

Healthy Arkansas Preferred (PPO)

2027 | H4086-001 | In-network benefits

GIVEBACK PLAN

Open to all with Medicare A/B who live in a covered county. **No chronic condition or Medicaid required.**

Monthly Premium \$0.
Part B Premium Reduction \$105/month. Instead of paying the full Part B premium (which will be \$209.50 for 2027) you will only pay \$104.50. That's \$105 you save monthly which is \$1,260 over the year!
Medical Deductible \$0.
Maximum Out-of-Pocket \$6,200 for in-network Medicare-covered services. Combined in-network and out-of-network maximum: \$6,200. Does not apply to non-Medicare-covered services.
PCP / Specialist PCP: \$0. Specialist: \$25/visit.
Inpatient Hospital* Acute: \$360/day, days 1-6, \$0/day, days 7-90.
ASC / Outpatient Hospital* \$250 per surgery or observation stay.
ER / Urgent Care ER: \$115/visit, waived if admitted within 24 hours. Urgent care: \$45/visit.
Diagnostics / X-rays / Lab* tests/procedures \$50, CT/MRI \$200, radiation \$50, X-rays \$25/visit. Lab: \$0.
Rx Deductible \$0.
Rx: Preferred Pharmacy Tiers 1-4: \$0 for 30- or 100-day retail/mail supplies. Tier 5: 28% coinsurance, maximum 30-day supply.
Rx: Nonpreferred Pharmacy Tiers 1-2: \$0, Tier 3: \$47/30 days or \$141/100 days, Tier 4: \$100/30 days or \$300/100 days, Tier 5: 28%, maximum 30 days. Long-term care pharmacies use this pricing.
Rx Insulin / Annual Limit Insulin: \$0/month at preferred pharmacies, no more than \$35/month at nonpreferred pharmacies. After \$2,400 yearly Part D out-of-pocket costs, covered Part D drugs cost \$0.
Ambulance* Non-emergency ground and air: \$285 per one-way trip.
Part B Drugs / Insulin* 0%-20% coinsurance, Part B insulin limited to \$35 per one-month supply.

Dental \$3,000/year for diagnostic, preventive and comprehensive care, \$0 for covered services until allowance is used. Click here to see all that's 100% covered (braces and implants excluded)
Eyewear / Routine Vision \$0 for 1 routine exam/year, \$300 allowance for eyewear/contacts/upgrades, 1 pair of glasses/year.
Hearing Aids \$0 for 1 routine hearing exam and 1 fitting/year. \$1,950 annual hearing-aid allowance, both ears combined, \$0 for covered prescription aids within allowance, maximum 2 aids/year.
Medicare Hearing / Dental \$25/visit for Medicare-covered hearing and dental services.
Medicare-Covered Vision Retinal/eye exams: \$25/visit. Glaucoma screening and standard post-cataract frames/lenses: \$0.
OTC / Food & Living Support \$45/quarter shared allowance. OTC for all members, eligible SSBCI members may also use it for groceries, utilities, rent and mortgage assistance. No rollover to the next quarter.
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 daily activities.
Transportation \$0, up to 48 one-way trips/year, up to 75 miles/trip.
Fitness \$50/month allowance.
Bathroom Safety \$200/year allowance.
Skilled Nursing* \$0/day, days 1-20, \$218/day, days 21-100.
Therapy* PT, OT and speech therapy*: \$15/visit.
Diabetic Supplies* \$0 for supplies/services, shoes/inserts and glucose monitors: 20% coinsurance.
Preventive Care \$0 for Medicare-covered preventive services.

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.

Costs shown are for in-network care. Benefit limits apply. PPO out-of-network costs may differ, and allowances may be shared. *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.

\$209.50 is the projected standard 2027 Part B premium, pending final CMS announcement. The \$104.50 example assumes that standard premium; individual premiums may differ.