

2022 Summary of Benefits

Simpra Advantage Premier (PPO I-SNP)

H4091, Plan 003

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

Simpra Advantage Premier (PPO I-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](https://www.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 Premier (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 assisted living communities and meet a nursing facility level of care or reside in one of our participating nursing facilities for greater than 90 days. For a list of participating communities/facilities, contact Member Services or see our website [Simpra.com](https://www.simpra.com).

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.

This document is also available in Braille and in large print.

Benefits, premium, deductible, and/or copayments/coinsurance may change on January 1 of each year.

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.

	Simpra Advantage Premier (PPO I-SNP)
<p>Doctor Visits</p> <p>Primary Care Providers</p> <p>Specialists</p>	<p>In-Network \$0 copayment</p> <p>Out-of-Network \$0 copayment</p> <p>In-Network \$30 copayment <i>Prior authorization is required.</i></p> <p>Out-of-Network \$30 copayment</p>
Preventive Care	<p>In-Network You pay nothing.</p> <p>Out-of-Network You pay nothing.</p>
Emergency care	<p>\$90 copayment Copayment is waived if you are admitted to a hospital within 3 days.</p>
Urgently needed services	<p>\$30 copayment Copayment is waived if you are admitted to a hospital within 3 days.</p>
<p>Diagnostic Services/Labs/Imaging</p> <p>Diagnostic tests and procedures</p> <p>Lab services</p>	<p>In-Network 20% coinsurance <i>Prior authorization is required.</i></p> <p>Out-of-Network 20% coinsurance</p> <p>In-Network \$0 copayment <i>Authorization required for genetic testing.</i></p> <p>Out-of-Network \$0 copayment</p>

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<p>Diagnostic radiology services (e.g. MRI, CAT Scan)</p> <p>Outpatient X-rays</p>	<p>In-Network \$50 copayment <i>Prior authorization is required.</i></p> <p>Out-of-Network \$50 copayment</p> <p>In-Network \$5 copayment <i>X-Rays do not require authorization in nursing facility, physician's office, or hospital.</i></p> <p>Out-of-Network \$5 copayment</p>
<p>Hearing services</p> <p>Hearing exam</p> <p><i>Supplemental benefits</i></p> <p>Routine hearing exam</p> <p>Hearing aids</p>	<p>In-Network \$10 copayment for Medicare-covered hearing services.</p> <p>Out-of-Network \$10 copayment</p> <p>In-Network \$0 copayment</p> <p>Out-of-Network \$0 copayment</p> <p>In-Network Up to a \$900 credit for both ears combined every year for hearing aids.</p> <p>Out-of-Network Up to a \$900 credit for both ears combined every year for hearing aids.</p>

	Simpra Advantage Premier (PPO I-SNP)
<p>Dental services</p> <p>Medicare-covered dental</p> <p><i>Supplemental benefits</i></p> <p>Preventive and comprehensive</p>	<p>In-Network 20% coinsurance for each Medicare-covered service. <i>Authorization is for Medicare-covered comprehensive dental only.</i></p> <p>Out-of-Network 20% coinsurance for each Medicare-covered service.</p> <p>\$0 copayment for: 1 Oral Exam(s) every six months; 1 Prophylaxis (Cleanings) every six months; 1 Dental X-rays every year Annual maximum of \$200 towards preventive or comprehensive dental services.</p>
<p>Vision care</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>In-Network \$30 copayment for Medicare-covered services.</p> <p>Out-of-Network \$30 copayment</p> <p>In-Network You pay a \$0 copayment for 1 routine eye exam visit every year.</p> <p>Out-of-Network You pay a \$0 copayment for 1 routine eye exam visit every year.</p> <p>In-Network Up to a \$100 combined credit every year for all additional eyewear.</p> <p>Out-of-Network Up to a \$100 combined credit every year for all additional eyewear.</p>

	Simpra Advantage Premier (PPO I-SNP)
Mental Health Services	
Inpatient visit	<p>In-Network \$175 copayment each day for days 1 to 6 and \$0 copayment each day for days 7 to 90 for Medicare-covered hospital care. \$0 copayment each day for days 1 to 60 for additional lifetime reserve days. <i>Prior authorization is required.</i></p> <p>Out-of-Network \$175 copayment each day for days 1 to 6 and \$0 copayment each day for days 7 to 90 for Medicare-covered hospital care. \$0 copayment each day for days 1 to 60 for additional lifetime reserve days.</p>
Outpatient group therapy visit	<p>In-Network \$30 copayment <i>Prior authorization is required.</i></p> <p>Out-of-Network \$30 copayment</p>
Outpatient individual therapy visit	<p>In-Network \$30 copayment <i>Prior authorization is required.</i></p> <p>Out-of-Network \$30 copayment</p>
Skilled nursing facility (SNF) care	<p>In-Network \$0 copayment for each Medicare-covered skilled nursing facility stay. Per stay benefit period <i>Authorization is only required for services provided by non-capitated providers.</i></p> <p>Out-of-Network \$0 copayment for each Medicare-covered skilled nursing facility stay. Per stay benefit period</p>
Physical Therapy	<p>In-Network \$0 copayment <i>Authorization is only required for non-capitated providers.</i></p> <p>Out-of-Network \$0 copayment</p>

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<p>Ambulance services Ground Ambulance</p> <p>Air Ambulance</p>	<p>In-Network \$150 copayment</p> <p>Out-of-Network 20% coinsurance</p> <p>In-Network 20% coinsurance</p> <p>Out-of-Network 20% coinsurance</p>
Non-Emergency Transportation	Not Covered
<p>Medicare Part B prescription drugs</p> <p>Chemotherapy drugs</p> <p>Other Part B drugs</p>	<p>In-Network 20% coinsurance <i>For chemotherapy, only the initial use requires authorization.</i></p> <p>Out-of-Network 20% coinsurance</p> <p>In-Network 20% coinsurance <i>Prior authorization is required for some medications.</i></p> <p>Out-of-Network 20% coinsurance</p>
Ambulatory Surgical Center	<p>In-Network \$50 copayment <i>Prior authorization is required.</i></p> <p>Out-of-Network \$50 copayment</p>
<p>Foot Care (podiatry services) Foot exams and treatment</p>	<p>In-Network 20% coinsurance for Medicare-covered services.</p> <p>Out-of-Network 20% coinsurance for Medicare-covered services.</p>

	Simpra Advantage Premier (PPO I-SNP)
<i>Supplemental benefits</i> Routine foot care	<p>In-Network \$0 copayment for 6 routine foot care visits per year.</p> <p>Out-of-Network \$0 copayment</p>
Occupational or Speech Therapy	<p>In-Network \$0 copayment <i>Authorization is only required for non-capitated providers.</i></p> <p>Out-of-Network \$0 copayment</p>

Simpra Advantage Premier (PPO I-SNP)			
Outpatient Prescription Drugs			
	Standard retail cost-sharing (in-network) (up to a 30-day supply)	Standard mail-order cost-sharing (up to a 90-day supply)	Long-term care (LTC) cost-sharing (up to a 31-day supply)
Deductible	\$150 for all Part D prescription drugs.		
Tier 1 (Preferred Generic)	\$4 copayment	\$12 copayment	\$4 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 Tier)	30% coinsurance	Not Available	30% coinsurance
Coverage Gap	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.		
Catastrophic Coverage	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"> • 5% coinsurance, or • \$3.95 copayment for generic (including brand drugs treated as generic) and a \$9.85 copayment for all other drugs. 		

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 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.