

# 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 PPO plan (PPO stands for Preferred Provider 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* -- reside in one of our participating nursing facilities for greater than 90 days. The plan's *Provider Directory* has a list of participating nursing facilities. You can access this list on our website [www.simpra.com](http://www.simpra.com) or call Member Services and ask us to send you a list.

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 of each year.

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>

Premiums and Benefits	Simpra Advantage (PPO SNP)
<p><b>Hearing services</b></p> <p>Hearing exam</p> <p><i>Supplemental Benefit</i></p> <p>Routine hearing exam, fitting and evaluation for hearing aids</p> <p>Hearing Aids</p>	<p><b>In-Network</b> \$0 copayment for traditional Medicare-covered hearing services.</p> <p><b>Out-of-Network</b> 20% coinsurance</p> <p><b>In-Network</b> You pay \$0 copayment for one routine hearing exam, and fitting/evaluation for hearing aids per year.</p> <p><b>Out-of-Network</b> \$0 copayment</p> <p>Up to a \$1,600 allowance for both ears combined every two years for hearing aids.</p>
<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>

Premiums and Benefits	Simpra Advantage (PPO SNP)
<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 \$200 combined credit every year for all additional eyewear.</p> <p><b>Out-of-Network</b> \$0 copaymentUp to a \$200 combined credit every year for all additional eyewear.</p>
<p><b>Mental Health Services</b></p> <p>Inpatient visit</p>	<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>







Premiums and Benefits	Simpra Advantage (PPO SNP)
<p><b>Foot Care (podiatry services)</b> Foot exams and treatment</p> <p><i>Supplemental Benefit</i> Routine foot care</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>\$0 copayment for 2 routine foot care visits per year.</p>
<p><b>Medical Equipment/Supplies</b> Durable Medical Equipment (e.g., wheelchairs, oxygen)</p> <p>Prosthetics (e.g., braces, artificial limbs)</p> <p>Diabetic supplies</p> <p>Diabetic Therapeutic Shoes and Inserts</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> <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>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>	<p>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:</p> <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>		