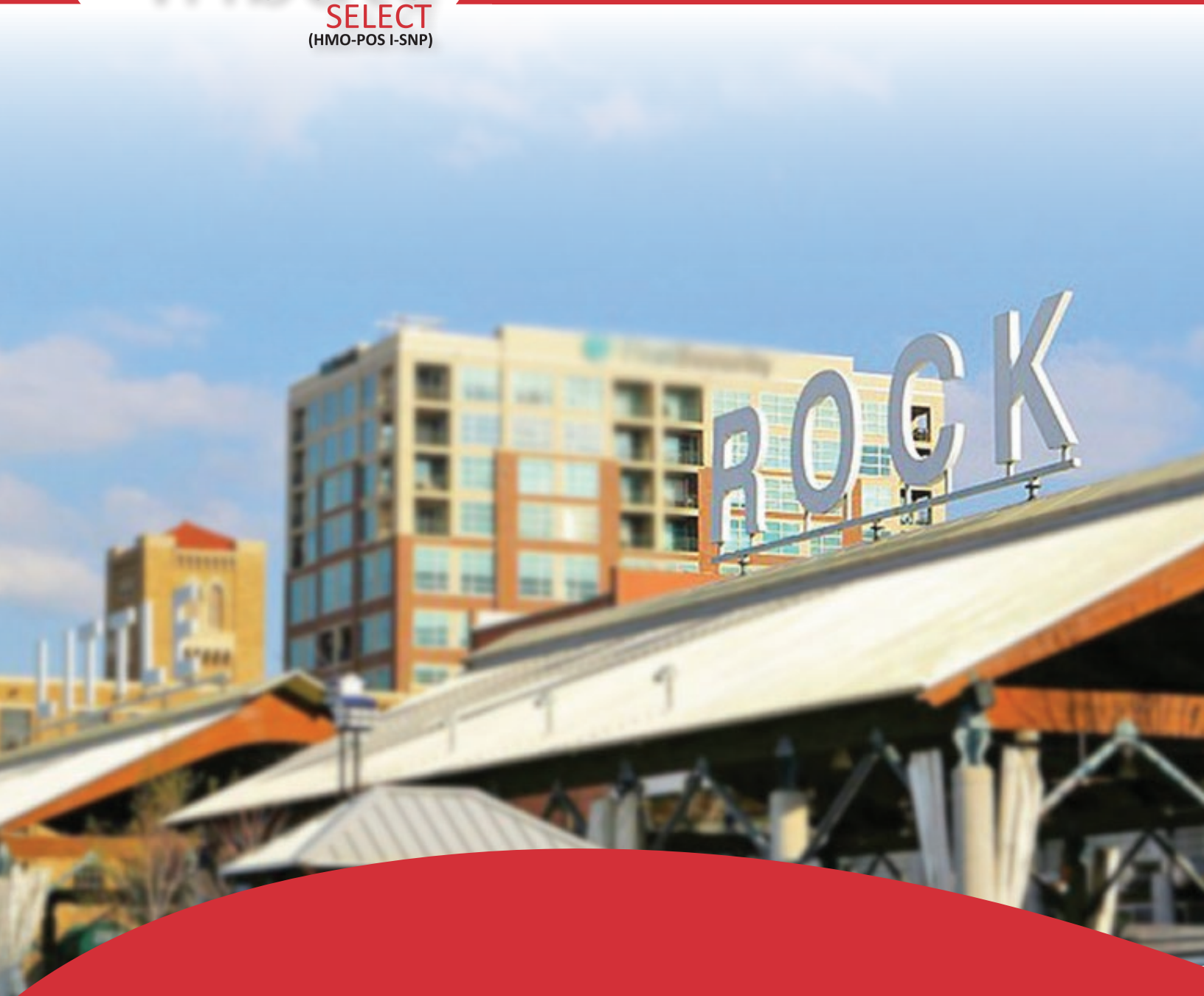
Summary of Benefits

2022

Tribute SELECT
(HMO-POS I-SNP)



MedicareRx
Prescription Drug Coverage

H1587_003SB22_M

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

Summary of Benefits Plan Year 2022

This is a summary of drug and health services covered by

Tribute Select (HMO-POS I-SNP)

January 1, 2022 – December 31, 2022

Tribute Select (HMO-POS I-SNP) is a Medicare Advantage HMO plan with a Medicare contract. 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 Select (HMO-POS I-SNP), you must reside in Arkansas and require institutional level of care and live in the community or within a contracted long-term care facility.

Tribute Select (HMO-POS I-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 Select, 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 Select (HMO-POS I-SNP) as a "Private Pay" Resident	Tribute Select (HMO-POS I-SNP) as a "Medicaid Eligible" Resident
Monthly Premium	$0-$25.30 depending on your level of assistance *You must continue to pay your Medicare Part B premium or ensure that your coverage continues.*	You Pay nothing
Deductible	Original Medicare Part A deductible amount applies. For Plan Year 2021, this amount is $1,484. *These are 2021 cost sharing amounts and may change for 2022. Tribute Select will provide updated rates as soon as they are released.*	You pay nothing
Maximum Out-of-Pocket Responsibility (does not include prescription drugs)	$7,175 annually	You pay nothing
Inpatient Hospital Coverage	$1,484 deductible for each benefit period Days 1-60: $0 coinsurance Days 61-90: $371 coinsurance Days 91 and beyond: $742 coinsurance per each “lifetime reserve day” (up to 60 days over your lifetime) Beyond lifetime reserve days: all costs *These are 2021 costsharing amounts and may change for 2022. Tribute Select will provide updated rates as soon as they are released.* *Prior Authorization is required.*	You pay nothing
Outpatient Hospital Coverage	20% coinsurance	You pay nothing

