

# Summary of Benefits



## 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.

### Medicare Advantage and Part D

**Plan year:** January 1 – December 31, 2026

#### Florida

Orange, Osceola, Seminole, Volusia counties

#### Simply Complete (HMO D-SNP)

# Simply Complete (HMO D-SNP)

## Simply Complete (HMO D-SNP)

Our service area includes these counties in FL: Orange, Osceola, Seminole, Volusia.

### Do you have questions?

You can learn more on our website, [shop.simplyhealthcareplans.com/medicare](https://shop.simplyhealthcareplans.com/medicare). Please call us toll-free **1-844-594-2423** (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.

## This is a Dual Eligible Special Needs Plan (D-SNP)

Simply Complete (HMO D-SNP) is a Medicare Advantage plan. To join this plan, the following must apply to you<sup>†</sup>:

- ☐ You're entitled to Medicare Part A.
- ☐ You're enrolled in Medicare Part B and Agency for Healthcare Administration (the state's Medicaid program).
- ☐ You live in our service area.

### Eligibility

To be enrolled in this plan, you must also receive some level of Medical Assistance from Agency for Healthcare Administration (the state Medicaid program) as described below:

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<sup>†</sup> This plan is available to anyone who has both Medical Assistance from the State and Medicare.

# Simply Complete (HMO D-SNP)

## Simply Complete (HMO D-SNP)

- ❑ If you have **Qualified Disabled Working Individual (QDWI)** status, you are eligible for the Agency for Healthcare Administration program, which pays your Medicare Part A premium.
- ❑ If you have **Qualified Medicare Beneficiary (QMB)** status, you are eligible for the Agency for Healthcare Administration program, which pays your Medicare premiums, deductibles, and cost sharing, except for Medicare Part D.
- ❑ If you have **Specified Low-Income Medicare Beneficiary (SLMB)** status, you are eligible for the Agency for Healthcare Administration program. This pays your Medicare Part B premium.
- ❑ If you have **Qualifying Individual (QI)** status, you are eligible for the Agency for Healthcare Administration program. This pays your Medicare Part B premium.

### Medicare coverage that goes beyond Original Medicare

- ❑ Medicare Advantage plans cover everything Original Medicare covers — Part A (hospital services) and Part B (medical services) — plus more.
- ❑ Medicare Advantage Prescription Drug Plans cover Medicare Part D drugs and Part B drugs.

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

If you need to change your Primary Care Physician (PCP), give us a call and we'll help. Doctors can join or leave the network at any time, so check if they're in network with our Find a Doctor tool online. Just follow the steps listed.

## How to find a doctor/PCP in our plan:

- ☐ Go to **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.



## 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 **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.

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



- ☐ Visit

**[shop.simplyhealthcareplans.com/medicare](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.

For more information about Medicare, you can read the Medicare & You handbook. If you don't have a copy of this booklet, you can access it online at the Medicare website ([medicare.gov/medicare-and-you](https://www.medicare.gov/medicare-and-you)) or request a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.





## **Summary of 2026 medical benefits**

## Simply Complete (HMO D-SNP)

### How much is my premium (monthly payment)?

**\$0.00 - \$4.80** per month

Your Part B premium may be covered by your state's Medicaid agency for D-SNP enrollees.

If you receive Extra Help, your monthly plan premium will be adjusted by the amount of help you receive.

### How much is my deductible?

This plan does not have a medical deductible.

If you receive Extra Help from Medicare, the Part D deductible does not apply to you.

If you do not qualify for Extra Help, the deductible is **\$615.00** per year for Part D prescription drugs. Drugs listed on Tier 2: Generic, Tier 3: Preferred Brand, Tier 4: Non-Preferred Drug, Tier 5: Specialty Tier are included in the Part D deductible.

The Part D deductible does not apply to Insulin drugs.

**NOTE:** If you are eligible for Medicare cost-sharing help under Medicaid, you pay a \$0.00 copay amount for Medicare-covered medical services with cost sharing listed in the benefit chart.



## Simply Complete (HMO D-SNP)

**Is there a limit on how much I will pay for my covered medical services?**  
(does not include Part D drugs)

**\$500.00** per year from doctors and facilities in 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 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.

### Inpatient Hospital<sup>1,2</sup>

Facilities in our plan: **\$0.00** copay per stay

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 Hospital<sup>1,2</sup>

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

### Ambulatory Surgical Center<sup>1,2</sup>

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

**NOTE:** If you are eligible for Medicare cost-sharing help under Medicaid, you pay a \$0.00 copay amount for Medicare-covered medical services with cost sharing listed in the benefit chart.

