Summary of Benefits

Medicare Advantage and Part D

Plan year: January 1 – December 31, 2023

Florida

Charlotte, Collier, Lee, Manatee, Sarasota counties

Simply Freedom Extra (PPO)
Simply Freedom (PPO)

23FLH9469M1

Thank you for your interest in our Medicare Advantage plans

Simply Healthcare offers benefits to help you stay healthy while protecting you from unexpected costs. This plan includes your hospital, medical, and drug benefits in one plan.

Simply Freedom Extra (PPO) and Simply Freedom (PPO)

Simply Freedom Extra (PPO) and Simply Freedom (PPO)

Our service area includes these counties in FL: Charlotte, Collier, Lee, Manatee, Sarasota

Do you have questions?

- You can learn more on our website, **https://shop.simplyhealthcareplans.com/medicare**.

- Or call us toll-free **1-888-577-0212** (TTY: **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.

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

Simply Freedom Extra (PPO) and Simply Freedom (PPO) are Medicare Advantage plans. They include hospital, medical, and prescription drug benefits. To join one of these plans, the following must apply to you:

- You're entitled to Medicare Part A.
- You're enrolled in Medicare Part B.
- You live in our service area.

You can go to any doctor or facility. However, if you stay inside the network, your out-of-pocket costs may be lower. Ask your current doctor if they are in this plan.

Medicare coverage that goes beyond Original Medicare

- These plans cover everything Original Medicare covers — Part A (hospital services) and Part B (medical services) — plus more.
- These plans cover Medicare Part D drugs and Part B drugs (such as chemotherapy and certain drugs your doctor administers).

These are Preferred Provider Organization (PPO) plans. That means:

- You can see any doctor or specialist, in or out of our plan, no referrals needed.
- Your costs may be higher if you use doctors outside the plan.

Shop smart and save

If you use a doctor in our plan, your costs will be lower. A doctor can join or leave this plan at any time, so check if they're in-network with our Find a Doctor tool online. Just follow the steps below.

How to find a doctor/PCP in our plan:

- Go to **https://shop.simplyhealthcareplans.com/medicare**
  1. Select **Useful Tools** and choose **Find a Doctor**.
  2. Enter your ZIP code, county and the date you want your coverage to begin.
  3. Fill in the details (city, doctor's name, distance, etc.).
  4. Be sure to check that the doctor is listed as "In-Network" for this plan.
- Or you can ask us for the *Provider Directory*. The phone number is on page 2.

Know your drug plan

Prescription drugs are an important part of health and wellness

Simply Freedom Extra (PPO) and Simply Freedom (PPO) cover medications that help you stay your healthiest, at the lowest cost possible. Check the plan's drug list, or *Formulary*, to see if your prescriptions are covered and at what price.

How to check if your prescriptions (or an acceptable alternative) are covered and what they'll cost:

- ☐ Visit **https://shop.simplyhealthcareplans.com/medicare**
  1. Select **Useful Tools** and choose **Find Your Covered Drugs**.
  2. Enter your ZIP code, county and beginning coverage date.
  3. Enter your drug name, dosage, quantity and refill frequency, and select **Add Drug** or **Next**.
  4. Select your pharmacy, and then select **View All Plans**.
  5. Choose **Plan Details** and then **Drug Cost** to view the drug's tier, specific cost, and coverage details.
- ☐ You can also call us at the number on page 2 for a copy of the *Formulary*.

Find a pharmacy

Our plans include the majority of pharmacies in America, so you're likely to find one near you. If your pharmacy is not in this plan, you could end up paying more for your drugs.

To confirm your pharmacy is in the plan (or find a new one) see the *Pharmacy Directory* on our website at **https://shop.simplyhealthcareplans.com/medicare**. Under **Useful Tools**, choose **Find a Pharmacy** to enter your location and search details. Or you can give us a call and we'll send you the directory.

Don’t miss out on some Extra Help

Medicare offers Extra Help, a program with prescription drug assistance for people who qualify. Extra Help can cover prescription drug plan deductibles, premiums, copays, and coinsurance. Plus:

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

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

- Our helpful representatives at **1-888-577-0212**.
- **1-800-MEDICARE (1-800-633-4227)** (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**) Monday to Friday, 7 a.m. to 7 p.m.
- Your state Medicaid office.

Summary of 2023 medical benefits

The next pages have more details about plan benefits, so you can choose the right plan for you.

