

SUMMARY OF BENEFITS

2025



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




Superior HealthPlan STAR+PLUS Medicare-Medicaid Plan (MMP): Summary of Benefits 2025

Introduction

This document is a brief summary of the benefits and services covered by Superior HealthPlan STAR+PLUS Medicare-Medicaid Plan (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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 **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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A. Disclaimers



This is a summary of health services covered by Superior STAR+PLUS MMP for 2025. This is only a summary. Please read the *Member Handbook* for the full list of benefits. You can get a copy of the *Member Handbook* by calling 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. The call is free. Or you can access the *Member Handbook* on our website <https://mmp.superiorhealthplan.com/resources.html>.

- ❖ 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*.



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- ❖ We have free interpreter services to answer any questions that you may have about our health or drug plan. To get an interpreter just call us 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. Someone that speaks your language can help you. This is a free service.
- ❖ Contamos con los servicios gratuitos de un intérprete para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o de medicamentos. Para solicitar un intérprete, llámenos al 1-866-896-1844 (TTY: 711). El horario de atención es de 8 a.m. a 8 p.m., de lunes a viernes. Es posible que fuera del horario de atención, los fines de semana y los días festivos le pidan que deje un mensaje. Lo llamaremos el siguiente día hábil. Alguien que hable español puede ayudarlo. Este es un servicio gratuito.
- ❖ 我们提供免费的口译服务，为您解答您对我们的健康或药物计划可能存有的疑问。要获得口译员，致电 1-866-896-1844 (TTY: 711) 联系我们即可。我们的工作时间：周一至周五早上 8 点至晚上 8 点。非工作时间、周末和节假日请留言。我们将在下一个工作日内给您回电。会讲中文（普通话）的人员可以为您提供帮助。这项服务免费。
- ❖ 我們提供免費的口譯服務，可解答您對我們的健康或藥物計劃可能有的任何疑問。如需口譯員服務，請致電 1-866-896-1844 (TTY : 711) 。服務時間為週一至週五，上午 8 點至晚上 8 點。非營業時間、週末及假日，可能會要求您留言。我們將在下一個工作日內回電給您。會說廣東話的人員可以幫助您。此為免費服務。
- ❖ May mga libre kaming serbisyo sa pagsalin para sagutin ang anumang posibleng tanong ninyo tungkol sa aming planong pangkalusugan o plano sa gamot. Para makakuha ng tagasalin, tawagan lang kami sa 1-866-896-1844 (TTY: 711). Ang mga



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oras ay 8 a.m. hanggang 8 p.m., Lunes hanggang Biyernes. Sa mga oras na tapos na ang trabaho, kapag Sabado at Linggo, at tuwing mga holiday, posibleng hilingin sa inyo na mag-iwan ng mensahe. Tatawagan kayo sa susunod na araw na may pasok. May nagsasalita ng Tagalog na makakatulong sa inyo. Isa itong libreng serbisyo.

- ❖ Nous disposons de services d'interprétation gratuits pour répondre à toutes les questions que vous vous posez sur notre régime de santé ou de médicaments. Pour obtenir les services d'un interprète, il vous suffit de nous appeler au 1-866-896-1844 (TTY : 711). Les heures d'ouverture sont de 8 heures à 20 heures, du lundi au vendredi. En dehors des heures d'ouverture, les week-ends et les jours fériés, il peut vous être demandé de laisser un message. Vous serez rappelé le jour ouvrable suivant. Une personne parlant français pourra vous aider. Ce service est gratuit.
- ❖ Chúng tôi có dịch vụ thông dịch miễn phí để trả lời mọi câu hỏi quý vị có thể có về chương trình sức khỏe hoặc thuốc của chúng tôi. Để được hỗ trợ thông dịch, chỉ cần gọi cho chúng tôi theo số 1-866-896-1844 (TTY: 711). Giờ làm việc là từ 8 a.m. đến 8 p.m., từ Thứ Hai đến Thứ Sáu. Sau giờ làm việc, vào cuối tuần và ngày lễ, quý vị có thể được yêu cầu để lại tin nhắn. Chúng tôi sẽ trả lời cuộc gọi của quý vị vào ngày làm việc tiếp theo. Nhân viên nói tiếng Việt có thể trợ giúp quý vị. Đây là dịch vụ miễn phí.
- ❖ Wir bieten Ihnen einen kostenlosen Dolmetschservice, wenn Sie Fragen zu unseren Gesundheits- oder Medikamentenplänen haben. Um einen Dolmetscher in Anspruch zu nehmen, rufen Sie uns unter folgender Telefonnummer an: 1-866-896-1844 (TTY: 711). Wir sind montags bis freitags von 8 bis 20 Uhr erreichbar. An Wochenenden und an Feiertagen werden Sie möglicherweise aufgefordert, eine Nachricht zu hinterlassen. Wir rufen Sie am nächsten Werktag zurück. Ein deutschsprachiger Mitarbeiter wird Ihnen behilflich sein. Dieser Service ist kostenlos.
- ❖ 당사의 건강 또는 의약품 플랜과 관련해서 물어볼 수 있는 모든 질문에 답변하기 위한 무료 통역 서비스가 있습니다. 통역사가 필요한 경우, 1-866-896-1844(TTY: 711)번으로 연락해 주십시오. 월요일부터 금요일까지 오전 8시~오후



