

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

### Annual Notice of Changes for 2025

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 5 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*.

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#### 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 coverage restrictions and cost sharing.
  - Think about how much you will spend on premiums, deductibles, and cost sharing.
  - Check the changes in the 2025 “Drug List” to make sure the drugs you currently take are still covered.
  - Compare the 2024 and 2025 plan information to see if any of these drugs are moving to a different cost-sharing tier or will be subject to different restrictions, such as prior authorization, step therapy, or a quantity limit, for 2025.
- Check to see if your primary care doctors, specialists, hospitals and other providers, including pharmacies, will be in our network next year.
- Check if you qualify for help paying for prescription drugs. People with limited incomes may qualify for “Extra Help” from Medicare.
- 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 the [www.medicare.gov/plan-compare](https://www.medicare.gov/plan-compare) website or review the list in the back of your *Medicare & You 2025* handbook. For additional support, contact your State Health Insurance Assistance Program (SHIP) to speak with a trained counselor.

- 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, 2024, you will stay in Simpra Advantage (PPO D-SNP) which will be called Simpra Advantage Dual Care (PPO D-SNP) in 2025.
- To **change to a different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2025**. This will end your enrollment with Simpra Advantage (PPO D-SNP).
- Look in section 4, page 18 to learn more about your choices.
- If you recently moved into or currently live in 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. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for two full months after the month you move out.

**Additional Resources**

- Please contact our Member Services number at 1-844-637-4770 for additional information. (TTY users should call 1-833-312-0044.) Hours are 8am – 8pm LOCAL TIME, 7 days a week from October 1st – March 31st, 5 days a week from April 1st – September 30th. Member Services is closed on the following Holidays: Memorial Day, Independence Day, Labor Day, Thanksgiving, and Christmas. 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 [www.irs.gov/Affordable-Care-Act/Individuals-and-Families](http://www.irs.gov/Affordable-Care-Act/Individuals-and-Families) for more information.

**About Simpra Advantage Dual Care (PPO D-SNP)**

- Simpra Advantage Dual Care is a PPO D-SNP with a Medicare contract. Enrollment in Simpra Advantage Dual Care depends on contract renewal. Simpra Advantage, Inc. 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. When it says “plan” or “our plan,” it means Simpra Advantage Dual Care (PPO D-SNP).

