

# 2019 Summary of Benefits

## Simpra Advantage (PPO SNP)

H4091

**This is a summary of drug and health services covered by Simpra Advantage (PPO SNP) January 1, 2019 - December 31, 2019.**

Simpra Advantage (PPO SNP) is Medicare Advantage HMO Plan (HMO stands for Health Maintenance Organization) 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, visit our website at [www.simpra.com](http://www.simpra.com) or call Member Services and request the *Evidence of Coverage*.

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

- Toll Free 1-844-637-4770, TTY/TDD should call 711.
- Hours of operation: 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30

### **To join Simpra Advantage (PPO SNP), 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, SQMB-plus).

Our service area includes these counties in Alabama: Autauga, Baldwin, Barbour, Bibb, Blount, Bullock, Butler, Calhoun, Chambers, Cherokee, Chilton, Choctaw, Clarke, Clay, Cleburne, Coffee, Colbert, Conecuh, Coosa, Covington, Crenshaw, Cullman, Dale, Dallas, DeKalb, Elmore, Escambia,

Etowah, Fayette, Franklin, Geneva, Greene, Hale, Henry, Houston, Jackson, Jefferson, Lamar, Lauderdale, Lawrence, Lee, Limestone, Lowndes, Macon, Madison, Marengo, Marion, Marshall, Mobile, Monroe, Montgomery, Morgan, Perry, Pickens, Pike, Randolph, Russell, St. Clair, Shelby, Sumter, Talladega, Tallapoosa, Tuscaloosa, Walker, Washington, Wilcox, and Winston.

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.

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 (1800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

<b>Premiums and Benefits</b>	<b>Simpra Advantage (PPO SNP)</b>
<b>Monthly plan premium</b>	\$31.40 You must continue to pay your Medicare Part B premium.
<b>Deductible</b>	The Part B deductible was \$183. This is the 2018 cost sharing amount and may change in 2019. Simpra Advantage (PPO SNP) will provide updated rates as soon as they are released.
<b>Maximum out-of-pocket amount</b> (does not include Part D Prescription drugs)	From network providers: \$6,700 From network and out-of-network providers combined: \$10,000
<b>Inpatient Hospital coverage</b>	<p><b>In-Network</b></p> <p>You pay the 2019 Original Medicare cost-sharing amounts. These are 2018 cost sharing amounts and may change for 2019. Simpra Advantage (PPO SNP) will provide updated rates as soon they are released. \$1,340 deductible; \$0 copayment each day for days 1-60; \$335 copayment each day for days 61 to 90; \$670 copayment each day for days 91 to 150 (lifetime reserve days). <i>Prior Authorization may be required for in-network and out-of-network providers.</i></p> <p><b>Out-of-Network</b></p> <p>You pay the 2019 Original Medicare cost-sharing amounts. These are 2018 cost sharing amounts and may change for 2019. Simpra Advantage (PPO SNP) will provide updated rates as soon they are released. \$1,340 deductible; \$0 copayment each day for days 1-60; \$335 copayment each day for days 61 to 90; \$670 copayment each day for days 91 to 150 (lifetime reserve days).</p>
<b>Outpatient Hospital coverage</b>	
Outpatient hospital services	<p><b>In-Network</b> 20% coinsurance</p> <p><b>Out-of-Network</b> 20% coinsurance</p>



Premiums and Benefits	Simpra Advantage (PPO SNP)
<p><b>Diagnostic Services/Labs/Imaging</b></p> <p>Diagnostic tests and procedures</p> <p>Lab services</p> <p>Diagnostic radiology services (e.g. MRI, CAT Scan)</p> <p>Outpatient X-rays</p>	<p><b>In-Network</b> 20% coinsurance <i>Prior Authorization may be required for in-network and out-of-network providers.</i></p> <p><b>Out-of-Network</b> 20% coinsurance</p> <p><b>In-Network</b> \$0 copayment <i>Prior Authorization may be required for in-network and out-of-network providers.</i></p> <p><b>Out-of-Network</b> 20% coinsurance</p> <p><b>In-Network</b> 20% coinsurance <i>Prior Authorization may be required for in-network and out-of-network providers.</i></p> <p><b>Out-of-Network</b> 20% coinsurance</p> <p><b>In-Network</b> 20% coinsurance <i>Prior Authorization may be required for in-network and out-of-network providers.</i></p> <p><b>Out-of-Network</b> 20% coinsurance</p>
<p><b>Hearing services</b></p> <p>Hearing exam</p>	<p><b>In-Network</b> 20% of the cost for traditional Medicare-covered hearing services.</p> <p><b>Out-of-Network</b> 20% coinsurance</p>

