

# 2017 Medi-Pak® Advantage (HMO) Insured by Health Advantage



## Summary of Benefits

January 1, 2017 — December 31, 2017

This information is not a complete description of benefits. Contact the plan 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, Franklin, Jefferson, Logan, Lonoke, Madison, Pope, Pulaski, Scott, Sebastian, Washington and White.

Limitations, copayments, and restrictions may apply. Benefits, premiums and/or copayments/coinsurance may change on January 1 of each year.

**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.

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



Premiums	Areas C, F and G Residents in these counties: Benton, Carroll, Franklin, Logan, Madison, Pope, Scott, Sebastian and Washington	Area D Residents in these counties: Cleburne, Jefferson, Lonoke, Pulaski and White	What you should know
Monthly Plan Premium	You pay \$0	You pay \$9	You must continue to pay your Medicare Part B premium.

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 ( <i>does not include prescription drugs</i> )	\$6,700 annually	<p>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.</p> <p>You will still need to pay your monthly plan premiums, Medicare Part B premiums, and cost sharing for your Part D drugs.</p>

Benefits	Medi-Pak Advantage (HMO) – All Counties	What you should know
Inpatient Hospital Coverage	\$305 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.
Doctor Visits <ul style="list-style-type: none"> <li>○ Primary</li> <li>○ Specialists</li> </ul>	You pay \$10 copay You pay \$45 copay	Internal medicine, general practice, family practice and gerontologists are considered primary care physicians.
Preventive Care	There is no coinsurance, copayment, or deductible for Medicare-covered preventive services. Our plan covers many preventive services, including: <ul style="list-style-type: none"> <li>● Abdominal aortic aneurysm screening</li> <li>● Annual gynecological exam</li> <li>● Annual physical exam</li> <li>● Annual wellness visit</li> <li>● Bone mass measurement</li> <li>● Breast cancer screening (mammogram)</li> <li>● Cardiovascular disease (behavioral therapy)</li> <li>● Cardiovascular disease testing</li> <li>● Cervical and vaginal cancer screening</li> <li>● Colorectal cancer screening</li> <li>● Depression screening</li> <li>● Diabetes screenings</li> <li>● Diabetes self-management training</li> <li>● Glaucoma screening</li> <li>● Health and wellness education programs</li> <li>● Hepatitis C screening</li> <li>● HIV screening</li> <li>● Immunizations</li> <li>● Medical nutrition therapy</li> <li>● Obesity screening and therapy to promote sustained weight loss</li> </ul>	Any additional preventive services approved by Medicare during the contract year will be covered.

Benefits	Medi-Pak Advantage (HMO) – All Counties	What you should know
	<ul style="list-style-type: none"> <li>• Prostate cancer screenings (PSA)</li> <li>• Screening and counseling to reduce alcohol misuse</li> <li>• Screening for lung cancer with low dose computed tomography</li> <li>• Screening for sexually transmitted infections (STIs) and counseling to prevent STIs</li> <li>• Smoking and tobacco use cessation (counseling to stop smoking or tobacco use)</li> <li>• Vision care</li> <li>• “Welcome to Medicare” preventive visit (one-time)</li> </ul>	
Emergency Care	You pay \$75 copay	<p>If you are admitted to the hospital within 3 days, you do not have to pay your share of the cost for emergency care.</p> <p>We cover emergency services outside the U.S. You pay 20% of the cost, up to \$15,000 per year</p>
Urgently Needed Services	You pay \$35 copay	
<p>Diagnostic Services/Labs/Imaging</p> <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>	<p>You pay \$200 copay</p> <p>You pay \$0</p> <p>You pay 20% of the approved amount</p> <p>You pay 20% of the approved amount</p> <p>You pay 20% of the approved amount</p>	
<p>Hearing Services</p> <ul style="list-style-type: none"> <li>○ Hearing exam to diagnose and treat hearing and balance issues.</li> </ul>	You pay \$45 copay	<p>These are only Medicare covered benefits.</p> <p>Hearing aids are not covered.</p>