Simply Freedom Extra (PPO)	Simply Freedom (PPO)
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	
$52.00 per month	
How much is my deductible?	
This plan does not have a medical deductible. **$125.00** deductible per year for Part D prescription drugs. Drugs listed on Tier 4: Non-Preferred Brand, Tier 5: Specialty Tier are included in the Part D deductible.	This plan does not have a medical deductible. **$125.00** deductible per year for Part D prescription drugs. Drugs listed on Tier 4: Non-Preferred Brand, Tier 5: Specialty Tier are included in the Part D deductible.
Is there a limit on how much I will pay for my covered medical services? (does not include Part D drugs)	
$6,100.00 per year from doctors and facilities in our plan **$11,000.00** per year from doctors or facilities both in and out of our plan	**$5,000.00** per year from doctors and facilities in our plan **$8,950.00** per year from doctors or facilities both in and out of our plan

Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care.
Services you receive from doctors or facilities, both in and out of 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 (in or outside of our plan) for the rest of the year.

Simply Freedom Extra (PPO)	Simply Freedom (PPO)
Inpatient Hospital[1]	
Facilities in our plan: Days 1-5: **$350.00** per day / Days 6-90: **$0.00** per day Facilities not in our plan: **40%** coinsurance per stay	Facilities in our plan: Days 1-5: **$250.00** per day / Days 6-90: **$0.00** per day Facilities not in our plan: **40%** coinsurance per stay
Our plan covers an unlimited number of days for an inpatient hospital stay. Your copays for inpatient benefits are based on benefit periods. A benefit period starts on the first day you go into a hospital or skilled nursing facility (SNF) and ends when you haven't had any inpatient hospital care or skilled nursing care for 60 days in a row. If you go into a hospital or a SNF after one benefit period has ended, a new benefit period starts. There's no limit to the number of benefit periods you can have.	
Outpatient Hospital[1]	
Doctors and facilities in our plan: **$300.00** copay Doctors and facilities not in our plan: **40%** coinsurance	Doctors and facilities in our plan: **$250.00** copay Doctors and facilities not in our plan: **40%** coinsurance
What you will pay may depend on the service and where you are treated.	
Ambulatory Surgical Center[1]	
Doctors and facilities in our plan: **$225.00** copay Doctors and facilities not in our plan: **40%** coinsurance	Doctors and facilities in our plan: **$150.00** copay Doctors and facilities not in our plan: **40%** coinsurance
Doctor's Office Visits	
Primary care physician (PCP) visit:	
PCPs in our plan: **$0.00** copay PCPs not in our plan: **$45.00** copay	PCPs in our plan: **$0.00** copay PCPs not in our plan: **$35.00** copay

Simply Freedom Extra (PPO)	Simply Freedom (PPO)
Doctor's Office Visits	
Specialist visit:	
Doctors in our plan: **$40.00** copay Doctors not in our plan: **$70.00** copay	Doctors in our plan: **$30.00** copay Doctors not in our plan: **$60.00** copay
Preventive Care Screenings and Annual Physical Exams	
Preventive care screenings:	
Doctors in our plan: **$0.00** copay Doctors not in our plan: **40%** coinsurance	Doctors in our plan: **$0.00** copay Doctors not in our plan: **40%** coinsurance
Annual physical exam:	
Doctors in our plan: **$0.00** copay Doctors not in our plan: **40%** coinsurance	Doctors in our plan: **$0.00** copay Doctors not in our plan: **40%** coinsurance

Simply Freedom Extra (PPO)	Simply Freedom (PPO)

Preventive Care Screenings and Annual Physical Exams

Covered preventive care screenings:

- ☐ Abdominal aortic aneurysm screening
- ☐ Annual "wellness" visit
- ☐ Bone mass measurement
- ☐ Breast cancer screening (mammogram)
- ☐ Cardiovascular disease (behavioral therapy)
- ☐ Cardiovascular screening
- ☐ Cervical and vaginal cancer screening
- ☐ Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy)
- ☐ Depression screening
- ☐ Diabetes prevention program
- ☐ Diabetes screenings and monitoring
- ☐ Hepatitis C Screening
- ☐ High Intensity Behavioral Counseling
- ☐ HIV screening
- ☐ Lung cancer screenings
- ☐ Medical nutrition therapy services
- ☐ Obesity screenings and counseling
- ☐ Prostate cancer screenings (PSA)
- ☐ Sexually transmitted infections screenings and counseling
- ☐ Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)
- ☐ Vaccines, including flu, hepatitis B, pneumococcal, and COVID-19 shots
- ☐ "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 and annual physical exams is covered.