# Simply Complete (HMO D-SNP)

## Doctor’s Office Visits

### Primary care physician (PCP) visit:

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

### Specialist visit:<sup>2</sup>

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

**NOTE:** If you are eligible for Medicare cost-sharing help under Medicaid, you pay a \$0.00 copay amount for Medicare-covered medical services with cost sharing listed in the benefit chart.

## Simply Complete (HMO D-SNP)

### Preventive Care Screenings and Annual Physical Exams

#### Preventive care screenings:<sup>1,2</sup>

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

#### Covered preventive care screenings:

- ☐ Abdominal aortic aneurysm screening
- ☐ Annual wellness visit
- ☐ Bone mass measurement
- ☐ Breast cancer screening (mammogram)
- ☐ Cardiovascular disease risk reduction visit (therapy for cardiovascular disease)
- ☐ Cardiovascular disease screening tests
- ☐ Cervical and vaginal cancer screening
- ☐ Colorectal cancer screenings
- ☐ Depression screening
- ☐ Diabetes screening
- ☐ Diabetes self-management training, diabetic services, and supplies
- ☐ Health and wellness education programs
- ☐ HIV screening
- ☐ Immunizations
- ☐ Medical nutrition therapy
- ☐ Medicare Diabetes Prevention Program (MDPP)
- ☐ Obesity screening and therapy to promote sustained weight loss
- ☐ Pre-exposure prophylaxis (PrEP) for HIV prevention
- ☐ Prostate cancer screening exams
- ☐ Screening and counseling to reduce alcohol misuse
- ☐ Screening for Hepatitis C Virus infection
- ☐ Screening for lung cancer with low dose computed tomography (LDCT)
- ☐ Screening for sexually transmitted infections (STIs) and counseling to prevent STIs
- ☐ Smoking and tobacco use cessation (counseling to stop smoking or tobacco use)
- ☐ Vision care
- ☐ "Welcome to Medicare" preventive visit (one-time)

**NOTE:** If you are eligible for Medicare cost-sharing help under Medicaid, you pay a \$0.00 copay amount for Medicare-covered medical services with cost sharing listed in the benefit chart.

# Simply Complete (HMO D-SNP)

## Preventive Care Screenings and Annual Physical Exams

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 is covered.

## Emergency Care

**\$0.00** copay

### Emergency and Urgent Care Worldwide Coverage

**\$0.00** copay

This plan covers urgent care and emergency services, including emergency transportation, when traveling outside of the United States for less than six months. This benefit is limited to **\$100,000** per year.

## Urgently Needed Services

**\$0.00** copay

## Diagnostic Services, Labs, and Imaging<sup>1,2</sup>

### Diagnostic Radiology Services

CT scans, MRI, MRA, PET at a physician’s office or free-standing provider facilities in our plan:

**\$0.00 copay**

CT scans, MRI, MRA, PET at hospital outpatient facilities in our plan:

**\$0.00 copay**

**NOTE:** If you are eligible for Medicare cost-sharing help under Medicaid, you pay a \$0.00 copay amount for Medicare-covered medical services with cost sharing listed in the benefit chart.

## Simply Complete (HMO D-SNP)

Diagnostic Services, Labs, and Imaging <sup>1,2</sup>	
<p>Ultrasounds at a physician's office or free-standing provider facilities in our plan:</p>	<b>\$0.00 copay</b>
<p>Ultrasounds at hospital outpatient facilities in our plan:</p>	<b>\$0.00 copay</b>
<p><b>Diagnostic Tests and Procedures</b></p> <p>Physician's office or free-standing provider facilities in our plan:</p>	<b>\$0.00 copay</b>
<p>Hospital outpatient facilities in our plan:</p>	<b>\$0.00 copay</b>
<p><b>Lab Services</b></p> <p>Physician's office or free-standing provider facilities in our plan:</p>	<b>\$0.00 copay</b>
<p>Hospital outpatient facilities in our plan:</p>	<b>\$0.00 copay</b>
<p><b>Outpatient X-rays</b></p> <p>Physician's office in our plan:</p>	<b>\$0.00 copay</b>
<p>Hospital outpatient facilities in our plan:</p>	<b>\$0.00 copay</b>
<p>Free-standing facility or at-home portable X-ray services in our plan:</p>	<b>\$0.00 copay</b>

**NOTE:** If you are eligible for Medicare cost-sharing help under Medicaid, you pay a \$0.00 copay amount for Medicare-covered medical services with cost sharing listed in the benefit chart.

Simply Complete (HMO D-SNP)

Diagnostic Services, Labs, and Imaging<sup>1,2</sup>

Therapeutic Radiology Services

(such as radiation treatment for cancer)

Physician’s office, free-standing provider, or hospital outpatient facilities in our plan:

20% coinsurance

Hearing Services

Medicare-covered hearing services (Exam to diagnose and treat hearing and balance issues):

Doctors in our plan: \$0.00 copay

Routine hearing services:

This plan covers 1 routine hearing exam every year. This plan covers 1 routine hearing aid fitting evaluation and a \$1,500 maximum plan benefit for prescribed hearing aids 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.

