

SUMMARY OF BENEFITS

2022



SUPERIOR HEALTHPLAN STAR+PLUS MEDICARE-MEDICAID PLAN (MMP)



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Superior HealthPlan STAR+PLUS Medicare-Medicaid Plan (MMP): Summary of Benefits 2022

Introduction

This document is a brief summary of the benefits and services covered by Superior STAR+PLUS MMP. It includes answers to frequently asked questions, important contact information, an overview of benefits and services offered, and information about your rights as a member of Superior STAR+PLUS MMP. Key terms and their definitions appear in alphabetical order in the last chapter of the *Member Handbook*.

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A. Disclaimers



This is a summary of health services covered by Superior STAR+PLUS MMP for 2022. This is only a summary. Please read the *Member Handbook* for the full list of benefits.

- ❖ Superior HealthPlan STAR+PLUS Medicare-Medicaid Plan (MMP) is a health plan that contracts with both Medicare and Texas Medicaid to provide benefits of both programs to enrollees.
- ❖ Out-of-network/non-contracted providers are under no obligation to treat Superior STAR+PLUS MMP members, except in emergency situations. Please call our Member Services number or see your *Member Handbook* for more information, including the cost-sharing that applies to out-of-network services.
- ❖ Under Superior STAR+PLUS MMP you can get your Medicare and Texas Medicaid services in one health plan. A Superior STAR+PLUS MMP Service Coordinator will help manage your health care needs.
- ❖ This is not a complete list. The benefit information is a brief summary, not a complete description of benefits. For more information contact the plan or read the *Member Handbook*.
- ❖ ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call 1-866-896-1844 (TTY: 711) from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free.
- ❖ ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-896-1844 (TTY: 711) de 8 a.m. a 8 p.m., lunes a viernes. Después de horas hábiles, los fines de semana y los días festivos, es posible que se le pida que deje un mensaje. Le devolveremos la llamada el próximo día hábil. La llamada es gratuita.
- ❖ You can get this document for free in other formats, such as large print, braille, or audio. Call 1-866-896-1844 (TTY: 711) from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free.



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- ❖ Superior HealthPlan STAR+PLUS Medicare-Medicaid Plan (MMP) wants to make sure you understand your health plan information. We can send materials to you in Spanish or in alternate formats if you ask for it this way.

Please call us if:

- You want to get your materials in Spanish or in an alternate format.
or
- You want to change the language (English/Spanish) or format that we send you materials.

If you need help understanding your plan materials, please contact Superior STAR+PLUS MMP Member Services at 1-866-896-1844 (TTY: 711). Hours are from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you may be asked to leave a message. Your call will be returned within the next business day.

- ❖ If you need more information about your benefits, please call 1-866-896-1844 (TTY: 711) or visit mmp.SuperiorHealthPlan.com to access our *Member Handbook*. If you would like a *Member Handbook* mailed to you, you may call the number above, access one from the website link provided above, or email SHPMSCONTACTUS@SuperiorHealthPlan.com.

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B. Frequently Asked Questions

The following chart lists frequently asked questions.

Frequently Asked Questions (FAQ)	Answers
What is a Medicare-Medicaid Plan?	A Medicare-Medicaid Plan is a health plan that contracts with both Medicare and Texas Medicaid to provide benefits of both programs to enrollees. It is for people with both Medicare and Medicaid. A Medicare-Medicaid Plan is an organization made up of doctors, hospitals, pharmacies, providers of long-term services and supports, and other providers. It also has Service Coordinators to help you manage all your providers and services. They all work together to provide the care you need.
What is a Superior STAR+PLUS MMP Service Coordinator?	A Superior STAR+PLUS MMP Service Coordinator is one main person for you to contact. This person helps manage all your providers and services and makes sure you get what you need.
What are long-term services and supports?	Long-term services and supports are help for people who need assistance to do everyday tasks like taking a bath, getting dressed, making food, and taking medicine. Most of these services are provided at your home or in your community but could be provided in a nursing home or hospital.

 **If you have questions**, please call Superior HealthPlan STAR+PLUS Medicare-Medicaid Plan (MMP) at 1-866-896-1844 (TTY: 711) from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free. **For more information**, visit mmp.SuperiorHealthPlan.com.

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Frequently Asked Questions (FAQ)	Answers
Will I get the same Medicare and Texas Medicaid benefits in Superior STAR+PLUS MMP that I get now?	<p>You will get your covered Medicare and Texas Medicaid benefits directly from Superior STAR+PLUS MMP. You will work with a team of providers who will help determine what services will best meet your needs. This means that some of the services you get now may change. You will get almost all of your covered Medicare and Texas Medicaid benefits directly from Superior STAR+PLUS MMP, but you may get some benefits the same way you do now, outside of the plan.</p> <p>When you enroll in Superior STAR+PLUS MMP, you and your service coordination team will work together to develop a Plan of Care to address your health and support needs. During this time, you can keep using your doctors and getting your current services for 90 days (six months for long-term services and supports (LTSS), or nine months if you are diagnosed with and receiving treatment for a terminal illness), or until your Plan of Care is complete. When you join our plan, if you are taking any Medicare Part D prescription drugs that Superior STAR+PLUS MMP does not normally cover, you can get a temporary supply. We will help you get another drug or get an exception for Superior STAR+PLUS MMP to cover your drug, if medically necessary.</p>

