilities – these are in-network providers. Providers and facilities who are not contracted with our plan are considered out-of-network. As a PFFS member, you’ll have the choice of going to an in-network or out-of-network provider or facility. Generally, your out-of-pocket costs for an out-of-network provider will be higher than for one who is in-network. Additionally, the out-of-network provider must agree to accept our plan’s payment terms and conditions.

BlueMedicare Value (PFFS) does not require members or their providers to get prior authorization or a referral from the plan as a condition for covering medically necessary covered services. If you have any questions about if we’ll cover a medical service or care you’re considering, call us in advance and ask if it’ll be covered.

How to Contact Us

If you’re a current member of this plan, call us at **1-844-463-1088 (TTY: 711)**. If you’re not a member of this plan, call us at **1-855-591-9794 (TTY: 711)**.

October 1 to March 31: We’re 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’re available Monday through Friday, 8:00 a.m. to 8:00 p.m. Central.

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

**BlueMedicare
Value (PFFS)
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Monthly Premium, Deductible, and Limits

Monthly Plan Premium You must continue to pay your Medicare Part B premium.	\$39
Medical Deductible	\$1,000 (out-of-network in Arkansas (AR) only)
Annual Maximum Out-of-Pocket Costs It's the most you'll pay out of your own pocket (copays and/or coinsurance) for covered medical services for the year. Once you reach this amount, our plan will pay 100% of your covered medical costs for the rest of the plan year. Combined in- and out-of-network	\$7,500

For members who travel and live out-of-state for part of the year, we cover out-of-network out-of-Arkansas services at in-network cost sharing. The \$1,000 out-of-network deductible only applies to services received within Arkansas from non-contracted providers (providers not in our network).

**BlueMedicare
Value (PFFS)
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	In-Network or Out-of-Network (out of AR)	Out-of-Network (in AR)
Medical Benefits		
Inpatient Hospital	\$390 copay per day for days 1–5; \$0 copay per day for days 6–90	40% coinsurance
Outpatient Hospital		
Outpatient surgery/non-surgery	\$340 copay	40% coinsurance
Outpatient observation	\$340 copay	40% coinsurance
Ambulatory Surgical Center (ASC) Services	\$340 copay	40% coinsurance
Doctor Visits		
Primary care provider (PCP)	\$10 copay	40% coinsurance
Specialist	\$40 copay	40% coinsurance
Preventive Care	\$0 copay	40% coinsurance (the out-of-network deductible doesn't apply)

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**In-Network or
Out-of-Network
(out of AR)**

**Out-of-Network
(in AR)**

Medical Benefits

Preventive Care – More Information

Services include: Abdominal aortic aneurysm screening, alcohol misuse counseling, Annual Wellness Visit, bone mass measurement, breast cancer screening (mammogram), cardiovascular disease (behavioral therapy), cardiovascular screening, cervical and vaginal cancer screening, colorectal cancer screening (colonoscopy, fecal occult blood test, flexible sigmoidoscopy), depression screening, diabetes screening, diabetes self-management training, digital rectal exam, glaucoma screening, Hepatitis C Virus infection screening, HIV screening, lung cancer screening, medical nutrition therapy services, Medicare diabetes prevention program, obesity screening and counseling, Pre-exposure prophylaxis (PrEP) for HIV prevention, 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, hepatitis B, and pneumococcal shots), and the "Welcome to Medicare" preventive visit (one-time). Any additional preventive services approved by Medicare during the plan year will be covered.

Emergency Room (ER)

\$115 copay
(the out-of-network deductible doesn't apply)

(if you receive multiple services at the same location (e.g., the emergency room) on the same day, you will pay the highest copay amount of all the services provided)

Urgently Needed Services

\$40 copay
(the out-of-network deductible doesn't apply)

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(in AR)**

Medical Benefits

Diagnostic Services/Labs/Imaging

Diagnostic test – spirometry

0% coinsurance

40% coinsurance

Diagnostic test – home-based sleep study

20% coinsurance

40% coinsurance

All other diagnostic tests and procedures

20% coinsurance

40% coinsurance

Lab services – genetic testing

20% coinsurance

40% coinsurance
(the out-of-network deductible doesn't apply)

All other lab services (except genetic testing)

0% coinsurance

40% coinsurance
(the out-of-network deductible doesn't apply)

Radiology – diagnostic mammogram

\$25 copay

40% coinsurance

Radiology – ultrasound

\$25 copay

40% coinsurance

All other diagnostic radiology services

\$340 copay

40% coinsurance

Radiation therapy

20% coinsurance

40% coinsurance

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**Out-of-Network
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Medical Benefits

X-rays

20% coinsurance

40% coinsurance

Diagnostic Services/Labs/Imaging – More Information

- If you receive multiple services at the same location (e.g., the emergency room or freestanding diagnostic radiology office) on the same day, you will pay the highest copay amount of all the services provided.
- If the cost share for one service is a copay and the cost share for another service is a coinsurance, you may be asked to pay both the copay and coinsurance.