**NOTE:** If you are eligible for Medicare cost-sharing help under Medicaid, you pay a \$0.00 copay amount for Medicare-covered medical services with cost sharing listed in the benefit chart.

## Simply Complete (HMO D-SNP)

### Dental Services

**Medicare-covered dental services** (this does not include services for care, treatment, filling, removal or replacement of teeth):<sup>1</sup>

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

### **Preventive and Comprehensive<sup>1</sup> Dental Combined Allowance:**

This plan covers up to a **\$1,200** allowance for covered preventive and comprehensive dental services every year.

We cover more dental care than what Original Medicare covers. You can use our coverage for these services and more: exams, cleanings, fluoride treatments, X-rays, fillings and repairs, root canals (endodontics), dental crowns (caps), bridges, and dentures.

Any amount not used at the end of the plan year will expire.

### **Preventive dental services:**

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

### **Comprehensive dental services:**

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

Please refer to Chapter 4 in the plan's Evidence of Coverage for more details on prior authorizations, covered dental services, limitations, and exclusions.

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**.

**NOTE:** If you are eligible for Medicare cost-sharing help under Medicaid, you pay a \$0.00 copay amount for Medicare-covered medical services with cost sharing listed in the benefit chart.

## Simply Complete (HMO D-SNP)

### Vision Services

#### Medicare-covered vision services:

##### Exam to diagnose and treat diseases and conditions of the eye:

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

##### Eyeglasses or contact lenses after cataract surgery:

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

#### Routine vision services:

##### Routine vision exam:

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** for eyeglasses or contact lenses every year.

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

**NOTE:** If you are eligible for Medicare cost-sharing help under Medicaid, you pay a \$0.00 copay amount for Medicare-covered medical services with cost sharing listed in the benefit chart.



## Simply Complete (HMO D-SNP)

### Mental Health Care

#### Inpatient visit:<sup>1,2</sup>

Doctors and facilities in our plan: **\$0.00** copay 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.

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:<sup>1,2</sup>

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

### Skilled Nursing Facility (SNF)<sup>1,2</sup>

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<sup>1,2</sup>

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

**NOTE:** If you are eligible for Medicare cost-sharing help under Medicaid, you pay a \$0.00 copay amount for Medicare-covered medical services with cost sharing listed in the benefit chart.

## Simply Complete (HMO D-SNP)

### Ambulance<sup>1</sup>

#### Ground/Water Ambulance:

Emergency transportation services in our plan: **\$0.00** copay per trip

#### Air Ambulance:

Emergency transportation services in our plan: **\$0.00** copay per trip

### Transportation

#### Plan approved health related locations

You pay a **\$0.00** copay. This plan offers coverage for unlimited routine transportation services every year. Trips are limited to 50 miles.

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 48 hours ahead of time.

### Medicare Part B Drugs

#### Insulin furnished through an insulin pump:

Drugs obtained from doctors and facilities in our plan: **\$0.00** copay

#### Other Part B Drugs:<sup>1</sup>

Drugs obtained from doctors and facilities in our plan: **\$0.00** copay

**NOTE:** If you are eligible for Medicare cost-sharing help under Medicaid, you pay a \$0.00 copay amount for Medicare-covered medical services with cost sharing listed in the benefit chart.

## Simply Complete (HMO D-SNP)

### Medicare Part B Drugs

#### Chemotherapy drugs:<sup>1</sup>

Drugs obtained from doctors and facilities in our plan: **\$0.00** copay

**NOTE:** If you are eligible for Medicare cost-sharing help under Medicaid, you pay a \$0.00 copay amount for Medicare-covered medical services with cost sharing listed in the benefit chart.

# Additional benefits

## Simply Complete (HMO D-SNP)

### Acupuncture

#### Medicare-covered acupuncture services:<sup>1,2</sup>

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

Available for people with chronic low back pain under certain circumstances. Please see the Evidence of Coverage for more information.

### Chiropractic Care<sup>1,2</sup>

#### Medicare-covered chiropractic services:

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).

## Simply Complete (HMO D-SNP)

### 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 Tier 6 copay later in this Summary of Benefits for how much you will pay. You pay your Initial Coverage Limit (ICL) cost-sharing for excluded drugs covered in Tier 6 during all the drug stages. Your plan's Formulary includes additional information about all drugs covered under this benefit.

### Everyday Options Allowance

This plan offers a spending allowance of **\$125 each month** for:

- ☐ **Assistive Devices:** ADA toilet seats, shower stools, hand-held shower heads, reaching devices, temporary wheelchair threshold ramps, and more.