**Annual Notice of Changes for 2025  
Table of Contents**

**Summary of Important Costs for 2025 ..... 4**

**SECTION 1 We Are Changing the Plan’s Name ..... 7**

**SECTION 2 Changes to Benefits and Costs for Next Year ..... 7**

Section 2.1 – Changes to the Monthly Premium .....7

Section 2.2 – Changes to Your Maximum Out-of-Pocket Amount.....7

Section 2.3 – Changes to the Provider and Pharmacy Networks.....8

Section 2.4 – Changes to Benefits and Costs for Medical Services.....9

Section 2.5 – Changes to Part D Prescription Drug Coverage .....14

**SECTION 3 Administrative Changes ..... 17**

**SECTION 4 Deciding Which Plan to Choose..... 18**

Section 4.1 – If you want to stay in Simpra Advantage (PPO D-SNP) .....18

Section 4.2 – If you want to change plans .....18

**SECTION 5 Deadline for Changing Plans..... 19**

**SECTION 6 Programs That Offer Free Counseling about Medicare and Medicaid ..... 20**

**SECTION 7 Programs That Help Pay for Prescription Drugs ..... 20**

**SECTION 8 Questions?..... 21**

Section 8.1 – Getting Help from Simpra Advantage Dual Care (PPO D-SNP) .....21

Section 8.2 – Getting Help from Medicare.....22

Section 8.3 – Getting Help from Medicaid.....22

## Summary of Important Costs for 2025

The table below compares the 2024 costs and 2025 costs for Simpra Advantage Dual Care (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	2024 (this year)	2025 (next year)
<p><b>Monthly plan premium*</b></p> <p>* Your premium may be higher or lower than this amount. See Section 2.1 for details.</p>	\$41.40	\$40
<p><b>Deductible</b></p>	<p>Your deductible in 2024 is \$1,872 except for insulin furnished through an item of durable medical equipment.</p>	<p>This is the 2024 cost-sharing amount and may change for 2025. Simpra Advantage Dual Care (PPO D-SNP) will provide updated rates as soon as they are released. Your deductible in 2024 is \$1,872, except for insulin furnished through an item of durable medical equipment.</p>
<p><b>Doctor office visits</b></p>	<p>Primary care visits:  <b>In-Network and Out-of-Network:</b>                      You pay 0% coinsurance per visit</p> <p>Specialist visits:  <b>In-Network and Out-of-Network:</b>                      You pay 20% coinsurance per visit</p>	<p>Primary care visits:  <b>In-Network and Out-of-Network:</b>                      You pay \$0 copayment per visit</p> <p>Specialist visits:  <b>In-Network and Out-of-Network:</b>                      You pay 20% coinsurance per visit</p>

Cost	2024 (this year)	2025 (next year)
<p><b>Inpatient hospital stays</b></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 (Lifetime reserve days): \$816 copayment each day</p> <p>Medicare hospital benefit periods apply.</p>	<p>These are 2024 cost-sharing amounts and may change for 2025. Simpra Advantage Dual Care (PPO D-SNP) will provide updated rates as soon as they are released.</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 (Lifetime reserve days): \$816 copayment each day</p> <p>Medicare hospital benefit periods apply.</p>
<p><b>Part D prescription drug coverage</b> (See Section 2.5 for details.)</p>	<p><b>Deductible</b> You pay \$505, except for covered insulin products and most adult Part D vaccines.</p> <p><b>Coinsurance during the Initial Coverage Stage:</b></p> <ul style="list-style-type: none"> <li><b>Single Drug Tier:</b> 25% of total cost</li> </ul> <p>You pay \$35 per month supply of each covered insulin product on this tier.</p> <p><b>Catastrophic Coverage:</b></p> <p>During this payment stage, the plan pays the full cost for your covered</p>	<p><b>Deductible:</b> You pay \$590, except for covered insulin products and most adult Part D vaccines.</p> <p><b>Coinsurance during the Initial Coverage Stage:</b></p> <ul style="list-style-type: none"> <li><b>Single Drug Tier:</b> 25% of total cost</li> </ul> <p>You pay \$35 per month supply of each covered insulin product on this tier.</p> <p><b>Catastrophic Coverage:</b></p> <p>During this payment stage, you pay nothing for</p>

Cost	2024 (this year)	2025 (next year)
	Part D drugs You pay nothing.	your covered Part D drugs.
<p><b>Maximum out-of-pocket amount</b>                      This is the <u>most</u> you will pay out of pocket for your covered Part A and Part B services.                      (See Section 2.2 for details.)</p>	<p><b>In-Network providers:</b>                      \$8,850</p> <p><b>In-Network and Out-of-Network providers combined:</b>                      \$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>	<p><b>In-Network providers:</b>                      \$9,350</p> <p><b>In-Network and Out-of-Network providers combined:</b>                      \$14,000</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>

**SECTION 1 We Are Changing the Plan’s Name**

On January 1, 2025, our plan name will change from Simpra Advantage (PPO D-SNP) to Simpra Advantage Dual Care (PPO D-SNP).

You can expect to receive a new member ID card reflecting the new plan name in a separate envelope by mid-December. If you haven’t received your new member ID card by December 20th, please call Member Services at 1-844-637-4770 and ask for a new member ID card. (TTY users should call 1-833-312-0044.) All additional member communications about your plan going forward will reflect your new plan name.