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Frequently Asked Questions (FAQ)	Answers
Can I go to the same doctors I use now?	<p>Often that is the case. If your providers (including doctors, therapists, and pharmacies) work with Superior STAR+PLUS MMP and have a contract with us, you can keep going to them.</p> <ul style="list-style-type: none">• Providers with an agreement with us are “in-network.” You must use the providers in Superior STAR+PLUS MMP’s network.• If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of Superior STAR+PLUS MMP’s plan. If you get emergency care at an out-of-network hospital and need inpatient care after your emergency is stabilized, you must return to a network hospital for your care to continue to be paid for. You can stay in the out-of-network hospital for your inpatient care only if the plan approves your stay. <p>To find out if your doctors are in the plan’s network, call Member Services or read Superior STAR+PLUS MMP’s <i>Provider and Pharmacy Directory</i> on the plan’s website at mmp.SuperiorHealthPlan.com.</p> <p>If Superior STAR+PLUS MMP is new for you, you can continue using the doctors you use now for 90 days (six months for long-term services and supports (LTSS), or nine months if you are diagnosed with and receiving treatment for a terminal illness), or until your Plan of Care is complete.</p>
What happens if I need a service but no one in Superior STAR+PLUS MMP’s network can provide it?	<p>Most services will be provided by our network providers. If you need a service that cannot be provided within our network, Superior STAR+PLUS MMP will pay for the cost of an out-of-network provider.</p>

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Frequently Asked Questions (FAQ)	Answers
Where is Superior STAR+PLUS MMP available?	The service area for this plan includes: Bexar, Dallas and Hidalgo Counties, Texas. You must live in one of these areas to join the plan.
Do I pay a monthly amount (also called a premium) under Superior STAR+PLUS MMP?	You will not pay any monthly premiums to Superior STAR+PLUS MMP for your health coverage.
What is prior authorization?	<p>Prior authorization means that you must get approval from Superior STAR+PLUS MMP before you can get a specific service or drug or use an out-of-network provider. Superior STAR+PLUS MMP may not cover the service or drug if you don't get approval. If you need urgent or emergency care or out-of-area dialysis services, you don't need to get approval first.</p> <p>Refer to Chapter 3, Section D1 of the <i>Member Handbook</i> to learn more about prior authorization. Refer to the Benefits Chart in Section D of Chapter 4 of the <i>Member Handbook</i> to learn which services require a prior authorization.</p>
What is a referral?	<p>A referral means that your primary care provider (PCP) must give you approval before you can use someone that is not your PCP or use other providers in the plan's network. If you don't get approval, Superior STAR+PLUS MMP may not cover the services. You don't need a referral to use certain specialists, such as women's health specialists.</p> <p>Refer to Chapter 3, Section B of the <i>Member Handbook</i> to learn more about when you will need to get a referral from your PCP.</p>



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Frequently Asked Questions (FAQ)	Answers
<p>Who should I contact if I have questions or need help? (continued on the next page)</p>	<p>If you have general questions or questions about our plan, services, service area, billing, or Member ID Cards, please call Superior STAR+PLUS MMP Member Services:</p> <p>CALL 1-866-896-1844</p> <p>Calls to this number are free. Hours are from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you may be asked to leave a message. Your call will be returned within the next business day.</p> <p>Member Services also has free language interpreter services available for people who do not speak English.</p> <p>TTY 711</p> <p>This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it.</p> <p>Calls to this number are free. Hours are from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you may be asked to leave a message. Your call will be returned within the next business day.</p>

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Frequently Asked Questions (FAQ)	Answers
Who should I contact if I have questions or need help? (continued from previous page)	<p>If you have questions about your health, please call the Nurse Advice Call Line:</p> <p>CALL 1-866-896-1844</p> <p>Calls to this number are free. Hours are 24 hours a day, 7 days a week, 365 days a year.</p> <p>TTY 711</p> <p>This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it.</p> <p>Calls to this number are free. Hours are 24 hours a day, 7 days a week, 365 days a year.</p> <p>If you need immediate behavioral health services, please call the Behavioral Health Crisis Line:</p> <p>CALL 1-866-896-1844</p> <p>Calls to this number are free. Hours are 24 hours a day, 7 days a week, 365 days a year. Press “#” when the call is answered. Your call will be answered by trained staff.</p> <p>TTY 711</p> <p>This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it.</p> <p>Calls to this number are free. Hours are 24 hours a day, 7 days a week, 365 days a year.</p>

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C. Overview of Services

The following chart is a quick overview of what services you may need, your costs and rules about the benefits.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You want a doctor	Visits to treat an injury or illness	\$0	None.
	Wellness visits, such as a physical	\$0	None.
	Specialist care	\$0	None.
	Care to keep you from getting sick, such as flu shots	\$0	None.
	“Welcome to Medicare” preventive visit (one time only)	\$0	None.
You need medical tests	Lab tests, such as blood work	\$0	Prior authorization may be required.
	X-rays or other pictures, such as CAT scans	\$0	Prior authorization may be required.
	Screening tests, such as tests to check for cancer	\$0	Prior authorization may be required.



