SimpraAdvantage
Alabama's Healthplan

2026 Summary of Benefits

2026 Nursing Home Plan PPO I-SNP

Monthly Plan Premium *(includes both medical and drugs)*	$27.70 / $0 with Extra Help You must continue to pay your Medicare Part B premium.
Deductibles	$2,019 Part A and Part B Medical deductibles combined
Maximum Out-of-Pocket (MOOP) amount	$8,600 In-Network / $13,900 In- and Out-of-Network combined

Benefits	In-Network	Out-of-Network
Inpatient Hospital Coverage	Days 1 to 60: $0 copayment after you pay the Part A deductible $1,736 Days 61 to 90: You pay $434 copayment each Medicare-covered day Days 91 to 150 (Lifetime reserve days): You pay $868 copayment each Medicare-covered day After day 150, you pay all costs. *Prior authorization is required for post-stabilization hospitalization, direct hospital admissions, elective hospitalization, and transfers from hospital to hospital for higher level of care.*	
Outpatient Hospital Services and Observation Services	20% Coinsurance for each Medicare-covered service or observation visit	
Ambulatory Surgical Center (ASC)	20% coinsurance for each Medicare-covered outpatient surgery service *Prior authorization is required.*	
Primary Care Provider Visit	20% coinsurance for each Medicare-covered primary care visit	
Primary Care Provider Telehealth Visit	$0 Copayment	Not covered
Specialty Care Provider Visit	20% coinsurance for Medicare-covered specialist visit	
Specialty Care Provider Telehealth Visit	20% Coinsurance	Not covered
Preventive Care Services including Annual Wellness Visit	You pay nothing for each Medicare-covered preventive care 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 (Coverage limited to U.S. and its territories only)	20% coinsurance for each Medicare-covered service up to a maximum of $90 per visit	
Urgent Care (Coverage limited to U.S. and its territories only)	20% coinsurance for each Medicare-covered service up to a maximum of $40 per visit	

SimpraAdvantage
Alabama's Healthplan

2026 Summary of Benefits

Benefits	In-Network	Out-of-Network
Diagnostic Services – Tests and Procedures, Radiology Services (e.g., MRI, PET Scan, CT Scan)	20% coinsurance for each Medicare-covered diagnostic tests, procedures, and radiology services *Prior authorization is required for certain diagnostic tests and procedures (e.g., PET Scans). CT scans and MRIs do not require authorization.*	
Diagnostic Services – Therapeutic Radiology, Outpatient X-ray, Blood Services	20% coinsurance for each Medicare-covered therapeutic, radiologic, and general x-ray services and blood service	
Lab Services *Prior authorization is required for Genetic Testing*	$0 coinsurance for each Medicare-covered lab service	20% coinsurance for each Medicare-covered out-of-network lab service
Hearing Exam	20% coinsurance for each Medicare-covered service	
Supplemental Hearing Benefits: Annual Routine Hearing Exam	$0 copayment for one routine hearing exam visit	
Supplemental Hearing Benefits: Annual Hearing Aid Fitting/Evaluation	$0 copayment for one hearing aid evaluation/fitting	
Supplemental Hearing Benefits: Hearing Aid Allowance	$0 Copayment Hearing aid(s) maximum coverage up to $2,000 every two years for both ears combined. You pay nothing up to the $2,000 allowance. Non-prescription hearing aids are included in coverage.	
Dental Services	20% coinsurance for each Medicare-covered service *Prior authorization is required.*	
Vision Care	20% coinsurance for each Medicare-covered service	
Supplemental Vision Benefit: Routine Eye Exam including refraction	$0 copayment for one routine eye exam visit every year	
Supplemental Vision Benefit: Eyeglasses and Contact Lenses	$230 total allowance for glasses (lenses and frames) and contact lenses each benefit year *This allowance does not apply to eyewear obtained following cataract surgery.*	
Mental Health Services – Inpatient	Days 1 -- 60: $0 copayment after you pay the Part A deductible $1,736 Days 61 – 90: $434 copayment each day Days 91 – 150 (lifetime reserve days): $868 copayment each day After day 150, you pay all costs *Prior authorization is required.*	
Mental Health Services – Outpatient	20% coinsurance for each Medicare-covered service	

Outpatient Prescription Drug Benefits—Cost Sharing (Part D)	
Deductible	$615 for all Part D prescription drugs.
Initial Coverage Stage	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)
The Coverage Gap Phase was removed in 2025. The Part D prescription drug "donut hole" no longer exists.	
Catastrophic Stage	Once your out-of-pocket costs have reached $2,100, you leave the Initial Coverage Stage 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.

Important Message About Certain Drugs – Due to the Inflation Reduction Act of 2022, there may be some Medicare Part B drugs covered by our Plan that will have a coinsurance lower than 20%. If you purchase one of these Part B drugs, you will be eligible for a refund for any overpayment made at the point of service.