<b>Premiums and Benefits</b>	<b>Simpra Advantage (PPO SNP)</b>
<p><b>Dental services</b></p> <p>Medicare-covered dental</p>	<p><b>In-Network</b> 20% coinsurance for each Medicare-covered service.</p> <p><b>Out-of-Network</b> 20% coinsurance for each Medicare-covered service.</p>
<p><b>Vision care</b></p> <p>Yearly eye exam for diabetic retinopathy</p> <p>Eyeglasses, lenses, frames, contacts</p>	<p><b>In-Network</b> 20% coinsurance for Medicare-covered services.</p> <p><b>Out-of-Network</b> 20% coinsurance for Medicare-covered services.</p> <p><b>In-Network</b> Up to a \$175 combined credit every year for all additional eyewear.</p> <p><b>Out-of-Network</b> \$0 copayment Up to a \$175 combined credit every year for all additional eyewear.</p>



Premiums and Benefits	Simpra Advantage (PPO SNP)
<p><b>Skilled nursing facility (SNF) care</b></p>	<p><b>In-Network</b>            You pay the 2019 Original Medicare cost-sharing amounts. These are 2018 cost sharing amounts and may change for 2019. Simpra Advantage (PPO SNP) will provide updated rates as soon they are released.            \$0 copayment each day for days 1 to 20 for each Medicare-covered skilled nursing facility stay.            \$167.50 copayment each day for days 21 to 100 for each Medicare-covered skilled nursing facility stay.            No prior hospital stay required.  <i>Prior Authorization is required for in-network and out-of-network providers.</i></p> <p><b>Out-of-Network</b>            You pay the 2019 Original Medicare cost-sharing amounts. These are 2018 cost sharing amounts and may change for 2019. Simpra Advantage (PPO SNP) will provide updated rates as soon they are released.            \$0 copayment each day for days 1 to 20 for each Medicare-covered skilled nursing facility stay.            \$167.50 copayment each day for days 21 to 100 for each Medicare-covered skilled nursing facility stay.</p>
<p><b>Physical Therapy, Occupational Therapy, or Speech Therapy</b></p>	<p><b>In-Network</b>            20% coinsurance  <i>Prior Authorization is required for in-network and out-of-network providers.</i></p> <p><b>Out-of-Network</b>            20% coinsurance</p>
<p><b>Ambulance services</b>            Ground Ambulance</p> <p>Air Ambulance</p>	<p><b>In-Network</b>            20% coinsurance for each one-way trip  <i>Prior Authorization is required for non-emergency services.</i></p> <p><b>Out-of-Network</b>            20% coinsurance for each one-way trip</p> <p><b>In-Network</b>            20% coinsurance for each one-way trip  <i>Prior Authorization is required for non-emergency services.</i></p> <p><b>Out-of-Network</b>            20% coinsurance for each one-way trip</p>
<p><b>Non-Emergency Transportation</b></p>	<p>Not Covered</p>



Premiums and Benefits	Simpra Advantage (PPO SNP)
<p><b>Medicare Part B prescription drugs</b></p> <p>Chemotherapy drugs</p> <p>Other Part B drugs</p>	<p><b>In-Network</b> 20% coinsurance <i>Prior Authorization may be required for in-network and out-of-network providers.</i></p> <p><b>Out-of-Network</b> 20% coinsurance</p> <p><b>In-Network</b> 20% coinsurance <i>Prior Authorization may be required for in-network and out-of-network providers.</i></p> <p><b>Out-of-Network</b> 20% coinsurance</p>
<p><b>Foot Care (podiatry services)</b> Foot exams and treatment</p>	<p><b>In-Network</b> 20% coinsurance for Medicare-covered services.</p> <p><b>Out-of-Network</b> 20% coinsurance for Medicare-covered services.</p>
<p><b>Medical Equipment/Supplies</b> Durable Medical Equipment (e.g., wheelchairs, oxygen)</p> <p>Prosthetics (e.g., braces, artificial limbs)</p>	<p><b>In-Network</b> 20% coinsurance <i>Prior Authorization is required for in-network and out-of-network providers.</i></p> <p><b>Out-of-Network</b> 20% coinsurance</p> <p><b>In-Network</b> 20% coinsurance <i>Prior Authorization is required for in-network and out-of-network providers.</i></p> <p><b>Out-of-Network</b> 20% coinsurance</p>

<b>Premiums and Benefits</b>	<b>Simpra Advantage (PPO SNP)</b>
Diabetic supplies	<p><b>In-Network</b> 20% coinsurance for each Medicare-covered service.</p> <p><b>Out-of-Network</b> 20% coinsurance for each Medicare-covered service.</p>
Diabetic Therapeutic Shoes and Inserts	<p><b>In-Network</b> 20% coinsurance <i>Prior Authorization is required for in-network and out-of-network providers.</i></p> <p><b>Out-of-Network</b> 20% coinsurance</p>

