2023

ANNUAL NOTICE OF CHANGES

ARKANSANS HELPING ARKANSANS SINCE 2015

Tribute ADVANTAGE (HMO-POS D-SNP)

MedicareRx Prescription Drug Coverage

TributeMedicare.com

H1587_001ANOC23_M

Tribute Advantage (HMO-POS D-SNP) offered by Arkansas Superior Select, Inc.

Annual Notice of Changes for 2023

You are currently enrolled as a member of Tribute Advantage (HMO-POS D-SNP). Next year, there will be changes to the plan's costs and benefits. ***Please see page 5 for a Summary of Important Costs, including Premium.***

This document tells about the changes to your plan. To get more information about costs, benefits, or rules please review the *Evidence of Coverage*, which is located on our website at www.TributeMedicare.com. You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

What to do now

1. ASK: Which changes apply to you

☐ Check the changes to our benefits and costs to see if they affect you.

- Review the changes to Medical care costs (doctor, hospital).
- Review the changes to our drug coverage, including authorization requirements and costs.
- Think about how much you will spend on premiums, deductibles, and cost sharing.

☐ Check the changes in the 2023 Drug List to make sure the drugs you currently take are still covered.

☐ Check to see if your primary care doctors, specialists, hospitals and other providers, including pharmacies will be in our network next year.

☐ Think about whether you are happy with our plan.

2. COMPARE: Learn about other plan choices

☐ Check coverage and costs of plans in your area. Use the Medicare Plan Finder at www.medicare.gov/plan-compare website or review the list in the back of your *Medicare & You 2023* handbook.

☐ Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.

3. CHOOSE: Decide whether you want to change your plan

- If you don't join another plan by December 7, 2022, you will stay in Tribute Advantage.

- To **change to a different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2023.** This will end your enrollment with Tribute Advantage.
- Look in section *2.2*, page *15* to learn more about your choices.
- If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can switch plans or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

Additional Resources

- Please contact our Member Services number at 1-877-372-1033 for additional information. (TTY users should call 711.) Hours are 8 a.m. – 8 p.m., 7 days a week.
- This document may be available in an alternate form (braille, etc.). Please contact Member Services for more information.
- **Coverage under this Plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at www.irs.gov/Affordable-Care-Act/Individuals-and-Families for more information.

About *Tribute Advantage*

- Tribute Advantage (HMO-POS D-SNP) is a Health Plan with a Medicare Contract. The plan also has a written agreement with the Arkansas Medicaid program to coordinate your Medicaid benefits.
- When this document says "we," "us," or "our," it means Tribute Health Plans. When it says "plan" or "our plan," it means Tribute Advantage.

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Summary of Important Costs for 2023

The table below compares the 2022 costs and 2023 costs for Tribute Advantage in several important areas. **Please note this is only a summary of costs**. If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay $0 for your deductible, doctor office visits, and inpatient hospital stays.

Cost	2022 (this year)	2023 (next year)
Monthly plan premium* * Your premium may be higher than this amount. See Section 1.1 for details.	$0.00	$0.00
Doctor office visits	Primary care visits: $0 per visit Specialist visits: $0 per visit	Primary care visits: $0 per visit Specialist visits: $0 per visit
Inpatient hospital stays	$0	$0

Cost	2022 (this year)	2023 (next year)
Part D prescription drug coverage (See Section 1.5 for details.)	Deductible: $0 *Copayment* during the Initial Coverage Stage: • Drug Tier 1: For generic drugs (including brand drugs treated as generic), either $0 copay; or $1.35 copay; or $3.95 copay • For all other drugs, either $0 copay; $4.00 copay; or $9.85 copay	Deductible: $0 *Copayment* during the Initial Coverage Stage: • Drug Tier 1: For generic drugs (including brand drugs treated as generic), either $0 copay; or $1.45 copay; or $4.15 copay • For all other drugs, either $0 copay; $4.30 copay; or $10.35 copay **Important Message About What You Pay for Vaccines -** Our plan covers most Part D vaccines at no cost to you, even if you haven't paid your deductible. **Important Message About What You Pay for Insulin -** You won't pay more than $35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on, even if you haven't paid your deductible.

Cost	2022 (this year)	2023 (next year)
Maximum out-of-pocket amount This is the most you will pay out-of-pocket for your covered Part A and Part B services. (See Section 1.2 for details.)	$0-$7,550 You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.	$0-$8,300 You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.

