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2026

Summary of
Benefits

AIPCares.com

Medicare^{Rx}
Prescription Drug Coverage

Arkansas
Integrated
Providers
AIP DUAL ADVANTAGE
(HMO D-SNP)

Summary of Benefits Plan Year 2026

This is a summary of drug and health services covered by
Arkansas Integrated Providers (AIP) Dual Advantage (HMO D-SNP)
January 1, 2026 – December 31, 2026

Arkansas Integrated Providers (AIP) Dual Advantage (HMO D-SNP) is a Medicare Advantage HMO plan 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” (EOC) which can be accessed from our website, www.AIPCares.com, or you can call and request one be mailed to you. To join AIP Dual Advantage (HMO D-SNP), you must be entitled to Medicare Part A, be enrolled in Medicare Part B and Arkansas Medicaid, and live in Arkansas. AIP Dual Advantage (HMO D-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 AIP Dual Advantage, contact Member Services at:

1-866-488-5457

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.AIPCares.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, Deductible, and Limits on What you Pay	AIP Dual Advantage (HMO D-SNP)
Monthly Premium	You pay nothing <i>You must continue to pay your Medicare Part B premium or ensure that your coverage continues.</i>
Part B Premium Reduction	\$18.10
Deductible	You pay nothing
Maximum Out-of-Pocket Responsibility <ul style="list-style-type: none"> • Does not include prescription drugs 	\$9,250 annually

Covered Medical and Hospital Benefits	AIP Dual Advantage (HMO D-SNP)
Inpatient Hospital Coverage	You pay nothing <i>Prior Authorization is required</i>
Outpatient Hospital Coverage	You pay nothing
Ambulatory Surgery Center	You pay nothing
Doctor Visits <ul style="list-style-type: none"> • Primary • Specialist 	You pay nothing
Preventative Care	You pay nothing
Emergency Care	You pay nothing
Urgently Needed Services	You pay nothing
Diagnostic Services, Lab Services, and Imaging <ul style="list-style-type: none"> • Diagnostic radiology service (ex. MRI) • Lab services • Diagnostic tests and procedures • Outpatient x-rays 	You pay nothing

Covered Medical and Hospital Benefits	AIP Dual Advantage (HMO D-SNP)
<p>Hearing Services</p> <ul style="list-style-type: none"> • Medicare covered services • \$500 annual supplemental benefit provided for non-Medicare covered hearing services such as routine exams, fittings and evaluations, hearing devices, and services. Funds are provided via debit card. 	<p>You pay nothing for Medicare covered services</p> <p>You pay nothing for \$500 annual supplemental benefit</p>
<p>Dental Services</p> <ul style="list-style-type: none"> • Medicare covered services 	<p>You pay nothing for Medicare covered services</p>
<p>Vision Services</p> <ul style="list-style-type: none"> • Medicare covered services • \$450 annual supplemental benefit provided for non-Medicare covered services such as routine eye exams, contact lenses, eyeglass lenses and frames, and upgrades. Funds are provided via debit card. 	<p>You pay nothing for Medicare covered services</p> <p>You pay nothing for \$450 annual supplemental benefit</p>
<p>Mental Health Services</p> <ul style="list-style-type: none"> • Inpatient visits • Outpatient group therapy visits • Outpatient individual therapy visits 	<p>You pay nothing</p> <p><i>Prior Authorization is required</i></p>
<p>Skilled Nursing Facility</p>	<p>You pay nothing</p> <p><i>Zero hospital days required prior to SNF admission</i></p> <p><i>Prior Authorization is required</i></p>
<p>Rehabilitation Services</p> <ul style="list-style-type: none"> • Occupational Therapy • Physical Therapy • Speech and Language Therapy 	<p>You pay nothing</p> <p><i>Prior Authorization is required</i></p>
<p>Ambulance Services</p> <ul style="list-style-type: none"> • Ground • Air 	<p>You pay nothing</p>

