SimpraAdvantage
Alabama's Healthplan

2027 Summary of Benefits

2027 Assist (PPO I-SNP)	
Monthly Plan Premium *(includes both medical and drugs)*	$90.00 Combined Premium You must continue to pay your Medicare Part B premium.
Deductibles	No deductible for Medicare Part A and Part B medical services. *See the section, "Outpatient Prescription Drug Coverage Cost-Sharing" later in this document for the 2027 Part D deductible.*
Maximum Out-of-Pocket (MOOP) amount *(does not include Part D prescription drugs)*	$6,700 In-Network / $10,000 In- and Out-of-Network combined

Benefits	In-Network	Out-of-Network
Inpatient Hospital Coverage	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	
These are 2026 costs and may change for 2027. Simpra will provide updated rates at Simpra.com as soon as they are released. Prior authorization required.		
Outpatient Hospital Services	$50 Copayment *Prior authorization required.*	$50 Copayment *Prior authorization required.*
Outpatient Observation Services	$100 Copayment	$100 Copayment
Ambulatory Surgical Center (ASC)	$50 Copayment *Prior authorization required.*	$50 Copayment *Prior authorization required.*
Primary Care Provider Visit	$0 Copayment / 0% Coinsurance	$0 Copayment / 0% Coinsurance
Primary Care Provider Telehealth Visit	$0 Copayment*	Not Covered
Specialty Care Provider Visit	$30 Copayment / 0% Coinsurance *Prior authorization is not required.*	$30 Copayment / 0% Coinsurance *Prior authorization is not required.*
Specialty Care Provider Telehealth Visit	$30 Copayment / 20% Coinsurance*	Not Covered
Preventive Care Services including Annual Wellness Visit	$0 Copayment / 0% Coinsurance	$0 Copayment / 0% Coinsurance
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 at* ***1-844-637-4770*** *(for accommodations call* ***TTY/TDD 1-833-312-0044****) for more information.*		

**No cost-sharing for Primary Care Physician, Kidney Disease Education Services and Diabetes Self-Management Training. 20% Coinsurance for dialysis and other Medicare-covered telehealth services. $30 Copayment for Medicare-covered Physician Specialist services, and Individual and Group Psychiatric Services.*

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Benefits	In-Network	Out-of-Network
Emergency Care (Coverage limited to U.S. and its territories only)	$90 Copayment	$90 Copayment
Urgent Care (Coverage limited to U.S. and its territories only)	$30 Copayment	$30 Copayment
Diagnostic Services: Outpatient X-rays	$5 Copayment *Prior authorization is not required.*	$5 Copayment *Prior authorization is not required.*
Diagnostic Services: Diagnostic and therapeutic radiology services	$50 Copayment *Prior authorization is not required for most outpatient diagnostic procedures. (PET scans require prior authorization). Outpatient therapeutic procedures require prior authorization.*	$50 Copayment *Prior authorization is not required for most outpatient diagnostic procedures. (PET scans require prior authorization). Outpatient therapeutic procedures require prior authorization.*
Diagnostic Services: Diagnostic tests and procedures	20% Coinsurance *Prior authorization required for certain diagnostic tests and procedures (e.g., PET Scans). CT scans and MRIs do not require authorization.*	20% Coinsurance *Prior authorization required for certain diagnostic tests and procedures (e.g., PET Scans). CT scans and MRIs do not require authorization.*
Diagnostic Services: Blood Services	20% Coinsurance	20% Coinsurance
Diagnostic Services: Lab Services	$0 Copayment *Prior authorization is required for Medicare covered Genetic Testing.*	$0 Copayment *Prior authorization required for Medicare covered Genetic Testing.*
Hearing Exam (Medicare-Covered)	$10 Copayment	$10 Copayment
Supplemental Hearing Benefit: Annual Routine Hearing Exam	$0 Copayment One exam each year	$0 Copayment One exam each year
Supplemental Hearing Benefit: Annual Hearing Aid Fitting/Evaluation	$0 Copayment One hearing aid evaluation/fitting each year	$0 Copayment One hearing aid evaluation/fitting each year
Supplemental Hearing Benefit: Hearing Aid Allowance	$0 Copayment $2,000 allowance every two years for both ears combined	$0 Copayment $2,000 allowance every two years for both ears combined
Dental Services (Medicare-Covered)	20% Coinsurance *Prior authorization required.*	20% Coinsurance *Prior authorization required.*
Supplemental Dental Services: Diagnostic and Preventive Services	$0 Copayment / 0% Coinsurance $750 allowance each year	$0 Copayment / 0% Coinsurance $750 allowance each year
Vision Care (Medicare-covered)	$30 Copayment	$30 Copayment

