

Summary of Benefits



Medicare Advantage and Part D

Plan year: January 1 – December 31, 2021

Florida

Miami-Dade county

Simply Care (HMO I-SNP)

Simply Comfort (HMO I-SNP)

21FLH5471MP3

Thank you for your interest in our Medicare Advantage plans

Simply Care (HMO I-SNP) and Simply Comfort (HMO I-SNP) are a special type of MAPD plan for people who live in a nursing home, assisted living facility or at home, and have health issues that can be complex and require more comprehensive care. These plans are called Institutional Special Needs Plans (I-SNP) and offer extra benefits and services depending on your situation.

Simply Care (HMO I-SNP) and Simply Comfort (HMO I-SNP)

Simply Care (HMO I-SNP) and Simply Comfort (HMO I-SNP)

Our service area includes this county in FL: Miami-Dade

Have questions?



- ☐ Please call us toll-free **1-888-577-0212** (TTY: **711**), and follow the instructions to be connected to a representative.
- ☐ 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.



- ☐ You can learn more about us on our website at <https://shop.simplyhealthcareplans.com/medicare>.

While the Summary of Benefits does not include every service, limit or exclusion, the *Evidence of Coverage* does. Just give us a call to request a copy.

Simply Care (HMO I-SNP) and Simply Comfort (HMO I-SNP) are Medicare Advantage and prescription drug plans. They include hospital, medical and prescription drug benefits in one plan. To join these plans, you must:

- ☐ Be entitled to Medicare Part A,
- ☐ Enrolled in Medicare Part B, and
- ☐ Live in one of our network nursing homes within our service area, or
- ☐ Live at home and in our service area, but require the same level of care as those who live in a nursing home.

With these plans, you must use doctors and facilities in our plan. If you use a doctor or facility not in our plan, we may not cover the services.

Medicare coverage that goes beyond Original Medicare

- ☐ Like all Medicare Advantage health plans, we cover everything that Original Medicare covers — Part A (hospital services) and Part B (medical services), plus more. For some of these benefits, you may pay more in our plan than you would in Original Medicare. For others, you may pay less (see benefits section for more details).

- These plans cover Medicare Part D drugs and Part B drugs (such as chemotherapy and some drugs administered by your provider). To see if your prescription drugs are covered, follow the instructions in the “Know Your Drug Plan” section of this booklet.

These are Health Maintenance Organization Special Needs Plans (HMO SNP). That means:

- You must choose a primary care provider (PCP) in the plan’s network of doctors for covered services.¹ A PCP is your main doctor who provides most of your medical care, including routine care and hospitalizations. Your PCP will also help coordinate your care after a stay in the hospital.
- Before you get care from a specialist, we highly recommend you talk to your PCP first. Doing so will keep your PCP informed and will help ensure you get the right care. Many specialist services require a referral from your PCP. So if you have a favorite specialist, make sure to ask if the specialist is in the plan’s network.

¹ If you need emergency or urgent care, call 911 or go to the nearest doctor or facility that can help you. Most times, you must use doctors in our plan to get covered medical care, except for emergencies and urgently needed care when doctors in our plan are not available, or dialysis services when you are out of the service area. If you get routine care from doctors outside our plan, neither Medicare nor Simply Healthcare will pay for it.

Is your PCP in our plan's network of doctors?



If, for any reason, you need to change your PCP, give us a call – we can help you! A doctor or PCP can join or leave our plan at any time, so be sure to ask if he or she is in our Medicare Advantage plan, taking new patients and accepts Medicare. You can find a PCP in our plan or check their status online. Just follow the steps below.

How to find a doctor/PCP in our plan:



- ☐ Go to <https://shop.simplyhealthcareplans.com/medicare>
 1. Scroll to the *Useful Tools* section and choose the tab labeled **Find a Doctor**.
 2. Enter your ZIP code, county and the date you want your coverage to begin and select **Continue**.
 3. Fill in the details of your search (city, doctor's name, distance, etc.).
 4. Be sure to check that the doctor displays as “In-Network” for these plans.
- ☐ Or you can call us and ask for a copy of the *Provider Directory*. The phone number is on page 2.

Know your drug plan

Prescription drugs are an important part of health and wellness

Our Simply Care (HMO I-SNP) and Simply Comfort (HMO I-SNP) plans are designed to give you full coverage of medications you need for your condition, at the lowest costs possible. To find out if your medications are covered and what you may pay, check the plan's formulary.

What is a formulary?



The formulary is a list of drugs covered by our plan that tells you:

- ☐ Which drugs require prior authorization from your plan before you fill your prescription.
- ☐ If there is a quantity limit on the frequency, amount or dosage.
- ☐ If you need to try other drugs first (called step therapy).
- ☐ The cost-sharing tier a drug is in.