If you are eligible for Special Supplemental Benefits for the Chronically Ill (SSBCI), you can also use the allowance for:

- ☐ **Healthy Foods:**<sup>6</sup> Healthy food items that assist in meeting your nutritional needs such as dairy products, fresh fruits, vegetables, meat, seafood, and other healthy pantry staples.
- ☐ **Utilities:**<sup>6</sup> Use toward the payment of gas for your home, electric, water, cable, internet, or cell phone services.

Unused amounts expire at the end of each month.

**NOTE:** If you are eligible for Medicare cost-sharing help under Medicaid, you pay a \$0.00 copay amount for Medicare-covered medical services with cost sharing listed in the benefit chart.

# Simply Complete (HMO D-SNP)

## Foot Care (podiatry services)

### Medicare-covered podiatry:

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 visit(s) each year.

## Healthy Meals - Post Discharge

**\$0.00** copay for up to 1 meal a day for 10 days following your discharge from the hospital or skilled nursing facility (SNF).

## Home Health Care<sup>1,2</sup>

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

**NOTE:** If you are eligible for Medicare cost-sharing help under Medicaid, you pay a \$0.00 copay amount for Medicare-covered medical services with cost sharing listed in the benefit chart.

## Simply Complete (HMO D-SNP)

### 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.

LiveHealth Online is offered through an arrangement with Amwell, a separate company, providing telehealth services on behalf of your health plan.

### Medical Equipment/Supplies

#### **Durable Medical Equipment** (wheelchairs, oxygen, etc.):<sup>1</sup>

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

#### **Medical supplies and prosthetic devices** (braces, artificial limbs, etc.):<sup>1</sup>

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

#### **Diabetic supplies and services:**<sup>1</sup>

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

Covered diabetic supplies include: glucose monitors, test strips, and lancets. See your Evidence of Coverage for all supplies covered.

### 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):<sup>1,2</sup>

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

**NOTE:** If you are eligible for Medicare cost-sharing help under Medicaid, you pay a \$0.00 copay amount for Medicare-covered medical services with cost sharing listed in the benefit chart.

## Simply Complete (HMO D-SNP)

### Outpatient Rehabilitation

**Pulmonary (lung) rehab services** (with a limit of two, one-hour sessions per day and a maximum of 36 sessions):<sup>1,2</sup>

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

**Occupational therapy visit:**<sup>1,2</sup>

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

### Outpatient Substance Abuse<sup>1,2</sup>

**Individual & Group therapy visit:**

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

### Over-the-Counter Products

This plan covers certain approved, non-prescription, over-the-counter drugs and health-related items, up to **\$80** every month. Unused OTC amounts expire at the end of each 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.

### Personal Emergency Response System (PERS) coverage

Includes the monitoring device and monitoring service. To start and install services, give us a call. We can help you.

**NOTE:** If you are eligible for Medicare cost-sharing help under Medicaid, you pay a \$0.00 copay amount for Medicare-covered medical services with cost sharing listed in the benefit chart.



## Simply Complete (HMO D-SNP)

### Renal Dialysis

Doctors and facilities in our plan: **20%** coinsurance

### SilverSneakers<sup>®††</sup> 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 **silversneakers.com** or call SilverSneakers at 1-855-741-4985 (TTY: 711), Monday to Friday, 8 a.m. to 8 p.m. ET.

<sup>††</sup>SilverSneakers is a registered trademark of Tivity Health, Inc. All rights reserved. Tivity Health, Inc. is an independent company providing a fitness program on behalf of this plan.

### 24/7 Nurseline

24-hour access to a nurse line, seven days a week, 365 days a year

### Footnotes

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

Services with a 2 may need a referral from your doctor or Primary Care Physician (PCP).

Benefits with a 6: The benefits mentioned are Special Supplemental Benefits for the Chronically Ill (SSBCI). You may qualify for SSBCI if you have a high risk for hospitalization and require intensive care coordination to manage chronic conditions such as Chronic Kidney Diseases, Chronic Lung Disorders, Cardiovascular Disorders, Chronic Heart Failure, or Diabetes. For a full list of chronic conditions or to learn more about other eligibility requirements needed to qualify for SSBCI benefits, please refer to Chapter 4 in the plan's Evidence of Coverage.

**NOTE:** If you are eligible for Medicare cost-sharing help under Medicaid, you pay a \$0.00 copay amount for Medicare-covered medical services with cost sharing listed in the benefit chart.





## **Summary of 2026 prescription drug coverage**

## Simply Complete (HMO D-SNP)

### Stage 1: Yearly Deductible

If you receive Extra Help from Medicare, the Part D deductible does not apply to you.

If you do not qualify for Extra Help, the deductible is **\$615.00** per year for Part D prescription drugs. Drugs listed on Tier 2: Generic, Tier 3: Preferred Brand, Tier 4: Non-Preferred Drug, Tier 5: Specialty Tier are included in the Part D deductible.

