

Summary of Benefits Plan Year 2020

This is a summary of drug and health services covered by

Tribute Advantage (HMO-POS D-SNP)

January 1, 2020 – December 31, 2020

Tribute Advantage (HMO-POS D-SNP) is a Medicare Advantage HMO plan with a Medicare contract and a contract with the State Medicaid Program. Enrollment in the Plan depends on contract renewal. The benefit information provided is a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. A complete list of services can be found in the “Evidence of Coverage” (EOC) which can be accessed from our website, www.SuperiorSelectMedicare.com, or you can call and request one be mailed to you. To join Tribute Advantage (HMO-POS D-SNP), you must be entitled to Medicare Part A, be enrolled in Medicare Part B and Arkansas Medicaid, and live in Arkansas. Tribute Advantage (HMO-POS D-SNP) 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 further questions regarding Tribute Advantage, contact Member Services at:

1-877-372-1033

Calls to this number are free. Hours are 8:00 a.m.-8:00 p.m. seven (7) days a week. TTY call 711 (This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking).

Or visit our website, www.SuperiorSelectMedicare.com.

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 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.

Premiums and Benefits	Tribute Advantage (HMO-POS D-SNP)
Monthly Premium	<p>You pay nothing</p> <p><i>You must continue to pay your Medicare Part B premium or ensure that your coverage continues.</i></p>
Deductible	You pay nothing
Maximum Out-of-Pocket Responsibility (does not include prescription drugs)	\$6700 annually
Inpatient Hospital Coverage	<p>You pay nothing</p> <p><i>Prior Authorization is required</i></p>
Outpatient Hospital Coverage	<p>You pay nothing</p> <p><i>Prior Authorization is required</i></p>
<p>Doctor Visits</p> <ul style="list-style-type: none"> • Primary • Specialist 	You pay nothing
Preventative Care	You pay nothing
Emergency Care	You pay nothing
Urgently Needed Services	You pay nothing
<p>Diagnostic Services/Labs/Imaging</p> <ul style="list-style-type: none"> • Diagnostic radiology service (ex. MRI) • Lab services • Diagnostic tests and procedures • Outpatient x-rays 	You pay nothing
Hearing Services	\$1750 annual benefit for hearing services includes: hearing exams and hearing aids
Dental Services	<p>You pay nothing for Medicare covered services</p> <p><i>Comprehensive and preventative dental services are not covered</i></p>
Vision Services	\$250 annual benefit for vision services includes: eye exams and eyeglasses (lens and frames)

Premiums and Benefits	Tribute Advantage (HMO-POS D-SNP)
Mental Health Services <ul style="list-style-type: none"> • Inpatient visit • Outpatient group therapy visit • Outpatient individual therapy visit 	You pay nothing <i>Prior Authorization is required</i>
Skilled Nursing Facility	You pay nothing <i>Zero hospital days required prior to SNF admission</i> <i>Prior Authorization may be required</i>
Rehabilitation Services <ul style="list-style-type: none"> • Occupational therapy visit • Physical therapy and speech and language therapy visit 	You pay nothing <i>Prior Authorization may be required</i>
Ambulance	You pay nothing <i>Prior Authorization is required for non-emergency ambulance transport</i>
Transportation	Not covered
Medicare Part B Drugs	You pay nothing
Ambulatory Surgery Center	You pay nothing <i>Prior Authorization is required</i>
Medical Equipment/Supplies <ul style="list-style-type: none"> • Durable Medical Equipment (ex. Wheelchairs, oxygen) • Prosthetics (ex. Braces, artificial limbs) • Diabetes Supplies 	You pay nothing <i>DME services may be provided prior to qualification under Medicare coverage rules if determined to be in members best interest for the prevention of medical condition decline.</i> <i>Prior Authorization may be required</i>
Telemedicine	6 sessions per year and may approve additional sessions as medically necessary. <i>Requires coordination with PCP/Nurse Practitioner</i>

Outpatient Prescription Drugs

Stage 1 Yearly Deductible Stage	Stage 2 Initial Coverage Stage	Stage 3 Coverage Gap Stage	Stage 4 Catastrophic Coverage Stage	What You Should Know
<p>Because you do not pay a deductible for the plan, this payment stage does not apply to you. If you receive “Extra Help” to pay your prescription drugs, this payment stage does not apply to you.</p>	<p>You begin in this stage when you fill your first prescription of the year. During this stage, the plan pays its share of the cost of your drugs and you pay your share of the cost. You stay in this stage until your year-to-date “out-of-pocket costs” (your payments) reach \$6,350.</p>	<p>Because there is no coverage gap for the plan, this payment stage does not apply to you.</p>	<p>During this stage, the plan will pay all of the costs of your drugs for the rest of the calendar year (through December 31, 2020).</p>	<p>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 or access our Evidence of Coverage online.</p>

Cost-Sharing for One-Month Supply of Part D Prescription Drugs*

Standard Retail cost-sharing (in-network) (up to 30-day supply)	Preferred Retail cost-sharing (in-network) (up to 30-day supply)	Mail-Order cost-sharing (up to 31-day supply)	Long-term care (LTC) cost-sharing (up to 31-day supply)	Out-of-Network cost-sharing (coverage limited to certain situations; see EOC for details.) (Up to 30-day supply)
25%	25%	25%	25%	25%