Simply Freedom Extra (PPO)	Simply Freedom (PPO)
Emergency Care	
$90.00 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. **Emergency and Urgent Care Worldwide Coverage** This plan covers urgent care and emergency services when traveling outside of the United States for less than six months. This benefit is limited to **$100,000.00** per year.	**$90.00** 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. **Emergency and Urgent Care Worldwide Coverage** This plan covers urgent care and emergency services when traveling outside of the United States for less than six months. This benefit is limited to **$100,000.00** per year.
Urgently Needed Services	
$40.00 copay If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for the urgently needed care visit.	**$40.00** copay If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for the urgently needed care visit.

Diagnostic Services, Labs, and Imaging[1]		
	Simply Freedom Extra (PPO)	**Simply Freedom (PPO)**
Diagnostic Radiology Services (such as MRIs, CT scans)		
Doctors' offices in our plan:	$0.00 copay	$0.00 copay
Outpatient facilities in our plan:	$200.00 copay	$125.00 copay
Doctors' offices and facilities not in our plan:	40% coinsurance	40% coinsurance

Simply Freedom Extra (PPO)	Simply Freedom (PPO)	
Diagnostic Services, Labs, and Imaging[1]		
Diagnostic Tests and Procedures		
Doctors' offices in our plan:	$0.00 copay	$0.00 copay
Outpatient facilities in our plan:	$125.00 copay	$25.00 copay
Doctors' offices and facilities not in our plan:	40% coinsurance	40% coinsurance
Lab Services		
Doctors' offices in our plan:	$0.00 copay	$0.00 copay
Outpatient facilities in our plan:	$0.00 copay	$0.00 copay
Doctors' offices and facilities not in our plan:	40% coinsurance	40% coinsurance
Outpatient X-rays		
Doctors' offices in our plan:	$0.00 copay	$0.00 copay
Outpatient hospitals or facilities in our plan:	$25.00 copay	$25.00 copay
Freestanding facility or at-home portable x-ray services in our plan:	$0.00 copay	$0.00 copay
Doctors' offices, hospitals, and facilities not in our plan:	40% coinsurance	40% coinsurance
Therapeutic Radiology Services (such as radiation treatment for cancer)		
Doctors and facilities in our plan:	$0.00 - $60.00 copay	$0.00 - $60.00 copay
Doctors and facilities not in our plan:	40% coinsurance	40% coinsurance

Simply Freedom Extra (PPO)	Simply Freedom (PPO)
Hearing Services	
Medicare-covered hearing services (Exam to diagnose and treat hearing and balance issues):[1]	
Doctors in our plan: **$0.00** copay Doctors not in our plan: **$70.00** copay	Doctors in our plan: **$0.00** copay Doctors not in our plan: **$60.00** copay
Routine hearing services:[1]	
Not Covered	This plan covers 1 routine hearing exam(s) and hearing aid fitting/ evaluation(s) every year. **$59.00** maximum plan benefit for routine hearing exam(s) every year. **$2,000.00** maximum plan benefit coverage amount applies to prescribed hearing aids covered by the plan every year. 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. Doctors not in our plan: **50%** coinsurance for routine hearing exam(s).
Dental Services	
Medicare-covered dental services (this does not include services for care, treatment, filling, removal or replacement of teeth):[1]	
Doctors and dentists in our plan: **$0.00** copay Doctors and dentists not in our plan: **$70.00** copay	Doctors and dentists in our plan: **$0.00** copay Doctors and dentists not in our plan: **$60.00** copay