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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need drugs to treat your illness or condition (This service is continued on the next page)</p>	<p>Generic drugs (no brand name)</p>	<p>\$0 copay for up to a 90-day supply.</p>	<p>There may be limitations on the types of drugs covered. Please refer to Superior STAR+PLUS MMP's <i>List of Covered Drugs</i> (Drug List) for more information.</p> <p>Some prescription drugs may require prior authorization or may require that you try a different drug first. Quantity limits may apply.</p> <p>An extended-day supply of some drugs is available through mail order and certain retail pharmacies. Please refer to our Drug List to view those drugs available for an extended-day supply.</p>

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need drugs to treat your illness or condition (continued) (This service is continued on the next page)</p>	<p>Brand name drugs</p>	<p>\$0 copay for up to a 90-day supply.</p>	<p>There may be limitations on the types of drugs covered. Please refer to Superior STAR+PLUS MMP's <i>List of Covered Drugs</i> (Drug List) for more information.</p> <p>Some prescription drugs may require prior authorization or may require that you try a different drug first. Quantity limits may apply.</p> <p>An extended-day supply of some drugs is available through mail order and certain retail pharmacies. For more information, please refer to our <i>List of Covered Drugs</i> (Drug List) to view those drugs available for an extended-day supply.</p>
	<p>Over-the-counter drugs</p>	<p>\$0</p>	<p>There may be limitations on the types of drugs covered. Please refer to Superior STAR+PLUS MMP's <i>List of Covered Drugs</i> (Drug List) for more information.</p>



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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need drugs to treat your illness or condition (continued)	Medicare Part B prescription drugs	\$0	<p>Part B drugs include drugs given by your doctor in their office, some oral cancer drugs, and some drugs used with certain medical equipment. Read the <i>Member Handbook</i> for more information on these drugs.</p> <p>Prior authorization may be required.</p>
You need medicine or other items that do not require a prescription	Over-the-counter items	\$0	<p>As a Flexible Benefit, our plan covers up to \$35 every calendar month for eligible over-the-counter (OTC) items available via mail for members in the community. This OTC benefit is limited to one order (via mail) per calendar month. Any unused amount does not carry over to the next month.</p> <p>This benefit can only be used to order OTC products for the member.</p> <p>Please contact the plan for more information.</p>
You need therapy after a stroke or accident	Occupational, physical, or speech therapy	\$0	<p>Prior authorization may be required.</p>



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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need emergency care	Emergency room services	\$0	Emergency room services do not require a referral or prior authorization and can be provided at an in-network or out-of-network facility. Not covered outside the U.S. and its territories.
	Urgent care	\$0	Urgent care services do not require a referral or prior authorization. You can get urgent care services at in-network providers or at out-of-network providers if network providers are temporarily unavailable or inaccessible. Not covered outside the U.S. and its territories.
You need hospital care	Hospital stay	\$0	Prior authorization may be required. Except in an emergency, your doctor must tell the plan you are going to be admitted to the hospital.
	Doctor or surgeon care	\$0	During an authorized hospital stay, doctor and surgeon care are covered.



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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help getting better or have special health needs	Rehabilitation services	\$0	Prior authorization may be required.
	Medical equipment for home care	\$0	Prior authorization may be required.
	Skilled nursing care	\$0	Prior authorization may be required.
You need eye care	Eye exams	\$0	A routine eye exam is covered once every year as a Flexible Benefit. Eye exams for diagnosis and treatment of diseases and injuries of the eye are covered.
	Glasses or contact lenses	\$0	The plan covers one pair of glasses (lenses and frames) AND one pair of contact lenses each year up to a \$200 limit as a Flexible Benefit.

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need dental care	Dental check-ups	\$0	<p>The plan covers preventive and comprehensive dental services up to \$750 per year for non-Home and Community Based Services (HCBS) waiver members ages 21 and up. Preventive services include oral exams, cleanings, fluoride treatment and dental x-rays. Comprehensive services include non-routine services, diagnostic services, restorative services, extractions, endodontics, periodontics and prosthodontics. Contact Member Services for more information.</p> <p>Limitations may apply for specific services.</p> <p>Limited dental services are also available to members enrolled in the HCBS STAR+PLUS waiver services.</p> <p>The annual cost cap of this service is \$5,000 per waiver plan year. Exceptions to the \$5,000 cap may be made up to an additional \$5,000 per waiver plan year when the services of an oral surgeon are required. Contact Member Services for more information.</p> <p>Prior authorization may be required.</p>

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need hearing/auditory services	Hearing screenings	\$0	None.
	Hearing aids	\$0	The plan covers: <ul style="list-style-type: none"> • Hearing aids for one ear every five years • Fittings/evaluations for hearing aid

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You have a chronic condition, such as diabetes or heart disease	Services to help manage your disease	\$0	No referral or prior authorization required for kidney disease education services or diabetes self-management training. The plan also offers additional disease management services for certain chronic conditions. Contact Member Services for more information.
	Diabetes supplies and services	\$0	Prior authorization may be required. Diabetic glucometer and supplies are limited to Accu-Chek and OneTouch when obtained at a pharmacy. Other brands are not covered unless pre-authorized.
You have a mental health condition	Mental or behavioral health services	\$0	Prior authorization may be required.
You have a substance abuse problem	Substance abuse services	\$0	Prior authorization may be required.
You need long-term mental health services	Inpatient care for people who need mental health care	\$0	Prior authorization may be required.



