

# 2019 Medi-Pak® Advantage (HMO)

Insured by Health Advantage



Arkansas  
**BlueCross BlueShield**

An Independent Licensee of the Blue Cross and Blue Shield Association

## Summary of Benefits

January 1, 2019 — December 31, 2019

This information is not a complete description of benefits. Call 1-877-349-9335. TTY users should call 711 for more information. To get a complete list of services we cover, call Customer Service and ask for the Evidence of Coverage (phone numbers are printed on the back cover of this booklet).

To join **Medi-Pak Advantage (HMO)**, you must be entitled to Medicare Part A, and/or be enrolled in Medicare Part B, and live in our service area. Our service area includes the following counties in Arkansas: Benton, Carroll, Cleburne, Crawford, Faulkner, Franklin, Jefferson, Logan, Lonoke, Madison, Perry, Pope, Pulaski, Saline, Scott, Sebastian, Washington, White and Yell.

**Medi-Pak Advantage (HMO)** has a network of doctors, hospitals, pharmacies, and other providers. If you use the providers that are not in our network, the plan may not pay for these services.

For more detailed information about our providers and our provider directory, you can call Customer Service (phone numbers are printed on the back cover of this booklet) or visit our website at [arkansasbluecross.com/Medicare](http://arkansasbluecross.com/Medicare).

*Health Advantage is an HMO plan with a Medicare contract. Enrollment in Health Advantage depends on contract renewal.*



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*Make the most of Medicare*

[arkansasbluecross.com/Medicare](http://arkansasbluecross.com/Medicare)

Premiums	Areas C, F and G Residents in these counties: Benton, Carroll, Crawford, Faulkner, Franklin, Logan, Madison, Perry, Pope, Scott, Sebastian, Washington and Yell	Area D Residents in these counties: Cleburne, Jefferson, Lonoke, Pulaski, Saline and White	What You Should Know
Monthly Plan Premium	You pay \$0	You pay \$0	You must continue to pay your Medicare Part B premium

Medical Benefits	Medi-Pak Advantage (HMO) – All Counties	What You Should Know
Deductible	You pay \$0	This plan does not have a deductible.
Maximum Out-of- Pocket Responsibility Medicare-covered Services (does not in- clude prescription drugs)	\$6,050 annually	If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year.  You will still need to pay your monthly plan premiums, Medicare Part B premiums, and cost sharing for your Part D drugs.
Inpatient Hospital Coverage	You pay \$330 copay per day for days 1 through 5 You pay \$0 per day for days 6 through 90 You pay \$0 per day for days 91 and beyond	Our plan covers an unlimited number of days for an inpatient hospital stay. Services may require prior authorization.  The daily cost-sharing starts over with each new hospital admission. A new copay will start over after three days of discharge. Transfers from one hospital to another are treated as one admission.
Outpatient Hospital Coverage	You pay \$285 copay for Medicare-covered services and outpatient hospital surgical services You pay \$285 copay for Medicare-covered non-surgical services	

Medical Benefits	Medi-Pak Advantage (HMO) – All Counties	What You Should Know
Doctor Visits <ul style="list-style-type: none"> <li>• Primary</li> <li>• Specialists</li> </ul>	You pay \$0 copay You pay \$40 copay	Internal medicine, general practice, family practice and gerontologists are considered primary care physicians.
Preventive Care	You pay \$0 copay Our plan covers many preventive services, including: <ul style="list-style-type: none"> <li>• Abdominal aortic aneurysm screening</li> <li>• Alcohol misuse screenings &amp; counseling</li> <li>• Bone mass measurements (bone density)</li> <li>• Cardiovascular disease screenings</li> <li>• Cardiovascular disease (behavioral therapy)</li> <li>• Cervical &amp; vaginal cancer screening</li> <li>• Colorectal cancer screenings</li> <li>• Depression screenings</li> <li>• Diabetes screenings</li> <li>• Diabetes self-management training</li> <li>• Glaucoma tests</li> <li>• Hepatitis C screening test</li> <li>• HIV screening</li> <li>• Immunizations (including flu, pneumonia and Hepatitis B vaccines)</li> <li>• Mammograms (screening)</li> <li>• Nutrition therapy services,</li> <li>• Obesity screenings &amp; counseling</li> <li>• One-time “Welcome to Medicare” preventive visit</li> <li>• Prostate cancer screenings</li> <li>• Sexually transmitted infections screening &amp; counseling</li> <li>• Tobacco use cessation counseling</li> <li>• Yearly “Wellness” visit</li> </ul>	There is no coinsurance, copayment, or deductible for Medicare-covered preventive services.  Any additional preventive services approved by Medicare during the contract year will be covered.
Emergency Care	You pay \$90 copay	If you are admitted to the hospital within 3 days, you do not have to pay your share of the cost for emergency care.  We cover emergency services outside the U.S. You pay 20% of the cost, benefit limit is \$15,000 per year.