**SECTION 2 Changes to Benefits and Costs for Next Year**

**Section 2.1 – Changes to the Monthly Premium**

Cost	2024 (this year)	2025 (next year)
<p><b>Monthly premium</b> (You must also continue to pay your Medicare Part B premium unless it is paid for you by Medicaid.)</p>	\$41.40	\$40.00

**Section 2.2 – 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	2024 (this year)	2025 (next year)
<p><b>Maximum out-of-pocket amount</b></p> <p><b>Because our members also get assistance from Medicaid, very few members ever reach this out-of-pocket maximum.</b></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><b>In-Network:</b></p> <p>You pay \$8,850</p> <p><b>In-Network and Out-of-Network Combined:</b></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>	<p><b>In-Network:</b></p> <p>You pay \$9,350</p> <p><b>In-Network and Out-of-Network Combined</b></p> <p>You pay \$14,000</p> <p>Once you have paid \$14,000 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>

### Section 2.3 – Changes to the Provider and Pharmacy Networks

Amounts you pay for your prescription drugs may depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered *only* if they are filled at one of our network pharmacies.

Updated directories are located on our website at [Simpra.com](http://Simpra.com). You may also call Member Services for updated provider and/or pharmacy information or to 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 2025 Provider Directory at [Simpra.com](http://Simpra.com) 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 2025 Pharmacy Directory at [Simpra.com](http://Simpra.com) 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 2.4 – 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.

Cost	2024 (this year)	2025 (next year)
<p><b>Inpatient Hospital – Medical and Psychiatric Services</b></p>	<p>You pay the 2024 Original Medicare cost-sharing amounts.</p> <p><b>In-Network and Out-of-Network:</b></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).</p> <p>Medicare hospital benefit periods apply.</p> <p>If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay a \$0 copayment amount.</p>	<p>These are 2024 cost-sharing amounts and may change for 2025. Simpra Advantage Dual Care will provide updated rates as soon as they are released.</p> <p><b>In-Network and Out-of-Network:</b></p> <p>Days 1 to 60: You pay \$1,632 deductible only. \$0 copayment each day.</p> <p>Days 61 – 90: You pay \$408 copayment for each Medicare-covered day.</p> <p>Days 91 – 150 (Lifetime reserve days): You pay \$816 copayment each Medicare-covered day</p> <p>Medicare hospital benefit periods apply.</p> <p>If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay a \$0 copayment amount.</p>

Cost	2024 (this year)	2025 (next year)
<p><b>Skilled Nursing Facility</b></p>	<p>You pay the 2024 Original Medicare cost-sharing amounts.</p> <p><b>In-Network and Out-of-Network:</b></p> <p>Days 1 – 20: You pay \$0 copayment each day for each Medicare-covered SNF stay. Days 21 – 100: You pay \$204 copayment each day for each Medicare-covered SNF stay.</p> <p>Medicare benefit periods apply.</p>	<p>These are 2024 cost-sharing amounts and may change for 2025. Simpra Advantage Dual Care will provide updated rates as soon as they are released.</p> <p><b>In-Network and Out-of-Network:</b></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> <p>If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay 0% of the total cost.</p>
<p><b>Supplemental Benefit: Dental</b></p>	<p><b>In-Network only:</b></p> <p>\$2,400 allowance for preventive/comprehensive dental services combined for benefit year 2024</p>	<p><b>In-Network and Out-of-Network:</b></p> <p>You pay \$0 copayment/coinsurance.</p> <p>\$3,000 allowance for preventive/comprehensive dental services combined every year.</p>
<p><b>Supplemental Benefit: Eyewear</b></p>	<p><b>In-Network only:</b></p> <p>Covered up to \$300 for eyewear for benefit year 2024.</p>	<p><b>In-Network only:</b></p> <p>You pay \$0 copayment/coinsurance.</p> <p>Covered up to \$400 for eyewear (contact lenses and glasses (lenses and frames) combined) every year.</p>