<b>Simpra Advantage (PPO SNP)</b>			
<b>Outpatient Prescription Drugs</b>			
	<b>Standard retail cost-sharing (in-network) (up to a 30-day supply)</b>	<b>Standard mail-order cost-sharing (up to a 90-day supply)</b>	<b>Long-term care (LTC) cost-sharing (up to a 30-day supply)</b>
<b>Cost-Sharing for Covered Drugs</b>	25% coinsurance	25% coinsurance	25% coinsurance
<b>Deductible</b>	\$415 for all Part D prescription drugs.		
<b>Coverage Gap</b>	After your total drug costs (including what our plan has paid and what you have paid) reach \$3,820, you will pay no more than 37% coinsurance for generic drugs or 25% coinsurance for brand name drugs, for any drug tier during the coverage gap.		
<b>Catastrophic Coverage</b>	After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$5,100, you pay the greater of: <ul style="list-style-type: none"> <li>• 5% coinsurance, or</li> <li>• \$3.40 copayment for generic (including brand drugs treated as generic) and a \$8.50 copayment for all other drugs.</li> </ul>		

### Alabama Medicaid and Simpra Advantage

The benefits that the individual is entitled to under Title XIX (Medicaid);

Simpra Advantage enrolls individuals with different levels of Medicaid benefits. This means that, depending on your level of Medicaid benefits, some or none of the out of pocket costs for Simpra Advantage could be covered by Medicaid. For more information on your level of Medicaid and the benefits you are entitled to contact:

Alabama Medicaid

It's always a good idea to ask your doctor or pharmacist whether the specific service or item you need is covered under Medical Assistance. There are some limits to these services and some may require you or your doctor to get permission from Medical Assistance first; this is called prior approval.

Generally, Medical Assistance covers the following services:

- Doctor and nurse office visits (when you visit a doctor nurse for checkups, lab tests, exams or treatment).
- Prescription drugs.
- Inpatient hospital services (room and board, drugs, lab tests and other services when you must stay in the hospital).

- Outpatient hospital services you receive in a hospital even though you do not stay in the hospital overnight.
- Nursing facilities (nursing homes).
- Emergency ambulance services.
- Preventive dental care, fillings and oral surgery for children.
- Certain emergency dental care for adults.
- Non-emergency transportation (to get to and from medical appointments, for Medicaid members only).
- Non-emergency transportation (to get to and from medical appointments, for Medicaid members only).
- Medical equipment and supplies prescribed by a doctor for use in your home (such as wheelchairs, crutches or walkers).
- Exams, immunizations (shots) and treatments for children (see box below).
- Family planning services (such as exams, drugs, treatment and counseling).
- Home health services ordered by a doctor and received in your home (such as part-time nursing, physical therapy or home health aides).
- Hospice care services provided by a Medicaid hospice provider.
- Vision care for children (limited services for adults).
- Hearing services for children

The following is a list of waiver benefits provided under Alabama Medicaid. Whether you receive them is based upon your level of Medicaid:

- Medicare premiums, deductibles and coinsurance
- Non-emergency transportation (to get to and from medical appointments)
- 24-hour medical access
- Skilled nursing services
- Adult day health/adult day care
- Alternative living services/assisted living services (does not include room and board costs)
- Emergency response system
- Home delivered meals•Home delivered services
- Personal support services – housecleaning, shopping, laundry, assistance with activities of daily living, such as eating, dressing, moving about, etc.
- Respite care- both in-home and out-of-home
- The cost-sharing protections that the individual is entitled to under Title XIX (Medicaid); and

Simpra Advantage is prohibited from imposing cost-sharing requirements on Dual Eligible enrollees that would exceed the amounts permitted under the State Medicaid plan if the enrollee were not enrolled in Simpra Advantage DSNP.

Simpra Advantage’s contracts with network providers include language that ensures providers accept the Medicare fee schedule plus enrollee cost sharing as payment in full. Under Simpra Advantage providers may only collect enrollee cost sharing as specified by the Health Plan and in alignment with Medicare and Alabama Medicaid guidelines.

Cost sharing by Medicaid Category

FDDBE - Medicaid pays Medicare Part A premiums, if any, Medicare Part B premiums, and Medicare deductibles and coinsurance for Medicare services provided by Medicare providers to the extent consistent with the Medicaid State Plan.

QDWI – Medicaid pays financial assistance for Medicare Part A premiums.

QMB – Medicaid pays Medicare Part A premiums, if any, Medicare Part B premiums, and Medicare deductibles and coinsurance for Medicare services provided by Medicare providers to the extent consistent with the Medicaid State Plan.

QMB Plus – Medicaid pays Medicare Part A premiums, if any, Medicare Part B premiums, Medicare deductibles and coinsurance, and provides full Medicaid benefits.

SLMB – Medicaid pays for the Medicare Part B premium only.

SLMB Plus – Medicaid pays for Medicare Part B premium and receive full State Medicaid benefits.

QI -Medicaid pays for the Medicare Part B premium only.

The description of the benefits and cost-sharing protections that are covered under the D-SNP.

Benefits provided by Simpra Advantage are summarized in this document.

For a full listing of the benefits see the Evidence of Coverage at [www.simpra.com](http://www.simpra.com).

Simpra Advantage has a contract with Alabama Medicaid to coordinate your Medicare and Medicaid services. Your Medicaid services are still provided through Alabama Medicaid but Simpra Advantage will help in ensuring all of your healthcare services work together.

Simpra Advantage ensures that members continue to have all of the cost sharing protections under both Medicare and Medicaid.