



2027 PFFS

Medicare Advantage Plans

BlueMedicare Value (PFFS)

BlueMedicare Preferred (PFFS)

Your local team

available in
39 counties



2027 PFFS

Medicare Advantage Plans

BlueMedicare Value (PFFS)
BlueMedicare Preferred (PFFS)

**Benefits at
a glance**

Arkansas Blue Medicare PFFS Benefits

Health & Wellness Coverage

Plan Benefits	BlueMedicare Value (PFFS) H4213-019	BlueMedicare Preferred (PFFS) H4213-020
Monthly Premium	\$39	\$78
Combined In- & Out-of-Network Annual Max Out-of-Pocket	\$7,500	\$7,500
Plan Deductible	\$1,000 (out-of-network only)	\$1,000 (out-of-network only)
PCP	\$10 copay	\$10 copay
Specialist	\$40 copay	\$40 copay
Inpatient Hospital	\$390 copay per day, days 1–5	\$390 copay per day, days 1–5
ER	\$115 copay	\$115 copay
Urgent Care	\$40 copay	\$40 copay
Outpatient Hospital	\$340 copay	\$340 copay
Labs	0%–20% coinsurance	0%–20% coinsurance
X-Rays	20% coinsurance	20% coinsurance
Diabetic Supplies & Monitors (preferred)	\$0 copay	\$0 copay (at a network pharmacy)
Dental (preventive & comprehensive, including unlimited extractions)	\$3,000 per year (applies to comprehensive only)	\$3,000 per year (applies to comprehensive only)
Vision (eyewear)	\$100 per year	\$100 per year
Hearing Aids	\$699/\$999 copay	\$699/\$999 copay
Over-the-Counter (OTC)	\$25 per quarter	\$25 per quarter
Non-Emergency Transportation	Not covered	Not covered
SilverSneakers®	\$0 copay	\$0 copay

Consult the Summary of Benefits (SB) for more information. These are in-network benefits. You pay these amounts when you visit doctors, hospitals, and other providers who have contracted with Arkansas Blue Medicare. 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. The \$1,000 out-of-network deductible only applies to services received within the state of Arkansas from non-contracted providers (providers not in our network). Out-of-network/non-contracted providers are under no obligation to treat plan members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost sharing that applies to out-of-network services.

Prescription Drug Coverage

Plan Benefits	BlueMedicare Value (PFFS) H4213-019	BlueMedicare Preferred (PFFS) H4213-020
Part D Deductible	No drug coverage	\$700 (Tier 2, Tier 3, Tier 4, & Tier 5)
Tier 1 (30-day fill)		\$7 copay
Tier 2 (30-day fill)		\$12 copay
Tier 3 (30-day fill)		20% coinsurance
Tier 4 (30-day fill)		41% coinsurance
Tier 5 (30-day fill)		25% coinsurance
Insulin Products (Tier 3, Tier 4, & Tier 5)*		Tier 3 - lesser of a \$35 copay or 20% coinsurance (30-day fill) Tier 4 & Tier 5 - lesser of a \$35 copay or 25% coinsurance (30-day fill)
Prescription Drug Coverage Periods		
Deductible Stage	No drug coverage	You begin in this stage when you fill your first Tier 2, Tier 3, Tier 4, or Tier 5 prescription of the year. You pay the full cost of these drugs until you reach \$700. After that, you only pay your cost share.
Initial Coverage Stage		You remain in this stage until your yearly out-of-pocket drug costs reach \$2,400.
Catastrophic Coverage Stage		After your yearly out-of-pocket drug costs reach \$2,400, you pay \$0 for your covered Part D drugs for the rest of the plan year.

*The cost share for covered insulin products applies through the Deductible and Initial Coverage Stages. The Part D deductible does not apply to covered insulin products and certain vaccines.



2027 Arkansas Blue Medicare PFFS counties served:

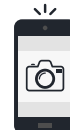
Baxter, Benton, Boone, Carroll, Clark, Cleburne, Conway, Craighead, Crawford, Faulkner, Franklin, Fulton, Garland, Greene, Hot Spring, Izard, Jefferson, Johnson, Logan, Lonoke, Madison, Marion, Newton, Ouachita, Perry, Poinsett, Polk, Pope, Pulaski, Saline, Scott, Searcy, Sebastian, St. Francis, Van Buren, Washington, White, Woodruff, Yell



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



Visit www.arkbluemedicare.com



Scan the **QR code** with
your phone's camera

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 Day and Christmas Day.

April 1 to September 30:

We're available Monday through Friday, 8:00 a.m. to 8:00 p.m. Central.

Contact [Medicare.gov](https://www.medicare.gov) or **1-800-MEDICARE** (24 hours a day, seven days a week) to get information on all of your options. TTY users can call **1-877-486-2048**. Plans are not available in all counties. Arkansas Blue Medicare offers HMO, PFFS, and PDP plans with Medicare contracts. Enrollment in Arkansas Blue Medicare depends on contract renewal. USABLE Mutual Insurance Company d/b/a Arkansas Blue Cross and Blue Shield is an Independent Licensee of the Blue Cross and Blue Shield Association. Arkansas Blue Medicare is the marketing name for USABLE HMO, Inc. USABLE HMO, Inc. is an affiliate of Arkansas Blue Cross. © 2026 Arkansas Blue Cross and Blue Shield. All rights reserved.



