

Simpra Advantage (PPO D-SNP) offered by Simpra Advantage, Inc.

Annual Notice of Changes for 2023

You are currently enrolled as a member of Simpra Advantage (PPO D-SNP). Next year, there will be changes to the plan's costs and benefits. **Please see page 4 for a *Summary of Important Costs***, including Premium.

This document tells about the changes to your plan. To get more information about costs, benefits, or rules please review the *Evidence of Coverage*, which is located on our website at Simpra.com. You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

What to do now

1. ASK: Which changes apply to you

- Check the changes to our benefits and costs to see if they affect you.
 - Review the changes to medical care costs (doctor, hospital).
 - Review the changes to our drug coverage, including authorization requirements and costs.
 - Think about how much you will spend on premiums, deductibles, and cost sharing.
- Check the changes in the 2023 Drug List to make sure the drugs you currently take are still covered.
- Check to see if your primary care doctors, specialists, hospitals, and other providers, including pharmacies will be in our network next year.
- Think about whether you are happy with our plan.

2. COMPARE: Learn about other plan choices

- Check coverage and costs of plans in your area. Use the Medicare Plan Finder at www.medicare.gov/plan-compare website or review the list in the back of your *Medicare & You 2023* handbook.
- Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.

3. **CHOOSE:** Decide whether you want to change your plan

- If you don't join another plan by December 7, 2022, you will stay in Simpra Advantage (PPO D-SNP).
- To **change to a different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2023**. This will end your enrollment with Simpra Advantage (PPO D-SNP).
- Look in section 2.2, page 13 to learn more about your choices.
- If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can switch plans or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

Additional Resources

- Please contact our Member Services number at 844-637-4770 for additional information. (TTY users should call 1-833-312-0044.) Hours are 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.
- This document is also available in alternative formats, such as large print or audio.
- **Coverage under this Plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at www.irs.gov/Affordable-Care-Act/Individuals-and-Families for more information.

About Simpra Advantage (PPO D-SNP)

- Simpra Advantage is a 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.
- When this document says “we,” “us,” or “our,” it means Simpra Advantage, Inc. (Simpra Advantage PPO D-SNP). When it says “plan” or “our plan,” it means Simpra Advantage, Inc. (PPO D-SNP).

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Annual Notice of Changes for 2023 Table of Contents

Summary of Important Costs for 2023	4
SECTION 1 Changes to Benefits and Costs for Next Year.....	6
Section 1.1 – Changes to the Monthly Premium	6
Section 1.2 – Changes to Your Maximum Out-of-Pocket Amount.....	6
Section 1.3 – Changes to the Provider and Pharmacy Networks.....	7
Section 1.4 – Changes to Benefits and Costs for Medical Services	7
Section 1.5 – Changes to Part D Prescription Drug Coverage	10
SECTION 2 Deciding Which Plan to Choose	12
Section 2.1 – If you want to stay in Simpra Advantage (PPO D-SNP).....	12
Section 2.2 – If you want to change plans	12
SECTION 3 Changing Plans.....	13
SECTION 4 Programs That Offer Free Counseling about Medicare and Medicaid	13
SECTION 5 Programs That Help Pay for Prescription Drugs	14
SECTION 6 Questions?	14
Section 6.1 – Getting Help from Simpra Advantage (PPO D-SNP).....	14
Section 6.2 – Getting Help from Medicare	15
Section 6.3 – Getting Help from Medicaid.....	15

Summary of Important Costs for 2023

The table below compares the 2022 costs and 2023 costs for Simpra Advantage (PPO D-SNP) in several important areas. **Please note this is only a summary of costs.** If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0 for your deductible, doctor office visits, and inpatient hospital stays.

