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

2026 PFFS
Medicare Advantage Plans

BlueMedicare Value (PFFS)
BlueMedicare Preferred (PFFS)

Your local team

available in
39 counties

Y0083_26ABM_H4213_PFFS_KIT3_M
00631.04.03-v091725-1328

Arkansas Blue MEDICARE

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2026 PFFS

Medicare Advantage Plans

BlueMedicare Value (PFFS)

BlueMedicare Preferred (PFFS)

Benefits at a glance

Y0083_26ABM_H4213_PFFS_BAAG_M
00594.04.02-v081325-1322

Arkansas Blue Medicare PFFS Benefits

Health & Wellness Coverage

Plan Benefits	BlueMedicare Value (PFFS) H4213-019	BlueMedicare Preferred (PFFS) H4213-017-001/005/006
Monthly Premium	$39	$58/$48/$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 (preferred)	$0 copay	$0 copay (at a network pharmacy)
Dental (preventive & comprehensive, including unlimited extractions)	$3,000 per year	$3,000 per year
Vision (eyewear)	$100 per year	$100 per year
Hearing Aids	$699/$999 copay	$699/$999 copay
Quarterly Over-the-Counter (OTC)	$25	$25
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) H4213-017-001/005/006
Part D Deductible	No drug coverage	$615 (Tier 2, Tier 3, Tier 4, & Tier 5)
Tier 1 (30-day fill)		$5 copay
Tier 2 (30-day fill)		$12 copay
Tier 3 (30-day fill)		20% coinsurance
Tier 4 (30-day fill)		30% 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 $615. After that, you only pay your cost share.
Initial Coverage Stage		You remain in this stage until your yearly out-of-pocket drug costs (your payments only) reach $2,100.
Catastrophic Coverage Stage		After your yearly out-of-pocket drug costs reach $2,100, 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.

Arkansas Blue MEDICARE

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2026 Arkansas Blue Medicare PFFS counties served:

H4213-019: 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

H4213-017-001: Baxter, Boone, Clark, Conway, Craighead, Fulton, Garland, Greene, Hot Spring, Izard, Marion, Newton, Ouachita, Poinsett, Polk, Searcy, St. Francis, Van Buren, Woodruff

H4213-017-005: Benton, Carroll, Crawford, Faulkner, Franklin, Johnson, Logan, Madison, Perry, Pope, Scott, Sebastian, Washington, Yell

H4213-017-006: Cleburne, Jefferson, Lonoke, Pulaski, Saline, White

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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.

Please contact **Medicare.gov** or **1-800-MEDICARE** to get information on all of your options. Arkansas Blue Medicare offers HMO, PFFS, and PDP plans with Medicare contracts. Plans are not available in all counties. 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. © 2025 Arkansas Blue Cross and Blue Shield. All rights reserved.

Arkansas Blue MEDICARE
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2026 Summary of Benefits

BlueMedicare Preferred (PFFS) H4213-017-001
BlueMedicare Preferred (PFFS) H4213-017-005
BlueMedicare Preferred (PFFS) H4213-017-006

This Summary of Benefits

This is a summary of the benefits for:

- BlueMedicare Preferred (PFFS) H4213-017-001
- BlueMedicare Preferred (PFFS) H4213-017-005
- BlueMedicare Preferred (PFFS) H4213-017-006

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) H4213-017-001 includes the following Arkansas counties: Baxter, Boone, Clark, Conway, Craighead, Fulton, Garland, Greene, Hot Spring, Izard, Marion, Newton, Ouachita, Poinsett, Polk, Searcy, St. Francis, Van Buren, and Woodruff.
- The service area for BlueMedicare Preferred (PFFS) H4213-017-005 includes the following Arkansas counties: Benton, Carroll, Crawford, Faulkner, Franklin, Johnson, Logan, Madison, Perry, Pope, Scott, Sebastian, Washington, and Yell.
- The service area for BlueMedicare Preferred (PFFS) H4213-017-006 includes the following Arkansas counties: Cleburne, Jefferson, Lonoke, Pulaski, Saline, and White.