2027 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)
H4213-019**

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)
H4213-019**

**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 after deductible

Outpatient Hospital

Outpatient surgery/non-surgery

\$340 copay

40% coinsurance after deductible

Outpatient observation

\$340 copay

40% coinsurance after deductible

Ambulatory Surgical Center (ASC) Services

\$340 copay

40% coinsurance after deductible

Doctor Visits

Primary care provider (PCP)

\$10 copay

40% coinsurance after deductible

Specialist

\$40 copay

40% coinsurance after deductible

Preventive Care

\$0 copay

40% coinsurance
(deductible doesn't apply)

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)
H4213-019**

**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
(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
(deductible doesn't apply)

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
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H4213-019**

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

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

Medical Benefits

Diagnostic Services/Labs/Imaging

Diagnostic test – spirometry

0% coinsurance

40% coinsurance after deductible

Diagnostic test – home-based sleep study

20% coinsurance

40% coinsurance after deductible

All other diagnostic tests and procedures

20% coinsurance

40% coinsurance after deductible

Lab services – genetic testing

20% coinsurance

40% coinsurance
(deductible doesn't apply)

All other lab services (except genetic testing)

0% coinsurance

40% coinsurance
(deductible doesn't apply)

Radiology – diagnostic mammogram

\$25 copay

40% coinsurance after deductible

Radiology – ultrasound

\$25 copay

40% coinsurance after deductible

All other diagnostic radiology services

\$340 copay

40% coinsurance after deductible

Radiation therapy

20% coinsurance

40% coinsurance after deductible

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
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H4213-019**

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

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

Medical Benefits

X-rays

20% coinsurance

40% coinsurance after deductible

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

\$30 copay

40% coinsurance after deductible

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
(deductible doesn't apply)

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

\$0 copay

\$0 copay
(deductible doesn't apply)

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

\$699 / \$999 copay per hearing aid
(deductible doesn't apply)

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)
H4213-019**

**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 after deductible
Extra Dental – Diagnostic/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 (2 per calendar year)	\$0 copay	50% coinsurance (deductible doesn't apply)
Cleanings (2 per calendar year)	\$0 copay	50% coinsurance (deductible doesn't apply)
X-rays (1 per calendar year to every 3 calendar years depending on the X-ray type)	\$0 copay	50% coinsurance (deductible doesn't apply)
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.	
Restorative services (1 per calendar year)	20% coinsurance	50% coinsurance (deductible doesn't apply)

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**BlueMedicare
Value (PFFS)
H4213-019**

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

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

Medical Benefits

Endodontics

Not covered

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

20% coinsurance

50% coinsurance
(deductible doesn't apply)

Extractions (unlimited per calendar year)

20% coinsurance

50% coinsurance
(deductible doesn't apply)

Adjunctive general services

Not covered

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

20% coinsurance

50% coinsurance
(deductible doesn't apply)

Dental annual maximum coverage amount applies to comprehensive services only, in-network and out-of-network. Preventive dental services (oral exams and cleanings) do not count toward the annual dental maximum.

\$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.

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)
H4213-019**

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

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

Medical Benefits

Medicare-Covered Vision Services

Medicare-covered diabetic retinopathy screening

\$0 copay

40% coinsurance after deductible

All other Medicare-covered eye exams

\$40 copay

40% coinsurance after deductible

Medicare-covered eyewear

\$40 copay

40% coinsurance after deductible

Extra Vision Services

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

Routine eye exam (1 per year)

\$0 copay

40% coinsurance
(deductible doesn't apply)

Routine eyewear – contact lenses, eyeglasses (lenses and frames), and upgrades (unlimited up to the annual allowance)

\$0 copay

\$0 copay
(deductible doesn't apply)

Routine eyewear annual allowance (combined for contact lenses, eyeglasses, and upgrades)

\$100

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)
H4213-019**

	In-Network or Out-of-Network (out of AR)	Out-of-Network (in AR)
Medical Benefits		
Mental Health		
Inpatient hospital	\$390 copay per day for days 1–5; \$0 copay per day for days 6–90	40% coinsurance after deductible
Outpatient mental health specialty and psychiatric visits (individual and group therapy sessions)	\$35 copay	40% coinsurance after deductible
Skilled Nursing Facility (SNF) Services	\$0 copay per day for days 1–20; \$221 copay per day for days 21–100	40% coinsurance after deductible
Rehabilitation/Therapy Services		
Physical therapy	\$35 copay	40% coinsurance after deductible
Occupational therapy	\$35 copay	40% coinsurance after deductible
Speech therapy	\$35 copay	40% coinsurance after deductible
Ambulance Services		
Ground ambulance	\$325 copay	\$325 copay (deductible doesn't apply)
Air ambulance	20% coinsurance	20% coinsurance (deductible doesn't apply)

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)
H4213-019**

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

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

Medical Benefits

Transportation (non-emergency)

Not covered

Medicare Part B Drugs

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

\$35 copay

40% coinsurance
(deductible doesn't apply)

