Arkansas Blue Medicare Line Card - PY2026

	HMO			PFFS	
Plan Name	Premier	Independence	Classic Plus	Value	Preferred
Plan ID	H6158-001	H6158-003	H9699-007	H4213-019	H4213-017
Service Area (number of counties)	30/75	30/75	23/75	39/75	Varies by plan
Monthly Premium	$0	$8.90 (LIS)	$0	$39	$48–$78
Monthly Part B Giveback	–	–	–	–	–
Medical Deductible	–	–	–	$1,000 (OON in AR only)	$1,000 (OON in AR only)
MOOP	$6,500	$6,200	$6,500	$7,500	$7,500
PCP	$0	$0	$0	$10	$10
Specialist	$35	$30	$35	$40	$40
OT, PT, & ST	$40	$35	$40	$35	$35
Inpatient Acute Hospital	$375 (1–5)	$390 (1–5)	$375 (1–5)	$390 (1–5)	$390 (1–5)
ER	$130	$130	$130	$115	$115
Urgent Care	$30	$30	$30	$40	$40
Tests/Procedures – Spirometry	0%	0%	0%	0%	0%
Tests/Procedures – HB Sleep Studies	0%	0%	0%	20%	20%
Tests/Procedures – All Other Services	20%	20%	20%	20%	20%
Labs – Genetic Testing	20%	20%	20%	20%	20%
Labs – All Other Services	0%	0%	0%	0%	0%
Radiology – Diagnostic Mammograms	$25	$25	$25	$25	$25
Radiology – Ultrasounds	$25	$25	$25	$25	$25
Radiology – All Other Services	$325	$385	$325	$340	$340
X-Rays	$0	$0	$0	20%	20%
Outpatient Hospital	$325	$385	$325	$340	$340
ASC	$250	$250	$250	$340	$340
Ground Ambulance	$325	$325	$325	$325	$325
Dental	$3,000/yr	$3,000/yr	$3,000/yr	$3,000/yr	$3,000/yr
Eyewear	$150/yr	$250/yr	$150/yr	$100/yr	$100/yr
Hearing	$1,000/3 yrs	$1,000/3 yrs	$1,000/3 yrs	$699/$999	$699/$999
Post-Acute Surgery Meals	–	–	–	–	–
Sapphire Card (D/V/H)	–	–	–	–	–
Quarterly OTC	$25	$105	$25	$25	$25
Monthly Food & Produce	–	–	–	–	–
Transportation	–	$0/60 trips/yr	–	–	–
Fitness (SilverSneakers®)	$0	$0	$0	$0	$0
Rx Deductible	$460 (T3–T5)	$615 (T2–T5)	$460 (T3–T5)	N/A	$615 (T2–T5)
Rx Cost Shares	$0/$5/17%/34%/27%	$4/$14/20%/34%/25%	$0/$5/17%/34%/27%	N/A	$5/$12/20%/30%/25%