Arkansas Blue MEDICARE

An Independent Licensee of the Blue Cross and Blue Shield Association

2025 Summary of Benefits

BlueMedicare Freedom Giveback (PPO) H3554-011

This Summary of Benefits

This is a summary of the benefits for:

- BlueMedicare Freedom Giveback (PPO)

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 Freedom Giveback (PPO) includes the following Arkansas counties: Arkansas, Ashley, Baxter, Benton, Boone, Bradley, Calhoun, Carroll, Clark, Clay, Cleburne, Cleveland, Columbia, Conway, Craighead, Crawford, Crittenden, Cross, Dallas, Drew, Franklin, Fulton, Grant, Greene, Hempstead, Hot Spring, Independence, Izard, Jackson, Jefferson, Johnson, Lawrence, Lee, Lincoln, Logan, Lonoke, Madison, Marion, Mississippi, Monroe, Montgomery, Nevada, Newton, Ouachita, Perry, Phillips, Pike, Poinsett, Polk, Pope, Prairie, Pulaski, Randolph, Scott, Searcy, Sebastian, Sharp, St. Francis, Stone, Union, Van Buren, Washington, White, Woodruff, and Yell.

BlueMedicare Freedom Giveback (PPO) Is a PPO

A PPO is a preferred provider organization offered by a private insurance company. Our BlueMedicare Freedom Giveback (PPO) has 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 PPO 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.

As a member of our plan, 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 Freedom Giveback (PPO) H3554-011
Monthly Premium, Deductible, and Limits	
Monthly Plan Premium You must continue to pay your Medicare Part B premium.	$0
Part B Premium Reduction This plan offers a giveback every month in your Social Security check.	$75
Medical 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.	
In-network	$4,500
Combined in- and out-of-network	$9,550

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 if the services are performed by a provider who participates in the Blue Cross and Blue Shield Association PPO Network Sharing Group.	**BlueMedicare Freedom Giveback (PPO) H3554-011**	
	In-Network	**Out-of-Network**
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	40% coinsurance
Outpatient Hospital		
Outpatient surgery/non-surgery	$300 copay	40% coinsurance
Outpatient observation*	$300 copay	40% coinsurance
Ambulatory Surgical Center (ASC) Services	$250 copay	40% coinsurance
Doctor Visits		
Primary care provider (PCP)	$0 copay	$20 copay
Specialist	$35 copay	40% coinsurance
Preventive Care	$0 copay	40% coinsurance

Preventive Care – More Information

Services include: Abdominal aortic aneurysm screening, alcohol misuse counseling, Annual Wellness Visit, barium enema, bone mass measurement, breast cancer screening (mammogram), cardiovascular disease (behavioral therapy), cardiovascular screening, cervical and vaginal cancer screening, colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy), depression screening, diabetes screening, diabetes self-management training, digital rectal exam, electrocardiogram (EKG), glaucoma screening, HIV screening, lung cancer screening, medical nutrition therapy services, Medicare diabetes prevention program, obesity screening and counseling, 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	**Out-of-Network**
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.	$125 copay (If you receive multiple services at the same location (e.g., the emergency room), you will pay the highest copay amount of all the services provided.)	
Urgently Needed Services	$35 copay	
Diagnostic Services/Labs/Imaging		
Diagnostic test – spirometry*	0% coinsurance	40% coinsurance
Diagnostic test – home-based sleep study*	0% coinsurance	40% coinsurance
All other diagnostic tests and procedures*	20% coinsurance	40% coinsurance
Lab services – genetic testing*	20% coinsurance	40% coinsurance
All other lab services (except genetic testing)*	0% coinsurance	40% coinsurance
Radiology – diagnostic mammogram*	$25 copay	40% coinsurance
Radiology – ultrasound*	$25 copay	40% coinsurance
All other diagnostic radiology services*	$300 copay	40% coinsurance
Radiation therapy*	20% coinsurance	40% coinsurance
X-rays*	$0 copay	40% coinsurance

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	In-Network	**Out-of-Network**
Medical Benefits (benefits that may require prior authorization are noted with an "*")		

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), 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.

Hearing Services		
Medicare-covered hearing exams	$35 copay	40% coinsurance
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	

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	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

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	In-Network	**Out-of-Network**
Medical Benefits (benefits that may require prior authorization are noted with an "*")		
Fluoride treatments (1 to unlimited per calendar year depending on the service)	$0 copay	50% coinsurance
Dental – Comprehensive Services		
Medicare-covered dental services	$35 copay	40% coinsurance
Diagnostic services	Not covered	
Non-routine services	Not covered	
Restorative services (1 to unlimited per calendar year depending on the service)	20% coinsurance	50% coinsurance
Endodontics (1 per calendar year)	20% coinsurance	50% coinsurance
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 (2 per calendar year)	20% coinsurance	50% coinsurance
Prosthodontics, removable (up to 2 per calendar year to every 5 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	

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.

