



# 2019 Summary of Benefits

Tribute (HMO-POS SNP) — January 1, 2019-December 31, 2019

**Member Services:** 1-877-372-1033 (TTY users call 711)  
8:00 a.m. to 8:00 p.m., 7 days a week  
[SuperiorSelectMedicare.com](http://SuperiorSelectMedicare.com)

**Medicare**<sup>Rx</sup>  
Prescription Drug Coverage

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**Tribute**  
(HMO-POS SNP)  
A Superior Select Health Plan 

**This is a summary of drug and health services covered by  
Tribute (HMO-POS SNP)**

January 1, 2019 – December 31, 2019

Tribute is an HMO-POS SNP 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” which can be accessed from our website at [www.SuperiorSelectMedicare.com](http://www.SuperiorSelectMedicare.com), or you can call 1-877-372-1033 and request one be mailed to you. To join Tribute (HMO-POS SNP), you must be entitled to Medicare Part A, be enrolled in Medicare Part B and Arkansas Medicaid, and live in Arkansas. Tribute (HMO-POS 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.

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](http://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 (HMO-POS 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	<p>You pay nothing</p>
Maximum Out-of-Pocket Responsibility (does not include prescription drugs)	<p>\$6700 annually</p> <p><i>This amount is set by Medicare and subject to change. The plan will provide updated amounts as soon as Medicare releases them.</i></p>
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"> <li>• Primary</li> <li>• Specialist</li> </ul>	<p>You pay nothing</p>
Preventative Care	<p>You pay nothing</p>
Emergency Care	<p>You pay nothing</p>
Urgently Needed Services	<p>You pay nothing</p>
<p>Diagnostic Services/Labs/Imaging</p> <ul style="list-style-type: none"> <li>• Diagnostic radiology service (ex. MRI)</li> <li>• Lab services</li> <li>• Diagnostic tests and procedures</li> <li>• Outpatient x-rays</li> </ul>	<p>You pay nothing</p> <p><i>Prior authorization is required for high tech radiology (MRI, CTs, PET scans)</i></p>
Hearing Services	<p>\$750 annual benefit for hearing services includes: hearing exams and hearing aids</p>
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	<p>\$250 annual benefit for vision services includes: eye exams and eyeglasses (lens and frames)</p>

Premiums and Benefits	Tribute (HMO-POS SNP)
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>	You pay nothing  <i>Prior Authorization is required for Inpatient Mental Health Care</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"> <li>• Occupational therapy visit</li> <li>• Physical therapy and speech and language therapy visit</li> </ul>	You pay nothing  <i>Prior Authorization may be required</i>
Ambulance	You pay nothing
Transportation	Not covered
Medicare Part B Drugs	You pay nothing
Medical Equipment/Supplies <ul style="list-style-type: none"> <li>• Durable Medical Equipment (ex. Wheelchairs, oxygen)</li> <li>• Prosthetics (ex. Braces, artificial limbs)</li> <li>• Diabetes Supplies</li> </ul>	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>
Annual Wellness (additional visit)	You pay nothing  <i>Benefit allows for second wellness visit in 12-month period coordinated by PCP/Nurse Practitioner</i>

**Outpatient Prescription Drugs**

<b>Stage 1 Yearly Deductible Stage</b>	<b>Stage 2 Initial Coverage Stage</b>	<b>Stage 3 Coverage Gap Stage</b>	<b>Stage 4 Catastrophic Coverage Stage</b>	<b>What You Should Know</b>
<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 \$5100.</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, 2019).</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>

## Summary of Medicaid-Covered Benefits for Tribute (HMO-POS 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 (HMO-POS 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
Dental Services	<p>For adults, Medicaid will pay up to \$500 a year for most dental care from July to June 30 of each year. This includes one office visit, one cleaning, one set of x-rays and one fluoride treatment.</p> <p>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).</p> <p>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</p>	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
Emergency Care	Covered only in medical emergency. No referral required: You pay nothing	You pay nothing if covered by Medicare

Benefit	Arkansas Medicaid	Tribute (HMO-POS 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 \$750 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
Mental Health Care	Covered services include: <ul style="list-style-type: none"> <li>• Licensed Mental Health Practitioner Services (with referral from doctor and, in some cases, Medicaid approval, including prior-authorization)</li> <li>• 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)</li> <li>• Inpatient Psychiatric Services for under age 21</li> </ul>	You pay nothing if covered by Medicare.

Benefit	Arkansas Medicaid	Tribute (HMO-POS 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
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

For more information about the Arkansas Medicaid program and coverage, visit:

<https://medicaid.mmis.arkansas.gov/>



**Anti-Discrimination Notice as defined in Section 1557  
of the Affordable Care Act of 2010**

**English**

Superior Select Health Plans complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, gender or sex. Superior Select Health Plans does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Superior Select Health Plans:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact Raquel Chapman. If you believe that Superior Select Health Plans has 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:

**Raquel Chapman, Corporate Compliance Director**

1 Riverfront Place, Suite 615

North Little Rock, AR 72114

1-877-372-1033, (TTY: 711), Fax-1-800-413-8347

[rchapman@superiorselectinc.com](mailto:rchapman@superiorselectinc.com).