BlueMedicare Preferred (PFFS) H4213-017-001/-005/-006 Are PFFS Plans

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 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 Preferred (PFFS) H4213-017-001	BlueMedicare Preferred (PFFS) H4213-017-005	BlueMedicare Preferred (PFFS) H4213-017-006
Monthly Premium, Deductible, and Limits			
Monthly Plan Premium You must continue to pay your Medicare Part B premium.	$58	$48	$78
Medical Deductible	$1,000 (out-of-network in Arkansas (AR) only)	$1,000 (out-of-network in Arkansas (AR) only)	$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	$7,500	$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) H4213-017-001		BlueMedicare Preferred (PFFS) H4213-017-005		BlueMedicare Preferred (PFFS) H4213-017-006	
	In-Network or Out-of-Network (out of AR)	**Out-of-Network (in AR)**	**In-Network or Out-of-Network (out of AR)**	**Out-of-Network (in AR)**	**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	$390 copay per day for days 1–5; $0 copay per day for days 6–90	40% coinsurance	$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	$340 copay	40% coinsurance	$340 copay	40% coinsurance
Outpatient observation	$340 copay	40% coinsurance	$340 copay	40% coinsurance	$340 copay	40% coinsurance
Ambulatory Surgical Center (ASC) Services	$340 copay	40% coinsurance	$340 copay	40% coinsurance	$340 copay	40% coinsurance
Doctor Visits						
Primary care provider (PCP)	$10 copay	40% coinsurance	$10 copay	40% coinsurance	$10 copay	40% coinsurance
Specialist	$40 copay	40% coinsurance	$40 copay	40% coinsurance	$40 copay	40% coinsurance

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	In-Network or Out-of-Network (out of AR)	**Out-of-Network (in AR)**	**In-Network or Out-of-Network (out of AR)**	**Out-of-Network (in AR)**	**In-Network or Out-of-Network (out of AR)**	**Out-of-Network (in AR)**
Medical Benefits						
Preventive Care	$0 copay	40% coinsurance (the out-of-network deductible doesn't apply)	$0 copay	40% coinsurance (the out-of-network deductible doesn't apply)	$0 copay	40% coinsurance (the out-of-network deductible doesn't apply)

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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	In-Network or Out-of-Network (out of AR)	**Out-of-Network (in AR)**	**In-Network or Out-of-Network (out of AR)**	**Out-of-Network (in AR)**	**In-Network or Out-of-Network (out of AR)**	**Out-of-Network (in AR)**
Medical Benefits						
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)		$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)		$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)		$40 copay (the out-of-network deductible doesn't apply)		$40 copay (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)**	**In-Network or Out-of-Network (out of AR)**	**Out-of-Network (in AR)**	**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	0% coinsurance	40% coinsurance	0% coinsurance	40% coinsurance
Diagnostic test – home-based sleep study	20% coinsurance	40% coinsurance	20% coinsurance	40% coinsurance	20% coinsurance	40% coinsurance
All other diagnostic tests and procedures	20% coinsurance	40% coinsurance	20% coinsurance	40% coinsurance	20% coinsurance	40% coinsurance
Lab services – genetic testing	20% coinsurance	40% coinsurance (the out-of-network deductible doesn't apply)	20% coinsurance	40% coinsurance (the out-of-network deductible doesn't apply)	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)	0% coinsurance	40% coinsurance (the out-of-network deductible doesn't apply)	0% coinsurance	40% coinsurance (the out-of-network deductible doesn't apply)
Radiology – diagnostic mammogram	$25 copay	40% coinsurance	$25 copay	40% coinsurance	$25 copay	40% coinsurance

