



Care worthy of our
parents, not just patients.

Tribute
SELECT
(HMO-POS I-SNP)

TributeMedicare.com

Welcome to Tribute Health Plans

Tribute Health Plans are made available by Arkansas Superior Select, Inc.

Our health plans are “all-in-one” including doctor, hospital, and pharmacy services and developed with your needs in mind.

TRIBUTE SELECT (HMO-POS I-SNP) – A Medicare Advantage special needs plan for Arkansas residents with Medicare Parts A and B and who reside in a long-term care setting or require a nursing home level of care at home.



The Tribute Difference

- We are Arkansas-based.
- We are owned and operated by Arkansans for Arkansans.
- We focus on each Arkansas county as a special part of our plan.
- We understand that, whether you live in the city or the country, you have healthcare needs that may not be met in today's world.

Is a Tribute Health Plan Right for You?

Tribute Health Plan members maximize benefits through the following:

- More frequent primary care through assigned Registered Nurse Health Navigators. RN Navigators are exclusive to Tribute Select members in long-term care settings and involved with health condition assessments and coordination of needed services.
- Utilizing In-Network providers
- Adhering to Annual Wellness visit schedules and care planning
- Completing medically necessary therapy plans
- Telehealth services that connect you with a medical or behavioral health provider

Tribute Health Plan Agents

Tribute Health Plans are often sold through licensed insurance agents with experience and a personal mission for service.

- All agents are either employed by the plan or paid a commission for each sale
- Agents are NOT employed by the government, Medicare or Medicaid
- Agents are only allowed to discuss Tribute Health Plans with your permission and after a Scope of Appointment

Note: Medicare beneficiaries are not obligated to join any Medicare Advantage Plan.

Making the Decision

We encourage our members to include their trusted advisors when considering enrollment.

1. Do you normally make your own health care decisions?
2. Do you have an assigned Power of Attorney (POA) to assist with health care decisions?
3. Do you have a friend or family members (not your POA) to help with important decisions?

Understanding The Parts of Medicare



Medicare Part A – Hospital Care

Medicare Part A covers hospital stays, skilled nursing facility care and some follow-up costs. It also covers home health services and hospice care as long as certain conditions are met.



Medicare Part B – Outpatient Medical Care

Medicare Part B covers services generally referred to as “outpatient care” and includes services and supplies that are considered medically necessary.

Examples of Part B-covered items:

Doctor visits • Lab tests • X-rays • Screening exams • Annual flu shots • Ambulance services Durable medical equipment (DME) • In-home care, physical and speech therapy



Medicare Part C – Medicare Advantage

Medicare Advantage Plans are considered Healthcare “All-In-One.” These are optional plans administered by a private company that provides Part A and Part B coverages, Part D prescription drugs, plus additional benefits. When you choose a Medicare Advantage plan, you are still in Medicare, but the terms and conditions are different.



Medicare Part D – Medicare Prescription Drug Plans

Medicare Part D, or Prescription Drug Plans, are designed to cover prescription drugs for Medicare beneficiaries. Any individual who is eligible for Medicare Part A or Part B may purchase a Part D plan, regardless of income or health status. Part D plans are offered by private insurers and benefit levels and costs vary widely amongst different carriers and companies. Most of the time, if a person enrolls in a Medicare Advantage Plan (Part C), Part D drug coverage will be included as part of the policy.

Understanding Tribute Health Plan Options

If I enroll in a Tribute Health Plan option, do I lose my Medicare coverage?

No. When you join a Tribute Health Plan, you are still in Medicare and do not lose any benefits. All services covered by Part A and B are covered by your Tribute Health Plan.

Do I lose Medicaid Benefits?

No. Any service that Medicaid would provide when you have Original Medicare Part A and B will be available when you have Tribute. Our staff is required to help coordinate such benefits called “Medicaid Only Benefits” to help ensure you receive the benefits from both plans (Tribute and Medicaid).