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8시에 문의하십시오. 주말 및 주 또는 연방 공휴일에는 메시지를 남길 것을 요청할 수 있습니다. 그러면 다음 영업일에 전화드리겠습니다. 한국어를 구사하는 통역사가 도움을 드릴 수 있습니다. 통역 서비스는 무료로 제공됩니다.

- ❖ Если у вас возникли какие-либо вопросы о нашем плане медицинского страхования или плане с покрытием лекарственных препаратов, вам доступны бесплатные услуги переводчика. Если вам нужен переводчик, просто позвоните нам по номеру 1-866-896-1844 (TTY: 711). Часы работы: с 8 а.м. до 8 р.м., с понедельника по пятницу. В нерабочее время, в выходные и праздничные дни вас могут попросить оставить сообщение. Вам перезвонят на следующий рабочий день. Вам окажет помощь сотрудник, говорящий на русском языке. Данная услуга бесплатна.

❖ نوّقر خدمات ترجمة فورية مجانية للإجابة على أي أسئلة قد تكون لديك حول خطة الصحة أو الدواء الخاصة بنا. للحصول على مترجم فوري، ما عليك سوى الاتصال بنا على الرقم 1-866-896-1844 (TTY: 711). من الاثنين إلى الجمعة، من الساعة 8 صباحًا وحتى الساعة 8 مساءً. قد يُطلب منك ترك رسالة في عطلات نهاية الأسبوع وفي أيام الإجازات الرسمية وسنعاود الاتصال بك خلال يوم العمل التالي. يمكن أن يساعدك شخص يتحدث العربية وهذه الخدمة مجانية.

- ❖ Sono disponibili servizi di interpretariato gratuiti per rispondere a qualsiasi domanda possa avere in merito al nostro piano farmacologico o sanitario. Per usufruire di un interprete, è sufficiente contattare il numero 1-866-896-1844 (TTY: 711) dalle 8:00 alle 20:00, dal lunedì al venerdì. Al di fuori di questi orari, nei fine settimana e nei giorni festivi potrebbe essere necessario lasciare un messaggio. La ricontatteremo entro il giorno lavorativo successivo. Qualcuno la assisterà in lingua italiana. È un servizio gratuito.
- ❖ Temos serviços de intérprete gratuitos para responder a quaisquer dúvidas que possa ter sobre o nosso plano de saúde ou medicação. Para obter um intérprete, contacte-nos através do número 1-866-896-1844 (TTY: 711). O horário é de



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segunda-feira a sexta-feira, das 08:00 às 20:00. Se ligar fora deste horário, num fim de semana ou num feriado, poderá ter de deixar mensagem. A sua chamada será devolvida no próximo dia útil. Um falante de português poderá ajudá-lo. Este serviço é gratuito.