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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need durable medical equipment (DME)	Wheelchairs	\$0	Prior authorization may be required.
	Nebulizers	\$0	Prior authorization may be required.
	Crutches	\$0	Prior authorization may be required.
	Walkers	\$0	Prior authorization may be required.
	Oxygen equipment and supplies	\$0	Prior authorization may be required.

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need help living at home (This service is continued on the next page)</p>	<p>Meals brought to your home</p>	<p>\$0</p>	<p>Home-delivered meals are a Flexible Benefit offered for free on a limited basis to Superior STAR+PLUS MMP non-waiver members.</p> <p>Ten (10) home-delivered meals each year, after getting out of the hospital or nursing facility for STAR+PLUS MMP non-HCBS waiver members ages 21 and up. Referral may be required.</p> <p>This service is also provided to members enrolled in the HCBS STAR+PLUS waiver services. Once eligibility for services has been determined, prior authorization may be required to receive services within the specific waiver.</p> <p>The meal provides a minimum of one-third of the current recommended dietary allowance for the member as adopted by the United States Department of Agriculture.</p> <p>The plan also offers three (3) home-delivered meals per day, up to 14-days, immediately following an inpatient hospital stay to aid in a member's recovery. The total benefit offers a maximum of 42 meals per occurrence for an unlimited number of occurrences per year.</p>

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need help living at home (continued) (This service is continued on the next page)</p>	<p>Home services, such as cleaning or housekeeping</p>	<p>\$0</p>	<p>Prior authorization may be required.</p>
	<p>Changes to your home, such as ramps and wheelchair access</p>	<p>\$0</p>	<p>The minor home modifications benefit is subject to a \$7,500 lifetime limit and \$300 annually for repairs.</p> <p>This service is provided only to members enrolled in the HCBS STAR+PLUS waiver services.</p> <p>You must be found eligible to receive waiver services.</p> <p>Once eligibility for services has been determined, prior authorization may be required to receive services within the specific waiver.</p>
	<p>Personal care assistant (You may be able to employ your own assistant. Call Member Services for more information.)</p>	<p>\$0</p>	<p>Prior authorization may be required.</p>

 **If you have questions**, please call Superior HealthPlan STAR+PLUS Medicare-Medicaid Plan (MMP) at 1-866-896-1844 (TTY: 711) from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free. **For more information**, visit mmp.SuperiorHealthPlan.com.

Superior HealthPlan STAR+PLUS Medicare-Medicaid Plan (MMP): Summary of Benefits 2022

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help living at home (continued)	Training to help you get paid or unpaid jobs	\$0	<p>This service is provided only to members enrolled in the HCBS STAR+PLUS waiver services.</p> <p>You must be found eligible to receive waiver services.</p> <p>Once eligibility for services has been determined, prior authorization may be required to receive services within the specific waiver.</p>
	Home health care services	\$0	Prior authorization may be required.
	Services to help you live on your own	\$0	<p>Some services are only provided to members enrolled in the HCBS STAR+PLUS waiver services.</p> <p>Once eligibility for services has been determined, prior authorization may be required to receive services within the specific waiver.</p>
	Adult day services or other support services	\$0	Prior authorization may be required.



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Superior HealthPlan STAR+PLUS Medicare-Medicaid Plan (MMP): Summary of Benefits 2022

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need a place to live with people available to help you</p>	<p>Assisted living or other housing services</p>	<p>\$0</p>	<p>This service is provided only to members enrolled in the HCBS STAR+PLUS waiver services.</p> <p>You must be found eligible to receive waiver services.</p> <p>Once eligibility for services has been determined, prior authorization may be required to receive services within the specific waiver.</p>
	<p>Nursing home care</p>	<p>\$0</p>	<p>Prior authorization may be required.</p>

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Superior HealthPlan STAR+PLUS Medicare-Medicaid Plan (MMP): Summary of Benefits 2022

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>Your caregiver needs some time off</p>	<p>Respite care</p>	<p>\$0</p>	<p>Limited to 30 visits per year.</p> <p>This service is provided only to members enrolled in the HCBS STAR+PLUS waiver services.</p> <p>You must be found eligible to receive waiver services.</p> <p>Once eligibility for services has been determined, prior authorization may be required to receive services within the specific waiver.</p> <p>Respite care is also a Flexible Benefit offered for free on a limited basis to Superior STAR+PLUS MMP non-waiver members.</p> <p>Up to an extra eight (8) hours of in-home respite services for Superior STAR+PLUS MMP non-HCBS waiver members ages 21 and up with certain complex and chronic conditions. Prior authorization may be required.</p>

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Superior HealthPlan STAR+PLUS Medicare-Medicaid Plan (MMP): Summary of Benefits 2022