Simply Freedom Extra (PPO)	Simply Freedom (PPO)
Dental Services	
Preventive dental services:	
This plan covers: 2 Exams, 2 Prophylaxis cleanings, 2 Series of bitewing films, and 1 Panoramic film every year. Dentists in our plan: **$0.00** copay Dentists not in our plan: **20%** coinsurance	This plan covers: 2 Exams, 2 Prophylaxis cleanings, 2 Series of bitewing films, and 1 Panoramic film every year. Dentists in our plan: **$0.00** copay Dentists not in our plan: **20%** coinsurance
Comprehensive dental services:[1]	
This plan covers up to a **$1,000.00** allowance for covered comprehensive dental services every year. Doctors and dentists in our plan: **$0.00** copay Doctors and dentists not in our plan: **$0.00** copay We cover more dental care than what Original Medicare covers. You can use our coverage for these services and more: extra exams, cleanings, X-rays, fillings and repairs, root canals (endodontics), dental crowns (caps), bridges and implants, and dentures. Any amount not used at the end of the calendar year will expire.	This plan covers up to a **$2,000.00** allowance for covered comprehensive dental services every year. Doctors and dentists in our plan: **$0.00** copay Doctors and dentists not in our plan: **$0.00** copay We cover more dental care than what Original Medicare covers. You can use our coverage for these services and more: extra exams, cleanings, X-rays, fillings and repairs, root canals (endodontics), dental crowns (caps), bridges and implants, and dentures. Any amount not used at the end of the calendar year will expire.

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**.

Simply Freedom Extra (PPO)	Simply Freedom (PPO)
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 not in our plan: **$70.00** copay	Doctors in our plan: **$0.00** copay Doctors not in our plan: **$60.00** copay
Eyeglasses or contact lenses after cataract surgery	
Doctors in our plan: **$0.00** copay Doctors not in our plan: **$70.00** copay	Doctors in our plan: **$0.00** copay Doctors not in our plan: **$60.00** copay
Routine vision services:	
Routine vision exam	
This plan covers 1 routine eye exam(s) every year. **$69.00** maximum eye exam coverage amount. Doctors in our plan: **$0.00** copay Doctors not in our plan: **$0.00** copay	This plan covers 1 routine eye exam(s) every year. **$69.00** maximum eye exam coverage amount. Doctors in our plan: **$0.00** copay Doctors not in our plan: **$0.00** copay
Routine eyewear (lenses and frames)	
This plan covers up to **$100.00** for eyeglasses or contact lenses every year. Doctors in our plan: **$0.00** copay Doctors not in our plan: **$0.00** copay	This plan covers up to **$200.00** for eyeglasses or contact lenses every year. Doctors in our plan: **$0.00** copay Doctors not in our plan: **$0.00** copay

Simply Freedom Extra (PPO)	Simply Freedom (PPO)
Mental Health Care	
Inpatient visit:[1]	
Doctors and facilities in our plan: Days 1-5: **$350.00** per day / Days 6-90: **$0.00** per day Doctors and facilities not in our plan: **40%** coinsurance per stay	Doctors and facilities in our plan: Days 1-5: **$250.00** per day / Days 6-90: **$0.00** per day Doctors and facilities not in our plan: **40%** coinsurance per stay

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.
The copays for hospital and skilled nursing facility (SNF) benefits are based on benefit periods. A benefit period begins the day you're admitted as an inpatient and ends when you haven't received any inpatient care (or skilled care in a SNF) for 60 days in a row. If you go into a hospital or a SNF after one benefit period has ended, a new benefit period begins.
Our plan covers 90 days for an inpatient hospital stay.
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. Once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.

Outpatient individual and group therapy services:[1]	
Doctors and facilities in our plan: **$40.00** copay Doctors and facilities not in our plan: **40%** coinsurance	Doctors and facilities in our plan: **$30.00** copay Doctors and facilities not in our plan: **40%** coinsurance

Simply Freedom Extra (PPO)	Simply Freedom (PPO)
Skilled Nursing Facility (SNF)[1]	
Doctors and facilities in our plan: SNF Days 1 - 20: **$0.00** per day / Days 21 - 100: **$196.00** per day Doctors and facilities not in our plan: **40%** coinsurance per stay	Doctors and facilities in our plan: SNF Days 1 - 20: **$0.00** per day / Days 21 - 100: **$196.00** per day Doctors and facilities not in our plan: **40%** coinsurance per stay

Our plan covers up to 100 days in a Skilled Nursing Facility (SNF).
Your copays for SNF benefits are based on benefit periods. A benefit period starts on the first day you go into a hospital or SNF and ends when you haven't had any inpatient hospital care or skilled nursing care for 60 days in a row. If you go into a SNF after one benefit period has ended, a new benefit period starts. There's no limit to the number of benefit periods you can have.