Cost	2022 (this year)	2023 (next year)
Monthly plan premium* * Your premium may be higher or lower than this amount. See Section 1.1 for details.	\$32.70	\$35.20
Deductible	Part B deductible is \$233 Part A deductible is \$1,556	Part B deductible now \$226 Part A deductible now \$1,600
Doctor office visits	Primary care visits: In-Network: 20% coinsurance per visit Out-of-Network: 20% coinsurance per visit Specialist visits: In-Network: 20% coinsurance per visit Out-of-Network: 20% coinsurance per visit	Primary care visits: In-Network: 0% coinsurance per visit Out-of-Network: 0% coinsurance per visit Specialist visits: In-Network: 20% coinsurance per visit Out-of-Network: 20% coinsurance per visit

Cost	2022 (this year)	2023 (next year)
<p>Inpatient hospital stays</p>	<p>In-Network and Out-of-Network: 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>You pay the 2023 Original Medicare cost-sharing amounts. In-Network and Out-of-Network: Days 1 to 60: \$1,600 deductible; \$0 copayment each day. Days 61 – 90: \$400 copayment each day Days 91 – 150: \$800 copayment each day (lifetime reserve days). Medicare hospital benefit periods apply.</p>
<p>Part D prescription drug coverage (See Section 1.5 for details.)</p>	<p>Deductible: \$480 Coinsurance during the Initial Coverage Stage: Tier 1 Drugs: 25%.</p>	<p>Deductible: \$505 Coinsurance during the Initial Coverage Stage: Tier 1 Drugs: 25%</p>
<p>Maximum out-of-pocket amount This is the <u>most</u> you will pay out-of-pocket for your covered Part A and Part B services. (See Section 1.2 for details.)</p>	<p>In-Network providers: \$6,700</p> <p>In-Network and Out-of-Network providers combined: \$10,000</p> <p>If you are eligible for Medicare cost-sharing assistance under Medicaid, you are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.</p>	<p>In-Network providers: \$8,300</p> <p>In-Network and Out-of-Network providers combined: \$12,450</p> <p>If you are eligible for Medicare cost-sharing assistance under Medicaid, you are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.</p>

SECTION 1 Changes to Benefits and Costs for Next Year

Section 1.1 – Changes to the Monthly Premium

Cost	2022 (this year)	2023 (next year)
Monthly premium (You must also continue to pay your Medicare Part B premium unless it is paid for you by Medicaid.)	\$32.70	\$35.20

Section 1.2 – Changes to Your Maximum Out-of-Pocket Amount

Medicare requires all health plans to limit how much you pay “out-of-pocket” for the year. This limit is called the “maximum out-of-pocket amount.” Once you reach this amount, you generally pay nothing for covered Part A and Part B services for the rest of the year.

Cost	2022 (this year)	2023 (next year)
Maximum out-of-pocket amount Because our members also get assistance from Medicaid, very few members ever reach this out-of-pocket maximum. If you are eligible for Medicaid assistance with Part A and Part B copays, you are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services. Your costs for covered medical services (such as copays and deductibles count toward your maximum out-of-pocket amount. Your plan premium and your costs for prescription drugs do not count toward your maximum out-of-pocket amount.	\$6,700 Once you have paid \$6,700 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services from network providers for the rest of the calendar year.	\$8,300 Once you have paid \$8,300 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services for the rest of the calendar year.

Cost	2022 (this year)	2023 (next year)
<p>Combined maximum out-of-pocket amount</p> <p>Your costs for covered medical services (such as copays and deductibles) from in-network and out-of-network providers count toward your combined maximum out-of-pocket amount. Your plan premium and costs for outpatient prescription drugs do not count toward your maximum out-of-pocket amount for medical services.</p>	<p>\$10,000</p>	<p>\$12,450</p> <p>Once you have paid \$12,450 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services from network or out-of-network providers for the rest of the calendar year.</p>

Section 1.3 – Changes to the Provider and Pharmacy Networks

There are changes to our network of providers for next year. Updated directories are located on our website at Simpra.com. You may also call Member Services for updated provider and/or pharmacy information or to ask us to mail you a directory. **Please review the 2023 Provider Directory to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

There are changes to our network of pharmacies for next year. Updated directories are located on our website at Simpra.com. You may also call Member Services for updated provider and/or pharmacy information or to ask us to mail you a directory. **Please review the 2023 Pharmacy Directory to see which pharmacies are in our network.**

It is important that you know that we may make changes to the hospitals, doctors, and specialists (providers), and pharmacies that are a part of your plan during the year. If a mid-year change in our providers affects you, please contact Member Services so we may assist.