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need transportation</p>	<p>Ambulance services</p>	<p>\$0</p>	<p>Ambulance services for emergencies do not require a referral or prior authorization and can be provided by an in-network or out-of-network provider.</p> <p>Prior authorization may be required for nonemergency ambulance services.</p>
	<p>Nonemergency Medical Transportation (NEMT) services to the doctor, dentist, hospital, pharmacy, and other places you get health care services</p>	<p>\$0</p>	<p>Refer to Chapters 3 and 4 of the <i>Member Handbook</i> to learn more about NEMT services.</p>

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Superior HealthPlan STAR+PLUS Medicare-Medicaid Plan (MMP): Summary of Benefits 2022

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional covered services (This service is continued on the next page)	Acupuncture for chronic low back pain	\$0	Up to 12 visits in 90 days plus an additional 8 sessions if improvement is shown. Limited to 20 acupuncture treatments each year.
	Adaptive Aids and Medical Supplies	\$0	<p>This service is provided only to members enrolled in the HCBS STAR+PLUS waiver services.</p> <p>You must be found eligible to receive waiver services.</p> <p>Once eligibility for services has been determined, prior authorization may be required to receive services within the specific waiver.</p> <p>Annual cost limit of this service is \$10,000 per waiver plan year. The \$10,000 cost limit may be waived by the HHSC upon request of the managed care organization.</p>

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Superior HealthPlan STAR+PLUS Medicare-Medicaid Plan (MMP): Summary of Benefits 2022

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional covered services (continued) (This service is continued on the next page)	Adult Foster Care	\$0	<p>This service is provided only to members enrolled in the HCBS STAR+PLUS waiver services.</p> <p>You must be found eligible to receive waiver services.</p> <p>Once eligibility for services has been determined, prior authorization may be required to receive services within the specific waiver.</p>
	Cognitive Rehabilitation Therapy	\$0	<p>This service is provided only to members enrolled in the HCBS STAR+PLUS waiver services.</p> <p>You must be found eligible to receive waiver services.</p> <p>Once eligibility for services has been determined, prior authorization may be required to receive services within the specific waiver.</p>
	Counseling Services	\$0	<p>Limited to 30 visits for maximum of 60 minutes per visit.</p> <p>Counseling services are covered for adults 21 and over.</p>

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Superior HealthPlan STAR+PLUS Medicare-Medicaid Plan (MMP): Summary of Benefits 2022

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional covered services (continued) (This service is continued on the next page)	Emergency Response Services	\$0	<p>Prior authorization may be required.</p> <p>For members enrolled in the HCBS STAR+PLUS waiver services. This benefit is not available to those members residing in a nursing facility or ICF-IDD residential home.</p> <p>Round-the-clock emergency response services are also available for STAR+PLUS MMP non-HCBS waiver members, ages 21 and up, for up to 6 months after discharge from a hospital or nursing facility back into the community setting.</p>
	Enhanced Disease Management	\$0	<p>We have health programs to help you manage certain health conditions. These may include conditions such as Asthma, Cardiovascular Disease, Congestive Heart Failure, COPD and Diabetes. We also have a special program to help you if you are pregnant. The programs offer learning materials, telephonic calls and care tips.</p>



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Superior HealthPlan STAR+PLUS Medicare-Medicaid Plan (MMP): Summary of Benefits 2022

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional covered services (continued) (This service is continued on the next page)	Functional Living Task Services	\$0	These services are provided only to members enrolled in the HCBS STAR+PLUS waiver services. You must be found eligible to receive waiver services.
	Nursing Services	\$0	Once eligibility for services has been determined, prior authorization may be required to receive services within the specific waiver.
	Opioid Treatment Program Services	\$0	The plan will pay for the following services to treat opioid use disorder: <ul style="list-style-type: none"> • Medications approved by the Food and Drug Administration (FDA) and, if applicable, managing and giving you these medications • Substance use counseling • Individual and group therapy • Testing for drugs or chemicals in your body (toxicology testing)

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Superior HealthPlan STAR+PLUS Medicare-Medicaid Plan (MMP): Summary of Benefits 2022

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional covered services (continued) (This service is continued on the next page)	Podiatry	\$0	This plan offers podiatry services which includes the following services: <ul style="list-style-type: none"> • Treatment of flat feet or other structural misalignments of the feet • Removal of corns, warts and calluses • Hygienic care
	Smoking and Tobacco Use Cessation Counseling	\$0	The plan covers 2 counseling quit attempts per 12-month period including up to 4 face-to-face visits per counseling session for individuals using tobacco who do not have symptoms of a tobacco-related disease and for individuals diagnosed with a tobacco-related disease. An additional 8 sessions per calendar year are also covered with documentation of medical necessity. Contact the plan for additional details.