- ❖ Nou gen sèvis tradiksyon nan bouch gratis pou reponn nenpòt kesyon ou gendwa vle poze konsènan sante w ak plan medikaman w lan. Pou jwenn yon entèprèt pou tradui pou w, annik rele nou nan 1-866-896-1844 (TTY: 711). Orè a se Lendi pou Vandredi, 8 a.m. jiska 8 p.m. Lè biwo yo fèmen, nan wikenn epi pandan jou ferye yo, yo gendwa mande w pou w kite yon mesaj. Y ap rele w nan landemen si biwo yo louvri. Yon moun ki pale Kreyòl Ayisyen pral ede w. Sèvis sa a gratis.
- ❖ Oferujemy bezpłatną usługę tłumaczenia ustnego, która pomoże Państwu uzyskać odpowiedzi na ewentualne pytania dotyczące naszego planu leczenia lub planu refundacji leków. Aby skorzystać z usługi tłumaczenia ustnego, wystarczy zadzwonić pod numer 1-866-896-1844 (TTY: 711) od poniedziałku do piątku w godzinach od 8:00 do 20:00. W weekendy i święta konieczne może być pozostawienie wiadomości. Oddzwonimy w następnym dniu roboczym. Zapewni to Państwu pomoc osoby mówiącej po polsku. Usługa ta jest bezpłatna.
- ❖ हमारे स्वास्थ्य या ड्रग प्लान के बारे में आपके किसी भी सवाल का जवाब देने के लिए, हम मुफ्त में दुभाषिया सेवाएं देते हैं। दुभाषिया सेवा पाने के लिए, बस हमें 1-866-896-1844 (TTY: 711) पर कॉल करें। कार्य का समय सोमवार से शुक्रवार सुबह 8 बजे से लेकर रात 8 बजे तक है। कार्य समय के अलावा, सप्ताहांत और राज्य या संघीय अवकाशों पर, आपसे संदेश छोड़ने के लिए कहा जा सकता है। आपके कॉल का जवाब अगले व्यावसायिक दिन के अंदर दिया जाएगा। हिंदी में बात करने वाला सहायक आपकी मदद करेगा। यह एक निःशुल्क सेवा है।
- ❖ 弊社の健康や薬剤計画についてご質問がある場合は、無料の通訳サービスをご利用いただけます。通訳を利用するには、1-866-896-1844（TTY：711）にお電話ください。対応時間は月曜日～金曜日の午前8時～午後8時です。



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対応時間後、または週末および祝日はボイスメッセージを残してください。次の対応時間内に折り返しお電話いたします。日本語の通訳担当者が対応します。これは無料のサービスです。

❖ ہمارے صحت یا دوائی پلان کے متعلق آپ کے کسی بھی سوال کا جواب دینے کے لیے، ہم مفت ترجمان کی سروسز فراہم کرتے ہیں۔ ترجمان کی خدمت حاصل کرنے کے لیے ہمیں بس 1-866-896-1844 (TTY: 711) پر کال کریں۔ رابطہ کرنے کے اوقات صبح 8 بجے سے شام 8 بجے تک، پیر تا جمعہ ہیں۔ ان اوقات کے علاوہ، ویکینڈ اور تعطیلات پر، آپ کو پیغام بھیجنے کے لیے کہا جا سکتا ہے۔ آپ کے کال کا جواب اگلے کاروباری دن میں دیا جائے گا۔ اردو میں بات کرنے والا شخص آپ کی مدد کرے گا/ کرے گی۔ یہ ایک مفت سروس ہے۔

❖ برای پاسخگویی به هرگونه سؤالی که ممکن است درباره طرح سلامت یا داروی ما داشته باشید، خدمات مترجم شفاهی رایگان ارائه می‌دهیم. برای دریافت خدمات مترجم شفاهی کافی است از طریق شماره 1-866-896-1844 (TTY: 711). با ما تماس بگیرید. ساعات کاری از 8 صبح تا 8 شب طی روزهای دوشنبه تا جمعه است. پس از ساعات کاری، روزهای آخر هفته، و طی تعطیلات رسمی ممکن است از شما خواسته شود که پیام بگذارید. در اولین روز کاری پس از تعطیلات با شما تماس خواهیم گرفت. فردی که به زبان فارسی صحبت می‌کند شما را راهنمایی خواهد کرد. این خدمات رایگان است.

❖ અમારા હેલ્થ અથવા ડ્રગ પ્લાન વિશે તમને હોઈ શકે તેવા કોઈ પણ પ્રશ્નોના જવાબ આપવા માટે અમારી પાસે મફત દુભાષિયાની સેવાઓ રહેલી છે. દુભાષિયો મેળવવા માટે, બસ અમને 1-866-896-1844 (TTY: 711) પર કોલ કરો. કોલ કરવાનો સમય, સોમવારથી શુક્રવાર સુધી, સવારે 8 વાગ્યાથી રાત્રે 8 વાગ્યા સુધીનો છે. આ પછીના સમય પર, શનિ-રવિએ અને રજાઓ પર, તમને મેસેજ આપી રાખવા માટે કહેવામાં આવી શકે છે. તમારા કોલ પર વળતો કોલ કામકાજના આગલા દિવસની અંદર કરવામાં આવશે. ગુજરાતી બોલતી કોઈ વ્યક્તિ તમારી મદદ કરી શકે છે. આ એક મફત સેવા છે.

