

Simpra Advantage Assist (PPO I-SNP)

Simpra Advantage Assist (PPO I-SNP) offered by Simpra Advantage, Inc.

Annual Notice of Change for 2027

You're enrolled as a member of Simpra Advantage Assist (PPO I-SNP).

This material describes changes to our plan's costs and benefits next year.

- To change to a **different plan**, you can switch plans or switch to Original Medicare (either with or without Medicare drug coverage) at any time.
- To change to a **different plan**, visit [Medicare.gov](https://www.Medicare.gov) or review the list in the back of your *Medicare & You 2027* handbook.
- Note this is only a summary of changes. More information about costs, benefits, and rules is in the *Evidence of Coverage*. To get a copy of the *Evidence of Coverage* go to www.simpra.com or call Member Services at 1-844-637-4770 (for accommodations call TTY/TDD 1-833-312-0044) to get a copy by mail.

More Resources

- Per the final rule CMS-4205-F released on April 4, 2024, §§ 422.2267(e)(31)(ii) and 423.2267(e)(33)(ii), plans must provide a Notice of Availability of language assistance services and auxiliary aids and services that at a minimum states that our plan provides language assistance services and appropriate auxiliary aids and services free of charge. Our plan must provide the notice in English and at least the 15 languages most commonly spoken by people with limited English proficiency in our plan's service area and must provide the notice in alternate formats for people with disabilities who require auxiliary aids and services to ensure effective communication. Call Member Services at 1-844-637-4770 (for accommodations call TTY/TDD 1-833-312 0044). Hours are 8am – 8pm local time, 7 days a week from October 1st – March 31st and Monday through Friday from April 1st – September 30th. Member Services is closed on the following Holidays: Memorial Day, Juneteenth, Independence Day, Labor Day, Thanksgiving, and Christmas. This call is free.
- This document is also available in alternative formats, such as large print or audio, upon request.

About Simpra Advantage Assist (PPO I-SNP)

- Simpra Advantage Assist is a PPO I-SNP with a Medicare contract. Enrollment in Simpra Advantage Assist (PPO I-SNP) depends on contract renewal.
- Simpra Advantage, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.
- When this material says “we,” “us,” or “our,” it means Simpra Advantage, Inc.. When it says “plan” or “our plan,” it means Simpra Advantage Assist (PPO I-SNP).
- **If you do nothing by December 7, 2026, you’ll automatically be enrolled in Simpra Advantage Assist (PPO I-SNP).** Starting January 1, 2027, you’ll get your medical and drug coverage through Simpra Advantage Assist (PPO I-SNP). Go to Section 3 for more information about how to change plans and deadlines for making a change.

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Summary of Important Costs for 2027

	2026 (this year)	2027 (next year)
Monthly plan premium* *Your premium can be higher than this amount. Go to Section 1 for details.	\$81.00	\$74.40 Medical Premium / \$15.60 Drug Premium (\$76.30 with Extra Help)
Deductible	No deductible for Medicare Part A and Part B medical services.	<i>No changes.</i> No deductible for Medicare Part A and Part B medical services. <i>See the section, "Outpatient Prescription Drug Coverage Cost-Sharing" later in this document for the 2027 Part D deductible.</i>
Maximum out-of-pocket amount This is the <u>most</u> you'll pay out of pocket for covered Part A and Part B services. (Go to Section 1 for details.)	For In-Network providers: You pay \$6,700 For In-Network and Out-of-Network providers combined: You pay \$10,000	<i>No changes.</i> For In-Network providers: You pay \$6,700 For In-Network and Out-of-Network providers combined: You pay \$10,000
Primary care office visits	For In-Network and Out-of-Network providers you pay \$0 Copayment / 0% Coinsurance per visit.	<i>No changes.</i> For In-Network and Out-of-Network providers you pay \$0 Copayment / 0% Coinsurance per visit.