Our plan groups each drug into “tiers.” The amount you pay depends on the drug’s tier and what stage of the benefit you have reached. Learn more by going to the “Summary of 2021 prescription drug coverage” section in this guide.

How to find if your drugs (or an acceptable alternative) are covered and what they’ll cost:



- ☐ Visit <https://shop.simplyhealthcareplans.com/medicare>
 1. Scroll to the *Useful Tools* section and choose the tab labeled **Find Your Covered Drugs**.
 2. Enter your ZIP code, county and beginning coverage date; then select **Continue**.
 3. Enter the name of your drug, dosage, quantity and refill frequency, and select **Add Drug**.
 4. Select your pharmacy.
 5. Select **View All Plans**.
 6. Make sure to choose **Show drug cost details** to view what tier your drugs are in, specific costs and coverage details.
- ☐ You can also call us at the number on page 2 to get a copy of the *Formulary*.

Can I use any pharmacy to fill my covered prescriptions?

To get the best savings on your covered Part D drugs, you must generally use a pharmacy in our plan. You may get your covered drugs from pharmacies that are **not** in our plan, but only when you are unable to get your prescription drugs from a pharmacy that **is** in our plan.

To find a pharmacy in our plan, see our online *Pharmacy Directory* on our website at <https://shop.simplyhealthcareplans.com/medicare> (under *Useful Tools*, select **Find a Pharmacy**, and enter your location and search details). Or you can give us a call and we'll send you a copy.



Don't miss out on some "Extra Help"¹

If you qualify for **Medicare's "Extra Help,"** you can get help with paying your drug plan's monthly payment (premium), yearly deductible, coinsurance and copays for covered prescription drugs. Plus:

- ☐ The coverage gap stage will not apply to you and
- ☐ There are no late enrollment penalties.



To find out if you qualify for "Extra Help," call:

- ☐ **1-800-MEDICARE** (TTY: **1-877-486-2048**), 24 hours a day/7 days a week.
- ☐ The Social Security Administration at **1-800-772-1213** (TTY: **1-800-325-0778**) between 7 a.m. and 7 p.m., Monday through Friday.
- ☐ Your state Medicaid office.
- ☐ Our helpful representatives at **1-888-577-0212**.

¹ You can't get Medicare Coverage Gap Discounts on brand-name drugs if you receive "Extra Help."

Summary of 2021 medical benefits



On the following pages, you can review more about our plan benefits to help you choose the right plan for you. If you want to compare our plan with other Medicare health plans, call and ask the other plans for a copy of their Summary of Benefits.

Are there any restrictions on my coverage?

Prior Authorization:

Simply Healthcare requires you or your physician to get prior authorization (pre-approval) for certain services. This means that you will need to get approval from our plan before you receive some covered services. Services that may require prior approval are noted with a * in the benefit title.

Be in the know

Before you continue, here is some important information to know as you review our plan benefits:

- ☐ Services with a ¹ may require a referral from your doctor or Primary Care Physician (PCP).

Simply Care (HMO I-SNP)	Simply Comfort (HMO I-SNP)
How much is my premium (monthly payment)?	
\$0.00 per month	\$0.00 per month
You must continue to pay your Medicare Part B premium.	
Medicare Part B premium reduction	
\$41.00 per month	\$0.00 per month
How much is my deductible?	
<p>This plan does not have a medical deductible.</p> <p>\$445.00 deductible per year for Part D prescription drugs.</p> <p>Drugs listed on All Tiers are included in the Part D deductible.</p>	<p>This plan does not have a medical deductible.</p> <p>\$445.00 deductible per year for Part D prescription drugs.</p> <p>Drugs listed on Tier 2: Generic, Tier 3: Preferred Brand, Tier 4: Nonpreferred Brand, Tier 5: Specialty Tier are included in the Part D deductible.</p>
Is there a limit on how much I will pay for my covered medical services? (does not include Part D drugs)	
\$3,400.00 per year from doctors and facilities in our plan.	\$3,400.00 per year from doctors and facilities in our plan.
<p>Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care.</p> <p>Services you get from doctors or facilities in our plan go toward your yearly limit. If you reach the limit on out-of-pocket costs, you will not have to pay any out-of-pocket costs for covered Part A and Part B services for the rest of the year.</p>	