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Benefits	In-Network	Out-of-Network
Supplemental Vision Benefit: Routine Eye Exam including refraction	$0 Copayment / 0% Coinsurance One exam each year	$0 Copayment / 0% Coinsurance One exam each year
Supplemental Vision Benefit: Eyeglasses (lenses and frames) and/or contact lenses	$230 total allowance for glasses (lenses and frames) and contact lenses each year. Does not apply to eyewear obtained following cataract surgery.	$230 total allowance for glasses (lenses and frames) and contact lenses each year. Does not apply to eyewear obtained following cataract surgery.
Mental Health Services – Inpatient	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 for each day *These are 2026 costs and may change for 2027. Simpra will provide updated rates at Simpra.com as soon as they are released. Prior authorization required.*	
Mental Health Services – Outpatient	$30 Copayment	$30 Copayment
Skilled Nursing Facility (SNF) Care	$0 Copayment / 0% Coinsurance No prior hospital stay required. *Prior authorization required.*	$0 Copayment / 0% Coinsurance No prior hospital stay required. *Prior authorization required.*
Physical Therapy Services	$0 Copayment/0% Coinsurance $30 Copayment when at a Comprehensive Outpatient Rehabilitation Facility (CORF). *Prior authorization is required.*	$0 Copayment / 0% Coinsurance $30 Copayment when at a Comprehensive Outpatient Rehabilitation Facility (CORF). *Prior authorization is required.*
Ambulance Services: Ground Ambulance	$150 Copayment for each one-way trip	20% Coinsurance for each one-way trip
Ambulance Services: Air Ambulance	20% Coinsurance for each one-way trip	20% Coinsurance for each one-way trip
Medicare Part B Prescription Drugs: Chemotherapy/ Radiation Drugs and Other Part B drugs	0-20% Coinsurance *Prior authorization required for certain medications.*	0-20% Coinsurance *Prior authorization required for certain medications.*
Important Message About What You Pay for Insulin: *You pay 20% Coinsurance up to no 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	In-Network	Out-of-Network
Occupational Therapy Services	$0 Copayment / 0% Coinsurance *Prior Authorization required.*	$0 Copayment / 0% Coinsurance *Prior Authorization required.*
Speech-Language Pathology Services	$0 Copayment / 0% Coinsurance $30 Copayment at a CORF *Prior authorization is required.*	$0 Copayment / 0% Coinsurance $30 Copayment at a CORF *Prior authorization is required.*
Diabetic Monitors and Monitoring Supplies	20% Coinsurance	20% Coinsurance
Diabetic Therapeutic Shoes or Inserts	20% Coinsurance	20% Coinsurance

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Additional Benefits	In-Network	Out-of-Network
Podiatry Services (Medicare-covered): Foot exams and treatment	20% Coinsurance	20% Coinsurance
Supplemental Benefit: Additional routine foot care	$0 Copayment Maximum of 6 routine visits each year	$0 Copayment Maximum of 6 routine visits each year
Supplemental Benefit: Social Companion Services	$0 Copayment / 0% Coinsurance Maximum 25 visits determined by Plan requirements.	$0 Copayment / 0% Coinsurance Maximum 25 visits determined by Plan requirements.
Supplemental Benefit: Over-the-Counter (OTC) Program *You must use the NationsBenefits® OTC Program for this benefit. Unused allowance will not roll over to the next quarter (three months).*	$0 Copayment $200 allowance every three months on the Simpra Benefits Mastercard® Prepaid Card for health and wellness items.	$0 Copayment $200 allowance every three months on the Simpra Benefits Mastercard® Prepaid Card for health and wellness items.

