Summary of Benefits

Summary of Benefits

Thank you for your interest in our Medicare Advantage plans

Simply Healthcare offers benefits to help support your health and help you manage your healthcare costs. This plan includes hospital and medical benefits, and prescription drug coverage.

Medicare Advantage and Part D

Plan year: January 1 – December 31, 2027

Florida

Broward, Miami-Dade, Palm Beach counties

Simply Complete Platinum (HMO D-SNP)

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H5471_125-000_FL_HMO D-SNP

1091005FLSENSHP_0196

Simply Complete Platinum (HMO D-SNP)

Our service area includes these counties in FL: Broward, Miami-Dade, Palm Beach.

Do you have questions?

You can learn more on our website, **shop.simplyhealthcareplans.com/medicare**. Please call us toll-free at **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 list every covered service or rule.
The Evidence of Coverage includes full details. Call us to request a copy.

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

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

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

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

Eligibility

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

Simply Complete Platinum (HMO D-SNP)

- If you have **Qualified Disabled Working Individual (QDWI)** status, you are eligible for the Florida Medicaid program, which pays your Medicare Part A premium.
- If you have **Qualified Medicare Beneficiary (QMB)** status, you are eligible for the Florida Medicaid 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 Florida Medicaid program. This pays your Medicare Part B premium.
- If you have **Qualifying Individual (QI)** status, you are eligible for the Florida Medicaid 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. Follow the steps listed.

How to find a doctor or provider in our plan:

- Go to **shop.simplyhealthcareplans.com/medicare**
  1. Enter your ZIP code and county. Then select **View All Plans**.
  2. Select the **Medicare Advantage** or **Medicare Advantage Special Needs** tab.
  3. Select **Add Providers**.
  4. Enter your search details (doctor's name, specialty, or provider type).
  5. Check that the doctor or provider is **in your plan's network** for this plan.
- Or, ask for the Provider Directory. The phone number is on page 2.

Find a pharmacy

Our plans include the majority of pharmacies in America. Check the Pharmacy Directory to confirm your pharmacy is in-network. If your pharmacy is not in this plan, you could end up paying more for your drugs.

To confirm your pharmacy is in your plan's network (or to find a new one), go to **shop.simplyhealthcareplans.com/medicare** to view the Pharmacy Directory. Enter your ZIP code and county, and then select **View All Plans.** Next, select **Medicare Advantage** or **Medicare Advantage Special Needs** tab and choose **Add Providers**. Select **Search for Pharmacies**, and enter your search details. Or you can call us and we'll send you the directory.

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

- Visit **shop.simplyhealthcareplans.com/medicare**
  1. Enter your ZIP code and county. Then select **View All Plans**.
  2. Select the **Medicare Advantage** or **Medicare Advantage Special Needs** tab.
  3. Select **Add Drugs**.
  4. Enter your prescription details (drug name, dosage, quantity, refill frequency). Then **Add Drug**.
  5. To add another prescription, select **Add another drug**. When you're ready, select **Select Pharmacy.**
  6. Open **Plan Details.** Select the **Prescriptions** tab, and then select **Drug Cost** to see coverage and cost 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) 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 2027 medical benefits

Simply Complete Platinum (HMO D-SNP)

How much is my premium (monthly payment)?

$0.00 per month

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

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 **$350.00** per year for Part D prescription drugs. Drugs listed on Tier 3: Preferred Brand, Tier 4: Non-Preferred Drug and Tier 5: Specialty Tier are included in the Part D deductible.

The Part D deductible does not apply to Insulin drugs.

Simply Complete Platinum (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[1,2]

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[1,2]

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

Simply Complete Platinum (HMO D-SNP)

Ambulatory Surgical Center[1,2]

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

Doctor's Office Visits

Primary care physician (PCP) visit:

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

Specialist visit:[1,2]

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

Preventive Care Screenings and Annual Physical Exams

Preventive care screenings:[1,2]

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)

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 will be covered.