Simply Care (HMO I-SNP)	Simply Comfort (HMO I-SNP)
Inpatient Hospital^{1*}	
Facilities in our plan: \$0.00 copay per stay	Facilities in our plan: \$0.00 copay per stay
Our plan covers an unlimited number of days for an inpatient hospital stay.	
Outpatient Hospital^{1*}	
Doctors and facilities in our plan: \$50.00 copay	Doctors and facilities in our plan: \$50.00 copay
What you will pay depends on the service and where you are treated.	
Ambulatory Surgical Center^{1*}	
Doctors and facilities in our plan: \$0.00 copay	Doctors and facilities in our plan: \$0.00 copay
Doctor's Office Visits¹	
Primary care physician (PCP) visit:	
PCPs in our plan: \$0.00 copay	PCPs in our plan: \$0.00 copay
Specialist visit:	
Doctors in our plan: \$0.00 copay	Doctors in our plan: \$0.00 copay

Simply Care (HMO I-SNP)		Simply Comfort (HMO I-SNP)	
Preventive Care Screenings			
Preventive care screenings:			
Doctors in our plan: \$0.00 copay		Doctors in our plan: \$0.00 copay	
Covered preventive care screenings:			
<ul style="list-style-type: none"><input type="checkbox"/> Abdominal aortic aneurysm screening<input type="checkbox"/> Annual “wellness” visit<input type="checkbox"/> Bone mass measurement<input type="checkbox"/> Breast cancer screening (mammogram)<input type="checkbox"/> Cardiovascular disease (behavioral therapy)<input type="checkbox"/> Cardiovascular screening<input type="checkbox"/> Cervical and vaginal cancer screening<input type="checkbox"/> Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy)<input type="checkbox"/> Depression screening<input type="checkbox"/> Diabetes prevention program<input type="checkbox"/> Diabetes screenings and monitoring		<ul style="list-style-type: none"><input type="checkbox"/> Hepatitis C Screening<input type="checkbox"/> High Intensity Behavioral Counseling<input type="checkbox"/> HIV screening<input type="checkbox"/> Lung cancer screenings<input type="checkbox"/> Medical nutrition therapy services<input type="checkbox"/> Obesity screenings and counseling<input type="checkbox"/> Prostate cancer screenings (PSA)<input type="checkbox"/> Sexually transmitted infections screenings and counseling<input type="checkbox"/> Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)<input type="checkbox"/> Vaccines, including flu shots, hepatitis B shots, pneumococcal shots<input type="checkbox"/> “Welcome to Medicare” preventive visit (one-time)	
Any extra preventive services approved by Medicare during the contract year will be covered. When you use doctors in our plan, 100% of the cost of preventive care screenings are covered.			
Emergency Care			
\$25.00 copay		\$25.00 copay	
If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for emergency care.		If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for emergency care.	

Simply Care (HMO I-SNP)	Simply Comfort (HMO I-SNP)
Urgently Needed Services	
\$0.00 copay	\$0.00 copay
Diagnostic Radiology Services (such as MRIs, CT scans) ^{1*}	
Doctors and facilities in our plan: \$0.00 - \$50.00 copay	Doctors and facilities in our plan: \$0.00 - \$50.00 copay
What you pay for these services may vary based on where you are treated.	
Diagnostic Tests and Procedures ^{1*}	
Doctors and facilities in our plan: \$0.00 - \$50.00 copay	Doctors and facilities in our plan: \$0.00 - \$50.00 copay
What you pay for these services may vary based on where you are treated.	
Lab Services ^{1*}	
Doctors and facilities in our plan: \$0.00 copay	Doctors and facilities in our plan: \$0.00 copay
Outpatient X-rays ^{1*}	
Doctors and facilities in our plan: \$0.00 - \$50.00 copay	Doctors and facilities in our plan: \$0.00 - \$50.00 copay
What you pay for these services may vary based on where you are treated.	
Therapeutic Radiology Services (such as radiation treatment for cancer) ^{1*}	
Doctors and facilities in our plan: \$0.00 - \$50.00 copay	Doctors and facilities in our plan: \$0.00 - \$50.00 copay
What you pay for these services may vary based on where you are treated.	

Simply Care (HMO I-SNP)	Simply Comfort (HMO I-SNP)
Hearing Services	
Medicare-covered hearing services (Exam to diagnose and treat hearing and balance issues):*	
Doctors in our plan: \$0.00 copay	Doctors in our plan: \$0.00 copay
Routine hearing services: *	
<p>This plan covers 1 routine hearing exam(s) and hearing aid fitting/evaluation(s) every year. \$1,500.00 maximum plan benefit for hearing aids every year.</p> <p>Doctors in our plan: \$0.00 copay for routine hearing exam(s). \$0.00 copay for hearing aids up to the maximum plan benefit amount.</p>	<p>This plan covers 1 routine hearing exam(s) and hearing aid fitting/evaluation(s) every year. \$2,000.00 maximum plan benefit for hearing aids every year.</p> <p>Doctors in our plan: \$0.00 copay for routine hearing exam(s). \$0.00 copay for hearing aids up to the maximum plan benefit amount.</p>
Dental Services	
Medicare-covered dental services (this does not include services for care, treatment, filling, removal or replacement of teeth):*	
Doctors and dentists in our plan: \$0.00 copay	Doctors and dentists in our plan: \$0.00 copay
Preventive dental services:	
<p>This plan covers: 2 Exams, 2 Prophylaxis cleanings, 2 Series of bitewing films, and 1 Panoramic film every year.</p> <p>Dentists in our plan: \$0.00 copay</p>	<p>This plan covers: 2 Exams, 2 Prophylaxis cleanings, 2 Series of bitewing films, and 1 Panoramic film every year.</p> <p>Dentists in our plan: \$0.00 copay</p>