SimpraAdvantage
Alabama's Healthplan

2026 Summary of Benefits

Additional Benefits	In-Network	Out-of-Network
Ambulance Service (Ground and Air Ambulance)	20% coinsurance for each one-way Medicare-covered ground or air ambulance service	
Diabetic Monitoring Supplies	20% coinsurance for each Medicare-covered service	
Diabetic therapeutic shoes or inserts	20% coinsurance for each Medicare-covered service	
Skilled Nursing Facility (SNF) Care	Days 1 to 20: $0 copayment for each Medicare-covered SNF day Days 21 to 100: $217 copayment for each Medicare-covered SNF day Days 101 and beyond, you pay all costs *No prior hospital stay is required. Prior authorization is required within 2 days of starting care and for extensions, prior authorization is required before your last covered day.*	
Medicare Part B Prescription Drugs: Chemotherapy, radiation and other Part B drugs	0%-20% coinsurance for each Medicare-covered service *Prior authorization is required for certain medications.*	
Physical Therapy, Speech-Language Pathology Therapy, and Occupational Therapy Services	20% coinsurance for each Medicare-covered service *Prior authorization is required for certain providers.*	
Supplemental Benefit: Over-the-Counter (OTC) Benefit	$0 copayment and $300 allowance every quarter (three months) for eligible OTC items. Unused credits roll over to the next quarter of the benefit year; however, they will not be carried over more than one quarter during the benefit year. ***In-Network coverage only.*** *You must use the NationsBenefits® OTC program for this benefit.*	
Podiatry Services (Foot Care): Foot exams and treatment	20% coinsurance for each Medicare-covered podiatry service	
Supplemental Benefit: Additional routine foot care	$0 copayment for each routine foot care service. Limited to 6 routine foot care visits every year.	
Supplemental Benefit: Social Companion Benefit	$0 copayment/coinsurance for each covered service Covers up to 30 visits, to be determined by the RN Care Coordinator ***In-Network coverage only.***	
Supplemental Benefit: Transportation Services	There is no coinsurance, copayment, or deductible. Receive up to 12 one-way rideshare trips every year to Plan-approved, health-related locations administered by NationsBenefits®. ***In-Network coverage only.***	
Telehealth	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 ***In-Network coverage only.***	

About Simpra Advantage

Summary of Benefits:

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. This document is also available in alternative formats, such as large print or audio, upon request. For a complete list of benefits, see Chapter 4 of the *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.

If you want to know more about the coverage and costs of Original Medicare, look in your 2026 **"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.

Provider Network:

Simpra Advantage serves all counties in Alabama. For information on the Simpra Advantage network of doctors, hospitals, pharmacies, and other providers, visit our website at Simpra.com. If you use providers that are not in our network, the Plan may not pay for these services. Out-of-network/non-contracted providers are under no obligation to treat Plan members, except in emergency situations. Please call our customer service number or see your *Evidence of Coverage* for more information, including the cost-sharing that applies to out-of-network services.

To join Simpra Advantage Nursing Home Plan (PPO I-SNP), you must:

- be entitled to Medicare Part A, and
- be enrolled in Medicare Part B, and
- live in our service area, and
- reside in one of our participating nursing facilities for greater than 90 days (or reasonably expect to live in the nursing facility for greater than 90 days). The Plan's Provider Directory has a list of participating nursing facilities. You can access this list on our website (Simpra.com) or call Member Services and ask us to send you a list. See the Member Services number below.

To reach our Member Services Representatives:

- Toll Free **1-844-637-4770** (for accommodations call **TTY/TDD 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, Juneteenth, Independence Day, Labor Day, Thanksgiving, and Christmas.

Simpra Advantage Nursing Home Plan is a PPO I-SNP with a Medicare contract. Enrollment in Simpra Advantage depends on contract renewal. Based on a Model of Care review, Simpra Advantage has been approved by the National Committee for Quality Assurance (NCQA) to operate a Special Needs Plan (SNP) through 2027. 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.

SSBCI benefits are Special Supplemental Benefits for the Chronically Ill. To be eligible for these benefits (Social Needs benefit), the member must have one or more of the following chronic conditions: Dementia or Chronic and disabling mental health conditions. Not all enrollees qualify. If you qualify for one of the chronic conditions, your coverage also depends on being a "chronically ill enrollee" as defined by CMS regulations and on this Plan's coverage criteria for SSBCI.

The Benefits Mastercard® Prepaid Card is issued by The Bancorp Bank N.A., pursuant to license by Mastercard International Incorporated and card can be used for eligible expenses wherever Mastercard is accepted. Mastercard and the circles design is a trademark of Mastercard International Incorporated. Valid only in the U.S. No cash access. This is not a gift card or gift certificate. You have received this card 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.