

# 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 hard copy 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](https://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.** Because you are eligible for Medicare cost-sharing assistance under Medicaid, **you may pay as low as \$0 for your deductible, doctor office visits, and inpatient hospital stays.**

Prior authorization may be required for some services. Please read your *Evidence of Coverage* online (<https://simpra.com/for-members/plan-documents>) for complete benefit information.

## Simpra Advantage Dual Care (PPO D-SNP) Benefits

<b>Monthly Plan Premium</b> <i>(includes both medical and drugs)</i>	\$0 Health premium \$0 Drug premium Your \$185 Part B Premium may be covered by Medicaid.
<b>Deductibles</b>	\$0 Health deductible \$0 Drug deductible
<b>Maximum out-of-Pocket (MOOP) amount you pay for health services</b>	<b>In-Network providers:</b> \$9,350 <b>In-Network and Out-of-Network providers combined:</b> \$14,000
<b>Inpatient Hospital coverage</b>	<b>In-Network</b> \$0 copayment <b>Out-of-Network</b> \$0 copayment if your provider accepts Medicaid, or if not, you pay the Medicare amounts for 2025: \$1,676 deductible for days 1 through 60 \$419 copayment per day for days 61 through 90
<b>Outpatient Hospital Coverage and Services</b>	<b>In-network</b> \$0 copayment <b>Out-of-network</b> \$0 to 20% coinsurance per visit
<b>Ambulatory Surgical Center (ASC)</b>	<b>In-Network and Out-of-Network</b> \$0 to 20% coinsurance per visit
<b>Primary Doctor Visits</b>	<b>In-Network</b> \$0 copayment <b>No coinsurance, copayment, or deductible for Annual Wellness Visit.</b> <b>Out-of-Network</b> \$0 copayment Telehealth is not covered.
<b>Specialist Visits</b>	<b>In-Network</b> \$0 copayment \$0 coinsurance for Telehealth <b>Out-of-Network</b> \$0 to 20% coinsurance per visit Telehealth is not covered.

## Simpra Advantage Dual Care (PPO D-SNP) Benefits

<b>Preventive Care</b> (e.g., flu, COVID-19, pneumonia, and Hepatitis B vaccines, diabetes self-management training, and other screening tests)	<b>In-Network and Out-of-Network</b> \$0 copayment You pay nothing for each Medicare-covered preventive service.  <b>Important Message About What You Pay for Vaccines</b> 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.
<b>Emergency Care</b>	<b>In-Network and Out-of-Network</b> \$0 copayment  Coinsurance is waived if you are admitted to a hospital within 3 days of your emergency care visit. Coverage limited to the United States and its territories.
<b>Urgent Care</b>	<b>In-Network and Out-of-Network</b> \$0 copayment  Coinsurance is waived if you are admitted to a hospital within 3 days of your urgent care visit. Coverage limited to the United States and its territories.
<b>Diagnostic Services/Labs/Imaging</b> Diagnostic tests and procedures Lab services, Diagnostic radiology services (e.g., MRI, CT Scan), Outpatient X-rays, Therapeutic Radiology, and Outpatient Blood Services	<b>In-Network</b> \$0 copayment  <b>Out-of-Network</b> \$0 to 20% coinsurance per visit
<b>Hearing Exam (Medicare Covered)</b>	<b>In-Network and Out-of-Network</b> \$0 copayment \$0 to 20% coinsurance per visit
<b>Hearing Aids (Supplemental):</b> Annual Hearing Aid Fitting/Evaluation  Hearing Aids	<b>In-Network and Out-of-Network</b> \$0 copayment Limited to 1 visit every year  <b>In-Network and Out-of-Network</b> \$0 copayment, 0% coinsurance You pay nothing up to \$2,500 maximum allowance every two years for hearing aids for both ears combined.

## Simpra Advantage Dual Care (PPO D-SNP) Benefits

<p><b>Dental services</b></p> <p><i>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)</i></p> <p><b>Supplemental Dental Benefits:</b></p> <p><b>Preventive:</b> 2 Oral Exams every year; 2 Prophylaxis (Cleanings) every year; 1 Dental X-Rays every year;</p> <p><b>Comprehensive:</b> Restorative Services; Endodontics; Prosthodontics; Other Oral/Maxillofacial Surgery; Other Services</p>	<p><b>In-Network and Out of Network</b></p> <p>\$0 to 20% coinsurance for each Medicare-covered service</p> <p><b>In-Network and Out-of-Network (Preventive and Comprehensive services)</b></p> <p>\$0 copayment</p> <p>You pay nothing up to \$3,000 allowance towards preventive and/or comprehensive dental services combined every benefit year. Other service limits apply.</p>
<p><b>Vision Care</b></p> <p>Exam to diagnose/treat eye diseases and conditions; Screening for diabetic retinopathy (1 per year for patients with diabetes); Glaucoma screening; Eyewear after cataract surgery (One pair of eyeglasses or contact lenses after each cataract surgery that includes insertion of an intraocular lens.)</p> <p><b>Supplemental Vision Benefits:</b></p> <ul style="list-style-type: none"> <li>• Routine Eye Exam</li> <li>• Eyeglasses (lenses and frames) and/or contact lenses</li> </ul>	<p><b>In-Network and Out-of-Network</b></p> <p>\$0 to 20% coinsurance for each Medicare-covered service</p> <p><b>In-Network and Out-of-Network</b></p> <p>\$0 copayment Limited to 1 visit every year</p> <p><b>In-Network and Out-of-Network</b></p> <p>\$0 copayment</p> <p>You pay nothing up to \$400 total combined eyewear credit every year. <i>This allowance does not apply to eyewear obtained following cataract surgery.</i></p>