Benefits	Medi-Pak Advantage (HMO) – All Counties	What you should know
Dental Services	You pay \$45 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 eye and eyeglasses or contact lenses after cataract surgery</li> </ul>	You pay \$45 copay	These are only Medicare covered benefits.
Mental Health Services <ul style="list-style-type: none"> <li>○ Inpatient visit</li> <li>○ Outpatient group therapy visit</li> <li>○ Outpatient individual therapy visit</li> </ul>	\$295 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 through 190  You pay \$40 copay  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.
Skilled Nursing Facility (SNF)	You pay \$0 per day for days 1 through 20 \$164.50 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.

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 up to 36 weeks)</li> <li>○ Occupational therapy visit</li> <li>○ Physical therapy and speech and language therapy visit</li> </ul>	<p style="text-align: center;">You pay \$30 copay</p> <p style="text-align: center;">You pay \$45 copay (for a maximum of 2 one-hour sessions per day for up to 36 sessions up to 36 weeks)</p> <p style="text-align: center;">You pay \$40 copay</p> <p style="text-align: center;">You pay \$40 copay</p>	
Ambulance	You pay \$350 copay	Copay is for each one-way trip for Medicare covered services.
Transportation	Not covered	
Foot Care (podiatry services) <ul style="list-style-type: none"> <li>○ Foot exams and treatment</li> </ul>	You pay \$45 copay	Medicare covered podiatry benefits are for medically necessary foot care.
Medical Equipment/Supplies <ul style="list-style-type: none"> <li>○ Durable medical equipment (e.g., wheelchairs, oxygen)</li> <li>○ Prosthetics (e.g., braces, artificial limbs)</li> <li>○ Diabetes supplies (e.g., monitoring, shoes or inserts)</li> </ul>	<p style="text-align: center;">You pay 20% of the approved amount</p> <p style="text-align: center;">You pay 20% of the approved amount</p> <p style="text-align: center;">You pay 20% of the approved amount</p>	

Benefits	Medi-Pak Advantage (HMO) – All Counties	What you should know
Wellness Programs (e.g., fitness)	\$0 for SilverSneakers	Healthways 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 SilverSneakers Fitness Program.
Medicare Part B Drugs	<p>You pay 20% of the approved amount for chemotherapy drugs</p> <p>You pay 20% of the approved amount for other Part B drugs</p>	
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> <li>○ Routine care/other</li> </ul>	<p>You pay \$20 copay</p> <p>You pay \$20 copay</p>	
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 \$10 - \$45 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.



Benefits	Medi-Pak Advantage (HMO) – All Counties	What you should know
Outpatient Substance Abuse <ul style="list-style-type: none"> <li>○ Group therapy visit</li> <li>○ Individual therapy visit</li> </ul>	<p style="text-align: center;">You pay \$40 copay.</p> <p style="text-align: center;">You pay \$40 copay.</p>	
Outpatient Surgery <ul style="list-style-type: none"> <li>○ Ambulatory surgical center</li> <li>○ Outpatient hospital</li> </ul>	<p>You pay \$285 copay for Medicare-covered outpatient hospital surgical services and \$65 for non-surgical services such as observation care</p> <p>You pay \$285 copay for Medicare-covered outpatient hospital surgical services and \$65 for non-surgical services such as observation care</p>	
Renal Dialysis	You pay 20% of the approved amount	

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

Outpatient Prescription Drugs						
Phase 1: Deductible Stage	The Deductible Stage does not apply.					
Phase 2: Initial Coverage Stage	You pay the following until your total yearly drug costs reach \$3,700. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.					
	<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 <i>Evidence of Coverage</i> online at <b>arkansasbluecross.com/Medicare</b> .
	Tier 2: Generic	You pay \$20	You pay \$15	You pay \$40	You pay \$30	
	Tier 3: Preferred Brand	You pay \$47	You pay \$42	You pay \$94	You pay \$84	
	Tier 4: Non-Preferred Brand	You pay \$100	You pay \$95	You pay \$200	You pay \$190	
	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 <i>Evidence of Coverage</i> online at <b>arkansasbluecross.com/Medicare</b> .					