Chemotherapy/Radiation drugs

0%–20% coinsurance

40% coinsurance after deductible

Other Part B drugs

0%–20% coinsurance

40% coinsurance after deductible

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)
H4213-019**

	In-Network or Out-of-Network (out of AR)	Out-of-Network (in AR)
Additional Medical Benefits		
Podiatry Services (foot care)		
Medicare-covered services	\$40 copay	40% coinsurance after deductible
Routine services	Not covered	
Medicare-Covered Chiropractic Services	\$15 copay	40% coinsurance after deductible
Medical Equipment and Supplies		
Durable medical equipment (DME)	20% coinsurance	20% coinsurance (deductible doesn't apply)
Prosthetics	20% coinsurance	20% coinsurance (deductible doesn't apply)
Medical supplies	20% coinsurance	20% coinsurance (deductible doesn't apply)

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)
H4213-019**

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

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

Additional Medical Benefits

Diabetic Supplies

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

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

\$0 copay

20% coinsurance
(deductible doesn't apply)

Diabetic Therapeutic Shoes/Inserts

20% coinsurance

20% coinsurance after deductible

Diabetic Monitors

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

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

\$0 copay

20% coinsurance
(deductible doesn't apply)

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)
H4213-019**

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

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

Additional Medical Benefits

Additional Rehabilitation Services

Cardiac rehabilitation

\$30 copay

40% coinsurance after deductible

Intensive cardiac rehabilitation

\$40 copay

40% coinsurance after deductible

Pulmonary rehabilitation

\$25 copay

40% coinsurance after deductible

Supervised exercise therapy for peripheral artery disease (PAD)

\$20 copay

40% coinsurance after deductible

Telehealth

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

\$0 copay

Not covered

	BlueMedicare Value (PFFS) H4213-019	
	In-Network or Out-of-Network (out of AR)	Out-of-Network (in AR)
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	Participating SilverSneakers facilities only
24-Hour Nurse Advice Line	\$0 copay	Only the in-network benefit can be used.

	BlueMedicare Value (PFFS) H4213-019	
	In-Network or Out-of-Network (out of AR)	Out-of-Network (in AR)
Extra Benefits		
Additional Physical Exam This is in addition to the Medicare-covered Annual Wellness Visit.	\$0 copay	40% coinsurance (deductible doesn't apply)
Worldwide Emergency/Urgent Care Services Up to \$50,000 per year combined for emergency and urgently needed services outside the U.S.	20% coinsurance (deductible doesn't apply)	

Arkansas Blue Medicare offers HMO, PFFS, and PDP plans with Medicare contracts. Enrollment in Arkansas Blue Medicare depends on contract renewal. USABLE Mutual Insurance Company d/b/a Arkansas Blue Cross and Blue Shield is an Independent Licensee of the Blue Cross and Blue Shield Association. Arkansas Blue Medicare is the marketing name for USABLE HMO, Inc. USABLE HMO, Inc. is an affiliate of Arkansas Blue Cross. © 2026 Arkansas Blue Cross and Blue Shield. All rights reserved.

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**). October 1 through March 31, our hours are 8:00 a.m. to 8:00 p.m. Central, seven days a week. April 1 through September 30, our hours are 8:00 a.m. to 8:00 p.m. Central, Monday through Friday.

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

- ☐ 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, 2028.
- ☐ 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 Medicare Supplement (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.

2027 Summary of Benefits

BlueMedicare Preferred (PFFS) H4213-020

This Summary of Benefits

This is a summary of the benefits for:

- BlueMedicare Preferred (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 Preferred (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 Preferred (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 Preferred (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
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Monthly Premium, Deductible, and Limits

Monthly Plan Premium

You must continue to pay your Medicare Part B premium.

\$78

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
Preferred (PFFS)
H4213-020**

	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 after deductible
Outpatient Hospital		
Outpatient surgery/non-surgery	\$340 copay	40% coinsurance after deductible
Outpatient observation	\$340 copay	40% coinsurance after deductible
Ambulatory Surgical Center (ASC) Services	\$340 copay	40% coinsurance after deductible
Doctor Visits		
Primary care provider (PCP)	\$10 copay	40% coinsurance after deductible
Specialist	\$40 copay	40% coinsurance after deductible
Preventive Care	\$0 copay	40% coinsurance (deductible doesn't apply)

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
Preferred (PFFS)
H4213-020**

**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
(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
(deductible doesn't apply)

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

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

Medical Benefits

Diagnostic Services/Labs/Imaging

Diagnostic test – spirometry

0% coinsurance

40% coinsurance after deductible

Diagnostic test – home-based sleep study

20% coinsurance

40% coinsurance after deductible

All other diagnostic tests and procedures

20% coinsurance

40% coinsurance after deductible

Lab services – genetic testing

20% coinsurance

40% coinsurance
(deductible doesn't apply)

All other lab services (except genetic testing)

0% coinsurance

40% coinsurance
(deductible doesn't apply)

Radiology – diagnostic mammogram

\$25 copay

40% coinsurance after deductible

Radiology – ultrasound

\$25 copay

40% coinsurance after deductible

All other diagnostic radiology services

\$340 copay

40% coinsurance after deductible

Radiation therapy

20% coinsurance

40% coinsurance after deductible

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

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

Medical Benefits

X-rays

20% coinsurance

40% coinsurance after deductible

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

\$30 copay

40% coinsurance after deductible

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
(deductible doesn't apply)

