

# 2023 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, 2023 - December 31, 2023.**

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](https://www.simpra.com), or call Member Services and request the *Evidence of Coverage* (EOC).

#### **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](http://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 alternative formats, such as large print or audio.

If you want to know more about the coverage and costs of Original Medicare, look in your current “Medicare & You 2023” 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.

<b>Simpra Advantage (PPO D-SNP)</b>	
<b>Monthly Plan Premium</b> <i>(includes both medical and drugs)</i>	\$35.20 You must continue to pay your Medicare Part B premium.
<b>Deductible</b>	Original Medicare Part B deductible is \$226 Original Medicare Part A deductible is \$1,600.
<b>Maximum out-of-pocket amount</b> <i>(does not include Part D prescription drugs)</i>	From network providers: \$8,300 From network and out-of-network providers combined: \$12,450

<p><b>Inpatient Hospital coverage</b></p>	<p><b>In-Network and Out-of-Network</b>          You pay the 2023 Original Medicare cost-sharing amounts.</p> <p>\$1,600 deductible.          Day 1 – 60: \$0 copayment for each Medicare-covered day;          Day 61 – 90: \$400 copayment each day for each Medicare-covered day;          Day 91 -150: \$800 copayment for each Medicare-covered day (lifetime reserve days).</p> <p>Medicare hospital benefit periods apply.</p> <p>A benefit period begins on the first day you go to a Medicare-covered inpatient hospital or a skilled nursing facility. The benefit period ends when you haven't been an inpatient at any hospital or SNF for 60 days in a row. If you go to the hospital (or SNF) after one benefit period has ended, a new benefit period begins. There is no limit to the number of benefit periods you can have.</p> <p><i>Prior authorization is required for elective hospitalization.</i></p>
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<p><b>Outpatient Hospital coverage</b></p> <p>Outpatient hospital services</p> <p>Outpatient hospital observation services</p>	<p><b>In-Network and Out-of-Network</b>                  20% coinsurance for each Medicare-covered service.</p> <p><i>Prior authorization may be required for some services.</i></p> <p><b>In-Network and Out-of-Network</b>                  20% coinsurance for each Medicare-covered service.</p> <p><i>Prior authorization is required.</i></p>
<p><b>Ambulatory Surgical Center (ASC)</b></p>	<p><b>In-Network and Out-of-Network</b>                  20% coinsurance for each Medicare-covered service.</p> <p><i>Prior authorization is required.</i></p>
<p><b>Doctor Visits</b></p> <p>Primary Care Providers</p> <p>Specialists</p>	<p><b>In-Network and Out-of-Network</b>                  \$0 copayment</p> <p><b>In-Network and Out-of-Network</b>                  20% coinsurance for each Medicare-covered service.</p>
<p><b>Preventive Care (e.g., flu vaccine, diabetic screenings)</b></p>	<p><b>In-Network and Out-of-Network</b>                  You pay nothing for each Medicare-covered service.</p> <p><b>Important Message About What You Pay for Vaccines –</b>                  Our plan covers most Part D vaccines at no cost to you, even if you haven't paid your deductible. Call Member Services for more information.</p>

<p><b>Emergency care</b></p>	<p><b>In-Network and Out-of-Network</b> 20% coinsurance for each Medicare-covered service. Up to a maximum of \$90 per visit. Coinsurance is waived if you are admitted to a hospital within 3 days of your emergency care visit.</p>
<p><b>Urgently needed services</b></p>	<p><b>In-Network and Out-of-Network</b> 20% coinsurance for each Medicare-covered service Up to a maximum of \$60 per visit Coinsurance is waived if you are admitted to a hospital within 3 days of your urgently needed services.</p>
<p><b>Diagnostic Services/Labs/Imaging</b></p> <p>Diagnostic tests and procedures</p> <p>Diagnostic radiology services (e.g., MRI, CAT Scan)</p> <p>Lab services</p> <p>Outpatient X-rays</p> <p>Therapeutic Radiology</p>	<p><b>In-Network and Out-of-Network</b> 20% coinsurance for each Medicare-covered service. <i>Prior authorization may be required.</i></p> <p><b>In-Network and Out-of-Network</b> 20% coinsurance for each Medicare-covered service. <i>Prior authorization is required. CTs head or abdomen do not require authorization.</i></p> <p><b>In-Network</b> \$0 copayment for each Medicare-covered service. <i>Prior authorization required for Genetic Testing.</i></p> <p><b>Out-of-Network</b> 20% coinsurance for each Medicare-covered service.</p> <p><b>In-Network and Out-of-Network</b> 20% coinsurance for each Medicare-covered service. <i>Prior authorization may be required. X-Rays do not require authorization in nursing facility, physician's office, or hospital.</i></p> <p><b>In-Network and Out-of-Network</b> 20% coinsurance for each Medicare-covered service. <i>Prior authorization may be required. Ultrasounds do not require authorization.</i></p>

