

Simpra Advantage Assist PPO I-SNP offered by Simpra Advantage, Inc.

Annual Notice of Changes for 2025

You are currently enrolled as a member of Simpra Advantage (PPO I-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*.

- **You have from October 15 until December 7 to make changes to your Medicare coverage for next year.**

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 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 Assist (PPO I-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, 2025**. This will end your enrollment with Simpra Advantage (PPO I-SNP).
- 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 for more information.

About Simpra Advantage Assist (PPO I-SNP)

- Simpra Advantage Assist is a PPO I-SNP with a Medicare contract. Enrollment in Simpra Advantage Assist 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 Assist (PPO I-SNP).

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Summary of Important Costs for 2025

The table below compares the 2024 costs and 2025 costs for Simpra Advantage Assist (PPO I-SNP) in several important areas. **Please note this is only a summary of costs.**

Cost	2024 (this year)	2025 (next year)
<p>Monthly plan premium*</p> <p>* Your premium may be higher or lower than this amount. See Section 2.1 for details.</p>	<p>\$98</p>	<p>\$86</p>
<p>Deductible</p>	<p>Part B deductible is now \$240</p> <p>Part A deductible is now \$1,632</p> <p>Total deductible is now \$1,872, except for insulin furnished through an item of durable medical equipment.</p>	<p>These are 2024 cost-sharing amounts and may change for 2025. Simpra Advantage Assist (PPO I-SNP) will provide updated rates as soon as they are released.</p> <p>Part B deductible is now \$240</p> <p>Part A deductible is now \$1,632</p> <p>Total deductible is now \$1,872, except for insulin furnished through an item of durable medical equipment.</p>
<p>Maximum out-of-pocket amounts</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 2.2 for details.)</p>	<p>From network providers: You pay \$6,700</p> <p>From network and out-of-network providers combined: You pay \$10,000</p>	<p>From network providers: You pay \$6,700</p> <p>From network and out-of-network providers combined: You pay \$10,000</p>

Cost	2024 (this year)	2025 (next year)
<p>Doctor office visits</p>	<p>Primary care visits: You pay \$0 for Medicare-covered services per visit</p> <p>Specialist visits: You pay \$30 for Medicare-covered services per visit</p>	<p>Primary care visits: You pay \$0 for Medicare-covered services per visit</p> <p>Specialist visits: You pay \$30 for Medicare-covered services per visit</p>
<p>Inpatient hospital stays</p>	<p>You pay the 2024 Original Medicare cost-sharing amounts:</p> <p>In-network and out-of-network: Days 1 to 6: \$175 copayment only. Days 7 to 90: \$0 copayment each day for Medicare-covered hospital care.</p> <p>You pay \$0 copayment for an additional 60 lifetime reserve days.</p> <p>Medicare hospital benefit periods apply.</p>	<p>These are 2024 cost-sharing amounts and may change for 2025. Simpra Advantage Assist (PPO I-SNP) will provide updated rates as soon as they are released.</p> <p>In-network and out-of-network: Days 1 to 6: \$175 copayment only. Days 7 to 90: \$0 copayment each day for Medicare-covered hospital care.</p> <p>You pay \$0 copayment for an additional 60 lifetime reserve days.</p> <p>Medicare hospital benefit periods apply.</p>
<p>Part D prescription drug coverage (See Section 2.5 for details.)</p>	<p>Deductible: You pay \$150, 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: \$4 copayment. 	<p>Deductible: You pay \$150, 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: \$4 copayment.

Cost	2024 (this year)	2025 (next year)
	<p>You pay no more than \$35 per month for each covered insulin product on this tier.</p> <ul style="list-style-type: none"> • Tier 2: \$15 copayment. <p>You pay no more than \$35 per month supply for each covered insulin product on this tier.</p> <ul style="list-style-type: none"> • Tier 3: \$45 copayment. <p>You pay no more than \$35 per month for each covered insulin product on this tier.</p> <ul style="list-style-type: none"> • Tier 4: \$95 copayment. <p>You pay no more than \$35 per month for each covered insulin product on this tier.</p> <ul style="list-style-type: none"> • Tier 5: 30% coinsurance. <p>You pay no more than \$35 per month for each covered insulin product on this tier.</p> <p>Catastrophic Coverage: During this payment stage, the plan pays the full cost for your covered Part D drugs. You pay nothing.</p>	<p>You pay no more than \$35 per month for each covered insulin product on this tier.</p> <ul style="list-style-type: none"> • Tier 2: \$15 copayment. <p>You pay no more than \$35 per month supply for each covered insulin product on this tier.</p> <ul style="list-style-type: none"> • Tier 3: \$45 copayment. <p>You pay no more than \$35 per month for each covered insulin product on this tier.</p> <ul style="list-style-type: none"> • Tier 4: \$95 copayment. <p>You pay no more than \$35 per month for each covered insulin product on this tier.</p> <ul style="list-style-type: none"> • Tier 5: 31% coinsurance. <p>You pay no more than \$35 per month for each covered insulin product on this tier.</p> <p>Catastrophic Coverage: During this payment stage, you pay nothing for your covered Part D drugs.</p>