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	In-Network	**Out-of-Network**
Medical Benefits (benefits that may require prior authorization are noted with an "*")		
Vision Services		
Medicare-covered diabetic retinopathy screening	$0 copay	40% coinsurance
Medicare-covered glaucoma screening	$0 copay	40% coinsurance
All other Medicare-covered eye exams	$35 copay	40% coinsurance
Medicare-covered eyewear	$0 copay	40% coinsurance
Routine eye exam (1 per year)	$0 copay	40% coinsurance
Routine eyewear – contact lenses and eyeglasses (lenses and frames) (unlimited up to annual allowance) and upgrades (up to the annual allowance)	$0 copay	$0 copay
Routine eyewear annual allowance (combined in-network and out-of-network)	$150	
Mental Health		
Inpatient hospital*	$375 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
Skilled Nursing Facility (SNF) Services*	$0 copay per day for days 1–20; $214 copay per day for days 21–100	40% coinsurance

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	In-Network	**Out-of-Network**
Medical Benefits (benefits that may require prior authorization are noted with an "*")		
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
Air ambulance	20% coinsurance	20% coinsurance
Transportation (health-related)	Not covered	
Medicare Part B Drugs		
Insulin products (e.g., for an insulin pump)	$35 copay	40% coinsurance
Chemotherapy/Radiation drugs*	0%–20% coinsurance	40% coinsurance
Other Part B drugs*	0%–20% coinsurance	40% coinsurance

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	In-Network	**Out-of-Network**
Additional Medical Benefits (benefits that may require prior authorization are noted with an "*")		
Podiatry Services (foot care)		
Medicare-covered services	$35 copay	40% coinsurance
Routine services (6 visits per year)	$35 copay	40% coinsurance
Medicare-Covered Chiropractic Services	$15 copay	40% coinsurance
Medical Equipment and Supplies		
Durable medical equipment (DME)*	20% coinsurance	20% coinsurance
Prosthetics*	20% coinsurance	20% coinsurance
Medical supplies*	20% coinsurance	20% coinsurance
Diabetic supplies – testing supplies from our preferred manufacturers Lifescan and Roche	$0 copay	20% coinsurance
Diabetic supplies – continuous glucose monitors (CGMs) from our preferred manufacturers Dexcom and FreeStyle	$0 copay	20% coinsurance
Diabetic therapeutic shoes or inserts*	$0 copay	20% coinsurance

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	In-Network	**Out-of-Network**
Additional Medical Benefits (benefits that may require prior authorization are noted with an "*")		
Additional Rehabilitation Services		
Cardiac rehabilitation	$0 copay	40% coinsurance
Intensive cardiac rehabilitation	$0 copay	40% coinsurance
Pulmonary rehabilitation*	$15 copay	40% coinsurance
Supervised exercise therapy for peripheral artery disease (PAD)*	$0 copay	40% coinsurance
Telehealth		
PCP, specialist, urgently needed, and outpatient mental health (individual and group therapy sessions) services	$0 copay	Not covered

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	In-Network	**Out-of-Network**
Extra Benefits		
Walmart Wellness Benefits Card – OTC You'll be able to get over-the-counter (OTC) items from Walmart with our quarterly OTC benefit. Conveniently shop in-store at your local Walmart, online at **Walmart.com**, or through the Walmart app using your Walmart Wellness Benefits 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.)	$50 (per quarter)	Only the in-network benefit can be used.

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	In-Network	**Out-of-Network**
Extra Benefits		
Walmart Wellness Benefits Card – Food & Produce If you have been diagnosed with a chronic health condition, you may be able to get the Walmart Wellness Benefits Card for food and produce. You can use the preloaded debit card to purchase healthy food and fresh produce from your local Walmart. (Only one debit card will be issued, which will have two separate allowances on it – one for OTC and the other for food and produce.) This food and produce benefit is a monthly allowance, and unused funds at the end of each month do not rollover to the next month. The benefit mentioned here is part of a special supplemental program for chronically ill members with one or more of the following conditions: Cancer, chronic heart failure (CHF), diabetes, osteoporosis, or stroke. (Not all the eligible chronic conditions are listed here.) Even if you have one of the listed chronic conditions, you may not receive the benefit because coverage depends on you being identified as a "chronically ill member" and that you meet the plan's criteria for this benefit.	Not covered	
Blue Medicare Sapphire Card You'll receive a pre-loaded Mastercard debit card to help reduce out-of-pocket expenses (in-network and out-of-network) for covered dental, vision, and hearing services. The annual allowance is combined for in-network and out-of-network services.	$300	

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	In-Network	**Out-of-Network**
Extra Benefits		
In-Home Support Services You can get a set number of hours per year for help with activities of daily living (ADLs) (e.g., bathing and dressing) and instrumental activities of daily living (IADLs) (e.g., errands and transportation to appointments). Scheduling your visits is easy and convenient (visits must be in two-hour or four-hour increments).	$0 copay (40 hours per year)	Only the in-network benefit can be used.
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.
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

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	In-Network	**Out-of-Network**
Extra Benefits		
Meals Benefit Immediately following surgery or discharge from a hospital stay, you can get two nutritious meals per day for seven days (a total of 14 meals per year) delivered to your home.	$0 copay	Only the in-network benefit can be used.
Worldwide Emergency/Urgent Care Services Up to $15,000 per year combined for emergency and urgently needed services outside the U.S.	20% coinsurance	

Arkansas Blue Medicare is an affiliate of Arkansas Blue Cross and Blue Shield. Arkansas Blue Medicare offers HMO, PFFS, PPO, 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, 2026.
- ☐ 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 plan, once your Medicare Advantage coverage starts, you may want to drop your Medigap policy because you will be paying for coverage you cannot use.