Premiums and Benefits	Tribute Select (HMO-POS I-SNP) as a "Private Pay" Resident	Tribute Select (HMO-POS I-SNP) as a "Medicaid Eligible" Resident
Doctor Visits • **Primary** • **Specialist**	 $0 per visit $0 per visit	You pay nothing
Preventative Care	You pay nothing	You pay nothing
Emergency Care	20% coinsurance Maximum charge of $90 per visit	You pay nothing
Urgently Needed Services	20% coinsurance Maximum charge of $65 per visit	You pay nothing
Advanced Placement of Durable Medical Equipment (DME)	*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. Prior Authorization may be required.*	*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. Prior Authorization may be required.*
Mental Health Services • **Outpatient group therapy visit** • **Outpatient individual therapy visit**	$0 per visit *Prior Authorization is required.*	You pay nothing *Prior Authorization is required.*
Skilled Nursing Facility	$0 per day for days 1-20 $185.50 per day for days 21-100 *Zero hospital days required prior to SNF admission* *These are 2021 cost sharing amounts and may change for 2022. Tribute Select will provide updated rates as soon as they are released.* *Prior Authorization may be required.*	You pay nothing *Zero hospital days required prior to SNF admission* *Prior Authorization may be required.*
Rehabilitation Services • **Occupational therapy visit** • **Physical therapy and speech and language therapy visit**	20% coinsurance *Prior Authorization may be required.*	You pay nothing *Prior Authorization may be required.*

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Ambulance	20% coinsurance *Prior Authorization is required for non-emergency ambulance transport*	You pay nothing *Prior Authorization is required for non-emergency ambulance transport*
Medicare Part B Drugs	20% coinsurance *Prior Authorization may be required.*	You pay nothing *Prior Authorization may be required.*
Ambulatory Surgery Center	20% coinsurance *Prior Authorization may be required.*	You pay nothing *Prior Authorization may be required.*
Medical Equipment/Supplies • **Durable Medical Equipment (ex. Wheelchairs, oxygen) Prosthetics** • **(ex. Braces, artificial limbs)**	0% coinsurance *Prior Authorization may be required.*	You pay nothing *Prior Authorization may be required.*
Diabetic Supplies	20% coinsurance	You pay nothing
Quarterly Enhanced Patient Goals of Care Review	Quarterly meeting with care team to review goals of care for members	Quarterly meeting with care team to review goals of care for members
Diagnostic Services/Imaging • **Diagnostic radiology service (ex. MRI)** • **Diagnostic tests and procedures** • **Outpatient x-rays**	20% coinsurance	You pay nothing
Lab Services	0% coinsurance	You pay nothing
Dental Services	20% coinsurance on Medicare covered services	You pay nothing
Hearing Services	20% coinsurance on Medicare covered services	You pay nothing
Vision Services	20% coinsurance on Medicare covered services	You pay nothing

Premiums and Benefits	Tribute Select (HMO-POS I-SNP) as a "Private Pay" Resident	Tribute Select (HMO-POS I-SNP) as a "Medicaid Eligible" Resident
Telemonitoring Services	Patient Centered Continuous Monitoring/Remote Patient Monitoring (RPM) programs aimed toward anticipating and identifying illness exacerbations in an effort to avoid unnecessary treatment for our members, including emergency room visits and re-hospitalizations. Plan will cover provider fees and equipment charges without regard to location of care or clinic designation (FQHC, RHC, other).	Patient Centered Continuous Monitoring/Remote Patient Monitoring (RPM) programs aimed toward anticipating and identifying illness exacerbations in an effort to avoid unnecessary treatment for our members, including emergency room visits and re-hospitalizations. Plan will cover provider fees and equipment charges without regard to location of care or clinic designation (FQHC, RHC, other).

Depending on your level of Medicaid enrollment, your out of pocket costs for services listed above may be $0 as Medicaid will pay your share of the charge

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**
You begin in this payment stage when you fill your first prescription of the year. During this stage, **you pay the full cost** of your drugs. You stay in this stage until you have paid $480 for your drugs ($480 is the amount of your deductible). Depending on your extra help, your deductible may be lower	During this stage, the plan pays its share of the cost of your drugs and **you (or others on your behalf) pay your share of the cost.** You stay in this stage until your year-to-date **"total drug costs"** (your payments plus any Part D plan's payments) total $4,430.	During this stage, you pay 25% of the price for brand name drugs and 25% of the price for generic drugs. You stay in this stage until your year-to-date **"out-of-pocket costs"** (your payments) reach a total of $7,050. This amount and rules for counting costs toward this amount have been set by Medicare.	During this stage, the plan pays most of the cost for your covered drugs. (through December 31, 2022) For each prescription, you pay whichever of these is larger: a payment equal to 5% of the cost of the drug (this is called "coinsurance"), or a copayment ($3.95 for a generic drug or a drug that is treated like a generic, $9.85 for all other drugs)	Cost-Sharing may change depending on 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.

Cost-Sharing for One-Month Supply of Part D Prescription Drugs*			
Standard Retail cost-sharing (in-network) (up to 30-day supply)	**Mail-Order cost-sharing (up to 30-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%

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

For generic drugs (including brand drugs treated as generic), either:	For all other drugs, either:
• $0 copay; or • $1.35 copay; or • $3.95 copay; or • 15%	• $0 copay; or • $4.00 copay; or • $9.85 copay; or • 15%

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