SECTION 1 We Are Changing the Plan’s Name

On January 1, 2025, our plan name will change from Simpra Advantage Premier (PPO I-SNP) to Simpra Advantage Assist (PPO I-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)
Monthly premium (You must also continue to pay your Medicare Part B premium.)	\$98	\$86

- Your monthly plan premium will be *more* if you are required to pay a lifetime Part D late enrollment penalty for going without other drug coverage that is at least as good as Medicare drug coverage (also referred to as creditable coverage) for 63 days or more.
- If you have a higher income, you may have to pay an additional amount each month directly to the government for your Medicare prescription drug coverage.
- Your monthly premium will be *less* if you are receiving “Extra Help” with your prescription drug costs. Please see Section 7 regarding “Extra Help” from Medicare.
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Section 2.2 – Changes to Your Maximum Out-of-Pocket Amounts

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

Section 2.3 – Changes to the Provider and Pharmacy Networks

Cost	2024 (this year)	2025 (next year)
<p>In-network maximum out-of-pocket amount</p> <p>Your costs for covered medical services (such as copays and deductibles) from network providers count toward your in-network maximum out-of-pocket amount.</p> <p>Your plan premium and your costs for prescription drugs do not count toward your maximum out-of-pocket amount.</p>	<p>For in-network providers you pay up to \$6,700.</p> <p>Once you have paid \$6,700 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services from network providers for the rest of the calendar year.</p>	<p>There is no change for the upcoming 2025 benefit year. You pay \$6,700</p> <p>Once you have paid \$6,700 out of pocket for covered-Part A and Part B services, you will pay nothing for your covered Part A and Part B services from network providers for the rest of the calendar year.</p>
<p>Combined maximum out-of-pocket amount</p> <p>Your costs for covered medical services (such as copays and deductibles) from in-network and out-of-network providers count toward your combined maximum out-of-pocket amount. Your plan premium and costs for outpatient prescription drugs do not count toward your maximum out-of-pocket amount for medical services.</p>	<p>You pay \$10,000.</p> <p>Once you have paid \$10,000 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services from network or out-of-network providers for the rest of the calendar year</p>	<p>There is no change for the upcoming 2025 benefit year. You pay \$10,000.</p> <p>Once you have paid \$10,000 out of pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services from network or out-of-network providers for the rest of the calendar year.</p>

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. 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.

are changes to our network of providers for next year. **Please review the 2025 Provider Directory** at 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 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 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

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)
Supplemental Benefit: Eyewear	In-Network and Out-of-Network Glasses and contacts covered up to \$100 total each benefit year. (This allowance does not apply to eyewear obtained following cataract surgery) \$0 copayment/coinsurance for one routine exam visit annually.	In-Network and Out-of-Network \$0 copayment/coinsurance for one routine exam visit annually. \$230 total coverage for glasses (lenses and frames) and contacts each benefit year. (This allowance does not apply to eyewear obtained following cataract surgery)
Supplemental Benefit: Over-the-Counter (OTC) Benefit Allowance	Not covered.	\$0 copayment/coinsurance \$235 coverage allowance every quarter (three (3) months) for eligible OTC items. For details on approved items and retailers please visit Simpra.NationsBenefits.com . Benefit coverage amount carry forward to the next period if it is unused, for one quarter only.

Cost	2024 (this year)	2025 (next year)
Supplemental Benefit: Hearing Aids Allowance	In-Network and Out-of-Network You pay a \$0 copay/coinsurance for one annual hearing aid fitting/evaluation. \$900 maximum benefit for both ears combined every year. Over-the-counter hearing-aids are covered.	In-Network and Out-of-Network You pay a \$0 copay/coinsurance for one annual hearing-aid fitting/evaluation \$2,000 maximum coverage every two years for both ears combined. Over-the-counter hearing aids are included in coverage. Coverage considers any allowance spent during 2024 to determine remaining dollars available up to the \$2,000 maximum coverage.
Supplemental Benefit: Social Needs/Check-up Visits	\$0 copayment Covered up to 25 social needs/check-up visits for the benefit year.	No change to this benefit. You pay \$0 copayment for up to 25 social needs/check-up visits to be determined by Care Coordinator.

Section 2.5 – Changes to Part D Prescription Drug Coverage

Changes to Our Drug List

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

We have not made any changes to our Drug List 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 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 move it to a different cost sharing tier or add new restrictions, or both.