Simply Care (HMO I-SNP)	Simply Comfort (HMO I-SNP)
Dental Services	
Comprehensive dental services: *	
<p>This plan covers up to: 2 Amalgam or resin fillings, 6 simple or surgical extractions (in 1 or more visits), 2 crowns, 1 root canal, 2 implants every year, periodontal scaling and root planing per quadrant every 3 years, 1 set of complete or partial dentures every five years, and 1 denture adjustment/reline every year. Medically necessary surgical procedures including analgesia.</p> <p>Doctors and dentists in our plan: \$0.00 copay</p>	<p>This plan covers up to: 2 Amalgam or resin fillings, 6 simple or surgical extractions (in 1 or more visits), 2 crowns, 1 root canal, 2 implants every year, periodontal scaling and root planing per quadrant every 3 years, 1 set of complete or partial dentures every five years, and 1 denture adjustment/reline every year. Medically necessary surgical procedures including analgesia.</p> <p>Doctors and dentists in our plan: \$0.00 copay</p>
<p>To find a dental provider in our plan, follow the same steps as the "How to find a doctor/PCP in our plan" box at the beginning of this booklet. Then select Dental Provider under Provider Type.</p>	
Vision Services	
Medicare-covered vision services:	
Exam to diagnose and treat diseases and conditions of the eye	
Doctors in our plan: \$0.00 copay	Doctors in our plan: \$0.00 copay
Eyeglasses or contact lenses after cataract surgery	
Doctors in our plan: \$0.00 copay	Doctors in our plan: \$0.00 copay

Simply Care (HMO I-SNP)	Simply Comfort (HMO I-SNP)
Vision Services	
Routine vision services:	
Routine vision exam	
This plan covers 1 routine eye exam(s) every year. Doctors in our plan: \$0.00 copay	This plan covers 1 routine eye exam(s) every year. Doctors in our plan: \$0.00 copay
Routine eyewear (lenses and frames)	
This plan covers up to \$350.00 for eyeglasses or contact lenses every year. Doctors in our plan: \$0.00 copay	This plan covers up to \$300.00 for eyeglasses or contact lenses every year. Doctors in our plan: \$0.00 copay
Mental Health Care¹	
Inpatient visit: *	
Doctors and facilities in our plan: \$0.00 copay per stay	Doctors and facilities in our plan: \$0.00 copay per stay
<p>Our plan has a lifetime limit of 190 days for inpatient mental health care in a psychiatric hospital. This limit does not apply to inpatient mental health services provided in a general hospital.</p> <p>Our plan covers 90 days for an inpatient hospital stay.</p> <p>Our plan also covers 60 "lifetime reserve days." These are "extra" days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.</p>	
Outpatient individual and group therapy services: *	
Doctors and facilities in our plan: \$0.00 copay	Doctors and facilities in our plan: \$0.00 copay

Simply Care (HMO I-SNP)	Simply Comfort (HMO I-SNP)
Skilled Nursing Facility (SNF)^{1*}	
Doctors and facilities in our plan: \$0.00 copay per stay	Doctors and facilities in our plan: \$0.00 copay per stay
Our plan covers up to 100 days in a Skilled Nursing Facility (SNF).	
Physical Therapy^{1*}	
Doctors and facilities in our plan: \$0.00 copay	Doctors and facilities in our plan: \$0.00 copay
Ambulance*	
Ground/Water Ambulance:	
Emergency transportation services in our plan: \$0.00 copay per trip	Emergency transportation services in our plan: \$0.00 copay per trip
Air Ambulance:	
Emergency transportation services in our plan: \$0.00 copay per trip	Emergency transportation services in our plan: \$0.00 copay per trip
Transportation	
\$0.00 copay. This plan offers coverage for unlimited routine transportation services every year.	\$0.00 copay. This plan offers coverage for 24, one-way, routine transportation services every year.
Routine transportation coverage is limited to plan-approved locations (within the local service area) provided by contracted transportation vendors in our plan. If you need a ride, call us at least 72 hours ahead of time.	