Medical Benefits	Medi-Pak Advantage (HMO) – All Counties	What You Should Know
Urgently Needed Services	You pay \$35 copay	
Diagnostic Services/ Labs/ Imaging <ul style="list-style-type: none"> <li>• Diagnostic radiology service (e.g., MRI)</li> <li>• Lab services</li> <li>• Diagnostic tests and procedures</li> <li>• Outpatient X-rays</li> <li>• Therapeutic radiology services</li> </ul>	You pay \$200 copay  You pay \$0  You pay 20% of the approved amount  You pay 20% of the approved amount  You pay 20% of the approved amount	Diagnostic radiology, lab services, diagnostic tests, procedures, and services require prior authorization.
Hearing Services <ul style="list-style-type: none"> <li>• Hearing exam to diagnose and treat hearing and balance issues</li> </ul>	You pay \$40 copay	These are only Medicare covered benefits. Hearing aids are not covered.
Dental Services	You pay \$40 copay	These are only Medicare covered benefits. This does not include services in connection with care or treatment of teeth.
Vision Services <ul style="list-style-type: none"> <li>• Exam to diagnose and treat diseases and conditions of the eyes and eyeglasses or contact lenses after cataract surgery</li> </ul>	You pay \$40 copay	These are only Medicare covered benefits.
Mental Health Services <ul style="list-style-type: none"> <li>• Inpatient visit</li> <li>• Outpatient individual and group therapy visit</li> </ul>	You pay \$295 copay per day for days 1 through 5 You pay \$0 per day for days 6 through 90  You pay \$40 copay	Prior authorization is required if the inpatient mental health services are provided in a general hospital. In addition to the 90 days of coverage in each benefit period, the beneficiary receives 100 lifetime reserve days for Inpatient Hospital Psychiatric stays. 190 days lifetime limit in psychiatric hospital.

Medical Benefits	Medi-Pak Advantage (HMO) – All Counties	What You Should Know
Skilled Nursing Facility (SNF)	You pay \$0 per day for days 1 through 20 You pay \$172 copay per day for days 21 through 100	Our plan covers up to 100 days in a SNF. No prior hospital stay is required. Services may require prior authorization.
Ambulance (Air or Ground)	You pay \$350 copay	Copay is for each one-way trip for Medicare covered services.
Transportation	Not covered	
Medicare Part B Drugs	You pay 20% of the approved amount for chemotherapy drugs  You pay 20% of the approved amount for other Part B drugs	
Medical Equipment/Supplies • Durable medical equipment (e.g., wheelchairs, oxygen) • Prosthetics (e.g., braces, artificial limbs) • Diabetes supplies (e.g., monitoring, shoes or inserts)	You pay 20% of the approved amount  You pay 20% of the approved amount  You pay 20% of the approved amount	
Wellness Programs (e.g., fitness)	You pay \$0 for SilverSneakers	Tivity Health™ SilverSneakers® Fitness Program* is not a gym membership, but a specialized program designed specifically for seniors. This is not a covered benefit for gym memberships or fitness programs that are not part of the Tivity Health SilverSneakers Fitness Program.  <i>* Tivity Health and SilverSneakers are registered trademarks of Tivity Health, Inc. © 2018 Tivity Health, Inc. All rights reserved.</i>