Simply Complete Platinum (HMO D-SNP)

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

Simply Complete Platinum (HMO D-SNP)

Diagnostic Services, Labs, and Imaging[1,2]	
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**
Ultrasounds at a physician's office or free-standing provider facilities in our plan:	**$0.00 copay**
Ultrasounds at hospital outpatient facilities in our plan:	**$0.00 copay**
Diagnostic Tests and Procedures	
Physician's office or free-standing provider facilities in our plan:	**$0.00 copay**
Hospital outpatient facilities in our plan:	**$0.00 copay**

Simply Complete Platinum (HMO D-SNP)

Diagnostic Services, Labs, and Imaging[1,2]	
Lab Services	
Physician's office or free-standing provider facilities in our plan:	**$0.00 copay**
Hospital outpatient facilities in our plan:	**$0.00 copay**
Outpatient X-rays	
Physician's office in our plan:	**$0.00 copay**
Hospital outpatient facilities in our plan:	**$0.00 copay**
Free-standing facility or at-home portable X-ray services in our plan:	**$0.00 copay**
Therapeutic Radiology Services (such as radiation treatment for cancer)	
Physician's office, free-standing provider, or hospital outpatient facilities in our plan:	**$0.00 copay**

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 **$2,000** 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.

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

Preventive and Comprehensive[1] Dental Combined Allowance:

This plan covers up to a **$1,500** 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**.

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 **$400** for eyeglasses or contact lenses every year.

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

Mental Health Care

Inpatient visit:[1,2]

Doctors and facilities in our plan: **$0.00** copay per stay

Our plan covers 90 days for an inpatient hospital 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 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:[1,2]

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

Skilled Nursing Facility (SNF)[1,2]

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[1,2]

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

Simply Complete Platinum (HMO D-SNP)

Ambulance[1]

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:[1]

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

Chemotherapy drugs:[1]

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

Additional benefits

Simply Complete Platinum (HMO D-SNP)

Acupuncture

Medicare-covered acupuncture services:[1,2]

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[1,2]

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).

Diabetic Monitors, Supplies, and Services[1]

Continuous glucose monitors (CGMs) and sensors:
Suppliers in our plan: **$0.00** copay

Blood glucose monitors:
Suppliers in our plan: **$0.00** copay

Blood glucose test strips and lancets:
Suppliers in our plan: **$0.00** copay

Coverage limitations may apply. Please refer to your Evidence of Coverage for complete coverage details.

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 **$228** every month for:

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

If you qualify for Special Supplemental Benefits for the Chronically Ill (SSBCI), you may also be able to use this allowance on:

- **Healthy Foods:**[6] 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:**[6] 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.

Foot Care (podiatry services)[1,2]

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) every year.

Healthy Meals - Post Discharge

$0.00 copay for one meal per day for 10 days (maximum 10 meals) following your discharge from a hospital or skilled nursing.

Home Health Care[1,2]

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

LiveHealth® Online

You pay a **$0.00** copay. 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.):[1]

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

Medical supplies and prosthetic devices (braces, artificial limbs, etc.):[1]

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):[1,2]

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):[1,2]

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

Occupational therapy visit:[1,2]

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

Outpatient Substance Abuse[1,2]

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 **$50** every month. Unused OTC amounts expire at the end of every 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

You pay a **$0.00** copay for PERS coverage that includes the monitoring device and monitoring service. To start and install services, give us a call. We can help you.

Renal Dialysis

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

SilverSneakers®†† Fitness program

You pay a **$0.00** copay for the 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 **silversneakers.com** or call SilverSneakers at 1-855-741-4985 (TTY: 711), Monday to Friday, 8 a.m. to 8 p.m. ET.

†† 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

You pay a **$0.00** copay for 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.

Summary of 2027 prescription drug coverage

Simply Complete Platinum (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 **$350.00** per year for Part D prescription drugs. Drugs listed on Tier 3: Preferred Brand, Tier 4: Non-Preferred Drug and 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 **$2,400**.