Cost	2024 (this year)	2025 (next year)
<p><b>Supplemental Benefit: Over-the-Counter (OTC)</b></p>	<p>\$0 copayment/coinsurance</p> <p>\$150 allowance every quarter (three months) for eligible over-the-counter items.</p> <p>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.</p>	<p>\$0 copayment/coinsurance</p> <p>You receive a \$210 allowance every month on the Simpra Benefits Mastercard® Prepaid Card to spend 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 <a href="https://www.Simpra.NationsBenefits.com">Simpra.NationsBenefits.com</a>.</p> <p>This is a monthly allowance up to \$2,520 total for the benefit year.</p> <p>Unused allowance will not carry over to the next month.</p>

**Special Supplemental Benefit for the Chronically Ill (SSBCI): General Support for Living, Food & Produce, OTC combined allowance**

Not covered.

Your \$210 OTC allowance noted above may also be used toward general support for your living needs (e.g., rent and utilities), as well as food & produce. For details on approved items and retailers please visit [Simpra.NationsBenefits.com](https://www.simpranationsbenefits.com). This is a \$210 total monthly allowance up to \$2,520 total for the benefit year.

Unused allowance will not carry over to the next month.

This combined allowance is for individuals with chronic conditions only, as determined by Simpra Advantage Care Coordinator.

Chronic conditions the enrollee must have to be eligible for all three benefit items include:  
 Chronic alcohol and other drug dependence;  
 Autoimmune disorders; Cancer;  
 Cardiovascular disorders; Chronic heart failure;  
 Dementia; Diabetes;  
 End-stage liver disease; End-stage renal disease (ESRD); Severe hematologic disorders;  
 HIV/AIDS; Chronic lung disorders;  
 Chronic and disabling mental health conditions;

Cost	2024 (this year)	2025 (next year)
Neurologic disorders; Stroke		
<b>Supplemental Benefit: Hearing Aids</b>	<p><b>In-Network only:</b> Covered up to \$1,600 every two (2) years for both ears combined.</p>	<p><b>In-Network only:</b> You pay \$0 copayment/coinsurance Covered up to \$2,500 every two (2) years for both ears combined. Over-the-counter hearing-aids are included in the coverage. Coverage considers any allowance spent during 2024 to determine remaining dollars available up to the \$2,500 maximum coverage</p>
<b>Supplemental Benefit: Transportation</b>	Not covered.	48 one-way trips every year for plan-approved health-related rideshare services.
<b>Urgently Needed Services</b>	You pay 20% coinsurance for each Medicare-covered service up to \$55 maximum per visit.	<p>You pay 20% coinsurance for each Medicare-covered service up to \$45 per visit.</p> <p>If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay 0% of the total cost.</p>

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## Section 2.5 – Changes to Part D Prescription Drug Coverage

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### 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. **You can get the *complete Drug List*** by calling Member Services (see the back cover) or visiting our website at ([Simpra.com](http://Simpra.com)).

We have not made any changes to our Drug List at this time for next year. However, we might make other changes that are allowed by Medicare rules that will affect you during the plan year. We update our online Drug List at least monthly to provide the most up-to-date list of drugs. If we make a change that will affect your access to a drug you are taking, we will send you a notice about the change.

If you are affected by a change in drug coverage 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.

We currently can immediately remove a brand name drug on our Drug List if we replace it with a new generic drug version on the same or a lower cost-sharing tier and with the same or fewer restrictions as the brand name drug it replaces. Also, when adding a new generic, we may also decide to keep the brand name drug on our Drug List, but immediately add new restrictions.

Starting in 2025, we can immediately replace original biological products with certain biosimilars. This means, for instance, if you are taking an original biological product that is being replaced by a biosimilar, you may not get notice of the change 30 days before we make it or get a month's supply of your original biological product at a network pharmacy. If you are taking the original biological product at the time we make the change, you will still get information on the specific change we made, but it may arrive after we make the change.

