SimpraAdvantage
Alabama's Healthplan

Summary of Benefits

2025 Simpra Advantage Dual Care
H4091-002 PPO D-SNP

This is a summary of drug and health services covered by Simpra Advantage Dual Care (PPO D-SNP) January 1, 2025 - December 31, 2025.

Simpra Advantage Dual Care (PPO D-SNP) is a Medicare Advantage PPO plan (PPO stands for Preferred Provider Organization) with a Medicare contract. Enrollment in the plan depends on contract renewal.

The benefit information provided is a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. For a complete list of benefits, see Chapter 4 of your *Evidence of Coverage* (EOC) online: https://simpra.com/for-members/plan-documents. To request a hardcopy of the EOC, please call Member Services at the number below.

To Reach Our Member Services Representatives:

- Toll Free 1-844-637-4770, TTY/TDD should call 1-833-312-0044.
- Hours of operation: 8 a.m. to 8 p.m. local time, seven days a week from October 1 through March 31, and Monday to Friday from April 1 through September 30. Member Services is closed on the following Holidays: Memorial Day, Independence Day, Labor Day, Thanksgiving, and Christmas.

To join Simpra Advantage Dual Care (PPO D-SNP), you must:

- be entitled to Medicare Part A,
- -- *and* -- be enrolled in Medicare Part B,
- -- *and* -- live in our service area,
- -- *and* -- receive any type of assistance from the Title XIX (Medicaid) program, including full benefit dual eligible individuals, as well as those eligible only for the Medicare Savings Programs (QMB, QMB-plus, SLMB-plus, FBDE).

Our service area includes these counties in Alabama: Autauga, Baldwin, Barbour, Bibb, Blount, Bullock, Butler, Calhoun, Chambers, Cherokee, Chilton, Choctaw, Clarke, Clay, Cleburne, Coffee, Colbert, Conecuh, Coosa, Covington, Crenshaw, Cullman, Dale, Dallas, DeKalb, Elmore, Escambia, Etowah, Fayette, Franklin, Geneva, Greene, Hale, Henry, Houston, Jackson, Jefferson, Lamar, Lauderdale, Lawrence, Lee, Limestone, Lowndes, Macon, Madison, Marengo, Marion, Marshall, Mobile, Monroe, Montgomery, Morgan, Perry, Pickens, Pike, Randolph, Russell, Shelby, St. Clair, Sumter, Talladega, Tallapoosa, Tuscaloosa, Walker, Washington, Wilcox, and Winston.

Simpra Advantage Dual Care (PPO D-SNP) has a network of doctors, hospitals, pharmacies, and other providers that can be found on our website at Simpra.com. If you use providers that are not in our network, the plan may not pay for these services.

This document is also available in alternative formats, such as large print or audio, upon request.

If you want to know more about the coverage and costs of Original Medicare, look in your current **"Medicare & You"** handbook. Visit http://www.medicare.gov/medicare-and-you to view or download a copy. You may also request a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY/TDD users should call 1-877-486-2048.

Please note this is only a summary of costs. If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay $0 for your deductible, doctor office visits, and inpatient hospital stays.

Simpra Advantage Dual Care (PPO D-SNP)	
Monthly Plan Premium *(includes both medical and drugs)*	$40.00 / $0 with Extra Help You must continue to pay your Medicare Part B premium.
Deductibles *This is the 2024 deductible amount and may change for 2025. Simpra Advantage Dual Care (PPO D-SNP) will provide updated rates as soon as they are released.*	Original Medicare Part B deductible is $240. Original Medicare Part A deductible is $1,632. Total deductible is $1,872.
Maximum out-of-Pocket (MOOP) amount (does not include Part D prescription drugs)	**From network providers:** $9,350. **From network and out-of-network providers combined:** $14,000.

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Simpra Advantage Dual Care (PPO D-SNP)	
Inpatient Hospital coverage *You pay the 2025 Original Medicare cost-sharing amounts. These are the 2024 cost-sharing amounts and may change for 2025. The plan will provide updated rates at Simpra.com as soon as Medicare releases them.*	**In-Network and Out-of-Network** $1,632 deductible. **In-Network and Out-of-Network (continued)** Days 1 – 60: You pay $1,632 deductible only. $0 copayment each Medicare-covered day; Days 61 – 90: $408 copayment each Medicare-covered day; Days 91 – 150 (lifetime reserve days): $816 copayment each Medicare-covered day If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay a $0 copayment amount. Medicare hospital benefit periods apply. A benefit period begins on the first day you go to a Medicare-covered inpatient hospital or a skilled nursing facility. The benefit period ends when you haven't been an inpatient at any hospital or SNF for 60 days in a row. If you go to the hospital (or SNF) after one benefit period has ended, a new benefit period begins. There is no limit to the number of benefit periods you can have. *Prior authorization is required for elective hospitalization.*
Outpatient Hospital Services	**In-Network and Out-of-Network** 20% coinsurance for each Medicare-covered service. *Prior authorization may be required for some services.*
Outpatient Hospital Observation Services	**In-Network and Out-of-Network** 20% coinsurance for each Medicare-covered service.
Ambulatory Surgical Center (ASC)	**In-Network and Out-of-Network** 20% coinsurance for each Medicare-covered service. *Prior authorization is required.*
Doctor Visits Primary Care Providers	**Primary Care visits: In-Network and Out-of-Network** You pay $0 copayment for each Medicare-covered visit. **There is no coinsurance, copayment, or deductible for the Annual Wellness Visit.**