<p><b>Hearing services</b> Hearing exam</p>	<p><b>In-Network and Out-of-Network</b> 20% coinsurance for each Medicare-covered service.</p>
<p><b>Dental services</b> Medicare-covered dental</p> <p><i>Supplemental benefits</i> Preventive and/or comprehensive services</p>	<p><b>In-Network and Out-of-Network</b> 20% coinsurance for each Medicare-covered service. <i>Prior authorization is required.</i></p> <p><b>In-Network and Out-of-Network</b> \$0 copayment Preventive: 2 Oral Exams every year; 2 Prophylaxis (Cleanings) every year; 1 Dental X-Rays every year; Comprehensive: Restorative Services; Endodontics; Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services;</p> <p><b>Up to an annual maximum of \$2,400 towards preventive and/or comprehensive dental services combined every year.</b></p>
<p><b>Vision care</b></p> <p>Exam to diagnose and treat diseases and conditions of the eye</p> <p>For people with diabetes, screening for diabetic retinopathy is covered once per year.</p> <p>Eyewear after cataract surgery</p> <p>Glaucoma screening</p> <p><i>Supplemental benefits</i> Routine eye exam</p>	<p><b>In-Network and Out-of-Network</b> 20% coinsurance for each Medicare-covered service.</p> <p><b>In-Network and Out-of-Network</b> 20% coinsurance for each Medicare-covered service.</p> <p><b>In-Network</b> \$0 copayment for each Medicare-covered service.</p> <p><b>Out-of-Network</b> 20% coinsurance for each Medicare-covered service.</p> <p><b>In-Network and Out-of-Network</b> 20% coinsurance for each Medicare-covered service.</p> <p><b>In-Network and Out-of-Network</b> \$0 copayment Limited to 1 visit(s) every year</p>

<p><b>Additional routine eyewear</b></p> <p>Eyeglasses and/or contact lenses</p>	<p><b>In-Network and Out-of-Network</b> \$0 copayment Up to a \$120 combined limit every year.</p>
<p><b>Mental Health Services</b></p> <p>Inpatient visit</p> <p>Outpatient group therapy visit</p> <p>Outpatient individual therapy visit</p>	<p><b>In-Network and Out-of-Network</b> You pay the 2023 Original Medicare cost-sharing amounts. These are the 2022 cost-sharing amounts and may change for 2023. The plan will provide updated rates at <a href="http://Simpra.com">Simpra.com</a> as soon as Medicare releases them.</p> <p>\$1,556 deductible; Day 1 – 60: \$0 copayment each Medicare-covered day; Day 61 – 90: \$389 copayment each Medicare-covered day; Day 91 – 150: \$778 copayment each Medicare-covered day (lifetime reserve days). <i>Prior authorization is required.</i></p> <p><b>In-Network and Out-of-Network</b> 20% coinsurance for each Medicare-covered service.</p> <p><b>In-Network and Out-of-Network</b> 20% coinsurance for each Medicare-covered service.</p>
<p><b>Skilled nursing facility (SNF) care</b></p>	<p><b>In-Network and Out-of-Network</b> You pay the 2023 Original Medicare cost-sharing amounts.</p> <p>Day 1 – 20: \$0 copayment each day for each Medicare-covered skilled nursing facility stay.</p> <p>Day 21 – 100: \$200 copayment each day for each Medicare-covered skilled nursing facility stay.</p> <p><i>Prior authorization is required.</i></p>
<p><b>Physical Therapy</b></p>	<p><b>In-Network and Out-of-Network</b> 20% coinsurance for each Medicare-covered service. <i>Prior authorization may be required.</i></p>