	2026 (this year)	2027 (next year)
Specialist office visits	For In-Network and Out-of-Network Providers you pay \$30 Copayment / 0% Coinsurance per visit	<i>No changes.</i> For In-Network and Out-of-Network Providers you pay \$30 Copayment / 0% Coinsurance per visit
Inpatient hospital stays Includes various inpatient hospital stays such as acute care, rehabilitation and long-term care. An inpatient hospital stay starts the day you're formally admitted with a doctor's order and ends the day before you're discharged.	You pay the 2026 Original Medicare cost-sharing amounts: Days 1 – 6: \$175 copayment each Medicare-covered day. Days 7 – 90: \$0 copayment each Medicare-covered day Days 91 – 150 (lifetime reserve days): \$0 copayment each day Medicare hospital benefit periods apply.	These are 2026 costs and can change for 2027. Simpra Advantage Assist (PPO I-SNP) will provide updated rates at www.simpra.com as soon as they are released Days 1 to 6: \$175 Copayment only Days 7 to 90: \$0 Copayment each day for Medicare-covered hospital care Days 91 to 150 (lifetime reserve days): \$0 Copayment for each day

	2026 (this year)	2027 (next year)
Part D drug coverage (Go to Section 1 for details, including Yearly Deductible, Initial Coverage, and Catastrophic Coverage Stages.)	\$150 deductible	\$150 deductible
	Copayment/ Coinsurance as applicable during the Initial Coverage Stage: Drug Tier 1: Preferred Generic: You pay \$4 copayment. You pay no more than \$35 per month supply of each covered insulin product on this tier.	Copayment/ Coinsurance as applicable during the Initial Coverage Stage: Drug Tier 1: Preferred Generic: You pay \$0 copayment. You pay no more than \$35 per month supply of each covered insulin product on this tier.
	Initial Coverage Stage Tier 2: Generic: You pay \$15 copayment. You pay no more than \$35 per month supply for each covered insulin product on this tier.	Initial Coverage Stage Tier 2: Generic: <i>No changes.</i> You pay \$15 copayment. You pay no more than \$35 per month supply for each covered insulin product on this tier.
	Initial Coverage Stage Tier 3: Preferred Brand: You pay \$45 copayment. You pay no more than \$35 per month for each covered insulin product on this tier.	Initial Coverage Stage Tier 3: Preferred Brand: <i>No changes.</i> You pay \$45 copayment. You pay no more than \$35 per month for each covered insulin product on this tier.

	2026 (this year)	2027 (next year)
	Initial Coverage Stage Tier 4: Non-Preferred: You pay \$95 copayment. You pay no more than \$35 per month for each covered insulin product on this tier.	Initial Coverage Stage Tier 4: Non-Preferred: <i>No changes.</i> You pay \$95 copayment. You pay no more than \$35 per month for each covered insulin product on this tier.
	Initial Coverage Stage Tier 5: Specialty: You pay 31% coinsurance. You pay no more than \$35 per month for each covered insulin product on this tier.	Initial Coverage Stage Tier 5: Specialty: <i>No changes.</i> You pay 31% coinsurance. You pay no more than \$35 per month for each covered insulin product on this tier.
	Catastrophic Coverage Stage: During this payment stage, you pay nothing for your covered Part D drugs.	Catastrophic Coverage Stage: <i>No changes.</i> During this payment stage, you pay nothing for your covered Part D drugs.

SECTION 1 Changes to Benefits & Costs for Next Year

Section 1.1 Changes to the Monthly Plan Premium

	2026 (this year)	2027 (next year)
Monthly plan premium (You must also continue to pay your Medicare Part B premium.)	\$81.00	\$74.40 Medical Premium / \$15.60 Drug Premium (\$76.30 with Extra Help)

Factors that could change your Part D Premium Amount

- Late Enrollment Penalty - Your monthly plan premium will be *more* if you're required to pay a lifetime Part D late enrollment penalty for going without Part D or other drug coverage that's at least as good as Medicare drug coverage (also referred to as creditable coverage) for 63 days or more.
- Higher Income Surcharge - If you have a higher income, you may have to pay an additional amount each month directly to the government for Medicare drug coverage.
- Extra Help – Your monthly plan premium will be *less* if you get Extra Help with your drug costs. Go to Section 4 for more information about Extra Help from Medicare.

Section 1.2 Changes to Your Maximum Out-of-Pocket Amount

Medicare requires all health plans to limit how much you pay out of pocket for the year. This limit is called the maximum out-of-pocket amount. Once you've paid this amount, you generally pay nothing for covered Part A and Part B services for the rest of the calendar year.