Some of these drug types may be new to you. For definitions of drug types, please see Chapter 12 of your *Evidence of Coverage*. The Food and Drug Administration (FDA) also provides consumer information on drugs. See FDA website: <https://www.fda.gov/drugs/biosimilars/multimedia-education-materials-biosimilars#For%20Patients>. You may also contact Member Services or ask your health care provider, prescriber, or pharmacist for more information.

### Changes to Prescription Drug Benefits and Costs

**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 October 1st, please call Member Services and ask for the *LIS Rider*.

Beginning in 2025, there are three **drug payment stages**: the Yearly Deductible Stage, the Initial Coverage Stage, and the Catastrophic Coverage Stage. The Coverage Gap Stage and the Coverage Gap Discount Program will no longer exist in the Part D benefit.

The Coverage Gap Discount Program will also be replaced by the Manufacturer Discount Program. Under the Manufacturer Discount Program, drug manufacturers pay a portion of the plan’s full cost for covered Part D brand name drugs and biologics during the Initial Coverage Stage and the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program do not count toward out-of-pocket costs.

**Changes to the Deductible Stage**

Stage	2024 (this year)	2025 (next year)
<p><b>Stage 1: Yearly Deductible Stage</b></p> <p>During this stage, <b>you pay the full cost</b> 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 \$545.</p>	<p>The deductible is \$590.</p>

**Changes to Your Cost Sharing in the Initial Coverage Stage**

Please see the following chart for the changes from 2024 to 2025.

### Changes to the Catastrophic Coverage Stage

Stage	2024 (this year)	2025 (next year)
<p><b>Stage 2: Initial Coverage Stage</b></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 <b>you pay your share of the cost.</b></p> <p>Most adult Part D vaccines are covered at no cost to you.</p>	<p>The number of days in a one-month supply is 30.</p> <p>Your cost for a one-month supply:</p> <p><b>Single Tier:</b></p> <p>Standard cost sharing: You pay 25% of the total cost.</p> <p>Your cost for a one-month mail-order prescription is 25% of the total cost.</p> <p>You pay no more than \$35 per month for each covered insulin product on this tier.</p> <p>Once your total drug costs have reached 5,030, you will move to the next stage (the Coverage Gap Stage).</p>	<p>The number of days in a one-month supply is 30.</p> <p>There are no changes. Your cost for a one-month supply:</p> <p><b>Single Tier:</b></p> <p>Standard cost sharing: You pay 25% of the total cost.</p> <p>Your cost for a one-month mail-order prescription is 25% of the total cost</p> <p>You pay \$35 per month supply of each covered insulin product.</p> <p>Once you have paid \$ 2,000 out of pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage).</p>

The Catastrophic Coverage Stage is the third and final stage. Beginning in 2025, drug manufacturers pay a portion of the plan’s full cost for covered Part D brand name drugs and biologics during the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program do not count toward out-of-pocket costs.

For specific information about your costs in the Catastrophic Coverage Stage, look at Chapter 6, Section 6, in your *Evidence of Coverage*.



**SECTION 3 Administrative Changes**

Description	2024 (this year)	2025 (next year)
<p><b>Supplemental Benefit: Over-the-Counter (OTC) Benefit</b></p>	<p>The OTC Catalog is offered through CVS.</p>	<p>The OTC benefits program (Simpra Benefits Mastercard® Prepaid Card) is offered through NationsBenefits.</p>
<p><b>Medicare Prescription Payment Plan</b></p>	<p>Not applicable</p>	<p>The Medicare Prescription Payment Plan is a new payment option that works with your current drug coverage, and it can help you manage your drug costs by spreading them across <b>monthly payments that vary throughout the year</b> (January – December).</p> <p>To learn more about this payment option, please contact us at 1-844-637-4770 (TTY users should call 1-833-312-0044) or visit <a href="https://www.Medicare.gov">Medicare.gov</a>.</p>

## SECTION 4 Deciding Which Plan to Choose

### Section 4.1 – 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 Dual Care (PPO D-SNP).

### Section 4.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change plans for 2025 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](http://www.medicare.gov/plan-compare)), read the *Medicare & You 2025* handbook, call your State Health Insurance Assistance Program (see Section 6), or call Medicare (see Section 8.2).