## Simpra Advantage Dual Care (PPO D-SNP) Benefits

<b>Mental Health Services</b> Inpatient Services	<b>In-Network</b> \$0 copayment
	<b>Out-of-Network</b> \$0 copayment if your provider accepts Medicaid, or if not, you pay the Medicare amounts for 2025: \$1,676 deductible for days 1 through 60 \$419 copayment per day for days 61 through 90
Outpatient Services	<b>In-Network</b> \$0 copayment per visit
	<b>Out-of-Network</b> \$0 to 20% coinsurance per visit Coverage includes partial hospitalization, individual and group therapy visits, and intensive outpatient services.
<b>Skilled Nursing Facility (SNF) Care</b>	<b>In-Network</b> \$0 copayment
	<b>Out-of-Network</b> \$0 copayment if your provider accepts Medicaid, or if not, you pay the Medicare amounts for 2025: Days 1 to 20: \$0 copayment for each Medicare-covered day Days 21 to 100: \$209.50 copayment for each Medicare-covered day
<b>Physical Therapy and Speech-Language Pathology Services</b>	<b>In-Network</b> \$0 copayment
	<b>Out-of-Network</b> \$0 to 20% coinsurance for each Medicare-covered service
<b>Ambulance services</b> Ground Ambulance	<b>In-Network</b> \$0 copayment
	<b>Out-of-Network</b> \$0 to 20% coinsurance for each one-way Medicare-covered ground service
Air Ambulance	<b>In-Network and Out of Network</b> \$0 to 20% coinsurance for each one-way Medicare-covered air service

Simpra Advantage Dual Care (PPO D-SNP) Benefits	
Transportation Services	<p><b>In-Network</b></p> <p>There is no coinsurance, copayment, or deductible. You receive up to 48 one-way rideshare trips every year to plan-approved health-related locations.</p>
<p><b>Medicare Part B Prescription Drugs</b></p> <p>Chemotherapy/Radiation drugs</p>	<p><b>In-Network</b></p> <p>\$0 copayment</p> <p><b>Out-of-Network</b></p> <p>\$0 to 20% coinsurance</p>
Other Part B drugs	<p><b>In-Network</b></p> <p>\$0 copayment</p> <p><b>Out-of-Network</b></p> <p>\$0 to 20% coinsurance</p> <p>Certain Part B drugs may be subject to step therapy. Those drugs are included in categories such as Ophthalmic Disorders and Viscosupplement.</p>
Part B Insulin	<p><b>In-Network</b></p> <p>\$0 copayment</p> <p><b>Out-of-Network</b></p> <p>\$0 to 20% coinsurance</p> <p><b>Important Message About What You Pay for Insulin</b></p> <p>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.</p>

Outpatient Prescription Drug Benefits and Cost Sharing (Part D)

Simpra offers the Defined Standard Benefit. The Defined Standard benefit includes a \$590 deductible and 25% cost sharing up to \$2,000. Once your out-of-pocket costs reach \$2,000, the plan pays the full cost of your covered Part D drugs until the end of the calendar year. Cost-sharing may differ based on the point-of-service (e.g., mail order, retail, Long Term Care, home infusion), whether the pharmacy is in our standard network, or whether the prescription is a short-term supply (30 days) or long-term supply (90 days).

However, you may qualify for a Low-Income Subsidy (LIS) or Extra Help and your cost-sharing would depend on your level of assistance. If you qualify for Extra Help, you will receive a notification detailing your copay level and amounts. See the table below.

LIS Level	2025 LIS Copayments	LIS Deductible
1	\$4.90 Generic \$12.15 Brand	\$0.00
2	\$1.60 Generic \$4.80 Brand	\$0.00
3	\$0.00 Generic \$0.00 Brand	\$0.00

**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.



Additional Benefits	
Diabetic monitoring supplies	<b>In-Network</b> \$0 copayment  <b>Out-of-Network</b> \$0 to 20% coinsurance
Diabetic therapeutic shoes or inserts	<b>In-Network</b> \$0 copayment  <b>Out-of-Network</b> \$0 to 20% coinsurance
Occupational therapy	<b>In-Network</b> \$0 copayment  <b>Out-of-Network</b> \$0 to 20% coinsurance for each Medicare-covered service
<b>Supplemental Benefit:</b> <b>Over-the-counter (OTC) benefit</b>  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. <ul style="list-style-type: none"> <li>You must use Simpra's OTC program for this benefit.</li> <li>For details on approved items and retailers please visit <a href="https://Simpra.NationsBenefits.com">Simpra.NationsBenefits.com</a></li> </ul>	<b>In-Network</b> \$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. For details on approved items and retailers please visit <a href="https://Simpra.NationsBenefits.com">Simpra.NationsBenefits.com</a> .  Unused allowance will not carry over to the next month.  <b>Out-of-Network</b> Not covered.
<b>Podiatry services (Foot care)</b> <ul style="list-style-type: none"> <li>Foot exams and treatment of injuries and diseases of the feet (such as hammer toe or heel spurs)</li> <li>Routine foot care with certain medical conditions</li> </ul>	<b>In-Network and Out-of-Network</b>  \$0 to 20% coinsurance for each Medicare-covered podiatry service

## Additional Benefits

### Supplemental Benefit:

#### Brain HQ Memory Fitness Subscription

You will receive an annual subscription to BrainHQ. BrainHQ at [simpra.brainhq.com](https://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.

The number of hours provided will depend 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](https://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.