



2026 Annual Notice of Changes

Care worthy of our
parents, not just patients.

Tribute
SELECT
(HMO-POS I-SNP)

TributeMedicare.com

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

Annual Notice of Change for 2026

You're enrolled as a member of Tribute Select.

This material describes changes to our plan's costs and benefits next year.

- **You have from October 15 – December 7 to make changes to your Medicare coverage for next year.** If you don't join another plan by December 7, 2025, you'll stay in Tribute Select.
- To change to a **different plan**, visit www.Medicare.gov or review the list in the back of your *Medicare & You 2026* handbook.
- Note this is only a summary of changes. More information about costs, benefits, and rules is in the *Evidence of Coverage*. Get a copy at www.TributeMedicare.com or call Member Services at 1-877-372-1033 (TTY users call 711) to get a copy by mail.

More Resources

- Call Member Services at 1-877-372-1033 (TTY users call 711) for more information. Hours are 8 a.m. to 8 p.m., 7 days a week. This call is free.
- This document may be available in an alternative format (braille, etc.). Please contact Member Services for more information.

About Tribute Select

- Tribute Select (HMO-POS I-SNP) is a Health Plan with a Medicare Contract. Enrollment in Tribute Select depends on contract renewal.
- When this material says “we,” “us,” or “our,” it means Arkansas Superior Select, Inc. When it says “plan” or “our plan,” it means Tribute Select.
- **If you do nothing by December 7, 2025, you'll automatically be enrolled in Tribute Select.** Starting January 1, 2026, you'll get your medical and drug coverage through Tribute Select. Go to Section 3.1 for more information about how to change plans and deadlines for making a change.

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Summary of Important Costs for 2026

	2025 (this year)	2026 (next year)
Monthly plan premium* * Your premium can be higher than this amount. Go to Section 1.1 for details.	\$0	\$0 No change
Deductible	\$0-1,676 except for insulin furnished through an item of durable medical equipment.	\$0-1,736 except for insulin furnished through an item of durable medical equipment.
Maximum out-of-pocket amount This is the <u>most</u> you'll pay out of pocket for covered Part A and Part B services. (Go to Section 1.2 for details.)	\$9,350	\$9,250
Primary care office visits	\$0 per visit	0-20% coinsurance per visit
Specialist office visits	\$0 per visit	0-20% coinsurance per visit
Inpatient hospital stays Includes inpatient acute, inpatient rehabilitation, long-term care hospitals, and other types of inpatient hospital services. Inpatient hospital care starts the	\$0-1,676 deductible for each benefit period Days 1-60: \$0 coinsurance Days 61-90: \$0-419 coinsurance	\$0-1,736 deductible for each benefit period Days 1-60: \$0 coinsurance Days 61-90: \$0-434 coinsurance

	2025 (this year)	2026 (next year)
day you're formally admitted to the hospital with a doctor's order. The day before you're discharged is your last inpatient day.	Days 91 and beyond: \$0-838 coinsurance per each "lifetime reserve day" (up to 60 days over your lifetime) Beyond lifetime reserve days: all costs	Days 91 and beyond: \$0-868 coinsurance per each "lifetime reserve day" (up to 60 days over your lifetime) Beyond lifetime reserve days: all costs
Part D drug coverage deductible (Go to Section 1.7 for details.)	Deductible: \$0-\$590 except for covered insulin products and most adult Part D vaccines.	Deductible: \$0-\$615 except for covered insulin products and most adult Part D vaccines.
Part D drug coverage (Go to Section 1.7 for details, including Yearly Deductible, Initial Coverage, and Catastrophic Coverage Stages.)	Copayment during the Initial Coverage Stage: Drug Tier 1: For generic either: • \$0 copay; or • \$1.60 copay; or • \$4.90 copay For all other drugs: • \$0 copay; or • \$4.80 copay; or • \$12.15 copay OR Standard Benefit Coinsurance during the Initial Coverage Stage: Drug Tier 1: 25% of the total cost. Catastrophic Coverage Stage:	Copayment during the Initial Coverage Stage: Drug Tier 1: For generic either: • \$0 copay; or • \$1.60 copay; or • \$5.10 copay For all other drugs: • \$0 copay; or • \$4.90 copay; or • \$12.65 OR Standard Benefit Coinsurance during the Initial Coverage Stage: Drug Tier 1: 25% of the total cost. You pay up to \$35 per month supply of each covered insulin product on this tier.

