Summary of Benefits

Medicare Advantage and Part D

Plan year: January 1 – December 31, 2022

Florida

Broward county

Simply Complete (HMO D-SNP)

22FLH5471076

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 Complete (HMO D-SNP)

Simply Complete (HMO D-SNP)

Our service area includes this county in FL: Broward

Do you have questions?

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

- Please 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.

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

Simply Complete (HMO D-SNP) is a Medicare Advantage plan. It includes hospital, medical, and prescription drug benefits in one plan. To join this plan, the following must apply to you[1]:

- 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.

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:

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

- If you have **full Medicaid coverage (Full Benefit Dual Eligible [FBDE])** status, you are eligible for the Florida Medicaid program. This may cover your share of Medicare costs.
- 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. Some QMB members are also eligible to receive full Medicaid benefits (QMB+).
- 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. Some SLMB members are also eligible to receive full Medicaid benefits (SLMB+).
- If you have **Qualifying Individual (QI)** status, you are eligible for the Florida Medicaid program. This pays your Medicare Part B premium.

Cost sharing and cost-sharing protections for all members

You pay no cost sharing for the Medicare-covered benefits described later in this Summary of Benefits. You will have no copays for prescriptions covered under the Medicare Part D drug benefit. When you receive health services, the provider should not bill you. They should only bill the plan for those services and cost-sharing amounts.

If you receive care from a noncontracted provider, the provider may not understand the plan or these billing rules. If you receive a bill for Medicare-covered services, please call the Member Services phone number listed on your plan ID card.

Medicare coverage that goes beyond Original Medicare

- Our Medicare Advantage plans cover everything Original Medicare covers — Part A (hospital services) and Part B (medical services) — and more. We'll review these extra benefits later in this booklet. Some of the extra benefits are covered in this Summary of Benefits.
- This plan covers Medicare Part D drugs and Part B drugs (such as chemotherapy and some drugs administered by your provider). To see if your prescriptions are covered, follow the instructions in the "Know Your Drug Plan" section.

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 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 Complete (HMO D-SNP) covers 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.

Our plan offers preferred and standard pharmacies. You may go to either type of pharmacy to fill your covered prescription drugs.

Summary of 2022 medical benefits

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

Simply Complete (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.

The Part D deductible does not apply to you.

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 an unlimited number of days for an inpatient hospital stay.

Simply Complete (HMO D-SNP)

Outpatient Hospital[1,2]

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

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:[2]

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

Simply Complete (HMO D-SNP)

Preventive Care Screenings

Preventive care screenings:

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 (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 is covered.

Simply Complete (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 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

$0.00 copay

Diagnostic Radiology Services (such as MRIs, CT scans)[1,2]

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

Diagnostic Tests and Procedures[1,2]

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

Lab Services[1,2]

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

Outpatient X-rays[1,2]

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

Simply Complete (HMO D-SNP)

Therapeutic Radiology Services (such as radiation treatment for cancer)[1,2]

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

Hearing Services

Medicare-covered hearing services (Exam to diagnose and treat hearing and balance issues):[1]

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

Routine hearing services:[1]

This plan covers 1 routine hearing exam(s) and hearing aid fitting/evaluation(s) every year. **$2,000.00** maximum plan benefit for hearing aids every year.

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 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

Simply Complete (HMO D-SNP)

Dental Services

Comprehensive dental services:[1]

This plan covers up to: 2 Amalgam or resin fillings, 6 simple or surgical extractions (in 1 or more visits), 2 crowns, 1 root canal, 2 implants every year, 2 fixed partial dentures (bridges) 1 per arch every 5 years, periodontal scaling and root planing per quadrant every 3 years, 1 set of complete or partial dentures every five years, and 1 denture adjustment/reline every year. Medically necessary surgical procedures including analgesia.

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

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

Simply Complete (HMO D-SNP)

Vision Services

Routine eyewear (lenses and frames)

This plan covers up to **$400.00** 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 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:[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).

Simply Complete (HMO D-SNP)

Physical Therapy[1,2]

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

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

$0.00 copay. This plan offers coverage for unlimited routine transportation services every year.