SECTION 1 Changes to Benefits and Costs for Next Year

Section 1.1 – Changes to the Monthly Premium

Cost	2022 (this year)	2023 (next year)
Monthly premium (You must also continue to pay your Medicare Part B premium unless it is paid for you by Medicaid.)	$0	$0

Section 1.2 – Changes to Your Maximum Out-of-Pocket Amount

Medicare requires all health plans to limit how much you pay "out-of-pocket" for the year. This limit is called the "maximum out-of-pocket amount." Once you reach this amount, you generally pay nothing for covered Part A and Part B services for the rest of the year.

Cost	2022 (this year)	2023 (next year)
Maximum out-of-pocket amount **Because our members also get assistance from Medicaid, very few members ever reach this out-of-pocket maximum.** You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services. Your costs for covered medical services (such as copays and deductibles) count toward your maximum out-of-pocket amount. Your costs for prescription drugs do not count toward your maximum out-of-pocket amount.	$7,550	$8,300 Once you have paid $8,300 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services for the rest of the calendar year.

Section 1.3 – Changes to the Provider and Pharmacy Networks

Updated directories are also located on our website at www.TributeMedicare.com. You may also call Member Services for updated provider and/or pharmacy information or to ask us to mail you a directory.

There are no changes to our network of providers for next year.

It is important that you know that we may make changes to the hospitals, doctors and specialists (providers), and pharmacies that are a part of your plan during the year. If a mid-year change in our providers affects you, please contact Member Services so we may assist.

Section 1.4 – Changes to Benefits and Costs for Medical Services

Please note that the *Annual Notice of Changes* tells you about changes to your Medicare benefits and costs.

We are making changes to costs and benefits for certain medical services next year. The information below describes these changes.

Cost	2022 (this year)	2023 (next year)
Comprehensive and Preventative Dental	Comprehensive and Preventative Dental **are not** covered under a supplemental benefit. You pay nothing for Medicare-covered dental services.	Comprehensive and Preventative Dental **are** covered with a $1500 annual benefit limit. You pay 0% coinsurance for Medicare-covered dental services.
Emergency/Post-Stabilization Services	You pay 0% coinsurance for Medicare-covered emergency/post-stabilization services.	You pay 0% coinsurance for Medicare-covered emergency/post-stabilization services.

Cost	2022 (this year)	2023 (next year)
Eye Exams and Eyewear	Eye exams and eyewear **are not** covered under a supplemental benefit. You pay nothing for Medicare-covered vision services.	Eye exams and eyewear **are** covered with a $325 annual benefit limit. You pay 0% coinsurance for Medicare-covered vision services.
Hearing Exams and hearing aids	One routine hearing exam **is** covered per year. Routine exam and fitting/evaluation is limited to Access Medical Clinic locations only. Hearing aids **are** covered, up to $500 for both ears combined every year. Benefit is subject to a 6-month waiting period. Services required at Access Medical Clinic locations.	One routine hearing exam **is** covered per year. Routine exam and fitting/evaluation is limited to Access Medical Clinic locations only. Hearing aids **are** covered, up to $1250 for both ears combined every year. Services required at Access Medical Clinic locations.
Over the Counter (OTC) Benefit Allowance	Benefit allowance **is not** covered as a supplemental benefit.	You receive a benefit allowance of $30 per month on a pre-paid card to purchase all eligible OTC items, inventory of item and availability subject to change. Benefits will expire each month and are to be used at the designated provider. Online and Call Center assisted ordering will be available.
Over the Counter (OTC) Blood Pressure Monitor	One electronic blood pressure meter **is** provided at the plans' cost to members with diabetes, pre-diabetes, hypertension or pre-hypertensive or other members as defined and approved by case managers.	Blood Pressure Monitor **is not** covered as a supplemental benefit.

Cost	2022 (this year)	2023 (next year)
Over the Counter (OTC) Meal Benefit	Meal Benefit **is not** covered as a supplemental benefit.	You pay $0 for box of 14 in-home meals following any qualifying hospital discharge. This benefit applies to unlimited hospital discharges per year. Additional meals may be provided as defined and approved by case managers.
Over the Counter (OTC) Wellness Box	OTC Wellness box **is** provided with $25 worth of supplies such as first aid items, low cost supplies or devices with a limit of 1 per member per year.	OTC Wellness box **is not** provided as a supplemental benefit.
Pre-Diabetic Shoes or Inserts	Pre-Diabetic Shoes or Inserts **are** provided with a 20% coinsurance for members with diabetes or in a pre-diabetic state and with other foot related issues.	Pre-Diabetic Shoes or Inserts **are not** covered as a supplemental benefit.