	2025 (this year)	2026 (next year)
	During this payment stage, you pay nothing for your covered Part D drugs.	Catastrophic Coverage Stage: During this payment stage, you pay nothing for your covered Part D drugs.

SECTION 1 Changes to Benefits & Costs for Next Year

Section 1.1 Changes to the Monthly Plan Premium

	2025 (this year)	2026 (next year)
Monthly plan premium (You must also continue to pay your Medicare Part B premium.)	\$0	\$0 No change
Part B premium reduction This amount will be deducted from your Part B premium. This means you'll pay less for Part B.	\$2.50	\$57.70

Factors that could change your Part D Premium Amount

- Late Enrollment Penalty - Your monthly plan premium will be *more* if you're required to pay a lifetime Part D late enrollment penalty for going without other drug coverage that's at least as good as Medicare drug coverage (also referred to as creditable coverage) for 63 days or more.
- Higher Income Surcharge - If you have a higher income, you may have to pay an additional amount each month directly to the government for Medicare drug coverage.
- Extra Help - Your monthly plan premium will be *less* if you get Extra Help with your drug costs. Go to Section 4 for more information about Extra Help from Medicare.

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've paid this amount, you generally pay nothing for covered Part A and Part B services for the rest of the calendar year.

	2025 (this year)	2026 (next year)
Maximum out-of-pocket amount Your costs for covered medical services (such as copayments and deductibles) count toward your maximum out-of-pocket amount. Your costs for prescription drugs don't count toward your maximum out-of-pocket amount.	\$9,350	\$9,250 Once you've paid \$9,250 out of pocket for covered Part A and Part B services, you'll 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 Network

Our network of providers has changed for next year. Review the 2026 *Provider Directory* www.TributeMedicare.com to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network. Here's how to get an updated *Provider Directory*:

- Visit our website at www.TributeMedicare.com.
- Call Member Services at 1-877-372-1033 (TTY users call 711) to get current provider information or to ask us to mail you a *Provider Directory*.

We can make changes to the hospitals, doctors, and specialists (providers) that are part of our plan during the year. If a mid-year change in our providers affects you, call Member Services at 1-877-372-1033 (TTY users call 711) for help. For more information on your rights when a network provider leaves our plan, go to Chapter 3, Section 2.3 of your *Evidence of Coverage*.

Section 1.4 Changes to the Pharmacy Network

Amounts you pay for your prescription drugs can depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered *only* if they are filled at one of our network pharmacies.

Our network of pharmacies has changed for next year. Review the 2026 *Pharmacy Directory* www.TributeMedicare.com to see which pharmacies are in our network. Here's how to get an updated *Pharmacy Directory*:

- Visit our website at www.TributeMedicare.com.
- Call Member Services at 1-877-372-1033 (TTY users call 711) to get current pharmacy information or to ask us to mail you a Pharmacy Directory.

We can make changes to the pharmacies that are part of our plan during the year. If a mid-year change in our pharmacies affects you, call Member Services at 1-877-372-1033 (TTY users call 711) for help.

Section 1.5 Changes to Benefits & Costs for Medical Services

	2025 (this year)	2026 (next year)
Advanced Placement of Durable Medical Equipment (DME)	Plan does not allow for early placement of Medicare-covered Durable Medical Equipment (DME) as a supplemental benefit.	Plan allows for early placement of Medicare-covered Durable Medical Equipment (DME), when medically necessary, to prevent the decline of individual health as a supplemental benefit.

Additional Telehealth Benefits

Plan does not allow for the coverage of additional telehealth benefits on the following Medicare-covered services:

Inpatient Psychiatric Hospitalization

Supervised Exercise Therapy (SET) for Peripheral Arterial Disease (PAD) Services

Partial Hospitalization

Chiropractic Services

Diagnostic Procedures and Tests

Lab Services

Diagnostic and Therapeutic Radiological Services

Outpatient X-Ray Services

Outpatient Hospital and Observation Services

Ambulatory Surgical Center (ASC) Services

Outpatient Blood Services

Ground and Air Ambulance Services

Dialysis Services

Medicare-covered Zero Dollar Preventative Services

Plan allows for the coverage of additional telehealth benefits on the following Medicare-covered services:

Inpatient Psychiatric Hospitalization

Supervised Exercise Therapy (SET) for Peripheral Arterial Disease (PAD) Services

Partial Hospitalization

Chiropractic Services

Diagnostic Procedures and Tests

Lab Services

Diagnostic and Therapeutic Radiological Services

Outpatient X-Ray Services

Outpatient Hospital and Observation Services

Ambulatory Surgical Center (ASC) Services

Outpatient Blood Services

Ground and Air Ambulance Services

Dialysis Services

Medicare-covered Zero Dollar Preventative Services

Kidney Disease Education Services

	2025 (this year)	2026 (next year)
Additional Telehealth Benefits (continued)	Kidney Disease Education Services Glaucoma Screening Diabetes Self- Management Training Digital Rectal Exams EKG following Welcome Visit Medicare-covered Dental, Vision, and Hearing Services	Glaucoma Screening Diabetes Self- Management Training Digital Rectal Exams EKG following Welcome Visit Medicare-covered Dental, Vision, and Hearing Services
Annual Physical Exam	Plan <u>does not</u> allow for an extra wellness visit per year, in addition to the yearly Medicare- covered visit as a supplemental benefit.	Plan allows for an extra wellness visit per year, in addition to the yearly Medicare-covered visit as a supplemental benefit.
Chiropractic Services	You pay a coinsurance of 0% for Medicare-covered chiropractic services.	You pay a coinsurance of 20% for Medicare- covered chiropractic services.
Durable Medical Equipment (DME)	You pay a coinsurance of 0% for Medicare-covered durable medical equipment (DME).	You pay a coinsurance of 20% for Medicare- covered durable medical equipment (DME).
Emergency Services	You pay 20% of the total cost for Medicare- covered emergency services with a maximum copay of \$110 per visit.	You pay 20% of the total cost for Medicare- covered emergency services with a maximum copay of \$115 per visit.

	2025 (this year)	2026 (next year)
Health Education Services	Plan <u>does not</u> allow for Health Education Services as a supplemental benefit.	Plan allows for Health Education Services as a supplemental benefit. Education will center around reducing fall risks, improving member outcomes, and supporting a culture of safety across the care environment with the RISE (Response and Interventions towards Safety for Elders) Program.
Inpatient hospital stays	\$0-\$1,676 deductible for each benefit period Days 1-60: \$0 coinsurance Days 61-90: \$0-\$419 coinsurance Days 91 and beyond: \$0-\$838 coinsurance per each “lifetime reserve day” (up to 60 days over your lifetime) Beyond lifetime reserve days: all costs	\$0-\$1,736 deductible for each benefit period Days 1-60: \$0 coinsurance Days 61-90: \$0-\$434 coinsurance Days 91 and beyond: \$0-\$868 coinsurance per each “lifetime reserve day” (up to 60 days over your lifetime) Beyond lifetime reserve days: all costs
Kidney Disease Education Services	You pay a coinsurance of 0% for Medicare-covered kidney disease education services.	You pay a coinsurance of 20% for Medicare-covered kidney disease education services.

	2025 (this year)	2026 (next year)
Mental Health Specialty Services	You pay a coinsurance of 0% for Medicare-covered mental health specialty services.	You pay a coinsurance of 20% for Medicare-covered mental health specialty services.
Opioid Treatment Program Services	You pay a coinsurance of 0% for Medicare-covered opioid treatment program services.	You pay a coinsurance of 20% for Medicare-covered opioid treatment program services.
Outpatient Diagnostic Procedures, Tests, and Lab Services	You pay a coinsurance of 0% for Medicare-covered outpatient diagnostic procedures, tests, and lab services.	You pay a coinsurance of 20% for Medicare-covered outpatient diagnostic procedures, tests, and lab services.
Outpatient Diagnostic and Therapeutic Radiological Services	You pay a coinsurance of 20% for Medicare-covered outpatient diagnostic and therapeutic radiological services.	You pay a coinsurance of 0% for Medicare-covered outpatient diagnostic and therapeutic radiological services.
Partial Hospitalization and Intensive Outpatient Program Services	You pay a coinsurance of 0% for Medicare-covered partial hospitalization and intensive outpatient program services.	You pay a coinsurance of 20% for Medicare-covered partial hospitalization and intensive outpatient program services.