❖ ພວກເຮົາມີບໍລິການນາຍແປພາສາພຣີເຮັດຕອບຄໍາຖາມຂອງທ່ານທີ່ກ່ຽວຂ້ອງກັບປະກັນສຸຂະພາບ ຫຼື ການຢາ. ເພື່ອຂໍນາຍແປພາສາ ກະລຸນາໃຫ້ທ່ານເບີ 1-866-896-1844 (TTY: 711). ໂມງລັດຖະການແມ່ນ 8 ໂມງເຊົ້າ ຫາ 8 ໂມງແລງ, ວັນຈັນ ຫາ ວັນສຸກ. ຫຼັງຈາກໂມງລັດຖະການໃນວັນເສົາອາທິດ ແລະ ໃນວັນພັກ, ທ່ານອາດຈະຕ້ອງໄດ້ຝາກຂໍຄວາມໄວ້.

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ສາຍຂອງທ່ານຈະຖືກໂທກັບພາຍໃນມື້ລັດຖະການມື້ຕໍ່ໄປ. ທີມງານທີ່ສາມາດເວົ້າພາສາລາວໄດ້ ສາມາດຊ່ວຍທ່ານໄດ້. ບໍລິການນີ້ບໍ່ເສຍຄ່າໃຊ້ຈ່າຍໃດໆ.



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- ❖ 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.
- ❖ This document is available for free in Spanish.
- ❖ Superior STAR+PLUS MMP wants to make sure you understand your health plan information. We can send required materials to you in a language other than English or in alternate formats if you ask for it this way. This is called a “standing request.” We will document your choice for future required mailings and communications.

Please call us if:

- You want to get your materials in a language other than English or in an alternate format.
or
 - You want to change the language or format of the materials we send you.
-
- ❖ 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 <https://mmp.superiorhealthplan.com/resources.html> 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.



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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 use 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 using 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 https://mmp.superiorhealthplan.com/benefits/find-a-doctor-or-pharmacy.html/.</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: 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 (PA)?	<p>PA 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, Sections D1 and D2 of the <i>Member Handbook</i> to learn more about PA. Refer to the Benefits Chart in Section D of Chapter 4 of the <i>Member Handbook</i> to learn which services require a PA.</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
Do I pay a deductible?	No. You do not pay deductibles in Superior STAR+PLUS MMP.
Who should I contact if I have questions or need help? (continued on the next page)	<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
<p>Who should I contact if I have questions or need help? (continued from previous page)</p>	<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 100-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 (Drug List)</i> for more information.</p> <p>Some prescription drugs have coverage rules or limits on the amount you can get. They may require a prior authorization or that you try a different drug first. Quantity and age limits may also 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 (Drug List)</i> 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>	Brand name drugs	\$0 copay for up to a 100-day supply.	<p>There may be limitations on the types of drugs covered. Please refer to Superior STAR+PLUS MMP's <i>List of Covered Drugs (Drug List)</i> for more information.</p> <p>Some prescription drugs have coverage rules or limits on the amount you can get. They may require a prior authorization or that you try a different drug first. Quantity and age limits may also 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 (Drug List)</i> to view those drugs available for an extended-day supply.</p>
	Over-the-counter drugs	\$0 for up to a 100-day supply.	There may be limitations on the types of drugs covered. Please refer to Superior STAR+PLUS MMP's <i>List of Covered Drugs (Drug List)</i> for more information.



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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)</p>	<p>Medicare Part B prescription drugs</p>	<p>\$0</p>	<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> <p>There may be limitations on types of drugs covered.</p>
<p>You need medicine or other items that do not require a prescription</p>	<p>Over-the-counter items</p>	<p>\$0</p>	<p>As a Flexible Benefit, our plan covers up to \$35 per calendar month. OTC items are available by mail or at select CVS pharmacy retail stores.</p> <p>The OTC benefit is limited to one order per benefit period. Unused balance at the end of each calendar month will be forfeited.</p> <p>Certain items may have a quantity limit and are noted in your catalog. Multiples of single items may be limited, per order. There is no limit on the number of total items in your order.</p> <p>This benefit can only be used to order OTC products for the member.</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 therapy after a stroke or accident	Occupational, physical, or speech therapy	\$0	Prior authorization may be required.
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>As a Flexible Benefit, 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	Diabetic glucometer and supplies are limited to OneTouch when obtained at a pharmacy. Other brands and continuous glucose monitoring systems are not covered unless pre-authorized. Quantity limits may apply. Prior authorization may be required.
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 home-delivered meals immediately following an inpatient hospital stay to aid in a member's recovery. The total benefit offers 3 meals per day with a duration of 14-days, having 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>			Referral may be required.
	Home services, such as cleaning or housekeeping	\$0	Prior authorization may be required.
	Changes to your home, such as ramps and wheelchair access	\$0	<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</p> <p>(You may be able to employ your own assistant. Call Member Services for more information.)</p>	\$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 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 2025

