

Summary of Benefits

2025 Simpra Advantage Nursing Home Plan H4091-001 PPO I-SNP

**This is a summary of drug and health services covered by
Simpra Advantage Nursing Home Plan (PPO I-SNP)
January 1, 2025 - December 31, 2025.**

Simpra Advantage Nursing Home Plan (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.

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. For a complete list of benefits, see Chapter 4 of your *Evidence of Coverage* (EOC) online: <https://simpra.com/for-members/plan-documents>. To request a hard copy of the EOC, please call Member Services at the number below.

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. local time, seven days a week from October 1 through March 31, and Monday to Friday from April 1 through September 30. Member Services is closed on the following holidays: Memorial Day, Independence Day, Labor Day, Thanksgiving, and Christmas.

To join Simpra Advantage Nursing Home Plan (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](https://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 Nursing Home Plan (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 the current **"Medicare & You"** handbook. Visit www.medicare.gov/medicare-and-you to view or download a copy. You may also request a copy 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.

| Simpra Advantage Nursing Home Plan (PPO I-SNP) | |
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| Monthly Plan Premium <i>(includes both medical and drugs)</i> | \$40.00 / \$0 with Extra Help You must continue to pay your Medicare Part B premium. |
| Deductibles <i>These are 2024 deductible amounts and may change for 2025. Simpra Advantage Nursing Home Plan (PPO I-SNP) will provide updated rates at Simpra.com as soon as they are released.</i> | Original Medicare Part B deductible is \$240. Original Medicare Part A deductible is \$1,632. Total deductible is \$1,872. |
| Maximum out-of-Pocket (MOOP) <i>(does not include Part D prescription drugs)</i> | In-network providers: \$8,975. In-network and Out-of-Network providers combined: \$14,000. |

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| | <p>20% coinsurance for Medicare-covered Physician Specialist services, and Individual and Group Psychiatric Services.</p> <p>20% coinsurance for dialysis and all other Medicare-covered telehealth services.</p> <p>Telehealth – Out-of-Network Not covered.</p> |
| <p>Preventive Care Services (e.g., flu, COVID-19, pneumonia, and Hepatitis B vaccines, diabetes self-management training, and other screening tests)</p> | <p>In-Network and Out-of-Network You pay nothing for each Medicare-covered preventive care service.</p> <p>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.</p> |
| <p>Emergency Care</p> | <p>In-Network and Out-of-Network 20% coinsurance for each Medicare-covered service. Up to a maximum of \$90 per visit.</p> <ul style="list-style-type: none"> • Coinsurance is waived if you are admitted to a hospital within 3 days of your emergency care visit. • Only covered within the United States and its territories. |
| <p>Urgently Needed Services</p> | <p>In-Network and Out-of-Network 20% coinsurance for each Medicare-covered service. Up to a maximum of \$45 per visit.</p> <ul style="list-style-type: none"> • Coinsurance is waived if you are admitted to a hospital within 3 days of your urgent care visit. • Limited to the United States and its territories. |
| <p>Diagnostic Services/Labs/Imaging</p> <ul style="list-style-type: none"> • Diagnostic tests and procedures • Diagnostic radiology services (e.g., MRI, CT Scan) • Therapeutic Radiology • Outpatient X-rays | <p>In-Network and Out-of-Network 20% coinsurance for each Medicare-covered diagnostic test and procedure.</p> <p>Prior authorization may be required for certain diagnostic tests and procedures (e.g., PET Scans). CT scans and MRIs do not require authorization.</p> <p>In-Network and Out-of-Network 20% coinsurance for each Medicare-covered therapeutic radiologic, and general x-ray services.</p> |

