

2027 Nursing Home Plan (PPO I-SNP)

Monthly Plan Premium (includes both medical and drugs)	\$13.70 Combined Premium / \$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 <i>These are 2026 costs and may change for 2027. Simpra will provide updated rates at Simpra.com as soon as they are released.</i>
Maximum Out-of-Pocket (MOOP) amount (does not include Part D prescription drugs)	\$9,850 In-Network / \$14,800 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. <i>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 for post-stabilization hospitalization, direct hospital admissions, elective hospitalization and transfers from hospital to hospital for higher level of care.</i>	
Outpatient Hospital Services and Observation Services	20% Coinsurance <i>Prior authorization required for Outpatient Hospital Services.</i>	20% Coinsurance <i>Prior authorization required for Outpatient Hospital Services.</i>
Ambulatory Surgical Center (ASC)	20% Coinsurance <i>Prior authorization required.</i>	20% Coinsurance <i>Prior authorization required.</i>
Primary Care Provider Visit	20% Coinsurance	20% Coinsurance
Primary Care Provider Telehealth Visit	0-20% Coinsurance*	Not covered
Specialty Care Provider Visit	20% Coinsurance	20% Coinsurance
Specialty Care Provider Telehealth Visit	0-20% Coinsurance per visit*	Not Covered
Preventive Care Services including Annual Wellness Visit	\$0 Copayment	\$0 Copayment
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.		
Emergency Care (Coverage limited to U.S. and its territories only)	20% Coinsurance Maximum \$90 per visit	20% Coinsurance Maximum \$90 per visit

*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. 20% Coinsurance for Medicare-covered Physician Specialist services, and Individual and Group Psychiatric Services.

2027 Summary of Benefits

Benefits	In-Network	Out-of-Network
Urgent Care (Coverage limited to U.S. and its territories only)	20% Coinsurance Maximum \$40 per visit	20% Coinsurance Maximum \$40 per visit
Diagnostic Services: Tests and Procedures, Radiology Services (e.g., MRI, PET Scan, CT Scan)	20% Coinsurance <i>Prior authorization required for certain diagnostic tests and procedures (e.g., PET Scans). CT scans and MRIs do not require authorization.</i>	20% Coinsurance <i>Prior authorization required for certain diagnostic tests and procedures (e.g., PET Scans). CT scans and MRIs do not require authorization.</i>
Diagnostic Services: Therapeutic Radiology, Outpatient X-ray, Blood Services	20% Coinsurance <i>Prior authorization is required for outpatient therapeutic procedures.</i>	20% Coinsurance <i>Prior authorization is required for outpatient therapeutic procedures.</i>
Diagnostic Services: Lab Services	\$0 Copayment <i>Prior authorization is required for Medicare covered Genetic Testing</i>	\$0 Copayment <i>Prior authorization is required for Medicare covered Genetic Testing</i>
Hearing Exam (Medicare-Covered)	20% Coinsurance	20% Coinsurance
Supplemental Benefit: Hearing Annual Routine Hearing Exam	\$0 Copayment One exam each year	\$0 Copayment One exam each year
Supplemental Benefit: Hearing Annual Hearing Aid Fitting/Evaluation	\$0 Copayment One hearing aid evaluation/fitting each year	\$0 Copayment One hearing aid evaluation/fitting each year
Supplemental Benefit: Hearing Hearing Aid Allowance	\$0 Copayment \$2,000 allowance every two years for both ears combined. Non-prescription hearing aids are covered.	\$0 Copayment \$2,000 allowance every two years for both ears combined. Non-prescription hearing aids are covered.
Dental Services (Medicare-Covered)	20% Coinsurance <i>Prior authorization is required.</i>	20% Coinsurance <i>Prior authorization is required.</i>
Vision Care (Medicare-covered)	20% Coinsurance	20% Coinsurance
Supplemental Benefit: Vision Routine Eye Exam including refraction	\$0 Copayment One exam each year	\$0 Copayment One exam each year
Supplemental Benefit: Vision Eyeglasses and/or Contact Lenses	\$230 allowance for glasses (lenses and frames) and contact lenses each year Does not apply to eyewear obtained following cataract surgery.	\$230 allowance for glasses (lenses and frames) and contact lenses each year Does not apply to eyewear obtained following cataract surgery.

2027 Summary of Benefits

Benefits	In-Network	Out-of-Network
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	
<i>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.</i>		
Mental Health Services – Outpatient	20% Coinsurance	20% Coinsurance
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	
<i>These are 2026 costs and may change for 2027. Simpra will provide updated rates at Simpra.com when they are released. No prior hospital stay is required. Prior authorization required.</i>		
Physical Therapy, Speech-Language Pathology Therapy, and Occupational Therapy Services	20% Coinsurance Prior authorization required.	20% Coinsurance Prior authorization required.
Ambulance Services: Ground and 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 won't pay more than \$35 for a one-month supply of each insulin product covered by our Plan even if you haven't paid your deductible.		
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 every year.	\$0 Copayment Maximum of 6 routine visits every year.
Additional Benefits	In-Network	Out-of-Network
Diabetic Monitors and Monitoring Supplies	20% Coinsurance	20% Coinsurance
Diabetic therapeutic shoes or inserts	20% Coinsurance	20% Coinsurance
Supplemental Benefit: Social Companion Services	\$0 Copayment / 0% Coinsurance Maximum of 20 visits each year as allowed by the Plan requirements.	\$0 Copayment / 0% Coinsurance Maximum of 20 visits each year as allowed by the Plan requirements

Additional Benefits	In-Network	Out-of-Network
Supplemental Benefit: Transportation	\$0 Copayment / 0% Coinsurance Up to 12 one-way rideshare trips every year to plan-approved, health-related locations. Administered through our vendor, NationsBenefits®.	\$0 Copayment / 0% Coinsurance Up to 12 one-way rideshare trips every year to plan-approved, health-related locations. Administered through our vendor, NationsBenefits®.

Supplemental Benefit:
Over-the-Counter (OTC) Program
You must use the NationsBenefits® OTC program for this benefit. Unused allowance will roll over to the next quarter only.

\$0 Copayment
\$300 allowance every quarter (three months) on the Simpra Benefits Mastercard® Prepaid Card for health and wellness items.

\$0 Copayment
\$300 allowance every quarter (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](https://www.Simpra.NationsBenefits.com) or call NationsBenefits® at 844-617-3350 (TTY/TDD: 711).

Outpatient Prescription Drug Benefits – Cost Sharing (Part D)

Deductible \$700 for all Part D prescription drugs (\$0 with Extra Help)

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)

Catastrophic Coverage Stage Once your out-of-pocket costs have reached \$2,400, 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 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](https://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 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: Chronic alcohol use disorder and other substance use disorders (SUDs); Autoimmune disorders; Cancer; Cardiovascular disorders; Chronic heart failure; Dementia; Diabetes mellitus; Overweight, obesity, and metabolic syndrome; Chronic gastrointestinal disease; Chronic kidney disease (CKD); Severe hematologic disorders; HIV/AIDS; Chronic lung disorders; Chronic and disabling mental health conditions; Neurologic disorders; Stroke; Post-organ transplantation; Immunodeficiency and Immunosuppressive disorders; Conditions associated with cognitive impairment; Conditions with functional challenges; Chronic conditions that impair vision, hearing (deafness), taste, touch, and smell; Conditions that require continued therapy services in order for individuals to maintain or retain functioning. 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 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
- 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. – 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. 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.