Physical Therapy[1]	
Doctors and facilities in our plan: **$40.00** copay Doctors and facilities not in our plan: **40%** coinsurance	Doctors and facilities in our plan: **$30.00** copay Doctors and facilities not in our plan: **40%** coinsurance
Ambulance[1]	
Ground/Water Ambulance:	
Emergency transportation services in and out of our plan: **$275.00** copay per trip	Emergency transportation services in and out of our plan: **$250.00** copay per trip
Air Ambulance:	
Emergency transportation services in and out of our plan: **$275.00** copay per trip	Emergency transportation services in and out of our plan: **$250.00** copay per trip

If you are admitted to the hospital, you do not have to pay for your share of the cost for the ambulance service.

Simply Freedom Extra (PPO)	Simply Freedom (PPO)
Transportation	
Not Covered	Not Covered
Medicare Part B Drugs[1]	
Other Part B Drugs:	
Drugs obtained from doctors and facilities in our plan: **$0.00** copay - **20%** coinsurance Drugs obtained from doctors and facilities not in our plan: **40%** coinsurance	Drugs obtained from doctors and facilities in our plan: **$0.00** copay - **20%** coinsurance Drugs obtained from doctors and facilities not in our plan: **40%** coinsurance
Chemotherapy drugs:	
Drugs obtained from doctors and facilities in our plan: **20%** coinsurance Drugs obtained from doctors and facilities not in our plan: **40%** coinsurance	Drugs obtained from doctors and facilities in our plan: **20%** coinsurance Drugs obtained from doctors and facilities not in our plan: **40%** coinsurance

Additional benefits

Simply Freedom Extra (PPO)	Simply Freedom (PPO)
Chiropractic Care	
Medicare-covered chiropractic services:	
Providers in our plan: **$0.00** copay Providers not in our plan: **40%** coinsurance	Providers in our plan: **$0.00** copay Providers not in our plan: **40%** coinsurance
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).	
Enhanced Drug Coverage	
Our plan offers additional coverage of some prescription drugs not normally covered in a Medicare prescription drug plan. Covered drugs include: ☐ Some drugs used for the relief of cough and cold symptoms. ☐ Some prescription vitamins, such as folic acid and Vitamin D 50000 IU. ☐ Some erectile dysfunction drugs, like sildenafil, or tadalafil, limit 6 tablets per month. Please refer to your Tier 1: Preferred Generic copay later in this Summary of Benefits for how much you will pay. Your plan's *Formulary* includes additional information about all drugs covered under this benefit.	Our plan offers additional coverage of some prescription drugs not normally covered in a Medicare prescription drug plan. Covered drugs include: ☐ Some drugs used for the relief of cough and cold symptoms. ☐ Some prescription vitamins, such as folic acid and Vitamin D 50000 IU. ☐ Some erectile dysfunction drugs, like sildenafil, or tadalafil, limit 6 tablets per month. Please refer to your Tier 1: Preferred Generic copay later in this Summary of Benefits for how much you will pay. Your plan's *Formulary* includes additional information about all drugs covered under this benefit.

Simply Freedom Extra (PPO)	Simply Freedom (PPO)
Flex Account – Active Fitness	
This plan covers a spending allowance of **$75.00** each month toward the payment of facility access fees for golf, tennis or swimming.	This plan covers a spending allowance of **$75.00** each month toward the payment of facility access fees for golf, tennis or swimming.
Foot Care (podiatry services)	
Medicare-covered podiatry:	
Doctors in our plan: **$40.00** copay Doctors not in our plan: **$70.00** copay	Doctors in our plan: **$30.00** copay Doctors not in our plan: **$60.00** copay

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

Home Health Care[1]	
Doctors and facilities in our plan: **$0.00** copay Doctors and facilities not in our plan: **40%** coinsurance	Doctors and facilities in our plan: **$0.00** copay Doctors and facilities not in our plan: **40%** coinsurance
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.

Simply Freedom Extra (PPO)	Simply Freedom (PPO)
Medical Equipment/Supplies	
Durable Medical Equipment (wheelchairs, oxygen, etc.):[1]	
Suppliers in our plan: **0%** - **20%** coinsurance depending on the equipment Suppliers not in our plan: **40%** coinsurance	Suppliers in our plan: **0%** - **20%** coinsurance depending on the equipment Suppliers not in our plan: **40%** coinsurance
Medical supplies and prosthetic devices (braces, artificial limbs, etc.):[1]	
Suppliers in our plan: **20%** coinsurance Suppliers not in our plan: **40%** coinsurance	Suppliers in our plan: **20%** coinsurance Suppliers not in our plan: **40%** coinsurance
Diabetic supplies and services:[1]	
Suppliers in our plan: **$0.00** copay Suppliers not in our plan: **40%** coinsurance	Suppliers in our plan: **$0.00** copay Suppliers not in our plan: **40%** coinsurance
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):[1]	
Doctors and facilities in our plan: **$30.00** copay Doctors and facilities not in our plan: **40%** coinsurance	Doctors and facilities in our plan: **$30.00** copay Doctors and facilities not in our plan: **40%** coinsurance