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Superior HealthPlan STAR+PLUS Medicare-Medicaid Plan (MMP): Summary of Benefits 2022

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional covered services (continued) (This service is continued on the next page)	Support Consultation	\$0	<p>This service is only provided to members enrolled in the STAR+PLUS HCBS waiver services.</p> <p>You must be found eligible to receive waiver services.</p> <p>Once eligibility for services has been determined, prior authorization may be required to receive services within the specific waiver.</p>
	Supported Employment	\$0	<p>This service is only provided to members enrolled in the STAR+PLUS HCBS waiver services.</p> <p>You must be found eligible to receive waiver services.</p> <p>Once eligibility for services has been determined, prior authorization may be required to receive services within the specific waiver.</p>
	Telemonitoring Services	\$0	<p>Services include telemedicine, telehealth and telemonitoring.</p>



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Superior HealthPlan STAR+PLUS Medicare-Medicaid Plan (MMP): Summary of Benefits 2022

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional covered services (continued)	Transitional Assistance Services	\$0	<p>This service is only provided to members enrolled in the STAR+PLUS HCBS waiver services.</p> <p>You must be found eligible to receive waiver services.</p> <p>Once eligibility for services has been determined, prior authorization may be required to receive services within the specific waiver.</p> <p>\$2,500 lifetime limit.</p>
	Web/Phone-based technologies; Nursing Hotline	\$0	None.

D. Services covered outside of Superior STAR+PLUS MMP

This is not a complete list. Call Member Services to find out about other services not covered by Superior STAR+PLUS MMP but available through Medicare or Texas Medicaid.

Other services covered by Medicare or Texas Medicaid	Your costs
Some hospice care services	\$0
Pre-admission screening and resident review (PASRR)	\$0

 **If you have questions**, please call Superior HealthPlan STAR+PLUS Medicare-Medicaid Plan (MMP) at 1-866-896-1844 (TTY: 711) from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free. **For more information**, visit mmp.SuperiorHealthPlan.com.

Superior HealthPlan STAR+PLUS Medicare-Medicaid Plan (MMP): Summary of Benefits 2022

E. Services not covered by Superior STAR+PLUS MMP, Medicare, or Texas Medicaid

This is not a complete list. Call Member Services or read the *Member Handbook* to find out about other excluded services.

Services not covered by Superior STAR+PLUS MMP, Medicare, or Texas Medicaid	
Services considered not “reasonable and necessary,” according to the standards of Medicare and Texas Medicaid, unless these services are listed by our plan as covered services.	Chiropractic care, other than manual manipulation of the spine consistent with Medicare coverage guidelines.
Cosmetic surgery or other cosmetic work, unless it is needed because of an accidental injury or to improve a part of the body that is not shaped right. However, the plan will pay for reconstruction of a breast after a mastectomy and for treating the other breast to match it.	Experimental medical and surgical treatments, items, and drugs, unless covered by Medicare or under a Medicare-approved clinical research study or by our plan. Experimental treatment and items are those that are not generally accepted by the medical community.
Surgical treatment for morbid obesity, except when it is medically necessary and Medicare pays for it.	Radial keratotomy, LASIK surgery, and other low-vision aids.
Services provided to veterans in Veterans Affairs (VA) facilities. However, when a veteran gets emergency services at VA hospital and the VA cost sharing is more than the cost sharing under our plan, we will reimburse the veteran for the difference. Members are still responsible for their cost of sharing amounts.	Orthopedic shoes, unless the shoes are part of a leg brace and are included in the cost of the brace, or the shoes are for a person with diabetic foot disease.
Naturopath services (the use of natural or alternative treatments).	A private room in a hospital, except when it is medically necessary.
Personal items in your room at a hospital or a nursing facility, such as a telephone or a television.	Supportive devices for the feet, except for orthopedic or therapeutic shoes for people with diabetic foot disease.
Full-time nursing care in your home.	Reversal of sterilization procedures and non-prescription contraceptive supplies.



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Superior HealthPlan STAR+PLUS Medicare-Medicaid Plan (MMP): Summary of Benefits 2022

Services not covered by Superior STAR+PLUS MMP, Medicare, or Texas Medicaid	
Private duty nurses.	Fees charged to your immediate relatives or members of your household.
Homemaker services, including basic household assistance, light cleaning or making meals.	Elective or voluntary enhancement procedures or services (including weight loss, hair growth, sexual performance, athletic performance, cosmetic purposes, anti-aging and mental performance), except when medically necessary.

F. Your rights as a member of the plan

As a member of Superior STAR+PLUS MMP, you have certain rights. You can exercise these rights without being punished. You can also use these rights without losing your health care services. We will tell you about your rights at least once a year. For more information on your rights, please read the *Member Handbook*. Your rights include, but are not limited to, the following:

- **You have a right to respect, fairness and dignity.** This includes the right to:
 - Get covered services without concern about race, ethnicity, national origin, religion, gender, age, mental or physical disability, sexual orientation, genetic information, ability to pay, or ability to speak English
 - Get information in other formats (e.g., large print, braille, audio)
 - Be free from any form of physical restraint or seclusion
 - Not be billed by network providers.
- **You have the right to get information about your health care.** This includes information on treatment and your treatment options. This information should be in a format you can understand. These rights include getting information on:
 - Description of the services we cover
 - How to get services



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Superior HealthPlan STAR+PLUS Medicare-Medicaid Plan (MMP): Summary of Benefits 2022