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	In-Network or Out-of-Network (out of AR)	**Out-of-Network (in AR)**	**In-Network or Out-of-Network (out of AR)**	**Out-of-Network (in AR)**	**In-Network or Out-of-Network (out of AR)**	**Out-of-Network (in AR)**
Medical Benefits						
Radiology – ultrasound	$25 copay	40% coinsurance	$25 copay	40% coinsurance	$25 copay	40% coinsurance
All other diagnostic radiology services	$340 copay	40% coinsurance	$340 copay	40% coinsurance	$340 copay	40% coinsurance
Radiation therapy	20% coinsurance	40% coinsurance	20% coinsurance	40% coinsurance	20% coinsurance	40% coinsurance
X-rays	20% coinsurance	40% coinsurance	20% coinsurance	40% coinsurance	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	$35 copay	40% coinsurance	$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	$0 copay	$0 copay	$0 copay	$0 copay
Hearing aid fittings/evaluation (1 year of follow-up visits with hearing aid purchase)	$0 copay	$0 copay	$0 copay	$0 copay	$0 copay	$0 copay

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) H4213-017-001**		**BlueMedicare Preferred (PFFS) H4213-017-005**		**BlueMedicare Preferred (PFFS) H4213-017-006**	
	In-Network or Out-of-Network (out of AR)	**Out-of-Network (in AR)**	**In-Network or Out-of-Network (out of AR)**	**Out-of-Network (in AR)**	**In-Network or Out-of-Network (out of AR)**	**Out-of-Network (in AR)**
Medical Benefits						
Hearing aids (Advanced / Premium – up to 2 hearing aids per year, 1 per ear)	$699 / $999 copay per hearing aid		$699 / $999 copay per hearing aid		$699 / $999 copay per hearing aid	

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	$40 copay	40% coinsurance	$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	$0 copay	50% coinsurance	$0 copay	50% coinsurance
Cleanings (2 per calendar year)	$0 copay	50% coinsurance	$0 copay	50% coinsurance	$0 copay	50% coinsurance
X-rays (1 per calendar year to every 3 calendar years depending on the service)	$0 copay	50% coinsurance	$0 copay	50% coinsurance	$0 copay	50% coinsurance
Fluoride treatments	Not covered		Not covered		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		Not covered		Not covered	

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) H4213-017-001**		**BlueMedicare Preferred (PFFS) H4213-017-005**		**BlueMedicare Preferred (PFFS) H4213-017-006**	
	In-Network or Out-of-Network (out of AR)	**Out-of-Network (in AR)**	**In-Network or Out-of-Network (out of AR)**	**Out-of-Network (in AR)**	**In-Network or Out-of-Network (out of AR)**	**Out-of-Network (in AR)**
Medical Benefits						
Non-routine services	Not covered		Not covered		Not covered	
Restorative services (1 per calendar year)	20% coinsurance	50% coinsurance	20% coinsurance	50% coinsurance	20% coinsurance	50% coinsurance
Endodontics	Not covered		Not covered		Not covered	
Periodontics (up to 2 per calendar year to every 3 calendar years depending on the service)	20% coinsurance	50% coinsurance	20% coinsurance	50% coinsurance	20% coinsurance	50% coinsurance
Extractions (unlimited per calendar year)	20% coinsurance	50% coinsurance	20% coinsurance	50% coinsurance	20% coinsurance	50% coinsurance
Adjunctive general services	Not covered		Not covered		Not covered	
Prosthodontics, removable (up to 2 per calendar year to every 3 calendar years depending on the service)	20% coinsurance	50% coinsurance	20% coinsurance	50% coinsurance	20% coinsurance	50% coinsurance
Dental annual allowance (combined preventive and comprehensive services, in-network and out-of-network)	$3,000		$3,000		$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 Preferred (PFFS) H4213-017-001**		**BlueMedicare Preferred (PFFS) H4213-017-005**		**BlueMedicare Preferred (PFFS) H4213-017-006**	
	In-Network or Out-of-Network (out of AR)	**Out-of-Network (in AR)**	**In-Network or Out-of-Network (out of AR)**	**Out-of-Network (in AR)**	**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	$0 copay	40% coinsurance	$0 copay	40% coinsurance
All other Medicare-covered eye exams	$40 copay	40% coinsurance	$40 copay	40% coinsurance	$40 copay	40% coinsurance
Medicare-covered eyewear	$40 copay	40% coinsurance	$40 copay	40% coinsurance	$40 copay	40% coinsurance
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	$0 copay	40% coinsurance	$0 copay	40% coinsurance
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	$0 copay	$0 copay	$0 copay	$0 copay
Routine eyewear annual allowance (combined contact lenses, eyeglasses, and upgrades)	$100		$100		$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) H4213-017-001		BlueMedicare Preferred (PFFS) H4213-017-005		BlueMedicare Preferred (PFFS) H4213-017-006	
	In-Network or Out-of-Network (out of AR)	**Out-of-Network (in AR)**	**In-Network or Out-of-Network (out of AR)**	**Out-of-Network (in AR)**	**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	$390 copay per day for days 1–5; $0 copay per day for days 6–90	40% coinsurance	$390 copay per day for days 1–5; $0 copay per day for days 6–90	40% coinsurance
Outpatient mental health specialty and psychiatric visits (individual and group therapy sessions)	$35 copay	40% coinsurance	$35 copay	40% coinsurance	$35 copay	40% coinsurance
Skilled Nursing Facility (SNF) Services	$0 copay per day for days 1–20; $218 copay per day for days 21–100	40% coinsurance	$0 copay per day for days 1–20; $218 copay per day for days 21–100	40% coinsurance	$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	$35 copay	40% coinsurance	$35 copay	40% coinsurance
Occupational therapy	$35 copay	40% coinsurance	$35 copay	40% coinsurance	$35 copay	40% coinsurance
Speech therapy	$35 copay	40% coinsurance	$35 copay	40% coinsurance	$35 copay	40% coinsurance