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

\$0 copay

\$0 copay
(deductible doesn't apply)

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

\$699 / \$999 copay per hearing aid
(deductible doesn't apply)

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
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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 after deductible
Extra Dental – Diagnostic/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 (2 per calendar year)	\$0 copay	50% coinsurance (deductible doesn't apply)
Cleanings (2 per calendar year)	\$0 copay	50% coinsurance (deductible doesn't apply)
X-rays (1 per calendar year to every 3 calendar years depending on the X-ray type)	\$0 copay	50% coinsurance (deductible doesn't apply)
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.	
Restorative services (1 per calendar year)	20% coinsurance	50% coinsurance (deductible doesn't apply)

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

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

Medical Benefits

Endodontics

Not covered

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

20% coinsurance

50% coinsurance
(deductible doesn't apply)

Extractions (unlimited per calendar year)

20% coinsurance

50% coinsurance
(deductible doesn't apply)

Adjunctive general services

Not covered

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

20% coinsurance

50% coinsurance
(deductible doesn't apply)

Dental annual maximum coverage amount applies to comprehensive services only, in-network and out-of-network. Preventive dental services (oral exams and cleanings) do not count toward the annual dental maximum.

\$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.

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

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

Medical Benefits

Medicare-Covered Vision Services

Medicare-covered diabetic retinopathy screening

\$0 copay

40% coinsurance after deductible

All other Medicare-covered eye exams

\$40 copay

40% coinsurance after deductible

Medicare-covered eyewear

\$40 copay

40% coinsurance after deductible

Extra Vision Services

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

Routine eye exam (1 per year)

\$0 copay

40% coinsurance
(deductible doesn't apply)

Routine eyewear – contact lenses, eyeglasses (lenses and frames), and upgrades (unlimited up to the annual allowance)

\$0 copay

\$0 copay
(deductible doesn't apply)

Routine eyewear annual allowance (combined for contact lenses, eyeglasses, and upgrades)

\$100

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

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

Medical Benefits

Mental Health

Inpatient hospital

\$390 copay per day for days 1–5;
\$0 copay per day for days 6–90

40% coinsurance after deductible

Outpatient mental health specialty and
psychiatric visits (individual and group
therapy sessions)

\$35 copay

40% coinsurance after deductible

Skilled Nursing Facility (SNF) Services

\$0 copay per day for days 1–20;
\$221 copay per day for days 21–100

40% coinsurance after deductible

Rehabilitation/Therapy Services

Physical therapy

\$35 copay

40% coinsurance after deductible

Occupational therapy

\$35 copay

40% coinsurance after deductible

Speech therapy

\$35 copay

40% coinsurance after deductible

Ambulance Services

Ground ambulance

\$325 copay

\$325 copay
(deductible doesn't apply)

Air ambulance

20% coinsurance

20% coinsurance
(deductible doesn't apply)

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

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

Medical Benefits

Transportation (non-emergency)

Not covered

Medicare Part B Drugs

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

\$35 copay

40% coinsurance
(deductible doesn't apply)

Chemotherapy/Radiation drugs

0%–20% coinsurance

40% coinsurance after deductible

Other Part B drugs

0%–20% coinsurance

40% coinsurance after deductible

**BlueMedicare
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Medical Benefits

Deductible Stage

If your plan has a deductible, you'll begin in this stage when you fill your first prescription of the year if it's on a tier to which the deductible applies. You'll pay the full cost of these drugs until you reach the deductible amount. After that, you'll only pay your cost share. If your plan doesn't have a deductible, you'll start in the Initial Coverage Stage.

Deductible

\$700

Deductible applies to these tiers

Tier 2, Tier 3, Tier 4, and Tier 5

Initial Coverage Stage

During this stage, your plan pays its share of the cost of your drugs, and you pay your share of the cost. You'll stay in this stage until your out-of-pocket costs reach \$2,400. Once you reach this amount, you will enter the Catastrophic Coverage Stage.

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Medical Benefits

Standard Retail Pharmacy Cost Shares

30-Day / 100-Day Supply

Tier 1 (Preferred Generic)

\$7 copay / \$21 copay

Tier 2 (Generic)

\$12 copay / \$36 copay

Tier 3 (Preferred Brand)

20% coinsurance / 20% coinsurance

Tier 4 (Non-Preferred Drug)

41% coinsurance / 41% coinsurance

Tier 5 (Specialty Tier)

25% coinsurance / Not covered

Mail-Order Pharmacy Cost Shares

100-Day Supply Only

Tier 1 (Preferred Generic)

\$14 copay

Tier 2 (Generic)

\$24 copay

Tier 3 (Preferred Brand)

20% coinsurance

Tier 4 (Non-Preferred Drug)

41% coinsurance

Tier 5 (Specialty Tier)

Not covered

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Medical Benefits

Catastrophic Coverage Stage

After your yearly out-of-pocket drug costs reach \$2,400, you will enter the Catastrophic Coverage Stage.

You will have no cost sharing for the rest of the plan year.