<p><b>Ambulance services</b></p> <p>Ground Ambulance</p> <p>Air Ambulance</p>	<p><b>In-Network and Out-of-Network</b>                  20% coinsurance for each Medicare-covered service.</p> <p><b>In-Network and Out-of-Network</b>                  20% coinsurance for each Medicare-covered service.</p> <p><i>Pre-authorization is not required for Medicare-covered non-emergent transports.</i></p>
<p><b>Transportation                  (additional routine)</b></p>	<p><b>In-Network and Out-of-Network</b>                  Not covered</p>
<p><b>Medicare Part B prescription drugs</b></p> <p>Chemotherapy/Radiation drugs</p> <p>Other Part B drugs</p>	<p><b>In-Network and Out-of-Network</b>                  20% coinsurance for each Medicare-covered service</p> <p><i>For chemotherapy, authorization is required for the initial drug approval only.</i></p> <p><b>In-Network and Out-of-Network</b>                  20% coinsurance for each Medicare-covered service  <i>Prior authorization may be required for certain medications.</i></p>



Outpatient Prescription Drugs			
	<b>Standard retail cost-sharing</b> (in-network) (up to a 30-day supply)	<b>Standard mail-order cost-sharing</b> (up to a 90-day supply)	<b>Long-term care (LTC) cost-sharing</b> (up to a 31-day supply)
<b>Deductible</b>	\$505 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 \$4,660, you will pay no more than 25% coinsurance for generic drugs and for brand name drugs.		
<b>Catastrophic Coverage</b>	After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$7,400, you pay the greater of: <ul style="list-style-type: none"> <li>• 5% coinsurance, or</li> <li>• \$4.15 copayment for generic (including brand drugs treated as generic) and a \$10.35 copayment for all other drugs.</li> </ul>		

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 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, no matter what cost-sharing tier it’s on, even if you haven’t paid your deductible.

**Additional Benefits**

<p><b>Annual Physical Exam</b></p>	<p><b>In-Network and Out-of-Network</b> \$0 copayment <i>No authorization required.</i></p>
<p><b>Diabetic monitoring supplies</b></p>	<p><b>In-Network and Out-of-Network</b> 20% coinsurance for each Medicare-covered service <i>Prior authorization is required.</i></p>
<p><b>Diabetic therapeutic shoes or inserts</b></p>	<p><b>In-Network and Out-of-Network</b> 20% coinsurance for each Medicare-covered service. <i>Prior authorization is required.</i></p>
<p><b>Occupational therapy</b></p>	<p><b>In-Network and Out-of-Network</b> 20% coinsurance for each Medicare-covered service <i>Prior authorization may be required.</i></p>
<p><b>Over-the-counter benefit</b></p>	<p><b>In-Network</b> \$0 copayment</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 online and at select CVS locations. Unused credits roll over to the next quarter of the benefit year; and will not be carried over more than one quarter. Please contact the plan for more details</p> <p><b>Out-of-Network</b> Not covered.</p>
<p><b>Podiatry services (Foot care)</b>  Foot exams and treatment</p>	<p><b>In-Network and Out-of-Network</b> 20% coinsurance for each Medicare-covered service.</p>
<p><b>Social Companion Benefit</b></p>	<p><b>In-Network</b> \$0 copayment Up to 25 visits to be determined by the RN Personal Care Coordinator (RN PCC)</p> <p><b>Out-of-Network</b> Not covered.</p>

## **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

- The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. 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.
- Review the formulary to make sure your drugs are covered.

## 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, 2024.
- Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services the provider must agree to treat you. Except in an emergency or urgent situation, non-contracted providers may deny care. In addition, you will pay a higher co-pay for services received by non-contracted providers.
- 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.
- 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 skilled nursing facility, a nursing facility, an intermediate care facility for individuals with intellectual and developmental disabilities, a psychiatric hospital or unit, a rehabilitation hospital or unit, a long-term care hospital, a swing-bed hospital, or a facility approved by CMS that furnishes similar services.

## **Pre-Enrollment Checklist**

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

Simpra Advantage is a PPO I-SNP and a PPO D-SNP with a Medicare contract. Enrollment in Simpra Advantage depends on contract renewal.

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.

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.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-844-637-4770 (TTY 1-833-312-0044).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.  
1-844-637-4770 (TTY 1-833-312-0044) 번으로 전화해 주십시오