Simply Freedom Extra (PPO)	Simply Freedom (PPO)
Outpatient Rehabilitation	
Pulmonary (lung) rehab services (with a limit of two, one-hour sessions per day and a maximum of 36 sessions):[1]	
Doctors and facilities in our plan: **$20.00** copay Doctors and facilities not in our plan: **40%** coinsurance	Doctors and facilities in our plan: **$20.00** copay Doctors and facilities not in our plan: **40%** coinsurance
Occupational therapy visit:[1]	
Doctors and facilities in our plan: **$40.00** copay Doctors and facilities not in our plan: **40%** coinsurance	Doctors and facilities in our plan: **$30.00** copay Doctors and facilities not in our plan: **40%** coinsurance
Outpatient Substance Abuse[1]	
Individual & Group therapy visit:	
Doctors and facilities in our plan: **$40.00** copay Doctors and facilities not in our plan: **40%** coinsurance	Doctors and facilities in our plan: **$30.00** copay Doctors and facilities not in our plan: **40%** coinsurance

Simply Freedom Extra (PPO)	Simply Freedom (PPO)
Over-the-Counter Items	
Not Covered	This plan covers certain approved, non-prescription, over-the-counter drugs and health-related items, up to **$40** 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.
Renal Dialysis	
Doctors and facilities in our plan: **$0.00** copay - **20%** coinsurance Doctors and facilities not in our plan: **$0.00** copay - **20%** coinsurance	Doctors and facilities in our plan: **$0.00** copay - **20%** coinsurance Doctors and facilities not in our plan: **$0.00** copay - **20%** coinsurance
SilverSneakers®† Fitness program	
When you become our member, you can sign up for SilverSneakers. It's included in our plan. To learn more details, go to **www.silversneakers.com** or call SilverSneakers at 1-855-741-4985 (TTY: 711), Monday to Friday, 8 a.m. to 8 p.m. ET.	When you become our member, you can sign up for SilverSneakers. It's included in our plan. To learn more details, go to **www.silversneakers.com** or call SilverSneakers at 1-855-741-4985 (TTY: 711), Monday to Friday, 8 a.m. to 8 p.m. ET.

†The SilverSneakers Fitness Program is provided by Tivity Health, an independent company. SilverSneakers is a registered trademark of Tivity Health, Inc.

Simply Freedom Extra (PPO)	Simply Freedom (PPO)
24-Hour Nurse HelpLine	
24-hour access to a nurse helpline, seven days a week, 365 days a year	24-hour access to a nurse helpline, seven days a week, 365 days a year

Services with a 1 may need prior authorization (preapproval) from the plan.

Summary of 2023 prescription drug coverage

Ways to save

1. Choose generic drugs on tiers 1 and 2 when available.
2. Use mail order.

Simply Freedom Extra (PPO)	Simply Freedom (PPO)
Stage 1: How much is my deductible?	
$125.00 deductible per year for Part D prescription drugs. Drugs listed on Tier 4: Non-Preferred Brand, Tier 5: Specialty Tier are included in the Part D deductible. If you qualify for low-income subsidy (LIS), also known as Medicare's Extra Help program, your annual Part D deductible will be lower or you might pay nothing.	**$125.00** deductible per year for Part D prescription drugs. Drugs listed on Tier 4: Non-Preferred Brand, Tier 5: Specialty Tier are included in the Part D deductible. If you qualify for low-income subsidy (LIS), also known as Medicare's Extra Help program, your annual Part D deductible will be lower or you might pay nothing.
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 **$4,660**. 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 **$4,660**. 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 and mail-order 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 Freedom Extra (PPO)**	**Simply Freedom (PPO)**
Tier 1: Preferred Generic		
Standard retail one-month supply	**$0.00***	**$0.00***
Mail order three-month supply	**$0.00*100**	**$0.00*100**
Tier 2: Generic		
Standard retail one-month supply	**$10.00***	**$10.00***
Mail order three-month supply	**$0.00***	**$0.00***
Tier 3: Preferred Brand		
Standard retail one-month supply	**$47.00***	**$47.00***
Mail order three-month supply	**$141.00***	**$141.00***
Tier 4: Non-Preferred Brand		
Standard retail one-month supply	**$100.00**	**$100.00**
Mail order three-month supply	**Not available**	**Not available**