Simply Care (HMO I-SNP)	Simply Comfort (HMO I-SNP)
Medicare Part B Drugs*	
Other Part B Drugs:	
Drugs in our plan: \$0.00 copay - 20% coinsurance	Drugs in our plan: \$0.00 copay - 20% coinsurance
Chemotherapy drugs:	
Drugs in our plan: 20% coinsurance	Drugs in our plan: 20% coinsurance

Additional benefits

Simply Care (HMO I-SNP)

Simply Comfort (HMO I-SNP)

Chiropractic Care

Medicare-covered chiropractic services:

Providers in our plan: **\$0.00** copay

Providers in our plan: **\$0.00** copay

Medicare coverage includes manipulation of the spine to correct a subluxation (when one or more of the bones of your spine move out of position).

Routine chiropractic services:

Providers in our plan: **\$0.00** copay for 6 visits each year.

Providers in our plan: **\$0.00** copay for 6 visits each year.

Foot Care (podiatry services)

Medicare-covered podiatry:

Doctors in our plan: **\$0.00** copay

Doctors in our plan: **\$0.00** copay

Foot exams and treatment are covered if you have diabetes-related nerve damage and/or meet certain conditions.

Routine foot care:

Doctors in our plan: **\$0.00** copay

This plan covers: 12 routine foot care visits each year.

Doctors in our plan: **\$0.00** copay

This plan covers: Unlimited routine foot care visits each year.

Healthy Meals-Chronic Condition^{1*}

Not Covered

\$0.00 copay for up to 3 meals a day for 26 days to support your chronic condition nutritional needs.

Simply Care (HMO I-SNP)	Simply Comfort (HMO I-SNP)
Healthy Meals-Post Discharge^{1*}	
Not Covered	\$0.00 copay for up to 1 meal a day for 10 days following your discharge from the hospital.
Home Health Care*	
Doctors and facilities in our plan: \$0.00 copay	Doctors and facilities in our plan: \$0.00 copay
LiveHealth Online	
Lets you talk to a board-certified doctor, or licensed psychiatrist, psychologist or therapist, by live, two-way video on a computer, smartphone or tablet.	Lets you talk to a board-certified doctor, or licensed psychiatrist, psychologist or therapist, by live, two-way video on a computer, smartphone or tablet.
LiveHealth Online is the trade name of Health Management Corporation, a separate company, providing telehealth services on behalf of our plan.	
Medical Equipment/Supplies	
Durable Medical Equipment (wheelchairs, oxygen, etc.):*	
Suppliers in our plan: 0% - 20% coinsurance depending on the equipment	Suppliers in our plan: 0% - 20% coinsurance depending on the equipment
Medical supplies and prosthetic devices (braces, artificial limbs, etc.):*	
Suppliers in our plan: \$0.00 copay	Suppliers in our plan: \$0.00 copay

Simply Care (HMO I-SNP)	Simply Comfort (HMO I-SNP)
Medical Equipment/Supplies	
Diabetic supplies and services:*	
Suppliers in our plan: \$0.00 copay	Suppliers in our plan: \$0.00 copay
Outpatient Rehabilitation	
Cardiac (heart) rehab services (with a limit of two, one-hour sessions per day and a maximum of 36 sessions within a 36-week period):*	
Doctors and facilities in our plan: \$0.00 copay	Doctors and facilities in our plan: \$0.00 copay
Pulmonary (lung) rehab services (with a limit of two, one-hour sessions per day and a maximum of 36 sessions):*	
Doctors and facilities in our plan: \$0.00 copay	Doctors and facilities in our plan: \$0.00 copay
Occupational therapy visit:*	
Doctors and facilities in our plan: \$0.00 copay	Doctors and facilities in our plan: \$0.00 copay
Outpatient Substance Abuse^{1*}	
Individual & Group therapy visit:	
Doctors and facilities in our plan: \$50.00 copay	Doctors and facilities in our plan: \$50.00 copay

Simply Care (HMO I-SNP)	Simply Comfort (HMO I-SNP)
Over-the-Counter Items	
<p>This plan covers certain approved, non-prescription, over-the-counter drugs and health-related items, up to \$240 every month. Unused OTC amounts do not roll over from month to month. Catalog orders are limited to one per month. To review a list of covered over-the-counter items request a copy of the OTC Catalog from your sales representative, or call us at the number on page 2.</p>	<p>This plan covers certain approved, non-prescription, over-the-counter drugs and health-related items, up to \$90 every month. Unused OTC amounts do not roll over from month to month. Catalog orders are limited to one per month. To review a list of covered over-the-counter items request a copy of the OTC Catalog from your sales representative, or call us at the number on page 2.</p>
Personal Emergency Response System (PERS) coverage^{1*}	
Not Covered	Includes the monitoring device and monitoring service. To start and install services, give us a call. We can help you.
Readmission prevention – Simply aid at-home recovery^{1*}	
Not Covered	Immediately following an inpatient admission, members receive up to 16 hours of care at home to prevent readmission to a hospital or other institution.
Renal Dialysis	
Doctors and facilities in our plan: \$0.00 copay	Doctors and facilities in our plan: \$0.00 copay