	2026 (this year)	2027 (next year)
In-network maximum out-of-pocket amount Your costs for covered medical services (such as copayments and deductibles) from network providers count toward your in-network maximum out-of-pocket amount. Our plan premium and your costs for prescription drugs don't count toward your maximum out-of-pocket amount.	For In network covered services, you pay \$6,700. Once you've paid \$6,700 out of pocket for covered Part A and Part B services, you'll pay nothing for your covered Part A and Part B services from network providers for the rest of the calendar year.	<i>No changes.</i> For In network covered services, you pay \$6,700. Once you've paid \$6,700 out of pocket for covered Part A and Part B services, you'll pay nothing for your covered Part A and Part B services from network providers for the rest of the calendar year.
Combined maximum out-of-pocket amount Your costs for covered medical services (such as copayments and deductibles). from in-network and out-of-network providers count toward your combined maximum out-of-pocket amount. Your plan premium and costs for outpatient prescription drugs don't count toward your maximum out-of-pocket amount for medical services.	For In Network and Out-of-Network covered services you pay \$10,000. Once you've paid \$10,000 out of pocket for covered Part A and Part B services, you'll pay nothing for your covered Part A and Part B services from network or out-of-network providers for the rest of the calendar year.	<i>No changes.</i> For In Network and Out-of-Network covered services you pay \$10,000. Once you've paid \$10,000 out of pocket for covered Part A and Part B services, you'll pay nothing for your covered Part A and Part B services from network or out-of-network providers for the rest of the calendar year.

Section 1.3 Changes to the Provider and Pharmacy Network

There are no changes to our network of providers for next year.

We can make changes to the hospitals, doctors, and specialists (providers) and pharmacies that are part of our plan during the year. If a mid-year change in our providers or pharmacies affects you, call Member Services at 1-844-637-4770 (for accommodations call TTY/TDD 1-833-312-0044) for help.

You may have a special enrollment period if your provider leaves the plan network. For more information on your rights when a network provider leaves our plan, go to Chapter 3, Section 2.3 of your *Evidence of Coverage*.

Because we have a network of pharmacies, the amounts you pay for your prescription drugs can depend on which pharmacy you use. In most cases, your prescriptions are covered only if they are filled at one of our network pharmacies.

You can review the *Provider and Pharmacy Directory* at www.simpra.com and click the “FIND A PROVIDER/PHARMACY” button at the top of the page.

Section 1.4 Changes to Benefits & Costs for Medical Services

	2026 (this year)	2027 (next year)
Supplemental Benefit: Over-the-Counter (OTC) Program <i>You must use the NationsBenefits® OTC Program for this benefit.</i> <i>Unused allowance will not roll over to the next quarter (three months).</i>	In-Network: \$0 Copayment \$235 allowance every quarter (three months) for health and wellness items. Unused allowance rolls over to the next quarter of the benefit year only. Orders can be placed by Catalog or Online.	In-Network & Out-of-Network: \$0 Copayment \$200 allowance every quarter (three months) on the Simpra Benefits Mastercard® Prepaid Card. Orders can be placed by Catalog, Online or In-Store using the Simpra Benefits Mastercard® Prepaid Card.

	2026 (this year)	2027 (next year)
Supplemental Benefit: Over-the-Counter (OTC) Program – Special Supplemental Benefits*	The OTC Program Special Supplemental Benefit is not covered.	In-Network & Out-of- Network: \$0 Copayment *If you qualify for Special Supplemental Benefits, you may use your \$200 quarterly OTC Program allowance (see above benefit) to also buy food, produce, essential clothing and personal hygiene items.

*To qualify for Special Supplemental Benefits, you must have one or more of the following chronic conditions: Cardiovascular disorders; Chronic heart failure; Dementia; Diabetes mellitus; Chronic lung disorders; Chronic and disabling mental health conditions; Stroke; and Chronic malnutrition including failure to thrive. Not all enrollees qualify. If you qualify for one of the chronic conditions above, your coverage also depends on being a “chronically ill enrollee” as defined by CMS regulations and on this Plan’s coverage criteria.