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 - $14.40** 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 Platinum (HMO D-SNP)
Tier 1: Preferred Generic	
Standard retail one-month supply	**$0.00***
Mail order three-month supply[100]	**$0.00***
Tier 2: Generic	
Standard retail one-month supply	**$0.00***
Mail order three-month supply	**$0.00***
Tier 3: Preferred Brand	
Standard retail one-month supply	**$0.00 - $14.40 OR 25%‡**
Mail order three-month supply	**$0.00 - $14.40 OR 25%‡**
Tier 4: Non-Preferred Drug	
Standard retail one-month supply	**$0.00 - $14.40 OR 25%‡**
Mail order three-month supply	**Not available**
Tier 5: Specialty Tier	
Standard retail one-month supply	**$0.00 - $14.40 OR 29%‡**
Mail order three-month supply	**Not available**
Tier 6: Supplemental Drugs	
Standard retail one-month supply	**$0.00***
Mail order three-month supply	**$0.00***

* Your deductible will not apply for these drugs.

‡ 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.

[100] Up to a 100-day supply is available for select medications.

Stage 3: Catastrophic Coverage

During this stage, you pay nothing for your covered Part D drugs and for excluded drugs that are covered under our enhanced benefit.

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.

Discrimination is against the law. That's why we comply with applicable Federal civil rights laws and do not discriminate, exclude people or treat them differently on the basis of race, color, national origin, sex, age or disability.

See Evidence of Coverage for a complete description of plan benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by service area.

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

English – ATTENTION: If you need help in your language, 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 **1-844-671-5721** (TTY: **711**). 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.

Español (Spanish) – ATENCIÓN: Si necesita ayuda en su idioma, 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. 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.

العربية (Arabic) – تنبيه: إذا كنت تحتاج إلى المساعدة بلغتك، فإن خدمات المساعدة اللغوية المجانية متاحة لك. كما تتوفر مساعدات وخدمات مساعدة مناسبة لتوفير المعلومات بأشكال يسهل الوصول إليها مجانا. اتصل على رقم الهاتف المذكور أعلاه. ساعات العمل من الساعة 8 صباحًا 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.

简体中文 (Chinese Simplified) – 注意：如果您在您的语言方面需要帮助，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。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。

繁體中文 (Chinese Traditional) – 注意：如果您在您的語言方面需要協助，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務，以無障礙格式提供資訊。請撥打上面列出的電話號碼。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。

Français (French) – ATTENTION : Si vous avez besoin d'aide dans votre langue, 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. Les heures d'ouverture sont de 8h à 20h, 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.

Deutsch (German) – ACHTUNG: Wenn Sie Hilfe in Ihrer Sprache benötigen, 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. 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.

Kreyòl Ayisyen (Haitian Creole) – ATANSYON: Si w bezwen èd nan lang ou, sèvis asistans lenguistik gratis disponib pou ou. Èd ak sèvis oksilyè apwopriye pou bay enfòmasyon nan fòma ki aksesib disponib tou san w p ap peye. Rele nimewo telefòn yo bay anwo a. 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.

Italiano (Italian) –ATTENZIONE: se hai bisogno di supporto nella tua lingua, sono disponibili servizi di assistenza linguistica gratuita. Sono inoltre disponibili gratuitamente adeguati supporti e servizi per ottenere informazioni in formato accessibile. Chiama il numero di telefono riportato sopra. 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.

한국어(Korean) – 주의: 귀하의 언어로 도움이 필요하신 경우, 무료 언어 지원 서비스를 이용하실 수 있습니다. 대체 형식으로 정보를 제공하기 위한 적절한 보조 장치 및 서비스도 무료로 제공됩니다. 위의 전화 번호로 전화해 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.

