

# 2022 Summary of Benefits

## Simpra Advantage (PPO D-SNP)

### H4091, Plan 002

**This is a summary of drug and health services covered by Simpra Advantage (PPO D-SNP) January 1, 2022 - December 31, 2022.**

Simpra Advantage (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.

This information is not a complete description of benefits. Call 1-844-637-4770, TTY should call 1-833-312-0044, for more information.

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. To get a complete list of services we cover, visit our website at [Simpra.com](http://Simpra.com), or call Member Services and request the *Evidence of Coverage*.

#### **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., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30.

#### **To join Simpra Advantage (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-only, QMB-plus, SQMB-plus).

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 (PPO D-SNP) has a network of doctors, hospitals, pharmacies, and other providers that can be found on our website at [Simpra.com](https://www.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 Braille and in large print.

Benefits, premium, deductible, and/or copayments/coinsurance may change on January 1, 2023

Premium, copayments, coinsurance, and deductibles may vary based on the level of “Extra Help” you receive. Please contact the plan for further details.

Limitations, copayments, and restrictions may apply.

If you want to know more about the coverage and costs of Original Medicare, look in your current “**Medicare & You 2022**” handbook. View it online at <https://www.medicare.gov> or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Plans may offer supplemental benefits in addition to Part C benefits and Part D benefits.

|   | <b>Simpra Advantage (PPO D-SNP)</b>  |
|---|--|
| <b>Monthly plan premium</b>   | \$32.70<br>You must continue to pay your Medicare Part B premium.  |
| <b>Deductible</b>   | The Part B deductible is \$233.<br><br>For the Part A deductible, you pay the 2022 Original Medicare cost-sharing amounts for Inpatient Hospital or Mental Health for inpatient visits.<br>\$1,556 deductible  |
| <b>Maximum out-of-pocket amount</b><br>(does not include Part D prescription drugs)   | From network providers: \$6,700<br>From network and out-of-network providers combined: \$10,000  |
| <b>Inpatient Hospital coverage</b>  | <b>In-Network</b><br>You pay the 2022 Original Medicare cost-sharing amounts.<br>\$1,556 deductible;<br>\$0 copayment each day for days 1-60;<br>\$389 copayment each day for days 61 to 90;<br>\$778 copayment each day for days 91 to 150 (lifetime reserve days).<br><i>Prior authorization is required for in-network providers.</i><br><br><b>Out-of-Network</b><br>You pay the 2022 Original Medicare cost-sharing amounts.<br>\$1,556 deductible;<br>\$0 copayment each day for days 1-60;<br>\$389 copayment each day for days 61 to 90;<br>\$778 copayment each day for days 91 to 150 (lifetime reserve days). |
| <b>Outpatient Hospital coverage</b><br><br>Outpatient hospital services<br><br><br><br><br><br><br><br><br><br>Outpatient hospital observation services | <b>In-Network</b><br>20% coinsurance<br><i>Prior authorization is required for in-network providers.</i><br><br><b>Out-of-Network</b><br>20% coinsurance<br><br><b>In-Network</b><br>20% coinsurance<br><i>Prior authorization is required for in-network providers.</i><br><br><b>Out-of-Network</b><br>20% coinsurance   |

|   | <b>Simpra Advantage (PPO D-SNP)</b>   |
|---|---|
| <p><b>Doctor Visits</b></p> <p>Primary Care Providers</p> <p>Specialists</p>                              | <p><b>In-Network</b><br/>20% coinsurance</p> <p><b>Out-of-Network</b><br/>20% coinsurance</p> <p><b>In-Network</b><br/>20% coinsurance<br/><i>Prior authorization is required for in-network providers.</i></p> <p><b>Out-of-Network</b><br/>20% coinsurance</p>  |
| <b>Preventive Care</b>  | <p><b>In-Network</b><br/>You pay nothing.</p> <p><b>Out-of-Network</b><br/>You pay nothing.</p>   |
| <b>Emergency care</b>   | 20% coinsurance up to a maximum of \$90 per visit.<br>Coinsurance is waived if you are admitted to a hospital within 3 days.  |
| <b>Urgently needed services</b>   | 20% coinsurance up to a max of \$65<br>Coinsurance is waived if you are admitted to a hospital within 3 days.   |
| <p><b>Diagnostic Services/Labs/Imaging</b></p> <p>Diagnostic tests and procedures</p> <p>Lab services</p> | <p><b>In-Network</b><br/>20% coinsurance<br/><i>Authorization required for Genetic Testing.</i></p> <p><b>Out-of-Network</b><br/>20% coinsurance</p> <p><b>In-Network</b><br/>\$0 copayment<br/><i>Prior authorization is required for in-network providers.</i></p> <p><b>Out-of-Network</b><br/>20% coinsurance</p> |

