

Simpra Advantage Nursing Home Plan (PPO I-SNP) offered by Simpra Advantage, Inc.

Annual Notice of Change for 2026

You're enrolled as a member of Simpra Advantage Nursing Home Plan (PPO I-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 Nursing Home Plan (PPO I-SNP).
- To change to a **different plan**, visit www.Medicare.gov or 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 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). 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 Nursing Home Plan (PPO I-SNP)

- Simpra Advantage Nursing Home Plan is a PPO I-SNP with a Medicare contract. Enrollment in Simpra Advantage Nursing Home Plan 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 material says “we,” “us,” or “our,” it means Simpra Advantage, Inc. When it says “plan” or “our plan,” it means Simpra Advantage Nursing Home Plan (PPO I-SNP).
- **If you do nothing by December 7, 2025, you’ll automatically be enrolled in Simpra Advantage Nursing Home Plan (PPO I-SNP).** Starting January 1, 2026, you’ll get your medical and drug coverage through Simpra Advantage Nursing Home Plan (PPO I-SNP). Go to Section 3 or more information about how to change plans and deadlines for making a change.

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Summary of Important Costs for 2026

For certain services (e.g., Inpatient and Skilled Nursing Facility (SNF)), these are 2025 cost-sharing amounts and can change for 2026. Simpra Advantage Nursing Home Plan (PPO I-SNP) will provide updated rates as soon as they’re released.

	2025 (this year)	2026 (next year)
<p>Monthly plan premium*</p> <p>* Your premium can be higher or lower than this amount. Go to Section 1. for details.</p>	\$40.00	\$27.70
<p>Deductible</p>	<p>Your total deductible is now \$1,933 except for insulin furnished through an item of durable medical equipment</p>	<p>These are 2025 deductible amounts and can change for 2026.</p> <p>Simpra Advantage Nursing Home Plan (PPO I-SNP) will provide updated rates at www.Simpra.com as soon as they are released.</p> <p>Total deductible is now \$1,933, except for insulin furnished through an item of durable medical equipment</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.</p> <p>Go to Section 1 for details.</p>	<p>From network providers: You pay \$8,975</p> <p>From network and out-of-network providers combined: You pay \$14,000</p>	<p>From network providers: You pay \$8,600</p> <p>From network and out-of-network providers combined: You pay \$13,900</p>

	2025 (this year)	2026 (next year)
<p>Primary care office visits</p>	<p>For in-network and out-of-network providers, you pay 20% coinsurance per visit</p>	<p>No change. For in-network and out-of-network providers you pay 20% coinsurance per visit</p>
<p>Specialist office visits</p>	<p>For in-network and out-of-network providers, you pay 20% coinsurance per visit</p>	<p>No change. For in-network and out-of-network providers, you pay 20% coinsurance per visit</p>
<p>Inpatient hospital stays 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>You pay the 2025 Original Medicare cost-sharing amounts:</p> <p>Days 1 – 60: \$0 copayment each day. You pay \$1,676 deductible only.</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 2025 cost sharing amounts and may change for 2026.</p> <p>Simpra Advantage Nursing Home Plan (PPO I-SNP) will provide updated rates at www.Simpra.com as soon as they are released.</p> <p>Days 1 – 60: \$0 copayment each day. You pay \$1,676 deductible only.</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>

	2025 (this year)	2026 (next year)
<p>Part D drug coverage deductible Go to Section 1. for details.</p>	<p>You pay \$590, except for covered insulin products and most adult Part D vaccines.</p>	<p>You pay \$615, except for covered insulin products and most adult Part D vaccines.</p>
<p>Part D drug coverage Go to Section 1 for details, including Yearly Deductible, Initial Coverage, and Catastrophic Coverage Stages.</p>	<p><u>Coinsurance during the Initial Coverage Stage:</u> Single Drug Tier: You pay 25% coinsurance.</p> <p>You pay \$35 per month supply of each covered insulin product on this tier.</p> <p>Once your total drug costs have reached \$2,000 you will move to the next stage – the Catastrophic Coverage Stage.</p> <p><u>Catastrophic Coverage Stage:</u> During this payment stage, you pay nothing for your covered Part D drugs.</p>	<p><u>Coinsurance during the Initial Coverage Stage:</u> Single Drug Tier: No changes. You pay 25% coinsurance.</p> <p>You pay \$35 per month supply of each covered insulin product on this tier.</p> <p>Once your total drug costs have reached \$2,100 you will move to the next stage – the Catastrophic Coverage Stage.</p> <p><u>Catastrophic Coverage Stage:</u> 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)
Monthly plan premium (You must also continue to pay your Medicare Part B premium.)	\$40.00	\$27.70

Factors that could change your Part D Premium Amount

- Late Enrollment Penalty - Your monthly plan premium will be *more* if you're required to pay a lifetime Part D late enrollment penalty for going without other drug coverage that's at least as good as Medicare drug coverage (also referred to as creditable coverage) for 63 days or more.
- Higher Income Surcharge - If you have a higher income, you may have to pay an additional amount each month directly to the government for Medicare drug coverage.
- Extra Help - Your monthly plan premium will be *less* if you get Extra Help with your drug costs. Go to Section 1 for more information about Extra Help from Medicare.