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 2025

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 2025

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 Chapter 3, Section I and Chapter 4, Section D 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 2025

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>
	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>

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Superior HealthPlan STAR+PLUS Medicare-Medicaid Plan (MMP): Summary of Benefits 2025

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)	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>
	Cologuard	\$0	Coverage begins at age 45 and frequency of coverage is the same as Medicare.
	Counseling Services	\$0	<p>Limited to 30 visits for a maximum of 60 minutes per visit.</p> <p>Counseling services are covered for adults 21 and over.</p>
	Cytogenomic Constitutional Microarray	\$0	Covered for women who undergo prenatal diagnostic procedures, and products of conception resulting from recurrent miscarriage. Exceptions to the one-per-lifetime limitation will be made with documentation of medical necessity (e.g., subsequent pregnancies).

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Superior HealthPlan STAR+PLUS Medicare-Medicaid Plan (MMP): Summary of Benefits 2025


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>As a Flexible Benefit, round-the-clock emergency response services are also available for Superior 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 2025

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	<p>These services are 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>
	Nursing Services	\$0	<p>These services are 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>

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Superior HealthPlan STAR+PLUS Medicare-Medicaid Plan (MMP): Summary of Benefits 2025

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)	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)
	Podiatry	\$0	As a Flexible Benefit, our 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

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Superior HealthPlan STAR+PLUS Medicare-Medicaid Plan (MMP): Summary of Benefits 2025

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)	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 quit attempt 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.
	Support Consultation	\$0	This service is only provided to members enrolled in the HCBS STAR+PLUS waiver services. You must be found eligible to receive waiver services. Once eligibility for services has been determined, prior authorization may be required to receive services within the specific waiver.

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Superior HealthPlan STAR+PLUS Medicare-Medicaid Plan (MMP): Summary of Benefits 2025

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)	Supported Employment	\$0	<p>This service is only provided 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>
	Telemonitoring Services	\$0	<p>Services include telemedicine, telehealth and telemonitoring.</p>
	Transitional Assistance Services	\$0	<p>This service is only provided 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>\$2,500 lifetime limit.</p>

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Superior HealthPlan STAR+PLUS Medicare-Medicaid Plan (MMP): Summary of Benefits 2025

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)	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 2025

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. (This section is continued on the next page)

 **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 2025

Services not covered by Superior STAR+PLUS MMP, Medicare, or Texas Medicaid (continued)	
Full-time nursing care in your home.	Reversal of sterilization procedures and non-prescription contraceptive supplies.
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:



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- description of the services we cover
- how to get services
- 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 (PA) 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:



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- 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.
- **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.



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 2025

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 Part D 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
P.O. Box 10450
Van Nuys, CA 91410-0450

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

Fax Number: 1-844-273-2671

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.



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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.hhs.texas.gov/ and click "Report Fraud" to complete the online form; **or**
- You can report directly to your health plan:
 - Superior STAR+PLUS MMP;
 - 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.)



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- 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.



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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, HHH Building Room 509F
Washington, DC 20201
1-800-368-1019, (TDD: **1-800-537-7697**)

Declaración de No Discriminación

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

Superior STAR+PLUS MMP:

- Proporciona asistencia y servicios gratuitos a las personas con discapacidades para que puedan comunicarse adecuadamente con nosotros, tales como intérpretes calificados de lengua de señas e información escrita en otros formatos (letra grande, audio, formatos electrónicos accesibles y otros formatos).
- Proporciona servicios lingüísticos gratuitos a personas cuyo idioma principal no es el inglés, tales como intérpretes calificados e información escrita en otros idiomas.

Si necesita estos servicios, comuníquese con Servicios para Miembros de Superior STAR+PLUS MMP al **1-866-896-1844** (TTY: **711**), de 8 a.m. a 8 p.m., de lunes a viernes. Después del horario de atención, los fines de semana y días feriados, es posible que se le solicite dejar un mensaje. Se le devolverá la llamada el siguiente día hábil. La llamada es gratuita.

Si considera que Superior STAR+PLUS MMP no ha proporcionado estos servicios o lo ha discriminado por motivos de raza, color, nacionalidad, edad, discapacidad o sexo, puede presentar una queja llamando al número indicado anteriormente mencionando que necesita ayuda para presentar una queja; el Departamento de Servicios para Miembros de Superior STAR+PLUS MMP está disponible para ayudarle.