*Depending on your “Extra Help”, income and institutional status, you pay the following:

For generic drugs (including brand drugs treated as generic), either:

- \$0 copay; or
- \$1.30 copay; or
- \$3.60 copay; or
- 15%

For all other drugs, either:

- \$0 copay; or
- \$3.90 copay; or
- \$8.95 copay; or
- 15%

Summary of Medicaid-Covered Benefits for Tribute Advantage (HMO-POS D-SNP)

The benefits described below are covered by Medicaid. The benefits described in the Covered Medical and Hospital Benefits section of the Summary of Benefits are covered by Medicare. For each benefit listed below, you can see what Arkansas Medicaid covers and what our plan covers. What you pay for covered services may depend on your level of Medicaid eligibility.

Benefit	Arkansas Medicaid	Tribute Advantage (HMO-POS D-SNP)
Ambulance	Covered in emergency only: You pay nothing	You pay nothing if covered by Medicare
Chiropractic Care	Covered with PCP referral with limited number of visits if age 21 or older: You pay nothing	You pay nothing if covered by Medicare <i>Referral is required</i>
Dental Services	For adults, Medicaid will pay up to \$500 a year for most dental care from July 1 to June 30 of each year. This includes one office visit, one cleaning, one set of x-rays and one fluoride treatment. If your dentist says you need it, Medicaid will pay for simple tooth pulling, surgical tooth pulling (if approved by Medicaid first), fillings, and one set of dentures (if approved by Medicaid first). Fees to Dental Lab for dentures and tooth-pulling do not count toward \$500, but only one set of dentures or partial dentures are covered in your lifetime: You pay nothing	Limited dental services (does not include Comprehensive and Preventative Care): You pay nothing if covered by Medicare
Doctor's Office Visits	Covered with limited number of visits for age 21 and over. PCP referral required for specialist: You pay nothing	You pay nothing if covered by Medicare
Durable Medical Equipment (wheelchairs, oxygen, etc.)	Some equipment covered with prescription and referral from PCP. Under age 21 require Medicaid approval: You pay nothing	You pay nothing if covered by Medicare <i>Prior Authorization may be required</i>
Emergency Care	Covered only in medical emergency. No referral required: You pay nothing	You pay nothing if covered by Medicare

Benefit	Arkansas Medicaid	Tribute Advantage (HMO-POS D-SNP)
Foot Care (podiatry services)	Covered with referral from PCP. Limited number of visits for age 21 and over. Medicaid will pay for surgery by a podiatrist, but hospital stay for the surgery may require Medicaid approval: You pay nothing	You pay nothing if covered by Medicare
Hearing Services	For children under age 21	You pay nothing if covered by Medicare Additional \$1750 annual benefit for hearing services includes: hearing exams and hearing aids
Home Health Care	Some services covered if doctor says services are needed. Medicaid will only pay for medical reasons. Approval by Medicaid may be required, and there are limits on what Medicaid will pay for some services and supplies: You pay nothing	You pay nothing if covered by Medicare <i>Referral is required</i>
Mental Health Care	Covered services include: <ul style="list-style-type: none"> • Licensed Mental Health Practitioner Services (with referral from doctor and, in some cases, Medicaid approval, including prior authorization) • School-Based Mental Health Services for under age 21 (with referral from doctor renewed every 6 months, provided at a public school or home if enrolled in the public school but attends school at home. Care must be provided by a mental health worker who works for the school or under a contract with the school. Mental health exam required, and services must be part of a treatment plan) • Inpatient Psychiatric Services for under age 21 	You pay nothing if covered by Medicare. <i>Referral may be required</i>

Benefit	Arkansas Medicaid	Tribute Advantage (HMO-POS D-SNP)
Outpatient Rehabilitation	Some services covered for people with certain illnesses or injuries, including Physical, Occupational or Speech Therapy for patients younger than age 21: You pay nothing	You pay nothing if covered by Medicare
Outpatient Surgery	Covered in Ambulatory surgical center. PCP referral usually required: You pay nothing	You pay nothing if covered by Medicare <i>Prior Authorization may be required</i>
Vision Services	Limited number of eye exams and eyeglasses covered. Adults aged 21 and over will pay a co-payment. Aged under 21 can receive replacement or repair of eyeglasses when medically necessary and pre-approved by Medicaid. No referral needed	You pay nothing if covered by Medicare Additional \$250 annual benefit for vision services includes: eye exams and eyeglasses (lens and frames)
Hospice Care	Covered: You pay nothing	You pay nothing for hospice care from a Medicare-certified hospice. You may have to pay part of the cost for drugs and respite care.
Inpatient Hospital Care	Covered. May require Medicaid approval. Adults ages 21 and over receive a limited number of days. No limit of days for ages 21 and under. If over age 18, a copay is required. Amount of co-pay depends on first day's hospital bill.	You pay nothing if covered by Medicare <i>Prior Authorization is required</i>

For more information about the Arkansas Medicaid program and coverage, visit:
<https://medicaid.mmis.arkansas.gov/>