The Part D deductible does not apply to Insulin drugs.

### Stage 2: Initial Coverage

After you pay your yearly deductible (if your plan has one), you move to the Initial Coverage Stage. In this stage, you pay the amounts listed in the table on the following pages, until your total year-to-date out-of-pocket costs reach **\$2,100**.

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.

#### **Important message about what you pay for vaccines and insulin:**

This plan covers most Part D vaccines at no cost to you. If you receive Extra Help, you pay **\$0.00 - \$12.65** for a one-month supply of any covered insulin. If you do not qualify for Extra Help, you will not pay more than **\$35** for a one-month supply of any covered insulin.

Stage 2: Initial Coverage	
Cost Sharing	Simply Complete (HMO D-SNP)
<b>Tier 1: Preferred Generic</b> Standard retail one-month supply Mail order three-month supply <sup>100</sup>	<b>\$0.00*</b> <b>\$0.00*</b>
<b>Tier 2: Generic</b> Standard retail one-month supply Mail order three-month supply	<b>\$0.00 - \$12.65 OR 25%<sup>‡</sup></b> <b>\$0.00 - \$12.65 OR 25%<sup>‡</sup></b>
<b>Tier 3: Preferred Brand</b> Standard retail one-month supply Mail order three-month supply	<b>\$0.00 - \$12.65 OR 25%<sup>‡</sup></b> <b>\$0.00 - \$12.65 OR 25%<sup>‡</sup></b>
<b>Tier 4: Non-Preferred Drug</b> Standard retail one-month supply Mail order three-month supply	<b>\$0.00 - \$12.65 OR 25%<sup>‡</sup></b> <b>Not available</b>
<b>Tier 5: Specialty Tier</b> Standard retail one-month supply Mail order three-month supply	<b>\$0.00 - \$12.65 OR 25%<sup>‡</sup></b> <b>Not available</b>
<b>Tier 6: Supplemental Drugs</b> Standard retail one-month supply Mail order three-month supply	<b>\$0.00*</b> <b>\$0.00*</b>

\* Your deductible will not apply for these drugs.

<sup>‡</sup> If you receive Extra Help, the amount you pay is determined by your Extra Help low-income subsidy (LIS) coverage and whether you use a generic or brand drug. Please refer to your LIS Rider for your specific copayment amount. If you do not qualify for Extra Help, you pay the coinsurance.

<sup>100</sup> The three-month supply for this tier on this plan is 100 days.

## Stage 3: Catastrophic Coverage

During this stage, you pay nothing for your covered Part D drugs.

# 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.

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 receive 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 receive routine care from doctors outside our plan, neither Medicare nor Simply Healthcare will pay for it.

Benefits with a 6: The benefits mentioned are Special Supplemental Benefits for the Chronically Ill (SSBCI). You may qualify for SSBCI if you have a high risk for hospitalization and require intensive care coordination to manage chronic conditions such as Chronic Kidney Diseases, Chronic Lung Disorders, Cardiovascular Disorders, Chronic Heart Failure, or Diabetes. For a full list of chronic conditions or to learn more about other eligibility requirements needed to qualify for SSBCI benefits, please refer to Chapter 4 in the plan's Evidence of Coverage.

The Benefits Mastercard® Prepaid Card is issued by The Bancorp Bank N.A., Member FDIC, pursuant to license by Mastercard International Incorporated and card can be used for eligible expenses wherever Mastercard is accepted. Valid only in the U.S. No cash access. This is not a gift card or gift certificate. You have received this card as a gratuity without the payment of any monetary value or consideration.

Simply Healthcare Plans, Inc. is an HMO D-SNP with a Medicare contract and a Medicaid contract with the State of Florida Agency for Health Care Administration. Enrollment in Simply Healthcare Plans, Inc. depends on contract renewal.



## Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call **1-844-594-2423** (TTY: **711**) or speak to your provider. Hours of operation are 8 a.m. to 8 p.m. local time, 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.

**Spanish** – ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia en otros idiomas. También puede obtener ayudas y servicios auxiliares adecuados gratuitos para proporcionar información en formatos accesibles. Llame al número de teléfono indicado anteriormente o hable con su proveedor. El horario de atención es de 8 a.m. a 8 p.m. hora local, los siete días de la semana (excepto el Día de Acción de Gracias y Navidad) desde el 1.o de octubre hasta el 31 de marzo, y de lunes a viernes (excepto los días feriados) desde el 1.o de abril hasta el 30 de septiembre.