Prescription Drug Coverage – More Information

- Cost shares for covered insulin products will be the lesser of a \$35 copay or a 20% coinsurance for Tier 3 and 25% coinsurance for Tier 4 and Tier 5 for a 30-day supply.
- The Part D deductible will not apply to any covered insulin products.
- Cost shares for covered ACIP-approved vaccines will be a \$0 copay regardless of the tier. Additionally, the Part D deductible will not apply to any covered ACIP-approved vaccine.
- Cost sharing may differ based on the pharmacy type (e.g., retail, mail order, long-term care (LTC)) or by fill amount (i.e., 30-day or 100-day supply).
- If you receive “Extra Help,” you may pay less for your Part D covered drugs depending on your level of “Extra Help.”
 - Deductible: \$0
 - Generic drugs (on all tiers) – 30-day or 100-day supply: \$0, \$1.65, or \$5.80 copay
 - Brand drugs (on all tiers) – 30-day or 100-day supply: \$0, \$5, or \$14.40 copay
 - To see if you qualify for “Extra Help,” please call the Social Security Office at **1-800-772-1213** Monday–Friday, 8:00 a.m.–7:00 p.m. TTY users should call **1-800-325-0778**.

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
Preferred (PFFS)
H4213-020**

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

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

Additional Medical Benefits

Podiatry Services (foot care)

Medicare-covered services

\$40 copay

40% coinsurance after deductible

Routine services

Not covered

Medicare-Covered Chiropractic Services

\$15 copay

40% coinsurance after deductible

Medical Equipment and Supplies

Durable medical equipment (DME)

20% coinsurance

20% coinsurance
(deductible doesn't apply)

Prosthetics

20% coinsurance

20% coinsurance
(deductible doesn't apply)

Medical supplies

20% coinsurance

20% coinsurance
(deductible doesn't apply)

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

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

Additional Medical Benefits

Diabetic Supplies

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

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

\$0 copay

20% coinsurance
(deductible doesn't apply)

Diabetic Therapeutic Shoes/Inserts

20% coinsurance

20% coinsurance after deductible

Diabetic Monitors

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

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

\$0 copay

20% coinsurance
(deductible doesn't apply)

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

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

Additional Medical Benefits

Additional Rehabilitation Services

Cardiac rehabilitation

\$30 copay

40% coinsurance after deductible

Intensive cardiac rehabilitation

\$40 copay

40% coinsurance after deductible

Pulmonary rehabilitation

\$25 copay

40% coinsurance after deductible

Supervised exercise therapy for peripheral artery disease (PAD)

\$20 copay

40% coinsurance after deductible

Telehealth

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

\$0 copay

Not covered

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	In-Network or Out-of-Network (out of AR)	Out-of-Network (in AR)
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	Participating SilverSneakers facilities only
24-Hour Nurse Advice Line	\$0 copay	Only the in-network benefit can be used.

	BlueMedicare Preferred (PFFS) H4213-020	
	In-Network or Out-of-Network (out of AR)	Out-of-Network (in AR)
Extra Benefits		
Additional Physical Exam This is in addition to the Medicare-covered Annual Wellness Visit.	\$0 copay	40% coinsurance (deductible doesn't apply)
Worldwide Emergency/Urgent Care Services Up to \$50,000 per year combined for emergency and urgently needed services outside the U.S.	20% coinsurance (deductible doesn't apply)	

Arkansas Blue Medicare offers HMO, PFFS, and PDP plans with Medicare contracts. Enrollment in Arkansas Blue Medicare depends on contract renewal. USABLE Mutual Insurance Company d/b/a Arkansas Blue Cross and Blue Shield is an Independent Licensee of the Blue Cross and Blue Shield Association. Arkansas Blue Medicare is the marketing name for USABLE HMO, Inc. USABLE HMO, Inc. is an affiliate of Arkansas Blue Cross. © 2026 Arkansas Blue Cross and Blue Shield. All rights reserved.

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**). October 1 through March 31, our hours are 8:00 a.m. to 8:00 p.m. Central, seven days a week. April 1 through September 30, our hours are 8:00 a.m. to 8:00 p.m. Central, Monday through Friday.

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 **1-855-591-9794** (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.
- ☐ Review the Pharmacy Directory to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- ☐ Review the Formulary to make sure your drugs are covered.

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/coinsurance may change on January 1, 2028.
- ☐ 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 Medicare Supplement (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.

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**). October 1 through March 31, our hours are 8:00 a.m. to 8:00 p.m. Central, seven days a week. April 1 through September 30, our hours are 8:00 a.m. to 8:00 p.m. Central, Monday through Friday.

I have reviewed the Pre-Enrollment Checklist with a licensed representative. Initial here: _____

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 **1-855-591-9794** (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.
- ☐ **For plans that offer drug coverage:** Review the Pharmacy Directory to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- ☐ **For plans that offer drug coverage:** Review the Formulary to make sure your drugs are covered.

Understanding Important Rules

- ☐ In addition to your monthly plan premium (if your plan has one), 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, 2028.

- ☐ **For HMOs that do not offer out-of-network coverage:** Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the Provider Directory).
- ☐ **For PFFS plans that offer out-of-network coverage:** 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 Medicare Supplement (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.



Out-of-network/non-contracted providers are under no obligation to treat plan members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost sharing that applies to out-of-network services.