Simply Care (HMO I-SNP)	Simply Comfort (HMO I-SNP)
24-Hour Nurse HelpLine	
24-hour access to a nurse helpline, 7 days a week, 365 days a year.	24-hour access to a nurse helpline, 7 days a week, 365 days a year.

Summary of 2021 prescription drug coverage



Know where to go:

Once you become a member of our plan, Chapters 5 and 6 of your *Evidence of Coverage* include many important details about your pharmacy benefit.



To find a pharmacy in our plan:

- ☐ Visit **<https://shop.simplyhealthcareplans.com/medicare>** (under *Useful Tools*, select **Find a Pharmacy**, and enter your location and search details).
- ☐ Give us a call and we will send you a copy of the Pharmacy Directory.

Simply Care (HMO I-SNP)	Simply Comfort (HMO I-SNP)
Stage 1: How much is my deductible?	
\$445.00 deductible per year for Part D prescription drugs. Drugs listed on All Tiers are included in the Part D deductible.	\$445.00 deductible per year for Part D prescription drugs. Drugs listed on Tier 2: Generic, Tier 3: Preferred Brand, Tier 4: Nonpreferred Brand, Tier 5: Specialty Tier are included in the Part D deductible.
Stage 2: Initial Coverage	
After you pay your yearly deductible (if your plan has one), you pay the amount listed in the table on the following pages, until your total yearly drug costs reach \$4,130 . Total yearly drug costs are the total drug costs paid by both you and our Part D plan.	After you pay your yearly deductible (if your plan has one), you pay the amount listed in the table on the following pages, until your total yearly drug costs reach \$4,130 . Total yearly drug costs are the total drug costs paid by both you and our Part D plan.
You may get your covered drugs at retail pharmacies in our plan. Generally, you may get your covered drugs from pharmacies not in our plan only when you are unable to get your prescription drugs from a pharmacy that is in our plan. If you live in a long-term care facility, you pay the same as at a standard retail pharmacy.	
If you qualify for low-income subsidy (LIS), also known as Medicare's "Extra Help" program, the amount you pay may be different in this Stage.	

Stage 2: Initial Coverage		
Cost Sharing	Simply Care (HMO I-SNP)	Simply Comfort (HMO I-SNP)
Tier 1: Preferred Generic Standard retail one-month supply Mail order three-month supply	\$4.00 Not available	\$0.00* Not available
Tier 2: Generic Standard retail one-month supply Mail order three-month supply	\$5.00 Not available	\$5.00 Not available
Tier 3: Preferred Brand Standard retail one-month supply Mail order three-month supply	25% Not available	25% Not available
Tier 4: Nonpreferred Brand Standard retail one-month supply Mail order three-month supply	25% Not available	25% Not available

Stage 2: Initial Coverage		
Cost Sharing	Simply Care (HMO I-SNP)	Simply Comfort (HMO I-SNP)
Tier 5: Specialty Tier		
Standard retail one-month supply	25%	25%
Mail order three-month supply	Not available	Not available

* Your deductible will not apply for these drugs.

Simply Care (HMO I-SNP)	Simply Comfort (HMO I-SNP)
Stage 3: Coverage Gap	
<p>You pay 25% of the plan's cost for covered brand name drugs and 25% of the plan's cost for covered generic drugs until your costs total \$6,550, which is the end of the coverage gap. Not everyone will enter the coverage gap.</p>	<p>For drugs on Tier 1, you pay the same cost-sharing that is listed in Stage 2 above.</p> <p>For all other drugs, you pay 25% of the plan's cost for covered brand name drugs and 25% of the plan's cost for covered generic drugs until your costs total \$6,550, which is the end of the coverage gap. Not everyone will enter the coverage gap.</p>
Stage 4: Catastrophic Coverage	
<p>After your yearly out-of-pocket drug costs reach \$6,550, you pay the greater of: a \$3.70 copay for generic (including brand drugs treated as generic) and a \$9.20 copay for all other drugs, or 5% coinsurance.</p>	<p>After your yearly out-of-pocket drug costs reach \$6,550, you pay the greater of: a \$3.70 copay for generic (including brand drugs treated as generic) and a \$9.20 copay for all other drugs, or 5% coinsurance.</p>



Our care teams work for you

If you have a chronic condition (such as diabetes, high blood pressure, heart failure, etc.) or a major health issue, our case management team is here for you. This service is at no charge to you.