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| <ul style="list-style-type: none"> Blood services Lab services | <p>20% coinsurance for each Medicare-covered blood service.</p> <p>In-Network \$0 coinsurance for each Medicare-covered lab service. <i>Prior authorization is required for Genetic Testing.</i></p> <p>Out-of-Network 20% coinsurance for each Medicare-covered out-of-network service. <i>Prior authorization is required for Genetic Testing.</i></p> |
| <p>Hearing services Hearing exam</p> <p>Supplemental Hearing Benefits:</p> <ul style="list-style-type: none"> Annual routine hearing exam Annual Hearing Aid Fitting/Evaluation Hearing-aid allowance | <p>In-Network and Out-of-Network 20% coinsurance for each Medicare-covered service.</p> <p>In-Network and Out-of-Network \$0 copayment for one routine hearing exam visit</p> <p>In-Network and Out-of-Network \$0 copayment for one hearing aid evaluation/fitting</p> <p>In-Network and Out-of-Network \$0 copayment. Hearing-aid(s) maximum coverage up to \$2,000 every two years for both ears combined. You pay nothing up to the \$2,000 allowance. Over-the-counter hearing-aids are included in coverage.</p> |
| <p>Dental services Limited Medicare-coverage: (e.g., surgery of the jaw or related structures, setting fractures of the jaw or facial bones, teeth extractions to prepare the jaw for cancer disease treatment, etc. when provided by a physician.</p> | <p>In-Network and Out of Network 20% coinsurance for each Medicare-covered service <i>Prior authorization is required.</i></p> |
| <p>Vision Care</p> <ul style="list-style-type: none"> Exam to diagnose and treat diseases and conditions of the eye | <p>In-Network and Out-of-Network 20% coinsurance for each Medicare-covered service.</p> |

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- For people with diabetes, screening for diabetic retinopathy
- Glaucoma testing
- Eyewear after cataract surgery

Supplemental Vision Benefits:

- Routine eye exam
- Eyeglasses (lenses and frames) and/or contact lenses

In-Network and Out-of-Network (Supplemental)

\$0 copayment for one routine eye exam visit every year
\$230 allowance for glasses (lenses and frames) and contacts each benefit year.
(This allowance does not apply to eyewear obtained following cataract surgery)

Mental Health Services

You pay the 2025 Original Medicare cost-sharing amounts. These are the 2024 cost-sharing amounts and may change for 2025. The plan will provide updated rates at Simpra.com as soon as Medicare releases them.

In-Network and Out-of-Network (Inpatient)

\$1,632 deductible.

Days 1 – 60: \$0 copayment each day

Days 61 – 90: \$408 copayment each day

Days 91 – 150 (lifetime reserve days): \$816 copayment each day

Cost shares are applied starting on the first day of admission and do not include the day of discharge.

Prior authorization is required.

In-Network and Out-of-Network (Outpatient)

20% coinsurance for each Medicare-covered service.

Coverage includes partial-hospitalization, individual and group therapy visits, and intensive outpatient services.

Skilled Nursing Facility (SNF) Care

You pay the 2025 Original Medicare cost-sharing amounts. These are the 2024 cost-sharing amounts and may change for 2025. The plan will provide updated rates at Simpra.com as soon as Medicare releases them.

In-Network and Out-of-Network

Days 1 – 20: \$0 copayment for each Medicare-covered SNF day.

Days 21 – 100: \$204 copayment for each Medicare-covered SNF day.

Days 101 and beyond: You pay all costs.

No prior hospital stay is required.

Prior authorization is required.

Physical Therapy and Speech-Language Pathology Services

In-Network and Out-of-Network

20% coinsurance for each Medicare-covered service.

Prior authorization may be required.

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| <p>Ambulance services</p> <p>Ground and Air Ambulance</p> | <p>In-Network and Out-of-Network</p> <p>20% coinsurance for each one-way Medicare-covered ground or air ambulance service.</p> <p>Prior authorization is not required for Medicare-covered non-emergent transports.</p> |
| <p>Transportation Services</p> | <p>In-Network</p> <p>There is no coinsurance, copayment, or deductible.</p> <p>You receive up to 8 one-way rideshare trips every year to plan-approved health-related locations.</p> |
| <p>Medicare Part B Prescription Drugs</p> <ul style="list-style-type: none"> • Chemotherapy and Radiation drugs • Other Part B drugs | <p>In-Network and Out-of-Network</p> <p>20% coinsurance for each Medicare-covered service.</p> <p><i>For chemotherapy, authorization is required for the initial drug approval only.</i></p> <p>In-Network and Out-of-Network</p> <p>20% coinsurance for each Medicare-covered service.</p> <p><i>Prior authorization may be required for certain medications.</i></p> <p>Certain Part B drugs may be subject to step therapy. Those drugs are included in categories such as Ophthalmic Disorders and Viscosupplement.</p> |