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Specialty Care Providers	**Specialist visits: In-Network and Out-of-Network** 20% coinsurance for each Medicare-covered visit. **Telehealth – In-Network** $0 copayment / No cost-sharing for Primary Care Physicians, Kidney Disease Education Services, and Diabetes Self-Management Training. 20% coinsurance for Medicare-covered Physician Specialist services, and Individual and Group Psychiatric Services. 20% coinsurance for dialysis and all other Medicare-covered telehealth services. **Telehealth – Out-of-Network** Not covered.
Preventive Care (e.g., flu, COVID-19, pneumonia, and Hepatitis B vaccines, diabetes self-management training, and other screening tests)	**In-Network and Out-of-Network** You pay nothing for each Medicare-covered preventive service. **Important Message About What You Pay for Vaccines** Our plan covers most Part D vaccines at no cost to you, even if you haven't paid your deductible. Call Member Services for more information.
Emergency Care	**In-Network and Out-of-Network** 20% coinsurance for each Medicare-covered service. Up to a maximum of $90 per visit. Coinsurance is waived if you are admitted to a hospital within 3 days of your emergency care visit. Only covered within the United States and its territories.
Urgently Needed Services	**In-Network and Out-of-Network** 20% coinsurance for each Medicare-covered service. Up to a maximum of $45 per visit. If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay 0% of the total cost. Coinsurance is waived if you are admitted to a hospital within 3 days of your urgent care visit. Limited to the United States and its territories.

Simpra Advantage Dual Care (PPO D-SNP)	
Diagnostic Services/Labs/Imaging • Diagnostic tests and procedures • Diagnostic radiology services (e.g., MRI, CT Scan)	**In-Network and Out-of-Network** 20% coinsurance for each Medicare-covered service. *Prior authorization may be required for certain diagnostic tests and procedures (e.g., PET Scans).* *CT scans and MRIs do not require authorization.*
• Therapeutic Radiology • Outpatient X-rays	**In-Network and Out-of-Network** 20% coinsurance for each Medicare-covered therapeutic radiologic, and general x-ray services.
• Blood services	**In-Network and Out-of-Network** 20% coinsurance for each Medicare-covered blood service.
• Lab services	**In-Network and Out-of-Network** $0 copayment / $0 coinsurance for each Medicare-covered lab service. *Prior authorization is required for Genetic Testing.*
Hearing services Hearing exam	**In-Network and Out-of-Network** 20% coinsurance for each Medicare-covered service.
Supplemental Benefits: • Annual routine hearing exam	**In-Network and Out-of-Network** $0 copayment Limited to 1 visit(s) every year
• Annual Hearing Aid Fitting/ Evaluation	**In-Network and Out-of-Network** $0 copayment Limited to 1 visit(s) every year
• Coverage every two years includes over-the-counter hearing aids	**In-Network and Out-of-Network** $0 copayment Hearing-aid(s) coverage up to $2,500 every two years for both ears combined. You pay nothing up to the $2,500 allowance. *Over-the-counter hearing-aids are included in the coverage.*

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Dental services *Limited Medicare-covered dental services (e.g., jaw reconstruction following fracture or injury, tooth extractions in preparation for cancer treatment involving jaw, and oral exams prior to kidney transplantation)*	**In-Network and Out of Network** 20% coinsurance for each Medicare-covered service. *Prior authorization is required.*
Supplemental Dental Benefits: Preventive and/or comprehensive services Routine oral exam, dental cleaning, fluoride treatment and x-rays annually	**In-Network and Out-of-Network** **$0 copayment/coinsurance for preventive and comprehensive services** **Preventive:** • 2 Oral Exams every year; • 2 Prophylaxis (Cleanings) every year; • 1 Fluoride treatment; and • 1 Dental X-Rays every year; **Comprehensive:** • Restorative Services; Endodontics; Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services; • You pay nothing up to $3,000 allowance towards preventive and/or comprehensive dental services combined every benefit year.
Vision Care • Exam to diagnose and treat diseases and conditions of the eye • For people with diabetes, screening for diabetic retinopathy is covered once per year • Glaucoma screening	**In-Network and Out-of-Network** 20% coinsurance for each Medicare-covered service.
• Eyewear after cataract surgery	**In-Network** $0 copayment for each Medicare-covered eyewear following cataract surgery. **Out-of-Network** 20% coinsurance for each Medicare-covered service.

