Arkansas Blue MEDICARE
An Independent Licensee of the Blue Cross and Blue Shield Association

2026 Summary of Benefits

BlueMedicare Premier (HMO) H6158-001
BlueMedicare Independence (HMO) H6158-003

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This Summary of Benefits

This is a summary of the benefits for:

- BlueMedicare Premier (HMO)
- BlueMedicare Independence (HMO)

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 is the same for BlueMedicare Premier (HMO) and BlueMedicare Independence (HMO) and includes the following Arkansas counties: Arkansas, Baxter, Benton, Bradley, Calhoun, Clay, Cleburne, Columbia, Craighead, Crittenden, Cross, Dallas, Drew, Hempstead, Hot Spring, Independence, Jackson, Lawrence, Lee, Lincoln, Logan, Monroe, Montgomery, Nevada, Phillips, Sebastian, Sharp, Stone, Union, and Van Buren.

BlueMedicare Premier (HMO) and BlueMedicare Independence (HMO) Are HMOs

An HMO is a health maintenance organization offered by a private insurance company. Our HMOs have a network of contracted healthcare providers and facilities. As a member of one of our HMOs, you'll be asked to choose a primary care provider (PCP) who will coordinate your care when you need to see a specialist or go to a facility. A referral from your PCP is not required for any service. Some services, however, require a prior authorization, which is approval from our plan in advance of you getting the service. Benefits mentioned in this document that require prior authorization are noted with an asterisk (*).

How to Contact Us

If you're a current member of one of these plans, call us at **1-844-463-1088** (TTY: **711**). If you're not a member of one of these plans, 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 Premier (HMO) H6158-001	BlueMedicare Independence (HMO) H6158-003
Monthly Premium, Deductible, and Limits		
Monthly Plan Premium You must continue to pay your Medicare Part B premium.	$0	$8.90
Medical Deductible	This plan does not have a deductible	This plan does not have a deductible
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.	$6,500	$6,200

	BlueMedicare Premier (HMO) H6158-001	BlueMedicare Independence (HMO) H6158-003
Medical Benefits (benefits that may require prior authorization are noted with an "*")		
Inpatient Hospital*	$375 copay per day for days 1–5; $0 copay per day for days 6–90	$390 copay per day for days 1–5; $0 copay per day for days 6–90
Outpatient Hospital		
Outpatient surgery/non-surgery	$325 copay	$385 copay
Outpatient observation*	$325 copay	$385 copay
Ambulatory Surgical Center (ASC) Services	$250 copay	$250 copay
Doctor Visits		
Primary care provider (PCP)	$0 copay	$0 copay
Specialist	$35 copay	$30 copay
Preventive Care	$0 copay	$0 copay

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.

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Medical Benefits (benefits that may require prior authorization are noted with an "*")		
Emergency Room (ER) If you're admitted to the hospital within 24 hours, you do not have to pay your ER copay.	$130 copay (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)	$130 copay (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	$30 copay	$30 copay
Diagnostic Services/Labs/Imaging		
Diagnostic test – spirometry*	0% coinsurance	0% coinsurance
Diagnostic test – home-based sleep study*	0% coinsurance	0% coinsurance
All other diagnostic tests and procedures*	20% coinsurance	20% coinsurance
Lab services – genetic testing*	20% coinsurance	20% coinsurance
All other lab services (except genetic testing)*	0% coinsurance	0% coinsurance
Radiology – diagnostic mammogram*	$25 copay	$25 copay
Radiology – ultrasound*	$25 copay	$25 copay
All other diagnostic radiology services*	$325 copay	$385 copay
Radiation therapy*	20% coinsurance	20% coinsurance
X-rays*	$0 copay	$0 copay

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.

	BlueMedicare Premier (HMO) H6158-001	BlueMedicare Independence (HMO) H6158-003
Medical Benefits (benefits that may require prior authorization are noted with an "*")		
Hearing Services		
Medicare-covered hearing exams	$35 copay	$30 copay
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 aid allowance (up to 2 hearing aids per 3 years, 1 per ear)	$1,000	$1,000

Hearing Services – More Information

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

Dental – Preventive Services		
Exams (up to 2 per calendar year)	$0 copay	$0 copay
Cleanings (2 per calendar year)	$0 copay	$0 copay
X-rays (1 per calendar year to every 3 calendar years depending on the service)	$0 copay	$0 copay
Fluoride treatments (1 to unlimited per calendar year depending on the service)	$0 copay	$0 copay
Dental – Comprehensive Services		
Medicare-covered dental services	$35 copay	$30 copay
Diagnostic services	Not covered	Not covered
Non-routine services	Not covered	Not covered
Restorative services (1 per calendar year)	20% coinsurance	20% coinsurance
Endodontics	Not covered	Not covered
Periodontics (up to 2 per calendar year to every 3 calendar years depending on the service)	20% coinsurance	20% coinsurance
Extractions (unlimited per calendar year)	20% coinsurance	20% coinsurance
Adjunctive general services (2 per calendar year)	20% coinsurance	20% coinsurance

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Medical Benefits (benefits that may require prior authorization are noted with an "*")		
Prosthodontics, removable (up to 2 per calendar year to every 5 calendar years depending on the service)	20% coinsurance	20% coinsurance
Dental annual allowance (combined preventive and comprehensive services)	$3,000	$3,000

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.
- Services received out-of-network are not covered.

