SimpraAdvantage
Alabama's Healthplan

Summary of Benefits

2024 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, 2024 - December 31, 2024.

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/TDD 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 to review the Evidence of Coverage (EOC), or call Member Services and request a hardcopy of 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 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 nursing facilities for greater than 90 days (or reasonably expect to live in the nursing facility for greater than 90 days). The plan's *Provider Directory* has a list of participating nursing facilities. You can access this list on our website (Simpra.com) or call Member Services (phone number and hours of operation are noted above) and ask us to send you a list.

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 Premier (PPO I-SNP) has a network of doctors, hospitals, pharmacies, and other providers that can be found on our website at 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, upon request.

If you want to know more about the coverage and costs of Original Medicare, look in your current **"Medicare & You 2024"** 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.

Simpra Advantage Premier (PPO I-SNP)	
Monthly Plan Premium *(includes both medical and drugs)*	$98 You must continue to pay your Medicare Part B premium.
Deductible	No deductible for medical. See Prescription Drug Coverage for Part D deductible.
Maximum Out-of-Pocket Amount (*does not include Part D prescription drugs*)	From network providers: $6,700 From network and out-of-network providers combined: $10,000

SimpraAdvantage
Alabama's Healthplan

Simpra Advantage Premier (PPO I-SNP)	
Ambulance Services Ground and Air Ambulance	**In-Network** $150 copayment for each one-way Medicare-covered ground ambulance service. 20% coinsurance for each one-way Medicare-covered ground or air ambulance service. **Out of Network** 20% coinsurance for each one-way Medicare-covered ground or air ambulance service. *Prior authorization is not required for Medicare-covered non-emergent transport.*
Ambulatory Surgical Center (ASC)	**In-Network and Out-of-Network** $50 copayment for each Medicare-covered outpatient surgery service. *Prior authorization is required.*
Dental Services Limited Medicare-covered dental services (e.g., jaw reconstruction following fracture or injury, tooth extractions in preparation for cancer treatment involving jaw, and oral exams prior to kidney transplantation)	**In-Network and Out of Network** 20% coinsurance for each Medicare-covered service. *Prior authorization is required.*
Supplemental Dental Services: 2 routine oral exams and dental cleanings, fluoride treatment, and 1 set of x-rays annually	**In-Network and Out of Network** $0 copayment/0% coinsurance $750 allowance for preventive/comprehensive combined annually
Diagnostic Services/Labs/Imaging Outpatient X-rays	**In-Network and Out-of-Network** $5 copayment for each Medicare-covered general x-ray service
Diagnostic and therapeutic radiology services	**In-Network and Out-of-Network** $50 copayment per visit for each Medicare-covered diagnostic and therapeutic radiological service *Prior authorization may be required.*

Simpra Advantage Premier (PPO I-SNP)	
Diagnostic Services/Labs/Imaging (continued)	
Diagnostic tests and procedures	**In-Network and Out-of-Network** 20% coinsurance for each Medicare-covered service. *Prior authorization may be required for limited services (e.g., PET Scans).* *CT scans and MRI do not require authorization.*
Blood Services	**In-Network and Out-of-Network** 20% coinsurance for each Medicare-covered service.
Lab services	$0 copayment for each Medicare-covered lab service. *Prior authorization is required for Genetic Testing*.
Doctor Visits	
Primary Care Providers	**In-Network and Out-of-Network** No copayment/coinsurance for primary care services. There is no coinsurance, copayment, or deductible for the annual wellness visit. **Telehealth – In-Network** No cost-sharing for Primary Care Physicians , Kidney Disease Education Services, and Diabetes Self-Management Training. $30 copayment for Medicare-covered Physician Specialist services, and Individual and Group Psychiatric Services. 20% coinsurance for Dialysis and all other Telehealth. **Telehealth – Out-of-Network** Not covered.
Emergency Care	**In-Network and Out-of-Network** $90 copayment for each Medicare-covered service visit. Coinsurance is waived if you are admitted to a hospital within 3 days of your emergency care visit. Covered in the United States and its territories.

SimpraAdvantage
Alabama's Healthplan

Simpra Advantage Premier (PPO I-SNP)

Hearing Services	
Hearing exam	**In-Network and Out-of-Network** $10 copayment for each Medicare-covered service.
Supplemental Benefit:	
Annual routine hearing exam	**In-Network and Out-of-Network** $0 copayment for each Medicare-covered service. Limited to 1 visit every year.
Annual Hearing-aid Fitting/Evaluation	**In-Network and Out-of-Network** $0 copayment for each Medicare-covered hearing-aid fitting/evaluation service. Limited to 1 visit every year.
Coverage every two years includes over-the-counter hearing-aids	**In-Network and Out-of-Network** $0 copayment Hearing-aid(s) coverage up to $900 every year for both ears combined. You pay nothing up to the $900 allowance.
Inpatient Hospital Coverage	**In-Network and Out-of-Network** Day 1 – 6: $175 copayment for each Medicare-covered hospital day. Day 7 – 90: $0 copayment for each Medicare-covered day. $0 copayment for an additional 60 lifetime reserve days. Medicare hospital benefit periods apply. 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. *Prior authorization is required for elective hospitalization.*

SimpraAdvantage
Alabama's Healthplan

Simpra Advantage Premier (PPO I-SNP)	
Medicare Part B Prescription Drugs	
Chemotherapy/Radiation drugs	**In-Network and Out-of-Network** 20% coinsurance for each Medicare-covered service. *For chemotherapy, authorization is required for the initial drug approval only.*
Other Part B drugs	**In-Network and Out-of-Network** 20% coinsurance for each Medicare-covered service. *Prior authorization may be required for certain medications.* Certain Part B drugs may be subject to step therapy. Those drugs are included in categories such as Ophthalmic Disorders and Viscosupplement.
Mental Health Services Inpatient visit	**In-Network and Out-of-Network** Days 1 – 6: $175 copayment each day Days 7 – 90: $0 copayment each day $0 copayment for an additional 60 lifetime reserve days. Medicare hospital benefit periods apply. 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. Cost shares are applied starting on the first day of admission and do not include the day of discharge. *Prior authorization is required.*

SimpraAdvantage
Alabama's Healthplan

Simpra Advantage Premier (PPO I-SNP)	
Outpatient Hospital Coverage	
Outpatient hospital services	**In-Network and Out-of-Network** $50 copayment for each Medicare-covered Outpatient Hospital Service or Surgery *Prior authorization may be required for some services.*
Outpatient hospital observation services	**In-Network and Out-of-Network** $100 copayment for each Medicare-covered observation visit.
Outpatient Mental Health Care includes partial hospitalization, individual and group therapy visits, and intensive outpatient services.	**In-Network and Out-of-Network** $30 copayment for each Medicare-covered service.
Physical Therapy Outpatient rehabilitation services are provided in various outpatient settings, such as hospital outpatient departments, independent therapist offices, and Comprehensive Outpatient Rehabilitation Facilities (CORFs)	**In-Network and Out-of-Network** $0 copayment for each Medicare-covered service. $30 copayment for each Medicare-covered CORF service. *Prior authorization is required.*
Preventive Care (e.g., flu, COVID-19, pneumonia, and Hepatitis B vaccines, diabetes, and other screening tests)	**In-Network and Out-of-Network** You pay nothing for each Medicare-covered preventive service. **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.
Skilled Nursing Facility (SNF) Care	**In-Network and Out-of-Network** No copayment or coinsurance per Medicare-covered SNF admission No prior hospital stay is required. *Prior authorization is required.*

Simpra Advantage Premier (PPO I-SNP)	
Transportation (Routine)	**In-Network and Out-of-Network** Not covered.
Urgently Needed Services	**In-Network and Out-of-Network** $30 copayment for each Medicare-covered service Coinsurance is waived if you are admitted to a hospital within 3 days of your urgent care visit. Covered in the United States and its territories.
Vision Care • Exam to diagnose and treat diseases and conditions of the eye. • For people with diabetes, screening for diabetic retinopathy is covered once per year. • Eyewear after cataract surgery • Glaucoma screening	**In-Network and Out-of-Network** $30 copayment for each Medicare-covered service.
Supplemental Benefits: • One routine vision exam annually • Glasses and contacts covered up to $100 total each benefit year. (This allowance does not apply to eyewear following cataract surgery).	**In-Network and Out-of-Network** $0 copayment/coinsurance for one routine vision exam visit annually

SimpraAdvantage
Alabama's Healthplan

Outpatient Prescription Drug Benefits and Cost-Sharing

Deductible: $150 for all Part D prescription drugs

Tier	Standard retail cost-sharing (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)
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	30% coinsurance	30% coinsurance	30% coinsurance
Coverage Gap	After your total drug costs (including what our plan has paid and what you have paid) reach $5,030, you will pay no more than 25% coinsurance for generic drugs and for brand name drugs. During this payment stage, the plan pays the full cost for your covered Part D drugs. You pay nothing		
Catastrophic Coverage	Once your out-of-pocket costs have reached 8,000 you leave the Coverage Gap Stage and move into the Catastrophic Coverage Stage. 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 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.

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.

SimpraAdvantage
Alabama's Healthplan

Additional Benefits	
Diabetic Monitoring Supplies	**In-Network and Out-of-Network** 20% coinsurance for each Medicare-covered service *Prior Authorization is required.*
Diabetic Therapeutic Shoes or Inserts	**In-Network and Out-of-Network** 20% coinsurance for each Medicare-covered service. *Prior Authorization is required.*
Occupational Therapy	**In-Network and Out-of-Network** 20% coinsurance for each Medicare-covered service. *Prior Authorization is required.*
Podiatry Services (Foot Care) Foot exams and treatment ***Supplemental Benefit:*** Additional routine foot care	**In-Network and Out-of-Network** 20% coinsurance for each Medicare-covered service. **In-Network and Out-of-Network** $0 copayment for up to 6 additional routine foot care services.
Supplemental Benefit: **Social Companion Benefit** Provides additional support for members with certain chronic conditions and needing additional non-clinical attention. Qualifying conditions include: • Alzheimer's Disease • Anxiety Disorder • Bipolar Disorder • Dementia • Intellectual Disability	**In-Network** $0 copayment/coinsurance for each Medicare-covered service. Up to 25 social needs/checkup visits. The number of hours provided will be dependent upon the length of time needed and the benefit limit to be determined by the RN Care Coordinator. **Out-of-Network** Not covered.