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) H4213-017-001**		**BlueMedicare Preferred (PFFS) H4213-017-005**		**BlueMedicare Preferred (PFFS) H4213-017-006**	
	In-Network or Out-of-Network (out of AR)	**Out-of-Network (in AR)**	**In-Network or Out-of-Network (out of AR)**	**Out-of-Network (in AR)**	**In-Network or Out-of-Network (out of AR)**	**Out-of-Network (in AR)**
Medical Benefits						
Ambulance Services						
Ground ambulance	$325 copay	$325 copay (the out-of-network deductible doesn't apply)	$325 copay	$325 copay (the out-of-network deductible doesn't apply)	$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)	20% coinsurance	20% coinsurance (the out-of-network deductible doesn't apply)	20% coinsurance	20% coinsurance (the out-of-network deductible doesn't apply)
Transportation (non-emergency)	Not covered		Not covered		Not covered	

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	In-Network or Out-of-Network (out of AR)	**Out-of-Network (in AR)**	**In-Network or Out-of-Network (out of AR)**	**Out-of-Network (in AR)**	**In-Network or Out-of-Network (out of AR)**	**Out-of-Network (in AR)**
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)	$35 copay	40% coinsurance (the out-of-network deductible doesn't apply)	$35 copay	40% coinsurance (the out-of-network deductible doesn't apply)
Chemotherapy/Radiation drugs	0%–20% coinsurance	40% coinsurance	0%–20% coinsurance	40% coinsurance	0%–20% coinsurance	40% coinsurance
Other Part B drugs	0%–20% coinsurance	40% coinsurance	0%–20% coinsurance	40% coinsurance	0%–20% coinsurance	40% coinsurance

	BlueMedicare Preferred (PFFS) H4213-017-001	BlueMedicare Preferred (PFFS) H4213-017-005	BlueMedicare Preferred (PFFS) H4213-017-006
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	$615	$615	$615
Deductible applies to these tiers	Tier 2, Tier 3, Tier 4, and Tier 5	Tier 2, 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.			