Pre-Authorization Requirements	You **are** required to get a prior authorization from the plan for these covered services: Acute Inpatient Hospitalization Inpatient Psychiatric Hospitalization SNF Services Partial Hospitalization Durable Medical Equipment (DME) Prosthetics/Medical Supplies Home Health Services Occupational Therapy Services Mental Health Specialty Services Psychiatric Services Physical Therapy and Speech Pathology Services Outpatient Diagnostic and Therapeutic Radiological Services Advanced Placement of Durable Medical Placement (DME) Medicare Part B (select cell and gene-based Part B therapies) You **are** required to get a prior authorization from the plan for the following Point of Service (POS) benefits: Acute Inpatient Hospitalization Inpatient Psychiatric Hospitalization SNF Services Partial Hospitalization Home Health Services Occupational Therapy Services Mental Health Specialty Services Psychiatric Services Physical Therapy and Speech Pathology Services Diagnostic and Therapeutic Radiological Services	You **are** required to get a prior authorization from the plan for these covered services: Acute Inpatient Hospitalization Inpatient Psychiatric Hospitalization SNF Services Partial Hospitalization Durable Medical Equipment (DME) Prosthetics/Medical Supplies Home Health Services Occupational Therapy Services Mental Health Specialty Services Psychiatric Services Physical Therapy and Speech Pathology Services Advanced Placement of Durable Medical Placement (DME) Medicare Part B (select cell and gene-based Part B therapies) You **are** required to get a prior authorization from the plan for the following Point of Service (POS) benefits: Acute Inpatient Hospitalization Inpatient Psychiatric Hospitalization SNF Services Partial Hospitalization Home Health Services Occupational Therapy Services Mental Health Specialty Services Psychiatric Services Physical Therapy and Speech Pathology Services Diagnostic and Therapeutic Radiological Services Durable Medical Equipment (DME) Prosthetics/Medical Supplies

Cost	2022 (this year)	2023 (next year)
Pre-Authorization Requirements (continued)	Durable Medical Equipment (DME) Prosthetics/Medical Supplies You **are not** required to get an authorization from the plan for these covered services: Cardiac and Pulmonary Rehabilitation Services Chiropractic Services Physician Specialist Services Podiatry Services Opioid Treatment Program Services X-Ray Services Outpatient Hospital Services Outpatient Substance Abuse Outpatient Blood Services Diabetic Supplies and Services Additional Telehealth Services Ambulatory Surgical Center Services Non-emergency Medicare Ambulance Services Dialysis Services Medicare-covered Outpatient Hospital Services Medicare-covered Observation Hospital Services	You **are not** required to get an authorization from the plan for these covered services: Cardiac and Pulmonary Rehabilitation Services Chiropractic Services Physician Specialist Services Podiatry Services Opioid Treatment Program Services X-Ray Services Outpatient Diagnostic and Therapeutic Radiological Services Outpatient Hospital Services Outpatient Substance Abuse Outpatient Blood Services Diabetic Supplies and Services Additional Telehealth Services Ambulatory Surgical Center Services Non-emergency Medicare Ambulance Services Dialysis Services Medicare-covered Outpatient Hospital Services Medicare-covered Observation Hospital Services

Cost	2022 (this year)	2023 (next year)
Telehealth	Additional Telehealth benefits for Part B Services include: Cardiac Rehabilitation Services Intensive Cardiac Rehabilitation Services Pulmonary Rehabilitation Services Primary Care Physician Services Occupational Therapy Services Physician Specialist Services Individual Sessions for Mental Health Specialty Services Group Sessions for Mental Health Specialty Services Podiatry Services Individual Sessions for Psychiatric Services Group Sessions for Psychiatric Services Physical Therapy and Speech-Language Pathology Services Opioid Treatment Program Services Individual Sessions for Outpatient Substance Abuse Group Sessions for Outpatient Substance Abuse	Additional Telehealth benefits for Part B Services include: Cardiac Rehabilitation Services Intensive Cardiac Rehabilitation Services Pulmonary Rehabilitation Services Primary Care Physician Services Occupational Therapy Services Physician Specialist Services Individual Sessions for Mental Health Specialty Services Group Sessions for Mental Health Specialty Services Podiatry Services Individual Sessions for Outpatient Substance Abuse Group Sessions for Outpatient Substance Abuse
Urgently Needed Services	You pay 0% coinsurance for Medicare-covered urgently needed services.	You pay 0% coinsurance for Medicare-covered urgently needed services.

