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2027

**Summary of
Benefits**

AIPAdvantage.com

Medicare^{Rx}
Prescription Drug Coverage **Rx**

Arkansas
Integrated
Providers

**AIP DUAL ADVANTAGE
(HMO D-SNP)**

Summary of Benefits Plan Year 2027

This is a summary of drug and health services covered by
Arkansas Integrated Providers (AIP) Dual Advantage (HMO D-SNP)
January 1, 2027 – December 31, 2027

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.AIPAdvantage.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.AIPAdvantage.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. This plan provides a \$29.50 monthly reduction toward your Medicare Part B premium.</i>
Part B Premium Reduction	\$29.50
Deductible	You pay nothing
Maximum Out-of-Pocket Responsibility Does not include prescription drugs	\$9,850 annually <i>This is the plan's maximum out-of-pocket limit for Medicare-covered services. Because of your Medicaid eligibility, you are not responsible for Medicare-covered cost sharing.</i>

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 <i>Prior Authorization is required for the following: bariatric/weight loss surgeries, blepharoplasty, abdominoplasty, rhinoplasty, replacement or repair of shoulder, hip, or knees, scheduled fracture repairs, spinal fusions, and laminectomies</i>
Ambulatory Surgery Center	You pay nothing <i>Prior Authorization is required for the following: bariatric/weight loss surgeries, blepharoplasty, abdominoplasty, rhinoplasty, replacement or repair of shoulder, hip, or knees, scheduled fracture repairs, spinal fusions, and laminectomies</i>
Doctor Visits - Primary - Specialist	You pay nothing

Covered Medical and Hospital Benefits	AIP Dual Advantage (HMO D-SNP)
Preventative Care	You pay nothing
Emergency Care	You pay nothing
Urgently Needed Services	You pay nothing
Diagnostic Services, Lab Services, and Imaging - Diagnostic radiology service (ex. MRI) - Lab services - Diagnostic tests and procedures - Outpatient x-rays	You pay nothing
Hearing Services - 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.	You pay nothing for Medicare covered services or for \$500 annual supplemental benefit for non-Medicare covered services
Dental Services - Medicare covered services \$1500 annual supplemental benefit provided for non-Medicare covered diagnostic, preventive and comprehensive dental services such as oral exams, cleanings, and fluoride treatments. Funds are provided via debit card.	You pay nothing for Medicare covered services or for \$1500 annual supplemental benefit for non-Medicare covered services
Vision Services - 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.	You pay nothing for Medicare covered services or for \$450 annual supplemental benefit for non-Medicare covered services
Mental Health Services - Inpatient visits - Outpatient group therapy visits - Outpatient individual therapy visits	You pay nothing <i>Prior Authorization is required</i>
Skilled Nursing Facility Zero hospital days required prior to SNF admission	You pay nothing <i>Prior Authorization is required</i>

Covered Medical and Hospital Benefits	AIP Dual Advantage (HMO D-SNP)
Rehabilitation Services - Occupational Therapy - Physical Therapy - Speech and Language Therapy	You pay nothing <i>Prior Authorization is required</i>
Ambulance Services - Ground - Air	You pay nothing
Transportation	Not offered
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 Braces, artificial limbs, etc.	You pay nothing <i>Prior Authorization is required</i>
Advanced Placement of Durable Medical Equipment (DME) 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 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 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)
Healthy Choices Produce, Food, and Utilities Benefit Eligible members will be provided: • Debit card loaded with \$370/month to be used for the purchase of eligible healthy food/produce and/or pay for utility services. No rollover of the prior month's allowance will occur	You pay nothing for this supplemental benefit <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 (TYY 711) to see if you qualify</i>
Personal Emergency Response System (PERS) • Device provided with referral from Case Management	You pay nothing for this supplemental benefit

Outpatient Prescription Drugs			
Stage 1 Yearly Deductible Stage	Stage 2 Initial Coverage Stage	Stage 3 Catastrophic Coverage Stage	What You Should Know
Because you do not pay a deductible for the plan, this payment stage does not apply to you. If you receive “Extra Help” to pay your prescription drugs, this payment stage does not apply to you.	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 \$2,400.	During this stage, you pay nothing for your covered Part D drugs. (through December 31, 2027)	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.AIPAdvantage.com.

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 • \$1.65 copay; or • \$5.80 copay	• \$0 copay; or • \$5.00 copay; or • \$14.40 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	AIP Dual Advantage (HMO D-SNP)
Ambulance	Covered in emergencies 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	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. 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). 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	Limited dental services (does not include Comprehensive and Preventative Care): You pay nothing if covered by Medicare <i>Diagnostic, Preventative, and Comprehensive Dental services are covered under supplemental benefit</i>
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 is 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 emergencies. No referral required: You pay nothing	You pay nothing if covered by Medicare

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/>