Medical Benefits	Medi-Pak Advantage (HMO) – All Counties	What You Should Know
Rehabilitation Services <ul style="list-style-type: none"> <li>• Pulmonary</li> <li>• Cardiac (heart) rehab services (for a maximum of 2 one-hour sessions per day for up to 36 sessions)</li> <li>• Occupational therapy, physical therapy and speech therapy and language therapy visits</li> </ul>	You pay \$30 copay You pay \$45 copay  You pay \$40 copay	
Foot Care (podiatry services) <ul style="list-style-type: none"> <li>• Foot exams and treatment</li> </ul>	You pay \$40 copay	Medicare-covered podiatry benefits are for medically-necessary foot care.
Chiropractic Care <ul style="list-style-type: none"> <li>• Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position)</li> </ul>	You pay \$20 copay	
Home Health Care	You pay \$0	A doctor must certify that you need home health services and will order home health services to be provided by a home health agency.
Hospice	You pay \$0 - \$40 copay, depending on the service	When you enroll in a Medicare-certified hospice program, your hospice services and your Part A and Part B services related to your terminal prognosis are paid for by Original Medicare.

Medical Benefits	Medi-Pak Advantage (HMO) – All Counties	What You Should Know
Outpatient Substance Abuse • Individual and group therapy visits	You pay \$40 copay	
Outpatient Surgery • Ambulatory surgical center • Outpatient hospital	You pay \$285 copay for Medicare-covered outpatient hospital surgical services You pay \$285 copay for Medicare-covered outpatient hospital surgical services	
Renal Dialysis	You pay 20% of the approved amount	

## Medi-Pak Advantage (HMO) – All Counties

Outpatient Prescription Drugs					What You Should Know
Phase 1: Deductible Stage	The Deductible Stage does not apply. (No Rx deductible)				
	You pay the following until your total yearly drug costs reach \$3,820. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.				
Phase 2: Initial Coverage Stage	<b>Standard Retail Rx 30-day supply</b>	<b>Preferred Retail and Mail Order Rx 30-day supply and Long Term Care Rx 31-day supply</b>	<b>Standard Retail Rx 90-day supply</b>	<b>Preferred Retail and Mail Order Rx 90-day supply</b>	
Tier 1: Preferred Generic	You pay \$10	You pay \$3	You pay \$20	You pay \$6	Cost-sharing may change depending on the pharmacy you choose and when you enter another phase of the Part D benefit. For more information on the additional pharmacy-specific cost-sharing and the phases of the benefit, please call us 1-888-249-1595 or access our Evidence of Coverage online at <a href="https://arkansasbluecross.com/Medicare">arkansasbluecross.com/Medicare</a> .
Tier 2: Generic	You pay \$20	You pay \$13	You pay \$40	You pay \$26	
Tier 3: Preferred Brand	You pay \$47	You pay \$40	You pay \$94	You pay \$80	
Tier 4: Non-Preferred Brand	You pay 50%	You pay 45%	You pay 50%	You pay 45%	
Tier 5: Specialty	You pay 33%	You pay 33%	You pay 33%	You pay 33%	
Phase 3 & 4: Coverage Gap and Catastrophic Coverage Stages	Most members do not reach the Coverage Gap Stage or the Catastrophic Coverage Stage. For information about your costs in these stages, look at Chapter 6, Sections 6 and 7, in the Evidence of Coverage online at <a href="https://arkansasbluecross.com/Medicare">arkansasbluecross.com/Medicare</a> .				

For certain drugs, you or your provider need to get approval from the plan before we will agree to cover the drug for you. You can see our plan's pharmacy directory at our website at [arkansasbluecross.com/Medicare](https://arkansasbluecross.com/Medicare).

You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website at [arkansasbluecross.com/Medicare](https://arkansasbluecross.com/Medicare).

For more information, please call us at the phone number below or visit us at **[arkansasbluecross.com/Medicare](https://arkansasbluecross.com/Medicare)**.

If you are a member of this plan, call toll-free 1-877-349-9335.  
TTY users should call 711.

If you are not a member of this plan, call toll-free 1-844-298-2444.  
TTY users should call 711.

From 8 a.m. to 8 p.m., Central time, seven days a week, October 1 through March 31.

From 8 a.m. to 8 p.m. Central time, Monday through Friday, April 1 through September 30.

If you want to know more about the coverage and costs of Original Medicare, look in your current **"Medicare & You"** handbook. View it online at **[www.medicare.gov](https://www.medicare.gov)** or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

This document is available in other formats such as large print by calling the customer service phone number.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-844-662-2276.



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