Section 1.5 Changes to Part D Drug Coverage

Changes to Our Prescription Drug List

Our list of covered drugs is called a formulary or our Prescription Drug List. A copy of our Prescription Drug List is provided electronically. **You can get the complete Prescription Drug List** by calling Member Services at 1-844-637-4770 (for accommodations call TTY/TDD 1-833-312-0044) or visiting our website at www.simptra.com and clicking on the “FIND A DRUG” button at the top of the page.

We made changes to our Prescription Drug List which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs, or moving them to a different cost-sharing tier. **Review the Prescription Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions.**

Most of the changes in the Prescription Drug List are new for the beginning of each year. However, we might make other changes that are allowed by Medicare rules that will affect you during the calendar year. We update our online Prescription Drug List at least monthly to provide the most up-to-date list of drugs. If we make a change that will affect your access to a drug you’re taking, we’ll send you a notice about the change.

If you're affected by a change in drug coverage at the beginning of the year or during the year, review Chapter 9 of your *Evidence of Coverage* and talk to your prescriber to find out your options, such as asking for a temporary supply, applying for an exception, and/or working to find a new drug. Call Member Services at 1-844-637-4770 (for accommodations call TTY/TDD 1-833-312-0044) for more information.

Section 1.6 Changes to Prescription Drug Benefits & Costs

Do you get Extra Help to pay for your drug coverage costs?

If you're in a program that helps pay for your drugs (Extra Help), **the information about costs for Part D drugs may not apply to you.** We sent you a separate material called the *Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs*, which tells you about your drug costs. If you get *Extra Help* and you don't get this material by October 1st, call Member Services at 1-844-637-4770 (for accommodations call TTY/TDD 1-833-312-0044) and ask for the *LIS Rider*.

Drug Payment Stages

There are **3 drug payment stages**: the Yearly Deductible Stage, the Initial Coverage Stage, and the Catastrophic Coverage Stage.

- **Stage 1: Yearly Deductible**

You start in this payment stage each calendar year. During this stage, you pay the full cost of your Part D drugs until you reach the yearly deductible.

- **Stage 2: Initial Coverage**

Once you pay the yearly deductible, you move to the Initial Coverage Stage. In this stage, our plan pays its share of the cost of your drugs, and you pay your share of the cost. You generally stay in this stage until your year-to-date Out-of-Pocket costs reach \$2,400.

- **Stage 3: Catastrophic Coverage**

This is the third and final drug payment stage. In this stage, you pay nothing for your covered Part D drugs. You generally stay in this stage for the rest of the calendar year.

Drug Costs in Stage 1: Yearly Deductible

The table shows your cost per prescription during this stage

	2026 (this year)	2027 (next year)
Yearly Deductible	\$150	<i>No change.</i> \$150

Drug Costs in Stage 2: Initial Coverage

Most adult Part D vaccines are covered at no cost to you. For more information about the costs of vaccines, or information about the costs for a long-term supply or for mail-order prescriptions, go to Chapter 6 of your *Evidence of Coverage*.

Once you've paid \$2,400 Out-of-Pocket for covered Part D drugs, you'll move to the next stage (the Catastrophic Coverage Stage).

	2026 (this year)	2027 (next year)
Tier 1: Preferred Generic	You pay \$4 per prescription, including a one-month 30-day) mail order prescription. You pay \$35 per month supply of each covered insulin product on this tier.	You pay \$0 per prescription, including a one-month 30-day) mail order prescription. You pay \$35 per month supply of each covered insulin product on this tier.
Tier 2: Generic	You pay \$15 per prescription, including a one-month 30-day) mail order prescription. You pay \$35 per month supply of each covered insulin product on this tier.	<i>No change.</i> You pay \$15 per prescription, including a one-month 30-day) mail order prescription. You pay \$35 per month supply of each covered insulin product on this tier.