Outpatient Prescription Drug Benefits and Cost-Sharing

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| Deductible | \$590 for all Part D prescription drugs. |
| Initial Coverage Phase | <p>During the Initial Coverage Stage, the plan pays its share of the cost of your covered prescription drugs, and you pay your share (your coinsurance amount). Your share of the cost will vary depending on the drug and where you fill your prescription.</p> <p>25% coinsurance Standard retail cost-sharing (in-network) (up to a 30-day supply)</p> <p>25% coinsurance Standard mail-order cost-sharing (up to a 90-day supply)</p> <p>25% coinsurance Long-term care (LTC) cost-sharing (up to a 31-day supply)</p> |
| Catastrophic Coverage | <p>Once your out-of-pocket costs have reached \$2,000, you leave the Initial Coverage Phase and move into the Catastrophic Coverage Stage.</p> <p>During this payment stage, the plan pays the full cost for your covered Part D drugs. You pay nothing. You will stay in this payment stage until the end of the calendar year.</p> |

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.

| Additional Benefits | |
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| Diabetic monitoring supplies | In-Network and Out-of-Network 20% coinsurance for each Medicare-covered service. |
| Diabetic therapeutic shoes or inserts | In-Network and Out-of-Network 20% coinsurance for each Medicare-covered service. |
| Occupational therapy | In-Network and Out-of-Network 20% coinsurance for each Medicare-covered service. |
| <p>Supplemental Benefit: Over-the-counter (OTC) benefit</p> <p>The OTC Catalog benefit offered through NationsBenefits provides you with a quarterly allowance that you can spend during the benefit year on certain over-the-counter medications, as well as health and wellness products such as common cold medicines, vitamins, healthy foods and more. For details on approved items and retailers please visit Simpra.NationsBenefits.com</p> | <p>In-Network \$0 copayment</p> <p>\$300 allowance every quarter (three months) for eligible OTC items.</p> <p>Unused credits roll over to the next quarter of the benefit year; however, will not be carried over more than one quarter during the benefit year.</p> <p>Out-of-Network Not covered.</p> <p><i>You must use the NationsBenefits OTC program for this benefit.</i></p> |
| <p>Podiatry services (Foot care)</p> <p>Foot exams and treatment</p> <p>Supplemental Podiatry Benefit: Additional routine foot care</p> | <p>In-Network and Out-of-Network 20% coinsurance for each Medicare-covered podiatry service.</p> <p>In-Network and Out-of-Network \$0 copayment for each routine foot care service. Limited to 6 routine foot care visit(s) every year.</p> |
| <p>Supplemental Benefit: Social Companion Benefit</p> <p>The Social Companion Benefit provides additional support for members with certain chronic conditions and needing additional non-clinical attention. Qualifying conditions include:</p> <ul style="list-style-type: none"> • Alzheimer's Disease • Dementia • Chronic and disabling mental health | <p>In-Network \$0 copayment/coinsurance for each Medicare-covered service.</p> <p>Covers up to 55 hours to be determined by the Registered Nurse Care Coordinator (RNCC).</p> <p>The number of hours provided will be dependent upon the length of time needed and the benefit limit to be determined by the RNCC.</p> <p>Out-of-Network</p> |

Additional Benefits

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| <p>conditions (e.g., Anxiety and Bipolar Disorders, Intellectual Disabilities, etc.)</p> | <p>Not covered.</p> |
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Simpra Advantage Nursing Home Plan is a PPO I-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.

The Benefits Mastercard® Prepaid Card is issued by The Bancorp Bank N.A., Member FDIC, pursuant to license by Mastercard International Incorporated and card can be used for eligible expenses wherever Mastercard is accepted. Valid only in the U.S. No cash access. This is not a gift card or gift certificate. Prepaid card is distributed as a gratuity without the payment of any monetary value or consideration. This card cannot be used to pay for prescription drugs or products that are not eligible. Product exclusions include alcohol, tobacco, firearms and gift cards. If you would like to buy items that are not eligible, you will need to use another form of payment.

SSBCI benefits are Special Supplemental Benefits for the Chronically Ill. To be eligible for these benefits (Social Needs benefit), the member must have one or more of the following chronic conditions: Dementia or Chronic and disabling mental health conditions. If you qualify for one of the chronic conditions, your coverage also depends on being a “chronically ill enrollee” as defined by CMS regulations and on this Plan’s coverage criteria for SSBCI.