

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

Annual Notice of Change for 2026

You're enrolled as a member of Simpra Advantage Dual Care (PPO D-SNP).

This material describes changes to our plan's costs and benefits next year.

- **You have from October 15 – December 7 to make changes to your Medicare coverage for next year.** If you don't join another plan by December 7, 2025, you'll stay in Simpra Advantage Dual Care (PPO D-SNP).
- To change to a **different plan**, visit www.Medicare.gov and review the list in the back of your *Medicare & You 2026* handbook.
- Note this is only a summary of changes. More information about costs, benefits, and rules is in the *Evidence of Coverage*. Get a copy at www.Simpra.com or call Member Services at 1-844-637-4770 (for accommodations call TTY/TDD 1-833-312-0044) to get a copy by mail.

More Resources

- Per the final rule CMS-4205-F released on April 4, 2024, §§ 422.2267(e)(31)(ii) and 423.2267(e)(33)(ii), plans must provide a *Notice of Availability of language assistance services and auxiliary aids and services* that at a minimum states that our plan provides language assistance services and appropriate auxiliary aids and services free of charge. Our plan must provide the notice in English and at least the 15 languages most commonly spoken by people with limited English proficiency in the relevant state or states in our plan's service area and must provide the notice in alternate formats for people with disabilities who require auxiliary aids and services to ensure effective communication.
- Call Member Services at 1-844-637-4770 (for accommodations call TTY/TDD 1-833-312-0044) for more information. 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, Juneteenth, 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.

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 (PPO D-SNP) 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.
- Our plan also has a written agreement with the Alabama Medicaid program to coordinate your Medicaid benefits.
- When this material 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).
- **If you do nothing by December 7, 2025, you’ll automatically be enrolled in Simpra Advantage Dual Care (PPO D-SNP).** Starting January 1, 2026, you’ll get your medical and drug coverage through Simpra Advantage Dual Care (PPO D-SNP). Go to Section 3 for more information about how to change plans and deadlines for making a change.

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Summary of Important Costs for 2026

The table below compares the 2025 costs and 2026 costs for Simpra Advantage Dual Care (PPO D-SNP) in several important areas. Please note this is only a summary of costs. For certain services, these are 2025 cost-sharing amounts and can change for 2026. Simpra Advantage Dual Care (PPO D-SNP) will provide updated rates as soon as they're released. **If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0 for your deductible, doctor office visits, and inpatient hospital stays. If your provider does not accept Medicaid, you pay the Medicare cost sharing amount**

	2025 (this year)	2026 (next year)
<p>Monthly plan premium*</p> <p>* Your premium can be higher or, in the case of your drug premium and Part B Premium, lower than this amount. Go to Section 1 for details.</p>	<p>\$0 Medical premium \$40.00 Drug premium</p> <p>Your \$185 Part B Premium may be covered by Medicaid.</p>	<p>\$0 Medical premium \$27.70 Drug premium</p> <p>Your \$185 Part B Premium may be covered by Medicaid.</p> <p>(This is the 2025 Part B premium amount and may change for 2026.)</p>
<p>Deductible</p>	<p>\$0 Medical deductible</p> <p>\$0 Drug deductible</p>	<p>\$0 Medical deductible</p> <p>\$0 Drug deductible</p>
<p>Maximum out-of-pocket amount</p> <p>This is the <u>most</u> you'll pay out of pocket for covered Part A and Part B services. (Go to Section 1 for details.)</p>	<p>In-Network providers: \$9,350</p> <p>In-Network and Out-of-Network providers combined: \$14,000</p> <p>NOTE: 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: \$9,250</p> <p>In-Network and Out-of-Network providers combined: \$13,900</p> <p>NOTE: 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>