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Supplemental Vision Benefits: • Routine Eye Exam • Eyeglasses (lenses and frames) and/or contact lenses	**In-Network and Out-of-Network** $0 copayment Limited to 1 visit every year **In-Network and Out-of-Network** Glasses (lenses and frames)/Contacts coverage up to $400 total combined credit every year. *(This allowance does not apply to eyewear obtained following cataract surgery)*
Mental Health Services *These are the 2024 cost-sharing amounts and may change for 2025. The plan will provide updated rates at Simpra.com as soon as Medicare releases them.*	**In-Network and Out-of-Network (Inpatient)** $1,632 deductible Day 1 – 60: $0 copayment each Medicare-covered day Day 61 – 90: $408 copayment each Medicare-covered day Day 91 – 150 (lifetime reserve days): $816 copayment each Medicare-covered day *Prior authorization is required.* **In-Network and Out-of-Network (Outpatient)** 20% coinsurance for each Medicare-covered service. Coverage includes partial-hospitalization, individual and group therapy visits, and intensive outpatient services.
Skilled Nursing Facility (SNF) Care *These are the 2024 cost-sharing amounts and may change for 2025. The plan will provide updated rates at Simpra.com as soon as Medicare releases them.*	**In-Network and Out-of-Network** Days 1 – 20: $0 copayment for each Medicare- covered day. Days 21 – 100: $204 copayment for each Medicare- covered day. Days 101 and beyond: You pay all costs. If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay 0% of the total cost *Prior authorization is required.*
Physical Therapy and Speech-Language Pathology Services	**In-Network and Out-of-Network** 20% coinsurance for each Medicare-covered service. *Prior authorization may be required.*

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Ambulance services Ground and Air Ambulance	**In-Network and Out of Network** 20% coinsurance for each one-way Medicare-covered ground or air ambulance service. *Prior authorization is not required for Medicare-covered non- emergent transports.*
Transportation Services	**In-Network** There is no coinsurance, copayment, or deductible. You receive up to 48 one-way rideshare trips every year to plan-approved health-related locations.
Medicare Part B Prescription Drugs Chemotherapy/Radiation drugs	**In-Network and Out-of-Network** 20% coinsurance for each Medicare-covered Part B drug. *For chemotherapy, authorization is required for the initial drug approval only.*
Other Part B drugs	**In-Network and Out-of-Network** 20% coinsurance for each Medicare-covered service. *Prior authorization may be required for certain medications.* Certain Part B drugs may be subject to step therapy. Those drugs are included in categories such as Ophthalmic Disorders and Viscosupplement. **Important Message About What You Pay for Insulin** You never pay more than $35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it’s on, even if you haven’t paid your deductible.

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Outpatient Prescription Drug Benefits and Cost-Sharing	
Deductible	$590 for all Part D prescription drugs.
Initial Coverage Phase	During the Initial Coverage Stage, the plan pays its share of the cost of your covered prescription drugs, and you pay your share (your coinsurance amount). Your share of the cost will vary depending on the drug and where you fill your prescription. 25% coinsurance **Standard retail cost-sharing** (in-network) (up to a 30-day supply) 25% coinsurance **Standard mail-order cost-sharing** (up to a 90-day supply) 25% coinsurance **Long-term care (LTC) cost-sharing** (up to a 31-day supply)
Catastrophic Coverage	Once your out-of-pocket costs have reached $2,000, you leave the Initial Coverage Phase and move into the Catastrophic Coverage Stage. During this payment stage, the plan pays the full cost for your covered Part D drugs. You pay nothing. You will stay in this payment stage until the end of the calendar year.

Cost-sharing may differ based on point-of-service (mail-order, retail, Long Term Care (LTC)), home infusion, whether the pharmacy is in our standard network, or whether the prescription is a short-term (30- day supply) or long term (90-day supply).

Important Message About What You Pay for Insulin – You won't pay more than $35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on, even if you haven't paid your deductible.