También puede presentar una queja de derechos civiles ante la Oficina de Derechos Civiles del Departamento de Salud y Servicios Humanos de EE. UU. de manera electrónica a través del Portal para Quejas de la Oficina de Derechos Civiles, disponible en **<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>**, por correo postal o por teléfono a:

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



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

Spanish: Contamos con servicios de asistencia lingüística, servicios y asistencia auxiliares y otros formatos alternativos para usted de forma gratuita. Para recibirlos, llame al **1-866-896-1844** (TTY: **711**).

Spanish: Contamos con servicios de interpretación gratuitos para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para obtener un intérprete, llámenos al **1-866-896-1844** (TTY: **711**). El horario de atención es de lunes a viernes, de 8 a.m. a 8 p.m. Después del horario de atención, los fines de semana y los días festivos, es posible que se le pida que deje un mensaje. Se le devolverá la llamada el siguiente día hábil. Alguien que habla español puede ayudarle. Este es un servicio gratuito.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời bất kỳ câu hỏi nào của quý vị về chương trình sức khỏe hoặc chương trình thuốc của chúng tôi. Để nhận thông dịch viên, chỉ cần gọi cho chúng tôi theo số **1-866-896-1844** (TTY: **711**). Giờ làm việc là từ Thứ Hai đến Thứ Sáu, từ 8 a.m. đến 8 p.m. Vào các ngày cuối tuần và ngày lễ của tiểu bang hoặc liên bang, quý vị có thể được yêu cầu để lại tin nhắn. Sẽ có người phản hồi cuộc gọi của quý vị vào ngày làm việc tiếp theo. Một nhân viên nói tiếng Việt có thể giúp quý vị. Dịch vụ này được miễn phí.

Chinese : 我們提供免費的口譯服務，可解答您對我們的健康或藥物計劃可能有的任何疑問。如需口譯員服務，您僅需於週一至週五上午 8 點至晚上 8 點致電 **1-866-896-1844** (TTY: **711**) 與我們聯絡。週末及州或聯邦假日時，可能會要求您留言。我們將在下一個工作日內回電給您。會說中文的人員可以幫助您。此為免費服務。

Korean: 당사의 건강 또는 의약품 플랜과 관련해 물어볼 수 있는 모든 질문에 답변하기 위한 무료 통역 서비스가 있습니다. 통역사가 필요한 경우 월요일 ~ 금요일, 오전 8시부터 오후 8시까지 **1-866-896-1844** (TTY: **711**) 번으로 당사에 연락해 주십시오. 주말 및 공휴일에는 메시지를 남겨 주시면 다음 영업일에 전화드리겠습니다. 한국어를 구사하는 통역사가 도움을 드릴 수 있습니다. 통역 서비스는 무료로 제공됩니다.



Arabic: نوَقِّر خدمات ترجمة فورية مجانية للإجابة على أي أسئلة قد تكون لديك حول خطة الصحة أو الدواء الخاصة بنا. للحصول على مترجم فوري، يرجى الاتصال بنا على الرقم **1-866-896-1844** (TTY: **711**) من الساعة 8 صباحًا لغاية الساعة 8 مساءً، من الاثنين إلى الجمعة. قد يُطلب منك ترك رسالة في عطلة نهاية الأسبوع وخلال إجازات الولاية أو الإجازات الفيدرالية، وسنعاود الاتصال بك خلال يوم العمل التالي. يمكن أن يساعدك شخص يتحدث العربية. وتتوفر هذه الخدمة بشكل مجاني.

Urdu: ہمارے ہیلتھ یا ڈرگ پلان کے بارے میں آپ کے کسی بھی سوالوں کا جواب دینے کے لیے ہمارے پاس مفت ترجمان سروسز ہیں۔ مترجم کے لیے ہمیں صرف اس **1-866-896-1844** (TTY: **711**) نمبر سے صبح 8 بجے سے شام 8 بجے تک، پیر تا جمعہ کال کریں۔ اختتام ہفتہ اور ریاستی یا وفاقی تعطیلات میں، آپ کو پیغام بھیجنے کے لیے کہا جا سکتا ہے۔ آپ کی کال اگلے کاروباری دن میں واپس کی جائے گی۔ اردو بولنے والا کوئی بھی شخص آپ کی مدد کر سکتا ہے۔ یہ مفت سروس ہے۔

Tagalog: May mga libre kaming serbisyo ng interpreter para sagutin ang anumang posible ninyong tanong tungkol sa aming planong pangkalusugan o plano sa gamot. Upang makakuha ng interpreter, tumawag lang sa amin sa **1-866-896-1844** (TTY: **711**) mula 8 a.m. hanggang 8 p.m., Lunes hanggang Biyernes. Para sa mga oras pagkatapos ng trabaho, Sabado at Linggo, at pista opisyal, maaaring magpaiwan sa inyo ng mensahe. May tatawag sa inyo sa susunod na araw na may pasok. May makakatulong sa inyo na nagsasalita ng Tagalog. Isa itong lib्रेng serbisyo.