Stage 2: Initial Coverage		
Cost Sharing	**Simply Freedom Extra (PPO)**	**Simply Freedom (PPO)**
Tier 5: Specialty Tier		
Standard retail one-month supply	**31%**	**31%**
Mail order three-month supply	**Not available**	**Not available**

* Your deductible will not apply for these drugs.
[100] The three-month supply for this tier on this plan is 100 days.

Simply Freedom Extra (PPO)	Simply Freedom (PPO)
Stage 3: Coverage Gap	
After your total yearly drug costs reach **$4,660,** you receive a discount on brand name drugs and generally pay no more than **25%** of the plan's costs for formulary brand drugs and **25%** of the plan's costs for formulary generic drugs until your yearly out-of-pocket drug costs reach **$7,400.**	After your total yearly drug costs reach **$4,660,** you receive limited coverage by the plan on certain drugs. You will continue to pay your ICL cost share for Tier 1 preferred generic drugs in the coverage gap. You will also receive a discount on brand name drugs and generally pay no more than **25%** of the plan's costs for formulary brand drugs and **25%** of the plan's costs for other formulary generic drugs until your yearly out-of-pocket drug costs reach **$7,400.**
Stage 4: Catastrophic Coverage	
After your yearly out-of-pocket drug costs reach **$7,400,** you pay the greater of: a **$4.15** copay for generic (including brand drugs treated as generic) and a **$10.35** copay for all other drugs, or **5%** coinsurance.	After your yearly out-of-pocket drug costs reach **$7,400,** you pay the greater of: a **$4.15** copay for generic (including brand drugs treated as generic) and a **$10.35** copay for all other drugs, or **5%** coinsurance.

Our care teams work for you

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

Case management includes a team of trained nurses, social workers, therapists, and other medical specialists that can help you:

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

Discharge planning includes a special inpatient team that works with your doctor so you have the services you need after leaving the hospital.

An overview of how Medicare works

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

Original Medicare (Parts A and B) is a federal government program that helps cover:

A + B

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

Original Medicare (Parts A and B) does not cover:

- ☐ Prescription drugs.
- ☐ Vision, dental, or hearing care.

Here are your options

Option 1: an all-in-one Medicare Advantage plan	Option 2: One or both of the following
Medicare Part C **C+D+Extras** ☐ Includes all of Part A (hospital) and Part B (medical) coverage ☐ Usually includes Part D prescription drug coverage ☐ Often offers extra services and benefit options ☐ Caps what you'll pay out-of-pocket for medical services	**Medicare Supplement** ☐ Medicare Part A or Part B deductibles, coinsurance, or copayments ☐ Medicare Part B excess charges ☐ Skilled nursing facility care coinsurance ☐ Foreign travel emergencies **Prescription drug coverage** **Part D** ☐ Helps pay for many of your prescribed drugs ☐ Gives you access to mail-order services and pharmacies across the country

The four stages of drug coverage

To understand your plan's specific coverage for each stage, see the **Summary of 2023 prescription drug coverage** section of this Summary of Benefits.




Stage 1	Stage 2	Stage 3	Stage 4
Deductible	**Initial Coverage**	**Coverage Gap**	**Catastrophic Coverage**
If you have a deductible, you pay **100%** of your drug cost until you meet your deductible. If you have no deductible, or if a specific drug tier does not apply to the deductible, you will skip to Stage 2.	You pay a copay or a percentage of the cost, and your plan pays the rest for your covered drugs.	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. 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 **$7,400**. Some plans have extra coverage. See the **Stage 3: Coverage Gap** section for more details.	In this stage, after your yearly out-of-pocket drug costs (including drugs purchased through mail order and pharmacy) reach **$7,400**, the plan pays most, or in some cases, all, of your covered drug costs. This stage lasts until the end of the plan year. See the **Stage 4: Catastrophic Coverage** section for what you pay with this plan.

Which coverage stage am I in?