	2026 (this year)	2027 (next year)
Tier 3: Preferred Brand	You pay \$45 per prescription, including a one-month 30-day) mail order prescription. You pay no more than \$35 per month for each covered insulin product on this tier.	<i>No change.</i> You pay \$45 per prescription, including a one-month 30-day) mail order prescription. You pay no more than \$35 per month for each covered insulin product on this tier.
Tier 4: Non-Preferred Brand	You pay \$95 per prescription, including a one-month 30-day) mail order prescription. You pay no more than \$35 per month for each covered insulin product on this tier.	<i>No change.</i> You pay \$95 per prescription, including a one-month 30-day) mail order prescription. You pay no more than \$35 per month for each covered insulin product on this tier.
Tier 5: Specialty Tier	You pay 31% of the total cost, including a one-month (30-day) mail order prescription. You pay no more than \$35 per month for each covered insulin product on this tier. Once you have paid \$2,400 out of pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage).	<i>No change.</i> You pay 31% of the total cost, including a one-month (30-day) mail order prescription. You pay no more than \$35 per month for each covered insulin product on this tier. Once you have paid \$2,400 out of pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage).

Changes to the Catastrophic Coverage Stage

For specific information about your costs in the Catastrophic Coverage Stage, go to Chapter 6, Section 6 in your *Evidence of Coverage*.

SECTION 2 How to Change Plans

To stay in Simpra Advantage Assist (PPO I-SNP), you don't need to do anything. Unless you sign up for a different type of Medicare health plan or change to Original Medicare by December 7, you'll automatically be enrolled in our Simpra Advantage Assist (PPO I-SNP).

If you want to change plans for 2027, follow these steps:

- **To change to a different Medicare health plan**, enroll in the new plan. You'll be automatically disenrolled from Simpra Advantage Assist (PPO I-SNP). Remember, not all Medicare health plans cover prescription drugs. Also, be aware that for many plans, you can't join a Medicare health plan and simultaneously purchase a prescription drug plan.
- **To change to Original Medicare with separate Medicare drug coverage**, you can enroll in a Part D plan, and you'll automatically be disenrolled from Simpra Advantage Assist (PPO I-SNP).
- **To change to Original Medicare without a drug plan**, you can send us a written request to disenroll. Call Member Services at 1-844-637-4770 (for accommodations call TTY/TDD 1-833-312-0044) for more information on how to do this. Or call **Medicare** at 1-800-MEDICARE (1-800-633-4227) and ask to be disenrolled. TTY users can call 1-877-486-2048. If you don't enroll in a Medicare drug plan, you may pay a Part D late enrollment penalty (Go to Section 1)
- **To learn more about Original Medicare and the different types of Medicare plans**, visit [Medicare.gov](https://www.medicare.gov), check the *Medicare & You 2027* handbook, call your State Health Insurance Assistance Program (go to Section 4), or call 1-800-MEDICARE (1-800-633-4227).

Section 2.1 Deadlines for Changing Plans

People with Medicare can make changes to their coverage from **October 15 – December 7** each year.

If you enrolled in a Medicare Advantage plan for January 1, 2027, and don't like your plan choice, you can switch to another Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) between January 1 – March 31, 2027.

Section 2.2 Are there other times of the year to make a change?

In certain situations, people can have other chances to change their coverage during the year. Examples include people who:

- Have Medicaid
- Get Extra Help paying for their drugs
- Have or are leaving employer coverage
- Move out of our plan's service area

If you recently moved into or currently live in an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for 2 full months after the month you move out.

SECTION 3 Get Help Paying for Prescription Drugs

You can qualify for help paying for prescription drugs. Different kinds of help are available:

- **Extra Help from Medicare.** People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly drug plan premiums, yearly deductibles, and coinsurance. Also, people who qualify won't have a late enrollment penalty. To see if you qualify, call:
 - 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048, 24 hours a day, 7 days a week.
 - Social Security at 1-800-772-1213 between 8 a.m. and 7 p.m., Monday -Friday for a representative. Automated messages are available 24 hours a day. TTY users call 1-800-325-0778.
 - Your State Medicaid Office.
- **Help from your state's pharmaceutical assistance program (SPAP).** Alabama has a program called SenioRx that helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program (SHIP). To get the phone number for your state, visit shiphelp.org, or call 1-800-MEDICARE.
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible people living with HIV/AIDS have access to life-saving HIV medications. To be eligible for the ADAP

operating in your state, you must meet certain criteria, including proof of state residence and HIV status, low income as defined by the state, and uninsured/under-insured status. Medicare Part D drugs that are also covered by ADAP qualify for prescription cost-sharing help through the Office of HIV Prevention and Care. For information on eligibility criteria, covered drugs, how to enroll in the program, or, if you're currently enrolled, how to continue getting help, call 1-800-252-1818. Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.