We do not offer every plan available in your area. Any information we provide is limited to those plans we do offer in your area. Please contact [Medicare.gov](https://www.medicare.gov) or **1-800-MEDICARE** (24 hours a day, seven days a week) to get information on all of your options. TTY users can call **1-877-486-2048**. Arkansas Blue Medicare offers HMO, PFFS, and PDP plans with Medicare contracts. Enrollment in Arkansas Blue Medicare depends on contract renewal. USABLE Mutual Insurance Company d/b/a Arkansas Blue Cross and Blue Shield is an Independent Licensee of the Blue Cross and Blue Shield Association. Arkansas Blue Medicare is the marketing name for USABLE HMO, Inc. USABLE HMO, Inc. is an affiliate of Arkansas Blue Cross. © 2026 Arkansas Blue Cross and Blue Shield. All rights reserved.

Notice of Availability of Language Assistance and Auxiliary Aids and Services

English: If you have questions or need any plan information in a different language or format (for example, large print), call us at **1-844-463-1088 (TTY: 711)**. Hours are 8:00 a.m. to 8:00 p.m. Central, Monday through Friday (April 1 through September 30) and seven days a week (October 1 through March 31). We offer these services at no charge to you.

Spanish: Si tiene preguntas o necesita información del plan en un idioma o formato diferente (por ejemplo, letra grande), llámenos al **1-844-463-1088 (TTY: 711)**. El horario de atención es de 8:00 a. m. a 8:00 p. m., hora central, de lunes a viernes (desde el 1.º de abril hasta el 30 de septiembre) y los 7 días de la semana (desde el 1.º de octubre hasta el 31 de marzo). Ofrecemos estos servicios sin cargo para usted.

German: Wenn Sie Fragen haben oder Informationen zu einem Plan in einer anderen Sprache oder einem anderen Format benötigen (z. B. Großdruck), rufen Sie uns an unter **1-844-463-1088 (TTY: 711)**. Die Sprechzeiten sind montags bis freitags (1. April bis 30. September) bzw. an allen Wochentagen (1. Oktober bis 31. März) von 8:00 bis 20:00 Uhr CST. Wir bieten Ihnen diese Dienste kostenlos an.

French: Si vous avez des questions ou si vous avez besoin d'informations sur l'un de nos régimes dans une langue ou un format différent (par exemple, en gros caractères), appelez-nous au **1-844-463-1088 (TTY : 711)**. Les horaires sont de 8 h à 20 h, heure du Centre, du lundi au vendredi (du 1er avril au 30 septembre) et sept jours sur sept (du 1er octobre au 31 mars). Nous vous proposons ces services gratuitement.

Portuguese: Se tiver dúvidas ou precisar de informações sobre qualquer plano num idioma ou formato diferente (por exemplo, letras grandes), contacte-nos para o número **1-844-463-1088 (TTY: 711)**. O horário é das 8:00 a.m. às 8:00 p.m. Central, de segunda a sexta-feira (de 1 de abril a 30 de setembro) e sete dias por semana (de 1 de outubro a 31 de março). Oferecemos-lhe estes serviços gratuitamente.

Vietnamese: Nếu quý vị có thắc mắc hoặc cần bất kỳ thông tin gì về chương trình bằng một ngôn ngữ hoặc định dạng khác (ví dụ: bản in cỡ chữ lớn), xin gọi cho chúng tôi theo số **1-844-463-1088 (TTY: 711)**. Giờ làm việc của chúng tôi là 8:00 sáng đến 8:00 tối theo giờ miền Trung, từ Thứ Hai đến Thứ Sáu (từ 1 tháng 4 đến 30 tháng 9) và bảy ngày một tuần (từ 1 tháng 10 đến 31 tháng 3). Chúng tôi cung cấp các dịch vụ này miễn phí cho quý vị.

Chinese Mandarin: 如果您有疑问, 或者需要其他语言或格式 (例如大字体) 的计划信息, 请致电 **1-844-463-1088 (TTY: 711)**。服务时间为美国中部时间周一至周五上午 8:00 至晚上 8:00 (4 月 1 日至 9 月 30 日); 每周七天上午 8:00 至晚上 8:00 (10 月 1 日至 3 月 31 日)。我们免费为您提供这些服务。

Chinese Cantonese: 如果您有任何疑問, 或需要其他語言或格式 (例如大字版) 的計劃資訊, 請致電 **1-844-463-1088 (聽障專線: 711)**。服務時間為美國中部時間星期一至星期五, 上午 8:00 至晚上 8:00 (4 月 1 日至 9 月 30 日), 以及每週七天 (10 月 1 日至 3 月 31 日)。我們免費為您提供這些服務。

Laotian: ຖ້າທ່ານມີຄໍາຖາມ ຫຼື ຕ້ອງການຂໍ້ມູນກ່ຽວກັບແຜນປະກັນໃດໜຶ່ງເປັນພາສາ ຫຼື ຮູບແບບອື່ນທີ່ແຕກຕ່າງກັນ (ຕົວຢ່າງ, ຕົວພິມຂະໜາໃຫຍ່), ກະລຸນາໃບຫາພວກເຮົາໄດ້ທີ່ ໜ້າຍເລກ 1-844-463-1088 (TTY: 711). ໂມງເຮັດວຽກແມ່ນເວລາ 8:00 ໂມງເຊົ້າ ຫາ 8:00 ໂມງແລງ ຕາມເວລາ ພາກກາງ, ວັນຈັນ ຮອດ ວັນສຸກ (1 ເມສາ ຮອດ 30 ກັນຍາ) ແລະ ເຈັດມື້ຕໍ່ອາທິດ (1 ຕຸລາ ຮອດ 31 ມີນາ). ພວກເຮົາສະໜີບໍລິການເຫຼົ່ານີ້ໃຫ້ທ່ານໂດຍບໍ່ເສຍຄ່າຫຍັງເລີຍ.