**Arabic** - تنبيه: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية المجانية متاحة لك. كما تتوفر مساعدات وخدمات مساعدة مناسبة لتوفير المعلومات بأشكال يسهل الوصول إليها مجاناً. اتصل برقم الهاتف المذكور أعلاه أو تحدث إلى مقدم الخدمة الخاص بك. ساعات العمل من الساعة 8 صباحاً حتى الساعة 8 مساءً على مدار الأسبوع (ما عدا أيام عيد الشكر وعيد الميلاد) بدايةً من 1 أكتوبر حتى 31 مارس، ومن الاثنين حتى الجمعة (ما عدا أيام العطلات) من 1 أبريل حتى 30 سبتمبر.

**Chinese Simplified** – 注意：如果您说简体中文，我们可以为您提供免费的语言协助服务。我们还免费提供适当的辅助工具和服务，以可访问的格式提供信息。请拨打上面列出的电话号码或与您的提供者交谈。营业时间：10月1日至3月31日，每周七天（感恩节和圣诞节除外），4月1日至9月30日，周一至周五（节假日除外），当地时间上午8时至晚上8时。

**Chinese Traditional** – 注意：如果您說繁體中文，我們可以為您提供免費的語言協助服務。我們還免費提供適當的輔助工具和服务，以無障礙格式提供資訊。請撥打上面列出的電話號碼或與您的提供者交談。營業時間：10月1日至3月31日，每週七天（感恩節和耶誕節除外），4月1日至9月30日，週一至週五（節假日除外），當地時間上午8時至晚上8時。

**French** – ATTENTION : Si vous parlez français, des services gratuits d'assistance linguistique sont disponibles. Des aides et services auxiliaires appropriés permettant de fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le numéro de téléphone mentionné ci-dessus ou appelez votre prestataire. Les heures d'ouverture sont de 8 a.m à 8 p.m., heure locale, sept jours sur sept (sauf Thanksgiving et Noël) du 1er octobre au 31 mars, et du lundi au vendredi (sauf jours fériés) du 1er avril au 30 septembre.

**German** – ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Dienste zur sprachlichen Unterstützung zur Verfügung. Außerdem sind kostenlose Hilfsmittel und Dienste verfügbar, um Informationen in zugänglichen Formaten bereitzustellen. Rufen Sie die oben aufgeführte Telefonnummer an oder wenden Sie sich an Ihren Anbieter. Die Geschäftszeiten sind 8 Uhr bis 20 Uhr lokaler Zeit an sieben Tagen in der Woche (außer Thanksgiving und Weihnachten) vom 1. Oktober bis zum 31. März, und Montag bis Freitag (außer an Feiertagen) vom 1. April bis zum 30. September.

**Gujarati** – ધ્યાન આપો: જો તમે ગુજરાતી બોલો છો, તો તમારા માટે વનિ મૂલ્યે ભાષા સહાય સેવાઓ ઉપલબ્ધ છે. સુવલ ફોર્મેટમાં માહિતી પ્રદાન કરવા માટે યોગ્ય સહાયક સહાય અને સેવાઓ પણ વનિ મૂલ્યે ઉપલબ્ધ છે. ઉપર દર્શાવેલ ફોન નંબર પર કોલ કરો અથવા તમારા પ્રદાતા સાથે વાત કરો. કામકાજના કલાકો સ્થાનકિ સમય મુજબ સવારે 8 વાગ્યાથી સાંજના 8 વાગ્યા સુધી, ઓક્ટોબર 1 થી માર્ચ 31 સુધી અઠવાડિયાના સાતેય દિવસ (થેક્સગવિંગ અને ક્રસિમસ સવાય) અને સોમવારથી શુક્રવાર (રજાઓ સવાય) એપ્રિલ 1 થી સપ્ટેમ્બર 30 સુધી છે.

**Haitian Creole** – ATANSYON: Si w pale kreyòl ayisyen, sèvis asistans linguistik gratis disponib pou ou. Èd ak sèvis oksilyè apwopriye pou bay enfòmasyon nan fòm ki aksesib disponib tou san w p ap peye. Rele nimewo telefòn yo bay anwo a oswa pale ak founisè w la. Orè fonksyònman yo se 8 a.m. rive 8 p.m., sèt jou sou sèt (eksepte Jou Thanksgiving ak Nwèl) soti 1ye Oktòb rive 31 Mas, ak Lendi pou rive Vandredi (eksepte jou ferye) soti 1ye Avril rive 30 Septanm.

**Hebrew** – לתשומת לבך: אם הנך דובר/ת עברית, שירותי סיוע בשפה בחינם זמינים עבורך. אמצעי עזר ושירותים נלווים מתאימים, שנועדו לספק מידע בפורמטים נגישים, זמינים גם הם ללא תשלום. יש להתקשר למספר הטלפון המופיע למעלה או לדבר עם הספק שלכם. שעות הפעילות הן 8:00 עד 20:00 (שעון מקומי), שבעה ימים בשבוע (למעט חג ההודיה וחג המולד) מה-1 באוקטובר עד ה-31 במרץ, ובשאר השנה – ימי שני עד שישי (למעט חגים) מה-1 באפריל עד ה-30 בספטמבר.