- **The Medicare Prescription Payment Plan.** The Medicare Prescription Payment Plan is a payment option that works with your current drug coverage to help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January – December). Anyone with a Medicare drug plan or Medicare health plan with drug coverage (like a Medicare Advantage plan with drug coverage) can use this payment option. If you're participating in the Medicare Prescription Payment Plan and stay in the same Part D plan, your participation will be automatically renewed for 2027 you do not need to submit a new election request to continue participating in 2027. **This payment option might help you manage your expenses, but it doesn't save you money or lower your drug costs.**

Extra Help from Medicare and help from your SPAP and ADAP, for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan. To learn more about this payment option, call us at 1 844-637-4770 (for accommodations call TTY/TDD 1-833-312-0044) or visit [Medicare.gov](https://www.medicare.gov).

SECTION 4 Questions?

Get Help from Simpra Advantage Assist (PPO I-SNP)

- **Call Member Services at 1-844-637-4770 (for accommodations call TTY/TDD 1-833-312-0044).**

We're available for phone calls 8am – 8pm local time, 7 days a week from October 1st – March 31st and Monday through Friday from April 1st – September 30th. Member Services is closed on the following Holidays: Memorial Day, Juneteenth, Independence Day, Labor Day, Thanksgiving, and Christmas. Calls to these numbers are free.

- **Read your 2027 Evidence of Coverage**

This *Annual Notice of Change* gives you a summary of changes in your benefits and costs for 2027. For details, go to the 2027 *Evidence of Coverage* for Simpra Advantage Assist (PPO I-SNP). The *Evidence of Coverage* is the legal, detailed description of our plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. Get the *Evidence of Coverage* on our website at

www.simpra.com or call Member Services at 1-844-637-4770 (for accommodations call TTY/TDD 1-833-312-0044) to ask us to mail you a copy.

- **Visit www.Simpra.com**

Our website has the most up-to-date information about our provider network (*Provider and Pharmacy Network Directory*) and our *Prescription Drug List* (formulary/Drug List).

Get Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In Alabama, the SHIP is called Alabama Department of Senior Services.

Call the Alabama Department of Senior Services to get free personalized health insurance counseling. They can help you understand your Medicare plan choices and answer questions about switching plans. Call the Alabama Department of Senior Services at 1-800-AGELINE (1-800-243-5463). Learn more about the Alabama Department of Senior Services by visiting <https://alabamaageline.gov>.

Get Help from Medicare

- **Call 1-800-MEDICARE (1-800-633-4227)**

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users can call 1-877-486-2048.

- **Chat live with [Medicare.gov](https://www.medicare.gov)**

You can chat live at [Medicare.gov/talk-to-someone](https://www.medicare.gov/talk-to-someone).

- **Write to Medicare**

You can write to Medicare at PO Box 1270, Lawrence, KS 66044

- **Visit [Medicare.gov](https://www.medicare.gov)**

The official Medicare website has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area.

- **Read *Medicare & You 2027***

The *Medicare & You 2027* handbook is mailed to people with Medicare every fall. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. Get a copy at [Medicare.gov](https://www.medicare.gov) or by calling 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

Simpra Advantage Assist 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 2029.

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.

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.

SSBCI benefits are Special Supplemental Benefits for the Chronically Ill. To be eligible for these benefits (food and produce, essential clothing, personal hygiene items, and Social Needs benefit), the member must have one or more of the following chronic conditions: Cardiovascular disorders; Chronic heart failure; Dementia; Diabetes mellitus; Chronic lung disorders; Chronic and disabling mental health conditions; Stroke; and Chronic malnutrition including failure to thrive. Not all enrollees qualify. If you qualify for one of the chronic conditions above, your coverage also depends on being a “chronically ill enrollee” as defined by CMS regulations and on this Plan’s coverage criteria.

Out-of-network/non-contracted providers are under no obligation to treat Plan members, except in emergency situations. Please call our Member Services at 1-844-637-4770 (for accommodations call TTY/TDD 1-833-312-0044), or see your *Evidence of Coverage* for more information, including the cost-sharing that applies to out-of-network services.

MA organizations are evaluated yearly by Medicare and ratings are based on a 5-star rating system.