

# 2018 Summary of Benefits

## Simpra Advantage (PPO DSNP)

H4091, Plan 002

**This is a summary of drug and health services covered by Simpra Advantage (PPO DSNP) January 1, 2018 - December 31, 2018**

Simpra Advantage (PPO DSNP) is Medicare Advantage HMO plan with a Medicare contract. Enrollment in the Plan depends on contract renewal.

This information is not a complete description of benefits. Contact the plan for more information.

The benefit information provided is a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please call Member Services and request the *Evidence of Coverage*.

### **To Reach our Member Services Representatives:**

- Toll-free 1-844-637-4770, TTY/TDD users should call 711.
- Hours of operations: 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through February 14, and Monday to Friday (except holidays) from February 15 through September 30.

### **To join Simpra Advantage (PPO DSNP), you must:**

- be entitled to Medicare Part A,
- -- *and* -- be enrolled in Medicare Part B,
- -- *and* -- live in our service area,
- -- *and* -- receive any type of assistance from the Title XIX (Medicaid) program, including full benefit dual eligible individuals, as well as those eligible only for the Medicare Savings Programs (QMB-only, QMB-plus, SLMB-plus).

Our service area includes all counties in Alabama.

Simpra Advantage (PPO DSNP) has a network of doctors, hospitals, pharmacies, and other providers that can be found on our website at [www.simpra.com](http://www.simpra.com).

The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

This document is also available in Braille and in large print.

Benefits, premium, deductible, and/or copayments/coinsurance may change on January 1, 2019.

Premium, copayments, coinsurance, and deductibles may vary based on the level of “Extra Help” you receive. Please contact the plan for further details.

Limitations, copayments, and restrictions may apply.

ATTENTION: If you speak Spanish or Korean, language assistance services, free of charge, are available to you. Call 1-844-637-4770 TTY/TTD (711).

Simpra Advantage (PPO DSNP) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Simpra Advantage (PPO DSNP) cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.

Simpra Advantage (PPO DSNP) 은(는) 관련 연방 공민권법을 준수하며 인종, 피부색, 출신 국가, 연령, 장애 또는 성별을 이유로 차별하지 않습니다.

If you want to know more about the coverage and costs of Original Medicare, look in your current “**Medicare & You**” handbook. View it online at <https://www.medicare.gov> or get a copy 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.

Premiums and Benefits	Simpra Advantage (PPO DSNP) In-network	Simpra Advantage (PPO DSNP) Out-of-Network
Monthly Plan Premium	<p>You pay \$0.00.</p> <p>You must continue to pay your Medicare Part B premium. Note: the Part B premium is covered for full-dual members.</p>	
Deductible	<p>\$183 per year</p> <p>Our plan charges the standard Medicare deductible. The deductible applies to both in-network and out-of-network.</p> <p>This cost may change in alignment with Original Medicare cost-sharing for 2018.</p>	
Maximum Out-of-Pocket Responsibility ( <i>does not include prescription drugs</i> )	\$6,700 annually	\$10,000 annually
Inpatient Hospital Coverage	<p>You pay:</p> <ul style="list-style-type: none"> <li>• \$1,340 deductible for each benefit period</li> <li>• Days 1-60: \$0 copay for each benefit period</li> <li>• Days 61-90: \$335 copay per day of each benefit period</li> <li>• Days 91 and beyond: \$670 copay per each "lifetime reserve day" after day 90 for each benefit period (up to 60 days over your lifetime)</li> </ul> <p>Prior authorization may be required.</p>	<p>You pay:</p> <ul style="list-style-type: none"> <li>• \$1,340 deductible for each benefit period</li> <li>• Days 1-60: \$0 copay for each benefit period</li> <li>• Days 61-90: \$335 copay per day of each benefit period</li> <li>• Days 91 and beyond: \$670 copay per each "lifetime reserve day" after day 90 for each benefit period (up to 60 days over your lifetime)</li> </ul>