	2025 (this year)	2026 (next year)
Physician Specialist Services (excluding Psychiatric Services)	You pay a coinsurance of 0% for Medicare-covered physician specialist services (excluding psychiatric services).	You pay a coinsurance of 20% for Medicare-covered physician specialist services (excluding psychiatric services).
Podiatry Services	You pay a coinsurance of 0% for Medicare-covered podiatry services.	You pay a coinsurance of 20% for Medicare-covered podiatry services.
Point of Service (POS) out-of-network coverage	Out-of-network services are available for primary care physician services, durable medical equipment (DME), barium enemas. Authorization required for some services, see Pre-Authorization Requirements. Comprehensive Dental is <u>not</u> covered under the Point of Service (POS) benefit.	Out-of-network services are available for Medicare-covered dental. Authorization required for some services, see Pre-Authorization Requirements. Primary Care Physician Services, Durable Medical Equipment (DME) and Barium Enemas are <u>not</u> covered under the Point of Service (POS) benefit.
Primary Care Physician Services	You pay a coinsurance of 0% for Medicare-covered primary care physician services.	You pay a coinsurance of 20% for Medicare-covered primary care physician services.

Prior Authorization Requirements

You are not required to get a prior authorization from the plan for the following in-network benefits:

Cardiac and Intensive Cardiac Rehabilitation Services

Pulmonary Rehabilitation Services

Supervised Exercise Therapy (SET) for Peripheral Arterial Disease (PAD) Services

Diagnostic and Therapeutic Radiological Services

Individual and Group Sessions for Outpatient Substance Abuse

You are not required to get a prior authorization from the plan for the following Point of Service (POS) benefits:

Cardiac and Intensive Cardiac Rehabilitation Services

Pulmonary Rehabilitation Services

Supervised Exercise Therapy (SET) for Peripheral Arterial Disease (PAD) Services

Partial Hospitalization

You are required to get a prior authorization from the plan for the following in-network benefits:

Cardiac and Intensive Cardiac Rehabilitation Services

Pulmonary Rehabilitation Services

Supervised Exercise Therapy (SET) for Peripheral Arterial Disease (PAD) Services

Diagnostic and Therapeutic Radiological Services

Individual and Group Sessions for Outpatient Substance Abuse

You are required to get a prior authorization from the plan for the following Point of Service (POS) benefits:

Cardiac and Intensive Cardiac Rehabilitation Services

Pulmonary Rehabilitation Services

Supervised Exercise Therapy (SET) for Peripheral Arterial Disease (PAD) Services

Partial Hospitalization

	2025 (this year)	2026 (next year)
Prior Authorization Requirements (continued)	Individual and Group Mental Health Specialty Services Individual and Group Psychiatric Services Diagnostic and Therapeutic Radiological Services Individual and Group Sessions for Outpatient Substance Abuse Prosthetic Devices and Medical Supplies	Individual and Group Mental Health Specialty Services Individual and Group Psychiatric Services Diagnostic and Therapeutic Radiological Services Individual and Group Sessions for Outpatient Substance Abuse Prosthetic Devices and Medical Supplies
Psychiatric Services	You pay a coinsurance of 0% for Medicare-covered psychiatric services.	You pay a coinsurance of 20% for Medicare-covered psychiatric services.

	2025 (this year)	2026 (next year)
Special Supplemental Benefits for the Chronically Ill (SSBCI)	Special Supplemental Benefits for the Chronically Ill (SSBCI) are offered as a supplemental benefit. Eligible members pay 0% for this benefit and will receive 1 Memory Activity Box which will contain items such as puzzles and sensory items to help with memory and cognitive stimulation. In addition to the Memory Activity Box, eligible members will also receive \$25 per month (\$150 total per year) debit card for the purchase of healthy food, produce, and snacks. Not all members will qualify. See Evidence of Coverage for details.	Special Supplemental Benefits for the Chronically Ill (SSBCI) are <u>not</u> offered as a supplemental benefit.
Urgently Needed Services	You pay 20% of the total cost for Medicare-covered urgently needed services with a maximum copay of \$45 per visit.	You pay 20% of the total cost for Medicare-covered urgently needed services with a maximum copay of \$40 per visit.

Section 1.6 Changes to Part D 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, which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs, or moving them to a different cost-sharing tier. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier.**

Most of the changes in the Drug List are new for the beginning of each year. However, we might make other changes that are allowed by Medicare rules that will affect you during the calendar year. We update our online Drug List at least monthly to provide the most up-to-date list of drugs. If we make a change that will affect your access to a drug you're taking, we'll send you a notice about the change.

If you're affected by a change in drug coverage at the beginning of the year or during the year, review Chapter 9 of your *Evidence of Coverage* and talk to your prescriber to find out your options, such as asking for a temporary supply, applying for an exception, and/or working to find a new drug. Call Member Services at 1-877-372-1033 (TTY users call 711) for more information.

Section 1.7 Changes to Prescription Drug Benefits & Costs

Do you get Extra Help to pay for your drug coverage costs?