Vision Services		
Medicare-covered diabetic retinopathy screening	$0 copay	$0 copay
All other Medicare-covered eye exams	$35 copay	$30 copay
Medicare-covered eyewear	$0 copay	$0 copay
Routine eye exam (1 per year)	$0 copay	$0 copay
Routine eyewear – contact lenses and eyeglasses (lenses and frames) (unlimited up to the annual allowance) and upgrades (up to the annual allowance)	$0 copay	$0 copay
Routine eyewear annual allowance (combined contact lenses, eyeglasses, and upgrades)	$150	$250
Mental Health		
Inpatient hospital*	$375 copay per day for days 1–5; $0 copay per day for days 6–90	$390 copay per day for days 1–5; $0 copay per day for days 6–90
Outpatient mental health specialty and psychiatric visits (individual and group therapy sessions)	$35 copay	$35 copay
Skilled Nursing Facility (SNF) Services*	$0 copay per day for days 1–20; $218 copay per day for days 21–100	$0 copay per day for days 1–20; $218 copay per day for days 21–100

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Medical Benefits (benefits that may require prior authorization are noted with an "*")		
Rehabilitation/Therapy Services		
Physical therapy*	$40 copay	$35 copay
Occupational therapy*	$40 copay	$35 copay
Speech therapy*	$40 copay	$35 copay
Ambulance Services		
Ground ambulance	$325 copay	$325 copay
Air ambulance	20% coinsurance	20% coinsurance
Transportation (non-emergency) (60 one-way trips per year)	Not covered	$0 copay
Medicare Part B Drugs		
Insulin products (e.g., for an insulin pump)	$35 copay	$35 copay
Chemotherapy/Radiation drugs*	0%–20% coinsurance	0%–20% coinsurance
Other Part B drugs*	0%–20% coinsurance	0%–20% coinsurance

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Prescription Drug 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	$460	$615
Deductible applies to these tiers	Tier 3, Tier 4, and Tier 5	Tier 2, Tier 3, Tier 4, and Tier 5
Initial Coverage Stage During this stage, our 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 (your payments only) reach $2,100. Once you reach this amount, you will enter the Catastrophic Coverage Stage.		
Standard Retail Pharmacy Cost Shares	**30-Day / 100-Day Supply**	**30-Day / 100-Day Supply**
Tier 1 (Preferred Generic)	$0 copay / $0 copay	$4 copay / $12 copay
Tier 2 (Generic)	$5 copay / $12.50 copay	$14 copay / $42 copay
Tier 3 (Preferred Brand)	17% coinsurance / 17% coinsurance	20% coinsurance / 20% coinsurance
Tier 4 (Non-Preferred Drug)	34% coinsurance / 34% coinsurance	34% coinsurance / 34% coinsurance
Tier 5 (Specialty Tier)	27% coinsurance / Not covered	25% coinsurance / Not covered
Catastrophic Coverage Stage After your yearly out-of-pocket drug costs (your payments only) reach $2,100, you will enter the Catastrophic Coverage Stage.	You will have no cost sharing for the rest of the plan year	You will have no cost sharing for the rest of the plan year

	BlueMedicare Premier (HMO) H6158-001	BlueMedicare Independence (HMO) H6158-003

Prescription Drug Benefits

Prescription Drug Coverage – More Information

- Cost shares for covered insulin products on BlueMedicare Premier (HMO) will be the lesser of a $35 copay or a 17% coinsurance for Tier 3 and 25% coinsurance for Tier 4 and Tier 5 for a 30-day supply.
- Cost shares for covered insulin products on BlueMedicare Independence (HMO) 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, 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, $1.60, or $5.10 copay
  - Brand drugs (on all tiers) – 30-day or 100-day supply: $0, $4.90, or $12.65 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**.

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Additional Medical Benefits (benefits that may require prior authorization are noted with an "*")		
Podiatry Services (foot care)		
Medicare-covered services	$35 copay	$25 copay
Routine services (6 visits per year)	$35 copay	$25 copay
Medicare-Covered Chiropractic Services	$15 copay	$15 copay
Medical Equipment and Supplies		
Durable medical equipment (DME)*	20% coinsurance	20% coinsurance
Prosthetics*	20% coinsurance	20% coinsurance
Medical supplies*	20% coinsurance	20% coinsurance
Testing supplies from our preferred manufacturer Roche (i.e., Accu-Check) - testing supplies from other manufacturers are not covered	$0 copay (at a network pharmacy)	$0 copay (at a network pharmacy)
Continuous glucose monitors (CGMs) from our preferred brand Dexcom - CGMs from other brands are not covered	$0 copay (at a network pharmacy)	$0 copay (at a network pharmacy)
Diabetic therapeutic shoes or inserts*	$0 copay	$0 copay
Additional Rehabilitation Services		
Cardiac rehabilitation	$0 copay	$0 copay
Intensive cardiac rehabilitation	$0 copay	$0 copay
Pulmonary rehabilitation*	$15 copay	$15 copay
Supervised exercise therapy for peripheral artery disease (PAD)*	$0 copay	$0 copay
Telehealth		
PCP, specialist, urgently needed, and outpatient mental health (individual and group therapy sessions) services	$0 copay	$0 copay

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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)	$105 (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	$0 copay
24-Hour Nurse Advice Line	$0 copay	$0 copay
Additional Physical Exam This is in addition to the Medicare-covered Annual Wellness Visit.	$0 copay	$0 copay
Worldwide Emergency/Urgent Care Services Up to $15,000 per year combined for emergency and urgently needed services outside the U.S.	20% coinsurance	20% coinsurance

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

- ☐ 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 (Drug List) 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, 2027.
- ☐ 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).
- ☐ 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.