Case Management – A team of trained nurses, social workers, therapists, and other medical specialists. They can help you:

- ☐ Plan preventive care.
- ☐ Learn ways to manage your symptoms.
- ☐ Get needed community resources.
- ☐ With referrals to other programs we offer.
- ☐ Plan for hospital stays or a procedure

Discharge planning – If you're in the hospital, our special Inpatient Team works with your doctor so you get the right services needed after you leave the hospital. They will also follow up with you to make sure you know what you need to do.

An overview of how Medicare works



If you're new to Medicare, this information can help you decide what option is right for you.

ORIGINAL MEDICARE (PARTS A and B) is offered by the federal government. It helps cover the costs for:

A

B





+





- ☐ Inpatient care in hospitals and skilled nursing facilities (not custodial or long-term care)
- ☐ Hospice and some home health care services
- ☐ Doctors' services, hospital outpatient care and some home health care services, as well as lab tests, medical equipment and supplies
- ☐ Most preventive services, including a yearly wellness exam

But Original Medicare doesn't cover everything. Parts A and B don't cover:

- ☐ Prescription drugs
- ☐ Routine vision, dental or hearing care



Here are your options:

OPTION 1 - Choose all your coverage in one Medicare Advantage Plan:	OPTION 2 - Choose one or both of the following:
<div><div>Medicare Part C</div><div>C+D+Extras</div><ul style="list-style-type: none"><input type="checkbox"/> Includes all of Part A (hospital) and Part B (medical) coverage<input type="checkbox"/> Usually includes Part D prescription drug coverage<input type="checkbox"/> Often offers extra services and benefit options<input type="checkbox"/> Has yearly limits on your out-of-pocket costs for medical services</div>	<div><div><div>Medicare Supplement</div></div><ul style="list-style-type: none"><input type="checkbox"/> Medicare Part A or Part B deductibles, coinsurance or copayments<input type="checkbox"/> Medicare Part B excess charges<input type="checkbox"/> Skilled Nursing Facility care coinsurance<input type="checkbox"/> Foreign Travel Emergencies</div> <div><div><div>Prescription Drug Coverage</div><div>Part D</div></div><ul style="list-style-type: none"><input type="checkbox"/> Helps pay for many of your prescribed drugs<input type="checkbox"/> Gives you access to mail-order options and retail drugstores across the country</div>

The four stages of drug coverage

This page is for educational purposes. To understand your plan's specific coverage for each of the stages, see the Summary of 2021 prescription drug coverage section of this Summary of Benefits.



Stage 1	Stage 2	Stage 3	Stage 4
Deductible	Initial Coverage	Coverage Gap	Catastrophic Coverage
<p>If you have a deductible, you will pay 100% of your drug cost until you meet your deductible.</p> <p>If you have no deductible, or if a specific drug tier does not apply to the deductible, you will skip to Stage 2.</p>	<p>You will pay a copay or a percentage of the cost, and your plan pays the rest for your covered drugs.</p>	<p>In this stage, you pay a greater share of the costs. It begins after you and your plan have paid a certain amount on covered drugs during Stages 1 and 2 (this can vary by plan). See Stage 2: Initial Coverage in the prescription drug coverage section of this Summary of Benefits for the exact amount.</p> <p>After you enter the coverage gap, you pay a percentage of the plan's cost for covered brand-name drugs and/or covered generic drugs until your costs total \$6,550.</p> <p>Some plans have extra coverage. See the Stage 3: Coverage Gap section for more details.</p>	<p>In this stage, after your yearly out-of-pocket drug costs (including drugs purchased through mail order and your retail pharmacy) reach \$6,550, the plan pays most, or in some cases all, of the cost of your covered Part D prescription drugs. This stage lasts until the end of the plan year.</p> <p>See the Stage 4: Catastrophic Coverage section for what you pay with this plan.</p>

Which coverage stage am I in?

You will get an **Explanation of Benefits** (EOB) each month you fill a prescription. It will show which coverage stage you're in and how close you are to entering the next one.

When you can enroll

Initial coverage period



You can sign up for a Medicare Advantage or Part D plan when you are first eligible for Medicare. Your initial enrollment phase is a 7-month period that includes the 3 months before you turn 65, the month you turn 65 and the 3 months after you turn 65.

Annual election period - October 15 to December 7



This is the time frame each year that you can enroll in or change your Medicare Advantage or Part D plan. You may also switch to Original Medicare (Parts A and B). New coverage begins January 1 of each year, after you've enrolled.