ພາສາລາວ (Laotian) – ເອົາໃຈໃສ່: ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອເປັນພາສາຂອງທ່ານ, ມີການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໃຫ້ທ່ານໂດຍບໍ່ເສຍຄ່າ. ນອກຈາກນີ້ຍັງມີການຊ່ວຍເຫຼືອ ແລະ ການບໍລິການເສີມທີ່ເໝາະສົມໃນການໃຫ້ຂໍ້ມູນໃນຮູບແບບທີ່ສາມາດເຂົ້າເຖິງໄດ້ໂດຍບໍ່ເສຍຄ່າ. ໂທຫາເບີໂທລະສັບທີ່ລະບຸໄວ້ຂ້າງເທິງ. ເວລາເຮັດວຽກແມ່ນ 8 ໂມງເຊົ້າ ຫາ 8 ໂມງແລງ ຕາມເວລາໃນທ້ອງຖິ່ນ, ເຈັດມື້ຕໍ່ອາທິດ (ຍົກເວັ້ນວັນຂອບໃຈພະເຈົ້າ ແລະ ວັນຄຣິດສມາດ) ຕັ້ງແຕ່ວັນທີ 1 ຕຸລາ ຫາ ວັນທີ 31 ມີນາ, ແລະ ວັນຈັນ ເຖິງ ວັນສຸກ (ຍົກເວັ້ນວັນພັກ) ຕັ້ງແຕ່ວັນທີ 1 ເມສາ ຫາ 30 ກັນຍາ.

Polski (Polish) – UWAGA: Jeśli potrzebujesz pomocy w swoim języku, 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. Czynne od 8:00 rano do 8:00 wieczorem 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.

Português (Portuguese) – ATENÇÃO: Se necessita de ajuda no seu idioma, 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. 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.

Русский (Russian) – ВНИМАНИЕ: Если вам нужна помощь на вашем 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. 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 (Tagalog) – PAUNAWA: Kung kailangan mo ng tulong sa iyong wika, 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. 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.

ภาษาไทย (Thai) – หมายเหตุ: หากคุณต้องการความช่วยเหลือในภาษาของคุณ เรามีบริการช่วยเหลือด้านภาษาฟรีสำหรับคุณ นอกจากนี้ยังมีความช่วยเหลือและบริการเสริมที่เหมาะสม เพื่อให้ข้อมูลในรูปแบบที่เข้าถึงได้โดยไม่เสียค่าใช้จ่ายอีกด้วย โทรไปยังหมายเลขโทรศัพท์ที่ระบุไว้ด้านบน เวลาทำการคือ 08.00 น. ถึง 20.00 น. ตามเวลาท้องถิ่น เจ็ดวันต่อสัปดาห์ (ยกเว้นวันขอบคุณพระเจ้าและวันคริสต์มาส) ตั้งแต่วันที่ 1 ตุลาคม ถึง 31 มีนาคม และวันจันทร์ถึงวันศุกร์ (ยกเว้นวันหยุด) ตั้งแต่วันที่ 1 เมษายน ถึง 30 กันยายน

Українська (Ukrainian) – УВАГА. Якщо вам потрібна допомога рідною мовою, ви можете скористатися безкоштовними послугами мовної підтримки. Відповідні допоміжні засоби й послуги для надання інформації в доступних форматах також можна отримати безкоштовно. Зателефонуйте за вказаним вище номером. Графік роботи: з 08:00 до 20:00 за місцевим часом, без вихідних (крім Дня подяки й Різдва) з 1 жовтня по 31 березня й із понеділка по п’ятницю (крім святкових днів) з 1 квітня по 30 вересня.

Tiếng Việt (Vietnamese) – CHÚ Ý: Nếu quý vị cần trợ giúp bằng ngôn ngữ của quý vị, 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. 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:
2026 Medicare Star Ratings

Official U.S. Government Medicare Information

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Simply Healthcare Plans, Inc. - H5471

For 2026, Simply Healthcare Plans, Inc. - H5471 received the following Star Ratings from Medicare:

Overall Star Rating: ★★★★½

Health Services Rating: ★★★★½

Drug Services Rating: ★★★★½

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.**

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 1-844-594-2423 (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.