Are there Extra Benefits?

Yes. In addition to Medicare Part A and Part B coverages and services, Tribute Select includes additional supplemental benefits like more frequent Goals of Care Reviews, Health Education, Counseling Services and Cognitive Care wellness items.

Special Opportunities for Special Needs Members

- **Direct Admission for Skilled Care needs**

No qualifying hospital stay requirement to access skilled nursing care

- **Members have access to assigned Registered Nurse Navigators in many long-term care facilities**

Provides access to primary care through our team of dedicated professionals



Can I Live Anywhere in Arkansas and Enroll in a Tribute Health Plan?

YES! Tribute Health Plans are available in your home town. Our plans are available in all 75 Arkansas counties.

Other Services for Tribute Health Plan members

If I am traveling and have an emergency, am I covered?

Yes. Emergency care is available whenever you need it, anywhere in the U.S. or its territories. You never need prior authorization for emergency care at a hospital or ambulance.

Are the costs for medical care and prescriptions the same as Original Medicare and Medicaid?

Yes. Since you retain your Medicaid coverage, your out-of-pocket costs are the same as under Original Medicare. The Summary of Benefits for our plans will describe some of the more common costs for the plans.



Networks & Primary Care Providers (PCPs)

Is there a network with Tribute Health Plans?

Yes. We have a network of physicians, hospitals, specialists, and other health care providers throughout the service area. You should use a network provider when needing traditional care or you may be required to pay for those services.*

****In cases of emergency – you do not have to see a network provider.****

Am I required to select a Primary Care Provider (PCP)?

Yes. Your PCP is the central point for health care services and will direct (or refer) you to a specialist for certain services. We will ask you to choose a PCP or we can assign a PCP for you if you need assistance. A PCP can be changed at any time.

How much does it cost?

- In 2025, Tribute Select has a \$0 to \$20.90 Monthly Premium, determined by your level of “Extra Help”
- Also, depending on your level of “Extra Help,” prescription co-pays can range from \$0 to \$12.15 for 2025
- **IMPORTANT: Co-insurances, co-pays and deductibles will be \$0 if you have secondary coverage through Arkansas Medicaid**

How To Enroll

1. Visit TributeMedicare.com. From our website, we've made it easy to complete and submit your enrollment form using one of the following methods:



Online. Enroll electronically with online form.



By Mail. From the website, print and complete the enrollment form and mail to:

Tribute Health Plans
PO Box 3630
Little Rock, AR 72202



By Fax. If using a printed form, complete and fax to:
(866) 819-4774

2. To work directly with an agent, call 1 (877) 372-1033.

3. To request enrollment through Medicare, call 1-800-MEDICARE.

Use Plan ID# H1587-003

BE READY WITH YOUR:

- Medicare & Medicaid number
- Your Primary Care Provider (PCP) choice OR leave section blank and we will assign a PCP
- Your signature or that of your POA or responsible party

After You Enroll

Your enrollment form will be processed and sent to Medicare for eligibility confirmation. Once Medicare confirms your eligibility, the following steps will occur:

Welcome Packet

A new member welcome packet and ID card will be mailed to you with contact information for our Customer Care center. The packet will also include the Evidence of Coverage (policy book with all rules and procedures) and a Summary of Benefits.

Health Risk Assessment (Within 90 Days of Effective Coverage Date)

Our Case Management team will contact you to complete a Health Risk Assessment (HRA). The HRA is conducted face to face or telephonically. An HRA is completed with new plan members within 90 days of the effective date of coverage.

For more information, visit TributeMedicare.com to access our Provider Directory, Pharmacy Directory, and our Prescription Drug Formulary (List of Covered Prescription Drugs).

Claims Questions & Appeals Process

Member Services (877) 372-1033 (TTY call 711) 8 a.m. to 8 p.m., 7 days a week
1-800-MEDICARE, 24 hours a day, 7 days a week