<b>Premiums and Benefits</b>	<b>Simpra Advantage (PPO DSNP) In-network</b>	<b>Simpra Advantage (PPO DSNP) Out-of-Network</b>
Outpatient Hospital Coverage	You pay 20% of the cost. Prior authorization may be required.	You pay 20% of the cost.
Doctor Visits <ul style="list-style-type: none"> <li>• Primary Care Providers</li> <li>• Specialists (referral may be required)</li> </ul>	You pay 20% coinsurance per visit.  You pay 20% coinsurance per visit. Self referral: You have the right to go to a women’s health specialist (such as a gynecologist) without a referral.	You pay 20% coinsurance per visit.  You pay 20% coinsurance per visit.
Preventive Care	You pay nothing.  Any additional preventive services approved by Medicare during the contract year will be covered. There are some items not covered at \$0 cost.	You pay nothing.  Any additional preventive services approved by Medicare during the contract year will be covered. There are some items not covered at \$0 cost.
Emergency Care	You pay 20% coinsurance per visit up to a maximum of \$80.  If you are admitted to the hospital within 3 days, you do not have to pay your share of the cost for emergency care.	You pay 20% coinsurance per visit up to a maximum of \$80.  If you are admitted to the hospital within 3 days, you do not have to pay your share of the cost for emergency care.
Urgently Needed Services	You pay 20% coinsurance up to a maximum of \$65.  If you are admitted to the hospital within 3 days, you do not have to pay your share of the cost for urgent care.	You pay 20% coinsurance up to a maximum of \$65.  If you are admitted to the hospital within 3 days, you do not have to pay your share of the cost for urgent care.

Premiums and Benefits	Simpra Advantage (PPO DSNP) In-network	Simpra Advantage (PPO DSNP) Out-of-Network
<p>Diagnostic Services/Labs/Imaging</p> <ul style="list-style-type: none"> <li>● Diagnostic radiology services (<i>e.g., MRI</i>)</li> <li>● Therapeutic radiology services</li> <li>● Lab services</li> <li>● Diagnostic procedures and tests</li> <li>● Outpatient x-rays</li> </ul>	<p>You pay 20% of the cost.</p> <p>You pay 20% of the cost.</p> <p>You pay 0% of the cost.</p> <p>You pay 20% of the cost.</p> <p>You pay 20% of the cost. Prior authorization may be required. Please contact the plan for more information.</p>	<p>You pay 20% of the cost.</p> <p>You pay 20% of the cost.</p> <p>You pay 20% of the cost.</p> <p>You pay 20% of the cost.</p> <p>You pay 20% of the cost.</p>
<p>Hearing Services</p> <ul style="list-style-type: none"> <li>● Hearing exam</li> </ul>	<p>You pay 20% of the cost for traditional Medicare-covered hearing services.</p>	<p>You pay 20% of the cost for traditional Medicare-covered hearing services.</p>
<p>Dental Services</p>	<p>You pay 20% coinsurance; deductible applies. Prior authorization may be required.</p>	<p>You pay 20% for Medicare-covered services.</p>
<p>Vision Services</p> <ul style="list-style-type: none"> <li>● Yearly eye exam for diabetic retinopathy</li> </ul> <p><i>Supplemental Benefit</i></p> <ul style="list-style-type: none"> <li>● Routine eye exams</li> <li>● Eyeglasses, lenses, frames, contacts</li> </ul>	<p>You pay 20% coinsurance for Medicare-covered services. Deductible applies.</p> <p>You pay \$0 copay for one routine eye exam per year.</p> <p>Allowance of up to \$175 total for both in-network and out-of-network services per year.</p>	<p>You pay 20% coinsurance for Medicare-covered services.</p> <p>You pay \$0 copay for one routine eye exam per year.</p> <p>Allowance of up to \$175 total for both in-network and out-of-network services per year.</p>