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 for the rest of the calendar year.

	2025 (this year)	2026 (next year)
<p>In-network maximum out-of-pocket amount</p> <p>Your costs for covered medical services (such as copayments and deductibles) from network providers count toward your in-network maximum out-of-pocket amount.</p> <p>Our plan premium and your costs for prescription drugs don't count toward your maximum out-of-pocket amount.</p>	<p>For in-network provider services, you pay \$8,975.</p> <p>Once you've paid \$8,975 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>For in-network provider services, you pay \$8,600.</p> <p>Once you've paid \$8,600 out of pocket for covered Part A and Part B services, you'll 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 copayments and deductibles) from in-network and out-of-network providers count toward your combined maximum out-of-pocket amount. Your <i>plan</i> premium and costs for outpatient prescription drugs don't count toward your maximum out-of-pocket amount for medical services.</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 from network or out-of-network providers for the rest of the calendar year.</p>	<p>For in-network and out-of-network provider services 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 from network or out-of-network providers for the rest of the calendar year.</p>

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.

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 mid-year 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

These are 2025 cost-sharing amounts and can change for 2026. Simpra Advantage Nursing Home Plan (PPO I-SNP) will provide updated rates as soon as they're released.

	2025 (this year)	2026 (next year)
Urgently Needed Services	<p>In-Network and Out-of-Network</p> <p>20% coinsurance for each Medicare-covered service up to \$45 per visit.</p>	<p>In-Network and Out-of-Network</p> <p>20% coinsurance for each Medicare-covered service up to \$40 per visit.</p>
<p>Special Supplemental Benefits for the Chronically Ill (SSBCI Social Companion Benefit)</p> <p>Please see qualifying conditions at the end of this document.</p>	<p>In-network only:</p> <p>\$0 copayment/coinsurance</p> <p>Covered up to 55 hours for 2025 benefit year.</p> <p>The number of hours provided will be dependent upon the length of time needed, to be determined by your RN Care Coordinator, and the benefit limit.</p>	<p>In-network only:</p> <p>\$0 copayment/coinsurance</p> <p>Covered up to 30 visits for 2026 benefit year.</p> <p>The number of visits will be determined by the Plan requirements.</p>
Supplemental Benefit: Transportation Services	<p>In-Network</p> <p>\$0 copayment/coinsurance</p> <p>Receive up to 8 one-way rideshare trips every year to plan-approved health related locations administered through our vendor, NationsBenefits®.</p>	<p>In-Network</p> <p>\$0 copayment/coinsurance</p> <p>Receive up to 12 one-way rideshare trips every year to plan-approved health related locations administered through our vendor, NationsBenefits®.</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. **You can get the complete Drug List** by visiting our website at www.Simpra.com and clicking on the “FIND A DRUG” button at the top of the page for the drug list.

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.

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 the 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 out-of-pocket 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.

Drug Costs in Stage 1: Yearly Deductible

The table shows your cost per prescription during this stage

	2025 (this year)	2026 (next year)
Yearly Deductible	\$590	\$615

Drug Costs in Stage 2: Initial Coverage

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).

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 Nursing Home Plan (PPO I-SNP), you don't need to do anything. Unless you sign up for a different plan or change to Original Medicare by December 7, 2025, you'll automatically be enrolled in our Simpra Advantage Nursing Home Plan (PPO I-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 Nursing Home Plan (PPO I-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 Nursing Home Plan (PPO I-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/TDD users can call 1-877-486-2048. If you don't enroll in a Medicare drug plan, you may pay a Part D late enrollment penalty. Go to Section 1 for more information.
- **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 have different 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 can 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

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 can 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/TDD 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/TDD users 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 in the Medicare Prescription Payment Plan. 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 5 Questions?

Get Help from Simpra Advantage Nursing Home Plan (PPO I-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 Nursing Home Plan (PPO I-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 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 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/TDD 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/TDD users can call 1-877-486-2048.

Simpra Advantage Nursing Home Plan is a PPO I-SNP with a Medicare contract. Enrollment in Simpra Advantage depends on contract renewal. Simpra Advantage complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

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

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.