	BlueMedicare Preferred (PFFS) H4213-017-001	BlueMedicare Preferred (PFFS) H4213-017-005	BlueMedicare Preferred (PFFS) H4213-017-006
Prescription Drug Benefits			
Standard Retail Pharmacy Cost Shares	**30-Day / 100-Day Supply**	**30-Day / 100-Day Supply**	**30-Day / 100-Day Supply**
Tier 1 (Preferred Generic)	$5 copay / $12.50 copay	$5 copay / $12.50 copay	$5 copay / $12.50 copay
Tier 2 (Generic)	$12 copay / $30 copay	$12 copay / $30 copay	$12 copay / $30 copay
Tier 3 (Preferred Brand)	20% coinsurance / 20% coinsurance	20% coinsurance / 20% coinsurance	20% coinsurance / 20% coinsurance
Tier 4 (Non-Preferred Drug)	30% coinsurance / 30% coinsurance	30% coinsurance / 30% coinsurance	30% coinsurance / 30% coinsurance
Tier 5 (Specialty Tier)	25% coinsurance / Not covered	25% 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	You will have no cost sharing for the rest of the plan year

	BlueMedicare Preferred (PFFS) H4213-017-001	BlueMedicare Preferred (PFFS) H4213-017-005	BlueMedicare Preferred (PFFS) H4213-017-006
Prescription Drug Benefits			

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, 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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	In-Network or Out-of-Network (out of AR)	**Out-of-Network (in AR)**	**In-Network or Out-of-Network (out of AR)**	**Out-of-Network (in AR)**	**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	$40 copay	40% coinsurance	$40 copay	40% coinsurance
Routine services	Not covered		Not covered		Not covered	
Medicare-Covered Chiropractic Services	$15 copay	40% coinsurance	$15 copay	40% coinsurance	$15 copay	40% coinsurance
Medical Equipment and Supplies						
Durable medical equipment (DME)	20% coinsurance	20% coinsurance (the out-of-network deductible doesn't apply)	20% coinsurance	20% coinsurance (the out-of-network deductible doesn't apply)	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)	20% coinsurance	20% coinsurance (the out-of-network deductible doesn't apply)	20% coinsurance	20% coinsurance (the out-of-network 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) H4213-017-001**		**BlueMedicare Preferred (PFFS) H4213-017-005**		**BlueMedicare Preferred (PFFS) H4213-017-006**	
	In-Network or Out-of-Network (out of AR)	**Out-of-Network (in AR)**	**In-Network or Out-of-Network (out of AR)**	**Out-of-Network (in AR)**	**In-Network or Out-of-Network (out of AR)**	**Out-of-Network (in AR)**
Additional Medical Benefits						
Medical supplies	20% coinsurance	20% coinsurance (the out-of-network deductible doesn't apply)	20% coinsurance	20% coinsurance (the out-of-network deductible doesn't apply)	20% coinsurance	20% coinsurance (the out-of-network deductible doesn't apply)
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 (at a network pharmacy)	20% coinsurance (the out-of-network deductible doesn't apply)	$0 copay (at a network pharmacy)	20% coinsurance (the out-of-network deductible doesn't apply)	$0 copay (at a network pharmacy)	20% coinsurance (the out-of-network deductible doesn't apply)
Continuous glucose monitors (CGMs) from our preferred brand Dexcom - CGMs from other brands are not covered	$0 copay (at a network pharmacy)	20% coinsurance (the out-of-network deductible doesn't apply)	$0 copay (at a network pharmacy)	20% coinsurance (the out-of-network deductible doesn't apply)	$0 copay (at a network pharmacy)	20% coinsurance (the out-of-network deductible doesn't apply)
Diabetic Therapeutic Shoes or Inserts	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance

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) H4213-017-001		BlueMedicare Preferred (PFFS) H4213-017-005		BlueMedicare Preferred (PFFS) H4213-017-006	
	In-Network or Out-of-Network (out of AR)	**Out-of-Network (in AR)**	**In-Network or Out-of-Network (out of AR)**	**Out-of-Network (in AR)**	**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	$30 copay	40% coinsurance	$30 copay	40% coinsurance
Intensive cardiac rehabilitation	$40 copay	40% coinsurance	$40 copay	40% coinsurance	$40 copay	40% coinsurance
Pulmonary rehabilitation	$15 copay	40% coinsurance	$15 copay	40% coinsurance	$15 copay	40% coinsurance
Supervised exercise therapy for peripheral artery disease (PAD)	$20 copay	40% coinsurance	$20 copay	40% coinsurance	$20 copay	40% coinsurance
Telehealth						
PCP, specialist, urgently needed, and outpatient mental health (individual and group therapy sessions) services	$0 copay	Not covered	$0 copay	Not covered	$0 copay	Not covered