Open enrollment period - January 1 to March 31



If you're enrolled in a Medicare Advantage Drug (MA-PD) plan, you may switch to another MA-PD plan; an MA-only plan; or Original Medicare with or without a PDP.

Special enrollment period



You can sign up for a Medicare Advantage or Part D plan outside of the time frames above if certain events occur in your life or if you're eligible for low-income subsidy (also called "Extra Help").

Medicare ID cards

The Medicare plan option you choose will determine the plan ID card or cards you will need to carry with you at all times.

If you choose one of our Medicare Advantage and Prescription Drug (MAPD) plans:

One Card for ALL!



You should put away your red, white and blue Medicare ID card because all you'll need to carry is one card. Just present your MAPD plan ID card for all your covered medical and drug benefits.

Avoid late-enrollment penalties

It's important to enroll in a Medicare plan when you're first eligible. If you don't, you may have to pay the following penalties:



Medicare Part A: Your monthly premium, if you have one, may increase by 10% per year for twice the number of years you could have had Part A but didn't sign up.



Medicare Part B: Your monthly premium may increase 10% for each 12-month period that you could have had Part B but didn't sign up. You'll have to pay this penalty for as long as you have Part B.



Medicare Part D: If you don't sign up when you're first eligible, you may have to pay this penalty for as long as you are enrolled in Part D, and it may increase every year. (You may not have to pay if you receive "Extra Help" or can provide proof of other creditable coverage.)

How can I learn more about Medicare?

Medicare & You – a helpful tool



We strongly recommend you obtain a copy of the official U.S. government's *Medicare & You* handbook to get the answers to all of your questions about Medicare. If you do not have a copy, you can view it online at www.medicare.gov or call Medicare for a copy at **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, 7 days a week. TTY users can call **1-877-486-2048**.

Hay disponibles servicios de traducción; póngase en contacto con el plan o su agente.

Simply Healthcare Plans, Inc. is a Medicare-contracted coordinated care plan that has a Medicaid contract with the State of Florida Agency for Health Care Administration to provide benefits or arrange for benefits to be provided to enrollees. Enrollment in Simply Healthcare Plans, Inc. depends on contract renewal.

Simply Healthcare Plans, Inc. - H5471

2021 Medicare Star Ratings

Every year, Medicare evaluates plans based on a 5-star rating system. Medicare Star Ratings help you know how good a job our plan is doing. You can use these Star Ratings to compare our plan's performance to other plans. The two main types of Star Ratings are:

1. An Overall Star Rating that combines all of our plan's scores.
2. Summary Star Rating that focus on our medical or our prescription drug services.

Some of the areas Medicare reviews for these ratings include:

- How our members rate our plan's services and care;
- How well our doctors detect illnesses and keep members healthy;
- How well our plan helps our members use recommended and safe prescription medications.

For 2021, Simply Healthcare Plans, Inc. received the following Overall Star Rating from Medicare.

★★★★★

4 Stars

We received the following Summary Star Rating for Simply Healthcare Plans, Inc.'s health/drug plan services:

★★★★★

Health Plan Services: 4 Stars

★★★★★

Drug Plan Services: 4 Stars

The number of stars shows how well our plan performs.

★★★★★	5 stars - excellent
★★★★	4 stars - above average
★★★	3 stars – average
★★	2 stars - below average
★	1 star - poor

Learn more about our plan and how we are different from other plans at www.medicare.gov.

You may also contact us at 1-888-577-0212 (toll-free) or 711 (TTY), 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.

Current members please call 1-877-577-0115 (toll-free) or 711 (TTY).

Star Ratings are based on 5 Stars. Star Ratings are assessed each year and may change from one year to the next.

This plan is available to anyone who has both Medical Assistance from the State and Medicare.

Simply Healthcare Plans, Inc. are an HMO with a Medicare contract and a Medicare-contracted coordinated care plan that has a Medicaid contract with the State of Florida Agency for Health Care Administration to provide benefits or arrange for benefits to be provided to enrollees. Enrollment in Simply Healthcare Plans, Inc. depends on contract renewal.

Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at **1-888-577-0212** TTY: **711**. 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.

Understanding the Benefits

- ☐ Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services for which you routinely see a doctor. Visit **<https://shop.simplyhealthcareplans.com/medicare>** or call **1-888-577-0212** to view a copy of the EOC.
- ☐ Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- ☐ Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

Understanding Important Rules

- ☐ In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- ☐ Benefits, premiums and/or copayments/co-insurance may change on January 1, 2022.
- ☐ Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).
- ☐ This plan is an institutional special needs plan (I-SNP). Your ability to enroll will be based on verification that your condition makes it likely that either the length of stay or the need for an institutional level of care would be at least 90 days.