French: Nous proposons des services d'interprètes gratuits pour répondre à toutes vos questions sur notre régime de santé ou de médicaments. Pour obtenir les services d'un interprète, appelez-nous au **1-866-896-1844** (TTY : **711**) du lundi au vendredi, de 8 h à 20 h. Si vous appelez pendant les week-ends et jours fériés, vous devrez peut-être laisser un message. Nous vous rappellerons le jour ouvrable suivant. Un interlocuteur francophone pourra vous aider. Ce service est gratuit.

Hindi: हमारे स्वास्थ्य या ड्रग प्लान के बारे में आपके किसी भी सवाल का जवाब देने के लिए, हम मुफ्त में दुभाषिया सेवाएं देते हैं। दुभाषिया सेवा पाने के लिए बस हमें **1-866-896-1844** (TTY: **711**) पर कॉल करें। कार्य समय पर सोमवार से शुक्रवार सुबह 8 बजे से रात 8 बजे तक। सप्ताहांत और राज्य या संघीय छुट्टियों पर, आपसे एक संदेश छोड़ने के लिए कहा जा सकता है। अगले कार्य दिवस पर आपके कॉल का जवाब दिया जाएगा। हिंदी बोलने वाला कोई भी व्यक्ति आपकी मदद कर सकता है। यह एक निःशुल्क सेवा है।



Persian/Farsi: ما برای پاسخگویی به همه پرسشهایی که ممکن است درباره طرح بهداشتی یا دارویی ما داشته باشید، خدمات ترجمه شفاهی رایگان ارائه میدهیم. برای در اختیار داشتن مترجم میتوانید دوشنبه تا جمعه از 8 صبح تا 8 شب از طریق شماره **1-866-896-1844 (TTY: 711)** با ما تماس بگیرید. بعد از ساعات اداری، آخر هفتهها و روزهای تعطیل ممکن است از شما خواسته شود که پیام بگذارید. در روز کاری بعدی با شما تماس گرفته خواهد شد. شخصی که به زبان فارسی صحبت میکند میتواند به شما کمک کند. این خدمات بهطور رایگان ارائه میشود.

German: Wir bieten Ihnen einen kostenlosen Dolmetschservice, wenn Sie Fragen zu unseren Gesundheits- oder Medikamentenplänen haben. Um einen Dolmetscher in Anspruch zu nehmen, rufen Sie uns von Montag bis Freitag zwischen 8 und 20 Uhr unter folgender Telefonnummer an: **1-866-896-1844 (TTY: 711)**. An Wochenenden und an Feiertagen werden Sie möglicherweise aufgefordert, eine Nachricht zu hinterlassen. Wir rufen Sie am nächsten Werktag zurück. Ein deutschsprachiger Mitarbeiter wird Ihnen behilflich sein. Dieser Service ist kostenlos.

Gujarati: આરોગ્ય અથવા દવા સંબંધી યોજના વશિ તમને હોઈ શકે તેવા કોઈપણ પ્રશ્નોના જવાબ આપવા માટે અમારી પાસે દુભાષણિની મફત સેવાઓ છે. દુભાષણિ મેળવવા માટે, બસ અમને **1-866-896-1844 (TTY: 711)** પર કોલ કરો. અમારા કામકાજનો સમય સોમવારથી શુક્રવાર સુધી સવારે 8 વાગ્યાથી રાતના 8 વાગ્યા સુધીનો છે. વીકેન્ડ પર અને રાજ્યની કે સંઘીય રજાઓના દવિસે, તમને એક મેસેજ મૂકવા માટે કહેવામાં આવી શકે છે. તમારા કોલનો વળતો જવાબ કામકાજના આગલા દવિસની અંદર આપવામાં આવશે. ગુજરાતી બોલતી કોઈ વ્યક્તિમારી મદદ કરી શકે છે. આ એક મફત સેવા છે.