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Raquel Chapman, Corporate Compliance Director 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, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

### English Non-Discrimination Statement

Superior Select Health Plans complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, gender or sex.

### Español (Spanish)

Si us ted, o alguien a quien usted está ayudando, tiene preguntas acerca de Superior Select Health Plans, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-877-372-1033 (TTY:711).

### Tiếng Việt (Vietnamese)

Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Superior Select Health Plans, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 1-877-372-1033 (TTY:711).

### (Marshallese)

Ñe kwe, ak bar juon eo kwōj jipañe, ewōr an kajjitōk kōn Superior Select Health Plans, ewōr aṃjimwe in bōk jipañ im kein kōjeļā ko ilo kajin eo aṃejjeļok wōṇāān. Ñan kōnono ippān juon ri-ukōt, kwon kaalļok ñan 1-877-372-1033 (TTY:711).

### (Chinese)

如果您，或是您正在協助的對象，有關於[插入SBM項目的名稱 Superior Select Health Plans, 方面的問，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話[在此插入數字1-877-372-1033 (TTY:711)。

### (Laotian)

ຖ້າທ່ານ, ຫຼືຄົນທ່ານກຳລັງຊ່ວຍເຫຼືອ, ມອ່າຖາມກ່ຽວກັບ Superior Select Health Plans, ການມສິດທິຈະໄດ້ຮັບການຊ່ວຍເຫຼືອແລະຂໍ້ມູນຂ່າວສານທ່ເປັນພາສາຂອງທ່ານບໍ່ມອ່າໃຊ້ຈ່າຍ. ການໂອ້ລົມກັບນາຍພາສາ, ໃຫ້ໂທຫາ1-877-372-1033 (TTY:711).

### (Tagalog)

Kung ikaw, o ang iyong tinutulangan, ay may mga katanungan tungkol sa Superior Select Health Plans, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa 1-877-372-1033 (TTY:711).

### Arabic

فلدبك الحق في الحصول على ، Superior Select Health Plans إن كان لديك أو لدى شخص تساعد أسئلة بخصوص المساعدة والمعلومات

الضرورية بلغتك من دون اية تكلفة. للتحدث مع مترجم اتصل 1-877-372-1033 (TTY:711)

**German**

Falls Sie oder jemand, dem Sie helfen, Fragen zum Superior Select Health Plans haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 1-877-372-1033 (TTY:711). an.

**French**

Si vous, ou quelqu'un que vous êtes en train d'aider, a des questions à propos de Superior Select Health Plans, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 1-877-372-1033 (TTY:711). an.

**Hmong**

Yog koj, los yog tej tus neeg uas koj pab ntawd, muaj lus nug txog Superior Select Health Plans, koj muaj cai kom lawv muab cov ntshiab lus qhia uas tau muab sau ua koj hom lus pub dawb rau koj. Yog koj xav nrog ib tug neeg txhais lus tham, hu rau 1-877-372-1033 (TTY:711).

**Korean**

만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Superior Select Health Plans 에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 1-877-372-1033 (TTY:711) 로 전화하십시오.

**Portuguese**

Se você, ou alguém a quem você está ajudando, tem perguntas sobre o Superior Select Health Plans, você tem o direito de obter ajuda e informação em seu idioma e sem custos. Para falar com um intérprete, ligue para 1-877-372-1033 (TTY:711).

**Japanese**

ご本人様、またはお客様の身の回りの方でも、Superior Select Health Plansについてご質問がございましたら、ご希望の言語でサポートを受けたり、情報入手したりすることができます。料金はかかりません。通訳とお話される場合、1-877-372-1033 (TTY:711) までお電話ください。

**Hindi**

यदि आपकेया आप द्वारा सहायता ककए जा रहे ककसी व्यक्तत के Superior Select Health Plans के बारे में प्रश्न हैं ,तो आपकास अपनी भाषा में मुफ्त में सहायता और सूचना प्राप्त करने का अधिकार है। ककसी िुभाषण से बात करने कलिए , 1-877-372-1033 (TTY:711). पर कॉि करें

**Gujarati**

જો તમે અથવા તમે કોઇને મદદ કરી રહ્યાં તેમ આંથી કોઇને [એસબીએમ ક ર્યક્ટમન આંન મ મ કો] વિશે પ્રશ્નો હોર્ તો તમને મદદ અને મ હહતી મેળિ નો અવિક ર છે. તે ખર્ચ વિન તમ રી ભ ષ મ આંપ્ર મ કરી શક ર છે. દ ભ વર્ષો િ ત કરિ મ દેઆ [અહીં દ ખલ કરો નાંબર ] પર કોલ કરો. Superior Select Health Plans 1-877-372-1033 (TTY:711)

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