Medicare-Covered Hearing Exams

\$35 copay

40% coinsurance

Extra Hearing Services

The out-of-network cost shares for the following **Extra Hearing Services** apply to both out of AR and in AR.

Routine hearing exam (1 per year)

\$0 copay

\$0 copay

Hearing aid fittings/evaluation (1 year of follow-up visits with hearing aid purchase)

\$0 copay

\$0 copay

Hearing aids (Advanced / Premium – up to 2 hearing aids per year, 1 per ear)

\$699 / \$999 copay per hearing aid

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**In-Network or
Out-of-Network
(out of AR)**

**Out-of-Network
(in AR)**

Medical Benefits

Extra Hearing Services – More Information

- TruHearing providers must be used for the routine hearing exam.
- TruHearing hearing aids must also be used.

Medicare-Covered Dental Services	\$40 copay	40% coinsurance
Extra Dental – Preventive Services	The out-of-network cost shares for the following Extra Dental – Preventive Services apply to both out of AR and in AR.	
Exams (up to 2 per calendar year)	\$0 copay	50% coinsurance
Cleanings (2 per calendar year)	\$0 copay	50% coinsurance
X-rays (1 per calendar year to every 3 calendar years depending on the service)	\$0 copay	50% coinsurance
Fluoride treatments	Not covered	
Extra Dental – Comprehensive Services	The out-of-network cost shares for the following Extra Dental – Comprehensive Services apply to both out of AR and in AR.	
Diagnostic services	Not covered	
Non-routine services	Not covered	
Restorative services (1 per calendar year)	20% coinsurance	50% coinsurance

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Medical Benefits

Endodontics

Not covered

Periodontics (up to 2 per calendar year to every 3 calendar years depending on the service)

20% coinsurance

50% coinsurance

Extractions (unlimited per calendar year)

20% coinsurance

50% coinsurance

Adjunctive general services

Not covered

Prosthodontics, removable (up to 2 per calendar year to every 3 calendar years depending on the service)

20% coinsurance

50% coinsurance

Dental annual allowance (combined preventive and comprehensive services, in-network and out-of-network)

\$3,000

Extra Dental Services – More Information

- Covered dental services are subject to conditions, limitations, exclusions, and maximums.
- 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.

Medicare-Covered Vision Services

Medicare-covered diabetic retinopathy screening

\$0 copay

40% coinsurance

All other Medicare-covered eye exams

\$40 copay

40% coinsurance

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	<p>In-Network or Out-of-Network (out of AR)</p>	<p>Out-of-Network (in AR)</p>
Medical Benefits		
Medicare-covered eyewear	\$40 copay	40% coinsurance
<p>Extra Vision Services</p> <p>Routine eye exam (1 per year)</p> <p>Routine eyewear – contact lenses and eyeglasses (lenses and frames) (unlimited up to the annual allowance) and upgrades (up to the annual allowance)</p> <p>Routine eyewear annual allowance (combined contact lenses, eyeglasses, and upgrades)</p>	<p>The out-of-network cost shares for the following Extra Vision Services apply to both out of AR and in AR.</p>	
	\$0 copay	40% coinsurance
	\$0 copay	\$0 copay
	\$100	
Mental Health		
	<p>Inpatient hospital</p>	<p>\$390 copay per day for days 1–5; \$0 copay per day for days 6–90</p> <p>40% coinsurance</p>
<p>Outpatient mental health specialty and psychiatric visits (individual and group therapy sessions)</p>	\$35 copay	40% coinsurance

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Medical Benefits

Skilled Nursing Facility (SNF) Services

\$0 copay per day for days 1–20;
\$218 copay per day for days 21–100

40% coinsurance

Rehabilitation/Therapy Services

Physical therapy

\$35 copay

40% coinsurance

Occupational therapy

\$35 copay

40% coinsurance

Speech therapy

\$35 copay

40% coinsurance

Ambulance Services

Ground ambulance

\$325 copay

\$325 copay
(the out-of-network deductible doesn't apply)