**Hindi** – ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए नशिल्क भाषा सहायता सेवाएं उपलब्ध हैं। पहुँच योग्य प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी नशिल्क उपलब्ध हैं। ऊपर दिए गए फ़ोन नंबर पर कॉल करें या अपने प्रदाता से बात करें। कामकाज के घंटे, 1 अक्टूबर से 31 मार्च तक सप्ताह के सातों दिनों (थैंक्सगिविंग और क्रसिमस को छोड़कर), और 1 अप्रैल से 30 सितंबर तक सोमवार से शुक्रवार (छुट्टियों को छोड़कर), स्थानीय समय अनुसार सुबह 8 बजे से रात 8 बजे तक हैं।

**Italian** – ATTENZIONE: sono disponibili servizi di assistenza linguistica gratuita in italiano. Sono inoltre disponibili gratuitamente adeguati supporti e servizi per ottenere informazioni in formato accessibile. Chiamare il numero di telefono riportato sopra o rivolgersi al proprio fornitore. Il servizio è attivo dalle 8.00 alle 20.00 ora locale, sette giorni su sette (eccetto il Giorno del Ringraziamento e Natale) dal 1° ottobre al 31 marzo, e dal lunedì al venerdì (eccetto i giorni festivi) dal 1° aprile al 30 settembre.

**Korean** – 주의: 한국어를 구사하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 대체 형식으로 정보를 제공하기 위한 적절한 보조 장치 및 서비스도 무료로 제공됩니다. 위의 전화 번호로 전화하시거나 담당 의료 제공자에게 문의해 주십시오.

운영 시간은 현지 시간 오전 8시부터 오후 8시까지이며 10월 1일부터 3월 31일까지는 주 7일(추수 감사절과 성탄절은 제외) 내내, 4월 1일부터 9월 30일까지는 월요일부터 금요일까지(휴일은 제외)입니다.

**Polish** – UWAGA: Jeśli mówisz po polsku, możesz skorzystać z bezpłatnych usług pomocy językowej. Dostępne są również nieodpłatnie odpowiednie pomoce i usługi zapewniające informacje w dostępnych formatach. Zadzwoń pod numer telefonu podany powyżej lub porozmawiaj ze swoim dostawcą. Czynne od 8:00 rano do 8:00 wieczorem czasu lokalnego, czasu lokalnego, siedem dni w tygodniu (oprócz Święta Dziękczynienia i Bożego Narodzenia) od 1 października do 31 marca oraz od poniedziałku do piątku (oprócz świąt) od 1 kwietnia do 30 września.

**Portuguese** – ATENÇÃO: Se fala português, tem à sua disposição serviços de assistência linguística gratuitos. Estão também disponíveis, a título gratuito, ajudas e serviços auxiliares adequados para fornecer informações em formatos acessíveis. Ligue para o número de telefone acima indicado ou fale com o seu fornecedor. Horário de expediente: das 8h às 20h, (hora local), sete dias por semana (exceto Dia de Ação de Graças e Natal) de 1 de outubro até 31 de março, e de segunda a sexta-feira (exceto feriados) de 1 de abril até 30 de setembro.

**Russian** – ВНИМАНИЕ: Если вы говорите на русском языке, вам могут предоставить бесплатные услуги переводчика. Также бесплатно предоставляются вспомогательные средства и услуги, позволяющие получать информацию в доступных форматах. Позвоните по вышеуказанному номеру телефона или обсудите этот вопрос с вашим поставщиком услуг. Часы работы: с 08:00 до 20:00 в любой день недели (кроме Дня благодарения и Рождества) с 1 октября по 31 марта и с понедельника по пятницу (кроме праздничных дней) с 1 апреля по 30 сентября.

**Tagalog** – PAUNAWA: Kung nagsasalita ka Tagalog, mayroong available na mga libreng serbisyo sa tulong sa wika para sa iyo. Ang naaangkop na mga karagdagang tulong at

serbisyo para magbigay ng impormasyon sa mga naa-access na format ay available rin nang walang bayad. Tawagan ang numero ng telepono na nakalista sa itaas o makipag-usap sa iyong provider. Ang mga oras ng opisina ay 8 a.m. hanggang 8 p.m., lokal na oras, pitong araw sa isang linggo (maliban sa Thanksgiving at Pasko) mula Oktubre 1 hanggang Marso 31, at Lunes hanggang Biyernes (maliban sa mga holiday) mula Abril 1 hanggang Setyembre 30.