If you're in a program that helps pay for your drugs (Extra Help), **the information about costs for Part D drugs may not apply to you.** We sent you a separate material, called the *Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs*, which tells you about your drug costs. If you get Extra Help and you don't get this material by 9/30/2025, call Member Services at 1-877-372-1033 (TTY users call 711) and ask for the *LIS Rider*.

Drug Payment Stages

There are **3 drug payment stages**: the Yearly Deductible Stage, the Initial Coverage Stage, and the Catastrophic Coverage Stage. The Coverage Gap Stage and the Coverage Gap Discount Program no longer exist in the Part D benefit.

- **Stage 1: Yearly Deductible**

You start in this payment stage each calendar year. During this stage, you pay the full cost of your Part D drugs until you've reached the yearly deductible.

- **Stage 2: Initial Coverage**

Once you pay the yearly deductible, you move to the Initial Coverage Stage. In this stage, our plan pays its share of the cost of your drugs, and you pay your share of the

cost. You generally stay in this stage until your year-to-date total drug costs reach \$2,100.

- **Stage 3: Catastrophic Coverage**

This is the third and final drug payment stage. In this stage, you pay nothing for your covered Part D drugs. You generally stay in this stage for the rest of the calendar year.

The Coverage Gap Discount Program has been replaced by the Manufacturer Discount Program. Under the Manufacturer Discount Program, drug manufacturers pay a portion of our plan’s full cost for covered Part D brand name drugs and biologics during the Initial Coverage Stage and the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program don’t count toward out-of-pocket costs.

Drug Costs in Stage 1: Yearly Deductible

The table shows your cost per prescription during this stage.

	2025 (this year)	2026 (next year)
Yearly Deductible	\$0-\$590	\$0-\$615

Drug Costs in Stage 2: Initial Coverage

Most adult Part D vaccines are covered at no cost to you. For more information about the costs of vaccines, or information about the costs for a long-term supply; or for mail-order prescriptions, go to Chapter 6 of your *Evidence of Coverage*.

Once you’ve paid \$2,100 out of pocket for covered Part D drugs, you’ll move to the next stage (the Catastrophic Coverage Stage).

	2025 (this year)	2026 (next year)
Initial Coverage	Your cost for a one-month supply filled at a network pharmacy with standard cost sharing is: Drug Tier 1: For generic either: • \$0 copay; or • \$1.60 copay; or • \$4.90 copay For all other drugs: • \$0 copay; or • \$4.80 copay; or • \$12.15 copay OR Standard Benefit Coinsurance during the Initial Coverage Stage: Drug Tier 1: 25% of the total cost.	Your cost for a one-month supply filled at a network pharmacy with standard cost sharing is: Drug Tier 1: For generic either: • \$0 copay; or • \$1.60 copay; or • \$5.10 copay For all other drugs: • \$0 copay; or • \$4.90 copay; or • \$12.65 copay OR Standard Benefit Coinsurance during the Initial Coverage Stage: Drug Tier 1: 25% of the total cost. You pay up to \$35 per month supply of each covered insulin product on this tier.

Changes to the Catastrophic Coverage Stage

For specific information about your costs in the Catastrophic Coverage Stage, go to Chapter 6, Section 6 in your *Evidence of Coverage*.

SECTION 2 Administrative Changes

	2025 (this year)	2026 (next year)
Medicare Prescription Payment Plan	The Medicare Prescription Payment Plan is a payment option that began this year and can help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January-December). You may be participating in this payment option.	If you're participating in the Medicare Prescription Payment Plan and stay in the same Part D plan, your participation will be automatically renewed for 2026. To learn more about this payment option, call us at 1-877-372-1033 (TTY users call 711) or visit www.Medicare.gov.

SECTION 3 How to Change Plans

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

If you want to change plans for 2026, follow these steps:

- **To change to a different Medicare health plan,** enroll in the new plan. You'll be automatically disenrolled from Tribute Select.
- **To change to Original Medicare with Medicare drug coverage,** enroll in the new Medicare drug plan. You'll be automatically disenrolled from Tribute Select.
- **To change to Original Medicare without a drug plan,** you can send us a written request to disenroll. Call Member Services at 1-877-372-1033 (TTY users call 711) for more information on how to do this. Or call **Medicare** at 1-800-MEDICARE (1-800-633-4227) and ask to be disenrolled. TTY users can call 1-877-486-2048. If you don't enroll in a Medicare drug plan, you may pay a Part D late enrollment penalty (go to Section 1.1).