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**.

The Formulary, pharmacy network and/or provider network may change at any time. You will receive notice when necessary.

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



For more information, please call us at the phone number below or visit us at **[arkansasbluecross.com/Medicare](http://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 October 1 to February 14, you can call us 7 days a week from 8 a.m. to 8 p.m. Central time.

From February 15 to September 30, you can call us Monday through Friday from 8 a.m. to 8 p.m. Central time.

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](http://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.

This information is available for free in other languages. Please call our customer service number at 1-877-349-9335, 8 a.m. to 8 p.m., Central time, seven days a week from October 1 through February 14; 8 a.m. to 8 p.m., Central time, Monday through Friday from February 15 through September 30. TTY users should call 711.

Ta información está disponible gratis en otros idiomas. Por favor llame al departamento de atención al cliente 1-877-349-9335, 8 a.m. a 8 p.m., Tiempo central, siete días a la semana desde Octubre 1 a Febrero 14; 8 a.m. a 8 p.m., Tiempo central, Lunes a Viernes desde Febrero 15 a Septiembre 30. Usadores de TTY llamen 711.



## NON-DISCRIMINATION AND LANGUAGE ASSISTANCE NOTICE

**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.

We provide free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters, written information in various formats (large print, audio, accessible electronic formats, other formats), and language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. **If you need these services, contact our Civil Rights Coordinator.**

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

### **Civil Rights Coordinator**

601 Gaines Street, Little Rock, AR 72201  
Phone: 1-844-662-2276; TDD: 1-844-662-2275

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 <http://www.hhs.gov/ocr/office/file/index.html>.

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<b>ATTENTION: Language assistance services, free of charge, are available to you. Call 1- 844-662-2276.</b>
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**ATENCIÓN:** si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-844-662-2276 .

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-844-662-2276。

**CHÚ Ý:** Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-844-662-2276

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-844-662-2276 번으로 전화해 주십시오.

**PAUNAWA:** Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-844-662-2276.

**ВНИМАНИЕ:** Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-844-662-2276.

**ملاحظة:** إذا كنت تتحدث العربية، تتوفر لك خدمات المساعدة اللغوية مجاناً. دعوة 1-844-662-2276 العدد.

**ATANSYON:** Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-844-662-2276.

**ATTENTION :** Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-844-662-2276.

**UWAGA:** Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-844-662-2276.

**ATENÇÃO:** Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-844-662-2276.

**ATTENZIONE:** In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-844-662-2276.

**注意事項 :** 日本語を話される場合、無料の言語支援をご利用いただけます。1-844-662-2276まで、お電話にてご連絡ください。

**ACHTUNG:** Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-844-662-2276.

**ملاحظة:** إذا كنت تتحدث باللغة الفارسية، والخدمات اللغوية المقدمة مجاناً بالنسبة لك. يرجى الاتصال 1-844-662-2276

**સુચના:** જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-844-662-2276.

**ध्यान दें:** यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-844-662-2276 पर कॉल करें।

**LUS CEEV:** Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-844-662-2276.

**انتباه:** آپ اردو بولتے ہیں تو، زبان کی مدد کی خدمات بلا معاوضہ دستیاب مفت ہیں۔ کال کریں 1-844-662-2276

**ໂປດຊາບ:** ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທສ 1-844-662-2276.

**LALE:** Ñe kwōj kōnono Kajin Majōl, kwomarōñ bōk jermal in jipañ ilo kajin ñe aṃ ejjeļok wōñāān. Kaalok 1-844-662-2276