- How much services will cost you
- Names of health care providers and care managers
- **You have the right to make decisions about your care, including refusing treatment.** This includes the right to:
 - Choose a Primary Care Provider (PCP) and change your PCP at any time during the year
 - Use a women's health care provider without a referral
 - Get your covered services and drugs quickly
 - Know about all treatment options, no matter what they cost or whether they are covered
 - Refuse treatment, even if your doctor advises against it
 - Stop taking medicine
 - Ask for a second opinion. Superior STAR+PLUS MMP will pay for the cost of your second opinion visit.
- **You have the right to timely access to care that does not have any communication or physical access barriers.** This includes the right to:
 - Get timely medical care
 - Get in and out of a health care provider's office. This means barrier free access for people with disabilities, in accordance with the Americans with Disabilities Act.
 - Have interpreters to help with communication with your doctors and your health plan.
- **You have the right to emergency and urgent care when you need it.** This means you have the right to:
 - Get emergency services without prior approval in an emergency
 - Use an out-of-network, urgent or emergency care provider, when necessary
- **You have a right to confidentiality and privacy.** This includes the right to:
 - Ask for and get a copy of your medical records in a way that you can understand and to ask for your records to be changed or corrected.
 - Have your personal health information kept private.



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Superior HealthPlan STAR+PLUS Medicare-Medicaid Plan (MMP): Summary of Benefits 2022

- **You have the right to make complaints about your covered services or care.** This includes the right to:
 - File a complaint or grievance against us or our providers
 - Ask for a state fair hearing
 - Get a detailed reason for why services were denied

For more information about your rights, you can read the Superior STAR+PLUS MMP *Member Handbook*. If you have questions, you can also call Superior STAR+PLUS MMP Member Services.

G. How to file a complaint or appeal a denied service

If you have a complaint or think Superior STAR+PLUS MMP should cover something we denied, call Superior STAR+PLUS MMP at 1-866-896-1844 (TTY: 711) from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you may be asked to leave a message. Your call will be returned within the next business day. You may be able to appeal our decision.

For questions about complaints and appeals, you can read Chapter 9 of the Superior STAR+PLUS MMP *Member Handbook*. You can also call Superior STAR+PLUS MMP Member Services.

To file a complaint, grievance, or appeal with our plan, you can call us at 1-866-896-1844 (TTY: 711) from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you may be asked to leave a message. Your call will be returned within the next business day.

Appeals for Part D (Drugs)

Superior STAR+PLUS MMP
Attn: Medicare Pharmacy Appeals
P.O. Box 31383
Tampa, FL 33631-3383

Phone: 1-866-896-1844 (TTY: 711)

Fax: 1-866-388-1766

Appeals for Part C (Medical and Part B Drugs) and Grievances for Part C (Medical and Part B Drugs) and Part D (Drugs)

Superior STAR+PLUS MMP
Attn: Appeals and Grievances – Medicare Operations
7700 Forsyth Blvd
St. Louis, MO 63105

Phone: 1-866-896-1844 (TTY: 711)

Fax Number: 1-844-273-2671



If you have questions, please call Superior HealthPlan STAR+PLUS Medicare-Medicaid Plan (MMP) at 1-866-896-1844 (TTY: 711) from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free. **For more information**, visit mmp.SuperiorHealthPlan.com.

Superior HealthPlan STAR+PLUS Medicare-Medicaid Plan (MMP): Summary of Benefits 2022

H. What to do if you suspect fraud

Most health care professionals and organizations that provide services are honest. Unfortunately, there may be some who are dishonest.

If you think a doctor, hospital or other pharmacy is doing something wrong, please contact us.

- Call us at Superior STAR+PLUS MMP Member Services. Phone numbers are on the cover of this summary.
- Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week.

Let us know if you think a doctor, dentist, pharmacist at a drug store, other health care providers, or a person getting benefits is doing something wrong. Doing something wrong could be fraud, waste, or abuse, which is against the law. For example, tell us if you think someone is:

- Getting paid for services that weren't given or weren't necessary.
- Not telling the truth about a medical condition to get medical treatment.
- Letting someone else use their Texas Medicaid ID.
- Using someone else's Texas Medicaid ID.
- Not telling the truth about the amount of money or resources they have to get benefits.

I. Ways to report fraud, waste, or abuse

- Call the OIG Hotline at 1-800-436-6184;
- Visit oig.hhsc.texas.gov/ and click "Report Fraud" to complete the online form; **or**
- You can report directly to your health plan:
 - Superior STAR+PLUS MMP;



If you have questions, please call Superior HealthPlan STAR+PLUS Medicare-Medicaid Plan (MMP) at 1-866-896-1844 (TTY: 711) from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free. **For more information**, visit mmp.SuperiorHealthPlan.com.

Superior HealthPlan STAR+PLUS Medicare-Medicaid Plan (MMP): Summary of Benefits 2022

- ATTN: Compliance Officer, 5900 E. Ben White Blvd., Austin, TX 78741; **and**
- 1-866-896-1844 (TTY: 711) from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you may be asked to leave a message. Your call will be returned within the next business day.

I1. To report fraud, waste, or abuse, gather as much information as possible.