You will receive 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 Enrollment Period

You can sign up for a Medicare Advantage or Part D plan when you are first eligible for Medicare. Your Initial Enrollment Period is a seven-month period that includes the three months before your 65th birthday month, the month you turn 65, and the three months after your 65th birthday month.

Annual Enrollment Period - October 15 to December 7

This is the time each year to enroll in or change your Medicare Advantage or Part D plan. You may also switch to only Original Medicare (Parts A and B). New coverage begins January 1 of each year.

Open Enrollment Period - January 1 to March 31

This is an extra time each year when you can make one enrollment change to your existing Medicare Advantage plan. You can do one of the following:

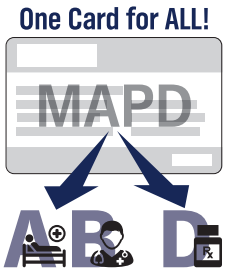
- Move to a different Medicare Advantage plan
- Drop your Medicare Advantage plan to stay with Original Medicare. If you do this and need drug coverage, you have until March 31 to add a Medicare Part D (prescription drug) plan.

Special Enrollment Period

You can sign up for a Medicare Advantage or Part D plan outside of the standard time frames if certain events occur in your life. These events may include (but aren't limited to) a change in employment, circumstances, or location.

Medicare ID cards

If you choose a Medicare Advantage and Prescription Drug plan:



You will not need your red, white and blue Medicare ID card. Just present your member 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: You may have to buy Part A if you don't qualify for premium-free Part A. If you do not buy it when you're first eligible for Medicare, your monthly premium may go up 10%. You will have to pay the higher premium for twice the number of years you didn't sign up.

For example, if you delayed enrollment for one year and your monthly Part A premium was $100, then you would have to pay a $110 (10% increase) premium for two years (two times the one year you didn't have Medicare Part A).

Medicare Part B: Your monthly premium may increase 10% for each 12-month period 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 it if you receive Extra Help or have proof of other creditable (as good as Medicare's) coverage.

How can I learn more about Medicare?

Medicare & You, a helpful tool

The United States government's *Medicare & You* handbook is a great way to learn about Medicare and find answers to your questions. If you do not have a copy, you can view it online at **medicare.gov** or call Medicare for a copy at **1-800-MEDICARE** (**1-800-633-4227**), 24/7. TTY users can call **1-877-486-2048**.

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

Out-of-network/non-contracted providers are under no obligation to treat Simply Freedom Extra (PPO) members, except in emergency situations. For a decision about whether we will cover an out-of-network service, we encourage you or your provider to ask us for a pre-service organization determination before you receive the service. Please call our customer service number or see your *Evidence of Coverage* for more information, including the cost-sharing that applies to out-of-network services.

Simply Healthcare is an LPPO plan with a Medicare contract. Enrollment in Simply Healthcare depends on contract renewal.

Simply Healthcare is a Medicare Advantage PPO product underwritten by Unicare Life & Health Insurance Company, a licensed Florida Health insurer.

Multi-Language Insert

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-877-577-0115. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-877-577-0115. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑 问。如果您需要此翻译服务，请致电 1-877-577-0115。我们的中文工作人员很乐意帮助您。 这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯 服務。如需翻譯服務，請致電 1-877-577-0115。我們講中文的人員將樂意為您提供幫助。這 是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-877-577-0115. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-877-577-0115. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quí vị cần thông dịch viên xin gọi 1-877-577-0115 sẽ có nhân viên nói tiếng Việt giúp đỡ quí vị. Đây là dịch vụ miễn phí .

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-877-577-0115. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-877-577-0115번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика,

позвоните нам по телефону 1-877-577-0115. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: **إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري ليس عليك سوى الاتصال بنا على 1-877-577-0115. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.**

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-877-577-0115 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-877-577-0115. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Português: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-877-577-0115. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-877-577-0115. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-877-577-0115. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするため に、無料の通訳サービスがありますございます。通訳をご用命になるには、1-877-577-0115にお電話ください。日本語を話す人 者 が支援いたします。これは無料のサー ビスです。

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

- ☐ The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. 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.
- ☐ Review the formulary to make sure your drugs are covered.

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, 2024.
- ☐ 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).
- ☐ Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services provided by a non-contracted provider, the provider must agree to treat you. Except in an emergency or urgent situations, non-contracted providers may deny care. In addition, you will pay a higher co-pay for services received by non-contracted providers.