Routine transportation coverage is limited to plan-approved locations (within the local service area) provided by contracted transportation vendors in our plan. If you need a ride, call us at least 72 hours ahead of time.

Medicare Part B Drugs[1]

Other Part B Drugs:

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

Chemotherapy drugs:

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

Additional benefits

Simply Complete (HMO D-SNP)

Acupuncture[1,2]

Providers in our plan: **$0.00** copay per visit. This plan offers coverage for 12 visits every year.

Simply Cash Card

You are eligible for an allowance up to **$50.00** every month in the form of a debit card, with a maximum up to **$600** per year as long as you remain enrolled in Simply Complete (HMO D-SNP).
The benefit allowance issued on the debit card will rollover from month to month. If you have a remaining balance in your account at the end of the year, you may roll over the allowance for 180 days into the next year.
You may use the card for purchases such as health-related items and services, groceries, utilities, such as your electric bill, housing (rent/mortgage), transportation, cash withdrawals from an ATM, and/or anywhere that accepts the debit card as a form of payment.
You are responsible for the remaining costs that exceed the cash or monetary rebates program allowance. Unless you choose to opt out of Simply Cash Card benefit, the benefit amounts may have tax implications and may be subject to income tax. For more information, call us at the number listed on page 2.

Chiropractic Care

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).

Routine chiropractic services:

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

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.

Your plan's *Formulary* includes additional information about all drugs covered under this benefit.

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 visits each year.

Healthy Meals-Post Discharge[1,2]

$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[1]

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

Simply Complete (HMO D-SNP)

In Home Support

Enjoy up to 30 hours per calendar year of companionship and independent activities of daily living, such as helping with light chores, errands, tech support, and more.

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 the trade name of Health Management Corporation, a separate company, providing telehealth services on behalf of our plan.

Medical Equipment/Supplies

Durable Medical Equipment (wheelchairs, oxygen, etc.):[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

Diabetic supplies and services:[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]

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

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):[1]

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

Occupational therapy visit:[1]

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 Items

This plan covers certain approved, non-prescription, over-the-counter drugs and health-related items, up to **$100** 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.

Personal Emergency Response System (PERS) coverage[1,2]

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

Readmission prevention – Simply aid at-home recovery[1,2]

Immediately following an inpatient admission, members receive up to 16 hours of care at home to prevent readmission to a hospital or other institution.

Simply Complete (HMO D-SNP)

Renal Dialysis

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

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.

†The SilverSneakers Fitness Program is provided by Tivity Health, an independent company. SilverSneakers is a registered trademark of Tivity Health, Inc. © 2021 Tivity Health, Inc. All rights reserved.

24-Hour Nurse HelpLine

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.

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

Summary of Medicaid-covered benefits

Services available through Florida Agency for Health Care Administration:

In addition to the Medicare services described in the "Additional benefits" section on the previous pages, Simply Healthcare provides the following Medicaid benefits based on the level of your Medicaid coverage. For eligibility rules and additional information about these services, please visit **http://ahca.myflorida.com/Medicaid/flmedicaid.shtml**.

There may be instances when the Medicaid limit is greater than the Medicare limit. In those instances where the Medicare limit has been exhausted, the Plan will cover the difference for those eligible recipients.

- ☐ Allergy services
- ☐ Ambulatory surgical center services
- ☐ Anesthesia services
- ☐ Assistive care services
- ☐ Behavioral health assessment services
- ☐ Behavioral health community support services
- ☐ Behavioral health intervention services
- ☐ Behavioral health medication management services
- ☐ Behavioral health overlay services
- ☐ Behavioral health therapy services
- ☐ Cardiovascular services
- ☐ Child health services targeted case management
- ☐ Chiropractic services
- ☐ Community behavioral health services
- ☐ County health department services
- ☐ Dental services
- ☐ Dialysis services
- ☐ Durable medical equipment and medical supplies