Covered Medical and Hospital Benefits	AIP Dual Advantage (HMO D-SNP)
Medicare Part B Drugs	You pay nothing <i>Prior Authorization may be required</i>
Durable Medical Equipment (DME)	You pay nothing <i>Prior Authorization is required</i>
Diabetic Supplies and Services	You pay nothing
Prosthetic Devices <ul style="list-style-type: none"> • Braces, artificial limbs, etc. 	You pay nothing <i>Prior Authorization is required</i>
Advanced Placement of Durable Medical Equipment (DME) <ul style="list-style-type: none"> • DME services may be provided prior to qualification under Medicare coverage rules, if determined to be beneficial in the prevention of the member's medical condition decline. 	You pay nothing for this supplemental benefit
Prepared Meals Benefit <ul style="list-style-type: none"> • 21 prepared meals provided for qualifying hospital discharge with no visit limit. Additional meals may be approved by case managers when determined to be medically beneficial to the member. 	You pay nothing for this supplemental benefit
Over-the-Counter (OTC) Benefit <ul style="list-style-type: none"> • Debit card loaded with \$30/month to be used for the purchase of eligible over-the-counter (OTC) items, including COVID-19 tests. No rollover of the prior month's allowance will occur. 	You pay nothing for this supplemental benefit

Covered Medical and Hospital Benefits	AIP Dual Advantage (HMO D-SNP)
<p>Healthy Choices Produce, Food, and Over-the-Counter (OTC) Benefit</p> <p>Eligible members will be provided:</p> <ul style="list-style-type: none"> • Debit card loaded with \$265/month to be used for the purchase of eligible healthy food/produce and/or over-the-counter (OTC) items. No rollover of the prior month's allowance will occur. 	<p>You pay nothing for this supplemental benefit</p> <p><i>Benefits are part of a special supplemental program for people with qualifying chronic conditions. Certain restrictions may apply. Not all members qualify; call Member Services at 1-866-488-5457 (TTY 711) to see if you qualify.</i></p>
<p>Personal Emergency Response System (PERS)</p> <ul style="list-style-type: none"> • Device provided with referral from Case Management 	<p>You pay nothing for this supplemental benefit.</p>

Outpatient Prescription Drugs

<p style="text-align: center;">Stage 1 Yearly Deductible Stage</p>	<p style="text-align: center;">Stage 2 Initial Coverage Stage</p>	<p style="text-align: center;">Stage 3 Catastrophic Coverage Stage</p>	<p style="text-align: center;">What You Should Know</p>
<p>Because you do not pay a deductible for the plan, this payment stage does not apply to you.</p> <p>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 (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 \$2,100.</p>	<p>During this stage, you pay nothing for your covered Part D drugs. (through December 31, 2026)</p>	<p>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 Member Services at 1-866-488-5457 or access our Evidence of Coverage online at www.AIPCares.com.</p>

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:
<ul style="list-style-type: none"> • \$0 copay; or • \$1.60 copay; or • \$5.10 copay 	<ul style="list-style-type: none"> • \$0 copay; or • \$4.90 copay; or • \$12.65 copay

Summary of Medicaid-Covered Benefits for AIP Dual Advantage (HMO D-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 Advantage (HMO D-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 1 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 <i>Prior Authorization is required</i>
Emergency Care	Covered only in medical emergency. No referral required: You pay nothing	You pay nothing if covered by Medicare

Benefit	Arkansas Medicaid	Tribute Advantage (HMO-POS D-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 <i>Hearing exams and hearing aids are covered under supplemental benefit</i>
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 <i>Prior authorization is required</i>
Mental Health Care	Covered services include: <ul style="list-style-type: none"> • Licensed Mental Health Practitioner Services (with referral from doctor and, in some cases, Medicaid approval, including prior authorization) • 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) • Inpatient Psychiatric Services for under age 21 	You pay nothing if covered by Medicare. <i>Prior authorization is required</i>

Benefit	Arkansas Medicaid	Tribute Advantage (HMO-POS D-SNP)
Outpatient Rehabilitation	Some services covered for people with certain illnesses or injuries, including Physical, Occupational or Speech Therapy. Pre-approval needed. Referral may be required for patients younger than age 21: You pay nothing	You pay nothing if covered by Medicare <i>Prior authorization is required</i>
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 <i>Non-Medicare covered vision services are covered under supplemental benefit</i>
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 <i>Prior Authorization is required</i>

For more information about the Arkansas Medicaid program and coverage, visit:
<https://humanservices.arkansas.gov/divisions-shared-services/medical-services/healthcare-programs/arkids/i-need-more-information-on-arkids/covered-services/>