Section 1.4 – Changes to Benefits and Costs for Medical Services

Please note that the *Annual Notice of Changes* tells you about changes to your Medicare and Medicaid benefits and costs.

We are making changes to costs and benefits for certain medical services next year. The information below describes these changes.

Cost	2022 (this year)	2023 (next year)
Annual Physical Exam	Not covered	Covered. You pay nothing. No authorization required.
Dental Services	Not covered	<p>Preventive In-Network: Covered. You pay \$0 copay. Oral exams and dental cleanings (two per year); Annual dental x-ray.</p> <p>\$2,400 maximum benefit coverage per year.</p> <p>No authorization required.</p> <p>Preventive & Comprehensive Out-of-Network: Covered. 50% coinsurance</p>
Inpatient Hospital including Psychiatric Services	<p>In-Network and Out-of-Network: 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>You pay the 2023 Original Medicare cost-sharing amounts.</p> <p>In-Network and Out-of-Network: Days 1 to 60: \$1,600 deductible; \$0 copayment each day. Days 61 – 90: \$400 copayment each day. Days 91 – 150: \$800 copayment each day (lifetime reserve days). Medicare hospital benefit periods apply.</p>
Mental Health Specialty Services	<p>20% coinsurance</p> <p>Preauthorization required.</p>	<p>20% coinsurance</p> <p>No preauthorization required.</p>
Over-the-Counter Benefit	\$50 maximum per quarter to spend on items from designated Health Catalog. Unused credits do not roll over to the next period.	\$50 per quarter to spend on items from designated Health Catalog. Unused credits roll over to the next quarter of the benefit year; and will not be carried over more than one quarter.

Cost	2022 (this year)	2023 (next year)
<p>Primary Care Physician Services</p>	<p>In-Network and Out-of-Network: You pay a 20% coinsurance for each Medicare-covered service.</p>	<p>In-Network and Out-of-Network: You pay a \$0 copay for each Medicare-covered service.</p>
<p>Skilled Nursing Facility (SNF)</p>	<p>In-Network and Out-of-Network: You pay the 2022 Original Medicare cost-sharing amounts. \$0 copayment each day for days 1-20 for each Medicare-covered SNF stay. \$194.50 copayment each day for days 21 to 100 for each Medicare-covered SNF stay. Medicare benefit periods apply.</p>	<p>You pay the 2023 Original Medicare cost-sharing amounts. In-Network and Out-of-Network: Days 1 – 20: \$0 copayment each day for each Medicare-covered SNF stay. Days 21 – 100: \$200 copayment each day for each Medicare-covered SNF stay. Medicare benefit periods apply.</p>
<p>Social Needs Benefit for Chronically Ill: RN Care Coordinator Support</p>	<p>Not covered</p>	<p>Covered. You pay nothing. Up to 25 visits to be determined by the RN Care Coordinator.</p>
<p>Telehealth Services</p>	<p>0% coinsurance Kidney Disease Education Services and Diabetes Self-Management Training. All others 20% coinsurance.</p>	<p>0% coinsurance Primary Care, Kidney Disease Education Services and Diabetes Self-Management Training.</p>
<p>Urgently Needed Services</p>	<p>20% coinsurance for each Medicare covered service up to \$65 maximum per visit Coinsurance is waived if admitted to a hospital within 3 days Preauthorization required.</p>	<p>20% coinsurance for each Medicare covered service up to \$60 maximum per visit Coinsurance is waived if admitted to a hospital within 3 days Preauthorization required.</p>

Section 1.5 – Changes to Part D Prescription Drug Coverage

Changes to Our Drug List

Our list of covered drugs is called a Formulary or “Drug List.” A copy of our Drug List is provided electronically.

We have not made any changes to our Drug List for next year. However, during the year, we might make other changes that are allowed by Medicare rules. We can also immediately remove drugs considered unsafe by the FDA or withdrawn from the market by a product manufacturer. We update our online Drug List to provide the most up to date list of drugs.

Changes to Prescription Drug Costs

If you receive “Extra Help” to pay your Medicare prescription drugs, you may qualify for a reduction or elimination of your cost sharing for Part D drugs. Some of the information described in this section may not apply to you. **Note:** If you are in a program that helps pay for your drugs (“Extra Help”), **the information about costs for Part D prescription drugs may not apply to you.** We sent you a separate insert, called the “Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs” (also called the “Low Income Subsidy Rider” or the “LIS Rider”), which tells you about your drug costs. If you receive “Extra Help” and haven’t received the “LIS Rider” by September 30, 2022, please call Member Services and ask for the “LIS Rider”.

There are four “drug payment stages”. The information below shows the changes to the first two stages – the Yearly Deductible Stage and the Initial Coverage Stage. (Most members do not reach the other two stages – the Coverage Gap Stage or the Catastrophic Coverage Stage.)

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 for more information.

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.

Changes to the Deductible Stage

Stage	2022 (this year)	2023 (next year)
<p>Stage 1: Yearly Deductible Stage</p> <p>During this stage, you pay the full cost of your Part D drugs until you have reached the yearly deductible.</p>	<p>The deductible is \$480.</p> <p>Your deductible amount is either \$0 or \$480, depending on the level of “Extra Help” you receive. (Look at the separate insert, the “LIS Rider,” for your deductible amount.)</p>	<p>The deductible is \$505.</p> <p>Your deductible amount is either \$0 or \$505, depending on the level of “Extra Help” you receive. (Look at the “LIS Rider,” for your deductible amount.)</p>

Changes to Your Cost Sharing in the Initial Coverage Stage

Please see the following chart for the changes from 2022 to 2023.

Stage	2022 (this year)	2023 (next year)
<p>Stage 2: Initial Coverage Stage</p> <p>Once you pay the yearly deductible, you move to the Initial Coverage Stage. During this stage, the plan pays its share of the cost of your drugs, and you pay your share of the cost.</p> <p>The costs in this row are for a one-month (30-day) supply when you fill your prescription at a network pharmacy that provides standard cost sharing. For information about the costs look in Chapter 6, Section 5 of your <i>Evidence of Coverage</i>.</p>	<p>Your cost for a one-month supply filled at a network pharmacy with standard cost sharing:</p> <p>25% coinsurance</p> <p>Once your total drug costs have reached \$4,430, you will move to the next stage (the Coverage Gap Stage).</p>	<p>Your cost for a one-month supply filled at a network pharmacy with standard cost sharing:</p> <p>25% coinsurance</p> <p>Once your total drug costs have reached \$4,660 you will move to the next stage (the Coverage Gap Stage).</p>

SECTION 2 Deciding Which Plan to Choose

Section 2.1 – If you want to stay in Simpra Advantage (PPO D-SNP)

To stay in our plan, you don't need to do anything. If you do not sign up for a different plan or change to Original Medicare by December 7, you will automatically be enrolled in our Simpra Advantage (PPO D-SNP).

Section 2.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change plans for 2023 follow these steps:

Step 1: Learn about and compare your choices

- You can join a different Medicare health plan,
- -- *OR*-- You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan.

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder (www.medicare.gov/plan-compare), read the *Medicare & You 2023* handbook, call your State Health Insurance Assistance Program (see Section 4), or call Medicare (see Section 6.2).

As a reminder, Simpra Advantage (PPO D-SNP) offers other Medicare health plans *AND/OR* Medicare prescription drug plans. These other plans may differ in coverage, monthly premiums, and cost-sharing amounts.

Step 2: Change your coverage

- To **change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from Simpra Advantage (PPO D-SNP).
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from Simpra Advantage (PPO D-SNP).
- To **change to Original Medicare without a prescription drug plan**, you must either:
 - Send us a written request to disenroll. Contact Member Services if you need more information on how to do so.
 - – *OR* – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

If you switch to Original Medicare and do **not** enroll in a separate Medicare prescription drug plan, Medicare may enroll you in a drug plan unless you have opted out of automatic enrollment.

SECTION 3 Changing Plans

If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 2023.

Are there other times of the year to make a change

In certain situations, changes are also allowed at other times of the year. Examples include people with Medicaid, those who get “Extra Help” paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area.

If you enrolled in a Medicare Advantage plan for January 1, 2023, and don’t like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2023.

If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

SECTION 4 Programs That Offer Free Counseling about Medicare and Medicaid

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In Alabama, the SHIP is called the Alabama State Health Insurance Assistance Program (SHIP).

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. Alabama State Health Insurance Assistance Program (SHIP) counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call the Alabama State Health Insurance Assistance Program (SHIP) at 1-800-AGE-LINE (1-800-243-5463). You can learn more about the Alabama State Health Insurance Assistance Program (SHIP) by visiting their website (<http://www.alabamaageline.gov/ship>).

For questions about your Alabama Medicaid benefits, contact Alabama Medicaid, 1-334-242-5000 (TTY callers should use 711), 8 a.m. - 5 p.m. CT, Monday - Friday. Ask how joining another plan or returning to Original Medicare affects how you get your Alabama Medicaid coverage.

SECTION 5 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs.

- **“Extra Help” from Medicare.** Because you have Medicaid, you are already enrolled in “Extra Help,” also called the Low-Income Subsidy. “Extra Help” pays some of your prescription drug premiums, annual deductibles, and coinsurance. Because you qualify, you do not have a coverage gap or late enrollment penalty. If you have questions about “Extra Help,” call:
 - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;
 - The Social Security Office at 1-800-772-1213 between 8 am and 7 pm, Monday through Friday for a representative. Automated messages are available 24 hours a day. TTY users should call, 1-800-325-0778; or
 - Your State Medicaid Office (applications).
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the Office of HIV Prevention and Care. For information on eligibility criteria, covered drugs, or how to enroll in the program, please call 1-800-252-1818.

SECTION 6 Questions?

Section 6.1 – Getting Help from Simpra Advantage (PPO D-SNP)

Questions? We’re here to help. Please call Member Services at 844-637-4770. (TTY only, call 1-833-312-0044.) We are available for phone calls 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. Calls to these numbers are free.

Read your 2023 Evidence of Coverage (it has details about next year’s benefits and costs)

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2023. For details, look in the *2023 Evidence of Coverage* for Simpra Advantage (PPO D-SNP). The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* is located on our website at Simpra.com. You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

Visit our Website

You can also visit our website at [Simpra.com](https://www.simpra.com). As a reminder, our website has the most up-to-date information about our provider network (*Provider Directory*) and our list of covered drugs (Formulary/Drug List).

Section 6.2 – Getting Help from Medicare

To get information directly from Medicare:

Call 1-800-MEDICARE (1-800-633-4227)

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Visit the Medicare Website

Visit the Medicare website (www.medicare.gov). It has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area. To view the information about plans, go to www.medicare.gov/plan-compare.

Read Medicare & You 2023

Read the *Medicare & You 2023* handbook. Every fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this document, you can get it at the Medicare website (<https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf>) or 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.

Section 6.3 – Getting Help from Medicaid

To get information from Medicaid you can call Alabama Medicaid at 1-334-242-5000. TTY users should call 711.