	2025 (this year)	2026 (next year)
<p>Primary care office visits</p>	<p>In-Network and Out-of-Network</p> <p>\$0 copayment per visit</p>	<p>In-Network and Out-of-Network</p> <p>\$0 copayment per visit</p>
<p>Specialist office visits</p>	<p>In-Network</p> <p>\$0 per visit</p> <p>Out-of-Network</p> <p>\$0 to 20% coinsurance per visit</p>	<p>In-Network</p> <p>\$0 per visit</p> <p>Out-of-Network</p> <p>\$0 to 20% coinsurance per visit</p>
<p>Inpatient hospital stays</p> <p>Includes inpatient acute, inpatient rehabilitation, long-term care hospitals, and other types of inpatient hospital services. Inpatient hospital care starts the day you're formally admitted to the hospital with a doctor's order. The day before you're discharged is your last inpatient day.</p>	<p>In-Network and Out-of-Network (Medical and Psychiatric Services)</p> <p>Days 1 to 60: \$0 copayment each covered day</p> <p>Days 61 – 90: \$419 copayment each covered day.</p> <p>Days 91 – 150 (Lifetime reserve days): \$838 copayment each covered day.</p> <p>After day 150 you pay all costs.</p> <p>NOTE: You are not responsible for paying any out-of-pocket costs for covered Part A and Part B services.</p>	<p>These are 2025 cost sharing amounts and may change for 2026. Simpra Advantage Dual Care (PPO D-SNP) will provide updated rates at www.Simpra.com as soon as they are released.</p> <p>In-Network and Out-of-Network (Medical and Psychiatric Services)</p> <p>Days 1 – 60: \$0 copayment each covered day</p> <p>Days 61 – 90: You pay \$419 copayment for each Medicare-covered day.</p> <p>Days 91 – 150 (Lifetime reserve days): You pay \$838 copayment each Medicare-covered day</p> <p>Medicare hospital benefit periods apply.</p>

	2025 (this year)	2026 (next year)
		NOTE: You are not responsible for paying any out-of-pocket costs for covered Part A and Part B services.
Part D drug coverage deductible (Go to Section 1 for details.)	\$590 except for covered insulin products and most adult Part D vaccines.	\$615 except for covered insulin products and most adult Part D vaccines.
Part D drug coverage (Go to Section 1 for details, including Yearly Deductible, Initial Coverage, and Catastrophic Coverage Stages.)	<p>Copayment/Coinsurance during the Initial Coverage Stage:</p> <p>Single Tier:</p> <p>25% coinsurance.</p> <p>You pay \$35 per month supply of each covered insulin product on this tier.</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> <p>Catastrophic Coverage Stage:</p> <p>During this payment stage, you pay nothing for your covered Part D drugs.</p>	<p>Copayment/Coinsurance as applicable during the Initial Coverage Stage:</p> <p>Single Tier 1:</p> <p>There are no changes.</p> <p>25% coinsurance.</p> <p>You pay \$35 per month supply of each covered insulin product on this tier.</p> <p>Once you have paid \$2,100 out of pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage).</p> <p>Catastrophic Coverage Stage:</p> <p>During this payment stage, you pay nothing for your covered Part D drugs.</p>

SECTION 1 Changes to Benefits & Costs for Next Year

Section 1.1 Changes to the Monthly Plan Premium

	2025 (this year)	2026 (next year)
<p>Monthly plan premium</p> <p>(You must also continue to pay your Medicare Part B premium unless it's paid for you by Medicaid.)</p>	\$40.00	\$27.70

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've paid this amount, you generally pay nothing for covered Part A and Part B services (and other health services not covered by Medicare) for the rest of the calendar year.

	2025 (this year)	2026 (next year)
<p>Maximum out-of-pocket amount</p> <p>Because our members also get help from Medicaid, very few members ever reach this out-of-pocket maximum.</p> <p>You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount (MOOP) for covered Part A and Part B services.</p> <p>Your costs for covered medical services (such as copayments and deductibles) count toward your maximum out-of-pocket amount. Our plan premium and</p>	<p>In-Network: You pay \$9,350</p> <p>In-Network and Out-of-Network Combined: 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> <p>NOTE: Under this plan, you are not responsible</p>	<p>In-Network providers: \$9,250</p> <p>In-Network and Out-of-Network providers combined: You pay \$13,900</p> <p>Once you've paid \$13,900 out of pocket for covered Part A and Part B services, you'll pay nothing for your covered Part A and Part B services for the rest of the calendar year.</p> <p>NOTE: Under this plan, you are not responsible</p>

	2025 (this year)	2026 (next year)
your costs for prescription drugs don't count toward your maximum out-of-pocket amount.	for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.	for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.