Tagalog: Kung mayroon kang mga tanong o kailangan mo ng anumang impormasyon ng plano sa ibang wika o format (halimbawa, malaking print), tawagan mo kami sa 1-844-463-1088 (TTY: 711). Ang mga oras ay 8:00 a.m. hanggang 8:00 p.m. Sentral, Lunes hanggang Biyernes (Abril 1 hanggang Setyembre 30) at pitong araw sa isang linggo (Oktubre 1 hanggang Marso 31). Iniaalok namin ang mga serbisyong ito nang walang bayad para sa iyo.

Ilocano: No adda saludsodmo wenno kasapulam ti aniaman nga impormasion ti plano iti sabali a pagsasao wenno pormat (kas pagarigan, dakkal a letra), tawagannakami iti 1-844-463-1088 (TTY: 711). Dagiti oras ket 8:00 a.m. agingga iti 8:00 p.m. Sentral, Lunes agingga Biernes (Abril 1 agingga iti Setiembre 30) ken pito nga aldaw iti makalawas (Oktubre 1 agingga iti Marso 31). Idiaaydiayami dagitoy a serbisio nga awan ti bayadam.

Hindi: यदि आपको प्रश्न हैं या किसी अन्य भाषा या प्रारूप में (उदाहरण के लिए, बड़े अक्षरों में) किसी योजना की जानकारी चाहिए, तो हमें 1-844-463-1088 (TTY: 711) पर कॉल करें। काम के घंटे सेंट्रल समय में, सोमवार से शुक्रवार (अप्रैल 1 से सितंबर 30) और सप्ताह में सात दिन (अक्टूबर 1 से मार्च 31) सुबह 8:00 बजे से शाम 8:00 बजे तक होते हैं। हम आपको यह सेवाएं निःशुल्क प्रदान करते हैं।

Nepali: तपाईंका कुनै प्रश्नहरू भएमा वा कुनै योजनासम्बन्धी जानकारी फरक भाषा वा ढाँचामा (उदाहरणका लागि, ठूलो प्रिन्टमा) चाहिएमा हामीलाई 1-844-463-1088 (TTY: 711) मा कल गर्नुहोस्। अप्रिल 1 देखि सेप्टेम्बर 30 सम्म सोमबारदेखि शुक्रबार र अक्टोबर 1 देखि मार्च 31 सम्म हप्ताको सातै दिन सेन्ट्रल समय बिहान 8:00 बजेदेखि बेलुका 8:00 बजेसम्म सम्पर्क गर्न सकिने छ। हामी तपाईंलाई यी सेवाहरू निःशुल्क प्रदान गर्दछौं।

Telugu: మీకు ఏదైనా ప్రశ్నలు ఉంటే లేదా వేరే భాష లేదా ఫార్మాట్‌లో (ఉదాహరణకు, పెద్ద అక్షరాలతో) ఏదైనా ప్లాన్ సమాచారం అవసరమైతే, మాకు 1-844-463-1088 (TTY: 711) నంబర్‌కు కాల్ చేయండి. పని వేళలు ఉదయం 8:00 గంటల నుండి రాత్రి 8:00 గంటల వరకు సెంట్రల్, సోమవారం నుండి శుక్రవారం వరకు (ఏప్రిల్ 1 నుండి సెప్టెంబర్ 30 వరకు) మరియు వారానికి ఏడు రోజులు (అక్టోబర్ 1 నుండి మార్చి 31 వరకు). మేము మీకు ఈ సేవలను ఉచితంగా అందిస్తున్నాము.

Tamil: உங்களுக்கு ஏதேனும் கேள்விகள் இருப்பின் அல்லது வேறு ஒரு மொழி அல்லது உரு அமைப்பில் (உதாரணமாக, அகலமான அச்செழுத்தில்) திட்டம் பற்றிய தகவல்கள் தேவையென்றால் எங்களை 1-844-463-1088 (TTY: 711) என்ற எண்ணில் அழைக்கவும். நேரம் காலை 8:00 முதல் மாலை 8:00 வரை. சென்ட்ரல், திங்கள் முதல் வெள்ளி வரை (ஏப்ரல் 1 முதல் செப்டம்பர் 30 வரை) மற்றும் வாரத்தின் ஏழு நாட்களும் (அக்டோபர் 1 முதல் மார்ச் 31 வரை). இந்தச் சேவைகளை நாங்கள் உங்களுக்குக் கட்டணமில்லாமல் வழங்குகிறோம்.

