

# 2018 Summary of Benefits

## Simpra Advantage Health Plan (PPO SNP)

### H4091, Plan 001

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

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

This information is not 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 Customer Service and request the “Evidence of Coverage.”

**To Reach our Customer Service Representatives:**

Toll-free 1-844-637-4770, TTY users should call 711.

From October 1 to February 14, you can call us 7 days a week from 8:00 a.m. to 8:00 p.m.

From February 15 to September 30, you can call us Monday through Friday from 8:00 a.m. to 8:00 p.m.

**To join Simpra Advantage Health Plan (PPO SNP), you must be:**

- entitled to Medicare Part A, and
- be enrolled in Medicare Part B, and
- live in our service area, and
- expect to reside in one of our participating facilities greater than 90 days

Our service area includes all 67 counties in the state of Alabama.

**To obtain a list of facilities please call Customer Service:**

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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 of each year. Limitations, copayments, and restrictions may apply.

You must continue to pay your Medicare Part B premium.

**Simpra Advantage Health Plan (PPO SNP)** 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). If you use providers that are not in our network, the cost may be higher.

This information is available for free in other languages. Please call our customer service number at 1-844-637-4770 (TTY: 711). Hours of operation: 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.

Esta información está disponible en otros idiomas de manera gratuita. Comuníquese con Servicios al Cliente al 1-844-637-4770 (TTY: 711). Horario de Atención al Cliente: Del 1 de Octubre hasta el 14 de Febrero, de 8 a.m. a 8 p.m. los siete días de la semana (excepto Día de Acción de Gracias y Navidad), y del 15 de Febrero al 30 de Septiembre, de Lunes a Viernes (excepto feriados).

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.

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

Simpra Advantage tuân thủ luật dân quyền hiện hành của Liên bang và không phân biệt đối xử dựa trên chủng tộc, màu da, nguồn gốc quốc gia, độ tuổi, khuyết tật, hoặc giới tính.

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

<b>Premiums and Benefits</b>	<b>Simpra Advantage (PPO SNP)</b>
Monthly Plan Premium	You pay \$30.60. You must continue to pay your Medicare Part B premium.
Deductible	\$183 per year Our plan charges the standard Medicare deductible.
Maximum Out-of-Pocket Responsibility <i>(does not include prescription drugs)</i>	\$6,700 annually
Inpatient Hospital Coverage	Original Medicare.
Doctor Visits <ul style="list-style-type: none"> <li>• Primary</li> <li>• Specialists</li> </ul>	You pay 20% of the cost. You pay 20% of the cost.
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.
Emergency Care	You pay up to a maximum of \$80 per visit.
Urgently Needed Services	You pay 20% coinsurance up to a maximum of \$65.
Diagnostic Services/Labs/Imaging <ul style="list-style-type: none"> <li>• Diagnostic radiology service (<i>e.g., MRI</i>)</li> <li>• Lab Services</li> <li>• Diagnostic tests and procedures</li> </ul>	Prior authorization is required for some services by your doctor or other network provider. Please contact the plan for more information. You pay nothing for Medicare approved covered clinical diagnostic laboratory services. You pay 20% of the cost. You pay \$0.00. You pay 20% of the cost.
Outpatient X-rays	You pay 20% of the cost.
Hearing Services <ul style="list-style-type: none"> <li>• Hearing exam</li> </ul>	You pay 20% of the cost for traditional Medicare-covered hearing services.

Premiums and Benefits	Simpra Advantage (PPO SNP)
<p><i>Supplemental Benefit</i></p> <ul style="list-style-type: none"> <li>• Routine hearing exams, fitting and evaluation for hearing aids</li> <li>• Hearing aids</li> </ul>	<p>You pay \$0 for routine hearing exams.</p> <p>Allowance up to \$1,600 for hearing aids every two years.</p>
<p>Vision Services</p> <p><i>Supplemental Benefit</i></p> <ul style="list-style-type: none"> <li>• Routine Eye exam</li> <li>• Eyeglasses, lenses, frames, contacts</li> </ul>	<p>You pay \$0 for routine eye exams.</p> <p>Allowance up to \$275 per year.</p>
<p>Mental Health Services</p> <ul style="list-style-type: none"> <li>• Outpatient group therapy visit</li> <li>• Outpatient individual therapy visit</li> </ul>	<p>You pay 20% of the cost group/individual therapy visit.</p>
<p>Skilled Nursing Facility</p> <p><i>Supplemental Benefit</i></p> <ul style="list-style-type: none"> <li>• No prior hospitalization required to access skilled nursing benefit</li> </ul>	<p>You pay \$0.00 per day for days 1 through 20.</p> <p>Days 21 through 100 you pay \$164.50.</p> <p>Days 101 and beyond you pay all costs.</p> <p>Our plan covers up to 100 days in a SNF per benefit period. The benefit period is the same as Original Medicare.</p>
<p>Rehabilitation Services</p> <ul style="list-style-type: none"> <li>• Occupational therapy visit</li> <li>• Physical therapy and speech and language therapy visit.</li> </ul>	<p>Authorization and referral required.</p> <p>You pay 20% of the cost.</p> <p>You pay 20% of the cost.</p>
<p>Ambulance</p>	<p>You pay 20% of the cost.</p>
<p>Non-Emergency Transportation</p>	<p>Not covered</p>

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Foot Care (podiatry services) <ul style="list-style-type: none"> <li>• Routine foot care</li> <li>• Foot exams and treatment</li> </ul> <i>Supplemental Benefit</i> <ul style="list-style-type: none"> <li>• Additional routine foot care visits</li> </ul>	You pay \$0 for 2 routine foot care visits per year. You pay 20% of the cost.
Medical Equipment Supplies <ul style="list-style-type: none"> <li>• Durable Medical Equipment (<i>e.g., wheelchairs, oxygen</i>)</li> </ul> Prosthetics ( <i>e.g., braces, artificial limbs</i> )	You pay 20% of the cost. You pay 20% of the cost.
<ul style="list-style-type: none"> <li>• Wellness programs (<i>e.g., fitness</i>)</li> </ul>	Not covered
Dental Services	Not covered
Medicare Part B Drugs	20% of the cost for chemotherapy and other Part B drugs.

If you receive Extra Help your cost sharing could be reduced.

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This document is available in other formats such as Braille, large print or audio.

For more information, please call us at the phone number below or visit us at [www.simpra.com](http://www.simpra.com). Toll-free 1-844-637-4770, TTY users should call 711. From October 1 to February 14, you can call us 7 days a week from 8:00 a.m. to 8:00 p.m. From February 15 to September 30, you can call us Monday through Friday from 8:00 a.m. to 8:00 p.m.

You can see our plan’s provider directory at our website at [www.simpra.com](http://www.simpra.com). You can see our plan’s pharmacy directory at our website at [www.simpra.com](http://www.simpra.com).

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 complete plan formulary (list of Part D prescription drugs) and any restrictions on our website at [www.simpra.com](http://www.simpra.com).

<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>
Phase 1: Initial Coverage  (After you pay your \$405 deductible, if applicable)  Cost sharing	25%	25%	25%
<p>Cost-Sharing may change depending on the pharmacy you choose and when you enter another phase of the Part D benefit. For more information on the additional pharmacy-specific cost-sharing and the phases of the benefit, please call us or access our <i>Evidence of Coverage</i> online.</p>			