Section 1.5 – Changes to Part D Prescription Drug Coverage

Changes to Our Drug List

Our list of covered drugs is called a Formulary or "Drug List." A copy of our Drug List is provided electronically. We made changes to our Drug List, including changes to the drugs we cover and changes to the restrictions that apply to our coverage for certain drugs. **Review the**

Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions.

Most of the changes in the Drug List are new for the beginning of each year. However, during the year, we might make other changes that are allowed by Medicare rules. For instance, we can immediately remove drugs considered unsafe by the FDA or withdrawn from the market by a product manufacturer. We update our online Drug List to provide the most up to date list of drugs.

If you are affected by a change in drug coverage at the beginning of the year or during the year, please review Chapter 9 of your Evidence of Coverage and talk to your doctor to find out your options, such as asking for a temporary supply, applying for an exception and/or working to find a new drug. You can also contact Member Services for more information.

Changes to Prescription Drug Costs

Note: If you are in a program that helps pay for your drugs ("Extra Help"), **the information about costs for Part D prescription drugs may not apply to you.** We have included a separate insert, called the "Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs" (also called the "Low Income Subsidy Rider" or the "LIS Rider"), which tells you about your drug costs. If you receive "Extra Help" and didn't receive this insert with this packet, please call Member Services and ask for the "LIS Rider."

There are four "drug payment stages."

The information below shows the changes to the first two stages – the Yearly Deductible Stage and the Initial Coverage Stage. (Most members do not reach the other two stages – the Coverage Gap Stage or the Catastrophic Coverage Stage.)

Important Message About What You Pay for Vaccines - Our plan covers most Part D vaccines at no cost to you, even if you haven't paid your deductible. Call Member Services for more information.

Important Message About What You Pay for Insulin - You won't pay more than $35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on, even if you haven't paid your deductible.

Changes to the Deductible Stage

Stage	2022 (this year)	2023 (next year)
Stage 1: Yearly Deductible Stage	Because we have no deductible, this payment stage does not apply to you.	Because we have no deductible, this payment stage does not apply to you.

Changes to Your Cost Sharing in the Initial Coverage Stage

Please see the following chart for the changes from 2022 to 2023.

Stage	2022 (this year)	2023 (next year)
Stage 2: Initial Coverage Stage During this stage, the plan pays its share of the cost of your drugs, and **you pay your share of the cost.**	Your cost for a one-month supply filled at a network pharmacy with standard cost sharing:	Your cost for a one-month supply filled at a network pharmacy with standard cost sharing:
	For members with "Extra Help" you pay: For generic drugs (including brand name drugs treated as generic), you pay either: $0 copay; or $1.35 copay; or $3.95 copay. For all other drugs, either: $0 copay; or $4.00 copay; or $9.85 copay OR For member without "Extra Help": Drug Tier 1: You pay 25% Once your total drug costs have reached $4,430, you will move to the next stage (the Coverage Gap Stage).	**For members with "Extra Help" you pay:** For generic drugs (including brand name drugs treated as generic), you pay either: $0 copay; or $1.45 copay; or $4.15 copay. For all other drugs, either: $0 copay; or $4.30 copay; or $10.35 copay OR For member without "Extra Help": Drug Tier 1: You pay 25% Once your total drug costs have reached $4,660, you will move to the next stage (the Coverage Gap Stage).
The costs in this row are for a one-month (*30*-day) supply when you fill your prescription at a network pharmacy that provides standard cost sharing. For information about the costs, look in Chapter 6, Section 5 of your *Evidence of Coverage*.	Once you have paid $7,050 out-of-pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage). If you have "Extra Help", the Coverage Gap Stage does not apply to you.	Once you have paid $7,400 out-of-pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage). If you have "Extra Help", the Coverage Gap Stage does not apply to you.

Stage	2022 (this year)	2023 (next year)
Stage 2: Initial Coverage Stage (continued)		**Important Message About What You Pay for Vaccines -** Our plan covers most Part D vaccines at no cost to you, even if you haven't paid your deductible. **Important Message About What You Pay for Insulin -** You won't pay more than $35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on, even if you haven't paid your deductible.