You may also use your allowance to buy personal hygiene items, essential clothing, food and produce, if you qualify for Special Supplemental Benefits. See the About Simpra Advantage *section below to learn if you qualify. If you do 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 details on approved items and participating stores please visit Simpra.NationsBenefits.com or call NationsBenefits® at 1-844-617-3350 (TTY/TDD: 711).*

Outpatient Prescription Drug Benefits – Cost Sharing (Part D)

Deductible	$150 for all Part D prescription drugs. *This is a 2026 cost and may change for 2027. Simpra will provide updated rate at Simpra.com as soon as it is released.*
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.

Tier	Standard retail cost sharing (Up to 30-day supply)	Standard mail-order cost sharing (Up to 90-day supply)	Long-term care (LTC) cost sharing (Up to 31-day supply)
Tier 1: Preferred Generic	$0 Copayment	$0 Copayment	$0 Copayment
Tier 2: Generic	$15 Copayment	$45 Copayment	$15 Copayment
Tier 3: Preferred Brand	$45 Copayment	$135 Copayment	$45 Copayment
Tier 4: Non-Preferred Brand	$95 Copayment	$285 Copayment	$95 Copayment
Tier 5: Specialty	31% Coinsurance	31% Coinsurance	31% Coinsurance

Catastrophic Coverage Stage	Once your out-of-pocket costs have reached $2,400 you move into the Catastrophic Coverage Stage. During this stage, the Plan pays the full cost for your covered Part D drugs. 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 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.

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 **1-844-637-4770** (for accommodations call **TTY/TDD 1-833-312-0044**) 8 a.m. – 8 p.m. local time, 7 days a week from 10/1 to 3/31, and Monday to Friday from 4/1 to 9/30. Member Services is closed Memorial Day, Juneteenth, Independence Day, Labor Day, Thanksgiving, and Christmas.

If you want to know more about the coverage and costs of Original Medicare, look in your 2027 **"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 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.

Special Supplemental Benefits for the Chronically Ill:

Special Supplemental Benefits for this plan include Over-the-Counter benefits (personal hygiene items, essential clothing, food and produce) and the Social Needs Benefit. To qualify for these 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, or Chronic malnutrition including failure to thrive. Not all enrollees qualify. If you qualify for one of the conditions above, your coverage also depends on being a "chronically ill enrollee" as defined by CMS regulations and on this Plan's coverage criteria.

To join Simpra Advantage Assist (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
- you live at home or an institutional setting, and our Plan has obtained certification that you need the type of care that is usually provided in a nursing home.

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 Assist is a PPO I-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. 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. We do not offer every plan available in your area. Currently, our contracted sales agents represent eight organizations which offer 104 products in your area. Please contact Medicare.gov, 1-800-MEDICARE (24 hours a day, 7 days a week, except some federal holidays) to get information on all of your options. Out-of-network/non-contracted providers are under no obligation to treat Plan members, except in emergency situations. Please call our customer service number (Member Services below) or see your *Evidence of Coverage* for more information, including the cost-sharing that applies to out-of-network services. 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. For accommodations for persons with special needs, call Member Services at 1-844-637-4770 (TTY/TDD 1-833-312-0044) 8 a.m. – 8 p.m. local time, 7 days a week from 10/1 to 3/31, and Monday to Friday from 4/1 to 9/30. Member Services is closed Memorial Day, Juneteenth, Independence Day, Labor Day, Thanksgiving, and Christmas.