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>Stage 1: Yearly Deductible Stage</p> <p>During this stage, you pay the full cost of your Part D drugs until you have reached the yearly deductible. 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 \$150.</p>	<p>There is no change. The deductible is \$150.</p>

Changes to Your Cost Sharing in the Initial Coverage Stage

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

Stage	2024 (this year)	2025 (next year)
<p>Stage 2: Initial Coverage Stage</p> <p>Once you pay the yearly deductible, you move to the Initial Coverage Stage. During this stage, the plan pays its share of the cost of your drugs, and you pay your share of the cost.</p> <p>The costs in this chart are for a one-month (30-day) supply when you fill your prescription at a network pharmacy that provides standard cost sharing.</p> <p>For information about the costs for a long-term supply; or mail-order prescriptions, look in Chapter 6, Section 5 of your <i>Evidence of Coverage</i>.</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 is:</p> <p>Tier 1: Preferred Generic:</p> <p>You pay \$4 per prescription</p> <p>You pay \$35 per month supply of each covered insulin product on this tier.</p> <p>Tier 2: Generic:</p> <p>You pay \$15 per prescription</p> <p>You pay \$35 per month supply of each covered insulin product on this tier.</p>	<p>The number of days in a one-month supply is 30.</p> <p>Your cost for a one-month supply is:</p> <p>Tier 1: Preferred Generic:</p> <p>There is no change. You pay \$4 per prescription</p> <p>You pay \$35 per month supply of each covered insulin product on this tier.</p> <p>Tier 2: Generic: There is no change. You pay \$15 per prescription</p> <p>You pay \$35 per month supply of each covered insulin product on this tier.</p>

Stage	2024 (this year)	2025 (next year)
	<p>Tier 3: Preferred Brand: You pay: \$45 per prescription. You pay no more than \$35 per month for each covered insulin product on this tier.</p> <p>Tier 4: Non-Preferred Brand: You pay \$95 per prescription. You pay no more than \$35 per month for each covered insulin product on this tier.</p> <p>Tier 5: Specialty Tier: You pay 30% of the total cost. You pay no more than \$35 per month for each covered insulin product on this tier.</p> <p>Standard cost sharing: Your cost for a one-month mail-order prescription is:</p> <p>Tier 1: Preferred Generic: You pay: \$4 per prescription</p> <p>Tier 2: Generic: You pay: \$15 per prescription</p> <p>Tier 3: Preferred Brand: You pay: \$45 per prescription</p>	<p>Tier 3: Preferred Brand: There is no change. You pay: \$45 per prescription. You pay no more than \$35 per month for each covered insulin product on this tier.</p> <p>Tier 4: Non-Preferred Brand: There is no change. You pay \$95 per prescription. You pay no more than \$35 per month for each covered insulin product on this tier.</p> <p>Tier 5: Specialty Tier: You pay 31% of the total cost. You pay no more than \$35 per month for each covered insulin product on this tier.</p> <p>Standard cost sharing: Your cost for a one-month mail-order prescription is:</p> <p>Tier 1: Preferred Generic: You pay: \$4 per prescription</p> <p>Tier 2: Generic: You pay: \$15 per prescription</p> <p>Tier 3: Preferred Brand:</p>

Stage	2024 (this year)	2025 (next year)
	<p>Tier 4: Non-Preferred Brand: You pay \$95 per prescription</p> <p>Tier 5: Specialty Tier: You pay 30% of the total cost.</p> <p>Once your total drug costs have reached \$5,030, you will move to the next stage (the Coverage Gap Stage).</p>	<p>You pay: \$45 per prescription</p> <p>Tier 4: Non-Preferred Brand: You pay \$95 per prescription</p> <p>Tier 5: Specialty Tier: You pay 31% of the total cost.</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>

Changes to the Catastrophic Coverage Stage

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>Supplemental Benefit: Over-the-Counter (OTC) Benefit Health Catalog</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>

Description	2024 (this year)	2025 (next year)
Medicare Prescription Payment Plan	Not applicable	<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 monthly payments that vary throughout the year (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 Medicare.gov.</p>

SECTION 4 Deciding Which Plan to Choose

Section 4.1 – If you want to stay in Simpra Advantage Premier (PPO I-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 Assist (PPO I-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. If you do not enroll in a

Medicare drug plan, please see Section 2.1 regarding a potential Part D late enrollment penalty.

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder (www.medicare.gov/plan-compare), read the *Medicare & You 2025* handbook, call your State Health Insurance Assistance Program (see Section 6), or call Medicare (see Section 8.2).

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 Assist (PPO I-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 Assist (PPO I-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.

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.

If you enrolled in a Medicare Advantage Plan for January 1, 2025, 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, 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

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>).

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.** People with limited incomes may qualify for “Extra Help” to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, yearly deductibles, and coinsurance. Additionally, those who qualify will not have a late enrollment penalty. To see if you qualify, 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. 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 Assist (PPO I-SNP)

Questions? We're here to help. Please call Member Services at 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 Assist (PPO I-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 8.2 – Getting Help from Medicare

To get information directly from Medicare:

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

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

Visit the Medicare Website

Visit the Medicare website ([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.

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 (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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