|  | <b>Simpra Advantage (PPO D-SNP)</b>   |
|--|---|
| <p>Diagnostic radiology services<br/>(e.g. MRI, CAT Scan)</p> <p>Outpatient X-rays</p> | <p><b>In-Network</b><br/>20% coinsurance<br/><i>Prior authorization is required for in-network providers.</i></p> <p><b>Out-of-Network</b><br/>20% coinsurance</p> <p><b>In-Network</b><br/>20% coinsurance<br/><i>Prior authorization is required for in-network providers.</i></p> <p><b>Out-of-Network</b><br/>20% coinsurance</p> |
| <p><b>Hearing services</b></p> <p>Hearing exam</p>                                     | <p><b>In-Network</b><br/>20% coinsurance of the cost for Medicare-covered hearing services.</p> <p><b>Out-of-Network</b><br/>20% coinsurance</p>  |
| <p><b>Dental services</b></p> <p>Medicare-covered dental</p>                           | <p><b>In-Network</b><br/>20% coinsurance for each Medicare-covered service.<br/><i>Prior authorization is required for in-network providers.</i></p> <p><b>Out-of-Network</b><br/>20% coinsurance for each Medicare-covered service.</p>  |

|   | <b>Simpra Advantage (PPO D-SNP)</b>   |
|---|---|
| <p><b>Vision care</b></p> <p>Yearly eye exam for diabetic retinopathy</p> <p><i>Supplemental benefits</i></p> <p>Routine eye exam</p> <p>Eyeglasses, lenses, frames, contacts</p> | <p><b>In-Network</b><br/>20% coinsurance for Medicare-covered services.</p> <p><b>Out-of-Network</b><br/>20% coinsurance for Medicare-covered services.</p> <p><b>In-Network</b><br/>You pay a \$0 copayment for 1 routine eye exam visit every year.</p> <p><b>Out-of-Network</b><br/>You pay a \$0 copayment for 1 routine eye exam visit every year.</p> <p><b>In-Network</b><br/>Allowance of up to \$120 every year.</p> <p><b>Out-of-Network</b><br/>Allowance of up to \$120 every year.</p>   |
| <p><b>Mental Health Services</b></p> <p>Inpatient visit</p> <p>Outpatient group therapy visit</p>   | <p><b>In-Network</b><br/>You pay the 2022 Original Medicare cost-sharing amounts. \$1,556 deductible; \$0 copayment each day for days 1-60; \$389 copayment each day for days 61 to 90; \$778 copayment each day for days 91 to 150 (lifetime reserve days).<br/><i>Prior authorization is required for in-network providers.</i></p> <p><b>Out-of-Network</b><br/>You pay the 2022 Original Medicare cost-sharing amounts. \$1,556 deductible; \$0 copayment each day for days 1-60; \$389 copayment each day for days 61 to 90; \$778 copayment each day for days 91 to 150 (lifetime reserve days).</p> <p><b>In-Network</b><br/>20% coinsurance<br/><i>Prior authorization is required for in-network providers.</i></p> <p><b>Out-of-Network</b><br/>20% coinsurance</p> |

|  | <b>Simpra Advantage (PPO D-SNP)</b>   |
|--|---|
| Outpatient individual therapy visit  | <p><b>In-Network</b><br/>20% coinsurance<br/><i>Prior authorization is required for in-network providers.</i></p> <p><b>Out-of-Network</b><br/>20% coinsurance</p>  |
| <b>Skilled nursing facility (SNF) care</b>                                 | <p><b>In-Network</b><br/>You pay the 2022 Original Medicare cost-sharing amounts.<br/>\$0 copayment each day for days 1 to 20 for each Medicare-covered skilled nursing facility stay.<br/>\$194.50 copayment each day for days 21 to 100 for each Medicare-covered skilled nursing facility stay.<br/>Traditional Medicare benefit period<br/><i>Authorization is only required for services provided by non-capitated providers.</i></p> <p><b>Out-of-Network</b><br/>You pay the 2022 Original Medicare cost-sharing amounts.<br/>\$0 copayment each day for days 1 to 20 for each Medicare-covered skilled nursing facility stay.<br/>\$194.50 copayment each day for days 21 to 100 for each Medicare-covered skilled nursing facility stay.<br/>Traditional Medicare benefit period</p> |
| <b>Physical Therapy</b>  | <p><b>In-Network</b><br/>20% coinsurance<br/><i>Authorization is only required for non-capitated providers.</i></p> <p><b>Out-of-Network</b><br/>20% coinsurance</p>  |
| <p><b>Ambulance services</b><br/>Ground Ambulance</p> <p>Air Ambulance</p> | <p><b>In-Network</b><br/>20% coinsurance</p> <p><b>Out-of-Network</b><br/>20% coinsurance</p> <p><b>In-Network</b><br/>20% coinsurance</p> <p><b>Out-of-Network</b><br/>20% coinsurance</p>   |
| <b>Non-Emergency Transportation</b>  | Not Covered   |