**Thai** – **หมายเหตุ:** หากคุณพูด ภาษาไทย เรามีบริการช่วยเหลือด้านภาษาฟรีสำหรับคุณ นอกจากนี้ยังมีความช่วยเหลือและบริการเสริมที่เหมาะสม เพื่อให้ข้อมูลในรูปแบบที่เข้าถึงได้โดยไม่เสียค่าใช้จ่ายอีกด้วย โทรไปยังหมายเลขโทรศัพท์ที่ระบุไว้ด้านบนหรือพูดคุยกับผู้ให้บริการของคุณ เวลาทำการคือ 08.00 น. ถึง 20.00 น. ตามเวลาท้องถิ่น เจ็ด วันต่อสัปดาห์ (ยกเว้นวันขอบคุณพระเจ้าและวันคริสต์มาส) ตั้งแต่วันที่ 1 ตุลาคม ถึง 31 มีนาคม และวันจันทร์ถึงวันศุกร์ (ยกเว้นวันหยุด) ตั้งแต่วันที่ 1 เมษายน ถึง 30 กันยายน.

**Ukrainian** – УВАГА. Якщо ви розмовляєте українською, вам доступні безкоштовні послуги мовної допомоги. Відповідні допоміжні засоби й послуги для надання інформації в доступних форматах також можна отримати безкоштовно. Зателефонуйте за вказаним вище номером або зверніться до свого постачальника. Графік роботи: з 08:00 до 20:00 за місцевим часом, без вихідних (крім Дня подяки й Різдва) з 1 жовтня по 31 березня, і з понеділка по п'ятницю (крім святкових днів) з 1 квітня по 30 вересня.

**Vietnamese** – CHÚ Ý: Nếu quý vị nói tiếng Việt, các dịch vụ hỗ trợ ngôn ngữ miễn phí luôn sẵn sàng phục vụ quý vị. Các dịch vụ và hỗ trợ phụ trợ thích hợp cung cấp thông tin ở các định dạng có thể truy cập cũng được cung cấp miễn phí. Gọi số điện thoại nêu trên hoặc nói chuyện với nhà cung cấp của quý vị. Giờ làm việc từ 8 giờ sáng đến 8 giờ tối, giờ địa phương, bảy ngày một tuần (Trừ Lễ Tạ ơn và Giáng sinh) từ ngày 1 Tháng Mười đến 31 Tháng Ba, và Thứ Hai đến Thứ Sáu (trừ các ngày lễ), từ ngày 1 Tháng Tư đến 30 Tháng Chín.

## IMPORTANT INFORMATION: 2025 Medicare Star Ratings

Official U.S.  
Government  
Medicare  
Information



Simply Healthcare Plans, Inc. - H5471

**For 2025, Simply Healthcare Plans, Inc. - H5471 received the following Star Ratings from Medicare:**

**Overall Star Rating:** ★★★★★☆

**Health Services Rating:** ★★★★★☆

**Drug Services Rating:** ★★★★★☆

**Every year, Medicare evaluates plans based on a 5-star rating system.**

### Why Star Ratings Are Important

Medicare rates plans on their health and drug services.

This lets you easily compare plans based on quality and performance.

Star Ratings are based on factors that include:

- ☐ Feedback from members about the plan's service and care
- ☐ The number of members who left or stayed with the plan
- ☐ The number of complaints Medicare got about the plan
- ☐ Data from doctors and hospitals that work with the plan

**The number of stars show how well a plan performs.**

★★★★★ EXCELLENT

★★★★☆ ABOVE AVERAGE

★★★☆☆ AVERAGE

★★☆☆☆ BELOW AVERAGE

★☆☆☆☆ POOR

More stars mean a better plan – for example, members may get better care and better, faster customer service.

### Get More Information on Star Ratings Online

Compare Star Ratings for this and other plans online at [medicare.gov/plan-compare](https://www.medicare.gov/plan-compare).

### Questions about this plan?

Contact Simply Healthcare Plans, Inc. 7 days a week from 8 a.m. to 8 p.m., (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30 at 1-888-577-0212 (toll-free) or 711 (TTY). Current members please call 1-877-577-0115 (toll-free) or 711 (TTY).

Simply Healthcare Plans, Inc. is an HMO 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.

# Pre-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 **1-844-594-2423** 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 **1-844-594-2423** 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

- ☐ **Effect on Current Coverage.** If you are currently enrolled in a Medicare Advantage plan, your current Medicare Advantage healthcare coverage will end once your new Medicare Advantage coverage starts. If you have Tricare, your coverage may be affected once your new Medicare Advantage coverage starts. Please contact Tricare for more information. If you have a Medigap plan, once your Medicare Advantage coverage starts, you may want to drop your Medigap policy because you will be paying for coverage you cannot use.
- ☐ 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, 2027.
- ☐ 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 a dual eligible special needs plan (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid.