

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

Annual Notice of Changes for 2024

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](https://www.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 2024 “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 [Medicare.gov/plan-compare](https://www.Medicare.gov/plan-compare) website or review the list in the back of your *Medicare & You 2024* 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, 2023, 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, 2024**. This will end your enrollment with Simpra Advantage (PPO D-SNP).
- Look in Section 2, page 17 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 1-844-637-4770 for additional information. (TTY/TDD 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 call is free.
- This document is also available in alternative formats, such as large print or audio, upon request.
- **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 [IRS.gov/Affordable-Care-Act/Individuals-and-Families](https://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 (PPO D-SNP).

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Summary of Important Costs for 2024

The table below compares the 2023 costs and 2024 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	2023 (this year)	2024 (next year)
<p>Monthly plan premium*</p> <p>* Your premium may be higher or lower than this amount. See Section 1.1 for details.</p>	\$35.20	\$41.40
<p>Deductible</p>	<p>Part B deductible is \$226.</p> <p>Part A deductible is \$1,600.</p>	<p>Part B deductible is \$240.</p> <p>Part A deductible is \$1,632.</p>
<p>Maximum out-of-pocket amount</p> <p>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: \$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>	<p>In-Network providers: \$8,850</p> <p>In-Network and Out-of-Network providers combined: \$13,300</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>

Cost	2023 (this year)	2024 (next year)
Doctor office visits	<p>Primary care visits:</p> <p>In-Network: You pay 0% coinsurance per visit</p> <p>Out of Network: You pay 0% coinsurance per visit</p> <p>Specialist visits:</p> <p>In-Network: You pay 20% coinsurance per visit</p> <p>Out-of-Network: You pay 20% coinsurance per visit</p> <p>If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0 per visit.</p>	<p>Primary care visits:</p> <p>In-Network and Out-of-Network: You pay 0% coinsurance per visit</p> <p>Specialist visits:</p> <p>In-Network and Out-of-Network: You pay 20% coinsurance per visit</p> <p>If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0 per visit.</p>
Inpatient hospital stays	<p>In-Network and Out-of-Network:</p> <p>Days 1 to 60: \$1,600 deductible; \$0 copayment each day.</p> <p>Days 61 – 90: \$400 copayment each day</p> <p>Days 91 – 150: \$800 copayment each day (lifetime reserve days).</p> <p>Medicare hospital benefit periods apply.</p> <p>If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0.</p>	<p>In-Network and Out-of-Network:</p> <p>Days 1 to 60: \$1,632 deductible; \$0 copayment each day.</p> <p>Days 61 – 90: \$408 copayment each day</p> <p>Days 91 – 150: \$816 copayment each day (lifetime reserve days). Medicare hospital benefit periods apply.</p> <p>If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0.</p>

Cost	2023 (this year)	2024 (next year)
<p>Part D prescription drug coverage (See Section 1.5 for details.)</p>	<p>Deductible: You pay \$505, except for covered insulin products and most adult vaccines.</p> <p>Deductible: Part D vaccines.</p> <p>Coinsurance during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> • Drug Tier 1: 25% You pay \$35 per month supply of each covered insulin product on this tier. <p>Coinsurance during the Catastrophic Coverage:</p> <ul style="list-style-type: none"> • During this payment stage, the plan pays most of the cost for your covered drugs. • For each prescription, you pay whichever of these is larger: a payment equal to 5% of the cost of the drug (this is called coinsurance), or a copayment (\$4.15 for a generic drug or a drug that is treated like a generic, and \$10.35 for all other drugs.) 	<p>You pay \$545 except for covered insulin products and most adult Part D vaccines.</p> <p>Coinsurance during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> • Drug Tier 1: 25% You pay no more than \$35 per month supply for each covered insulin product on this tier. <p>Coinsurance during the Catastrophic Coverage:</p> <ul style="list-style-type: none"> • During this payment stage, the plan pays the full cost for your covered Part D drugs. You pay nothing.

SECTION 1 Changes to Benefits and Costs for Next Year

Section 1.1 – Changes to the Monthly Premium

Cost	2023 (this year)	2024 (next year)
Monthly premium (You must also continue to pay your Medicare Part B premium unless it is paid for you by Medicaid.)	\$35.20	\$41.40

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	2023 (this year)	2024 (next year)
<p>Maximum out-of-pocket amount (In-Network)</p> <p>Because our members also get assistance from Medicaid, very few members ever reach this out-of-pocket maximum.</p> <p>If you are eligible for Medicaid assistance with Part A and Part B copays and deductibles, 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>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.</p>	<p>You pay \$8,300</p> <p>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.</p>	<p>You pay \$8,850</p> <p>Once you have paid \$8,850 out-of-pocket for covered Part A and Part B in-network services, you will pay nothing for your covered Part A and Part B in-network services for the rest of the calendar year.</p>
<p>Combined maximum out-of-pocket amount (In-Network and Out-of-Network)</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.</p> <p>Your plan premium and costs for outpatient prescription drugs do not count toward your maximum out-of-pocket amount for medical services.</p>	<p>You pay \$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>	<p>You pay \$13,300</p> <p>Once you have paid \$13,300 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services 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

Updated directories are located on our website at [Simpra.com](https://www.simpra.com). You may also call Member Services for updated provider and/or pharmacy information or ask us to mail you a directory, which we will mail within three business days.

There are changes to our network of providers for next year. **Please review the 2024 *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. **Please review the 2024 *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 benefits and costs.

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

Beginning July 2023 cost-sharing for insulin furnished through an item of DME is subject to a coinsurance cap of \$35 for one-month's supply of each covered insulin.

Cost	2023 (this year)	2024 (next year)
<p>Inpatient Hospital - Medical Services</p>	<p>You pay the 2023 Original Medicare cost-sharing amounts.</p> <p>In-Network and Out-of-Network:</p> <p>Days 1 to 60: \$1,600 deductible; \$0 copayment each day.</p> <p>Days 61 – 90: \$400 copayment each day.</p> <p>Days 91 – 150: \$800 copayment each day (lifetime reserve days). Medicare hospital benefit periods apply.</p>	<p>You pay the 2024 Original Medicare cost-sharing amounts.</p> <p>In-Network and Out-of-Network:</p> <p>Days 1 to 60: \$1,632 deductible; \$0 copayment each day.</p> <p>Days 61 – 90: \$408 copayment each day.</p> <p>Days 91 – 150: \$816 copayment each day (lifetime reserve days). Medicare hospital benefit periods apply.</p>
<p>Inpatient Hospital Psychiatric Services</p>	<p>You pay the 2023 Original Medicare cost-sharing amounts.</p> <p>In-Network and Out-of-Network:</p> <p>Days 1 to 60: \$1,600 deductible; \$0 copayment each day.</p> <p>Days 61 – 90: \$400 copayment each day.</p> <p>Days 91 – 150: \$800 copayment each day (lifetime reserve days). Medicare hospital benefit periods apply.</p>	<p>You pay the 2024 Original Medicare cost-sharing amounts.</p> <p>In-Network and Out-of-Network:</p> <p>Days 1 to 60: \$1,632 deductible; \$0 copayment each day.</p> <p>Days 61 – 90: \$408 copayment each day.</p> <p>Days 91 – 150: \$816 copayment each day (lifetime reserve days). Medicare hospital benefit periods apply.</p>

Cost	2023 (this year)	2024 (next year)
Mental Health Specialty Services	<p>You pay 20% coinsurance.</p> <p>No preauthorization required.</p>	<p>You pay 20% coinsurance per Medicare-covered mental health specialist visit including Inpatient, Individual and Group Sessions.</p> <p>No preauthorization required.</p>
Skilled Nursing Facility (SNF)	<p>You pay the 2023 Original Medicare cost-sharing amounts.</p> <p>In-Network and Out-of-Network:</p> <p>Days 1 – 20: \$0 copayment each day for each Medicare-covered SNF stay.</p> <p>Days 21 – 100: \$200 copayment each day for each Medicare-covered SNF stay.</p> <p>Medicare benefit periods apply.</p>	<p>You pay the 2024 Original Medicare cost-sharing amounts.</p> <p>In-Network and Out-of-Network:</p> <p>Days 1 – 20: You pay \$0 copayment each day for each Medicare-covered SNF stay.</p> <p>Days 21 – 100: You pay \$204 copayment each day for each Medicare-covered SNF stay.</p> <p>Medicare benefit periods apply.</p>
Supplemental Benefit: Eyewear	<p>In-Network and Out-of-Network:</p> <p>Covered up to \$120 for eyewear for benefit year 2023.</p>	<p>In-Network only:</p> <p>Covered up to \$300 for eyewear for benefit year 2024.</p>

Cost	2023 (this year)	2024 (next year)
Supplemental Benefit: Hearing Aids	Not covered.	In-Network only: Covered up to \$1,600 every two (2) years for both ears combined.
Supplemental Benefit: Memory Fitness	Not covered.	In-Network Only: You pay \$0 copayment and receive an annual subscription to BrainHQ. BrainHQ is an online, memory fitness program with dozens of exercises that have been shown in studies to help people think faster, focus better, and remember more.
Supplemental Benefit: Over-the-Counter (OTC) Benefit	\$50 per quarter to spend on items from designated CVS Health Catalog. Unused credits roll over to the next quarter of the benefit year and will not be carried over more than one quarter up through the end of the benefit year.	\$150 per quarter to spend on OTC and food items from designated CVS Health Catalog. Unused credits roll over to the next quarter of the benefit year and will not be carried over more than one quarter up through the end of the benefit year.
Urgently Needed Services	You pay 20% coinsurance for each Medicare covered service up to \$60 maximum per visit.	You pay 20% coinsurance for each Medicare-covered service up to \$55 maximum per visit.

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 made changes to our “Drug List,” which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs or moving them to a different cost-sharing tier. **Review the “Drug List” to make sure your drugs will be covered next year and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier.**

Most of the changes in the “Drug List” are new for the beginning of each year. However, during the year, we might make other changes that are allowed by Medicare rules. For instance, we can 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.

If you are affected by a change in drug coverage at the beginning of the year or during the year, please review Chapter 9 of your *Evidence of Coverage* and talk to your doctor to find out your options, such as asking for a temporary supply, applying for an exception and/or working to find a new drug. You can also contact Member Services for more information.

Starting in 2024, we may immediately remove a brand name drug on our “Drug List” if, at the same time, we replace it with a new generic version on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our “Drug List,” but immediately move it to a different cost-sharing tier or add new restrictions or both.

This means, for instance, if you are taking a brand name drug that is being replaced or moved to a higher cost-sharing tier, you will no longer always get notice of the change 30 days before we make it or get a month’s supply of your brand name drug at a network pharmacy. If you are taking the brand name drug, you will still get information on the specific change we made, but it may arrive after the change is made.

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 you haven’t received this insert by September 30th, 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.
- **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.

Changes to the Deductible Stage

Stage	2023 (this year)	2024 (next year)
<p>Stage 1: Yearly Deductible Stage During this stage, you pay the full cost of your Part D drugs until you have reached the yearly deductible. The deductible doesn’t apply to covered insulin products and most adult Part D vaccines, including shingles, tetanus and travel vaccines.</p>	<p>The deductible is \$505</p> <p>The deductible amount is either \$0 or \$505, 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 \$545.</p>

Changes to Your Cost Sharing in the Initial Coverage Stage

Please see the following chart for the changes from 2023 to 2024.

Stage	2023 (this year)	2024 (next year)
<p>Stage 2: Initial Coverage Stage 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. Most adult Part D vaccines are covered at no cost to you.</p>	<p>Your cost for a one-month supply filled at a network pharmacy with standard cost sharing: You pay 25% of the total cost. You pay no more than \$35 per month for each covered insulin product on this tier.</p>	<p>Your cost for a one-month supply filled at a network pharmacy with standard cost sharing: You pay 25% of the total cost. You pay no more than \$35 per month for each covered insulin product on this tier.</p>
<p>Stage 2: Initial Coverage Stage (continued) 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 for a long-term supply; or for mail-order prescriptions, look in Chapter 6, Section 5 of your <i>Evidence of Coverage</i>.</p>	<p>Once your total drug costs have reached \$4,660, you will move to the next stage (the Coverage Gap Stage).</p>	<p>Once your total drug costs have reached \$5,030 you will move to the next stage (the Coverage Gap Stage).</p>

Changes to the Coverage Gap and Catastrophic Coverage Stages

The other two drug coverage stages – the Coverage Gap Stage and the Catastrophic Coverage Stage – are for people with high drug costs. **Most members do not reach the Coverage Gap Stage or the Catastrophic Coverage Stage.**

For specific information about your costs in these stages, look at Chapter 6, Sections 6 and 7, in your *Evidence of Coverage*.

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 2024 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 ([Medicare.gov/plan-compare](https://www.medicare.gov/plan-compare)), read the *Medicare & You 2024* handbook, call your State Health Insurance Assistance Program (see Section 4), or call Medicare (see Section 6.2).

As a reminder, Simpra Advantage, Inc. offers other Medicare health 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/TDD 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, 2024.

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.

Because you have Alabama Medicaid, you may be able to end your membership in our plan or switch to a different plan one time during each of the following **Special Enrollment Periods**:

- January to March
- April to June
- July to September

If you enrolled in a Medicare Advantage plan for January 1, 2024, 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, 2024.

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 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 Alabama State Health Insurance Assistance Program (SHIP) at 1-800-AGE-LINE (1-800-243-5463). You can learn more about Alabama State Health Insurance Assistance Program (SHIP) by visiting their website (Alabamaageline.gov/ship).

For questions about your Alabama Medicaid benefits, contact Alabama Medicaid, at 1-334-242-5000 (TTY/TDD 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. Below we list different kinds of help:

- **“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/TDD 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/TDD 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 Office of HIV Prevention and Care 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 1-844-637-4770. (TTY/TDD 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 2024 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 2024. For details, look in the *2024 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](https://www.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/TDD users should call 1-877-486-2048.

Visit the Medicare Website

Visit the Medicare website ([Medicare.gov](https://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 [Medicare.gov/plan-compare](https://www.Medicare.gov/plan-compare).

Read *Medicare & You 2024*

Read the *Medicare & You 2024* handbook. Every fall, this document 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 & You webpage](https://www.Medicare.gov/plan-compare) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY/TDD 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 1-344-242-5000. TTY/TDD users should call 711.