	BlueMedicare Preferred (PFFS) H4213-017-001		BlueMedicare Preferred (PFFS) H4213-017-005		BlueMedicare Preferred (PFFS) H4213-017-006	
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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)		$25 (per 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	$0 copay	Only the in-network benefit can be used	$0 copay	Only the in-network benefit can be used

	BlueMedicare Preferred (PFFS) H4213-017-001		BlueMedicare Preferred (PFFS) H4213-017-005		BlueMedicare Preferred (PFFS) H4213-017-006	
	In-Network or Out-of-Network (out of AR)	**Out-of-Network (in AR)**	**In-Network or Out-of-Network (out of AR)**	**Out-of-Network (in AR)**	**In-Network or Out-of-Network (out of AR)**	**Out-of-Network (in AR)**
Extra Benefits						
24-Hour Nurse Advice Line	$0 copay	Only the in-network benefit can be used	$0 copay	Only the in-network benefit can be used	$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)	$0 copay	40% coinsurance (the out-of-network deductible doesn't apply)	$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)		20% coinsurance (the out-of-network deductible doesn't apply)		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

- ☐ 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, 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.

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

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) 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

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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-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
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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	In-Network or Out-of-Network (out of AR)	**Out-of-Network (in AR)**
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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	In-Network or Out-of-Network (out of AR)	**Out-of-Network (in AR)**
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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	In-Network or Out-of-Network (out of AR)	**Out-of-Network (in AR)**
Medical Benefits		
Medicare-covered eyewear	$40 copay	40% coinsurance
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
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)	$100	
Mental Health		
Inpatient hospital	$390 copay per day for days 1–5; $0 copay per day for days 6–90	40% coinsurance
Outpatient mental health specialty and psychiatric visits (individual and group therapy sessions)	$35 copay	40% coinsurance

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		
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	

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 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

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
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	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 (the out-of-network 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		
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

	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	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		
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

- ☐ 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, 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.

Pre-Enrollment Checklist

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

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

☐ **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 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.

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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** or **1-800-MEDICARE** to get information on all of your options. 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. Arkansas Blue Medicare offers HMO, PFFS, and PDP plans with Medicare contracts. Enrollment in Arkansas Blue Medicare depends on contract renewal.
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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.° de abril hasta el 30 de septiembre) y los 7 días de la semana (desde el 1.° 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 sgunda 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), ກະລຸນາໂທຫາພວກເຮົາໄດ້ທີ່ ໝາຍເລກ **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). ພວກເຮົາສະເໜີບໍລິການເຫຼົ່ານີ້ໃຫ້ທ່ານໂດຍບໍ່ເສຍຄ່າຫຍັງເລີຍ.

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, dakkel 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). Idiaydiayami 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 गर्दछौँ ।

Telugu: మీకు ఏవైనా 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.

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

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 to include discrimination on the basis of sexual orientation and gender identity, sex stereotypes, sex characteristics (including intersex traits), and pregnancy or related conditions.

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 to include discrimination on the basis of sexual orientation and gender identity, sex stereotypes, sex characteristics (including intersex traits), and pregnancy or related conditions, 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/portal/lobby.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:

2025 Medicare Star Ratings

Official U.S. Government Medicare Information

Arkansas Blue Medicare - H4213

For 2025, Arkansas Blue Medicare - H4213 received the following Star Ratings from Medicare:

Overall Star Rating:	★★★½☆
Health Services Rating:	★★★½☆
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.

The number of stars show how well a plan performs.

★★★★★ EXCELLENT
★★★★☆ ABOVE AVERAGE
★★★☆☆ AVERAGE
★★☆☆☆ BELOW AVERAGE
★☆☆☆☆ POOR

Get More Information on Star Ratings Online

Compare Star Ratings for this and other plans online at 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).