Russian: Если у вас возникли какие-либо вопросы о нашем плане медицинского страхования или плане с покрытием лекарственных препаратов, вам доступны бесплатные услуги переводчика. Если вам нужен переводчик, просто позвоните нам по номеру **1-866-896-1844 (TTY: 711)**. Часы работы: с 8 а.м. до 8 р.м. с понедельника по пятницу. В выходные и праздничные дни федерального уровня или на уровне штата вас могут попросить оставить сообщение. Вам перезвонят на следующий рабочий день. Вам окажет помощь сотрудник, говорящий на русском языке. Данная услуга бесплатна.

Japanese: 弊社の健康や薬剤計画についてご質問がある場合は、無料の通訳サービスをご利用いただけます。通訳を利用するには、月曜日～金曜日の午前8時～午後8時に、**1-866-896-1844 (TTY: 711)** までお電話ください。週末、祝日は、留守番電話にメッセージを残す必要がある場合があります。その場合は、次の営業日に折り返しお電話いたします。日本語の通訳担当者が対応しません。これは無料のサービスです。



Laotian: ພວກເຮົາມີບໍລິການແປພາສາຟຣີ ເພື່ອຕອບທຸກຄໍາຖາມທີ່ທ່ານອາດຈະມັກຽວກັບແຜນສຸຂະພາບ ຫຼື ຢາຂອງພວກເຮົາ. ຫາກຕ້ອງການຄົ້ນແປພາສາ ພຽງແຕ່ໂທຫາພວກເຮົາທີ່ **1-866-896-1844** (TTY: **711**) ເລີ່ມແຕ່ 8 ໂມງເຊົ້າຫາ 8 ໂມງແລງ, ວັນຈັນຫາວັນສຸກ. ຫຼັງຊົ່ວໂມງເຮັດວຽກ, ໃນທ້າຍອາທິດ ແລະ ໃນວັນພັກ, ທ່ານອາດຈະຖືກບອກໃຫ້ຝາກຂໍຄວາມໄວ້. ທ່ານຈະໄດ້ຮັບການໂທກັບພາຍໃນໃນມື້ເຮັດວຽກທັດໄປ. ຈະມີຄົນທີ່ເວົ້າພາສາລາວສາມາດຊ່ວຍ ທ່ານໄດ້. ນີ້ແມ່ນການບໍລິການຟຣີ

Italian: Sono disponibili servizi di interpretariato gratuiti per rispondere a qualsiasi domanda possa avere in merito al nostro piano farmacologico o sanitario. Per usufruire di un interprete, è sufficiente contattare il numero **1-866-896-1844** (TTY: **711**) dal lunedì al venerdì, dalle 8:00 alle 20:00. Nei fine settimana e nei giorni festivi statali o federali potrebbe essere necessario lasciare un messaggio. La ricontatteremo entro il giorno lavorativo successivo. Qualcuno la assisterà in lingua italiana. È un servizio gratuito.

Portuguese: Temos serviços de intérprete gratuitos para responder a quaisquer dúvidas que possa ter sobre o nosso plano de saúde ou medicação. Para obter um intérprete, contacte-nos através do número **1-866-896-1844** (TTY: **711**). O serviço está disponível de segunda-feira a sexta-feira, das 8:00 às 20:00. Se ligar ao fim de semana ou num feriado, poderá ter de deixar mensagem. A sua chamada será devolvida no próximo dia útil. Um falante de português poderá ajudá-lo. Este serviço é gratuito.

French Creole: Nou gen sèvis entèprèt gratis pou reponn nenpòt kesyon ou ka genyen sou plan sante oswa plan medikaman nou an. Pou jwenn yon entèprèt, senpleman rele nou nan **1-866-896-1844** (TTY: **711**) soti 8è a.m. rive 8è p.m., Lendi pou Vandredi. Aprè lè biwo yo fèmen, nan wikenn ak pandan jou ferye, yo gendwa mande w pou ou kite yon mesaj. Y ap tounen rele w pwochen jou biwo yo louvri a. Yon moun ki pale Kreyòl Ayisyen kapab ede w. Se yon sèvis gratis.

Polish: Oferujemy bezpłatną usługę tłumaczenia ustnego, która pomoże Państwu uzyskać odpowiedzi na ewentualne pytania dotyczące naszego planu leczenia lub planu refundacji leków. Aby skorzystać z usługi tłumaczenia ustnego, wystarczy zadzwonić pod numer **1-866-896-1844** (telefon tekstowy (TTY): **711**) w godzinach od 8:00 do 20:00, od poniedziałku do piątku. W weekendy i święta konieczne może być pozostawienie wiadomości. Oddzwonimy w następnym dniu roboczym. Zapewni to Państwu pomoc osoby mówiącej po polsku. Usługa ta jest bezpłatna.



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