

2027 Arkansas Blue Medicare Line Card

	HMO		PFFS	
Plan Name	BlueMedicare Premier	BlueMedicare Classic Plus	BlueMedicare Value	BlueMedicare Preferred
Plan Coverage	MAPD	MAPD	MA-Only	MAPD
Plan ID	H6158-001	H9699-007	H4213-019	H4213-020
Service Area (number of counties)	30 / 75	23 / 75	39 / 75	39 / 75
Monthly Premium	\$0	\$0	\$39	\$78
Monthly Part B Giveback	–	–	–	–
Medical Deductible	–	–	\$1,000 (OON in AR only)	\$1,000 (OON in AR only)
MOOP	\$7,150 (INN only)	\$7,150 (INN only)	\$7,500 (combined INN & OON)	\$7,500 (combined INN & OON)
PCP	\$10	\$10	\$10	\$10
Specialist	\$45	\$45	\$40	\$40
OT, PT, & ST	\$45	\$45	\$35	\$35
Inpatient Acute & Mental Health Hospital	\$450 (days 1–5)	\$450 (days 1–5)	\$390 (days 1–5)	\$390 (days 1–5)
ER	\$130	\$130	\$115	\$115
Urgent Care	\$35	\$35	\$40	\$40
Tests/Procedures – Spirometry	0%	0%	0%	0%
Tests/Procedures – Home-Based Sleep Studies	0%	0%	20%	20%
Tests/Procedures – All Other Services	20%	20%	20%	20%
Labs – Genetic Testing	20%	20%	20%	20%
Labs – All Other Services	0%	0%	0%	0%
Radiology – Diagnostic Mammograms	\$25	\$25	\$25	\$25
Radiology – Ultrasounds	\$25	\$25	\$25	\$25
Radiology – All Other Services	\$425	\$425	\$340	\$340
X-Rays	\$25	\$25	20%	20%
Outpatient Hospital – Surgery & Non-Surgery	\$425	\$425	\$340	\$340
ASC	\$350	\$350	\$340	\$340
Ground Ambulance	\$400	\$385	\$325	\$325
Dental (annual max applies to comprehensive only)	\$3,000 / yr	\$3,000 / yr	\$3,000 / yr	\$3,000 / yr
Eyewear	\$150 / yr	\$150 / yr	\$100 / yr	\$100 / yr
Hearing Aids	\$1,000 / 3 yrs	\$1,000 / 3 yrs	\$699 / \$999	\$699 / \$999
Quarterly OTC	\$25	\$25	\$25	\$25
Transportation	–	–	–	–
Fitness (SilverSneakers®)	\$0	\$0	\$0	\$0
Worldwide ER/Urgent Care	\$50,000 / yr	\$50,000 / yr	\$50,000 / yr	\$50,000 / yr
Rx Deductible	\$560 (T3–T5)	\$560 (T3–T5)	No Part D coverage	\$700 (T2–T5)
Rx Retail Cost Shares (30-day)	\$0 / \$5 / 17% / 34% / 27%	\$0 / \$5 / 17% / 31% / 27%	No Part D coverage	\$7 / \$12 / 20% / 41% / 25%
Mail-Order Cost Shares (100-day & T1–T4 only)	\$0 / \$10 / 17% / 34%	\$0 / \$10 / 17% / 31%	No Part D coverage	\$14 / \$24 / 20% / 41%