|   | <b>Simpra Advantage (PPO D-SNP)</b>  |
|---|--|
| <p><b>Medicare Part B prescription drugs</b></p> <p>Chemotherapy drugs</p> <p>Other Part B drugs</p>          | <p><b>In-Network</b><br/>20% coinsurance<br/><i>For chemotherapy, only the initial use requires authorization.</i></p> <p><b>Out-of-Network</b><br/>20% coinsurance</p> <p><b>In-Network</b><br/>20% coinsurance<br/><i>Prior authorization is required for some medications.</i></p> <p><b>Out-of-Network</b><br/>20% coinsurance</p> |
| <p><b>Ambulatory Surgical Center</b></p>  | <p><b>In-Network</b><br/>20% coinsurance<br/><i>Prior authorization is required for in-network providers.</i></p> <p><b>Out-of-Network</b><br/>20% coinsurance</p>   |
| <p><b>Foot Care (podiatry services)</b></p> <p>Foot exams and treatment</p>                                   | <p><b>In-Network</b><br/>20% coinsurance for Medicare-covered services.</p> <p><b>Out-of-Network</b><br/>20% coinsurance for Medicare-covered services.</p>  |
| <p><b>Occupational or Speech Therapy</b></p>  | <p><b>In-Network</b><br/>20% coinsurance<br/><i>Authorization is only required for non-capitated providers.</i></p> <p><b>Out-of-Network</b><br/>20% coinsurance</p>   |
| <p><b>Over-the-Counter Drugs (OTC)</b></p> <p><i>Supplemental benefit</i></p> <p>Over-the-counter benefit</p> | <p>The Health Catalog benefit will provide members a maximum of \$50 per quarter that they may spend on items from a designated Health Catalog provided to members by OTC Health Solutions.</p>  |



|                                       |   |  |   |
|---------------------------------------|---|--|---|
|                                       | <b>Simpra Advantage (PPO D-SNP)</b>   |  |   |
| <b>Outpatient Prescription Drugs</b>  |   |  |   |
|                                       | <b>Standard retail cost-sharing</b><br>(in-network)<br>(up to a 30-day supply)  | <b>Standard mail-order cost-sharing</b><br>(up to a 90-day supply) | <b>Long-term care (LTC) cost-sharing</b><br>(up to a 31-day supply) |
| <b>Deductible</b>                     | \$480 for all Part D prescription drugs.  |  |   |
| <b>Cost-Sharing for Covered Drugs</b> | 25% coinsurance   | 25% coinsurance  | 25% coinsurance   |
| <b>Coverage Gap</b>                   | After your total drug costs (including what our plan has paid and what you have paid) reach \$4,430, you will pay no more than 25% coinsurance for generic drugs or 25% coinsurance for brand name drugs, for any drug tier during the coverage gap.  |  |   |
| <b>Catastrophic Coverage</b>          | After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$7,050, you pay the greater of: <ul style="list-style-type: none"> <li>• 5% coinsurance, or</li> <li>• \$3.95 copayment for generic (including brand drugs treated as generic) and a \$9.85 copayment for all other drugs.</li> </ul> |  |   |

## **Alabama Medicaid and Simpra Advantage**

The benefits that the individual is entitled to under Title XIX (Medicaid); Simpra Advantage enrolls individuals with different levels of Medicaid benefits. This means that, depending on your level of Medicaid benefits, some or none of the out of pocket costs for Simpra Advantage could be covered by Medicaid. For more information on your level of Medicaid and the benefits you are entitled to contact:

### **Alabama Medicaid**

It's always a good idea to ask your doctor or pharmacist whether the specific service or item you need is covered under Medical Assistance. There are some limits to these services and some may require you or your doctor to get permission from Medical Assistance first; this is called prior approval.

Generally, Medical Assistance covers the following services:

- Doctor and nurse office visits (when you visit a doctor or nurse for checkups, lab tests, exams or treatment).
- Prescription drugs.
- Inpatient hospital services (room and board, drugs, lab tests and other services when you must stay in the hospital).
- Outpatient hospital services you receive in a hospital even though you do not stay in the hospital overnight.
- Nursing facilities (nursing homes).
- Emergency ambulance services.
- Preventive dental care, fillings and oral surgery for children.
- Certain emergency dental care for adults.
- Non-emergency transportation (to get to and from medical appointments, for Medicaid members only).
- Non-emergency transportation (to get to and from medical appointments, for Medicaid members only).
- Medical equipment and supplies prescribed by a doctor for use in your home (such as wheelchairs, crutches or walkers).
- Exams, immunizations (shots) and treatments for children (see box below).
- Family planning services (such as exams, drugs, treatment and counseling).
- Home health services ordered by a doctor and received in your home (such as part-time nursing, physical therapy or home health aides).
- Hospice care services provided by a Medicaid hospice provider.
- Vision care for children (limited services for adults).
- Hearing services for children.