- ☐ Early intervention services
- ☐ Emergency transportation services
- ☐ Evaluation and management services
- ☐ Federally qualified health center services
- ☐ Gastrointestinal services
- ☐ Genitourinary services
- ☐ Hearing services
- ☐ Home health services
- ☐ Inpatient hospital services
- ☐ Integumentary services
- ☐ Laboratory services
- ☐ Medical foster care services
- ☐ Mental health targeted case management
- ☐ Neurology services
- ☐ Non-emergency transportation services
- ☐ Nursing facility services
- ☐ Occupational therapy services
- ☐ Oral and maxillofacial surgery services
- ☐ Orthopedic services
- ☐ Outpatient hospital services
- ☐ Pain management services
- ☐ Personal care services
- ☐ Physical therapy services
- ☐ Podiatry services
- ☐ Prescribed drug services
- ☐ Private duty nursing services
- ☐ Radiology and nuclear medicine services
- ☐ Regional perinatal intensive care center services

- ☐ Reproductive services
- ☐ Respiratory system services
- ☐ Respiratory therapy services
- ☐ Rural health clinic services
- ☐ Specialized therapeutic services
- ☐ Speech-language pathology services
- ☐ Statewide inpatient psychiatric program
- ☐ Transplant services
- ☐ Visual aid services
- ☐ Visual care services

The categories above are subject to the coverage and limitation policies listed in your Medicaid contract.

Have Questions?

What you pay for covered services may depend on your level of Medicaid eligibility. If you have questions about your Medicaid eligibility and what benefits you are entitled to, please call: **1-888-419-3456**.

Summary of 2022 prescription drug coverage

You pay nothing ($0) for Part D drugs for the entire year.

There may be limitations on the types of drugs covered.
See Simply Complete (HMO D-SNP)'s list of covered drugs (formulary), at **https://shop.simplyhealthcareplans.com/medicare** for more information.

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.

Advance Directives Program

As a member of our plan, you will have access to an online advance care planning resource to create an advance directive where you can combine the elements of a:

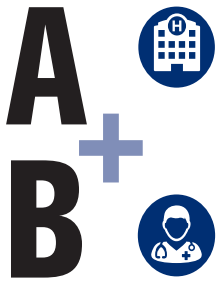
- Living will.
- Medical power of attorney.
- Do not attempt resuscitation form.
- Organ donation form.

You can create your own digital care plan and even include video and audio files. If you already have these documents prepared, you can store them and ensure they are shared with your doctors and care providers 24 hours a day, seven days a week. You can add new information at any time as your health status or wishes change.

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:



- ☐ 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

When you can enroll

Initial Enrollment Period

You can sign up for a D-SNP 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. You must be eligible for both Medicare and Medicaid to join a D-SNP.

Annual Enrollment Period - October 15 to December 7

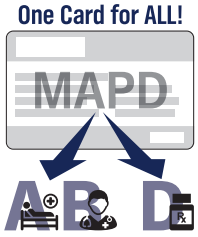
This is the time each year to enroll in or change your Medicare Advantage or Part D plan. You may also switch to only Original Medicare (Parts A and B). New coverage begins January 1 of each year.

Special Enrollment Period - January 1 to September 30

As a D-SNP member, you can change plans one time per calendar quarter. This option is known as a Special Enrollment Period. For more help, call your agent or call us at the toll-free number on page 2.

Medicare ID cards

If you choose a Dual Eligible Special Needs plan (D-SNP):



You will not need your red, white, and blue Medicare ID card. Just present your D-SNP member ID card for all your covered medical and drug benefits. We recommend you also carry your state Medicaid ID card in case your doctor needs it.

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.

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.

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

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IMPORTANT INFORMATION:
2022 Medicare Star Ratings

Official U.S. Government Medicare Information

CMS CENTERS FOR MEDICARE & MEDICAID SERVICES

Simply Healthcare Plans, Inc. - H5471

For 2022, Simply Healthcare Plans, Inc. - H5471 received the following Star Ratings from Medicare:

Overall Star Rating: ★★★★½

Health Services Rating: ★★★★½

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.**

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).

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

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

Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at **1-888-577-0212** TTY: **711**. 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30.

Understanding the Benefits

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

Understanding Important Rules

- ☐ In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- ☐ Benefits, premiums and/or copayments/co-insurance may change on January 1, 2023.
- ☐ 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.