<b>Premiums and Benefits</b>	<b>Simpra Advantage (PPO DSNP) In-network</b>	<b>Simpra Advantage (PPO DSNP) Out-of-Network</b>
Rehabilitation Services <ul style="list-style-type: none"> <li>Occupational therapy visit</li> <li>Physical therapy and speech and language therapy visit</li> </ul>	You pay 20% of the cost.  You pay 20% of the cost. Prior authorization may be required.	You pay 20% of the cost.  You pay 20% of the cost.
Ambulance	You pay 20% of the cost one way. Prior authorization may be required for non-emergency services.	You pay 20% of the cost one way.
Non-Emergency Transportation	Not covered	Not covered
Medicare Part B Drugs	20% of the cost for chemotherapy and other Part B drugs.	20% of the cost for chemotherapy and other Part B drugs.
Foot Care (podiatry services) <ul style="list-style-type: none"> <li>Foot exams and treatment</li> </ul> <i>Supplemental Benefit</i> <ul style="list-style-type: none"> <li>Routine foot care</li> </ul>	You pay 20% of the cost.  Not covered	You pay 20% of the cost.  Not covered
Medical Equipment/Supplies <ul style="list-style-type: none"> <li>Durable Medical Equipment (e.g., wheelchairs, oxygen)</li> <li>Prosthetics (e.g., braces, artificial limbs)</li> <li>Diabetic supplies</li> <li>Diabetic Therapeutic Shoes and Inserts</li> </ul>	You pay 20% of the cost.  You pay 20% of the cost.  You pay 20% of the cost.  You pay 20% of the cost. Prior authorization may be required.	You pay 20% of the cost.  You pay 20% of the cost.  You pay 20% of the cost.  You pay 20% of the cost.

<b>Outpatient Prescription Drugs</b>			
	<b>Retail Pharmacy (in-network) (up to a 30-day supply)</b>	<b>Long-term care (LTC) cost-sharing (up to a 31-day supply)</b>	<b>Mail Order 90-day supply</b>
Initial Coverage Stage (After you pay your \$405 deductible, if applicable)			
Cost Sharing (All formulary Drugs)	25%	25%	25%
	\$0/\$1.25/\$3.35/15%* for generics	\$0/\$1.25/\$3.35/15%* for generics	\$0/\$1.25/\$3.35/15%* for generics
	\$0/\$3.70/\$8.35/15%* for all other drugs	\$0/\$3.70/\$8.35/15%* for all other drugs	\$0/\$3.70/\$8.35/15%* for all other drugs
*Cost-sharing is based on your level of “Extra Help.”			
Cost-Sharing may change depending on the pharmacy you choose and when you enter another stage of the Part D benefit. For more information on the additional pharmacy-specific cost-sharing and the stages of the benefit, please call us or access our <i>Evidence of Coverage</i> online.			

We cover Part D drugs. In addition, we cover Part B drugs such as chemotherapy and some drugs administered by your provider.

You can see the *Pharmacy Directory* and complete plan formulary (list of Part D prescription drugs) and any restrictions on our website at [www.simpra.com](http://www.simpra.com).

There are four phases to prescription drug coverage under Part D.

- **Deductible Stage:** If you receive “Extra Help” to pay your prescription drugs, this payment stage does not apply to you. If you do not receive “Extra Help,” you begin in this payment stage when you fill your first prescription of the year. During this stage, you pay the full cost of your drugs. You stay in this stage until you have paid \$405 for your drugs. (\$405 is the amount of your deductible.)
- **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. You stay in this stage until your year-to-date “total drug costs” (your payments plus any Part D plan’s payments) total \$3,750.
- **Gap Coverage Stage:** During this stage, you pay 35% of the price for brand name drugs plus a portion of the dispensing fee) and 44% of the price for generic drugs. You stay in this stage until your year-to-date “out-of-pocket costs” (your payments) reach a total of \$5,000.

- Catastrophic Coverage Stage: During this stage, the plan will pay most of the cost for your drugs. You pay the greater of:
  - *--either--* coinsurance of 5% of the cost of the drug,
  - *--or--* \$3.35 for a generic drug or a drug that is treated like a generic and \$8.35 for all other drugs.