- When reporting about a provider (a doctor, dentist, counselor, etc.), include:
 - Name, address, and phone number of provider
 - Name and address of the facility (hospital, nursing home, home health agency, etc.)
 - Texas Medicaid number of the provider and facility, if you have it
 - Type of provider (doctor, dentist, therapist, pharmacist, etc.)
 - Names and phone numbers of other witnesses who can help in the investigation
 - Dates of events
 - Summary of what happened
- When reporting about someone who gets benefits, include:
 - The person's name
 - The person's date of birth, Social Security Number, or case number if you have it
 - The city where the person lives
 - Specific details about the fraud, waste, or abuse
- You may also contact your local Texas police department.

Statement of Non-Discrimination

Superior HealthPlan (Superior) STAR+PLUS Medicare-Medicaid Plan (MMP) complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Superior STAR+PLUS MMP does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Superior STAR+PLUS MMP:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you need these services, contact Superior STAR+PLUS MMP's Member Services at 1-866-896-1844 (TTY: 711) from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free.

If you believe that Superior STAR+PLUS MMP has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance by calling the number above and telling them you need help filing a grievance; Superior STAR+PLUS MMP's Member Services is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue SW., Room 509F
HHH Building, Washington, DC 20201
1-800-368-1019, (TDD: 1-800-537-7697)

Complaint forms are available at
<http://www.hhs.gov/ocr/office/file/index.html>.

Declaración de no discriminación

Superior HealthPlan (Superior) STAR+PLUS Medicare-Medicaid Plan (MMP) cumple con las leyes federales de derechos civiles aplicables y no discrimina por cuestiones de raza, color, nacionalidad, edad, discapacidad o sexo. Superior STAR+PLUS MMP no excluye a ninguna persona ni la trata de manera diferente por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.

Superior STAR+PLUS MMP:

- Proporciona servicios y dispositivos gratuitos a personas con discapacidades para que se comuniquen eficazmente con nosotros, como intérpretes calificados de lengua de señas e información escrita en otros formatos (letra grande, audio, formatos electrónicos accesibles y otros formatos).
- Brinda servicios lingüísticos gratis a aquellas personas cuya lengua materna no es el inglés, como intérpretes calificados e información escrita en otros idiomas.

Si necesita estos servicios, póngase en contacto con Servicios para afiliados de Superior STAR+PLUS MMP al 1-866-896-1844 (los usuarios de TTY deben llamar al 711) de 8 a. m. a 8 p. m., lunes a viernes. Después de horas hábiles, los fines de semana y los días festivos, es posible que se le pida que deje un mensaje. Le devolveremos su llamada el próximo día hábil. La llamada es gratuita.

Si usted considera que Superior STAR+PLUS MMP no le ha brindado estos servicios o lo ha discriminado de alguna otra manera debido a su raza, color, nacionalidad, edad, discapacidad o sexo, puede presentar un reclamo llamando al número que aparece arriba e informando que necesita ayuda para presentar el reclamo; el Departamento de Servicios para afiliados de Superior STAR+PLUS MMP está disponible para ayudarlo.

También puede presentar una queja sobre derechos civiles ante la Oficina de Derechos Civiles del Departamento de Salud y Servicios Sociales de los EE. UU. de manera electrónica a través del Office for Civil Rights Complaint Portal (Portal de quejas de la Oficina de Derechos Civiles) disponible en <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, o bien, por correo electrónico o a los teléfonos que figuran a continuación:

U.S. Department of Health and Human Services
200 Independence Avenue SW., Room 509F
HHH Building, Washington, DC 20201
1-800-368-1019, (TDD: 1-800-537-7697)

Los formularios de quejas se encuentran disponibles en
<http://www.hhs.gov/ocr/office/file/index.html>.

Language assistance services, auxiliary aids and services, and other alternative
ENGLISH: formats are available to you free of charge. To obtain this, call 1-866-896-1844
(TTY: 711).

Tiene a su disposición sin costo alguno servicios de
SPANISH: ayuda con el idioma, servicios y dispositivos auxiliares, y otros formatos
alternativos. Para obtenerlos, llame al 1-866-896-1844 (TTY: 711).

SPANISH: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-896-1844
(TTY: 711).

VIETNAMESE: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-866-896-1844 (TTY: 711).

CHINESE: 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-866-896-1844 (TTY: 711)。

KOREAN: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-866-896-1844 (TTY: 711) 번으로 전화해
주십시오.

ARABIC: ملحوظة: إذا كنت تتحدث انكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-866-896-1844 (رقم هاتف الصم والبكم: 711).

URDU: خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں۔ 1-866-896-1844 (TTY: 711).

TAGALOG: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad.
Tumawag sa 1-866-896-1844 (TTY: 711).

FRENCH: ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-866-
896-1844 (ATS : 711).

HINDI: ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-866-896-1844 (TTY : 711) पर कॉल करें।

PERSIAN/
FARSI: توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با
1-866-896-1844 تماس بگیرید. (TTY : 711)

GERMAN:	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-866-896-1844 (TTY: 711).
GUJARATI:	સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-866-896-1844 (TTY: 711).
RUSSIAN:	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-866-896-1844 (телетайп: 711).
JAPANESE:	注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-866-896-1844 (TTY: 711) まで、お電話にてご連絡ください。
LAOTIAN:	ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-866-896-1844 (TTY: 711).



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