

Healthy Arkansas

FBDE, QMB+ and QMB • Condensed plan summary

2027 H4086-002

Plan Name	Healthy Arkansas Dual Advantage (PPO D-SNP)
Plan ID	H4086-002
Version For	FBDE, QMB+ and QMB members with Medicaid Medicare cost-sharing assistance.
Plan Highlights	\$340/month shared OTC allowance, food and living support for qualifying members. \$3,000 dental, 108 hours of in-home support, transportation/30 round trips, \$200 for bathroom safety.
Monthly Premium	\$0. Continue paying Part B unless Medicaid pays it for you.
Medical Deductible	\$0 with Medicaid Medicare cost-sharing assistance.
Medical Out-of-Pocket	\$0 responsibility for covered Part A/B services with Medicaid Medicare cost-sharing assistance. The plan's stated maximum is \$9,250.
Provider Network	Access to the plan's provider network. Confirm that your providers participate.
Special Eligibility	Medicare Parts A and B, live in the service area, Medicaid category FBDE, QMB+ or QMB.
PCP / Specialist	\$0 / \$0 for covered visits.
Inpatient Hospital*	\$0 for covered acute and inpatient mental health stays.
ASC / Outpatient Hospital*	\$0 for covered outpatient surgery and observation.
Ambulance*	\$0 for covered ground non-emergency and air ambulance.
ER / Urgent Care	\$0 / \$0 for covered services.
Diagnostics / X-rays / Lab*	\$0 for covered tests, laboratory services, CT/MRI, radiation and X-rays.
Preventive Care	\$0 for Medicare-covered preventive services.
Rx Deductible	\$0 with Extra Help.
Rx With Extra Help	Generics: \$0, \$1.65 or \$5.80, other covered drugs: \$0, \$5.00 or \$14.40 per prescription, depending on Extra Help level. Medical \$0 cost-sharing does not make every prescription free.
Rx Coverage / Annual Limit	30- and 100-day supplies available, Tier 5 limited to 30 days. After \$2,400 yearly Part D out-of-pocket costs, covered Part D drugs cost \$0.

Medical \$0 costs: This version assumes Medicaid Medicare cost-sharing assistance. The source states FBDE cost-sharing assistance depends on eligibility, verify that status. Prescription drugs and supplemental hearing aids may still have the charges shown. Benefit limits still apply.

*Prior authorization may be required. See the Evidence of Coverage for complete terms. Plan: 844-325-0275 (TTY 711). Coverage: Jan. 1-Dec. 31, 2027.

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Dental	\$3,000/year allowance for covered diagnostic, preventive and comprehensive dental care, \$0 until allowance is used. Implants and orthodontics excluded.
Dental Visit Limits	2 routine exams and cleanings/year, 1 X-ray and fluoride visit/year. Member pays costs after annual maximum.
Eyewear / Routine Vision	\$0 for 1 routine eye exam/year. \$300 eyewear allowance, 1 pair of glasses every other year, other categories unlimited within the allowance.
Medicare-Covered Vision	\$0 for covered retinal exams, eye exams, glaucoma screening and post-cataract eyewear.
Hearing / Hearing Aids	\$0 for covered Medicare hearing services, 1 routine exam and 1 fitting/year at \$0. Hearing aids: Tier 1 \$399/ear, Tier 2 \$699/ear, up to 2 aids/year.
OTC / Food & Living Support	\$340/month shared allowance. OTC for all members, groceries, utilities, rent and mortgage assistance only for SSBCI-qualified members. Unused funds roll over through plan-year end.
SSBCI Eligibility	Not automatic. Requires an eligible chronic condition, high risk of hospitalization/adverse outcomes and intensive care coordination. Examples: cardiovascular disease, kidney disease, diabetes, chronic lung disorders and overweight/obesity/metabolic disorder.
In-Home Support	\$0, 108 hours/year for help with activities of daily living.
Transportation	\$0, up to 60 one-way trips/year, up to 75 miles/trip.
Fitness / Education / Weight	\$150/year combined allowance for fitness, health education and weight management, no rollover to next year.
Bathroom Safety	\$200/year allowance, no rollover to next year.
Skilled Nursing*	\$0/day for covered days 1-100.
Mental Health / Therapy	\$0 for covered outpatient mental health, physical, occupational and speech therapy*.
Diabetic Supplies*	\$0 for covered supplies/services, therapeutic shoes/inserts and glucose monitors.
Part B Drugs / Insulin*	\$0 for covered Part B drugs and insulin with Medicaid Medicare cost-sharing assistance.
Medicare-Covered Dental	\$0 for covered services, separate from supplemental dental above.

Service Area - 35 Arkansas Counties

Baxter, Benton, Boone, Carroll, Cleburne, Craighead, Crawford, Faulkner, Fulton, Garland, Grant, Hot Spring, Howard, Independence, Izard, Jefferson, Lawrence, Logan, Lonoke, Madison, Marion, Miller, Mississippi, Newton, Poinsett, Pulaski, Saint Francis, Saline, Searcy, Sebastian, Sharp, Stone, Union, Washington and White.

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