The following is a list of waiver benefits provided under Alabama Medicaid. Whether you receive them is based upon your level of Medicaid:

- Medicare premiums, deductibles and coinsurance
- Non-emergency transportation (to get to and from medical appointments)
- 24-hour medical access
- Skilled nursing services
- Adult day health/adult day care

- Alternative living services/assisted living services (does not include room and board costs)
- Emergency response system
- Home delivered meals
- Home delivered services
- Personal support services – housecleaning, shopping, laundry, assistance with activities of daily living, such as eating, dressing, moving about, etc.
- Respite care- both in-home and out-of-home

The cost-sharing protections that the individual is entitled to under Title XIX (Medicaid); and Simpra Advantage is prohibited from imposing cost-sharing requirements on Dual Eligible enrollees that would exceed the amounts permitted under the State Medicaid plan if the enrollee were not enrolled in Simpra Advantage (PPO D-SNP).

Simpra Advantage’s contracts with network providers include language that ensures providers accept the Medicare fee schedule plus enrollee cost sharing as payment in full. Under Simpra Advantage, providers may only collect enrollee cost sharing as specified by the Health Plan and in alignment with Medicare and Alabama Medicaid guidelines.

#### Cost sharing by Medicaid Category

FDDBE - Medicaid pays Medicare Part A premiums, if any, Medicare Part B premiums, and Medicare deductibles and coinsurance for Medicare services provided by Medicare providers to the extent consistent with the Medicaid State Plan.

QDWI – Medicaid pays financial assistance for Medicare Part A premiums.

QMB – Medicaid pays Medicare Part A premiums, if any, Medicare Part B premiums, and Medicare deductibles and coinsurance for Medicare services provided by Medicare providers to the extent consistent with the Medicaid State Plan.

QMB Plus – Medicaid pays Medicare Part A premiums, if any, Medicare Part B premiums, Medicare deductibles and coinsurance, and provides full Medicaid benefits.

SLMB – Medicaid pays for the Medicare Part B premium only.

SLMB Plus – Medicaid pays for Medicare Part B premium and receive full State Medicaid benefits.

QI -Medicaid pays for the Medicare Part B premium only.

The description of the benefits and cost-sharing protections that are covered under the D-SNP.

Benefits provided by Simpra Advantage are summarized in this document.

For a full listing of the benefits see the Evidence of Coverage at [www.simpra.com](http://www.simpra.com).

Simpra Advantage has a contract with Alabama Medicaid to coordinate your Medicare and Medicaid services. Your Medicaid services are still provided through Alabama Medicaid but Simpra Advantage will help in ensuring all of your healthcare services work together.

Simpra Advantage ensures that members continue to have all of the cost sharing protections under both

## Medicare and Medicaid.

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).

# Pre-Enrollment Checklist

Simpra Advantage (PPO I-SNP)  
Simpra Advantage Premier (PPO I-SNP)  
Simpra Advantage (PPO D-SNP)

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at 1-844-637-4770 (TTY 1-833-312-0044).

## Understanding the Benefits

- Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services for which you routinely see a doctor. Visit [Simpra.com](http://Simpra.com) or call 1-844-637-4770 (TTY 1-833-312-0044) to view a copy of the EOC.
- Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- Review the pharmacy directory to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

## Understanding Important Rules

- In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- Benefits, premiums and/or copayments/co-insurance may change on January 1, 2023.
- Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services provided by a non-contracted provider, the provider must agree to treat you. Except in an emergency or urgent situations, non-contracted providers may deny care.
- For I-SNP enrollees only:** This plan is an institutional special needs plan (I-SNP). Your ability to enroll will be based on verification that you, for 90 days or longer, have had or are expected to need the level of services provided in a long-term care (LTC) skilled nursing facility (SNF), a LTC nursing facility (NF), a SNF/NF, an intermediate care facility for individuals with intellectual disabilities (ICF/IDD), or an inpatient psychiatric facility.
- For I-SNP enrollees only:** This plan is an institutional special needs plan (I-SNP). Your ability to enroll will be based on verification that your condition makes it likely that either the length of stay or the need for an institutional level of care would be at least 90 days.
- For D-SNP enrollees only:** This plan is a dual eligible special needs plan (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid.

Simpra Advantage is a PPO I-SNP, and 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. Out-of-network/non-contracted providers are under no obligation to treat Simpra Advantage 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.