Air ambulance

20% coinsurance

20% coinsurance
(the out-of-network deductible doesn't apply)

Transportation (non-emergency)

Not covered

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Medical Benefits

Medicare Part B Drugs

Insulin products (e.g., for an insulin pump)

\$35 copay

40% coinsurance
(the out-of-network deductible doesn't apply)

Chemotherapy/Radiation drugs

0%–20% coinsurance

40% coinsurance

Other Part B drugs

0%–20% coinsurance

40% coinsurance

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Additional Medical Benefits

Podiatry Services (foot care)

Medicare-covered services

\$40 copay

40% coinsurance

Routine services

Not covered

Medicare-Covered Chiropractic Services

\$15 copay

40% coinsurance

Medical Equipment and Supplies

Durable medical equipment (DME)

20% coinsurance

20% coinsurance
(the out-of-network deductible doesn't apply)

Prosthetics

20% coinsurance

20% coinsurance
(the out-of-network deductible doesn't apply)

Medical supplies

20% coinsurance

20% coinsurance
(the out-of-network deductible doesn't apply)

Diabetic Supplies

Testing supplies from our preferred manufacturer Roche (i.e., Accu-Check) - testing supplies from other manufacturers are not covered

The out-of-network cost shares for the following **Diabetic Supplies** apply to both out of AR and in AR.

\$0 copay

20% coinsurance
(the out-of-network deductible doesn't apply)

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Additional Medical Benefits

Continuous glucose monitors (CGMs) from our preferred brand Dexcom - CGMs from other brands are not covered

\$0 copay

20% coinsurance
(the out-of-network deductible doesn't apply)

Diabetic Therapeutic Shoes or Inserts

20% coinsurance

20% coinsurance

Additional Rehabilitation Services

Cardiac rehabilitation

\$30 copay

40% coinsurance

Intensive cardiac rehabilitation

\$40 copay

40% coinsurance

Pulmonary rehabilitation

\$15 copay

40% coinsurance

Supervised exercise therapy for peripheral artery disease (PAD)

\$20 copay

40% coinsurance

Telehealth

PCP, specialist, urgently needed, and outpatient mental health (individual and group therapy sessions) services

\$0 copay

Not covered

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Extra Benefits		
OTC You'll be able to get over-the-counter (OTC) items from NationsBenefits with our quarterly OTC benefit. Conveniently shop in-store at a participating retailer, online at ArkBlueMedicare.NationsBenefits.com , or through the Benefits Pro™ app using your Benefits Mastercard® Prepaid Card for OTC. You can also call or mail in your order. With thousands of products online and in store, an easy-to-use catalog, and a preloaded debit card, accessing your OTC benefit will be quick and easy. Unused funds at the end of each quarter do not rollover to the next quarter.	\$25 (per quarter)	
SilverSneakers® You'll have access to a fitness benefit at participating SilverSneakers facilities (instructor-led group exercise classes and exercise equipment), ways to get active outside of traditional gyms, and digital/virtual options. In-home fitness kits are also available.	\$0 copay	Only the in-network benefit can be used

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Extra Benefits		
24-Hour Nurse Advice Line	\$0 copay	Only the in-network benefit can be used
Additional Physical Exam This is in addition to the Medicare-covered Annual Wellness Visit.	\$0 copay	40% coinsurance (the out-of-network deductible doesn't apply)
Worldwide Emergency/Urgent Care Services Up to \$15,000 per year combined for emergency and urgently needed services outside the U.S.	20% coinsurance (the out-of-network deductible doesn't apply)	

Arkansas Blue Medicare is an affiliate of Arkansas Blue Cross and Blue Shield. Arkansas Blue Medicare offers HMO, PFFS, and PDP plans with Medicare contracts. Enrollment in Arkansas Blue Medicare depends on contract renewal.

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 **1-855-591-9794** (TTY: 711).

Understanding the Benefits

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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 **1-855-591-9794** (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

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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/coinsurance may change on January 1, 2027.

☐

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 copay for services received by non-contracted providers.

☐

Effect on current coverage: If you are currently enrolled in a Medicare Advantage plan, your current Medicare Advantage healthcare coverage will end once your new Medicare Advantage coverage starts. If you have Tricare, your coverage may be affected once your new Medicare Advantage coverage starts. Please contact Tricare for more information. If you have a Medigap policy, once your Medicare Advantage coverage starts, you may want to drop your Medigap policy because you will be paying for coverage you cannot use.