Yiddish:

אויב איר האט פראגעס אדער דארפט סיי וועלכע פלאן אינפארמאציע אין אן אנדערע שפראך אדער פארמאט (צום ביישפיל, גרויסע דרוק), רופט אונז אויף **1-844-463-1088** (TTY: 711). שעה'ען זענען 8 אינדערפרי ביז 8 ביינאכט צענטראלע צייט, מאנטאג ביז פרייטאג (אפריל 1 ביז סעפטעמבער 30) און זיבן טעג א וואך (אקטאבער 1 ביז מערץ 31). מיר טוען אנבאטן די סערוויסעס פריי פון אפצאל.



Non-Discrimination Notice

Our Company complies with applicable federal and state civil rights laws and does not discriminate, exclude, or treat people differently on the basis of race, color, national origin, age, disability, or sex.

If you believe that we have failed to provide these language assistance or auxiliary aids and services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Civil Rights Coordinator
601 Gaines Street
Little Rock, AR 72201
Phone: **1-844-662-2276 (TTY: 711)**

You can file a grievance in person, by mail, or by email. If you need help filing a grievance, our Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at **<https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>** or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue SW., Room 509F, HHH Building
Washington, DC 20201
Phone: **1-800-368-1019 (TDD: 1-800-537-7697)**

Complaint forms are available at: **<https://www.hhs.gov/ocr/complaints/index.html>**

IMPORTANT INFORMATION:

2026 Medicare Star Ratings



Official U.S.
Government
Medicare
Information



Arkansas Blue Medicare - H4213

For 2026, Arkansas Blue Medicare - H4213 received the following Star Ratings from Medicare:

Overall Star Rating: ★★★★★

Health Services Rating: ★★★★★

Drug Services Rating: ★★★★★

Every year, Medicare evaluates plans based on a 5-star rating system.

Why Star Ratings Are Important

Medicare rates plans on their health and drug services.

This lets you easily compare plans based on quality and performance.

Star Ratings are based on factors that include:

- Feedback from members about the plan's service and care
- The number of members who left or stayed with the plan
- The number of complaints Medicare got about the plan
- Data from doctors and hospitals that work with the plan

More stars mean a better plan – for example, members may get better care and better, faster customer service.

Get More Information on Star Ratings Online

Compare Star Ratings for this and other plans online at [Medicare.gov/plan-compare](https://www.medicare.gov/plan-compare).

Questions about this plan?

Contact Arkansas Blue Medicare 7 days a week from 8:00 a.m. to 8:00 p.m. Central time at 888-605-0322 (toll-free) or 711 (TTY), from October 1 to March 31. Our hours of operation from April 1 to September 30 are Monday through Friday from 8:00 a.m. to 8:00 p.m. Central time. Current members please call 844-463-1088 (toll-free) or 711 (TTY).

The number of stars show how well a plan performs.

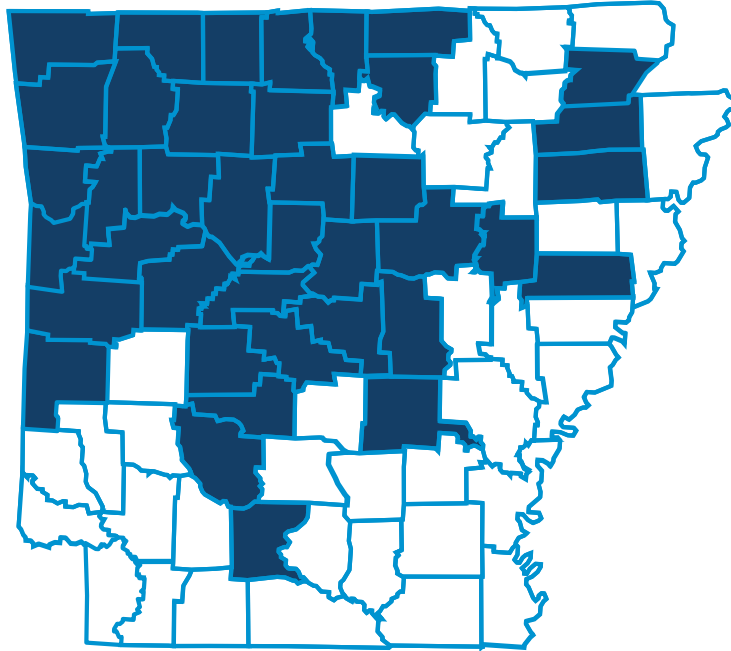
★★★★★ EXCELLENT

★★★★☆ ABOVE AVERAGE

★★★☆☆ AVERAGE

★★☆☆☆ BELOW AVERAGE

★☆☆☆☆ POOR



Arkansas Blue Medicare PFFS counties served:

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, Yell

We do not offer every plan available in your area. Currently, we represent organizations, which offer products in your area. Please contact [Medicare.gov](https://www.medicare.gov) or **1-800-MEDICARE** (TTY: **1-877-486-2048**) (24 hours a day, seven days a week) to get information on all of your options. Arkansas Blue Medicare offers HMO, PFFS, and PDP plans with Medicare contracts. Enrollment in Arkansas Blue Medicare depends on contract renewal. USABLE Mutual Insurance Company d/b/a Arkansas Blue Cross and Blue Shield is an Independent Licensee of the Blue Cross and Blue Shield Association. Arkansas Blue Medicare is the marketing name for USABLE HMO, Inc. USABLE HMO, Inc. is an affiliate of Arkansas Blue Cross. © 2026 Arkansas Blue Cross and Blue Shield. All rights reserved.