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Additional Benefits	
Diabetic monitoring supplies	**In-Network and Out-of-Network** 20% coinsurance for each Medicare-covered service.
Diabetic therapeutic shoes or inserts	**In-Network and Out-of-Network** 20% coinsurance for each Medicare-covered service.
Occupational therapy	**In-Network and Out-of-Network** 20% coinsurance for each Medicare-covered service.
Supplemental Benefit: **Over-the-counter (OTC) benefit** The OTC Catalog benefit offered through NationsBenefits, provides you with a quarterly allowance that you can spend during the benefit year on certain over-the-counter medications, as well as health and wellness products such as common cold medicines, vitamins, healthy foods and more. • You must use Simpra's OTC program for this benefit. • *For details on approved items and retailers please visit* Simpra.NationsBenefits.com	**In-Network** $0 copayment You receive a $210 allowance every month on the Simpra Benefits Mastercard® Prepaid Card to spend on certain over-the-counter medications, as well as health and wellness products such as common cold medicines, vitamins, healthy foods and more. For details on approved items and retailers please visit Simpra.NationsBenefits.com. This is a monthly allowance up to $2,520 total for the benefit year. Unused allowance will not carry over to the next month. **Out-of-Network** Not covered.
Podiatry services (Foot care) • Foot exams and treatment of injuries and diseases of the feet (such as hammer toe or heel spurs) • Routine foot care with certain medical conditions	**In-Network and Out-of-Network** 20% coinsurance for each Medicare-covered podiatry service.

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Additional Benefits

Supplemental Benefit: **Brain HQ Memory Fitness Subscription** You will receive an annual subscription to BrainHQ. BrainHQ at simpra.brainhq.com is an online, evidence-based memory fitness program with dozens of exercises that have been shown in studies to help people think faster, focus better, and remember more.	**In-Network** $0 copayment/coinsurance **Out-of-Network** Not covered.
Supplemental Benefit: **Social Companion Benefit** Additional support for members with certain chronic conditions and needing additional non-clinical attention. Please see qualifying conditions below.	**In-Network** $0 copayment/coinsurance for each Medicare-covered service. Covers up to 25 visits to be determined by the RN Care Coordinator (RNCC). The number of hours provided will be dependent upon the length of time needed and the benefit limit to be determined by the RN Care Coordinator. **Out-of-Network** Not covered.
Special Supplemental Benefit for the Chronically Ill (SSBCI): General Support for Living, Food & Produce, OTC combined allowance This combined allowance is for individuals with chronic conditions only, as determined by Simpra Advantage Care Coordinator. Chronic conditions the enrollee must have to be eligible for all three benefit items include: Chronic alcohol and other drug dependence; Autoimmune disorders; Cancer; Cardiovascular disorders; Chronic heart failure; Dementia; Diabetes; End-stage liver disease; End-stage renal disease (ESRD); Severe hematologic disorders; HIV/AIDS; Chronic lung disorders; Chronic and disabling mental health conditions; Neurologic disorders; Stroke	Your $210 OTC allowance noted above may also be used toward general support for your living needs (e.g., rent and utilities), as well as food & produce. For details on approved items and retailers please visit Simpra.NationsBenefits.com. • This is a $210 total monthly allowance up to $2,520 total for the benefit year. • Unused allowance will not carry over to the next month.

Simpra Advantage Dual Care is a PPO D-SNP with a Medicare contract. Enrollment in Simpra Advantage depends on contract renewal. Simpra Advantage complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Simpra Advantage Dual Care (PPO D-SNP) is available to Medicare and Medicaid beneficiaries who live at home or in the community. Medicaid pays the premium for those who meet the Low-Income Subsidy or qualify for Extra Help. In addition to your Plan premium, if any, you must continue to pay your Medicare Part B premium.

The Benefits Mastercard® Prepaid Card is issued by The Bancorp Bank N.A., Member FDIC, pursuant to license by Mastercard International Incorporated and card can be used for eligible expenses wherever Mastercard is accepted. Valid only in the U.S. No cash access. This is not a gift card or gift certificate. Prepaid cards are distributed as a gratuity without the payment of any monetary value or consideration. This card cannot be used to pay for prescription drugs or products that are not eligible. Product exclusions include alcohol, tobacco, firearms and gift cards. If you would like to buy items that are not eligible, you will need to use another form of payment.

SSBCI benefits (Food and Produce, General Supports for Living, and Social Needs benefits) are Special Supplemental Benefits. To be eligible for these benefits, the member must have one or more of the following chronic conditions: Cardiovascular disorders, Chronic heart failure, Stroke, Dementia, Diabetes, or certain other eligible conditions not listed here. All conditions may not apply to all benefits. If you qualify for one of the chronic conditions, you must also qualify as a chronically ill enrollee as defined by CMS regulations and on this Plan’s coverage criteria for SSBCI.