Section 1.3 Changes to the Provider Network

Our network of providers has changed for next year. Review the 2026 *Provider Directory* at www.Simpra.com and click the “FIND A PROVIDER/PHARMACY” button at the top of the page to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network. Here’s how to get an updated *Provider Directory*:

- Visit our website at www.Simpra.com.
- Call Member Services at 1-844-637-4770 (for accommodations call TTY/TDD 1-833-312-0044) to get current provider information or to ask us to mail you a *Provider Directory*.

We can make changes to the hospitals, doctors, and specialists (providers) that are part of our plan during the year. If a mid-year change in our providers affects you, call Member Services at 1-844-637-4770 (for accommodations call TTY/TDD 1-833-312-0044) for help. For more information on your rights when a network provider leaves our plan, go to Chapter 3, Section 2.3 of your *Evidence of Coverage*.

Section 1.4 Changes to the Pharmacy Network

Amounts you pay for your prescription drugs can 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.

Our network of pharmacies has changed for next year. Review the 2026 *Pharmacy Directory* at www.Simpra.com and click the “FIND A PROVIDER/PHARMACY” button at the top of the page to see which pharmacies are in our network. Here’s how to get an updated *Pharmacy Directory*:

- Visit our website at www.Simpra.com.
- Call Member Services at 1-844-637-4770 (for accommodations call TTY/TDD 1-833-312-0044) to get current pharmacy information or to ask us to mail you a *Pharmacy Directory*.

We can make changes to the pharmacies that are part of our plan during the year. If a midyear change in our pharmacies affects you, call Member Services at 1-844-637-4770 (for accommodations call TTY/TDD 1-833-312-0044) for help.

Section 1.5 Changes to Benefits & Costs for Medical Services

The *Annual Notice of Change* tells you about changes to your Medicare benefits and costs.

	2025 (this year)	2026 (next year)
<p>Supplemental Benefit: Preventive Dental Services</p> <p>Two (2) routine oral exams and dental cleanings, fluoride treatment, and 1 set of x-rays, and includes limited restorative, endodontics, prosthodontics, removable and fixed service annually. Other service limits may apply.</p>	<p>In-Network (Preventive and Comprehensive services)</p> <p>\$0 copayment</p> <p>You pay nothing up to \$3,000 allowance towards preventive and/or comprehensive dental services combined every benefit year. Other service limits apply.</p> <p>Out-of-Network (Comprehensive services)</p> <p>50% coinsurance up to \$3,000 for comprehensive services in-network and out-of-network combined.</p>	<p>In-Network (Preventive and Comprehensive services)</p> <p>\$0 copayment</p> <p>You pay nothing up to \$3,000 allowance towards preventive and/or comprehensive dental services combined every benefit year. Other service limits apply.</p> <p>Out-of-Network (Comprehensive services)</p> <p>20% coinsurance up to \$3,000 for comprehensive services in-network and out-of-network combined.</p>
<p>Supplemental Benefit: Memory Fitness</p> <p>Memory Fitness is an annual subscription to BrainHQ, an online memory fitness program.</p>	<p>In-Network only</p> <p>\$0 copayments/0% coinsurance</p>	<p>Not covered.</p>

	2025 (this year)	2026 (next year)
<p>Supplemental Benefit: Over-the-Counter (OTC) Benefit</p> <p>Our OTC benefit offered through NationsBenefits®, provides you with a monthly Prepaid card 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.</p> <p>You must use the NationsBenefits® program for this benefit. For details on approved items and retailers please visit www.Simpra.NationsBenefits.com</p>	<p>In-Network Only \$0 copayment / 0% coinsurance</p> <p>\$210 allowance every month on the Simpra Benefits Mastercard® Prepaid Card for eligible over-the-counter items.</p>	<p>In-Network \$0 copayment</p> <p>Out-of-Network \$0 copayment</p> <p>You receive a \$235 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 for in-network retailers.</p> <p>Unused allowance will not carry over to the next month.</p>
<p>Supplemental Benefit: Prescription Hearing-Aids and Non-prescription Hearing-Aids</p>	<p>In-Network</p> <p>\$0 copay for one annual routine hearing exam</p> <p>\$0 copay for one annual hearing-aid fitting/evaluation</p> <p>Hearing-aid(s) coverage up to \$2,500 every two years for both ears combined.</p>	<p>In-Network and Out-of-Network</p> <p>\$0 copay for one annual routine hearing exam</p> <p>\$0 copay for one annual hearing-aid fitting/evaluation</p> <p>Hearing-aid(s) coverage up to \$2,500 every two years for both ears combined.</p> <p>Now includes non-prescription hearing aids.</p>

Section 1.6 Changes to Part D 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, we might make other changes that are allowed by Medicare rules that will affect you during the calendar 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're taking, we'll send you a notice about the change.

If you're affected by a change in drug coverage at the beginning of the year or during the year, review Chapter 9 of your *Evidence of Coverage* and talk to your prescriber to find out your options, such as asking for a temporary supply, applying for an exception, and/or working to find a new drug. Call Member Services at 1-844-637-4770 (for accommodations call TTY/TDD 1-833-312-0044) for more information.

Starting in 2026, we may immediately remove brand name drugs or original biological products on our Drug List if we replace them with new generics or certain biosimilar versions of the brand name drug or original biological product with the same or fewer restrictions. Also, when adding a new version, we can decide to keep the brand name drug or original biological product on our Drug List but immediately add restrictions.

For example: if you take a brand name drug or biological product that's being replaced by a generic or biosimilar version, you may not get notice of the change 30 days in advance, or before you get a month's supply of the brand name drug or biological product. You might get information on the specific change after the change is already made.

Some of these drug types may be new to you. For definitions of drug types, go to Chapter 12 of your *Evidence of Coverage*. The Food and Drug Administration (FDA) also provides consumer information on drugs. Go to the FDA website:

www.FDA.gov/drugs/biosimilars/multimedia-education-materials-biosimilars#For%20Patients.

You can also call Member Services at 1-844-637-4770 (for accommodations call TTY/TDD 1-833-312-0044) or ask your health care provider, prescriber, or pharmacist for more information.

Section 1.7 Changes to Prescription Drug Benefits & Costs

Do you get Extra Help to pay for your drug coverage costs?

If you're in a program that helps pay for your drugs (Extra Help), **the information about costs for Part D drugs may not apply to you.** We sent you a separate material, called the *Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs*, which tells about your drug costs. If you get Extra Help and you don't get this material by October 1st, call Member Services at 1-844-637-4770 (for accommodations call TTY/TDD 1-833-312-0044) and ask for the *LIS Rider*.

Drug Payment Stages

There are 3 **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 no longer exist in Part D benefit.

- **Stage 1: Yearly Deductible**

You start in this payment stage each calendar year. During this stage, you pay the full cost of your Part D drugs until you reach the yearly deductible.

- **Stage 2: Initial Coverage**

Once you pay the yearly deductible, you move to the Initial Coverage Stage. In this stage, our plan pays its share of the cost of your drugs, and you pay your share of the cost. You generally stay in this stage until your year-to-date total drug costs reach the \$2,100 out-of-pocket threshold.

- **Stage 3: Catastrophic Coverage**

This is the third and final drug payment stage. In this stage, you pay nothing for your covered Part D drugs. You generally stay in this stage for the rest of the calendar year.

The Coverage Gap Discount Program has been replaced by the Manufacturer Discount Program. Under the Manufacturer Discount Program, drug manufacturers pay a portion of our 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 don't count toward out-of-pocket costs.

The table shows your cost per prescription during this stage.

	2025 (this year)	2026 (next year)
<p>Yearly Deductible</p> <p>During this stage, you pay the full cost of your Part D drugs until you have reached the yearly deductible.</p> <p>The deductible doesn't apply to covered insulin products and most adult Part D vaccines, including shingles, tetanus, and travel vaccines.</p>	\$590	\$615

Drug Costs in Stage 2: Initial Coverage

The table shows your cost per prescription for a one-month supply filled at a network pharmacy with standard cost sharing.

Most adult Part D vaccines are covered at no cost to you. For more information about the costs of vaccines, or information about the costs for a long-term supply; or for mail-order prescriptions, go to Chapter 6 of your *Evidence of Coverage*.

Once you've paid \$2,100 out-of-pocket for covered Part D drugs, you'll move to the next stage (the Catastrophic Coverage Stage).

	2025 (this year)	2026 (next year)
<p>Single Tier</p>	<p>You pay 25% of the total Cost.</p> <p>You pay \$35 per month supply of each covered insulin product on this tier.</p> <p>Your cost for a one-month (30 days) mail-order prescription is 25% of the total cost.</p>	<p>There are no changes for your drug costs.</p> <p>You pay 25% of the total cost.</p> <p>You pay \$35 per month supply of each covered insulin product on this tier.</p> <p>Your cost for a one-month (30-day) mail-order prescription is 25% of the total cost.</p>

Changes to the Catastrophic Coverage Stage

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

SECTION 2 Administrative Changes

	2025 (this year)	2026 (next year)
Medicare Prescription Payment Plan	The Medicare Prescription Payment Plan is a payment option that began this year and can help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January-December). You may be participating in this payment option.	If you're participating in the Medicare Prescription Payment Plan and stay in the same Part D plan, your participation will be automatically renewed for 2026. To learn more about this payment option, call us at 1-844-637-4770 (for accommodations call TTY/TDD 1-833-312-0044) or visit www.Medicare.gov

SECTION 3 How to Change Plans

To stay in Simpra Advantage Dual Care (PPO D-SNP), you don't need to do anything.

Unless you sign up for a different plan or change to Original Medicare by December 7, you'll automatically be enrolled in our Simpra Advantage Dual Care (PPO D-SNP).

If you want to change plans for 2026, follow these steps:

- **To change to a different Medicare health plan**, enroll in the new plan. You'll be automatically disenrolled from Simpra Advantage Dual Care (PPO D-SNP).
- **To change to Original Medicare with Medicare drug coverage**, enroll in the new Medicare drug plan. You'll be automatically disenrolled from Simpra Advantage Dual Care (PPO D-SNP).
- **To change to Original Medicare without a drug plan**, you can send us a written request to disenroll. Call Member Services at 1-844-637-4770 (for accommodations

call TTY/TDD 1-833-312-0044) for more information on how to do this. Or call **Medicare** at 1-800-MEDICARE (1-800-633-4227) and ask to be disenrolled. TTY users can call 1-877-4862048. If you don't enroll in a Medicare drug plan, you may pay a Part D late enrollment penalty (go to Section 3).

- **To learn more about Original Medicare and the different types of Medicare plans**, visit www.Medicare.gov, check the Medicare & You 2026 handbook, call your State Health Insurance Assistance Program (go to Section 5), or call 1-800-MEDICARE (1-800-633-4227). As a reminder, Simpra Advantage, Inc. offers other Medicare health plans. These other plans can differ in coverage, monthly plan premiums, and cost-sharing amounts.

Section 3.1 Deadlines for Changing Plans

People with Medicare can make changes to their coverage from **October 15 – December 7** each year.

If you enrolled in a Medicare Advantage plan for January 1, 2026, and don't like your plan choice, you can switch to another Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) between January 1 – March 31, 2026.

Section 3.2 Are there other times of the year to make a change?

In certain situations, people may have other chances to change their coverage during the year. Examples include people who:

- Have Medicaid
- Get Extra Help paying for their drugs
- Have or are leaving employer coverage
- Move out of our plan's service area

Because you have Medicaid, you can end your membership in our plan by choosing one of the following Medicare options in any month of the year:

- 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 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 (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for 2 full months after the month you move out.

SECTION 4 Get Help Paying for Prescription Drugs

You may qualify for help paying for prescription drugs. Different kinds of help are available:

- **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 drug plan premiums, yearly deductibles, and coinsurance. Also, people who qualify won't have a late enrollment penalty. To see if you qualify, call:
 - 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048, 24 hours a day, 7 days a week.
 - Social Security at 1-800-772-1213 between 8 a.m. and 7 p.m., Monday – Friday for a representative. Automated messages are available 24 hours a day. TTY users can call 1-800-325-0778.
 - Your State Medicaid office.
- **Help from your state's pharmaceutical assistance program (SPAP).** Alabama has a program called SenioRx 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 (SHIP). To get the phone number for your state, visit shiphelp.org, or call 1-800-MEDICARE.
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible people living with HIV/AIDS have access to life-saving HIV medications. To be eligible for the ADAP operating in your state, you 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 drugs that are also covered by ADAP qualify for prescription cost-sharing help through the Office of HIV Prevention and Care. For information on eligibility criteria, covered drugs, how to enroll in the program, or, if you're currently enrolled, how to continue getting help, 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 payment option that works with your current drug coverage to help you

manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January – December). Anyone with a Medicare drug plan or Medicare health plan with drug coverage (like a Medicare Advantage plan with drug coverage) can use this payment option. **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 the Medicare Prescription Payment Plan, regardless of income level. To learn more about this payment option, call us at 1-844637-4770 (for accommodations call TTY/TDD 1-833-312-0044) or visit www.Medicare.gov.

SECTION 5 Questions?

Get Help from Simpra Advantage Dual Care (PPO D-SNP)

- **Call Member Services at 1-844-637-4770 (for accommodations call TTY/TDD 1-833-312-0044)**

We're 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, Juneteenth, Independence Day, Labor Day, Thanksgiving, and Christmas. Calls to these numbers are free.

- **Read your 2026 Evidence of Coverage**

This *Annual Notice of Change* gives you a summary of changes in your benefits and costs for 2026. For details, go to the 2026 *Evidence of Coverage* for Simpra Advantage Dual Care (PPO D-SNP). The *Evidence of Coverage* is the legal, detailed description of our plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. Get the *Evidence of Coverage* on our website at www.Simpra.com or call Member Services at 1-844-637-4770 (for accommodations call TTY/TDD 1-833-312-0044) to ask us to mail you a copy.

- **Visit www.Simpra.com**

Our website has the most up-to-date information about our provider network (*Provider Directory/Pharmacy Directory*) and our List of Covered Drugs (*formulary/Drug List*).

Get 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 the Alabama Department of Senior Services.

Call the Alabama Department of Senior Services to get free personalized health insurance counseling. They can help you understand your Medicare and Medicaid plan choices and answer questions about switching plans. Call the Alabama Department of Senior Services at 1-800-AGELINE (1-800-243-5463). Learn more about the Alabama Department of Senior Services by visiting <https://alabamaageline.gov>.

Get Help 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 can call 1-877-486-2048.

- **Chat live with www.Medicare.gov**

You can chat live at <https://www.medicare.gov/talk-to-someone>.

- **Write to Medicare**

You can write to Medicare at PO Box 1270, Lawrence, KS 66044

- **Visit www.Medicare.gov**

The official Medicare website has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area.

- **Read Medicare & You 2026**

The *Medicare & You* 2026 handbook is mailed to people with Medicare every fall. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. Get a copy at www.Medicare.gov or by calling 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

Get Help from Medicaid

Call Alabama Medicaid at 1-800-362-1504. TTY/TDD users 1-800-253-0799 for help with Medicaid enrollment or benefit questions.

Simpra Advantage Dual Care 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. Medicaid pays the premium for those who meet the Low-Income Subsidy or qualify for Extra Help. In addition to your Plan premium, if you have any, you must continue to pay your Medicare Part B premium.

The Benefits Mastercard® Prepaid Card is issued by The Bancorp Bank N.A., pursuant to license by Mastercard International Incorporated and card can be used for eligible expenses wherever Mastercard is accepted. Mastercard and the circles design is a trademark of Mastercard International Incorporated. Valid only in the U.S. No cash access. This is not a gift card or gift certificate. You have received this card 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 (Food and Produce, General Supports for Living, and Social Needs benefits) are Special Supplemental Benefits. To be eligible for these benefits, the member must have one or more of the following chronic conditions: Chronic alcohol use disorder and other substance use disorders (SUDs); Autoimmune disorders; Cancer; Cardiovascular disorders; Chronic heart failure; Dementia; Diabetes mellitus; Overweight, obesity, and metabolic syndrome; Chronic gastrointestinal disease; Chronic kidney disease (CKD); Severe hematologic disorders; HIV/AIDS; Chronic lung disorders; Chronic and disabling mental health conditions; Neurologic disorders; Stroke; Post-organ transplantation; Immunodeficiency and Immunosuppressive disorders; Conditions associated with cognitive impairment; Conditions with functional challenges; Chronic conditions that impair vision, hearing (deafness), taste, touch, and smell; Conditions that require continued therapy services in order for individuals to maintain or retain functioning. The SSBCI benefits for which an enrollee may qualify may vary based on the enrollee's qualifying condition(s). If you qualify for one of the chronic conditions, you must also qualify as a "chronically ill enrollee" as defined by CMS regulations and on this Plan's coverage criteria for SSBCI.

Simpra Advantage has been approved by the National Committee for Quality Assurance (NCQA) to operate as a Special Needs Plan (SNP) based on a review of the Simpra Advantage Model of Care (2025).

Out-of-network/non-contracted providers are under no obligation to treat Plan members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.