SECTION 2 Deciding Which Plan to Choose

Section 2.1 – If you want to stay in *Tribute Advantage*

To stay in our plan, you don't need to do anything. If you do not sign up for a different plan or change to Original Medicare by December 7, you will automatically be enrolled in our Tribute Advantage.

Section 2.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change plans for 2023 follow these steps:

Step 1: Learn about and compare your choices

- You can join a different Medicare health plan,
- -- *OR*-- You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan.

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder (www.medicare.gov/plan-compare), read the *Medicare & You 2023* handbook, call your State Health Insurance Assistance Program (see Section 4), or call Medicare (see Section 6.2).

Step 2: Change your coverage

- To **change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from Tribute Advantage.
- To **change to Original Medicare with a prescription drug plan,** enroll in the new drug plan. You will automatically be disenrolled from Tribute Advantage.
- To **change to Original Medicare without a prescription drug plan**, you must either:
    - Send us a written request to disenroll. Contact Member Services if you need more information on how to do so.
    - – *or* – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

  If you switch to Original Medicare and do **not** enroll in a separate Medicare prescription drug plan, Medicare may enroll you in a drug plan unless you have opted out of automatic enrollment.

SECTION 3 Changing Plans

If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 2023.

Are there other times of the year to make a change?

In certain situations, changes are also allowed at other times of the year. Examples include people with Medicaid, those who get "Extra Help" paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area.

If you enrolled in a Medicare Advantage plan for January 1, 2023, and don't like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2023.

If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

SECTION 4 Programs That Offer Free Counseling about Medicare and Medicaid

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In Arkansas, the SHIP is called Senior Health Insurance Information Program (SHIIP).

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. Senior Health Insurance Information Program (SHIIP) counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call Senior Health Insurance Information Program (SHIIP) at 1-800-224-6330. You can learn more about Senior Health Insurance Information Program (SHIIP) by visiting their website https://www.insurance.arkansas.gov/pages/consumer-services/senior-health/.

For questions about your Arkansas Medicaid benefits, contact Arkansas Medicaid, 1-800-482-8988. TTY users should call 1-800-285-1311, 8:00 a.m. to 4:30 p.m., Monday to Friday. Ask how joining another plan or returning to Original Medicare affects how you get your Arkansas Medicaid coverage.

SECTION 5 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs.

- **"Extra Help" from Medicare.** Because you have Medicaid, you are already enrolled in "Extra Help," also called the Low Income Subsidy. "Extra Help" pays some of your prescription drug premiums, annual deductibles and coinsurance. Because you qualify, you do not have a coverage gap or late enrollment penalty. If you have questions about "Extra Help", call:
    - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;
    - The Social Security Office at 1-800-772-1213 between 8 am and 7 pm, Monday through Friday for a representative. Automated messages are available 24 hours a day. TTY users should call, 1-800-325-0778; or
    - Your State Medicaid Office (applications).
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the Arkansas AIDS Drug Assistance Program. For information on eligibility criteria, covered drugs, or how to enroll in the program, please call 501-664-2408.

SECTION 6 Questions?

Section 6.1 – Getting Help from Tribute Advantage

Questions? We're here to help. Please call Member Services at 1-877-372-1033. (TTY only, call 711.) We are available for phone calls 8 a.m. -8 p.m., 7 days a week. Calls to these numbers are free.

Read your *2023 Evidence of Coverage* (it has details about next year's benefits and costs)

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2023. For details, look in the *2023 Evidence of Coverage* for Tribute Advantage. The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* is located on our website at www.TributeMedicare.com. You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

Visit our Website

You can also visit our website at www.TributeMedicare.com. As a reminder, our website has the most up-to-date information about our provider network (*Provider Directory*) and our list of covered drugs (Formulary/Drug List).

Section 6.2 – Getting Help from Medicare

To get information directly from Medicare:

Call 1-800-MEDICARE (1-800-633-4227)

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Visit the Medicare Website

Visit the Medicare website (www.medicare.gov). It has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area. To view the information about plans, go to www.medicare.gov/plan-compare.

Read *Medicare & You 2023*

Read the *Medicare & You 2023* handbook. Every fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this document, you can get it at the Medicare website (https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf) or 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.

Section 6.3 – Getting Help from Medicaid

To get information from Medicaid you can call Arkansas Medicaid at 1-800-482-8988. TTY users should call 1-800-285-1131.

Member Services: 1-877-372-1033 (TTY users call 711)
8:00 a.m. to 8:00 p.m., 7 days a week

TributeMedicare.com