INFORMACION IMPORTANTE:

Calificación 2025 de Medicare con Estrellas

Información oficial de Medicare del gobierno de los Estados Unidos

Arkansas Blue Medicare - H4213

En el 2025, Arkansas Blue Medicare - H4213 recibió las siguientes calificaciones de Medicare con estrellas:

Calificación general por estrellas: ★★★½☆
Calificación de los Servicios de Salud: ★★★½☆
Calificación de los Servicios de Medicamentos: ★★★☆☆

Cada año, Medicare evalúa los planes basándose en un Sistema de Calificación por 5 estrellas.

Por qué la Calificación por Estrellas es importante

Medicare califica los planes en base a sus servicios de salud y medicamentos.

Esto le permite comparar fácilmente los planes en base a su calidad y desempeño.

La Calificación por Estrellas se basa en factores que incluyen:

- Opiniones y comentarios de miembros sobre el cuidado y el servicio que proporciona el plan
- El número de miembros que cancelaron o continuaron con el plan
- La cantidad de quejas que recibió Medicare sobre el plan
- Información proporcionada por médicos y hospitales que trabajan con el plan

Más estrellas significan un mejor plan – por ejemplo, los miembros pueden obtener un mejor cuidado y un mejor y más rápido servicio al cliente.

El número de estrellas indica qué tan bien funciona el plan.

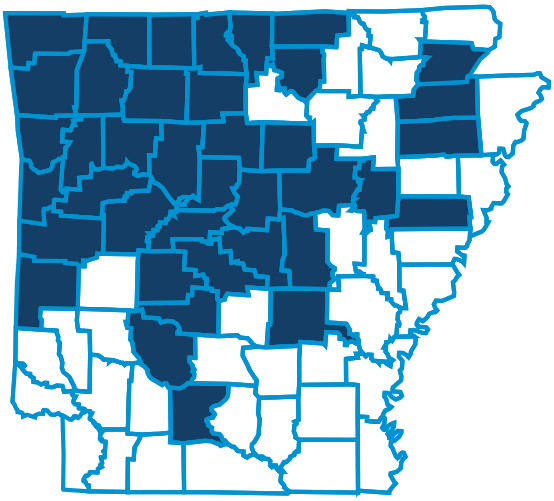
★★★★★ EXCELENTE
★★★★☆ SUPERIOR AL PROMEDIO
★★★☆☆ PROMEDIO
★★☆☆☆ DEBAJO DEL PROMEDIO
★☆☆☆☆ DEFICIENTE

Obtenga más información sobre la Calificación por Estrellas en línea

Compare la Calificación por Estrellas de este y otros planes en línea en es.medicare.gov/plan-compare.

¿Preguntas sobre este plan?

Comuníquese con Arkansas Blue Medicare 7 días a la semana de 8:00 a.m. a 8:00 p.m. hora Central a 888-605-0322 (número gratuito) o al 711 (TTY) del 1 de octubre al 31 de marzo. Nuestro horario de atención de 1 de abril al 30 septiembre es lunes a viernes de 8:00 a.m. a 8:00 p.m. hora Central. Miembros actuales favor de llamar 844-463-1088 (número gratuito) o al 711 (TTY).



Arkansas Blue Medicare PFFS counties served:

H4213-017-001: Baxter, Boone, Clark, Conway, Craighead, Fulton, Garland, Greene, Hot Spring, Izard, Marion, Newton, Ouachita, Poinsett, Polk, Searcy, St. Francis, Van Buren, Woodruff

H4213-017-005: Benton, Carroll, Crawford, Faulkner, Franklin, Johnson, Logan, Madison, Perry, Pope, Scott, Sebastian, Washington, Yell

H4213-017-006: Cleburne, Jefferson, Lonoke, Pulaski, Saline, White

H4213-019: 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 <x> organizations, which offer <x> products in your area. Please contact Medicare.gov, **1-800-MEDICARE**, or your local State Health Insurance Program to get information on all of your options. 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. Arkansas Blue Medicare offers HMO, PFFS, and PDP plans with Medicare contracts. Enrollment in Arkansas Blue Medicare depends on contract renewal. © 2025 Arkansas Blue Cross and Blue Shield. All rights reserved.