- **To learn more about Original Medicare and the different types of Medicare plans,** visit www.Medicare.gov, check the *Medicare & You 2026* handbook, call your State Health Insurance Assistance Program (go to Section 5), or call 1-800-MEDICARE (1-800-633-4227). As a reminder, Arkansas Superior Select, Inc offers other Medicare health plans. These other plans can have different coverage, monthly plan premiums, and cost-sharing amounts.

Section 3.1 Deadlines for Changing Plans

People with Medicare can make changes to their coverage from **October 15 – December 7** each year.

If you enrolled in a Medicare Advantage plan for January 1, 2026, and don't like your plan choice, you can switch to another Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) between January 1 – March 31, 2026.

Section 3.2 Are there other times of the year to make a change?

In certain situations, people may have other chances to change their coverage during the year. Examples include people who:

- Have Medicaid
- Get Extra Help paying for their drugs
- Have or are leaving employer coverage
- Move out of our plan's service area

If you recently moved into, or currently live in, 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 (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for 2 full months after the month you move out.

SECTION 4 Get Help Paying for Prescription Drugs

You may qualify for help paying for prescription drugs. Different kinds of help are available:

- **Extra Help from Medicare.** People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly drug plan premiums, yearly deductibles, and coinsurance. Also, people who qualify won't have a late enrollment penalty. To see if you qualify, call:

- 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048, 24 hours a day, 7 days a week.
- Social Security at 1-800-772-1213 between 8 a.m. and 7 p.m., Monday – Friday for a representative. Automated messages are available 24 hours a day. TTY users can call 1-800-325-0778.
- Your State Medicaid Office.
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible people living with HIV/AIDS have access to life-saving HIV medications. To be eligible for the ADAP operating in your state, you 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 drugs that are also covered by ADAP qualify for prescription cost-sharing help through the Arkansas AIDS Drug Assistance Program. For information on eligibility criteria, covered drugs, how to enroll in the program, or, if you're currently enrolled, how to continue getting help, call 501-661-2408. Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.
- **The Medicare Prescription Payment Plan.** The Medicare Prescription Payment Plan is a payment option that works with your current drug coverage to help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January – December). Anyone with a Medicare drug plan or Medicare health plan with drug coverage (like a Medicare Advantage plan with drug coverage) can use this payment option. **This payment option might help you manage your expenses, but it doesn't save you money or lower your drug costs.**

Extra Help from Medicare and help from your SPAP and ADAP, for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan. All members are eligible to participate in the Medicare Prescription Payment Plan payment option. To learn more about this payment option, call us at 1-877-372-1033 (TTY users call 711) or visit www.Medicare.gov.

SECTION 5 Questions?

Get Help from Tribute Select

- **Call Member Services at 1-877-372-1033. (TTY users call 711.)**

We're available for phone calls 8 a.m. to 8 p.m., 7 days a week. Calls to this number are free.

- **Read your 2026 Evidence of Coverage**

This *Annual Notice of Change* gives you a summary of changes in your benefits and costs for 2026. For details, go to the 2026 *Evidence of Coverage* for Tribute Select. The

Evidence of Coverage is the legal, detailed description of our plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. Get the *Evidence of Coverage* on our website at www.TributeMedicare.com or call Member Services at 1-877-372-1033 (TTY users call 711) to ask us to mail you a copy.

- **Visit www.TributeMedicare.com**

Our website has the most up-to-date information about our provider network (*Provider Directory/Pharmacy Directory*) and our *List of Covered Drugs* (formulary/Drug List).

Get Free Counseling about Medicare

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

Call Arkansas Senior Health Insurance Information Program (SHIIP) to get free personalized health insurance counseling. They can help you understand your Medicare plan choices and answer questions about switching plans. Call Arkansas Senior Health Insurance Information Program (SHIIP) at 1-800-224-6330. Learn more about Arkansas Senior Health Insurance Information Program (SHIIP) by visiting <https://www.insurance.arkansas.gov/consumer-services/senior-health/>.

Get Help 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 can call 1-877-486-2048.

- **Chat live with www.Medicare.gov**

You can chat live at www.Medicare.gov/talk-to-someone.

- **Write to Medicare**

You can write to Medicare at PO Box 1270, Lawrence, KS 66044

- **Visit www.Medicare.gov**

The official Medicare website has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area.

- **Read *Medicare & You 2026***

The *Medicare & You 2026* handbook is mailed to people with Medicare every fall. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. Get a copy at www.Medicare.gov or by calling 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.