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 Dual Care (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 Dual Care (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 5     Deadline for 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, 2025.

### **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 can end your membership in our plan any month of the year. You also have options to enroll in another Medicare plan any month including:

- Original Medicare *with* a separate Medicare prescription drug plan,
- Original Medicare without a separate Medicare prescription drug plan (If you choose this option, Medicare may enroll you in a drug plan, unless you have opted out of automatic enrollment.), or
- If eligible, an integrated D-SNP that provides your Medicare and most or all of your Medicaid benefits and services in one plan.

If you enrolled in a Medicare Advantage plan for January 1, 2025, and don’t like your plan choice, you can also 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, 2025.

If you recently moved into or currently live in 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. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for two full months after the month you move out.

## SECTION 6 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-AGELINE (1-800-243-5463). You can learn more about Alabama State Health Insurance Assistance Program (SHIP) by visiting their website (<https://alabamaageline.gov>).

For questions about your Alabama Medicaid benefits, contact Alabama Medicaid at (800)362-1504, (TTY 1-800-243-0799), Monday through Friday, 8:00 a.m. to 4:30 p.m. how joining another plan or returning to Original Medicare affects how you get your Alabama Medicaid coverage.

## SECTION 7 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, yearly deductibles, and coinsurance. Because you qualify, you do not have a 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.
- **Help from your state’s pharmaceutical assistance program.** Alabama has a program called SeniorRx that helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program.
- **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. To be eligible for the ADAP operating in your State, 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, how to enroll in the program or if you are currently enrolled how to continue receiving assistance, call 1-800-252-1818, 8:00 a.m. – 5:00 p.m. Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.

- **The Medicare Prescription Payment Plan.** The Medicare Prescription Payment Plan is a new payment option to help you manage your out-of-pocket drug costs, starting in 2025. This new payment option works with your current drug coverage, and it can help you manage your drug costs by spreading them across **monthly payments that vary throughout the year** (January – December). **This payment option might help you manage your expenses, but it doesn't save you money or lower your drug costs.**

“Extra Help” from Medicare and help from your SPAP and ADAP, for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan. All members are eligible to participate in this payment option, regardless of income level, and all Medicare drug plans and Medicare health plans with drug coverage must offer this payment option. To learn more about this payment option, please contact us at 1-844-637-4770. (TTY users call 1-833-312-0044.) or visit [Medicare.gov](https://www.Medicare.gov).

## SECTION 8 Questions?

### Section 8.1 – Getting Help from Simpra Advantage Dual Care (PPO D-SNP)

Questions? We're here to help. Please call Member Services 1-844-637-4770. (TTY only, call 1-833-312-0044.) We are available for phone calls 8am – 8pm LOCAL TIME, 7 days a week from October 1st – March 31st, 5 days a week from April 1st – September 30th. Member Services is closed on the following Holidays: Memorial Day, Independence Day, Labor Day, Thanksgiving, and Christmas. Calls to these numbers are free.

#### **Read your 2025 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 2025. For details, look in the *2025 Evidence of Coverage* for Simpra Advantage Dual Care (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)*.

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## Section 8.2 – Getting Help from Medicare

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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](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 [www.medicare.gov/plan-compare](https://www.medicare.gov/plan-compare).

### Read *Medicare & You 2025*

Read the *Medicare & You 2025* 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 website (<https://www.medicare.gov/medicare-and-you>) 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.

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## Section 8.3 – Getting Help from Medicaid

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To get information from you can call Alabama Medicaid at 1-800-362-1504. TTY users should call 1-800-253-0799.

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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.